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Fertility and Family Planning in Egypt 1984

Hussein A. A. H. Sayed
M. Nabil El-Khorazaty
Ann A. Way

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This report presents the findings from the 1984 Egypt Contraceptive Prevalence Survey. The survey is part of the worldwide Contraceptive Prevalence Survey (CPS) project designed to institutionalize the monitoring of levels of contraceptive awareness, availability and use in order to provide an improved data base for evaluating family planning programs.

Additional information on this survey or on family planning activities in Egypt can be obtained from the National Population Council, P.O. Box 1036, Cairo, Egypt.

Questions concerning the international Contraceptive Prevalence Survey program should be addressed to: Contraceptive Prevalence Survey Project, Westinghouse Public Applied Systems, P.O. Box 866, Columbia, Maryland 21044, U.S.A. (Telex Number 87775).

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FOREWORD

Like other countries in the developing world, Egypt is experiencing high rates of population growth. In addition, it also is faced with unbalanced population distribution and other unfavorable population characteristics (e.g., high levels of illiteracy, etc.). As a result, Egypt is confronted with problems of sustaining its development while its limited resources are absorbed in feeding, educating and providing health care to this rapidly increasing population. Only in the past decade, moreover, has reliable information on factors, particularly, fertility behavior and desires, contributing to Egypt's population growth been available to assist in planning to meet these challenges.

The 1984 Egypt Contraceptive Prevalence Survey (ECPS(84)) is the most recent in a series of demographic and family planning surveys investigating fertility levels and their determinants, especially the use of contraceptive methods. The preparation for the ECPS(84) started late in 1983, and the actual fieldwork was carried out between October and December 1984. The survey was a followup to the first round ECPS(80) conducted in 1980 in rural areas in Egypt.

Since its formulation in 1985, the National Population Council (NPC) has given high priority to the completion of this national survey, because of its importance in providing up-to-date data on the levels of family planning practice and their determinants. In addition, the survey findings provide information on differentials in family planning use at various regional and sub-group levels and on the availability and accessibility of services in Egypt. The ECPS(84) results also allow decision makers to monitor the change in contraceptive practice during the past few years. Together these findings will help in the design of national and regional policies aiming at curbing population growth.

This report summarizes the main finding of the ECPS(84). It was produced within a year of the completion of field work and, thus, provides a timely insight into the current status of fertility and family planning in Egypt as well as into the prospects for continued change in these variables. In addition to reviewing basic information on fertility levels and on the prevalence of contraceptive use, the report focuses attention on a number of other issues of key importance to the family planning program in Egypt, especially the accessibility of contraceptive services, patterns of contraceptive continuation and the level of unmet need. The report also presents information on the levels of knowledge and use of various brands of oral contraceptives which is useful in evaluating the recently expanded social marketing project (Family of the Future).

The comprehensive nature of this report attests the great breadth of the survey findings which deserve further in-depth analysis. It is

evident that the Council looks to the information collected in the ECPS(84), as well as in earlier surveys, to direct activities of population activities in the future in Egypt. The results already have formed the basis for a number of specific recommendations regarding the Egyptian population program, which are detailed in the last section of this report. These recommendations represent the outcome of a two-day seminar that was held at the headquarters of the Council in December, 1985 and attended by a large number of interested researchers, family planning and population authorities and senior decision makers in those areas.

Obviously, the challenge which lies ahead is to act upon these suggestions, as well as other recommendations that will emerge through further analysis of the ECPS data, to improve the efficiency of our national program.

Finally, I would like to congratulate the survey team on their devotion and sincere efforts to complete the planned activities and basic analysis of findings.

Prof. Dr. Maher Mahran
F.R.C.O.G., F.R.C.S., Ph.D. (Edin.)
Secretary General of the National
Population Council

ACKNOWLEDGEMENTS

Sample surveys are the basic instrument used to obtain reliable information on fertility and family planning and their determinants in Egypt. This is mainly due to the incompleteness of service statistics and the growing role of commercial outlets in supplying users.

Within that context, preparation for the Egypt Contraceptive Prevalence Survey (ECPS(84)) started in June 1983 under the supervision of the Population and Family Planning Board (PFPB), which was replaced by the National Family Planning Project (NFPP) in January 1985. The NFPP is one of four major projects established under the Egyptian National Population Council (NPC); the NFPP has the responsibility for family planning activities in Egypt.

Financial assistance for the ECPS(84) was provided by Westinghouse Public Applied Systems, from USAID population funds for Egypt. I gratefully acknowledge this support, without which this project would have never been possible.

I also would like to express my gratitude to Dr. Aziz Bindary who initiated the survey and provided logistical support to the project throughout his work as the Chairman of the PFPB.

I also would like to pay a special tribute to Prof. Dr. Maher Mahran, Secretary General of the NPC. He provided strong and continuing support to the project and has shown great interest in the survey results and their policy implications. I am grateful to Mr. Effat Ramadan, Acting Director of the NFPP, for his assistance in facilitating our work.

A total of 30 months was spent in preparing for and carrying out various activities of the ECPS(84) including the field work, data processing and analysis of the findings presented in this report. Many people participated in the various stages of the project. Although it is not possible to cite all of the individuals whose contributions were necessary to the completion of the work, I would like to specifically acknowledge the work of some individuals which was very important in completing the ECPS(84).

Dr. M. Nabil El-Khorazaty, Assistant Director of ECPS(84), deserves my deepest gratitude for his tireless efforts to follow the various survey activities. My thanks and appreciation also are extended to Dr. Mahmoud Farag, the Field Coordinator and Dr. Sami Akabawi, the Data Processing Coordinator. Their devotion, endurance and hard work during the survey were instrumental in the successful completion of this project.

My sincere gratitude and appreciation go to Dr. Ann Way of Westinghouse Public Applied Systems who has worked closely with us on all

phases of ECPS(84). Her spirit, commitment and devotion were instrumental throughout the survey and during the preparation of this report. I would like also to express my gratitude to Dr. William Kalsbeek, Department of Biostatistics, University of North Carolina, and Dr. Alfredo Aliaga, Westinghouse Public Applied Systems, for their advice and guidance in designing the sample.

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I am deeply indebted and grateful to all the ECPS(84) field and office staff. Without their participation and commitment, the successful completion of this project would have been impossible. In addition, I would like to express my appreciation for all the assistance received from the Central Office, Administrative and Financial Departments of the NPC during the survey.

Finally, special thanks must be extended to various local authorities in all governorates included in the sample and the 10,474 households and 10,013 respondents who fully cooperated with the teams in the field.

Dr. Hussein A.A. Sayed
Technical Director, ECPS(84)

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Chapter 1 INTRODUCTION

Since 1980, a series of fertility surveys have been conducted in Egypt. The first survey in this series, the Egyptian Fertility Survey (EFS(80)), was carried out in 1980 by the Central Agency for Public Mobilization and Statistics (CAPMAS) as part of the World Fertility Survey (WFS) program. The State Information Service (SIS) in collaboration with CAPMAS, conducted two surveys, the 1980 Egyptian National Baseline Survey of Family Life and Family Planning (SIS(80)) and the 1982 Egypt Follow-up Survey on Family Life and Family Formation (SIS(82)). The Population and Family Planning Board (PFPB) also sponsored several surveys, including the first Egypt Contraceptive Prevalence Survey (ECPS(80)) in 1980 and the second Rural Fertility Survey (RFS(82)) in 1980.

These surveys differ somewhat with regard to coverage, the nature of the data they collected and the stratification factors used in the sample selection process. With respect to coverage, the ECPS(80) and the RFS(82) covered only rural areas, while the EFS(80), SIS(80) and SIS(82) included both urban and rural areas. All of the surveys collected information on fertility levels and attitudes, contraceptive knowledge and practice, and background variables for ever married women in the reproductive ages. In addition, both the EFS(80) and the RFS(82) included detailed household and husband interviews, and a sample of males was covered in the SIS(80) and SIS(82). Thus, the latter surveys obtained some information on male attitudes and, in the case of the EFS(80) and the RFS(82), on couple communication. Finally, the ECPS(80) and RFS(82) were explicitly designed to include the presence of the Population and Development Program (PDP) project¹ and its duration as a stratification factor in the selection of rural sampling units.

¹ The Population and Development Program is a community-based project which seeks to improve family planning delivery systems and stimulate socioeconomic development in rural Egypt by stressing, in particular, developmental activities that are believed correlated with favorable population characteristics (e.g., lower fertility) at the local level (Khalifa, *et al.* 1982, pp. 159-162).

Following its policy of sponsoring efforts to collect data on fertility and family planning, the PFPB decided in 1983 to conduct the second Egypt Contraceptive Prevalence Survey (ECPS(84)) in order to investigate changes in fertility and family planning behavior and attitudes in Egypt. The specific objectives of the ECPS(84) were:

- (1) To collect data on the current level of contraceptive knowledge, use and continuation and their determinants in Egypt.
- (2) To monitor the changes in family planning practice between 1980 and 1984, especially in rural areas.
- (3) To provide information on the levels of fertility and family size desires and their determinants.
- (4) To investigate fertility and family planning differentials by area (urban/rural) and place of residence (Upper/Lower Egypt).
- (5) To provide the basic data needed for obtaining synthetic estimates of fertility and family planning levels in various governorates.
- (6) To investigate the perceived availability and accessibility of family planning services in Egypt.
- (7) To evaluate the activities of the PDP program and participation in program activities, among the population living in PDP villages in rural areas.

In sum, the ECPS(84) was designed to provide Egyptian policy makers with factual data that can be used in the evaluation of on-going programs as well as in the formulation of new population policies and programs.

SETTING OF THE ECPS(84)

The population of Egypt is estimated to be more than 48 million. This represents an increase of about 10 million over the 1976 population of slightly over 38 million. Table 1.1 shows that the population growth in Egypt has been accompanied by a steady increase in the proportion of the population living in urban areas. The percentage urban, which

TABLE 1.1

THE POPULATION OF EGYPT AND ITS PERCENT DISTRIBUTION BY AREA OF RESIDENCE, 1960-1985

Year	Total Population	Area of Residence		
		Total Percent	Urban	Rural
1960	26,085 ¹	100.0	37.4	62.6
1966	30,076 ¹	100.0	40.5	59.5
1976	38,228 ²	100.0	43.9	56.1
1985	48,503 ³	100.0	50.7	49.3

SOURCE: ¹ CAPMAS, 1984, p.6.
² Estimates from CAPMAS.
³ Kalsbeek, 1983.

increased from 37 percent in 1960 to 44 percent in 1976, is estimated to have reached 50 percent in 1985.

Several studies had shown significant differences in demographic and socioeconomic characteristics between urban and rural areas in Egypt. A number of these differentials are examined in Table 1.2. In general, they suggest that the rural population is characterized by a somewhat younger age structure than the urban population. The proportion in current marital unions also is somewhat higher in rural than urban areas. Illiteracy levels are much greater in rural than urban areas, and urban residents are much more likely than their rural counterparts to have had at least a primary education.

Egypt also is characterized by significant demographic and socioeconomic differences between the populations living in Lower Egypt,

TABLE 1.2

SELECTED CHARACTERISTICS OF THE POPULATION IN URBAN AND RURAL AREAS, EGYPT, 1976

Characteristic	Total	Urban	Rural
<u>Age distribution</u> ¹			
Under 6 years	17.3	15.4	18.8
6-64 years	79.1	81.4	77.3
Over 64 years	3.6	3.2	3.9
<u>Sex ratio</u>	103.6	105.2	102.5
<u>Marital status</u> ²			
Currently married	65.1	61.2	68.5
Never married	25.6	31.1	21.0
Divorced	0.8	0.9	0.8
Widowed	8.4	6.8	9.7
<u>Education status</u> ³			
Illiterate	56.3	39.2	70.4
Completed primary or more	21.3	34.3	10.6

¹ Percent distribution for total population.

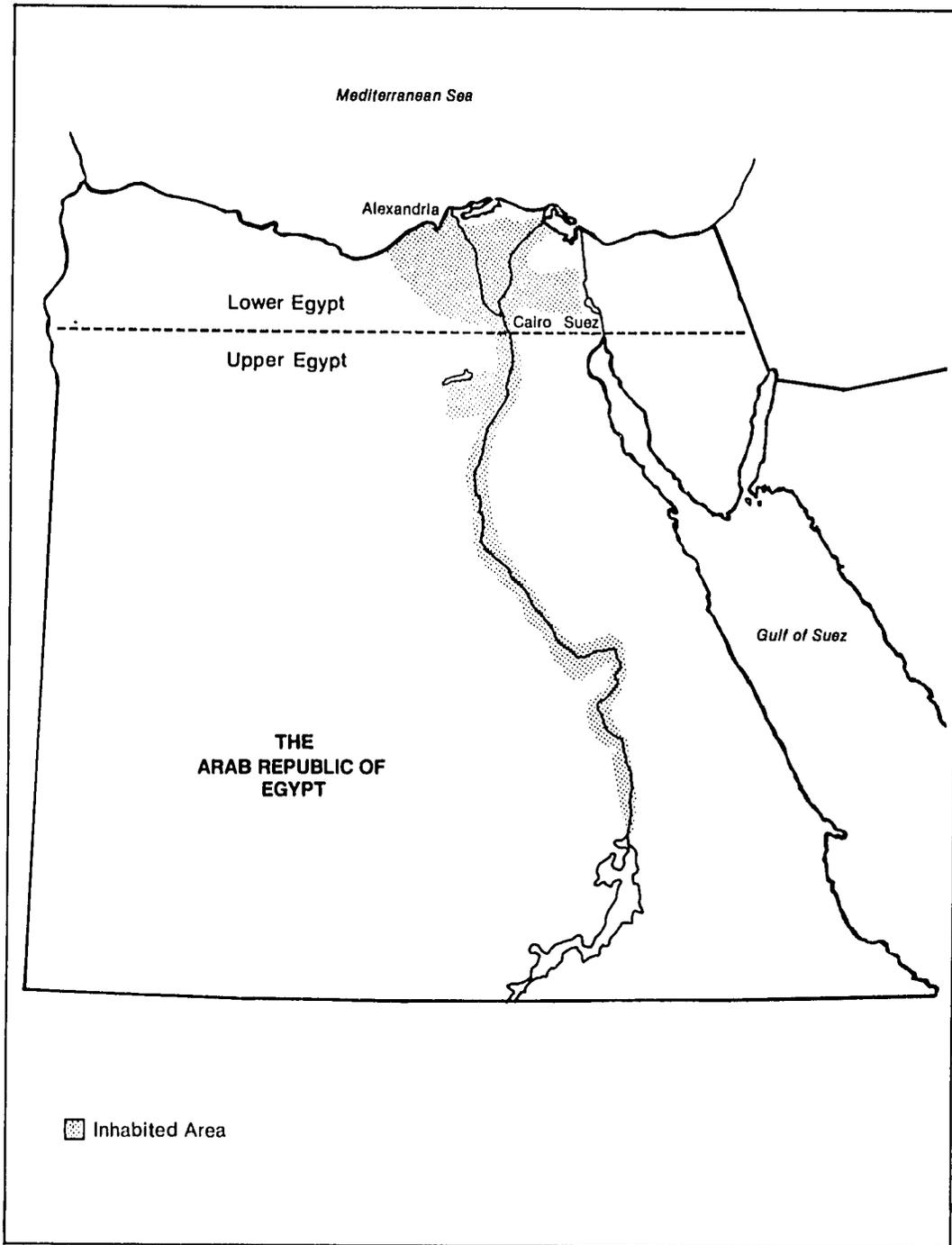
² Percent distribution of population age 16 and over.

³ Percent of population age 10 and over.

SOURCE: CAPMAS, 1978.

which comprises a wide alluvial delta spreading fanlike from Cairo northward to the Mediterranean coast, and Upper Egypt, which includes a narrow strip of cultivated land on either side of the Nile stretching from the cataract at Aswan to Cairo (Figure 1.1). At the time of the 1976 census, 43 percent of the total population lived in Lower Egypt, while 35 percent were from Upper Egypt. The population density in Upper

FIGURE 1.1
Map of Egypt



Egypt (1,047 persons per sq. km.) was considerably greater than that in Lower Egypt (714 persons per sq. km.)(CAPMAS, 1984, pp. 12-15). Both fertility and mortality levels were higher in Upper than in Lower Egypt (National Academy of Science, 1982, pp. 14 and 17). In 1976, the crude birth rate was estimated to be 44.1 per 1,000 population in Upper Egypt compared to 38.6 in Lower Egypt, while the infant mortality rate was estimated to be around 50 percent higher in Upper Egypt (145 deaths per 1,000 births) than in Lower Egypt (99 deaths per 1,000 births).

ORGANIZATIONAL FRAMEWORK AND SURVEY TIMETABLE

The 1984 Egypt Contraceptive Prevalence Survey was implemented under the supervision of the Population and Family Planning Board (PFPB) which, in 1985, became the National Family Planning Project (NFPP). The survey was carried out in collaboration with Westinghouse Public Applied Systems (WPAS) as part of the international Contraceptive Prevalence Survey program. The Egyptian staff were responsible for the planning, organization and implementation of the survey, while WPAS personnel provided technical assistance and consultation.

The schematic diagram in Figure 1.2 presents the organizational structure of the ECPS(84). A list of the staff involved in each phase of the ECPS is included in Appendix A. A total of 30 months was spent in preparing for and carrying out the activities of the ECPS(84). A detailed survey timetable is shown in Table 1.3.

ECPS(84) SAMPLE DESIGN

One of the key concerns in the design of the ECPS(84) sample was the need to provide reliable estimates of fertility levels and contraceptive use for Egypt, as a whole, and for urban and rural areas separately. Other domains for which reliable estimates were desired included the

FIGURE 1.2
Organization of The ECPS(84) Staff

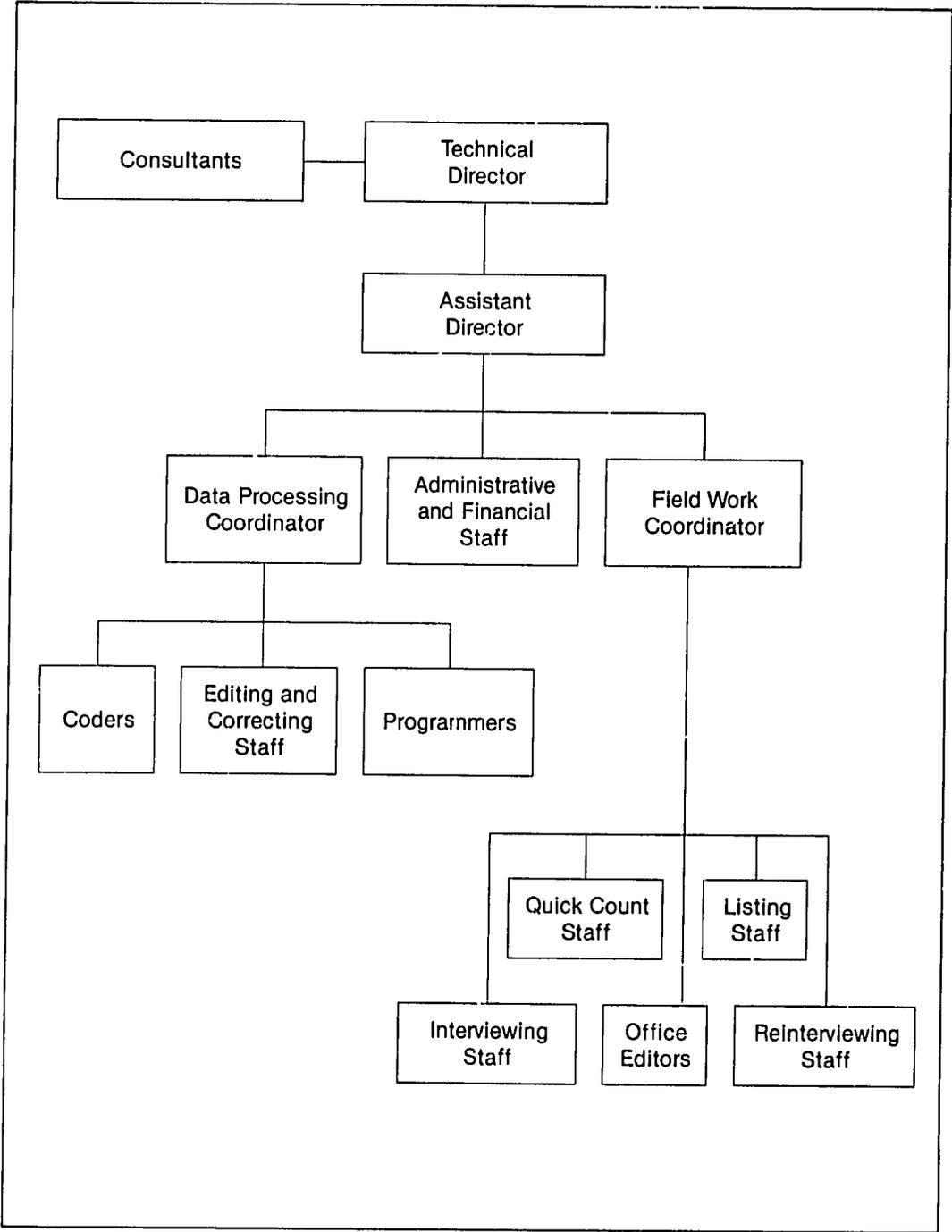


TABLE 1.3
SURVEY TIMETABLE

Activity	Starting Date	Duration
General preparation	June 1983	1 month
Development of the sample design	July 1983	3 months
Questionnaire design	September 1983	3 months
Mapping (rural areas)	October 1983	3 months
Printing of pretest materials	December 1983	1 month
Pretest	January 1984	2 weeks
Quick count process (urban areas)	April 1984	3 months
Preparation of training manuals and other documents	June 1984	3 months
Sample selection	August 1984	2 weeks
Finalization of questionnaire	August 1984	1 month
Recruitment and training of listing teams	August 1984	1 month
Recruitment of supervisors and interviewers	August 1984	1 month
Printing survey materials	September 1984	1 month
Listing and relisting	September 1984	1 month
Training of field staff	September 1984	3 weeks
Field work	October 1984	3 months
Office editing	November 1984	4 months
Coding and key punching	December 1984	4 months
Reinterviewing	February 1985	1 month
Computer editing	February 1985	6 months
Detailed tabulations	August 1985	3 weeks
Report writing	September 1985	3 months

Urban governorates and Upper and Lower Egypt. Within rural areas, there also was a concern to obtain estimates by the duration of exposure of the population to the Population and Development Project (PDP).

To achieve these objectives, the sample design for the ECPS(84) called for a self-weighting nationally representative probability sample of 11,000 households to be selected and for all ever married women under age 50 living in the sampled households to be interviewed during the survey field work. The sample was expected to yield interviews with 10,000 women on the assumption that there would be approximately 0.91 eligible women per household.

The sampling plan called for the ECPS(84) sample to be selected in three stages. A brief description of the procedures carried out at each stage follows. Additional information on the sampling plan can be found in Appendix B.

First Stage Selection

The sampling units at the first stage of selection were shiakhass/towns in urban areas and villages in rural areas. The frame for the selection of the urban primary sampling units (PSUs) was prepared by CAPMAS and included a total of 762 units. For the rural selection, the list of the villages used to select the sample during the 1980 ECPS was updated. The final rural frame included a total of 4,132 villages. Prior to first stage selection, the primary sampling units in both the urban and rural frames were stratified by geographic location and the percent illiterate as reported in the 1976 census. In addition, in rural areas, participation in the Population and Development program served as an implicit stratification criterion. During the first stage selection, a total of 204 primary sampling units--96 shiakhass/towns and 108 villages---were sampled, with probabilities for selection being proportional to the estimate of the number of households in the units in 1964.

Second Stage Selection

The second stage of selection called for the PSUs chosen during the first stage to be segmented into smaller areal units and for two areal units to be sampled from each PSU. For urban areas, it was initially recommended that the Enumeration Areas (EAs) used during the 1976 census be employed as second stage sampling units. A review of the information for the EAs indicated that the maps and boundary definitions for those units were not sufficiently detailed to allow the EAs to be used as secondary sampling units. In addition, the EAs had not been updated to take into consideration changes in the inhabited area due to population growth. Consequently, it was decided that the shiakhas/towns would have to be segmented into areal units with well-defined boundaries before the second stage selection could be completed. In order to segment the urban PSUs, maps showing the boundaries of each shiakha/town selected at the first stage were prepared or obtained from other sources. Using estimates of the number of households obtained by teams who were sent to carry out a quick count of the number of inhabited housing units in each shiakha/town, the maps for each shiakha/town were divided into approximately equal-sized units (segments) with clearly defined boundaries. Following completion of the quick count and segmentation operations, two segments were chosen at random from each shiakha with probabilities proportional to the size of the segment.

A procedure similar to that used at the second stage of sample selection during the 1980 ECPS was employed in selecting the second stage sampling units (SSUs) for the 1984 ECPS. Maps were obtained for each village selected at the first stage. These maps were reviewed to ensure that they included all hamlets defined as part of a selected village according to the administrative system. The maps were then divided into small segments, and the amount of residential area in each segment was estimated based upon the information provided on the maps. Finally, in each village, two segments were selected with probabilities

proportional to an estimate of the size of the residential area in the segment.

Final Stage Selection

Following the selection of the SSUs, a household listing was obtained for each of the selected units (segments). Using the household lists, the sampling plan called for a systematic random sample of households to be chosen at the final stage of selection. In urban areas, an average of 30 households was selected from each segment at the final stage, while 25 households were sampled on average from each rural segment. The final stage of selection yielded a total sample of 11,299 households. The design called for all ever married women under age 50 resident in the sampled households the night before the survey to be interviewed.

QUESTIONNAIRE DESIGN AND PRETEST

The ECPS(84) Questionnaire

The ECPS(84) included a household and an individual questionnaire. The household questionnaire consisted of a household schedule and two additional sections which were designed to obtain information on housing characteristics and household ownership of consumer durables and wealth items. All members of the household were listed in the household schedule starting with the head of the household, and information on the relationship to the head, sex, age, migration status, literacy status and educational level, work status, and occupation and marital status was collected for each individual listed in the schedule. The last question in the schedule on residence in the household during the night before the survey was designed to obtain information to be used with age and marital status to identify the women in the household to be interviewed in the ECPS. A de facto definition was used in determining eligibility for the

ECPS; that is, all ever married women less than 50 years old who slept in the house the night prior to the interviewer's visit were to be interviewed in the ECPS(84).

An individual questionnaire was assigned for each woman identified as eligible in the household schedule. The individual questionnaire was adapted from the model questionnaire developed by the international Contraceptive Prevalence Survey program. It included seven sections covering the following topics:

- Respondent background characteristics
- Fertility and breastfeeding
- Contraceptive knowledge, practice and brand awareness
- Contraceptive availability and accessibility
- Contraceptive continuation
- Husband characteristics and husband/wife communication
- Population and Development project activities.

An English translation of the Arabic language questionnaire is included in Appendix C.

Pretest

Two field teams, each with four female interviewers, participated in the pretest of the ECPS(84) questionnaire in January 1984. The pretest followed an intensive one week training course and was carried out in several locations that were not included in the ECPS(84) sample. A total of 106 household and 98 individual interviews were completed during the pretest, out of which 60 household and 42 individual interviews were in urban areas, with the remaining interviews being conducted in rural areas.

The pretest generally indicated that there were no major problems in the structure of the questionnaire or in the wording of individual questions. Some difficulties were noted, however, in the collection of data on the brands of oral contraceptives that women knew or had ever

used. The pretest results suggested that women frequently had problems in identifying the brands by name. They instead described the packaging or referred to the color of the pill (i.e., the yellow box or the pink pill). Based on the pretest experience, it was decided that it would be necessary to prepare a chart with photos of the various brands which interviewers could show respondents while asking about the brands that they knew and had used. A brand identification chart was developed, field tested and modified before it was used in the actual ECPS(84) field work.

FIELD ACTIVITIES

Quick Count Operation

As described in the discussion of the sample design, the initial sampling plan called for the 1976 Census Enumeration Areas (EAs) to serve as the secondary sampling units for the ECPS(84). While implementing the sampling plan, it became evident, however, that it was not possible to obtain acceptably detailed maps or clearly written descriptions of the EA boundaries. Accordingly, a decision was made to carry out a quick count in every shiakha/town to provide information on the number of inhabited housing units in the shiakha which could be used to segment the shiakha/town into smaller units.

A group of 51 experienced field workers participated in the quick count operation. A one week training course, which included classroom instruction and practical training in areas that were not included in the survey, was conducted prior to the quick count. The quick count field workers were organized into 12 teams, each composed of a supervisor and three to four field workers. The quick count operation covering all 96 urban PSUs was carried out between April and June 1984. There was considerable variation in the number of days needed for the completion of

quick count in different shiakhas. However, on average, the teams were able to complete the process in a shiakha/town in 3.2 days.

The quick count was repeated in ten randomly selected shiakhas/towns as a quality control measure. Discrepancies noted when the results of the second quick count were matched with the original quick count were checked. No major problems were discovered in this matching process. In general, where errors were noted, the differences could be attributed to a failure to properly define segment boundaries.

Listing

The sampling plan called for a complete listing of all the households living in the segments selected as SSUs in the 204 PSUs (villages and shiakhas/towns). The listing was to be carried out shortly prior to the field work activities. To conduct the listing, 36 experienced male listers were recruited during August 1984 and trained for one week. Beside classroom instructions, their training course included demonstrations and practical field experience. After their training, the listers were organized in 12 teams. The teams were composed of two or three persons, depending on the size of the area they were assigned to cover. The listing operation began in September 1984 and continued for one month. On average, each team was able to complete the listing of the segments selected in an assigned PSU in two days.

As a quality control measure, the sample design called for a percentage of the SSUs (segments) in both villages and shiakhas/towns to be relisted. This percentage differed for rural and urban areas. For rural areas, the relisting involved a total of 11 villages. For urban areas, the plan called for 100 percent coverage on a graduated basis, depending on an evaluation of the outcome of the relisting in the first shiakhas/towns to be relisted. Accordingly, only 32 shiakhas/towns were randomly

selected for relisting initially. A comparison of the two lists for these shiakhas/towns generally indicated a one-to-one correspondence between the households, except for minor discrepancies in the lists for three segments. Thus, the initial relisting results showed that the listing process in urban areas was accurately carried out and, consequently, no further relisting was required.

Training of Field Work Staff

The recruitment of supervisors and interviewers for the ECPS (84) field work was carried out during August-September 1984. A total of 23 male candidates and 78 female university graduates were initially recruited to participate in the field work training. A joint training course for supervisors and interviewers was held for three weeks in October 1984. The course opened with a general description of the survey. This was followed by a detailed presentation and discussion of the survey questionnaires, extensive role playing experience and two days of practice interviews in two urban and rural locations. In addition to the basic training, special sessions for supervisors were organized which included discussion of the role and responsibilities of field supervisors, the field work organization, quality control checks and problems of non-response. Field staff candidates were evaluated during the program on the basis of their active participation during training sessions and an assessment of the quality of their role playing and field interviews. Finally, a written exam and a personal interview were conducted to further evaluate their performance and enable senior staff to select those most suitable for field roles.

A total of 19 supervisors and 58 interviewers were retained following the training. Fourteen supervisors and 55 interviewers were assigned to the field teams; the remaining staff were retained as office editors.

Field Work

The survey areas were divided into ten sections during the field work; each section was assigned to one of the field work teams. Each team consisted of a supervisor, a field editor and four to five interviewers. On average, each team contacted 45 households, and each interviewer was able to complete ten individual questionnaires, during the extended working day. In addition to these ten teams, two special field teams, each consisting of a supervisor and two or three interviewers, were organized to handle both callbacks and the reinterviewing of a randomly selected sample of households in the shiakhnas/towns or villages designated for these operations.

Standard quality control measures were applied during the field work. They included a daily review of completed interviews by the supervisor and the field editor as well as frequent meetings to discuss problems encountered in the field. In rural areas, some of the interviews also were tape-recorded to allow the supervisor and senior staff to monitor the performance of individual interviewers. In addition, to ensure the overall quality of field operations, the field work coordinator and other senior staff made both regular and unscheduled visits to each team to review their performance.

Office Editing and Reinterviewing

Weekly visits by central office staff to field teams to pick up completed questionnaires were scheduled in order to facilitate the office editing. The latter operation began in late November 1984 and lasted until the end of March 1985. Household or individual questionnaires which contained errors that could not be resolved during the office editing were assigned to the reinterviewing teams for follow-up. Only 27 household and 36 individual questionnaires required callbacks.

OUTCOME OF THE FIELD WORK

The first phase of field work started on October 29th and was completed by mid-December 1984. During this period, a total 10,125 households were contacted, a total of 9,866 eligible women were identified and 9,670 women were successfully interviewed. The 349 households and 343 women who could not be interviewed during the initial field work were contacted during the callback phase which took place between mid-January and mid-February 1985. In addition, as part of this operation, a total of 572 households, distributed in 90 PSUs (out of the total 204), were selected for reinterviewing. The teams successfully contacted 504 of these households, and 475 eligible women were reinterviewed.

The outcome of the field work is summarized by governorate in Table 1.4. The table shows that, during the main field work and callback phases of the ECPS(84), 10,474 households out of the 11,299 sampled were successfully contacted for an overall response rate of 93 percent. The lowest household response rates are observed in the Frontier and Urban governorates (85 percent and 90 percent, respectively). The response rate in Lower Egypt (94 percent) is almost identical to that in Upper Egypt (93 percent). By governorate, the household response rates range between 75 percent in Matrouh to 98 percent in Fayoum.

Overall, a total of 10,152 eligible women were identified in the households contacted during main field work and reinterviewing. Table 1.4 shows an almost one-to-one correspondence of women and households (an average of 0.97 eligible women per household). This average ranges from a high 1.4 women per household in the Frontier governorates to only about 0.78 women per household in the Urban governorates. For both Upper and Lower Egypt, the average was around 1.02 women per household.

The overall individual response rate was almost 99 percent, with a total of 10,013 eligible women being successfully interviewed. The

TABLE 1.4

SUMMARY OF RESULTS, EGYPT CONTRACEPTIVE PREVALENCE SURVEY, 1984

Place of Residence	Households			Eligible Women ¹		
	Sample Size	Number Contacted	Percent Contacted	Sample Size	Number Interviewed	Percent Interviewed
Total	11,299	10,474	92.7	10,152	10,013	98.6
<u>Urban governorates</u>	2,571	2,301	89.5	1,788	1,744	97.5
Cairo	1,671	1,481	88.6	1,114	1,088	97.7
Alexandria	777	706	90.9	583	565	96.9
Port Said	61	54	88.5	43	43	100.0
Suez	62	60	96.8	48	48	100.0
<u>Lower Egypt</u>	4,496	4,243	94.4	4,320	4,266	98.8
Damietta	160	154	96.3	126	126	100.0
Dakahlia	921	875	95.0	860	858	99.8
Sharkia	642	601	93.6	616	610	99.0
Kalyubia	462	424	91.8	433	431	99.5
Kafr-El-Sheikh	276	261	94.6	260	260	100.0
Gharbia	545	509	93.4	495	476	96.2
Menoufia	646	611	94.6	574	564	98.3
Behera	734	704	95.9	841	826	98.2
Ismailia	110	104	95.6	115	115	100.0
<u>Upper Egypt</u>	4,116	3,832	93.1	3,907	3,867	99.0
Giza	913	798	87.4	760	738	97.1
Beni-Suef	269	254	94.4	272	271	99.6
Fayoum	373	365	97.9	388	388	100.0
Menya	683	647	94.7	689	685	99.4
Assiut	477	450	94.3	454	446	98.2
Souhag	702	657	93.6	669	665	99.4
Kena	527	504	95.6	523	522	99.8
Aswan	172	157	91.3	152	152	100.0
<u>Frontier governorates</u>	116	98	84.5	137	136	99.3
New Valley	56	53	94.6	91	90	98.9
Matrouh	60	45	75.0	46	46	100.0

¹ All ever married women less than 50 years old sleeping in a selected household the night before the interview were eligible for the ECPS(B4).

individual response rate did not show significant differences by area, fluctuating from a low of 98 percent in Urban governorates to over 99 percent in the Frontier areas. By governorate, the lowest individual response rate was 96 percent in Gharbia, and complete coverage was achieved in a number of governorates (Port-Said, Suez, Damietta, Kafr-El-Sheikh, Ismalia, Fayoum, Aswan and Matrouh).

PROCESSING OF THE ECPS(84) DATA

Coding and Key punching

The coding and keying of data from the ECPS(84) household and individual questionnaires was carried out simultaneously with the office editing operations. The coding process started in December 1984 and lasted for a period of four months. All coded questionnaires were checked for consistency and completeness before they were sent to data entry units at the Computer Centers at Cairo University or the Institute of Statistical Studies and Research (ISSR) for keying and verification.

Computer Editing and Tabulation

Computer facilities at both institutions (Cairo University and ISSR) were used for the machine editing at the ECPS(84) data. Special computer edit programs were prepared to detect structure, range, skip and consistency errors in the data. A clean data tape was available in August 1985 which was used in the preparation of a preliminary report at Westinghouse in September 1985. Minor machine editing of the ECPS(84) data was carried out in both Columbia, Maryland and Cairo during September 1985 to correct some data problems detected in the preliminary examination of the data.

Tabulation plans were prepared in June 1985 and detailed tabulations were produced at Westinghouse in September 1985. The final report was drafted during the period September-December 1985.

ORGANIZATION OF THE ECPS(84) REPORT

The main descriptive findings of the 1984 Egypt CPS are presented in the following chapters. Chapter 2 includes a demographic and socioeconomic profile of the survey respondents. Chapters 3, 4, 5 and 6 consider fertility behavior and attitudes and some of their determinants. Chapters 7, 8 and 9 look at the levels of contraceptive knowledge and use, while Chapter 10 examines the reasons for nonuse and the level of unmet need. Chapter 11 focuses on contraceptive continuation. Chapter 12 reviews information on the perceived availability of contraceptive methods, and Chapter 13 looks at brand awareness and use. Chapter 14 explores issues relating to husband-wife communication with regard to fertility and family planning decisions. Finally, Chapter 15 provides a brief resume of the survey results and of policy recommendations arising from a discussion of the results at a seminar on the survey held in Cairo in December 1985.

Chapter 2

CHARACTERISTICS OF THE ECPS(84) RESPONDENTS

SUMMARY: Slightly more than one half of all ECPS(84) respondents are from rural areas, while 42 percent lived in urban areas. By place of residence, the sample is fairly evenly divided between respondents from Lower Egypt and Upper Egypt; roughly four out of ten respondents are from each of these two regions, respectively, one out of five is from the Urban governorates, and less than two percent are residents of the Frontier governorates. Roughly, one-fourth of the sample is under 25 years old, one-half is between 25 and 39 years, and another one-quarter is age 40 and over. The age distribution of the ECPS respondents closely parallels that reported for ever married women of reproductive age in the 1976 census and the 1980 Egyptian Fertility Survey, indicating that the sample is representative of the target population.

With regard to socioeconomic status indicators, the ECPS findings indicate that slightly more than three-fifths of ever married women in Egypt have never attended school and that, among those who attended school, less than one-half have completed the primary level. Both the proportion attending school and the literacy rate are higher among younger women (15-29 years) than among those age 30 and over, but, even among younger women, less than one-third are able to read. Male educational attainment also is shown to be higher than that achieved by women; nevertheless, the ECPS(84) results indicate that only 54 percent of the husbands of currently married respondents had ever attended school.

Paid employment is not widespread among Egyptian women; less than one woman out of ten is working for pay. Among those involved in the paid labor force, around three-quarters report that they work at least 30 hours during the week before the survey, largely in professional, technical, managerial and clerical jobs. In contrast to their wives, 90 percent of the husbands of currently married women are involved in paid employment, with the majority working in the agriculture, production and transportation sectors and as unskilled labor.

Urban women, especially those from the Urban governorates, are, on average, slightly older, considerably more likely to have attended school and to be literate, and somewhat more likely to hold a paying job than rural women. Other residential differentials are less noticeable, but women from Lower Egypt are somewhat better educated and slightly more likely to be employed than women from Upper Egypt.

Information on a number of background characteristics including age, literacy status, educational level, work status and occupation was obtained in the individual questionnaire for all ECPS(84) respondents and, in the case of currently married women, for their husbands. The objective of this chapter

is to examine these data and to provide a demographic and socioeconomic profile of the ECPS(84) sample.

RESIDENCE

A total of 10,013 ever married women were contacted in the ECPS(84) survey. Table 2.1 presents the distribution of these women by area (urban/rural) and place of residence (Urban governorates, Upper Egypt, Lower Egypt and Frontier governorates). A total of 4,248 women---42 percent of the sample---are from urban areas while 5,765 women---58 percent of the sample---lived in rural areas. Roughly equal proportions of the sample are from Lower Egypt (43 percent) and Upper Egypt (39 percent), and one respondent out of every five (17 percent) is from the Urban governorates (Cairo, Alexandria, Suez and Port Said). The smallest group is from the Frontier governorates (1 percent). Considering both place and area of residence, the distribution shows that the proportion urban among women from Lower Egypt (29 percent) is somewhat smaller than the proportion urban among women from Upper Egypt (32 percent).

TABLE 2.1

DISTRIBUTION OF ECPS(84) RESPONDENTS BY PLACE AND AREA OF RESIDENCE

Place of Residence	Total		Urban		Rural	
	Number	Percent ¹	Number	Percent ¹	Number	Percent ¹
Total	10,013	100.0	4,248	42.5	5,765	57.6
Urban governorates	1,745	17.4	1,745	17.4	-	-
Lower Egypt	4,265	42.6	1,229	12.3	3,036	30.3
Upper Egypt	3,867	38.6	1,228	12.3	2,639	26.4
Frontier governorates	136	1.4	46	0.5	90	0.9

¹ Percent of all respondents.

AGE

Information on age was obtained by first asking respondents about their current age in completed years and then about the month and year of their birth. Interviewers were instructed to check the answers to these two questions and to record a final age response in cases of inconsistencies or failure to answer both questions. Only nine percent of all respondents (920 women) fall within the latter group; an estimated age (taking into account other characteristics, including the number of live births) was assigned to those respondents. Almost 40 percent (3,973 women) gave consistent answers for both questions, while around one-half of the ECPS(84) sample were able to report their age but not their birth date.

Table 2.2, which shows the age distribution of all respondents, indicates that 23 percent are less than 25 years of age. Those age 25-39 represent about 51 percent of all respondents, while 26 percent are age

TABLE 2.2

PERCENT DISTRIBUTION BY AGE AND MEAN AGE OF ECPS(84) RESPONDENTS, CONTROLLING FOR AREA AND PLACE OF RESIDENCE

Age	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	10,013	4,248	5,765	1,745	4,265	3,867	136
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 20 years	7.5	3.5	10.4	2.8	7.0	10.2	8.1
20-24 years	15.5	12.7	17.6	10.9	17.1	16.0	11.8
25-29 years	19.2	19.3	19.2	17.1	19.7	19.3	29.4
30-34 years	16.8	19.0	15.2	18.6	17.2	15.7	13.2
35-39 years	15.4	17.1	14.2	18.6	14.7	14.9	14.7
40-44 years	12.7	14.4	11.5	15.8	12.9	11.4	10.3
45-49 years	12.8	14.1	11.9	16.3	11.7	12.6	12.5
Mean age	32.0	33.4	30.9	34.4	31.7	31.1	31.4

40 or older. Significant differences in the age structure of women by area and place of residence are observed in the percentages presented in Table 2.2. For example, only 14 percent of the respondents in Urban governorates are less than 25 years of age compared with 16 percent in urban areas, as a whole, and 20 percent in the Frontier governorates. Both Table 2.2 and Figure 2.1 show that rural women and women from Lower and Upper Egypt have somewhat younger age structures than the former groups; about 24 percent, 26 percent and 28 percent of women in Lower Egypt, Upper Egypt and rural areas, respectively, are less than 25 years old.

The overall mean age for the ECPS(84) respondents is 32 years. The somewhat older age structure observed for urban areas is reflected in the fact that the mean age for all urban women (33.4 years) is more than one year higher than that for the total sample and that the mean age for women from the Urban Governorates is nearly two years higher than that for all women. In contrast, as a result of their younger age structure, the mean age for rural areas (30.9 years) is almost a year lower than the mean age for the total sample. As expected since the two regions are predominantly rural, no significant differences in mean age are observed between Lower Egypt (31.7 years) and Upper Egypt (31.1 years).

Table 2.3 compares the age distribution of women selected in the ECPS(84) sample with that for respondents from two other surveys, the 1980 EFS (EFS(80)) and the 1980 ECPS (ECPS(80)). The age distributions for the total samples from the EFS(80) and the ECPS(80) are very similar, with the greatest differences observed for the 20-24 and 45-49 cohorts. A remarkable similarity also is observed in the age distributions of rural women interviewed in the two Contraceptive Prevalence Surveys. The age structure of the ECPS(84) rural sample is, however, slightly different from that reported for the EFS(80) sample from rural areas, with the largest difference (2.6 percent) observed for the 20-24 age group. Similar minor differences are observed when comparing the age structures of the ECPS(84)

FIGURE 2.1
Percent Distribution of ECPS(84) Respondents by Age
and Area and Place of Residence, Egypt, 1984

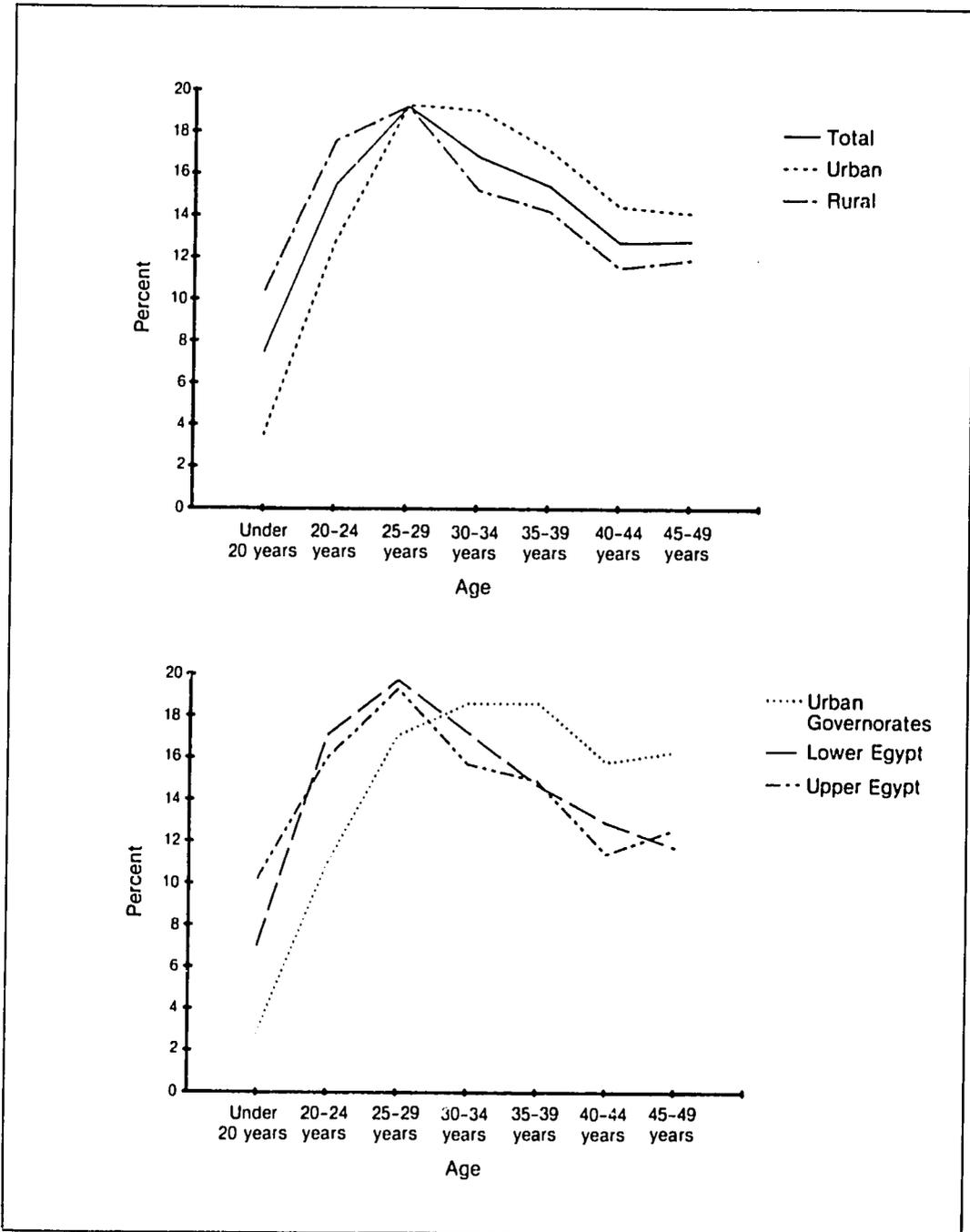


TABLE 2.3

COMPARISON OF THE PERCENT DISTRIBUTIONS OF EVER MARRIED WOMEN BY AGE AND AREA OF RESIDENCE, 1980 EFS, 1980 ECPS AND 1984 ECPS

Age	Total			Urban			Rural		
	EFS ¹ (80)	ECPS ² (80)	ECPS (84)	EFS ¹ (80)	ECPS (80)	ECPS (84)	EFS ¹ (80)	ECPS ² (80)	ECPS (84)
Total Number	8,788	-	10,013	3,705	-	4,248	5,083	5,313	5,765
Total Percent	100.0	-	100.0	100.0	-	100.0	100.0	100.0	100.0
Under 20 years	7.7	-	7.5	5.2	-	3.5	9.6	9.7	10.4
20-24 years	18.2	-	15.5	15.5	-	12.7	20.2	17.7	17.6
25-29 years	19.3	-	19.2	21.5	-	19.3	17.7	19.1	19.2
30-34 years	17.3	-	16.8	18.6	-	19.0	16.4	15.8	15.2
35-39 years	15.1	-	15.4	15.4	-	17.1	14.9	14.6	14.2
40-44 years	12.1	-	12.7	12.9	-	14.4	11.5	11.6	11.5
45-49 years	10.3	-	12.8	10.9	-	14.1	9.8	11.4	11.9

SOURCE: ¹ Hallouda *et al.*, 1983, Volume IV, Table 1.1.1.

² Khalifa *et al.*, 1982, Table 2.1.

and EFS(80) samples in urban areas, with the largest difference (2.8 percent) again being evident for the 20-24 cohort.

MARITAL STATUS

A series of questions relating to nuptiality patterns were asked of all ECPS(84) respondents¹. These included a question about current marital status. The results show that, for the sample as a whole, 91 percent of the respondents are currently married, while 3 percent are divorced and 6 percent are widowed. Table 2.4, which presents these percentages for various areas of Egypt, confirms the absence of any significant differences in the proportions currently married by either area or place of residence.

¹ The nuptiality data is discussed in greater detail in Chapter 3.

TABLE 2.4

PERCENT DISTRIBUTION OF ECPS(84) RESPONDENTS BY MARITAL STATUS AND AREA AND PLACE OF RESIDENCE

Marital Status	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	10,013	4,248	5,765	1,745	4,265	3,867	136
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Currently married	91.5	92.5	90.7	91.4	92.2	90.4	99.3
Divorced	2.6	2.6	2.5	2.9	1.9	3.2	0.7
Widowed	6.0	4.9	6.8	5.7	5.9	6.4	0.0

EDUCATIONAL LEVEL AND LITERACY STATUS

Data on both educational attainment and literacy status were collected for all respondents in the ECPS(84). To obtain these data, respondents were asked if they had ever or were currently attending school and, if so, the level and the last grade that they had completed at school. For those who had no education or who had completed six years or less schooling, information on literacy status was obtained by asking whether or not they could read a newspaper.

Table 2.5 presents the distribution of ECPS(84) respondents by educational level and area and place of residence. Overall, about three-fifths (61 percent) of all respondents have never had any formal education. The percentage having no schooling is much lower in urban areas (44 percent), particularly in the Urban governorates (40 percent), than in rural areas (73 percent). Considering place of residence, it is clear that Upper Egypt has the highest percentage of women who have never had any schooling (70 percent). The comparable figure for Lower Egypt is 62 percent, while it is only 40 percent in the Urban governorates.

Among respondents with some schooling, the majority--21 percent of all respondents--have not completed the primary level (1-5 years of schooling). The proportion who attained at least nine years of schooling is more than twice the proportion with 6-8 years of schooling, suggesting that the majority of women who complete primary school go on to complete at least the preparatory level. The latter pattern is, however, more characteristic of urban than rural women, and it is not observed among women in the Frontier governorates. Overall, the educational attainment among women with some schooling is significantly greater in urban than rural areas. For example, four out of every ten urban women who have had some schooling have completed the preparatory level compared to one out of every eight rural women.

The ECPS results also suggest that educational levels are gradually improving for younger cohorts. Table 2.6 shows that, among women in the age groups 20-34, the percentages who had never attended school range

TABLE 2.5

PERCENT DISTRIBUTION OF ECPS(84) RESPONDENTS BY EDUCATIONAL LEVEL AND AREA AND PLACE OF RESIDENCE

Educational Level	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	10,013	4,248	5,765	1,745	4,265	3,867	136
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No education	61.0	44.0	73.4	40.4	61.8	69.8	48.5
Less than primary completed	21.4	22.9	20.2	23.6	23.9	17.2	31.6
Primary completed/ Some preparatory	5.7	9.5	2.9	10.1	4.3	5.0	12.5
Preparatory completed and above	11.9	23.5	3.4	25.8	9.9	8.0	7.4
Not stated	0.1	0.0	0.1	0.1	0.1	0.1	0.0

TABLE 2.6

PERCENT DISTRIBUTION OF ECPS(84) RESPONDENTS BY EDUCATIONAL LEVEL AND AGE

Educational Level	Total	Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Number	10,013	750	1,552	1,924	1,684	1,546	1,272	1,285
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No education	61.0	68.3	56.4	55.4	54.3	63.6	68.2	68.9
Less than primary completed	21.4	20.3	24.4	23.2	23.2	18.6	17.7	20.2
Primary completed/Some preparatory	5.7	5.3	5.0	5.4	6.5	6.7	5.7	5.1
Preparatory completed and above	11.9	6.0	14.3	15.9	16.0	11.0	8.3	5.8
Not stated	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.0

between 54 and 56 percent while, among women 35 years and over, this percentage varies between 63 and 69 percent. A similar pattern is observed within educational status categories, with younger women (age 20-29) who have attended school generally reporting that they have attained a higher level of education than women in the older cohorts (age 30-49).

Table 2.7 looks at the variation in the percent literate with age and area and place of residence. The findings show that, overall, only one woman out of every four in Egypt is literate. Urban women are around four times as likely to be literate as rural women, with women from the Urban governorates reporting the highest proportion literate (48 percent). Although the percent literate in the Urban governorates is at least twice the level reported for Lower Egypt (22 percent), Upper Egypt (18 percent) and the Frontier governorates (24 percent), nevertheless, less than one out of every two women in Egypt's major urban areas (48 percent) is able

TABLE 2.7

PERCENT LITERATE AMONG ECPS(84) RESPONDENTS BY AGE AND AREA AND PLACE OF RESIDENCE

Age	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates*
Total	24.6	43.6	10.6	47.6	21.6	17.6	23.5
Under 20 years	16.7	36.9	11.6	43.8	16.5	13.5	-
20-24 years	26.2	44.7	16.4	48.4	25.4	20.7	-
25-29 years	29.0	50.1	13.3	52.7	27.7	20.6	-
30-34 years	29.4	49.1	11.3	54.0	25.1	21.8	-
35-39 years	24.3	43.2	7.7	48.9	17.9	17.7	-
40-44 years	21.2	37.5	6.2	40.7	16.5	14.8	-
45-49 years	18.0	34.6	3.5	40.0	13.5	9.3	-

* Sample is too small to permit detailed analysis.

to read. Moreover, although improvements in literacy levels for younger cohorts are reflected by the results presented in Table 2.7 and Figure 2.2, especially for rural areas and for Lower Egypt and Upper Egypt, less than three out of ten women under age 30 is literate.

ECPS(84) respondents also were asked about their aspirations for further education. Table 2.8 presents the distribution of respondents by both the current and desired education level. Six out of every ten respondents either express a desire to be able to read (20 percent) or to attain various levels of formal education (41 percent). The desire for additional education is closely associated with a woman's current educational level. For example, among women with no education, only one out of two women expresses a desire for further education, and the majority of these women aspire to read only. In contrast, among women with some education, the proportions expressing a desire to attain a level higher than that which they have already completed tend to increase with the

FIGURE 2.2
Percent Literate among ECPS(84) Respondents by Age
and Area and Place of Residence, Egypt, 1984

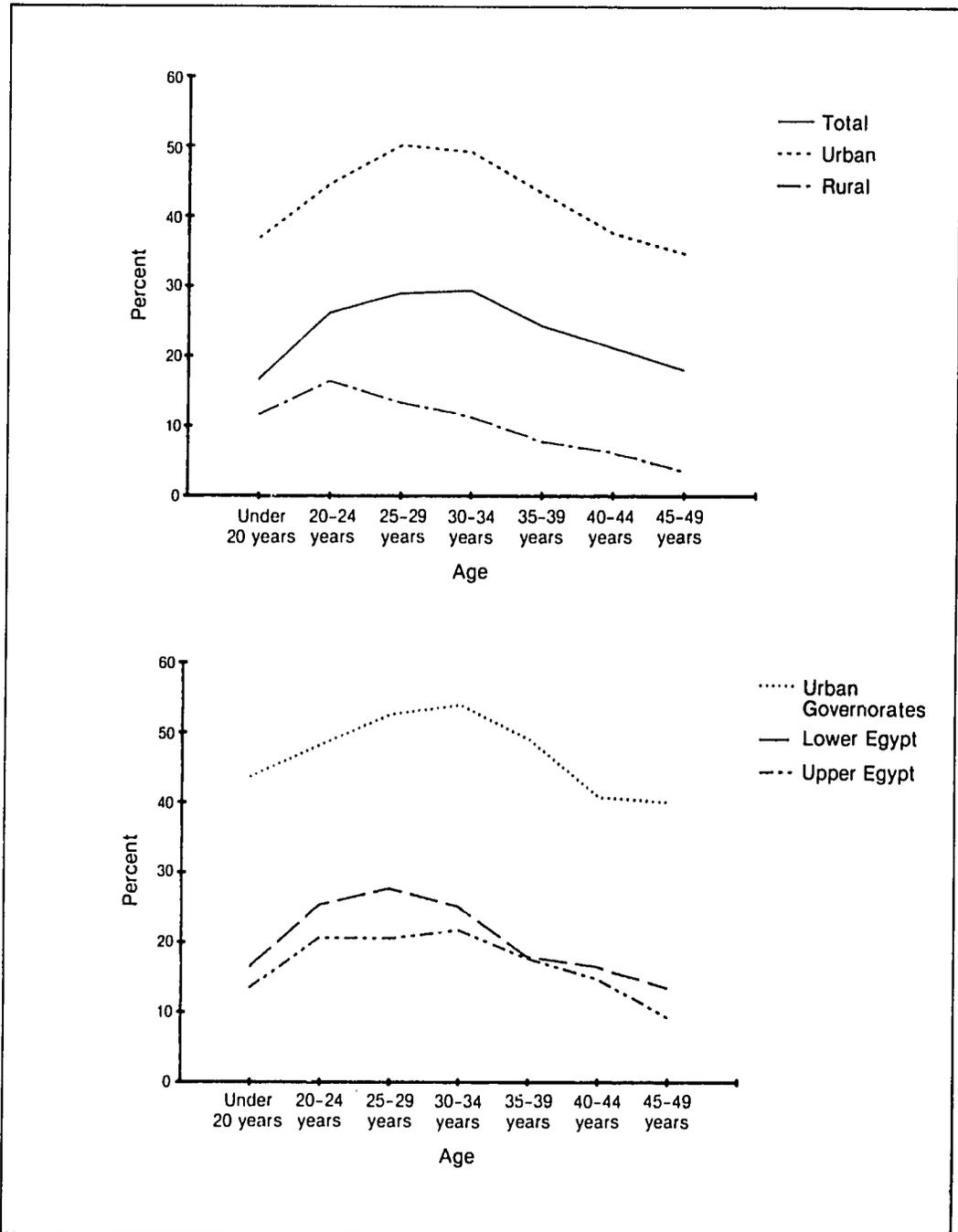


TABLE 2.8

PERCENT DISTRIBUTION OF ECPS (B4) RESPONDENTS BY DESIRE FOR FURTHER EDUCATION AND CURRENT EDUCATIONAL LEVEL

Desire for Further Education	Total	Current Educational Level			
		No Education	Less Than Primary Completed	Primary Completed/Some Preparatory	Preparatory and Above
Total Percent	100.0	100.0	100.0	100.0	100.0
No desire	38.2	49.7	28.5	15.4	6.9
Read only	19.7	27.5	12.8	2.5	0.2
Primary	5.7	6.0	8.2	3.9	0.1
Preparatory	3.7	2.6	7.1	9.3	1.1
Secondary	12.3	6.9	20.3	31.0	17.0
University and above	18.7	5.7	20.7	37.1	73.6
Not sure/Not stated	1.7	1.6	2.5	0.9	1.2

current educational level, ranging from 69 percent among women who have only some primary education to 92 percent among those who have completed at least the preparatory level.

The pattern of educational aspirations differs somewhat by area and place of residence (Table 2.9). In urban areas, especially in the Urban governorates, around three out of every four respondents are interested in obtaining additional education or at least in achieving literacy, compared with only about one out of every two rural respondents. Lower than average aspirations characterize respondents in the other regions, particularly those in Upper Egypt. Among women with no education in the latter region, only 39 percent indicate that they want at least to be able to read, compared to 53 percent in Lower Egypt.

TABLE 2.9

PERCENT OF ECPS(84) RESPONDENTS DESIRING ADDITIONAL EDUCATION BY CURRENT EDUCATIONAL LEVEL AND AREA AND PLACE OF RESIDENCE

Current Educational Level	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates*
Total	60.2	73.6	50.2	77.4	61.6	50.8	60.3
No education	48.7	61.8	42.9	68.9	53.1	39.2	-
Less than primary completed	69.0	72.7	66.0	75.7	65.2	70.5	-
Primary completed/Some preparatory	83.7	83.7	83.7	81.3	87.6	83.4	-
Preparatory completed and above	91.9	92.8	87.7	90.9	94.6	89.6	-

* Sample is too small to permit detailed analysis.

WORK STATUS AND OCCUPATION

Work status information was obtained by asking all respondents if they were doing any work at the time of the survey (even if they were employed only for a short period) for which they were paid either in cash or kind. Table 2.10 presents the percentage of women reporting that they were working for pay by age and residence. Less than one respondent out of ten reported that she was working. Female employment is more common in urban than in rural areas; nevertheless, only 16 percent of women in urban areas reported working for pay. Higher percentages of women working for pay also are observed in the Urban governorates (16 percent) and Lower Egypt (10 percent) than in Upper Egypt (6 percent) and the Frontier governorates (7 percent).

TABLE 2.10

PERCENT OF ECPS(84) RESPONDENTS CURRENTLY WORKING FOR PAY BY AGE AND AREA AND PLACE OF RESIDENCE

Age	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates*
Total	9.4	15.9	4.7	16.2	9.7	6.2	6.6
Under 20 years	1.1	0.0	1.3	0.0	2.4	0.3	-
20-24 years	4.8	7.1	3.6	7.4	5.5	3.2	-
25-29 years	12.5	21.2	6.1	19.5	14.8	7.2	-
30-34 years	14.4	23.9	5.7	26.2	14.1	8.9	-
35-39 years	10.9	17.4	5.1	18.8	10.9	6.6	-
40-44 years	9.6	13.8	5.7	13.1	7.2	10.7	-
45-49 years	6.9	9.8	4.4	10.2	6.2	5.6	-

* Sample is too small to permit detailed analysis.

The age pattern of female participation in the paid labor force shows the highest proportions of women working in the age groups 25-34; 12 to 14 percent of women in these cohorts are working compared to less than 5 percent in the younger age groups and less than 11 percent among women age 35 and over. Over one-half of all working women are, in fact, found in the 25-34 cohorts. With respect to the variation in the percent working by age across the various residential categories, the major difference appears to be in the age group in which the percent working peaks. In urban areas, especially the Urban governorates, the peak occurs in the 30-34 age group while, in rural areas and Lower Egypt, it is observed in the 25-29 cohort.

Women who were employed at the time of the ECPS(84) were asked about their occupation. Table 2.11 shows a little over one-third of all working women are in professional, technical and managerial occupations, while

TABLE 2.11

PERCENT DISTRIBUTION OF ECPS(84) RESPONDENTS WORKING FOR PAY BY OCCUPATION AND AREA AND PLACE OF RESIDENCE

Occupation	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates*
Total Number	945	674	271	283	412	241	-
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	-
Professional, technical and managerial	36.5	44.8	15.9	44.5	28.9	39.0	-
Clerical	28.7	34.3	14.8	36.0	26.9	23.7	-
Sales and services	11.7	9.6	17.0	6.4	14.8	12.4	-
Agricultural	9.5	1.2	30.3	0.7	13.1	14.1	-
Production, transportation, and unskilled	11.3	7.4	21.0	8.8	14.1	10.0	-
Not stated	2.2	2.7	1.1	3.5	2.2	0.8	-

* Sample is too small to permit analysis.

slightly more than one-quarter were clerical workers. These two occupational categories are more common among working women in urban areas than rural areas. Rural women are more likely to be employed in agricultural or in production, transportation or unskilled occupations. The occupational distributions also vary by place of residence, with the percentage involved in professional, technical and administrative jobs or clerical positions ranging from 56 percent in Lower Egypt to 82 percent in the Urban governorates.

Working respondents also were asked about the number of hours that they worked in the week immediately prior to the survey. Their answers were tabulated into the following three categories: (1) less than full-

TABLE 2.12

PERCENT DISTRIBUTION OF ECPS (84) RESPONDENTS WORKING FOR PAY BY NUMBER OF HOURS WORKED PER WEEK AND AREA AND PLACE OF RESIDENCE

Hours of Work	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates*
Total Number	945	674	271	283	412	241	-
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	-
Less than full-time	25.3	18.8	41.3	17.3	32.3	22.8	-
Full-time	44.2	49.1	32.1	43.8	40.3	50.6	-
Greater than full-time	28.0	30.3	22.5	37.5	24.3	24.1	-
Not stated	2.4	1.8	4.1	1.4	3.2	2.5	-

* Sample is too small to permit analysis.

time (up to 30 hours); (2) full-time (between 30-41 hours); and (3) greater than full-time (over 42 hours). Table 2.12 shows that the majority of women who report that they are involved in paid employment worked for at least 30 hours in the week prior to the ECPS. The full-time group is the modal category in all but rural areas; however, urban women, especially those in the Urban governorates, are more likely to report that they worked more than 42 hours during the week before the survey than women from other areas.

Finally, respondents who were not working were asked about their willingness to work if a good job was available. Table 2.13 shows that only about one non-working woman out of five showed an interest in working. Urban and rural women do not differ greatly with respect to their desire for work. The percentage wanting a job is, however, somewhat greater than average among women in Lower Egypt (24 percent), while it is somewhat lower than average among those in Upper Egypt (13 percent).

TABLE 2.13

PERCENT DISTRIBUTION OF NON-WORKING RESPONDENTS BY DESIRE FOR WORK AND AREA AND PLACE OF RESIDENCE

Desire for Work	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,068	3,574	5,494	1,462	3,853	3,626	127
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Wants to work	18.6	19.6	18.0	17.5	24.2	13.3	10.2
Does not want to work	80.2	79.3	80.7	81.7	74.0	85.9	89.8
Not sure	1.2	0.7	1.2	0.8	1.8	0.9	0.0

HUSBAND'S CHARACTERISTICS

Respondents who were currently married at the time of the ECPS(84) survey were asked about the age, literacy status, educational level, work status and occupation of their husbands.

Age

The distribution of currently married respondents by the age of their husbands is presented in Table 2.14. Overall, husbands were reported on average to be nearly eight years older than their wives; the mean age for husbands was nearly 40 years compared to around 31 years for their wives. The younger age structure observed for rural women in comparison with urban women is evident among the husbands; the average (mean) age for rural husbands is almost three years less than that for urban husbands. Husbands in the Urban governorates also exhibit a somewhat older age structure than those in the other regions. Overall, the mean age varies by place of residence, from 39 years in Lower Egypt to a high of 42 years in the Urban governorates.

TABLE 2.14

PERCENT DISTRIBUTION OF CURRENTLY MARRIED ECPS(84) RESPONDENTS BY HUSBAND'S AGE AND MEAN AGE OF HUSBANDS AND THEIR WIVES, CONTROLLING FOR AREA AND PLACE OF RESIDENCE

Husband's Age	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 20 years	0.7	0.3	1.1	0.1	0.8	1.0	0.7
20-24 years	6.1	2.5	8.9	2.4	6.4	7.6	4.4
25-29 years	12.6	9.2	15.2	7.8	14.6	12.6	14.1
30-34 years	16.9	18.6	15.7	17.6	18.2	15.2	15.6
35-39 years	16.7	17.9	15.8	16.1	16.8	17.0	14.1
40-44 years	13.2	15.0	11.8	16.1	12.6	12.5	11.9
45-49 years	11.5	12.8	10.6	13.0	11.4	11.0	11.1
50-54 years	10.0	11.7	8.8	13.3	9.1	9.5	12.6
55-59 years	6.3	6.6	6.1	7.5	5.2	7.0	7.4
60 years and over	5.5	5.2	5.7	6.1	4.6	6.2	8.1
Mean age (husbands)	39.6	41.1	38.5	41.9	38.6	39.6	41.0
Mean age (wives)	31.4	33.0	30.3	34.0	31.2	30.5	31.5

Educational Level and Literacy Status

Table 2.15 presents the percent distribution of the husbands by educational level and area and place of residence. Overall, 46 percent of all husbands had not ever had any formal education. This percentage is higher in rural (57 percent) than urban areas (31 percent) and in Upper Egypt (53 percent) and Lower Egypt (46 percent) than in the Urban governorates (28 percent) or Frontier governorates (37 percent). Among those with some education, husbands in urban areas, especially the Urban governorates, have generally attained higher educational levels than husbands in the other residential categories. For example, the percentage completing preparatory school or above is 36 percent among urban husbands

TABLE 2.15

PERCENT DISTRIBUTION OF CURRENTLY MARRIED ECPS(84) RESPONDENTS BY HUSBAND'S EDUCATIONAL LEVEL AND AREA AND PLACE OF RESIDENCE

Husband's Educational Level	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No education	45.7	30.6	57.0	28.5	46.1	53.5	37.0
Less than primary completed	22.0	20.2	23.3	19.8	25.4	19.0	25.9
Completed primary/Some preparatory	9.6	12.6	7.4	13.9	8.5	8.4	20.7
Completed preparatory and above	22.1	36.1	11.6	37.4	19.3	18.5	15.6
Not sure/Not stated	0.6	0.4	0.7	0.4	0.8	0.5	0.7

compared with 12 percent, 18 percent and 19 percent in rural areas, Upper Egypt and Lower Egypt, respectively.

Husband's literacy status is examined in Table 2.16. Overall, in Egypt, one husband out of every two is literate. The percent literate among husbands is highest in urban areas (70 percent), especially in the Urban governorates (75 percent), while the lowest literacy rate (37 percent) is observed for husbands in rural areas. Husbands in Lower Egypt (52 percent) are more likely to be literate than husbands in Upper Egypt (40 percent) or the Frontier governorates (46 percent).

Work Status and Occupation

The ECPS(84) findings suggest that around 90 percent of all husbands were working during the month preceding the survey. This percentage does

TABLE 2.16

PERCENT DISTRIBUTION OF CURRENTLY MARRIED RESPONDENTS BY HUSBAND'S LITERACY STATUS AND AREA AND PLACE OF RESIDENCE

Husband's Literacy Status	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Literate	51.3	69.8	37.4	74.9	51.8	40.3	45.9
Illiterate	47.8	29.4	61.5	24.6	47.2	58.7	53.3
Not sure/Not stated	0.8	0.8	1.0	0.5	1.0	1.0	0.7

not vary significantly by residence although, as Table 2.17 shows, the occupational distribution for working husbands is quite different in

TABLE 2.17

PERCENT DISTRIBUTION OF WORKING HUSBANDS BY TYPE OF WORK AND AREA AND PLACE OF RESIDENCE

Husband's Occupation	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	8,256	3,548	4,708	1,409	3,607	3,121	119
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Professional, technical or managerial	10.6	17.3	5.6	17.7	9.1	9.2	10.1
Clerical	8.2	13.1	4.4	11.4	7.4	7.6	8.4
Sales and services	16.5	19.8	14.1	19.5	16.0	15.5	24.4
Agricultural Production, trans- portation and unskilled	35.4	5.7	57.9	1.1	39.8	45.9	35.3
Not stated	27.5	41.2	17.2	45.9	26.4	20.8	20.2
	1.7	2.8	0.9	4.5	1.3	1.0	1.7

rural and urban areas. Overall, husbands are most frequently involved in agriculture (35 percent), followed by production and transportation (28 percent) and sales and services activities (17 percent). Slightly more than one husband out of ten is working in a professional and technical position, and slightly less than one out of ten holds a clerical job. Not surprisingly, agricultural activities represent the most important occupational category among rural husbands, while urban husbands are most frequently reported as having jobs in production and transportation sectors or working as unskilled labor. Urban husbands also are more likely than those living in other areas to be involved in professional, technical or managerial positions. The percent in the latter occupational group in the Urban governorates (18 percent) is, in fact, double the percentages in the category in Lower Egypt (9 percent) and Upper Egypt (9 percent).

Chapter 3

NUPTIALITY

SUMMARY: The ECPS(84) found that marriages are, on the whole, relatively stable in Egypt; only about one in seven ever married women reports that her first marriage ended in divorce or widowhood, and roughly one-half of these women remarried. The survey also found that the majority of ever married women married for the first time before age 18. The pattern of early, stable marriages indicates that most Egyptian women are exposed to the risk of conception throughout much of the reproductive period and, thus, that, in the absence of widespread contraceptive practice, fertility levels may be expected to be high.

An examination of the trends in the age at marriage suggests that the age at which women first marry has been rising in Egypt over the past several decades. The increase appears, however, to have been somewhat more rapid in urban than in rural areas and in Lower Egypt than in Upper Egypt. Thus, the differential in the age at first marriage between these areas has widened slightly over time. This pattern suggests that the influence of the timing of marriage on fertility may have been greater in urban areas and Lower Egypt than in rural areas and Upper Egypt.

Information regarding attitudes about the age at first marriage for daughters indicates that the majority of women prefer a somewhat later age at marriage for their daughters than they themselves report. However, a substantial minority of women, especially among those living in rural areas, continue to prefer a pattern of early marriage for their daughters.

Nuptiality patterns in a society, particularly the age at first marriage and the proportion of women in current marital unions, by influencing the duration of the period of exposure to the risk of conception have been shown to have a major effect on fertility levels in a society. This chapter looks at information collected in the ECPS(84) with respect to nuptiality variables including data on the stability of marital unions and the age at first marriage. Information on the ideal age at first marriage also is explored in this chapter.

CURRENT MARITAL STATUS

Table 3.1 presents the distribution of ever married women by their current marital status and age. The table shows that, although eight percent

TABLE 3.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY MARITAL STATUS AND AGE, EGYPT, 1984

Marital Status	Total	Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Number	10,013	750	1,552	1,924	1,684	1,546	1,272	1,285
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Currently married	91.5	95.5	95.8	96.2	93.8	92.2	85.8	78.4
Widowed	6.0	0.1	1.1	1.2	3.6	5.8	12.5	19.5
Divorced	2.6	4.4	3.1	2.6	2.7	2.0	1.7	2.2

are widowed or divorced, the majority are currently married and, thus, potentially exposed to the risk of conception. The proportion not currently married increases with age, ranging from four percent among women under age 20 to 22 percent among women in the 45-49 age group. Much of that increase is owed to the increasing prevalence of widowhood among women in the older age cohorts. The proportion divorced generally declines with increasing age, varying from four percent among women under age 20 to around two percent among women age 40 and over.

As Table 3.2 shows, the percent currently married does not vary greatly by area or place of residence. Roughly nine out of ten ever married women are reported as currently married in all the residential categories presented in the table. With respect to the age patterns, the greatest differences in the percent currently married among the various residential groups occurs in the oldest age cohorts. The proportion of ever married women who are currently married is, for example, somewhat higher among urban women (90 percent) in the 40-44 age group than among rural women in the same cohort (82 percent). Almost all of that difference is owed to the greater prevalence of widowhood among older women in rural than in urban areas. Overall, the percent divorced does not vary significantly by age and residence.

TABLE 3.2

PERCENT OF EVER MARRIED WOMEN CURRENTLY MARRIED BY AGE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age	Total	Area of Residence		Place of Residence ¹		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total	91.5	92.5	90.7	91.4	92.2	90.4
Under 20 years	95.5	94.0	95.8	93.8	97.0	94.4
20-24 years	95.8	96.3	95.6	95.3	96.8	94.7
25-29 years	96.2	97.3	95.4	95.3	97.4	95.2
30-34 years	93.8	94.3	93.3	94.1	93.2	94.1
35-39 years	92.2	93.8	90.9	93.2	92.2	91.5
40-44 years	85.8	89.8	82.2	92.4	85.5	81.8
45-49 years	78.4	80.8	76.2	78.2	79.7	76.3

STABILITY OF MARRIAGES

Table 3.3 considers several indicators of marital stability including (1) the percent of ever married women whose first marriage was dissolved by either divorce or widowhood; (2) the percent of women who have been married more than once; and (3) the percent currently married among women whose first marriage was dissolved. The table shows that approximately one out of seven ever married women reported that her first marriage ended either in divorce or as a result of the death of her first husband. Among these women, roughly one-half remarried, and around 40 percent were currently married at the time that they were interviewed.

¹ The distribution for the Frontier governorates is not presented in this and subsequent tables when the sample from that area is too small for reliable results to be obtained for the analysis in question.

TABLE 3.3

PERCENT WHOSE FIRST MARRIAGE WAS DISSOLVED AND PERCENT MARRIED MORE THAN ONCE AMONG EVER MARRIED WOMEN AND PERCENT CURRENTLY MARRIED AMONG WOMEN WHOSE FIRST MARRIAGE WAS DISSOLVED BY SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Percent Whose First Marriage Was Dissolved	Percent Married More Than Once	Percent Currently Married Among Women Whose First Marriage Was Dissolved
Total	14.2	6.7	39.8
<u>Age</u>			
Under 20 years	6.0	1.7	24.4
20-24 years	7.0	2.8	39.8
25-29 years	8.9	5.4	57.6
30-34 years	12.7	7.1	50.9
35-39 years	14.9	8.3	47.8
40-44 years	22.1	10.4	35.9
45-49 years	28.9	9.9	25.1
<u>Area of Residence</u>			
Urban	12.3	5.6	38.8
Rural	15.6	7.4	40.4
<u>Place of Residence</u>			
Urban governorates	13.5	5.8	36.2
Lower Egypt	13.7	6.9	43.2
Upper Egypt	15.2	6.7	36.9

The proportion reporting that their first marriage had dissolved increases with age, with the increase being especially rapid among women age 35 and over. This pattern no doubt reflects the greater incidence of widowhood among women in the older cohorts. With respect to the potential

effect of periods of marital dissolution on fertility, the proportion of women whose first marriage has ended who say that they remarried exceeds 50 percent in the 25-34 age groups, suggesting that marital dissolution may have comparatively little influence on the duration of a woman's exposure to the risk of childbearing during the peak childbearing years. There also is very little difference between urban and rural areas or by place of residence in the patterns of marital dissolution or in the proportion of women remarrying after their first marriage has ended.

The results in Table 3.3 suggest that a substantial minority of women in Egypt experience the dissolution of their first marriages. This incidence of marital instability is not likely, however, to have a marked influence on fertility levels since many of the women whose first marriages end in divorce or widowhood, particularly among those in the younger cohorts, remarry. Thus, the net effect of marital dissolution on the overall duration of exposure to the risk of conception among ever married women during the reproductive period and, consequently, on fertility levels, is likely to be small.

AGE AT FIRST MARRIAGE

Age at first marriage has an important influence on fertility levels in Egypt since, in the absence of significant marital instability, the age at first marriage is the key determinant of the duration of the period of exposure to the risk of conception. Data on the age at first marriage was collected in the ECPS(84) by asking respondents the date and/or age at which they began living together with their first husbands. The questions were worded in this manner because of customs in Egypt that distinguish between what may be termed the "formal" marriage as witnessed by the marriage contract and the "social" marriage or the actual sexual union. Frequently considerable time may elapse between the formal and social marriage. In asking the questions on age at first marriage, it was, therefore, important to obtain information on the woman's age when the

TABLE 3.4

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN BY AGE AT FIRST MARRIAGE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age at First Marriage	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	10,013	4,248	5,765	1,745	4,265	3,867
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Under 16 years	33.3	22.1	41.6	19.6	30.9	41.6
16-17 years	26.0	22.6	28.6	22.2	27.1	26.7
18-19 years	15.9	18.0	14.4	20.0	17.4	12.6
20-21 years	11.5	14.8	9.1	14.8	12.5	9.1
22-23 years	5.5	8.7	3.1	9.4	5.6	3.5
24 years and over	7.2	13.5	2.5	13.9	6.1	5.5
Not sure/Not stated	0.6	0.4	0.8	0.1	0.5	0.9
Mean	17.4	18.7	16.4	18.9	17.4	16.7

marriage was actually consummated (i.e., the couple began to live together) and not on the woman's age when the marriage was contracted. The former may be later than the latter and marks the actual point at which the woman's reproductive life starts.

Residential Patterns

Table 3.4 controls for area and place of residence in examining the distribution of ever married women by the age at first marriage. The table shows that around 60 percent of ever married women in Egypt were married for the first time before their 18th birthday and that one-third were, in fact, married before they reached their 16th birthday. Only 13 percent of ever married women delayed their marriage until they were 22 years or older.

Definite differences in the age at first marriage are observed between urban and rural women in Table 3.4. Ever married women in urban areas generally married for the first time at somewhat older ages than their rural counterparts. For example, 70 percent of ever married women in rural areas married before age 18 compared to 45 percent of urban women. The percent who married after age 21 is, in turn, roughly four times higher among urban women than among rural women.

As expected, the age at first marriage is generally much higher among ever married women from the Urban governorates than among ever married women from Lower Egypt and Upper Egypt. Some difference in the age at first marriage also is observed between the latter two regions. For example, the percent of ever married women married for the first time before their 16th birthday is only 31 percent in Lower Egypt, compared to 42 percent in Upper Egypt. Most ever married women in both regions had, however, married for the first time before their 22nd birthday; the percent who married after age 21 is 12 percent in Lower Egypt and nine percent in Upper Egypt compared to 23 percent in the Urban governorates.

Trends in the Age at First Marriage

There are problems in using the data on the age at first marriage among ever married women in exploring trends in the age at first marriage in Egypt. The major source of bias in the data are the "censoring" effect introduced by the fact that, because the data are limited to ever married women, women in each age cohort who have not yet married are excluded from the analysis. The exclusion of these women who will obviously marry at a later age, on average, than women in the same cohort who are already married results in a downward bias in the distribution of each cohort by the age at first marriage. The downward bias is greater for younger cohorts where substantial proportions of women are not yet married.

TABLE 3.5

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN AGE 25-49 WHO MARRIED FOR THE FIRST TIME BEFORE AGE 25 BY CURRENT AGE AND AGE AT FIRST MARRIAGE, EGYPT, 1984

Age at First Marriage	Total	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Number	7,132	1,798	1,501	1,432	1,176	1,225
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Under 16 years	36.4	27.9	31.8	37.8	40.8	48.3
16-17 years	26.1	25.8	27.2	27.9	26.6	22.6
18-19 years	15.7	18.7	16.5	14.1	14.7	13.1
20-21 years	12.7	13.7	13.7	11.7	12.3	11.7
22-23 years	6.7	9.8	8.0	6.6	3.9	3.2
24 years	2.5	4.1	2.9	1.8	1.6	1.1
Mean age	16.9	17.6	17.2	16.7	16.5	16.1

Various techniques exist for adjusting the data on age at first marriage for this censoring effect. The method chosen for this analysis is to restrict attention to a subgroup of women who are homogeneous with respect to their exposure to the risk of marriage. In order to identify such a subgroup, a pivotal age--age 25--was selected, and all women were excluded from the analysis if they had not yet reached age 25 or they had married after age 25. A total of 7,132 women out of the 9,969 ever married women for whom data on the age at first marriage was collected are included in this subgroup.¹ It should be noted that, by selecting age 25 as the pivotal age, the approach excludes from consideration women in the youngest cohorts and, thus, does not take into account the most recent changes in the age at first marriage.

¹ Among the remaining women, 2,303 were under age 25, 410 had married at age 25 or over, and 60 did not provide information on the age at first marriage.

The age at first marriage appears to be increasing in Egypt. Table 3.5 shows, for example, that, among women age 25-49 who married for the first time before age 25, the percent marrying before their 16th birthday has declined, from 48 percent among women in the 45-49 cohort to only 28 percent among women age 25-29. In turn, the percent marrying after their 18th birthday has increased markedly, from only 29 percent among women in the subgroup 45-49 to 46 percent among those age 25-29. These patterns are reflected in the trend in the mean age at marriage across the age cohorts. The mean age at first marriage among women currently age 25-29 who married before their 25th birthday (17.6 years) is 1.5 years higher than the mean age at first marriage reported for women in the 45-49 age group (16.1 years). Similar increases in the mean age at first marriage across age cohorts are observed, moreover, in every residential category (Figure 3.1).

Considering further the trend in the age at marriage among women age 25-29 who married before age 25 by residence, Table 3.6 shows that the differential in the age at first marriage between urban and rural women in the 25-29 age group (2 years) is somewhat larger than the urban-rural differential observed among women in the 45-49 cohort (1.1 years). This suggests that the age at marriage has been increasing at a somewhat faster rate among urban than rural women. The differential in the mean age at first marriage also appears to have been increasing more rapidly in Lower Egypt than in Upper Egypt. To the extent that these patterns are real and not an artifact of errors in the reporting of the age at marriage, they may be expected to have had some impact on differentials in the duration of exposure to the risk of conception and, thus, on differentials in fertility levels among the various areas.

Educational Status Differentials

One of the primary reasons that a woman delays marriage is to take advantage of opportunities for higher education. The age at first marriage

FIGURE 3.1
Mean Age at First Marriage among Ever Married Women Age 25-49
Who Married for the First Time before Age 25 by Current Age
and Area and Place of Residence, Egypt, 1984

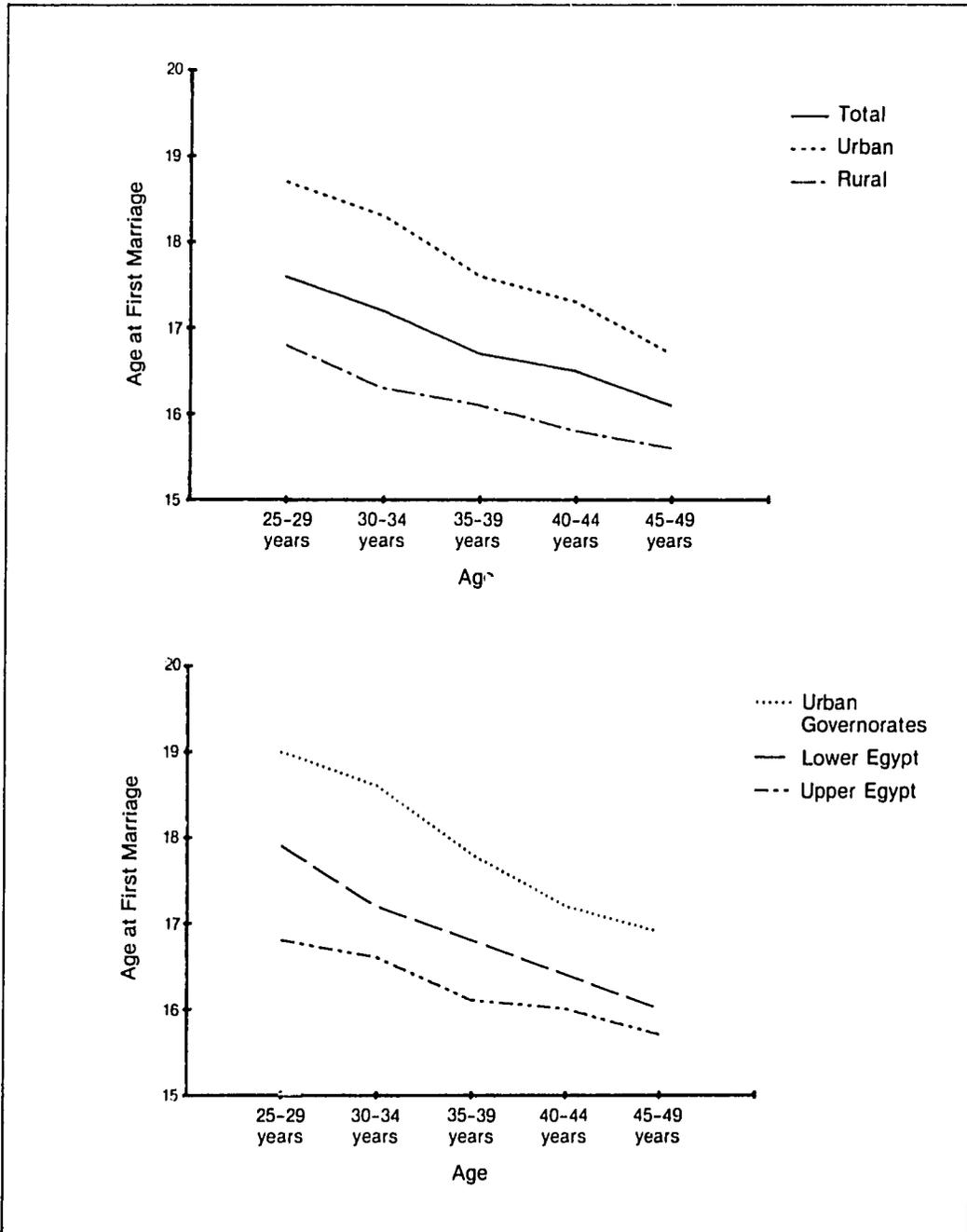


TABLE 3.6

MEAN AGE AT FIRST MARRIAGE AMONG EVER MARRIED WOMEN AGE 25-49 YEARS WHO MARRIED BEFORE AGE 25 BY CURRENT AGE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Current Age	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total	16.9	17.8	16.2	17.9	17.0	16.3
25-29 years	17.6	18.7	16.8	19.0	17.9	16.8
30-34 years	17.2	18.3	16.3	18.6	17.2	16.6
35-39 years	16.7	17.6	16.1	17.8	16.8	16.1
40-44 years	16.5	17.3	15.8	17.2	16.4	16.0
45-49 years	16.1	16.7	15.6	16.9	16.0	15.7

is, therefore, assumed to be negatively associated with a woman's educational level. Table 3.7, which considers the relationship between educational status and the mean age at first marriage among women age 25-49 who married for the first time before age 25, supports this hypothesis. Overall, the mean age at first marriage varies from 16.3 years among women with no education to 20.8 years among women who have had at least a preparatory education. The relationship is, moreover, observed in all age cohorts. In the 45-49 cohort, for example, the age at first marriage is, on average, four years higher among women with a preparatory education than among women who had never attended school. A similar differential is observed between women with no schooling and those with a preparatory education in the youngest cohort. Female educational attainment has, thus, had a major influence on age at marriage for the past several decades in Egypt, and it may safely be assumed that improving educational opportunities for women will result in a continuing increase in the average age at first marriage in Egypt in the future.

TABLE 3.7

MEAN AGE AT FIRST MARRIAGE AMONG EVER MARRIED WOMEN AGE 25-49 WHO MARRIED BEFORE AGE 25 BY CURRENT AGE AND EDUCATIONAL LEVEL, EGYPT, 1984

Current Age	Total	No Education	Less Than Primary	Completed Primary/Some Preparatory	Completed Preparatory and Above
Total	16.9	16.3	16.9	17.7	20.8
25-29 years	17.6	16.7	17.5	17.9	21.5
30-34 years	17.2	16.5	17.2	17.7	20.6
35-39 years	16.7	16.1	17.0	17.8	20.4
40-44 years	16.5	16.1	16.3	17.8	20.2
45-49 years	16.1	15.8	16.0	17.2	19.8

IDEAL AGE AT FIRST MARRIAGE

To obtain an insight into women's current preferences concerning the age at marriage, a question was included in the ECPS(84) with regard to the age at which a woman thought that her daughter ideally should marry. The responses to this question suggest that many women in Egypt continue to feel that girls should marry while they are still in their early teens. Table 3.8 shows, for example, that four out of ten women would like their daughters to marry before age 18 and one out of five women prefers that her daughter marry before age 16. Rural women are, moreover, considerably more likely than urban women to prefer early marriage. The percentage saying that they think that their daughters should marry before their 18th birthday is, for instance, only 18 percent among urban women compared to 56 percent among rural women. Women in Upper Egypt also are somewhat more likely than those in Lower Egypt to think their daughters should marry early. This is reflected in the mean ideal age at marriage for daughters, which is 1.2 years higher among women in Lower Egypt than among those in Upper Egypt.

TABLE 3.8

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN BY IDEAL AGE AT MARRIAGE FOR DAUGHTER AND AREA AND PLACE OF OF RESIDENCE, EGYPT, 1984

Ideal Age At First Marriage	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	10,013	4,248	5,765	1,745	4,265	3,867
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 16 years	19.4	7.4	28.2	4.2	17.7	28.0
16-17 years	20.4	10.9	27.4	8.4	18.1	28.2
18-19 years	12.1	10.5	13.2	10.8	13.3	11.5
20-21 years	29.5	36.5	24.2	35.8	35.2	20.1
22-23 years	6.2	11.2	2.5	13.2	5.2	4.2
24 years or more	12.2	23.4	3.9	27.6	10.4	7.0
Don't know/Not stated	0.4	0.1	0.7	0.0	0.1	1.0
Mean	18.7	20.5	17.4	21.0	18.8	17.6

Considering both the age at which the women themselves first married and the age that they consider ideal for their daughters to marry, Table 3.9 shows that the 55 percent of ever married women want their daughters to marry at a later age than they did themselves, while 26 percent would prefer that their daughters marry at a younger age than they themselves were. The overall mean ideal age at marriage for daughters (18.7 years) is slightly more than one year higher than the mean age at which the women themselves first married (17.4 years) (Table 3.4). Again urban women are somewhat more likely to prefer that their daughters marry at a later age than they did than are rural women. There also is a slightly greater tendency for women in Lower Egypt compared to those in Upper Egypt to prefer a later age at marriage for their daughters than their own experience.

TABLE 3.9

COMPARISON OF IDEAL AGE AT MARRIAGE FOR DAUGHTER AND THE WOMAN'S AGE AT MARRIAGE
AMONG EVER MARRIED WOMEN BY AREA AND PLACE OF OF RESIDENCE, EGYPT, 1984

Comparison of Ideal and Actual Age at Marriage	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	10,013	4,248	5,765	1,745	4,265	3,867
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Ideal less than actual	25.5	23.9	26.7	22.7	25.5	27.3
Ideal equal to actual	18.0	14.5	20.6	12.0	17.9	20.9
Ideal greater than actual	55.4	61.0	51.4	65.2	56.0	50.0
Not sure/Not stated	1.0	0.5	1.4	0.1	0.7	1.8

In summary, the information on the ideal age at marriage for the daughter suggest that, if a women's daughter's behavior is influenced by her mother's preferences, the age at first marriage among women in Egypt will continue to increase in the future. The results also indicate, however, that substantial proportions of women, particularly among those in the rural areas, continue to prefer a pattern of early marriage. Changing attitudes among these women is important since early marriage is related not only to higher fertility levels but it also is associated with higher health risks for mothers and their children, particularly among those women who marry before age 18.

Chapter 4

FERTILITY

SUMMARY: Data on cumulative fertility levels from the ECPS(84) highlight the comparatively high fertility levels that have prevailed in Egypt in the past, especially in rural areas. Overall, ever married women age 45-49 who are completing their childbearing years have had an average of nearly seven births. Completed parity among women in this cohort in rural areas averages more than seven births, while women age 45-49 in urban areas have had an average of six births. By place of residence, mean parity for women in the 45-49 age group ranges from only 5.5 children among those from the Urban governorates to 7.4 children among women from rural areas in Upper Egypt.

As expected, cumulative fertility is negatively associated with a woman's age at first marriage and positively associated with the number of years since first marriage. Considering both age at marriage and the period of time since the first union, the results suggest that the pace of childbearing is similar during the first ten years of marriage; women will have an average of more than two births during this period, no matter how old they were when they first married. At longer marital durations, however, increasing age at first marriage has a clear depressing effect on cumulative parity.

With respect to socioeconomic status differentials in average parity, the ECPS(84) found that, as expected, the educational level of both women and their husbands is negatively associated with mean parity. Women who work, especially those in technical, managerial and clerical occupations, have lower average parity than nonworking women. Similar patterns also are observed with respect to the husband's work status and occupation.

Current fertility levels remain high in Egypt. The marital total fertility rate implies that the average currently married woman subject to the present schedule of age-specific fertility rates throughout her reproductive period would have almost seven births before she completed her childbearing. The schedule of age-specific rates also highlights the tendency for married women to have the majority of their children soon after marriage. Differentials in current fertility continue to show lower fertility among women from urban areas compared to rural women and among women from Lower Egypt compared to those from Upper Egypt.

Child mortality levels also remain high in Egypt. Estimates of the infant mortality rate suggest that, during the period 1978-1982, around 140 out of every 1,000 live births died during the first year of life. Like fertility, mortality levels appear to be significantly lower in urban areas compared to rural areas and in Lower Egypt compared to Upper Egypt.

One of the most important topics on which the ECPS(84) collected information is the fertility behavior of women in Egypt. This chapter looks at data

from the ECPS(84) relating to cumulative and current fertility levels in Egypt. The chapter also examines data on child survivorship from the survey, employing those results to estimate levels of infant mortality in Egypt.

CUMULATIVE FERTILITY

Information on the number of children ever born provides a measure of the level of cumulative fertility in a society. The major source of bias in parity data is the omission of children born alive who later die. The series of questions used to obtain information on the number of children ever born from respondents in the ECPS(84) was designed to minimize the underreporting of births, which is generally most common among older women and women from rural areas. The ECPS(84) parity data are, nevertheless, subject to an unknown degree of recall error. In addition, it is important to note that the parity data discussed in this chapter were obtained from ever married women; thus, the levels of cumulative fertility will be higher than the parity levels for the female population as a whole, with the upward bias being greatest among younger women, where substantial proportions have not yet married.

Levels and Trends in Cumulative Fertility

Fertility levels are high in Egypt. The mean number of children ever born among ever married women is 4.2. Table 4.1 compares the mean parities by age reported in the 1974-75 National Fertility Survey (NFS (74-75)), the 1980 Egyptian Fertility Survey (EFS(80)) and the ECPS(84). There appears to have been little change in parity levels between the EFS and the ECPS. Both surveys show, however, considerably higher parity levels across all age groups than that observed at the time of the NFS. This would suggest that parity levels in Egypt have stabilized at somewhat higher levels than those prevailing during the 1970s. Caution must,

TABLE 4.1

TRENDS IN THE MEAN NUMBER OF CHILDREN EVER BORN AMONG
EVER MARRIED WOMEN BY AGE, NFS(74-75), EFS(80) AND
ECPS(84)

Age	NFS (74-75) ¹	EFS (80) ¹	ECPS (84)
Total	3.97	4.13	4.20
Under 20 years	0.62	0.63	0.73
20-24 years	1.49	1.81	1.76
25-29 years	2.72	3.07	3.19
30-34 years	3.98	4.61	4.48
35-39 years	5.03	5.79	5.60
40-44 years	5.67	6.46	6.20
45-49 years	6.08	6.87	6.68

SOURCE: ¹Hallouda *et al.*, Volume II, Table 4.3.

however, be used in making such an interpretation, particularly since there is some evidence that parity levels may have been systematically underestimated in the NFS(74-75) results (Hallouda, *et al.*, 1983, p. 33).

Age Patterns

Table 4.2 presents the distribution of ever married women by the number of living children and age. The table indicates that ever married women age 45-49 have had an average of 6.7 births. Completed parity among Egyptian women is, thus, clearly very high and the pace of childbearing is, moreover, rapid. This is evidenced by the fact that the mean number of children ever born doubles in the two youngest cohorts and reaches more than three births among ever married women age 25-29. Among women in the 30-34 age group, mean parity exceeds four births, and almost one-half of the women have had five or more births. Women in the 35-39

cohort have had, on average, 5.6 births, and more than one-third have had seven or more children. Average parity among women age 40 and over exceeds six births, and one-third or more of the women in these cohorts have had at least eight children.

Age at First Marriage

As noted in the previous chapter, because age at first marriage influences the length of exposure to the risk of pregnancy, it has been shown to be one of the most important determinants of fertility in a society. Table 4.3 shows that the mean number of children ever born among ever married women declines sharply with increasing age at marriage, from 5.4 births among women married before their 16th birthday

TABLE 4.2

PERCENT DISTRIBUTION BY THE NUMBER OF CHILDREN EVER BORN AND MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER MARRIED WOMEN CONTROLLING FOR AGE, EGYPT, 1984

Children Ever Born	Total	Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Number	10,013	750	1,552	1,924	1,684	1,546	1,272	1,285
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	10.6	51.1	20.0	7.5	4.9	3.3	3.7	3.7
One child	10.7	32.1	26.9	11.3	4.6	3.3	2.4	2.9
Two children	12.6	12.3	24.7	18.6	11.6	6.7	5.3	4.8
Three children	13.0	2.9	18.4	20.6	15.1	9.2	9.6	6.1
Four children	11.7	1.1	7.3	18.0	15.6	12.7	11.2	7.9
Five children	10.0	0.1	1.7	14.0	15.1	13.7	10.6	8.0
Six children	8.6	0.1	0.6	5.5	14.0	14.0	11.1	12.1
Seven children	7.2	0.1	0.1	3.2	8.6	12.1	12.5	13.3
Eight children	5.5	0.1	0.2	0.6	5.5	10.3	9.7	12.5
Nine children	4.0	0.0	0.1	0.5	3.1	6.9	7.7	10.1
Ten children or more	6.0	0.0	0.1	0.2	2.0	7.6	16.2	18.5
Mean	4.2	0.7	1.8	3.2	4.5	5.6	6.2	6.7

to 2.1 births women married before their 16th birthday to 2.1 births among women married after age 24. This pattern is observed, moreover, within every age cohort. Looking at the variation in mean parity among women 45-49, mean parity among women who were married at age 24 and over (3.4 births) is, for example, four births lower than that observed among those married before their 16th birthday (7.4 births). It is evident from these results that an increase in the average age at first marriage would have a substantial influence on reducing fertility levels in Egypt.

Duration of Marriage

Although the pattern of variation in the mean parity figures presented in Table 4.3 indicates that the age at first marriage has a substantial effect on cumulative fertility, the results are somewhat biased by the fact that the period of possible exposure to the risk of conception varies with the age at marriage. Women who marry before age 15 have, for example, roughly 30 years of exposure to the risk of conception, and, thus, a greater probability of having higher parities than women who marry

TABLE 4.3

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER MARRIED WOMEN BY AGE AT FIRST MARRIAGE AND CURRENT AGE, EGYPT, 1984

Age at First Marriage	Total	Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total	4.2	0.7	1.8	3.2	4.5	5.6	6.2	6.7
Under 16 years	5.4	1.0	2.7	4.4	5.9	6.6	7.2	7.4
16-17 years	4.3	0.6	2.1	3.8	5.0	6.1	6.6	6.9
18-19 years	3.6	0.2	1.3	3.1	4.6	5.3	6.0	6.3
20-21 years	3.3	-	0.8	2.1	3.7	4.5	4.9	5.7
22-23 years	2.7	-	0.4	1.6	2.9	4.1	4.8	5.0
24 years and over	2.1	-	0.1	1.0	1.9	2.6	3.2	3.4

after age 24 and who, consequently, are exposed to the risk of conception for only about 20 years. It is necessary, therefore, to control for both the age at first marriage and duration of marriage in looking at the relationship between nuptiality and fertility.

Table 4.4 considers the effect of both age at first marriage and marital duration as measured by the years since first marriage¹ on cumulative fertility levels. The results suggest that age at first marriage has comparatively little influence on parity levels during the first ten years of marriage; Egyptian women appear to have, on average, somewhat more than two births during this period, whatever the age at which they first marry. After that point, however, mean parity declines

TABLE 4.4

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER MARRIED WOMEN BY AGE AT FIRST MARRIAGE AND YEARS SINCE FIRST MARRIAGE, EGYPT, 1984

Age at First Marriage	Total	Years Since First Marriage					
		0-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25 Years or More
Total	4.2	0.9	2.6	4.0	5.2	6.1	7.0
Under 16 years	5.4	0.8	2.5	4.1	5.6	6.5	7.3
16-17 years	4.3	0.9	2.8	4.4	5.5	6.4	6.8
18-19 years	3.6	0.8	2.7	4.2	5.3	5.9	6.2
20-21 years	3.3	0.9	2.6	3.7	4.6	4.8	5.9
22-23 years	2.7	1.0	2.5	3.5	4.5	5.2	4.4*
24 years and over	2.1	0.9	2.1	3.0	3.3	4.3	8.0*

* Fewer than 20 women.

¹ Marital duration is, of course, affected by the pattern of marital dissolution and remarriage in a society. The number of years since first marriage, nevertheless, serves as a reasonable surrogate for marital duration in societies such as Egypt where first marriages are relatively stable.

noticeably with increasing age at marriage, with the differential between those marrying before their 16th birthday and those marrying at age 24 and over increasing as the duration of marriage increases. For example, among women who have been married for 10 to 15 years, there is a differential of approximately one child in the mean parity observed among women marrying before their 16th birthday in comparison to those married at age 24 and over. This differential increases to more than two children among those married for 15 years or longer.

DIFFERENTIALS IN CUMULATIVE FERTILITY

Residential Patterns

Cumulative fertility in Egypt varies substantially by area and place of residence (Figure 4.1). Table 4.5 shows, for example, that the completed family size among women in the 45-49 cohort in rural areas (7.2 births) is more than one birth higher than that observed among women in the same cohort in urban areas (6.0 births). Considering place of residence, fertility levels are clearly lowest in the Urban governorates, where women have, on average, only 3.8 births and where the completed family size among women age 45-49 is 5.5 births. In Lower Egypt, both the mean parity (4.2 births) and the completed family size (6.9 births), are higher than that found in the Urban governorates but somewhat lower than the levels reported in Upper Egypt (4.4 births and 7.2 births, respectively). Finally, controlling for both area and place of residence, fertility is somewhat higher in rural areas in Upper Egypt than in rural areas in Lower Egypt. Similar differentials in urban fertility are, moreover, observed between the two regions.

Socioeconomic Differentials

Table 4.6 controls for age differences among population subgroups in examining socioeconomic differentials in cumulative fertility levels. The

TABLE 4.5

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER MARRIED WOMEN BY AREA AND PLACE OF RESIDENCE AND AGE, EGYPT, 1984

Area and Place of Residence	Total		Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
	UNST	ST							
Total	4.2	-	0.7	1.8	3.2	4.5	5.6	6.2	6.7
<u>Area of Residence</u>									
Urban	3.9	3.7	0.7	1.6	2.7	3.7	4.7	5.5	6.0
Rural	4.4	4.7	0.7	1.8	3.6	5.2	6.4	6.9	7.2
<u>Place and Area of Residence</u>									
Urban governorates	3.8	3.4	0.7	1.6	2.5	3.5	4.3	5.2	5.5
Lower Egypt	4.2	4.2	0.8	1.7	3.1	4.5	5.8	6.3	6.9
Urban Lower Egypt	3.8	3.6	0.8	1.5	2.6	3.5	4.7	5.5	6.3
Rural Lower Egypt	4.3	4.4	0.8	1.7	3.3	5.0	6.3	6.7	7.1
Upper Egypt	4.5	4.6	0.7	1.9	3.6	5.0	6.0	6.7	7.2
Urban Upper Egypt	4.2	4.1	0.6	1.8	3.1	4.3	5.3	5.9	6.7
Rural Upper Egypt	4.5	4.9	0.7	2.0	3.8	5.5	6.4	7.1	7.4

UNST - Not standardized.

ST - Standardized for age differences using the age distribution for the total ECPS(84) sample as the standard.

results indicate that, even after taking into account age differences, literate women have significantly lower fertility than illiterate women. Fertility levels also are clearly negatively associated with the educational level of Egyptian women. The age standardized mean number of children ever born among women who have completed at least the preparatory level is, for example, more than two births lower than that found among women who have never attended school.

FIGURE 4.1
Mean Number of Children Ever Born by Age and Area
and Place of Residence, Egypt, 1984

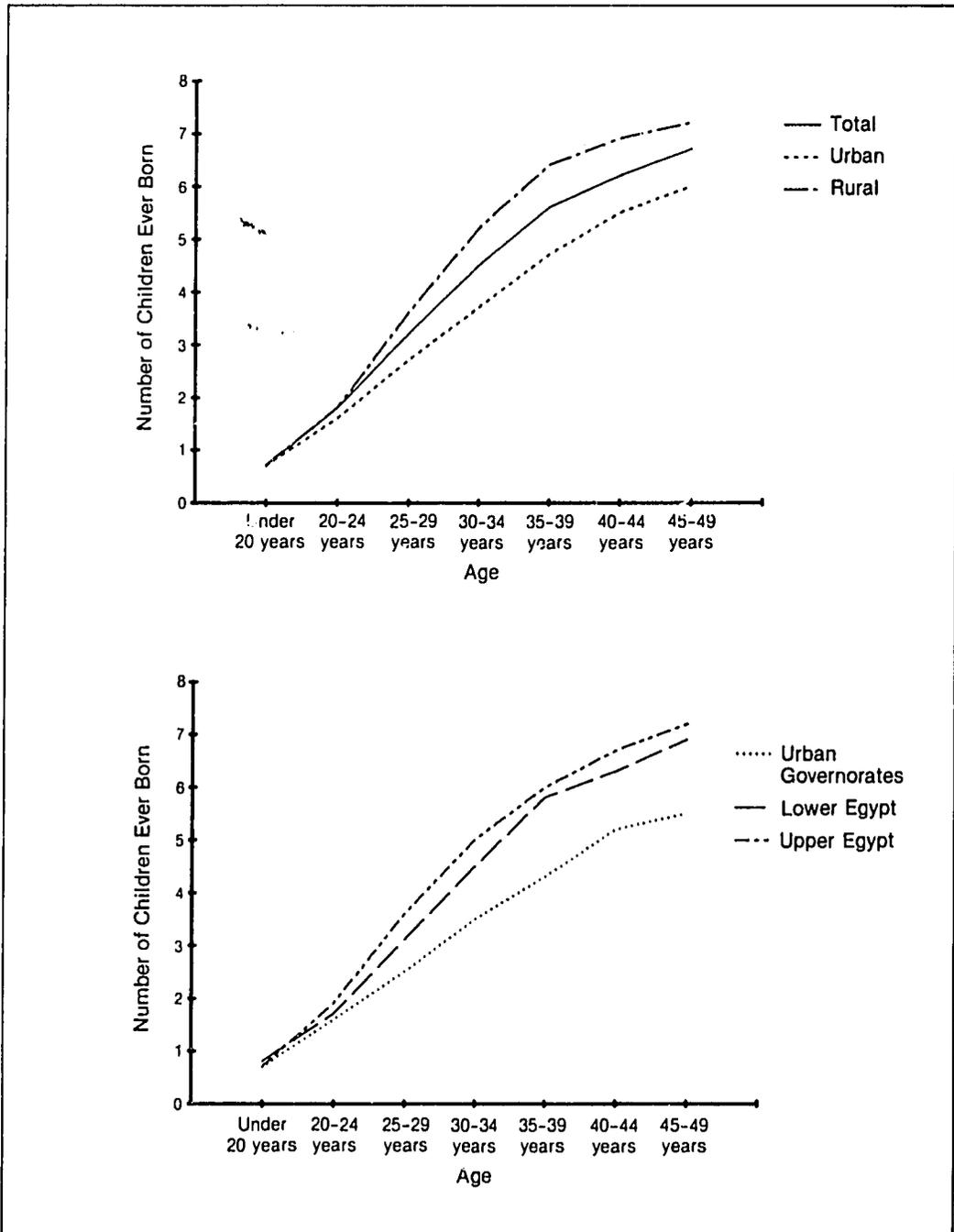


TABLE 4.6

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER MARRIED WOMEN BY
SELECTED SOCIOECONOMIC CHARACTERISTICS, EGYPT, 1984

Socioeconomic Characteristic	UNST	ST
RESPONDENT'S CHARACTERISTICS		
<u>Literacy Status</u>		
Literate	3.0	3.1
Illiterate	4.6	4.6
<u>Educational Level</u>		
No education	4.6	4.5
Less than primary	4.2	4.4
Completed primary/Some preparatory	3.7	3.6
Completed preparatory and above	2.2	2.3
<u>Employment Status</u>		
Working	2.9	2.8
Not working	4.3	4.4
<u>Occupation</u>		
Professional, technical and managerial	2.3	2.0
Clerical	2.0	1.9
Sales and services	4.6	3.9
Agricultural	4.7	4.3
Production, transportation, unskilled	3.9	3.8
HUSBAND'S CHARACTERISTICS		
<u>Educational Level</u>		
No education	4.9	4.7
Less than primary	4.4	4.7
Completed primary/Some preparatory	4.1	4.2
Completed preparatory and above	2.8	3.0
<u>Employment Status</u>		
Working	4.2	4.4
Not working	3.9	4.1
<u>Occupation</u>		
Professional, technical and managerial	2.9	2.9
Clerical	3.3	3.5
Sales and services	5.0	4.7
Agricultural	4.8	5.0
Production, transportation, unskilled	3.9	4.2

UNST - Not standardized.

ST - Standardized for age differences using the age distribution for the total ECPS(84) sample as the standard.

Considering female employment status and occupation, fertility is lower among the relatively small group of women who work for pay in Egypt than among nonworking women. Further analysis of these results is needed to determine to what extent the work status differentials in fertility reflect underlying differences in educational levels between working and nonworking women. Fertility levels are, however, clearly lower among women in professional, technical, managerial or clerical occupations than among women working in the agricultural sector or in sales or service occupations, suggesting that education does have an effect on the relationship between work status and fertility.

Table 4.6 also looks at the relationship between the educational level and occupation of husbands and fertility levels. As was the case for women, the educational level of husbands is negatively associated with fertility levels. The age-standardized mean number of children ever born ranges from a low of three births among women whose husbands have completed the preparatory level or above to a high of almost five births among women whose husbands have no education. Again, largely similar to what is observed among working women, mean parity is lowest among women whose husbands are in professional, technical or managerial occupations and highest among those whose husbands are working in the agricultural sector.

CURRENT FERTILITY

All ECPS(84) respondents were asked if they were currently pregnant. The percent currently pregnant among currently married women provides some indication of current fertility levels. In addition to this measure, information on the number of live births occurring in the 12 months preceding the survey interview derived from the responses to the questions on the dates of the last two live births are used in estimating current fertility in Egypt. The fertility indicators calculated from these data include the general marital fertility rate and the total marital fertility

rate. The former rate represents the births per thousand currently married women under age 50, while the latter rate is a measure of the number of children that a currently married woman in Egypt would have, on average, at the end of her childbearing years if she is subject throughout her reproductive period to the current set of marital age-specific fertility rates.

As with the parity data, the information on current fertility is subject to several sources of error. With regard to the proportion currently pregnant, the main problem arises from underreporting by women who are in the first trimester of pregnancy and, thus, may not be sure of their status. The major source of bias in data on births in the 12 months prior to the survey results from errors in the reporting of the date of birth by the mother, particularly for children who are less than one month old or who are approaching or have just celebrated their first birthday. Another source of bias arises from the failure of women to report the births of children who may have died in infancy. Efforts were directed during the ECPS(84) data collection to reduce both sources of error.

Proportion Currently Pregnant

Although subject to errors in the reporting of early pregnancies, the percent currently pregnant provides, as noted above, some indication of the level of current fertility. Table 4.7 shows that roughly one out of eight currently married women reported that they were pregnant at the time of the ECPS(84) interview. As expected, the proportion currently pregnant declines with age, ranging from over 20 percent among women under age 25 to only one percent among those in the 45-49 cohort. Paralleling the patterns observed in the parity data, the proportion pregnant is lower among urban than rural women and among women living in Lower Egypt than among those in Upper Egypt. These differentials generally hold for the various age groups, except for the youngest two cohorts in urban areas

TABLE 4.7

PERCENT CURRENTLY PREGNANT AMONG CURRENTLY MARRIED WOMEN BY AGE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total	13.4	10.6	15.6	9.8	12.6	15.9
Under 20 years	21.8	25.0	21.0	33.3	20.1	22.0
20-24 years	25.4	24.5	25.9	26.5	23.4	27.2
25-29 years	18.2	15.0	20.6	15.8	16.8	20.8
30-34 years	12.1	9.2	14.8	9.2	10.7	15.5
35-39 years	8.4	7.2	9.5	5.0	7.8	10.8
40-44 years	3.3	2.6	4.0	2.4	3.4	3.6
45-49 years	1.0	0.0	1.9	0.0	0.5	2.2

and, especially the Urban governorates, where the percent currently pregnant is somewhat higher than that reported for rural women.

Level of Current Fertility

A total of 1,918 births were reported by currently married women as occurring in the 12 months preceding the ECPS(84). This indicates that roughly one in five married women had a birth during the period in question. Based on this information, the general marital fertility rate is estimated to be 209 births per 1,000 women, and the total marital fertility rate is estimated to 6.9 births per woman (Table 4.8). The latter rate suggests that a currently married woman beginning her childbearing at this time may expect to have an average of almost seven births before she reaches her 50th birthday. Considering the pattern of age-specific rates, the tendency for married women to have their children early in the reproductive period is clearly evident. Currently married women having

TABLE 4.8

GENERAL, TOTAL AND AGE-SPECIFIC MARITAL FERTILITY RATES BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
General Marital Fertility Rate*	209	177	234	166	217	220
Total Marital Fertility Rate**	6.9	6.2	7.4	6.3	7.2	7.0
Under 20 years	.293	.250	.304	.289	.344	.255
20-24 years	.327	.314	.334	.309	.352	.301
25-29 years	.297	.282	.309	.310	.288	.300
30-34 years	.236	.210	.259	.210	.222	.265
35-39 years	.155	.121	.166	.106	.151	.186
40-44 years	.060	.047	.072	.039	.054	.084
45-49 years	.014	.006	.021	.004	.020	.014

* Births per thousand currently married women.

** The number of births a currently married woman would have at the end of her reproductive period if she is subject throughout the period to the age-specific rates shown in the table.

children according to the current schedule of age-specific rates would have roughly one half of their children before their 25th birthday and around two-thirds of their births before their 30th birthday.

Current fertility is significantly higher in rural than in urban areas. The general marital fertility rate is 234 births per thousand women in rural areas compared to only 177 births per thousand women in urban areas, while the rural total marital fertility rate (7.4 births per woman) is more than one child higher than the urban total marital fertility rate (6.2 births). Although the level of age-specific fertility is consistently higher in rural than in urban areas, the pattern is generally similar, with married women having the majority of their births before their 30th birthday.

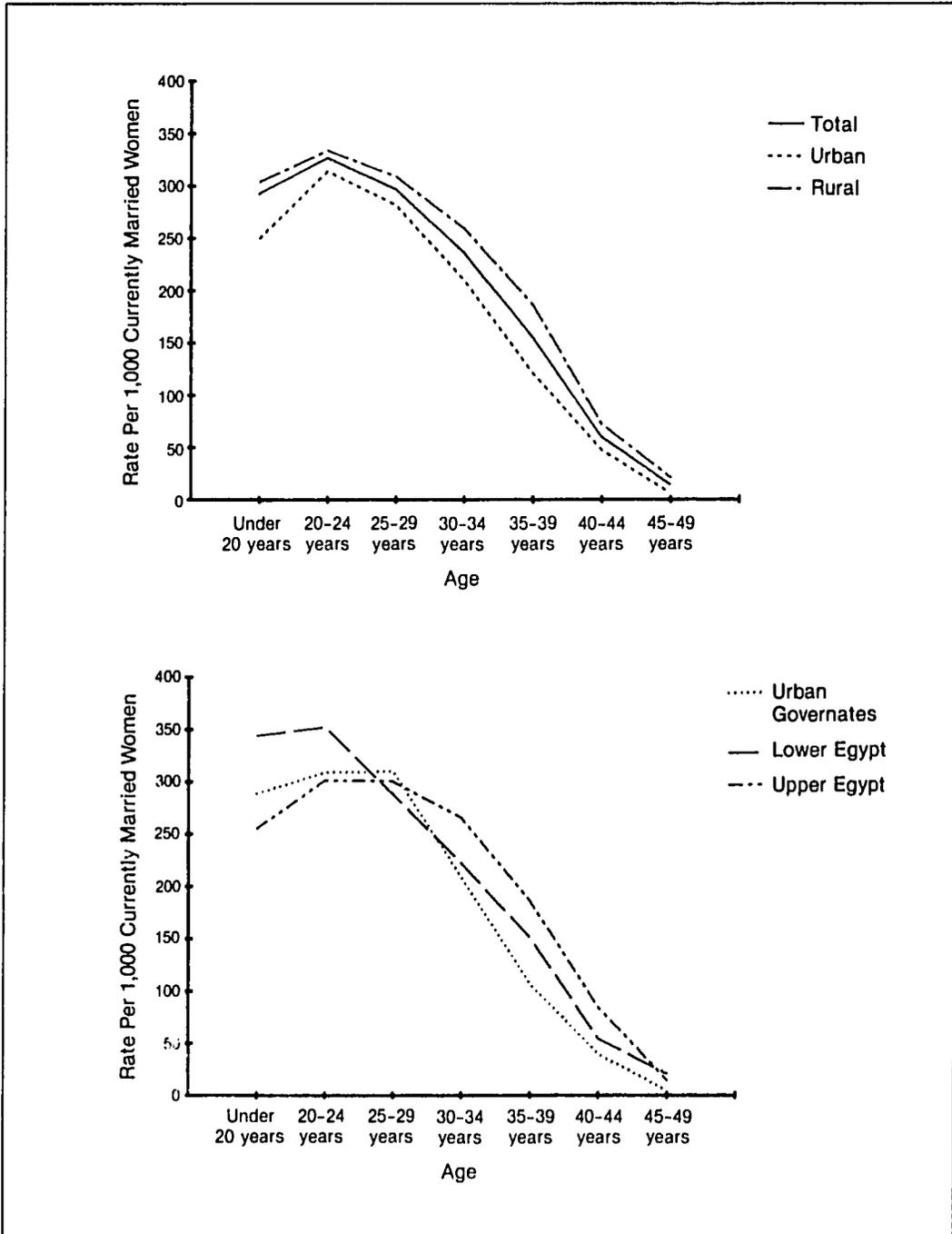
Looking at the variation in the marital fertility rates by place of residence, it is evident that fertility levels are significantly lower, as expected, in the Urban governorates than in Lower and Upper Egypt. The general marital fertility rate ranges from 166 births per thousand women in the Urban governorates to 220 births per thousand women in Upper Egypt. The total marital fertility rate in the Urban governorates is 6.3 births per woman compared to 7.2 births per woman in Lower Egypt and 7.0 births per woman in Upper Egypt.

The variation by place of residence in the age-specific marital fertility rates, particularly in the rates for women under age 30, also is quite interesting (Figure 4.2). Although the overall marital fertility levels are lower for women in the Urban governorates and Lower Egypt than in Upper Egypt, higher age-specific rates are reported for women under age 25 in these areas than for women in the same age groups in Upper Egypt. This pattern probably can be attributed to efforts by women in these two areas, who marry later on average than women in Upper Egypt, to have the number of children that they desire while they are still in their twenties. On the other hand, married women in Upper Egypt have consistently higher age-specific rates at age 30 and over when compared with rates for the same cohorts in the other two areas.

CHILD SURVIVORSHIP

In addition to information on the number of children ever born, data also was collected in the ECPS(84) on the number of children born alive who later died. Although the data on child survivorship is clearly subject to errors arising from the underreporting of child deaths, these results provide useful insights into the prevalence of child loss. Moreover, using indirect estimation techniques, the data serve as the basis for estimating the level of infant mortality in Egypt.

FIGURE 4.2
Age-Specific Marital Fertility Rates by Area
and Place of Residence, Egypt, 1984



Prevalence of Child Loss

Table 4.9 presents a comparison of the mean number of children ever born and the mean number of surviving children among ever married women controlling for age and area and place of residence. The comparatively high level of child mortality prevailing in Egypt is evident in these data. Overall, out of the 4.2 live births ever married women under age 50 report having had on average, only 3.2 children are reported to be still alive. The average (mean) number of children ever born who later died increases with age, ranging from only 0.1 children for ever married women under age 20 to nearly two children among women in the 45-49 cohort. It is consistently higher in all but the youngest cohort in rural areas compared to urban areas, especially in the Urban governorates, and in Upper Egypt compared to Lower Egypt.

TABLE 4.9

MEAN NUMBER OF CHILDREN EVER BORN AND OF SURVIVING CHILDREN AMONG EVER MARRIED WOMEN BY AGE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age	<u>Total</u>		<u>Area of Residence</u>				<u>Place of Residence</u>					
	CEB	CS	<u>Urban</u>		<u>Rural</u>		<u>Urban</u>		<u>Lower</u>		<u>Upper</u>	
			CEB	CS	CEB	CS	<u>Governorates</u>		<u>Egypt</u>		<u>Egypt</u>	
							CEB	CS	CEB	CS	CEB	CS
Total	4.2	3.2	3.9	3.2	4.4	3.3	3.8	3.1	4.2	3.4	4.4	3.2
Under 20 years	0.7	0.6	0.7	0.6	0.7	0.6	0.7	0.6	0.8	0.7	0.7	0.5
20-24 years	1.8	1.5	1.6	1.4	1.8	1.5	1.6	1.4	1.7	1.4	1.9	1.5
25-29 years	3.2	2.6	2.7	2.3	3.6	2.8	2.5	2.1	3.1	2.7	3.6	2.7
30-34 years	4.5	3.6	3.7	3.2	5.2	4.0	3.5	3.0	4.5	3.7	5.0	3.7
35-39 years	5.6	4.3	4.7	3.9	6.4	4.7	4.3	3.6	5.8	4.6	6.0	4.4
40-44 years	6.2	4.7	5.5	4.4	6.9	4.9	5.2	4.2	6.3	4.9	6.7	4.6
45-49 years	6.7	4.8	6.0	4.6	7.2	4.9	5.5	4.3	6.9	5.1	7.2	4.6

CEB - Children Ever Born
CS - Surviving Children

Table 4.9 considered the issue of child mortality from the perspective of its effect on the current family size. Table 4.10 looks at the issue of child survivorship from the point of view of the proportion of children ever born alive who later died. The results presented in Table 4.10 show that, on the average, almost one out of every four children born to the ever married women in the ECPS(84) had died before the date of the survey. The proportion of births reported as later dying increases with the age of the mother, ranging from 16 percent among women under age 20 to almost 30 percent among women in the 45-59 age group. This pattern reflects both the shorter exposure to the risk of dying among children of younger mothers as well as the influence of recent improvements in child health care in Egypt.

The higher child mortality levels in rural than urban areas are highlighted by the fact that the proportions of children born alive who had died before the survey are greater in every age group among rural women than among urban women. Considering place of residence, Table 4.10 also suggests that levels of mortality are clearly much lower in the Urban

TABLE 4.10

PROPORTION OF CHILDREN BORN ALIVE WHO HAVE DIED BY AGE OF MOTHER AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total	.23	.18	.26	.17	.20	.28
Under 20 years	.16	.12	.17	.17	.11	.21
20-24 years	.18	.13	.20	.09	.15	.22
25-29 years	.18	.14	.21	.13	.14	.24
30-34 years	.20	.15	.23	.14	.17	.25
35-39 years	.22	.17	.26	.16	.21	.27
40-44 years	.25	.20	.29	.18	.22	.31
45-49 years	.29	.25	.32	.22	.25	.36

governorates than in the other two regions. The proportion of births who have died is, moreover markedly lower among women in Lower Egypt than among those in Upper Egypt in every age group, indicating that levels of child mortality have been consistently higher over time in Upper Egypt than in Lower Egypt.

Table 4.11 shows that four out of ten ever married women in Egypt report that at least one of the children to whom they gave birth later died. The percent experiencing a child death increases rapidly with age, ranging from only 10 percent among women under age 20 to almost 70 percent among women in the 45-49 cohort. Rural women in every age group are more likely than urban women to have had a child die. Overall, 50 percent of all rural women report at least one child death compared to only 37 percent of urban women.

TABLE 4.11

PERCENT OF EVER MARRIED WOMEN EXPERIENCING THE DEATH OF A CHILD BY AGE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Age	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total	44.4	36.9	50.0	34.1	41.3	52.8
Under 20 years	10.0	8.1	10.5	8.3	7.7	12.2
20-24 years	22.7	16.1	26.2	11.6	19.6	29.6
25-29 years	36.1	25.6	43.8	25.2	30.5	47.3
30-34 years	47.1	34.4	58.8	28.1	44.2	60.3
35-39 years	56.7	43.9	68.1	38.2	56.7	67.5
40-44 years	61.2	50.8	70.8	44.7	59.9	73.6
45-49 years	68.5	58.9	76.8	54.7	67.2	78.4

TABLE 4.12

INDIRECT ESTIMATES OF THE INFANT MORTALITY RATE
BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Deaths per 1,000 Live Births
Total	140
<u>Area of Residence</u>	
Urban	111
Rural	157
<u>Place of Residence</u>	
Urban governorates	105
Lower Egypt	118
Upper Egypt	178

Infant Mortality Rate

A number of techniques have been developed which employ data on child survivorship to provide estimates of the level of infant mortality (Brass, 1968; Sullivan, 1972; Trussell, 1975; Feeney, 1976). Table 4.12 presents estimates of the infant mortality rate in Egypt during the period 1978-1982 which were derived using information on the number of children ever born and on the number of surviving children and an indirect estimation technique developed by Trussell (Trussell, 1975). The rates represent an average of the rates for women age 20-24, 25-29 and 30-34. These estimates suggest that around 140 out of every thousand babies -- about one out of every seven babies -- died before their first birthday during that period in Egypt. According to the estimates, mortality levels also were over 40 percent higher in rural than in urban areas. By place of residence the estimates range from a low of 105 deaths per thousand births in the Urban governorates to 178 deaths per thousand births among women from Upper Egypt.

Chapter 5

BREASTFEEDING AND POSTPARTUM AMENORRHEA

SUMMARY: Breastfeeding is nearly universal in Egypt; more than ninety percent of mothers whose last live birth occurred within 36 months of the ECPS(84) breastfed their babies. The median duration of breastfeeding among mothers is estimated to exceed 18 months, and the majority of women breastfeed their babies without supplementation for at least six months following birth.

Breastfeeding durations are longer in rural areas than in urban areas and shorter in the Urban governorates compared to Lower and Upper Egypt. Breastfeeding durations also vary positively with age, while they are negatively associated with a woman's educational level.

Breastfeeding clearly plays an important role in extending the period of postpartum amenorrhea among new mothers in Egypt. The median duration of postpartum amenorrhea is estimated to be almost seven months, nearly four months longer the duration that would be expected if women did not breastfeed.

Breastfeeding patterns in a society have implications not only for the health of the children who are breastfed but also for fertility levels. By delaying the return of ovulation, breastfeeding serves to extend the period between births and, thus, influences both the tempo of a woman's childbearing as well as the total number of children that she will ultimately have. The ECPS(84) obtained data on the prevalence, duration, and patterns of breastfeeding among mothers in Egypt. Information also was collected on the period of postpartum amenorrhea. These data, which are examined in this chapter, highlight the roles that breastfeeding and amenorrhea play in determining fertility levels in Egypt.

LIFE TABLE ANALYSIS OF BREASTFEEDING AND POSTPARTUM AMENORRHEA DATA

All respondents who had had at least one live birth in the 36 months prior to the ECPS(84) interview were asked about whether they were still

breastfeeding the last live birth and, if not, for how long they had breastfed that child. They also were asked questions regarding when they had first given the child any food other than breastmilk, including other types of milk. Finally, they were asked about when their menstrual period had returned following the last live birth. Using life table techniques and the responses to these questions, it is possible to estimate the probabilities that a woman will be breastfeeding, breastfeeding without supplementation and amenorrheic at each successive month after the birth of her last child.

The life table analysis of the data on the duration of breastfeeding and postpartum amenorrhea are subject to several sources of error. First of all, the results are somewhat biased because they refer only to the most recent birth within 36 months of the survey and do not include all births during that period (i.e., they refer to only one birth per woman during the three year period although she may have had more than one child). The resulting effect is to increase somewhat the estimated durations of breastfeeding since breastfeeding episodes for children born within 36 months of the survey who had been followed by a subsequent birth are excluded from the analysis. Children who died before breastfeeding was terminated also are excluded from the analysis, again introducing some upward bias in the estimated breastfeeding durations.

The data on durations of breastfeeding and amenorrhea are, in addition, subject to recall errors; i.e., women may not remember accurately the various durations about which they were questioned in the survey. A particular problem, in this regard, is the rounding of the reported durations to intervals of 3, 6, 12, 18 and 24 months. Table 5.1 indicates that, although there was heaping of respondents at these intervals, heaping was generally more severe in the case of the full breastfeeding measure than with respect to the overall duration of breastfeeding. There was some indication of heaping at 12 and, especially, 18 months with respect to the latter variable and at 4, 6 and 12 months with regard to the duration of full breastfeeding.

TABLE 5.1

PERCENT OF WOMEN WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECSP(84)* BY THE REPORTED DURATION OF BREAST-FEEDING, FULL BREASTFEEDING AND POSTPARTUM AMENORRHEA, EGYPT, 1984

Duration	Breast-feeding	Full Breast-feeding	Postpartum Amenorrhea
Total Number*	3,527	3,545	3,962
Total Percent	100	100	100
Less than one month	4	4	3
1 month	5	6	30
2 months	6	8	10
3 months	6	7	7
4 months	4	10	6
5 months	5	7	4
6 months	6	14	6
7 months	4	7	4
8 months	4	9	4
9 months	3	4	3
10 months	4	4	3
11 months	4	1	1
12 months	9	11	7
13 months	3	1	1
14 months	3	1	1
15 months	3	1	1
16 months	2	0	1
17 months	1	0	1
18 months	12	3	4
19-23 months	5	1	2
24 months	6	1	1
25 months or more	2	0	1

* Excludes women saying that they never breastfed (N=332) or for whom the duration of breastfeeding (N=105), full breastfeeding (N=87) or postpartum amenorrhea (N=2) was not reported.

TABLE 5.2

PERCENT DISTRIBUTION OF WOMEN WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECPS(84) NEVER BREASTFEEDING THEIR CHILD BY REASON THAT THEY DID NOT BREASTFEED, EGYPT, 1994

Reason for Not Breastfeeding	
Total Number	323
Total Percent	100.0
Mother sick	14.9
Child sick	9.3
No milk	42.1
Using pill	4.3
Other	12.1
Child died	2.5
Not sure/Not stated	14.9

BREASTFEEDING PATTERNS

Duration of Breastfeeding

The ECPS(84) results indicate that breastfeeding is almost universal among mothers in Egypt. The proportion of women with a last birth in the 36 months prior to the survey who report that they never breastfed is only 8 percent. Among mothers who did not breastfeed their child, the majority cite lack of milk (42 percent) and the illness of either the mother (15 percent) or the child (9 percent) as the reason for not breastfeeding (Table 5.2).

The results presented in Table 5.3 indicate that the median duration of breastfeeding is 18.8 months. The proportions breastfeeding at specified intervals also shown in Table 5.3 suggest that almost 90 percent of

TABLE 5.3

PROPORTION NEVER BREASTFEEDING, PROPORTION BREASTFEEDING AT LEAST 3, 6, 12, 18 AND 24 MONTHS AND MEDIAN DURATION OF BREASTFEEDING AMONG WOMEN WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECPS(84), CONTROLLING FOR AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Total Number*	Proportion Never Breast-feeding	Proportion Breastfeeding at Least:					Median Duration
			3 Months	6 Months	12 Months	18 Months	24 Months	
Total	3,855	.081	.878	.852	.745	.468	.137	18.8
<u>Area of Residence</u>								
Urban	1,591	.126	.801	.755	.601	.325	.076	18.1
Rural	2,264	.051	.932	.921	.853	.585	.191	24.0
<u>Place of Residence</u>								
Urban governorates	592	.141	.782	.721	.539	.289	.053	15.5
Lower Egypt	1,701	.066	.893	.868	.770	.455	.103	18.8
Upper Egypt	1,502	.078	.896	.885	.799	.557	.229	24.0

* Excludes women for whom the duration of breastfeeding is not known.

Egyptian mothers breastfeed for at least three months, 85 percent are still breastfeeding after six months, and 75 percent breastfeed for at least a year. By 19 months after a birth, however, less than one-half of the mothers will be breastfeeding, and only 14 percent breastfeed for two years or more. Table 5.4 shows that the majority of women discontinuing breastfeeding report that they stopped because the child reached the age for weaning. An additional one-quarter stopped either because they became pregnant (12 percent) or because they or the child were ill (12 percent)

Although most mothers in Egypt breastfeed their babies, Table 5.3 shows a significant difference in the percent never breastfeeding between

TABLE 5.4

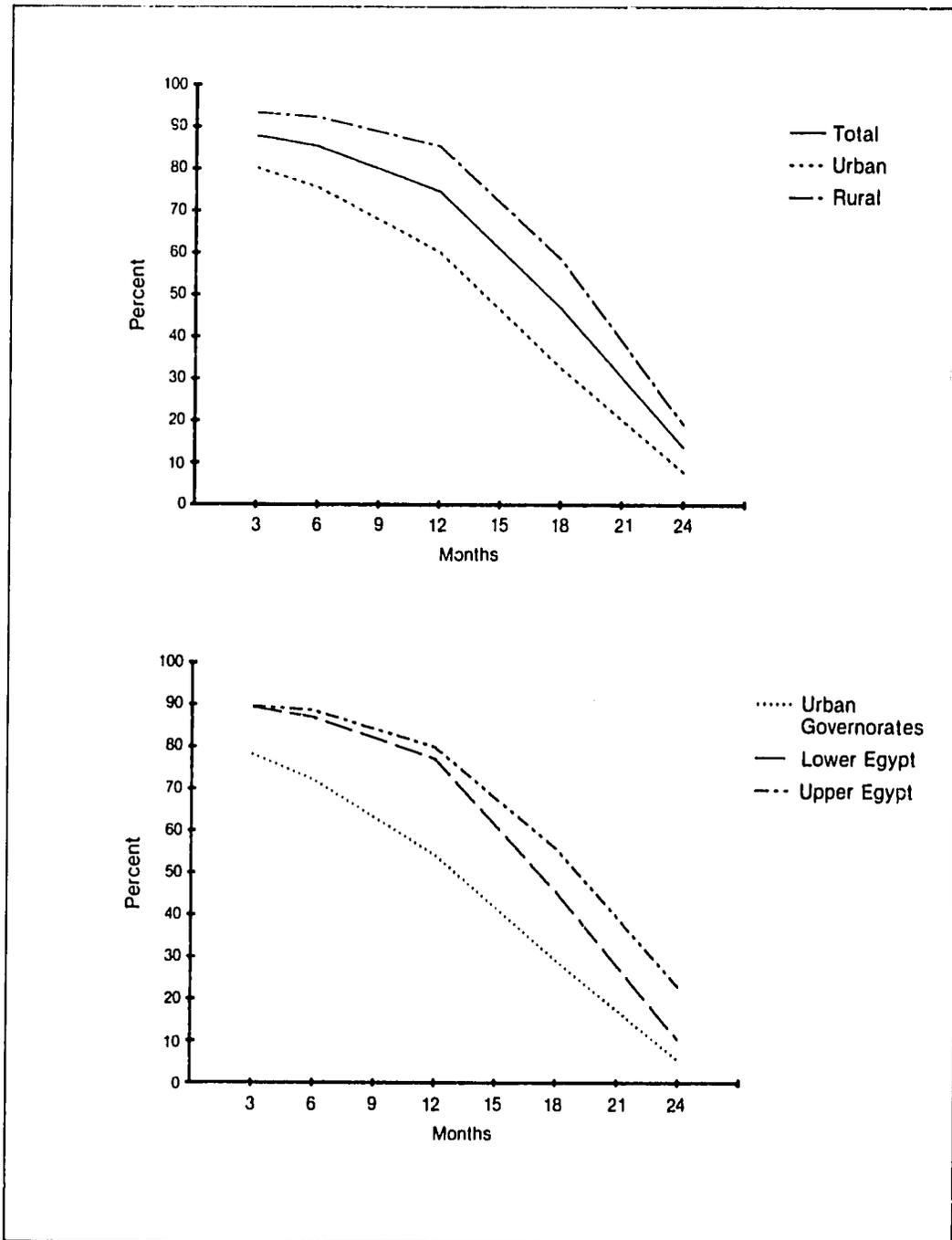
PERCENT DISTRIBUTION OF WOMEN WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECPS(84) NOT CURRENTLY BREASTFEEDING BY REASON FOR NOT BREASTFEEDING, EGYPT, 1984

Reason Stopped Breastfeeding	
Total Number	1,108
Total Percent	100.0
Reached weaning	49.8
Child refused	5.3
Mother sick	7.8
Child sick	4.4
Child died	9.7
Became pregnant	11.6
Other	9.0

urban and rural mothers; urban mothers (13 percent) are more than twice as likely as rural mothers (5 percent) to say that they did not breastfeed their last live birth. The percent never breastfeeding also is considerably higher in the Urban governorates (14 percent) than in Lower Egypt (7 percent) and Upper Egypt (8 percent).

With regard to the patterns of breastfeeding, it also is evident from the information presented in Table 5.3 that urban mothers wean their children at much earlier ages than rural mothers. For example, the proportion continuing to breastfeed for at least 12 months is only 60 percent among urban mothers compared to 85 percent of rural mothers, and, after 18 months, only 32 percent of urban mothers continue to breastfeed compared to 58 percent of rural mothers (Figure 5.1). As a result, the median duration of breastfeeding reported for rural mothers (24 months) is 6 months longer than that reported for urban mothers (18 months).

FIGURE 5.1
Percent Still Breastfeeding at Specified Intervals among Mothers with a Recent Birth by Area and Place of Residence, Egypt, 1984



The duration of breastfeeding also varies noticeably with place of residence. Table 5.3 shows that the median duration for the Urban governorates (16 months) is roughly three months shorter than the median duration among mothers in Lower Egypt (19 months). In turn, the median duration of breastfeeding in Lower Egypt is approximately five months shorter than the median duration of breastfeeding among mothers in Upper Egypt (24 months).

Introduction of Supplemental Foods

Table 5.5 considers the issue of how long mothers in Egypt breastfeed their babies without other supplementation. The table shows that the median duration of full breastfeeding (i.e., breastfeeding without supplementation) is 7.7 months. Approximately 80 percent of mothers report that they breastfeed their baby for at least 3 months without supplementation, and 55 percent breastfeed their baby for at least six months without supplementation.

There are distinct differences by residence in the patterns of full breastfeeding (Figure 5.2). Urban mothers generally introduce supplemental foods at an earlier age than do rural mothers. For example, around two-thirds of rural mothers report that they breastfeed for at least six months without introducing other foods compared to only slightly more than one-third of urban mothers. The median duration of full breastfeeding is more than two months shorter among urban (6.3 months) compared to rural mothers (8.7 months). By place of residence, the median duration of full breastfeeding varies from only 6.2 months among mothers from the Urban governorates to 8.1 months in both Lower Egypt and Upper Egypt.

Frequency of Breastfeeding

Mothers who were still breastfeeding their last live birth at the time of the ECPS(84) were asked about the frequency with which they breastfed

TABLE 5.5

PROPORTION FULL BREASTFEEDING AT LEAST 1, 2, 3, 6 AND 12 MONTHS AND MEDIAN DURATION OF FULL BREASTFEEDING AMONG WOMEN WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECPS(84), CONTROLLING FOR AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Total Number*	Proportion Full Breastfeeding at Least:					Median Duration
		1 Month	2 Months	3 Months	6 Months	12 Months	
Total	3,876	.878	.844	.806	.547	.118	7.7
<u>Area of Residence</u>							
Urban	1,598	.834	.793	.728	.388	.097	6.3
Rural	2,278	.908	.881	.861	.661	.133	8.7
<u>Place of Residence</u>							
Urban governorates	599	.821	.777	.708	.347	.088	6.1
Lower Egypt	1,709	.899	.868	.832	.579	.119	8.1
Upper Egypt	1,507	.873	.844	.814	.586	.129	8.1

* Excludes women for whom the duration of full breastfeeding was not reported.

the child during the 24 hour period before the interview. Their responses indicate that the majority of mothers breastfeed their babies at least ten times in a 24 hour period and one-quarter breastfeed their babies thirteen or more times during that period (Table 5.6). The frequency of breastfeeding is, of course, related to whether the mother has introduced supplemental foods. However, although mothers who have begun weaning their babies breastfeed somewhat less frequently during a 24 hour period than mothers who have not yet begun supplementing breastmilk with other foods, the majority of these mothers say that they breastfeed their babies at least ten times during a 24 hour period.

POSTPARTUM AMENORRHEA

Breastfeeding inhibits ovulation and, thus, is positively associated with increased lengths of postpartum amenorrhea, i.e., the longer the

FIGURE 5.2
Percent Still Breastfeeding without Supplementation among Mothers with a Recent Birth by Area and Place of Residence, Egypt, 1984

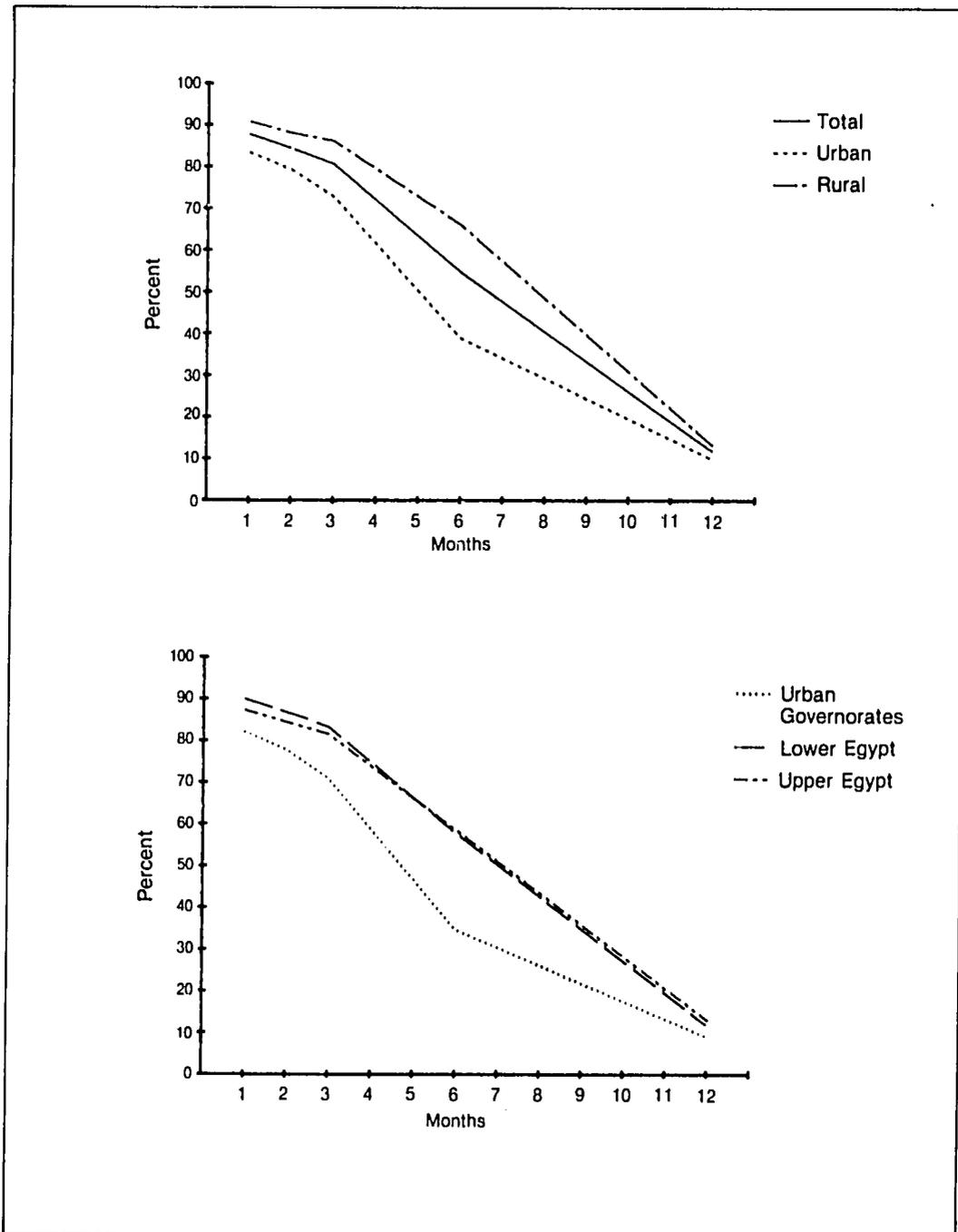


TABLE 5.6

NUMBER OF TIMES PER DAY THAT CHILD IS BREASTFED AMONG MOTHERS STILL BREASTFEEDING THEIR MOST RECENTLY BORN CHILD BY TYPE OF BREASTFEEDING, EGYPT, 1984

Number of Times	Total	Type of Breastfeeding	
		Full	Supplemented
Total Number	2,529	1,155	1,374
Total Percent	100.0	100.0	100.0
1-3 times	3.2	1.9	4.3
4-6 times	18.5	12.9	23.1
7-9 times	19.9	21.6	18.6
10-12 times	32.1	34.2	30.3
13 times or more	25.2	28.3	22.6
On demand	0.6	0.4	0.7
Not stated	0.6	0.7	0.4

average period of breastfeeding, the longer will be the period of postpartum amenorrhea. Table 5.7 looks at the question of the average period of postpartum amenorrhea reported by mothers with a last birth within 36 months of the ECPS(84). The table shows that the median duration of postpartum amenorrhea reported by these mothers is 6.6 months. The median duration of amenorrhea is longer for rural mothers (9.5 months), for whom the duration of breastfeeding is, as discussed above, also longer than average, than for urban mothers (3.6 months) where the duration of breastfeeding is shorter than the average. The period of postpartum amenorrhea also is much shorter among women in the Urban governorates (3.1 months) than among those in Lower Egypt (7.0 months) and Upper Egypt (7.6 months), again paralleling the relationships observed among these areas with regard to the duration of breastfeeding.

The role of breastfeeding in prolonging the period of postpartum amenorrhea is highlighted in Table 5.8 which shows the percent amenorrheic by the number of months since the last birth and the current breastfeeding

TABLE 5.7

PROPORTION AMENORRHEIC FOR AT LEAST 1, 3, 6, 12 AND 18 MONTHS AND MEDIAN DURATION OF POSTPARTUM AMENORRHEA AMONG MOTHERS WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECPS(84), CONTROLLING FOR AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Total Number	Proportion Amenorrheic at least:					Median Duration
		1 Month	3 Months	6 Months	12 Months	18 Months	
Total	3,962	.721	.601	.476	.256	.132	6.6
<u>Area of Residence</u>							
Urban	1,618	.632	.471	.333	.166	.087	3.6
Rural	2,344	.782	.690	.575	.320	.163	9.5
<u>Place of Residence</u>							
Urban governorates	604	.607	.420	.290	.144	.072	3.1
Lower Egypt	1,740	.752	.618	.497	.273	.138	7.0
Upper Egypt	1,578	.727	.650	.522	.282	.150	7.6

status. The proportion amenorrheic is significantly greater for mothers who are breastfeeding than for those who are not breastfeeding at every interval since birth. For example, the proportion amenorrheic among breastfeeding mothers with a birth within three months of the interview is 79 percent compared to 60 percent among mothers with an infant less than four months old who were not breastfeeding. The differential in the proportion amenorrheic between breastfeeding and nonbreastfeeding mothers widens as the interval since birth increases, illustrating clearly the effect that breastfeeding has on postpartum amenorrhea.

Table 5.8 also shows that women who are breastfeeding without supplementation are consistently more likely than women who have introduced weaning foods to report that they are still amenorrheic. Among mothers for whom the interval since birth is between seven and 12 months, for instance, 60 percent of those who are breastfeeding without supplementa-

TABLE 5.8

PERCENT AMENORRHEIC AMONG WOMEN WITH A LAST LIVE BIRTH WITHIN THE 36 MONTHS OF THE ECPS(84) BY THE NUMBER OF MONTHS SINCE THE BIRTH AND TYPE OF BREASTFEEDING, EGYPT, 1984

Number of Months Since the Birth	Total	Type of Breastfeeding			Not Breast- feeding
		All	Full	Supple- mented	
Total	34.8	50.8	69.9	34.5	6.5
0-3 months	79.4	81.4	83.0	70.7	60.9
4-6 months	57.1	63.4	67.6	53.7	12.5
7-12 months	38.3	46.3	59.7	39.3	7.6
13 months or more	11.8	24.6	33.3	23.2	2.9

tion report that their menstrual cycle has not yet resumed compared to only around 40 percent of those who have begun supplementing their breast-milk with other liquids or solid food. It is important to note, however, that, even among mothers who have begun the weaning process, the percent who are amenorrheic is considerably higher than the percent amenorrheic among those who have completely weaned their child.

This investigation of the duration of postpartum amenorrhea and its relationship to breastfeeding demonstrates the key role that breastfeeding plays in prolonging the average duration of the anovulatory period following birth among women in Egypt. Breastfeeding is not a contraceptive method, but its overall effect is to increase the average length of time between births and, thus, to reduce the average woman's fertility. Changes in the patterns of breastfeeding which may occur as urbanization and development continue in Egypt will, thus, contribute to higher fertility levels unless the level of effective contraceptive practice increases.

SOCIOECONOMIC DIFFERENTIALS

Table 5.9 examines variations in the durations of breastfeeding, full breastfeeding and postpartum amenorrhea with selected socioeconomic characteristics of respondents. The duration of breastfeeding is closely associated with the age of the mother, with mothers under age 35 breastfeeding for a somewhat shorter period on the average than mothers age 35 and over. In view of the overall association between age and breastfeeding

TABLE 5.9

PROPORTION BREASTFEEDING AT LEAST 3, 6, 12, 18 AND 24 MONTHS AND MEDIAN DURATION OF BREASTFEEDING, FULL BREASTFEEDING AND POSTPARTUM AMENORRHEA AMONG MOTHERS WITH A LAST BIRTH WITHIN 36 MONTHS OF THE ECPS(84), CONTROLLING FOR SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Total Number	Proportion Breastfeeding at least:					Median Duration		
		3 Months	6 Months	12 Months	18 Months	24 Months	Breast- feeding	Full Breast- feeding	Post- partum amenorrhea
<u>Age</u>									
Under 25 years	1,208	.894	.866	.757	.468	.135	18.8	8.0	5.7
25-34 years	1,938	.871	.843	.733	.444	.124	18.7	7.2	6.6
35-49 years	709	.871	.853	.756	.520	.165	20.3	8.0	9.3
<u>Educational Level</u>									
No education	2,176	.915	.897	.803	.562	.196	22.8	8.6	8.8
Less than primary completed	895	.881	.866	.761	.438	.090	18.7	7.7	6.6
Primary completed/ Some preparatory	203	.843	.812	.734	.347	.082	18.5	6.5	3.9
Completed preparatory and above	576	.744	.670	.504	.239	.037	13.4	5.0	2.7
<u>Work Status</u>									
Working	384	.762	.698	.554	.280	.064	15.4	5.0	3.2
Not working	3,471	.891	.870	.768	.492	.146	19.0	8.1	7.0

duration, it is somewhat surprising that the duration of full breastfeeding does not show a similar pattern. The results indicate, however, that there is a strong positive association between the duration of the reported period of postpartum amenorrhea and age. The much shorter than average duration of postpartum amenorrhea among younger mothers probably is related not only to differences in their breastfeeding patterns but also to their greater fecundability in comparison to older mothers. The pattern also may relate to a greater tendency for older mothers to overstate the period of postpartum amenorrhea.

With regard to the influence of education, it is evident that the median durations of breastfeeding, full breastfeeding and postpartum amenorrhea all decrease as the educational level of the mother increases. For example, the median duration of breastfeeding declines from 23 months among mothers who have no education to only 13 months among those with at least a preparatory certificate. The period for which an average infant is breastfed without supplementation also is nearly four months shorter among women with at least a primary education compared to that among women who never attended school. The six-month differential in the median duration of postpartum amenorrhea between the latter women and those who have completed the preparatory level likely reflects the fact that women in the latter group are younger, on average, than women in the former category and thus, likely to be breastfeeding for shorter periods.

Finally, Table 5.9 shows that the durations of breastfeeding, full breastfeeding and postpartum amenorrhea tend to be somewhat shorter among women who work than among those who are not employed. Age differences again are likely to underlie some of the differences observed in these variables, particularly the differences in the median duration of postpartum amenorrhea.

Chapter 6

FAMILY SIZE DESIRES

SUMMARY: The ECPS(84) results show that slightly more than one-half of currently married women in Egypt would like to cease childbearing. The percentage of fecund married women wanting no more children reaches a majority among women in the 25-29 age group and exceeds 80 percent among women age 35 and over. In general, the percentages wanting to limit their family size are greater among women from urban than rural areas and among women from the Urban governorates and Lower Egypt than among those from Upper Egypt.

With respect to their family size ideals, currently married women indicate that they consider a three-child family to be the ideal for women like themselves. A comparison of this measure with the women's actual family size shows that around one-third of the women already have had more children than they consider ideal. Moreover, the percentage whose current family size exceeds what they regard as ideal reaches nearly 60 percent among women age 40 and over.

The majority of currently married women prefer a balanced family, i.e., equal numbers of sons and daughters. Around one-third of the women would like, however, to have more sons than daughters, suggesting that there is some degree of son preference among a substantial minority of women. The number of sons in a family also is clearly related to the desire for additional children, with women who have no sons or fewer sons than daughters being more likely than other women to say that they would like another child.

Finally, the ECPS(84) shows that Egyptian women generally prefer an interval of two to three years between births. The mean desired birth interval is, however, somewhat longer among urban women, especially those from the Urban governorates, than among women from other residential categories.

Respondents in the ECPS(84) were asked a number of questions regarding their future fertility intentions and their family size ideals. These data, which are presented in this chapter, provide insights into the number of children women in Egypt expect to have as well as into the family size that they consider desirable for themselves and for their daughters. In addition, the results permit an investigation of the influence that son preference may have on fertility aspirations. Attitudes toward child spacing, especially the ideal timing between births, also are explored in this chapter.

DESIRE FOR ADDITIONAL CHILDREN

All currently married fecund women in the ECPS(84) were asked about whether they wanted to have another child in addition to the children that they might already have had. Those who said that they wanted another child were asked when they would like to have their next child. Their responses to these questions are used to examine the level of interest in limiting and spacing births among women in Egypt.

Proportion Wanting No More Children

Table 6.1 presents the distribution of currently married women by their desire for more children. The table shows that overall slightly more than one-half of the women say that they do not want additional children, while around one-quarter would like at least one more child. Less than 5 percent are undecided about their family size desires, while 13 percent say that it is not possible for them to have another child.

The proportion wanting to limit their family size is clearly greater among urban than rural women; around two out of three urban women want no more children compared to only one out of two rural women. The variation in the proportion wanting no more children by place of residence also is quite interesting. Women in Lower Egypt and the Frontier governorates are almost as likely as those in the Urban governorates to want to limit, while those in Upper Egypt are noticeably less likely than women in the other areas to say that they do not want another child. The percentages wanting no more children range from 47 percent in Upper Egypt to 63 percent in the Urban governorates (Table 6.1).

Proportion Wanting to Space

Table 6.1 also shows that, among the currently married women wanting additional children, the majority either would like to have another child

TABLE 6.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY THE DESIRE FOR ADDITIONAL CHILDREN AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Desire for Additional Children	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Wants additional children	27.1	19.9	32.6	17.5	23.4	35.7	28.9
Within one year	7.7	6.0	9.0	5.1	8.3	8.4	3.0
After one year	2.3	2.2	2.4	2.6	2.5	2.1	0.7
After two or more years	5.0	5.1	4.9	5.4	6.0	3.8	3.0
Doesn't matter/Up to God	10.8	5.6	14.6	3.4	5.3	19.8	20.0
Other/Not sure	1.3	1.0	1.6	1.1	1.1	1.6	2.2
Wants no additional children	55.6	63.3	49.8	63.3	60.3	46.7	57.8
Not capable of having children	13.0	14.1	12.3	17.0	13.2	11.2	9.6
Not sure/Not stated	4.2	2.8	5.3	2.2	3.1	6.4	3.7

immediately or say that the timing of the next birth is up to God. Only about one out of four women interested in having another child--seven percent of all currently married women--would like to delay the next birth for at least a year. Urban women tend to be somewhat more likely to be interested in delaying the next birth than rural women; 37 percent of those wanting another child in urban areas want to wait one year or more before having the next child compared to 22 percent among rural women. Considering place of residence, the proportion of women who want

another child that would like to space the next birth is highest among women in the Urban governorates (46 percent) and lowest among those in Upper Egypt (17 percent) and the Frontier governorates (13 percent).

Demographic Differentials in the Desire for Children

Age and current family size clearly influence future fertility intentions. Table 6.2 shows that the percentage wanting no more children increases rapidly with age, reaching a majority among women age 25-29 years (64 percent) and exceeding 80 percent among women in the 35-49 age groups. Considering current family size, the percentage interested in limiting reaches a majority among women with two children (61 percent) and exceeds 90 percent among women with five or more children.

The comparative lack of interest in spacing births also is evident in the results presented in Table 6.2. Even among younger, lower parity women who presumably would be interested in controlling the pace of their childbearing, less than 30 percent say that they want to wait one year or more before having their next child (Figure 6.1). The patterns suggest that Egyptian women prefer to have their children in rapid succession, soon after marriage, with the desire to limit becoming increasingly evident after they have had two children.

Socioeconomic Differentials in the Desire for Children

Table 6.3 controls for the current family size in considering differentials in the percent desiring no more children among currently married, fecund women. The results suggest that urban women are more likely to begin to want to limit their family size at lower parities than rural women; for example, 57 percent of urban women with one to two living children say that they do not want more children compared to only 33 percent of rural women in the same family size category. Urban-rural

TABLE 6.2

PERCENT DESIRING NO MORE CHILDREN AND PERCENT WANTING TO SPACE THE NEXT BIRTH AMONG CURRENTLY MARRIED FECUND WOMEN BY AGE AND NUMBER OF SURVIVING CHILDREN, EGYPT, 1984

Characteristic	Percent Wanting No More	Percent Wanting to Space
Total	63.9	8.4
<u>Age</u>		
Under 20 years	11.1	20.6
20-24 years	36.1	19.0
25-29 years	63.5	9.5
30-34 years	78.5	3.9
35-39 years	84.5	1.4
40-44 years	89.5	0.5
45-49 years	86.1	0.2
<u>Surviving Children</u>		
None	2.8	12.8
1 child	21.5	28.2
2 children	61.2	11.4
3 children	79.0	4.5
4 children	86.3	1.3
5 children	90.4	0.9
6 children or more	91.6	0.6

differentials in the percent desiring no more children tend to narrow as the current family size increases, but they remain evident in every family size category, except among women with seven or more children. With respect to place of residence, women from Upper Egypt are shown to be less likely than women in the other regions to want to limit in every family size category, with the differentials being greatest among women with one to four surviving children.

FIGURE 6.1
Percent of Currently Married Fecund Women Wanting
to Limit or to Space Births by Age and the Number
of Surviving Children, Egypt, 1984

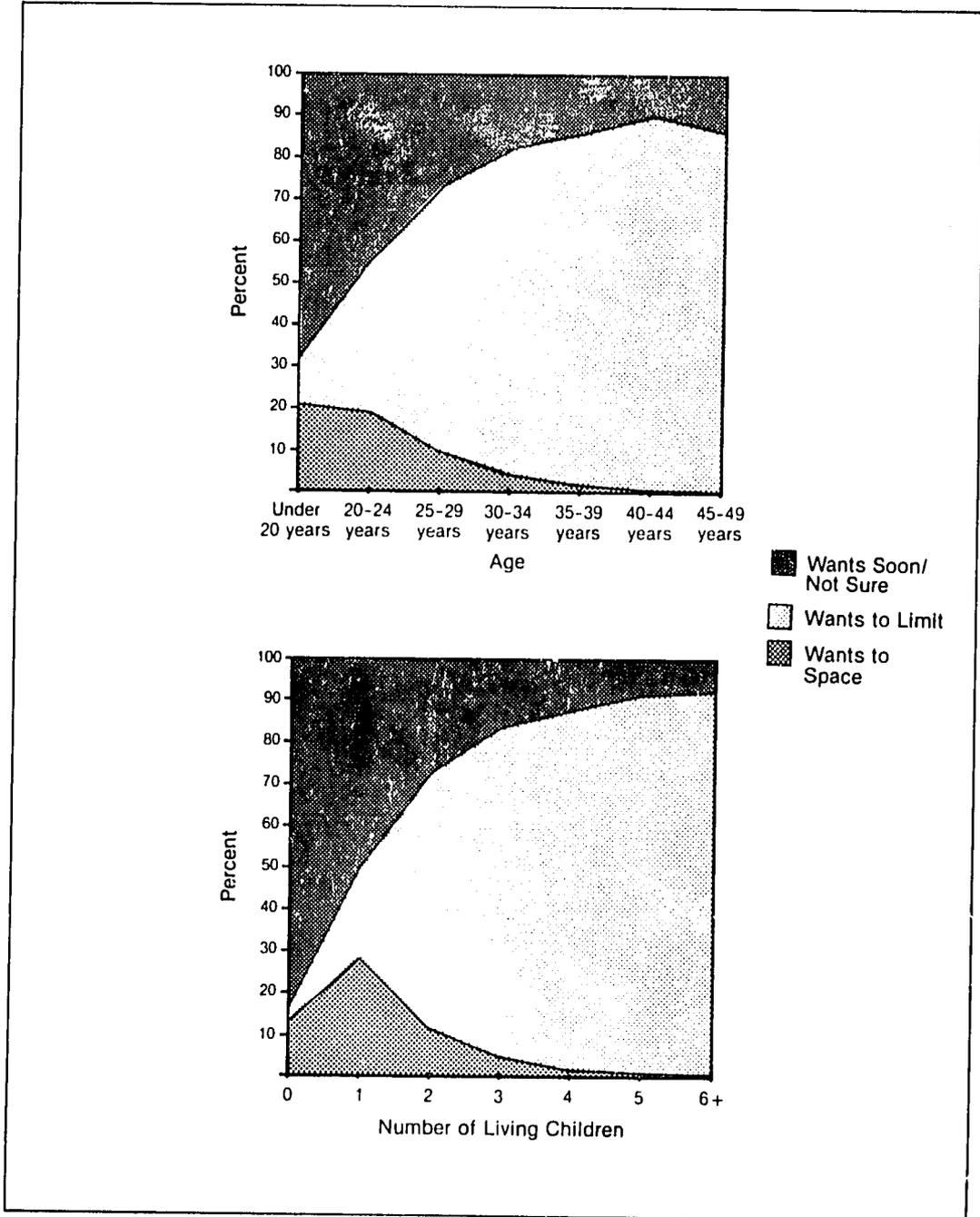


TABLE 6.3

PERCENT DESIRING NO MORE CHILDREN AMONG CURRENTLY MARRIED FECUND WOMEN BY NUMBER OF SURVIVING CHILDREN AND SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Total	None	1-2 Children	3-4 Children	5-7 Children	7 Children or More
Total	64.0	2.8	43.5	82.5	90.6	92.2
<u>Area of Residence</u>						
Urban	73.6	3.7	57.0	91.6	97.0	92.6
Rural	56.8	2.3	32.9	73.9	86.7	92.0
<u>Place of Residence</u>						
Urban governorates	76.3	5.8	59.5	93.9	97.6	92.0
Lower Egypt	69.5	2.6	48.0	89.4	96.6	96.6
Upper Egypt	52.6	1.3	31.5	67.9	81.9	87.9
<u>Educational Level</u>						
No education	62.1	2.5	36.3	77.5	88.1	92.0
Less than primary completed	68.9	5.1	44.9	85.7	95.6	92.3
Completed primary/ Some preparatory	73.4	0.0	57.9	88.5	97.4	94.1
Completed preparatory and above	60.0	2.3	55.9	95.6	100.0	100.0*
<u>Work Status</u>						
Working	67.5	2.6	60.6	94.1	94.4	84.6*
Not working	63.6	2.8	40.4	81.4	90.5	92.4

* Fewer than 20 women.

The percentage wanting no more children also is positively associated, within every family size category, with a woman's educational level. The greatest differentials again are observed for women at lower parities, with the percentage wanting no more children among women with one to two living children ranging from only 36 percent among those with no education

to over 55 percent among those completing at least the primary level. Women's work status also is related to the desire to limit. Women who work are more likely to want no more children than women who are not working, with the differentials again being greatest among lower parity women. Finally, although Table 6.3 shows that there is variation in the percentage wanting no more children with selected socioeconomic characteristics, it is perhaps most important to observe that one-half or more of women in every subgroup say that they do not want additional children. Clearly, the majority of women whatever their socioeconomic status in Egypt are interested in limiting their family size.

FAMILY SIZE EXPECTATIONS AND DESIRES

Expected Family Size

Women who wanted more children also were asked about the number of additional children that they desired. Adding the number of children that a woman says that she wants to the number that she currently has provides a measure of the expected completed family size.¹ The ECPS(84) results show that, on average, currently married women in Egypt expect to have 3.9 children. A comparison of this mean with the mean number of surviving children (current family size) indicates that, on average, women in Egypt would like to have 0.6 children more than the number that they currently have.

¹ The expected family size measure was calculated as follows: (1) for women who did not want more children (N=5,092) or who were not capable of having more children (N=1,195), the expected number of children was equal to the number of surviving children plus the current pregnancy, if any, and (2) for women who wanted more children (N=2,486), the expected family size was equal to the number of surviving children plus the current pregnancy, if any, and the number of additional children desired. Women who were not sure about their family size desires or who gave non-numeric responses regarding the number of children they wanted (N=531) were excluded from the calculation of the expected family size measure.

TABLE 6.4

MEAN NUMBER OF SURVIVING CHILDREN AND MEAN EXPECTED FAMILY SIZE AMONG CURRENTLY MARRIED WOMEN BY AGE, EGYPT, 1984

Age	Surviving Children	Expected Family Size
Total (UNSI)	3.3	3.9
Total (ST)		3.9
Under 20 years	0.6	2.8
20-24 years	1.5	2.7
25-29 years	2.7	3.2
30-34 years	3.7	4.0
35-39 years	4.4	4.6
40-44 years	4.8	4.9
45-49 years	5.0	5.1

UNSI - Not standardized.

ST - Standardized for age differences using the age distribution for the total ECPS(84) sample as the standard.

Table 6.4 shows that the mean expected family size varies with age, increasing from 2.8 children among women in the 15-19 cohort to 5.1 children among women in the 45-49 age group. The average expected family size among women under age 25 who are in the initial stages of childbearing is roughly one half the mean current family size among women in the 45-49 cohort who are nearing the end of their childbearing years. Moreover, women age 25-29, with 20 years of childbearing potentially ahead of them, already have had 2.7 living children, the family size to which women under age 25 aspire. Obviously, without a substantial increase in their level of contraceptive use, women in the younger cohorts will have more children before they complete their childbearing than they currently expect or, as discussed later in this chapter, they consider ideal.

Desired and Ideal Family Size Measures

While providing some indication of family size norms among women in Egypt, the expected family size measure is upwardly biased since it is likely that some women already have had more children than they consider ideal. In the ECPS(84), three additional indicators of family size norms were, therefore, collected: (1) the total number of children that a woman would have if she could freely choose; (2) the number of children that a woman considers ideal for a couple like her husband and herself; and (3) the number of children that a woman thinks that her daughter should have. An examination of these indicators confirms again that many women in Egypt are experiencing higher fertility than they desire or consider ideal.

Table 6.5 compares the three family size norm measures. The mean desired family size (3.3 children) and ideal family size (3.2 children) are virtually identical, while the mean ideal family size for daughters averages around 0.5 children less than the former measures. Looking further at the variation in these measures with age, both the mean desired family size and the mean ideal family size tend to increase with age, with the incremental increase between age groups averaging 0.1 children. There is, in contrast, no systematic increase in the mean ideal family size for daughters across age groups. As a result, the differential between the ideal for daughters and the desired and ideal for the woman herself is greater for older than younger women, averaging 0.3 children among those under age 30 compared to 0.6 children among those in the 30-49 age groups.

A comparison of the current family size among currently married women with the number of children that these women presently have reflects the fact that many women already have exceeded the norm of the three child family. Table 6.6 shows that, overall, around one-third of currently married women have had more children than they consider ideal. While minimal among women under age 25, the percentage whose current family size exceeds what the woman considers ideal increases rapidly with age

TABLE 6.5

MEAN DESIRED FAMILY SIZE, MEAN IDEAL FAMILY SIZE AND
MEAN IDEAL FAMILY SIZE FOR DAUGHTER AMONG CURRENTLY
MARRIED WOMEN BY AGE, EGYPT, 1984

Age	Desired Family Size	woman's Ideal	Ideal For Daughter
Total (UNST)	3.3	3.2	2.7
Total (ST)	3.2	3.3	2.7
Under 20 years	3.1	3.0	2.8
20-24 years	3.0	2.9	2.6
25-29 years	3.1	3.1	2.7
30-34 years	3.3	3.2	2.6
35-39 years	3.4	3.3	2.7
40-44 years	3.5	3.4	2.7
45-49 years	3.7	3.6	2.9

UNST - Not standardized.

ST - Standardized for age differences using the age
distribution for the total ECPS(84) sample as
the standard.

among women in the 25-49 age groups, varying from 19 percent among women age 25-29 to nearly 60 percent among women age 40 and over.

Table 6.7 examines residential and socioeconomic differentials in the various family size measures. The table shows that both the expected family size and family size norms tend to be higher among rural than urban women. These measures also tend to be higher among women from Upper Egypt and the Frontier governorates than among those from Lower Egypt or especially among those from the Urban governorates. The woman's educational level is negatively associated with the measures, and women who work are likely to have lower family size expectations and norms than do women who are not working.

TABLE 6.6

PERCENT WHOSE CURRENT FAMILY SIZE
EXCEEDS WHAT THE WOMAN CONSIDERS IDEAL
AMONG CURRENTLY MARRIED WOMEN BY AGE,
EGYPT, 1984

Age	Percent Exceeding Ideal
Total	33.1
Under 20 years	0.3
20-24 years	4.4
25-29 years	19.4
30-34 years	40.3
35-39 years	53.9
40-44 years	57.9
45-49 years	56.3

SON PREFERENCE

A question that is frequently raised with respect to fertility behavior in Egypt is the influence that son preference may have on a couple's childbearing decisions. ECPS(84) data relating to the desired sex composition for the ideal family as well as to the variation in the desire for children with the number of sons provide some indication of the existence of son preference and its impact on fertility behavior.

Sex Composition of the Ideal Family

Table 6.8, which looks at the desired sex composition for the ideal family shows that the majority of currently married women (55 percent) in Egypt prefer a balanced family, i.e., equal numbers of sons and daughters.

TABLE 6.7

COMPARISON OF FAMILY SIZE MEASURES FOR CURRENTLY MARRIED WOMEN CONTROLLING FOR SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristics	Surviving Children		Expected Family Size		Desired Family Size		Woman's Ideal		Ideal for Daughter	
	UNST	ST	UNST	ST	UNST	ST	UNST	ST	UNST	ST
<u>Area of Residence</u>										
Urban	3.2	3.1	3.6	3.5	2.9	2.8	2.8	2.9	2.4	2.4
Rural	3.4	3.6	4.1	4.2	3.6	3.5	3.5	3.6	3.0	3.0
<u>Place of Residence</u>										
Urban governorates	3.2	2.9	3.5	3.3	2.8	2.6	2.6	2.8	2.2	2.2
Lower Egypt	3.4	3.5	3.8	3.9	3.0	3.0	3.0	3.0	2.5	2.5
Upper Egypt	3.2	3.4	4.1	4.2	3.8	3.7	3.7	3.9	3.2	3.2
<u>Educational Level</u>										
No education	3.6	3.6	4.2	4.2	3.5	3.4	3.4	3.5	2.9	2.9
Less than primary completed	3.4	3.5	3.8	4.0	3.1	3.1	3.1	3.2	2.6	2.6
Completed primary/some preparatory	3.1	3.0	3.5	3.5	2.9	2.8	2.8	2.9	2.4	2.4
Completed preparatory and above	2.0	2.2	2.6	2.7	2.5	2.5	2.5	2.5	2.2	2.2
<u>Work Status</u>										
Working	2.4	2.3	2.9	2.9	2.7	2.7	2.6	2.7	2.4	2.4
Not working	3.4	3.5	4.0	4.0	3.3	3.3	3.2	3.3	2.7	2.7

UNST - Not standardized.

ST - Standardized for age differences using the age distribution for the total ECPS(84) sample as the standard.

Among the remaining women, the percentage preferring more sons than daughters (34 percent) is, however, considerably greater than that preferring more daughters than sons (8 percent). Son preference, therefore, clearly is a factor among a minority of women in Egypt. As indicated by the variation in the percentages expressing a preference for more sons than

TABLE 6.8

DESIRED SEX COMPOSITION FOR THE IDEAL FAMILY AMONG CURRENTLY MARRIED WOMEN BY SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Percent Desiring		
	More Sons	Equal Numbers	More Daughters
Total	33.8	54.6	8.3
<u>Area of Residence</u>			
Urban	28.5	61.5	9.2
Rural	37.8	49.4	7.6
<u>Place of Residence</u>			
Urban governorates	21.6	69.5	8.7
Lower Egypt	30.4	59.4	9.2
Upper Egypt	42.7	42.9	7.0

daughters, it is, moreover, more evident among rural than urban women and among women from Upper Egypt and the Frontier governorates than for women from the Urban governorates and Lower Egypt.

Desire for More Children and the Number of Sons

Table 6.9 controls for the total number of living children as well for the area and place of residence in examining the relationship between the desire to have no more children and the number of sons among currently married fecund women. Overall, the results suggest that women with no sons are more likely than women with at least one son to want to have another child in every family size category. Among women with three or more children, those with only one son also are somewhat more likely to want another child than women who have two or more sons. Son preference also is stronger among rural women than among urban women, and it is more

TABLE 6.9

PERCENT OF CURRENTLY MARRIED FECUND WOMEN DESIRING NO ADDITIONAL CHILDREN BY THE TOTAL NUMBER OF SURVIVING CHILDREN, THE NUMBER OF SURVIVING SONS AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Surviving Children and Surviving Sons	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
No children	2.8	3.7	2.3	5.8	3.6	1.3
One child	21.5	27.7	17.6	30.9	23.0	16.7
No sons	20.0	26.2	16.2	28.2	22.7	15.1
One son	22.7	28.9	18.8	33.0	23.1	18.3
Two children	61.2	75.5	47.8	77.4	67.8	45.2
No sons	46.6	60.7	34.6	62.0	51.2	36.8
One son	66.9	81.6	51.8	79.9	74.0	49.4
Two sons	62.0	74.3	51.3	83.3	68.8	44.8
Three children	79.0	89.8	68.1	91.9	84.9	64.6
No sons	60.3	77.1	43.7	72.0	61.8	48.8
One son	78.1	89.6	64.2	92.8	86.5	57.1
Two sons	83.2	92.1	74.6	95.6	92.2	67.8
Three sons	82.1	92.9	73.3	91.4	79.5	79.4
Four children or more	89.4	95.0	85.6	96.1	95.8	79.6
No sons	61.0	87.9	42.9	90.0	74.2	27.6
One son	84.8	92.4	78.4	97.3	95.7	66.9
Two sons	90.4	96.8	86.0	97.0	96.4	79.5
Three sons	91.4	95.7	88.4	97.3	97.9	82.6
Four sons or more	91.2	94.2	89.6	93.4	95.0	87.0

evident among women in Upper Egypt than among those in Lower Egypt and especially in the Urban governorates.

TABLE 6.10

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY THE IDEAL INTERVAL BETWEEN BIRTHS AND THE MEAN IDEAL INTERVAL BETWEEN BIRTHS, CONTROLLING FOR AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Ideal Interval Between Births	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
12 months or less	3.7	2.7	4.5	3.1	3.6	4.2	1.5
13-24 months	40.5	31.9	46.9	26.0	39.8	48.0	37.0
25-36 months	36.6	37.1	36.2	37.7	39.3	32.9	41.5
37-48 months	9.0	13.1	6.0	15.7	9.7	5.4	5.2
49 months or more	9.8	15.3	5.7	17.5	7.5	8.7	14.8
Not sure	0.3	0.1	0.5	0.0	0.1	0.7	0.0
Mean	34.2	37.5	31.8	39.2	33.6	32.6	36.0

Finally, although son preference is clearly related to the desire for children, it should be emphasized that the overall family size has a much greater influence on the decision to have more children than the number of sons. Thus, among women with three or more children, a majority of women want no additional children even among those who have not yet had a son.

IDEAL BIRTH INTERVALS

Birth intervals appear to have a very significant influence on the health status of mothers and their children. Short birth intervals, particularly those less than two years, have been shown to be associated with higher rates of both morbidity and mortality among women and their children (Rinehart *et al.*, 1983). The ECPS(84) included a question on the ideal interval between births in order to obtain some information on the attitudes with regard to child spacing prevailing in Egypt. Table 6.10,

which presents the distribution of women by the ideal interval between births, indicates that Egyptian women generally prefer an interval of between two to three years between births. The mean ideal birth interval is somewhat higher among women from urban areas, particularly the Urban governorates, than among women in the other residential categories.

The results presented in Table 6.10, coupled with the information presented earlier with regard to the relative lack of interest in spacing the next birth among women wanting more children, indicate the need to increase efforts to educate Egyptian women about the health benefits for themselves and their children associated with longer birth intervals. Such a program would have a substantial impact on levels of child mortality which remain quite high, especially in rural areas, as well as on the fertility rate.

Chapter 7

KNOWLEDGE AND APPROVAL OF FAMILY PLANNING

SUMMARY: The ECPS(84) confirms again the finding from earlier surveys that knowledge of family planning is widespread in Egypt; 85 percent of ever married women are reported by the ECPS(84) as knowing at least one contraceptive method. On average, an ever married woman knows three methods. Among modern methods, the most widely known method is the pill, followed by the IUD, injection and vaginal methods. Prolonged breastfeeding is the most commonly recognized traditional method.

Rural women are somewhat less likely than urban women to know about family planning, and the percentage knowing at least one method among women in Upper Egypt, particularly in the rural areas, is markedly lower than that observed in Lower Egypt. Knowledge levels also tend to be lower than average among women under age 20 and over age 44 than in other age or family size categories. Illiterate women, women with no education or whose husbands have no education, women who are not working, and women who work or whose husbands work in the agricultural sector also are less likely than women in other socioeconomic subgroups to know a method.

The vast majority of women in Egypt not only know about family planning, they approve of its use and, moreover, know about an outlet where they can obtain a method. Women in Upper Egypt, especially those living in rural areas again are, however, both slightly less likely than women in other areas to approve of the practice of family planning and to know where a method can be obtained. Overall, only about one out of every two currently married women in rural areas in Upper Egypt knows about family planning and approves of its use.

With regard to attitudes concerning the timing of family planning adoption, only around six percent of currently married women would approve of the use of family planning by a couple prior to their first birth. The majority, in fact, think that a woman should have at least two children before the couple begins to use contraception.

Data on knowledge and approval of contraceptive methods collected in the ECPS(84) allow for an examination of how widespread is the recognition of various contraceptive methods and how universal is the approval of family planning use. This chapter considers these data, looking both at overall level of knowledge and approval of family planning and at the variations in these indicators with selected demographic and socio-economic characteristics, particularly area and place of residence.

KNOWLEDGE OF FAMILY PLANNING METHODS

To obtain data on knowledge of contraceptive methods, women in the ECPS(84) were asked whether they heard about family planning methods or not. Subsequently, women who responded positively to the initial question were asked to name all the methods they knew. For those women who responded negatively to the initial question or who failed to mention a particular method, the interviewer probed further by naming but not describing the various methods. Thus, knowledge of each method was recorded as to whether it was unprompted (spontaneous) or prompted.

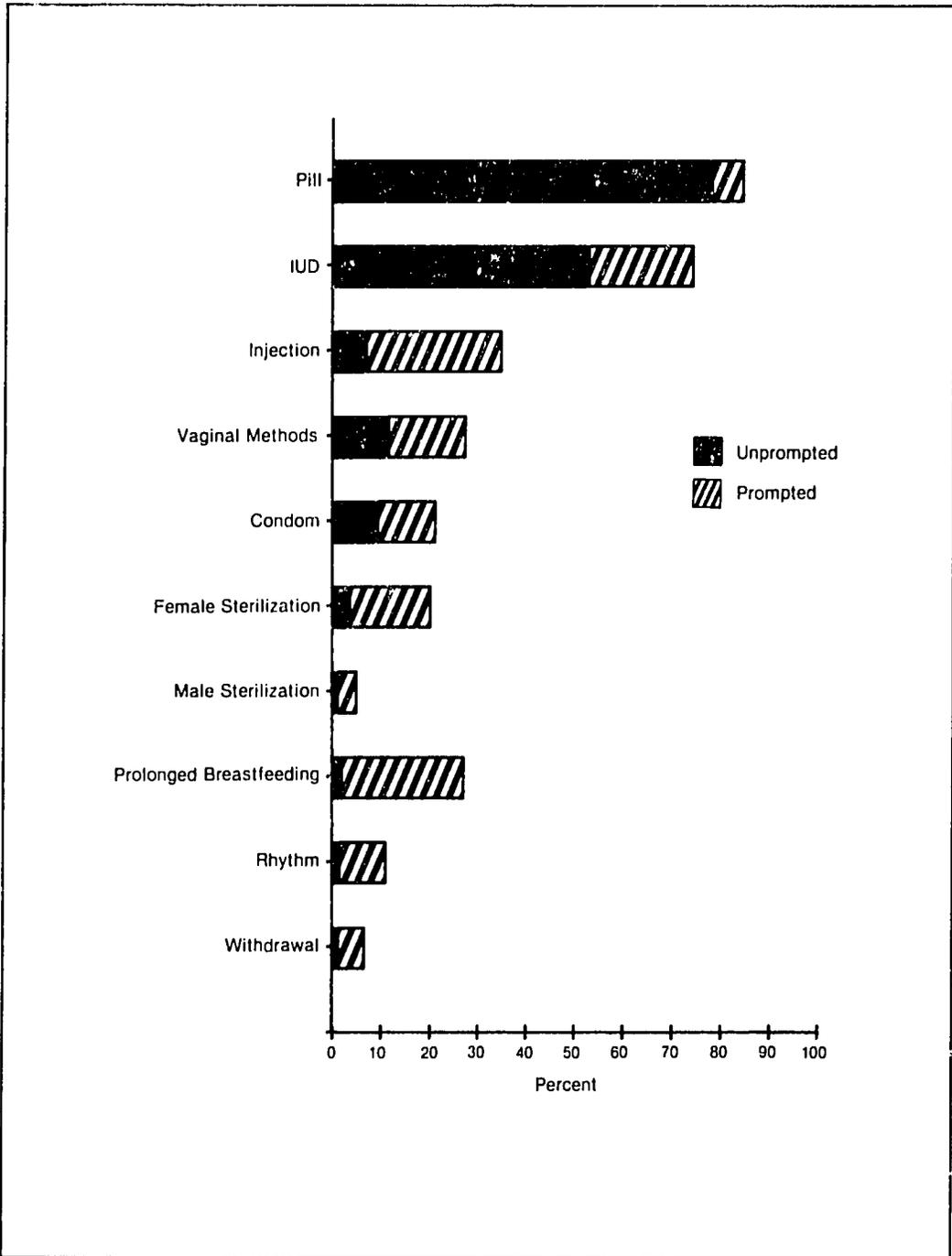
Knowledge data were collected in this fashion for seven modern family planning methods (pill, condom, vaginal methods, IUD, injection, female and male sterilization) and three traditional methods (prolonged breastfeeding, rhythm, and withdrawal). Respondents also had an opportunity to mention other folk and traditional methods.

Level of Family Planning Knowledge

The ECPS(84) data suggest that knowledge of contraceptive methods is widespread; 85 percent of ever married women under age 50 know at least one contraceptive method. While this figure is slightly lower than the level estimated by previous surveys -- 90 percent in the EFS(80)---it still confirms that family planning knowledge is very common among ever married women in Egypt.

Table 7.1 shows the percentage of ever married women who have heard of at least one family planning method by type of method known and area and place of residence. Residential differentials favor urban areas and Lower Egypt. Ninety-four percent of ever married women in urban areas-- 98 percent in the Urban governorates---recognize at least one family planning method compared to only 79 percent in rural Egypt. The comparable figures for Lower and Upper Egypt are 95 percent and 70 percent, respec-

FIGURE 7.1
Percent of Ever Married Women Knowing Specific
Family Planning Methods, Egypt, 1984



28 percent of married women recognize these methods, respectively. These two percentages are more than double the percentages observed in the 1980 EFS--16 percent for injection and 14 percent for vaginal methods (Hallouda et al. 1983, Table 8.2)-- reflecting the greater emphasis placed on informing women about injection and vaginal methods in recent years.

In general, modern contraceptive methods are more likely to be recognized by women than traditional methods (Figure 7.1). The most widely known traditional method is prolonged breastfeeding (25 percent). The level of knowledge of this method is somewhat higher than that for the condom and female sterilization but lower than that for the pill, IUD and injection. Women are less likely to know the other traditional methods--rhythm and withdrawal--than they are to know any of the modern methods except male sterilization.

In general, residential differentials in the level of knowledge of specific methods favor urban areas, particularly the Urban governorates, and Lower Egypt over rural areas and Upper Egypt (Table 7.3). Differentials in knowledge are smallest with respect to the pill and injection. The percent knowing injection is, in fact, slightly higher in Lower Egypt (44 percent) than urban areas (40 percent) or the Urban governorates (42 percent).

Number of Methods Known

Information on the number of methods known provides an indication of another important dimension of family planning knowledge, the breadth of contraceptive knowledge. The ECPS(84) data in Table 7.3 show that around three out of every four ever married women in Egypt know at least two methods, and about one out of every four women in Egypt knows at least five methods.

tively. The lowest level of knowledge is observed for rural women in Upper Egypt. Only 61 percent in this group say that they have heard of any family planning method.

Table 7.1 also indicates that women are more likely to know a modern (85 percent) than a traditional method (30 percent). Differentials in the levels of knowledge by residence are similar for modern and traditional

TABLE 7.1

LEVEL OF FAMILY PLANNING KNOWLEDGE AMONG EVER MARRIED WOMEN BY TYPE OF METHOD KNOWN AND AREA OF RESIDENCE AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Percent Knowing Any Method	Percent Knowing any Modern Method	Percent Knowing any Traditional Method
Total	85.4	85.2	30.0
<u>Area of Residence</u>			
Urban	94.3	94.2	38.9
Rural	78.8	78.5	23.4
<u>Place and Area of Residence</u>			
Urban governorates	97.5	97.4	44.8
Lower Egypt	94.9	94.7	37.2
Urban Lower Egypt	95.8	95.6	39.5
Rural Lower Egypt	94.5	94.4	36.3
Upper Egypt	69.5	69.2	15.8
Urban Upper Egypt	88.4	88.3	30.0
Rural Upper Egypt	60.7	60.3	9.2
Frontier governorates	83.8	83.8	17.6

methods, with women in urban areas and Lower Egypt being more likely to know about either type of method than women in other areas.

Knowledge of Specific Family Planning Methods

While the government program has emphasized the pill and IUD, recent private sector efforts to increase family planning use also have promoted vaginal methods and injection. The results presented in Table 7.2 generally suggest that these four contraceptives are the most widely known methods in Egypt. The table shows, for example, that the pill is the most recognized method; 85 percent of ever married women know the pill. The IUD, which three out of every four ever married women know, is the second most commonly recognized method. After the pill and the IUD, injection and vaginal methods are the most widely known methods; 35 and

TABLE 7.2

PERCENT OF EVER MARRIED WOMEN KNOWING SPECIFIC FAMILY PLANNING METHODS BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Pill	84.9	94.1	78.2	97.3	94.6	68.8	83.1
Condom	21.5	35.6	11.2	42.9	22.6	10.7	22.8
Vaginal methods	27.8	37.4	20.7	39.9	36.6	13.0	17.6
IUD	74.9	87.6	65.5	92.4	88.5	52.1	69.1
Injection	35.3	39.9	31.8	41.9	43.8	22.9	34.6
Female sterilization	20.5	27.5	15.3	33.9	26.6	8.1	10.3
Male sterilization	5.3	7.7	3.6	8.9	6.8	2.1	5.9
Prolonged breastfeeding	24.7	34.4	22.3	39.8	35.0	14.0	14.0
Rhythm	11.3	19.0	5.7	21.0	13.1	5.1	10.3
Withdrawal	6.9	12.1	3.1	12.8	7.9	3.1	8.1
Other methods	1.3	2.1	0.6	3.3	0.6	1.0	2.9

TABLE 7.3

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN BY AREA AND PLACE OF RESIDENCE AND THE NUMBER OF FAMILY PLANNING METHODS KNOWN, EGYPT, 1984

Area and Place of Residence	Total Percent	No Methods	One Method	Two Methods	Three Methods	Four Methods	Five or More Methods
Total	100.0	14.6	8.7	23.2	17.3	11.9	24.2
<u>Area of Residence</u>							
Urban	100.0	5.7	5.7	23.0	17.1	14.1	34.5
Rural	100.0	21.2	11.0	23.4	17.4	10.4	16.6
<u>Place of Residence</u>							
Urban governorates	100.0	2.5	4.1	19.7	16.4	18.3	39.0
Lower Egypt	100.0	5.1	5.2	24.7	19.7	14.4	30.9
Upper Egypt	100.0	30.5	14.6	22.9	15.2	6.5	10.3
Frontier governorates	100.0	16.2	12.5	34.6	11.8	6.6	18.4

Women in urban areas are likely to be familiar with a greater number of methods than women in rural areas. For example, while only about one out of every six women in rural areas knows at least five methods, one out of every three women in urban areas knows at least five methods. Women in Lower Egypt also are likely to know about a greater number of methods than those in Upper Egypt. Three out every ten women in Lower Egypt know at least five methods compared to only one out of every ten women in Upper Egypt.

Table 7.4 shows that on average, women in Egypt know three family planning methods. The average number of methods known is greater for urban areas (4 methods), particularly the Urban governorates (4.3

TABLE 7.4

MEAN NUMBER OF FAMILY PLANNING METHODS KNOWN AMONG EVER MARRIED WOMEN BY AREA AND PLACE OF RESIDENCE AND TYPE OF METHOD, EGYPT, 1984

Area and Place of Residence	Average Number of Methods Known	Average Number of Modern Methods Known	Average Number of Traditional Methods Known
Total	3.2	2.7	0.5
<u>Area of Residence</u>			
Urban	4.0	3.3	0.7
Rural	2.6	2.3	0.3
<u>Place of Residence</u>			
Urban governorates	4.3	3.6	0.8
Lower Egypt	3.8	3.2	0.6
Upper Egypt	2.0	1.8	0.2
Frontier governorates	2.8	2.4	0.4

methods) and for Lower Egypt (3.8 methods) than for rural areas (2.6 methods) or for Upper Egypt (2 methods).

The differentials shown for the average numbers of modern and traditional contraceptive methods known are similar to those for all methods. On average, ever married women know about 2.7 modern methods and 0.5 traditional methods. Again, urban areas, especially the Urban governorates, and Lower Egypt show higher average numbers of both modern and traditional methods known than rural areas and Upper Egypt.

Demographic Differentials in Knowledge Levels

Differentials in knowledge indicators by age and by the number of surviving children are shown in Table 7.5. The table indicates that the percentage of ever married women knowing a method is lowest among women under age 20 (73 percent). It increases rapidly with age, reaching the highest value for women age 30-34 (91 percent) before declining to less than 80 percent among women in the 45-49 cohort. Similar differentials are observed in the average number of methods known. The lowest values are observed for women aged less than 20 years (2.2 methods) and women age 45-49 (2.7 methods), while the highest value (3.6 methods) again is registered for women age 30-34.

TABLE 7.5

PERCENT KNOWING AT LEAST ONE FAMILY PLANNING METHOD BY TYPE OF METHOD KNOWN AND THE AVERAGE NUMBER OF METHODS KNOWN AMONG EVER MARRIED WOMEN, CONTROLLING FOR SELECTED DEMOGRAPHIC CHARACTERISTICS, EGYPT, 1984

Demographic Characteristic	Percent Knowing at Least One Method	Average Number of Methods Known
<u>Current Age</u>		
Under 20 years	72.7	2.2
20-24 years	85.0	3.0
25-29 years	88.0	3.4
30-34 years	90.7	3.6
35-39 years	87.8	3.5
40-44 years	84.9	3.1
45-49 years	79.6	2.7
<u>Surviving Children</u>		
None	74.2	2.6
1-2 children	83.5	3.3
3-4 children	89.2	3.4
5-6 children	87.4	3.1
7 children or more	88.8	3.0

The level of knowledge of contraceptive methods also generally increases as the number of surviving children increases, reaching its highest value for women with three or four surviving children before leveling off. Differentials in the mean number of contraceptive methods known are small; the highest means - 3.3 to 3.4 methods - are observed among women with one to four surviving children while the lowest mean - 2.6 methods - is found among women with no surviving children.

Socioeconomic Differentials in Knowledge Levels

Differentials in the level of knowledge of contraceptive methods and in the average number of methods known among ever married women by various socioeconomic characteristics are shown in Table 7.6. The table indicates that all of the characteristics shown (literacy, education, employment and occupation) for both the respondent and her husband are associated with family planning knowledge.

Looking first at the woman's literacy status, the ECPS(84) data show that, while only 82 percent of illiterate women have heard of a family planning method, 97 percent of literate women know a method. The average number of methods known also is higher among literate women (4.8 methods) than illiterate women (2.6 methods). Contraceptive knowledge is, moreover, positively associated with the level of education of both the wife and the husband. For example, the percent knowing any method increases from only 79 percent among ever married women with no education to 99 percent among women with at least a preparatory certificate. There also is a considerable differential between women whose husbands are in the lowest (79 percent) and highest (96 percent) educational categories. A similar positive relationship is observed between educational level and the average number of methods known. The mean number of methods known increases from only 2.4 methods among women with no education to 5.8 methods among women with preparatory certificate or more. The average numbers for women with husbands in these categories are 2.4 and 4.9 methods, respectively.

TABLE 7.6

PERCENT KNOWING AT LEAST ONE FAMILY PLANNING METHOD AND THE AVERAGE NUMBER OF METHODS KNOWN AMONG EVER MARRIED WOMEN, CONTROLLING FOR SELECTED SOCIOECONOMIC CHARACTERISTICS, EGYPT, 1984

Socioeconomic Characteristic	Percent Knowing Any Method	Average Number of Methods Known
RESPONDENT'S CHARACTERISTICS		
<u>Literacy Status</u>		
Literate	96.9	4.8
Illiterate	81.6	2.6
<u>Educational Level</u>		
No education	78.8	2.4
Less than primary completed	93.9	3.7
Completed primary/Some preparatory	96.0	3.8
Completed preparatory and above	98.7	5.8
<u>Employment Status</u>		
Working	95.7	5.3
Not working	84.3	3.0
<u>Occupation¹</u>		
Professional, technical or managerial	98.8	6.8
Clerical	99.6	5.6
Sales and services	90.1	3.6
Agricultural	81.1	2.5
Production, transportation and unskilled	92.5	3.8

TABLE 7.6 (CONTINUED)

Socioeconomic Characteristic	Percent Knowing Any Method	Average Number of Methods Known
HUSBAND'S CHARACTERISTICS²		
<u>Educational Level</u>		
No education	79.1	2.4
Less than primary completed	90.9	3.4
Completed primary/Some preparatory	90.6	3.2
Completed preparatory and above	96.2	4.9
<u>Employment Status</u>		
Working	87.4	3.3
Not working	80.0	2.7
<u>Occupation³</u>		
Professional, technical or managerial	97.0	5.3
Clerical	96.0	4.1
Sales and services	91.1	3.3
Agricultural	76.4	2.3
Production, transportation and unskilled	92.8	3.5

¹ Refers only to working women.

² Refers only to currently married women.

³ Refers only to women whose husbands are working.

The work status of the respondent or her husband also is positively associated with contraceptive knowledge. Ninety-six percent of working women planned prior to the birth of a couple's first child. This percentage

women know at least one method compared to only 84 percent of non-working women. Among women whose husbands are employed, the percentage is 87 percent, compared to 80 percent among women whose husbands are not working. In the same fashion, the average number of methods known is higher among working (5.3 methods) than non-working women (3.0 methods). The comparable means for women whose husbands are in these categories are 3.3 and 2.7 methods, respectively.

Finally, the occupation of both the respondent and her husband is related to the knowledge of contraceptive methods. Higher percentages knowing at least one method are observed for women who work or whose spouses work in professional, technical, managerial, or clerical jobs, while the lowest percentage is registered for those working in agriculture. Similar results hold for the average number of methods known.

APPROVAL OF FAMILY PLANNING

After acquiring contraceptive knowledge, the next step in family planning adoption is to approve of the use of contraceptive methods. Table 7.7 examines the level of approval of family planning practice among currently married women. The table shows that 81 percent of currently married women--93 percent of those knowing a method--approve of the use of family planning. Disapproval levels range from less than one percent for women in Urban governorates to seven percent for women in rural Upper Egypt. The latter rate represents around ten percent of currently married women knowing a method.

Although approval of the use of family planning is nearly universal among currently married women knowing a method, the survey findings indicate that most women do not approve of the adoption of family planning prior to the birth of the first child. Table 7.8 shows that only six percent of currently married women approve of the use of family

TABLE 7.7

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY AREA AND PLACE OF RESIDENCE AND APPROVAL OF FAMILY PLANNING, EGYPT, 1984

Area and Place of Residence	Total Percent	Approves	Disapproves	Doesn't Know Method	Not Sure/ Not Stated
Total	100.0	80.7	2.6	13.3	3.5
<u>Area of Residence</u>					
Urban	100.0	92.1	1.1	5.1	1.7
Rural	100.0	72.0	3.6	19.4	4.9
<u>Place and Area of Residence</u>					
Urban governorates	100.0	96.3	0.7	1.9	1.1
Lower Egypt	100.0	90.7	1.3	4.6	3.4
Urban Lower Egypt	100.0	92.5	1.3	4.2	2.0
Rural Lower Egypt	100.0	89.9	1.4	4.7	3.9
Upper Egypt	100.0	62.1	4.8	28.2	4.8
Urban Upper Egypt	100.0	86.1	1.5	10.5	1.8
Rural Upper Egypt	100.0	50.5	6.5	36.8	6.3
Frontier governorates	100.0	80.0	1.5	16.3	2.2

varies little by residence, ranging from a low of four percent among women in the Frontier governorates to a high of eight percent among women in the Urban governorates.

The ECPS(84) results also suggest that the majority of women think that a couple should have at least two children before they practice

TABLE 7.8

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN KNOWING AT LEAST ON FAMILY PLANNING METHOD BY AREA AND PLACE OF RESIDENCE AND APPROVAL OF THE USE OF FAMILY PLANNING PRIOR TO THE FIRST BIRTH, EGYPT, 1984

Area and Place of Residence	Total Percent	Approve	Dis-approves	Not Sure/Not Stated
Total	100.0	5.8	87.2	6.9
<u>Area of Residence</u>				
Urban	100.0	6.7	88.8	4.6
Rural	100.0	5.1	85.8	9.1
<u>Place of Residence</u>				
Urban governorates	100.0	7.7	88.4	3.9
Lower Egypt	100.0	5.8	87.4	6.8
Upper Egypt	100.0	4.7	86.3	9.0
Frontier governorates	100.0	4.4	85.0	10.6

family planning. Table 7.9 shows, for example, that around three out of every four women who do not approve of the use of family planning before a couple has a child think that contraception should be adopted only after a couple has two or more children, and one out of ten of these women believes that family planning should be practiced only after a couple has at least four children. Attitudes regarding the number of children that a couple should have before they use family planning vary somewhat by residence, with women in urban areas, particularly the Urban governorates, and the Frontier governorates being more likely to approve use of family planning among low parity couples than rural women or women from Lower or Upper Egypt. Even among urban residents, however, around two-thirds believe that a couple should have at least two children before adopting a method.

TABLE 7.9

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN KNOWING AT LEAST ONE CONTRACEPTIVE METHOD WHO DO NOT APPROVE FAMILY PLANNING USE PRIOR TO GIVING BIRTH BY AREA AND PLACE OF RESIDENCE AND THE NUMBER OF CHILDREN APPROPRIATE TO HAVE BEFORE USING FAMILY PLANNING, EGYPT, 1984

Area and Place of Residence	Total Percent	One Child	Two Children	Three Children	Four or More Children	Should Not Use	Not Sure/Not Stated
Total	100.0	24.5	48.0	15.7	9.2	1.7	1.0
<u>Area of Residence</u>							
Urban	100.0	36.2	50.2	9.1	3.3	0.6	0.6
Rural	100.0	13.8	45.9	21.8	14.6	2.7	1.2
<u>Place of Residence</u>							
Urban governorates	100.0	41.9	50.5	5.1	1.7	0.2	0.7
Lower Egypt	100.0	19.7	54.2	16.7	8.1	0.9	0.4
Upper Egypt	100.0	20.3	37.2	21.0	15.6	4.0	1.9
Frontier governorates	100.0	32.3	40.6	14.6	10.4	0.0	2.1

KNOWLEDGE OF A FAMILY PLANNING SOURCE

Another important precondition to contraceptive use is knowledge of a source where family planning information or services can be obtained. Table 7.10 shows the percentage distribution of ever married women by knowledge of source for family planning. Among ever married women, 81 percent are able to name at least one source from which a modern family planning method is available. Only five percent of the women are able to name a method but not a source.

Variations by urban rural residence and place of residence show that the level of awareness of a family planning source exceeds 90 percent among women from urban areas, including the Urban governorates, and Lower

TABLE 7.10

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN BY AREA AND PLACE OF RESIDENCE AND KNOWLEDGE OF A FAMILY PLANNING SOURCE, EGYPT, 1984

Area and Place of Residence	Total Percent	Knows Method and Source	Knows Method But Not Source	Does Not Know Any Method
Total	100.0	80.7	4.7	14.6
<u>Area of Residence</u>				
Urban	100.0	93.0	1.3	5.7
Rural	100.0	71.6	7.2	21.2
<u>Place and Area of Residence</u>				
Urban governorates	100.0	97.0	0.5	2.5
Lower Egypt	100.0	91.5	3.4	5.1
Urban Lower Egypt	100.0	94.2	1.6	4.2
Rural Lower Egypt	100.0	90.4	4.1	5.5
Upper Egypt	100.0	61.4	8.1	30.5
Urban Upper Egypt	100.0	86.2	2.2	11.6
Rural Upper Egypt	100.0	49.9	10.8	39.3
Frontier governorates	100.0	76.4	7.4	16.2

Egypt (93, 97 and 92 percent, respectively). The lowest level of knowledge of a source is registered for rural Upper Egypt (50 percent).

CHAPTER 8

EVER USE AND PROPER USE OF FAMILY PLANNING

SUMMARY: The ECPS(84) results indicate that around one ever married woman out of every two (48 percent) has ever used family planning. Most women ever using family planning have had experience with only one method, and that method has generally been a modern method. The pill and the IUD remain by far the most commonly used modern methods in Egypt, with 41 percent and 15 percent of ever married women reporting ever use of these methods, respectively. Ever use rates for other methods average less than five percent.

The ever use rate among urban women (68 percent) is twice the rural ever use rate (34 percent). A comparison of the EFS(80) and ECPS(84) results indicates, however, that the greatest relative increase in the level of ever use during the period 1980-84 occurred in rural areas. Overall, the rural ever use rate increased by almost 50 percent between the two surveys. Rural women from Upper Egypt continue to be considerably less likely than other Egyptian women to have had experience with contraceptive methods. Overall, the level of ever use of family planning methods varies from only 18 percent in rural Upper Egypt to 73 percent in the Urban governorates.

Ever use rates are higher than for the sample as a whole among women age 25-44 years and among those with three or more children. Considering socioeconomic differentials, the findings suggest that literate women, women who have some education or whose husbands have had some education, women who work or whose husbands are employed especially those in professional, technical, managerial and clerical positions are more likely to have ever used contraception than women in other socioeconomic status categories.

Failure to use a contraceptive method properly may lead to an unplanned pregnancy. Overall, the survey findings indicate that IUD users are better informed about their method and about the way to avoid method failure than pill users. With respect to the pill, it is clear that, while knowledge of the proper dosage of the pill to avoid pregnancy is almost universal among pill ever users, substantial proportions do not know what action to take if the pill is forgotten, especially for several days. The lack of information on the proper action to take does not appear to be strongly associated with the source from which the method is obtained. Users relying on MCH centers and pharmacies for their method are, however, somewhat more likely than those obtaining their method from other clinical sources to know what to do when they forget the method.

In the ECPS(84), ever married women knowing at least one contraceptive method were asked about their past use of family planning for each method they knew. These data, which are presented in this chapter, are important in

examining the continuity of the family planning use and in evaluating the success of efforts to increase the use of family planning methods over the past few years.

EVER USE OF FAMILY PLANNING METHODS

Level of Ever Use

Table 8.1 shows the percentage of ever married women who have ever used any contraceptive method by area and place of residence. Overall, 48 percent of the women report ever use of any method. The figure for urban areas (68 percent) is twice that for rural areas (34 percent). By place of residence, the highest ever use rates are observed for the Urban governorates and urban Lower Egypt (73 and 71 percent, respectively). The lowest level of ever use is recorded for rural Upper Egypt (only 18 percent) followed by rural Lower Egypt (47 percent). Similar patterns are observed with respect to the ever use of modern and traditional methods, with overall rates of 47 and five percent, respectively.

Trends in Ever Use

Comparing the ECPS(84) data to the EFS(80) ever use results (Table 8.2), it appears that the level of ever use increased by around 20 percent from 40 percent in 1980 to 48 percent in 1984. The comparisons also suggest that the greatest increase in ever use occurred in rural areas. Overall, the rural ever use rate increased during the period 1980-84 by almost 50 percent, from 23 to 34 percent. More specifically, the ever use rate in rural Lower Egypt increased from 33 to 47 percent, while the ever use rate in rural Upper Egypt increased from 10 to 18 percent.

Comparing the ECPS(84) results with those obtained in the ECPS(80), the overall change in rural ever use rates does not appear to be as

TABLE 8.1

PERCENT OF EVER MARRIED WOMEN EVER USING FAMILY PLANNING
BY TYPE OF METHOD USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Ever Used Any Method	Ever Used Any Modern Method	Ever Used Any Traditional Method
Total	48.2	46.7	5.3
<u>Area of Residence</u>			
Urban	67.8	66.0	8.6
Rural	33.8	32.4	2.9
<u>Place and Area of Residence</u>			
Urban governorates	73.1	71.0	11.5
Lower Egypt	54.3	52.5	5.0
Urban Lower Egypt	71.4	69.3	7.2
Rural Lower Egypt	47.3	45.7	4.1
Upper Egypt	30.1	29.0	2.9
Urban Upper Egypt	56.8	55.9	5.6
Rural Upper Egypt	17.7	16.5	1.6
Frontier governorates	55.1	52.9	5.9

dramatic; the percentage ever using a method in rural areas actually was slightly higher in the 1980 ECPS (35 percent) than in the 1984 survey. The lack of a significant difference in the overall level of ever use in rural areas between the two ECPSs is largely due to a substantial drop in the percentages reporting ever use of traditional methods. The proportions of rural women reporting ever use of modern methods is, in contrast,

TABLE C.2

COMPARISON OF PERCENTAGES EVER USING AT LEAST ONE CONTRACEPTIVE METHOD AMONG EVER MARRIED WOMEN BY TYPE OF METHOD USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	EFS(80)			ECPS(80)			ECPS(84)		
	Any Method	Any Modern Method	Any Trad'tnl Method	Any Method	Any Modern Method	Any Trad'tnl Method	Any Method	Any Modern Method	Any Trad'tnl Method
Total	39.8	38.9	1.0	-	-	-	48.2	46.7	5.2
<u>Area of Residence</u>									
Urban	62.8	-	-	-	-	-	67.8	66.0	8.6
Rural	23.1	-	-	34.6	26.9	12.1	33.8	32.4	2.9
<u>Area and Place of Residence</u>									
Lower Egypt	41.2	-	-	-	-	-	54.3	52.5	5.0
Urban Lower Egypt	64.5	-	-	-	-	-	71.4	69.3	7.2
Rural Lower Egypt	32.9	-	-	45.7	36.5	15.7	47.3	45.7	4.1
Upper Egypt	17.5	-	-	-	-	-	30.1	29.0	2.9
Urban Upper Egypt	42.6	-	-	-	-	-	56.8	55.9	5.6
Rural Upper Egypt	10.4	-	-	22.0	16.0	8.1	17.7	16.5	1.6

SOURCES: Hallouda *et al.* 1983, Volume IV, Tables 4.3.1-1, 4.3.2B and 4.3.2D.
Khalifa *et al.* 1982, Table 7.1.

around 20 percent higher in the ECPS(84) than in the ECPS(80). The ECPS results suggest that much of the latter change must be attributed to an increase of 25 percent in the level of ever use of modern methods among rural women in Lower Egypt. The level of ever use of modern methods, in contrast, appears to have increased only slightly among rural women in Upper Egypt.

Ever Use of Specific Family Planning Methods

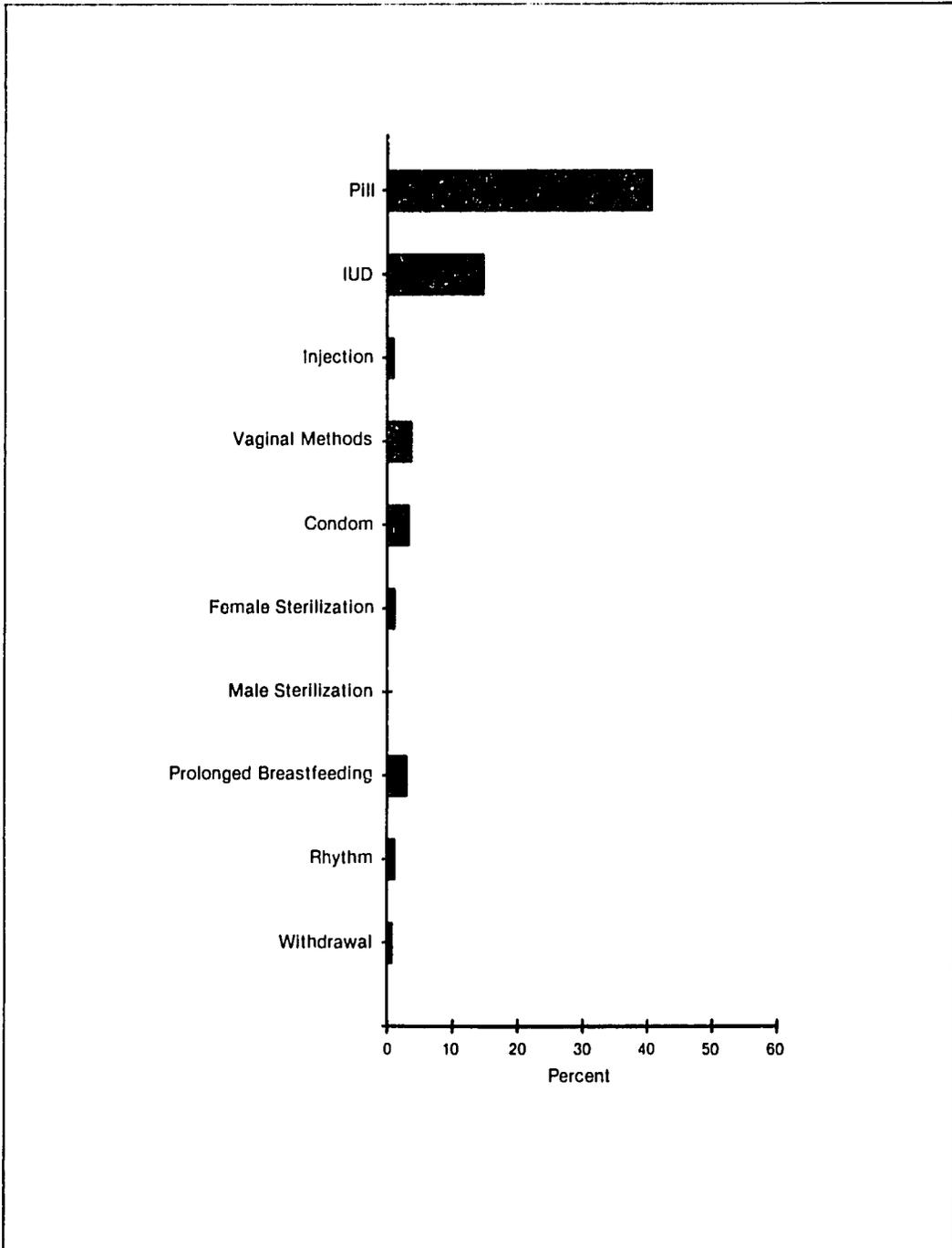
The ECPS(84) data presented in Table 8.3 show that ever users are more likely to have adopted modern than traditional methods and that the pill is the most frequently used method. The percentage ever using the pill (41 percent) is nearly three times the percentage ever using the IUD (15 percent), the second most widely adopted method. Considerably fewer women have experience with other methods. Table 8.3 indicates that vaginal methods, the condom, and prolonged breastfeeding have been ever used by four, three, and three percent of ever married women, respectively, while the injection, female sterilization, rhythm and withdrawal have each ever been used by only about one percent of all ever married women.

TABLE 8.3

PERCENT OF EVER MARRIED WOMEN EVER USING SPECIFIC CONTRACEPTIVE METHODS BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Any method	48.2	67.8	33.8	73.1	54.3	30.1	55.1
Any modern method	46.7	66.0	32.4	71.0	52.5	29.0	52.9
Pill	41.0	57.3	28.9	59.6	46.8	25.9	50.0
Condom	3.4	6.9	0.8	8.8	2.6	1.7	5.9
Vaginal methods	3.9	6.6	1.9	6.2	4.4	2.3	2.2
IUD	14.8	23.6	8.3	32.3	15.2	6.7	10.3
Injection	1.1	1.7	0.6	1.9	1.0	0.9	0.0
Female sterilization	1.4	2.1	1.0	3.1	1.6	0.5	0.7
Any traditional method	5.3	8.6	2.9	11.5	5.0	2.9	5.9
Prolonged breastfeeding	3.1	4.0	2.5	5.7	3.3	1.8	3.7
Rhythm	1.4	2.9	0.3	3.4	1.1	0.9	0.0
Withdrawal	1.0	2.1	0.1	2.3	0.9	0.4	2.9
Other methods	0.5	1.1	0.1	1.8	0.2	0.3	0.0

FIGURE 8.1
Percent of Ever Married Women Ever Using Specific
Family Planning Methods, Egypt, 1984



Although the level of ever use is much higher among urban than rural women, Table 8.3 suggests that the pattern of ever use by method is generally very similar in rural and urban areas. In comparing the two most frequently used methods, it is important to observe, however, that, while ever married women in urban areas are nearly twice as likely as women in rural areas to have ever used the pill (57 percent vs. 29 percent), the percentage ever using the IUD in urban areas is triple that in rural areas (24 percent vs. 8 percent). The rate of ever use of the condom and vaginal methods also is considerably higher among urban than rural women, perhaps reflecting the recent emphasis on these methods in the urban-oriented social marketing campaign.

Differentials in the level of ever use by method and place of residence also are presented in Table 8.3. Again, while the overall patterns of ever use are similar, there are some notable differences in the relative use of various methods among the four residential categories. For example, while the percent of women in the Urban governorates ever using the pill is only slightly more than 25 percent higher than the comparable figure for Lower Egypt, women in the Urban governorates are more than twice as likely as those in Lower Egypt to be using an IUD. The differentials in the level of ever use of the IUD between Upper Egypt and the Urban governorates or Lower Egypt, respectively, also are considerably greater than the differentials in the levels of ever use of the pill between Upper Egypt and each of these areas.

Number of Methods Ever Used

The number of methods which women ever using contraception have employed provides an indicator of the breadth of their experience with contraceptive methods. Table 8.4 shows that nearly two-thirds of all ever users have used only one method, slightly more than one-quarter have tried two methods and less than one tenth have used three methods or more. The percentage who have used more than one method is higher among

TABLE 8.4

PERCENT DISTRIBUTION OF EVER USERS BY THE NUMBER OF METHODS EVER USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Number of Methods	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	4,829	2,878	1,951	1,275	2,314	1,165	75
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
One method	63.7	57.4	73.1	49.1	66.7	73.3	72.0
Two methods	27.4	30.6	22.8	37.0	26.2	19.7	21.3
Three or more methods	8.8	12.0	4.2	13.9	7.0	7.0	6.7
Mean: All methods	1.5	1.6	1.3	1.7	1.4	1.4	1.4
Modern methods	1.4	1.4	1.2	1.5	1.3	1.3	1.3

urban ever users (43 percent) than among those from rural areas (27 percent) as is the mean number of methods ever used (1.6 methods vs. 1.3 methods, respectively). By place of residence, the percentage of ever users who have experience with two or more methods ranges from 27 percent among ever users from Upper Egypt to 51 percent among ever users from the Urban governorates. The mean number of methods ever used is identical (1.4 methods) among ever users in Lower and Upper Egypt and the Frontier governorates but somewhat higher in the Urban governorates (1.7 methods).

Demographic Differentials in Ever Use Levels

Table 8.5 presents differentials of ECPS(84) respondents who ever used a family planning method by age and the number of surviving children. By age, the level of ever use of any contraceptive method ranges from a low of 11 percent among ever married women in the 15-19 cohort to a peak of 63 percent among women age 30-34, before dropping off to 46 percent among

TABLE 8.5

PERCENT OF EVER MARRIED WOMEN WHO HAVE EVER USED AT LEAST ONE CONTRACEPTIVE METHOD BY TYPE OF METHOD EVER USED AND SELECTED DEMOGRAPHIC CHARACTERISTICS, EGYPT, 1984

Demographic Characteristics	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Traditional Method
<u>Age</u>			
Less than 20 years	10.7	10.0	1.2
20-24 years	29.6	28.2	2.6
25-29 years	50.1	48.7	3.4
30-34 years	63.2	61.9	6.4
35-39 years	62.4	60.6	7.8
40-44 years	55.7	54.3	6.8
45-49 years	45.8	43.1	8.0
<u>Surviving Children</u>			
None	3.7	3.4	0.4
1-2 children	39.6	38.0	4.7
3-4 children	60.9	59.2	6.7
5-6 children	61.9	60.2	6.7
7 children or more	62.2	60.4	6.3

women age 45-49. Similar patterns are observed with respect to the ever use of modern methods, with ever use rates of 10, 62, and 43 percent for the three cohorts, respectively. Age differentials in the level of ever use of traditional methods exhibit a more erratic pattern, possibly due to the small number of women ever using these methods.

The ever use of contraceptive methods is positively related to the number of surviving children. The percentage who have used at least one method increases from only four percent among women with no surviving children to 62 percent among women with at least seven surviving children.

The sharpest increase in the level of ever use occurs early in the family size range, with the ever use rate among women with one to two surviving children being more than ten times the rate for women with no children. Similar patterns are observed for modern and traditional methods. These results indicate that the decision to use family planning is not usually made until a couple has at least one child, confirming that women's contraceptive behavior is consistent with the attitudes that they expressed about the timing of the adoption of family planning (see Chapter 6).

Socioeconomic Differentials in Ever Use Levels

Table 8.6 considers the variation in the level of ever use with a number of socioeconomic status indicators. The educational level, literacy status, employment status and occupation of ECPS(84) respondents are clearly associated with the level of ever use of contraceptive methods. Ever married women who are illiterate, those with no education, those not working or those in agricultural occupations are much less likely to have tried any contraceptive method than those with some education, those who are working or those in non-agricultural occupations. Similar relationships hold for the husbands' characteristics as well.

Looking more closely at the patterns, Table 8.6 shows that, while two out of three literate women have ever used a method, only around four out of ten illiterate women are in the ever user category. Ever use levels are, moreover, positively related to female educational attainment. For example, while only 39 percent of women with no education have tried any contraceptive method, the percentage increases to 69 percent among women who completed primary school or have had some preparatory education. The percentage ever using then levels off among more educated women. Husband's education also is positively correlated with the levels of ever use. The highest ever use rates are recorded for those women whose husbands have completed at least preparatory school.

Table 8.6 also shows that working women and wives of working men have higher levels of ever use of contraceptive methods than non-working women and wives of men who are not employed. For example, ever use rates for working respondents and non-working respondents are 65 and 46 percent, respectively. Employment differentials for modern and traditional methods exhibit similar patterns.

TABLE 8.6

PERCENT OF EVER MARRIED WOMEN WHO HAVE EVER USED AT LEAST ONE CONTRACEPTIVE METHOD BY TYPE OF METHOD EVER USED AND SELECTED SOCIOECONOMIC CHARACTERISTICS, EGYPT, 1984

Socioeconomic Characteristic	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Traditional Method
<u>RESPONDENT CHARACTERISTICS</u>			
<u>Literacy Status</u>			
Literate	67.2	65.5	9.7
Illiterate	42.0	40.5	3.9
<u>Educational level</u>			
No education	39.1	37.6	3.6
Less than primary completed	58.0	56.5	6.0
Completed primary/ Some preparatory	68.8	67.6	6.0
Completed preparatory and above	67.7	65.7	12.4
<u>Employment Status</u>			
Working	65.2	62.2	11.4
Not working	46.5	45.0	4.5
<u>Occupation¹</u>			
Professional, technical or managerial	75.4	71.9	17.7
Clerical	71.2	69.7	10.0
Sales and services	53.2	49.6	7.2
Agricultural	32.2	28.9	3.3
Production, transportation and unskilled	57.9	53.3	7.5

TABLE B.6 (CONTINUED)

Socioeconomic Characteristic	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Traditional Method
HUSBAND CHARACTERISTICS²			
<u>Educational Status</u>			
No education	40.4	38.9	3.5
Less than primary completed	52.5	50.9	5.1
Completed primary/ Some preparatory	58.5	57.5	4.8
Completed preparatory and above	67.1	65.4	10.4
<u>Employment Status</u>			
Working	51.9	50.3	5.6
Not working	40.2	39.1	4.2
<u>Occupation³</u>			
Professional, technical or managerial	69.7	67.8	11.8
Clerical	64.9	63.2	8.6
Sales and services	58.9	57.0	6.3
Agricultural	31.7	30.3	2.7
Production, transportation and unskilled	62.2	60.7	5.7

¹ Refers only to women who are working.

² Refers only to women who are currently married.

³ Refers only to women whose husbands are working.

The ECPS(84) data on occupational differentials in ever use rates indicate that women in agricultural jobs have the lowest ever use rate--32 percent-- compared to 53 percent for women in sales and service jobs and 58 percent for women in production, transportation and unskilled jobs. The highest rates are those for women in professional, technical and man-

agerial positions and for women in clerical jobs (75 and 71 percent, respectively). Similar patterns hold for modern and traditional methods, and the relationship between ever use and the husband's occupation parallels that observed for the women themselves.

PROPER USE OF FAMILY PLANNING METHODS

Proper Use of the Pill

While knowledge and approval of family planning are prerequisite conditions for contraceptive adoption, the proper use of contraceptive methods is a crucial element in achieving the ultimate goal of family planning use, i.e., the reduction of fertility levels. This section considers data collected in the ECPS(84) relating to knowledge concerning the proper use of the pill among women ever adopting this method, while the following section looks at information regarding the proper use of the IUD.

Table 8.7 shows the percent distribution of ever married women who have ever used the pill according to their knowledge of the proper way to use the pill. Overall, 94 percent of ever users in Egypt know that they have to take the pill every day. Urban ever users (96 percent) are slightly more likely than rural ever users (90 percent) to know how to take the pill correctly to avoid a pregnancy. The lowest level of awareness concerning the proper dosage of the pill is recorded for the Frontier governorates (79 percent). Table 8.7 also shows that, contrary to what might be expected, the level of knowledge of proper dosage for the pill is somewhat higher among ever users in Upper Egypt (96 percent) than in Lower Egypt (91 percent). This indicates that, while knowledge and use of family planning methods are more widespread in Lower Egypt than in Upper Egypt, women in Upper Egypt, when they decide to use the pill, appear to be as likely to obtain accurate information of the proper use of the pill as women in Lower Egypt.

TABLE 8.7

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN EVER USING THE PILL BY KNOWLEDGE OF PROPER DOSAGE TO TAKE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Proper Dosage	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	4,102	2,436	1,666	1,040	1,994	1,000	68
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Take every day	93.5	96.1	89.7	96.9	91.2	95.6	79.4
Other action	5.3	3.0	8.7	2.5	8.0	2.1	17.6
Not sure/Not stated	1.2	0.9	1.6	0.6	0.8	2.3	3.0

To provide further insights into the extent of users' knowledge about the pill, ever users of the pill were asked what a user should do if she forgets to take the pill for a period of one or two days or for a period of three or four days. Table 8.8 shows that one ever user out of every four does not know what a woman should do if she forgets to take it one or two days. This percentage is much higher in rural areas (38 percent) than in urban areas (only 17 percent), particularly the Urban governorates (14 percent). Table 8.8 also indicates that almost all women who answered the question recommend that the user forgetting the pill should take two pills.

The comparatively widespread lack of information of what to do if the pill is forgotten is even more evident in the responses to the question on what action a user should take if she forgets to take the pill for three or four days. Two out of every three ever users of the pill are not sure what a user should do in those circumstances (Table 8.9). Not surprisingly, rural ever users are more likely than urban ever users not to know what action to take. Lack of information about what to do if the pill is

TABLE 8.8

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN EVER USING THE PILL BY ACTION TO TAKE IF PILL IS FORGOTTEN FOR ONE OR TWO DAYS AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Action	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	4,102	2,436	1,666	1,040	1,994	1,000	68
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Take two pills	71.9	80.4	59.5	82.6	69.8	66.5	50.0
Consult doctor	1.0	0.9	1.0	1.3	0.9	0.8	0.0
Avoid intercourse	0.3	0.4	0.1	0.6	0.2	0.2	0.0
Change method	0.2	0.2	0.2	0.2	0.2	0.1	0.0
Wait for period	0.3	0.4	0.2	0.8	0.1	0.2	1.5
Other action	0.6	0.6	0.6	1.0	0.6	0.3	0.0
Not sure	25.7	17.1	38.2	13.6	28.1	31.7	48.5

TABLE 8.9

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN EVER USING THE PILL BY ACTION TO TAKE IF PILL IS FORGOTTEN THREE OR FOUR DAYS AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Action	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	4,102	2,436	1,666	1,040	1,999	1,000	68
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Use other method	2.6	3.4	1.4	5.0	2.1	1.3	0.0
Consult doctor	17.6	20.8	13.0	18.7	18.6	15.4	5.9
Avoid intercourse	1.4	1.5	1.3	1.7	1.3	1.4	2.9
Change method	0.1	0.1	0.1	0.1	0.2	0.0	0.0
Wait for period	5.4	6.8	3.3	8.1	5.4	2.4	7.4
Other action	5.1	6.7	2.8	9.3	3.1	5.1	2.9
Not sure	67.5	60.5	77.9	56.7	69.4	74.2	80.9
Not stated	0.2	0.2	0.2	0.4	0.2	0.2	0.0

forgotten for several days also was more widespread in Upper Egypt and the Frontier governorates (74 and 81 percent, respectively) than other areas. These results suggest that an Information, Education and Communication (IE&C) program with emphasis on the proper use of the pill, the most widely adopted method, is needed in Egypt, especially for rural areas and Upper Egypt.

Proper Use of the IUD

Ever users of the IUD were asked about the place the IUD is inserted. As expected, almost all ever users correctly responded that the IUD is inserted in the uterus (Table 8.10). On the issue of knowledge of how to

TABLE 8.10

PERCENT DISTRIBUTION OF EVER MARRIED WOMEN EVER USING THE IUD BY KNOWLEDGE OF WHERE THE IUD IS INSERTED AND OF HOW TO CHECK IF IT IS IN PLACE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

IUD Knowledge Indicators	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	1,482	1,001	481	561	649	258
<u>Where Inserted</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Uterus, womb, etc.	98.1	98.3	97.7	98.8	98.5	96.1
Other	0.1	0.1	0.0	0.0	0.2	0.0
Not sure/Not stated	1.8	1.6	2.1	1.2	1.2	3.9
<u>Check in Place</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Feel thread	95.7	96.2	94.8	96.8	95.7	93.4
Not sure/Not stated	4.3	3.8	5.2	3.2	4.4	6.6

check if the IUD is in place, 96 percent of ever users of the method in Egypt know that they have to feel the thread with their finger, indicating that most IUD users obtained good instruction about the use of the method at the time that they adopted it.

Differentials in Proper Use by Source

Differentials in the level of knowledge concerning the proper use of the pill and IUD by source are shown in Tables 8.11 and 8.12 for currently married women who are current users of these methods. With regard to the pill, information on proper use seems to be somewhat more limited among women who obtain the pill from private doctors or clinics and from government family planning centers than among women who obtain the method at other sources. More than 94 percent of women who obtain the pill from

TABLE 8.11

PERCENT OF CURRENTLY MARRIED WOMEN CURRENTLY USING THE PILL WHO DO NOT KNOW PROPER DOSAGE OF THE PILL AND WHO DO NOT KNOW WHAT TO DO IF PILL IS FORGOTTEN FOR ONE OR TWO DAYS OR THREE OF FOUR DAYS BY THE SOURCE FOR THE PILL, EGYPT, 1984

Source	Percent Not Knowing Proper Dosage	Percent Not Knowing Action to Take if	
		Forgotten 1-2 Days	Forgotten 3-4 Days
Government FP Clinic	11.0	25.7	65.4
MCH Center	5.7	17.0	50.9
Hospital	4.4	34.1	72.5
Private Doctor/Clinic*	28.6	57.1	85.7
Pharmacy	6.0	17.8	61.7
Other**	7.8	21.6	64.7

* Fewer than 20 women.

** Includes home delivery agent.

TABLE 8.12

PERCENT OF CURRENTLY MARRIED WOMEN CURRENTLY USING THE IUD WHO KNOW WHERE THE IUD IS INSERTED AND HOW TO CHECK IF IT IS IN PLACE BY SOURCE FOR THE IUD, EGYPT, 1984

Source	Percent Knowing Where IUD is Inserted	Percent Knowing How to Check if IUD is in Place
Government FP Clinic	97.9	100.0
MCH Center	98.3	98.3
Hospital	99.4	98.1
Private Doctor or Clinic	98.8	97.4
Other	96.3	96.3

the MCH centers, hospitals, pharmacies, or home delivery indicate that they know the proper dosage of the pill to avoid pregnancy.

The percentage of current users who do not know what action to take if they forgot to take the pill one or two days also is shown in Table 8.11. The percentages are highest for women who obtain the pill from a private doctor or clinic (57 percent) or hospitals (34 percent). They are lowest for MCH centers (17 percent) and pharmacies (18 percent). Similar patterns are observed in the percentages who do not know what to do if a woman forgets to take the pill three or four days (Table 8.11). The lowest percentages again are observed for MCH centers and pharmacies. Nevertheless, these rates are about three times those reported in the case where a woman forgets to take the pill one or two days.

Differentials in the percentages knowing the place where the IUD is inserted or the action taken to check it is in place by the source of the method are very minor. Table 8.12 shows that, as expected, almost all current users of the IUD know where the IUD is inserted and how to check if it is in place, regardless of the source of the method.

CHAPTER 9

CURRENT USE OF FAMILY PLANNING

SUMMARY: The ECPS(84) results show that 30 percent of currently married women in the reproductive ages in Egypt are presently practicing family planning, with the majority of users (95 percent) relying on modern methods. The pill is the most frequently used method (17 percent) followed by the IUD (8 percent). Less than four percent of currently married women are using other modern methods, and less than two percent are relying on traditional methods.

The survey findings also suggest that contraceptive use has significantly increased in Egypt recently, with the prevalence rate reported by the ECPS(84) being 25 percent higher than that found in the EFS(80) (24 percent). Although the prevalence rate appears to have increased at a faster rate in rural areas than in urban areas over the past decade in Egypt, the level of current use among urban women (45 percent) remains twice the level observed for rural women (19 percent). Prevalence levels also vary substantially by place of residence, ranging from only nine percent among women in rural Upper Egypt to 50 percent among women in the Urban governorates. Overall, the rate of use in Lower Egypt is double that in Upper Egypt, and rural women in Lower Egypt are more than three times as likely as those in Upper Egypt to be using family planning.

With respect to other differentials, the prevalence rate is higher than the level observed for the sample as a whole among women age 25-44 and among those with three or more children. Women who are literate, those with at least some primary education and those who are working in nonagricultural occupations also have higher than average use rates, as do wives of men with at least a primary education and of men working in nonagricultural occupations.

The ECPS(84) shows that more than four-fifths of all current users in Egypt are practicing family planning because they want to cease childbearing. The majority of users appear to be satisfied with their method; less than ten percent indicate that they plan to discontinue using in the immediate future or that they would prefer to be using another method. Significantly, however, around one-fourth of all users report having had some problem (largely side effects) with their method.

In the ECPS(84), currently married women knowing at least one contraceptive method were asked whether they were presently using, or had used in the month before the survey, any method to avoid or postpone a pregnancy. Women who responded affirmatively to this question were then asked what method they were using, why they had adopted family planning (i.e., to cease childbearing or to space births), how long they had been using their present

method, whether they had had any problems with the method they were using and whether they preferred their present method or would rather be using another method. The answers to these questions, which are examined in this chapter, provide some important insights into the status of family planning practice in Egypt.

CURRENT USE OF FAMILY PLANNING METHODS

Level of Current Use

The ECPS(84) findings indicate that 30 percent of currently married women are practicing family planning in Egypt. This represents around 60 percent of all currently married ever users. The prevalence level in Egypt is slightly higher than that reported for Morocco and Jordan and somewhat lower than that estimated for Tunisia (Table 9.1).

Substantial residential differentials in the prevalence of use are evident in the ECPS(84) results. Table 9.2 shows, for example, that the prevalence rate in urban areas (45 percent) is more than double the level in rural areas (19 percent). Differences in the prevalence rate by place of residence also are notable. The percentage of currently married presently using family planning reaches its highest level in the Urban governorates (50 percent). The prevalence level in Lower Egypt (34 percent), while much lower than the level prevailing in metropolitan Egypt, is twice the rate in Upper Egypt (17 percent). The latter rates indicate that only a little more than one half of all ever users in Upper Egypt are currently using a method compared to around three fifths of all ever users in Lower Egypt; this suggests that the level of discontinuation is somewhat higher in Upper Egypt than in Lower Egypt. A more detailed discussion of patterns of continuation by method is included in Chapter 11.

Considering both area and place of residence, the survey findings show that the urban-rural differential in prevalence is considerably

TABLE 9.1

CONTRACEPTIVE PREVALENCE RATES AMONG CURRENTLY MARRIED
WOMEN AGE 15-44 BY AREA OF RESIDENCE, SELECTED COUNTRIES

Region and Country	Total	Urban	Rural
<u>Middle East and North Africa</u>			
Egypt, 1984	32	47	20
Jordan, 1983	26	32	13
Morocco, 1983-84	27	44	16
Syria, 1978	20	35	6
Tunisia, 1983	42	55	29
Yemen Arab Republic, 1979	1	7	0
<u>Africa</u>			
Benin, 1981-82	20	22	19
Botswana, 1984	29	38	26
Ghana, 1979-80	10	14	8
Ivory Coast, 1980-81	3	5	2
Nigeria, 1981-82	5	5	4
Sudan (North), 1978-79	5	12	2
Zimbabwe, 1984	40	47	36
<u>Asia and Pacific</u>			
Bangladesh, 1979-80	13	22	12
Indonesia, 1976	28	31	27
Nepal, 1981	7	23	6
Pakistan, 1975	5	12	3
Sri Lanka, 1982	57	59	57
Thailand, 1981	59	65	58
<u>Latin America and the Caribbean</u>			
Barbados, 1980-81	47	-	-
Bolivia, 1983	26	43	13
Colombia, 1980	51	56	39
Costa Rica, 1981	66	69	63
Dominican Republic, 1983	47	42	23
Guatemala, 1983	25	49	19
Haiti, 1983	7	13	6
Jamaica, 1983	52	53	51
Peru, 1981	43	53	23

SOURCE: London *et al.*, 1985.

TABLE 9.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY AREA AND PLACE OF RESIDENCE AND PATIERN OF CONTRACEPTIVE USE, EGYPT, 1984

Area and Place of Residence	Total Percent	Currently Using	Not Using	
			Used in Past	Never Used
Total	100.0	30.3	20.4	49.3
<u>Area of Residence</u>				
Urban	100.0	45.1	25.2	29.7
Rural	100.0	19.2	16.7	64.0
<u>Area and Place of Residence</u>				
Urban governorates	100.0	49.6	26.6	23.8
Lower Egypt	100.0	34.1	22.4	43.6
Urban Lower Egypt	100.0	47.6	25.7	26.7
Rural Lower Egypt	100.0	28.5	21.1	50.4
Upper Egypt	100.0	17.3	15.0	67.7
Urban Upper Egypt	100.0	36.8	22.8	40.5
Rural Upper Egypt	100.0	7.9	11.3	80.8
Frontier governorates	100.0	30.4	25.2	44.4

greater in Upper Egypt than in Lower Egypt. The percentage of currently married women using a family planning method in urban Upper Egypt (37 percent) is more than four times the rate observed for among rural women from the same region (8 percent). The comparable figures for Lower Egypt are 47 percent and 28 percent in urban and rural areas, respectively. Thus, rural women in Lower Egypt are more than three times as likely to be using family planning as women from rural areas in Upper Egypt.

Trends in Current Use

Table 9.3 examines trends in the prevalence level in Egypt during the period 1974 to 1984. The results from the various surveys fielded during this period suggest that contraceptive usage has generally been increasing in Egypt. The overall prevalence level reported in the 1984 ECPS (30 percent) is roughly 15 percent higher than that recorded in the 1974-75 NFS (26 percent) and slightly more than 25 percent higher than rate observed at the time of the 1980 EFS (24 percent).

TABLE 9.3

ESTIMATES OF THE CONTRACEPTIVE PREVALENCE RATE AMONG CURRENTLY MARRIED WOMEN FROM VARIOUS FERTILITY SURVEYS BY AREA OF RESIDENCE, EGYPT, 1974-1984

Survey	Total	Urban	Rural
National Fertility Survey, 1974-75	26.5	45.4	12.9
Rural Fertility Survey, 1979	-	-	15.5
Egyptian Fertility Survey, 1980	23.8	39.8	11.7
Egypt Contraceptive Prevalence Survey, 1980	-	-	17.1
Rural Fertility Survey, 1982	-	-	17.7
State Information Service Survey, 1982	33.5	-	-
Egypt Contraceptive Prevalence Survey, 1984	30.3	45.1	19.2

SOURCE: CAPMAS, 1978; Khalifa *et al.*, 1979, Hallouda *et al.*, 1983; Khalifa *et al.*, 1982, and State Information Service, 1982.

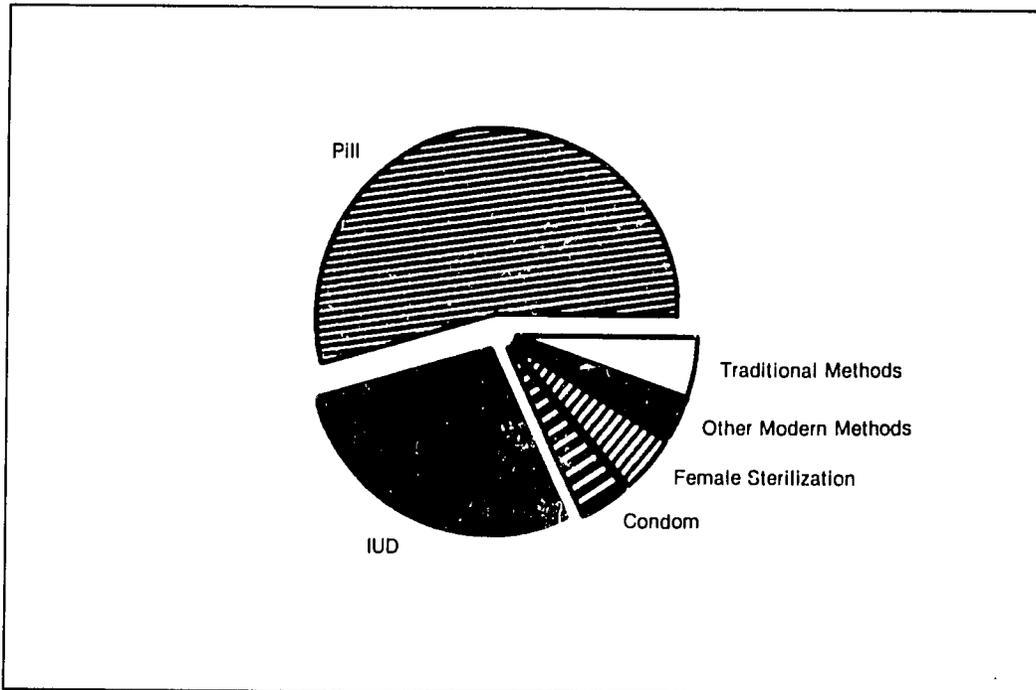
Looking at the rates for urban and rural areas reported in the national-level surveys fielded during the period, it is apparent that contraceptive usage has increased at a faster rate in rural than urban areas over the past ten years in Egypt. Between 1974 and 1984, for example, the rural prevalence rate is estimated to have increased from 13 percent to 19 percent, a change of almost 50 percent over the decade. Although the more rapid increase in contraceptive usage among rural than urban women has narrowed the urban-rural differential in prevalence somewhat, it must be reiterated that the rural rate continues to be substantially lower than that observed for urban areas. This pattern is not unique to Egypt, but is observed in other Moslem countries in the Middle East (Table 9.1).

CURRENT USE BY METHOD

The method mix among current users is shown in Table 9.4 by area and place of residence. The vast majority of current users—79 percent of all currently married women—are using a modern method. The pill is the most commonly adopted modern method; more than one-half of all current users rely on the pill, while slightly more than one-quarter are using the IUD (Figure 9.1). Less than 15 percent of current users are employing other modern methods (mainly condoms and female sterilization), and only five percent of users say that they are relying on traditional methods (primarily prolonged breastfeeding).

Table 9.4 also shows that the method mix does not vary greatly by area or place of residence. For example, the pill and the IUD are the principal methods among both urban and rural users. The proportion of current users employing the pill is, however, somewhat greater in rural areas (59 percent) than in urban areas (52 percent). By place of residence, the proportion of users relying on the pill ranges from only 42 percent in the Urban governorates to 66 percent in the Frontier governorates.

FIGURE 9.1
Percent Distribution of Current Users by Method Used, Egypt, 1984



DEMOGRAPHIC DIFFERENTIALS IN CURRENT USE

Age, Surviving Children and Current Use Levels

As expected, both a woman's age and the number of living children that she has are associated with the level of current contraceptive use. Table 9.5 shows that the prevalence level fluctuates with age, from a low of six percent among women less than 20 years old to a peak of 43 percent among women in the 35-39 cohort. The increase in prevalence among the three youngest cohorts is particularly notable; the rate of current use of family planning among currently married women in the 20-24 cohort is three times that observed for women under age 20, and the use rate for those in the 25-29 age group is almost double that for women age 20-24.

TABLE 9.4

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY TYPE OF METHOD CURRENTLY USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Any method	30.3	45.1	19.2	49.6	34.1	17.3	30.4
Any modern method	28.7	42.5	18.3	46.2	32.8	16.5	20.2
Pill	16.5	23.3	11.4	20.8	19.8	10.8	20.0
Condom	1.3	2.7	0.3	3.8	1.0	0.7	0.0
Vaginal methods	0.7	1.2	0.4	1.0	0.8	0.5	0.7
IUD	8.4	12.9	5.0	17.4	9.0	3.7	6.7
Injection	0.3	0.3	0.2	0.1	0.3	0.3	0.0
Female sterilization	1.5	2.1	1.1	3.1	1.7	0.6	0.7
Any traditional method	1.6	2.6	0.9	3.4	1.3	0.8	2.2
Prolonged breastfeeding	0.6	0.5	0.7	0.6	0.7	0.5	0.7
Rhythm	0.6	1.2	0.1	1.6	0.4	0.3	0.0
Withdrawal	0.3	0.6	0.1	0.7	0.3	0.1	1.5
Other methods	0.1	0.3	0.1	0.4	0.1	0.0	0.0
Not using	69.7	54.9	80.7	50.4	65.9	52.7	69.6

The variation in the prevalence rate with the number of surviving children confirms again that few women in Egypt are willing to use contraception prior to their first birth, but that substantial proportions begin to practice family planning after the birth of their first child. Table 9.5 shows that, while only one percent of currently married women with no children are using family planning, 26 percent of those with one or two children are using a method. The rate of current use exceeds 30 percent in the remaining family size categories, peaking at 41 percent among women with three to four children.

TABLE 9.5

PERCENT OF CURRENTLY MARRIED WOMEN CURRENTLY USING
ANY METHOD AND ANY MODERN METHOD BY SELECTED
DEMOGRAPHIC CHARACTERISTICS, EGYPT, 1984

Demographic Characteristic	Any Method	Modern Method
<u>Age</u>		
Under 20 years	5.6	4.9
20-24 years	16.9	16.0
25-29 years	30.4	29.1
30-34 years	42.9	41.1
35-39 years	43.2	40.8
40-44 years	38.5	36.1
45-49 years	21.0	19.3
<u>Surviving Children</u>		
None	1.0	0.8
1-2 children	25.8	24.0
3-4 children	40.8	38.7
5-6 children	36.8	35.2
7 children or more	32.1	30.9

Age and the Method Mix

Table 9.6 considers the distribution of current users by age and the method used. As expected, it shows that users in the younger cohorts are somewhat more dependent on modern methods, especially the pill, than older women. The percentage of users relying on the pill decreases from a peak of 65 percent of all users among the small number of users under age 20 to a low of 49 percent among women at the end of their childbearing period. The percentage of users employing the IUD increases from 20 percent among those in the youngest cohort to a high of 32

TABLE 9.6

PERCENT DISTRIBUTION OF CURRENT USERS BY METHOD USED AND AGE, EGYPT, 1984

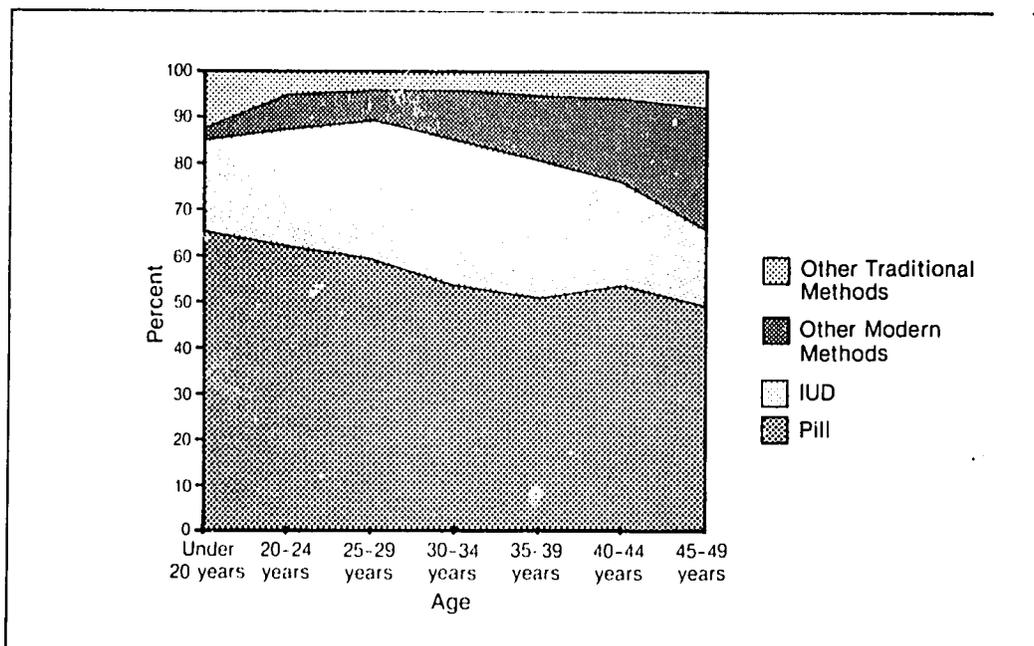
Method	Total	Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Number	2,779	40	251	563	678	616	420	211
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Pill	54.5	65.0	61.8	59.0	53.2	50.5	53.3	48.8
IUD	27.7	20.0	25.5	30.2	31.7	29.9	22.4	16.6
Other modern methods	12.6	2.5	7.6	6.6	10.8	14.1	18.1	26.5
Traditional methods	5.3	12.5	5.2	4.3	4.3	5.5	6.2	8.1

percent among those age 30-34 before declining to a low of 17 percent among users in the oldest age group. With regard to other modern methods, they are most frequently adopted by older cohorts, particularly those nearing the end of their childbearing years (Figure 9.2).

SOCIOECONOMIC DIFFERENTIALS IN CURRENT USE

The relationship between the prevalence of use of family planning among currently married women and various socioeconomic status indicators is examined in Table 9.7. The table shows that both literacy status and educational level are strongly associated with the level of current use. Literate women are almost twice as likely as illiterate women to be using a method, and the use of family planning increases from a low of 23 percent among women with no education to 50 percent among those who have completed at least the preparatory level. Contraceptive practice also is positively associated with the educational level of husbands, varying from only 22 percent among women whose husbands have no education to 46 percent among those whose husbands have more than a primary education.

FIGURE 9.2
 Percent Distribution of Current Users by
 Age and Method Used, Egypt, 1984



Work status and occupation are related to the current use of family planning. The relatively small numbers of working women in Egypt are much more likely than women who are not working to be using a method (49 percent vs. 28 percent). In turn, working women in professional, technical, managerial and clerical occupations are considerably more likely than those working in the sales and service sectors or those having production, transportation or unskilled jobs to be using family planning. Women working in agricultural activities are the least likely to adopt family planning. Similar relationships are observed between the prevalence rate and the husband's work status and occupation. Women whose husbands were working in the agricultural sector exhibit the lowest prevalence level while those whose husbands are involved in the modern sector as professionals, technicians, managers or clerical workers have the highest prevalence.

TABLE 9.7

PERCENT OF CURRENTLY MARRIED WOMEN CURRENTLY USING ANY METHOD
AND ANY MODERN METHOD BY SELECTED SOCIOECONOMIC CHARACTER-
ISTICS, EGYPT, 1984

Socioeconomic Characteristic	Any Method	Modern Method
RESPONDENT CHARACTERISTICS		
<u>Literacy Status</u>		
Literate	46.7	43.2
Illiterate	24.8	23.8
<u>Educational Level</u>		
No education	23.1	22.0
Less than primary completed	35.3	34.2
Completed primary/Some preparatory	44.6	42.4
Completed preparatory and above	50.4	45.3
<u>Employment Status</u>		
Working	48.7	44.3
Not working	28.5	27.2
<u>Occupation</u>		
Professional, technical or managerial	55.4	47.7
Clerical	55.5	52.0
Sales and services	37.7	36.4
Agricultural	19.6	17.9
Production, transportation and unskilled	30.3	30.3
HUSBAND CHARACTERISTICS		
<u>Educational Level</u>		
No education	22.1	21.2
Less than primary completed	29.6	28.5
Completed primary/Some preparatory	36.3	35.1
Completed preparatory and above	46.0	42.1
<u>Employment Status</u>		
Working	31.6	29.8
Not working	19.7	19.1
<u>Occupation</u>		
Professional, technical or managerial	47.3	42.9
Clerical	44.5	41.9
Sales and services	35.7	34.0
Agricultural	16.8	16.0
Production, transportation and unskilled	37.6	35.9

INDICATORS OF USER MOTIVATION AND USER SATISFACTION

Reason for Using

Current users relying on family planning methods other than sterilization were asked about whether they had adopted their method to cease childbearing or to space births. The results indicate clearly that the majority of current users in Egypt are limiters; i.e., they want to cease childbearing. Overall, 84 percent of all users asked about the reason that they were using family planning say that they are contracepting because they do not want to have additional children, while only 15 percent are using in order to delay but not prevent another pregnancy.

As expected, Table 9.8 shows that the motivation for using family planning varies with age and the number of living children. Younger users and those with fewer children are more likely to be spacers while older women and those with more children are more likely to be limiters. Nevertheless, even among users in the 20-24 cohort and those with one to two children, the majority are using because they want to cease childbearing.

Obviously not all women who want to limit their childbearing in Egypt are using family planning. The level of unmet need for family planning is examined in greater detail in the next chapter. Nevertheless, the findings presented in Table 9.8 indicate that most women who adopt contraception in Egypt are motivated to use a method because they want no additional children. This pattern has obvious implications with regard to the method mix among users which, as described earlier, is heavily oriented toward the pill, a method that is more appropriate for spacing than for limiting births. The pattern also suggests that women in Egypt may not understand the health benefits for both mothers and their children of using family planning to space pregnancies. Educational efforts directed toward the latter problem may be expected to lead to

TABLE 9.8

PERCENT OF CURRENT USERS* USING FAMILY PLANNING TO CEASE
 CHILDBEARING OR TO SPACE BIRTHS BY AGE AND NUMBER OF SURVIVING
 CHILDREN, EGYPT, 1984

Demographic Characteristic	Cease Childbirth	Space Birth
Total	84.4	14.7
<u>Age</u>		
Under 20 years	17.5	82.5
20-24 years	51.6	48.4
25-29 years	74.1	25.1
30-34 years	89.1	10.3
35-39 years	95.9	3.4
40-44 years	98.7	1.3
45-49 years	98.3	1.2
<u>Surviving Children</u>		
None	10.0	90.0
1-2 children	57.6	42.0
3-4 children	92.4	7.3
5-6 children	97.2	2.1
7 or more children	96.0	3.2

* Excludes users relying on sterilization.

increased family planning use among younger, lower parity women, while informational efforts targetting women adopting contraception to limit births may result in a more balanced and appropriate method mix.

Indicators of User Satisfaction

The ECPS(84) also obtained information relating to the level of satisfaction with the current method from users relying on methods other than sterilization. Table 9.9 presents several indicators of user dissatisfaction with their method including: (1) the percent who think that

TABLE 9.9

PERCENT INTENDING TO STOP USING WITHIN SIX MONTHS,
PERCENT PREFERRING A METHOD OTHER THAN THEIR CURRENT
METHOD AND PERCENT EXPERIENCING PROBLEMS WITH THEIR
METHOD AMONG CURRENT USERS BY THE METHOD USED, EGYPT,
1984

Method	Plan to Discontinue	Prefer Another Method	Have Problems
Total	5.0	8.1	25.6
Pill	5.2	8.4	33.1
IUD	3.6	2.6	21.3
Other modern methods	3.7	8.9	9.7
Traditional methods	13.5	31.1	8.8

they will discontinue using their current method during the next six months; (2) the percent not using their preferred method and (3) the percent saying that they have had problems with their method. In general, the results indicate that the majority of current users are satisfied with their current method. For example, only five percent of all users say that they plan to discontinue within six months, and more than one third of those users (38 percent) say that they plan to stop not because they are not satisfied with their method but because they want another child. Health concerns (21 percent) and an interest in switching methods (18 percent) are the principal reasons given by other users for their intention to discontinue using their present method.

Current users also are generally likely to be using the method that they prefer. Table 9.9 shows that only eight percent of all users say that, if they had a free choice, they would like to switch to another method. Interest in changing methods is clearly greater among women using traditional methods than among those relying on modern methods, particularly the IUD.

TABLE 9.10

PERCENT OF CURRENT USERS HAVING ANY
PROBLEM WITH THEIR CURRENT METHOD BY THE
PROBLEM EXPERIENCED, EGYPT, 1984

Type of problem	
Total Number	712
Total Percent	100.0
Health problems and nervousness	54.0
Irregular period	9.6
Headaches and fainting	28.8
Other	7.6

Finally, although the vast majority of users are using the method that they prefer and plan to continue using the method in question for at least six months, a significant minority of current users (27 percent) report that they have had some problem with their method. The percentage saying that they have had some problem is greater among pill users (33 percent) than among users of the IUD (21 percent), other modern methods (16 percent) or traditional methods (9 percent). Table 9.10 shows that health problems relating to use of the method, nervousness, headaches and fainting as well as irregular periods are commonly cited problems.

The results in Table 9.9 generally suggest that although many users, particularly those relying on the pill, experience significant problems with their method, most users do not plan to stop using their method. These results are encouraging since they suggest that users are willing to continue practicing family planning despite the side effects that many experience. Other results presented in Chapter 11 suggest, however, that side effects were a major factor in discontinuation among women who had used a method in the past but who were not using a method at the time of the ECPS(84).

Chapter 10

REASONS FOR NONUSE AND UNMET NEED

SUMMARY: The ECPS(84) shows that the principal reasons for nonuse among women not currently using family planning include the lack of exposure to the risk of conception, the desire for additional children and lack of information about family planning. Religious reasons, husband's disapproval and concern about method side effects are cited by only small minorities of users as the main reason for not using family planning.

The survey results also indicate that there is widespread interest among current nonusers in using family planning. Two-thirds of currently married fecund nonusers indicate that they intend to adopt family planning in the future. The percentage intending to use is greater among past users than nonusers and among nonusers from urban areas and Lower Egypt than among those from rural areas and Upper Egypt. With regard to the timing of future use, one-third of nonusers intending to use in the future plan to begin using a family planning method within one year.

The need for family planning is evident among women in Egypt. One-quarter of all currently married women are interested in spacing or limiting births, exposed to the risk of conception and not using family planning. Roughly one-half of the women who are defined as in immediate need express an interest in using a family planning method. Among those in need and intending to use, the pill is the most frequently preferred method followed by the IUD.

Information on reasons for nonuse, intention to use in the future, the timing of future use and preferred method were collected from ECPS(84) respondents who were not using family planning at the time of the survey. This information, which is reviewed in the chapter which follows, is highly important in evaluating the prospects for family planning acceptance among nonusers in Egypt.

REASONS FOR NONUSE

Currently married women who were not practicing family planning at the time of the survey were asked about their primary and secondary reasons for not using contraceptive methods. Most nonusers gave only one response

to these questions; only eight percent reported a second reason. Accordingly, the following analysis is based only on an examination of the primary reason given for nonuse.

Table 10.1 presents the percent distribution of nonusers by the principal reason for nonuse. The table shows that lack of exposure to the risk of contraception is the main reason for nonuse. Around four of every ten currently married women are not practicing family planning because they are pregnant (19 percent), they consider themselves to be unable to have children (17 percent) or their husband has been away for a period that exceeds six months (7 percent). Another 14 percent are not using family planning because of a desire for more children, and an identical percentage (14 percent) is not practicing contraception because they are either breastfeeding or resting after using the pill. Only one out of ten women is not using family planning because of health problems or fear of side effects. About an equal proportion is not using because they did not know about any method. It is worth mentioning that neither lack of access to contraceptive services nor religious concerns were cited as major reasons for nonuse. Less than one percent of nonusers gave either of these factors as the main reason for nonuse.

Differences in the distributions of reasons for nonuse by residence also are shown in Table 10.1. Around one-half of currently married women in urban areas are not practicing family planning because they are not exposed compared with only about 40 percent of women in rural areas. The percentage of women not practicing family planning because they were not exposed also varies somewhat between Lower and Upper Egypt. Forty-five percent were not using because they are not exposed in Lower Egypt compared with about 39 percent in Upper Egypt. Except for the differences in the percentages not using because they lack information about family planning methods, nonusers do not differ greatly by residence with respect to the other reasons which they give for not using a method.

TABLE 10.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS BY REASONS FOR NONUSE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Reason for Nonuse	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	6,379	2,157	4,222	804	2,590	2,891	94
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Currently pregnant	19.2	19.2	19.2	19.4	19.1	19.2	20.2
Not capable of having children	17.3	22.9	14.4	29.0	18.2	13.4	14.9
Husband away	6.7	6.7	6.8	7.2	7.5	6.1	4.3
Wants additional child	13.7	13.1	14.0	11.4	13.9	14.1	12.8
Breastfeeding/resting	13.6	14.3	13.2	15.1	17.2	9.9	17.0
Health problems	7.9	9.4	7.2	8.2	8.0	7.8	8.5
Fear of side effects	2.6	2.0	2.8	2.2	2.2	2.9	4.3
Religious reasons	0.5	0.6	0.4	0.7	0.2	0.7	0.0
Problems in obtaining methods	0.1	0.0	0.2	0.0	0.2	0.1	0.0
Doesn't know any method	11.6	5.1	14.9	1.0	3.9	21.3	14.9
Other reasons	6.7	6.6	6.8	5.7	9.7	4.5	3.2

The variations in the reasons for nonuse with selected background characteristics of nonusers are examined in the data presented in Table 10.2. Most of the differences observed between the groups represented in the table lie in the proportions for whom the main reasons for nonuse are the lack of exposure to the risk of childbearing, the desire for more children or side effects/health problems. Overall, the results suggest that past users are more likely than never users not to be exposed (51 percent vs. 42 percent, respectively) or to have health problems (35 percent vs. 20 percent, respectively). For never users, the desire for additional children, health problems and the lack of contraceptive knowledge or problems with access to services are almost equally important

TABLE 10.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS BY REASONS FOR NONUSE AND SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Total Percent	Not Exposed	Want More Children	Health/Side Effects	Lack of Knowledge/Availability	Other Reasons
<u>User Status</u>						
Past user	100.0	51.2	5.4	34.9	0.1	8.4
Never user	100.0	40.0	17.1	19.7	16.5	6.8
<u>Age</u>						
Less than 25 years	100.0	38.2	24.7	17.3	14.4	5.4
25-34 years	100.0	36.7	11.8	31.7	11.8	8.0
35-49 years	100.0	63.4	3.2	17.4	8.0	8.0
<u>Surviving Children</u>						
None	100.0	49.1	34.7	0.9	14.2	1.1
1-2 children	100.0	41.0	17.3	22.4	12.4	6.8
3-4 children	100.0	42.3	7.7	30.1	10.0	9.8
5-6 children	100.0	42.8	2.8	34.1	11.7	8.7
7 or more children	100.0	44.2	1.9	34.8	9.7	9.4
<u>Educational Level</u>						
No education	100.0	41.9	12.5	22.7	15.6	7.3
Less than primary completed	100.0	46.7	13.5	27.3	5.0	7.2
Completed primary/Some preparatory	100.0	45.6	15.3	26.5	4.8	7.8
Completed preparatory and above	100.0	45.5	21.5	25.7	1.4	5.8

factors (17 percent, 20 percent and 16 percent, respectively) in the decision not to use.

Current age and the number of surviving children also are related to the reasons given for nonuse. As expected, an increase with age in the percentage of nonusers saying they are not exposed is very evident for those nearing the end of the childbearing period. At the same time, the percentage of women reporting that they are not using because they desire children varies inversely with age, ranging from 25 percent for nonusers age 15-24 to three percent for those age 40-49. Not unexpectedly, lack of knowledge also varies inversely with age, ranging from 14 percent among the youngest age group (15-24) to eight percent among those 40 years and over. Similar inverse relationships are observed with regard to the number of surviving children. The percentage of women who were not using because they desire additional children declines from 35 percent among nonusers with no children to only two percent for those who had seven children or more. In turn as expected, the percentage of women not using because of health problems increases with the number of surviving children from less than one percent for those with no children to about 35 percent for those who had seven children or more.

Not surprisingly, the level of education reported by nonusers is closely associated with lack of knowledge; the percentage of women for whom this is the principal reason for nonuse declines from around 16 percent for those with no education to only one percent for those who completed at least preparatory level. With respect to other reasons, however, the differences between educational status categories are small.

INTENTION TO USE FAMILY PLANNING

A series of questions were included in the ECPS(84) on the intention to adopt family planning in the future, preferred method, the timing and other conditions for such adoption. The responses to these questions, while indicating the level of interest in using family planning among nonusers, cannot be directly translated to a measure of actual demand for contraceptives since they are merely an expression of intentions that

might not actually materialize. They provide, nevertheless, some insights into the prospect for future family planning among women not using a method at the time of the survey.

The analysis of the information on contraceptive intentions will be limited to currently married fecund nonusers who know at least one method. Women not knowing a method or believing themselves to be infecund are eliminated from the discussion because they obviously should not be concerned about contraceptive practice. The ECPS(84) respondents who were fecund, knowledgeable about family planning and not using family planning (N=4,278) represent 47 percent of all currently married women.

Proportion Intending to Use Family Planning

Almost two-thirds of all fecund nonusers knowing at least one contraceptive method intend to use family planning in the future, 15 percent are undecided, while around 21 percent clearly indicate that they do not intend to adopt a contraceptive method in the future (Table 10.3). The percentage of past users who intend to use family planning (75 percent) is substantially greater than the percentage of never users who say that they will use in the future (58 percent). It also is notable that the undecided group is substantially larger among never users (18 percent) compared with past users (8 percent).

Table 10.3 shows differentials in the proportions intending to use a method by residence. The percentage who say that they will use contraception is slightly greater among urban than rural nonusers (69 percent vs. 61 percent, respectively). The primary difference between urban and rural areas lies essentially with never users, where the percentage of nonusers who expressed an intention to use is 64 percent in urban areas compared to about 56 percent in rural areas.

TABLE 10.3

PERCENT DISTRIBUTION OF CURRENTLY MARRIED FECUND NONUSERS KNOWING AT LEAST ONE CONTRACEPTIVE METHOD BY INTENTION TO USE, USER STATUS AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

User Status and Intention to Use	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
<u>All Nonusers</u>							
Total Number	4,278	1,519	2,759	554	1,991	1,671	62
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Intend to use	64.0	69.3	61.1	70.0	67.9	56.9	77.4
Do not intend to use	21.3	18.7	22.8	19.9	16.4	27.8	21.0
Undecided	14.7	12.0	16.1	10.1	15.7	15.4	1.6
<u>Past Users</u>							
Total Number	1,485	752	733	298	701	455	31
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Intend to use	74.5	75.2	73.7	75.2	76.9	69.7	83.9
Do not intend to use	17.4	17.6	17.2	19.1	14.4	21.1	12.9
Undecided	8.1	7.2	9.2	5.7	8.7	9.3	3.2
<u>Never Users</u>							
Total Number	2,793	767	2,026	256	1,290	1,216	31
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Intend to use	58.4	63.5	56.5	64.1	63.0	52.1	71.0
Do not intend to use	23.5	19.7	24.9	20.7	17.4	30.3	29.0
Undecided	18.1	16.8	18.6	15.2	18.5	17.7	0.0

Differences by place of residence also are observed in Table 10.3. The percentage of those intending to use family planning in the future is higher in Lower Egypt (68 percent) than Upper Egypt (57 percent). Almost two-thirds of the remaining nonusers from Upper Egypt say that they will not adopt contraception, while those from Lower Egypt are almost equally

divided between those who will not adopt and those who are undecided. Overall, the percentage of married fecund nonusers who report that they do not intend to use family planning in Upper Egypt (28 percent) is almost twice the comparable percentage in Lower Egypt (16 percent).

Timing of Future Use

Nonusers who expressed an interest in using family planning in the future were asked about when they planned to begin practicing family planning. Table 10.4 shows that only 56 percent of nonusers planning to use in the future are able to indicate a definite time when they will start using family planning. One out of three nonusers says that she will begin using a method within one year. About one out of five nonusers says that she intends to start practicing family planning within 1-2 years, while five percent report that they will adopt a method after three or more years.

Substantial urban-rural differences exist in the timing of future use. About 35 percent of urban nonusers who intend to use contraceptive

TABLE 10.4

PERCENT DISTRIBUTION OF CURRENTLY MARRIED FECUND NONUSERS INTENDING TO USE FAMILY PLANNING IN THE FUTURE BY TIMING FOR BEGINNING OF USE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Timing of Use	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	2,738	1,053	1,685	388	1,352	950	48
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Within one year	33.4	40.9	28.7	47.2	31.4	30.7	33.3
Between 1-2 years	17.8	19.8	16.6	21.9	15.8	19.3	12.5
3 or more years	4.8	3.9	5.4	4.9	5.2	4.3	4.2
Undecided	44.0	35.4	49.3	26.1	47.7	45.7	50.0

methods in the future are not clear about the timing of such use compared to 49 percent of rural nonusers. Nonusers intending to adopt from the Urban governorates also are more likely to report a definite time for adoption than nonusers from Lower Egypt, Upper Egypt or the Frontier governorates.

Plan to Begin Contraceptive Use Before/After Next Child

Currently married nonusers who knew at least one family planning method and who intended to use in the future were asked if they planned to start using before or after they had another (their first) child. The findings presented in Table 10.5 show that one out of every two says that she plans to start contracepting before having the next child, while one out of three nonusers reports that she will start using after the next child. Thirteen percent mentioned that they do not intend to have any additional children, and only three percent were undecided. The percentage of nonusers who intend to begin practicing contraception before their next child is higher in urban areas, particularly in the Urban governorates, than in the other residential categories.

TABLE 10.5

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS INTENDING TO USE FAMILY PLANNING IN THE FUTURE BY TIMING OF USE (BEFORE OR AFTER NEXT CHILD) AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Timing of Use	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
Total Number	2,738	1,053	1,685	388	1,352	950	48
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
After next child	33.5	29.5	35.9	24.7	33.7	37.2	22.9
Before next child	50.2	55.0	47.2	61.3	49.0	47.3	52.1
Want no additional children	13.1	13.3	13.0	11.3	14.3	11.6	22.9
Undecided	3.2	2.2	3.8	2.6	2.9	4.0	2.1

Number of Additional Children Desired Before Method Adopted

Currently married nonusers who intend to use family planning but not before they have another child were asked about their opinion as to how many additional children they thought that they should have before they would begin practicing contraception. Table 10.6 shows that 49 percent of these nonusers would start contracepting after having one more child, 34 percent would begin after having two more children, while 15 percent would not adopt family planning until they had had three more children. Generally, similar patterns are shown across the various residential categories, although, in rural areas and in Upper Egypt, somewhat higher percentages of women report that they would like to have at least three more children before they began using contraception than in the other areas.

UNMET NEED

One of the major concerns for family planning program is to define the size of the potential demand for contraceptives and to identify the

TABLE 10.6

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS INTENDING TO USE FAMILY PLANNING BY THE NUMBER OF ADDITIONAL CHILDREN THEY WANT TO HAVE BEFORE THEY BEGIN CONTRACEPTING AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

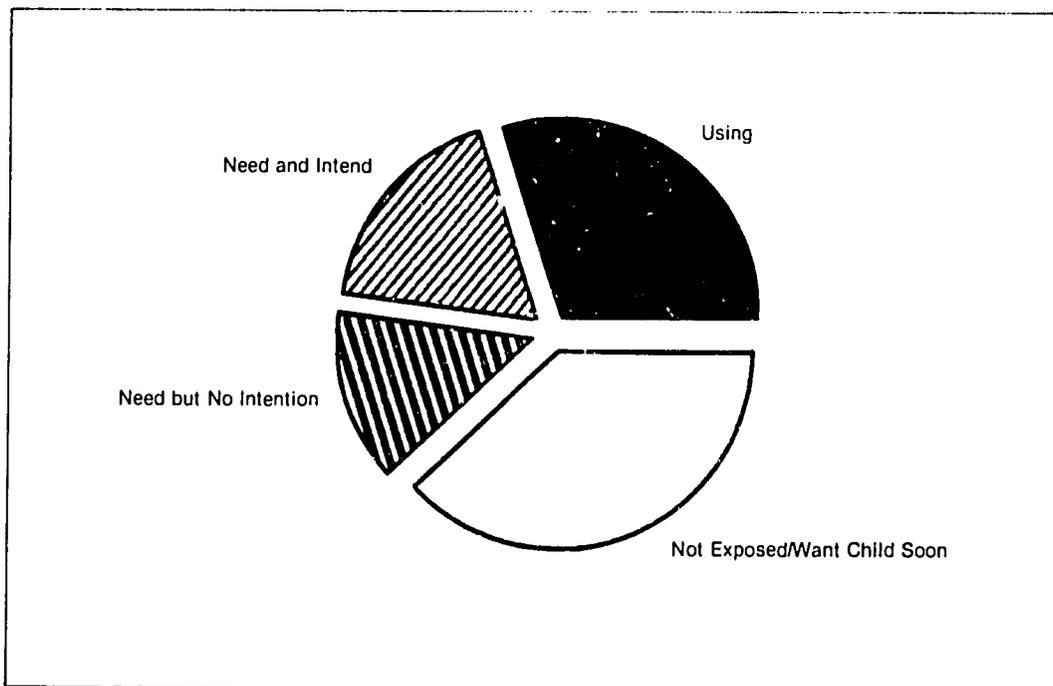
Number of Children	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	921	313	608	97	460	353
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
One child	48.8	57.5	44.2	63.9	49.8	43.3
Two children	34.3	33.2	34.9	30.9	38.5	29.2
Three children	10.4	6.4	12.5	2.1	7.6	16.7
Four children or more	4.7	1.6	6.3	0.0	3.7	7.4
Other/Not sure	1.9	1.3	2.2	3.1	0.4	3.4

groups that are in most need of contraceptive services. A number of approaches have been suggested in defining the level of the unmet need and estimating the numbers of women considered to be in need at various points in time. For purposes of this analysis, women who wanted no additional children or who desired to space their next pregnancy and who were exposed to the risk of pregnancy but not using a modern contraceptive were considered to be in need of services. In defining the group in need, it should be particularly noted that:

- Nonusers who were exposed and not using family planning at the time of the survey were not considered to be in need if they wanted an additional child immediately.
- Women using traditional family methods were regarded as in need.
- Women whose spouses were away were included in group in need unless the period of separation exceeded six months.
- All women who said that they could not have additional children were excluded from the group in need.

Table 10.7 presents the distribution of women by their exposure status, their user status and their need for contraceptive services. The table shows that one-quarter of all currently married women in Egypt are in immediate need of family planning to avoid an unplanned or unwanted birth (Figure 10.1). Among women in need, the proportion of limiters (i.e., those wanting no more children) is roughly five times the proportion of spacers (i.e., those wanting to delay the next pregnancy). Rural women are somewhat more likely to be in need of family planning than urban women (28 percent vs. 21 percent), and the percentage in need varies by place of residence, from only 19 percent among women in the Urban governorates to around 25 percent in both Lower Egypt and Upper Egypt. Within the latter two regions, the percent in need of family planning also differs by area of residence. As Table 10.8 shows, the highest proportion in need is found among rural women in Lower Egypt (29 percent), while the lowest proportion in need is recorded among urban women from the same region (20 percent).

FIGURE 10.1
**Percent Distribution of Currently Married Women by User Status,
Need for Family Planning and Intention to Use, Egypt, 1984**



Tables 10.7 and 10.8 also show the distributions of women not in need of family planning by the reason that they are not in need. The importance of contraceptive use in reducing the proportion of women in need is evident in these results. Approximately four out of ten women in the not in need category— 29 percent of all currently married women—are already using a modern family planning method. A similar percentage is not exposed to the risk of conception because they are pregnant, their husbands are away or they are menopausal or amenorrheic. The distributions of women not in need by the reason they are not in need vary markedly with area and place of residence, with the greatest difference observed as expected in the level of use of modern family planning methods.

TABLE 10.7

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY NEED FOR FAMILY PLANNING, INTEREST IN LIMITING OR SPACING AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Need Status	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban govern- orates	Lower Egypt	Upper Egypt	Frontier govern- orates
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Exposed and in Need</u>							
Limiter	21.1	17.5	23.7	15.6	21.4	23.1	23.0
Spacer	3.9	3.1	4.4	3.1	4.8	3.3	1.5
<u>Exposed and Not in Need</u>							
Using modern methods	28.7	42.6	18.3	46.3	32.5	16.5	28.1
Wants children now	16.2	10.0	20.9	6.9	11.8	25.3	20.0
<u>Not Exposed</u>							
Currently pregnant	13.4	10.5	15.5	9.8	12.6	15.9	14.1
Husband away	4.7	3.7	5.5	3.6	4.9	5.0	3.0
Cannot have children	12.1	12.6	11.7	14.7	12.0	11.0	10.4

Differentials in the Level of Unmet Need

Table 10.9 looks at the variation in the level of unmet need with selected background characteristics of currently married women. The table shows that the level of unmet need is greater among women who have practiced family planning in the past than among those who have never used a method; four out of ten past users are in need of family planning compared to only around three out of ten never users. The majority of women in need in both groups are limiters, although the proportion wanting to space births is somewhat greater among never users than among past users. Among

Table 10.9 further indicates that the need for family planning is, not surprisingly, positively associated with the number of surviving children. The percent in need ranges from less than three percent among women with no living children to 35 percent among those with seven or more children. The proportion of women in need to space their next birth is greatest among women who have only one to two children. Among women with more than two children, those in need are almost universally interested in limiting their family size. The current use of modern methods or the lack of exposure to risk of conception because the women are amenorrhoeic or menopausal are the primary factors explaining lack of need among women with three or more children, while a current pregnancy or the desire to have a child in the near future are the main factors associated with lack of need among lower parity women.

The need for family planning services is negatively associated with the educational level of the woman. The percent in need ranges from 27 percent among women with no education to only 18 percent among women with at least a preparatory education. Among women in need, the proportion interested in spacing tends to be greatest among the most highly educated and presumably youngest group. The most significant variation among women not in need occurs in the percentage who are currently using family planning, which ranges from 22 percent among those with no education to 45 percent among those who have completed at least the preparatory level.

Intention to Use among Women in Need

Table 10.10 shows the percent of women in need and knowing about a family planning method who intend to use family planning in the future. The table indicates that slightly more than one-half of the women in need of family planning say that they plan to use. The proportion intending to use in the future does not vary greatly by area or place of residence. The lowest percentage planning to use (52 percent) is observed among women from Upper Egypt while the highest percentage is found among women from Lower Egypt (59 percent).

TABLE 10.8

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY EXPOSURE STATUS, USER STATUS, NEED FOR FAMILY PLANNING SERVICES AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Need Status	Lower Egypt		Upper Egypt	
	Urban	Rural	Urban	Rural
Total Percent	100.0	100.0	100.0	100.0
<u>Exposed and In Need</u>				
Limiter	16.5	23.5	21.1	24.0
Spacer	3.0	5.5	3.1	3.4
<u>Exposed and Not in Need</u>				
Using modern method	45.3	27.3	35.4	7.3
Wants children now	9.4	12.8	14.8	30.3
<u>Not Exposed</u>				
Currently pregnant	9.8	13.7	12.0	17.8
Husband away	4.1	5.2	3.4	5.8
Cannot have children	11.9	12.0	10.1	11.5

past users not in immediate need, the largest proportions are not exposed because they are pregnant, amenorrheic or menopausal. Among never users not in need, the largest proportion is, in contrast, exposed but not considered as in need because they want another child immediately.

Considering age patterns, the proportion of women in need varies from a high of 28 percent among women age 25-39 years to a low of 21 percent among women under age 25. As expected, the proportion of women in need who are concerned about spacing their next birth is considerably greater among women under age 25 than among women in the two older age categories, where almost all women in need say they want no more children. The reason

TABLE 10.9

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY NEED FOR FAMILY PLANNING AND SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Total Percent	In Need		Not in Need				
		Limiters	Spacer	Using Modern Method	Wants Child Now	Cur- rently Pregnant	Hus- band Away	Can't Have Children
<u>User Status</u>								
Past users	100.0	38.4	2.0	-	8.3	21.0	9.8	20.4
Never users	100.0	24.1	6.7	-	29.2	18.5	5.5	16.0
<u>Age</u>								
15-24 years	100.0	10.4	10.5	12.4	33.5	24.2	6.6	2.3
25-34 years	100.0	25.4	2.5	36.4	13.0	13.3	4.9	4.4
35-49 years	100.0	22.2	0.1	28.0	5.3	2.2	2.1	40.0
<u>Surviving Children</u>								
None	100.0	0.7	1.9	0.8	48.0	26.1	4.3	18.3
1-2 children	100.0	12.1	10.4	24.0	23.0	18.6	6.3	5.6
3-4 children	100.0	26.0	1.6	38.7	8.6	10.4	4.7	10.0
5-6 children	100.0	32.3	0.3	35.2	5.2	7.4	4.1	15.5
7 or more children	100.0	34.2	0.6	30.9	4.3	3.8	1.6	24.6
<u>Educational Level</u>								
No education	100.0	23.6	3.6	22.0	18.5	13.5	4.7	14.1
Less than primary completed	100.0	19.7	3.7	34.2	12.2	13.8	4.9	11.4
Completed primary/ Some preparatory	100.0	17.5	2.6	42.4	12.2	11.3	5.3	8.7
Completed preparatory and above	100.0	12.4	5.8	45.3	13.8	13.2	4.2	5.3

that some women are not in need also varies with the age category. For example, the desire for another child now is the modal category among women not in need under age 25, while, among women not in need in the 25-39 cohort, the largest proportion are those using a modern method. As expected, among in the 40-49 age group, the inability to become pregnant is the primary reason for not needing family planning.

TABLE 10.10

PERCENT OF CURRENTLY MARRIED WOMEN KNOWING ANY METHOD AND IN NEED OF FAMILY PLANNING WHO PLAN TO USE A METHOD IN THE FUTURE BY INTEREST IN LIMITING OR SPACING BIRTHS AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Characteristic	Plan to Use
TOTAL	55.9
Limiter	53.3
Spacer	69.6
AREA OF RESIDENCE	
<u>Urban</u>	54.8
Limiter	51.9
Spacer	71.4
<u>Rural</u>	56.6
Limiter	54.1
Spacer	68.6
PLACE OF RESIDENCE	
<u>Urban Governorates</u>	54.2
Limiter	51.0
Spacer	70.0
<u>Lower Egypt</u>	58.8
Limiter	55.4
Spacer	74.0
<u>Upper Egypt</u>	52.3
Limiter	51.1
Spacer	61.6

Women who are in need of family planning to delay their next pregnancy (spacers) are somewhat more likely to be planning to use than

TABLE 10.11

PERCENT DISTRIBUTION OF WOMEN IN NEED WHO INTEND TO USE FAMILY PLANNING BY METHOD PREFERRED, INTEREST IN LIMITING OR SPACING BIRTHS AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Characteristic	Total Percent	Pill	IUD	Other Modern Method	Other Traditional Method	Not sure/ Not stated
TOTAL	100.0	57.7	24.9	6.9	0.4	10.1
Limiter	100.0	55.0	25.7	7.6	0.6	11.2
Spacer	100.0	68.5	21.6	4.1	0.0	5.9
AREA OF RESIDENCE						
<u>Urban</u>	100.0	53.5	31.2	7.0	0.7	7.7
Limiter	100.0	51.3	32.9	7.4	0.9	7.4
Spacer	100.0	62.5	23.8	5.0	0.0	8.8
<u>Rural</u>	100.0	60.1	21.1	6.9	0.3	11.6
Limiter	100.0	57.2	21.3	7.7	0.4	3.2
Spacer	100.0	71.8	20.4	3.5	0.0	10.4
PLACE OF RESIDENCE						
<u>Urban Governorates</u>	100.0	48.8	36.9	9.4	0.0	4.4
Limiter	100.0	47.2	38.4	11.2	0.0	3.2
Spacer	100.0	54.3	31.4	2.9	0.0	10.4
<u>Lower Egypt</u>	100.0	60.5	25.9	7.2	0.3	6.1
Limiter	100.0	57.5	27.2	8.0	0.5	6.8
Spacer	100.0	70.1	21.6	4.5	0.0	3.7
<u>Upper Egypt</u>	100.0	57.3	17.7	5.7	0.8	18.5
Limiter	100.0	54.6	18.1	6.0	1.0	20.4
Spacer	100.0	73.6	15.1	3.8	0.0	7.6

Timing of Future Use

Table 10.12 considers two indicators of the expected timing of future use among women in need and intending to use family planning. the percent

those who are in need of family planning because they do not want another child (limiters). Overall, seven out of ten women in need of family planning for spacing purposes report that they intend to adopt a method in the future compared to only around five out of ten women in need of family planning for purposes of limiting their families. The differential between limiters and spacers in the percent intending to use, which is consistent across all residential categories, is greatest among women from urban areas and smallest among women from Upper Egypt.

Preferred Method

The pill is the most frequently preferred method among women in need of family planning who intend to use in the future (Table 10.11). Almost 60 percent in this group say that the pill was their preferred method compared to 25 percent citing the IUD. Seven percent prefer other modern methods, and less than one percent say that they would adopt a traditional method. The most notable residential differential in method preferences lies in the greater than average proportion of women from urban areas, particularly among those from the Urban governorates, preferring to use an IUD.

Considering method preferences by interest in spacing or limiting, Table 10.11 shows that the majority of women in need and intending to use in the future prefer the pill to other family planning methods whether they are seeking to space or limit births. The proportion preferring the pill is, however, somewhat less, and the proportion interested in using the IUD or other modern methods is somewhat greater among women wanting to limit in comparison to those interested in spacing births. In this regard, it should be noted that the longer rates of continuation and the lower levels of method failure among women using the IUD in comparison with those relying on the pill would suggest that efforts should be directed toward increasing interest in the adoption of the IUD among women who would like to limit their family size.

TABLE 10.12

PERCENT WHO INTEND TO USE FAMILY PLANNING BEFORE HAVING ANOTHER CHILD AND PERCENT WHO WILL USE WITHIN ONE YEAR AMONG CURRENTLY MARRIED WOMEN IN NEED OF FAMILY PLANNING CONTROLLING FOR THE INTEREST IN SPACING OR LIMITING AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Characteristic	Before Having Next Child	Within One Year
TOTAL	64.8	44.7
Limiter	72.3	50.2
Spacer	34.7	22.5
AREA OF RESIDENCE		
<u>Urban</u>	69.1	50.6
Limiter	74.2	54.6
Spacer	47.5	33.8
<u>Rural</u>	62.3	41.1
Limiter	71.1	47.5
Spacer	27.5	16.2
PLACE OF RESIDENCE		
<u>Urban Governorates</u>	71.9	51.9
Limiter	78.4	56.8
Spacer	48.6	34.3
<u>Lower Egypt</u>	62.6	42.3
Limiter	72.8	49.1
Spacer	29.1	20.1
<u>Upper Egypt</u>	65.8	45.1
Limiter	70.2	49.2
Spacer	39.6	20.8

planning to begin using within one year and the percent planning to start using before they have another child. Among women in need and intending

to use, roughly four out of ten said that they thought that they would begin using a method within the next year. A somewhat greater proportion indicates that they plan to adopt before they have another child-- a time frame that is indefinite but still indicates an interest in using in the near future. Neither of the percentages relating to the timing of future use varies markedly by residence. The proportion of limiters considering immediate use of a method is, however, clearly more than double the proportion of spacers who think they will start using soon.

Chapter 11

CONTRACEPTIVE CONTINUATION

SUMMARY: A total of 3,268 segments of contraceptive use were analyzed to provide information on contraceptive continuation in Egypt. Based on this analysis, the median pill user can be expected to use for about 24 months, while the median duration of IUD use is over 45 months. Users of other modern methods have a median duration of use of only 14 months.

Users of the pill and IUD in urban areas have longer median durations of use than users of the same methods in rural areas. The urban-rural differential for the pill, however, is much greater than the differential in the median use of the IUD. Large differentials also exist with regard to the duration of use by age of the user. Users of the pill 35 years and over, for example, can be expected to use the method nearly three times as long as those under 25 years of age. For IUD users, this differential is over two to one. Users of government operated clinics had slightly lower continuation rates than those using pharmacies (pill users) and those using private physicians or clinics (IUD users).

Most users who had stopped using reported stopping because they had become pregnant while using the method, or because of reported side effects. Accidental pregnancy rates were lowest for the IUD and highest among vaginal method users. Of those stopping for reasons other than pregnancy, the majority became pregnant in the interval after use.

This chapter reviews the data regarding patterns of contraceptive continuation collected in the ECPS(84). Topics investigated include: (1) the average length of use of contraception; (2) the variation in the length of use by the method used, residence and age; and (3) the reasons for the termination of contraceptive use.

METHODOLOGY

Sources of Data

Respondents who had ever used family planning were asked if they were using a family planning method in January, 1980. Those not using on that date were further asked if they had used family planning at any time since January 1980. If the answer to either of these questions was affirma-

tive, information was collected on up to six segments of contraceptive use during the period between January 1980 and the ECPS(84) interview. Questions asked with respect to each segment of use concerned the method used, the starting and stopping dates, the source of the method, the reason for discontinuation, and whether the women had become pregnant in the interval between the discontinuation and the resumption of family planning use. In collecting these data, the interviewers made special efforts to ensure that only segments of continuous use were recorded, that is, that the reported segment did not include a period of nonuse. Emphasis also was placed on the collection of complete (i.e., both month and year) starting and stopping dates.

The analysis of the ECPS(84) data on family planning continuation is subject to several limitations. One source of possible error is related to the quality of the date information. Both recall error and a simple lack of knowledge of dates, especially among rural women with no education, may contribute to error in the reporting of dates. The quality of the ECPS(84) date information will be examined further below.

Another limitation in the analysis of the continuation data lies in the fact that less than one third of all currently married women reported a segment of use in the reference period. The comparatively small number of reported segments of use is, of course, due to the relatively low prevalence of contraceptive use in Egypt. The result is that the analysis is sometimes hampered by the small number of respondents, especially when differentials in continuation are explored for various background characteristics.

A third limitation in this analysis results from the use of respondent reported segments of contraceptive use. Such data may be biased in two ways. First of all, women may report starting and stopping dates that include periods of nonuse. The inclusion of such periods of intermittent use will result in estimates of the average length of use that are biased upward. Reporting errors of this type are more likely to

occur among users of condoms, vaginal methods and, to some extent, of the pill, than they are among IUD users. A second possible source of error in reporting is the omission of very short segments of use. For example, a woman who used the pill for less than one month and discontinued because she experienced some side effects may not consider that segment of use important enough to report. This type of omission also will tend to increase the estimated average length of use.

Life Table Analysis of Segments of Use

The technique to be used in the analysis of segments of contraceptive use is the construction of a life table analogous to that used with mortality data. Such a life table provides, for any given point following the initiation of contraceptive use, the proportion of women "surviving", that is, continuing to use contraception. In the construction of the life table, the continuation rates are adjusted to take into account women still using contraception at the time of the survey. The resulting life table, then, reflects the experience of a hypothetical cohort of women all starting to use a method of contraception at the same point in time. Useful comparative measures resulting from such a life table include: (1) the proportion of women still using a method at the end of a specified interval following its acceptance and (2) the median duration of use—the point in the life table at which 50 percent of the women are still using the method in question.

Calculation of Segments of Use

A total of 3,191 ever married respondents reported 4,360 segments of contraceptive use beginning in January, 1980 or after. The distribution of respondents by the number of reported segments of use is shown in Table 11.1. Of those reporting use since 1980, slightly more than two-thirds reported only one segment of use in the nearly five year period

TABLE 11.1

PERCENT DISTRIBUTION OF RESPONDENTS
REPORTING THAT THEY USED CONTRACEPTION
BETWEEN JANUARY, 1980 AND THE ECPS (84)
INTERVIEW BY THE NUMBER OF SEGMENTS OF
REPORTED USE, EGYPT, 1984

Number of Segments	Number of Respondents
Total Number	3,191
Total Percent	100.0
One	69.5
Two	25.4
Three	4.3
Four	0.6
Five or more	0.2

before the interview date. Only about five percent reported more than two segments of contraceptive use.

For each respondent reporting a segment of use, the duration of use was calculated separately for use of the pill, the IUD, and other modern methods (condoms, vaginal methods, and injection). In cases of multiple segments of use of a single method, the most recent segment was selected for analysis. As Table 11.2 shows, this procedure resulted in a total of 3,268 segments of use; 2,088 segments of pill use, 831 segments of IUD use and 349 segments of use of other modern methods.

Table 11.2 also provides a breakdown of the quality of the dates reported for the segments selected. In 70 percent or more of the segments of use reported for each of the methods shown, both the month and the year of the starting and stopping dates were provided by the respondent. Overall, about 16 percent of the segments were missing one month, while, in 10

TABLE 11.2

PERCENT DISTRIBUTION OF SEGMENTS OF CONTRACEPTIVE USE BY QUALITY OF THE REPORTING OF DATES AND METHOD, EGYPT, 1984

Date Quality	Total	Pill	IUD	Other Modern
Total Number	3,268	2,088	831	349
Total Percent	100.0	100.0	100.0	100.0
Both dates good	72.4	70.2	77.1	74.8
One month not reported	16.1	16.5	16.1	13.2
Both months not reported	9.9	11.6	5.5	9.7
Year not reported	1.6	1.7	1.2	2.3

percent of the cases, neither month was reported. The respondent was unable to provide the year of starting or stopping in fewer than two percent of the segments reported.

The quality of the date reporting varied somewhat by the method used. In particular, the dates reported for segments of use for the pill and other modern method appear to be of slightly lower quality than the segments of IUD use. On the whole, however, the reporting of dates was quite complete for all of the methods.

Those segments of use missing either the year of the initiation or the year of the termination of use were excluded from further analysis. Following the procedure used in the analysis of contraceptive continuation in the ECPS(80), a starting or stopping month of July (midyear) was assumed for the missing month among those segments missing one or both months. This approach yielded a total of 3,215 segments of contraceptive use available for analysis; 2,053 segments of pill use, 821 segments of IUD use and 341 segments of use of other modern methods. The patterns of continuation based upon these segments of use are examined below.

ANALYSIS OF CONTRACEPTIVE CONTINUATION

Pill Use

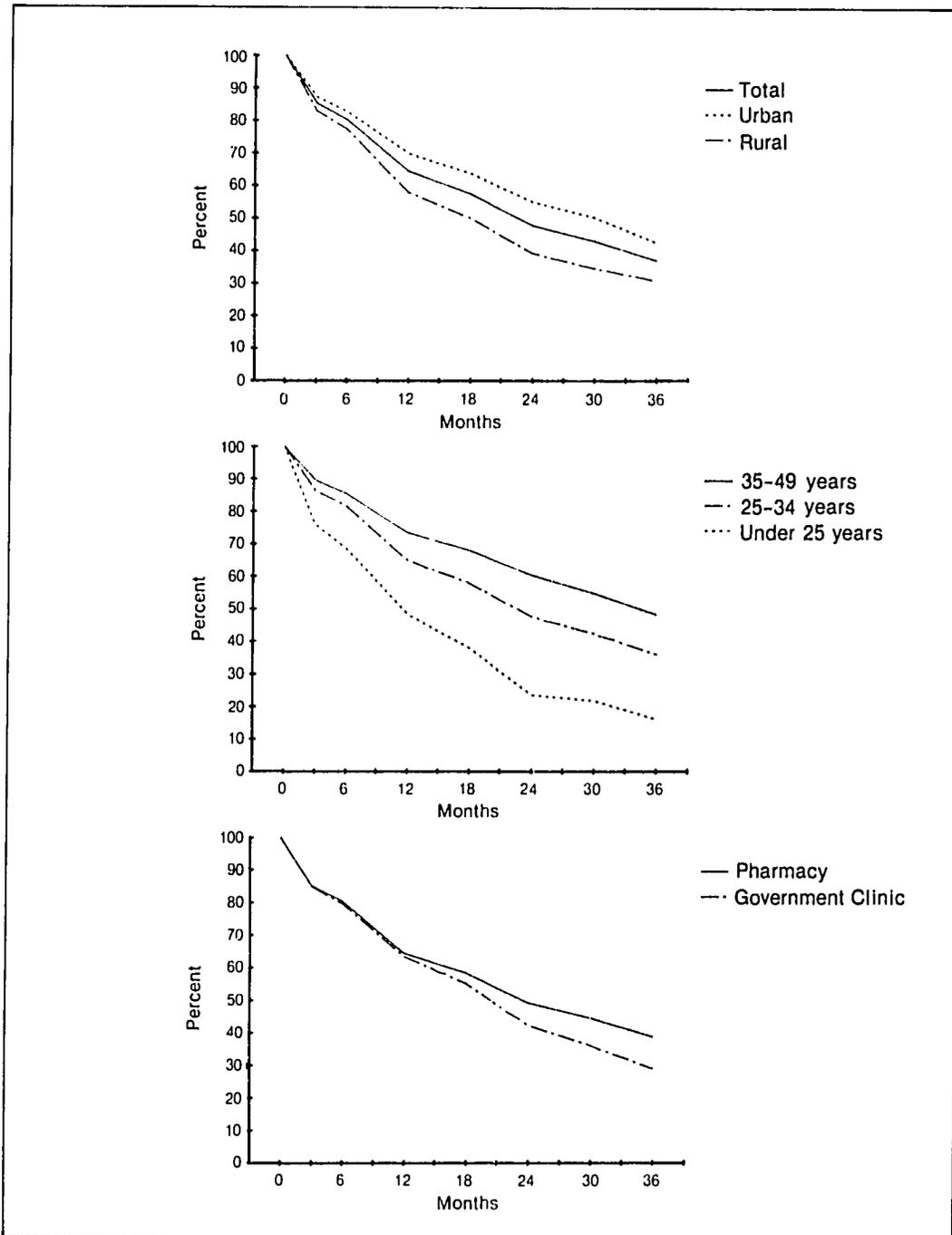
Patterns of continuation for users of the pill, based on the life table analysis of 2,053 segments of pill use since 1980, are shown in Table 11.3. Overall, the results suggest that the average woman beginning use of the pill can expect to use for around two years (24.5 months) before discontinuing. Pill users in urban areas, with a median duration of use of 31 months, can be expected to use for 12 months longer than users in rural areas, who have a median duration of about 19 months. Figure 11.1 shows, moreover, that, throughout the first 36 months of use, urban users have higher cumulative rates of continuation than rural users. Table 11.3 also reports continuation data for pill users by place of residence. Pill users in Urban governorates have the longest median duration

TABLE 11.3

PERCENT CONTINUING TO USE AT SPECIFIED INTERVALS AND MEDIAN DURATION OF USE AMONG PILL USERS BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Residence	Number of Users	Percent Continuing At Least:							Median Duration of Use
		3 Months	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	
Total	2,053	85.3	80.2	64.3	57.4	47.6	42.8	36.8	24.5
<u>Area of Residence</u>									
Urban	1,111	87.2	82.7	69.7	63.7	54.8	50.0	42.2	31.0
Rural	942	83.0	77.3	57.8	50.0	39.1	34.4	30.6	19.0
<u>Place of Residence</u>									
Urban governorates	390	86.7	82.7	69.7	64.5	56.5	48.9	38.7	30.6
Lower Egypt	1,064	86.3	80.4	64.5	57.2	46.4	43.3	39.2	24.3
Upper Egypt	562	82.2	78.3	60.2	53.3	43.3	37.4	31.3	22.8

FIGURE 11.1
Continuation of Pill Use by Selected Background
Characteristics, Egypt, 1984



of use -- 30.6 months -- compared to 24.3 months in Lower Egypt and 22.8 months in Upper Egypt.

Differentials in the continuation of pill use by other background characteristics are examined in Table 11.4. The data show striking differences in the patterns of use by age among Egyptian women. The median duration of pill use for women under age 25 is 12.8 months, compared to just over two years (24.4 months) for women age 25-34, and over three years (36.5 months) for women 35 and over. Figure 11.1 highlights the marked differences between age groups in the patterns of pill continuation.

TABLE 11.4

PERCENT CONTINUING TO USE AT SPECIFIED INTERVALS AND MEDIAN DURATION OF USE AMONG PILL USERS BY SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Number of Users	Percent Continuing At Least							Median Duration of Use
		3 Months	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	
<u>Age</u>									
Under 25 years	384	76.0	68.6	48.1	37.9	23.4	21.7	16.0	12.8
25-34 years	1,124	86.3	81.6	64.8	57.8	47.5	42.3	36.0	24.4
35-49 years	545	89.5	85.4	73.3	67.9	60.2	54.7	48.2	36.5
<u>Respondent's Education</u>									
None	1,040	83.8	79.2	63.8	57.0	47.4	42.0	37.7	24.5
Less than primary completed	539	85.1	80.0	62.4	55.5	43.7	40.3	34.6	22.7
Completed primary and above	472	88.8	82.9	67.8	60.9	52.6	47.4	37.8	27.6
<u>Source For Method</u>									
Government-operated clinic	397	84.8	79.6	63.4	55.1	42.2	36.0	28.9	24.0
Pharmacy	1,534	85.1	80.4	64.4	58.3	49.1	44.4	38.7	24.7

Patterns of contraceptive continuation for pill users by the level of education of the user also are presented in Table 11.4. Users either with no education or with completed primary or more have average durations of use of 24.5 and 27.6 months, respectively, while those with an incomplete primary education can be expected to use for only around 23 months. This curvilinear pattern is likely due to the interaction of the effects of age and education on patterns of use. Thus, older respondents (with higher levels of continuation) are over-represented among those with no education. As a result, the expected pattern of increasing durations of use with higher levels of education is somewhat confounded by the effect of age on use.

The source of the supply for the pill appears to have little effect on the continuation of use (Table 11.4). Users relying on government sources had a median duration of use (24 months) quite close to the median for those obtaining their pills from a pharmacy (24.7 months). As Figure 11.1 shows, the proportions continuing are nearly identical through about 12 months of use. After that point, users relying on pharmacies have somewhat higher continuation rates. For example, at the end of 36 months of use, only 29 percent of users obtaining their pills from government clinics were still using compared to 39 percent of users who were supplied by pharmacies.

IUD Use

Data on the continuation of IUD use, based on responses from 821 users of the IUD in the 1980-1984 period, are presented in Table 11.5. The table shows that users of the IUD in Egypt tend to use their method for approximately 45 months - 21 months longer than the average reported among pill users. The average duration of use varies only slightly by area of residence, ranging from 45.6 months for urban IUD users to 42.1 months for rural users. As shown in Figure 11.2, moreover, differences in the proportions continuing to use at specified intervals between urban and rural

FIGURE 11.2
Continuation of IUD Use by Selected Background
Characteristics, Egypt, 1984

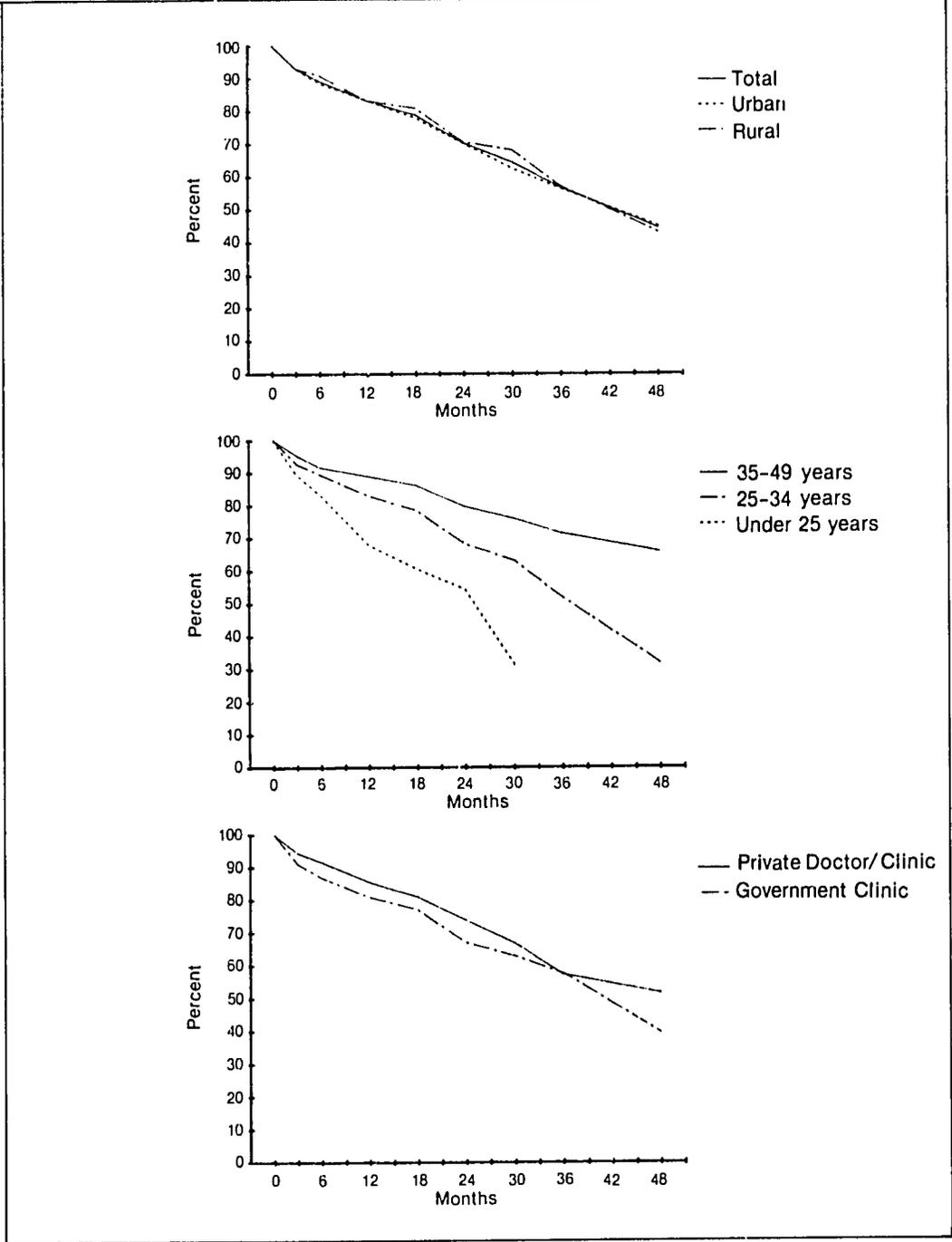


TABLE 11.5

PERCENT CONTINUING TO USE AT SPECIFIED INTERVALS AND MEDIAN DURATION OF USE AMONG IUD USERS BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Residence	Number of Users	Percent Continuing At Least:								Median Duration of Use
		3 Months	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	48 Months	
Total	821	93.0	89.1	83.1	78.8	70.3	64.4	56.7	44.4	45.3
<u>Area of Residence</u>										
Urban	556	93.0	88.4	82.2	77.9	70.2	62.6	56.4	44.9	45.6
Rural	265	93.0	90.8	83.1	80.9	70.6	68.1	57.1	43.1*	42.1
<u>Place of Residence</u>										
Urban governorates	296	93.0	87.0	82.2	75.7	67.6	61.9	58.0	49.5*	45.8
Lower Egypt	365	93.6	90.2	84.4	81.6	71.3	67.1	58.4	39.1*	45.8
Upper Egypt	150	91.0	90.2	80.7	76.5	72.6	61.3	51.2	42.6*	37.2

* Based on fewer than 20 cases.

rural IUD users are relatively small. For example, after 24 months of use, over seven out of ten of both urban and rural users were still using the method. At that point, it must be noted, less than one-half of pill users were still using.

IUD users in Urban governorates and Lower Egypt have a longer average (median) duration of use than users in Upper Egypt. Overall, Table 11.5 indicates that women adopting the IUD in Upper Egypt will use the method for about 37 months compared to an average duration of use of 45 months in the other areas. Differentials in the proportions continuing to use the IUD at particular points in time show a somewhat erratic pattern by place of residence, due, at least in part, to the relatively small number of respondents in each area.

Differentials in patterns of IUD use by age are very evident. Table 11.6 indicates that the average duration of use for those under age 25 (25.6 months) is less than one-half that observed for the group 35 years and over (over 57 months). Moreover, after two years of use, the data presented in Table 11.6 and Figure 11.2 show that only about 54 percent of those under age 25 were still using, compared to 68 percent of those 25-34 and 80 percent of those 35 and over.

As was the case with the pill, the variation in IUD continuation with the user's educational level presents a somewhat ambiguous picture (Table

TABLE 11.6

PERCENT CONTINUING TO USE AT SPECIFIED INTERVALS AND MEDIAN DURATION OF USE AMONG IUD USERS BY SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Characteristic	Number of Users	Percent Continuing At Least								Median Duration of Use
		3 Months	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months	48 Months	
<u>Age</u>										
Under 25 years	103	89.2	83.0	67.9	60.5	54.2	31.1*	N/A	N/A	25.6
25-34 years	478	92.5	89.2	82.9	78.3	68.0	63.0	51.6	31.8*	37.8
35-49 years	235	95.2	91.4	88.7	85.9	79.5	75.8	71.2	65.6	57.0+
<u>Respondent's Education</u>										
None	320	93.9	92.2	87.1	83.5	73.9	66.6	54.2	37.2*	39.5
Less than primary completed	223	90.3	87.1	79.3	76.0	65.4	62.0	58.1	45.8*	48.3
Completed primary and above	278	94.0	87.2	81.6	75.7	70.1	63.9	59.7	51.3*	50.4
<u>Source For Method</u>										
Government-operated clinic	333	91.0	86.8	80.9	77.0	67.0	62.8	57.5	39.5*	42.5
Private clinic or physician	455	94.3	91.5	85.4	80.9	73.8	66.7	57.1	51.4*	50.3

* Based on fewer than 20 cases.

11.6). The median duration of use is highest for the group with a primary education (50.4 months) and lowest for those with no education (39.5 months). However, throughout most of the first 30 months of use, IUD users with no education have higher rates of continuation than users in the other education groups, suggesting that some of the same effect of age on educational differentials observed among pill users may be found for IUD use.

Very little difference can be found in the patterns of continuation between those IUD users who obtained their method from a government clinic and those using a private clinic or physician (Figure 11.2). Although the median for private clinic users is more than seven months longer than for those using government clinics, the cumulative continuation rates are generally within about four percentage points through the first three years of use (Table 11.6).

Use of Other Modern Methods

Reported segments of use of condoms, vaginal methods and injection were grouped, as mentioned above, in order to have a sufficient number of segments of use for the analysis of the use of modern methods other than the pill and IUD. A total of 341 respondents (123 condom users, 184 vaginal method users, and 34 injection users) reported useable segments of use of these other modern methods. The results of the life table analysis presented in Table 11.7 show very low continuation rates among these users. On average, users of these methods can expect to use for only about 14.1 months.

As shown in Table 11.7, differences between the continuation rates for urban and rural users were not large. Urban users had a median duration of use of 17.2 months compared to 12.7 months for rural users. Similarly, the data in Table 11.7 indicate higher average durations for other modern method users in Urban governorates and very little difference

TABLE 11.7

PERCENT CONTINUING TO USE AT SPECIFIED INTERVALS AND MEDIAN DURATION OF USE AMONG OTHER MODERN METHOD USERS BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Residence	Number of Users	Percent Continuing At Least					Median Duration of Use
		3 Months	6 Months	12 Months	18 Months	24 Months	
Total	341	17.7	70.3	53.9	45.6	37.4	14.1
<u>Area of Residence</u>							
Urban	241	79.0	71.4	56.8	47.6	39.5	17.2
Rural	100	74.6	67.7	46.8	40.6	32.3*	12.7
<u>Place of Residence</u>							
Urban governorates	97	84.0	75.4	61.9	48.1	40.3	18.0
Lower Egypt	150	75.6	71.7	51.0	45.4	35.1	13.2
Upper Egypt	93	75.1	63.4	51.0	43.9	39.1*	13.6
<u>Method</u>							
Condom	123	88.7	82.6	76.9	71.2	57.7	33.3
Vaginal methods	184	68.9	62.6	42.0	31.3	26.3	11.6

*Based on fewer than 20 cases.

between those users in Lower Egypt or Upper Egypt. The median durations of use for these three areas ranged from 18.0 to 13.2 months.

Although the data may be somewhat unreliable due to the small number of respondents, the results of separate analyses for condom users and for vaginal method users presented in Table 11.7 suggest that the principal reason for the low continuation rates for other modern methods as a whole is the high dropout rate for vaginal method users. Users of vaginal methods have an average duration of use of only 11.6 months. Condom users, on the other hand, have a median duration of use of 33.3 months even longer than the median for users of the pill.

Again, because of the small number of vaginal method and condom users included in this analysis, it is emphasized that care should be taken in interpreting these estimates. In addition to this caveat, it should further be noted that the data on segments of use for the condom and for vaginal methods may not be as reliable as those for the pill and for the IUD. This is because the condom and vaginal methods are much more likely to be used intermittently and, consequently, to offer a lower degree of protection from pregnancy. Data on the reason for discontinuation presented in the following section help to explore this possibility.

Comparison of Continuation Rates by Method

Finally, Figure 11.3 provides a comparison of the patterns of continuation, by method, for Egypt. Both the high continuation rates for IUD users and the low rates for users of vaginal methods are evident in the graph. Although some of the differences in continuation rates between methods probably can be attributed to selection of the IUD by more motivated users, family planning workers should be aware of these differences when recommending, particularly methods to prospective users. Comparing median duration of use figures, the long-term impact, for example, of an IUD acceptance is nearly twice that of a pill acceptance.

Comparison with ECPS(80) Results

Figure 11.4 compares the continuation rates for pill and IUD users from the ECPS(80) with the ECPS(84) results for rural women. The comparison indicates a decline in the continuation rates and in the median duration of use for pill users: from 24 months in the ECPS(80) to about 19 months in the ECPS(84). On the other hand, the continuation rates for the IUD appear to have increased, with the median duration of use rising from 33 months to 42 months between 1980 and 1984. Further analysis of

FIGURE 11.3
Continuation of Use by Method, Egypt, 1984

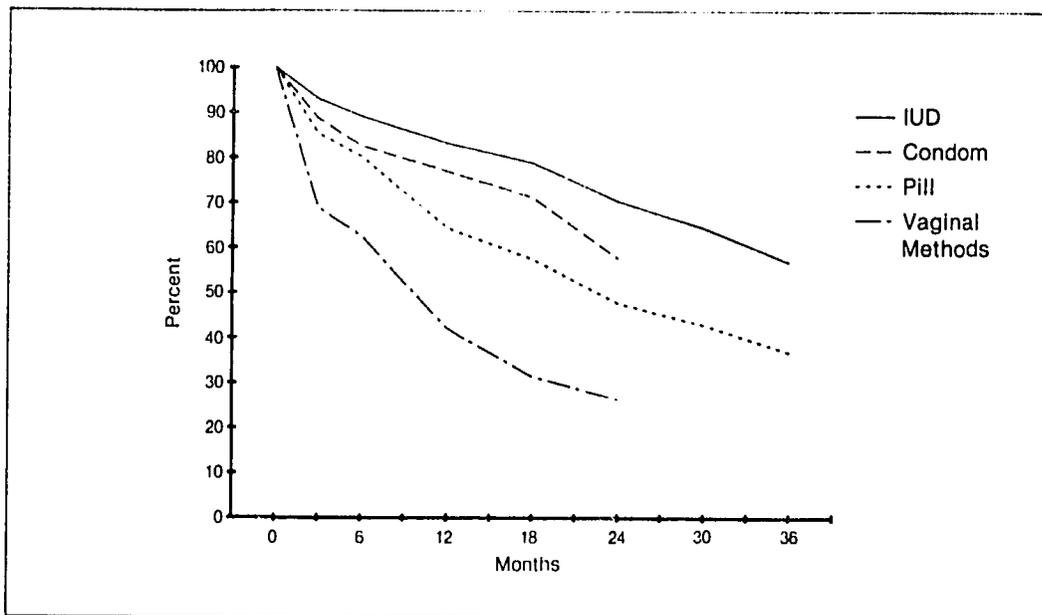


FIGURE 11.4
Continuation of Pill and IUD Use among Rural Users, Egypt, 1980 and 1984

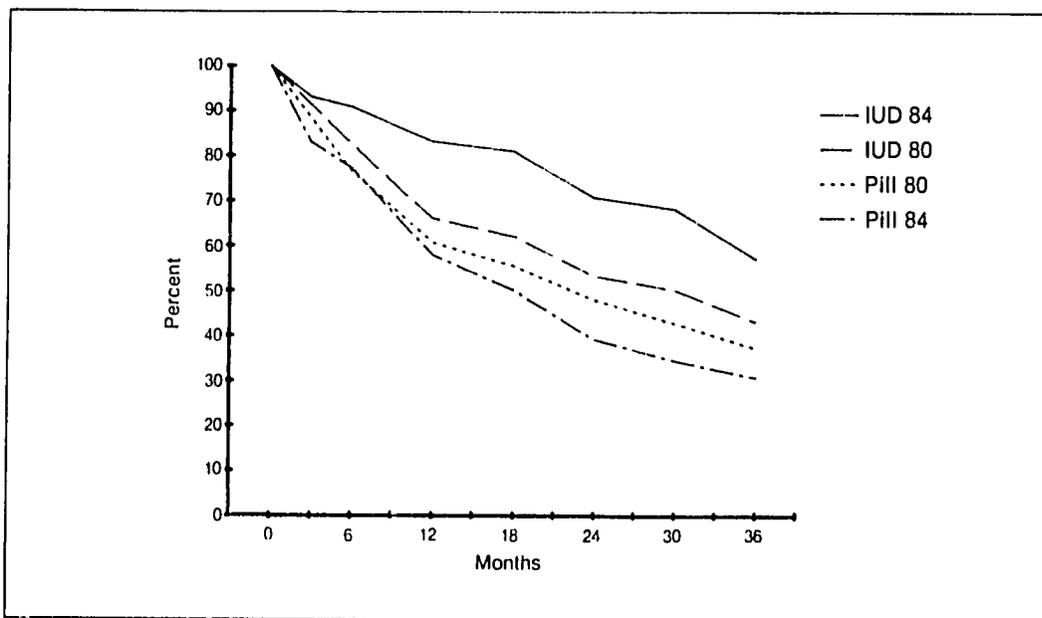


TABLE 11.8

PERCENT DISTRIBUTION OF WOMEN DISCONTINUING USE BY REASON FOR DISCONTINUATION AND METHOD USED, EGYPT, 1984

Reason	Total	Pill	IUD	Other Modern		
				Total	Condom	Vaginal
Total Number	1,419	988	245	186	42	132
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Became pregnant	25.0	25.2	11.0	42.5	9.5	53.0
Desired pregnancy	13.1	14.8	11.0	7.0	19.0	3.0
Not exposed	3.0	9.0	4.9	6.5	16.7	3.8
Used another method	2.0	1.8	0.8	4.3	4.8	2.3
IUD expulsion	2.5	0.0	14.3	0.0	0.0	0.0
Side effects	32.8	33.3	39.6	21.0	19.0	23.5
Husband opposed	0.9	0.8	0.8	1.6	4.8	0.8
General dissatisfaction	7.0	5.7	9.0	11.3	19.0	8.3
Other reasons/ Don't know	8.8	9.4	8.6	5.9	7.1	5.3

these data needs to be undertaken to examine whether changes in the characteristics (e.g., age composition) of rural pill and IUD users between 1980 and 1984 might account for some of this observed difference.

REASONS FOR DISCONTINUATION

As noted above, information on the reason for termination of use was obtained from respondents reporting segments of contraceptive use after 1980. Table 11.8 considers the distribution of former users of contraception by the reason they stopped using. In one-fourth of the cases, the respondent reported becoming pregnant while using the contraceptive method. This corresponds to about 11 percent of all segments of use examined in the preceding analysis. Another 13 percent of those terminating use

indicated that they had stopped in order to have another child. The rate of accidental pregnancy is lowest, as expected, among those using the IUD. Only 11 percent of those terminating use of the IUD gave this reason. The pregnancy rate is highest among the former users of vaginal methods. Over one half of the women who stopped using vaginal methods said they had become pregnant while using the method.

The high rate of termination due to pregnancy among former pill users suggests that women are not properly using the method. Information presented in Chapter 8, which indicates that even users frequently do not know what a user should do if she forgets to take the pill, supports this conclusion. Obviously, additional Information, Education and Communication (IE&C) efforts need to be undertaken in this area.

A high proportion of former users also reported that they had stopped using because of side effects. Overall, one-third of those stopping gave this reason. Former users of the pill and IUD were more likely to cite this reason for stopping than were former users of other methods. Aside from side effects, most women appear to be satisfied with their contraceptive method. Only seven percent of women gave general dissatisfaction as the reason for termination. The pill has the lowest rate of dissatisfaction, with only about six percent giving this reason. On the other hand, nearly one-fifth of former condom users cited general dissatisfaction as the reason for termination.

There is little evidence that the opposition of the husband is an important factor in the decision to terminate use. Less than one percent of those stopping gave this reason. As might be expected, former condom users were more likely to give this reason than were former users of other methods.

PREGNANCY AFTER USE INTERVAL

Women who reported segments of use also were asked whether they had become pregnant in the period of time between each segment of use. This information can be used to determine the ultimate outcome of the period of exposure to the risk of pregnancy following the segment of use. It also can provide a useful indication of how successful women were in avoiding or delaying pregnancy when they had stopped using contraception for reasons other than to have another child.

Table 11.9 provides the classification of those reporting a terminated segment of use by pregnancy status and reason for stopping the use of contraception. As has been discussed above, overall 25 percent of women who had stopped reported that they had become pregnant while using their contraceptive method. Table 11.9 shows that an additional 29 percent of women became pregnant in the period following use of the method in

TABLE 11.9

PERCENT DISTRIBUTION OF WOMEN DISCONTINUING USE BY PREGNANCY STATUS IN THE PERIOD FOLLOWING USE, REASON FOR DISCONTINUATION AND METHOD USE, EGYPT, 1984

Pregnancy Status and Reason	Total	Pill	IUD	Other Modern
Total Number	1,419	988	245	186
Total Percent	100.0	100.0	100.0	100.0
Pregnant while using	25.0	25.2	11.0	42.5
Pregnant after stopping	28.8	31.2	29.4	15.6
Stopped to become pregnant	9.9	10.7	9.4	5.9
Stopped for side effects	13.3	15.6	9.8	5.9
Stopped for other reasons	5.6	4.9	10.2	3.8
Not pregnant after stopping	46.2	43.6	59.6	41.9

question. Approximately the same percentage of former pill and IUD users became pregnant in the period following use. The percent of other modern method users that became pregnant after use is, however, only about one half the overall level; this is likely due to the fact that 42 percent of these women had already become pregnant while using these methods.

For each of the methods, only about one-third of those who became pregnant following use indicated that they had stopped using in order to become pregnant. The remaining two-thirds of those becoming pregnant following use had stopped for other reasons. Table 11.9 indicates, for example, that 13 percent of those who had terminated a method had stopped because of side effects and later had become pregnant. This represents nearly one half of those becoming pregnant in the period after use. It is likely that many of these women would have preferred to delay childbearing further, but were exposed to the risk of pregnancy because they were not able to tolerate the side effects of the method they were using. Additional counseling and information may be needed by these women in order to help them choose the method which is most suitable for them.

Chapter 12

AVAILABILITY OF FAMILY PLANNING SERVICES

SUMMARY: The ECPS(84) data show that the pharmacies provide services for almost eight out of ten users of supply methods (largely the pill), while private physicians (49 percent) and hospitals (28 percent) are the most frequently named sources for clinic methods (largely the IUD). The results suggest that there has been a particularly dramatic shift to pharmacies as the primary source of services for rural pill users; 67 percent obtained the pill from pharmacies in 1984 compared to 42 percent in 1980.

The survey findings also show that, although in the majority of cases a woman using a supply method obtains the method herself, almost one-third of all users report that their husbands obtain the method. Husbands who obtain the method that the couple uses are more likely than their wives to obtain the method from a pharmacy.

Family planning services are generally perceived by both users and nonusers to be readily accessible in Egypt. The median reported travel time to a source is 10 minutes for supply methods and 25 minutes for clinic methods. More than nine out of ten women knowing a source consider access to the source to be convenient. Only in the case of clinic methods do a significant minority of rural users (19 percent) say that it was difficult to get to a source.

The availability of family planning services has been assumed to have an important influence on the use of family planning in a society. The ECPS(84) collected information on the perceived availability of contraceptive methods at outlets which women use or know. This chapter examines these data, looking first at the information obtained from users on the sources from which they received their method and then at the information from users on the source from which they would obtain the pill or IUD.

FAMILY PLANNING SERVICE DELIVERY IN EGYPT

The goal of the family planning program in Egypt has been to provide ready access to contraceptive services for both the urban and rural populations. Contraceptive methods are available from a network of around 4,000 government supported facilities, including hospitals,

Maternal and Child Health (MCH) centers and family planning clinics. In addition to these clinic-based service providers, contraceptive methods are sold in more than 4,000 pharmacies throughout Egypt at nominal, governmentally-subsidized prices. Community-based distribution programs relying on home delivery agents also operate in some rural communities. Finally, private sector sources including a number of clinics run by the Egyptian Family Planning Association in urban centers as well as private physicians provide contraceptive services for some users.

AVAILABILITY INDICATORS AND CURRENT USERS

In the ECPS(84), a number of questions relating to the availability of contraceptive services were addressed to the women who were using modern contraceptive services at the time of the survey. Users of supply methods were asked who obtained the method they were using, i.e., the respondent herself, her husband or someone else. All users were asked about the source for the method they were using. Data on the accessibility of these sources was obtained by asking questions about the time required to travel to the source, the transportation used and the user's opinion as to whether it was difficult or easy to get to the source.

Family Planning Source

Table 12.1 shows the distribution of users of modern contraceptive methods according to the source from which they obtained their method. The table shows that the majority of current users obtained their method from the pharmacy. Overall, 52 percent of current users rely on pharmacies for their method. Public sector health facilities, including hospitals and MCH centers as well as government family planning clinics, provide services for 27 percent of all users. Most of the remaining users obtain their services from private doctors or clinics (18 percent), with only a small proportion indicating that they obtained their method from private family planning clinics (1 percent) or other sources (2 percent).

TABLE 12.1

PERCENT DISTRIBUTION OF CURRENT USERS BY THE SOURCE FOR FAMILY PLANNING SERVICES, THE TYPE OF METHOD USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

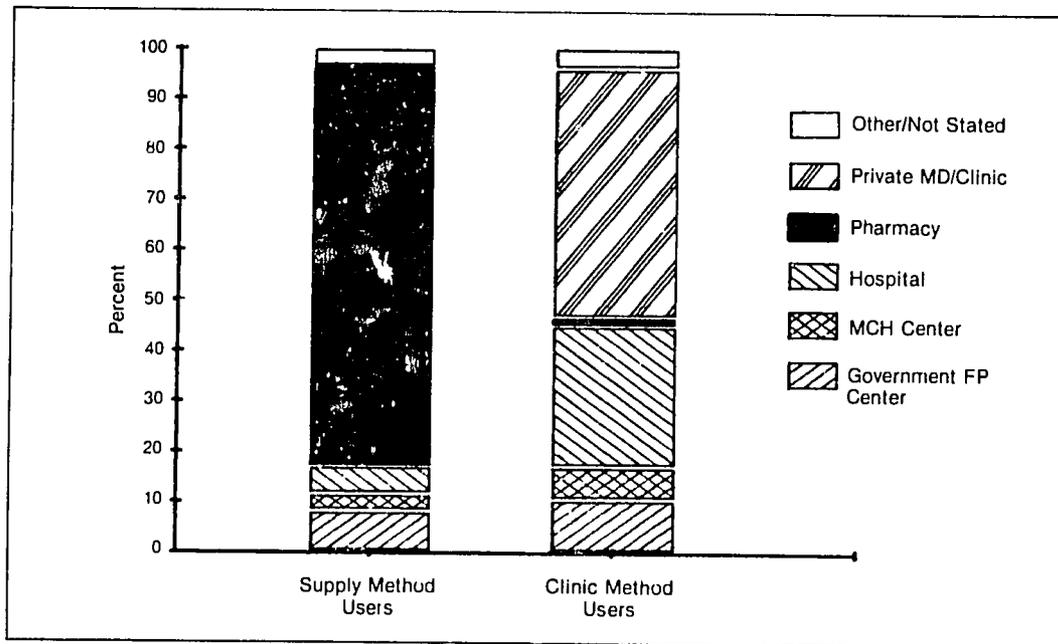
Type of Method and Source	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
<u>All Methods</u>						
Total Number	2,631	1,673	958	738	1,279	576
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	8.9	8.1	10.2	9.2	8.8	8.0
MCH Center	4.5	6.0	1.8	7.5	3.0	4.0
Hospital	13.5	10.2	19.1	13.7	15.3	7.6
Pharmacy	51.6	54.8	45.9	47.6	50.3	60.8
Private doctor/clinic	17.8	17.6	18.2	18.4	18.6	16.0
Private FP clinic	1.3	1.8	0.5	2.3	0.4	2.1
Other*	1.8	0.8	3.5	0.5	3.0	0.9
Not stated	0.7	0.4	0.7	0.8	0.7	0.7
<u>Supply Methods</u>						
Total Number	1,701	1,071	630	408	848	417
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	8.1	5.5	12.4	5.9	9.6	6.0
MCH Center	3.4	4.8	1.1	4.9	2.4	4.1
Hospital	5.5	2.1	11.3	1.0	7.9	3.8
Pharmacy	78.8	84.7	68.9	85.3	75.0	82.5
Private doctor/clinic	0.5	0.7	0.3	0.7	0.4	0.7
Private FP clinic	0.5	0.6	0.3	0.7	0.2	0.7
Other*	2.6	1.1	5.2	1.0	4.2	1.2
Not stated	0.6	0.6	0.6	0.5	0.3	0.9
<u>Clinic Methods</u>						
Total Number	930	602	328	330	431	159
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	10.4	12.8	6.1	13.3	7.2	13.2
MCH Center	6.5	8.3	3.0	10.6	4.4	3.8
Hospital	28.0	24.6	34.1	29.4	29.9	17.6
Pharmacy	1.7	1.7	1.8	0.9	1.6	3.8
Private doctor/clinic	49.4	47.7	52.4	40.3	54.5	56.0
Private FP clinic	2.9	4.0	0.9	4.2	0.7	5.7
Other*	0.2	0.2	0.3	0.0	0.5	0.0
Not stated	1.0	0.8	1.2	1.2	1.1	0.0

* Includes home delivery agents.

Not surprisingly, the source on which users rely for services varies with the method used (Figure 12.1). Around eight out of every ten users relying on supply methods (the pill, condom and vaginal methods) obtain their method from pharmacies. Public sector health facilities and family planning clinics were named as the source for services by most of the remaining supply method users (17 percent), with only a few users saying that they obtained their method from private family planning clinics or private doctors (1 percent).

The most frequently cited source for clinical methods (the IUD, injection and female sterilization) were private doctors or clinics, with one out of every two users of clinical methods reporting that they had obtained their method from this type of source. Government hospitals or MCH centers provided services for an additional one-third of the users relying on clinical methods. Government family planning clinics were

FIGURE 12.1
Percent Distribution of Supply and Clinic Method
Users by the Source for the Method, Egypt, 1984



named as the source by 10 percent of these users, while private family planning clinics provided services for three percent of clinical method users.

Table 12.1 also looks at the variation in the type of source cited by current users by area and place of residence. In general, the source for contraceptive services does not differ greatly between urban and rural areas. The pharmacy is the principal source for supply methods for both urban and rural users; urban supply method users are, however, slightly more likely than rural users to name the pharmacy as their source (85 percent vs. 69 percent, respectively). In turn, public sector sources—hospitals, MCH centers and family planning clinics—provide services for 25 percent of rural supply method users compared to 12 percent of urban users. With regard to clinic methods, private physicians are the most frequently named source among both urban (48 percent) and rural users (52 percent). In both areas, clinic method users not relying on private doctors generally obtain their method from a public sector source.

Considering the variation in the source for services by place of residence, the results show the pharmacy is the primary source for supply methods and private doctors are the main source for clinical methods like the IUD. There is, however, somewhat greater than average reliance on pharmacies for services among supply method users in Upper Egypt than in the other areas. In addition, the percentages of clinic method users obtaining services from public sector sources are smaller in Lower Egypt (41 percent) and Upper Egypt (35 percent) than in the Urban governorat s (53 percent).

Trends in Service Providers

Table 12.2 compares information on the source for contraceptive services among rural users from the ECPS(80) with that from the ECPS(84). The table indicates that there has been a substantial increase between

TABLE 12.2

SOURCE FOR FAMILY PLANNING SERVICES AMONG CURRENT USERS IN RURAL AREAS BY PLACE OF RESIDENCE, ECPS(80) AND ECPS(85)

Type of Method and Source	Total Rural		Lower Egypt		Upper Egypt	
	ECPS (80)	ECPS (84)	ECPS (80)	ECPS (84)	ECPS (80)	ECPS (84)
<u>All Methods</u>						
Total Number	702	958	536	759	166	173
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP Clinic	27.2	10.2	26.9	10.5	28.3	5.8
MCH Center/Hospital	19.5	20.9	20.5	21.5	16.3	13.9
Pharmacy	34.6	45.9	33.8	42.4	37.3	66.5
Private doctor/ clinic	9.3	18.2	9.7	20.4	7.8	10.4
Private FP clinic/ Other*	9.3	4.0	9.1	4.5	10.2	2.3
Not stated	0.0	0.7	0.0	0.7	0.0	1.2
<u>Pill</u>						
Total Number	545	594	415	443	130	134
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP Clinic	31.2	13.1	30.6	14.0	33.1	6.7
MCH Center/Hospital	14.3	12.8	15.9	13.1	9.2	8.2
Pharmacy	42.0	67.3	41.2	65.2	44.6	80.6
Private doctor/ clinic	0.6	0.3	0.7	0.5	0.0	0.0
Private FP clinic/ Other*	12.0	5.9	11.6	7.0	13.1	2.4
Not stated	0.0	0.6	0.0	0.2	0.0	1.4
<u>IUD</u>						
Total Number	108	262	84	232	24	22
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP Clinic	17.6	7.6	19.0	7.8	12.5	4.5
MCH Center/Hospital	32.4	32.0	31.0	32.3	37.5	18.1
Pharmacy	0.0	0.4	0.0	0.4	0.0	0.0
Private doctor/ clinic	48.1	57.3	47.6	56.9	50.0	77.3
Private FP clinic/ Other*	1.8	1.5	2.4	1.3	0.0	0.0
Not stated	0.0	1.2	0.0	1.3	0.0	0.0

* Includes home delivery agents.

1980 and 1984 in the proportion of rural pill users relying on pharmacies for their contraceptive method (largely the pill). In the ECPS(80), only 42 percent of pill users in rural areas reported that they relied on pharmacies for services while, in the ECPS(84), the pharmacy provided services for more than two out of every three pill users. In looking at the results for users in Upper and Lower Egypt separately, it also is evident that the increase in the proportion relying on pharmacies for their method was greater among rural pill users from Upper Egypt (from 45 percent to 81 percent) than for users from Lower Egypt (from 41 percent to 65 percent).

The changes in the distribution of rural IUD users by source are less dramatic than that for rural pill users. There has, however, been a marked increase---from 48 percent in 1980 to 57 percent in 1984---in the proportion of rural IUD users relying on private doctors for their method. This increase is accompanied by a decline in the percentage obtaining their method from government family planning clinics (from 18 percent to 8 percent). Again, the increase in the proportion of rural IUD users obtaining their method from private doctors is greater in Upper Egypt (from 50 percent to 77 percent) than in Lower Egypt (from 48 percent to 57 percent).

Person Obtaining the Method

Current users of supply methods (largely the pill) were asked about who obtained their method---themselves, their husbands or someone else. Table 12.3 shows that, although the woman herself generally obtains the method, in the case of one-third of the couples relying on supply methods, the husband obtains the method. A small percentage of users also indicate that the method is provided by a home delivery agent (2 percent) or that someone other than the woman or her husband obtains the method (6 percent).

TABLE 12.3

PERCENT DISTRIBUTION OF CURRENT USERS OF SUPPLY METHODS BY THE PERSON WHO OBTAINS THE METHOD AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Person Who Obtains Method	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	1,701	1,071	630	408	848	417
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
User herself	56.7	61.5	48.4	66.9	53.4	52.8
Husband	33.5	30.8	38.1	27.2	33.8	38.8
Received from home delivery agent	2.1	0.6	4.8	0.7	3.4	1.0
Other	5.6	5.0	6.7	3.4	7.2	5.0
Not stated	2.1	2.1	2.1	1.7	2.1	2.4

The percentages of supply method users saying that their husbands obtain the method varies somewhat by area and place of residence. Among urban users, 31 percent report their husbands obtain the method, while, among rural users, 38 percent indicate that the husband usually gets the method that the couple uses. By place of residence, this percentage ranges from 27 percent among users in the Urban governorates to 39 percent among those from Upper Egypt.

Table 12.4 shows the distribution of supply method users according to the person obtaining the method and the source from which the method was obtained. The table shows that husbands are more likely than their wives to obtain the method the couple is using from a pharmacy (90 percent vs. 76 percent, respectively). The small proportion of men obtaining supply methods from other sources, generally obtain the methods from public sector sources, especially family planning clinics.

TABLE 12.4

PERCENT DISTRIBUTION OF CURRENT USERS OF SUPPLY METHODS BY THE PERSON OBTAINING METHOD AND SOURCE, EGYPT, 1984

Source	User Herself	Husband
Total Number	964	570
Total Percent	100.0	100.0
Government clinic*	22.5	8.4
Pharmacy	75.5	90.2
Other**	1.8	0.9
Not stated	0.2	0.5

* Includes government FP clinic, MCH center and hospital.

** Includes private doctor/clinic, private FP clinic and home delivery agent.

Accessibility Indicators for Current Users

Most current users of contraceptive methods find family planning services in Egypt to be readily accessible. The majority of users (70 percent) report that they walk to the source where they obtain their method, and two-thirds of the users report that they are within 15 minutes travel time of the source (Tables 12.5 and 12.6).

There is, not unexpectedly, some variation in the accessibility indicators by area of residence. Urban users are, for example, considerably more likely than rural users to report that their source is within walking distance; over 80 percent of urban users indicate that they walk to the place where they obtain contraceptive services compared to only around 50 percent of rural users (Table 12.5). The percentage of urban

TABLE 12.5

PERCENT OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS WHO WALK TO THE SOURCE WHERE THEY OBTAIN THEIR METHOD BY THE TYPE OF METHOD AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
All Methods	69.7	81.6	48.9	78.7	63.2	73.0
Supply methods	81.8	94.3	60.5	94.4	75.5	82.5
Clinic methods	47.5	59.0	26.5	59.4	39.0	42.4

*Fewer than 20 users.

users who are within 15 minutes travel time of their source also is much greater than the comparable percentage for rural users (77 percent vs. 49 percent, respectively). The mean travel time to source for rural users is 29 minutes, nearly double that for urban users (Table 12.6).

By place of residence, the greatest differentials in the accessibility indicators are observed between users in the Urban governorates and those from the other two regions. The mean and median travel times to a source for users in Lower Egypt are somewhat higher than similar measures for users in Upper Egypt. The differences are not, however, large, indicating that urban-rural residence clearly has a greater impact on access to contraceptive services than place of residence.

Not surprisingly, access to services also varies with the type of method used. Users of supply methods report that their sources are generally more accessible than sources for clinic methods. Table 12.5 shows that supply method users are more likely to walk to their source

TABLE 12.6

PERCENT DISTRIBUTION OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS BY THE TRAVEL TIME NEEDED TO GET TO THE SOURCE WHERE THEY OBTAIN THEIR METHOD AND THE MEDIAN AND MEAN TRAVEL TIME BY THE TYPE OF METHOD AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method and Travel Time	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
<u>All Methods</u>						
Total Number	2,631	1,673	958	738	1,279	576
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 15 minutes	66.4	76.4	48.7	74.3	62.3	66.0
15-29 minutes	18.1	14.5	24.4	16.3	17.7	20.7
30-59 minutes	9.0	5.4	15.3	6.4	11.5	6.6
60 minutes or more	3.7	2.2	6.4	1.9	4.8	3.8
Not stated	2.8	1.5	5.1	1.2	3.7	3.0
Median (in minutes)	10.5	10.1	15.4	10.0	14.7	10.5
Mean (in minutes)	20.9	15.4	29.1	16.5	23.4	21.1
<u>Supply Methods</u>						
Total Number	1,701	1,071	630	408	848	417
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 15 minutes	78.3	89.7	58.9	91.7	74.4	73.9
15-29 minutes	11.9	6.6	20.8	5.6	11.9	17.3
30-59 minutes	4.6	1.1	10.6	0.5	6.8	4.1
60 minutes or more	1.6	0.7	3.3	0.5	2.2	1.7
Not stated	3.5	1.9	6.3	1.7	4.6	3.1
Median (in minutes)	9.9	9.5	14.9	5.3	10.1	10.2
Mean (in minutes)	14.9	10.4	22.8	8.9	16.9	16.5
<u>Clinic Methods</u>						
Total Number	930	602	328	330	431	159
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 15 minutes	44.5	52.8	29.3	52.7	38.5	45.3
15-29 minutes	29.5	28.4	31.4	29.4	29.2	29.6
30-59 minutes	17.1	13.1	24.4	13.6	20.6	13.2
60 minutes or more	7.4	4.8	12.2	3.6	9.7	9.4
Not stated	1.5	0.8	2.7	0.6	1.9	2.5
Median (in minutes)	24.6	15.4	30.1	15.4	29.7	20.8
Mean (in minutes)	31.7	26.9	40.9	25.8	35.7	33.2

than are clinic method users (82 percent vs. 48 percent, respectively). Reported travel times to sources also are greater for clinic than supply method users; only 44 percent of clinic method users are within 15 minutes travel time of their sources compared to 78 percent of supply method users (Table 12.6). The mean travel time to a source for clinic method users (32 minutes) is more than double that for supply method users (15 minutes).

Controlling for area and place of residence, there continue to be substantial differences in the accessibility of services for supply and clinic method users. Overall, these comparisons suggest that services are least accessible in Egypt for clinic method users in rural areas. Only 26 percent of rural clinic method users walk to the source where they obtained their methods, and the mean travel time to source that they report (41 minutes) is nearly 75 percent greater than the travel time to sources for clinic method users in urban areas (27 minutes).

It is not possible to determine with the data collected in the ECPS(84) whether the differential access to services observed for rural users, particularly those adopting clinic methods, directly influences the use of family planning in rural areas in Egypt. However, the ECPS results indicate that users generally do not consider it difficult to obtain contraceptive methods. Only seven percent of all current users consider it difficult to go to the sources where they obtain services. The level of dissatisfaction with access to services is somewhat greater among clinic method users than supply method users; the percentage reporting that it is difficult to go to a source is only four percent among supply method users compared to 13 percent among clinic method users. Table 12.7 shows, moreover, that users of clinic methods in rural areas are more likely than the average user of these methods to indicate that access to contraceptive services is difficult. Nevertheless, less than one out of five rural clinic method users considers it difficult to get to the source where she obtains her method.

TABLE 12.7

PERCENT OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS CONSIDERING IT DIFFICULT TO GET TO THEIR SOURCE BY THE TYPE OF METHOD AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
All Methods	7.4	4.3	12.8	5.3	9.3	5.6
Supply methods	4.5	1.3	9.8	1.0	6.8	2.9
Clinic methods	12.8	9.6	18.6	10.6	14.2	12.6

* Fewer than 20 users.

AVAILABILITY INDICATORS FOR NONUSERS

Nonusers knowing a source for specific methods were asked where they would go to obtain the method and about the time that it would take to go to the source and the type of transport that they would use. They also were asked about whether they considered it easy or difficult to get to the source. An examination of these data for the pill and the IUD provide some further insight into the perceived availability of the two most widely used methods in Egypt.

Perceived Sources

Table 12.8 presents the distributions of the nonusers knowing a source for the pill and the IUD by the type of source methods. These results suggest that there are only relatively very minor differences in the service providers named by users and nonusers for these two methods. Like pill users, nonusers knowing a source for the pill would most often obtain it from a pharmacy, with the remainder generally saying they would

TABLE 12.8

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS KNOWING A SOURCE FOR THE PILL AND IUD BY METHOD, TYPE OF SOURCE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Method and Source	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
<u>Pill</u>						
Total Number	5,933	2,741	3,192	1,217	2,823	1,816
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	7.0	4.6	9.1	5.3	9.3	4.5
MCH center/Hospital	14.1	9.2	18.4	8.4	17.0	12.2
Pharmacy	77.2	84.5	70.9	85.3	72.3	80.9
Private doctor/clinic	0.9	0.9	1.0	0.5	0.5	1.9
Private FP clinic/ Other	0.7	0.7	0.6	0.4	0.9	0.5
<u>IUD</u>						
Total Number	5,352	2,676	2,674	1,124	2,774	1,382
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	5.1	4.7	5.5	5.8	6.3	2.2
MCH center/Hospital	32.4	32.7	32.1	42.1	36.1	15.5
Pharmacy	3.6	3.7	3.6	1.8	2.5	7.7
Private doctor/clinic	58.4	58.1	58.6	49.6	54.9	73.9
Private FP clinic/ Other	0.5	0.8	0.2	0.8	0.3	0.7

obtain it from public sector sources, primarily hospitals and government family planning clinics. With respect to the IUD, nonusers like users are almost equally divided between those who name private physicians and those who name government facilities as the source for the IUD. Table 12.8 also indicates that there are few differences in the distributions of nonusers by source between urban and rural areas or among the three place of residence categories. The most notable difference is the

somewhat greater percentage of urban nonusers, particularly those from the Urban governorates, who say that they would obtain the pill from a pharmacy, compared to the percentages naming the pharmacy as the most likely source for the pill in the other residential categories.

Accessibility Indicators for Perceived Sources

Table 12.9 summarizes the information obtained from nonusers regarding the accessibility of the sources for the pill and IUD that they named. The results suggest that the majority of nonusers knowing a source for the pill are within walking distance of the source where they would obtain the pill. Nine out of ten of these nonusers is within 30 minutes travel time to the source they name; the median travel time is, in fact, only 10 minutes. It is, therefore, not surprising that most regard the source they named for the pill as convenient; only seven percent claimed that it was difficult to get to the source.

As expected, the sources for the IUD named by nonusers are somewhat less accessible than the pill outlets. For example, only 50 percent of nonusers would walk to their preferred outlet for the IUD, while 72 percent say that they would walk to the preferred source for the pill. The median travel time to the IUD outlets (20 minutes) also is considerably longer than the median travel time to the pill outlets (10 minutes). Despite the relatively poorer access, however, few nonusers (11 percent) consider the source for the IUD that they would use to be inconvenient.

As was the case with users, there is very little variation by place of residence in the accessibility indicators presented in Table 12.9. The largest differences are in the comparatively greater percentages who say that they would walk to source and the comparatively shorter median travel times to a source reported for nonusers in urban areas, especially the Urban governorates, for both the pill and the IUD than for nonusers

TABLE 12.9

ACCESSIBILITY INDICATORS FOR FAMILY PLANNING OUTLETS NAMED BY CURRENTLY MARRIED NONUSERS KNOWING A SOURCE FOR THE PILL AND IUD BY METHOD AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Accessibility Indicators	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
<u>Pill</u>						
Percent walking	71.6	94.1	52.9	94.8	65.2	66.7
Percent within 30 minutes of source	90.0	98.5	82.9	98.7	87.2	88.6
Median travel time (in minutes)	10.4	9.6	15.2	5.4	14.8	14.6
Percent considering it difficult to get to a source	7.4	2.0	11.8	1.9	10.1	7.0
<u>IUD</u>						
Percent walking	50.1	69.3	30.9	67.9	42.5	51.0
Percent within 30 minutes of source	79.6	88.6	70.7	87.0	76.4	79.9
Median travel time (in minutes)	20.2	15.2	29.8	15.2	29.6	29.6
Percent considering it difficult to get to a source	11.0	6.5	15.5	7.3	13.0	10.3

from the other areas. A comparison of the information presented in Table 12.9 with similar data for users shown earlier in this chapter (see Tables 12.5-12.7) indicates that users also do not differ greatly with respect to their attitudes toward the accessibility of family planning services, with both users and nonusers generally reporting that contraceptive services are easily accessible in Egypt.

Chapter 13

BRAND AWARENESS AND USE

SUMMARY: Information collected in the ECPS(84) with regard to the level of recognition of the various brands of the pill that are distributed in Egypt suggest that eight out of ten women knowing the pill are familiar with at least one brand. Norminist, Anovlar 1 and Ovral are the most widely recognized brands.

With respect to the level of ever use of specific brands, Anovlar 1---which has been used by 42 percent of all pill ever users---is the most commonly adopted brand, followed by Primovlar, Ovral, Microvlar 30 and Nordette, each of which had been used by roughly one-fifth to one-quarter of all ever users. Norminist, for which a marketing campaign began shortly before the survey, has been used by nine percent of all ever users.

The survey also found that current users rely on Anovlar more often than on other brands. Slightly more than one-quarter of pill users are using Anovlar, while the remaining users are fairly equally divided between those using Nordette, Microvlar 30 and Primovlar. Less than 10 percent of current pill users are using the Norminist brand.

Egypt has an active social marketing program (Family of the Future). Shortly before the fielding of the ECPS(84), this program began marketing to physicians and pharmacists a low dose oral contraceptive under the brand name Norminist. A number of questions were included in the ECPS(84) on the level of recognition and utilization of various brands of the pill in order to provide baseline data which would facilitate the subsequent evaluation of Norminist marketing activities.

BRAND DATA COLLECTION IN THE ECPS(84)

Data on brand awareness was collected from all women in the sample who reported that they knew about the pill. Information on usage of various brands was collected from all ever users of the pill, with women who were currently using this method being asked an additional question about the brand that they were using at the time of the survey. Interviewers used a chart showing color photos of eight brands of oral

contraceptives currently being distributed in Egypt to assist the women in identifying the brands that they knew about or had used. The chart was prepared because the ECPS(84) pretest had shown that women did not know brands by name but identified the brands with which they were familiar by the color of the pill or the packaging (see Chapter 1).

In order to permit an assessment of the accuracy of the brand data collection technique, a ninth photo depicting a packet of pills not marketed in Egypt was included in the chart. In addition, to avoid the effect of the position of the brand on the chart on recognition, a total of four brand charts, in which the ordering of the brand photos varied, were prepared. Interviewers were randomly assigned one of the four charts. In general, there did not appear to be evidence of substantial overreporting of brand knowledge. Only ten percent of the women knowing about the pill indicated that they recognized the pill packet which was not really marketed in Egypt, and less than one percent of all ever users of the pill reported that they had used the dummy brand.

The eight brands for which data was collected through the brand awareness and use questions included: Ovral (Ovr), Ovulen (Ovl), Ovulen 30 (Ovl 30), Primovlar (Prim), Anovlar 1 (Anov), Microvlar 30 (Micr), Nordette (Nord) and Norminist (Norm). The following sections summarize the information collected in the ECPS(84) with respect to the prevalence of knowledge and use of these brands.

KNOWLEDGE OF CONTRACEPTIVE BRANDS

Levels of Brand Recognition

Table 13.1 shows that 82 percent of all women who knew about the pill reported that they knew about at least one brand of the pill. Brand recognition was more widespread among urban than rural women; the percent-

TABLE 13.1

PERCENT RECOGNIZING VARIOUS PILL BRANDS AMONG WOMEN KNOWING THE PILL BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Brand	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	7,000	3,831	3,969	1,653	3,822	2,540
Any brand	81.9	90.0	74.0	90.5	85.0	70.1
Norminist	38.2	47.9	28.9	55.9	39.1	25.3
Mordette	19.3	21.2	17.5	20.6	20.5	16.1
Microvar 30	18.1	22.5	13.8	21.5	19.2	13.5
Anovlar 1	36.7	41.2	32.4	42.0	43.2	22.1
Ovral	25.7	31.2	20.4	36.6	24.7	19.5
Primovlar	21.0	24.9	17.3	25.0	23.4	14.0
Ovulen	3.4	4.8	2.1	5.0	3.1	2.7
Ovulen 30	4.7	6.0	3.5	5.9	4.8	3.8
Other	0.3	0.4	0.2	0.7	0.2	0.2

age knowing at least one brand was 90 percent in urban areas compared to 74 percent in rural Egypt. By place of residence, the proportion of women saying that they knew about at least one brand ranged from only 70 percent in Upper Egypt to 90 percent among women in the Urban governorates.

To some extent, the differentials in the level of recognition of brands of the pill by area and place of residence presented in Table 13.1 likely reflect the underlying differences in levels of ever use of the pill among residents in these areas. Not surprisingly, brand recognition is more widespread among women who had ever used the pill compared to never users; only two out of every three never users were able to recognize at least one brand while virtually all ever users knew at least one brand of the pill (Table 13.2).

TABLE 13.2

PERCENT RECOGNIZING VARIOUS PILL BRANDS AMONG WOMEN KNOWING THE PILL BY USER STATUS, EGYPT, 1984

Brand	Total	Ever User	Never User
Total Number	7,800	4,025	3,771
Any brand	81.9	99.5	63.1
Norminist	38.2	40.1	36.1
Nordette	19.3	25.7	12.4
Microvlar 30	18.1	25.1	10.6
Anovlar 1	36.7	48.7	23.9
Ovral	25.7	31.9	19.2
Primovlar	21.0	29.1	12.5
Ovulen	3.4	3.8	3.0
Ovulen 30	4.7	5.5	3.9
Other	0.3	0.4	0.2

Recognition of Specific Brands

Table 13.1 shows that the most widely recognized brand is Norminist, followed closely by Anovlar 1; 38 percent of all women knowing about the pill knew about the Norminist brand, while 37 percent said that they knew about Anovlar 1. Other brands for which the proportion of women indicating that they knew the brand exceeded 15 percent included Ovral, Primovlar, Nordette and Microvlar. Less than five percent of the respondents identified Ovulen and Ovulen 30.

Table 13.1 shows that urban-rural differentials in the recognition of specific brands consistently favor urban women. The differential with respect to the knowledge of Norminist is particularly great, with 48 percent of urban women indicating that they knew about this brand compared

to only 29 percent of rural women. Norminist was featured in an advertising campaign shortly before the ECPS(84) that included television promotion. It is not surprising, therefore, that recognition of this brand is greater among urban than rural women as urban women were more likely to have been exposed to the television advertising. However, the urban-rural differentials in the percentages indicating that they know about Anovlar 1, Ovral, Primovlar and, to a lesser extent, Microvlar 30 also are large, indicating that brand recognition in general is greater among urban than rural women.

Differentials in the recognition of most brands by place of residence are not uniform. However, in general, women in the Urban governorates are much more likely to recognize a specific brand than women in the other regions, particularly women in Upper Egypt. For example, the percentage knowing about Norminist ranges from a high of 54 percent in the Urban governorates to only 25 percent in Upper Egypt. In the case of Anovlar 1, the percentage knowing the brand varies from only 22 percent among women in Upper Egypt to 43 percent among women in Lower Egypt.

Again the differentials in the percent recognizing specific brands by area and place of residence are owed, at least in part, to differentials in the percentages of women ever using the pill among the various residential categories. In general, past users of the pill were more considerably more likely to know every brand of the pill than never users, except for Ovulen and Ovulen 30 (brands which only a few women recognized) and Norminist (Table 13.2). In the case of the latter brand, the percentage of never users knowing the brand (36 percent) was almost as great as the percentage of ever users (40 percent). As noted earlier, Norminist was featured in a widespread publicity campaign shortly before the fielding of the ECPS(84). The comparatively greater recognition of this brand by never users likely reflects the impact of this campaign.

Number of Brands Recognized

Table 13.3 shows the percent distribution of women knowing the pill according to the number of brands known. Overall, one out of three women are able to recognize only one brand of the pill, one out of four ever users are able to name two brands, and only one out of every five are able to recognize three or more brands. Differentials by place of residence in the number of brands known exhibit the expected patterns. Urban women, particularly those in the Urban governorates, know about a greater number of brands than rural women. Women in Lower Egypt also are more likely than those in Upper Egypt to be aware of two or more brands. The mean number of brands known varies from 1.2 brands among women in Upper Egypt to 2.1 brands among women in the Urban governorates.

TABLE 13.3

PERCENT DISTRIBUTION OF WOMEN KNOWING THE PILL BY THE NUMBER OF PILL BRANDS RECOGNIZED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Number of Brands	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	7,800	3,831	3,969	1,653	3,822	2,240
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
None	18.1	10.0	25.9	9.5	15.0	29.9
One brand	34.5	32.7	36.3	27.3	33.0	42.2
Two brands	26.5	30.1	23.0	33.0	28.8	18.0
Three brands	12.7	15.9	9.5	17.9	14.2	6.3
Four brands	4.4	5.7	3.1	6.6	5.0	1.7
Five or more brands	3.8	5.5	2.1	5.8	4.1	1.9
Mean	1.7	2.0	1.4	2.1	1.8	1.2

EVER USE OF CONTRACEPTIVE BRANDS

Level of Ever Use

Women who reported that they had ever used the pill also were asked to identify the brand(s) which they had ever used. Table 13.4 shows the proportions saying that they had ever used various brands. Anovlar 1 clearly is the most frequently adopted contraceptive brand in Egypt. The percentage reporting ever use of Anovlar 1 is 42 percent compared to around 20 percent in the case of each of the next four most widely used brands— Primovlar, Ovral, Nordette and Microvlar 30. The percentage of pill ever users reporting that they had used Norminist was only 9 percent. This comparatively low figure likely reflects the fact that the brand had been marketed in Egypt for only a few months before the survey was fielded. Less than two percent of all ever users reported that they had used either Ovulen, Ovulen 30 or other brands.

TABLE 13.4

PERCENT EVER USING VARIOUS PILL BRANDS AMONG WOMEN EVER USING THE PILL BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Brand	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	4,025	2,410	1,615	1,033	1,969	966
Norminist	9.3	10.5	7.5	10.8	8.5	9.7
3.6						
Nordette	20.6	20.0	21.4	19.6	20.1	22.3
Microvlar 30	20.0	21.6	17.5	19.8	20.0	19.7
Anovlar 1	42.5	42.0	43.2	42.9	47.4	32.4
Ovral	22.4	24.1	19.8	28.4	18.5	23.8
Primovlar	22.8	23.6	21.6	22.5	23.8	21.6
Ovulen	1.1	1.4	0.7	1.1	0.8	1.7
Ovulen 30	2.2	2.6	1.7	2.8	2.0	2.3
Other	0.4	0.4	0.3	0.7	0.2	0.4

Differences by area and place of residence in the percent reporting ever use of various pill brands follow no evident pattern. Anovlar 1 is the most widely used brand in all areas, followed by Microvlar 30, Nordette, Ovral and Primovlar. The minor differences that are observed may reflect differences in the type of source from which pill users obtain their method in the various areas.

Number of Brands Ever Used

The number of brands ever used by ever users of the pill is considered in Table 13.5. The table indicates that 67 percent of all ever users of the pill have used only one brand, 23 percent have used two brands and only eight percent have used three or more brands. The percentage that have tried more than one brand does not vary greatly by area or place of residence. However, urban users, particularly those living in the Urban governorates, are somewhat more likely to have used at least two brands than users from the Lower or Upper Egypt.

TABLE 13.5

PERCENT DISTRIBUTION OF WOMEN EVER USING THE PILL BY THE NUMBER OF PILL BRANDS EVER USED BY AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Number of Brands	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	4,025	2,410	1,615	1,033	1,969	966
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
One brand	66.8	64.4	70.5	63.7	66.3	70.8
Two brands	23.2	24.8	20.9	25.0	24.1	19.9
Three or more brands	7.5	8.8	5.4	9.9	7.1	5.7
Not sure/Not stated	2.5	2.0	3.2	1.5	2.5	3.6
Mean	1.4	1.4	1.3	1.5	1.4	1.3

CURRENT USE OF CONTRACEPTIVE BRANDS

Level of Use of Specific Brands

Table 13.6 presents the distribution of current users of the pill according to the brand currently used. The table shows that Anovlar 1 is the most widely used brand followed by Primovlar, Microvlar 30, Nordette, Norminist and Ovral (Figure 13.1). The distributions of current users by brand do not differ greatly by area or place of residence. Nor does the brand adopted vary substantially with the age or educational status of the user, except for a tendency for older users to be more likely to use

FIGURE 13.1
Percent Distribution of Current Users by Brand
of Oral Contraceptive Currently Used, Egypt, 1984

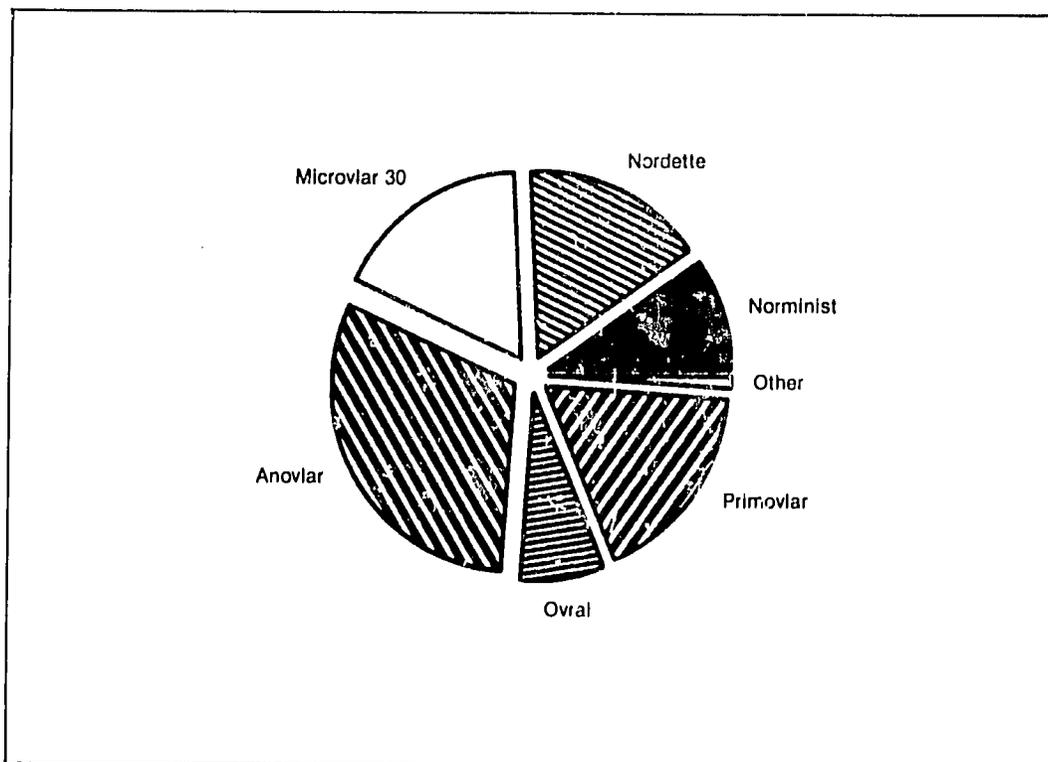


TABLE 13.6

PERCENT DISTRIBUTION OF CURRENT USERS OF THE PILL BY THE BRAND CURRENTLY USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Brand	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	1,497	910	587	329	174	369
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Norminist	9.3	10.0	8.2	12.2	8.3	9.5
Nordette	15.2	14.6	16.2	13.4	12.9	21.4
Microvlar 30	16.4	16.5	16.4	15.5	17.2	15.7
Anovlar 1	29.2	27.7	31.5	29.5	33.5	20.5
Ovral	7.0	6.5	7.8	6.4	5.0	10.5
Primovlar	16.7	17.8	15.0	17.3	17.7	14.3
Ovulen	0.4	0.5	0.2	0.6	0.0	0.8
Ovulen 30	0.4	0.5	0.2	0.0	0.5	0.5
Other	0.2	0.3	0.0	0.6	0.0	0.3
Not stated	5.2	5.5	4.6	4.6	4.8	6.2

Anovlar 1 and Ovral and less likely to use Microvlar 30, Nordette or Norminist (Table 13.7). The latter three brands are marketed through pharmacies in Egypt, and their somewhat greater use by younger than older women probably reflects the fact that younger users are more likely than older users to rely on pharmacies for their method.

Brand Adoption

Norminist is the newest oral contraceptive brand available in Egypt, and its introduction was marked by an advertising campaign which was primarily directed to doctors and pharmacists, but which also reached women who were using or considering using the pill. One of the questions raised with respect to the marketing of Norminist was whether the method would attract new users or whether it would simply result in brand switching

TABLE 13.7

PERCENT DISTRIBUTION OF WOMEN CURRENTLY USING THE PILL ACCORDING TO THE PILL BRAND CURRENTLY USED AND SELECTED BACKGROUND CHARACTERISTICS, EGYPT, 1984

Character- istic	Total Percent	Norm	Nord	Micro	Anov	Ovr	Prim	Other*	Not Stated
Total	100.0	9.3	15.2	16.4	29.2	7.1	16.7	1.0	5.1
<u>Age</u>									
Under 25 years	100.0	10.5	17.7	18.8	22.7	5.0	16.0	1.2	8.3
25-34 years	100.0	10.5	16.0	18.8	28.7	5.5	15.4	0.4	4.7
35-49 years	100.0	7.6	13.7	13.2	31.6	9.2	18.3	1.1	5.3
<u>Educational Level</u> (Respondent)									
No education	100.0	7.1	16.3	17.2	30.4	7.7	15.6	0.8	4.9
Less than primary completed	100.0	9.0	13.7	17.4	29.3	7.1	17.9	0.5	5.0
Primary completed/ Some preparatory	100.0	10.4	17.0	13.3	32.6	5.9	18.5	0.0	2.2
Preparatory completed and above	100.0	16.4	13.3	14.2	22.6	5.3	17.3	3.1	8.0

* Includes Ovulen and Ovulen 30 as well as any other brand mentioned spontaneously by the respondent.

among women already using the pill. The ECPS(84) data provide some insights into the latter issue although, because the survey was fielded so close to the initiation of the marketing efforts for Norminist, the results are not able to fully evaluate the impact of the Norminist campaign on contraceptive prevalence in Egypt.

Table 13.8 shows the distribution of users of various brands according to the number of brands that they reported that they had ever used. The table indicates that four out of ten Norminist users had not used any

TABLE 13.8

PERCENT DISTRIBUTION OF CURRENT USERS OF THE PILL BY THE NUMBER OF BRANDS EVER USED AND THE BRAND CURRENTLY USED, EGYPT, 1984

Number of Brands Ever used	Norm	Nord	Micr	Anov	Ovr	Prim
Total Number	139	230	246	437	106	250
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
One brand	39.6	64.8	65.9	69.8	67.9	63.6
Two brands	38.1	24.3	26.4	23.8	24.5	21.6
Three or more brands	21.6	7.8	6.9	5.0	5.6	13.2
Not stated	0.7	3.0	0.8	1.4	0.9	1.6

other brands and, therefore, were presumably new pill acceptors. Overall, these users represented approximately four percent of all current users of the pill and two percent of all contraceptive users at the time of the survey. The latter figure likely underestimates somewhat the impact on the overall level of prevalence in Egypt of the introduction of Norminist since it does not take into account past users of the pill who had discontinued using the method but who were encouraged to begin using the pill again by the Norminist campaign.

Table 13.8 also shows that six out of every ten women who were using Norminist had used other brands in the past. This percentage, which was considerably greater than the comparable figure for other brands, suggests that there may have been considerable switching to Norminist by women who were using other brands at the time that Norminist was introduced.

Chapter 14

HUSBAND-WIFE COMMUNICATION

SUMMARY: The majority of currently married women in Egypt have talked about family planning with their husbands, and more than eight out of ten women think that their husbands approve of the use of family planning. The proportion who believe that their husbands disapprove of family planning is greatest among rural women and women from Upper and Lower Egypt.

With regard to husband-wife roles, women generally believe that the husband should have the dominant role in a marriage. With regard to the decisions to have another child or to use family planning, however, more than one-half of the women in Egypt think that the husband and wife should jointly decide these matters. The proportions holding the attitude that a wife's status is equal to her husband and that decisions should be made jointly by couples tend to be higher among urban women than rural women and among women from the Urban governorates and Lower Egypt than among women from Upper Egypt.

The ECPS(84) collected information on the wife's perceptions regarding her husband's attitude toward family planning and on the extent to which the topic was discussed by the couple. The survey also investigated the nature of the interaction between husbands and wives, especially with respect to extent to which the husband was perceived as the dominant partner, and the role of each spouse in family decision-making. These data provide insights into the patterns of husband-wife communication and, especially, into the extent to which wives are involved in making basic household decisions. The survey also looked at the degree to which women are allowed to participate in activities outside the home without the husband. Taking all of these variables into account, the ECPS(84) provides useful insights into women's perceptions concerning male attitudes regarding family planning and into the status of women within the family in Egypt.

HUSBAND'S ATTITUDE TOWARD FAMILY PLANNING

Currently married women knowing about family planning were asked about whether they had discussed family planning use with their husbands

TABLE 14.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN KNOWING AT LEAST ONE FAMILY PLANNING METHOD BY THE FREQUENCY OF DISCUSSION OF FAMILY PLANNING WITH HUSBAND, THE PERCEIVED ATTITUDE OF HUSBAND TOWARD FAMILY PLANNING, AND THE WOMAN'S ATTITUDE TO FAMILY PLANNING, CONTROLLING FOR AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Frequency of Discussion and Attitudes	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	7,940	3,736	4,212	1,565	3,751	2,511
<u>Frequency of Discussion of FP with Husband</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Often	29.3	33.3	23.8	28.3	29.7	25.6
Sometimes	37.9	43.9	32.7	46.0	37.2	33.2
Never	32.1	21.2	41.7	21.8	31.2	39.9
Not sure/Not stated	1.7	1.6	1.9	1.9	1.8	1.3
<u>Husband's Attitude Toward Family Planning</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Approves	74.3	84.9	64.9	87.9	74.0	66.5
Conditionally approves	10.9	7.6	13.9	7.3	9.7	14.9
Disapproves	14.5	7.3	20.9	4.8	16.1	18.1
Not sure/Not stated	0.2	0.2	0.2	0.0	0.2	0.4
<u>Wife's Attitude Toward Family Planning</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Approves	88.2	91.7	85.1	91.5	92.0	80.9
Conditionally approves	4.5	5.1	3.9	5.4	2.8	5.3
Disapproves	3.0	1.2	4.6	0.7	1.4	5.9
Not sure/Not stated	4.3	1.9	6.4	1.4	3.8	6.9

and if they thought that their husbands approved of the use of family planning. Their responses to these two questions are examined in Table 14.1. For purposes of reference, the table also shows the distribution of these women by their own attitude toward the practice of family planning.

Two-thirds of women in Egypt who know about family planning say that they talk about the subject with their husbands at least sometimes. The proportion who have never talked about family planning with their husbands in rural areas (42 percent) is, however, twice the proportion of urban women (21 percent) who say that they have never discussed the topic with their husbands. Women from Upper Egypt also are somewhat less likely to have ever discussed family planning with their husbands than women from Lower Egypt. Women from both regions are, in turn, noticeably less likely than those from the Urban governorates to have discussed family planning with their husbands. The frequency with which the women have talked about family planning with their husbands varies in a similar manner with residence, with urban women being considerably more likely than those in the other residential categories to have talked about family planning with their husbands often rather than only sometimes.

The ECPS(84) results also suggest that women generally think that their husbands are in agreement with regard to the use of family planning; 85 percent of currently married knowing a method say that their husbands approve or conditionally approve of family planning. The proportion saying that their husbands disapprove of the practice is markedly greater among women from rural areas (21 percent) than among women from urban areas (7 percent) and among women from both Lower Egypt (16 percent) and Upper Egypt (18 percent) than among women from the Urban governorates (5 percent). The percent of husbands perceived as disapproving of family planning also is more than four times the percent disapproving of the use of contraceptives among women themselves (Table 14.1).

HUSBAND-WIFE INTERACTION

A number of questions also were asked in the ECPS(84) with regard to pattern of interaction between wives and husbands in Egypt, particularly with respect to whether the wife was perceived as being obliged to defer the husband's opinion. Table 14.2, which summarizes the results from the three questions asked in this area, indicates that the majority of women in Egypt see the husband as playing the dominant role in a marriage. For example, 58 percent of currently married women say that, in a disagreement with her husband, a wife should keep quiet rather than speaking up. Similarly, with respect to their own relationship with their husbands, the majority report that their opinion either has less weight than their husband's opinion (44 percent) or is not taken into account at all (9 percent). Despite their acceptance of a more dominant role for husbands in a marriage, the majority of women (51 percent) feel, however, that a wife will respect a husband more if he treats her as an equal than if he insists she conform to his views.

Attitudes regarding husband-wife interaction differ by both area and place of residence. Urban women are much more likely than rural women to believe that husbands and wives should have equal status in a marriage, and they are, moreover, much more likely to claim that their opinion presently has equal weight with that of their husband. By place of residence, the greatest differences in attitudes are observed between women in Upper Egypt and women in the other regions. For example, around two-thirds of women in Upper Egypt say that the wife should remain silent if she disagrees with her husband, while only slightly more than one-half of women in Lower Egypt and four-tenths of women in the Urban governorates share this attitude. Moreover, it is only among women in Upper Egypt, that a majority say that a wife will respect a husband more if he insists that she conform to his views than if he treats her as an equal.

TABLE 14.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY SELECTED INDICATORS OF HUSBAND-WIFE INTERACTION AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Indicator of Husband-Wife Interaction	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	9,158	3,929	5,229	1,595	3,932	3,496
<u>Wife's Role if Disagrees</u>						
<u>With Husband</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Keep quiet	57.7	45.0	67.3	41.8	54.8	68.5
Speak up	39.9	53.8	29.5	57.5	43.7	27.4
Not sure/Not stated	2.3	1.2	3.2	0.7	1.5	4.1
<u>Wife Respect Husband</u>						
<u>More If</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Wife treated as equal	51.0	61.3	43.3	64.9	56.6	38.0
Husband insists on his way	42.2	35.8	47.0	32.5	39.9	49.5
Not sure/Not stated	6.8	3.0	9.7	2.6	3.2	12.4
<u>Wife's Opinion vs. Husband's Opinion</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Same weight as husband	43.9	53.2	37.0	56.1	43.9	38.2
Less weight than husband	44.1	38.2	48.5	38.4	47.6	42.8
Not counted at all	9.1	7.4	10.3	4.8	4.7	16.1
Not sure/Not stated	3.0	1.3	4.2	0.7	3.7	2.8

HUSBAND-WIFE ROLES IN FAMILY DECISIONS

The ECPS(84) obtained information from respondents with regard to the person who should have the last word on various types of family decisions. Table 14.3, which looks at these data, shows that currently married women tend to see the husband as being the primary decision-maker with respect to financial matters, especially if it is a question of borrowing or lending money. Other decisions, particularly those relating to children's education or marriage plans, are more often seen as being made jointly by the husband and the woman. Significantly, 64 percent think that having another child should be a joint decision, and 55 percent also regard the use of family planning as a decision where both the husband and the wife should be involved. In general, urban women are more likely than rural women to see decision-making in all of the areas included in the table as more frequently a matter for joint decision than being decided by the husband alone (table not shown). Women from Upper Egypt also are, as might be expected, the most likely to see the final word in most areas as belonging solely to the husband.

TABLE 14.3

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY HUSBAND-WIFE ROLE IN KEY FAMILY DECISIONS, EGYPT, 1980

Decision	Total Percent	Final Decision Made By				
		Husband Alone	Wife Alone	Both	Other	Not sure/ Not stated
Visiting friends/ Relatives	100.0	40.6	5.5	47.5	5.1	0.1
Household budget	100.0	39.9	9.3	37.8	12.7	0.2
Borrowing from others	100.0	45.2	7.3	32.7	14.5	0.2
Lending to others	100.0	45.7	6.8	35.4	11.9	0.2
Having another child	100.0	23.7	6.1	63.8	6.1	0.2
Use of family planning	100.0	16.9	17.8	55.5	9.5	0.2
Children's education	100.0	32.0	3.9	61.1	2.8	0.2
Children's marriage plans	100.0	32.0	3.9	61.1	2.8	0.2

WIFE'S PARTICIPATION IN ACTIVITIES OUTSIDE THE HOME

The ECPS(84) also obtained information concerning attitudes toward another dimension of women's status in Egypt, the participation of women in activities outside the home. Table 14.4 considers the data collected in the survey on this topic. The table shows that women are clearly divided with regard to their attitudes concerning female participation in the labor force. Overall, 53 percent feel that a woman should not work outside the home, while 43 percent agree that it is all right for her to take a job away from home. Urban women are somewhat more likely than rural women to approve a woman's working outside the home. Nevertheless, the percentage of urban women disapproving of a woman working (49 percent) slightly exceeds the percentage who would approve (48 percent). The most conservative region again is Upper Egypt; around two-thirds of women in Upper Egypt maintain that a woman should not be employed outside the home compared to 43 percent holding this attitude in Lower Egypt.

Two other indicators of women's participation in activities outside the home---the percentage who go with their husbands to shop for household items and the percentage who are allowed to visit relatives or shop alone---are included in Table 14.4. In general, the results suggest that the majority of women do not go out with their husbands to shop and, among the minority of wives who do shop with their husband, the joint shopping trips are not frequent. Women are generally allowed to go out alone to visit relatives or to shop. About one-fifth of the women report, however, that they are not permitted to go out without their husband or children. The pattern of variation by residence in these indicators is familiar. Rural women and women from Upper Egypt are noticeably less likely than other women to shop with their husbands. Women from rural areas and, particularly, women from Upper Egypt also are considerably less likely than other women to be allowed to go out to visit relatives or shop on their own.

TABLE 14.4

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY THE ATTITUDE TOWARD WOMAN'S EMPLOYMENT, THE WIFE'S INVOLVEMENT WITH HUSBAND IN HOUSEHOLD SHOPPING TRIPS, THE WIFE'S FREEDOM TO VISIT RELATIVES AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Type of Activity	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt
Total Number	9,158	3,929	5,229	1,595	3,932	3,496
<u>Attitude Toward Woman Working Outside Home</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Woman should not work	52.8	49.3	55.3	51.4	43.0	64.3
Woman may work	43.1	48.0	39.5	47.2	53.6	29.6
Not sure/Not stated	4.1	2.7	5.2	1.4	3.4	6.1
<u>Involvement With Household Shopping</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Shops with husband	42.9	55.6	33.4	65.6	46.7	28.6
Once a month or more	15.8	25.2	8.2	29.5	13.4	11.6
Less than once a month	27.1	30.4	25.2	36.1	33.3	17.0
Does not shop with husband	56.3	43.7	65.8	33.8	52.4	70.6
Not sure/Not stated	0.8	0.6	0.9	0.7	0.9	0.2
<u>Wife Allowed to Visit Relatives or Shop Alone</u>						
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Yes, alone	79.5	86.0	74.6	89.0	86.6	67.9
Yes, with children	6.1	5.3	6.7	5.0	3.5	9.4
No	13.0	7.7	17.1	5.3	8.8	20.7
Not sure/Not stated	1.4	1.1	1.7	0.7	1.1	1.9

Chapter 15

RESUME AND RECOMMENDATIONS

This resume reviews the major findings from the ECPS(84). In addition, the resume highlights the major policy recommendations arising out of discussions of the survey findings during a seminar on the ECPS(84) results held in Cairo on December 17-18, 1985.

RESUME

The ECPS(84) found that fertility levels remain moderately high in Egypt. Ever married women in the 45-49 cohort who are nearing the end of their reproductive period have had an average of 6.7 births. The total marital fertility rate suggests that, although fertility levels have declined somewhat recently, a currently married woman in Egypt subject to the prevailing schedule of age-specific marital fertility rates throughout her reproductive period will have an average of nearly seven births before she completes her childbearing.

The survey results show that many women are interested in limiting their family size. One-third of the currently married women in Egypt already have had more children than they consider ideal, and slightly more than one-half of currently married women (56 percent) say that they do not want more children. Moreover, the data suggest that the majority of women become interested in limiting their family size by the time they are 25 years old or after they have had two children.

Although substantial numbers of women are concerned about limiting their fertility, among those who want more children, only around one out of every four women---seven percent of all currently married women---would like to delay the next birth for at least one year. The comparative lack of interest in spacing births is reflected in the fact that 40 percent of currently married women think the interval between births ideally should

be less than 24 months. The relatively short average (mean) ideal birth interval (34 months) is of an area of major concern since numerous studies have documented the close association between child mortality levels and birth intervals of less than four years.

The very high child mortality levels prevailing in Egypt in the past are assumed to be a major factor in the high fertility levels. The impact of those mortality levels is reflected in the fact that almost one out of every four children ever born to ever married women in the ECPS(84) sample had died by the date of the survey. Overall, four out of ten ever married women had experienced the death of at least one of their children. Based on the child survivorship data, the infant mortality rate during the period 1978-1982 is estimated to have been 140. This corresponds to a life expectancy of approximately 45 years.

With respect to factors other than contraception which influence fertility levels, the ECPS(84) results indicate that the majority of ever married women (59 percent) married for the first time before their 18th birthday. The age at first marriage has, however, been steadily increasing over time, and most women prefer that their daughters marry at a later age than they themselves married. Marriages are generally stable with the majority of those women whose first marriage ended in divorce or widowhood reporting that they remarried. The pattern of early, stable marriage among the majority of women indicates that most women will be exposed to the risk of conception throughout much of the reproductive period, setting the stage for high fertility levels.

Breastfeeding patterns clearly contribute to lengthening the intervals between births among Egyptian women and, thus, to reducing fertility. The median duration of breastfeeding among mothers is estimated to exceed 18 months, and the majority of mothers breastfeed their babies without supplementation for at least six months following birth. The median duration of postpartum amenorrhea is estimated to be almost seven months, nearly

four months longer than the duration that would be expected if women did not breastfeed.

Contraceptive knowledge and approval is almost universal among women in Egypt, and 30 percent of currently married women are presently practicing family planning. Almost all current users (95 percent) are relying on modern methods. The pill is the most frequently preferred method followed by the IUD. The median duration of use among pill users is estimated to be 24 months, while the median duration of use among IUD users is over 45 months. One out of four users discontinuing use reports that she stopped using her method because she became pregnant. The high rates of accidental pregnancy appear to be due to lack of adequate information on the proper usage of supply methods, especially the pill.

The ECPS(84) data suggest that there is an increasing trend toward obtaining supply methods from pharmacies; currently eight out of ten supply method users obtain their method from the pharmacy. Private physicians are the most frequently named source for clinic methods, followed by public hospitals. Contraceptive methods are readily accessible in Egypt. The median reported travel time to a source is 10 minutes for supply methods and 25 minutes for clinic methods.

The need for increased family planning use among women in Egypt is evident. One-quarter of all currently married women are presently exposed to the risk of conception, not using family planning and interested in spacing or limiting births. Roughly one-half of these women report that they would consider using a method in the future, indicating that there is substantial interest as well as need for contraception among nonusers. Motivating these women to adopt an appropriate method is an obvious, immediate challenge for the family planning program in Egypt.

Finally, in reviewing the ECPS(84) results from a policy standpoint, one of the most important elements is the large differentials existing

between residential categories in fertility and family planning attitudes and behavior. Women in Upper Egypt, particularly those living in rural areas, desire and have consistently higher fertility than women from Lower Egypt or the Urban governorates. Contraceptive knowledge and use also is markedly lower among women from rural Upper Egypt than among women from other areas. For example, only six out of ten women from rural Upper Egypt know at least one family planning method compared to more than eight out of ten women in the other areas. The prevalence of contraceptive use among the former women (8 percent) is, moreover, less than one-third the level reported among rural women from Lower Egypt (28 percent). Significantly, however, the proportion of currently married women in need of family planning does not vary greatly among the various areas, ranging from 19 percent in the Urban governorates to 29 percent among women in rural Lower Egypt.

RECOMMENDATIONS

The major findings of the ECPS(84) were presented and discussed in a seminar held under the auspices of His Excellency the Prime Minister, Dr. Ali Lotfi, at the National Population Council on December 17-18 1985. The meeting was attended by experts and researchers in the field of population and family planning from various research centers, universities and government offices and ministries. His Excellency the Minister of Higher Education, Dr. Fathi Mohamed Ali, delivered the opening address in the name of Dr. El-Hadidi, the Minister of Health. In his welcoming remarks to the seminar participants, Dr. Maher Mahran, the Secretary General of the National Population Council (NPC) stressed the importance of the survey and its results, since they represented the information required to design population and family planning policies in Egypt.

Discussions of the ECPS(84) findings focused on the implications of the survey's results for population and family planning activities in

Egypt and yielded a number of policy and programmatic recommendations. The major concerns and recommendations of the seminar are outlined below.

A key concern of the seminar participants was the fact that, although the ECPS(84) had found that contraceptive usage is gradually increasing in Egypt, there remains a considerable degree of unmet need for family planning services among couples. The survey results also show that, despite the rise in contraceptive practice, the decline in fertility levels has not been as substantial as might have been hoped. To help close the gap between the need for family planning services and the use of contraceptive methods, it was recommended that:

- Family planning efforts must be supported at the highest levels in government. Political leaders' commitment to the family planning program is a basic condition for this concern to be translated into action at the regional and local levels.
- Programs are needed which address the inconsistency evident between fertility behavior and family size attitudes. The programs should aim at encouraging couples to adopt family planning early enough in their reproductive span to permit them to achieve the three child family which is the ideal for the majority of women of reproductive age.
- In family planning promotional efforts, priority should be given to women in immediate need of contraceptive services, i.e., those who do not want any more children and are not currently using any method. Specifically, women in the 40-49 cohorts, who almost universally do not want more children, should be key targets of these efforts since eliminating unwanted childbearing among this group would reduce completed fertility by nearly one child.
- Emphasis also must be placed on encouraging family planning use for spacing as well as limiting purposes. Encouraging women to increase the interval between desired births as well as to avoid unwanted pregnancies should contribute to lowered child mortality as well as fertility levels.
- With regard to target populations, emphasis should also be given to rural areas in general and to rural Upper Egypt in particular. Levels of knowledge, approval and use are very low in these areas when compared to other regions. To reach these

target groups, population and family planning strategies should be diversified, taking into account the socioeconomic and cultural conditions of each region.

- Efforts to change the method mix should be supported. These efforts should aim to increase the share of highly efficient methods (e.g., the IUD), whose correct usage is not linked to the literacy level of the user. The method mix also should be closely monitored to respond to any change in demand resulting from the introduction of new methods.
- Special attention should be directed toward increasing the continuation rates among pill users and to reducing the high rates of accidental pregnancy among users of this method. Efforts in this area obviously must focus on the most common service providers, especially pharmacists, and must emphasize the necessity of informing women about the proper usage of oral contraceptives and the appropriate response to any side effects that they may experience.
- The followup of all family planning acceptors must be improved and upgraded, both from health and psychological aspects, since users with side effects frequently do not consult medical personnel about the problems that they may experience in using their methods. Improved followup would have an obvious positive impact on method continuation.
- Specialized training for all those working in fields related to family planning (e.g., physicians, religious leaders, mass media personnel, etc.) should be promoted.

The importance of developing a coherent Information, Education and Communication (IE&C) strategy to help achieve the above objectives was emphasized during the ECPS seminar. Specifically, it was recommended that:

- Family planning messages should emphasize the health benefits of contraceptive use for mothers and their children. Complicated, sophisticated and controversial issues, such as the socioeconomic implications of demographic changes for society as a whole, should be played down since they either do not interest or are not understood at the individual or family level.
- Family planning IE&C campaigns should be accurate and honest, giving simplified and correct information about all available methods and their potential side effects to current users as

well as couples considering adopting a method. The campaigns should emphasize the appropriate response to side effects that the user may experience.

- The design of IE&C programs should take into account regional differences, and various media approaches appropriate to each region should be utilized. Family planning messages should be pretested to verify their appropriateness for a specified audience.
- Marketing techniques, especially mass advertising, should be considered to aid in the promotion of various methods.
- IE&C programs should take into account the high illiteracy rate, especially among women in Egypt. Personal communication should be emphasized, especially at the local level.
- The increasing role of husbands in obtaining contraceptive supplies for the couple indicates the need for special communications programs directed toward husbands.
- There should be continuity in the communication program to guarantee a continuous stream of activities rather than intensive but shortlived campaigns.
- In selecting personnel for IE&C activities, advanced training is important as well as the selection of capable and qualified persons who believe in family planning and its importance.
- To achieve the IE&C objectives, coordination should be promoted among the various agencies working in the population and family planning communications fields. A committee should be formed to formulate communication policies and to clearly define the role of each agency in IE&C activities.

In addition to supporting programs to directly improve levels of contraceptive knowledge and practice, there are other areas in which changes can be made which will influence fertility levels. In this regard, the seminar participants took special note of the following:

- Attention should be focused on other demographic variables associated with the shortening of the reproductive span, such as the age at first marriage. Efforts in the latter area should be first directed to enforcing the current legal age at marriage before attempting to raise it further.

- The practice of breastfeeding should be promoted because of its influence on fertility levels and on the health of mothers and their children.

Beyond these recommendations, the seminar participants also stressed the importance of making the maximum use of the ECPS(84) results in helping to: (1) design national population policy; (2) develop policy for various sectors; and (3) decide on priorities in accordance with cost-benefit analyses. In this regard, the participants recommended that:

- There should be timely publication of the survey results, emphasizing regional and urban-rural differentials. Moreover, a strategy should be developed to ensure access for all researchers to the ECPS(84) data.
- Priority should be given to obtaining reliable estimates at the subregional and governorate level.
- There should be further in-depth analysis of a number of topics discussed briefly in the first descriptive report. In particular, the studies should concentrate on:
 - the reasons for discontinuing contraceptive use or for switching methods among women adopting contraceptive methods and the most appropriate and effective design for a followup system;
 - reasons for nonuse among women knowing about and in immediate need of family planning services;
 - reasons for school dropout, particularly among females attending primary school;
 - the legal age at marriage, particularly the enforcement of existing law in this area.

Finally, in order to monitor trends in contraceptive use and in fertility levels, it is recommended that surveys like the ECPS(84) be carried out at regular, preferably five-year, intervals.

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Appendix A
LIST OF ECPS(84) STAFF

List of ECPS(84) Staff

TECHNICAL AND ADMINISTRATIVE STAFF

Technical Director

Dr. Hussein Abdel-Aziz Sayed

Assistant Director

Dr. Nabil El-Khorazaty

Field Activities

Dr. Mohammed M. Faraq,
Field Coordinator
M. Abdel-Alim,
Assistant Field Director

Data Processing

Dr. Sami Akabawi,
Data Processing Coordinator
Magdi Mohammed Ibrahim
Mohammed Abdel-Fattah
Zeinab Khader
Amani Abdel-Fattah
Galal Hussein

Central Office

Dr. Adel Zaher
Fattma El-Zenatty
Abdel Salam A. Hassan
Abdel-Hakim Mohammed Abdel-Hakim
Salah M. Kamel
Mohamed M. Badr
Magdi El-Shemi

FIELD STAFF

QUICK COUNT

Abdel Qawi Mahmoud Abdallah
Abdel Moneim Ali Abdel Hadi
Ahmed El Sayed El Zamel
Sultan Fouly Hassan

Awad Abdel Maaboud
Ahmed Sayed Shensta
Hassan Ata Hassan
Abdel Qader Mohamed Hassan
Salah Sofi Gooda
Alaa Hassan Hussein
Ahmed Ibrahim El Tannany
Hassan Mohamed Hassan
Sofi Shafik
Mahmoud Abdel Moneim Youssef
Taha Ibrahim El Tannany
Abdel Moneim Mostafa Darwish
Suehata Sayed Ahmed
Hesham Mohamed Hassarein
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Mohamed Sayed Mahmoud
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Mostafa Mohamed Ahmed
Hossam Hosny Ibrahim
Abdallah Hamed El Sharkawy
Nasser Wahid Abdel Sayed
Nazih Mohamed Nasr
Ibrahim El Azab
Abdel Aziz Mahmoud
Mostafa Abdel Alim
Hossam Mahfouz Ibrahim
Nasser Galai Mahmoud
Hamdy Ahmed M. Saghar
Mohamed El Tohamy
Sayed Ghaarib Hussein
Gaber Ali A. Metwalli
Sayed Saber
Atef Hussein Ahmed
Ahmed Abdel Ati Ali
Khaled Mohamed Abdel Alim
Yehia Shaaban
Ahmed Shaaban
Hamed Aly Metwalli
Mohamed Assaad Farahat
Fakhry Hegazy
Yassin Hegazy
Diaa El Din Mohamed Hassan
Qassem Abdallah Ibrahim
Abdel Salam Mohamed Ahmed
Maarouf Darwish
Abou El Fetouch Ahmed Saghar

LISTING

Supervisors:

Mohamed Assad Farahat
Ali Mohamed Ali Abdel Aal
Abdel Moneim Mostafa Darwish
Hamdy Ahmed Saghr
Fakhry Ahmed Hegazy
Nazih Mohamed Nasr
Ibrahim El Azab El Afifi
Fayez Amin Khalil
Abdel Hakim Mohamed Abdel Hakim
Yehia Ahmed Shaaban
Tharwat Fayek Nakhla
Mohamed Abdel Aati Ali

Listers:

Aboul Fetouh Mohamed Ahmed Saghr
Hatem Abdel Rahman El Deeb
Afifi Zein El Abdin El Kahki
Mostafa Mohamed Ahmed Hassan
Jassin Ahmed El Sayed Hegazy
Bilal Saber Abdel Fattah
Hosny Attia A. Hassan
Hussein Ragab Suliman
Hamed Ali A. Metwalli
Mohamed Abdel Samie Kadwan
Maarouf Darwish Mostafa
Abdel Salam Mohamed A. El Ahdah
Mohamed Ahmed Ismail
Diaa El Din Mohamed Hassan
Mohamed Abdel Latif Osman
Sayed Gharib Hassan
Omar Mohamed Mamdouh
Aatef Hussein Ahmed
Galal Mohamed Abdel Hakim
Hussein M. Abdel Fattah El Shimy
Abdallah Hamed El Sharkawy
Mahdi Mostafa M. Mohamed
Khaled Mansour Abdel Aziz
Qasem Abdallah Abdel Ibrahim

RE-LISTING:

Supervisors:

Eid Ragab Mohamed
Mohamed Ibrahim El Tannany
Ahmed Abdel Halim Mohamed

Farouk Sofi Gouda
Abdel Aziz Mahmoud Abdel Rahman
Sultan Foly Hassan

Listers:

Nour El Din Ahmed Zaky
Hassan Mohamed Hassan
Helmy Mohamed M. Badr
Ahmed El Sayed El Zamel
Gamal Ahmed Saleh
Mohamed Abdallah Emazy
Khaled Mohamed Abdel Alim
Awad Abdel Maaboud Mohamed
Nasser Wahid Abdel Sayed
Gamal Mohamed Ali Khalaf
Nader Mohamed El Mahdi
Tarek Hussein Mohamed
Mohamed Gemal H. Shedié

INTERVIEWING

Supervisors:

Mohamed Assad Farahat
Nazih Mohamed A. Nasr
Salah El Din Abdel Qawi
Mohamed Abdel Latif Osman
Hamdy Ahmed M. Saqr
Farouk Sofi Moawad
Fakhry A. El Sayed Hegazy
Yassin A. El Sayed Hegazy
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Yehia Ahmed Shaaban El Ayyat
Mohamed El Amir
Tharwat Fayek Nakhla
Abdel Moneim Mostafa Darwish
Fahr Mahmoud Saleh Samak

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Fatma Morsi Shaaban
Nawal Hassan El Awadi
Sanaa Ibrahim A. Bakr
Faiza Hassan Abdo
Mirvat Awad Abdel Hamid

Mohga Mohamed Ibrahim
Iman Abdel Wahab Abdel
Azim Khalil
Sanaa Suliman Awad

Interviewers:

Samia Abdallah Hafez
Soad Bekhit Massoud
Therese Sobhy El Erian
Nahed Iman Ismail
Suzan Samy Asr
Salwa Salah M. Hussein
Amal Ahmed Abdel Razek
Samira Ibrahim Ibrahim
Mirvat Kamel Mabrouk
Hanan Omar Mohamed
Yousria Mohamed Hassan
Seham Ahmed El Fouly
Salwa Mohamed Abdallah
Shahinaz M. Mohamed Nawar
Mirvat El Sayed Ali Ismail
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Zeinab Ibrahim Mahmoud
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Magda Ibrahim El Mallah
Ragaa AbdelAlim Zaghloul
Samia Atwa A. Atta
Mabrouka El Sayed M. Hammad
Sabah Awadallah Abdel Aal
Sabah Mohamed M. E. Bakly
Ibtisam Abdel Alim Abdel Hadi
Seham Abdel Razek Abdel Halim
Laila Sayed Farrag
Fenoun Fouad El Nagahy
Nahla Galal Ahmed Abdo
Mirvat Abdel Salam Mahrous
Sawsan M. Zaky Abdel Rahman
Safia Anwar Zakaria
Hanaa El Sayed M. El Sharkawy
Nagwa Khalil Ibrahim
Rosette Youssef Farahat
Amal Abdel Rahman Abdel Naim
Ragaa Ibrahim El Shahed
Samia Sobhy Ibrahim
Mona Tewfik Fahmy
Sayed Anwar Zakaria
Elham Fikry Mohamed
YodaEl Sayed El Araby
Mona A. Mohamed Nussein
Amal Gharib El Ehany

Hanaa Mostafa Mahmoud
Hanaa Shaker Ahmed
Nahla Mostara Kamal
Madiha Moussa Nour El Din
Sanaa Mahmoud El Harishi
Manal Youssef Morcos
Fatma Houssa Shaaban
Nawal Hassan El Awadi
Sanaa Ibrahim A. Bakr
Faiza Hasaan Abdou
Mirvat Awad Abdel Meguid
Mohga Mohamed Ibrahim
Iman Abdel Wahab El Khatib
Sanaa Suliman Awad

OFFICE EDITING

Office Editors:

Amal Abdel Rahman
Elham El Hussein
Amal Abdel Razek
Ibtisam Abdel Alim
Therese El Erian
Soad Bekhit
Samia Abdallah
Samia Sobhy
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Samia Atwa
Hanaa Shaker
Samira Ibrahim

Amal Gharib
Zeinab Sayed El Digwi
Nadia Husein
Fawzia Mahmoud
Maged Bekhit

Office Re-Editing:

Magda Bekhit
Zeinab El Digwi
Fawzia Mahmoud
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Nashwa Rouchdi
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Mohga Ibrahim
Manal Khalil
Mirvat Awad
Mona Ahmed
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Suzan Samy

Appendix B
EGYPT CONTRACEPTIVE PREVALENCE SURVEY
SAMPLE DESIGN

ECPS(84) Sample Design

The sample design for the ECPS(84)¹ called for a self-weighting nationally representative sample of 11,000 households to be selected. All ever married women under age 50 resident in the selected households on the night before the ECPS(84) interviewer visited the household were eligible to be interviewed.

The protocol for selection of the households to be covered in the ECPS(84) differed somewhat in urban and rural areas. The urban design structure can be summarized as follows:

Stage	Sampling Unit	Stratification ordered by:	Selection Method	Sample Size
1	Shiakha/Town	1976 percent illiterate within geographic locations (i.e., within regions)	PPS Systematic (M_{α} = size measure)	96 (exactly)
2	Segment (constructed for the ECPS(84))	Estimated number of 1984 households	PPS Systematic ($M_{\alpha\beta}$ = size measure)	2 (exactly)
3	Household	Geographic location	Simple Systematic Sampling	30 (on average)

The rural design structure, like the urban design structure, involved three stages as outlined below:

Stage	Sampling Unit	Stratification ordered by:	Selection Method	Sample Size
1	Village	(1) 1976 percent illiterate (2) Population and Development Program Status and Mother/Satellite cross-classification	PPS Systematic (M_{α} = size measure)	108 (exactly)

¹ Discussion of the sample design is drawn from Kalsbeek, 1983.

<u>Stage</u>	<u>Sampling Unit</u>	<u>Stratification ordered by:</u>	<u>Selection Method</u>	<u>Sample Size</u>
2	Segment (constructed for ECPS(84))	Geographic location	PPS Systematic (Estimated number of current households from map = size measure)	2 (exactly)
3	Household	Geographic location	Simple Systematic Sampling	25 (on average)

Figure A.1 shows the geographic distribution of the 204 primary sampling units selected in the ECPS(84).

The overall household sampling rate (f) for urban and rural areas combined was calculated as:

$$f = n/N = \frac{\text{Total Number of Selected Households}}{\text{Projected 1984 Household Count for Egypt}} = \frac{(96)(60) + (108)(50)}{8,390,745} = \frac{11,160}{8,390,745} = \frac{1}{752}$$

The household selection probabilities (for both urban and rural areas) can, thus, be summarized as:

$$M_{\alpha} = H_{\alpha} / \bar{b} \text{ (Rounded) = Measure of Size for } \alpha\text{-th PSU;}$$

$$M_{\alpha\beta} = H_{\alpha\beta} / \bar{b} \text{ (Rounded) = Measure of size for } \beta\text{-th SSU in } \alpha\text{-th PSU;}$$

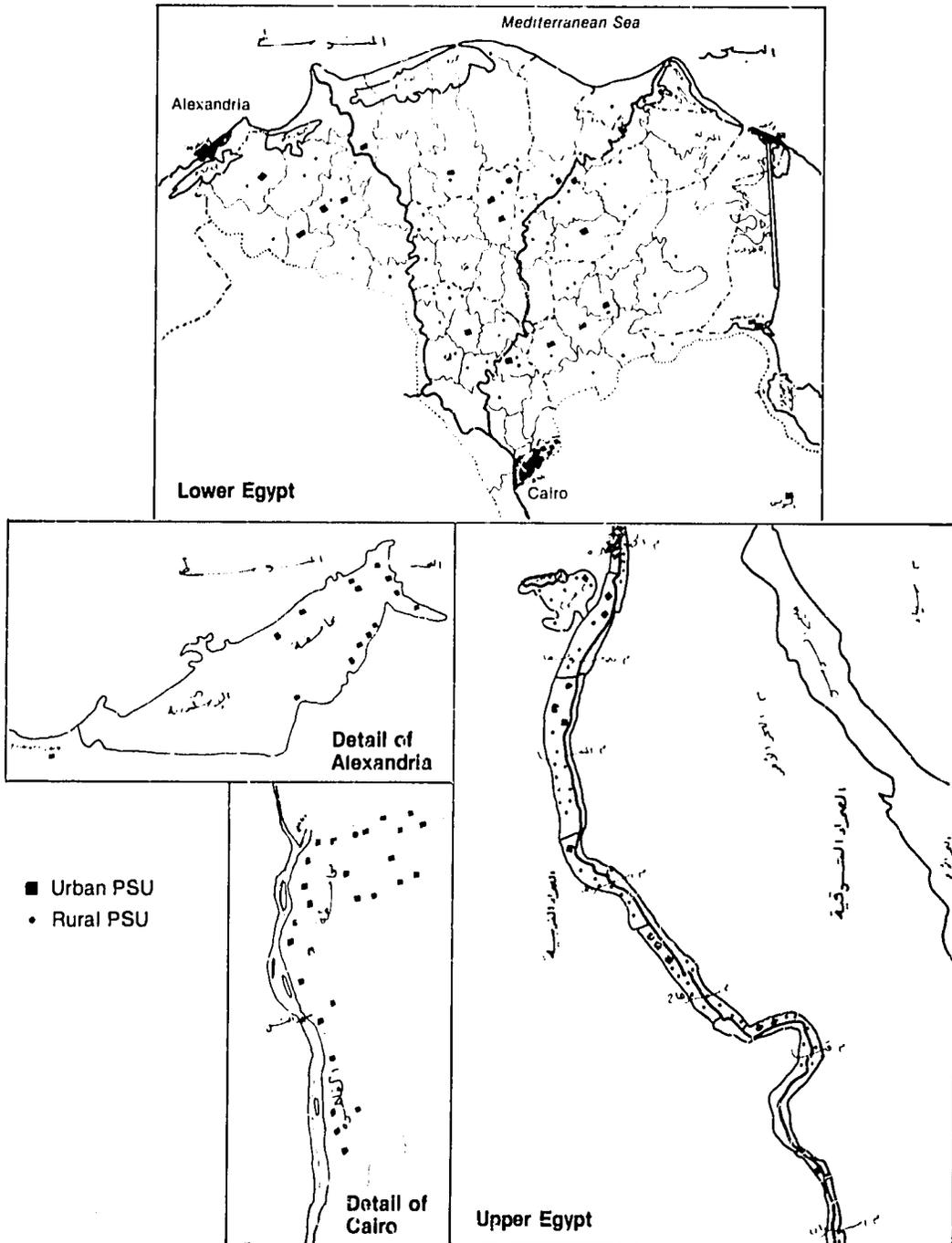
and

$$H_{\alpha} = \text{Updated Household Count in } \alpha\text{-th PSU}$$

$$H_{\alpha\beta} = \text{Updated Household Count in } \beta\text{-th SSU of } \alpha\text{-th PSU}$$

$$\bar{b} = \text{Average Number of Selected Households per PSU; } (\bar{b} = 60 \text{ in urban areas; } \bar{b} = 50 \text{ in rural areas)}$$

FIGURE A.1
Distribution of Sampling Points, Egypt
Contraceptive Prevalence Survey, 1984



Appendix C
EGYPT CONTRACEPTIVE PREVALENCE SURVEY
QUESTIONNAIRE

Population and Family Planning Board

CONTRACEPTIVE PREVALENCE SURVEY

(Second Round)

Household Questionnaire

1984

Data of this survey are
confidential and will only be used
for scientific research purposes.

This research is undertaken with
with the collaboration of
Westinghouse Organization for
Health Systems.

First: Identification data

Questionnaire number: _____	Cluster: _____
Governate: _____	Building number in listing sheets: _____
Kism/Markaz: _____	Housing unit number: _____
Local unit: _____	Household number: _____
Shiakha (town)/village: _____	Name of head of household: _____
Address in detail: _____	

Interviewer's visits	1	2	3
Date			
Interviewer's name			
Time at the beginning of interview			
Time at the end of the interview			
Time consumed in the interview			
Result of the visit			

1 Completed 2 Dwelling vacant/removed 3 Household is travelling
 4 Household left home 5 No competent respondent at home
 6 Partly completed 7 Refused 8 Deferred 9 Other _____
 (Specify)

	Field editing	Office editing	Coding	Punching
Name				
Date				
Signature				

Selection of the household for revisit Address check

INTERVIEWER: LIST BELOW ALL MEMBERS OF THE HOUSEHOLD EVEN IF THEY ARE NOT AT HOME NOW, EXCLUDING VISITORS:

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

Line Number	NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP				SEX	AGE	MIGRATION STATUS					
		1	2	3	4			5	6	7	8		
	Please give me the names of all individuals who usually live here:	Relation-ship to Household Head	Gene-ration Number	Couple Number	Line No of Mother	Is this person male or female?	How old is this person (in complete years)?	Did this person ever migrate since the 1973 October War to any place outside Egypt, whether for work, with someone else, as a visitor, etc.?	Where did they go (name of country)?				
For Coder	//////	//////	For Coder	For Coder	For Coder	//////	For Coder	//////	For Coder	//////	For Coder	//////	For Coder
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

INTERVIEWER: AFTER COMPLETING COLUMNS 1 AND 2 ASK THE FOLLOWING TWO QUESTIONS:

(a) To make sure that I have recorded all persons, is there any other person who usually lives with your household who is not here now, for example, students, draftees, prisoners, hospital patients or those in public institutions?

1 Yes (Probe and record persons)

2 No (Ask b)

INTERVIEWER: QUESTIONS 7 THROUGH 11 ARE FOR THOSE INDIVIDUALS FIVE YEARS OLD AND OVER.
 QUESTIONS 12 THROUGH 14 ARE ONLY FOR THOSE PERSONS 12 YEARS AND OVER.
 QUESTIONS 13 AND 14 ARE ONLY FOR EVER-MARRIED WOMEN AGED 50 YEARS AND UNDER.

EDUCATION STATUS			OCCUPATION/WORK STATUS			MARITAL STATUS		LAST NIGHT		ELIGIBILITY		LINE
7	8	9	10	11	12	13	14					NUMBER
Is this person currently going to school or has he ever gone to school?	For those who ever went to school: What was the last level he/she was admitted to and the last year passed?	For those never attending school or did not pass primary: Can this person read and write?	What is the main job that this person usually does?	Did this person work last month?	What is the (his/her) current marital status?	Did she spend the last night here?	Interviewer: Please check (/) each eligible woman					
	For Coder	For Coder	For Coder	For Coder	For Coder	For Coder	For Coder	For Coder	For Coder	For Coder		
												01
												02
												03
												04
												05
												06
												07
												08
												09
												10
												11
												12
												13
												14
												15
							Total Eligible Women					

(b) Is there any other person who usually lives with this household but is abroad now and who does not have an independent household in Egypt?
 1 Yes (Probe and record person(s)) 2 No (Continue, starting with Column 3)

22. What is the type of construction in the house?

- | | | | | | |
|---|------------|---|-------------------|---|-------------------|
| 1 | Cement | 2 | Bricks w/o cement | 3 | Stones w/o cement |
| 4 | Mud bricks | 5 | Thatch/bamboo | 6 | Other |
-
- (Specify)

23.	Do you have the following items:	Yes	No
1	Clothes cupboard	1	2
2	Dining table and chairs	1	2
3	Chandeliers (electric)	1	2
4	Carpets	1	2
5	Complete bedroom set	1	2
6	Complete dining set	1	2
7	Complete living room set	1	2

SECTION IV. OWNERSHIP OF DURABLE GOODS

24. Do you have any of the following items in your house?

	Yes	No
a. Radio only	1	2
b. Radio and cassette recorder	1	2
c. Black and white TV	1	2
d. Color TV	1	2
e. Bicycle	1	2
f. Motorcycle	1	2
g. Private car	1	2

25. Do you have any of the following items in your house?

	Yes	No
a. Clock/alarm clock	1	2
b. Electric fan	1	2
c. Gas stove	1	2
d. Refrigerator	1	2
e. Washing machine	1	2
f. Water heater	1	2
g. Air conditioner	1	2

26. Do you or any of your household members own any of the following:

	Yes	No
a. Animals (cattle, sheep, etc.)	1	2
b. Agricultural land (owned/rented)	1	2
c. Farm implements (tractors, etc.)	1	2
d. Construction land	1	2
e. Residential buildings	1	2
f. Commercial buildings (shops, storage, etc.)	1	2
g. Industrial buildings (workshops, factories, etc.)	1	2
h. Industrial machines/equipment	1	2
i. Transport equipment (trucks, etc.)	1	2

INTERVIEWER:

a. Line number of respondent _____

b. Degree of cooperation

1 Poor 2 Fair 3 Good 4 Very good

c. Interview

1 Alone 2 In presence of others

d. Other Comments: _____

Field Editor:

Signature:

Supervisor:

Signature:

Office Editor:

Signature:

Population and Family Planning Board

CONTRACEPTIVE PREVALENCE SURVEY

(Second Round)

Individual Questionnaire

1984

Data of this survey are confidential and will only be used for scientific research purposes.

This research is undertaken with the collaboration of Westinghouse Organization for Health Systems.

IDENTIFICATION

Individual Questionnaire No. _____ Strata _____
 Governorate _____ District/Marquez _____
 Village Council _____ Shiakha/City/Village _____
 Name of Household Head _____ Household No. _____
 Line No. for Eligible Woman in Household Questionnaire _____

Visit Record	1	2	3
Date			
Interviewer			
Supervisor			
Time Started			
Time Ended			
Total Time for Interview			
Result*			
Result Codes: 1 Completed 2 Partially Completed 3 Postponed 4 Not at Home 5 Refused 6 Other _____			

Observations: _____

	Field Editor	Office Editor	Coder	Keyer
Name				
Signature				
Date				

Household Selected for Reinterview Address Check

PART 1. BACKGROUND CHARACTERISTICS

101. It is very important in this study to know your exact age. How old were you on your last birthday (i.e., in completed years)?

Age _____

102. In what month and year were you born?

_____ 19 _____
(Month) (Year)

INTERVIEWER: AFTER EXAMINING THE RESPONSES IN 101 AND 102 CAREFULLY AND PROBING AS NEEDED, ENTER THE RESPONDENT'S AGE BELOW. ESTIMATE THE RESPONDENT'S AGE IF IT CANNOT BE DETERMINED BY PROBING.

AGE _____

103.

INTERVIEWER: CIRCLE THE APPROPRIATE CODE FOR THE ACTION YOU TOOK IN DETERMINING THE RESPONDENT'S AGE.

1. Questions 101 and 102 both answered. Verified answers were consistent.
2. Questions 101 and 102 both answered. Responses were not consistent and age determined by probing.
3. One or both questions were not answered initially. Age determined by probing.
4. No age response. Age estimated because it could not be determined by probing.

INTERVIEWER: IF THE RESPONDENT IS 50 YEARS OR OVER, TERMINATE THE INTERVIEW.

109. Are you working inside or outside the home even if only part-time and being paid in cash or kind?

1 Yes 2 No
(SKIP TO 113)

110. Do you work inside or outside your home?

1 Inside home 2 Outside home

111. What type of work do you do?

112. How many hours did you work in the past week?

Number of hours _____
(SKIP TO 114)

113. Would you want to work if a good job was available?

1 Yes 2 No 7 Don't know

114. How many times have you been married?

1 Once 2 More than once

115. At what age did you first enter into a marriage contract?

AGE _____

116. In what month and year did you first enter into a marriage contract?

_____ 19_____
(Month) (Year)

117. At what age did you and your first husband begin to live together (consummate your marriage)?

AGE _____

118. In what month and year did you and your first husband begin to live together (consummate your marriage)?

_____ 19_____
(Month) (Year)

119. At what age did you begin to menstruate?

AGE _____ 66 Has not yet 97 Don't know
menstruated
(SKIP TO 122)

120. Did you begin to menstruate before or after your (marriage/first marriage)?

1 Before 2 After 7 Don't know
(SKIP TO 122)

121. How many years (before/after) that marriage did you first have your menstrual period?

YEARS _____

122. What is your current marital status?

1 Currently married 2 Widowed 3 Divorced
(SKIP TO 201)

123. Has your husband been living with you continuously during the past six months?

1 Yes 2 Absent some 3 Absent all
(SKIP TO 201) of the time of the time

124. Why was he away?

1 Works elsewhere 2 Works 3 Separated 4 Other
in Egypt abroad (Specify)

PART 2. FERTILITY

201. Now I would like to talk to you about your children. Have you ever had a live birth?

1 Yes

2 No

(SKIP TO 207 AND REGISTER 0; THEN SKIP TO 209)

202. How many children (including both boys and girls) have you given birth to, who are living with you?

TOTAL NUMBER _____

203. How many children (including both boys and girls) have you given birth to, who are living somewhere else?

TOTAL NUMBER _____

INTERVIEWER: SUM THE RESPONSES IN 202 AND 203 AND WRITE THE SUM IN 204.

204. Thus, you now have _____ living children. How many are boys
(Total)
and how many are girls?

BOYS _____ GIRLS _____

205. Have you ever given birth to a child who later died, including any children who may have lived only a short time after birth?

1 Yes

2 No

(SKIP TO 206 AND REGISTER 0; THEN CONTINUE WITH 207)

206. How many boys and how many girls have died?

BOYS _____ GIRLS _____ TOTAL _____

212. Just to be sure that I have the correct number, you now have had _____ pregnancies (excluding the current pregnancy)?

1 Yes 2 No
(PROBE AND CORRECT RESPONSES)

213. INTERVIEWER: LOOK AT 201 AND CIRCLE THE APPROPRIATE CODE.
1 Yes 2 No
(SKIP TO 232)

214. In what month and year did you have your last live birth?

_____ 19 _____ 97 Don't know
(Month (year)
(SKIP TO 216)

215. How long ago was your last live birth?

_____ _____
(Years) (Months)

216. Did you ever breastfeed that child?

1 Yes 2 No
(SKIP TO 218)

217. For what reason did you not breastfeed that child?

1 Mother sick 2 Child sick
3 No milk 4 Pregnant
5 Using pill 6 Other _____
(Specify)

(SKIP TO 223)

218. For how long did you breastfeed that child?

NUMBER OF MONTHS _____ 87 Until child died
(SKIP TO 221)

232.

INTERVIEWER: LOOK AT 122 AND CIRCLE APPROPRIATE CODE:
1 Currently Married 2 Divorced/widowed
(SKIP TO 244)

233. Are you pregnant at this time?

1 Yes 2 No 7 Don't know
(SKIP TO 235)

234. Would you prefer the child to be a boy or a girl?

1 Boy 2 Girl 3 Either/Doesn't matter 4 Other _____
(Specify)
(SKIP TO 237)

235. Do you think it is possible for you and your husband to have a child in the future?

1 Yes 2 No 7 Don't know
(SKIP TO 237) (SKIP TO 237)

236. What is the reason that you believe that you cannot have additional children?

1 Wife sterilized 2 Husband sterilized 3 Menopausal
4 Husband sterile 5 Wife sterile 6 Other _____
(Specify)

(SKIP TO 241)

237. Do you want to have more children in the future (excluding your current pregnancy)?

1 Yes 2 No 7 Don't know
(SKIP TO 241)

238. How many (more) children do you want (excluding any current pregnancy)?

NUMBER _____

239. How many boys and how many girls?

BOYS_____ GIRLS_____

240. If you could choose the timing, when do you want to have your next (first) child?

- 1 As soon as possible/within one year
- 2 After 1-2 years
- 3 After 2-3 years
- 4 After 3 years
- 5 When God wants/when it happens
- 6 Other _____
(Specify)

241. What, in your opinion, is the ideal number of children for a couple like you?

NUMBER_____

242. How many boys and how many girls?

BOYS_____ GIRLS_____

243. Have you ever considered before today, how many children that you would like to have?

- 1 Yes 2 No

244. If you had a choice, how many children would you like to have?

NUMBER_____

245. How many boys and how many girls?

BOYS_____ GIRLS_____

246. How old should a woman's youngest child be before she becomes pregnant again?

AGE (in months)_____

247. What, in your opinion, is the number of children your daughter(s) should have (irrespective of the number she/they may already have?)

NUMBER_____

248. How many boys and how many girls?

BOYS_____ GIRLS_____

249. In your opinion, what is the most suitable age at marriage for a girl?

AGE_____

INTERVIEWER: IF THE RESPONDENT DOES NOT KNOW ANY METHOD (NO "YES" CODES CIRCLED IN COLUMN 2 OR 3), CIRCLE CODE 96 IN COLUMN 5 AND SKIP TO 401. FOR EACH METHOD FOR WHICH A YES IS CIRCLED IN COLUMN (2) OR COLUMN (3), ASK 303.

KNOWLEDGE TABLE

1 Methods	2 Knowledge (Unprompted) 302	3 Knowledge (Prompted) 303	4 Ever Use 304	5 Current Use 307
01 Pill	1 Yes	2 Yes 3 No	1 Yes 2 No	01 Yes
02 IUD	1 Yes	2 Yes 3 No	1 Yes 2 No	02 Yes
03 Vaginal Methods	1 Yes	2 Yes 3 No	1 Yes 2 No	03 Yes
04 Condom	1 Yes	2 Yes 3 No	1 Yes 2 No	04 Yes
05 Female Sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No	05 Yes
06 Male Sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No	06 Yes
07 Injection	1 Yes	2 Yes 3 No	1 Yes 2 No	07 Yes
08 Induced Abortion	1 Yes	2 Yes 3 No	1 Yes 2 No	08 Yes
09 Prolonged Breastfeeding	1 Yes	2 Yes 3 No	1 Yes 2 No	09 Yes
10 Rhythm	1 Yes	2 Yes 3 No	1 Yes 2 No	10 Yes
11 Withdrawal	1 Yes	2 Yes 3 No	1 Yes 2 No	11 Yes
12 Other	1 Yes		1 Yes 2 No	12 Yes
13 Other	1 Yes		1 Yes 2 No	13 Yes
14 Other	1 Yes		1 Yes 2 No	14 Yes
				96 Not Using

303. Have you or your spouse ever used _____ ?
(Method)

INTERVIEWER: CIRCLE THE APPROPRIATE CODE IN COLUMN 4 OF THE KNOWLEDGE TABLE.

315. What problems or difficulties did you have?

- | | |
|--------------------------|--------------------------|
| 1 Health problems | 2 Irregular period |
| 3 Nervous | 4 Headache/faint |
| 5 Eye problems (sight) | 6 Reduction in sex drive |
| 7 Psychological problems | 8 Sleeplessness/tension |
| 9 Other _____ | |

(Specify)

(SKIP TO 322)

316. What is the main reason that you or your husband are not using any family planning method to avoid getting pregnant?

- | | |
|--------------------------|----------------------------|
| 1 Health reasons | 2 Religious reasons |
| 2 Menopausal/amenorrheic | 4 Want more children |
| 5 Husband away | 6 Not able to get pregnant |
| 7 Method not available | 8 Resting |
| 9 Breastfeeding | 10 Afraid of side effects |
| 11 Other _____ | |

(Specify)

317. Any other reasons?

- | | |
|--------------------------|----------------------------|
| 1 Health reasons | 2 Religious reasons |
| 3 Menopausal/amenorrheic | 4 Want more children |
| 5 Husband away | 6 Not able to get pregnant |
| 7 Method not available | 8 Resting |
| 9 Breastfeeding | 10 Afraid of side effects |
| 11 Other _____ | |

(Specify)

318. Do you think you and your husband will do something in the future to avoid getting pregnant (after the current pregnancy)?

- 1 Yes 2 No 7 Don't know

(SKIP TO 322)

318A. What method?

METHOD _____

319. When will you begin using it?

- | | | | |
|-------------------|---------------------|-------------------------|--------------|
| 1 Within one year | 2 From 1 to 2 years | 3 After 3 years or more | 7 Don't know |
|-------------------|---------------------|-------------------------|--------------|

327. How often does a woman have to take the pill to keep from getting pregnant?

1 Every day 2 Other _____ 7 Don't know
(Specify)

328. What should a woman do if she forgets to take the pill for just one day and she doesn't want to get pregnant?

1 Take two pills 2 Other _____ 7 Don't know
to catch up (Specify)

329. What should a woman do if she forgets to take a pill for three or four days and she doesn't want to get pregnant?

1 Start using 2 Consult 3 Other 7 Don't know
another method doctor/nurse _____
(Specify)

330.

INTERVIEWER: PLEASE CIRCLE BELOW THE COLOR OF THE BRAND CHART THAT YOU ARE USING:

1 YELLOW 2 PINK 3 BLUE 4 GREEN

330A. As you know there are many different brands of the pill. I will show you a picture and I would like you to specify the brands which you know.

INTERVIEWER: SHOW THE RESPONDENT THE BRAND CHART AND CIRCLE CODE 1 (YES) IN COLUMN 2 OF THE BRAND TABLE FOR EACH BRAND A RESPONDENT KNOWS.

331.

INTERVIEWER: LOOK AT THE KNOWLEDGE TABLE AND CIRCLE THE APPROPRIATE CODE BELOW:

1 Current user/Past user 2 Never user
(SKIP TO 333)

331A. Have you ever used _____?
(Brand)

INTERVIEWER: CIRCLE CODE 1 (YES) IN COLUMN 3 OF THE BRAND TABLE FOR EACH BRAND THAT THE RESPONDENT HAS USED.

332.

INTERVIEWER: LOOK AT THE KNOWLEDGE TABLE AND CIRCLE THE APPROPRIATE CODE BELOW:

1 Current user 2 Past user
(SKIP TO 333)

332A. What brand are you currently using?

BRAND _____

INTERVIEWER: CIRCLE THE CODE FOR THE BRAND IN COLUMN 4 OF THE BRAND TABLE.

BRAND TABLE (PILL)

BRAND (1)	KNOWS BRAND (2)		USED BRAND IN PAST (3)		CURRENTLY USING (4)
	Yes	No	Yes	No	
A	1	2	1	2	01
B	1	2	1	2	02
C	1	2	1	2	03
D	1	2	1	2	04
E	1	2	1	2	05
F	1	2	1	2	06
G	1	2	1	2	07
H	1	2	1	2	08
I	1	2	1	2	09
J	1	2	1	2	10

333. INTERVIEWER: LOOK AT THE KNOWLEDGE TABLE AND CIRCLE THE
APPROPRIATE CODE BELOW:

1 Knows IUD (SKIP TO 401)	2 Does not know IUD
------------------------------	---------------------

334. In what part of the body is the IUD placed?

1 Uterus, womb, etc. 2 Other _____ 7 Don't know
(Specify)

335. How can a woman know if the IUD is correctly placed without making a special trip to the clinic/doctor?

1 Feel thread with finger 2 Other _____ 7 Don't know
(SPECIFY)

PART 4. AVAILABILITY

INTERVIEWER: CIRCLE THE CODE MARKED IN COLUMN 5 OF THE KNOWLEDGE TABLE BELOW		
1	Pill -----	(Go to 402)
2	IUD -----	(Skip to 403)
3	Vaginal Method -----	(Go to 402)
4	Condom -----	(Go to 402)
5	Female Sterilization -----	
6	Male Sterilization -----	---(Skip to 403)
7	Injection -----	
8	Induced Abortion -----	
9	Prolonged Breastfeeding -----	
10	Rhythm -----	---(Skip to Instructions Before 412)
11	Withdrawal -----	
12	Other -----	
	(Specify)	
96	Not using	

402. Who obtains the method?

1 Home delivered (Raiyda) 2 Home delivered (Other) 3 Herself 4 Husband 5 Other

(SKIP TO INSTRUCTIONS BEFORE 412)

(Specify)

403. From where do you (or your husband) obtain the method?

01 Government FP Clinic
 02 Private Voluntary FP Clinic
 03 MCH Center
 04 Hospital
 05 Private Doctor/Clinic
 06 Pharmacy
 07 Other _____

(Specify)

97 Don't know---(SKIP TO INSTRUCTIONS BEFORE 412)

404. How long does it take to get to that place?

_____ _____ 997 Don't
 (HOURS) (MINUTES) Know

INTERVIEWER: CROSS OUT (X) METHOD CODES IN TABLE C BELOW IF THE RESPONDENT DOES NOT KNOW THE METHOD (I.E., CODE 3 (NO) IS CIRCLED IN COLUMN 3 OF THE KNOWLEDGE TABLE) OR IF THE METHOD IS USED CURRENTLY (I.E., THERE IS A CIRCLE AROUND THE METHOD CODE IN COLUMN 5 OF THE KNOWLEDGE TABLE).

INTERVIEWER: IF ALL METHODS ARE CROSSED OUT IN TABLE C, SKIP TO QUESTION 424. FOR EVERY METHOD WHICH IS NOT CROSSED OUT, ASK 412.

412. From where would you obtain _____?
(Method)

INTERVIEWER: CIRCLE THE APPROPRIATE CODE IN TABLE C BELOW.

TABLE C

Method Code	Method	Gov't FP Clinic	Private FP Clinic	MCH Center	Hospital	Private Doctor/ Clinic	Pharmacy	Other _____	Don't Know
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Pill	1	2	3	4	5	6	7	97
2	IUD	1	2	3	4	5	6	7	97
3	Vaginal Methods	1	2	3	4	5	6	7	97
4	Condom	1	2	3	4	5	6	7	97
5	Female Sterilization	1	2	3	4	5	6	7	97
6	Male Sterilization	1	2	3	4	5	6	7	97
7	Injection	1	2	3	4	5	6	7	97

INTERVIEWER: IF NO CODES ARE CIRCLED IN COLUMNS 3-9 IN THE ABOVE TABLE, SKIP TO 424.

INTERVIEWER: CIRCLE THE SOURCE CODES WHICH WERE MARKED IN TABLE C AT THE TOP OF TABLE D. THEN LOOK IN 403 AND CROSS OUT THE SOURCE NAMED IN RESPONSE TO THAT QUESTION.

INTERVIEWER: ASK 413-419 FOR EACH SOURCE CIRCLED BUT NOT CROSSED OUT (SOURCES 1-6). THEN SKIP TO THE INSTRUCTIONS BEFORE 420 FOR SOURCE 7. IF ALL THE SOURCES ARE CROSSED OUT, SKIP TO 424.

	Gov't Clinic	Voluntary Clinic	MCH Center	Hospital	Private Doctor/ Clinic	Pharmacy	Home Delivery Agent
	01	02	03	04	05	06	07
413. You mentioned _____ How long would it take you to go there?	Hours____ Mins____	Hours____ Mins____	Hours____ Mins____	Hours____ Mins____	Hours____ Mins____	Hours____ Mins____	GO TO INSTRUCTIONS BEFORE 420
414. Would you walk or use a means of transportation?							
1 Walk	1	1	1	1	1	1	
2 Use Transport	2	2	2	2	2	2	
7 Don't know	7	7	7	7	7	7	
415. Is it difficult or easy to go there?							
1 Difficult/sometimes difficult	1	1	1	1	1	1	
*2 Easy (SKIP TO	*2	*2	*2	*2	*2	*2	
7 Don't know 417)	*7	*7	*7	*7	*7	*7	
416. Why is it difficult?							
1 Unpaved roads	1	1	1	1	1	1	
2 No transport	2	2	2	2	2	2	
3 Too much time needed	3	3	3	3	3	3	
4 Other _____	4	4	4	4	4	4	
417. Have you ever obtained family planning services or information at this place?							
1 Yes	1	1	1	1	1	1	
*2 No (SKIP TO	*2	*2	*2	*2	*2	*2	
*7 Don't know 413 OR	*7	*7	*7	*7	*7	*7	
INSTRUCTIONS BEFORE 420)							
418. Do you think that there is any reason that someone in- terested in family planning would not want to obtain services at this source?							
1 Yes	1	1	1	1	1	1	
*2 No (SKIP TO	*2	*2	*2	*2	*2	*2	
*7 Don't know 413 OR	*7	*7	*7	*7	*7	*7	
INSTRUCTIONS BEFORE 420)*							
419. What reasons would they have?							
01 Too crowded	01	01	01	01	01	01	
02 No physician	02	02	02	02	02	02	
03 Wait too long	03	03	03	03	03	03	
04 Hours inconvenient	04	04	04	04	04	04	
05 Cost	05	05	05	05	05	05	
06 No transport	06	06	06	06	06	06	
07 Long distance	07	07	07	07	07	07	
08 Other _____	08	08	08	08	08	08	
09 Other _____	09	09	09	09	09	09	

(SKIP TO 413 FOR NEXT SOURCE CIRCLED BUT NOT CROSSED OUT)

426. How many days is this clinic open each week?

NUMBER OF DAYS _____ 7 All week (every day)
(Specify)

427. At what time of day is this center usually open?

From _____ To _____

428. Do you think that the nurse is usually available during all of the hours that the clinic is open?

1 Yes 2 No

429. Do you think that the doctor is usually available during all of the hours that the clinic is open?

1 Yes 2 No
(SKIP TO 431)

430. At what times is the doctor usually available?

From _____ To _____

431. During the past year, have you visited the family planning center serving your village or neighborhood?

1 Yes 2 No
(SKIP TO 501)

432. What was the purpose of your last visit?

1 Obtain method
2 Routine check
3 Problems in using method _____
(Specify)

4 Other _____
(Specify)

433. How long was your last visit?

_____ _____
Hours Minutes

434. What would you prefer - to obtain methods from the family planning center, the pharmacy or a private doctor?

- | | | | | | | | |
|---|-----------|---|----------|---|---------------------------|---|-----------|
| 1 | FP Center | 2 | Pharmacy | 3 | Private Doctor/
Clinic | 4 | Other |
| | | | | | | | <hr/> |
| | | | | | | | (Specify) |

435. Why?

- | | | | | |
|---|---------------------|---|------------------------|-----------|
| 1 | Location convenient | 2 | Faster, better service | |
| 3 | Hours convenient | 4 | Other | |
| | | | | <hr/> |
| | | | | (Specify) |

PART 5. CONTINUATION

CIRCLE THE APPROPRIATE NUMBER BELOW AFTER CHECKING THE CIRCLE(S) IN COLUMN (4) OR (5) OF THE KNOWLEDGE TABLE ON PAGE

501. 1 At least one "Yes" code 2 No "Yes" codes are circled
 is circled in columns in column (4) or (5) for
 (4) or (5) for methods methods 01-08
 01-08 (SKIP TO 601)

502. Were you using any method of family planning in January, 1980?

- 1 Yes 2 No
(SKIP TO 504)

503. Have you used any method of family planning since January, 1980?

- 1 Yes 2 No
(SKIP TO 601)

504. Now I would like you to tell me about your use of family planning since January 1980. What methods of family planning have you used since that time? Please name all the methods you have used in the order in which you used them, beginning with any method you were using in January, 1980 or with the first method you began using after that time. If you stopped using a method at any time and then began using it again later, please be sure that you tell me all of the different times that you used the method during this period.

INTERVIEWER: WRITE THE NAMES OF THE METHODS IN THE ORDER THAT THEY ARE MENTIONED BY THE RESPONDENT IN COLUMN (2) OF THE CONTINUATION TABLE (E-1), THEN ASK Q.505 AND Q.506 FOR EACH METHOD.

Table E1

TABLE OF CONTINUATION OF USE A

(1) Order of Use	(2) Method		(3) Starting Date	(4) Stopping Date
	Code	Name	505. In what month and year did you first start using this method?	506. In what month and year did you stop using this method?
	III		Month _____ 19__	Month _____ 19__ 95 Still Using
	III		Month _____ 19__	Month _____ 19__ 95 Still Using
	III		Month _____ 19__	Month _____ 19__ 95 Still Using
	III		Month _____ 19__	Month _____ 19__ 95 Still Using
	III		Month _____ 19__	Month _____ 19__ 95 Still Using
	III		Month _____ 19__	Month _____ 19__ 95 Still Using
	III		Month _____ 19__	Month _____ 19__ 95 Still Using

INTERVIEWER: IF THERE IS AN INTERVAL OF NONUSE BETWEEN ANY TWO METHODS ABOVE, THAT IS, A PERIOD OF TIME BETWEEN THE DATE THE RESPONDENT STOPPED USING ONE METHOD AND BEGAN USING ONE METHOD PROBE AS FOLLOWS:

Did you use any other family planning method after you stopped using (method) and before you started using (method)?

- 1 Yes
- 2 No

IF THE RESPONDENT MENTIONS USING A METHOD DURING THE PERIOD, ENTER IT IN THE CONTINUATION TABLE (E-1) AND ASK 505 AND 506.

INTERVIEWER: CHECK TO SEE THAT ALL OF THE METHODS LISTED ABOVE ARE CIRCLED IN COLUMN (4) OF THE KNOWLEDGE TABLE ON PAGE 33. PROBE TO CORRECT ANY ERRORS.

IF THE RESPONDENT IS CURRENTLY USING A METHOD (A METHOD CODE 01-12 IS CIRCLED IN COLUMN 5 OF THE KNOWLEDGE TABLE), CHECK TO SEE THAT THE RESPONDENT HAS REPORTED THAT SHE IS STILL USING THAT METHOD ABOVE. PROBE TO CORRECT ANY ERRORS.

AFTER MAKING ANY CORRECTIONS THAT ARE NEEDED IN THE LIST ABOVE, NUMBER THE METHODS IN COLUMN (1) OF THE TABLE IN THE ORDER OF THEIR USE ACCORDING TO THE STARTING DATES RECORDED IN COLUMN (3).

FINALLY, ENTER A CODE FOR EACH METHOD IN THE BOXES IN COLUMN (2).

Method
Code

01	Pill
02	IUD
03	Vaginal Methods
04	Condom
05	Female Sterilization
06	Male Sterilization
07	Injection
08	Abortion
09	Breastfeeding
10	Rhythm
11	Withdrawal
12	Other

INTERVIEWER: WRITE THE METHOD NAME AND CODE FOR EACH METHOD THE RESPONDENT HAS USED IN THE ORDER SHE REPORTED USING THEM AT THE TOP OF TABLE E-2 ON THE NEXT PAGE.

TABLE E1
TABLE OF CONTINUATION OF USE B

	1	2	3	4	5	6
METHOD NAME	_____	_____	_____	_____	_____	_____
METHOD CODE	____	____	____	____	____	____
IF THE RESPONDENT WAS USING BREASTFEEDING, RHYTHM, WITHDRAWAL OR OTHER FOLK METHOD (08-11) SKIP TO 508.						
507. From where did you obtain this method?						
01 Government FP Clinic	1	1	1	1	1	1
02 Voluntary FP Clinic	2	2	2	2	2	2
03 MCH Center	3	3	3	3	3	3
04 Hospital	4	4	4	4	4	4
05 Private Doctor/Clinic	5	5	5	5	5	5
06 Pharmacy	6	6	6	6	6	6
07 Home Delivery Agent	7	7	7	7	7	7
08 Other _____	8	8	8	8	8	8
508. Why did you stop using the method?						
1 Became pregnant	1	1	1	1	1	1
2 Began using another method	2	2	2	2	2	2
3 Wanted to get pregnant	3	3	3	3	3	3
4 Was no longer exposed (husband away)	4	4	4	4	4	4
5 Method not available	5	5	5	5	5	5
6 Spontaneous expulsion of IUD	6	6	6	6	6	6
7 Had side effects	7	7	7	7	7	7
8 Experienced bleeding	8	8	8	8	8	8
9 Experienced dizziness	9	9	9	9	9	9
10 Opposition of husband/or other relatives	10	10	10	10	10	10
11 Not satisfied with method	11	11	11	11	11	11
12 Other _____ (Specify)	12	12	12	12	12	12
19 No reason	19	19	19	19	19	19
95 Still using	95	95	95	95	95	95
98 Not sure/Don't know	98	98	98	98	98	98
IF THE RESPONDENT BECAME PREGNANT WHILE USING THE METHOD (CODE "1" CIRCLED FOR 508) GO ON TO THE NEXT CIRCLED METHOD AND ASK 507-510. IF CODE 95 IS CIRCLED GO TO 601.						
509. Did you become pregnant after you stopped using this method and before you began using another method?						
1 Yes	1	1	1	1	1	1
2 No	2	2	2	2	2	2
IF "NO" (CODE 2) IS CIRCLED ABOVE GO ON TO THE CIRCLED METHOD AND ASK 507-510.						
510. When did that pregnancy begin?						
Month _____	Mo. _____	Mo. _____	Mo. _____	Mo. _____	Mo. _____	Mo. _____
19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____
CHECK TO SEE THAT DATE GIVEN IS AFTER THE DATE RESPONDENT STOPPED USING THE METHOD AND BEFORE SHE BEGAN USING THE NEXT METHOD. PROBE TO CORRECT ERRORS.						
ASK 508-510 FOR NEXT METHOD. AFTER LAST METHOD GO TO INSTRUCTIONS AT THE TOP OF THE FOLLOWING PAGE.						

606. Can he write a letter, for example?

1 Yes 2 No 7 Don't know

607. Did your husband do any work in the past month?

1 Yes 2 No
(SKIP TO 609)

608. What kind of work did he do?

609. If a wife disagrees with her husband should she keep quiet or speak up?

1 Keep quiet 2 Speak up 7 Don't know

610. Do you think a wife respects a husband more when he forces his opinion on her in everything or when he treats her as an equal?

1 When he forces his opinion 2 Treats as an equal 7 Don't know

611. At your home, does you point of view carry the same weight as your husband's, less weight than his point of view or isn't it taken into account at all?

1 Same weight as husband 2 Less weight than husband
3 Not taken into account 4 None of the above (someone else)

612. Who will have the last word on the following - the husband, wife, both or someone else?

	Husband	Wife	Both	Other
a Household budget	1	2	3	4
b Visits to friends/relatives	1	2	3	4
c Borrowing from others	1	2	3	4
d Lending to others	1	2	3	4
e Having another child	1	2	3	4
f Children's education	1	2	3	4
g Children's marriage plans	1	2	3	4
h Use of family planning methods	1	2	3	4

PART 7. PDP EVALUATION

INTERVIEWER: THE FOLLOWING QUESTIONS WILL BE ASKED ONLY FOR THOSE VILLAGES COVERED BY THE POPULATION AND DEVELOPMENT PROJECT (I.E., STRATA 1, 2, 3, 4).

701. Has any woman in your village talked to you on the subject of family planning?

- 1 Yes 2 No
 (SKIP TO 708)

702. Who was she?

_____ (Specify position)

703. How often has she talked to you?

- 1 Every week 2 Monthly 3 Now and then 4 Only once

704. Has she talked to you about:

	<u>Yes</u>	<u>No</u>
a. Health	1	2
b. Child care	1	2
c. Development projects	1	2
d. Family planning	1	2
e. Side effects of family planning	1	2
f. Other	1	2
_____	1	
_____	1	
_____	1	

705. Did she ever go with you to a family planning center or health unit?

- 1 Yes 2 No

706. Did she bring family planning methods to your home?

- 1 Yes 2 No
(SKIP TO 708)

707. How often?

- 1 Monthly 2 Bimonthly 3 Now and then 4 Once only

708. Have you heard about the Population and Development Project?

- 1 Yes 2 No

709. Have you heard about the family planning committee in your village?

- 1 Yes 2 No
(IF NO IN 708 AND 709, TERMINATE INTERVIEW)

710. Have you or your husband participated in any committee meetings or in any other activities of the Population and Development Project?

- 1 Yes, woman 2 Yes, husband 3 No 7 Don't know
(TERMINATE INTERVIEW)

711. What activities?

- 1 Member of committee 4 Attend meeting
(TERMINATE INTERVIEW) (TERMINATE INTERVIEW)
- 2 Participated in Projects 8 Other _____

712. What type of project?

(TERMINATE INTERVIEW)

INTERVIEWER:

(a) Degree of cooperation

1 Poor 2 Fair 3 Good 4 Very good

(b) Interview conducted alone or with an audience:

1 Alone 2 Presence of children 3 Presence of other adults

(c) Were they present all of the time?

1 All 2 Part of the time

(d) Did they interfere in answering the questions?

1 Yes 2 No

Interviewer's Comments: _____

Field Editor's Comments: _____

Supervisor's Comments: _____

Office Editor's Comments: _____
