

State Policies and the Birth Rate in Egypt: From Socialism to Liberalism

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AMONG THE REASONS the United Nations chose Cairo as the venue for the 1994 International Conference on Population and Development, and stayed with this choice despite the terrorist threats that then hovered over Egypt, one must have figured highly: the desire to acknowledge both a strong national policy designed to limit the birth rate and the results that this policy seemed to have achieved. For some years, Egypt had recorded a substantial decline in its population growth rate, which appeared to reward several decades of effort toward this end.

Neither before nor after the conference, however, has Egypt's state policy on population growth been examined critically. This note undertakes such an assessment. I will show that no causal relationship has ever been established between the direct action of the Egyptian state to reduce the birth rate and its actual reduction, now well documented. Indeed, the evidence I present here suggests, contrary to common belief, that the lowering of the Egyptian birth rate is not a result of the systematic extension of family planning services—save in the limited sense of being one of its proximate determinants—but rather a response to the country's changing economic, social, and political circumstances.

Politics are generally more volatile than demographics: policies change but the population remains. Strangely enough, Egypt in the last few decades would seem to present a contrary image: a constant Malthusian preoccupation of the state, but an erratically changing birth rate.

From socialism to neoliberalism: Continuity of population policy

Intellectuals, state statisticians, university professors, and physicians were the first to perceive a threat of population growth to Egypt. Their concern dates from the first quarter of the twentieth century. The limited availability of arable land in this essentially agricultural country produced, much earlier than elsewhere, a Malthusian fear of overpopulation. For example, in 1922 the chief of the Department of Statistics and Registration, Dr. Lévi, analyzing the results of the 1917 census, noted:

There is saturation. Given the state of its economic organization, the density of the population has reached a level that is only surpassed perhaps by China and certain parts of India. . . . It would seem that this limit could not be surpassed by much without giving rise to troubling manifestations in the economic and social domains, unless there is an extension of cultivable land or a greater intensification of agriculture and industrial production in a manner that would permit the useful employment of a population surplus, assuring it of the necessary minimum for wellbeing. (Lévi 1922; my translation)

Dr. Lévi's concern was echoed in 1936 by Wendell Cleland, a professor at the American University at Maadi. Taking the carrying capacity of the land as an almost fixed parameter, Cleland arrived at a maximum population for Egypt of 19.2 million, which would be reached, according to his calculations, in 1955. (Egypt's population today exceeds 60 million.)

Of the agricultural triangle, land, labor and management, the land alone appears to be efficient, so that ideas all center around "the production per feddan", especially of cotton, and one rarely hears reference to the "production per capita." In Egypt, labor gets little consideration, and all attention focuses on the land and the produce, a state of affairs which is the natural outcome of overpopulation. (Cleland 1936: 106)

In conclusion, Cleland recommended Malthus's solutions: increase the country's resources and limit the number of people. In passing, he noted that increasing women's labor force participation would delay age at marriage and hence would be a good solution in theory—although unfortunately unrealistic, since "public opinion does not approve of paid female activity."

Professional bodies were soon to add resonance to the concern of the intellectuals, and in 1937 the Medical Association of Egypt held a conference to attract the attention of public authorities to the demographic threat. This inspired the first *fatwa* (religious opinion) in favor of fertility control,

issued by the Grand Mufti, Sheikh Abdel Meguid Salim. Asked the following question: "Does a man or his wife have the right to take some scientific measures based on medical advice to lengthen the interval between pregnancies, so that the mother can have rest and regain her health, and the father would not be under health, economic or social stress?" the Grand Mufti answered that "either husband or wife, with the permission of the partner, is allowed to take measures to prevent entrance of the seminal fluid into the uterus as a method of birth control and either of them may take such measures without permission of the partner if there are reasons such as those cited or similar ones."¹

During this period the arguments in favor of reducing population growth rates developed by the intellectuals centered on the economy, family health, and social equity. They are echoed in the official pronouncements of today. Thus, President Hosni Mubarak, at a conference held at the time of his reelection in 1993, declared that

illiteracy, fertility, mortality, disease, urban/rural migration are considered to be too high, thus undermining the socio-economic development of the nation. In response, the government stresses the need for greater investments in health, economic, and social programs, with special attention upon increasing family-planning. . . . In particular, women's participation in the labor force and increasing their levels of education have a demonstrated influence upon reducing population growth rates. (Quoted by National Population Council 1993a)

Population policy was on the national agenda of the first republican government formed in 1953 after the abolition of the monarchy. In that year the Free Officers established a National Council for Population Affairs, which served as an institutional foundation for demographic policy.² Echoing the political and scientific debates of that period, which set developmentalists against neo-Malthusians, Egyptian politicians and intellectuals were initially divided between partisans of exclusively economic action, who believed that development—a raised standard of living and the establishment of social equity—would slow population growth by reducing fertility, and the supporters of direct action to reduce fertility. In the absence of a broad consensus, the government adopted a neutral position with regard to demographic growth.

The National Charter of 1961 was the first official document to identify a "high demographic growth rate" as a hindrance to development: such growth "represents the most dangerous obstacle that can hamper efforts to raise the standard of living of the Egyptian people." The explicit formulation of an aim to control fertility coincided with the move toward socialism as the government of President Gamal Abdel Nasser cultivated relations with the

Soviet Union and increasingly sought centralized management of the country's economy with a body of decrees called the "Socialist Laws" (1961). In this, Egypt differed from the other Arab countries that were to embrace socialism, none of which followed a policy of limiting the birth rate.³ For example, Algerian President Houari Boumediène repeatedly denounced the imperialist inspiration behind neo-Malthusianism.⁴ Having experienced the mass exodus of one million French settlers when the colonial era ended, Algeria did not view demographic growth in the same light as Egypt.

From the 1960s onward, the institutional base of the fertility control effort in Egypt continued to expand. In 1965, the Supreme National Council for Family Planning was established with the prime minister as president. The Council's membership included the ministers of health, higher education, information, *waqf* (religious endowments), planning, local administration, agriculture, and social affairs, as well as the president of the office of statistics (Central Agency for Public Mobilization and Statistics: CAPMAS). In 1985, this group was succeeded by the National Population Council, which was given the responsibility by presidential decree to establish policy in four areas: family planning, literacy, status of women, and infant and maternal mortality. In 1988, local councils for population were set up in each region to implement the policy of the National Council. Finally, in October 1993, as Egypt was preparing to welcome participants to the International Conference on Population and Development, a Ministry of State for Population and Family Welfare was created.

Paralleling the growth of institutional infrastructure was the spread of contraceptive practice. In 1955, eight experimental clinics were opened to provide family planning services for women. Access was restricted, however, requiring written approval of the woman's husband, the existence of an already sufficiently large family, and evidence that health or financial difficulties would arise with any additional birth. In the 1960s the clinics multiplied and the restrictions on access were relaxed. In the 1970s, applying a UNESCO-defined program, 15,000 preparatory and 6,000 secondary school teachers were trained in "education in population matters." Surveys undertaken since the end of the 1970s show a remarkable growth in contraceptive use. The percentage of married women using a method of contraception was 22.8 in 1980, 28.7 in 1984, 35.4 in 1988, 44.3 in 1991, 44.8 in 1992, and 45.5 in 1995 (National Population Council 1996).⁵ In absolute terms, the numbers tripled in 15 years: fewer than 1.5 million in 1980, almost 4.5 million in 1995.

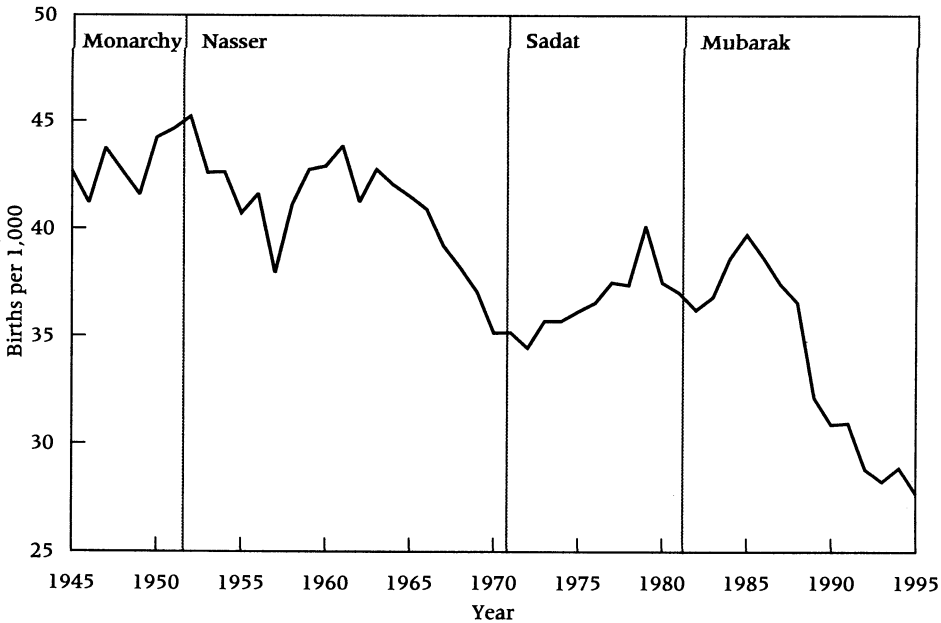
Political and economic influences on birth rates

While the institutionalization of family planning and the spread of services throughout the population were continuous processes, the birth rate traced

a very erratic curve (Bucht and El Badry 1986; Committee on Population and Demography 1982).⁶ As shown in Figure 1, the birth rate was high under the final years of the monarchy, on the order of 42–45 births per thousand population until the beginning of the 1950s.⁷ During the socialist period of President Nasser, it fell to 35 per thousand. It regained 6 points in the following decade, during the presidency of Anwar el-Sadat. The rise of the birth rate was particularly notable from 1974 on. The early years of Mubarak’s presidency saw a high birth rate, but since 1985 the rate has been dropping steadily, falling below 28 per thousand by 1995—a decline of some 12 points in ten years (see Appendix Table 1). Table 1 traces the overall decline, also with fluctuations, in the total fertility rate, from around 6.5 births per woman in 1960 to 3.8 in the early 1990s. These fluctuations suggest that policy and program do not reliably produce the intended demographic results.

Observers have tried to relate these fluctuations to the policies pursued by successive Egyptian governments. Ibrahim (1995) distinguishes between the statement of quantifiable objectives (e.g., reduction of the birth rate by 1 per thousand per annum) and the statement of policy lines (formulation and prioritizing of choices). On this basis he characterizes the three

FIGURE 1 Changes in the crude birth rate: Egypt 1945–95



SOURCE: Statistical Yearbooks of Egypt—1945 to 1953: Département de la Statistique Générale de l’État; 1954 and after: Central Agency for Public Mobilization and Statistics (CAPMAS).

TABLE 1 Total fertility rate according to vital records and fertility surveys: Egypt 1960–94

Year	Vital records ^a	EFS 1980 ^b	DHS 1988 ^b	EMCHS 1991 ^c	DHS 1992 ^b	DHS 1995 ^b
1960	6.46					
1961	6.60					
1962	6.21	7.09				
1963	6.44					
1964	6.33					
1965	6.25					
1966	6.16					
1967	5.90	6.53				
1968	5.75					
1969	5.58					
1970	5.29					
1971	5.29					
1972	5.18	5.53				
1973	5.37			6.01		
1974	5.37					
1975	5.44					
1976	5.65					
1977	5.77	5.27				
1978	5.73			5.84		
1979	6.15					
1980	5.70					
1981	5.57					
1982	5.41					
1983	5.46			5.17		
1984	5.69		4.85			
1985	5.84					
1986	5.68					
1987	5.61		4.38	4.55		
1988	5.25					
1989	4.50			4.31		
1990	4.19					
1991	4.12				3.93	
1992	3.84					
1993	3.78					
1994						3.63

^aRates from vital records computed by the author using the distribution of births by age of mother provided annually since 1954 by the CAPMAS series on births and deaths (in Arabic), and annual distribution of women by age groups interpolated from CAPMAS, population censuses of 1960, 1966, 1976, and 1986 (extrapolated for 1987–93).

^bNational Population Council for Egyptian Fertility Survey (1980) and Demographic and Health Surveys (1988, 1992, and 1995).

^cAbdel-Azeem, Farid, and Khalifa (1993).

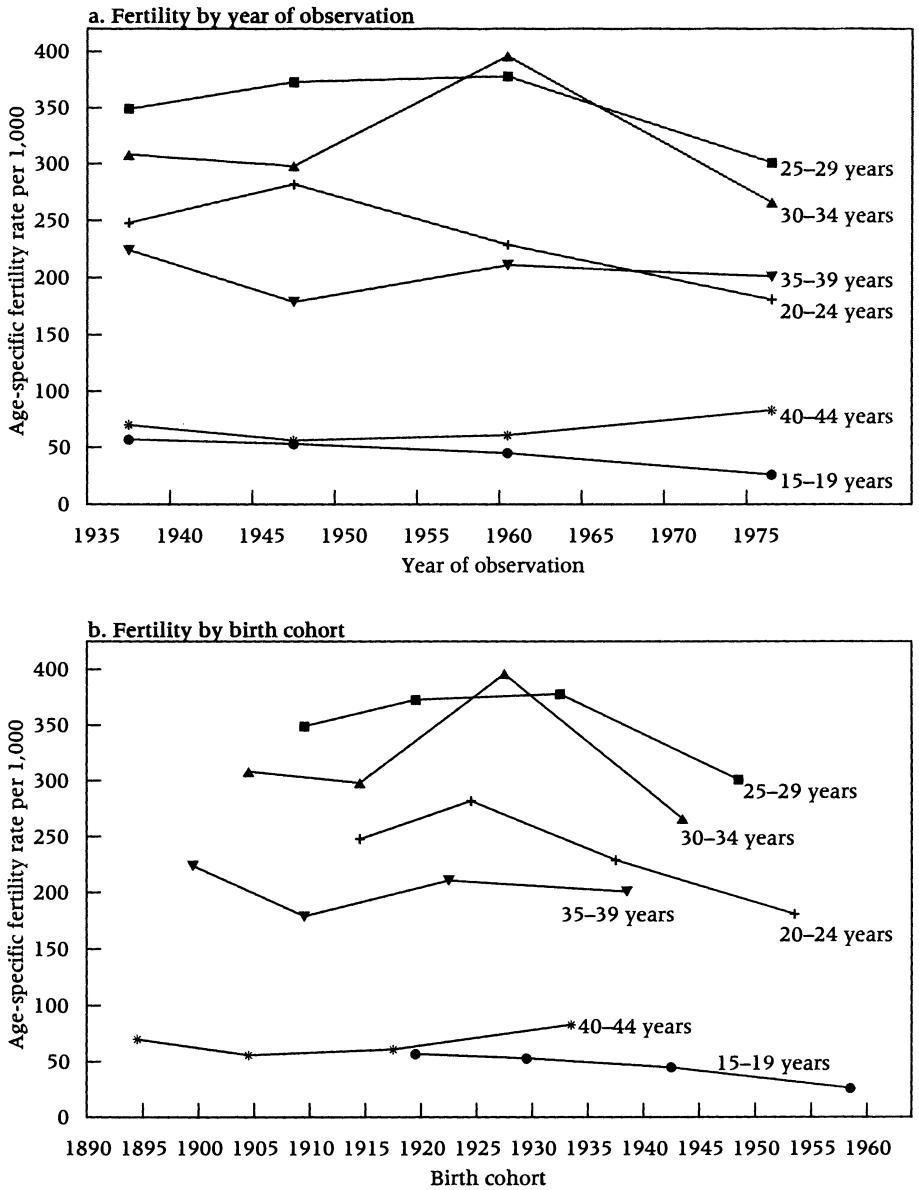
presidential periods thus: “an objective without a policy” under Nasser; “a policy without objectives” under Sadat; and “a clear policy with clear objectives” under Mubarak.⁸ This implies that changes in the birth rate are strongly dependent on the coherence of policies designed to affect it.⁹ Further analysis presented below, however, indicates fertility determinants of an entirely different order.

For the monarchy and for the Nasser period, there are no in-depth studies of changes in fertility. In the absence of survey data we must have recourse to vital registration records. These show erratic variations in the birth rate, without any noticeable trend until 1952. A marked decline occurred between 1953 and 1957, followed by a return to the previous level between 1958 and 1964. If we attribute this brief departure from stability to a deterioration in the registration system, brought about by the establishment of a new state administration during the first five years of the revolution, the crude birth rate can be considered to show no real decline until the beginning of the 1960s.

Upon closer examination, this rough stability of Egyptian fertility appears to result from two offsetting trends: older women giving birth to more children and younger women giving birth to fewer (see Figure 2). Among cohorts born from around 1910 through 1930, completed fertility increased with each age, probably because of the combined effects of improved health and the gradual stabilization of marital arrangements: divorce, very common in the early decades of the century (almost one marriage in three in the 1930s ended in divorce), became rarer. The fertility of cohorts born after 1930 begins to decline markedly for all ages. The 1930 cohort was the first to experience schooling for girls (see Figure 3 and Appendix Table 2) and delayed marriage.¹⁰ Its members entered the reproductive ages at the end of World War II—some ten to twenty years before the launching of the government family planning program. They did not wait for the state to popularize the means to limit fertility. As was the case earlier in Europe, a small minority of Egypt’s population took steps on their own to limit births (Fargues 1986 and 1994b).

The increase in the birth rate recorded during the middle years of the Sadat presidency, between 1973 and 1979, has received no more analysis than the decline that preceded it.¹¹ Research would no doubt reveal the fragile base upon which the beginnings of fertility transition were built in the 1960s. In particular, the advance of female education remained slow, insufficient to counter the transformations Egypt experienced in the 1970s that encouraged fertility to rise. An explanation of this rise might begin by noting that it coincided with three phenomena touching upon politics, economics, and society: the end of the war with Israel, the liberalization of the economy, and, for the first time in the country’s history, mass temporary outmigration.

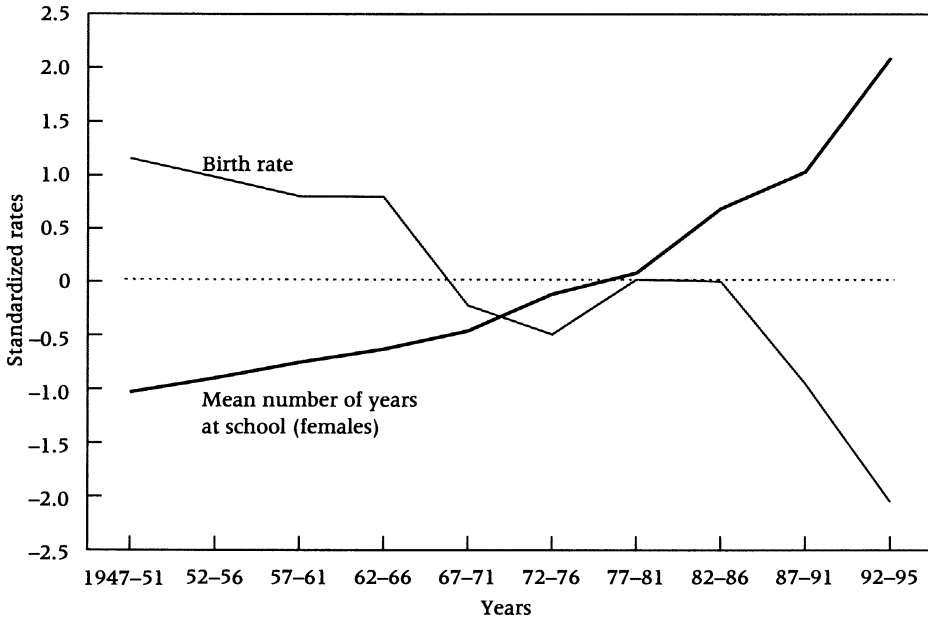
FIGURE 2 Age-specific fertility rates by year of observation, 1937-76, and by birth cohort



NOTE: In Panel b, ASFR is plotted at the mid-year of birth of each birth cohort.
 SOURCE: ASFR computed by the author for census years (1937, 1947, 1960, 1976) using vital records and census data (Département de la Statistique Générale de l'État for 1937 and 1947, CAPMAS for 1960 and 1976).

As with all wars, the conflict between Egypt and Israel involved the mobilization of men, which postponed marriages and separated couples. The demobilization that swiftly followed the October War of 1973 allowed

FIGURE 3 The birth rate and female education: Egypt 1947-93



NOTE: For explanation of the calculation of the standardized rates, see note 10.
 SOURCES: Appendix Table 1 for the average birth rate by five-year periods; population census of 1986 (CAPMAS) for the mean number of years spent at school for women aged 30 at the mid-point of the period.

couples to reunite and new unions to form, and it probably had the familiar effect of peace settlements: a rise in the birth rate. This effect can only have been of limited magnitude and duration, however. The marriage rate showed only a slight rise in 1974 and 1975.¹²

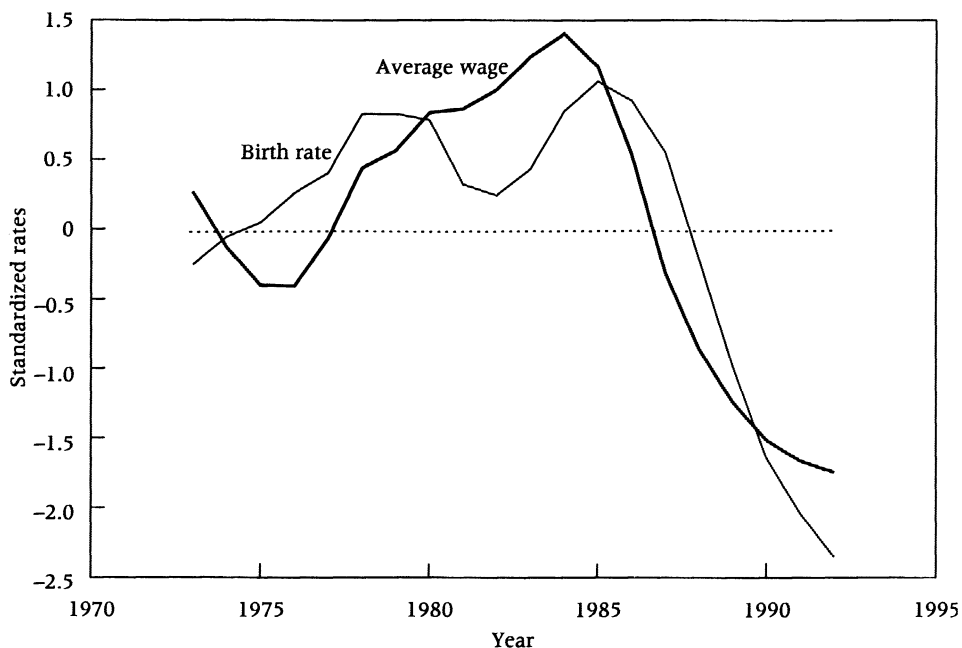
Probably an altogether more powerful factor was the influence of the *infitah*, the economic opening of the country. The 1970s and the beginning of the 1980s saw a marked increase in the average standard of living for households, albeit accompanied by greater social disparities (Hansen and Radwan 1982; Abdel Khalek and Tignor 1982; Waterbury 1982, 1983; Hansen 1991).¹³ This economic improvement was generated by revenue from foreign sources brought to Egypt either by the government or by individuals (Richards and Waterbury 1990; El-Beblawi and Luciani 1987). Particularly important among the former were an influx of foreign aid, mostly American (Handoussa 1990), the reopening of the Suez Canal, the regaining of the oil fields of Sinai, and the resumption of international tourism. Increased state revenue was redistributed in part to households by various subsidies on consumer goods and services (Harik 1992; Waterbury 1983).

The Egyptian standard of living rose most notably, however, as a result of remittances sent home by Egyptian migrants to the Persian Gulf states: the volume of remittances was equivalent to 90 percent of the

country's export revenues at the beginning of the 1980s (El-Sayyed 1992; Korayem 1986; Lesh 1990). As private funds owned by families, remittances are not directly affected by state policies. But the scale of remittances was indirectly affected by the liberalization of outmigration, previously restricted under Nasser, and by the freeing of the exchange rate of the Egyptian pound, a necessary measure to gain the confidence of investors. The improvement in the material conditions of families was not, however, accompanied by important shifts in traditional family roles. The condition of women remained largely unchanged. In particular, marriage remained a strong constraint on gainful employment of women outside the household. Female participation in economic activity scarcely rose between the censuses of 1976 and 1986 (Fergany 1994), especially among married women. Thus, more-abundant material wealth seems to have reduced certain constraints that had contributed to the drop in the birth rate during the Nasser years. Now better off, families could more easily satisfy an unchanged desire to have numerous offspring.¹⁴

The role of economic factors in explaining birth rate fluctuations is supported by the positive correlation between the birth rate and several indicators of households' standard of living from around 1970 to the early 1990s. The rise in the birth rate under Sadat closely tracks a rise in average wages in real terms (Figure 4); the appearance and continued growth of migrant worker remittances (Figure 5); and the expansion of the construction sector (Figure 6) (also see Appendix Table 1). None of these factors alone can account for changes in the living conditions of the entire population. The rise in average wages affects only those who receive a wage or salary, and the proportion of the population that was employed did not vary during the Sadat years (65.3 percent of those of labor force age according to the censuses of 1976 and 1986: CAPMAS). At the same time, non-wage income grew in real terms, as shown by the continued fall of wages and salaries as a proportion of national income (49.5 percent in 1970, 35.9 percent in 1980, 33.6 percent in 1986: CAPMAS); thus the non-wage-earning or non-salaried population may also have enjoyed a rise in spending power. The direct effect of remittances is felt only by families who have a relative living in another country, roughly 5 percent of Egyptian families at the end of the 1970s (Fergany 1988; CAPMAS 1991, 1993a). However, the spillover effect of remittances on other sectors of the economy, particularly commerce and construction (Choukri 1978; Birks and Sinclair 1980), promoted wealth accumulation among a much larger group. The boom in the construction industry was one sign of this broader effect: its timing matched the rise in the birth rate, probably reflecting a common origin in the significant rise in household wealth.¹⁵

Outmigration followed by remittances increased household resources and permitted the rearing of greater numbers of children. In addition to

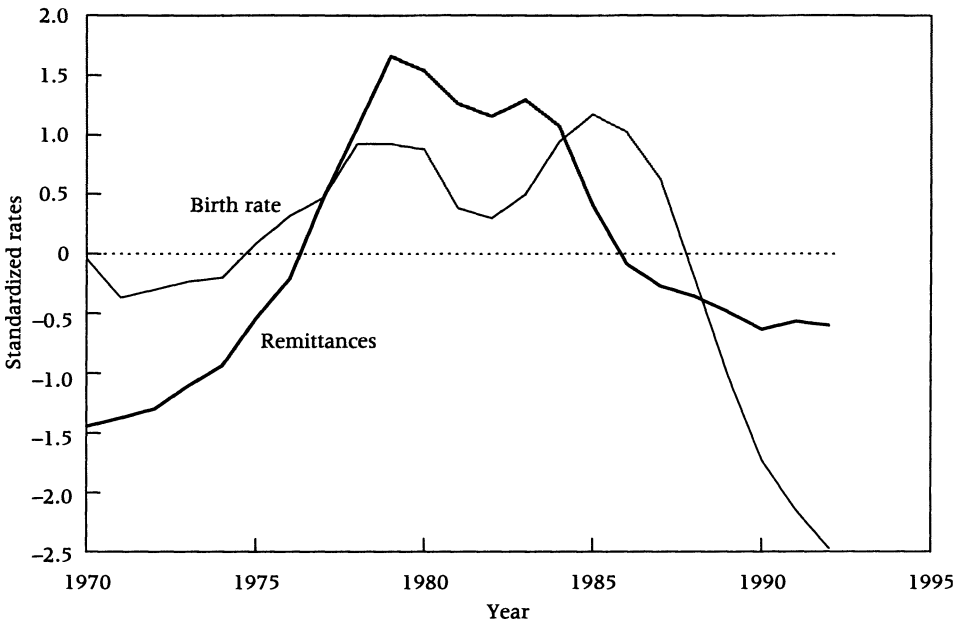
FIGURE 4 The birth rate and average wages in real terms: Egypt 1973–92

NOTE: For explanation of the calculation of the standardized rates see note 10.

SOURCE: For wage and salary index in real terms: World Bank 1988 (until 1987); CAPMAS, *Statistical Yearbook* (1988 and after).

this economic effect, there was probably also a reinforcement of the norm of the large family. Two characteristics of outmigration were likely to lead to this result: migration was aimed principally toward the Gulf states, and it was primarily men who traveled. Migrants frequently absorb some habits and customs of the society in which they settle, no matter how closed it may be. Egyptian emigrants do not generally integrate well in the Gulf; they are excluded from local social networks and tend to form self-contained communities (Saad 1994). In Saudi Arabia, Iraq, and the oil principalities, they nevertheless encountered societies more conservative than their own in family matters, where high income levels offered the material means for supporting very large families. If Egyptian migrants brought home any societal model that differed from their previous experience, it was certainly not one of the limited family.¹⁶ In addition, men frequently left their wives in Egypt. Protected by the family of the absent husband, the emigrant's wife would often find herself more strictly confined to the role of mother and spouse than had her husband not traveled and had greater material demands led her into the labor market (Hoodfar 1993; Brink 1991; Taylor 1984; Khafagy 1983; Khattab and El-Daeif 1982).

FIGURE 5 The birth rate and migrant workers' remittances: Egypt 1970–92



NOTE: For explanation of the calculation of the standardized rates see note 10.

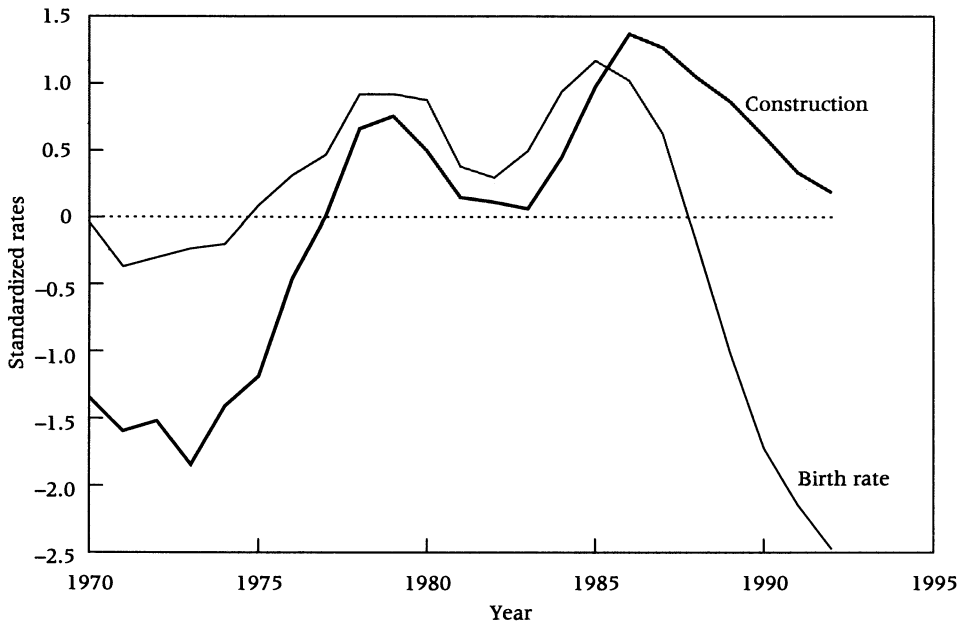
SOURCE: Remittances given by Central Bank of Egypt and converted to 1969 dollars by the author according to exchange rates given by annual issues of CAPMAS, *Statistical Yearbook*.

Because a rise in family wealth occurred without any change in roles within the family, Egypt's move toward economic liberalization initially favored an increase in the birth rate, notwithstanding an affirmed state policy favoring fertility control.

A second phase of the downward trend in Egypt's birth rate, beginning in 1985, can be related to structural changes in the society. By this date the majority of women reaching reproductive age were literate, and many had completed secondary and even university education. Of all the factors involved in the lowering of fertility, the rising educational level of women tends to be statistically the most important.¹⁷ This trend is likely to continue in the future.¹⁸

Beyond this structural effect, the overall economic situation played a role. From the mid-1980s the standard of living for families ceased to improve, and for a large fraction of the population—the most impoverished—it probably deteriorated (World Bank 1988; Al-Laithy and Kheir Al-Din 1993; Fergany 1993). The same correspondence of time trends that linked the rise in the birth rate to wages, remittances, and construction during the 1970s continued throughout the 1980s and into the 1990s, a period that saw first a fluctuation in the birth rate (1980–85) and, beginning with

FIGURE 6 The birth rate and the construction sector as a proportion of GNP: Egypt 1970–92



NOTE: For explanation of the calculation of the standardized rates see note 10.

SOURCE: For construction sector as a proportion of GNP: annual issues of CAPMAS, *Statistical Yearbook*.

1986, a steep decline. The reduction in the number of live births thus seems to have reflected an erosion of average wages in real terms (Figure 4); a reduction in remittances corrected for inflation (Figure 5); and a decline in construction activity (Figure 6). In an economy where monetization has reached all areas of domestic activity, including in the countryside,¹⁹ the cost of supporting children is a disincentive to reproduction. With the liberalization of the economy, manifest since the mid-1980s, the state is abandoning the channels through which it had formerly subsidized consumption. These subsidies included components—health and schooling—directly affecting the cost of children.²⁰ Between 1981 and 1992, the share of health expenses in the family budget increased by 200 percent in rural areas and 330 percent in cities; the share of educational expenses increased by 230 percent and 175 percent respectively.²¹ The rapid decline in the birth rate in Egypt can probably be largely explained by the new burdens, suddenly much heavier as a result of the economic reforms, weighing on the family.

In short, it would seem that the recent and pronounced drop in the birth rate is not to be credited to the “clear policy with clear objectives” in the area of fertility control that has been followed for several years. Rather, it is the outcome of a policy of female education pursued consistently by

the three successive regimes and a rapid transformation of household economic conditions under the effects of the increasing liberalization of the economy since the mid-1980s.

Family planning: Supply or demand?

Pervasive television messages promoting a family of two or three children form an integral part of the government's policy to reduce the birth rate. They create an atmosphere that many would argue has been conducive to fertility decline. In 1992, more than three-quarters of married women in Egypt reported having seen at least one of these messages during the preceding month (National Population Council 1993b).²² The adoption of new behavioral patterns supposes that this atmosphere coincided with the emergence of novel aspirations. The diffusion model suggests that, in high-fertility settings where fertility control is an innovation, diffusion can accelerate fertility decline, shape contraceptive patterns, and facilitate efforts of family planning programs. From this arises the question as to what came first: the atmosphere or the aspirations—the offer (by the state) or the demand (by the people) for birth control.

This long-debated issue has recently been explored in this journal by Pritchett (1994a) and in a subsequent exchange (Bongaarts 1994; Knowles, Akin, and Guilkey 1994; Pritchett 1994b). Pritchett strongly contests the view that high fertility results from the inaccessibility of contraceptive information and services: reducing fertility is not a matter of improving services, but of changing the aspirations of parents, particularly women. The data gathered in Egypt tend to support this conclusion.²³

Three surveys, carried out within large geographic units, furnish figures on the average number of children desired by women and the total fertility rate—in this case, the total number of children a woman would have if, at each age, she had experienced the fertility observed during the five years preceding the survey (CAPMAS 1983; National Population Council 1989, 1993b, 1996). These data allow comparison of desired fertility with actual behavior at four points in time in Egypt's six large regions (see Figure 7). The alignment of the 24 points thus obtained shows that the levels of actual fertility correspond very closely to the levels of desired fertility; but, largely independently of the level of fertility, Egyptian women have 0.9 children more than they claim to want to have. This gap between actual and desired performance arises in part from the existence of "unwanted" fertility and in part from the lag between the points of time to which these two indexes refer: the time of the survey for desired fertility and the five years preceding the survey for actual fertility. But the fact that the gap between the two indexes does not vary significantly, either over time or by region, indicates that it is as independent of the level of fertility as it is of the supply of family planning services.

Taking the difference between actual and desired fertility as the measure of unwanted fertility and plotting this against a measure of contraceptive prevalence (see Figure 8) produces erratic variations but no trend. Across space and time, the proportion of women currently practicing contraception demonstrates marked variations (between 6 percent in 1980 in rural Upper Egypt [Valley] and 59 percent in Cairo and Alexandria in 1992—see Table 2), as does the measure of unwanted fertility (between 0.2 and 2.0 children), but the variations in the former in no way explain

TABLE 2 Desired fertility, actual fertility, and contraception by region and date

Region and year	Mean desired number of children	Total fertility rate	Percent of married women currently using contraception
Cairo			
1980	3.00	4.09	53.2
1988	2.39	3.01	56.0
1992	1.80	2.68	59.1
1995	2.10	2.82	58.1
Alexandria			
1980	3.00	3.14	62.0
1988	2.39	3.01	56.0
1992	1.80	2.68	59.1
1995	2.10	2.82	58.1
Delta, urban			
1980	3.15	4.29	55.0
1988	2.94	3.81	54.5
1992	1.90	2.80	60.3
1995	1.90	2.66	59.1
Delta, rural			
1980	4.00	6.00	24.1
1988	3.68	4.73	35.6
1992	2.70	4.07	50.5
1995	2.30	3.45	53.8
Valley, urban			
1980	3.85	5.87	35.7
1988	3.25	4.17	41.5
1992	2.40	3.56	48.1
1995	2.80	3.80	49.9
Valley, rural			
1980	6.10	6.32	5.6
1988	5.03	6.15	11.5
1992	4.30	5.89	24.3
1995	3.80	5.19	24.0

SOURCES: EFS, DHS 1, DHS 2, DHS 3.

FIGURE 7 Desired fertility and actual fertility by region: Egypt 1980, 1988, 1992, and 1995

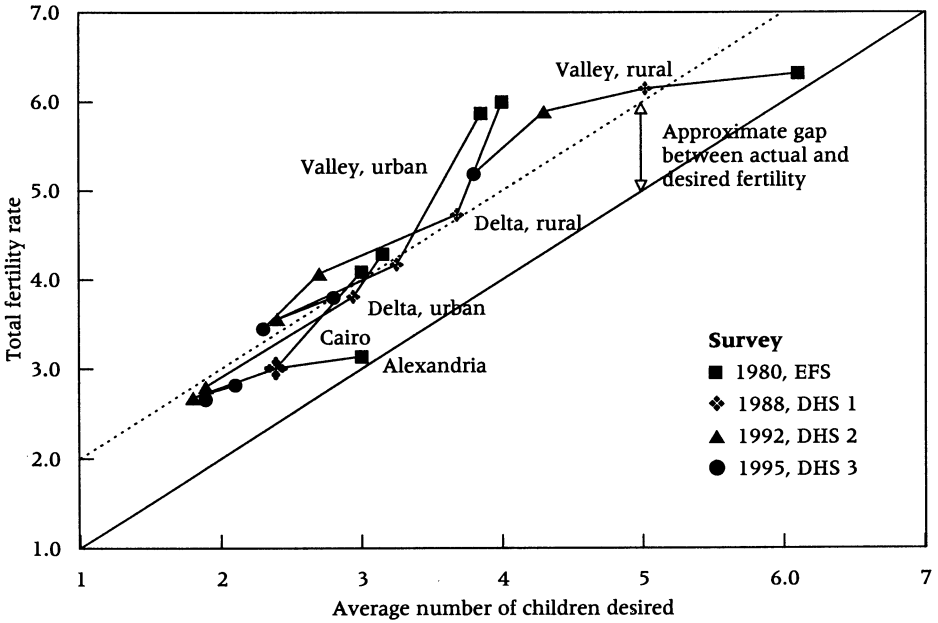
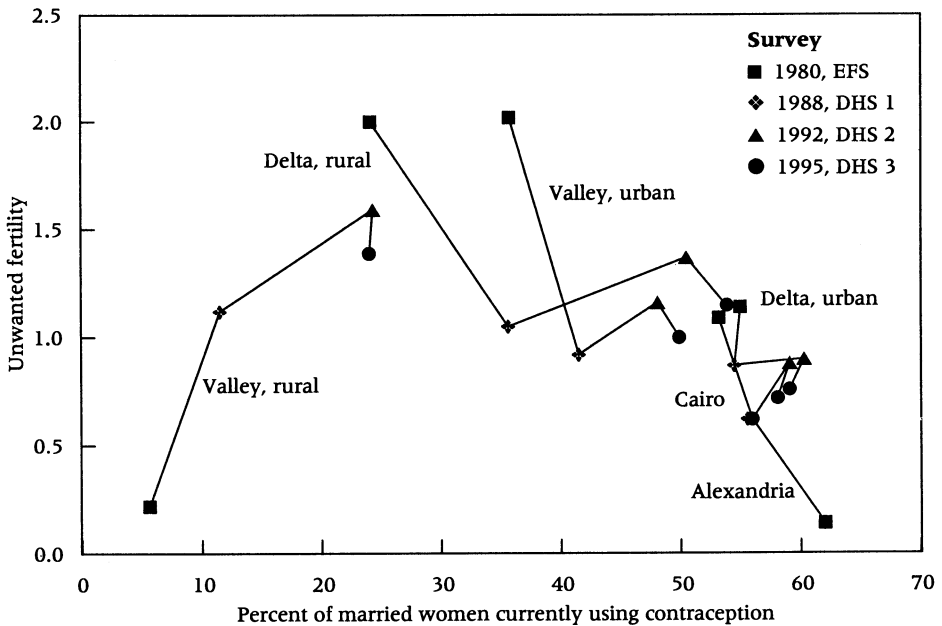


FIGURE 8 Contraceptive use and unwanted fertility: Egypt 1980, 1988, 1992, and 1995



those in the latter. The excess of actual over desired births, relatively small in Egypt, is thus independent of the extent of recourse to contraception, and, by the same token, independent of efforts by the state in providing family planning services. Instead, the growing use of contraception is the *result* of the decline in desired family size in Egypt, rather than the underlying cause of the declining birth rate.

Conclusion

Throughout the past half-century, the Egyptian fertility transition has been characterized by discontinuity, with ups and downs corresponding roughly to the successive changes in political regimes since the establishment of the republic. The birth rate began to decline, well before the rates of other Arab countries, in the mid-1950s under a highly centralized political regime. After erratic variation, the birth rate rose sharply under the following regime, which introduced a moderate liberalism while largely retaining state control over redistribution of economic resources through various subsidies. From the mid-1980s, a steep fertility decline began under a third regime, which preserved and further extended the economic liberalism of its predecessor and, in addition, cut back on subsidies to health and other social services. The successive regimes all promulgated a policy to limit births. However, the fact that this policy was accompanied at times by a rising birth rate and at other times by the intended decline demonstrates the limitations of the state's direct efforts to reduce the birth rate.

Another instance of continuity is to be found in the Egyptian state's development of schools and the extension of schooling to girls. The most recent fertility decline parallels the accelerated rise in the level of education of women of reproductive age, which itself is the result of their schooling under the previous regime, some 15 years earlier. All the same, the steady advance in female education contrasts with the irregularity of trends in the birth rate. This indicates that, during the period when progress in female education remained slow and entailed no noticeable change in women's status within the family or society, other factors were affecting the birth rate. Among these, a leading place must be given to the economy. Trends in the birth rate can be linked remarkably closely to trends in indicators of average household standard of living. Any notable rise in the latter is accompanied by a rise in the former, while during periods of economic recession birth rates also decline. The sensitivity of the birth rate to variations in available resources within the family seems to indicate that Egypt's demographic transition has been driven not so much by economic development as by its hiccups. The present regime's recorded successes in the demographic arena are, therefore, due much more to the social effects of its liberal economic policies than to its demographic policy.

Egypt's demographic policy is not new in its current form. It dates back to the socialist regime of the 1950s, which was itself influenced by ideas in fashion among the intellectuals of the first liberal era in the 1930s. What is perhaps novel is the function that policy performs within the context of neoliberalism. For the socialist regime that formulated demographic policy for the first time, the planning of fertility was just one application among others seeking the centralized direction of the economy and society. For the neoliberal regime that praises the free interplay of economic and social forces, it is, in contrast, an exception—one of the few areas of social service provision on which the state has not cut back. By catering to the practices of the population, contraceptive service delivery has, in effect, created a relationship of reciprocal dependence between the family and the state. In the meantime, demographics have a role in Egypt's external political relations. The discontinuation of the Ministry of State for Population and Family Welfare by the government formed in January 1996, less than one and a half years after the Cairo conference, and its inclusion in the newly created Ministry of Health and Population, seems to indicate that this short-lived ministry was a creature of international rather than domestic politics, and that Egypt is willing to conform to the "new" policy line and terminology adopted at the conference.

APPENDIX TABLE 1 Birth rates, migrant remittances, share of construction sector in GNP, and index of real wages: Annual statistics, Egypt 1945–95

Year	Births per 1,000 population	Remittances (million dollars)		Construction sector ^a as percent of GNP	Index of average wages at 1973 prices ^b
		At current prices	At 1969 prices		
1945	42.7				
1946	41.2				
1947	43.7				
1948	42.6				
1949	41.6				
1950	44.2				
1951	44.6				
1952	45.2				
1953	42.6				
1954	42.6				
1955	40.7				
1956	41.6				
1957	38.0				
1958	41.1				
1959	42.8				
1960	42.9				
1961	43.8				
1962	41.2				
1963	42.8				
1964	42.0				
1965	41.5				
1966	40.9				
1967	39.2				
1968	38.2				
1969	37.1	32	32	5.01	
1970	35.2	29	27	4.51	
1971	35.2	27	25	4.68	
1972	34.4	104	94	4.17	
1973	35.7	117	97	4.77	100
1974	35.7	268	198	3.60	100
1975	36.2	365	242	5.61	83
1976	36.6	755	450	5.50	89
1977	37.5	928	498	6.02	100
1978	37.4	1773	845	7.16	98
1979	40.2	2213	980	7.65	110
1980	37.5	2696	1033	6.33	105
1981	37.0	2181	737	6.31	109
1982	36.2	2439	733	6.50	111
1983	36.8	3666	939	6.21	111
1984	38.6	3963	861	6.15	119
1985	39.8	3212	538	7.77	118
1986	38.7	2505	341	7.95	101
1987	37.4	3604	422	7.44	93
1988	36.6	3770	370	7.44	82
1989	32.2	3293	264	7.23	78
1990	30.9	4284	305	6.84	76
1991	31.0	4054	237	6.58	71
1992	28.8	6104	325	6.34	72
1993	28.2	5664	274	6.34	73
1994	28.9				
1995	27.7				

^aConstruction: public and private sectors

^bAverage of the wages by sector (public or private: units of 10 employees or more) and branch (agriculture, mining and factories, petroleum, electricity, services), weighted by numbers of employees.

SOURCE: All series provided by annual issues of CAPMAS, *Statistical Yearbook* (except birth rates before 1954: Statistical Yearbooks of Egypt: Département de la Statistique Générale de l'État).

APPENDIX TABLE 2 Birth rates and schooling: Five-year averages, Egypt 1942-93

Period	Births per 1,000 population ^a	Average number of years spent at school, women aged 30 ^b
1942-46	40.0	0.46
1947-51	43.4	0.48
1952-56	42.6	0.62
1957-61	41.7	0.78
1962-66	41.7	0.92
1967-71	37.0	1.10
1972-76	35.7	1.48
1977-81	37.9	1.70
1982-86	38.0	2.37
1987-91	33.6	2.76
1992-95	28.4	3.93

^aAverage of annual rates (CAPMAS: see Appendix Table 1).

^bAverage number of years spent at school in the five birth cohorts reaching their 30th birthday during the period, according to population censuses of 1976 and 1986 (CAPMAS).

Notes

1 Fatwa by Sheikh Abdel Meguid Salim, Mufti of Egypt. Issued from Dar el-Ifa', no. 81, on 25 January 1937 (quoted by Omran 1992).

2 A committee of graduates of the Military Academy, led by future President Nasser and calling themselves the Free Officers, carried out the coup d'état of 1952 and abolished the monarchy in 1953.

3 With the exception of Tunisia, which adopted a neo-Malthusian approach beginning in the early 1960s.

4 "Our pill is development" was Algeria's slogan at the World Population Conference, held at Bucharest in 1974. To limit births was to limit the power of the state. This argument was repeated by the lead writer of the Islamist opposition Cairo newspaper *Al Sha'b*, Adel Hussein, when he denounced the 1994 Cairo conference as a Western conspiracy against Islam, aiming to check the demographic weight of Islam by propagating birth rate control in the Muslim world (Farg 1994).

5 The numbers given here, as well as those in Figure 8, are survey data indicating current use of contraception, that is, the proportion of married women using contracep-

tion at the time of the survey. This proportion is lower than the proportion of ever use, that is, women who have practiced contraception at least once in their lives (40 percent in 1980, 65 percent in 1992, and 68 percent in 1995).

6 I use here the crude birth rate as given in the raw data of the Registry Office. The data are probably deficient, particularly for the beginning of the period under consideration. For our purposes, however, they are more suitable than survey data for two reasons: (1) Applying the general fertility rate provided by surveys to the number of women of reproductive age gives, for each date after 1978, a number of births less than that recorded by the Registry Office (see the TFRs in Table 1). As over-recording by the Registry Office is unlikely, it is thus the surveys that have probably underestimated fertility (see the discussion in Coale 1988). (2) Survey data mask short-term fluctuations that are important for the analysis presented here.

7 The actual rate was probably greater than 50 per thousand, but the coverage of births by the Registry Office was incomplete (Fergany 1975).

8 Ibrahim's research indicates that the demographic question is imperfectly grasped by the public authorities. The following are the proportions of persons questioned on the priority problems of the country who spontaneously mentioned demographic considerations: high officials, 18 percent; mid-level officials, 25 percent; civic leaders, 58 percent; religious leaders, 11 percent; physicians practicing family planning, 25 percent; social workers, 72 percent (Ibrahim 1995).

9 Ibrahim, however, does not hesitate to estimate the efficiency rate of the policy at 25 percent by comparing the size of the population in 1993 (60 million), first, with the size it would have reached had the objective established in 1960 been realized (maintenance of the annual growth rate at 1.9 percent, i.e., 45 million in 1993) and, second, with the size that it would have attained with an unchanging birth rate (65 million). This would mean attributing the total fall recorded (5 million) solely to the demographic policy of the state.

10 Figures 3 to 6 compare pairs of variables expressed as standardized rates: $(x - \text{average}(x)) / \text{standard deviation}(x)$, where averages and standard deviations are calculated from data for the period under consideration. Use of standardized rates permits comparison of time series expressed in the same units. Crude birth rates are given by five-year periods when graphed with female average education (Figure 3), which is considered to be affected only by long-term changes. Crude birth rates are given by year (smoothed by three-year moving averages) when graphed with economic variables (themselves smoothed by three-year moving averages: Figures 4-6), which are considered to be subject to short-term changes. For example, the standardized school attendance rate for 1947-51 in Figure 3 is calculated as follows: $(0.48 - 1.61) / 1.10 = -1.03$ (average number of years at school in the birth cohorts reaching their 30th birthday in 1947-51 - average number of years at school in the birth cohorts reaching their 30th birthday over the period 1947-51 to 1992-93) / standard deviation of the time series. Correspondingly, the standardized birth rate for 1947-51 is obtained as: $(43.4 - 38.0) / 4.62 = 1.16$.

11 This is because the major fertility surveys, the only material analyzed in depth, gather data that smooth over short-term fluctuations in the fertility rate (see, however, Halloua, Farid, and Cochrane 1988).

12 The marriage rate varied as follows: 1970: 10 per 1000 population; 1971: 10.5; 1972: 10.7; 1973: 9.8; 1974: 10.5; 1975: 10.7; 1976: 10.7; 1977: 9.8 (CAPMAS, *Statistical Yearbook*).

13 The improvement in living standards is shown by comparisons of household consumer budgets from surveys between 1973-74 and 1981-82 (Al-Laithy and Kheir Al-Din 1993).

14 The strongly positive correlation between national income and fertility in Arab countries of the Middle East throughout the 1970s and 1980s demonstrates a veritable "income" model of demographic change, in which the abundance of oil revenue and the wealth indirectly generated by it, redistributed in a variety of ways to households, sustained high fertility by offsetting the effect of increasing female education and urbanization (Fargues 1994a).

15 The rise in the birth rate could also, theoretically, reflect the causal interaction between dwelling size and family size: more children would require larger living space and, reciprocally, larger living space would allow for a greater number of children.

16 North African emigrants to Europe would encounter the opposite model. This is perhaps one of the reasons for the accelerated fertility decline in Algeria, Morocco, and Tunisia.

17 A considerable body of data collected in countries of high fertility points to the importance of this factor.

18 According to the 1986 Population Census, the literacy rate was rapidly increasing among female birth cohorts still below reproductive age: 73 percent in the 1972-76 birth cohorts, 58 percent in the 1967-71 birth cohorts, and 48 percent in the 1962-66 birth cohorts.

19 This emerges clearly from the 1992 survey of household consumption.

20 Public instruction is still expanding among young children, though at a slower

rate; its quality, however, has been deteriorating. Since the mid-1980s, the demand for private instruction to compensate for the inadequacy of public schooling has been on the rise among middle and lower middle classes.

21 In 1981/82, health and education expenses amounted respectively to 1.7 percent and 0.7 percent of the family budget in rural areas and 1.3 percent and 1.6 percent in urban areas (CAPMAS 1986). In 1991/92, these percentages were respectively 3.3, 1.6, 4.3, and 2.8 (CAPMAS 1993c).

22 In 1992 these televised messages reportedly reached 87.6 percent of the population in urban governorates, 86.4 percent and 73.1 percent in the towns and countryside of Lower Egypt, and 77.1 percent and 53.1 percent in the towns and countryside of Upper Egypt. Only 0.5 percent of women had never heard of family planning (National Population Council 1993b).

23 As available Egyptian data are too limited to allow regression analysis, we cannot reach conclusions as firm as Pritchett's.

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