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THE CHILD TOO MANY

**Solving overpopulation: exploring the implications of Governmental Population Control
on the Right to a Family Life**

Case study on the Arab Republic of Egypt

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ABSTRACT

Overpopulation is a pressing matter that endangers the future resource availability and earth's carrying capacity. Especially in third world countries, overpopulation causes specific human rights violations to the right to life, the right to an adequate standard of living, the right to health, etc. To put an end to the population boom, governments create strategies to reduce the birth rate. These strategies might compromise the full enjoyment of the right to a family life. This right entails the right to family planning, which allows every individual to choose freely and responsibly on the formation of their family.

This research focuses on the following measures of population control: contraceptive use, sterilisation, abortion, one-child policy and educational campaigns. Through a proportionality and necessity test, each individual policy is examined. In this way an answer is formulated to the following question: *“When can governmental strategies for population control prevail over the right to a family life?”*

Additionally, this thesis presents general takeaways for States on admissible population control strategies. Examples are the alignment of the population's cultural or religious values with the measure and the focus on voluntary programmes. When doing so, every person's right to a family life can be guaranteed.

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The past year, I have researched the interconnection between overpopulation and the right to a family life. During this period of time, I have learned to conduct research in a reliable and independent way. Furthermore, this experience has taught me that reading hundreds of sources, rewriting, deleting passages, changing the structure and order of paragraphs, are part of a process that leads to a thorough and valuable analysis. Fortunately, I did not work through this process alone.

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INTRODUCTION

On 15 November 2022, our world's population was estimated to be 8 billion people (United Nations, 2022a). As UN Secretary-General Antonio Guterres stated: "This milestone is an occasion to celebrate diversity and advancements while considering humanity's shared responsibility for the planet" (Al Jazeera and News Agencies, 2022). Yet there is more to take into account than celebrating diversity and new life. The latest projections by the United Nations suggest that the global population could grow up to 10.4 billion at the end of this century (United Nations, 2022d). More people walking our Earth implies an increased demand for food, housing and healthcare. Unfortunately, overpopulation is often brushed off as a future problem. Researchers perceive current human rights violations as more pressing; policy makers argue that it is not up to those alive today to implement changes for future generations ...

A population will stop growing if there are more people passing away than new babies being born. This means that there are two possible solutions to solve the issue of overpopulation: increasing the death rate or decreasing the birth rate (Dombroff and Lifshitz¹, 1972, 123). As for the first solution, it is ethically very problematic and difficult to advocate an increase in the number of deaths. No loving human being and expert in his right mind will proudly spread a theory to kill half of the global population through diseases or attacks or creating a scarce in resources. This is thus no desirable outcome. After ruling out the first option, there remains only the solution of decreasing the birth rate through mechanisms of population control. A government can impose strategies that are either preventive or repressive to slow down population growth. One may think of educational programs, contraception, (compulsory) sterilisation, (compulsory) abortion and one-child policies. This answer to the issue of overpopulation might seem like a responsible one from a governmental perspective, nonetheless, more dimensions are at stake. The right to marry and to have a family life is often forgotten in this discussion. This right is recognised under international law in Article 16 of the Universal Declaration of Human Rights, Article 17 of the International Covenant on Civil and Political Rights and Article 8 of the European Convention on Human Rights (Nicholson; 2018). Concretely, this right imposes a positive and negative obligation on governments. The positive dimension obliges a government to make sure that a family has all

¹ The article by Dombroff and Lifshitz dates back to 1972. It demonstrates that even 51 years ago, doctrinal research surfaced on the issue of overpopulation.

the possible tools to build out their family life and to get married. They must be able to create and grow their family as they see fit. The negative dimension prohibits a government from subjecting an individual to any arbitrary or unlawful interference with their right to a family life (Article 8 ECHR; Nicholson 2018, 4).

Keeping in mind the aim to curb population growth, it is clear that a conflict exists between on one side the governmental population control strategies, and on the other side the internationally recognised right to a family life. This issue creates a balancing exercise with a necessity and proportionality test that is worth further investigating. Consequently, in this research, I aim to answer the following question: “*When can governmental strategies for population control prevail over the right to a family life?*” To illustrate the tense relationship between population control and the right to a family life, I carry out a case study on the Arab Republic of Egypt. The reasoning behind this choice is twofold. First of all, Egypt is one of the eight countries that the United Nations focuses on to reduce birth rates (Al Jazeera and News Agencies, 2022; Sawy, 2023; United Nations, 2022c). The other countries in this list are the Democratic Republic of Congo, Ethiopia, India, Nigeria, Pakistan, the Philippines and Tanzania (Sawy, 2023). Moreover, Egypt is currently the 14th most populous country on a global scale, according to United Nations Statistics (United Nations Department of Economic and Social Affairs, 2021; World Population Review Countries, 2022). The second reason why Egypt is an interesting object of study is because it has a dominant Islamic society. Religion and traditions related to family life obstruct the implementation of an effective policy to reduce the birth rate. Generally, contraception is permitted though not promoted in Islamic societies. This study determines in what way Islam is a driving factor for population growth in Egypt. Therefore restricting family life in Egypt is a controversial topic that must be researched (Youssef, Osman and Roudi-Fahimi, 2014).

COURSE OF RESEARCH

This master's thesis exists out of three parts.

In Part 1, the concept of overpopulation and its threat to human rights is examined. Consequently, there are two chapters that each research an opposing perspective on this issue. One chapter is devoted to governmental strategies to temper the population growth and solve overpopulation. This research focuses on the following strategies of population control: contraceptive use, sterilisation, abortion, one-child policy and educational campaigns. The other chapter investigates the right to a family life and the associated right to family planning. The final concluding chapter of the first part handles the proportionality and necessity test to determine when population control can prevail over the right to a family life. This thesis intends to make a clear division between on one side a government that tries to make a change and implements its policies on to the population, and on the other side the population with its fundamental right to a family life. This conflict has to be kept in mind whilst reading this work.

In Part 2, I conduct a case study on the Arab Republic of Egypt. As it is a country that is struggling with overpopulation, I aim to investigate how the Egyptian government manages to balance population control strategies and the right to family planning. To understand the Egyptian struggle with overpopulation in a better way, a chapter is dedicated to the history of its population growth. After that, governmental mechanisms of population control in Egypt are weighed off against the values of the Egyptian society concerning family life. This will be done through a proportionality and necessity test.

The thesis ends with a concluding part that entails a normative framework for governments that aim to curb the population growth. This framework will encompass generalisations from Egypt's case study, as well as general recommendations and guidelines for States on admissible population control strategies..

CHAPTER I. RESEARCH QUESTIONS AND RESEARCH METHOD

The aim of this research is to answer the following question: “*When can governmental strategies for population control prevail over the right to a family life?*”

To respond to this question, I use several sub-research questions. The first set of questions is *descriptive and clarifying*:

- What is overpopulation? How can a government solve it?
- What are governmentally organised strategies of population control?
- What does the right to a family life entail? How is it defined by international law? What is its legal value?
- What is the Egyptian view on family life?

Furthermore, I wish to execute a balancing exercise between forced population control and the right to a family life through *evaluating research questions*:

- Which values are deemed as indispensable, and which may take up an inferior role?
- What are the positive and negative sides of each perspective?
- Can the Egyptian society successfully balance these two values out without creating major human rights violations?
- What recommendations can be made?
- Can Egypt be an example for other countries? Which generalisations can be found?

To answer the first set of sub-research questions, I adopt a descriptive research method to determine the range and concrete meaning of the concepts that we are dealing with (overpopulation, governmentally organised family planning, the right to a family life). A description is often a preceding step for further research purposes such as defining, comparing, and evaluating. A small section is also dedicated to ethical questions on overpopulation. The sources used are academic and scientific research, United Nations statistics and the international legal framework on the right to a family life (ICCPR). After the discussion on the dimensions of each concept and its implications, I adopt an evaluating research method for the balancing exercise. The sources include amongst others UN documents, official governmental strategies and campaigns, scholarly research articles and newspaper articles.

The balancing exercise is performed through a proportionality and necessity test. These tests are applied to every policy that a State introduces that violates human rights. The proportionality test is applied in many civil and common law countries in the world such as the United States, Spain, Greece and Switzerland. Next to that, it is also followed by the European Court of Human Rights, the Inter-American Court of Human Rights and the Court of Justice (Cianciardo, 2010, 177-178). It implies that the restriction of a positive or negative human rights obligation must be proportionate with the legitimate reasons and means used for doing so. International jurisprudence recognised several legitimate reasons. As for the measure used, it must be adequate to achieve the envisaged objective and no less invasive option is available. Besides the proportionality test, a balancing exercise requires a necessity test. The restriction must be necessary to obtain the aim. This is assessed based on objective evidence that the proposed strategies will be efficient and will not merely be a restriction to a human right (European Data Protection Supervisor, 2023). The concrete application of these tests is executed at the end of every Part of this thesis.

CHAPTER II. SCOPE OF THE RESEARCH

It is essential to outline the scope of this research in a clear way. According to what has been described above, I aim to determine in what ways governmentally organised population control can respect the right to a family life when discussing the issue of overpopulation.

Firstly, as for the topic of overpopulation, I base my research on statistics and sources published by organisations and departments of the United Nations. A small weight is given to the ethical debate as to whether we have a duty to save future generations from overpopulation. However, this does not form the main focus of this thesis. Secondly, as for the section on governmental population control strategies, I examine the following preventive and repressive options: contraception, sterilisation, one (or two)-child policies, educational programs and abortion. It is important to mention that this research is not an exhaustive examination of population control strategies. Naturally, as technologies and societies evolve, governments also employ other strategies to establish a family planning policy. However, those summed up in this paragraph are seen as the most common ones according to the United Nations in their statistics and data (United Nations Department of Economic and Social Affairs Population Division, 2015; United Nations Department of Economic and Social

Affairs, 2022). Other methods thus fall outside the scope of this investigation. Thirdly, the discussion on the right to a family life must be framed. The legal basis, interpretation and extent of this right are examined under [CHAPTER III. THE RIGHT TO A FAMILY LIFE](#).

Another remark about the scope of this thesis concerns the gender perspective. Women's rights are a very important issue under international human rights law and this research does in no way doubt about or take away any of its status. Nevertheless, I wish to include the right to a family life of both men and women, as well as strategies in population control that target both genders. This decision was based on the constellation that men are often left out of the debate on family organisation (UNFPA and Engender Health, 2017). As an example: the 2016 International Conference for Family Planning gave little to no thought to men's and boy's involvement in family planning. Moreover, the Conference ended its plenary session with the following statement: "thousands of people from all over the world can come together for one purpose: to give women and girls what they need to live the lives that they deserve." (Lantos, 2016) Other examples of the lack of male involvement are to be found in the recommendations for the Centre for Disease Control that leaves out the role that men can play in preventing pregnancies (Lantos, 2016). Fortunately, a shift in perspective is created by the UNFPA (United Nations Population Fund) with its human rights-based approach for family planning. This approach entails that when human rights of men and women are competing with each other, a balance and comprise must be found. The aim is to avoid that one would prevail over the other with one of both genders enjoying less protection. Family planning is a family issue and participation of both women and men is essential (Lantos, 2016; UNFPA and Engender Health, 2017; World Health Organisation - Regional office for the Eastern Mediterranean, 2022).

Lastly, this research looks at solutions for overpopulation on a domestic, national level. To set forward a global policy on how to solve overpopulation seems the most effective but will not be enforceable and feasible in practice. Possible obstacles that a global policy may encounter are the lack of importance and interest that some States give to this issue, lack of enforceability on an international level, no persecution or adverse effects in case of non-adherence. I therefore focus on the individual change a State may create for its own population whilst implementing policies on a domestic level. A global strategy is thus left outside the scope of this thesis.

PART 1 – OVERPOPULATION AS A THREAT TO HUMAN RIGHTS

In Part 1, the concept of overpopulation and its threat to human rights is examined. Consequently, there are two chapters that each research an opposing perspective on this issue. One chapter is devoted to governmental strategies to temper the population growth, the other chapter investigates the right to found a family and have as many children as one may wish for.

CHAPTER I. OVERPOPULATION

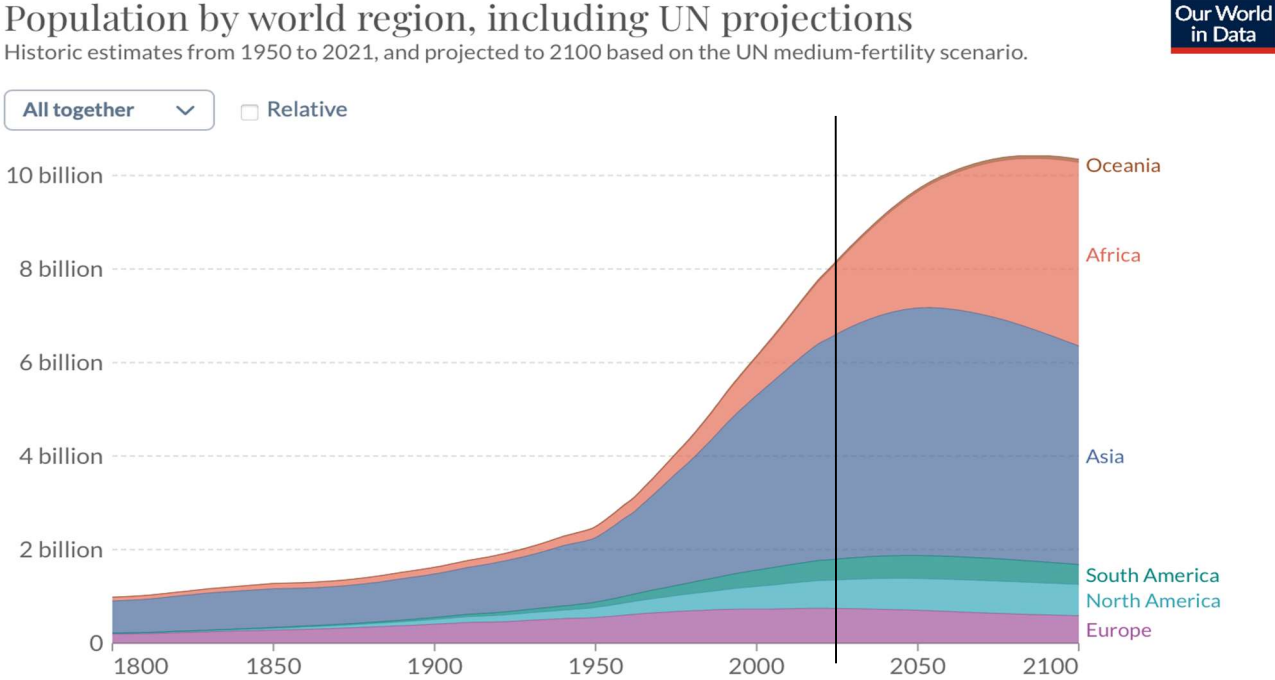
“Be fruitful and multiply and fill the earth and subdue it”.² As Dombroff and Lifshitz (1972, 94) correctly state: perhaps no commandment has been more thoroughly fulfilled. For millions of years, the growth rate of the human population was zero as the number of deaths equalled the number of births. Throughout the years, lives of people improved as they found better alternatives to cope with environmental, medical and societal challenges. Death rates dropped and birth numbers started to rise (Dombroff and Lifshitz, 1972, 94). Next to that, both maternal mortality rates as infant mortality rates decreased (Gapminder, 2010; WHO, 2019; OECD, 2022; UN Inter-agency Group for Child Mortality Estimation (via World Bank), 2020). Hence, planet Earth has experienced an extreme population boom, which is called ‘overpopulation’. The term overpopulation means more precisely: “the condition in which the number of humans currently existing on Earth outstrips future resource availability and earth’s carrying capacity” (Dombroff and Lifshitz, 1972, 94; Scott, 2022). Examples of this outstrip of resources are insufficient water and food supplies for daily nurturing use (Talton, 2018) and running out of fossil fuels without the possibility to rely on renewable or clean energy (Global Footprint Network, 2023; UN News, 2022).

Population growth runs at a different pace in first world countries, than in third world countries. Grounds are distinct in both groups. The main causes of population growth in first world countries are the increased lifespan, advancements in technology, improved access to medical care, reduced infant mortality rates and industrialisation of agriculture (Al Jazeera and News Agencies, 2022; Dombroff and Lifshitz, 1972, 95; Gore, 1994, 93; Scott, 2022). In

² Genesis 1:28, 9:1

third world countries, the causes are rather related to a lack of access to birth control, forced marriages, religious obligations to bear children and found a family, ensuring care at an older age ... (Al Jazeera and News Agencies, 2022) The boom in population is nowadays visible in Africa, Asia and South America, whereas the numbers of Europe, North America and Oceania stabilised and are even expected to decline in the upcoming decades (HYDE, 2017; Gapminder, 2023; Kent, 2008; UN, 2022-2023). In this thesis, the focus lays on the above-mentioned regions where population continues to grow today and where this phenomenon is regarded as a threat to human rights, notably: Africa, Asia and South America.

I refer to the graphic below for an overview of the population growth by world region based on UN Data. In the year 2023, the population numbers are still growing in Africa, Asia, South America and very lightly in North America.



Section 1. History of overpopulation

Our earth counted one billion inhabitants for the first time in 1800, meaning that it has taken us millions of years to come to this number. In the 18th century, despite a decline in the death rate, growth rates were hindered by various factors. One of these factors was the discovery of new lands for settlement and colonisation. This allowed the already booming European population to emigrate and prevent a first wave of overpopulation (Dombroff and Lifshitz,

1972, 95-96). Later on, in the 19th century, the Industrial Revolution and urbanisation were other factors that slowed down birth rates. With children viewed as consumers rather than economic benefits, families saw them as incapable of providing resources to remain economically viable, leading to a shift from the agrarian perspective where children could participate in labour and support their parents in old age. In the early 20th century, progress in research and the development of medicine resulted in the defeat of diseases such as malaria, yellow fever, pox, cholera, which previously caused pandemics. This eventually led to an unprecedented boom in population with our population exceeding 3 billion inhabitants at the start of the 1960s (Dombroff and Lifshitz, 1972, 95-96; Madhuparna and Nikita, 2022, 400). Very striking is that only a rough 60 years later, we reached the mark of 8 billion inhabitants (Al Jazeera and News Agencies, 2022; Scott, 2022; United Nations, 2022c). Since the global population started expanding, it has grown yearly with more than two percent. If we had not stopped or slowed down this growth in some way over the past decades, 2022 would have marked the twelve billion people milestone (De Smet, 2022). Luckily, the past ten years a positive trend became visible, our global population has ‘only’ grown by 0,8 percent. According to Patrick Deboosere, professor Demographics at the Free University of Brussels, there is certainly a limit to the amount of people our earth can handle (De Smet, 2022). Today the average is 2,3 children per woman globally (De Smet, 2022). Overall, scientists claim that human population growth will slow down. The United Nations agrees to this supposition and predicts that the total number of inhabitants on our Earth will not exceed twelve billion (Scott, 2022).

Unfortunately, even when the birth rate is slowing down, it will take hundreds of years before the number of people alive starts decreasing. There are three main causes for this event.

(1) The phenomenon of Momentum: a young population with a fertility rate below replacement level will continue to grow when the death rate and migration levels remain unchanged. Globally, the number of women of reproductive age increased with 600 million in the past 30 years. This is a growth of 46 per cent (United Nations Department of Economic and Social Affairs, 2022, 3). In other words, even when less children are born, many people on this planet are currently at the age of creating a family (Gorvett, 2022).

(2) No change in policy or natural disaster is able to abruptly stop population growth on a global level in a way that it will make a direct change. This is the result of a study of 2014:

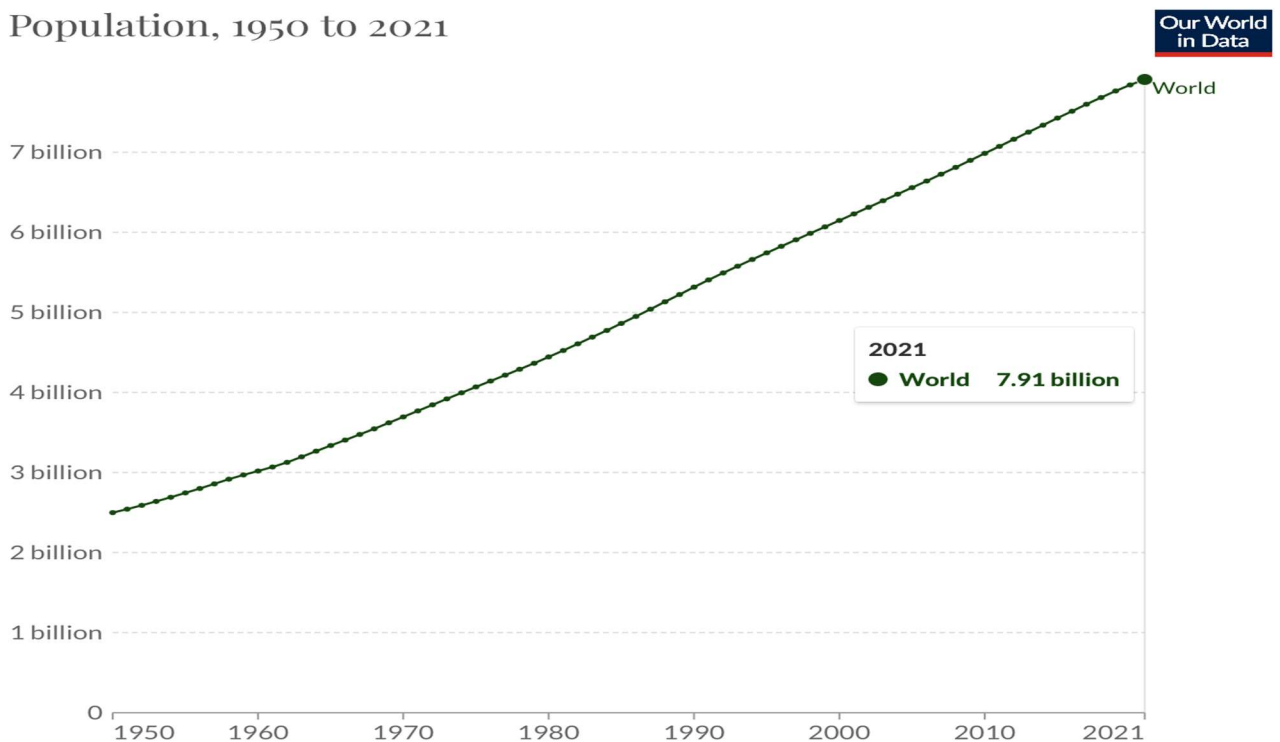
“Even in the event of a major global tragedy such as a deadly pandemic or catastrophic world-war, or draconian one-child policy implemented in every country on the planet

– none of which anyone is hoping for, of course – our population will still grow to up to 10 billion people by 2100. Even a disaster on such a scale that it leaves two billion people dead within a five-year-period in the middle of the century would still see the population grow 8.5 billion people by 2100.” (Gorvett, 2022)

(3) Lastly, life expectancy has gone up immensely. People live much longer than they used to, meaning that more humans are alive at the same time (Gore, 1994; United Nations, 2022c). We can conclude that in any case, our world will be very crowded the upcoming hundreds of years and human rights violations are inevitable (Gorvett, 2022).

For a graphic overview on the population growth since 1950, I refer to the overview below of the worldwide population growth since 1950.

Population, 1950 to 2021



Source: United Nations World Population Prospects (2022)

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Section 2. Why is overpopulation an issue?

Scientific research shows that a too large number of individuals of a species, including the human species, causes serious disturbances to the life and environment of that species (Grigorescu, 2018, 54). Overpopulation is an issue for several reasons. The following paragraphs investigate these claims more deeply.

§1. Human rights violations

The concern that overpopulation could violate human rights was expressed early on at the International Conference on Human Rights in Teheran in 1968 (United Nations, 1968, 15):

“Believing that it is timely to draw attention to the connexion between population growth and human rights:

1. Observes that the present rapid rate of population growth in some areas of the world hampers the struggle against hunger and poverty, and in particular reduces the possibilities of rapidly achieving adequate standards of living, including food, clothing, housing, medical care, social security, education and social services, thereby impairing the full realization of human rights;

2. Recognizes that moderation of the present rate of population growth in such areas would enhance the conditions for offering greater opportunities for the enjoyment of human rights and the improvement of living conditions for each person;

/.../

4. Urges Member States and United Nations bodies and specialized agencies concerned to give close attention to the implications for the exercise of human rights of the present rapid rate of increase in world population.” (emphasis added)

Firstly, overpopulation poses several risks in terms of finite natural resources such as minerals, timber, and other fuels that are non-renewable and will eventually be depleted. This means that they cannot be replaced at the same rate they are being consumed (Dombroff and Lifshitz, 1972, 98). The depletion of these resources would have far-reaching consequences, as society relies on these resources to function.

Secondly, several international humanitarian organisations have signalled the human rights violations that overpopulation may bring along. UN Under-Secretary-General for Economic and Social Affairs, Liu Zhenmin, points out the dangers occurring due to overpopulation: poverty, hunger and malnutrition, lack of clean air ... (United Nations, 2022c) This unpretty

picture is confirmed by many other scientists, one of them being Stephanie Feldstein, director at the population and sustainability director at the Centre for Biological Diversity: “Every single person needs fuel, wood, water, and a place to call home” (Al Jazeera and News Agencies, 2022). All that consumption contributes to ecological degradation, increased conflicts, and a higher risk of large-scale disasters like pandemics. There is an increasing possibility that a competition arises between entities that fight for the same supply areas (Dombroff and Lifshitz, 1972, 99). Furthermore, resource pressure and scarcity will fall more on developing nations where populations boom the most. In addition, it is in those exact countries that climate impacts are felt the most (Al Jazeera and News Agencies, 2022). All the above proves that it is important to address overpopulation and its impact on natural resources in order to mitigate these risks.

Thirdly, specific individual rights are protected under international law. The most significant rights that may be violated are the following (Amnesty International, 2023; Germain, 2011; McCain, 2018, Overpopulation Research Project, 2020):

1. Right to life (art. 3 UDHR, art. 6 ICCPR, art. 6 CRC, art. 12 CEDAW): More people walking this earth implies more need for resources. This may result in an inadequate access to food, water and healthcare, which can lead to a higher risk of disease and death.
2. Right to adequate standard of living (art. 25 UDHR, art. 11 ICESCR, art. 27 CRC, art. 14 CEDAW): Overpopulated areas suffer from overcrowding, poor housing conditions, and inadequate access to basic services such as sanitary equipment, education, and employment.
3. Right to health (art. 25 UDHR, art. 12 ICESCR, art. 24 CRC, art. 12 CEDAW, art. 25 CRPD): When more people are in need of health service, overpopulation may lead to an insufficient access thereto (Population Matters, 2023). Areas with high population density and poor sanitation are prone to spreading diseases, leading to increased rates of illness and death. One may think of China’s Covid-19 outbreak.
4. Right to education (art. 26 UDHR, art. 13 ICESCR, art. 28 CRC, art. 10 CEDAW): Overpopulation can result in overcrowded schools, inadequate resources to employ highly educated staff and provide the necessary learning tools, limited access to education. Marginalised communities are particularly vulnerable for these implications.

5. Right to work (art. 23 UDHR, art. 6 ICESCR, art. 27 CRPD): Finding an employment in an overpopulated region means that there is an increased competition and less working opportunities for each person. This can then result in exploitation, low wages, and poor working conditions.
6. Right to privacy (art. 12 UDHR, art. 17 ICCPR): Overpopulation can result in overcrowded living conditions that limit an individual's ability to have a personal and private space. This way, a person may be forced to share certain aspects of their private life that they wished to keep for themselves.
7. Right to a family life (art. 16 UDHR, art. 17 ICCPR, art. 16 CRC): This is one of the most critical violations that overpopulation creates. There are several aspects to be taken into account. When a given area holds too many people and is thus overcrowded, a family may be forced to live in cramped and unsanitary conditions. This can negatively affect their health and well-being. They will be in the impossibility to find a family as they see fit. Moreover, overpopulation can lead to a strain on natural resources such as water and food, making it difficult for families to obtain these basic necessities. This can result in families being forced to migrate in search of better living conditions or work opportunities, which can disrupt family structures and lead to the separation of family members. Moreover, policies aimed at controlling population growth can also impact the right to family life. For example, measures such as a forced sterilisation or abortion can violate the right to make decisions about one's own body and family planning (Global Population Speak Out, 2020; Population Matters, 2023). The specific depth of this violation will be discussed under [Section 1. Recognition of the right to a family life by the international community](#).

§2. Who are the victims?

Overpopulation will have a significant impact on the lives of all individuals living on this planet. Unfortunately, these negative consequences are felt even more by marginalised and vulnerable communities that are at risk for discrimination and negligence. One can think about stateless groups, women and children, people with disabilities, indigenous people, refugees etc (Global Population Speak Out, 2020). Every human on this world enjoys the protection of his human rights, which is ensured by conventions of international law such as the Universal Declaration of Human Rights (1948), International Covenant on Civil and Political Rights (1966), the International Covenant on Economic, Social and Cultural Rights

(1966), Convention on the Rights of the Child (1989), Convention on the Elimination of All Forms of Discrimination against Women (1979), and the Convention on the Rights of Persons with Disabilities (2006). Furthermore, there exist regional human rights instruments such as the European Convention on Human Rights, the African Charter on Human and People's Rights and the American Convention on Human Rights that protect these rights as well. It is important for governments and organisations to address the root causes of overpopulation and work towards ensuring that everyone's individuals' human rights are protected.

Section 3. The end of humankind: the Malthusian trap

The consequences of overpopulation remain uncertain (Scott, 2022) as the future can be influenced by many still unknown factors. The example of overpopulation in Egypt explains this phenomenon: it was impossible to predict that the Arab Spring would lead to an increase of the birth rate.³ As no scientist can say with certainty what the future holds, doom scenarios such as the Malthusian trap have revived (Scott, 2022). The Malthusian trap is a theory that originates from the work 'An Essay on the Principle of Population' of economist Thomas Malthus in 1798 (Dombroff and Lifshitz, 1972, 112; Scott, 2022; UCL, 2022). His theory highlights the correlation between food supply and population growth: food supply increases in a linear way, whilst population growth increases exponentially. According to Scott (2022), this theory says that the world's food supply will inevitably become inadequate for feeding the general population, whose numbers would continue to swell until famine, disease epidemics, war, or other calamities take root. Eventually, people will choose to reduce population growth to prevent starvation due to a lack of resources (Landsburg, 2018; Montano and García-López, 2020; Zubero, 2015). This hypothesis is referred to as the Malthusian trap because it was received by society as a "pessimistic prediction of the lock-step demise of a humanity doomed to starvation via overpopulation" (Landsburg, 2018).

I wish to mention that this research does not go deeper into whether this theory is correct or not. The scientific world is extremely divided (Gorvett, 2022; Grigorescu, 2018) and cannot unanimously predict if overpopulation will threaten our existence on this planet. In this thesis, the focus lies on the undebated fact that overpopulation threatens individual human rights

³ I refer to [Section 2. History of Egypt's population growth: Arab Spring \(2011\) – today \(2023\)](#) for a more detailed explanation.

such as the right to food, water, a decent housing, ... The possible end of our humankind due to overpopulation is not something that I will discuss.

Section 4. Ethical questions: our duty to save future generations?

In debates on climate change and overpopulation, the question often rises whether it is our duty to help the future generations. Is it up to us to adapt our way of living and lose a part of our high-quality lifestyle, only so that people in the future – that are not even born yet – will have a good life?

Former Vice-President of the United States Albert Gore pointed out this ethical dilemma at the International Conference on Population and Development in Cairo. He claimed that in our modern world we refuse to look beyond the immediacy of our own needs, and he wished that we, humans alive today, must invest in the future our children's children have a right to expect (Gore, 1994, 94). To support his argument, Al Gore refers to our commitment to basic human values, the central role of the family, the importance of the community, the universal and inalienable human rights and lastly, the inherent dignity of every individual person that lives or will one day live on this planet (Gore, 1994). This is a rather selfless perspective that wishes to give opportunities to our descendants.

A completely opposite approach is also possible: it is not specifically our duty to change our behaviours, however, it might be our duty to not create new people on an earth like this. Ethnologist Grigorescu refers to the principle of antinatalism. He starts from the premise that every human exists because he has the right to do so and nobody can threaten his existence (Grigorescu, 2018, 57). Antinatalism, nevertheless, questions this premise by analysing the moral value of life itself: how good is it to be alive and how good is life? Antinatalists draw the conclusion that life itself is not an absolute well, although this does not mean that it is better than not being alive. They continue by stating that it may not be in the best interest of an unborn child to walk this earth. Abstaining from procreation is thus a moral duty in antinatalism and would solve a large part of the overpopulation challenge (Grigorescu, 2018, 57). This is, according to Grigorescu, the moral duty we owe to future generations, procreate less right now so lesser people live in the future and lesser human rights violations may occur. This way, it is possible to preserve equal opportunities between us, 'the contemporaries', and the generations after us (Grigorescu, 2018, 58).

Another school of thought follows the concept “let nature take its course”. It implies that mankind should not intervene in overpopulation as a contemporary challenge. Future generations will follow the course that life brings without our intervention: in times of famine, those that cannot afford food will perish; in times of war, the poor will suffer higher casualties; in times of economic crises, those without education will endure the consequences. Despite the fact that natural disasters such as tsunamis, earthquakes and hurricanes do not discriminate, the aftermath care will be better for wealthy people. Natural selection will take out those that were not meant to survive, and it is not up to us, ‘contemporaries’ to deal with overpopulation (Dombroff and Lifshitz, 1972, 141-143).

It is clear that no universal answer exists to this question. It is up to policy makers of each country, and international organisations (if they are given the competences to do so), to create a strategy on overpopulation and decide whether or not future generation’s rights are at stake.

CHAPTER II. GOVERNMENTAL STRATEGIES TO SOLVE OVERPOPULATION

Preventing a future problem is always better than solving it, nevertheless, procreation and its associated joys, usefulness and cultural value are of interest to many. Dramatic mass reduction of the population is unlikely (Doomen, 2021, 4). To solve overpopulation on a national or international level, two possibilities are available: increasing the death rate or decreasing the birth rate through population control strategies (Dombroff and Lifshitz, 1972, 123). As for the first solution, it is ethically very problematic and difficult to advocate for an increase in the number of deaths. No loving human being and expert in his right mind will proudly spread a theory to kill half of the global population through diseases or attacks or creating a scarce in resources. To refer to some literature, the novel *Inferno* by Dan Brown discusses the option to spread a virus that will halve the world population. It is clearly fiction but gives an insight on how this perspective would be received. Although death control has been the natural determining factor throughout history - and could become the determining factor again, - it is questionable whether natural disasters and epidemics will be ‘strong’ enough to control the population growth (Dombroff and Lifshitz, 1972, 123). Moreover, humans learned better how to adapt and protect themselves in these situations, meaning that they are not necessarily lethal anymore. For example: the recent earthquakes in South-East Türkiye and Northern Syria have unfortunately killed many lives (Horton and Armstrong,

2023). If buildings would be adapted to these situations, many people can be saved in the future.

After definitively ruling out the first option, there remains only the option of decreasing the birth rate. When less babies are born and the death rate remains the same, the population decreases. Dropping the birth rate can be done through population control strategies organised by a government. This solution has been agreed upon by several researchers. Ethnologists Morris and Grigorescu stated in the same way that we must reduce the breeding rate without interfering with the existing social structure (Grigorescu, 2018, 56). As doctor professor Dombroff (1972, 131) states: “The demographic facts, moral and religious considerations, and legal developments do not lend themselves to a simple or obvious solution at this time. It is likely, however, that suggestions calling for compulsory limitation will be forthcoming.” The ideal situation exists out of a voluntary participation of the population in family planning. On the other side, compulsory measures are undesirable but generally the most effective.

The former Vice-President of the United States Al Gore delivered his remarks on the matter of overpopulation at the opening session of the International Conference on Population and Development in Cairo. He emphasised the mutual spirit all countries must adopt to fight this issue: *“Let us strengthen our resolve to respect our differences and reach past them to create what the world might remember as the ‘spirit of Cairo’ – a shared and unshakable determination to lay the foundation for a future of hope and promise”* (Gore, 1994, 94). Furthermore, he underlines that the solution to the population challenge is not to be found in one single simplistic answer, though in a comprehensive approach that combines amongst others the principles of democracy, economic reform, low rates of inflation and low levels of corruption (Gore, 1994, 94). Contrary to what Al Gore tries to promote in the speech above, this research will focus on how a single government can make a change and implement its policies on to the population.

Section 1. Governmental strategies to regulate population growth

As described before, a government must take action to reduce its population. It can do so by installing programmes and strategies to organise family planning in a way that the birth rate drops. This strategy is named human population planning or population control. Dombroff and Lifschitz (1972, 101) determine the aim: “the institutional encouragement for the (voluntary) limitation on size of the individual family through birth control”.

This thesis creates the division between two types of mechanisms for population control: preventive and repressive. For each sort, a specific number of actions is examined. Preventive actions are those actions a government can create or provide before a child was conceived. They are attached before conception. Repressive actions are executed or performed afterwards (Dombroff and Lifshitz, 1972, 131). The *preventive actions* include contraception, sterilisation and the one(or two)-child policies. The *repressive action* investigated below is abortion. In the next section, the compulsory component of these actions and its enforceability is discussed. To clarify, this thesis considers a population control method organised by a government when its accessibility depends on a government's policy. It is important to mention that this research is not an exhaustive examination of population control strategies.

Next to preventive and repressive actions, there is the option for a government to invest in informing campaigns and a high-quality education system. The value of those methods may not be underestimated as a strategy for family planning and population control. Although it is not so much an action taken actively by the population, it is part of the pre-conception phase to inform a population on their rights, possibilities and future.

§1. Preventive strategy: contraception, sterilisation, one child policy

Overpopulation is a major problem in third world countries due to unmet contraceptive facilities (Hassanin et al., 2017, 305). Perhaps one of the best-known methods against pregnancy is **contraception**. Under modern sorts of contraception fall birth control pills, male condoms, injectables or mechanical devices such as an IUD⁴ (United Nations Department of Economic and Social Affairs, 2022, 18). Traditional methods such as withdrawal are not nearly as reliable as modern ones and are not further discussed. Modern modes of contraception have the advantage that one can easily discontinue their use in the light of family planning wishes. Statistics demonstrate that in underdeveloped regions such as Northern-Africa, a preference is given to these short-term, reversible ways of contraception (Amarin, 2018; United Nations Department of Economic and Social Affairs, 2022, 20). The perfect contraceptive method is highly effective, without side effects, cheap, rapidly reversible, easily accessible and accepted by all cultures and religions (Amarin, 2018). Early family planning programmes of the 1960s and 1970s, such as those in China, Egypt, and

⁴An IUD or Intrauterine Device is a tiny device that is put into the uterus to prevent pregnancy. It is mostly shaped like a T. (Planned Parenthood, 2019)

Tunisia, often prioritised IUDs as the preferred reversible method (Brown, 2007; Robinson and El-Zanaty, 2007; Wang, 2012) and they continue to be the most widely used methods in these countries today (United Nations Department of Economic and Social Affairs, 2022). A government that wishes to reduce or curb its population growth, can ensure and provide an easy and safe access to contraception.

When a government desires to temper population growth, it can also rely on **sterilisation**, whether or not in a compulsory manner, to prevent that individuals reproduce themselves further. The access to reliable and safe environments to conduct the sterilisation can be put into place for men and women. Even though sterilisation is another method used to limit the family size, it is to be separated from contraception and abortion. Contraception and abortion are chemical methods, whereas sterilisation is surgical with a permanent or temporary family limitation effect. Sterilisation implies cutting or mechanically preventing the sperm and ovum from uniting (Amarin, 2018). Practical implications are the risk and discomfort of the surgical intervention, its irrevocability and the psychological effects. Luckily, the rapid evolution of medicine has somewhat tempered these implications: it is nowadays possible to reverse the surgery, risks and discomfort are reduced to a minimum and the cooperation of a partner is not needed (Amarin, 2018; Dombroff and Lifshitz, 1972, 106 and 133). The concrete implementation of a compulsory sterilisation has been widely discussed in doctrinal sources. Examples are: “a governmental decree requiring each father of three or more children to submit to a vasectomy” or “the requirement to sterilise all mothers immediately following a second or third childbirth.”

Ultimately, a country may also instate a law or policy that **restricts the number of children** an individual may have. This way it obliges its population in a legal way to conform, which is also enforceable. China’s one-child policy is the best-known example of a government interfering with the number of children a family can have (Madhuparna and Nikita, 2022, 402, Scott, 2022). With China’s population peaking, its government implemented a strict one-child policy with associated penalties. The authorities set a target for the maximum number of new births that was allowed each year and parents had to receive an official permit to have a child. Unplanned and unpermitted pregnancies had to be terminated by an abortion; IUDs were implanted after a woman’s first birth. Mothers that continued to ‘disobey’ were then incarcerated under extreme conditions that pressured them psychologically (Mosher, 2012). Non-adherence to the rules lead to high fines, exclusions from public functions, lower wages,

... (Madhuparna and Nikita, 2022, 402) It is impossible to determine with certainty how many forced abortions were executed under the one child policy. However, the Chinese Government stated that over 400 million births have been averted thanks to its policy (Kikhang, 1992; Mosher, 2012). In the year 2015, the Chinese government adapted its policy to a two-child policy, allowing couples to have two children instead of one. The grounds for this shift are to be found in a rapidly greying population, gender selective abortions and a reduced young workforce which is detrimental for the Chinese economy (Madhuparna and Nikita, 2022, 402).

§2. Repressive strategy: abortion

Abortion as a way of population control remains highly debated on moral and religious grounds. The World Health Organisation published new recommendations on abortion care in 2022. The main aim is to protect women and young girls against over 25 million unsafe abortions that are currently performed yearly (WHO, 2022). There are three main factors that point at a safe abortion: the use of method recommended by the WHO, appropriate procedure to the duration of the pregnancy and thirdly, performed by someone with the necessary medical information or skills (WHO, 2022). Furthermore, the WHO advocates for the removal of barriers that make abortion inaccessible. One may think about prior consent from a spouse or legal guardian, mandatory waiting time until the pregnancy is too far along to perform a safe procedure, criminalisation etc. (WHO, 2022)

A government can either criminalise abortions, make them compulsory or admit them under specific circumstances. In the situation of criminalisation, it impairs a woman's right to reproductive choice and to make a free and responsible decision on the matter. Therefore women chose for unsafe abortions that are a major cause of maternal mortality and morbidity, give rise to serious health risks and violate the bodily integrity of women (Shalev, 1998). As criminalisation of abortion by a government is no way to control population growth, it is not examined further on.

The use of abortion as population curbing mechanism occurs when abortion is made compulsory. This happened for example under the one-child policy in China where the most resistant women underwent abortions and sterilizations against their will (Mosher, 2012). The high toll this practice takes on mental and physical health makes it undesirable. Lastly, a government can allow abortion under specific circumstances. Many academics and medical

researchers believe that a legal access to abortion will reduce maternal mortality. Fewer women passing away with childbirth seems to lead to a population growth, but research proves that access to abortion leads to an individual taking its reproductive health into her own hands, mostly resulting into smaller family sizes (Maffi and Tønnessen, 2019, 1). By doing so, it respects the right of a woman to choose over her own bodily integrity and whether she wishes to have a child.

Unfortunately, the international community did not recognise abortion as a woman's right on the International Conference on Population and Development, however, it did state that women should have access to safe medical procedure in countries where abortion is legal (Maffi and Tønnessen, 2019, 1).

§3. Educational campaigns

Besides all existing governmental strategies to temper the population growth, one must not forget that education may be the most important one. Ethnologists Morris and Grigorescu also plead for a higher quality of education to explain what they call “the need for controlled multiplication”. By creating a stream of ideas on controlled family planning, governments will create a global public policy on overpopulation (Grigorescu, 2018, 56). It is an essential part of strategies to improve the overall well-being within the society, as well as its economic and social development (Roudi-Fahimi and Moghadam, 2003, 1). According to The American University in Cairo (2022, 6) men and women were more lenient towards using birth control after being informed by governmental services. In the same way, social media campaigns proved to address misconceptions and increase the knowledge of civilians. This way a shift in mindset can be created. The importance of education has been underlined in several instruments of international law such as Article 26 of the Universal Declaration of Human Rights and Article 28 of the United Nations Convention on the Rights of the Child. The United Nations Population Fund found that countries that invested in education and family planning have a slower population growth and faster economic growth than countries that did not invest (Roudi-Fahimi and Moghadam, 2003, 2).

In countries from the MENA-region, there is a strong correlation between education of women and the age of their first child. Those that did not enjoy secondary education, had their first child on average at the age of 20. The women that did have access to education, gave birth for the first time at the age of 25 (Madhuparna and Nikita, 2022, 401; Roudi-Fahimi and

Moghadam, 2003, 3). Studies in surrounding countries have shown similar results, which led to the conclusion that educated women prefer smaller families and utilised family planning strategies to create their desired family size (Roudi-Fahimi and Moghadam, 2003, 3; Götmark and Andersson, 2020, 2). A concrete example of a campaign is found in China. Mid 20th century, China's population peaked. The Chinese government decided amongst others to spread awareness through a family planning campaign with the slogan “Wan, xi, shao”. Translated as “Later, Longer, Fewer”, the slogan informed and encouraged people about the benefits of marrying at a later age, having fewer children and having a longer interval between each child (Madhuparna and Nikita, 2022, 402; Tien, 1980, 65).

Section 2. Legal enforcement of population control strategies

Supra, this thesis examined preventive actions (contraception, sterilisation and the one(or two)-child policies), repressive actions (abortion) and educational campaigns. Educational campaigns are not meant to be legally enforced as their main objective is to inform the population on their possibilities and educate them about their rights.

The legislative body of a State that aims to curb the population growth can create a domestic legally binding instrument that provides an access to contraception, sterilisation or abortion to the wider population. This voluntary option seems, irrespective of context-related ethical objections, the easiest. Earlier there was the optimistic view that population stability could be achieved through voluntary participation. Unfortunately, evidence shows that compulsory measures are the most effective in managing population control (Dombroff and Lifshitz, 1972, 110).

As for the compulsory side, it is less simple to legally implement such policies. Firstly, there exist no international legal instruments that prohibit the compulsory use of contraceptives. Some academics advocate in favour of mandatory contraception use, however, only to prevent that ‘bad citizens’ conceive (Adams, 2008, 312). Nothing is mentioned about trying to reduce overpopulation. Practically it also seems unfeasible to check whether some took his daily birth control pill. Secondly, the performance of forced sterilisation and forced abortion seem more frequent. The Istanbul Convention on preventing and combating violence against women and domestic violence prohibits both practices under its article 39 for most European States. Furthermore, the International Criminal Court recognised them in its Statute as Crimes against Humanity; and international organisations strongly emphasise that they must be

performed with the full, free and informed consent of the individual (World Health Organisation, 2014, 1). Despite all these efforts, forced sterilisation and abortion are still performed all over the world. One of the grounds therefor is that the International Criminal Court's Statute has not been ratified by some powerful countries such as the United States, Russia, Iran and Israel. Other countries such as China, India, Saudi Arabia, and Türkiye never even signed the treaty (International Criminal Court, 2023; Klobucista, 2022). In Europe, this practice is legal for e.g., on persons with disabilities (Uldry and European Disability Forum Women's Committee, 2022, 4). In regard to forced abortions in China under the one-child policy, it is no official legal policy and in violation with the Chinese Law (Reuters Staff, 2012). The legal framework of the one-child policy in China was managed by the National Population and Family Planning Commission as part of the central government in the 1970s. The enforcement happened on the basis of the *Open Letter of the Central Committee of Communist Party of China to the General Membership of the Communist Party and the Membership of the Communist Youth League on the Problem of Controlling Population Growth in Our Country* from 1980 (Jiang and Liu, 2016). The policy functioned with mandatory contraception (mostly IUD's), abortion and 'social maintenance' fines that were given to families. Since the strategy was rolled out on a provincial level, the public had to obey by the "provincially localized policies which stipulate the measures for implementing the policy, including sterilization, abortion and fines for out-of-quota births" (Dewey, 2004; Jiang and Liu, 2016). This leads to a rather arbitrary application of the one-child policy. Luckily, a slightly lighter version of the one-child policy was implemented in the 2000s. According to a speech of Arthur Dewey, Assistant Secretary for Population, Refugees and Migration in the United States, in 2004: "The Chinese Government is beginning to understand that its coercive birth planning regime has had extremely negative social, economic, and human rights consequences for the nation." (Dewey, 2004)

Several states have created policies with incentives and disincentives to influence the childbirth rate (Freedman and Isaacs, 1993, 24). Typical offers were payments to individuals, doctors and others to be sterilised or campaign in favour of it. Another option is increasing taxes and fees for maternity care for couples with more than a specific number of children (Freedman and Isaacs, 1993, 25). The most famous example is the Chinese one-child policy. It remains the question whether these incentives violate the undisputable internationally recognised right to family planning and reproductive health. To answer this question, the context and conditions surrounding the incentives must be researched: are they coercive?

Academics argue that coercive incentives by the government to reduce population growth are against the principle of deciding freely on reproductive choices. Many examples around the world demonstrate how poor people in developed countries make decisions for monetary reasons. Think about the selling of children in Afghanistan to feed the rest of the family (Kumar, 2022) and marrying off underage daughters to evade food security (Das, 2019). A government that offers monetary benefits for sterilisation might indirectly force poor groups of the population that are in urgent need of money. Although it is not officially nor internationally recognised as going against the right to decide freely on one's reproductive choice, in my personal opinion, it would take away the free decision of individuals that see no other way out.

The most common methods of population control used by governments (see [Section 1. Governmental strategies to regulate population growth](#)), interfere directly with the more private aspects of the family life. It so becomes very complicated for the State to legally intervene for population control purposes (Dombroff and Lifshitz, 1972, 132) whilst at the same time guaranteeing the right to a family life. The extent of this conflict between governmental interventions and the right to a family life will be set out in the subsequent sections.

CHAPTER III. THE RIGHT TO A FAMILY LIFE

Population control imposed by the government as an answer to the issue of overpopulation might seem like a responsible one from a governmental perspective. Unfortunately, there are more dimensions at stake. The right to marry and to have a family life is often forgotten in this discussion. This right is recognised under international law in Article 16 of the Universal Declaration of Human Rights, Article 17 of the International Covenant on Civil and Political Rights and Article 8 of the European Convention on Human Rights (Nicholson, 2018). Concretely, this right imposes a positive and negative obligation on governments that agreed to respect these international instruments.

Section 1. Recognition of the right to a family life by the international community

The right to a family life is protected in several legal instruments of international law such as the Universal Declaration of Human Rights (art. 16), the International Covenant on Civil and Political Rights (art. 17) and the Convention on the Rights of the Child (art. 16). Article 16 of the UDHR reads as follows:

"(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State."

The scope of this article reaches very far. With the right to a family life, naturally adheres the right to family planning and a free reproductive choice. The positive dimension encompasses the obligation for a government to make sure that a family has all the possible tools to build out their family life. One must be able to create and grow their family as he or she seems fit. The negative dimension prohibits a government from subjecting an individual to any arbitrary or unlawful interference with their right to a family life (Article 8 ECHR; Nicholson, 2018, 4). With the right to a family life, naturally adheres the right to a free reproductive choice. This is called the right to family planning.

To understand who precisely can claim the respect of this right, the term family must be clarified. The Human Rights Committee has defined what exactly is to be understood under the word 'family' :

"Regarding the term 'family', the objectives of the Covenant require that for purposes of Article 17 this term be given a broad interpretation to include all those comprising the family as understood in the society of the State party concerned. /.../ The concept of the family may differ in some respects from State to State, and even from region to region within a State, and ... it is therefor not possible to give the concept a standard definition." (Nicholson, 2018, 16-17)

According to researcher Nadia Melehi, the existence of a family life must be examined on a case-by-case basis:

“A family life exists primarily in the relationships between a husband and a wife on the one hand, and the parent and the child on the other. /.../ Family life extends further than formal relationships and the family based on marriage, and it can include potential or planned relationships, as well as those family ties that are more social than biological. /.../ Family life exists from the moment the child is born.” (Melehi, 2014)

§1. History of the right to family planning

The right to family planning and the recognition of reproductive rights have been globally affirmed to be human rights in the Teheran Proclamation in 1968 (United Nations Population Fund and Kanem, 2018). The Final Act of the Teheran Conference mentioned the following: “Parents have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect” (Freedman and Isaacs, 1993, 20; United Nations, 1968, 15). International instruments drafted at later stages consistently copied the terms “freely and responsibly”. The precise extent of these words is debated. Some refer to China’s one-child policy as a violation. The lack of international consensus on the interpretation of “freely and responsibly” shapes the debate of how government actions that influence population growth can be reconciled with human rights (Freedman and Isaacs, 1993, 21). Six years later, the World Population Plan of Action was adopted in Bucharest with multiple adaptations. Firstly, the right to decide freely and responsibly on family planning was expanded from “parents” to “couples and individuals”. Secondly, individuals should be granted information and access to the necessary resources to found a family (Freedman and Isaacs, 1993, 22; United Nations, 1974). Clarity on the exact interpretation was given only in 1984. A first recommendation of the United Nations circulated on how to interpret the right to ‘responsibly’ decide on family planning: “It implies that couples should exercise this right, taking into consideration their own situation, as well as the implications of their decisions for the balanced development of their children and of the community and society in which they live.” (Freedman and Isaacs, 1993, 23; United Nations, 1984, 23)

The right to decide freely and responsibly on the number and spacing of children was also included into many other international instruments, such as the Declaration on Social Progress and Development (1969), the World Food Conference in Rome (1974) etc. Later, in 2012, the United Nations Population Fund reconfirmed its status as global human right (Scott, 2022). This right includes the same intent as before and entails the ability to decide freely and responsibly on the number and spacing of one's children (Plan International, 2018). More specifically, a woman and man must be able to choose if they desire a larger or smaller family, to act as an independent adult with full legal capacity on the faith of their family life (Freedman and Isaacs, 1993, 19). From all the above can be declared that there is an undebatable internationally recognised right to family planning and reproductive choice for couples and individuals (Freedman and Isaacs, 1993, 23).

§2. Role of the UNFPA

Millions of people, often in developing nations, wish to delay or avoid pregnancy but do not have the means to do so. There is no sufficient access to, nor sufficient knowledge about effective methods of family planning (UNFPA, 2013, vi). The United Nations Population Fund (UNFPA) was created in 1969 to help the UN with integrating population programmes based on the notion of family planning. It describes itself as an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. This organisation wishes to deliver a world where every pregnancy is wanted, every birth is safe, every young person's potential is fulfilled (UNFPA, 2013, vi). According to UNFPA statistics (2013, vi), at least 222 million women in developing countries have an unmet need for family planning. Even more significant is that following this same study, the unmet need for family planning has actually increased in the last decade.

The mission of the UNFPA has been set out in two international frameworks: the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) that took place in Cairo and the Millennium Development Goals (MDGs) (United Nations Development, n.d.; UNFPA, 2013, vi). The main aim of the ICPD was to write out the objectives of the UNFPA. A Programme of Action was agreed upon by the 180 participating States. It talks through the priorities and objectives of the international community in relation to policies and programmes of population and development. The principle of autonomy for male and female individuals is for example articulated as one of the main concepts to be respected (Shalev, 1998). This autonomy touches the right of a person to

make a free and informed decision on his fertility and sexuality (Shalev, 1998). Other remarkable statements in the ICPD's Statutes are that it focuses on the gender and human rights elements of population issues (Scott, 2022; Shalev, 1998; Youssef, Osman and Roudi-Fahimi, 2014, 1), the recognition that voluntary, good quality family planning services that include counselling and access to contraceptives must be available, accessible and affordable (UNFPA, 2013, vii) and the clear focus on the human rights of individuals and their health. Women were for instance no longer discussed as 'instruments' to implement population control programs. In contrary, the emphasis was put on the intrinsic value of women and the importance of their health and well-being. The role of women in decreasing the population growth became more active as a matter of "women's empowerment to exercise personal autonomy in relation to their sexual and reproductive health within social, economic and political contexts" (Shalev, 1998; United Nations Population Fund and Kanem, 2018; Youssef, Osman and Roudi-Fahimi, 2014, 1). As debated above, this thesis does not solely focus on the right to a family life as a woman's rights. However, the importance of the shift of perspective and increase of importance of a woman's input in the matter must be highlighted.

Next to a discussion on priorities and objectives, the ICPD also laid out some definitions. Reproductive health was defined in paragraph 7.2 of the Programme of Action as follows: "*a state of complete physical, mental and social well-being ... in all matters related to the reproductive system*" (Shalev, 1998). Besides reproductive health, reproductive rights are also recognised in the ICPD Programme of Action as "*the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.*" This definition was copied from Article 16(1) of the Women's Convention.⁵ Furthermore, this right implies the possibility to make decisions concerning reproduction free of discrimination, coercion and violence (Shalev, 1998). Reproductive health and rights have now been recognised under two separate Sustainable Development Goals: number 3 on good health and well-being and number 5 on gender equality and empowerment (Maffi and Tønnessen, 2019, 1). The work of the UNFPA in the legal recognition of these rights, as well as the continuing effort to protect them is definitely praiseworthy.

⁵ (Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979)

The aim to ensure universal access to sexual and reproductive health-care services and family planning was acknowledged once more in the 2030 Agenda for Sustainable Development (United Nations Department of Economic and Social Affairs, 2022, 1; United Nations Department of Economic and Social Affairs Population Division, 2015, 31; United Nations Population Fund and Kanem, 2018). Progress in the protection of the right to family planning falls far short from potential. Trends indicate that the direct funding and political support for family planning has been reduced in many developing and developed States over the last fifteen years (UNFPA, 2013, 4).

Section 2. Concrete implications of the right to a family life

When a government hopes to reduce the population growth, it will be confronted with a number of critical challenges. The approach of a government that intervenes in the right to family planning, must respond to diverse cultural and country-bound contexts together with individual practices related to religion and other personal beliefs (UNFPA, 2013, 4-6). Examples are gender norms, educational attainment and economic conditions (The American University in Cairo (AUC), 2022, 3).

Religion is one of the most common influences on how one sees his family life (Götmark and Andersson, 2020, 2-9). The pronatalist view usually has a central place as not every religion tolerates all types of contraceptive methods (Hill, Siwatu and Robinson, 2013). Catholicism for example centres on the idea that contraception is unnatural. It adopts a rather conservative approach: accepting a broad range of birth control options ‘could open wide the way for marital infidelity and a general lowering of moral standards’ (Ignaciuk and Kelly, 2020, 165). A study from Hill, Siwatu and Robinson (2013, 832) explains that even though Catholicism does not condone the use of contraceptives, Catholics are more likely to use certain methods of contraception than other religious groups. They tend to utilise the more reliable non-ad hoc methods (pill, vasectomy, sterilisation, injectables, IUD). In regards to the Islamic point of view, contraception is not promoted though permitted. Nevertheless, the pronatalist perspective in the Qur’an and Sharia (Islamic jurisprudence) includes a strong emphasis on family with the obligation to create offspring. Further implications are the societal control, condemning of modern birth control practices, risk to dishonour the family or even to be alienated from community networks (Al-Matary and Ali, 2014; Arousell and Carlbom, 2016, 78-79). Another idea is found in Jewish customs where contraception and termination of

pregnancy are permitted to preserve the mental and physical health of a woman. Nowadays, Jewish people turn to birth control to space their families rather than limit them, since having as many children as possible is a great mitzvah (or good deed). This interpretation originates from the Talmud, a collection of laws and commentary on the five books of Moses that covers 'guidelines' for every life situation, sexuality and birth control (Feldman, 1992, 29-32). Finally, for all religions external pressure and presented behaviours from higher up are of enormous importance. One may think about the UN population conference in Cairo of 1994 where Vatican and Islamic leaders opposed to certain strategies of family planning such as women's autonomy and abortion.

Based on the World Values Survey conducted by researchers Norris and Inglehart, increased faith correlates heavily with population growth. The number of children per woman was clearly higher in countries that were ranked as 'most religious'. Where does this strong association between fertility rates and religiosity come from? According to Götmark and Andersson (2020, 2-14):

"Beside declarations from the Vatican and other religious leaders, possible reasons are belief in supernatural influence on things we desire, such as "good crops, protection, health and fertility", and fatalistic views about fertility, such as children "are up to God". Human sociality and norms, history, type of religion and other conditions influence the total fertility rate (TFR) religion relationships. Religiosity probably contributes to maintaining high TFR in Sub-Saharan Africa, Arab States and parts of Asia and Latin America, in part by suppressing factors that reduce it."
(emphasis added)

In some cases, there exists a discrepancy between the legal protection of reproductive choice and the reality on the ground. Governments may be held accountable for breaches of legal rights by healthcare professionals. In Zimbabwe, for example, abortion is legal under specific circumstances, the government provides subsidies for contraceptives and does not restrict the provision of family planning services to minors. Nevertheless, a government report admitted that health professionals often refuse to provide contraception to sexually active schoolgirls, claiming that they are too young or unmarried. This situation is troubling, given the high rates of teenage pregnancy and the fact that 84% of HIV/AIDS cases among those aged 15-19 in Zimbabwe are female. Clearly, access to sexual and reproductive health information, education, and services is crucial for adolescent girls. In another country report, Mexico

identified inadequate sex education and information as one of the reasons for the high rate of teenage pregnancy, despite official policies aimed at providing information and quality services for pregnant adolescent girls (Shalev, 1998). This demonstrates that a specific community context or religion can shape the way people fill in the concept of family planning.

CHAPTER IV. BALANCING POPULATION CONTROL – RIGHT TO A FAMILY LIFE

Overpopulation is a pressing matter that endangers individual human rights (right to life, right to adequate housing, right to education, right to work etc.), the future resource availability and earth's carrying capacity (Dombroff and Lifshitz, 1972, 94; Scott, 2022). To put an end to our population boom, the birth rate must be curbed. It is in the interest of the population that the government introduces policies to control population growth. Unfortunately, these policies have a very far-reaching influence on the family life of individuals. This right entails the right to family planning, which allows every individual to choose freely and responsibly on the formation of their family. It is important to keep in mind that there are no strict format or rules defined by international law that determine what these policies must look like. The task is thus to find a balance between a policy that is efficient and successful whilst at the same time respecting the right to a family life in the most complete way possible.

Section 1. Proportionality and necessity test

First of all, there are no absolute rights that outclass all other considerations. The rights of a person may conflict with the right of another person, or a specific human right may conflict with another human right regarding the same person (Shalev, 1998). According to Mary Arden, The Lord Chief Justice of England and Wales, the “doctrine of proportionality” is a correct approach to resolving a conflict that arises between the need for national security and a human right (Arden, 2015). This doctrine is applied in many civil and common law countries in the world such as the United States, Spain, Greece, Switzerland etc. Next to that, it is also followed by the European Court of Human Rights, the Inter-American Court of Human Rights and the Court of Justice (Cianciardo, 2010, 177-178). It implies that the restriction of a positive or negative human rights obligation must be proportionate with the legitimate reasons and means used for doing so. Legitimate reasons that are recognised under international jurisprudence are: national security or sovereignty, protection of other

fundamental rights (International Commission of Jurists, 2018). As for the measure used, it must be adequate to achieve the envisaged objective and no less invasive option is available (European Data Protection Supervisor, 2023). Applying all the above to the overpopulation issue: the limitation of the right to a family life must be proportionate with the legitimate aim of the government to protect other fundamental rights. The measures used by a government must be adequate to reach the objective of curbing population growth, and no other less invasive measure that would have the same outcome is available (Arden, 2015). Doctor Shalev (1998), expert member in CEDAW⁶, agrees with this approach: *“the rule should be that violations of human rights may be justified only as measures of last resort, after all other possible means to achieve desired goals have been exhausted. Where several measures present themselves as comparably effective, there should be preference for that which is the least detrimental alternative in terms of its effect on the enjoyment of human rights.”* (emphasis added)

Besides the proportionality test, the “necessity test” exists: the restriction must be necessary to obtain the aim. This is assessed based on objective evidence that the proposed strategies will be efficient and will not merely be a restriction to a human right (European Data Protection Supervisor, 2023).

Section 2. Application on the preventive and repressive strategies: contraception, sterilisation, one-child policy, abortion

Voluntary measures respect the right to a family life. A government that provides access to the preventive strategies to temper population growth in a voluntary way avoids the proportionality and necessity test. There is no direct violation with the right to a family life and family planning because the government gives the individual itself the choice whether he or she uses contraceptive methods, undergoes sterilisation or abortion or chooses voluntarily for one child. Important to add is that once an individual feels ‘financially forced’ to accept a voluntary choice, it is no longer voluntary but compulsory. Researchers Freedman and Isaacs (1993, 25) raise another interesting question: “there a conceptual difference between incentives to discourage births as in Asia, and to encourage them as in Europe?” And to go even further, what if European nations would pay money to those that decide to have more children? Would incentives to raise the birth rate in Europe in order to fight an aging

⁶ Committee on the Elimination of All Forms of Discrimination Against Women

population also go against the right to decide freely on one's reproductive health? As this thesis treats the question on overpopulation, it will not go further into this debate. However, my personal opinion is that any policy to raise or reduce the birth rate anywhere in the world would go against the right to decide freely on one's reproductive health as soon as coercive measures are at stake. Irrespective of whether those measures are monetary or not.

Only when discussing compulsory measures of population control, a violation with the right to a family life occurs. Forced use of contraceptives, compulsory sterilisation or abortion and forced one-child policy take away the freedom of an individual to choose the number of children he or she wants, and the spacing and timing of their births. Policies that legally oblige the use of these preventive strategies are rare, but as discussed above under [Section 2. Legal enforcement of population control strategies](#), still possible. To make up the balance: the aim of the government to protect other fundamental rights conflicts with the right to a family life. A government can only apply those mandatory policies if they pass the proportionality and necessity test:

- When applying the proportionality test: there must be a legitimate reason and the means used must be effective. The legitimate reason in this case is national safety and protection of other fundamental rights that would be violated if there is no stop to the population boom. The means used (here: forced contraception, forced one-child policy, forced sterilisation, forced abortion) must be adequate to achieve the envisaged objective and no less invasive option is available.
 - o The preventive measures are definitely adequate as they all prevent pregnancies. However, a less invasive option might be possible for forced contraceptive use and forced sterilisation: investing in education and campaigning to inform the younger generations on their options might lead to an equal result of wanting to have less children. Especially since there is a clear correlation between education level and number of children (Madhuparna and Nikita, 2022, 401; Roudi-Fahimi and Moghadam, 2003, 3). In regard to the one-child policy, an alternative that is less invasive but leads to the same result is difficult to imagine.
 - o The repressive measure of forced abortion is - from a purely technical point of view - adequate as it puts an end to a pregnancy. Here again, the argument of education forms a better alternative. Also, the ethical objections must be taken into account.

- When applying the necessity test: restricting the right to a family life must be necessary to obtain the protection of other fundamental rights. Based on the evidence above about overpopulation, a temper is definitely necessary for countries in Africa, Asia and South America. For countries in Europe, North America and Oceania, where the boom stabilised and births are even expected to decline in the upcoming decades (HYDE, 2017; Gapminder, 2023; Kent, 2008; UN, 2022-2023), the necessity test would not be passed.

To conclude this first part, the proportionality test is not passed for forced use of contraceptives and forced sterilization and forced abortion. For forced use of contraceptives, forced sterilisation and forced abortion, the proportionality test is not passed. Even when there is a legitimate aim to impose adequate strategies, there are less invasive policy strategies with the same results available, for example: educational campaigns. As for the one child-policy: one can wonder whether the measure is adequate and if there is no equal alternative that is less invasive. Then focusing on the necessity test, these policies can only be implemented in countries where population boom is an actual problem for the population's individual rights. Currently, only in the regions of Africa, Asia and South America a policy would pass the necessity test since they are confronted with high population numbers, high unemployment, poverty, lack of decent living standards ... It is definitely necessary to act in those regions. To put the necessity factor into perspective: the population growth numbers of Europe, North America and Oceania stabilised and are even expected to decline in the upcoming decades (HYDE, 2017; Gapminder, 2023; Kent, 2008; UN, 2022-2023). Human rights are thus in a lesser way endangered in those areas and the necessity threshold will generally not be reached. However, a case-by-case examination is always mandatory.

Needless to say, a balancing exercise is no scientific analysis and can vary depending on the specific circumstances and actors (Cianciardo, 2010, 182) A convincing rationale for a specific policy can be enough to 'accept' a human rights violation. The above written analysis is a guideline, no strict rule, which must be applied to the regulation of a country.

PART 2 – CASE STUDY ON THE ARAB REPUBLIC OF EGYPT

In this second part, I will conduct a case study on the Arab Republic of Egypt. As it is struggling with overpopulation, I aim to investigate how the Egyptian government manages to balance population control strategies and the right to family planning. To understand the Egyptian struggle with overpopulation in a better way, a chapter will be dedicated to the history of its population growth. After that, the values of the Egyptian society concerning family life are described. The chapter ends with a review of the governmental plan to temper population growth in Egypt.

Two criteria led to the selection of Egypt as the subject of this single case study. Firstly, the United Nations decided to focus on eight countries to reduce the global birth rate, Egypt being one of them (Al Jazeera and News Agencies, 2022; Sawy, 2023; United Nations, 2022c). The current population is growing by 2,6 percent every year. To put this into perspective, the world's average is 1,2 percent a year (Youssef, Osman and Roudi-Fahimi, 2014, 3). The Republic is the 14th most populous country in the world (United Nations Department of Economic and Social Affairs, 2021; World Population Review Countries, 2022) with greater Cairo being one of the most densely populated cities in the world (The American University in Cairo (AUC), 2022, 3). Secondly, Egypt has a dominant Islamic society. Religion and traditions related to family life obstruct the implementation of an effective policy to reduce the birth rate. Generally, contraception is permitted though not promoted in Islamic societies. There exists a strong emphasis on family, which usually results in a pronatalist perception. The aim of this chapter is to determine in what way Islam is a driving factor for population growth in Egypt. Therefore, restricting family life in Egypt is a controversial topic that must be researched (Youssef, Osman and Roudi-Fahimi, 2014).

CHAPTER I. EGYPT'S POPULATION GROWTH

Egypt is currently home to 109 million individuals, making it the most populous country in North Africa and the Middle East. A new baby is born every 13,9 seconds (Samari, 2017; The American University in Cairo (AUC), 2022, 3). In this chapter, the fluxes of population growth are explained, followed with the challenges that Egypt faces due to overpopulation.

Section 1. History of Egypt's population growth: 80's – Arab Spring (2011)

Hosni Mubarak was the president of Egypt for 30 years (1981-2011) until being forced to step down after the Arab Spring protests (Shehata, 2011, 26). His successors were president Morsi, interim president Mansour and the current president Abdel Fattah El-Sisi (BBC, 2023; OECD, 2015, 17).

According to experts, population control during the reign of Mubarak was relatively successful. Statistics show that the total fertility rate fell from 7,2 children per woman to 3,0 due to Mubarak's policies (Khalifa, DaVanzo and Adamson, 2000; Youssef, Osman and Roudi-Fahimi, 2014, 3). It was neglected as a topic of national importance during the last years of his government (Kingsley, 2014). As these numbers may seem to showcase a positive trend, in absolute numbers the population still grew from 60 to nearly 85 million people between 1994 and 2011.

Section 2. History of Egypt's population growth: Arab Spring (2011) – today (2023)

The Arab Spring in 2011 led to the end of Hosni Mubarak's reign as President. According to estimates in 2011, Egypt's population was approximately 89 million people (Dagres, 2015; World Bank, 2022). During the years after Mubarak's reign, the country knew a period of pure chaos. Egypt's people were swung from one political extreme to another under the Muslim Brotherhood, and currently also under the strict military regime of El-Sisi. In the first few years after the 2011 revolution, the country was financially unstable and knew high unemployment rates. This created a tense feeling of frustration among the population (Fantz, 2016). As for the topic of population growth, the successive religious conservative president Mohamed Morsi neglected it as it was declared as "no concern for the government" (BBC, 2023; Kingsley, 2014). This statement was confirmed by several directors of national institutions, from which Hala Youssef is an example. Youssef was head of Egypt's national population council (NPC) in the post Arab Spring period and remembers the following event: "The NPC had a conference in support of the UNFPA on population and family planning and I remember Morsi's assistant minister came to this meeting and said family planning was no longer a priority" (Kingsley, 2014). Population control in the eyes of the rather conservative president Morsi would imply that the traditional family is no longer seen as exemplary. As Morsi was affiliated with the conservative party Muslim Brotherhood, that perspective is something he wanted to avoid at all costs (Karasapan and Shah, 2018; Kingsley, 2014).

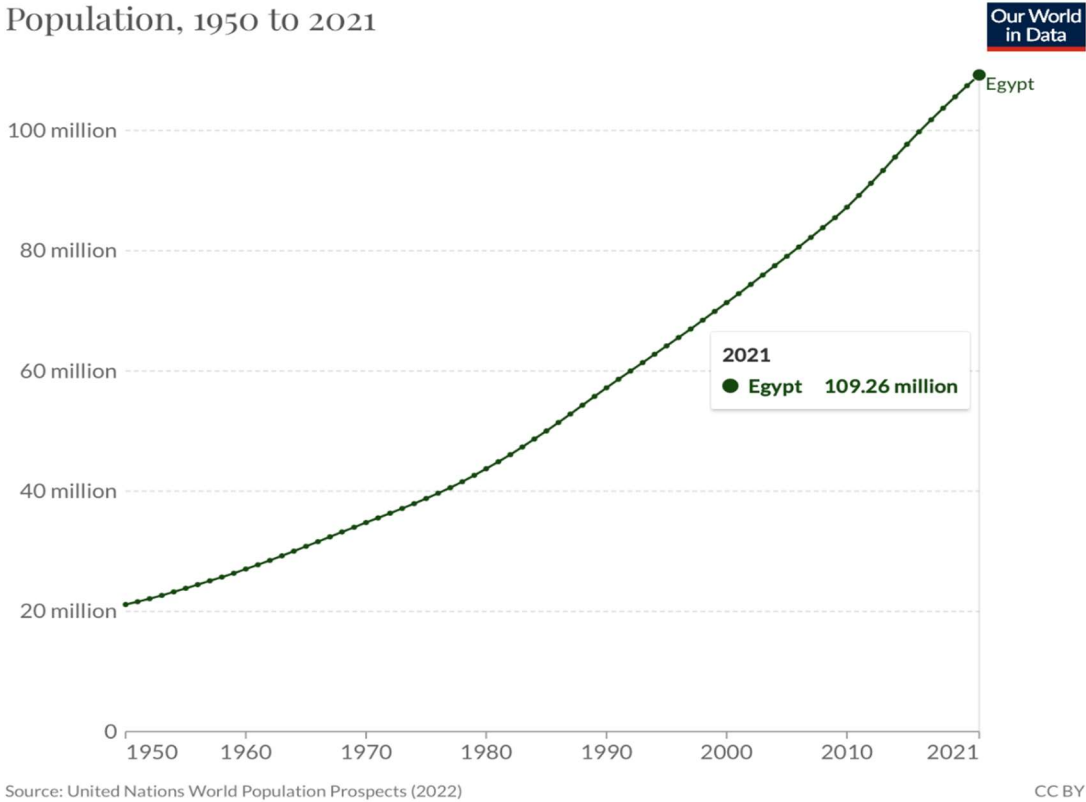
It is clear that the drop in population growth as seen during Mubarak's reign, has been reversed after 2008 (Sawy, 2023). The political instability and religious conservatism led to the rising fertility rates from 3,0 to 3,5 children per woman (Youssef, Osman and Roudi-Fahimi, 2014, 3). Nonetheless, not all academics (Abdelkarim et al., 2022, 1055) believe that increased religiosity after the Arab spring movement is a ground for the population growth, they point at a lack of employment opportunities. The U.S. Agency for International Development identified the main causes of Egypt's fertility reversal as follows:

“Decreased exposure to family planning (FP) and reproductive health (RH) messages in the media and to FP/RH information and counseling; limited contraceptive method mix and shift in method choice by women, from intrauterine devices to oral contraceptives; discontinuation of methods due to mismanagement of side effects; trend toward earlier marriage, having the first child sooner and having shorter birth intervals; and fewer young women using contraception.” (emphasis added)
(Karasapan and Shah, 2018)

The current population of Egypt, which has reached 109 million people, illustrates the difficulty of relying on scientific predictions (Kingsley, 2014; United Nations Population Division, 2022; World Bank, 2022). The most striking increase in population has been in Cairo, where approximately 22 million people live today (World Population Review, 2023). Surprisingly, back in 2000, the United Nations estimated that by 2026, there would be around 95 million Egyptians, and by 2065, there would be around 115 million. However, the estimated number for 2026 has already been significantly surpassed, and Egypt is not that far anymore from the 2065 prediction. These projections were based on the declining birth rate that occurred during Mubarak's reign in the 1990s. The course of this drop has been altered by political instability, changes in government, economic crises, poverty, and social factors. (Khalifa, DaVanzo, & Adamson, 2000). It is therefore crucial to consider that population growth patterns are unpredictable and that any event could influence the population's behaviour in the future.

Today, there has been a slight change of perspective in the government ranks. Current president of Egypt El-Sisi has expressed that the booming population is a challenge as critical as terrorism (Karasapan and Shah, 2018). According to Youssef, family planning awareness programmes are being created (Kingsley, 2014).

The graphic overview below demonstrates the population growth in the Arab Republic of Egypt between 1950 and 2021.



Important to notice is the following: even when the birth rate drops to 2 children per woman, the population of a country will continue to grow for a certain number of years. The reason behind this phenomenon is called the population momentum: it occurs when a large group of women are in their childbearing years and wish to start a family (Gorvett, 2022; UCL, 2022). As previously stated, one third of Egypt’s population is currently existing of 15 to 29-year-olds. The trend of population momentum will thus definitely be visible in population growth statistics for at least a few more decades (Khalifa, DaVanzo and Adamson, 2000; Sawy, 2023; Youssef, Osman and Roudi-Fahimi, 2014, 3). Moreover, the human population will continue to grow as we live longer due to advancing medicine (UCL, 2022). In 2020, the life expectancy for children born in Egypt was an average of 71 years (UNDP, 2021; World Bank, 2020; Youssef, Osman and Roudi-Fahimi, 2014, 3). This is a major augmentation as only forty years earlier it was an average of 57 years (World Bank, 2020).

Section 3. Human rights violations due to population outburst

Egypt has experienced a rapid population growth which is now endangering the economy, environment and general health of its people. Hala Youssef of Egypt's national population council (NPC) affirms that the huge population outburst creates several severe human rights violations for Egyptians. The country is plagued by high unemployment rates and shortages in energy, water, wheat, housing ... (Kingsley, 2014; Misch, 1990; World Bank, 2022). Research of Youssef, Osman and Roudi-Fahimi for the Population Reference bureau (2014, 1-3) reveals that *“The Egyptian government faces challenges in providing for the basic needs of its citizens, including adequate housing, sanitation, health care, education, and jobs, and in narrowing the gaps in health and economic security between rich and poor. Moreover, Egypt is faced with shortages of fresh water and energy, which are necessary for sustaining human health, food production, and economic development.”* Patrick Kingsley, internationally acclaimed journalist, remarks in the same way that the rising population is seen as a social time bomb that will exhaust Egypt's resources when it remains unsolved (Kingsley, 2014). It can lead to other socially unwanted phenomena. Academia have for example written about the balance between population growth and food price spikes. The developing countries are fuelled by the rapid economic growth and their gradual increased interest in following a 'Western style' diet of greater meat consumption and per capita calorie intake (Finnin, 2016, 1-3).

§1. Unemployment and poverty

A frequently mentioned issue in the highly populated Republic, is the young population. Over one third of the population is between the ages of 15 and 29 (Shehata, 2011, 28). These numbers are also reflected in the immense number of women of reproductive age in Egypt. Since 1980, the population of women aged 15 to 49 doubled, reaching a total of 22 million (Youssef, Osman and Roudi-Fahimi, 2014, 3). Young people constitute a substantial group of citizens seeking employment (Karasapan and Shah, 2018), starting families, and requiring resources to survive. Low wages and high unemployment rates make it hard for young Egyptians who enter the job market every year (OECD, 2015, 22; Youssef, Osman and Roudi-Fahimi, 2014, 4). Half of Egypt's population above 25 years old was unemployed in 2014. Labour forces accept low wages and horrible conditions as no other opportunities are available to feed their families. This phenomenon will only higher the unemployment rates and push the wages down even more. Consequently, more families will struggle to afford basic necessities and poverty will go up. A clear correlation can be established between

unemployment and poverty rates. In 2011, one in four Egyptians lived below the international poverty threshold of 2 US Dollars per day (Youssef, Osman and Roudi-Fahimi, 2014, 4). This pace of population growth threatens the development in the country with Egypt ranking as 110th out of 185 countries in the United Nations 2014 Human Development Report (Youssef, Osman and Roudi-Fahimi, 2014, 1).

There is no straightforward way out of this situation. Karasapan and Shah (2018), experts in economic development in the Middle East and Arab World, state that the solution is not only to curb population growth. The Republic must simultaneously also create an economy that employs the young work force as its asset.

§2. Adequate housing

Besides the lack of basic necessities, unemployment rates and poverty, there is also a pressing need for adequate housing. To relieve congestion in the capital city of Cairo, Egypt started to build an entirely new administrative capital city that can house up to seven million people (Barker, 2022). Each district of the new Cairo will know a central public space together with local shops, schools, religious buildings and civic amenities to meet the needs of the population. Moreover, the capital will house thirty ministries, a presidential compound, embassies and a main mosque (Frearson, 2015; Middle East Monitor, 2021). Architects revealed that the residential neighbourhoods are designed to blend in with the natural desert topography (Frearson, 2015). As promising and modern this new capital may seem to be, numerous critics have expressed their concerns. Professor of Urban Planning Galila El-Kadi claims that: "This will only increase problems of managing human density of such magnitude. Administrative capitals were established for the purpose of isolating the ruler from the people." (Middle East Monitor, 2021) Other critics refer to the fact that a large part of the Egyptian population lives below the poverty line and that creating a new modern capital city and residential housing units will only benefit the rich. For the poor, they remain unaffordable and inaccessible (Middle East Monitor, 2021). Instead of investing in skyscrapers and modern technology, these funds can be spent on creating better living conditions for those in need. This reasoning is followed by political science professor M. Kamel Al-Sayyed who adds that "The government's vision of what is dubbed modernity is just a transfer of the manifestations of Western modernity to Egypt" (Middle East Monitor, 2021).

Section 4. Shifting the responsibilities to the poor

An interesting approach of the Egyptian government is to shift the responsibility towards the camp of the population in order to escape its own responsibility. According to Abulfadl (2022), *“the Egyptian government wants to blame the population for the increase and refuses to question its own plans and methods. Instead of complaining about demographic growth, the government could be working on educating, training, rehabilitating and preparing its labour force to adjust to the needs of neighbouring markets.”* Other journalists echo these sentiments and explain that this is done very subtly by using a rhetoric that portrays the population as a burden on the state (Botros, 2021; Sharaf, 2017). Officials emphasise the total cost of each individual to the state and how the budget is allocated per capita: “it is the people who eat up the country’s wealth and impede its development”. Several authors⁷ claim this is done in order to blame less fortunate groups such as those living in rural areas, slums and villages. They are the true ‘obstacles to progress’ in Egypt. As Botros (2021) imitates the government’s perspective: “They are nothing but a burden and a nuisance”.

CHAPTER II. EGYPT AND ISLAM

In this chapter, the interpretation of family life and reproductive health in the predominantly Islamic society of Egypt is examined.

Section 1. Values of family life and reproductive health under Islam

It is difficult to separate religion from reproductive health and family life. In Islamic societies, contraception is generally permitted though not promoted. There exists a strong emphasis on family, which usually results in a pronatalist perception (Westoff and Frejka, 2007, 796). This results generally in a higher birth rate. Academics point out the controversy between the Sharia (Islamic jurisprudence) and sexual or reproductive rights, oppression of women and other structures that limit younger generations’ access to an equal and safe sexual reproductive health care (Arousell and Carlbom, 2016, 79-80). Similar findings were reported by Moreau⁸: social control executed by family members functions as a barrier to adopt

⁷ S. L. Botros is an Egyptian publicist and psychologist, living in London. He analyses the psychological dimensions of political discourse in the Arab World.

⁸ Researcher for the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

contraceptive methods in Muslim households. Younger Muslim generations that wish to deviate from the existing sexual and gender norms, risk to dishonour their family or even to be alienated from community networks. Also, some women claimed to abstain from sexual behaviours because of feelings of guilt and shame. They deem it important to maintain the virginity norms and value the sacredness of the female body (Arousell and Carlbom, 2016, 78-79).

These values and perceptions of reproductive health in the Islam can contradict with the vision of Western societies. A Canadian study on immigrant Muslim women's maternity health care needs revealed that the participants were confronted with discrimination, insensitivity and a lack of knowledge as to their Islamic practices (Arousell and Carlbom, 2016, 79). It is important to keep in mind that paragraph 7.2 of the Programme of Action of the ICPD also includes the respect for mental and social well-being ... in all matters related to the reproductive system (Shalev, 1998). A woman must feel at ease and respected whilst enjoying her right to a family life. Another remarkable division in the birth rate of Muslim families that settle in Europe was reported by Austrian researchers (Kent, 2008): "although Muslim immigrants do have more children than other Europeans, their fertility tends to decline over time, often faster than among non-Muslims". There remains nevertheless a difference between Muslim women who are born in European countries and those who migrated to Europe. Native European Muslim women tend to have a lower birth rate as immigrants often arrive with the norms of their home countries (Kent, 2008).

Section 2. Expression of Islamic values on family life in the Egyptian society

Egypt's constitution identifies Islam as its state religion and the Sharia as source of legislation. The society is religiously conservative, which can be recognised in the legislation and policies that regulate the daily life. Roughly ninety percent of the total population is Sunni Muslim (Bertelsmann Stiftung, 2022). Coptic Christians nowadays present about 5.6 percent of the population (Ambrosetti and Kamal, 2008, 1; Hackett, 2011). The ways in which Egyptians wish to found their family is thus largely aligned with the Islamic view on how a family should look like and in what ways it must be found.

It is highly important to highlight that Islam does not prohibit family planning, meaning that women are allowed to have small families and will in theory still be following their Islamic faith (Westoff and Frejka, 2007). Professor Karim⁹ (1997) concluded in his research that “There seems to be no typical pattern of reproductive behaviour which could be described as 'Islamic'. Islam as such seems to be neither a hindrance nor a stimulating factor in fertility decline at the global”. An example is found in the dramatic incline in Iran’s fertility numbers. Strict Islamic practices can thus perfectly coexist with the use of family planning (Kent, 2008). Why do Islamic families in Egypt then still tend to have a higher birth rate? The birth rate of Christian Egyptians – that count roughly 5.7 percent of the total population – has been thirty percent lower than Egyptian Muslims’ birth rate (Ambrosetti and Kamal, 2008, 1; Hackett, 2011). Islam is thus not the driver of a growing population. This leads to the question what other factors influence Muslim Egyptians to have bigger families.

According to Abdelkarim et al. (2022, 1055), Egypt’s social and cultural customs promote large families. The first ground can be found in the rise of Islamic and conservative fundamentalism since the 1990s, which has not helped to solve the issue of overpopulation. In contrary, the image of the traditional family became sacred: women should be kept confined at home and out of the public eye since their main task is childbearing (Misch, 1990). As little as 22 percent of women participates in the work force, while family and household are the principal source of occupation (Samari, 2017). It is common for families in Egypt to arrange marriages for their daughters, even at a young age. In 2014, more than 500 000 girls were married between the ages of 15 and 19. The average age at marriage of Egyptian women is 22 years old (Our World in Data (UN world marriage data), 2019; The World Bank, 2017), whilst the mean age for childbearing in Egypt is 27 years old (Our World in Data (UN), 2019; UN Data, 2023). Early marriage often results in early pregnancies, which contribute to Egypt’s rapid population growth (Youssef, Osman and Roudi-Fahimi, 2014, 3). Samari (2017) states that a marriage is often arranged by the parents with the only intent for the young adults to create offspring (Samari, 2017). A Population Council Report (The American University in Cairo (AUC), 2022, 4) finds that societal and communal pressures play a role in determining family sizes. Less than 2 percent of women have never been married at the age of forty, pointing out the importance of family life and marriage (Samari, 2017). Also, women in rural areas felt pressured by the family into giving birth to more than three children.

⁹ Professor and researcher at the Centre for Studies in Population & Health.

Moreover, there remains a social pressure to have at least one son, based on the view that a man is able to financially support the family. Lastly, a bigger family implies more children supporting their parents in their old age (Sawy, 2023; The American University in Cairo (AUC), 2022, 3-4).

The second reason for big families in Egypt, is the use of birth restriction methods. Egypt's society is characterised by a discrepancy between women's fertility preferences and the actual use of those methods. The grounds therefor are a lack of access to information and resources, inadequate quality of services, opposition from partners and families and religious and cultural views against contraceptives (The American University in Cairo (AUC), 2022, 3). The conservative religious view on birth control obstructs the distribution of qualitative information on sexual and reproductive health to the unmarried youth (OECD, 2003, 2). Overall knowledge on contraceptive methods and other ways of family planning is low in Egypt. Furthermore, the role of a men in reproductive health is very limited whilst the woman carries the responsibility (OECD, 2003, 2).

CHAPTER III. EGYPT'S APPROACH TO POPULATION CONTROL

This third chapter elaborates on the way Egypt approaches family planning. It examines the Republic's efforts to reduce population growth with policies that respect the cultural and religious context.

With the first global conferences on overpopulation and development in the 1950s, the United Nations warned developing countries with limited resources that a rapid population growth could aggravate poverty (Hellwig et al., 2023, 13; Youssef, Osman and Roudi-Fahimi, 2014, 2). Egypt took this notice as a sign for change and became one of the first developing countries to officially support family planning programs that improve the health of the poorer population as part of its national development plans (Abdelkarim et al., 2022, 1054). In contrast to Egypt, other countries such as Algeria would not recognise the need for an organised population control policy at a national level. Only years later, in 1983, Algeria

altered its position and adopted similar national development plans (Samari¹⁰, 2017; Westoff and Frejka, 2007, 796; Youssef, Osman and Roudi-Fahimi, 2014, 2).

In this section, I examine how the Egyptian government interferes with a person's right to family planning by introducing strategies to reduce the birth rate. These actions, preventive or repressive, include contraception, sterilisation, abortion and education. It is recommended to firstly consult [Section 1. Governmental strategies to regulate population growth](#) before reading into this section. There was no one-child like policy to be found in Egypt to research.

§1. Preventive strategy: contraception, sterilisation, one child policy

Between the 1980s and 2003, the use of contraceptives rose from 24 to 60 percent in Egypt (Hassanin et al., 2017). Today, its use fluctuates between 59 and 60 percent of the total population. A study from 2014 shows that 61 percent of married women used contraception. The most frequently used options are an IUD, DMPA¹¹ and birth control pills, while condoms are rarely an option (Masho et al., 2020, 1152; Mitwaly et al., 2019, 1378). To put these numbers into another context, the contraceptive use in Belgium was 67 percent in 2018. The difference between both countries is thus exceptionally little.

Two years ago, in 2021, the National Project for Family Planning was presented by the Ministry of Planning and Economic Development. The plan aims amongst others to provide contraceptive services free of charge. The resistance to contraceptives remains strong. A 2017 study identified the opposition of a husband as important cause for the non-use of contraceptives (Hassan, Ghazawy and Amein, 2017, 228). After a later study in 2022, this statement became even more striking as 59,8 percent of the participants was influenced by their male partner's opinion.

Another influence on the use of contraceptive methods is religion. The 2017 investigation determined that 69 percent of female participants thought that their religious beliefs did not affect their opinion on contraception. Nevertheless, 51 percent felt that religious beliefs and cultural background affected the community's view on contraception (Hassan, Ghazawy and Amein, 2017, 228). The conclusion was that almost all of the respondents had knowledge about family planning and that their major source of information was family and friends.

¹⁰ Public health demographer and an assistant professor at Columbia University Mailman School of Public Health.

¹¹ An injectable progestin-only contraceptive. (Kaunitz, 2023)

Education given by the government was rarely mentioned. It is thus important for the government to amend the given sexual education, as well as make reproductive health care more accessible. Lastly, the study showed that the knowledge about family planning was the lowest with young women. Only participants at a more mature age could give a complete answer (Abdelkarim et al., 2022, 1057-1060).

Sterilisation then, is a permanent and effective method of contraception. Nonetheless, it is rarely utilised in Egypt (Hassanin et al., 2017, 305). A study on male physicians working in Upper Egypt confirmed this idea. Of the 181 participants, 75 percent of the physicians would not advise the procedure to patients as it could lead to non-acceptance with Egyptian men and religious issues. Even if vasectomy is a relatively simple procedure with low risks, it lacks popularity in religious societies (Hassanin et al., 2017, 306). Overall, Egypt shows a higher use of short-acting and reversible methods of birth control (Hellwig et al., 2023, 1).

There are no known policies in Egypt that oblige the preventive strategies. Nonetheless, as the Arab Republic of Egypt has not ratified the Rome Statute (International Criminal Court, 2023), it also does not recognise internationally recognised forced sterilisation as a Crime against Humanity. In theory it could thus escape the legal jurisdiction of the International Criminal Court with such practices.

§2. Repressive strategy: abortion

In 2003, African States signed the African Charter on Human and People's Rights on the Rights of Women in Africa, also known as the Maputo Protocol. This instrument recognises abortion as a human right in the following words:

“State Parties shall take all appropriate measures to /.../ protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.” (Maffi and Tønnessen, 2019, 1)

Today, Egypt has still not ratified, nor signed this protocol (African Union, 2019). Instead, the Egyptian Penal Code criminalises abortion under articles 260 and 264, making the country one of the most restrictive countries in the world when it comes to abortion (Hodali, 2023; International Campaign For Women's Right To Safe Abortion, 2023). The Penal Code also punishes those women that intentionally abort a pregnancy with imprisonment:

“Article 261: Anyone who intentionally induces a miscarriage in a pregnant woman by giving her medication or by using means leading to such or by directing her to them, with or without her consent, shall be subject to imprisonment.”

Article 262: A woman who willingly and knowingly takes medication or willingly uses the aforementioned means, or enables another party to use such means, thereby inducing a miscarriage shall be subject to the aforementioned penalty.”

Article 263: If the person inducing the miscarriage is a doctor, surgeon, pharmacist, or midwife, he shall be subject to a defined term of hard labour.”

Article 264: There shall be no penalty for attempted induced miscarriage.” (emphasis added) (Abuelsoud, 2022)

Egypt is committing a clear interference with the right to a family life as women are not able to access all means that allow them to plan their own family. As mentioned above, every individual must be able to make their own choices in regard to reproductive health and building a family. The Egyptian Legislator prevents this by not letting a woman choose whether she wants to have a child, and by not giving her the freedom to choose her own timing. The criminalisation of abortion comes with multiple negative side effects. One of them being that a taboo is created, making it socially unacceptable for women to search for help. Next to that, Egypt takes away every safe and controlled option for a mother that carries an unwanted pregnancy. Research performed by the World Health Organisation shows that abortion bans do not reduce the number of procedures. Instead, pregnant women turn to clandestine, unsterile and unsafe environments that endanger their lives (Hodali, 2023). Very few exceptions to articles 260 and 264 exist. One of them, however, allows abortion when the life of the married mother is in danger (Hodali, 2023; International Campaign For Women’s Right To Safe Abortion, 2023).

According to Washington-based gender studies expert Habiba Abdelaal, a future policy change is not expected. She claims that “abortion is rarely at the top of local women’s movements’ agendas. This is probably due to a fear of retribution from conservative social groups that often attempt to regulate and constrain women and girls to fit stereotyped gender roles in society.” (Hodali, 2023) However, not all activists are of the same opinion. In March 2021, the “United Law for Combating Violence Against Women”-taskforce in Egypt drafted a bill with key demands on abortion. The campaign managed to gather sixty parliamentary signatures. The provisions state for example that the partner’s consent is not required for

abortions where the pregnant woman's health is at danger or when the pregnancy is the result of incest or rape (Abuelsoud, 2022). One must notice that the term 'partner' is used here instead of spouse. Nevertheless, the campaign does not intent to include non-marital relations into the legal sphere. Abuelsoud¹² criticises this approach by referring to the WHO recommendations on abortion. One of those recommendations lists abortion as an essential service. Another one states clearly that a woman's access to health services cannot be restricted on the ground that they do not have the authorisation of husbands, partners, parents/guardians or health authorities (Abuelsoud, 2022; WHO, 2022). Luckily, there are several other initiatives that call for a change in the legal provisions on abortion. One of them is the Egyptian Initiative for Personal Rights and the global NGO Realising Sexual and Reproductive Justice (RESURJ).

The reason behind the strong opposition against abortion lays in the following verses of the Qur'an: "And do not kill the soul which God has forbidden except for the requirements of justice"¹³ and "do not kill your children for fear of want: We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin"¹⁴ (Al-Matary and Ali, 2014). As Egypt mostly has Sunni Muslims, they follow the Qur'an and its wisdoms.

§3. Educational campaigns

As previously stated, the role of education may not be underestimated. A government that educates its male and female population on birth control and family planning will benefit in the long term. In Egypt, the mandatory age for going to school is between 6 and 14 years old, which corresponds to primary education. The World Bank notes that the enrolment rate in primary schools was 97 percent in 2015 (UNESCO Institute for Statistics, 2020; Youssef, Osman and Roudi-Fahimi, 2014, 4). Furthermore, the Egyptian government has made efforts to increase access to education and improve the quality of education provided to its citizens (OECD, 2015, 35; UIS, 2022). The country offers free public education up to the secondary level and has set a goal of achieving universal primary education by 2030 (OECD, 2015, 5; UNDP, 2021). While attendance at primary school is mandatory, attendance at secondary school is not compulsory, but the government has taken steps to increase enrolment in these

¹² Programs and Advocacy Coordinator at Realizing Sexual and Reproductive Justice alliance (RESURJ) and reproductive health specialist at the Geneva Foundation for Medical Research and Education.

¹³ Qur'an, Al- An'am 8:151

¹⁴ Qur'an, Al- Esraa' 15: 31

grades through various initiatives. According to Roudi-Fahimi and Moghadam (2003), access to education in the Middle East and North Africa (MENA-region) has received a great boost over the past years. Moreover, gender gaps related to school enrolments have disappeared in MENA-countries. Young women are also more likely to enrol in higher education in recent years than they were before.

A review by Youssef, Osman and Roudi-Fahimi (2014, 5) concludes that poorly educated people are statistically more likely to start their family earlier and have more children than those that did enjoy secondary education. Therefore, it is essential to inform families and young adults on reproductive health. The cycle of overpopulation and a high fertility rate will only break down when a change of mindset is created through education. If not, a new generation of girls will grow up in families that marry them off at a young age (Youssef, Osman and Roudi-Fahimi, 2014, 5). Also, women in rural areas of Egypt seem to have a negative attitude towards family planning. The knowledge that they have about reproductive health methods is often false or misleading. When there is an unintended pregnancy, it is often the result of the non-use, inconsistent or incorrect use of contraceptive methods (Abdelkarim et al., 2022, 1055).

New evolutions demonstrate that the Egyptian government commits to making a change. It is rolling out a number of programmes to raise awareness on family planning strategies and their consequences. They aspire an increased access to information concerning birth controlling options (The American University in Cairo (AUC), 2022, 4). A non-exhaustive overview of these campaigns follows below.

- Two years ago, in 2021, the National Project for Family Planning was presented by the Ministry of Planning and Economic Development. The target group is women aged between 18 and 45. The plan includes the following goals: to provide contraceptive services free of charge, to launch several social media campaigns to inform the population on overpopulation and family planning etc. (Sawy, 2023; The American University in Cairo (AUC), 2022, 4).
- The government launched a ‘Two Is Enough’ campaign to promote family planning in the country. The aim is to reduce the birth rate to 2,4 as soon as possible (Karasapan and Shah, 2018; Sawy, 2023). Dr Abdel Tawab (2023) underlines the need for a long-term change of attitude: “It can’t be a campaign for a while that ‘Two Is Enough’ and

then it's business as usual". The State must implement education opportunities that eliminate both false information and the fear of young women for contraceptives.

- Another interesting strategy is to involve community leaders (Hellwig et al., 2023, 3). They are placed closely to the population, are aware of what worries them and occupy a position of respect. This approach promoted family planning in community contexts and rural areas (Hellwig et al., 2023, 13).
- The UNFPA worked together with local NGO's and the Egyptian Family Planning Association (EFPA) to target the youth with information on overpopulation and family planning (early marriage, reproductive health ...) (OECD, 2003, 2). According to the OECD (2003, 2), the UNFPA managed to influence young adults through their advocacy and support that reproductive health is a serious matter. Unfortunately, the EFPA's role in reproductive health remains conservative at some points: the responsibility of men is ignored and only educated wealthy women benefit from their services.
- The Egyptian government launched a "Your Health, Your Wealth" multimedia campaign on contraceptive methods. This program was active in the areas of family planning and reproductive health, maternal and child health, health maintenance practices etc. To spread the messages, television, radio and press advertisements were employed (Hutchinson and Meekers, 2012, 2). Moreover, a campaign with the name "Mabrouk!" was installed to target newlyweds and their perspectives on a family life. A review conducted by Hutchinson and Meekers (2012, 13) evaluated the "Your Health, Your Wealth" concept and concluded the following: "The Your Health, Your Wealth campaign was associated with an increase in modern contraceptive use of 2,9 and 4,0 percentage points respectively." The examiners point out that they may seem a small difference, however, to a hypothetical population of 100 000 women, it means a significant change on an individual level.

CHAPTER IV. BALANCING POPULATION CONTROL – RIGHT TO A FAMILY LIFE IN EGYPT

Part 1 of this thesis discusses the right to a family life. The positive dimension of this right obliges a government to make sure that a family has all the possible tools to build out their family life and to get married. A government must respect the right of an individual with a specific religious perspective on how he or she wishes to found his or her family. In this chapter, the balance will be made up for Egypt's policies on population control. It is recommended to firstly read [Section 1. Proportionality and necessity test](#).

Section 1. Voluntary initiatives to battle population growth

First of all, for Egypt's voluntary initiatives of population control, there is no violation of the right to a family life. Examples are contraceptive services free of charge. The resistance of the population to contraceptives remains strong under the religious and social context but there seems to be a positive trend lately to change that with campaigns. Sterilisation is also voluntarily accessible, even when rarely used and strongly discouraged by physicians (Hassanin et al., 2017, 306). To conclude, voluntary preventive measures to curb population growth are provided but still not widely used. The government could deploy more resources to change the societal perspective, in order to have a better effect and decrease the birth rate.

The situation is slightly different for abortion. Egypt has not recognised the Maputo Protocol that recognises abortion as a human right (African Union, 2019). Instead, the Egyptian Penal Code criminalises abortion under articles 260 and 264 (Hodali, 2023; International Campaign For Women's Right To Safe Abortion, 2023) and punishes those women that intentionally abort a pregnancy with imprisonment (Abuelsoud, 2022), with few exceptions. Impeding the access of women to abortion reduces the opportunities to have a decline in the birth rate. Next to that, Egypt takes away every safe and controlled option for a mother that carries an unwanted pregnancy (Hodali, 2023). The reason for doing so is highly influenced by religion in the society and verses in the Qur'an (Al-Matary and Ali, 2014). It is thus recommended to open up the access to a safe abortion.

Section 2. Mandatory policies to battle population growth

Voluntary measures respect the right to a family life. Only compulsory population control (forced use of contraceptives, compulsory sterilisation or abortion and one-child policy) endangers the right to family planning. It takes away the freedom of an individual to choose the number of children he or she wants, and the spacing and timing of their births. In that case, a State must apply the proportionality and necessity test to determine whether the right to a family life may be restricted. To make up the balance for Egypt: there are currently no known mandatory regulations into force that curb the population growth. This seems to show a very democratic and human rights friendly approach in Egypt. The principal ground for this approach can be found in the alignment of the State religion with the majorly Islamic population that strongly holds on to their beliefs. The government reflects with the Muslim Brotherhood party, a strong representation of Islamic values in its policies. It is clearly visible that there exists a dichotomy between promoting big families and campaigning against them. Purely on the protection of the religious values of family life, the government of Egypt scores fairly well.

The Republic currently focuses on soft long-term educational campaigns to temper population growth. For an overview of the main initiatives, see [§3. Educational campaigns](#). Unfortunately these campaigns do not reach the necessary young audience, lack a good approach and do not include a complete overview with all reliable information. This means that the existing policies are rather 'light' and ineffective. Respecting societal values cannot be an excuse to deal with overpopulation in an inadequate way. Egypt must act in a manner that the current human right violations due to overpopulation stop. Unfortunately, the urge to act seems in no way present, even with more and more voices asking for a change. Others argue that by not creating an immediate change, the State is ignoring overpopulation and not handling the implications that come with it. Referring to high unemployment rates, poverty, shortages in energy, water, wheat, housing ... This argument seems even more convincing when the government shifts the responsibilities towards the poor people in its speeches. Immediate solutions for the Arab Republic of Egypt are: (1) creating short-term intensive campaigns to reach the young (male) population, (2) compulsory strategies, (3) letting go of the strict abortion policy.

The first option requires more financial resources but can be effective without creating major human rights violations. Especially a shift in the male dominant position can create a change. It remains the question whether the religious government is willing to sponsor this.

The second solution of creating compulsory strategies, even if more effective, implies major human rights violations. If the Republic would choose for a new compulsory strategy (e.g. forced contraception, forced abortion, forced sterilisation, one-child policy) in the future, it needs to pass the proportionality and necessity test when restricting the right to a family life. It remains in my opinion highly unlikely that the Republic will implement such plans.

- When applying the proportionality test: there must be a legitimate reason and the means used must be effective. The legitimate reason in this case is national safety and protection of other fundamental rights that would be violated if there is no stop to the population boom. In Egypt these rights are the right to work (unemployment), the right to decent living standards (poverty), the right to life etc. The proposed measures must be adequate to achieve the envisaged objective and no less invasive option is available.
- When applying the necessity test: restricting the right to a family life must be necessary to obtain the protection of other fundamental rights. As Egypt is confronted with a high population number of 109 million, high unemployment and poverty, lack of decent living standards ... it is definitely necessary to act.

The third option to adapt the abortion regulations is highly controversial and will most probably not change due to the Islamic perspective on the matter. It could nevertheless give women a chance to safely undergo the procedure and prevent unwanted pregnancies.

I wish to draw attention to the fact that this is merely a case study. When the same exercise is conducted on a country with more invasive policies, the outcome will be completely difficult.

CONCLUSION

The aim of this thesis was to formulate an answer to the following question: *“When can governmental strategies for population control prevail over the right to a family life?”*

Overpopulation is a pressing matter that endangers the future resource availability and earth’s carrying capacity (Dombroff and Lifshitz, 1972, 94; Scott, 2022). When more people walk our Earth, there is a higher demand for food, housing, healthcare, ... Especially in third world countries, overpopulation causes specific human rights violations to the right to life, the right to an adequate standard of living, the right to health and the right to education. To put an end to the population boom, a government must create a strategy to reduce the birth rate. Whilst doing so, it touches upon the right to a family life. This right entails the right to family planning, which allows every individual to choose freely and responsibly on the formation of their family.

To answer the research question: voluntary measures respect the right to a family life. Only compulsory population control endangers the right to a family. In that case, a State must apply the proportionality and necessity test to determine whether the right to a family life may be restricted. The proportionality test includes three conditions: (1) a legitimate aim recognised by international jurisprudence such as national security and the protection of other fundamental rights; (2) an adequate measure to achieve the envisaged objective and (3) no less invasive option is available. For forced use of contraceptives, forced sterilisation and forced abortion, the proportionality test is not passed. Even when there is a legitimate aim to impose adequate strategies, there are less invasive policy strategies with the same results available, for example: educational campaigns. As for the one child-policy: one can wonder whether the measure is adequate and if there is no equal alternative that is less invasive. Regarding the necessity test, restricting the right to a family life must be necessary to obtain the protection of other fundamental rights. Currently, only in the regions of Africa, Asia and South America a policy would pass the necessity test since they are confronted with high population numbers, high unemployment, poverty, lack of decent living standards ... It is definitely necessary to act in those regions. To put the necessity factor into perspective: the population growth numbers of Europe, North America and Oceania stabilised and are even expected to decline in the upcoming decades (HYDE, 2017; Gapminder, 2023; Kent, 2008; UN, 2022-2023). Human rights are thus in a lesser way endangered in those regions and the

necessity threshold will generally not be reached. However, a case-by-case examination is always mandatory.

Additionally, there are several general takeaways from this research and the case study on Egypt that can be used as guidelines for other States. Firstly, a country must balance the values that are followed by the population and their aim to temper childbirth rates. The religious and societal traditional context in Egypt is in favour of the right to a family life and the fulfilment of the virtues of Islam. This means that the Republic has no compulsory policies that violate the right to a family life because they respect the Islamic and traditional values in the country. Consequently, the policies and campaigns that exist are rather ‘light’ and ineffective. Despite this, respecting societal values cannot be an excuse to deal with overpopulation in an inadequate way. Egypt must act in a manner that the current human right violations due to overpopulation stop. Short-term campaigns are needed to shift the country’s perspective on birth control. Also, a change in the abortion policy is strongly recommended. Secondly, compulsory measures are more effective, though more invasive and less likely to pass the proportionality and necessity test. It is in the best interest of all individuals to see their rights respected in the fullest way possible. From that perspective, investing in long-term qualitative education on a voluntary basis for young generations and in campaigns for older generations can lead to a shift in perspective when there is a negative attitude towards smaller families. Thirdly, a voluntary measure with financial benefits for poor people is in fact a mandatory measure and will in most cases not be beneficial on a long term.

To end with, the main aim is always to respect our rights as much as possible. As Antonio Guterres, Secretary-General of the United Nations, emphasised: “eight billion people means eight billion opportunities to live dignified and fulfilled lives” (United Nations, 2022c). Every single person on this planet deserves the same chances, irrespective of whether he or she lives in an overpopulated country or not. The right to have a family life applies to all of us and it is the task of a government to respect that in its policy making.

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