The Egyptian government's commitment to providing widely-accessible family planning services has been a very important factor contributing to fertility decline and improved maternal and child health. The EIDHS collected information on family planning knowledge and use and on the extent to which there are opportunities for assisting nonusers to adopt family planning that are being missed.

How many women in Menya know about and use family planning? (Tables 4.1-4.3)

Knowledge and Ever Use

All ever-married women in Menya report knowing about some family planning method, and virtually all (98 percent or more) have heard of the pill, IUD, injection, and implant. Three in four of women in the governorate also report some experience with using some family planning method. This compares to a national ever use rate of 81 percent. Most of the women in Menya who have ever used a method reported they have used a modern method (71 percent overall) while 15 percent had employed a traditional method (principally prolonged breastfeeding) at some point to avoid a pregnancy.

Current Use

The EIDHS found that 49 percent of currently married women in Menya are currently using family planning. The level of use in the governorate is 18 percent lower than the national rate of 60 percent.

Family planning use in Menya has nearly tripled since the late 1980s, when 17 percent of married women in the governorate were using a method. Change appears to have been especially rapid in the latter part of the 1990s, with use levels almost doubling between 1995 and 2000. Since 2000, the pace of the increase has slowed substantially.

Use of Family Planning by Method

The IUD—used by 19 percent of all married women in Menya—is the most popular method followed by the injection and the pill. The level of IUD use in Menya is roughly half the level observed in Egypt as a whole, while the level of use of the injection is nearly twice as high in Menya as it is nationally. The levels of use of other methods including the pill in Menya are generally similar to the levels observed for Egypt as a whole.
Differentials in Use

Marked differences in family planning use are documented within Menya in the EIDHS survey. Looking at a key demographic characteristic, no child-less women report use of a method. However, family planning methods are rapidly adopted once childbearing has begun; use levels increase from a third of women with one child to 61 percent of women with four or more children.

Urban women are around 20 percent more likely to be using a family planning method than rural women. A woman’s education status is strongly related to the likelihood of use; women with a secondary or higher education are 30 percent more likely to be using contraception than women who never attended school.

A strong relationship also exists between household wealth and family planning use. Women at the top of the wealth index are more than 35 percent more likely to be using than women at the bottom of the index.

How Many Women in Menya are in Need of Family Planning? (Table 4.4)

One of the major concerns of family planning programs is the identification of those women who are in need of contraceptive services but are not yet using family planning. In defining the need for family planning, both a woman’s fertility preferences—that is, her desire to have no more children or her interest in delaying the next birth for at least two years—and her exposure to the risk of pregnancy are taken into account.

Using this approach, 1 in 6 currently married women in Menya is considered as in immediate need of family planning to avoid an unplanned birth. Slightly more than one-third of those in need of family planning are potential spacers, that is, they want another birth but they would like to wait two years or more before having a birth. The remaining women are potential limiters, that is, they do not want another child.
ARE NONUSERS PLANNING TO USE FAMILY PLANNING IN THE FUTURE? (Tables 4.5-4.7)

More than half of currently married nonusers whether or not they are in immediate need of family planning indicate that they plan to adopt a family planning method later, while 41 say they do not plan to use contraception. The IUD is the most popular method among these women intending to use contraception followed by injections and the pill.

Around half of nonusers who say that they do not plan to use contraception cite as the main reason a desire for more children. Around 40 percent of the nonusers who are not planning to use consider themselves unable or unlikely to become pregnant. Comparatively few of the nonusers (12 percent) have method-related concerns (principally health concerns or fear of side effects), and only 3 percent are opposed to family planning.

WHAT PERCEPTIONS DO WOMEN HAVE ABOUT FAMILY PLANNING? (Tables 4.8-4.9)

The positive attitudes and perceptions women in Menya have about family planning provide a supportive environment for efforts to increase family planning use in the governorate. In Menya, almost all ever-married women age 15-49 approve of a couple using family planning, although comparatively few women think that family planning is appropriate before a couple has the first child (4 percent). The majority of women (60 percent) also believe that most couples use family planning, and 71 percent say that family planning use is increasing in their communities.

ARE FAMILY PLANNING COMMUNICATION EFFORTS REACHING THEIR TARGETS? (Tables 4.10-4.11)

Women in Menya are receiving regular information about family planning. The EIDHS results indicate that more than 3 in 5 ever-married women in the reproductive ages in Menya reported seeing or hearing a message about family planning during the six months prior to the survey. When asked about the source from which they had recently received family planning information, women most often cited television (78 percent) followed by medical providers (16 percent).

ARE THERE MISSED OPPORTUNITIES FOR COUNSELLING ABOUT FAMILY PLANNING? (Table 4.12)

Family planning was discussed in only about 25 percent of recent contacts that nonusers had with health providers.

The EIDHS collected information on whether nonusers had any recent contact with health providers either through home visits or at health facilities. Such contacts provide an opportunity to counsel the nonuser about family planning. The results suggest that contacts with health providers are relatively common; nearly half of all nonusers in Menya had been in contact with a health provider in the six months before the survey. However, family planning was discussed during
only around 1 in 4 of these contacts. Thus, there appear to be a significant number of opportunities for talking with nonusers about their need for family planning that are currently being 'missed' by health providers in Menya.