New Population Council study offers unique and valuable data on the lives of young people in Egypt. See page 2.

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Surveying Young People in Egypt Before and After the Revolution

For decades, the Population Council has generated evidence about the lives of young people in Egypt. In 1997, the Council conducted the groundbreaking *Adolescence and Social Change in Egypt* survey, interviewing more than 9,000 young people. In 2009, the Council interviewed a nationally representative sample of around 15,000 young people between the ages of 10 and 29, from 11,000 households—conducting the *Survey of Young People in Egypt* (SYPE), one of the largest surveys of young people in the Middle East and North Africa.

The results of these studies—which offered gender-disaggregated information on health, schooling, employment, civic engagement, and many other topics—were used to inform government policies for young people. They were also used to inform two of the Council’s own pioneering programs, *Ishraq* and *Neqdar Nesherak*, to empower girls and young women in rural Upper Egypt.

Two years after data were collected for SYPE, young people electrified the world by playing an active part in demanding “bread, freedom, and social justice” and ousting Egypt’s regime of 30 years. The intervening years have been turbulent.

In 2014, the Council reinterviewed more than 10,000 respondents from the 2009 survey. This new study offers a unique and valuable collection of data on the lives of young people in Egypt before and after the Revolution.

A survey of Egypt’s young people is particularly informative because a high proportion of the country’s population is under age 30, forming a so-called “youth bulge.” Approximately 60 percent of the population is under age 30, and 40 percent of those individuals are between the ages of 10 and 29. This demographic pattern has significant implications for the country’s future. Targeted investment in young people—Egypt’s future leaders—can bring considerable economic benefit to the country. However, if the health, education, and economic needs of Egypt’s young people are not addressed, the results for these individuals, as well as for the country, could be devastating.

Comparing the findings of SYPE 2009 and 2014 provides an unparalleled picture of the lives of young people in Egypt, before and after the Revolution. The findings are an invaluable source of support for policymakers who seek to develop evidence-based policies and programs to enhance the potential and well-being of Egyptian young people and the country as a whole.

Key findings and policy implications

Overall, SYPE 2014 found that Egypt’s young people are relatively optimistic about their prospects, but they believe that the government needs to play a larger and more active role in ensuring a positive future. Young people appear to be most concerned about raising living standards in their country. They report that being financially well-off and well educated are more important societal values than political tolerance and transparency. When asked about the top challenges facing Egypt, they rank lack of security first—not surprisingly, many respondents said that security risks increased over the previous five-year period—followed closely by the economic crisis.

Indeed, there are fewer job opportunities for young people in Egypt as a result of the country’s political changes. Though the unemployment rate during this time dropped only slightly, the decline can be attributed to the increase in the proportion of young people who got discouraged and stopped looking for work, not to an increase in employment levels. Many young people took informal or temporary jobs, which are often correlated with poverty. Additionally, researchers observed increased reliance on entrepreneurship as an alternative means of entering or staying in the labor market, since young people were unable to find wage-paying jobs. It is critical that Egypt proactively address these economic uncertainties and help ensure employment opportunities for young people who want to improve their well-being and contribute to the growth of their country.

Young people in Egypt today are more likely than they were in the past to say that the environment is polluted and affecting their health. They also perceive increased health risks from poor nutrition and high rates of smoking. Researchers saw little change in overall gender attitudes, which remained highly conservative, as well as in knowledge about HIV and family planning, although desired fertility increased between 2009 and 2014. Government policies must make it a priority to raise awareness about HIV and family planning to ensure that people can protect themselves against infection and unintended pregnancies.

Though fewer respondents indicated in 2014 that they had experienced female genital mutilation or cutting, this likely does not represent an actual decline. More respondents refused to answer this question in 2014 than in 2009, suggesting ambivalence about the prac-
practice or fear of legal implications. In addition, a majority of respondents stated that this practice is necessary and that they intend to circumcise future daughters. These findings suggest that interventions that target young people before they get married and subject their daughters to this practice are urgently needed.

Nevertheless, the surveys showed that young people are optimistic about Egypt’s future. Despite the political and economic instability in Egypt during the transitional, post-Revolution period, the rate of migration aspirations among respondents did not change much between 2009 and 2014. Young people who expressed a desire to migrate were motivated by economic factors, not by political and security circumstances, and most said that they would leave the country only for a period of up to five years and would then return.

Despite reports about increased pollution, poor nutrition, and high rates of smoking, almost half of Egypt’s young people described themselves as healthier in 2014 than they were in 2009, and researchers noted an overall decrease in reported sexual harassment among young women. In addition, Egypt has made enormous progress in ensuring that young people enter school, although the government must now take this a step further to ensure that children succeed and receive a good quality education in school.

Perhaps not surprisingly, the biggest change observed between 2009 and 2014 was in political participation. While only 16 percent of respondents of voting age reported in 2009 that they had ever voted in an election, voter turnout increased to approximately 65 percent in referendums and elections that took place between 2011 and 2012. Young people’s use of the Internet and media, and especially the use of the media as a news source, increased dramatically between 2009 and 2014; about 80 percent of respondents indicated that at least one type of media was important or very important for getting information about the 2011 Egyptian Revolution.

Nonetheless, the survey found that overall few young people participate in political activities, although those with more years of education were more likely to engage politically. Illiterate young people were the least active, compared with those who received university and graduate-level education.

Overall, these findings point to several key areas where the Government of Egypt should take action to help secure the positive future that young people aspire to:

- Provide better employment opportunities for young people;
- Promote equality of opportunity for all young people;
- Improve family planning programs to help people avoid unplanned pregnancies and reduce pressure on the weak economy;
- Encourage young people to engage even more actively in political and civic life so that they continue to contribute positively to Egypt’s transition.

To develop effective programs and policies, governments and organizations need solid, reliable data. Given the tumult and change recently experienced in Egypt, this is true now more than ever. Egypt’s young population could propel the country economically. However, without the right investments in young people’s health and education, as well as in opportunities for productive livelihoods, their future prospects—and some might even say the future of Egypt—will be limited.

**SOURCE**

**FUNDING**
Assessing the Long-term Impact of the PRACHAR Project in India

A new Population Council study finds that the PRACHAR project in India to improve the sexual and reproductive health of married women and increase contraceptive knowledge and use, continued to have an effect on participants’ behavior long after the program concluded. This finding is groundbreaking because while most programs demonstrate promising changes in the knowledge, skills, and attitudes of participants at their immediate end, the long-term impact on reproductive health behavior has seldom been assessed. Additionally, the new study finds that this program not only had a positive long-term effect on women who had been directly exposed to program activities, but also on those indirectly exposed.

**Background on the PRACHAR project**

Pathfinder International implemented the Promoting Change in Reproductive Behavior of Adolescents (PRACHAR) project in three phases from July 2001 to August 2012 in Bihar, one of Northern India’s least developed states. Bihar has the highest total fertility rate of any state, and a high proportion of child marriage and early childbearing.

The goals of the PRACHAR project were to delay the age of marriage, delay the birth of the first child, and promote healthy timing and spacing of pregnancy among adolescents and young couples. The intervention included multiple components: individual counseling for young women and women’s group discussions about sexual and reproductive health issues; group meetings with married men, fathers, and fathers-in-law led by male counselors; “infotainment” programs for newlywed couples; and cultural programs for the broader communities. Additionally, the project displayed murals, which conveyed contraceptive information to the community, and educated health service providers about reproductive health matters, specifically focusing on how to discuss these issues with young women.

**Evaluation of longer-term effects**

The Population Council evaluated the longer-term effects of the PRACHAR project’s Phases 1 and 2. Council researchers sought to determine whether the improvements in contraceptive awareness and use following implementation of the project were still evident four to eight years after its completion, and whether women who were having families in areas where the PRACHAR project had been implemented reported different contraceptive experiences than women in comparison areas where the program had not been implemented.

From March to April 2013, Population Council researchers interviewed 2,846 married women, focusing on four broad sets of outcomes: contraceptive awareness, age at marriage, childbearing patterns, and contraceptive use. Of this group, 2,130 women were from PRACHAR intervention areas and they were compared to a sample of 716 women (matched by age, education, migration, and marital status) from an area where PRACHAR had not been implemented. Twenty-five percent of the women interviewed from the intervention areas had been directly exposed to one or more of the intervention activities (primarily cultural programs that promoted reproductive health messages, although one-third had attended group meetings and one-third participated in youth training programs).

“We wanted to see whether there was a marked difference in contraceptive knowledge and practice, age at marriage, and childbearing patterns among married women four to eight years after the PRACHAR project took place,” explained Council researcher Rajib Acharya. “We were particularly interested in assessing whether the outcomes differed between women in comparison areas and intervention areas, and between women in intervention areas who were directly exposed to the PRACHAR project and those in intervention areas who were indirectly exposed.”

**Multipronged interventions like PRACHAR have the ability to not only change practice in the short-term but to fundamentally change reproductive norms that could have long-term implications for marriage, childbearing, and reproductive health practices.**
Lasting results

Although researchers found that comprehensive awareness of contraception remains far from universal, contraceptive practice is limited, child marriage persists, and childbearing is initiated early and repeated rapidly among young women in Bihar, the PRACHAR project had a notable impact on women’s reproductive health and choices even four to eight years after its conclusion.

Women in intervention areas were more likely to have method-specific knowledge of oral contraceptives, IUDs, condoms, and the Standard Days Method; to know that oral contraceptives and condoms are appropriate for delaying first pregnancy and that IUDs and injectables are appropriate for spacing births; to have ever used contraceptives or be using a modern method; and to have initiated contraception within three months of their first birth (but not to delay the first pregnancy). Notably, these findings were true both for women who had been directly exposed to the intervention and for women who had been indirectly exposed. Researchers also found that while differences were small, mean age at marriage was significantly higher among women in intervention areas than those in comparison areas, and higher among both directly exposed and indirectly exposed women than comparison women, but that it remained well below the legal minimum age of marriage in India.

The results of this evaluation are critical as they demonstrate for the first time that women who are exposed to reproductive health programs not only retain contraception information but also adopt health-promoting practices once married, including using contraception following the first pregnancy and afterward. Additionally, this sustained awareness of contraceptive methods also applies to women who reside in intervention communities but who were not directly exposed to program activities. This demonstrates that multipronged interventions like PRACHAR have the ability not only change practice in the short-term but to fundamentally change reproductive norms that could have long-term implications for marriage, childbearing, and reproductive health practices.

SOURCE


FUNDING

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An adolescent girl’s formal education is usually over the moment she becomes a mother, limiting her opportunities for a lifetime. A recent study by the Population Council finds that in sub-Saharan Africa, gaps and inconsistencies in education policies violate a pregnant adolescent’s right to education.

“Nearly all adolescent girls in sub-Saharan Africa who have ever been pregnant are out of school,” said Harriet Birungi, Population Council country director in Kenya. “We wanted to understand how the education sector is responding to this situation and how the response can be improved to get teen mothers back into school.”

From August to October 2014, Population Council researchers reviewed published literature and policy documents from the Ministries of Health and Education in Botswana, Kenya, Malawi, Tanzania, Uganda, and Zambia. They also conducted in-depth interviews and focus group discussions with school administrators, teachers, students, and parents. The researchers found gaps in policy, confusion about policy, and lack of knowledge about policy that combine to keep pregnant girls and teen mothers out of school.

Preventing early and unintended pregnancy

None of the countries examined in this study offer truly comprehensive sexuality education.
For example, information about pregnancy prevention is rarely included in curriculums. Sexuality education in Botswana, Malawi, and Uganda includes information on proper use of condoms, and life-skills education in Zambia and Uganda includes information on contraceptives (in the latter, in Islamic religious curriculum only). In places where information on pregnancy prevention is taught, it is only covered in secondary school. However, few students make it to secondary school, so many adolescents do not receive this information.

Furthermore, schools and health services are not officially linked in any of the countries, despite recognition that such a connection might help reduce early and unintended pregnancy. Researchers did find evidence that this link is happening informally; for example, in Uganda, schools located near health facilities have established informal relationships.

Responding to early and unintended pregnancy

When girls do get pregnant, education-sector policies in sub-Saharan Africa often do not facilitate their continuation or reentry in school. The study’s authors describe three different school-system responses to pregnant learners:

- **Expulsion:** Immediate removal of pregnant learners from the school system with no prospect of returning.
- **Reentry:** Compulsory leave of absence before a student may reenter school, often a different school.
- **Continuation:** Pregnant learners may remain in school for as long as they would like, with no compulsory leave after giving birth.

Though researchers hoped to see continuation policies in place universally, this was not the case. All countries examined had reentry policies, either officially (in Botswana, Kenya, and Zambia) or in draft form (in Malawi, Tanzania, and Uganda). In many countries, there are conflicting messages. For example, in Kenya there are guidelines that imply that pregnant learners should be sent home, as well as policies that state that such learners should be allowed to remain in school for as long as possible.

Researchers found that though some countries have policies to accommodate the needs of pregnant students, most of these policies are not implemented, possibly due to lack of awareness at the school level. None of the countries, except Zambia, has a mechanism to keep track of girls who leave school due to pregnancy in order to assist them in reentering. Knowledge about the reentry process is limited among school administrators, teachers, students, and parents.

**Recommendations**

To address these gaps, reduce the occurrence of unintended pregnancy, and ensure that girls who do get pregnant are able to return to school with ease, the authors recommend that:

- Guidance documents outlining appropriate education-sector responses to early and unintended pregnancy should be developed so that they can be adapted by Ministries of Education.
- These guidance documents should be shared with education, health sector, and community stakeholders to raise awareness of appropriate responses and responsibilities. Life-skills and sexuality and HIV curriculums should be expanded to include information on pregnancy prevention, and should be taught as early as upper-primary levels.
- Regional bodies created to promote collaboration in education and health should convene workshops to support connections between Ministries of Education and Ministries of Health, and also between schools and health services.
- Policymakers should identify programs that successfully enable school reentry and expand these programs across the region.

“Because so many of the national policies are currently in draft form,” said Chi-Chi Undie, a Population Council researcher in Nairobi, “it is critical that we offer suggestions and support so that countries adopt policies that are effective and ethical.”

**SOURCE**


**FUNDING**

UKaid
A new analysis by the Population Council shows that engaging men in family planning decisions and dialogue can be a powerful way to help change attitudes and behaviors regarding family planning in Pakistan.

Researchers from the Evidence Project examined data from the Council-led USAID-funded Family Advancement for Life and Health project (FALAH) in Pakistan, which was implemented between 2007 and 2012. The Evidence Project, a five-year USAID-funded project led by the Population Council, uses implementation science to strengthen, scale up, and sustain family planning services to reduce unintended pregnancies worldwide.

Through FALAH, the Council worked with health and population-welfare departments of the Pakistani government, religious leaders, and rural communities in more than 20 rural, socially conservative districts to promote birth spacing as an acceptable health intervention to protect the lives of women and infants. A critical objective of the project was including men in family planning efforts, both to address their lack of opportunities to discuss family planning and obtain services, and to counter the widely accepted belief that family planning is solely a women’s concern.

FALAH reached more than 9 million married men and women. Among its major achievements were a decrease in fertility (by 0.5 children), an increase in contraceptive use (from 29 percent to 38 percent), and a drop in the percentage of women who say that they want to avoid or delay pregnancy but who are not using contraception (from 14 percent to 11 percent).

FALAH took a unique approach by actively involving men in creating a supportive environment for family planning. By using the message “Birth spacing saves lives,” family planning was positioned as a health intervention. The project encouraged an interval of 24 months from birth to next conception and raised awareness of the age-related risks of pregnancy.

There were five components to FALAH’s male-engagement strategy:

1. Individual counseling through community-based volunteers (falahi workers);
2. Men’s group meetings at the community level;
3. Friday sermons at mosques by sensitized local religious leaders;
4. Interactive community theatrical performances;
5. Electronic media (radio spots and television broadcasts of messages, documentaries, and discussions on family planning).

While there was some variation in approach, and the combination of interventions used in individual districts differed, the focus on the core message regarding healthy timing and spacing of pregnancy was consistent in all information, education, and communication materials, direct interactions, and media campaigns.

The Council’s recent analysis of FALAH data shows that exposure to the male-engagement components has been influential in changing family planning attitudes and behaviors. For example, men who participated in male group meetings were more likely than nonparticipants to perceive themselves as approachable and cooperative if their wives brought up the subject of family planning, as well as more likely to use contraceptives. In addition, men who were exposed to the television campaign were more likely to communicate with their wives about family planning, cooperate if their wives mentioned family planning, and actually use contraceptives.

Based on these findings, the researchers make five recommendations for future family planning programs in Pakistan:

- Shift the focus to a more gender-balanced approach where men are seen as partners in contraceptive decision-making.
- Design messaging around the theme of healthy timing and spacing of pregnancies, rather than limiting family size.

“Data from the FALAH project indicate that men are frustrated at their lack of access to family planning information and programming. Including men in family planning efforts is both a feasible and effective way to help shift attitudes and behaviors in Pakistan.”

—Seemin Ashfaq
Population Council deputy director for reproductive health programs in Pakistan
• Engage religious leaders and publicize their support for family planning, which is consistent with Islamic thought and has been recognized in many other Muslim countries.
• Use male health workers to meet, counsel, and provide contraceptives to men, and organize male group meetings.
• Use interpersonal, community, and mass communication to promote and reinforce family planning messages, including contraceptive options, service availability, and arguments to counter misconceptions about family health and well-being.

“Men are frustrated at their lack of access to family planning information and programming,” said Seemin Ashfaq, Council deputy director for reproductive health programs in Pakistan. “The FALAH project demonstrated that including men in family planning efforts is both a feasible and effective way to help shift attitudes and behaviors in Pakistan. These findings may also apply to other countries in the region.”

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The Council’s FALAH project in Pakistan has been influential in changing family planning attitudes and behaviors among men. See page 8.