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# Socio - economic and Demographic Factors Affecting Contraceptive use in Egypt

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Abstract:

In this paper, some Socio- economic and demographic factors affecting contraceptive use are investigated. These factors are introduced on individual basis first in bivariate analysis, then collectively in multivariate analysis. Some of these factors are categorical (qualitative) such as urbanization, region, age group, education status, and work status while other factors are quantitative such as: duration of marriage in years, total number of children alive and dead, number of boys dead, and number of girls dead. Naturally, each type of data has a suitable methodology. Chi square and T-test are used in bivariate analysis and Logistic regression is used in multivariate analysis. Rural Upper Egypt is isolated for further analysis since a high percentage of those ever married women who never used a contraceptive method (45.1%) belongs to this region. The characteristics of those ever married women who never used a contraceptive method are analyzed. On the basis of the main results some policy implications are suggested.

#### Introduction:

Egypt has been suffering from high fertility levels, a fact that precludes social and economic development in the Egyptian population. The total fertility rate had dropped from 6.2 in 1960 to 3.9 in 1992 (Khalifa 1994). This change in the level of fertility is contributed to the rising level of contraceptive use through the active role of the national family planning program as well as through the efforts of the private sector (Khalifa, 1994). However, although the level of ever married women who never used modern contraceptives has decreased from 61.1% in 1980 to 37.1% in 1992 (El - zanaty, et al. 1993), it is still proportionally high. In this paper, the major determinants of contraceptive use will be examined and the characteristics of those ever married women who never used a modern contraceptive method will be highlighted.

#### Data Sources:

The main source for the data used in this paper is the Arab Maternal and Child Health Survey (PAPCHILD) 1991 conducted by the Arab League and Central Agency for Public Mobilization and Statistics (CAPMAS). The total sample is 9862 ever married women under age 55. The contraceptive use (never / ever used) is a type of data which is supposed to be of good quality since a woman can not forget using a contraceptive and

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work status are also supposed to have a good quality. Age and age related factors (duration of marriage, number of children alive and dead, number of boys dead and number of girls dead) may suffer from memory lapse. However, I have noticed consistency in these data since they show steady increase as age increases. There is no doubt that "number of boys dead" has a good quality since the norms and traditions in the Egyptian society in general and in rural areas in particular make losing a boy unforgettable event.

#### Study Objectives:

This Study has three main objectives: First; to highlight the socio-economic and demographic factors that affect contraceptives in Egypt. Second; to shed light on the major characteristics for those ever married women who never used a contraceptive method. Third; to provide the policy makers and planning specialists with some ideas and thoughts that might help increasing contraceptives in the Egyptian society.

#### Methodology:

As stated earlier, some of the socio - economic and demographic factors under consideration are categorical while others are quantitative. Chi square test has been used to study the relationship between each categorical variable and contraceptive use. Tables 1 - 5 show these results for the national level while tables 7 - 9 show the results for 'Rural Upper' region. Logistic regression is used for multivariate analysis where the dependent variable is dichotomous (0, 1). It is worth noting that the categorical variables should be included in this analysis as dummy variables and not as quantitative variables with code numbers. SPSS for windows deals with categorical variables as dummy variables where the last level is considered as reference category, then it tests for contrasts that reflect the deviation of each level from the reference level. Therefore, one should bear this in mind while interpreting the results.

#### Results and Conclusion:

Table (1) shows the distribution of contraceptive use in both urban and rural areas. This table shows that a high percentage (76.5%) of those ever married women who never used contraceptives lives in rural areas .Recall that women in rural areas represent 58% of the women in the total sample (33% in 'Rural lower' and 25% in 'Rural Upper'). Table (2) shows the distribution of contraceptive use according to region. Urban regions (Urban governorates, Urban lower, Urban upper) have close percentages of those women who never used a contraceptive method 8.9, 7.2, 7.4 respectively, while Rural lower has 31.4 percent and Rural upper has the highest percentage (45.1). Chi square shows that the difference in contraceptive use among regions is highly significant.

Table (1): Contraceptive Use According place of residence

Contraceptive Use	Urban	Rural	
Never Used a Method	867	2826	
110101 0000 0000	23.5	76.5	
Ever Used a Method	3228	2941	
Byon Good ways and	52.3	47.7	

Pearson Chi - square = 791.0 (D. F = 1) (P-Value = .0000).

Table (2): Contraceptive Use According to Region

Contraceptive	Urban	Urban	Rural	Urban	Rural ,
Use	Governorates	Lower	Lower	Upper	Upper
Never Used a Method	329	266	1159	272	1667
	8.9	7.2	31.4	7.4	45.1
Ever Used a Method	1594	895 -	2108	739	833
	25.8	14.5	34.2	12.0	13.5

Pearson Chi - square = 1409 (D.F. = 4) (P-value = .0000).

Table (3) shows the distribution of contraceptive use with education status. It shows that a high proportion (70.6 %) of ever married women who had never used a contraceptive method had never gone to school while 11.7 % went to school but had no certificate summing up to over 80 % with poor or no education. The corresponding figures for those who ever used contraceptives are 49.1 % and 16.8 % summing up to 66 % with poor or no education. It may be useful to recall that about 72 % of the whole sample have poor or no education. Chi square shows a highly significant difference between the distributions of contraceptive use (never used / ever used ) across education levels. Table (4) shows the effect of work status on contraceptive use. It shows that a high proportion of ever married women who never used contraceptives never worked for cash (82.1%). The corresponding figure for women who ever used contraceptives is 74.1%. For the total sample, there is a high proportion (78.1%) of ever married women who lad never worked for cash. Chi square also shows a high significant effect for work status on contraceptive use.

Table (3): Contraceptive Use According to Educational Status

Contraceptive Use	Never Went	Went & no	Less than	Secondary /
	to School	Certificate	Secondary	University
Ever Used	3021	1035	771	1326
a Method	49.1	16.8	12.5	21.6
Never Used	2605	431	263	389
a method	70.6	11.7	7.1	10.6

Pearson Chi - square = 289.71 (D. F. = 2) (P-value=.0000).

Table (4): Contraceptive Use According to Work Status.

Contraceptive Use	Worked for Cash	Never Worked for Cash		
Never Used a Method	657	3014		
	17.9	82.1		
Ever Used a Method	1585	4567		
	25.8	74.1		

Pearson Chi - square = 80.77 (D.F.=1) (P-value = .0000).

Table (5) shows the distribution of contraceptive use according to age group. This table shows that the two age groups 20-24, 25-29 have about 40% of those ever married women who never used contraceptives and the remaining women are distributed almost equally among other age groups. Out of those women who ever used contraceptives, about 60% lies in the three age groups 25-29, 30-34 and 35-39. Women in the last age group are biologically completed their reproductive lives. Therefore, they have no need to use contraceptives. Almost 10% of those ever married women who never used contraceptives lies in the last age group (45% of the total women in this age group).

## T- Test:

The test for equality of means between the two groups (those who never used contraceptives and those who ever used) shows a highly significant difference with respect to duration of marriage in years, age at last birth day, number of children alive and dead, number of boys dead and number of girls dead.

Table (5): Contraceptive Use According to Age Group.

Table ( 3	j. Com	acc	Direc Osc	Accordi	ng to As	c Group	•			
Contrace	ptive U	se	15-19	20-24	25-29	30-34	35-39	40,44	45-49	50-54
Ever	Used	a	71	575	1128	1136	1220	897	708	434
Method			1.2	9.3	18.3	18.4	19.8	14.5	11.5	7.0
Never	Used	a	314	703	674	433	428	382	404	355
Method			8.5	19.0	18.3	11.7	11.6	10.3	10.9	9.6

Pearson Chi square =969.857 (D. F. = 7) (P-value = .0000).

Table (6) shows logistic regression's results on the national level. Obviously, the variable 'region' encompasses the variable 'urbanization', therefore ,urbanization is ignored in logistic regression analysis because a matrix inverse is needed to estimate the regression coefficients. As stated earlier, the categorical variable is included in the regression model as dummy variable with the last level as a reference category. As for 'region', 'Rural Upper' is the reference region. This region has a high proportion 66.7 % of those ever married women who never used contraceptives among women selected from this region. Age groups up to 45-49 are compared with the last age group 50-54. The results show that all age groups except age group 40-44 differ significantly from the last age group 50-54. In education status the level Secondary / University is the reference level. It is clear that the overall effect of the education status on contraceptive use is highly significant. Moreover, the two education levels 'never went to school' and 'less than secondary ' are significantly different from 'Secondary / University' level of ' education. As regard to education, it is quite clear that female's education is far behind male's education for the national level in general and for rural areas in particular. In spite the fact that by Egyptian law the primary education is compulsory for both sexes, the enrollment rates among males are higher than those of females and more girls than boys drop out (EL - Beeb 1993). This trend holds true for other educational levels. Therefore female's education should receive special attention . Work status shows no significant effect on contraceptive use. Similar result for current contraceptive use among currently married women was reached by Dallal (1993). Duration of marriage affects significantly contraceptive use. Total number of children alive and dead, number of boys dead and number of girls dead have no significant effect on contraceptive use.

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Table (6): Logistic Regression Results for Ever Married Women Who Ever/Never

Used Contraceptives.

Used Contraceptives.			1	
Variable	В	S.E.	D.F.	Significance
Region			4	.0000
Urban Governorates	.7445	.0584	1	.0000
Urban Lower	.4324	.0638	1	.0000
Rural Lower	.0038	.0428	1	.9295
Urban Upper	.1798	.0646	1	.0054
Age Group	,,,,,		7	.0000
15-	- ,5333	.1536	1.	.0005
20-	.3835	.0945	1	, .0000
25-	.8585	.0748	1	.0000
30-	.9235	.0649	1	.0000
35-	.6423	.0613	1	.0000
40-	0521	.0760	1	.4929
45-	6541	.0983	l	.0000
Education Status		·	3	.0000
Never went to School	5180	.04290	1	.0000
Went & no Certificate	0536	.0571	1	.3475
Less than Secondary	.2281	.0670	1	.0007
Worked for Cash	0420	.0332	1	.2053
Duration of Marriage	.0775	.0063	1	.0000
Constant	4989	.0978	1	.0000

<sup>-2</sup> log likelihood = 12523.324 Number of cases = 9461

Table (7): Contraceptive Use According to Age Group (Rural Upper).

Contraceptive	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54
Use	¥							
Never Used a	19	104	178	150	184	80	84	34
Method	2.3	12.5	21.4	18.0	22.1	9.6	10.1	4.1
Ever Used a	173	299	315	203	195	161	175	146
Method	10.4	17.9	18.9	12.2	11.7	9.7	10.5	8.8

Pearson Chi square = 129.274 (D. F. = 7) (P-value = .0000).

## Rural Upper:

Table (7) shows the distribution of contraceptive use with age group in 'Rural Upper'. Chi square shows a significant effect for age group on contraceptive use. Table (8) shows the distribution of contraceptive use with educational status. This table shows that out of those ever married women who never used contraceptives 83.3% never went to school and 9.8% went to school but got no certificate summing up to 93.1% with no or poor education. Chi square shows that there is a significant effect for educational status on contraceptive use.

Table (9) shows the distribution of contraceptive use according to work status in 'Rural Upper'. About 90% of those women who never used a method of contraceptives never worked for cash and 85% of those who ever used a method of contraceptives never worked for cash. It may be useful to recall that out of the total sample in 'Rural Upper' 88% never worked for cash. Chi square also shows a significant effect of work status on contraceptive use.

Table (8): Contraceptive Use According to Educational Status

Contraceptive	Never Went to	Went & no	Less than	Secondary /
Use	School	Certificate	Secondary	University
Never Used a	1387	164	73	41
Method	83.3	9.8	4.4	2.5
Ever Used a	595	109	63	65
Method	71.5	13.1	7.6	7.8

Pearson Chi square = 47.608 (D. F. = 2) (P-value = .0000).

Table (9): Contraceptive Use According to Work Status.

Contraceptive Use	Worked for Cash	Never Worked for Cash
Never Used a Method	171	1487
	10.3	89.7
Ever Used a Method	124	703
	15.0	85.0

Pearson Chi square = 11.553 (D.F.=1) (P-value = .00068).

### T-test:

Duration of marriage, number of children alive and dead (ever born), and number of boys dead significantly affect contraceptive use but number of girls dead has no effect on contraceptive use.

Table (10) shows the results of the logistic regression analysis in 'Rural Upper'. Age group significantly affects contraceptive use. Three age groups have no significant differences with the reference age group 50 - 54. These age groups are 20 -24, 40 - 44 and 45 - 49. Education status has similar result for the one found on the national level. Overall education status highly affects contraceptive use but the contraceptive use for those women who went to school but got no certificate is no different from that for those women with 'Secondary / University' level of education. Again, work status has no effect on contraceptive use in 'Rural Upper' which may be partially due to the high percentage of women who never worked for cash. Surprisingly, duration of marriage in years has no significant effect on contraceptive use. This unexpected result may be due to the high correlation between age group and duration of marriage in years. Total number of children ever born and number of boys dead affect significantly contraceptive use in 'Rural Upper' although they have no such effect on the national level.

Table ( 10 ): Logistic Regression Results for Ever Married Women Who Ever/Never

Used Contraceptives (Rural Upper).

Variable	В	S.E.	D.F.	Significance
Age Group			7	.0000
15-	8254	.3026	1	.0064
20-	.1932	.1995	1	.3328
25-	.5011	.1481	1	.0007
30-	.5522	.1232	1	.0000
35-	.6197	.1141	1	.0000
40-	1070	.1719	1	.5336
45-	0910	.2102	1	.6650
Education Status	ž	.0971	3	.0000
Never went to School	7760	.1292	1	.0000
Went & no Certificate	1845	.1581	1	.1532
Less Than Secondary	.2954	0741	1	.0617
Work for Cash	.0902	.0149	1	.2236
Duration of Marriage	.0032		1	.8309
Total No. of Children Alive &		.0228	1	
Dead	.1492	.0624	1	.0000
Number of Boys Dead	1412	.2356	1	.0236
Constant	8960			.0001

 $<sup>-2 \</sup>log likelihood = 2865.5595$ 

Number of cases = 2050

## Characteristics of women who never used contraceptives:

The major characteristics of women who never used contraceptives (37.4% of ever married women) may be summarized as follows:

76.5% lives in rural areas

31.4% in rural lower and

45.1% in rural upper.

82.1% never worked for cash.

70.5% never went to school.

11.7% went to school but got no certificate.

74.2% have no boys dead.

75% have no giris dead.

42.4% have 4 or more children ever born.

19.4% have 6 or more children ever born.

30.8% over age 40.

#### Policy Implications:

When we review the main results of this study, we get some ideas that might help encouraging contraceptive use among the Egyptian women. These ideas can be formulated as:

- 1- It is quite important to encourage education generally, and female's education in particular since education status has shown a highly significant effect on contraceptive use for both national level and 'Rural Upper'. In this regard, clearly education reform starts with better qualified, economically satisfied teachers. Therefore, raising teachers salaries and welfare will minimize the private lessons which represent a big burden on the parents. It is also quite important to encourage parents awareness toward the importance of education to the individual (male or female) as well as to society. Pupils also need to be encouraged by providing them with good schools not far from their residence, comfort and attractive in order to minimize drop outs in the elementary schools. Providing pupils with a good and healthy meal especially in rural areas will surely attract them to stay in the schools.
- 2-A serious attention should be paid to improve health conditions as well as to make health services available in rural areas since 'number of boys dead' affects negatively contraceptive use.
- 3- It might be quite useful to direct serious efforts to rural upper Egypt to improve people's quality of life in general, and to encourage education especially for females, and to make health services available.

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## ملخص الدراسة : العوا مل الإقتصادية و الاجتماعية والديموجرافية التي تؤثر على استخدام وسائل منع العمل في جمهورية مصر العربية

إن الهدف الرئيسي من هذه الدراسة هوتحديد أهم العوامل الاقتصادية والاجتماعية والديموجرافية التي تؤثر على استخدام وسائل منع الحمل خيلال منع الحمل أو الديمورية مصر العربية . كما لهدف الدراسة إلى تحديد أهم خصائص النساء اللائي لم يستخدمن وسائل منع الحمل خيلال حياتهن الإنجابية وذلك بهدف رفع نسبة ممارسة وسائل منع الحمل عن طريق تحسين تلك الحصائص . وقد استخدمت الدراسة اختسار مربع كاى لدراسة أثر المتغيرات الوصفية على استخدام ومسائل منع الحمل ، كما استخدم اختبار ت لدراسة معنوية الفروق بين متوسطات المتغيرات الوصفية لمجموعتي المستخدمات وغير المستخدمات لوسائل منع الحمل .

وقد استخدمت الدراسة أسلوب الانحدار اللوجستى لتحديد أثر مجموعة من المغيرات على استخدام وسائل منع الحمل آنبا . وقد نبهت الدراسة إلى ضرورة معاملة المغيرات الوصفية في الانحدار اللوجستى كمتغيرات "كودية" Dummy Variables وذلك لما لاحظه الباحث من تكوار الحطأ الشائع حيث تعامل المتغيرات الوصفية كمتغيرات كمية وذلك باستخدام الأرقام الكودية كارقام حقيقية ذات معنى .

ولقد توصلت الدراسة إلى بعض النتائج الهامة التي نورد بعضا منها فيما يلي :

أولا: على الرغم من أن السيدات اللامى يعشن فى مناطق ريفية يمثلن نحو ٥٨ ٪ من السيدات فى إجمالى العينة ، فإن نسبة ٥٠٧٪ من لم يستخدمن وسائل منع الحمل أبدا يعشن فى تلك المناطق ( ٢٩٠٤٪ فيريف الوجه البحرى ، ٤٥،١٪ فيريف الوجه القبلى ) ، وهذه النسبة المرتفعة فيريف الوجه القبلى ( ريف الوجه القبلى يمشل ٢٥٪ من إجمالى العينة) استلزمت دراسة العوامل الإقتصادية والاجتماعية والديموجوافية التى تؤثر على استخدام وسائل منع الحمل فى تلك المناطق .

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وطبقا لهذه النتائج فقداقترحت الدراسة التوصيات والمقترحات التخطيطية التالية :

أولا: لقد ثبت أن لتعليم المرأة أثرا جوهريا على استخدام وسائل منع الحمل وذلك على المستوى القومى وغيريف الوجه القبلى ، وفللك فمن الضرورى الاهتمام بمستوى التعليم وبخاصة تعليم الاناث. وفي ها الخصوص نرى أنه من الضرورى الاهتمام بشؤن المدرسين من حيث رفع مستواهم المادى والعلمى , فإن إصلاح التعليم يدأ فعلا بإصلاح أحوال المدرسين والمدى بدوره يساعد في القضاء على الدروس الخصوصية التي تنقل كاهل أولياء الأمور وتجعل التعليم مجانيا اسما باهظ التكاليف حمّا ، كما أن المواطنين في حاجة إلى نشر الوعى بينهم بخصوص أهمية التعليم للفرد ، ذكرا كان أم أنثى ، وكذلك للمجتمع ، والتلاميل في حاجة إلى تشجيع وذلك عن طريق توفير المدارس وتزويدها بكل ما من شأنه جدب التلاميل إليها وجعلها مكانا محبها إلى نفوسهم وربحا يساعا تزويدهم بوجبة غذائية في تخفيض معدلات التسرب خصوصا في المناطق الريفية .

ثابيا: ضرورة العمل على ترفير الحدمات الصحية ونشرها بين المواطنين وبخاصة في المناطق الريفية وذلك لما أظهرته الدراسة من وجود أثر معنوى لعدد الأولاد الموتى على استخدام وسائل منع الحمل.

ثالثا:من الواضح أن ريف الوجه القبلي في حاجة مامة إلى كافة الجهود المخلصة والصادقة لتنميته تنمية شاملة في كافية مساحي الحياة وبما يتطلبه ذلك من اهتمام بالتعليم وخاصة تعليم الإناث وكذلك نشر وتحسين الخدمات الصحية .