Towards a Comprehensive Social Policy for Confronting the Population Problem in Egypt

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Abstract

This paper aims to propose specific social policy that tries to both be consistent with the Globalization challenges and tackle the negative impacts of the Egyptian population problem via covering the dimensions of development, gender, reproductive health and rights, sexually transmitted diseases, population information and communication, and partnership and resource mobilization. For seeking to actualize such considerable target, the paper attempts to monitor the three main aspects of the population problem in Egypt by the following: At first, mentioning the current statistics, which reflects the size, distribution, and characteristics of the Egyptian population problem. Second, monitoring the essential types of social policy's classification worldwide that include direct, indirect, and disguised ones as well. Third, tracking the development of Egyptian population policy (1962-2009) and such tracking can lead the paper to reveal the shift of population policies' tendencies from focusing on the family planning dimensions to evaluating this policy from the socio-economic aspect to implicating all public, private, and third sectors through acknowledging the principles of governance. The paper concludes the importance of formulating coalitions of senior policy-makers who were able to identify appropriate rationales, participate in political risk. Such tendency can empower these policy-makers to be strategic contributors on the sustainability of Egyptian population policies.

نحو سياسة اجتماعية متكاملة لمواجهة المشكلة السكانية في مصر

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ملخص

تهدف هذه الورقة إلى اقتراح سياسة اجتماعية ذات أبعاد متعددة للتعامل مع المشكلة السكانية في مصر، هذه السياسة تضع في اعتبارها تحديات العولمة وتحاول التعامل مع التاثيرات السلبية للمشكلة السكانية في مصر، ويتجلى ذلك من خلال تغطية كافة جوانب التنمية، والنوع الاجتماعي، وحقوق الصحة التناسلية، والأمراض المنقولة عن طريق الاتصال الجنسي، والتواصل السكاني من خلال المعلومات، وأخيرًا الاستناد على الشراكة والحراك القائم على الاستغلال الأمثل للموارد. ومن خلال محاولة الدراسة تحقيق الهدف المنشود آنفًا، سعت الدراسة إلى رصد النقاط الآتية: أولًا: الأبعاد الأساسية للمشكلة السكانية في مصر، والتي تشتمل على أبعاد النمو السكاني، والتوزيع والكثافة السكانية، والخصائص السكانية في مصر بالارتكاز على أحدث الاحصاءات في هذا الشأن. ثانيًا: الأنماط الجوهرية في تصنيف السياسة الاجتماعية على مستوى دول العالم التي تضم السياسة السكانية المباشرة، وغير المباشرة، والمتنكرة. ثالثًا: تتبع تطور السياسة السكانية المصرية منذ الستينات في ظل النظام الاشتراكي، ومرورًا بطبيعة السياسة السكانية في ظل سياسة الباب المفتوح في السبعينات، ووصولًا بتوصيف السياسات السكانية حاليًا، ورصد مثل هذا التطور للسياسة السكانية المصرية أكد على تحول الاتجاهات الخاصة بالسياسات السكانية من الاعتماد على جانب تنظيم الأسرة واختزال التعامل مع القضية السكانية إلى تقديم وسائل منع الحمل، إلى تقييم هذه السياسة من خلال النظر إلى المشكلة من البعد الاقتصادي-الاجتماعي، إلى السعي لشراكة كافة القطاعات: العامة، والخاصة، غير الحكومية، وذلك لن يتأتى إلا من خلال الاعتراف بمبادئ الحاكمية الرشيدة. وتوصلت الدراسة، أخيرًا، إلى أهمية تكوين كيانات وتكتلات من صناع القرار المسئولين، هؤلاء القادرون على تحديد أسس وتبريرات ملائمة للتعامل مع تلك السياسات السكانية، و على وضع البعد السياسي في الاعتبار عند تحليل المشكلة السكانية. وعليه فمثل هذا التوجه يقود إلى تمكين صناع القرار – المعنيين بأجندة السياسة السكانية المصرية- أن يكونوا مشاركين استراتيجيين فاعلين في تقديم سياسات سكانية مصرية أكثر تكاملًا واستدامة.

Introduction:

The last 30 years have witnessed intense international debates on population issues, particularly population policies ones, through organizing high-profile international conferences, high-advanced technical meetings and researches. Such global initiatives can be effective means of influencing the motives of national policymakers on putting such issues on the policy agenda. Also, the impact of global challenges on the population area has been conditioned by national policy contexts as there are Regimes that were receptive to Western political and economic ideas more readily accepted the need to control population growth -such as the Egyptian case- than regimes that rejected the Western model of development. (Lush, 2000, P: 21).

On the other hand, and at the local level, the population size of Egypt noticeably increased by about (15) millions during the period (1994-2006) from 58 to 73 millions, an increase of about (1.3) millions annually. Then, the number of population in 2009 reached 76.1 millions (CAPMAS, 2010). Such accelerated rise of population size with a large density reached in 2009 (75.35) in comparison with (65.37) in 2006, and low educational, healthy, and political characteristics among Egyptian population as well. In addition to these population dimensions, there are no adequate integrated and sustainable developmental plans and programs, which can evolve, widen, and offer second chances to the Egyptian citizens.

Consequently, this paper seeks to analyze the current statistics and indicators of the three main population dimensions of the population problem (size-density-characteristics), classify the basic types of population policy worldwide, monitor the development of the Egyptian population policy from its beginning in 1962 and till now, and formulate an appropriate social population policy, which can match to global changes and pursue the development of Egyptian population policy achieved, especially after Egyptian holding of the International Conference on Population and Development (ICPD) in 1994, adopting the Millennium Developmental Goals (MDGs) in 1999, and modifying Egyptian strategy by the National Population Council (NPC). Such proposed policy extends to include the

dimensions of development, gender, reproductive health and rights, sexually transmitted diseases and prevention of AIDS/HIV, population education and communication, and the partnership among all sectors.

In light of the above mentioned, the paper will tackle the following points and to shed light on them respectively:

1- The three main dimensions of the population problem in Egypt: (An analytic view)

A- The size of the population and the growth rates

B- The population density

C- The population characteristics

2- The basic Types of social policy's classification worldwide

A- The Direct Population Policy

B- The Indirect Population Policy

C- The Disguised Population Policy

3- The Development of Egyptian Population Policy during (1962-2009)

4- Proposing specific social policy for tackling the negative impacts of the population problem in Egypt

1- The three main dimensions of the population problem in Egypt: (An analytic view)

The main dimensions of population problem extend to include the population size and the current population statistics, the population density, and the population characteristics which cover the educational, health, gender gaps, and political aspects and statistics as well.

A-The size of the population and the growth rates

As the global population is projected to reach 9 to 11 billion within the next few decades, concerns over the consequences of population growth are raised, especially on the developing countries. (Lush, 2000, P: 18).

The population size of Egypt increased by about (15) millions during the period (1994-2006) from 58 to 73 millions, an increase of about (1.3) millions annually. Then, the number of population in 2009 reached 76.1 millions (CAPMAS, 2010). Lower Egypt region still amounted to approximately (43%) of the total population while the share of Upper Egypt region has been just above one-third with a small increase in its share during the period (1994-2006). The urban governorates region has been a slight decline, which does not reach one fifth in comparison with the Upper Egypt region.

Also, the demographic profile of the governorates in 2006 can be divided into three groups as follows: the first group includes Cairo, Alexandria, and Port-Said. This group has the least youth population age structure with population less than (15) of around one quarter and rate of natural increase of about (1.7%) and dependency ratio almost (45%). Group two includes mostly the Lower Egypt governorates and Suez. These governorates have a medium youth age structure with less than one-third of the population less than (15) years of age, natural increase of about (2.1%) and dependency ratio of around (52%). The final group has the most youth age structure with population less than (15) years of around (35%), rate of natural increase of (2.3%) and dependency ratio of about (65%). (UNFPA, 2009, PP: 11-13). Accordingly, this non-identical distribution of the population is mainly due to various reasons including unequal rates of natural increase, dependency ratio, and different age distributions.

Concerning Human Development, and according to the UN classification of countries, Egypt is among the medium human development countries. The Human Development Index (HDI)• for Egypt is (0.723) in 2006, which gives the country a rank of 116th out of 179 countries. In 1994, the value of the index was (0.589), a change of nearly (21%) during the period (1994-2006). (UNFPA, 2009, P: 7).

B-The population density

Undoubtedly, the population density•'s dimension is one the most important aspects in assessing the population setting. Demographic indicators revealed that population density to total area in 2008

reached (0.07/ 000 pop. / km2) and that population density to inhabited area in the same year is (93/000 pop. / km2). According to Egypt in Figures, total population density reached (75.35) in 2009 in comparison with (65.37) in 2006, and (58.76) in 1996. Moreover, the percentage of urban population in 2007 does not exceed (43%). (CAPMAS, 2010).

C-The population characteristics

Initially, real GDP per Capita $ (ppp) noticeably increased from (5899.7) in 2005/ 2006 to (7787.0) in 2007/ 2008. However, the percentage of poor persons of total population rose from (19.6%) in 2004/ 2005 to (21.6%) in 2008/ 2009. (Egypt Human Development Report, 2008 & 2010).

Also, the educational aspect witnessed a noticeable progress, especially in recent times. According to Human Development Report Egypt 2010, adult literacy rate (15+) reached (70.4%) in 2007, population (15+) with secondary or higher education in 2008 is (37.9%). But, in 2008, though tertiary enrollment ratio is (29.2%), tertiary graduate ratio does not exceed (6.3%). In addition, public expenditure on education (% of total expenditure) decreased from (19.5%) in 2002 to (11.5%) in 2006 (Egypt Human Development Report, 2008).

Moreover, health aspect reflected in life expectancy at birth raised from (67.1) in 2001 to (71.7) in 2007. Also, the life expectancy by sex increased from 2000 to 2009; for males, life expectancy rises from (66.7) to (70.2), and for females life expectancy reached (74.8) in 2009 in comparison with (71.0) in 2000. (CAPMAS, 2010). In spite of this noticeable increase in life expectancy rates, public expenditure on health (% of GDP) declined from (2.4 %) to (1.3%). (Egypt Human Development Report, 2008).

Concerning the reproductive health, contraceptive prevalence doubled between 1980 and 2000 from (24%) to (56%). (EDHS, 2001).

- The individual's share from the country's total area which equals the total Population No. inside the country's borders divided by the country's total area.

This percentage increased again to (59.2%) in 2005, and to (60.3%) in 2008. (Egypt Human Development Report, 2008 & 2010).

Furthermore, in terms of the status of women, though their life expectancy at birth increased from (73.6) in 2006 to (74.0) in 2007 and their contribution in labor force increased from (22.9%) in 2005 to (23.9) in 2007, maternal mortality rate (per 100000 live births) escalated from (52.9) in 2005 to (55.0) in 2008. (Egypt Human Development Report, 2008 & 2010).

According to the Statistical Year Book (2006) issued by CAPMAS, the number of population in Egypt in 2006 is (72798031). The number of males reached (37219056) and this percentage constituted (51%) and the number of females amount to (35578975) and this percentage is (4 9%). Females, who less than 20 years, reached (4030362) and the percentage is (5.5%) in comparison with males in the same age (3842830) by (5.3%). (CAPMAS, Statistical Year Book, 2006).

Relating to female-male gaps, although tertiary enrollment & postgraduate decreased from (86.40) in 2005/2006 to (69.80) in 2008, the labor force's gap increased from (29.8) in 2005 to (31.3) in 2007. Besides, female-male gap in both in literacy (15+) and primary enrollment; regarding literacy (15+), the percentage increased from (78.9) in 2005 to (80.7) in 2008 and primary enrollment gaps rise from (95.7) in 2005/2006 to (98.9) in 2008. (Egypt Human Development Report, 2008 & 2010).

Through analyzing the reality of political participation in Egypt, the statistics and percentages reflect the decline of political participation in People Assembly's elections in 2000 as the percentage of the candidates in comparison with the total of electors- males and females- is (%0.016), and the percentage of female only was not more than (%3.1). Moreover, the withdrawal from participation is so clear in the vote processes, for example, the percentage of political participation in election vote in People's Assembly in Egypt is only (24.1%) and in Cairo (12.6%), and in localities in Egypt is (42.4%) and in Cairo (13.2%). Furthermore, the percentage of social

participation employees in social and personal services of labor force (15+) in Egypt is (2.2%), and among females (2.1%), and the percentage in Cairo respectively is (4.1%) and (4.7%). (UNDP, Egypt Human Development Report 2008, P: 320).

2- The basic Types of social policy's classification worldwide

A- The Direct Population Policy

B- The Indirect Population Policy

C- The Disguised Population Policy

A-The Direct Population Policy

In China, fertility determination is complicated by institutions and policies that have promoted or restrained fertility. China's population policy was divided into two main schemes:

The first was during the 1970s and was known as "Later, longer, and fewer" via "persuasion". Population targets became part of national economic planning and a nationwide family planning network. Local family planning authorities propagandized national guidelines, circulated birth control knowledge and provided contraceptive devices. The Chinese officials launched family planning campaign entitled "The Later, Longer, Fewer" (LLF) meaning: later marriage, longer intervals between births, and fewer children. Thus, education, persuasion and propaganda were the official means of policy execution. For achieving fewer births, family planning officials tried to popularize the two-child per family model with a well-known slogan: 'one is not too few, two is just right, and three is too many.' (Yang, 2004, PP: 269-272).

Towards the end of the 1970s, China began moving to more restraining policies through certain recommendations, which confirms that each couple should have one child and a maximum of two. Also, there were suggestions of compliance motivations and non-compliance penalties (e.g. employment benefits, housing and grain allocation in rural areas, etc.).

Second, in the 1980s, the "One Child Policy", permitted, in cities and towns, a second child only under special circumstances. (McElroy, 2000, PP: 389-390). Such policy tended to offer rewards for one child families (such as health and child care, welfare grant, paid maternal and extra leave, privileged access to schooling, employment, and housing) and fines for violators (percentage reduction in the salaries of both parents, removal of child health care and welfare benefits, and withdrawal from any chance of promotion). (Yang, 2004, P: 273). In cities and towns, typical monetary penalties for a second child ranged from (10-20%) of both parents' wages for a period lasting from 3 to 14 years. In contrast, in rural villages, the most common penalty on an above-quota birth was a large, one-time, lump-sum fine, which often accounted for a large percentage of a worker's annual earnings. (McElroy, 2000, P: 390).

- When the voluntary approach through persuasion, education, and economic incentives did not work, more coercive means were necessary.
- As a result of extreme opposition to such policy, especially in rural areas, some exceptions were made to have a second child if the first one is disabled, or female, but the third child remained strictly prohibited.

As a result of an increasing concern about planet's over population, during the middle of the 20th century, some literatures quest to control the population size by introducing a system of marketable licenses that legally enable women to a limited number of children, and if they got more children, they had to accumulate these certificates/ licenses; or they should submit to market price that will be set according to supply and demand of society (Boulding Proposal). Although this scheme appears enforceable, it can be a realistic solution to specific communities, whose socio-economic settings and rates are getting worse because of their unplanned over-population. (La Croix, 2009, PP: 509-510).

Anticipated Impact of the Policy

China's population policies seriously impacted its demographics by modifying the following: 1) age at first marriage; 2) age at first birth; 3) spacing between births; 4) rates of contraception; 5) fertility rates; 6) number of children per couple; and 7) gender composition of children. Consequently, Chinese Demography has specific six patterns **as follows:**

1) Population policies rose the legal age of first marriage

2) For the 1970s, a gradual increase in the interval between the first and second births as most people in cities and towns had merely one child.

3) It is noticed that permanent declining in both the number of children per couple and fertility rates; especially in 1980s.

4) The sex ratios (or the relevant fraction of children born who are male) to be higher than the natural rate and steady throughout the 1970s and 1980s. This is because some parents tend to apply gender discrimination by preferring boys over girls and thus practicing child infanticide.

5) gender-based stopping in childbearing was also an expected result as a result of boys' preference to girls. Couples who already had a son were more likely to stop having children than those who had only daughters.

Besides, immigration laws is considered one of the direct population policies as the U.S, which needs to increase its population size, allows the immigrants to access to its borders under broad areas of guaranteed settlement and flexible legislation. (Ginn, 1995, P: 238).

B-The Indirect Population Policy:

This sort of policy directly aims to achieve targets in several fields; however it has hap-hazard and unexpected impacts on the population dimensions. For example, the housing policy is a model representing this kind of indirect population policy as it aimed to limit distribution

of housing units, which indirectly can lead to decrease the fertility rates in some cases.

In Great Britain, especially in 1670s, though British government adopted the parental responsibility policy confirming that the welfare of children is the responsibility of their parents, it legalized -after several decades- alternative laws prohibiting the work of the children and established obligatory schools. The indirect purpose of such modification declined the fertility rates as preventing children from going work decreased families' economic incomes and that led them to reduce their families' size.

The clear example in this context, also, is when the United States issued the speed limit law in 1970s under the oil crisis in 1973 as the law directly reduced the use of oil and it indirectly led to decline the mortality rates. However, when the American legislation was amended in a shape that permits the increase in speed limit, the argument raised concerning the influence of such amendment on rising mortality rates. As a result, American speed limit policy shifted from its being indirect to direct population one. (Ginn, 1995, Pp: 239-240).

C-The Disguised Population Policy

It seems direct and clear towards specific issues; however, it means other ones. Most governments worldwide prefer not to inform their citizens that there is an over-population and that they should decline their fertility rates. Also, such policy is commonly carried out in population control in specific as the senior officials, through their speeches, display the possible measures for declining the population size justifying that such shown procedures were offered for tackling another issues except the population one. For example, and for purpose of controlling birthrates, several governments adopted the abortion's policy announcing that the aim of such policy is that this policy will have positive formal tendency in improving the mothers' health and the Japanese policy is the obvious representation in this respect. (Ginn, 1995, Pp: 241-242).

Furthermore, not only do the types of population policies differ,

but also the consequences of such policies. There are three unintended population consequences of policies: first, the policy can be more valuable than expected and exceeds its original goal. In this case, regaining the earlier trend will be unacceptable. Second, there can be a conflict -whether identified or unidentified- between different policies. The execution of one policy can cause a difficulty in achieving the goals of another policy. Third, there can be unplanned negative consequences of a policy, though the consequences could have been projected. For example, though the Immigration Reform and Control Act of 1986 placed responsibility on employers not to assign workers who did not have legal status in the U.S, analysis of data from a Government Accounting Office Survey of employers revealed that only (10%) of employers changed the way they treated applicants who appeared foreign. (Anderson, 2004, P: 377).

3- The Development of Egyptian Population Policy (1962-2009)

Egyptian population policy initiated in 1962 when the Egyptian president (Abd-El-Nasser) declared that Egypt should seek to formulate a population policy included in formal decree. One of the most important targets of this policy is declining birth rates through adopting family planning programs. Such declaration was considered the first national support to family planning programs.

In its initial stage revealed in 1965, the first national population policy was formulated; however, it is highly noticeable that it was restricted to one dimension of the population problem, which is the population growth. The main objective of this policy was focused on "health approach" targeted to decreasing the pregnancy rates via following family planning programs. (Halim, 1994).

In 1972, the second national population policy addressed its preference to the qualitative levels of households and the possibility of increasing their standards of living and welfare. Significantly, the first national document on population policy has been issued confirming that the population growth should partially depend on socio-economic development and that the increase in the demand of family planning's services does rely on the nature and extent of the economic and social

change. For accelerating the decline of population growth, the second population policy consisted of (9) main components: rising household's socio-economic levels, improving standards of education, involving women in workforce, inserting machines in agriculture, decreasing children's mortality rates, developing social solidarity, and increasing awareness.

From 1975 to 1980, the third population policy entitled "developmental approach for confronting the population problem" was announced as a replacement to "the medical approach" that prevailed in the first policy. Also, according to such policy, socio-economic changes are necessary for altering fertility behaviors and attitudes. As a result, the decline of population growth rates can facilitate social and economic progress (Halim, 1994). The main components of this stage's program are the following: at first, promoting family planning's services related to other medical and social ones. Second, accelerating social and economic changes has the positive effect on local municipals. Third, focusing on media and educational aspects can spread such population tendencies and support the concept of the small family via illustrating its fruitful consequences. (Barakat, 1995).

During the period from 1986 to 1991, Egyptian population policy has been reformulated and included three general targets: declining the population size, redistributing demographic areas, and enhancing population's characteristics. Through this duration, two main achievements have been achieved: first, the increase of women's usage of contraceptive's prevalence from (2.6) million in 1986 to (4.2) million in 1991. The percentage of increase, during this time, amounts to (63.5%). Second, the noticeable decrease in fertility levels has a significant impact on raising both awareness and usage of contraceptives.

Although the positive impacts of the International Conference on Population and Development (ICPD) held in Egypt, which tackles several main challenges confronting the population problems, the Egyptian national population policy remains constrained to the traditional ways of family planning services till 1996 and there is no serious attempts to adopt the targets and policies proposed in the conference.

The main contribution of The Cairo Conference emerges from its attempt to transfer population policy concern from just population size to population lives and human rights. This shift from population control measures to social transition prospects that fulfills individuals' needs and ambitions requires adopting essential population and developmental objectives. These objectives should include the following: sustained economic growth from human development's perspective, education's equity, gender equality, declining infant, child, and maternal mortality, the availability of reproductive health services. (UNFPA, 2009, P: 1).

In 1996, the Egyptian political officials merged the Ministry of Population to the Ministry of Health and constituted the Ministry of Health and Population. Such merge has a significant progress in family planning, reproductive health, and population's indicators as such ministry –through the population policy and the private sector's support- concerned about providing modern and secured contraceptives and inserting new methods as well.

Noteworthy that the role of national media in marketing family planning services provided by governmental health clinics and centers, and designing effective media campaigns, launched in 1996, and that led to the increase of target groups in family planning services. The percentage of these services increased in marketing-share to (53.6%) in 1999 in comparison with (20%) in 1995.

As a result of its being adopting Population of Actions related to the International Conference on Population and Development (ICPD PoA) and eight Millennium Development Goals (MDGs) to be achieved by the year 2015, Egypt has become a part of these global challenges and formulated its own population strategy during (2002-2017) covering (11) areas: reproductive health and family planning, child health and survival, education and illiteracy elimination, women's status, adolescents and youth, households' support and protection, information and communication, environment's protection, population's redistributing, reducing gaps between communities, and information and research. (UNFPA, 2009, P: 2).

This strategy has been modified and presented by the National Population Conference 2008 through four specific axes as follows: the first axis is the promotion and availability of reproductive health and family planning services by enhancing the primary health care system. The second axis is the attitude change towards following the concept of small family size. The third axis is backing the link between population and development. And the fourth one is reinforcing monitoring and evaluation. (UNFPA, 2009, PP: 2-3).

4- Proposing specific social policy for tackling the negative impacts of the population problem in Egypt:

This social policy should include all population aspects tackled via The International Conference on Population and Development (ICPD) in 1994 and The Millennium Developmental Goals in 1999 (MDGs), and considered in the Egyptian strategy, which is formulated and modified by the National Population Council (NPC). These population aspects are the following: development, gender, reproductive health and reproductive rights, HIV epidemic and sexually transmitted diseases, population information, education and communication, resource mobilization and partnership.

Crucially, it is indispensable for Egyptian population policy makers to make use of the following three strategic directions in tackling agreed population dilemmas: at first, widening the opportunities for evolving Egyptian human capital by expanding access and enhancing the quality of education and health services; by providing the start to a working life; and by giving young people a chance to form a successful family, to articulate the kind of support they need, and to participate in civic life. Through offering such chances to young people, they will be able to acquire, improve, and deploy their skills. Second, enhancing capabilities of young people as they have a rationality of selecting among the opportunities available to them and evaluating policies that distribute information and incentives to help them making appropriate decisions. In other words, enhancing youth's capabilities can lead them to be recognized as decision –making agents, and not passive decision-executing creatures. Third, offering second chances through targeted programs

for: reconstructing undesirable outcomes, returning them back on the path, and giving young people other alternatives to rebuild their human capital for the future. (WB, 2007, P 2, 10).

A- Development

The third principle of (ICPD)'s Population of Action (PoA) noted that the right of development should be realized in order to meet all various needs of both present and future generations. So, it is important for the developing countries, including Egypt, not only to develop the available possibilities and opportunities, but also to search for alternative ones. From this point, Egypt should benefit from its demographic transition. This transition, which led to decline infant mortality rates and increase life expectancy, is closely connected to achieving bonus demographic window of opportunity and the "East Asian Miracle" is the best example in this context. Through such transition, when the fertility and dependency rates decline, economic productivity will increase.

So, Egypt can take advantage of the demographic transition in enhancing the economic "window of opportunity", and that entails noticeable rises in per capita GDP, which has a positive impact on the economic, educational, and health settings in case of the fair and balanced distribution of financial sources. All these changes can not be occurred without the existence of health policy environment in order to capitalize on and make use of window of opportunity through accelerating demographic transition, which is considered a temporary phenomenon.

There are possible policies for accelerating the demographic transition:

Concerning education, there is an obvious profound gap between the public and private education in Egypt. Policies should aim to encourage and enhance higher levels of education among all social levels and categories through specifying a considerable percentage of governmentally financial expenditures to this field. Such advancement in awareness' levels can indirectly lead to decrease the fertility rates and have smaller families.

In terms of health, policies should increase -not decrease- the public expenditure on health, the scope should be directed not only to curative services, but also to preventive and primary health ones. Also, improving health services provided by public health centers is an essential element in evolving available health opportunities offered to all social slices of our community, especially the impoverished ones. And finally, inserting other aspects of health issues, such as: the reproductive health and infant mortality.

Relating to socio-economic conditions, Policies should improve the socio-economic position of Egyptian citizens in general, and women particularly by distributing incomes according to the efficiency's criterion, not the nepotism one. Policies are supposed to provide more work opportunities, and reduce the evident discrimination whether in education, or the employment for maximizing the benefits of workforce that can push to support productivity, and decrease pregnancy. On the other side, creating more work chances entails occurring changes in macroeconomic policies and the financial institutions. These modifications include following measures to strengthen investor trust in policies and disciplines, and to enhance the maintaining of public and external debts. All these work possibilities require presenting higher educational levels and efficient training programs as well.

B- Gender

The fourth principle of (ICPD) 1994 PoA notes that progressing gender equality and equity and the empowerment of women, eradicating all kinds of violence against, and securing women's capacity of controlling their own fertility, are essential elements of population and development related programs. In this respect, great steps have been made, in Egypt, towards the realization of gender equity over the past fifteen years as a number of prejudicial laws have been changed and about four million women have entered the labor force. (UNFPA, 2009, P: 23). However, and practically, the public support and popular adopting of ideas and principles of gender justice and women's rights- included in reproductive health model- are missed. Also, gender inequality clearly appears as a result of

significant differences between urban and rural Egypt and between the rich and the poor. For example, and according to (EDHS 2008), total fertility rates have dropped from (3.6) live births per woman in 1995 to (3.0) in 2008. But, Regional variations remain existed among women in Upper Egypt having (3.6) live births compared to (2.7) live births in urban areas. Moreover, though the Egyptian government adopted the paradigm of reproductive health, or confessed to do so, this achievement was met with refusal from traditional and conservative individuals and institutions. Furthermore, the EDHS of 2005 revealed that one third of women in Egypt had been exposed to some form of domestic violence.

According to what is mentioned, policies should be directed to the following: at first, attempting to remove the gaps among classes and regions by empowering women to access to services, resources, and information. Second, the focus on increasing the sources of information, which can objectively display health settings in Egypt and strategies to tackle increased rates of non-communicable and neuropsychological burdens of disease in addition to other acknowledged diseases. Third, for delivering better health services and improving some features of women's health, there is an urgent need for the biomedical model. Fourth, gaining more developmental opportunities is largely connected by evolving policies that support social programs and initiatives in which gender justice is mainly included.

Fifth, under global challenges that are accompanied by the employment of women and the migration of the family in search of educational and work opportunities, the strict patriarchal traditions - through which the man burdens the major responsibilities towards his family members and this role puts him at the top of the pyramidal structure of his family- tend to move into neo-patriarchy•. (Nosseir, 2003, PP: 5-6). Such change should push population policy to adopt challenges from reformers and modernizers who sought changes in

• Neopatriarchy is the product of the encounter between modernity and tradition in the context of dependent capitalism; it is modernized patriarchy.

rules governing marriage, divorce, polygamy, child custody, and inheritance in order to improve women's position. (Moghadam, 1994, P: 111). As a result, the role of Egyptian education and media should be reviewed for altering such inferior perspective towards women and recognized them not as idiot mothers, or sexual creatures, but as positive social humans, who affect, and are affected by current developments around them. Finally, strategies and tactics are needed for exploiting the power effects of difference between men and women that can empower women to extremely identify and use this agency. (Cornwall, 2003, P: 1338).

C- Reproductive Health and Rights

The eighth principle of ICPD 1994 PoA acknowledges that the extreme enjoyment attained from physical and mental health is the basic right for everyone. Consequently, all couples and individuals have the essential right to decide freely and dependably the number and spacing of their children and that entails acquiring the information, education, and methods to do so. Accordingly, states should take all the equitable measures to secure universal access to health, especially those related to reproductive health care included family planning and sexual health. Also, Egyptian national laws, international human rights documents and other relevant UN agreed documents make decisions relating to reproduction devoid of discrimination, oppression, and violence.

Though Egypt recognized the importance of guaranteeing reproductive health rights of all sectors of population, such rights, in terms of some international organizations, might not be consistent with the Egyptian cultural background. Though reproductive health care carries a sort of privacy and confidentiality -which should not be widespread- Egyptian people tackle such issue in haphazard and irrational ways and in some cases in inferior ways reflecting discrimination against women, and the intentional adoption of patriarchal traditions with consonant ignorance to global changes! In addition, Morality is not only considered a question of controlling sexuality and birthrates, but also it is a question of offering individuals the opportunity of choice, of restraining coercion and eliminating

guilty and individual tragedy. (Cohen, 1994, P: 154).

Thus, for implementing Egyptian real reproductive health care, population policy should seek to alter the cultural background of the Egyptian population through all sectors public, private, and civil society associations with positive participation from the community, which should altogether design strategy targeted to fill the next points: at first, paying more attention to promote mutually respectful and equitable gender relations. Second, all sectors have to meet the educational and service needs of adolescents for purpose of empowering them to deal with their sexuality in positive and responsible ways. Third, the three sectors should revitalize and make use of a manual, which is prepared within one year, developed by the National Human Right Council in collaboration with UNFPA concerning reproductive rights. (UNFPA, 2009, P: 51).

Fourth, they should establish training courses illustrating the main scientific features of reproductive health care, the difference between men and women in tackling such entitlement, and the possible ways for securing reproductive health rights. Sixth, enlarging the possible mechanisms in enhancing family planning services via improving the technology of family planning, increasing widespread interest and willingness to follow family planning, and relying on up-dated pilot projects and experiments that are influenced by both the specification of local conditions, and the rationality of international experiences in providing family planning and fertility health services at all levels. (Kirk, 1967, Pp: 141-142). And finally, the importance for the population policy makers to take suitable measures for securing funds needed to maintain and enlarge reproductive health coverage.

For young people, public health services hardly fulfill the primary health requirements, but they do not manage to address adolescents' urgent needs for age- appropriate, gender-sensitive, accessible and user-friendly services. Although youth friendly clinics in Egypt, sponsored by UNFPA, have been started for providing youth people with family planning's information and reproductive health's issues through private and secured procedures, they were under-developed (FHI, 2007). The main explanations of such clinics' exclusion stem

from the culture of shame around topics of sexuality that lead communities to consider these clinics as a Western thought invasion trying to insert its liberal norms of gender and sexual behaviors into our traditional culture. For tackling this point, the role of national media is important to break the futile silence and convey intentional and rational messages concerning reproductive health. Moreover, places in which youth can be come together are the suitable ones for including issues of young people's reproductive health. (UNFPA, 2009, P: 63).

D- Sexually Transmitted Diseases and Prevention of AIDS / HIV

ICPD 1994 Population of Action (PoA) displays the objective regarding this respect, which is to prevent, decline the occurrence of, including AIDS / HIV, sexually transmitted diseases such as: infertility, especially among girls and women. (UNFPA, 2009, P: 64).

In 2005, half of the approximate (5) million people who globally contracted HIV were young people, whose ages between 12 and 24, and the greater part of them young women and girls. (WB, 2007, p: 3). The economic impact of such deteriorating diseases can be enormous in the Egyptian case, especially with the increase in both poverty and employment rates, and thus marriage inability.

There are two contradicted visions towards the HIV epidemic in Egypt; the first, calls for lessening its impact on the health agenda as there is a common belief that it does not constitute a real threat on the national strategies within the country. The second, calls for enlarging its repercussions even in case of its cases' limitations for protecting the country from its unavoidable disasters, facilitating the biomedical intervention, and making the conservative culture more acceptable to HIV epidemic growth. (UNFPA, 2009, Pp: 65-66).

According to Egypt Ministry of Health and Population, between 1994 and 2008, the number of reported HIV cases rise by six folds. Till the end of 2008, (3.735) HIV cases are announced, from which an approximate (963) cases [25.8%] of developed AIDS. However, the UNAIDS assert that the number of HIV infected people largely exceeded what is mentioned in reported national statistics and the

approximate number is (9,200) HIV infected cases in Egypt till the year 2007. (UNAIDS Report, 2008). Also, the miscalculation of the national statistics comes from the passive surveillance in the country which essentially depends on obligatory HIV testing and reports of Voluntary Counseling and Testing units (VCT) with a single active biological and behavioral surveillance survey (BIO-BSS) attempt in 2006. (Egypt Ministry of Health and Population/ FHI/ USAID, 2006).

For tackling this dimension, Egyptian population policy should look ahead to the HIV epidemic as a national threat and formulate a highly- efficient epidemic scenario. Thus, there is no logic reason for denying and ignoring such epidemic in case of its rapid growth. Consequently, social population policy has to basically rely on awareness campaigns -working through media and information providers' contributions- which can not be developed without establishing HIV resource center that works in collaboration with and in parallel to National AIDS Program (NAP) for solving the problems of insufficient data, and inadequate human capacities. The three main objectives of this center should be the following: first, providing evidence for policy decision making and informing the public. Second, increasing HIV knowledge via collecting and spreading literature on HIV, and establishing HIV repositories (including data-tools- analytic methods). Third, the partnership of national, private, and non-state sectors in building HIV capacities at all levels. (UNFPA, 2009, P: 82).

In addition, seeking to enhance their capacity to decide well, informing youth is the basic requirement for reducing the effect of such diseases. Population policies can perform a significant role to assist young people to manage these dangers through making them more aware of the long-run consequences of their current actions. (WB, 2007, P: 8).

Besides, though collecting worldwide knowledge through new technologies, such as the Internet, to inform youth about the passive impacts and possible solutions of such sexual epidemic is so vital, many youth need guidance on how to select and find the dependable sites and information related among the mass of content

available.(WB, 2007, P: 17). The effects of ill-informed conclusions concerning HIV/AIDS due to the bombardment of information can have negative outcomes as many studies revealed that the young people tend to overestimate the amount of sexual activities and high-risk missions in the population and that impose more pressures on them to conform. (WB, 2007, P: 17). Furthermore, population policy should improve youth's delivery and management of information through training youth's trainers better and boosting their incentives.

E- Population Information, Education and Communication:

According to ICPD 1994 PoA, effective information, education, and communication are basic requirements for sustainable human development that pave the way for attitudinal and behavioral change. Definitely, the ICPD asserted everyone's right to education, especially among women and girls, recognizing that education is the foundation of women's empowerment because it enables them to respond to opportunities, to transfer their traditional roles, and to enhance their lives. Also, the link between education and reproductive health is two-directional as education of girls is closely connected to advances in family health and to decreasing fertility rates. As a result, educating women has a more valuable effect on poverty and development than men's education. It is also the most prominent factor in improving childcare and declining infant mortality. (UNFPA, 2009, Pp: 90-91).

Population education is defined by UNFPA as the process of helping people understand "the nature, causes, and implications of population processes as they affect, and are affected by, individuals, families, communities and nations. It focuses on family and individual decisions influencing population change at the micro level, as well as on broad demographic changes". (Sikes, 1993).

Regarding national contributions in this aspect, the Ministry of Education, Ministry of Higher Education and other ministries included some of the population issues in the curricula, for example, population issues, lectures in population, environment and human rights, population and family planning, and the security demography. These curricula include the population problem, sexually transmitted

diseases, HIV/AIDS, smoking, adolescents' health, nutrition, violence and other topics.

In addition, there are two main programs conducted; the first one is the Integrated Health and Literacy program (IHL), which was held by the Social Research Center of the American University in Cairo collaborated with World Education, the General Authority for Literacy and Adult Education (GALAE), the Ministry of Health and Population, and John Snow International under funding from the United States Agency for International Development (USAID) and the Ford Foundation. Its main objective is incorporating reproductive, maternal and infant health information into the official Egyptian literacy curriculum. The second program was carried out by TAKAMOL to break the difficulty of illiteracy by spreading reproductive and child health messages. Also, this program used a health-focused literacy curriculum consisting of five teaching modules on early marriage, gender, family planning, sexually transmitted diseases and antenatal care.

Though all these noticeably national contributions in population education and communication, the percentage of women who heard messages about family planning on TV, radio, newspaper, posters, brochures, signboards and community meetings decreased. For instance, concerning TV, in 2008, the percentage does not exceed (51.6%) in Urban governorates and (52.5%) in Rural Upper Egypt in comparison with (90.4%) in Urban governorates and (66.6%) in Rural Upper Egypt in 1995. Relating to radio, in 2008, the percentage is (26.8%) in Urban governorates and (16.1%) in Rural Upper Egypt in comparison with (65.8%) in Urban governorates and (47.1%) in Rural Upper Egypt in 1995. Moreover, relating to community meeting, the percentage is (1.5%) in Urban governorates and (2.7%) in Rural Upper governorates in 2008 in comparison with (3.5%) in Urban governorates and (3.0%) in Rural Upper governorates in 2000. Furthermore, the community meetings are a source of information for small percentages of women. (EDHS 1995, 2000, 2008).

Social policy concerning this regard should largely insert the reproductive health care and family planning services' dimensions in

formal school curricula. Also, holding seminars and conferences, included local community leaders, and discussing population's issues under global challenges are vital. Organizing such conferences aims to qualify and increase peoples' awareness of population issues; correct common misconceptions about several complicated issues, such as, gender, reproductive health, marriage, sexually transmitted diseases…etc, and involve people to participate in civic life as well. Further, designing programs provides a combination of various services directed to young women, particularly to those who live in Egyptian slums and rural areas. These programs try to spread information on population issues, provide vocational training, and promote women's empowerment. This achievement can lead those who participate to be more indulged on key life decisions than those who do not participate. (WB, 2007, P: 17). Finally, enlarging the role of the media as a major and permanent guidance for Egyptian people in tackling population issues through specifying significant percentage to population issues' in all Egyptian media and offering related programs and campaigns that include dialogues, everyday situations, latest books and articles' findings related, and recent national and international summits, symposia, and conferences.

F- Partnership and Resource Mobilization

ICPD 1994 PoA covers partnership and financial resources through what is noted in basis for action 14.2 that is all efforts related to population issues can be missed under the lack of sufficient financial resources and effective coordination methods. Thus, reciprocal responsibility among national partners is required under sudden changes occurred from the development policies of donors, which can cause disorder in program activities across the world. Definitely, the ICPD PoA promotes effective partnership between all standards of government and the full range of Non-Governmental Organizations (NGOs) and local community groups in analyzing, discussing, and evaluating the execution of population and reproductive health activities.

Regarding NGOs contributions in this regard, they provided health awareness and education, and sometimes clinical services as in the

clinics affiliated to mosques, churches, and Egyptian Family Planning Association, which worked in the following main areas: access to service, advocacy, adolescents care, abortion, and aids. Several NGOs addressed the population issue through gender inequality and women empowerment. They asserted on educating girls, providing loans to women, advocating for women's rights and modifying illogic legislation against them, providing ID, birth certificates, and voting cards. Other NGOs tackled environmental issues through working on water and sanitation, greening and garbage collection and recycling. However, the contribution of NGOs as a source for modern contraceptives decreased as the EDHS 2000 reported that (5.1%) of methods got from NGOs and another (2.2%) from mosques and churches. In 2003, the Interim EDHS reported (3.2%) and (1.4%) respectively and 2008 EDHS revealed that the private sector contribution is (40.3%); (1.3%) for the NGOs and (1.1%) for mosques and churches. (UNFPA, 2009, Pp: 101-102).

Also, concerning the private sector, it managed to launch several projects, campaigns and programs for financing physical establishment and reformation of schools, supporting the development of a public awareness (Vodafone), advocating the formation a "National Private Sector Coalition for Youth Development", using Corporate Social Responsibility (CSR) {Coca-Cola}, specifying an amount of profit for achieving specific targets such as Mobinil's initiative "Caring for Children", which reflects partnership between UNICEF and Mobinil, and enabling families and communities to look after their health. (UNFPA, 2009, Pp: 104-105).

Although all various efforts performed by private, public, and non-governmental efforts, every sector tries to achieve its targets towards population in separate. So, there are a set of obstacles that eliminate such partnership among all sectors: first, the lack of communication between and within NGOs and the private sector, as well as the lack of technical expertise. Second, government bureaucracy hinders the private sector from indulging on community urgent issues. (AmCham, 2009, a). Accordingly, there is a lack of trust between the state and NGO and that can lead them to unavoidable difficulty in constructing

a healthy relationship. Third, NGOs largely depend on both national government and donors to fund their activities. Such financial need prevents such sector from securing NGOs projects' sustainability. Fourth, the restrictive legislation, especially regarding getting funds for NGOs, prevents such NGOs from receiving foreign funds. Fifth, although several ministries have established NGO units aiming at creating channels for co-ordination with NGOs, most these units are ineffective. Sixth, establishing an incomplete database like what is established by the Ministry of Social Solidarity (MOSS). (UNFPA, 2009, Pp: 108-109).

Social policy in this concern should focus on the various weaknesses that restrict all these sectors and try to design a comprehensive paradigm for purpose of actualizing such partnership. First, modifying legislations concerning NGOs activities as although the numbers of NGOs laws and legislations are different, the philosophy of them is the same, which is imposing the governmental domination on all the mechanisms and activities of all Egyptian civil society associations. Second, actualizing gradual NGOs' capacity building through training their members and acquiring them significant experience to evolve NGOs' mechanisms and activities will be a superior asset. Third, the urgent need for designing integrative database and information networks, for example, creating a "CSR Network" in a way fulfilling transparency, availability, and proper utilization through describing the size and extent of partnership among all sectors, ongoing and expected activities and projects. Such database can facilitate collaboration between the Egyptian government, NGOs, and the private sector, assist the positive exchange of experiences, and achieve sustainability, adaptation, and creation among them. (UNFPA, 2009, P: 109). Fourth, providing various plans, as a pre-requisite, can secure successful programs/projects. This intersectoral participatory planning containing all concerned parts: governmental, non-governmental, private sector, donors and target groups is a key concern.

Fifth, serious strides should be taken towards expanding NGOs scope of work as NGOs mainly tend to provide social services more

than developmental activities. Thus, Inserting NGOs into developmental plans and local community development activities, including health and population, will enhance their contributions in these areas. In addition, and according to the American Chamber of Commerce, it is necessary for local NGOs to support participating in funded developmental projects and that will progressively direct their roles towards developmental interventions for serving Egyptian community in a systematic way. Sixth, for enhancing development and quality of life, media should publicize the role of NGOs reflected better understanding and support by the Egyptian community. And finally, holding integrated workshops consisting of all sectors the government, the private sector for CSR, and civil society/NGOs both local and global in Egypt to discuss topics, exchange practices for actualizing ICPD goals and MDGs through effective partnership. (UNFPA, 2009, Pp: 111-113).

To sum up, population is a complex issue that has economic, social, cultural, health, religious, demographic, and communication elements. Consequently, Countries with earlier and greater commitment to population policies and family planning programs, such as Egypt, should be characterized by the formation of coalitions of senior policy-makers who were able to identify consistent rationales, share political risk and, therefore, become important contributors to the sustainability of population policies. Also, these coalitions were more likely to succeed where policy makers shared the potential political risk combined with family planning and population control. (Lush, 2000, P: 21). In other formula, there is an urgent need for addressing the population problem in Egypt to shape strong entities to coordinate between various concerned sectors. These entities can act as a permanent connection between governmental, private, and civil society associations to act together towards actualizing ICPD goals and MDGs.

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