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# RESPONDING TO RAPID POPULATION GROWTH IN EGYPT

Egypt's population growth of 2.6 percent per year is much faster than the world's average of 1.2 percent per year.

Rapid population growth threatens Egypt's sustainable development.

The current government has made health and well-being of girls and women a national priority.

Egypt's rapid population growth is putting pressure on the country's economy and environment and is threatening the health and well-being of its people. From 1994 to 2014, the population grew by 46 percent, from 60 million to nearly 88 million—an increase of more than the total populations of Syria and Lebanon combined (see Figure 1).

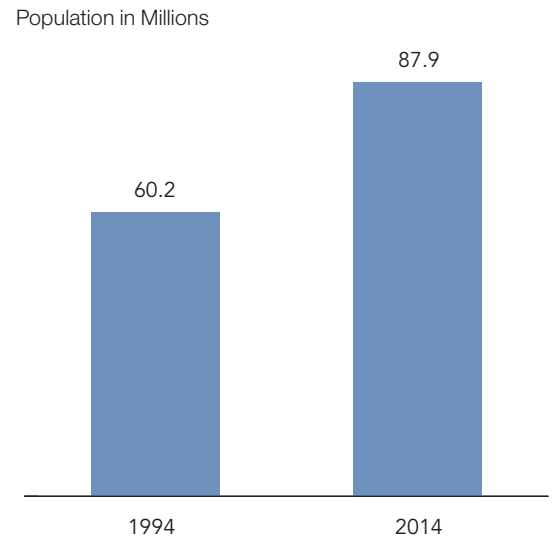
Such rapid growth threatens Egypt's development beyond congestion and pollution in the capital city, Cairo. The United Nations (UN) *2014 Human Development Report* ranks Egypt as 110th among 185 countries. The report shows that only about half of Egypt's population ages 25 and older was employed in 2012, and among those who were employed, 14 percent were still living below the international poverty level of less than US\$2 per day.<sup>1</sup>

With its current population growth of 2.6 percent a year, the Egyptian government faces challenges in providing for the basic needs of its citizens, including adequate housing, sanitation, health care, education, and jobs, and in narrowing the gaps in health and economic security between rich and poor. Moreover, Egypt is faced with shortages of fresh water and energy, which are necessary for sustaining human health, food production, and economic development.

Egypt has participated in UN conferences on population and development (see Box 1, page 2). In 1994, the landmark International Conference on Population and Development (ICPD), held in Cairo, was the first to make the health, education, and empowerment of women central to solutions for sustainable development and to call for universal access to sexual and reproductive health care. These themes continue today in discussions about sustainable development, bringing together social, economic, and environmental dimensions in establishing the Sustainable Development Goals (SDGs) for 2015 to 2030.

FIGURE 1

Egypt's Population Grew by 46 Percent Between 1994 and 2014.



Sources: UN Population Division, *World Population Prospects: The 2012 Revision* (New York: United Nations, 2013); and Egyptian National Population Council analysis of data.

This policy brief examines population trends in Egypt and the reasons for its long period of rapid population growth. It argues that Egypt should embrace the principles of sustainable development and invest in girls' and women's health and well-being, particularly among the poor. The UN's upcoming new development goals for 2030, the SDGs, give Egypt another opportunity to assess its policies, align them with the emerging global consensus, and successfully implement them.

## Finding Common Ground for Population and Development

The United Nations first held global conferences on population and development in 1954 and 1965, when experts warned that rapid population growth could exacerbate poverty and hinder development in countries with limited resources. Egypt was one of the first developing countries to officially support family planning to improve health and lower population growth as part of its national development plans. Not all countries agreed with this approach, however. Some countries, such as Algeria, did not see a need for organized family planning programs within their national development plans, believing that only socioeconomic development was capable of creating the necessary environment for fertility to decline. But in 1983, the Algerian government reversed its position and adopted a population policy that promoted family planning as part of its national development plan.<sup>1</sup>

Such a dichotomy of views was put to rest when the 1994 United Nations International Conference on Population and Development (ICPD) made “reproductive health” central to population and development discussions. Adopted by 179 countries, the ICPD Programme of Action represents a landmark international consensus that individual human rights and dignity, including the equal rights of women and girls, are a necessary precondition for sustainable development. It called for a wide range of investments to improve health, education, and rights, and for providing family planning services in the context of comprehensive sexual and reproductive health care.

The ICPD Programme of Action defined reproductive health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system.”<sup>2</sup> It called for women and couples to have the freedom to decide if, when, and how often to have children; to have access to safe, effective, affordable, and acceptable methods of family planning of their choice; and to have access to health care services that will enable women to go safely through pregnancy and childbirth with the best chance of having a healthy infant.

The Millennium Development Goals (MDGs), which grew out of the UN Millennium Summit in 2000, also called for improvements in education and health and the empowerment of women as part of national development strategies. Like the ICPD, it included “universal access to reproductive health” as one of the targets with a 2015 deadline.

In 2015, the United Nations will forge a new set of Sustainable Development Goals (SDGs). A working group has drafted a set of interconnected goals and targets with the overall aim of eradicating poverty and promoting sustainable development.<sup>3</sup> Three of the goals overlap with the ICPD agenda:

- **Goal 3:** Ensure healthy lives and promote well-being for all at all ages.
- **Goal 4:** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
- **Goal 5:** Achieve gender equality and empower all women and girls.

One of the targets of Goal 3 is “by 2030 ensure universal access to sexual and reproductive health care services, including for family planning information and education and the integration of reproductive health into national strategies and programs.” Universal access implies that all people have access to the care they need, regardless of their ability to pay.

All of these development frameworks, forged as part of the ICPD Programme of Action, the MDGs, and the new SDGs, make clear that significant improvements in sexual and reproductive health cannot be achieved by the health sector alone. Simultaneous efforts must be made in education, poverty alleviation, and improvements in rights and opportunities for girls and women.

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## Egypt's Slow Demographic Transition

Egypt's population is growing rapidly because the number of births far exceeds the number of deaths. The country is in the midst of a “demographic transition”—the shift from high mortality to low mortality and from high to low fertility that countries generally experience as they develop. When mortality rates drop but the decline in fertility (births per woman) lags behind, countries enter a period of rapid population growth. The size of the population eventually stabilizes some years after the fertility rate settles at about two births per woman—the rate at which couples replace themselves. In Egypt, this period of high fertility and rapid growth has continued for decades, and the population has yet to reach replacement-level fertility.

Egypt's population more than tripled in the second half of the 20th century as a result of rapidly declining death rates—particularly among infants and children—and slowly declining fertility rates. The country's annual rate of population growth reached its peak of nearly 3 percent in the late 1950s, while the world reached its peak of around 2 percent in the late 1960s.<sup>2</sup> Today, Egypt's population growth of 2.6 percent per year is much faster than the world's average of 1.2 percent a year.<sup>3</sup>

Children born in Egypt today are expected to live 71 years on average, 10 years longer than those born around 1985.<sup>4</sup> This rise in life expectancy has largely been due to rapid declines in infant and child mortality (see Figure 2). In the early 1980s, one in 10 infants died before their first birthday, but by the early 2010s this ratio decreased to one in 50, allowing a much larger percentage of newborns to reach adulthood and in turn have their own children. Today, Egypt's infant mortality rate is about half of the world's average.<sup>5</sup>

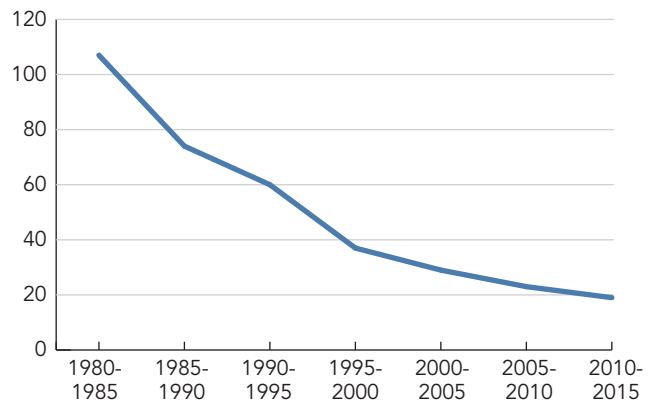
On the other hand, Egyptian women give birth to 3.5 children on average, higher than the world average of 2.5 births per woman.<sup>6</sup> Fertility in Egypt declined from 5.3 births per woman around 1980 to 3.0 births by 2008 (see Figure 2). The 2014 data, however, show fertility has risen back to 3.5 births per woman, indicating that Egypt's demographic transition has stalled and that rapid population growth can be expected to continue.

As Egypt's population has grown, so has the number of women of reproductive age. Between 1980 and 2014, the number of women ages 15 to 49 more than doubled, reaching 22 million. Marriage is nearly universal in Egypt and many families still marry off their daughters at a young age. In 2014, more than half a million girls ages 15 to 19 were ever married.<sup>7</sup> For these girls, early marriage generally means early childbearing, adding momentum to the country's population growth.

FIGURE 2

### Egypt Is in the Midst of its Demographic Transition.

Number of Infants Deaths per 1,000 Live Births



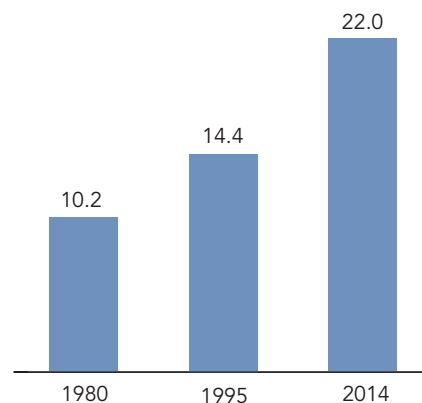
Source: UN Population Division, *World Population Prospects: The 2012 Revision* (New York: United Nations, 2013).

Average Number of Births per Woman



Source: Egypt Ministry of Health and Population and El-Zanaty and Associates, *Egypt Demographic and Health Survey 2014 Main Findings* (Rockville, MD: ICF International, 2014).

Number of Women Ages 15 to 49 (millions)

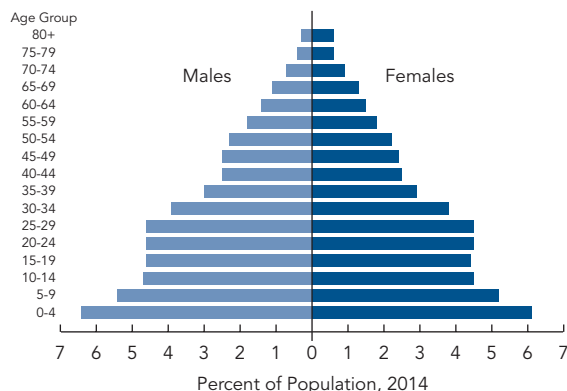


Sources: Egyptian National Population Council analysis of data; and UN Population Division, *World Population Prospects: The 2012 Revision* (New York: United Nations, 2013).

## Demographic Dividend Still Out of Reach

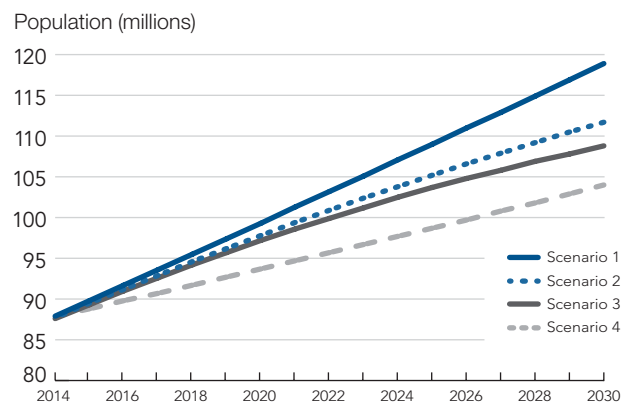
The demographic dividend is the accelerated economic growth that can occur when a country's fertility declines and, as a result, its age structure shifts toward more people of working age (15 to 64 years) relative to children and the elderly. If there are fewer births each year, the size of a country's young dependent population shrinks relative to the working-age population, helping the government save

**FIGURE 3**  
One-Third of Egypt's Population Is Below Age 15.



Source: Egyptian National Population Council analysis of data.

**FIGURE 4**  
How Fast Egypt's Population Will Grow Depends on Women's Fertility Behavior.



**Notes:** The population projections shown here are based on the following fertility assumptions. **Scenario 1:** The current total fertility rate of 3.5 births per woman will remain constant into the future. **Scenario 2:** Fertility will decline to 2.5 births per woman by 2030. **Scenario 3:** Replacement level of 2.1 births per woman by 2030. **Scenario 4:** Fertility suddenly dropped to replacement level of 2.1 births per woman in 2014 and stayed constant into the future at that rate.

**Sources:** Egyptian National Population Council analysis of data; and UN Population Division, *World Population Prospects: The 2012 Revision* (New York: United Nations, 2013).

money and resources that otherwise need to be spent on a larger number of children for basic services such as health and education. With fewer dependents to support, a country has a window of opportunity for rapid economic growth when the right social and economic policies are in place to enable a young educated population to enter the labor force and contribute to increased productivity and economic growth. A commitment to political stability, investment in health and human resources, and sound economic policies would help move Egypt in this direction.

The good news is that school enrollment rates are increasing, especially for girls. Primary school enrollment is nearly universal, youth illiteracy is close to being eradicated, and an increasing percentage of girls are completing secondary school and attending university. Efforts are needed to ensure that these trends continue, eradicating illiteracy among youth and giving all girls the opportunity to finish high school. Equally important are efforts to improve the quality of education in public schools so that graduates are prepared for today's job markets.<sup>8</sup>

A 2009 survey of young people in Egypt showed that one in eight young men ages 15 to 29 in the labor force was unemployed and looking for a job.<sup>9</sup> The unemployment rate for young women was one in three.<sup>10</sup> The survey showed that for both young men and women, unemployment rates were highest among those who had 12 to 15 years of school. One explanation could be that more-educated youth generally come from more-affluent segments of the society and can afford to take time to look for an acceptable job, while less-educated youth from less-privileged families generally have to take any job available.<sup>11</sup> The 2009 survey showed that more than a quarter (29 percent) of young men ages 15 to 29 aspired to migrate abroad, mainly because of limited economic opportunities at home.

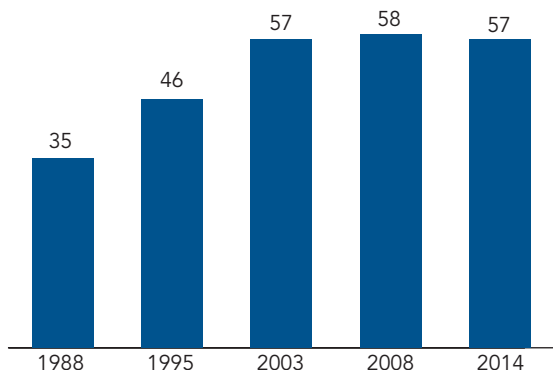
High unemployment rates and low wages are not easy to address when an increasing number of young Egyptians enter the job market each year. More than one-fourth of Egypt's population is under age 15 (see Figure 3), which means that over the next 15 years more than 28 million young people will reach working age. This unprecedented number of young Egyptians poised to potentially enter the job market could not only increase unemployment rates further, but also push wages down—a situation that is neither good for the national economy nor the well-being of families. According to the World Bank, one in six Egyptians was living below the national poverty level in 2000, and this ratio increased to one in four in 2011.<sup>12</sup> In addition, many other Egyptians are at risk of falling into poverty due to a loss of income or circumstances beyond their control, such as a personal health problem or the country's political and economic crises.

Egypt can harness its demographic dividend through investments that would improve health, education, economic

**FIGURE 5**

**Contraceptive Use Has Plateaued in Egypt.**

Percent of Married Women Ages 15 to 49 Using Modern Contraception



**Source:** Egypt Ministry of Health and Population and El-Zanaty and Associates, *Egypt Demographic and Health Survey 2014 Main Findings* (Rockville, MD: ICF International, 2014)

policy, and governance—and ultimately slow population growth. These efforts are needed to break the vicious cycle of poverty, low education, early childbearing, and high fertility. International experiences have shown that the most effective investments are those that focus on improving the health and well-being of girls and women, including their sexual and reproductive health.

**Addressing Inequities in Women’s Sexual and Reproductive Health**

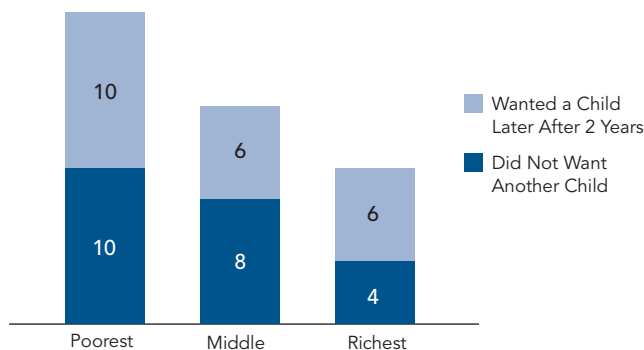
The pace of Egypt’s population growth will depend on women’s reproductive behavior, which reflects the overall health and well-being of girls and women. Women who are poor, less educated, living in rural areas, and who marry young generally start childbearing earlier and have more children than those who are more educated, better off, living in urban areas, and marrying later. The cycle repeats when girls growing up in families that don’t see the value of secondary education for their daughters are married off at a young age. Thus, investing in girls’ and women’s education and health care is critical for promoting smaller families and slowing population growth.

A new series of population projections produced by the Egyptian National Population Council illustrate the impact of the fertility rate on the size of future populations. If the current fertility rate of 3.5 births per woman remained constant, the total population will be close to 120 million by 2030. If it declines to the replacement level of 2.1 births by 2030, the population will be close to 110 million by 2030 (see Figure 4, page 4). In a hypothetical scenario, if the total fertility rate were to suddenly drop to 2.1 births per woman in 2014 and stayed constant at that level, the population

**FIGURE 6**

**Poorer Women Are More Likely to Experience Unintended Pregnancies.**

Percent of Pregnant Women Who Reported Their Pregnancy Was Unintended, by Wealth Quintile, 2008



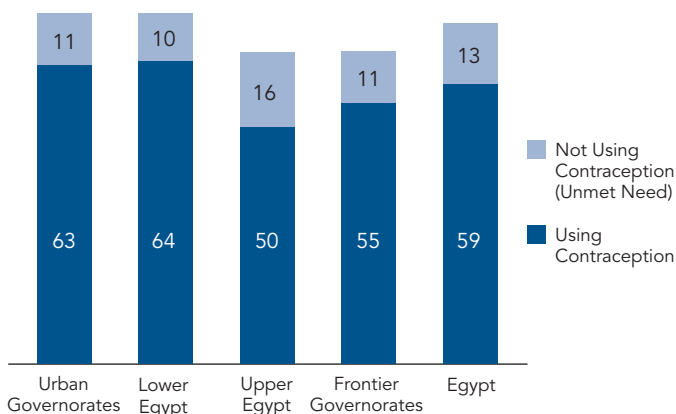
**Note:** Wealth quintiles (five groups of equal size) were created using an index of household assets. The first, third, and fifth quintiles are shown here.

**Source:** Farzaneh Roudi-Fahimi and Ahmed Abdul Monem, *Unintended Pregnancies in the Middle East and North Africa* (Washington, DC: Population Reference Bureau, 2010).

**FIGURE 7**

**Women in Upper Egypt Have Higher Unmet Need for Family Planning Than Other Major Regions in the Country.**

Percent of Married Women Ages 15 to 49 Who Prefer to Avoid Pregnancy, 2014



**Source:** Egypt Ministry of Health and Population and El-Zanaty and Associates, *Egypt Demographic and Health Survey 2014 Main Findings* (Rockville, MD: ICF International, 2014).

would still grow to more than 100 million because of the large number of young people about to enter their reproductive years.

Women’s reproductive health has significantly improved throughout the country, including women’s access to modern

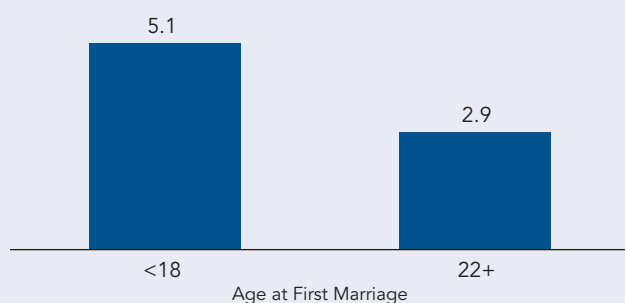
## Egypt's National Strategy to Combat Child Marriage

In 2014, the Egyptian government adopted a national strategy to combat child marriage, endorsing the rights of girls to develop to their full potential. The strategy calls for preventing child marriage by recognizing that boys and girls have rights guaranteed by religions and by the constitution. Egypt is a signatory to the 1989 Convention on the Rights of the Child, a legally binding international agreement on the rights and welfare of children (defined as those under age 18) that requires governments to protect children from hazards of female genital cutting, child marriage, and sex trafficking.

Although Egyptian law sets the minimum legal age of marriage at 18 for both men and women, one in six Egyptian girls still weds before her 18th birthday. Families may feel pressured to marry off their girls because of poverty or deeply rooted cultural beliefs that marriage protects their daughters' reputations.

### Early Marriage Generally Means Early Childbearing and Giving Birth to More Children.

Average Number of Births Among Ever-Married Women Ages 35-49, by Age at Marriage, Egypt, 2008



**Source:** Hoda Rashad, "Early Marriage in Egypt: An Overview," seminar presentation, "Combating Early Marriage and Young People's Reproductive Risks in Egypt: Research, Intervention and Policies," Social Research Center of the American University in Cairo, June 18-19, 2014.

The national strategy's objectives are to:

- Support girls who have already married to minimize the negative impacts of early marriage on the girls, their children, and society.
- Complete and update legislation to reflect the current constitution and enforce existing child protection laws, and to close the legal loopholes that allow families to marry off their underage daughters.
- Address social and economic factors that encourage early marriage.
- Empower, educate, and prepare young girls to address family and societal pressures.
- Mobilize officials, communities, and families to advocate for the prevention of child marriage.

The main stakeholders implementing the strategy are the ministries of health and population, planning, education, social solidarity; and the national councils on women, and on childhood and motherhood. A mechanism will be put in place to harmonize activities among these and other government agencies, such as the ministries of interior and justice, as well as nongovernmental and research organizations. A pilot project in one district will be studied to determine the most relevant activities to scale up.

The strategy's ambitious goal is to reduce the prevalence of child marriage by 50 percent between 2014 and 2019. If achieved, it will not only spare girls the harmful lifetime consequences of early marriage, but also help slow population growth. The 2008 Demographic and Health Survey shows that among married women ages 35 to 49, those who married before age 18 gave birth at age 18, on average, and at age 27 if they married after their 22nd birthday. The former group had on average 2.2 more children (see figure).

contraceptive methods; still, inequities persist. The percentage of married women using modern contraception increased from 35 percent in 1988 to 57 percent in 2003, although it has not increased in 10 years (see Figure 5, page 5). According to the 2008 Demographic and Health Survey, however, 20 percent of pregnant women from the lowest wealth quintile reported that their pregnancies were unintended—twice that reported by women from the richest quintile (see Figure 6, page 5).

The results of the 2014 Demographic and Health Survey show that the majority (53 percent) of Egyptian women want no more children, and an additional 18 percent want

another child but not within the next two years. These figures bring the total demand for family planning to 71 percent among married women of reproductive age, but not all these women are using contraception. In fact, a good portion of them (13 percent) have "unmet need" for family planning. That is, they want to avoid a pregnancy for at least two years or stop childbearing altogether, but they are not using modern contraception. These women are at higher risk of experiencing unintended pregnancies.

Unmet need for family planning among women living in Upper Egypt is 16 percent, higher than any other major region (see

Figure 7, page 5). Unmet need for family planning is generally higher among less-educated women than more-educated women and among older women relative to younger women. Overall, younger women are more likely to have unmet need for spacing between births, while older women's unmet need is mainly for limiting their family size.<sup>13</sup>

## Moving From Policy To Action

The current government has made the health and well-being of girls and women a national priority. In 2014, the government developed a national strategy to combat child marriage, aiming to cut the prevalence of child marriages in half between 2014 and 2019 (see Box 2, page 6). The government is also developing a national strategy for women's reproductive health. These strategies are consistent with global principles articulated at the ICPD (see Box 1, page 2), the Millennium Development Goals, and the proposed SDGs, while upholding Egypt's national laws and religious and cultural values.

These and other policies, such as the new law criminalizing sexual harassment and the 2008 law setting 18 as the minimum legal age for girls to marry, are important steps in the right direction for Egypt. But improving the lives of Egyptian girls and women, their families, and society hinges on how successfully these well-intentioned policies and laws are put into practice. Thus, more serious efforts among different government agencies and the civil society organizations are needed to:

- Improve women's health and education, beginning with protecting girls' rights, promoting girls' education, and preventing child marriage.
- Empower women, strengthen sexual and reproductive health services, and ensure universal accessibility so that families can effectively plan the number and spacing of their children.

The poorest girls and women have the most to gain from these efforts because they are most likely to marry early and experience poor sexual and reproductive health, and least likely to have access to good quality health services. Making quality sexual and reproductive health services universal would help to lift them out of poverty and bring health, social, and economic benefits to their families and to society.

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## PRB's Middle East and North Africa Program

PRB's Middle East and North Africa (MENA) program, initiated in 2001 with funding from the Ford Foundation, responds to the region's need for timely and objective information on population, socioeconomic, and reproductive health issues. The project explores the links among these issues and provides evidence-based policy and program recommendations for decisionmakers in the region. Working closely with research organizations in the region, the project team produces a series of policy briefs (in English and Arabic) on current population and reproductive health topics, conducts workshops on policy communication, and makes presentations at regional and international conferences.

In 2012, PRB began its collaboration with UNFPA Arab States Regional Office (ASRO) to produce policy briefs and hold policy communication workshops in the region.

### MENA Policy Briefs: Selected Titles

*Responding to Rapid Population Growth in Egypt* (November 2014)

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*The Need for Reproductive Health Education in Schools in Egypt* (October 2012)

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*Egypt Youth Data Sheet: Selected Data From SYPE 2009* (February 2012)

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