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POPULATION POLICIES AND FAMILY PLANNING PROGRAM IN EGYPT: EVOLUTION AND PERFORMANCE

BY

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INTRODUCTION:

Population policies refer to all deliberate actions, such as laws, regulations, and programs, intended to influence population growth, size, distribution, and composition (UN, 1973).

The Egyptian government's concern and awareness in the area of population policies started in 1953, when a National Commission for Population Matters was established within the structure of a national planning organization called the "Permanent Council for Services". This governmental involvement continued to build up until the "National Population Policy" was issued in 1973 and the "National Strategy framework for Population, Human Resources Development and the Family Planning Program" was announced in December 1980.

An attempt is made in this paper to study the evolution of population policies and family planning program and their effects on contraceptive prevalence and fertility reduction.

Since population policies reflect the environment through which population activities and programs are executed to influence fertility through increasing contraceptive prevalence, it is hypothesized that policies affect family planning program inputs which affect in turn program outputs - contraceptive prevalence and fertility - (Zohry, 1995) as shown in Figure 1.

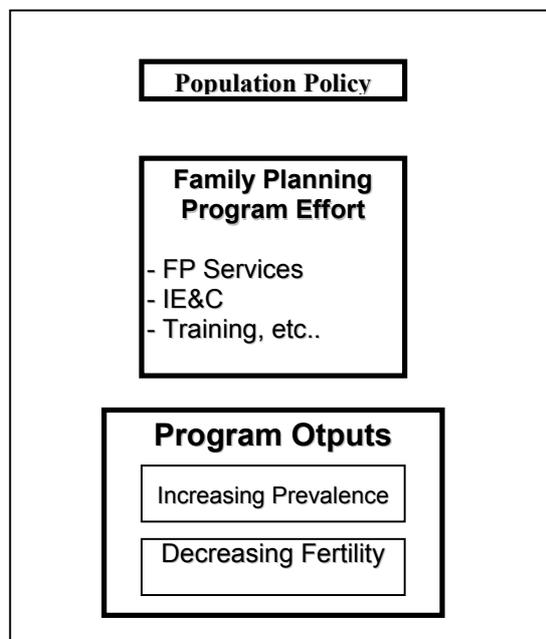
EVOLUTION OF POPULATION POLICIES AND FAMILY PLANNING PROGRAM:

The formulation and development of the population policies and family planning program in Egypt passed through two stages, (1) Voluntary and awareness activities, and (2) Governmental and programmatic efforts. The nature of each stage was determined by the type of efforts and activities that were carried out throughout

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the years considered (Sayed, 1984, Zaghoul & Abul-Ata, 1993). The features and activities of each stage is described below.

Figure (1)



Stage (1): Voluntary and Awareness Period:

The voluntary effort on family planning started in the late 30's aimed at settling down the religious opposition and introducing family planning methods. In 1937, the "Happy Family Society" obtained an official FATWA (Declaration) to the effect that Islamic religion is not against the use of family planning, under certain conditions. In 1945, "The Child Society of Maadi" introduced family planning services as part of its health activities.

Consequently, contraceptive availability during this period was generally limited to non-medical methods including traditional practices and prolonged duration of breastfeeding. Some medical methods were also available in private clinics or pharmacies, but at a high cost that limited its use to women of specific economic capabilities (Sayed, 1984).

Stage (2): Governmental and Programmatic Activities:

The governmental efforts in the field of population and family planning activities became widely noticeable in the 1950s after the establishment of the National Commission for Population Matters in 1953. The National Charter, which was proclaimed in 1962, contained the first official government support for family planning:

"Population increase constitutes the most dangerous obstacle that faces the Egyptian people in their desire for raising the standard of population in their country in an effective and efficient way. Attempts of family planning deserve the most sincere efforts by modern scientific methods".

The population activities and the national family planning program in Egypt passed through three well defined phases. The specific characteristics of each phase and the main governmental organizations and attitudes are described below.

a. The First Phase (1965-1972):

In this phase, the approach to limit fertility took the form of a concentration on the provision of family planning services. The underlying assumption was that if couples were provided with adequate information and family planning supplies, they would adopt family planning and fertility would decline (Osheba and Sayed, 1991). The "Supreme Council for Family Planning" was established by a Presidential Decree in 1965 to coordinate family planning activities. The Council was chaired by the Prime Minister and included as members the ministries of Health, Higher Education, National Guidance, Awkaaf, Planning, Local Administration, Agriculture, Social Affairs and Director of the Central Agency for Public Mobilization and Statistics (CAPMAS). The Executive Board of Family Planning was created in 1966 to organize the delivery of family planning services through the health and social services activities.

b. The Second Phase (1973-1984):

In 1973 the Council's name was changed to the "Supreme Council for Population and Family Planning", and the Board's name was changed to the Population and Family Planning Board (PFPB). The first National Population Policy statement was then issued. It emphasized the importance of socioeconomic development as a key factor in reducing fertility in addition to providing family planning services. The policy statement stressed that an increase in the demand for family planning

services depend critically on the rate and nature of socioeconomic change, including the following aspects:

1. upgrading family planning services;
2. raising the general standard of living;
3. expanding functional education;
4. upgrading the status of woman and increasing their participation in the labor force;
5. mechanizing agriculture and spreading cottage and agro-industries;
6. extending social security;
7. reducing infant mortality; and
8. informing the public of family planning services.

In 1975, this policy was developed to recognize the importance of three dimensions of population: its growth rate, its unbalanced spatial distribution, and its unfavorable characteristics. Thus development stressed the quality of population, not only the quantity and growth, in addition to the socioeconomic environment.

In 1977, calculation of the *target number* of family planning acceptors was introduced, the family planning activities became more organized and well managed and the goals became more quantified than before, at the national and sub-national levels.

In the late 70s, the Information, Education, and Communication (IE&C) activities were improved and became more coordinated and high committees to coordinate activities in the area of IE&C programs were established by the Supreme Council for Population and Family Planning to support the family planning activities in addition to many other important programs. Two of the most important programs that carried out in this concern were the Population and Development Project (PDP) carried out by the Board, and the Integrated Social Services Delivery (ISSD) of the ministries of Health, Social Affairs and the Social Research Center (SRC) of the American University in Cairo.

In December 1980, the SCPFP proclaimed a new "National Strategy Framework for Population, Human Resources Development, and the Family Planning Program". The strategy highlighted the three dimensions of population problem and a scientific diagnose of the population problem. The strategy aimed at:

- Promoting family planning services;
- Mobilizing local resources and human participation to increase the pace of socioeconomic development; and
- Upgrading management capabilities at the local level.

c . The Third Phase (1985 until now):

In March 1984, a "National Population Conference" was held, Headed by the president of Egypt. The participants of the conference represented all specializations related to the population problem to study the most appropriate ways to solve the over population problem.

One of the most important recommendations of the National Population conference is the establishment of a "National Population Council" to be responsible about integrating, managing, and planning for the population activities.

In January 1985 The National Population Council (NPC) was established by a Presidential Decree . The Council was chaired by the president of Egypt (now by the Prime Minister) to take charge of population policies in Egypt.

Since the establishment of the NPC, its Technical Secretariat carried out two five-year Population Plans, one in 1986 for the period 1987-92, and another one in 1991 for the period 1992-97.

Recently, governmental efforts to deliver family planning services have been strengthened. Political leaders frequently speak out in support of family planning and its utmost necessity for curbing rapid population growth (Osheba, 1993). The most recent evolution that is carried out by the Ministry of Health and Population is the integration of family planning services within the umbrella of reproductive health and women status. The role of the Non-governmental organizations was highly strengthened and appreciated after the 1994 ICPD, Cairo.

FAMILY PLANNING UNITS:

Growth of Family Planning Units:

The Egyptian family planning program started with a total of 2301 units delivering family planning services throughout the country. About 12% of these units were non-governmental and the rest (88%) were governmental. In 1985, the year of the establishment of the National Population Council, the number of units jumped to 4043, i.e., about 176% of the 1966 units, out of which 17% were non-governmental

units. In 1992 the number of units increased to 4356 about 108% of 1985 units, and 189% of the 1966 units in which 17% were non-governmental units also (see Table 1.3 & Figures 1.3 & 2.3).

3.2. Type of Family Planning Units:

Number of family planning units which belong to Ministry of Health (MOH) comprises about 82.0% of the total number of units, followed by units belonging to the Egyptian Family Planning Association (EFPA) which comprises about 11.0% of the total number of units. The rest of units belong to different institutions and authorities such as Health Insurance Authority (HIA), Clinic Service Improvement (CSI), Syndicates, mosques, churches and other private and public associations (NPC, 1993).

CONTRACEPTIVE PREVALENCE:

Contraceptive prevalence rate (CPR) is one of the most important indicators in evaluating the success of population policies and programs. Egypt achieved a remarkable success in promoting contraception. The percent of women currently using any contraceptive method, over 15-year period of time from 1980 to 1995, doubled. CPR increased from only 24 in 1980 to 47.9 in 1995. The trends in contraceptive prevalence are given in Table (2) and Figure (3).

FERTILITY LEVEL AND TRENDS:

Crude Birth Rate:

Crude Birth Rate (CBR) declined from 47.7 in 1965 to 36 in 1975 and then it raised to more than 40 in 1985. After 1985 CBR showed a remarkable decline where it reached to 33.1 in 1990 and 28.6 in 1995. CBR is expected to reach 22 in the year 2001 (See Table 3 and Figure 4).

Total Fertility Rate:

Total fertility rate (TFR) is a useful summary measure of recent fertility levels. It is interpreted as the number of births women would have on average at the end of her childbearing years if she were to bear children during those years at the currently observed age-specific fertility rates.

TFR declined from 5.3 live births per woman in 1980 to only 3.6 live births per woman in 1995. TFR was cut by about 1.7 live births between 1980 and 1995 (See Table 4 and Figure 5).

CONCLUSIONS:

An attempt is made in this paper to study the evolution of population policies and family planning program and their effects on contraceptive prevalence and fertility reduction. The conclusions to be drawn from the analysis that carried out in this paper that awareness of population problem started non-governmental. Non-governmental Organizations initiated the work in the field of population and family planning in the mid-1930s while the governmental work started in the early 1960s.

Egypt has a long history in the field of population and a honorable record of achievements which was reflected in the outputs of its population policy and family planning programs. The percent of women currently using any contraceptive method, over 15-year period of time from 1980 to 1995, doubled. CPR increased from only 24 in 1980 to 47.9 in 1995.

One can say that the Egyptian experience can be promoted in other countries to get benefit of the evolution and achievement of the Egyptian efforts.

BIBLIOGRAPHY

- Bongaarts, J.** (1993):"The Fertility Impact of Family planning Programs". Research Division Working Papers, No. 47, The Population Council, New York.
- CAPMAS** (1983):"The Egyptian Fertility Survey, 1980", Central Agency for Public Mobilization and Statistics, Cairo.
- Cutright, Phillips** (1983):"The Ingredients of Recent Fertility Decline in Developing Countries". International Family Planning Perspectives, Vol. 9, No. 4.
- Egypt National Population Council** (1990):"Egypt Population Policy". Cairo, Egypt.
- El-Zanaty, F. et. al.** (1993):"Egypt Demographic and health Survey, 1992". Egypt National Population Council & Macro International Inc.
- El-Zanaty, F. et. al.** (1996):"Egypt Demographic and health Survey, 1995". Egypt National Population Council & Macro International Inc.
- Freedman, R. & B. Berelson** (1976):"The Record of Family Planning Program". Studies in Family planning, Vol. 9, No. 5.
- United Nations** (1987):"Fertility Behaviour in the Context of Development:Evidence from the WFS". Population Studies No. 100, New York.
- Jain, Anrudh K.** (1989):"Fertility Reduction and the Quality of Family Planning Services". Studies in Family planning, Vol. 20, No. 1.
- Lapham, R.J. & W.P. Mauldin** (1985):"Contraceptive Prevalence:The Influence of Organized Family Planning Programs". Studies in Family Planning, Vol. 16, No. 3.

- Lapham, R.J. & W.P. Mauldin** (1972):"National Family Planning Program: Review and Evaluation". Studies in Family planning, Vol. 3, No. 3.
- Mauldin, W.P. & R.J. Lapham** (1985):"Measuring Family Planning Program Effort in LDC's: 1972 and 1982". In Nancy Birdsall, The Effect of Family Planning Program Effort on Fertility in The Developing World, World Bank Staff Working Paper No. 677. Washington DC:The World Bank.
- Osheba, Ibrahim .K.** (1993):"Fertility in Egypt:An Analysis of the Proximate and Socioeconomic Determinants". CDC Working Papers No. 34, Cairo, Egypt.
- Sayed, H. A. et al.** (1989):"Egypt Demographic Health Survey, 1988", Egypt National Population Council & Macro International Inc.
- Sayed, H.A.; F. El-Zanaty & N.H. Guhl** (1993):"Quality of Family Planning Services in Egypt, 1992". CDC, Cairo, Egypt.
- Sayed, H.A.** (1994):"The Population and Family Planning Program in Egypt: Structure and Performance". Population Studies, Vol. 11, No. 70, Population and Family Planning Board, Cairo, Egypt.
- United Nations** (1973):"The Determinants and Consequences of Population Trends", Population Studies No. 50, New York.
- United Nations** (1978):"Methods of Measuring the Impact of Family Planning Programs on Fertility: Problems and Issues", New York.
- Zohry, A.G.** (1995):"Impact of Socioeconomic Setting and Program Effort on Contraceptive prevalence in Egypt: An Aggregate Analysis", M.Phil. thesis, CDC, Cairo, Egypt.

Table (1)
Growth of Units Providing Family planning,
Egypt, 1966-1992

Year	Number of Units			% of 1966
	Gov.	NGov.	Total	
1966	2028	273	2301	100
1967	2234	351	2585	112
1968	2300	373	2673	116
1969	2321	412	2733	119
1970	2388	464	2852	124
1971	2456	498	2954	128
1972	2543	524	3067	133
1973	2626	562	3188	139
1974	2692	627	3319	144
1975	2834	619	3453	150
1976	2855	623	3478	151
1977	2920	630	3550	154
1978	2995	640	3635	158
1979	3057	646	3703	161
1980	3101	663	3764	164
1981	3209	652	3861	168
1982	3272	670	3942	171
1985	3361	682	4043	176
1990	3560	658	4218	183
1992	3632	724	4356	189
1995	3886	788	4674	203

Source : Calculated form: NPC "Annual Statistical Report", 1966-1995.

Note : Gov. = Governmental units, and
 NGov.= Non-governmental units.

Table (2)
Trends in Contraceptive Prevalence, Egypt, 1980-1995

	EFS 1990	ECPS 1984	EDHS 1988	EDHS 1992	EDHS 1995
Any Method	24.2	30.3	37.8	47.1	47.9
Any Modern Method	22.8	28.7	35.4	44.8	45.5

Table (3)
Trends in Crude Birth rate (CBR),
Egypt, 1965-1995

Year	CBR
1965	41.7
1970	35.1
1975	36.0
1980	40.9
1985	40.8
1990	33.1
1995	28.6

Table (4)
Trends in Total Fertility Rate (TFR),
Egypt, 1980-1995

Year	TFR
1980	5.28
1984	4.85
1988	4.41
1992	3.93
1995	3.63

Figure (1)
Number of Family Planning Units, Egypt, 1966-1995

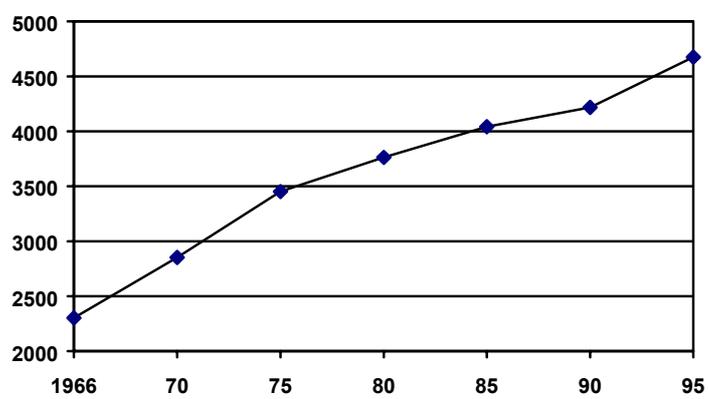


Figure (2)
Percent Increase of Family Planning Units,
Egypt, 1966-1995

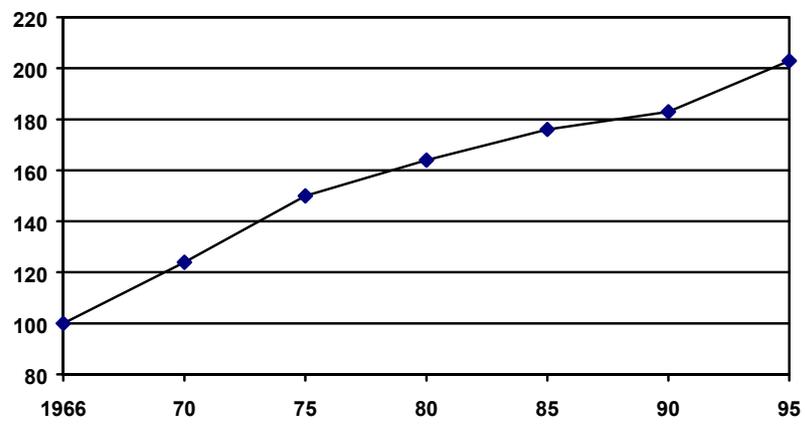


Figure (3)
Trends in Crude Birth Rate, Egypt, 1965-1995

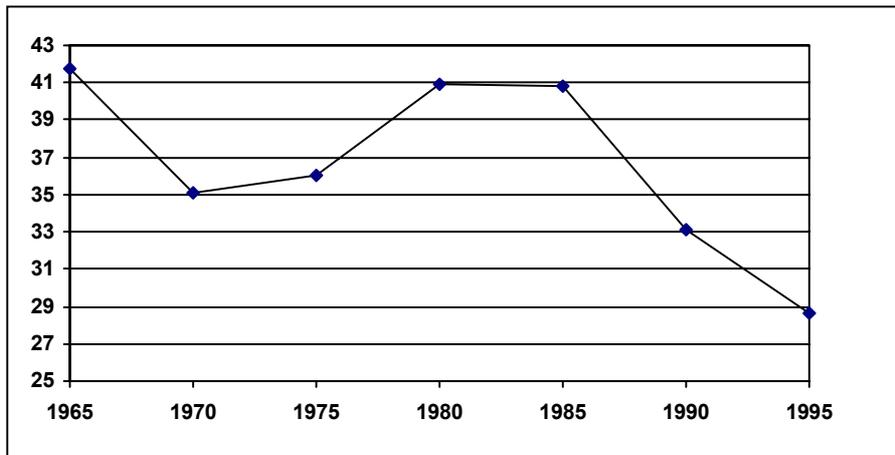


Figure (4)
Trends in Contraceptive Prevalence, Egypt,
1980-1995

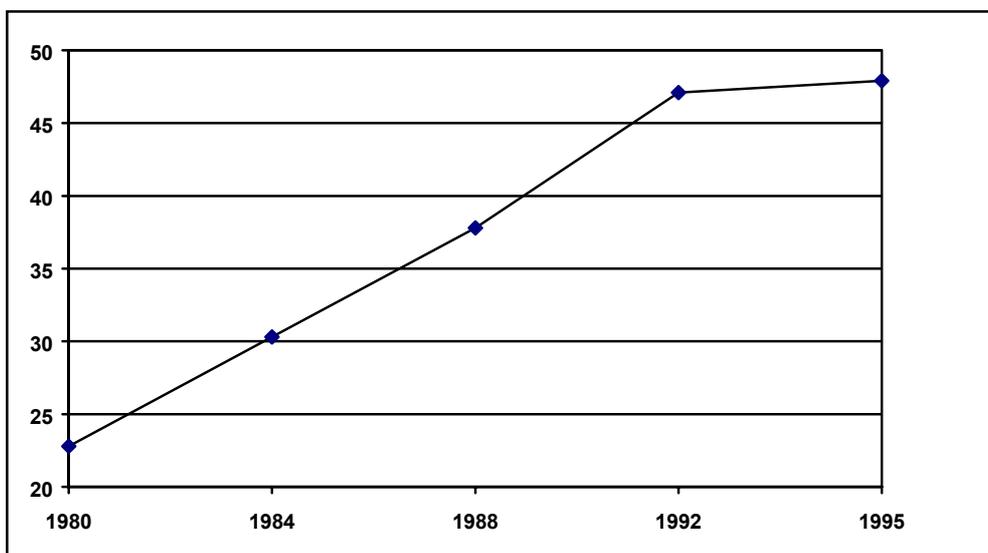


Figure (5)
Trends in Total Fertility rate,
Egypt, 1980-1995

