THE EGYPTIAN POPULATION AND FAMILY PLANNING REVIEW.
ISSR, CAIRO UNIV., VOL. 28, NO.1, 1994. PP. 19- 54

WOMEN SEGMENTATION

BASED ON CONTRACPTIVE USE

FATMA HASSAN EL-ZANATY*

ABSTRACT

This paper represent the main results obtained from the indepth analysis of the 1992 Egypt Demographic and Health Survey (EDHS) data for women.

Three main groups were of interest, current-users, discontinuers and non-users. The main characteristic of each group were studied, then cluster analysis was applied for each group, which help to identify homogenous subgroups. Accordingly, special attention can be given to each segment based on their characteristics.

The results of the cluster analysis indicated that, the key variables from which natural groups emerge are area of residence , level of education, age, parity, desire for more children, intention to practice family planning and husband's approval. The clusters were mapped according to age and level of intention to use family planning.

The study outlines the profiles of several groups of women with high intention to adopt family planning as well as profiles of women with low intention.

Finally,recommendations for target groups were addressed and areas in need for further investigation were identified.

* FACULTY OF ECONOMIC AND POLITICAL SCIENCE, CAIRO UNIVERSITY

I. INTRODUCTION

Egypt was among the first countries to adopt a population policy. Recent data shows that a remarkable progress has been made in achieving its population policy goals. The total fertility rate has fallen from 5.3 births per ever married woman, in 1980, to just under 4 births (3.9) in 1992. The prevalence rate has been doubled in the same period, from 24 percent in 1980 to 47 percent according to EDHS 1992. Evidence from the EDHS(92) is that almost all women are aware of at least one family planning method.

Part of the reason for Egypt's impressive gains lies in the fact that government has maintained strong support for the family planning program. The NPC performs a key function in supporting family planning activities at both the governorate and national levels.

IEC Programs have played a vital role in the success of family planning program. During the sixties and seventies IEC in Egypt concentrated on raising the level of public awareness about the population situation and overall knowledge of family planning. In late seventies, a national committee for coordinating IEC activities was established under the leadership of the MOI/SIS Information, Education and Communication Center SIS/IEC center.

The Center was using a combination of interpersonal communication and mass communication channels to demonstrate the health benefits of family planning to mothers and children, proper use of contraceptive methods and the need for acquiring proper information. Recently, the center has used research findings, specially EDHS(88), to tackle issues beyond family planning that include: age certification, child labor, preference for male children and religious issues.

Accordingly, the present study seeks to get the benefit of the recent data available in Egypt, to help in clustering different targeted groups inorder to help in determining a special areas that need special messages.

1.1 BACKGROUND

The EDHS(92) Survey is the latest national representative survey carried out in Egypt. The 1992 EDHS covered over 11,000 households, which were scattered in 21 governorates. The sample was designed to provide estimates for total Egypt and five main regions (Urban Governorates, urban/rural Lower Egypt, urban and rural Upper Egypt).

The eligible women were all ever-married women aged 15-49 and slept in the household the night before the interview. A detailed data were collected from eligible women about their fertility, marriage, spouse, communication, knowledge of contraception, and contraceptive use and attitudes. A total of approximately 10,000 women were successfully interviewed.

The 1992 EDHS Survey showed that there is still a substantial geographical difference in contraceptive use. Although striking increase occurred in rural Upper Egypt to reach more than double the rate which existed in 1988 (24 percent vs - 11 percent), still it stands behind other regions .

The Survey also showed that 66% of women indicated that they did not want another child and 16% wanted to wait at least two years before the birth of the next child. With approximately 35% of a non-users, married women can be considered to have an unmet need for effective family planning.

Unmet need still area of concern, since 20 percent of women are in need of family planning services. The EDHS confirms that interest in spacing births is largely concentrated among young women (under age 25), so greater efforts are required to meet the needs of these women.

Unmet need is greater among rural than urban women (24 percent vs 15 percent). Considering place of residence, unmet need varies from 13 percent in the urban governorates to 31 percent in rural upper Egypt (for more detail see table 8.3, El-Zanaty et al.1993).

Almost one third of women stopped using during the first year of use, 6 percent stopped because of Method Failure. Around 13 percent stopped because of side effects.

The EDHS data are extraordinarily rich and, for more understanding of specific audience groups, (discontinuers, never-users), in-depth study of the data is needed.

1.2 OBJECTIVES

The IEC strategies have the goal of closing the gaps. So, the main objectives of this research "Women Segmentation" is to know some of the gaps that need special attention.

The wealth of Demographic and Health data that the EDHS(1992) provides will be of great use in charting future directions for IEC programs and further analysis can provide the information needed.

So, the main objective of this study is:

To create preliminary audience segments and develop profiles of various groups of current, dicontinuers and never users women in order to provide information that can help in message development on family planning and child spacing by analyzing EDHS. Finally, classify each group into clusters and describe characteristics of each cluster using cluster analysis approach.

II. WOMEN CHARACTERISTICS OF THE SAMPLE

The first step in the present study was to classify all currently married women (n=9153) into two main groups: current users and non-users. Non-users were then divided into two subgroups: discontinuers (who are past users), and never-users.

Over 80 variables[1] were selected for this descriptive analysis for each of the previously mentioned groups and presented in Table (B.1) Appendix B.

2.1 CURRENT USERS GROUP (N=4310)

Most of the current users have three children or less (80 percent), while 85 percent have two sons [see Table (B.1)]. Still most of the Egyptian women are using family planning to limit: eighty - three percent of current users want no more children (limiters) and 13 percent want later (spacer). The data in Table (B.1) confirm the fact that the family planning program in Egypt is mainly pill and IUD oriented, were 97 percent of current users ever use pill and IUD and sterilization. Seventy - five percent of women who are currently using know at least five modern methods. For ninety percent of current users, the duration of marriage is more than five years; for seventy percent, the duration of marriage is more than ten years.

One of the interesting findings is that three out of four women currently using contraception live in a nuclear household (the same pattern observed is in high prevalence area), while only two out of four among never users live in nuclear household (see section 2.1.3 for never users).

It is clear from the table that current users' level of education is higher than other groups. The percentage of current users with no education is 38, 10 points less than the national figure.

Exposure to mass media among current users takes almost the same pattern as among other groups.

The source of the current method is mainly public sector (33 percent), and private for profit (51 percent). Only 19 percent of current users have some problems with the method. TV spots play an effective role in influencing family planning use, since 60 percent of current users report that informational spots on television make them seek more information about family planning compared to 53 percent who mentioned relative/friends.

This finding is consistent with another which reports that 75 percent of current users heard about family planning for the first time through television.

Approval of family planning among current users is higher than any other group (98 percent), though approval among discontinuers (94) is also comparatively high (approval among never-users lags at 65%). Also 90 percent of current users considered their husbands approve family planning (compared to 83% among discontinuers and 96% among never-users). Schooling for children does not differ by sex of child.

Current users seem to have freedom more than other groups, since 90 percent

---

[1] Two indices were created one for the standard of living for each woman (SLI) and the other for the role of women in family decision making (WRI). The creation of these two variables is presented in Appendix A.

mentioned that their husbands allow for them to go out alone. Two-third of current users said that they have to express opinion if they disagree with husband.

Almost 50 percent of current users have high standard of living index[2] and 32 percent with medium standard of living index. Around 25 percent only of current users have low standard of living. The same distribution is found for women's role (see appendix).

2.2 DISCONTINUERS GROUP (N = 1815)

Women who were using in the past and not using now need special attention. A greater understandings of the reasons for their discontinuation of contraception can help in addressing special programs for them. The main characteristics of this group are presented in Table (B.1) Appendix B also. Around half of women in this group could be considered in old age (over 35 years), their level of education is similar to level of education overall Egypt, and their parity similar to current users group. One third of them have duration of marriage more than 20 years. Most of them started use with at least one child. Seventy-five percent of this group wants no more children and around ten percent want later, so they are in need to use contraception. Over 90 percent ever use the pill, IUD or sterilization. Fifty-six percent of this group intend to use contraceptive in the future. Half of them intend to use IUD, while quarter of women intend to use pill. As indicated from other groups, TV is the main source of family planning. The approval among women and their husbands is quite high (95 percent and 83 percent respectively). Two-thirds of women in this group have medium or high SLI and medium or high role of women.

2.3 NEVER USERS GROUP(N = 3028)

Another group of interest are those women who are never users. Identifying this group and their main characteristics and attitudes can help in developing targeted motivational messages. The main characteristics of women in this group are presented in Table (B.1) Appendix B.

It is clear from the table that the level of education is associated with use of contraception : 61 percent of never users with no education and only 15 percent completed secondary or higher. Around two-thirds of them have more than one child and lower than half of them have more than three children. Quite a high percentage (27 percent) want child soon. A quite high percent (one third) want no more children. The intention to use in the future among this group considered lower than other groups, since more than fifty percent are not intent to use in the future. Their main reason for no intention to use that they want more children.

---

[2] A variable which give information about the socio-economic household conditions was created, then recoded to take values: low, medium and high, for more information about how these variable were created see Appendix A.

The approval of family planning in this group is lower than in other group (65 percent among women, and 59 percent for husbands).

A small percentage of couples ever discussed the number of children they would like to have (27 percent) and two thirds of them said that women should keep quiet if they disagree with husbands.

Fifty percent of these women have a low standard of living index and low role of women in decision - making in the family.

III CLUSTERS BASED ON CONTRACEPTIVE USE

The main objective here is to segment women into statistically formed clusters to better specially targeted groups for IEC.

Contraceptive use is the main concern. For the present study all currently married women were classified into three main groups: current users, past users (discontinuers) and never-users, then a cluster analysis was performed to identify 3 subgroups within each category (i.e., 3 groups of users, 3 of discontinuers, etc.).

Cluster analysis is statistical method which allows key associated variables to form natural clusters, or groups with similar characteristics, within the data. The researcher determines the number of clusters to be formed: in the present study, three were chosen for each group.

The variables used for clustering included: place of residence, age, education, husband education, parity and the two created variables for the standard of living (SLI), and the role of women in family planning decision making (see Appendix A for how these variables were created). A detailed analysis of clusters for each group will be discussed in section (3.1).

3.1 CLUSTERS FOR WOMEN'S GROUPS

As mentioned before, all women in the sample (Married Women of Reproductive Age, or MWRAs) were divided according to their contraceptive practices and then each category was divided into three clusters to obtain group profiles. The overall distribution of these groups as a percent of all married women of reproductive age and as a percent of users, discontinuers and never-users is given below. This summary can be used as a quick guide to the relative proportions of the women being discussed in each cluster.

Group	Percent of Women (MCRAs)	% of Contraceptive Group
Current Users:	47.1% of Women (4310)	
Cluster 1: (1760)	18.6% of Women	40% of Current Users
Cluster 2: (1835)	20% of Women	43% of Current Users
Cluster 3: (768)	8.3% of Women	17% of Current Users
Discontinuers:	19.8% of Women (1816)	
Cluster 1: (456)	5% of Women	25% of Discontinuers
Cluster 2: (485)	5.3% of Women	27% of Discontinuers
Cluster 3: (875)	9.5% of Women	48% of Discontinuers
Never users:	33.1% of Women (3029)	
Cluster 1: (1305)	14.2% of Women	43% of Never Users
Cluster 2: (654)	7.1% of Women	27% of Never Users
Cluster 3: (1070)	11.7% of Women	35% of Never Users

3.1.1 CLUSTERS OF CURRENT USERS

USERS #1 : (40% Of Users), (18.6% of all Women, MWRAs)

Women in cluster one are mainly urban (81%), with medium to high age, and high education, with 92% having completed primary and higher. Fifty-five percent of them have 2 or 3 children, 36% has four or more children. Generally this group has high standard of living (SLI), since 75% has high and 23% has medium SLI. Husbands' approval is very high (92%). Around 60 percent started using after their first child and 35 percent started after the second or third child. Eighty percent want no more children and 15 want later. Television is the main source of family planning since around 80 percent in this cluster mention that TV is the first source about family planning followed by relatives or friends (14 percent), and 60 percent mentioned that TV influenced decision to use family planning.

Table (1) summarizes the clusters for current users women according to main characteristics.

USERS #2: (43% of Users), (20% of all Women, MWRAs)

Women in cluster two are mainly from urban areas or rural lower Egypt (only 15% from rural upper Egypt). They are of high age (64% aged 35-49 years and 35% aged 25-35 years). They have low education (95% with no education or some primary school), medium to low standard of living (SLI) and medium to low women's role index (WRI). Women in this cluster have high parity (90% with 4 or more children) and they want no more children (96%). A comparison of the number of children at first use with present number of children suggests that many have discontinued use in the past (perhaps deliberately to have children or perhaps for other reasons). But they are now practicing FP to limit their family size. They should therefore remain users throughout their reproductive lives.

TABLE (1): Cluster for Current Users Women Group : Main Characteristics

VARIABLE		CLUSTER 1 n=1760(40%)	CLUSTER 2 n=1836(43%)	CLUSTER 3 n=768(17%)
(total n=4310; column %s reported				
Region	Urban	81	40	42
	Rural Delta	14	41	43
	Rural UpEgy	5	18	15
Age Respondent (103C)	15-24	Mid/Hi 6	Hi 1	Lo/Mid 44
	25-34	50	35	55
	35-49	44	64	1
Education Resp:	No ed -Some pr	18	Lo 95	Lo 78
	Pr +	Hi 82	5	22
Husb Education:	0-Some pr	8	Lo 81	57
	Pr +	Hi 92	19	43
Parity (LChild)	- 0	0	0	0
	- 1	9	0	24
	- 2-3	Mid 55	9	Mid 64
	- 4+	36	HI 90	11
Standard of Lvg Index	Low	3	42	28
	Med	23	37	39
	Hi	Hi 74	20	32
Woman's Role Index	Low	3	39	33
	Med	29	43	49
	High	Hi 68	18	18
Source (SRC) of Method:	1-Public	29	39	41
	2-Pvt Nonprof	11	8	11
	3-Pvt Com	58	51	46
Current Method	Pill	21	33	28
	IUD	64	52	65
Religion	Allows	84	77	79
	Forbids	13	17	15
Husband (450)	Approves	92	88	90
	Disapproves	7	9	9
Discussed children (507)	Yes	Hi 67	34	58
	No	33	Lo 66	42
Family Unit:	Nuclear	83	73	55
	Joined	17	27	46
Child wanted 1st use:	Later	Hi 68	34	Hi 65
	no more	32	Hi 66	34
Desire for more	soon	4	1	6
	later	15	2	33
	no more	80	96	59
Lvg Children a 1st	0-1	Hi 58	16	Hi 54
	2-3	35	35	42
	4+	7	Hi 45	4
Problem Cur Method	Yes (n=834)	17	22	18
	No	82	78	82
Main Problem (n=834)	Side Efx	53	61	60
	Bleedg/Sptg	30	21	23
Still Breastfeeding	Yes	30	27	49
Tetanus injection in preg	Yes	60	50	68
For Pills, did you consult Dr/Nurse?	Yes	57	33	36
	No (probably pharmacy source)	43	Hi 67	Hi 63
TV influenced decision	Yes	60	56	65
	No	40	44	35
First Heard about FP	TV	79	67	82
	Relative/friends	14	26	14

While highly-educated women (like those of Cluster 1) constitute an expected group of adopters, these low-education and fairly low-income women, mostly from urban centers and the rural Delta constitute the new foundation of Egypt's family planning success. The family planning program has helped them to accept and successfully adopt family planning, but now it is the task of the program to ensure that they remain satisfied users.

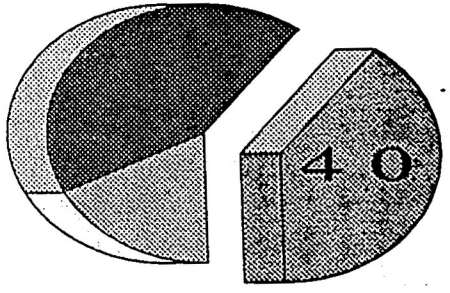
Over one-fifth of these women report having a problem with their method. This fact deserves the immediate focused attention of the family planning program. The improvement of public sector service quality, the promotion of these services and the provision of information on proper use of contraceptives--all components of the proposed State Information Services/ Systems Development Project Initiative -- will serve to protect this important client base.

USERS #3: (17% of Users), (8.3% of all Women, MWRAs)

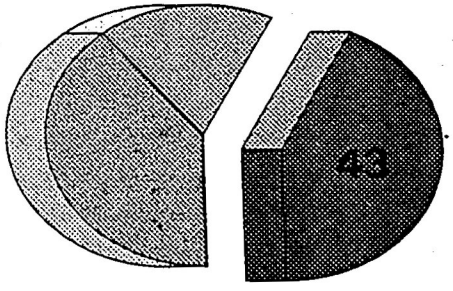
Women in cluster three may be viewed as being in an early stage of transition to a cluster two profile, that is, many of their characteristics are similar (residence, education, WRI) but they are generally younger (99% aged less than 35) and have lower parity (88% have 3 or fewer children). Only six percent of this group want more children soon, 39% want them later, and 59% want no more children. The data for parity at first use suggest that, like the previous group, many of these women have discontinued in the past to have children and successfully resumed practice. But also, like the previous group, many of these women (18%) report having a problem with their current method.

Figure (1) summarizes the clusters for current users women according to main characteristics.

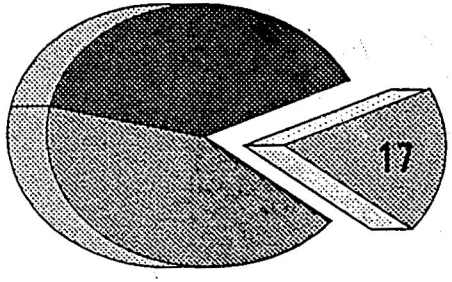
FIGURE 1 CLUSTERS FOR CURRENT USERS GROUP (WOMEN)



CLUSTER 1:
* URBAN
* HI EDUC, HI SLI, HI WRI
* MID-HI AGE, HI PARITY, DESIRE NO MORE
* HI IUD-64, PILL-21, SOURCE PVT-58, PUB-29



CLUSTER 2:
* URBAN & RURAL DELTA
* LO EDUC, MID SLI, MID WRI
* HI AGE, HI PARITY, DESIRE NO MORE
* IUD-52, PILL-33, SOURCE PVT-51 PUB-39



CLUSTER 3:
* URBAN & RURAL DELTA
* LO/MID EDUC, MID SLI, MID WRI
* YOUNG/MID AGE, LO/MID PARITY, DESIRE LATER/NO MORE
* IUD-65, PILL-28,SRC PVT-46, PUB-41

3.1.2 CLUSTERS OF DISCONTINUERS

Main characteristics for each cluster of Discontinuers are shown in Table (2) and summarized in Figure 2.

DISCONTINUERS #1: (25% of Discontinuers), (5% of Women, MWRAs)

Women in cluster one are mainly from urban areas (72 percent) or rural lower Egypt (19 percent) and have low educational status (78% with 0 to Some Primary). They are of high age (90% >35 years) and high parity (85% with 4 or more children). They have medium to high standard of living (SLI) and women's role index (WRI). Eighty-eight percent want no more children. But a very high 68% said that they had no intention to practice family planning in the future: of these, two-thirds because they were menopausal or found it difficult to get pregnant.

While many women in this group may be at the end of their childbearing years (and hence not in need of contraception), many are still in danger of becoming pregnant if unprotected. Pregnancy could risk their health and the health of their children. Unmet need to limit childbearing in this group is a high 43%.

As stated above, these women have made the transition into contraceptive practice at some earlier point: their husbands' approval is high, they have no strong religious objections. They (and their husbands) may be in need of information on the mother's susceptibility to pregnancy and the attendant risks involved. In addition, they may need information on the proper use of long-term methods to limit births, including more information on method choice and, perhaps, news of the medical acceptability of using the IUD for longer durations.

DISCONTINUERS #2:(27% of Discontinuers),(5.3% of all Women, MWRAs)

The profile of Cluster Two discontinuers shows primarily an urban group (69%) with secondary concentrations in rural lower Egypt(20%). Women of this group have very high education (90% with primary and higher). In residence, education and most other socio-demographic characteristics, they are very similar to Cluster One contraceptive users.

They are distinguished from Cluster One users in being slightly younger (83% are younger than 35) and in having, on average, fewer children (92% have three or less children). In addition, more of them express a desire to have children soon or later, as opposed to no more. A high seventy-three percent express an intention to use contraception in the future and the chief reason given for those who do not intend to practice is that they desire children soon.

Thirty percent of women in this group are currently pregnant and 32% are currently breastfeeding. From these findings as well as their desire to have children, it appears that many women in this group have discontinued use to have their families and, if their general urban/educated profile is a predictor, will likely resume practice when they have met their desired family size. Many of them may be just at the point of resuming practice but have not yet done so, since 55% report having a desire for no more children. Unmet need to space is 15%, to limit is 23%.

While Cluster 2 Discontinuers may not appear to be a priority target for the

IEC program, they will likely benefit from information that could prevent an unwanted pregnancy. Such information should include messages on safe contraception while breastfeeding, on successful birth-spacing methods, and on the proper use of contraceptives. It should be noted that, while the overall proportions are small, 13% of women in this group do not intend to practice because of health concerns and side effects.

DISCONTINUERS #3: (48% of Discontinuers), (9.5% of all Women, MWRAs)

Characteristics for cluster three, as for other discontinuers, are presented in Table (2) and summarized in Figure (2).

This cluster comprises almost half of all discontinuers and nearly one tenth of all married women. Women in cluster three reside throughout Egypt (28% urban, 38% rural lower, and 34% rural upper), but are predominantly rural. They have very low education (97% with no school to some primary education) and medium to low standard of living (SLI) and women's role index (WRI). They are in the middle or high age range and, while 26% have 2-3 children, 70% have four or more.

A high 47% have unmet need to limit and 10% need to space. Fully 80% of these women mentioned that they want no more children. Despite this and the fact that 60% intend to practice and 80% report that their husbands approve of family planning, they are still not practicing. For those who do not intend to practice, 6% cite side effects as the chief reason and 18% cite health concerns, with such concerns more pronounced in rural areas (see table C.6). This may also give a clue as to why women who intend to practice are not doing so, but additional research is required to determine to what extent health concerns and side effects are a main obstacle inhibiting their use of contraception.

The sheer size of this group and its profile of characteristics makes it a priority for the family planning program. As was mentioned above, the majority of these women are rural and concerns related to health and side effects are higher in rural areas, so rural mid-aged women (and men) should be the primary audience(s) of IEC efforts. High unmet demand for family planning exists and special messages should be designed to activate this demand. They should include messages promoting the proper use of methods to limit births, the health risks and social costs (to the family) of unwanted pregnancy, active male support of family planning (despite high husband approval, spousal communication on FP was a low 38%), as well as messages to strengthen client confidence in health services. (Only 29 percent of women who previously used the pill mentioned that they consulted a doctor/nurse before use.) Thus, promotion of contraceptive methods and the promotion of "Quality-improved services" under the SIS-MOH/SDP initiative should be of direct benefit to women of this group. However, to sharpen message design, further investigation is needed of this group's concerns and experience with contraception, its pattern of service use and level of satisfaction with services.

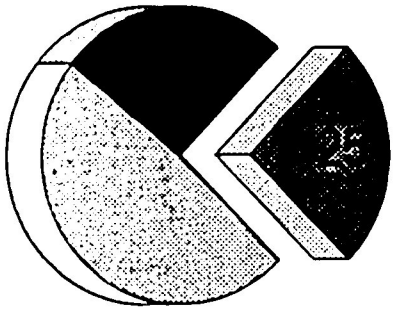
TABLE (2): Cluster for Discontinuers Women Group : Main Characteristics

VARIABLE		CLUSTER 1 n=456 (25%)		CLUSTER 2 n=485 (27%)		CLUSTER 3 n=875(48%)	
(total n=1816; column %s reported							
Region	Urban	Hi	.72	Hi	69		28
	Rural Lower		19		20		38
	Rural Upper		9		11		34
Age Respondent	15-24		0		21		14
(103C)	25-34		10	Mid	58	Mid/	48
	35-49	Hi	90		21	Hi	38
Education Resp:	0-Somepr	Lo	78		15	Lo	97
	Pr +		22	Hi	85		3
Husb Education:	0-Somepr		46		11	Lo	84
	Pr +		53	Hi	89		16
Parity (Lchild)	- 0		0		2		0
	- 1		1		32		4
	- 2-3		14	Mid	58		26
	- 4+	Hi	85		8	Hi	70
Standard of Lvg Index	Low		4		8		55
	Med		35		27		36
	Hi	Hi	61	Hi	65		9
Woman's Role Index	Low		4		6	Lo/	47
	Med		35		28	Mid	40
	High	Hi	61	Hi	66		13
Source (SRC) of Method:	00-Other(7)		9		3		7
	:1-Public		35		28		36
	2-Pvt Nonprof		9		13		6
	3-Pvt Com		46		52		47
Pref Future Method	Pill		28		16		27
	IUD		44		61		40
Currently Pregnant	Yes		5		30		24
	No		95		66		74
Unmet Need	NA		56		62		43
	To Space		0		15		10
	To Limit		43		23		47
Religion	Allows		77		82		78
	Forbids		18		13		14
Husband	Approves		83		87		80
(450)	Disapproves		12		11		14
Discussed children	Yes		35		70		38
(507)	No		65		30		62
Family Unit:	Nuclear		79		70		65
	Joined		21		30		35
Child wanted 1st use:	Later		40	Hi	82		50
	no more		60		17		50
Desire for more	soon		1		19		6
	later		1		19		6
	no more		88		55	Hi	80
Lvg Children a 1st	0-1		19		75		26
use	2-3		48		24		41
	4+		33		1		33

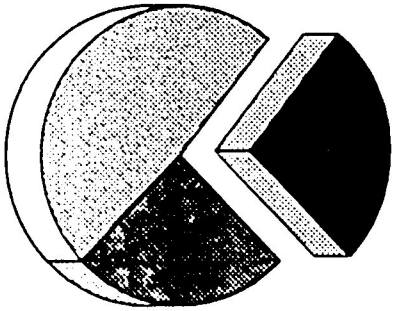
Table (2): Continued

VARIABLE		CLUSTER 1 n=456 (25%)	CLUSTER 2 n=485 (27%)	CLUSTER 3 n=875(48%)
(total n=1816; column %s reported				
Intention to Use	Yes	29	73	61
	No	68	21	30
Reason Not to Use	Want child	1	26	12
	Side Effects	2	5	6
	Health Concerns	8	8	18
	Difficult to be Pregnant	29	27	23
	Menopausal	Hi 37	12	17
Still Breastfeeding	Yes	36	32	45
Tetanus injection in preg	Yes	60	70	60
For Pills, did you consult Dr/Nurse?	Yes	43	48	29
	No (probably pharmacy source)	57	52	72
TV influenced decision	Yes	53	63	56
	No	47	37	44
First Heard about FP	TV	65	81	67
	Relative/friends	22	13	25

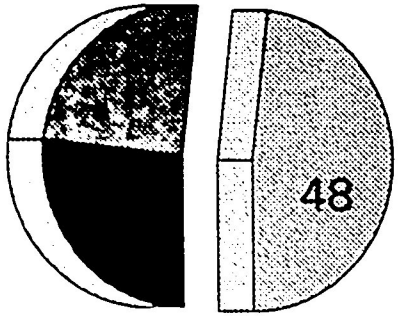
FIGURE 2 CLUSTERS FOR DISCONTINUERS GROUP (WOMEN)



CLUSTER 1:
* URBAN
* LO/MID EDUC, HI SLI, HI WRI
* HI AGE, HI PARITY, DESIRE NO MORE=88, UNMET NEED TO LIMIT=43
* INT. TO USE=29
* REASON NON-USE:DIF PREG/MENO=66%



CLUSTER 2:
* URBAN
* HI EDUC, HI SLI, HI WRI
* MID AGE,MID/LO PARITY,CUR.PREGNANT 30
* DESIRE NO MORE=55, SOON=19,UNMET NEED LIMIT=23,SPACE=150
* INT. TO USE=73
* REASON: DIF.PREG/MENO=39,WANT CH=26 HLTH.SEFX=13



CLUSTER 3:
* RURAL (DELTA &UPEGY EVEN)
* LO EDUC, LO/MID SLI,LO/MID WRI
* MID AGE, MID/HI PARITY, CUR.PREGNANT 24
* DESIRE NO MORE=80, UNMET NEED LIMIT=47,SPACE=10
* INT. TO USE=61
* REASON: DIF.PREG/MENO=40,HLTH.SEFX=24, WANT CH=12.

ISSR, CAIRO UNIV., VOL. 28, NO.1, 1994. PP. 19-54.

3.1.3 CLUSTERS OF NEVER-USERS

Never-Users represent almost one third of all married women of reproductive age in Egypt. To increase their acceptance and adoption of family planning will have a pronounced demographic and health impact and should be a top priority of the Egyptian family planning program. Women of this group are at an earlier stage of contraceptive transition than discontinuers, having never tried family planning, and thus need special messages. Their profiles vary, and presented in detail below (Table (3) and Figure (3)).

Never-users (3029 cases) were classified into three homogenous clusters: cluster one included 1305 cases, representing 43 % of the group, cluster two included 654 cases, representing 27%, and, cluster three included 1070 cases, representing 35%.

Table (3) shows the main characteristics for different clusters of this group and Figure (3) summarizes the results.

NEVER USERS #1: (43% of Never Users), (14.2% of all Married Women, MWRAs)

Cluster one is the largest group of Never Users. One out of seven Egyptian women (MWRAs) belongs to this group.

Half of the women in cluster one live rural upper Egypt; the other half are divided between the rural delta (30%) and urban areas (22%).

These women have extremely low educational status (94% with either none or some primary school). And they have a low to medium standard of living (58% low SLI) and women's role index (62% low WRI).

This group is distinguished from other rural never users by being relatively young and having a low number of children. Half these women are aged less than 25 years and most of the remainder are aged below 35. Nine-tenths of them have 3 or fewer children (30% with no children, 24% with one, and 36% with two to three).

More than one third of these women want a child soon, one third want later and one quarter want no more. That is, most of them want children soon or want to space. Fewer than average of the women in rural upper Egypt want to limit births, which may reflect a weaker sense of control over fertility and less knowledge and positive attitudes toward family planning in the region.

Unmet need to space is 19% and to limit 10%. While high, the unmet need to space may not reflect the true spacing potential of this group, since many of the women want children soon, eliminating them for the most part from inclusion in the category of unmet need. IEC efforts promoting early spacing and smaller families could help convert people's desire to have children soon into a desire for children later--an important step toward the adoption of family planning.

Most of these women do not intend to use family planning (48%) or are unsure (13%). The chief reason for non-use give by 57% of those who do not intend is that they want a child.

Several factors point to the important role of the male in setting the climate

for family planning decision-making. The majority (62%) of women have a low "Women's Role Index," indicating a greater dependence on the man for dealings outside the home and decisions within the home. And fully 43% of women either believe their husbands disapprove of family planning or are unsure of their approval (the proportion rises higher in rural upper Egypt). Finally, almost two-thirds of women had not discussed family planning with their spouses (also higher in rural upper Egypt). Thus, many of these women remain secluded from information and avenues of social support for family planning as well as easy access to services (almost 25% do not know where to obtain services).

As mentioned previously, women of this group, due to their numbers and their profile are a top priority for family planning information. These women have the least experience of family planning of any of Egypt's women. Many of them are young and have a great potential to change if properly reached. Reaching the male is crucial to influencing the FP behavior of these women. These women still need special knowledge to build the acceptability of family planning with a special emphasis on positive benefits of spacing and the religious acceptability of family planning---as well as contraceptive information. This information should include the need for FP while breastfeeding (and its safety), information on birth-spacing methods and the need to seek the counsel of a trained service provider.

While mass media reaches the majority of this group, 30% report never watching television--a very low viewership figure for Egypt. This fact, combined with the need to convey information on the source of methods indicates that local interpersonal communication campaigns would be an effective means of reaching this group.

NEVER USERS #2: (27% of Never Users), (5.3% of Women, MWRAs)

Cluster two represents slightly over one quarter of never-users. They are mainly highly educated young women from urban areas, with relatively high standard of living and WRI.

They have very low average parity, with 58% having no children and another 28% having one child. Twenty-nine percent are currently pregnant and 67% are currently breastfeeding. They have not yet begun contraception, it appears, because they are just beginning their families. Their social profile suggests that they will very likely become adopters of contraception in the future (similar to Cluster one users). Almost sixty percent intend to practice.

But these women still have a significant unmet need for family planning (22% need to space, 4% need to limit). Almost half of them wish to have a child later (desire to space) and 14% wish to have no more children. Thus, these women need special knowledge of how to avoid an unwanted pregnancy, i.e information about the proper use of birth-spacing methods and and contraceptive use while breastfeeding. In addition, for their own health and that of the child, they should be encouraged to practice spacing after their *first* child. (It is interesting to note that 75% of Cluster two Discontinuers and 58% of Cluster one users, who have similar social profiles, did use contraceptives with 0-1 children, and so the idea should not be unacceptable

to cluster two never users. Lowering the number of children at first use should be a long-term goal of the Egyptian family planning program for both demographic and reproductive health reasons.)

NEVER USERS #3: (35% of Never Users), (11.7% of Women, MWRAs)

Like the young, mainly rural never users of cluster one, the women of the third cluster represent a large portion of the never users (35%) and over one tenth of the married women (MWRAs) of Egypt. More than half reside in rural upper Egypt. The remainder live in even numbers in urban areas and or in rural lower Egypt.

Unlike the first cluster, these women are characterized by high age (70% over 34 years) and high parity (88% have 4 or more children). Otherwise they have a similar social profile to the women of cluster one, with low education, low to medium SLI and WRI, fairly high husband disapproval, and extremely low husband/wife communication on FP (lower even than cluster one). In most ways they appear to be the older counterparts of women in cluster one, foreshadowing the future of those women if they never practice family planning.

These women have high unmet need to limit (32%). Most women in the group want no more children (71%). Only 27% intend to practice in the future. The 68% who do not intend to practice give the following reasons why not: 45% because they are either menopausal or it is difficult to get pregnant, 10% because of health concerns, 3% because of side effects and 11% because they want a child.

But in general, these women may be the hardest to reach by the IEC program. In the delta and urban regions, they represent a fairly small minority and they are scattered throughout the population. The majority live in rural upper Egypt. But, advanced in years, these women may have firmly established attitudes inhibiting their use of family planning or may simply consider it too late to change their way of life. Yet many are still in danger of pregnancy, with the increased health risks to mother and child that come with higher age.

Mass media messages should be developed for mid/high aged women (discontinuers as well as never users) stressing the health benefits of family planning, and alerting audiences to the health risks of late pregnancy. As men play a key role, messages for men should stress the husband's responsibility to protect the health of his wife and children through family planning. Messages should emphasize the acceptability of FP in the eyes of Islam, and tie this together with the husband's moral responsibility to his family. While such messages should be carried by the mass media it is also important that they be spread through local outreach campaigns, particularly in rural upper Egypt, where these never-users are concentrated.(One third of this group never watches television.)

The women of cluster three would also benefit, as would most women, from messages concerning susceptibility and contraceptive use while breastfeeding. And finally, members of this group need to know the practical steps to begin practice: they need information on the nearest source of services and they need the courage and confidence to consult a health provider who they believe will help them to choose the right method.

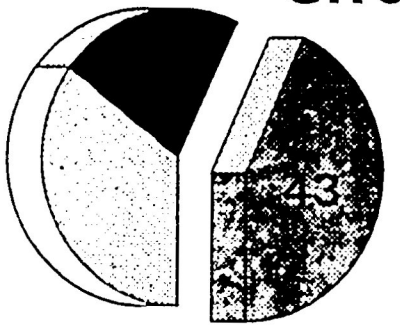
TABLE (3): Cluster for Never-users Women Group : Main Characteristics

VARIABLE		CLUSTER 1 n=1305(43%)		CLUSTER 2 n=654 (27%)		CLUSTER 3 n=1070(35%)	
(total n=3028; column %s reported							
Region	Urban		22		64		22
	Rural Lower		30		22		23
	Rural Upper		48		14		55
Age Respondent	15-24		54		51		1
(103C)	25-34		36		37		30
	35-49		10		11		69
Education Resp:	O-Somepr	Lo	94		14	Lo	96
	Pr +		6	Hi	86		4
Husb Education:	O-Somepr		78		10	Lo	84
	Pr +		22	Hi	90		16
Parity (Lchild)	- 0		30		56		1
	- 1		24		28		0
	- 2-3		36		13		11
	- 4+		10		2	Hi	88
Standard of Lvg Index	Low		58		7		55
	Med		29		28		29
	Hi	Hi	13	Hi	65		16
Woman's Role Index	Low	Lo	62		6	Lo/	50
	Med		30		35	Mid	33
	High		7	Hi	59		17
Know Source of Method :	Yes		76		97		72
	No		23		3		28
Currently Pregnant	Yes		21		29		9
	No		76		68		90
	Unsure		3		3		1
Unmet Need	NA		71		74		61
	To Space		19		22		7
	To Limit		10		4		32
Religion	Allows		68		81		67
	Forbids		16		16		16
	Unsure		16		11		16
Husband	Approves		56		73		53
(450)	Disapproves		24		16		26
	Undecided		19		11		20
Discussed children	Yes		38		61		22
(507)	No		62		39	Lo	78
Family Unit:	Nuclear		41		61		62
	Joined		59		39		38
Desire for more	soon		36		38		9
	later		31		43		6
	no more		25		14	Hi	71
Intention to Use	Yes		39		59		27
	No		48		30		68
	Undecided		13		11		5
Reason Not to Use	Want child		57		52		11
	Side Effects		2		2		3
	Health Concerns		3		2		10
	Difficult to be Pregnant		16		20		30
	Menopausal		0		2		15

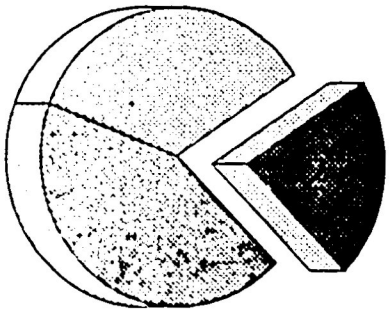
TABLE (3): Continued

VARIABLE		CLUSTER 1 n=1305(43%)	CLUSTER 2 n=654 (27%)	CLUSTER 3 n=1070(35%)
(total n=3028; column %s reported				
Pref. Future Method	Pill	21	11	20
	IUD	37	40	37
	Injection	5	3	5
	Breastfeed'g	19	21	15
	Unsure	17	22	22
Still Breastfeeding	Yes	66	67	58
Tetanus injection in preg	Yes	63	72	47
TV influenced decision	Yes	38	49	34
	No	62	51	66
First Heard about FP	TV	67	86	55
	Relative/friends	25	10	31

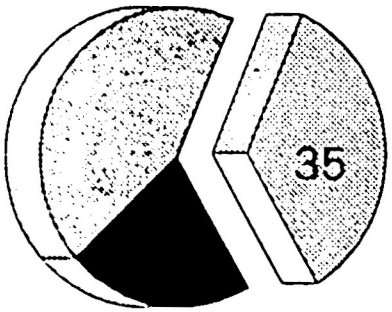
FIGURE 3 CLUSTERS FOR NEVER USERS GROUP (WOMEN)



CLUSTER 1:
* RURAL (DELTA & UPEGY EVEN)
* LO EDUC, LO SLI, LO WRI
* LO AGE, LO PARITY, CUR PREGNANT 21
* DESIRE CH SOON=36, LATER=31, UNMET NEED SPACE=19, LIMIT=10
* INT. TO USE=39
* REASON:WANTCH=57,DIF.PREG=16,HLTH. SEFX=5



CLUSTER 2:
* URBAN
* HI EDUC, HI SLI, HI WRI
* LO AGE, LO PARITY,CUR.PREGNANT 29
* DESIRE CH SOON=38, LATER=43,UNMET NEED SPACE=22,LIMIT=4
* INT. TO USE=59
* REASON: WANT CH=52, DIF.PREG=20,HLTH.SEFX=4



CLUSTER 3:
* RURAL (UPEGY=50, URB/RU DELTA=20/20)
* LO EDUC, LO/MID SLI,LO/MID WRI
* HI/MID AGE, HI PARITY, CUR.PREGNANT 9
* DESIRE CH NO MORE=71, UNMET NEED SPACE=7,LIMIT=32
* INT. TO USE=27
* REASON: DIF.PREG/MENO=45,HLTH.SEFX=13

ISSR, CAIRO UNIV., VOL. 28, NO.1, 1994. PP. 19-54.

IV IMPLICATIONS AND RECOMMENDATIONS

This research included a descriptive analysis study of three main women groups: current-users, discontinuers and never-users. The study applied also cluster analysis for each group to identify homogenous subgroups and accordingly, more information could be known about each cluster, which can help to specify groups that needed special concern.

The descriptive analysis of different women groups indicated that the main factors influence contraceptive use are: husband approval, wife - husband communications, desire for more children and religion. A quite high percent of those who are not using has the intention to use in the future in all clusters.

The cluster analysis for each group indicated that many subgroups need special attention. Women in mid-age of cluster # 1 of current users need detailed information concerning proper method for spacing. Cluster # 2 of discontinuers is another targeted group can be reached, since they have the highest intention to use among all clusters and they are still in mid-age and low parity, and a quite high percent want no more children. So, information concerning the methods that good for women in mid-age will be appropriate and need for this group.

Cluster number one of never-users (mainly rural women) is badly need special message to be designed about different modern methods and to change norms about religion and family planning. Also, special campaign needed to motivate this cluster since, only one third of them has the intention to use although, they considered young with low parity. The of women that need also strong IEC program are women who are discontinuers and in cluster three. They are also rural women, have high intention to use and very high unmet need. The positive sign in this group the high approval of family planning and also high percent mentioned that religion allow family planning. So, it easy to reach this targeted group with special designed message about different and proper use for women in mid ages for methods.

Also women who are never-users and in cluster # 3 are in need of messages concerning suitable methods for limiting. In addition women in older ages in this cluster with motivation to use , as a low percent has the intention to use (only 72 percent) with almost 50 percent unmet need and low husband approval.

Cluster # 2 of women who are never-users need special message concerning knowledge about different methods of family planning since they have high intention to use (57 percent) but less intention to use modern methods. Special messages for young women (age less than 25 years) in this cluster is need about family planning and benefits of small family size to change their norms.

From previous discontinuers one can conclude that:

- Special message have to be designed for some clusters of women who are discontinuersor never-users. Concerning different aspects such as: Knowledge about different methods, side effects, methods for spacing and methods for limiting.
- Husband has to be involved in family planning, since his approval is essential

for adoption. So, special messages designed for men have to be developed. Accordingly,cluster analysis for husbands is need to have more knowledge which will be helpful in understanding the message needed.

REFERENCES

El-Zanaty, F. Sayed, H. Zaki, and Way A. (1993): Egypt Demographic and Health Survey 1992. Calverton, Maryland USA : National Population Council and Institute for Resource Development/ Macro System, Inc.

Sayed, H. EL-Zanaty, F. Cross A. (1993): Egypt Male Survey (1991) Columbia, Maryland USA. Cairo Demographic Center and Institute for Resource Development/Macro System, Inc.

Sayed, H. Osman M. El-Zanaty F., and Way A. (1989): Egypt Demographic and Health Survey 1988. Columbia Maryland USA., National Population Council, Cairo Egypt and Institute for Resource Development/ Macro System. Inc.

ISSR, CAIRO UNIV., VOL. 28, NO.1, 1994. PP. 19- 54.

APPENDIX A

CREATION OF STANDARD OF LIVING AND WOMEN ROLE INDICES

STANDARD OF LIVING INDEX (SLI)

The standard of living index (SLI), a variable that would provide information about the economic condition of the household, was created for each woman.

Although the variable about the average monthly expenditure of the household, from the husband questionnaire (Q405), would provide the most direct information about the financial condition of the household, these data were only collected for the subset of households in which the husband was surveyed. Hence, using these data in analyses will drastically reduce the number of cases for analysis.

However, this variable has been created from a set of variables that are available for all households, which can be used to provide a rough picture of the economic condition of households. These variables related to housing conditions and ownership of consumer durable can be used to create a Standard of Living Index (SLI)[3] using a simple scoring system. The strategy used to create this index is described below.

1. If the main material of the floor Cement Tiles/Cement added one to the index, and if it is Parquet/Ceramic/Marble/wall to wall Carpet added 2 to the index.

2. The number of rooms adds to the index.

* If there is a special room for cooking add one to the index.
* If the source of water household uses for drinking piped water in the household add one to the index.
* If the household has modern flush toilet add one to the index.
* If there is electricity in all the household add one to the index.
* Some were asked for each item in the household, has it add one to the index.
    * A radio with cassette recorder
    * A black and white television
    * A color television
    * A video, An electric fan, A gas/electronic cooking stove, A water heater, A refrigerator, Aa washing machine, A bicycle, A private car/motorcycle, transport equipment. Residential commercial buildings, farm or other land, livestock and mechanical farm equipment.

[3] These data are available also for eligible women who are not usual residence in the household.

This index was created and its range from 1 to 35. TO check the validity of data:

- The correlation between SLI and the number of years of schooling that the husband completed is a significant 476%
- The correlation between SLI and mean monthly Expenditure from Q405 for the subset of households with husband's responses is (0.2113) this is a significant correlation.
- Finally the SLI of all cases was transformed into categorical variable, to have only low, medium and high index for the standard of living where each category represent one third of the cases.

ISSR, CAIRO UNIV., VOL. 28, NO.1, 1994. PP. 55- 81.

WOMEN'S ROLE IN FAMILY DECISION-MAKING INDEX

Several of the further analyses may benefit from a variable that provides information about women's role in family decision-making. For example, such information is crucial in studies that examine women's lives, the demographic situation in Upper Egypt, or the determinants of contraceptive use. An index of women's influence in family decision-making was therefore created for each woman on the basis of her answers to the following questions:

Q511. When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has (had) the most influence in deciding whether or not to have another --you or your husband-- or do (did) you have equal say?

Q516. Does (did) your husband allow you to go out alone (or with your children) to buy household items or visit relatives?

Q517. In general, if a wife disagrees with her husband, do you think she should express her opinion or keep quiet? and

Q519. Who should have the last word on the following -- the husband, the wife, both, or someone else?

Visits to friends or relatives?

Household budget?

Having another child?

Children's education?

Children's marriage plans?

Use of family planning methods?

Wife's employment?

Each time a woman reports that either a decision is made by her or jointly, she got a value of 1 otherwise she got zero. Since the family decision-making questions have 10 elements, the index would range from 0 to 10. Women with the most influence in family decision-making would have the highest values. After calculating the WRI for each woman a cumulative distribution was done, a transformation into categorical variable was calculated.

- The women with index between 0,3 were given Low WRI index (represent the lowest one-third of the cases).
- Women with index between 4,5,6,7 were given Medium (represent from one third to two third of the cases).
- Women with index 8 and more were given High (represent the highest one-third of the cases).

APPENDIX B

Table (B.1): Percent Distribution Of Main Characteristics For Women in Different Groups Total (N = 9153)

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
AGE			
15 - 19	1.3	1.6	10.9
20 - 24	9.1	11.0	24.1
25 - 29	20.9	22.4	21.5
30 - 34	23.8	18.5	12.6
35 - 39	21.9	16.0	11.5
40 - 44	15.9	13.5	10.0
45 - 49	7.2	17.0	9.3
LEVEL OF EDUCATION			
NO Education	38.0	48.4	61.0
Some Primary	23.8	21.9	16.3
Primary - Secondary	13.2	11.0	8.0
Comp. Secondary	25.1	18.7	14.7
PARITY			
0 - 1	8.1	11.0	42.1
2 - 3	37.1	31.6	22.3
4+	54.7	57.5	35.6
WORKING FOR CASH			
Not Working For Cash	82.2	85.5	90.5
Working For Cash	17.8	14.5	9.5
HUSBAND EDUCATION			
NO Education	25.2	31.2	42.9
Some Primary	22.4	24.0	22.7
Primary - Secondary	17.6	18.9	13.4
Comp. Secondary	34.6	25.6	21.0
Missing	.1	.3	.1
DURATION OF MARRIAGE			
<5	11.6	11.1	33.8
5 - 9	20.3	20.5	19.2
10 - 19	43.4	35.9	26.7
20 - 29	22.2	24.2	15.1
30 +	2.6	8.3	5.3
STANDARD OF LIVING			
Low	24.3	29.6	45.7
Medium	31.9	33.4	29.0
High	43.8	37.1	25.3
WOMAN ROLE INDEX			
Low	23.7	30.0	46.0
Medium	38.7	38.2	32.0
High	37.6	31.8	22.0
PLACE OF RESIDENCE			
Urban Governorate	30.2	25.5	14.4
LOWER EGYPT	46.5	41.1	32.9
Urban Lower	15.7	12.8	7.0
Rural Lower	30.8	28.3	25.9
UPPER EGYPT	23.3	33.4	52.7
Urban Upper	10.7	11.7	9.4
Rural Upper	12.6	21.7	43.2
LIVING CHILDREN AT FIRST USE			
0 - 1	39.3	37.1	NA
2 - 3	36.4	38.3	NA
4 +	24.2	24.8	NA
NA	NA	NA	100.0

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USER
LIVING SONS AT FIRST USE			
0 - 1	65.8	64.7	NA
2 - 3	28.2	30.0	NA
4 +	5.8	5.3	NA
NA	NA	NA	100.0
LIVING DAUGHTERS AT FIRST USE			
0 - 1	71.6	68.5	NA
2 - 3	24.0	25.1	NA
4 +	4.4	6.3	NA
NA	NA	NA	100.0
CHILD WANTED AT FIRST USE			
Wanted later	53.2	56.0	NA
Did not want	46.5	43.7	NA
Other	.3	.3	NA
NA	NA	NA	100.0
SOURCE FOR FUTURE METHOD			
Public	NA	15.1	9.2
Private non - Profit	NA	3.9	2.5
Private for Profit	NA	23.4	8.9
Other	NA	2.1	3.3
NA	100.0	55.5	76.1
SOURCE OF METHOD (PHARMACY)			
HOW TO USE PILL			
Yes	8.2	11.1	NA
NO	36.0	36.1	NA
NA	55.8	52.8	100.0
SIDE EFFECTS DESCRIBED			
Yes	4.1	5.4	NA
NO	40.0	41.8	NA
NA	55.8	52.8	100.0
TOLD ABOUT OTHE FP ME			
Yes	2.4	2.6	NA
NO	41.8	44.5	NA
NA	55.8	52.8	100.0
CONSULT DOCTOR/NURSE FOR LAST PILL			
Yes	27.5	27.2	NA
NO	37.5	46.5	NA
NA	35.0	26.3	100.0
PILL : PHYSICAL EXAMIN			
By male doctor	15.1	15.3	NA
By female doctor	10.9	10.1	NA
Not examined	1.6	1.7	NA
NA	72.5	72.8	100.0
PILL: RETURN FOR FOLLOW			
Yes	11.1	10.3	NA
NO	16.4	16.9	NA
NA	72.5	72.8	100.0
IUD : PHYSICAL EXAMIN			
By male doctor	26.6	17.9	NA
By female doctor	43.4	23.7	NA
Not examined	.5	.8	NA
NA	29.5	57.6	100.0
IUD :TOLD ABOUT OTHER ME			
Yes	23.1	13.6	NA
NO	47.4	28.8	NA
NA	29.5	57.6	100.0

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
TOLD HOW BE SURE IUD IN PLACE			
Yes	62.9	37.4	NA
NO	7.6	5.0	NA
NA	29.5	57.6	100.0
IUD:TOLD SIDE EFFECTS			
Yes	45.8	25.3	NA
NO	24.7	17.1	NA
NA	29.5	57.6	100.0
IUD : RETURN FOR FOLLOW			
Yes	37.1	24.0	NA
NO	33.4	18.4	NA
NA	29.5	57.6	100.0
FP ARTICLE IN NEWSP.			
Yes	7.6	5.6	3.5
NO	42.7	34.1	25.1
NA	49.6	60.1	71.2
COMMUNITY MEETING FP			
1	8.2	6.3	3.9
2	91.7	93.6	96.1
WORKS ON OWN LAND			
1	9.7	12.7	19.8
2	3.3	3.8	7.0
3	5.0	6.6	13.8
NA	82.0	76.9	59.5
WORKS FOR SELF OR OTHERS			
1	64.8	58.7	45.3
2	17.1	18.0	13.9
NA	18.0	23.1	40.5
EARNS REGULAR WAGE OR SALARY			
YES	58.8	51.1	38.2
NO	10.9	14.2	20.8
NA	30.1	34.5	40.7
HUSBAND APPROVAL OF FP			
Doesn't Approve	.7	3.6	10.8
Approves One Method	19.2	16.5	13.4
Approves Two Method	40.2	38.2	37.5
Approves 3+	39.5	41.6	38.2
ASSISTANCE AT DELIVERY			
Doctor	30.9	24.6	13.7
Nurse	6.9	4.7	3.4
Daia	31.0	33.0	36.0
Other	31.1	37.7	46.9
NO OF CHILD MORTALITY			
0	72.2	62.2	69.2
1	17.7	21.1	15.9
2 - 3	8.7	13.4	11.2
4 +	1.4	3.1	3.8
WANTS MORE CHILDREN			
Wants Soon	3.0	8.3	27.1
Wants Later	12.5	9.4	24.7
Wants No More	82.9	75.3	38.6
Infecund	1.6	7.0	9.5
EVER USE METHODS			
Never Use	NA	NA	100.0
Ever Use Pill, IUD, S	96.6	93.3	NA
Ever Use Other M. ME	1.5	2.2	NA
Ever Use T. Methods	1.9	4.5	NA

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
NO. OF MODERN METHODS KNOWN			
0	.0		1.3
1	.2	.4	1.6
2	3.3	5.6	13.1
3	6.7	10.7	19.0
4	15.2	18.2	21.8
5	19.6	21.4	19.6
6	24.7	20.9	13.0
7	22.4	16.9	8.1
8	8.0	5.9	2.5
NUCLARE HH			
Nuclare 1	73.6	69.9	52.8
Joined 2	26.4	30.1	47.2
OUTCOME OF LAST PREGNANCY			
No Last Pregnancy	26.3	49.5	49.5
Miscarriage	4.8	5.7	5.9
Alive Birth	67.5	43.1	42.2
Dead	1.4	1.7	2.4
PARITY & SEX			
1 M	4.2	5.2	8.3
1 F	3.9	5.3	8.4
2 - 3 : all F	3.9	5.0	3.8
2 - 3 >= 1M	33.2	26.5	18.4
4+ F	1.2	1.6	1.0
4+ >= 1M	53.6	55.9	34.7
4 OR MORE:ALL F	.1	.5	25.5
HOURS LISTENS TO RADIO			
<1	16.8	16.1	14.6
1 - 2	40.5	36.4	31.5
3 +	10.4	10.3	7.3
All Of The Time	2.9	3.4	2.1
Never	26.4	32.1	42.7
DK	2.9	1.7	1.5
HOURS WATCHES TV DAILY			
<1	8.0	7.9	10.1
1 - 2	46.1	47.5	36.7
3 +	31.0	26.4	24.0
All Of The Time	2.4	2.0	1.7
Never	11.2	15.0	26.4
DK	1.3	1.1	1.0
CURRENTLY PREGNANCY			
Yes	NA	20.7	18.6
NO	99.9	77.1	79.0
Unsure	.1	2.2	2.4
TIME WANTED PREGNANCY			
Then	NA	8.9	12.8
Later	NA	2.8	3.3
Not all	NA	9.0	2.5
NA	100.0	79.3	81.4
CURRENT CONTRACEPTIVE METHOD			
Pill	27.4	NA	NA
IUD	59.3	NA	NA
Injection	1.0	NA	NA
Diaphragm/Foam/Jelly	0.8	NA	NA
Condom	4.2	NA	NA
Female Sterilization	2.4	NA	NA
Periodic Abstinence	1.5	NA	NA
Withdrawal	1.5	NA	NA
Prolonged breastfeeding	1.8	NA	NA
Other	.1	NA	NA
NA	NA	100.0	100.0

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
SOURCE OF CURRENT METHOD			
Public	33.3	NA	NA
Private Non _ Profit	9.0	NA	NA
Private For Profit	51.3	NA	NA
Other	1.5	NA	NA
NA	4.9	100.0	100.0
PROBLEMS WITH CURRENT METHOD			
Yes	19.3	NA	NA
No	80.7	NA	NA
NA	NA	100.0	100.0
MAIN PROBLEM WITH METHOD			
Husband Disapproves	.2	NA	NA
Side Effects	11.2	NA	NA
Spotting, Bleeding	4.7	NA	NA
Period did not come	.2	NA	NA
Other health concern	2.3	NA	NA
Access, availability	.1	NA	NA
Costs too much	.0	NA	NA
Inconvenient to use	.4	NA	NA
Sterilized, want c.	.0	NA	NA
Other	.2	NA	NA
DK	.0	NA	NA
NA	80.7	100.0	100.0
INTENTION TO USE METHOD			
Yes	NA	56.1	39.0
NO	NA	37.3	51.6
DK	NA	6.6	9.4
NA	100.0	.1	NA
MAIN REASON NOT TO USE			
Wants Children	NA	3.4	17.9
Lack Of Knowledge	NA	NA	.2
Partner Opposed	NA	.6	2.1
Costs Too Much	NA	NA	.1
Side Effects	NA	1.6	1.2
Health Concerns	NA	4.5	3.3
Hard To Get Methods	NA	NA	.1
Religion	NA	.1	.7
Opposed to FP	NA	.1	.2
Fatalistic	NA	2.7	5.3
Other People Opposed	NA	.1	.2
Infrequent Sex	NA	3.5	3.1
Difficult TO BE Preg	NA	9.8	11.7
Menopausal, had hyst	NA	9.6	3.7
Inconvenient	NA	.1	.2
Other	NA	.7	.9
DK	NA	.6	.7
NA	100.0	62.7	NA
PREFERRED FUTURE METHOD			
Pill	NA	13.2	7.0
IUD	NA	26.8	15.0
Injection	NA	2.5	1.7
Norplant	NA	.2	.2
Diaphragm/Foam/Jelly	NA	.2	.0
Condom	NA	.5	.1
Female Sterilization	NA	1.2	NA
Periodic Abstinence	NA	.4	.0
Withdrawal	NA	.1	.1
Prolonged Breasfeed	NA	5.4	7.3
Other	NA	NA	.0
Unsure	NA	5.7	7.7
Missing	NA	43.9	61.0
SOURCE FOR FP			
Puplic	2.0	18.7	18.2
Private Non - Profit	.4	4.8	4.7
Private For Profit	1.8	24.7	19.1
Other	.1	.8	.9
NA	95.6	51.0	57.1

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
FACTORS INFLUENCING FP USE			
-Advice From Friends/rel	53.3	49.2	32.3
-Information Spots on TV	59.4	57.0	39.3
-Advice From goverrnment doctor/clinic staff	16.7	12.5	5.0
-Advice From Private doctor/clinic staff	19.8	16.6	5.5
-Advice from raiyda or other FP extension work	12.4	10.7	7.4
-A Community Activity	3.1	2.6	2.0
-Other	1.0	1.3	2.1
FIRST HEARD ABOUT FP			
Television	74.7	70.4	67.2
Radio	1.1	1.0	1.1
Print Media	.5	.7	.2
Spouse	.2	.5	.0
Other Rel, Friends	1 8.7	21.4	23.6
Govt. Dr., Clin. St.	1.2	2.2	.7
Priv. Dr., Clin. St.	.6	.6	.2
Raiyda, Other FP wrk	1.7	2.0	3.5
Community Meeting	.4	.3	.2
Other	.7	.9	2.3
Never Heard About FP	.0	.1	1.1
HEARD ABOUT FP ON RADIO			
Yes	25.3	23.8	15.3
No	74.6	76.0	84.6
HEARD ABOUT FP ON TV			
Yes	82.7	75.9	62.8
No	17.2	24.0	37.1
APPROVE OF FP			
Yes	97.9	94.5	78.9
NO	1.2	3.3	11.4
DK, Undecided	.8	2.2	9.8
RELIGION ALLOWS OR FORBIDS FP			
Allows	80.5	79.0	70.6
Forbids	14.9	14.6	16.0
DK	4.6	6.4	13.4
HUSBAND APPROVES OF FP			
Approves	90.2	82.6	59.2
Disapproves	7.8	12.4	23.4
Undecided	1.9	5.0	17.4
DISCUSSED CHILDREN			
Yes	51.6	46.1	38.0
No	48.4	53.9	62.0
HUSBANDS DESIRE VS WIFES			
Same Number	65.3	56.7	53.2
More Children	14.8	18.3	18.7
Fewer Children	11.8	12.3	5.2
DK	8.1	12.7	22.9
IDEAL NUMBER OF CHILDREN			
0 - 1	3.0	1.9	3.0
2 - 3	66.2	59.7	51.9
4 +	17.7	20.9	17.9
She can't get	.2	.1	.3
Other	7.3	9.7	15.9
DK	5.6	7.8	10.9
IDEAL NUMBER OF BOYS			
0 - 1	41.3	37.2	30.8
2 - 3	29.0	30.6	25.1
4 +	1.1	1.3	2.4
Other	13.2	11.3	12.9
DK	2.1	1.7	1.3
NA	13.1	NA	27.2

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
IDEAL NUMBER OF GIRLS			
0 - 1	53.3	48.1	41.6
2 - 3	17.8	20.8	16.1
4 +	.7	.4	.7
Other	13.2	11.3	12.9
DK	2.1	1.7	1.3
NA	13.1	NA	27.2
MOST INFLUENCE ON DECISIONS			
Respondent Has More	7.5	7.5	4.2
Husband And Resp.	59.8	53.2	51.9
Husband Has More	29.9	34.4	37.4
Other	2.8	4.9	6.4
			.1
EXPECT CHILD'S FINANCIAL HELP			
Yes	31.3	34.1	40.7
NO	36.7	35.9	23.4
Not Sure, DK	32.0	29.9	35.9
SCHOOLING FOR DAUGHTERS			
Primary	.3	.8	2.2
Preparatory	.7	1.4	1.5
Secondary	4.8	5.4	5.9
Upper Intermediate	1.2	1.1	.4
University	64.9	61.0	48.7
More Than University	10.0	8.3	6.0
Depends on Child	13.4	15.7	20.5
NO Aspirations	3.0	3.9	9.2
DK	1.7	2.4	5.5
SCHOOLING FOR SONS			
Primary	.0	.1	.4
Preparatory	.1	.3	.2
Secondary	3.2	2.9	4.4
Upper Intermediate	1.0	1.0	.8
University	67.7	66.1	56.5
More Than University	12.0	9.6	7.4
Depends on Child	13.7	16.8	24.0
NO Aspirations	.8	.9	1.4
DK	1.6	2.3	4.8
ALLOWED OUT ALONE			
Yes Alone	90.4	85.5	75.3
Yes With Children	3.4	3.8	3.4
Not Allowed Out	6.1	10.2	21.0
Other	.1	.3	.3
		.1	
WIFE DISAGREES WITH HUS			
Express Opinion	65.7	58.8	46.9
Keep Quit	33.5	39.9	51.7
Not Last Word	.8	1.3	1.4
WOMAN SHOULD BE ABLE TO WORK			
Agree	76.5	72.9	67.3
Disagree	21.1	23.8	29.5
Not Sure, DK	2.4	3.3	3.1
WHO SHOUL HAVE LAST WORD			
VISITS TO FRD/RL			
Husband	55.8	57.9	64.5
Wife	3.4	3.9	2.4
Both	40.5	37.8	31.8
Other	.2	.4	1.3
HOUSEHOLD BUDGET			
Husband	53.1	57.6	66.6
Wife	15.2	14.3	8.1
Both	30.1	26.0	19.3
Other	1.6	2.2	6.0
HAVING CHILD			
Husband	31.2	35.7	47.1
Wife	7.1	6.0	3.5
Both	60.3	55.7	45.6
Other	1.4	2.7	3.9

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON_ USERS	
		DISCONTINUERS	NEVER USERS
Child's EDUC			
Husband	33.5	38.3	53.5
Wife	3.0	3.8	1.8
Both	60.9	54.8	41.8
Other	2.6	3.1	2.9
CHILD'S MARR			
Husband	37.8	43.7	56.2
Wife	1.0	1.4	.9
Both	50.3	45.4	35.6
Other	10.9	9.5	7.3
FAMILY PLANNING			
Husband	24.6	31.1	46.2
Wife	10.6	11.0	6.3
Both	64.6	57.0	44.9
Other	.3	.9	2.6
WIFE'S EMPLOYMENT			
Husband	66.7	69.1	77.2
Wife	6.1	5.5	4.2
Both	27.2	25.1	20.4
Other	.0	.3	.2
ANTENTAL CARE FOR PREGNANCY			
DOCTOR	27.9	33.6	42.4
DOCTOR/NURSE	45.0	39.5	26.2
DOCTOR/TRAINED DAYA	.2	.2	.1
DOCTOR /NO ONE			.1
NURSE/MIDWIFE			.0
TRAINED DAYA	.1	.1	.0
NO ONE	.1	.1	.1
	26.8	26.5	31.1
TETANUS INJECTION IN PREGNANCY			
Yes	41.8	42.1	33.3
NO	30.2	24.2	24.2
DK	.1	.1	.1
	27.9	33.6	42.4
STILL BREASTFEEDING			
Yes	22.7	24.4	33.1
NO	44.8	37.0	19.5
NA	32.4	38.6	47.4
TIMES MARRIED			
1	96.4	94.3	93.5
2	3.4	5.4	6.1
3	.2	.1	.3
KNOWS SOURCE OF MODERN METHOD			
Doesn't Know	.2	1.0	20.5
Knows Source For	99.8	99.0	79.5
TIME TO SOURCE			
0 - 14 min	34.3	32.7	17.0
15 - 29 min	23.4	21.3	17.4
30 - 59 min	23.8	20.7	15.8
60 + min	14.2	9.9	7.9
Notappl	4.3	15.4	42.0
ANTENTAL CARE FOR PREGNANCY			
DOCTOR	27.9	33.6	42.4
DOCTOR/NURSE	45.0	39.5	26.2
DOCTOR/TRAINED DAYA	.2	.2	.1
DOCTOR /NO ONE			.1
NURSE/MIDWIFE			.0
TRAINED DAYA	.1	.1	.0
NO ONE	.1	.1	.1
	26.8	26.5	31.1

Table (B.1): Continued

Variable	CURRENT USERS	CURRENT NON-USERS	
		DISCONTINUERS	NEVER USERS
TETANUS INJECTION IN PREGENCY			
Yes	41.8	42.1	33.3
NO	30.2	24.2	24.2
DK	.1	.1	.1
	27.9	33.6	42.4
STILL BREASTFEEDING			
Yes	22.7	24.4	33.1
NO	44.8	37.0	19.5
NA	32.4	38.6	47.4
TIMES MARRIED			
1	96.4	94.3	93.5
2	3.4	5.4	6.1
3	.2	.1	.3
KNOWS SOURCE OF MODERN METHOD			
Doesn't Know	.2	1.0	20.5
Knows Source For	99.8	99.0	79.5
TIME TO SOURCE			
0 - 14 min	34.3	32.7	17.0
15 - 29 min	23.4	21.3	17.4
30 - 59 min	23.8	20.7	15.8
60 + min	14.2	9.9	7.9
Notappl	4.3	15.4	42.0
UNMET NEED			
Spac		8.6	15.4
Limit		39.9	16.2
Not Applicable	100.0	51.5	68.4
RESIDENCE			
Urban	56.6	50.0	30.9
Rural	43.4	50.0	69.1
GAP BETWEEN IDEAL AND ACTUAL NO. OF CHILDREN			
Less Than Desired	15.7	23.8	12.6
Equal to	28.0	20.9	10.7
Greater Than Desired	43.0	37.8	49.8
Other	7.3	9.7	15.9
DK	5.6	7.8	10.9
SRC			
Public	35.4	33.8	27.4
Private Non - Profit	9.4	8.7	7.2
Private For Profit	53.1	48.1	28.0
Other	1.6	3.0	4.2
NA	.5	6.5	33.2
N	4310	1815	3028

Source: EDHS(92) Special Tabulation