

CHAPTER EIGHT

CONCLUSIONS AND POLICY IMPLICATIONS

This chapter concludes the study. It presents a discussion of the research carried out in this study and its potential policy implications.

This study examines the impact of socioeconomic setting and program effort on contraceptive prevalence rate in Egypt by governorate.

The data used in this study come from different sources. Data on socioeconomic setting come from 1986 population census, vital statistics, and other sources, while data on family planning program efforts come from the annual statistical report of the National Population Council (NPC) as well as unpublished reports come from the NPC governorate offices. Data on contraceptive prevalence rate by governorate come from the 1992 Egyptian Demographic and Health Survey.

The guiding framework used in the study depends on the work of Lapham and Mauldin (1985). In this framework they considered the socioeconomic setting and program effort as the explanatory variables for the contraceptive prevalence rate. In addition to its direct effect on CPR, they found that socioeconomic setting affects contraceptive prevalence rate through program effort also.

The methodology utilized in this study derives to be consistent with the guiding framework. so that, the simple and multiple regression and path analysis techniques are employed.

After describing the evolution of Egypt population policies and family planning program, the level and trends in contraceptive use and fertility by governorate were examined.

Current use of contraceptive methods increased between 1988 and 1992 in all governorates but two. Cairo and Damietta shows a slight decline in contraceptive use, from 58.9% and 54.1% to 58.1% and 53.4% respectively.

The level of contraceptive use in Cairo in 1988 was five-times that of Qena in the same year, while the level of contraceptive use in Alexandria in 1992 was only three times that of Souhag in the same year.

The governorate differences in contraceptive use have narrowed down between 1988 and 1992 because governorates with initially lower levels in 1988 were able to achieve much faster increases than the governorates with initially higher levels.

Looking at the change in the method mix by governorate, in 1988 the Intra Uterine Device (IUD) was the predominant method only in 7 of the 21 governorate (Cairo, Alexandria, Suez, Dakahlia, Kalyubia, Behera, and Giza). By 1992, the IUD had replaced the pill as the predominant method in all governorates but four - Menya, Souhag, Qena, and Aswan. As it was mentioned before, this shift is encouraged due to the IUD being more suitable method for low educated level of women and rural residents.

Seven indicators have been selected to construct a governorate based index for the socioeconomic sitting. These indicators are as follows: 1.Literacy rate for population 10 years and more; 2.Primary and secondary school enrollment; 3.Life expectancy at birth; 4.Infant mortality rate; 5.Per capita income; 6.Percent working in agriculture; and 7.Percent urban.

The governorates are grouped in three categories according to the level of socioeconomic development. Urban governorates - in addition to Dakahlia - ranked first in the level of development. They comprise the first category which is characterized by the highest development in the SES. The second category includes

Damietta, Kalyubia, Gharbia, Menoufia, Ismailia, Giza, and Aswan respectively. Sharkia, Kafrel-Sheikh, Behera, Beni-Suef, Fayoum, Menya, Assuit, Souhag, and Qena are classified in the lowest level of development.

Concerning the measurement of the program effort, nine indicators were selected to represent the program effort by governorate. They are: 1.Number of the Governorate Population Council Meetings; 2.Number of Women per Family Planning Center; 3.Number of Women per Pharmacy; 4.Percent of Women Who Have Family Planning Services in Their Localities; 5.Number of IE&C Hours per Woman; 6.Number of Home Visits per Woman; 7.Record Keeping and Statistical Reporting; 8.contribution of Social Marketing; and 9.Contribution of Private Sector.

The governorates are grouped in three categories according to the level of program effort. Since the maximum possible of the index is 36 scores, it is noticed that the observed values of the PE index are very low. The highest value of the index which observed in Sues governorate is only 65.9 percent of the maximum possible. The lowest value which observed in Kalyubia governorate is only 32.7 percent of the maximum possible. The range of variations between governorates is small, but this is not the outcome of similar characteristics of the program effort but it is the outcome of different scores in the individual indicators.

After developing SES and PE indices I turned to examine the relationship between SES and PE one hand , and CPR on the other using simple and multiple regression and path analysis techniques. I found that the socioeconomic setting is associated with much of the variance in contraceptive prevalence in the Egyptian governorates, and that the socioeconomic setting and program effort combined are associated with a greater amount of the variations in contraceptive prevalence.

The study showed that socioeconomic setting and PE work most effectively together. Governorates that rank high on both SES and PE generally have higher

contraceptive prevalence than do governorates that rank high on just one, and still more than governorates that rank high on neither.

In sum, the results suggest that the framework of Lapham & Mauldin (1985) is a useful starting point for understanding relationship among factors that affect contraceptive prevalence at the level of the governorate in Egypt.

In view of the findings and results of this study the following recommendations and policy implications seem to emerge:

- First, given the significant differences in the level of contraceptive use by governorate, governorate-specific policies and programs need to be strengthened and implemented according to the socioeconomic characteristics of each specific governorate.
- Second, given the low level of contraceptive prevalence rate in upper Egypt governorates, specially Souhag, Menya, and Qena, more efforts are needed to raise the low rate of contraceptive prevalence in that region.
- Third, given the low level of SES in Sharkia, Kafrel-Sheikh, Behera, Beni-Suef, Fayoum, Menya, Assuit, Souhag, and Qena, more efforts and resources must be devoted toward increasing the economic investments and extending the social services projects in these governorates.
- Forth, given the low level of family planning PE in Cairo, Kalyobia, Beni-Suef, Fayoum, Menya, Souhag, Qena, and Aswan, family planning programs and projects must be directed to these governorates to enforce and strengthen the process of providing high quality of family planning services for the target women in these governorates.

Fifth, given the low level of both SES and PE in Beni-Suif, Fayoum, Menya, Souhag, and Qena, which cause a low level of prevalence, detailed studies and research work must be carried out for the understanding of the obstacles of raising CPR in these governorates.

Sixth, given the importance of PE index as an important indicator of the level of the family planning PE, the use of this index must be highlighted for those who are working in the field of population policies and programs as a measure of the improvement of the work in the population and family planning field. Future improvements of this index are extremely required, specially in the way of collecting reliable and comparable data at the level of the governorate.