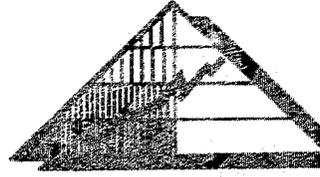


9-2-87

Fertility and Family Planning In Egypt 1984



RESUME AND RECOMMENDATIONS

**EGYPT NATIONAL
POPULATION COUNCIL**

**WESTINGHOUSE
PUBLIC APPLIED SYSTEMS**

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.

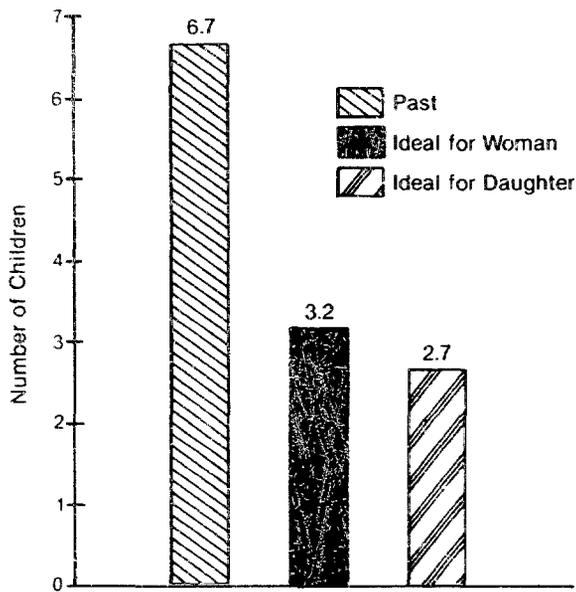
Although substantial numbers of women are concerned about limiting their fertility, among those who want more children, only around one out of every four women---seven percent of all currently married women---would like to delay the next birth for at least one year. The comparative lack of interest in 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.

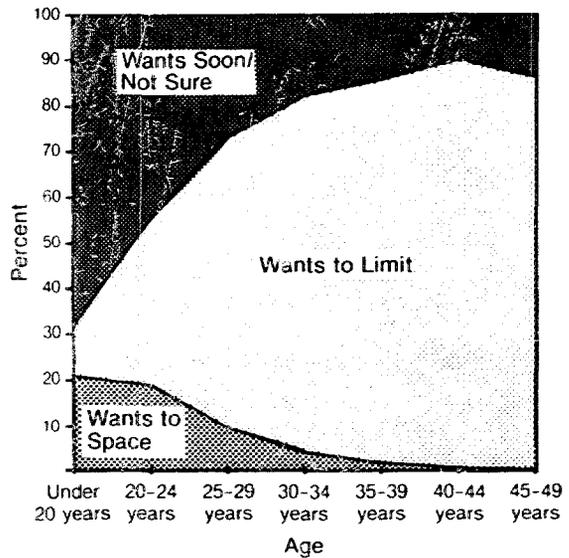
The very high child mortality levels prevailing in Egypt in the past are assumed to be a major factor in the high fertility levels. The impact of those mortality levels is reflected in the fact that almost one out of every four children ever born to ever married women in the ECPS(84) sample had died 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.

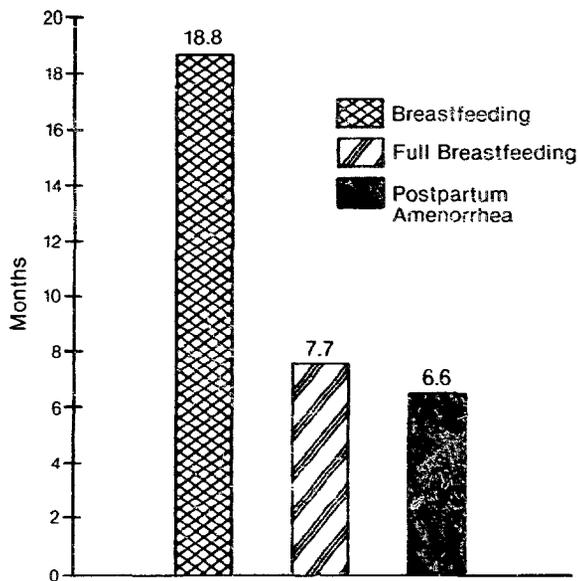
Breastfeeding patterns clearly contribute to lengthening the intervals between births among Egyptian women and, thus, to reducing fertility. The median duration of breastfeeding among mothers is estimated to exceed 18 months, and the majority of mothers breastfeed their babies without supplementation for at least six months following birth. The median duration of postpartum amenorrhea is estimated to be almost seven months, nearly



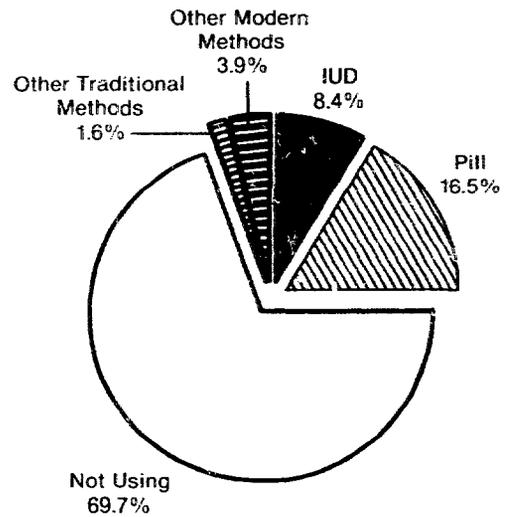
**FERTILITY LEVELS AND EXPECTATIONS
(CURRENTLY MARRIED WOMEN)**



**FERTILITY DESIRES
(CURRENTLY MARRIED WOMEN)**



**ESTIMATED MEDIAN DURATIONS OF
BREASTFEEDING, FULL BREASTFEEDING
AND POSTPARTUM AMENORRHEA**



**CURRENT USE OF FAMILY PLANNING
BY METHOD
(CURRENTLY MARRIED WOMEN)**

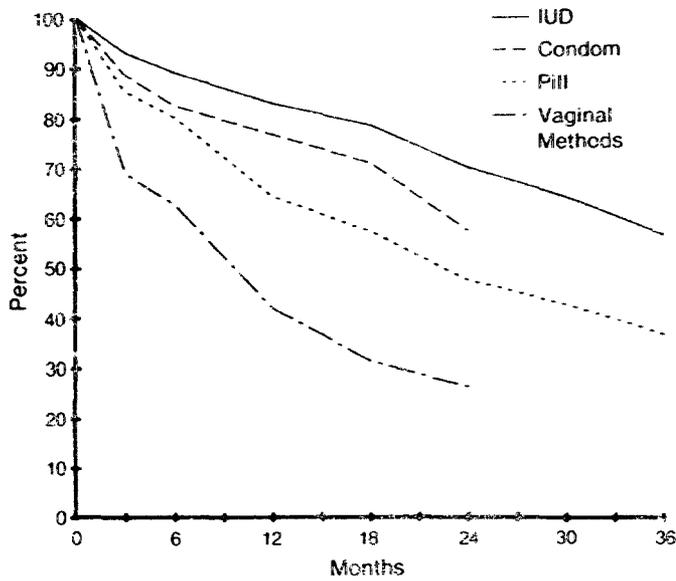
four months longer than the duration that would be expected if women did not breastfeed.

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.

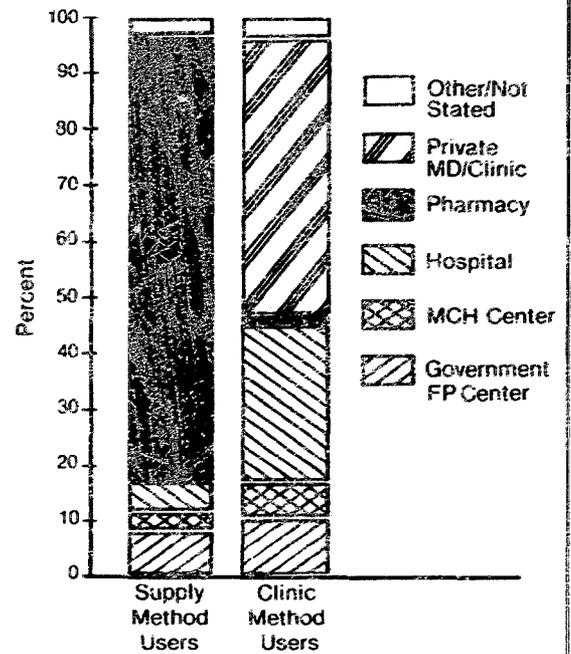
The ECPS(84) data suggest that there is an increasing trend toward obtaining supply methods from pharmacies; currently eight out of ten supply method users obtain their method from the pharmacy. Private physicians are the most frequently named source for clinic methods, followed by public hospitals. 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.

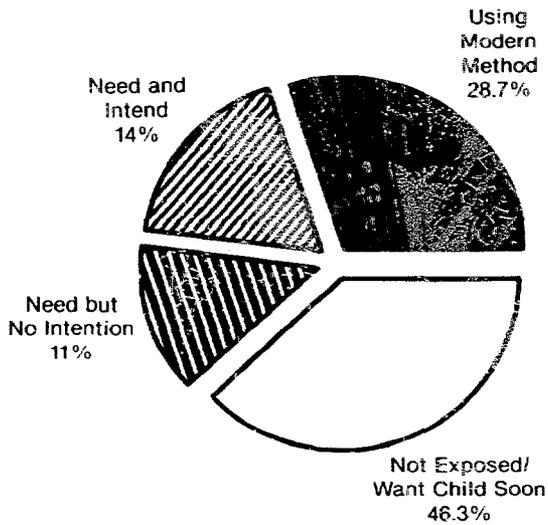
Finally, in reviewing the ECPS(84) results from a policy standpoint, one of the most important elements is the large differentials existing



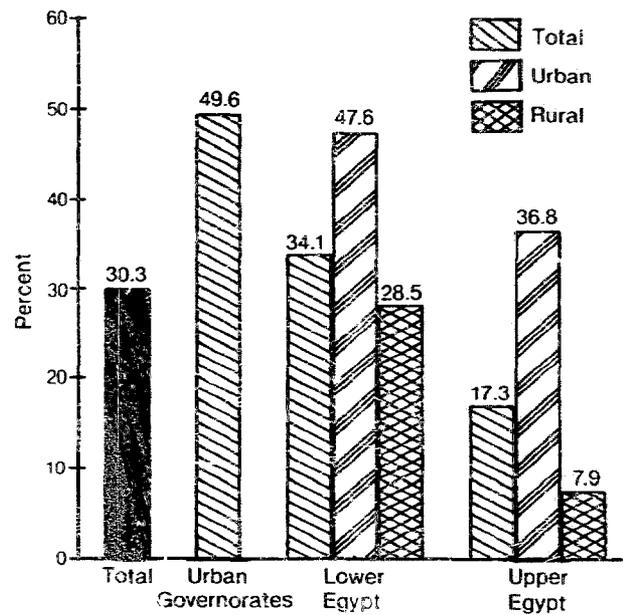
CONTINUATION BY METHOD



SOURCE FOR METHOD BY TYPE OF METHOD USED (CURRENT USERS)



NEED FOR FAMILY PLANNING SERVICES (CURRENTLY MARRIED WOMEN)



CURRENT USE BY AREA AND PLACE OF RESIDENCE (CURRENTLY MARRIED WOMEN)

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.