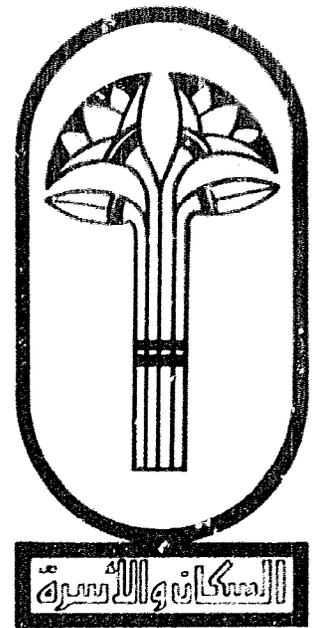


Family Planning In Rural Egypt 1980

A Report on the
Results of The Egypt
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Prevalence
Survey



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December 1982

POPULATION AND FAMILY PLANNING BOARD
WESTINGHOUSE HEALTH SYSTEMS

This report presents the findings from the Egypt Contraceptive Prevalence Survey conducted by the Population and Family Planning Board in November and December 1980. The survey is part of an ongoing worldwide Contraceptive Prevalence Survey (CPS) project designed to institutionalize the monitoring of levels of contraceptive awareness, availability and use in order to provide an improved data base for evaluating family planning programs.

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

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

FOREWORD

In late 1980, the Population and Family Planning Board (PFPB) fielded a sample survey in rural areas, the Egypt Contraceptive Prevalence Survey (ECPS), in collaboration with Westinghouse Health Systems. This survey was an attempt to fill the gap in data required to monitor and evaluate major population parameters, in particular contraceptive behavior and attitudes, in rural Egypt. The rural focus of the survey reflects our recent emphasis on rural development in efforts to achieve increased contraceptive prevalence rates.

Data from the ECPS provide information on levels of contraceptive knowledge, use and continuation and their determinants, in addition to information on fertility levels, attitudes and their trends and differentials in rural Egypt. The survey results also allow us to evaluate the perceived availability and accessibility of family planning services among the rural population. Moreover, the timing of the ECPS made it possible to obtain baseline data for the PFPB's on-going Population and Development Project (PDP) in rural communities in which promotion of family planning is an integral aspect.

The findings of this survey have proven to be critically important to PFPB, other government agencies and all those interested in Egyptian population policy. The PFPB is confident in the accuracy and quality of the data collected and hopes that the findings will be widely disseminated and studied.

The PFPB appreciates the cooperation of USAID and Westinghouse Health Systems without whose assistance this valuable project would have not materialized.

Aziz Bindary
Chairman
Population and Family Planning Board

ACKNOWLEDGEMENTS

The Egypt Contraceptive Prevalence Survey (ECPS) was executed under the supervision of the Population and Family Planning Board (PFPB). Financial assistance for this project was provided by Westinghouse Health Systems and USAID. We gratefully acknowledge this support without which this project would have never been implemented.

Beginning in July 1980, a total of 25 months was spent in preparing for and carrying out the field work for the ECPS and in processing and analyzing results for the present report. During that period, a great many people participated in the project. We would like to acknowledge some of the individuals without whose contribution this work would have not been completed.

We would like especially to express our gratitude to Dr. Aziz Bindary, Chairman of PFPB. He not only initiated the survey but provided both logistical and moral support throughout the project.

We are deeply indebted to Dr. Ann Way of Westinghouse Health Systems who has worked closely with us on all phases of the ECPS from its inception, and who has played an instrumental role in the preparation of this report. We also would like to express our appreciation to Dr. Alfredo Aliaga of Westinghouse Health Systems for his guidance and advice in the sampling design.

Our thanks extend to Mr. Mahmoud Farag, the Field Coordinator, Dr. Mervat Gheith, the Data Processing Coordinator and Mr. M. Osman, the Director of Statistics at PFPB. Their endurance and willingness to work hard and tirelessly for the survey was instrumental in the successful completion of this project.

Ms. Jeanne Cushing at Westinghouse Health Systems deserves our thanks and gratitude for her assistance in producing tabulations for this report. Our thanks are also due to Ms. Michele Morgan, Ms. Barbara Seboda and Ms. Bonnie O'Sullivan for their help in preparing the manuscript for publication.

We would like to express our appreciation to Dr. Peter Way for his comments and assistance during the writing of this report, particularly in the analysis of the contraceptive continuation data.

Special thanks are due to Mr. Thomas Reese and Ms. Laura Slobey of USAID in Egypt for their continued interest and valuable comments on an early manuscript of this report.

We are proud of, and grateful to all those who contributed to the successful completion of this project, in particular, the central office and financial department staff at the PFPB, the supervisors, the interviewers and the coders and punchers, all of whom skillfully performed their tasks.

Our thanks should also be extended to the local authorities in the 17 governorates and 124 villages in the sample and to the 5,313 respondents who fully cooperated with our teams in the field.

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Chapter 1

INTRODUCTION

The Arab Republic of Egypt is one of the most densely populated countries on the African continent. Although the total land area of Egypt is more than one million square kilometers, only about five percent of this area is suitable for cultivation or habitation, the rest being desert. As a result, the vast majority of Egypt's 1981 population of more than 43 million persons is crowded onto the narrow Nile Valley in the South or lives in the densely settled Nile delta in the North. Overall, the population density in Egypt exceeds 800 persons per square kilometer of inhabitable land.

The very high population density in Egypt is compounded by a rapid rate of growth. Current estimates place the annual rate of Egyptian population growth at nearly three percent, a rate that, if maintained, will result in the population doubling over the next 25 years. In the Egyptian context of scarce land resources and high population density, the issues of the country's population size and its rate of growth take on truly national importance.

POPULATION POLICY AND PROGRAMS IN EGYPT¹

Egypt's concern with its growing population was evident as early as 1939 when the Ministry of Social Affairs was established with a consideration of the population problem as one of its main functions. These early governmental activities were followed in 1945 by the initiatives of the El-Maady Child Welfare Center and the Cairo Women's Club in family planning service delivery. The establishment of the National Population Commission in 1953 reflected continuing governmental concern with the population problem. Under the auspices of the Commission, which was the forerunner of the Egyptian Family Planning Association, family planning clinics were set up in both urban and

¹ Background information on population activities in Egypt is drawn from Bindary, 1978, 1980a and 1980b; Gupte, 1979; Khalifa, Sayed and El-Khorazaty, 1981; and Kelley, Khalifa and El-Khorazaty, 1982.

rural areas. The 1962 National Charter recognized population growth as the main obstacle to raising living standards in Egypt and supported efforts to pursue solutions to the population problem.

Building on these initial efforts, national population policy in Egypt has passed through three well-defined phases. In 1964, the National Population Commission proposed basic population policy principles for Egypt in which the primary cause of the population problem was attributed to socio-economic factors. In dealing with the problem, it was emphasized that the spatial distribution and the composition of the population had to be taken into consideration as well as rapid growth. Socio-economic development, family planning and emigration were the three areas in which actions were recommended to deal with Egypt's population problem. Since development was considered to be the responsibility of other government departments, and emigration was seen as relying on uncontrolled outside circumstances, the policy formulated by the Commission addressed itself solely to family planning action.

During the subsequent period (1965-1973), attention was focused on the provision of family planning services on the assumption that if couples were provided with adequate information and contraceptive supplies, they would adopt family planning. The Supreme Council for Family Planning, an interministerial commission, was established in 1965 to coordinate family planning activities, and the Executive Board of Family Planning was set up in 1966 to organize the delivery of family planning services through the government's health and social service infrastructure. The number of outlets from which modern contraceptive methods could be obtained expanded from less than 100 to 1,000 units.

The Board's role was altered in 1973 from a traditional executive body to that of a planning, coordinating, monitoring and evaluating agency. At the same time, national population policy in Egypt entered a second phase in which the focus was broadened from a concentration on family planning service provision to a greater emphasis on the holistic nature of the population issue and on the importance of socio-economic development as a key element in efforts to reduce fertility levels in Egypt. Reflecting this emphasis, the Council's name was changed to the Supreme Council for Population and Family Planning (SCFPF) and the Board's name to the Population and Family Planning Board (PFPB).

A third phase in the evolution of population policy in Egypt emerged in 1975 when the PFPB adopted what may be termed a "comprehensive approach" to Egypt's population needs. This approach integrates population and development planning and is aimed at inducing, or even precipitating, behavioral changes consistent with small family norms through the manipulation of socio-economic activities at the local level. In keeping with this strategy, the Board launched the Population and Development Project (PDP) in rural areas in Egypt in 1977.

The PDP is a community-based program designed to reduce population growth and improve the quality of life in rural areas through a number of interrelated development activities. The PDP attempts simultaneously to: (1) increase the quality of health and social services; (2) improve sanitation; (3) raise the status of women; (4) promote small-scale industry and the mechanization of agriculture; (5) facilitate access to urban areas; (6) institute cultural activities; and (7) promote information dispersion and communication through community institutions. Essential elements in this program are the upgrading of the managerial capabilities of local councils and village officials as well as the encouragement of community participation in project activities. The promotion of family planning is an integral aspect of the PDP with community-based family planning workers (Raiyda Riyfia) providing both information and services in the villages.

Following the initial PDP experiment, a national population, human resource development, and family planning strategy for Egypt was developed and approved by the Supreme Council in December 1980 (Supreme Council, 1980). The strategy stresses three programmatic areas: (1) the upgrading of family planning services, (2) the institution of community-based socio-economic programs conducive to family planning practice, and (3) the strengthening of population education and IEC programs which aim at fertility behavior change, small family norms and contraceptive practice.

An important aspect of recent population policy has been the extensive decentralization of responsibility for population activities and the development of incentive structures for local government to establish programs for reducing population growth. The emphasis shifted toward rewarding outcomes

(fertility reduction) as distinct from stressing intermediate activities (contraceptive sales). The policy aims at reducing the birth rate in Egypt from more than 40 births to 20 births per thousand population by the year 2000 by raising the level of contraceptive practice, upgrading health and sanitation services, developing a comprehensive emigration strategy, and improving the composition and distribution of the population. The policy takes the community as its platform for action, and programs are designed to transfer the responsibility for implementing population and family planning policy to the local community.

EGYPT CONTRACEPTIVE PREVALENCE SURVEY

In 1980, the Population and Family Planning Board (PFPB) recognized the need for a sample survey in rural Egypt which would provide fertility and family planning data needed as baseline measures in efforts to evaluate the impact of Population and Development Project activities. Although both the 1979 Rural Fertility Survey and the 1980 Egyptian Fertility Survey collected information on fertility levels and attitudes and contraceptive knowledge and use among married women of reproductive age in rural Egypt, these surveys had not been explicitly designed to include the Population and Development Project as a stratifying variable in their sample selection process. The results of those surveys could not, consequently, be directly used to monitor the effect of the PDP. The PFPB decided, therefore, to field the Egypt Contraceptive Prevalence Survey (ECPS) as part of its efforts to investigate changes in fertility and family planning behavior and attitudes in rural Egypt in response to the PDP.

The specific objectives of the ECPS included:

- o to provide information on rural fertility levels and family size desires and their determinants
- o to collect data on current levels of contraceptive knowledge, use, and continuation, and their determinants, in rural Egypt
- o to investigate the perceived availability and accessibility of family planning services for the rural population

- o to evaluate the familiarity with the Population and Development Project and participation in the program activities among people living in PDP villages in rural Egypt.

In sum, the ECPS was designed to assist the PFPB in the formulation of population policy and programs based on factual data. The survey findings were also intended to be a major component in an on-going research program designed to evaluate the Population and Development Project.

SETTING FOR THE ECPS

The ECPS was limited to rural areas in Egypt. At the time of the 1976 population census, approximately 20.6 million people lived in rural Egypt. The population in 1976 represented an increase of almost three million in the number of rural inhabitants over the 1966 census figures in which nearly 17.7 million people were counted in rural areas. Table 1.1 documents that, despite the substantial intercensal growth in the rural areas, there has been a steady shift of population from the countryside to the cities in Egypt. Overall, the proportion of Egypt's population that is rural declined from 63 percent in 1960 to 56 percent in 1976.

Table 1.1

PERCENT DISTRIBUTION OF THE POPULATION LIVING IN URBAN AND RURAL AREAS, EGYPT 1960-1976

Census Year	Urban	Rural	Total Population (000's)
1960	37.4	62.6	26,085
1966	40.5	59.5	30,076
1976	43.9	56.1	38,228 ^a

^aThis figure includes an estimated 1.6 million Egyptians living abroad.

Source: CAPMAS, 1978.

Table 1.2 compares selected demographic and socio-economic characteristics of the rural and urban populations in Egypt derived from the 1976 census results. Figures in Table 1.2 show that the rural population is generally characterized by a younger age structure, lower sex ratio, and a higher rate of illiteracy than the urban population. The marital distribution also differs in that the proportion never married is much higher for the urban population.

Table 1.2

SELECTED CHARACTERISTICS OF THE POPULATION, BY URBAN AND RURAL RESIDENCE, EGYPT, 1976

Characteristic	Total	Urban	Rural
<u>Age Distribution (in percent)</u>			
Population Under 6 Years	17.3	15.4	18.8
Population 6-64 Years	79.1	81.4	77.3
Population 65 Years and Older	3.6	3.2	3.9
<u>Sex Ratio</u>	103.6	105.2	102.5
<u>Educational Status (10 years and older, in percent)</u>			
Illiterate	56.3	39.2	70.4
Completed Primary Education or More	21.3	34.3	10.6
<u>Marital Status (16 years and older, in percent)</u>			
Currently Married	65.1	61.2	68.5
Never Married	25.6	31.1	21.0
Divorced	0.8	0.9	0.8
Widowed	8.4	6.8	9.7

Source: CAPMAS, 1978.

Within rural Egypt itself there are significant cultural, social and demographic differences between the populations living in Lower Egypt, which comprises the wide alluvial delta spreading fanlike from Cairo northward to the Mediterranean coast, and Upper Egypt, which includes the narrow strip of cultivated land on either side of the Nile stretching from the cataract at Aswan to Cairo (Figure 1.1). More than one-half of the rural population in Egypt is concentrated in Lower Egypt, while 43 percent reside in Upper Egypt (Table 1.3).

FIGURE 1.1
Map of Egypt

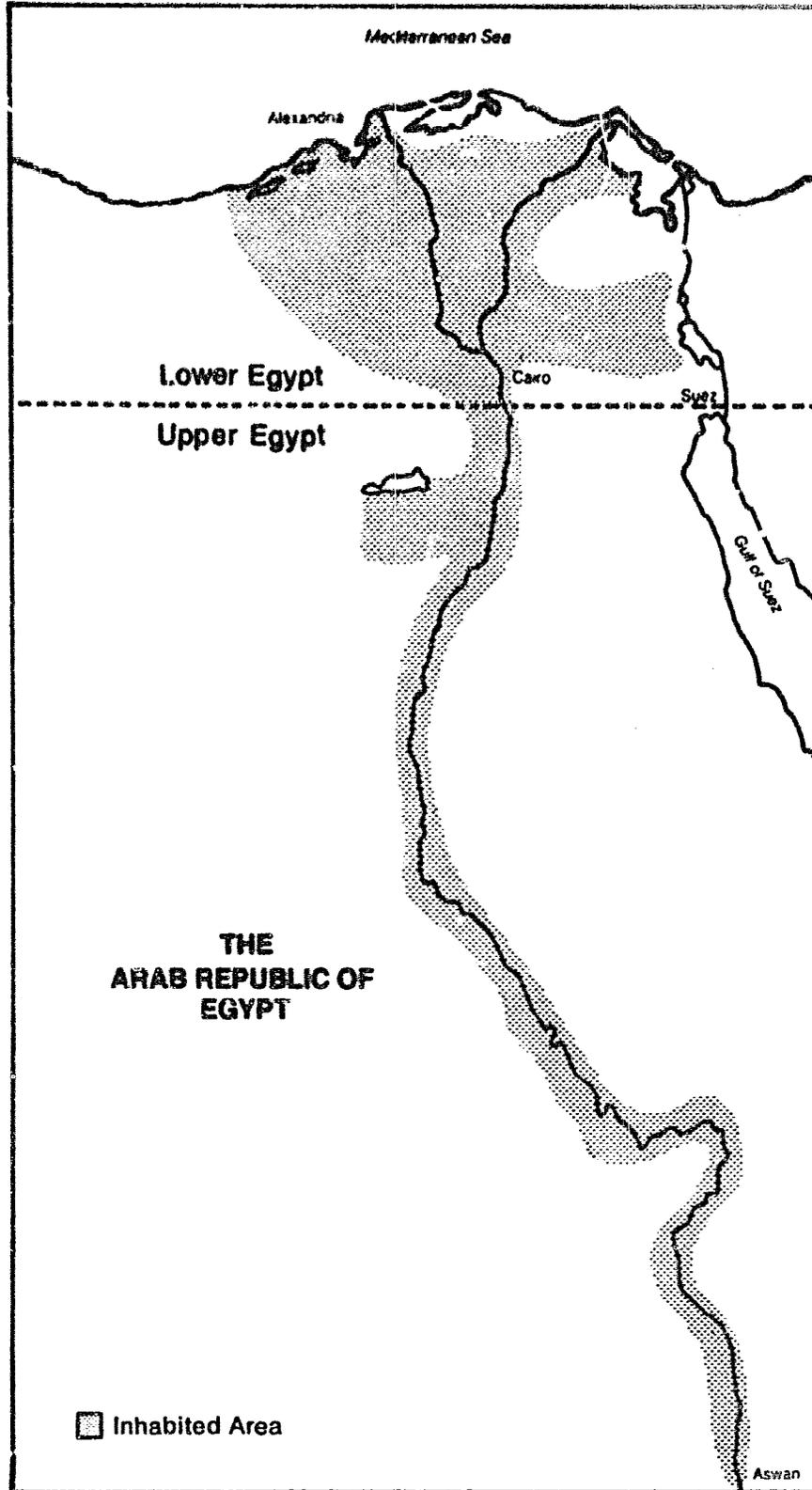


Table 1.3

THE DISTRIBUTION OF POPULATION BY REGION AND URBAN-RURAL RESIDENCE,
EGYPT, 1976

Region	Total	Urban	Rural
Total	36,626,204	16,036,403	20,589,801
Urban Governorates	7,848,446	7,848,446	-
Lower Egypt	15,842,076	4,176,691	11,665,385
Upper Egypt	12,672,828	3,866,586	8,806,242
Frontier Governorates	262,854	144,680	118,174

Source: CAPMAS, 1978.

Historically, the cultural dichotomy between Upper and Lower Egypt has been one of the most important influences on Egyptian civilization; Egypt itself was a double kingdom for many centuries (Patrick, 1972). Table 1.4, which compares a number of demographic indicators drawn from 1976 census data for the rural population in Upper and Lower Egypt, shows that significant regional differentials continue in modern times in Egypt. The population density in rural areas in Upper Egypt--748 inhabitants per square kilometer--is significantly higher than in rural areas in Lower Egypt where the average number of inhabitants is 534. In rural Lower Egypt, the crude birth rate was estimated to be 39.3 births per 1000 population in 1976. The comparable figure for rural Upper Egypt is 45.5 births, indicating that fertility levels are higher in Upper than in Lower Egypt. Mortality levels also appear to be higher in rural areas in Upper than in Lower Egypt. The estimate of the infant mortality rate in Upper Egypt in 1976 was 152.6 children per 1000 births, while in Lower Egypt the rate was slightly less than 100.

Although the population in rural Egypt is in general poorly educated, the data in Table 1.4 suggest that both males and females in rural areas in Upper Egypt are somewhat less likely to be literate or, if literate, to have completed primary school than those in rural areas in Lower Egypt. Proportionately more of the rural population 15 years and older are also employed in agricultural occupations in Upper than in Lower Egypt.

Table 1.4

SELECTED CHARACTERISTICS OF THE RURAL POPULATION, UPPER AND LOWER EGYPT, 1976

Characteristic	Upper Egypt	Lower Egypt
<u>Population Density (per sq. km.)^a</u>	749	534
<u>Crude Birth Rate^b</u>	39.3	45.5
<u>Infant Mortality Rate^c</u>	152.6	99.7
<u>Educational Status (10 years and over, in percent)^a</u>		
Males		
Illiterate	61.7	50.1
Completed Primary Education or More	15.1	21.4
Females		
Illiterate	89.4	83.4
Completed Primary Education or More	4.9	7.4
<u>Occupation (15 years and older, in percent)^a</u>		
Working in Agriculture	32.3	29.4

^aData derived from 1976 Census results (CAPMAS, 1978).

^bEstimate included in National Academy of Science, 1982, p.17.

^cEstimate included in National Academy of Science, 1982, p.14.

ORGANIZATIONAL FRAMEWORK AND SURVEY TIMETABLE

The 1980 Egypt Contraceptive Prevalence Survey (ECPS) was executed under the supervision of the Population and Family Planning Board (PFPB) in collaboration with Westinghouse Health Systems (WHS). The staff of the PFPB was responsible for the planning, organization and implementation of the survey. WHS personnel provided technical assistance and consultation.

The following schematic diagram presents the organizational structure of the Egypt CPS.

FIGURE 1.2
Organization of the ECPS Staff

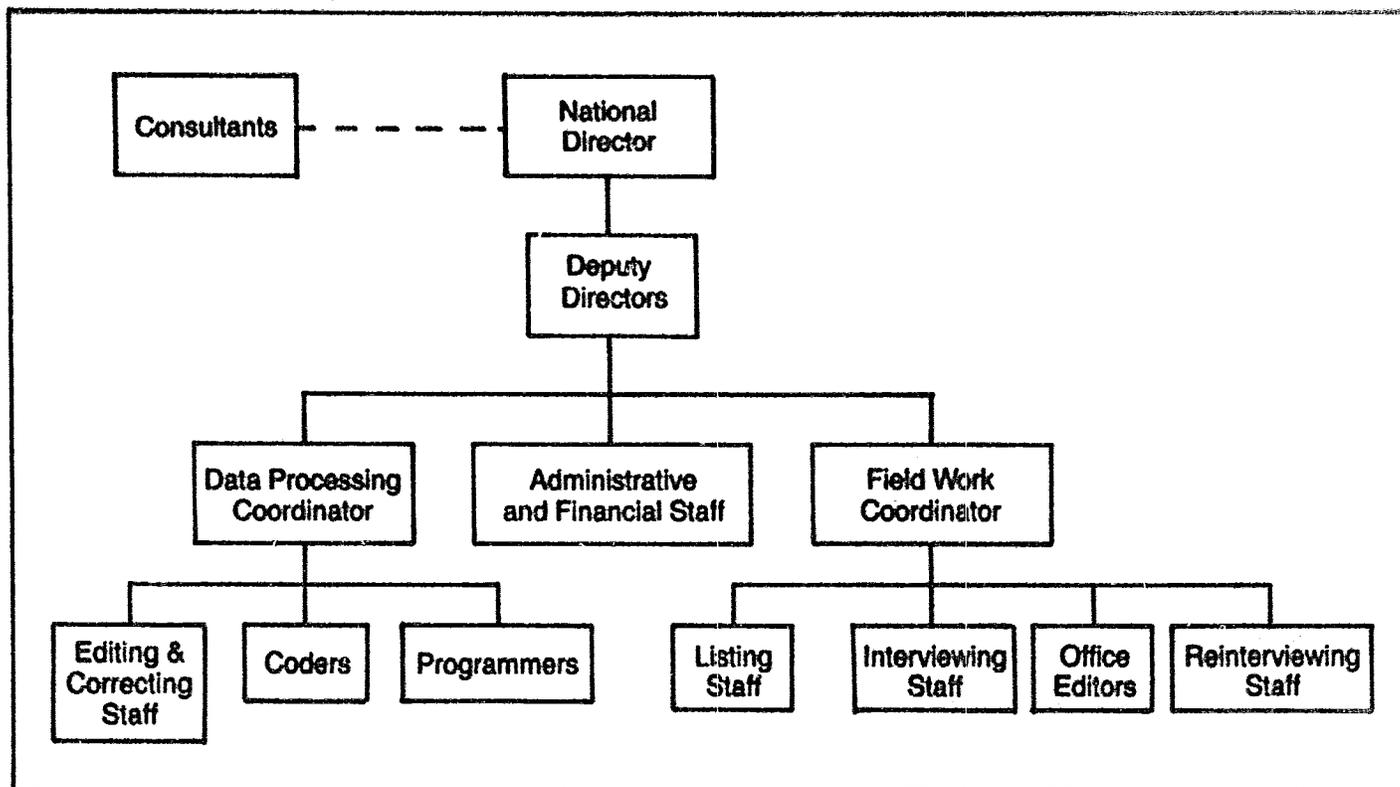


Table 1.5 presents the survey timetable. A total of 25 months was spent in preparing for and carrying out the field work for ECPS and in processing and analyzing results for the project report.

THE ECPS SAMPLE

Sample Design

The sampling plan for the ECPS called for a self-weighting sample of all ever-married women aged 15-49 years living in rural Egypt. The village was the primary sampling unit (PSU) in the three-stage design. Participation in the Population and Development Project (PDP) was an explicit criterion in the

TABLE 1.5
SURVEY TIMETABLE

ACTIVITIES	STARTING DATE	DURATION
General Preparation	March 1980	2 months
Questionnaire Design	May 1980	2 months
Preparation of Training Materials and Survey Forms	June 1981	2 months
Pretest	July 1980	1 month
Questionnaire Finalization	August 1980	2 months
Printing Survey Materials	August 1980	2 months
Sample Selection (Mapping)	August 1980	3 months
Recruitment of Staff	September 1980	1 month
Training Listing Staff	September 1980	1 week
Listing	October 1980	1 month
Re-listing	November 1980	1 month
Training of Supervisors	October 1980	1 week
Training of Interviewers	October 1980	2 weeks
Field Work	November 1980	2 months
Office Editing	November 1980	3 months
Reinterviewing	December 1980	1 month
Coding	December 1980	2 months
Keypunching	December 1980	2 months
Computer Editing	January 1981	2-½ months
Preliminary Report	April 1981	3 weeks
Detailed Tabulations	May 1981	5 months
Report Writing	October 1981	9 months
Editing and Printing of the Report	July 1982	5 months

grouping of the villages included in the sample frame. In addition the duration of exposure to the PDP as well as region of residence (Upper and Lower Egypt) were taken into account in the stratification of villages. The selection of villages in each stratum was carried out independently from that in the other strata, and villages were chosen systematically with probabilities proportional to their population size in the 1976 census.² Table 1.6 shows the distribution of the 124 PSUs by sampling strata.

Table 1.6

THE DISTRIBUTION OF VILLAGES SELECTED IN THE SAMPLE FOR THE EGYPT CONTRACEPTIVE PREVALENCE SURVEY BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

PDP Status	Total	Upper Egypt	Lower Egypt
Total Sample	124	51	73
<u>PDP</u>	61	25	36
More than 2 years	25	12	13
2 years or less	36	13	23
<u>NONPDP</u>	63	26	37

In the second stage, maps for the selected villages were obtained and divided into small areas or segments. In each village, the segments were enumerated in a serpentine order from North to South, and a sample was selected with probability proportional to the size of constructed area in the segment. The number of segments chosen in each village varied from 2 to 6.

After each selected segment was updated and a household listing obtained, a systematic random sample of households was carried out. This final stage of the sample selection process resulted in the selection of 5,227 households. The design called for all ever-married women aged 15-49 to be interviewed in the sampled households.

² A more detailed discussion of the sample design for the ECPS is included in Appendix A.

Outcome of the Field Work

Table 1.7 summarizes the outcome of field work in the Egypt CPS. A total of 5,049 households out of the 5,227 households in the sample were successfully contacted during the survey, representing an overall response rate of 96.6 percent. The household response rate was slightly higher in Lower Egypt (97.2 percent) than in Upper Egypt (95.8 percent). By governorate, it ranked from a low of 91 percent in Aswan to 99 percent in Damietta.

Table 1.7
SUMMARY OF RESULTS, EGYPT CONTRACEPTIVE PREVALENCE SURVEY, 1980

Region and Governorate	Households			Eligible Women		
	Sample Size	Number Contacted	Response Rate (Percent)	Sample Size	Number Interviewed	Response Rate (Percent)
Total Sample	5,227	5,049	96.6	5,484	5,313	96.9
<u>Upper Egypt</u>	2,369	2,270	95.8	2,567	2,484	96.8
Giza	305	294	96.4	353	336	95.2
Beni-Suef	351	341	97.2	357	344	96.4
Fayoum	230	226	98.3	217	213	98.2
Menya	312	304	97.4	307	303	98.7
Assiut	348	333	95.7	390	382	97.9
Souhag	355	331	93.2	385	368	95.6
Kena	340	324	95.3	406	393	97.0
Aswan	128	117	91.4	152	145	95.4
<u>Lower Egypt</u>	2,858	2,779	97.2	2,917	2,829	97.0
Damietta	135	134	99.3	122	114	93.4
Dakahlia	465	459	98.7	492	486	98.8
Sharkia	533	509	95.5	565	520	92.0
Kalyubia	267	261	97.8	272	266	97.8
Kafr-El-Sheikh	215	213	99.1	232	232	100.0
Gharbia	415	391	94.2	429	420	97.9
Menoufia	416	406	97.6	349	349	100.0
Behera	388	383	98.7	439	426	97.0
Ismalia	24	23	95.8	17	16	94.1

A total of 5,484 eligible women were identified in the households contacted by the CPS field teams, an average of 1.09 women per household. Interviews were completed with 5,313 (96.9 percent) of the eligible women. The individual response rates for Upper and Lower Egypt were almost identical (96.8 percent and 97.0 percent, respectively). By governorate, the rate was lowest in Sharkia (92 percent) and highest in Menoufia and Kafr-El-Sheikh (100 percent).

QUESTIONNAIRE DESIGN AND PRETEST

The ECPS Questionnaire

The questionnaire for the Egyptian CPS included three major parts:

(a) Women's schedule. All women in the age range 15-55 years who lived in the household were listed in the women's schedule. Items of information collected for each woman included: age, residence, marital status.

(b) Migration module. A series of questions were asked in each household to provide information on household members who had recently migrated from or returned to the village and on household members' intentions to migrate.

(c) Individual questionnaire. An individual questionnaire was assigned for every eligible woman identified in the women's schedule. Eligible respondents were defined as ever-married women aged 15-49 years. The individual questionnaire was adapted from the model questionnaire developed for the international Contraceptive Prevalence Survey Program. It included six sections covering the following areas:

- respondent characteristics
- reproductive behavior
- contraceptive knowledge, use, continuation and availability
- attitudes toward fertility and family planning
- husband's characteristics
- Population and Development Project activities

Pretest

Following a one week training course, six experienced female interviewers participated in a pretest of the ECPS questionnaire in July 1980. A total of 212 interviews were completed during the pretest which was carried out in two villages not included in the ECPS sample. On the basis of the pretest results, some relatively minor modifications were made in the survey questionnaire. The interviewer's instructions were simplified and the wording of some questions, particularly those in the continuation module, was altered.

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

FIELD ACTIVITIES

Listing

The sampling plan for the ECPS required that all households in the sample segments in the 124 villages in the survey be listed prior to the selection of the household sample. Twenty-two males with previous survey experience were recruited to conduct the household listing. They attended a one week training course which included classroom instruction, demonstrations and practical field experience. Following their training, the listers were organized into four teams, each team composed of a supervisor and four to five enumerators.

The listing operation was carried out in October 1980. On average, the teams were able to complete the listing in a village in two days. After the completion of the initial listing, 32 out of 124 villages were assigned to different teams for relisting as a quality control measure. Matching procedures generally indicated a one-to-one correspondence between the households enumerated in the two lists. In the few cases where there were unexplained differences between the listing and relisting, a third visit was made to the village to resolve the discrepancies.

Training of Field Work Staff

A three week training course was organized in October 1980 for ECPS field staff. Thirteen candidates (male) were recruited and trained initially for nine field supervisor positions. The training involved a detailed review of the questionnaire and of the role and responsibilities of field supervisors. Following their training and selection, the team supervisors participated in the interviewer training.

The interviewer training involved classroom discussion of the CPS questionnaire, extensive role playing experience and two days of practice interviews in the field. At the completion of the course, 45 out of the 75 females

who attended the course were selected to serve as interviewers or field editors for the ECPS. Criteria used in the selection included an evaluation of the candidates' performance during the field practice and the results of oral and written examinations held during the training.

Field Work

Field work for the Egypt CPS began on November 11, 1980 and was completed on January 5, 1981. Seven field teams, each consisting of a supervisor, field editor and four to five interviewers, were responsible for carrying out the field work. The teams contacted an average of 30 households daily during the field work, and each interviewer completed questionnaires for an average of six eligible women each day.

In addition to the seven field teams, two special teams, each consisting of a supervisor and four interviewers, were formed to handle callbacks and to reinterview a randomly selected sample of women in the villages where callbacks were scheduled. The reinterviewing teams contacted a total of 395 households, 129 for callbacks and 266 for reinterviews.

As a quality control measure, the team supervisors and field editors reviewed the interviews completed each day. In the early phases of the field work, some interviews were also tape recorded in order to permit the team supervisor to monitor the performance of individual interviewers and suggest improvements. To ensure the overall quality of field operations, the field work coordinator visited each team on a regular schedule to review their activities.

Office Editing and Reinterviewing

At the completion of field activities in each governorate, questionnaires were sent to the central office in Cairo for editing. The office editing began in late November 1980 when the first batch of ECPS questionnaires was received from the field, and it was completed in late January 1981. A questionnaire

rejected for any reason during the office editing was assigned to the reinterviewing teams for callbacks. The office editing staff was also responsible for reviewing the results of the reinterviews.

PROCESSING OF THE ECPS DATA

Coding and Key punching

The coding of the ECPS questionnaires was carried out simultaneously with the office editing operation. Coded questionnaires were checked for consistency and completeness before they were sent to the Computer Center at Cairo University for key punching and verification. The review process was responsible for a significant reduction in coding errors.

Computer Processing

The machine editing of the ECPS data was carried out at the Computer Center at Cairo University. Separate computer edit programs were prepared to detect structure, range, skip and consistency errors in the ECPS data. All errors detected during the machine edit were corrected, and a clean data tape was available in March 1981. The tape was used in the preparation of a preliminary project report at WHS in April 1981.

A further machine editing of the ECPS data was carried out in Cairo during the period May-July 1981 to correct minor errors detected during the preparation of the preliminary report. Tabulations were then produced at WHS and sent to Cairo where the staff of the Population and Family Planning Board drafted the final project report.

ORGANIZATION OF THE ECPS REPORT

The following chapters present the main descriptive findings of the Egypt CPS. Chapter 2 provides a demographic and socio-economic profile of the survey respondents. Chapters 3, 4 and 5 examine nuptiality, fertility patterns and family size desires. Chapters 6 and 7 focus on contraceptive knowledge, approval and use. Chapter 8 considers reasons for nonuse and intentions to use in the future for women not currently practicing family planning. Chapter 9 explores the issue of the perceived availability of contraceptive services in rural Egypt and Chapter 10 looks at contraceptive continuation. Chapter 11 highlights differences between PDP and nonPDP areas with respect to fertility behavior and attitudes and contraceptive practice.

Chapter 2

CHARACTERISTICS OF THE ECPS RESPONDENTS

SUMMARY: Comparisons of the age and marital status distributions of ECPS respondents with that of the 1976 census population indicate that the sample is representative of ever-married women in the reproductive ages in rural Egypt. An examination of various socio-economic status characteristics for the sample suggests that, in general, educational attainment among rural women is low; almost 90 percent are illiterate. Few women work, with most of those who are employed concentrated in agricultural positions. The ECPS data also suggest that, although spouses were generally better educated than respondents, the literacy rate among rural men is low, and few males have completed primary school. Among men who are working, almost one-half are in agricultural positions.

There were clear differences between the characteristics of respondents living in Upper and Lower Egypt. Although educational levels and the rate of female labor participation are low in both regions, women in Lower Egypt seem to be slightly better educated and to participate to a somewhat greater degree in the labor market, particularly in the agricultural sector. Similarly, there are a number of differences in the socio-economic characteristics of husbands in the two regions. Lower Egypt's male population seems to have a lower illiteracy rate and a higher proportion of males completing a primary education. Furthermore, the proportion of males participating in the labor market is somewhat higher in Lower than Upper Egypt.

Looking at household characteristics, roughly one-third of the ECPS respondents lived in households which own land. The proportion of landless households was somewhat higher in Upper than in Lower Egypt.

The Egypt CPS collected information on a number of background characteristics of the respondents. The objective of this chapter is to examine those data and provide a demographic and socio-economic profile of the ECPS sample.

RESPONDENT'S CHARACTERISTICS

A total of 5,313 ever-married women were interviewed in the Egypt CPS; 2,829 women, 53 percent of the sample, were from Lower Egypt while 2,484 women lived in Upper Egypt.

Current Age

To obtain information on age, all ECPS respondents were asked in what month and year they were born (Questions 101 and 102) and their age in years as of their last birthday (Question 103). Answers to these questions were checked for consistency, and a final age (in years) response was entered by the interviewer.

Table 2.1 shows that 27 percent of the women interviewed in the Egypt CPS were less than 25 years old, 50 percent were between 25 and 39 years, and 23 percent were in the age group 40 to 49 years. The mean age of all ECPS respondents was 30.8 years. The differences between Upper and Lower Egypt in the age distribution of respondents were generally minor; on average, women were slightly younger in Upper (30.3 years) than in Lower Egypt (31.2 years).

Table 2.1

AGE DISTRIBUTION AND MEAN AGE OF ECPS RESPONDENTS BY REGION, RURAL EGYPT, 1980

Current Age	Total Rural		Upper Egypt		Lower Egypt	
	Number	Percent	Number	Percent	Number	Percent
Total Number	5,313	100.0	2,484	100.0	2,829	100.0
15-19 Years	517	9.7	284	11.4	233	8.2
20-24 Years	943	17.7	443	17.8	500	17.7
25-29 Years	1,014	19.1	478	19.2	536	18.9
30-34 Years	842	15.8	358	14.4	484	17.1
35-39 Years	776	14.6	369	14.9	407	14.4
40-44 Years	615	11.6	291	11.7	324	11.5
45-49 Years	606	11.4	261	10.5	345	12.2
Mean Age	30.8		30.3		31.2	

Table 2.2 compares the age distribution of the ever-married women sampled in the ECPS with that reported for all ever-married women in rural Egypt in the 1976 population census. It was necessary to exclude women under age 16 sampled in the ECPS from this table to allow a direct comparison with the census data. Overall, there appears to be a general correspondence between the census and ECPS distributions with the greatest discrepancies occurring in the youngest and oldest age cohorts.

Table 2.2

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 16-49 YEARS
BY CURRENT AGE, RURAL EGYPT, 1976 CENSUS AND 1980 ECPS

Current Age	Census	ECPS
Total Percent	100.0	100.0
16-19 Years	5.7	9.6
20-24 Years	16.0	18.8
25-29 Years	18.6	20.1
30-34 Years	16.2	16.5
35-39 Years	16.3	14.5
40-44 Years	15.0	11.0
45-49 Years	12.1	9.5

Source: CAPMAS, 1979.

Marital Status

Respondents were also asked a question about their current marital status (Question 106). In the ECPS sample, 91 percent of the women were currently married while 7 percent were widowed and 2 percent were divorced. There was almost no difference between Upper and Lower Egypt in the distributions of ECPS respondents by marital status. The percentages of married, widowed and divorced women were 92, 6, and 2 percent in Upper Egypt, compared to 91, 7, and 2 percent in Lower Egypt.

Table 2.3, which presents the distribution of respondents by marital status within five-year age groups, shows that, as expected, due to the greater incidence of widowhood, the proportion of ever-married women in current marital union decreases with age. The average age of all currently married women was 31.3 years. It was 29.8 years for divorced women, and among widows it was 40.6 years.

Table 2.3

PERCENT DISTRIBUTION OF ECPS RESPONDENTS BY MARITAL STATUS AND CURRENT AGE,
RURAL EGYPT, 1980

Current Age	Total Number	Total Percent	Marital Status		
			Married	Widowed	Divorced
Total	5,313	100.0	91.2	6.8	2.0
15-19 Years	517	100.0	96.9	0.6	2.5
20-24 Years	943	100.0	96.0	1.1	3.0
25-29 Years	1,014	100.0	95.5	2.2	2.4
30-34 Years	842	100.0	94.1	5.0	1.0
35-39 Years	776	100.0	89.9	8.8	1.3
40-44 Years	615	100.0	85.7	12.7	1.6
45-49 Years	606	100.0	75.2	22.9	1.8

Table 2.4 compares the proportion of ever-married women in the ECPS sample in current marital unions with similar figures for rural women from the 1976 population census in Egypt. Only relatively minor differences are noted between the census and the ECPS data for each age cohort. In fact, the overall percentages for the census and for the ECPS are identical, at 91.2 percent.

Table 2.4

PERCENT OF EVER-MARRIED WOMEN AGED 16-49 YEARS CURRENTLY
MARRIED BY CURRENT AGE, RURAL EGYPT, 1976 CENSUS AND 1980
ECPS

Current Age	Census	ECPS
Total Percent	91.2	91.2
16-19 Years	96.6	97.0
20-24 Years	96.5	96.0
25-29 Years	95.6	95.5
30-34 Years	93.9	94.1
35-39 Years	91.3	89.9
40-44 Years	84.1	85.7
45-49 Years	79.4	75.2

Source: CAPMAS, 1979.

Educational Status and Literacy

Both the respondent's literacy status and educational attainment were obtained in the interview. To determine educational status, all ECPS respondents were asked if they had ever or were currently attending school and, if so, the last grade which they passed at school (Questions 109 and 110). Information on literacy status was obtained by asking women who had no education or who had completed six years or less schooling whether or not they could read a newspaper, magazine or letter (Question 111).

The educational level of respondents is shown in Table 2.5. Overall, three-fifths (61 percent) of the respondents had never had any formal education. In every age group, furthermore, less than 10 percent of the respondents had completed primary school (6 years of schooling). There is a trend toward increased educational levels among the younger cohorts which is evident particularly in the proportion of each age group progressing beyond the primary level. However, it is clear that educational improvements for women in rural Egypt have not been rapid. The lower than expected educational levels among the 15 to 19 year old respondents is likely due to the fact that respondents in this age group are more heavily weighted to women who married at relatively young ages. These women are likely to have had less schooling than never-married women in the same age group.

Educational levels in Lower Egypt are above those in Upper Egypt. This pattern is evident throughout the age distribution. Overall, 58 percent of the ever-married women in Lower Egypt had received no education, while 7 percent of respondents had at least completed primary school. In Upper Egypt, two-thirds (66 percent) had received no education, while 6 percent had completed primary school.

Table 2.5

PERCENT DISTRIBUTION OF ECPS RESPONDENTS BY EDUCATIONAL STATUS, CURRENT AGE AND REGION, RURAL EGYPT, 1980

Educational Status and Region	Total	Current Age						
		15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Rural								
Total Number	5,313	517	943	1,014	842	776	615	606
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No Education	61.3	62.5	54.9	60.1	61.9	67.0	64.2	61.2
Less than Primary	32.3	31.7	36.9	30.8	31.6	27.8	31.1	36.1
Completed Primary	3.0	2.1	2.2	3.6	4.2	2.8	3.3	2.3
Some Preparatory or Above	3.3	3.7	5.8	5.5	2.4	2.1	1.5	0.3
Not Stated	0.1	0.0	0.1	0.0	0.0	0.3	0.0	0.0
Upper Egypt								
Total Number	2,484	248	443	478	358	369	291	261
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No Education	65.6	63.4	57.8	65.1	65.1	74.0	67.7	69.0
Less than Primary	28.6	31.7	35.7	26.2	29.1	21.7	26.8	28.7
Completed Primary	3.3	2.8	3.2	4.6	3.4	2.2	4.1	2.3
Some Preparatory or Above	2.5	2.1	3.4	4.2	2.5	1.9	1.4	0.0
Not Stated	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Lower Egypt								
Total Number	2,829	233	500	536	484	407	324	345
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No Education	57.5	61.4	52.4	55.4	59.5	60.7	61.1	55.4
Less than Primary	35.6	31.8	38.0	34.9	33.5	33.4	34.9	41.7
Completed Primary	2.8	1.3	1.4	2.8	4.8	3.4	2.5	2.3
Some Preparatory or Above	4.1	5.6	8.0	6.7	2.3	2.2	1.5	0.6
Not Stated	0.1	0.0	0.2	0.0	0.0	0.2	0.0	0.0

Table 2.6 shows levels of literacy by age for Upper Egypt, Lower Egypt, and the total sample. Levels of literacy are low among women in rural Egypt; overall, only 14 percent of the sample reported that they were literate. Except for the age group 15 to 19 years, literacy levels generally decline with increasing age, as expected, due to increases in educational opportunities in recent times. The fact that the data for the youngest women diverge from the trend evident in the other age groups is likely due again to the selection of only ever-married women in the ECPS sample.

Table 2.6
PERCENT LITERATE AMONG ECPS RESPONDENTS BY CURRENT AGE AND REGION,
RURAL EGYPT, 1980

Current Age	Total Rural	Upper Egypt	Lower Egypt
Total	13.9	11.5	16.2
15-19 Years	12.0	11.6	12.4
20-24 Years	17.1	14.2	19.6
25-29 Years	16.9	14.4	19.0
30-34 Years	15.2	12.3	17.4
35-39 Years	12.4	8.7	15.8
40-44 Years	11.5	8.9	13.9
45-49 Years	8.9	6.9	10.4

Literacy levels are somewhat higher overall in Lower than in Upper Egypt; 16 percent of women aged 15-49 years in Lower Egypt were literate, compared with a level of 12 percent for Upper Egypt. Furthermore, literacy levels in Lower Egypt are above those in Upper Egypt in every age group. Similar trends toward improvements in literacy among younger women are noted, however, in both Upper and Lower Egypt.

In order to simplify subsequent analysis of patterns related to the respondent's literacy level or educational attainment, responses to the questions on these two characteristics were combined into a single variable with three categories. The first category includes the illiterate population, regardless of educational attainment. The second includes women who are literate but have not completed primary school. Finally, a third category contains those who have completed the primary level of education or above.

Since patterns of literacy and educational attainment have already been discussed above, they will not be examined further at this point. However, the distribution of respondents according to literacy/educational status is presented in Table 2.7 for the total sample and for Upper and Lower Egypt.

Table 2.7

PERCENT DISTRIBUTION OF ECPS RESPONDENTS BY LITERACY/EDUCATIONAL STATUS AND REGION, RURAL EGYPT, 1980

Literacy/ Educational Status	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Total Percent	100.0	100.0	100.0
Illiterate	85.9	88.4	83.7
Literate, Less Than Primary	7.6	5.7	9.3
Completed Primary or More	6.3	5.8	6.9
Not Stated	0.1	0.1	0.1

Work Status and Type of Work

All ECPS respondents were asked if they were doing any work at the time of the survey for which they were being paid, either in cash or kind (Question 114). The results suggest that a very small percentage of all ever-married women in rural Egypt work. Table 2.8 shows the percentage of ever-married women reported working at the time of the survey amounts to about 8 percent in the entire sample. This ratio increases to 9 percent for women in Lower Egypt and decreases to slightly less than 6 percent for women in Upper Egypt.

Patterns of labor force participation by age show an increasing proportion of ever-married women working up through age 25-29, followed by a slightly declining pattern to the end of childbearing years. The youngest women (15-19 years of age) are only about one-third to one-half as likely to be working as are women in the peak (25-29 years) age group.

Table 2.8

PERCENT CURRENTLY WORKING AMONG ECPS RESPONDENTS BY CURRENT AGE AND REGION, RURAL EGYPT, 1980

Current Age	Total Rural	Upper Egypt	Lower Egypt
Total	7.5	5.8	9.0
15-19 Years	3.5	2.5	4.7
20-24 Years	6.9	4.5	9.0
25-29 Years	9.6	7.5	11.4
30-34 Years	8.2	6.4	9.5
35-39 Years	8.0	7.3	8.6
40-44 Years	7.3	6.5	8.0
45-49 Years	6.8	4.2	8.7

Working women were also asked about the kind of work they did (Question 115). For those women who reported their type of work, the results are presented in Table 2.9. Women working in agriculture represent about one-third (31 percent) of all working women. The proportion is one-fourth in Upper Egypt, while it increases to a little over one-third (34 percent) in Lower Egypt. A high percentage of working women in Upper Egypt (31 percent) are in sales jobs as compared with Lower Egypt (21 percent), while about one-fourth of the women in both regions are engaged in handicraft activities.

Table 2.9

PERCENT DISTRIBUTION OF CURRENTLY EMPLOYED ECPS RESPONDENTS BY TYPE OF WORK AND REGION, RURAL EGYPT, 1980

Type of Work	Total Rural	Upper Egypt	Lower Egypt
Total Number	378	135	243
Total Percent	100.0	100.0	100.0
Professional, Technical and Clerical	16.4	16.3	16.5
Sales	24.3	31.1	20.6
Agriculture	31.0	25.2	34.2
Handicraft	23.3	23.7	23.0
Services	5.0	3.7	5.8

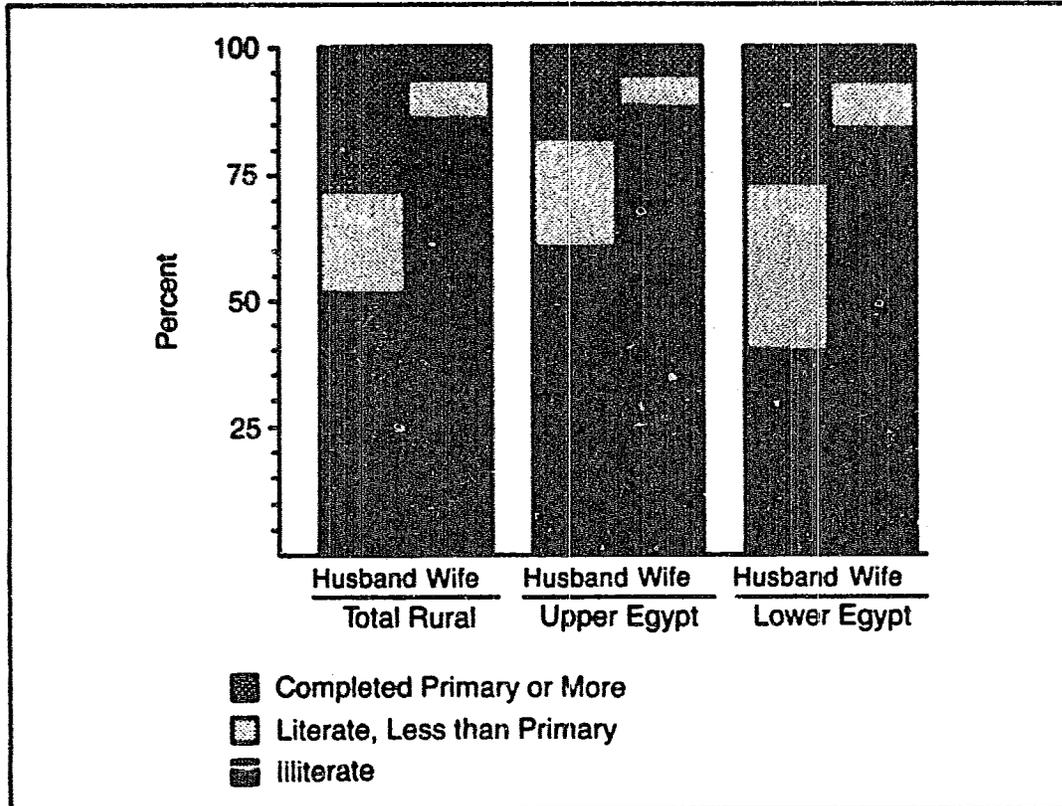
HUSBAND'S CHARACTERISTICS

Respondents who were currently married at the time of the survey were asked about their husband's literacy/educational status, work status during the last two weeks, and the type of work in which the husband is engaged (Questions 502-507).

Literacy/Educational Status

The results of the survey show that husbands are more educated than are their wives (Figure 2.1). About 46 percent of all husbands are literate compared to only 14 percent of their wives. The differential between husbands and wives in the proportion literate is considerably greater in Lower Egypt than in

FIGURE 2.1
Percent Distribution of Husbands and Wives by Literacy/Educational Status,
by Region, Rural Egypt, 1980



Upper Egypt, primarily because, as the findings of Table 2.10 show, husbands in Lower Egypt are much better educated than those in Upper Egypt.¹ The percentage of illiterate husbands amounts to only 44 percent in Lower Egypt, while it jumps to 61 percent of husbands in Upper Egypt. This differential pattern is also noted for other categories of education. For example, 24 percent of husbands in Lower Egypt had completed at least primary school compared with 16 percent of those in Upper Egypt.

Table 2.10

PERCENT DISTRIBUTION OF HUSBANDS BY LITERACY/EDUCATIONAL STATUS AND REGION, RURAL EGYPT, 1980

Literacy/ Educational Status	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,847	2,276	2,571
Total Percent	100.0	100.0	100.0
Illiterate	52.0	60.7	44.3
Literate, Less Than Primary	25.7	21.6	29.3
Completed Primary	12.4	10.1	14.5
Completed Preparatory or More	7.6	5.9	9.1
Not Stated	2.3	1.7	2.8

Work Status and Type of Work

The ECPS findings show that 88 percent of all husbands were reported working during the two weeks prior to the survey. This percentage increases to 91 percent in Lower Egypt compared with only 85 percent in Upper Egypt.

¹ Due to the greater proportion of husbands who had completed the preparatory level of education (9 years of schooling), the literacy/educational status variable includes an additional category for that level.

The findings of the survey show that most husbands are working in agriculture (46 percent), followed by unskilled workers (16 percent), skilled workers (16 percent), and professionals, technical and clerical workers (12 percent), while those working in sales and other occupations represent 7 and 3 percent, respectively (Table 2.11). Slightly more than 1 percent of the married respondents reported that their spouses were unemployed.

Table 2.11

PERCENT DISTRIBUTION OF EMPLOYED HUSBANDS BY TYPE OF WORK AND REGION, RURAL EGYPT, 1980

Type of Work	Total Rural	Upper Egypt	Lower Egypt
Total Percent	100.0	100.0	100.0
Professional, Technical and Clerical	12.2	9.0	15.0
Sales	6.8	8.2	5.6
Skilled Workers	15.7	15.6	15.8
Unskilled Workers	16.0	17.1	15.0
Agriculture	46.4	46.8	46.1
Other/Unemployed	2.9	3.3	2.6

Similar occupational distributions can be found in both Lower and Upper Egypt. The proportion of spouses, for example, working in agriculture, as skilled or unskilled workers, or in other occupations, varied only slightly between regions. The percentage of husbands working in professional, technical and clerical jobs is, however, only 9 percent in Upper Egypt, as compared with 15 percent in Lower Egypt, while the percentage of husbands working in sales activities is 8 percent in Upper Egypt, as compared with 6 percent in Lower Egypt.

LAND OWNERSHIP

The respondents were asked if their households owned land, and, if they did, they were asked about the size of the holding (Question 507). Overall, less than one-third (30 percent) of the households interviewed indicated that they owned land (Table 2.12). This proportion varied somewhat between regions; only 27 percent of households in Upper Egypt were land owners, compared with 32 percent in Lower Egypt. Even among those owning land, the size of the holding was not large. Nearly one-half (45 percent) of the households who reported owning land owned less than 1 feddan² while less than 10 percent of those households owned 5 feddans or more.

Table 2.12

PERCENT DISTRIBUTION OF ECPS RESPONDENTS BY SIZE OF HOLDING AND REGION, RURAL EGYPT, 1980

Size of Holding	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Total Percent	100.0	100.0	100.0
None	67.7	69.4	66.2
Less than 1 Feddan	13.4	13.8	13.0
1 to 2 Feddans	7.5	6.4	8.6
2 to 5 Feddans	6.1	4.4	7.7
5 or More Feddans	2.6	2.0	3.1
Not Stated	2.7	4.0	1.5

² One feddan is equal to approximately 1.03 acres.

Chapter 3

NUPTIALITY PATTERNS

SUMMARY: Generally, women in rural Egypt marry at a young age. The mean age at first marriage among ECPS respondents was 16.6 years; two-thirds of the respondents were married before their eighteenth birthday. However, patterns in the age at first marriage in rural Egypt are changing. An examination of the ECPS data on age at first marriage suggests that there is an increasing tendency to postpone marriage to a later age than was true in the past. This trend is more evident in Lower Egypt than in Upper Egypt; in both regions, it is associated with increasing levels of education.

These behavior changes are mirrored in the attitudes of the women in rural Egypt toward the preferred age at marriage. The majority of ECPS respondents feel that a girl should marry at a somewhat later age than they themselves first married. This trend is again more evident in Lower than in Upper Egypt. In both regions, it is positively associated with a woman's educational level.

To understand fertility patterns in a society, it is important to consider nuptiality variables, particularly the proportion of women who are in marital unions and the age at which they first marry. Changes in these variables are known to have a major influence on fertility levels (United Nations, 1973). Because the ECPS sample included only ever-married women, the survey results cannot be used directly to explore trends in the proportion of women in current marital unions in rural Egypt. However, information was collected in the survey on the age at which respondents first married, and it is possible to examine changes in the average age at which women in different birth cohorts married.

Data collected from ECPS respondents regarding the age at which they feel a girl should marry also provide insights into current attitudes toward age at marriage in rural Egypt.

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AGE AT FIRST MARRIAGE

In the ECPS, data on a respondent's age at first marriage was obtained to the following questions: "How old were you when you married (began actually living together) for the first time?" and "In what month and year was that?" (Questions 104 and 105). The questions were worded in this manner because of customs prevailing in rural Egypt that distinguish between what may be termed the "formal" marriage as witnessed by the marriage contract and the "social" marriage or actual sexual union. Frequently, considerable time may elapse between the formal and social marriage. In framing the questions on age at marriage, therefore, it was necessary to state clearly that the required information was the date when marital life actually began. This, of course, is the start of the wife's exposure to the risk of conception.

In general, rural Egyptians have favored early marriage, especially for females. This may be expected in a society where marriage is, to some extent, still arranged by elders. The pattern of early marriage in rural Egypt is evident in the ECPS data. Table 3.1, which presents the distribution of the

Table 3.1

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS BY AGE AT FIRST MARRIAGE AND REGION, RURAL EGYPT, 1980

Age at First Marriage	Total Rural	Upper Egypt	Lower Egypt
Total Number [*]	5,277	2,463	2,814
Total Percent	100.0	100.0	100.0
Less than 16 Years	38.8	43.3	35.0
16-17 Years	28.0	27.1	28.8
18-19 Years	16.2	14.3	17.8
20-21 Years	10.7	9.4	11.8
22-23 Years	2.5	2.1	2.9
24 Years or More	3.0	2.9	3.1
Mean Age	16.6	16.4	16.8

* Excludes 36 cases for which age at first marriage was not available.

ever-married women interviewed in the survey by their age at first marriage, shows, for example, 83 percent of the respondents were married by age 20 and that the majority (67 percent) were, in fact, married before their eighteenth birthday. A tendency toward earlier age at first marriage is evident among women in Upper Egypt. More than 70 percent of the respondents from Upper Egypt were married before their eighteenth birthday compared to about 64 percent of those from Lower Egypt.

Trends in Age at First Marriage

It is recognized that there are problems in using the data for the entire ECPS sample in describing the patterns for age at first marriage in rural Egypt. The most important source of bias is the "censoring" of the data that arises from the fact that, because the survey was limited to ever-married women, women in every age cohort who had not yet married were systematically excluded from the survey.¹ The effect of the resulting downward bias in the average age at first marriage for each cohort is most evident in younger cohorts where there were substantial proportions of women who were not yet married at the time of the survey and who, consequently, were not interviewed in the ECPS.

Although there are various ways to adjust the data on age at first marriage, the method employed here is simply that of restricting attention to a subgroup of ECPS respondents who were homogeneous in their exposure to the risk of marriage (International Statistical Institute, 1977, p. 47). In order to identify such a subgroup, a pivotal age--age 25--was selected, and all women who had not reached 25 or who were married after age 25 were excluded from the following analysis. A total of 3,700 women out of the 5,277 ECPS respondents (70 percent) for whom data on the age at first marriage are available are included in this subgroup.²

¹ An additional source of bias results from the lack of information on age at first marriage for married women who emigrated or died before the date of the survey.

² Among the remaining 1,577 cases, there were 1,455 women less than 25 years old and 122 women aged 25-49 who were married after age 25.

Table 3.2 presents the distribution of ever-married women in this subgroup according to their current age and their age at first marriage. A trend toward postponement of marriage is apparent from examining the variation in the percentage of women who married before age 16 among the different cohorts. While 49 percent of women aged 45-49 years report they married for the first time before their sixteenth birthday, this percentage decreases steadily among the younger cohorts to a low of 32 percent among women in the age group 25-29. There is an accompanying increase among younger women in the proportion married after age 20.

An examination of the trend in the mean age at marriage confirms the tendency toward later marriage among women in younger cohorts. The mean age at first marriage for the different cohorts increases from 15.9 years among women in the age group 45-49 to 17.0 years among women aged 25-29 (Figure 3.1).

FIGURE 3.1
Mean Age at First Marriage for Ever-Married Women Aged 25-49 Years Who Married for the First Time Before Age 25 by Current Age and Region, Rural Egypt, 1980

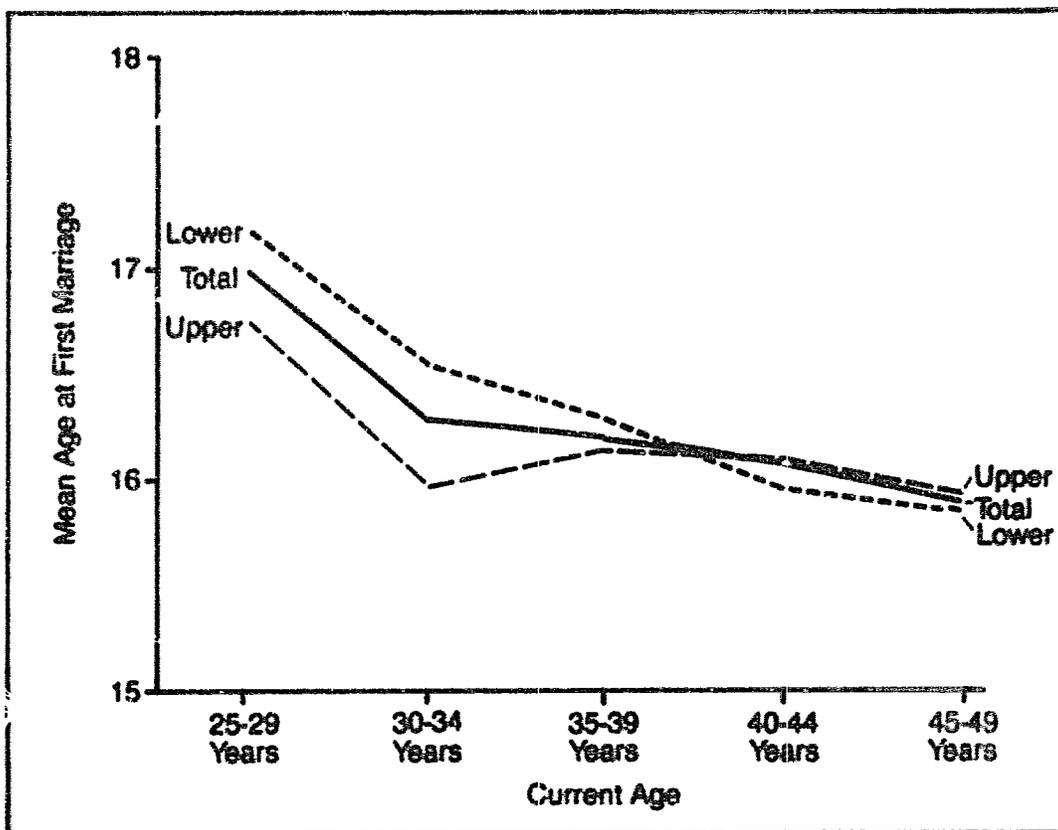


Table 3.2

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 25-49 YEARS WHO MARRIED FOR THE FIRST TIME BEFORE AGE 25 BY CURRENT AGE, AGE AT FIRST MARRIAGE AND REGION, RURAL EGYPT, 1980

Residence and Age At First Marriage	Total	Current Age				
		25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Rural						
Total Number	3,700	981	806	750	585	578
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 16 Years	41.4	31.9	41.8	44.5	45.6	48.6
16-17 Years	26.0	28.3	27.4	26.0	23.2	22.7
18-19 Years	16.0	19.3	15.9	13.9	15.6	13.8
20-21 Years	12.3	13.0	10.4	12.4	13.2	12.8
22-23 Years	3.3	5.6	3.3	2.5	1.7	1.9
24 Years or More	1.0	1.8	1.1	0.7	0.7	0.2
Mean Age At First Marriage	16.3	17.0	16.3	16.2	16.1	15.9
Upper Egypt						
Total Number	1,683	464	343	354	273	249
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 16 Years	44.7	35.3	48.1	47.7	46.9	51.0
16-17 Years	24.7	27.6	25.4	25.1	20.9	21.7
18-19 Years	14.7	19.0	13.7	11.6	16.8	10.4
20-21 Years	11.8	12.3	8.2	12.1	12.8	14.1
22-23 Years	3.0	3.9	3.5	2.8	1.8	2.4
24 Years or More	1.1	1.9	1.2	0.6	0.7	0.4
Mean Age At First Marriage	16.2	16.7	15.9	16.1	16.1	15.9
Lower Egypt						
Total Number	2,017	517	463	396	312	329
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Less than 16 Years	38.6	28.8	37.1	41.7	44.6	46.8
16-17 Years	27.1	29.0	28.9	26.8	25.3	23.4
18-19 Years	17.1	19.5	17.5	15.9	14.4	16.4
20-21 Years	12.8	13.7	12.1	12.6	13.5	11.9
22-23 Years	3.5	7.2	3.2	2.3	1.6	1.5
24 Years or More	0.9	1.7	1.1	0.8	0.6	0.0
Mean Age At First Marriage	16.5	17.2	16.5	16.3	16.0	15.9

Regional Patterns

A comparison of the patterns at first marriage among ever-married women aged 25-49 years who had married by age 25 in Upper and Lower Egypt suggests that differences between these two regions are not substantial (Table 3.2). Overall, the mean age at first marriage is only slightly higher among rural women in Lower Egypt (16.5 years) than Upper Egypt (16.2 years). The proportion of women who married before age 16 is also somewhat greater in Upper Egypt (45 percent) than in Lower Egypt (39 percent). The trend toward postponement of marriage has, however, clearly been more pronounced recently in Lower Egypt as evidenced by the generally higher average age at first marriage found among women in the younger age groups (25-34 years) in this region than among women in these cohorts in Upper Egypt (Figure 3.1).

Educational Status Differentials

There is considerable consensus among scholars that education has the effect of raising the age at first marriage, especially among women, because of the longer period spent in educational institutions and of newly acquired attitudes concerning choice of partners which lead to postponing marriage. The differentials in the mean age at first marriage by education presented in Table 3.3 for ECPS respondents aged 25-49 years who married before age 25 support this assumption. The mean age at first marriage clearly increases with educational level varying from a low of 16.2 years among illiterate women to 18.2 years among women with a primary or higher education. The inverse relationship between age at first marriage and a woman's educational level is evident, moreover, within every age group although the differentials are clearest among the younger cohorts. Similar patterns are observed in Upper and Lower Egypt although, as Table 3.3 shows, the variation in the mean age at marriage across educational categories is generally more pronounced in the latter region.

Table 3.3

MEAN AGE AT FIRST MARRIAGE AMONG EVER-MARRIED WOMEN AGED 25-49 YEARS WHO MARRIED FOR THE FIRST TIME BEFORE AGE 25 BY LITERACY/ EDUCATIONAL STATUS, CURRENT AGE AND REGION, RURAL EGYPT, 1980

Region and Current Age	Illiterate	Less Than Primary	Completed Primary
Total Rural			
Total Number	3,207	281	207
Total Mean	16.2	17.0	18.2
25-29 Years	16.6	18.0	19.3
30-34 Years	16.1	17.3	17.6
35-39 Years	16.1	16.4	18.3
40-44 Years	16.0	16.2	17.1
45-49 Years	15.9	15.9	15.8
Upper Egypt			
Total Number	1,508	87	86
Total Mean	16.1	17.0	17.6
25-29 Years	16.4	18.3	18.5
30-34 Years	15.7	17.2	17.5
35-39 Years	16.1	15.3	18.0
40-44 Years	16.1	16.1	16.2
45-49 Years	15.9	16.6	15.7
Lower Egypt			
Total Number	1,699	194	121
Total Mean	16.3	17.0	18.5
25-29 Years	16.8	17.9	19.9
30-34 Years	16.3	17.3	17.6
35-39 Years	16.1	16.8	18.5
40-44 Years	15.9	16.2	18.2
45-49 Years	15.9	15.6	15.9

PREFERRED AGE AT MARRIAGE

Some insights into nuptiality behavior in the future in rural Egypt are provided by a discussion of the data collected from ever-married women in the ECPS on the age at which they feel that a girl should marry. This information is important in predicting whether the age at first marriage will continue to increase since most marriages in rural Egypt are arranged and, thus, parents play a key role in determining the age at which their daughters will wed.

Regional Patterns

Respondents in the ECPS were asked about the age they considered most suitable for a girl to marry (Question 415). Table 3.4 indicates that the majority of women in rural Egypt (57 percent) think a girl should marry before she is eighteen years old. Only around 30 percent of the women would prefer that marriage be postponed until a girl's twentieth birthday. Overall, the average mean preferred age at marriage is 17.4 years, which is, it should be noted, slightly higher than the average age at which the women themselves first married (16.6 years).

Table 3.4

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS BY PREFERRED AGE AT MARRIAGE AND REGION, RURAL EGYPT, 1980

Preferred Age at First Marriage	Total Rural	Upper Egypt	Lower Egypt
Total Number [*]	5,211	2,421	2,790
Total Percent	100.0	100.0	100.0
Less than 16 Years	25.3	31.2	20.3
16-17 Years	31.7	36.0	28.0
18-19 Years	13.3	12.9	13.6
20-21 Years	23.8	16.3	30.3
22-23 Years	2.2	1.2	3.0
24 Years or More	3.6	2.4	4.7
Mean Age	17.4	16.8	17.9

* Excludes 102 respondents who indicated they did not know when they wanted their daughters to marry (N=54), or gave non-numeric responses (N=48).

Women in Upper Egypt appear to prefer a somewhat earlier pattern of marriage than do women in Lower Egypt. Two-thirds of the women in the latter region think a girl should marry by the time she is 18 while, in Lower Egypt, less than one-half of the women (48 percent) feel a girl should wed before her eighteenth birthday (Table 3.4). The mean preferred age at marriage in Lower Egypt (17.9 years) is higher than the average age at which ECPS respondents (16.8 years) were themselves first married. In comparison, the differential

between the average preferred age at marriage (16.8 years) and the actual mean age at marriage among the women interviewed in Upper Egypt (16.4 years) is not nearly as significant. This suggests that changes in attitudes toward age at marriage have been more widespread in Lower than in Upper Egypt.

Age and Age at First Marriage

Tables 3.5 and 3.6 consider the relationship between the desired age at first marriage and selected demographic background variables. Current age exhibits no consistent relationship with the preferred age for marriage; the majority of women in each age cohort think a girl should marry before age 18. The fact that a somewhat greater proportion of women aged 15-19 feel women ought to wed before their sixteenth birthday and that the mean preferred age was somewhat lower among women in this cohort than among women in other age groups in both Upper and Lower Egypt is probably due to the censoring effect (i.e., women who were not married at the time of the survey were not interviewed, thus biasing the sample in this cohort toward women who married early). Their attitudes toward the preferred age at marriage undoubtedly reflect their own experience.

Table 3.5

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS BY PREFERRED AGE AT FIRST MARRIAGE AND SELECTED DEMOGRAPHIC CHARACTERISTICS, RURAL EGYPT, 1980

Demographic Characteristics	Total Percent	Preferred Age at First Marriage					
		Under 16 Years	16-17 Years	18-19 Years	20-21 Years	22-23 Years	24 Years or More
<u>Current Age</u>							
15-19 Years	100.0	32.9	39.8	11.2	13.8	1.4	0.8
20-24 Years	100.0	24.0	30.9	13.4	26.9	1.9	2.8
25-29 Years	100.0	25.6	29.9	11.7	25.3	2.4	5.0
30-34 Years	100.0	26.4	27.0	11.9	26.3	3.5	4.8
35-39 Years	100.0	23.7	33.9	15.4	21.9	1.6	3.5
40-44 Years	100.0	24.3	29.7	16.5	23.4	3.0	3.1
45-49 Years	100.0	22.1	34.9	13.4	24.3	1.2	4.0
<u>Age at First Marriage</u>							
Under 16 Years	100.0	38.6	31.0	8.7	18.9	1.0	1.8
16-17 Years	100.0	18.6	44.1	11.4	21.1	2.4	2.6
18-19 Years	100.0	16.6	22.9	25.9	27.3	2.0	5.3
20-21 Years	100.0	15.7	23.4	17.5	35.8	3.8	3.8
22-23 Years	100.0	11.3	15.8	10.5	40.6	7.5	14.3
24 Years or More	100.0	17.6	15.7	9.4	33.3	6.3	17.6

Table 3.6

MEAN PREFERRED AGE AT FIRST MARRIAGE AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural	Upper Egypt	Lower Egypt
<u>Current Age</u>			
15-19 Years	16.5	16.2	16.9
20-24 Years	17.4	16.9	17.9
25-29 Years	17.5	16.9	18.1
30-34 Years	17.6	16.7	18.3
35-39 Years	17.4	16.9	17.7
40-44 Years	17.5	16.8	18.1
45-49 Years	17.5	17.0	17.8
<u>Age at First Marriage</u>			
Less than 16 Years	16.6	16.1	17.2
16-17 Years	17.3	16.8	17.7
18-19 Years	18.1	17.5	18.4
20-21 Years	18.2	17.4	18.7
22-23 Years	19.5	19.1	19.8
24 Years or More	19.4	19.3	19.5

A woman's own age at first marriage is positively related to her preferences regarding age at first marriage. Table 3.6 shows that the preferred age increases with the woman's own age at marriage ranging from a low of 16.6 years among women who married before age 16 to a high of 19.4 years among women who were 24 years old or more when they married. Similar patterns are observed in Upper and Lower Egypt.

It should be noted that the data in Tables 3.5 and 3.6 indicate that many of the women who delayed their own marriages until after their twentieth birthday feel that, in general, girls in rural Egypt should marry at younger ages than they themselves did. For example, the majority of women (57 percent) who were 20-21 years when they married thought a girl should wed before her twentieth birthday. Thus, while women in rural Egypt favor postponing marriage, most seem to feel marriage should be delayed only until the late teens.

Educational Status Differentials

A woman's educational status is clearly related to her attitudes regarding age at marriage. The majority of illiterate women (61 percent) feel a girl should marry before age 18 while only 25 percent think marriage should be delayed until a girl has passed her twentieth birthday (Table 3.7). These patterns are reversed among literate women. More than half (54 percent) of the women who have completed 1-5 years of schooling and 62 percent of the women with a primary or higher education prefer that a girl marry after her twentieth birthday.

Table 3.7

PERCENT DISTRIBUTION OF EVER-MARRIED RESPONDENTS AGED 15-49 YEARS BY PREFERRED AGE AT FIRST MARRIAGE AND LITERACY/EDUCATIONAL STATUS, RURAL EGYPT, 1980

Preferred Age at First Marriage	Illiterate	Less than Primary	Completed Primary
Total Number	4,477	399	330
Total Percent	100.0	100.0	100.0
Less than 16 Years	27.6	10.0	12.7
16-17 Years	33.7	22.6	15.5
18-19 Years	13.5	13.0	10.3
20-21 Years	21.5	40.6	34.8
22-23 Years	1.5	4.5	9.4
24 Years or More	2.1	9.3	17.3

Similar relationships between educational status and the preferred age at marriage exist in Upper and Lower Egypt. Table 3.8 shows that, in Lower Egypt, the mean preferred age ranges from 17.6 years among illiterate women to 20.1 years among women who have completed at least primary school. In Upper Egypt, these means are consistently lower, varying from 16.5 years among illiterate women to 19.1 years among the most highly educated group.

Table 3.8

MEAN PREFERRED AGE AT FIRST MARRIAGE AMONG EVER-MARRIED WOMEN
AGED 15-49 YEARS BY LITERACY/EDUCATIONAL STATUS AND REGION,
RURAL EGYPT, 1980

Literacy/ Educational Status	Total Rural	Upper Egypt	Lower Egypt
Illiterate	17.1	16.5	17.6
Literate, Less than Primary	19.0	18.3	19.3
Completed Primary or More	19.7	19.1	20.1

Chapter 4

FERTILITY

SUMMARY: The survey findings confirm a pattern of high fertility in rural Egypt in the past. Ever-married women in the 45-49 age group report having had an average of 7.4 live births. Overall, the mean number of children ever born among all ever-married women aged 15-49 years was 4.6. Mean parity in Upper Egypt was 4.7 births compared to 4.6 births in Lower Egypt.

As expected, mean parity in rural Egypt was positively associated with age and marital duration. It was shown to decrease with increasing age at marriage with substantial differences evident for women who marry after their eighteenth birthday when compared to those who were 17 years or younger when they first married. Average parity was also inversely related to educational level, whether of the respondent or her husband. Female employment also has a depressing effect on fertility.

The high fertility levels observed in rural Egypt are coupled with high infant and child mortality levels. Ever-married women report an average of 1.3 deaths among their children. Estimates of the infant mortality rate for 1977 derived from these data indicate that around 130 out of every thousand babies born in rural Egypt die within the first year. Levels of infant mortality are higher in Upper than in Lower Egypt.

According to the ECPS, current fertility levels continue to be high. Overall, the total fertility rate estimated for rural Egypt suggests the average woman will have around six births by the end of her reproductive period. Fertility levels are somewhat higher in Upper than in Lower Egypt; the marital general fertility rate in Upper Egypt is estimated to be 266 births per 1,000 married women compared to a rate of 242 births in Lower Egypt.

In this chapter, data on the number of children ever born to ECPS respondents are used to examine the fertility levels and demographic and socio-economic differentials in cumulative fertility in rural Egypt. Information on child survivorship is also examined, and these data are used in estimating infant mortality levels. The number of live births to women in the twelve months preceding the survey provides the data for calculation of current fertility levels.

CUMULATIVE FERTILITY

Information on the number of children ever born (parity) provides a measure of cumulative fertility levels in a society. The data on children ever born in the ECPS were obtained by a series of questions (Questions 201-207) designed to minimize the underreporting of births, particularly among older women.¹ The survey results suggest that average parity among ever-married women in rural Egypt is high; the mean number of children ever born among the women interviewed was 4.6. It should be noted that there was little difference between Upper and Lower Egypt in the mean number of births per ever-married woman; average parity in Upper Egypt was 4.7 births compared to 4.6 births in Lower Egypt.

Demographic Differentials

The data on the number of children ever born from the ECPS are cross-sectional and do not refer to the reproductive behavior of a cohort of women as it grows older. A closer examination of the variation in the number of children ever born with a number of demographic characteristics including age, marital duration, and age at first marriage, nevertheless, provides insights into the average completed family size and the pace of childbearing over the reproductive period among women in rural Egypt.

Current Age and Marital Duration

It is expected that the number of children ever born will increase as age and marital duration increase. Tables 4.1 and 4.2 show that the proportion of

¹ In addition to recall errors, data on children ever born are subject to two additional possible sources of bias: (1) the omission of data for women who have died or who have emigrated from the area; and (2) since the data are limited to ever-married women, the censoring phenomenon (discussed in the previous chapter) which has the effect of upwardly biasing the parity data, especially for younger women. For these reasons, the reported data may not perfectly reflect the "true" experience of particular cohorts of women in rural Egypt.

childless women among ECPS respondents declines rapidly with age and marital duration. These data indicate, moreover, that as age and the length of the period of exposure to the risk of conception increase, the percent distribution of women by the number of children ever born becomes more spread, and the mode tends to occur at a higher number with a lesser magnitude.

Table 4.1

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGE 15-49 YEARS BY THE NUMBER OF CHILDREN EVER BORN AND CURRENT AGE, RURAL EGYPT, 1980

Children Ever Born	Total	Current Age						
		15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years
Total Number	5,313	517	943	1,014	842	776	615	606
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	10.8	52.6	17.3	5.7	3.0	3.0	3.3	2.3
One Child	10.6	32.5	25.1	8.3	2.4	3.1	2.6	2.1
Two Children	10.0	12.2	24.7	13.9	4.6	2.1	3.1	3.6
Three Children	11.0	1.5	20.0	21.6	9.3	6.1	3.1	4.0
Four Children	10.0	1.2	8.6	18.9	14.5	7.6	5.4	6.4
Five Children	9.2	-	3.0	15.2	18.5	8.2	7.8	6.4
Six Children	8.9	-	0.5	9.5	14.6	15.6	9.8	11.2
Seven Children	8.5	-	0.3	3.8	14.0	16.2	15.0	11.7
Eight Children	7.3	-	0.3	2.4	10.2	14.0	14.6	12.9
Nine Children	5.7	-	0.1	0.5	5.1	11.1	12.2	15.5
Ten Children	3.4	-	-	0.1	2.6	6.2	9.1	9.2
Eleven Children	1.9	-	-	-	0.5	3.0	6.2	6.1
Twelve or More	2.6	-	-	0.1	0.7	3.9	8.0	8.4

Table 4.2

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS BY THE NUMBER OF CHILDREN EVER BORN AND THE NUMBER OF YEARS SINCE FIRST MARRIAGE, RURAL EGYPT, 1980

Children Ever Born	Total	Years Since First Marriage					
		0-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25 Years or More
Total Number	5,313	1,019	964	847	754	742	951
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	10.8	41.7	6.8	3.2	2.5	2.0	2.2
One Child	10.6	36.2	10.6	3.4	2.7	2.4	1.9
Two Children	10.0	18.3	23.1	6.8	2.1	2.3	2.8
Three Children	11.0	3.6	32.4	14.5	6.4	4.0	3.4
Four Children	10.0	0.1	18.0	21.1	11.1	6.2	4.8
Five Children	9.2	0.1	6.3	23.5	14.1	8.2	5.9
Six Children	8.9	-	1.8	14.3	18.2	11.7	11.3
Seven Children	8.5	-	0.1	7.6	16.6	17.0	13.7
Eight Children	7.3	-	0.7	3.4	13.0	16.2	14.2
Nine Children	5.7	-	0.1	1.3	7.2	13.6	14.2
Ten Children	3.4	-	-	0.6	4.0	7.7	9.3
Eleven Children	1.9	-	-	0.1	1.1	4.3	6.4
Twelve or More	2.6	-	-	0.1	1.2	4.3	10.0

Table 4.3 presents the variation in the mean number of children ever born with age and current marital duration. It shows that ever married women aged 45-49 years in rural Egypt have had an average of 7.4 births. By any standard, completed parity among these women must be considered very high. An analysis of the variation in the mean number of children ever born with current age indicates that the most rapid increases in parity occur with the 20-34 age groups. The mean number of children ever born ranges from .7 among women 15-19 years to 5.4 births among women in the 30-34 age group. Increases in cumulative fertility levels among women in the older cohorts are less dramatic. The difference between the mean number of children ever born among women aged 35-39 years (6.6 births) and women aged 45-49 years (7.4 births) suggests that, by her fortieth birthday, an ever-married woman in rural Egypt has nearly completed her childbearing; she will have, on average, only .8 live births more in the remaining years of her reproductive period.

Table 4.3

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural	Upper Egypt	Lower Egypt
Total	4.62	4.67	4.57
<u>Current age</u>			
15-19 Years	.66	.68	.64
20-24 Years	1.93	2.11	1.77
25-29 Years	3.62	3.76	3.49
30-34 Years	5.44	5.66	5.27
35-39 Years	6.60	6.68	6.53
40-44 Years	7.32	7.73	6.94
45-49 Years	7.41	7.40	7.42
<u>Years Since First Marriage</u>			
0-4 Years	.85	.83	.86
5-9 Years	2.76	2.75	2.77
10-14 Years	4.49	4.61	4.38
15-19 Years	6.00	6.11	5.92
20-24 Years	7.08	7.36	6.81
25 Years or More	7.63	7.75	7.54

As noted above, the ECPS results show that average parity is nearly identical in Upper and Lower Egypt. A closer examination of the variation in the mean number of children ever born for different age cohorts in these regions indicates that ever-married women in the age groups 20-44 years in Lower Egypt have had, on average, slightly fewer births than women in the same age cohorts in Upper Egypt. Among women aged 45-49 years, there is no clear differential in mean parity between the two regions. The higher mean number of children ever born among women aged 40-44 years than among those 45-49 years in Upper Egypt may be a consequence both of age misreporting and omission of births among women in the 45-49 age group.

Table 4.3 also shows the variation in the mean number of children ever born by the number of years since first marriage. This variable provides an approximate measure of the duration of marital life and, therefore, serves as a more precise indicator of the actual length of time a woman has been exposed to

the risk of conception. The data in Table 4.3 suggest that by the time women in rural Egypt have been married for ten years they will have had, on average, three births, and that their mean parity will double during the second decade of their marital life. The mean then increases gradually among women who have been exposed for 20-24 years until it reaches 7.6 among women who have been married 25 years or more. The patterns in Upper and Lower Egypt are similar although mean parity among women who have been married for ten years or longer is generally slightly lower in Lower than in Upper Egypt.

Age at First Marriage

Finally, the relationship between the age at first marriage and the number of children ever born is considered in Table 4.4. Age at first marriage is one of the most important determinants of family size, especially in societies where family planning is not widespread. Women who marry early will generally complete their childbearing with more births than women who marry later (United Nations, 1979, p. 48). In rural Egypt, there is clearly a declining trend in the mean number of children ever born as the age at first marriage increases. The only major deviation in this pattern is found among women in Upper Egypt who married at age 20-21. This may be attributed in part to the tendency toward heaping at age 20 as the reported age at first marriage.

Table 4.4

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY AGE AT FIRST MARRIAGE AND THE NUMBER OF YEARS SINCE FIRST MARRIAGE, RURAL EGYPT, 1980

Age at First Marriage	Total	Years Since First Marriage					
		0-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25 Years or More
Total	4.62	.85	2.76	4.49	6.00	7.08	7.63
Less than 16 Years	5.44	.79	2.44	4.34	6.04	7.08	7.75
16-17 Years	4.35	.83	2.99	4.73	6.20	7.44	7.63
18-19 Years	4.02	.87	2.87	4.58	6.07	7.19	7.08
20-21 Years	4.21	.89	2.71	4.57	5.72	6.72	7.39
22-23 Years	3.13	1.06	3.03	4.52	4.90	6.30	7.17
24 Years or More	2.41	.83	2.52	3.07	4.85	4.53	-

It is clear from a further examination of the data in Table 4.4 that the greatest reductions in fertility occur among women who delay marriage until they are 24 years or older. The mean number of children ever born among these women is less than half that found among women who married before their sixteenth birthday. Substantial differences in average parity are, nevertheless, evident for women who marry after their eighteenth birthday when compared to those who were 17 years or younger when they married.

Conclusions regarding the negative relationship between age at first marriage and fertility must be treated with caution due to the censoring effect and to the fact that the duration of exposure to the risk of conception varies with age at first marriage. Women who married at an age less than 15 have, for example, approximately 30 or more years of exposure while those who marry at age 24 or more have only 20 or so years of exposure. Table 4.4 controls for duration of marriage in examining the variation in mean parity with age at marriage. The lack of a consistent relationship between parity and age at first marriage within the first ten years of marriage suggests that the pace of childbearing is generally similar within this period no matter at what age a woman marries. The influence of delayed marriage becomes very apparent, however, as marriage duration increases. Table 4.3 shows that, holding duration constant among women who have been married for 15 years or longer, mean parity generally decreases with increasing age at marriage. This decrease in fertility is particularly evident for those women who married after their twentieth birthday.

Socio-Economic Differentials

The following section presents an analysis of fertility differentials by various socio-economic background characteristics of the respondent and of her spouse. The number of children ever born is used as the principal fertility indicator.

Respondent's Literacy/Educational Status

Women in rural Egypt with higher levels of education tend to have fewer births, on average, than do women of lower educational status. This inverse relationship between fertility and education can be seen by comparing the mean number of children ever born among women in various literacy/educational status categories, as shown in Table 4.5. Women in the sample who had completed the primary level of education had 3.5 live births on average, while illiterate women had an average of 4.7 live births. Literate women who had not completed primary school had an intermediate level of fertility (4.1 live births).

Table 4.5

MEAN NUMBER OF CHILDREN EVER BORN AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS OF THE WOMAN AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural		Upper Egypt		Lower Egypt	
	Unadj.	Adj. ^a	Unadj.	Adj. ^a	Unadj.	Adj. ^a
<u>Educational Status</u>						
Illiterate	4.74	4.70	4.78	4.83	4.70	4.57
Less than Primary	4.11	4.19	3.82	4.31	4.27	4.16
Completed Primary	3.51	4.07	3.75	4.31	3.33	3.86
<u>Employment Status</u>						
Working	4.35	4.17	4.65	4.37	4.18	4.07
Not Working	4.64	4.65	4.67	4.80	4.61	4.52

^aAll adjusted rates were standardized using the age composition of the total sample population.

The same pattern of fertility differentials by literacy/educational levels is maintained in the figures for Upper and Lower Egypt. The most educated rural women in Upper Egypt--those who had completed primary school--had on average one fewer live birth than illiterate women from that region, while women in Lower Egypt with a primary education had an average number of live births that was nearly 1.4 births fewer than the average among illiterate women.

Some of the observed differential in the average number of live births between educational levels or between regions, of course, might be due to differences in the age composition of respondents in various categories. For this reason the mean number of live births for each of these groups was age-standardized on the total survey population. The standardized means indicate what the average number of live births in each educational group would be if each group had the same age composition. The standardized means, then, provide a method of assessing the impact of education on fertility independent of the effect of age.

The standardized (adjusted) mean number of live births for each literacy/educational level is shown in Table 4.5 next to the unadjusted figures. Standardizing by age tends to reduce the inverse relationship suggested in the unadjusted means. For example, standardization increases the mean for women with a primary education in the total sample from 3.5 to 4.1, while the mean for illiterate women is essentially unchanged (4.7). The differential between women with a primary education and illiterate women, therefore, is reduced from 1.2 births to only .6 births.

The inverse effect of education on fertility holds after standardization in both regions. Educated women in both Upper and Lower Egypt have had a smaller number of live births than illiterate women. An examination of the standardized means, moreover, supports the conclusion that the greatest fertility reducing effect occurs from achieving literacy rather than from the completion of primary education; the differential in the mean number of live births between illiterate and literate women is larger than that between literate women with 1-5 years of schooling and those who had completed a primary education.

Respondent's Work Status

Numerous studies have shown an inverse relationship between family size and the extent of female participation in the labor force, i.e., married women who are gainfully employed generally have fewer children than other married women. This relationship has, however, been found to be more marked in urban than in rural areas (Cochrane, 1979).

The ECPS results suggest that working, like education, does indeed exhibit a negative relationship with fertility levels in rural Egypt. The standardized data on the number of live births by the respondent's work status in Table 4.5 indicate that working women had on average .4 fewer births (4.2 vs. 4.6) than women who were not working at the time of the survey. The importance of standardization in assessing the effect of a particular background variable is evident in the examination of the adjusted and unadjusted means, by work status, for women in Upper Egypt. Whereas the unstandardized means show virtually no difference between working and nonworking mothers (4.7 and 4.7 births, respectively), the standardized means disclose a difference of .4 children (4.4 and 4.8 births, respectively) between these two groups of women. In Lower Egypt, a comparison of the standardized mean numbers of live births also suggests a difference of .4 births between working and nonworking women.

Husband's Literacy/Educational Status

Table 4.6 presents the adjusted and unadjusted mean number of live births according to the literacy/educational status of the husband for currently married respondents. Generally, the same inverse relationship between education and the mean number of children ever born is found with husband's literacy/educational status as was the case when the relationship to the literacy/educational status of the respondents themselves was examined.

With husband's educational level, however, the major fertility depressing effect appears to occur between the completed primary level and preparatory and above, rather between the illiterate and literate levels as was found for the respondent's educational level. Indeed, among the husband's categories of illiterate, literate and completed primary there is only a variation of 0.2 births in the adjusted means. In sharp contrast, the adjusted total sample mean for the women whose husbands had completed the preparatory level is 0.8 births lower than for the primary level. This same sharp drop is found in both Upper and Lower Egypt. Overall, then, the standardized mean number of live births for women whose husbands had completed the preparatory educational level is about one child lower than the average among women whose husbands were illiterate.

Table 4.6

MEAN NUMBER OF CHILDREN EVER BORN AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS OF THE HUSBAND AND REGION, RURAL EGYPT, 1980

Husband's Characteristics	Total Rural		Upper Egypt		Lower Egypt	
	Unadj.	Adj. ^a	Unadj.	Adj. ^a	Unadj.	Adj. ^a
<u>Educational Status</u>						
Illiterate	4.87	4.70	4.89	4.82	4.85	4.55
Less than Primary	4.85	4.74	4.92	4.88	4.80	4.65
Completed Primary	4.18	4.53	4.03	4.68	4.27	4.45
Completed Prep.	2.81	3.69	2.90	3.78	2.76	3.63
<u>Employment Status</u>						
Working	4.63	4.63	4.71	4.80	4.56	4.50
Not Working	4.51	4.39	4.49	4.55	4.54	4.10
<u>Occupation</u>						
Professional, Tech. and Clerical	3.83	4.20	3.75	4.30	3.89	4.16
Sales	5.26	4.98	5.48	5.25	4.98	4.66
Skilled Labor	4.24	4.63	4.39	4.97	4.11	4.38
Unskilled Labor	4.66	4.67	4.56	4.77	4.77	4.57
Agriculture	4.87	4.68	4.87	4.77	4.87	4.61
Other	3.79	3.95	4.35	4.28	3.17	3.64

^aAll adjusted rates were standardized using the age composition of the total sample population.

Husband's Work Status

As seen in Table 4.6, the work status of the husband has relatively little impact on the average number of live births per respondent. The adjusted means for the total sample differ by only 0.2 births, with the women whose husbands were not working having fewer births. The lack of a strong relationship between husband's employment status and fertility is probably due to the fact that work status refers only to the two-week period prior to the survey, while the number of live births is a cumulative measure. For many of the husbands, the "not working" status is a temporary situation which will not, unless it is maintained over a long period, have much of an effect on fertility.

Husband's Occupation

The husband's occupation does appear to have some effect on fertility. Table 4.6 shows that respondents whose husbands are in professional, technical or clerical positions have the lowest fertility levels of any of the occupational groups shown (excluding the relatively few responses in the "other" category). The total adjusted number of live births for this group is 4.2. The standardized means in the total sample, as well as in Upper and Lower Egypt, for this "white collar" group are about 0.4 births fewer than the overall means for the respective areas.

The occupational group with the highest adjusted fertility level is that of sales workers, with an overall adjusted mean of 5.0. The occupational groups of skilled and unskilled workers and agricultural workers fall between these extremes, with no clear pattern evident.

SURVIVING CHILDREN

In an area of moderately high mortality levels, such as rural Egypt, many women experience the death of one or more of their children while they themselves are still of childbearing age. In such cases, it is likely that some of the cumulative fertility, as measured in numbers of live births, is an attempt to replace the children lost to mortality.

Table 4.7 presents a comparison of mean number of live births and surviving children by age of the mother at the time of the survey. The force of mortality in Egypt is evident in these data, as women in rural Egypt reported an average of 3.3 living children per woman, compared to 4.6 live births.

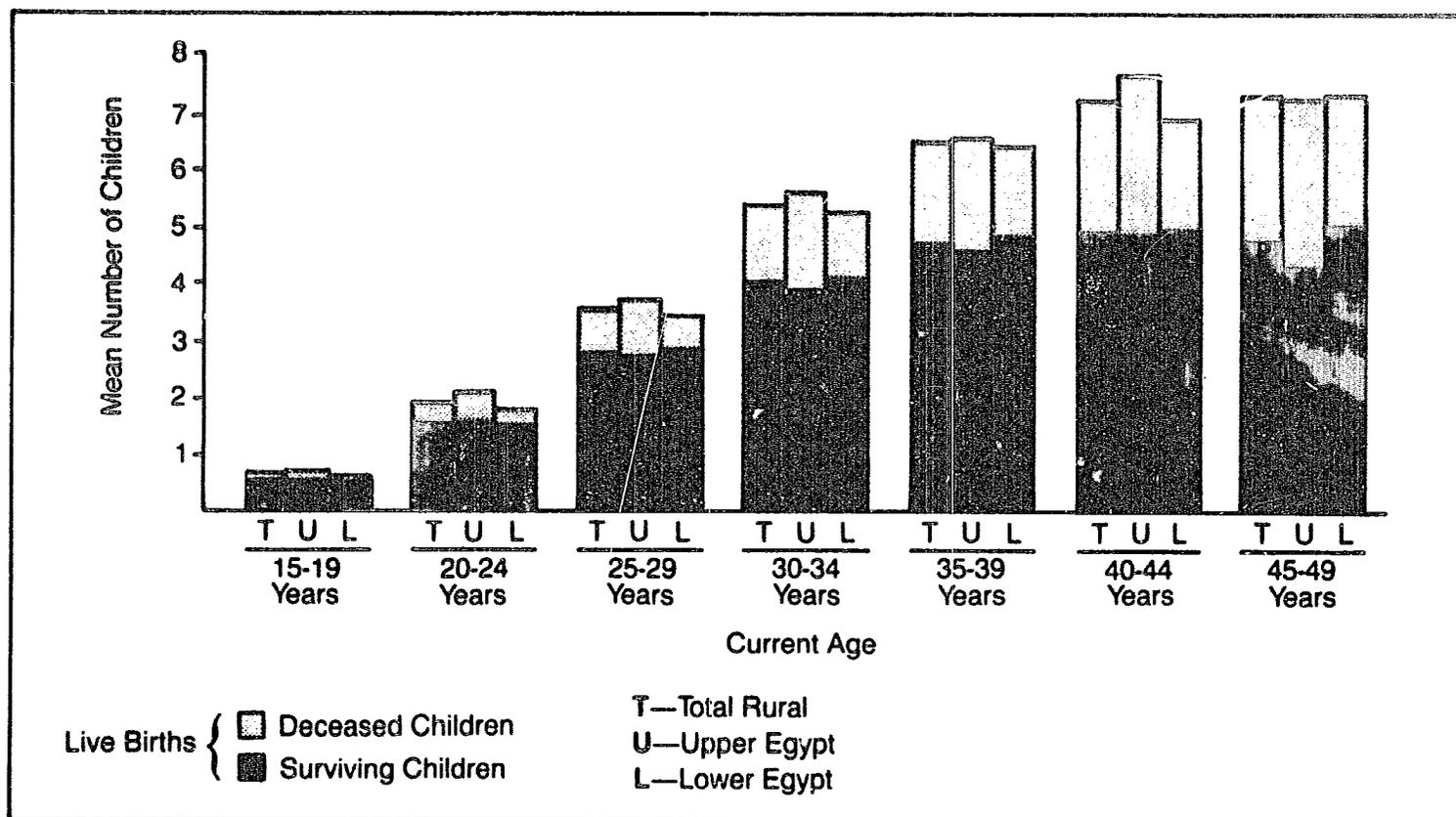
As would be expected, the gap between the average number of births and surviving children increases with age (Figure 4.1). Women 30 to 34 years old in the ECPS reported losing over one child on average to mortality, while women over 40 have lost two or more children on average. Thus, while the average woman at the end of her childbearing years (45-49 years) in rural Egypt had given birth to about 7.4 children, only about 4.7 were still alive at the time of the survey.

Table 4.7

MEAN NUMBER OF CHILDREN EVER BORN AND SURVIVING CHILDREN AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY CURRENT AGE AND REGION, RURAL EGYPT, 1980

Current Age	Total Rural		Upper Egypt		Lower Egypt	
	Ever Born	Surviving	Ever Born	Surviving	Ever Born	Surviving
Total	4.62	3.30	4.67	3.15	4.57	3.44
15-19 Years	.66	.54	.68	.54	.64	.55
20-24 Years	1.93	1.56	2.11	1.60	1.77	1.52
25-29 Years	3.62	2.78	3.76	2.74	3.49	2.81
30-34 Years	5.44	4.03	5.66	3.91	5.27	4.11
35-39 Years	6.60	4.74	6.68	4.59	6.53	4.88
40-44 Years	7.32	4.94	7.73	4.89	6.94	4.99
45-49 Years	7.41	4.74	7.40	4.33	7.42	5.05

FIGURE 4.1
Mean Number of Live Births and Surviving Children Per Ever-Married Woman Aged 15-49 Years, by Current Age and Region, Rural Egypt, 1980



There appears to be a substantial regional variation in mortality as well. Women in Upper Egypt have lost an average of 1.5 children, compared to only 1.2 children in Lower Egypt. As a result of this difference, women in Lower Egypt overall have a larger number of surviving children (3.4) than do women in Upper Egypt (3.2) even though the average number of births among rural women in Lower Egypt is slightly lower than the average for Upper Egypt.

ESTIMATES OF INFANT MORTALITY

The child survivorship data shown in Table 4.7 can be used to estimate levels of infant mortality in rural Egypt. The method developed by Brass for such estimation, and subsequent modifications proposed by Sullivan and by Trussell, yield estimates of the probabilities of dying up to various ages (Brass and Coale, 1968; Brass, 1975; Sullivan, 1972; and Trussell, 1975). Given these probabilities, and the Coale-Demeny regional model life tables, an implied level of infant mortality can be obtained (Feeney, 1976). All of these estimation methods use information on the average survival experience of children born to women in various age groups; the resulting infant mortality estimates, therefore, refer to slightly different time periods, depending on the cohort of women from which the survivorship data are drawn.

Indirect estimates of infant mortality that were derived using ECPS data and the various estimation techniques are presented in Table 4.8. They cover the period 1971 to 1977. Estimates for the year of the survey (1980)--based on the responses of women 15-19 years of age--are generally considered unreliable and have not been presented. Estimates based on the Brass, Sullivan, and Trussell methods were converted into infant mortality rates using the South region of the Coale-Demeny model life tables.

Also shown in Table 4.8 are estimates, by region, for 1977 from the 1979 Rural Fertility Survey (RFS) (Rashad, 1980). These estimates were obtained directly, from pregnancy history data collected in that survey. In the final column of Table 4.8 are estimates recently prepared by the Egypt Panel of the National Academy of Sciences Committee on Population and Demography which are

based on adjusted registered data on births and infant deaths (National Academy of Sciences, 1982, p. 14). The latter estimates for all rural Egypt and Upper and Lower Egypt are, unfortunately, available only for the 1975-1976 period.

Table 4.8

ESTIMATES OF INFANT MORTALITY FROM VARIOUS SOURCES BY REGION, RURAL EGYPT, 1971-1977

Region and Age Group Used	Approximate Reference Date	Indirect Ests. Based on ECPS				Direct Estimate from RFS 1979 ^a	NAS 1975-76 ^b
		Brass	Sullivan	Feeney	Trussel		
<u>Total Rural</u>							
20-24 Years	1977	129	135	137	130	125	123
25-29 Years	1975	146	148	159	151	-	-
30-34 Years	1973	151	151	163	156	-	-
35-39 Years	1971	152	-	169	159	-	-
<u>Upper Egypt</u>							
20-24 Years	1977	167	170	185	166	140	153
25-29 Years	1975	167	165	186	169	-	-
30-34 Years	1973	175	172	195	178	-	-
35-39 Years	1971	166	-	170	171	-	-
<u>Lower Egypt</u>							
20-24 Years	1977	106	112	109	107	113	100
25-29 Years	1975	127	130	134	132	-	-
30-34 Years	1973	132	134	138	138	-	-
35-39 Years	1971	140	-	147	148	-	-

^aRashad, 1980.

^bNational Academy of Sciences, 1982.

Estimates shown in Table 4.8 reveal a moderately high level of infant mortality in rural Egypt. The most recent data shown (1977) indicate that around 130 of every thousand (or about one in every eight) babies born in rural Egypt dies within the first year. This level represents, however, an improvement over levels earlier in the decade. The ECPS estimates consistently show a level of over 150 infant deaths per thousand live births for the 1971-73 period.

Levels of infant mortality are higher in rural Upper Egypt than in Lower Egypt. The ECPS estimates for Upper Egypt suggest that as recently as 1977 the infant mortality rate was in the range of 160 to 180 per thousand live births. There is little indication of improvement in infant mortality level in Upper Egypt in the 1970's. In Lower Egypt, on the other hand, substantial progress has apparently been made in efforts to reduce the infant mortality rate. Figures for the 1971 to 1977 period indicate a drop in the infant mortality rate from over 140 in 1971 to around 110 in 1977.

Figures for 1975-76 estimated by the NAS Panel on Egypt and for 1977 from the RFS are generally supportive of the infant mortality level estimated in the ECPS. The NAS and RFS estimates for all rural Egypt and Lower Egypt are very similar to those obtained with ECPS data. The ECPS estimates for Upper Egypt, however, are slightly higher.

CURRENT FERTILITY

In addition to information on the number of births and surviving children the respondents were also asked the date of their last live birth (Question 208). These data have been utilized to provide an indication of current levels of fertility in rural Egypt.

A total of 1,228 births were reported by the ECPS respondents to have occurred in the 12 months preceding the survey. Of these, 606 were births to women in Upper Egypt, while 622 births occurred to women in Lower Egypt. These figures represent marital general fertility rates of 253 births per thousand married women for rural Egypt, and 266 and 242 for Upper and Lower Egypt, respectively. Overall, then, about one married woman in four had experienced a birth in the year preceding the survey.

Table 4.9 shows estimates of the age specific rates for rural Egypt. These data indicate that fertility levels in rural Egypt are moderately high throughout much of a woman's reproductive years. The unadjusted age specific rates are above 250 births per thousand women beginning in the age group 20-24 and continuing through age 30-34. The unadjusted rates suggest that at these fertility levels a woman would have 5.8 births in her reproductive period.

Table 4.9
AGE-SPECIFIC AND TOTAL FERTILITY RATES, RURAL EGYPT, 1980

Current Age	Unadjusted Age-Specific Fertility Rates	Age-Specific Fertility Rates Adjusted By the Brass Method ^a
15-19 Years	.076	.117
20-24 Years	.252	.335
25-29 Years	.302	.381
30-34 Years	.261	.318
35-39 Years	.161	.194
40-44 Years	.086	.098
45-49 Years	.020	.019
Total Fertility Rate	5.790	7.310

^aAdjusted using the P_2/F_2 ratio.

Information on the date of the last live birth on which these estimates of the age specific rates are based are subject to various errors. The accuracy of all date information is, first of all, problematic in a country in which literacy levels are relatively low. Recall errors also can lead to the distortion of the length of the interval between the last birth and the interview. Also, children that have died may not be reported, especially if they died at a very young age. The errors introduced in these data typically result in an underestimation of fertility levels.

Various researchers have developed methods to adjust the reported data for such errors. Among the most well known of these methods is one proposed by William Brass, which uses the reported numbers of children ever born to adjust the data on births in the 12 months preceding the survey (Brass and Coale, 1968 and Brass, 1975). Such an adjustment, of course, involves a number of assumptions, which may or may not hold for a specific application. In particular, the adjustment is dependent on the reported schedule of children ever born. In a country experiencing fertility decline, this assumption may not be valid.

The results of the application of the Brass fertility method are presented in Table 4.9 together with the unadjusted fertility data primarily for comparative purposes. The determination of a single "best" current fertility estimate from these data should result from a more extensive analysis of the available

data and will not be attempted here. The adjusted rates, as expected, suggest a much higher total fertility rate of 7.3; a 26 percent adjustment to the reported figures. The adjusted age specific rates reach a peak of 381 births per thousand women in the 25 to 29 year age group, compared to an unadjusted level of 302.

In summary, available information on current fertility in rural Egypt suggests that fertility levels among rural women remain high. The range between unadjusted fertility rates and those adjusted by the Brass method indicates that rural Egyptian women currently have an average of from six to seven births in their lifetime. An examination of the possible sources of error suggests that the higher figure is perhaps closer to the actual level than is the lower figure.

Chapter 5

FAMILY SIZE DESIRES

SUMMARY: ECPS data suggest that many women in rural Egypt want to limit their family size. Around one out of every two women in rural areas says she does not want another child. The proportion desiring to control their fertility increases systematically with age and family size. Socio-economic differentials in the percentage desiring no more children, which favor more educated women, working women, and women employed in agricultural occupations, disappear as family size increases. Differentials between women in Upper and Lower Egypt persist among women whatever their current family size although they tend to decrease as the number of surviving children increases.

The ECPS results regarding the ideal family size among women in rural Egypt indicate that women are presently having more children than they regard as optimal. One out of every three married women currently has more children than what she regards as ideal for a woman in her situation. The mean ideal family size among rural women--3.6 children--is considerably less than the average number of surviving children a woman nearing the end of her childbearing period currently has (4.7 children). The ideal for a daughter (3.1 children) is, in turn, lower than that the woman expresses for herself. Family size ideals are consistently higher in Upper than in Lower Egypt.

Son preference appears to have a strong impact on family size desires in Egypt. The average woman is more likely to prefer to have more sons than daughters. Women who have no sons are less likely than women with at least one son to want to cease childbearing.

Considering attitudes toward childspacing, only one out of every four women desiring to have another child indicated she wanted to delay the birth. The mean ideal interval between marriage and the first birth is 17 months, suggesting that women in rural Egypt think childbearing should begin very soon after marriage. They also prefer a relatively short average spacing interval (29 months) between births after a woman has had her first child.

The 1977 Egypt Contraceptive Prevalence Survey collected information on future fertility intentions and on family size norms among women in rural Egypt. These data indicate the proportion of rural women who want to cease childbearing and the number of children rural women expect to have as well as their family size ideals. The ECPS data also permit an investigation of the existence and impact of son preference on family size attitudes. Finally,

information on the percentage of women interested in delaying their next pregnancy and on the ideal average number of months between births provides insight into childspacing attitudes which, like family size desires, have important implications for future fertility behavior.

DESIRE FOR ADDITIONAL CHILDREN

ECPS respondents were asked whether or not they wanted to have additional children in the future (Question 407). Their responses suggest that more than one-half of all currently married women (53 percent) in all rural Egypt desire no additional children, 10 percent are undecided, while the remainder want more children (Table 5.1). The proportion who want to cease childbearing is lower in Upper Egypt (42 percent) than in Lower Egypt (63 percent).

Table 5.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY THE DESIRE FOR MORE CHILDREN AND REGION, RURAL EGYPT, 1980

Desire for More Children	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,847	2,276	2,571
Total Percent	100.0	100.0	100.0
Desires No More Children	53.2	42.5	62.7
Desires Additional Children	37.0	45.7	29.3
Undecided	9.7	11.7	8.0

Table 5.2 shows the proportion of currently married women desiring no additional children by current age and surviving children. As expected, the proportion increases systematically with age, varying from 7 percent for women aged 15-19 to 74 percent for women aged 45-49 years. Similar patterns hold for Lower and Upper Egypt with the proportions being uniformly smaller in each younger age group for Upper Egypt.

The proportion desiring no more children is also, as expected, positively associated with the number of surviving children. While only 4 percent of women with no surviving children desire no additional children, the percentage increases steadily until it reaches 86 percent among women with at least six surviving children. This pattern holds true for both Lower and Upper Egypt, with the percentage desiring no more children again being somewhat smaller in every family size category in Upper than in Lower Egypt.

Table 5.2

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO DO NOT WANT ADDITIONAL CHILDREN BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,847	2,276	2,571
<u>Current Age</u>			
15-19 Years	6.6	4.7	8.8
20-24 Years	26.5	15.4	36.2
25-29 Years	49.5	35.6	61.8
30-34 Years	72.2	57.2	83.2
35-39 Years	73.2	60.5	84.9
40-44 Years	77.2	73.9	80.3
45-49 Years	74.1	72.6	75.4
<u>Surviving Children</u>			
None	3.9	2.3	5.6
One Child	13.3	11.7	15.0
Two Children	41.9	29.4	54.2
Three Children	58.8	41.2	74.0
Four Children	76.1	62.6	87.0
Five Children	79.4	69.6	87.5
Six Children or More	85.8	80.7	89.7

Table 5.3 controls for the number of surviving children in examining the variation in the percentage who want no additional children in relation to selected socio-economic background characteristics of currently married ECPS respondents. In rural Egypt, a woman's educational level is related to her desire to limit family size. For example, only 26 percent of illiterate women with one or two surviving children indicate that they do not want another child while the percentages among literate women with less than a primary school education and among women who have completed primary school in the same family size category are 32 and 41 percent, respectively. Education continues to show

an effect on the desire for more children as family size increases, although the educational status differentials in the proportion desiring no more children narrow considerably among women with six or more children.

Similar patterns are observed in examining the relationship between the desire for more children and a woman's employment status. Among working women with less than three children, the percentage who want no more children is somewhat greater than among women in the same family size category who are not employed. Among women with three or more children, the difference in the percentages desiring to cease childbearing between working and nonworking women becomes negligible.

Overall, socio-economic differentials in the desire for no additional children presented in Table 5.3 are surprisingly narrow. The ECPS results, thus, suggest that 70 percent of all currently married women with three or more surviving children, whatever their socio-economic status, want to cease childbearing. The number of surviving children and region of residence appear to have a greater influence on the desire for children than any of the socio-economic status measures.

Table 5.3

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO DO NOT WANT ADDITIONAL CHILDREN BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS OF THE WOMAN AND NUMBER OF SURVIVING CHILDREN, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural	Number of Surviving Children			
		None	1-2 Children	3-5 Children	6 or More
Respondent Characteristics					
<u>Educational Status</u>					
Illiterate	52.6	3.8	26.4	69.1	85.5
Less than Primary	56.8	4.7	32.0	81.5	86.0
Completed Primary	56.9	4.3	41.0	83.9	92.3
<u>Employment Status</u>					
Working	54.6	8.1	38.3	69.9	83.3
Not Working	53.1	3.7	27.2	70.9	86.0
<u>Occupation</u>					
Agricultural	56.5	25.0	44.4	55.3	81.3
Nonagricultural	53.9	3.4	37.8	79.2	82.8

EXPECTED FAMILY SIZE

Women who wanted more children were also asked about the number of additional children they desired (Question 408). Adding the number of additional children a woman says she wants to the number she currently has provides a measure of the completed family size she expects.¹ The ECPS results show that the mean expected family size among ever-married women in rural Egypt is 4.3 children. A comparison of the mean expected family size with the mean number of surviving children (current family size) suggests that, on average, women in rural Egypt would like to have one additional child.

Table 5.4 shows that the mean expected family size varies with age, increasing from 3.4 children among women aged 15-19 years to 5.5 children among women in the 40-44 age cohort, before falling off slightly to 5.1 children among women in the 45-49 year age group. The latter average reflects the fact that, as mentioned above, the average number of surviving children reported by women in the oldest cohort is somewhat smaller than that reported for the 40-44 age group. Women aged 45-49 also desire somewhat fewer additional children than do younger women.

Family size expectations are higher among women in Upper Egypt than in Lower Egypt. The mean expected family size is 4.6 and 4.1 children, respectively, in the two regions. Table 5.4 shows that this regional differential reflects differences between Upper and Lower Egypt in both components of the family size measure--a higher mean number of surviving children in Lower than in Upper Egypt (3.4 and 3.2 children, respectively) and a lower mean number of additional children desired in Lower than in Upper Egypt (0.7 and 1.4 children, respectively).

¹ The expected family size measure was calculated as follows: (1) for women who did not want more children (n=2,580), the expected number of children was equal to the number of surviving children, and (2) for women who wanted more children (n=1500), the expected number of children was equal to the number of surviving children plus the number of additional children desired. Women who were not sure about their desire for additional children, or who gave non-numeric responses regarding the number of children they wanted (n=767), were excluded from the calculation of the expected family size measure.

Table 5.4

MEAN NUMBER OF SURVIVING CHILDREN AND EXPECTED COMPLETED FAMILY SIZE AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY CURRENT AGE AND REGION, RURAL EGYPT, 1980

	Total Rural		Upper Egypt		Lower Egypt	
	Surviving Children	Expected Family Size	Surviving Children	Expected Family Size	Surviving Children	Expected Family Size
Total Number	4,847	4,080	2,276	1,776	2,571	2,304
Total Mean	3.32	4.33	3.18	4.60	3.45	4.11
15-19 Years	.55	3.35	.55	3.82	.55	2.86
20-24 Years	1.59	3.27	1.64	3.85	1.55	2.86
25-29 Years	2.83	3.80	2.80	4.27	2.85	3.45
30-34 Years	4.11	4.57	3.98	4.79	4.21	4.44
35-39 Years	4.90	5.39	4.72	5.48	5.07	5.31
40-44 Years	5.11	5.48	5.08	5.56	5.14	5.41
45-49 Years	4.99	5.12	4.53	4.73	5.36	5.44

Table 5.4 also shows that the differences in the expected number of children in Upper and Lower Egypt are greatest among women in the youngest cohorts (15-24 years). The regional differentials narrow considerably with increasing age until only relatively minor variations are observed among women 35 years and older. The somewhat higher expected family size among women in Lower Egypt than among those in Upper Egypt in the 45-49 age group is primarily related to the differences in the average number of surviving children reported by women in the two regions, rather than to differences in the number of additional children desired.

FAMILY SIZE DESIRES

While providing some indication of family size norms among women in rural Egypt, the measure of expected completed family size may be upwardly biased since it is likely that some women already have had more children than they would consider ideal. In the ECPS, three additional indicators of family size norms were, therefore, collected: (1) the total desired number of children; (2)

the ideal number of children a respondent thought a couple like her husband and she should have; and (3) the number of children she thought that her daughter should have. An examination of these measures suggests that many women in rural Egypt are experiencing higher fertility than what they regard as the ideal.

Desired Family Size

To obtain an indicator of the desired number of children, women were asked if they had ever considered at any time before the ECPS interview the question of the total number of children they would like to have (Question 412). If they had thought about the family size they wanted, they were asked about the desired number of children (Question 413).

Overall, only 1,257 women--26 percent of all currently married women in the ECPS sample--indicated they had thought about the number of children they would like to have and provided a numeric answer to the desired family size question. There is a significant regional differential in the proportion responding; only one out of every five women in Upper Egypt answered the question compared to almost one out of every three women in Lower Egypt.

An investigation of the background characteristics of the women answering the desired family size question also shows that they are younger, more educated, more likely to be working, and more likely to have fewer children than other ECPS respondents. Since they come mainly from those categories which are assumed to have norms more favorable toward small families, their family size desires probably do not reflect those of the entire population. Caution should, thus, be used in making generalizations regarding the desired family size based on their responses as their desires likely underestimate those among all married women in rural Egypt.

The mean desired family size for all rural Egypt was 3.1 children (Table 5.5). The mean for Lower Egypt (2.8 children) is significantly lower than the mean for Upper Egypt (3.6). Overall, Table 5.5 shows that there is no consistent pattern in the variation in desired family size with age. The lowest value (3.0 children) occurs among women in the 20-24 age group while the high-

est value (3.6) is found in the 45-49 age group. The mean desired family size increases systematically, however, with the number of surviving children, ranging from 2.9 children among women with no surviving children to 3.5 children among women who have 6 or more children. Similar patterns are evident in both regions, although the mean desired family size is consistently higher in Upper Egypt.

Table 5.5

MEAN DESIRED FAMILY SIZE AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO HAD CONSIDERED THE QUESTION OF FAMILY SIZE PRIOR TO THE ECPS BY CURRENT AGE, NUMBER OF SURVIVING CHILDREN, AND REGION, RURAL EGYPT, 1980

Current Age and Surviving Children	Total Rural	Upper Egypt	Lower Egypt
Total Number	1,257	447	810
Total Mean	3.08	3.57	2.81
<u>Current Age</u>			
15-19 Years	3.05	3.42	2.77
20-24 Years	2.97	3.56	2.68
25-29 Years	3.11	3.76	2.79
30-34 Years	3.02	3.57	2.76
35-39 Years	3.23	3.42	3.12
40-44 Years	3.07	3.38	2.91
45-49 Years	3.58	4.08	3.17
<u>Surviving Children</u>			
None	2.86	3.14	2.68
1-2 Children	2.98	3.50	2.69
3-5 Children	3.26	3.92	2.92
6 Children or More	3.47	4.05	3.19

Ideal Family Size

In the ECPS, a woman was also asked about the number of children she considered ideal for couples like herself and her husband (Question 411). Slightly more than 90 percent of all married women gave a numeric answer to this question. The mean ideal family size figures for those women are presented in Table 5.6. Overall, rural women think that those in their situation ideally should have, on average, 3.6 children. The mean for Lower Egypt (3.2 children) was substantially below the mean for Upper Egypt (4.1 children).

A woman was also asked about the number of children she thought her daughter should have (Question 414). Slightly less than 90 percent of all married women gave a numeric response to this question. Table 5.6 shows that the average woman in rural Egypt thinks her daughter should have around three children. The mean family size considered ideal for a daughter is again much lower in Lower Egypt (2.8 children) than in Upper Egypt (3.7 children).

Table 5.6 indicates that there is no systematic variation by age in the family size considered ideal for couples in her situation or the family size regarded as ideal for a daughter. Both measures increased, however, with a woman's current family size. Similar patterns are observed in Upper and Lower Egypt, although values in Upper Egypt are higher than those in Lower Egypt in every family size category.

Table 5.6

MEAN FAMILY SIZE A WOMAN CONSIDERS IDEAL FOR HER SITUATION AND FOR HER DAUGHTER BY CURRENT AGE, NUMBER OF SURVIVING CHILDREN, AND REGION, RURAL EGYPT, 1980

Current Age and Surviving Children	Total Rural		Upper Egypt		Lower Egypt	
	Woman's Ideal	Ideal for Daughter	Woman's Ideal	Ideal for Daughter	Woman's Ideal	Ideal for Daughter
Total Number	4,531	4,265	2,020	1,787	2,511	2,478
Total Mean	3.55	3.14	4.06	3.67	3.15	2.76
<u>Current Age</u>						
15-19 Years	3.47	3.22	3.92	3.71	2.99	2.77
20-24 Years	3.32	3.04	3.73	3.43	2.98	2.75
25-29 Years	3.56	3.17	4.15	3.76	3.08	2.73
30-34 Years	3.54	3.02	4.15	3.66	3.14	2.64
35-39 Years	3.83	3.21	4.41	3.79	3.36	2.80
40-44 Years	3.70	3.24	4.22	3.83	3.28	2.80
45-49 Years	3.52	3.21	3.77	3.62	3.33	2.93
<u>Surviving Children</u>						
None	3.20	2.96	3.58	3.30	2.84	2.68
1-2 Children	3.37	3.17	3.78	3.63	2.99	2.78
3-5 Children	3.63	3.15	4.17	3.76	3.23	2.74
6 Children or More	3.90	3.20	4.67	3.84	3.37	2.81

COMPARISON OF FAMILY SIZE MEASURES

Overall Differentials

Figure 5.1 compares the various indicators of family size desires discussed above with the mean number of surviving children and mean expected family size measure for currently married ECPS respondents. The results suggest that there is considerable inconsistency between actual and expected fertility behavior and family size ideals in rural Egypt. Overall, the average married woman expects to have 0.6 children more than the mean number of children she considers ideal for a woman in her situation. The latter measure, in turn, exceeds the measures of the mean ideal family size for daughters and the desired family size by 0.5 children.

FIGURE 5.1
Comparison of Mean Family Size Measures, Rural Egypt, 1980

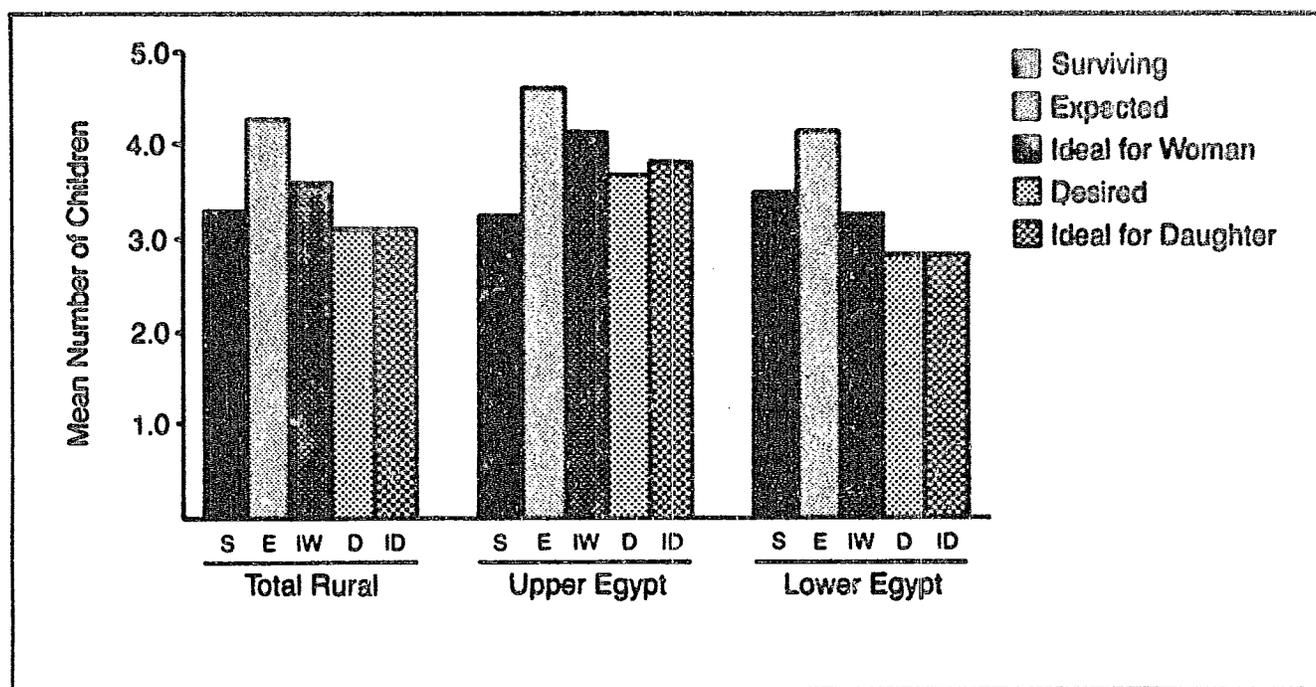


Table 5.7 shows the proportion of cases in which a woman's current family size and her expected family size exceeds her ideal. The data indicate that one out of every three married women in rural Egypt currently has more children than what she considers ideal. By the time they complete childbearing, almost 45 percent of these women expect to have more children than the number they regard as optimal. As expected, the proportion of women exceeding their ideal increases with age, ranging from none among 15-19 year olds to 63 percent for women 45-49 years when considering current family size, and from 15 percent to 65 percent, when looking at expected family size. Older women, although they have somewhat higher ideals, are more likely to already have and to expect to have more children than they consider ideal compared to younger women.

Table 5.7

PERCENT WHOSE CURRENT FAMILY SIZE AND PERCENT WHOSE EXPECTED COMPLETED FAMILY SIZE EXCEEDS THE FAMILY SIZE CONSIDERED IDEAL AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY CURRENT AGE AND REGION, RURAL EGYPT, 1980

Current Age	Total Rural		Upper Egypt		Lower Egypt	
	Current Exceeds Ideal	Expected Exceeds Ideal	Current Exceeds Ideal	Expected Exceeds Ideal	Current Exceeds Ideal	Expected Exceeds Ideal
Total	33.3	43.6	23.5	38.3	41.2	47.5
15-19 Years	0.0	15.2	0.0	16.8	0.0	13.7
20-24 Years	4.5	19.7	2.8	25.2	5.9	15.9
25-29 Years	20.9	32.9	14.5	30.6	26.1	34.6
30-34 Years	47.0	54.3	31.8	43.3	56.9	60.8
35-39 Years	55.7	64.9	38.1	51.0	69.9	75.2
40-44 Years	63.4	69.2	54.1	62.2	70.9	74.8
45-49 Years	63.3	65.0	46.8	51.1	75.2	75.1

Note: Ideal refers to the number of children a woman considers ideal for a couple in her situation.

The comparisons also highlight the differences in family size norms between Upper and Lower Egypt. Women in Upper Egypt currently have an average of 3.2 surviving children--nearly one child less than what they consider to be ideal (4.1 children). In contrast, the average woman in Lower Egypt currently has 3.5 children--0.3 more than she regards as ideal. These results confirm the conclusion reached earlier using results of the 1979 Rural Fertility Survey that "Upper Egypt has an excess demand for children while Lower Egypt has an excess supply" (Kelley, Khalifa and El-Khorazaty, 1982).

The comparatively smaller family size norms in Lower Egypt are also reflected in the data presented in Table 5.7. Because their ideals are lower, women in Lower Egypt are more likely to already have, or to expect to exceed, the number of children they regard as optimal than are women in Upper Egypt. In Lower Egypt, 41 percent of the women already have more children than their ideal, while only 24 percent of the women in Upper Egypt have exceeded their optimum family size (Table 5.7). Before the end of childbearing, almost one out of every two women in Lower Egypt expects her completed family size to exceed her ideal, compared to fewer than two out of every five women in Upper Egypt. Table 5.7 also shows that the regional differential is evident within every age group except for women 15-19 years old.

Socio-Economic Differentials

Table 5.8 relates differentials in the various family size measures to selected socio-economic characteristics of the ECPS respondents. The table shows a significant negative association for all the measures with the respondent's educational status. The mean expected family size varies, for example, from 4.4 children among illiterate women to less than 3.5 children among those who have completed at least primary school. The mean desired family size ranges from 3.2 children among women who cannot read to 2.6 children among women with a primary education. Similar patterns are observed for the ideal family size measures; the mean ideal family size for a woman in the same situation as the respondent varies from 3.6 to 2.9 children in the lowest and highest educational status categories. The comparable figures for the family size considered ideal for a daughter are 3.2 and 2.6 children, respectively.

Table 5.8

COMPARISON OF MEAN NUMBER OF SURVIVING CHILDREN, MEAN EXPECTED FAMILY SIZE AND MEAN DESIRED AND IDEAL FAMILY SIZE MEASURES FOR CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Surviving Children	Expected Family Size	Desired Family Size	Woman's Ideal	Ideal For Daughter
Total Rural					
<u>Educational Status</u>					
Illiterate	3.38	4.45	3.20	3.65	3.24
Less than Primary	3.11	3.81	2.78	3.10	2.65
Completed Primary	2.75	3.49	2.63	2.91	2.61
<u>Employment Status</u>					
Working	3.12	3.76	2.75	3.10	2.78
Not Working	3.36	4.37	3.11	3.59	3.17
<u>Occupation</u>					
Agricultural	3.78	4.21	4.08	3.34	3.17
Nonagricultural	2.82	3.54	2.61	3.02	2.62
Upper Egypt					
<u>Educational Status</u>					
Illiterate	3.24	4.73	3.81	4.19	3.81
Less than Primary	2.74	3.74	3.00	3.27	2.89
Completed Primary	2.71	3.70	2.73	3.04	2.78
<u>Employment Status</u>					
Working	3.11	3.92	2.89	3.46	3.29
Not Working	3.18	4.64	3.63	4.09	3.70
<u>Occupation</u>					
Agricultural	3.85	4.44	3.50	3.70	4.21
Nonagricultural	2.83	3.73	2.87	3.32	2.99
Lower Egypt					
<u>Educational Status</u>					
Illiterate	3.52	4.21	2.87	3.19	2.81
Less than Primary	3.32	3.85	2.65	3.00	2.53
Completed Primary	2.78	3.36	2.58	2.82	2.49
<u>Employment Status</u>					
Working	3.13	3.68	2.70	2.92	2.53
Not Working	3.48	4.15	2.82	3.17	2.78
<u>Occupation</u>					
Agricultural	3.74	4.13	4.20	3.21	2.82
Nonagricultural	2.81	3.43	2.49	2.84	2.42

Both employment status and occupation also have some influence on the family size measures. Table 5.8 shows that women who are not working expect to have an average of 4.9 children, around 1.1 children more than the mean for working women. The ideal family size for nonworking women is somewhat lower (3.6 children), but it remains higher than the mean ideal for working women (3.1 children). A similar association is also observed for the average desired family size and the average family size preferred for a daughter.

Finally, Table 5.8 also indicates that agricultural employment is associated with a higher mean expected family size. Women in agricultural positions expect an average of 4.2 surviving children before they complete childbearing; in contrast, among women in nonagricultural employment, the expected completed family averages only 3.5 children. The desired and ideal family size measures are also consistently higher among women working in the agricultural sector. The mean family size preferred for daughters, which is the lowest average for both groups is, for example, 3.2 children among those working in agriculture compared to 2.6 children among those in nonagricultural occupations.

SON PREFERENCE IN RURAL EGYPT

Son preference is thought to be one of the major reasons for high fertility in rural Egypt. Sons are assumed to be more highly valued than daughters in predominantly agricultural societies like rural Egypt because they are more helpful on the farm and because they are a source of income and security in old age. To obtain some indication of the existence of son preference among rural women, all currently pregnant women in the ECPS were asked if they wanted a son or a daughter. ECPS data on the variation in the desire for more children with the sex composition of surviving children in a family can also be examined for evidence of son preference. Finally, the desired sex composition for the completed family provides another indication of son preference.

Sex Preference for Current Pregnancy

Pregnant women were asked about their sex preference for their current pregnancy (Question 215). Overall, the results show that pregnant women do not indicate a strong preference for either a son or a daughter. Only 12 percent of all pregnant women express a preference for a son, and 14 percent prefer a daughter (Table 5.9). About 73 percent express no preference. These three percentages are 10, 16, and 73 percent, respectively, for Lower Egypt, and 15, 12, and 73 percent, respectively, for Upper Egypt.

Table 5.9

PERCENT DISTRIBUTION OF CURRENTLY PREGNANT WOMEN BY SEX PREFERENCE AND REGION, RURAL EGYPT, 1980

Sex Preference	Total Rural	Upper Egypt	Lower Egypt
Total Number	777	356	421
Total Percent	100.0	100.0	100.0
Prefers Son	12.5	15.2	10.2
Prefers Daughter	14.3	11.8	16.4
No Preference	73.2	73.0	73.2

Desire for More Children and Number of Sons

Table 5.10 shows that the number of surviving sons does have a significant impact on the desire for more children, particularly in Upper Egypt. For example, currently married women with two children are much less likely to want no additional children if they have no sons (29 percent) than if they have no daughters (47 percent). Similar patterns are observed in all other family size categories.

The ECPS data also indicate son preference is stronger among women in Upper than in Lower Egypt. Table 5.10 shows that, in every family size category in Upper Egypt, less than one out of every five women with no sons indicates she wants no additional children. In Lower Egypt, on the other hand,

the percentage of women wanting no more children varies from 6 percent among women with no surviving children to 56 percent among women with four or more children and no sons.

Women in Upper Egypt also seem to be less satisfied with one son than women in Lower Egypt. For example, among women with three children in Upper Egypt, the percentage wanting no additional children increases from 19 percent for those with no sons to 37 percent among women with one son before peaking at 55 percent among those with two sons. The increase in the percentage wanting no additional children is much sharper in this family size category in Lower Egypt--from 37 percent among women with no sons to 73 percent among women with one son before leveling off at 81 percent among women with two sons. Similar patterns are observed among women with two children and those with four or more children.

Table 5.10

PERCENT OF CURRENTLY MARRIED WOMEN DESIRING NO ADDITIONAL CHILDREN BY THE TOTAL NUMBER OF SURVIVING CHILDREN, TOTAL NUMBER OF SURVIVING SONS, AND REGION, RURAL EGYPT, 1980

Surviving Children and Surviving Sons	Total Rural	Upper Egypt	Lower Egypt
No Children	3.9	2.3	5.6
One Child	13.3	11.7	15.1
No Sons	9.1	6.0	12.6
One Son	16.6	16.3	16.8
Two Children	41.9	29.4	54.2
No Sons	29.3	15.9	39.3
One Son	44.2	29.7	59.5
Two Sons	47.1	37.5	57.1
Three Children	58.8	41.2	74.0
No Sons	26.4	19.1	36.7
One Son	55.3	37.1	73.1
Two Sons	70.8	54.7	81.2
Three Sons	57.6	40.7	75.0
Four Children or More	81.1	71.9	88.3
No Sons	39.1	18.2	58.3
One Son	73.4	55.6	86.8
Two Sons	81.0	71.5	88.4
Three Sons	83.8	73.6	91.6
Four Sons or More	84.8	81.2	87.6

Desired Sex Composition of the Family

Data from the ECPS on the number of additional sons and daughters desired by women can be combined with information on the current sex composition of surviving children to obtain an indication of the desired sex composition of the completed family in rural Egypt.² Overall, the results suggest that currently married women would like an average of 2.4 sons compared to 2.0 daughters. In Lower Egypt women express a desire for an average of 2.2 sons and 2.0 daughters while the comparable figures for Upper Egypt are 2.6 sons and 2.0 daughters.

Table 5.11, which presents the proportion of women desiring more sons, more daughters or a balanced sex composition for their families, further illustrates the relatively strong preference for sons among women in rural Egypt. Almost one out of every two women (45 percent) want to have more sons than daughters compared to only around one out of every four women expressing a desire for an equal number of sons and daughters (29 percent) or more daughters than sons (26 percent). Table 5.11 also shows that region does not appear to be strongly associated with desired sex composition. Women in Upper Egypt are only slightly more likely than women in Lower Egypt to prefer more sons than a balanced sex composition or more daughters; the proportion desiring more sons for Upper Egypt is 48 percent compared to 44 percent in Lower Egypt.

An examination of the variation in desired sex composition with selected background characteristics suggests that younger women, women with fewer children, educated women and working women are more likely than other women to prefer an equal number of sons and daughters (Table 5.11). Similar differentials are found for both Upper Egypt and Lower Egypt with women in Lower Egypt in these categories displaying a greater preference for a balanced sex composition for their families.

² For those desiring no additional children, desired sex composition of the family is equal to the current sex composition of the family.

Table 5.11

DESIRED SEX COMPOSITION FOR THE COMPLETED FAMILY AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY SELECTED BACKGROUND CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Characteristic	Total Rural			Upper Egypt			Lower Egypt		
	More Boys	Equal	More Girls	More Boys	Equal	More Girls	More Boys	Equal	More Girls
Total	45.2	28.6	26.2	47.5	29.4	23.1	43.5	28.0	28.5
<u>Current Age</u>									
15-24 Years	41.6	43.2	15.2	47.1	40.4	12.6	37.6	45.3	17.2
25-39 Years	46.2	25.2	28.6	49.1	27.2	23.6	44.3	23.9	31.8
40-49 Years	46.6	21.1	32.3	44.9	22.9	32.3	48.1	19.6	32.3
<u>Surviving Children</u>									
None	32.0	64.8	3.2	41.8	55.5	2.7	24.1	72.3	3.6
1-2 Children	42.0	40.6	17.4	47.1	39.6	13.3	37.5	41.5	21.0
3-5 Children	51.6	16.0	32.4	51.1	17.5	31.3	51.8	15.1	33.1
6 Children or More	43.4	22.0	36.6	45.3	24.0	30.6	42.0	20.6	37.4
<u>Educational Status</u>									
Illiterate	45.7	28.2	26.0	48.1	29.1	22.8	44.0	27.6	28.4
Less than Primary	45.1	26.3	28.6	48.3	27.6	24.1	43.6	25.7	30.7
Completed Primary	38.6	35.2	26.3	39.1	35.6	25.3	38.3	34.9	26.8
<u>Employment Status</u>									
Working	38.2	32.6	29.2	36.5	36.5	27.0	39.0	30.8	30.2
Not Working	45.7	28.3	26.0	48.2	29.0	22.9	43.9	27.8	28.3

ATTITUDES TOWARD BIRTH SPACING

In the ECPS women who indicated that they wanted to have another child were also asked about the timing they desired for the future birth (Question 408). The data suggest that, in rural Egypt, only one out of every four women (26 percent) who want another child would like to delay their next pregnancy by at least a year. There is only a small regional differential in this percentage; 28 percent of women in Lower Egypt desiring another child want to space their next birth while in Upper Egypt the percentage is 25.

Those who wanted to delay their next pregnancy for more than a year are considered as wanting to space their next birth (Table 5.12). The proportion desiring to space births does vary with age, with women aged 20-29 years being somewhat more likely than women in other age cohorts to want to delay a future pregnancy. Younger women are obviously motivated by the desire to begin their families while older women nearing the end of their childbearing years may not be comfortable in postponing a wanted birth.

Table 5.12

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS WHO DESIRE TO SPACE BIRTHS FOR MORE THAN A YEAR BY CURRENT AGE AND REGION, RURAL EGYPT, 1980

Current Age	Total Rural	Upper Egypt	Lower Egypt
Total Number	1,795	1,041	754
Total Percent	26.2	25.3	27.5
15-19 Years	23.7	22.9	24.6
20-24 Years	32.1	30.0	34.5
25-29 Years	27.2	27.6	26.5
30-34 Years	25.8	28.2	21.2
35-39 Years	16.5	15.6	19.4
40-44 Years	10.7	11.8	9.1
45-49 Years	3.3	5.3	-

Data were also collected in the ECPS on the ideal interval between marriage and the birth of the first child and on the ideal interval between subsequent births (Question 406). Table 5.13 shows that, on average, women prefer an interval of 17.1 months between marriage and the first birth. The preferred interval for women in Lower Egypt (17.8 months) is somewhat longer than that in Upper Egypt (16.1 months).

The mean interval desired between subsequent births--28.6 months--is around a year longer than that preferred for the first birth. Again this mean interval is somewhat higher in Lower than Upper Egypt (29.8 months and 27.1 months, respectively).

Table 5.13

MEAN IDEAL INTERVAL BETWEEN MARRIAGE AND FIRST BIRTH AND BETWEEN
SUBSEQUENT BIRTHS BY REGION, RURAL EGYPT, 1980

Interval	Total Rural	Upper Egypt	Lower Egypt
Marriage - First Birth	17.1	16.1	17.8
Subsequent Births	28.6	27.1	29.8

Chapter 6

KNOWLEDGE AND APPROVAL OF FAMILY PLANNING

SUMMARY: Findings indicate that most women in rural Egypt know at least one modern contraceptive method and that, in general, they approve of the use of family planning. Their recognition of specific methods is, however, quite limited; only the pill and IUD are known by a majority of rural women. There are also significant differences in the level of knowledge and approval of family planning between Upper and Lower Egypt with women in Upper Egypt being less likely than those in Lower Egypt either to know about contraceptive methods or to approve of their use. As expected, both levels of knowledge and approval vary with socio-economic characteristics of respondents. Education status demonstrates the greatest effect on both measures.

The 1980 Egypt Contraceptive Prevalence Survey collected information both on contraceptive knowledge and on the approval of the use of family planning among women in rural areas. This chapter considers overall levels of knowledge and approval and reviews regional and socio-demographic differentials in these variables.

KNOWLEDGE OF FAMILY PLANNING METHODS

A necessary but not sufficient condition for a successful family planning program is that the population be knowledgeable about contraceptive methods. To collect knowledge data, ECPS respondents were asked if they knew about family planning (Question 301). Those who said they did were then asked to name the methods they knew (Question 302). If they did not mention a particular method, the ECPS interviewer would name but not describe the method and ask if they knew or had heard about it (Question 304). Women who reported that they did not know any family planning methods were also prompted in this fashion.

Knowledge data were obtained in this fashion for the following ten methods: pill, IUD, condom, female scientific methods (foam tablets, creams,

jelly), male and female sterilization, rhythm, withdrawal, abortion, and prolonged breastfeeding.¹ In addition to these methods, provision was made in the questionnaire to record any other methods named by respondents.

It should be recognized before undertaking a review of the ECPS data on contraceptive knowledge that not all family planning methods are readily available nor effectively promoted in Egypt. Since its inception in 1965, the government-sponsored population and family planning program has emphasized the pill and IUD. For religious and cultural reasons, abortion and sterilization have not been promoted. It is also only recently that other modern methods, including condoms and vaginal creams, foams and jelly, have received much attention in the government program. In interpreting the knowledge data, it is also important to realize that women may have been reluctant to admit knowledge of a number of methods, including the condom, abortion and male and female sterilization.

Level of Contraceptive Knowledge

The ECPS results indicate that contraceptive knowledge is widespread in rural Egypt; 91 percent of all ever-married women know about at least one family planning method. Regional differentials in the level of knowledge favor Lower Egypt; 97 percent of ever-married women in that region recognized at least one family planning method, compared to 84 percent in Upper Egypt. Women are more likely to know a modern than a traditional method. Table 6.1 shows that 90 percent know at least one modern method, while only 48 percent report that they have heard about any traditional folk method. In Lower Egypt, a higher percentage are knowledgeable about both modern methods (96 percent) and traditional or folk methods (60 percent) than in Upper Egypt, where the two percentages are 83 and 34 percent, respectively.

¹ These methods are frequently classified into two broad categories: (1) modern or (2) traditional methods. Modern methods include the pill, condom, IUD, female scientific methods, male and female sterilization, and abortion. Prolonged breastfeeding, rhythm, withdrawal and other folk methods are considered to be traditional methods.

Table 6.1

LEVEL OF CONTRACEPTIVE KNOWLEDGE AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY TYPE OF METHOD KNOWN AND REGION, RURAL EGYPT, 1980

Type of Method Known	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Percentage Knowing Any Method	91.0	84.3	96.9
Percentage Knowing Any Modern Method	90.3	83.3	96.4
Percentage Knowing Any Traditional Method	48.2	34.3	60.4

Knowledge of Specific Contraceptive Methods

The ECPS data confirm that the pill is the most widely recognized family planning method in rural Egypt. Ninety percent of all ever-married women know about the pill. As Table 6.2 suggests, the IUD is the only other family planning method known by a majority of women in rural Egypt (68 percent). The level of knowledge of other methods varies from 42 percent for prolonged breastfeeding to 4 percent for withdrawal.

In comparing levels of knowledge by region in Table 6.2, higher rates are observed for all methods among women residing in Lower Egypt than among women residing in Upper Egypt. For example, in Lower Egypt 96 percent of all ever-married women know about the pill compared to only 83 percent of the women in Upper Egypt. The differential in the percentage knowing the IUD is even larger; 83 percent know the IUD in Lower Egypt while only 52 percent recognize it in Upper Egypt. Similar patterns are evident for other methods although the size of the differentials is generally not as great as those for the pill and the IUD.

Table 6.2

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS KNOWING SPECIFIC CONTRACEPTIVE METHODS BY REGION, RURAL EGYPT, 1980

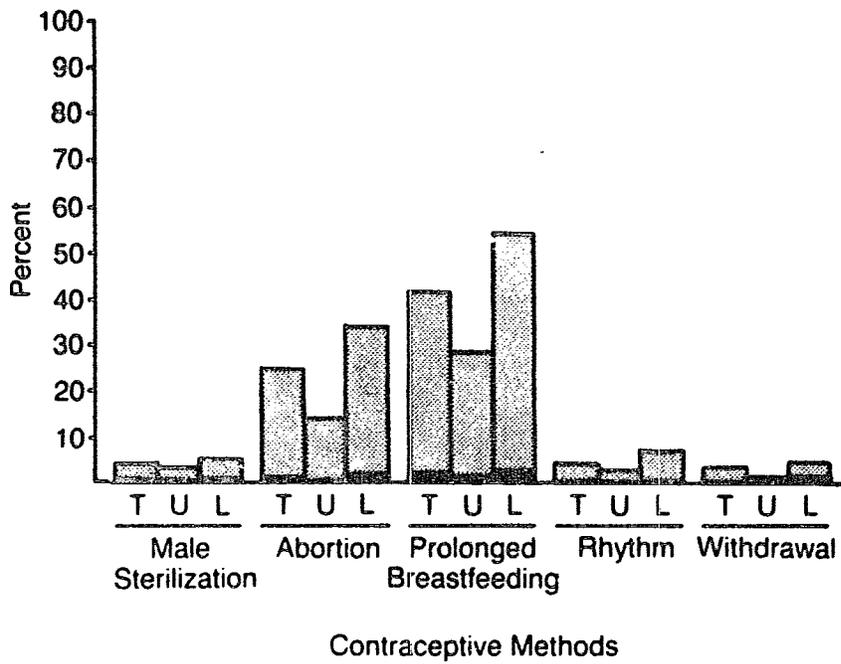
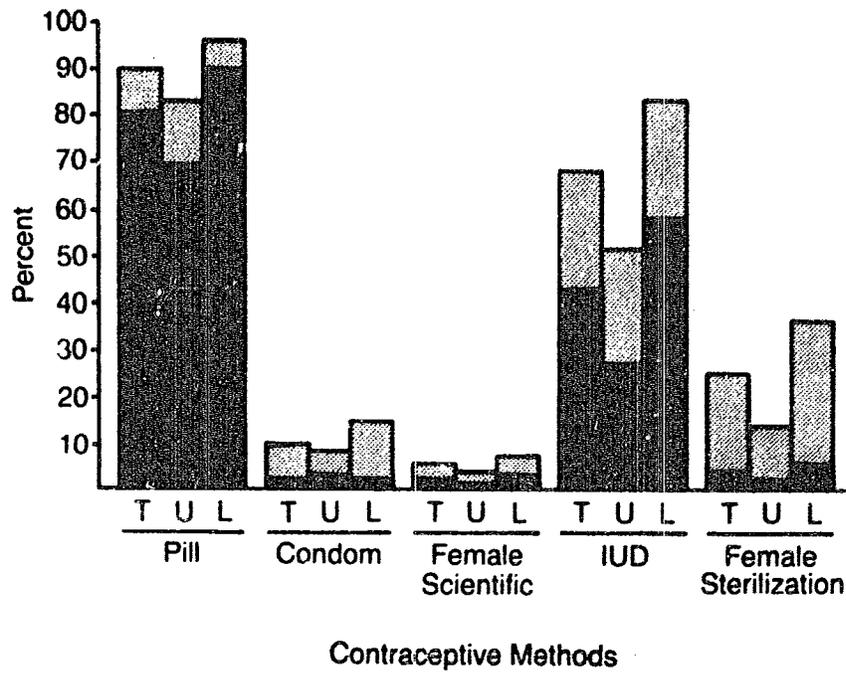
Method	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Pill	89.9	82.9	96.1
Condom	11.4	7.5	14.6
Female Scientific (Vaginal) Methods	6.4	4.0	8.5
IUD	68.5	51.7	83.1
Female Sterilization	26.2	14.2	36.7
Male Sterilization	5.4	3.7	6.7
Abortion	25.7	13.5	36.4
Prolonged Breastfeeding	42.3	27.6	55.1
Rhythm	5.4	3.3	7.4
Withdrawal	3.5	1.3	5.4
Other Methods	14.8	12.2	17.1

As seen in Figure 6.1, prompting² led to impressive increases in the reporting of contraceptive knowledge by respondents for most methods. Recognition of sterilization and abortion, for example, increased significantly following prompting. Both methods are not included in the government family planning program and as such are not promoted in the same fashion as the pill or the IUD. It is thus not unexpected that women indicate recognizing these methods only after they are prompted.

Low percentages of knowledge for condoms and male sterilization, even with prompting, may be due to shyness or cultural factors. Female scientific methods, rhythm and withdrawal are also acknowledged by only a small proportion of ever-married women, even with prompting. Except for the condom, which 11 percent of the women knew, the percentage of knowledge does not exceed 10 percent for any of these methods.

² In the subsequent analysis, "unprompted" knowledge refers to the situation in which the respondent spontaneously recalled specific contraceptive methods. "Prompted" knowledge refers to the situation in which the respondent did not spontaneously recall a method but recognized it when the method was named by the interviewer.

FIGURE 6.1
Percent of Ever-Married Women Aged 15-49 Years Knowing Specific Contraceptive Methods by Type of Knowledge and Region, Rural Egypt, 1980



□ With Prompting
 ■ Without Prompting

T—Total Rural
 U—Upper Egypt
 L—Lower Egypt

Prolonged breastfeeding is worth particular attention. Next to the pill and IUD, it was the most widely known family planning method in rural Egypt; 42 percent of all ever-married women recognize it. Yet only 2 percent acknowledge it as a contraceptive method without prompting. One reason for the low unprompted percentage may be that women primarily view prolonged breastfeeding as a folk method and thus are not likely to mention it spontaneously in response to a general question about the family planning methods they know.

Number of Methods Known

Table 6.3 presents the percentage distribution of ever-married women by number of family planning methods known. The table shows that the average woman in rural Egypt knows three contraceptive methods. Fifteen percent of the women know only one method while 50 percent know three or more methods.

Women in Lower Egypt are likely to be familiar with a greater number of methods than women in Upper Egypt. Table 6.3 shows, for example, the average number of methods known is fewer in Upper Egypt (2.2 methods) than in Lower Egypt (3.7 methods). The percentage of women knowing three or more methods is only 34 percent in Upper Egypt compared to 65 percent in Lower Egypt.

Table 6.3

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS
BY THE NUMBER OF CONTRACEPTIVE METHODS KNOWN AND THE AVERAGE
NUMBER OF METHODS KNOWN, BY REGION, RURAL EGYPT, 1980

Number of Methods Known	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Total Percent	100.0	100.0	100.0
No Methods	9.0	15.7	3.1
One Method	15.4	22.6	9.0
Two Methods	25.5	28.0	23.3
Three Methods	16.4	14.8	17.8
Four Methods or More	33.7	18.9	46.8
Average Number Known	3.0	2.2	3.7

Demographic Differentials

Differentials in the percentage knowing some contraceptive method and in the mean number of methods known by selected demographic characteristics of ECPS respondents are presented in Table 6.4. In general, there is little variation in the percentage knowing at least one family planning method with a woman's current age, with the exception that young women aged 15-19 years are somewhat less familiar with contraceptive methods when compared to women aged at least 20 years. Table 6.4 also shows that there is more discernible variation in the mean number of methods known with age. The lowest values are registered for women aged 15-19 (2.3 methods) and women aged 45-49 (2.7 methods), respectively. The highest value (3.3 methods) is found among women aged 25-34. Similar patterns are observed for Lower and Upper Egypt.

Table 6.4

PERCENT KNOWING AT LEAST ONE CONTRACEPTIVE METHOD AND THE AVERAGE NUMBER OF METHODS KNOWN AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural		Upper Egypt		Lower Egypt	
	Percent Knowing At Least One Method	Average Number of Methods Known	Percent Knowing At Least One Method	Average Number of Methods Known	Percent Knowing At Least One Method	Average Number of Methods Known
<u>Current Age</u>						
15-19 Years	82.6	2.3	76.4	1.8	90.1	2.9
20-24 Years	90.8	2.9	85.6	2.3	95.4	3.5
25-29 Years	91.9	3.3	84.5	2.3	98.5	4.1
30-34 Years	94.4	3.3	88.0	2.4	99.2	3.9
35-39 Years	93.3	3.2	88.1	2.4	98.0	3.8
40-44 Years	90.4	2.9	83.5	2.2	96.6	3.5
45-49 Years	90.1	2.7	81.2	1.8	96.8	3.4
<u>Surviving Children</u>						
None	82.0	2.6	73.7	2.1	90.7	3.1
1-2 Children	89.0	2.9	82.6	2.1	95.5	3.6
3-5 Children	92.9	3.1	86.1	2.2	98.4	3.8
6 Children or More	96.0	3.2	91.8	2.5	99.1	3.8

The proportion of women knowing at least one method increases with the number of surviving children, from 82 percent for women with no surviving children to 96 percent among women with at least six surviving children. The differences are greater in Upper Egypt (ranging from 74 to 92 percent, respectively) than in Lower Egypt (ranging from 91 to 99 percent, respectively). The mean number of methods known is also positively associated with the number of surviving children, varying from an average of 2.6 methods among women with no surviving children to 3.2 methods for women with at least six surviving children. Again the values are higher for Lower Egypt than for Upper Egypt.

Socio-Economic Differentials

Socio-economic differentials in the percent knowing at least one contraceptive method and in the number of methods known are presented in Table 6.5. Educational attainment of the wife and the husband are, as expected, positively related to contraceptive knowledge. A considerable difference in the percentage of women who have heard of a family planning method is observed, for example, between illiterate women and women with at least some education for all rural Egypt. The percentages knowing at least one method in these two educational categories are 90 and 99 percent, respectively. The differential is more prominent in Upper Egypt due to the considerably lower level of knowledge among illiterate women in this region. The percentage knowing some method varied from only 83 percent among illiterate women in Upper Egypt to 99 percent for women who attended but did not complete primary school. In Lower Egypt, the percentages for these groups are 96 and 99 percent, respectively. The impact of the wife's education on awareness of contraceptive methods is insignificant at higher education levels. Similar patterns are observed when examining the variation in knowledge with the husband's educational status.

The number of methods known is positively correlated with both the respondent's and her spouse's education. Illiterate women know, for example, only 2.7 methods while the mean reaches a value of 5.2 methods for women with at least a primary education. The educational status differential in the mean number of methods is much more pronounced in Upper than in Lower Egypt, due to the relatively lower mean observed for illiterate women (2.0 methods) in Upper Egypt.

Table 6.5

PERCENT KNOWING AT LEAST ONE CONTRACEPTIVE METHOD AND THE AVERAGE NUMBER OF METHODS KNOWN AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural		Upper Egypt		Lower Egypt	
	Percent Knowing At Least One Method	Average Number of Methods Known	Percent Knowing At Least One Method	Average Number of Methods Known	Percent Knowing At Least One Method	Average Number of Methods Known
<u>Respondent's Characteristics</u>						
<u>Educational Status</u>						
Illiterate	89.8	2.7	82.5	2.0	96.5	3.4
Less than Primary	99.0	4.2	98.6	3.7	99.2	4.5
Completed Primary	93.2	5.2	96.5	4.2	93.5	5.9
<u>Employment Status</u>						
Working	92.4	3.9	86.0	2.0	96.1	4.4
Not Working	90.9	2.9	84.2	2.2	97.0	3.6
<u>Occupation</u>						
Agricultural	84.1	2.5	71.9	1.3	88.9	3.0
Nonagricultural	96.4	4.6	90.6	3.6	99.0	5.2
<u>Husband's Characteristics</u>						
<u>Educational Status</u>						
Illiterate	87.6	2.5	81.1	1.9	95.9	3.3
Less than Primary	96.0	3.3	92.3	2.6	98.4	3.8
Completed Primary	95.7	3.6	90.0	2.7	99.2	4.2
Completed Prep.	97.0	4.9	94.8	4.1	98.3	5.4
<u>Employment Status</u>						
Working	92.1	3.1	85.8	2.3	97.3	3.7
Not Working	89.3	2.7	83.3	2.1	97.9	3.7
<u>Occupation</u>						
Professional, Tech. and Clerical	98.0	4.4	95.6	3.7	99.2	4.8
Sales	93.9	3.1	89.8	2.4	99.3	3.9
Skilled Labor	94.1	3.4	90.4	2.7	97.3	4.0
Unskilled Labor	92.3	3.0	86.2	2.3	98.4	3.7
Agriculture	89.1	2.6	81.1	1.9	96.3	3.3
Other	86.7	3.2	77.1	2.2	96.9	4.2
<u>Household Characteristics</u>						
<u>Land Ownership</u>						
Owns Land	93.3	3.2	87.7	2.4	91.4	3.7
Landless	90.1	2.9	82.8	2.1	88.7	3.5

While there is no significant relationship between contraceptive knowledge and the employment status of the respondent or her husband, the percentage of women knowing a method does vary with both the wife's and husband's occupation. Overall, knowledge is lowest among respondents in agricultural positions (84 percent) and highest among those in nonagricultural jobs (96 percent). These occupational differentials are less evident in Lower than in Upper Egypt.

Considering the husband's occupation for currently married respondents, the highest levels of knowledge are observed for wives of men in professional, technical, and clerical occupations (98 percent), followed by wives of salesmen (94 percent), and skilled workers (also 94 percent). The lowest rates are observed for wives of agricultural workers (89 percent).

The mean number of methods known is higher among employed than among nonworking women. Occupation, especially that of the wife, is also related to the number of methods known, particularly in Upper Egypt. For example, women in nonagricultural positions know 4.6 methods, on average, compared to only 2.5 methods for women in agricultural occupations. The means for Lower Egypt for these two occupational groups are 5.2 and 3.0 methods while, for Upper Egypt, they are 3.6 and 1.3 methods, respectively.

There are also differentials in the number of methods known with the husband's occupation. For example, wives of professional, technical and clerical employes know 4.4 methods, on average, compared to 2.6 methods for wives of agricultural workers. These two means are 4.8 and 3.3 in Lower Egypt, and 3.7 and 1.9 in Upper Egypt, respectively. The means for other occupations generally lie between the above mentioned extremes, and they exhibit less regional variability.

Table 6.5 also shows that women in households which own some agricultural land are somewhat more likely to know a family planning method (93 percent) than women in landless households (92 percent). Neither the differentials in the percentage knowing a method nor in the average number of methods known are substantial, particularly in Lower Egypt.

APPROVAL OF FAMILY PLANNING USE

Favorable attitudes toward family planning are another important precondition to contraceptive use. The results of a sample survey fielded in 1972 in rural areas of three governorates in Lower Egypt suggested that less than one-third of the women in rural Egypt approved of the use of family planning methods at that time (Khalifa and Kader, 1981). The extent to which these attitudes have changed was an important topic of investigation in the ECPS; all respondents were asked whether they approved of the use of family planning to prevent a pregnancy.

Level of Family Planning Approval

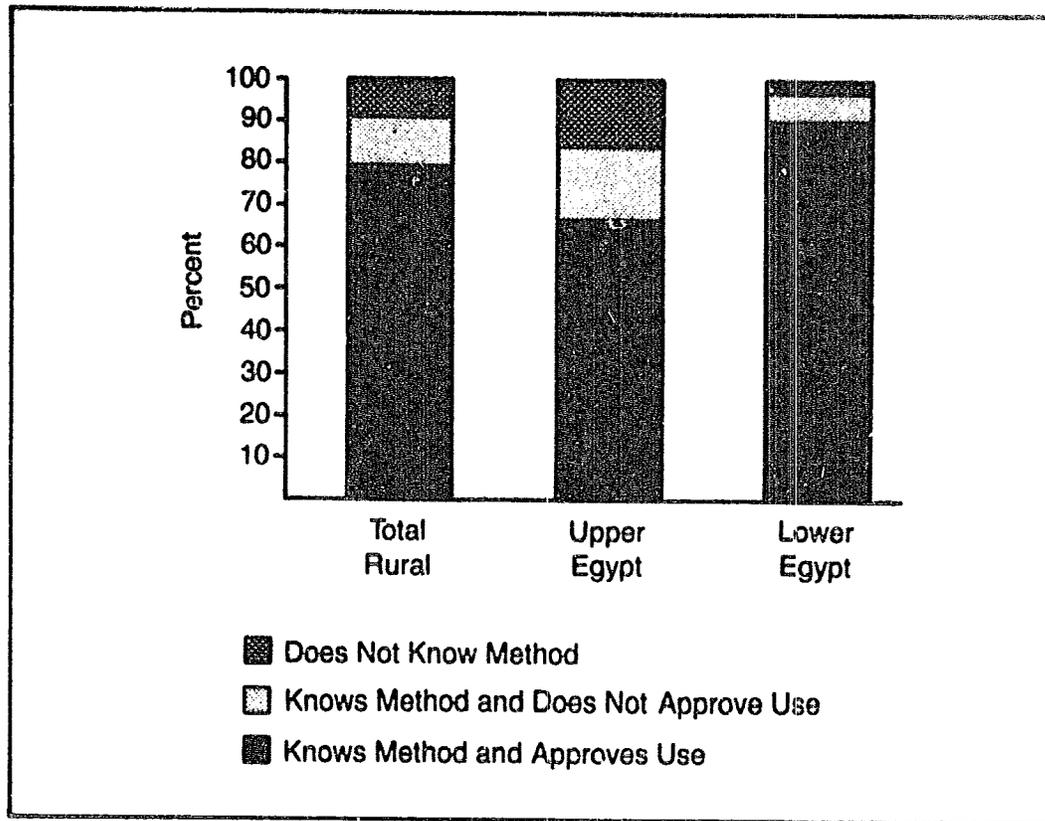
The level of approval of contraceptive practice has increased dramatically in rural Egypt during the past decade. Currently about eight out of every ten ever-married women in rural Egypt approve the use of family planning (Figure 6.2). Table 6.6 shows that women in Lower Egypt are more likely than those in Upper Egypt to approve of family planning use. In Lower Egypt, 90 percent of all ever-married women approve of the use of contraceptives while in Upper Egypt this percentage is only 67.

Table 6.6 .

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS BY APPROVAL OF FAMILY PLANNING AND REGION, RURAL EGYPT, 1980

Approval of Family Planning	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Total Percent	100.0	100.0	100.0
Approves	79.3	66.8	90.2
Disapproves	15.1	23.9	7.4
Undecided/Does Not Know Method	5.6	9.3	2.4

FIGURE 6.2
Percent Distribution of Ever-Married Women Aged 15-49 Years by Knowledge and Approval of Family Planning, Rural Egypt, 1980



Differentials in Family Planning Approval

The relationships between approval of family planning use and a number of demographic and socio-economic background variables among women knowing at least one method are shown in Tables 6.7 and 6.8. The patterns are similar to those for contraceptive knowledge. Approval is lowest among the youngest and oldest women. Table 6.7 also shows that, for all rural Egypt, approval of family planning use exhibits a small direct increase with the number of surviving children, varying from 83 percent among women with no surviving children to 85 percent among women with at least six surviving children. In Lower Egypt, there is, similarly, a small but positive increase. No consistent pattern is observed, however, between contraceptive approval and family size in Upper Egypt.

Table 6.7

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS KNOWING AT LEAST ONE CONTRACEPTIVE METHOD WHO APPROVE OF THE USE OF FAMILY PLANNING BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,836	2,095	2,741
Total Percent	82.9	71.9	91.4
<u>Current Age</u>			
15-19 Years	81.3	73.3	89.5
20-24 Years	84.2	75.5	91.2
25-29 Years	86.6	78.0	93.2
30-34 Years	85.5	70.5	95.4
35-39 Years	82.7	69.2	93.7
40-44 Years	80.8	69.1	89.8
45-49 Years	74.7	61.8	82.9
<u>Surviving Children</u>			
None	82.9	74.4	90.1
1-2 Children	82.1	72.2	90.7
3-5 Children	82.6	69.6	91.9
6 Children or More	84.9	74.5	91.9

The variation in the level of approval of family planning with education is more significant than for the demographic differentials (Tables 6.7 and 6.8). For example, only 81 percent of illiterate women approve of family planning as compared to 93 percent among women with at least a primary certificate. A similar pattern is observed for husband's educational status. For both variables, the differences are greater in Upper than Lower Egypt.

Finally, Table 6.8 shows that there are small variations in the percentages approving family planning by employment status, occupation and land ownership. However, none of these variables, with the exception of spouse's occupation, exhibits as large an influence on approval levels as education.

Table 6.8

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS KNOWING AT LEAST ONE CONTRACEPTIVE METHOD WHO APPROVE OF THE USE OF FAMILY PLANNING BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural	Upper Egypt	Lower Egypt
Respondent's Characteristics			
<u>Educational Status</u>			
Illiterate	81.2	69.7	90.3
Less than Primary	92.3	86.4	95.4
Completed Primary	93.4	86.2	98.4
<u>Employment Status</u>			
Working	85.0	74.8	90.2
Not Working	82.8	71.7	91.5
<u>Occupation</u>			
Agricultural	79.0	69.6	81.9
Nonagricultural	89.1	78.2	95.4
Husband's Characteristics			
<u>Educational Status</u>			
Illiterate	78.2	67.1	89.5
Less than Primary	86.3	78.4	91.1
Completed Primary	89.8	81.1	94.6
Completed Preparatory	94.4	86.7	98.7
<u>Employment Status</u>			
Working	83.5	71.8	92.0
Not Working	80.6	76.8	85.3
<u>Occupation</u>			
Professional, Tech. and Clerical	91.9	86.7	94.5
Sales	83.2	74.2	93.7
Skilled Labor	86.8	77.9	94.2
Unskilled Labor	83.5	74.7	91.3
Agriculture	79.1	65.8	89.2
Other	84.6	79.6	88.9
Household Characteristics			
<u>Land Ownership</u>			
Owns Land	83.6	72.5	90.9
Landless	82.9	72.0	91.6

Chapter 7

CONTRACEPTIVE USE

SUMMARY: In general, the contraceptive prevalence rate is low in rural Egypt. The survey data show that 17 percent of currently married rural women are using family planning with 15 percent employing a modern method. Current contraceptive usage is more widespread in Lower Egypt where 25 percent of currently married women report they are using family planning than in Upper Egypt where the prevalence rate is only 8 percent.

Levels of ever use of family planning in rural Egypt are more than twice the levels of current usage. The ECPS results indicate 35 percent of all ever-married women in rural Egypt have ever used any family planning method. In Lower Egypt, 46 percent have ever used contraception compared to only 22 percent in Upper Egypt.

The pill is clearly the most commonly used contraceptive method in rural Egypt. Around one quarter of all ever-married women have used the pill at least once, and 11 percent of currently married women were using the pill at the time of the ECPS. The IUD and prolonged breastfeeding are the only other methods used by significant proportions of rural women in Egypt.

The ECPS data show that contraceptive use in rural Egypt varies with age and is directly associated with the number of surviving children. As expected, educational status (both of the woman and her husband) is positively related to family planning use. Contraceptive use is greater among women who are working, particularly those in non-agricultural occupations. Contraceptive use is also generally greater among women whose husbands worked in nonagricultural positions.

In the ECPS, ever-married women were asked if they had ever used each of the contraceptive methods they knew (Question 303). Women who were currently married were also asked if they were using, or had used during the month before the survey, any contraceptive method to avoid getting pregnant (Question 306). Their responses allow an examination of levels and differentials in the ever use and current use of family planning among women in rural Egypt. These data, which represent the most important information collected in the ECPS, are presented in this chapter.

EVER USE OF FAMILY PLANNING

Level of Ever Use

The ECPS results indicate that slightly more than one-third (35 percent) of all ever-married women in rural Egypt have ever used any family planning method (Table 7.1). Women in Lower Egypt are more likely to have practiced family planning than women in Upper Egypt; the level of ever use is 46 and 22 percent, respectively, in the two regions.

Table 7.1

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS EVER USING ANY CONTRACEPTIVE METHOD BY TYPE OF METHOD USED AND REGION, RURAL EGYPT, 1980

Method	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Any Method	34.6	22.0	45.7
Any Modern Method	26.9	16.0	36.5
Pill	24.3	14.5	33.0
Condom	0.7	0.6	0.8
Female Scientific (Vaginal) Methods	0.5	0.2	0.7
IUD	4.4	1.8	6.7
Female Sterilization	0.7	0.3	1.0
Any Traditional Method	12.1	8.1	15.7
Prolonged Breastfeeding	10.8	7.3	13.8
Rhythm	0.8	0.5	1.1
Withdrawal	0.4	0.2	0.6
Folk Methods	0.7	0.4	1.0

Ever Use by Method

Ever users are more likely to have used a modern than a traditional family planning method. Table 7.1 shows that 27 percent of ever-married women have used at least one modern contraceptive method. The comparable figure for traditional methods is 12 percent. Around one out of every five ever users--8 percent of all ever-married women--have used only traditional methods.

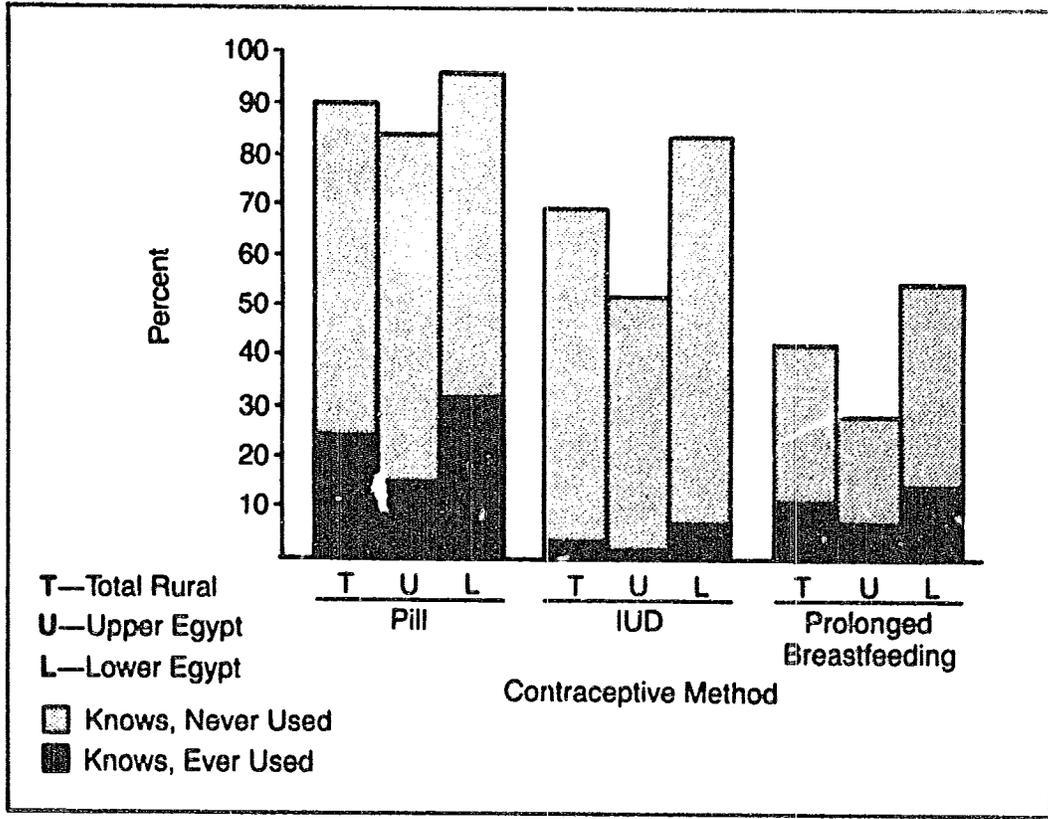
There is only a slightly greater tendency for ever users in Lower Egypt to have used modern contraceptive methods when compared to those in Upper Egypt; 80 percent of all ever users in Lower Egypt have used at least one modern method compared to 73 percent in Upper Egypt. Among all ever-married women the percentages ever using modern contraceptives are 37 percent and 16 percent, respectively, in Lower and Upper Egypt. Considering traditional method use, 16 percent of women in Lower Egypt and 8 percent of women in Upper Egypt have ever used at least one traditional method. The percentages who have ever used only traditional methods are 9 percent in Lower Egypt and 6 percent in Upper Egypt.

Table 7.1 shows that the pill is clearly the most frequently adopted contraceptive method in rural Egypt; 24 percent of the women interviewed in the CPS reported they had used the pill. The importance of traditional methods in family planning practice in rural Egypt is also evident in Table 7.1. The percentage of women who indicate they have prolonged the period of breastfeeding in an effort to control births (11 percent) is, for example, more than twice the percentage who report ever use of the IUD (4 percent). Experience with other effective methods is comparatively even more limited with less than one percent of the ECPS respondents reporting they had used either condoms (0.7 percent), female sterilization (0.7 percent), or female scientific (vaginal) methods (0.7 percent).

Figure 7.1 shows that ever-married women in Lower Egypt are slightly more than twice as likely as women in Upper Egypt to have ever used oral contraceptives. The percentages reporting ever use of the pill in Lower and Upper Egypt are 33 percent and 14 percent, respectively (Table 7.1).

Figure 7.1 also indicates there are notable regional differentials in ever use of the IUD and prolonged breastfeeding. In Lower Egypt, 7 percent of ECPS respondents reported they had ever used an IUD compared to 2 percent in Upper Egypt. For prolonged breastfeeding, the ever use percentages were 14 percent and 7 percent in Lower and Upper Egypt, respectively. The comparatively small differentials between the two regions in the level of ever use of other methods also consistently favor Lower Egypt (Table 7.1).

FIGURE 7.1
Percent of Ever-Married Women Aged 15-49 Years Knowing, and Percent Ever Using, Selected Contraceptive Methods by Method and Region, Rural Egypt, 1980



Number of Methods Ever Used

Table 7.2 shows the distribution of ever users by the number of methods used. Slightly more than three-quarters of the women ever practicing family planning have used only one contraceptive method, about one-fifth have tried two methods and less than 5 percent have experience with three or more methods. The mean number of methods used among ever users in rural Egypt is 1.2 methods.

Ever users in Lower Egypt are somewhat more likely to have used at least two contraceptive methods than those in Upper Egypt; only around one out of every six ever users in Upper Egypt had experience with more than one method, compared to one out of every four ever users in Lower Egypt. Few ever users in either region had tried more than three methods. The mean number of methods ever used was 1.2 and 1.3 methods in Upper and Lower Egypt, respectively.

Table 7.2

PERCENT DISTRIBUTION OF EVER USERS BY THE NUMBER OF METHODS USED, AND THE MEAN NUMBER OF METHODS USED, BY REGION, RURAL EGYPT, 1980

Number of Methods Used	Total Rural	Upper Egypt	Lower Egypt
Total Number	1,839	547	1,292
Total Percent	100.0	100.0	100.0
One Method	77.2	83.7	74.4
Two Methods	18.4	13.2	20.7
Three Methods	3.5	3.1	3.7
Four Methods or More	0.9	1.2	0.0
Average Number Used	1.2	1.2	1.3

Demographic Differentials

Table 7.3 shows that the percentage of ECPS respondents who have ever used a family planning method varies with age, ranging from a low of 5 percent among ever-married women aged 15-19 years to a peak of 48 percent among women aged 35-39 before dropping off again slightly among women in the oldest cohorts. A similar relationship between age and ever use is observed among women in both Upper and Lower Egypt (Table 7.3). It should be noted, however, that the percentage ever using some family planning method is substantially higher among every age cohort in Lower Egypt when compared with the levels in Upper Egypt.

The relationship of use with the number of surviving children is direct. The percentage who have used at least one method varies from a negligible 2 percent among women with no surviving children to 54 percent among women with six or more children (Table 7.3). The latter percentage, although indicative of the clear effect that increasing family size has on family planning use, nevertheless, also indicates that almost one-half of the women in rural Egypt with six or more surviving children (46 percent) have never attempted to plan the size of their families.

The positive association between ever use and family size is evident in both Upper and Lower Egypt (Table 7.3). Women in every family size category are considerably more likely to have had some experience with family planning

Table 7.3

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS WHO HAVE EVER USED AT LEAST ONE CONTRACEPTIVE METHOD AND THE PERCENT WHO HAVE EVER USED AT LEAST ONE MODERN CONTRACEPTIVE METHOD BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristic	Total Rural		Upper Egypt		Lower Egypt	
	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Any Method	Percent Ever Used Modern Method
<u>Current Age</u>						
15-19 Years	5.2	3.5	3.2	1.8	7.7	5.6
20-24 Years	25.1	17.6	17.2	11.5	32.2	23.0
25-29 Years	36.2	26.8	22.0	14.2	48.9	38.1
30-34 Years	47.4	37.1	30.4	22.6	59.9	47.7
35-39 Years	47.7	41.0	30.6	25.5	63.1	55.0
40-44 Years	39.7	33.0	29.2	22.7	49.1	42.3
45-49 Years	32.2	23.4	19.2	12.6	42.0	31.6
<u>Surviving Children</u>						
None	1.8	1.4	1.5	1.2	2.2	1.5
1-2 Children	23.1	16.0	14.4	9.0	32.0	23.0
3-5 Children	43.7	33.2	27.2	18.8	57.2	45.0
6 Children or More	54.3	47.0	40.5	34.2	64.3	56.3

in Lower than in Upper Egypt. Among women with six or more children, where the highest percentages ever using are observed in both regions, the proportion ever using family planning in Lower Egypt (64 percent) is 58 percent higher than comparable figure for Upper Egypt (40 percent).

Socio-Economic Differentials

Table 7.4 presents the variation in the percentages of ECPS respondents ever using any family planning method and any modern method with selected socio-economic background characteristics of the respondents. These data suggest that in rural Egypt, more educated women, women who are working, and employed women in nonagricultural occupations are more likely than other women to have ever used family planning. Among currently married women, moreover, the highest percentages ever using any family planning method and ever using a

Table 7.4

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS WHO HAVE EVER USED AT LEAST ONE CONTRACEPTIVE METHOD AND THE PERCENT WHO HAVE EVER USED AT LEAST ONE MODERN CONTRACEPTIVE METHOD BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural		Upper Egypt		Lower Egypt	
	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Any Method	Percent Ever Used Modern Method	Percent Ever Used Any Method	Percent Ever Used Modern Method
Respondent's Characteristics						
<u>Educational Status</u>						
Illiterate	32.2	24.2	19.9	14.0	43.5	33.6
Less than Primary	47.8	41.9	34.5	28.2	54.9	49.2
Completed Primary	51.6	46.3	42.0	35.7	58.3	54.1
<u>Employment Status</u>						
Working	42.6	33.8	29.4	23.1	50.0	39.8
Not Working	34.0	26.4	21.6	15.6	45.2	36.2
<u>Occupation</u>						
Agricultural	28.3	19.5	9.4	6.3	35.8	24.7
Nonagricultural	49.4	40.9	36.5	30.2	57.6	47.7
Husband's Characteristics						
<u>Educational Status</u>						
Illiterate	30.0	21.6	18.7	12.2	43.7	33.0
Less than Primary	41.3	33.5	26.8	20.1	50.7	42.2
Completed Primary	45.4	39.0	30.6	26.2	54.5	46.8
Completed Prep.	49.1	45.3	42.2	40.0	53.0	48.3
<u>Employment Status</u>						
Working	37.3	29.3	23.6	17.3	48.5	39.2
Not Working	30.6	21.5	20.8	14.6	44.9	31.4
<u>Occupation</u>						
Professional, Tech. and Clerical	48.5	43.1	39.5	36.1	53.2	46.8
Sales	42.9	36.5	32.8	24.2	55.9	52.5
Skilled Labor	40.1	30.8	27.6	18.3	51.1	41.7
Unskilled Labor	37.4	28.7	24.4	16.2	50.5	41.5
Agriculture	30.5	22.0	16.0	11.0	43.5	32.0
Other	39.3	32.6	27.1	25.7	52.3	40.0
Household Characteristics						
<u>Land Ownership</u>						
Owns Land	36.7	26.2	25.6	17.3	44.7	34.2
Landless	33.6	27.1	20.2	14.7	46.0	36.9

modern contraceptive are observed for women whose husbands have completed at least preparatory school, women whose husbands are working, and women whose husbands are in professional, technical or clerical occupations. No significant relationship is apparent between ever use and the household's ownership of land.

The data in Table 7.4 indicate that socio-economic differentials in the percentage ever practicing contraception generally appear to be somewhat narrower in Lower Egypt than in Upper Egypt. For example, in Upper Egypt, the percentage ever using any contraceptive method increases from 20 percent among illiterate women to 34 percent among literate women with less than a primary school education before reaching a maximum of 42 percent among women with a primary or higher education. In Lower Egypt, the percentages for these three groups are 44, 55, and 54 percent, respectively. Thus, although educational status has an impact on contraceptive usage in both regions, there is a threshold effect in Lower Egypt that is not evident in Upper Egypt. Similar patterns are observed in comparing the regional differentials in ever use for other socio-economic characteristics of the ECPS respondents and their spouses.

CURRENT USE OF FAMILY PLANNING

Level of Current Use

The ECPS findings suggest that 17 percent of all currently married women aged 15-49 years in rural Egypt are currently practicing family planning. This represents roughly one-half of all currently married ever users of family planning in rural Egypt. Substantial regional differentials in current contraceptive usage are evident in rural Egypt. In Upper Egypt, Table 7.5 shows that 8 percent of all currently married women are currently using family planning. This represents slightly more than one-third (36 percent) of all married ever users (Figure 7.2). In Lower Egypt, the contraceptive prevalence rate is much higher; 25 percent of all currently married women--around one out of every two ever users--is currently practicing family planning.

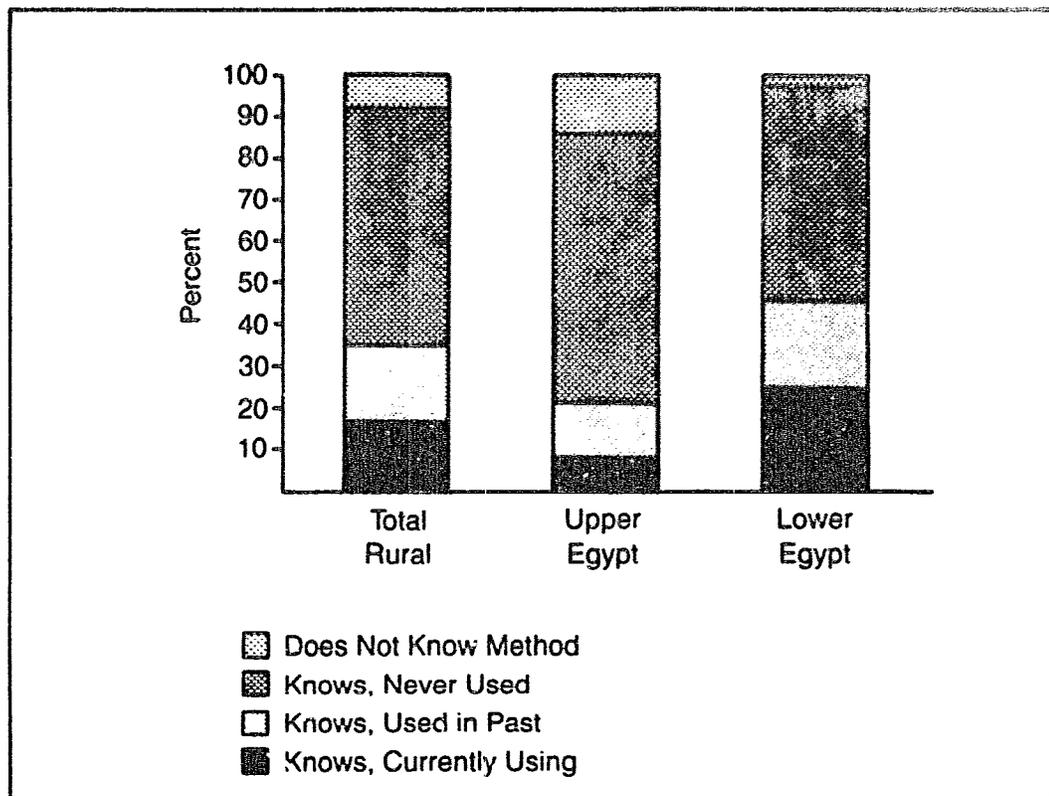
Table 7.5

PERCENT DISTRIBUTION OF ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY PATTERNS OF CONTRACEPTIVE USE AND REGION, RURAL EGYPT, 1980

Patterns of Use	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,847	2,276	2,571
Total Percent	100.0	100.0	100.0
Currently Using	17.1	8.1	25.0
Not Currently Using	82.9	91.9	75.0
Used in Past	19.4	15.0	23.2
Never Used	63.5	76.9	51.8

FIGURE 7.2

Percent Distribution of Currently Married Women Aged 15-49 Years by Knowledge and Use of Contraceptive Methods, by Region, Rural Egypt, 1980



Prevalence levels in rural Egypt are considerably lower than urban rates. Table 7.6 compares estimates of contraceptive prevalence for urban and rural Egypt from a number of fertility surveys fielded in Egypt during the period 1974-1980. According to these data, prevalence rates among currently married women averaged 40-45 percent during the period in urban areas while they ranged from 12-17 percent in rural areas.

Table 7.6

ESTIMATES OF CONTRACEPTIVE PREVALENCE AMONG CURRENTLY MARRIED WOMEN IN URBAN AND RURAL AREAS FROM VARIOUS FERTILITY SURVEYS, EGYPT, 1974-80

Survey	Total	Urban	Rural
National Fertility Survey, 1974-75 ^a	26.5	45.4	12.9
Rural Fertility Survey, 1979 ^b	-	-	15.5
Egyptian Fertility Survey, 1980 ^c	23.8	39.8	11.7
Egyptian Contraceptive Prevalence Survey, 1980	-	-	17.1

^aCAPMAS, 1978.

^bKelley, Khalifa, and El-Khorazaty, 1982.

^cCAPMAS, 1980. Note that the use of prolonged breastfeeding is not included in this rate.

Current Use by Method

Table 7.7 shows that more than 80 percent of all users--15 percent of all married women--are using a modern method. In Lower Egypt, 80 percent of all users--21 percent of all married women--are relying on modern methods. In Upper Egypt, 90 percent of all women practicing family planning--7 percent of all married women--were using modern methods.

Table 7.7

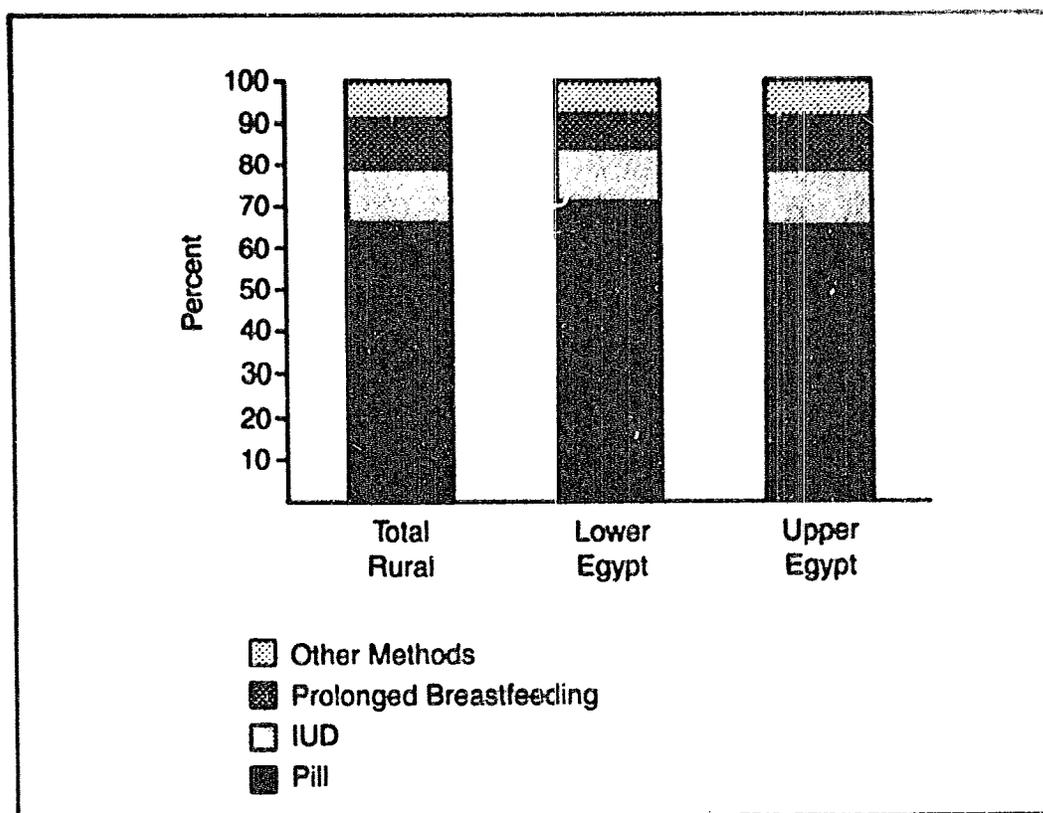
PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS CURRENTLY USING ANY CONTRACEPTIVE METHOD BY TYPE OF METHOD USED AND REGION, RURAL EGYPT, 1980

Method	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,847	2,276	2,571
Any Method	17.1	8.1	25.0
Any Modern Method	14.6	7.4	21.0
Pill	11.3	5.8	16.2
Condom	0.2	0.2	0.2
Female Scientific (Vaginal) Methods	0.1	-	0.3
IUD	2.2	1.1	3.3
Female Sterilization	0.7	0.3	1.1
Any Traditional Method	2.5	0.8	4.0
Prolonged Breastfeeding	2.0	0.7	3.2
Rhythm	-	-	0.1
Withdrawal	0.1	-	0.2
Folk Methods	0.3	0.1	0.4

Table 7.7 also shows the percentage of currently married women using specific family planning methods. In rural Egypt, the most commonly used method is the pill (10 percent) followed by the IUD (2 percent) and prolonged breastfeeding (2 percent). Less than one percent of all married women are using barrier methods (0.3 percent), female sterilization (0.7 percent) or such traditional methods as rhythm or withdrawal (0.4 percent).

Figure 7.3 compares the distribution of current users by method for Lower and Upper Egypt. Overall, the deviations in method mix among users in the two regions are relatively minor. The most noticeable differences are the somewhat higher percentage of users employing the pill in Upper Egypt (71 percent) compared to Lower Egypt (64 percent) and the slightly lower percentage of users relying on prolonged breastfeeding in Upper Egypt (8 percent) than in Lower Egypt (13 percent).

FIGURE 7.3
Percent Distribution of Current Users by Method Used and Region,
Rural Egypt, 1980



Demographic Differentials

Current Age

The ECPS findings indicate that, as expected, the percentage of married women using family planning in rural Egypt varies with age. Table 7.8 shows that the prevalence rate ranges from less than 3 percent in the 15-19 year age cohort to a peak of 27 percent among women aged 35-39 years old before decreasing to 10 percent among women 45-49 years old. The comparable figures for use of modern methods are 2 percent, 24 percent and 9 percent, respectively. Similar patterns are observed in Upper and Lower Egypt although the overall level of contraceptive use is substantially higher in every age group in Lower Egypt (Figure 7.4).

Table 7.8

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS CURRENTLY USING ANY CONTRACEPTIVE METHOD AND ANY MODERN METHOD BY CURRENT AGE AND REGION, RURAL EGYPT, 1980

Current Age	Total Rural		Upper Egypt		Lower Egypt	
	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Method	Percent Using Modern Method
Total	17.1	14.6	8.1	7.4	25.0	21.0
15-19 Years	2.4	1.8	0.7	0.7	4.4	3.1
20-24 Years	11.3	8.2	6.4	5.2	15.5	10.8
25-29 Years	17.4	14.9	7.5	6.4	26.1	22.4
30-34 Years	25.3	21.5	12.0	11.1	34.9	29.0
35-39 Years	27.4	24.1	12.3	11.7	41.2	35.4
40-44 Years	20.9	19.4	12.6	11.9	28.5	26.3
45-49 Years	9.9	9.2	4.4	4.4	14.3	13.1

FIGURE 7.4
Percent of Currently Married Women Aged 15-49 Years Currently Using a Contraceptive Method by Current Age and Region, Rural Egypt, 1980

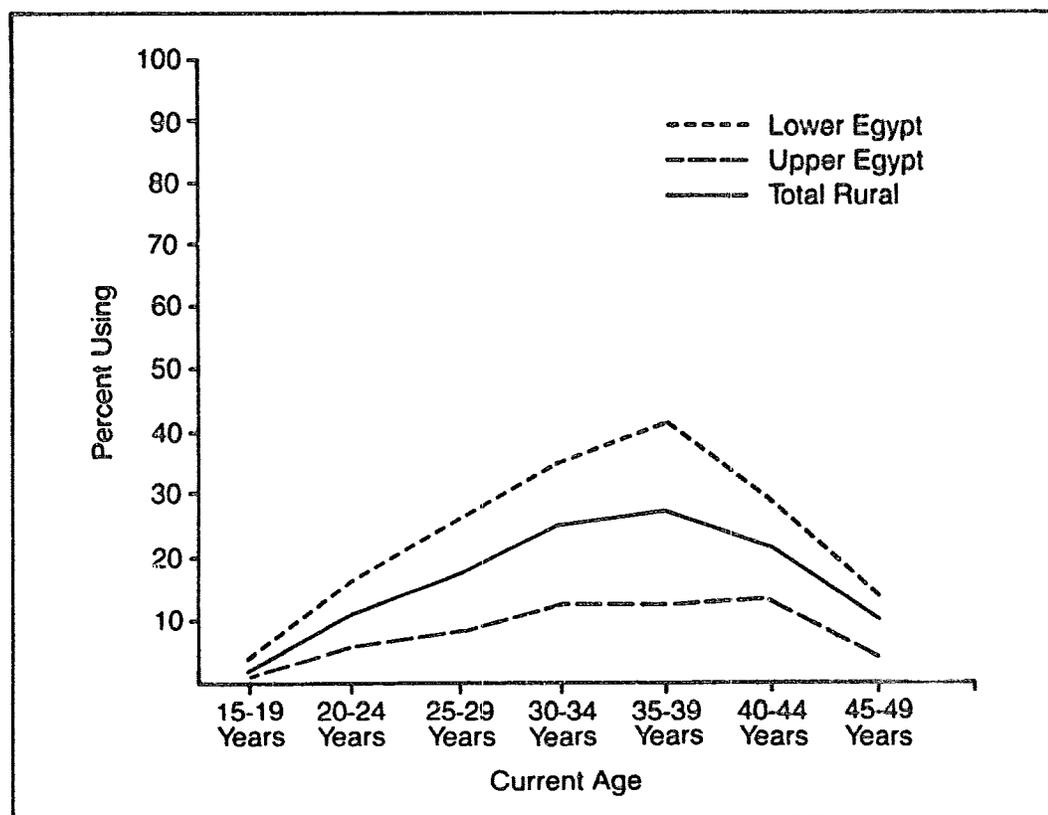
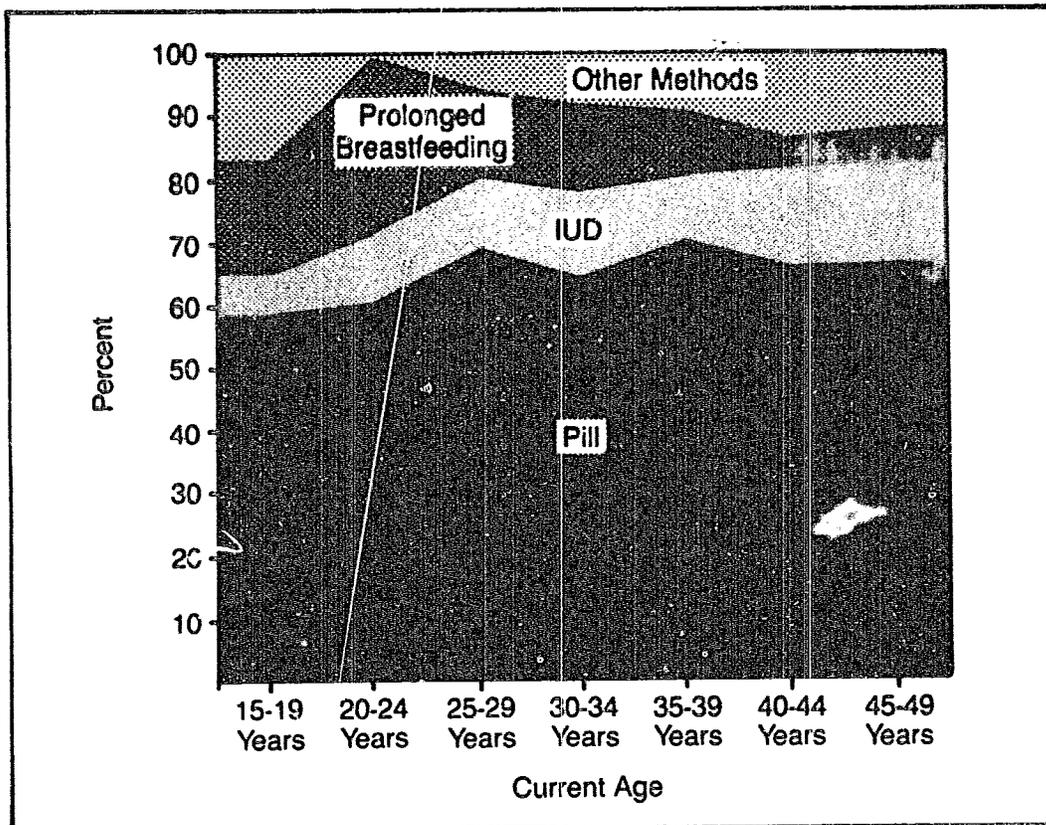


Figure 7.5 shows that there are only relatively minor differences within each age cohort in the percent distribution of current users by the specific method used. The figure confirms again the general preference for the pill in rural Egypt; the majority (60-70 percent) of women practicing family planning in every age cohort use the pill (Figure 7.5). The percentage of users relying on the IUD tends to increase with age, ranging from 8 percent among women aged 15-19 years to 16 percent among women in the 45-49 age group. Prolonged breastfeeding is most common among younger users, particularly in the 20-24 year old cohort where one fourth (26 percent) of all users indicated they rely on this method. The small increase by age group in the proportion employing other methods is largely due to the proportionately greater number of sterilizations reported among current users in the 40-49 age groups than in younger cohorts.

FIGURE 7.5
Percent Distribution of Current Users by Current Age and Method,
Rural Egypt, 1980



Surviving Children

Table 7.9 presents the percent currently using family planning by the number of surviving children and the desire for additional children. The data show that contraceptive use increases systematically with the number of surviving children, and that the impact of family size is especially evident among women with three or more children. Overall, the prevalence rate varies from less than one percent among women with no surviving children to 26 percent among those with at least six surviving children (Table 7.9). Considering only

Table 7.9

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS CURRENTLY USING ANY CONTRACEPTIVE METHOD AND ANY MODERN METHOD BY NUMBER OF SURVIVING CHILDREN, DESIRE FOR MORE CHILDREN, AND REGION, RURAL EGYPT, 1980

Number of Surviving Children and Desire for More Children	Total Rural		Upper Egypt		Lower Egypt	
	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Method	Percent Using Modern Method
<u>Total</u>	17.1	14.6	8.1	7.4	25.0	21.0
Wants No More	27.8	24.4	15.2	14.2	35.3	30.5
Wants to Space	11.3	9.6	6.1	6.1	17.9	14.0
Wants Child/Undec.	3.2	1.9	2.1	1.4	4.8	2.7
<u>None</u>	0.3	0.3	0.0	0.0	0.7	0.7
Wants No More	4.2	4.2	0.0	0.0	5.9	5.9
Wants to Space	0.0	0.0	0.0	0.0	0.0	0.0
Wants Child/Undec.	0.2	0.2	0.0	0.0	0.4	0.4
<u>1-2 Children</u>	10.6	8.5	5.8	4.8	15.6	12.4
Wants No More	20.2	17.0	13.9	12.0	23.9	19.8
Wants to Space	13.4	11.8	6.4	6.4	21.0	17.6
Wants Child/Undec.	4.0	2.2	2.5	1.3	5.9	3.5
<u>3-5 Children</u>	22.7	19.2	9.0	8.3	33.9	28.2
Wants No More	29.4	25.4	12.8	12.0	38.6	32.9
Wants to Space	11.1	8.1	6.8	6.8	24.0	12.0
Wants Child/Undec.	5.4	3.2	3.3	1.3	9.5	4.4
<u>6 Children or More</u>	26.0	23.5	16.6	15.6	33.1	29.5
Wants No More	29.5	26.8	19.6	18.4	36.2	32.5
Wants to Space	12.0	12.5	16.7	16.7	0.0	0.0
Wants Child/Undec.	4.0	3.2	2.8	2.8	5.7	3.8

the use of modern methods, the percentage again varies from less than one percent to a peak of 24 percent. A direct relationship between the current use measures and family size is observed in both Upper and Lower Egypt. The prevalence level in Lower Egypt appears to peak among women with three to five surviving children (34 percent) while in Upper Egypt the level of current use among women with at least six surviving children (17 percent) is substantially higher than that among women with three to five children.

Table 7.9 also shows that current contraceptive use in rural Egypt varies with a woman's desire to have more children. Women who desire to limit births are considerably more likely than those who would like more children to be using family planning. Overall, 28 percent of currently married women who do not want more children are using family planning compared to only 11 percent among women who want another child but not immediately, and 3 percent among women who want another child immediately or are undecided. The percentages using a modern method of family planning in these three groups are 24, 10 and 2, respectively.

A similar relationship between the desire for more children and current contraceptive use is observed within every family size group. Among the group with one or two surviving children, for example, the percentage using varies from 4 percent for women who want more children or are undecided, to 20 percent among women desiring no more children. Among the groups with three to five children and those with six or more children, around 30 percent of the women desiring no additional births are using family planning compared to 12 percent of women wanting to space births and 4 percent of the women who want more children immediately or are uncertain about their family size intentions.

Controlling for the desire for more children has similar effects in both Upper and Lower Egypt. In Upper Egypt the prevalence rate is highest among women wanting to limit births (15 percent) followed by women desiring to space their next birth (6 percent). Only 2 percent of women in Upper Egypt wanting more children are using contraception. A similar pattern is observed in Lower Egypt where the percentages using family planning are 35, 18, and 5 percent among women wanting to cease childbearing or space births and those desiring more children, respectively. Table 7.9 also indicates that these differentials hold true within every family size group in each region.

Socio-Economic Differentials

Educational Status

The ECPS results also permit investigation of the relationship between a number of socio-economic variables and current contraceptive use in rural Egypt. A direct association between educational status and current use is evident in the ECPS data (Table 7.10). The prevalence rate increases from 15 percent among illiterate women to 34 percent among women who have completed at least primary school. Use of modern methods varies from 12 percent among illiterate women to 29 percent of those having at least a primary education.

A positive relationship is also shown between the level of contraceptive use and the husband's educational status (Table 7.10). The percentage using any method varies from 13 percent among women whose husbands are illiterate to 27 percent among women whose spouses have a preparatory or better education. The percentage using any modern method by spouse's educational level ranges from 11 to 24 percent.

Somewhat different patterns in the educational status differentials in current contraceptive use are observed in Upper and Lower Egypt. In Upper Egypt, the prevalence rate both for all methods and modern methods increases systematically with increases in the educational level of a woman or her husband. In contrast, in Lower Egypt, the educational status differentials are greatest between illiterate women and literate women with some schooling or between women whose husbands are illiterate and women whose husbands have some schooling. Increases in educational status beyond these levels have less impact on contraceptive use, implying a threshold effect.

Work Status, Occupation and Land Ownership

Table 7.10 also shows that female employment appears to have a small positive effect on contraceptive use in rural Egypt. Overall, 22 percent of working women are using family planning compared to 17 percent of nonworking women. Considering modern methods the percentages are 20 and 14 percent among working and nonworking women, respectively. As expected, women employed in the

Table 7.10

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS CURRENTLY USING ANY CONTRACEPTIVE METHOD AND ANY MODERN METHOD BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural		Upper Egypt		Lower Egypt	
	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Method	Percent Using Modern Method
Respondent's Characteristics						
<u>Educational Status</u>						
Illiterate	14.8	12.5	6.7	6.1	22.4	18.4
Less than Primary	27.7	25.5	14.4	13.6	35.2	32.2
Completed Primary	33.8	29.4	23.5	19.8	41.3	36.4
<u>Employment Status</u>						
Working	22.1	19.5	11.9	11.1	28.2	24.4
Not Working	16.7	14.3	7.9	7.2	24.7	20.7
<u>Occupation</u>						
Agricultural	12.9	11.8	-	-	19.0	17.2
Nonagricultural	26.3	22.6	16.7	15.5	32.3	27.1
Husband's Characteristics						
<u>Educational Status</u>						
Illiterate	13.1	10.6	5.6	4.9	22.1	17.6
Less than Primary	18.7	16.5	10.0	9.4	24.4	21.1
Completed Primary	24.5	22.2	12.7	12.2	31.8	28.3
Completed Prep.	26.6	23.6	20.0	17.8	30.3	26.9
<u>Employment Status</u>						
Working	18.0	15.4	8.7	7.8	25.7	21.7
Not Working	10.4	8.8	5.6	5.3	17.4	14.0
<u>Occupation</u>						
Professional, Tech. and Clerical	24.6	22.7	16.6	15.6	28.8	26.5
Sales	21.3	20.1	14.0	13.4	30.8	28.7
Skilled Labor	18.6	15.9	11.6	9.6	24.7	21.5
Unskilled Labor	16.1	14.3	7.2	6.7	25.1	22.0
Agriculture	14.0	11.1	4.5	4.0	22.6	17.5
Other	23.0	20.0	11.4	11.4	35.4	29.2
Household Characteristics						
<u>Land Ownership</u>						
Owns Land	16.6	13.6	7.5	6.8	23.1	18.4
Landless	17.3	15.1	8.2	7.4	25.9	22.2

agricultural sector are less likely to be practicing contraception, or to be using a modern method, than women in nonagricultural occupations. The prevalence rates for all methods for these groups are 13 and 26, respectively, while the percentages using modern methods are 12 and 23 percent. Similar differentials in current use between working and nonworking women and women in the two occupational categories are observed in both Upper and Lower Egypt.

Current contraceptive use also varies with the husband's employment status and occupation (Table 7.10). Higher prevalence levels are observed among women whose spouses are employed (18 percent) than among those with spouses who are not working (10 percent). Considering the spouse's occupation, the highest prevalence levels are shown among women whose spouses are in professional, technical or clerical occupations (25 percent) or sales positions (21 percent) and the lowest value is observed for women whose spouses are in agricultural occupations (14 percent). Similar patterns are evident in both Upper and Lower Egypt. The relationship between use of modern methods and the occupation also parallels that observed for any method.

Finally, Table 7.10 indicates there is only a slight difference in current contraceptive use among women from households owning land than among women from landless households. The percentages using family planning in the two land ownership categories are both about 17 percent. The lack of a strong relationship between land ownership and prevalence rates is, moreover, characteristic of both Upper and Lower Egypt, and it also applies when use of modern methods only is considered.

Chapter 8

REASONS FOR CONTRACEPTIVE NONUSE AND INTENTION TO USE IN THE FUTURE

SUMMARY: Lack of immediate exposure to the risk of conception and desire for more children are among the major reasons for nonuse among women not practicing contraception in rural Egypt. Other important reasons for not using include lack of knowledge of family planning methods, fear of side effects, and health problems.

The ECPS results suggest that six out of every ten fecund nonusers knowing at least one contraceptive method intend to use family planning in the future. This represents more than one-third of all married women in rural Egypt.

Women in Lower Egypt are more likely to intend to adopt family planning than women in Upper Egypt. Past users also more frequently express an intention to use than never users. Most women intending to use would adopt the pill, although past users are more likely than never users to show interest in the IUD.

The ECPS also collected information on reasons for nonuse, intention to use in the future and method preference from women not using family planning at the time of the survey. Examining these data provides some insights into future contraceptive behavior in rural Egypt.

REASONS FOR NONUSE

Currently married ECPS respondents who were not practicing family planning at the time of the survey were asked about their main reason for not using contraception (Question 401). Their responses, as well as information on their exposure status and knowledge of family planning methods, can be used to examine the major reasons for contraceptive nonuse in rural Egypt.

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Table 8.1, which presents the distribution of all currently married women by reasons for nonuse, shows that lack of exposure to the risk of conception and the desire for additional children are the principal factors in nonuse. Nearly four out of every ten of the women not practicing family planning in rural Egypt are not exposed to the risk of conception either because they are pregnant (18 percent), consider themselves to be unable to have children (16 percent), or their spouses are away (4 percent). Two out of every ten nonusers cite their desire for more children or that of their husband or other relatives as the major reason for not practicing contraception. An additional one out of every ten of nonusers does not know any family planning method. Other reasons for nonuse include health problems (7 percent) and fear of side effects (3 percent). Less than one percent of nonusers report either religious reasons (0.8 percent) or problems in obtaining family planning services (0.4 percent) as the reasons for nonuse. Table 8.1 also shows that around one out of every five nonusers is unable to give a specific reason for not using family planning.

Table 8.1

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS BY REASON FOR NONUSE AND REGION, RURAL EGYPT, 1980

Reason	Total Rural	Upper Egypt	Lower Egypt
Total Number	4,019	2,091	1,928
Total Percent	100.0	100.0	100.0
Not Exposed	38.6	34.2	43.3
Currently Pregnant	18.5	15.6	21.6
Not Capable of Having Children	16.2	14.6	18.0
Husband Away	3.9	4.0	3.7
Wants Additional Children	17.1	17.9	16.2
Husband, Other Relatives Want More Children	2.4	2.0	2.8
Religious Reasons	0.8	1.0	0.6
Health Problems	7.2	8.1	6.1
Fear of Side Effects	2.8	2.7	2.9
Problem in Obtaining Methods	0.4	0.8	0.1
No Knowledge of Family Planning	10.0	16.0	3.5
Other/No Response	20.8	17.5	24.5

The data in Table 8.1 indicate that there are only minor differences in the reasons for nonuse for Upper and Lower Egypt. In Lower Egypt, 22 percent of nonusers are reported to be pregnant compared to 16 percent of nonusers in Upper Egypt. Nonusers in Lower Egypt are also somewhat more likely than those in Upper Egypt to indicate that they are subfecund; the proportions of nonusers who say they are not capable of having children are 18 percent and 15 percent, respectively, in the two regions. Finally, lack of knowledge of contraceptive methods is more common in Upper than in Lower Egypt.

Table 8.2 looks at the variation in reasons for nonuse with selected background characteristics of nonusers. Most of the differences appear to lie in the proportions for which the main reason for nonuse is lack of exposure to risk of conception or the desire for more children. For example, Table 8.2 shows that past users are more likely not to be exposed than never users (48 percent and 36 percent, respectively). The desire for more children is an important reason for nonuse among never users with almost one out of every four never users reporting they are not contracepting because they want additional children, compared to only 8 percent of past users.

Table 8.2

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS BY REASONS FOR NONUSE AND SELECTED BACKGROUND CHARACTERISTICS, RURAL EGYPT, 1980

Characteristic	Total Number	Total Percent	Not Exposed	Wants More Children	Health/Side Effects	Know-ledge/Avail.	Other/No Resp.
<u>User Status</u>							
Past User	938	100.0	47.5	7.8	17.1	0.5	27.0
Never User	3,081	100.0	35.8	23.0	7.8	13.4	20.0
<u>Current Age</u>							
15-24 Years	1,292	100.0	28.8	33.4	3.6	13.2	21.0
25-39 Years	1,899	100.0	34.4	16.5	14.7	8.4	26.0
40-49 Years	828	100.0	63.2	4.2	9.0	10.6	12.9
<u>Surviving Children</u>							
None	609	100.0	34.6	37.6	0.7	17.4	9.7
1-2 Children	1,228	100.0	34.8	27.4	4.9	11.3	21.5
3-5 Children	1,487	100.0	41.8	12.1	13.1	8.7	24.3
6 Children or More	695	100.0	41.6	5.0	20.3	6.2	26.9
<u>Educational Level</u>							
Illiterate	3,538	100.0	38.3	19.3	10.2	11.5	20.7
Less than Primary	266	100.0	41.7	21.8	9.1	1.5	26.0
Completed Primary	212	100.0	39.2	17.5	8.5	2.4	32.5

The proportion who said that they were not using because they wanted more children varied inversely with age and the number of living children, ranging from 33 percent among women aged 15-24 years to 4 percent among women in the 40-49 years age group, and from 38 percent among women with no children to 5 percent among women with six or more children. The proportion for whom lack of exposure to the risk of pregnancy appears to be the main factor in nonuse varies directly with age from 29 percent among women 15-24 years old to 63 percent among women aged 40-49 years. A similar positive association is observed with the number of surviving children, although the pattern is less evident than with age.

Generally, there is less variation in the proportion reporting other reasons for nonuse. Table 8.2 does show past users are somewhat more likely than never users to indicate they are not using because of health problems and the fear of side effects. The proportions citing these reasons also tends to increase with the number of surviving children. Finally, it should be noted that data in Table 8.2 generally show that there is no clear association between a nonuser's educational level and the reasons she is not using, except for the lack of knowledge of methods.

INTENTION TO USE FAMILY PLANNING

Some insights into future contraceptive behavior in rural Egypt may be obtained through an examination of the ECPS results on the intention to use family planning in the future. It is cautioned that one should be careful in arriving at conclusions regarding future behavior based on these data. Intentions are somewhat nebulous expressions which may not, consequently, indicate an actual demand for contraceptives. The ECPS data on future contraceptive intention does, however, provide some indication of the level of interest in using family planning among women in rural Egypt.

Since lack of knowledge of contraceptive methods and believed infecundity have obvious implications with regard to a woman's intention to use, the following discussion is limited to currently married fecund nonusers who know at

least one contraceptive method. ECPS respondents in this group represent 76 percent of all nonusers.

Proportion Intending to Use Family Planning

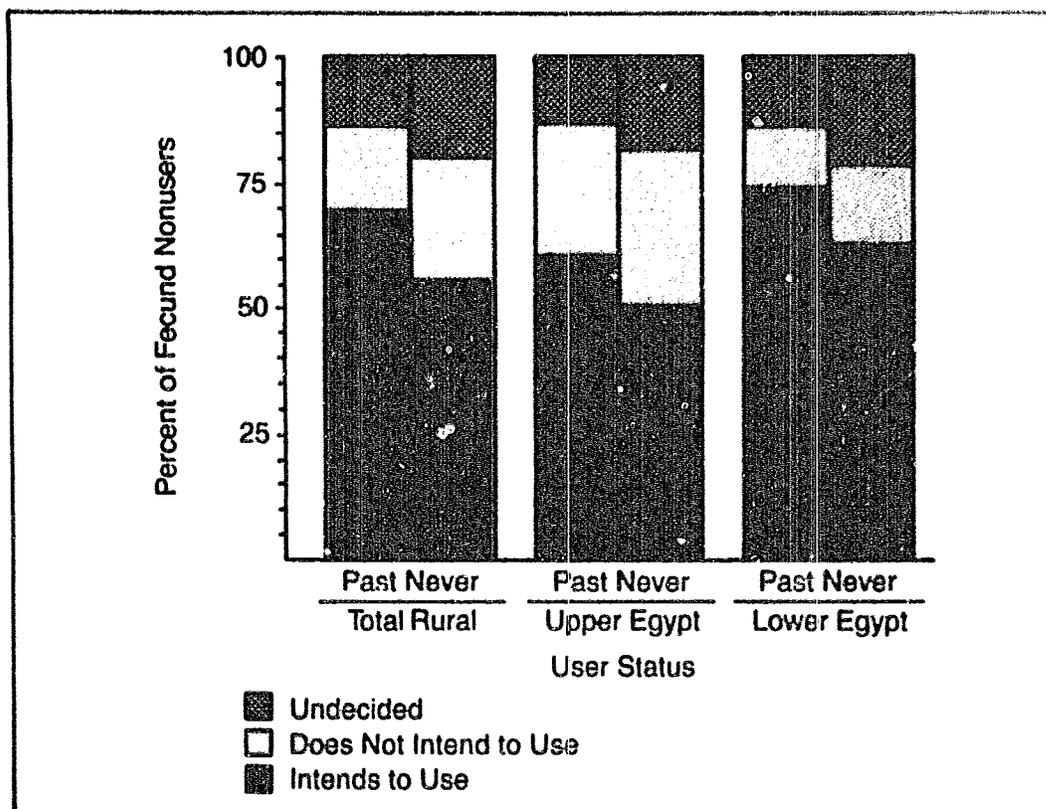
Table 8.3 shows that 59 percent of currently married fecund nonusers knowing at least one contraceptive method in rural Egypt intend to use family planning in the future. The rates are 66 and 52 percent, respectively, for Lower and Upper Egypt. It should be noted that the differential between Lower

Table 8.3

PERCENT DISTRIBUTION OF CURRENTLY MARRIED FECUND NONUSERS KNOWING AT LEAST ONE CONTRACEPTIVE METHOD BY INTENTION TO USE, USER STATUS, AND REGION, RURAL EGYPT, 1980

User Status and Intention to Use	Total Rural	Upper Egypt	Lower Egypt
<u>Total Nonusers</u>			
Total Number	3,063	1,507	1,556
Total Percent	100.0	100.0	100.0
Intend to Use	59.1	52.0	66.1
Do Not Intend to Use	23.3	31.4	15.4
Undecided	17.6	16.7	18.5
<u>Past Users</u>			
Total Number	775	285	490
Total Percent	100.0	100.0	100.0
Intend to Use	68.7	60.0	73.8
Do Not Intend to Use	18.4	27.7	13.0
Undecided	12.9	12.3	13.2
<u>Never Users</u>			
Total Number	2,286	1,222	1,064
Total Percent	100.0	100.0	100.0
Intend to Use	55.8	50.1	62.4
Do Not Intend to Use	24.9	32.2	16.5
Undecided	19.2	17.7	21.1

FIGURE 8.1
Percent Distribution of Fecund Nonusers Knowing at Least One
Contraceptive Method by Intention to Use, User Status, and Region,
Rural Egypt, 1980



and Upper Egypt is wider for those who state specifically that they do not intend future use; 31 percent of nonusers in Upper Egypt say they would not use contraceptive methods in the future compared to only 15 percent in Lower Egypt. The percentage of nonusers who do not intend to use a contraceptive method in the future for rural Egypt overall is 23. The percentages of those who were undecided (i.e., who gave a "don't know" or "no response" answer) were about the same for both areas.

Past family planning experience is important in determining future use intentions. Figure 8.1 reveals that women are more likely to say they intend to use contraceptives if they are past users than if they have never used any method. The percentages of past users and never users who intend future use of family planning are 69 and 56 percent, respectively. This is true for Lower and Upper Egypt although percentages are higher for women in both these groups in Lower Egypt than in Upper Egypt.

Demographic Differentials

Table 8.4 presents demographic differentials in the future intention to use among fecund nonusers knowing at least one contraceptive method. The results regarding the relationship between intention to use family planning and age and the number of surviving children are somewhat surprising. The percentage who intend to use increases with age among women 15-29 years, peaking at 66 percent in the 25-29 age cohort. The percentage then drops off fairly quickly among the older cohorts. No discernible pattern is observed in the variation between the number of surviving children and intention to use. Around 60 percent of all fecund nonusers with fewer than six children intend to use compared to 55 percent among those with six or more children. Similar patterns are observed in Upper and Lower Egypt with women in Lower Egypt being consistently more "likely to intend to use".

Table 8.4

PERCENT OF CURRENTLY MARRIED FECUND NONUSERS KNOWING AT LEAST ONE CONTRACEPTIVE METHOD WHO INTEND TO USE FAMILY PLANNING IN THE FUTURE BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural	Upper Egypt	Lower Egypt
<u>Current Age</u>			
15-19 Years	59.1	53.2	65.3
20-24 Years	65.3	60.1	69.9
25-29 Years	65.7	58.1	73.1
30-34 Years	61.3	48.4	72.3
35-39 Years	51.7	46.9	57.4
40-44 Years	40.2	35.4	45.0
45-49 Years	22.4	23.9	20.5
<u>Surviving Children</u>			
None	59.8	58.6	60.8
1-2 Children	59.8	51.2	67.2
3-5 Children	60.4	52.8	68.1
6 Children or More	55.3	45.9	64.1

Table 8.5

PERCENT OF CURRENTLY MARRIED FECUND NONUSERS KNOWING AT LEAST ONE CONTRACEPTIVE METHOD WHO INTEND TO USE FAMILY PLANNING IN THE FUTURE BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural	Upper Egypt	Lower Egypt
Respondent's Characteristics			
<u>Educational Status</u>			
Illiterate	57.2	50.1	64.3
Less than Primary	64.6	58.6	69.2
Completed Primary	77.6	70.6	84.0
<u>Employment Status</u>			
Working	65.2	52.4	73.6
Not Working	58.7	51.9	65.3
<u>Occupation</u>			
Agricultural	51.0	46.7	52.8
Nonagricultural	73.5	58.2	84.4
Husband's Characteristics			
<u>Educational Status</u>			
Illiterate	53.8	48.2	61.1
Less than Primary	61.3	54.6	66.4
Completed Primary	65.2	57.6	70.6
Completed Preparatory	75.1	67.4	79.9
<u>Employment Status</u>			
Working	59.5	51.8	66.4
Not Working	55.4	52.7	60.0
<u>Occupation</u>			
Professional, Technical and Clerical	72.4	68.2	75.0
Sales	55.0	51.7	59.5
Skilled Labor	62.1	52.6	71.3
Unskilled Labor	62.4	54.6	71.3
Agriculture	53.8	47.7	59.6
Other	54.7	39.4	71.0
Household Characteristics			
<u>Land Ownership</u>			
Owns Land	59.7	51.9	65.8
Landless	58.8	51.7	66.0

Socio-Economic Differentials

Educational status differentials in the proportion intending to adopt family planning are in the expected direction. Table 8.5 shows that, while only 57 percent of illiterate women intend to use family planning in the future, about 78 percent of women with at least a primary certificate intend to do so. Table 8.5 suggests that intention to use varies with the husband's educational level; a smaller percentage of women whose spouses are illiterate intend to use family planning (54 percent) than wives whose husbands have at least a preparatory certificate (75 percent). Similar patterns are observed in Upper and Lower Egypt with the percentages being consistently higher for women in Lower Egypt.

Working women are somewhat more likely to express an intention to use family planning than are nonworking women (Table 8.5). Similar results hold for Upper and Lower Egypt. Husband's occupation is also related to the intention to use. Women whose spouses are in professional, technical and clerical positions are the most likely to intend to use followed by wives of skilled and unskilled workers (Table 8.5). The smallest percentages are shown for wives of agricultural workers and small retail merchants. Similar patterns hold for Upper and Lower Egypt.

TIMING OF FUTURE USE AND ITS DIFFERENTIALS

Women who expressed an intention to use a family planning method were asked about when they planned to begin contraceptive use (Question 405). Table 8.6 shows that only around one out of every two of these women know when they might start using contraceptive methods. About 20 percent mentioned that they would use family planning within one year, 12 percent would use it between one and two years, and 17 percent would use it after at least two years. The three rates are 22, 14, and 14 percent, respectively, for Lower Egypt, and 17, 9, and 21 percent, respectively, for Upper Egypt. These results indicate that women in Upper Egypt are somewhat more likely than those in Lower Egypt to delay beginning use of a method.

Table 8.6

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS INTENDING TO USE FAMILY PLANNING IN THE FUTURE BY TIMING FOR BEGINNING OF USE AND REGION, RURAL EGYPT, 1980

Timing of Use	Total Rural	Upper Egypt	Lower Egypt
Total Number	1,841	800	1,041
Total Percent	100.0	100.0	100.0
Within One Year	20.1	17.1	22.4
Between One and Two Years	12.0	9.4	14.0
Two Years or More	16.8	20.6	13.8
Undecided	51.1	52.9	49.8

PREFERRED METHOD AND ITS DIFFERENTIALS

Among those women who intend future family planning use, Table 8.7 shows that the pill and the IUD were the preferred methods; 53 percent mentioned that they would adopt the pill, while less than 9 percent would use an IUD. Only very small percentages indicate preferences for female sterilization, female scientific methods, and the condom (2, 1, less than 1 percent, respectively). Traditional (rhythm and prolonged breastfeeding) or folk methods are preferred by 7 percent. Slightly more than one-quarter of the women intending to use family planning expressed no method preference.

Differentials for Lower and Upper Egypt are also shown in Table 8.7. Overall, the pill is preferred by proportionately more women in Upper Egypt than in Lower Egypt (58 and 49 percent, respectively). The opposite relationship is observed for the IUD (6 and 11 percent, respectively), female sterilization, female scientific methods and condom. The results also suggest that folk methods are more likely to be preferred in Upper Egypt than in Lower Egypt.

Table 8.8 examines the variation in preferred contraceptive methods with different demographic and socio-economic background variables. Never users are somewhat more likely to prefer the pill than past users; 58 percent of never users intending to use family planning say they will adopt the pill compared to 41 percent of past users. The IUD is, on the other hand, more popular among past than never users. Almost 14 percent of past users intend to accept an IUD in the future compared to 7 percent of never users.

In general, the percentage preferring the pill decreases with increasing age while the percentage preferring the IUD increases. Similar patterns are observed in relation to the number of surviving children. Preference for the pill decreases from 63 percent for women with no surviving children to 37 percent for women with at least six surviving children. The two percentages preferring the IUD in these two groups are 8 and 11 percent, respectively.

Table 8.7

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS INTENDING TO USE FAMILY PLANNING BY PREFERRED METHOD AND REGION, RURAL EGYPT, 1980

Method	Total Rural	Upper Egypt	Lower Egypt
Total Number	1,841	799	1,042
Total Percent	100.0	100.0	100.0
Pill	53.2	58.3	49.2
IUD	9.1	6.0	11.4
Condom	0.6	0.8	0.5
Female Scientific (Vaginal) Methods	1.0	0.4	1.5
Female Sterilization	1.6	0.6	2.4
Prolonged Breastfeeding	0.2	0.5	-
Rhythm	0.4	0.5	0.3
Other Methods	6.2	9.7	3.7
Undecided/No Response	27.5	23.2	30.9

Table 8.8

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS INTENDING TO USE FAMILY PLANNING IN THE FUTURE BY PREFERRED METHOD AND SELECTED BACKGROUND CHARACTERISTICS, RURAL EGYPT, 1980

Background Characteristic	Total Number	Total Percent	Pill	IUD	Other Modern	Traditional	Undecided
<u>User Status</u>							
Past User	549	100.0	41.3	13.8	5.5	9.1	28.2
Never User	1,292	100.0	58.2	7.0	1.7	5.9	27.2
<u>Current Age</u>							
15-24 Years	607	100.0	60.7	7.4	1.3	4.8	25.9
25-39 Years	1,017	100.0	49.6	10.1	4.5	8.1	27.7
40-49 Years	120	100.0	40.0	10.0	4.2	10.0	35.8
<u>Surviving Children</u>							
None	276	100.0	63.0	7.6	-	4.0	25.9
1-2 Children	610	100.0	51.4	8.0	1.6	6.1	26.9
3-5 Children	682	100.0	51.9	9.7	3.7	7.5	27.3
6 Children or More	273	100.0	37.0	11.4	9.2	10.6	31.9
<u>Educational Level</u>							
Illiterate	1,535	100.0	53.1	8.4	2.9	6.6	28.9
Less than Primary	154	100.0	52.6	12.3	5.2	8.4	21.4
Completed Primary	149	100.0	55.0	12.8	4.7	8.7	18.8

While there is no noticeable pattern in the variation in the preference of the pill with the education of the respondent, preference for the IUD increases slightly with education, from 8 percent of illiterate women to 13 percent for women with at least a primary certificate.

Chapter 9

CONTRACEPTIVE AVAILABILITY

SUMMARY: Seven out of ten ever-married women in rural Egypt know where at least one modern contraceptive method can be obtained. Although these results are encouraging, the analysis of the availability data again highlights the fact that contraceptive knowledge in rural Egypt is limited mainly to the pill and IUD. Women in Lower Egypt are also shown again to be considerably more knowledgeable about contraceptive methods and their sources than women in Upper Egypt; around 80 percent of ever-married women in Lower Egypt know a source for at least one modern contraceptive compared to less than 60 percent of women in Upper Egypt.

Indicating the importance of the nonclinical distribution of the pill in rural Egypt, the ECPS findings show pharmacies are the most frequently named pill outlets followed by family planning centers and hospitals. Private doctors or clinics and hospitals are the major sources for the IUD.

Family planning services are regarded as easily accessible by most women whether they were using a method or not. The median reported travel times to a source were around 15 minutes for the pill and 30 minutes for the IUD. Roughly nine out of ten women consider the family planning sources they named convenient. Only in the case of IUD sources in Upper Egypt did a substantial minority--around one-quarter of all those naming an IUD source--say it was difficult to get to the place they named.

The ECPS collected information on knowledge of family planning sources in rural Egypt and on the perceived availability of the outlets women use or know. This chapter reviews the availability data, with particular emphasis on the type of outlets from which current users obtain their methods and on the accessibility of family planning services.

CONTRACEPTIVE AVAILABILITY IN RURAL EGYPT

Contraceptive availability is a critical component of the family planning program in Egypt. As stated in the National Population Strategy "the aim is to provide more efficient and widely available family planning services for par-

ents who decide to limit their fertility through the smooth and adequate provision of a contraceptive product mix within easy reach of the population at nominal prices" (SCPFP, 1980, p. 11). Contraceptive services are available to women in rural Egypt through a network of family planning centers. Between 1966, when the Executive Board was authorized to organize the delivery of family planning services, and 1980, the number of these centers increased from less than 2,000 to almost 3,700 centers.

The family planning centers are primarily government-operated, generally as part of Ministry of Health clinics. As a result of the utilization of the well-developed health delivery system, almost 98 percent of the rural population live within 15 minutes travel time of a family planning center.

In late 1979, family planning methods, specifically the pill, were also made available in more than 4,400 pharmacies in Egypt at nominal, governmentally subsidized prices. The utilization of pharmacies in the family planning delivery system in Egypt increased the total number of outlets able to provide contraceptive supplies to more than 8,000 units across the country. Recently, conventional contraceptives have also been dispensed through commercial channels, primarily in urban areas. In addition, a number of outreach programs with home delivery of contraceptive methods have been established in rural areas. The home delivery agents are responsible for informing and motivating women about family planning as well as supplying acceptors with contraceptive methods.

KNOWLEDGE OF FAMILY PLANNING SOURCES

Proportion Knowing Any Source

ECPS respondents were asked if they could name a place where they would obtain each of the modern contraceptive methods they knew. The data presented in Table 9.1 indicate that slightly more than two-thirds (71 percent) of all ever-married women in rural Egypt are able to name at least one source from

which a modern family planning method is available. Women in Lower Egypt are more likely to be able to identify an outlet than those in Upper Egypt; the percentages knowing at least one family planning source are 83 percent and 57 percent, respectively, in the two regions.

Table 9.1

PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 YEARS BY KNOWLEDGE OF A SOURCE FOR ANY MODERN CONTRACEPTIVE METHOD AND REGION, RURAL EGYPT, 1980

Knowledge of Source	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Total Percent	100.0	100.0	100.0
Know Source	70.7	56.8	82.9
Know at Least One Method, but No Source	19.6	26.5	13.6
Does Not Know Any Modern Method	9.7	16.7	3.6

Proportion Knowing Source for Specific Methods

Figure 9.1 shows the percentage of ECPS respondents knowing a source for specific contraceptive methods. The figure indicates women in rural Egypt are more likely to know the pill and to be able to name an outlet for it than any other method. Slightly more than two-thirds (68 percent) know a place where they can obtain the pill compared to only 41 percent knowing a source for the IUD and 17 percent a source for female sterilization (Table 9.2). Less than 10 percent of the women know a source for any other modern contraceptive.

Figure 9.1 also indicates that women in Lower Egypt are more likely than those in Upper Egypt to be able to name a source for specific methods. For example, 80 percent of the women in Lower Egypt know an outlet where they can get the pill compared to only 54 percent in Upper Egypt. There are also sig-

FIGURE 9.1
Percent of Ever-Married Women Aged 15-49 Years Knowing a Method, and
Percent Knowing a Source, for Selected Contraceptive Methods, by Method
and Region, Rural Egypt, 1980

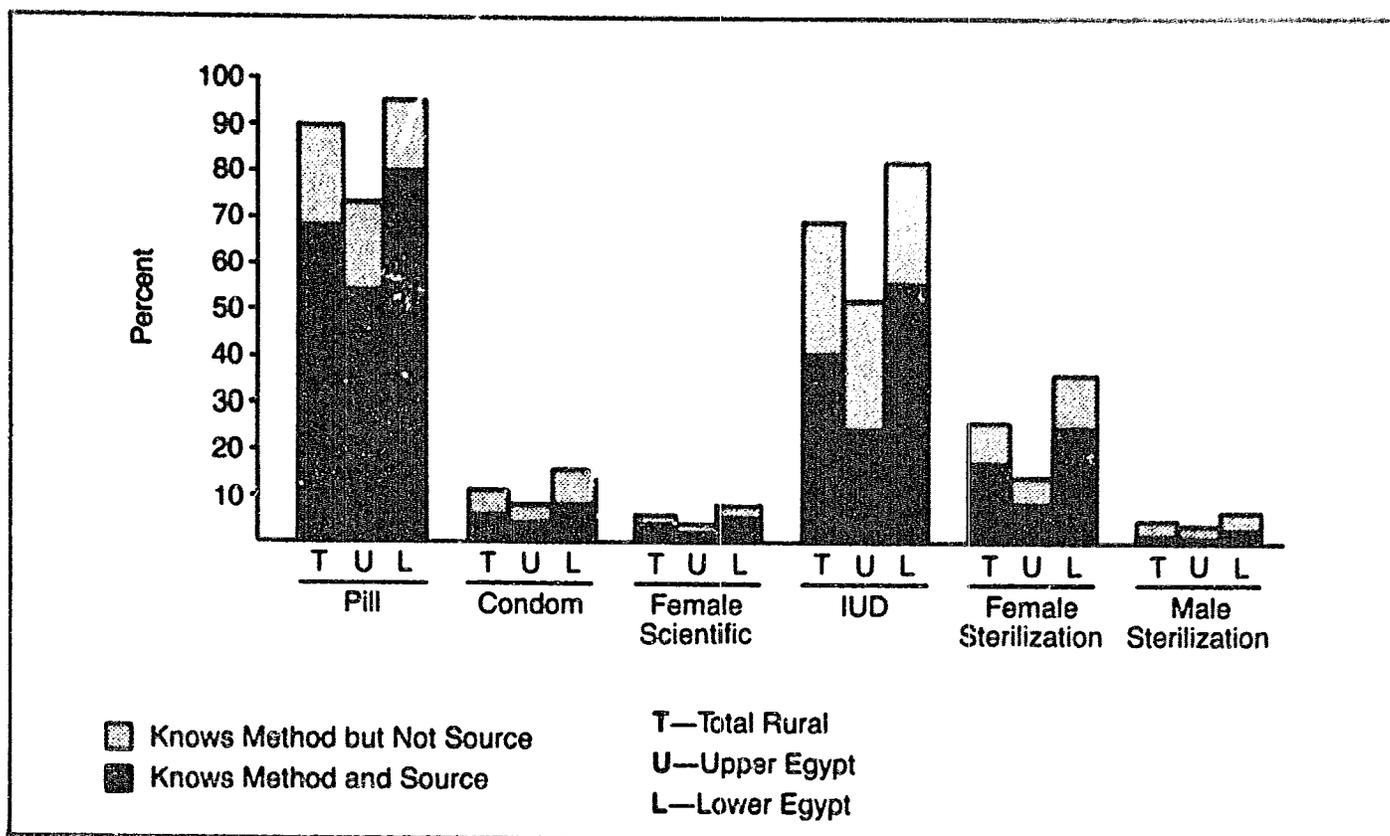


Table 9.2

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS WHO KNOW A SOURCE
 FOR A MODERN CONTRACEPTIVE METHOD BY METHOD AND REGION, RURAL
 EGYPT, 1980

Method	Total Rural	Upper Egypt	Lower Egypt
Total Number	5,313	2,484	2,829
Any Method	70.7	56.8	82.9
Pill	67.8	53.9	80.0
Condom	5.8	3.7	7.5
Female Scientific (Vaginal) Methods	3.7	2.0	5.1
IUD	40.8	23.8	55.7
Female Sterilization	17.1	7.9	25.1
Male Sterilization	2.2	1.2	3.0

nificant regional differentials in the percent knowing a source for the IUD and female sterilization. In Lower Egypt, 56 percent can name an IUD source and 25 percent know a place where they can obtain a sterilization. The comparable figures for Upper Egypt for the IUD and female sterilization are 24 percent and 8 percent, respectively. The comparatively smaller differentials between the two regions in the percentages knowing a source for the condom, female scientific (vaginal) methods, or male sterilization, also consistently favor Lower Egypt.

Table 9.3 presents the distribution of currently married nonusers intending to use the pill or the IUD in the future according to their knowledge of an outlet from which they can obtain the method they prefer.¹ A comparison of the

Table 9.3

PERCENT DISTRIBUTION OF NONUSERS INTENDING TO USE THE PILL OR IUD ACCORDING TO WHETHER THEY KNOW AN OUTLET FOR THE METHOD OR NOT BY METHOD AND REGION, RURAL EGYPT, 1980

Knowledge of Source	Pill	IUD
<u>Total Rural</u>		
Total Number	979	167
Total Percent	100.0	100.0
Knows Source	83.0	74.9
Does Not Know Source	17.0	25.1
<u>Upper Egypt</u>		
Total Number	466	48
Total Percent	100.0	100.0
Knows Source	75.8	66.7
Does Not Know Source	24.2	33.3
<u>Lower Egypt</u>		
Total Number	513	119
Total Percent	100.0	100.0
Knows Source	89.7	78.2
Does Not Know Source	10.3	21.8

¹ Because of the small number of women intending to use barrier methods or female sterilization, discussion is limited to the pill and IUD.

data with those shown in Table 9.2 for all women suggests that women intending to use a specific method are more likely than the average woman in rural Egypt to know a source. Nevertheless, roughly one out of every six women intending to use the pill and one out of every four women intending to use the IUD are not able to name a source for the method they say that they plan to adopt. Women in Upper Egypt intending to use the pill or the IUD were less likely than women in Lower Egypt intending to use these methods to know a source for their preferred method.

Demographic and Socio-Economic Differentials

Tables 9.4 and 9.5 consider only women knowing a modern contraceptive method in presenting demographic and socio-economic differentials in the percentage knowing at least one family planning outlet. Table 9.4 shows that the level of knowledge of contraceptive sources in rural Egypt is lowest among the youngest and oldest age cohorts (74 percent and 66 percent, respectively) and highest among those in the 30-34 year age group (82 percent). Source knowledge is also positively associated with family size, varying from 76 percent among women with no surviving children to 83 percent among women with six or more children.

Table 9.4

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS KNOWING A MODERN CONTRACEPTIVE METHOD AND A FAMILY PLANNING SOURCE BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Demographic Characteristics	Total Rural	Upper Egypt	Lower Egypt
<u>Current Age</u>			
15-19 Years	74.0	69.5	78.6
20-24 Years	78.7	69.1	86.4
25-29 Years	80.8	70.3	88.8
30-34 Years	81.5	70.8	88.5
35-39 Years	80.3	68.0	90.2
40-44 Years	76.4	66.7	84.0
45-49 Years	65.8	51.4	74.8
<u>Surviving Children</u>			
None	75.5	68.8	81.2
1-2 Children	74.6	63.8	84.1
3-5 Children	77.7	66.1	86.0
6 Children or More	83.0	75.0	88.5

Table 9.5

PERCENT OF EVER-MARRIED WOMEN AGED 15-49 YEARS KNOWING A MODERN CONTRACEPTIVE METHOD AND A FAMILY PLANNING SOURCE BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS AND REGION, RURAL EGYPT, 1980

Socio-Economic Characteristics	Total Rural	Upper Egypt	Lower Egypt
Respondent's Characteristics			
<u>Educational Status</u>			
Illiterate	74.9	64.1	83.5
Less than Primary	92.8	87.1	95.8
Completed Primary	93.1	90.6	94.8
<u>Employment Status</u>			
Working	83.9	76.4	87.7
Not Working	77.2	66.8	85.3
<u>Occupation</u>			
Agricultural	67.4	56.5	70.8
Nonagricultural	89.9	81.6	94.7
Husband's Characteristics			
<u>Educational Status</u>			
Illiterate	72.6	62.7	82.9
Less than Primary	83.0	76.0	87.3
Completed Primary	87.0	77.2	92.4
Completed Preparatory	92.2	85.9	95.
<u>Employment Status</u>			
Working	79.6	69.2	87.2
Not Working	72.1	65.3	80.5
<u>Occupation</u>			
Professional, Technical and Clerical	91.2	87.8	92.9
Sales	82.5	75.4	90.8
Skilled Labor	83.6	77.0	89.1
Unskilled Labor	76.7	64.0	87.9
Agriculture	73.8	62.5	82.4
Other	76.9	61.1	90.5
Household Characteristics			
<u>Land Ownership</u>			
Owns Land	81.7	74.8	86.2
Landless	75.8	64.0	85.1

The ECPS results shown in Table 9.5 suggest that the percentage knowing a family planning source in rural Egypt is greater among literate women, employed women, and women working in nonagricultural occupations. Taking into account the characteristics of husbands, the differentials again favor the more educated, the employed and those in nonagricultural occupations. Finally, the household's ownership of land, which serves as a proxy for wealth, exhibits a small but positive impact on the percentage knowing a family planning source.

AVAILABILITY INDICATORS AND CURRENT USERS

In the ECPS, current users of modern contraceptives were asked about the place where they obtain(ed) their method. The ECPS also collected data relating to the accessibility of the family planning sources that current users named. Questions asked included the type of transportation and time needed in getting to a source, and the user's opinion as to whether it was difficult or not to go there.

Family Planning Sources

Table 9.6 presents the distribution of ECPS respondents using a modern contraceptive method according to the source where they obtained their method. The data suggest that, overall, almost one-half of all current users in rural Egypt rely on family planning centers (27 percent) or hospitals (20 percent) for their methods. Slightly more than one-third (35 percent) obtain their contraceptives--primarily the pill--from pharmacies. Household distributors supply an additional 7 percent, and private doctors or other sources are relied on by 12 percent of all current users.

The type of family planning outlet from which current users obtain their methods varies, as expected, with the method used (Table 9.6). The most frequently named source for the pill is, as noted above, pharmacies (42 percent) followed by the family planning centers (31 percent), hospital (14 percent) and

Table 9.6

PERCENT DISTRIBUTION OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS BY THE SOURCE WHERE THEY OBTAIN(ED) THEIR METHOD, METHOD AND REGION, RURAL EGYPT, 1980

Region and Source	All Methods ^a	Pill	IUD
<u>Total Rural</u>			
Total Number	702	545	108
Total Percent	100.0	100.0	100.0
Family Planning Center	27.2	31.2	17.6
Hospital	19.5	14.3	32.4
Home Delivery Agent	6.6	8.7	-
Pharmacy	34.6	42.0	-
Private Doctor or Clinic	9.3	0.6	48.1
Other	2.7	3.3	1.8
<u>Upper Egypt</u>			
Total Number	166	130	24
Total Percent	100.0	100.0	100.0
Family Planning Center	28.3	33.1	12.5
Hospital	16.3	9.2	37.5
Home Delivery Agent	7.2	9.3	-
Pharmacy	37.3	44.6	-
Private Doctor or Clinic	7.8	-	50.0
Other	3.0	3.8	-
<u>Lower Egypt</u>			
Total Number	536	415	84
Total Percent	100.0	100.0	100.0
Family Planning Center	26.9	30.6	19.0
Hospital	20.5	15.9	31.0
Home Delivery Agent	6.5	8.5	-
Pharmacy	33.8	41.2	-
Private Doctor or Clinic	9.7	0.7	47.6
Other	2.6	3.1	2.4

^a Includes pill, IUD, condoms, female scientific (vaginal) methods, and female sterilization.

household distribution agents (9 percent). Private doctors or clinics, and public hospitals, are the major IUD sources, providing services for 48 percent and 32 percent of users, respectively. Family planning centers serve an additional 18 percent of IUD users.

Table 9.6 compares the distributions for all current users by source for Upper and Lower Egypt. The results show that, on the whole, users in Upper Egypt are somewhat more likely than those in Lower Egypt to obtain contraceptive methods from family planning centers, home delivery agents, and pharmacies. The differences in family planning service providers between the two regions are not, however, large. The data presented in Table 9.6 for Upper and Lower Egypt also indicate that, even after controlling for the method used, there are only relatively minor regional differences in the type of outlets from which current users obtain their methods.

Accessibility

In general, current users in rural Egypt appear to find family planning services readily accessible. The ECPS results indicate that around three-fifths of the women using a modern contraceptive method in rural Egypt walk to the place where their method is obtained (Table 9.7). It takes the majority of users (64 percent) less than 30 minutes to get to their source. The median travel time to a source is 15 minutes (Table 9.8). Users themselves generally consider it easy to get to their source; overall, less than 7 percent said that it was difficult to go there (Table 9.9).

Table 9.7

PERCENT OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS WHO WALK TO THE SOURCE WHERE THEY OBTAIN(ED) THEIR METHOD, BY METHOD AND REGION, RURAL EGYPT, 1980

Method	Total Rural	Upper Egypt	Lower Egypt
All Methods ^a	61.0	64.5	59.9
Pill	72.9	77.1	71.6
IUD	24.1	20.8	25.0

^aIncludes the pill, IUD, condoms, female scientific (vaginal) methods, and female sterilization.

Table 9.8

PERCENT DISTRIBUTION OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS BY THE TRAVEL TIME NEEDED TO GET TO THE SOURCE WHERE THEY OBTAIN(ED) THEIR METHOD AND THE MEDIAN TRAVEL TIME BY METHOD AND REGION, RURAL EGYPT, 1980

Travel Time to Source	All Methods ^a	Pill	IUD
<u>Total Rural</u>			
Total Percent	100.0	100.0	100.0
Less than 15 Minutes	32.2	37.4	15.7
15-29 Minutes	31.4	33.7	26.9
30-59 Minutes	22.7	20.4	28.7
60 Minutes or More	13.8	8.5	28.7
Median (in minutes)	15	15	30
<u>Upper Egypt</u>			
Total Percent	100.0	100.0	100.0
Less than 15 Minutes	32.2	37.9	16.7
15-29 Minutes	31.6	36.2	12.5
30-59 Minutes	18.4	17.2	20.8
60 Minutes or More	17.8	8.6	50.0
Median (in minutes)	15	15	30
<u>Lower Egypt</u>			
Total Percent	100.0	100.0	100.0
Less than 15 Minutes	32.1	37.1	15.5
15-29 Minutes	31.3	33.2	31.0
30-59 Minutes	24.0	21.3	31.0
60 Minutes or More	12.6	8.4	22.6
Median (in minutes)	15	15	30

^aIncludes pill, IUD, condoms, female scientific (vaginal) methods, and female sterilization.

Outlets where women can obtain the pill are, not surprisingly, somewhat more accessible than sources for the IUD.² Table 9.7 shows, for example, that, while nearly three-quarters (73 percent) of the women using the pill walk to

² Because of the small number of female sterilization and barrier method users, the analysis of the accessibility indicators is limited to the pill and IUD.

their sources, less than one quarter (24 percent) of IUD users walked to the hospital or clinic where they obtained their method. Travel times are also considerably greater for women using an IUD than for pill users (Table 9.8). More than 70 percent of women using the pill are within 30 minutes travel time to a source compared to 43 percent of IUD users. Overall, the median travel times to a source for women using the pill or IUD are 15 and 30 minutes, respectively. The greater distances to family planning outlets where the IUD is available appears to have some effect on the percentage of current users considering it easy to get to a source; 12 percent of IUD users indicated it is difficult to get to the outlet where they obtained their method compared to 3 percent of pill users (Table 9.9).

Table 9.9

PERCENT OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS
CONSIDERING IT DIFFICULT TO GET TO THE SOURCE WHERE THEY OB-
TAIN(ED) THEIR METHOD, BY METHOD AND REGION, RURAL EGYPT, 1980

Method	Total Rural	Upper Egypt	Lower Egypt
All Methods	6.3	11.2	4.8
Pill	3.4	5.2	2.9
IUD	12.0	29.2	7.1

A comparison of the accessibility measures presented in Tables 9.7, 9.8 and 9.9 for Upper Egypt and Lower Egypt indicates that, although the median travel times in the two regions are identical (15 minutes), slightly more users in Upper Egypt (64 percent) than in Lower Egypt (60 percent) walk to the source where they obtain their method. More importantly, users in Upper Egypt are more than twice as likely as those in Lower Egypt to express dissatisfaction with the accessibility of family planning outlets; the percentages considering it difficult to get to a source in Upper and Lower Egypt are 11 and 5 percent, respectively. Much of the latter differential is related to the considerably higher percentage of IUD users in Upper Egypt (29 percent) than in Lower Egypt (7 percent) who report it is difficult to go to the place where they obtained an IUD.

The small number of cases involved limit the extent to which the above results may be generalized. The data suggest, however, that a substantial minority of IUD users in Upper Egypt find the hospitals and clinics where IUDs are available to be comparatively less accessible than sources for other methods. Improving access to the IUD may, therefore, be one step in efforts to increase its use among women in Upper Egypt.

IMPACT OF CONTRACEPTIVE AVAILABILITY ON USE

The analysis of the availability data from current users in the ECPS sample suggests that family planning supplies and services are generally perceived as easily accessible in rural Egypt. Information was also collected from nonusers in the ECPS on their knowledge of family planning sources and on the perceived accessibility of the outlets they named. An examination of these results provides further insights into the relationship between the availability of contraceptive services in rural Egypt and the use of family planning.

Perceived Sources

Table 9.10 presents the distribution of nonusers knowing a source for the pill and for the IUD by the type of source. Figure 9.2 compares these distributions with the places where users of the pill and the IUD reported they obtained their methods. The results indicate that there are only relatively minor differences in the family planning sources named by nonusers and users. Like pill users, nonusers knowing a source for the pill would most frequently obtain it from pharmacies (46 percent), family planning centers (28 percent) and hospitals (18 percent). In the case of the IUD, nonusers knowing a source were most likely to name private doctors (49 percent) and hospitals (37 percent).

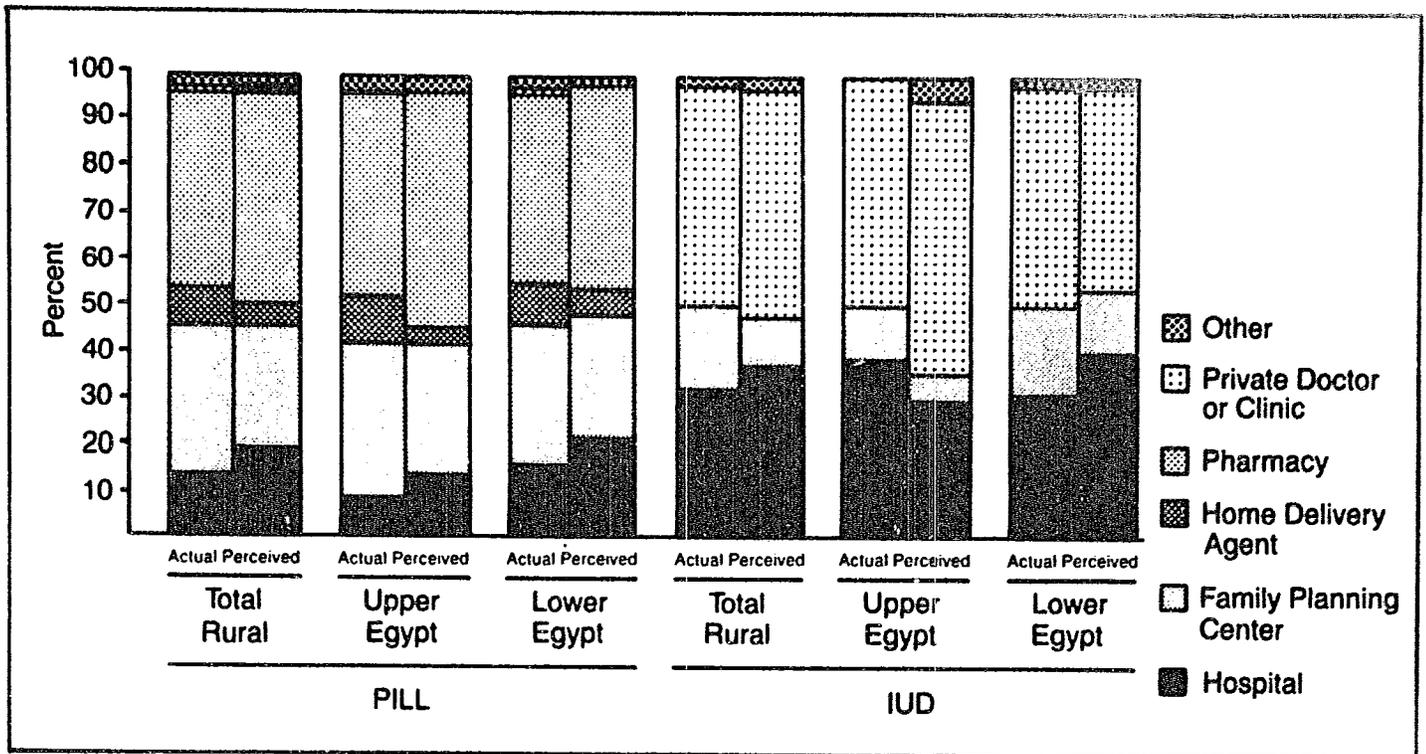
Table 9.10 also shows that there are only relatively minor differences between Upper and Lower Egypt in sources for the pill and IUD named by nonusers. The most noticeable difference is the greater proportion of nonusers in Lower Egypt than in Upper Egypt naming hospitals rather than private doctors as the place where they would go to obtain an IUD. In Lower Egypt, 40 percent of nonusers reported they would obtain an IUD at a hospital while 44 percent would go to a private doctor. In Upper Egypt, the comparable figures for these two IUD sources were 29 percent and 58 percent, respectively. Figure 9.2 shows that a similar pattern was evident among IUD users in the two regions.

Table 9.10

PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS KNOWING A SOURCE FOR THE PILL AND IUD BY METHOD, TYPE OF SOURCE AND REGION, RURAL EGYPT, 1980

Method and Source	Total Rural	Upper Egypt	Lower Egypt
<u>Pill</u>			
Total Number	2,580	1,096	1,484
Total Percent	100.0	100.0	100.0
Family Planning Center	28.0	28.3	27.8
Hospital	17.8	14.1	20.6
Home Delivery Agent	4.5	3.4	5.3
Pharmacy	46.2	48.7	44.2
Private Doctor or Clinic	0.9	1.8	0.3
Other	2.6	3.6	1.8
<u>IUD</u>			
Total Number	1,459	460	999
Total Percent	100.0	100.0	100.0
Family Planning Center	11.2	7.0	13.2
Hospital	36.8	28.9	40.4
Home Delivery Agent	-	-	-
Pharmacy	-	-	-
Private Doctor or Clinic	48.5	58.0	44.1
Other	3.4	6.1	2.2

FIGURE 9.2
Percent Distribution of Current Users by Actual Source, and of Nonusers by Perceived Source, for the Pill and IUD, by Region, Rural Egypt, 1980



Accessibility Indicators for Perceived Sources

Like pill and IUD users, nonusers knowing a source for these methods were asked whether they would walk or use transportation in going to the outlet and how long it would take them to get there. Nonusers were also asked if they considered it difficult to go to the source they named. Table 9.11 summarizes the accessibility data for nonusers.

Among nonusers knowing a source for the pill, 65 percent indicate they would walk to the source they knew. Two-thirds are within 30 minutes travel time from their outlet; the median travel time to the pill sources nonusers named is 15 minutes. Most nonusers regard these sources as convenient; only 5 percent thought it was difficult to get to the places where they would obtain the pill. Little regional variability is noted in Table 9.11 for any of the accessibility indicators for pill sources.

As expected, IUD sources named by nonusers are perceived as less accessible than the pill outlets. Only slightly more than one-quarter of the nonusers knowing a source for the IUD indicate they would walk there. More than 60 percent report it would take 30 minutes or more to travel to the source they named; the median travel time was 30 minutes. Overall, nonusers generally regard IUD sources as convenient. Slightly more nonusers, however, consider it difficult to get to IUD sources than to pill outlets. Around 13 percent of nonusers knowing a source for the IUD indicate they think it is difficult to go there.

Table 9.11

ACCESSIBILITY INDICATORS FOR FAMILY PLANNING OUTLETS NAMED BY CURRENTLY MARRIED NONUSERS KNOWING A SOURCE FOR THE PILL AND IUD BY METHOD AND REGION, RURAL EGYPT, 1980

Accessibility Indicators	Total Rural	Upper Egypt	Lower Egypt
<u>Pill</u>			
<u>Transport</u>			
Percent Walking	65.1	65.5	64.6
<u>Travel Time</u>			
Percent Less than 30 Minutes from Source	66.3	66.7	66.0
Median (in Minutes)	15	15	15
<u>Convenience</u>			
Percent Considering it Difficult to Get to Source	5.2	6.3	4.0
<u>IUD</u>			
<u>Transport</u>			
Percent Walking	26.3	22.8	27.9
<u>Travel Time</u>			
Percent Less than 30 Minutes from Source	39.3	32.0	42.6
Median (in Minutes)	30	30	30
<u>Convenience</u>			
Percent Considering it Difficult to Get to Source	13.4	22.2	9.3

A comparison of the accessibility data for IUD sources from nonusers in Upper and Lower Egypt suggests that nonusers in Upper Egypt are somewhat more likely than those in Lower Egypt to perceive the IUD sources that they name as inconvenient. In Upper Egypt, 22 percent of nonusers said it was difficult to get to a place where they would obtain an IUD; the percentage in Lower Egypt was only 9. Some difference existed in the travel times to IUD sources reported by nonusers. For example, in Upper Egypt, only 32 percent were within 30 minutes of an IUD source compared to 43 percent in Lower Egypt. The median travel time to IUD sources named by nonusers was, however, 30 minutes in both Upper and Lower Egypt.

Finally, the accessibility data for pill and IUD sources named by nonusers presented in Table 9.11 can be compared with similar information for the outlets from which current users of the pill or IUD obtained these methods (see Tables 9.7, 9.8 and 9.9). Since, as mentioned above, there were few differences in the type of outlets users and nonusers named as sources for the pill and IUD, it is not surprising that there is little variability in these indicators. The comparisons confirm that both users and nonusers generally perceive family planning services to be easily accessible in rural Egypt. Among both groups the dissatisfaction with method availability was greatest with respect to the IUD sources in Upper Egypt, with around one-quarter of users and nonusers from that region indicating it was difficult to get to the place where they would obtain an IUD.

Chapter 10

CONTRACEPTIVE CONTINUATION

SUMMARY: Patterns of continuation of contraceptive use in rural Egypt follow along rather predictable lines. The median pill user can be expected to use for about 24 months, while the median IUD user will continue for about 33 months. Women in Upper Egypt, whether using the IUD or the pill, tend to use for shorter periods of time than do women in Lower Egypt. Similarly, younger women use family planning for shorter periods, on average, than do their older counterparts.

Notable differences exist in the reasons the pill and IUD users gave for no longer using. Former pill users were much more likely to have gotten pregnant, either while using the pill, or shortly after discontinuing use of the method, than were IUD users. IUD users who had stopped using frequently cited side effects as the cause of their termination. Side effects also account for a large proportion of the pill terminations.

Relatively little is known concerning a number of questions relating to contraceptive continuation in rural Egypt. Topics needing investigation include the average length of use of contraception; the variation in the length of use by method used, region of residence and age; and the reasons given for the termination of contraceptive use. An initial attempt to investigate these issues was made in the ECPS. This chapter presents the results of this effort.

METHODOLOGY

Sources of Data

To collect continuation data, a series of questions relating to contraceptive use between July, 1975 and the interview date (November-December, 1980) was asked of ECPS respondents (Questions 308A - 313). These questions elicited information on the method use, the dates the respondent (or spouse) started and stopped using the method, and the reason for stopping. For each respondent, information was obtained for up to five such segments of use.

The continuation data are not without their problems. The most important shortcoming lies in the overall quality of the dates of use reported by the women. Recall errors as well as simple lack of knowledge about the dates in question affect the reliability of the information on the periods of use. Many of the women who had used a method, for example, were not able to provide information on the month that she and her spouse had started and/or stopped using the method.

Another source of difficulty arises from the relatively low levels of contraceptive use in rural Egypt. Because family planning use is not widespread, only a relatively small proportion (about one-fifth) of the ECPS respondents could provide information on contraceptive continuation. Consequently, the subsequent analysis is, at times, limited by the number of observations.

A third problem with the continuation information results from the reliance on respondent reported segments of contraceptive usage. Such data may be biased in two respects. First of all, respondents who used a method intermittently over an extended period of time may have reported only the beginning and end dates of such intermittent use although they were asked about periods of continuous use. A similar problem occurs with respondents who begin using a method but very quickly stop using it and may not report such use. The effect of these two types of response errors would be to increase the length of the average segment of use recorded in the survey.

Life Table Analysis of Segments of Use

The standard technique used in analyzing segments of contraceptive use is the construction of a life table analogous to that used with mortality data. Such a life table can provide, for any given point following the initiation of contraceptive use, the proportion of women "surviving", that is, continuing to use contraception. In the construction of the life table, the continuation rates are adjusted to take into account women still using contraception at the time of the survey. The resulting life table, then, reflects the experience of a hypothetical cohort of women all starting to use a method of contraception at

the same time. Useful comparative measures resulting from such a life table include the proportion of women still using a method at the end of specified intervals following its acceptance and the median duration of use--the point in the life table at which 50 percent of the women are still using the method in question.

Calculation of Segments of Use for the Pill and IUD

Based on the responses of the ECPS, segments of contraceptive use were calculated for the pill, the IUD and other methods. Only segments of use which began in 1975 or later were included in the analysis. If a respondent reported more than one segment, for example, of pill use, the most recent segment for that method was included for analysis.

As mentioned above, the calculation of intervals of contraceptive use from the type of data obtained in the ECPS is somewhat problematic, particularly in a population with a low level of literacy. Many of the ECPS respondents had difficulty reporting the dates, especially the month, in which a method was adopted or discontinued. For example, as Table 10.1 indicates, there were 693 women who reported segments of pill use for which the month and year of both

Table 10.1

DISTRIBUTION OF WOMEN WHO REPORTED SEGMENTS OF PILL OR IUD USE SINCE 1975, BY THE QUALITY OF THE STARTING AND STOPPING DATE INFORMATION PROVIDED AND METHOD, RURAL EGYPT, 1980

Quality of Dates	Pill	IUD
Total Reporting	1120	200
Month and Year of Both Dates Reported	693	133
One Month Not Reported, Both Years Reported	178	28
Neither Month Reported, Both Years Reported	121	15
At Least One Year Not Reported ^a	128	24

^aThese respondents were excluded from further analysis of contraceptive continuation.

the initiation and termination of use were available. However, there were an additional 299 women who reported pill use for which one or both of the dates were lacking the month.

A comparison was made between a life table calculated using only segments for which complete date reporting was available and one calculated assuming a July (midyear) date for any missing month. The results indicated that the imputation of the month made little difference in the resulting life table while greatly reducing the number of women excluded from the analysis. Consequently, segments with dates missing the month were included in the results shown here. No segments, however, were included which were missing the year of either the initiation or the termination of use.

Although life tables were calculated for pill, IUD, and other method use, there proved to be sufficient cases for the valid analysis of only the segments of pill and IUD use. The following section presents the analysis of segments of use for these two methods.

Table 10.2

PERCENT OF PILL USERS CONTINUING TO USE BY THE NUMBER OF MONTHS SINCE FIRST ACCEPTANCE AND REGION, RURAL EGYPT, 1980

Months Since First Acceptance	Total Rural	Upper Egypt	Lower Egypt
Total Number	992	276	716
0 Months	100.0	100.0	100.0
6 Months	76.4	66.7	80.1
12 Months	60.5	49.3	64.7
18 Months	55.2	43.1	59.7
24 Months	47.8	36.8	52.0
30 Months	42.7	28.4	47.9
36 Months	37.2	24.0	41.9
Median (in Months)	24.4	12.9	27.1

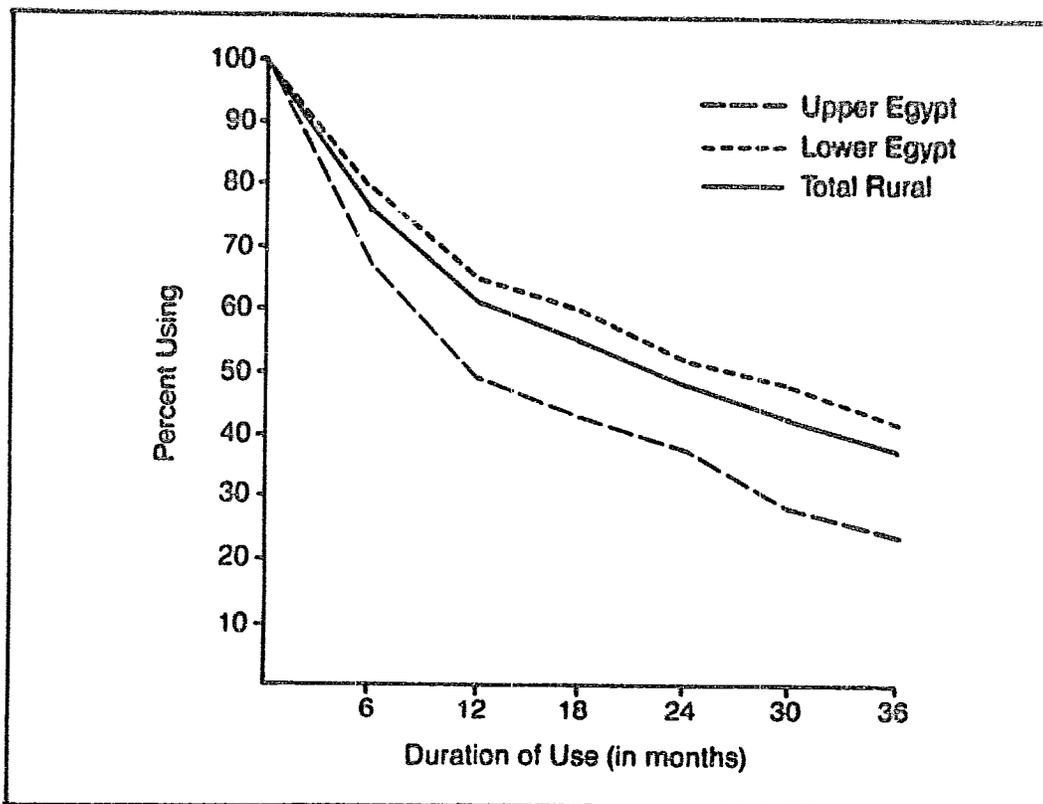
ANALYSIS OF SEGMENTS OF USE

Pill Use

Patterns of contraceptive continuation for the pill presented in this discussion are based on segments of pill use reported by 992 women. Despite the limitations discussed above, these data conform to expectations regarding general patterns of contraceptive continuation. Figure 10.1 shows that the most rapid drop-out of pill users occurs during the first year. According to the ECPS findings, about 60 percent of pill users are still using that method at the end of 12 months. By the end of two years, only about one-half of the original acceptors are still using, while by the end of the third year, only 37 percent are still using the method (Table 10.2).

Figure 10.1 also portrays the patterns of continuation for pill users in Upper and Lower Egypt. At any given point in the three year period shown in the graph, a higher proportion of pill acceptors are still using in Lower Egypt than in Upper Egypt. By the end of three years, less than one-fourth of accep-

FIGURE 10.1
Continuation of Pill Use by Region, Rural Egypt, 1980



tors in Upper Egypt are still using, compared with 42 percent in Lower Egypt (Table 10.2). Median survival times also reflect this difference; in Lower Egypt, 50 percent of pill acceptors are using after 27 months compared with a median survival time of 13 months for Upper Egypt. These findings suggest a higher level of motivation among women from Lower Egypt who accept the pill.

IUD Use

Figure 10.2 contains the continuation curves for acceptors of the IUD, based on a total of 176 segments of use. As a result of the smaller number of observations than were available with the pill, the survival curves in Figure 10.2 are somewhat more erratic than those shown in Figure 10.1. Overall continuation rates for the IUD are somewhat higher than for the pill. After 12 months, 66 percent of IUD acceptors are still using compared with 60 percent for the pill. The median survival time also reflects the longer use of the IUD; whereas the median for the pill was 24 months, for the IUD it is 33 months (Table 10.3).

FIGURE 10.2
Continuation of IUD Use by Region, Rural Egypt, 1980

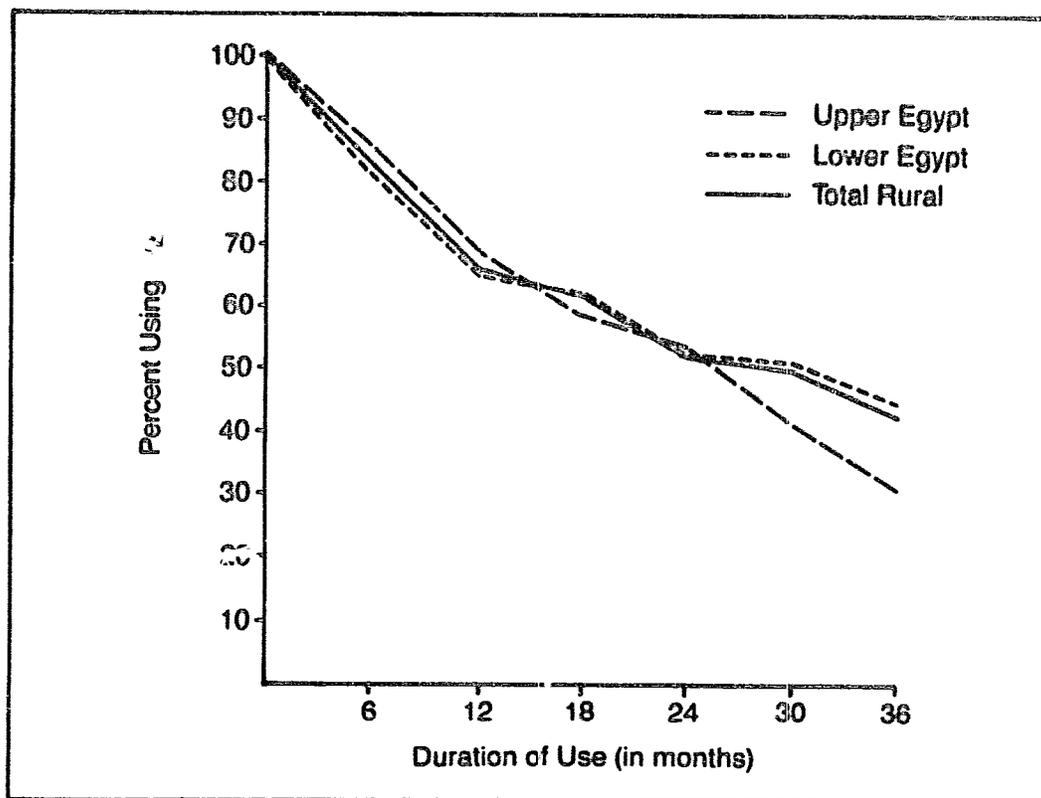


Table 10.3

PERCENT OF IUD USERS CONTINUING TO USE BY THE NUMBER OF MONTHS SINCE FIRST ACCEPTANCE AND REGION, RURAL EGYPT, 1980

Months Since First Acceptance	Total Rural	Upper Egypt	Lower Egypt
Total Number	176	37	139
0 Months	100.0	100.0	100.0
6 Months	82.6	84.6	82.0
12 Months	66.0	68.6	65.4
18 Months	62.0	59.3	62.4
24 Months	53.1	53.9	52.9
30 Months	50.1	41.1	51.8
36 Months	43.1	30.8	45.3
Median (in Months)	33.0	25.6	35.1

Except in the third year of use, there are no clear differentials between Upper and Lower Egypt in the use of the IUD. In the third year the proportion continuing declines more rapidly in Upper than in Lower Egypt (Table 10.3). Although the lack of a clear regional differential in the use of the IUD may result, in part, from the relatively few segments of IUD use in Upper Egypt, it also probably reflects the fact that day-to-day motivation is much less a factor in continued use of the IUD than it is with the pill.

Age Differentials

The role of motivation in contraception continuation can be seen clearly in patterns of pill use by age, as presented in Figure 10.3. Young users (15-24 years) of contraception are assumed to be more likely to be using family planning to space births rather than to prevent having another child. Thus, the average length of use for younger acceptors might be expected to be shorter than that for older women who have had all the children that they desire. The results of the ECPS shown in Figure 10.3 bear this out. The median survival time of pill acceptors, which is only 13 months for women 15 to 24 years of age, rises to 25 months among women in their middle childbearing years (25-39 years), and increases further to 35 months for women currently 40 or older. At the end of three years, only 10 percent of the youngest users are still using while 46 percent of the women 40 and over are still using (Table 10.4).

FIGURE 10.3
Continuation of Pill Use by Age, Rural Egypt, 1980

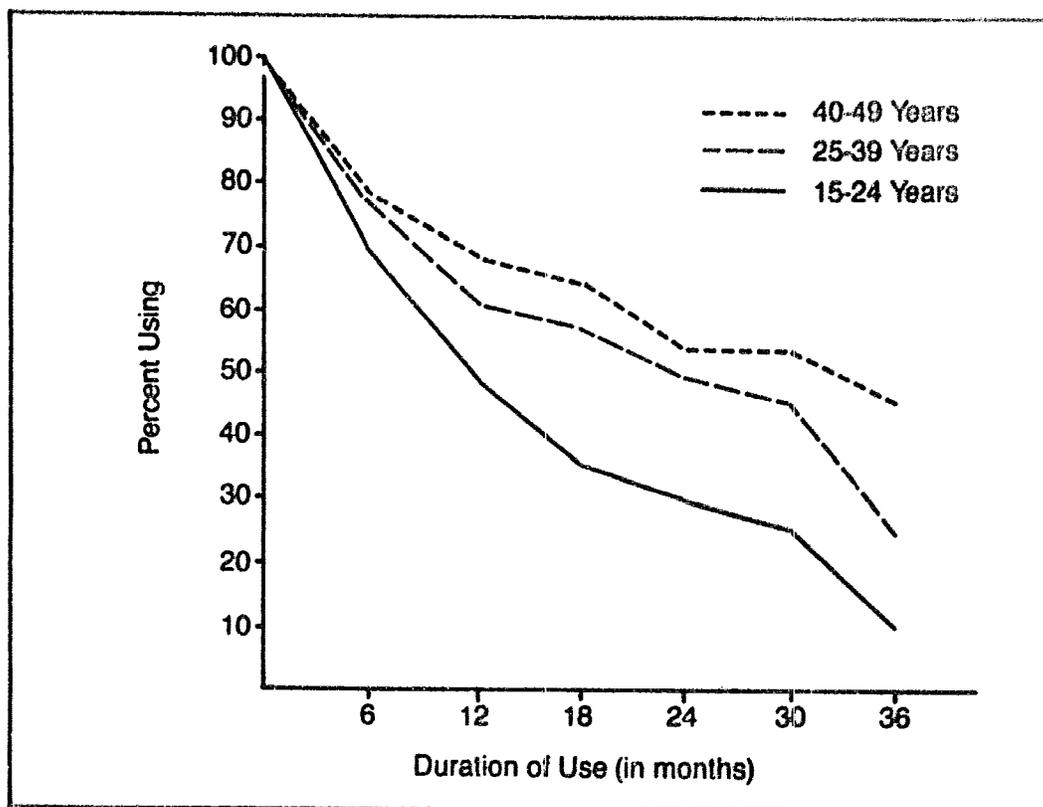


Table 10.4

PERCENT OF PILL USERS CONTINUING TO USE BY THE NUMBER OF MONTHS SINCE FIRST ACCEPTANCE AND AGE, RURAL EGYPT, 1980

Months Since Acceptance	Total	15-24 Years	25-39 Years	40-49 Years
Total Number	992	157	690	145
0 Months	100.0	100.0	100.0	100.0
6 Months	76.4	69.9	77.3	78.7
12 Months	60.5	49.0	60.9	68.6
18 Months	55.2	36.1	56.8	64.4
24 Months	47.8	30.0	50.0	53.6
30 Months	42.7	15.5	44.7	53.6
36 Months	37.2	10.3	25.0	45.5
Median (Months)	24.4	12.9	25.0	34.6

Overall, a similar pattern by age can be seen among acceptors of the IUD in Figure 10.4. The relatively few young acceptors of the IUD have a median use time of 24 months, compared with 28 months for women 25 to 39, and 48 months for women 40 and over (Table 10.5). Again, relatively small numbers of

segments of IUD use available for analysis suggest that caution be used in the interpretation of these results.

FIGURE 10.4
Continuation of IUD Use by Age, Rural Egypt, 1980

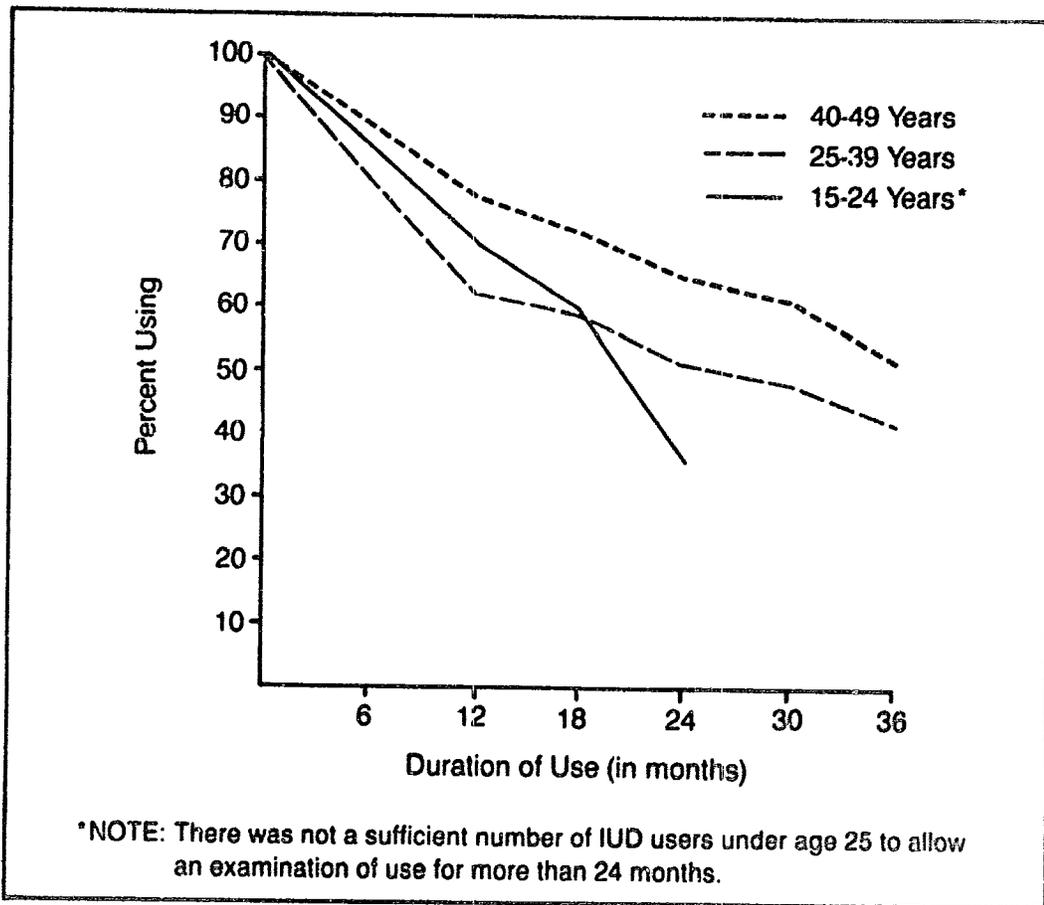


Table 10.5

PERCENT OF IUD USERS CONTINUING TO USE BY THE NUMBER OF MONTHS SINCE FIRST ACCEPTANCE AND AGE, RURAL EGYPT, 1980

Months Since Acceptance	Total	15-24 Years	25-39 Years	40-49 Years
Total Number	176	20	128	28
0 Months	100.0	100.0	100.0	100.0
6 Months	82.6	85.9	80.4	88.9
12 Months	66.0	70.3	62.4	77.4
18 Months	62.0	60.3	59.2	73.4
24 Months	53.1	36.2	51.7	65.2
30 Months	50.1	-	48.6	61.1
36 Months	43.1	-	42.0	51.7
Median (Months)	33.0	24.0	28.2	48.3

REASONS FOR DISCONTINUATION

Information on reasons for discontinuation can provide valuable insights into the satisfaction of acceptors with methods and services, the level of motivation of acceptors, and potential problem areas which might be suitable targets for future information and education programs.

Data on the reason for stopping were obtained from the 512 women who had terminated a segment of pill use (52 percent of all pill segments included in the preceding analysis), and 80 women who had terminated a segment of IUD use (46 percent of available IUD segments). The reasons for stopping the use of family planning provided by these women ranged from the medical and physiological (became pregnant or side effects), to the personal and social (husband or relatives opposed use, lack of exposure due to divorce, death of spouse, prolonged absence of spouse, etc.).

Table 10.6 shows that close to one-half (44 percent) of former pill users had stopped using due to reported side effects. The most common complaint was dizziness. Another one-third of former pill users reported that they had either become pregnant while using the method (27 percent) or had stopped using in order to have another child (6 percent). The reported accidental pregnancy rate of 27 percent is somewhat higher than that expected due to simple method failure; this high pregnancy rate may be related either to improper use of the method or to women reporting a discontinuation followed by a pregnancy as an accidental pregnancy.

By far, the most common reason for the discontinuation of the IUD is side effects. This category accounted for more than two-thirds (69 percent) of the reported IUD terminations. More than one-half (51 percent) of the women reported excessive bleeding as a side effect. The proportion of women using the IUD who discontinued due to pregnancy (planned or unplanned) is much lower, at 10 percent, than among pill users. Again, it is likely that motivation plays a large part in this difference.

Table 10.6

PERCENT DISTRIBUTION OF WOMEN DISCONTINUING USE OF THE PILL AND IUD BY REASON FOR TERMINATION AND METHOD, RURAL EGYPT, 1980

Reason	Pill	IUD
Total Number	512	80
Total Percent	100.0	100.0
Became Pregnant	27.3	8.8
Desired Pregnancy	6.2	1.2
No Longer Exposed	3.7	1.2
Changed Method	1.0	-
IUD Expelled	-	7.5
Side Effects	44.5	68.8
Bleeding	10.0	51.2
Dizziness	23.0	3.8
Other	11.5	13.8
Husband or Relative Opposed	1.8	1.2
General Dissatisfaction	4.3	5.0
Other Reasons	11.1	6.2

Among former users of both the pill and of the IUD, the opposition of family or relatives plays a relatively minor role (less than 2 percent) in the reported reason for discontinuation. Such opposition, if it exists, probably occurs before the initiation of family planning use.

Chapter 11

THE POPULATION AND DEVELOPMENT PROJECT: AN INITIAL EVALUATION OF ITS IMPACT

SUMMARY: Overall, an evaluation of PDP suggests that it has had some influence on family planning behavior and attitudes in Upper and Lower Egypt. In Upper Egypt, the impact of PDP on knowledge, ever use, and current use is substantial. It is worth mentioning that use of the IUD, in particular, is generally significantly greater in magnitude in PDP than in nonPDP areas. PDP women are also more likely to desire to cease childbearing and to idealize more often a smaller family size. Those who approve of family planning methods were found significantly more often in PDP villages than in nonPDP areas.

In Lower Egypt, the effect of PDP is negligible on knowledge and approval of contraceptive use--which were initially high. There is also no discernible effect on attitudes toward birth spacing and desired family size. However, the PDP impact is significant on ever use as well as current use, particularly with respect to the use of the IUD.

Results suggest that the Raiyda's role in PDP villages is still minimal. Only a small fraction of ever-married women in PDP areas are aware of her presence or had ever met her. Among those who have met the Raiyda, she has served mainly as a source of family planning information. Awareness of the existence of the family planning committees is also not extensive; moreover, few women have ever participated in committee activities.

Considering migration, it seems that PDP has an inhibiting effect on outmigration only in Upper Egypt. PDP's impact in Lower Egypt is greater with respect to the destination of migrants rather than on their numbers. No systematic evidence exists in connection with the impact of PDP on plans to migrate in the future.

Since the mid-1970's, Egyptian population policy has involved a comprehensive approach to the problem of population control rather than a narrow emphasis on traditional family planning activities. Egypt, thus, is one of the first countries to develop a coherent population-development strategy where integrated rural development policies emphasize various aspects of population control. This focus on the integration of population and family planning activities in overall developmental efforts is consistent with strategies outlined and advocated by the international community. The comprehensive

approach toward solving the population problem is exemplified by the Population and Development Project (PDP), initiated by the PFPB in 1977.

Using data collected in the ECPS, this chapter represents an initial effort to evaluate the impact of PDP activities on fertility and on contraceptive attitudes and behavior.¹

BACKGROUND, OBJECTIVES AND ACTIVITIES OF THE PDP²

The PDP is a community-based program which provides improved family planning delivery systems, stimulates socio-economic development in general, and stresses in particular those developmental activities that are believed correlated with favorable population characteristics at the local level to attain population objectives. Thus, the PDP addresses the:

- (1) promotion of family planning services;
- (2) mobilization of local resources and human participation to increase the pace of socio-economic development; and
- (3) upgrading of management capabilities at the local level as needed to administer various activities.

Thus, the PDP is more than a program for rural development. It introduces population and family planning issues into all developmental activities. The above objectives are to be achieved by bringing together all official and unofficial leaders to promote the socio-economic and structural changes needed for the betterment and welfare of village communities. These activities and efforts are not to be left to chance but are carefully directed toward achieving population targets.

¹ This chapter represents a revision of an earlier report (Khalifa and Way, 1981). The analysis parallels, in some respects, an earlier preliminary evaluation of the Population and Development Project (UNFPA Consultant's Report, 1980).

² For more details about the PDP program see Hassan, 1977; Iskandar and Omar, 1979; Fattah, 1979 and 1980; Bindary, 1980b; Shanawany, 1980; Khalifa, Sayed, and El-Khorazaty, 1981; and Kelley, Khalifa, and El-Khorazaty, 1982.

To avoid the shortcomings of yet another centrally directed program, it was decided to capitalize on the considerable infrastructure, high level of public participation, and socio-economic development projects already existent in villages in the PDP. The program, accordingly, does not seek to replace or exclude other activities but to coordinate, vertically and horizontally, already existing manpower and material sources at local levels to achieve population and family planning objectives. The PDP operates on three levels: (1) village (local) level, (2) governorate (regional) level, and (3) national (central) level. The program provides coordinators at these three levels, who, through committees, orchestrate the PDP family planning and development efforts. They are trained in population policy, fertility-socio-economic interrelationships, managerial skills, and information and communication systems.

On the local level, a PDP Advisory Committee (PDPAC) is established for each village council (a "mother village" and, on the average, four satellite villages). The PDPAC includes government-appointed officials in the village council, elected officials and recognized opinion leaders from among women, youth, and elders. It coordinates activities, seeks to avoid conflicts, and sets common goals. In addition, the PDPAC is responsible for insuring a sufficient stock of contraceptives, promoting family planning, monitoring and evaluating developmental efforts, and solving problems.

The PDPAC recruits volunteer female workers, known as "Raiyda Riyfia" (which in Arabic means "rural pioneer") from the villages where they will be employed. Her duties are described in more detail below. Manpower serving at different levels include 9,330 PDPAC members, 2,428 Raiyda Riyfia, and 1,050 local, 77 regional, and 12 central coordinators.

The PDP promotes small-scale socio-economic projects appropriate to the village that are designed to influence traditional values and attitudes. This, in turn, may eventually reduce family size norms and increase family planning acceptance and use. These projects are PDPAC-initiated to ensure community commitment and participation. By the end of 1980, about 878 projects had been proposed, out of which 518 were financed. The projects cover social, economic,

and service activities. The PDP supplies technical advice and interest-free loans when communities cannot raise the required capital.

The PDP focuses on rural areas in Egypt, which as noted earlier, included about 56 percent of the total population in 1976. By October, 1980 the PDP covered 12 governorates, 2,848 villages, and about 14 million people, representing 70 percent of the entire rural population in Egypt.

GOALS OF THE ANALYSIS

Utilizing initial findings from the Egypt CPS, the present chapter addresses the questions: Has the Population and Development Project (PDP) had an impact on changing some of the intermediate variables--particularly attitudes toward family planning and family size norms--affecting fertility? Is that impact--if any--in the right direction?

In considering these questions, the chapter will first review whether there is any indication that the population in villages in which the PDP has been implemented is consistently different from that in other villages with respect to a number of basic socio-economic indicators. Evidence that the population in PDP villages does differ from that in other villages in rural Egypt would clearly confound any subsequent analysis of variations in the behavioral and attitudinal measures between program and nonprogram areas.

After addressing this issue, the chapter will consider whether there are any differences between PDP and nonPDP areas on a number of indicators of fertility and family planning behavior and attitudes. In examining the relationship between these indicators and PDP status, controls for the region of residence (Upper and Lower Egypt) are introduced. As noted in earlier chapters, there are recognized social, economic and cultural differences between Upper and Lower Egypt which are assumed to influence the fertility and family planning measures. The chapter will also consider the question of the influence of the duration of the PDP (PDP more than 2 years vs. PDP 2 years or less) on both the behavior and attitude measures.

In addition, the chapter will address the issue of the role of the Raiydas, the program's female family planning outreach workers. The level of awareness of and contact with the Raiydas, as well as the extent of knowledge about the activities of the PDP committees, will be considered. Finally, the chapter explores, in a very tentative fashion, the issue of whether PDP appears to have had some influence on the level of outmigration from the villages in which it has been implemented.

BACKGROUND CHARACTERISTICS: PDP AND NONPDP AREAS

Villages in which the Population and Development Project (PDP) was established were not randomly selected and, thus, it is important to consider whether there are significant differences in the social and economic characteristics of program and nonprogram areas. Table 11.1 controls for region (Upper and Lower Egypt) in considering the variation in major socio-economic characteristics between PDP and nonPDP areas.

The differences are evident between the PDP and nonPDP areas in both Upper and Lower Egypt. In Upper Egypt, PDP villages have significantly higher proportions of men and women with a primary education than nonPDP villages. Moreover, PDP areas in that region have a lower proportion of landless households. Overall, the average size of landholdings does not vary significantly, however, between program and nonprogram areas.

In Lower Egypt, the differences between PDP and nonPDP areas are generally not substantial; furthermore, where differences do exist, they do not consistently favor either area. For example, while nonPDP areas have relatively more landless households than PDP areas, the average size of a landholding is, nevertheless, larger in nonPDP than in PDP areas (Table 11.1). Other differences between these areas are not sizeable. The proportion of illiterate husbands is somewhat greater in PDP villages (50 percent) than in nonPDP (44 percent) areas, and the proportion of working women employed in the agricultural sector is also greater in PDP than in nonPDP areas (35 percent and 29 percent, respectively).

Table 11.1

SELECTED BACKGROUND CHARACTERISTICS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Background Characteristic	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Total Ever-Married Women	2,645	2,668	1,773	1,311	1,472	1,357
<u>Respondents^a</u>						
Average Age (Years)	30.7	30.8	29.9	30.6	31.3	31.0
Currently Married (%)	91.6	90.9	92.3	91.0	91.0	90.7
Illiterate (%)	85.2	86.6	87.3	89.5	83.5	83.9
Completed Primary Education (%)	7.2	5.5	7.6	4.1	6.9	6.9
Employed (%)	7.5	7.4	6.9	4.7	8.0	10.0
Working in Agriculture (%)	34.7	22.2	34.6	6.5	34.7	29.4
<u>Husbands^b</u>						
Illiterate (%)	52.0	52.0	55.0	59.8	49.6	44.4
Completed Primary Education (%)	22.0	18.2	19.2	13.1	24.2	23.1
Employed (%)	87.7	86.5	84.5	82.9	90.4	90.0
Working in Agriculture (%)	45.8	47.2	47.3	46.9	44.7	47.5
<u>Households</u>						
Landless (%)	27.6	33.2	24.8	30.2	29.8	36.0
Avg. Size of Landholding (Feddans) ^c	.57	.64	.54	.44	.59	.82

^aAll ever-married respondents.

^bInformation provided by currently married respondents.

^cIncludes landless households.

In summary, Table 11.1 shows there are some substantial variations in background characteristics between PDP and nonPDP areas, particularly in Upper Egypt. There is, nevertheless, no evidence that PDP villages are consistently more--or less--developed than nonPDP villages. The absence of any consistent socio-economic variation between PDP and nonPDP areas suggests that the relationship between program status and these outcome measures has not been influenced by any clear selection bias in the villages which were included in the program.

FERTILITY: BEHAVIOR AND ATTITUDE MEASURES

Fertility Behavior

Table 11.2 controls for region and PDP status in considering variations in a number of fertility indicators. In examining Table 11.2, it is apparent that there are no differences between PDP and nonPDP areas in either the average number of children ever born (CEB) or average family size. Differences in age composition between program and nonprogram areas are not significant, and adjustment by age does not influence the relationship between these measures.

Some decline in the average number of children ever born is expected as a result of PDP activities. CEB is not, however, a sensitive measure of short-term change in fertility; therefore, other measures must also be used to assess the program's effect on overall fertility. One indicator that may help show PDP's impact on future fertility is the percentage of currently pregnant women. There are problems associated with this measure, however, simply because many women are not sure if they are pregnant or not. Although the overall bias is likely to be toward underreporting of current pregnancies, nothing is known regarding the variation in the bias between areas or population groups.

Table 11.2

FERTILITY INDICATORS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Fertility Indicator	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Average Number of Children Ever Born ^a	4.6	4.6	4.7	4.7	4.6	4.6
Average Number of Living Children ^a	3.3	3.3	3.2	3.1	3.4	3.4
Percent Currently Pregnant ^b	16.5	16.3	17.0	15.0	16.1	17.4

^a Calculated for ever-married women aged 15-49 years.

^b Calculated for currently married women aged 15-49 years.

Table 11.2 shows no significant differences in the percentage of pregnant women between PDP and nonPDP areas for all rural Egypt. However, there are differences between these areas--in opposite directions--in both Lower and Upper Egypt. In the latter region, the percent pregnant is somewhat higher in program (17 percent) than in nonprogram (15 percent) areas. In Lower Egypt, on the other hand, the percent pregnant is less in program areas (16) than in nonPDP areas (17).

In sum, the impact of PDP on fertility is not substantial, and the relationship between program status and fertility measures differs in Upper and Lower Egypt. It is probably too early to assess PDP impact on fertility objectively; in addition, fertility measures more refined and sensitive to change must be used in this connection.

Attitudes Toward Family Size

One of the major objectives of PDP is to induce behavioral changes consistent with lowering fertility through strengthening attitudes favoring smaller size families. Table 11.3 presents a number of indicators of attitudes regarding family size including the percent desiring more children, the average interval desired for birth spacing, desired family size, and ideal family size. Moreover, information on the respondent's aspirations for her daughter are reviewed as these data may reflect her own ideals.

In Lower Egypt, PDP does not seem to have a substantial impact on the proportion of women desiring to stop childbearing or on the average number of additional children desired. Similarly, the program impact, though in the right direction, is small with respect to the average interval of preferred spacing between successive births (26 and 27 months for PDP and nonPDP areas, respectively, in Lower Egypt). Somewhat greater differences are found in the percent of women motivated to consider the question of family size. While 34 percent in PDP villages in Lower Egypt have considered the question, 29 percent of women in nonPDP areas have thought about the number of children they would like to have.

Table 11.3

INDICATORS OF FAMILY SIZE ATTITUDES AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Indicator	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
<u>Desire for More Children</u>						
Percent not Wanting						
More	55.2	51.2	45.4	39.9	63.1	62.2
Average Additional Children Desired ^a	2.4	2.7	2.8	3.0	2.0	2.3
<u>Birth Spacing Attitudes</u> ^b						
Average Birth Interval Desired (Months)						
	25.3	26.2	23.8	24.9	26.3	27.4
<u>Family Size Desires</u>						
Percent Considered						
Family Size Desired	25.7	26.6	15.8	24.0	33.7	29.1
Average Number of Children Desired	2.9	3.3	3.2	3.8	2.8	2.9
<u>Ideal Family Size</u>						
Average Number of Children Desired						
	3.4	3.7	3.8	4.2	3.1	3.2
<u>Desired Age at Marriage and Family for Daughter</u>						
Average Desired Age at Marriage (Years)						
	17.5	17.3	17.0	16.6	17.9	17.9
Average Number of Children Desired						
	3.0	3.2	3.5	3.8	2.7	2.8

^aCalculated only for those women wanting more children.

^bCalculated only for those respondents giving numerical answers.

In Upper Egypt, PDP has a relatively stronger, although still minor, impact on the attitudinal indicators. Women in PDP villages are more likely than women in nonPDP areas to want to cease childbearing, to desire a smaller number of additional children, to have considered the question of family size more frequently and to desire a smaller total number of children, and, finally, to have a smaller ideal family size. With respect to a daughter's age at marriage, women in PDP areas in Upper Egypt desired a slightly higher average age at marriage for their daughters than the women in nonPDP villages; they also desired a slightly smaller number of children for their daughters.

FAMILY PLANNING: BEHAVIOR AND ATTITUDE MEASURES

Knowledge and Ever Use of Family Planning

Overall, there is little difference between program and nonprogram areas in the percent of women knowing a modern contraceptive method (Table 11.4) with one exception--the level of awareness of the IUD is significantly higher in PDP than in nonPDP areas. Knowledge of a source where modern contraceptive methods could be obtained is also somewhat greater in PDP villages.

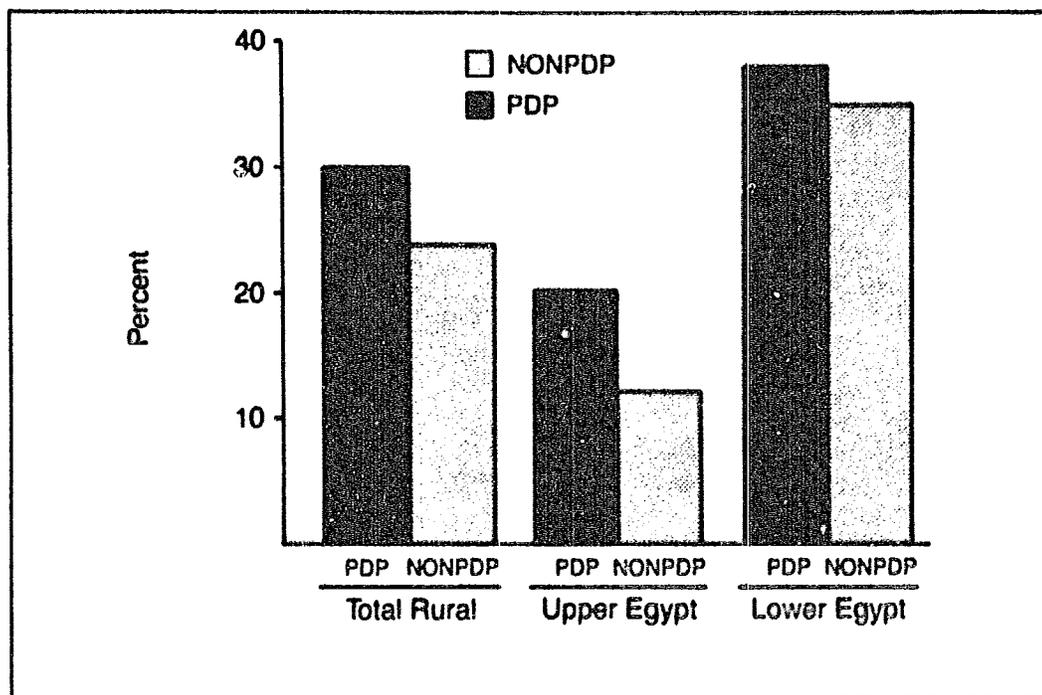
Table 11.4

KNOWLEDGE AND EVER USE OF FAMILY PLANNING AMONG EVER-MARRIED WOMEN AGED 15-49 YEARS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Method, Knowledge and Ever Use	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Total Number	2,646	2,669	1,174	1,311	1,472	1,358
<u>Any Modern Method</u>						
Percent Know Method	91.4	89.2	84.7	82.1	96.7	96.2
Percent Know Source	73.1	68.3	59.0	54.9	84.3	81.3
Percent Ever Users	30.3	23.6	20.2	12.3	38.4	34.5
<u>Pill</u>						
Percent Know Method	91.1	88.8	84.3	81.6	96.5	95.8
Percent Know Source	69.9	65.6	56.0	51.9	81.0	78.8
Percent Ever Users	27.3	21.4	18.0	11.3	34.6	31.2
<u>IUD</u>						
Percent Know Method	73.5	63.4	60.2	44.0	84.0	82.1
Percent Know Source	44.1	37.5	26.6	21.4	58.0	53.1
Percent Ever Users	5.7	3.1	2.7	0.9	8.1	5.2
<u>Condom</u>						
Percent Know Method	10.5	12.2	5.9	9.1	14.1	15.3
Percent Know Source	5.3	5.9	3.6	3.9	6.9	8.2
Percent Ever Users	0.7	0.8	0.7	0.5	0.7	1.0

The level of ever use of family planning is clearly greater in program than in nonprogram areas; 30 percent of ever-married women in PDP villages in rural Egypt have used a modern contraceptive method compared to only 24 percent in nonPDP villages (Figure 11.1). Ever use of the pill and the IUD are also positively associated with program participation.

FIGURE 11.1
Percent of Ever-Married Women Aged 15-49 Years Ever Using At Least One Contraceptive Method by Population and Development Project (PDP) Status and Region, Rural Egypt, 1980



Considering regional differences, Table 11.4 shows that, in Lower Egypt, there is no appreciable difference in the proportion of women who have knowledge about contraceptives (97 and 96 percent for PDP and nonPDP areas, respectively). The percent of women who know a source where a modern method could be obtained also differs only slightly between PDP and nonPDP areas in this region (84 and 81 percent, respectively). As to ever use of contraceptives, 38 percent of women in PDP villages in Lower Egypt report ever use of some modern method compared to 34 percent in nonPDP villages (Figure 11.1 and Table 11.4).

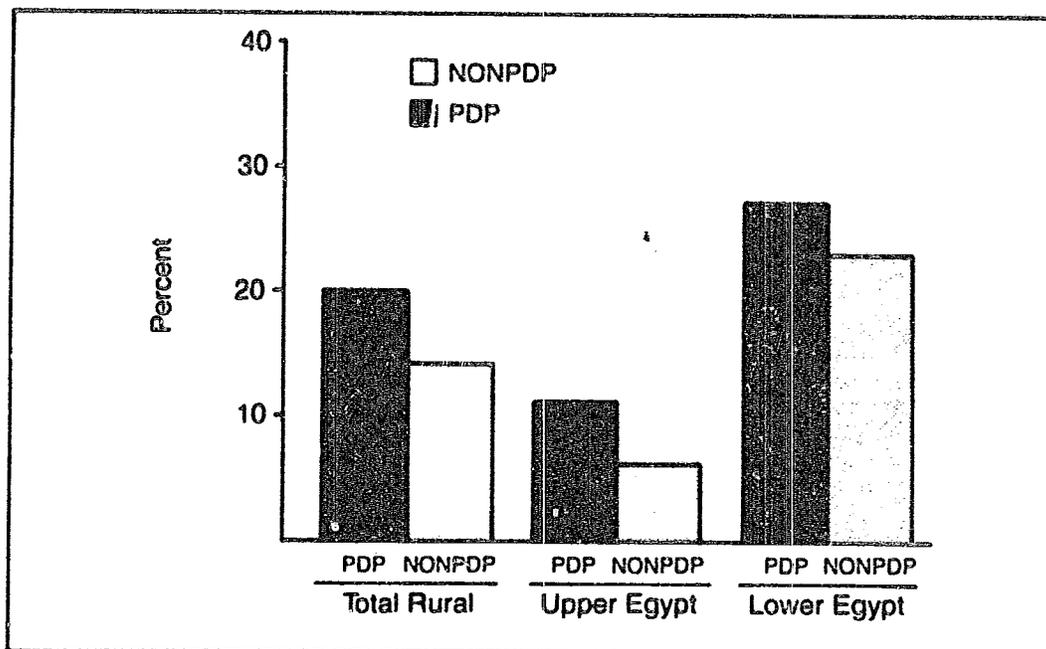
The impact of PDP on ever use of contraceptives is even more pronounced in Upper Egypt. Only 12 percent of women living in nonPDP areas have ever used a

modern contraceptive method compared to 20 percent of women in villages where PDP is operating. Again, as in Lower Egypt, the PDP effect appears most clear in increasing IUD use.

Current Use

Increasing the level of current use of modern contraceptive methods is one of the major objectives of PDP as a first step to reducing fertility. Overall, although the level of family planning use among married women remains low in rural Egypt--17 percent were reported to be using at the time of the ECPS--there is some evidence that PDP has had an impact on the contraceptive prevalence level. Figure 11.2 shows that the level of current use of family planning is roughly 35 percent higher in PDP than in nonPDP areas; 20 percent of married women in program areas are using some family planning method compared to 14 percent in nonprogram areas. Much of the difference in the overall prevalence level is owed to differences in the percentage of women using modern contraceptive methods; 17 percent of married women in PDP villages are using modern methods compared to 12 percent in nonPDP villages.

FIGURE 11.2
Percent of Currently Married Women Aged 15-49 Years Currently Using Family Planning by Population and Development Project (PDP) Status and Region, Rural Egypt, 1980



Considering regional variations in the level of family planning use, the percent of currently married women using modern contraceptives is substantially higher among currently married women in PDP villages than among those in nonPDP villages in both Lower and Upper Egypt. For example, Table 11.5 indicates that, while 23 percent of currently married women in PDP areas in Lower Egypt are using modern methods, this was true of only 19 percent of women in nonPDP villages. In Upper Egypt, the percentages of current users of modern methods are also higher for PDP than nonPDP areas (10 percent and 5 percent, respectively).

Table 11.5

CURRENT USE OF FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN AGED 15-49 YEARS BY TYPE OF METHOD, POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS, AND REGION, RURAL EGYPT, 1980

Type of Method	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Total Number	2,423	2,424	1,083	1,193	1,340	1,231
Using Any Method	19.6	14.5	10.5	6.0	27.0	22.8
Modern Methods	16.8	12.4	9.7	5.3	22.6	19.3
Traditional Methods	2.8	2.1	0.8	0.7	4.4	3.5
Not Using Any Method	80.4	85.5	89.5	94.0	73.0	77.2

As noted earlier, the pill is the preferred method among current users in rural Egypt (Table 11.6). Overall, use of the pill--and the IUD--appears to be greater in PDP than in nonPDP areas. The relationship between use of these methods and PDP is, moreover, similar in both Lower and Upper Egypt, although the differences between PDP and nonPDP areas are relatively greater in Upper than in Lower Egypt. Finally, the level of current use of other modern methods--female sterilization, the condom and vaginal contraceptive methods--is low in both Lower and Upper Egypt and, while there are differences in the use of sterilization and condoms between PDP and non-PDP areas, they are not generally sizeable.

Table 11.6

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS USING SPECIFIC MODERN CONTRACEPTIVE METHODS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Method	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Pill	12.7	9.9	7.4	4.4	17.0	15.4
IUD	2.8	1.7	1.7	0.5	3.7	2.9
Female Sterilization	0.9	0.5	0.5	0.2	1.3	0.7
Condom	0.2	0.2	0.2	0.3	0.2	0.2
Female Scientific (Vaginal) Methods	0.2	0.1	-	-	0.4	0.2

Attitudes toward Family Planning

Table 11.7 suggests that PDP has a strong impact on the level of family planning approval in Upper Egypt. Nonusers living in PDP villages appear to disapprove of family planning practice less often than nonusers in nonPDP areas (23 and 29 percent disapproval in PDP and nonPDP villages, respectively). In Lower Egypt, where the proportion of approval is initially high, PDP has no significant impact on the level of approval.

Table 11.7

ATTITUDES TOWARD FAMILY PLANNING AMONG CURRENTLY MARRIED NONUSERS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Attitudes Toward Family Planning	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Total Number	1,947	2,072	969	1,122	978	950
Percent Approving of Family Planning	78.0	74.0	68.1	62.5	87.7	87.6
Percent Disapproving of Family Planning	15.6	20.6	22.6	29.2	8.6	10.3
Percent Intending to Use Family Planning in the Future	47.4	44.3	39.8	36.8	54.9	53.2

IMPACT OF DURATION OF PDP ACTIVITIES ³

The ECPS results also permit an investigation of the influence of the duration of PDP activities⁴ on the attitudinal and behavioral measures examined in this chapter. Differences in the attitudinal indicators according to the duration of PDP activities were generally shown to be minor. Women in Upper Egypt in areas exposed to the PDP are somewhat more likely to have attitudes more favorable to smaller size families compared to women in villages where PDP involvement is more recent. Approval of the use of family planning among women in Upper Egypt also is positively related to the duration of program activity. However, PDP duration does not appear to strongly influence any of the attitudinal measures for women in Lower Egypt.

Considering the question of the influence of the duration of PDP on the behavioral measures, there is no evidence in Lower Egypt to support the conclusion that longer duration has a significant overall impact on contraceptive knowledge and use. In Upper Egypt, on the other hand, duration of PDP has some influence on both the levels of knowledge and ever use of contraceptives. For example, 88 percent of the ever-married women in villages where the PDP has been active for two years or more knew a modern family planning method compared to 81 percent of the women in villages involved in the PDP for less than two years. The percentage of ever-married women who have ever used a modern family planning method is 22 and 18 percent, respectively, in the two duration categories. Overall, the influence of duration on the behavioral measures was not very substantial, even in Upper Egypt.

³ For a detailed discussion of the impact of duration, see Khalifa and Way, 1981.

⁴ For purposes of the duration analysis, PDP villages were categorized into two groups: (1) villages with 2 years or more of involvement in the PDP, and (2) villages with less than 2 years involvement in the program.

EVALUATION OF THE RAIYDA'S ROLE IN PDP VILLAGES

Description of the Raiyda's Role

By the end of 1980, 2,428 Raiydas were active in the 2,848 villages covered by the PDP. These figures suggest that some villages have had problems in recruiting Raiydas. This is especially true in Upper Egypt where the population is traditionally more conservative than in Lower Egypt. More Raiydas are needed in most villages, however, as the plan calls for no more than 250 eligible women to be assigned to each Raiyda in order that she can visit them once a month to provide contraceptives and to follow up cases of discontinuation of family planning use. With 1,000 households in each village, on the average, four Raiydas must be recruited to meet this goal.

The core of the Raiyda program is the home visits with eligible women to encourage contraceptive practice. During these visits, the Raiyda offers information, answers questions, corrects misunderstandings, supplies contraceptives, and collects data needed for evaluation. In order to integrate the Raiyda's role with that of other individuals in the PDP areas who are concerned with family planning activities, she reports to the head of the PDPAC. She also seeks to establish close working relationships with the village physician, social worker, and any volunteer family planning centers.

Recognition and Contact with Raiyda

The CPS collected data to directly evaluate the role of the Raiydas. Results suggest these workers play a relatively minimal role in family planning service delivery in the villages. In Upper Egypt, only 15 percent of all women in PDP villages reported they were aware of the Raiyda's presence. Only one-half of these women had ever met her (8 percent of all women). Among those who actually had contact with the Raiyda, 60 percent merely obtained family planning information from her, while 20 percent received contraceptive supplies (4

(4 and 2 percent of all women in PDP villages, respectively). As mentioned earlier, recruiting of the Raiydas in Upper Egypt has been a problem in the PDP.

In Lower Egypt, the Raiydas are relatively more active; about one-fourth of all women in PDP villages are aware of the Raiyda's presence. Roughly 60 percent of the women who had heard about the Raiyda actually had met her (14 percent of all women). Among women who had ever met a Raiyda, one-half had obtained information on family planning from her and about 20 percent had received methods (8 and 3 percent of all women in PDP villages, respectively).

A 1980 study on the role of the Raiydas indicates that the failure of the Raiydas to reach all eligible women is due to the fact that the average Raiyda works single-handedly in a large village servicing almost 3,000 eligible women. In addition to the need to recruit more Raiydas, the study also showed that the training and the incentive system needs modification and closer supervision (Shanawany, 1980).

As to the awareness of the existence of PDP in their villages, the ECPS data shows that only 12 percent of the women in PDP villages in Upper Egypt and 16 percent in Lower Egypt have ever heard of committees related to family planning (3 percent of all women). Only 5 women in the Upper Egypt PDP sample of more than 1,100 have ever participated in such committees, and only 10 women of the Lower Egypt PDP sample of more than 1,450 have ever been involved in the activities of such committees.

Migration

Before considering the information on migration, it must be noted that the ECPS data are for households rather than individuals. It is therefore possible that there was some duplication in responses to the question of whether someone in the family had migrated from the village in the past year, i.e., a son in one family may be reported again as a brother in another. Thus, caution must be exercised in interpreting these results.

Overall 12 percent of the households interviewed in the sample had at least one member who outmigrated. More households in Upper than Lower Egypt have at least one outmigrant (13 percent and 10 percent, respectively). In Upper Egypt, nonPDP areas have higher portions of households with at least one outmigrant compared to PDP villages (16 and 10 percent, respectively) although this is not the case in Lower Egypt where PDP appears to have no impact on outmigration.

Outmigration is male selective (Table 11.8). This is the case in both regions irrespective of PDP. Overall, 80 percent of households with at least one outmigrant report that the most recent outmigrant was a male. Two major destinations are reported--abroad (probably mainly Arab countries) and urban areas in Egypt. The former is the destination in the case of almost one-half of the most recent outmigrants; the latter destination accounts for more than one-quarter of outmigrants. This finding is consistent in both regions. However, in Lower Egypt, outmigration in nonPDP areas is directed as often to urban areas as abroad (42 percent to urban areas and 42 percent abroad), while among PDP villages outmigration is clearly skewed to destinations outside Egypt (24 percent to urban areas compared to 66 percent abroad).

Table 11.8

CHARACTERISTICS OF OUTMIGRANTS BY POPULATION AND DEVELOPMENT PROJECT (PDP) STATUS AND REGION, RURAL EGYPT, 1980

Characteristics of Outmigrants ^a	Total Rural		Upper Egypt		Lower Egypt	
	PDP	NONPDP	PDP	NONPDP	PDP	NONPDP
Percent Male	83.1	78.8	81.4	84.1	84.6	70.9
Percent in Urban Areas in Egypt	27.7	38.9	32.0	36.6	24.0	42.3
Percent Abroad	58.4	46.6	48.5	50.6	66.3	41.7
Percent Left to Work Elsewhere	75.2	71.0	74.2	74.4	76.0	66.0
Percent Intending to Return	66.3	63.4	63.9	69.5	70.2	55.3

^aCharacteristics of the most recent person to leave a household for those households reporting outmigration.

In sum, it seems that PDP is related to lower outmigration in Upper Egypt but not in Lower Egypt. PDP may have, however, an impact on the destination of migration in Lower Egypt although this was not the case in Upper Egypt. Interpretation of these results is speculative and other factors must be taken into consideration before reaching any final conclusion on the relationship between PDP and the level of outmigration from villages in rural Egypt.

Appendix A
EGYPT CONTRACEPTIVE PREVALENCE SURVEY
SAMPLE DESIGN

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APPENDIX A
EGYPT CONTRACEPTIVE PREVALENCE SURVEY
SAMPLE DESIGN

The main objective of the Egypt Contraceptive Prevalence Survey (ECPS) was to provide information on family planning use in rural areas in Egypt. To achieve this objective, a three-stage sample design was recommended. The first stage of the design involved the selection of villages in rural areas. The second stage included the sampling of segments within selected villages. The third and final stage consisted of the selection of sample households in those segments.

This design introduced flexibility into the sampling. It enabled convenient divisions of the universe (villages) to be utilized as sampling units and permitted the concentration of the field work. However, since too much concentration would have meant a loss in precision as well as a reduction in the spread of the sample, a compromise was made in the ECPS design between considerations of cost (including transportation) and precision (degree of spreading) in order to ensure reliable estimates over the various domains of interest in rural Egypt. The following describes in detail the ECPS sample design.

Frame. After a search of possible sampling frames for the ECPS, it was decided to use the 1976 Census information at the first stage of selection. For the second stage of selection, a frame was required only for the units selected during the first stage. Before carrying out the second stage of selection, maps had to be obtained for these first-stage units.

Coverage. Initially, the entire rural area in Egypt was considered for coverage, but anticipated problems and difficulties in working in some areas made it necessary to eliminate the Frontier Governorates (Red Sea, New Valley, Matruh and Sinai governorates) from the covered population. However, due to their low population density, the elimination of these governorates from the ECPS target population does not significantly affect any national rural estimation based on the survey results.¹ It should be noted that with the excep-

¹ The population in the Frontier Governorates represented 0.57 percent of the total national population in 1976.

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tions noted above, the sample was designed to provide complete coverage of the rural population of Egypt.

Sample Size. For the ECPS, a national rural sample of about 5,000 married women between 15 to 49 years old was required. It was determined that this sample could be obtained by interviewing approximately 5,250 households. The expected number of household units took into consideration the rate of non-response for households as well as the proportion of households with no eligible women. Working with this sample size, the overall fraction was estimated to be 1/50.

Desirable Characteristics. An essential characteristic of the recommended sample design was that every household in Egypt's rural area should have a chance greater than zero of being selected in the sample; and this chance of being selected should be known in order to avoid selection biases and to provide a basis for determining the statistical precision of survey estimates. In addition, each household to be included in the sample should have the same probability of selection.

Definition of Primary Sampling Units. Geographically, Egypt is divided into governorates. Within each governorate, the rural area is subdivided in village councils. Each village council includes a mother village and a number of satellite villages and adjacent hamlets. The number of villages in a given village council varies between 3 to 10. In balancing precision, available information and practicability, it was decided that in the three-stage sample design for the ECPS, it was more appropriate to employ villages as the primary sampling units (PSUs), rather than village councils.

Within the 17 governorates included in the ECPS, there are a total of 4,003 villages. The population in these villages exhausts the rural populations of the 17 governorates covered in the ECPS.

Stratification. Stratification was implemented in two levels at the first or primary stage of sampling in the ECPS; no stratification was used at subsequent stages.

Level 1: Explicit. It was decided to group the villages according to their status in the Population and Development Program into three categories: PDP, baseline and non-PDP. The villages were also stratified by geographic regions (Upper and Lower Egypt).

Within each stratum, in order to exert control on the variation in village size, the villages were grouped by population size into three categories as follows: (a) less than 2000 population; (b) between 2000 and 10,000 population; and (c) over 10,000 population.

Level 2: Implicit. It was achieved by a serpentine ordering of governorates starting at the North and going from West to East, then from East to West and on so on.

Selection of the Sample of Primary Sampling Units. Although communication and transportation are generally good between villages in Egypt, the cost of spreading the sample into many villages was considerably greater than the cost of sampling households within selected villages; therefore, it was decided to limit the number of villages in the ECPS sample to 124. A list of the selected villages is included in Table A.1. Figure A.1 shows the distribution of the sampled villages in rural Egypt.

The selection of villages in each stratum was done independently from the other strata, and villages in each stratum were selected systematically with probabilities proportional to the population size in 1976. For each strata, the probability of a village selected in the sample is given by:

$$P_{1i} = \frac{nH_i}{\sum H_i}$$

where

- H_i represents the total population of the i^{th} village in 1976,
- $\sum H_i$ represents the total population of the strata containing that village in 1976, and,
- n represents the number of villages selected in that strata.

Table A.1
LIST OF VILLAGES IN THE ECPS SAMPLE

<u>Governorate</u>	<u>Village</u>
Giza	Kerdassa
	Warrak Alhader
	Abou Rawash
	El Kom El Ahmar
	El Zaedeyah
Shobra Ment	
Beni Suef	Koftan El Charbia (Koftan hamlet)
	Gezirat Baba
	Beni Adai
	Beni Hamed
	Beni Soliman
	Basroot
	Soft Rachen
Fayoum	Behmo
	Meniat Tantawy
	Hwarat El Maktaa
	El Ameria
	El Khalidia
	Fedemin
Menya	El Sheifh Hassan
	El Berba
	El Hussenia
	Ebshawat
	Shem El Basi
	Makousa
	El Rahmania
Assiut	El Charib
	Beni Galeb
	Kom Abou Shebel
	Nazlat Abd Alah
	El Wastah
	Daranka
	Om El Kosour
	Abou Karim
Souhag	El Karametah
	Ainein
	El Awamer
	El Wafdah
	El Egatat
	El Sherkah
	Fazirat Shandawil
	Gizaret Shandawil

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Table A.1 (continued)

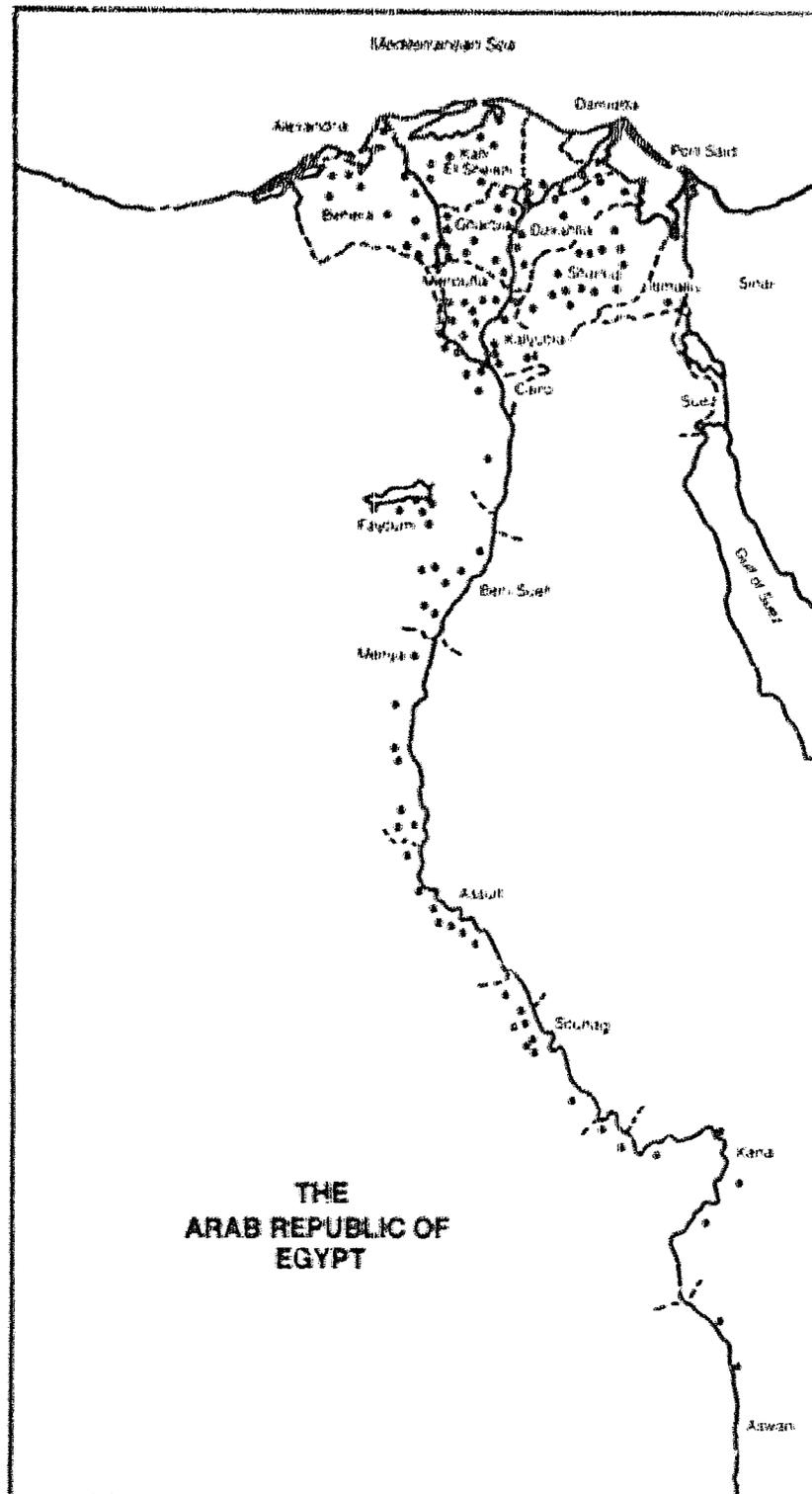
<u>Governorate</u>	<u>Village</u>
Kena	El Mahrousa
	El Rahmania
	Gragos
	Abou Shousha
	Bousa hamlet
	El Mesaha
	El Baladia
Aswan	Balana
	El Hagz
Damietta	El Horany
	El Nagareyeen
	El Sananeyeh
Dakahlia	El Massara and its hamlets
	El Tawila
	Meat Demis
	Garah
	El Deenabeek
	Meat Ghorab
	El Hedada
	El Kebab El Soghra
	Batra
	Nabarova
	Sheha
Sharkia	El Awassege
	Kafr El Sheikh Moussa Omran
	El Mahmoudya
	El Kobbe
	Kafr Akyad
	El Elweya
	El Zenkaloam
	El Didamon
	El Sharkaweya
	Akwa
	El Beerroom
	Kafr Hussein El Tobgui
	El Salheya
	El Zawahreya
Dawama	
Kalyubia	El Shamout
	Sendion
	Kafr Tema
	Esnit
	El Gabel El Asfar
	Kafr Elwan

(continued)

Table A.1 (continued)

<u>Governorate</u>	<u>Village</u>
Kafr El Sheikh	Kafr El Hanrawi
	Menyat Mesayr
	El Kom El Tawil
	Beni Pekar
	El Bena and its hamlets
	Mehallet Dibet
Gharbia	Kafr Salem El Hebab
	Mehallet Roh
	Shobra Malas
	Shobra Babel
	Kom El Naggat
	Benoufer
	Sentas
	Kafr El Scheemeyeh
	Kafr El Taabaneen
	Tonbara
Karf El Shorbagui	
Menoufia	Babel
	Meet Om Saleh
	Zoir
	Meet Afia
	Shinshour
	El Roda
	Zaout Rezin
	Sobk El Dahak
Behara	Omar Makram
	Minshaat Khyet
	El Zaafarani
	Riby
	El Beskaloon
	Moghniyeen
	Ezbet Amin Sayed Ahmed
	Ezbet Defsho
	El Kasr
	Dessous El Aelfayat
Meet El Khazan	
Gezirat Nekla	
Ismalia	El Kassasin El Cedida

FIGURE A. 1
Distribution of Sampling Points,
Egypt Contraceptive Prevalence Survey, 1980



Selection of the Sample of Secondary Sampling Units. A map of each selected village and any adjacent hamlets was obtained. As these maps had been designed for electricity and water supply development projects, every map indicated the extent of constructed area as well as the projected development services with clear identification of dwelling units, schools, factories, mosques, water and electricity plants as well as farm areas.

Although the information on the maps was fairly detailed, there was a lack of uniformity in the shape and size (in area) of blocks in every village. Also, no information was available on street, road or alley names. An estimation of households and population at block level was also lacking.

After evaluating the available information, it was decided to divide each selected village in small areas or segments. This process involved the division of every map into approximately equal-size segments. In this segmentation procedure well-defined points of reference were used and particular attention was paid to reducing the variability in block sizes.

After the subdivision of each map, the resulting segments were enumerated in a serpentine order from North to South and a sample was selected with probability proportional to the size of constructed area.

For each stratum and for every village in that stratum, the probability of a segment being included in the sample was given by:

$$P_{21j} = \frac{k S_{ij}}{S_i}$$

where

- S_{ij} represents the area constructed of the j^{th} segment in the i^{th} village,
- S_i represents the total area constructed of the i^{th} village, and,
- k is the number of segments to be included in the sample ($k=2,3,4,5$).

Last Stage Sample Selection. After each selected segment was updated and a household listing obtained, a systematic random selection of households was carried out. If W_{ij} represents the overall sampling fraction for the selection of households within the segment, then W_{ij} must satisfy the relationship:

$$P_{1i} P_{2ij} W_{ij} = \frac{1}{500}$$

The interval for the systematic selection in the household was given by:

$$I_{ij} = \frac{1}{W_{ij}}$$

Appendix B
EGYPT CONTRACEPTIVE PREVALENCE SURVEY
QUESTIONNAIRE

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IDENTIFICATION

Questionnaire No. _____ Stratum _____
 Governorate _____ District _____
 Village Council _____ Village _____
 Name of Household Head _____ Household No. _____

Record of Calls	1	2	3	4
Date				
Supervisor's Name				
Interviewer's Name				
Time Interview Started				
Time Interview Ended				
Duration of Interview				
Result				
Result Codes:	1 Completed	2 Partially completed (give reasons)		
	3 Postponed	4 No eligible member in household		
	5 Refused cooperation	6 Other (specify)		

Notes: _____

	Field Editing	Office Editing	Coding	Punching
Name				
Date				
Signature				

Household Selected for Reinterview
 Address Check

1
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RESPONDENTS' TABLE

NOW WE WOULD LIKE TO GET SOME INFORMATION ABOUT THE WOMEN WHO USUALLY LIVE IN THIS HOUSEHOLD.

Line Number	Names of Women Aged 15-55	Age in Completed Years	Ask the following questions for women aged 15 - 49:	Residence: Is this household her usual place of residence? 1 Yes 2 No	Has she ever been married? 1 Yes 2 No	Interviewer: Mark (✓) if the woman is eligible.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

TO MAKE SURE ALL WOMEN WERE RECORDED:

Are there any other women aged 15-55 who usually reside in this household whom we have not counted?

IF THE ANSWER IS "YES" ENTER THE WOMAN IN THE TABLE ABOVE.

How many people are there who usually reside in this household -- regardless of their age?

NUMBER _____

Number of women 15-49 (include all women whether eligible or not)

NUMBER _____

Number of eligible women

NUMBER _____

28

30

32 33

CHECK THE FIGURES YOU JUST RECORDED TO BE SURE THEY COINCIDE WITH THE TABLE.

9. Why did _____ leave the village?
(name)

43

1 Marriage

2 Work

3 Other _____
(Specify)

4 Don't know

10. Did any person who was living outside the village come back during the past year and is now living with your household?

44

1 Yes 2 No --- (SKIP TO Q.12)

11. How many? _____ (Number)

45

12. Do you or any member of your family intend to leave the village during the next two years?

47

1 Yes 2 No 3 Don't know/not sure

INDIVIDUAL QUESTIONNAIRE

(FOR ALL EVER OR CURRENTLY MARRIED WOMEN AGED LESS THAN 50 YEARS AND LISTED AS ELIGIBLE (✓) IN THE TABLE ON PAGE 2.)

Line Number of Eligible Women

SECTION I BACKGROUND OF ELIGIBLE WOMEN

101. In what year were you born? 19

99 Don't know

102. In what month were you born? 99 Don't know

99 Don't know

103. How old are you (age in years as of last birthday)?

Years

INTERVIEWER: CHECK THE CONSISTENCY OF ANSWERS AND WRITE THE CORRECT AGE BELOW.

Year. (Correct age)

Input box for age

(Tick (✓) if you have estimated age)

INTERVIEWER: IF THE WOMAN'S AGE IS LESS THAN 15 OR 50 YEARS OR MORE, TERMINATE THE INTERVIEW WITH THIS WOMAN AND BEGIN WITH THE NEXT ELIGIBLE WOMAN.

104. How old were you when you married for the first time?

Years

(INTERVIEWER: RECORD THE BEST ESTIMATE)

105. In what month and year was your first marriage?

19 (Month) (Year)

106. What is your marital status? Are you currently married, widowed or divorced?

1 Married

2 Widowed

3 Divorced

(SKIP TO Q.109)

(SKIP TO Q.109)

107. Is your husband living with you now (during the past three months)?

1 Yes

2 No

(SKIP TO Q.109)

48

50

51

53

55

57

59

60

62

64

66

67

108. What are the reasons?

- 1 He works in another place in Egypt
- 2 He works abroad
- 3 Other (Specify) _____

68

109. Have you ever attended school or are you currently attending school?

- 1 Yes
- 2 No
(SKIP TO Q.111)

69

110. What was the last grade you passed in school (or at the university)?

INTERVIEWER: CIRCLE THE HIGHEST EDUCATIONAL LEVEL SHE ATTENDED AND THE LAST GRADE SHE PASSED.

- | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|-----------------------|
| 1 Primary level | 0 | 1 | 2 | 3 | 4 | 5 | 6 | } --- (SKIP TO Q.112) |
| 2 Preparatory level | | 1 | 2 | 3 | | | | |
| 3 Secondary level | | 1 | 2 | 3 | | | | |
| 4 Upper intermediate | | 1 | 2 | | | | | |
| 5 High (University) | | 1 | 2 | 3 | 4 | 5 | 6 | |

70

111. Can you read, a newspaper, magazine, or a letter, for example?

- 1 Yes
- 2 No

72

112. Have you ever attended any religious school (say a Kottab)?

- 1 Yes
- 2 No

73

113. What is your religion?

- 1 Moslem
- 2 Christian
- 3 Other _____
(specify)

74

114. In Egypt some women work. Are you doing any work at this time for which you are paid in cash or kind?

- 1 Yes
- 2 No
(SKIP TO SECTION II)

75

115. What is this kind of work?

76

(INTERVIEWER: RECORD THE ANSWER AND SPECIFY BELOW WHETHER WORK IS AGRICULTURAL OR NOT)

- 1 Agricultural work
- 2 Non-agricultural work

77

SECTION II. FERTILITY

NOW WE WOULD LIKE TO TALK TO YOU ABOUT YOUR CHILDREN.

201. Have you ever had a live birth?

- 1 Yes
- 2 No

(SKIP TO Q.210)

202. How many of your children are living with you now in the house?

_____ (Number)

203. How many of your children do not live with you now in the same house?

_____ (Number)

INTERVIEWER: SUM THE NUMBER OF CHILDREN IN QUESTIONS 202 AND 203 AND WRITE THE SUM IN QUESTION 204.

204. Thus, you now have _____ living children, how many are boys and how many are girls?
(total)

_____ Boys

_____ Girls

205. Have you ever given birth to a boy or a girl who later died including those children who may have lived only a short time after their birth?

- 1 Yes
- 2 No

(SKIP TO INSTRUCTIONS BEFORE Q.206)

206. How many? _____ (Number)

INTERVIEWER: SUM THE NUMBER OF CHILDREN IN Q. 204 AND 206, AND WRITE THE SUM HERE AND IN Q. 207.

207. To make sure that I have the correct information, so far you have had _____ live births?
(give the sum)

- 1 Yes
- 2 No

(CORRECT ANSWERS WITH ASSISTANCE OF RESPONDENT)

208. In what month and year did you have your last live birth?

_____ Month 19____
(Year)

Month Year
23 25

INTERVIEWER: IF THE ANSWER IS DON'T KNOW ASK:

How long ago was your last live birth?

Years _____ Months _____

27

209. In addition to the pregnancies which ended in live births, have you had other pregnancies (miscarriages, abortions, or stillbirths) including even those which lasted only a few weeks or a few months?

1 Yes (SKIP TO Q.211) 2 No (SKIP TO Q.213)

29

210. Have you ever had a pregnancy, even if it lasted only a few weeks or a few months only, which ended in a stillbirth, miscarriage or abortion?

1 Yes 2 No (SKIP TO Q.213)

30

211. How many pregnancies which lasted for a short period only have you had? _____ (Number)

31

212. How many of these pregnancies ended in still births and how many ended in miscarriages or abortions?

_____ Stillbirths _____ Miscarriages or abortions

33 35

INTERVIEWER: SUM THE RESPONSES IN Q.207, AND Q. 211 AND ENTER THE NUMBER IN Q.213.

213. To be sure that I have the correct number, you now have had _____ (Number) pregnancies (excluding the present pregnancy)?

36

1 Yes 2 No (CORRECT IF THERE ARE ANY ERRORS)

CIRCLE THE CORRECT NUMBER BELOW AFTER CHECKING THE ANSWER IN Q.106.

1 Currently Married 2 Divorced/Widowed
 (SKIP TO Q.301)

214. Are you pregnant now?

1 Yes 2 No 3 Don't know/not sure
 (SKIP TO Q.216) (SKIP TO Q.216)

39

215. Would you prefer this child to be a boy or a girl?

1 Boy
 2 Girl
 3 Either

40

216. Do you think that it is possible for you and your husband to have a child in the future?

1 Yes
 2 No
 3 Don't know

41

SECTION III. FERTILITY REGULATION

301. Now I want to talk to you about a somewhat different topic. There are different ways that enable a couple to delay a pregnancy or avoid having children when they want. These ways are known as family planning methods. Do you know about, or have you heard about any of these ways or methods?

1 Yes

2 No

(SKIP TO Q. 304)

42

302. What are the methods which you know about?

INTERVIEWER: CIRCLE "YES" IN COLUMN (1) IN THE KNOWLEDGE TABLE ON THE NEXT PAGE FOR EACH METHOD MENTIONED BY THE RESPONDENT.

FOR EACH METHOD CIRCLED IN COLUMN (1) ASK:

303. Have you or your husband ever used (method)?

INTERVIEWER: CIRCLE THE APPROPRIATE RESPONSE IN COLUMN (3) OF THE KNOWLEDGE TABLE ON THE NEXT PAGE FOR EACH METHOD.

FOR EACH METHOD NOT CIRCLED IN COLUMN (1) ASK:

304. There are some methods that allow couples to prevent pregnancy which you have not mentioned. Just to be sure, have you ever heard about (method)?

INTERVIEWER: CIRCLE "YES" OR "NO" IN COLUMN (2) OF THE KNOWLEDGE TABLE ON THE NEXT PAGE. IN CASE OF A "YES" ASK Q. 305 BEFORE YOU ASK ABOUT THE NEXT METHOD.

305. Have you or your husband ever used (method)?

INTERVIEWER: CIRCLE THE RESPONSE IN COLUMN (3) OF THE KNOWLEDGE TABLE ON THE NEXT PAGE. THEN GO ON TO THE NEXT METHOD WHICH IS NOT CIRCLED IN COLUMN (1).

INTERVIEWER: CIRCLE THE APPROPRIATE NUMBER AFTER CHECKING THE ANSWERS IN COLUMNS (1) AND (2) OF THE KNOWLEDGE TABLE.

- | | |
|---|--|
| 1 At least one "yes" code is circled in column (1) or (2) of the knowledge table. | 2 No "yes" codes are circled in columns (1) and (2) of the knowledge table. (SKIP TO Q. 406) |
|---|--|

INTERVIEWER: CIRCLE THE APPROPRIATE NUMBER AFTER CHECKING THE ANSWER IN Q. 126.

- | | |
|------------------------------------|---|
| 1 Currently married (GO TO Q. 306) | 2 Widowed/Divorced (SKIP TO INSTRUCTIONS BEFORE Q. 308) |
|------------------------------------|---|

KNOWLEDGE TABLE

METHOD	KNOWLEDGE UNPROMPTED Q. 304		KNOWLEDGE PROMPTED Q. 304		EVER USE QUESTIONS 305 & 306		CURRENTLY USING Q. 307	
	(1)		(2)		(3)		(4)	
01 Pill	1 Yes	2 Yes	3 No	1 Yes	2 No	1 Yes		
02 Condom	1 Yes	2 Yes	3 No	1 Yes	2 No	3 Yes		
03 Vaginal Methods (Foam, Cream, Jelly)	1 Yes	2 Yes	3 No	1 Yes	2 No	3 Yes		
04 I.U.D.	1 Yes	2 Yes	3 No	1 Yes	2 No	4 Yes		
05 Female Sterilization	1 Yes	2 Yes	3 No	1 Yes	2 No	5 Yes		
06 Male Sterilization	1 Yes	2 Yes	3 No	1 Yes	2 No	6 Yes		
07 Abortion	1 Yes	2 Yes	3 No	1 Yes	2 No	7 Yes		
08 Prolonged Breast-feeding	1 Yes	2 Yes	3 No	1 Yes	2 No	8 Yes		
09 Rhythm	1 Yes	2 Yes	3 No	1 Yes	2 No	9 Yes		
10 Withdrawal	1 Yes	2 Yes	3 No	1 Yes	2 No	10 Yes		
11 Other (Specify)	1 Yes			1 Yes	2 No	11 Yes (Specify)		
						98 Not Using		

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- 400

306. Do you or your husband currently use now, or have you used during the past month, any method to avoid getting pregnant?

- 1 Yes
- 2 No --- (CIRCLE "98" IN COLUMN (4), THEN SKIP TO INSTRUCTIONS BEFORE Q. 308)

307. What is that method?

(CIRCLE THE RELEVANT METHOD IN COLUMN (4) OF THE KNOWLEDGE TABLE ABOVE)

TABLE OF CONTINUATION OF USE A

(1) Order of Use	(2) Method		(3) Starting Date		(4) Stopping Date	
	Code	Name	2014 In what month and year did you first start using this method?	2014 In what month and year did you stop using this method?	2014 In what month and year did you stop using this method?	2014 In what month and year did you stop using this method?
	<input type="checkbox"/>		Month _____ 19____	Month _____ 19____	95	Still Using
	<input type="checkbox"/>		Month _____ 19____	Month _____ 19____	95	Still Using
	<input type="checkbox"/>		Month _____ 19____	Month _____ 19____	95	Still Using
	<input type="checkbox"/>		Month _____ 19____	Month _____ 19____	95	Still Using
	<input type="checkbox"/>		Month _____ 19____	Month _____ 19____	95	Still Using
	<input type="checkbox"/>		Month _____ 19____	Month _____ 19____	95	Still Using

8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERVIEWER: IF THERE IS AN INTERVAL OF MONTHS BETWEEN ANY TWO METHODS ABOVE, THAT IS, A PERIOD OF TIME BETWEEN THE DATE THE RESPONDENT STOPPED USING ONE METHOD AND BEGAN USING THE NEXT METHOD PLEASE AS FOLLOWS:

309. Did you use any other family planning method after you stopped using (method) and before you started using (method)?

IF THE RESPONDENT MENTIONS USING ANOTHER METHOD, ENTER IT IN THE CONTINUATION TABLE AND ASK QUESTIONS 309A AND 309B.

INTERVIEWER:
CHECK TO SEE THAT ALL OF THE METHODS LISTED ABOVE ARE CIRCLED IN COLUMN (1) OF THE KNOWLEDGE TABLE ON PAGE 11. PLEASE TO CORRECT ANY ERRORS.
IF THE RESPONDENT IS CURRENTLY USING A METHOD (A METHOD CODE 01-11 IS CIRCLED IN THE KNOWLEDGE TABLE ON PAGE 11) CHECK TO SEE THAT THE RESPONDENT HAS REPORTED SHE IS STILL USING THAT METHOD ABOVE. PLEASE TO CORRECT ANY ERRORS.

AFTER MAKING ANY CORRECTIONS THAT ARE NOTED ON THE USER ABOUT, NUMBER THE METHODS IN COLUMN (1) OF THE TABLE IN THE ORDER OF THEIR USE ACCORDING TO THE STARTING DATES RECORDED IN COLUMN (3).
FINALLY, ENTER A CODE FOR EACH METHOD IN THE BOXES () ON COLUMN (2).
CODE METHOD CODE METHOD CODE METHOD
01 Pill 05 Female Sterilization 09 Rhythm
02 Condom 06 Male Sterilization 10 Withdrawal
03 Vaginals 07 Abortion 11 Other
04 IUD 08 Prolonged Breastfeeding

INTERVIEWER: WRITE THE METHOD NAME AND CODE FOR EACH METHOD THE RESPONDENT HAS USED IN THE ORDER SHE REPORTED USING THEM AT THE TOP OF TABLE B ON THE NEXT PAGE.

METHOD NAME METHOD CODE	1	2	3	4	5	6
	<input type="checkbox"/>					

IF THE RESPONDENT WAS USING BREASTFEEDING, RHYTHM, WITHDRAWAL OR OTHER FOLK METHOD (08-11) SKIP TO Q.311).

310. From where did you obtain this method?

01 Ralyda	1	1	1	1	1	1
02 Other home delivery agent	2	2	2	2	2	2
03 Family Planning Center	3	3	3	3	3	3
04 Medical doctor or special clinic	4	4	4	4	4	4
05 Hospital	5	5	5	5	5	5
06 Pharmacy	6	6	6	6	6	6
07 Other _____ (Specify)	7	7	7	7	7	7

311. Why did you stop using the method?

1 Became pregnant	1	1	1	1	1	1
2 Began using another method	2	2	2	2	2	2
3 Wanted to get pregnant	3	3	3	3	3	3
4 Was no longer exposed (husband away)	4	4	4	4	4	4
5 Method not available	5	5	5	5	5	5
6 Spontaneous expulsion of IUD	6	6	6	6	6	6
7 Had side effects	7	7	7	7	7	7
8 Experienced bleeding	8	8	8	8	8	8
9 Experienced dizziness	9	9	9	9	9	9
10 Opposition of husband/or other relatives	10	10	10	10	10	10
11 Not satisfied with method	11	11	11	11	11	11
12 Other _____ (Specify)	12	12	12	12	12	12
98 No reason given	98	98	98	98	98	98

IF THE RESPONDENT BECAME PREGNANT WHILE USING THE METHOD (CODE "1" CIRCLED FOR Q.311) GO ON TO THE NEXT CIRCLED METHOD AND ASK Q. 310-313.

312. Did you become pregnant after you stopped using this method and before you began using another method?

1 Yes	1	1	1	1	1	1
2 No	2	2	2	2	2	2

IF "NO" (CODE 2) IS CIRCLED ABOVE GO ON TO THE CIRCLED METHOD AND ASK Q.310-313.

313. When did that pregnancy begin?

Month	No.	No.	No.	No.	No.	No.
19	19	19	19	19	19	19

CHECK TO SEE THAT DATE GIVEN IS AFTER THE DATE RESPONDENT STOPPED USING THE METHOD AND BEFORE SHE BEGAN USING THE NEXT METHOD COLUMN (3) AND (4) OF TABLE A. PROBE TO CORRECT ERRORS.

ASK Q.310-313 FOR NEXT METHOD. AFTER LAST METHOD GO TO INSTRUCTIONS AT THE TOP OF THE FOLLOWING PAGE

1 2 3 4 5 6

7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

INTERVIEWER: IF THE RESPONDENT KNOWS ABOUT METHODS 01 TO 07 (IN CASES WHERE A "YES" IS CIRCLED IN COLUMN (1) OR (2) IN THE KNOWLEDGE TABLE) CIRCLE THAT METHOD AT THE TOP OF THE FOLLOWING TABLE.

IF THE RESPONDENT IS NOW USING ONE OF THE METHODS (WHERE A "YES" IS CIRCLED IN COLUMN (4) OF THE KNOWLEDGE TABLE), CROSS OUT THAT METHOD BY MARKING (x) BESIDE IT AT THE TOP OF THE FOLLOWING TABLE.

FOR EVERY METHOD CIRCLED AND NOT CROSSED OUT ASK QUESTIONS 314-318 IN ORDER AND CIRCLE THE APPROPRIATE ANSWER.

IF NONE OF THE METHODS IN THE FOLLOWING TABLE HAVE BEEN CIRCLED, SKIP TO Q. 319.

TABLE OF OBTAINING METHODS

Method Code Method Name	1 Pill	2 Condom	3 Vaginals	4 IUD	5 Female Sterilization	6 Male Sterilization	7 Abortion
214. Do you know where you or husband can get (Method)?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No				
215. Where would you go when you want to get (Method)?							
1 My/da My/da	1	1	1	1	1	1	1
2 Other home delivery	2	2	2	2	2	2	2
3 Family Planning clinic	3	3	3	3	3	3	3
4 Medical doctor/clinic	4	4	4	4	4	4	4
5 Pharmacy	5	5	5	5	5	5	5
6 Hospital	6	6	6	6	6	6	6
7 Other (Specify)	7	7	7	7	7	7	7
IF THE SOURCE HAS ALREADY BEEN MENTIONED GO TO THE NEXT METHOD.							
216. How would you get to the place that you named?							
1 Walking	1	1	1	1	1	1	1
2 Means of transport	2	2	2	2	2	2	2
3 Don't know/not sure	3	3	3	3	3	3	3
217. How long would it take you to get there?							
Minutes							
Hours							
218. Do you think this place is difficult or not difficult to get to?							
1 Not difficult	1	1	1	1	1	1	1
2 Difficult	2	2	2	2	2	2	2
3 Don't know	3	3	3	3	3	3	3

1	2	3	4
5			
(01)			(02)
6			12

(01)						(02)
13						19

(01)						(02)
20						26

(In minutes)

(01)	(02)	(03)
27	29	31
(04)	(05)	(06)
33	35	37

(07)	
39	
(01)	(02)
41	47

INTERVIEWER: SKIP TO Q. 318 FOR THE NEXT CIRCLED METHOD

INTERVIEWER: AFTER YOU FINISHED THE LAST CIRCLED METHOD, SKIP TO INSTRUCTIONS AT THE TOP OF THE NEXT PAGE.

INTERVIEWER: CIRCLE THE METHOD CURRENTLY USED THAT WAS MARKED IN COLUMN (4) OF THE KNOWLEDGE TABLE.

319. 1 Pill
 2 Condom
 3 Vaginal (foam, tablets, jelly, cream, etc.)
 4 IUD
 5 Female Sterilization
 6 Male Sterilization
 7 Abortion
 8 Prolonged Breastfeeding
 9 Rhythm
 10 Withdrawal
 11 Other _____
 (Specify)
 98 Not using --- (SKIP TO Q.401)
- } --- (GO TO Q.320-323)
 } --- (SKIP TO Q.406)

48

320. Where do (did) you, or your husband go to get _____?
 (Method)
- 1 Ralyda Rlyfia --- (SKIP TO Q.406)
 2 Other home distribution agent --- (SKIP TO Q.406)
 3 Family Planning Center
 4 Medical doctor or special clinic
 5 Pharmacy
 6 Hospital
 7 Other _____
 (Specify)

50

321. How do you get to that place? Do you walk or use some means of transportation?
- 1 Walk
 2 Use means of transportation
 3 Don't know/not sure --- (SKIP TO Q.406)

51

322. How long would it take you to get there?
- Minutes _____ Hours _____

(in minutes)

52

323. Do you think it is difficult or not difficult to go to this place?
- 1 Not Difficult 2 Difficult? 3 Don't know/not sure
- (INTERVIEWER: SKIP TO Q.406)

54

SECTION IV. ATTITUDES TOWARD FERTILITY AND
FAMILY PLANNING

INTERVIEWER: CIRCLE THE APPROPRIATE NUMBER BELOW AFTER
CHECKING THE ANSWER TO Q. 306.

- | | |
|--|--|
| <p>1 Currently using --
"Yes" in Q. 306
(SKIP TO Q. 406)</p> | <p>2 Not Currently Using --
"No" in Q. 306</p> |
|--|--|



1	2	3	4

5

6

401. What is the main reason that you are not using any family planning method now?

- 1 Wants additional children
- 2 Husband/other relatives want additional children
- 3 Health reasons
- 4 Fear of side effects
- 5 Religious reasons
- 6 Husband absent
- 7 Wife believes she is unable to have children
- 8 Method not available
- 9 Other _____
(Specify)

PROBE: Are there any other reasons?

402. Do you think you or your husband will do something in the future to avoid getting pregnant?

- | | | |
|---------------------------|------|---|
| 1 Yes
(SKIP TO Q. 404) | 2 No | 3 Don't know/not sure
(SKIP TO Q. 406) |
|---------------------------|------|---|

7

403. What is the principal reason that you will not try to use any family planning method in the future?

- 1 Fear of side effects
- 2 Religious reasons
- 3 Husband's objections
- 4 Other (Specify) _____

8

(SKIP TO Q. 406)

404. If you are free to choose the family planning method, what method do you prefer more than any other?

--	--

- 1 Pill
- 2 Condom
- 3 Vaginals
- 4 IUD
- 5 Female Sterilization
- 6 Male Sterilization
- 7 Abortion
- 8 Prolonged Breastfeeding
- 9 Rhythm
- 10 Withdrawal
- 11 Other _____
(Specify)
- 97 Undecided/it depends
- 98 None
- 99 Don't know

405. When will you begin using it?

- 1 Within one year
- 2 From one to less than 2 years
- 3 After 2 years and more
- 4 Don't know

--

406. What, in your opinion, is the appropriate time that should pass between?

- 1 Marriage and the first child _____ month _____ years
- 2 First and second child _____ month _____ years
- 3 Second and third child _____ month _____ years
- 4 Third and fourth child _____ month _____ years

In Months

--	--

--	--

--	--

--	--

407. Do you want to have (more) children in the future?

- 1 Yes
- 2 No (SKIP TO Q.410)
- 3 Don't know/not sure (SKIP TO Q.410)

--

408. How many (more) children (in addition to actual number) do you want to have in the future?

_____ Total

--	--

INTERVIEWER - ASK HOW MANY: BOYS _____ GIRLS _____

--

--

409. If you are free to choose, when do you want to have your next (first) child? 25
- 1 As soon as possible
 - 2 After one year, but before 2 years
 - 3 After 2 years, but before 3 years
 - 4 After 3 years
 - 5 When God wants/when it happens
410. Do you approve or not approve of the use of family planning methods to prevent pregnancy? 26
- 1 Approve
 - 2 Don't approve
 - 3 Other _____
(Specify)
411. What, in your opinion, is the ideal number of children for a couple like you? 27
- _____ Number
412. Have you ever thought, before today, of the total number of children you would like to have? 29
- 1 Yes
 - 2 No --- (SKIP TO Q. 414)
413. What is that number? _____ Number 30
414. What is in your opinion the number of children which you think that your daughter should have? (regardless of the number she has now)? 32
- _____ Number
415. What, in your opinion, is the most suitable age at marriage for a girl? 34
- _____ Years

507. What is his usual occupation?

(INTERVIEWER: RECORD THE MAIN OCCUPATION AND THEN CIRCLE ONE OF THE CODES BELOW)

- 1 Office employee
- 2 Small retail merchant
- 3 Skilled worker
- 4 Unskilled worker
- 5 Agricultural work



41

508. How much land does this household own?

- 1 No ownership
- 2 Less than one Feddan
- 3 Between 1 and 2 Feddans
- 4 Between 2 and 5 Feddans
- 5 More than 5 Feddans



45

SECTION VI. EVALUATING POPULATION AND DEVELOPMENT PROJECT.

INTERVIEWER: THESE QUESTIONS ARE TO BE ASKED ONLY IN VILLAGES INCLUDED IN POPULATION AND DEVELOPMENT PROJECT.

601. Do you know any women in the village who can give information on family planning? 46
- 1 Yes
2 No
602. Have you learned that there is a Raiyda in your village? 47
- 1 Yes
2 No --- (SKIP TO Q.606)
603. Have you ever met the Raiyda? 48
- 1 Yes
2 No --- (SKIP TO Q.606)
3 Not sure --- (SKIP TO Q.606)
604. How long ago did you meet her for the first time? PROBE IF NECESSARY
_____ WEEKS 49
605. What service did she offered you? MARK ALL ANSWERS 51
- 1 Information about family planning
2 Supplied methods of family planning
4 Took me to the clinic
8 Other _____
(Specify)
606. Have you heard anything about the "population and development project", (or Family Planning Project or Coordinat. Project or the project of linking population targets to local development efforts)? 53
- 1 Yes
2 No
607. Do you know about any committee related to family planning such as the Advisory or Technical Committee? 54
- 1 Yes
2 No --- (TERMINATE)

608. Did you or your husband ever attended any meetings or participated in any activity of the PDP or these committees?

1 Yes

2 No --- (TERMINATE)

35

609. What are these activities? (MARK ALL ANSWERS)

1 Member of a committee

2 Participation in one of the projects done by population and development project

3 Attending one of these meetings

4 Other _____
(Specify)

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