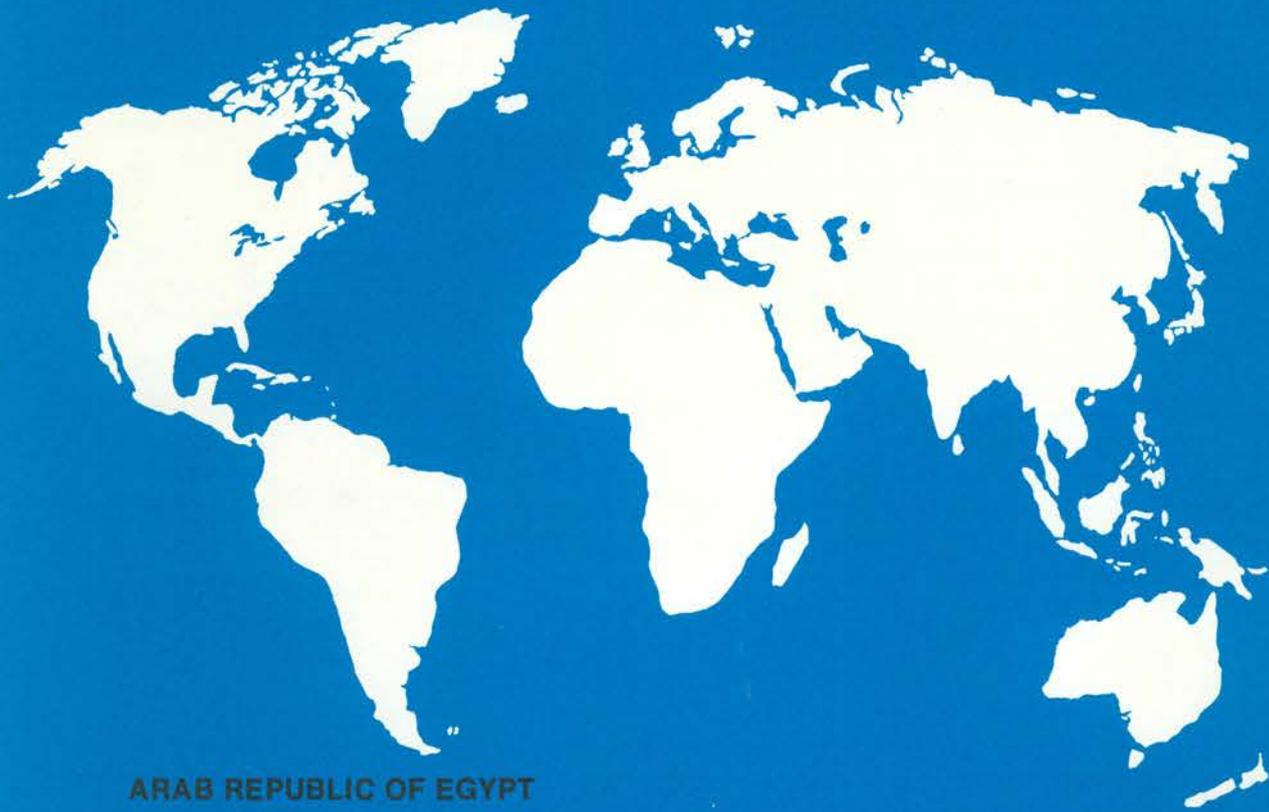




Chickens and Eggs: Egypt's Population Explosion Revisited

by John Waterbury



ARAB REPUBLIC OF EGYPT

Egyptians concerned with the rate of population increase have decided that both conventional family planning programs and concerted programs of economic development must take priority. Policy implementation, however, has recently tended to favor the latter. Bureaucratic indifference and lack of funds may jeopardize family planning programs just when ordinary Egyptians are indicating a general willingness to control fertility.

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CHICKENS AND EGGS:

EGYPT'S POPULATION EXPLOSION REVISITED

by John Waterbury

May 1975

In an earlier article dealing with demographic change in Egypt¹ I have attempted to coax from a group of prominent Egyptian policy-makers and opinion leaders their opinions on what are the most important variables affecting fertility behavior in their society. In effect, what was being asked of them was to take a stab at causal analysis or, in more mundane terms, to choose between chickens and eggs. The analytic problem—by what policy measures can fertility be lowered—is bifurcate. The two (mutually compatible) alternatives generally mentioned are conventional family planning programs and concerted programs of economic development in order to raise standards of living, educational levels, etc., and thereby put people into a “planning” mood. If one decides that the *sine qua non* of fertility reduction is economic development and increased individual prosperity one reaches the second part of the conundrum, to wit, how can one achieve rapid economic growth in the face of a population explosion? The circle is closed if the answer comes back that we must push ahead at all costs with the conventional family planning program, for, presumably, such programs will not have a broad impact in the absence of economic growth. Which should come first? Increasingly, Egyptians concerned with this question have decided that both must come first. In terms of time, effort, and money, however, there is a growing consensus that economic development must remain the overriding concern of the central authorities.

The Climate at the Top

This outlook was made abundantly clear at the World Population Conference in Bucharest in August 1974. The Egyptian delegation was led by

Ismail Sabry Abdullah, the Minister for Plan, a Marxist, and at present the man responsible for Egypt's long-range growth strategy.² Along with many other developing countries, Egypt declared support for international measures between rich and poor nations to further the development of the latter and to seek a more equitable distribution of world resources. Within Egypt the same tone has been set in several quarters. The Prime Minister, Dr. Abdelaziz Higazi, has long advocated a holistic approach to population growth, subsuming the family planning program within the general framework of human resource planning. The population challenge, in Dr. Higazi's view, does not consist simply in avoiding future births but rather in planning for the productive employment of those already living. His views in this respect overlap with those of Dr. Aziz Bindary, the director of the Population and Family Planning Board. Since his accession to this post five years ago, he has been urging a redefinition of the role of his agency so that it may increasingly sensitize other sectors of the government to the necessity to develop policies that will take into account their ultimate impact upon fertility.³ The fact that the former Executive Board for Family Planning⁴ is now called The Population and Family Planning Board is indicative of the shift in emphasis. While the board continues to administer incentive payments to the public health staff involved in the distribution of pills and the insertion of IUDs, it is placing great stress upon original field research and the use of causal models for influencing fertility behavior. An official brochure issued by the Board sums up their view:

... the basic assumption is that overall socio-economic development, together with a



Five children and still smiling.

communication program and the provision of family planning services, will lead to a reduction in population growth as changing primary motivation and remedying underlying causes is a sound starting point for curbing high birthrates.⁵

The matter was put even more succinctly by the Board's Director of Planning:

We believe that the logical approach to significantly reducing high birthrates lies in affecting structural changes in the socio-economic system to transform it to a state consistent with low birthrates.⁶

The proto-consensus embodied in the above statements can and does lead to several, not always compatible, conclusions. It is still the case, for instance, that just about anyone in Egypt who cares to talk about it is concerned about population growth. The fact that the conventional family planning has not made any spectacular breakthrough in lowering fertility, however, has led to a certain indifference toward efforts to make existing programs work better. In some instances, although none of major importance, resources have actually been diverted from family planning efforts. The Governor of Fayyum Province expressed a mood that many others share. In an interview with a reporter from *Ruz al-Yussef*, the following exchange took place:

Governor: The only thing that has really stymied me [as Governor] is the

insane increase in the number of births. Fayyum's population now is one and a quarter million.

Reporter: Will you start a campaign for family planning?

Governor: Family planning? You make me laugh! Family planning, my friend, is tied up with knowledge and learning, with the mentality and culture of people. No one practices planning other than those who understand the necessity of planning. And people who don't read or write don't understand. In my view family planning begins with the eradication of illiteracy. Any effort that does not start from this is useless. For that reason I have decided to transfer a large part of the [provincial] family planning budget to literacy programs.⁷

At a different level a similar atmosphere of indifference to the conventional program prevails. Dr. Hilmy Abd al-Rahman, adviser to the Prime Minister on Technology presented a view that I have found echoed in both the Ministry of Plan and the Population Board:

The development of the population for the next 25 years has already been determined and can only be changed slightly through family planning efforts. Our population will double in the next 25 years with only a 20 per cent possibility of variation. Family planning policy, whether by political or voluntary action will only show results after being applied for 20-25 years, the normal length of a woman's fertility. Therefore for the next 20 or 25 years the problem in Egypt is mainly to meet the requirements of an increasing population, and if industry and technology develop quickly this will help reduce the population as happened in all advanced societies... industrialization is said to be the best contraceptive. Of course a proper [family planning] policy should be begun, although its action and effectiveness may be delayed.⁸

The view that over the next couple of decades nothing much can be done to affect the contours of Egypt's population growth is of enormous importance. First, it is probably not true, unless we agree that variations of 20 per cent are insignificant. Second, even if it were largely accurate, its acceptance could lead to a great deal of *non-analysis*, *non-decision-making*, and *non-experimentation* in those policy areas that relate most directly to fertility behavior. The Population Board has set itself the task of preventing such a state of lassitude from emerging but it faces monumental bureaucratic inertia, sustained by administrators comforted by the knowledge that no matter how innovative they might be, their efforts would lead to no noticeable change in the general picture.

There is yet another factor, in many ways one of the most profound, relegating concern over rapid population growth and conventional means for dealing with it to a position of secondary importance. It is the fact that population growth and its ramifications are seen as long-term problems, undeniably important but neither pressing nor urgent. What is urgent, and has been in the most acute fashion since 1967, is the economic state of a poor society on a continuous war footing. The question has literally been one of guns and bread. As President Sadat himself said, prior to the war of October 1973, Egypt did not have the wherewithal to pay for the next few months' wheat imports. Since October 1973, the situation has eased slightly, but only slightly, as some hard currency has been credited to the Egyptian treasury from the revenues of the Arab oil-producing states. The fact remains that Egypt must import this year something on the order of four million tons of grains and flour, not to mention edible oils, meat, beans, and sugar.⁹ These import needs will inevitably grow in lock step with the population. There are only modest prospects for major increases in agricultural production, which is limited by relatively fixed amounts of agricultural land and already high yields per acre. In short, the two overriding concerns of the government are (1) to seek a stable peace in the area in order to move away from an economy dominated by the necessities of military preparedness; and (2) to generate steady sources of hard currency to meet the growing import bill. As long as the first goal proves elusive, the second will as well, for the proper climate for peace time growth and international investment will be lacking. In the interim,

it is an open secret that economic planning boils down to the short-term management of the hard currency budget. In view of the urgent nature of these twin concerns, population growth has been lost in the shuffle. But it is in large measure a result of rapid population growth that the necessity to deal with the problems is so acute. Back to chickens and eggs.

The Dimensions of Population Growth

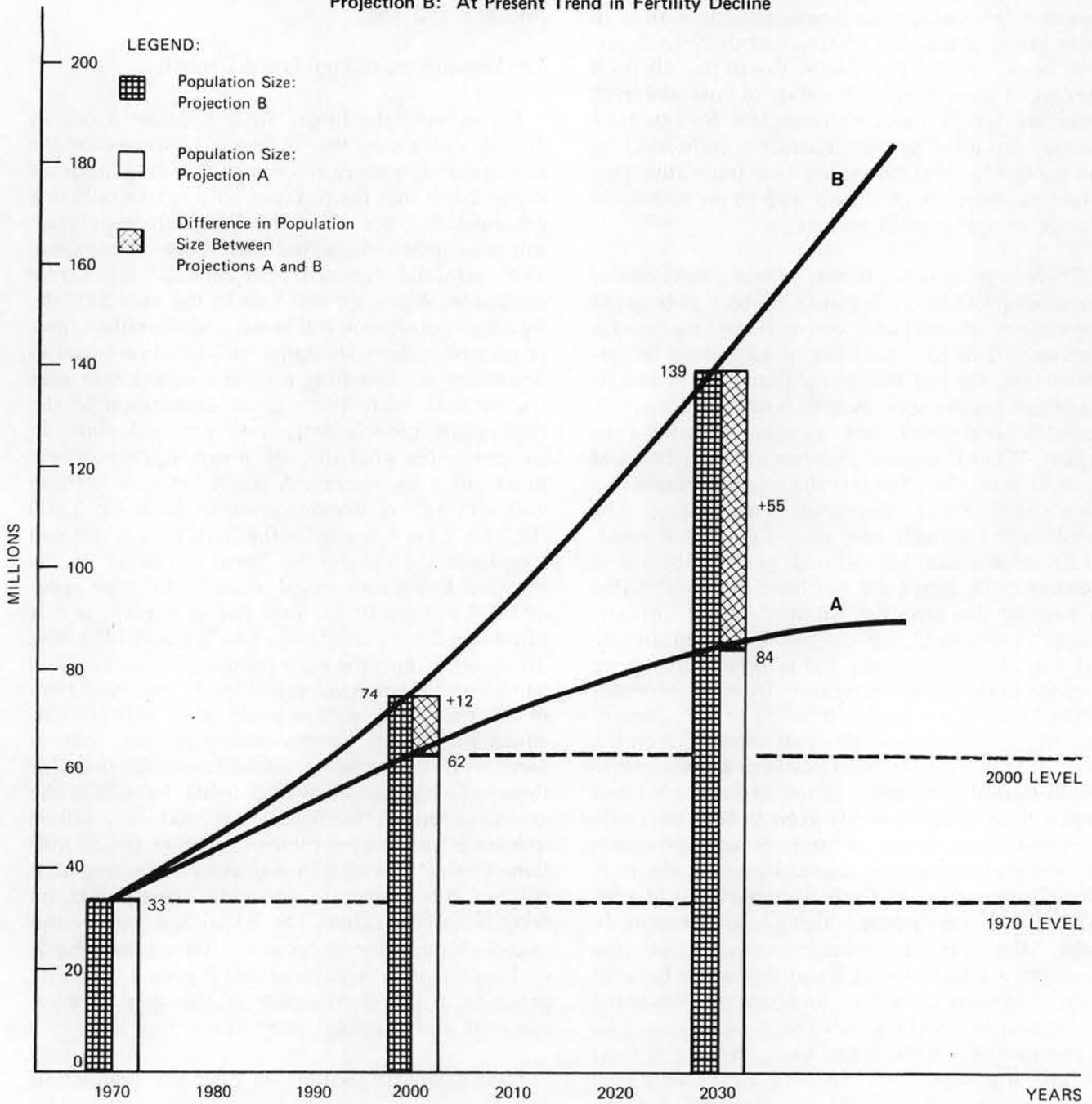
Let us take the future first, because it relates directly to the view that little can be done over the next quarter century to change the magnitude of the problem that Egypt faces. This is true only in a general sense, for while the Egyptian population will grow prodigiously, the range between maximal and minimal growth projections is hardly negligible. When one says that by the year 2000 the Egyptian population will be around 60 million, give or take 10 million, the range of 20 million is not to be sniffed at. Assuming for the moment that over the next 25 years there is no diminution in the population growth rate, one can calculate in *current* prices what this will mean to the economy in all but a few sectors. A single low-cost housing unit serving five persons costs *at least* LE 1,000 (\$2,200). Thus housing for the 20 million additional Egyptians that would be born according to the maximal hypothesis would alone cost on the order of LE 4 billion. In the first five year plan, it was estimated that to create one new job cost LE 1,300. To absorb simply the male portion of the 20 million additional Egyptians would cost, in 1960-1965 prices, LE 13 billion. One could go on with costs in education, public health, transportation, and so forth.¹⁰ It is perfectly understandable that for those who have to cope with living Egyptians the significant fact is that by the year 2000 there will be at least 50 million Egyptians instead of the 37 million of today; it is equally significant, however, that without commensurate concern, Egypt could be faced with 70 million. The 20 million gap by the end of this century represents, after all, two-thirds of Egypt's present population. Figure 1 presents graphically the significance of the gap between minimal and maximal projections over time.

Long-range projections on Egyptian population growth are nothing more than mathematical exercises, and one can have one's pick of prognosticators.¹¹ The exercise in Table 1 is based on the

FIGURE 1
 THE PROBABLE RANGE OF EGYPT'S POPULATION OVER THE NEXT TWO GENERATIONS
 (rounded to nearest million)

Projection A: At Probable Maximum Fertility Decline

Projection B: At Present Trend in Fertility Decline



INCREASE: in millions

	A	B
1970 to 2000	+29	+41
2000 to 2030	+22	+65
1970 to 2030	+51	+106

assumption that if the net reproduction rate (the number of daughters born to Egyptian mothers who survive the childbearing age, NRR), estimated to be 2.2 for the period 1965-1970, could be reduced to one, then a stable population would be achieved. The table, which sets forth the variations in vital rates according to when this stable state is reached, supports the view that, whatever the efforts devoted to family planning, Egypt's population is going to grow impressively before the turn of the century. Even if the NRR is reduced to one by 1980 there will still be over 50 million Egyptians in the year 2000. It is easy to understand, therefore, why Egyptian policy-makers take the attitude that if it proves possible to attain an economic growth rate sufficient to meet the needs of this population, that in itself will already be a remarkable achievement. If, however, economic growth is insufficient to meet this challenge then worrying about 70 million in the next 25 years would constitute wasted effort. The question is, I suppose, what is the difference between 50 and 70 million when you are at 37 million and not breaking even.

More than intelligent planning, a miracle is needed. In 1973 the density of inhabitants per square kilometer of agricultural and urban land (only about 3.5 per cent of Egypt's total land surface of one million square kilometers) reached 1,012 persons, a density rivaled by few other areas in the world. It is sobering to note that in 1928 density per square kilometer in Egypt was 406 persons. It is, of course, possible and likely that Egypt will add substantially to its cultivated acreage in the coming decades through desert reclamation projects, perhaps an addition of as much as 20 per cent to existing cultivated areas. The new lands, however, are of much poorer quality than the rich alluvial soils of the Nile Valley proper and thus will not sustain the same high population densities as the older areas. It is also true that urban development can take place just about anywhere and totally new urban centers will probably develop over the next quarter century. Cairo itself is now choked with over seven million inhabitants and an overall density per square kilometer of 26,000 persons. In some quarters that

Table 1 **Four Hypotheses Concerning the Attainment of a Stable Population in Egypt (NRR = 1)***
CBR = Crude Birthrate CDR = Crude Death Rate GR = Growth Rate

Period	Hypothesis I NRR=1 1980			Hypothesis 2 NR=1 2000			Hypothesis 3 (NRR=1 2020)			Hypothesis 4 NRR=1 2040		
	CBR	CDR	GR	CBR	CDR	GR	CBR	CDR	GR	CBR	CDR	GR
1965-70	43.4	15.9	2.7	43.4	15.9	2.7	43.4	15.9	2.7	43.4	15.9	2.7
1970-75	35.0	13.6	2.1	39.3	13.9	2.5	40.5	14.0	2.7	41.1	14.0	2.7
1975-80	27.4	11.6	1.6	35.8	12.1	2.4	38.1	12.3	2.6	39.2	12.3	2.7
1980-85	20.0	10.0	1.0	32.9	10.6	2.2	36.6	10.8	2.5	37.8	10.8	2.7
1985-90	21.3	9.7	1.2	30.3	9.6	2.1	34.7	9.7	2.5	36.7	9.7	2.7
1990-95	21.8	9.3	1.2	27.2	8.8	1.8	32.9	8.8	2.4	35.5	8.8	2.7
1995-2000	20.8	9.0	1.2	23.4	8.1	1.5	30.7	7.9	2.3	33.9	7.8	2.6
Total Pop. Year 2000 in millions	50.6			62.4			70.1			74.0		

*Extracted from Population Council, *Arab Republic of Egypt: Country Prospects*, New York City, 1974. It is important to note that the Population Council assumed a growth rate of 2.7 per cent per annum for the period 1965-1970, which is well in excess of official figures. The growth rate for the period 1960-1966 has been calculated at 2.58 per cent, falling off rather markedly thereafter to about 2 per cent by the year 1971. This should be kept in mind, for all four hypotheses are based on the estimates presented in the table for the period 1965-1970.

ratio has risen to 145,000 per square kilometer,¹² and there has been constant, if ineffectual, talk of establishing satellite cities around Cairo, utilizing desert land for the purpose. The costs are so enormous that this must remain a distant dream. Of more immediate import is the gradual reopening of the three cities—Port Said, Ismailia, Suez—of the Suez Canal Zone, a process dependent upon progress toward a settlement of the Arab-Israeli dispute. The million or more persons that inhabited these cities before 1967 have gradually begun to return home. With the reopening of the Canal, the establishment of an international free zone at Port Said, and the relocation and initiation of industries in the area (cement, petrochemicals, fertilizers, refineries), the Canal Zone should become a major pole of attraction, drawing population from Cairo and Alexandria as well as from the Egyptian countryside. Another area that appears destined for urban growth is Mersa Matrouh, lying well to the west of Alexandria along the Mediterranean coast. But even if new lands and new cities are able to absorb some of the population increase, they will have only a marginal impact on reducing the pressure upon habitable land. Under the very best of circumstances, assuming that the population will be no more than 50 million in the year 2000 and that new lands and cities will accommodate five million inhabitants, density per square kilometer in the year 2000 will be 1,265. Assuming a population of 70 million by the turn of the century would give a density ratio of 1,822 per square kilometer.

The miracle that is needed, then, would be a package of peace, rapid industrialization, firm foreign markets and hard currency earnings, bold efforts not so much to make the desert bloom as to populate it, a rapidly declining population growth rate, and prosperity.

Of the contents of that package, two already appear to be present in embryo. Some stabilization of the Arab-Israeli conflict is a distinct possibility, though not yet a likelihood. At the same time, as noted in earlier reports on the subject,¹³ there has been a steady decline in fertility rates since 1966-67. It is to this latter trend that we shall now turn in considering the current demographic picture in Egypt.

The fertility decline that manifested itself after 1966 was cause for very cautious hope that Egypt



Salah Jahin, *al-Ahram*, April 24, 1973. The cartoon is entitled "Family Planning Week." In the psychiatrist's office, the man on the couch is saying, "The strange thing is that I hate children...but despite that I'm all messed up if a year goes by without producing one."

had rounded the bend and that the crude birthrate was finally moving towards equilibrium with the crude death rate which had dropped substantially in the 1930s and 1940s. At the same time, it was widely feared that the decline might be no more than a short-term phenomenon resulting from the defeat of 1967 and a kind of psychic depression that inhibited conception. There is surely something to these fears, but those who follow demographic change closely are now convinced that the decline is real and will continue. Following the war of October 1973, and its relatively positive results from the Egyptian point of view, there has been, provisionally, a small-scale baby boom, leading to an increase in the crude birthrate of one per 1,000; it is expected, however, that the rate will once again begin to decline. This prediction seems the more reasonable for the simple fact that there has been no breakthrough in family planning services or, as happened in Japan and Eastern Europe, drastic changes in legislation affecting abortion. Fertility decline in Egypt has been most rapid in the cities (with a CBR of 30/'000 today) where family planning services are concentrated. Although

Table 2 **Crude Birth, Crude Death, and Population Growth Rates, 1952 - 1972***

Year	No. of Births '000	CBR	No. of Deaths '000	CDR	Increase '000	Rate
1952	969	45.2	381	17.8	598	2.74
1960	1,114	42.1	438	16.9	676	2.62
1965	1,221	41.7	412	14.1	809	1.76
1967	1,210	39.2	440	14.2	770	2.50
1968	1,207	38.2	509	16.1	698	2.21
1969	1,197	37.0	468	14.5	729	2.25
1970	1,162	35.1	501	15.1	661	2.00
1971	1,186	35.1	445	13.2	741	2.19
1972	1,118**	34.1**	501**	14.4**	687**	1.97**
1973	----	35.3**	----	14-15**	----	2-2.1**

*Source: Central Agency for Public Mobilization and Statistics, *1973 Year Book*, Cairo 1974.

**represents provisional figures.

less rapid, the decline has also been uniformly registered in the countryside where resort to official family planning services is relatively minor. In other words, a good deal of the decline must be attributed to spontaneous, voluntary, and "home" methods (coitus interruptus, rhythm, condoms, illegal abortions) that indicate a common desire to limit the number of births.

Data pertaining to these methods are understandably scarce. Very few surveys have been conducted that would produce evidence of what goes on outside the framework of the family planning program. This is especially true of induced abortion which is illegal unless a doctor is willing to certify that the mother's life is in danger. Many doctors are prepared to interpret this condition broadly and will take into consideration the existence of lung or heart problems, anemia, or cumulative fatigue resulting from previous births. Beyond this, several doctors guarantee women who have had loops inserted (there is a failure rate of 1.5-2.0 pregnancies per 100 woman years of use) that if they become pregnant they will receive a free abortion. Nonetheless the whole question of induced abortion is cloaked in socio-cultural taboos and thus both difficult to measure or to discuss. Some years back the head of the Obstetrics and Gynecology section of the Qasr al-Aini General

Hospital in Cairo carried out a study of all cases of "complicated" abortion handled by the section over several years. It was found that about a third of all such cases could be unambiguously identified as induced. Other hospitals reported similar ratios. More recently, a village survey of all women between the ages of 15 and 49 was carried out over an entire year. The women were given regular medical checkups, including a urinalysis by which the investigating team could determine the incidence of pregnancy. If in the next periodic exam the urinalysis revealed that the woman was no longer pregnant, she was asked whether she had aborted. If she said yes, then she was asked if it had been spontaneous or induced; if no, it was assumed that she had induced abortion. About 55 per cent of the women of childbearing age were married, not sterile, not already pregnant, not widowed, and not divorced. Of these about one-quarter became pregnant in the course of the study. About one-quarter of all pregnancies resulted in abortion, and about 20 per cent of these were clearly induced. It would of course be unwarranted to extrapolate a national pattern from these limited results, but there are good reasons to believe that the study actually underestimated the number of induced abortions in the village. As a very rough guesstimate, it may be that nationwide something like 5 per cent of all pregnancies result in induced

General Askar, Director of the Central Agency for Public Mobilization and Statistics announced to the local press that on March 18, 1975, the population of Egypt reached 30 million. The figures published by the local press did not include estimates of crude birth and death rates. They did, however, indicate that the net growth of the population over the preceding 12 months had been 812,000 souls. If we compare this net gain with that indicated in Table 2, it becomes clear that 1974-75 represents a bumper crop and can only be explained by a sharp increase in the crude birthrate (a sharp decrease in the crude death rate hardly seems likely). If this is the case, and if it continues, what has been presented as a secular trend in declining fertility could be called into question.

Whatever the case may be, the figures released by General Askar prompted one writer for *al-Ahram*, Salama Ahmad Salama, to register the following opinion (*al-Ahram*, March 26, 1975):

The figures recently released concerning Egypt's population are disturbing, not to say ominous. They confirm for anyone who wishes to listen or to see the future of life on Egyptian soil in the year 2000 is no future at all, especially in view of the fact that in the coming decades the population may grow to 80 million.

The time has come to call things by their right name; we need birth control not family planning. The programs of family planning which have been applied to date have affirmed their deficiencies and their lack of seriousness, and the need for more comprehensive and dynamic approaches is inescapable. The sterilization of men is not an innovation [i.e., something that is contrary to the fundamental tenets of Islam: author's note]. It places the responsibility for limiting fertility upon the male just as contraceptive pills placed the responsibility upon the females. It is a practice that is applied in India and other countries concerned by the population explosion, or even in countries that are not at all worried by population growth, such as Sweden. In this vein, there is no alternative to offering material incentives to anyone who accepts sterilization, although it is a simple operation that does not affect the virility of the male anymore than the pills affect the femininity of the female.

We are, indeed, in need of a new and serious look at what we call the family planning board. We must resuscitate it, reawaken it, and appropriate it for the necessary credits. But above all else those who rely upon it must be convinced that the first and predominant goal to their efforts is birth control, and nothing else.

abortion. In 1972 that would have worked out to be about 70,000 induced abortions, as compared with 360,000 women who had had resource to the family planning program. The ratio is all the more significant in that abortion is illegal while the family planning program is supported by official propaganda and by a comprehensive medical and paramedical infrastructure.¹⁴

The family planning program, both governmental and semiprivate, can claim only a modest part in bringing about the decline of fertility. The goal of the Family Planning Board is to reduce the crude birthrate by one per 1,000 annually over the next decade so that it will be no higher than 24/1,000 by 1984. It is conceivable that this decline will come about without the assistance of the official program, as has been the case in the past seven years, but if the program is to contribute significantly to this process, its scope and intensity will

have to be greatly expanded. With something like 5.2 million married women of childbearing age (15-44) in 1974, the government program was reaching less than 10 per cent of them (or ca. 450,000 women).¹⁵ If one takes into account some 150,000 women who buy pills from private pharmacies, another 70-80,000 who have continued use of IUDs, and 35,000 utilizing foams, jellies, diaphragms, etc., the percentage of married women of childbearing age following conventional family planning techniques would be 14 per cent. Of greater import is the fact that the number of initiates to family planning is lagging behind the number of women that enter childbearing age each year. This latter figure can be estimated at about 90-95,000 per annum. When the government program was first started in 1966, repetitive pill users ran at about 160,000 per month. The rate by 1973 was 436,000 per month, but the number of new users in the past four months has plateaued. For



بدون تعليق !

This cartoon is based on the old Egyptian proverb that a hopeless cause is like a call to prayer in Malta. The muezzin in the minaret is calling "The pill, O Peasants!"

instance between 1972 and 1973 the net gain in recruits to the program was only 21,000, from 415,634 to 436,616. In other words, the absolute number of married couples not practicing family planning may have been increasing. If that were true the number of live births each year would also be on the increase. The figures in Table 2, however, indicate that the number of births has been declining. The inevitable conclusion is, once again, that voluntary fertility control on an important scale is being practiced outside the framework of the conventional programs.

This is in a sense good news, for it constitutes evidence of growing motivation on the part of Egyptian couples to control the number of their offspring. But before the government program can exploit and reinforce the trend certain questions will have to be answered regarding the factors that have brought about this voluntary change. To put the matter as simply as possible, there is good cause to speculate that the fertility decline is due to economic privation of various sorts rather than to the formula offered by Alfred Sauvy of rising prosperity and the emergence of a planning mentality. Per capita income has, in all likelihood, declined

over the last seven or eight years. Pressure upon relatively fixed land resources has grown only slightly less rapidly than the population, but the tendency toward fragmentation through inheritance and the formation of dwarf holdings has been intensified. In the cities soaring inflation in food-stuffs and rents has placed major constraints on the millions on fixed industrial and civil service wages. It has been frequently, and accurately, argued that rural families can add additional children to their midst without significant additional cost and that their offspring can, within a few years of birth, begin to contribute to the family's income. In many areas of the Egyptian countryside that probably is no longer the case. So much more so, then, for city inhabitants who must participate in the money economy, find shelter that others have built, and send their children to school, there being *relatively* few opportunities for child employment in urban areas. The message here is not altogether palatable. If the public authorities wish to reinforce the decline in fertility, must they reinforce the trend in declining standards of living? If the state is able to turn the economy around and begin to generate higher per capita incomes, can it be expected that the crude birthrate will initially start to climb? Neither question need be answered

The man marching in place is entitled "Family Planning."



خطوة تنظيم « محلك سر سابقا »

in the affirmative for fertility may vary significantly from one sector of the population to another and there may be several intervening layers of causation between the socio-economic environment and fertility behavior. Given the dearth of survey data, the most one can say is that the motives that impel one toward or inhibit one from family planning remain mixed.

The following case material is taken from the monitoring of ten family planning clinics within the semiprivate services offered by the Cairo Family Planning Association.¹⁶ All ten occurred within the crowded, lower-middle-class district of Sayyida Zeinab. The Cairo Family Planning Association, in conjunction with the Social Research Center of the American University in Cairo, has been carrying out a study of means to improve and to extend family planning services in this district with a view to developing guidelines for other areas as well. Some of the material generated by the study consists in recording dialogues, such as the following, between social workers and would-be utilizers of contraceptives.

Woman: I want to tell you about my case.

Social

Worker: I am listening.

Woman: I had 18 births out of which six are now living, two boys and four girls; and this girl sitting opposite you is one of them.

Social

Worker: I was just saying, who is this young lady who is coming for family planning?

Woman: She is 19 years old. When I was her age I was married and had children. As soon as I got married my mother-in-law told me "come on, we want children; this is our primary desire." I was still a child and knew nothing. I kept having children, one after another, until I lost my health. My dear, if I had known about birth control, I would have controlled from the beginning [a long sigh]. I have been using the pills for five years, but I stopped awhile and had a loop. Then I

removed the loop and used the pills. Now my period has stopped coming since a month, but this has happened to me before. For five months, then I remained tired, pale, dizzy, and unable to lift my body from the ground. Anyhow! What is the right thing to do?

Social

Worker: You are supposed to keep one kind of contraceptive, because inserting the loop, removing it, and inserting again affects the uterus and fatigues you. Every time the loop is inserted it causes some bleeding and colics like the period. Therefore every time you come for a new loop you will feel those things, but once the body adjusts you will not feel anything. The same thing for the pills. You must keep up so that the body adjusts to them.

(Another woman enters with her daughter who is to be married in a week. One of the other women present says "What is this, my sister! You should let her bear a child at first to test herself. She shouldn't prevent from the beginning like this.")

The

Mother: Never; is it possible that I let her go through what I have gone through? It is enough that we were very young and had our children and our troubles. Let her have her fun with her husband first.

Daughter: Of course! Who would like to have children immediately. It is important that I get my home organized first, then I'll bring one or two children, and that would be enough.

The second dialogue goes as follows:

Social

Worker: Are you coming for an examination or do you want a loop?

Woman: No, I have been taking the pills for eight years and for the last three months the period has stopped. I am afraid that their pills may have made me pregnant.

Social

Worker: You didn't miss taking your pills for even one day, did you?

Woman: Never! I didn't forget one day.

Social

Worker: Alright, you will not be pregnant, especially if you have been taking the pills for eight years and nothing happened to you.

Woman's

Neighbor: Why are you hiding the truth from the lady? Aren't you the one who wants to be pregnant?

The truth is that the husband of this woman, who is 50 years old, married another young woman, 25 years old. This new wife made fun of our friend and told her you are too old now to have children.

Woman: Although I already have five children, and the oldest is 19 years old, this woman calls me barren. Do you think if I were barren I would have had children! I told her that I have controlled by my free will. I am the one taking the pills. She ridiculed me and said pills and birth control, what nonsense! Consequently, I made a vow and promised myself that if my husband divorces this woman I shall show all my neighbors and friends who have been told that I am incapable of bearing children; I shall show them that I am still able to have children. Therefore, I vowed that if my man divorces this woman, I shall become pregnant. My vow was fulfilled sooner than I expected. As soon as I stopped taking the pills, my period stopped.

Social

Worker: Did your husband divorce his new wife?

Woman: Yes, he divorced her six months after they were married, but he left her with a little girl.

Social

Worker: And you, will you be happy once you make sure you are pregnant in spite of the fact that you have grown up children?



"Egypt's population reaches 36 million and Cairo's 7 million" (top). The caption below the cartoon reads "What to do in cases of Population Explosion: head calmly to the [nearest] Family Planning Shelter." Salah Jahin, January 22, 1974, in *al-Ahram*.

Woman: What shall I do, I must fulfill my vow.

Woman's

Neighbor: She's very happy with her pregnancy.

Another

Woman: Isn't it a shame for an older person with a daughter ready for marriage to put herself in that position? How can she bear going again through the trouble of having children after eight years of rest?

(The woman eventually came out of the doctor's clinic full of joy, because the doctor informed her that she was four months pregnant.)

Two examples do not a national profile make. Yet it should be abundantly clear from this case material the variegated and sometimes contradictory pressures that bear upon Egyptian women—and this in an urban setting. Holding the attention of one's husband, affirming one's image in the eyes of one's female peers, asserting one's "feminismo" even when the physical toll will be heavy—all these factors of pride and image intervene between

economic constraints and fertility behavior. Such constraints will not disappear. Supporters of family planning must hope that more women will assume the outlook of the uninvited commentator in the last exchange and will come forward to say, "How can she bear going again through the trouble of having children after eight years of rest?"

Too much worrying about the complexities of motivation, however, may well serve as nothing more than an excuse to carry out more studies and to postpone action. Even if the consensus is that Egypt's population problem will be solved to the extent that the country is able to propel its economy forward, there are many changes and improvements in the delivery system of the conventional family planning program that could be initiated without further delay. Some of the more obvious improvements would consist in extending the network of rural clinics so that there would be one for each of Egypt's 4,000 villages (at present there are 2,081 clinics serving the rural areas); specialized training for doctors, midwives, and other paramedical personnel in problems related to the use of pills and IUDs; regularized supply of pills without interruptions and changes in color and format;

extension of clinics equipped and staffed for IUD insertions; closer direct supervision of incentive systems to prevent staff exploitation of would-be recruits or the falsification of sales records; greater emphasis on adult education and "consciousness-raising" efforts; more materials dealing with the consequences of rapid population growth incorporated into educational curriculum at all levels, and so forth. These improvements do not appear overly ambitious. They demand some additional investment, greater administrative coordination, and more selfless devotion to the cause. Yet there is scarcely any sector of the Egyptian government and public sector that has not set similar goals for itself and found them extremely hard to achieve. Seemingly simple reforms in priority areas have been lost somewhere in the bureaucratic morass. Efforts to clear Alexandria port of masses of imported goods, equipment, and foodstuffs were stymied for months until the army was called in to take over the clearing operation. Family planning cannot claim such draconian measures. Low priority, low budget, and bureaucratic indifference may paralyze the conventional program at a moment in time when mass feelings, no matter how diffuse and inchoate, indicate a general willingness to control fertility.

NOTES

1. John Waterbury, *Egyptian Elite Perceptions of the Population Problem* [JW-6-'73], Fieldstaff Reports, Northeast Africa Series, Vol. XVIII, No. 3, 1973.
2. Mr. Sabry Abdullah was one of the interviewees in the Report on *Egyptian Elite Perceptions of the Population Problem*. He told me in 1973 that he felt that the next decade would be crucial in determining whether Egypt turned the corner economically or lapsed back into preindustrial patterns. Over the next decade, he pointed out, lowered fertility could have at best only a marginal impact upon the development effort.
3. See, for instance, Aziz Bindary, "Toward Population Planning and Family Planning," *al-Ahram*, June 27, 1973.
4. For a description of the Executive Board see my *Manpower and Population Planning in the Arab Republic of Egypt, Part IV: Egypt's Government Program for Family Planning* [JW-5-'72], Fieldstaff Reports, Northeast Africa Series, Vol. XVII, No. 5, 1972.
5. Supreme Council for Population and Family Planning, *The National Population and Family Planning Policy for the Ten Year Plan (1973-1982)*, October 1973, p. 3. The economic plan itself was stillborn and replaced by a transitional plan, 1974-1976, to be followed by a five year plan, 1977-1982.
6. Nader Fargany, "The Development of National Population and Family Planning Policy in Egypt," presented at the First Regional Population Conference of the Economic Commission for West Asia, Beirut, Lebanon, February 18-March 1, 1974. For evidence from Egypt that would support this outlook see Atef M. Khalifa, "A Proposed Explanation of the Fertility Gap Differentials by Socio-Economic Status and Modernity: the Case of Egypt," *Population Studies*, Vol. 27, No. 3 (November 1973), pp. 431-442.
7. Interview with Governor Hussein Dabbus 'Fayyum Province' in *Ruz al-Yussef*, n. 2433, January 27, 1975.
8. Interview with Dr. Hilmy Abd al-Rahman in the *Egyptian Gazette*, February 9, 1975. Dr. Abd al-Rahman is the former Executive Director of the United Nations Industrial Development Organization (UNIDO).
9. I have dealt in detail with Egypt's food crisis in *Aish: Egypt's Growing Food Crisis* [JW-3-'74], Fieldstaff Reports, Northeast Africa Series, Vol. XIX, No. 3, 1974.
10. For an earlier detailed attempt to estimate the costs of rapid population growth, see "The Long-term Burden of the Population Explosion, *al-Ahram al-Iqtisadi*, March 15, 1968.
11. In the past I have used Nabil Azzat Kharzati, "Population Trends in the United Arab Republic by Age Groups and Sex to the Year 2000," Memo No. 642, series 26, Institute of National Planning, October 1968; but see also Executive Board for Family Planning, *Report on Family Planning*, June 1972.
12. Figures from the Central Agency for Public Mobilization and Statistics as reported in *al-Ahram*, January 21, 1974.
13. See my *Manpower and Population Planning in the Arab Republic of Egypt, Part I: Population Review 1971* [JW-2-'72], Fieldstaff Reports, Northeast Africa Series, Vol. XVII, No. 2, 1972.
14. Results of the village study have not yet been released, and thus the data can be presented in only cursory fashion. It was found in the course of the study that while government family planning services are offered in the village, 30 per cent of the women did not know of their existence. For further information on abortion, see Dr. Ibrahim Kamal et al., "A Study of Abortion at Cairo University Hospital," in Abdel R. Omran (ed.) *Egypt: Population Problems and Prospects*, University of North Carolina Press, Chapel Hill, 1973, pp. 387-402; and H.K. and M.K. Topozada, "Experience with Abortion in a Private Practice," *ibid.*, pp. 403-410.
15. It should be noted that over the period 1956-1967, it is estimated that 21.6 per cent of all women married for the first time were divorced, 17.5 per cent of all married women divorced within the first five years of marriage, and 83 per cent of this latter group were childless at the time of divorce. See Badr Hanna, "The Effect of Divorce on the Level of Fertility in Egypt" in Cairo Demographic Center, *Fertility Trends and Differentials in Arab Countries*, Cairo, 1971, pp. 133-40. See also Gamal Askar, "Marriage and Divorce in Egypt," supplement to *al-Ahram al-Iqtisadi*, November 1, 1974.
16. See Waterbury, *Manpower and Population in the Arab Republic of Egypt, Part III: The Egyptian Family Planning Association* [JW-4-'72], Fieldstaff Reports, Northeast Africa Series, Vol. XVII, No. 4, 1972.

SUPPLEMENTARY STATISTICS AND TABLES

The Family Planning Program

In 1973 the total budget of the Family Planning Board was about LE 6,000,000 or ca. \$12 million. \$1,722,500 was contributed by the United Nations Family Planning Agency. The rest was supplied by the Egyptian government to cover the cost of contraceptives, incentives, and Board personnel. These figures do not include the indirect contribution of the Ministry of Health whose personnel in the clinics run by the Ministry are made available for family planning consultation an additional nine hours a week.

There are currently 1,107 clinics in urban areas and 2,081 in rural areas for a total of 3,188. This means that each clinic must serve, on the average, over 10,000 inhabitants. It is hoped that this ratio will be reduced to 5,000 by 1982.

TOTAL POPULATION 1/7/1974 (Estimate)

Total Population	36.1 Millions
Male (50.8%)	18.3 Millions
Female (49.2%)	17.8 "

Demographic Variables

While vital statistics are recorded at clinics run by the Ministry of Health, the raw data are sent not to the Ministry but to the Central Agency for Public Mobilization and Statistics, the sole authority controlling their analysis and release.

Until 1962, when the expansion of the network of clinics was begun, only about 55 per cent of the population was monitored through the clinics. For the rest vital statistics were provided by village *umda*, or local mayors.

For further information, see Dr. Malek Nomrossy, "The Order of New-Born in Fertility Measurement" in Cairo Demographic Center, *Fertility Trends and Differentials in Arab Countries*, Cairo 1971, pp. 117-131.

URBAN and RURAL Distribution

Urban (128 Cities) 42.6%	15.4 Millions
Rural (4100 Villages) 57.4%	20.7 Millions
-- villages less than 2,000	29.0%
-- villages 2,000- 5,000	43.7%
-- villages 5,000- 10,000	22.5%
- villages more than 10,000	4.8%

AGE Distribution:

0 - (15.4%)	5.6 Millions
5 - (13.6%)	4.9 Millions
10 - (11.0%)	4.0 Millions
15 - (11.3%)	4.1 Millions
20 - (48.7%)	17.5 Millions

VITAL RATES (Per thousand) 1972

Birth rate	34.4
Death rate	14.5
Natural Increase rate	19.9
Infant Mortality rate	116.0
Neonatal Mortality rate	21.0
Maternal Mortality rate	0.9
Marriage rate	10.3
Divorce rate	2.2

LIFE EXPECTANCY AT BIRTH (1970)

Males	53.5 Years
Females	55.6 Years

TABLE 3

**Proportion of Married Women of Child-Bearing Age
Utilizing Pills by Geographic Area, 1966-1973**

AREAS	1966			1972			1973		
	No. of Women of Child-bearing Age	No. of Cycles	% of Women Attained	No. of Women of Child-bearing Age	No. of Cycles	% of Women Attained	No. of Women of Child-bearing Age	No. of Cycles	% of Women Attained
Urban Governorates	941,889	642,517	5.3	1,081,625	1,871,306	13.3	1,105,269	1,980,943	13.8
Delta Governorates	1,808,223	762,189	3.2	2,076,490	2,186,750	8.1	2,121,881	2,216,449	8.0
Upper Egypt Governorates	1,508,084	315,593	1.6	1,731,821	898,962	4.0	1,769,679	1,006,387	4.4
Frontier Governorates	29,881	15,745	4.1	34,314	30,588	6.9	35,065	35,617	7.8
TOTAL	4,288,577	1,736,044	3.1	4,924,250	4,987,606	7.8	5,031,894	5,239,396	8.0

TABLE 4

**Proportional Distribution of Family Planning
Recruits and Clinics in Urban and Rural Areas**

	1966			1972			1973		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
No. of Clinics	30.1%	69.9%	100%	34.8%	65.2%	100%	34.7%	65.3%	100%
No. of Recruits	70.4	29.6	100	74.9	25.1	100	74.5	25.5	100
No. of Renewals	68.4	31.6	100	76.4	23.6	100	75.0	25.0	100
No. of Loop insertions	93.4	6.6	100	63.6	36.4	100	63.6	36.4	100
No. of Loop utilizers	98.3	1.7	100	95.9	4.1	100	96.0	4.0	100

TABLE 5
**Utilizers of Pills and Loops, Renewals
 and Monthly Averages of Health Clinics**

	1966	1972	1973
No. of Clinics	2,135	3,067	3,188
Married, 15-44	4,288,077	4,924,250	5,031,894
Share of each clinic of Married Women	2,008	1,606	1,578
Recruits (cumulative)	1,736,044	4,987,606	5,239,394
Monthly Average	157,822	415,634	436,616
Stable Users	133,532	383,662	403,030
Stable Users as % of Women of Child- bearing Age	3.1	7.8	8.0
No. of Loop Inserts	41,138	66,963	71,752
Monthly Average	3,428	5,580	5,979

TABLE 6
**Inhabitants of School Age, 6-17
 1970-2015 in Thousands**

	Hypothesis I Minimalist			Hypothesis II Maximalist		
	6-11	12-17	Total	6-11	12-17	Total
1970	5,247.4	4,326.5	9,573.9	5,247.4	4,326.5	9,573.9
1985	7,277.1	6,782.6	14,059.7	8,019.5	6,927.7	14,947.2
2000	8,170.1	8,921.1	16,091.2	11,409.0	9,795.8	21,203.8
2015	7,160.6	7,276.1	14,436.7	14,436.7	13,550.7	28,472.4

TABLE 7
**New Entries in the Work Force
 (15 Years Old +, in '000)**

Year	Hypothesis I Minimalist	Hypothesis II Maximalist
1970	708.6	708.6
1985	1,127.3	1,140.2
2000	1,230.3	1,608.6
2015	1,230.6	2,242.1

TABLE 8
Women of Child Bearing Age
15-44; in '000

Year	Hypothesis I Minimalist	Hypothesis II Maximalist
1970	7,132	7,132
1985	10,845	10,864
2000	15,639	16,673
2015	18,624	24,532

TABLE 9
Absolute Numbers and Rates per '000
Inhabitants of Marriage and Divorce

Year	No. of Marriages	Rate per '000 In- habitants	No. of Divorces	Rate per '000 In- habitants
1952	232,000	10.8	70,000	3.2
1960	282,000	10.9	65,000	2.5
1966	295,000	9.8	63,000	2.1
1970	326,000	9.7	69,000	2.0
1971	347,000	10.2	71,000	2.1
1972	359,000	10.3	76,000	2.2

In 1971 the marriage rate in Egypt was 10.6 and the divorce rate was 3.7, but this is misleading in that the structure of Egypt's age pyramid is such that about half the male and female population is under sixteen, the legal minimum age for marriage for girls. In 1971 it was estimated that the average age of marriage for women was 19 years, 10 months, and for men, 26 years, 11 months. See Gamal Askar, "Marriage and Divorce in Egypt," supplement to *al-Ahram al-Iqtisadi*, November 1, 1974. The figure for marriage age of women seems too high and must surely reflect substantial false declaration of age.



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