



A Comparative Study of the Egyptian Women's Desire to Children Spacing During the Period (2008-2022)

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ABSTRACT

OBJECTIVE

In a context of economic uncertainty and a decline in actual fertility in Egypt, our analysis addresses the question of what factors can be related to the decline family size.

METHODS and DATA

Using data from the (2008-2014), and (2015-2022) Egypt Demographic Health Survey (EDHS) announced data by the Central Agency for Public Mobilization and Statistics (CAPMAS), we use different statistical analysis tables and charts to determine the factors affecting the family number of children. Our main explanatory variables are Egyptian female's desire to use available contraception methods.

RESULTS

More traditional gender attitudes are associated with a low level of desired fertility. Women exposed to contraception methods want fewer numbers of children than those not exposed. Our findings show that Egyptian married women's participation in family size. Finally, we found a noticeable increase in the number of married women using modern and traditional methods of family planning or contraception which in 2014 reached 57% and in 2022 to 65%, by an increase that reached to 8% between the period (2014-2022). As well as their complete knowledge of all possible methods of family planning, which amounted to 99.9%, the volume of increasing demand from (2008-2022), and the increasing future intention of women who are currently using any method of contraception, and all that, this will lead to the transformation or change of society from a young population to aged population (aging) within the next 10 to 20 years, with the continuous increasing in the usage of children spacing methods of contraception or birth control methods. Also, it may be a technique for fertility limitation or overpopulation.

CONTRIBUTION

Our work contributes to the existing literature on contraception in two important ways. Firstly, study of the general trend of the Egyptian women desire to use traditional and new contraception methods. Second, the future intentions to use contraception methods for Egyptian women.

Key words: Family Planning, Children Spacing, Voluntary Family Planning, EDHS, CAMPAS, Contraception, Populace, Birth Control, Youthful Population, Aged Population, laxity, Aging, Family Planning and Fertility Decline, hitched ladies, Children Limitation, Abortion, Family Planning and Family Size

1. Introduction:

The study related to analysing the Egyptian family planning trend for the women's in the birth aging during the 14 past years via the Egypt Demographic Health Survey (EDHS) 2008-2014 and from 2014-2022 and findings the trend upward or downward.

Family planning is the consideration of the number of children a person wishes to have, including the choice to have no children, and the age at which they wish to have them. Things that may play a role on family planning decisions include marital situation, career or work considerations, financial situations. If sexually active, it may be involve the use of term contraception (birth control) and other techniques to control the timing of reproduction.

Get to secure, intentional family arranging is a human right. However, universally at slightest 257 million ladies who need to utilize secure and successful family arranging strategies are incapable to do so since they need get to data, administrations, commodities or the back of their accomplices or communities. Most of the ladies with a neglected require for family arranging live in 69 of the poorest nations on soil (UNFPA).

Other aspects of family planning aside from contraception include sex education,[1][2],pre-conception management, and infertility .[3] United Nations and the World Health Organization defined as , encompasses services leading up to conception. Abortion is not typically as a family planning.[4]

Family planning is sometimes called contraception. However, it involves methods and practices in addition to contraception. Many might wish to use contraception but are not necessarily family planning (e.g., unmarried, young married couples delaying childbearing).

Dr. Abdullah M. Sarg

Family planning has become a comprehensive phrase in this realm and related to woman and her childbearing decisions.

It is related to a couple who wish to limit the children number or control pregnancy timing (also known as spacing children).

Family planning involves in spacing births for healthier pregnancies, so that decreasing risks of maternal morbidity, fetal prematurity and low birth. There is also a positive impact on the individual's social and economic advancement, as raising a child requires significant amounts of resources: time,[5] social, financial,[6] and environmental.[7] Planning can help assure that resources are available.

The goal of family planning is to make sure that any couple, man, or woman who has a child has the resources that are needed to complete this goal.

If the couple does not wish to have a child at the specific time, they can sure that the resources needed to prevent pregnancy, such as birth control, contraceptives, or physical protection and prevention

There is no obvious social impact case against or not conceiving a child. Individually, for most people,[8] bearing a child or not has no measurable impact on personal well-being. A review of the economic literature on life satisfaction shows that specific groups of people are much happier without children.

- Single parents
- Fathers who both work and raise the children equally
- Singles
- The divorced
- The poor
- Those whose children are older than three
- Those whose children are sick^[9]

Despite of, both adoptees and adopters said that they are happier after adoption.[10]

2. UNFPA Aids Egypt in the Family Planning Programs

UNFPA works to bolster family arranging by: pushing for prove and human rights-based family arranging arrangements; guaranteeing a consistent, dependable supply of tall quality contraceptives; reinforcing national wellbeing frameworks; gathering information and financing investigate to bolster this work. UNFPA moreover gives worldwide authority in supporting for progressed get to family arranging, by gathering accomplices – counting governments – to create prove and approaches, and by advertising automatic, specialized and money related help to moo and middle-income nations.

Egypt is the most crowded nation in the Center East and the third most crowded nation in Africa. The 2018 ripeness rate is at 3.1, concurring to a ponder arranged by UNFPA, with information collected from the birth and mortality enrollment framework executed in collaboration between with the Service of Arranging, Checking and Regulatory Change and the Service of Wellbeing and Populace.

UNFPA, along with its partners, works to increase the use of voluntary, rights based family planning though improved supply of family planning services and commodities, increased demand for family planning, and enhanced population governance.

Through the EU Support to Egypt's National Population Strategy, UNFPA works on the following outcomes:

- 1- **Outcome 1:** Scale up Family Planning services including contraceptive commodities and making them more accessible. ("Supply-Side").
- 2- **Outcome 2:** Educate youth and population in reproductive age on family planning and raise public awareness on the value of smaller family size raised ("Demand-Side").

3- Family Planning Modern Methods

Modern methods of family planning include birth control, assisted reproductive technology and family planning programs.

In regard to the use of modern methods of contraception, The United Nations Population Fund (UNFPA) says, "Contraceptives prevent unintended pregnancies, reduce the number of abortions, and lower the incidence of death and disability related to complications of pregnancy and childbirth."^[11] UNFPA states, "If all women with an unmet need for contraceptives were able to use modern methods, an additional 24 million abortions (14 million of which would be unsafe), 6 million miscarriages, 70,000 maternal deaths and 500,000 infant deaths would be prevented."^[11]

Dr. Abdullah M. Sarg

In cases where couples may not want to have children just yet, family planning programs help a lot. Federal family planning programs reduced childbearing among poor women by as much as 29 percent, according to a University of Michigan study.^[12]

Adoption is another option used to build a family. There are seven steps that one must make towards adoption. One must decide to pursue an adoption, apply to adopt, complete an adoption home study, get approved to adopt, be matched with a child, receive an adoptive placement, and then legalize the adoption.^[13]

4- Family Planning or contraception Review

4.1 World Contraception Day: September 26 is designated as World Contraception Day, devoted to raising awareness of contraception and improving education about sexual and reproductive health, with a vision of "a world where every pregnancy is wanted".^[14] It is supported by a group of international NGOs, including:

Asian Pacific Council on Contraception, Centro Latinoamericano Salud y Mujer, European Society of Contraception and Reproductive Health, German Foundation for World Population, International Federation of Pediatric and Adolescent Gynecology, International Planned Parenthood Federation, Marie Stopes International, Population Services International, The Population Council, The USAID, Women Deliver.^[14]

4.2 Abortion: Family planning may be another face of abortion in its concept background. So that it can be called two sides of the same coin this is due to fertilization as the initial moment of pregnancy.

The United Nations Population Fund explicitly states it "never promotes abortion as a form of family planning".^[4] The World Health Organization states that "Family planning/contraception reduces the need for abortion, especially unsafe abortion."^[15] The campaign to conflate contraception and abortion is rooted on the assertion that contraception ends, rather than prevents, pregnancy. Supreme Court in October 2013 led by Physicians for Reproductive Health and the American College of Obstetricians and Gynecologists, a contraceptive method prevents pregnancy by interfering with fertilization, or implantation. Abortion, separate from contraceptives, ends an established pregnancy.^[16]

5- Egypt Situation 2014

The key focus in this part is on levels, differentials, and trends in family planning use. Also presents 2014 EDHS results relating to knowledge of family planning methods and the channels through which Egyptian women receive information about family planning methods. Information on the service providers from which users obtain their methods is presented. Information on family planning is important for understanding one of the principal determinants of fertility and also serves as a key measure for assessing the success of the national family planning program.

5.1 Knowledge of Family Planning Methods

Awareness of family planning methods is crucial in decisions on whether to use a

contraceptive method and which method to use. One of the objectives of the 2014 EDHS was to determine the level of knowledge of contraceptive methods. To assess contraceptive knowledge, respondents were asked separately if they had ever heard about each of 12 contraceptive methods.

These methods included 9 modern methods (pill, IUD, injectable, implant, vaginal methods (diaphragm and contraceptive foam or jelly), male condom, female sterilization, male sterilization, and emergency contraception) and 3 traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding). If a respondent did not recognize a method, the interviewer would describe the method and ask again whether the respondent had heard about it. Methods recognized by the respondent either by name or after the description was read were recorded as known. Finally, provision was made in the questionnaire to record other methods that respondents mentioned spontaneously.

Knowledge of a family planning method is defined in the 2014 EDHS simply as having heard of a method.

Dr. Abdullah M. Sarg

Table 1: Knowledge of Family Planning Methods

Percentage of currently married women age 15-49 who know a family planning method, by specific method, Egypt 2014.

Method	Percent Knowing Method
Any Method	99.9
Any Modern Method	99.9
Pill	99.6
IUD	99.4
Injectable	99.3
Implants	90.4
Diaphragm/foam/jelly	19.6
Male Condom	49.7
Female Sterilization	73.8
Male Sterilization	14.3
Emergency Contraception	7.1
Any Traditional Method	80.8
Periodic Abstinence	30.9
Withdrawal	39.0
Prolonged Breastfeeding	71.7
Other	0.5
Number of Currently Married Women	20460

Source: Egypt Demographic Health Survey (EDHS) 2014

Table (1) shows that knowledge of family planning methods is virtually universal among currently married women in Egypt. Almost all currently married women know about the pill, IUD, and injectable, and 90 percent know about the implant. Around three in four know about female sterilization, and half know about condoms. Other modern methods are less widely recognized. Only 20 percent know about vaginal methods, 14 percent know about male about vaginal methods, 14 percent know about male sterilization, and emergency contraception is recognized by only 7 percent. Prolonged breastfeeding is the most commonly recognized traditional method (72 percent).

5.2. Knowledge of Fertile Period

An elementary understanding of reproductive physiology, particularly knowledge of when in the ovulatory cycle a woman is most likely to become pregnant, is necessary in ensuring success in the use of coitus-related methods such as the condom, vaginal methods, and withdrawal. Such knowledge is especially critical for the practice of periodic abstinence.

Dr. Abdullah M. Sarg

To investigate women's knowledge about their fertile period, the 2014 EDHS respondents were asked whether there are certain days a woman is more likely to become pregnant if she has sexual intercourse. Those who responded affirmatively to that question were asked whether this time is just before the period begins, during the period, right after the period ends, or halfway between two periods.

Table 2: Knowledge of Fertile Period

Percent distribution of currently married women age 15-49 by knowledge of the fertile period during the ovulatory cycle, Egypt 2014

Perceived fertile period	Percent
Just before her menstrual period begins	3.2
During her menstrual period	0.7
Right after her menstrual period has Ended	32.4
Halfway between two menstrual periods	30.4
Other	0.5
No specific time	17.4
Don't know	15.4
Total	100
Number of currently married women	20460

Source: Egypt Demographic Health Survey (EDHS) 2014

Table (2) shows that understanding of the ovulatory cycle is limited among Egyptian women. Less than one-third of currently-married women age 15-49 interviewed in the EDHS knew that a woman has a greater probability of becoming pregnant if she has sexual intercourse halfway between two periods. Around three in ten respondents either were unable to say when a woman is most at risk of pregnancy or believed that a woman's risk is the same throughout the ovulatory cycle.

5.3 Knowledge of Breastfeeding as a Family Planning Method

As mentioned earlier, prolonged breastfeeding is the most widely known traditional family planning method among Egyptian women. Although the belief that women who prolong breastfeeding are protected from pregnancy is widespread, it is not clear that women fully understand the conditions under which breastfeeding may be effective as a family planning method. Research on which the lactational amenorrhea method is based indicates that a breastfeeding mother has a high degree of protection from pregnancy if three conditions are met: (1) the child is less than 6 months old; (2) the mother is still amenorrheic, i.e., her menstrual period has not returned; and (3) the baby is exclusively or nearly exclusively breastfed and fed frequently both during the day and at night.

Dr. Abdullah M. Sarg

To explore women's awareness of these conditions, the 2014 EDHS included questions about the number of months a woman is protected from pregnancy if she breastfeeds, whether a breastfeeding mother is protected from pregnancy if her menstrual period returns, and whether the mother is still protected if the child is given other liquids or solids besides breast milk or the baby sleeps through the night without feeding and feeds only a few times during the day.

Table 3: Belief that Breastfeeding Reduces Chances of Pregnancy

Percent distribution of currently married women age 15-49 by the belief that breastfeeding may help a woman avoid pregnancy, Egypt 2014

Belief breastfeeding reduces chances of pregnancy	
Considers prolonged breastfeeding as a family planning method	71.7
Believes breastfeeding may help avoid pregnancy	2.5
Does not believe breastfeeding may help avoid pregnancy	25.8
Total	100
Number of currently married women	20460

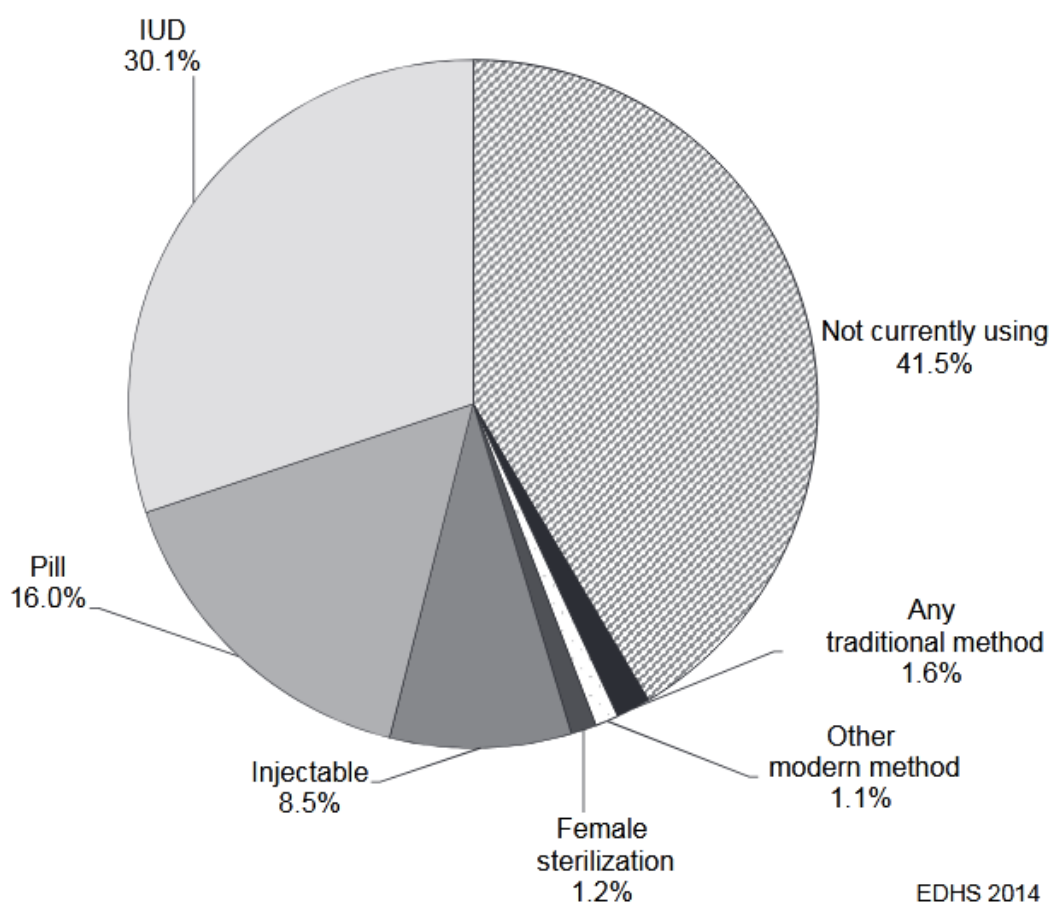
Source: Egypt Demographic Health Survey (EDHS) 2014

Table (3) shows that the questions were directed toward women who reported during the administration of the contraceptive knowledge table that they had heard of prolonged breastfeeding (72 percent) and an additional 3 percent who did not know about prolonged breastfeeding but said in response to a separate question that breastfeeding can help to avoid pregnancy.

5.4 Current use of Family Planning

Overall, the 2014 EDHS findings revealed the following indicators.

Dr. Abdullah M. Sarg



Source: Egypt Demographic Health Survey (EDHS) 2014

Figure 1: Current uses by Method

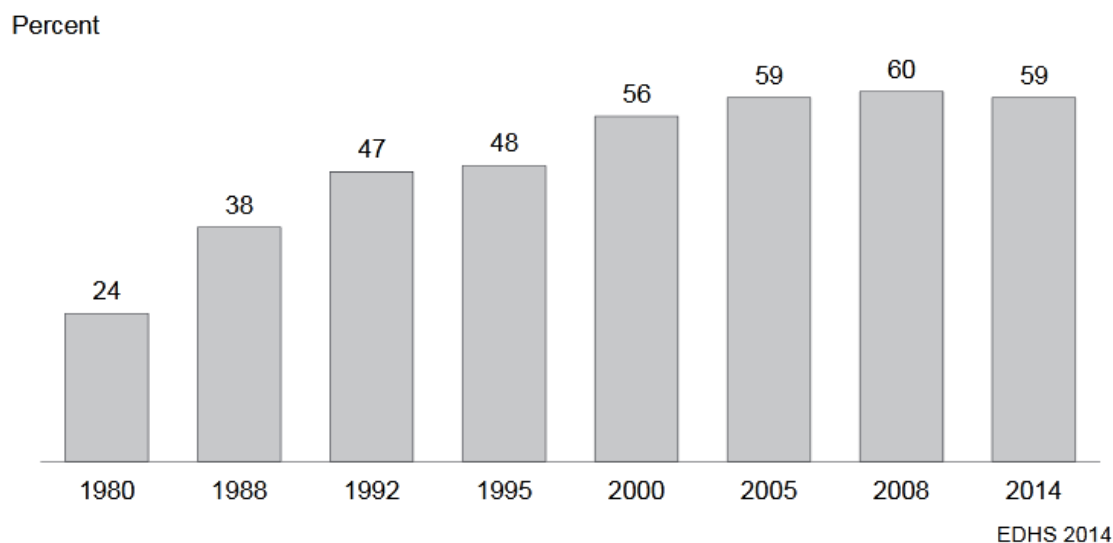
Figure (1) revealed that 59 percent of currently married women in Egypt are currently using a contraceptive method Figure (1). The most widely used method is the IUD, followed by the pill and injectables. Thirty percent of currently married women are using the IUD, 16 percent are relying on the pill, and 9 percent are employing injectables. Relatively small proportions of women are using other modern methods; e.g., 1 percent reported currently using female sterilization. Two percent of women report use of traditional methods.

5.5 TRENDS IN CURRENT USE OF FAMILY PLANNING

5.5.1 Trends in Current Use Since 1980

Using data from earlier surveys as well as the 2014 EDHS, Figure (2) present trends in the level of contraceptive use over the past several decades.

Dr. Abdullah M. Sarg



Source: Egypt Demographic Health Survey (EDHS) 2014

Figure 2: Trends in current use of family planning, Egypt 1980-2014

As Figure (2) shows, contraceptive use levels rose rapidly in the 1980s, and, by the time of the 1992 EDHS, the overall use rate was 47 percent, almost twice the rate reported in the 1980 Egypt Fertility Survey (24 percent). The use rate continued to rise—although at a more moderate rate—reaching 60 percent at the time of the 2003 EIDHS. Since 2003, the use rate has not changed significantly, fluctuating between 59 and 60 percent.

5.6 Sources for Modern Family Planning Methods

5.6.1 Sources by Method

The 2014 EDHS collected information on the sources from which family planning methods were obtained. To collect these data, current users of modern methods were asked for the name and location of the source where they had gotten their method at the beginning of the current segment of use. Users relying on supply methods like the pill and the injectable were also asked about the source where they had most recently obtained the method.

Dr. Abdullah M. Sarg

Table 4: Source of Modern Family Planning Methods

Percent distribution of current users of modern family planning methods by most recent source, according to specific methods, Egypt 2014.

Source	Pill	IUD	Injectable	Male Condom	Female Sterilization	Total
Public Sector	34.3	62.9	83.1	23.3	21.3	56.7
Private Sector						
Total	64.9	37.1	16.4	75.2	78.7	43.1
Number of users	100	100	100	100	100	100
	3278	6156	1733	95	248	11638

Source: Egypt Demographic Health Survey (EDHS) 2014

Total column Includes users of implants and vaginal methods (diaphragm/foam/jelly) for whom the source distribution is not shown separately

Table (4) presents the distribution of current users of modern family planning methods by the most recent source for all modern methods and separately for the IUD, pill, injectables, male condom, and female sterilization.

Overall, family planning users in Egypt are more likely to obtain their method from a public sector (57 percent) source than a private provider (43 percent). The majority of both IUD and injectable users rely on public sector providers for their method. In the case of the IUD, more than 6 in 10 current users had the method inserted at a public sector provider. Among injectable users, 83 percent got the method from a public sector provider. Supplying 62 percent of all current injectable users. In contrast to IUD and injectable users, pill users and the small number of users of the condom and female sterilization reported obtaining their method more often from a private than a public sector provider. Pharmacies were the principal source for the pill and condoms. More than three-quarters of women using female sterilization reported the procedure was performed by a private medical provider.

5.6.2 Trends in Sources of Modern Methods

Trends in the source of family planning methods during the period between the 1995 EDHS and the 2014 EDHS are presented in Table (5) for users of all modern methods and for IUD users. Overall, the percentage of users who obtained the modern method at a public sector provider increased from 36 percent in 1995 to 60 percent in 2008 then declined to 57 percent in 2014.

Dr. Abdullah M. Sarg

Considering the trends by residence, reliance on public sector providers decreased in all areas between 2008 and 2014.

To some extent, the decline in reliance on public sector sources is attributable to the shift in the method mix among users to somewhat greater reliance on the pill, which is primarily obtained from pharmacies.

Table 5: Trends in reliance on public sector sources for modern family planning methods

Percentage of current users of the IUD and of all modern methods obtaining the method at a public sector source, Egypt 1995-2014

Method	IUD					Modern methods				
	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS
Total	44.5	54.0	61.8	66.6	62.9	35.7	48.6	56.6	59.6	56.7

Source: Egypt Demographic Health Survey (EDHS) 2014 and, El-Zanaty and Way, 2009, Table 6.10

Does not include North and South Sinai governorates

Table (5) shows that the proportion of IUD users obtaining their method from public sector providers decreased, from 67 percent at the time of the 2008 EDHS to 63 percent at the time of the 2014 survey. Table 6.13 also shows that the proportion of IUD users obtaining their method from public sector providers decreased, from 67 percent at the time of the 2008 EDHS to 63 percent at the time of the 2014 survey.

5.7 Intention to use Contraception in the Future and Preferred Method

To obtain information about potential demand for family planning services, currently married women who were not using contraception at the time of the survey were asked about their intention to adopt family planning methods in the future. Table (6) shows the percent distribution of nonusers by their intention to use in the future, according to number of living children.

Dr. Abdullah M. Sarg

Table 6: Future use of family planning

Percent distribution of currently married women age 15-49 who are not using a family planning method by intention to use in the future, according to number of living children, Egypt 2014.

Intention to use in the future	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	44.2	68.6	66.5	62.2	50.7	60.1
Unsure	16.4	8.0	5.5	5.8	4.8	7.4
Does not intend to use	39.5	23.3	27.7	31.7	44.2	32.4
Missing	0.0	0.0	0.3	0.2	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	1,087	1,929	2,089	1,642	1,739	8,486

¹ Includes current pregnancy.

Source: Egypt Demographic Health Survey (EDHS) 2014

Table (6) shows that among all currently married nonusers, 60 percent intend to use family planning sometime in the future, 32 percent do not plan to use in the future, and the remaining nonusers are unsure about their intentions. The intention to use varies with the number of living children the nonuser has. Overall, the proportion saying they plan to use in the future is highest among women with one child (69 percent). Among childless women, 44 percent say they will use family planning in the future. This represents a substantial decline from the proportion of childless women saying they intended to use in the future at the time of the 2008 EDHS (60 percent).

Nonusers who planned to use family planning in the future were asked about the method they would prefer to use.

Table 7: Preferred Family Planning Method

Percent distribution of currently married women age 15-49 who are not using a family planning method but who intend to use in the future by preferred method, Egypt 2014

Method	Percent
Pill	28.4
IUD	33.6
Injectables	10.7
Diaphragm	0.2
Condom	1.5
Female sterilization	1.0
Periodic abstinence	0.0
Withdrawal	0.1
Prolonged breastfeeding	0.0
Other	5.9
Unsure	18.5
Total	100.0
Number of currently married women	5,097

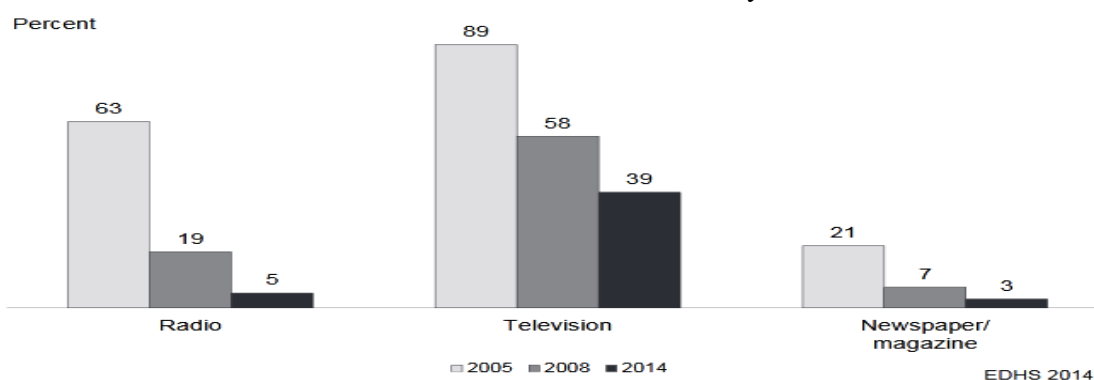
Source: Egypt Demographic Health Survey (EDHS) 2014

Dr. Abdullah M. Sarg

Table (7) shows that 34 percent of all nonusers who plan to use prefer the IUD. The remaining nonusers are mainly divided between those who prefer the pill (28 percent) and those who prefer injectables (11 percent). Around one-fifth of the nonusers intending to use a method in the future indicate that they are unsure which method they prefer.

5.8 Trends in Exposure to Family Planning Messages, Egypt 2005-2014

Comparing the levels of exposure to selected media found in the 2014 EDHS with the levels observed in the 2005 and 2008 surveys.



Source: Egypt Demographic Health Survey (EDHS) 2014

Figure 3: Trends in exposure to family planning messages, Egypt 2005-2014

Figure (3) shows sharp declines in exposure to family planning information over the past decade in Egypt. For example, the proportion of women reporting exposure to family planning messages on television dropped from almost 90 percent in 2005 to less than 40 percent in 2014. The proportion reporting hearing about family planning on the radio dropped sharply as well, from 63 percent of women in 2005 to 5 percent in 2014.

5.9 Participation in Family Planning Decision Making

Current users were asked questions about participation in the decision to use family planning. The results presented in table 8.

Dr. Abdullah M. Sarg

Table 8: Family planning decision-making Percent distribution of current users by person mainly responsible for decision to use family planning, according to background characteristics, Egypt 2014.

Background characteristic	Person mainly responsible for decision to use contraception				Total	Number of users
	Mainly respondent	Joint decision	Mainly husband	Other/missing		
Age						
15-19	20.6	77.4	2.1	0.0	100.0	153
20-24	20.5	77.3	1.5	0.7	100.0	1,259
25-29	21.2	75.4	3.1	0.3	100.0	2,546
30-34	21.9	75.2	2.5	0.5	100.0	2,570
35-39	24.7	72.9	2.1	0.3	100.0	2,383
40-44	22.7	75.3	1.5	0.5	100.0	1,830
45-49	24.1	73.6	1.9	0.4	100.0	1,231
Number of living children						
0	*	*	*	*	100.0	2
1	19.7	78.1	1.4	0.8	100.0	1,126
2	21.0	75.5	3.0	0.5	100.0	3,376
3	22.1	75.7	1.9	0.3	100.0	3,827
4+	25.1	72.5	2.0	0.4	100.0	3,642
Urban-rural residence						
Urban	22.4	75.6	1.8	0.3	100.0	4,345
Rural	22.5	74.5	2.5	0.5	100.0	7,629
Place of residence						
Urban Governorates	20.8	78.6	0.5	0.1	100.0	1,595
Lower Egypt	22.3	75.0	2.3	0.4	100.0	6,438
Urban	23.0	74.9	1.7	0.4	100.0	1,362
Rural	22.2	75.0	2.4	0.4	100.0	5,076
Upper Egypt	23.7	72.9	2.9	0.6	100.0	3,839
Urban	23.9	72.2	3.5	0.4	100.0	1,329
Rural	23.5	73.2	2.6	0.7	100.0	2,510
Frontier Governorates ¹	12.3	87.4	0.3	0.0	100.0	102
Education						
No education	23.8	73.1	2.6	0.5	100.0	2,829
Some primary	24.2	72.7	2.0	1.0	100.0	697
Primary complete/some secondary	24.0	73.6	2.2	0.3	100.0	1,954
Secondary complete/higher	21.3	76.3	2.1	0.4	100.0	6,494
Work status						
Working for cash	23.9	74.7	1.2	0.3	100.0	1,758
Not working	22.2	74.9	2.4	0.5	100.0	10,216
Wealth quintile						
Lowest	25.5	71.5	2.3	0.7	100.0	2,026
Second	23.1	73.7	2.6	0.6	100.0	2,215
Middle	21.6	75.5	2.6	0.3	100.0	2,735
Fourth	21.4	75.9	2.3	0.4	100.0	2,551
Highest	21.5	77.0	1.3	0.2	100.0	2,447
Total	22.5	74.9	2.2	0.4	100.0	11,974

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Does not include North and South Sinai governorates

Source: Egypt Demographic Health Survey (EDHS) 2014

Table (8) indicated that virtually all women felt that they had a main role in the decision to use a family planning method. The majority of users made the decision to use mainly on their own (23 percent) or jointly with their husband (75 percent). Only 2 percent said the husband was mainly responsible for the decision to adopt a method.

6- Egypt Situation 2021

The data on the current use of family planning is among the most important information collected in EFHS-2021 since it provides insight into one of the principal determinants of fertility and serves as a key measure for assessing the success of the national family planning program. This part focuses on data from EFHS-2021 on levels, differentials, and trends in current use. Information on the service providers from which users obtain their methods will also be presented.

6.1 Knowledge of Family Planning Methods

Awareness of family planning methods is crucial in decisions on whether to use a contraceptive method and which method to use. To assess contraceptive knowledge, respondents were asked if they had ever heard about each of 12 contraceptive methods. These methods included 9 modern methods (pill, IUD, injectable, implant, vaginal methods (diaphragm and contraceptive foam or jelly), male condom, female sterilization, male sterilization, and emergency contraception) and 3 traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding). If a respondent did not recognize a method, the interviewer would describe the method and ask again whether the respondent had heard about it. Methods recognized by the respondent either by name or after the description was read were recorded as known. Finally, provision was made in the questionnaire to record other methods that respondents mentioned spontaneously.

No questions were asked to get information on depth of knowledge of the methods (e.g., on the respondent's understanding of how to use a specific method). Therefore, knowledge of a family planning method is defined here simply as having heard of a method.

Dr. Abdullah M. Sarg

Table 9: Knowledge of family planning methods

Percentage of currently married women aged 15-49 who know a family planning method, by specific method, Egypt 2021.

Method	Percent Knowing Method
Any Method	99.9
Any Modern Method	99.9
Pill	99.5
IUD	99.4
Injectable	99.3
Implants	96.0
Diaphragm/foam/jelly	29.1
Male Condom	63.3
Female Sterilization	78.5
Male Sterilization	13.6
Emergency Contraception	17.4
Any Traditional Method	85.4
Periodic Abstinence	44.9
Withdrawal	51.1
Prolonged Breastfeeding	76.8
Other	0.1
Number of Currently Married Women	19044

Source: Egypt Demographic Health Survey (EDHS) December 2021

Table (9) shows that knowledge of family planning methods is virtually universal among currently married women in Egypt. Almost all currently married women know about the pill, IUD, and injectable, and 96 % know about the implant, and around 9 in 10 know about female sterilization, and 6 out of 10 know about condoms. Data indicated that other modern methods are less widely recognized. Only 29% know about vaginal methods, 14 % know about male sterilization, and 17% know about emergency contraception. Prolonged breastfeeding is the most commonly recognized traditional method (77%).

6.2 Knowledge of Fertile Period

An elementary understanding of reproductive physiology, particularly knowledge of when in the ovulatory cycle a woman is most likely to become pregnant, is necessary in ensuring success in the use of coitus-related methods such as the condom, vaginal methods, and withdrawal. Such knowledge is especially critical for the practice of periodic abstinence.

Dr. Abdullah M. Sarg

Table 10: Knowledge of Fertile Period

Percent distribution of currently married women aged 15-49 by knowledge of the fertile period during the ovulatory cycle, Egypt 2021 ovulatory cycle, Egypt 2021.

Perceived fertile period	Percent
Just before her menstrual period begins	0.1
During her menstrual period	0.7
Right after her menstrual period has Ended	43.7
Halfway between two menstrual periods	28.5
Other	0.2
No specific time	16.2
Don't know	9.8
Total	100
Number of currently married women	19044

Source: Egypt Demographic Health Survey (EDHS) December 2021

Table (10) shows that understanding of the ovulatory cycle is limited among Egyptian women, around 29% only (i.e., less than one-third) of currently married women in the age 15-49 interviewed in the EFHS-2021 knew that a woman has a greater probability of becoming pregnant if she has sexual intercourse halfway between two periods. Around one in four respondents were either unable to say when a woman is most at risk of pregnancy or believed that a woman's risk is the same throughout the ovulatory cycle. In addition, 44% of women reported that a woman has greater probability of becoming pregnant immediately after the period.

6.3 Knowledge of Breastfeeding as a Family Planning Method:

As mentioned earlier, prolonged breastfeeding is the most widely known traditional family planning method among Egyptian women. Although the belief that women who prolong breastfeeding are protected from pregnancy is widespread, it is not clear that women fully understand the conditions under which breastfeeding may be effective as a family planning method. Research on which the lactational amenorrhea method is based indicates that a breastfeeding mother has a high degree of protection from pregnancy if three conditions are met: (1) the child is less than 6 months old; (2) the mother is still amenorrheic, i.e., her menstrual period has not returned; and (3) the baby is exclusively or nearly exclusively breastfed and fed frequently (on demand) both during the day and at night.

Dr. Abdullah M. Sarg

In order to study women's awareness of these conditions, the EFHS-2021 included questions about the number of months a woman is protected from pregnancy if she breastfeeds, whether a breastfeeding mother is protected from pregnancy if her menstrual period returns, and whether the mother is still protected if the child is given other liquids or solids besides breast milk or the baby sleeps through the night without feeding and feeds only a few times during the day.

Table 11: Belief that Breastfeeding Reduces Chances of Pregnancy

Percent distribution of currently married women aged 15-49 by the belief that breastfeeding may help a woman avoid pregnancy, Egypt2021.

Belief breastfeeding reduces chances of pregnancy	
Considers prolonged breastfeeding as a family planning method	76.8
Believes breastfeeding may help avoid pregnancy	2.9
Does not believe breastfeeding may help avoid pregnancy	20.3
Total	100
Number of currently married women	19044

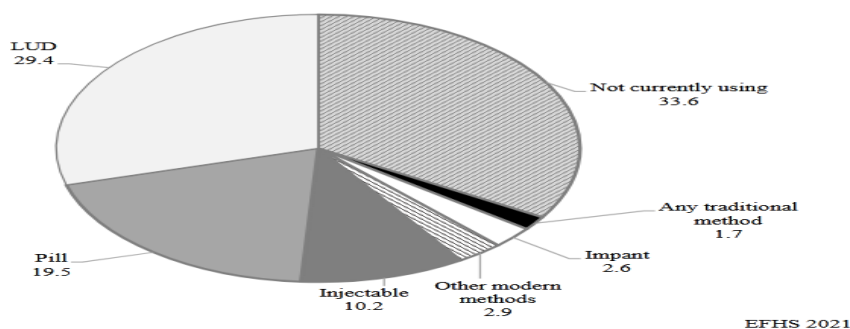
Source: Egypt Demographic Health Survey (EDHS) December 2021

Table (11) shows that all these questions were directed toward women who reported during the administration of the contraceptive knowledge table that they had heard of prolonged breastfeeding (77%) and an additional 3% who did not know about prolonged breastfeeding but said in response to a separate question that breastfeeding can help to avoid pregnancy.

Dr. Abdullah M. Sarg

6.4 CURRENT USE OF FAMILY PLANNING

Overall, EFHS-2021 results indicators.



Source: Egypt Demographic Health Survey (EDHS) December 2021

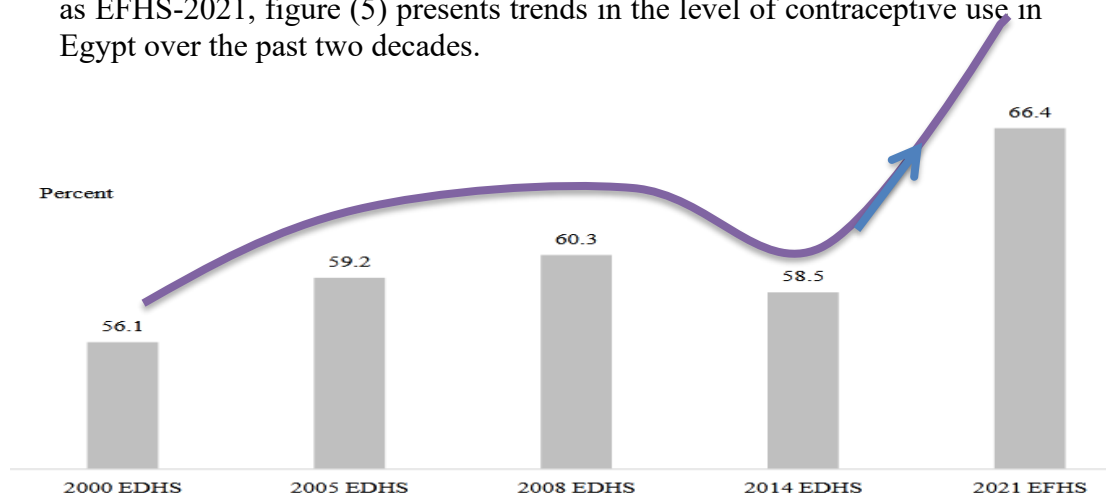
Figure 4: Current uses by method

Figure (4) revealed that 66.4% of currently married women in Egypt are currently using a contraceptive method. Figure (4) IUD is considered the most widely used method followed by pills and injectables, where 20% of currently married women rely on the pill and 10% currently using injectables. Relatively small proportions of women are using other modern methods, for example, 2.6% reported currently using implant, 2% currently using female sterilization. Less than 2% of women report using traditional methods.

6.5 TRENDS IN CURRENT USE OF FAMILY PLANNING

6.3.1 Trends in Current Use Since 2000

Using data from earlier Demographic and Health surveys since 2000 as well as EFHS-2021, figure (5) presents trends in the level of contraceptive use in Egypt over the past two decades.



Source: Egypt Demographic Health Survey (EDHS) December 2021

Figure 5: Trends in current use of family planning, Egypt 2000-2021

Dr. Abdullah M. Sarg

Figure (5) shows, contraceptive use levels rose rapidly between 2000 and 2008 from 56.1% to 60.3%, and by the time of the 2014 EDHS, the overall use rate declined to the same level reported in 2005 (almost 58.5%). An EFHS-2021 result indicates that contraceptive use has increased again to reach 66.4%.

6.6 Sources for Family Planning Methods

6.6.1 Sources by Method

EFHS-2021 collected detailed information on the sources from which family planning methods were obtained. To collect these data, current users of modern methods were asked for the name and location of the source where they had gotten their method at the beginning of the current segment of use. Users relying on supply methods like the pill and the injectable were also asked about the source where they had most recently obtained the method.

Table 12: Source of Modern Family Planning Methods

Percent distribution of current users of modern family planning methods by most recent source, according to specific methods, Egypt 2021.

Source	Pill	IUD	Injectable	Implants	Female Sterilization	Total
Public Sector	54.1	62.9	83.3	95.5	17.3	62.5
Private Sector	45.8	37.1	16.5	4.5	81.8	37.4
Total	100	100	100	100	100	100
Number of users	3713	5614	1944	506	385	12324

Source: Egypt Demographic Health Survey (EDHS) December 2021

Total column Includes users of implants and vaginal methods (diaphragm/foam/jelly) for whom the source distribution is not shown separately

Table (12) presents the distribution of current users of modern family planning methods by the most recent source for all modern methods and separately for the IUD, pill, injectables, implants, and female sterilization.

Overall, data indicated that family planning users in Egypt are more likely to obtain their method from a public sector (62.5%) more than private provider (37.4%). The majority of IUD, injectable and implant users rely on public sector providers for their method, while the majority of sterilized women rely on private sector (81.8%). Results indicated that in the case of the IUD, more than 6 in 10 current users had the method inserted at a public sector. Among injectable users, 83.3% got the method from a public sector provider.

Dr. Abdullah M. Sarg

Results indicated that in the case of the IUD, more than 6 in 10 current users had the method inserted at a public sector, mainly at urban hospital or rural health units or urban health unit. Among injectable users, 83.3% got the method from a public sector provider. Supplying more than 63% of all current injectable users. In addition, 95.5% of women inserted implant by public service provider,

In contrast to IUD and injectable users, the small number of women using female sterilization reported obtaining their method more often from a private than a public sector provider, where 4 of 5 women using sterilization reported that sterilization was done by private service provider. As for pill users. Table (12) shows that 54% of pill users reported obtaining their method from a public sector provider and 46% from private sector. Generally, pharmacies units are considered the principal source for the pill.

6.6.2 Trends in Sources of Modern Methods

Trends in the source of family planning methods during the period between the 2000 EDHS and EFHS-2021 for users of all modern methods and for IUD users. Overall, the percentage of users who obtained the modern method at a public sector provider increased from 49% in 2000 to around 63% in 2021. Considering the trends, reliance on public sector providers decreased in all areas between 2008 and 2014, and then increased again in 2021. To some extent, the decline in reliance on public sector sources is attributable to the shift in the method mix among users to somewhat greater reliance on the pill, which is primarily obtained from pharmacies.

Table 13: Trends in reliance on public sector sources for modern family planning methods

Percentage of current users of the IUD and of all modern methods obtaining the method at a public sector source, Egypt 2000-2021

Method	IUD					Modern methods				
	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS	2021 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS	2021 EDHS
Total	54.0	61.8	66.6	62.9	62.8	48.6	56.6	59.6	56.7	67.5

Source: Egypt Demographic Health Survey (EDHS) December 2021 and MOHP and El-Zanaty & Associates, 2015, Table 6.9

Does not include North and South Sinai governorates

Dr. Abdullah M. Sarg

Table (13) shows that the proportion of IUD users obtaining their method from public sector providers decreased, from 67 % at the time of the 2008 EDHS to 63 % at the time of the 2014 survey and continue with the same level in EFHS-2021.

6.7 Intention to use contraception in the future

Currently married women who were not using contraception at the time of the survey were asked about their intention to adopt family planning methods in the future.

Table (14): Future use of family planning

Percent distribution of currently married women aged 15-49 who are not using a family planning method by intention to use in the future, according to number of living children, Egypt 2021.

Intention to use in the future	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	40.3	59.2	58.5	59.1	45.9	54.2
Unsure	14.1	7.5	6.6	5.5	5.4	7.0
Does not intend to use	36.2	28.6	27.3	26.9	37.5	30.6
Missing	9.4	4.7	7.6	8.4	11.3	8.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	626	1184	1620	1549	1418	6398

¹ Includes current pregnancy.

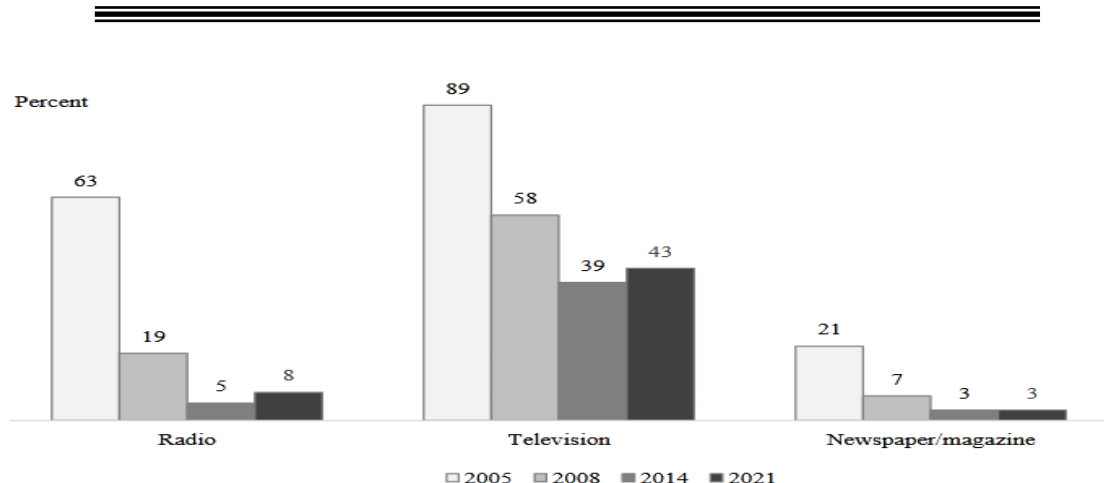
Source: Egypt Demographic Health Survey (EDHS) December 2021

Table (14) shows that 54% intent to use family planning sometime in the future, and 31% do not plan to use in the future. The intention to use in the future increases among women with 1-3 children (around 60%). The reasons for low level of intend to use in the future among women with 4 children or more may be due to the fact that some have reached their menopause. Table (14) shows that 54% intent to use family planning sometime in the future, and 31% do not plan to use in the future. The intention to use in the future increases among women with 1-3 children (around 60%). The reasons for low level of intend to use in the future among women with 4 children or more may be due to the fact that some have reached their menopause.

6.8 Trends in Exposure to Family Planning Messages, Egypt 2005-2021

Comparing the levels of exposure to selected media found in EFHS-2021 with the levels observed in the 2005 and 2008, and 2014 EDHS surveys.

Dr. Abdullah M. Sarg



Source: Egypt Demographic Health Survey (EDHS) December 2021

Figure (6): Trends in exposure to family planning messages, Egypt 2005-2021

Figure (6) shows decline in exposure to family planning information over the past decade in Egypt; however, there is limited increase between 2014 and 2021. For example, the proportion of women reporting exposure to family planning messages on television dropped from 89% in 2005 to 58% in 2008, then to less than 40% in 2014, then increased again to 43% in 2021. The proportion reporting hearing about family planning on the radio dropped sharply as well, from 19% of women in 2008 to 5 % in 2014, to increase again to 8% in 2021.

7.9. Participation in Family Planning Decision-Making

Current users were asked questions about participation in the decision to use family planning. The results presented in table15.

Dr. Abdullah M. Sarg

Table 15: Family planning decision-making Percent distribution of current users by person mainly responsible for decision to use family planning, according to background characteristics, Egypt 2021.

Background characteristic	Person mainly responsible for decision to use contraception				Total	Number of users
	Mainly respondent	Joint decision	Mainly husband	Other/missing		
Age						
15-19	13.9	81.9	3.6	0.6	100.0	147
20-24	21.2	76.7	1.8	0.3	100.0	1120
25-29	20.2	76.6	3.1	0.1	100.0	1923
30-34	20.1	76.3	3.0	0.6	100.0	2709
35-39	20.1	77.2	2.2	0.5	100.0	2972
40-44	20.9	75.8	2.5	0.7	100.0	2436
45-49	22.7	73.8	2.6	0.9	100.0	1340
Number of living children						
0	*	*	*	*	100.0	6
1	17.6	79.4	2.6	0.3	100.0	780
2	20.9	75.8	2.8	0.5	100.0	3008
3	20.6	76.8	2.0	0.6	100.0	4334
4+	20.9	75.6	3.0	0.6	100.0	4518
Urban-rural residence						
Urban	21.5	75.4	2.4	0.8	100.0	4835
Rural	20.0	76.9	2.7	0.4	100.0	7812
Place of residence						
Urban Governorates	24.0	73.0	2.3	0.7	100.0	1904
Lower Egypt	21.2	76.3	2.2	0.4	100.0	6178
Urban	21.3	75.7	2.4	0.6	100.0	1470
Rural	21.1	76.5	2.1	0.3	100.0	4708
Upper Egypt	18.4	77.7	3.2	0.7	100.0	4426
Urban	18.1	78.5	2.5	0.9	100.0	1367
Rural	18.5	77.4	3.5	0.5	100.0	3059
Frontier Governorates ¹	17.8	76.3	4.2	1.7	100.0	139
Education						
No education	20.6	76.0	3.2	0.2	100.0	2023
Some primary	25.7	69.9	3.7	0.7	100.0	598
Primary complete/some secondary	23.6	72.8	3.1	0.4	100.0	2461
Secondary complete/higher	19.2	78.0	2.1	0.7	100.0	7563
Work status						
Working for cash	24.2	72.3	2.5	1.0	100.0	2056
Not working for cash	19.9	77.1	2.6	0.5	100.0	10590
Wealth quintile						
Lowest	22.0	74.8	2.8	0.4	100.0	2333
Second	19.4	77.4	2.8	0.4	100.0	2347
Middle	22.1	74.3	3.0	0.6	100.0	2582
Fourth	20.9	75.9	2.4	0.8	100.0	2729
Highest	18.6	79.0	1.9	0.5	100.0	2656
Total	20.6	76.3	2.6	0.5	100.0	12646

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Does not include North Sinai governorate.**Source: Egypt Demographic Health Survey (EDHS) December 2021**

Table (15) indicates that virtually all women felt that they had a main role in the decision to use a family planning method. The majority of users made the decision to use mainly on their own (21%) or jointly with their husband (76%). Only around 3% of current users said the husband was mainly responsible for the decision to adopt a method. There are no significant differences according to residence.

8. Comparison between EDHS 2014 and EDHS 2022 Family Planning Results

(A) The number of married women in 2014 is 20460 from this number 11638 using any family planning methods the percentage approximately may be (57%).

Dr. Abdullah M. Sarg

(B) The number of married women in 2022 is 19044 from this number 12324 using any family planning methods the percentage approximately may be (65%) which reflects an increase in the usage of family planning methods by 8%.

(C) In 2014 may be all married women knowing any family planning methods as a percentage 99.9 by a high percentage may be greater than the past periods of EDHS 2014.

(D) In 2022 may be all married women knowing any family planning methods by the same percentage 99.9 as in EDHS 2014 without any decline.

(E) In EDHS 2014 approximately 42% don't use family planning methods.

(F) In EDHS 2022 approximately 34% don't use family planning methods which reflect an increase in family planning usage by 8%.

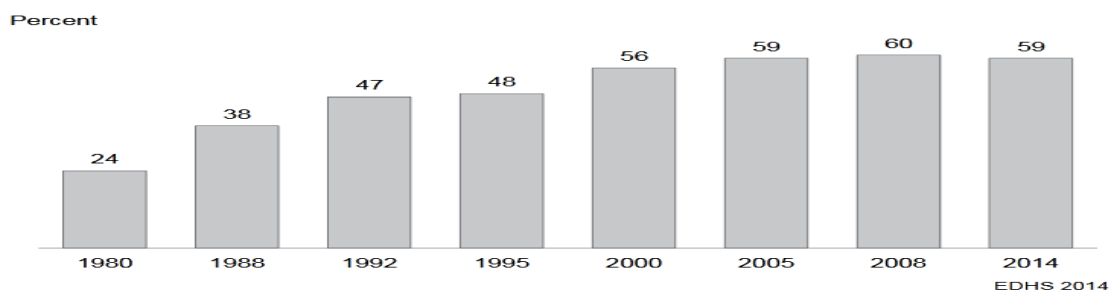
(G) Relaying on public sector for IUD and Modern Methods in 2014.

Meth od	IUD					Modern Methods				
Years	1995 EDH S	2000 EDH S	2005 EDH S	2008 EDH S	2014 EDH S	1995 EDH S	2000 EDH S	2005 EDH S	2008 EDH S	2014 EDH S
Total	44.5	54.0	61.8	66.6	62.9	35.7	48.6	56.6	59.6	56.7

(H) Relaying on public sector for IUD and Modern Methods in 2022.

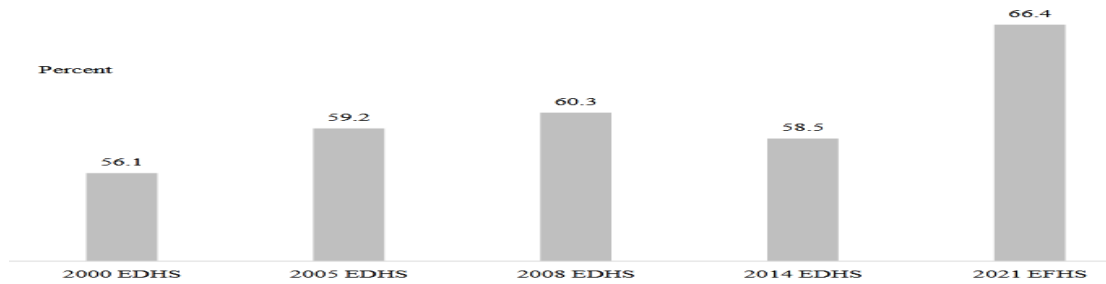
Meth od	IUD					Modern Methods				
Years	2000 EDH S	2005 EDH S	2008 EDH S	2014 EDH S	2021 EDH S	2000 EDH S	2005 EDH S	2008 EDH S	2014 EDH S	2021 EDH S
Total	54.0	61.8	66.6	62.9	62.8	48.6	56.6	59.6	56.7	67.5

(I) Trends in Current Use Since 1980

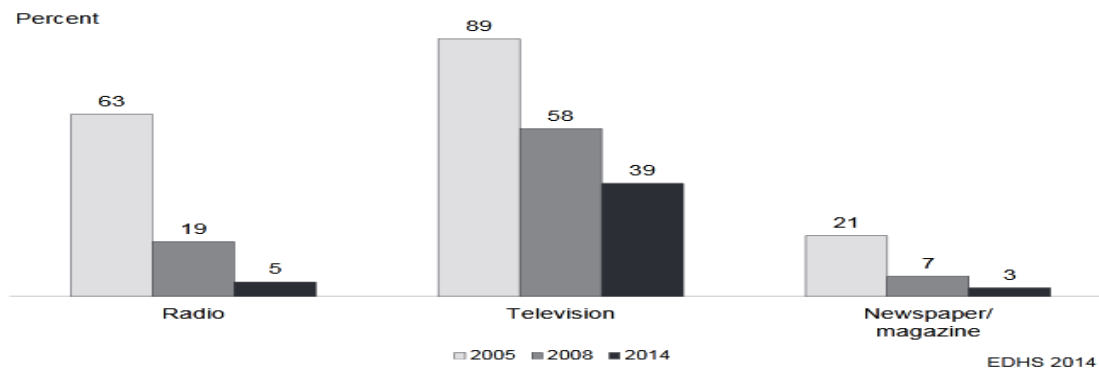


Dr. Abdullah M. Sarg

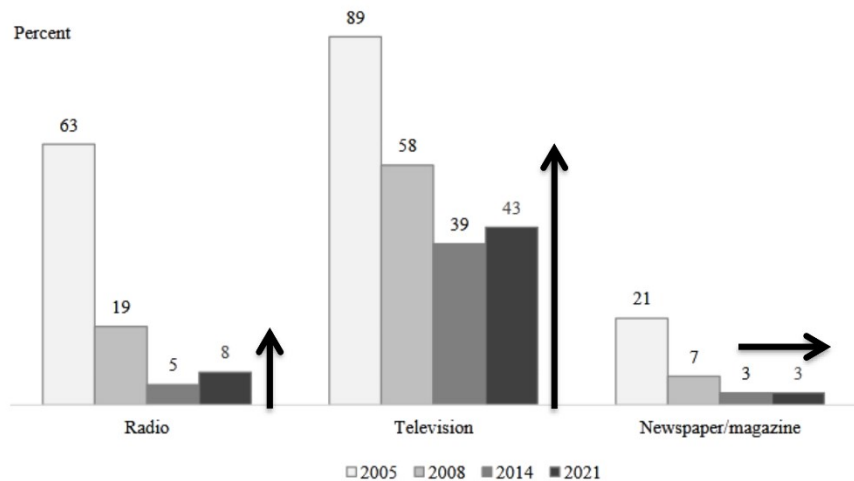
(J) Trends in Current Use Since 2000



(K) Trends in Exposure to Family Planning Messages, Egypt 2005-2014



(L) Trends in Exposure to Family Planning Messages, Egypt 2005-2021



8- Conclusions and Contributions

The family planning or contraception programs was not as required, that is, it did not fulfil its known or declared function,, which is to preserve the health of the mother and children , and provide a good health care and good education for every children by spacing the children's using these methods. But it becomes clear that they lead to laxity childbearing, that is limiting fertility , actual childbearing, and then the decline in the number of births due to several reasons, including(economic, poor health, , or the mothers access to a long period of child care as the mothers age reaches to menopause, and the risk of pregnancy is clearly noticeable in the age and gender composition of the population of the Arab Republic of Egypt through the shape of population pyramids of 2022 which has a small and narrow base compared to its counterpart in 2014, and a radical change in the age and gender composition of the population in the next 10 years.

According to the EDHS 2014 results the fertility levels are the main determinant of population growth. Since 2006, fertility levels in Egypt were on an upward trend, reaching its highest level in 2014 at 3.5. Fertility levels decreased at a slow pace in 2017 (3.4) compared to 2014, but saw a sharp decrease in 2018, reaching 3.1.

The 2014 EDHS shows that around 59 percent of right now hitched ladies in Egypt are utilizing contraception. The most broadly utilized strategies are the IUD, the pill, and injectables, and three percent of these ladies cited that they utilize conventional strategies. Subsequently, 41 percent of hitched ladies were, as of 2014, not utilizing any family arranging strategy.

The main important conclusion and contribution in this research is that the family planning programs in Egypt playing an important role in control or reducing the Egyptian family size by reducing the number of children's in any family which uses any method of contraception and also reducing the frequency of pregnancy due to the current contraception trend between the periods (2008-2022) which appears the continues increase in the usage of modern and traditional contraception methods.

The increasing in the usage of contraception methods affects in reducing the fertility rates especially in Egypt during the periods (2008-2022).

According to the EDHS 2014 and 2022 final results and contributions the next key findings were recorded:

1. Fifty-nine percent of currently married women in Egypt are currently using a family planning method, which represents a slight drop from the level in 2008 (60 percent).
2. The IUD remains the preferred method; however, the proportion using the IUD has dropped from 36 percent in 2008 to 30 percent.
3. Pills are about twice as popular as injectables (16 percent and 9 percent, respectively).
4. Level of current use of family planning is 66.4% among currently married women in Egypt, which represents increase of about 8% from the level observed in 2014 (58.5 %).
5. The IUD remains the preferred method; however, the proportion using the IUD has dropped to 29% compared with 30% in 2014, and 36% in 2008.
6. Pill use is about twice that of injectables use (20% and 10%, respectively).
7. Also, the continue increase in family planning methods must be affects the low level of fertility and this may be an evidence of low economy conditions, there is an evidence which reflects the results of the huge use of Egyptian women to family planning contraception nowadays and in the future is the narrow base of the Egypt population pyramids in 2014 and 2022 which show the decline in fertility in (0-5) age as a result of the free use of the family planning methods during 2014-2022 Age and Sex Composition.
8. Figure (7) presents the population pyramid for Egypt based on EFHS-2021 data, which was constructed using the sex and age distribution of household population. Data indicated a decline in fertility during the past five years preceding the survey, which is evident by the decline in the percentage of population under the age of 5 years. This indicates an expected further decline in fertility levels in the future.

Dr. Abdullah M. Sarg

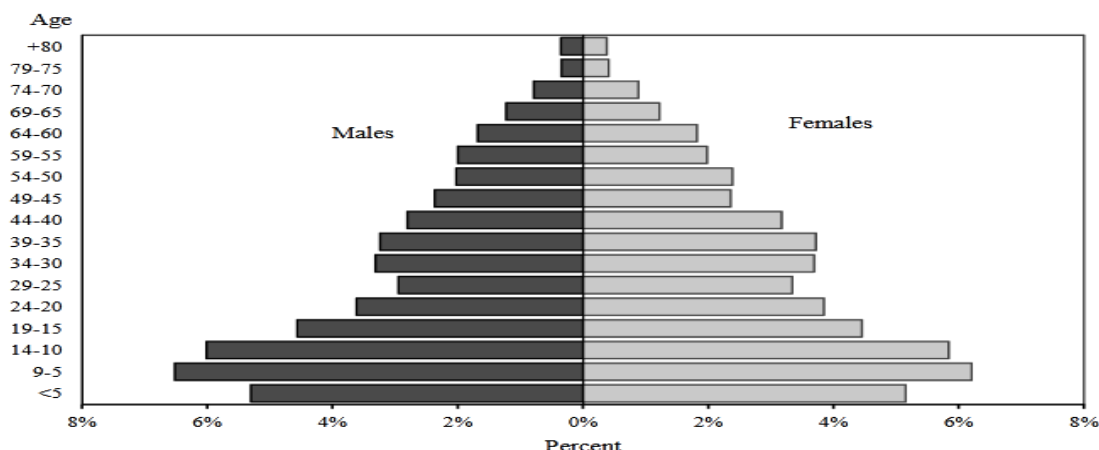


Figure 7: Population Pyramid, Egypt 2021

9. The next population pyramid shown was constructed using the sex and age distribution of the 2014 EDHS household population. The pyramid has a wide base. This pattern is typical of countries that have experienced relatively high fertility in the recent past. This indicates an expected further increase in fertility levels in the future.

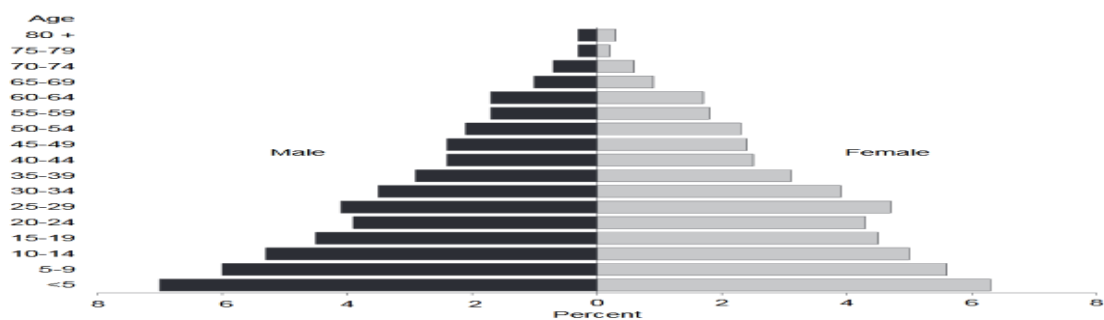


Figure 8: Population Pyramid, Egypt 2014

10. The continue increase in the usage of family planning (modern or regular) methods must be convert the sex and age composition from young population to aged population in few years may be 10 or 20 years.
11. Population is a sustained power in any community so that, the current level of family planning is horrible.
12. The more effective media (2008-2022) in family planning method and programs is television and radio rather than newspaper and magazines.
13. At the end of all conclusions and contributions it must be noticed that the Family planning program has a strong and weakness points: In the next the advantages and disadvantages of family planning as stated above that the family planning includes of all methods of fertility control period

1- Advantages:

- ▶ Reducing pregnancy period.
- ▶ They help woman become more aware of their cycles and related physiological changes.
- ▶ It promotes communication and responsibility share with couples.
- ▶ Reproductive Health (RH) is characterized as a state of physical, mental, and social well-being in all things relating to the regenerative framework, at all stages of life. Everybody has the right to appreciate regenerative wellbeing, which is the premise for having solid children, insinuate connections and upbeat families.
- ▶ Reproductive Health is a center zone for UNFPA, as well as a need for the Egyptian government. UNFPA endeavors to back a sound RH arrangement that advances get to quality RH administrations to broaden the openings of ladies and men to appreciate solid lives.
- ▶ Reproductive Health (RH) and counting family arranging, is as a basic component for the prosperity of the populace; it has been getting expanding consideration and has presently been embraced in nearly all nations of the world.
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- ▶ Research, observation and information utilize for evidence-based decision-making and promotion are key needs for reproductive health.
- ▶ Family planning or contraception in some especial cases due to mother statues or father circumstances may be an alternate method for abortion.

2- Disadvantages:

- ▶ It is a couple –centered process so both partners need to agree to use these methods.
- ▶ Family planning or contraception in Arab Republic of Egypt rather than other countries leads to limitation in the size of Egyptian family.
- ▶ Time and effort must be invested in earlier fertility or to observe and accurately record fertility indicators, which may be not possible for busy women or aged woman.
- ▶ Women may be outside of fertilization by time passing.
- ▶ There are misconceptions around fertility and family planning, in addition to concerns about side effects of contraceptives.

14. The EDHS 2014 and EDHS 022 don't explain the main reasons of family planning huge desire in the continue increase in the huge usage.

9- Recommendations for Further Researches

1. Conducting a complete survey about the new social media (Face book, twitter instagram, whatsapp, etc.) and how can be affected in women's desire in family planning.
2. Conducting a comprehensive community dialogue to provide the advantage and disadvantages of family planning to the current married women and then recorded the final results.
3. Conducting a comprehensive community dialogue about the main reasons related to the desire in family planning program (low income, poor health of women, low economy of the state, etc.) and then recorded the final results.
4. Making comparative studies related to family planning effective methods mix from long to short term contraceptives.
5. National costed implementation plan for FP developed and implemented
6. Supply chain management strengthened in order to enhance quality of care and support choice of methods by reducing contraceptives' stock outs and equipment
7. Enhanced capacity of service providers (5,500 FP clinics)
8. Family planning services and supply integrated into frequently used public sector maternal and new-born health services at Primary Health Care
9. Public sector maternal/ new-born health facilities have regular FP supplies
10. Youth-friendly FP services integrated into Primary Health Centres for married young people
11. FP services/supply extended to women whose mobility is constrained by social norms (14,000 MOHP outreach workers trained as a community health workers);
12. FP extended to "women health clubs" revitalized as FP clinics (2,500)
13. Accreditation and award system for MOHP FP clinics in place;
14. Comprehensive population education introduced in educational system
15. Entertainment education utilised in in school and out of school settings;
16. 60,000,000 people reached with a comprehensive media campaign on all platforms – digital, electronic, print, and audio – to educate the public on population, Family Planning issues and to promote small family concept;
17. Marriage databases, birth registers, other relevant databases linked with FP delivery points and providing newly married couples/ new parents with FP information;
18. Awareness of religious/ community leaders on population, FP issues raised

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دراسة مقارنة حول رغبة المرأة المصرية في المباشرة بين الولادات خلال الفترة (٢٠٢٢-٢٠٠٨)

ملخص البحث:

يشير هذا البحث إلى زيادة ملحوظة في عدد النساء المتزوجات اللاتي يستخدمن الوسائل الحديثة والتقليدية لتنظيم الأسرة أو منع الحمل بناء على البيانات المعلنة من الجهاز المركزي للتعبئة العامة والإحصاء عام ٢٠١٤ والتي تبدأ من عام ٢٠٠٨، وفي عام ٢٠٢٢ الذي تبدأ في الفترة من ٢٠١٤ إلى ديسمبر ٢٠٢١ والتي وصلت في (٢٠١٤-٢٠٠٨) إلى ٥٧٪ وفي (٢٠٢٢-٢٠١٤) إلى ٦٥٪ بزيادة وصلت إلى ٨٪ بين الفترة (٢٠٢٢-٢٠١٤). كما اهتم البحث تحديداً بمصر المسح الديموغرافي الصحي (EDHS) في الفترة ما بين (٢٠٢٢-٢٠٠٨)، فضلاً عن معرفتهم الكاملة بجميع الوسائل الممكنة لتنظيم الأسرة والتي بلغت ٩٩,٩٪، وحجم الطلب المتزايد من (٢٠٢٢-٢٠٠٨)، وزيادة النية المستقبلية للنساء اللاتي يستخدمن حالياً أي وسيلة من وسائل منع الحمل، وكل ذلك، سيؤدي إلى تحول أو تغيير المجتمع من مجتمع شاب إلى سكان كبار السن (الشيخوخة) خلال ١٠ إلى ٢٠ سنة القادمة، مع الزيادة المستمرة في استخدام وسائل المباشرة بين الولادات لمنع الحمل أو وسائل منع الحمل. كما قد يكون أسلوباً للحد من الخصوبة أو الزيادة السكانية.

الكلمات المفتاحية:

Family Planning	تنظيم الأسرة
Children Spacing	المباشرة بين الولادات
Voluntary Family Planning	تنظيم الأسرة الطوعي
EDHS Egypt Demographic Health Survey	المسح الديموغرافي الصحي المصري
CAMPAS	الجهاز المركزي للتعبئة العامة والإحصاء
Contraception	منع الحمل
Populace=Population	السكان
Birth Control	التحكم في الولادات
Youthful Population	مجتمعات شابه
Aged Population= Aging	شيخوخة المجتمع
laxity	التراخي ويقصد بها تاخر الانجاب
Family Planning and Fertility Decline	تنظيم الأسرة وانخفاض الخصوبة
hitched ladies=Married Women	النساء المتزوجات
Children Limitation	تقليص عدد افراد الاسرة
Abortion	الاجهاض
Family Planning and Family Size	تنظيم الاسرة وحجم الاسرة