CHAPTER ONE

INTRODUCTION

The extensive literature on the determinants of fertility offers two broad explanations for the remarkable differentials observed in fertility levels and trends among different societies and over time. The first sees socioeconomic development as the primary factor responsible for changes in reproductive behavior. As a society develops, the cost of children rises and their benefits decline, thus leading to a lower desired family size and increase in the demand for contraception. Supporters of this interpretation tend to dismiss the significance of organized family planning programs which are defined as the organized efforts to provide family planning supplies and services. They argue that contemporary developing countries have experienced very rapid demographic change because their development has occurred at an unusually fast pace. An alternative explanation points to the importance of the introduction of organized family planning programs. They see that the introduction of such programs will increase contraceptive use which in turn reduces fertility regardless to the development level.

But, a growing consensus now exists that socioeconomic development and family planning programs have both played significant roles in bringing about fertility decline (Bongaarts, 1993). At the same time the socioeconomic development affects the performance of the family planning programs (Lapham & Mauldin, 1985) and the family planning effort can influence socioeconomic development.

During the past two decades, Egypt achieved a remarkable success in promoting contraceptive use. The contraceptive use has increased steadily since 1980. The percent of currently married women currently using any contraceptive method almost doubled over a 12-year period. It increased from 24 percent in 1980 to 47 percent in 1992. However the differences among geographical regions in the level of contraceptive use are very large. In 1980 the level of contraceptive use in Urban governorates (44.0%) was eleven times that in rural Upper Egypt (4.0%). This ratio in 1980 became about 2 to 1 by 1992 (59.1% vs. 31.4%). In general regional

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differences in contraceptive use have narrowed down between 1980 and 1992 since regions with initially lower levels in 1980 were able to achieve much faster increases than the regions with initially higher levels.

In spite of the increase of the Egyptian Prevalence Rate (CPR) - which is defined as the percent of currently married women in reproductive age currently using contraception - over time, the CPR varies among the Egyptian governorates. While it was 62.1 percent in Alexandria governorate in 1992, it was only 19.8 percent in Souhag governorate in the same year (EL-Zanaty et. al, 1993).

The National Population Policy emphasized the role of the local communities and governorates as the major executors of the population program. Therefore they should positively participate in identifying their own problems, developing suitable plans and programs and looking after their implementation (NPC, 1990).
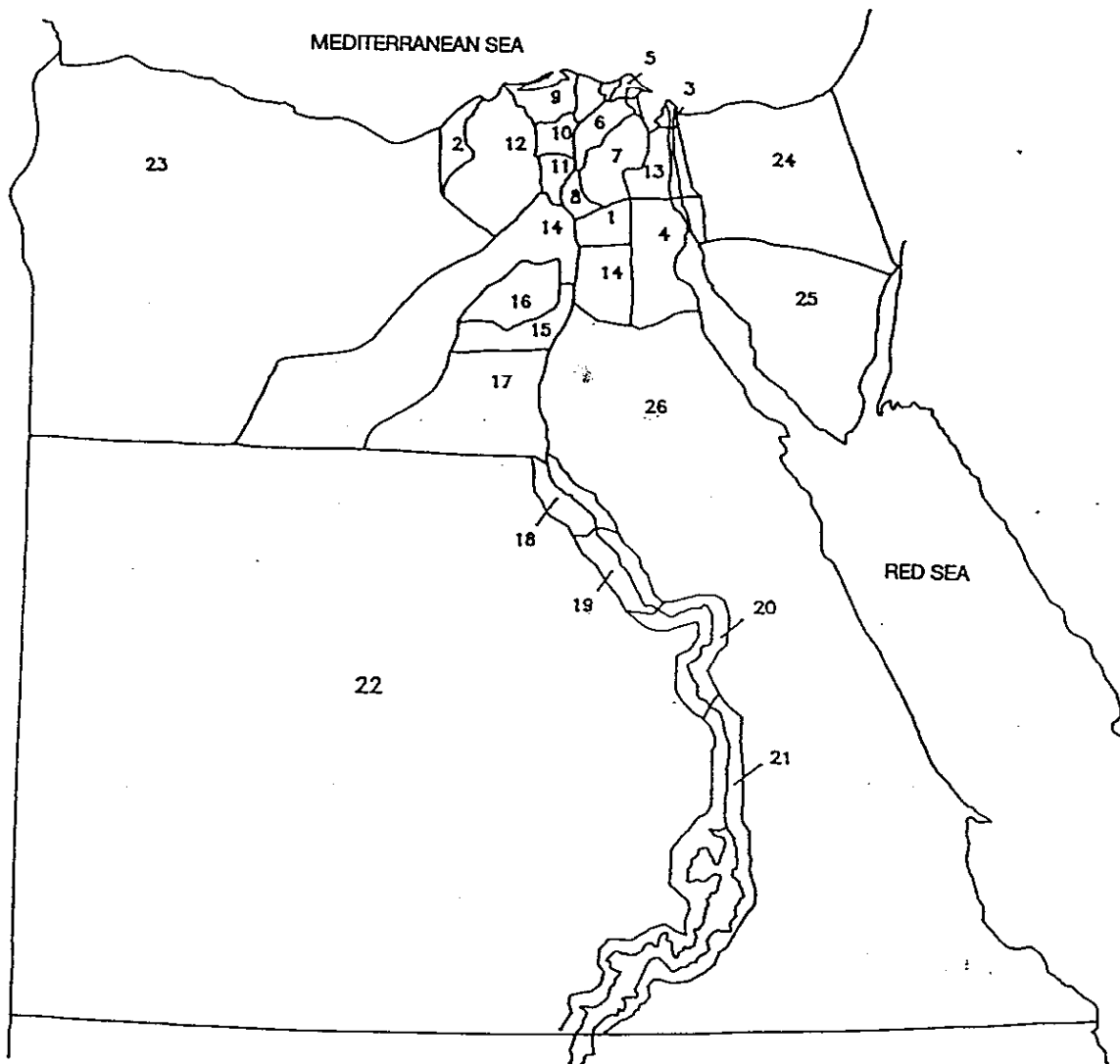
A good understanding of the factors that cause the variations in the CPR among governorates may help policy makers in the formulation of the appropriate policies to promote contraceptive use for each governorate due to its socioeconomic and demographic characteristics.

Administratively, Egypt is divided into 26 governorates. Four of these governorates are totally urban (Cairo, Alexandria, Port-Said, and Suez). Nine governorates are found in the Nile Delta (Lower Egypt), which extends from Cairo to the Mediterranean Sea, and eight are located in the Nile Valley (Upper Egypt). An additional five frontier governorates are found on Egypt's western and eastern boundaries (See the map).

1.1 OBJECTIVES OF THE STUDY:

In a country like Egypt, where the overall CPR reached 47 percent in 1992, reducing fertility through increasing CPR become more difficult than before. Governorates with initially low levels of contraceptive prevalence achieved more

Egypt

MEDITERRANEAN SEA

RED SEA

URBAN GOVERNORATES	LOWER EGYPT	UPPER EGYPT	FRONTIER GOVERNORATES
1 Cairo	5 Damietta	14 Giza	22 New Valley
2 Alexandria	6 Dakahlia	15 Beni Suef	23 Matrouh
3 Port Said	7 Sharkia	16 Fayoum	24 North Sinai
4 Suez	8 Kalyubia	17 Menya	25 South Sinai
	9 Kafr El-Sheikh	18 Assiut	26 Red Sea
	10 Gharbia	19 Souhag	
	11 Menoufia	20 Qena	
	12 Behera	21 Aswan	
	13 Ismailia		

increases in prevalence than governorates with initially high levels between the two famous sets of demographic surveys, the World Fertility Survey and the Demographic and Health Surveys (Rutenberg et. al., 1991). Seeking to reduce the regional and governorate differentials in the CPR may be the most effective alternative to bring fertility down through the promotion of contraception in governorates with low levels of CPR. To do so, studies to identify the factors that cause the variations in CPR among governorates are highly demanded. This study is a pioneering one in the sense that it aims to measure the impact of the socioeconomic setting and the family planning program effort on the variations in CPR at the level of the governorate.

More specifically, the study is carried out to accomplish the following objectives:

1- To examine the trends in fertility and contraceptive use by governorate between 1988 and 1992;

2- To shed some light on the Egyptian family planning program and the growth of units providing family planning services between 1966 and 1992.;

3- To develop an index to measure the socioeconomic setting at the level of the governorate;

4- To develop an index to measure the family planning program effort at the level of the governorate;

5- To measure the extent to which the socioeconomic setting and the program effort affect contraceptive prevalence rates at the level of the governorate, and

6- To measure the impact of the socioeconomic setting on the program effort.

1.2 DATA SOURCES AND THEIR LIMITATIONS:

The data used in this study came from many different sources. Data on contraceptive prevalence and method mix by governorate came from the Egyptian Demographic and Health Survey II, which was carried out in 1992 by the Egypt National Population Council as part of the World Demographic and Health Survey. The 1992 EDHS covered over 11,000 households in 21 governorates (the frontier

governorates were excluded) with 9978 eligible women of whom 9864 women were interviewed. The response rate was 99 percent. The sample was designed to calculate the contraceptive prevalence rate at the level of the governorate.

Data obtained from the 1986 Population Census of Egypt, Vital Statistics, Statistical Year Books, and Income and Expenditure Survey 1990-91, all of which were carried out by the Central Agency for Public Mobilization and Statistics (CAPMAS), were used to calculate the socioeconomic setting index by governorate. Data from the "Human Development Report: Egypt"which was prepared by The Institute of National Planning, 1994 were also used.

The calculated of the socioeconomic setting index is assumed to refer to the year 1992, while some of the data used in this calculation refer to other years in the past like the 1986 census. Since this is the latest available census, no other way to find comparable data on socioeconomic setting. Also, the pace of change in socioeconomic setting is much lower than the pace of change in the family planning program inputs.

Data obtained from the "Annual Statistical Report" of the General Administration of Statistics in the National Population Council (1966-1992) and unpublished reports of the National Population Council's offices in the governorates were used to calculate the Program Effort index. Data obtained from the Ministry Of Health (MOH) and Ministry of Information were also used.

1.3   ORGANIZATION OF THE STUDY:

Following the introductory Chapter, the study is organized in seven Chapters. Chapter *Two* includes the Review of the Related Literature, Conceptual Framework and the Methodology. The Egyptian Family Planning Program and Policies are presented in Chapter *Three*. Chapter *Four* examines the Level and Trends in Contraceptive Use and Fertility by governorate. Chapter *Five* is devoted to the development of the Socioeconomic Setting Index at the level of the governorate. Chapter *Six* is devoted to the development of the Program Effort Index. The relation

between the Socioeconomic Setting and the Program Effort on one hand, and the Contraceptive Prevalence Rates by governorate on the other, is examined in Chapter *Seven*. Finally, the Conclusions and Policy Implications are given in Chapter *Eight*.