



SEMINAR BRIEF | FERTILITY AND FAMILY PLANNING: INSIGHTS ON PROMOTING HEALTHY BEHAVIORS AND CURBING POPULATION GROWTH IN EGYPT

Prepared for: Global Evidence for Egypt Spotlight Seminar Series: A collaboration between UNICEF Egypt and The Abdul Latif Jameel Poverty Action Lab Middle East and North Africa (J-PAL MENA) at The American University in Cairo (AUC)

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ABOUT THE GLOBAL EVIDENCE FOR EGYPT SPOTLIGHT SEMINAR SERIES

UNICEF Egypt and The Abdul Latif Jameel Poverty Action Lab Middle East and North Africa (J-PAL MENA) at The American University in Cairo have partnered to launch a Global Evidence for Egypt Spotlight Seminar Series in Cairo, Egypt. As part of this partnership, UNICEF Egypt and J-PAL MENA at AUC bring together Egyptian policymakers and J-PAL affiliated professors in a discussion on priority policy issues in Egypt. During each seminar, policymakers highlight a particular development priority in Egypt. J-PAL affiliates frame the policy issue from a global perspective and offer evidence-informed insights for improving policy and program design from the database of Randomized Control Trials (RCTs) conducted by J-PAL globally. In dialogue, the panel of policymakers and J-PAL affiliate ground the evidence in the Egyptian context and together explore possible policy solutions.

The fifth Global Evidence for Egypt Spotlight seminar will take place on Tuesday, February 22, 2022 and will focus on how evidence from randomized evaluations conducted globally can inform efforts to reduce fertility rates and promote family planning in Egypt. It will feature representatives from the Ministry of Health and Population, UNFPA Egypt, UNICEF Egypt, and Dr. Caroline Krafft, J-PAL invited researcher and Associate Professor in the Department of Economics and Political Science at St. Catherine University. The panel discussion will foster a conversation between Egypt's policy priorities and the relevant rigorous global evidence, ultimately providing insights into how we can promote healthy behaviors and encourage family planning to curb the population growth rate in Egypt.

ABOUT THE ABDUL LATIF JAMEEL POVERTY ACTION LAB MIDDLE EAST AND NORTH AFRICA AT THE AMERICAN UNIVERSITY IN CAIRO (J-PAL MENA AT AUC)

The Abdul Latif Jameel Poverty Action Lab (J-PAL) is a global research center working to reduce poverty by ensuring that policy is informed by scientific evidence. Anchored by a network of more than 260 affiliated professors at universities around the world, J-PAL conducts randomized impact evaluations to answer critical questions in the fight against poverty. We build partnerships with governments, NGOs, donors, and others to share this knowledge, scale up effective programs, and advance evidence-informed decision-making. J-PAL was launched at the Massachusetts Institute of Technology in 2003 and has regional centers in Africa, Europe, Latin America and the Caribbean, North America, South Asia, and Southeast Asia.

J-PAL MENA at AUC is J-PAL's seventh regional office and leads J-PAL's work in the MENA region. J-PAL MENA conducts randomized evaluations, builds partnerships for evidence-informed policymaking, and helps partners scale up effective programs.

Our research team evaluates the impact of social programs and policies in MENA, covering a wide range of sectors including social protection, employment, education, and gender. Through online and in-person courses, we train implementers, policymakers, donors, and advocates on how to generate and use rigorous evidence. Our policy team works to institutionalize learning from evidence and disseminate research results to governments and other partners.

ABOUT UNICEF IN EGYPT

UNICEF Egypt is focused on promoting sustainable development with multidimensional equity for children, embodying the fair chance for every child. UNICEF's program in Egypt contributes to strengthening the knowledge base for more child-sensitive social protection, and improving three fundamental elements of the early childhood years (health, nutrition and development). UNICEF's work on learning and protection covers children of all ages, focusing on the most vulnerable children, children with disabilities and adolescent girls.

UNICEF's work in Egypt contributes to national efforts and priorities and the 2030 National Sustainable Development Strategy, as well as to the United Nations Partnership for Development Framework.

This collaboration is made possible with the support of Allianz.



FERTILITY AND FAMILY PLANNING: INSIGHTS ON PROMOTING HEALTHY BEHAVIORS AND CURBING POPULATION GROWTH IN EGYPT

THE CONTEXT: FERTILITY RATES AND FAMILY PLANNING IN EGYPT

High fertility rates and overpopulation are among Egypt's most pressing health and development challenges. According to the Central Agency for Public Mobilization and Statistics (CAPMAS), Egypt is home to 102 million individuals, making it the most populous country in the Middle East and North Africa, with Greater Cairo being one of the most densely populated cities in the world.¹ At present, a new baby is born in Egypt roughly every 13.9 seconds, according to CAPMAS estimates.² Promoting family planning and development is thus integral to curbing the population growth rate in Egypt and achieving Egypt's Vision 2030 and the Sustainable Development Goals.

Family planning plays an essential role in improving maternal and child health outcomes, facilitating human development, and reducing poverty. Several background determinants, such as gender norms, educational attainment, economic conditions, and employment opportunities, shape desired fertility and family planning decisions. Nonetheless, a discrepancy between women's fertility preferences and their actual use of contraceptive methods often persists due to lack of access to information and resources, inadequate quality of available services, opposition from partners and families, and cultural views against contraceptives, among other factors.³ Adolescent girls are particularly vulnerable to the health consequences of pregnancy and delivery, as early childbearing can have negative effects on girls' healthy development into adulthood and on their educational and employment prospects.⁴ As such, reducing fertility and addressing barriers to women's access to family planning services is essential to promoting gender equality and addressing poverty.

The current status of fertility rates and family planning in Egypt

In the 1980s and into the 1990s Egypt's fertility steadily declined. Since the 2000s, persistently high fertility rates have been a key driver of the population growth and demographic changes in Egypt.⁵ These fertility rates combined with the "youth bulge" generation coming of age and led to a dramatic increase in the number of births in the late 2000s and early 2010s.⁶ Fertility levels in Egypt even had an upward trend, rising from 3.0 births per woman in 2006-2008 to 3.5 births per woman in 2012-2014.⁷ By 2018, according to the Egypt Labor Market Panel Survey (ELMPS), the fertility rate declined to 3.1 births per woman.⁸ Such increases in fertility levels during the period 2008-2014 combined with the "youth bulge" generation becoming

parents explain the recent age structures of Egypt's population. Egypt's 2014 Demographic and Health Survey illustrates how women marry and start families at relatively early ages.⁹ At the time of the survey, more than 25 percent of women aged between 25 and 49 had their first child by age 20, and 45 percent had their first child by age 22.¹⁰ The percentage of women aged 15 to 34 who have three or more children similarly increased from 30 percent in 2008 to 33 percent in 2014, with a particular increase noted among young women aged between 20 and 24.¹¹ More women had three or more children, shorter birth intervals, and unplanned pregnancies in 2014 than in 2008.¹²

In 2014, only 59 percent of surveyed women were actively using a family planning method¹³, and the total fertility rate in rural areas was around 30 percent higher than the rate in urban areas.¹⁴ One important reason fertility may have declined between 2014 and 2018 was an increase in family planning, to 63 percent of women using family planning in the ELMPS 2018.¹⁵ Nonetheless, fertility remains higher than Egypt's lowest recorded total fertility rate and higher than the global total fertility rate, which is estimated at 2.3 children per woman.¹⁶

Factors contributing to high fertility rates in Egypt

Several factors may have contributed to high rates of fertility in Egypt in recent years, including decreased use of contraceptives among women who already have two or more children, increased use of short-term methods, and a general discontinuation of family planning methods among women.¹⁷ These factors may have been driven by reduced public messaging about family planning, norms around fertility and a change in family size preferences, continued misconceptions about family planning methods, and economic considerations, such as a decrease in public sector employment opportunities for women, among other factors.

Changes in family planning messaging may have played a key role in the stall and rise in fertility. The percentage of women who reported being exposed to awareness raising campaigns about family planning through television fell from 60 percent in 2008 to 40 percent in 2014,¹⁸ and exposure to messaging through the radio similarly fell from 20 percent to 5 percent.¹⁹ The percentage of married women aged 15 to 34 who were not exposed to any messaging at all about family planning in the six

⁴ UNICEF. 2021. Early childbearing can have severe consequences for adolescent girls. [online] Available at: <https://data.unicef.org/topic/child-health/adolescent-health/> [Accessed 24 January 2022].

⁵ Krafft, Caroline, "Why is fertility on the rise in Egypt? The role of women's employment opportunities," In Economic Research Forum Working Paper Series No. vol. 1050, 2016, <https://link.springer.com/content/pdf/10.1007/s00148-020-00770-w.pdf>.

⁶ Krafft, Caroline, and Ragui Assaad. "Beware of the echo: the impending return of demographic pressures in Egypt." In Economic Research Forum. 2015. https://sophia.stkate.edu/economics_fac/12/.

⁷ Krafft, "Why is fertility on the rise in Egypt? The role of women's employment opportunities."

¹ "Egypt's population at home reached 102 million," Central Agency for Public Mobilization and Statistics, 2021, <https://sis.gov.eg/Story/156142/CAPMAS-Egypt's-population-at-home-reached-102-million?lang=en-us>.

² "Final Results General Census for Population, Housing and Establishments for 2017," CAPMAS, 2017, <https://www.capmas.gov.eg/party/party.html>.

³ "Family planning," United Nations Population Fund, 2022. <https://www.unfpa.org/family-planning>.



COVER PHOTO: EGYPT. ©UNICEF/AHMED MOSTAFA, PAGE 4: EGYPT. ©UNICEF/AHMED HAYMAN

months preceding the survey increased from 30 percent in 2008 to 51 percent in 2014.²⁰ From 2008 to 2014 women also shifted from more effective to less effective family planning methods.²¹

A shift in family size preferences among young individuals has also been noted in recent years. While in 2008 women aged 20-24 wanted 2.6 children on average,²² in 2014 women aged 20-24 wanted 2.8 children on average.²³ A Population Council 2020 report finds that survey participants only preferred to have two children if they already had a boy and a girl. Many participants indicated that without financial limitations, they prefer having three children. Although participants did not generally oppose family planning, many men and women did not want to begin using any planning methods until one child was born.²⁴ Societal and communal pressures also play a role in determining family sizes, as some women in rural Sohag mentioned being pressured into birthing more than three children by their families, despite their desire for fewer children.²⁵ Social pressure around having a son and the perception that a bigger family size is indicative of a man's ability to financially support the family may also play

⁸ Krafft, Caroline, Ragui Assaad, and Caitlyn Keo. "The Evolution of Labor Supply in Egypt from 1988-2018: A Gendered Analysis." *Economic Research Forum (ERF)*, 2019. <https://erf.org.eg/app/uploads/2019/10/1358-updated.pdf>.

⁹ "Global Health: Egypt," USAID, 2020, <https://www.usaid.gov/egypt/global-health>

¹⁰ Ibid.

¹¹ Nahla, A., Attia, S., Bader, N., Roushdy, R., El-Nakib, S. and Oraby, D, "Fertility preferences and behaviors among younger cohorts in Egypt: trends, correlates, and prospects for change," 2020, Population Council, 2, https://www.popcouncil.org/uploads/pdfs/2020RH_Evidence-FertilityEgypt.pdf [Accessed 3 January 2022].

¹² Ibid., 30.

¹³ Ibid., 61

¹⁴ "Egypt Demographic and Health Survey," Ministry of Health and Population, 2014, 39, <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>.

¹⁵ Krafft, Assaad, and Keo, "The Evolution of Labor Supply in Egypt from 1988-2018: A Gendered Analysis."

¹⁶ International Institute for Sustainable Development, 2021, Population Data Sheet Highlights Declining Fertility Rates, [online] Available at: <<https://sdgiisd.org/news/2021-population-data-sheet-highlights-declining-fertility-rates/>> [Accessed 12 January 2022].

a role in encouraging larger family sizes. Given the decline in formal employment opportunities in Egypt which provide social insurance and pension payments,²⁶ bigger family sizes may also be a preference to financially support parents in their old age.²⁷

Biases and misconceptions against the use of family planning methods may also contribute to increasing total fertility rates, as some express concerns over the long-term effects of contraceptives' use on future fertility. Healthcare providers may also propagate concerns about the negative side effects of family planning methods, contributing to biases against their use.²⁸ The quality of reproductive health services received also has an impact on families' choices, as some women report receiving inadequate or incomplete information from service providers about the full range of family planning options. Women also report a preference for private facilities, claiming that providers at public facilities are less trained and offer less effective services.²⁹

A notable decline in public sector employment opportunities available to married women may have further contributed to the recent rise of fertility rates in Egypt. The public sector continues to be the preferred sector for women in Egypt due to its relatively more female-friendly work conditions, which include shorter working hours, higher job security, the perception of reduced risk of exposure to sexual harassment, and better benefits such as extended paid vacations as well as sick and

¹⁷ Zalak, Zakarya Al, and Anne Goujon. "Exploring the fertility trend in Egypt." *Demographic Research* 37 (2017): 995-1030. <https://www.jstor.org/stable/pdf/26332219.pdf?acceptTC=true&coverpage=false&addFooter=false>.

¹⁸ "Fertility preferences and behaviors among younger cohorts in Egypt: trends, correlates, and prospects for change," 2.

¹⁹ Ibid., 20.

²⁰ Ibid.

²¹ "Egypt Demographic and Health Survey," 65.

²² Ibid., 112.

²³ Ibid., 57.

maternity leaves.³⁰ As such, the recent decline of employment opportunities for women in the public sector and the private sector's inability to substitute decreasing public sector opportunities with formal, high-quality private sector jobs may have contributed to fertility increases in Egypt.³¹

Although the effects of the Covid-19 pandemic on fertility rates in Egypt have not been rigorously estimated yet, a rise in unplanned pregnancies is anticipated due to reduced access to family planning services and interruptions in contraceptive use due to fear of infection. Poorer women as well as women living in rural or remote areas are likely to experience these effects disproportionately, as the increased financial burden of service facilities, transportation, and increased costs due to limited stocks may have further limited women's access to required services.³² Alternatively, fertility rates can potentially decline in response to the pandemic, as economic hardships and uncertainty may lead families to delay childbearing.

National efforts to reduce fertility rates in Egypt

The Government of Egypt is committed to curbing the high total fertility rate and its corresponding population growth in Egypt. As such, the government, in collaboration with several donors and implementing partners, is rolling out a number of programs to raise awareness and increase access to family planning services across Egyptian governorates with a particular focus on rural areas.³³ Ongoing national initiatives have a focus on improving the quality of provider services, expanding contraceptive programs to increase choices, and attracting new users.³⁴

In April 2021, the Ministry of Planning and Economic Development presented the National Project for Family Planning (2021-2023), outlining cultural, service, and awareness raising interventions that aim to control population growth and improve citizens' quality of life. The plan targets women aged 18 to 45, incorporating digital transformation and legislative reforms that aim to economically empower women.³⁵ The plan includes providing contraceptive methods and services free of charge and launching mass media campaigns to raise population awareness about family planning as well as the negative effects of overpopulation. It additionally includes reforms to the Child Marriage Law and the Family Insurance Fund to financially

incentivize women to follow family planning regulations.³⁶ The "Two is Enough" initiative launched by the Ministry of Social Solidarity similarly aims to increase access to family planning services and raise awareness about their importance. The program has successfully reached 5.8 million women through door-to-door visits and has referred approximately one million women to family planning clinics, reaching 115 percent of its initial target.³⁷

The government is also rolling out programs to improve the quality of family planning services available and to engage the private sector. The Ministry of Health and Population is collaborating with other entities to provide training and technical assistance to staff providing reproductive health services and promoting healthy birth behaviors across Egypt, particularly in governorates with high fertility rates.³⁸ In addition, private sector efforts in Egypt work to raise awareness and provide services to youth working in factories and urban areas.³⁹

Overall, the Government of Egypt is committed to strengthening its family planning programs. Collaborations with various stakeholders are raising awareness about fertility and birth spacing among different groups in urban and rural settings. Efforts to engage stakeholders and improve the quality of healthcare services available will promote Egyptians' access to family planning.

THE GLOBAL EVIDENCE: INSIGHTS ON FERTILITY AND FAMILY PLANNING

Evidence from randomized evaluations conducted globally suggests that family planning services may have a positive impact on economic and social outcomes as well as poverty reduction. Increasing women's educational and economic opportunities, overcoming gender-based barriers to women's access to family planning facilities, and providing incentives for better family planning can allow women to optimally time births and lead to a reduction in fertility rates. Evidence about fertility in low- and middle-income countries suggests the following:

i. Increasing educational and economic opportunities for girls and young women can reduce early childbearing (evidence from Kenya, India, and the Dominican Republic)

³⁴ "Fertility preferences and behaviors among younger cohorts in Egypt: trends, correlates, and prospects for change," 3.

³⁵ *Ibid.*, 23.

³⁶ Assaad, Ragui, Abdelaziz AlSharawy, and Colette Salemi. "Is the Egyptian economy creating good jobs? Job creation and economic vulnerability from 1998 to 2018." In Economic Research Forum Working Paper Series (Forthcoming). 2019. <https://erf.org/eg/app/uploads/2019/10/1354-updated-2.pdf>.

³⁷ Cunningham, Solveig A., Kathryn M. Yount, Michal Engelman, and Emily Agree. "Returns on lifetime investments in children in Egypt." *Demography* 50, no. 2 (2013): 699-724. <https://read.dukeupress.edu/demography/article/50/2/699/169679/Returns-on-Lifetime-Investments-in-Children-in>.

³⁸ "Fertility preferences and behaviors among younger cohorts in Egypt: trends, correlates, and prospects for change," 3.

³⁹ *Ibid.*, 27.

³⁰ Assaad, R. "Women's participation in paid employment in Egypt is a matter of policy not simply ideology," Egypt Network for Integrated Development, Policy Brief 022, 4. https://elnidaa.org/app/uploads/2019/07/PB22_women_employment_assaad.pdf

³¹ Krafft, "Why is fertility on the rise in Egypt? The role of women's employment opportunities".

³² Abdel-Tawab, N., Salama, N., Radwan, S. and Ramy, M., "Effects of Covid-19 Pandemic on Fertility in Egypt," 2021. <https://www.un.org/development/desa/pd/sites/www.un.org/development/desa/pd/files/undesd_pd_2021_egm_session_v_nahla_abdel-tawab.pdf> [Accessed 3 January 2022].

³³ "Global Health: Egypt".

³⁴ Family Planning Egypt 2030, 2022. Egypt Commitments, [online] Available at: <<https://fp2030.org/egypt>> [Accessed 5 January 2022].

³⁵ Egypt's family development plan to improve citizens' quality of life, population characteristics: Planning Minister, 2021, [online] Available at: <<https://mpd.gov.eg/singlenews?id=404&type=previous&lang=en>> [Accessed 5 January 2022].

³⁶ *Ibid.*

³⁷ Daily News Egypt, 2021, Egypt's 'Two is Enough' project refers 853,643 women to family planning clinics, [online] Available at: <<https://dailynewsegyp.com/2021/04/24/egypts-two-is-enough-project-refers-853643-women-to-family-planning-clinics/#:~:text=family%20planning%20clinics-,Egypt's%20Two%20is%20Enough%20project%20refers%20853%20C643,women%20to%20family%20planning%20clinics&text=Egypt's%20Minister%20of%20Social%20Solidarity,women%20to%20family%20planning%20clinics.>> [Accessed 5 January 2022].

Reducing school costs through education subsidies can help girls stay in school and in turn delay childbearing among adolescents. Researchers evaluated the impact of subsidized education through a free uniforms provision program on risky sexual behavior and unwanted pregnancies among adolescents in Kenya.⁴⁰ Free school uniforms reduced drop-out by 17 percent and reduced the incidence of teen marriage by 20 percent and teen pregnancy by 17 percent. This finding suggests that schooling may help adolescents better process decisions around childbirth and may shape fertility preferences. More education can also increase adolescents' future earnings, leading them to delay childbirth in order to earn higher wages.

Programs that strengthen beliefs about girls' and young women's abilities and future economic opportunities can encourage them to delay childbearing. In India, researchers evaluated the impact of a program where recruiters visited villages to share information about job opportunities in call centers.⁴¹ Girls and women aged between 15 and 21 in villages visited by recruiters were 13 percent less likely to have given birth three years later than girls and women who were not in the program. Women in visited villages also reported wanting 0.35 fewer children in their lifetime than women not visited by recruiters. Similarly in the Dominican Republic, adolescents who completed a youth training program had more optimistic expectations about their future and thus delayed childbirth.⁴² Two years after graduating from the program, girls and women aged between 16 and 19 were 20 percent less likely to have become pregnant. This suggests that building skills and enhancing expectations and employment opportunities for women can change young women's career aspirations and cause delays in marriage and childbearing.

In contexts where parents and others influence childbearing outcomes, programs should also involve these decision-makers. In India, visits by call center recruiters changed parents' expectations of their daughters' economic opportunities.⁴³ Parents increased investments in their younger daughters' education and health, leading to higher school enrollment. This suggests that parental decisions around their daughters' educational and economic opportunities can be important determinants of their fertility outcomes.

ii. Awareness messaging can help shift attitudes towards fertility and childbearing (evidence from Zambia and Burkina Faso)

Providing information to men on risks of maternal mortality can increase male acceptance of family planning. In Zambia, researchers evaluated the impact of educational measures to better inform men about the importance of family planning on their fertility preferences and decisions.⁴⁴ The results of the evaluation show that providing husbands with information about the increased risk of maternal mortality when a woman has children too close together reduced the probability of the wife having a child in the year following the information received by 46 percent.⁴⁵ Husbands who received the information also had lower fertility preferences than husbands who did not and reported more accurate knowledge of their wives' fertility preferences. The program increased couples' communication about family planning, suggesting that increasing targeted messaging to men about risky health behaviors can increase their adoption of family planning services.

Similarly, mass media campaigns can help change gender norms and encourage family planning adoption. Researchers evaluated the impact of a mass media campaign which aimed to increase knowledge and acceptance of contraceptives and to address misconceptions about the benefits and risks of high fertility on family planning adoption in Burkina Faso.⁴⁶ The campaign led to increased knowledge about contraceptive methods and a decline in misconceptions about their side effects, as women were 35 percent less likely to agree that contraceptives can make a woman sterile after the campaign.⁴⁷ Overall, the media campaign corrected misinformation, changed beliefs, and improved attitudes about family planning, suggesting that mass media can be a powerful tool to encourage behavioral change.

iii. Providing women with private access to family planning services can lead to increased take-up (evidence from Zambia)

In contexts in which women have less bargaining power in family planning decisions, providing private access to contraceptives may be an effective means of enabling women to achieve their fertility goals.⁴⁸ In Zambia, researchers found that women who received private access to vouchers for contraceptives without their husbands were more likely to take up and use contraception, with a 20 percent higher voucher redemption rate compared to women whose husbands were involved in the voucher program. Voucher redemption was greater among women who believed their husbands wanted more children than they did. The differences in contraceptive take-up between women who received vouchers privately and those who received them with their husbands were largely driven by women's desire to hide their choices from their spouses, as the number of women who hid the voucher or misrepresented its purpose accounted for 60–85 percent of the difference in voucher use between the two groups. This finding suggests that private access to contraception can enable women to make better family planning decisions that they otherwise might not be able to make. Nonetheless, concealing contraceptive use may carry a psychological cost for women. As such, policymakers should be mindful of this potential trade-off when designing a family planning program.

⁴⁰ U.S. Agency for International Development, 2021, Strengthening Egypt's Family Planning Program | Egypt |, [online] Available at: <<https://www.usaid.gov/egypt/global-health/strengthening-egypts-family-planning-program>> [Accessed 9 January 2022].

⁴¹ U.S. Agency for International Development, 2021, Family Planning through the Private Sector | Egypt |, [online] Available at: <<https://www.usaid.gov/egypt/global-health/family-planning-through-private-sector>> [Accessed 9 January 2022].

⁴² Duflo, E., Dupas, P. and Kremer, M., 2015, Education, HIV, and Early Fertility: Experimental Evidence from Kenya. [online] [Povertyactionlab.org](https://www.povertyactionlab.org). Available at: <https://www.povertyactionlab.org/sites/default/files/research-paper/313_409%20HIV%20Education%20AER.pdf> [Accessed 10 January 2022].

⁴³ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2006. Improving Labor Market Opportunities to Increase Women's Employment and Education in India. [online] Available at: <<https://www.povertyactionlab.org/evaluation/improving-labor-market-opportunities-increase-womens-employment-and-education-india>>.

⁴⁴ Novella, Rafael, and Laura Ripani. "Are you (not) expecting? The unforeseen benefits of job training on teenage pregnancy." *IZA Journal of Labor & Development* 5, no. 1 (2016): 1-18.



EGYPT. PHOTO: ©UNICEF/AHMED HAYMAN

iv. Tailoring programs to consumers' preferences can lead to more contraceptive take-up, although more evidence is needed (evidence from Ethiopia and Jordan)

Researchers found that linking microcredit and family planning programs together did not increase contraceptive use and was ineffective at changing reproductive behavior and preferences in Ethiopia, possibly due to a discrepancy between methods offered in the program and consumers' preferences.⁴⁹ The limited impact of the program can partly be due to the credit program only reaching one-quarter of all adults, and only providing information, which may not be the main constraint to contraceptive use. Researchers hypothesize that a mismatch between the method of preferred contraception (injectables) and what was being offered by community clinics (pills and condoms) led to low take up by women. This suggests that altering the incentive structure for contraceptive use, by offering credit on better terms to women or to contraceptive users for instance, may have a greater impact.

⁴³ "Improving Labor Market Opportunities to Increase Women's Employment and Education in India."

⁴⁴ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2011. Understanding Male Fertility Preferences in Zambia. The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <<https://www.povertyactionlab.org/evaluation/understanding-male-fertility-preferences-zambia>>.

⁴⁵ Ashraf, Nava, Erica Field, Alessandra Voena, and Roberta Ziparo, "How education about maternal health risk can change the gender gap in the demand for family planning in Zambia," (2019), ii.

⁴⁶ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2016. Changing Gender Norms and Family Planning through a Mass Media Campaign in Burkina Faso. The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <<https://www.povertyactionlab.org/evaluation/changing-gender-norms-and-family-planning-through-mass-media-campaign-burkina-faso>>.

⁴⁷ Glennerster, Rachel, Joanna Murray, and Victor Poulouen, "The media or the message? Experimental evidence on mass media and modern contraception uptake in Burkina Faso," (2021), 4

⁴⁸ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2014. Contraceptive Adoption, Fertility, and the Family in Zambia | The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <https://www.povertyactionlab.org/sites/default/files/research-paper/204_334%20Household%20Fertility%20Zambia%20AEJ2014.pdf>

⁴⁹ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2011. Using Microcredit and Family Planning Services to Increase Contraceptive Use in Ethiopia | The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <<https://link.springer.com/article/10.1007%2Fs13524-011-0029-0>>.

Similarly in Jordan, researchers evaluated the impact of evidence-based medicine on changing family planning providers' biases against injectable contraceptives.⁵⁰ Only 38 percent of invited providers completed the entire program, mostly due to busy schedules, and findings did not detect significant impacts on providers' knowledge of injectable contraceptives and their side effects, improvement in provider attitudes, or confidence in discussing the method. Researchers hypothesize that since providers take patient values and preferences into consideration, the lack of change in discussing and prescribing injectable contraceptives may be a result of persistent consumer biases, highlighting the potential need to add an intervention working on consumers' misconceptions and biases as well as healthcare providers'.

v. Providing targeted training to healthcare providers can be effective in improving family planning service delivery (evidence from Nigeria)

Researchers found that trainings targeted to healthcare providers increased the quantity of contraceptive methods offered and the quality of family counseling provided at private healthcare facilities in Nigeria.⁵¹ Access to the training program led facilities to offer 10 percent more contraceptive methods in comparison to facilities that did not receive training. The training also improved the quality of family counseling delivered, as trained providers scored higher on items related to information given and received, interpersonal relations, and family planning knowledge. However, the program had no impact on the range of methods covered, technical competence, or continuity, indicating that important issues still lacked coverage in counseling sessions.

⁵⁰ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2015. Evidence-Based Medicine for Family Planning in Jordan | The Abdul Latif Jameel Poverty Action Lab. Available at: <<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1101-z>>.

⁵¹ The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2017. The Impact of Family Planning Training on Private Sector Health Care Performance in Nigeria | The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <https://www.jstor.org/stable/10.1363/43c3717#metadata_info_tab_contents> .

BIBLIOGRAPHY

1. Abdel-Tawab, N., Attia, S., Bader, N., Roushdy, R., El-Nakib, S. and Oraby, D., 2020. *Fertility preferences and behaviors among younger cohorts in Egypt: trends, correlates, and prospects for change*. The Evidence Project. [online] Washington DC: Population Council. Available at: <https://www.popcouncil.org/uploads/pdfs/2020RH_Evidence-FertilityEgypt.pdf> [Accessed 3 January 2022].
2. Abdel-Tawab, N., Salama, N., Radwan, S. and Ramy, M., 2021. *Effects of Covid-19 Pandemic on Fertility in Egypt*. United Nations Population Division Expert Group meeting on the Impact of the COVID 19 pandemic on Fertility (virtual meeting). [online] New York. Available at: <https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undes_a_pd_2021_egm_session_v_nahla_abdel-tawab.pdf> [Accessed 3 January 2022].
3. Ashraf, Nava, Erica Field, Alessandra Voena, and Roberta Ziparo. "How education about maternal health risk can change the gender gap in the demand for family planning in Zambia." (2019).
4. Assaad, Ragui. "Women's participation in paid employment in Egypt is a matter of policy not simply ideology." Cairo: ENID (Egypt Network for Integrated Development policy brief 22) (2015).
5. Assaad, Ragui, Abdelaziz AlSharawy, and Colette Salemi. "Is the Egyptian economy creating good jobs? Job creation and economic vulnerability from 1998 to 2018." In *Economic Research Forum Working Paper Series (Forthcoming)*. 2019. <https://erf.org.eg/app/uploads/2019/10/1354-updated-2.pdf>.
6. Central Agency for Public Mobilization and Statistics, 2021. *Egypt's population at home reached 102 million*. Cairo: Central Agency for Public Mobilization and Statistics. <https://sis.gov.eg/Story/156142/CAPMAS-Egypt's-population-at-home-reached-102-million?lang=en-us>.
7. Central Agency for Public Mobilization and Statistics, 2017. *Final Results General Census for Population, Housing and establishments for 2017*. Cairo: CAPMAS. <https://www.capmas.gov.eg/party/party.html>.
8. Cohen, J., Rothschild, C., Golub, G., Omondi, G., Kurk, M. and McConnell, M., 2017. Measuring The Impact Of Cash Transfers And Behavioral 'Nudges' On Maternity Care In Nairobi, Kenya. [online] Povertyactionlab.org. Available at: <<https://www.povertyactionlab.org/sites/default/files/research-paper/hlthaff.2017.0537.pdf>>.
9. Cunningham, Solveig A., Kathryn M. Yount, Michal Engelman, and Emily Agree. "Returns on lifetime investments in children in Egypt." *Demography* 50, no. 2 (2013): 699-724. <https://read.dukeupress.edu/demography/article/50/2/699/169679/Returns-on-Lifetime-Investments-in-Children-in>.
10. Daily News Egypt, 2021. Advertising Area EGYPT Egypt's 'Two is Enough' project refers 853,643 women to family planning clinics Egypt's 'Two is Enough' project refers 853,643 women to family planning clinics. [online] Available at: <<https://dailynewsegypt.com/2021/04/24/egypts-two-is-enough-project-refers-853643-women-to-family-planning-clinics/#:~:text=family%20planning%20clinics,-Egypt's%20'Two%20is%20Enough'%20project%20refers%20853%2C643,women%20to%20family%20planning%20clinics&text=Egypt's%20Minister%20of%20Social%20Solidarity,women%20to%20family%20planning%20clinics.>> [Accessed 5 January 2022].
11. Duflo, E., Dupas, P. and Kremer, M., 2015. Education, HIV, and Early Fertility: Experimental Evidence from Kenya. [online] Povertyactionlab.org. Available at: <https://www.povertyactionlab.org/sites/default/files/research-paper/313_409%20HIV%20Education%20AER.pdf> [Accessed 10 January 2022].
12. Egypt's family development plan to improve citizens' quality of life, population characteristics: Planning Minister. 2021. [online] Available at: <<https://mped.gov.eg/singlenews?id=404&type=previous&lang=en>> [Accessed 5 January 2022].
13. Family Planning Egypt 2030. 2022. *Egypt Commitments*. [online] Available at: <<https://fp2030.org/egypt>> [Accessed 5 January 2022].
14. Glennerster, Rachel, Joanna Murray, and Victor Poulouen. "The media or the message? Experimental evidence on mass media and modern contraception uptake in Burkina Faso." (2021).
15. International Institute for Sustainable Development. 2021. 2021 Population Data Sheet Highlights Declining Fertility Rates. [online] Available at: <<https://sdg.iisd.org/news/2021-population-data-sheet-highlights-declining-fertility-rates/>> [Accessed 12 January 2022].
16. Krafft, Caroline. "Why is fertility on the rise in Egypt? The role of women's employment opportunities." In *Economic Research Forum Working Paper Series No. vol. 1050*. 2016. <https://link.springer.com/content/pdf/10.1007/s00148-020-00770-w.pdf>.
17. Krafft, Caroline, and Ragui Assaad. "Beware of the echo: the impending return of demographic pressures in Egypt." In *Economic Research Forum*. 2015. https://sophia.stkate.edu/economics_fac/12/.
18. Krafft, Caroline, Ragui Assaad, and Caitlyn Keo. "The Evolution of Labor Supply in Egypt from 1988-2018: A Gendered Analysis." *Economic Research Forum (ERF)*, 2019. <https://erf.org.eg/app/uploads/2019/10/1358-updated.pdf>.
19. Ministry of Health and Population, El-Zanaty and Associates, and ICF International, 2015. *Egypt Demographic and Health Survey 2014*. Cairo, Egypt and Rockville, Maryland, USA: Ministry of Health and Population and ICF International. <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>
20. Novella, Rafael, and Laura Ripani. "Are you (not) expecting? The unforeseen benefits of job training on teenage pregnancy." *IZA Journal of Labor & Development* 5, no. 1 (2016):1-18.
21. The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2016. Changing Gender Norms and Family Planning through a Mass Media Campaign in Burkina Faso. The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <<https://www.povertyactionlab.org/evaluation/changing-gender-norms-and-family-planning-through-mass-media-campaign-burkina-faso>>.
22. The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2014. Contraceptive Adoption, Fertility, and the Family in Zambia | The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <https://www.povertyactionlab.org/sites/default/files/research-paper/204_334%20Household%20Fertility%20Zambia%20AEI2014.pdf> [Accessed 8 January 2022].
23. The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2015. Evidence-Based Medicine for Family Planning in Jordan | The Abdul Latif Jameel Poverty Action Lab. Available at: <<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1101-z>> .
24. The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2006. Improving Labor Market Opportunities to Increase Women's Employment and Education in India. [online] Available at: <<https://www.povertyactionlab.org/evaluation/improving-labor-market-opportunities-increase-womens-employment-and-education-india>>.
25. The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2011. Understanding Male Fertility Preferences in Zambia. The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <<https://www.povertyactionlab.org/evaluation/understanding-male-fertility-preferences-zambia>>.
26. The Abdul Latif Jameel Poverty Action Lab (J-PAL). 2017. The Impact of Family Planning Training on Private Sector Health Care Performance in Nigeria | The Abdul Latif Jameel Poverty Action Lab. [online] Available at: <https://www.jstor.org/stable/10.1363/43e3717#metadata_info_tab_contents>.
27. UNICEF. 2021. *Early childbearing can have severe consequences for adolescent girls*. [online] Available at: <<https://data.unicef.org/topic/child-health/adolescent-health/>> [Accessed 24 January 2022].
28. United Nations Population Fund. 2022. *Family planning*. [online] Available at: <<https://www.unfpa.org/family-planning>> [Accessed 2 January 2022].
29. U.S. Agency for International Development. 2021. *Family Planning through the Private Sector | Egypt* |. [online] Available at: <<https://www.usaid.gov/egypt/global-health/family-planning-through-private-sector>> [Accessed 9 January 2022].
30. U.S. Agency for International Development. 2021. *Health and Population*. Global Health: Egypt. [online]. Available at: <https://www.usaid.gov/sites/default/files/documents/USAIDEgypt_Health_Fact_Sheet_2020_EN.pdf>. [Accessed 4 January 2022].
31. U.S. Agency for International Development. 2021. *Strengthening Egypt's Family Planning Program | Egypt* |. [online] Available at: <<https://www.usaid.gov/egypt/global-health/strengthening-egypts-family-planning-program>> [Accessed 9 January 2022].
32. World Health Organization, 2022. *Family planning/contraception methods*. [online] Available at: <<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>> [Accessed 2 January 2022].
33. Zakak, Zakarya Al, and Anne Goujon. "Exploring the fertility trend in Egypt." *Demographic Research* 37 (2017): 995-1030. <https://www.jstor.org/stable/pdf/26332219.pdf?acceptTC=true&coverpage=false&addFooter=false>.

THE CASE FOR EVIDENCE: Why Evaluate? What are Evaluations? What are Randomized Evaluations?

Why Evaluate?

The purpose of evaluation is not always clear, particularly for those who have watched surveys conducted, data entered, and then the ensuing reports filed away only to collect dust. This is most common when evaluations are imposed by others. If, on the other hand, those responsible for the day-to-day operations of a program have critical questions, evaluations can help find answers. As an example, the NGO responsible for distributing chlorine pills may speak with their local field staff and hear stories of households diligently using the pills, and occasionally see improvements in their health. But each time it rains heavily, the clinics fill up with people suffering from diarrheal diseases. The NGO might wonder, “If people are using chlorine to treat their water, why are they getting sick when it rains? Even if the water is more contaminated, the chlorine should kill all the bacteria.” The NGO may wonder whether the chlorine pills are indeed effective at killing bacteria. Are people using it in the right proportion? Maybe our field staff is not telling us the truth. Perhaps the intended beneficiaries are not using the pills. Perhaps they aren’t even receiving them. And then when confronted with this fact, the field staff claims that during the rains, it is difficult to reach households and distribute pills. Households, on the other hand, will reply that they most diligently use pills during the rains, and that the pills have helped them substantially. Speaking to individuals at different levels of the organization, as well as to stakeholders, can uncover many stories of what is going on. These stories can be the basis for theories. But plausible explanations are not the same as answers. Evaluations involve developing hypotheses of what’s going on, and then testing those hypotheses.

What are Evaluations?

The word “evaluation” can be interpreted quite broadly and have varying meanings to different people and organizations. Engineers, for example, might evaluate or test the quality of a product design, the durability of a material, the efficiency of a production process, or the safety of a bridge. Critics evaluate or review the quality of a restaurant, movie, or book. A child psychologist may evaluate or assess the decision-making process of toddlers. The researchers at J-PAL evaluate social programs and policies designed to improve the well-being of the world’s poor. This is known as program evaluation. Put simply, a program evaluation is meant to answer the question, “How is our program or policy doing?” This can have different implications depending on who is asking the question, and to whom they are speaking. For example, if a donor asks the NGO director “How is our program doing?” she may imply, “Have you been wasting our money?” This can feel interrogatory. Alternatively, if a politician asks her constituents, “How is our program doing?” she could imply, “Is our program meeting your needs? How can we make it better for you?” Program evaluation, therefore, can be associated with positive or negative sentiments, depending on whether it is motivated by a demand for accountability versus a desire to learn.



EGYPT. PHOTO: ©UNICEF/AHMED HAYMAN

J-PAL works with governments, NGOs, donors, and other partners who are more interested in learning the answer to the questions: How effective is our program? This question can be answered through an impact evaluation. There are many methods of conducting impact evaluations; J-PAL focuses on randomized evaluations.

What are Randomized Evaluations?

A randomized evaluation is a type of impact evaluation that uses random assignment to allocate resources, run programs, or apply policies as part of the study design. Like all impact evaluations, the main purpose of randomized evaluations is to determine whether a program has an impact, and more specifically, to quantify how large that impact is. Impact evaluations measure program effectiveness typically by comparing outcomes of those (individuals, communities, schools, etc.) who received the program against those who did not. There are many methods of doing this, but randomized evaluations are generally considered the most rigorous and, all else equal, produce the most accurate (i.e. unbiased) results.

At a very basic level, a randomized evaluation can answer the question: Was the program effective? But if thoughtfully designed and implemented, it can also answer the questions, “How effective was it? Were there unintended side-effects? Who benefited most? Who was harmed? Why did it work or not work? What lessons can be applied to other contexts, or if the program was scaled up? How cost-effective was the program? How does it compare to other programs designed to accomplish similar goals?”