PREVALENCE, CONTINUATION AND AVAILABILITY OF CONTRACEPTIVE METHODS

(A Summary of the Results of The Egypt
Contracoptive Prevalence Survey)

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The Arab Republic of Egypt is one of the most densely populated countries on the African continent. Although the total land area of Egypt is more than 1 million square kilometers, only about five percent of this area is suitable for cultivation or habitation, the rest being desert. As a result, the vast majority of Egypt's 1981 population of more than 43 million persons is crowded onto the narrow Nile Valley in the South or lives in the densely settled Nile delta in the North. Overall, the population density in Egypt exceeds 800 persons per square kilometer of inhabitable land.

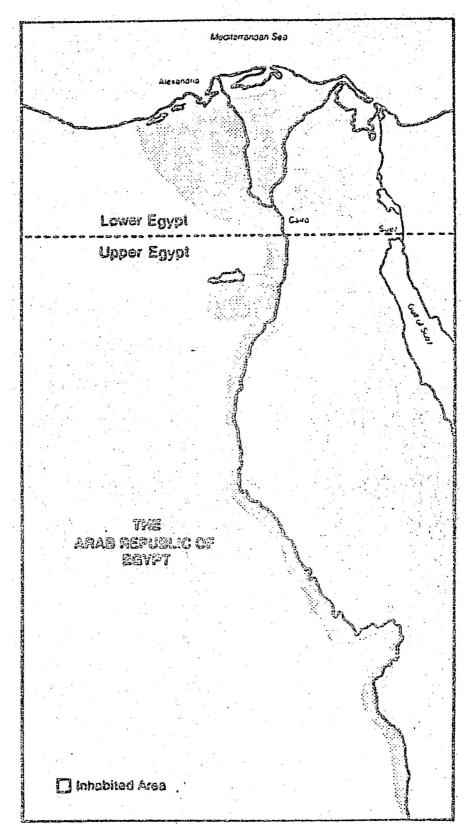
The very high population density in Egypt is compounded by a rapid rate of growth. Current estimates place the annual rate of Egyptian population growth at nearly 3 percent, a rate that, if maintained, will result in the population doubling over the next 25 years. In the Egyptian context of scarce land resources and high population density, the issues of the country's population size and its rate of growth take on truly national importance.

In late 1980, the Population and Family Planning Board (PFPB) fielded a sample survey in rural areas, the Egypt Contraceptive Prevalence Survey (ECPS), as part of its efforts to investigate fertility and family planning behavior and attitudes in rural Egypt. The survey was designed to (1) collect data on current levels of contraceptive knowledge, use and continuation and their determinants in rural Egypt; (2) to provide information on rural fertility levels and family size desires and their determinants; (3) to investigate the perceived availability and accessibility of family planning services among the rural population; and (4) to provide baseline data needed for an on-going evaluation of the Population and Development Project (PDP), a community-based program launched by the PFPB in 1977.

SETTING

The ECPS was limited to rural areas in Egypt. At the time of the 1976 population census, approximately 20.6 million people--56 percent of the total Egyptian population--lived in rural areas. Slightly more than

FIGURE 1 Map of Egypt



one-half of the rural population was concentrated in Lower Egypt, which comprises the wide alluvial delta spreading fanlike from Cairo northward to the Mediterranean coast, while 43 percent resided in Upper Egypt, the narrow strip of cultivated land on either side of the Nile stretching from the cataract at Aswan to Cairo (Figure 1).

Historically, the cultural dichotomy between Upper and Lower Egypt has been one of the most important influences on Egyptian civilization; Egypt itself was a double kingdom for many centuries. Table 1, which compares a number of social and demographic indicators drawn from 1976 census data for the rural population in Upper and Lower Egypt, shows that significant regional differentials continue in modern times in Egypt. The population is more densely settled, fertility and mortality levels are somewhat higher, and literacy levels are somewhat lower in Upper than in Lower Egypt. The proportion employed in the agricultural sector is also slightly greater in Upper than in Lower Egypt.

Table 1

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

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

Data derived from 1976 Census results (CAPMAS, 1978).

Estimate included in Committee on Population and Demography, 1982, p. 17.

Estimate included in Committee on Population and Demography, 1982, p. 14.

THE SURVEY

The 1980 Egypt Contraceptive Prevalence Survey (ECPS) was executed under the direct supervision of the Population and Family Planning Board (PFPB). Beginning in July 1980, a total of 25 months was spent in preparing for and carrying out the field work for the ECPS and in processing and analyzing results for the project report.

Sampling Plan

The sampling plan for the ECPS called for a self-weighting sample of all ever-married women between the ages of 15 and 50 years living in rural Egypt. The village was the primary sampling unit (PSU) in the three stage design. Participation in the Population and Development Project (PDP), duration of exposure to the PDP (more than 2 years and 2 years or less), and region of residence were explicit criteria used in stratifying the villages included in the sampling frame during the first stage of the selection process. The selection of villages in each of the resulting six strats was carried out independently from that in the other strate, and villages were chosen systematically with probabilities proportional to their population size in the 1976 census.

In the second stage, maps for the relected villages were obtained and divided into small areas or regments. In each village, the segments were enumerated in a serpention order from north to south and a sample of segments was selected with probability proportional to the size of the constructed area in the acquent.

Finally after each selected segment was updated and a household listing was obtained, a systematic random sampling of households was carried out. This final stage in the sample selection process resulted in the selection of 5,227 households.

The questionpaire for the ECPS involved three major parts. The first part, a women's schedule, included a listing of all women in the age range 15-55 years living in the bousehold and the collection of

information on the age, residence and marital status of each woman listed in the schedule. The second part of the questionnaire involved a migration module designed to provide data on household members who had recently migrated and on household members' intentions to migrate. The third part of the ECPS questionnaire, an individual schedule, was completed for every eligible woman identified in the women's schedule. The individual schedule included six sections covering the following areas: respondent characteristics, reproductive behavior, contraceptive knowledge, use and availability, attitudes toward fertility and family planning, husband's characteristics, and activities of the Population and Development Project.

Field Work

Field work for the ECPS began on November 11, 1980 and was completed on January 5, 1981. Seven field teams, each consisting of a field supervisor, field editor and four to five interviewers, were responsible for carrying out the field work. In addition to the seven field teams, two special teams, each consisting of a supervisor and four interviewers, were formed to handle call backs and to reinterview a randomly selected sample of women in the villages where call backs were scheduled.

A total of 5,049 households out of the 5,227 households in the sample were successfully contacted during the survey, representing an overall response rate of 97 percent. A total of 5,484 eligible women were identified in the households contacted by the ECPS field teams, an average of 1.09 women per household. Interviews were completed with 5,313 (97 percent) of the eligible women.

NUPTIALITY PATTERNS

Traditionally, rural Egyptians have favored early marriage, especially for females. This pattern of early marriage in rural Egypt is evident in the ECPS data. Table 2 shows, for example, that 83 percent of ECPS respondents were married by age 20 and that the majority (67 percent) were in fact married before their eighteenth birthday. Overall, generally

Table 2

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

Total Rural	Upper Egy pt	Lover Egypt
5,277	2,463	2,814
100.0	100.0	100.0
58.8	43.3	35.0
28.0	27.1	28.8
16.2	34.3	17.8
19.7		11.8
2.5		2.9
3.0	2.9	3. 2
16.6	16.4	16.5
	8ural 5,277 100.0 38.8 28.0 16.2 19.7 2.5 3.0	Rural Egypt 5,277 2,463 100.0 100.0 38.8 43.3 28.0 27.1 16.2 34.3 19.7 9.4 2.5 2.1 3.0 2.9

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

similar distributions by age at first marriage were observed in Upper and Lower Egypt although a somewhat greater proportion of women in Upper Egypt (70 percent) than in Lower Egypt (64 percent) reported they married for the first time before their eighteenth birthday.

A closer examination of the ECPS results suggests there is an increasing tendancy in rural Egypt to delay marriage. Figure 2, which presents the trend in the average age at first marriage among women aged 25-49 who were married before their twenty-fifth birthday, shows, for example, that the mean age at first marriage increases from 15.9 years among women aged 45-49 to 17.0 years among women aged 25-29 years. The trend toward postponing marriage is clearly more evident in Lower than in Upper Egypt.

In addition, the mean age at first marriage clearly increases with educational level varying from a low of 16.2 years among illiterate women to 18.2 years among women with a primary or higher education.

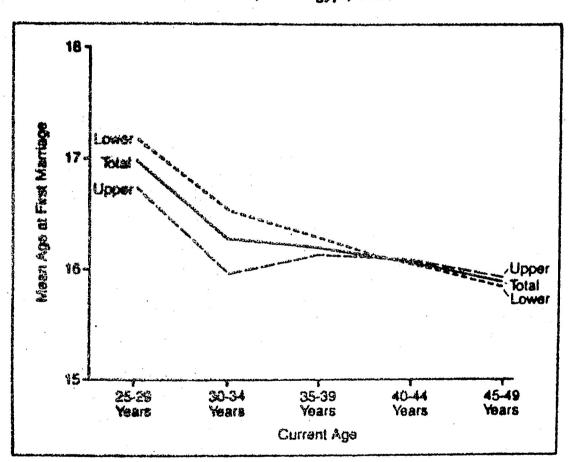
The inverse relationship between age at first marriage and a woman's educational level is evident, moreover, within every age group although the differentials are clearest among the younger cohorts. Similar patterns are observed in Upper and Lower Egypt although the variation in the mean age at marriage across educational categories is generally more pronounced in Lower (from 16.3 years for illiterates to 18.5 years for women with at least a primary education) than in Upper Egypt (16.1 and 17.6 years, respectively).

FIGURE 2

Mean Age at First Marriage for Ever-Married Women Aged 25-49 Years Who

Married for the First Time Before Age 25 by Current Age and Region of

Residence, Rural Egypt, 1980



Changes in nuptiality norms also are reflected in the attitudes of women in rural Egypt toward the preferred age at first marriage. The mean preferred age at first marriage for a young girl among all ECPS respondents is 17.4 years, slightly higher than the average age (16.6 years) at which there women themselves first married. Again the results

suggest rural women in Lower Egypt prefer to delay marriage somewhat longer than women in Upper Egypt. The mean preferred age at marriage for a girl among ever-married women from Lower Egypt is 17.9 years compared to a mean of only 16.8 years among those from Upper Egypt.

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

A woman's educational status is clearly related to her attitudes regadin age at marriage. About 61 percent of illiterate women feel a girl should marry before age 18 while only 25 percent think marriage should be delayed until a girl has passed her twentieth birthday. The two percentages for women with a primary or higher education are 28 and 62, respectively. Similar relationships between educational status and the preferred age at marriage exist in Upper and Lower Egypt.

FERTILITY BEHAVIOR AND ATTITUDES

Fertility Levels

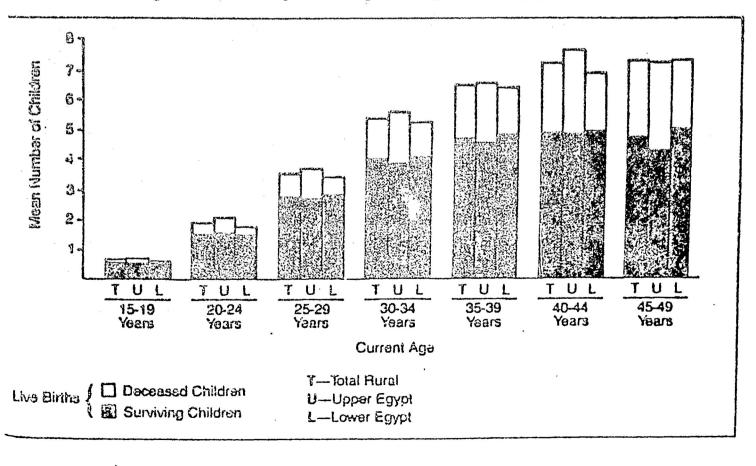
Information on the number of children ever born (parity) provides a measure of cumulative fertility levels in a society. The ECPS results suggest that average completed parity among ever-married women in rural Egypt is high; ever-married women in the 45-49 age group have an average of 7.4 births. The mean number of children ever born among all ever-

married women interviewed was 4.6. It should be noted that there was little difference between Upper and Lower Egypt in the mean number of births per ever-married woman; average parity in Upper Egypt was 4.7 births compared to 4.6 births in Lower Egypt.

Figure 3 presents a comparison of mean numbers of live births and surviving children by age of the mother at the time of the survey. The force of mortality in Egypt is evident in these data, as women in rural Egypt reported an average of 3.3 surviving children per woman, compared to 4.6 live births. There appears to be a substantial regional variation in child mortality levels. Women in Upper Egypt have lost an average of 1.5 children, compared to only 1.1 children in Lower Egypt.

Data on births in the year before the ECPS provide an indication of current fertility levels in rural Egypt. Estimates of age specific

FIGURE 3
Mean Number of Live Births and Surviving Children Per Ever-Married Woman
Aged 15-49 Years, by Current Age and Region, Rural Egypt, 1980



fertility rates derived from these data suggest that fertility levels continue to be moderately high throughout much of a woman's reproductive years (Table 3).

Table 3

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

v * * **	Unadjusted	Age-Specific			
Current Age	Age-Specific Fertility Rates	Fertility Rates Adjusted By the Brass Method			
15-19 Years	.076	.117			
20-24 Years	.252	. 335			
25-29 Years	.302	.381			
30-34 Years	.261	.318			
35-39 Years	.161	.194			
40-46 Years	.08 6	.098			
45-49 Years	.020				
Total Fertility					
Rate	5.790 7.310				

Adjusted using the P2/F2 ratio.

DESIRE FOR ADDITIONAL CHILDREN

The ECPS results indicate that, despite the high fertility levels, women in rural Egypt are interested in limiting their family size. In response to a question as to whether they wanted to have additional children in the future, more than one-half of all currently married women (53 percent) in all rural Egypt indicated that they desired no more children, 10 percent were undecided while the remainder wanted additional children. The proportion who wanted to cease childbearing was lower in Upper Egypt (42 percent) than in Lower Egypt (63 percent).

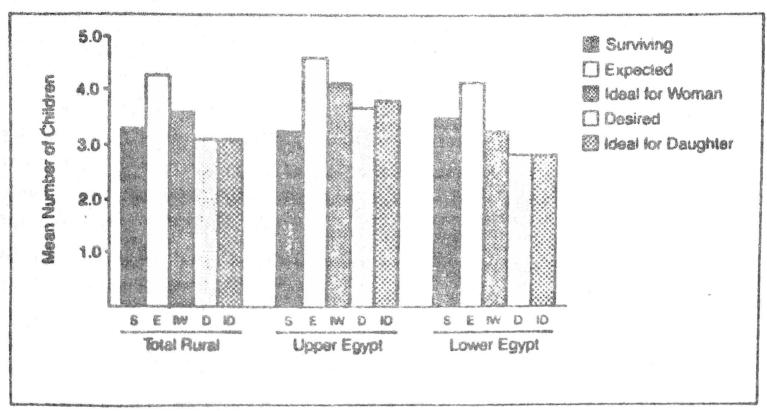
The proportion desiring no more children, as expected, is positively associated with woman's age and the number of surviving children. Overall, socioeconomic differentials in the desire for no additional children are surprisingly narrow. The ECPS results, thus, suggest

that 70 percent of all currently married women with three or more surviving children, whatever their socioeconomoc status, want to cease childbearing.

Family Size Desires

A number of indicators of family size desires were also obtained in the ECPS. A review of these measures suggests there is considerable inconsistency between actual and expected fertility behavior and family size ideals in rural Egypt. Overall, Figure 4 shows the average married woman expects to have 0.6 children more than the mean number of children she considers ideal for a woman in her situation. The latter measure, in turn, exceeds the measures of the mean ideal family size for daughters and the desired family size by 0.5 children.

FIGURE 4 Comparison of Mean Family Size Measures, Rurai Egypt, 1980



The measure of expected family size represents the sum of the number of surviving children and the number of additional children a woman says she wants.

Women who indicated that they had considered the question of the number of children that she wanted to have before the interview (N = 1,257) were asked their desired family size.

The comparisons also highlight differences in family size norms between Upper and Lower Egypt. Married women in Upper Egypt currently have an average of 3.2 surviving children-nearly one child less than what they consider to be ideal (4.1 children). In contrast, the average married woman in Lower Egypt currently has 3.5 children--0.3 more than she regards as ideal.

These results confirm the conclusion reached earlier using results of the 1979 Rural Fertility Survey that Upper Egypt has an excess demand for children while Lower Egypt has an excess supply. In Lower Egypt, 41 percent of the women already have more children than their ideal, while only 24 percent of the women in Upper Egypt have exceeded their optimum family size.

The respondent's educational status shows a significant negative association for all family size measures. On the other hand, agricultural employment is associated with higher family size measures.

Son Preference

ECPS results indicate a relatively strong preference for sons among women in rural Egypt. Almost one out of every two women (45 percent) wants to have more sons than daughters compared to only around one out of every four women expressing a desire for equal number of sons and daughters (29 percent) or more daughters than sons (26 percent). Overall, the results suggest that currently married women would like an average of 2.4 sons compared to 2.0 daughters. In Lower Egypt women express a desire for an average of 2.2 sons and 2.0 daughters while the comparable figures for Upper Egypt are 2.5 sons and 2.0 daughters.

The preference for sons has a clear impact on childbearing desires Women with no sons are much more likely to want additional children than other women. Table 4 chows, for example, that currently married women

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

Surviving Children and Surviving Sons	Total	Upper Egypt	Lower Egypt
Ro Children	3.9	2.3	5.6
One Child	23.3	11.7	15.1
No Sons	9.1	6.0	12.6
One Son	16.6	16.3	16.8
Ivo Children	41.9	29.4	54.2
No Sone	29.3	15.9	39.3
One Son	44.2	29.7	59.5
Two Sons	47.1	37.5	57.1
three Children	58.8	41.2	74.0
No Sons	26.4	19.1	36.7
One Son	55.3	37.1	73.1
Two Sona	70.8	54.7	81.2
Three Sons	57.6	40.7	75.0
Four Children or More	81.1	71.9	68.3
No Sons	39.1	18.2	58.3
One Son	73.4	55.6	86.8
Two Sons	81.0	71.5	88.4
Three Sons	83.8	73.8	91.6
Four Sone or Mare	84.8	81.2	87.6

with two children were much more likely to want additional children if
they have no sons (47 percent) than if they have no daughters (29 percent)
Similar patterns are observed for all other family size categories.
In addition, women in Upper Egypt also seem to be less satisfied with one
son than women in Lower Egypt.

The data indicate again that son preference is stronger among women in Upper than in Lower Egypt. Table 4 shows that, in every family size category in Upper Egypt, less than one out of every five women with no sons indicated that they wanted no additional children. In Lower Egypt, on the other hand, the percentage of women wanting no more children varied from 6 percent among women with no surviving children to 58 percent among women with four or more children.

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

KNOWLEDGE AND APPROVAL OF FAMILY PLANNING

A necessary but not sufficient condition for a successful family planning program is that the population be knowledgeable about contraceptive methods. The ECPS results indicate that contraceptive knowledge is widespread in rural Egypt; 91 percent of all ever-married women know about at least one family planning method. Regional differentials in the overall level of knowledge favor Lower Egypt; 97 percent of ever-married women in that region recognize at least one family planning method, compared to only 84 percent in Upper Egypt.

The ECPS data confirm that the pill is the most widely recognized family planning method in rural Egypt. Ninety percent of all ever-married women know about the pill (Table 5). As Figure 5 suggests, the IUD is the only other family planning method known by a majority of women in rural Egypt; 68 percent of the ECPS respondents knew about the IUD. Levels of knowledge of other methods vary from 42 percent for prolonged breastfeeding to 4 percent for withdrawal.

In the ECPS, knowledge of various family planning methods was assessed by both recall (unprompted) and recognition (prompted) techniques. Prompting involved only the mention of the name of a method and did no include a description of the method.

FIGURE 5

Percent of Ever-Married Women Aged 15-49 Years Knowing Specific

Contraceptive Methods by Type of Knowledge and Region, Rural Egypt, 1980

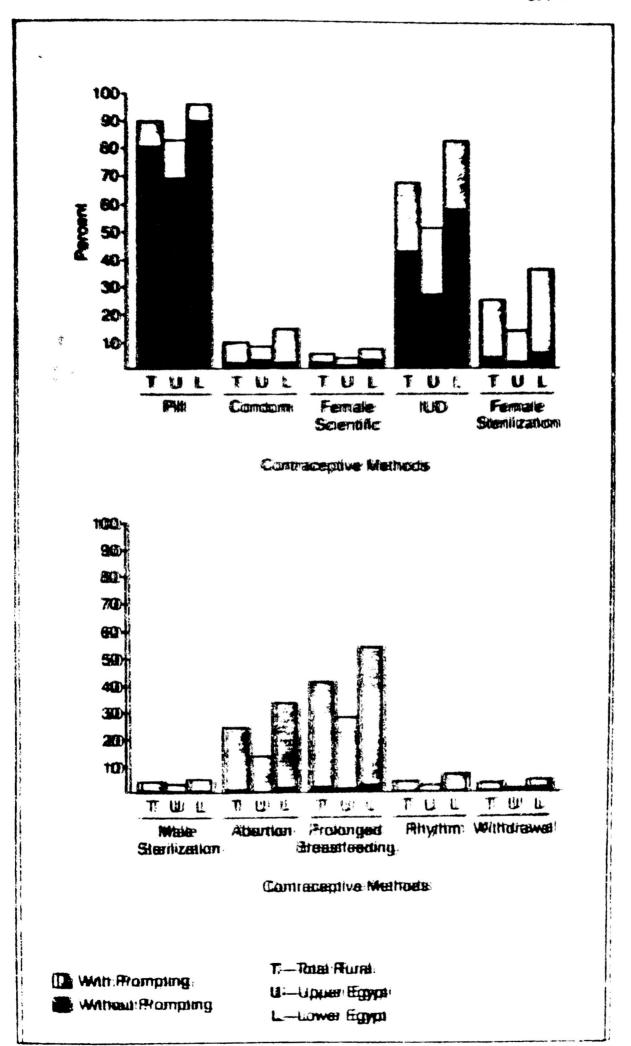


Table 5

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

Method	Total	Upper Egypt	Lower Egypt
Total Number	5,515	2,484	2,829
2413	*9 , 9	82.9	96.1
Condos	II. &	7.5	14.6
Female Scientific			
(Vaginal) Mathoda	6.4	4.0	8.5
IOD	58. S	51.7	83.1
Female Starilization	26.2	14.2	36.7
Male Sterilization	. 5.4	3.7	6.7
Abortion	25.7	13.5	36.4
Prolonged Breastfeeding	42.3	27.6	55.1
Shytha	3.4	3.3	7.4
Withdrawel	3.5	1.3	5.4
Other Methods	14.8	12.2	17.1

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

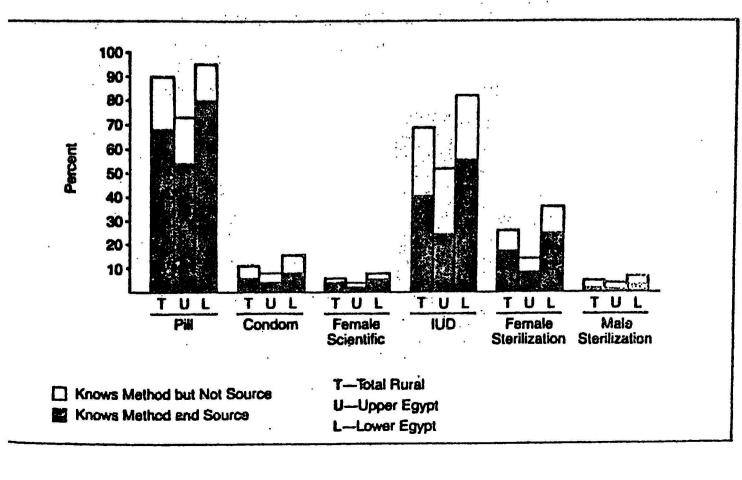
Favorable attitudes toward family planning are another important precondition to contraceptive use. Overall, 79 percent of all ever-married women in rural Egypt approve of the use of family planning. Contraceptive practice appears to be much more acceptable to women in Lower than in Upper Egypt. In Lower Egypt, 90 percent of all ever-married women approve of the use of contraceptives, while in Upper Egypt this percentage is only 67 percent.

KNOWLEDGE OF SOURCES OF CONTRACEPTIVE METHODS

Another important aspect of family planning awareness in a population is the extent to which women know a place where contraceptive services are available. ECPS data indicate that 71 percent of all ever-married women in rural Egypt are able to name at least one source from which a modern family planning method is available. Women in Lower Egypt are more likely to be able to identify an outlet than those in Upper Egypt, the percentages knowing at least one family planning source are 83 percent and 57 percent, respectively, in the two regions.

Figure 6 shows the percentage of ECPS respondents knowing a source for specific contraceptive methods. The figure indicates women in rural Egypt are more likely to name an outlet for the pill than for any other method. Slightly more than two-thirds (68 percent) know a place where

FIGURE 6
Percent of Ever-Married Women Aged 15-49 Years Knowing a Method, and
Percent Knowing a Source, for Selected Contraceptive Methods, by Method
and Region, Rural Egypt, 1980



they can obtain the pill compared to only 41 percent knowing a source for the IUD and 17 percent a source for female sterilization. Less than 10 percent of the women know a source for any other modern contraceptive.

Table 6

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

Me thod	Total	Upper	Lover
	Mural	Esypt	L gypt
Total Munber	5,313	2,484	2,829
Any Method	70.7	56.8	82.9
P111	67.8	53.9	80.0
Condon	5.8	3.7	7.5
Female Scientific	*,	70	
(Vaginal) Hathoda	3.7	2.0	5.1
IID	40.8	23.8	55.7
Female Sterilization	17.1	7.9	25.1
Mala Sterilization	2.2	1.2	3.0

Table 6 indicates that women in Lower Egypt are more likely than those in Upper Egypt to be able to name a source for specific methods. For example, 80 percent of the women in Lower Egypt know an outlet where they can get the pill compared to only 54 percent in Upper Egypt. There are also significant regional differentials favoring Lower Egypt in the percentage knowing a source for the IUD and female sterilization. The comparatively smaller differentials between the two regions in the percentages knowing a source for the condom, female scientific (vaginal) methods or male sterilization also consistently favor Lower Egypt.

EVER USE OF CONTRACEPTIVE METHODS

The ECPS results indicate that 35 percent of all ever-married women in rural Egypt have ever used at least one family planning method. Women in Lover Egypt are more likely to have practiced family planning than women in Upper Egypt; the level of ever use is 46 percent and 22 percent, respectively, in the two regions.

Table 7 shows the pill is clearly the most frequently adopted contraceptive method in rural Egypt; 24 percent of the women interviewed in the ECPS had used the pill. The ECPS results also suggest that ever-married women in Lower Egypt are slightly more than twice as likely as women in Upper Egypt to have ever used oral contraceptives. The percentages reporting ever use of the pill in Lower and Upper Egypt are 33 percent and 15 percent, respectively.

The importance of traditional methods in family planning practice in rural Egypt is also evident in Table 7. The percentage of women who indicate they have prolonged the period of breastfeeding in order to control births (11 percent) is, for example, more than twice the percentage who report ever use of the IUD (4 percent). Significant regional differentials favoring Lower Egypt are also observed in the level of ever use of the IUD and prolonged breastfeeding.

Table 7

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

	a 8 9 9		
He thed	Total	Upper	lover Egypt
	Aural	Egypt	zű yp c
Total Humber	5,313	2,484	2,829
Any Method	34.6	22.0	45.7
Any Modern Method	26.9	16.0	36.5
Pill	24.3	14.5	33.0
Condom	0.7	0.6	0.8
Female Scientific			
(Vaginal) Methods	0.5	0.2	0.7
IUD	4.4	6. £	6.7
Female Sterilization	0.7	e. o	1.0
Any Traditional Method	12.1	8.1	15.7
Prolonged Breastfeeding	10.8	7.3	13.8
Rhythm	0.8	0.5	1.1
Withdrawal	0.4	0.2	0.6
Folk Methods	0.7	0.4	1.0

Less than one percent of the ECPS sample reported ever use of any other modern or traditional family planning method. The comparatively small differentials between the two regions in the level of ever use of other methods again consistently favor Lower Egypt.

CURRENT USE OF CONTRACEPTIVE METHODS

Overall Levels

The ECPS data suggest the level of current contraceptive usage in rural Egypt is comparatively low. Among currently married women aged 15-49 years in rural Egypt, 17 percent are currently practicing family planning. More than eight out of every ten users--15 percent of all currently married women--are using a modern method. The most commonly used method is the pill (10 percent) followed by the IUD (2 percent), and prolonged breastfeeding (2 percent). Less than one percent of all married women are using barrier methods, female sterilization or tradition methods like rhythm or withdrawal (Table 8).

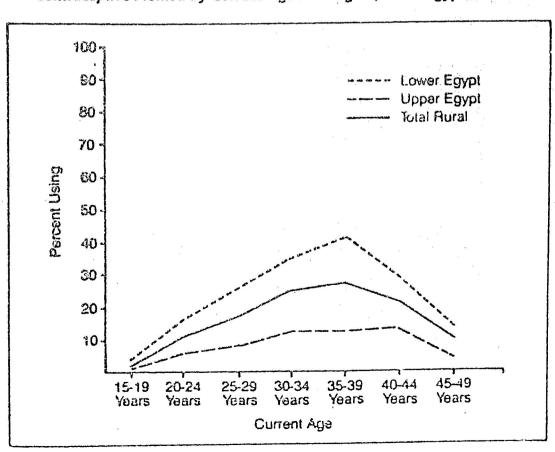
PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 YEARS CURRENTLY USING ANY CONTRACEPTIVE METHOD BY TYPE OF METHOD USED AND REGION, RURAL EGYPT, 1980

Ne thod	Total	Upper	Loves
S APPILL DUES & SEPTIME	Bural	Laypt	Egypt
Total Number	4,847	2,276	2,571
Any We thod	17.1	8.1	25.0
Any Modern Nethod	14.6	7.4	21.0
Pill	11.3	5.8	16.2
Condox	0.2	0.2	0.2
Female Scientific			
(Vaginal) MethodS	0.1	és.	0.3
IUD	2.2	1.1	3.3
Female Sterilization	0.7	0.3	1.1
Any Traditional Method	2.5	0.8	4.0
Prolonged Breestfeeding	2.0	0.7	3.2
Rhy the	364	of days	0.1
Withdrawal	0.1	***	0.2
Folk MethodS	0.3	0.1	0.4

Regional Patterns

Substantial regional differentials in current contraceptive usage are evident in rural Egypt. In Lower Egypt, 25 percent of all currently married women are practicing family planning. In Upper Egypt, the contraceptive prevalence rate is much lower; only 8 percent of all currently married women are currently using family planning in Upper Egypt. An examination of the distribution of current users by method used suggests that the method mix is generally similar among users in the two regions although the overall level of use of specific methods among all currently married women aged 15-49 years is substantially higher in Lower Egypt than in Upper Egypt. The most noticeable differences are the somewhat higher percentage of users employing the pill in Upper Egypt than in Lower Egypt and the slightly lower percentage of users relying on prolonged breastfeeding in Upper Egypt than in Lower Egypt (Table 8).

FIGURE 7
Percent of Currently Married Women Aged 15-49 Years Currently Using a
Contraceptive Method by Current Age and Region, Rural Egypt, 1980

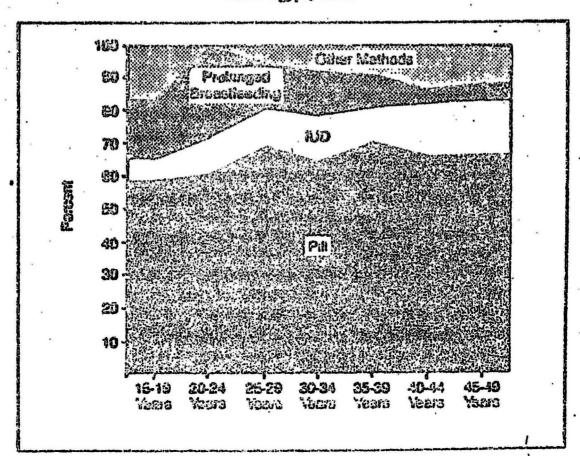


Age and Other Differentials

Figure 7 indicates that, as expected, the percentage of currently married women aged 15-49 years currently using contraceptives varies with age, ranging from less than 3 percent in the 15-19 age cohort to peak of 27 percent among women aged 35-39 years old before decreasing 10 percent among women 45-49 years old.

Figure 8 shows that there are only relatively minor differences within each age cohort in the percent distribution of current users by the specific method used. The figure confirms again the general preference for the pill in rural Egypt; the majority (60-70 percent) of women practicing family planning in every age cohort use the pill. The figure shows the percentage of users relying on the IUD tends to increase slightly with age, ranging from 8 percent among users aged 15-19 years

FIGURE 6
Percent Distribution of Current Osers by Current Age and Method,
Rural Egypt, 1980



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

	Total	Rural	Upper	Egypt	Lower Egypt	
Stala-Economic Characteristics	Percent Using Any Method	Percent Using Nodern Method	Percent Using Any Method	Percent Using Modern Method	Percent Using Any Hethod	Percent Using Modern Method
Respondent's Characte	rierice		trafficial Marrie de la communicación de la co	VIII () () () () () () () () ()		· · · · · · · · · · · · · · · · · · ·
Educational Status Illiterate Less than Primary Completed Primary	14.8 27.7 33.8	12.5 25.5 29.4	5.7 14.4 23.5	6.1 13.6 19.8	22.4 35.2 41.3	18.4 32.2 36.4
Imployment Status Norking Not Working	22.1	19.5 14.3	11.9	11.1	28.2 24.7	24.4 20.7
gotseussi Agricultural Monagricultural	12.9 26.3	11.5	15.7	15.5	19.0 32.3	17.2 27.1
Husband's Characteria	tice					
Educational Status Illiterate beso than Primary Completed Primary Completed Prep.	13.1 18.7 24.5 26.6	10.6 16.5 22.2 23.6	5.6 10.0 12.7 20.0	4.9 9.4 12.2 17.8	22.1 24.4 31.8 30.3	17.6 21.1 28.3 26.9
Employment Status Horking Not Horking	18.0 10.4	15.4 8.8	8.7 5.6	7.8 5.3	25.7 17.4	21.7 14.0
Occupation Professional, Tech. and Clarical Sales Skilled Labor Unskilled Labor Agriculture Other	24.6 21.3 16.6 16.1 14.0	22.7 20.1 15.9 14.3 11.1 20.0	16.6 14.0 11.6 7.2 4.5	15.6 13.4 9.6 6.7 4.0	30.8 24.7 25.1	26.5 28.7 21.5 22.0 17.5 29.2
Mousehold Characteris	tica					•
Land Generahlo Gene Land Landlooo	16.6 17.3	13.6 15.1	7.5 8.2	6.B 7.4	23.1 25.9	18.4

to 16 percent among users in the 45-49 year age group. On the other hand, prolonged breastfeeding, a traditional method designed to space births, is most common among younger users, particularly those in the 20-24 year age cohort where 26 percent of all users indicate they rely on this method.

Considering other differentials, current contraceptive usage in rural Egypt is directly associated with the number of surviving children Table 9 shows, as expected, increasing educational status (both of the respondent and her husband) has a positive impact on family planning use. Contraceptive use is also greater among women who are working, particularly those in nonagricultural occupations. Husband's occupation is also associated with family planning practice with the level of contraceptive use being generally greater among women whose spouses work in nonagricultural positions.

REASONS FOR CONTRACEPTIVE NONUSE

Currently married ECPS respondents who were not practicing family planning at the time of the survey were asked about their main reason for not using contraception. Lack of exposure to the risk of conception (39 percent) and the desire for additional children (17 percent) are the principal factors in nonuse. An additional 10 percent of nonusers do not know any family planning method. Other reasons for nonuse include health problems (7 percent) and fear of side effects (3 percent). Less than one percent of nonusers report either religious reasons (0.8 percent) or problems in obtaining family planning services (0.4 percent) as reasons for nonuse.

Generally, the variations in reasons for nonuse with selected background characteristics of nonusers are minor. Most of the differences appear to lie in the proportions for which the main reason for nonuse is lack of exposure to risk of conception or the desire for more children. For example, past users are more likely not to be exposed than never users. The desire for more children is an important reason for nonuse among never users. It should be noted that there is no clear association/between a nonuser's educational level and the reasons she is not using, except for the lack of knowledge of methods.

INTENTION TO USE FAMILY PLANNING IN THE FUTURE

The ECPS results suggest that 59 percent of fecund nonusers knowing at least one contraceptive method intend to use family planning in the future. This represents more than one-third of all married women in rural Egypt. The rates are 66 and 52 percent, respectively, for Lower and Upper Egypt. The percentages of past users and never users who intend future use of family planning are 69 and 56 percent, respectively. Intention to use family planning in the future is higher for older women, women with higher educational status, women married to educated husbands, or women working in nonagricultural positions.

Among those women who intend future family planning use the pill and the IUD were the preferred methods; 53 percent mentioned that they would adopt the pill, while less than 9 percent would use an IUD. Never users are somewhat more likely to prefer the pill than past users, while the IUD is more popular among past than never users.

CONTINUATION OF PILL AND IUD USE

The ECPS included a series of questions relating to contraceptive practice between July, 1975 and the interview date (November - December, 1980) designed to collect the following information for each segment of contraceptive usage during the period: (1) the method used (2) the dates respondent (or her husband) started and stopped using the method and (3) the reason for discontinuing use. Although these data were not without their problems, they provide valuable insights into the topics such as the average length of use of the pill and IUD and reasons for stopping use of family planning for which little information was available prior to the survey.

Figure 9, which examines the pattern of contraceptive continuation for the pill, shows that the most rapid drop-out of pill users occurs during the first year of use. According to the ECPS findings, about

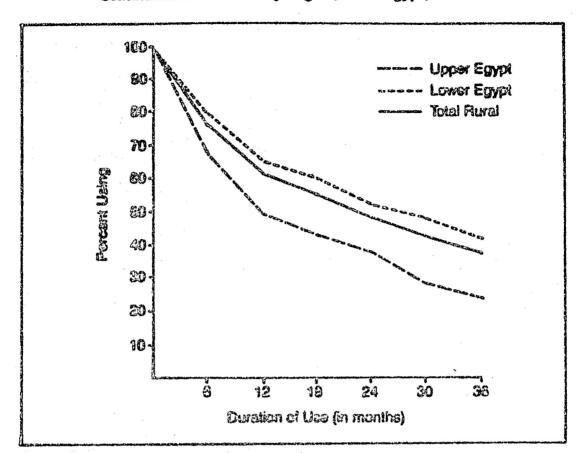


FIGURE 9

Continuation of Fill Use by Region, Rural Egypt, 1980

forty percent of pill users discontinue during their first 12 months of use. By the end of two years, only around one-half of all pill acceptant will still be using the method, and by the end of three years only 37

percent are continuing to use the pill. Figure 9 also indicates that, at any given point in the three year period shown in the graph, a higher proportion of pill acceptors are still using in Lower Egypt than in Upper Egypt. By the end of the period, less than one-quarter of pill acceptors in Upper Egypt are still using compared with 42 percent in Lower Egypt. In Lower Egypt, 50 percent of acceptors are using after 27 months compared with thirteen months for Upper Egypt.

Figure 10 shows the overall continuation rates for the IUD are higher than for the pill. After 12 months, 66 percent of IUD acceptors are still using compared with 60 percent for the pill. The median survival time also reflects the longer use of the IUD; whereas the median for the pill was 24 months, for the IUD it is 33 months. Except in the third year of use, there are no clear differentials between Upper and Lower Egypt in the use of the IUD.

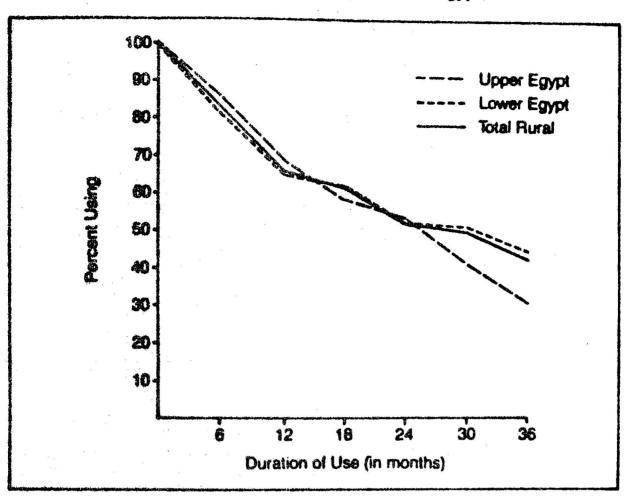


FIGURE 10
Continuation of IUD Use by Region, Rural Egypt, 1980

Notable differences are observed in the reasons former pill and IUD users gave for discontinuing use. Side effects including bleeding and dizziness were major factors in the decision to stop using for users of both methods, but they were more likely to be cited by IUD users (69 percent) than pill users (45 percent). On the other hand, accidental pregnancy was much more often a reason for discontinuation among pill users (27 percent) than IUD users (9 percent). The comparatively high proportion of pill users who claimed to have gotten pregnant while using the method suggests many rural women may not understand the proper use of the pill and indicates the need for improved information and education.

AVAILABILITY OF CONTRACEPTIVE METHODS

Ensuring the availability of contraceptive methods is a critical concern of the national family planning program in Egypt. According to ECPS results, slightly more than one-half of all current contraceptive users in rural Egypt rely on the government sponsored family planning

Information on three additional availability indicators—temporal proximity and means of transport to a source as well as the perceived accessibility of the outlet in question—was also collected in the ECPS. In general, these data show rural users find family planning services readily available. Around three-fifths of all women in rural Egypt currently using a modern contraceptive method report that they can walk to place where their is obtained. It takes the majority of these users (64 percent) less than 30 minutes to get to their source. The median travel time to a source is 15 minutes. Users themselves consider it easy to get to their source; overall, less than 7 percent said it difficult to go there.

Outlets where users obtain the pill are, not surprisingly, reported to be somewhat more accessible than sources for the IUD. For example, while nearly three-quarters of the women using the pill (73 percent) walk to their sources, less than one-quarter (24 percent) of IUD users walk to the place where they obtained their method. Median travel times to a source are considerably greater for IUD users (30 minutes) than pill users (15) minutes. The greater distances to family planning outlets where the IUD is available has some effect on the percentage of current users considering it easy to get to source; 12 percent of IUD users indicate it is difficult to get to an outlet where they obtained their method compared to 3 percent of pill users. Clearly, however, in the case of both methods, most users regard their sources as readily accessible.

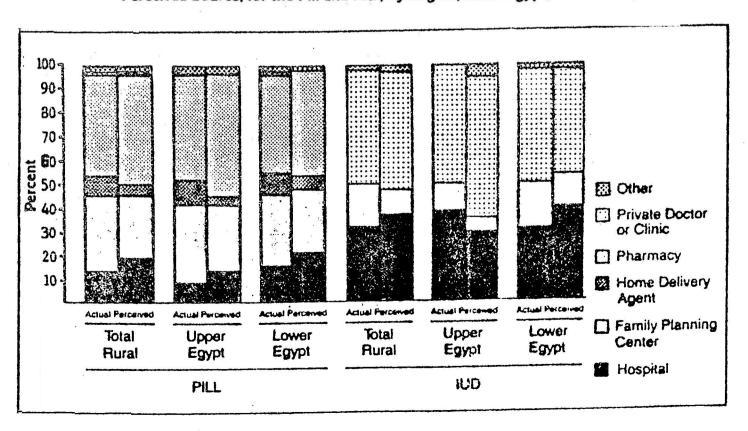
POPULATION AND DEVELOPMENT PROJECT

A major objective of the ECPS was to collect baseline measures of contraceptive knowledge, use and perceived availability that could be used in evaluating the impact of the Population and Development Project (PDP). The PDP is a community-based program designed to provide improved family planning service delivery systems and to stimulate general socioeconomic development in rural Egypt with a particular emphasis on those developmental activities that are believed to be correlated with the

centers (27 percent), household distributors (7 percent) and hospitals (20 percent) for their methods (Figure 11). Slightly more than one-third (35 percent) obtain their contraceptives from pharmacies while the remaining users (12 percent) rely on private doctors or other nongovernmental sources.

As expected, the type of outlet from which current users obtain their methods varies with the method (Figure 11). The most frequently cited source for the pill is the pharmacy (45 percent) followed by the family planning center (45 percent), the hospital (14 percent) and the household distribution agent (9 percent). Private doctors or clinics and public hospitals are the major sources for an IUD, providing services for 48 percent and 32 percent of all current IUD users, respectively. family planning centers serve an additional 18 percent of IUD users.

FIGURE 11
Percent Distribution of Current Users by Actual Source, and of Nonusers by Perceived Source, for the Pill and IUD, by Region, Rural Egypt, 1980



attainment of its population objectives on the local level. Thus, the PDP is more than a program for rural development; it seeks to introduce population and family planning issues into all developmental activities. The Population and Development Project was started in 1977 and currently covers 70 percent of the rural population.

Table 10

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

Method, Knowledge	Total Rural		Upper Egypt		Total Rural Upper Egypt Low		otal Rural Upper Egypt Lower Egyp		Egypt
and Ever Use	PDP	NONPDP	PDP	NONPDP	PDP	NONP DP			
Total Number	2,646	2,669	1,174	1,311	1,472	1,358			
Any Modern Method									
Percent Know Method	91.4	89.2	84.7	82.1	96.7	96.2			
Percent Know Source	73.1	68.3	59.0	54.9	84.3	81.3			
Percent Ever Users	30.3	23.6	20.2	12.3	38.4	34.5			
Pi11									
Percent Know Method	91.1	88.8	84.3	81.6	96.5	95.8			
Percent Know Source	69.9	65.6	56.0	51.9	81.0	78.8			
Percent Ever Users	27.3	21.4	18.0	11.3	34.6	31.2			
IUD									
Percent Know Method	73.5	63.4	60.2	44.0	84.0	82.1			
Percent Know Source	44.1	37.5	26.6	21.4	58.0	53.1			
Percent Ever Users	5.7	3.1	2.7	0.9	8.1	5.2			
Condom									
Percent Know Method	10.5	12.2	5.9	9.1	14.1	15.3			
Percent Know Source	5.3	5.9	3.6	3.9	6.9	8.2			
Percent Ever Users	0.7	0.8	0.7	0.5	0.7	1.0			

An examination of the ECPS findings suggests that participation a village in the PDP is related to some differences in family planning behavior. Table 10 shows that, overall, there is little variation

modern contraceptive method with one exception—the level of awareness of the IUD is significantly higher in PDP than non PDP areas. Knowledge of a source where modern contraceptive methods could be obtained is also somewhat greater in PDP villages. The level of ever use of family planning is clearly greater in program than nonprogram areas; 30 percent of ever-married women in PDP villages in rural Egypt have used a modern contraceptive method compared to only 24 percent in nonPDP villages.

FIGURE 12

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

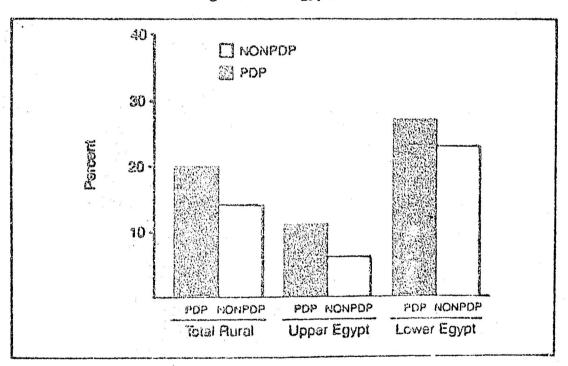


Figure 12 shows that the level of current use of family planning is roughly 35 percent higher in PDP than nonPDP areas; 20 percent of married women in program areas are using some family planning method compared to 14 percent in nonprogram areas. The ECPS also showed that current use of the pill and IUD are positively associated with PDP participation.