SPAAC
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FINAL REPORT
SIS/IEC CENTER
IMPACT EVALUATION STUDY

Information, Education, &
Communication Center,
State Information Service,
(SIS/IEC),
CAIRO - EGYPT.

SOCIAL PLANNING, ANALYSIS, & ADMINISTRATION CONSULTANTS

مستشارو الادارة والتحليل والتخطيط الاجتماعى

18 B. MARASHLY STREET, ZAMALEK, CAIRO, EGYPT
TEL. 3404338 - 3419938 — TELEX 92768 ORSCM UN

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SUBMITTED TO: Information, Education, & Communication Center, State Information Service, (SIS/IEC), CAIRO - EGYPT.

SUBMITTED BY: Social Planning, Analysis, & Administration Consultants, (S P A A C), ZAMALEK - CAIRO - EGYPT.

CAIRO: May, 1988.

SPAAC TEAM

S. Loza, (Ph.D.):
Principal Investigator;

M. El-Mawazini, (Ph.D.):
Statistical & Sample Consultant;

A. Abdel-Bari, (M.A.):
Communication Consultant;

A. Al-Bassam, (M.A.):
Socio-Cultural Consultant;

N. Abdel-Tawab, (M.P.H.):
Research Assistant;

E. Banoub:
Research Assistant;

M. El-Sayed:
Field Organizer.

ACKNOWLEDGEMENT
==========

SPAAC Team would like to express their gratitude and appreciation to:

Opinion Influentials

Egyptian Public

Mr. Nabil Osman, Director of SIS/IEC

Staff of SIS/IEC Center

Dr. Michele Lioy, Population Project Manager

for the support they have provided toward the preparation of this report.

EXECUTIVE SUMMARY

This report provides the results of the survey of 1308 sampled households with married females within the ages of 15-45 years in metropolitan and urban and rural areas of Upper and Lower Egypt as well as 258 national and local urban and rural opinion influentials. The results of this survey were compared with corresponding 1982 survey results to determine whether there were significant changes in attitudes and awareness among Egyptian toward family planning issues. In addition to providing information on Egyptian knowledge attitudes and practices of family planning and related topis, the report provides analysis of the affect of media and other means of communication on the public and influentials.

The results indicate that there is an overwhelming awareness among the public that Egypt's population is increasing and a consensus that something should be done. Most Egyptians see the solution to the problem as involving reduction in fertility and/or family planning. Awareness of family planning is almost universal. The variations in degree of awareness that fertility is controllable in theory appear in different regions of Egypt, with lower degrees of awareness and acceptance among rural people in Upper and Lower Egypt.

Overall social acceptability of family planning has increased. However, a significant setback occured in perceived acceptability of religious leaders to family planning and in perceived religious legitimacy of family planning since 1982. Knowledge of specific Holy Scriptures verses against family planning is encouragingly low indicating a room for religious education on interpretations of religious teachings.

Other findings of the survey indicate that the average number of children desired by all respondents is 4.0 child. The proportion of families desiring a fourth or fifth child for hope of a son has decreased. The proportion of parents not expecting to rely on their children in their old age almost tripled in the six year period. Families desiring more than four children and believing in the security of large numbers of children are found primarily in rural Upper Egypt.

Knowledge of contraceptive methods has increased since 1982 as well as the percentage of married women currently using a modern contraceptive method. However, the percentages of discontinuers from ever users for all modern methods are alarmingly high. Also the contraceptive prevalence rate in rural Upper Egypt is still extremely low.

In terms of media accessibility and habits of the Egyptian public, television is the most popular and commonly used medium of communication. Radio is the second most popular and accessible medium of communication. Due to high illiteracy rates, printed materials have limited informative use. A relatively large number of males (15%) and primarly in urban areas attended family planning public meetings.

The public need and want information on family planning methods, instructions on use of contraceptives, and information about side effects. More information is needed on the health effects of repeated and closely spaced pregnancies as well as information on religious attitudes on family planning.

Most of the public recognized SIS/IEC logo and associated it with the importance of small families and/or family planning. Very few associated the logo with SIS. Also SIS is more recognized among influentials especially the national influentials than among the public.

Rural local influentials have a high propensity to cooperate in promoting family planning but they are the least exposed to SIS/IEC activities and the least contacted. On the other hand, national influentials are the most exposed, the least cooperative, and the most critical in their views particularly political and religious influentials. Most influentials are ready to increase their support to family planning promotion and they constitute an important target group.

To increase diffusion of the communication messages the following general recommendations are suggested:

1. All communication activities have to follow a well planned, well integrated communication strategy with clear theme lines and concepts, utilizing all mass and interpersonal media channels and well distributed to reach rural populations;

2. Emphasis on family size limitation and the use of family planning to terminate childbearing should be reduced and emphais on spacing, appropriate age for pregnancies for the health of mother and child should be increased. Such concepts should be accommodated with information on contraceptives: correct use, side effects, and contra-indications and the clear religious stand vis-a-vis family planning practice;

3. Local and national influentials' support is of extreme importance for diffusion of communication messages. Communication activities have to be specifically targeted to them to solicit their support for communication strategy, themes, and messages;

4. Interpersonal communication channels have to be integrated with the communication strategy to support concepts and their related messages presented through mass media channels;

5. Printed materials and promotional presents targeted to influentials should be different from those targeted to the public.

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PART (I)
INTRODUCTION

SECTION (1)
INTRODUCTION

A. INTRODUCTION

This report is presented by Social Planning, Analyis, & Administration Consultants (SPAAC) to measure the impact of the State Information Service, Center of Information, Education, & Communication (SIS/IEC) activities during the period 1984-1988. The activities were directed toward Egyptian adults to affect their contraceptive knowledge, attitudes, and practices.

The objectives of the study are:

1. Measure impact of SIS/IEC Program on awareness, attitudes, knowledge, and practice of family planning by comparing with 1982 survey results

2. Measure the proportion of the population which received SIS family planning information and frequency with which they received them via different channels, i.e., radio, T.V., special media communication, on site communication and public meetings.

3. Measure and assess the perceived content of messages, their credibility and persuasiveness.

4. Measure the level of recognition of SIS Logo

5. Assess the perceived family planning information needs of different social groups and perceived quality and channels for such information.

6. Assess the degree to which SIS is distinguished from other agencies such as FOF, MOH ... etc.

7. Identify limiting factors to diffusion of messages to different social groups.

8. Identify the most appropriate media channels for future plans.

9. Solicit opinions of influentials: policy makers, opinion leaders, health professionals, community and religious leaders, in relation to corporate image of SIS and its public relations activities, to identify obstacles and opportunities for future planning.

10. Establish base line data for development and evaluation of future communication strategies.

B. STUDY METHODOLOGY

The study consisted of a survey of adult married Egyptians (males and females) and their influentials such as opinion leaders, religious leaders and other national and local influentials.

A sample of 1308 households with married females within the age of 15-45 years were selected to represent five regions in Egypt: urban metropolitan areas and urban and rural areas of Upper and Lower Egypt. The sample size was based on 4% error and 95% confidence level. A detailed report of sample design is available in the appendix.

From each sampled household one eligible female and one eligible male were interviewed. An eligible female is a married female in the reproductive age of 15-45 years. An eligible male is a male married to an eligible female within the householed. Husbands and wives represent 96.9% of the total sample.

A sample of 258 influentials were selected locally (232 influentials) and nationally (26 influentials). Influentials represent around 10% of the number of respondents. They were identified in each selected locality either by respondents or by the data collection team within each locality. The national influentials were sampled by the research steering committee after stratification to include political, media, medical and religious national influentials from Cairo and Alexandria.

The public interview schedules for males and females relied heavily on the 1982 interview schedules for comparison purposes. The section on communication activities and the interview schedule for influentials were developed on the basis of SIS/IEC activities for the period under study. All interview schedules were finalized after pretesting. Copies of schedules are available in the appendix.

The study started on January 15, 1988. Data collection was carried out between February 5 to March 15, 1988. Data processing was carried out at SPAAC offices.

C. COMPARISONS OF SOCIO-ECONOMIC CHARACTERISTICS OF 1982 & 1988 SAMPLES

The two samples compare favorably in terms of regional distribution though the 1988 sample does not include the frontier governorates (Table A.1-1). The two samples also compare favorably in terms of ages of females.

In terms of level of education, comparison between the 1988 sample survey, the 1982 sample survey, and the 1986 census reveals the following:

1. The percentages of illiterats females in both sample surveys are the same 56%, this percentage is 62 in the census. For males it was higher than the census results in 1982, and lower in 1988;

2. The percentages of: some primary + completed primary which is comparable with: read and write in the census is the same in the 1988 sample survey and the 1986 census for males (30%) and very close for females (17% and 18%). These percentages in the 1982 sample survey were higher than the 1986 census results;

3. The percentages of those who completed preparatory education + those who completed secondary education were 28% for males and 21% for females in the 1988 sample survey. These percentages were 26% for males and 17% for females. These percentages were 15% for males, and 10% for females in the 1982 sample survey;

4. The percentages of those who completed university were higher than the adjusted percentages in the 1988 sample survey and lower than the adjusted percentages in the 1982 sample survey. Adjustments were made to accommodate for the difference in age structure between 1986 census (10 years and above), and 1988 sample (15-49 for females).

Thus the two samples though different as regards the educational structure are both representative of the general population

In terms of number of living children per respondent, a lower proportion in the 1988 sample has no living children (7% versus 12% in 1982), but a similar proportion has five and above living children (26% and 27% respectively). In the 1988 sample rural areas have much higher proportions of respondents with five or more living children (35% Lower, 36% Upper) than in Metropolitan and urban areas (15% of Metropolitian and 20% for Urban Upperand Lower Egypt). The average number of living

children is 3.4 child with rural Lower and Upper Egypt having higher average numbers of living children, 3.8 and 3.6 child per respondent. In total the average size of the household is 7.0 person going up to 8.0 person on average in rural areas. No comparable data is available for 1982 survey.

Subjective social and economic class categorization was done in 1988 sample as high, average, below average and poor. The 1982 sample included categories of affluent, comfortable, minimum adequate, poor and very poor. Hence the comparability of the two samples is limited. Yet in general the 1988 sample includes higher proportions of high or affluent (12% versus 8% in 1982), and higher proportions of poor which corresponds to poor and very poor in 1982 (21% versus 17% respectively).

D. ORGANIZATION OF THE REPORT

This report presents the findings of the SIS Impact Survey. It is broken down into four major parts. The first part covers the impact on attitudes, knowledge and practices of family planning and related topics as compared with the 1982 survey. The second part includes all communication information. The third part presents findings on influentials and the fourth part covers conclusions and recommendations.

PART (II)
KNOWLEDGE, ATTITUDES & PRACTICES OF FAMILY PLANNING: IMPACT STUDY

SECTION (1)
FAMILY SIZE

A. FAMILY SIZE DESIRES

In the 1982 survey respondents were asked how many living children they would want to have by the time they are 45 years of age. This was considered as desired family size. In the 1988 survey this question was not asked, however, an index of desired family size was developed that incorporated actual number of living children of respondents and the extra number of children they still want to have. Those who wanted no more children (66%) had the number of existing living children as the number desired. Those who were undecided either in terms of whether they want more children or not or in terms of extra number of children they want were considered undecided. The 1982 direct measurement presents more the "ideal" family size for respondents. The 1988 estimated index presents more the "actual desires" of respondents.

The average number of desired children by all respondents in 1988 is 4.0 child (Table A.2-1). Metropolitan and urban areas desire on average less children (3.4 and 3.6 child respectively) than in rural areas of Lower and Upper Egypt (4.3 and 4.7 child respectively). In all regions, desired number of children is slightly higher for males than females.

There seems to be a substantial difference in the number of children desired as estimated in 1988 and as directly asked for in 1982 as shown below.

	1982			1988		
	M %	F %	T %	M %	F %	T %
Two or Fewer Children	33	45	40	17	21	19
Three children	35	28	31	22	24	23
Four or more	30	19	24	51	48	49
Undecided	NA	NA	5	10	7	9

This major difference could not be attributed to increase in family size desires but rather it indicates the difference between words and deeds, i.e., "ideal" and "actual". There seems to be a great discrepency between what people say they would "like" to have and what people actually desire to have in reality. That may indicate that the concept of family of two children has not yet been accepted especially in rural areas.

B. FAMILY SIZE IDEALS

To identify what the public perceive as "too many children " and what they perceive as "too few", they were asked how many were "too many" or "too few".

The majority of respondents perceive "too many children" as falling within the range of 5-7 children (46%) (Table A.2-1). Over one fourth of respondents are of the attitude that "too many children" will fall within the range of less than five children (30% as compared to 21% in 1982). This difference was found to be significant. More males declare the range of less than five children as "too many" than females (38% versus 21% respectively). Regional differences are also great in terms of definition of "too many children". While over half the males in metropolitan and urban areas see four or less as "too many", around one quarter see the same in rural areas. "Too many" for little less than half of rural females fall within the range of 8-9 children.

The majority of Egyptians perceive the range of two or less children as "too few" (87%), more so for males than females (90% versus 84% respectively). Around 10% perceive 3 or 4 children as "too few". Over one quarter of rural Upper Egypt's females (26%) see 3 to 4 children as "too few".

The way the public defines "too many" and "too few" children also demonstrates that the slogan pushing for a 2 child family may be unrealistic and it reflects the biases of the metropolitan elite.

SECTION (2)
AWARENESS & ATTITUDES TOWARD FAMILY PLANNING

A. PERCEPTION OF THE POPULATION PROBLEM

There is an overwhelming consensus among the public that Egypt's population is increasing (Table A.2-2). Such awareness of 94% of the population has not increased since 1982. Females of rural areas, however, are less aware of that fact (86% and 84% for rural Lower and Upper Egypt respectively).

About 86% of respondents (91% males and 82% females) believe that something should be done about the population increase: a 4% drop (statistically significant dropt) from 1982 caused by a decline of female awareness that something should be done from 93% in 1982 to 82% in 1988, though male awarenss has increased from 87% to 91% respectively. This increase in male awareness is statistically significant.

The solution to the problem of population increase is viewed as reduction in fertility and/or family planning by 95% of females and 84% of males. The public of rural areas are more convinced of this solution than the urban public.

Around one tenth (12%) suggested increasing awareness of people by increasing IEC activities as a solution to the problem. Obviously this solution was mentioned more by urban males.

B. AWARENESS OF FAMILY PLANNING

Awareness of family planning is almost universal in Egypt as 99% have heard of it (Table A.2-2). Such awareness has increased by 7% since 1982 (a statistically significant increase). The most significant increase has occurred in rural Upper Egypt where awareness increased from 84% to 98%.

Awareness that fertility is controllable is shared by 63%: an increase of 3% from 1982 (a statistically significant increase). Again rural Upper Egypt increased the most (from 36% in 1982 to 48% in 1988) though it is still the region with least awareness. As in 1982, males are less likely than females to believe that one could decide on the number of his/her children (59% versus 67% respectively) in 1988 and 57% versus 62% respectively in 1982. The increase between 1982 and 1988 in the proportion of males who believe that fertility is controllable has not been statistically significant while that of females has been significant.

The basic reason given for doubting the capacity of individuals to control the number of his/her children is that such things are up to God's will. Little less than one tenth (8%) mentioned contraceptive failure also as an indication of God's will, i.e., that even if an idividual is contracepting, pregnancy may occur regardless, so actual number of children may not be controlled by man.

C. APPROVAL OF SPACING & TERMINATION OF CHILDBEARING

Approval of family planning for limiting family size and termination of childbearing (Table A.2-3) is high (90%) but has not increased since 1982 (89%). Males are less likely to approve this use of family planning than females (87% versus 93% respectively). This gender difference is more marked in metroplitan areas (84% and 97% respectively).

While 90% of respondents approved of family planning for termination of childbearing, only 84% perceived that spouses approved the same. Nevertheless, perceived spouse approval has gone up since 1982 (84% versus 76% in 1982). The proportion gap between those who approve themselves and believe their spouses do not approve is especially greater among respondents of rural Upper Egypt (83% of males and 77% for their spouses and 89% for females and 68% for their spouses). This gap is either a product of deficient communication between spouses or a sign of putting the blame on the other spouse.

Approval of family planning use for spacing of pregnancies (Table A.2-3) is higher than approval for termination (95% versus 90% respectively). This approval is not affected significantly by region, gender, age, nor level of education. Perceived spouse approval is also lower than the respondents especially for females (83% versus 91% for males), and females of rural Upper Egypt (87% for females respondent and 69% for their spouses).

Attitudes toward the optimum interval between two child births are split around 2 years (44%) and 3 years (33%) (Table A.2-3). Females tend to prefer shorter intervals on average than males. A very small proportion of respondents (4%) and in rural areas prefer the interval to be one year or less.

D. PERCEIVED SOCIAL ACCEPTABILITY

The perceived family planning social acceptability by significant others has increased since 1982 as shown below:

APPROVAL BY:	1982 M %	1982 F %	1982 T %	1988 M %	1988 F %	1988 T %
Father/Mother	52	67	63	66	75	72
Brother/Sister	61	73	68	73	74	76
Grand Parents	23	43	40	43	53	51
Parents in Law	47	54	51	63	56	59
Mat. Uncle/Aunt	46	57	52	63	63	63
Brother/Sister in Law	46	57	53	64	60	62
Best Friend	-	-	77	83	80	81
Local Physician	-	-	75	86	73	80
Local Religious Leader	-	-	84	68	53	61

The least "perceived" social approval support is given by grand parents, parents in law and local religious leaders. Regardless of the success of SIS/IEC activities, the "perceived" social approval of religious leaders has declined 23% points from 1982 indicating an area where more emphasis has to be directed. Also females of rural Upper Egypt are exposed to the least "perceived" social support than all other females (Table A.2-4).

E. INFORMAL FAMILY PLANNING COMMUNICATION

Increased informal family planning communication is a preliminary process to increase social acceptability of family planning as a behavior. Mass communication campaigns should, at the least level, increase informal social discussions on the subject and hence increase social acceptability.

While 95% of the sample reported that it is not embarassing for spouses to discuss family planning issues, only 80% reported that they actually did discuss family planning with their spouse. In the 1982 survey, 91% reported that "most can" or "some can" and 70% reported that they actually discussed family planning with their spouse. These differences between 1988 and 1982 results were found to be statistically significant. Though, rural Upper Egypt is still the least region where spouses discuss family planning as only 63% of females and 67% of males reported that they actually talked about family planning with their spouses, yet that percentage has increased substantially from 1982 (47%).

As regards discussion of family planning with significant others, relatives, friends, neighbors and physicians stand out as the most likely people respondents of both genders would go to for family planning advice. Females though would resort more often to relatives (70%) and neighbors (67%) than males (58% and 54% respectively). Males, on the other hand, are more likely

than females to consult pharmacists (34% versus 20% respectively), school teachers (29% versus 17% respectively), and social workers (24% versus 15%). Outside the immediate limited support of spouses, relatives, friends, and neighbors, rural Upper Egyptian females have very few other options for consultation. Raida' are consulted by 22% of them, physicians by 29%, nurses by 19%, dayas by 13%, and pharmacist by 8% only. Greater emphasis is required to encourage females to acquire consultations from physicians, nurses, and/or social workers to break the circle of misconceptions and rumours.

F. RELIGION & FAMILY PLANNING

There has been a significant set-back in perceived religious legitomacy of family planning as shown below:

	1982			1988		
	M %	F %	T %	M %	F %	T %
Family Planning Not Against Religion	71	70	70	69	57	63
Family Planning Somewhat Against	11	9	10	4	4	4
Family Planning Against Religion	6	13	10	17	24	20
Do Not Know	11	9	10	11	15	13

There has been a statistically significant drop in the proportion of females who believe that family planning is not against religion and a statistically significant increase in the proportions of males and females who believe that family planning is agaist religion. There also seems to be greater polarization of opinions with diminshing proportions of those who believe that family planning is "somewhat" against religion. In general perceived religious legitomacy is lower in rural than urban and metropolitan areas (Table A.2-6), and in Lower than in Upper Egypt, and among the illiterate, and the young than the educated and the old. The greatest regional setback in proportions of those perceiving family planning not against religion between 1982 and 1988 surveys occured in rural and urban Lower Egypt (-18 and -10 percent points respectively).

Since religion has often been used to argue against family planning, it is of importance to increase credible messages on the stand of religion on family planning. Only 14% stated that the Holy Scriptures included something against family planning and that in its own right is encouraging (as compared to 11% in 1982). On the other hand, respondents not knowing whether or not

the Holy Scriptures included something against family planning have increased significantly since 1982 survey (30% vs. 10%). Females, especially in rural Upper Egypt, are less likely than males to have a clear opinion in this issue and so are the illiterates and the young. The above findings call for the great need for more credible messages on the stand of religion on family planning.

SECTION (3)
MOTIVATIONAL ASPECTS TO FAMILY PLANNING

A. PERCEIVED RELATIONSHIP BETWEEN MOTHER'S HEALTH & REPRODUCTION

There is almost universal awareness among the public (98%) that closely spaced pregnancies without "sufficient" rest time affect the health of the mother. Slightly more females (99%) than males (96%) are aware of this fact (Table A.2-7).

A substantial increase in awareness of health effects of early pregnancies has occurred since 1982 (from 44% in 1982 to 57% in 1988). The highest increase was among females (37% in 1982 versus 52% for 1988). However, public awareness of health effects of late pregnancies has not changed that much (from 57% to 61%) with the highest percentage change occurring among females (from 65% in 1982 to 72% in 1988).

Interesting differentials continue to exist by sex in terms of awareness of impact of early and late pregnancies on the health of the mother. Males are still more aware of the negative impact of early pregnancies (62%) than their awareness of negative impact of late pregnancies (49%). On the other hand more females are aware of the negative effect of late pregnancies on health (72%) than of the negative effect of early pregnancies (52%). This sex difference is more pronounced in rural Upper Egypt. Only 43% of females are aware of the health effect of early pregnancies versus 62% of males; and only 35% of males are aware of health effects of late pregnancies while 60% of females know the same.

Communication messages are needed to be targeted to both sexes in urban and rural areas regardless of age and education identifying health risks of early and late pregnancies on mothers. Special emphasis should be placed on targeting those messages to rural populations.

B. PERCEIVED BENEFITS OF LARGE & SMALL FAMILIES

Less than one fifth (18%) of the Egyptian public report any advantages for a family that has 4 or 5 children (Table A.2-8). More males than females (21% versus 14% respectively) find advantages for such sized families. However, in rural Upper Egypt over one third believe that large families have certain advantages.

The basic advantage of large families to those who believe large families are advantageous is mainly the help children provide to their parents. This advantage is more important in rural areas than urban areas (for example 86% of rural Upper Egypt females gave this advantage versus 26% of metropolitan females). The second main advantage of children is that they strengthen the social power of the family (Izwa). Urban dwellers seem to believe that this is an advantage for rural people.

On the other hand, a significant proportion of the public (88%) are of the opinion that small families of two children are advantageous. This proportion is less in rural Upper Egypt (74%). The advantages of a family of two children is mainly better living conditions and financial comfort for the family (65%), better care for children (40%), better educational opportunities for the children (36%), less strain on parents (20%), and better health for parents (17%).

Regardless of the fact that most respondents perceive greater advantages for such small sized families, their preference and actual desires for family size do not reflect this attitude. IEC efforts are required to capitalize on these promising attitudes to reflect on actual choices.

C. SONS PREFERENCE

Sons preference is hypothesized to be one of the reasons for high fertility. Respondents were asked if they had 3 or 4 daughters and no son will they try to have a fourth or fifth child to ensure having a son.

More would try to have a fourth child hoping for a son (36%) than to a have a fifth child (28%). Among all regions more females than males would try to have an extra child trying for a son.

There has been a noticeable decline between 1982 and 1988 in terms of having a fifth child in hopes for a son (from 43% to 28% respectively). However, the situation in rural areas specifically of Upper Egypt is still alarming. In rural Upper Egypt, over half of the males (59%) and little less than three quarters of the females (73%) would have a fourth child to compensate for three daughters and 47% of males versus 66% of females would have a fifth child for hope of a son. In contrast, in metropolitan areas only 7% of females would have a fifth child. Having a son is still a necessity to rural populations, mainly females.

D. OLD AGE SECURITY OF CHILDREN

The desire for large families is also hypothesized to be the outcome of desire of parents to secure their old age financially. There has been a substantial increase in parents of both sexes that do not expect to rely on their children for old age as shown below:

	1982			1988		
	M %	F %	T %	M %	F %	T %
Do Not Expect to Rely on Children	21	26	24	75	70	72
Expect to Rely on Children	44	40	42	15	18	16
Expect to Partially Rely on Children	26	25	26	4	4	4
Do Not Know	8	9	8	3	6	5

Both males and females have similar expectations from children. However, expectations are higher in rural areas than in urban areas and much higher in rural Upper Egypt (53% do not expect old age support and 39% expect at least some support).

E. PREFERRED AGE AT MARRIAGE FOR DAUGHTERS

Preferred age at marriage for daughters is an indicator of degree of traditionalism and is also related to the time span a female is expected to be exposed to reproduction. Though only one tenth of the population would like their daughters to marry at ages below the legal age of 16 years, this desire is more frequent among females (14%) especially among females of rural Lower (25%) and Upper (20%) Egypt. The most preferred age at marriage for girls is 20-24 years (37%). Yet more females in rural Upper Egypt prefer to marry their daughter between 16-19 years (40%). Unfortunately there are no data in the 1982 survey report to estimate the degree of change in attitudes toward female age at marriage.

SECTION (4)
KNOWLEDGE, EVER-USE, & CURRENT USE OF CONTRACEPTIVE METHODS

A. INTRODUCTION

There has been an overall increase of knowledge (spontaneous and after prompting) of all contraceptive methods since 1982. All females and 99% of males are aware of the pill (Table A.2-9) as compared to 97% for both sexes in 1982. Over 95% know of the IUD (98% of females and 93% of males) as compared to 70% of males and 83% of females in 1982. Knowledge of foam tablets has substantially increased from 14% and 23% respectively for males and females in 1982 to 46% and 57% in 1988. Knowledge of condoms also increased from 34% and 32% for males and females respectively to 65% and 55%.

A significant proportion of females have reported ever using contraceptives. There is an increase in ever use of IUDs since 1982 from 15% of females to 28% and for the pills from 44% of females to 56%. On the other hand a slight decrease occurred in ever use of foam tablets (12% of females to 9%) and condoms (21% to 17%).

Current use of contraceptives is substantially higher than the 1982 survey and the 1984 CPS (See Table 1). It reached 42.6% of females for modern methods(1), and 11.9% for traditional methods (2), as compared to 28.7% and 1.6% respectively for the 1984 CPS survey. Though these findings indicate great progress, they should not be interpreted literally as the female age structure in both surveys is not the same (3). The age difference may partially explain the difference in prolonged breastfeeding from 0.6% in 1984 survey to 8.5% in 1988 survey. The higher percentages of current contraceptive use occurred in all regions especially in rural Lower Egypt, but rural Upper Egypt still has a low percentage of current use of modern methods (15.5%).

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(1) Modern Methods include Oral Contraceptive, IUD, Injections, Implants, female sterilization, condom and vaginal spermicides, and diaphragm.

(2) Traditional methods include withdrawal, rhythm and breastfeeding.

(3) The 1984 CPS survey covered currently married women between 15-49 years while this survey covered currently married women aged 15-45. Age group 25-39 years represent 51% in 1984 and 62% in 1988 while age group 40 and above represent 26% in 1984 and 17% in 1988.

The percentages of discontinuers from ever users are quite alarming. It is estimated to be 65% of female ever users of pills, 37% of ever users of IUD, 72% of ever users of condoms, and 96% of ever users of foam tablets. The main reasons given for discontinuation of the pill are weakening of health (48% of females) and method failure (15% of females). For IUD the main reasons were bleeding (36% of females), desire for children (17% of females), and method failure (14% of females). The main complaints from the condom for discontinuers was discomfort in use (40% of females) and for the foam tablets the main reasons were side effects (33% of females) and method failure (32% of females).

For non-contraceptors, 69% of males and 70% of females intend to practice family planning in the future. One quarter of males and 19% of females not currently practicing family planning do not intend to use contraceptives for different reasons. Around 6% are undecided. The main reasons given for non-intention to use were infecundity (a reason stated by 52% of males and 48% of females), desire for children (15% of males and 21% of females reaching 44% of females in rural Upper Egypt), refusal of spouse (6% of males and 14% of females); fear of side effects of contraceptives (7% of males and 10% of females); and/or out of religious convictions (9% of males and 2% of females).

B. SPECIFIC METHODS

1. The Pill

The percentage of current users of the pill from those who know of family planning has not changed since 1982 (20% of females in 1982 and 19% in 1988) (Table A.2-10). Thirty two percent of females and 24% of males intend to try or have their wives try the pill in the future. The pill seems to be more popular among females than males and among rural Upper Egypt's population. Only 19% of males and females in Metropolitan areas are willing to try or have their wives try the pill in the future as compared to 38% of males and 46% of females in rural Upper Egypt. The main reason for not using the pill given by almost half the males and 60% of females is fear of pill side effects.

Females who know of the pill in all geographical regions tend to trust reliability of oral contraception (70%) more than males (52%) (Table A.2-10). Those who do not know the degree of reliability of the pill range from 18% of males in rural Upper Egypt to 4% of females in urban areas of Lower Egypt. However, the degree of confidence in the health safety of oral contraceptives is quite low. Only 14% of males and 16% of females believe that they are safe to use. Around one third of

both genders believe oral pills are harmful for the health and around little less than half (42% of males and 47% of females) believe that they are not very safe.

The major health concern of the pill is that it weakens health and this belief is more dominant in rural areas of both Upper and Lower Egypt (72% of males and 68% of females) (Table A.2-10). Urban population is more concerned about weight gain than rural population (41% of females in metropolitan areas as compared to 8% of females in rural Upper Egypt). Other health concerns are menstrual irregularities (14% of males and 19% of females), side effects such as nausea, dizziness and/or headaches (17% and 27% respectively), contraindications mentioned as side effects of use such as diabetes, heart problems, high blood pressure, and liver and kidney problems (8% and 11% respectively), cancer (4% and 3% respectively), side effects after discontinuation such as sterility, bearing of twins, negative impact on foetus (2% and 1% respectively).

On the other hand, the level of satisfaction among pill users is quite high as reported by both genders (88%). However, urban people indicate greater satisfaction (92% - 95%) than rural population users (83% in rural Lower Egypt and 89% in rural Upper egypt).

Knowledge of correct use of a pill every day has increased among females since 1982 (from 77% to 84% in 1988), than for males (67% and 63% for 1982 & 1988 respectively). Females of all regions are more knowledgeable of pill use than males (Table A.2-10). In rural Upper Egypt less than half of the males (44% know that the pill is taken every day while 71% of females know the same.

When a pill is forgotten one day 54% of males and 67% of females who know that it is taken every day know that they take two pills the next day or that they take one when they remember and continue regularly with the pill. Only over one fourth (29% of males and 27% of females) of those who know that the pill is taken every day know what to do if the pill is forgotten for three or four days and that is to use another method or consult a physician. Illiterates are the least knowledgeable of correct pill use.

2. IUD

The current use of the IUD has increased substantially reaching 18% of the females as compared to 7% in 1982. Around one third of respondents (30% of males and 35% of females) (Table A.2-11) indicated intention to try or allow their wives to try to it. Those who hesitate or refuse to insert IUD gave a number of

reasons such as fear of bleeding (34% of males and 38% of females who refuse), unreliablity of method (10% and 20% respectively), difficulties involved in the insertion operation (7% and 12% respectively), the fear that the IUD moves from its place and some say it may reach the heart (7% and 16% respectively). Others mentioned that they have previously used the IUD and were not satisfied (3% and 4% respectively), that they were comfortable with the method they are using (12% and 8% respectively), and/or that they would prefer consulting a physician before deciding (14% and 7% respectively).

The confidence in degree of IUD reliability has undergone minor changes since 1982. Around fifty percent of those who know of the IUD still believe IUD is reliable, and the others either believe IUD is not very reliable (18% of males and 24% of females as compared to 1982), that IUD is not reliable (11% and 13% respectively), or they do not know its reliability (18% and 13% respectively). The proportion of males that underestimate IUD reliability has declined since 1982 (32%) but did not change for females.

The same holds true with the perceived degree of health safety. Little over one third perceive IUD as safe and little less than half view it as slightly or very harmful to the health. The rest do not know how safe is the IUD (Table A.2-11).

On the other hand, satisfaction with IUD use is quite high among users and reaches 100% of current users in urban areas of Lower Egypt and rural areas of Upper Egypt (Table A.2-11). The least satisfied users are females of urban Upper Egypt where only 89% are satisfied but the numbers are too small to make any significant differences.

3. The Condom

Knowledge of the condom has increased substantially from 1982: from around one third knowing of the condom to around 60%. Knowledge of the condom is higher among males (65%) and among urban dwellers as compared to rural dwellers and the lowest knowledge is among females of rural Upper Egypt (25%) (Table A.2-12). However, ever use of the condom has not changed while current use has increased from 1% in 1982 to 4% in 1988.

From the total sample of those who are aware of family planning only 15% of males and 11% of females indicated that they will be willing to try the condom in the future. The hesitance or refusal to use it stems mainly from the belief that the condoms affect the degree of sexual satisfaction of either the husband and/or the wife (41% of males and 51% of females), and the belief that condoms are not reliable (17% of males and 25% of

females). Other less frequently mentioned reasons are that condoms are complicated to use, that they cause inflammations to husbands and/or wives, that respondents are comfortable with the method they are using and/or that they prefer to try other methods first. Seventeen male respondents and one female mentioned that using the condom is against religion.

4. Foam Tablets

There has also been a marked increase in knowledge of the foam tablets from 14% and 23% for males and females respectively in 1982 to 46% and 57% respectively in 1988. Yet ever use has declined as well as current use (from 12% of ever use for females to 9% and from 0.9% current use to only 4 females in total sample). Those who intend to try using the foam tablets are only 13% mainly because respondents do not know how to use them (30% of males and % of females). Other reasons given are that foam tablets cause inflammations, difficult to use and/or not hygienic (Table A.2-13).

There is an outstanding ignorance of how to use foam tablets. Only 12% of total males and 21% of total females know of the correct place to insert foam tablets. Around one fourth of the males and one third of the females know of the method but they have no idea how it is used.

SECTION (5)
SUMMARY & CONCLUSION

There is an overwhelming awareness among the public that Egypt's population is increasing and a consensus that something should be done about it. Most see the solution to the problem as one involving reduction in fertility and/or family planning. Also awareness of family planning is almost universal and has increased since 1982 especially among the population of rural Upper Egypt. Awareness that fertility is controllable has not significantly increased except in rural Upper Egypt. The number of children one has is still perceived by around one third of the population, especially in rural areas, as in the hands of God.

Social acceptability of family planning has increased substantially, but support from religious leaders has declined. There is also a significant setback in perceived religious legitimacy of family planning. However, knowledge of Holy Scriptuses statements against family planning is very low indicating a room for appropriate education on the interpretation of religious teaching to influence certain sectors of the population.

There is still greater emphasis on friends, neighbors and relatives as source of family planning consultation especially for females and females of rural areas. To break the circle of rumours and misinformation, females should be encouraged to consult physicians, nurses, and/or social workers and informative messages should be provided regularly through mass media channels.

Awareness of effects of early and late pregnancy on health of mother has increased. Still more effort has to be exerted to identify to the public of both genders the health risks of such pregnancies especially that a significant proportion particularly from rural areas still prefer to marry their daughters before they reach age 20 years.

The majority of Egyptian public are aware of the advantages of a family of two children and see no advantages for families of four or more children. Yet the average desired number of children is 4.0 child. This is so regardless of the fact that there has been a substantial decline in parents' expectations for financial support from their children when they grow up. There has also been a decline in proportions who would have a fourth or fifth child for hope of a son. Awareness and attitudes toward smaller families are moving in the favorable direction. The grounds are ready for effective IEC activities to bridge the gap between attitudes and behaviour.

There has been an overall increase of knowledge of all methods since 1982. Current use of contraceptives has increased especially for modern contraceptives. However, discontinuation among ever users is alarmingly high. This high rate of dissatisfaction and subsequent discontinuance indicates a strong need for clear messages on proper usage and more accurate information on reliability and side effects.

Special efforts have to be targeted to the rural population and especially to rural Upper Egypt. The situation in rural Upper Egypt has improved from 1982 but it is an area that is still lagging behind in knowledge, attitudes as well as practices.

TABLE (1)
PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY TYPE OF METHOD CURRENTLY USED & PLACE OF RESIDENCE (WOMEN KNOWING OF FAMILY PLANNING)

	TOTAL	METRO-POLITAN GOV.	LOWER EGYPT		UPPER EGYPT	
			URBAN	RURAL	URBAN	RURAL
TOTAL N.	1299	263	160	413	153	310
% Using Any Method	54.5	70.4	68.8	56.5	62.6	26.4
% Using Modern Method	42.6	60.1	58.1	44.5	45.0	15.5
Pill	18.9	15.6	25.6	22.3	24.8	11.0
IUD	17.6	33.8	23.1	18.6	12.4	1.9
Vaginal Methods	0.3	0.8	0.6	0.2	-	-
Condom	3.8	6.8	6.3	1.7	7.2	1.0
Injections	0.1	0.4	-	-	-	-
F. Sterilization	1.5	2.3	2.5	1.5	-	1.0
Implants	0.4	0.4	-	0.2	0.6	0.6
% Using Any Traditional Methods	11.9	10.3	10.7	12.0	17.6	10.9
Rhythm	1.5	3.0	1.3	0.2	5.2	-
Breastfeeding	8.5	4.6	6.9	10.9	6.5	10.6
Withdrawal	1.2	2.3	1.9	0.2	3.3	0.3
Other Methods	0.7	0.4	0.6	0.7	2.6	-
% Not Using	45.6	29.7	31.3	44.3	37.3	73.5

TABLE (2)
PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY PROPORTION OF METHOD USED FROM TOTAL CURRENT USERS & PLACE OF RESIDENCE (WOMEN KNOWING OF FAMILY PLANNING)

	TOTAL	METRO-POLITAN GOV.	LOWER EGYPT		UPPER EGYPT	
			URBAN	RURAL	URBAN	RURAL
TOTAL N. OF USERS	707	185	110	234	96	82
MODERN METHODS						
% Pill	34.8	22.2	37.3	39.3	39.6	41.5
% IUD	32.2	48.1	33.6	32.9	19.8	7.3
% Vaginal Methods	0.6	1.1	0.9	0.4	-	-
% Condoms	6.7	9.7	9.1	3.0	11.4	3.6
% Injections	0.1	0.5	-	-	-	-
% F. Sterelization	2.7	3.2	3.6	2.6	-	3.7
% Implants	0.7	0.5	-	0.4	1.0	2.4
TRADITIONAL METHODS						
% Rhythm	2.7	4.3	1.8	0.4	8.3	-
% Withdrawal	2.3	3.2	2.7	0.4	5.2	1.2
% Breastfeeding	15.7	6.5	10.0	19.2	10.4	40.2
% Other	1.3	0.5	0.9	1.3	4.2	-

PART (III)
SIS FAMILY PLANNING COMMUNICATION

SECTION (1)
MEDIA SCENE IN EGYPT

In order to identify the most appropriate media channels for future campaigns, 1988 study investigated the current media scene in Egypt, i.e., media accessibility and habits of the Egyptian public.

A. MEDIA ACCESSIBILITY

T.V. is the number one medium in Egypt as the majority of respondents (95%) have access to a T.V. set (Table A.3-1). T.V. ownership is quite high (90%) with ownership being slightly higher in Metropolitan and urban areas than in rural areas (96%, 96% and 85% respectively). At the national level only 5% of respondents neither own nor have access to a T.V. set. This proportion is slightly higher in rural areas of Upper and Lower Egypt (8%).

Radio comes as the second medium in terms of accessibility and ownership. Ninety percent of respondents have access to a radio set while 87% actually own one (Table A.3-1). One tenth of the total sample neither owns nor has access to a radio set. This proportion is slightly higher among females than males (13% vs. 7%) and particularly high among females of rural Upper Egypt (28%).

Due to the high illiteracy rates in Egypt use of printed materials is rather limited. This study has shown that less than three quarters of males (72%) and less than one half of females (43%) are able to read. This ratio drops to 24% and 22% among women in rural Lower and Upper Egypt respectively. Out of those males and females who are able to read 90% and 82% respectively reported reading newspapers and magazines (Table A.3-1). Of those males and females who are unable to read, 25% and 17% respectively let others read newspapers and magazines for them. That is to say that newspapers and magazines are read by 64% of the total male sample and 35% of the total female sample. In rural areas of Upper and Lower Egypt, newspapers and magazines are read by 54% of males and 16% of females.

B. MEDIA HABITS

T.V. viewership is quite high in Egypt. More than four fifths (83%) of those who have access to T.V. reported watching T.V. on a daily basis (Table A.3-1). Females are slightly more likely than males to watch T.V. on a daily basis (84% vs. 82%). Males and females in rural Upper Egypt are least likely to watch T.V. on a daily basis (76% and 80% respectively). Four percent of males and 6% of females who have access to T.V. mentioned that they seldom watch it.

Radio listenership is significantly lower than T.V. viewership as about two thirds of those who have access to radio listen to it on a daily basis (Table A.3-1). Males are more likely than females to listen to the radio on a daily basis (72% vs. 61%). Females in rural Upper Egypt are the least likely to listen daily to the radio (48%). Males in metropolitan areas and in urban Upper and Lower Egypt have the highest frequency in listening to the radio on a daily basis (76%, 77% and 78% respectively). Seven percent of males and 21% of females who have access to a radio mentioned that they seldom listen to it.

Of those who read newspapers or magazines 54% reported doing so on a daily basis (Table A.3-1). More males than females reported reading newspapers or magazines on a daily basis (60% vs. 44%). Daily reading of newspapers is most common among males in metropolitan Egypt (80%) and least common among females in rural Upper Egypt (16%). A substantial proportion of males and females reported weekly readership (14% and 18% respectively). These are most likely to be magazine rather than newspaper readers. Weekly readership is highest among males in rural Lower Egypt (37%) and rural Upper Egypt (26%) and among females in rural Lower Egypt (32%) and metropolitan areas (26%).

SECTION (2)
MEDIA & FAMILY PLANNING COMMUNICATION

A. INTERPERSONAL CHANNELS

The interpersonal communication channels include home visits and public meetings. Only 5% of the total sample reported being visited at home.

On the other hand, exposure to public meetings was more promising. Around 15% of males and 10% of females mostly the illiterate were exposed to public meetings that discuss family planning. They are concentrated among males of urban areas with the exception of Metropolitan males and urban females in general (Table A.3-2). Only around 6% of female population of rural Upper Egypt were exposed to such meetings. Around 6% were exposed to films related to family planning.

B. MASS MEDIA CHANNELS

1. Radio

Exposure to family planning information through the radio reached 59% of males and 57% of females (Table A.3-2). Radio exposure to family planning messages is highest in urban Lower Egypt (66% of males and 72% of females) and lowest in rural areas of Upper Egypt (49% and 33% respectively). In urban areas in general more females were exposed to family planning messages from the radio than in rural areas.

2. T.V.

T.V. is the channel with the highest exposure to family planning messages. Eighty seven percent of both males and females have watched T.V. spots and/or family planning programs (Table A.3-2). T.V. exposure to family planning messages is highest among urban population of Upper Egypt, Metropolitan population, and females of urban Lower Egypt. Unfortunately the lowest exposure is among those who need it most: males and females of rural Upper Egypt (77% and 75%) respectively. Yet reaching 3 out of 4 of the population is encouraging.

3. Press

Family planning press communication has reached 41% of males and only 24% of females (Table A.3-2). With high illiteracy rates and low readership particularly in rural areas of both regions and among women, the press does not seem to be the right channel for the general public. However, the press is a viable communication channel for males of the Metropolitan areas and probably to opinion influentials.

C. OTHER MEDIA

1. Billboards

Around three quarters of males and one half of females (73% and 48% respectivley) have been exposed to family planning messages through billboards (Table A.3-2). It is to be expected that exposure is greater among males than females and among urban populations than rural population. One quarter only of females of rural Upper Egypt (25%) were exposed to messages through that channel as compared to 73% of females of metropolitan areas.

2. Printed Materials

Printed materials are the channel with the least exposure so far for family planning messages. Only 6% of the total sample have been exposed to this communication channel (Table A.3-2). However, printed materials have reached more females than males in urban and metropolitan areas and more males than females in rural areas of both regions. Distribution of printed materials has reached mostly the educated and those with secondary and above degrees.

3. Give Aways

Give-Aways have not been in any way effective in reaching the general public. Only 4% of males and 5% of females were exposed to this family planning media channel with again minimal exposure in rural areas specifically of Upper Egypt.

D. FREQUENCY OF EXPOSURE TO FAMILY PLANNING MASS MEDIA MESSAGES

1. Radio

Of all those exposed to family planning messages through the radio, over 40% are exposed as frequent as at least once a day (Table A.3-3). This proportion is higher among females (45%) than males (39%). No change has occurred since 1982. Around 75% are exposed at least once a week. Hence frequency of exposure to radio family planning communication seems still to be relatively high among those who are exposed.

2. T.V.

Frequency of exposure to T.V. family planning communication is also still higher (Table A.3-3) than the radio which is expected in Egypt. Around 60% of the exposed audience see family planning messages at least once a day and over 85% are exposed as frequent as at least once a week with no change since 1982.

3. The Press

Around 14% of the total sample of respondents exposed to family planning messages in the press reported that they read something about family planning every day and those are mainly among males of metropolitan and urban areas (Table A.3-3). Still around 70% of readers are exposed to family planning communication at least once a week. Only around 11% reported that they rarely read something on family planning. Though frequency of exposure to this family planning communication channel seems reasonably high. Yet it has declined substantially from 1982 where 52% of those exposed reported daily exposure and 86% reported reading something about family planning at least once a week.

SECTION (3)
SIS/IEC ACTIVITIES

A. SIS/IEC LOGO

Around 85% (87% of males and 82% of females) have recognized seeing the SIS/IEC logo when shown to them (Table A.3-4). Over ninety percent of the urban male and female population recognized the logo. As usual, only 69% of rural women of Upper Egypt recognized the symbol. While this proportion is relatively low it must be considered high in absolute terms.

The majority of those who recognized the logo related the symbol to family planning, importance of small families, or even mentioned the slogan of "small family equals a better life" (Table A.3-4). However only three respondents one female (from rural Lower Egypt) and two males identified the logo as belonging to SIS. Only around 10% of those who recognized the symbol either did not know what it stands for or gave wrong interpretations.

B. INTERPERSONAL COMMUNICATION ACTIVITIES

The majority of those who attended public meetings attended those meetings prior to 1984 (80%) especially in rural areas where only 13% of males and 7% of females of Lower Egypt attendants and 4% and 16% respectively of Upper Egypt attendants, attended meetings held between 1984 - 1988. However in Metropolitan and in urban Lower Egypt the proportions exposed to meetings during the period under study, i.e., 1984 - 1988 were higher (47% of male attendants and 30% of females in Metropolitan; and 30% and 42% respectively in urban Lower Egypt). The reported meetings were held in a number of places, mainly at MOH centers (33%), local councils (16%), or at places of work (16%). Some have attended meetings at mosques (11% particularly in Lower Egypt), at youth centers (7%), cultural centers (10%), or vocational training centers (3%).

People knew of these meetings and were invited to go through a number of channels such as through MOH centers' staff, employees of the places where the meetings were held through general publicity of written or broadcast anouncements, through friends, relatives and/or neighbors, through Raida Rifia or workers of local councils, or by chance. Little less than one fourth did not know who organized these meetings and 14% stated

that the meetings were organized through the Family Planning Organization. Only 3% (ten males and one female) mentioned SIS as organizer. Other organizers mentioned were Local Government (11%), MOH (29%), Ministries of Social Affairs or Education (8%), Ministries of Work or Youth (4%), Ministry of Waqf (4%), and Family of the Future (%).

Recalled topics that were discussed in thess public meetings were mainly topics related to family planning as an issue (61%), and/or explanations on contraceptives (51%). Other topics recalled were religion and family planning (9%), side effects and medical aspects of contraception (8%), Egypt's population problem (6%), and/or clarification on the difference between family planning and birth control (3%).

Only 12% felt these meetings were useless because they gained nothing from attendance. All others felt such meetings were beneficial in a number of ways. Some knew more about contraceptives (34%), and/or were encouraged to use them (19%). Others realized that too many pregnancies affect the health of the mother (16%), the importance of family planning to the country (14%) and to the family (14%), the difference between family planning and birth control (7%), and/or the effect of too many pregnancies on child health (4%).

Though these meetings were not totally part of SIS/IEC activities, nor did they reach a large proportion of the public. they still seem to be a powerful channel for family planning communication.

C. MASS MEDIA COMMUNICATION ACTIVITIES

1. Radio

The radio family planning messages that were mostly remembered and credible for males are messages related to the following in a descending order:

- small families are better for the family (21%)
- too many and/or too frequent pregnancies affect the health of the mother (19%)
- Information on specific methods (10%)
- Large families are demanding on all family members (7%)
- Effect of high fertility on the country as a whole (2.9%)

- The religious stand and/or the difference between family planning and birth control. (1%)

Around 35% of the males could not remember any content and 18% mentioned contents from previous campaigns such as "Hassanein and Mohamadeen", ... etc.

As for females, the message that was most frequently mentioned was the message on the health effects on the mother of too many and/or too frequent pregnancies (36%). All other messages remembered are similar in order to messages mentioned by males but with higher frequencies. Only 28% could not remember what they heard over the radio and 5% mentioned previous campaign programs.

Around one fourth of those who were exposed to radio family planning communication reported that they listened to radio family planning dramas. However, around 70% could not remember the dramas they heard, around 14% described the dramas stories not knowing their names, and around 11% gave names of dramas not produced by SIS. Only 5 females of the total sample mentioned names of dramas produced by SIS/IEC between 1984-1987. Yet over 65% of the total sample professed interest in radio social dramas tackling family planning issues.

2. T.V.

T.V. family planning messages that were mostly remembered by respondents were "Aziza" spot and that too many pregnancies affect the health of the mother. Other messages mentioned are the advantages of small families, disadvantages of large families, too frequent pregnancies affect health of mother and information on methods. More females than males reported that they heard T.V. messages related to religion and family planning.

It is worthwhile to note that a substantial proportion of respondents still remember the previous SIS/IEC spots like "Hassanein & Mohamadeen", "Shalabia", "The Birds", ... etc. Others mentioned the health program of the physician Laftyia El-Sabaa and/or Moustapha Mahmoud program "Science and Faith". Also few respondents mixed the ORT messages by Karima Moukhtar with family planning messages of.

Cartoon Spots

Fifty eight percent of males and 63 percent of females reported seeing at least one cartoon spot (Table A.3-5). They were seen more in rural areas than urban areas. More females in rural Upper Egypt (56%) than in rural Lower Egypt (42%) have seen at least one cartoon spot.

The messages most remembered from these spots in a descending order of frequency of being mentioned are: too many pregnancies affect health of mother, difficulties for mothers to care for a large family, small families are better off than large families, with large families mothers neglect fathers, the child in a large family is neglected. Other messages mentioned by few responents are: importance of spacing, a child in a large family is lonely, and consult a physician and not your neighbors.

The credibility of these messages is quite high. Only eleven males and eight males doubted the credibility of certain messages.

Only 16% of all those who viewed the cartoons reported that they benefitted nothing from them. All others reported that they benefitted from the cartoons. Viewers realised the importance of family planning to parents (48% of males and 36% of females); the health effects of too many pregnancies on mothers (20% and 28% respectively); importance of family planning to the wellbeing of children (8% and 9% respectively); and they learnt more about contraceptives (4% and 3% respectively). Around one quarter (24% of males and 27% of females) reported that they decided to control their fertility.

What viewers liked most about those cartoon spots was the fact that they were informational(37% of male viewers and 46% of females). Males more than females liked the spots because they are simple and attractive (37% and 19% respectively). Around one fifth of all viewers liked the fact that the cartoons showed the disadvantages of large families. Other aspects mentioned less frequently are that the spots are realistic (8% of male viewers and 4% of females); that they demonstrate the advantages of small families (10% and 14% respectively), that they demonstrate concern for health of mother and child (2% and 4% respectively). Around 10% of viewers did not like anything about the spots.

Though over 80% of viewers did not find anything they did not like in the spots, some had some critical points to make. The credibility of the spots was questioned by 9% of male viewers and 6% of female viewers. Some felt the spots did not achieve their objectives (5% and 3% respectively). Other critical comments that were mentioned by few were that the spots were too simplistic, that they did not suit the culture, that they call for family control and not planning and that they raise the problem without providing the solution.

Live Spots

The three live T.V. spots that were included in the interview were Aziza spot, the Ambulance spot, and the Curative Organization spot. Aziza spot was viewed by 43% of males and 71%

of females, a higher percentage of viewership than all others (41% of males and 54% viewed the Ambulance spot and 31% and 32% respectively viewed the Curative Organization spot) (Table A.3-5).

The message that is most remembered from these spots is that too many pregnancies affect the health and youth of the mother (84% of females and 62% of males). This message is also the message that around 27 viewers mostly females from metropolitan areas find it unconvincing.

Again what viewers liked most about these spots are that they are educational and informational (42% of males and 46% of females). Little less than one fourth of viewers liked the spots because they "scare" from too many pregnancies. Viewers also appreciated the fact that the ads emphasize the importance of family planning and mother and family health.

Some viewers liked the spots because they are realistic (12% of males and 6% of females). Around 10% of those who recall seeing the ads did not like them.

Although over 80% of viewers liked everything about the spots, some indicated aspects they did not like. Little less than 10% of viewers who are mostly in metropolitan areas and in Lower Egypt, did not like the spots because they are gloomy and scary. Around 5% thought the spots were not convincing and few mentioned that the spots as they stand are not enough and that they need other programs and/or services to support them.

3. Other Media

Billboards

The majority of those who reported seeing a billboard on family planning were able to remember something related to family planning written on them. Only 83% of males and 9% of males who were exposed did remember what billboards said. The highest proportions (36% of males and 43% of females) reported that the billboards had family planning or birth control messages. Over one quarter repeated the slogan of "small family = better life". Around one fifth of females and less than ten percent of males (20% and 8% respectively) stated that the billboards had a picture of "two parents and two nice looking children". Very small proportions mentioned Family of the Future billboards which indicate that SIS.IEC billboards were remembered most.

Printed Materials

From the 6% of those who received printed materials on family planning only 82% of males and 78% of females read through the materials with the lowest proportion among females of Upper Egypt (62%). One hundred and twenty respondents (5% of the total sample) read any of the printed materials and benefitted from them. The main benefit for over half was learning more about certain contraceptive methods. Around one fourth benefitted from information on advantages of small families and around 17% benefitted by knowing health effects of too many children on health.

The few that read the materials and reported that they did not benefit, said they knew everything in the materials from before.

SECTION (4)
FAMILY PLANNING INFORMATION NEEDS AND CHANNELS

This section presents family planning information needs of the public as reported by them. It does not include discerned needs from analysis of knowledge, attitudes and practices.

A. RADIO

Half of the sampled females and around 70% of males indicated interest in more family planning information through the radio (Table A.3-6). The highest proportions were for males of urban and rural Lower Egypt (73% for both) and females of urban Upper Egypt (71%). Over half of those who indicated interest specified their special need for more information on various contraceptive methods and how they are used. One third of the females, and over one fourth of the males need more information on expected side effects of the methods. They also want to know more about benefits of family planning and small families (28% of males and 20% of females), about disadvantages of large families (17% of males and 11% of females), about health effects of too many and too frequent births on mother and/or children (9% of males and 11% of females), about religion and family planning (12% of males and 4% of females), and/or places where family planning services and medical consultations are provided (5% of males and 3% of females). About two thirds of male and female respondents expressed interest in hearing radio social dramas about family planning.

The most popular time for radio listenership for males is between 4-9 p.m. as that was mentioned by 65% of those who are interested to hear more about family planning (Table A.3-6). The second popular time for around one quarter is 9 p.m. and later. Smaller proportions selected before 9 a.m. (14%) or in the afternoon before 4 p.m. (11%). Between 9-12 a.m. was selected by only 5% of the males.

For females, the preferred times are different from males and do not demonstrate equal homogeneity. The majority (38%) prefer the 4-9 p.m. time as males. The second choice in terms of frequency of selection is between 9-12 a.m. (28%). Other times mentioned are before 9 a.m. (20%), between 12-4 p.m. (15%), and 9 p.m. and later (9%).

The most popular station for 60% of males and 78% of females is the main General Program. The second most popular station for both genders is the Middle East Station (selected by 27% of males and 21% of females). Around 13% of the males selected the Voice of Arabs Station.

B. T.V.

From all those who have access to T.V. viewership, 84% of males and 61% of females were able to specifically report on family planning topics they would like to be exposed to on T.V.

Among those who were able to specify family planning topics, the most frequently mentioned family planning informational need is information related to contraceptive methods, how to use (54% of males and 61% of females) (Table A.3-6). The second major need is knowledge of probable side effects of different methods (28% of males and 39% of females). People also would like to know more on benefits of family planning and benefits of small families (25% of males and 18% of females); negative consequences of too many children (13% and 7% respectively); effects of too many and too frequent pregnancies on health of mothers (8%); and places where family planning services and consultations are provided (5% and 3% respectively). Religion and family planning is an area that 15% of males and 6% of females mostly in metropolitan and urban areas of Lower Egypt want to hear more about on T.V.

The most popular T.V. channel to provide such informational needs is channel (1) and that was selected by 81% of males and 60% of females. The best selected times is the afternoon up to 9 p.m. (62% of males and 48% of females). Other times selected as best time are : after 9 p.m. and before the social drama.

C. PRESS

The most popular journal for family planning information for those who read the press are El-Akhbar (50% of males and 61% of females) and Al-Ahram (41% of males and 39% of females) (Table A.3-6). The third option in popularity is Al-Gomhoria (15% of males and 12% of females).

The most popular magazine for women is Hawa'a (43%) followed by Akhir Sa'a (4%) (Table A.3-6). For men, the most popular is Akhir Sa'a (15%) followed by October (8%) and Al-Mousowar (7%).

SECTION (5)
SUMMARY & CONCLUSION

The television is the most popular and commonly used medium of communication among Egyptians. Radio is the second most popular and accessible medium. Due to high illiteracy rates, particularly in rural areas, printed materials have limited informative use. Consequently exposure to family planning information is greater and more frequent through the television, followed by the radio, then the press.

Much smaller proportions have been exposed to family planning through public meetings, primarily in urban areas. Yet this interpersonal channel of communication could be an effective channel of family planning communication if it is utilized more in a well planned form.

SIS/IEC family planning logo is highly recognized and associated with the importance of small families. However, recognition is lower in rural areas of Upper Egypt. Also very few associated the logo with the State Information Service.

With regard to memorable content of radio messages, males tended to remember that fewer children are better for the family economically and that too many pregnancies affect the health of the mother. Females remembered messages on the health affects of too many and/or frequent pregnancies. The majority of those who had seen family planning cartoon spots felt that they benefited from the information contained in them and almost a quarter said the cartoon spots prompted them to plan their families. Only one fifth found something in the spots they did not like. Live television spots were seen by almost three-quarters of the females, the majority of whom remembered the message correctly. Little less than half of those viewing the live spots liked them because they were educational and informative. Some viewers (10%) considered the live spots gloomy and scary. Few females from the metropolitan and urban areas found the spots unconvincing.

In general, the public needs and want information on family planning methods, instructions on use of contraceptives, and information about side affects. More information is needed on the health affects of numerous and closely spaced pregnancies as well as information on religious attitudes on family planning. Rural Upper Egypt is far behind not only in behavior regarding family planning but in social attitudes which affect child bearing practices such as customs encouraging early age first marriages. It is also the region where family planning messages are less likely to reach the population.

PART (IV)
INFLUENTIALS

SECTION (1)
BACKGROUND INFORMATION ON SELECTED INFLUENTIALS

The sample of influentials used in this analysis includes national influentials (26 influential) local urban influentials (88), and local rural influentials (144 influential). Local influentials whether urban or rural were selected either from a list of local influentials nominated by the population of respondents or selected by the data collection team as probable local influentials. Over one third (36%) of rural local influentials were identified by respondents, but only 19% of urban local influentials were similarly identified. National influentials were selected from a large list developed by the research team of known and prominent national influentials for each category of political (members of political parties, members of People's Assembly and Shoura Council, MOH top executives), mass media (press, T.V., and radio), medical (top professionals in Ob. & Gyn. and Public Health), and religion (top religious leaders among Moslems and Christians). Influentials included in the list were contacted for appointments in sequential list order until required number of respondents for each category was satisfied. A list of names of interviewed national influentials is in the Appendix.

The selected influentials are predominantly males (79% from total). Around four out of every five local influential are males. The national influentials, however, include a lower proportion of males (61%).

Five major types of influentials are represented: medical influentials (23%), social influentials (50%), religious influentials (20%), political influentials (3%), and opinion influentials through mass media communication channels (press, radio, and T.V., 3%). The national influentials are divided rather reasonably between the medical (31%) the political (27%), the opinion (23%), and religious (19%) influentials. The urban local influentials are namely social (36%), medical (34%) and religious (25%). In rural areas social influentials are the most dominantly represented (67%), followed by religious influentials (17%) and medical influentials (15%). The opinion, medical and political leaders have higher than average proportions of females (56%, 33%, and 32% females respectively).

The age of sampled influentials ranges from 21 years to 80 years but the majority (73%) fall between 30 to 60 years. The national influentials tend to be older as the average age falls within the 50-59 years range. The urban local influentials are concentrated within the 40-49 years range (29%) and the rural local influentials are concentrated within the 30-39 years range (32%).

While all the national influentials and 76% of the urban local have at least a university degree, only 31% of rural influentials are university graduates. Around one fifth of rural influentials are either illiterate (9%) or can barely read and write (10%) with less than primary education.

The selected influentials represent a variety of specializations. They are specialized in religion (13%), in health (25%), in training and education (13%), in productive specializations such as engineering, agriculture, and industry (7%), in service specializations such as social work, accounting, Law, .. etc. (15%), or have no specialization (27%). The majority (71%) are government employees in white collar occupations (62%), or in blue collar occupations (7%).

Almost all influentials are either married (88%) or single (9%). Over one half (58%) have three living children or less with the lowest proportion among rural local influentials (49%) and the highest among national influentials (85%). Only around one fourth (24%) of those married and can still reproduce (74% of total sample) stated that they desire more children.

SECTION (2)
ATTITUDES TOWARDS THE POPULATION PROBLEM & FAMILY PLANNING

Most influentials agree that Egypt suffers from a population problem (91%). Yet, rural local influentials are more aware of the problem (93%) than the urban local influentials (90%) and the national influentials (81%). Political influentials seem to be the least convinced of the population problem (78%) followed by religious influentials (84%) (See Table A.4-1).

Influentials view the main cause for Egypt's population problem as related to high fertility and/or population rate of increase (80%). For the national influentials, less than two thirds (61%) stated population growth rate as the cause of the problem; other causes mentioned by them are maldistribution of the population (35%), low productivity (23%), limited area of arable land (11%), and/or limited job opportunities (4%). Among urban and rural local influentials, few (4% of each) mentioned early age at marriage as a cause of the population problem.

A number of solutions have been mentioned for Egypt's problem. Increasing awareness of the people (45%) and reduction of fertility (38%) are the two main solutions suggested. Other solutions mentioned are building new cities in the desert (23% of total sample and 35% of national influentials), increasing job opportunities (19% and 27% respectively), reclaiming agricultural land (12% and 8% respectively), elimination of illiteracy (11% and 35% respectively), and/or improving effectiveness of planning (14% and 31% respectively). Only one third of political influentials, who are mostly national, view the solution with increased awareness of family planning and reduction of fertility. They put greater emphasis on planning (55%). Opinion leaders stress eradication of illiteracy as a solution (67%) in addition to family planning and reduction of fertility (78%). Two thirds of religious leaders suggest increasing awareness of the people (43%) and/or reduction of fertility (23%) as solutions and they suggest moving into the desert (35%) as another possible solution.

Almost all influentials with the exception of 4 (2 nationals and 2 urban local) approve of family planning for spacing (See Table A.4-2). While only around three fourths (76%) approve of family planning for termination of child bearing. Those who do not approve are concerned basically out of religious convictions. However, the majority of eligible influentials either practice family planning (73%), or intend to practice in the future (23%). Only six influentials stated that they do not, and will not practice family planning.

The approval to use mass media communication channels to promote family planning is shared by 92% of influentials and more so among rural local influentials (96%). A lower proportion of political leaders (78%) than religious leaders (86%) approve. The 20 influentials that are against the idea are distributed between the religious (35%), the social (30%), the medical (25%), and the political (10%) influentials. Three influentials (one national and 2 rural local) disapprove because they believe that the increase in the population is desirable, ten (50%) disapprove of the concept as a concept or because it is against religion, four (20%) feel that to discuss such topics in the mass media is against social morality, and five (25%) are against the way the media was used. Half of those who disapprove of mass media as a channel for family planning information prefer face to face communication as means for family planning IEC. Three influentials (one national and 2 urban local) suggested spending family planning funds on developmental projects. The rest (7%) did not suggest any alternative to mass media use either because they do not approve of the problem and/or the solution.

The opinions of influentials who approve of mass media channels for promotion of family planning are split between those who felt that quantitatively the family planning communication activities are sufficient (42%) and those who feel that they should increase (43%). One tenth feel that they should be reduced. Few influentials are of the opinion that messages should be repeated more often (4%) and three local influentials stressed the point that continuity of these activities is lacking.

In terms of quality of the activities opinions are also almost split with slightly high proportions having negative comments as rural local influentials had more favorable qualifactions and national and urban influentials had more negative qualifications (56%, 22%, and 31% respectively). National and urban influentials more than rural influentials are of the opinion that the family planning mass communication activities are of low quality and not well produced (48%, 38%, and 9% respectively), and that they do not utilize proportionately all available communication channels (43%, 39%, and 19% respectively). Six local influentials stated that family planning mass communication activities are not as good in terms of quality as other mass communication activities.

The majority of influentials (85% of nationals, 84% of urban, and 62% of rural local influentials) know of at least one agency that works in the field of family planning and little less than half know of at least two agencies (77%, 51%, and 33% of national, local urban and rural influentials respectively). While one half of national influentials know of at least three agencies, only 29% of urban and one tenth of rural know the same.

SIS as an agency working in the field of family planning is known by over one half of the nationals (54%) and one third of local influentials (35% and 37% of urban and rural locals respectively). Other agencies mentioned are the National Population Council (59% of nationals and 31% and 12% of urban and rural influentials respectively), MOH (36%, 39%, and 52% of influentials respectively), Family Planning Board (27%, 35%, and 32% respectively), Ministry of Social Affairs (14%, 22%, and 59% respectively) and Family of the Future (36%, 23%, and 14% respectively). Other agencies mentioned were Ministry of Culture (2% of total), Ministry of Waqf, the Government, and USAID.

Only little over one fifth (21%) of influentials feel that these agencies did not adequately perform their roles in promoting family planning and around one tenth (12%) feel that some did and some did not. Several suggestions were made by most influentials to improve overall effectiveness of the roles of these agencies. The two suggestions mentioned more frequently either by local influentials or by national influentials are the increase in public meetings (34% of urban and 40% of rural locals) and improvement in planning and coordination between all agencies working in the area (38% of nationals). Other suggestions are changes in channels and messages to increase attractiveness (20% of total), presentation of more realistic messages and information based on specialized research to increase credebility and persuasiveness (18%), greater emphasis on explaining the religious stand (14%), greater utilization of audio-visual media and films for informative materials (11%), and/or positive incentives to contraceptors (7%).

More than two thirds of all influentials (69%) feel that as public opinion leaders they have played an effective role toward promoting family planning (See Table A.4-3). This proportion varied with type of influentials with maximum involvement of mass media influentials (89%), and minimum involvement of political (56%) and religious (59%) influentials. This participation has been mainly in the form of advocacy and/or consultation (82%), providing information (17%), support of activities (15%), advocating the positive religious stand (12%), and training (6%). Those who did not play any active role, did not have the opportunity (39%), were not asked (21%), or they feel that the nature of their work is far away from the family planning problem. Only 14 influentials, (12% or religious, 11% of political, 4% of social, and 3% of medical) stated that they are not convinced of family planning as an issue. However, little less than one half (43%) of those who have been passive in the past indicated readiness to play a more active role in the future. Only 18% of the total sample either refuse or see no possible area for their involvement.

SECTION (3)
APPROACHES TO FAMILY PLANNING COMMUNICATION

Respondents were asked to suggest the most appropriate family planning communication approaches that they believe will be conducive to promoting family planning use. They were then asked if they approve or do not approve of other approaches that were not suggested by them before prompting. Approaches that were suggested by at least one fifth of sampled influentials are: demonstrating problems of large families (20%), clarifying health effects of too many births on mother (22%), the stand of religion vis a vis family planning practice (29%), and the use of live cases to demonstrate the required messages (32%) (See Table A.4-4). National and urban local influentials also suggested the approaches of clarifying health effects of non-spacing on mother (26% and 22% respectively), and over one fourth of national influentials suggested the approaches of demonstrating health effects on child of non-spacing (26%), and high parity (26%).

The approaches that are the most unaccepted as viable approaches to promoting family planning use especially by national influentials are the stress on impact of population growth at the national level (31% of total and 48% of national influentials), the promotion of specific types of contraceptives (32% and 43% respectively); and the use of the fear approach (49% and 56% respectively).

In total, the opinions of influentials are almost split on whether family planning communication activities have covered all suggested and approved approaches or not (49% versus 47% respectively). However, more national and urban local influentials feel that all approaches were not used (61% and 56% respectively). The three approaches that were mentioned as lacking are the religious approach (mentioned by 45% of those who stated that family planning communication did not cover the appropriate approaches), information on appropriate use (9%), and the clarification of the macro, national impact of the population increase (18%).

The majority (78%) do not think that the family planning communication campaign had any contradictions. The only contradictions that were mentioned by seven influentials are the fact that the campaign includes contradictions in mood: mixing very sad and solemn messages with cartoon like messages and that promoting one type of contraceptive as "best" undermines other contraceptives.

T.V. is viewed by 94% of all influentials who approve of mass media for promotion of family planning as the most effective media channel for family planning communication. Large proportions of national influentials suggested the radio (65%) and the newspapers (39%) as effective communication channels. Large proportions of local urban and rural influentials suggested public meetings (54% and 46% respectively) as effective channels. The least suggested communication channels are the promotional give aways (8%), training workshops (7%), and conferences (5%).

To increase the effectiveness of IEC activities, influentials had a variety of suggestions especially from national influentials (see Table A.4-5). The only limited consensus seem to be among local influentals in terms of the need for public meetings (25% of urban and 29% of rural), and the importance of stressing the religious stand on family planning (21% of both). Other suggestions mentioned by influentials include the need for long T.V. programs to discuss family planning issues, the need to give more information on different types of contraceptives, the need to present medical information, develop T.V. social drama on family planning, messages should be simple, easy realistic, and innovative, increase family planning T.V. spots in prime time, and/or introducing incentives and disincentives for family planning use.

SECTION (4)
FAMILY PLANNING COMMUNICATION

A. EXPOSURE OF INFLUENTIALS TO FAMILY PLANNING INFORMATION BY CHANNEL

Influentials are exposed to family planning information through mass media channels more than through interpersonal channels (see Table A.4-6). T.V. is the channel from which most of influentials receive family planning information (92%) followed by daily newspapers (65%), radio (58%), and magazines (58%). National influentials, however, tend to have greater exposure to family planning information through the press (88%) than through the T.V. (85%) and radio (73%). The radio has more exposure (61%) than the press (58% for newspapers and 44% for magazines) among rural local influentials while the opposite is true among urban local influentials where family planning information in newspapers reached 72% while radio information reached only 49%. Medical influentials have the least exposure to the radio family planning information (52%), but religious influentials have the least exposure to T.V. (78%), to the newspapers (61%), and to magazines (49%).

Exposure of national influentials to family planning information through different interpersonal channels is greater than that of urban and rural local influentials. Rural local influentials are the least exposed to all interpersonal communication channels. Public meetings and workshops were attended by 85% of national, 59% of urban, and 40% of rural influentials. Printed materials reach less than one half of rural local influentials (46%) while only 18% received them through meetings. Films were viewed by only 15% of them.

Promotional giveaways seem to be concentrated in terms of distribution to metropolitan areas. While half the national influentials received promotional family planning giveaways, only one fifth of urban local and one tenth of rural local influentials received anything. Understandably, most of the nationals (85%) and the urban locals (67%) received office related giveaways such as calenders, agendas, pencils, etc., while the majority of rural locals (53%) received household giveaways such as trays, cups, etc. Few received contraceptives as samples.

B. EXPOSURE TO SIS/IEC FAMILY PLANNING CAMPAIGN

Of all the sampled influentials, seven (3 nationals and 4 urban) attended conferences held by SIS and one of them attended a conference prior to 1983. One influential from the mass media stated that she attended several conferences only for reporting but she does not remember much about them. Other conferences attended by influentials were organized by specialized family planning agencies or by other agencies. Around one third of national influentials (35%) attended more than one conference on family planning but were not organized by SIS.

Eighteen influentials (7%) attended public meetings or workshops organized by SIS: two of them from urban areas attended three meetings each.

None of those who saw films related to family planning mentioned any of the four most recently produced by SIS (Madam is Pregnant, the lady of the House, the Egyptian Woman, Stories from Koha). The majority (69%), however, explained the topic of seen film rather than the titles and the topics varied.

SIS family planning information activities presented through mass media channels have been more noticeable especially among national influentials. Around half of national influentials exposed to these channels recognized SIS as the agency responsible for the activity whether it was radio information (53%) T.V. (59%), newspapers (48%), or magazines (52%) (See Table A.4-7). Urban local influentials are more aware of SIS activities through mass media channels than rural local influentials. The most recognized SIS activity to local influentials is the T.V. information (35% of urban and 15% of rural). Political and mass media influentials tend to be the most knowledgeable of the role of SIS in radio and T.V. family planning information than other influentials (40% and 50% respectively for radio and 50% and 75% respectively for T.V.).

C. CONTENT OF ACTIVITIES

The majority (81%) of those who attended conferences stated that they found them beneficial (see Table A.4-8). Some came to know more about health advantages of family planning, or the economic advantages of family planning. Some found conferences an important platform for exchange of ideas and for understanding the dimensions of Egypt's population problem. The few (six in total) that did not gain from attending the conferences are mostly nationals and the main reason given was that every thing mentioned in these conferences was repetitive and unconvincing.

Also most of those who attended public meetings and workshops found them useful (89%) (see Table A.4-8). Of those who were exposed to films related to family planning, 70% felt the films presented useful information. A number of suggestions were presented by influentials to increase the effectiveness of public meetings and workshops such as increasing and expanding geographically public meetings (39%), better selection of speakers who have greater experiences and are truly convinced and can convince (25%), more use of audio-visual materials (13%), including religious leaders among the speakers (19%), increasing time allocated for discussion (13%), and/or using simple language easy for the people to understand (6%). Medical, mass media, and social influentials stressed more the need to increase frequency of public meetings and seminars (39%, 43%, and 51% respectively). Naturally religious leaders stressed most the importance of inclusion of religious speakers (41%).

The printed materials received convered information on the benefits of family planning on family welfare (33%), information on different methods of contraception (46%), information on family planning and the nation (18%) and/or information on the religious dimension of family planning (14%). Around two thirds (62%) stated that the printed materials they received had useful information. Few felt the information was not relevant to the Egyptian reality (13%), or that the information was not clear enough or the language was difficult (9%). Few others complained that pictures and drawings were lacking (5%).

National influentials on the whole have less appreciation of T.V. family planing spots than local influentials especially the rural. The two spots that share the greatest controversy between the three types of influentials are the live spots of "Aziza and Her Mother" and "the Physician and the Ambulance" (See Table A.4-7). While only 12-14% of the national influentials had positive opinions toward them, two thirds of the urban and four fifth of the rural local influentials liked them. The main reason for the disapproval of the spots is that they scare the people and are not attractive.

The three main messages remembered by a significant proportion from the T.V. spots are related to the health effects of too many pregnancies (57%), the economic and financial problems of large families, and the advantages of small families. Little less than two thirds of those who were exposed to T.V. family planning information (64%) are of the opinion that the spots were successful in transmitting the remembered messages to the public. The reasons given for the success of the spots are the success in convincing people of the importance of family planning and small families (49%), the simple, clear, and/or attractive style of the spots (14%), the spots presented the appropriate messages (16%), and/or the repetitive nature of spots

(10%). The success of the spots is also attributed by some (10%) to the fact that T.V. has the highest exposure especially in rural areas though a similar proportion (10%) felt that the spots were able to convince the urban and/or educated people but not the rural and illiterate. Only seven influentials (5%) and mostly from rural areas attributed the success to using the fear concept.

Those who did not think the spots were successful in reaching the people (35%) felt that the spots are not credible (37%), they are against the norms and customs of the people (culture) (27%), that they lack the needed religious information (19%), that they undermine people's intelligence (12%), and/or that the frequency and/or time of broadcasting were not appropriate (11%).

Opinions vis a vis the persuasiveness of family planning promotional giveaways varied by type of influentials (See Table A.4-8). Around one third the nationals (35%) thought they are useful in promoting family planning as compared to over half of the rural locals (54%). The probable usefuleness of promotional giveaways are numerous as perceived by influentials. Presents may act as a reminder of family planning to the receiver (32% of those who find them useful), they may persuade people to practice (29%), may encourage participation and attendance of meetings (28%), and/or may provide information on contraceptives (19%). Few stated that presents are good public relations strategy (3%) and that they provide information on the source agency (6%). Influentials who do not think giveaways promote family planning are of the opinion that presents do not persuade people to use (53%), people tend to use the present without thinking of the source or cause (17%). Little less than one third feel that funds spent on giveaways are a waste and should be stopped. Few were against the type of presents and not against giveaways per se.

D. FAMILY PLANNING COMMUNICATION NEEDS

Around 62% of all sampled influentials have indicated a need for more family planning information (See Table A.4-9). The highest frequency of needs of national influentials are in the area of statistics, information of specific types of contraceptives and the various dimensions of the population problem in Egypt. Local influentials need information on contraceptives. Around 12% of all influentials expressed the need for more information on the religious stand vis a vis family planning.

The highest proportion of national (54%) urban local (49%), medical (48%), mass media (44%), and religious influentials (55%) prefer the communication channel of printed material. Audio-visual communication channels have been more frequently preferred by rural local (50%), political (33%), and social influentials (55%). Other less frequently mentioned channels are the interpersonal communication (15% of total) and the press (6%).

SECTION (5)
SUMMARY & CONCLUSION

Part of SIS/IEC activities during the period understudy has been directed to those considered as influentials of public opinion, knowledge, and practices to solicit their cooperation and to establish among them an acceptable image of the agency. Studies and experiences have shown the necessity of envestigating and integrating such groups in any communication program because neglecting or ignoring them may hinder or back last the communication objectives. So considering different groups of influentials such as the medical, the religious, the mass media, the social, and the political opinion influentials, as target groups is essential to develop well-integrated, comprehensive, and effective communication activities. Soliciting information from influentials not only provides basis for evaluation of impact of SIS/IEC activities but provides better insight into the influentials' attitudes and approaches to population problem and family planning activities particularly communication activities.

Most influentials agree that Egypt suffers from a population problem, but with less conviction among political and religious influentials. There is need to increase information delivery to influentials related to different aspects of the population problem and family planning issues.

As with the public, child spacing is more accepted by influentials than family planning for limiting family size. Adapting child spacing approach rather than termination of child bearing may help the communication planner to overcome rejections and disapprovals especially from among political and religious leaders.

Generally, influentials are exposed to family planning information through mass media channels more than through interpersonal channels. Religious leaders are the least exposed to mass media channels. Exposure through interpersonal channels, printed materials, and promotional presents has been biased toward national influentials on the account of local influentials.

The majority of influentials approve the use of mass media channels to promote family planning. Their opinion is split between those who feel the quantity of family planning communication activities is sufficient and those who feel it should increase. National and urban influentials are more critical to quality of activities than the rural local

influentials. T.V. is viewed as the most effective media channel for the general public followed by the radio and newspapers. Urban and local influentials suggest public meetings as effective family planning communication media. Opinions are also split between the effectiveness and ineffectiveness of promotional presents for family planning promotion.

There is considerable awareness, particularly among national influentials, of SIS/IEC activities as well as other organizations working in the field of family planning. To enhance the role of these organizations, influentials suggested better planning and coordination of their activities and greater emphasis on explaining the religious stand.

The majority of influentials feel they have played an active role in promoting family planning and they are willing to increase this role. To solicit their approval and support, it is recommended that they be included in message pretesting and be reached and contacted for dissemination of needed information.

National influentials need more family planning information related to latest statistics and contraceptives. Local influentials need information on contraceptives and on religious stand on family planning. The most appropriate communication channel for national and urban influentials is printed materials. Local rural influentials prefer audio visual communication channels.

PART (V)
DISCUSSION & RECOMMENDATIONS

1. IMPACT OF SIS/IEC ACTIVITIES & MESSAGE NEEDS

It is almost impossible to single out SIS/IEC communication activities in terms of impact on awareness, attitudes, knowledge, and practice of family planning. SIS/IEC is only one factor among several factors that may have triggered the identified changes. However, findings indicate that though general awareness of family planning is high and reflect little changes since 1982, other aspects of family planning issues have undergone progressive changes. There has been a substantial increase in knowledge of all contraceptive methods and usage of methods. There has also been an increase in social acceptability of family planning.

Two findings are alarming. The first is the significant set back in the "perceived" family planning acceptability by religious leaders and the perceived religious legitimacy of family planning practice. The second is the alarming discontinuation percentages from among ever users of different contraceptive methods which indicate dissatisfaction of users.

Messages are needed to explain to the public, especially in rural areas and among the illiterate the fine distinction between having faith in the power of God to provide and between the religious responsibility of parents to produce strong, healthy, and well cared for offsprings. Concentration on the benefits of appropriate spacing of pregnancies and appropriate age of pregnant mothers will be more credible at this point than concentration on limiting family size, i.e., using contraceptives to end childbearing which people already do when they feel they have "sufficient" number of living children.

On the other hand, there is great need for messages that provide realistic, credible and reliable information on different methods of contraceptives to improve and/or correct existing knowledge. The findings have indicated several areas where communication messages are needed. Among the needed messages are:

- messages on reliability and safety of the pill; in particular messages that counteract beliefs that the pill cause menstrual irregularities.

- messages to distinguish temporary side effects of the pill from contra-indications such as diabetes, heart problems, liver and kidney problems.

- messages on correct use of the pill and what to do when the pill is forgotten for one or more days.

- messages on reliability and safety of IUD; in particular messages to counteract the belief that IUD migrates in the body and may reach the heart.

- messages on reliability and safety of condoms.

- messages on correct use of foam tablets and their reliability and safety.

2. LIMITING FACTORS TO DIFFUSION OF MESSAGES

The survey findings have identified a number of factors that may have (or might have) limiting effects to diffusion of messages. These are, among others:

a) Previous communication messages that pushed for a family of two have created negative reactions to family planning communication activities. In general, Egyptian public, desire on average at least 4.0 child and averages are higher in rural areas.

b) Religious and political opinion influentials have not provided the necessary support and their negative reactions may affect message diffusion.

c) There is substantial public dissatisfaction, fear and ignorance vis a vis contraceptive reliability, safety, and appropriate use.

d) Urban and educated public have been more exposed to communication messages through all communication channels than rural, and illiterate public who need the messages most. Distribution of activities has been more favorable to urban public.

e) Interpersonal communication channels have not been sufficiently supportive to mass media channels neither in terms of degree of exposure nor in terms of content. There was no integrated campaign utilizing all communication channels to support clear concepts with their related messages.

f) Rural local influentials have a high propensity to cooperate but they are the least exposed to SIS/IEC activities and the least contacted. On the other hand, national influentials are the most exposed, the least cooperative, and the most critical. Support of national and local influentials is extremely important for diffusion of family planning communication messages.

g) SIS/IEC communication activities during the period understudy seem to be sporadic with no clear strategy, continuity, nor consistency to biuld up on concepts to promote diffusion.

h) Content of family planning messages recalled by the public does not respond to informational needs in terms of information on family planning methods, instructions on use of contraceptives, information about side effects, and information on religious attitudes on family planning.

i) Exposure to printed materials and promotional giveaways has been limited particularly in rural areas. Such communication channels have a role to play in augmenting corporate image of SIS and diffusion of messages.

3. MOST APPROPRIATE MEDIA CHANNELS FOR FUTURE PLANS

Television is the most powerful communication channel in Egypt to reach particularly the rural and illiterate population. It has also been the communication channel partly responsible for national influentials' critical views. Messages channelled through T.V. should be well targeted, well planned within an overall communication strategy, and non-provocative for national influentials. T.V. spots should be combined with long programs. T.V. spots attract attention and generate social discussions. Long programs provide informative back up support for spot messages. The best T.V. channel for family planning communication is channel 1. The best time is in the afternoon until 9:00 p.m.

Radio as a family planning communication channel is second to T.V. particularly for educated males of metropolitan and urban areas of both Upper and Lower Egypt. The radio is an appropriate channel to provide information on contraceptive use.

The press is an appropriate channel to reach influentials, educated public, urban public and males. More sophisticated information and findings of scientific research may be presented through this channel.

Public meetings have the potential of being a powerful family planning media channel particularly in rural areas. However, they require good planning, greater publicity to increase attendance, and greater integration within the overall communication strategy and mass media contents. Assigned speakers should have charismatic qualities, conviction and knowledge of the topics to be discussed to be credible and persuasive. Religious and medical speakers' participation is important in these meetings. Greater time should be allocated to floor discussions and audio visual materials should be used more often. Leaflets to follow up on content of meetings should be distributed.

Though opinions are split between usefulness and unusefulness of promotional presents and giveaways, it is obvious that distribution was more favorable to metropolitan areas and to a lesser extent to urban areas. Promotional presents have the potential of tying influentials with agency activities, and reminding of messages and themes. Hence promotional presents and giveaways should be in accordance with the communication strategy and theme and distributed on the basis of specific targets. All promotional presents should be of use for at least a year. Domestic presents should include verses from religious scriptures supportive of communication themes.

Printed materials are needed for influentials and the rural and illiterate public. For influentials, the printed materials should include statistical information needed as well as information on contraception and contraceptives. For the public picturial pamphlets are needed on different contraceptive methods, correct use, side effects, contra-indications and degree of reliability. Emphasis should be placed on increasing distribution to rural areas.

Billboards could be useful to support agency activities and image. Messages included on billboards will reach more the males of metropolitan and urban areas. They should include slogans that support the communication campaign.

4. RECOMMENDATIONS FOR FURTHER RESEARCH

A. SUGGESTED ADDITIONAL ANALYSIS OF SURVEY DATA

In addition to survey data being used for evaluation of impact of future communication activities, the collected survey data constitute a rich source of information for more immediate usages. Further analysis of the data will assist in development of media strategy and provide elements such as target audience, geographic considerations, media weight and delivery as well as scheduling. The following additional analysis of the existing data is suggested:

1. Open-ended answers provided by the public be content analysed for message development;

2. Content analysis of comments made by national influentials to increase responsiveness to their views and perceptions;

3. Better understanding of basic differences and similarities that exist between current contraceptive users, potential future users, and persistent non-users to be in a better position to support users, motivate potential users and change attitudes of non-users through appropriate communication activities;

4. More detailed analysis of the suggested target population of rural married females ages 25-39 years and their husbands by comparing Upper and Lower rural areas for similarities and differences to better target messages and communication media;

5. Over 90% of sampled males and females within each household were husband and wife. Comparing answers of both in relation to specific issues provide valuable understanding of consistencies and/or controversies that may impede or promote interfamilial decisions to contracept.

REFERENCES

- SIS, CAPMAS & CDC, 1982, Communicating Family Planning to Egypt.

- Evaluation Team, 1987 SIS/IEC Family Planning Project Process Evaluation & Recommendations. Unpublished report.

- CAPMAS, 1987, Preliminary Results of Population & Housing Census of 1986.

APPENDICES

APPENDIX (A): TABLES

APPENDIX (B): SAMPLE DESIGN

APPENDIX (C): LIST OF NATIONAL INFLUENTIALS INTERVIEWED

APPENDIX (D): INTERVIEW SCHEDULES

APPENDIX (A):
TABLES

TABLE (A.1-1)
PERCENT DISTRIBUTION OF
1982 & 1988 SURVEY SAMPLES BY
REGION OF RESIDENCE, AGE, EDUCATION,
NUMBER OF LIVING CHILDREN, & SOCIAL CLASS

	1982	1988		
REGION OF RESIDENCE (%)				
N	3283	2616		
Metropolitan	20	20		
Lower Urban	12	12		
Lower Rural	35	32		
Upper Urban	10	12		
Upper Rural	23	24		
Frontier	1	-		
		1988		
	1982 TOTAL	TOTAL	M	F
AGE OF RESPONDENT (%)				
N	3283	2616	1308	1308
15 - 19	5	2	0	4
20 - 24	12	10	3	17
25 - 29	18	16	11	21
30 - 34	18	19	19	19
35 - 39	16	21	21	22
40 - 44	15	16	17	14
45 - 49	7	8	14	3
50 +	9	8	15	-
EDUCATION (%)				
None	51	42	27	56
Some Primary	28	14	17	10
Completed Primary	6	10	13	7
Preparatory	4	5	5	4
Sec. & Some Univ.	8	20	23	17
Completed Univ. or Higher	3	10	14	7

TABLE (A.1-1) - CONT'D .... (2):

	1982 TOTAL	1988 TOTAL MET.	1988 LOWER URBAN	1988 LOWER RURAL	1988 UPPER URBAN	1988 UPPER RURAL
NO. OF LIVING CHILDREN BY REGION (%)						
N	3283	2616	526	320	830	306	634
None	12	7	9	6	5	9	9
One	14	11	10	11	11	8	12
Two	16	19	23	29	13	23	15
Three	15	20	26	17	20	20	16
Four	15	16	16	17	16	20	12
Five	10	11	7	9	14	10	12
Six or More	17	15	9	11	21	10	24
PERCEIVED SOCIAL CLASS (%)							
High		12					
Average		38					
Below Average		29					
Poor		21					

TABLE (A.2-1)
DESIRED NUMBER OF CHILDREN BY
RESPONDENTS & SPOUSES BY
SEX & REGION

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL	TOTAL
		URBAN	RURAL	URBAN	RURAL	SEX	SAMPLE
DESIRED NUMBER OF CHILDREN BY RESPONDENT*							
% Less than 3							
M	27	27	12	24	7	17	
F	32	33	14	27	12	21	19
% 3 - 4							
M	47	42	41	43	36	41	
F	49	44	45	48	33	43	42
% 5 and above							
M	19	26	40	22	48	32	
F	17	18	35	21	38	28	30
% Undecided							
M	6	5	6	10	19	10	
F	2	4	6	5	16	7	9
AVERAGE NUMBER							
M	3.5	3.8	4.5	3.6	4.8	-	
F	3.3	3.3	4.1	3.5	4.6	-	4.0
PERCEIVED DESIRED NUMBER OF CHILDREN BY SPOUSE							
% Less than 3							
M	29	26	12	23	7	16	
F	28	32	14	25	8	19	18

* Actual plus additional number desired.

TABLE (A.2-1) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
% 3 - 4							
M	50	43	41	43	30	41	
F	47	42	40	38	27	28	39
% 5 and above							
M	18	23	40	20	38	31	
F	15	19	35	22	32	27	29
% Undecided or Do Not Know							
M	3	7	7	14	25	11	
F	9	6	11	15	32	16	14
AVERAGE NUMBER							
M	3.4	3.8	4.5	3.6	3.9	-	
F	3.3	3.4	4.2	3.6	4.7	-	4.0
PERCEIVED TOO LARGE NUMBER OF CHILDREN							
% Less than 5							
M	58	58	28	46	21	38	
F	49	26	9	33	5	21	30
% 5 < 7							
M	34	35	50	43	51	44	
F	41	56	44	52	49	47	46
% 7 and Above							
M	5	5	20	8	23	14	
F	8	16	44	14	42	29	22

TABLE (A.2-1) - CONT'D ... (3)

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL	TOTAL
		URBAN	RURAL	URBAN	RURAL	SEX	SAMPLE
% Do Not Know							
M	3	2	2	2	5	3	
F	1	2	4	1	4	3	3
PERCEIVED TOO FEW NUMBER OF CHILDREN							
% Less than 3							
M	96	96	87	89	87	90	
F	94	91	82	93	70	84	87
% 3 - 4							
M	3	2	12	6	12	8	
F	3	6	15	6	26	13	11
% 5 and Above							
M	0	-	0	-	-	0	
F	-	1	1	1	2	1	1
Do Not Know							
M	1	1	1	4	1	1	
F	3	2	3	-	2	2	2

TABLE (A.2-2)
PERCENT DISTRIBUTION OF PERCEPTION OF
THE POPULATION PROBLEM & FAMILY PLANNING
BY SEX & REGION

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL	TOTAL
		URBAN	RURAL	URBAN	RURAL	SEX	SAMPLE
PERCEPTION OF POPULATION PROBLEM							
% Population Increasing							
M	100	98	99	99	99	99	
F	98	97	86	99	98	92	96
SHOULD SOMETHING BE DONE?							
% Yes							
M	92	94	92	91	84	91	
F	90	92	74	97	75	82	86
WHAT SHOULD BE DONE							
% Reduce Fertility							
M	68	81	92	79	94	84	
F	89	94	98	89	99	94	
% Increase Communication							
M	30	15	11	21	10	16	
F	18	5	3	11	0	7	
% Change Legal Age of Marriage							
M	1	3	2	6	3	3	
F	1	-	-	1	-	0	
% Other Solutions							
M	19	16	5	18	3	10	
F	7	4	1	6	0	3	
CAPACITY TO LIMIT NUMBER OF CHILDREN							
% Believe They Can							
M	65	66	59	69	45	59	
F	79	75	66	72	52	67	

TABLE (A.2-2) - CONT'D ... (2):

MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
% Believe They Can Not						
M	35	31	39	31	53	40
F	20	24	30	27	45	31
% Heard of Family Planning						
M	100	100	100	100	99	100
F	100	100	99	100	98	99

TABLE (A.2-3)
PERCENT DISTRIBUTION OF ATTITUDES TOWARD USING FAMILY PLANNING FOR TERMINATION OF CHILDBEARING & FOR SPACING, & AVERAGE OPTIMUM INTERVAL BETWEEN BIRTHS

MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
% RESPONDENTS APPROVE OF FAMILY PLANNING FOR TERMINATION OF CHILDBEARING						
M	84	89	90	89	83	87
F	97	92	92	96	89	93
% PERCEIVE SPOUSE APPROVE FAMILY PLANNING FOR TERMINATION OF CHILDBEARING						
M	84	90	91	87	77	86
F	89	87	83	91	68	82
% RESPONDENTS APPROVE OF FAMILY PLANNING FOR SPACING						
M	92	96	96	95	94	95
F	96	99	95	97	92	95
% PERCEIVE SPOUSE APPROVE SPACING						
M	92	93	93	93	93	91
F	87	92	87	88	69	83
AVERAGE OPTIMUM INTERVAL BETWEEN TWO CHILD BIRTHS						
M	37.9	37.2	32.6	37.0	29.7	32.9
F	36.1	34.5	28.9	36.5	28.3	
% DISTRIBUTION OF INTERVALS						
One Year						
M	2	2	3	4	6	3
F						

TABLE (A.2-3) - CONT'D ... (2)

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL SEX	TOTAL SAMPLE
		URBAN	RURAL	URBAN	RURAL		
Two Years							
M	33	34	44	35	52	41	
F	32	38	58	29	55	46	
Tree Years							
M	30	33	35	28	32	32	
F	38	41	31	42	32	35	
Four Years or More							
M	35	31	18	33	10	23	
F	28	18	7	25	6	14	

TABLE (A.2-4)
PERCENT DISTRIBUTION OF
PERCEIVED SOCIAL ACCEPTABILITY OF
FAMILY PLANNING BY SIGNIFICANT PEOPLE
BY SEX AND REGION

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL	TOTAL
		URBAN	RURAL	URBAN	RURAL	SEX	SAMPLE
% PERCEIVED APPROVAL OF FAMILY PLANNING BY							
Mother/Father							
M	61	67	73	63	59	66	
							72
F	85	79	77	83	60	75	
Sister/Brother							
M	81	78	76	72	60	73	
							76
F	89	84	79	83	67	79	
Grandmother/Father							
M	42	19	56	50	71	43	
							51
F	68	56	59	52	35	53	
Mother/Father In-Law							
M	66	64	69	60	53	63	
							59
F	62	63	60	66	40	56	
Sister/Brother In-Law							
M	70	67	66	70	50	64	
							62
F	66	67	61	63	48	60	
Aunt/Uncle							
M	60	60	71	58	59	63	
							63
F	71	61	66	70	49	63	
Best Friend							
M	87	89	85	79	73	83	
							81
F	87	88	84	78	64	80	

TABLE (A.2-4) - CONT'D ... (2):

MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
Private Physician						
M	88	84	90	87	82	86	
F	84	83	82	70	47	73	80
Religious Leader						
M	63	62	70	80	68	68	
F	61	57	63	53	30	53	61

TABLE (A.2-5)
PERCENT DISTRIBUTION OF
FAMILY PLANNING COMMUNICATION WITH
SPOUSE & SIGNIFICANT OTHERS
BY SEX & REGION

MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
FAMILY PLANNING COMMUNICATION BETWEEN SPOUSES						
% Perceive as Probable						
M	100	99	98	99	91	97
						95
F	98	95	90	98	92	94
% Discuss Family Planning with Spouse						
M	79	91	86	81	67	80
						80
F	87	87	83	84	63	80
FAMILY PLANNING COMMUNICATION WITH OTHERS						
% Discuss Family Planning with Relatives						
M	62	67	65	61	40	58
F	76	77	70	82	58	70
% Discuss Family Planning with Friends						
M	73	79	74	72	50	69
F	81	74	73	76	46	68
% Discuss Family Planning with Neighbors						
M	54	63	63	55	38	54
F	71	74	72	74	50	67
% Discuss Family Planning with Physician						
M	53	58	61	56	38	53
F	72	68	54	58	29	54
% Discuss Family Planning with Nurse						
M	25	24	37	27	23	29
F	34	42	34	30	19	31
% Discuss Family Planning with Pharmacist						
M	30	30	42	40	25	34
F	23	29	25	16	8	20

TABLE (A.2-5) - CONT'D ...(2):

MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
% Discuss Family Planning with Daya						
M	12	14	27	13	14	17
F	15	27	33	12	13	21
% Discuss Family Planning with School Teachers						
M	21	34	36	33	22	29
F	19	26	13	29	8	17
% Discuss Family Planning with Social Worker/Raida Rifia						
M	18	30	30	29	16	24
F	50	17	24	13	22	15
IDENTIFICATION OF OPINION INFLUENTIALS						
% Identified Family Planning Male Opinion Influential						
M	33	35	45	39	43	40
F	14	5	7	17	8	10
% Identified Family Planning Female Opinion Influntial						
M	1	2	0	1	1	1
F	17	9	5	11	5	9
% Not Able to Identify Opinion Influential						
M	66	63	55	60	56	59
F	68	86	88	72	87	81

TABLE (A.2-6)
PERCEIVED RELIGIOUS LEGITIMACY OF
FAMILY PLANNING BY SEX & REGION

MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
RELIGION & FAMILY PLANNING						
% Not Against						
M	74	74	64	76	65	69
F	70	57	48	73	51	57
% Against						
M	17	12	18	16	17	17
F	19	23	28	19	26	24
% Somewhat Against						
M	4	4	4	3	3	4
F	4	11	3	1	2	4
% Not Know						
M	4	11	14	5	15	11
F	7	9	20	7	22	15
HOLY SCRIPTURES & FAMILY PLANNING						
% Forbid						
M	13	16	12	10	7	11
F	12	25	20	13	10	16
% Not Forbid						
M	66	62	56	72	60	62
F	62	54	45	65	42	51
% Not Know						
M	20	22	32	17	32	27
F	26	21	34	22	47	33

TABLE (A.2-7)
PERCEIVED RELATIONSHIP BETWEEN
HEALTH OF MOTHER & REPRODUCTION
BY SEX & REGION

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL	TOTAL
		URBAN	RURAL	URBAN	RURAL	SEX	SAMPLE
% AGREE INSUFFICIENT SPACING TIME AFFECTS HEALTH OF MOTHER							
M	97	98	95	95	97	96	
F	98	99	99	100	97	99	
% AGREE EARLY PREGNANCY AFFECTS HEALTH OF MOTHER							
M	60	64	60	66	63	62	
F	61	54	46	63	43	52	
% DO NOT KNOW							
M	11	9	3	9	6	7	
F	5	3	3	3	3	3	
% AGREE LATE PREGNANCY AFFECTS HEALTH OF MOTHER							
M	54	59	52	52	35	49	
F	78	80	75	72	60	72	
% DO NOT KNOW							
M	6	10	7	6	6	7	
F	6	4	5	6	6	5	

TABLE (A.2-8)
PERCENT DISTRIBUTION OF
CERTAIN MOTIVATIONAL ASPECTS TO
FAMILY PLANNING BY REGION & SEX

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL	TOTAL
		URBAN	RURAL	URBAN	RURAL	SEX	SAMPLE
N MALES	263	160	415	153	317	1308	
							2616
N FEMALES	263	160	415	153	317	1308	
% Perceives of a Large Family as Advantageous							
F	16	14	19	10	36	21	
							18
M	7	3	10	9	35	14	
% Perceives of a Small Family as Advantageous							
F	95	97	90	91	80	89	
							88
M	96	91	84	93	77	86	
PERCEIVED BENEFITS OF A SMALL FAMILY							
N MALES	249	155	374	139	254	1171	
N FEMALES	252	145	347	143	234	1121	
% Better Education for Children							
M	40	27	31	40	39	35	
							36
F	42	24	26	50	44	37	
% Financial Comfort for the Family							
M	61	72	62	68	64	64	
							65
F	69	76	71	62	50	66	
% Better Bringing Up of Children							
M	41	39	40	47	43	41	
							40
F	47	37	24	53	48	40	

TABLE (A.2-8) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
% Less Physical Strain on Parents							
	M	16	10	20	19	24	18
	F	15	20	26	22	32	23
							20
% Better Health for Parents							
	M	24	12	21	9	10	17
	F	14	24	16	17	15	17
							17
SONS PREFERENCE							
% Try for a Fourth Child							
	M	17	14	28	29	59	32
	F	15	26	40	30	73	40
							36
% Try for a Fifth Child							
	M	13	8	20	19	47	23
	F	7	17	36	22	66	33
							28
OLD AGE SECURITY							
% Do Not Expect to Rely on Children							
	M	90	82	74	86	53	75
	F	80	81	65	89	53	70
							72
% Expect to Rely on Children							
	M	4	7	15	9	31	15
	F	11	6	17	8	35	18
							16
% Expect Partial Reliance							
	M	1	3	2	3	8	4
	F	1	5	8	-	4	4
							4
% Do Not Know							
	M	2	3	3	1	5	3
	F	6	8	7	1	7	6
							4

TABLE (A.2-8) - CONT'D ... (3):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL SEX	TOTAL SAMPLE
PREFERRED AGE AT MARRIAGE FOR DAUGHTERS							
% < 16	M	1	2	11	1	7	6
	F	4	5	25	1	20	14
							10
% 16 - < 20	M	21	17	40	24	52	34
	F	13	16	23	14	40	23
							28
% 20 - < 25	M	49	55	36	38	28	39
	F	56	37	26	48	20	35
							37
% 25 +	M	19	10	9	24	5	12
	F	21	11	4	24	6	11
							11
% Other	M	8	14	3	13	7	7
	F	5	29	20	10	8	14
							10
% No Answer/ Do Not Know	M	2	1	1	-	2	1
	F	1	2	3	3	4	3
							2

TABLE (A.2-9)
KNOWLEDGE OF CONTRACEPTIVES
BY METHOD

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
N KNOW ABOUT FAMILY PLANNING						
M	263	160	414	153	316	1306
F	263	160	413	153	310	1299
% Know Pill						
M	99	100	99	100	99	99
F	100	100	100	100	100	100
% Know IUD						
M	98	97	98	95	81	93
F	100	100	99	99	94	98
% Know Foam Tablets						
M	58	53	42	57	34	46
F	78	74	58	68	25	57
% Know Condom						
M	86	80	56	82	44	65
F	75	78	48	77	25	55
% Know Injections						
M	71	78	73	76	67	72
F	86	89	84	89	83	85
% Know the Diaphragm						
M	33	20	16	25	20	22
F	41	21	8	34	19	22
% Know of Withdrawal						
M	48	40	26	56	22	35
F	40	34	9	40	9	22
% Know of Rhythm						
M	55	42	21	59	28	37
F	56	44	14	58	11	31

TABLE (A.2-10)
THE PILL

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
N KNOW ABOUT FAMILY PLANNING						
M	263	160	414	153	316	1306
F	263	160	413	153	310	1299
% Know of the Pill						
M	99	100	99	100	99	99
F	100	100	100	100	100	100
% Knowledge without Prompting						
M	90	94	94	94	9	92
F	97	97	97	98	95	97
% Ever Use						
M	57	64	60	68	27	53
F	65	7	62	71	27	56
% Current Use						
M	15	23	21	23	11	18
F	16	26	22	25	11	19
% Discontinued from Ever Users						
M	71	61	62	62	52	62
F	74	63	60	60	52	65
% Intend to Use Pill						
M	19	16	20	23	38	24
F	19	33	31	27	46	32
REASONS FOR DISCONTINUATION OF USE						
MALES N	107	62	152	65	44	430
----- -	---	--	---	--	--	---
FEMALES N	128	71	162	66	49	476
------- -	---	--	---	--	--	---
% Weakness						
M	44	39	43	41	50	43
F	47	41	48	44	67	48

TABLE (A.2-10) - CON'T'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Method Failure						
M	12	23	22	12	20	20
F	9	13	22	14	14	15
% Weight Gain						
M	18	10	3	9	-	8
F	6	10	2	8	2	5
% Nausea/Vomiting						
M	-	2	3	1	-	2
F	2	10	5	6	4	5
% Fear of Cancer						
M	2	2	-	-	-	1
F	1	-	-	-	-	0
% Physician Advice						
M	7	5	3	5	-	4
F	14	14	5	9	-	9
% Desire for More Children						
M	4	5	6	12	23	8
F	7	10	8	8	12	8
% Impractical Use						
M	4	5	7	-	2	4
F	2	-	2	3	-	2
% Other Reasons						
M	7	10	11	15	4	10
F	10	3	4	3	-	6
REASONS FOR NON INTENTION TO USE (FROM NOT INTENDING OR HESITANT)						
N NOT INTEND/HESITANT						
M	162	88	224	77	134	658
F	166	60	163	66	112	567

TABLE (A.2-10) - CONT'D ... (3):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Side Effects						
M	49	49	38	53	40	44
F	49	60	53	48	46	51
% Used Before & was not Satisfied						
M	15	16	18	13	2	13
F	17	13	9	24	13	14
% Not Reliable						
M	13	14	16	12	7	12
F	17	12	19	3	10	14
% Side Effects/Contra-indicated						
M	4	2	4	6	4	4
F	2	-	9	6	4	7
% Cause Menstrual Irregularities						
M	1	2	4	6	5	3
F	4	3	6	8	16	7
% Have to Consult Physician						
M	9	14	12	8	16	12
F	8	18	12	14	9	11
% Against Religion						
M	3	1	0	-	4	2
F	-	-	1	-	1	0
% Other Reasons						
M	5	8	11	5	12	9
F	6	5	4	8	8	6
% No Need for Contraceptives						
M	9	9	7	8	19	10
F	8	7	6	11	12	8
PERCEIVED RELIABILITY OF PILL						
N KNOW PILL						
M	259	159	409	153	311	1291
F	263	159	413	153	310	1298

TABLE (A.2-10) - CONT'D ... (4):

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
% Reliable						
M	49	57	53	56	52	52
F	74	71	63	78	69	70
% Not Very Reliable						
M	18	18	22	31	22	22
F	8	16	19	14	15	15
% Not Reliable						
M	22	18	16	5	8	14
F	11	8	10	3	7	8
% Do Not Know						
M	11	7	9	8	8	11
F	6	4	8	5	8	7
PERCEIVED SAFETY OF PILL						
N KNOW PILL						
M	259	159	409	153	311	1291
F	263	159	413	153	310	1298
% Very Safe						
M	13	12	15	20	13	14
F	16	13	14	22	19	16
% Not Very Safe						
M	33	46	38	49	51	42
F	39	51	50	58	41	47
% Harmful						
M	44	38	39	26	23	34
F	42	35	29	18	32	32
% Do Not Know						
M	9	4	8	5	12	8
F	3	2	6	3	8	5

TABLE (A.2-10) - CONT'D ... (5):

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
PERCEPTION OF PILL HEALTH EFFECTS*						
N PERCEIVE PILL AS HARMFUL						
MALE	202	134	317	115	233	1001
FEMALE	213	136	328	116	226	1019
% Weight Gain						
M	43	35	21	37	12	27
F	41	32	23	43	8	29
% Bleeding/Menstrual Irregularity						
M	14	12	15	10	16	14
F	9	11	15	15	43	19
% Cause Cancer						
M	5	3	1	8	4	4
F	8	3	1	2	4	3
% Contra Indication Side Effects						
M	8	7	8	7	9	8
F	16	8	10	12	7	11
% Nausea/Dizziness/Headaches						
M	15	23	22	21	9	17
F	22	41	30	35	14	27
% Weakness Health						
M	48	60	71	51	72	63
F	47	56	68	51	68	60
% Side Effects After Discontinuation						
M	3	1	1	3	2	2
F	3	1	0	1	2	1
% Other						
M	3	4	7	12	5	6
F	6	6	2	7	2	4

TABLE (A.2-10) - CONT'D ... (6)

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
SATISFACTION WITH PILL USE						
N MALE	39	37	89	36	36	237
N FEMALE	41	41	42	38	34	246
% Satisfied						
M	92	95	83	92	89	88
F	92	95	83	92	89	88
CORRECT USE OF THE PILL (FROM THOSE WHO KNOW OF PILL)						
% Every Day						
M	65	79	65	77	44	63
F	92	89	83	96	71	84
% Take Two Next Day (From Those Who Take Every Day)						
M	65	54	42	70	48	54
F	81	73	56	82	86	67
% Use Another Method or Consult a Physician After 3 or 4 Days Missing						
M	45	25	24	26	23	29
F	44	37	19	42	34	27

* Multiple Answers.

TABLE (A.2-11)
IUD

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
N KNOW ABOUT FAMILY PLANNING						
M	263	160	414	153	316	1306
F	263	160	413	153	310	1299
% Knowledge of IUD						
M	98	97	98	95	81	93
F	100	100	99	12	23	98
% Knowledge Without Prompting						
M	84	81	81	76	56	75
F	96	92	92	89	72	88
% Ever Use						
M	47	39	29	25	4	27
F	51	39	29	25	4	28
% Current Use						
M	30	24	19	12	1	17
F	34	23	19	12	2	18
% Discontinued From Ever Users						
M	34	39	31	49	71	37
F	32	38	25	50	54	37
% Intend to Use IUD						
M	21	24	32	33	35	30
F	32	29	39	31	35	35
REASONS FOR DISCONTINUATION						
N MALE	42	24	37	19	10	132
------	--	--	--	--	--	---
N FEMALE	43	25	42	18	7	135
--------	--	--	--	--	-	---
% Desire for Children/Lactating/Pregnant						
M	24	21	8	-	20	15
F	23	24	9	11	14	17
% Cause Inflammations						
M	9	17	5	21	-	11
F	9	4	14	17	-	10

TABLE (A.2-11) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Bleeding						
M	24	37	46	32	50	36
F	23	48	36	50	43	36
% Method Failure						
M	9	12	8	10	10	10
F	14	20	14	5	14	14
% Rest Period						
M	7	-	3	10	-	4
F	7	-	7	-	14	5
% Discharged						
M	7	4	8	5	-	6
F	2	4	7	-	-	4
% Physician Advice						
M	5	4	-	5	10	4
F	5	-	7	-	-	4
% Other Reasons						
M	9	-	13	10	10	9
F	14	-	5	11	14	8
REASONS FOR NO INTENTION TO USE (FROM HESITANT OR NO INTENDING)*						
N HESITANT/NOT INTENDING						
M	108	78	178	71	124	559
F	83	71	142	82	152	530
% Bleeding						
M	35	44	42	46	30	39
F	35	38	33	41	42	38
% Not Reliable						
M	13	17	7	10	8	10
F	13	34	20	24	5	20

TABLE (A.2-11) - CONT'D ... (3):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Difficulty of Insertion						
M	5	9	4	6	10	7
F	8	11	12	7	18	12
% Movement from Place						
M	9	10	7	3	3	7
F	17	14	18	12	16	16
% Uncomfortable for Husband						
M	-	-	3	-	1	1
F	-	1	-	-	3	1
% Used it Before						
M	3	6	3	3	1	3
F	8	6	4	2	-	4
% Consult Physician						
M	10	13	16	7	18	14
F	6	4	11	8	5	7
% Comfortable with Used Method						
M	15	8	10	15	11	12
F	5	8	10	13	7	8
% Other Reasons						
M	22	10	16	13	25	18
F	5	4	14	11	19	12
PERCEIVED RELIABILITY OF IUD						
N KNOW IUD						
M	259	158	407	145	255	1222
F	263	160	410	152	291	1276
% Reliable						
M	47	53	57	52	53	53
F	55	46	45	43	56	50
% Not Very Reliable						
M	17	19	15	23	18	18
F	18	36	25	34	17	24

TABLE (A.2-11) - CONT'D ... (4):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Not Reliable						
M	18	10	12	7	5	11
F	16	9	16	12	9	13
% Do Not Know						
M	18	18	15	17	24	18
F	10	8	15	10	18	13
PERCEIVED SAFETY OF IUD						
N KNOW IUD						
M	259	158	407	145	255	1222
F	263	160	410	152	291	1276
% Very Safe						
M	38	32	31	29	32	32
F	52	40	33	30	30	37
% Not Very Safe						
M	20	25	22	29	26	24
F	17	22	19	38	29	23
% Harmful						
M	21	25	30	18	12	22
F	19	27	31	18	19	24
% Do Not Know						
M	20	17	18	24	30	21
F	12	11	18	14	22	16
PERCEPTION OF IUD AS HARMFUL TO HEALTH						
N PERCEIVE IUD AS HARMFUL						
MALE	108	80	209	68	96	561
FEMALE	94	78	204	86	140	602
% Bleeding/Anemia						
M	56	61	64	72	49	60
F	65	69	67	69	59	65

TABLE (A.2-11) - CONT'D ... (5):

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
% Movement of IUD						
M	18	20	25	12	11	19
F	24	15	21	16	29	22
% Side Effects Related to Uterus						
M	13	12	8	13	16	11
F	11	8	9	12	9	9
% Cramps/Pain						
M	6	4	3	9	6	5
F	17	9	5	8	9	9
% Infections						
M	15	9	4	6	11	8
F	5	8	5	12	5	6
% Oedema						
M	-	1	2	-	2	1
F	-	-	1	2	1	1
% Affect Breasfeeding						
M	-	-	0	-	1	0
F	-	-	-	-	-	-
% Other Reasons						
M	9	4	11	9	9	9
F	14	18	11	5	9	11
% Heard But Do Not Know						
M	6	-	2	-	11	4
F	-	-	1	1	4	1
SATISFACTION WITH IUD USE						
N MALE	80	38	78	18	4	128
N FEMALE	89	37	77	19	6	228
% Satisfied						
M	97	100	99	100	100	99
F	97	100	99	89	100	97

* Multiple Answers.

TABLE (A.2-12)
CONDOM

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
N KNOW ABOUT FAMILY PLANNING						
M	263	160	414	153	316	1306
F	263	160	413	153	310	1299
% Know of Condom						
M	86	80	56	82	44	65
F	75	78	48	77	25	55
% Know Without Prompting						
M	49	36	19	40	15	29
F	43	39	18	56	11	28
% Ever Use						
M	26	25	13	36	6	18
F	27	27	10	34	4	17
% Current Use						
M	8	7	3	5	1	4
F	7	6	2	7	1	4
% Intend to Use						
M	17	12	11	28	15	15
F	16	17	8	15	7	11
DISCONTINUATION						
% Discontinued from Ever Users						
M	64	65	72	76	78	70
F	66	75	83	66	78	72
REASONS FOR DISCONTINUATION						
N MALE	44	26	39	42	14	165
N FEMALE	47	33	35	35	11	161
% Not Comfortable						
M	27	38	56	31	43	38
F	25	51	46	40	54	40

TABLE (A.2-12) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Reasons for Use Ended						
M	23	38	5	14	14	18
F	15	12	9	26	9	15
% Failure						
M	11	4	8	5	7	7
F	19	15	23	7	18	17
% Desire for Children						
M	2	4	-	12	21	6
F	6	6	-	7	-	5
% Not Practical						
M	18	15	15	21	14	18
F	13	18	11	17	18	15
REASONS FOR NON INTENTION TO USE (FROM HESITANT & NOT INTENDING)						
N MALE	150	92	164	67	79	552
N FEMALE	116	75	118	72	39	420
% Not Reliable						
M	20	21	13	18	11	16
F	33	25	19	30	13	25
% Interferes with Sexual Satisfaction						
M	34	54	43	34	38	41
F	41	48	54	53	69	51
% Comfortable with Used Method						
M	22	18	16	12	13	17
F	21	13	11	10	-	13
% Troublesome in Use						
M	8	10	10	12	14	10
F	1	4	6	7	3	4

TABLE (A.2-13)
FOAM TABLETS

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
N KNOW ABOUT FAMILY PLANNING						
M	263	160	414	153	316	1306
F	263	160	413	153	310	1299
% Knowledge of Foam Tablets						
M	58	53	42	57	34	46
F	78	74	58	68	25	57
% Knowledge Without Prompting						
M	11	6	6	15	4	8
F	34	22	16	27	5	19
% Ever Use						
M	6	7	6	7	2	5
F	16	7	9	13	3	9
% Current Use						
M	0	1	0	-	0	0
F						
% Intend to Use						
M	11	9	10	18	15	12
F	16	19	15	12	10	14
% Discontinued from Ever Users						
REASONS FOR DISCONTINUATION						
N MALE	14	10	21	10	4	59
------	--	--	--	--	-	--
N FEMALE	38	10	35	20	8	111
--------	--	--	--	--	-	---
% Health Problem & Side Effects						
M	38	30	30	40	20	36
F	30	50	31	25	62	33
% Failure						
M	15	40	19	-	20	17
F	17	40	46	45	12	32

TABLE (A.2-13) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	SEX
% Desire for Children						
M	-	-	5	10	20	5
F	17	-	6	10	-	9
% Not Reliable						
M	23	20	24	30	-	22
F	27	10	-	10	12	13
% Not Available						
M	15	-	5	-	-	5
F	5	-	11	-	-	5
% Other Reasons						
M	8	10	5	20	20	10
F	3	-	3	5	12	4
REASONS FOR NOT INTENDING TO USE						
N NOT INTEND/HESITANT						
M	111	60	116	52	49	388
F	149	67	116	77	36	445
% Do Not Know How to Use						
M	31	23	31	33	33	30
F						
% Not Effective						
M	24	28	18	17	6	20
F						
% Causes Inflammations						
M	10	7	11	11	6	9
F						
% Troublesome in Use						
M	2	1	5	6	2	3
F						

TABLE (A.2-13) - CONT'D ... (3):

	MET.	LOWER EGYPT		UPPER EGYPT		SEX
		URBAN	RURAL	URBAN	RURAL	
% Not hygienic						
M	3	8	1	2	-	3
F	3	1	3	4	5	3
% Cause Cancer						
M	-	2	1	-	2	1
F	1	1	2	-	-	1
% Expensive						
M	-	-	-	2	-	0
F	1	-	2	-	-	1
% Against Religion						
M	2	3	1	-	-	1
F	1	-	1	-	3	1
% Other Reasons						
M	32	27	35	33	53	35
F	23	21	26	30	19	24
APPROPRIATE USE						
% Know Correct Place (From Sample)						
M	11	21	11	18	6	12
F	28	26	22	27	7	21
% Do Not Know How to Use & Know of Method						
M	43	31	31	37	27	23
F	47	46	35	38	16	35

TABLE (A.2-14)
FREQUENCY DISTRIBUTION OF
SELECTED ASPECTS OF
FAMILY PLANNING KAP BY
LEVEL OF EDUCATION OF RESPONDENT

	ILL.	R & W	PRIM.	PREP.	SEC.	SEC.+
N	1087	358	256	122	430	363
EFFECT OF TOO FREQUENT PREGNANCIES ON HEALTH OF MOTHER						
% Approve Effect	97	97	98	100	98	97
EFFECT OF TOO EARLY PREGNANCY ON HEALTH OF MOTHER						
% Approve	45	57	61	58	73	71
EFFECT OF TOO LATE PREGNANCY ON HEALTH OF MOTHER						
% Approve	58	59	60	66	65	65
FAMILY PLANNING COMMUNICATION WITH SIGNIFICENT OTHERS						
% Discuss with Relatives	56	66	68	67	72	74
% Discuss with Friends	55	68	71	79	83	85
% Discuss with Neighbors	55	63	64	64	65	65
% Discuss with Physician	43	49	55	65	66	69
% Discuss with Teacher	10	21	24	25	38	42
% Discuss with Social Worker	9	20	23	30	29	31
FAMILY PLANNING & RELIGION						
% Family Planning Not Against Religion	49	68	69	65	74	80

TABLE (A.2-14) - CONT'D ... (2):

	ILL.	R & W	PRIM.	PREP.	SEC.	SEC.+
% Holy Scriptures Against Family Planning	13	13	13	15	12	15
% Do Not Know About Scriptures	43	27	26	21	18	13
CONTRACEPTION & CONTRACEPTIVES						
% Current Users of Modern or Traditional Method	46	53	61	70	62	68
N KNOW PILL	1074	438	255	122	428	360
% Believe Pill is Reliable	60	57	61	64	66	62
% Believe Pill is Safe	15	16	18	11	17	13
N KNOW IUD	1001	335	252	121	426	354
% Believe IUD is Reliable	50	50	60	58	48	50
% Believe IUD is Safe	32	35	44	40	35	32
N KNOW CONDOM	358	211	184	102	371	345
% Believe Condom is Reliable	35	38	41	36	43	46
% Believe Condom is Safe	36	50	55	46	52	63
N KNOW FOAM TABLETS	362	178	141	87	309	278
% Believe Foam Tablets are Reliable	26	24	20	22	19	18
% Believe Foam Tablets are Safe	23	20	25	31	22	23

TABLE (A.2-14) - CONT'D ... (3):

	ILL.	R & W	PRIM.	PREP.	SEC.	SEC.+
PERCEIVED HEALTH EFFECTS OF PILL*						
N	817	274	200	107	342	302
% Weight Gain	18	27	27	32	35	47
% Menstrual Irregularity	20	15	13	12	12	17
% Weakness Health	68	65	67	63	55	55
% Cancer	2	3	3	1	5	7
% Side Effects (Dizziness etc.)	25	19	19	26	22	17
% Contra-indictions As Side Effects	9	6	10	13	8	12
PERCEIVED HEALTH EFFECTS OF IUD*						
N	469	153	97	55	211	192
% Bleeding	63	54	64	58	65	63
% Move in Body	23	20	18	24	15	19
% Inflammations	6	8	7	5	7	9
% Affect Uterus	8	10	6	11	12	14
CORRECT USE OF PILL						
N	1074	348	255	122	428	360
% Know Pill Every Day	66	71	78	82	80	87
N	714	248	199	100	344	312
% Know What to do When Pill is Forgotten for One Day	51	66	55	76	72	69
% Know What to do When Pill is Forgotten for Three Days	17	29	30	39	34	38

* Multiple Answers.

TABLE (A.2-15)
FREQUENCY DISTRIBUTION OF
SELECTED ASPECTS OF
FAMILY PLANNING KAP BY
AGE OF RESPONDENTS

	<20	20-29	30-39	40 +
N	54	682	1049	831
EFFECT OF TOO FREQUENT PREGNANCIES ON HEALTH OF MOTHER				
% Approve Effect	96	98	98	97
EFFECT OF TOO EARLY PREGNANCY ON HEALTH OF MOTHER				
% Approve	46	55	57	59
EFFECT OF TOO LATE PREGNANCY ON HEALTH OF MOTHER				
% Approve	56	65	61	58
FAMILY PLANNING COMMUNICATION WITH SIGNIFICENT OTHERS				
% Discuss with Relatives	57	56	65	65
% Discuss with Friends	50	56	70	71
% Discuss with Neighbors	39	54	61	63
% Discuss with Physician	22	37	55	57
% Discuss with Teacher	11	12	23	27
% Discuss with Social Worker	7	9	19	24
FAMILY PLANNING & RELICION				
% Family Planning Not Against Religion	50	58	64	66
% Holy Scriptures Against Family Planning	7	15	12	14
% Do Not Know About Scriptures	39	32	29	28
CONTRACEPTION & CONTRACEPTIVES				
% Current Users of Modern or Traditional Method	26	41	59	63

TABLE (A.2-15) - CONT'D ... (2):

	<20	20-29	30-39	40 +
N	53	672	1042	820
% Believe Pill is Reliable	66	63	62	58
% Believe Pill is Safe	15	17	14	16
N	50	652	1011	781
% Believe IUD is Reliable	53	51	50	51
% Believe IUD is Safe	30	36	35	33
N	14	342	675	540
% Believe Condom is Reliable	36	40	39	43
% Believe Condom is Safe	29	44	51	54
N	12	344	591	408
% Believe Foam Tablets are Reliable	42	24	21	20
% Believe Foam Tablets are Safe	25	22	24	22
PERCEIVED HEALTH EFFECTS OF PILL*				
N	34	524	836	648
% Weight Gain	26	26	28	30
% Menstrual Irregularity	23	17	17	15
% Weakness	76	64	60	57
% Cancer	3	3	4	4
% Side Effects (Dizziness etc.)	6	23	23	22
% Contra-indictions As Side Effects	6	8	9	11
PERCEIVED HEALTH EFFECTS OF IUD*				
N	25	301	472	379
% Bleeding	56	61	62	65
% Move in Body	16	25	19	18
% Inflammations	8	6	6	9
% Affect Uterus	16	14	11	12

TABLE (A.2-15) - CONT'D ... (3):

	<20	20-29	30-39	40 +
CORRECT USE OF PILL				
N	53	673	1046	821
% Know Pill Every Day	75	75	74	73
N	40	504	776	597
% Know What to do When Pill is Forgotten for One Day	37	61	64	59
% Know What to do When Pill is Forgotten for Three Days	15	24	30	28

* Multiple Answers.

TABLE (A.3-1)
MEDIA ACCESSIBILITY & FREQUENCY
OF EXPOSURE BY REGION & SEX

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
N						
M	263	160	415	153	317	1308
F	263	160	415	153	317	1308
RADIO ACCESSIBILITY						
% Own Radio or Have Regular Access						
M	95	96	94	95	86	93
F	94	96	86	96	72	87
% No Accessibility						
M	5	4	6	5	13	7
F	6	4	14	4	27	13
LISTENERSHIP FREQUENCY						
N HAVE ACCESS						
M	250	154	389	145	274	1212
F	248	154	356	147	228	1133
% Listen Daily						
M	76	78	73	76	64	72
F	67	67	58	70	48	61
% Listen Once or Twice/Week						
M	14	14	17	10	20	16
F	18	14	12	16	20	16
% Less Frequent Listenership						
M	10	8	10	14	16	12
F	15	9	30	14	32	77

TABLE (A.3-1) - CONT'D ... (2)

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
T.V. ACCESSIBILITY						
% Own or Have Access to a Set						
M	98	98	97	99	90	96
F	98	99	93	99	85	94
% No Accessibility						
M	2	2	3	1	10	4
F	2	1	7	1	15	6
VIEWERSHIP FREQUENCY						
N HAVE ACCESS						
M	257	157	404	152	286	1256
F	257	159	385	152	271	1224
% Watch Daily						
M	85	87	80	87	77	82
F	87	88	83	88	79	84
% Watch Once or Several Times/Week						
M	10	10	16	10	14	13
F	10	6	7	9	10	8
% Less Frequent Viewership						
M	5	2	3	2	10	5
F	3	6	10	3	9	6
NEWSPAPERS & MAGAZINES						
% Read Newspaper & Magazines/Have Someone Read for Them						
M	85	86	66	82	54	71
F	74	61	29	72	20	45
READERSHIP FREQUENCY						
N HAVE ACCESS						
M	224	137	274	126	171	932
F	195	97	119	111	63	585

TABLE (A.3-1) - CONT'D ... (3):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
% Read Daily						
M	80	66	44	73	46	60
F	57	49	27	50	16	44
% Read Several Times/Week						
M	10	20	26	9	18	17
F	24	20	19	23	19	22
% Read Once/Week						
M	8	8	17	14	20	14
F	14	14	29	11	29	18
% Less Frequent Readership						
M	2	6	13	4	16	9
F	5	17	25	16	36	16

TABLE (A.3-2)
EXPOSURE TO FAMILY PLANNING COMMUNICATION
THROUGH DIFFERENT MEDIA CHANNELS
BY SEX & REGION

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
N HEARD OF FAMILY PLANNING						
MALES	263	160	414	153	316	1306
FEMALES	263	160	413	153	310	1299
A) INTERPERSONAL COMMUNICATION						
% Visited at Home						
M	4	5	5	1	8	5
F	5	7	6	1	5	5
% Attended Public Meetings						
M	7	16	18	20	14	15
F	12	12	9	12	6	10
B) MASS MEDIA CHANNELS						
RADIO						
% Exposed Daily						
M	72	75	68	72	55	67
F	63	64	50	67	35	53
% Exposed to Family Planning Communication						
M	59	66	64	54	49	59
F	68	72	55	74	33	57
% Exposed to Radio Social Dramas						
M	13	16	17	10	15	15
F	17	22	11	17	8	14
T.V.						
% Exposed Daily						
M	83	86	78	87	96	79
F	85	87	83	88	69	79

TABLE (A.3-2) - CONT'D ... (2)

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
% Exposed to Family Planning Communication						
M	92	89	88	95	77	87
F	93	96	84	97	77	87
PRESS						
% Exposed Dailye						
M	68	56	29	60	25	43
F	43	30	8	36	3	20
% Exposed to Family Planning Communication						
M	57	44	33	52	32	41
F	45	1	14	41	7	24
C) OTHER MEDIA						
% Exposed to Billboards						
M	78	80	72	82	63	73
F	73	56	38	70	25	48
% Exposed to Printed Materials						
M	3	6	6	9	8	6
F	5	12	4	12	5	6
% Received Giveaways						
M	3	7	4	5	3	4
F	7	8	5	7	2	5

TABLE (A.3-3)
PERCENT DISTRIBUTION OF
FREQUENCY OF EXPOSURE TO
FAMILY PLANNING MASS MEDIA MESSAGES
BY REGION & SEX

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
RADIO MESSAGES						
N EXPOSED						
M	155	106	267	83	156	767
F	178	115	229	113	106	741
% Exposed at Least Once a Day						
M	38	51	46	30	23	39
F	50	50	51	37	31	45
% Exposed Once a Week						
M	36	29	33	32	47	36
F	30	33	23	45	34	31
% Exposed Once a Month						
M	8	7	7	18	9	9
F	7	3	3	5	6	5
% Less Frequent Exposure/Not Remember						
M	17	12	13	19	20	16
F	12	15	23	12	29	18
T.V. MESSAGES						
N EXPOSED						
M	241	143	364	145	244	1137
F	245	152	249	149	238	1134
% Exposed at Least Once a Day						
M	61	64	58	65	52	59
F	66	59	58	71	66	63
% Exposed Once or Twice a Week						
M	27	24	30	25	29	28
F	28	24	23	23	23	25

TABLE (A.3-3) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
% Exposed Once a Month						
M	5	3	6	4	10	6
F	1	4	3	1	2	2
% Less Frequent Exposure/Not Remember						
M	7	8	5	5	9	7
F	4	11	16	5	10	0
PRESS MESSAGES						
N EXPOSED						
M	150	71	137	80	101	539
F	119	55	58	63	23	318
% Exposed Daily						
M	16	7	15	20	9	13
F	15	21	19	5	9	14
% Exposed Once or Twice a Week						
M	50	59	49	37	49	48
F	57	45	44	65	56	54
% Exposed at Least Once a Month						
M	17	21	20	27	25	21
F	19	13	9	16	9	15
% Less Exposure Frequent/Not Remember						
M	17	11	15	16	18	16
F	8	20	20	16	26	17

TABLE (A.3-4)
PERCENT DISTRIBUTION OF
LOGO RECOGNITION & IDENTIFICATION
BY SEX & REGION

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
N						
M	263	160	415	153	317	1308
F	263	160	415	153	317	1308
% Recognized SIS Logo						
M	93	94	85	91	79	87
F	95	91	75	95	69	82
LOGO IDENTIFICATION						
% Relating Logo to Family Planning SIS or Small Family						
M	89	86	73	88	69	78
F	93	86	66	91	58	75
% Wrong Interpretation/Not Know						
M	4	8	12	4	11	8
F	2	4	10	5	11	7
% Not Recognize Logo						
M	7	6	15	8	20	14
F	5	10	24	4	32	18

TABLE (A.3-5)
PERCENT DISTRIBUTION OF
CARTOON & LIVE SPOTS VIEWERSHIP
BY REGION & SEX

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
N						
M	263	160	415	153	317	1308
F	263	160	415	153	317	1308
CARTOON SPOTS						
% Saw at Least One Cartoon Spot						
M	66	64	52	76	48	58
F	85	70	42	91	56	63
LIVE SPOTS						
% Aziza Spot						
M	48	52	41	42	39	43
F	82	77	63	81	66	71
% Ambulance Spot						
M	37	47	38	52	38	41
F	64	63	50	58	43	54
% Curative Org. Spot						
M	29	34	24	40	35	31
F	43	34	29	38	22	32

TABLE (A.3-6)
PERCENT DISTRIBUTION OF
FAMILY PLANNING INFORMATION
NEEDS & PREFERRED CHANNELS
BY REGION & SEX

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
N MALES	263	160	415	153	317	1308
N FEMALES	263	160	415	153	317	1308
RADIO						
% Like to Hear Social Dramas						
M	63	72	74	67	66	69
F	59	77	67	77	52	64
% like to Hear More About Family Planning						
M	66	73	73	66	66	69
F	56	56	44	71	43	51
FAMILY PLANNING INFORMATIONAL NEEDS*						
N WANT TO HEAR ABOUT FAMILY PLANNING						
M	175	117	302	101	208	903
F	147	89	184	109	136	665
% Information on Methods						
M	50	50	53	69	50	53
F	58	52	47	70	51	
% Expected Side Effects of Methods						
M	21	29	30	35	26	28
F	35	28	25	42	38	33
% Benefits of Small Families						
M	26	27	33	16	27	28
F	16	24	28	14	17	20
% Disadvantages of Large Families						
M	12	23	17	16	19	17
F	12	16	15	5	7	11

TABLE (A.3-6) - CONT'D ... (2):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
% Health Effects of Repeated Pregnancies						
M	8	12	9	5	10	9
F	11	9	14	8	13	11
% Religion & Family Planning						
M	14	20	11	12	9	12
F	7	4	3	2	2	4
PREFERRED RADIO STATION						
% General Program						
M	49	52	61	74	63	60
F	70	76	71	92	89	78
% Middle East						
M	41	49	28	8	11	27
F	33	38	27	6	3	21
% Voice of Arabs						
M	15	9	14	14	12	13
F	3	-	5	6	4	4
PREFERRED HOURS						
% Early Morning						
M	9	21	10	24	14	14
F	26	22	23	15	13	20
% 9 A.M. - 12 Noon						
M	7	8	3	3	4	5
F	38	25	15	40	26	28
% 4 - 9 p.m.						
M	65	57	77	46	58	65
F	31	44	39	42	37	38
% 9 p.m. - Midnight						
M	24	26	22	25	33	26
F	3	6	14	9	10	9

TABLE (A.3-6) - CONT'D ... (3):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
T.V.						
FAMILY PLANNING INFORMATIONAL NEEDS *						
N MALES	212	139	364	117	217	1049
N FEMALES	165	90	198	113	168	734
% Information on Methods						
M	47	57	52	61	58	54
F	66	51	59	72	59	61
% Expected Side Effects of Methods						
M	14	33	31	38	31	28
F	42	32	25	50	47	39
% Benefits of Small Families						
M	25	22	27	22	23	25
F	10	22	28	16	11	18
% Negative Consequences of too many children						
M	10	14	15	14	14	13
F	4	12	10	3	6	7
% Health Effects of Repeated Pregnancies						
M	9	9	8	3	9	8
F	5	15	10	3	8	8
% Religion & Family Planning						
M	18	23	12	15	10	15
F	11	8	4	4	2	6
% Family Planning Service Outlets						
M	8	5	8	3	2	6
F	10	2	4	3	5	5

TABLE (A.3-6) - CONT'D ... (4):

	MET.	LOWER EGYPT URBAN	LOWER EGYPT RURAL	UPPER EGYPT URBAN	UPPER EGYPT RURAL	TOTAL
PREFERRED T.V. CHANNEL						
% Channel (1)						
M	75	86	89	75	75	81
F	60	57	58	72	61	60
PREFERRED HOURS						
% Evening (until 9 p.m.)						
M	67	63	63	57	61	62
F	54	45	39	61	51	48
% After 9 p.m.						
M	26	40	30	38	29	31
F	8	15	14	13	6	11
% Before the Daily Social Drama						
M	4	17	16	3	6	10
F	6	8	15	3	3	8
PRESS						
N HAVE ACCESS TO NEWSPAPERS & MAGAZINES						
M	150	71	137	80	101	539
F	119	55	58	63	23	318
PREFERRED NEWSPAPER*						
% Al-Akhbar						
M	51	41	48	46	63	50
F	62	62	69	54	56	61
% Al-Ahram						
M	51	35	34	59	29	41
F	44	40	24	46	26	39

TABLE (A.3-6) - CONT'D ... (5):

	MET.	LOWER EGYPT		UPPER EGYPT		TOTAL
		URBAN	RURAL	URBAN	RURAL	
PREFERRED MAGAZINE						
MALES						
% Akhir Sa'a	15	15	16	12	14	15
% October	17	7	5	5	-	8
% Al-Moussawar	7	10	6	11	3	7
FEMALES						
% Hawa'a	46	38	26	59	39	43
% Akhir Sa'a	10	13	9	6	4	9
% October	16	4	-	5	-	7

* Multiple Answers

TABLE (A.3-7)
FREQUENCY DISTRIBUTION OF
SELECTED ISSUES OF EXPOSURE TO
DIFFERENT FAMILY PLANNING COMMUNICATION
CHANNELS BY EDUCATION

	ILL.	R & W	PRIM.	PREP.	SEC.	SEC.+
N -	1085	358	256	122	430	363
% Attended Family Planning Meetings	6	13	13	15	18	25
% Saw Family Planning Films	3	6	7	6	9	6
% Exposed to Radio Several Times a Week	52	71	76	83	85	82
% Like to Hear Family Planning Social Drama on Radio	59	73	78	76	74	62
% Want to hear Family Planning Information On Radio	47	62	71	75	75	67
% Watch T.V. Several Times a Week	81	91	95	91	98	96
% Exposed to Press	17	64	90	94	93	98
% Exposed to Press Several Times a Week from Exposed	46	48	63	88	84	92
% Exposed to Printed Materials	2	4	5	6	11	10

TABLE (A.3-8)
FREQUENCY DISTRIBUTION OF
SELECTED ISSUES OF EXPOSURE TO
DIFFERENT FAMILY PLANNING
COMMUNICATION BY AGE

	<20	20-29	30-39	40 +
N	54	682	1049	831
% Attended Family Planning Meetings	4	9	13	16
% Saw Family Planning Films	7	5	5	6
% Exposed to Radio Several Times a Week	59	65	67	72
% Like to Hear Social Drama on Radio	65	68	66	65
% Want to Hear Family Planning Information on Radio	52	58	62	60
% Watch T.V. Several Times a Week	87	86	91	89
% Exposed to Press	26	47	60	67
% Exposed to Press Several Times A Week from Exposed*	42	65	74	77
% Exposed to Printed Materials	2	5	5	5

* (From Total Answer Not From Total Sample).

TABLE (A.4-1)
INFLUENTIALS' VIEWS ON
EGYPT'S POPULATION PROBLEM
BY TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
N	26	88	144	258
% PERCEIVE EGYPT HAS A POPULATION PROBLEM	81	90	93	91
CAUSES OF EGYPT'S PROBLEM*				
% Population Growth	61	76	86	80
% Maldistribution of Population	35	23	18	21
% Low Productivity	23	15	8	12
% Limited Arable Land	11	19	10	13
% Bad Planning	35	12	7	12
% Early Marriage	-	4	4	4
% Other Causes	23	4	5	7
APPROPRIATE SOLUTIONS*				
% Increase Public Awarness	50	45	44	45
% Reduce Fertility/ Family Planning	11	43	39	38
% Move to Desert	31	27	19	23
% Ileminate Illiteracy	35	11	7	11
% Increase Employment	27	22	15	19
% Improve Planning	31	11	13	14
% Reclaim Land	8	14	11	12
% Raise Marriage Age	-	8	3	5

* Multiple Answers

TABLE (A.4-2)
INFLUENTIALS' ACCEPTABILITY OF FAMILY PLANNING FOR SPACING AND TERMINATION OF CHILDBEARING BY TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
N	26	88	144	258
-	--	--	---	---
FAMILY PLANNING FOR SPACING*				
% Approve Not Specifying Reason	38	45	24	32
% Approve for Mother Health	50	43	66	57
% Approve for Child Health	23	29	33	31
% Approve for Family Finances	15	10	21	17
% Approves for Macro Reasons	8	7	1	3
% Approves for Religious Reasons	4	-	-	0
% Approves for Other Reasons	4	2	-	1
FAMILY PLANNING FOR TERMINATION OF CHILD BEARING*				
% Approve Not Specifying Reason	50	37	19	28
% Approve for Mother Health	19	11	8	11
% Approve for Child Health	4	10	3	5
% Approve for Family Finances	23	33	48	40
% Approves for Macro Reasons	8	10	10	10
% Approves for Religious Reasons	11	18	19	18
% Approves for Other Reasons	8	8	7	7

* Multiple Answers

TABLE (A.4-3)
INVOLVEMENT OF INFLUENTIALS IN
FAMILY PLANNING ISSUES BY
TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
INFLUENTIAL ROLE IN FAMILY PLANNING ISSUES				
N	26	88	144	258
% Have Played a Role	81	69	66	69
Type of Role*				
% Advocacy/Consultation	71	84	83	82
% Provide Information	14	18	17	17
% Training	9	11	2	6
% Religious Guidance	-	15	13	12
% Support Activities	57	10	8	15
WILLINGNESS TO INCREASE ROLE IN FUTURE				
N	26	88	144	258
% Willing	81	81	82	81
TYPE OF ROLE*				
N	21	72	118	211
% Advocacy/Consultation	38	64	76	68
% Provide Information	9	19	12	14
% Training	9	12	4	8
% Religious Guidance	-	17	13	13
% Support Activities	67	26	24	29

* Multiple Answers

TABLE (A.4-3) - CONT'D ...(2):

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
REASONS FOR NOT PARTICIPATING*				
N	5	27	49	81
-	-	--	--	--
% Not Convinced	40	22	12	17
% No Opportunity	20	22	51	39
% Different Type of Work	20	30	14	20
% Not Asked	-	26	20	21
% No Answer	20	7	8	7
REASONS FOR NOT INCREASING PARTICIPATION IN FUTURE				
N	4	16	26	46
-	-	--	--	--
% Not Convinced	50	50	11	13
% No Opportunity	25	37	81	61
% Different Type of Work	-	6	11	9
% Not Asked	25	-	-	2
% No Answer	25	6	-	4

* Multiple Answers

TABLE (A.4-4)
ATTITUDES OF INFLUENTIALS TOWARD
DIFFERENT APPROACHES TO
FAMILY PLANNING COMMUNICATION

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
N	23	77	138	238
-	--	--	---	---
IMPACT OF POPULATION GROWTH ON NATIONAL CONDITIONS				
% Suggested Spontaneously	13	17	12	14
% Approve After Prompting	39	48	60	54
% Disapprove of Approach	48	35	27	31
PROBLEMS OF LARGE FAMILIES				
% Suggested Spontaneously	22	21	20	20
% Approve After Prompting	56	62	63	62
% Disapprove of Approach	22	17	17	18
ADVANTAGES OF SMALL FAMILIES				
% Suggested Spontaneously	13	13	18	16
% Approve After Prompting	83	74	72	73
% Disapprove of Approach	4	13	9	10
HEALTH EFFECT ON MOTHER OF FREQUENT BIRTHS				
% Suggested Spontaneously	26	22	16	17
% Approve After Prompting	61	71	75	72
% Disapprove of Approach	9	6	9	8
% No Answer	4	-	1	1
HEALTH EFFECT ON MOTHER OF TOO MANY BIRTHS				
% Suggested Spontaneously	35	23	19	22
% Approve After Prompting	56	69	70	68
% Disapprove of Approach	9	8	11	10
EFFECT OF NON-SPACING ON CHILD HEALTH				
% Suggested Spontaneously	26	16	10	13
% Approve After Prompting	70	75	76	75
% Disapprove of Approach	4	9	14	11

TABLE (A.4-4) - CONT'D ... (2):

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
EFFECT OF HIGH PARITY ON CHILD HEALTH				
% Suggested Spontaneously	26	14	10	13
% Approve After Prompting	65	75	75	74
% Disapprove of Approach	4	10	14	12
% No Answer	4	-	1	1
EFFECT OF TOO EARLY & TOO LATE PREGNANCIES ON MOTHER & CHILD				
% Suggested Spontaneously	17	10	6	9
% Approve After Prompting	74	65	73	71
% Disapprove of Approach	9	25	20	21
PROMOTING BY TYPE OF CONTRACEPTIVE				
% Suggested Spontaneously	-	10	3	5
% Approve After Prompting	56	48	71	62
% Disapprove of Approach	43	10	25	32
% No Answer	-	1	1	1
INFORMATION ON APPROPRIATE USE				
% Suggested Spontaneously	9	6	1	4
% Approve After Prompting	78	70	91	83
% Disapprove of Approach	13	22	6	12
% No Answer	-	1	1	1
CONFRONTATION OF RUMOURS & MISCONCEPTIONS				
% Suggested Spontaneously	-	6	-	2
% Approve After Prompting	83	79	87	84
% Disapprove of Approach	17	13	12	13
% No Answer	-	1	1	1
USING FEAR APPROACH				
% Suggested Spontaneously	-	6	1	2
% Approve After Prompting	39	34	55	47
% Disapprove of Approach	56	57	43	49
% No Answer	4	3	1	2

TABLE (A.4-4) - CONT'D ...(3):

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
% SUGGESTED RELIGION & FAMILY PLANNING	30	32	27	29
% SUGGESTED REALISTIC CASE STUDIES	39	36	29	32

TABLE (A.4-5)
INFLUENTIALS' SUGGESTIONS TO
INCREASE IEC EFFECTIVENESS
BY TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
N**	22	80	136	238
SUGGESTED ACTIONS*				
% Increase Public Meetings/Films	-	25	29	25
% Explain Religious Stand	4	21	21	20
% Increase & Expand Spots/Programs	-	11	11	10
% Provide Method Specific Information	14	7	10	10
% Provide Information on Source of Service	9	4	2	3
% Social Drama	9	6	8	8
% Other Suggestions	54	32	20	27
% Do Not Know	9	10	12	11

** The sample includes only those who accept mass media family planning promotion

* Multiple Answers

TABLE (A.4-6)
DEGREE OF EXPOSURE OF INFLUENTIALS
TO FAMILY PLANNING INFORMATION BY
CHANNELS & TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
N	26	88	144	258
INTERPERSONAL COMMUNICATION				
% Exposed to Conferences	46	15	4	12
% Exposed to Meetings and Seminars	85	59	40	51
% Exposed to Films	38	22	15	20
% Exposed to Printed Materials	73	70	45	57
MASS MEDIA CHANNELS				
% Exposed to Radio	73	49	61	58
% Exposed to T.V.	85	91	94	92
% Exposed to Newspapers	88	72	58	65
% Exposed to Magazines	88	60	49	57
PROMOTIONAL PRESENTS (GIVE-AWAYS)				
% Received Presents	50	20	10	18

TABLE (A.4-7)
OPINION OF INFLUENTIALS ON
SIS/IEC T.V. SPOTS & KNOWLEDGE OF
SIS AS SOURCE OF THE SPOTS BY
TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
N	22	80	136	238
ABU-KATIR SPOT				
N SAW SPOT	13	59	80	152
% Liked It	54	73	86	78
% Know SIS as Source	38	25	10	18
WAHID FAMILY SPOT				
N SAW SPOT	9	20	20	49
% Liked It	33	70	90	71
% Know SIS as Source	44	10	20	20
OM-EL-HANA SPOT				
N SAW SPOT	12	40	52	104
% Liked It	50	60	79	68
% Know SIS as Source	33	17	17	19
FARAHAT FAMILY				
N SAW SPOT	8	25	22	55
% Liked It	50	64	73	65
% Know SIS as Source	50	16	14	20
AZIZA & MOTHER				
N SAW SPOT	14	57	87	158
% Liked It	14	68	80	70
% Know SIS as Source	36	21	13	18

TABLE (A.4-7) - CONT'D ... (2):

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
THE PHYSICIAN & AMBULANCE				
N SAW SPOT	12	35	74	121
% Liked It	8	66	82	70
% Know SIS as Source	42	20	11	16
CURATIVE ORGANIZATION CLINICS				
N SAW SPOT	10	16	32	58
% Liked It	50	81	75	72
% Know SIS as Source	30	19	12	17

TABLE (A.4-8)
OPINIONS OF INFLUENTIALS ON
CONTENT OF COMMUNICATION ACTIVITIES
THEY WERE EXPOSED TO BY TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
OPINION ON CONFERENCES				
N EXPOSED	12	13	6	31
% Benifited	67	92	83	81
Reasons for Benifits*				
N	8	12	5	25
% Knew Health Advantages of Family Planning	12	42	60	36
% Knew Economic Advantages of Family Planning	25	25	40	28
% Exchange of Ideas	25	25	-	20
% Knew How to Convince People	12	17	-	12
% Knew Dimensions of Population Problem	37	17	-	20
% Knew about Contraceptives	12	17	20	16
% Other	25	-	20	12
OPINION ON PUBLIC MEETINGS				
N EXPOSED	21	53	59	133
% Benifitted	86	87	91	89
Suggestions for Improvements*				
% Expand Activity	24	30	52	39
% Improve Quality of Speakers	38	28	17	25
% Include Religious Speakers	5	24	20	19

* Multiple Answers

TABLE (A.4-8) - CONT'D ... (2):

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
% Increase Discussion Time	9	13	13	13
% Simplify Language	5	9	3	6
% Use Audio-Visuals	-	19	13	13
% Use Medical Speakers	-	7	3	4
% Othe Suggestions	38	4	7	10
% Do Not Know	5	13	7	9
OPINION ON FILMS*				
N	10	19	22	51
-	--	--	--	--
% Benifited from Information	40	84	95	80
% Against Social Reality	30	26	-	16
% Not Well Produced	10	10	-	6
% Other Negative Opinions	10	11	4	6
OPINION ON PRINTED MATERIALS*				
N	19	62	66	147
-	--	--	--	---
% Favorable New Information	10	6	18	12
% Favorable Useful Information	58	58	61	59
% Unfavorable Not Clear	10	11	6	9
% Unfavorable Wrong Information	5	3	1	3
% Unfavorable Socially Unrealistic	10	11	15	13
% Unfavorable Lack of Pictures	10	6	3	5
% Unfavorable Did Not Benefit	5	11	4	7
% No Answer	10	3	8	6

* Multiple Answers

TABLE (A.4-8) - CONT'D ... (3):

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
OPINION ON PROMOTIONAL PRESENTS				
N	26	88	144	258
% Find them Beneficial	35	41	54	48
% Do Not Find Them Benefical	61	57	35	45
% Do Not Know	4	2	10	7
Reasons for Being Useful				
N	9	36	78	123
% Could Persuade	33	30	28	29
% Could Encourage Attending Meetings	11	25	32	28
% Provide Information on Agency	33	3	5	6
% Reminder	55	33	28	32
% Information on Contraceptives	-	28	17	19
% Public Relations	-	3	4	3
Reasons for not Being Useful*				
N	16	50	51	117
% Not Convincing	62	46	57	53
% Used Without Thought	-	24	16	17
% Waste of Funds	37	26	33	31
% Type of Presents Should Change	6	10	6	8

* Multiple Answers

TABLE (A.4-9)
FAMILY PLANNING COMMUNICATION NEEDS
FOR INFLUENTIALS BY TYPE OF INFLUENTIAL

	NATIONAL	URBAN LOCAL	RURAL LOCAL	TOTAL
COMMUNICATION NEEDS*				
N	26	88	144	258
% Do Not Need	15	43	37	37
% Need Information on Methods	27	34	42	38
% Need Reliable Statistical Information	31	7	1	6
% Need Information on Population Problem	27	2	4	6
% Need Information on Religious Stand	11	15	11	12
% Positive Effects of Family Planning	4	1	5	4
% Negative Effects of Large Families	11	4	2	4
BEST COMMUNICATION CHANNELS FOR THE INFORMATION*				
N	26	88	23	258
% Printed Materials	54	49	29	38
% Press	11	6	5	6
% Interpersonal	15	15	15	15
% Audio or Visual	27	25	50	39
% No Answer	11	24	16	18

* Multiple Answers

APPENDIX (B):
SAMPLE DESIGN

THE SAMPLE DESIGN

Using the latest 1986 census data, a multi-stage sample was desgined. The sample is a self-weighting nationally represtative probability sample. The sample for urban governorates, Upper and Lower Egypt was based on an error of 4% for each area with confidence level of 95%. This leads to simple estimates on the national level with the same percentage of error and the same confidence level.

Computation of the sample size for each area when based only on P which is the proportion using FP in the area is as follows:

- The sample size for urban governorates (P1 = 0.62) would be:

$$n1^* = \frac{Z^2 P1Q1}{E^2} = \frac{(1.96)^2\ (0.62)\ (0.38)}{(0.04)^2} = 566$$

- The sample size for Lower Egypt (P2 = 0.28) would be:

$$n2^* = \frac{Z^2 P2Q2}{E^2} = \frac{(1.96)^2\ (0.28)\ (0.72)}{(0.04)^2} = 485$$

- The sample size for Upper Egypt (P3 = 0.11) would be:

$$n3^* = \frac{Z^2 P3Q3}{E^2} = \frac{(1.96)^2\ (0.11)\ (0.89)}{(0.04)^2} = 235$$

This gives a total of 1286 households (2572 responents)

However; a sample proportional to the population sizes in these areas may be obtained when the levels of standard deviations for

Urban Governorates, Lower Egypt, and Upper Egypt are:

1.466	0.927	0.714

which are close to the proposed levels of standard deviations:

5	4	3

So it was decided to consider the levels of standard deviations which lead to a self weighting sample. This gives the following sample sizes of households:

(a) Urban Governorate: $n1 = \frac{566}{(1.466)2} = 263.$

(b) Lower Egypt: $n2 = \frac{485}{(0.927)2} = 563.$

(c) Upper Egypt: $n3 = \frac{235}{(0.716)2} = 460$

the following table shows the population according to the 1986 census and the sample sizes allocated to each area.

AREA	URBAN POPULATION	RURAL POPULATION	URBAN SAMPLE	RURAL SAMPLE
Urban Gover.	9,696,776	-	263	-
Lower Egypt	5,755,242	15,120,626	156	407
Upper Egypt	5,396,037	11,670,979	146	314
TOTAL	21,173,436	27,031,613	565	721

1) URBAN GOVERNORATES

Cairo and Alexandria have 92.5% of the population of the urban governorates according to the 1986 census, a sample of households proportional to the population is allocated to each one of these two cities as shown in the following table.

	POPULATION	SAMPLE SIZE
Cairo	6,052,836	177
Alexandria	2,917,327	86
TOTAL	9,696,776	263

The first stage sampling was a random selection of 4 kisms in Cairo and 2 kisms in Alexandria. In each of the selected kisms a random sample of 2 sheiakhas was selected as the second stage sampling. A cluster of 20 to 25 households with a random start and systematic order (every 10 households) was the third stage sampling.

2) LOWER EGYPT & UPPER EGYPT

The same sample design was followed for Lower and Upper Egypt. The first stage sampling was the random selection of three governorates from each region. The sample allocated to each selected governorate was distributed according to the population size of the governorate and also according to the population in rural and urban parts of the governorate. The following tables give the population and the sample size of household in each of the selected governorates.

LOWER EGYPT

GOVERNORATE	URBAN POPULATION	RURAL POPULATION	URBAN SAMPLE	RURAL SAMPLE
Sharkia	721,760	2,698,359	71	187
Kafr El-Sheikh	411,121	1,389,008	41	96
Menofia	447,703	1,779,384	44	124
TOTAL	5,755,242	15,120,626	156	407

UPPER EGYPT

GOVERNORATE	URBAN POPULATION	RURAL POPULATION	URBAN SAMPLE	RURAL SAMPLE
Beni-Souef	362,231	1,080,750	37	67
Minia	549,393	2,098,650	55	129
Sohag	536,539	1,918,595	54	118
TOTAL	5,396,037	11,670,979	146	314

The second stage sampling was the selection of:

a) One or two kisms in the capital of the governorate, and one or two cities according to the allocated sample size to form the urban sample.

b) Two villages which belong to the capital of the governorate and two villages which belong to the selected city or two villages for each city in the case of two selected cities to form the rural sample.

The third stage sampling was the selection of one or two clusters in each of the sampling units (kisms in urban or villages in rural) selected in the second stage. The number of clusters depends on the sample size.

A systematic sampling of households (every 10 households) was the fourth stage sampling. The number of households in urban areas ranged between 20 and 25 households, while in rural areas was between 15 and 35 households.

The clusters and the eligible households within clusters were provided by the Central Agency for Mobilization and Statistics (CAPMAS) from the frame of 1986 Census.

APPENDIX (C):
LIST OF NATIONAL INFLUENTIALS INTERVIEWED

LIST OF NATIONAL INFLUENTIALS INTERVIEWED

1. MEDICAL

Dr. Ezzeldin Osman:
Head of Egyptian Fertility Care Society

Dr. M. Fiad:
Prof. of Ob. & Gyn., Cairo Univ.

Dr. N. Yonis:
Prof. of Ob. & Gyn., Al-Azhar Univ.

Dr. A. El-Kady:
MOH Ob. & Gyn. Consultant, Boulak El-Dakrour Hospital

Dr. A. Hassan:
Assisstant Prof. of Ob. & Gyn., Al-Azhar Univ.

Dr. M. Abou-El-Enein:
Prof. of Ob. & Gyn., Alex. Univ.

Dr. F. A. Mohamad:
Prof. of Nursing & Public Health, High Nursing Institute

2. MASS-MEDIA

Ms. Sanaa El-Beissi:
Press (Al-Ahram Newspaper)

Mr. Yehia El-Alami:
Film Production (T.V.)

Mr. Mahmoud Mahdi:
Press (Al-Ahram Newspaper)

Ms. Afaf Abdel-Razzek:
Announcer (T.V.)

Ms. Sakina Fouad:
Press (Radio & T.V. Magazine)

Ms. Amani El-Sayad:
Announcer (Radio)

Mr. Basouni Mostapha:
Cultural Centers, Alex.

3. POLITICAL

Dr. Sabry El-Shabrawy:
Prof. of Business Administration & Member of Central Bureau for National Democratic Party (NDP)

Ms. Mona M. Abeid:
Prof. of Sociology, Member of The New Wafd Party

Dr. Ahmad El-Safty:
Prof. of Economics & Member of Central Bureau for NDP

Dr. Shafika Nasser:
Prof. of Public Health, Member of Shura Council

Dr. Ibrahim Badran:
Prof. of Surgery & Ex. Minister of Health

Dr. Helmy Mourad:
Secretary General of Labour Party

Dr. Moshira El-Shafaei:
Executive Director of MOH

Dr. Nabila Al-Ebrashi:
Member of Shoura Council

4. RELIGIOUS

Sheikh A. A. Al-Mahallawi:
Imam, Alexandria.

Anba Serabionis:
Bishop of Social Services, Coptic Orthodox Church

Rev. M. Abdel-Noor:
Postor of Coptic Evangelical Church

Sheikh Salah Abou-Ismail:
Member of People's Assembly & General Director of Islamic Research Center.

APPENDIX (D):
INTERVIEW SCHEDULES

1. PUBLIC

2. INFLUENTIALS

1. PUBLIC

SIS/IEC IMPACT EVALUATION STUDY
INTERVIEW SCHEDULE FOR THE PUBLIC
==========

Introductory statement to be read to the respondent:

" We are researchers from the information and communication center (Ministry of Information).
We have come here to talk with some people about their family life especially as regards child birth and rearing.
First may I have the names of married men and women living in this household so that I can decide who to talk to."

	Wife's name	Age	Husband's name	Relationship to head of household
1.				
2.				
3.				

A. DEMOGRAPHIC DATA

Sex of respondent:
1. Male 2. Female

1. How old are you?

2. How old were you when you were first married?

3. How old is your husband/wife?

4. Besides your husband and your children is there anyone else living with you in this household?

   1. No
   2. Wife's parents / one of them
   3. Husband's parents / one of them
   4. Wife's family
   5. Husband's family
   6. Other (specify)

5. How many people are living together in this household?

B. PREGNANCY HISTORY

6. How many living children do you have?

1. ( ) children
2. ( ) male
3. ( ) female

7. How many live births did you have?

8. How many pregnancies did you have?

9. How old is your eldest child?

10. How old is your youngest child?

C. DESIRE FOR CHILDREN

11. Would you like to have more children in the future?

1. Yes (Q.12)
2. No (Q.13)

12. How many more children would you like to have?

1. ( ) children
2. As God wishes
3. Don't know

13. Does your husband/wife want more children?

1. Yes (Q.14)
2. No (Q.15)

14. How many more children does your husband/wife want to have?

1. ( ) children
2. As God wishes
3. Don't know

D. FAMILY SIZE IDEALS

15. In your opinion what is the suitable interval between two child births

1. ( ) Months
2. ( ) Years
3. Other

16. Some people talk about families with "too many" children. How many children do you think would be too many?

1. ( ) children
2. Don't know
3. Other

17. People also talk about families with "too few" children. How many children do you think would be too few?

1. ( ) children
2. Don't know
3. Other

E. LARGE/SMALL FAMILY MOTIVES

18. Do you think parents benefit from a family with four or five children or more?

1. Yes (What are those benefits)
2. No

19. Do you think parents benefit from a family with two children?

1. Yes (What are those benefits)
2. No

20. Suppose you had three daughters, but no sons. Would you try to have a fourth child in hopes of having a son?

1. Yes
2. No
3. Don't know
4. Did not think about it

21. Suppose you had four daughters, but no sons. Would you try for a fifth child in hopes of having a son?

1. Yes
2. No
3. on't know
4. Did not think about it

22. When you grow old would you expect your children to support you financially or not?

1. Will not depend on children
2. Will depend on children
3. Depend partially on her children
4. Don't know
5. Other

23. At what age would you like your daughter to get married? (Suppose you had a daughter)

1. ( ) Years
2. Don't know
3. Other

F. AWARENESS OF POPULATION PROBLEM

24. Do you believe the number of people in Egypt is getting bigger, staying the same or decreasing?

1. Increasing (Q.26)
2. Staying the same (Q.27)
3. Decreasing (Q.27)
4. Do not know (Q.27)

25. Do you believe that something should be done to slow down the rapid increase in the number of people in Egypt?

1. Yes What should be done?
2. No
3. Don't know

26. Do you believe that having many children could be harmful to a mother's health?

1. Yes
2. No
3. Don't know
4. Other

27. Can it harm a woman's health if she has her first baby when she is 16 or 17 years old?

1. Yes
2. No
3. Don't know
4. Other

28. Can it harm a woman's health if she has a baby after the age of 35?

1. Yes
2. No
3. Don't know
4. Other

G. KNOWLEDGE & ATTITUDES TOWARD FAMILY PLANNING

29. Do you believe that one can limit his/her family size to any number he/she chooses or do you think this is something one has no control over?

1. Yes
2. No (Q.30)
3. Don't know (Q.30)
4. Other

30. Why not?

31. Some couples prevent pregnancy when they do not want more children. This is called family planning. Have you heard of this?

1. Yes (Q.32)
2. No

32. Some couples practice family planning in order to space pregnancies, do you approve or disapprove of that?

1. Approves
2. Disapproves
3. Doesn't know
4. Other

33. Some couples practice family planning to limit the number of children they will have. Do you approve or disapprove of that?

1. Approves
2. Disapproves
3. doesn't know
4. Other

34. Have you and your husband/wife ever talked about using methods of family planning?

1. Yes
2. No

38. What does your husband think about the use of family planning for spacing pregnancies?

1. Approves
2. Disapproves
3. Doesn't know
4. Other

36. What does your husband think about the use of family planning for limiting family size?

1. Approves
2. Disapproves
3. Doesn't know
4. Other

37. I am going to read a list of persons whose opinion you may respect. Please tell me whether you think they approve or disapprove of family planning.

	Opinion about FP				
	Approves	Dis-approves	Neutral	Don't know	Inapplicable
- Mother					
- Sister					
- Grandmother					
- Mother-in-law					
- Sister-in-law					
- Aunt (Maternal)					
- Best friend					
- Health unit's doctor/ Private doctor					
- Imam/Preacher					

38. Have you ever discussed family planning with the following people before?

1. Relatives
2. Friends
3. Neighbors
4. Physician
5. Nurse
6. Pharmacist
7. Daya/midwife
8. School teacher
9. Social worker/Raida Rifiya

39. Who is the person other than your family members whose opinion about family planning you strongly appreciate and you usually follow?

Name	Occupation	Address
-		
-		
-		

40. In general, do you feel that husbands and wives can talk freely to each other about family planning?

1. Yes
2. No

41. Do you think family planning is by any means against religious teachings?

1. Not against
2. Against
3. Slightly against
4. Don't know
5. Other

42. Is there anything in the (Qoran/Bible) that says one should not practice family planning?

1. Yes
2. No
3. Don't know

43. There are a number of different methods of family planning (ways to avoid pregnancy). What methods of contraception do you know?

	Known Spont.	Knowledge after prompting		Ever Use		Current Use		Why stopped Using
		Yes	No	Yes	No	Yes	No	
Pill								
IUD								
Condom								
Local Foam Tab. (Aman)								
Injectables								
Diaphragm								
Vaginal Creams								
Rhythm								
Withdrawal								
Breast-feeding								
Female sterilization								
Male sterilization								
Other method								

----------								

44. How reliable do you think these methods are? (Methods recognized by Respondent) How safe is it for your health?

	Reliability				Safety to Health			
	V. Rel.	M. Rel.	N. Rel.	Don't Know	V. Un-safe	Safe	M. Un-safe	Don't Know
Pill								
IUD								
Condom								
Local Foam Tab. (Aman)								
Injectable								
Diaphragm								
Vaginal Cream								
Rhythm								
Withdrawal								
Breast-feeding								
Female sterilization								
Male sterilization								
Other methods								

IF RESPONDENT BELIEVES THE PILLS ARE HARMFUL
ASK Q.45
========

45. In your opinion what are the bad effects of the pills?

IF RESPONDENT BELIEVES THE IUD IS HARMFUL
ASK Q.46
========

46. In your opinion what are the bad effects of the IUD?

FOR CURRENT USERS
(AS REVEALED IN Q.43)
==========

47. Are you and your husband/wife satisfied with the method you are using?

1. Yes
2. No (Q.48)
3. Other

48. Why are you not satisfied?

FOR NON USERS
(AS REVEALED IN Q.43)

49. Do you and your husband expect to use a family planning method in the future?

1. Yes (Q.50 & Q.51)
2. Possibly (Q.52)
3. No (Q.52)
4. Don't know

50. What method are you most likely to use?

1. Method ( )
2. Don't know
3. Other

51. How many children would you like to have before you start using that method?

52. Why do you not expect to use a family planning method in the future?

FOR THOSE WHO HEARD OF THE PILLS
(AS REVEALED IN Q.43)

53. How often does a woman have to take the pill to keep from getting pregnant?

1. One pill/day (Q.54,55)
2. Don't know
3. Other

54. What should a woman do if she forgets to take the pill for just one day and does not want to get pregnant?

1. Take 2 pills on the following day
2. Take one pill on the following day
3. Don't know
4. Other

55. What should a woman do if she forgets to take the pill for three or four consecutive days and she does not want to get pregnant?

1. Use another method
2. Consult a physician
3. Don't know
4. Other

FOR THOSE WHO HEARD OF THE PILL BUT ARE NOT USING IT

56. If you decide to practice family planning / to switch to another method, would you consider using the pill?

1. Yes sure
2. Possibly (Q.57)
3. Definitely not (Q.57)
4. Don't know

57. Why would you not consider the pill/ Why would you hesitate to use the pill?

FOR THOSE WHO HEARD OF IUD BUT ARE NOT USING IT

58. If you decide to practice family planning / to switch to another method would you consider using an IUD?

1. Yes sure
2. Possibly (Q.59)
3. Definitely not (Q.59)
4. Don't Know

59. Why would you not use an IUD?/Why would you hesitate to use an IUD?

FOR THOSE WHO HEARD OF CONDOM BUT ARE NOT USING IT

60. Would you and your husband accept using a condom?

1. Yes
2. Possibly (Q.61)
3. No (Q.61)
4. Don't know
5. Other

61. Why would you and your husband not accept using a condom/Why would you hesitate?

FOR THOSE WHO HEARD OF FOAM TABLETS
==========

62. Do you know how the foam tablets are used?

1. Yes How (Time Site of insertion)
2. No
3. Not sure

FOR THOSE WHO HEARD OF FOAM TABLETS
BUT ARE NOT USING THEM
==========

63. Would you and your husband consider using the foam tablets?

1. Yes
2. No (Q.64)
3. Possibly (Q.64)
4. Don't know
5. Other

64. Why would you and your husband not consider using the foam tablets or why would you hesitate?

H. COMMUNICATION & FAMILY PLANNING

65. Have you ever received a visit here in your home from someone who came to talk about family planning or to invite you to come to a clinic or other place where family planning services are given?

1. Yes (Q.66)
2. No
3. Don't remember

66. What is the name of the agency/organization they came from?

67. Have you seen this sign before?

1. Yes (Q.68)
2. No
3. Don't remember

68. What does it stand for?

69. Have you ever received promotional presents about family planning?

    1. Yes (Q.70)
    2. No
    3. Don't rememer

70. What did you receive?

71. Have you ever attended a public meeting/panel about family planning

    1. Yes (Q.72 - 76)
    2. No

72. When did you attend that meeting/panel?

73. Where was that meeting/panel held?

74. Who sponsored that meeting/panel?

75. What topics were discussed in this meeting/panel?

76. What did you benefit from the meeting/panel?

77. Have you ever seen a film about family planning that was shown in this village/city?

    1. Yes (Q.78)
    2. No (Q.79)
    3. Don't remember (Q.79)

78. How many times have you seen films about family planning in this village/city?

RADIO

79. Do you have a radio? Do you have access to a radio?

    1. Has radio (Q.80)
    2. Does not have, listens outside house (Q.80)
    3. Does not have, does not listen (Q.91)

80. You listen to the radio :

1. Every day
2. Several times a week
3. Once a week
4. Once or twice/month
5. Very rarely

81. Have you heard anything about family planning on the radio?

1. Yes (Q.82,83)
2. No (Q.86)
3. Can't remember (Q.86)

82. About how often do you hear something on the radio about family planning?

1. Several times a day
2. Once per day
3. Once a week
4. Once a month
5. Once every two or three months
6. Rarely
7. Don't remeber / don't know

83. Of the things you have heard about family planning on the radio, what are the things you remember most?

Message	Agree	Disagree
-		
-		
-		
-		

84. Have you heard any series or social dramas about family planning on the radio?
1. Yes (Q.85)
2. No (Q.86)

85. What did you hear in those series?

86. Would you like to hear radio series about family planning?

87. Would you like to hear more about family planning on the radio?

1. Yes (Q.88)
2. No (Q.91)

88. What information would you like to hear about family planning on the radio?

89. What hours of the day are most convenient for you to listen to those messages?

90. On what station would you like to hear those messages?

T.V.

91. Have you got a T.V. at home? Can you watch it regularly somewhere else?

1. she has (Q.92)
2. does not have, has access to one (Q.92)
3. does not have, does not watch (Q.108)

92. How often do you watch T.V.?

1. Every day
2. Three to four times a week
3. Once or twice a week
4. Less than once a week
5. Rarely watches T.V.

93. Have you ever seen anything about family planning on T.V.?

1. Yes (Q.94)
2. No (Q.96)
3. Can't remember (Q.96)

94. About how often do you see something about family planning on T.V.?

1. Several times a day
2. Once every one or two days
3. Once or twice a week
4. Once a month
5. Once every two or three months
6. Rarely
7. Can't remember

95. Of the things you have seen about family planning on T.V. what are the things you remember most?

1. ----------
2. ----------
3. ----------

96. Have you seen those spots on T.V.?

1.	Abou-Keteer's family	Yes	(Q.97)	No	(Q.101)
2.	Waheed's family	Yes	(Q.97)	No	(Q.101)
3.	Farahat's family	Yes	(Q.97)	No	(Q.101)
4.	Om El-Hana's family	Yes	(Q.97)	No	(Q.101)

97. What was said in those spots?

	Message	Agree	Disagree
1.			
2.			
3.			

98. What did you benefit from those spots?

99. What is it that you liked about those spots?

100. What is it that you did not like about those spots?

101. Have you seen those spots on T.V.?

1.	Aziza and her mother	Yes	( )	No	(Q.105)
2.	The physician and the ambulance	Yes	( )	No	(Q.105)
3.	Health insurance clinics	Yes	( )	No	(Q.105)

102. What was said in those spots?

	Message	Agree	Disagree
1.			
2.			
3.			

103. What is it that you liked about those spots?

104. What is it that you did not like?

105. What information would you like to see about family planning on T.V.?

106. On which channel would you like to see those messages?

107. What hours of the day are most convenient to you to watch those messages?

NEWSPAPERS & MAGAZINES

108. Do you know how to read?

1. Yes (Q.109)
2. No (Q.110)

109. Do you read newspapers and magazines?

1. Yes (Q.111)
2. No (Q.115)

110. Does anyone read newspapers and magazines for you?

1. Yes (Q.111)
2. No (Q.115)

111. How often do you read/someone reads to you newspapers and magazines?

1. Every day
2. Several times a week
3. Once a week
4. Once every two weeks
5. Once a month
6. Rarely

112. Have you ever read in the newspapers or magazines anything about family planning?

1. Yes (Q.113)
2. No (Q.115)
3. Can't remember (Q.115)

113. About how often do you read something about family planning in the newspapers and magazines?

1. Every day
2. Several times a week
3. Once a week
4. Once every two weeks
5. Once a month
6. Rarely
7. Can't remember/don't know

114. What is the name of the newspaper or magazine where you prefer to read things about family planning?

POSTERS/BILLBOARDS

115. Have you ever come across billboards on family planning?

1. Yes What did it say
2. No

116. Did you ever receive brochures or pamphlets on family planning?

1. Yes (Q.117)
2. No (Q.121)
3. Can't remember (Q.121)

117. Did you read those pamphlets or did someone read them to you?

1. Yes
2. No
3. Can't remember

118. Did you learn anything from them?

1. Yes (Q.123)
2. No (Q.124)
3. Other

119. What did you learn from them?

120. Why did not you find them beneficial?

BASIC INFORMATION FOR THOSE WHO KNOW HOW TO READ (AS REVEALED IN Q.108)

121. What level of education have you completed?

1. Didn't go to school
2. Below primary level
3. Primary school certificate
4. Below prep. level
5. Prep. certificate
6. Below secondary
7. Thanawia Ama/Equivalent
8. Diploma
9. University degree

122. What level of education has your husband completed?

1. Didn't go to school
2. Below primary level
3. Primary school certificate
4. Below prep. level
5. Prep. certificate
6. Below secondary
7. Thanawia Ama/Equivalent
8. Diploma
9. University degree

123. Are you working?

1. Yes (Q.124)
2. No (Q.125)

124. What are you doing?

125. Have you ever worked before?

1. Yes (Q.126)
2. No (Q.127)

126. What did you do?

127. What is your husband doing?

128. Does he have a second job?

1. Yes (Q.129)
2. No (Q.130)

129. What is the second job?

130. Did your husband work abroad?

1. Yes (Q.131)
2. No (Q.132)

131. When did he come back?

1. Didn't come back
2. Less than 6 months
3. Six months, to one year
4. More than one year

132. Is any of your children who are under 15 years working?

1. Yes (Q.133 & 134)
2. No

133. What is he/she doing?

134. Is he/she contributing to the family income?

FOR RESEARCHERS (AS OBSERVED)

a) Religious affiliation of respondent

1. Moslem
2. Christian

b) Socio-economic status of respondent

1. Affluent
2. Average
3. Below average
4. Poor

2. INFLUENTIALS

SIS/IEC CENTER IMPACT EVALUATION
INFLUENTIALS INTERVIEW SCHEDULE
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INTRODUCTION

We are a group of researchers from the Education and Communication Center. We have selected you because your opinion is highly respected by the people. We would like to talk to you about the media campaigns on Family Planning. Your opinion would be of great help to us in planning and implementation of future campaigns.

1. Selection: 1. Community 2. Staff

2. Type: 1. Medical 2. Political 3. Opinion
4. Religious 5. Community

3. Age:

4. Education:

5. Occupation:

6. Marital Status:

7. Number of living Children:

8. Desire for more children:

1. Yes 2. No 3. Inapplicable

9. Opinion about family planning practice for spacing

10. Opinion about family planning for termination of child birth

11. Current practice of family planning

1. Yes 2. No 3. Inapplicable

12. Future intention for practice

1. Yes 2. No
3. Don't know 4. Inapplicable

POPULATION PROBLEM

13. In your opinion does Egypt have a population problem?

    1. Yes 2. No

14. In your opinion what factors are responsible for this problem?

15. In your opinion what are the appropriate solution to this problem?

CONFERENCES

16. Did you attend any conferences about family planning or population problem?

    1. Yes (Q.17) 2. No (Q.21)

17.

Conferences attended	Year	Organizing Agency
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----------	----	----------

18. Did you benefit from these conferences?

    1. Yes (Q.19) 2. No (Q.20)

19. What did you benefit?

20. Why you did not benefit?

MEETINGS

21. Did you attend any panels, meetings or training courses in family planning?

    1. Yes (Q.20) 2. No (Q.26)

22.

Meeting	Date	Organizing Agency
----------	----	----------
----------	----	----------

23. Did you see any films about family planning or population problem in those meetings?

    1. Yes (Q.24) 2. No (Q.26)

24. Do you remember which films you saw?

25. What is your opinion about these films?

26. Were the meetings you attended beneficial?

    1. Yes 2. No

27. What are your suggestions to increase effectiveness of these meetings?

28. Did they distribute any pamphlets about family planning in these meetings?

    1. Yes (Q.30) 2. No (Q.29)

PAMPHLETS & BROCHURES

29. Did you see any pamphlets (Brochures) about family planning or population problem?

    1. Yes (Q.27) 2. No (Q.29)

30. What did the pamphlets/brochures say?

31. What do you think of them?

MASS MEDIA

32. Have you seen or heard anything about family planning in:

    Radio: Yes No (if Yes ask Q.33,41)

    T.V.: Yes No (If Yes ask Q.33 till Q.36)

    Newspapers: Yes No (if Yes ask Q.33,41)

    Magazines : Yes No (if Yes ask Q.33,41

33. Do you remember the name of agency (s) responsible for these campaigns?

34. What are the spots or programs you have seen on T.V. about family planning:

Spots	Mentioned spontansosly	Mentioned after prompting	Opinion	Agency
Abu-Ketir Family				
Wahid Family				
Om El-Hana Family				
Farahat Family				
Aziza & her mother				
The physician & ambulance				
Other				

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35. What are the messages or information which these spots are trying to convey to the public?

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36. Do you think these spots succeeded in conveying these messages to the public?

1. Yes (Q.37) 2. No (Q.38)

37. Why did they succeed?

38. Why they did not succeed?

39. What are your suggestions to improve conveying these messages to the public?

40. Do you think the information presented in these campaigns is consistent or contradicting?

41. Do you approve of using mass media channels to promote family planning use?

1. Yes (Q.44) 2. No (Q.42 & 43)

42. Why you do not approve?

43. What other options do you suggest? (Q.48)

44. There is more than one approach to convince people to practice family planning. In your opinion what is the best approach?

Approach	Suggested Spont.	Opinion after prompting convincing	not convincing
- Effect of population growth on nation			
- Problems of a large family			
- Advantages of a small family			
- Health effects of short intervals between pregnancies on mother			
- Health effects of repeated pregnancies on mother			
- Health effects of repeated pregnancies on child			
- Health effects of short intervals between pregnancies on child			
- Health effects of early and late pregnancies on mother and child			
- Promotion of family planning methods			
- Information on correct use of methods			
- Rumour neutralization			
- Fear concept			
- Other			
- ----------			
- ----------			
- ----------			

45. Do you think that the current family planning mass media campaign adopted the approaches you recommended?

1. Yes 2. No

46. What do you think of the current mass media compaign in terms of quantity and qua ty?

47. In your opinion which of the following are the most appropriate channels to convey family planning messages to the public:

Radio	Conferences
T.V.	Panels
Newspapers	Training Courses
Magazines	Bill-boards & Posters
Pamphlets & Leaflets	Promotional Presents
Other	

48. Do you know the different agencies that are involved in family planning activities in Egypt?

49. Do you think these agencies are carrying out their responsibilities in promoting family planning?

1. Yes 2. No
3. Some of them do while some don't (explain)

50. What are your suggestions to improve their performance?

51. Did you receive any promotional presents from any of those agencies?

1. Yes 2. No

52. Do you think promotional presents are effective in promoting family planning?

1. Yes (Q.53) 2. No (Q.54)

53. Why are they effective?

54. Why are they not effective?

55. Being an opinion leader do you think you have played a role in the issue of family planning?

1. Yes How
2. No Why

56. Are you ready to contribute more in this issue?

1. Yes How
2. No Why

57. What other information about family planning would you like to learn?

58. What is/are the media channel(s) that is most convenient to you to receive messages about family planning?