Chapter 1

Introduction

Egypt has experienced a remarkable change in fertility and contraceptive use over the past 15 years. Overall, fertility fell from 5.3 births in 1980 to 3.6 births in 1995 (El-Zanaty et al., 1996). Contraceptive prevalence doubled during this period (from 24 percent to 48 percent). Despite this progress, around 1 in 6 married women continued to have an unmet need for family planning, that is, they were exposed to the risk of pregnancy and were not using family planning although they reported that they wanted no more children or wanted to space the next birth.

1.1 Study Objectives

The Egypt Indepth Study on the Reasons for Nonuse of Family Planning (EIS) was undertaken by the National Population Council in collaboration with the Demographic and Health Survey III (DHS-III) project. USAID/Cairo provided funding for the local costs of the survey through the Population and Family Planning Project.

The EIS was conducted in order to obtain a greater understanding of the factors contributing to the unmet need for family planning. The objectives of the EIS were to:

- Obtain detailed information on the dynamics of the process of fertility and family planning decision-making among Egyptian couples
- Identify the barriers to use that women face in order to enable the Egyptian family planning program to reduce the level of unmet need for contraception
- Contribute to improved measurement of unmet need and reasons for nonuse within the international Demographic and Health Surveys (DHS) program.

1.2 Setting for the Study

Although contraceptive use has been increasing over time in Egypt, the use rate has been substantially lower in the Upper Egypt region than in other regions, especially in rural areas. At the time of the 1995 DHS, 32 percent of married women were using family planning in Upper Egypt, a rate that was around one-third lower than the rate found for Egypt as a whole. In turn, the level of unmet need at the time was higher in Upper Egypt than in other areas in Egypt, with more than 1 in 4 married women living in the region considered to be in need of family planning.

A central question for the family planning program in Egypt has been why use rates in Upper Egypt have consistently lagged behind the levels achieved in Lower Egypt. In an effort to address this question, the EIS explores the reasons for use and nonuse of family planning among married women in two Upper Egypt governorates, Assuit and Souhag (see map). These two governorates have the lowest levels of contraceptive use among the 8 governorates in Upper Egypt. In both governorates, fewer than 1 in 4 married women were currently using a family planning method in 1995 (Table 1.1). These governorates also had among the highest levels of unmet need in 1995. Around one-fourth of married women in Souhag and Assuit were considered to be in need of family planning.
Table 1.1 Demographic indicators

Selected demographic indicators for Assuit and Souhag governorates and Egypt

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Assuit</th>
<th>Souhag</th>
<th>All Egypt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size 1996 (in thousands)</td>
<td>2,802</td>
<td>3,123</td>
<td>59,312</td>
</tr>
<tr>
<td>Persons per household, 1996</td>
<td>5.2</td>
<td>4.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Total fertility rate, 1993-1995</td>
<td>5.6</td>
<td>5.0</td>
<td>3.6</td>
</tr>
<tr>
<td>Under-five mortality rate, 1991-1995</td>
<td>137.8</td>
<td>131.9</td>
<td>80.6</td>
</tr>
<tr>
<td>Contraceptive use rate, 1995</td>
<td>22.1</td>
<td>21.7</td>
<td>47.9</td>
</tr>
<tr>
<td>Unmet need, 1995</td>
<td>24.0</td>
<td>23.8</td>
<td>16.0</td>
</tr>
</tbody>
</table>

CMW – Currently married women
Source: CAPMAS, 1999 (unpublished data)
El-Zanaty et al., 1996

Assuit and Souhag account for approximately 10 percent of the total population in Egypt, and somewhat less than one-third of the population living in Upper Egypt. According to the 1996 Census, the average number of household members was 5.2 persons in Assuit and 4.9 person in Souhag, higher than the overall average for Egypt.

Fertility levels are high in both governorates. At the time of the 1995 DHS, the total fertility rate was 5.6 births per woman in Assuit and 5 births in Souhag. Mortality rates for young children were around 60 percent higher in the two governorates than in Egypt as a whole.

1.3 Study Design

The EIS involved a longitudinal rather a cross-sectional design. A longitudinal design was chosen because interviewing women at several points in time rather than at one fixed point was considered to offer a greater potential for obtaining an indepth understanding of the factors involved in family planning decision-making. Thus, the EIS included two rounds of follow-up interviews with women from Assuit and Souhag governorates who had been interviewed in the 1995 DHS. At the time of the 1995 interview, DHS respondents from Assuit and Souhag were advised that there would be a follow-up study in which they would be asked to participate.

As described below, a mix of qualitative and quantitative methodologies were used in the EIS. In addition, data were gathered from men as well as women during both the qualitative and quantitative phases of the study. Table 1.2 summarizes the data collection activities that were carried out as part of the EIS.

Table 1.2 EIS data collection activities

Study population and timing of data collection, Egypt Indepth Survey on the Reasons for Nonuse of Family Planning

<table>
<thead>
<tr>
<th>Study phase</th>
<th>Activity</th>
<th>Study population</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1995 Egypt DHS</td>
<td>Women</td>
<td>November-December, 1995</td>
</tr>
<tr>
<td>Phase I</td>
<td>Qualitative research</td>
<td>Women and men</td>
<td>June, 1996</td>
</tr>
<tr>
<td>Phase II</td>
<td>Panel interviews</td>
<td>Women</td>
<td>November-December, 1996</td>
</tr>
<tr>
<td></td>
<td>Round I</td>
<td>Women and husbands</td>
<td>October-November, 1997</td>
</tr>
<tr>
<td></td>
<td>Round II</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.4 Implementation of the EIS

Qualitative phase

Focus group discussions (FGD) and indepth interviews (IDI) were used in the initial qualitative phase of the EIS to: (1) develop a comprehensive listing of factors that help in explaining the unmet need for family planning and (2) help guide the formulation of the questionnaires for the panel interviews. In this phase, a total of 22 focus groups were formed (16 with women and 6 with men). In addition, 30 indepth individual interviews were conducted with women in Assuit and Souhag governorates.

The group discussions covered the following topics:

- Fertility and family planning decision-making
- Barriers to adoption of family planning
- Factors leading to discontinuation
- Finding/accessing a provider.

The indepth interviews covered a wide range of topics relating to fertility and family planning including childbearing preferences, the decision-making process, attitudes about the adoption of family planning, and opinions about contraceptive methods and services. Detailed guides for the focus group discussions and indepth interviews were prepared and tested prior to their use in the EIS.

Two localities (one urban and one rural) were chosen as sites for the FGDs in both Assuit and Souhag governorates. In each of the selected localities, screening interviews were conducted to identify women and men eligible for the focus groups. As part of the screening process, a household listing was prepared for selected areas within each locality. Households included in the area listing were visited, and men and women were interviewed in order to identify individuals who met the criteria for participation in the FGDs. These criteria included age, marital status, and number of children. The screening procedures were designed to identify individuals who had similar socio-economic backgrounds while avoiding individuals who might be relatives or close neighbors.

Two teams were assigned to work in the data collection, one team worked in Assuit and the other in Souhag. Each team consisted of one supervisor, and ten interviewers (4 males and 6 females). In addition to one week training, fieldwork of FGDs and IDIs took around three weeks.

The results of the FGDs and the IDIs were used extensively during the second phase of the EIS survey. In addition, a separate report on the results of the qualitative phase of the EIS is available (National Population Council and Macro International Inc, 1996). These two reports help to increase understanding of the factors which influence the decisions to use (or not use) contraception.

Quantitative phase

The second quantitative phase of the EIS included two rounds of follow-up interviews with respondents in the 1995 DHS in Assuit and Souhag governorates. The following provides an overview of the sample, the content of the survey questionnaires and the data collection and data processing activities for the quantitative interviews conducted during the EIS.
Sample

In selecting the household sample for the 1995 DHS, Assuit and Souhag governorates were oversampled in order to have sufficient number of cases for the EIS follow-up. The DHS sample procedures called for all eligible women found in the DHS sample households to be interviewed during the survey. For purposes of the DHS, a woman was eligible to be interviewed if she was ever-married, aged 15-49 years and a usual resident or visitor in the household. During the DHS, interviews were completed with 1,631 eligible women in Assuit and 1,711 eligible women in Souhag.¹

The EIS sample included DHS respondents who were currently married, aged 15-44 years in 1995, and usual residents of the household in which they had been interviewed. The EIS sample was restricted to women 15-44 because many of the women in the 45-49 age group were menopausal and, thus, not in need of contraception. It was restricted to usual residents because of concerns that it would be difficult to locate women who were visitors to the households in the 1995.

The second round of follow-up included interviews with the husbands for a subsample of EIS respondents. The husband subsample was identified by selecting half of all of the households in the original 1995 DHS household sample, and interviewing the husbands of all of the EIS respondents found in those households.

Questionnaire development

Content. The EIS involved two types of questionnaires: a household questionnaire and a woman questionnaire. In addition, there was a husband questionnaire which was used in the second round. The household questionnaire was used to determined whether an eligible woman was currently present in the household and to obtain information on her new residence if she had moved. Questions in the second part of the household schedule focused on the physical and social environment of the household.

Results of the FGDs and indepth interviews were used in the design of the EIS questionnaire. The questionnaire for the first round of the follow-up interviews was more detailed than that used in the second round. In both rounds of the survey, information was obtained on the following:

- Respondent's background
- Reproductive history (between interviews)
- Contraceptive history and experiences with providers
- Fertility preferences
- Reasons for non-use and intention to use
- Attitudes about childbearing and family planning
- Women's perceptions of their husbands' attitudes.

In addition, there was a monthly calendar, which was used to record a respondent’s fertility and contraceptive use, postpartum abstinence, and postpartum amenorrhea during the one-year period between each of the EIS interviews.

¹ For more detailed information about sample design and selection for the 1995 DHS, see El-Zanaty et al., 1996: Appendix B.
The husband’s questionnaire obtained information from a subsample of husbands on the following topics:

- Husband’s background
- Fertility behavior and attitudes
- Contraceptive behavior
- Reasons for non-use and intention to use
- Opinion about family planning use
- Employment and household finances
- Attitudes about family life.

Pretest. The questionnaires were developed in English and translated into Arabic and then pretested. The pretest of the first round was carried out in July 1996 in several 1995 EDHS clusters in the Fayoum and Qena governorates, and then in April 1997 for the second round in the same clusters. Over 200 questionnaires were tested prior to each round and then the questionnaires were finalized in Arabic and then translated into English.

Data collection activities

Staff recruitment. Because of the specialized nature of the study, the EIS required experienced fieldstaff. Therefore, the EIS data collection staff was primarily recruited from the fieldstaff for the 1995 DHS.

Training of fieldstaff. A special two-week training program was conducted prior to each round of the EIS. The training program included:

- Classroom sessions on how to fill out the questionnaire
- Opportunities for role playing and mock interviews
- Field practice.

Fieldwork. The first round of the EIS began in late October 1996 and was completed by the end of November. Four teams were assigned to the fieldwork; each team had a supervisor, field editor, and four interviewers. The supervisor was male while the field editor and interviewers were females. Two teams worked in each governorate. Four teams were also employed for the second round, which started in early October of 1997 and lasted for three weeks. During the second round, a male interviewer was assigned to each of the four teams to conduct interviews with husbands.

Data processing activities

Office editing. During each round of the EIS, staff in the central office were responsible for collecting the questionnaires from supervisors as soon as a cluster was completed. In the office, the questionnaires were first reviewed for consistency and completeness by office editors. The office editors were instructed to report any problems to the fieldwork coordinators, who discussed the problems with the teams and suggested steps to be taken to avoid problems in the future. In addition to the office review, a few questions (e.g., occupation) were coded in the office prior to data entry.

Machine entry and editing. The machine entry and editing phase was carried out simultaneously with the data collection activity. The data from questionnaires were entered and
edited on microcomputers using the Integrated System for Survey Analysis (ISSA), a software package developed especially for the DHS program. In the case of 50 percent of the sample points, the questionnaires were reentered to verify the data. In the remaining sample clusters, all of the calendar data were also reentered as a quality-control measure.

1.5 Survey Coverage

Table 1.3 presents a summary of the results of interviews with the 1995 DHS respondents from Assuit and Souhag governorates during the two rounds of the EIS. As noted above, a 1995 DHS respondent was eligible for interview during the first round of the EIS if she was currently married, aged 15-44, and a usual resident of the household interviewed in the DHS. Some women who were initially eligible for the EIS were later dropped from the study if they were found to have had a hysterectomy, were menopausal, or were divorced or widowed during the course of the EIS.

As Table 1.3 shows, 2,593 DHS respondents were initially eligible for followup in the EIS. A total of 77 were dropped from the study because they were no longer married or were not considered to be at risk of becoming pregnant any longer. Among the remaining 2,516 respondents, 2,444 were interviewed during both rounds of the EIS.

In the second round of the EIS, a subsample of half of the 1995 DHS households in Assuit and Souhag was selected, and the husbands of all eligible EIS respondents living in those households were interviewed. The results of interviews of eligible husbands are presented in Table 1.4. Out of the total of 1,299 husbands who were eligible for interview in the EIS, 1,022 were successfully interviewed. Most of the husbands who were not interviewed were not at home at the time of the Round II data collection, or living abroad.
Table 1.5 presents the distribution of currently married women interviewed in both rounds of the EIS and of husbands interviewed in the second round by governorate and urban-rural residence. The respondents are almost evenly divided between those living in Assuit and those in Souhag. Reflecting the distribution of the population between urban and rural areas in the two governorates, a large majority of the respondents are rural residents.

<table>
<thead>
<tr>
<th>Residence</th>
<th>Women Unweighted number</th>
<th>Women Weighted number</th>
<th>Husbands Unweighted number</th>
<th>Husbands Weighted number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuit</td>
<td>1,232</td>
<td>1,297</td>
<td>487</td>
<td>504</td>
</tr>
<tr>
<td>Urban</td>
<td>197</td>
<td>207</td>
<td>91</td>
<td>94</td>
</tr>
<tr>
<td>Rural</td>
<td>1,035</td>
<td>1,089</td>
<td>396</td>
<td>410</td>
</tr>
<tr>
<td>Souhag</td>
<td>1,212</td>
<td>1,146</td>
<td>472</td>
<td>445</td>
</tr>
<tr>
<td>Urban</td>
<td>199</td>
<td>188</td>
<td>88</td>
<td>83</td>
</tr>
<tr>
<td>Rural</td>
<td>1,013</td>
<td>959</td>
<td>384</td>
<td>362</td>
</tr>
<tr>
<td>Total</td>
<td>2,444</td>
<td>2,444</td>
<td>959</td>
<td>950</td>
</tr>
</tbody>
</table>