

# **The Plateau Effect of Family Planning Program in Egypt**

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# **The Plateau Effect of the Family Planning Program in Egypt**

**Ayman Gaafar Zohry<sup>1</sup>**

Contraceptive prevalence rate (CPR) is one of the most important indicators in evaluating the success of population policies and programs. Egypt achieved a remarkable success in promoting contraception. The percent of women currently using any contraceptive method, over 12-year period from 1980 to 1992, doubled. CPR increased from only 24 in 1980 to 47.1 in 1992. After 1992 CPR plateau. CPR was 47.9 percent in 1995. The main concern of this paper is to discuss this plateau effect of the family planning program in Egypt.

After a successful period of contraceptive promotion came the results of the 1995 Egypt Demographic and Health Survey (EDHS 95) to show that plateau effect of the family planning program and to warning policy makers about this trend in contraceptive prevalence. From the first impression one may ask why this plateau shape of contraceptive trends? . Is it due to the data quality of the last observed point of data (EDHS 95)? .. Is it due to a need of new of family planning units? .. Is the number of units insufficient? .. Is it due to a shortage in the mass media? .. Is it due to the quality of family planning services? ..Is it due to political changes in the structure of institutions supervising the work in population field? ..Is it due to other factors that we may not control? . An attempt is made in this study to answer some of these questions.

## **Is it due to the data quality of the EDHS? :**

I answer the question related to the data quality of the last point of data (EDHS 1995) and the presiding one (EDHS 1992). External consistency check is employed comparing data come from EDHS with data come from other sources for the same period. Egypt Maternal and Child

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**Table (1)**  
**Trends in Contraceptive Prevalence, Egypt, 1980-1995**

Year	Contraceptive Prevalence Rate
1980	24.2
1984	30.3
1988	37.8
1991	47.6
1992	47.1
1993	49.6
1995	47.9

Source:

EFS-1980:CAPMAS, 1993; ECPS-1984:Sayed, et. al., 1985; EMCHS-1991:Abdel-Azeem, et. al., 1993; EDHS-1992:El-Zanaty, et. al., 1993; EUECS-1993:Bean, ed., 1995; EDHS-1995:El-Zanaty, et. al., 1996.

Health Survey 1991 (EMCHS 1991) revealed CPR of 47 percent. Egypt Use Effectiveness of Contraceptive Survey 1993 (EUECS 1993) revealed CPR of 49 percent. These findings show that CPR ranged between 47 and 49 in the period between 1991 and 1995.

### **Is it Due to a Need of New Family Planning Units? :**

Is the increase of the number of married women in reproductive age much higher than the increase in family planning units? . The Egyptian family planning program started in 1966 with a total of 2301 units delivering family planning services throughout the country. In 1980, the number of units jumped to 3764, i.e., about 164% of the 1966 units. In 1992 the number of units increased to 4356, about 116% of 1980 units, and 189% of the 1966 units. In 1995 the number of units increased 4674 units, about 107% of 1992 units and 203% of 1966 units (Table 2). The estimated number of married women in reproductive age increases from 6,232,472 in 1980 to 8,895,129 in 1992 and to 9,052,600 in 1995. The average number of

**Table (2)**  
**Growth of Units Providing Family planning and average number of married women per unit, Egypt, 1966-1995**

Year	Number of Units	Number of Women per Unit	Percent of 1966
1966	2301	NA	100
1980	3764	1656	164
1992	4356	2042	189
1995	4674	1937	203

Source : Calculated from: NPC "Annual Statistical Report", 1966-1995.

women per family planning unit increased from 1656 women in 1980 to 2042 women per unit in 1992 (the period of the significant increase of CPR) and then it decreased to 1937 women per unit in 1995 (where CPR plateau). The increase in the number of units is clearly much higher than the increase in the number of married women between 1992 and 1995.

### **Is it Due to a Shortage in the Mass Media?**

Did not the family planning message reach all the target population? . Almost 100 percent of the Egyptian women in reproductive age know one or more of modern contraceptive methods. About 92 percent of currently married women know a source for modern family planning methods. Two-third of women in reproductive age wants no more children. More than 80 percent of couples approve family planning. (El-Zanaty, et al., 1996). No shortage is found in the mass media. The family planning message reaches all its target population.

### **Is it Due to the Quality of Family Planning Services? :**

Is it due to the quality of providing family planning services? . To answer this question I analyze the quality of family planning services at the micro level (the client), and the macro level (the country), or what is called Program Effort. At the micro level I depend on a recent two studies, one by Nawar (1992) and the other by Sayed et. al. (1993).

Nawar (1992) carried out a field study to examine the quality of family planning services. A sample of 120 units was selected from nine Egyptian governorates. Three questionnaires were designed for this study. The first questionnaire sought information on the structure of family planning units. The second one was designed to be administered to the center's clients. The third questionnaire was addressed to a sample of non-users who are residing in the area served by the center surveyed. For each center, one questionnaire of the first type was completed, 10 of the second type and 12 of the third type. The questionnaires included several measures and indicators to assess the quality of family planning services.

The findings of this study can be classified under two main points: (1) quality of service from provider's perspective, which reflect varying levels for the quality indicators. For example, the choice of methods indicator was reasonably met, while information given to the clients indicator was not satisfactory in many aspects. Also, the study showed that the mechanisms to encourage continuing use was also among the quality indicators with low performance. (2) quality of services from client perspectives showed that long waiting time and no comfortable waiting place, the cleanness of the unit, the availability of other family planning services and the treatment by provider and the availability of counseling services were the main factors for quality.

One of the most important studies is that of Sayed, El-Zanaty, and Guhl (1993). This work was carried out by the Cairo Demographic Center, 1992. It was entitled "Quality of Family Planning in Egypt, 1992: A Pilot Study." This study examined the determinants of contraceptive prevalence in eighteen communities in Egypt. The study was restricted to rural areas, especially in Upper Egypt with only three urban areas. The study used both qualitative and quantitative information to examine how differences in the quality of service in the sample communities affects contraceptive use when the level of socioeconomic development of the communities is taken into account. The analysis showed that social setting is significantly related to

contraceptive prevalence. In addition, several aspects of the quality and quantity of family planning services are related to contraceptive use when the level of socioeconomic development is controlled.

Nawar and Sayed concluded that some quality elements are very strong, some of them are moderate, and some of them are very weak. One can conclude that the overall evaluation of the quality of family planning services at the micro level are moderate.

At the macro level I depend on the family planning program effort scores that summarize the performance of the overall program. Family planning program effort scores were introduced by Lapham and Mauldin (1972). They developed 15 input measures and they applied them to 20 countries. A second set of family planning program effort scores was developed by Lapham and Mauldin (1985). This set includes 30 items of program effort, grouped in four categories. These 30 items are grouped into four components as follows (a) Policy and stage-setting activities; (b) Service and service-related activities; (c) Record keeping and evaluation; and (d) Availability and accessibility of fertility-control supplies and services<sup>2</sup>. Program effort scores range between zero and 120; 80+ strong, 55-79 moderate, 25-54 weak, and 0-24 very weak or none. The program effort scores for Egypt increased from 47.6 (Weak) in 1982 to 65.0 (Moderate) in 1989 (Lapham & Mauldin, 1985; Mauldin & Ross, 1991).

### **Is it Due to Political Changes? :**

Is it due to political changes in the structure of institutions supervising the work in population field? Political changes take time to affect contraceptive prevalence. Changes that occurred by establishing the first ministry of population in January 1995 reinforced population activities by introducing and expanding services in the remote areas and satellites. A significant number of

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<sup>2</sup> For a detailed list of the program effort scores and indicators see Lapham, R.J. & W.P. Mauldin (1985): "Contraceptive Prevalence: The Influence of Organized Family Planning Programs". Studies in Family Planning, Vol. 16, No. 3.

Raidat Rifiat (Social Workers) was recruited to increase face to face communications with local societies. Conducting the International Conference for Population and Development in Cairo in September 1994 raised awareness about family planning program and the over population problems for both specialists and nonspecialists.

### **Is it Due to Other Factors That We May Not Control?**

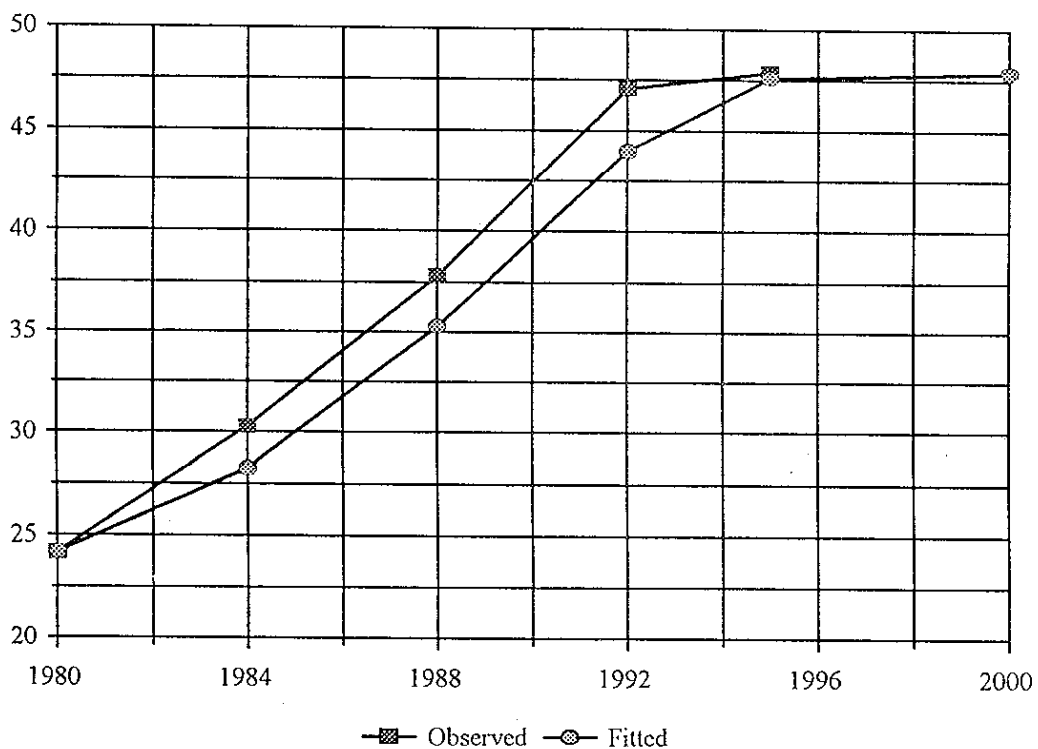
No, the plateau effect resulted from the nature of the successive increases in the CPR its self. Pushing CPR from 10 to 25 is easier than increasing it from 50 to 53 for example. Figure 1 shows trends in CPR from 1980 to 1995. Using the weighted moving average method, another curve was fitted to the observed data. It was extrapolated up to the year 2000. It is noticed from the fitted curve that Egypt's CPR reached its peak. No more increases are expected in the near future in the existence of the current socioeconomic confounders. Dramatic decreases may be expected if family planning managers, policy makers, and donors decreased their support to the family planning program depending on the expectation of CPR stagnation. Support is required to keep the current level of use.

**Table ( 3 )**  
**Observed and Fitted CPR, Egypt 1980-2000**

<b>Year</b>	<b>Observed</b>	<b>Fitted</b>
1980	24.2	24.2
1984	30.3	28.3
1988	37.8	35.3
1992	47.1	44.0
1995	47.9	47.6
2000		47.9

Pushing CPR more than its current level needs a change in the socioeconomic and cultural level of the whole country. Increasing use effectiveness of methods through mass media campaigns and consultations, and reinforcing the impact of other proximate fertility determinants (Age at marriage and postpartum infecundability) may be more realistic than insisting on contraceptive prevalence only. Our goals must be more realistic to be achievable in the future.

Figure (1)  
Observed and Fitted CPR,  
Egypt 1980-2000





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# أثر ثبات معدل إنتشار الوسائل على برنامج

## تنظيم الاسرة فى مصر

أعداد

أبمن جعفر زهرى

تتناول هذه الدراسة بالشرح والتحليل العوامل التى أدت إلى الثبات النسبى لمعدل انتشار الوسائل فى مصر بين عامى ١٩٩٢ و ١٩٩٥ حيث بلغ ٤٧,١ فى المائة عام ١٩٩٢ و ٤٧,٩ فى المائة عام ١٩٩٥. وتتناول الدراسة بالتحليل أهم هذه العوامل وهى مدى دقة بيانات المسوح الديموجرافية ومدى جودة خدمات تنظيم الاسرة وتغير سياسات تنظيم الاسرة ومدى وضوح الرسالة الاعلامية وبعض العوامل الاخرى التى قد تؤثر على معدل انتشار الوسائل.

وقد خلصت الدراسة الى أن الثبات النسبى لمعدل انتشار الوسائل يرجع إلى طبيعة الزيادة فى معدل الإستخدام ذاتها وذلك بتتبع اتجاه الزيادة فى معدل الاستخدام خلال الفترة من عام ١٩٨٠ حتى عام ١٩٩٥ وان دفع معدل الاستخدام الى مستوى أعلى من المستوى الحالى قد يتطلب تغييراً جذرياً فى المستوى التعليمى والثقافى والبيئى للمجتمع ككل.