THE EGYPTIAN POPULATION AND
FAMILY PLANNING REVIEW.
ISSR,CAIRO UNIV. Vol.32, No.1,1999

# Profile of Women with an Unmet Need for Family Planning from a Child Survival Perspective

by

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The family planning program in Egypt has been successful in providing many couples with contraceptive services. As a result, Egypt has experienced a period of major demographic change. Despite the program's success, however, Egypt continues to face a number of important challenges, especially the need to serve women that are most in need of contraceptive services. Efforts to identify the group of women in need of family planning services have usually taken into account women's fertility preferences and contraceptive use status. From this traditional perspective, women are defined as having an unmet need for family planning if they want no more children or want to delay the next birth for at least 2 years and they are not using family planning, or they are pregnant or amenorrheic and their last birth was unwanted or mistimed (Westoff, 1995). According to the results of the 1995 Egypt Demographic and Health Survey (DHS), one in six currently married Egyptian women has an "unmet need" for family planning from this perspective (El-Zanaty et al., 1996).

The objectives of this paper is to consider the potential need for family planning from a somewhat different perspective, that of avoiding births for which there is an increased risk of mortality for the child. In this regard, women who are exposed to having a birth at too short an interval or too high parity are defined as in need for family planning in order to reduce the level of risk of mortality among their children. This paper estimates the overall of the need for family planning in Egypt from this child survival perspective and considers the extent to which this need is being met.

## 1. Background

The strong relationship between maternal fertility patterns and child survival risks has been documented in various studies. Typically children are more likely to die in early childhood if they are born to mothers who are too young or too old, if they are born after too short birth interval or if they are of high order birth.

Both short birth intervals and high birth order have been shown to be particularly associated with elevated mortality risks among young children. For example, Palloni and Millman (1986) used multivariate techniques to test the relationship between the pace of childbearing and infant mortality. They found that mortality risks during infancy and early childhood almost doubled when births occurred at intervals shorter than 18 months. A study by Tam (1991) showed that, in Peru, both high order birth (order four or higher) and short birth intervals (less than 18 months) were associated with increased mortality risk, especially during the neonatal period. Similarly, Mturi and Curtis (1995) found that, among Tanzanian children, the mortality risks during the first five years of life were significantly associated with a

child's birth order and the length of the preceding birth interval. Other studies for Bangladesh (Muhuri and Menken, 1993), Sweden and Hungary (Miller, 1989) and Indonesia and Mexico (McNamara, 1983) also document an inverse association between birth intervals and children's mortality risks.

Both short birth intervals and high order birth have also been shown to be associated with elevated mortality risks among Egyptian children. Results from the 1995 Egypt DHS showing the relationship between child mortality levels and the mother's parity and the length of the previous birth interval are presented in Table 1. These data indicate that a child born within 24 months of the previous birth was, on average, nearly three times more likely to die during early childhood than a child for whom the interval following the preceding birth is longer than 2 years (El-Zanaty et al., 1996). With regard to birth order, sixth order and higher births had the highest mortality rates at all ages.

**Table 1 Infant and child mortality by demographic characteristics**

Infant and child mortality for the ten-year period preceding the survey, by selected demographic characteristics, 1995 Egypt Demographic and Health Survey

| Demographic characteristics | Neonatal mortality | Postneonatal mortality | Infant mortality | Child mortality | Under-five mortality |
|---|---|---|---|---|---|
| Previous birth interval | | | | | |
| <24 months | 65.6 | 63.1 | 128.7 | 43.8 | 166.9 |
| 24-27 months | 23.0 | 24.3 | 47.4 | 21.2 | 67.6 |
| 48 months or more | 19.7 | 23.1 | 42.8 | 15.3 | 57.5 |
| Birth order | | | | | |
| 1 | 40.0 | 31.4 | 71.4 | 14.9 | 85.3 |
| 2-3 | 31.5 | 31.2 | 62.7 | 22.9 | 84.2 |
| 4-5 | 34.0 | 34.0 | 68.0 | 27.7 | 93.8 |
| 6+ | 48.9 | 50.4 | 99.3 | 36.4 | 132.1 |
| **Total** | **37.4** | **35.7** | **73.1** | **24.9** | **96.2** |

Note: Rates are for the calendar period 1986 – 1995
Source: El – Zanaty et al., 1996, Table 9.4

Other studies of the patterns of child mortality in Egypt have also found a strong association between mortality risk and both parity and the length of the birth interval (Nawar et al., 1986).

## 2. Data and Definitions

This study uses data from the 1995 Egypt DHS to describe the profile of women with an unmet need for family planning from a child survival perspective. From this perspective, a woman is considered as potentially in need of contraceptive services if a child that she might conceive at the time of the survey would be born less than 24 months after a preceding birth or would be of birth order six or higher. For purposes of the study, a respondent in the 1995 Egypt DHS was defined as potentially

in need of family planning from a child survival perspective if she was currently married, and her last birth occurred less than 15 months before the survey or if she had five or more children.

Table 2 shows the distribution of 1995 DHS respondents in these categories. Two in 5 women were in one of the risk categories. Women were more likely to be at risk of having a high order birth than of having a short interval birth. Around 1 in 20 women fell into both risk categories.

**Table 2 Elevated child survival risk by background characteristics**

Percent distribution of currently married women 15-49 at risk of conceiving a child at an elevated risk of dying according to selected background characteristics, Egypt 1995

| | Child survival risk category | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Background Characteristics | Short interval birth | High order birth | Short interval and high order birth | Total | Not in any risk category | Meno-Pausal infecund | Total percent | Number of Women |
| **Age** | | | | | | | | |
| 15-19 | 35.9 | 0.0 | 0.0 | 35.9 | 63.9 | 0.3 | 4.8 | 658 |
| 20-24 | 37.5 | 0.6 | 0.9 | 39.0 | 59.0 | 2.1 | 15.2 | 2,065 |
| 25-29 | 24.7 | 5.6 | 5.4 | 35.7 | 60.4 | 3.8 | 19.5 | 2,650 |
| 30-34 | 12.3 | 21.6 | 8.8 | 42.7 | 50.6 | 6.8 | 18.0 | 2,442 |
| 35-39 | 4.3 | 37.3 | 8.0 | 49.6 | 36.7 | 13.7 | 17.4 | 2,367 |
| 40-44 | 0.7 | 42.4 | 4.0 | 47.1 | 28.4 | 24.5 | 13.3 | 1,801 |
| 45-49 | 0.1 | 30.0 | 0.8 | 31.0 | 11.6 | 57.4 | 11.8 | 1,601 |
| **Urban-rural residence** | | | | | | | | |
| Urban | 14.9 | 16.2 | 2.8 | 33.9 | 51.2 | 15.0 | 46.3 | 6,291 |
| Rural | 15.7 | 24.6 | 6.5 | 46.8 | 38.7 | 14.5 | 53.7 | 7,292 |
| **Place of residence** | | | | | | | | |
| Urban Governorates | 14.3 | 14.9 | 2.2 | 31.5 | 53.0 | 15.5 | 23.0 | 3,122 |
| Lower Egypt | 14.7 | 22.0 | 3.4 | 40.1 | 46.3 | 13.6 | 42.2 | 5,736 |
| Urban | 14.8 | 17.0 | 2.0 | 33.8 | 51.4 | 14.8 | 12.4 | 1,686 |
| Rural | 14.6 | 24.1 | 4.0 | 42.7 | 44.1 | 13.2 | 29.8 | 4,050 |
| Upper Egypt | 16.7 | 23.1 | 8.2 | 47.9 | 36.6 | 15.4 | 34.8 | 4,725 |
| Urban | 16.2 | 18.1 | 4.8 | 39.1 | 47.0 | 14.0 | 10.9 | 1,483 |
| Rural | 17.0 | 25.3 | 9.7 | 52.0 | 31.9 | 16.1 | 23.9 | 3,241 |
| **Education** | | | | | | | | |
| No education | 12.8 | 29.0 | 7.4 | 49.2 | 31.9 | 18.9 | 42.6 | 5,788 |
| Some primary | 11.7 | 28.8 | 5.5 | 46.0 | 38.8 | 15.1 | 19.6 | 2,668 |
| Completed primary/ some secondary | 17.6 | 15.5 | 2.8 | 35.9 | 51.3 | 12.8 | 13.2 | 1,787 |
| Completed secondary / higher | 21.2 | 2.8 | 0.7 | 24.8 | 67.2 | 8.1 | 24.6 | 3,341 |
| **Total** | **15.3** | **20.7** | **4.8** | **40.8** | **44.5** | **14.7** | **100.00** | **13,583** |

1. Women were defined as **menopausal** if they were not pregnant, amenorrheic or using a contraceptive method and they had not had a period in six months, or they reported that they were menopausal.

2. Women were defined as **infecund** if they were not menopausal, postpartum amenorrheic or pregnant and had not had a birth, had been continuously married, and had not used contraception during the five year period before the survey.

Older women (age 30 and above) were more likely to be at risk of a high order birth, while women under age 30 were more likely to be at risk of a short birth interval. There was no difference between urban and rural women in the percentage at risk of a short interval birth. However, the percentage at risk of a high order birth varied markedly between urban and rural areas, 25 percent women in rural areas were in the high order birth risk group compared to 16 percent of women in urban areas.

Half of women from rural Upper Egypt were in one or both of the risk categories. In contrast, only around 1 in 3 women from the Urban Governorates and urban areas in Lower Egypt were in any risk category.

The proportion of women who were in any risk category decreased directly with a woman's educational level. The greatest contrast by education was in the proportion of women in the high order birth risk category, women with no education were more 10 times as likely women who had completed secondary school or higher to fall into this risk group.

## 3. Level of Unmet Need from a Child Survival Perspective

For the purposes of this analysis, a woman was considered to be in need of family planning if she fell into one of the above child survival risk categories (i.e., she was at risk of having a birth within 15 months of a prior birth and / or she had previously had 5 or more births) and she was defined as potentially at risk of another pregnancy (i.e., she was not menopausal or infecund). Table 3 shows the distribution of currently married women 15-49 interviewed in the 1995 DHS who were in need of family planning from this child survival perspective. The group with an unmet need for family planning included fecund women in the child survival risk categories who were not currently using contraception (shown in columns 1-3 of table 3). From the child survival perspective, the total unmet need in Egypt is 18 percent. The group with a met need for family planning includes fecund women fecund women in the child survival risk categories who were currently using contraception (shown in columns 5-7 of table 3). Overall, 23 percent of married women fell into one of the risk categories and was using family planning.

Table 3 also provides an overview of the variation in the level of unmet need from the child survival perspective by key background characteristics. By age, the level of unmet need is greatest among women under age 25. The level of unmet need in rural areas was more than double the level in urban areas (24 percent and 11 percent, respectively). Women in rural Upper Egypt were more likely to have unmet need from a child survival perspective than women in rural Lower Egypt (35 percent and 15 percent, respectively). The high level of unmet need in rural Upper Egypt is particularly notable. At the time of the survey, it exceeded the level of total using family planning (23 percent) in the region.

The likelihood that a woman has unmet need also varied with a woman's level of education. Overall, 1 in 10 women who had completed secondary or higher had an unmet need compared to 24 percent among women with no education.

**Table 3 Unmet need for family planning from a child survival perspective**

Percent distribution of currently married women 15-49 by child survival risk category and use of family planning according to selected background characteristics, Egypt 1995.

| | Not using family planning | | | | Using family planning | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Short interval birth | High order birth | Short interval and high order birth | Not in any risk category | Short interval birth | High order birth | Short interval and high order birth | Not in any risk category | Menopausal. in-fecund | Total percent | Number of women |
| **Age** | | | | | | | | | | | |
| 15-19 | 24.0 | 0.0 | 0.0 | 59.5 | 11.8 | 0.0 | 0.0 | 4.3 | 0.3 | 100.0 | 658 |
| 20-24 | 21.4 | 0.3 | 0.6 | 42.8 | 16.1 | 0.2 | 0.3 | 16.2 | 2.1 | 100.0 | 2,065 |
| 25-29 | 13.0 | 2.7 | 3.7 | 29.6 | 11.6 | 3.0 | 1.7 | 30.9 | 3.8 | 100.0 | 2,650 |
| 30-34 | 5.8 | 8.1 | 5.9 | 15.7 | 6.4 | 13.5 | 2.9 | 34.9 | 6.8 | 100.0 | 2,442 |
| 35-39 | 1.9 | 10.0 | 6.0 | 8.4 | 2.4 | 27.3 | 2.0 | 28.3 | 13.7 | 100.0 | 2,367 |
| 40-44 | 0.4 | 10.8 | 2.7 | 4.4 | 0.4 | 31.6 | 1.3 | 24.0 | 24.5 | 100.0 | 1,801 |
| 45-49 | 0.0 | 9.1 | 0.6 | 1.8 | 0.1 | 20.9 | 0.3 | 9.8 | 57.4 | 100.0 | 1,601 |
| **Urban-rural residence** | | | | | | | | | | | |
| Urban | 6.1 | 3.3 | 1.5 | 18.6 | 8.8 | 12.9 | 1.3 | 32.5 | 15.0 | 100.0 | 6,291 |
| Rural | 10.4 | 8.8 | 5.0 | 21.6 | 5.3 | 15.8 | 1.6 | 17.1 | 14.5 | 100.0 | 7,292 |
| **Place of residence** | | | | | | | | | | | |
| Urban Gov. | 5.4 | 2.8 | 1.0 | 18.1 | 8.9 | 12.1 | 1.2 | 35.0 | 15.5 | 100.0 | 3,122 |
| **Lower Egypt** | 7.2 | 4.3 | 2.0 | 18.5 | 7.5 | 17.7 | 1.4 | 27.8 | 13.6 | 100.0 | 5,736 |
| Urban | 5.7 | 3.0 | 0.9 | 17.5 | 9.1 | 13.9 | 1.2 | 33.9 | 14.8 | 100.0 | 1,686 |
| Rural | 7.8 | 4.8 | 2.5 | 18.9 | 6.8 | 19.2 | 1.6 | 25.2 | 13.2 | 100.0 | 4,050 |
| **Upper Egypt** | 11.8 | 10.9 | 6.5 | 23.8 | 4.9 | 12.1 | 1.7 | 12.9 | 15.4 | 100.0 | 4,725 |
| Urban | 8.1 | 4.8 | 3.1 | 21.2 | 8.2 | 13.4 | 1.7 | 25.8 | 14.0 | 100.0 | 1,483 |
| Rural | 13.5 | 13.8 | 8.1 | 25.0 | 3.4 | 11.5 | 1.6 | 6.9 | 16.1 | 100.0 | 3,241 |
| **Education** | | | | | | | | | | | |
| No education | 9.0 | 9.7 | 5.5 | 17.1 | 3.8 | 19.3 | 1.9 | 14.8 | 18.9 | 100.0 | 5,788 |
| Some primary | 6.8 | 8.1 | 3.6 | 16.6 | 4.9 | 20.7 | 1.9 | 22.2 | 15.1 | 100.0 | 2,666 |
| Completed primary/some secondary | 8.9 | 3.4 | 1.6 | 23.3 | 8.7 | 12.1 | 1.2 | 28.1 | 12.8 | 100.0 | 1,787 |
| Completed secondary/ higher | 8.3 | 0.5 | 0.3 | 26.9 | 12.9 | 2.3 | 0.4 | 40.2 | 8.1 | 100.0 | 3,341 |
| **Total** | 8.4 | 6.3 | 3.3 | 20.2 | 6.9 | 14.5 | 1.5 | 24.2 | 14.7 | 100.0 | 13,583 |

## 4. Profile of Women in Need of Family Planning for a Child Survival Perspective.

Table 4 shows the percent distribution of currently married women with an unmet need for family planning from the child survival perspective by selected background characteristics. This profile of women takes into account not only the prevalence of unmet need in a particular population subgroup (as shown in Table 3) but also the size of the population in each of the subgroups.

Table 4 Profile of women with an unmet need for family planning from a child survival perspectives

Percent distribution of currently married women 15-49 with an unmet need for family planning from a child survival perspective by selected characteristics, according to child survival risk category, Egypt 1995.

| Background Characteristics | Short interval birth | High order birth | Short interval and high order birth | In any risk category |
|---|---|---|---|---|
| **Age** | | | | |
| 15-19 | 13.9 | 0.0 | 0.0 | 6.5 |
| 20-24 | 38.8 | 0.8 | 2.7 | 18.9 |
| 25-29 | 30.3 | 8.3 | 21.5 | 21.0 |
| 30-34 | 12.5 | 23.1 | 31.8 | 19.8 |
| 35-39 | 3.9 | 27.9 | 31.3 | 17.3 |
| 40-44 | 0.6 | 22.9 | 10.7 | 10.2 |
| 45-49 | 0.1 | 17.1 | 2.0 | 6.4 |
| **Interval since last birth** | | | | |
| 0-11 months | 86.2 | 0.0 | 87.9 | 56.5 |
| 12-23 months | 13.8 | 25.7 | 12.1 | 17.6 |
| 24-47 months | 0.0 | 33.6 | 0.0 | 11.7 |
| 48 or more months | 0.0 | 40.7 | 0.0 | 14.2 |
| **Urban-rural residence** | | | | |
| Urban | 33.7 | 24.7 | 20.2 | 28.1 |
| Rural | 66.3 | 75.3 | 79.8 | 71.9 |
| **Place of residence** | | | | |
| Urban Governorates | 14.9 | 10.4 | 7.0 | 11.9 |
| Lower Egypt | 36.2 | 28.9 | 25.3 | 31.6 |
| Urban | 8.4 | 6.0 | 3.2 | 6.6 |
| Rural | 27.8 | 22.9 | 22.1 | 25.0 |
| Upper Egypt | 48.9 | 60.7 | 67.7 | 56.5 |
| Urban | 10.5 | 8.3 | 10.0 | 9.6 |
| Rural | 38.4 | 52.4 | 57.7 | 46.9 |
| **Education** | | | | |
| No education | 45.7 | 65.7 | 70:1 | 57.2 |
| Some primary | 15.9 | 25.3 | 21.3 | 20.2 |
| Completed primary/ some secondary | 14.0 | 7.1 | 6.2 | 10.2 |
| Completed secondary/higher | 24.4 | 1.9 | 2.3 | 12.5 |
| Total | 100.00 | 100.0 | 100.0 | 100.00 |
| Number of women | 1,140 | 852 | 453 | 2,446 |

Table 4 shows that 2 in 3 women with unmet need for family planning were under age 35. Women at risk of a short birth interval were mainly under age 30, while two-thirds of those at risk of a high order birth were in 35-49 age group. Women at risk of both a short interval and a high order birth were concentrated in the 25-39 age group.

As expected since a short birth interval was one of the criteria in defining need, 5 in 10 of the women with unmet need had given birth in the one-year period preceding the survey.

Table 4 also shows that women with an unmet need for family planning from a child survival perspective were heavily concentrated in the rural areas. Overall, 72 percent of the women in need were rural residents. Nearly half (47 percent) lived in rural Upper Egypt, and slightly more than one-quarter lived in rural Lower Egypt. Urban women who were in need of family planning were somewhat more likely to live in the Urban Governorates than in urban areas in Lower Egypt and Upper Egypt.

With respect to educational level, around 6 in 10 of the women with an unmet need for family planning had never attended school. Nearly 80 percent of women with an unmet need for family planning had less than a primary education. Among the more highly educated women who were in need, the majority was at risk of a short birth interval.

## 5. Experience with Family Planning

Women's attitudes about family planning use are shaped in part by their past experience in using family planning. This section of the paper first considers the level of experience with the use among women who are considered to have an unmet need for family planning from a child survival perspective. The reasons that these women had for discontinuing use of contraceptive methods in the past are then examined. Finally, the reasons that the women had for not using contraception at the time of the survey are described.

### Ever use of family planning

Table 5 shows that the percent distribution of the currently married women aged 15-49 with an unmet need for family planning by the method ever used. Overall, 46 percent of the women defined as in need from a child survival perspective had used a family planning method at some time. Forty-four percent had used a modern contraceptive method. The most commonly used modern method was the pill (33 percent), followed by the IUD (22 percent).

Table 5 Family planning experience

Percentage of currently married women 15-49 with an unmet need for family planning from a child survival perspective who had used family planning by the method ever used, according to child survival risk category, Egypt 1995.

| Ever use of family planning | Short interval birth | High order birth | Short interval and high order birth | In any risk category |
|---|---|---|---|---|
| **Any method** | 31.5 | 62.5 | 51.6 | 46.0 |
| **Any modern method** | 29.7 | 60.1 | 49.6 | 44.0 |
| Pill | 18.3 | 49.8 | 39.7 | 33.2 |
| IUD | 17.5 | 29.0 | 22.4 | 22.4 |
| Injectable | 1.5 | 8.6 | 4.3 | 4.5 |
| Condom | 2.9 | 5.6 | 2.7 | 3.8 |
| Other modern | 0.3 | 3.2 | 2.1 | 1.6 |
| **Any traditional method** | 4.2 | 11.2 | 6.9 | 7.1 |
| **Number of women** | 1,140 | 852 | 453 | 2,446 |

Women at risk of a short interval birth were less likely to have ever used a method than women in the other risk categories. With regard to method choice, women at risk of a short interval birth were more likely to have used the pill or the IUD than other methods. In contrast, women in the other risk categories were more than twice as likely to have ever used the pill than the IUD.

## Reasons for discontinuation use of family planning

Further insight into the experience that women have had in using family planning can be obtained by examining the reasons that women with an unmet need who ever discontinued contraception had for stopping use. In the 1995 DHS, information on the reason for termination of use was obtained for all segments of use reported by respondents during the five-year period before the survey. Table 6 presents this information for the method women with an unmet need had used most recently. The distribution refers to the reason the woman discontinued the method she had used most recently in the five-year period. Many of the women in need had terminated using because of side effects. One-third of the most recent segments of use reported by women in need were terminated because the woman had experienced side effects. An additional 10 percent ended because of the health concerns the women had. Former users of the IUD and injectables were more likely to cite side effects as a reason for stopping than former users of pill. In general, other method-related reasons were cited much less frequently than side effects or health concerns.

Women often reported that they had stopped using because they wanted to become pregnant; 19 percent of all prior segments of use among women in need ended for this reason. On the other hand, many of the women became pregnant while using a method. Method failure was reported in the case of 15 percent of the recent segments of use.

The percentage of recent segments ending in accidental pregnancy varied by method. The rate of accidental pregnancy was lowest among those using the IUD and injectables. Only 4 percent of IUD terminations among women in need were due to the failure of method. In contrast, one-fifth of the most recent segments of pill use among women in need ended in an accidental pregnancy. Method failure also was a major factor in terminations of the condom and traditional methods.

There is little evidence that disapproval of the husband was an important factor in the decisions to terminate use for most methods. However, as might be expected, women in need who had used the condom were more likely to give this reason were ever users of other methods. Finally, infrequent sex was the reason of discontinuation for 1 in 10 recent segments of use among women in need.

**Table 6 Reasons for discontinuation of use of family planning**

Percent distribution of women with unmet need for family planning who had ever discontinued use of family planning in the five-year period before the survey to the main reason for discontinuation of the last methods used, according to method, Egypt 1995.

| Main reason for discontinuation | Pill | IUD | Injectables | Condom | Prolonged breastfeeding | All segments |
|---|---|---|---|---|---|---|
| **Fertility-related reasons** | | | | | | |
| Become pregnant | 21.7 | 4.1 | 3.9 | 20.6 | 24.3 | 14.8 |
| To become pregnant | 12.3 | 33.1 | 3.3 | 8.3 | 9.9 | 18.9 |
| Infecund/menopausal | 2.4 | 1.4 | 2.8 | 6.1 | 0.0 | 2.2 |
| Infrequent sex/husband away | 12.8 | 4.7 | 10.7 | 17.7 | 0.0 | 9.4 |
| Marital dissolution/ separation | 0.3 | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 |
| **Method- related reasons** | | | | | | |
| Side effects | 32.8 | 38.4 | 52.3 | 7.1 | 0.0 | 32.5 |
| Health concerns | 8.7 | 13.5 | 8.1 | 0.0 | 3.7 | 9.6 |
| Lack of access/too far | 1.3 | 0.0 | 3.4 | 3.6 | 0.0 | 1.1 |
| Cost too much | 0.0 | 0.0 | 1.4 | 0.0 | 0.0 | 0.1 |
| Inconvenient to use | 0.3 | 1.0 | 3.5 | 6.2 | 8.1 | 1.3 |
| Wanted more effective method | 0.2 | 0.0 | 0.0 | 14.2 | 0.0 | 0.5 |
| **Other reasons** | | | | | | |
| Husband disapproved | 3.1 | 1.0 | 0.0 | 15.4 | 0.0 | 2.7 |
| Fatalistic | 0.2 | 0.5 | 0.7 | 0.8 | 0.0 | 0.3 |
| **Other** | 3.9 | 2.3 | 9.8 | 0.0 | 54.0 | 6.3 |
| **Don't know** | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** |
| **Number of segments** | **484** | **349** | **57** | **32** | **55** | **977** |

## Reasons for not using family planning at time of the interview

Information on the main reason for nonuse was collected from all respondents who were not using family planning at the time of the survey. Table 7 describes the main reason for nonuse among women who have been identified as having an unmet need of family planning from a child survival perspective. The results in table 7 coupled with those presented in table 6 are important in obtaining a better understanding of the factors that contribute to unmet need in Egypt.

Among currently married women in need of family planning from a child survival perspective, more than 2 in 5 reported that they were not using because they were breast-feeding. Lack of exposure to the risk of becoming pregnant also was a major reason for nonuse among these women. More than one-third of women in need were not practicing family planning because they were pregnant (10 percent), considered themselves to be unable to have children (3 percent), or because they did not have sex or had sex infrequently (11 percent). Another 6 percent were not using family planning at the time of the survey because of a desire for more children.

Health concerns or fear of side effects kept 14 percent from practicing contraception. It should be noted that relatively few of the women gave other method-related reasons (e.g., lack of access, etc.). The proportions citing religious prohibitions, opposition from the husband or other individuals, or lack of knowledge were also small.

**Table 7** Main reasons for not using family planning

Percent distribution of women with an unmet need for family planning from a child survival perspective by main reason for not using family planning, according to child survival risk category, Egypt 1995.

| Main reason for not using family planning | Short interval birth | High order birth | Short interval and high order birth | In any risk category |
|---|---|---|---|---|
| **Fertility-related reasons** | | | | |
| Pregnant | 8.3 | 17.4 | 2.6 | 10.4 |
| Wants more children | 8.9 | 4.2 | 2.7 | 6.1 |
| Not having sex | 3.0 | 5.5 | 1.1 | 3.5 |
| Infrequent sex | 5.7 | 11.6 | 3.5 | 7.3 |
| Menopausal/hysterectomy | 0.0 | 0.9 | 0.0 | 0.3 |
| Subfecund/infecund | 0.3 | 5.9 | 0.9 | 2.4 |
| Postpartum / breastfeeding | 61.8 | 10.4 | 63.1 | 44.1 |
| **Method- related reasons** | | | | |
| Side effects | 2.4 | 12.6 | 9.0 | 7.2 |
| Health concerns | 1.6 | 14.8 | 2.5 | 6.4 |
| Lack of access/too far | 0.1 | 0.0 | 0.0 | 0.0 |
| Cost too much | 0.1 | 0.3 | 0.7 | 0.3 |
| Inconvenient to use | 0.6 | 0.7 | 0.1 | 0.5 |
| Interferes with body | 0.2 | 0.5 | 0.3 | 0.3 |
| **Opposition to use** | | | | |
| Respondent disapproval | 0.0 | 0.7 | 0.5 | 0.4 |
| Husband disapproval | 1.4 | 2.9 | 4.7 | 2.5 |
| Other opposed | 0.2 | 0.1 | 0.6 | 0.2 |
| Religious prohibitions | 0.6 | 0.8 | 1.4 | 0.8 |
| **Lack of knowledge** | | | | |
| Knows no method | 0.1 | 0.0 | 0.0 | 0.1 |
| Knows no source | 0.0 | 0.7 | 0.2 | 0.3 |
| **Other** | 4.7 | 9.0 | 5.1 | 6.3 |
| **Don't know** | 0.2 | 0.7 | 1.1 | 0.6 |
| **Total** | 100.0 | 100.0 | 100.0 | 100.0 |
| **Number of women** | 1,139 | 852 | 453 | 2,444 |

Differences in the distribution of reasons of nonuse by risk category are also shown in table 7. They follow expected patterns. Around 6 in 10 women with unmet need who were in the short birth interval category or in both risk categories said that they were not practicing family planning because they were postpartum or breastfeeding compared to 1 in 10 women in the high order birth category. Women in the high order birth risk category were more likely than women at risk of a short birth interval or women in both categories to say that they were not having sex or having sex infrequently. Almost none of the women in the other risk categories gave these reasons for nonuse.

Finally, health concerns and fear of side effects were mentioned more frequently among women at risk of a high order birth (27 percent) or in both risk categories (12 percent) than by women in the short birth interval category (4 percent).

## 6. Attitudes towards Childbearing and Family Planning

In addition to insights into aspects of the prior family planning experience, the DHS results provide information on a number of factors that are important in assessing the likelihood that a woman who is in need for family planning will adopt a method. These include women's attitudes towards childbearing and approval of the use of family planning. In addition, the DHS obtained information on the woman's intention to use family planning. Women who indicated that they did not intend to use were also asked a question on the main reason they had for not planning to adopt family planning in the future. Again the responses to this question shed some light on the barriers to use.

### Childbearing attitudes

Information on a woman's attitude toward childbearing provides some measure of the level of motivation that the woman may have for using family planning. Table 8 looks at several measures of the childbearing attitudes and intentions among women with an unmet need for family planning from a child survival perspective. The table allows us to identify those women with an unmet need for family planning to meet their own childbearing goals as well as to avoid a birth in which there is increased mortality risk for the child.

Many of the women with an unmet need for family planning from a child survival perspective had already achieved or exceeded the family size they considered ideal. Table 8 indicates that in the case of more than half of the women in need, the number of living children that they currently had was equal to or exceeded the number they regard as ideal.

The likelihood that a woman in need had attained her ideal family size varied by risk category. More than half of the women in the high order birth and the multiple risk categories had more children at the time of the interview than they considered ideal. Fewer women in the short interval risk category had more children that they reported as ideal, however, even for this group, 1 in10 had more children than their ideal number. In addition, around 1 in 4 women in the short birth interval category and more than 1 in 10 women in the other two risk categories had the number of children that they considered ideal at the time of the survey.

Table 8 also shows the distribution of currently married women in the various risk categories by the desire for an additional child at the time of the survey. Overall, around two-thirds of the women in need wanted no more children, and 24 percent wanted to wait 2 or more years before having another child.

**Table 8 Childbearing attitudes**

Percent distribution of currently married women 15-49 with an unmet need for family planning from a child perspective by the fertility planning status of the last birth, the comparison of the women's ideal and actual family size, and the women's current childbearing desire, according to the type of need, Egypt 1995

| Childbearing attitudes | Short interval birth | High order birth | Short interval and high order birth | In any risk group |
|---|---|---|---|---|
| **Fertility planning status of last birth** | | | | |
| Last birth wanted | 80.2 | 35.0 | 43.2 | 57.6 |
| Last birth wanted but mistimed | 11.9 | 2.8 | 7.1 | 7.9 |
| Last birth not wanted | 7.5 | 34.6 | 49.7 | 24.7 |
| Unsure about desire/No birth in five-year period before survey | 0.4 | 27.6 | 0.0 | 9.8 |
| **Ideal vs. actual family size** | | | | |
| Actual > ideal | 11.4 | 53.0 | 51.8 | 33.4 |
| Actual = ideal | 28.1 | 11.1 | 14.0 | 19.6 |
| Actual < ideal | 52.8 | 15.6 | 16.4 | 33.1 |
| Not sure | 7.8 | 20.2 | 17.8 | 14.0 |
| **Desire for more children** | | | | |
| Wants another soon | 8.0 | 6.0 | 2.6 | 6.3 |
| Wants to delay 2 or more years | 44.0 | 3.8 | 8.9 | 23.5 |
| Wants, unsure when | 2.2 | 1.8 | 0.7 | 1.8 |
| Wants no more | 39.9 | 84.3 | 84.4 | 63.6 |
| Uncertain if wants | 5.7 | 3.1 | 3.3 | 4.3 |
| Declared infecund | 0.2 | 1.0 | 0.2 | 0.5 |
| **Total** | 100.0 | 100.0 | 100.0 | 100.0 |
| **Number of women** | 1,140 | 852 | 453 | 2,446 |

The desire for another child was strongly related to the number of children a woman had. Thus, it is not surprisingly that women in the high order birth risk category and the multiple risk category were much more likely to want no more children than women in short interval category. Eight in 10 women in the former categories wanted no more children compared to 4 in 10 women in the short interval category. Among women in short interval risk category, there was, however, clear interest in delaying the next birth. More than 40 percent of the women in the short birth interval group wanted to delay the next birth for 2 years or more.

## Attitude toward family planning use among women and their husbands

One of the determinants of whether a woman with an unmet need for family planning will adopt a method is the attitude that she has about family planning use. The opinion of her husband also is likely to influence a woman's willingness to adopt family planning. In the 1995 DHS, women were asked both about their own attitude about family planning. Table 9 examines the level of approval of family planning among women with an unmet need for family planning from a child survival perspective by the women's own attitude toward family planning use and the women's perception of their husband's attitude according to child survival risk category.

**Table 9 Approval of family planning use**

Percent distribution of women with an unmet need for family planning from a child survival perspective by the woman's own attitude toward family planning use and the women's perception of her husband's attitude toward family planning use, according to child survival risk category, Egypt 1995.

| Family planning approval | Short interval birth | High order birth | Short interval and high order birth | In any risk category |
|---|---|---|---|---|
| **Both approve** | 74.5 | 65.4 | 68.8 | 70.2 |
| **Woman approves** | | | | |
| Husband disapproves | 7.2 | 13.5 | 12.9 | 10.4 |
| Husband's attitude not known | 7.3 | 5.5 | 5.2 | 6.3 |
| **Women disapproves** | | | | |
| Husband approves | 1.1 | 1.5 | 1.0 | 1.2 |
| Husband's attitude not known | 0.9 | 2.1 | 1.0 | 1.3 |
| **Both disapprove** | 5.8 | 7.1 | 5.9 | 6.2 |
| **Other** | 3.3 | 5.0 | 5.3 | 4.2 |
| **Total percent** | 100.0 | 100.0 | 100.0 | 100.0 |
| **% of women approving of FP use** | 89.0 | 84.4 | 86.9 | 86.9 |
| **% of women saying husband approves** | 76.5 | 69.0 | 70.8 | 72.7 |

In the majority of cases, both the woman and her husband were reported to approve of family planning. Overall, over eight in ten women with an unmet need for family planning said that they approved of a couple using family planning, and only 1 in 10 women said they disapproved. Most of women felt that their husband approved of using family planning. Only 17 percent of women believed that their husbands disapproved of family planning, while 7 in 10 women said their husbands approved. The likelihood that both partners approved of family planning was greater among women who were in need to avoid a short interval birth than among women in the other risk categories. Seventy-five percent of couples at risk of a short interval birth were reported as approving of the use of family planning compared to 65 percent of couples at risk of a high order birth and 69 percent at risk of both short interval and high order birth.

Differences in the level of disapproval of family planning among women in the various risk categories were generally minor. The level of disapproval among women themselves was slightly lower among women at risk of a short interval birth (8 percent) than among women in the high order birth risk category (11 percent) and similar to women in the multiple risk category (8 percent). Women at risk of a short interval birth were also less likely than women in the other two risk categories to believe that their husband disapproved of family planning.

## 7. Future Use of Family Planning

### Intention to use

To assess future plans with regard to family planning, currently married women who were not using a contraceptive method were asked in the 1995 DHS about their intention to adopt family planning methods in the future. Table 10 shows the percent distribution of women with an unmet need for family planning from a child survival perspective by their intention to use family planning in the future according to selected background characteristics.

**Table 10 Intention to use family planning**

Percent distribution of women with unmet need for family planning from a child survival perspective by the woman's intention to use family planning in the future, according to selected background characteristics, Egypt 1995.

| Background Characteristics | Intended to use in next 12 months | Intended to use later | Intended to use, unsure about timing | Unsure about using | Did not plan to use | Total percent | Number of Women |
|---|---|---|---|---|---|---|---|
| **Age** | | | | | | | |
| 15-19 | 54.2 | 30.1 | 1.7 | 4.4 | 9.6 | 100.0 | 158 |
| 20-24 | 60.2 | 22.9 | 2.0 | 4.8 | 10.1 | 100.0 | 460 |
| 25-29 | 57.2 | 20.4 | 2.5 | 6.4 | 13.5 | 100.0 | 513 |
| 30-34 | 58.5 | 16.3 | 2.0 | 5.8 | 17.4 | 100.0 | 482 |
| 35-39 | 51.8 | 12.6 | 2.9 | 4.6 | 28.2 | 100.0 | 422 |
| 40-44 | 44.6 | 8.5 | 1.9 | 2.1 | 42.8 | 100.0 | 250 |
| 45-49 | 21.6 | 4.3 | 0.0 | 3.0 | 71.1 | 100.0 | 156 |
| **Urban -rural residence** | | | | | | | |
| Urban | 63.0 | 15.7 | 2.7 | 2.9 | 15.6 | 100.0 | 683 |
| Rural | 49.6 | 17.6 | 1.8 | 5.6 | 25.3 | 100.0 | 1,757 |
| **Place of residence** | | | | | | | |
| Urban Governorates | 58.0 | 16.6 | 3.9 | 4.7 | 16.8 | 100.0 | 290 |
| Lower Egypt | 68.4 | 11.2 | 2.4 | 3.1 | 14.9 | 100.0 | 768 |
| Urban | 72.0 | 10.0 | 3.8 | 0.0 | 14.3 | 100.0 | 158 |
| Rural | 67.5 | 11.6 | 2.0 | 3.9 | 15.0 | 100.0 | 611 |
| Upper Egypt | 44.0 | 20.5 | 1.6 | 5.9 | 28.1 | 100.0 | 1,382 |
| Urban | 63.2 | 18.5 | 0.7 | 2.7 | 15.0 | 100.0 | 235 |
| Rural | 40.0 | 20.9 | 1.7 | 6.6. | 30.8 | 100.0 | 1,147 |
| **Education** | | | | | | | |
| No education | 48.7 | 16.0 | 1.8 | 5.5 | 28.1 | 100.0 | 1,394 |
| Some primary | 53.8 | 17.1 | 1.0 | 5.2 | 22.9 | 100.0 | 493 |
| Comp. primary/ some secondary | 60.7 | 20.2 | 3.6 | 2.0 | 13.5 | 100.0 | 249 |
| Completed secondary / higher | 68.0 | 19.8 | 3.8 | 4.0 | 4.5 | 100.0 | 304 |
| **Total** | **53.3** | **17.1** | **2.1** | **4.9** | **22.6** | **100.0** | **2,440** |

More than 70 percent of the women in need intended to use family planning in the future, 23 percent did not plan to use in the future, and the rest were unsure about their intentions. Three-fourths of those who intended to use family planning were planning to adopt a method within a year (12 months) after the survey.

The percentage intending to use family planning varied with age. Women under age 40 were more likely to intend to use than are older women. The percentage who did not plan to use was especially high among women age 40 and older. Older women may not be concerned about using family planning since they may believe that it will be difficult for them to become pregnant.

Eighty-one percent of urban women were planning to use in the future compared with 69 percent of those living in rural areas. By place of residence, the percentage who intended to use varied from 63 percent in rural Upper Egypt to 86 percent in urban Lower Egypt.

The intention to use also varied with the level of education of the woman. Among women who have completed secondary education and higher, more than 9 in 10 intended to use at some time in the future. In contrast, two-thirds of the women with no education planned to use in the future.

**Reason for not planning to use family planning**

The results in table 10 show that many women with an unmet need for family planning from a child survival perception did not intend to use contraceptives in the future. The main reasons that this group of women gave for not planning to use family planning in the future are presented in table 11. Since a woman's age is likely to be related to reasons for nonuse of family planning, women are classified in table 11 into two age groups, under age 30 and age 30 and over.

Overall, 33 percent of nonusers cited fear of side effects or health concerns as reasons for not planning to use in the future. A higher percentage of older women mentioned health concerns as a reason for not planning to use than younger women (20 percent and 6 percent, respectively). Older women were also somewhat more concerned than younger women about side effects (19 percent and 12 percent, respectively).

The desire to have another child was cited by 15 percent of the women as the main reason that they did not plan to use family planning. As expected, the proportion who gave this reason was four times higher among younger women than among older women (33 and 8 percent, respectively). Also, as expected, older women were more likely than younger women to cite concerns about their ability to become pregnant or to say they had sex infrequently.

Husband's opposition was also cited more frequently by younger than older women.

Table 11 Main reasons for not planning to use family planning

Percent distribution of women with an unmet need for family planning from a child survival perspective by main reason for not planning to use family planning, according to age, Egypt 1995.

| Main reason for not planning to use a method | 15-29 | 30-49 | Total |
|---|---|---|---|
| **Fertility-related reasons** | | | |
| Wants more children | 32.5 | 7.5 | 14.7 |
| Infrequent sex | 6.0 | 10.2 | 9.0 |
| Menopausal / had hysterectomy | 0.0 | 2.0 | 1.4 |
| Subfecund / infecund | 2.0 | 9.0 | 7.0 |
| **Method- related reasons** | | | |
| Side effects | 12.3 | 18.8 | 16.9 |
| Health concerns | 5.8 | 19.9 | 15.9 |
| Cost too much | 1.6 | 0.2 | 0.6 |
| Inconvenient to use | 0.1 | 1.2 | 0.9 |
| Interferes with body | 0.7 | 0.4 | 0.5 |
| **Opposition to use** | | | |
| Respondent opposed | 0.2 | 2.2 | 1.6 |
| Husband opposed | 10.6 | 7.0 | 8.0 |
| Other opposed | 1.0 | 0.0 | 0.3 |
| Religious prohibitions | 5.4 | 2.6 | 3.4 |
| **Lack of knowledge** | | | |
| Knows no method | 0.5 | 0.1 | 0.2 |
| Knows no source | 0.7 | 0.4 | 0.5 |
| **Other** | 10.5 | 14.5 | 13.4 |
| **DK** | 10.3 | 4.2 | 5.9 |
| **Total** | 28.7 | 71.3 | 100.0 |
| **Number of women** | 193 | 478 | 671 |

## 8. Opportunities To Provide Information / Counseling

One of the basic questions which family planning programs face in attempting to serve women with an unmet need for family planning concerns the opportunities that exist to provide these women with information and counseling. The 1995 DHS obtained information on two aspects of this question:

- The extent to which women are being reached by information, education, and communication (IE&C) efforts, and
- The extent to which women have had recent contacts with health providers or outreach workers.

## Components IE&C program in Egypt

IE&C programs have played a vital role in the success of the Egyptian family planning program. Strong governmental support had created a positive environment conductive to the achievement of population objectives. During the 1960s and 1970s, IE&C activities in Egypt concentrated on raising the level of public awareness about the population situation and overall knowledge of family planning. In the late 1970s, a national committee for coordinating IE&C activities was established under the leadership of the Information, Education and Communication (IE&C) Center of Ministry of Information (MOI) State Information Services (SIS). The center had the following responsibilities:

- To heighten public awareness of the economic need to limit family size, to increase knowledge of the contraceptive methods and to remove prejudice or bias against the practice of family planning.

- To change people's attitudes toward large-size families and motivate them to use contraceptive methods.

- To affect people's behavior and raise the rate of contraceptive prevalence among them.

Mass media, especially TV, plays a central role in the Egyptian IE&C program, reaching low literacy audiences throughout the country. Other media such as radio and newspaper and other communication forms like seminars and interpersonal communication are also widely used channels for getting messages about family planning to their intended audiences.

## Sources of family planning information

To obtain some insight into the types of sources of family planning information that are influencing women's decisions, the 1995 DHS included questions regarding whether women had heard a message about family planning through any of various broadcast or print media in the few months prior to DHS interview. Table 12 examines the coverage of family planning through both broadcast and print media among women with an unmet need for family planning from a child survival perspective.

Three in 4 women in need were recently exposed to family planning information broadcast on television or radio. Television reached a broader audience than radio, 73 percent of women saw a family planning message on television compared to 53 percent who had heard a message on the radio. Messages communicated through print media reached a smaller audience than messages broadcast on television or radio. Overall, 19 percent of women in need had been exposed recently to a family planning message through a print source.

Age differences in exposure to family planning messages on broadcast media were generally small, but the youngest or the oldest age groups were definitely less likely to have been exposed to messages through the print media. Urban women were more likely than rural women to have been exposed to either broadcast media (89 percent for urban versus 71 percent for rural) or print source (32 percent for urban versus 14 percent for rural). By place of residence, women residing in the Urban Governorates had the highest percentages watching television messages or listening to messages on the radio (91 percent) while women in rural Upper Egypt had the lowest percentage (68 percent). As for print media exposure, women rural Upper Egypt had the least exposure (10 percent). Women's education was positively associated with their media exposure, especially regarding print source.

**Table 12 Exposure to family messages through broadcast and print media**

Percent distribution of women with unmet need for family planning from a child survival perspective who were exposed to family planning messages through either broadcast or print media in the few months prior to the DHS interview, according to selected background characteristics and type of media, Egypt 1995.

| Background Characteristics | Broadcast media | | | Print media | | | | Number of women |
|---|---|---|---|---|---|---|---|---|
| | Television only | Radio only | Both television &radio | Newspaper magazine | Poster | Leaflet/ brochure | Any print source | |
| **Age** | | | | | | | | |
| 15-19 | 21.5 | 1.7 | 52.3 | 7.7 | 10.3 | 5.1 | 15.7 | 158 |
| 20-24 | 20.8 | 2.8 | 58.8 | 13.5 | 15.3 | 5.4 | 24.3 | 461 |
| 25-29 | 25.7 | 2.0 | 49.8 | 11.1 | 14.9 | 6.0 | 20.4 | 514 |
| 30-34 | 24.5 | 3.0 | 44.7 | 11.1 | 14.1 | 4.7 | 18.9 | 483 |
| 35-39 | 20.7 | 3.5 | 47.1 | 6.4 | 10.9 | 4.6 | 15.4 | 423 |
| 40-44 | 20.2 | 5.1 | 48.8 | 5.3 | 12.9 | 5.7 | 16.1 | 250 |
| 45-49 | 23.6 | 1.8 | 53.6 | 7.6 | 10.6 | 2.5 | 13.4 | 156 |
| **Urban-rural residence** | | | | | | | | |
| Urban | 23.4 | 2.4 | 63.1 | 20.3 | 22.9 | 7.8 | 31.9 | 687 |
| Rural | 22.5 | 3.1 | 45.3 | 5.6 | 9.6 | 4.0 | 13.7 | 1,759 |
| **Place of residence** | | | | | | | | |
| Urban Gov. | 25.5 | 4.0 | 61.3 | 17.9 | 19.3 | 4.2 | 26.9 | 290 |
| Lower Egypt | 21.7 | 2.1 | 53.8 | 12.0 | 16.4 | 5.0 | 24.1 | 774 |
| Urban | 25.6 | 1.2 | 58.3 | 25.7 | 25.9 | 7.3 | 38.4 | 162 |
| Rural | 20.7 | 2.4 | 52.6 | 8.4 | 13.9 | 4.4 | 20.3 | 612 |
| Upper Egypt | 28.1 | 3.1 | 46.1 | 6.7 | 10.4 | 5.3 | 14.2 | 1,382 |
| Urban | 19.3 | 1.3 | 68.4 | 19.6 | 25.3 | 12.7 | 33.5 | 235 |
| Rural | 23.4 | 3.4 | 41.5 | 4.1 | 7.3 | 3.7 | 10.2 | 1,147 |
| **Education** | | | | | | | | |
| No education | 23.6 | 3.6 | 42.7 | 1.4 | 7.7 | 2.5 | 9.4 | 1,399 |
| Some primary | 23.5 | 2.9 | 49.2 | 3.6 | 14.1 | 3.1 | 16.4 | 493 |
| Comp. Primary/ some secondary | 17.5 | 2.2 | 72.5 | 21.6 | 23.3 | 11.3 | 32.0 | 249 |
| Completed Secondary/higher | 21.6 | 0.2 | 69.1 | 48.3 | 29.8 | 14.9 | 55.0 | 305 |
| **Total** | **22.7** | **2.9** | **50.3** | **9.7** | **13.3** | **5.1** | **18.8** | **2,446** |

## Contact with health facilities / FP workers

Table 13 shows the percentages of women with an unmet need for family planning from a child survival perspective who were visited in the home by a family planning outreach worker or who had gone to a health facility during the 12 months preceding the survey. The table also shows the percentage who had actually talked about family planning either with the outreach worker or with staff at a health facility.

Thirteen percent of the women in need were visited in the home by a family planning worker. One in 4 of the women visited a public health facility at least once during that period, and 1 in 3 visited a private health facility. Overall, around half of the women in need of family planning had had some form of contact with a family planning worker or health facility.

**Table 13 Contacts with family planning workers or health providers**

Percentage of women with an unmet need for family planning from a child survival perspective who visited in the home by a family planning outreach worker, the percentage who had visited a public or private health facility, and the percentage who discussed family planning with the outreach worker or staff at a health facility during the 12 months preceding the survey, by selected background characteristics, Egypt 1995.

| Background Characteristics | Visited in home by FP worker | Visited public health facility | Discussed family planning during visit to public facility | Visited private health facility | Discussed family planning during visit to private facility | Had contact with FP worker/ health facility | Discussed FP with FP worker/ during visit to facility | Number of women |
|---|---|---|---|---|---|---|---|---|
| **Age** | | | | | | | | |
| 15-19 | 8.2 | 34.1 | 11.2 | 36.3 | 12.7 | 55.5 | 14.9 | 158 |
| 20-24 | 11.5 | 28.2 | 21.9 | 36.5 | 10.2 | 54.9 | 16.5 | 461 |
| 25-29 | 12.4 | 24.5 | 22.0 | 30.3 | 12.4 | 50.9 | 18.8 | 514 |
| 30-34 | 14.5 | 29.3 | 22.3 | 31.6 | 14.8 | 56.2 | 21.5 | 483 |
| 35-39 | 14.7 | 24.8 | 18.7 | 26.3 | 17.7 | 48.3 | 20.6 | 423 |
| 40-44 | 15.1 | 22.7 | 15.1 | 28.0 | 19.2 | 48.8 | 20.4 | 250 |
| 45-49 | 20.1 | 22.0 | 15.4 | 26.7 | 19.6 | 50.8 | 25.3 | 156 |
| **Urban-rural residence** | | | | | | | | |
| Urban | 6.7 | 34.0 | 22.6 | 41.8 | 17.9 | 63.4 | 17.0 | 687 |
| Rural | 16.2 | 23.6 | 18.0 | 26.7 | 12.0 | 48.0 | 20.6 | 1,759 |
| **Place of residence** | | | | | | | | |
| Urban Gov. | 3.1 | 44.4 | 14.2 | 40.8 | 15.1 | 70.9 | 14.2 | 290 |
| Lower Egypt | 8.8 | 23.4 | 19.8 | 35.9 | 14.7 | 52.0 | 16.4 | 774 |
| Urban | 5.7 | 22.8 | 15.9 | 46.8 | 14.1 | 57.4 | 12.2 | 162 |
| Rural | 9.6 | 23.6 | 20.9 | 33.0 | 14.9 | 50.6 | 17.5 | 612 |
| Upper Egypt | 18.4 | 24.5 | 21.7 | 26.1 | 13.6 | 48.6 | 22.5 | 1,382 |
| Urban | 11.8 | 28.9 | 42.1 | 39.5 | 24.7 | 58.4 | 23.7 | 235 |
| Rural | 19.8 | 23.5 | 16.5 | 23.4 | 9.7 | 46.6 | 22.2 | 1,147 |
| **Education** | | | | | | | | |
| No education | 15.2 | 24.5 | 18.1 | 24.4 | 11.1 | 47.1 | 19.5 | 1,399 |
| Some primary | 14.8 | 26.5 | 24.3 | 28.1 | 17.2 | 52.9 | 22.1 | 493 |
| Comp. Primary/ some secondary | 10.6 | 32.1 | 27.4 | 40.5 | 16.5 | 59.1 | 19.9 | 249 |
| Completed Secondary/high | 6.5 | 31.3 | 12.4 | 58.0 | 16.6 | 70.0 | 15.3 | 305 |
| **Number of women** | **13.5** | **26.5** | **19.7** | **30.9** | **14.2** | **52.3** | **19.6** | **2,445** |

There are clear differentials in the proportions of women in need who had had some contact with health providers. Overall, urban women and more highly educated women were more likely to have had some contact with health providers during the 12 months before the survey. However, the results in table 13 indicate that the likelihood of contact varied somewhat according to the type of provider. Rural women were more likely to have visited in the home by a family planning worker than urban woman. On the other hand, urban women, especially women living in the Urban Governorates, were much more likely than rural women to have been to a health facility (either public or private) than rural women.

Table 13 also shows that there was an inverse relationship between a woman's educational level and the likelihood of having been visited in the home by a family planning worker, women with no education being more than twice as likely to have been visited by an FP worker than women who had completed secondary school or higher. In contrast, the proportion of women in need who had visited a health facility varied directly with the woman's educational status.

Finally, table 13 shows that there was considerable variation in the likelihood that a woman with an unmet need for family planning from a child survival perspective would have discussed family planning with outreach workers or health personnel during the period before the survey. Overall, relatively few (20 percent) of the women in need had talked about family planning with an outreach worker or other health care provider. Somewhat surprisingly, rural women were more likely than urban women to report having had a discussion of family planning with health personnel. This relationship is in large measure due to the more extensive contact with family planning outreach workers among women living in rural areas compared to those in urban areas. A greater proportion of women living in Upper Egypt also reported having had a discussion of family planning than women living in other areas. Again this pattern is related to the fact that women in Upper Egypt had a greater likelihood of having been visited by a family planning outreach worker than women in other regions.

## 9. Summary and Conclusion

In this paper, an attempt has been made to examine the profile of women with an unmet need for family planning from a child survival perspective. The criteria chosen – risk of a short birth interval and risk of a high order (6 or more) birth – represent two factors associated with substantially elevated mortality among young children in Egypt. Overall, at the time of the 1995 DHS, around 2 in 5 currently married women in Egypt fell into one or both of these risk categories. A significant proportion of the women in these child survival risk categories were using family planning . However, more than 1 in 6 married women fell into one of the child survival risk categories and was not using family planning. For purposes of this study, these women were defined as having an unmet need for family planning from a child survival perspective.

The majority of the women defined as having an unmet need for family planning from a child survival perspective were rural residents, under age 40, and had not attended school. Nearly two-thirds of the women with an unmet need had given birth within a 24 month period before the survey. One in 10 was pregnant at the time of the interview.

Nearly 2 in 4 of the women defined as having an unmet need were not practicing family planning at the time of the interview largely because they perceived themselves to be at low risk of becoming pregnant. The majority of the women who perceive themselves at low risk of pregnancy were breastfeeding or reported that they had sex infrequently. Together these women represented almost 10 percent of all married women in Egypt. Although these women may not need to adopt a method immediately, they are in need of counseling about the contraceptive options available and appropriate to their status. In particular, breastfeeding mothers are in need of advice as to the time at which they should begin using a contraceptive method.

Although fertility-related reasons for nonuse were common among women with an unmet need, a significant proportion of the women gave other reasons for not using. Chief among these reasons were fears about method side effects and health concerns. Again counseling is important in addressing the concerns these women have about using contraceptive methods.

Overall, the results in this paper indicate that most of the women defined as having an unmet for family planning from a child survival perspective need to receive counseling as to the available contraceptive options. Efforts to reach these women can build upon the fact that, as the results in the paper suggest, the vast majority want to avoid or delay future births and approve of the use of family planning.

In summary, the findings of this paper suggest that a substantial proportion of women in Egypt (18 percent) have an unmet need for family planning from a child survival perspective, i.e., from the perspective of helping women to avoid births in which the child is at a significantly elevated risk of dying. The following are recommendations as to a number of concrete steps that might be taken in addressing this need:

- Efforts to integrate family planning services and counseling into postpartum care and into child health services should continue in order to reach women with unmet need.

- IE&C programs should emphasize the health benefits of avoiding short interval and high order births through print and broadcast media.

- Campaigns to both educate women about the family planning sources available in their community and to address misperceptions about contraceptive methods are needed.

- The family planning program should provide training for health care workers in order to develop or improve the counseling skills required to motivate nonusers to adopt family planning.

- Additional research is needed about the reasons for nonuse of family planning and constraints on contraceptive choices, particularly for women age 30 and over, rural residents and women with no education.

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