

# **Agree to “Plan B”: The Causes and Effects of Access to Contraception in Egypt and the Philippines**

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## ***Abstract***

*Egypt and the Philippines are developing countries with differing levels of unmet needs for family planning. Egypt has a government-led national family planning program, but women are still having more children than they consider ideal. In the Philippines, where the population has doubled in the last three decades, there is little access to contraception, and abortion is illegal. This article discusses the reasons for low levels of contraception access in the Philippines and higher levels of contraception access in Egypt, including cultural and structural influences. It examines the efforts each country is undertaking to decrease its fertility rate. The article further analyzes the effects of low access rates, as well as the gender inequality that is at the root of unmet family planning.*

## **I. Introduction**

Women that do not want to have more children or want to wait to have more children, but are not using contraceptives, have an unmet need for family planning (Gribble, 2012, p. 1). According to Gribble (2012, p. 2), 222 million women have an unmet need for family planning around the world. At the turn of the millennium, about 113.6 million women in developing countries, with 105.2 million of that number being married, had an unmet need for family planning (Ross and Winfrey, 2002, p. 138). Providing modern contraceptive methods to women, like intrauterine devices (IUDs), pills, injectables, or sterilization, is extremely important, as increasing contraceptive access and use will decrease population growth and the fertility rate (Gribble, 2012, p. 2). When populations grow more slowly, the government and its people will have more opportunities and time to invest in their children’s health and education, as well as work to combat gender inequalities.

The title of this article refers to a modern birth control product, called “Plan B” that gives women more agency over their bodies. More women in developing countries need access to modern

contraceptives like “Plan B” so that they will have more control over the amount of children they have, which will benefit their country as a whole.

This article analyzes the evolution of the unmet needs for family planning in the Philippines and Egypt and the reasons for the lack of contraceptive access and use in these two countries. It is structured into five sections. Following the introduction, the next section gives a literature review. The third section provides some empirical background on the evolution of gross domestic product (GDP) per capita, life expectancy, and literacy. The fourth section discusses the population increase of both countries by looking at population growth rates, fertility rates, contraceptive prevalence, and the unmet need for contraception, and then evaluates the causes of the lack of access to contraception. Lastly, the fifth section will provide some conclusions.

## **II. Brief Literature Review**

There is an extensive amount of literature on the unmet need for family planning in Egypt and the Philippines, despite government-led family planning programs in both countries which have been implemented over the last forty years when the need to reduce the each countries’ population size became a prominent national issue. Weiss (2012), Mello et al. (2006), and Lee, Nacionales and Pedroso (2009) focus on the Philippines, while Haddad (2008), Moreland (2006), and Khalifa, DaVanzo and Adamson (2000) focus on Egypt. All authors analyze the reasons for the dearth of contraceptive use and access and how policies have influenced those factors today.

- Weiss (2012) looks at the introduction of a new “reproductive health bill” in the Philippines’ national legislature that could pass and change how the Philippines handles contraceptive access and use. The bill has the potential to provide sex education and government subsidies for family planning. The article explains that there is a large percentage of women who have unmet needs for family planning. Even though according to polls, 70 percent of people in the Philippines support the reproductive health bill, 50 percent of pregnancies are unintended. Weiss argues that unintended pregnancies could be due to unaffordable contraceptives and the prevention of the distribution of contraceptives at public clinics by the mayor of Manila.
- Mello et al. (2006) look at the history of the Philippines’ Family Planning Program, which has been in effect for over 30 years, but has failed to lessen the country’s population growth. The authors conducted a study to evaluate why there is such low contraceptive use in the Philippines. They found that a) the influence of the Catholic Church, and b) the dearth of programs to inform people about options for family planning, clinicians who will provide family planning, and contraceptives that people can afford, result in low contraceptive use.
- Lee, Nacionales and Pedroso (2009) look at the lack of support by the Filipino government for modern methods of contraception because of Catholic influence in three different locations: Laguna Province, the city of Manila, and the city of Puerto Princesa. All of these three places passed anti-modern contraceptive policies. The authors catalogue the effects and the success of their implementation of the policies today. The article includes strategies to increase government support at all levels and incorporates the need to improve low-income women’s access to modern contraceptives through “itinerant and community-based distribution.”

- Haddad (2008) analyzes and graphs Egypt’s population and development, including the distribution of population by region, annual population growth, poverty, human development index, reproductive health, family planning, maternal health, infant health, female genital mutilation, gender equality, youth, and education. In 2008, Egypt had the densest population compared to other Arab countries, with a very young population that still faces gender disparities and female genital mutilation. Due to the young population as well as other factors, women give birth to more children than they actually want.
- Moreland (2006) highlights the progress of Egypt’s government-led family programs. The journal article analyzes Egypt’s demographic transition and family planning, providing graphs on total fertility rate and contraceptive prevalence rate, which have decreased and increased respectfully. The study creates a “counterfactual” situation that analyzes what would happen if Egypt’s family planning program was not as prevalent and strong with “actual trajectory of events.” They use prospective analysis and estimate “the cumulative public sector savings” due to the strength of the family planning program from 1980 through 2005. The study also demonstrates that Egypt’s family planning program is responsible for the advances in Egypt’s family planning.
- Khalifa, DaVanzo and Adamson (2000) analyze why support and funding from the government are still necessary even with Egypt’s history of government support of family planning programs. The authors still believe more actions need to be taken to reduce birth rates. The population is likely to grow over most of the next century, because of the population momentum and because fertility rates are still high. The authors argue that increasing family planning programs will benefit Egypt and that increasing women’s decision-making power can lead to more decision-making powers in educational and economic settings.

### III. Empirical Background

The unmet need for family planning in the Philippines and in Egypt arises from cultural, economic, political, and social forces. These intersecting forces have mainly restricted access to contraceptives in the Philippines and increased access in Egypt, although the effects of such influences are more complicated. We will cover these connections in-depth in the next section. This section provides some broader empirical background on the evolution of GDP per capita, life expectancy, and literacy.

Egypt and the Philippines are both lower middle-income countries. In the early 2000s, Egypt was opening up its previously centralized economy, but according to the World Factbook,<sup>1</sup> political unrest in January 2011 resulted in the slowing of their economic growth. The Philippines has also experienced threats to its economy, including global economic and financial downturns.<sup>2</sup> Figure 1 shows that Egypt’s GDP per capita (adjusted for differences in purchasing power parity (PPP)) increased by almost two times between 1990 (\$6,023) and 2012 (\$10,685), while the Philippine’s GDP per capita increased more than two times (\$2,597 to \$6,109) during the same time period. Hence, adjusted for differences in PPP, Egypt’s GDP per capita is nearly twice that of the Philippines. However, as shown in Figure 2, not adjusting GDP per capita for differences in prices,

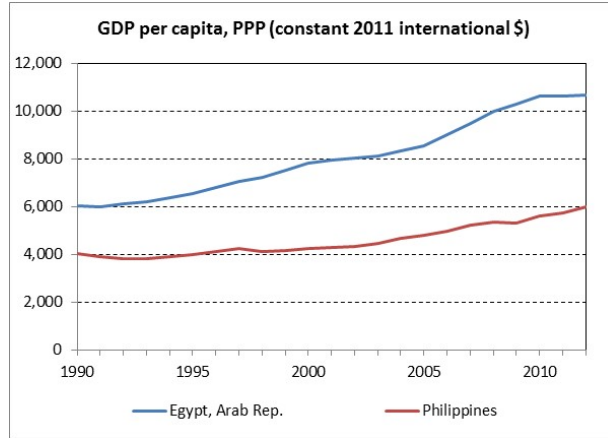
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<sup>1</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/eg.html>.

<sup>2</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/rp.html>.

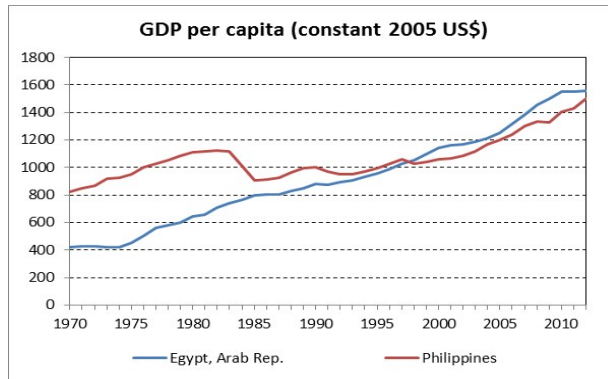
the two countries had similar GDP per capita in 2012. From 1970 to the late 1990s, not adjusted for differences in PPP, the Philippines' GDP per capita had actually been higher than that of Egypt.

**Figure 1: PPP-adjusted GDP per capita (in constant 2011 international \$), 1990-2012**



Source: Created by author based on World Bank (2014).

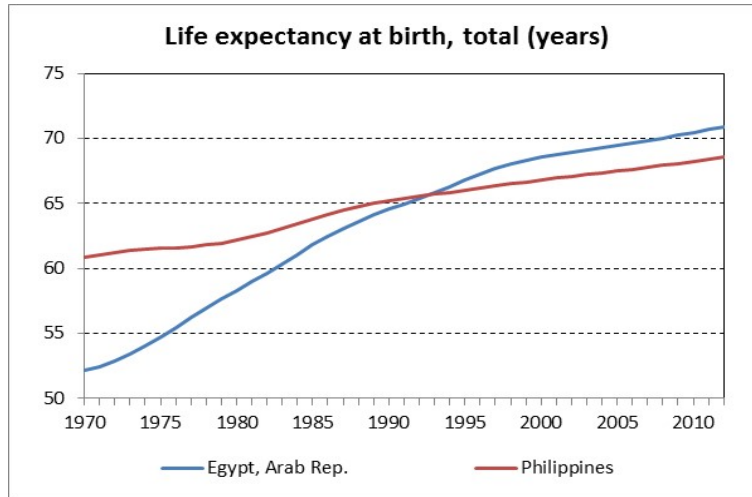
**Figure 2: GDP per capita (in constant 2005 US\$), 1970-2010**



Source: Created by author based on World Bank (2014).

Figure 3 shows the evolution of life expectancies from 1970 to 2012 for both countries. Although Egypt's life expectancy was lower in 1970 than that of the Philippines (52 years and 61 years, respectively), Egypt's life expectancy is now higher than that of the Philippines. In 2012, Egypt had a life expectancy of 71, while the Philippines had a life expectancy of 69. Therefore, Egypt's life expectancy grew by 19 years over the span of 42 years, while the Philippines' life expectancy only grew by eight years during the same time period.

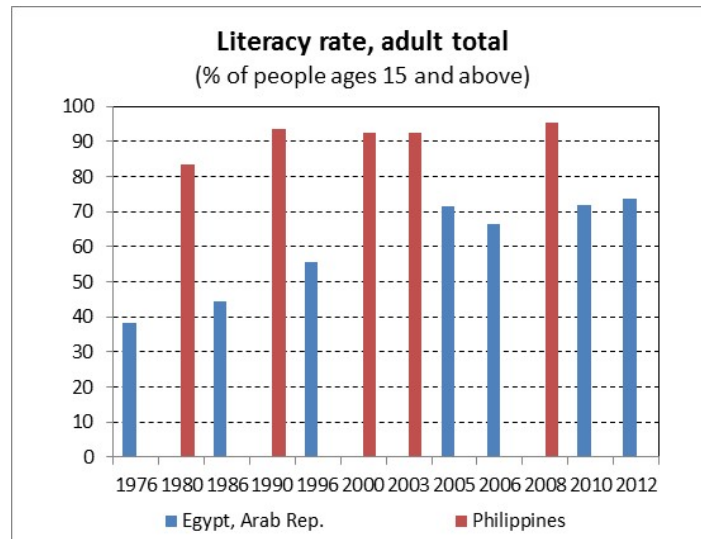
**Figure 3: Life Expectancies for Egypt and the Philippines (in years) 1970-2012**



Source: Created by author based on World Bank (2014).

On the other hand, despite the Philippines having lower PPP-adjusted income per capita and lower life expectancies than Egypt, adult literacy rates are considerably higher in the Philippines than in Egypt, see Figure 4. The adult literacy rate in the Philippines was 83 percent in 1980, compared to Egypt’s 38 percent in 1976. Though Egypt has made some progress over the last few decades, it has not caught up to the Philippines’ literacy rate. In 2012, Egypt’s literacy rate was 73 percent, while that of the Philippines stood at 95 percent in 2008 (the last year such data is available).

**Figure 4: Adult Literacy Rates in Egypt and the Philippines, all available years**



Source: Created by author based on World Bank (2014).

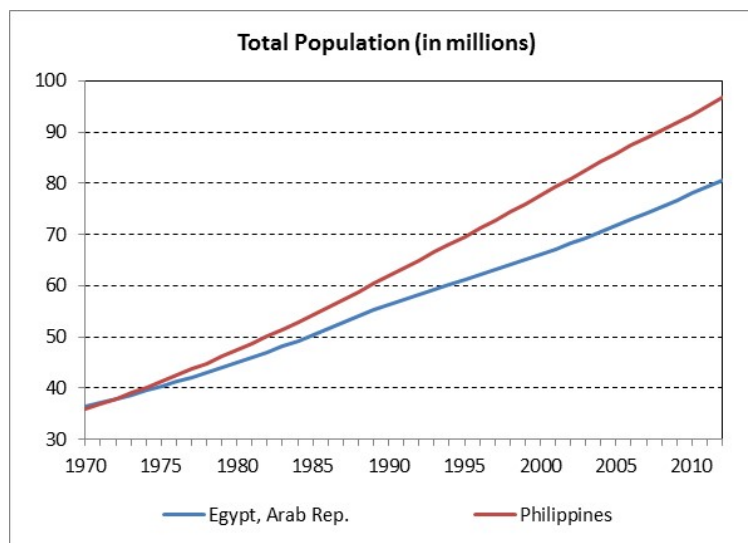
## IV. Discussion

This section will first examine the increase in population in the Philippines and Egypt by looking at the total population, population growth rates, fertility rates, contraceptive prevalence rates, the unmet need for contraceptives, and the disparity between wanted and actual fertility rates. Then, the causes of the lack of access to contraception will be analyzed, by first looking at cultural, especially religious attitudes, then at family planning implementation issues, and last but not least at gender inequality.

### IV.1. Evolution of Population, Fertility, and Access to Contraceptives

As shown in Figure 5, the Philippines is experiencing a population explosion, while Egypt's population has also heavily increased over the past 40 years. The Philippines' population has increased from 35.8 million in 1970 to 96.7 million in 2012, while Egypt's population has increased from 36.3 million to 80.7 million over the same time period. This immense increase in population makes it even more difficult, yet imperative that women have access to and use contraceptives.

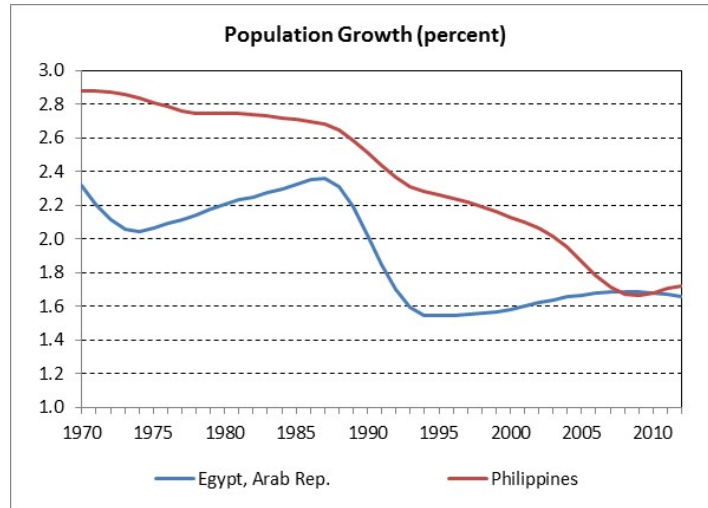
**Figure 5: Total Population of Egypt and the Philippines, 1970 to 2012**



Source: Created by author based on World Bank (2014).

Although Figure 5 shows that the Philippines' total population has almost tripled from 1970 to 2012, Figure 6 shows that the population growth rate decreased by over one percentage point from 2.9 percent in 1970 to 1.7 percent in 2012. In contrast, Egypt's total population has more than doubled from 1970 to 2012, and the country's population growth decreased by less than one percentage point from 2.3 percent in 1970 to 1.6 percent in 2012. Although Egypt's population growth rate decreased less in comparison to that of the Philippines, Egypt's population has not increased as much due to overall lower growth rates.

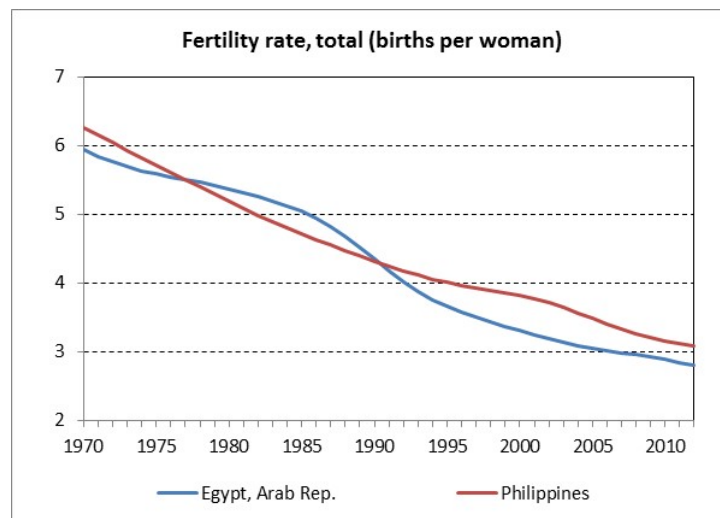
**Figure 6: Population Growth in Egypt and the Philippines, 1970-2012**



Source: Created by author based on World Bank (2014).

Given the wavy population growth rates of Egypt, we also compare the fertility rates of both countries, defined as births per women. As shown in Figure 7, while Egypt's fertility rate displays a bit more volatility than that of the Philippines, it is clear that differences in fertility rates cannot solely explain the ups and downs in Egypt's population growth rates. Hence, other factors, like changes in the death rate, must have influenced Egypt's volatile population growth rates. In any case, as Figure 8 shows, the fertility rate of the Philippines and Egypt has decreased substantially from 1970 to 2012. The fertility rate has decreased by about 50 percent in the Philippines and Egypt over the last forty years. Egypt's fertility rate decreased from 5.94 births per woman in 1970 to 2.8 births per woman in 2012. Similarly, the Philippines' fertility rate decreased from 6.2 births per woman in 1970 to 3.1 births per woman in 2012.

**Figure 7: Fertility Rate (births per woman) in Egypt and the Philippines, 1970-2012**

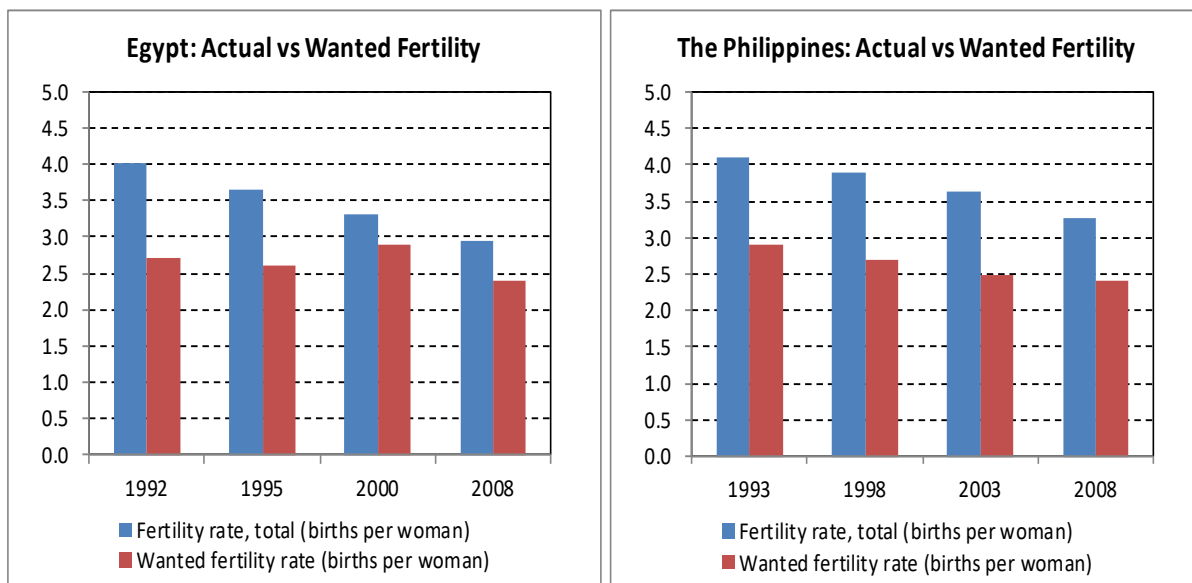


Source: Created by author based on World Bank (2014).

The unmet need for family planning in the Philippines and Egypt is demonstrated in the disparity between the fertility rate and the wanted fertility rate. While both, the fertility rate and the wanted fertility rate, have decreased in both countries over the past 30 years, there is still a large difference between the number of children women want to have and the number they do have. As shown in Figures 8 and 9, in 2008 the wanted fertility rate in both countries was 2.4 children per woman. However, the fertility rate in the Philippines was (at 3.2 children per woman) much higher than the fertility rate in Egypt (2.9 children per woman).

Therefore, although women in Egypt and the Philippines want about the same number of children, Egypt has a fertility rate closer to the wanted fertility rate than the Philippines. The figures also show that both countries had about the same discrepancy between actual and wanted fertility rates in the early 1990s, but that Egypt has made more progress by 2008 in reducing the discrepancy than the Philippines.

**Figures 8 and 9: Actual vs. Wanted Fertility Rates in Egypt and the Philippines**

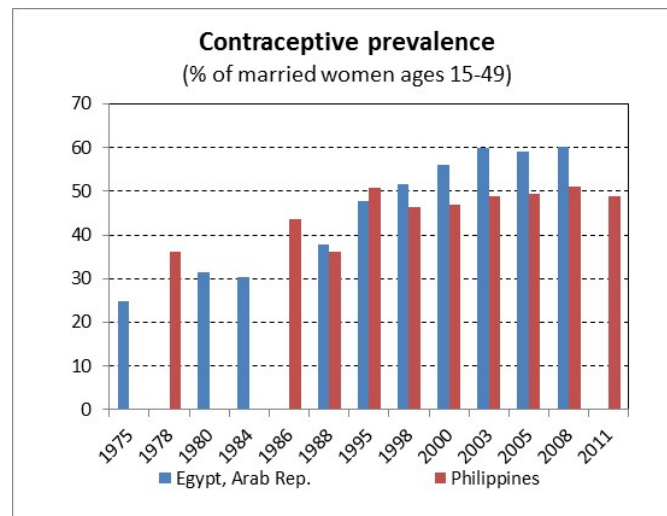


Source: Created by author based on World Bank (2014).

The unmet needs for family planning in the Philippines and Egypt is further shown through the relatively low contraceptive prevalence and relatively high unmet need for contraceptives. Egypt now has a higher contraceptive prevalence rate than the Philippines, 60.3 percent and 51 percent in 2008, respectfully, as shown in Figure 10. Although Figure 10 demonstrates that the Philippines had a higher contraceptive prevalence rate than Egypt in the 1970s and 1980s, Egypt's contraceptive prevalence now surpasses that of the Philippines. The contraceptive prevalence rate in Egypt increased by three times from 24.9 percent in 1975 to 60.3 percent in 2008. In contrast, the contraceptive prevalence rate increased by less two times in the Philippines from 36.2 percent in 1978 to 48.9 percent in 2011.



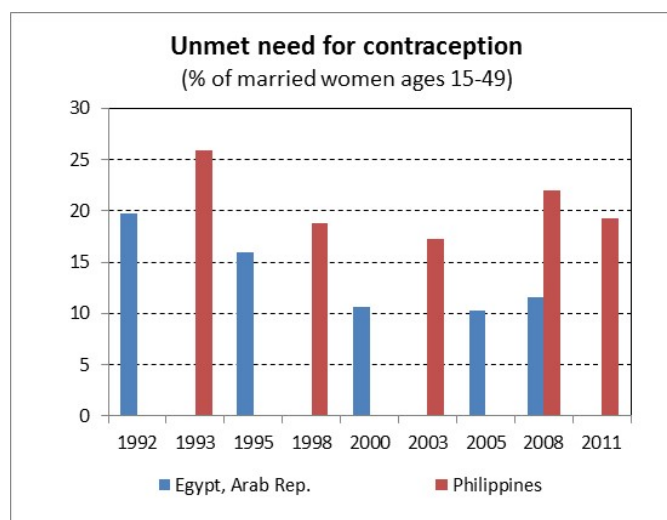
**Figure 10: Contraceptive Prevalence Rate in Egypt and the Philippines, all available years**



Source: Created by author based on World Bank (2014).

Egypt also has a much lower unmet need for contraception than the Philippines, demonstrated in Figure 11. The percent of married women of reproductive age who do not want more children but do not use modern contraceptives has been consistently higher in the Philippines from the early 1990s to 2012. In fact, the unmet need for contraception in Egypt is about the same in 1992 at 19.8 percent as it is in the Philippines in 2011 (19.3 percent). Egypt’s unmet need for contraception decreased about eight percentage points from 19.8 percent in 1992 to 11.6 percent in 2008. In comparison, the unmet need for contraception in the Philippines decreased a little over six percentage points, from 25.9 percent in 1993 to 19.3 percent in 2011.

**Figure 11: Unmet Need for Contraception in Egypt and the Philippines, all available years**



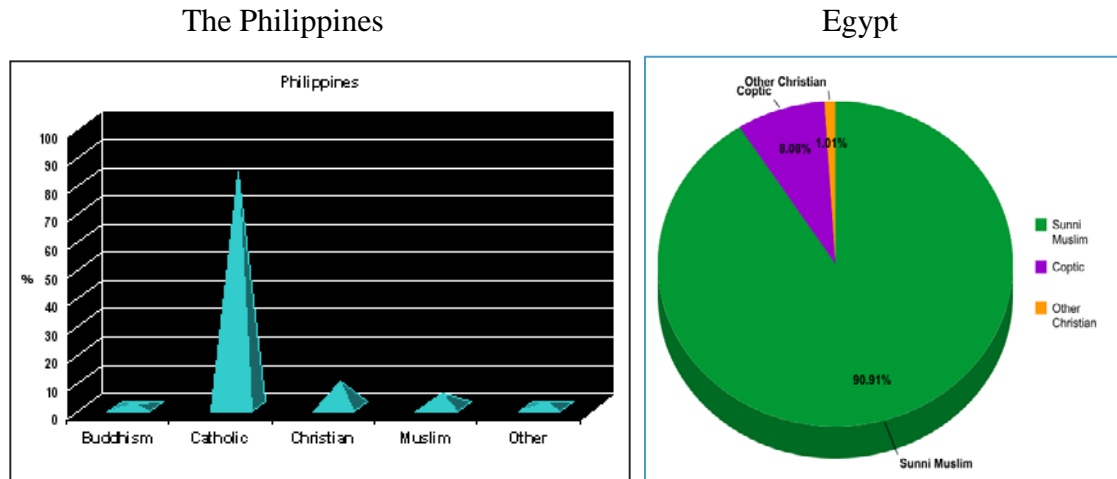
Source: Created by author based on World Bank (2014).

## IV.2. Religious Causes of the Lack of Access to Contraception

Attitudes by the government and the people of a country have immense impact on their family planning. In both the Philippines and Egypt, women want to have fewer children, with more space in between pregnancies. One reason there are differences in the fertility rates and wanted fertility rates of both countries could be due to the cultural and religious beliefs that are embedded in every facet of societies. Although women in Egypt and the Philippines may have similar wanted fertility rates, their cultures and religions may hinder the countries' family planning programs and the women's use of contraceptives.

In the Philippines, Roman Catholicism has dominated life for almost 400 years, and provides a barrier to family planning (Litke, 2014). As shown in Figure 12, more than 80 percent of people are Roman Catholic. The Church has opposed family planning every time the policies are brought up (Litke). The church has opposed any type of artificial contraception, as Roman Catholic bishops believe contraception leads to promiscuity. Along those same lines, abortion is illegal (Litke).

**Figure 12: Religion in the Philippines and in Egypt**



Source: <http://pixshark.com/philippine-religion-graph.htm> and [http://online.culturegrams.com/world/world\\_country\\_sections.php](http://online.culturegrams.com/world/world_country_sections.php)

In contrast, although Figure 12 shows that 90 percent of the Egyptian population are Muslim, the religion does not provide as strong of a role in preventing access to contraception (Bier, 2010, p. 405). Egypt formed a family-planning program in 1966 in order to reduce fertility and prevent overpopulation (Bier, 2010, p. 404). The belief in Egypt was that the state needed to intervene through reforms in order to decrease the population growth rate (Bier, 2010, p. 406). The reproductive practices of Egyptians were thought of as “a matter of public, political interest, as did the Filipino government” (Bier, 2010, p. 406).

Although the Philippines has a family planning program, the government, influenced by the Roman Catholic Church, prevented a lot of measures from being implemented (Mello et al., 2006, p. 385). The Philippines' family planning policy is supposed to divulge information on both traditional and modern methods of contraception, not including abortion (Mello et al., 2006, p. 385). However, when parish priests give family planning counseling, the policy of the Catholic

Church is to only provide information about contraceptive methods endorsed by the Church (Mello et al., 2006, p. 386).

While the Catholic hierarchy exists in the Philippines, where the Vatican authority has a lot of influence over laws, Egypt's family planning policies were influenced by more secular forces (Bier, 2010, p. 406). The original argument for birth control was rooted in the idea of the "regime's commitment to social transformation and construction of a socialist state" (Bier, 2010, p. 406). The state then advocated for contraceptive use and access because the government claimed its duty was to provide birth control, like it provides other social services, to protect for the weaker members of society, such as women and children (Bier, 2010, p. 406).

While the state claims that programs and policies in Egypt have been implemented for the health of the "national family," the Roman Catholic Church believes it is also caring for its people (Bier, 2010, p. 406). The Roman Catholic Church opposes abortion as well as modern family planning methods because they associate the two and believe that life starts after conception. Therefore, in the Philippines, the only contraceptives that are commercially advertised are condoms; the others are prohibited (Mello et al., 2006, p. 389). However, religion in the Philippines has detracted from the contraceptive prevalence and increased their unmet need for contraceptives.

In Egypt, although some Muslims have opposed using contraceptives, as it undermines the purpose of Islam to bear children, the government has been concrete in its assertions that the purpose of family planning programs is to increase and maintain the well-being of the family and the state (Bier, 2010, p. 406). Therefore, due to its family planning program, the contraceptive prevalence of Egypt is much higher and their unmet need for contraceptives is much lower than the Philippines, as was shown above.

### **IV.3. Family Planning Implementation Issues**

Egypt and the Philippines both implemented their family planning policies and programs at the national level in the 1970s and early 1980s (Moreland, 2006, p. 1). In the Philippines, the need to reduce the population was not a prominent issue until 1970, when President Ferdinand Marcos created a national Population Commission, initiating a "reexamination of legal and administrative rules affecting family lives" (Mello et al., 2006, p. 385). In 1973, the Filipino president created a new constitution that said it was the government's responsibility to control population growth. Egypt also claimed that providing and controlling family planning was the government's responsibility. However, the similarities end there. In the Philippines, the Philippine Family Planning Program has been in effect for over 30 years, but this effort has failed to lessen the country's increasingly growing population (Mello et al., 2006, p. 384).

One reason Egypt's total population may be lower and their contraceptive rate may be higher than the Philippines is because of the nationalization of Egypt's policies and programs and the decentralization of the Philippines' family planning. Many presidents in Egypt like President Hosni Mubarak, who ruled until 2011, supported and increased government funding for family planning policies and programs (Khalifa, 2000, p. 1). However, in the Philippines the Local Government Code in 1991 created a process of devolution from the national to local governmental units (Mello et al. 385). The Department of Health still had the power to create policy for the national family planning program, but local governmental units (LGUs) would be able to implement and fund this policy (Mello et al., 2006, p. 385). At this local level, the law "lacked

strong mechanisms to ensure that couples receive counseling on a full range of contraceptive methods” (Mello et al., 2006, p. 385).

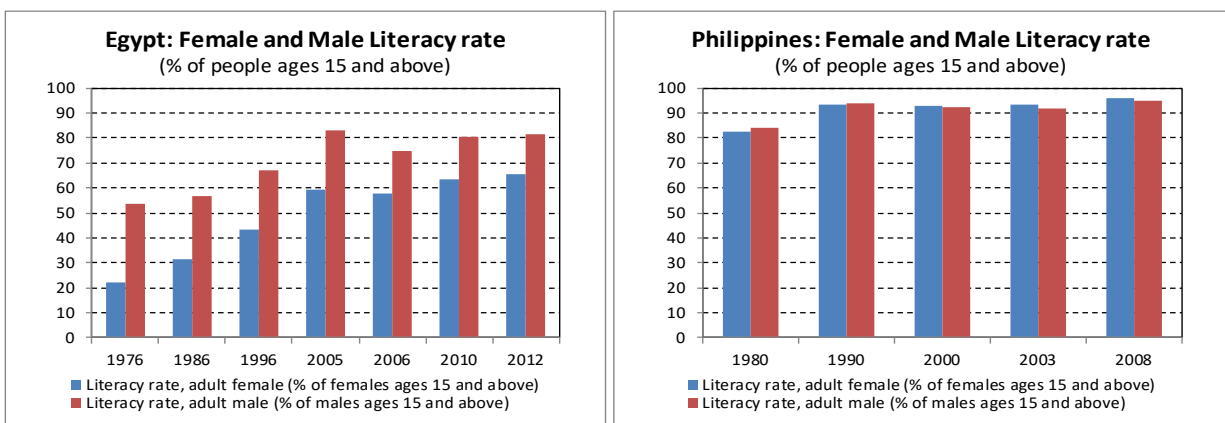
The problem with this method for family planning is that LGUs do not have the financial capabilities to import their own supplies of contraceptives from abroad (Mello et al. 390). Furthermore, rural health units often do not have a full-time physician available, and some physicians may have days in between shifts (Mello et al., 2006, p. 385). In contrast, due to the Egyptian government’s support and programs, ninety-five percent of the population is now living within 5 km of primary health centers (UNFPA Egypt, undated). Also, from 1981 to 2005, the number of family planning clinics in the public and NGO sectors in Egypt rose by over 50 percent (UNFPA Egypt, undated).

In contrast, many LGUs in the Philippines, like the City of Manila, have prohibited or limited access to modern-method contraceptives through ordinances (Mello et al., 2006, p. 392). Furthermore, women and adolescents are not included in family planning services by the government, hospitals require spousal consent even with no law mandating it, and condoms are not included in government sex education on HIV/AIDS (Ruiz, 2004, p. 97). While the Egyptian government continues to fund family planning programs, since the 1980s in the Philippines, the Department of Health has refused to approve new contraceptive pills for the Philippine National Drug Formulary (Mello et al., 2006, p. 390).

#### IV.4. Gender Inequality

To better understand why there is relatively low contraceptive prevalence and relatively high unmet need for contraception in Egypt and the Philippines, gender inequality must be discussed. Gender inequality can have a great influence on the lack of contraceptive access and use, as it is difficult for women to have fewer children and to space out births when they are not equal partners in the decision-making process. It is hard to lower the fertility rate of countries when women do not have the power to choose when they give birth and how many times because they live in a society where the husband feels entitled to sex and chooses the amount of children they have.

**Figures 13 and 14: Female and Male Literacy Rates, all available years**



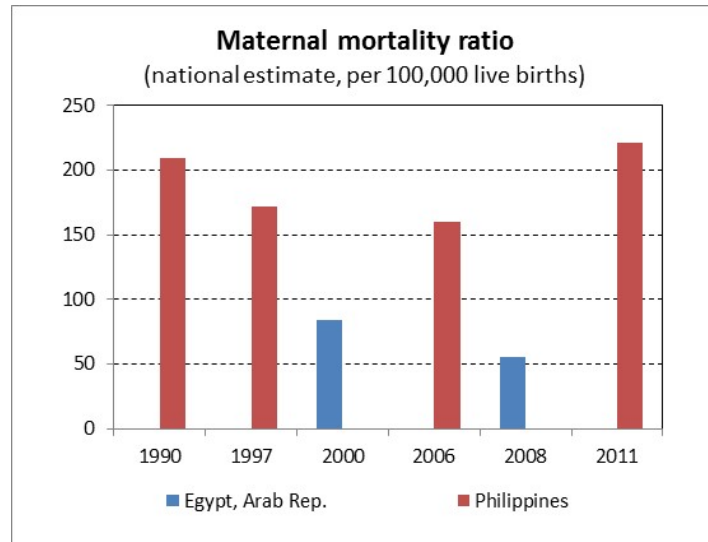
Source: Created by author based on World Bank (2014).

Figures 13 and 14 show that Egypt has a much wider gender gap in its literacy rate than the Philippines. While both countries have increasing literacy rates over time, the Egyptian literacy

rate for adult females has been consistently lower than the literacy rate for adult males in Egypt. However, the literacy gap between adult males and adult females in Egypt has decreased throughout the last 40 years. Still, the difference in literacy rates between males and females in Egypt highlights the gender disparity that continues to exist in Egypt. In the Philippines, the literacy rates for both genders is very similar, and the literacy rate for adult females even surpassed the literacy rate for adult males in the years 2000, 2003, and 2008.

However, as Figure 15 shows, maternal mortality is currently much higher in the Philippines than in Egypt. As demonstrated in Figure 14, the Philippines’ maternal mortality rate has actually increased from 2006 to 2011 (from 160 deaths per 100,000 live births to 221 deaths per 100,000 live births). Not only does Egypt have a far lower maternal mortality ratio, it also was able to reduce it from 84 deaths per 100,000 live births in 2000 to 55 deaths per 100,000 live births in 2008.

**Figure 15: Maternal Mortality in Egypt and the Philippines, all available years**



Source: Created by author based on World Bank (2014).

Litke (2014) suggested that the Philippines may have such a high maternal mortality rate because when women are unable to get contraceptives, many get illegal abortions. There are over 500,000 illegal abortions in the Philippines yearly, according to the Center for Reproductive Rights (Litke, 2014). Illegal abortions are extremely dangerous, and many women die or face complications because of them. Thus, if the contraceptive access and use increases, fewer women will have to resort to getting illegal abortions and will have more agency in the home (Litke, 2014). On the other hand, Egypt’s success in lowering their maternal mortality rate must be in part be attributed to the success of their family planning program. When women have access to and use birth control, they have more control over how many children they have and the spacing of births. Family planning has been found to correlate with women having fewer children and longer periods of time between births, which is safer for mothers and their children.

However, although Egypt has made strides in reducing their maternal mortality rate, influenced by the Islamic culture, Egypt’s society is highly patriarchal, where husbands have much of the

decision-making power over the family (Stuart, 2015). About half of all married woman report domestic abuse, with much of that abuse by fathers and brothers, according to a recent Demographic and Health Survey, as reported by Stuart (2015). The rate of abuse is lower, although still prevalent in the Philippines. As reported by the Philippines' Department of Social Welfare and Development (2012), 20 percent of women aged 15-49 have experienced physical abuse and 14.4 percent of married women received this violence from their husbands. Finally, there are many patriarchal practices that are still followed in Egypt. For example, even though the practices are illegal, 91 percent of girls undergo female genital mutilation and 17 percent are forced to marry as children (Stuart, 2015).

## V. Conclusion

There is a relatively low contraceptive prevalence and relatively high unmet need for contraception in Egypt and the Philippines due to cultural attitudes, structures of implementation, and gender inequality. The Philippines has a lower contraceptive prevalence rate and a higher unmet need for contraception than Egypt because of the Roman Catholic Church which hinders legislation to provide better access to contraceptives, the inefficiency of family planning by local government units, and the proliferation of illegal abortions. Egypt has historically been more successful with their family planning because of the belief that it is the government's duty to provide contraceptives and the nationalization of Egypt's policies and programs. However, Egypt still faces gender inequality, which contributes to their unmet need for family planning.

The Philippines and Egypt will be afflicted by high fertility rates until solutions are implemented. Sex education needs to be provided, with providers giving information about and access to all types of modern contraceptives. There needs to be more government subsidies on contraceptives and government support for family planning at all levels. In the Philippines, the government should remind providers of the fact that they do not need a spouse's consent to perform tubal ligation and other procedures, as there is a misconception that the Family Code mandates spousal consent. There should also be "itinerant and community-based distribution" so that people at the local level have better access to contraceptives.<sup>3</sup> In Egypt, sectors and partners need to increase collaboration for contraceptive security. The governments of both countries must work to decrease gender inequality by promoting schooling and jobs for women and girls, to fight against misogynistic practices like female genital mutilation, and to give them more agency in the home.

In the Philippines, a new reproductive health care law went into effect in 2012. According to Litke (2014), it mandates that the government must fund family planning health clinics, provide affordable contraception, and launch comprehensive sex education in schools. The Roman Catholic Church prevented the bill from becoming law for 15 years and put limitations on the law: private hospitals associated with the Roman Catholic Church will not have to give family planning options and minors who want contraceptives will need parental consent.<sup>4</sup> Egypt is also creating legislation to try to combat gender inequality. As reported by Stuart (2015), the country criminalized sexual assault in 2014, although it will take more than gender legislation to fight gender inequality.

Contraceptive access and use is so important because it increases women's agency, correlates to a decrease in maternal mortality, and gives governments more money to focus on other pressing

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<sup>3</sup> See Lee, Nacionales and Pedroso (2009), p. 102.

<sup>4</sup> See Litke (2014).

issues that affect families, such as safe water, sanitation, and literacy. Governments must work at the local, national, and international levels to increase contraceptive access and use, helping women and young girls everywhere.

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