

Two is Enough: The Efficacy of Family Planning in Egypt and Nigeria

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Abstract

Both Egypt and Nigeria are countries that possess large populations, with Egypt having an estimated population of 102 million, making it the fourteenth most populous, and Nigeria having an estimated population of 206 million, making it the seventh most populous nation in the world. These numbers are only projected to skyrocket in the upcoming decades as both nations exceed the global average population growth rate of 1.05 percent per year at 2.0 percent and 2.6 percent, respectively.¹ In response to growing concerns over economic sustainability, urbanization, and water security, both the Egyptian and Nigerian governments have attempted to slow population growth through the implementation of family planning initiatives. This article evaluates the efficacy of these institutions through an examination of demographic trends and shifts in the ethical frameworks present in both countries.

I. Introduction

Over the last six decades we have observed a negative relationship between living standards and population growth. As living standards rise, population growth falls. In addition to some cultural factors, this is reflected in the fact that most families in richer countries prefer small families and have access to modern contraceptives, while women in the poorest countries of the world face limits on access to modern contraceptives. Rapid population growth is widely considered to be one of the major contributing factors to the poverty and difficulties experienced by many developing countries.²

Rapid population growth is also associated with waves of extreme urbanization, the expansion of slums, political turmoil, higher crime rates, rampant pollution, overuse of arable land, the straining of food supply lines, the retardation of economic development, and massive unemployment. It is clear from many of these effects of rapid population growth that, were it to be left unchecked, the quality of life for many in these countries would suffer greatly. This is especially true for many African countries. As the continent with both some of the highest population growth rates in the world and some of the poorest nations, Africa is particularly vulnerable to the dangers of

¹ The data provided in this abstract is based on World Bank (2021).

² Osoro (1991).

unsustainable population growth. According to Osoro (1991), this trend is projected to continue into the future as mortality rates fall and cultural preferences for high fertility rates persist.³ Fortunately, fertility rates have been declining for the last three decades in many African countries, including in Egypt and Nigeria.⁴

This article aims to examine the extent to which the Egyptian and Nigerian governments have been able to respond to the rapid growth of their populations. Furthermore, this article reviews the cultural shifts that are necessary in Egypt and Nigeria to reduce population growth rates further. It discusses how the governments of Egypt and Nigeria can best balance the need for both interventionist and culturally sensitive approaches.

This article is divided into six sections. Following this introduction, Section II summarizes some of the important literature related to population growth in Egypt and Nigeria. Section III presents some socio-economic background through examining the trends in GDP per capita, life expectancy and literacy. Section IV examines the key facts related to the efficacy of family planning initiatives through the evolution of population growth rates, total fertility rates, and adolescent fertility rates, as well as, the prevalence of contraceptives, wanted fertility rates, and the level of unmet need for contraception. Section V analyzes some of the ethical frameworks that contribute to the need for family planning initiatives in Egypt and Nigeria, such as female gender roles and female empowerment before the conclusion lays out some of the possible next steps towards reducing rapid population growth.

II. Literature Review

There exists a wide array of literature evaluating the efficacy of family planning and population control efforts in Egypt and Nigeria as initiatives implemented at the turn of the century move into their next phases. Mandara (2012), Ouedraogo et al. (2021), and Speizer et al. (2019) evaluate family planning programs in Nigeria, while Ali (1996) and Abdelghany, Naguib and Abdelmauty (1990) evaluate family planning programs in Egypt. Each of these publications examines the effects that these initiatives have had on population growth and identifies areas where these programs must improve.

- Mandara (2012) illustrates the demographic challenges that Nigeria will face in the coming decades and describes the family planning initiatives undertaken by the Nigerian government in response. Nigeria is projected to rise to the third most populous country by 2050, largely due to a lack of access to modern contraception. Mandara (2012) finds that while knowledge of contraception may be widespread, only 15 percent of Nigerian women reported using any form of contraception. Mandara reasons that effective implementation of these plans requires stronger governmental leadership and broader education focused on the benefits of contraception.
- Ouedraogo et al. (2021) examine the role that task-sharing institutions and a shortage of trained healthcare providers have played in the lack of contraception in Nigeria. They did this through an examination of policy documents, reproductive health program reports, and World Health Organization (WHO) regional reports on family planning. They found that community health workers, midwives, and nurses contribute to an increase in family

³ This paragraph is based on information provided in Osoro (1991).

⁴ World Bank (2021).

planning indicators. As a result, Nigeria saw an increase in the use of long-acting reversible contraception. However, they also identified poor data systems and inadequate documentation.

- Speizer et al. (2019) evaluate the sustainability of family planning programs in the post-program period by using data collected in 2015 and 2017 to compare contraceptive ideation and family planning use in two Nigerian cities. One city (Ilorin) ended the program in 2015, while the other (Kaduna) maintained it. They found that both cities saw contraceptive use increase significantly in the post-program period and continued to see a steady increase in modern contraceptive use. This informs the Nigerian government as to how they can best disperse these benefits to rural areas without the need to maintain extensive programs.
- Abdelghany, Naguib and Abdelmauty (1990) evaluate the effects of Egypt's family planning programs by measuring the impact of contraception on population growth through births averted and reduction of the crude birth rate. They found that the prevalence of contraception averted 870,000 births in 1980 and that the crude birth rate was slightly reduced due to a decrease in fertility, a decrease in the proportion of married women, and a shift in the age structure of women of reproductive ages. However, they also found that the delivery system for contraceptives is greatly lacking and must be improved.
- Ali (1996) utilizes ethnographic field work in rural and urban Egypt to evaluate the politics of family planning policies. She explores the ways in which the Egyptian government has constructed notions of citizenship through its population planning program. She found that the family planning commission restricted government subsidies in an attempt to increase the economic costs of having many children. This resulted in an increase in rural-urban migration due to high levels of urban unemployment and housing shortages. Additionally, the initiatives focused their efforts primarily on women, while men were sidelined. This resulted in the promotion of traditional feminine traits and values. Ali (1996) concluded that the government is able to use family planning programs as a tool for modernization.

III. Socio-Economic Background

Nigeria is the most populous country in Africa and the largest economy on the continent. It is a key regional player in West Africa and possesses an abundance of natural resources, with oil accounting for 80 percent of its total exports.⁵ However, extreme poverty and malnourishment have been steadily increasing since the 2015 recession that resulted from a drop in the global price of oil, with 39.1 percent of the population living on less than \$1.90-a-day in 2018 and 12.6 percent being undernourished in the same year. This compares to prevalence of undernourishment of 7.3 percent and 8.8 percent in 2010 and 2003, respectively.⁶

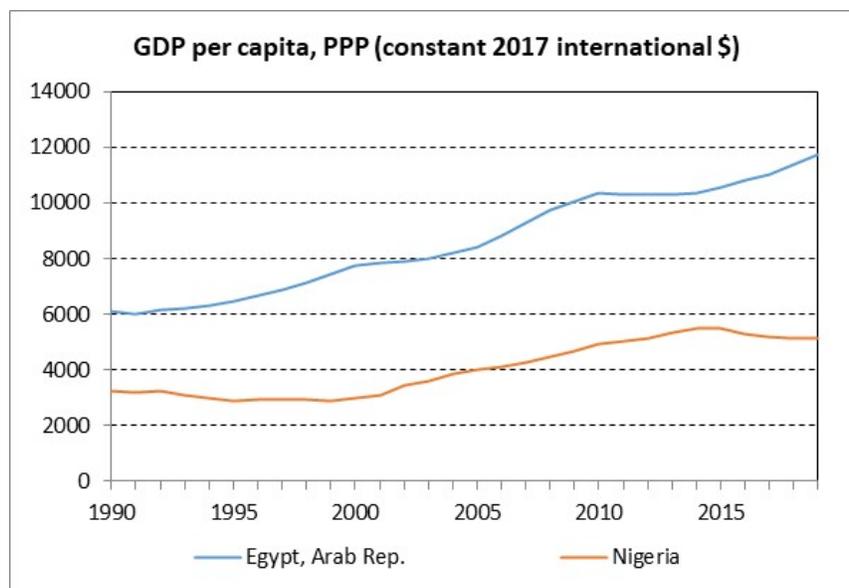
Egypt is the second largest economy on the African continent and is comparatively more diversified, with 23.3 percent of employees working in the agricultural sector, 48.6 percent in the service sector, and 28.2 percent in the industrial sector in 2020. However, Egypt has recently also seen a worsening of extreme poverty and undernourishment with 3.8 percent of the population earning less than \$1.90-a-day in 2017, compared to 1.6 percent in 2015. However, undernourishment has nearly stayed the same, with 4.7 percent of the population being

⁵ Central Intelligence Agency (CIA) (2019b).

⁶ Unless otherwise stated, the data of this paragraph is based on World Bank (2021).

undernourished in 2017, compared to 4.6 percent in 2015.⁷

Figure 1: GDP per capita, PPP (constant 2017 international \$), 1990-2019



Source: Created by author based on World Bank (2021).

Figure 1 depicts PPP-adjusted GDP per capita in 2017 constant international dollars for Nigeria and Egypt from 1990 to 2019. Over this period, both countries experienced overall growth, with Nigeria's GDP per capita growing from \$3,259 in 1990 to \$5,135 in 2019; and Egypt's GDP per capita growing from \$6,086 in 1990 to \$11,763 in 2019. Nigeria experienced a slow decline in GDP per capita between 1992 and 2002, dipping as low as \$2,902 before steadily growing from 2002 to 2014. However, sharp decreases in global oil prices led to a recession in 2015, causing a decrease in GDP per capita.⁸ Egypt has experienced steady growth over the past 29 years with the strongest growth occurring between 2004 and 2011, despite two periods of mild stagnation between 2000 and 2004 as well as between 2010 and 2014.⁹

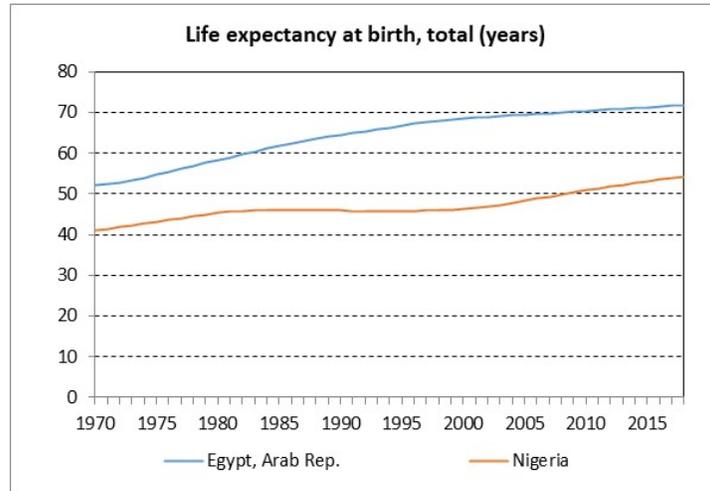
Figure 2 illustrates the life expectancy trajectories of Egypt and Nigeria over the past 48 years. Nigeria's life expectancy increased from 41 years in 1970 to 54.3 years in 2018, while Egypt's increased from 52.1 years in 1970 to 71.8 years in 2018. Over this period, Nigeria's life expectancy increased by 25 percent, while Egypt's increased by 28.7 percent. Egypt experienced a steady increase in life expectancy, with the strongest increase taking place between 1975 to 2000 and has continued to see slight increases over the past two decades. Nigeria's life expectancy was negatively affected by the HIV/AIDS pandemic during the 1990s. Consistent with Egypt's much higher GDP per capita, Egypt's life expectancy has always been higher than Nigeria's life expectancy during the whole 1970-2018 period.

⁷ The data in this paragraph is taken from World Bank (2021).

⁸ Central Intelligence Agency (CIA) (2019b).

⁹ World Bank (2021).

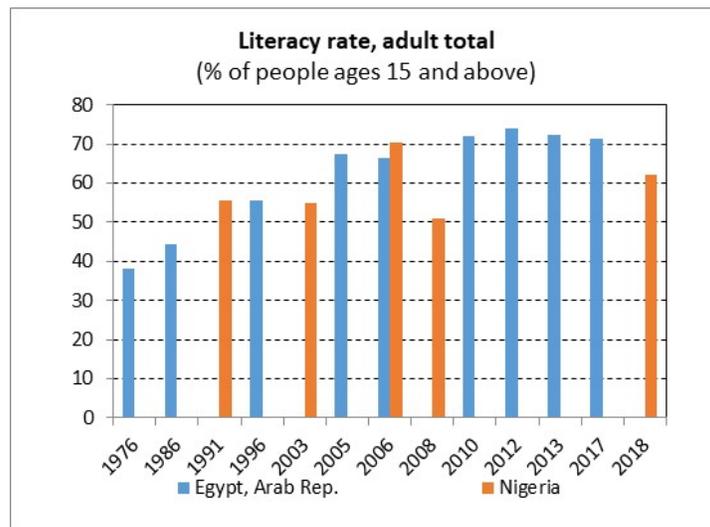
Figure 2: Life Expectancy at Birth, total (years), 1970-2018



Source: Created by author based on World Bank (2021).

Figure 3 shows adult literacy rates, which were sparse and unevenly collected, particularly for Nigeria with decade-long-gaps between 1991 and 2003 and again between 2008 and 2018. However, we are still able to see that Egypt and Nigeria have overall comparable literacy rates, with nearly identical percentages recorded in 1991 for Nigeria and 1996 for Egypt, as well as an only slightly higher rate in Nigeria in 2006 (the only year when data was collected for both countries). However, more recently it seems as though Egypt has surpassed Nigeria following a sharp decline in Nigeria in 2008, with literacy rates failing to return to Nigeria’s previous level of 70 percent recorded in 2006. Meanwhile Egypt has generally seen steady increases, apart from slight declines from 2012 onward. These relatively similar literacy rates between Egypt and Nigeria are highly inconsistent with Egypt’s higher GDP per capita and higher life expectancy.

Figure 3: Adult Literacy Rates (percent of over 15 years old), all available years



Source: Created by author based on World Bank (2021).

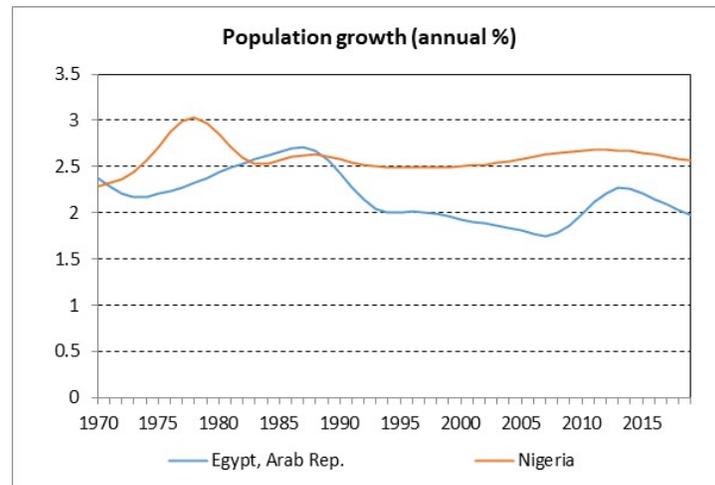
IV. Analysis of Facts

The first sub-section of this fourth section evaluates some key facts related to the efficacy of family planning initiatives implemented by the Egyptian and Nigerian governments, focusing on the evolution of population growth rates, total fertility rates, and adolescent fertility rates. The second sub-section compares specific aspects of family planning initiatives through the prevalence of contraceptives, wanted fertility rates, and the level of unmet need for contraception.

IV.1. Status and Trends of Population Growth and Fertility in Egypt and Nigeria

Both Egypt and Nigeria have experienced rapid population growth over the past 49 years, with annual increases consistently remaining above the global average of 1.05 percent.¹⁰ However, as Figure 4 shows, these increases have not been uniform, with both countries experiencing several intervals of extreme population growth followed by longer intervals of stagnation or decline in population growth rates. Over this period, Egypt experienced more dramatic fluctuations than Nigeria, beginning with a population boom from 1973 to 1987 when the annual growth rate increased from 2.18 percent to its all-time high of 2.71 percent. This was then followed by a period of decline that lasted from 1987 to 2007, when Egypt experienced its lowest population growth rate of 1.75 percent. However, another population boom saw the population growth rate shoot to 2.27 percent in 2013, before declining to its most recent growth rate of 1.98 percent in 2019.

Figure 4: Population Growth (annual percent), 1970-2019



Source: Created by author based on World Bank (2021).

In comparison, over this same period Nigeria experienced consistently higher population growth rates than Egypt, apart from a brief interval between 1983 and 1989. Nigeria also saw far less dramatic population booms. Nigeria experienced its largest population boom between 1973 and 1978, when the population growth rate reached its highest level at 3.03 percent. Since then, Nigeria's annual growth rate has remained relatively steady, hovering around 2.5 percent. It experienced two relatively minor population booms, one from 1984 to 1988 and one from 2003 to

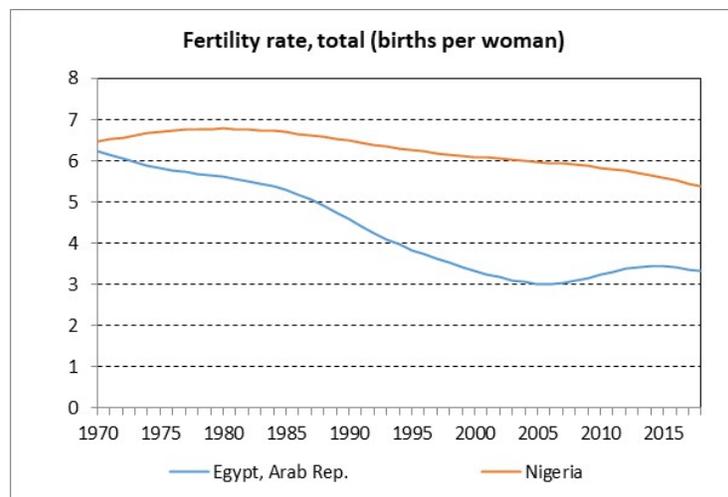
¹⁰ World Bank (2021).

2012, when annual growth rates reached as high as 2.63 percent and 2.68 percent, respectively. The minor nature of these population booms roughly correlates with the implementation of Nigeria’s first population control initiative, which began in 1988.¹¹ Since then, population growth rates have continued to decline, reaching 2.54 percent in 2019.

The total fertility rate (TFR), or average number of children born to women throughout their childbearing years, is closely related to the long-term population growth rate. In fact, fertility is the most important determinant of population growth, far exceeding the contributions of both migration and mortality.¹² As a result, lowering fertility levels is the most effective way to reduce population growth.

Figure 5 illustrates a far larger gap between fertility rates in Egypt and Nigeria than between the population growth rates of the two countries, with Nigeria experiencing consistently higher fertility rates than Egypt. Nigeria experienced its highest TFR in 1980, at 6.78 children per woman, before beginning a period of gradual decline that has remained remarkably consistent, aside from a brief period of stagnation from 1998 to 2009 and a period of rapid decline from 2012 onward. Nigeria experienced its lowest TFR in 2018 at 5.39 children per woman. Over this same period, Egypt saw a steady decline in its TFR, dropping from 6.23 children per woman in 1970 to its lowest rate of 3.01 children per woman in 2006. However, this remained well over the average global fertility rate of 2.5 children per woman and was followed by a sharp increase in fertility that lasted until 2014 when the TFR reached 3.44 children per woman before declining to 3.33 children per woman by 2018.

Figure 5: Fertility Rate, total (births per woman), 1970-2018



Source: Created by author based on World Bank (2021).

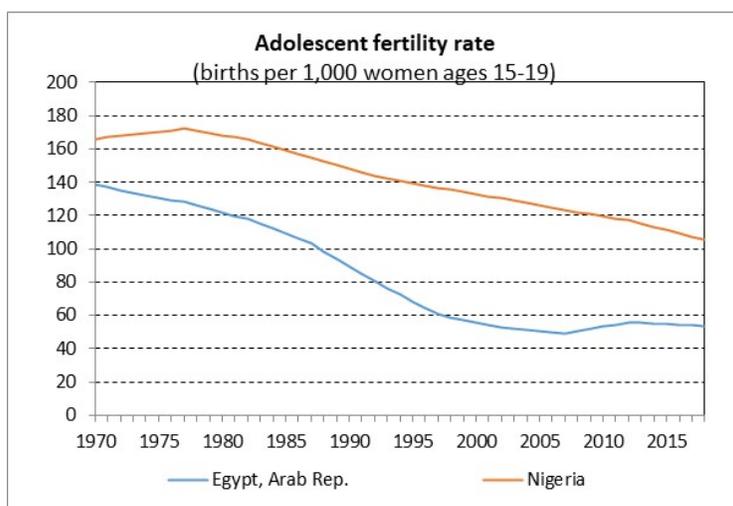
Figure 6 shows the adolescent fertility rates of Egypt and Nigeria, an important indicator of effective access to reproductive healthcare that greatly contributes to the TFR and population growth rate. Both countries experienced significant declines in the adolescent fertility rate over this 48-year period, however, there exists an even wider gap between the two countries than

¹¹ Mazzocco (1988).

¹² Lutz and Qiang (2002).

observed in Figure 5. Egypt saw the most dramatic decline in adolescent fertility rates from 139 births per 1000 women (ages 15-19) in 1970 to 49 births per 1000 women (ages 15-19) in 2007. This was then followed by a period of increase that lasted until 2012, when adolescent fertility rates reached 56 births per 1000 women (ages 15-19), before decreasing to 53 births per 1000 women (ages 15-19) in 2018. Throughout this same period, fertility rates in Nigeria remained higher than in Egypt, experiencing a period of increase from 1970 to 1977, when adolescent fertility reached its highest level of 172 births per 1000 women (ages 15-19). This was followed by a 41-year period of decline, reaching 105 births per 1000 women (ages 15-19) in 2018.

Figure 6: Adolescent Fertility Rate (births per 1,000 women ages 15-19), 1970-2018



Source: Created by author based on World Bank (2021).

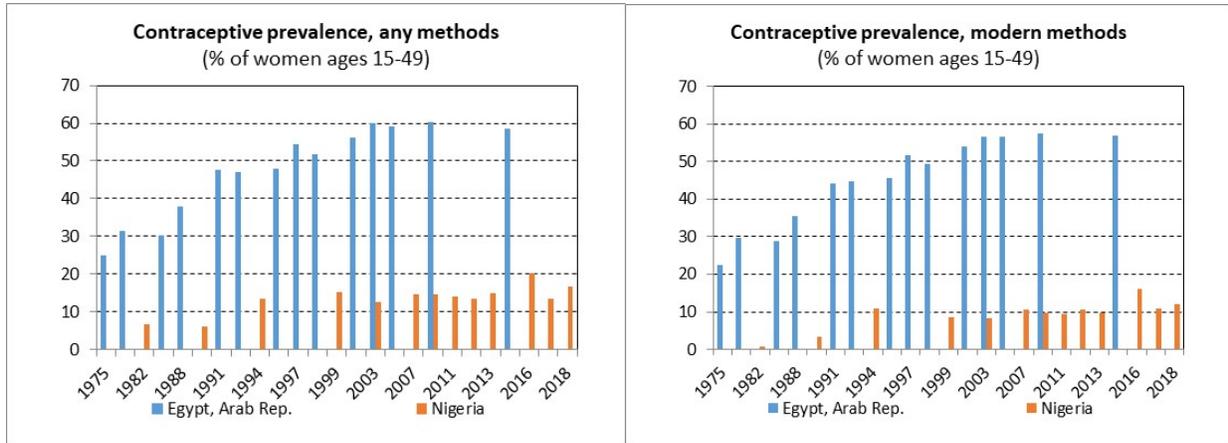
IV.2. Current Prevalence and Unmet Demand for Contraception in Egypt and Nigeria

In evaluating the efficacy of family planning initiatives in reducing fertility rates and the annual population growth rates in Egypt and Nigeria, it is important to examine other dimensions of population control initiatives. This section explores indicators that demonstrate the availability of healthcare and family planning resources in Egypt and Nigeria, beginning with the prevalence of contraception. Figures 7 and 8 depict the percent of women of childbearing ages that utilized any contraceptive method and modern contraceptive methods, respectively.

Despite unevenly collected data, Figure 7 still illustrates the large divide between contraceptive prevalence in Egypt and Nigeria, with Egypt maintaining significantly higher contraceptive use. Egypt saw a rapid rise in the use of contraception from 1975, when 24.9 percent of women used contraception, to 2003, when 60 percent of women used contraception. However, usage seems to have stagnated around this level measuring 59.2 percent and 60.3 percent in 2005 and 2008, respectively. In comparison, Nigeria experienced only mild proliferation of contraception, growing from 6.8 percent in 1982 to 20.4 percent in 2016, before declining to 13.4 percent and 16.6 percent in 2017 and 2018, respectively. Additionally, while a vast majority of Egyptians utilize modern contraceptive methods, which include oral contraceptive pills, female and male condoms, injectables, and intrauterine devices, a large portion of Nigerians continue to use

traditional methods, such as periodic abstinence or withdrawal, which can be less effective.

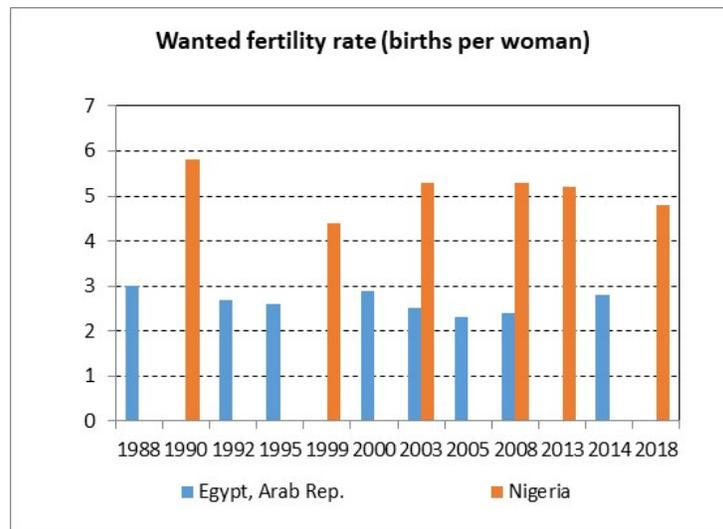
Figures 7 and 8: Contraceptive Prevalence, any methods (left figure) and modern methods (right figure) (both as percent of women ages 15-49)



Source: Created by author based on World Bank (2021).

The wanted fertility rate (WTFR) is a hypothetical measurement of the TFR, where all unwanted births are removed, so that women’s fertility preferences are perfectly realized. This allows for a comparison between the stated fertility desires of women in Egypt and Nigeria and the actual fertility rates, determining the demand for family planning services and potential future declines in fertility rates. Despite uneven data collection, Figure 9 facilitates the analysis of trends in the WTFR, revealing a wide gap between the desired fertility outcomes of Egyptians and Nigerians.

Figure 9: Wanted Fertility Rate (births per woman), all available years



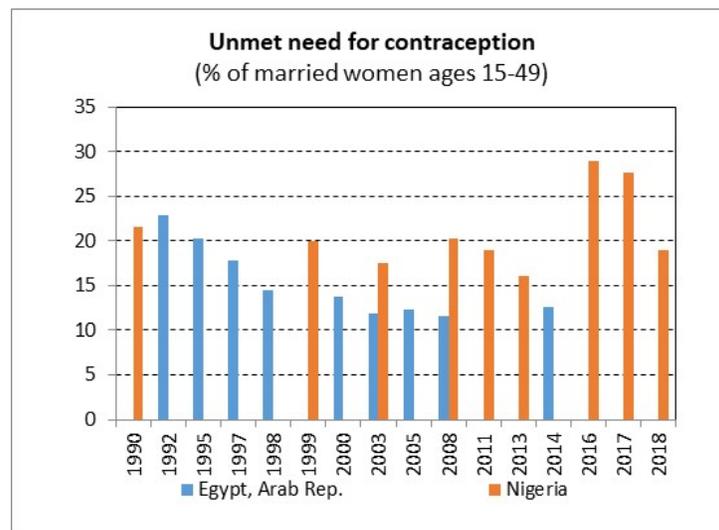
Source: Created by author based on World Bank (2021).

Nigerians expressed a desire for far more children, remaining above 4 children per woman, while

Egypt remained below 3 children per woman. Additionally, Egypt saw the largest difference between its TFR and WFR in 1988 at 1.9 births. This has since been reduced to a difference of 0.64 births in 2014 as the TFR declined to nearly meet the WFR. Similarly, Nigeria experienced the largest difference between its TFR and WFR in 1999 at 1.79 births. This has also since been reduced to a difference of 0.59 births in 2018. While both countries have managed to significantly reduce the difference between their TFRs and WFRs, a considerable share of their current TFRs remain unwanted and sufficient latent demand for family planning exists in both populations.

The unmet need for contraception measures the percentage of women who want to stop or delay childbearing but are not using any method of contraception. This allows for an examination of the gap between stated reproductive intentions and contraceptive behavior. Figure 10, once again despite unevenly collected data, illustrates a trend of declining unmet need for Egyptians and rising unmet need for Nigerians. Egypt saw the largest percentage of women with unmet need for contraception in 1992 at 22.9 percent, followed by a gradual decline that ended around 2014, when 12.6 percent of women had an unmet need for contraception. Inversely, Nigeria experienced relative stagnation in unmet need from 1990 to 2008. However, around 2016, there was a sharp spike in the unmet need for contraception, reaching 28.9 percent, before declining to 18.9 percent in 2018.

Figure 10: Unmet Need for Contraception (percent married women ages 15-49), all available years



Source: Created by author based on World Bank (2021).

V. Ethical Analysis

This section analyzes some of the ethical frameworks that contribute to the need for family planning initiatives in Egypt and Nigeria. The first sub-section discusses how female gender roles in both countries have impacted fertility rates, focusing on the age of marriage for women and girls. The second sub-section examines current attitudes towards female empowerment and evaluates the level of female agency in both countries through attitudes towards male entitlement to sexual intercourse.

V.1. Ethical Perspectives on Female Gender Roles in Egypt and Nigeria

The approach of the Egyptian government towards population control has shifted over the course of the 20th century. In the 1920s, King Fuad I blocked any measures that might have reduced birth rates as he believed a growing peasant population would strengthen the Egyptian state. Additionally, throughout this period workers were in high demand as a result of large-scale cotton production. This resulted in sustained moderate growth that lasted until the early 1940s. However, as access to healthcare began to increase, lowering infant and child mortality, the high fertility rates previously encouraged by the Egyptian government resulted in an explosion of the average family size. This coupled with a continuance of the mindset that high fertility rates were linked to military strength led to a population boom that lasted until 1958, when the population reached 25 million.¹³

By this point, national development could not keep pace with population growth and President Nasser shifted gears, implementing the Charter of 1962 in an attempt to address the issues of rapid population growth and diminishing resources. This approach addressed birth rates in a variety of ways including economic development, female education, and family planning programs. However, these family planning programs largely focused on developing technologies and stressing the medical dimension of birth control. This is contrasted by the approaches that many Egyptian women activists pushed through this period, which sought to implement a community-based approach that would cultivate social relations and take cultural attitudes into account.

Egypt's Family Planning Program saw the establishment of private clinics that began offering birth control through the Ministry of Health's Population/Family Planning Sector and the National Population Council, which primarily targeted the nine governorates of Upper Egypt and eleven ghetto zones in Cairo and Alexandria, as the unmet need for contraception was highest in these regions.¹⁴ This medical approach towards encouraging widespread use of modern contraceptives has largely been successful in Egypt, as shown in Figures 7 and 8. However, there remains considerable unmet need for contraception, as demonstrated by Figure 10. This can largely be understood as the result of a lack of attention to certain cultural and ethical frameworks that have direct effects on the acceptance of modern contraceptive methods and fertility rates in Egypt.

A similar situation can be observed in Nigeria. Although the government provides contraceptives and other family planning services to their population free of charge, they task state and local governments with procuring products for clinics, pharmacies, and other health facilities.¹⁵ This means that many states, unable to dedicate funds to transport contraceptives to local health facilities, experience breaks in contraceptive protection for millions of Nigerians.¹⁶ Failure to access family planning results in an inability to space out pregnancies, properly provide for children, and mitigate rapid population growth. This insufficient funding for contraceptives can be linked to certain cultural and social institutions that dictate the priority of female oriented healthcare. It is this cultural component that must also be addressed in attempting to mitigate Nigeria's rapid population growth and high fertility rates.

Figures 11 and 12 illustrate the percent of women that were first married at ages 15 and 18 in Egypt and Nigeria, as percent of women ages 20-24. This is an important indicator of the frameworks

¹³ This paragraph and the next paragraph are based on information provided in Baron (2008), p. 33 and p. 35.

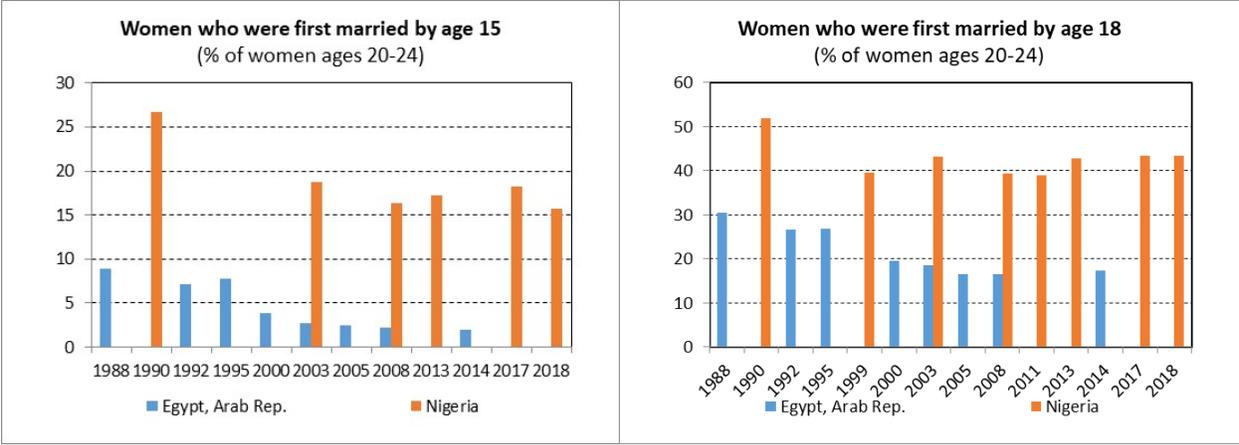
¹⁴ Baron (2008), p. 34.

¹⁵ Speizer et al. (2019), p. 12.

¹⁶ Speizer et al. (2019), p. 12.

that contribute to high fertility rates, as the sooner women get married, the sooner they begin to have children and the more children they tend to have over the course of their lives. One important part of any effective family planning program is addressing cultural understandings surrounding the role of women in society. If there no alternative opportunities for women to support themselves outside of marriage, then this will contribute to more marriages at younger ages and result in the birth of many more children. If, instead, female education was prioritized, this would incentivize women to marry at later ages in order to first complete public education or attain college degrees. Additionally, this greater emphasis on female academic achievement coupled with higher marriage ages allows for families to establish more stable financial foundations before taking on the responsibilities of childcare. This raises standards of living further and contributes to the reduction of population growth rates.

Figures 11 and 12: Women Who Were First Married by Age 15 (left figure) and by Age 18 (right figure) (both as percent of women ages 20-24), all available years



Source: Created by author based on World Bank (2021).

Comparing Figure 11 with Figure 12, we can see that fewer women are first married by the age of 15 than at age 18, especially in Egypt. Furthermore, we can see a steady decline in these percentages in Egypt, indicating that over time, women in Egypt are getting married at older ages. This points to the fact that, despite the medicalization of Egyptian family planning programs, there has still been some progress made in addressing cultural indicators of fertility rates. However, this trend may not be directly related to family planning initiatives and could simply be a product of the rapid industrialization and modernization that Egypt has experienced over the past few decades.¹⁷

Figures 11 and 12 also show that Nigeria experienced consistently higher percentages of women marrying young compared to Egypt. Additionally, unlike Egypt, these percentages have remained relatively steady at 15.7 percent of women married by age 15 and 43.4 percent of women married by age 18 in 2018. This indicates that Nigeria has had far less cultural success in affecting change that might reduce fertility rates and allow for children to be better cared for, though again it should be mentioned that Nigeria has undergone far less modernization and industrialization as compared

¹⁷ The data in this paragraph is taken from World Bank (2021).

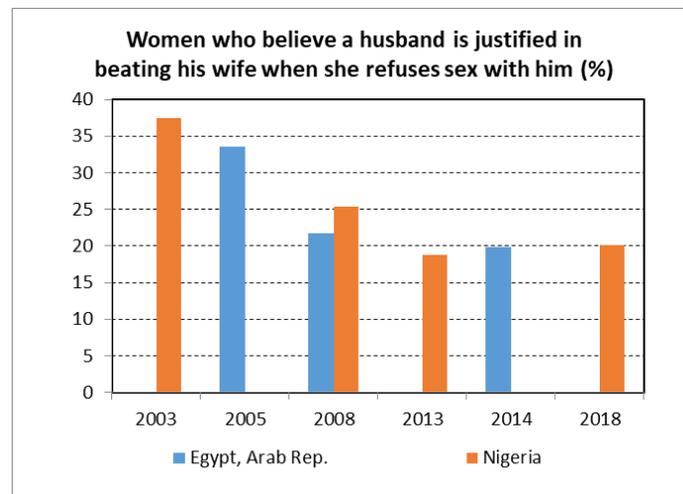
to Egypt and this may have a significant effect on marriage ages.

IV.2. Ethical Perspectives on Female Empowerment in Egypt and Nigeria

In addition to addressing many of the cultural expectations and understandings of women's roles in society that might contribute to high fertility rates, it is also important to address the ethical perspectives present surrounding female empowerment in society. While access to contraceptives is one very important step towards the reduction of fertility rates, it does very little if women do not have the power to make decisions over their own body or within the family.

If it is left to the men to decide how many children each woman has, then how can women be expected to take the initiative in utilizing proper birth control? Additionally, if cultural attitudes surrounding the family unit grant men all of the decision-making power, it will be far more difficult to reduce fertility rates without first dismantling these social stigmas. This means that men must not feel as though they are entitled to women's bodies and cannot exercise complete control over the family unit. If men are entitled to sex whenever they wish, then we would expect to see high fertility rate as women are unable to make independent decisions about the size of the family unit.

Figure 13: Women Who Believe a Husband is Justified in Beating His Wife When She Refuses Sex with Him (percent), all available years



Source: Created by author based on World Bank (2021).

Figure 13 shows the percent of women in Egypt and Nigeria who believe that a husband is justified in beating his wife if she refuses sex with him. This demonstrates the attitudes towards male entitlement to female bodies and illustrates how domestic social power is distributed across the genders. Although there are only three years where data was collected for Egypt, we can still see that opinions on this issue have been slowly changing, with 33.5 percent of women agreeing that a man has the right to beat his wife if she denies him sex in 2005 and 19.9 percent of women holding the same opinion in 2014. Despite this large decrease, this is still a high percentage of women who agree with this statement and goes a long way to depict some of the challenges that women face when attempting to take control over their own reproductive capabilities.

In comparison, Nigeria has followed a very similar path with 37.5 percent of women in 2003

agreeing that men have the right to beat their wives should they be refused sex. This opinion declined to 18.8 percent in 2013, before rising to 20.1 percent in 2018. The recent rise in the percentage is startling, indicating that cultural attitudes towards women's influence over sexual and reproductive decisions have been diminished. These cultural attitudes and power structures must shift if family planning programs in Egypt and Nigeria are to achieve maximum effectiveness.

VI. Conclusion

This article sought to provide an in-depth examination of the efficacy of family planning programs in Egypt and Nigeria. Both countries have rapidly growing populations and face the possibility of severe consequences were they to fail to develop adequate infrastructure to address these challenges. While it is clear through an examination of a variety of indicators, including population growth rate, fertility rate, prevalence of contraception, and marriage age, that Egypt has been more successful in implementing family planning in a way that effectively reduces the level of unsustainable population growth, it is also important to point out that Nigeria has made some progress, particularly in reducing total fertility and with regards to attitudes towards male entitlement to sex, though only from 2003 to 2013.

However, the often-drastic differences observed between these two nations are noteworthy. A look at statistics for both countries' GDP per capita, life expectancy, and literacy rates, indicate that Egypt is much more developed than Nigeria and the large gap in GDP per capita between the two countries may suggest that there is a certain degree of correlation between the effectiveness of family planning initiatives and the level of industrialization and modernization within a country. This is made clearer when evaluating Nigeria, as the primary problem facing many family planning clinics around the country is a lack of local government funding and an inability to resupply birth control due to government mismanagement.¹⁸

Additionally, the enormous gap between the prevalence of modern contraceptives in Egypt vs. Nigeria indicates that Nigeria should look towards Egypt as a model for making modern contraceptives to those who want to use them. However, this would also require a significant local initiative that could address cultural understandings that may hinder such programs. The fact that Nigeria has seen its level of unmet need for contraception rise over the past few years demonstrates the importance of such initiatives.

The existing ethical frameworks of population growth center around the role of women within the household and female empowerment in order for women to take control over family planning decisions. While both countries share an emphasis on large families born to young women as an economic resource and social safety net, these attitudes are slowly changing with industrialization. The modernization of these countries brings with it an emphasis on education and the ability for women to earn a living outside of the influence of male guardianship.

Therefore, in order to gain acceptance, population programs need to be integrated with ongoing community development programs. Even though it often engenders opposition, family planning is more crucial than ever, as the rapid population growth continues to create a turbulent environment. The integration of modern medical approaches with culturally sensitive approaches as observed in Egypt presents a promising avenue for both the increased prevalence of effective modern

¹⁸ Speizer et al. (2019), p. 12.

contraceptives and the cultural incentive to provide women with the ability to voluntarily reduce the fertility rate. It is only through the combination of these methods that the governments of Egypt and Nigeria will be able to maximize the effectiveness of their family planning initiatives and avoid the harmful effects of unsustainable rapid population growth.

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