66%
Urban Lower Egypt

Contraceptive prevalence rate

48%
Rural Upper Egypt

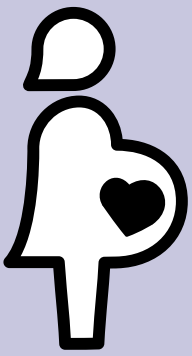
Family Planning

74%
Highest by women aged 35-39 years

Current use of any family planning method

23%
Lowest by women aged 15-19 years

Egypt Demographic and Health Survey 2008
Family Planning Needs and Concerns in Egypt 2010



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IMPROVE MATERIAL HEALTH

MDG Indicators

- Contraceptive Prevalence Rate (CPR): 60%
- Unmet need for family planning: 9%

Introduction

Egypt Demographic and Health Surveys (EDHS) have been conducted in Egypt since 1988 to provide information to policy makers and researchers about the health situation in the country. The EDHS is repeated regularly (every 3-5 years) and it offers useful information while also monitoring and evaluating changes in maternal and child health indicators. Policy makers; therefore, can use data from the EDHS series to monitor and evaluate current family planning and health programmes, and also plan future health-related strategies.

In order to facilitate the use of the EDHS amongst policy makers and health providers, and to highlight important information in the report, UNICEF and UNFPA produced materials for dissemination that simplify the EDHS findings in the form of booklets and brochures. These materials will be distributed to policy makers, health providers and social workers and aim to increase the awareness of interested stakeholders in EDHS data and to help in the monitoring and evaluation of current activities and programmes.

This booklet is one of the dissemination materials used to highlight data from the 2008 EDHS, and it will provide readers with the latest information, published in 2008, about some important concerns and needs regarding knowledge and trends of family planning.

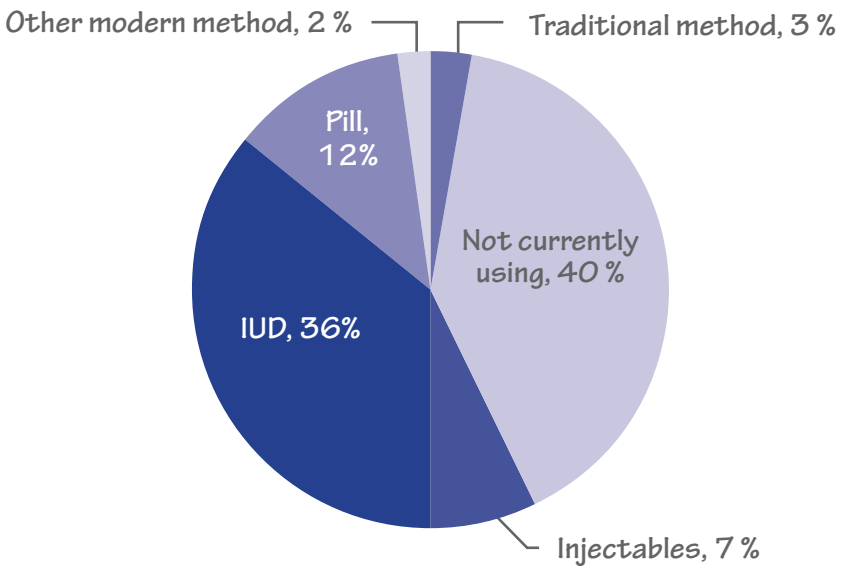
The family planning data collected in the 2008 EDHS is amongst the most important information obtained in the survey since it provides insight into one of the principle determinants of fertility and also serves as a key measure for assessing the success of the national family planning programmes.

Current use of family planning methods

Overall, the EDHS results indicate that 60% of currently married women in Egypt are using contraception. The IUD, pill, and injectables are the most widely used methods: 36% of currently married women interviewed for the EDHS use the IUD, 12% rely on the pill, and 7% utilise injectables. Relatively small proportions of women were using other modern methods; e.g., 1% of women use the male condom. Three percent of women reported the use of traditional methods.

Contraceptive prevalence rate (CPR) increased at a modest rate in the last ten years.

Figure 1: Current use according to family planning method



The IUD was the most frequently used method in all residential areas, followed by the pill and injectables; however, the extent to which the IUD dominates as the method of choice for women varies across residential sub-groups. For example, women in Urban Governorates and rural Lower Egypt were four times as likely to use the IUD as the pill. In all other residential areas, except rural Upper Egypt, there were two to three times as many IUD users as pill users. The pill was the second most widely used method in all areas except rural Upper Egypt, where the proportion of women using injectables is the same as the number who rely on the pill.

60% of currently married women use contraceptives. IUD is the most used contraceptive according to percentage of utilisation.

Conclusion

Marked differentials exist between urban and rural areas, as well as Upper and Lower Egypt- with the gap in rural Upper Egypt contributing most to the above differentials.

There is a need to disaggregate data on Family Planning to better identify needs and gaps.

Differentials in Current Use of Family Planning

Differentials by residence

The 2008 EDHS found that there were marked differences in the level of family planning methods according to place of residence. Urban women were more likely to be using contraceptives than rural women (64% and 58%, respectively), and utilisation rates were higher in the Urban Governorates (64%) and Lower Egypt (64%) than in Upper Egypt (53%) and the Frontier Governorates (52%).

Within Upper Egypt, the use rate amongst urban women (62%) was markedly higher than the rate amongst rural women (48%). The urban-rural differential was much narrower within Lower Egypt, and 66% of married women living in urban areas in Lower Egypt were using a family planning method compared with 64% of rural women.

The lowest contraceptive use in Egypt is among women residing in rural Upper Egypt.

Table 1: Percent distribution of currently married women (15-49 yrs) using/not using a family planning method, according to place of residence

Method	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates	Total
				Total	Urban	Rural	Total	Urban	Rural		
Any method	64	58	65	64	66	64	53	62	48	52	60
Any modern method	62	55	63	62	64	62	49	58	45	49	58
Any traditional method	3	3	3	2	2	2	4	4	4	4	3
Not currently using	36	43	35	36	35	36	47	38	52	48	40

Table 2 shows the percent distribution of currently married women at the time of the 2008 EDHS survey, according to the type of family planning methods used by women residing in different parts of the country. It is clear that the IUD is the most common family planning contraceptive, but the percentage of its use varies from urban to rural areas (41% vs. 33% respectively). It is clear that the Upper Egypt Governorates have the least number of women using the pill and IUD, but these areas are the highest when it comes to women who use injectables (11%). More in-depth studies are needed to identify the perception of married women in rural areas of Upper Egypt towards the use of injectables. This is beneficial so findings can be used to modify family planning strategies in Upper Egypt.

IUD is utilised more in urban Lower Egypt than Upper Egypt.

Table 2: Percent distribution of currently married women (15-49 yrs) by family planning method used, according to place of residence

Method	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates	Total
				Total	Urban	Rural	Total	Urban	Rural		
Any modern method	62	55	63	62	64	62	49	59	45	49	58
Pill	13	11	12	12	14	11	12	14	11	13	12
IUD	41	33	43	42	43	41	25	36	20	27	36
Injectables	5	9	5	7	4	8	10	6	11	6	7
Condom	1	0.3	2	0.4	1	0.3	0.5	1	0.2	1	1
Female sterilisation	1	1	1	1	1	2	1	1	1	1	1

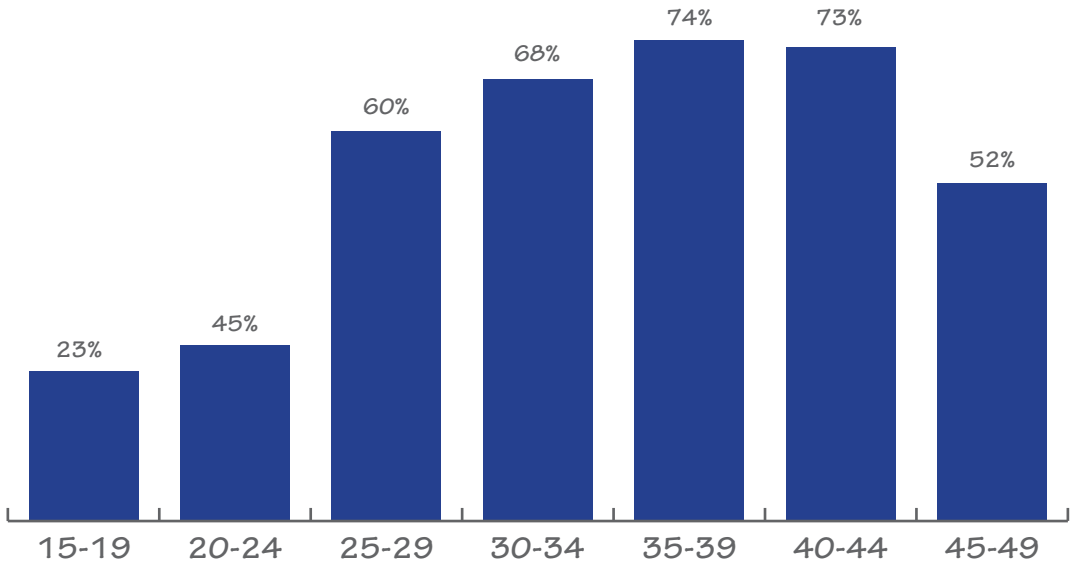
Table 2 shows the use of male condoms as a method for contraception is limited to only 1% and is mainly in Urban Governorates.

IUD is the most commonly utilised Family Planning contraceptive.

Differentials by age

The current use of contraceptives amongst currently married women aged 15-19 years is relatively very low (23%) compared to other age groups. The highest level of contraceptive use was found in married women aged 35-39 years (74%).

Figure 2: Percent distribution of currently married women using family planning according to age group



The highest level of contraceptive use was by women aged 35-39; the lowest was age 15-19 years.

Differentials by work status

Working women who earn a salary are more likely to be using family planning methods than women who do not earn cash for their work (68% and 59% respectively).

Differentials by education

The current use of contraceptives amongst married women aged 15-19 years varies according to the educational level of the women as shown in Table 3. Women with no education tend to be in the lowest percentage of those who employ family planning methods, with the exception of injectables (12%).

Working for salary educated women are higher users of family planning methods than unemployed less educated women.

On the other hand contraceptive use amongst women with secondary education or higher remained relatively constant: the percentage in EDHS 2000 was 61% compared to 62% in EDHS 2008.

This finding needs further study to identify why non-educated women prefer injectables. Subsequent findings can be used in family planning promotional activities.

Table 3: Current use of family planning methods according to women's education (%)

Education	Any method	Modern method							Not currently using
		Pill	IUD	Injectable	Implant	Diaphragm/ Foam/Jelly	Condom	Female sterilisation	
No Education	58	10	31	12	0.5	0.0	0.4	2	42
Some primary	62	11	35	10	0.4	0.0	0.7	2	38
Primary complete/ Some secondary	60	13	34	8	0.6	0.0	0.6	1	41
Secondary complete/Higher	62	13	41	4	0.4	0.0	1.0	1	38

Differentials by wealth quintile

Current use of contraceptives amongst currently married women aged 15-19 years (according to wealth quintile) is shown in Table 4. The percentage of women using contraceptive methods increases with an increase in wealth. Table 4 shows that the lowest quintiles had the lowest percentage of women using pills, IUDs and condoms, but they had the highest percentage of women who used injectables.

Overall the wealthier the individual, the higher the use of contraceptives.

Table 4: Current use of family planning methods by wealth quintile (%)

Wealth quintile	Any method	Modern method							Not currently using
		Pill	IUD	Injectable	Implant	Diaphragm/ Foam/Jelly	Condom	Female sterilisation	
Lowest	55	10	26	14	0.6	0.0	0.3	1	45
Second	57	11	32	10	0.5	0.0	0.4	1	43
Middle	61	13	36	8	0.5	0.0	0.4	1	39
Fourth	61	12	41	4	0.4	0.0	0.7	1	39
Highest	65	13	45	2	0.3	0.1	2	1	35

IUD has the highest increase by wealth and injectables the highest decrease.

Source of family planning method

Overall, women were more likely to obtain their contraceptives from a governmental source than the private sector. NGOs and private voluntary organisations did not play a significant role in providing family planning methods (1.3%) (Figure 3).

Overall public sector is the largest provider of contraceptives except for the Pill.

Figure 3: Provider of modern family planning methods (%)

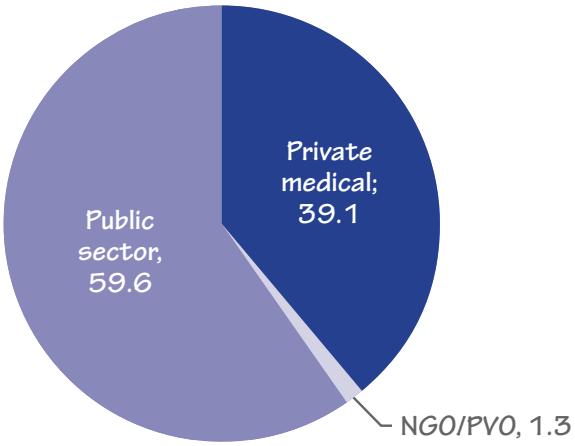


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Table 5: Current use of family planning methods as determined by the provider (%)

Source	Pill	IUD	Injectables	Total
Public sector	25	67	89	60
Non-governmental/Private voluntary organisations	0.3	2	0.2	1
Private medical	75	32	10	39
Other non-medical	0.1	0.0	0.4	0.1

Level of counselling

Family planning providers should inform potential users of the side effects they may experience when using specific methods. This information assists both the user in coping with side effects and decreases discontinuation of temporary methods. Users who obtain contraceptives from a pharmacy were less likely than others to have received information about the side effects (33%), thereby preventing them from making an informed choice. On the other hand, two-thirds of users who obtained birth control from a private clinic reported that they were told about the possible side effects.

Users of contraception from pharmacies were less likely to receive information to help them make an informed choice.

Table 6: Percentage of current users who reported they were advised about side effects (%)

Side effect Information provider	Pills	IUD	Injectables	All modern methods
Public sector	48	56	55	55
Private clinic	64	67	47	66
Pharmacy	33	NA	NA	33

Discontinuation Rates

A key concern for the family planning programme in Egypt is the rate at which users stop using contraception and the reasons for their choice. Although users may cease using birth control because they want another child, they often stop for other reasons including contraceptive failure, dissatisfaction with the method, and health concerns, all of which leave them exposed to the risk of an unintended pregnancy.

Table 7: Reasons for discontinuation according to method (%)

Method	Method failure	To become pregnant	Other fertility reasons	Side effects/ Health concerns	Wanted more effective method	Other reasons	All reasons
Pill	6	7	9	12	3	2	40
IUD	1	3	1	6	0.0	0.4	12
Injectables	1	5	6	21	1	3	37
Male condom	8	3	1	0.0	7	10	32
Prolonged breastfeeding	6	1	0.4	0.3	5	7	40

The Pill registers the highest discontinuation rate.

Regarding individual methods, the highest discontinuation rates were observed for the pill and prolonged breastfeeding (40% each), and this is followed by the injectables (37%). The IUD had the lowest discontinuation rate; only 12% of women stopped using the IUD during the five-year period prior to the survey.

Table 8 looks at the reasons the 2008 EDHS respondents gave for discontinuing use. More than one-third of all discontinuations in the five-year period before the 2008 EDHS occurred because the woman wanted to have a child. Desire for another child was the number one reason for women discontinuing both the IUD (49%) and pill (33%).

Side effects and health concerns accounted for three in ten of all discontinuations. They were cited as the reason for more than half of all discontinuations of the injectables (52%) during the five-year period before the survey, and they were the second most common cause of discontinuation amongst IUD and pill users (32% and 26%, respectively).

Nine percent of all discontinuations were the result of method failure: i.e., the woman became pregnant while using a form of birth control. Method failure was mentioned as the prime reason for discontinuation of the condom (30%) and was also a factor in women going off the pill and prolonging breastfeeding (15% each).

Dissatisfaction with one particular contraceptive was a major factor in women no longer wanting to use that method. In the case of prolonged breastfeeding, for example, 51% of discontinuations were because the woman found the method inconvenient. Concerns about contraceptive effectiveness were also a factor in more than one in ten (14%) discontinuations of the condom.

About 30% of discontinuation was attributed to health concerns.

Table 8: Reasons for discontinuation (%)

Reason	Pill	IUD	Injection	Condom	Prolonged breast-feeding	All methods[1]
Became pregnant while using	14.8	5	3.1	30.2	15.4	8.6
Wanted to become pregnant	32.7	48.6	24.6	17.6	6.4	36
Husband disapproved	0.5	0.2	0.4	15.5	0.2	0.5
Side effects	23.3	30.4	48.2	0.0	0.9	28.5
Health concerns	2.6	1.6	4.1	0.4	0.2	2.1
Access/Availability	0.2	0.0	0.3	0.0	0.0	0.1
Wanted a more effective method	5	0.3	1.4	13.6	7.8	2.7
Inconvenient to use	1.5	0.9	0.8	4.6	51	5.4
Infrequent sex/Husband away	13.2	3.1	8.5	9.7	0.3	6.6
Cost too much	0.1	0.0	0.0	0.0	0.0	0.0
Fatalistic	0.1	0.0	0.2	0.0	0.0	0.1
Difficult to get pregnant/Menopausal	1.3	2.2	1.5	1.6	0.0	1.6
Marital dissolution/Separation	1.6	3.3	1.8	0.0	0.3	2.3
Doctor's opinion	0.1	1.2	0.0	0.0	0.2	0.7
IUD fell out	1.3	1.2	2.5	2.2	10.5	2.3
Other	1.8	2.1	2.6	4.6	6.8	2.5

[1]Includes methods for which the distributions are not shown separately in the table.

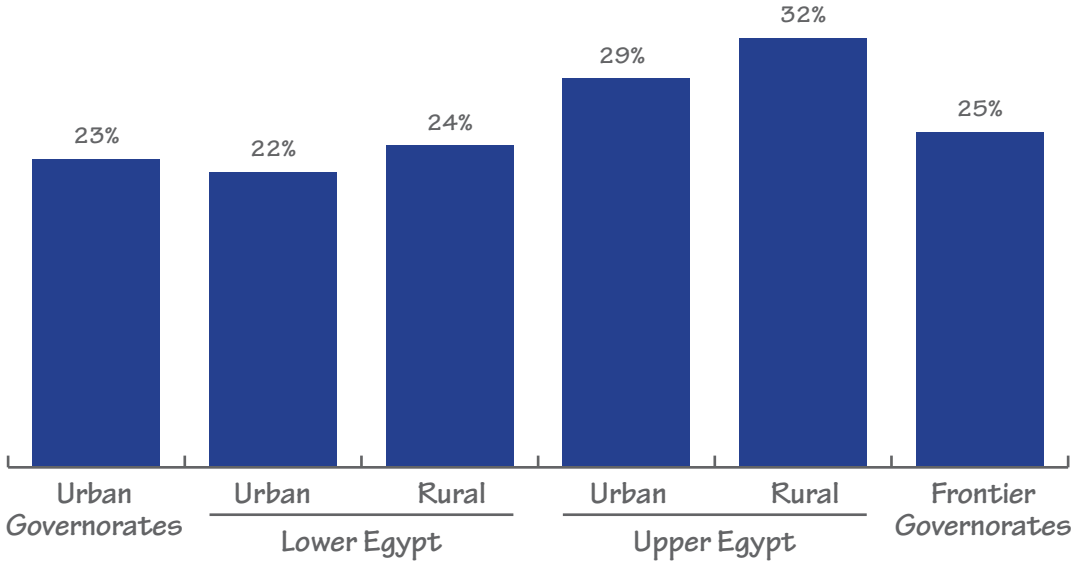
Conclusion

Informing users about contraceptive side effects through proper counselling is still a challenge to be addressed. Approximately half of all users are not informed of side effects not allowing clients to make informed choices and thus increasing the probability of discontinuation.

Addressing the discontinuation rates and the unmet needs would substantially increase the use of family planning and reduce fertility.

The 2008 EDHS shows that the contraceptive discontinuation rate varies according to the place of residence. The highest discontinuation rate was recorded in rural areas of Upper Egypt (32%) followed by urban areas of Upper Egypt (29%).

Figure 4: Contraceptive discontinuation rate by place of residence (%)



Trends in current use of family planning, 1992-2008

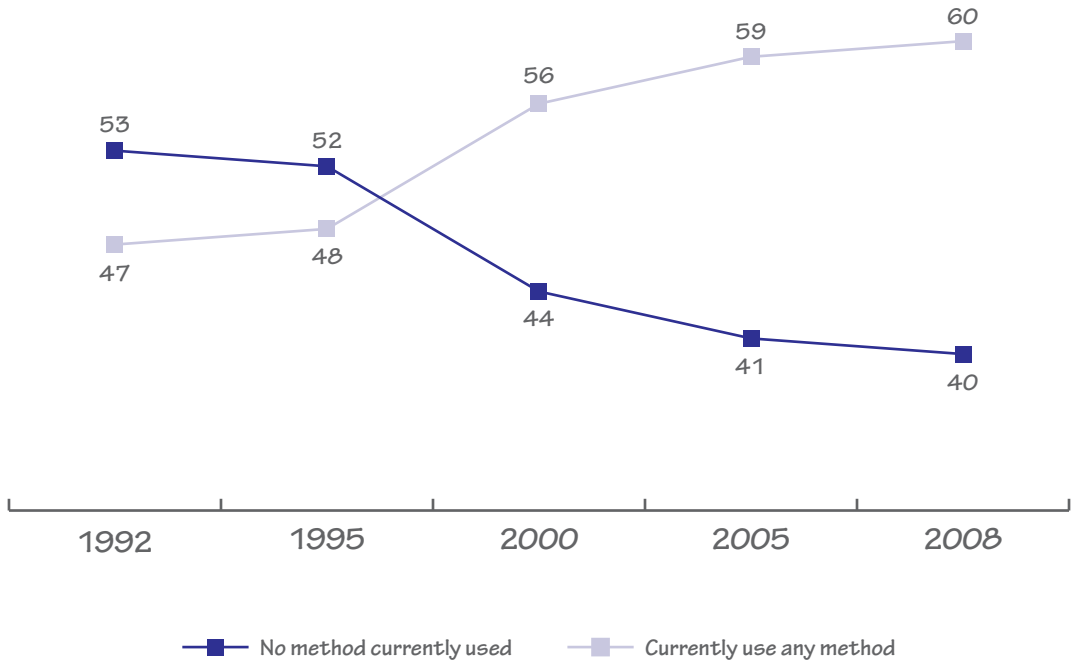
The trends of contraceptive use during the 1992 to 2008 period are shown in the next figure. The use of family planning methods by married women increases from 47% in 1992 to 60% in 2008. The highest increase occurred from 1995 to 2000 (48% to 56%), then slowed after that.

The highest discontinuation rates occur in Upper Egypt.

Conclusion

Family planning programmes need to revise their strategies and plan for more effective short term and long term policies to increase the usage of family planning methods.

Figure 5: Family planning trends in Egypt 1992- 2008 (%)



Trends in the current use of family planning according to background characteristics

Overall, the use of family planning methods is much higher amongst currently married women between the ages of 20-24 years than married women aged 15-19 years. In both age groups, contraceptive use increased at a faster rate between 1995 and 2000. The use of contraceptives continued to rise but at a much slower rate between 2000 and 2005.

Looking at the trends between the 2005 and 2008 EDHS surveys, contraceptive use declined amongst married women aged 15-19 years, and leveled off for married women aged 20-24 years.

Table 9: Trends in contraceptive use according to age group (%)

Age	EDHS 1995	EDHS 2000	EDHS 2005	EDHS 2008
15-19	16	23	26	23
20-24	33	43	45	45
25-29	48	57	57	60
30-34	58	67	69	68
35-39	61	68	73	74
40-44	59	63	70	73
45-49	33	42	48	52

The use of contraception has increased amongst those with no formal education, from 52% in EDHS 2000 to 58% in EDHS 2008. On the other hand, the numbers stabilised amongst those with secondary education or higher as the percentage of use in EDHS 2000 was 61% compared to 62% in EDHS 2008 (Table 10).

Table 10: Trends in the use of family planning methods according to education (%)

Education	EDHS 2000	EDHS 2005	EDHS 2008
No Education	52	55	58
Some primary	57	63	62
Primary complete/Some secondary	57	60	60
Secondary complete/Higher	61	62	62

A continuous increase in the rate of married women currently using family planning methods in Upper Egypt is obvious in the period between 2000 (45%) and 2008 (53%). There was an increase in the percentage of married women in Upper Egypt Governorates who used pills as their main form of contraception between the EDHS 2005 (10%) and the EDHS 2008 (12%).

In Lower Egypt there was a decrease in the rate of married women who used birth control during the 2005-2008 period. Furthermore, there was decrease in the percentages of married women in Lower Egypt Governorates who used the IUD as their preferred method of contraception (44% in EDHS 2005 to 42% in EDHS 2008).

Increase in CPR has been slow among the educated, urban dwellers.

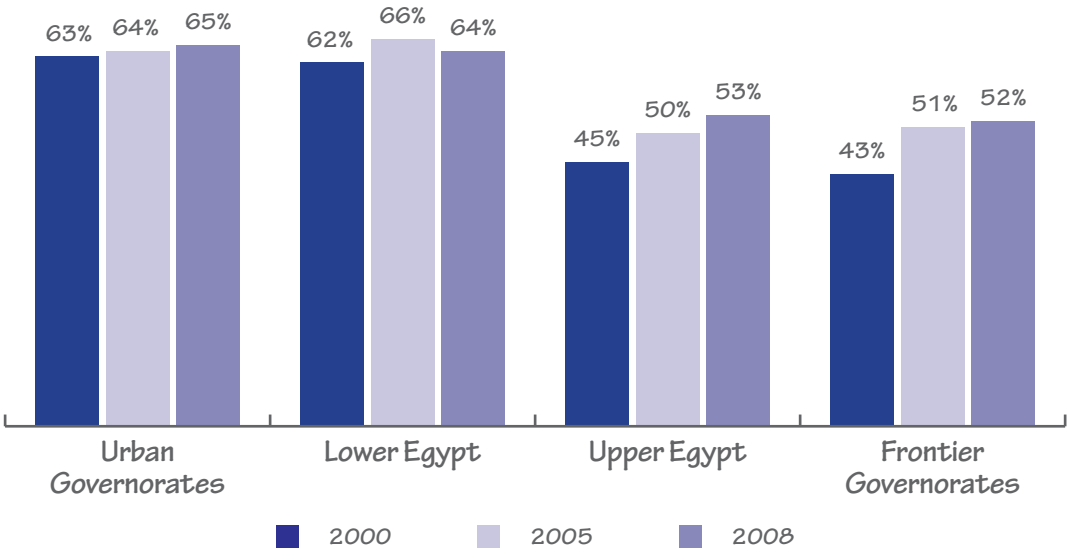
Table 11: Trends in the use of family planning methods according to place of residence (%)

Residence	EDHS 2000	EDHS 2005	EDHS 2008
Urban Governorates	63	64	65
Lower Egypt	62	66	64
Urban	65	64	66
Rural	61	67	64
Upper Egypt	45	50	53
Urban	55	60	62
Rural	40	45	48
Frontier Governorates	43	51	52

Conclusion

There is a need to increase contraceptive uptake among the educated, urban residences and accelerate CPR among rural Upper Egypt dwellers.

Figure 6: Family planning trends in Egypt 2000- 2008 (%)



Family planning needs

One of the major concerns for family planning programmes is to define the size of the potential demand for contraception, and to identify women who are in need of contraception. Family planning programmes classified women according to their need for family planning services and found the following:

Women with an unmet need for family planning include currently married women who are in need of family planning for spacing purposes. This group includes:

- Pregnant women whose pregnancy is mistimed (i.e., wanted later);
- Amenorrheic women whose last birth was mistimed; and
- Women who do not use contraception and who are neither pregnant nor amenorrheic and who either want to delay the next birth for two or more years, are unsure if they want another child, or want another child but are unsure when to have the birth.

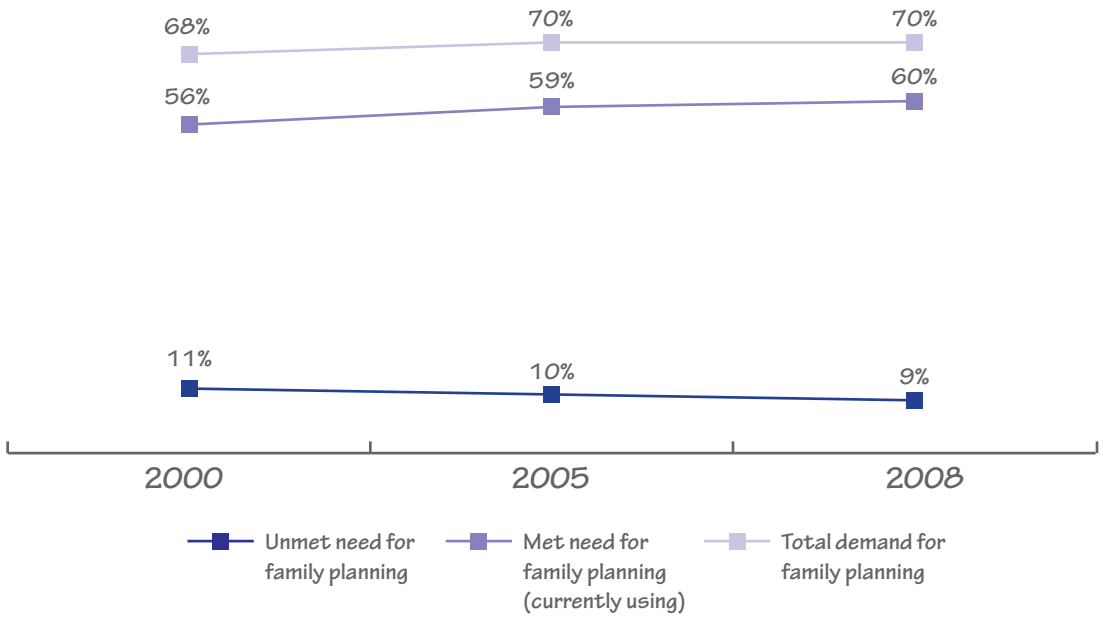
Women with a met need for family planning include women who are currently using contraception.

The **total demand for family planning** represents the sum of unmet and met needs. The demand also includes pregnant and amenorrheic women who became pregnant while using at least one family planning method.

The total unmet need at the time of the 2008 EDHS was 9%; and about a third of this represented women who wanted to space their births, with the remainder representing those who held an interest in limiting the number of births. The total met need for family planning(i.e., the proportion of women currently using contraception) was 60%, and most users were women who wished to limit the number of births, with only one in five users reporting a desire to delay the next birth for two or more years.

In the percentage of unmet need not much progress has been made to address the gaps.

Figure 7: Family planning needs and demands in Egypt 2000-2008 (%)



Surprisingly, the total demand for family planning is 70%, which is the same level recorded during the EDHS 2005 and slightly higher than EDHS 2000 figures (68%). This indicates that family planning programmes did not achieve any progress in the last decade.

Conclusion

New strategies and polices are needed to increase the total demand for family planning and to achieve national targets.

For policy makers to improve the level of demand for family planning services it is important to know which age groups and geographic areas require additional attention through promotional activities.

For specific age groups, the total demand for family planning is very low in the younger age group, 32% for those aged 15-19 years and 55% for 20-24 year olds. This means that family planning programmes are not yet well received by younger women (Table 12).

EDHS 2008 data shows that the total demand for family planning programmes are less in rural areas, and especially in the rural areas of Upper Egypt and in Frontier Governorates (Table 13).

Table 12: Unmet needs and total demand for family planning according to age group (%)

Age	Unmet need for family planning	Met need for family planning (currently using)	Need for better contraception (contraceptive failure)	Total demand for family planning
15-19	8	23	0.5	32
20-24	9	45	0.9	55
25-29	10	60	1.3	71
30-34	10	68	1.3	79
35-39	9	74	0.7	84
40-44	9	73	0.3	82
45-49	7	52	0.0	59

In comparison to the levels of total demand for family planning in EDHS 2005, the Upper Egypt Governorates improved slightly from 65% in 2005 to 67% in 2008. Also the same improvement found in Frontier Governorates. While in Urban Governorates and in Lower Egypt Governorates the levels decreased.

Table 13: Unmet needs and total demand for family planning according to place of residence (%)

	Unmet need for family planning	Met need for family planning (currently using)	Need for better contraception (contraceptive failure)	Total demand for family planning
Urban-rural residence				
Urban	7	64	0.8	72
Rural	11	58	0.8	69
Place of residence				
Urban Governorates	6	65	0.8	72
Lower Egypt	7	64	0.8	73
Urban	6	66	0.6	73
Rural	8	64	0.8	73
Upper Egypt	13	53	0.9	67
Urban	8	62	1.0	71
Rural	15	48	0.9	65
Frontier Governorates	10	52	0.6	63

Fundamentally, family planning programmes in Urban and Lower Egypt Governorates can benefit from more focused and intensive activities in line with initiatives rolling out in Upper Egypt.

Intention to use contraception in the future

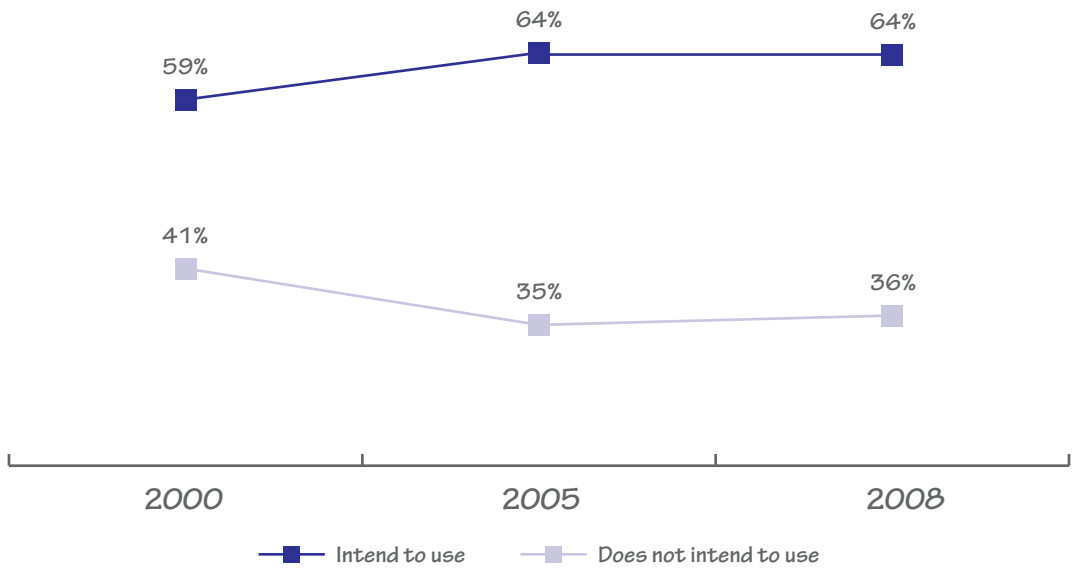
To obtain information about the potential demand for family planning services, married women who were not using contraception at the time of the survey were asked about their intention to adopt a method of contraception in the future. It is clear that there has been slight progress in the number of women who had the intention of using contraception and the numbers jumped from 59% in 2000 to 64% in 2008. At the same time, women who had no intention of using contraception or were unsure about use decreased from 41% in 2000 to 36% in 2008.

Looking to the available data about the reasons for not intending to use contraception, it is clear that fertility-related reasons like not having sex, subfecund/infecund issues, or wanting as many children as possible are the main causes for married women to not use contraception in the future. The percentage of married women who want to have as many children as possible is relatively high (10% in 2000,

7% in 2005 and 14% in 2008), and opposition to contraceptive use either by the respondent, their husbands or for religious reasons are limited.

Opposition to contraceptive use on religious grounds is limited.

Figure 8: Intention to use contraception (%)



There is a substantial increase in intention to use contraceptives.

Table 14: Reasons for not intending to use contraception (%)

	2000	2005	2008
Fertility related reasons	63	73	74
Menopausal/Hysterectomy	19	18	13
Subfecund/Infecund	27	40	37
Want as many children as possible	10	7	14
Other	7	8	10
Opposition to use	8	8	6
Respondent opposed	3	3	2
Husband opposed	4	3	2
Religious prohibition	1	1	2
Method-related reasons	14	18	18
Health concern	8	8	10
Fear of side effects	6	9	7
Other	0	1	1

Recommendation

For policy makers and health providers, it is important to understand the health concerns and fear of side effects that cause women to forgo using birth control. It is the responsibility of those organising family planning campaigns to deal with these concerns and relay the safety of family planning methods to married women.

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