Egypt

Demographic and Health Survey 1995

National Population Council

Demographic and Health Surveys
Macro International Inc.

World Summit for Children Indicators: Egypt 1995

		Value
	BASIC INDICATORS	
Childhood mortality	Infant mortality rate (direct estimation)[1]	63 per 1,000
	Under-five mortality rate	81 per 1,000
Childhood undernutrition	Percent stunted	29.8
	Percent wasted	4.6
	Percent underweight	12.4
Clean water supply	Percent of households within 15 minutes of a safe water supply[2]	87.0
Sanitary excreta disposal	Percent of households with flush toilets	84.3
Basic education	Percent of women 15-49 with completed primary education	47.3
	Percent of men 15-49 with completed primary education	67.6
	Percent of girls 6-12 attending school	78.1
	Percent of boys 6-12 attending school	88.1
	Percent of women 15-49 who are literate	46.5
Children in especially difficult situations	Percent of children who live in single adult households	1.9
	SUPPORTING INDICATORS	
Women's Health		
Birth spacing	Percent of non-first births within 24 months of a previous birth	25 9
Safe motherhood	Percent of births with medical prenatal care	39.1
	Percent of births with prenatal care in first trimester	30.1
	Percent of births with medical assistance at delivery	46.2
	Percent of births in a medical facility	32.5
	Percent of births at high risk	54.5
Family planning	Contraceptive prevalence rate (any method, married women)	47.9
	Percent of currently married women with an unmet need for family planning	16.0
	Percent of currently married women with an unmet need for family planning to avoid a high-risk birth	13.3
Nutrition		
Maternal nutrition	Percent of mothers with low BMI	1.6
Breastfeeding	Percent of children under 4 months who are exclusively breastfed	65.8
Iodine	Percent of households with iodized salt	0.2
Child Health		
Vaccinations	Percent of children whose mothers received tetanus toxoid vaccination during pregnancy	69.5
	Percent of children 12-23 months with measles vaccination	89.2
	Percent of children 12-23 months fully vaccinated	79.1
Diarrhea control	Percent of children with diarrhea in preceding 2 weeks who received oral rehydration therapy	42.7
Acute respiratory infection	Percent of children with acute respiratory infection in preceding 2 weeks who were seen by medical personnel	61.7

[1] See Chapter 9 for details.
[2] Piped and well water

Egypt Demographic and Health Survey 1995

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September 1996

The 1995 Egypt Demographic and Health Survey (EDHS-95) is part of the worldwide Demographic and Health Surveys project. Additional information about the EDHS-95 may be obtained from the National Population Council, P.O. Box 1036, Cairo, Egypt (Telephone: 3638207 or 3638093 and Fax 3639818). Additional information about the DHS project may be obtained from Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 (Telephone 301-572-0200 and Fax 301-572-0999).

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FOREWORD

The 1995 Egypt Demographic and Health Survey (EDHS-95) is the third survey in a series of Demographic and Health surveys that have been carried out in Egypt. The EDHS-95 collected information on fertility and child mortality, family planning awareness, approval and use, as well as basic information on maternal and child health. Preparations for the EDHS-95 started early in 1995, and the fieldwork was carried out between November 1995 and January 1996.

This report presents the main findings from the EDHS-95. It includes information on fertility levels, reproductive intentions, and contraceptive knowledge and use. The report also provides results for key maternal and health indicators including medical care for mothers during pregnancy and at time of delivery, infant feeding practices, child immunization coverage, and the prevalence and treatment of diarrheal disease among children.

It is evident that the information collected in the EDHS-95 will be instrumental in identifying new directions for the national family planning and health programs in Egypt. In addition as one of more than 70 surveys carried out in the international Demographic and Health Surveys program, it will hopefully contribute to an increased global commitment to improve the lives of mothers and children worldwide.

I am deeply indebted and grateful to all of the EDHS-95 staff for their dedicated efforts to make these highly important data available in such a timely fashion.

Prof. Dr. Maher Mahran
Secretary General
National Population Council

ACKNOWLEDGMENTS

Sample surveys are one of the basic instruments used to obtain reliable information on a country's population and health situation. The EDHS-95 is the third in a series of Demographic and Health surveys in Egypt. These surveys have been conducted to provide the data needed to monitor and evaluate the progress that is being made to improve the health of mothers and children in Egypt.

The successful implementation of the EDHS-95 would not be possible without the active support and dedicated efforts of a large number of institutions and individuals. The National Population Council under the leadership of Prof. Dr. Maher Mahran has provided logistic support throughout the survey implementation. Technical assistance came from Macro International Inc. through the international Demographic and Health Survey program. Funding for the survey was provided by USAID/Cairo through the Population and Family Planning III project.

A large number of individuals contributed to the successful implementation of the EDHS. In particular, the contribution of our deceased colleague, Dr. Abdel Hakim Mohamed Abdel Hakim, the Assistant Director for Survey Operation, deserves special acknowledgment. His spirit and devotion were instrumental throughout the survey. We profoundly regret that he is not present with us to see the successful conclusion of the survey on which he worked so diligently.

Other individuals whose efforts were instrumental in completing the survey include Dr. Enas Hussein, Assistant Director for Sampling, and Dr. Gihan Shawky, Assistant Director for Data Processing. Mr. Mounir Ibrahim, the fieldwork coordinator, ably supervised the field teams. Dr. Rashad Hamed, the senior data processing expert, and Mr. El-Daw Abdalla El-Daw and Mr Hesham Abdel Megid, the data processing coordinators, were responsible for seeing that the data entry and editing proceeded on schedule. Dr. Effat Fakher El-Din and Dr. Abdel Monem Darwesh capably managed the training and supervision of the staff who collected the anthropometric data.

Dr. Ann Way of Macro International deserves my deepest gratitude for her effort and contribution during all the survey activities. My thanks and appreciation also are extended to Dr. Alfredo Aliaga, who served as sampling expert, Dr. Sunita Kishor, who worked on the Woman Status questionnaire, and Mr. Keith Purvis, who assisted with the data processing and tabulations required for this report.

I also gratefully acknowledge Dr. Richard Martin and Ms. Amani Selim in the Office of Population, USAID/Cairo, and Ms. Mary Ellen Tanamly and Dr. Nahed Matta in the Office of Health, USAID/Cairo, for their support and valuable comments throughout the survey activities.

I am deeply grateful to the many individuals at the National Population Council who contributed to the successful completion of this project, especially Mr. Fawzy Abdel Ghani, the Director of the Institutional Development Project (IDP), and the staff of the central office and financial department at the NPC.

Finally, this survey could not have been conducted in such a timely fashion without the efforts of each member of the EDHS-95 field and office staff. I would like to express my appreciation for the dedication and skill with which they performed their tasks.

Fatma El-Zanaty
Technical Director

SUMMARY OF FINDINGS

The 1995 Egypt Demographic and Health Survey (EDHS-95) is a nationally representative survey of 14,779 ever-married women aged 15-49. The survey is the third in a series of Demographic and Health Surveys conducted in Egypt. As in previous surveys, the main purpose of the EDHS-95 was to provide detailed information on fertility, family planning, infant and child mortality, and maternal and child health and nutrition. In addition, the EDHS-95 included a module to obtain information on female circumcision, and a special questionnaire was administered to a subsample of 7,121 respondents to collect information on key indicators of women's status.

Fertility. Survey results indicate that fertility in Egypt has declined steadily from over 5 births per woman in the early 1980s to 3.6 births at the time of the EDHS-95. Differentials in fertility by place of residence are marked. In urban areas, the total fertility rate is 3 births per woman, more than one child lower than the rural rate (4.2 births per woman). The highest level of fertility is found in rural Upper Egypt (5.2 births per woman) while the lowest level is observed in urban Lower Egypt (2.7 births per woman). Women in the Frontier Governorates are having an average of 4 births, a rate that is higher than that in any other area except rural Upper Egypt.

One of the factors influencing the fertility decline in Egypt has been the steady increase in the age at which women marry. Currently, the median age at first marriage among women age 25-29 is 20.2 years, more than two years greater than the median age at first marriage among women 45-49. On average, rural women are three years younger than urban women when they first marry. Early marriage is most common in rural Upper Egypt, where the median age at first marriage among women 25-29 is 17.3 years.

Childbearing begins early for many Egyptian women. One in ten teenagers has given birth or is pregnant with their first child. Teenage childbearing is almost twice as common among rural women (13 percent) as urban women (7 percent). Upper Egypt has the highest level of teenage childbearing, especially in rural areas (18 percent).

Closely spaced births are also common. More than one-quarter of non-first births occur within 24 months of a previous birth. One factor contributing to short birth intervals is the relatively brief period during which the average Egyptian woman is amenorrheic following a birth. By 12-13 months after a birth, mothers of the majority of births (77 percent) have resumed menstruation. Overall, the median duration of postpartum amenorrhea is 5 months. The relatively short duration of postpartum amenorrhea is related to breastfeeding patterns, especially the early introduction of supplemental foods.

Despite the reductions in fertility levels, many women are having more children than they consider ideal. At current fertility levels, the average woman in Egypt is having one birth more than she wants. For children, the higher than desired fertility is frequently associated with increased mortality risks; more than half of all births in the five-year period before the survey had at greater chance of dying because of the mother's age (under 18 and over 34), high birth order (3 or more), and short birth interval (less than 24 months).

Family Planning. Knowledge of family planning methods and sources is virtually universal among currently married women in Egypt. Broadcasts of information about family planning have wide coverage. More than eight in ten ever-married women had heard a family planning broadcast on television or radio recently. Nearly four in ten women reported that television spots had influenced them to seek more information about family planning.

Family planning use has broad support among Egyptian couples. Nine in ten married women approve of a couple using contraceptive methods, and the majority (83 percent) believe that their husband approves of family planning use.

The majority of Egyptian women have experience with using family planning. Seven in ten currently married women have used a family planning method at some time and, at time of the EDHS-95, 48 percent were currently using contraception. Most current users rely on effective methods. The IUD is the most widely used method followed by the pill (30 percent and 10 percent, respectively).

Both government health facilities and private sector providers play an important role in the delivery of family planning services in Egypt. The majority of pill users (86 percent) obtain their method from a private pharmacy. The median cost of a cycle of pills for a user is 66 piastres. Slightly more than half of all IUD users go to private providers for their method. Urban hospitals and health units are the most common public sector sources for the IUD (31 percent). The median amount a user pays to get an IUD varies with the type of provider, from 3.7 pounds at a government health facility to 21 pounds at a private doctor or clinic.

Although contraceptive knowledge, approval and use are widespread, the EDHS-95 findings highlight a number of areas of concern for the family planning program in Egypt. Among the most important of these concerns are the marked differences in the level of contraceptive use by residence. Current use is highest among women in urban Lower Egypt (59 percent) followed closely by the Urban Governorates (58 percent). Use among rural women in Lower Egypt (53 percent) is more than twice the level among rural women in Upper Egypt (24 percent). The level of current use in the Frontier Governorates (42 percent) is lower than that in all areas except rural Upper Egypt.

The slowing in the growth in contraceptive use is another area of concern. Contraceptive use in Egypt doubled between 1980 and 1995, from 24 percent to 48 percent. However, survey results indicate that the pace of the increase in contraceptive use was most rapid in the 1980s, with virtually no change occurring in the overall rate of use between 1991 and 1995. The shift toward more effective methods (particularly the IUD)—which was evident in the 1980s—continued during the first half of the 1990s but also at much slower pace. The introduction of injectables as a program method in 1994 resulted in a small increase (two percentage points) in use of this method, but this gain was offset by a continuing decline in pill use (from 13 percent in 1992 to 10 percent in 1995).

A key concern for the family planning program is the rate at which users discontinue use of contraception and their reasons for stopping. Overall, 30 percent of users in Egypt discontinue using a method within 12 months of starting use. The rate of discontinuation during the first year of use is much higher among pill users (46 percent) and injectable users (52 percent) than among IUD users (14 percent). With regard to the reasons for stopping use, users are more likely to discontinue during the first year of use because they experienced side effects or had health concerns than for other reasons.

There is considerable potential for increased family planning use. Overall, more than one in six Egyptian women are considered to have an unmet need for family planning. This group includes women who are not using family planning but want either to wait two or more years for the next birth (5 percent) or want no more children (11 percent). Two-thirds of the women with an unmet need for family planning live in rural areas, and more than half have never been to school.

Childhood Mortality. At current mortality levels, one in twelve Egyptian children will die before the fifth birthday. Three-quarters of these early childhood deaths take place before a child's first birthday. Mortality rates are higher in rural than urban areas, and the highest levels are found in rural Upper Egypt.

Differentials by the mother's education are also large, with children born to women who never attended school having mortality rates that are three times higher than children born to mothers who have at least a secondary education.

As expected, neonatal mortality is significantly higher for boys than girls. However, the risk of dying after early infancy is lower for boys than girls. Short birth intervals are associated with higher childhood mortality; the risk of dying more than doubles if a child is born less than two years after an elder sibling.

Maternity Care Indicators. The care that a woman receives during pregnancy and at childbirth reduces the risks of illness and death for both the mother and the child. Mothers received regular antenatal care (four or more visits) for only 28 percent of the births in the five-year period before the EDHS-95. Tetanus toxoid injections are given to mothers during pregnancy to prevent neonatal tetanus, a frequent cause of death in young infants. Women had at least one tetanus toxoid injection for 70 percent of births in the five-year period before the survey. This represents a significant increase over the level of tetanus toxoid coverage at the time of the 1988 Egypt DHS (11 percent).

The majority of Egyptian children are born at home without assistance from trained medical personnel. Overall, less than half of the births in the five-year period before the EDHS-95 survey were assisted by doctors or trained nurse/midwives, and only around one-third of deliveries took place in a health facility.

Child Health. One of the primary means for improving survival during childhood is increasing the proportion of children vaccinated against the major preventable diseases. The EDHS-95 results show that 79 percent of children 12-23 months are fully immunized against major preventable childhood illnesses (tuberculosis, diphtheria, whooping cough, tetanus, polio and measles). More than half of young children also have the recommended three doses of the hepatitis vaccine.

Diarrheal and respiratory illnesses are a common cause of child deaths in Egypt. Sixteen percent of children under five years of age had diarrhea at some time in the two-week period preceding the survey. Use of ORS packets (40 percent) or a homemade solution of sugar, salt and water (5 percent) to combat the dehydration is common. Many mothers also report that they gave their child increased fluids (45 percent). Almost half of the children with diarrhea received medical attention.

During the two weeks preceding the survey, 23 percent of children had a cough accompanied by short, rapid breathing, which are symptoms of acute lower respiratory illness. Around six in ten children with these symptoms were taken to a health facility or provider.

Breastfeeding. Breastfeeding is nearly universal in Egypt, and the length of time that the average child is breastfed is relatively long (18.9 months). However, a significant minority of children are not put to the breast immediately after birth (25 percent), and a bottle was used in feeding around one in five breastfeeding children under eight months of age. Supplementary foods also are often introduced too early. Until 4-6 months of age, exclusive breastfeeding (i.e., without any food or liquid) is recommended because it provides all the necessary nutrients and avoids exposure to disease agents; more than 30 percent of children under four months of age are not exclusively breastfed.

Children's Nutrition Status. The EDHS-95 found significant levels of undernutrition among young children. Overall, 30 percent of children under five years of age are stunted (or short for their age, a condition reflecting chronic undernutrition, while 5 percent are wasted (or thin for their height), a problem indicating an acute food deficit due to illness or recent food shortages. There are substantial residential variations in

children's nutritional status. For example, the percentage stunted among children under age five ranges from 18 percent in the Urban Governorates to 40 percent in rural Upper Egypt.

Female Circumcision. Female circumcision is virtually universal among women of reproductive age in Egypt, with 97 percent of ever-married women 15-49 having been circumcised. Moreover, among respondents with one or more living daughters, 87 percent report that at least one daughter has already been circumcised or that they intend to have the daughter circumcised in the future. Most circumcisions took place before the woman reached puberty; the median age at circumcision among both respondents and daughters was 9.8 years. Traditional practitioners including dayas were responsible for more than eight in ten circumcisions among respondents while trained medical personnel performed more than half of the circumcisions among daughters.

The majority of women (82 percent) say they want female circumcision to continue. Around 70 percent agree that husbands prefer their wives to be circumcised and that circumcision is an important aspect of religious tradition. Comparatively few women recognize any adverse consequences from circumcision. For example, fewer than one in four women agree a girl may die from complications associated with circumcision.

Women's Status. The data collected in the women's status module as well as in the main survey suggest that Egyptian women often have limited control over important aspects of their lives. Marriage between relatives is common, and more than three in four ever-married women did not select their spouse themselves. Large differences in age and education between husbands and wives are the norm.

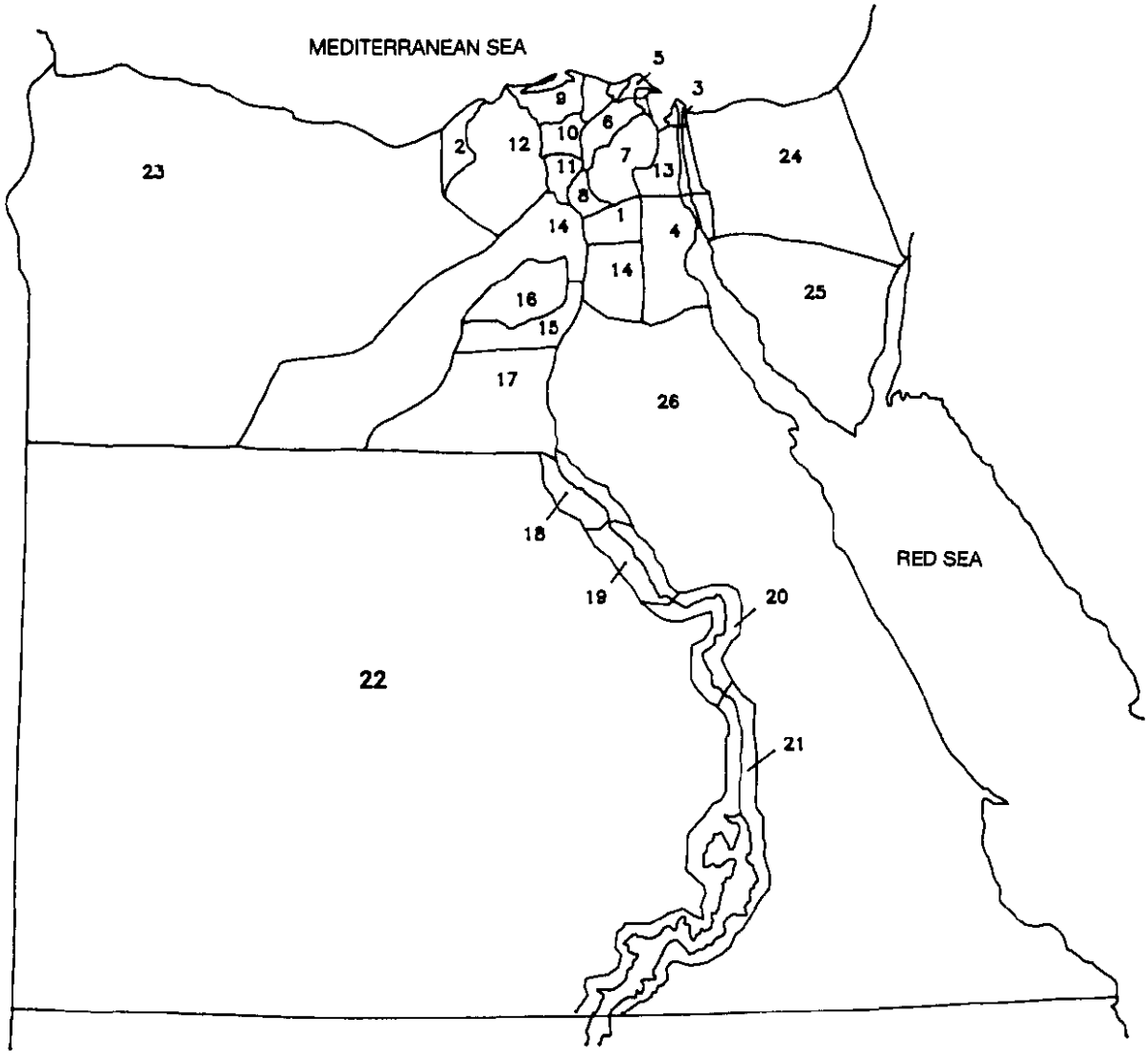
In general, Egyptian women appear to have limited autonomy in household decisionmaking. Married women themselves rarely have the final say on many key decisions, including deciding about seeking medical attention for children. On the other hand, women frequently mention that they participate jointly with the husband in many decisions. Notably, around four in five women say that decisions about future childbearing or family planning use are made jointly with their husband or, less often, by the women themselves.

Violent treatment of women within marriage is not uncommon. Around one in three married women has been beaten at least once since they married, most often by their husbands. Among women who have ever been beaten, 45 percent have been beaten at least once in the past year, and 17 percent were beaten three or more times during the year. Whether they themselves have been beaten or not, most ever-married women agree that husbands are sometimes justified in beating their wives.

Women's financial autonomy is limited. Fewer than one in five women work for cash, and among those who do have cash earnings, two in three give all of their earnings to the family. Only 14 percent of women own any assets they can sell without permission. Only a small proportion interact with the modern financial system; barely 3 percent have a bank or savings account, and only 5 percent know of a nontraditional source of credit (primarily banks or employers).

Finally, despite the significant narrowing of gender differences in educational attainment, especially in urban areas, Egyptian men continue to have greater educational opportunities than women. For example, looking at school attendance data, boys are generally more likely to be attending school than girls. Only around eight in ten girls age 6-10 are in school compared with nine in ten boys. Similar differences by gender are observed in the attendance rates for older children, with the gap increasing with the age of the children.

Egypt



URBAN GOVERNORATES

1 Cairo
2 Alexandria
3 Port Said
4 Suez

LOWER EGYPT

5 Damietta
6 Dakahlia
7 Sharkia
8 Kalyubia
9 Kafr El-Sheikh
10 Gharbia
11 Menoufia
12 Behera
13 Ismailia

UPPER EGYPT

14 Giza
15 Beni Suef
16 Fayoum
17 Menya
18 Assiut
19 Souhag
20 Qena
21 Aswan

FRONTIER GOVERNORATES

22 New Valley
23 Matrouh
24 North Sinai
25 South Sinai
26 Red Sea

CHAPTER 1

INTRODUCTION

1.1 Geography and Socioeconomic Indicators

Geography

Egypt occupies the northeastern corner of the African continent, bounded in the north by the Mediterranean, in the south by the Sudan, in the east by the Red Sea, and in the west by Libya. The total area of Egypt covers approximately one million square kilometers; however, only 6 percent of this area is inhabited (CAPMAS, 1996).

Recently, the Egyptian government has adopted a policy of land reclamation and fostering of new settlements in the desert. Despite these efforts, the majority of Egyptians live either in the Nile Delta located in the north or in the narrow Nile Valley.

Administratively, Egypt is divided into 26 governorates (see Map). The four Urban Governorates (Cairo, Alexandria, Port Said and Suez) have no rural population. Each of the other 22 governorates are subdivided into urban and rural areas. Nine of these governorates are located in the Nile Delta (Lower Egypt), and eight are located in the Nile Valley (Upper Egypt). The remaining five Frontier Governorates are located on the eastern and western boundaries of Egypt.

Socioeconomic Indicators

The approach to economic development adopted by the government in Egypt has varied over the decades since 1960. During the period 1960-70, the Arab Socialist orientation of the government resulted in close economic ties with the Soviet Union, and a reduction in trade with capitalist economies. The complex Middle East political situation, and the several wars in which Egypt was involved between 1965 and 1975 led to massive expenditures on the military, which further complicated efforts to achieve sustained economic development during the period.

Between 1974 and 1980, Egypt experienced unprecedented economic growth as it turned from the socialist strategy of the past to a more open market-oriented economy. Since the 1980s, the government has actively pursued an economic liberalization program with an emphasis on increased private sector participation.

The annual gross domestic product (GDP) increased from U.S.$6,598 million in 1970 to U.S.$35,784 million in 1993 (World Bank, 1995). The annual growth in the GDP was estimated to be 9.5 percent for the period 1970-80, and 4.3 percent for the period 1980-93. The average annual inflation for the period 1980-93 was 13.6 percent.

In 1960, agriculture represented 40 percent of the GDP. Since then, agriculture's share has fallen steadily. The agricultural sector now contributes less than 20 percent of the GDP while the industrial sector has expanded from 15 percent in 1960 to 22 percent (World Bank, 1995).

A number of human development indicators have also improved over time. Some key areas in which improvement has occurred are:

- The gross national product per capita has doubled during the last 20 years to reach U.S.$660 in 1993 (World Bank, 1995).

- Investment in education has increased from 8 percent of governmental expenditures in 1980 to 10 percent by 1993 (World Bank, 1995).

- The positive impact of the government expenditures for education is reflected in increases in the overall enrollment rates as well as a decline in the illiteracy rate (World Bank, 1995).

- In particular, female enrollment rates have increased dramatically. At the primary stage, the female enrollment rate went from 57 percent in 1970 to 92 percent in 1992. At the secondary level, female enrollment also expanded rapidly, from 23 percent in 1970 to 73 percent in 1992 (World Bank, 1995).

Although the economic and social situation has improved steadily over time, Egypt is ranked 107 out of 174 countries on the Human Development Index (UNDP, 1995). At the same time, it is classified as a low-income economy (World Bank, 1995).

1.2 Population

Size and Distribution

The population of Egypt was estimated to be 60,236,000[1] in January 1996. The population is distributed somewhat unevenly across the major administrative divisions in Egypt. Slightly more than 20 percent of the total population live in the Urban Governorates. Lower Egypt is home to 43 percent of the population and 35 percent reside in Upper Egypt. In contrast, only one percent of the population live in the Frontier Governorates.

The distribution of the population in Egypt has been affected by the rapid rate of urbanization in the country. Table 1.1 indicates that population growth in Egypt has been accompanied by a steady increase in the proportion of the population living in urban areas. By 1986, urban areas represented 44 percent of the total population.

Much of the inhabited area in Egypt is densely settled. At the beginning of 1996, the population density for the country as a whole was estimated to exceed 1,000 persons per square kilometer of inhabited area (CAPMAS, 1996). This figure fluctuates considerably both between and within governorates. For example, Cairo governorate is extremely crowded; the population density for the governorate as whole exceeds 33,000 persons per square kilometer, and within some kisms in the governorate, there are over 110,000 persons per square kilometer. In contrast, there are only 23 persons per square kilometer in Suez.

Table 1.1 Population of Egypt, 1937-1995

Population of Egypt and the percentage living in urban and rural areas, 1937-1995

Year	Total population (millions)	Percent urban	Percent rural
1937	15,921	28.2	71.8
1947	18,967	33.5	66.5
1960	26,085	38.2	61.8
1966	30,076	40.0	58.8
1976	36,626	43.8	56.2
1986	48,254	44.0	56.0
1995	58,978	U	U

Note: Population figures exclude Egyptians living abroad.

U = Unknown (not available)
Source: CAPMAS, 1995, Table 1.7

[1] Excludes persons who are living abroad.

Fertility

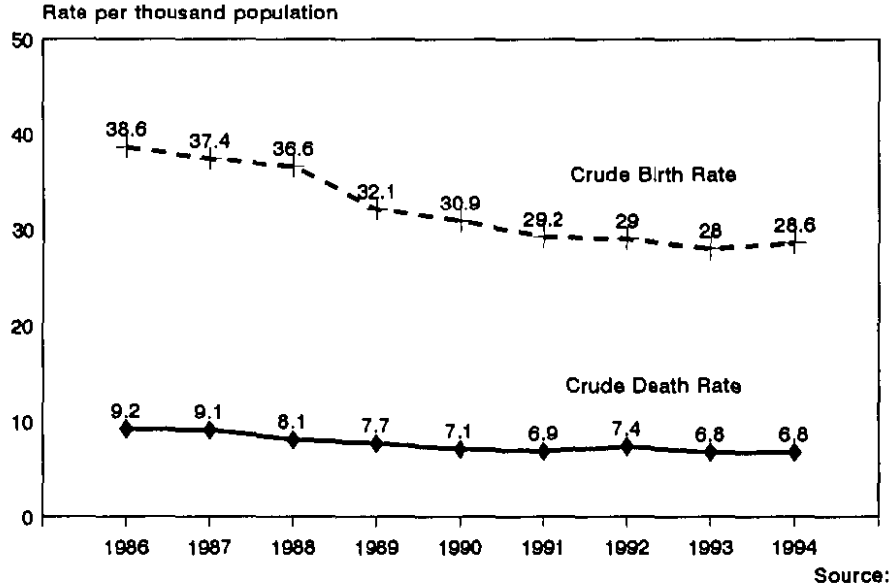
The rapid growth of population in Egypt is largely a result of the country's past high fertility. Fertility levels were high prior to World War II and then declined gradually following the war. By 1972, the crude birth rate (CBR) was 34.5 births per thousand population. At that point, the CBR began to rise again, peaking at 39.8 births per thousand in 1985. As Figure 1.1 illustrates, the CBR began declining again in the latter part of the 1980s, dropping to a level of 28.6 per thousand population in 1994 (CAPMAS, 1995).

Mortality

Mortality levels were high prior to World War II. After that, the crude death rate (CDR) dropped from a level of 30 deaths per thousand population in the 1940s to around 17 per thousand in 1960. Much of the reduction in the CDR was owed to a sharp decline in the number of deaths in early childhood. Infant mortality levels decreased rapidly after the war, falling from a rate of 200 deaths per thousand births in the 1940s to 124 deaths per thousand births in the late 1970s (Bucht and El-Badry, 1986).

Further reductions in the mortality levels for children throughout the 1980s have contributed to the continuing decline in the CDR. As Figure 1.1 shows, the CDR decreased from 9.2 deaths per 1,000 population in 1986 to 6.8 per 1,000 in 1994 (CAPMAS, 1995). The impact of the mortality decline is reflected in an increase in life expectancy, which had risen to 64.8 years for females and 62.4 years for males by 1992 (UNDP, 1995).

Figure 1.1
Crude Birth Rates and Crude Death Rates
Egypt 1986-1994



Source: CAPMAS, 1995

1.3 Population Policy

Concerns about the problems posed by rapid population growth have been raised in Egypt since the 1930s. After the 1952 revolution, the top leaders of the new government were increasingly concerned about population growth. This concern was expressed clearly in the National Charter in which high population growth rates were seen as hindering efforts to raise the living standard of the Egyptian people.

By 1966, Egypt had established a national family planning program, which aimed at reducing fertility and, thus, population growth. However, the first national population policy was not introduced until 1973. In 1975, the policy was articulated further to recognize the simultaneous importance of the four inter-related dimensions of Egypt's population problem: growth, spatial distribution, characteristics, and structure. This refinement of the original policy stressed the need to improve population characteristics (e.g., literacy rates) within the context of overall socioeconomic development; in turn, reproductive behavior would change and population growth would slow.

During the 1970s, the adoption of the first population policy was accompanied by increased governmental activities relating to family planning. The Ministry of Health established a department of family planning, and government personnel received training in family planning program management. An information, education and communication (IEC) project was undertaken by a newly established center in the State Information Service, whose objective was to increase family planning awareness.

A second population policy was issued in 1980, which placed greater emphasis on face-to-face communication and community-based activities to promote family planning. Following a national population conference in 1984, the National Population Council (NPC) was established. The NPC's role was to coordinate efforts in four major areas: (1) family planning, (2) child welfare, (3) women's participation in the labor force, and (4) literacy. Implementation of programs in these areas continued to be the responsibility of the relevant ministries. The third (and current) national population policy was formulated and adopted in 1986. The policy again emphasized the seriousness of population problems and recognized the interaction between population and development.

In 1994, based on the recommendations of the International Conference on Population and Development (ICPD) that was held in Cairo, a modified population strategy was developed, which placed greater emphasis on providing reproductive health services and supporting nongovernmental organizations in the development of local communities. The new strategy included statements supporting female education and the provision of employment opportunities to reduce the gender gap. At the same time, the NPC developed a proposal for a new population policy, building on the positive aspects of the ICPD plan of action.

In January 1996, the Ministry of Population and Family Planning, which was established prior to the ICPD conference, was eliminated. A new population sector was created in the Ministry of Health, which was renamed the Ministry of Health and Population (MOHP). The MOHP plans to blend family planning and maternal and child health services into a broad women's health program. Currently, the MOHP is adopting targets for contraceptive prevalence in the coming decade.

1.4 Health Policies and Programs

The Ministry of Health and Population (MOHP) continues to retain "Health for all by the year 2000" as the main health objective. The MOHP has a nationwide network of more than 3,700 primary, secondary, and tertiary health care facilities through which maternal and child health services are provided. In addition, the MOHP controls and regulates the work of all nongovernmental health care organizations and facilities and all service providers.

The Government of Egypt (GOE) has been committed to improving the health of children as a priority following President Mubarak's declaration that the 1989-1999 decade would be the decade for the protection and development of the Egyptian child. Following this declaration, the National Council of Childhood and Motherhood was formed and is co-chaired by the Prime Minister and the First Lady. The council coordinates activities between ministries implementing programs affecting children and mothers.

The health section of the GOE five-year plan for 1992-1997 enunciates policies and strategies for a new MOHP orientation in which subsidized health care will be targeted for the truly needy and fees for services will be introduced for those who can pay. The plan encourages community participation in health, and emphasizes the continual upgrading of health information systems. Maternal and child health (MCH) and family planning are identified as priority areas.

In line with the above policies, the MOHP has developed national programs to control diarrhea and acute respiratory infections and instituted an expanded childhood immunization program. Targets to eradicate poliomyelitis and eliminate neonatal tetanus before the year 2000 have been set. Progress is being made in these areas, with eradication of polio possible by 1997. Significantly reduced rates of neonatal tetanus have been achieved. The MOHP is also directing attention to improving maternal health through integrated reproductive health programs as well as reducing neonatal mortality through improving the quality of care given to newborns at home and in health facilities.

The MOHP, since its new merger of health and population services, is stressing the importance of integrating family planning and MCH. Emphasis is being placed on improving health services in underserved areas such as rural Upper Egypt. A policy reform agenda is under discussion which includes alternatives for health financing and expansion of health insurance to more beneficiaries, control and improvement in the quality of health services, health manpower distribution and the means to improve compensation for health workers. The importance of strengthening the information system to provide the capacity to collect, analyze, and facilitate the use of health information at all levels is recognized and steps are being taken to address this task. All these health reform plans are intended to have a positive impact on the health of women and children.

1.5 Objectives of the Survey

The 1995 Egypt Demographic and Health Survey (EDHS-95) is aimed at providing policymakers and planners with important information for use in evaluating existing programs and formulating new programs and policies related to reproductive behavior and health. The survey was specifically designed to meet the following objectives:

(1) *Collect data* on fertility and desired family size;

(2) *Monitor* changes in family planning practice over time and investigate the availability and accessibility of family planning services in Egypt;

(3) *Determine* reasons for nonuse and intention to use family planning; and

(4) *Measure* the achievement of health policy objectives, particularly those concerning the GOE maternal and child health program.

In addition, because information on the status of women is of increasing interest to policymakers, the EDHS-95 included a special questionnaire to collect extensive data on the lives of Egyptian women. The questionnaire was administered to eligible women in one-third of the households in the EDHS-95 sample.

1.6 Organization and Implementation of the Survey

The Egypt Demographic and Health Survey (EDHS-95) is a nationally representative survey of ever-married women age 15-49. It is the most recent in a series of population and health surveys in Egypt.[2] The EDHS-95 was conducted between November 1995 and February 1996, under the auspices of the National Population Council (NPC). Technical support for the survey was provided by Macro International Inc, through its Demographic and Health Surveys (DHS) program, a project sponsored by the U.S. Agency for International Development (USAID) to assist countries worldwide to conduct surveys to obtain information on key population and health indicators. USAID/Cairo, under the Population/Family Planning III Project, provided funding for the survey.

The survey was executed in four stages. The *first* stage involved preparatory activities including the design of the sample and sample implementation activities such as updating the sampling frame. At the same time, the survey questionnaires were developed, pretested, and finalized. The preparatory stage was initiated in January 1995, and all of the activities were completed by July 1995. The *second* stage, which took place from November 1995 through January 1996, involved interviewing of eligible households and individual respondents. The *third* stage involved all of the data processing activities necessary to produce a clean data file, including the editing, coding, entry, and verification of the data as well as consistency checking. This stage started soon after the beginning of the fieldwork and lasted through late February 1996. The focus of the *final* stage of the survey was data analysis and report preparation. This phase began in March 1996 with publication of the preliminary report, which presented the main findings from the survey.

Each of the survey phases is described in more detail below, and the survey timetable is presented in Table 1.2. A list of survey staff is included in Appendix A.

Sample Design

The primary objective of the sample design for the EDHS-95 is to provide estimates of key population and health indicators including fertility and child mortality rates for the country as a whole and for six major administrative regions (Urban Governorates, urban Lower Egypt, rural Lower Egypt, urban Upper Egypt, rural Upper Egypt, and the Frontier Governorates).[3] In addition, in the Urban Governorates, Lower Egypt and Upper Egypt, the design allows for governorate-level estimates of most key variables, with the exception of fertility and mortality rates and women's status indicators. In the Frontier Governorates, the sample size for individual governorates is not sufficiently large to allow for separate governorate-level estimates. However, separate estimates are possible for the western Frontier Governorates (Matrouh and New Valley) and the eastern Frontier Governorates (North Sinai, South Sinai and Red Sea). Finally, Assuit and Souhag governorates were oversampled in the EDHS-95 in order to provide sufficient cases for a special follow-up study of the reasons for nonuse of family planning in those areas.

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[2] The EDHS-95 is the third Demographic and Health Survey to be implemented in Egypt; the earlier DHS surveys were conducted in 1988 and 1992. Other national-level surveys for which results are shown in this report include the 1980 Egyptian Fertility Survey (EFS-80), the 1984 Egypt Contraceptive Prevalence Survey (ECPS-84) and the 1991 Egypt Maternal and Child Health Survey (EMCHS-91).

[3] The Frontier Governorates were not included in the two earlier DHS surveys. However, inclusion of the Frontier Governorates has little effect on comparisons of the EDHS-95 results with those from the 1988 and 1992 surveys or other surveys since only around one percent of the Egyptian population reside in the Frontier Governorates.

Table 1.2 Survey timetable, Egypt DHS 1995

Activity	Starting Date	Duration
Updating the sample frame	January 95	2 months
Mapping	March 95	2 months
Quick-count operation	April 95	3 months
Recruitment and training of listing staff	August 95	2 weeks
Listing and relisting	August 95	6 weeks
Sample selection	September 95	1 month
Questionnaire design	April 95	1 month
Preparation of training manuals and other documents	May 95	2 months
Printing the pretest materials	June 95	2 weeks
Pretest of household and individuals questionnaire	June 95	2 weeks
Pretest of women's status questionnaire	July 95	1 week
Finalization of questionnaires and manuals	September 95	1 month
Training of data collection staff	September 95	5 weeks
Printing survey materials	September 95	1 month
Fieldwork	November 95	2 months
Reinterviews	December 95	2 months
Office editing and coding	November 95	3 months
Data entry	November 95	3 months
Computer editing	December 95	3 months
Preliminary report	March 96	3 weeks
Detailed tabulations	April 96	1 month
Final report preparation	May 96	5 months

In order to meet the survey objectives, the number of households selected in the EDHS-95 sample from each governorate was disproportional to the size of the population in the governorate. As a result, the EDHS-95 sample is not self-weighting at the national level, and weights had to be applied to the data to obtain the national-level estimates presented in this report.

For a more complete description of the EDHS-95 sample design, see Appendix B. Sampling errors for selected variables are presented in Appendix C.

Sample Implementation

Selection of PSUs. The EDHS-95 sample was selected in three stages. At the first or primary stage, the units of selection were shiakhas/towns in urban areas, and villages in rural areas. Information from the 1986 Census was used in constructing the frame from which the primary sampling units (PSU) were selected. Prior to the selection of the PSUs, the frame was updated to take into account all of the administrative changes which had occurred since 1986. The updating process included both office work and field visits during a three-month period. After it was completed, urban and rural units were stratified by geographical location in a serpentine order from the northwest corner to the southeast within each governorate. Shiakhas or villages with less than 2,500 population were grouped with contiguous shiakhas or villages (usually within the same kism or marquez) to obtain the minimum size required (5,000 population). During the primary stage selection, a total of 467 units (204 shiakhas/towns and 263 villages) were sampled.

Quick Count. The second stage of selection involved several steps. First, detailed maps of the PSUs chosen during the first stage were obtained and divided into parts of roughly equal size. In shiakhas/towns or villages with 20,000 or more population, two parts were selected. In the remaining smaller shiakhas/towns or villages, only one part was selected. Overall, a total of 656 parts were selected from the shiakhas/towns and villages in the EDHS-95 sample.

A quick count was then carried out to divide each part into standard segments of about 200 households. This operation was conducted in order to provide an estimate of the number of households in each part so that the part could be divided into segments of roughly equal size. A group of 36 experienced field workers participated in the quick count operation. They were divided into 12 teams, each consisting of one supervisor, one cartographer and one or two counters. A one-week training course conducted prior to the quick count included both classroom sessions and field practice in a shiakha/town and a village not covered in the survey. The quick-count operation took place between late April and late July 1995.

As a quality control measure, the quick count was repeated in 10 percent of the parts. If the difference between the results of the first and second quick count were within 2 percent, then the first count was accepted. There were no major discrepancies between the two counts in most of the areas for which the count was repeated; however, in a few cases in Kafr El-Sheikh governorate, a third visit was made to the field in order to resolve discrepancies between the counts.

Household Listing. Following the quick count, a total of 934 segments were chosen from the parts in each shiakha/town and village in the EDHS-95 sample (i.e., two segments were selected from each of the 467 PSUs). A household listing operation was then implemented in each of the selected segments. To conduct this operation, 16 supervisors and 32 listers were organized into 16 teams. Generally, each listing team consisted of a supervisor and two listers. A training course for the listing staff was held at the end of August for one week. The training involved classroom lectures and two days of field practice in two urban and rural locations. The listing operation began at the end of August and continued for about 40 days.

Around 10 percent of the segments were relisted. Two different criteria were used to select segments for relisting. First, segments were relisted when the number of households in the listing differed markedly from that expected according to the quick count information. Second, a number of segments were randomly selected to be relisted as an additional quality control test. Overall, few major discrepancies were found in comparisons of the two listings. However, a third visit to the field was necessary in a few segments in Gharbia governorate because of significant discrepancies between the results of the original listing and the relisting operation.

Selection of the Household Sample. Using the household lists for each segment, a systematic random sample of households was chosen to be interviewed in the EDHS-95. A subsample of one-third of these households was also selected for the woman's status survey, except in Assuit and Souhag governorates, where all households were included in the women's status survey. All ever-married women 15-49 who were usual residents or present in the household on the night before the interview were eligible for the survey.

Questionnaire Development

The EDHS-95 involved three types of questionnaires: a household questionnaire, an individual questionnaire, and a women's status questionnaire. The household and individual questionnaires were based on the model survey instruments developed by the Demographic and Health Surveys program for high contraceptive prevalence countries. Additional questions on a number of topics not covered in the DHS model questionnaires were included in EDHS-95 questionnaires. In some cases, those items were drawn from the questionnaires used for the 1988 EDHS and the 1992 EDHS. In other cases, the questions were intended to collect information on topics not covered in the earlier surveys (e.g., schooling of children and female circumcision). The women's status questionnaire was based on a special set of modules developed in the DHS program to explore a number of dimensions of the status of women. The modules were modified to obtain data of interest in understanding the position of women in Egyptian society.

The household questionnaire consisted of two parts: a household schedule and a series of questions relating to the health and socioeconomic status of the household. The household schedule was used to list all usual household members and visitors and to identify those present in the household during the night before the interviewer's visit. For each of the individuals included in the schedule, information was collected on the relationship to the household head, age, sex, marital status (for those fifteen years and older), educational level and work status (for those six years and older). The second part of the household questionnaire included questions on characteristics of the physical and social environment of the household (e.g., type of dwelling, availability of electricity, source of drinking water, household possessions, and type of salt the household uses for cooking).

The individual questionnaire was administered to all ever-married women age 15-49 who were usual residents or who were present in the household during the night before the interviewer's visit. It obtained information on the following topics:

- Respondent's background
- Reproduction
- Contraceptive knowledge and use
- Fertility preferences and attitudes about family planning.
- Pregnancy and breastfeeding
- Immunization and health
- Schooling of children
- Female circumcision
- Marriage and husband's background
- Woman's work and residence

The individual questionnaire included a monthly calendar, which was used to record a respondent's fertility, contraceptive use, and marriage status during each month of nearly a six-year period beginning in January 1990. Height and weight data were obtained during the individual interview for children born since January 1990 and mothers of these children, as well as other women who had had a live birth since January 1990.

The women's status questionnaire obtained more detailed information from a subsample of women on the following topics:

- Parent's background
- Marriage
- Relations with the husband and other household members
- Women's workload and eating practices
- Employment
- Financial Autonomy
- Treatment of women in the household.

Pretest

The household and individual questionnaires were pretested in June 1995 following a two-week training course. Two supervisors, two assistant supervisors and eight interviewers participated in the pretest. The pretest was conducted in Gharbia and Beni-Suef governorates. A total of 303 household and 260 individual interviews were completed during the pretest, out of which 140 household and 126 individual interviews were in urban areas, with the remaining interviews being conducted in rural areas.

The women's status questionnaire was pretested in July 1995 following a one-week training course for supervisors and interviewers. Two supervisors and six interviewers participated in the pretest. It was conducted with the same individuals who were interviewed in the pretest of the main survey questionnaires. A total of 229 questionnaire were completed, out of which 103 were in urban areas and 126 were in rural areas.

The questionnaires from the EDHS-95 were finalized following the pretest. Both interviewer comments and tabulations of the pretest results were reviewed during the process of modifying the questionnaires. English versions of the final Arabic language questionnaires are included in Appendix D.

Data Collection Activities

Staff Recruitment. In order to recruit interviewers and field editors, a list was obtained from the Ministry of Social Affairs (MOSA) of female personnel who were working to fulfill the mandatory one-year period of governmental public service for university graduates. All candidates nominated by MOSA for the field staff positions were interviewed, and only those who were qualified were accepted into the training program.

All candidates for the interviewer and field editor positions were recent university graduates. Another basic qualification was a willingness to work in any of the governorates covered in the survey. With a few exceptions, interviewers who had previous experience in surveys were not accepted into the training program. This decision was taken to reduce any bias that might result from previous survey experience and to ensure that all trainees had a similar background. However, previous survey experience was a basic qualification for the candidates for the positions of supervisor and assistant supervisor.

Training Materials. A variety of materials were developed for use in training personnel involved in the fieldwork. A lengthy interviewer's manual including general guidelines to follow while conducting an interview, as well as specific instructions for asking particular questions in the questionnaire, was prepared and given to all field staff. In addition, a chart to convert months from the Islamic calendar to the Gregorian calendar was designed for the 74 months before the EDHS-95 and distributed to all field workers.

Other training materials including special manuals describing the duties of the team supervisor and the rules for field editing were prepared. Instructions regarding anthropometric data collection were included in a manual for interviewers and assistant supervisors who were trained to collect height and weight data.

Supervisor and Interviewer Training. A special training program for supervisors and assistant supervisors was conducted during a three-day period prior to the main fieldwork training. This training focused specifically on the supervisor's duties, but it also covered the EDHS-95 questionnaires in order to give supervisors a basic understanding of the content of the survey prior to the main training program.

Interviewer training for the EDHS-95 data collection began in late September 1995. Eighteen supervisors, 22 assistant supervisors and 96 interviewers participated in the training program. The training program, which was held in Cairo for five weeks, included:

- General lectures related to basic interview techniques and to specific survey topics (i.e., fertility and family planning, matemal and child health, and female circumcision);
- Specific sessions with visual aids on how to fill out the questionnaire;
- Opportunities for role playing and mock interviews;
- Four days of field practice in areas not covered in the survey; and
- Nine quizzes.

Trainees who failed to show interest in the survey, or did not attend the training program on a regular basis, or failed in the first three tests were terminated immediately.

At the beginning of the third week of training, a list was prepared of the 17 trainees who had performed best during both the classroom and field exercises. These trainees were further examined in order to select 13 field editors. A special training session was held for the field editors following their selection.

Forty-six trainees and all of the assistant supervisors were selected for anthropometric training, which included both classroom lectures and practice measurement in a nursery school. At the end of the program, the 31 most qualified trainees were selected to serve as measurers during the EDHS fieldwork.

By the end of the training course, 66 of the 96 candidates originally recruited for interviewer training had been selected to work as interviewers or field editors in the EDHS fieldwork.

Fieldwork. The initial round of fieldwork for the EDHS-95 began on November 4, 1995 and was completed on January 1, 1996. A total of 95 staff, including one fieldwork coordinator, two assistant fieldwork coordinators, 13 supervisors, 13 assistant supervisors, 13 field editors and 53 interviewers were responsible for the data collection. All supervisors and assistant supervisors were male while the field editors and interviewers were female.

The field staff was divided into 13 teams; each team had a supervisor, assistant supervisor, field editor and three to five interviewers. Usually two of the interviewers in the team plus the field editor and the assistant supervisor were responsible of the anthropometric measurements. During the fieldwork the 13 field teams worked in separate governorates; the number of governorates assigned to an individual team varied from one to three, according to the sample size in the governoratcs.

As soon as the main data collection was completed in the first group of governorates, a random sample of up to 10 percent of the households were selected for reinterview as a quality control measure. Shorter versions of the EDHS-95 questionnaires were prepared and used for the reinterviews. The visits to PSUs to conduct reinterviews also afforded an opportunity to make callbacks to complete interviews with households or individuals who were not available at the time of the original visit by the EDHS-95 interviewers. Household or individual questionnaires in which there were significant errors which could not be corrected in the office were also assigned for callbacks. Special teams were organized to handle callbacks and reinterviews. During this phase of the survey, interviewers were not allowed to work in the governorate in which they had participated in the initial fieldwork. Callbacks and reinterviews began on December 16, 1995 and were completed on February 7, 1996.

Data Processing Activities

Office Editing. The central office of the EDHS-95 was responsible for collecting questionnaires from supervisors as soon as a cluster completed. Questionnaires were reviewed for consistency and completeness by office editors, and a few questions (e.g., occupation) were coded in the office prior to data entry. To provide feedback for the field teams, the office editors were instructed to report any problems detected while editing the questionnaires. These reports were reviewed by the senior staff. If serious errors were found in one or more questionnaires from a cluster, the supervisor of the team working in the cluster was notified and advised of the steps to be taken to avoid these problems in the future.

Machine Entry and Editing. The machine entry and editing phase began while interviewing teams were still in the field. The data from the questionnaires were entered and edited on microcomputers using the Integrated System for Survey Analysis (ISSA), a software package developed especially for the Demographic and Health Surveys program.

Eleven data entry personnel used eight IBM-compatible microcomputers to process the EDHS-95 survey. During the machine entry, one-third of each segment was reentered for verification. One of the computers was assigned solely for this purpose. By working two shifts six days per week, the data processing staff completed the entry and editing of data by the end of February 1996.

1.7 Coverage of the Survey

A summary of the outcome of the fieldwork for the survey is presented in Table 1.3 by place of residence. The table shows that, during the main fieldwork and callback phases of the survey, 15,567 households selected for the EDHS-95 sample were successfully contacted, which represents a response rate of 99.2 percent.

A total of 14,879 women were identified as eligible to be interviewed. Questionnaires were completed for 14,779 of those women, which represents a response rate of 99.3 percent. A total of 7,223 respondents were in the subsample selected for the women's status interview. Questionnaires were completed for 7,121 of these women, which represents a response rate of 98.6 percent.

There was almost no difference between urban and rural areas in response rates for the household, individual and women's status interviews. Looking at place of residence, the response rate for the household and individual interviews exceeds 98 percent, and the response rate for the women's status interviews exceeds 97 percent, in all areas.

Table 1.3 Results of the household, individual and women's status interviews

Number of households and eligible women and response rates by urban-rural residence and place of residence, Egypt 1995

Interview results	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates	Total
Households sampled	7,730	8,316	3,261	5,267	1,862	3,405	6,394	1,857	4,537	1,124	16,046
Households found	7,475	8,214	3,128	5,197	1,819	3,378	6,257	1,792	4,465	1,107	15,689
Households interviewed	7,397	8,170	3,090	5,149	1,799	3,350	6,226	1,775	4,451	1,102	15,567
Household response rate	99.0	99.5	98.8	99.1	98.9	99.2	99.5	99.1	99.7	99.5	99.2
Eligible women	6,317	8,562	2,611	4,716	1,459	3,257	6,306	1,520	4,786	1,246	14,879
Eligible women interviewed	6,279	8,500	2,595	4,676	1,447	3,229	6,262	1,510	4,752	1,246	14,779
Eligible woman response rate	99.4	99.3	99.4	99.2	99.2	99.1	99.3	99.3	99.3	100.0	99.3
Eligible for women's status	2,515	4,708	887	1,623	508	1,115	4,294	876	3,418	419	7,223
Eligible for women's status and interviewed	2,481	4,640	878	1,598	502	1,096	4,228	857	3,371	417	7,121
Women's status response rate	98.6	98.6	99.0	98.5	98.8	98.3	98.5	97.8	98 6	99.5	98.6

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

The objective of this chapter is to provide a demographic and socioeconomic profile of the EDHS-95 sample and a descriptive assessment of the environment in which women and children live. This is accomplished by examining the general characteristics of the households and individual respondents interviewed in the EDHS-95. With regard to households, information is presented on the age, sex, and education of the household population as well as on housing facilities and household possessions. For individual respondents, a basic profile including information on age, residence, education, work status and religion is presented first and then more detailed information is provided on differentials in education, access to mass media, and employment patterns.

The profile of the EDHS-95 households and respondents provided in this chapter will help in understanding the results presented in the following chapters. In addition, it may provide useful input for social and economic development planning.

2.1 Characteristics of the Household Population

The questionnaire for the 1995 EDHS included two questions distinguishing between the *de jure* population (persons who usually live in selected household), and the *de facto* population (persons who spent the night before the interview in the household). The differences between these populations are small, and since past surveys and censuses were based on de facto populations, tabulations for the household data presented in this chapter are based on the de facto definition, unless otherwise stated.

Age and Sex Composition

Table 2.1 presents the percent distribution of the de facto population by age, according to urban-rural residence and sex. The table shows the effects of past demographic trends on the structure of the Egyptian population and indicates the context in which a variety of demographic processes are operating.

The information on sex and age distribution is used to construct a population pyramid describing the EDHS-95 household population (see Figure 2.1). The pyramid has a wide-base, with a large concentration (40 percent) of the population under 15 years of age. This pattern is typical of countries that experienced relatively high fertility in the recent past. The decline in fertility which has been occurring in Egypt since the late 1980s is evidenced by the fact that the proportion of the population age 0-4 years is somewhat smaller than the proportion age 5-9 years.

As Table 2.1 shows, the proportion under age 15 is greater in the rural population than the urban population. The differences in the age distributions are evidence of lower recent fertility in urban areas compared with rural areas.

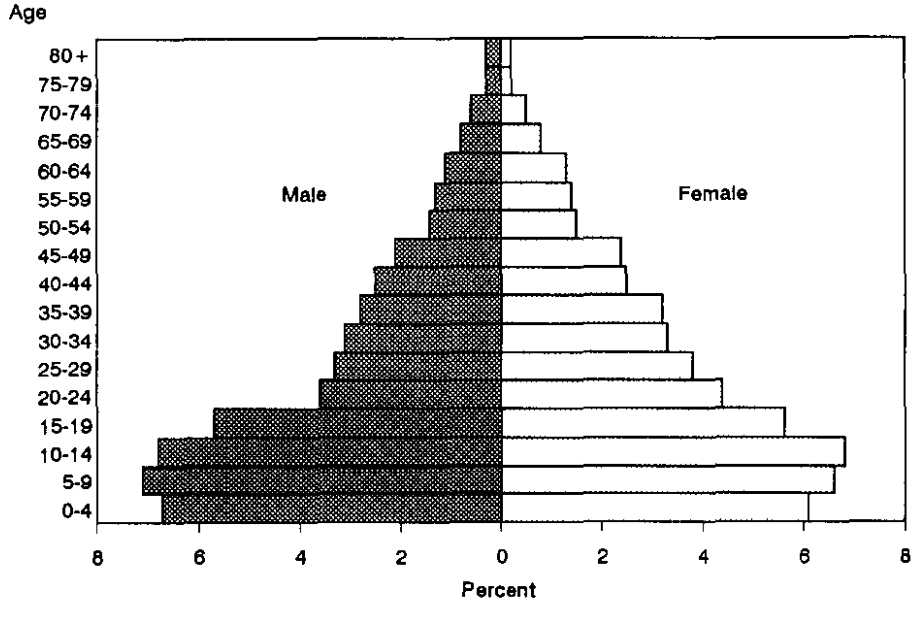
Table 2.2 presents a comparison of the distribution of the household population by broad age groups for the three EDHS surveys carried between 1988 and 1995. The dependency ratio, defined as the ratio of the nonproductive population (persons under age 15 and age 65 and over) to the population age 15-64, is calculated based on these figures. The dependency ratio decreased from 83 in 1992 to 78 in 1995, indicating a gradual lessening in the burden placed on persons in the productive ages to support older and younger household members. Table 2.2 also indicates that the median age of the EDHS-95 survey population was 19.3 years in 1995, slightly higher than the median age in 1992. Both the change in the dependency ratio and in the median age of the population are consistent with the gradual aging of the population that occurs as fertility declines.

Table 2.1 Household population by age, residence, and sex

Percent distribution of the de facto household population by five-year age groups, according to urban-rural residence and sex, Egypt 1995

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	11.6	10.6	11.1	15.1	13.2	14.1	13.5	12.0	12.8
5-9	13.1	11.8	12.4	15.4	14.0	14.7	14 3	13 0	13.7
10-14	12.3	13.0	12.7	14.8	13.7	14.2	13.7	13 4	13.5
15-19	11.3	11.0	11.1	11.8	11.3	11.6	11.6	11.2	11.4
20-24	8 0	8.7	8.3	6.9	8.6	7.8	7.4	8.7	8 0
25-29	7 1	7.8	7.5	6.4	7.2	6.8	6 7	7.5	7.1
30-34	6.8	7.1	6.9	5.9	6.0	6.0	6 3	6.5	6.4
35-39	6.2	7.2	6.7	5 1	5.6	5.4	5.6	6 3	6 0
40-44	6.0	5 9	6.0	4.1	4.2	4.2	5.0	4.9	5.0
45-49	4 9	5.3	5.1	3.6	4.2	3.9	4.2	4.7	4.5
50-54	3.5	2.9	3 2	2.5	2 9	2.7	2.9	2.9	2.9
55-59	3.0	2 8	2.9	2.3	2.6	2.5	2.7	2.7	2.7
60-64	2.4	2.6	2.5	2.1	2.5	2.3	2.3	2.5	2.4
65-69	1.7	1.7	1.7	1.7	1.6	1.7	1 7	1 6	1.7
70-74	1.2	0.9	1.0	1.1	1.2	1.2	1.1	1.1	1.1
75-79	0.6	0.4	0 5	0.5	0.5	0.5	0.5	0.4	0.5
80 +	0 4	0.4	0 4	0.6	0.6	0.6	0.5	0.5	0.5
Total	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0	100.0
Number	18,293	18,475	36,768	22,068	22,687	44,755	40,360	41,162	81,523

Figure 2.1
Distribution of the Household Population by Sex and Age



EDHS 1995

Table 2.2 Population by age, 1988, 1992, and 1995

Percent distribution of the de facto population by broad age groups, 1988 EDHS, 1992 EDHS, and 1995 EDHS

Age group	1988 EDHS	1992 EDHS	1995 EDHS
Less than 15	41.2	41.7	40.0
15-64	55.0	54.6	56.3
65+	3.8	3.7	3.7
Total	100.0	100.0	100.0
Median age	--	18.8	19.3
Dependency ratio	81.8	83.2	77.6

Household Composition

Table 2.3 presents the distribution of households in the EDHS-95 sample by sex of the head of the household and by the number of household members. These characteristics are important because they are often associated with socioeconomic differences between households. For example, female-headed households frequently are poorer than households headed by males. In addition, the size and composition

Table 2.3 Household composition

Percent distribution of households by sex of head of household and household size, according to urban-rural residence and place of residence, Egypt 1995

			Place of residence								
			Urban Gover-	Lower Egypt			Upper Egypt			Frontier Gover-	
Characteristic	Urban	Rural	norates	Total	Urban	Rural	Total	Urban	Rural	norates	Total
Household headship											
Male	87.3	87.4	87.2	87.0	86.3	87.4	87.8	88.5	87.4	95.5	87 4
Female	12.7	12.6	12.8	13.0	13.7	12.6	12.2	11.5	12.6	4.5	12.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0
Number of usual members											
1	6.1	4.6	6.6	5 0	5.9	4.5	5.0	5.5	4.8	3.2	5.4
2	10.8	7.1	11.5	8.6	10.6	7.6	7.6	9.8	6.4	7.1	9.0
3	13.0	9.5	13.2	11.6	14.3	10.3	9.3	11.2	8.4	8.6	11.3
4	19.9	10.5	21.0	13.8	19.0	11.2	12.8	18.7	9.6	16.4	15.3
5	20.2	15.2	20.7	18.6	21.1	17.4	14.3	18.2	12.2	16.3	17.7
6	13.3	14.6	12.9	15.0	13.6	15.7	13.4	13 9	13 2	12.8	14.0
7	7.6	12.7	6.7	11.0	8.7	12.1	11.6	8.2	13.4	10.8	10.1
8	4.2	9.1	3.8	6.3	3.5	7.7	9.2	5.8	11.0	6.8	6.6
9+	4.6	16.7	3.5	10.0	3.0	13.4	16.7	8.6	21.0	17.7	10.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean size	4.6	6.0	4.5	5.3	4.5	5.7	5.9	5.1	6.4	6.1	5.3
Number of households	7,924	7,643	3,911	6,594	2,206	4,387	4,942	1,722	3,220	121	15,567

Note: Table is based on de jure members, i.e., usual residents.

of the household affects the allocation of financial and other resources among household members, which in turn influences the overall well-being of these individuals. Household size is also associated with crowding in the dwelling, which can lead to unfavorable health conditions. Unlike earlier tables, Table 2.3 is based on *de jure* members, i.e. usual residents.

The household head was female in 13 percent of households in the 1995 EDHS. There is little variation in the proportion of female-headed households by residence, except for the Frontier Governorates, where only 5 percent of households were reported to be headed by females.

There are on average 5.3 persons in an Egyptian household. Around one in four households has fewer than 4 members, while two in five households have 6 or more members. Households in rural areas are larger than households in urban areas. For example, fewer than one in ten urban households has 8 or more members compared with one in four rural households. By place of residence, household size varies from an average of 4.5 in the Urban Governorates and urban Lower Egypt to 6.4 in rural Upper Egypt.

2.2 Education of the Household Population

The education level of household members is among the most important characteristics of the household because it is associated with many phenomena including reproductive behavior, use of contraception, and the health of children. Results from household interviews can be used to look at both educational attainment among household members and school attendance among children and young adults.

Educational Attainment

Tables 2.4.1 and 2.4.2 present data on the educational level of the household population age six and over. Primary education in Egypt starts at age six and continues for five years. A further three-year period, known as the preparatory stage, is considered basic education and is compulsory. The secondary stage, which includes an additional three years of schooling, is not compulsory.

The results in Tables 2.4.1 and 2.4.2 confirm that there is a gap in educational attainment between males and females. Overall, 83 percent of Egyptian males have attended school compared with only 65 percent of females. Even among those who have gone to school, there is a gender gap in the number of years of schooling; the median number of years of schooling for men is 6.1 compared with 3.3 for women.

An examination of the changes in educational indicators over successive cohorts indicates that there have been substantial increases over time in the educational attainment of both men and women. For example, the median number of years of schooling is 12.2 for males age 20-24 years compared with 9.7 in the 30-34 age group and 6.5 in the 40-44 age group. Women have also experienced substantial improvements in education. As a result, the differentials in educational attainment between males and females have narrowed among younger cohorts; for example, the gap in the median number of schooling for the 20-24 age group is 3.3 years, while it is around one year for those under age 20.

Urban residents are both more likely to have attended school and to have remained in school for a longer period than rural residents. Gender differences in educational attainment also are less evident in urban than in rural areas. The median years of schooling among rural women is 1.0 compared with 4.9 among men. The difference is smaller in urban areas, where the median years of schooling is 6.1 for women and 7.6 for men.

Table 2.4.1 Educational level of the male household population

Percent distribution of the de facto male household population age six and over by highest level of education attended, according to selected background characteristics, Egypt 1995

Background characteristic	No education	Some primary	Primary through secondary	Completed secondary/ higher	Total	Number of persons	Median number of years
Age group							
6-9	9.3	90.5	0.2	0.0	100.0	4,604	1.6
10-14	5.4	41.0	53.5	0.0	100.0	5,525	6.2
15-19	6.3	14.3	59.9	19.5	100.0	4,670	9.9
20-24	8.0	12.8	23.7	55.5	100.0	2,973	12.2
25-29	12.2	17.2	16.6	54.0	100.0	2,704	12.1
30-34	16.2	20.3	16.5	47.0	100.0	2,544	9.7
35-39	18.2	22.2	17.5	42.1	100.0	2,258	8 4
40-44	25.6	20.5	18.5	35.5	100.0	2,020	6.5
45-49	33.8	19.5	19.3	27.4	100.0	1,709	5.7
50-54	40.3	17.1	18.8	23.7	100.0	1,181	4.9
55-59	45.7	17.7	17.0	19.6	100.0	1,074	2.7
60-64	50.2	23.1	9.7	17.1	100.0	909	0 0
65+	63.3	16.9	10.1	9.8	100.0	1,555	0.0
Urban-rural residence							
Urban	11.2	28.4	28.4	32.0	100.0	15,703	7.6
Rural	23.0	34.0	25.7	17.3	100.0	18,023	4.9
Place of residence							
Urban Governorates	10.9	27.8	28.9	32.4	100.0	7,614	7 8
Lower Egypt	16.7	32.0	28.0	23.3	100.0	14,426	6 2
Urban	9.8	28.3	28.5	33.3	100.0	4,312	7.9
Rural	19.6	33.6	27.8	19.0	100 0	10,113	5.5
Upper Egypt	23.1	33.0	24.2	19.7	100.0	11,383	4.9
Urban	13.6	29.7	27.2	29.5	100 0	3,585	6.9
Rural	27.5	34.5	22.8	15.2	100.0	7,797	3.9
Frontier Governorates	16.0	29.5	28.2	26.3	100.0	304	6 6
Total	17.5	31.4	26.9	24.2	100 0	33,726	6.1

By place of residence, gender differences in the likelihood of attending school are most striking in rural Upper Egypt and least evident in the Urban Governorates. In rural Upper Egypt, only 41 percent of women have ever attended school compared with 73 percent among males. In the Urban Governorates, the gap is much smaller, with 80 percent of women having some education compared with 89 percent of men.

Table 2.4.2 Educational level of the female household population

Percent distribution of the de facto female household population age six and over by highest level of education attended, according to selected background characteristics, Egypt 1995

Background characteristic	No education	Some primary	Primary through secondary	Completed secondary/ higher	Total	Number of persons	Median number of years
Age group							
6-9	19.3	80.4	0.3	0.0	100.0	4,249	1.4
10-14	17.1	35.9	47.0	0 1	100.0	5,504	5.0
15-19	19.4	13.4	47.5	19.7	100.0	4,598	9.3
20-24	27.8	11.6	17.4	43.2	100 0	3,563	8.9
25-29	36.4	16.5	9.8	37.2	100.0	3,088	5.5
30-34	40.0	20.4	9.5	30.1	100.0	2,672	3.7
35-39	44.4	23.5	9.8	22.2	100 0	2,597	2.6
40-44	47.5	22.2	12.8	17 5	100.0	2,034	1.8
45-49	54.7	21.4	13.1	10.8	100.0	1,938	0.0
50-54	62.6	19.1	8.8	9.5	100.0	1,195	0.0
55-59	65.4	19.3	8.5	6.8	100.0	1,127	0.0
60-64	68.8	21.7	5.8	3.8	100.0	1,045	0.0
65+	80.8	11.9	5.1	2.2	100.0	1,498	0.0
Urban-rural residence							
Urban	20.8	28.2	25.3	25.7	100.0	16,079	6.1
Rural	47.8	27.6	15.8	8.8	100.0	19,032	1 0
Place of residence							
Urban Governorates	20.4	27.2	26.1	26.3	100.0	7,855	6.3
Lower Egypt	33.0	29.8	20.7	16.5	100.0	15,010	3.5
Urban	18.8	28.9	25.5	26.8	100.0	4,361	6.3
Rural	38.9	30.2	18.7	12.2	100.0	10,649	2.4
Upper Egypt	48.3	26.1	15.5	10.1	100.0	11,948	1.0
Urban	24.1	29.7	23.2	23.0	100.0	3,681	5.3
Rural	59.1	24.5	12.0	4.4	100 0	8,267	0.0
Frontier Governorates	33.9	25.8	21 0	19.2	100 0	298	3.8
Total	35.4	27.9	20.1	16.5	100.0	35,111	3.3

Note: Includes 3 persons missing/don't know

School Attendance

Table 2.5 shows the percentage of the household population age 6 to 24 years who are currently attending school according to age, sex, urban-rural residence, and place of residence. The results show that both gender and residential differences persist in the proportion of the population currently attending school in Egypt.

Looking at gender differences in the attendance data in Table 2.5, it is clear that boys are generally more likely than girls to be attending school. For example, while 89 percent of boys age 6-10 are attending school, this figure is only 79 percent for girls age 6-10. Similar differences by gender are observed in the attendance rates for older children, with the gap increasing with the age of the children.

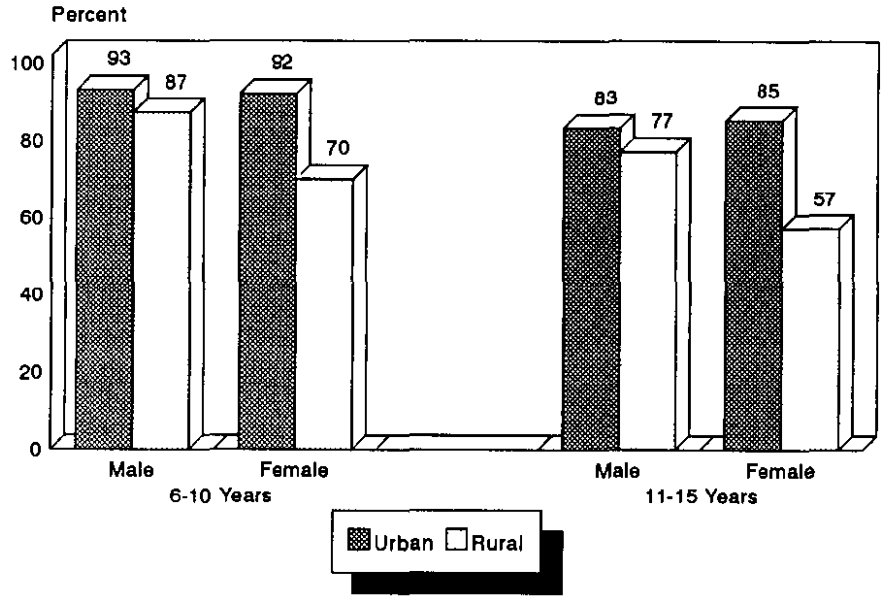
Table 2.5 School attendance

Percentage of the de facto household population age 6-24 years who are currently attending school, by age group, sex, urban-rural residence, and place of residence, Egypt 1995

Age group	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates	Total
MALE											
6-10	92.6	86.7	92.8	91.5	94.0	90.5	84.7	90.4	82.7	90.6	89.1
11-15	82.6	76.9	81.2	80.6	82.3	79.9	76.5	85.0	73.0	82.5	79.3
6-15	87.8	82.0	87.3	86.0	88.1	85.2	81.0	87.8	78.4	86.9	84.4
16-20	54.3	43.0	56.3	48.7	55.5	45.9	42.5	49.0	39.7	43.7	48.1
21-24	19.3	12.9	21.6	15.1	19.0	13.1	13.4	14.8	12.6	8.2	16.1
FEMALE											
6-10	92.3	69.7	91.8	86.0	94.6	83.1	64.8	90.7	54.5	80.7	79.0
11-15	84.5	56.9	83.4	75.0	87.4	70.1	53.7	83.3	41.2	70.0	69.0
6-15	88.4	63.6	87.6	80.7	90.9	76.9	59.5	87.1	48.3	75.7	74.1
16-20	47.3	24.1	49.9	37.9	53.9	31.8	19.8	33.8	13.8	29.5	34.3
21-24	12.7	3.5	15.1	6.7	12.5	4.4	4.2	8.3	2.2	6.7	7.7
TOTAL											
6-10	92.5	78.4	92.3	88.8	94.3	86.8	75.1	90.5	69.3	86.0	84.2
11-15	83.6	67.2	82.3	77.9	84.8	75.3	65.1	84.2	57.2	76.6	74.2
6-15	88.1	73.1	87.4	83.4	89.5	81.2	70.5	87.4	63.7	81.7	79.4
16-20	50.7	33.2	53.1	43.0	54.7	38.4	31.2	41.5	26.8	36.2	41.0
21-24	15.9	7.7	18.3	10.6	15.8	8.3	8.4	11.3	6.9	7.4	11.6

Considering the effect of residence, the gap in attendance rates between urban and rural areas is present for boys and even more striking for girls. For example, the attendance rate for boys age 6-10 years in urban areas is 93 percent compared with 87 percent in rural areas; for girls, the percentage is 92 percent in urban areas but only 70 percent in rural areas (see Figure 2.2). Urban-rural differentials in attendance rates are larger in Upper Egypt than in Lower Egypt, particularly for girls. While 91 percent of girls age 6-10 in urban Upper Egypt are attending school, only 55 percent of girls in this age group in rural Upper Egypt attend school. In contrast, 95 percent of girls age 6-10 years in urban Lower Egypt are currently attending school compared with 83 percent of girls in that age group in rural Lower Egypt.

Figure 2.2
School Attendance among Children Age 6-15
by Age, Sex, and Urban-Rural Residence



2.3 Household Environment

Housing Characteristics

Table 2.6 presents the distribution of households by selected housing characteristics, including the source of drinking water, type of sanitation facilities, type of flooring, and the number of persons per sleeping room. These are important determinants of the health status of household members, particularly children. They can also be used as indicators of the socioeconomic status of households.

Overall, 96 percent of households have electricity. Differentials in the availability of electricity by urban-rural residence and place of residence are small. In urban areas, virtually all households have electricity, and, in rural areas, 92 percent of households have electricity. The lowest proportion of households with electricity is found in rural Upper Egypt (87 percent).

In Egypt, more than eight in ten households have access to piped water, mainly within their dwelling. Urban households are somewhat more likely to have access to safe drinking water than rural households. Among urban households, 92 percent have piped water in their residence, and 4 percent obtain water from a public tap. Among rural households almost 70 percent have access to piped water, primarily in their residence (53 percent). Among the remaining rural households, most use well water. Households in rural Upper Egypt are somewhat more likely to be relying on well water than households in rural Lower Egypt (38 percent and 17 percent, respectively).

Table 2.6 Housing characteristics

Percent distribution of households by housing characteristics, according to urban-rural residence and place of residence, Egypt 1995

Characteristic	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates	Total
Electricity											
Yes	99.0	91.9	99.3	96.8	99.3	95.6	90.8	97.8	87.0	91.9	95.5
No	1.0	8.1	0.7	3.2	0.7	4.4	9.2	2.2	12.9	8.0	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of drinking water											
Piped water											
Piped into residence	92.4	53.2	94.7	71.7	94.4	60.2	58.7	86.5	43.9	49 5	73.2
Public tap	4.1	16.2	4.3	14.3	3.8	19 6	9.2	4.2	11.9	0 9	10.1
Well water											
Well in residence	0.7	13.3	0.1	6.8	0.3	10.0	12.6	2.7	18.0	1.3	6.9
Public well	0.4	12.2	0.0	4.4	0.2	6.5	13.6	1 3	20.1	3.0	6.2
Nile/canal	0.0	0.3	0.0	0.1	0.0	0.1	0.3	0 0	0.5	0.1	0.1
Other	2.3	4.7	0.9	2.8	1.2	3.6	5.5	5.1	5.7	45.2	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time to water source											
Water within 15 minutes	95.9	81.3	96.2	85.8	97.4	79.9	87.0	93.9	83.2	80.7	88.7
Sanitation facility											
Modern flush toilet	50.4	6.2	57.7	21.8	47.4	8.9	14.7	37.4	2.6	39 1	28.7
Traditional w/tank flush	1.9	1.4	1.1	2.0	2.6	1.7	1.7	3.1	1.0	3.0	1 7
Traditional w/bucket flush	44.9	63.3	40.1	62.9	47.7	70.5	53 2	52.6	53.5	42.1	53.9
Pit toilet/latrine	1.6	17.8	0.4	9.8	1.7	13.8	16.5	4.2	23.1	8.6	9.5
No facility	0.9	9.6	0.5	2.9	0.5	4.1	11.9	2.4	17.0	1.0	5.2
Other	0.2	1.7	0.1	0.6	0 0	0.9	1 9	0.4	2.7	6.2	0.9
Total	100 0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring											
Earth/sand	5.9	54.0	2.6	28.7	4.6	40.8	52.3	15.1	72.1	14.8	29.5
Parquet/polished wood	2.4	0.0	3.8	0.3	0.8	0.0	0.6	1.6	0.0	0.1	1.3
Ceramic tiles	1.3	0.0	1.8	0.2	0.6	0.1	0.3	0.9	0.0	0.4	0.7
Cement tiles	74.0	22.0	76.6	44.1	75.2	28.5	31.8	66.9	13.1	56.8	48.5
Cement	10.4	23.4	10.1	23.6	11.0	29.9	12.8	9.8	14.5	23.3	16.8
Wall-to-wall carpet	4.7	0.4	3.6	2.6	6.8	0.5	1.8	4.7	0.2	3.8	2.6
Other	1.3	0.1	1.6	0.4	1.0	0.1	0.3	0.9	0.0	0.8	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Persons per sleeping room											
1-2	66.0	47.2	67.6	56.7	67.0	51.5	48.0	60.7	41.3	65 0	56.7
3-4	27.7	39.9	26.2	34.7	27.6	38 2	38.3	31.0	42.2	30.3	33.7
5-6	4.7	9.3	4.4	6.6	3.9	7.9	9.4	6.2	11.1	4.0	6.9
7 +	1.7	3.6	1.7	2.0	1 4	2.4	4.2	2 1	5.4	0.8	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean persons per room	2.5	3.1	2.5	2.8	2.5	2.9	3.1	2.7	3 3	2.6	2.8
Number of households	7,924	7,643	3,911	6,594	2,206	4,387	4,942	1,722	3,220	121	15,567

For most households, the source for their drinking water is within their dwelling or not far from their residence. Overall, 89 percent of households obtain drinking water in their dwelling or within 15 minutes of the residence. Urban households tend to be closer to the source of water than rural areas; 96 percent of households in urban areas report that the source for drinking water is in the house or within 15 minutes of the dwelling compared with 81 percent of rural households.

More than a quarter of Egyptian households have a modern flush toilet, and more than half of households have traditional flush toilets. Ten percent use a pit or latrine and only 5 percent report having no toilet facilities. There are differences in the type of toilet facilities available to households by both urban-rural residence and place of residence. Households in urban areas are about equally likely to have a modern flush toilet (50 percent) or a traditional flush toilet (45 percent). Only 3 percent of urban households use a pit or latrine or report that they have no toilet facilities. In comparison, 18 percent of rural households use a pit or latrine, and 10 percent say that they have no toilet facilities. Sanitation facilities appear to be poorest in rural Upper Egypt, where 40 percent either use a pit or latrine or have no facilities.

With regard to flooring, around half of households live in dwellings with cement tile floors, an additional 17 percent have a cement floor, and 30 percent have earth or sand floors. There are substantial differences in the flooring materials in urban and rural dwellings. Among urban households, 74 percent have a cement tile floor compared with 22 percent of rural households. Conversely, 54 percent of rural households live in dwellings that have earth/sand floor compared with only 6 percent of urban households. In rural Upper Egypt, more than seven in ten households live in dwellings with earth/sand floors.

Information on the number of persons per sleeping room was collected in the EDHS-95 in order to provide a measure of crowding. Table 2.6 shows that 57 percent of households had one or two persons per sleeping room, and one-third had three to four persons per sleeping room. The overall mean is 2.8 persons per sleeping room. Rural households are more crowded than urban households. The mean number of persons per sleeping room is 2.5 in urban areas compared with 3.1 persons in rural areas. The most crowded area is rural Upper Egypt (3.3 persons per sleeping room).

Household Possessions

Table 2.7 provides information on household ownership of durable goods and other possessions. With regard to durable goods, almost eight in ten households in Egypt own a television (color or black and white), more than seven in ten households own a washing machine, more than six in ten own a radio with a cassette recorder or a stove, and more than half own a refrigerator or electric fan. Urban households are more likely to have the convenience of these items than rural households. For example, 90 percent of households in urban areas own a washing machine compared with around 60 percent of households in rural areas. Similarly, 85 percent of urban households own a gas stove compared with 40 percent of households in rural areas. Rates of ownership of various household possessions also differ by place of residence, with higher rates of ownership for most items reported among households in the Urban Governorates, Lower Egypt, and the Frontier Governorates than in Upper Egypt. Households in rural Upper Egypt have the lowest rates of ownership for all durable goods, with the exception of an electric fan.

Table 2.7 also includes information on household ownership of a means of transportation. Overall, 8 percent of households own a car or motorcycle, with the highest rate of ownership in the Urban Governorates (14 percent) and the lowest rate in rural Upper Egypt (3 percent). Rates of ownership of bicycles vary from 9 percent in the Urban Governorates to 28 percent in the Frontier Governorates.

Table 2.7 Household possessions

Percentage of households possessing various household effects, means of transportation, property, and farm animals/implements, by urban-rural residence and place of residence, Egypt 1995

Possession	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates	Total
Household effects											
Radio	73.4	54.6	74.9	61.7	72.0	56.5	58.8	71.6	51.9	72.0	64.2
Television	88.5	68.8	90.0	78.8	88.1	74.1	69.9	85.3	61.6	82.7	78.8
Video	14.8	1.0	18.5	4.1	10.2	1.1	5.0	12.4	1.0	6.9	8.0
Electric fan	69.7	38.6	70.7	45.4	64.3	35.8	53.5	74.2	42.5	60.0	54.4
Cooking stove	85.4	39.6	89.3	63.6	86.2	52.2	40.9	75.6	22.3	76.7	62.9
Water heater	44.3	6.5	49.6	19.4	40.6	8.7	15.4	37.6	3.6	26.8	25.8
Refrigerator	77.9	33.1	80.6	48.9	74.5	36.0	45.2	75.7	29.0	76.5	55.9
Sewing machine	22.9	9.7	23.9	15.4	22.9	11.5	11.6	20.1	7.0	27.2	16.4
Washing machine	89.8	59.4	90.8	78.7	91.2	72.4	57.0	85.5	41.8	79.6	74.9
Means of transportation											
Bicycle	13.5	16.0	8.6	17.4	17.3	17.5	15.5	18.7	13.8	28.0	14.7
Private car/motorcycle	12.4	4.2	14.4	6.4	9.5	4.9	6.1	11.5	3.2	15.0	8.4
Property											
Farm/other land	7.0	37.8	4.2	27.2	10.3	35.7	29.6	9.3	40.4	22.5	22.1
Farm animals/implements											
Livestock/poultry	4.0	39.8	1.5	23.6	4.8	33.0	34.8	8.4	48.9	19.7	21.6
None of the above	2.8	10.0	2.1	5.5	2.0	7.2	10.9	5.2	13.9	1.6	6.3
Number of households	7,924	7,643	3,911	6,594	2,206	4,387	4,942	1,722	3,220	121	15,567

As expected, households in rural areas were significantly more likely than urban households to own a farm or other land. More than one-third of rural households own a farm or other land compared with only 7 percent of urban households. There also was considerable variation in the proportion reporting that they owned livestock or poultry, from nearly 50 percent of rural Upper Egypt households to only 2 percent of households in the Urban Governorates.

2.4 Background Characteristics of Respondents

General Characteristics

Table 2.8 presents the distribution of respondents to the individual questionnaire by various background characteristics including age, marital status, urban-rural residence, place of residence, educational level, and religion. As noted in Chapter 1, ever-married women age 15-49 who were usual residents or present in the household on the night before the interviewer's visit were eligible to be interviewed in the EDHS-95. Among the ever-married women in the sample, 93 percent are currently married, 5 percent are widowed, and 2 percent are divorced.

Looking at the age distribution in Table 2.8, slightly more than one-third of EDHS-95 respondents are under age 30 and around one-quarter are age 40 and over. The percentages of women in the age groups

15-19 and 20-24 are smaller than the percentage of women in the 25-29 age group. This is due to the fact that only ever-married women were interviewed in Egypt and that there has been a trend toward delaying marriage in Egypt. Marriage patterns are described in more detail in Chapter 8.

More than half of the women interviewed (54 percent) are living in rural areas. Considering place of residence, slightly more than one-fifth of the women interviewed are from the Urban Governorates, 42 percent live in Lower Egypt, and 35 percent live in Upper Egypt. Only one percent are from the Frontier Governorates.

Table 2.8 shows that the educational level of the women interviewed in the EDHS-95 varies considerably. Forty-four percent of the women have never attended school, 20 percent attended but did not complete the primary level, and 13 percent have completed primary school and/or attended at least some secondary school. Only around one-quarter of women have completed secondary school or higher.

The results in Table 2.8 suggest that relatively few Egyptian women receive cash for any work that they do. Only 16 percent of EDHS-95 respondents reported that they are working at a job for which they are paid in cash.

Finally, the majority of the women interviewed are Muslims (95 percent).

Table 2.8 Background characteristics of respondents

Percent distribution of ever-married women by selected background characteristics, Egypt 1995

Background characteristic	Weighted percent	Number of women: Weighted	Number of women: Unweighted
Marital status			
Married	92.8	13,710	13,718
Widowed	5.0	746	741
Divorced	2.2	322	320
Age group			
15-19	4.6	673	704
20-24	14.5	2,136	2,167
25-29	18.6	2,749	2,770
30-34	17.6	2,605	2,606
35-39	17.4	2,573	2,554
40-44	13.9	2,059	2,003
45-49	13.4	1,984	1,975
Urban-rural residence			
Urban	46.1	6,809	6,279
Rural	53.9	7,970	8,500
Place of residence			
Urban Governorates	22.4	3,312	2,595
Lower Egypt	42.0	6,207	4,676
Urban	12.4	1,830	1,447
Rural	29.6	4,377	3,229
Upper Egypt	34.7	5,125	6,262
Urban	10.7	1,583	1,510
Rural	24.0	3,543	4,752
Frontier Governorates	0.9	135	1,246
Education			
No education	43.7	6,464	6,793
Some primary	19.7	2,908	2,821
Primary through secondary	13.0	1,923	1,854
Completed secondary/higher	23.6	3,483	3,311
Work status			
Working for cash	15.6	2,312	2,216
Not working for cash	84.4	12,467	12,563
Religion			
Muslim	94.6	13,981	13,910
Christian/other	5.4	798	869
All women	100.0	14,779	14,779

Differentials in Education

An overview of the relationship between women's level of education and other background characteristics is provided in Table 2.9. As expected, the level of education decreases with increasing age of the respondent among respondents age 25 and over. The fact that women age 25-29 have a generally higher level of education than women in the 15-19 and 20-24 age groups should not be interpreted as evidence of a recent decline in educational attainment among young women. Since only ever-married women were interviewed, respondents in the 15-19 and 20-24 age groups are more likely to have lower educational levels than other women in these age cohorts because they left school early (either before or at the time they married).

Table 2.9 Level of education

Percent distribution of ever-married women by highest level of education attended, according to selected background characteristics, Egypt 1995

Background characteristic	Level of education				Total	Number of women
	No education	Some primary	Primary through secondary	Completed secondary/ higher		
Age group						
15-19	43.5	19.3	26.7	10.5	100.0	673
20-24	37.8	14.6	20.6	27.1	100.0	2,136
25-29	38.9	16.8	9.9	34.4	100.0	2,749
30-34	41.2	20.1	9.8	29.0	100.0	2,605
35-39	44.7	23.8	9.7	21.8	100.0	2,573
40-44	47.3	22.3	12.6	17.7	100.0	2,059
45-49	55.4	20.6	13.5	10.6	100.0	1,984
Urban-rural residence						
Urban	26.5	19.5	17.7	36.4	100.0	6,809
Rural	58.5	19.9	9.0	12.6	100.0	7,970
Place of residence						
Urban Governorates	26.4	18.6	19.4	35.5	100.0	3,312
Lower Egypt	43.5	20.6	11.8	24.1	100.0	6,207
Urban	23.5	21.0	16.6	39.0	100.0	1,830
Rural	51.8	20.4	9.8	17.9	100.0	4,377
Upper Egypt	55.3	19.4	10.3	15.0	100.0	5,125
Urban	30.2	19.7	15.5	34.6	100.0	1,583
Rural	66.5	19.3	8.0	6.2	100.0	3,543
Frontier Governorates	40.9	14.1	13.9	31.2	100.0	135
Work status						
Working for cash	21.4	8.2	4.2	66.2	100.0	2,312
Not working for cash	47.9	21.8	14.7	15.7	100.0	12,467
Total	43.7	19.7	13.0	23.6	100.0	14,779

Women in urban areas are more educated than those from rural areas. The percentage of urban women who have completed at least secondary school is almost three times the percentage among rural women who have completed the secondary level (36 percent and 13 percent, respectively). Educational levels are lowest among women from rural Upper Egypt, where 67 percent have never gone to school. The highest levels are found in the Urban Governorates, where only around one-quarter of women have never attended school.

Not surprisingly, the majority of women working for cash have completed secondary school or higher.

Reasons for Leaving School

Knowledge about the reasons which lead women to drop out of school can provide guidance to programs seeking to improve educational opportunities for women. To obtain some insight into this issue, ever-married women age 15-24 years who were not currently attending school were asked during the EDHS-95 interview about the main reason for leaving school. Table 2.10 shows the percent distribution of women 15-24 years according to whether they are currently attending school and, if not, their reasons for leaving school, according to the highest level of education attended.

Only a small proportion of EDHS respondents (3 percent) were attending school at the time of the interview. The reasons women gave for leaving varied according to the level of school they had attained at the time they left school. Women who had not completed primary school were most likely to say that they had left because they had not liked school (33 percent) or because they had failed examinations. Almost one-fifth cited the need to care for other children or to assist the family in other ways as reasons for leaving school and 11 percent said that they could not pay the school fees. Marriage (36 percent) was the principal reason for dropping out of school among women who left after completing the primary level followed by the failure to pass examinations (22 percent) and a dislike for school (18 percent). Among those who completed the secondary level, over 80 percent reported that they left because they had graduated or had enough school while 9 percent reported that they stopped going to school because they married.

2.5 Access to Mass Media

The EDHS collected information on the exposure of women to both broadcast and print media. These data are important because they provide some indication of the extent to which Egyptian women are regularly exposed to mass media, which are extensively used in Egypt to convey family planning and health messages to the population.

The level of exposure of women to television, radio and newspapers or magazines is shown in Table 2.11. Around one-quarter of respondents read a newspaper or magazine weekly, more than 80 percent watch television daily, and 64 percent listen to radio daily. One in five women reported exposure to all three media, and only 13 percent had no media exposure.

Table 2.10 School attendance and reasons for leaving school

Percent distribution of ever-married women 15-24 by whether attending school and reason for leaving school, according to highest level of education attended and urban-rural residence, Egypt 1995

Attendance/ Reasons for leaving school	Educational attainment: Some primary	Primary through secondary	Completed secondary/ higher	Total
	URBAN			
Currently attending	2.5	3.6	6.4	4.6
Reason for leaving				
Got married	7.2	37.7	7.8	19.4
Take care of younger children	5.4	1.4	0.0	1.6
Family need help	6.6	0.9	0.0	1.7
Could not pay school fees	12.6	8.0	1.4	6.2
Need to earn money	0.9	1.5	0.0	0.8
Graduated/Enough school	0.1	2.1	82.7	34.9
Did not pass exams	16.2	15.9	0.1	9.4
Did not like school	32.9	22.3	0.0	15.2
School not accessible	0.0	0.1	0.1	0.1
Other	15.6	5.8	0.8	5.7
Don't know/missing	0.0	0.6	0.6	0.5
Total	100.0	100.0	100.0	100.0
Number	143	284	300	727
	RURAL			
Currently attending	0.1	1.8	3.9	2.0
Reason for leaving				
Got married	4.0	33.7	9.7	16.1
Take care of younger children	9.3	2.5	0.0	3.7
Family need help	12.9	3.1	0.0	5.0
Could not pay school fees	9.8	5.2	1.0	5.1
Need to earn money	0.3	0.9	0.0	0.4
Graduated/Enough school	0.3	2.4	82.7	30 3
Did not pass exams	15.5	27.2	0.6	14.2
Did not like school	32.5	14.2	0.0	14.7
School not accessible	1.7	1.3	0.6	1.1
Other	12.9	6.5	1.3	6.6
Don't know/missing	0.6	1.2	0.3	0.7
Total	100.0	100.0	100.0	100.0
Number	298	335	349	982
	TOTAL			
Currently attending	0.9	2.6	5.1	3.1
Reason for leaving				
Got married	5.0	35.5	8.8	17.5
Take care of younger children	8.0	2.0	0.0	2.8
Family need help	10.9	2.1	0.0	3.6
Could not pay school fees	10.7	6.5	1.2	5.6
Need to earn money	0.5	1.2	0.0	0.6
Graduated/Enough school	0.2	2.2	82.7	32.3
Did not pass exams	15.7	22.0	0.4	12.2
Did not like school	32.6	17.9	0.0	14.9
School not accessible	1.1	0.7	0.4	0.7
Other	13.8	6.2	1.1	6.2
Don't know/missing	0.4	0.9	0.5	0.6
Total	100.0	100.0	100.0	100.0
Number	441	619	649	1,709

Table 2.11 Access to mass media

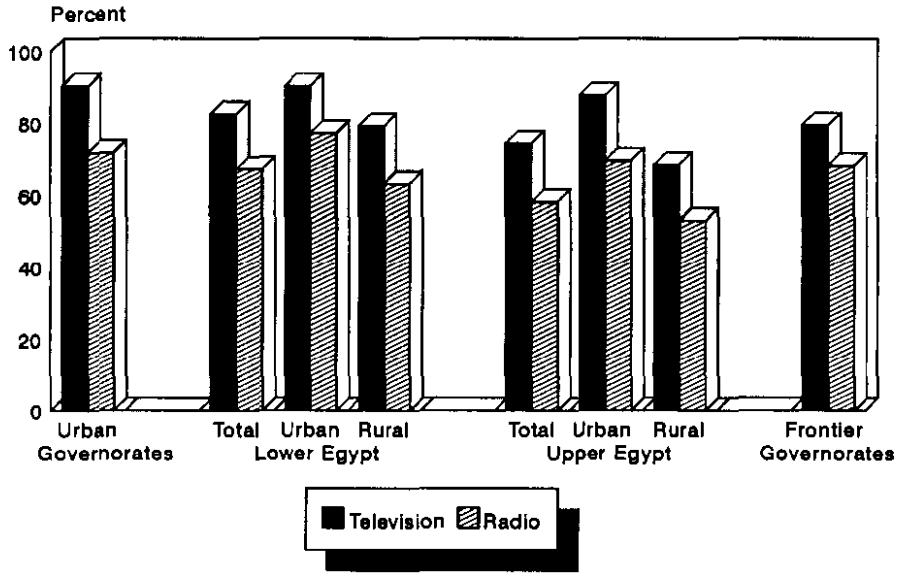
Percentage of ever-married women who usually read a newspaper once a week, watch television daily, or listen to the radio daily, by selected background characteristics, Egypt 1995

Background characteristic	No media exposure	Read newspaper weekly	Watch television daily	Listen to radio daily	All three media	Number of women
Age group						
15-19	11.5	17.7	83.6	67.2	14.1	673
20-24	8.9	26.9	83.1	69.2	20.8	2,136
25-29	11.5	30.0	82.5	65.5	23.8	2,749
30-34	12.4	26.7	81.2	63.7	21.4	2,605
35-39	13.4	24.2	80.0	62.6	19.5	2,573
40-44	13.8	22.5	79.4	62.0	17.2	2,059
45-49	16.2	16.6	77.2	59.4	13.4	1,984
Urban-rural residence						
Urban	5.0	38.7	89.3	72.0	30.7	6,809
Rural	19.0	12.4	73.6	57.1	9.8	7,970
Place of residence						
Urban Governorates	4.5	40.6	89.7	71.0	31.5	3,312
Lower Egypt	11.2	25.0	81.8	65.7	20.1	6,207
Urban	3.6	42.1	89.7	76.1	34.0	1,830
Rural	14.3	17.8	78.5	61.4	14.3	4,377
Upper Egypt	19.4	13.6	73.9	57.3	10.8	5,125
Urban	7.8	30.7	87.6	69.4	25.0	1,583
Rural	24.5	5.9	67.8	51.9	4.4	3,543
Frontier Governorates	12.2	29.6	79.1	67.5	23.6	135
Education						
No education	21.6	0.5	71.4	51.9	0.3	6,464
Some primary	12.0	7.6	80.8	61.3	5.2	2,908
Primary through secondary	3.2	42.8	90.0	75.6	31.9	1,923
Completed secondary/higher	1.4	73.4	93.2	82.3	59.9	3,483
Work status						
Working for cash	8.2	54.6	85.6	72 5	44.7	2,312
Not working for cash	13.4	19.0	79.9	62.4	14.8	12,467
Total	12.5	24.6	80.8	64.0	19.4	14,779

Women living in urban areas are more likely to be exposed to mass media than other women. For example, 90 percent of urban women say they watch television daily compared with 74 percent of women in rural areas. The level of exposure to radio broadcasts is also greater among urban than rural women. Reflecting the higher rates of illiteracy among rural women, only 12 percent say they read a newspaper or magazine weekly compared with nearly 40 percent of urban women. Overall, only 5 percent of urban women were not exposed to any of the three media compared with 19 percent of rural women.

Considering place of residence, a majority of women in every residential category reported watching television or listening to the radio daily (see Figure 2.3). The percentage who read a newspaper or magazine weekly varies considerably, from 6 percent in rural Upper Egypt to over 40 percent in urban Lower Egypt and the Urban Governorates. Lack of exposure to any of the three media varies from 4 percent of women in urban Lower Egypt to 25 percent of women in rural Upper Egypt.

Figure 2.3
Percentage of Ever-Married Woman Who Watch Television or Listen to the Radio Daily by Place of Residence



EDHS 1995

There is a strong association between the level of education and exposure to mass media; as education of EDHS-95 respondents increases, the percentages who reported exposure to each of the three mass media increases.

2.6 Employment

In the 1995 EDHS, respondents were asked a number of questions about their employment, including whether they were currently working and, if not, whether they had worked during the year before the survey. Women who were currently working were then asked a number of questions about the kind of work they were doing and whether they were paid in cash or not. Those who earned cash for their work were asked about who made the decision about how their earnings were used. If they had small children, they were asked about the arrangements they had for child care when they were working.

Current Employment

Table 2.12 shows the percent distribution of respondents according to current and past employment. For those respondents who were currently working, the table provides information on whether the woman was working full-time or not. Overall, 19 percent of women were currently engaged in some economic activity. Most of the women who were not working at the time of the survey did not report recent work experience; only 2 percent of respondents said that they had worked in the 12-month period before the survey. Most of the women who were working reported that they were employed full-time (five or more days per week).

Table 2.12 Employment

Percent distribution of ever-married women by employment status and continuity of employment, according to background characteristics, Egypt 1995

Background characteristic	Not currently employed		Currently employed					
	Did not work in last 12 months	Worked in last 12 months	All year: 5+ days per week	All year: <5 days per week	Season-ally	Occasion-ally	Total	Number of women
Age								
15-19	95.8	1.2	1.5	0.2	1 1	0.1	100 0	673
20-24	89.7	2.3	5.1	0.8	1.4	0 7	100.0	2,136
25-29	81.3	2.0	12.6	1.2	2.7	0.3	100.0	2,749
30-34	72.5	1.6	20.8	1 0	3.0	1 1	100.0	2,605
35-39	74.6	1 0	20.1	1.0	2.7	0.7	100.0	2,573
40-44	75.1	1.4	19 3	0.9	2 6	0.7	100.0	2,059
45-49	81 6	0.6	13 2	1.4	2 4	0.9	100.0	1,984
Residence								
Urban	76.1	1.8	20.4	0.6	0.7	0 4	100.0	6,809
Rural	82.6	1.2	10.0	1.3	3.9	0.9	100.0	7,970
Place of residence								
Urban Governorates	77.8	1.8	19 0	0.5	0.5	0.4	100.0	3,312
Lower Egypt	75 7	1.8	15.8	1.5	4.4	0.8	100.0	6,207
Urban	72.3	2 0	23.4	0.8	1.2	0 3	100.0	1,830
Rural	77.1	1.8	12.6	1.8	5.7	1 0	100.0	4,377
Upper Egypt	85.6	0.8	10.6	0 7	1.4	0 8	100.0	5,125
Urban	77.5	1.3	19.3	0 7	0.4	0 7	100.0	1,583
Rural	89.2	0.6	6 7	0.7	1 8	0.9	99.9	3,543
Frontier Governorates	77.7	1.1	20.4	0.3	0.5	0.0	100.0	135
Education								
No education	86.0	0.8	6.7	1 4	4.0	1.0	100 0	6,464
Some primary	89 1	1.1	6.1	1.0	1.9	0 8	100.0	2,908
Primary through secondary	92.7	1.3	4.6	0 2	0.8	0 4	100.0	1,923
Completed secondary/higher	52.6	3.1	42.7	0 6	0.7	0.2	100.0	3,483
Total	79.6	1 5	14.8	1.0	2.4	0.7	100.0	14,779

The differentials presented in Table 2.12 indicate that women in the 30-44 age group are more likely to be currently employed than older or younger women. The comparatively small proportion of women who work in the younger cohorts may be related to the greater child care responsibilities of women under age 30. Urban women and highly educated women are significantly more likely to be involved in work than other women. Overall, 22 percent of urban women are currently engaged in some economic activity compared with 16 percent in rural areas. Highly educated women are the most likely to be employed; 44 percent of women who completed secondary or higher are currently working.

Occupation

As Table 2.13 shows, 55 percent of the women who reported that they were currently working at the time of the survey were in professional, technical, managerial or clerical occupations, 22 percent worked in agricultural occupations, 13 percent worked in sales or services, and the remainder were involved in skilled manual labor or in household or domestic labor. As expected, the proportion involved in professional, tech-

Table 2.13 Occupation

Percent distribution of currently employed women by occupation and type of agricultural land worked or type of non-agricultural employment, according to background characteristics, Egypt 1995

Background characteristic	Agricultural				Non-agricultural				Missing	Total	Number of women
	Own land	Family land	Rented land	Other's land	Prof./ tech./ manag./ cler.[1]	Sales/ services	Skilled manual	Household and domestic			
Age											
15-19	9.1	15.3	19.9	14.6	1.2	29 4	10.5	0.0	0.0	100.0	20
20-24	4.5	16.1	4.6	5.3	45 9	9.7	13.9	0.0	0 0	100.0	171
25-29	3.8	8.1	3.5	8.2	56.3	13.3	5.2	1.3	0.4	100.0	458
30-34	2.3	5.5	4.2	7.1	58 2	12.5	6.7	3.0	0.6	100.0	674
35-39	3.5	5.6	5.3	6.7	63.2	9.3	4.3	2.1	0.1	100.0	629
40-44	4.7	4.7	5.6	6.9	53.4	15.0	5.4	3.8	0.5	100.0	485
45-49	6.2	6.1	2.9	8.6	41.2	21.6	8 0	4.9	0.6	100.0	354
Residence											
Urban	0 2	1.0	0.8	0.7	76.6	10.2	6.6	3.3	0.6	100.0	1,505
Rural	8.3	13.1	8.9	15.0	29.4	17.2	6.0	1.9	0.2	100.0	1,286
Place of residence											
Urban Governorates	0.0	0.6	0.6	0.3	74.2	12.2	7.2	4 6	0.3	100.0	674
Lower Egypt	5.0	8.6	6.1	11.4	48.0	13 3	5.3	2 1	0.2	100.0	1,395
Urban	0.5	1.1	1.7	1.4	78.1	8.3	7 0	1.6	0 4	100.0	471
Rural	7.3	12.4	8.4	16.5	32.6	15.9	4.4	2.3	0.2	100.0	924
Upper Egypt	5.6	8.7	5 4	6.0	48.6	15.2	7.6	2.1	0.8	100.0	693
Urban	0.0	1.8	0 1	0.4	78.5	9.5	5.1	3.2	1.4	100.0	335
Rural	10.9	15.1	10.4	11.2	20.6	20.6	10.0	1.1	0.1	100.0	358
Frontier Governorates	0.0	1.0	0.3	0.3	86.6	4.4	3 4	3.9	0.0	100.0	29
Education											
No education	11.0	17.0	11.0	21.2	2.2	24.5	8.8	4.1	0.2	100.0	850
Some primary	4.9	11.5	9.7	7.0	3.1	37.5	17.4	8.8	0.0	100.0	284
Primary through secondary	1.7	3.3	5.6	1.5	20.2	18.8	36.4	12.5	0.0	100.0	115
Compl. secondary/higher	0.0	0.2	0.0	0.1	96.0	2.5	0.6	0.0	0.6	100.0	1,542
Total	3.9	6.6	4.6	7.3	54.8	13.4	6.3	2.7	0.4	100.0	2,790

[1] Professional, technical, managerial, and clerical occupations

nical or managerial occupations was greater among urban residents and among highly educated women than among other women, while rural women and less educated women were more likely to be involved in agricultural occupations.

Employer and Form of Earnings

Table 2.14 shows that, among working women, 18 percent are self-employed, around 12 percent are working for relatives, and 70 percent are working for someone else. Rural women, particularly from Upper Egypt, are more likely to be self-employed or to work for a relative than urban women. Similarly, less educated women are more likely to be self-employed or to work for a relative than highly educated women. Among employed women who never attended school, for example, around 40 percent are self-employed, and more than one-quarter of these women work for relatives. In contrast, only around 2 percent of working women with secondary education or higher are self-employed or working for a relative.

Table 2.14 Employer and form of earnings

Percent distribution of currently employed women by employer and form of earnings, according to background characteristics, Egypt 1995

Background characteristic	Self-employed		Employed by a non-relative		Employed by a relative		Missing	Total	Number of women
	Earns cash	Does not earn cash	Earns cash	Does not earn cash	Earns cash	Does not earn cash			
Age									
15-19	25.2	0.0	24.3	0.0	0.0	50.4	0.0	100.0	20
20-24	17.0	2.3	51.9	2.8	2.7	22.5	0.7	100.0	171
25-29	11.5	3.6	67.0	2.6	1.5	13.6	0.2	100.0	458
30-34	13.2	4.3	70.5	1.6	2.4	8.0	0.0	100.0	674
35-39	10.0	5.9	74.0	1.3	1.5	7.2	0.0	100.0	629
40-44	14.1	4.8	69.2	1.1	0.2	9.9	0.7	100.0	485
45-49	18.5	7.6	60.2	0.3	2.0	11.5	0.0	100.0	354
Residence									
Urban	7.5	0.9	86.5	0.2	1.6	3.2	0.1	100.0	1,505
Rural	20.3	9.6	45.6	3.0	1.7	19.5	0.3	100.0	1,286
Place of residence									
Urban Governorates	8.0	0.9	85.7	0.0	1.7	3.5	0.3	100.0	674
Lower Egypt	12.7	6.4	64.6	1.5	1.6	12.9	0.3	100.0	1,395
Urban	5.9	1.4	87.9	0.7	1.2	2.8	0.1	100.0	471
Rural	16.2	8.9	52.8	1.9	1.9	18.0	0.4	100.0	924
Upper Egypt	20.2	6.0	55.4	3.1	1.6	13.8	0.0	100.0	693
Urban	8.8	0.2	85.8	0.0	1.9	3.3	0.0	100.0	335
Rural	30.8	11.4	26.9	6.0	1.2	23.6	0.0	100.0	358
Frontier Governorates	5.3	0.3	91.1	0.0	1.3	2.0	0.0	100.0	29
Education									
No education	28.0	12.2	27.3	4.5	2.9	25.0	0.1	100.0	850
Some primary	32.7	9.5	30.4	1.0	3.5	22.7	0.4	100.0	284
Primary through secondary	21.3	4.1	61.3	0.0	1.1	12.2	0.0	100.0	115
Completed secondary/higher	1.2	0.1	97.3	0.1	0.6	0.5	0.2	100.0	1,542
Total	13.4	4.9	67.7	1.5	1.6	10.7	0.2	100.0	2,790

Table 2.14 also shows that, among women who work, 83 percent earn cash for the work they do. The proportion earning cash varies according to the type of employer. Women who are employed by a non-relative almost always report earning cash, and the majority of self-employed women receive cash for the work they do. Among the women who work for relatives, however, the majority say that they are not paid in cash for their work.

Control of Earnings

Women who earn cash for their work were asked about who mainly decides how their earnings will be used. Table 2.15 shows that two in five women report that they are mainly responsible for making decisions on how their earnings will be spent. Among the remaining women, most women say that they make these decisions jointly (primarily with the husband); only 2 percent say that it is the husband who decides.

Table 2.15 Decisions on use of earnings

Percent distribution of women receiving cash earnings by person who decides how earnings will be used, according to background characteristics, Egypt 1995

Background characteristic	Person who decides how earnings will be used						
	Self only	Husband	Jointly with husband	Someone else	Jointly with someone	Total	Number of women
Marital status							
Currently married	33.4	2.6	63.3	0.5	0 2	100.0	2,054
Not married	94.9	0.0	0.0	0 9	4.2	100.0	257
Age							
15-19	0.0	2.4	64.1	13.4	20.0	100.0	10
20-24	41.5	3.6	54.5	0.3	0.1	100.0	124
25-29	32.4	2.9	62.7	0.5	1.5	100.0	366
30-34	34.6	3.1	61.5	0.9	0.0	100.0	580
35-39	45.6	1.7	51.6	0.2	1.0	100.0	538
40-44	40.0	1.1	58.3	0.1	0 5	100.0	408
45-49	53.3	2 2	43.3	0.9	0.4	100.0	285
Residence							
Urban	41.7	1.4	56 5	0.3	0.1	100.0	1,440
Rural	38 0	3.8	55.7	0.9	1.6	100.0	871
Place of residence							
Urban Governorates	47.5	1 9	50.3	0.4	0 0	100 0	644
Lower Egypt	35.6	2.2	60.4	0 6	1 1	100.0	1,105
Urban	36.3	0.5	62.3	0.5	0 4	100 0	448
Rural	35.2	3.4	59.1	0 8	1.6	100.0	657
Upper Egypt	42.3	2 9	53.6	0.6	0.6	100.0	534
Urban	39.2	1.4	59.4	0.0	0.0	100.0	323
Rural	47.2	5.1	44 7	1.4	1.5	100.0	211
Frontier Governorates	17.9	3.2	78.2	0.0	0.7	100.0	28
Education							
No education	53.1	4.6	39.0	1.0	2.2	100.0	494
Some primary	48.9	2.2	44.9	1.6	2.4	100.0	190
Primary through secondary	55.5	0.0	42.0	2.2	0.4	100.0	96
Completed secondary/higher	34.1	1.7	64.0	0.1	0.0	100.0	1,531
Total	40.3	2.3	56.2	0.5	0.7	100.0	2,312

Almost all women who are widowed or divorced say they alone are responsible for deciding how to use their earnings. Among currently married women, only one-third say that they make the decisions about how their earnings will be used themselves, while 63 percent report that the decisions are made jointly with their husband.

There are no significant differences between urban and rural women in who makes the decision about how a woman's earnings will be spent. By place of residence, the proportion reporting that decisions are made jointly varies from a high of 78 percent among working women in the Frontier Governorates to 45 percent in rural Upper Egypt. With respect to educational differentials, working women are more likely to decide jointly with the husband how to spend the money they earn if they have completed secondary school or higher than if they have less education.

Child Care

The welfare of children under six years whose mothers are working is the focus of Table 2.16. Overall, slightly more than half of all women who are employed have children under six. Less than one-fifth (17 percent) of working mothers with young children take care of their children while working. This proportion varies according to residence, education and the type of employment. Working women in rural areas, especially those living in Upper Egypt, and those who have not completed secondary school are more likely to say they care for their children while at work than other working mothers. This is due, at least in

Table 2.16 Child care while working

Percent distribution of currently employed women by whether they have a child under six years of age, and the percent distribution of employed mothers who have a child under six by person who cares for child while mother is at work, according to background characteristics, Egypt 1995

Background characteristic	Employed women		Child's caretaker, among employed mothers who have children <6 years											
	No child <6	One or more children <6	Respondent	Husband	Other female child	Other male child	Other relative	Neighbor/ friend	Child is in school/ institutional care	Not worked since birth	Other	Missing	Total	Number of employed women
Residence														
Urban	51 6	48 4	11.7	3 1	3.3	1 6	28.0	1.7	43.2	4 3	2.5	0.6	100.0	1,505
Rural	41.2	58.8	21 8	2.4	12 3	2.4	45 8	2.2	6.0	1 1	4.7	1.3	100 0	1,286
Place of residence														
Urban Governorates	54 2	45 8	12.1	3 9	2.7	1 3	25.0	1 2	47.5	4.5	0.6	1.2	100.0	674
Lower Egypt	47 8	52.2	13 6	2.3	8.9	2.7	45.4	2 5	16.2	1 7	5 8	1.0	100 0	1,395
Urban	53.3	46.7	11 1	1.3	4.4	2.2	30 8	3.3	37.4	3 1	6.3	0 2	100 0	471
Rural	44.9	55 1	14.6	2.8	10.8	2 9	51 7	2.2	7 0	1.1	5 5	1.4	100.0	924
Upper Egypt	38.3	61 7	26.4	2 8	10.3	1.4	32 2	1 6	19.3	3.1	2 4	0.6	100.0	693
Urban	45 4	54.6	12.5	4 1	3 4	1.5	30.7	0 6	40.1	5.8	1.3	0.0	100 0	335
Rural	31 6	68 4	36 8	1.8	15 4	1.3	33.3	2 3	3.9	1 1	3.1	1 0	100 0	358
Frontier Governorates	34 9	65.1	4 5	2 0	0.5	0 9	22.9	0 5	67 6	0.0	1 0	0 0	100 0	29
Education														
No education	46 8	53.2	29.1	3 0	17 5	2.4	37 9	3.3	0.8	0 4	4.2	1 4	100.0	850
Some primary	51.6	48 4	34.1	2 7	20.0	1 7	20 4	5.1	10 7	0.0	3 9	1 4	100.0	284
Primary through secondary	54.5	45.5	38 5	3.5	3 8	4 0	*16.0*	*0.0*	*23.6*	7.8	*2 8*	*0.0*	*100 0*	*115*
Completed secondary/higher	45.4	54.6	6.1	2.6	1 0	1.7	40 6	0.9	39 1	4.0	3 3	0 6	100.0	1,542
Employer														
For family member	36 6	63.4	27.6	0.7	14.9	2 4	45.2	1 7	2.6	0 0	4.4	0.4	100.0	344
For someone else	47 1	52 9	7 6	3.3	3 9	2.1	38.7	2.1	33.7	3 7	4 0	0 9	100 0	1,931
Self-employed	52 6	47 4	46 3	2 5	18.6	1.3	22 7	1.6	4 0	0 7	1.1	1 3	100 0	510
Occupation														
Agricultural	44.6	55 4	22 6	2.4	19 1	2.4	43.9	4 0	0 5	0.0	4 2	0 9	100.0	624
Non-agricultural	47 4	52.6	15 2	2.9	4 5	1 9	34.9	1.4	31 4	3.5	3 5	0 9	100 0	2,156
Employment status														
All year, full-time	46.6	53.4	15 2	2.0	5.7	1 7	36.2	1.3	30.2	3.2	3.4	1.1	100.0	2,182
All year, part-time	43.6	56 4	19 9	8.4	17 4	0 5	42.5	3 3	5 1	0.0	2.8	0 0	100.0	147
Seasonal	46 7	53.3	18 8	5.1	17 3	4.6	42 8	4.5	1 1	0 0	5.8	0 0	100 0	358
Occasional	56 9	43.1	45 8	2 1	8.3	2 3	24.6	6.4	3 1	3 8	1.8	1.8	100 0	104
Total	46 8	53 2	16.9	2 8	7.9	2 0	37.1	2.0	24.2	2 6	3.6	0.9	100 0	2,790

Note: Totals include 6 women with employer missing and 10 women with occupation missing.

part, to the fact that rural women and less educated women are likely to be found in the types of jobs where there are greater opportunities for caring for children. For example, as noted earlier, working women in rural areas are more likely to be self-employed or working for a relative than other working women. As Table 2.16 shows, significantly higher proportions of women in these types of employment report caring for children at work than other working mothers.

The child care arrangements among working mothers vary. Around half of all working mothers rely on either immediate family members (i.e., their husband (3 percent) or other children (10 percent)) or other relatives (37 percent) to care for their young children. Only about one-quarter of all working mothers with young children use nursery schools or other institutional child care providers. Use of institutional child care providers is highest among working mothers who are highly educated, employed full-time and working in non-agricultural occupations.

CHAPTER 3

FERTILITY

This chapter examines levels, patterns, and trends of both current and cumulative fertility. The data for these fertility measures were collected in the EDHS-95 in several ways. First, each woman was asked a series of questions on the number of her sons and daughters living with her, the number living elsewhere, and the number who may have died. Next, a complete history of all of the woman's births was obtained, including the name, sex, month and year of birth, age, and survival status for each of the births. For living children, a question was asked about whether the child was living in the household or away. For dead children, the age at death was recorded. Finally, information was collected on whether currently married women were pregnant at the time of the interview.

3.1 Current Fertility Levels

Measures of current fertility presented in this chapter include the total fertility rate, age-specific fertility rates, the general fertility rate, and the crude birth rate. These rates are generally presented for the three-year period preceding the survey, a period covering the calendar years 1993-1995. The three-year period was chosen for calculation of these rates (rather than a longer or a shorter period) in order to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births.

The total fertility rate (TFR) which is shown for women age 15-44 and women age 15-49 is a useful measure for examining the overall level of fertility. It can be interpreted as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed rates. The TFR is calculated by summing the age-specific fertility rates.[1]

The general fertility rate (GFR) represents the annual number of births in a population per 1,000 women age 15-44. The crude birth rate (CBR) is the annual number of births in a population per 1,000 persons. Both measures are based on the birth history data for the three-year period before the survey and the age-sex distribution of the household population.

Table 3.1 presents estimates of current fertility levels for Egypt as a whole and for the main residential groups. The total fertility rate shown in the table indicates that, if fertility rates were to remain constant at the level prevailing during the period 1993-1995, an Egyptian woman would bear 3.6 children during her lifetime. In urban areas, the TFR is 3 births per woman, more than one child lower than the rate in rural areas (4.2 births per woman).

Differentials by place of residence are significant (see Figure 3.1). The TFR is 2.8 births per woman in the Urban Governorates, almost two children lower than the rate in Upper Egypt (4.7 births). Women in

[1] Numerators for the age-specific fertility rates were obtained by identifying the births which had occurred in the period 1-36 months preceding the survey (as determined by the date of interview and the birth of the child) and classifying those births into five-year groups according to the age of the mother at the time of the birth (as determined by the mother's birth date and the date of birth of the child). The denominators of the rates are the number of woman-years lived in each of the specified five-year age groups during the period 1-36 years before the survey. Although the survey interviewed ever-married woman only, estimates are provided for all women, regardless of marital status, using information on fertility from ever-married and information in the household questionnaire, these estimates assume that women who have never been married have had no children.

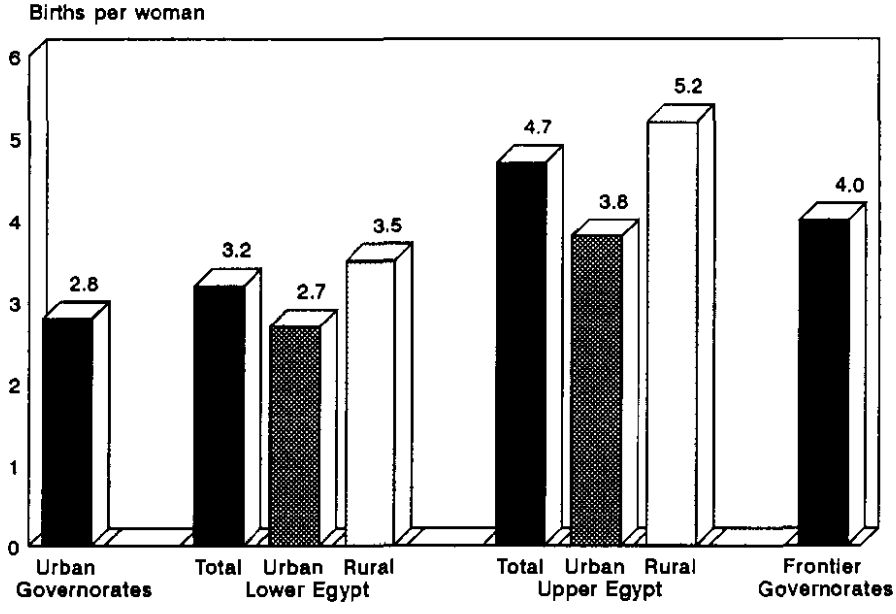
Table 3.1 Current fertility

Age-specific and total fertility rates and the crude birth rate and general fertility rate for the three years preceding the survey, by urban-rural residence and place of residence, Egypt 1995

			Place of residence								
			Urban Gover-	Lower Egypt			Upper Egypt			Frontier Gover-	
Age group	Urban	Rural	norates	Total	Urban	Rural	Total	Urban	Rural	norates	Total
15-19	37	80	32	47	21	59	97	65	112	56	61
20-24	154	238	134	198	157	214	244	192	268	209	200
25-29	191	228	182	192	174	199	252	227	264	222	210
30-34	129	151	132	111	106	114	183	149	200	187	140
35-39	66	97	65	64	51	70	118	88	135	93	81
40-44	21	33	19	26	19	31	34	30	37	25	27
45-49	3	11	0	3	3	4	18	10	22	7	7
TFR 15-44	2.99	4 13	2.82	3.20	2.64	3.43	4.65	3.75	5.08	3.96	3.59
TFR 15-49	3.01	4.19	2.82	3.21	2.66	3.45	4.73	3.80	5.19	4.00	3.63
GFR	101	145	95	109	85	120	164	130	181	140	124
CBR	23.9	31.4	22.7	25.3	20 8	27.1	34.5	29.5	36.7	31.6	28.0

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate (births divided by number of women 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

Figure 3.1
Total Fertility Rates by Place of Residence



EDHS 1995

the Frontier Governorates have an average of 4 births, a rate that is higher than any other area except Upper Egypt.

The highest level of fertility is found in rural Upper Egypt (5.2 births per woman), two and half children more than the lowest level observed in urban Lower Egypt (2.7 births). Significantly, the TFR in rural Lower Egypt (3.5 births per woman) is not only lower than the rate in rural Upper Egypt, but also considerably lower than the rate in urban Upper Egypt (3.8 births per woman).

Overall, Egyptian women have children early in the childbearing period. According to the age-specific fertility rates shown in Table 3.1, the average Egyptian woman will give birth to 1.3 children by age 25 and 2.4 children by age 30. An examination of age-specific rates by urban-rural residence indicates that the age pattern of fertility shows little variation, except that fertility peaks in age group 25-29 (191 births per thousand women) in urban areas and in age group 20-24 (238 births per thousand women) in rural areas. Rates are higher in every age group for rural women compared with urban women. Looking at place of residence, the rates are much higher in every age group in rural Upper Egypt than in the other areas.

Estimates of the crude birth rate and the general fertility rate are also presented in Table 3.1. For the period 1993-95, the crude birth rate was 28 births per thousand population and the general fertility rate was 124 births per thousand women. There are substantial differences by residence in both the CBR and the GFR. The lowest rates are found in urban Lower Egypt, where the CBR is 21 births per thousand population and the GFR is 85 births per thousand women. In contrast, in rural Upper Egypt where the rates are highest, the CBR was estimated to be 37 births per thousand population, and the GFR was 181 births per thousand women.

3.2 Fertility Differentials

Table 3.2 shows the total fertility rate, the percentage of women currently pregnant, and the mean number of children ever born to women age 40-49 by selected background characteristics. The mean number of children ever born (CEB) is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period, and thus represents completed fertility. If fertility has remained stable over time, the two fertility measures—the TFR and mean CEB—will be equal or similar. Accordingly, comparison of the two fertility measures provides an indication of the direction and the magnitude of fertility change in Egypt during the past 20-25 years.

Table 3.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage currently pregnant, and the mean number of children ever born to women age 40-49, by selected background characteristics, Egypt 1995

Background characteristic	Total fertility rate[1]	Percent currently pregnant	Mean number of children ever born to women age 40-49
Urban-rural residence			
Urban	3.01	5.6	4.69
Rural	4.19	8.2	6.45
Place of residence			
Urban Governorates	2.82	5.5	4.38
Lower Egypt	3.21	6.2	5.49
Urban	2.66	4.9	4.63
Rural	3.45	6.7	5.95
Upper Egypt	4.73	9.0	6.67
Urban	3.80	6.8	5.63
Rural	5.19	10.1	7.18
Frontier Governorates	4.00	9.5	5.86
Education			
No education	4.57	7.2	6.37
Some primary	3.72	7.2	5 73
Primary through secondary	3.07	4.8	4.71
Completed secondary/higher	3.00	8.2	3.06
Work status			
Working for cash	2.68	6.0	4.03
Not working for cash	3.79	7.1	5.86
Total	3.63	7.0	5.54

[1] Women age 15-49 years

The results in Table 3.2 suggest that there has been a substantial decline in fertility levels during the past several decades. Women age 40-49 have had an average of 5.5 births, almost two births more than the current fertility level. The residential differentials in current fertility described above are evident in the mean number of children ever born (cumulative fertility). The decline in fertility implied by a comparison of the TFR with completed fertility has been greater in urban than in rural areas. The largest implied decline in fertility by place of residence is observed in rural Lower Egypt, where the TFR is 2.5 births lower than the mean number of children ever born to women 40-49.

Differentials by educational level are marked. The TFR for women with no education is more than 1.5 births higher than the rate for women who have completed secondary or higher (4.6 births and 3 births per woman, respectively). The differentials in completed fertility among educational groups are even more striking; the mean number of children ever born is 6.4 among women with no education compared with 3.1 among women who have completed secondary school or higher. Apparently, lower fertility has characterized women with a secondary or higher education for some time. Among women in this category, the TFR for the three-year period before the survey is identical to the mean number of children ever born (completed fertility) among women age 40-49, indicating that fertility levels among highly educated women have been relatively stable for several decades.

Current fertility is around one birth lower among women who are working for cash than among other women. Cumulative fertility is also lower among women who work in the cash economy than among other women. However, the decline in fertility implied by a comparison of the TFR with the mean number of children ever born has been greater among women who are not working in the cash economy than among women who are working for cash.

Another indicator of current fertility, the percentage of women who are currently pregnant is included in Table 3.2. Overall, 7 percent of EDHS respondents were currently pregnant at the time of the survey. This percentage varies by urban-rural residence and place of residence. Women in rural Upper Egypt have the highest percentage currently pregnant (10 percent) while the percentage is lowest in urban Lower Egypt (5 percent). Surprisingly, the percentage of women who are currently pregnant is highest for women with a secondary or higher education. This is probably due to the fact that highly educated women are on average younger than women in the other education categories and, thus, more likely to be in the family building stage than other women.

3.3 Fertility Trends

Fertility trends in Egypt may be explored in two ways. First of all, trends can be evaluated by comparing the results of the 1995 EDHS with those of earlier fertility surveys. Recent changes in fertility can also be examined by looking at the trend in age-specific fertility rates for successive five-year periods, using data from the birth histories obtained from the EDHS-95 respondents.

Comparisons with Previous Surveys

Table 3.3 presents the total fertility rate and age-specific fertility rates from the 1995 EDHS along with results from the two earlier DHS surveys (EDHS-88 and EDHS-92), the 1991 Egypt Maternal and Child Health (PAPCHILD) Survey (EMCHS-91), the 1984 Egypt Contraceptive Prevalence Survey (ECPS-84), and the 1980 Egypt Fertility Survey (EFS-80). This table can be used to examine the trend in fertility in Egypt since 1980. During this period, fertility levels fell by around 30 percent, from 5.3 births at the time of the Egypt Fertility Survey to 3.6 births at the time of the EDHS-95. The pace of fertility decline slowed somewhat in the 1990s compared with the 1980s.

Table 3.3 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rates, Egypt 1979-1995

Age group	EFS-80 1979-1980[1]	ECPS-84 1983-1984[1]	EDHS-88 1986-1988[2]	EMCHS-91 1990-1991[1]	EDHS-92 1990-1992[2]	EDHS-95 1993-1995[2]
15-19	78	73	72	73	63	61
20-24	256	205	220	207	208	200
25-29	280	265	243	235	222	210
30-34	239	223	182	158	155	140
35-39	139	151	118	97	89	81
40-44	53	42	41	41	43	27
45-49	12	13	6	14	6	7
TFR 15-44	5.22	4.79	4.38	4.06	3.90	3.59
TFR 15-49	5.28	4.85	4.41	4.13	3.93	3.63
GFR	U	U	U	U	136	124
CBR	U	U	U	U	29.7	28.0

U = Unknown (not available)

[1] Rates are for the 12-month period preceding the survey
[2] Rates are for the 36-month period preceding the survey

Source: EFS-80: Hallouda et al., 1983, Volume II, Table 4.16
ECPS-84: Unpublished results
EDHS-88: Sayed et al., 1989, Table 3.2
EMCHS-91: Abdel-Azeem et al., 1993, Table 7.14
EDHS-92: El-Zanaty et al., 1993, Table 3.1

Comparison of age-specific fertility rates for the 1995 EDHS with age-specific rates in the earlier surveys indicates that fertility has declined in all age groups in Egypt since 1980. For example, in the youngest age group (15-19), fertility declined from 78 births per thousand women in 1979-80 to 61 births per thousand women in 1993-95. A sharp decline has occurred among women age 20-34, which is reflected in the change in the shape of the age-specific fertility curve.

Table 3.3 also shows that a decline was observed in both the crude birth rate and the general fertility rate between the 1992 EDHS and the 1995 EDHS. The GFR decreased from 136 births per thousand women in 1990-1992 to 124 births per thousand women in 1993-1995. Similarly, the crude birth rate has declined from 29.7 per thousand population in 1990-92 to 28 births per thousand persons in 1993-95.

Using information from the three rounds of the DHS in Egypt and the 1991 EMCHS, the trend in fertility by residence during the period 1988-95 is shown in Table 3.4. It is clear from the table that rural women are currently having 1.2 births more than urban women. The differential in fertility between urban and rural women was larger at the time of the earlier surveys (2 births), indicating that rural fertility fell at a faster pace than urban fertility during the period 1992-95 (see Figure 3.2). In fact, there was no significant change in urban fertility during the period 1992-95 following a period of moderately rapid decline between 1988 and 1992.

By place of residence, the decline in fertility levels during the period 1988-95 was greatest in Lower Egypt, in both urban and rural areas. Fertility also fell rapidly throughout this period in rural areas in Upper Egypt. However, both the Urban Governorates and urban Upper Egypt show small rises in fertility during the period 1992-95. Although these changes are not significant, they are indicative again of a plateauing of fertility in urban Egypt.

Table 3.4 Trends in fertility by residence

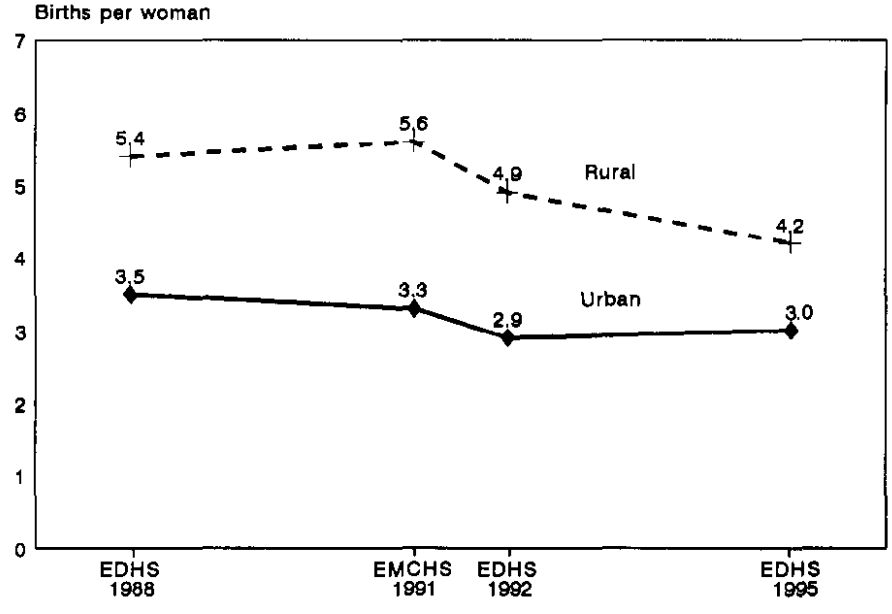
Trends in total fertility rates by urban-rural residence and place of residence, Egypt 1986-1995

Background characteristic	EDHS-88 1986-1988[1]	EMCHS-91 1987-1991[2]	EDHS-92 1990-1992[1]	EDHS-95 1993-1995[1]
Urban-rural residence				
Urban	3.48	3.31	2.91	3.01
Rural	5 35	5.63	4.91	4.19
Place of residence				
Urban Governorates	3 01	2 93	2.69	2.82
Lower Egypt	4.45	U	3.70	3.22
Urban	3.81	3 46	2.80	2.66
Rural	4.73	4.89	4.10	3.45
Upper Egypt	5.39	U	5.17	4.73
Urban	4.17	3.86	3.58	3.80
Rural	6.15	6.71	5.97	5.19
Frontier Governorates	U	U	U	4.00

U = Unknown (not available)
[1] Rates are for the 36-month period preceding the survey
[2] Rates are for the 48-month period preceding the survey

Source: EDHS-88: Sayed et al., 1989, Table 3.1
EMCHS-91: Abdel-Azeem et al., 1993, Table 7.11
EDHS-92: EL-Zanaty al., 1993, Table 3.1

Figure 3.2
Trends in Total Fertility Rates by Urban-Rural Residence Egypt 1986-1995



Trend in Age-specific Fertility among EDHS-95 Respondents

Fertility trends can also be investigated using retrospective data from a single survey. Tables 3.5 and 3.6 were generated from the birth history data collected in the 1995 EDHS. The rates shown in brackets in Tables 3.5 and Table 3.6 are truncated because they do not include the fertility experience of women who were in the childbearing ages during the period for which the rates are calculated, but who were age 50 and older at the time of the EDHS and, thus, not interviewed. For example, in Table 3.5, rates cannot be calculated for women age 45-49 for part of the period 5-9 years before the survey and all of the period 10-14 years prior to the survey, because those women would have been 50 years or older at the time of the survey.

Table 3.5 shows age-specific fertility rates for successive five-year periods before the EDHS-95. The results in Table 3.5 confirm that fertility has fallen among all age groups, with the most rapid relative decline occurring in the 15-19 age group. Overall, the cumulative fertility rate for women age 15-34 has decreased from 4.8 births per woman during the period 15-19 years before the survey to 3.2 births per woman in the five-year period preceding the survey.

Fertility rates for ever-married women by the duration since first marriage are shown in Table 3.6 for five-year periods preceding the survey. These rates are similar to the ones presented in Table 3.5 and are subject to similar problems of truncation. Reductions are observed in rates at all marriage durations, confirming again that fertility has been steadily declining in Egypt over time.

Table 3.5 Age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age, Egypt 1995

Mother's age	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	67	101	124	126
20-24	211	238	277	283
25-29	213	256	282	311
30-34	147	198	230	246
35-39	83	120	[151]	-
40-44	29	[48]	-	-
45-49	[7]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates enclosed in brackets are truncated.

Table 3.6 Fertility rates by number of years since first marriage

Fertility rates for ever-married women by number of years since first marriage, for five-year periods preceding the survey, Egypt 1995

Years since first marriage	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
<4	343	373	387	384
5-9	238	275	317	345
10-14	153	215	256	301
15-19	101	151	206	[266]
20-24	53	100	[157]	-
25-29	23	[49]	-	-

Note: Fertility rates are per 1,000 women. Estimates enclosed in brackets are truncated.

3.4 Children Ever Born and Living

Table 3.7 presents the distribution of all women and currently married women by the number of children they have had. Since only ever-married women were interviewed in the EDHS-95, information on the reproductive histories of never-married women are not available. Thus, in calculating these fertility measures for all women, never-married women were assumed to have had no births.

The data in Table 3.7 represent the accumulation of births over time and, thus, are not relevant in considering the current fertility situation in Egypt. Nevertheless, the results are useful for understanding the overall fertility experience of the EDHS-95 respondents. The marked differences between the results for

Table 3.7 Children ever born and living

Percent distribution of all women and of currently married women by number of children ever born (CEB) and mean number ever born and living, according to five-year age groups, Egypt 1995

Age group	Number of children ever born (CEB)											Total	Number of women	Mean no of CEB	Mean no. of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	92 7	6.0	1.1	0 1	0 0	0.0	0.0	0.0	0 0	0.0	0.0	100.0	4,700	0 09	0 08
20-24	54 2	19 1	15.5	7.7	2 6	0.6	0 2	0 1	0.0	0.0	0.0	100.0	3,677	0.88	0.81
25-29	20.7	13.9	23 5	19 8	12.6	5.6	2 7	1.2	0 1	0.0	0 0	100.0	3,174	2.24	2 02
30-34	9.8	6 4	17 7	20.3	17 2	12 1	8.4	4 7	2.0	1 1	0 4	100 0	2,745	3 44	3 06
35-39	7.3	3 4	10 5	16.1	16 0	14 3	11.4	9 1	6.4	2 9	2 5	100 0	2,642	4 45	3 85
40-44	5 1	2.6	7 0	14 9	14 5	13 1	13 8	9 6	7 5	6 2	5 7	100 0	2,099	5 14	4.29
45-49	3 9	2 5	6 2	9 8	11 2	13 9	11 1	10 8	9 3	8 0	13 3	100 0	2,007	5 95	4.73
Total	36.4	8.5	11 4	11 5	9.1	6 9	5 4	3.9	2 7	1 9	2 2	100 0	21,045	2.60	2.23
CURRENTLY MARRIED WOMEN															
15-19	48.9	41.9	8 0	0.9	0 3	0 0	0.0	0 0	0 0	0.0	0 0	100.0	663	0 62	0.57
20-24	20 8	32.5	27 1	13.5	4 6	1 0	0 3	0 2	0.0	0.0	0 0	100 0	2,083	1 54	1.41
25-29	8.2	15.6	27 4	22 9	14.7	6.6	3 0	1.4	0 2	0 0	0 0	100 0	2,677	2.60	2.36
30-34	4 3	5.9	18.7	21 8	18.4	13.0	9 0	5 1	2.2	1 2	0 4	100 0	2,466	3 70	3 29
35-39	4.5	3 0	10 1	16.7	16 6	14 8	12.2	9.5	6 9	3 1	2 7	100.0	2,392	4 65	4 04
40-44	3 0	1 9	5.8	15 3	15 0	13 2	14 2	10 3	8 5	6 7	6 2	100 0	1,816	5 39	4.52
45-49	2 5	1 9	5 4	9.2	11 0	13 9	11.6	11 2	10 2	8.0	15 0	100 0	1,614	6.23	4 98
Total	9 4	12 1	16 4	16 5	13 1	9.7	7 6	5 5	4.0	2 6	3 1	100 0	13,710	3 69	3 18

currently married women and for all women at the younger ages are due to the comparatively large numbers of never-married women in those age groups who, as noted above, are assumed to have had no births.

The number of children women have increases with age, reflecting the natural family building process. The level of fertility among teenagers is low. Only 7 percent of women age 15-19 have had a child. The past high fertility of Egyptian women can be seen from the relatively large proportion of women age 45-49 who have had 10 or more children (13 percent). Since voluntary childlessness is virtually nonexistent, the proportion of women who are childless at age 40 or above can be taken as evidence of primary infertility. The data from the EDHS-95 indicate that 3 percent of currently married women over age 40 have never given birth.

Finally, the last two columns in Table 3.7 show the average number of children ever born and the average number of children who are still living according to mother's age. Differences in the mean number of children born and living are minimal in the younger ages, becoming more noticeable after age 25. Among women age 45-49, the difference is more than one birth.

3.5 Birth Intervals

A child's health status is closely related to the length of the preceding birth interval. Children born after a short birth interval are at greater risk of illness and death than those born after a long interval. In addition, short birth intervals may have consequences for other children in the family. The occurrence of closely spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of her children. The duration of breastfeeding for the older child may also be shortened if the mother becomes pregnant.

Table 3.8 shows the percent distribution of second order and higher (non-first) births in the five years preceding the survey by length of the previous birth interval. Overall, birth intervals are relatively long. Around one-quarter of non-first births occurred four or more years after a previous birth, and almost three-quarters occurred at least two years after a prior birth. The median interval was 32 months, which is slightly longer than the median interval in the 1992 EDHS (30 months). Although the majority are appropriately spaced, 26 percent of non-first births are born too soon after a prior birth, i.e., within 24 months of a previous birth.

Table 3.8 Birth intervals

Percent distribution of births in the five years preceding the survey by number of months since previous birth, according to demographic and socioeconomic characteristics, Egypt 1995

Characteristic	Number of months since previous birth					Total	Number of births	Median number of months since previous birth
	7-17	18-23	24-35	36-47	48+			
Age of mother								
15-19	39.6	24.9	28.4	7.1	0 0	100 0	70	20 3
20-29	15 5	16.8	38.2	17 9	11.5	100.0	4,064	28.6
30-39	9.0	11.9	29.0	19.8	30.3	100.0	3,754	36.0
40 +	6 4	7 3	19 9	15.1	51 3	100.0	801	48.4
Birth order								
2-3	13 8	15.7	33.8	17 5	19.2	100 0	4,349	30.5
4-6	10.6	11.7	31.2	18.9	27.5	100.0	3,015	34.2
7 +	9.5	12.7	31.2	20.0	26.6	100.0	1,324	34.2
Sex of prior birth								
Male	10 7	13.2	31.9	19.2	25.1	100.0	4,423	33.6
Female	13.5	14.5	33.1	17.5	21.3	100.0	4,265	30.8
Survival of prior birth								
Living	10.3	13.5	32.9	18.9	24.3	100.0	7,818	33.0
Dead	28.0	17.1	28.3	13.5	13.2	100.0	870	25.4
Urban-rural residence								
Urban	9.7	12.1	26.2	19.6	32.3	100.0	3,134	36.9
Rural	13.3	14.9	36.0	17.7	18.1	100.0	5,554	30.1
Place of residence								
Urban Governorates	8 1	12.2	26.2	17.0	36.4	100.0	1,399	38.4
Lower Egypt	11.7	13.2	30.7	19.1	25 3	100.0	3,221	33.2
Urban	8.4	9.6	24.5	23.7	33.8	100.0	738	39.8
Rural	12.7	14.2	32.5	17.8	22.8	100.0	2,484	31 7
Upper Egypt	13.7	15.0	36.1	18.2	17.0	100.0	3,982	30.1
Urban	13.2	13.9	27.3	20.3	25.4	100.0	950	34.3
Rural	13.8	15.4	38 9	17.6	14 3	100 0	3,032	29.4
Frontier Governorates	13.3	14 6	33 0	18 8	20.4	100 0	85	31.8
Education								
No education	11.8	14 9	35.1	18.9	19.2	100 0	4,441	31.1
Some primary	10.0	11.6	31 8	17 6	29.1	100 0	1,691	34 4
Primary through secondary	11 7	13.3	27.8	18.7	28.5	100.0	850	34.4
Completed secondary/higher	14.9	13.7	28.6	17.6	25.2	100.0	1,706	32.7
Work status								
Working for cash	11.4	11.4	29.2	17.2	30.8	100.0	1,078	35.3
Not working for cash	12.1	14.2	32.9	18.5	22.2	100.0	7,610	31.9
Total	*12.0*	13.9	32.5	18.4	23.2	*100.0*	*8,688*	*32.3*

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

Younger women have shorter birth intervals than older women. The median interval varies from 20 months among women age 15-19 to 48 months among women age 40 and older. For children whose preceding sibling is dead, the median interval between births is 8 months shorter than for children whose preceding sibling is still alive (25 months and 33 months, respectively). Birth intervals do not vary quite as much with the child's birth order or sex. However, there are marked residential differentials in the length of the birth interval. The median birth interval in urban areas is 37 months compared with 30 months in rural areas. Additionally, birth intervals are significantly longer in the Urban Governorates and urban Lower Egypt than they are in urban Upper Egypt. Within rural areas, the median interval is longer in Lower Egypt (32 months) than in Upper Egypt (29 months).

There are only small differences in the median months since the previous birth according to the mother's educational level. Intervals are slightly longer among births to women who are working for cash than to other women.

3.6 Age at First Birth

The onset of childbearing is an important indicator of fertility. In many countries, the postponement of the first birth, largely the outcome of a later age at first marriage, has made a large contribution to the overall fertility decline.

Table 3.9 shows the distribution of women by age at first birth. The median age at first birth is not shown for women under age 25 because less than 50 percent of women in those cohorts had given birth at the time of the survey. The results in Table 3.9 indicate that there has been a steady rise in the age at first birth. The proportion of women giving birth before age 20 decreases with age of the mother. For example, among women age 45-49, nearly one in two had become a mother before the age of 20, while only around one in three women age 25-29 gave birth before age 20. Overall, the median age at first birth has increased from 20.3 years among women age 45-49 to 22 years among women age 25-29.

Table 3.9 Age at first birth

Percent distribution of women 15-49 by age at first birth, according to current age, Egypt 1995

Current age	Women with no births	Age at first birth						Total	Number of women	Median age at first birth
		<15	15-17	18-19	20-21	22-24	25+			
15-19	92.7	0.4	4.6	2.3	0.0	0 0	0 0	100 0	4,700	a
20-24	54.2	2.3	12.3	14 3	11.5	5 4	0 0	100 0	3,677	a
25-29	20.7	3.4	15.6	16 1	15.3	20 4	8 6	100.0	3,174	22 0
30-34	9 8	3.5	18.1	16.8	15.8	18.1	17.8	100.0	2,745	21.4
35-39	7.3	4.1	16.4	17.2	18.2	19.1	17.7	100.0	2,642	21.3
40-44	5.1	4.6	15.3	17.6	16.9	18.3	22.1	100.0	2,099	21.5
45-49	3 9	7.1	23.6	16.7	14.5	15.3	18.9	100.0	2,007	20.3

NA = Not applicable
[a]Less than 50 percent of the women in age group *x to x+4* have had a birth by age *x*

Table 3.10 presents the median age at first birth for different subgroups and examines the trend across age cohorts within these subgroups. The measures are presented only for women age 25-49 years to ensure that half of the women have already had a birth.

Table 3.10 Median age at first birth

Median age at first birth among women age 25-49 years, by current age and selected background characteristics, Egypt 1995

Background characteristic	Current age					Ages 25-49
	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence						
Urban	23.6	23.4	22.8	22.9	21.1	22.9
Rural	20.6	20.0	20.0	20.1	19.7	20.1
Place of residence						
Urban Governorates	24.2	23.4	23.5	23.2	21.8	23.3
Lower Egypt	22.2	21.2	21.4	21.4	20.4	21.4
Urban	24.1	23.3	22.9	23.3	20.9	23.0
Rural	21.5	20.6	20.6	20.6	20.1	20.7
Upper Egypt	20.1	20.2	20.1	20.2	19.4	20.0
Urban	22.0	23.4	21.5	21.5	19.7	21.8
Rural	19.4	18.8	19.3	19.3	19.2	19.2
Frontier Governorates	22.4	21.8	22.1	21.2	19.8	21.6
Education						
No education	19.3	19.5	20.0	20.0	19.5	19.7
Some primary	20.0	20.0	20.3	21.0	20.1	20.3
Primary through secondary	20.9	21.2	21.2	22.1	21.0	21.3
Completed secondary/higher	24.6	25.2	25.5	26.1	26.7	a
Work status						
Working for cash	a	24.4	24.7	25.4	25.7	24.9
Not working for cash	21.3	20.6	20.6	20.7	19.9	20.6
Total	22.0	21.4	21.3	21.5	20.3	21.4

Note: Medians for the 15-19 cohort and the 20-24 cohort could not be determined because half of the women have not yet had a birth.

[a] Medians were not calculated for these cohorts because less than 50 percent of women in the age group x to $x+4$ have had a birth by age x.

Results of the 1995 EDHS indicate that there are wide differences in the age at which women have their first child. Overall, the median age at first birth is 21.4 years. Urban women start childbearing nearly three years later than their rural counterparts. On average, women in rural Upper Egypt have their first birth one and a half years earlier than women in rural Lower Egypt and around four years earlier than women in the Urban Governorates and urban Lower Egypt. Looking at the patterns by education within age groups, it is clear that highly educated women have their first birth around five years later than women with less than a secondary education. There is a difference of more than four years in the median age at first birth between women who work for cash and other women.

3.7 Teenage Pregnancy and Motherhood

Teenage fertility is of major social and health concern because teenage mothers and their children are at higher risk of illness and death. At the same time, women who have became mothers in their teens are more likely to curtail their education.

Overall, as Table 3.11 shows, 10 percent of teenagers in Egypt have begun childbearing, with 7 percent having already given birth and 3 percent pregnant with their first child. This percentage has not changed since the 1992 EDHS when the proportion of teenagers who had begun childbearing was also 10 percent.

The proportion who have begun childbearing rises rapidly throughout the teenage years, from less than one percent among 15-year-olds to 9 percent among women 17 years of age and 25 percent among women 19 years of age. There are significant residential differences in the level of teenage childbearing. In rural areas the level of teenage fertility (13 percent) is almost twice that in urban areas (7 percent). By place of residence, Upper Egypt has the highest level of teenage childbearing, especially in the rural areas (18 percent), while urban Lower Egypt has the lowest (4 percent).

Table 3.11 Teenage pregnancy and motherhood

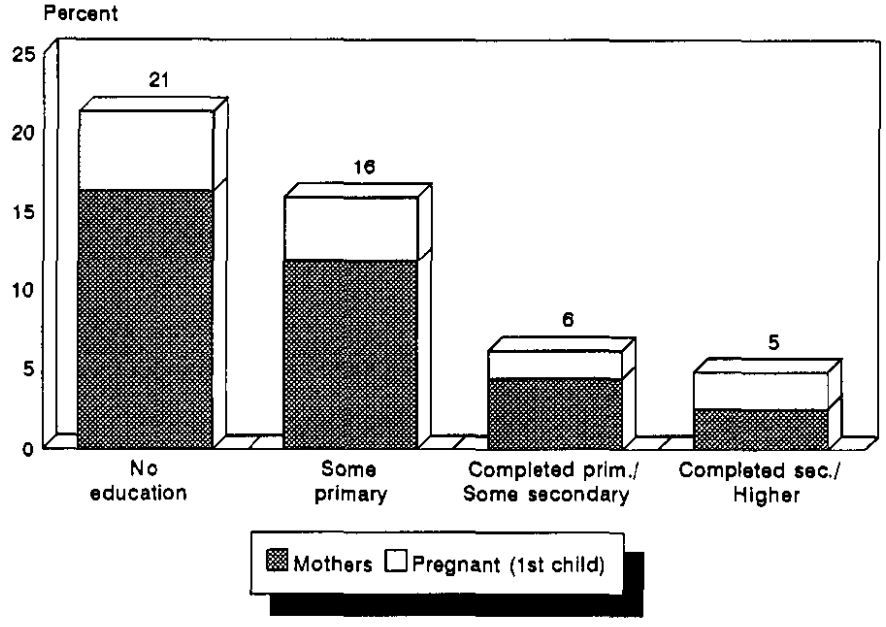
Percentage of women 15-19 who are mothers or pregnant with their first child, by selected background characteristics, Egypt 1995

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun child-bearing	Number of women
Age				
15	0.6	0.3	0.9	1,050
16	2.0	1.4	3.3	1,049
17	6.3	2.9	9.3	958
18	12.3	5.2	17.5	905
19	19.7	5.6	25.3	738
Urban-rural residence				
Urban	5.0	1.7	6.7	2,081
Rural	9.1	3.7	12 9	2,624
Place of residence				
Urban Governorates	4.3	1.6	5.9	982
Lower Egypt	5.3	2.2	7.6	2,105
Urban	2.8	1.0	3.8	606
Rural	6.4	2.7	9.1	1,499
Upper Egypt	11.9	4.5	16.4	1,571
Urban	9.4	2.8	12.2	471
Rural	13.0	5.2	18.2	1,100
Frontier Governorates	5.9	2.5	8.4	42
Education				
No education	16.3	5.0	21.3	914
Some primary	11.8	4.1	15.9	623
Primary through secondary	4.4	1.8	6.2	2,234
Completed secondary/higher	2.5	2.3	4.8	958
Work status				
Working for cash	4.6	1.6	6.2	126
Not working for cash	7.4	2.9	10.3	4,575
Total	7.3	2.9	10.2	4,700

The level of teenage fertility is closely associated with a woman's educational level (see Figure 3.3). The lowest levels are observed for women who completed secondary school or higher (5 percent), and the highest levels are among teenagers with no education (21 percent).

Table 3.12 presents the distribution of women age 15-19 by the number of children ever born. Among women who are mothers, most have only one child; only 18 percent have two or more children.

Figure 3.3
Percentage of Women 15-19 Who Are Mothers or Pregnant with Their First Child, by Educational Level



EDHS 1995

Table 3.12 Children born to teenagers

Percent distribution of women 15-19 by number of children ever born (CEB), Egypt 1995

Age	Number of children ever born			Total	Mean number of CEB	Number of women
	0	1	2+			
15	99.4	0.6	0.0	100.0	0.01	1,050
16	98.0	1.9	0.0	100.0	0.02	1,049
17	93.7	5.3	1.1	100.0	0.08	958
18	87 7	10 8	1.4	100.0	0.14	905
19	80.3	14.6	5.1	100.0	0.26	738
Total	92.7	6 0	1.3	100.0	0.09	4,700

CHAPTER 4

KNOWLEDGE, ATTITUDES, AND EVER USE OF FAMILY PLANNING

Although the government of Egypt has had a family planning program for a long time, family planning activities increased substantially during the 1980s. As part of the expanded program activities, a strong education and communication program initiated by the State Information Service has promoted family planning awareness through mass media nationwide. This chapter considers a number of indicators from the EDHS-95 relating to the family planning education efforts, including knowledge of methods and sources, sources of information about family planning and exposure to media messages about family planning, The chapter also looks at attitudes toward family planning use and the level of ever use of family planning.

4.1 Knowledge of Family Planning Methods and Sources

Awareness of both family planning methods and of sources from which methods can be obtained are crucial in the decision whether to use a contraceptive method and which method to use. One of the main objectives of the EDHS-95 was to determine the level of knowledge of contraceptive methods and sources.

In the survey, the level of awareness of family planning methods was measured as follows:

(1) Respondents were first asked an open-ended question about which contraceptive methods they had heard of. All methods named in response to this question were recorded as spontaneously recognized (unprompted knowledge).

(2) When a respondent failed to mention any of the methods listed in the questionnaire, the interviewer would describe the method and ask if the respondent had heard about it. All methods recognized by the respondent after the description was read were recorded as known after probing (prompted knowledge).

Information on knowledge of specific methods was collected for eight modern methods (i.e., the pill, IUD, injectables, Norplant, vaginal methods (foam, jelly, or diaphragm), the condom, female sterilization, and male sterilization), and three traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding). In addition, provision was made in the questionnaire to record any other method named spontaneously by respondents.

For each modern method known, respondents were asked if they knew where a person could go to get the method. Women knowing about periodic abstinence were asked if they knew where a person could go to get advice about the method.

In this analysis, only the overall levels of knowledge are presented, i.e., respondents are classified as knowing a method regardless of whether they recognized it spontaneously or only after hearing it described. Thus, knowledge of a family planning method in the 1995 EDHS is defined simply as having heard of a method. No questions were asked to elicit depth of knowledge, such as how a specific method is used. Similarly, women are considered to know about a source for the method if they were able to name any place where the method could be obtained.

Level of Knowledge of Methods and Sources

Table 4.1 indicates that knowledge of family planning methods is almost universal among Egyptian women, and over 90 percent know about at least one place where they can obtain a method. Almost all currently married women know about the pill and IUD, and knowledge of injectables is only slightly less common (97 percent). Seven in ten women know about female sterilization, while one in two know about the condom. Prolonged breastfeeding is the most commonly recognized traditional method among Egyptian women (79 percent).

Table 4.1 Knowledge of family planning methods and source for methods

Percentage of ever-married women and currently married women who know specific family planning methods and who know a source (for information or services), by specific methods, Egypt 1995

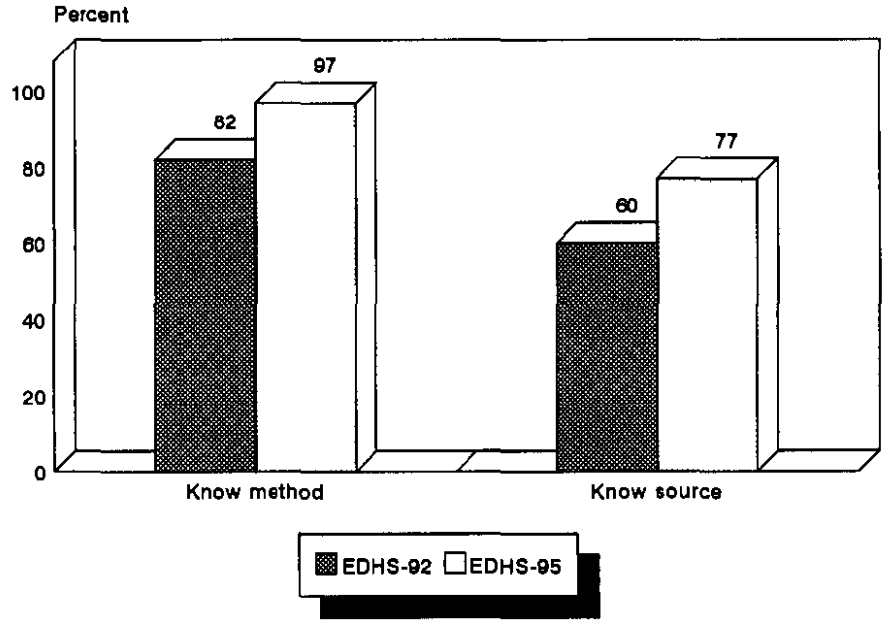
Family planning method	Know method		Know a source	
	Ever-married women	Currently married women	Ever-married women	Currently married women
Any method	99.8	99.8	NA	NA
Any modern method	99.8	99.8	91.3	92.3
Modern method				
Pill	99.6	99.6	88.3	89.3
IUD	99.4	99.5	86.2	87.5
Injectables	96.2	96.7	75.7	77.1
Diaphragm/foam/jelly	30.4	31.0	25.1	25.7
Condom	51.0	52.4	42.4	43.9
Female sterilization	71.0	71.8	59.2	60.2
Male sterilization	12.8	13.2	8.9	9.3
Norplant	44.0	44.9	32.1	32.9
Any traditional method	85.4	86.0	NA	NA
Periodic abstinence	41.7	42.7	NA	NA
Withdrawal	25.6	26.4	NA	NA
Prolonged breastfeeding	78.9	79.4	NA	NA
Folk methods	2.5	2.5	NA	NA
Number of women	14,779	13,710	14,779	13,710

NA = Not applicable

With respect to knowledge of sources for modern methods, the levels vary significantly by method. Currently married women were most likely to know about a source for the pill (89 percent) and IUD (88 percent) and least likely to know about a source for male sterilization (9 percent).

Comparing levels of knowledge in the EDHS-95 with levels observed in the 1992 EDHS, there was a substantial increase in the level of knowledge only for injectables (see Figure 4.1). The proportion of currently married women knowing about injectables increased from 82 percent in 1992 to 97 percent in 1995 EDHS. The increase in the proportion who were able to name a source for this method was also substantial, from 60 percent in 1992 to 77 percent in 1995 (Figure 4.1). The increased awareness of injectables is likely due to the fact that injectables were introduced as a program method during the period between the two EDHS surveys.

Figure 4.1
Knowledge of Injectables
1992 EDHS and 1995 EDHS



Differentials in Knowledge of Methods and Sources

The percentages of currently married women who know any method of contraception and any modern method, and the percentage who know a source are presented in Table 4.2 by background characteristics. The table also shows the mean number known for all methods and modern methods.

Knowledge of a method is almost universal among all subgroups. However, there are some differences in the knowledge of sources of methods. For example, women age 15-19 are less likely to know about a source than older women. A marked difference in the percentage of women who know about a source is evident between urban and rural women (98 percent and 88 percent, respectively). Women in rural Upper Egypt have the least knowledge of source (78 percent).

The number of methods known also varies among subgroups. On average, urban women know 7.4 methods, while rural women know about an average of 5.9 methods. By place of residence, the mean number of methods known varies from 5.5 methods in rural Upper Egypt to 7.5 methods in the Urban Governorates.

There is a clear relationship between the number of methods recognized by a woman and her educational level; the mean number of methods known varies from 5.7 methods among women with no education to 8.3 methods among women with secondary or higher education. There is a difference of almost two methods between the mean number of methods known by women who are working for cash and the number known by other women (8.0 methods and 6.3 methods, respectively).

Table 4.2 Knowledge of family planning methods and source for methods by background characteristics

Percentage of currently married women who know any family planning method and any modern method and who know a source (for family planning information or services), and the mean number of methods and modern methods known, by selected background characteristics, Egypt 1995

Background characteristic	Know any method	Mean no. of methods known	Know a modern method	Mean no. of modern methods	Know a source for modern method	Number of women
Age						
15-19	99.1	5.3	98.9	4.2	80.3	663
20-24	99.8	6.2	99.8	4.8	90.1	2,083
25-29	99.9	6.7	99.9	5.1	93.7	2,677
30-34	99.9	6.8	99.9	5.3	94.7	2,466
35-39	99.9	6.9	99.9	5.3	92.9	2,392
40-44	99.8	6.8	99.8	5.2	94.0	1,816
45-49	99.8	6.5	99.8	5.0	91.1	1,614
Urban-rural residence						
Urban	100.0	7.4	100.0	5.7	97.7	6,372
Rural	99.7	5.9	99.6	4.6	87.5	7,339
Place of residence						
Urban Governorates	100.0	7.5	100.0	5.8	98.6	3,122
Lower Egypt	99.9	6.6	99.9	5.1	96.6	5,736
Urban	100.0	7.4	100.0	5.6	99.0	1,686
Rural	99.9	6.3	99.9	4.8	95.6	4,050
Upper Egypt	99.5	6.0	99.5	4.7	82.9	4,725
Urban	99.9	7.1	99.9	5.4	94.5	1,483
Rural	99.4	5.5	99.3	4.3	77.6	3,241
Frontier Governorates	99.8	6.8	99.8	5.3	91.9	128
Education						
No education	99.6	5.7	99.6	4.5	86.0	5,839
Some primary	99.9	6.3	99.9	5.0	94.9	2,683
Primary through secondary	100.0	7.0	100.0	5.4	97.3	1,806
Completed secondary/higher	100.0	8.3	100.0	6.1	98.3	3,383
Work status						
Working for cash	100.0	8.0	100.0	5.9	97.6	2,054
Not working for cash	99.8	6.3	99.8	4.9	91.3	11,656
Total	99.8	6.6	99.8	5.1	92.3	13,710

4.2 Exposure to Family Planning Information

By the mid-1980s, a strong mass media public information and education program conducted by the State Information Service was one of the main components of the Egyptian Family Planning Program. After focusing initially on general "population awareness" messages, the IEC effort increasingly moved to providing more specific family planning advice and information. The 1995 EDHS obtained information on a number of aspects of women's exposure to family planning information, including the first source from which information on family planning was obtained and sources which women perceive as influencing them to seek information about family planning. The EDHS also obtained information on recent exposure to family planning messages on the radio and television and through the print media and on women's attitudes about the acceptability of using radio and television to broadcast family planning messages. This information may be useful in guiding future IEC efforts in Egypt's family planning program.

First Source of Information

Table 4.3 presents the distribution of ever-married women by the source from which they first heard about family planning. The table confirms the fact that television is the main source of information about family planning; more than seven in ten women first heard about family planning from the television. Radio made a much smaller contribution to creating family planning awareness; only four percent of women reported the radio was their first source of information. Among the remaining women, the principal source of information was relatives (other than husband)/friends (17 percent).

Table 4.3 First source of family planning information

Percent distribution of ever-married women by source from which they first heard about family planning, according to urban-rural residence and place of residence, Egypt 1995

			Place of residence								
				Lower Egypt			Upper Egypt				
First source	Urban	Rural	Urban Governorates	Total	Urban	Rural	Total	Urban	Rural	Frontier Governorate	Total
Television	75.1	67.8	75.7	70.0	73.6	68.5	70.1	76.1	67.3	57.6	71.2
Radio	3.6	5.0	4.1	5.1	3.7	5.6	3.5	2.1	4.2	11.9	4.4
Print media	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.1	0.2
Spouse	0.3	0.3	0.2	0.3	0.5	0.3	0.3	0.2	0.4	0.3	0.3
Other relatives/friends	13.7	19.6	12.8	17.6	14.3	19.0	18.5	14.9	20.1	21.4	16.9
Government doctor	2.6	2.5	2.5	3.2	3.4	3.1	1.8	2.1	1.7	2.9	2.6
Private doctor	1.3	0.6	1.0	1.2	2.1	0.8	0.7	1.3	0.4	0.1	0.9
Raiyda	0.3	1.2	0.3	0.7	0.2	0.9	1.2	0.4	1.6	0.1	0.8
Daya	0.0	0.1	0.1	0.1	0.0	0.2	0.0	0.0	0.0	0.2	0.1
Community meeting	0.3	0.3	0.2	0.5	0.8	0.4	0.1	0.1	0.2	0.9	0.3
Other	2.4	2.0	3.1	0.9	0.9	1.0	3.0	2.5	3.3	4.4	2.2
No method known	0.0	0.4	0.0	0.1	0.0	0.1	0.5	0.1	0.7	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	6,809	7,970	3,312	6,207	1,830	4,377	5,125	1,583	3,543	135	14,779

Television served as the first source of family planning information in all areas. However, rural women in both Upper Egypt and Lower Egypt and women in the Frontier Governorates were less likely to hear about family planning for the first time on television, and more likely to hear for the first time from relatives/friends than other women.

Sources Influencing Women to Seek Information

The EDHS collected information about sources that influenced women to seek information about family planning. Table 4.4 summarizes this information by residence for ever-married women knowing about family planning. As the table shows, 39 percent of the women mentioned television spots as the main source influencing their decision to seek information about family planning. Friends or relatives were another important influence; 33 percent of women mentioned that they were influenced by friends or relatives to obtain information about family planning. Similar percentages of women were influenced by private doctors/clinics (28 percent) or government doctor/ clinic (27 percent) to seek information about family planning. Only 8 percent mentioned the raiyda refia, and 6 percent community meetings, as influences.

There is little variation in the proportion of women mentioning various sources as influencing them to seek information about family planning. However, women in Upper Egypt, especially in rural areas, were somewhat less likely than other women to mention any of the sources of information.

Table 4.4 Sources influencing women to seek information about family planning

Percentage of ever-married women knowing about family planning who indicated various sources influenced them to seek information about family planning, by urban-rural residence and place of residence, Egypt 1995

Sources influencing information-seeking behavior	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorate	Total
TV spots	37.8	39.4	35.8	49.0	48.1	49.4	27.7	29.2	27.0	41.1	38.6
Friends/relatives	34.8	32.2	35.8	39 2	38.9	39.4	24.8	27.9	23.4	36.8	33.4
Government doctor/clinic	26.5	27.5	24.2	41.3	43.2	40.6	11.6	11.9	11.5	21.6	27.0
Private doctor/clinic	29.3	26.5	25.1	41.9	48.0	39.4	12.3	16.1	10.6	27.0	27.8
Raiyda/other family planning worker	5.1	11.0	1.6	14.8	12.3	15 9	4.8	4.0	5.1	6.0	8.3
	1.2	3.1	0.7	3 2	1.8	3.8	2.1	1.4	2.4	1.5	2.2
Community activity	6.1	5.0	6.7	6.7	8.0	6.2	3.4	2.9	3.6	3.6	5.5
Other	15.1	8.8	20.5	13.9	15.9	13.1	3.7	3.7	3.7	1.0	11.7
Number of women	6,807	7,942	3,312	6,202	1,829	4,373	5,100	1,581	3,519	135	14,749

Exposure to Messages through Radio and Television

All ever-married women were asked if they had heard family planning messages on radio or television in the last few months prior to the interview. The results of these questions are presented in Table 4.5 by background characteristics. Eight in ten women saw a message on television compared with only 60 percent who had listened to a family planning message on the radio. Only 17 percent of women reported that they had not heard a message on either the radio or television.

Differences in exposure to family planning messages on radio and television are generally small across age groups, with the lowest levels observed among the youngest and oldest women. Urban women are more likely to report exposure to family planning messages than rural women (92 percent and 76 percent, respectively). By place of residence, the proportion of women who had been exposed to a family planning message during the few months before the interview varied from 70 percent in rural Upper Egypt to 93 percent in the Urban Governorates. Women who had completed primary school were much more likely to have been exposed to family planning messages through the broadcast media than less educated women. The proportion who listened to a radio message or saw a television message ranged from 74 percent among women who had no education to 95 percent among women with a secondary education. Women who were working for cash were also somewhat more likely than other women to have been exposed to radio or television messages (89 percent and 82 percent, respectively).

Table 4.5 Exposure to family planning messages on radio and television

Percent distribution of ever-married women by whether they have heard a family planning message on radio or on television in the last few months prior to the interview, according to selected background characteristics, Egypt 1995

Background characteristic	Heard family planning message on radio or on television				Total	Number of women
	Neither	Radio only	Television only	Both		
Age						
15-19	20.6	2.9	24.1	52.4	100.0	673
20-24	14.1	3.3	21.6	60.9	100.0	2,136
25-29	14.6	2.3	23.9	59.2	100.0	2,749
30-34	16.5	2.5	25.7	55.4	100.0	2,605
35-39	17.9	2.5	21.8	57.7	100.0	2,573
40-44	18.0	2.6	21.8	57.7	100.0	2,059
45-49	20.1	3.2	22.4	54.4	100.0	1,984
Urban-rural residence						
Urban	8.1	2.4	23.5	66.0	100.0	6,809
Rural	24.4	3.0	22.6	50.0	100.0	7,970
Place of residence						
Urban Governorates	6.9	2.7	27.2	63.1	100.0	3,312
Lower Egypt	16.4	2.7	22.8	58.1	100.0	6,207
Urban	8.9	2.6	22.6	66.0	100.0	1,830
Rural	19.5	2.8	22.9	54.8	100.0	4,377
Upper Egypt	24.1	2.6	20.8	52.5	100.0	5,125
Urban	9.9	1.8	17.1	71.2	100.0	1,583
Rural	30.4	3.0	22.4	44.1	100.0	3,543
Frontier Governorates	14.3	6.2	15.6	63.9	100.0	135
Education						
No education	26.5	3.5	23.8	46.2	100.0	6,464
Some primary	16.6	2.6	24.7	56.1	100.0	2,908
Primary through secondary	7.3	2.1	21.1	69.5	100.0	1,923
Completed secondary/higher	4.7	1.8	21.3	72.3	100.0	3,483
Work status						
Working for cash	11.4	2.1	20.6	65.9	100.0	2,312
Not working for cash	17.9	2.8	23.5	55.7	100.0	12,467
Total	16.9	2.7	23.0	57.3	100.0	14,779

Acceptability of Radio and Television Broadcasts about Family Planning

In the 1995 EDHS, women were asked if it is acceptable to have messages about family planning on the radio or television. The findings from these questions are presented in Table 4.6 by background characteristics. The vast majority of women reported that it is acceptable to have messages about family planning on the radio or television (94 percent). Women were least likely to approve of broadcasting family planning messages in rural Upper Egypt; however, even in this area, 85 percent said that it would be acceptable for such messages to be broadcast.

Table 4.6 Acceptability of media messages on family planning

Percent distribution of women who believe that it is acceptable to have messages about family planning on the radio or television, according to selected background characteristics, Egypt 1995

Background characteristic	Acceptability of family planning messages on radio or television			Total	Number of women
	Acceptable	Not Acceptable	Unsure		
Age					
15-19	91.4	6 2	2.4	100.0	673
20-24	94.4	4.1	1.4	100.0	2,136
25-29	95.9	3.1	1.0	100.0	2,749
30-34	94.5	4.1	1.5	100 0	2,605
35-39	93.2	4 3	2 5	100.0	2,573
40-44	93.3	4 5	2 2	100.0	2,059
45-49	92.0	5 2	2.8	100 0	1,984
Urban-rural residence					
Urban	96.9	2.4	0 8	100.0	6,809
Rural	91.3	5.8	2.8	100.0	7,970
Place of residence					
Urban Governorates	97.3	2.2	0 5	100.0	3,312
Lower Egypt	96.9	2.1	1.0	100.0	6,207
Urban	97.7	1.9	0.5	100.0	1,830
Rural	96.6	2.1	1.2	100.0	4,377
Upper Egypt	88.1	8.2	3.8	100.0	5,125
Urban	95.1	3.4	1.5	100.0	1,583
Rural	84 9	10.3	4.8	100.0	3,543
Frontier Governorates	92 4	4.0	3.6	100.0	135
Education					
No education	89.8	6.6	3 6	100.0	6,464
Some primary	96.8	2.1	1.1	100.0	2,908
Primary through secondary	98.0	1.6	0.4	100 0	1,923
Completed secondary/higher	96.8	3.0	0 3	100.0	3,483
Work status					
Working for cash	95.8	3.3	0.9	100.0	2,312
Not working for cash	93 5	4.4	2.1	100.0	12,467
Total	93.9	4.2	1 9	100.0	14,779

Exposure to Family Planning Messages through Print Media

Table 4.7 presents the percentages of EDHS respondents reporting that they had been exposed to a message about family planning in various print media in the last few months prior the interview according to background characteristics. Overall, three in ten women were exposed to a message through some print media. Considering specific print media, 21 percent had received information about family planning through a poster, 19 percent from a newspaper or magazine, and 8 percent by reading a leaflet or brochure.

As expected, women from rural areas, especially in Upper Egypt and women with no education were the least likely to have been exposed to a family planning message in the print media. For example, only 6 percent of women in rural Upper Egypt, where educational levels are low, had read an article on family planning in a newspaper or magazine, compared with 32 percent of women in urban Lower Egypt.

Table 4.7 Family planning messages in print

Percentage of women who received a message about family planning through the print media in the last few months prior to the interview, by selected background characteristics, Egypt 1995

Background characteristic	Type of print media containing family planning message				Number of women
	Newspaper/ magazine	Poster	Leaflet/ brochure	No source	
Age					
15-19	10.1	12.7	3.1	80.6	673
20-24	21.3	21.1	8.6	67.6	2,136
25-29	23.8	25.2	10.5	65.1	2,749
30-34	21.7	23.2	9.6	68.0	2,605
35-39	19.2	22.5	9.0	69.3	2,573
40-44	16.8	20.0	7.0	71.8	2,059
45-49	13.2	14.4	4.9	79.3	1,984
Urban-rural residence					
Urban	29.1	29.3	11.1	58.4	6,809
Rural	10.8	14.0	5.8	80.4	7,970
Place of residence					
Urban Governorates	29.1	26.7	8.0	61.2	3,312
Lower Egypt	19.6	22.3	9.0	68.2	6,207
Urban	31.7	32.6	13.7	52.7	1,830
Rural	14.6	18.0	7.0	74.7	4,377
Upper Egypt	12.2	15.9	7.6	78.6	5,125
Urban	25.8	31.4	14.6	59.4	1,583
Rural	6.2	9.0	4.4	87.3	3,543
Frontier Governorates	27.0	16.9	6.8	68.3	135
Education					
No education	1.7	9.7	2.0	88.9	6,464
Some primary	6.9	17.0	3.8	79.3	2,908
Primary through secondary	28.1	25.4	9.6	60.5	1,923
Completed secondary/higher	57.3	43.1	22.9	33.4	3,483
Work status					
Working for cash	42.1	37.4	21.0	46.9	2,312
Not working for cash	15.0	18.0	5.9	74.6	12,467
Total	19.2	21.0	8.2	70.3	14,779

4.3 Attitudinal Indicators

A positive attitude toward family planning is a prerequisite to adoption of family planning. Data on attitudes toward family planning were collected in 1995 EDHS by asking women in the sample whether they themselves approved of a couple (any couple) using family planning and, if they were currently married, what they thought their husband's opinion was on the subject. In addition, currently married women were asked if they had discussed family planning with their husband in the past year. The questionnaire also collected information on attitudes regarding use of specific methods.

Attitudes toward Family Planning Use

Table 4.8 examines differentials in the level of approval of the use of family planning among currently married non-sterilized women who know at least one family planning method by selected background characteristics. Looking separately at the information for women and their husbands, nine in ten women say they approve of a couple using family planning, and only 6 percent say they disapprove. Most women feel that their husband also approves of using family planning. Only one in ten women believes that her husband disapproves of family planning, while 83 percent say their husband approves.

Table 4.8 Wives' and husbands' attitudes toward family planning

Percent distribution of currently married non-sterilized women who know of a contraceptive method by wife's attitude toward family planning and wife's perception of her husband's attitude toward family planning, according to selected background characteristics, Egypt 1995

Background characteristic	Woman approves			Woman disapproves							
	Both approve	Husband disapproves	Husband's attitude unknown	Husband approves	Husband's attitude unknown	Both disapprove	Other	Total	Wife approves	Husband approves[1]	Total
Age											
15-19	71.3	4.7	11.4	0.8	2.2	4.7	4.9	100.0	87.5	73.4	657
20-24	78.7	6.6	5.3	1.8	0.9	4.0	2.7	100.0	90.6	81.4	2,079
25-29	82.6	5.5	3.9	1.2	0.3	4.0	2.5	100.0	92.0	84.4	2,672
30-34	82.7	6.0	2.6	1.4	0.4	4.0	2.9	100.0	91.3	85.1	2,442
35-39	82.4	5.3	3.4	1.4	0.6	4.1	2.9	100.0	91.1	85.3	2,344
40-44	80.5	5.4	4.0	1.9	0.6	4.4	3.3	100.0	89.9	83.9	1,775
45-49	73.9	5.3	7.5	1.9	0.9	4.7	5.8	100.0	86.7	78.3	1,560
Urban-rural residence											
Urban	87.3	3.8	3.3	1.1	0.3	2.7	1.6	100.0	94.4	89.1	6,269
Rural	74.0	7.2	5.7	1.9	1.0	5.4	4.7	100.0	86.9	77.6	7,260
Place of residence											
Urban Governorates	90.2	3.3	3.8	0.4	0.2	0.9	1.1	100.0	97.4	91.1	3,072
Lower Egypt	81.4	4.3	2.4	2.6	0.3	5.8	3.3	100.0	88.0	85.7	5,651
Urban	82.9	2.5	1.5	2.9	0.3	7.3	2.6	100.0	86.9	87.2	1,649
Rural	80.7	5.0	2.7	2.5	0.3	5.2	3.5	100.0	88.4	85.1	4,003
Upper Egypt	72.2	8.7	7.7	0.9	1.4	4.3	4.7	100.0	88.7	74.4	4,679
Urban	86.2	6.2	4.0	0.5	0.3	1.4	1.4	100.0	96.4	87.3	1,468
Rural	65.9	9.9	9.4	1.1	1.8	5.6	6.2	100.0	85.2	68.5	3,211
Frontier Governorates	75.0	9.0	4.7	0.6	1.0	7.5	2.3	100.0	88.7	75.7	127
Education											
No education	72.3	7.1	6.9	1.6	1.3	5.3	5.4	100.0	86.3	76.0	5,743
Some primary	81.9	6.4	4.3	1.6	0.4	3.1	2.4	100.0	92.6	84.5	2,649
Primary through secondary	85.4	5.0	3.4	1.0	0.3	3.1	1.8	100.0	93.8	87.3	1,782
Completed secondary/higher	89.4	2.9	1.5	1.5	0.0	3.6	1.1	100.0	93.8	91.3	3,356
Work status											
Working for cash	86.1	3.6	2.3	1.6	0.0	4.1	2.2	100.0	92.0	88.6	2,033
Not working for cash	79.1	6.0	5.0	1.5	0.8	4.2	3.5	100.0	90.1	81.9	11,497
Total	80.2	5.6	4.6	1.5	0.7	4.2	3.3	100.0	90.4	82.9	13,530

[1] Includes cases in which the wife is unsure about her own attitude, but knows her husband's

Combining the information on women's attitudes and their perceptions of their husband's attitudes, Table 4.8 shows that there is general agreement among Egyptian couples about the use of family planning. According to women, both the husband and the wife approve of using contraception in the case of eight in ten couples. They both disapprove in only 4 percent of couples.

Overall, women in the age group 20-44 are slightly more likely than younger and older women to report positive attitudes toward family planning both for themselves and for their husbands. Significant differentials in approval levels are observed by urban-rural residence and place of residence. For example, the proportion of women reporting that both they and their husbands approve of family planning is higher in urban areas than in rural areas (87 percent and 74 percent, respectively). Considering place of residence, this proportion is highest in the Urban Governorates (90 percent) and lowest in rural Upper Egypt (66 percent).

As expected, approval levels are positively associated with a woman's educational level. The proportion of women reporting that both they and their husband approve of using family planning increases from 72 percent among women with no education to 89 percent of women who have completed secondary school or higher. Women working for cash also report higher approval levels than other women.

Discussion of Family Planning with the Husband

Table 4.9 presents the percent distribution of currently married non-sterilized women by the number of times they discussed family planning with their husbands during the past year, according to selected background characteristics. Overall, the majority (55 percent) of women reported that they never discussed family planning with their husband during the past year, while more than one-quarter mentioned that they discussed the issue once or twice, and around one in five women reported that they discussed family planning with their husband more often.

Women in the age group 20-34 were more likely than other women to report they had discussed family planning with their husband. There is no difference between urban and rural women in the percentage who report discussing family planning with their husband. Couples from urban Upper Egypt were more likely than couples from other areas to have discussed family planning in the past year, while couples in the Urban Governorates were the least likely to have such discussions. The proportion of couples who discussed family planning increases directly with the woman's educational level.

Table 4.9 Discussion of family planning by couples

Percent distribution of currently married non-sterilized women who know a contraceptive method by the number of times family planning was discussed with husband in the year preceding the survey, according to selected background characteristics, Egypt 1995

Background characteristic	Number of times family planning discussed			Total	Number of women
	Never	Once or twice	More often		
Age					
15-19	56.2	31.6	12.2	100.0	657
20-24	43.4	33.1	23.5	100.0	2,079
25-29	43.4	34.0	22.6	100.0	2,672
30-34	49.6	27.7	22.6	100.0	2,442
35-39	60.3	23.3	16.4	100.0	2,344
40-44	65.5	20.9	13.6	100.0	1,775
45-49	79.4	13.6	7.0	100.0	1,560
Urban-rural residence					
Urban	55.8	26.5	17.8	100.0	6,269
Rural	54.6	26.9	18.5	100.0	7,260
Place of residence					
Urban Governorates	63.7	26.2	10.1	100.0	3,072
Lower Egypt	52.3	28.1	19.6	100.0	5,651
Urban	52.6	28.5	18.9	100.0	1,649
Rural	52.2	27.9	19.9	100.0	4,003
Upper Egypt	52.8	25.6	21.7	100.0	4,679
Urban	42.8	25.1	32.1	100 0	1,468
Rural	57.3	25.8	16.9	100.0	3,211
Frontier Governorates	60.6	18.2	21.2	100.0	127
Education					
No education	61.0	24.1	14.9	100.0	5,743
Some primary	53.5	27.7	18.8	100.0	2,649
Primary through secondary	52.2	26.1	21.7	100.0	1,782
Completed secondary/higher	47.9	30.6	21.5	100.0	3,356
Work status					
Working for cash	53.1	26.9	20.0	100 0	2,033
Not working for cash	55.5	26.6	17.9	100.0	11,497
Total	55.1	26.7	18 2	100 0	13,530

Religion and Use of Family Planning

In the EDHS-95, all ever-married women were asked about whether they thought that religion allows or forbids family planning. The results presented in Table 4.10 indicate that the majority of women (78 percent) believe that religion allows family planning use. Only 14 percent think that religion forbids the use of family planning methods.

Generally, the differentials in the percentage of women who believe that religion allows family planning use are small. Women with no education are the least likely to say that religion allows the use of family planning and women with a secondary or higher education are the most likely to think that religion

Table 4.10 Belief that religion allows or forbids family planning

Percentage of ever-married women who believe religion allows or forbids family planning, by selected background characteristics, Egypt 1995

Background characteristic	Believe religion allows or forbids family planning			Number of women
	Allows	Forbids	Don't know	
Age				
15-19	76.2	13.1	10.7	673
20-24	80.2	12.9	7.0	2,136
25-29	79.7	14.1	6.2	2,749
30-34	78.8	14.8	6.4	2,605
35-39	77.9	13.4	8.7	2,573
40-44	77.3	14.4	8.3	2,059
45-49	76.5	13.0	10.5	1,984
Urban-rural residence				
Urban	80.7	13.9	5.3	6,809
Rural	76.4	13.6	10.0	7,970
Place of residence				
Urban Governorates	80.0	15.2	4.8	3,312
Lower Egypt	77.4	14.8	7.8	6,207
Urban	82.4	11.5	6.0	1,830
Rural	75.3	16.2	8.6	4,377
Upper Egypt	78.6	11.5	9.9	5,125
Urban	79.9	14.3	5.8	1,583
Rural	78.0	10.3	11.8	3,543
Frontier Governorates	77.5	15.0	7.5	135
Education				
No education	74.5	14.0	11.4	6,464
Some primary	76.1	15.5	8.4	2,908
Primary through secondary	79.6	15.7	4.7	1,923
Completed secondary/higher	86.8	10.7	2.5	3,483
Work status				
Working for cash	82.7	11.4	5.9	2,312
Not working for cash	77.6	14.2	8.2	12,467
Total	78.4	13.8	7.9	14,779

allows family planning use (75 percent and 87 percent, respectively). By place of residence, the percentage of women who believe that religion allows family planning varies from 75 percent in rural areas in Lower Egypt to 82 percent in urban areas in the same region. An encouraging finding is the significant change in rural Upper Egypt in women's beliefs about whether family planning is allowed by religion; the percentage of women in rural Upper Egypt saying that religion allows family planning increased from 69 percent in 1992 to 78 percent in 1995.

Attitudes about Specific Family Planning Methods

In addition to general attitudes toward family planning use, women interviewed in the EDHS-95 were asked whether they approved of couples using each of the following methods: the pill, IUD, injectables, condom, and female sterilization. The results presented in Table 4.11 show that there are significant differ-

Table 4.11 Approval of use of specific family planning methods

Percent distribution of currently married women by approval of the use of specific family planning methods, Egypt 1995

Family planning method	Approves of use of method				Total	Number of women
	Yes	No	Unsure/ other	Does not know method		
Pill	70.0	21.7	8.0	0.4	100.0	13,710
IUD	80.2	12 5	6.8	0 5	100.0	13,710
Injectables	50.6	28.6	17.4	3.3	100.0	13,710
Condom	19.3	23.1	10.0	47.6	100.0	13,710
Female sterilization	15.7	45.9	10.3	28.2	100.0	13,710

ences among currently married women in the level of approval of different methods. For example, around 80 percent of women knowing about the IUD approve of using the IUD and around 70 percent of women knowing about the pill approve of using the method. With respect to injectables, women are more likely to disapprove of using the method or to be unsure about their attitude; only slightly more than half of women who know about injectables approve of using the method. Approval levels are even lower in the case of the condom and female sterilization. Among women knowing about the condom, only one in three would approve of a couple using the method, while, only one in five women who know about female sterilization would approve of a couple using the method.

Reasons for Disapproving of Injectables

Injectables were introduced into the family planning program about two years before the 1995 EDHS. To obtain more information about what might keep women from using injectables, women who reported that they disapproved of the use of injectables were asked about the reasons they had for disapproving of the use of the method. Table 4.12 shows the distribution of these women according to the main reason they gave for disapproving of injectables. Concerns that injectables cause weakness or tiredness (18 percent) or that injectables interfered with a woman's menstrual cycle (18 percent) were the most frequently mentioned reasons, followed by worries that using injectables would cause a woman to be unable to have children (13 percent). One in ten women did not consider injectables effective in preventing pregnancy.

Table 4.12 Reasons for disapproval of injectables

Percent distribution of currently married women by reasons for disapproval of the use of injectables, Egypt 1995

Reason	Total
Makes woman unable to have children/ sterile	13.2
Causes periods to be irregular/bleeding between periods	13.7
Causes heavy bleeding between periods	4.4
Causes women to retain water	9.1
Causes weakness/tiredness	17.8
Causes headaches	2.9
Not effective in preventing pregnancy	10.0
Against religion	1.3
Other	23.9
Don't know/missing	5.0
Total	100.0
Number of women	3,926

4.4 Ever Use of Family Planning

For each family planning method recognized, a respondent was asked if she had ever used that method. These data are used to explore the level of ever use of family planning methods among Egyptian women.

Levels of Ever Use of Family Planning

Table 4.13 indicates that 68 percent of ever-married women and 70 percent of currently married women have used a family planning method at some time. Among ever-married women, 67 percent have used a modern contraceptive method. The most commonly used modern method is the IUD (46 percent), followed by the pill (44 percent). Much smaller proportions of women report that they have used the condom (8 percent) or injectables (6 percent). Only 11 percent of women have had experience using any traditional method. The most widely used traditional method is prolonged breastfeeding (7 percent), followed by periodic abstinence (3 percent) and withdrawal (3 percent).

Table 4.13 Ever use of family planning

Percentage of ever-married women and of currently married women who have ever used any family planning method, by specific method and age, Egypt 1995

Age	Any method	Any modern method	Pill	IUD	Injectables	Norplant	Diaphragm/ foam/ jelly	Condom	Female sterilization	Any trad method	Periodic abstinence	Withdrawal	Prolonged breastfeeding	Other	Number of women
EVER-MARRIED WOMEN															
15-19	22.6	22.2	7.3	15.5	1.4	0.0	0.2	0.6	0.0	1.2	0.0	0.5	0.7	0.0	673
20-24	50.0	47.7	23.4	33.4	3.7	0.1	0.3	3.1	0.0	6.6	1.4	1.4	3.9	0.2	2,136
25-29	70.9	68.9	37.1	53.1	5.2	0.2	0.6	6.3	0.1	9.2	1.8	1.7	6.4	0.1	2,750
30-34	76.8	75.5	48.6	55.9	7.8	0.3	1.6	8.6	0.8	12.1	3.4	2.9	7.1	0.2	2,605
35-39	77.5	75.9	54.4	54.0	7.8	0.2	3.7	10.8	1.7	12.8	4.0	2.8	7.8	0.4	2,573
40-44	78.0	76.2	58.5	50.2	7.9	0.1	4.2	11.1	1.8	16.9	5.8	4.0	9.5	0.9	2,059
45-49	67.5	65.6	55.3	33.1	6.0	0.3	3.8	8.1	2.5	13.1	4.5	3.0	6.9	1.2	1,984
Total	68.4	66.7	44.2	46.1	6.2	0.2	2.2	7.7	1.1	11.2	3.3	2.5	6.6	0.4	14,779
CURRENTLY MARRIED WOMEN															
15-19	22.9	22.4	7.3	15.7	1.4	0.0	0.2	0.7	0.0	1.2	0.0	0.5	0.7	0.0	663
20-24	50.9	48.5	24.0	33.9	3.8	0.1	0.3	3.1	0.0	6.8	1.5	1.5	4.0	0.2	2,083
25-29	72.0	70.0	37.7	54.0	5.3	0.2	0.5	6.5	0.1	9.4	1.9	1.8	6.5	0.1	2,677
30-34	78.7	77.4	49.7	57.9	7.9	0.3	1.5	9.0	0.9	12.6	3.6	3.1	7.3	0.2	2,466
35-39	79.9	78.3	56.0	56.3	8.4	0.2	3.7	11.0	1.9	13.7	4.3	3.0	8.3	0.4	2,392
40-44	81.3	79.5	61.1	53.3	8.6	0.1	4.6	11.7	2.1	17.7	6.1	4.3	9.6	1.0	1,816
45-49	73.5	71.6	60.4	37.2	6.9	0.4	3.9	9.4	3.1	14.5	5.2	3.6	7.4	1.1	1,614
Total	70.4	68.7	45.2	48.1	6.5	0.2	2.2	8.0	1.1	11.6	3.4	2.7	6.8	0.4	13,710

Across age groups, the highest level of ever use of any family planning method is observed among women age 35-44 (78 percent) while the lowest level is among women age 15-19 (23 percent). The level of ever use of specific methods varies with a woman's age. Women under age 35 are more likely to have had experience using the IUD than the pill, while experience with the pill is more common than IUD experience among women age 40 and over. Ever use of the condom, injectables and traditional methods all increase with a woman's age, peaking among women age 40-44.

Trends in Ever Use of Family Planning

Trends in ever use of family planning during the period 1980-95 are presented in Table 4.14. The level of ever use in the 1995 EDHS (68 percent) was almost 30 percentage points higher than the level of ever used reported in the 1980 EFS (40 percent). Roughly two-thirds of the increase in use took place during the

Table 4.14 Trends in ever use of family planning

Percentage of ever-married women 15-49 who have ever used a family planning method by specific methods, Egypt, 1980-1995

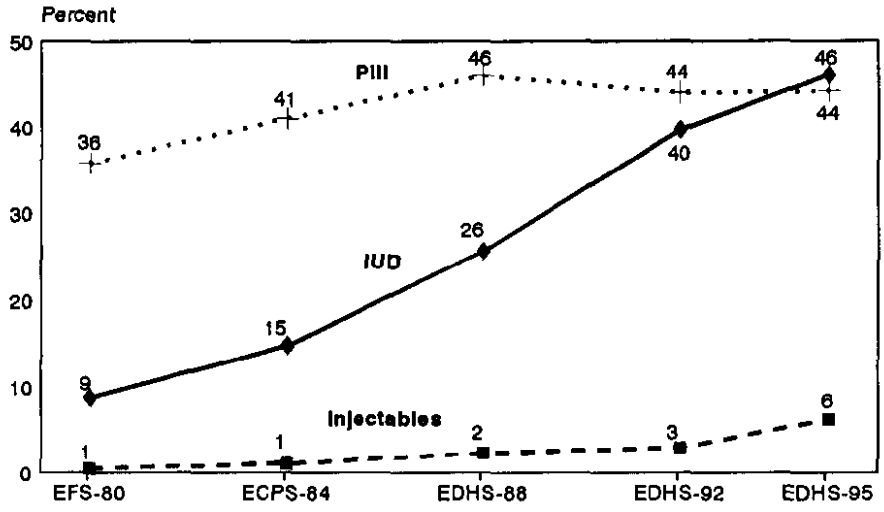
Family planning method	Ever used method					
	EFS 1980	ECPS 1984	EDHS 1988	EMCHS 1991	EDHS 1992	EDHS 1995
Any method	39.8	48.2	57.4	63.2	64.6	68.4
Any modern method	38.9	46.7	55.9	59.8	62.9	66.7
Modern method						
Pill	35.8	41 0	46.0	44.7	44.0	44.2
IUD	8.7	14.8	25.6	32.3	39 7	46.1
Injectables	0.5	1.1	2.3	-	2.9	6.2
Vaginal methods	1.2	3.9	5 3	-	3.6	2.2
Condom	5.0	3.4	8 6	-	7.5	7.7
Female sterilization	0.7	1.4	1.5	-	1.1	1.1
Male sterilization	0.1	0.0	0.0	-	0.0	0.0
Any traditional method	-	5.3	11.4	-	9.5	10.8
Periodic abstinence	2.7	1.4	3.7	-	3.4	3.3
Withdrawal	2.3	1.0	2.4	-	2.6	2.5
Prolonged breastfeeding	-	3.1	6.5	-	4.9	6.6
Other traditional methods	-	0.5	0.8	-	0.4	0.4
Number of women	8,788	10,013	8,911	9,073	9,864	14,779

Source: EFS-80. Hallouda et al., 1983, Volume IV, Table 4.3.1-1.
ECPS-84: Sayed et al., 1985, Table 8.3
EDHS-88: Sayed et al., 1989, Table 5.2
EMCHS-91: Abdel-Azeem et al., 1993, Table 8.3
EDHS-92: El-Zanaty et al., 1993, Table 4.12

eight-year period between the 1980 EFS and the 1988 EDHS, when the level of ever use rose from 40 percent to 57 percent. Growth in the level of ever use slowed considerably during the period between 1988 and 1995.

The most significant trend in ever use by method has been the rapid rise in IUD use (see Figure 4.2). The level of ever use of the IUD in 1995 was 46 percent, five times the level reported in 1980 (9 percent). In the case of the pill, the level of ever use peaked at 46 percent in 1988 and has since declined slightly to 44 percent. Generally, there were only minor fluctuations in the levels of ever use of other methods during the period 1980-95. The most notable change is the level of ever use of injectables, which increased from a level of 3 percent in 1992 to 6 percent in 1995.

Figure 4.2
Trends in Ever Use of Family Planning
Egypt 1980-1995



Differentials in Ever Use

Table 4.15 examines the differences among subgroups in the overall proportions of ever-married women who have ever used family planning and in the number of methods ever used. Almost half (48 percent) of ever-married women who have ever used family planning have had experience with only one method, while 36 percent have used two methods, and 17 percent have tried three or more methods.

Clearly, older women are not only more likely to have had experience with family planning, but they are more likely to have had experience with a greater number of methods than younger women. Women from urban areas, women with at least some primary education, and women who are working for cash are more likely than other women to have used a family planning method, and they also generally have had experience with two or more methods. Women from rural Upper Egypt have the least experience with family planning (42 percent) and are least likely to have used more than one method.

Table 4.15 Ever use of family planning by background characteristics

Among ever-married women, percentage who have ever used a family planning method and, among ever-users, percent distribution by number of methods ever used and mean number of methods ever used, according to selected background characteristics, Egypt 1995

Background characteristic	Ever used any method	Number of methods ever used			Total	Mean number of methods ever used	Number of women
		1	2	3+			
Age							
15-19	22.6	85.7	12.8	1.5	100.0	1.2	673
20-24	50.0	66.8	26.4	6.8	100.0	1.4	2,136
25-29	70.9	56.0	32.7	11.3	100.0	1.6	2,749
30-34	76.8	45.7	36.2	18.1	100.0	1.8	2,605
35-39	77.5	38.6	41.0	20.4	100.0	1.9	2,573
40-44	78.0	36.7	40.1	23.2	100.0	2.0	2,059
45-49	67.5	45.2	34.4	20.4	100.0	1.8	1,984
Urban-rural residence							
Urban	78.2	45.0	35.5	19.5	100.0	1.8	6,809
Rural	60.0	50.5	35.5	14.0	100.0	1.7	7,970
Place of residence							
Urban Governorates	78.1	44.1	36.7	19.2	100.0	1.8	3,312
Lower Egypt	77.5	45.7	36.0	18.3	100.0	1.8	6,207
Urban	83.6	44.9	32.9	22.2	100.0	1.9	1,830
Rural	75.0	46.1	37.4	16.5	100.0	1.8	4,377
Upper Egypt	51.3	54.6	33.3	12.0	100.0	1.6	5,125
Urban	72.4	47.4	36.2	16.4	100.0	1.8	1,583
Rural	41.8	60.2	31.1	8 7	100.0	1.5	3,543
Frontier Governorates	62.8	43.4	36.8	19.7	100.0	1.9	135
Level of education							
No education	59.9	50.3	36.6	13.1	100.0	1.7	6,464
Some primary	73.7	42.8	39.4	17.8	100.0	1.8	2,908
Primary through secondary	74.9	45.9	34.7	19.4	100.0	1.8	1,923
Completed secondary/higher	76.2	48.5	31.1	20.4	100.0	1.8	3,483
Work status							
Working for cash	77.8	44.6	34.6	20.9	100.0	1.9	2,312
Not working for cash	66.7	48.3	35.7	16.1	100.0	1.7	12,467
Total	68 4	47.6	35.5	16.9	100.0	1.8	14,779

4.5 First Use of Family Planning

Women who reported that they had used contraception at some time were asked a number of questions about their first experience with family planning, including the first method used, the source of that method, the number of children they had at first use, and their reproductive intentions at the time they first used a method. These data are useful in identifying the stage in the family-building process when women begin using family planning and their motivation for adopting family planning.

First Method Used

More than half of the women who ever used family planning began use with the pill, 36 percent tried the IUD first, 5 percent adopted other modern methods and 5 percent began contraception by using a

traditional method (Table 4.16). Ever-users under age 30 are more likely than older ever-users to have begun family planning use with the IUD, reflecting the shift in the method mix toward the IUD during the last ten years.

In all areas with the exception of the Urban Governorates, ever-users are more likely to have started family planning use with the pill than with the IUD. In the Urban Governorates, the percentage of ever-users who started with the pill (46 percent) is almost equal to the percentage who began family planning use by adopting the IUD (45 percent). Ever-users in rural Upper Egypt are least likely to report that the IUD was the first method they used; the percentage of ever-users in rural Upper Egypt who started with the pill (58 percent) is around twice the percentage who started with the IUD (28 percent).

Table 4.16 First method used

Percent distribution of ever-married women who have ever used a family planning method by first method used, according to selected background characteristics, Egypt 1995

Background characteristic	First method used				Total	Number of women
	Pill	IUD	Other modern method[1]	Traditional method[2]		
Age						
15-19	27.3	61.9	6.4	4.3	100.0	152
20-24	37.2	50.4	4.8	7.6	100.0	1,069
25-29	38.7	52.1	4.1	5.2	100.0	1,950
30-34	50.6	40.9	4.3	4.2	100.0	2,002
35-39	59.3	31.1	5.1	4.5	100.0	1,993
40-44	65.9	23.6	5.1	5.4	100.0	1,607
45-49	73.8	16.3	4.1	5.7	100.0	1,339
Urban-rural residence						
Urban	51.8	39.1	4.7	4.4	100.0	5,326
Rural	56.0	33.5	4.5	6.1	100.0	4,786
Place of residence						
Urban Governorates	46.2	45.2	4.3	4.3	100.0	2,586
Lower Egypt	56.2	34.9	4.1	4.8	100.0	4,811
Urban	59.2	32.3	4.6	3.9	100.0	1,529
Rural	54.9	36.1	3.8	5.2	100.0	3,282
Upper Egypt	56.4	31.1	5.9	6.6	100.0	2,629
Urban	54.1	35.2	5.6	5.0	100.0	1,147
Rural	58.2	27.9	6.0	7.9	100.0	1,483
Frontier Governorates	60.0	26.1	5.6	8.3	100.0	85
Education						
No education	59.6	30.5	4.0	5.9	100.0	3,874
Some primary	62.6	29.8	3.3	4.3	100.0	2,143
Primary through secondary	53.8	36.9	5.8	3.5	100.0	1,441
Completed secondary/higher	38.0	50.3	5.9	5.8	100.0	2,654
Work status						
Working for cash	48.2	40.6	5.5	5.7	100.0	1,799
Not working for cash	54.9	35.5	4.4	5.1	100.0	8,313
Total	53.7	36.4	4.6	5.2	100.0	10,112

[1] Includes injectables, vaginal methods (diaphragm/foam/jelly), condom, female sterilization, and male sterilization.
[2] Includes periodic abstinence, withdrawal, prolonged breastfeeding and folk methods.

Highly educated women are more likely than less educated women to have begun use with the IUD (50 percent) and less likely to have adopted the pill (38 percent) when they began using contraception for the first time.

Source for the First Method

Detailed information (name and address) on the source from which ever-users first obtained a method was collected in the survey. These results are presented in Table 4.17 according to the first method used. Overall, private sector sources are clearly the primary source to whom women turn when they first adopt contraception. Two-thirds of ever-users obtained family planning services for the first time from a private source, mainly from a pharmacy (43 percent) followed by a private doctor or hospital/clinic (17 percent). Only 28 percent utilized the services of government health facilities at the time they first used a method.

The type of source from which ever-users obtained their first method varies according to the method selected. Ever-users who chose the pill as their first method generally relied on the private sector, mainly the pharmacy (71 percent), for their method, while those who initially used the IUD relied on both public sector (42 percent) and private sector (57 percent) sources. The main public sector providers utilized by IUD users as the first source include urban hospitals and health units and rural health units. Among private sector providers, the most common first source was private doctors and private hospitals/clinics (38 percent). Private voluntary organizations including the Egyptian Family Planning Association served 13 percent of IUD users at the time they first adopted the method.

Table 4.17 Source of first method used

Percent distribution of ever married women who have ever used a family planning method by source of first method used, according to method, Egypt 1995

	First method used			
Source	Pill	IUD	Other modern methods[1]	Total
Public sector	18.6	42.3	27.4	28.1
Urban hospital	1.2	12.5	8.7	5.9
Urban health unit	4.4	9.5	2.7	6 3
Rural hospital	0.8	1.1	1 8	1.0
Rural health unit	8.3	6.2	5.1	7.4
Other MOH	2.6	7.9	2.3	4.6
Teaching hospital	0 3	2.1	4.2	1.2
Health insurance organization	0.1	0.7	0.8	0.4
Curative care organization	0.0	0.1	0.0	0.0
Other government	0.8	2.3	1.8	1.5
Private sector	76.2	56.8	63 5	68.1
Medical private sector	76.0	56.8	63.5	68.0
EFPA	1.6	7.3	3.1	3.8
CSI	0.6	4.4	1.0	2.1
Other PVO	0 2	1.2	0.1	0.6
Mosque health unit	0 2	5.2	0.1	2.1
Church health unit	0.0	0.3	0.0	0 1
Private hospital/clinic	0.1	3.6	2.3	1.6
Private doctor	1.9	34.6	10.6	14.9
Pharmacy	71.3	0.2	46.3	42.8
Other private sector	0.2	0.0	0.0	0.1
Other vendor	0.2	0 0	0.0	0.1
Other	1.0	0.1	1.8	0.7
Husband				
Friends/Relatives	0.7	0.0	0.8	0.4
Other	0.3	0.1	1.0	0.2
Don't know	4.3	0.8	7.3	3.1
Total	100.0	100.0	100.0	100.0
Number of women	5,435	3,685	466	9,586

MOH = Ministry of Health
EFPA = Egyptian Family Planning Association
CSI - Clinical Services Improvement project
PVO = Private voluntary organization
[1] Includes injectables, vaginal methods (diaphragm/foam/jelly), condom, female sterilization and male sterilization

Number of Children at First Use

Table 4.18 presents the percent distribution of ever-married women by the number of living children at the time of the first use of family planning by background characteristics. The table is useful in understanding the stage in the family building process when women begin to adopt family planning. The data show that 29 percent of women started using a family planning method after they had their first child, 16 percent started when they had two children, and 23 percent had three or more children. Only one percent started use while still childless.

Table 4.18 Number of children at first use of family planning

Percent distribution of ever-married women by number of living children at the time of first use of family planning, according to current age, Egypt 1995

Current age	Never used contraception	Number of living children at time of first use of contraception					Total	Number of women	Median number of children
		0	1	2	3	4+			
Age									
15-19	77.4	0.5	20.9	1.3	0.0	0.0	100.0	673	1.5
20-24	50.0	1.0	33.7	11.1	3.4	0.9	100.0	2,136	1.7
25-29	29.1	1.0	39.5	18.6	7.6	4.2	100.0	2,749	1.9
30-34	23.2	0.9	33.1	19.2	11.0	12.6	100.0	2,605	2.2
35-39	22.5	0.9	25.9	17.6	12.0	21.1	100.0	2,573	2.7
40-44	22.0	0.9	24.1	17.1	10.9	25.0	100.0	2,059	2.8
45-49	32.5	1.6	14.0	14.1	10.6	27.1	100.0	1,984	3.4
Urban-rural residence									
Urban	21.8	1.8	39.1	19.8	8.5	9.1	100.0	6,809	2.0
Rural	40.0	0.4	20.0	12.4	9.2	18.1	100.0	7,970	2.8
Place of residence									
Urban Governorates	21.9	2.1	39.9	19.5	8.4	8.2	100.0	3,312	1.9
Lower Egypt	22.5	0.7	32.4	17.8	10.9	15.7	100.0	6,207	2.3
Urban	16.4	1.4	42.7	21.9	8.9	8.7	100.0	1,830	1.9
Rural	25.0	0.5	28.1	16.1	11.7	18.6	100.0	4,377	2.6
Upper Egypt	48.7	0.7	17.1	11.1	6.8	15.6	100.0	5,125	2.7
Urban	27.6	1.7	33.2	18.0	8.2	11.3	100.0	1,583	2.1
Rural	58.2	0.2	9.9	8.0	6.2	17.5	100.0	3,543	3.4
Frontier Governorates	37.2	0.6	29.5	13.3	8.5	10.8	100.0	135	2.1
Level of education									
No education	40.1	0.2	15.1	13.5	10.5	20.6	100.0	6,464	3.1
Some primary	26.3	0.9	25.9	17.1	11.9	17.9	100.0	2,908	2.6
Primary through secondary	25.1	1.8	37.5	19.1	8.2	8.4	100.0	1,923	2.0
Completed secondary/higher	23.8	2.2	51.7	17.3	3.8	1.2	100.0	3,483	1.7
Work status									
Working for cash	22.2	1.7	43.1	19.3	6.5	7.2	100.0	2,312	1.9
Not working for cash	33.3	0.9	26.1	15.2	9.3	15.2	100.0	12,467	2.4
Total	31.6	1.0	28.8	15.8	8.9	13.9	100.0	14,779	2.3

There has been a shift in the timing of the adoption of the first contraceptive method. While only 14 percent of women age 45-49 used contraception after their first child, 40 percent of women age 25-29 started family planning use after their first child. The median parity at which women begin using contraception is inversely associated with age, ranging from 3.4 children among the women 45-49 to fewer than two children among women under age 30.

Urban women are likely to start family planning at a lower parity than rural women. Nearly 40 percent of urban women began use after the first child compared with only 20 percent of rural women. This suggests that urban women are much more likely to begin using family planning to space a wanted birth while rural women are more often concerned about avoiding an unwanted birth.

There also are differentials in the number of living children at the time of the first use of contraception by place of residence, educational level, and work status. On average, ever-users in rural Upper Egypt began using at a much higher parity (3.4 children) and women from the Urban Governorates and urban Lower Egypt started at a lower parity (1.9 children) than women in other residential categories. Education clearly influences the timing of initiation of contraception. Around half of ever-users who have completed secondary or higher initiated family planning use after the first child, compared with 15 percent of ever-users with no education. Women working for cash were more likely to initiate contraceptive use after the birth of their first child than other women.

Reproductive Intentions at First Use

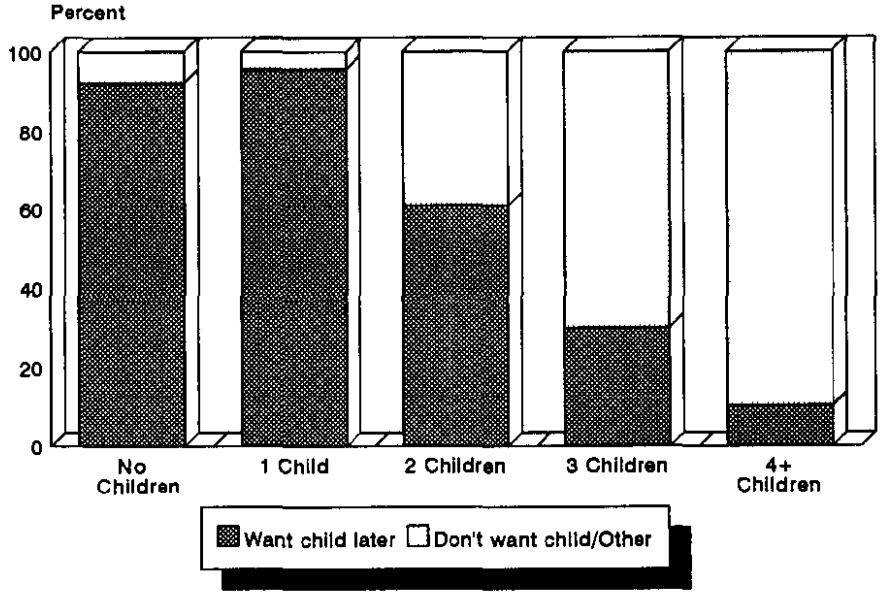
The 1995 EDHS questionnaire also obtained information on a woman's childbearing intentions at the time contraception was first used. These data are used in Table 4.19 to investigate the extent of interest in limiting or spacing births. Overall, slightly less than two-thirds of ever-users began using to delay the next birth, while 38 percent started using because they wanted no more children. The proportion of women who began using family planning to avoid the next birth increases rapidly with the number of children the woman had at the time of first use (see Figure 4.3). Among women with three or more children at the time of first use, the majority report that they wanted no more children at the time they began using family planning.

Table 4.19 Reproductive intentions at time of first use of family planning

Percent distribution of ever-married women who have ever used a family planning method by reproductive intentions at time of first use of family planning, according to number of living children at time of first use, Egypt 1995

Reproductive intention	Number of children					Total
	0	1	2	3	4+	
Want child later	92.3	95.6	60.9	29.7	10.2	61.6
Do not want child/ another child	4.7	4.3	38.8	69 8	89.8	38.2
Other	3.0	0.0	0.3	0.5	0.1	0.2
Total	100.0	100.0	100.0	100 0	100.0	100.0
Number of women	150	4,251	2,339	1,313	2,057	10,112

Figure 4.3
Reproductive Intentions by Number of Children at First Use of Family Planning



EDHS 1995

CHAPTER 5

CURRENT USE OF FAMILY PLANNING

Information on the level of current use of contraception is important for understanding one of the key determinants of fertility and for measuring the success of the national family planning program. This chapter focuses on data concerning the levels, differentials and trends in current use; sources of family planning methods and reasons for the choice of a particular source; and information relating to costs and other aspects of use of the pill, injectables and the IUD.

5.1 Levels and Differentials in Current Use of Family Planning

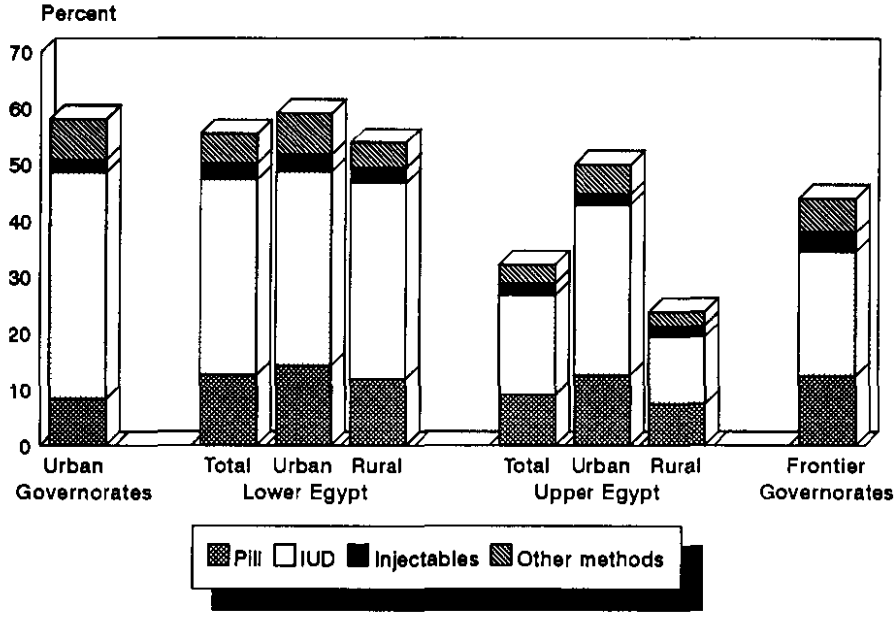
Table 5.1 shows that 48 percent of currently married women in Egypt are using contraception, with 46 percent depending on modern methods and 2 percent using traditional methods. The pill and the IUD are the two most widely used methods: 10 percent of currently married women are using the pill, and 30 percent currently rely on the IUD. Other modern methods are used by relatively small proportions of women, e.g., 2 percent report currently using injectables and 1 percent the condom.

Table 5.1 Current use of family planning by residence

Percent distribution of currently married women by family planning method currently used, according to urban-rural residence and place of residence, Egypt 1995

			Place of residence								
			Urban Gover-	Lower Egypt			Upper Egypt			Frontier Gover-	
Method	Urban	Rural	norates	Total	Urban	Rural	Total	Urban	Rural	norates	Total
Any method	56.4	40.5	58.1	55.4	59.1	53.8	32.1	49.9	24.0	44.0	47.9
Any modern method	53.6	38.5	55.2	52.9	56.2	51.5	30 3	47.6	22.3	41.4	45.5
Pill	11.0	9.9	8.4	12.6	14.3	11.9	9.1	12.6	7.5	12.5	10.4
IUD	36.2	24.6	40.2	34.7	34.4	34.8	17.7	30.3	11.9	21.9	30.0
Injectables	2.4	2.5	2.2	2.8	3.0	2.7	2.0	1.8	2.1	3.5	2.4
Norplant	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Diaphragm/foam/jelly	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.3	0.0	0.0	0.1
Condom	2.3	0.7	2.7	1.2	2.1	0.9	0.8	1.6	0.4	3.2	1.4
Female sterilization	1.6	0.7	1.6	1.4	2.2	1.1	0.5	1.0	0.3	0.3	1.1
Any traditional method	2.7	2.0	2.8	2.5	2.9	2.3	1.9	2.3	1.7	2.6	2.4
Periodic abstinence	1.4	0.3	1.4	0.7	1.6	0.4	0.4	1.1	0.1	1.2	0.8
Withdrawal	0.8	0.3	1.0	0.6	0.7	0.6	0.2	0.5	0.0	0.4	0.5
Prolonged breastfeeding	0.5	1.3	0.5	1.1	0.6	1.2	1.2	0.6	1.5	0.7	1.0
Other methods	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.3	0.1
Not currently using	43.6	59.5	41.9	44.6	40.9	46.2	67.9	50.1	76.0	56.0	52.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0
Number of women	6,372	7,339	3,122	5,736	1,686	4,050	4,725	1,483	3,241	128	13,710

Figure 5.1
Current Use of Family Planning Methods
by Place of Residence



EDHS 1995

Differentials by Residence

Significant differences in the level of contraceptive use are evident across residential categories (see Table 5.1 and Figure 5.1). Urban women are more likely to be using a method than rural women (56 percent and 41 percent, respectively). By place of residence, current use is highest among women in urban Lower Egypt (59 percent), followed by the Urban Governorates (58 percent). Use among women in urban Upper Egypt (50 percent) is twice the level in rural areas in the same region (24 percent). Marked differences in current use levels also are observed between rural areas in Lower Egypt and Upper Egypt. While current use is 54 percent among rural women in Lower Egypt, the level is only 24 percent in rural Upper Egypt. The level of current use in the Frontier Governorates stands at 44 percent, lower than in all areas except rural Upper Egypt.

The IUD is the most frequently used method in every residential category, followed by the pill. However, the extent to which the IUD dominates the method mix varies somewhat across residential subgroups. In the Urban Governorates, for example, married women are roughly five times as likely to be using an IUD as the pill. In other residential categories with the exception of rural Upper Egypt, there are two to three times as many IUD users as pill users. In rural Upper Egypt, there is only around a four point difference in the percentage of married women using the IUD (12 percent) and the pill (8 percent).

Differentials by Selected Background Characteristics

Table 5.2 presents differentials in current use by background characteristics. Current use is associated with a woman's age; younger and older women are less likely to be using contraception than women age 25-44. The lowest level of use is found among women age 15-19 (16 percent). The IUD is the most popular

Table 5.2 Current use of family planning by method

Percent distribution of currently married women by family planning method currently used, according to selected background characteristics, Egypt 1995

Background characteristic	Any method	Modern method: Any modern method	Pill	IUD	Injectables	Norplant	Diaphragm/ foam/ jelly	Condom	Female sterilization	Traditional method: Any trad. method	Periodic abstinence	Withdrawal	Prolonged breastfeeding	Other	Not currently using	Total	Number
Age																	
15-19	16.1	15.8	3.2	11.3	1.1	0.0	0.2	0.1	0.0	0.3	0.0	0.0	0.2	0.0	83.9	100.0	663
20-24	33.2	30.9	6.6	21.7	2.1	0.0	0.0	0.4	0.0	2.3	0.4	0.3	1.7	0.0	66.8	100.0	2,083
25-29	47.6	45.7	9.8	33.1	2.2	0.0	0.0	0.7	0.1	1.9	0.2	0.4	1.4	0.0	52.4	100.0	2,677
30-34	58.1	56.2	13.3	37.3	3.2	0.0	0.1	1.4	0.9	1.9	0.4	0.4	1.1	0.0	41.9	100.0	2,466
35-39	60.7	58.3	13.8	37.2	3.2	0.1	0.3	1.8	1.9	2.4	0.7	0.5	1.1	0.1	39.3	100.0	2,392
40-44	58.8	54.8	12.5	34.4	2.5	0.0	0.4	2.8	2.1	4.0	2.2	1.1	0.4	0.3	41.2	100.0	1,816
45-49	33.3	30.5	7.6	16.2	1.2	0.0	0.0	2.4	3.1	2.9	1.7	0.9	0.0	0.2	66.7	100.0	1,614
Number of living children																	
0	1.2	1.0	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.0	0.0	98.8	100.0	1,367
1	31.6	29.6	4.7	23.3	0.9	0.0	0.2	0.4	0.1	2.0	0.6	0.3	1.0	0.0	68.4	100.0	1,798
2	53.9	51.6	8.9	38.9	1.6	0.0	0.1	1.8	0.2	2.3	0.9	0.6	0.9	0.0	46.1	100.0	2,500
3	65.4	61.9	13.7	40.3	3.8	0.0	0.2	2.6	1.3	3.5	1.4	0.9	1.3	0.0	34.6	100.0	2,550
4+	53.9	51.5	13.9	30.6	3.2	0.0	0.2	1.4	2.1	2.4	0.6	0.6	1.1	0.2	46.1	100.0	5,495
Education																	
No education	40.6	39.1	11.0	23.8	2.3	0.0	0.1	0.6	1.3	1.5	0.1	0.2	1.2	0.1	59.4	100.0	5,839
Some primary	50.5	48.2	12.2	30.2	3.1	0.0	0.3	1.2	1.2	2.3	0.5	0.5	1.2	0.1	49.5	100.0	2,683
Primary through secondary	51.2	48.5	10.1	32.8	2.3	0.0	0.1	1.8	1.3	2.8	0.9	1.0	0.8	0.1	48.8	100.0	1,806
Completed secondary/higher	56.5	52.9	8.3	39.0	2.0	0.0	0.1	2.7	0.8	3.6	2.1	0.9	0.6	0.0	43.5	100.0	3,383
Current employment																	
Working for cash	59.8	55.0	10.1	38.3	2.1	0.0	0.2	3.2	1.0	4.7	2.8	1.3	0.7	0.0	40.2	100.0	2,054
Not working for cash	45.8	43.8	10.5	28.5	2.5	0.0	0.1	1.1	1.1	1.9	0.4	0.4	1.0	0.1	54.2	100.0	11,656
Total	47.9	45.5	10.4	30.0	2.4	0.0	0.1	1.4	1.1	2.4	0.8	0.5	1.0	0.1	52.1	100.0	13,710

method among women in all age groups, with the highest levels of IUD use found among women age 30-39. Use of the pill and injectables peaks among women age 30-44.

Contraceptive use increases with the number of living children a woman has, peaking at 65 percent among women with three children and then declining to 54 percent among women with four or more children. Only one percent of childless women are currently using a method (pill or IUD), presumably to delay their first birth.

Use of family planning methods increases directly with a woman's level of education. As shown in Table 5.2, 41 percent of currently married women with no education are using a method compared to 57 percent of those with secondary or higher education. The method mix among users varies significantly with the woman's level of education. The IUD is the most commonly used method among women at every level of education, followed by the pill. However, the dominance of the IUD in the method mix clearly increases with a woman's education. Users with a secondary or higher education are around five times as likely to be using an IUD as the pill, whereas women with no education are only twice as likely to be using an IUD as the pill.

A woman's work status makes a difference both in the likelihood that she will be currently using a method and, among users, in the choice of method. The level of current use among women who are working for cash is substantially higher than the level among other women (60 percent and 46 percent, respectively). Women working for cash also are more likely to be using an IUD than other women.

Differentials by Governorate

Current use rates are presented in Table 5.3 for the Urban Governorates and the governorates in Lower Egypt and Upper Egypt. They are not shown separately for the Frontier Governorates because the samples from the individual governorates in this region were not sufficiently large to allow separate estimation of the rates.

As shown in Table 5.3 and Figure 5.2, the rate of current use exceeds 50 percent in the four Urban Governorates and in all of the governorates in Lower Egypt. In Upper Egypt, only Giza governorate, where a large area is considered a part of Greater Cairo, has a level of use over 50 percent. The current use levels in the other governorates in Upper Egypt lag far behind the level in Giza. Use rates are 30 percent or higher only in Aswan, Fayoum, and Beni Suef. Assuit and Souhag governorates have the lowest level of use (22 percent) among the governorates for which rates are shown in Table 5.3.

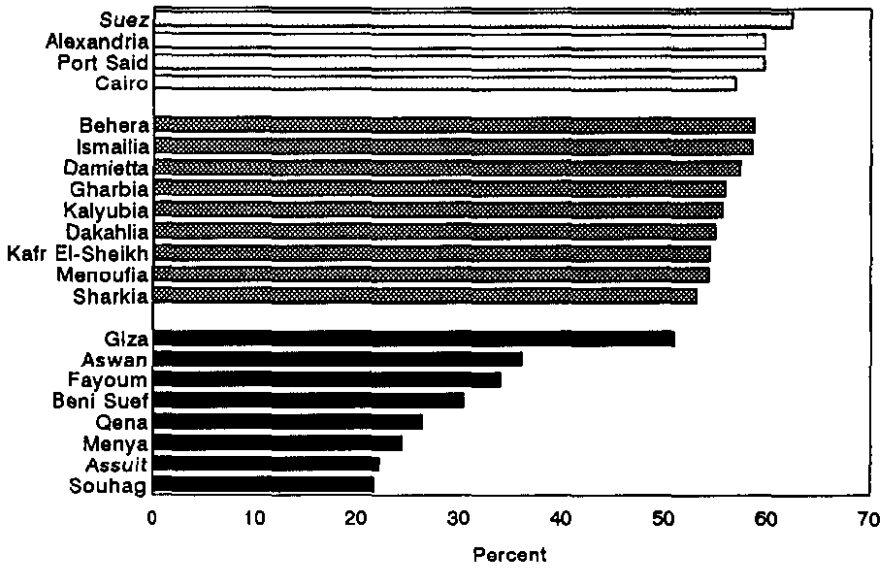
Table 5.3 Current use of family planning by governorate

Percentage of currently married women currently using any method, any modern method, the pill, the IUD, or injectables, by governorate, Egypt 1995

Governorate	Any method	Any modern method	Pill	IUD	Injectables
Urban Governorates	58 1	55.2	8.4	40.2	2 2
Cairo	56.9	54.4	8.7	39 3	2.1
Alexandria	59.8	56.5	6.4	43 3	2.2
Port Said	59 7	55.9	13.9	32.0	2 9
Suez	62.4	58 5	12 7	37.8	3.3
Lower Egypt	55 4	52.9	12.6	34 7	2 8
Damietta	57.4	53.8	11.0	33 6	5.4
Dakahlia	54.9	52.3	12.9	32.6	3.2
Sharkia	53 1	50 8	15.3	30.8	2.6
Kalyubia	55.6	54 1	13 0	36 3	2.9
Kafr El-Sheikh	54 4	52 9	9.3	38.7	1 8
Gharbia	55 9	51 2	12.9	33.3	1 1
Menoufia	54 3	52.2	8 2	40 4	1 5
Behera	58 7	56 3	12.2	36 9	5 0
Ismailia	58 5	55 9	17.6	31.8	1 8
Upper Egypt	32.1	30.3	9 1	17 1	2 0
Giza	50.9	47.7	9.9	35 3	1.0
Beni Suef	30.4	28.9	9.6	15 7	1.5
Fayoum	34.0	31 7	11.3	16.3	3.2
Menya	24.3	23 1	7 1	12.4	2.5
Assuit	22 1	20 2	5.9	11 0	2 3
Souhag	21 7	21.3	5.8	11.8	2 4
Qena	26.3	25.1	13.5	7.3	2.8
Aswan	36.0	31 6	13.8	15.3	0.7
Frontier Governorates	44 0	41.4	12 5	21.9	3 5
Total	47 9	45.5	10.4	30.0	2.4

The rates of current use of the pill, the IUD and injectables also are shown in Table 5.3. The IUD is the most popular method among users in all governorates, except Qena. The highest level of IUD use is observed in Alexandria (43 percent), followed by Menoufia (40 percent), and the lowest level in Qena (7 percent). Ismailia (18 percent) has the highest level of pill use, while the lowest levels are found in Assuit and Souhag (6 percent). Use of injectables fluctuates between 1 percent in Aswan, Giza, and Gharbia and 5 percent in Damietta and Behera.

Figure 5.2
Current Use of Family Planning by Governorate



EDHS 1995

5.2 Trends in Current Use of Family Planning

Results from earlier fertility surveys as well as the EDHS-95 can be used to examine the changes that have taken place in the level and pattern of contraceptive use in Egypt over the past 15 years. The trend in family planning use at the national level between 1980 and 1995 is highlighted in Table 5.4 and Figure 5.3. Contraceptive use in Egypt doubled during this period, from 24 percent in 1980 to 48 percent in 1995. The pace of change was rapid in the 1980s, but slowed significantly in the 1990s, with virtually no change occurring in the use rate during the period 1991-95.

The shift toward more effective methods, which was evident in the 1980s, continued during the first half of the 1990s although at a slower pace. IUD use rose from 28 percent of married women in 1992 to 30 percent in 1995. There was also a small increase (2 percentage points) in the use of injectables between 1992 and 1995. In contrast, pill use continued to decline, from 13 percent in 1992 to 10 percent in 1995.

Table 5.4 Trends in current use of family planning

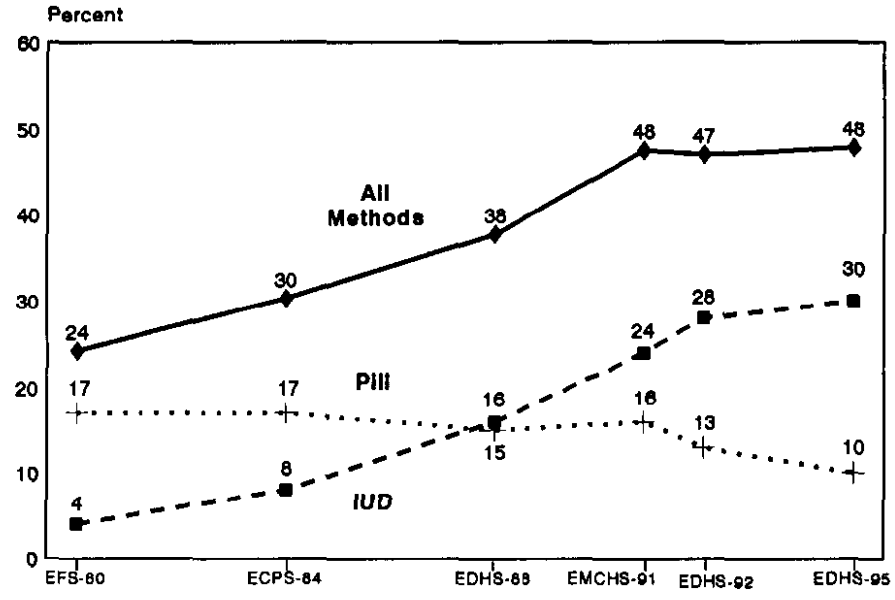
Percent distribution of currently married women by the family planning method currently used, Egypt 1980-1995

Method	EFS 1980	ECPS 1984	EDHS 1988	EMCHS 1991	EDHS 1992	EDHS 1995
Any method	24.2	30.3	37.8	47.6	47.1	47.9
Any modern method	22.8	28.7	35.4	44.3	44.8	45.5
Modern method						
Pill	16.6	16.5	15.3	15.9	12.9	10.4
IUD	4.1	8.4	15.7	24.1	27.9	30.0
Injectables	-	0.3	0 1	-	0.5	2.4
Norplant	-	-	-	-	0.0	0.0
Vaginal methods	0.3	0.7	0.4	-	0.4	0.1
Condom	1.1	1.3	2.4	-	2.0	1.4
Female sterilization	0.7	1.5	1.5	-	1.1	1 1
Male sterilization	0.1	0.0	0.0	-	0.0	0.0
Any traditional method	1.4	1 6	2.4	3.3	2.3	2.4
Periodic abstinence	0.5	0.6	0 6	-	0 7	0.8
Withdrawal	0.4	0.3	0 5	-	0.7	0.5
Prolonged breastfeeding	-	0.6	1.1	-	0.9	1.0
Other traditional methods	0.3	0.1	0.2	-	0.1	0.1
Not using	75.8	69.7	62.2	52.4	52.9	52.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	8,012	9,158	8,221	8,406	9,153	13,710

Note: A dash (-) indicates that separate results were not reported for the method.

Source: EFS-80: Unpublished results
ECPS-84: Sayed et al., 1985, Table 9.4
EDHS-88: Sayed et al., 1989, Table 6.1
EMCHS-91: Abdel-Azeem et al., 1993, Table 8.7
EDHS-92: El-Zanaty et al., 1993, Table 5.1

Figure 5.3
Trends in Current Use of Family Planning
Egypt 1980-1995



In Table 5.5, the focus is on changes over time in the method mix among users, that is, the distribution of users according to the method used. The method mix among current users in Egypt has changed dramatically since 1980. In 1980, almost 70 percent of current users relied on the pill, four times the percentage of users who relied on the IUD. By 1995, around two-thirds of current users relied on the IUD, three times the percentage who were using the pill.

Table 5.5 Trends in the family planning method mix

Percent distribution of currently married women using a family planning method by the method used, Egypt 1980-1995

Method	EFS 1980	ECPS 1984	EDHS 1988	EDHS 1992	EDHS 1995
Pill	68.6	54 4	40.5	27.4	21.7
IUD	15.9	27.7	41 6	59.2	62.6
Injectables	0.0	1.0	0.3	1.1	5.0
Condom	4.5	4.3	6.3	4.2	2.9
Female sterilization	2.9	5.0	4.0	2.3	2.3
Other modern methods	1.3	2.3	1.0	0.9	0.5
Traditional methods	5.8	5 3	6.3	4.9	5.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1,939	2,775	3,108	4,311	6,567

Source: EFS-80. Unpublished results
ECPS-84: Sayed et al, 1985
EDHS-88: Sayed et al., 1989
EDHS-92. El-Zanaty et al., 1993

5.3 Trends in Current Use of Family Planning by Residence

Urban-Rural Residence and Place of Residence

Table 5.6 shows trends in the rate of current use of family planning methods between 1984 and 1995 by residence. Overall, both the absolute and relative increase in current use between 1984 and 1995 was much greater among rural women than urban women. In both urban and rural areas, contraceptive use increased at a faster rate in the 1980s than in the 1990s. In urban areas, the most rapid period of change occurred in the mid-1980s, when the current use rate rose by seven percentage points, from 45 percent in 1984 to 52 percent in 1988. The urban use rate continued to rise relatively rapidly into the early nineties, reaching 57 by 1992. In rural areas, the decade of the eighties was also a period of substantial growth in contraceptive use. The rural use rate recorded a moderate rise during the period 1984-88 (from 19 percent to 25 percent), followed by a period of very rapid growth between 1988 and 1992 when the rate increased to 38 percent. In the 1990s, the upward trend in use rates has slowed significantly in both urban and rural areas. Between 1992 and 1995, there was virtually no change in the current use rate in urban areas, and use rates increased by only 2 percentage points during the period in rural areas.

Looking at the changes by place of residence, Table 5.6 shows that the greatest absolute increase in use rates between 1984 and 1995 occurred in rural Lower Egypt. Rural Lower Egypt also experienced the greatest absolute increase in use rates between 1992 and 1995 although the change was quite small (3 percentage points) in comparison to the growth which took place during the period 1984-1988 (7 percentage points) and especially during the period 1988-92 (15 percentage points).

Table 5.6 Trends in current use of family planning by residence

Percent of currently married women currently using a family planning method by urban-rural residence and place of residence, Egypt 1984-1995

Residence	ECPS 1984	EDHS 1988	EDHS 1992	EDHS 1995
Urban-rural residence				
Urban	45.1	51.8	57.0	56.4
Rural	19.2	24.5	38.4	40.5
Place of residence				
Urban Governorates	49.6	56.0	59.1	58.1
Lower Egypt	34.1	41.2	53.5	55.4
Urban	47.6	54.5	60.5	59.1
Rural	28.5	35 6	50.5	53.8
Upper Egypt	17.3	22.1	31.4	32.1
Urban	36.8	41.5	48.1	49.9
Rural	7.9	11.5	24.3	24.0
Total	30.3	37.8	47.1	47.9

Source: ECPS-84: Sayed et al., 1985, Table 9.4
EDHS-88: Sayed et al., 1989, Table 6.3
EDHS-92: El-Zanaty et al., 1993, Table 5.1

There were moderate increases in contraceptive use rates in the Urban Governorates and in urban areas in both Lower Egypt and Upper Egypt during the period 1984-88. Between 1988 and 1992, use rates continued to rise at a moderate pace in urban areas in both Lower Egypt and Upper Egypt; however, there was a noticeable slowing in the rise in the use rate in the Urban Governorates during this period. After 1992, contraceptive use levels actually fell in the Urban Governorates and urban Lower Egypt, although the decreases were small in both areas and not statistically significant. In urban Upper Egypt, there was a slight increase in the use rate although this change also was not significant.

Rural areas in Upper Egypt experienced striking increases in use rates between 1984 and 1992, with the level of use tripling from 8 percent to 24 percent. After 1992, however, use rates remained unchanged in rural Upper Egypt.

Trends in Current Use by Governorate

Changes in current use rates at the governorate level between 1988 and 1995 are shown in Table 5.7. The results in the table indicate that use rates increased rapidly between 1988 and 1992 in most governorates, with the exception of Cairo and Damietta, where there was virtually no change during the period. In contrast, between 1992 and 1995, there were substantial increases (more than 5 percentage points) in use in only two governorates: Kafr El-Shiekh and Ismailia. Smaller, less significant increases (2 to 5 percentage points) occurred between 1992 and 1995 in five other governorates: Suez, Damietta, Sharkia, Behera, and Aswan. Use rates remained virtually unchanged or decreased slightly in most of the other governorates, with the exception of Assuit, where there was a significant decline in the use rate from 28 percent in 1992 to 22 percent in 1995.

Table 5.7 Trends in current use of family planning by governorate

Percentage of currently married women 15-49 who are currently using family planning by governorate, Egypt 1995

Governorate	EDHS 1988	EDHS 1992	EDHS 1995
Urban Governorates	56.0	59.1	58.1
Cairo	58.9	58.1	56.9
Alexandria	51.6	62.1	59 8
Port Said	48.2	60.5	59 7
Suez	50.3	57.3	62 4
Lower Egypt	41.2	53.5	55.4
Damietta	54.1	53.4	57.4
Dakahlia	41 3	52.8	54.9
Sharkia	35 2	49.2	53.1
Kalyubia	42.3	57 9	55.6
Kafr El-Sheikh	41.7	47 2	54.4
Gharbia	50.1	55.9	55.9
Menoufia	43 9	55.7	54 3
Behera	32.5	54 7	58.7
Ismailia	41.0	50.2	58.5
Upper Egypt	22.1	31.4	32.1
Giza	45.7	49 9	50 9
Beni Suef	15.3	29.2	30.4
Fayoum	20.2	33.3	34 0
Menya	16.6	21 9	24 3
Assuit	12.7	28.2	22 1
Souhag	16 2	19.8	21.7
Qena	12.2	24 7	26.3
Aswan	18.6	31 9	36.0
Total	37.8	47 1	47.9

Source: El-Zanaty et al., 1993, Table 5.6

5.4 Sources for Modern Family Planning Methods

Source by Method

Detailed information was collected in the 1995 EDHS on sources from which family planning methods were obtained. To obtain these data, current users of modern methods were asked for the name and location of the source where they had most recently gotten their method. Both the detailed address and a code identifying the type of source were recorded in the questionnaire and entered in the data file.

Overall, as Table 5.8 shows, family planning users in Egypt are more likely to obtain their methods from a private provider than from a public sector source (63 percent and 36 percent, respectively). The source for family planning methods varies by method (Figure 5.4). Pill users mainly get their method from a pharmacy (86 percent) as do couples using the condom (81 percent).

The majority of IUD users (55 percent) go to private providers to have the IUD inserted; 38 percent go to private doctors or private hospitals/clinics, 13 percent to clinics operated by private voluntary organizations including those of the Egyptian Family Planning Association and the Clinical Services Improvement Project. Slightly less than half of IUD users go to public sector providers for the IUD; government hospitals (13 percent) or health units (18 percent) in urban areas were the most common public sector sources for the IUD.

More than half (56 percent) of women using injectables obtain the method from public sector sources, with the most frequently mentioned sources including urban hospitals (15 percent), urban health units (15 percent) and rural health units (15 percent). Two in five injectables users go to private providers to get the method, with 20 percent relying on private doctor and 13 percent a pharmacy.

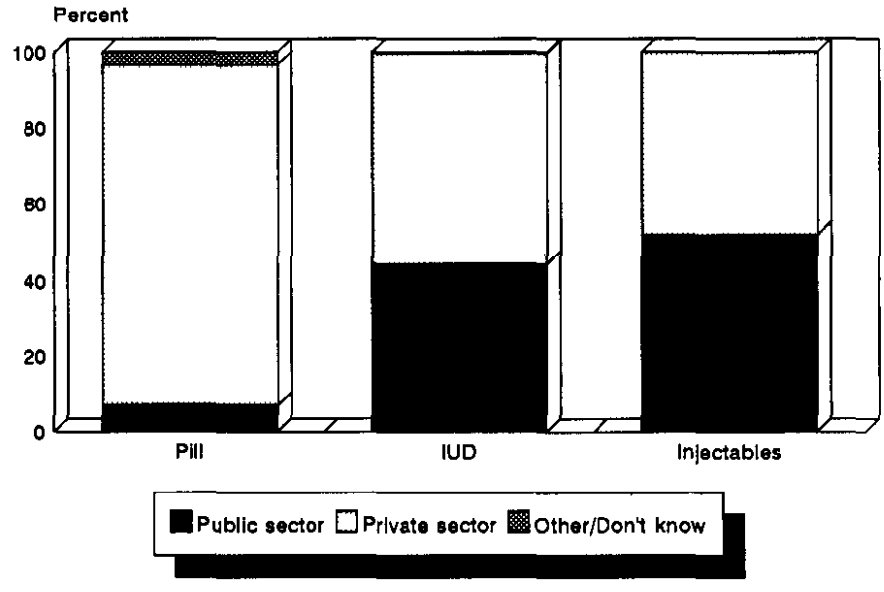
Table 5.8 Sources for modern family planning methods

Percent distribution of current users of modern family planning methods by most recent source of supply or information, according to specific methods, Egypt 1995

Source of method	Modern family planning method					
	Pill	IUD	Injectables	Condom	Female sterilization	Total[1]
Public sector	8.1	44.5	55.8	4.5	51.8	35.7
Urban hospital	1.5	13.2	15.0	1.3	29.1	10.6
Urban health unit	1.3	18.0	15.2	2.5	3.8	13.1
Rural hospital	0.4	1.1	2.1	0.0	0.0	0.9
Rural health unit	4.5	6.7	15.4	0.8	0.0	6.3
Other MOH	0.1	1.1	2.6	0.0	0.0	0.9
Teaching hospital	0.1	2.0	4.0	0.0	15.0	1.9
HIO	0.0	0.9	0.6	0.0	1.3	0.6
CCO	0.0	0.4	0.5	0.0	1.2	0.3
Other government	0.1	1.2	0.4	0.0	1.5	0.9
Private sector	88.6	55.1	40.4	81.3	48.2	62.7
Medical private sector	88.5	55.1	40.4	81.2	48.2	62.7
EFPA	0.2	8.5	3.9	0.1	1.1	6.0
CSI	0.2	3.6	2.7	0.2	0.0	2.5
Other PVO	0.0	1.0	0.1	0.0	0.0	0.7
Mosque health unit	2.0	3.9	0.1	0.0	0.1	0.2
Church health unit	0.2	0.3	0.4	0.2	0.0	0.0
Private hospital/Clinic	0.0	3.4	1.6	0.0	15.3	2.7
Private doctor	0.0	34.4	19.0	0.0	31.7	25.0
Pharmacy	85.8	0.0	12.5	80.6	0.0	23.0
Other private sector	0.1	0.0	0.0	0.1	0.0	0.0
Other vendor	0.1	0.0	0.0	0.1	0.0	0.0
Other	0.4	0.0	1.2	0.0	0.0	0.2
Friends/Relatives	0.2	0.0	0.6	0.0	0.0	0.1
Other	0.2	0.0	0.6	0.0	0.0	0.1
Don't know	2.8	0.3	2.6	14.2	0.0	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,430	4,108	331	194	155	6,241

MOH = Ministry of Health
HIO = Health Insurance Organization
CCO = Curative Care Organization
EFPA = Egyptian Family Planning Association
CSI = Clinical Services Improvement project
PVO = Private Voluntary Organization
[1] Includes users of Norplant and vaginal methods

Figure 5.4
Pill, IUD, and Injectables Users by Source of Method



EDHS 1995

The small number of sterilization users were about equally likely to have had the operation performed at a public or private health facility. Urban hospitals (29 percent) were the principal public sector provider for sterilizations while private doctors (32 percent) served the majority of sterilization users having the operation done in a private sector facility.

Source by Method and Residence

Table 5.9 examines the variation in the type of source by urban-rural residence and place of residence for all modern methods and for the pill and the IUD. There are significant variations across residential categories for both the pill and the IUD. For example, IUD users in the Urban Governorates are more likely than users from urban Lower Egypt and urban Upper Egypt to have had the method inserted at a public health facility (47 percent, 37 percent and 40 percent, respectively). The proportion of IUD users relying on private doctors or private hospitals/clinics ranges from 34 percent in rural Upper Egypt to 48 percent in the Frontier Governorates. PVO clinics provide services for IUD users more often in rural Upper Egypt (19 percent) and in the Frontier Governorates (19 percent) than in other areas.

In all areas, the pharmacy is the principal source for pill users, with only a minority getting their method from public sector facilities. However, the proportion of pill users relying on the public sector varies by residence; only 3 percent of pill users in urban Lower Egypt get their method from a public sector facility compared with 15 percent in rural Upper Egypt.

Table 5.9 Sources for family planning methods by residence

Percent distribution of current users of modern family planning methods by method and source used, according to urban-rural residence and place of residence, Egypt 1995

Method/ source	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates	Total
Pill											
Public sector	4.8	11.3	5.0	7.2	2.9	9.3	11 5	6.9	14 9	14.2	8.1
Medical private sector	93.1	84.1	95.0	88.0	92.6	85 8	85.6	91 6	80.9	84 1	88.5
Private voluntary org.	0.7	0.1	1.0	0.1	0.2	0 0	0 5	0.7	0.4	3.8	0 4
Private hospital/clinic or doctor	1.7	2.8	2.5	2.4	2.3	2.4	2.0	0.0	3.5	1.1	2.3
Mosque/church clinic[1]	0.1	0.0	0.0	0.0	0.0	0 0	0.1	0.3	0.0	0 0	0.0
Pharmacy	90.6	81.2	91.5	85.6	90.1	83.3	83.0	90.7	77.0	79 2	85.8
Other[2]/Not sure	2.0	4.6	0.1	4.8	4.6	4.9	3.0	1.4	4.2	1.7	3.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0	100.0	100.0
Number of users	701	729	261	722	241	481	432	187	245	16	1,430
IUD											
Public sector	42.8	46.7	46.5	44.4	37.4	47.3	42.1	39.9	44.5	31.3	44.5
Medical private sector	57.0	52.8	53 3	55.0	62.3	52.0	57.7	59.6	55.5	68 7	55.1
Private voluntary org.	13 1	13.2	10.8	13.1	16.9	11.5	16 5	14.1	19.3	18.8	13.1
Private hospital/clinic or doctor	37 9	37.7	34.5	39.8	42.0	38.8	37.7	41.2	33.6	47.9	37.8
Mosque/church clinic[1]	6.0	1 9	8.0	2.2	3 4	1.7	3.4	4.1	2.6	2 0	4.2
Pharmacy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0 0
Other[2]/Not sure	0.3	0 5	0.2	0.5	0.3	0 7	0.3	0 5	0.0	0 0	0.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100 0	100.0	100.0
Number of users	2,305	1,803	1,254	1,990	579	1,411	835	450	386	28	4,108
Total											
Public sector	34.0	37.7	39.7	35.2	27.5	38.6	32 3	29.6	34.8	25.2	35.7
Medical private sector	64 9	60.0	59.8	62 7	70.5	59.1	65 8	69.0	62.7	74.0	62.7
Private voluntary org.	9.4	9 0	8.2	8.9	10.7	8.2	10 9	10 3	11.6	12.5	9.2
Private hospital/clinic or doctor	28.6	26.6	27.5	29.4	31.1	28 6	24.3	27 7	21 0	27.9	27 7
Mosque/church clinic[1]	4.1	1.2	5.8	1.4	2.1	1 2	2.2	2 8	1.5	1.4	2.8
Pharmacy	22.9	23.1	18.3	22.9	26.7	21.2	28.4	28.2	28 6	32.3	23.0
Other[2]/Not sure	1.1	2.3	0.5	2.2	1.9	2.3	1.9	1.3	2.5	0.9	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	3,418	2,822	1,724	3,034	947	2,087	1,429	707	723	53	6,241

[1] Includes other private vendor and other sources (husband, friends and relatives, etc.)
[2] Includes private voluntary organization, private hospital/clinic or doctor and mosque/church clinic

Reasons for Choosing Current Source of Family Planning

Current users of family planning were asked whether they had known of another source for their method at the time they obtained the method from their current source. If they knew another source, they were asked to give the main reason they had obtained their method from their current source rather than the other source. Table 5.10 presents the results of these questions for all modern methods, and for the pill and the IUD, according to the type of source (public or private) from which the user most recently obtained the

Table 5.10 Reasons for selecting current source of supply

Percent distribution of current users of modern family planning methods by main reason for using most recent source of supply, according to method and source, Egypt 1995

Main reason for using current source	Source of supply for:					
	Pill		IUD		All methods	
	Private	Public	Private	Public	Private	Public
Knows no other source	51.3	55.1	50.1	53.2	51.1	55.5
Closer to home	29.3	10.9	7.7	13.8	15.5	12.8
Closer to market, work	2.9	6.0	0.4	1.2	1.3	1.4
Transport	0.4	0.0	0.0	0.4	0.2	0.4
Respondent works in source	1.7	2.3	1.1	1.6	1.3	1.5
Staff more competent	0.7	3.0	15.7	7.2	9.5	6.3
Staff more polite	0.1	0.0	0.3	0.2	0.2	0.1
Has female doctor	0.1	2.8	6.9	4.3	4.0	3.8
Cleaner facility	0.0	0.0	1.2	1.1	0.7	1.1
Offers more privacy	0.1	0.0	1.5	0.9	0.9	0.8
Shorter waiting time	0.2	0.0	0.4	0.3	0.4	0.2
Long hours of operation	1.1	0.3	0.7	0.9	0.9	0.8
Use other services	0.9	1.6	0.8	0.9	0.9	1.0
Relative works in source	2.1	7.2	2.2	2.2	2.2	2.6
Lower cost, cheaper	0.4	4.8	2.5	7.7	1.7	7.6
Wanted anonymity	3.7	3.9	6.4	2.3	5.3	2.3
Other	1.4	1.9	0.8	0.8	1.1	1.0
Don't know	3.4	0.1	1.1	1.0	2.7	0.8
Missing	0.2	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,314	117	2,280	1,828	4,015	2,225

method. Roughly half of all users, whether they obtained their method from a public or private sector source, reported that they did not know about another source at the time they had obtained their method.

Among those users who had known another source, the reasons for selecting their current source vary both by method and by the type of source. Pill users who relied on private sector sources (largely pharmacies) mentioned the close proximity of the source to their home (29 percent) most often as the reason they had chosen the provider. Pill users who relied on public sector sources also frequently mentioned the proximity of the source to their home (11 percent) or to work or the market (6 percent) as the main reason for choosing the source. However, they were more likely to give other reasons as well, with nearly 15 percent citing some aspect of the services at the source as important.

IUD users frequently mentioned aspects of the services at their source as their main reason for obtaining the method there. Among IUD users who had the method inserted at a private sector facility, for example, nearly one in four mentioned reasons relating to the staff including staff competency (16 percent) and the availability of a female physician (7 percent) as the principal reason for selecting their source, while 8 percent mentioned the proximity of the source to their home, and 6 percent a desire for anonymity. Among IUD users who obtained their method from a public provider, the most frequently mentioned reason for selecting their source was the proximity of the source to their home (14 percent), followed by lower cost (8 percent), staff competency (7 percent), and the availability of a female doctor (4 percent).

5.5 Pill Use

One-fifth of current users in Egypt are pill users. In the 1995 EDHS, current users of the pill were asked for information on the brand of pills they used, the cost of a pill cycle, and, if they had gone to a pharmacy themselves, the interaction they had had with the pharmacy staff.

Brand and Cost

Information about the brands used by women were collected by asking pill users to show the packet of pills. If the packet was available, the interviewers recorded the name of the brand. If a user was unable to show the EDHS interviewer the packet, she was asked to name the brand she was using.

Table 5.11 Brand of pill used

Percent distribution of pill users by the brand of pill currently used, Egypt 1995

Pill brand used	Total
Microvlar	26.7
Nordette	15.6
Triovlar	15.3
Norminest	13.0
Anovlar	4.6
Primovlar	6.8
Other	0.4
Don't know/missing	17.6
Total	100.0
Number	1,430

Table 5.11 presents the results of these questions. Microvlar was the most commonly used brand (27 percent), followed by Nordette (16 percent), Triovlar (15 percent), Norminest (13 percent), Primovlar (7 percent) and Anovlar (5 percent). Eighteen percent of pill users were not able to show the packet or to name the brand they were using.

Table 5.12 Cost of method for pill users

Percent distribution of current users of the pill by cost of a cycle of pills (in piastres), Egypt 1995

Cost of one cycle	Total
Free	0.5
1-10 piastres	2.7
11-30 piastres	1.3
31-50 piastres	11.5
51-75 piastres	35.1
76-100 piastres	23.4
More than 100 piastres	21.8
Don't know/missing	3.7
Total	100.0
Number of women	1,430
Median	66.0
Mean	83.0

With regard to the cost of a pill cycle, current users were asked about the amount they paid for the most recent packet of pills. Eight in ten pill users reported paying more than 50 piastres for a cycle of pills, and more than 20 percent said that they paid at least one pound (Table 5.12). Although the majority of users continue to pay less than a pound for a cycle of pills, the average cost has risen substantially since the 1992 EDHS survey. In 1995, the median price for a pill cycle was 66 piastres compared with 36 piastres in 1992. Similarly, the mean price for a pill cycle was significantly higher in 1995 (83 piastres) than in 1992 (39 piastres).

Table 5.13 Information received at pharmacies about the pill

Percent distribution of ever users of the pill who reported ever obtaining the pill themselves from a pharmacy by type of information received at the pharmacy where supplies were obtained for the current/most recent segment of use, Egypt 1995

Information received	Total
Shown how to use pill	
Yes	13.9
No	86.1
Side effects described	
Yes	7.1
No	92.9
Told about other methods	
Yes	8.1
No	91.9
Total	100.0
Number of women	945

Information Received at Pharmacies

Around one in four pill users who obtained their supplies from a pharmacy said she did not go to the pharmacy herself to get the method (data not shown in table). If a user did go to the pharmacy herself, she was asked a number of questions about the information she received at the pharmacy including questions about whether anyone had told her how to use the pill, described the side effects she might have, or mentioned any other family planning methods she might use. As Table 5.13 shows, there is little interaction between pill users and the staff at the pharmacy from which they obtain their pills. Only 14 percent of pill

users were told about how to use the pill by pharmacy staff. Also, only small proportions of pill users said that the pharmacy staff described the side effects they might have (7 percent) or told them about other methods (8 percent).

5.6 Cost of the IUD

Two-thirds of current users rely on the IUD. As in the case of the pill users, information was collected from IUD users on the actual cost of obtaining the method. In addition, IUD users were asked whether they would be willing to pay specific amounts to get the method.

Actual Cost

Table 5.14 presents the actual amount that IUD users paid for services. Almost all IUD users paid something to obtain the method, with only 2 percent getting it for free. The majority of users (55 percent) paid 10 pounds or less to obtain the method, with 42 percent paying 5 pounds or less. About 20 percent of IUD users paid more than 20 pounds to have the method inserted.

The median amount IUD users paid for the method in 1995 was 7.8 pounds, virtually identical to the median cost of the IUD reported in the 1992 EDHS (7.6 pounds). However, the mean cost for the IUD in 1995 was 16.3 pounds, more than 4 pounds higher than the mean cost for the IUD in 1992 (12.1 pounds).

The amount a user paid to obtain an IUD varies with the type of provider. The lowest median cost was observed among those users who obtained the method from a public sector source (3.7 pounds). The median cost of IUD services at a PVO clinic (8.1 pounds) was around twice the cost at a MOH facility, while the median cost at a mosque or church clinic was around three times that at a MOH site. Those who had the IUD inserted by a private doctor or at a private hospital or clinic had the highest median cost (21.0 pounds).

Table 5.14 Cost of method for IUD users

Percent distribution of current users of the IUD by cost of the method (in pounds), according to the type of provider, Egypt 1995

Cost of IUD	Public health facility	Private doctor/ clinic	Private voluntary organi-zation clinic	Mosque or church clinic/ Other	Total
Free	2.6	2.8	1.3	1.0	2.4
<3 pounds	24.9	1.5	9.9	1.7	13.0
3-5 pounds	50.8	3.3	30.6	13.7	28.5
6-10 pounds	12.7	10.0	18.3	28.2	13.1
11-15 pounds	3.8	14.3	25.3	23.0	11.5
16-20 pounds	1.3	15.7	6.2	12.6	7.9
21-30 pounds	1.0	20.7	3.5	10.0	9.2
31-50 pounds	0.4	15.5	1.2	3.8	6.4
51 pounds or more	0.9	10.8	1.2	1.8	4.7
Don't know/Missing	1.6	5.3	2.6	4.1	3.2
Total	100.0	100.0	100.0	100.0	100.0
Number of women	1,828	1,553	539	188	4,108
Median	3.7	21.0	8.1	12.1	7.8
Mean	5.5	31.7	10.8	14.4	16.3

Willingness to Pay

In order to ascertain whether they would be willing to pay more than they had for the method, IUD users were asked about their willingness to pay various amounts for the method. The amounts asked about ranged from 5 to more than 200 pounds. The results in Table 5.15 indicate that many IUD users would be willing to pay considerably more for the method than they currently pay. However, as expected, the proportion willing to pay a specific amount decreases as the suggested amount increases. Virtually all IUD users (95 percent) would be willing to pay 5 pounds, and 78 percent would be willing to pay 10 pounds. Almost half of women would be willing to pay 25 pounds, and 23 percent express a willingness to pay 50 pounds. Relatively few women would be willing to pay more than 100 pounds, with only 5 percent of IUD users saying they would pay more than 200 pounds for an IUD.

Table 5.15 Amount users are willing to pay for IUD insertion

Percentage of current users of the IUD willing to pay various amounts for the method, Egypt 1995

Amount	Total
5 pounds	95.2
10 pounds	78.0
25 pounds	47.2
50 pounds	22.5
100 pounds	12.0
150 pounds	7.7
200 pounds	6.2
> 200 pounds	4.6
Number of women	4,108

5.7 Cost of Injectables

Injectables were introduced as a program method around two years before the EDHS-95. Reflecting the fact that the method has only been promoted for a short time, just 5 percent of all current users are using injectables. The EDHS-95 obtained information on both the actual cost of the method and on the amounts that injectable users would be willing to pay for the method. Other information on attitudes toward injectables among EDHS-95 respondents is presented in Chapter 4.

Actual Cost

Table 5.16 shows that one-third of injectable users paid less than 5 pounds for the method, while about half of injectable users paid between 5 and 10 pounds. The median cost was 5.1 pounds, while the mean cost was more than 8 pounds.

Table 5.16 Cost of method for injectable users

Percent distribution of current users of injectables by the cost of the method (in pounds), Egypt 1995

Cost of injectables	Total
<3 pounds	0.4
3-4 pounds	31.2
5-6 pounds	25.6
7-8 pounds	14.4
9-10 pounds	11.4
11-14 pounds	4.9
15-19 pounds	5.8
20+ pounds	3.3
Don't know/missing	3.0
Total	100.0
Number	331
Median	5.1
Mean	8.6

Table 5.17 Amount users are willing to pay for injectables

Percentage of current users of injectables willing to pay various amounts to obtain the method, Egypt 1995

Amount willing to pay for injectables	Total
5 pounds	95.9
7 pounds	77.9
10 pounds	58.6
15 pounds	36.6
20 pounds	23.9
>20 pounds	18.1
Number of users	331

Willingness to Pay

Injectable users were asked about their willingness to pay specific amounts for the method in order to ascertain whether they would be likely to pay a higher price for the method. The amounts asked about ranged from 5 to more than 20 pounds. Table 5.17, which shows the proportions of injectable users who are willing to pay various amounts, indicates that many injectables users would be willing to pay more for the method. As expected, the willingness to pay is directly associated with the amount mentioned. The vast majority of injectable users would be willing to pay 5 pounds (96 percent), around 80 percent would pay 7 pounds, and almost 60 percent would be willing to pay 10 pounds. Considerably fewer users expressed a willingness to pay larger amounts for injectables, although 18 percent reported they would be willing to pay more than 20 pounds.

CHAPTER 6

NONUSE OF FAMILY PLANNING AND INTENTION TO USE

One of the major objectives of EDHS-95 is to provide information on reasons for nonuse and intention to use family planning, information which is of particular interest to policymakers, programs mangers and researchers in population and family planning. Topics relating to these issues which are discussed in this chapter include discontinuation rates, reasons for discontinuation, intention to use contraception in the future, reasons for nonuse, preferred method and contact of nonusers with family planning providers.

6.1 Discontinuation Rates

Improvement in the quality of contraceptive use is an important goal of Egypt's family planning program. The rate at which users discontinue using a method of contraception is one of the major indicators of the quality of use. Reasons for discontinuation may include contraceptive failure, dissatisfaction with the method, and health concerns as well as factors such as lack of availability and cost. High rates of discontinuation indicate that better counselling in the selection of methods and follow-up may be needed.

A contraceptive use history was collected in the EDHS-95 for the period since January 1990. All respondents who ever used a method were asked a series of questions about the use of contraception during the five-year period prior to the EDHS. For each interval of use, ever-users reported the contraceptive method used and the date of use (year and month) and, if applicable, the date they stopped using and the reason for discontinuation. The data collected allow for calculating discontinuation rates by the application of life-table techniques.

Discontinuation rates derived from the EDHS-95 are presented in Table 6.1. As previously mentioned, the rates were calculated from information collected in the calendar of the individual questionnaire, covering the period since January 1990, and include only the episodes of use which *began*

Table 6.1 Contraceptive discontinuation rates

One-year contraceptive discontinuation rates due to method failure, desire for pregnancy, health reasons, or other reasons, according to specific methods, Egypt 1995

	Reason for discontinuation				
Method	Method failure	To become pregnant	Side effects/ health concerns	All other reasons	All reasons
Pill	6.3	6.9	20.1	12.9	46.2
IUD	1.3	2.7	8.3	1.8	14.2
Injectables	0.6	2.2	29.0	20.2	52.1
Condom	10.4	5.8	3.2	36.2	55.7
Prolonged breastfeeding	4.6	0.5	0.3	24.4	29.7
Total	3.8	4.2	12.2	9.6	29.8

Note: Figures are based on life-table calculations.

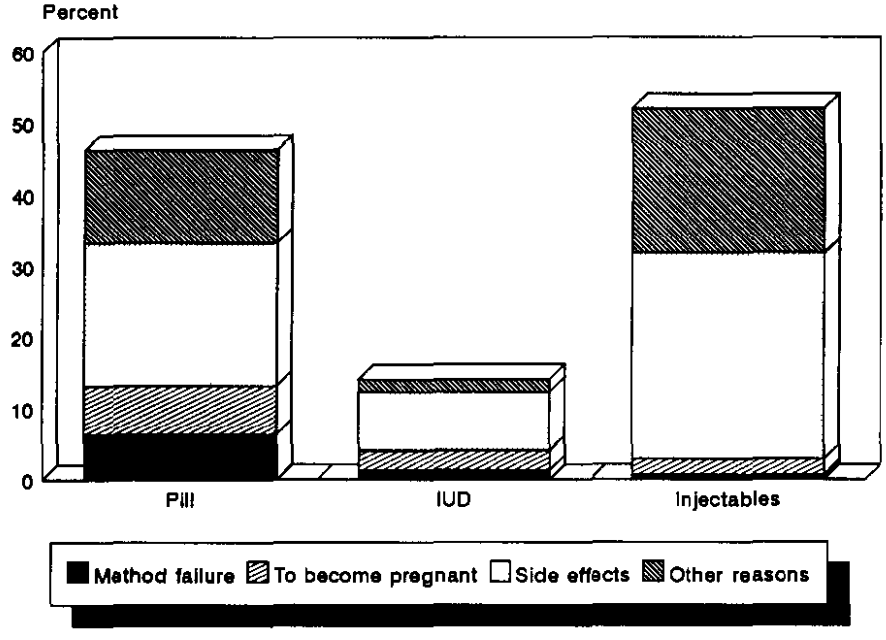
during that period.[1] Specifically, the rates are based on episodes of use that began during the period 3-63 months prior to the EDHS-95. The month of interview and the two preceding months are dropped in order to avoid the bias that might be introduced by an unrecognized pregnancy.

The rates are cumulative one-year discontinuation rates based on the first 12 months after beginning use of the method. The reasons for discontinuation were examined and classified into four main categories: method failure, desire to become pregnant, side effects/health concerns, and other reasons including husband's disapproval, wanting a more effective method, marital dissolution, etc. The rates were derived by dividing the number of discontinuations for each reason at each duration of use (in single months) by the number of months of exposure at that duration. The single-month rates were then cumulated to produce a one-year rate. In deriving these rates, the reasons for discontinuation were treated as competing risks; thus, the rates are additive across the reasons for discontinuing.

Overall, 30 percent of users in Egypt discontinue using a method within 12 months of starting use. With respect to the discontinuation rates for individual methods, the highest rate is observed for the condom (56 percent), followed by injectables (52 percent). The overall one-year discontinuation rate is about 46 percent for pill users. The IUD has the lowest rate with only 14 percent of IUD users stopping during the first 12 months of use.

In general, users in Egypt are more likely to discontinue use during the first year because they experienced side effects or had health concerns than for other reasons; 12 percent of all users report stopping use because of side effects or health concerns, 4 percent stopped using because they became pregnant while using the method, another 4 percent stopped because they wanted to become pregnant, and 10 percent stopped for other reasons. Rates of discontinuation vary by method (see Figure 6.1). As expected, the proportion of

Figure 6.1
Contraceptive Discontinuation Rates by Reason and Method



[1] As a result, the rates differed slightly from the discontinuation rates calculated for the 1992 EDHS. These were based on all episodes of use covered in the five-year period before the survey, not just those episodes that *began* during the period.

users who stop because they became pregnant while using the method (method failure) is very low for the IUD and also for injectables (about 1 percent).

Nearly one-fifth of pill users cited side effects or health concerns as the reason for discontinuation. The rate of discontinuation due to side effects or health concerns was even higher among injectables users (29 percent).

6.2 Reasons for Discontinuation of Contraceptive Use

Another perspective on contraceptive discontinuation is provided by Table 6.2, which shows the percent distribution of all discontinuations in the five-year period prior to the survey by the main reason for discontinuing according to the specific method. Overall, side effects (29 percent) are the most common reason for stopping use of family planning. This is true in the case of all modern methods except the condom, for which the main reason given for discontinuing use was method failure. Except in the case of condoms, health concerns also were a frequent cause of discontinuations; at least one in ten discontinuations of use of the pill, the IUD and injectables occurred because of health concerns.

Many women report stopping use because they wanted another pregnancy. Overall, 23 percent of all discontinuations during the five-year period occurred because the user desired a pregnancy. On the other hand, 13 percent of discontinuations were the result of method failure, with the women becoming pregnant although she was using a method at the time. Method failure or the interest in switching to a more effective method were among the major reasons for discontinuations of the condom, periodic abstinence, and prolonged breastfeeding. On the other hand, the lowest proportions of discontinuations for method failure were found for the IUD and injectables (7 percent and 2 percent, respectively).

Table 6.2 Reasons for discontining use of family planning

Percent distribution of discontinuations of family planning methods in the last five years by main reason for discontinuation, according to specific method, Egypt 1995

Main reason for discontinuation	Pill	IUD	Injectables	Condom	Periodic abstinence	Prolonged breastfeeding	Total
Became pregnant	16.7	6.7	1.5	22.8	35.4	18.5	12.7
To become pregnant	19.3	31.7	4.2	14.9	19.9	8.8	23.1
Husband disapproved	1.2	1.0	2.1	17.5	5.5	0.0	2.1
Side effects	30.5	33.8	42.9	4.2	0.0	0.4	28.8
Health concerns	10.1	12.0	13.0	1.8	0.7	2.1	10.0
More effective method	2.4	0.5	5.1	21.7	16.6	26.4	4.3
Inconvenient to use	0.9	0.7	6.4	4.7	4.8	9.0	1.7
Access/availability	0.5	0.1	1.0	0.6	0.0	0.1	0.3
Cost	0.1	0.0	0 9	0.0	0.0	0.0	0.1
Fatalistic	0.3	0.1	0.7	0.6	0.0	0.0	0.3
Menopause	2.1	0 8	3.1	1.6	3.8	0.0	1.5
Infrequent sex	11.0	4.4	8.4	5.0	5.7	0.5	7.2
Marital dissolution	1.0	1.7	0.4	0.6	1.8	0.0	1.2
Other	4.0	6.6	10.2	3.9	5.8	34.1	6.9
Don't know	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	3,162	3,245	314	353	108	397	7,714

Table 6.2 indicates that disapproval by the husband is not an important factor in the decision to discontinue use of a method. Overall, only 2 percent of all discontinuations during the five-year period before the survey were for this reason. Users were most likely to give this reason in the case of discontinuations of the condom (18 percent).

6.3 Intention to Use Contraception in the Future

To assess future plans, currently married women who were not using a contraceptive method, were asked about their intention to adopt family planning methods in the future. Table 6.3 shows the percent distribution of nonusers by their intention to use in the future, according to the number of living children and ever use of contraception.

Among all currently married nonusers, more than half (58 percent) intend to use some time in the future, 36 percent do not plan to use in the future and the rest are unsure about their intentions. Among those nonusers who intend to use in the future, the majority say they will begin using within the next year.

Table 6.3 Future use of family planning

Percent distribution of currently married women who are not using a family planning method by past experience with family planning and intention to use in the future, according to number of living children, Egypt 1995

Past experience with family planning and future intentions	Number of living children[1]					Total
	0	1	2	3	4+	
Never used family planning						
Intend to use in next 12 months	13.7	38.6	17.9	10.3	11.2	17.4
Intend to use later	35.8	20.4	10.5	7.8	4.0	12.7
Unsure as to timing	4.0	2.6	0.4	1.0	0.5	1.4
Unsure as to intention	10.2	5 3	3.1	2.6	1 9	3.9
Do not intend to use	34.7	15.1	16 8	16.9	23.3	21.3
Previously used family planning						
Intend to use in next 12 months	0.0	5.8	28.2	35.3	22.9	19.6
Intend to use later	0.8	7.3	10.1	8.4	5 2	6.3
Unsure as to timing	0.0	0 8	2.2	0.9	0.8	0 9
Unsure as to intention	0 5	0.2	1 3	2 8	1.8	1.4
Do not intend to use	0.5	4.0	9.4	13.8	28.2	15 0
Total	100.0	100 0	100.0	100.0	100.0	100.0
All currently married nonusers						
Intend to use in next 12 months	13.7	44.4	46.0	45.6	34.2	37.0
Intend to use later	36.5	27.7	20.6	16.2	9.2	19.0
Unsure as to timing	4.0	3.4	2.6	2.0	1 3	2 4
Unsure as to intention	10.6	5.4	4.4	5.4	3.6	5.3
Do not intend to use	35.2	19.1	26.2	30.7	51.6	36.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	936	1,278	1,198	1,056	2,680	7,147

[1] Includes current pregnancy

A nonuser's intention to use clearly varies with the number of living children she has. Nonusers who have four or more children are less likely to intend to use than women with fewer children. Overall, the proportion saying they plan to use in the future decreases from a high of 76 percent among women with one child to 45 percent of women with four or more children. Among childless women, more than half (54 percent) say they intend to use in the future although only 14 percent say that the expect to begin using with the next 12 months.

Taking into consideration the previous use of family planning, the results in Table 6.3 indicate that nonusers who have never used contraception (never-users) are somewhat less likely to say that they intend to use in the future than nonusers who have previously used contraception (past users). Among never-users, only 56 percent intend to use in the future compared with 62 percent of past users. Past users and never-users also differ with regard to the timing of future use, Past users who intend to use are much more likely than never-users to say that they intend to start using within the next 12 months. The likelihood that a past user or a never-user will report an intention to use in the future also varies with the number of children she has. Similar proportions of never-users and past users with only one child express an intention to use in the future (75 percent and 77 percent, respectively). However, among those with four or more children, only 38 percent of never-users intend to use in the future compared with 49 percent of ever-users.

6.4 Reasons for Nonuse

As reported earlier, the EDHS-95 findings indicate that 36 percent of currently married women who were not practicing family planning at the time of the survey do not intend to use contraceptives in the future. The reasons that this group of women give for not planning to use family planning in the future are presented in Table 6.4. Since a woman's age is likely to be related to her reasons for nonuse, women are classified in Table 6.4 into two age groups, under age 30 and age 30 and over.

More than one-fifth of the nonusers who do not plan to use in the future indicate that they are unable to get pregnant because they are menopausal or have had a hysterectomy. A substantial proportion also are not planning to use because they believe themselves a low risk of conceiving either because they have sex infrequently (10 percent) or they consider themselves to be subfecund or infecund (13 percent). The proportion considering themselves unable or unlikely to become pregnant varies with the age of the woman; more than half of those age 30 and over give these reasons for not planning to use compared with 10 percent of those under age 30.

Table 6.4 Reasons for not using family planning

Percent distribution of currently married nonusers who do not intend to use in the future by main reason for not using, according to age, Egypt 1995

Main reason for not using family planning	Age		Total
	15-29	30-49	
Want children	49.6	9.5	16.1
Health concerns	5.7	12.5	11.4
Side effects	9.8	7.4	7.8
Inconvenient	0.1	0.7	0.6
Interferes with body	0.3	0.2	0.2
Costs too much	0.3	0.3	0.3
Knows no method	0.2	0.0	0.1
Knows no source	0.7	0.1	0.2
Respondent opposed	0.2	1.1	0.9
Husband opposed	7.0	1.8	2.7
Others opposed	0.5	0.0	0.1
Religion	5.3	1.6	2.2
Infrequent sex	4.9	10.8	9.8
Menopausal/had hysterectomy	1.0	26.9	22.6
Subfecund/infecund	3.6	14 7	12.8
Other	8.6	12.1	11.5
Don't know	2.1	0.4	0.7
Total	100.0	100.0	100.0
Number of women	432	2,160	2,592

The desire to have another child is also a frequent reason for nonuse; 16 percent of nonusers who do not intend to use in the future give as the reason the fact that they want to have additional children. As expected, the proportion who give this reason is greater among younger than older women. In fact, half of nonusers under age 30 report that they do not intend to use family planning in the future because of a desire to have more children.

Overall, about one in five nonusers cite side effects or health concerns as reasons for not planning to use in the future. Health concerns are mentioned about twice as often by older nonusers as by younger nonusers, while younger nonusers mention side effects somewhat more often than older nonusers. Younger nonusers also are more likely than older nonusers to mention the husband's opposition to family planning (7 percent and 2 percent, respectively) or religious prohibition (5 percent and 2 percent, respectively) as reasons for nonuse. Factors such as cost, lack of knowledge about methods and sources as well as opposition of relatives do not appear to be major reasons for nonuse for either younger or older nonusers.

6.5 Preferred Method

Nonusers who planned to use in the future were asked about the method they would prefer to use. Table 6.5 shows that the majority of women (72 percent) prefer modern contraceptive methods. With respect to specific methods, almost two-fifth of all nonusers who plan to use prefer the IUD. After the IUD, the most popular methods are the pill (18 percent) and prolonged breastfeeding (14 percent). The proportion who expressed a preference for injectables as the preferred method has more than doubled since the 1992 EDHS (11 percent and 4 percent, respectively). Again, this is likely a result of the increased promotion of injectables, which was introduced as a program method during the period between the two surveys.

Generally, there are only minimal differences in the preferred method between nonusers planning to adopt a method in the next 12 months and those who plan to use later or who are unsure when they plan to use.

Table 6.5 Preferred method of family planning for future use

Percent distribution of currently married women who are not using a family planning method but who intend to use in the future by preferred method, according to whether they intend to use in the next 12 months or later, Egypt 1995

	Intend to use			
Preferred method of family planning	In next 12 months	After 12 months	Unsure as to timing	Total
Pill	16.9	19 9	11.6	17.7
IUD	44.3	36.2	41.4	41.5
Injectables	12.8	7.4	8.0	10.9
Diaphragm/foam/jelly	0.3	0.0	0.0	0.2
Condom	0.1	0.2	0.9	0.2
Norplant	0.1	0.3	0.0	0.2
Female sterilization	1.0	0.4	0.0	0.8
Periodic abstinence	0.1	0.6	0.0	0.3
Withdrawal	0.4	0.8	0.0	0.5
Prolonged breastfeeding	12.1	16.6	22.5	14.0
Other	0.4	0.5	1.4	0.5
Don't know/missing	11.5	16.9	14.3	13.4
Total	100 0	100.0	100.0	100.0
Number of women	2,643	1,359	168	4,170

6.6 Family Planning Discussions

Nonusers were asked if they had been visited at home at anytime in the year before the survey by a health worker, a raiyda refia or anyone else who had talked with them about family planning. They also were asked about any visits they had made to governmental health facilities or private doctors or clinics in the year before the survey and, if they had visited any of these providers, whether anyone had spoken to them about family planning during their visit(s). Table 6.6 summarizes the information on both the proportion of currently married nonusers who had any contact with fieldworkers or health facilities and the proportion who discussed family planning with a fieldworker or other health care provider during the year before the EDHS interview.

Table 6.6 Contact of nonusers with family planning providers

Percentage of nonusers of family planning (FP) who were visited at home by a family planning worker and the percentage who discussed family planning at a (public/private) health facility, during the 12 months preceding the survey, by selected background characteristics, Egypt 1995

Background characteristic	Visited at home by FP worker	Visited public health facility	Visited public health facility, discussed FP	Visited private health facility	Visited private health facility, discussed FP	Had some contact with FP worker or health facility	Discussed FP with FP worker or staff at health facility	Total
Age								
15-19	6.6	22.7	1.5	29.4	1.7	42.9	9.0	556
20-24	9.6	25.0	4.4	37.3	4.1	54.1	15.4	1,392
25-29	12.4	25.3	5.0	36.6	6.2	54.4	20.0	1,402
30-34	12.1	26.9	5.6	36.7	5.1	56.7	19.7	1,033
35-39	10.5	25.8	4.8	35.9	4.1	53.7	16.6	940
40-44	11.5	21.5	2.5	28.8	3.2	48.9	15.6	748
45-49	10.4	17.5	1.6	31.6	2.8	45.3	13.3	1,076
Urban-rural residence								
Urban	6.1	28.8	4.6	44.2	5.2	61.1	13.5	2,781
Rural	13.7	20.5	3.4	28.4	3.6	45.8	18.1	4,366
Place of residence								
Urban Governorates	2.4	36.2	3.8	45.2	4.7	64.9	9.4	1,309
Lower Egypt	8.9	20.4	3.7	39.2	5.3	52.8	15.8	2,560
Urban	7.6	20.1	4.1	49.2	5.8	60.3	15.5	690
Rural	9.4	20.5	3.6	35.5	5.1	50.0	15.9	1,870
Upper Egypt	15.7	21.4	4.1	26.6	3.1	45.8	19.7	3,206
Urban	11.4	24.5	6.6	38.0	5.3	55.9	19.0	743
Rural	17.1	20.5	3.4	23.2	2.4	42.7	19.9	2,463
Frontier Governorates	2.0	20.4	1.3	27.9	4.0	41.1	6.8	72
Education								
No education	12.0	22.7	3.4	26.2	2.8	45.5	16.1	3,467
Some primary	13.4	24.9	4.8	33.7	4.9	53.0	20.5	1,328
Primary through secondary	8.1	25.9	4.5	41.5	4.2	56.1	13.9	881
Completed secondary/higher	6.9	24.0	3.9	50.9	6.7	62.6	14.3	1,472
Work status								
Working for cash	7.5	23.9	4.0	42.7	4.2	57.3	12.9	827
Not working for cash	11.1	23.7	3.9	33.5	4.2	51.0	16.7	6,320
Total	10.7	23.7	3.9	34.5	4.2	51.7	16.3	7,147

Table 6.6 shows that half of all nonusers had some contact with either a fieldworker or a public or private health facility during the year before the survey. Eleven percent were visited in the home by a health care worker or raiyda refia, 24 percent made at least one visit to a government health facility and 35 percent went to a private doctor or health facility at least one time. Overall, the subgroups with the greatest likelihood of having had any contact were urban nonusers (61 percent), especially those living in the Urban Governorates (65 percent) and urban Lower Egypt (60 percent), and nonusers who had completed secondary school or higher (63 percent). Nonusers in these subgroups were more likely to have had contact with a public or private health facility. The groups with the greatest likelihood of having been visited by fieldworker or raiyda refia were rural nonusers (14 percent), especially those living in Upper Egypt (17 percent).

Only 16 percent of the nonusers actually had discussed family planning with a fieldworker or raiyda refia or with a member of the staff at a health facility. The likelihood that a nonuser reported that she had some discussion of family planning varies with age, rising from 9 percent among nonusers under age 20 to a peak of 20 percent among nonusers 25-34 and then falling to 13 percent in the 45-49 age group. Exposure to any family planning discussion was somewhat more common among rural than urban nonusers (18 percent and 14 percent, respectively). Nonusers in the Frontier Governorates were the least likely to report having any discussion of family planning, followed by nonusers in the Urban Governorates. Significantly, nonusers in Upper Egypt, where use levels have been consistently lower than in other areas, were the most likely to report having had some discussion of family planning. Nonusers with less than a primary education were somewhat more likely to discussed family planning with a fieldworker or other provider than those who attended at least some secondary school.

Considering the type of contacts, it is clear that much of the discussion of family planning took place when nonusers were visited by a fieldworker. Overall, one in ten nonusers reported that she had been visited in the home during the year before the survey by someone who had talked to her about family planning. Nonusers were much less likely to report discussing family planning during the visits that they made to government health facilities or private doctors or clinics. Only about one in twenty-five nonusers reported that she had discussed family planning at a government health facility during the year before the survey. A similar proportion reported having a family planning discussion during a visit to a private doctor or clinic during the year before the survey. Overall, nonusers who reported having any discussion of family planning in a government health facility represented 16 percent of the nonusers who visited governmental facilities during the year before the survey. Among nonusers who visited private doctors or clinics, only 12 percent had any discussion of family planning.

Some caution must be exercised in interpreting the results in Table 6.6 as indicating the level of "missed" opportunities for informing and motivating nonusers about family planning. Not all visits to health providers offer appropriate opportunities for offering family planning information or services, and not all nonusers are interested and/or in need of family planning when they visit a facility. However, the results in Table 6.6 suggest that there is a need to increase the level of family planning outreach, both through home visits and through taking advantage of the opportunities for family planning counseling during women's visits to health facilities.

CHAPTER 7

FERTILITY PREFERENCES

Insight into the fertility desires in a population is important, both for estimating the potential unmet need for family planning and for predicting future fertility. This chapter presents data from the EDHS-95 on the fertility intentions of Egyptian women, need for family planning services, and the level of unwanted and mistimed pregnancies. It also considers the potential effect on fertility if unwanted pregnancies were prevented.

7.1 Desire for More Children

In order to obtain information on fertility preferences, nonsterilized currently married women were asked the question: "Would you like to have (another) child or would you prefer not to have any (more) children?" The words in parentheses were used for women who had already given birth. For pregnant women, the question was prefixed by the wording, "After the child you are expecting ...". Women who wanted additional children were then asked how long they would like to wait before the birth of their next child. The small number of sterilized women were not asked about their childbearing preferences but are considered to want no more children in the tabulations of fertility preferences.

Table 7.1 and Figure 7.1 show the future reproductive intentions of currently married women by the number of living children (including any current pregnancy). The majority (65 percent) of currently married women do not want any more children (includes sterilized women). Although almost all of the remaining women (29 percent) want another child, they differ as to timing desired for the next birth; 15 percent want to wait at least two years before having another child, 13 percent want another child within two years and 1 percent want another child but are not sure when.

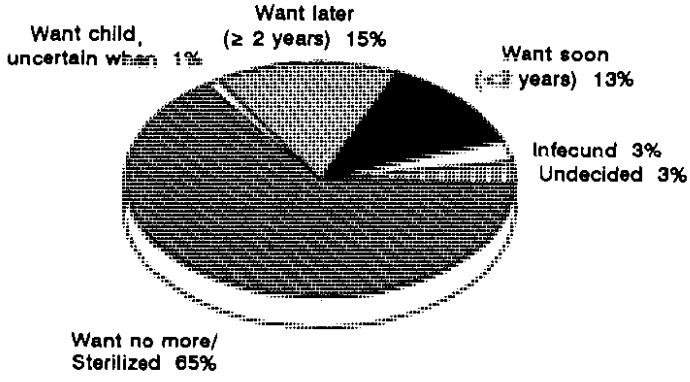
Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women by desire for more children, according to number of living children, Egypt 1995

Desire for more children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Want another soon[2]	89.7	25.7	9.4	4.3	2.6	2.5	1.0	13.1
Want another later[3]	1.6	59.5	22.7	7.6	3.5	2.0	1.1	14.8
Want another, undecided when	0.8	3.0	1.7	0.8	0.6	0.6	0.4	1.2
Undecided	0.8	2.4	4.4	4.4	1.3	1.7	1.3	2.6
Want no more	1.0	7.9	59.8	79.6	87.1	87.8	89.0	64.2
Sterilized	0.0	0.1	0.2	1.2	1.8	2.0	2.3	1.1
Declared infecund	6.1	1.5	1.8	2.1	3.2	3.3	4.8	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	953	1,847	2,546	2,724	2,123	1,441	2,077	13,710

[1] Includes current pregnancy
[2] Want next birth within 2 years
[3] Want to delay next birth for 2 or more years

Figure 7.1
Desire for More Children among Currently Married Women 15-49



EDHS 1995

The desire for a child is strongly related to the number of living children the woman has. Not surprisingly, nine in ten women who have not yet begun childbearing want a birth soon. Almost nine in ten women who have one child also express a desire to have another birth; however, only 26 percent want the birth soon while 60 percent want to wait two years or more and 3 percent are undecided about when to have the child. Among women with more than one child, the desire to cease childbearing rises rapidly with the number of children; the proportion wanting no more children increases from 60 percent among women with two children to 89 percent among women with six or more children.

Table 7.2 shows the distribution of currently married women by the desire for children, according to age. Older women are much more likely to want no more children than younger women. The proportion

Table 7.2 Fertility preferences by age

Percent distribution of currently married women by desire for more children, according to age, Egypt 1995

Desire for more children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Want another soon[1]	35.5	22.5	15.5	11.1	10.4	6.1	2.8	13 1
Want another later[2]	53 5	40.2	21.8	7.6	2.0	0 6	0.0	14.8
Want another, undecided when	2.3	2.3	1 9	0.6	0 9	0.4	0 1	1.2
Undecided	2 5	3.8	4.3	2 8	1.9	1.3	0.7	2.6
Want no more	6.1	31.0	56.0	76 1	81.3	84.9	78.2	64.2
Sterilized	0.0	0.0	0.1	0.9	1.9	2.1	3.1	1.1
Declared infecund	0.1	0.1	0.4	0.8	1 7	4.6	15.2	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	663	2,083	2,677	2,466	2,392	1,816	1,614	13,710

[1] Want next birth within 2 years
[2] Want to delay next birth for 2 or more years

of women who want no more children or are sterilized is only 6 percent in the youngest age group, but increases to 31 percent among those in age group 20-24 and reaches 87 percent for women in age group 40-44. The proportion who desire to cease childbearing then falls to 81 percent among those in age group 45-49; however, 15 percent of women in this cohort also declared that they are unable to get pregnant.

The desire to space children is concentrated among younger women. More than half (54 percent) of women age 15-19 and 40 percent of women age 20-24 want to delay having their next child for at least two years, compared with 8 percent of those age 30-34.

Table 7.3 shows the variation in the percentage of currently married women who want no more children or are sterilized with the number of living children for various subgroups. The results indicate that urban women are more likely to begin to limit family size at lower parities than rural women. For example, 68 percent of urban women with two children want to stop childbearing, compared with 49 percent of rural women with two children. The urban-rural differential in the desire for children narrows at parities four and higher.

Table 7.3 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and selected background characteristics, Egypt 1995

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Urban-rural residence								
Urban	0.9	10.9	67.6	86.8	92.0	91.8	92.9	67.9
Rural	1.0	5.3	49.4	74.3	86.3	88.6	90.5	63.2
Place of residence								
Urban Governorates	0.9	12.6	71.2	89.0	91.8	89.6	92.5	68.5
Lower Egypt	0.9	7.3	61.9	87.1	93.2	93.0	92.9	69.4
Urban	1.7	9.5	66.6	90.5	94.6	92.3	94.7	70.3
Rural	0.6	6.3	59.2	85.4	92.6	93.2	92.5	69.1
Upper Egypt	1.0	5.9	45.4	64.1	81.2	86.3	89.8	58.7
Urban	0.0	9.5	60.3	77.0	89.4	94.5	92.1	64.4
Rural	1.4	4.1	34.8	56.2	77.2	83.0	89.2	56.1
Frontier Governorates	1.9	2.1	36.2	72.0	80.5	83.7	80.6	54.8
Education								
No education	1.5	7.1	50.1	73.6	85.7	88.4	89.9	68.4
Some primary	1.2	11.0	57.3	81.6	91.7	94.4	94.4	73.1
Primary through secondary	0.0	8.9	64.6	85.7	92.4	86.3	94.0	61.8
Completed secondary/higher	0.7	7.0	65.8	86.5	92.3	90.8	88.2	55.9
Work status								
Working for cash	0.3	11.6	71.5	91.1	93.2	94.6	92.0	70.9
Not working for cash	1.1	7.4	56.7	78.2	88.2	89.3	91.2	64.4
Total	1.0	8.0	60.0	80.8	88.9	89.8	91.3	65.4

Note: Women who have been sterilized are considered to want no more children.
[1] Includes current pregnancy

Concerning the differentials by place of residence, married women living in the Frontier Governorates and rural Upper Egypt are generally least likely to want to limit childbearing. For example, around 60 percent or more of married women with two children in the Urban Governorates, in urban areas in Upper and Lower Egypt, and in rural Lower Egypt desire no more children. In contrast, only around one in three married women with two children in rural Upper Egypt and the Frontier Governorates desires to limit childbearing.

Surprisingly, a largely inverse relationship is found between a woman's educational level and her fertility preference. This pattern is principally due to the fact that educated women tend to be younger and, thus, more concentrated in the early stages of the family building process where women are more likely to express a desire for a child. Among women who have between two and four children, the expected positive association between a woman's educational level and the desire to limit childbearing is more evident.

Women working for cash at parity two and higher are more likely than other women to want to limit childbearing.

7.2 Need for Family Planning

One of the major concerns of family planning programs is to define the size of the potential demand for contraception and to identify women that are most in need of contraceptive services. Table 7.4 presents estimates of unmet need and of met need for family planning services, and of the total demand for services for Egypt as a whole and for various subgroups.

Unmet need for family planning (shown in columns 1-3 of Table 7.4) includes the following two groups of married women:

(1) Women who are in need of family planning for *spacing* purposes. This group includes pregnant women whose pregnancy was mistimed (i.e., wanted later); amenorrheic women whose last birth was mistimed; women who are neither pregnant nor amenorrheic and who are not using any family planning method and say they want to wait two or more years for their next birth; and women who are unsure whether they want another child or who want another child but are unsure when to have the birth.

(2) Women who are in need of family planning for *limiting* purposes. This group includes pregnant women whose pregnancy was unwanted; amenorrheic women whose last child was unwanted; and women who are neither pregnant nor amenorrheic and who are not using family planning and say they want no more children.

Menopausal and infecund women are exclnded from the unmet need category as are pregnant or amenorrheic women who became pregnant while using a method (these women are in need of better contraception).

Met need for family planning (shown in columns 4-6 of Table 7.4) includes women who are currently using contraception. The *total demand for family planning* (shown in columns 7-9 of Table 7.4) represents the sum of unmet need and met need. In addition, the total demand includes pregnant and amenorrheic women who became pregnant while using a family planning method. The percentage of the total demand that is satisfied is shown in the last column of Table 7.4.

Table 7.4 Need for family planning services

Percentage of currently married women with unmet need for family planning, met need for family planning, and the total demand for family planning services, by selected background characteristics, Egypt 1995

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	14.2	0.8	15.0	15.1	1.0	16.1	29.5	1.9	31.4	52.1	663
20-24	13.7	5.0	18.7	18.6	14.5	33.2	32.9	19.9	52.8	64.5	2,083
25-29	8.2	10.2	18.4	16.3	31.3	47.6	25.7	42.1	67.7	72.9	2,677
30-34	2.9	15.1	18.0	7.5	50.6	58.1	10.9	67.1	78.0	77.0	2,466
35-39	1.7	13.3	15.0	2.1	58.6	60.7	4.5	73.2	77.6	80.7	2,392
40-44	0.6	13.1	13.7	1.2	57.6	58.8	1.8	71.6	73.4	81.3	1,816
45-49	0.1	9.5	9.6	0.0	33.3	33.3	0.1	42.9	43.0	77.6	1,614
Urban-rural residence											
Urban	3.5	7.9	11.4	10.2	46.2	56.4	14.2	54.7	68.9	83.4	6,372
Rural	6.8	13.1	19.9	7.2	33.3	40.5	14.6	47.2	61.8	67.8	7,339
Place of residence											
Urban Governorates	3.2	7.5	10.8	9.9	48.1	58.1	13.5	56.0	69.6	84.5	3,122
Lower Egypt	4.9	9.0	13.8	9.3	46.1	55.4	14.8	56.1	70.9	80.5	5,736
Urban	3.4	6.8	10.2	10.1	49.0	59.1	13.9	57.0	70.9	85.7	1,686
Rural	5.5	9.9	15.3	9.0	44.8	53.8	15.2	55.7	70.9	78.4	4,050
Upper Egypt	7.1	14.9	22.0	6.8	25.3	32.1	14.4	40.8	55.2	60.2	4,725
Urban	4.3	9.8	14.0	10.7	39.2	49.9	15.8	49.5	65.2	78.5	1,483
Rural	8.4	17.3	25.6	5.1	19.0	24.0	13.8	36.8	50.6	49.4	3,241
Frontier Governorates	6.7	8.7	15.4	11.1	32.9	44.0	18.2	42.7	60.9	74.7	128
Education											
No education	5.3	13.9	19.3	4.5	36.2	40.6	10.2	50.9	61.1	68.5	5,839
Some primary	4.1	12.8	16.9	6.5	44.0	50.5	11.0	57.6	68.6	75.4	2,683
Primary through secondary	6.3	8.4	14.7	11.7	39.5	51.2	18.6	48.8	67.3	78.1	1,806
Completed secondary/higher	5.6	4.7	10.2	15.8	40.7	56.5	22.2	45.9	68.1	85.0	3,383
Work status											
Working for cash	3.6	7.6	11.2	9.3	50.5	59.8	13.6	59.0	72.6	84.5	2,054
Not working for cash	5.6	11.2	16.8	8.5	37.3	45.8	14.6	49.2	63.8	73.7	11,656
Total	5.3	10.7	16.0	8.6	39.3	47.9	14.4	50.7	65.1	75.5	13,710

[1] Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of *better contraception)* Also excluded are menopausal or infecund women.

[2] Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

[3] Total demand includes pregnant or amenorrheic women who became pregnant while using a method (method failure).

According to Table 7.4, the total unmet need in Egypt is 16 percent; one-third of this need represents a desire to space the next birth and two-thirds an interest in limiting. A similar pattern was observed in 1992, when the total level of unmet need was 20 percent. The total met need for family planning is 48 percent; 82 percent of the met need is use for limiting and 18 percent represents use for spacing.

Overall, the total demand for family planning comprises 65 percent of married women in Egypt. Presently, almost 76 percent of the total demand for family planning in Egypt is satisfied. Comparison of the EDHS-92 and EDHS-95 survey findings indicates that the percentage of the demand for family planning services that is satisfied increased by 5 percentage points between the two surveys, from 71 to 76 percent. This is largely attributable to the small decrease in the level of unmet need for family planning rather than to an increase in contraceptive use.

Looking at variations in the percentage of the total demand for family planning that is satisfied, the most striking finding in Table 7.4 is the comparatively low percentage of satisfied demand in rural Upper Egypt; only 49 percent of the total demand for family planning among women in rural Upper Egypt is satisfied. In contrast, in rural Lower Egypt, 78 percent of the demand is satisfied. The low level of satisfied demand in rural Upper Egypt reflects the fact that the level of unmet need (26 percent) actually exceeds the level of current use (24 percent) in the region.

7.3 Women with Unmet Need for Family Planning

Demographic and Socioeconomic Profile

Table 7.5 shows the percent distribution of currently married women in need of family planning by selected background characteristics. This profile of women in need of family planning takes into account not only the prevalence of unmet need in a population subgroup (shown in Table 7.4) but also the size of the population in the group.

Table 7.5 Profile of women with unmet need for family planning

Percent distribution of currently married women who are in need of family planning by selected background characteristics, according to type of need, Egypt 1995

Background characteristic	Need for family planning: Need for spacing	Need for family planning: Need for limiting	Total
Age			
15-19	13.0	0.4	4.6
20-24	39.5	7.1	17.8
25-29	30.3	18.6	22.5
30-34	9.9	25.4	20.2
35-39	5.6	21.7	16 4
40-44	1.6	16.3	11.4
45-49	0 2	10.5	7.1
Number of living children			
0	1.8	0.2	0.7
1	29.2	1.6	10.7
2	30.9	12.0	18.2
3	21.3	16.6	18.1
4	8.9	19.6	16 1
5	3.7	17.7	13.1
6+	4.3	32 3	23.1
Had birth in last 24 months			
Yes	70.0	44.0	52.6
No	30.0	56.0	47.4
Urban-rural residence			
Urban	31.2	34.2	33.2
Rural	68.8	65.8	66.8
Place of residence			
Urban Governorates	14.0	16.1	15.4
Lower Egypt	38.6	35.0	36.2
Urban	7.9	7.8	7.8
Rural	30.7	27.3	28.4
Upper Egypt	46.2	48.1	47 5
Urban	8.7	9.9	9.5
Rural	37.5	38.2	38.0
Frontier Govemorates	1.2	0.8	0.9
Education			
No education	43.1	55.5	51.4
Some primary	15.1	23.4	20.7
Primary through secondary	15 8	10.3	12.1
Completed second/higher	26.0	10.7	15.8
Total	100.0	100.0	100.0
Number of women	723	1,465	2,189

Table 7.5 shows that two-thirds of the women with an unmet need for family planning are under age 35. More than half have four or more children, with more than one-fifth having at least six children. Slightly more than half of the women in need had given

birth within the two-year period preceding the survey. As expected, women in need for spacing and for limiting vary in their demographic characteristics. Women in need for spacing purposes are mainly younger (under age 30), they have smaller families (three or fewer children), and 70 percent have had a recent birth. On the other hand, nearly half of the women in need for limiting purposes are in the 30-39 age group, almost one-third have six or more children, and less than half have had a recent birth.

Women in need of family planning are heavily concentrated in the rural areas. Overall, two-thirds of the women in need are rural residents. Nearly 40 percent live in rural Upper Egypt, and slightly more than one-quarter are living in rural Lower Egypt. Among urban women in need of family planning, nearly half live in the Urban Governorates.

Around half of the women in need of family planning have never attended school, and 21 percent have attended but not completed primary school. Women in need for spacing purposes are somewhat more likely to have attended school and to have a secondary education than women in need for limiting purposes; however, even among the group in need for spacing purposes, nearly three-fifths have less than a primary education.

Table 7.6 Family planning experience and attitudes among women with unmet need for family planning

Percent distribution of currently married women who are in need of family planning (FP) by selected indicators of family planning experience, attitudes, and intentions, according to type of need, Egypt 1995

	Need for family planning		
	Need for spacing	Need for limiting	Total
Ever use of any method			
Yes	34.9	68.8	57.6
No	65.1	31.2	42.4
Ever used IUD			
Yes	19.1	36.6	30.8
No	80.9	63.4	69.2
Ever used pill			
Yes	19.2	52.7	41.6
No	80.8	47.3	58.4
Respondent approves of FP			
Approves	86.3	91.4	89.7
Disapproves	9.9	5.5	7.0
Don't know/missing	3.8	3.1	3.3
Husband approves of FP			
Approves	74.1	80.0	78.0
Disapproves	17.3	13.9	15.0
Don't know/missing	8.6	6.1	7.0
Intention to use FP			
In next 12 months	59.9	53.5	55.6
Use later	20.2	12.3	14.9
Unsure about timing	4.1	2.4	3.0
Does not intend	11.1	27.0	21.8
Unsure/missing	4.8	4.7	4.7
Total	100.0	100.0	100.0
Number of women	723	1,465	2,189

Family Planning Experience and Attitudes

Table 7.6 presents the distribution of currently married women in need of family planning according to their prior experience with using family planning, their attitudes toward family planning use and their intentions about future use of contraception. The majority of women in need of family planning have had experience with some contraceptive method (58 percent); 31 percent have used an IUD and 42 percent the pill. Women in need for limiting purposes are twice as likely to have past experience with some family planning method as women in need for spacing purposes (69 percent and 35 percent, respectively).

Nine in ten women in need of family planning approve of a couple using contraception, and nearly eight in ten believe their husband approves of family planning use. Women in need for spacing purposes are somewhat more likely than women in need for limiting purposes to disapprove of family planning use themselves and to report that their husband disapproves. Three in four women in need of family planning report that they intend to use in the future, with more than half expressing an intention to use in the next 12 months. Women in need for limiting purposes are somewhat less likely than those in need for spacing purposes to report that they intend to use contraception in the future.

Exposure to Family Planning Messages/Counseling

Table 7.7 presents the distribution of currently married women in need of family planning according to recent exposure to family planning messages in the broadcast or print media and to contact with the health or family planning workers. Eight in ten women in need of family planning had heard a family planning message on television or radio recently, and 23 percent had read about family planning in a newspaper, magazine or brochure. During the year preceding the survey, around one-third of the women in need had had some contact with a family planning worker or a health care facility; however, only 5 percent of women in need had received any information or advice about family planning during contacts with the health care system.

Table 7.7 Exposure to family planning messages or counseling among women with unmet need for family planning

Percent distribution of currently married women who are in need of family planning (FP) by selected indicators of exposure to family planning messages, according to type of need, Egypt 1995

	Need for family planning		
	Need for spacing	Need for limiting	Total
Heard FP message on television/radio			
Yes	84.0	78.9	80.6
No	16.0	21.1	19.4
Saw message about FP in print media			
Yes	28.6	19.9	22.8
No	71.4	80.1	77.2
Contact with FP worker			
Yes	29.9	34.3	32.9
No	70.1	65.7	67.1
Discussed FP with FP worker/staff at health care facility			
Yes	4.5	5.4	5.1
No	95.5	94.6	94.9
Total	100.0	100.0	100.0
Number of women	723	1,465	2,189

7.4 Ideal Number of Children

The discussion of fertility preferences earlier in this chapter focused on the respondent's wishes for the future, implicitly taking into account the number of children she already had. Table 7.8 shows the distribution of ever-married women by ideal number of children according to number of living children. In ascertaining the ideal number of children (i.e., ideal family size), the respondent is required to perform the more difficult task of considering abstractly and independently of the actual family size, the number of children she would choose if she could start again. Indicating the difficulty some women had with the question, a substantial proportion of women (16 percent) gave a non-numeric reply when asked this question in the EDHS-95.

In considering the results in Table 7.8, it is important to remember that there is a correlation between actual and ideal number of children. There are several reasons for the relationship. First, to the extent that women want to achieve their fertility desires, women who want large families tend to have larger families. Second, women may rationalize their ideal family size, such that as the actual number of children increases, their preferred family size also increases. Further, women with larger families—being on average older than women with small families—may prefer a larger ideal family size because of attitudes they acquired 20 to 30 years ago.

Table 7.8 shows that most women want small families. Overall, the mean ideal family size among ever-married women is 2.8 children. Almost two in five ever-married women prefer a two-child family, and around one-quarter consider a three-child family ideal. Only 6 percent want five or more children. As expected, higher parity women show a preference for more children; the mean ideal number of children increases from 2.4 children among women with one or two children to 3.6 children among women with six or more children.

Table 7.8 Ideal number of children

Percent distribution of ever-married women by ideal number of children and mean ideal number of children for ever-married women and for currently married women, according to number of living children, Egypt 1995

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
0	0.0	0.1	0.1	0.1	0.0	0.0	0.1	0.1
1	9.0	5.2	3.1	2.8	2.2	1.9	1.1	3.2
2	48.4	55.4	57.3	34.5	31.9	25.0	18.2	38.7
3	17.8	23.4	23.5	38.8	17.8	23.2	18.7	24.4
4	7.3	5.9	6.2	9.2	24.4	12.7	18.1	12.1
5	2.3	0.7	0.9	2.0	1.9	9.5	5.0	2.9
6+	1.1	1.4	0.6	2.2	2.9	4.1	8.7	3.0
Non-numeric response	14.1	7.8	8.3	10.4	18.9	23.5	30.0	15.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,085	2,024	2,733	2,885	2,271	1,561	2,220	14,779
Mean ideal number	2.5	2.4	2.4	2.8	3.1	3.3	3.6	2.8
Number of ever-married women	932	1,866	2,506	2,584	1,843	1,194	1,555	12,480
Mean for currently married women	2.5	2.4	2.4	2.8	3.1	3.3	3.6	2.8
Number of currently married women	840	1,741	2,357	2,457	1,735	1,106	1,458	11,694

Note: The mean excludes women who gave non-numeric responses.
[1] Includes current pregnancy

The results in Table 7.8 indicate that many women in Egypt have had more children than they would now prefer. Overall, 37 percent of women who gave numeric answers to the question on ideal family size expressed a preference for fewer children than they actually had. This can be taken as an indicator of unwanted fertility.

Table 7.9 presents the mean ideal number of children for ever-married women among various subgroups. The number of children considered ideal varies across age groups: in general, older women tend to want larger families than younger women. On average, urban women, women who live in the Urban Governorates, women who live in Lower Egypt (either in urban or rural areas), women with primary education and higher and women working for cash want the same ideal number of children (2.6). Other differentials in Table 7.9 parallel the differentials observed in actual fertility levels. The mean ideal number of children is greater among rural women, women from Upper Egypt, women from the Frontier Governorates, women who never attended school, and women who are not working for cash than among other women.

The largest mean ideal family size—3.6 children—is found in rural Upper Egypt. Comparing this figure with the total fertility rate for rural Upper Egypt for the three-year period before the survey—5.2 births per woman—indicates that, at current fertility levels, the average woman in rural Upper Egypt is having 1.6 children more than she would prefer.

Table 7.9 Mean ideal number of children by background characteristics

Mean ideal number of children for ever-married women, by age and selected background characteristics, Egypt 1995

Background characteristic	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence								
Urban	2.4	2.4	2.5	2 6	2.7	2.7	3.0	2.6
Rural	2.8	2.7	2.9	3 0	3.3	3.3	3.6	3.0
Place of residence								
Urban Governorates	(2.4)	2.2	2.5	2.6	2.6	2.7	2.9	2.6
Lower Egypt	2.2	2.4	2.5	2.6	2 8	2.7	2.9	2.6
Urban	(2.3)	2.4	2 4	2.6	2.6	2.5	2.9	2.6
Rural	2.2	2.3	2 5	2.6	2.8	2.8	2.8	2.6
Upper Egypt	3.0	2.9	3.2	3.3	3.6	3.6	4.1	3.3
Urban	2.4	2.5	2.7	2.6	2.9	3.0	3.2	2.8
Rural	3.2	3.0	3.4	3.8	4.0	4.1	4.5	3.6
Frontier Governorates	(3.0)	3.2	3.3	3.3	3.4	3.6	4.0	3.4
Education								
No education	3.0	2.7	2.9	3.0	3.2	3.2	3.6	3.1
Some primary	2.7	2.5	2.8	2.9	3.0	3.0	3.2	2.9
Primary through secondary	2.3	2.5	2.5	2.7	2 7	2.6	2.8	2.6
Completed secondary/higher	2.6	2.5	2.5	2.6	2.6	2.7	2.6	2.6
Work status								
Working for cash	(2.5)	2.4	2.6	2.6	2.6	2.6	2.7	2.6
Not working for cash	2.7	2.6	2.8	2.9	3 0	3.0	3.4	2.9
Total	2.7	2.6	2.7	2.8	3.0	2.9	3.3	2.8

Note: Figures in parentheses are based on 25 to 49 women.

7.5 Unplanned and Unwanted Fertility

There are two approaches to measuring the level of unwanted fertility using the EDHS-95 data. The first is based on responses to a question about the planning status of prior births, i.e., whether a birth was planned (wanted then), unplanned (wanted later), or not wanted at all. Measures based on these data are likely to underestimate unwanted fertility because women may rationalize mistimed or unwanted pregnancies and declared them as wanted once the children are born.

Table 7.10 shows the percent distribution of births in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth. Overall, around seven in ten births in the five-year period were wanted at the time of conception. An additional 11 percent were wanted but at later time, and 20 percent were not wanted at all. Thus, 31 percent of births in the five-year period can be considered as unplanned.

Birth order strongly affects the planning status of births. In the EDHS-95 the proportion of births that were unplanned at the time of conception increases directly with birth order. More than half of all fourth and higher order births were unplanned compared with only about one in five of second order births.

Table 7.10 Fertility planning status

Percent distribution of births in the five years preceding the survey by fertility planning status, according to birth order and mother's age, Egypt 1995

Birth order and mother's age	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	95.6	3.8	0.3	0.4	100.0	3,121
2	78.2	19.5	2.1	0.1	100.0	2,778
3	69.1	14.3	16.5	0.0	100.0	2,240
4+	46.2	7.9	45.5	0.4	100.0	4,781
Age at birth						
<20	89.1	9.2	1.3	0.4	100.0	1,576
20-24	80.4	12.7	6.7	0.2	100.0	4,036
25-29	68.2	13.0	18.5	0.2	100.0	3,671
30-34	53.8	7.6	38.3	0.3	100.0	2,170
35-39	42.4	5.0	52.1	0.5	100.0	1,096
40-44	34.0	1.0	65.0	0.0	100.0	332
45-49	35.3	0.0	64.7	0.0	100.0	39
Total	69.0	10.5	20.2	0.3	100.0	12,920

Note: Birth order includes current pregnancy.

The planning status of births is also affected by the age of the mother. In general, the older the mother the larger the percentage of children that were unwanted at conception; nearly 65 percent of the births to women age 40 and older are unwanted. It is known that childbearing among older women and high-parity mothers involves increased mortality and morbidity risks for the mothers and their children. Therefore, greater effort is needed to help these mothers to prevent unwanted pregnancies.

The second approach to measuring unwanted fertility is to calculate what the fertility rate would be if all unwanted births were avoided. The *wanted fertility rate* is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those which exceed the number considered ideal by the respondent. Women who do not report a numeric ideal family size are assumed to want all their births. These rates may be underestimated to the extent that women are unwilling to report an ideal family size lower than their actual family size. Table 7.11 presents total wanted fertility rates and total fertility rates for the three-year period before the survey for various subgroups. A comparison of the two rates suggests the potential demographic impact of the elimination of unwanted births.

Overall, the wanted fertility rate is 2.6 births per women, one birth less than the actual fertility rate. Thus, if unwanted birth could be eliminated, the total fertility rate in Egypt will be 28 percent less than it is now. The gap between the wanted and actual fertility rates is greater than one birth among rural women, women in rural Lower Egypt, women from Upper Egypt, especially those from rural areas, women who never attend school or have less than primary education, and women who are not working for cash.

Table 7.11 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Egypt 1995

Background characteristic	Total wanted fertility rate	Total fertility rate
Urban-rural residence		
Urban	2.2	3.0
Rural	2.9	4.2
Place of residence		
Urban Governorates	2.1	2.8
Lower Egypt	2.2	3.2
Urban	1.9	2.7
Rural	2.3	3.5
Upper Egypt	3.4	4.7
Urban	2.8	3.8
Rural	3.8	5.2
Frontier Governorates	3.0	4.0
Education		
No education	3.2	4.6
Some primary	2.5	3.7
Primary through secondary	2.1	3.1
Completed secondary/higher	2.5	3.0
Work status		
Working for cash	2.1	2.7
Not working for cash	2.7	3.8
Total	2.6	3.6

Note: Rates are based on births to women 15-49 in the period 1-36 months preceding the survey The total fertility rates are the same as those presented in Table 3.2.

CHAPTER 8

PROXIMATE DETERMINANTS OF FERTILITY

This chapter explores a number of factors other than contraception which affect a woman's chances of becoming pregnant and, thus, help to determine fertility levels in Egypt. They include marriage, postpartum amenorrhea, postpartum abstinence, and menopause. Marriage patterns have a major effect on fertility by influencing the onset of the period of women's exposure to the risk of pregnancy. Populations in which women marry at a young age are usually characterized by early childbearing and high lifetime fertility. Postpartum amenorrhea and postpartum abstinence, which determine the length of time a woman is insusceptible to pregnancy following childbirth, affect birth intervals and, thus, fertility levels. Finally, measures of the onset of menopause are important since the probability of becoming pregnant decreases as women near the end of their reproductive years and increasing proportions become infecund.

In the EDHS-95, questions about the proximate determinants of fertility were included in the individual questionnaire, which was administered only to ever-married women. However, a number of the tables which examine the proximate determinants in this chapter are based on all women, i.e., on ever-married women and never-married women. In constructing these tables, the denominators have been expanded to represent all women by multiplying the number of ever-married women by an inflation factor equal to the ratio of all women to ever-married women reported in the household questionnaire. The inflation factors are calculated by single years of age, either for the population as a whole or, in cases where the results are presented by background characteristics, separately for each category of the characteristics in question.

8.1 Marital Status

Table 8.1 shows the distribution of all women age 15-49 by current marital status. Overall, 65 percent of women are currently married, 30 percent are never-married, 4 percent are widowed and 2 percent are divorced. The proportion never-married decreases sharply with age, from 86 percent among women age 15-19 to 13 percent among women age 25-29. The near universality of marriage is further evidenced in the fact that, among women age 30 and over, 95 percent or more are or have been married.

Table 8.1 Current marital status

Percent distribution of women by current marital status, according to age, Egypt 1995

Age	Marital status					Number of women
	Never married	Married	Widowed	Divorced	Total	
15-19	85.7	14.1	0.0	0.2	100.0	4,700
20-24	41.9	56.7	0.3	1.1	100.0	3,677
25-29	13.4	84.3	0.6	1.7	100.0	3,174
30-34	5.1	89.8	2.8	2.3	100.0	2,745
35-39	2.6	90.5	4.9	2.0	100.0	2,642
40-44	1.9	86.5	8.9	2.6	100.0	2,099
45-49	1.2	80.4	16.2	2.2	100.0	2,007
Total	29.8	65.1	3.5	1.5	100.0	21,045

The death of the husband is the cause for the disruption of many marital unions. As expected, the proportion widowed increases steadily with age, from less than 1 percent among women under age 30 to 16 percent among women age 45-49. Less than 3 percent of women in any age group are divorced.

8.2 Marital Exposure

Table 8.2 examines patterns of marital exposure in greater detail. The table is based on information obtained in the calendar section of the EDHS-95 questionnaire on the marriage experience of women during the five-year period prior to the survey. It shows the percentage of months in the five years before the survey which women spent in a marital union. This percentage depends on a number of factors including the age at which women marry, the rate of marital dissolution through divorce or widowhood, and the probability of remarriage.

Overall, Egyptian women spent nearly 60 percent of the five-year period before the survey married. The percentage of time spent married increases rapidly with age from 5 percent among women age 15-19 to 76 percent among women age 25-29, peaks at 91 percent among women age 35-39, and then declines to 83 percent among women age 45-49. Among younger women, where rates of marital dissolution are comparatively low, the pattern is largely a result of the pace of entry into marriage, which is particularly rapid in the 20-29 age groups. The steady reduction in marital exposure levels among women age 40 and older is principally a reflection of the increase in widowhood in the older cohorts.

The percentage of months spent married varies little across residential categories for the total population. However, there are striking differentials in marital exposure both by urban-rural residence and place of residence among women under age 30. For example, rural women in the 20-24 age group spent half of the months in the five-year period before the survey married, while urban women in the same cohort spent

Table 8.2 Marital exposure

Percentage of months spent in marital union in the five years preceding the survey, by age and selected background characteristics, Egypt 1995

Background characteristic	Age at time of survey							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence								
Urban	3.1	28.3	69.1	87.0	91.4	90.8	83.1	58 0
Rural	6.6	49.7	82.6	90.8	90.1	85.9	82.5	60.7
Place of residence								
Urban Governorates	2.5	25.5	66.6	86.5	91.7	92 1	82.4	58.0
Lower Egypt	3.3	36.7	76.0	89.5	90.2	87.6	84.2	57.8
Urban	1.7	25.6	65.8	86.8	89.7	90.2	82.1	56.0
Rural	4.0	41.1	80.3	90.4	90.4	86.2	85.3	58.5
Upper Egypt	9.1	52.8	83.2	89.8	90.6	87.1	81.4	62.4
Urban	6.2	36.4	78.3	88.3	92.0	89.3	86.9	60.3
Rural	10.3	60.4	85 7	90.8	89.7	85.8	79.0	63.5
Frontier Governorates	3.6	38.5	75.6	90.6	95.9	91.8	86.0	60.6
Education								
No education	12.3	63.6	85.6	88.5	89.8	86.6	79.6	74.0
Some primary	7.5	53.4	81.8	90.7	90.9	90.5	84.6	70.0
Primary through secondary	3.0	48.2	77.3	91.9	89.9	88.1	86.6	36.7
Completed secondary/higher	1.3	18 0	64.3	87.4	92.1	92.4	91.8	50 1
Work status								
Working for cash	3.7	17.0	55.7	83.5	86.1	86.7	77.5	66 7
Not working for cash	5.1	42.9	80.3	90.6	91.8	89.2	83.7	58.2
Total	5.1	40.0	76.2	88.9	90.9	88.7	82.8	59.4

only 28 percent of these months married. By place of residence, the proportion of months that women age 20-24 spent married ranges from only 26 percent in the Urban Governorates to 60 percent in rural Upper Egypt.

Marital exposure varies greatly according to educational level and work status, again particularly among younger women. Among the 20-24 cohort, for example, the level of marital exposure during the five-year period before the survey was more than three times greater among women who never attended school compared with women who had a secondary or higher education (64 percent and 18 percent, respectively).

The sharp differentials in marital exposure among women under age 30 by residence, education, and work status are the result of differences in the ages at which women marry among the various subgroups. Reflecting the near universality of marriage as well as the increasing prevalence of widowhood among older women, the differentials in marital exposure by background characteristics narrow and, in some cases, reverse direction among women age 30 and over.

8.3 Marriage between Relatives

Marriages between relatives (consanguineous marriages) are common in Egypt. EDHS-95 respondents who were currently married were asked if their husband was a relative, while respondents who were widowed or divorced were asked if their (most recent) husband had been a relative. Table 8.3 shows that 39 percent of EDHS-95 respondents had married a relative. Fifteen percent had married a first cousin on the father's side and 9 percent a first cousin on the mother's side.

Table 8.3 Consanguinity

Percent distribution of ever-married women by relationship to their (last) husband, according to selected background characteristics, Egypt 1995

Background characteristic	First cousin		Second cousin		Other blood relative	Relative by marriage/ not related	Total	Number of women
	Father's side	Mother's side	Father's side	Mother's side				
Age								
15-19	14.7	8.3	10.6	8.6	5.0	52.7	100.0	673
20-24	14.9	11.1	8.7	5.1	3.6	56.5	100.0	2,136
25-29	14.2	8.8	6.2	4 6	3.0	63.3	100.0	2,750
30-34	13.4	9.1	6.3	3.6	4.1	63.5	100.0	2,605
35-39	14.4	8.9	5.6	5.3	4.0	61.7	100.0	2,573
40-44	14.3	9.5	6.5	4.3	3.8	61.7	100.0	2,059
45-49	16.2	8.9	7.0	4.5	3.1	60.2	100.0	1,984
Urban-rural residence								
Urban	10.2	7.9	4.8	4.0	3.5	69.6	100.0	6,809
Rural	18.2	10.5	8.5	5.4	3.9	53.6	100.0	7,970
Place of residence								
Urban Governorates	10.0	7.8	4.6	4.0	3.9	69.7	100.0	3,312
Lower Egypt	11.5	9.4	5.4	4.0	2.6	67.0	100.0	6,207
Urban	7.6	7.9	3.6	3.0	2.2	75.6	100.0	1,830
Rural	13.1	10.1	6.1	4.5	2.8	63.4	100.0	4,377
Upper Egypt	20.9	10.1	10 0	6.1	4.7	48.2	100.0	5,125
Urban	13.2	8.1	6.8	5.2	3.8	62.9	100.0	1,583
Rural	24.3	11.0	11.5	6.5	5.0	41.6	100.0	3,543
Frontier Governorates	16.8	9 5	7.5	4.2	8.5	53.5	100.0	135
Education								
No education	18.4	10.8	8.1	5.0	3.8	53.8	100.0	6,464
Some primary	14.7	9.5	7.3	5.1	4.3	59.1	100.0	2,908
Primary through secondary	12.0	9.1	6.3	5.2	3.9	63.6	100.0	1,923
Completed secondary/higher	8.4	6.4	4 4	3.7	2.7	74.3	100.0	3,483
Work status								
Working for cash	9.0	6.6	3.9	3.3	3.3	73.8	100.0	2,312
Not working for cash	15.5	9.8	7.4	5.0	3.7	58.6	100.0	12,467
Total	14.5	9.3	6.8	4.7	3 7	61.0	100.0	14,779

Women under age 25 are somewhat less likely to be married to a relative than older women. Consanguineous marriages are more common in rural than in urban areas; 46 percent of rural women say that their current or most recent husband was a relative compared with 30 percent of urban women. The percentage reporting they married a relative ranges from a high of 58 percent in rural Upper Egypt to only 24 percent in urban Lower Egypt. There is an inverse relationship between the prevalence of consanguineous marriages and a woman's educational level. However, even among ever-married women with a secondary or higher education, around one-quarter were married to a relative.

8.4 Age at First Marriage

The age at which women first marry has a strong influence on fertility in a society since it is a principal determinant of the duration of the period of exposure to the risk of pregnancy. Trends in age at first marriage can help to explain changes in fertility levels.

Table 8.4 shows the percentage of women ever married by selected exact ages and the median age at first marriage, according to current age. The results indicate that there has been a steady increase over the past several decades in the age at which Egyptian women marry. The median age at first marriage among women age 25-29 is 20.2 years, more than two years greater than the median age at first marriage among women age 45-49. There has been an especially marked decline in the proportion of women marrying at very young ages; the percentage of women married by exact age 15 has dropped from 21 percent among women age 45-49 to 8 percent among women age 20-24.

Table 8.4 Age at first marriage

Percentage of women who were first married by exact age 15, 18, 20, 22, and 25, and median age at first marriage, according to current age, Egypt 1995

Current age	Percentage of women who were first married by exact age: 15	18	20	22	25	Percentage who had never married	Number of women	Median age at first marriage
15-19	2.3	NA	NA	NA	NA	85.7	4,700	a
20-24	7.8	26.8	41.4	NA	NA	41 9	3,677	a
25-29	10.5	33.7	48.9	62.5	80.3	13.4	3,174	20.2
30-34	12 1	38.7	54.1	66 5	82.2	5 1	2,745	19.4
35-39	12 1	38.3	56.5	70.7	84.0	2.6	2,642	19.2
40-44	12.8	39 4	56.6	69 0	83.4	1.9	2,099	19.0
45-49	20.5	50.1	64.8	75.7	86.5	1.2	2,007	18.0
20-49	12.0	36.5	52.3	64.7	77 4	13.7	16,345	19 7
25-49	13.2	39.3	55.4	68.2	83.0	5.5	12,668	19 3

NA = Not applicable
[a] Omitted because less than 50 percent of the women in the age group x to $x+4$ were first married by age x

Table 8.5 examines differences in the median age at first marriage by selected background characteristics. The table shows early marriage is much more common in rural than urban areas. The median age at first marriage among urban women age 25-49 is 21 years, more than three years higher than the median age at first marriage among rural women. Additionally, there are marked differentials by place of residence. Figure 8.1 shows that on average, women marry at a much younger age in rural Upper Egypt (16.9 years) than in rural Lower Egypt (18.6 years), and there are similar differentials in the median age at first marriage between urban Upper Egypt (19.8 years) and urban Lower Egypt (21.2 years).

Table 8.5 Median age at first marriage

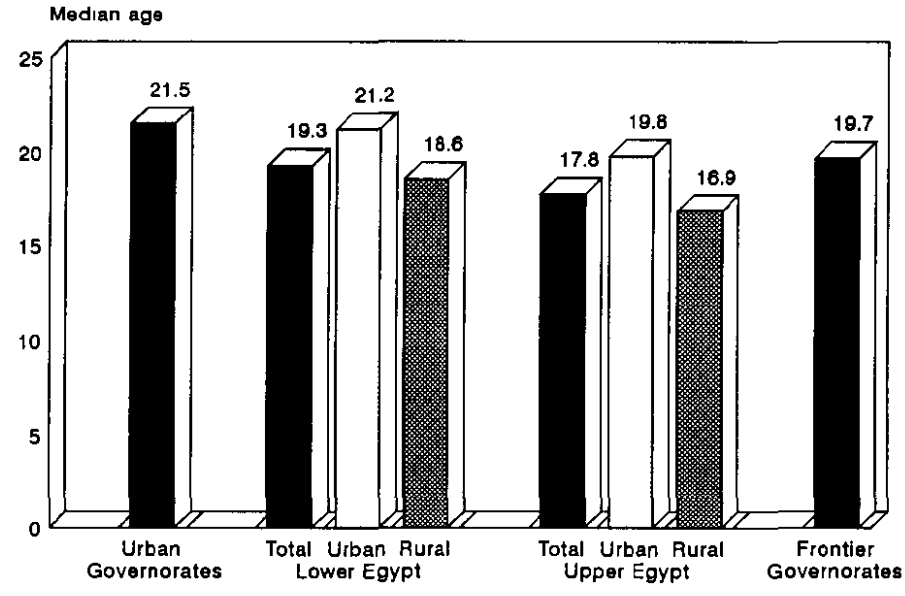
Median age at first marriage among women age 20-49 years, by current age and selected background characteristics, Egypt 1995

Background characteristic	Current age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Urban-rural residence								
Urban	a	22.0	21.7	20.9	20.7	19.0	a	21.0
Rural	19.7	18.7	17.7	17.8	17.8	17.2	18.3	17.9
Place of residence								
Urban Governorates	a	22.6	22.0	21.7	20.8	19.3	a	21.5
Lower Egypt	a	20.5	19.2	19.0	18.9	18.1	19.8	19.3
Urban	a	22.4	21.1	21.1	21.7	19.4	a	21.2
Rural	a	19.7	18.6	18.2	18.2	17.6	19.1	18.6
Upper Egypt	19.0	18.0	17.7	18.0	17.8	16.9	18.1	17.8
Urban	a	20.4	21.5	19.6	19.2	17.6	a	19.8
Rural	18.0	17.3	16.6	17.1	17.0	16.7	17.2	16.9
Frontier Governorates	a	20.7	20.2	19.8	18.9	17.9	a	19.7
Education								
No education	17.7	17.5	17.3	17.8	17.7	17.0	17.5	17.5
Some primary	18.7	18.3	18 0	18.3	18.6	17.6	18.2	18.2
Primary through secondary	19.9	18.9	19.2	19.7	20.0	19.3	19.6	19.4
Completed secondary/higher	a	23.1	23.6	24.1	24.8	24.8	a	23.7
Work status								
Working for cash	a	23.6	22.7	23.2	23.8	23.8	a	23.3
Not working for cash	a	19.4	18.6	18.5	18.4	17 6	19.0	18.5
Total	a	20.2	19.4	19.2	19.0	18.0	19.7	19.3

Note: Medians are not shown for women 15-19 because less than 50 percent have married by age 15 in all subgroups shown in the table.
[a] Omitted because less than 50 percent of the women in the age group were first married by age 20.

As expected, there is a positive association between the median age at first marriage and a woman's educational level. The differential between women who have completed at least secondary school and other women is especially pronounced. The median age at first marriage among women with a secondary education is 23.7 years, more than four years higher than the median age among women who have completed the primary but not the secondary level (19.4 years) and more than six years higher than among women who never attended school (17.5 years). Across educational groups, the increases in the age at marriage are comparatively small. This suggests that much of the upward trend in the age at marriage over time for the country as a whole has been due to increases in the educational attainment among women.

Figure 8.1
Median Age at First Marriage by Place of Residence
All Women Age 25-49



EDHS 1995

8.5 Ideal Age at Marriage

The EDHS-95 asked women what they believed would be the ideal age for their sons and their daughters to marry. As Table 8.6 shows, women want their daughters to marry at a much younger age than their sons. Around three in ten women think that their daughters should marry before age 20, compared with only 3 percent who want their sons to marry by that age. Conversely, while around seven in ten women would prefer for their sons to marry at age 25 or later, only 17 percent want their daughters to wait until they are at least 25 years old to marry. Overall, there is a five-year difference in the median ideal age at marriage for sons (25.7 years) and daughters (20.4 years). The median ideal age at marriage for daughters is almost identical to the actual median age at marriage among women in the 25-29 cohort (20.2 years)

Table 8.6 Ideal age at first marriage for sons and daughters

Percentage of ever-married women by ideal age at marriage for sons and daughters, Egypt 1995

Ideal age at marriage	Sons	Daughters
<16	0 8	12.5
16-17	0.4	4.8
18-19	1.5	14.3
20-21	16.1	41.3
22-24	5.0	8.4
25-26	37.3	15.6
27-29	8.1	0.7
30-31	24.6	0.4
32-34	0.6	0.0
35+	1.9	0.1
Does not matter	3.6	1.6
Don't know/missing	0.2	0.1
Total	100.0	100.0
Number	14,779	14,779
Median	25.7	20 4

Table 8.7 presents differentials in the median ideal age at marriage for sons and daughters by age, residence, education and work status. The differentials are affected by the tendency women had toward heaping on certain ages (especially ages 20 and 25) in response to the question on the ideal age for marriage. Thus, the median ideal age at marriage in most groups is around 25 years for sons and 20 years for daughters. The median ideal age at marriage for daughters falls below 20 years only among women in rural Upper Egypt (18.5 years). Not surprisingly, the highest median ideal age at marriage for both sons and for daughters is found among women with a secondary or higher education (29.2 years and 22.6 years, respectively).

Table 8.7 Median ideal age at first marriage for sons and daughters

Among those women reporting an ideal age at marriage, the median ideal age for sons and daughters, according to selected background characteristics, Egypt 1995

Background characteristic	Median ideal age at first marriage		Number of women
	Sons	Daughters	
Age			
15-19	25.3	20.0	673
20-24	25.6	20.4	2,136
25-29	25.8	20.5	2,750
30-34	25.8	20.5	2,605
35-39	25.7	20.5	2,573
40-44	25.7	20.5	2,059
45-49	25.7	20.4	1,984
Urban-rural residence			
Urban	27 0	20.8	6,809
Rural	25 4	20.1	7,970
Place of residence			
Urban Governorates	27.2	20.9	3,312
Lower Egypt	25.7	20.5	6,207
Urban	27.7	20.9	1,830
Rural	25.5	20.4	4,377
Upper Egypt	25.4	19.8	5,125
Urban	25.9	20.6	1,583
Rural	25.2	18.5	3,543
Frontier Governorates	25.7	20.5	135
Education			
No education	25.3	20.0	6,464
Some primary	25.6	20.4	2,908
Primary through secondary	26.0	20.6	1,923
Completed secondary/higher	29.2	22.6	3,483
Work status			
Working for cash	28.3	21.6	2,312
Not working for cash	25.6	20.4	12,467
Total	25.7	20.4	14,779

8.6 Postpartum Amenorrhea, Abstinence and Insusceptibility

The risk of pregnancy following a birth is influenced by two factors: breastfeeding and sexual abstinence. Breastfeeding prolongs postpartum protection from conception through its effect on the length of the period of amenorrhea (the period prior to the return of menses) following a birth. More frequent breastfeeding for longer durations as well as delays in the age at which supplementary foods are introduced are associated with longer periods of postpartum amenorrhea. Delaying the resumption of sexual relations following a birth also prolongs the period of postpartum protection. Women are defined as insusceptible to pregnancy if they are not at risk of conception, either because they are amenorrheic or abstaining following a birth.

The percentage of births occurring during the three years prior to the survey whose mothers are postpartum amenorrheic, postpartum abstaining and postpartum insusceptible is shown in Table 8.8 according to the number of months since the birth. These distributions are based on current status information, i.e., on the proportion of births occurring *x* months before the survey for which mothers were still amenorrheic, abstaining or insusceptible at the time of the survey. Thus, the results presented in the table are based on cross-sectional data, representing the experience of mothers of all births at a single point in time rather than showing the experience of a cohort of births over time. The data are grouped in two month intervals to minimize the fluctuations in the distributions. The median and mean duration estimates shown at the bottom of Table 8.8 are calculated from the current status distributions presented in the table. The prevalence/incidence mean also is shown in Table 8.8. The prevalence/incidence mean is obtained by dividing the number of mothers who are amenorrheic, abstaining or insusceptible by the average number of births per month over the 36-month period.

Table 8.8 Postpartum amenorrhea, abstinence and insusceptibility

Percentage of births whose mothers are postpartum amenorrheic, abstaining and insusceptible, by number of months since birth, and median and mean durations, Egypt 1995

Months since birth	Amenor-rheic	Abstaining	Insus-ceptible	Number of births
< 2	95.9	70.4	95 9	329
2-3	63.0	13.9	66.5	442
4-5	49 1	6.2	50.4	351
6-7	42.6	7.5	44 5	377
8-9	40.2	6 6	43.3	366
10-11	30.4	4 1	32.3	401
12-13	22.8	3.4	24.3	346
14-15	15.4	3.1	17.8	417
16-17	13.1	1 8	14.5	345
18-19	9.6	2.8	12.3	304
20-21	10.7	2.3	12.8	392
22-23	5.5	3.4	8 1	387
24-25	2.1	1.9	4 1	384
26-27	1.3	1.6	2 9	405
28-29	1 6	1.4	2.6	372
30-31	1.1	0.6	1.7	350
32-33	0.1	1.2	1.3	310
34-35	1.0	1.7	2.7	387
Total	22.6	7 1	24.4	6,666
Median	5.0	1.6	5.6	-
Mean	8.4	3.1	9.0	-
Prevalence/Incidence mean	8.0	2.5	8.7	-

The duration of the period of postpartum amenorrhea is the major determinant of the length of time an Egyptian woman is insusceptible to the risk of pregnancy following a birth. The percentage of births whose mothers are amenorrheic declines from 96 percent in the two-months immediately following a birth to 63 percent during the period 2-3 months after birth. By the period 4-5 months following a birth, mothers of fewer than half of births are still amenorrheic, and by 12-13 months after a birth, mothers have not resumed menstruation in the case of only 23 percent of births. The relatively short duration of the period of postpartum amenorrhea for the average Egyptian woman is related to breastfeeding patterns, especially the early introduction of supplemental foods (see Chapter 12).

As in other Islamic countries, many couples in Egypt observe the traditional practice of abstaining from sexual relations for a period of 40 days following a birth. Reflecting this tradition, the percentage of births for which the mother is still abstaining decreases rapidly, from 70 percent in the two-month period immediately following a birth to 14 percent at 2-3 months after a birth.

The combined effects of postpartum amenorrhea and postpartum abstinence are reflected in the period of postpartum insusceptibility following a birth. Overall, the median period during which women are insusceptible to the risk of conception is less than 6 months.

Table 8.9 presents differentials in the median durations of postpartum amenorrhea, postpartum abstinence and postpartum insusceptibility according to selected background characteristics. In general, the periods of insusceptibility to the risk of conception are longer for older women, rural women, women in Upper Egypt and women with no education than for women in other groups. Most of the differences in the durations of insusceptibility are owed to marked differences in the durations of the period of postpartum amenorrhea.

Table 8.9 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility, by selected background characteristics, Egypt 1995

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insuscep-tibility	Number of births
Age				
<30	4.3	1.5	4.5	4,193
30+	6.8	1.7	7.0	2,473
Urban-rural residence				
Urban	3.7	1.6	3.9	2,587
Rural	7.7	1.6	8.5	4,079
Place of residence				
Urban Governorates	(3.6)	(1.6)	(3.7)	1,197
Lower Egypt	4.2	1.7	4.5	2,526
Urban	*	*	*	606
Rural	4.8	1.6	5.2	1,920
Upper Egypt	7.1	1.5	8.1	2,876
Urban	(4.2)	*	(4.4)	745
Rural	9.3	1.6	9.8	2,131
Frontier Governorates	*	*	*	68
Education				
No education	8.8	1 8	9.3	2,963
Some primary	(4.5)	1.7	(4.7)	1,156
Primary through secondary	(3.8)	(1.2)	(4.0)	815
Completed secondary/higher	3.3	1.4	3.4	1,732
Work status				
Working for cash	(3.0)	*	(3.5)	793
Not working for cash	5.5	1.6	6.0	5,873
Total	5.0	1.6	5.6	6,666

Note: Medians are based on current status. Figures in parentheses are based on 25 to 49 cases, while an asterisk indicates that the figure is based on fewer than 25 cases and has been suppressed.

8.7 Termination of Exposure to Pregnancy

Above age 30, the risk of pregnancy declines with age as increasing proportions of women become menopausal. Table 8.10 presents data on the proportion women who are menopausal among non-pregnant, non-amenorrheic currently married women who are age 30 and over. For purposes of the table, a woman is considered to be menopausal if she meets one of the two following conditions: (1) she declares herself as menopausal or (2) she is non-pregnant, non-amenorrheic and did not have a period for six months or more before the survey. Few women under age 40 are considered to be menopausal; after age 40, the proportion of non-pregnant, non-amenorrheic currently married women who are menopausal rises quickly, peaking at 51 percent among women 48-49.

Table 8.10 Termination of exposure to the risk of pregnancy

Indicators of menopause among currently married women age 30-49, by age, Egypt 1995

	Menopause[1]	
Age	Percent	Number
30-34	1.3	1,936
35-39	3.0	2,067
40-41	7.5	859
42-43	10.7	646
44-45	22.3	807
46-47	29.8	500
48-49	51.2	498
Total	11.0	7,313

[1] Percentage of non-pregnant, non-amenorrheic currently married women whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal.

CHAPTER 9

INFANT AND CHILD MORTALITY

This chapter presents information on the levels of mortality among children under five years of age in Egypt and on the prevalence of factors such as young maternal age at birth or short birth intervals that are associated with infant and child mortality. The mortality data are central to an assessment of the demographic situation in Egypt. By helping to identify segments of the child population that are at greater risk of dying, the results contribute to efforts to improve child survival in Egypt.

9.1 Assessment of Data Quality

The birth history section of the EDHS-95 questionnaire is the source for information used to derive the mortality estimates presented in this chapter. As described in Chapter 3, the birth history section began with questions on the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died. These questions were followed by a retrospective birth history in which the respondent was asked to list each of her births, beginning with the first birth. Data were collected in the birth history on the sex, month and year of birth, survivorship status, and current age, or age at death, of each of the respondent's live births. Mortality rates are estimated directly from the information in the birth history on a child's birth date, survivorship status and the age at death reported for children who died. In this chapter, the following rates are used to assess infant and child mortality:

Neonatal mortality: the probability of dying within the first month of life;
Postneonatal mortality: the difference between infant and neonatal mortality;
Infant mortality: the probability of dying during the first year of life;
Child mortality: the probability of dying between the first and fifth birthday;
Under-five mortality: the probability of dying before the fifth birthday.

A number of factors influence the reliability of mortality estimates from the EDHS-95 birth history data. These include the completeness with which deaths of children are reported and the extent to which birth dates and ages at death are accurately reported. Underreporting of either births or deaths directly affects mortality estimates, and misreporting of birth dates or age at death can affect the accuracy of data used to estimate trends over time. In addition, errors in reporting of age at death can distort the age pattern of mortality.

A number of indicators that can be used to assess the quality of the EDHS-95 mortality data are presented in Appendix D. Among the most important concerns is omission of child deaths. Some indication of omission can be found by examining the proportion of neonatal deaths which occur during the first week of life and the proportion of infant deaths which take place during the first month of life. Selective omission of childhood deaths is usually most severe for deaths in early infancy. Thus, if there is substantial underreporting of deaths, one might expect to observe an abnormally low ratio of deaths under seven days to all neonatal deaths and an abnormally low ratio of neonatal to infant deaths. Since underreporting of deaths is likely to be more common for births that occurred long before the survey, it is also important to explore whether these ratios change markedly over time.

The proportion of neonatal deaths which took place within the first week of life ranges from 63 percent for deaths during the period 0-4 years before the survey to 51 percent for deaths during the period 15-19 years before the survey (see Appendix Table D.5). There is less variation over time in the proportion of neonatal to all infant deaths (see Appendix Table D.6), which ranges from above 50 percent in the period

0-9 years before the survey to 46 percent during the period 15-19 years before the survey. These ratios fall within expected limits given the observed level of infant mortality.

Misreporting of birth dates can also contribute to errors in mortality estimates. As shown in Appendix D, there is a deficit of deaths in calendar year 1990 and an excess of deaths in calendar year 1989. The pattern is evident in the data from Demographic and Health Surveys in other countries as well as Egypt; it is thought to result, at least partially, from interviewer transference of births out of the period for which health data were collected (January 1990 through the date of the survey) in order to reduce the workload.

Another problem common to the collection of birth history data is heaping of age at death, especially at age 12 months. Misreporting of the age at death will bias estimates of the age pattern of mortality if the net result of the misreporting is transference of deaths between the age segments for which the rates are calculated; for example, an overestimate of child mortality relative to infant mortality may result if children who died during the first year of life are reported to have died at age one year (12 months) or older. In an effort to avoid this problem, interviewers were instructed to record the age at death in months for deaths under age 2 years. In addition, they were asked to probe whenever the mother reported an age at death of "1 year" or "12 months." Despite these procedures, the data on age at death from the EDHS-95 exhibits considerable heaping at age 12 months. However, the heaping is much less evident for deaths occurring in the period 0-4 years before the survey than for deaths taking place further in the past. Interviewers appear to have made greater efforts to probe for this information for children who died recently; it also may be that mothers were less able or willing to provide accurate responses for deaths occurring further back in time.

9.2 Levels and Trends in Early Childhood Mortality

Table 9.1 presents early childhood mortality rates for the 25 years preceding the EDHS-95. Under-five mortality for the period 0-4 years before the survey (circa 1991-95) is 81 deaths per 1,000 births. At this level, one in twelve Egyptian children will die before the fifth birthday. The infant mortality rate is 63 deaths per 1,000 births, and the neonatal mortality rate is 30 deaths per 1,000 births. This indicates that more than three-quarters of early childhood deaths in Egypt take place before a child's first birthday, with around 40 percent occurring during the first month of life.

Table 9.1 Infant and child mortality

Infant and child mortality rates by five-year periods preceding the survey, Egypt 1995

Years preceding survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
0-4	30.4	32.2	62.6	19.2	80.6
5-9	43.5	38.8	82.3	30.2	110.0
10-14	45.4	51.2	96.6	46 4	138.5
15-19	53.5	63.1	116.6	82.9	189.8
20-24	62.6	75.3	138.0	113.7	236.0

The results in Table 9.1 can be used to explore the trend in early childhood mortality in Egypt. In looking at the data, it is important to remember that the rates in Table 9.1 are derived from retrospective data from the EDHS-95. Thus, they are subject to errors of omission and misreporting of date of birth and age at death, which are usually more common for events further back in time. According to the EDHS-95 results, early childhood mortality has fallen considerably in the fifteen-year period before the survey. Table 9.1

shows a drop of 35 percent in infant mortality, from 97 deaths per 1,000 births in the period 10-14 years before the survey to the current level of 63 deaths per 1,000. The pace of decline in under-five mortality was even faster over the fifteen-year period according to the EDHS-95 results. Under-five mortality fell by more than 40 percent, from 139 deaths per 1,000 births in the period 10-14 years before the survey (circa 1981-85) to 81 deaths in five-year period immediately before the survey (circa 1991-95).

Another approach to looking at trends in mortality levels is to compare estimates for similar time periods from several demographic surveys. Table 9.2 shows the trend in infant and under-five mortality rates for successive five-year periods before the three rounds of the Egypt DHS surveys and the 1980 EFS. Together the estimates cover a thirty-year period between 1965 and 1995. Overall, the survey results provide evidence of a steep fall in early childhood mortality during the past three decades in Egypt. As a result, the chance that an Egyptian child born will die before the fifth birthday is one-third as large in the mid-1990s as it was in the mid-1960s.

Table 9.2 Trends in early childhood mortality in Egypt, 1965-1995

Trends in neonatal, infant, and under-five mortality from various selected surveys, Egypt 1965-1995

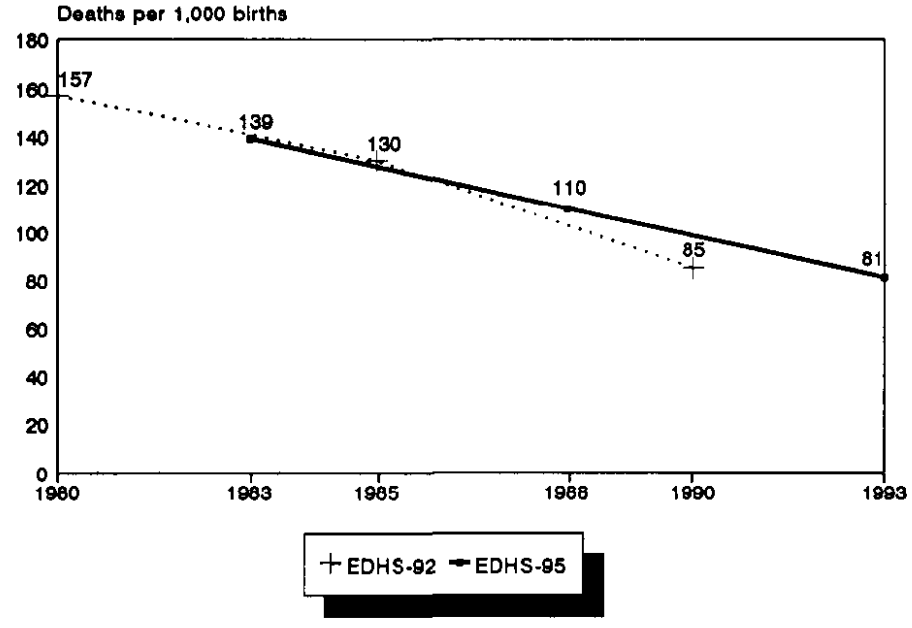
Reference period	Approximate midpoint	Survey	Neonatal mortality	Infant mortality	Under-five mortality
1991-1995	1993	EDHS-95	30	63	81
1988-1992	1990	EDHS-92	33	62	85
1986-1990	1988	EDHS-95	44	82	110
1984-1988	1986	EDHS-88	39	73	102
1983-1987	1985	EDHS-92	51	97	130
1981-1985	1983	EDHS-95	45	97	139
1979-1983	1981	EDHS-88	58	120	167
1978-1982	1980	EDHS-92	48	108	157
1975-1979	1977	EFS-80	59	132	191
1974-1978	1976	EDHS-88	53	124	203
1970-1974	1972	EFS-80	67	146	238
1965-1969	1967	EFS-80	63	141	243

Source: EFS-80: Abdel-Azeem et al., 1993, Table 10.4
EDHS-88: Sayed et al., 1989, Tables 8.3 and 8.4
EDHS-92: El-Zanaty et al., 1993, Table 10.1

With respect to recent trends, a comparison of mortality levels from the 1995 EDHS with those from the 1992 EDHS in Table 9.2 suggests that there was little change in the level of infant and under-five mortality during the period between 1990 and 1993 (the midpoints of the reference periods for which the rates were calculated). There are several explanations for the absence of a downward trend in mortality levels. There may have been a plateauing of or a small rise in mortality during the period between the two surveys although this is unlikely. Sampling error (i.e., the variability associated with survey-based estimates) may also have affected evidence of the trend between the two surveys (see Appendix C). However, a more likely explanation for the apparent plateauing of mortality levels between 1992 and 1995 is improved reporting of recent deaths in the EDHS-95 compared with the EDHS-92.

Figure 9.1 shows the trend in under-five mortality across three successive five-year periods before the EDHS-95 and the EDHS-92. The EDHS-95 results indicate that under-five mortality declined from 110 deaths per 1,000 in 1988 (the midpoint of the reference period) to 81 deaths per 1,000 in 1993, a decrease in under-five mortality of 29 per 1,000 over the five-year period. A much steeper decline was estimated in the EDHS-92 for the late 1980s, with under-five mortality dropping by 45 per 1,000, from 130 deaths per 1,000 in 1985 to 85 deaths per 1,000 in 1990. The steepness of the decline in the EDHS-92 results suggests that

Figure 9.1
Trends in Under-five Mortality
Egypt 1980-1993



there may have been a greater level of underreporting of recent child deaths in the EDHS-92 in comparison with the EDHS-95. Thus, the actual decline in under-five mortality in Egypt during the late 1980s through the early 1990s is likely to have more closely followed the trend observed in the EDHS-95 results than the EDHS-92 pattern.

9.3 Differentials in Mortality

Tables 9.3 and 9.4 present differentials in infant and child mortality rates by selected background characteristics. For most variables, the mortality estimates are calculated for a ten-year period before the survey so that the rates are based on a sufficient number of cases in each category to ensure statistical significance. However, five-year rates are presented for the medical maternity care and size at birth variables because information was collected for these indicators only for births during the period since January 1990.

Socioeconomic Differentials

Table 9.3 examines mortality differentials according to various socioeconomic characteristics including residence, mother's education and the medical care received during pregnancy and childbirth. Urban children have a lower probability of dying at any stage of early childhood than rural children. By place of residence, the lowest mortality rates are found in the Urban Governorates and Lower Egypt and the highest rates in Upper Egypt (see Figure 9.2). Rural Upper Egypt has the highest mortality levels. For example, the under-five mortality in rural Upper Egypt is 143 deaths per 1,000 births, almost 60 percent higher than the under-five mortality rate in rural Lower Egypt (90 deaths per 1,000 births). Although mortality in rural Upper Egypt is higher at all ages than mortality in rural Lower Egypt, the large differential in childhood mortality is particularly noteworthy; the childhood mortality rate in rural Upper Egypt is 42 deaths per 1,000 births, almost twice the rate in rural Lower Egypt (23 deaths per 1,000 births).

Table 9.3 Infant and child mortality by socioeconomic characteristics

Infant and child mortality rates for the ten-year period preceding the survey, by selected socioeconomic characteristics, Egypt 1995

Socioeconomic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Urban-rural residence					
Urban	29.4	21.7	51.1	14.1	64.5
Rural	42.3	44.5	86.8	32.0	116.0
Place of residence					
Urban Governorates	23.8	19.2	42.9	14.6	56.9
Lower Egypt	33.2	27.7	60.9	20.1	79.8
Urban	27.0	11.4	38.5	12.3	50.3
Rural	35.2	33.1	68.3	22.8	89.6
Upper Egypt	47.2	50.5	97.7	34.9	129.2
Urban	41.1	35.0	76.1	15.4	90.3
Rural	49.3	55.9	105.2	42.0	142.8
Frontier Governorates	24.5	29.3	53.8	9.7	63.0
Education					
No education	46.1	47.3	93.4	33.0	123.4
Some primary	37.5	35.4	72.9	27.4	98.3
Primary through secondary	27.3	25.9	53.1	11.3	63.8
Completed secondary/higher	20.6	11.7	32.4	7.0	39.1
Medical maternity care[1]					
No antenatal/delivery care	31.2	43.1	74.3	-	-
Either antenatal or delivery	35.2	33.5	68.7	-	-
Both antenatal and delivery	23.8	14.8	38.6	-	-
Total	37.2	35.6	72.9	24.8	95.9

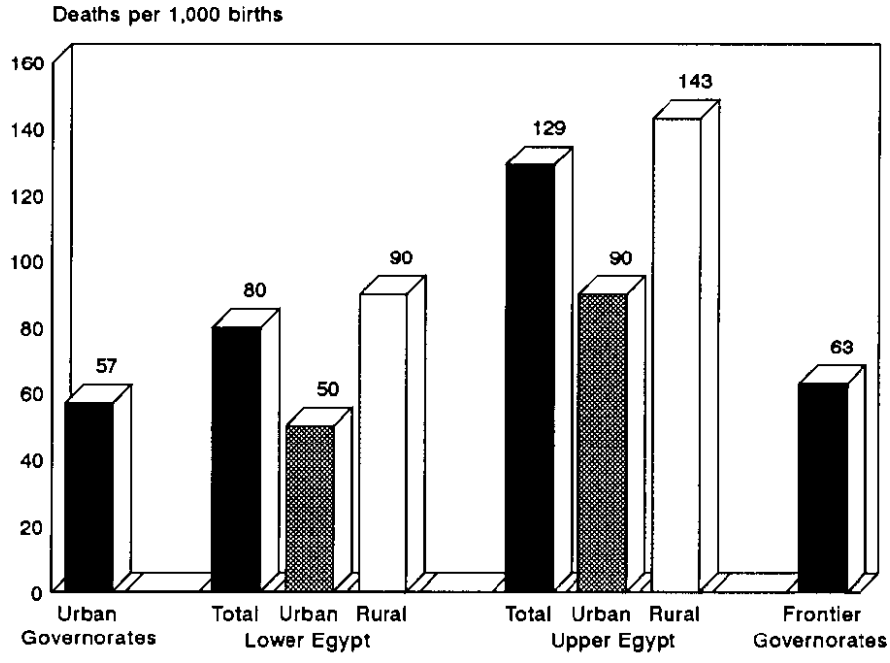
[1] Rates for the five-year period before the survey

Urban mortality levels also are much higher in urban Upper Egypt than in either urban Lower Egypt or the Urban Governorates. Much of the differential in mortality between urban Upper Egypt and the other two areas is due to higher infant mortality; the infant mortality rate in urban Lower Egypt is 76 deaths per 1,000 births compared with 39 per 1,000 in urban Lower Egypt and 43 per 1,000 in the Urban Governorates. The gap in childhood mortality between the three urban areas is much smaller.

As expected, mortality levels at all ages are inversely associated with the mother's educational level. The infant mortality rate among children born to women with no education is 93 deaths per 1,000 births compared with 32 deaths per 1,000 births among children born to women who have completed the secondary school or higher.

Maternity care during pregnancy and delivery has a significant bearing on the risk of early childhood mortality. Mortality levels during infancy are lower for births whose mothers had both antenatal care and assistance at delivery from a trained medical provider than for births whose mothers received only antenatal care or delivery, or received no care.

Figure 9.2
Under-five Mortality by Place of Residence



Demographic Differentials

The relationship between early childhood mortality and various demographic variables is examined in Table 9.4. As expected, neonatal mortality is significantly higher for boys than for girls. However, both postneonatal and under-five mortality levels are higher for girls than for boys. Since mortality levels are generally higher for boys than girls after early infancy, this pattern is evidence of possible gender-related differences in childrearing or child health care practices that place girls at higher risk of dying.

The effect of young maternal age at birth on mortality is evident. Children born to mothers who were under age 20 at the time of the birth are significantly more likely to die at all ages than children born to older mothers. Although a U-shaped curve is typical of the relationship between maternal age and mortality, the mortality of children born to mothers age 40 and over is not consistently higher than the mortality of children born to women in the 20-29 and 30-39 age groups. The relationship between mortality and birth order also does not exhibit the expected pattern of higher mortality for first births and very high order births. At all ages, seventh order and higher births have the highest mortality. However, mortality is not consistently higher for first order births compared with second order births.

The length of the previous birth interval is strongly associated with mortality levels. Mortality levels are consistently higher at all ages among children born less than two years after a previous birth. Overall, the under-five mortality rate among children born less than two years after a previous birth is 166 deaths per 1,000 births, nearly three times the level among children born four or more years after a previous birth. Coupled with the finding in Chapter 3 that around one-quarter of non-first births occur within 24 months of the previous birth, these results indicate the importance of continuing efforts to promote family planning use for birth spacing.

Table 9.4 Infant and child mortality by demographic characteristics

Infant and child mortality rates for the ten-year period preceding the survey, by selected demographic characteristics, Egypt 1995

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Sex of child					
Male	42.6	29.9	72.5	21.7	92.6
Female	31.5	41.8	73.3	28.1	99.3
Age of mother at birth					
< 20	53 0	52.4	105.5	27.7	130.2
20-29	32.9	33 2	66.0	23.7	88.1
30-39	39.0	32.3	71.3	25.8	95.3
40-49	34.4	37.2	71.6	23.2	93.2
Birth order					
1	39.9	31.3	71.2	14.8	84.9
2-3	31.4	31.2	62.6	22.8	84.0
4-6	36.8	35.6	72.4	29.3	99.6
7+	50.4	55.3	105.7	36.9	138.7
Previous birth interval					
< 2 yrs	65.3	63.0	128.4	43.6	166.3
2-3 yrs	22.9	24 4	47.3	21.1	67.4
4 yrs +	19.6	23 0	42.6	15.3	57.3
Size at birth[1]					
Very small	(68.6)	63.5	132.1	-	-
Small	38.2	49 7	87.9	-	-
Average or larger	24.7	27.3	52.0	-	-

Note: Rates based on 250-499 cases are enclosed in parentheses.
[1] Rates for the five-year period preceding the survey

A child's size at birth can be an important indicator of the risk of dying during early infancy. For all births in the five-year period before the EDHS-95, mothers were asked if the child was very small, small, average, large or very large at birth. Table 9.4 indicates that the mother's subjective perception of the size of the child at birth is closely associated with the pattern of mortality. Children who were considered by their mothers to be small or very small at birth were at greater risk of dying than children who were described as average or larger.

9.4 High-risk Fertility Behavior

Research has shown that there is a strong relationship between maternal fertility patterns and children's survival risks. Typically children are more likely to die in early childhood if they are born to mothers who are too young or too old, if they are born after too short a birth interval, or if they are of high birth order. For purposes of the analysis which follows, a mother is classified as "too young" if she is less than 18 years of age, and "too old" if she is over 34 years at the time of the birth. A "short birth interval" is defined by the birth occurring less than 24 months after the previous birth, and a child is of "high birth order," if the mother had previously given birth to three or more children (i.e., the child is of birth order four or higher).

Table 9.5 presents the distribution of births in the five-year period before the survey and currently married women according to these risk factors. The table also examines the relative risk of dying for children by comparing the proportion dead in each high-risk category with the proportion dead among children not in any high-risk category. First births, although often at increased risk, are included in the not in any high-risk category in this analysis because they are not considered an avoidable risk.

The data presented in the first two columns of Table 9.5 address the issue of high-risk fertility for children. The table shows that 55 percent of the births in the five-year period before the survey were in at least one of the high-risk categories, and 18 percent had two or more risk factors. A short birth interval and high birth order were the most common risk factors.

Table 9.5 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey who are at elevated risk of dying, and the percent distribution of currently married women at risk of conceiving a child with an elevated risk of dying, by category of increased risk, Egypt 1995

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[a]
	Percentage of births	Risk ratio	
Not in any high-risk category	25.3	1 00	15.8[b]
Single high-risk category			
First birth	20.2	1 29	7.2
Mother's age < 18	3.9	2 95	0.7
Mother's age > 34	1.6	0.87	5.8
Birth interval < 24	10 5	2 42	8.9
Birth order > 3	21.1	1.60	16 1
Subtotal	37.0	1.94	31.5
Multiple high-risk category			
Age <18 & birth interval <24[c]	0.6	7.40	0.2
Age >34 & birth interval<24	0.2	2.68	0.2
Age >34 & birth order>3	8.3	1.92	34.2
Age >34 & birth interval <24 & birth order >3	1.3	6.58	2.8
Birth interval <24 & birth order >3	7.2	4.06	8.0
Subtotal	17 5	3.32	45.5
In any high-risk category	54.5	2.38	77.0
Total	100.0	NA	100.0
Number	11,454	NA	13,710

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births *not in any high-risk category.*
NA = Not applicable
[a] Women were assigned to risk categories according to the status they would have at the birth of a child, if the child were conceived at the time of the survey. age less than 17 years and 3 months, age older than 34 years and 2 months, latest birth less than 15 months ago, and latest birth of order 3 or higher.
[b] Includes sterilized women
[c] Includes the combined categories *age <18 and birth order >3.*

Considering the risk ratios in the second column, the risk of dying for a child in any of the risk categories is 2.4 times the risk for children not in any of the categories. Among the single risk categories, short birth intervals placed children at the highest risk; children born less than 24 months following a previous birth were 2.4 times as likely to die as children without any risk factor. Both high birth order and young maternal age at birth were associated with an elevated risk of dying although older maternal age was not. The risk ratios were higher for children in multiple risk categories than children in any single risk category. With regard to the specific combination of risk factors, the highest risks were found for births to young mothers after a short interval, higher order births to older mothers after a short interval, and higher order births after a short interval.

The data in column 3 assess the potential for high-risk births among currently married women. A woman's current age, time elapsed since the last birth, and parity were used to determine the risk category in which any birth she conceived at the time of the survey would fall. For example, if a respondent age 30 who has had four births with the last birth 10 months before the survey were to become pregnant, she would fall in the multiple-risk category of being at too high parity (four or more births) and giving birth too soon (less than 24 months after a previous birth).

Overall, the majority of currently married women have the potential of giving birth to a child at elevated risk of mortality. Around one in three women have the potential of having a birth in a single high-risk category (mainly high birth order), while 46 percent have the potential for having a birth in a multiple high-risk category (mainly old maternal age and high birth order).

CHAPTER 10

MATERNAL HEALTH CARE

Both mother and child benefit when a woman receives proper care during pregnancy and childbirth. Ensuring adequate maternity care for women is one of the fundamental goals of the health program in Egypt. This chapter looks at various aspects of maternity care including the coverage of antenatal care, tetanus toxoid vaccinations, and assistance at delivery.

10.1 Antenatal Care

Regular medical checkups during pregnancy are important to reduce the risks of illness and death for the mother and child during pregnancy and at the time of delivery. In the EDHS-95, there were a number of questions relating to antenatal care including the number and timing of antenatal care visits, the type of provider and the health care facility from which antenatal care was received, and receipt of tetanus toxoid injections. These questions were asked for all births in the five-year period before the survey.

Antenatal Care Coverage

Checkups during pregnancy by a trained medical provider are important in monitoring the progress of a pregnancy and identifying women who may experience complications during delivery. Such care is most effective if it is sought early during a pregnancy and is received regularly throughout the pregnancy. In Egypt, it is recommended that pregnant women see a trained provider at least four times during pregnancy.

Table 10.1 shows the distribution of births during the five-year period before the EDHS-95 by the source for antenatal care and the number and timing of antenatal care visits. A birth was considered to have received antenatal care if the mother reported visiting any provider for such care at least once prior to the birth. If the mother visited more than one type of provider, only the most qualified provider was considered in the distribution by source for the antenatal care.

Table 10.1 Source for antenatal care, number of antenatal care visits, and stage of pregnancy

Percent distribution of births in the five years preceding the survey by source for antenatal care, number of antenatal care (ANC) visits, and by the stage of pregnancy at the time of the first visit, Egypt 1995

Source for ANC/ Number and timing of visits	All births
Source for antenatal care	
Doctor	39.1
Trained nurse/midwife	0.0
Birth attendant	0.0
No one/missing	60.9
Total	100.0
Number of ANC visits	
0	60.7
1	2.1
2-3	8.6
4+	28.3
Don't know/missing	0.4
Total	100.0
Median no. of visits	6.5
Number of months pregnant at the time of first ANC visit	
No antenatal care	60.7
< 6 months	35.9
6-7 months	2.4
8+ months	0.8
Don't know/missing	0.3
Total	100.0
Median number of months pregnant at first visit	2.9
Number of live births	11,454

Note: Figures are for births in the period 0-59 months preceding the survey.

Many Egyptian mothers do not receive antenatal care. Table 10.1 shows that women reported receiving antenatal care in only 39 percent of births in the five-year period before the EDHS-95. In virtually all births for which mothers received antenatal care, the provider was a doctor.

The results in Table 10.1 indicate that the majority of women receiving antenatal care have frequent checkups during pregnancy. The recommended minimum number of visits for proper antenatal coverage is four. For more than 70 percent of the births receiving antenatal care (28 percent of all births), the mothers reported having four or more visits for care during the pregnancy. Among births for which care was received, the median number of visits was 6.5.

Women generally begin receiving antenatal care early in a pregnancy. Among births for which any antenatal care was reported, 92 percent of the mothers reported that they first saw a doctor before the sixth month of pregnancy. The median length of time a woman is pregnant at the time of the first antenatal care visit is 2.9 months.

Differentials in Antenatal Care Indicators

As Table 10.2 shows, the likelihood of receiving antenatal care from a trained medical provider varies with the background characteristics of the mother. The largest differentials are observed according to the

Table 10.2 Antenatal care

Percent distribution of births in the five years preceding the survey by source for antenatal care during pregnancy, according to selected background characteristics, Egypt 1995

Background characteristic	Antenatal care provider[1]					Number of births
	Doctor	Trained nurse/ midwife	Traditional birth attendant/ Other	No one	Total	
Mother's age at birth						
< 20	32.8	0.1	0.0	67.1	100.0	1,422
20-34	40.6	0.0	0.0	59.4	100.0	8,736
35+	36.1	0.0	0.0	63.8	100.0	1,296
Birth order						
1	53.5	0.0	0.0	46.3	100 0	2,729
2-3	42.7	0.0	0.0	57.3	100 0	4,386
4-5	30.2	0.0	0.0	69.8	100.0	2,278
6+	22.4	0.0	0.0	77.7	100.0	2,061
Urban-rural residence						
Urban	58.3	0.0	0.1	41 6	100.0	4,381
Rural	27.2	0.0	0.0	72.8	100.0	7,073
Place of residence						
Urban Governorates	59.2	0.0	0.0	40.8	100.0	1,990
Lower Egypt	41.9	0.0	0.0	58.1	100.0	4,377
Urban	65 2	0.0	0 1	34.7	100.0	1,057
Rural	34.5	0.0	0 0	65.5	100.0	3,321
Upper Egypt	28.6	0.0	0.0	71.4	100.0	4,973
Urban	51.2	0.0	0.1	48.7	100.0	1,269
Rural	20.8	0.0	0.0	79.2	100.0	3,705
Frontier Governorates	41.4	0.2	0.0	58.4	100 0	113
Mother's education						
No education	22.0	0.0	0.0	78.0	100.0	5,266
Some primary	33.9	0.0	0.0	66.1	100.0	2,063
Primary through secondary	49.3	0.0	0.1	50.6	100 0	1,320
Completed secondary/higher	70.2	0.1	0.1	29.7	100.0	2,805
Work status						
Working for cash	60.1	0.0	0.1	39.8	100.0	1,462
Not working for cash	36.0	0.0	0.0	63.9	100.0	9,993
Total	39.1	0.0	0.0	60.9	100.0	11,454

Note: Figures are for births in the period 0-59 months preceding the survey. A birth is considered to have received antenatal care if there was at least one antenatal care consultation during the pregnancy.

[1] If the respondent mentioned more than one provider, only the most qualified provider is considered.

mother's educational level. Births to women who have a secondary or higher education are more than three times as likely as births to women who never attended school to have received antenatal care from a doctor (70 percent and 22 percent, respectively). Antenatal care from a doctor is more common for urban births (58 percent) than rural births (27 percent). The proportion of births whose mothers had antenatal care is highest in urban Lower Egypt (65 percent) and lowest in rural Upper Egypt (21 percent). The likelihood of receiving antenatal care is greater among women working for cash than among other women. There is an inverse relationship between birth order and antenatal care coverage. A mother's age has only a small influence, with births to women under age 20 and to mothers age 35 and over being only slightly less likely than births to women age 20-34 to have received antenatal care.

Table 10.3 examines differentials in two other antenatal care indicators: the type of health facility at which care was received and the frequency of visits for care. Antenatal care is most often provided by private

Table 10.3 Type of facility providing antenatal care and number of visits by background characteristics

Percentage of births for which antenatal care (ANC) was received at health facility by type of facility, and the percentage of births whose mothers had four or more antenatal care visits, according to selected background characteristics, Egypt 1995

Background characteristic	Type of facility			Four or more ANC visits	Number of births
	Public sector	Private sector	Both public and private		
Mother's age at birth					
< 20	5.7	27.0	0.2	19.5	1,422
20-34	8.5	31.5	0.2	30.1	8,736
35+	8.3	27.6	0.1	26.1	1,296
Birth order					
1	10.3	42.5	0.3	41.6	2,729
2-3	8.5	33.5	0.2	32.1	4,386
4-5	6.4	23.3	0.2	19.1	2,278
6+	6.2	16.2	0.2	12.9	2,061
Urban-rural residence					
Urban	14.0	43.0	0.3	50.0	4,381
Rural	4.5	22.8	0.2	14.9	7,073
Place of residence					
Urban Governorates	17.5	39.4	0.3	55.1	1,990
Lower Egypt	6.3	35.4	0.1	27.9	4,377
Urban	10.0	54.8	0.4	52.0	1,057
Rural	5.1	29.2	0.1	20.2	3,321
Upper Egypt	5.9	22.6	0.2	17.9	4,973
Urban	11.8	38.7	0.3	40.6	1,269
Rural	3.9	17.2	0.2	10.1	3,705
Frontier Governorates	11.1	30.9	0.5	30.6	113
Mother's education					
No education	5.8	16.3	0.1	11.9	5,266
Some primary	8.5	25.0	0.1	21.1	2,063
Primary through secondary	10.7	38.1	0.4	39.5	1,320
Completed secondary/higher	10.9	57.7	0.4	59.1	2,805
Work status					
Working for cash	12.1	46.5	0.4	50.2	1,462
Not working for cash	7.5	28.2	0.2	25.1	9,993
Total	8.1	30.5	0.2	28.3	11,454

doctors or clinics; mothers report having antenatal care checkups from private doctors for 31 percent of births during the five years preceding the survey while they went to a public health facility for care for only 8 percent of births. Thus, among births receiving antenatal care, around eight in ten had checkups from a private provider. Private doctors or clinics were the principal source for antenatal care in all major subgroups. Among births receiving any antenatal care, the proportion seen for this care by a private provider was highest in urban and rural areas in Lower Egypt (84 percent and 85 percent, respectively) and in rural Upper Egypt (83 percent) and lowest in the Urban Governorates (67 percent).

Table 10.3 also shows the differentials in the proportions of births receiving regular antenatal care, i.e., who had at least four antenatal care visits during the pregnancy. Regular antenatal care is most common among first order births and births to mothers age 20-34, urban mothers, mothers with secondary or higher education, and mothers working for cash. The differences in the likelihood of having regular antenatal care between some subgroups are quite large. For example, urban births were more than three times as likely as rural births to have been seen at least four times for antenatal care. The lowest likelihood of receiving regular antenatal care is observed in rural Upper Egypt (10 percent).

Tetanus Toxoid Vaccinations

Tetanus toxoid injections are given to women during pregnancy in order to prevent neonatal tetanus, a frequent cause of death in young infants when sterile conditions are not observed during delivery. The EDHS-95 obtained information on whether women received tetanus toxoid vaccinations during pregnancy for each birth in the five years before the survey and, if so, the number of injections. As Table 10.4 shows, women had a one dose of tetanus toxoid vaccine for 26 percent of births and two or more doses for 43 percent of births.

Coverage levels are much lower for women age 35 and over than younger women, and coverage decreases directly with the birth order of the child. Somewhat surprisingly, tetanus toxoid vaccinations were slightly more common for rural births than for urban births. By place of residence, Lower Egypt has the highest coverage, followed by Upper Egypt and the Urban Governorates. Tetanus toxoid vaccinations are somewhat more likely for births to women with at least a primary education than for births to women with less education.

Tetanus toxoid coverage has increased rapidly in Egypt since the late 1980s. As shown in Figure 10.1, the proportion of births for which the mothers received at least one tetanus toxoid vaccination during pregnancy rose from 11 percent in 1988 to 70 percent in 1995. The rapid growth in tetanus toxoid coverage is likely a result of the extensive public education campaign to promote tetanus toxoid vaccinations during this period.

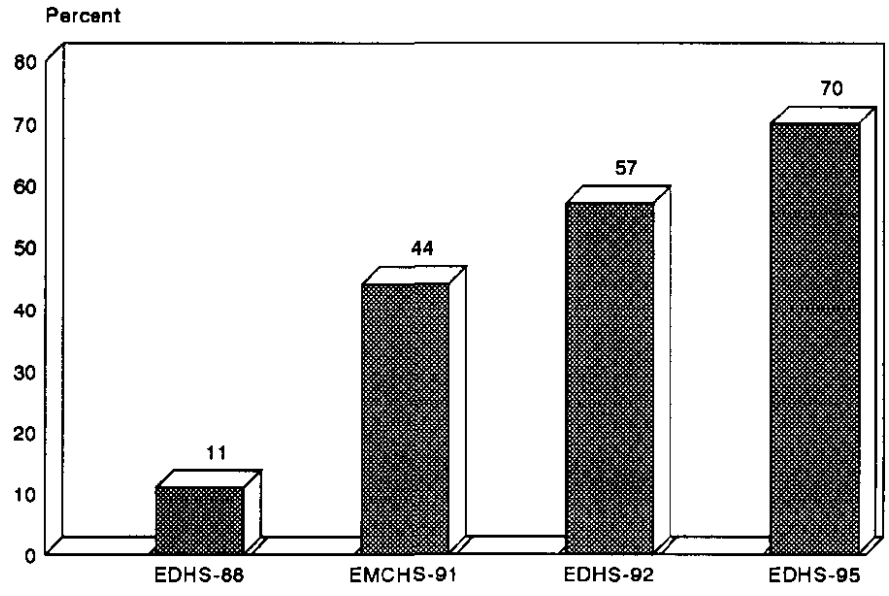
Table 10.4 Tetanus toxoid vaccinations

Percent distribution of births in the five years preceding the survey by number of tetanus toxoid injections given to the mother during pregnancy, according to selected background characteristics, Egypt 1995

Background characteristic	Number of tetanus toxoid injections					Number of births
	None	One dose	Two doses or more	Don't know/ Missing	Total	
Mother's age at birth						
< 20	24.1	18.0	57.2	0.7	100.0	1,422
20-34	28.7	28.5	42.0	0.8	100.0	8,736
35+	43.2	21.0	35.0	0.7	100.0	1,296
Birth order						
1	22.1	11.9	65.1	0.8	100.0	2,729
2-3	26.5	36.5	36.2	0.7	100.0	4,386
4-5	33.8	28.4	36.7	1.1	100.0	2,278
6+	42.2	21.4	35.7	0.6	100.0	2,061
Urban-rural residence						
Urban	32.4	30.2	36.5	0.9	100.0	4,381
Rural	28.1	24.0	47.2	0.7	100.0	7,073
Place of residence						
Urban Governorates	35.2	31.2	33.0	0.6	100.0	1,990
Lower Egypt	23.3	26.9	48.7	1.0	100.0	4,377
Urban	28.5	31.2	39.0	1.3	100.0	1,057
Rural	21.6	25.6	51.8	0.9	100.0	3,321
Upper Egypt	33.0	23.9	42.4	0.7	100.0	4,973
Urban	31.4	27.7	39.9	1.0	100.0	1,269
Rural	33.6	22.6	43.3	0.6	100.0	3,705
Frontier Governorates	39.6	26.7	33.1	0.6	100.0	113
Mother's education						
No education	33.6	24.7	41.1	0.7	100.0	5,266
Some primary	28.4	25.7	45.5	0.5	100.0	2,063
Primary through secondary	24.8	26.7	47.2	1.3	100.0	1,320
Completed secondary/higher	25.9	29.9	43.2	1.0	100.0	2,805
Work status						
Working for cash	28.6	29.1	40.9	1.4	100.0	1,462
Not working for cash	29.9	26.0	43.4	0.7	100.0	9,993
Total	29.7	26.4	43.1	0.8	100.0	11,454

Note: Figures are for births in the period 0-59 months preceding the survey.

Figure 10.1
Trends in Tetanus Toxoid Coverage
Egypt 1988-1995



Antenatal Care and Tetanus Toxoid Coverage

Many women who reported receiving tetanus toxoid injections in the EDHS-95 did not report visiting a doctor for antenatal care. In some cases, women who said that they had antenatal care did not receive tetanus toxoid injections. Table 10.5 takes into account coverage for both antenatal care and tetanus toxoid vaccinations. Overall, women reported that they had both visited a doctor for at least one checkup during pregnancy and received at least one tetanus toxoid vaccination for 29 percent of the births in the five-year period before the survey. For 10 percent of the births, women reported receiving care from a doctor but no tetanus toxoid injections and, for 41 percent of births, they had received a tetanus toxoid injection but had not visited a doctor for antenatal care. The proportion of births for which there was apparently no medical contact during the pregnancy (i.e., neither a tetanus toxoid injection nor antenatal care visits) was 20 percent.

The likelihood that a woman had no contact with the health system during pregnancy is greatest among births to women age 35 and over (30 percent) and births of order six or higher (36 percent). Considering differences by residence, rural births (23 percent), especially those in Upper Egypt (29 percent), are most likely to have received no tetanus toxoid injection and no antenatal care. By educational level, the proportion reporting both no tetanus toxoid and no antenatal care ranges from 29 percent among births to women with no education to only 6 percent among births to women with a secondary or higher education. Women who are working for cash are much more likely to have had contact with the health system during pregnancy than other women.

Table 10.5 Antenatal care and tetanus toxoid injections by background characteristics

Percent distribution of births in the five years preceding the survey by antenatal care and tetanus toxoid coverage, according to selected background characteristics, Egypt 1995

Background characteristic	Antenatal care/tetanus toxoid coverage						Number of births
	Care and injection	Care only, no injection	Injection only, no care	No care, no injection	Other/ Missing	Total	
Mother's age at birth							
< 20	26.2	6.6	49.0	17.5	0.7	100.0	1,422
20-34	30.0	10.2	40.5	18.5	0.8	100.0	8,736
35+	22.8	13.1	33.3	30.1	0.7	100.0	1,296
Birth order							
1	40.7	12.6	36.4	9.5	0.8	100.0	2,729
2-3	30.9	11.4	41.8	15.2	0.7	100.0	4,386
4-5	22.0	7.8	43.1	26.0	1.1	100.0	2,278
6+	15.6	6.4	41.6	35.8	0.6	100.0	2,061
Urban-rural residence							
Urban	39.5	18.4	27.3	14.0	0.9	100.0	4,381
Rural	22.0	4.9	49.1	23.2	0.7	100.0	7,073
Place of residence							
Urban Governorates	39.1	19.9	25.1	15.3	0.6	100.0	1,990
Lower Egypt	32.9	8.5	42.7	14.8	1.0	100.0	4,377
Urban	45.1	19.2	25.0	9.3	1.3	100.0	1,057
Rural	29.1	5.1	48.4	16.6	0.9	100.0	3,321
Upper Egypt	20.8	7.5	45.5	25.5	0.7	100.0	4,973
Urban	35.1	15.6	32.5	15.8	1.0	100.0	1,269
Rural	15.9	4.8	50.0	28.8	0.6	100.0	3,705
Frontier Governorates	31.4	9.9	28.4	29.7	0.6	100.0	113
Mother's education							
No education	17.3	4.6	48.4	29.0	0.7	100.0	5,266
Some primary	25.3	8.6	45.9	19.7	0.5	100.0	2,063
Primary through secondary	36.2	12.2	37.7	12.6	1.3	100.0	1,320
Completed secondary/higher	49.1	20.4	24.0	5.5	1.0	100.0	2,805
Work status							
Working for cash	41.4	17.9	28.6	10.7	1.4	100.0	1,462
Not working for cash	26.9	8.9	42.5	21.0	0.7	100.0	9,993
Total	28.7	10.1	40.7	19.7	0.8	100.0	11,454

Note: Figures are for births in the period 0-59 months preceding the survey.

10.2 Delivery Care

In addition to the questions on antenatal care and tetanus toxoid vaccinations, the EDHS-95 collected information on two other important aspects of maternity care: the place of delivery and the person(s) assisting with the delivery. Hygienic conditions and proper medical attention during delivery can reduce the risk of complications and infection for both the mother and the child.

Place of Delivery

The majority of children in Egypt are born at home. As Table 10.6 shows, only about one-third of deliveries take place in health facilities: 18 percent in governmental facilities and 15 percent in private hospitals or clinics. In most cases, women who delivered in a facility had planned in advance to go there for the birth. However, in the case of 11 percent of all births, women said that they had planned to deliver at home but went to the health facility because of problems they experienced at the time of delivery. When these women were asked about who suggested they go to the facility for assistance with the delivery, around half said relatives or friends, 32 percent a doctor or other health personnel, and 16 percent a daya (see Table 10.7).

Table 10 6 Place of delivery

Percent distribution of births in the five years preceding the survey by place of delivery, according to selected background characteristics, Egypt 1995

Background characteristic	Public health facility	Private health facility	At home	Other	Total	Number of births
Mother's age at birth						
< 20	15.2	10.9	73.3	0.5	100.0	1,422
20-34	17.8	15.1	66.7	0.5	100.0	8,736
35+	21.8	15.6	62 3	0.2	100.0	1,296
Birth order						
1	26.1	23.0	50.1	0.9	100.0	2,729
2-3	17.4	15.6	66.7	0.4	100.0	4,386
4-5	14.2	9.0	76.4	0.4	100.0	2,278
6+	12.3	7.6	79.9	0.2	100.0	2,061
Urban-rural residence						
Urban	30.2	24.5	44 3	0.9	100.0	4,381
Rural	10.3	8.4	81 1	0.2	100.0	7,073
Place of residence						
Urban Governorates	37.6	22.5	38.4	1 5	100.0	1,990
Lower Egypt	15.4	17.4	67.0	0.3	100.0	4,377
Urban	24.3	35.2	40.0	0.4	100.0	1,057
Rural	12.6	11.7	75.5	0.1	100.0	3,321
Upper Egypt	12 1	9.1	78.5	0.3	100.0	4,973
Urban	23.8	19.2	56.4	0.6	100.0	1,269
Rural	8.1	5.6	86.1	0.2	100.0	3,705
Frontier Governorates	19.8	11.2	69.0	0.0	100.0	113
Mother's education						
No education	11.1	6.3	82.5	0.2	100.0	5,266
Some primary	19.7	9.4	70.4	0 5	100.0	2,063
Primary through secondary	25.1	16.4	58.3	0.2	100.0	1,320
Completed secondary/higher	26.0	33.2	39.7	1 1	100.0	2,805
Work status						
Working for cash	28.4	24.3	46.0	1.3	100 0	1,462
Not working for cash	16.4	13.2	70.1	0 4	100.0	9,993
Antenatal care visits						
None	12.8	5.1	82.0	0.1	100.0	6,947
1-3	16.2	14.1	69.6	0.1	100.0	1,225
4 or more	29.4	35.2	34.6	0.8	100.0	3,241
Don't know/Missing	20.5	5.4	21.0	53.2	100.0	41
Total	17.9	14.6	67.0	0.5	100.0	11,454

Note: Figures are for births in the period 0-59 months preceding the survey.

Table 10.7 Plan for facility delivery

Percent distribution of live births in the five years preceding the survey according to place where the delivery occurred and plan for delivery in health facility, Egypt 1995

Plan for facility delivery	All births
Planned to deliver in facility	21.3
Referred to facility at delivery by:	11.1
Doctor	3.3
Nurse	0.3
Daya	1.8
Relative/other	5.7
Delivery at home	67.3
Don't know/missing	0.2
Total	100.0
Number of births	11,454

Table 10.6 also presents differentials in distribution of births by the place of delivery. The proportion of deliveries which take place in a health facility increases directly with the age of the mother and decreases with the child's birth order. Urban births are around three times as likely as rural births to take place in a health facility. By place of residence, the proportion of deliveries at health facilities varies from 14 percent in rural Upper Egypt to 60 percent in the Urban Governorates and urban Lower Egypt.

There is a direct relationship between the likelihood of giving birth in a health facility and the educational status of the mother. Among births to women who never attended school, 17 percent took place in a health facility compared with 59 percent among women with a secondary or higher education. Around half of births to women who work for cash take place in a facility compared with 30 percent of other births.

Finally, the proportion of births taking place in a health facility is directly associated with the number of antenatal care visits. Among births for which women reported that they received no antenatal care, 18 percent delivered in a facility compared with 30 percent among births with 1-3 antenatal care visits and 65 percent among births with four or more antenatal care visits.

Assistance at Delivery

Table 10.8 presents information from the EDHS-95 on the person assisting with the delivery for all births during the five-year period before the survey. If the mother was assisted by more than one type of provider, only the most qualified is shown in the table.

Doctors (39 percent) or trained nurse/midwives (7 percent) assisted less than half of all deliveries during the five-year period before the EDHS-95. Traditional birth attendants provided assistance for 49 percent of births, and relatives or friends assisted with 4 percent of births. Only 1 percent of births were delivered without assistance.

Table 10.8 Assistance during delivery

Percent distribution of births in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, Egypt 1995

Background characteristic	Attendant assisting during delivery[1]							Number of births
	Doctor	Trained nurse/ Midwife	Traditional birth attendant[2]	Relative/ Other	No one	Don't know/ missing	Total	
Mother's age at birth								
< 20	33.9	6.6	54.6	3.9	0.6	0.5	100.0	1,422
20-34	39.2	7.7	48.1	3.9	0.9	0.2	100.0	8,736
35+	41.9	6.4	44.5	3.9	3.0	0.3	100.0	1,296
Birth order								
1	57.5	6.6	33.3	2.0	0.3	0.4	100.0	2,729
2-3	39.7	8.6	47.2	3.8	0.6	0.1	100.0	4,386
4-5	29.0	8.1	57.0	4.4	1.2	0.3	100.0	2,278
6+	23.5	5.1	61.9	6.3	2.9	0.3	100.0	2,061
Urban-rural residence								
Urban	60.2	7.7	28.8	2.2	0.7	0.3	100.0	4,381
Rural	25.7	7.1	60.7	5.0	1.3	0.2	100.0	7,073
Place of residence								
Urban Governorates	63.1	6.1	26.9	2.7	0.9	0.3	100.0	1,990
Lower Egypt	42.3	9.1	45.0	2.7	0.7	0.2	100.0	4,377
Urban	68.4	6.7	22.7	1.2	0.6	0.5	100.0	1,057
Rural	34.0	9.9	52.1	3.1	0.7	0.1	100.0	3,321
Upper Egypt	26.0	6.2	60.9	5.2	1.5	0.3	100.0	4,973
Urban	48.8	10.8	37.4	2.2	0.6	0.2	100.0	1,269
Rural	18.2	4.7	68.9	6.2	1.7	0.3	100.0	3,705
Frontier Governorates	46.3	13.0	19.1	19.6	1.9	0.0	100.0	113
Mother's education								
No education	22.5	5.4	64.5	5.8	1.5	0.3	100.0	5,266
Some primary	34.1	8.7	51.7	4.3	0.9	0.3	100.0	2,063
Primary through secondary	48.0	9.0	40.3	2.0	0.5	0.2	100.0	1,320
Completed secondary/higher	68.9	9.3	20.0	1.0	0.6	0.2	100.0	2,805
Work status								
Working for cash	60.5	8.4	28.0	1.5	1.4	0.2	100.0	1,462
Not working for cash	35.7	7.2	51.5	4.3	1.0	0.3	100.0	9,993
Antenatal care visits								
None	23.0	7.4	62.8	5.3	1.5	0.1	100.0	6,947
1-3	41.5	9.5	45.1	3.4	0.5	0.0	100.0	1,225
4 or more	72.2	6.6	19.5	1.2	0.5	0.1	100.0	3,241
Don't know/missing	25.9	0.0	19.0	1.9	0.0	53.2	100.0	41
Place of delivery								
Health facility	99.0	0.4	0.1	0.2	0.1	0.2	100.0	3,722
At home	9.7	10.8	72.3	5.7	1.4	0.0	100.0	7,678
Other	66.9	0.0	0.0	3.0	30.1	0.0	100.0	32
Don't know/missing	0.0	0.0	0.0	3.2	0.0	96.8	100.0	22
Total	38.9	7.4	48.5	3.9	1.1	0.3	100.0	11,454

Note: Figures are for births in the period 0-59 months prior to the survey.
[1] If the respondent mentioned more than one attendant, only the most qualified attendant is considered.
[2] Includes both trained and untrained traditional birth attendants

A comparison of the findings in Table 10.8 and Table 10.6 indicates that many medically assisted deliveries occur outside health facilities. Overall, 30 percent of the births assisted by medical personnel are delivered outside a health facility.

Table 10.8 shows that the likelihood that a mother was assisted at birth by trained medical personnel increases with the age of the mother and decreases with the birth order of the child. Medically assisted deliveries are more common for urban births, births to highly educated mothers, and births to women who work for cash than for other births. Considering differences by place of residence, births to women in rural Upper Egypt are least likely to be assisted by medical personnel, while births in urban Lower Egypt are most likely to be attended by a doctor or nurse/midwife. Finally, the proportion of medically assisted deliveries increases directly with the number of antenatal care visits.

10.3 Trends in Maternal Health Indicators

Table 10.9 presents trends in key maternal health indicators during the period 1988-1995. As discussed earlier (see Figure 10.1), there has been a sharp increase in the proportion of women who receive tetanus toxoid injections during pregnancy.

Table 10.9 Trends in maternal health indicators

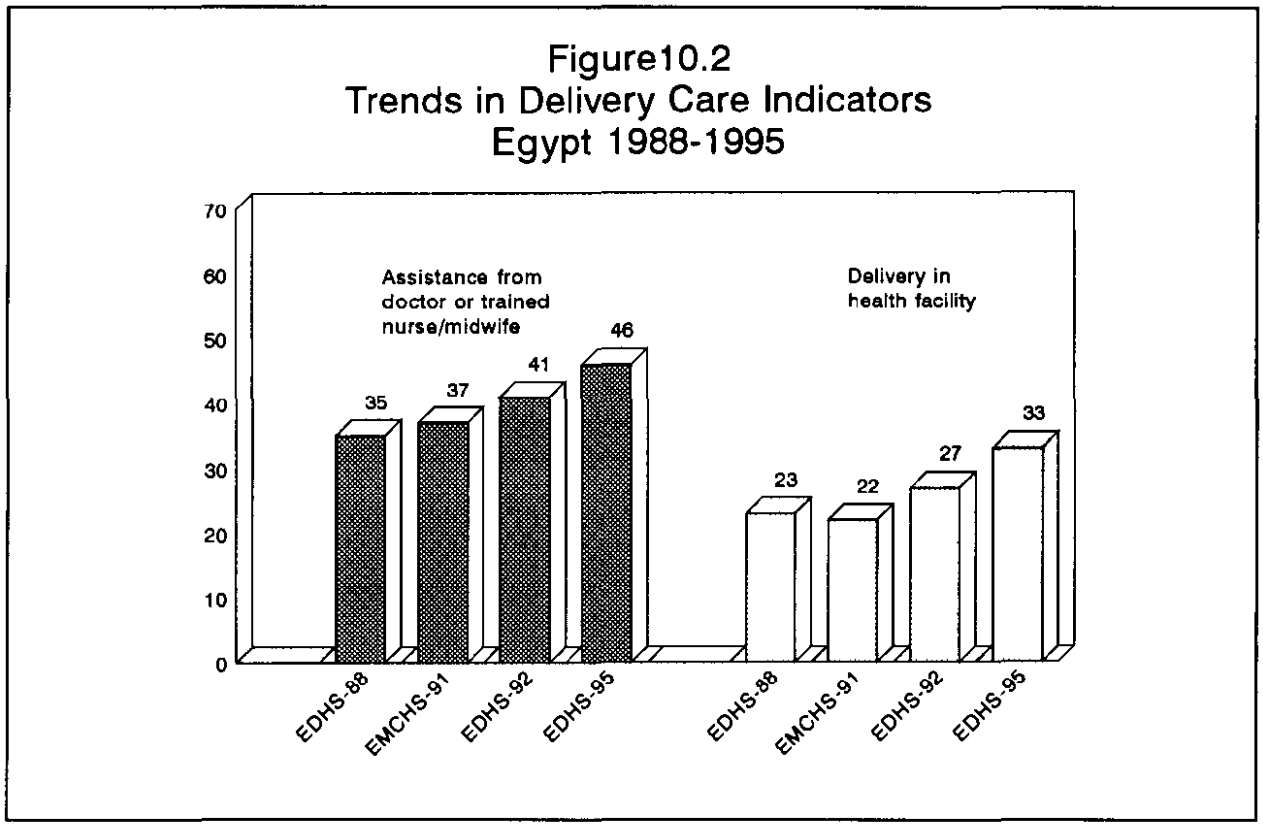
For all births in the five years preceding the survey, the percentage whose mothers had at least one tetanus toxoid injection, antenatal care from a doctor or trained nurse midwife, four or more antenatal care visits, and assistance at delivery from a doctor or trained nurse/midwife, Egypt 1988-1995

Maternal health indicator	EDHS 1988	EMCHS 1991	EDHS 1992	EDHS 1995
Tetanus toxoid injection	11.4	42.5	57.3	69.5
Antenatal care				
Any antenatal care	52.8	52.1	52.9	39.1
4 or more visits	U	U	22.5	28.3
Medical assistance at delivery	34.6	36.5	40.7	46.3

U = Unknown (not available)

Source: EDHS-88: Sayed et al., 1989, Tables 9.1 and 9.2
EMCHS-91: Abdel-Azeem et al., 1993, Tables 5.8, 5.15, and 5.25
EDHS-92: El-Zanaty et al., 1992, Tables 11.1-11.3, 11.5

Improvements in other maternal health indicators have been more gradual but steady during the period. The porportion of births for which the mother had regular antenatal care increased from 23 to 28 percent between 1992 and 1995. The decline in the total proportion of births for which the mother received any antenatal care is not a genuine trend but the result of changes in field procedures.[1] The proportion of births attended by a doctor or trained nurse/midwife increased from 35 percent in 1988 to 46 percent in 1995 (Figure 10.2).



[1] Many women in Egypt distinguish between antenatal care and the receipt of tetanus toxoid injections. This was evidenced in the EDHS-92 survey results in which mothers of nearly one-quarter of the births in the five-year period before the survey said that they had not had antenatal care but they had received one or more tetanus toxoid injections. This percentage would have been even higher except for the fact that, in an indeterminate number of cases in the 1992 EDHS, interviewers and field editors changed the reseponse to the question on antenatal care from "no" to "yes" in cases when the woman had received a tetanus toxoid injection. In the training for the EDHS-95, interviewers were told not to correct inconsistencies in the responses to the antenatal care and tetanus toxoid questions. Thus, the figure on antenatal coverage in the EDHS-95 may more closely approximate the actual proportion of women who go for routine checkups or for assistance with problems that they experienced during the pregnancy. The proportion of births for which the mother reported that she had neither antenatal care nor a tetanus toxoid injection was 20 percent in 1995 compared with 24 percent in 1992.

10.4 Characteristics of Delivery

The EDHS-95 collected information on several other aspects of deliveries including the frequency of caesarean sections and of low birth weight babies. In addition, the survey obtained information from women on whether they had experienced specific complications during or following delivery.

Table 10.10 Characteristics of delivery

Percent distribution of births in the five years preceding the survey by whether the delivery was by caesarean section, birth weight and the mother's estimate of baby's size at birth, Egypt 1995

Delivery characteristic	Percent of births
Delivery by caesarean section	6.6
Birth weight	
Less than 2.5 kg	1.3
2.5 kg or more	9.1
Don't know/Missing	89.6
Size at birth	
Very small	3.4
Smaller than average	16.4
Average or larger	79.8
Don't know/missing	0.3
Total	100.0
Number of births	11,454

Note: Figures are for births in the period 0-59 months preceding the survey.

Caesarean Deliveries and Birth Weight

Caesarean sections are generally performed because the mother has medical problems or is experiencing a complicated delivery. Table 10.10 shows that 7 percent of deliveries in the five-year period before the survey were by caesarean section.

Birth weight is an important determinant of the well-being of a newborn. Mortality risks during the neonatal period are considerably higher for low birth weight babies, i.e., for babies weighing less than 2.5 kilograms at birth. To obtain information about birth weight, mothers of babies born during the five-year period before the EDHS-95 were first asked to assess the size of their baby at birth. In addition, they were asked to report the actual weight in kilograms if the baby had been weighed at birth.

The proportion of low birth weight babies is difficult to estimate as around 90 percent of mothers are unable to report how much their babies weighed at birth, mainly because the babies were delivered at home. Among the small number of births for which women were able to provide the baby's birth weight, 13 percent weighed less than 2.5 kilograms and, thus, are classified as low birth weight babies. According to the mother's own assessment, three percent of births were very small in size and 16 percent were smaller than average.

Complications of Deliveries

Specific signs or symptoms of delivery complications about which respondents were asked questions included prolonged labor, excessive bleeding, vaginal infection or convulsions. Table 10.11 shows that women reported having one or more of these four symptoms of delivery complications in 23 percent of births. Prolonged labor, the most frequent complication, was reported in the case of 20 percent of births, while excessive bleeding occurred in 4 percent, vaginal infection in 2 percent, and convulsions in less than 1 percent.

There is little variation in the prevalence of mother's reports of complications for births delivered by caesarean section or for births followed by neonatal death. However, delivery complications, particularly prolonged labor and excessive bleeding, were more prevalent among births in which the mothers reported that they had expected to deliver at home but went to a health facility because they experienced problems. Complications were reported most often among births to women who were referred by a daya to a facility for delivery.

Table 10.11 Delivery complications

Percentage of births in the five years preceding the survey for which women reported specific signs and symptoms of delivery complications, by selected antenatal and delivery care characteristics, Egypt 1995

Antenatal/ delivery care characteristic	Prolonged labor	Excessive bleeding	Vaginal infection	Convul-sions	No compli-cations	Number of births
Care received						
Antenatal and delivery	22.9	6.1	2.7	0.9	72.3	3,194
Antenatal	22.2	4.4	2.8	0.8	73.5	1,289
Delivery	26.9	4.7	2.6	0.8	68.8	2,124
None	14.4	1.8	1.4	0.3	84.0	4,848
Plan for facility delivery	20.2	4.2	1.4	0.3	76.6	2,472
Referred to facility by:						
Health personnel	29.8	10.3	3.1	2.1	63.3	381
Daya	45.2	12.1	4.8	1.4	47.5	211
Relatives/others	32.8	9.9	5.4	2.2	58.6	657
Delivery at home/other	17.7	2.6	2.0	0.5	79.7	7,709
Neonatal death	19.0	8.2	2.1	0.2	75.1	216
Delivery by caesarean section	20.4	7.8	3.3	2.2	71.8	761
Total	19.9	3.8	2.1	0.6	76.7	11,454

CHAPTER 11

CHILD HEALTH

An essential element in improving child survival in Egypt is increasing the proportion of children who are vaccinated against the major preventable diseases of childhood. Both diarrhea and acute respiratory infections also are common threats to the survival of young children in Egypt. This chapter presents information from the EDHS-95 on these key child health issues.

11.1 Vaccination of Children

The World Health Organization guidelines for childhood immunizations call for all children to receive: a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis and tetanus; three doses of polio vaccine; and a measles vaccination. Egypt has recently added the hepatitis vaccine to its child immunization program. All of the recommended vaccinations should be given before 12 months of age. The EDHS-95 included questions on coverage for all of the recommended vaccinations for children under five years of age. However, because the hepatitis vaccination program was in place for only a short period before the EDHS-95, hepatitis immunizations are not taken into account in calculating the proportion of children considered to be fully immunized in this report. Thus, a child is considered to have had the full schedule of immunizations if he/she has received a BCG and measles vaccination and three doses of the DPT and polio vaccines.

Procedures for Collection of Vaccination Data

In the EDHS-95, information on childhood immunizations was collected in two ways: from written records of the child's immunization history shown to the interviewer or from the mother's verbal report. In Egypt, immunizations are recorded on a child's birth record (certificate). For each child, mothers were asked whether they had the birth record for the child and, if so, to show the record to the interviewer. Birth cards were available for half of the children under five years of age. For these children, dates of vaccinations were copied directly from the record to the EDHS questionnaire. If a specific vaccination was not recorded on the birth certificate, the mother was asked to recall whether this vaccination had been given. When the mother did not show a birth record, she was asked whether or not the child had received BCG, DPT, polio, measles and hepatitis vaccinations. In cases where the mother reported the child had had DPT, polio or hepatitis vaccinations, she was asked to report the number of doses received by the child.

Immunization Coverage

Table 11.1 shows information on vaccination coverage according to the source of the information, i.e., the child's birth record or the mother's report. The results are shown for children 12-23 months, who according to WHO standards should have received all of the recommended vaccinations.

Table 11.1 shows that 79 percent of children 12-23 months can be considered to be fully immunized. Only 3 percent had received no vaccinations. Coverage for BCG and the first two doses of DPT and polio exceeds 90 percent. Almost 90 percent had also received the measles vaccine. The third doses of DPT and polio were received by more than 80 percent of children. This represents a dropout rate[1] of around 13 percent for these vaccinations.

[1] The dropout rate is defined as the percentage of children receiving the first dose who do not subsequently receive the third dose of the DPT, polio or hepatitis vaccines.

Table 11.1 Vaccinations by source of information

Percentage of children 12-23 months who had received specific vaccines at any time before the survey and the percentage vaccinated by 12 months of age, by whether the information was from a vaccination record or from the mother, Egypt 1995

Source of information	Percentage of children who received:													Percentage with a vaccination card	Number of children
		DPT			Polio			Hepatitis							
	BCG	1	2	3+	1	2	3+	1	2	3	Measles	All[1]	None		
Vaccinated at any time before the survey															
Vaccination record	48.0	49.2	47.9	44.9	49.5	48.2	45.2	38.7	38.5	31.3	46.4	43.4	0.6	50.1	1,045
Mother's report	45.9	47.0	44.9	38.1	47.5	45.7	39.0	36.8	32.5	25.6	42.8	35.6	1.9	49.9	1,040
Either source	94.7	96.2	92.8	83.0	97.0	93.9	84.2	75.4	71.0	56.9	89.2	79.1	2.5	100.0	2,085
Vaccinated by 12 months of age	93.7	95.0	91.1	80.0	95.8	92.2	81.1	73.9	69.5	54.3	79.9	70.6	3.7	-	2,085

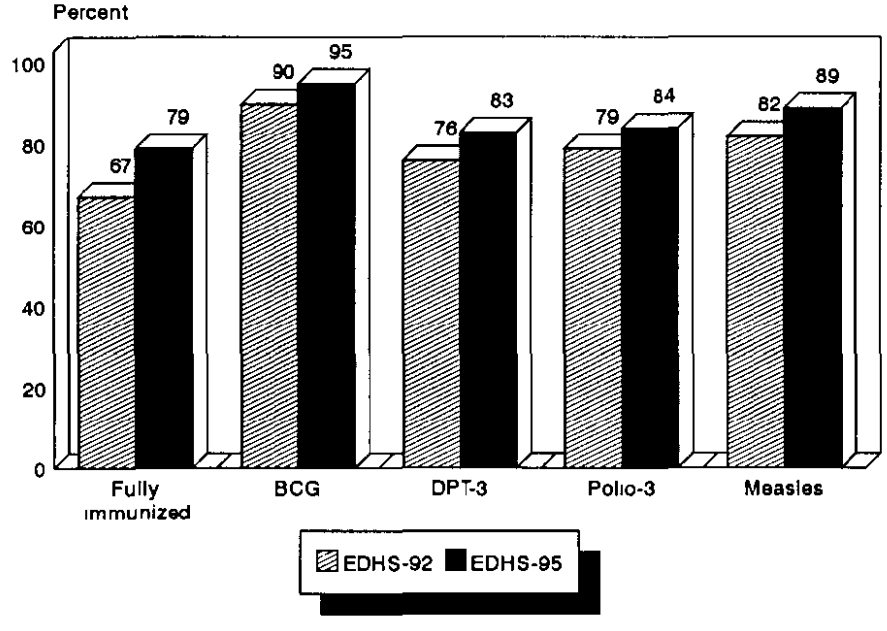
Note. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination

[1] Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses of DPT and polio vaccines)

In view of the relatively recent launch of the hepatitis immunization program, coverage levels are lower for the hepatitis vaccine, and the dropout rate is higher than for other vaccines. Only 75 percent of children had received the first dose of the hepatitis vaccine, and only 57 percent were fully immunized against hepatitis. This represents a dropout rate of 25 percent, nearly double those for DPT and polio.

As Figure 11.1 shows, the levels of coverage for all vaccinations reported in the EDHS-95 are substantially above the levels reported in the EDHS-92. Overall, the proportion fully immunized has risen by 12 percentage points, from 67 percent of children age 12-23 months in 1992 to 79 percent in 1995.

Figure 11.1
Trends In Vaccination Coverage by Type of Vaccine
Egypt 1992-1995



Immunization Coverage by Background Characteristics

Table 11.2 presents differentials in vaccination coverage among children 12-23 months according to selected background characteristics. The sex of the child makes little difference in coverage levels, with the percentage of children fully immunized only slightly greater for girls (80 percent) than boys (79 percent). Coverage generally decreases with increasing birth order of the child.

Urban children are much more likely to be immunized than rural children: 87 percent of urban children are fully immunized compared with 74 percent of rural children. Coverage levels vary by place of residence, with children in urban Lower Egypt (92 percent) and the Urban Governorates (87 percent) most likely to be fully immunized, followed by those in Upper Egypt (72 percent) and the Frontier Governorates (74 percent) (see Figure 11.2). Coverage levels are lowest among children in rural Upper Egypt (70 percent).

Immunization rates increase directly with the mother's educational level, from 69 percent among children whose mothers never attended school to 91 percent among those whose mothers had completed the secondary level or higher.

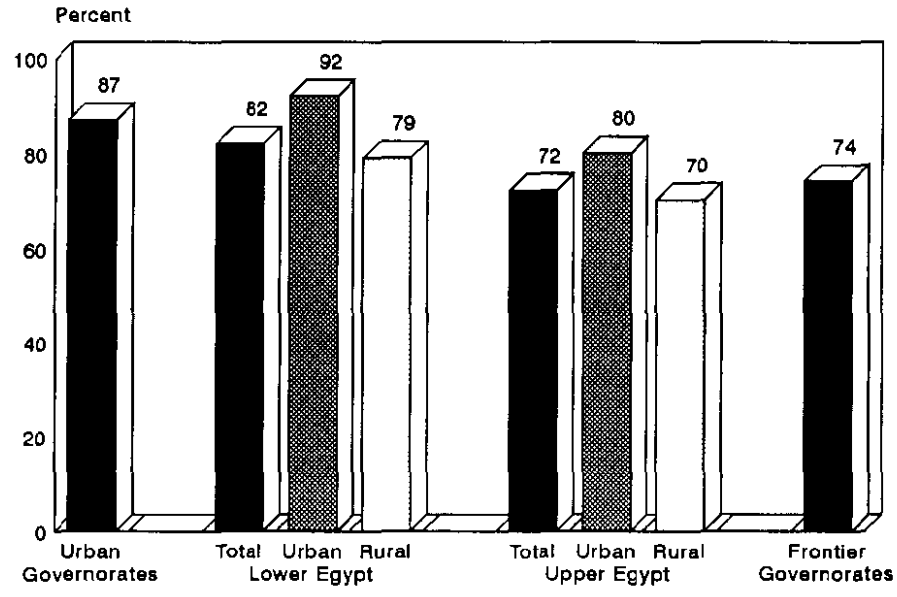
Table 11.2 Vaccinations by background characteristics

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or the mother's report) and the percentage with a vaccination card, by selected background characteristics, Egypt 1995

Background characteristic	Percentage of children who received:													Percentage with a vaccination card	Number of children
		DPT			Polio			Hepatitis			Measles	All[1]	None		
	BCG	1	2	3+	1	2	3+	1	2	3					
Sex															
Male	94.4	96.7	93.1	83.4	97.9	94.8	84.3	76.8	71.9	57.9	89.7	78.7	2.1	49.5	1,082
Female	94.9	95.6	92.5	82.7	96.0	93.0	84.1	74.0	70.1	55.8	88.7	79.5	3.0	50.8	1,002
Birth order															
1	96.5	98.7	95.7	84.8	99.1	96.5	85.9	79.1	73.8	61.7	95.3	82.1	0.8	47.6	510
2-3	95.7	97.4	94.1	88.1	97.8	94.7	88.8	78.2	74.9	61.3	91.6	84.8	2.1	54.0	818
4-5	94.5	94.8	91.3	78.7	95.8	92.9	80.5	75.4	70.1	53.0	84.8	74.0	2.4	51.9	418
6+	89.7	91.5	87.1	73.5	93.3	89.3	75.0	63.1	58.8	43.8	79.7	66.9	6.2	42.3	339
Urban-rural residence															
Urban	97.3	98.0	95.4	89.5	98.4	96.2	90.2	80.0	75.2	63.4	93.5	86.5	1.3	48.9	852
Rural	92.8	95.0	91.0	78.6	96.0	92.3	80.0	72.2	68.1	52.3	86.2	73.9	3.4	50.9	1,232
Place of residence															
Urban Governorates	98.1	97.5	95.7	88.9	98.0	96.1	88.9	79.8	75.6	64.2	93.7	87.4	1.4	42.8	408
Lower Egypt	96.1	98.1	94.5	84.8	98.6	95.5	85.8	80.8	76.0	60.1	92.8	81.9	1.4	59.0	813
Urban	99.0	99.8	96.9	93.1	99.8	98.0	93.9	81.0	76.6	65.4	96.3	91.7	0.2	59.1	209
Rural	95.1	97.5	93.7	81.9	98.2	94.7	83.1	80.7	75.8	58.3	91.6	78.5	1.8	59.0	604
Upper Egypt	91.8	93.8	89.8	78.5	95.0	91.4	80.4	68.3	64.2	50.3	83.7	72.4	4.0	44.9	842
Urban	94.5	97.1	93.1	86.8	97.8	94.6	88.8	79.4	73.1	59.8	90.3	79.9	2.0	49.8	222
Rural	90.8	92.6	88.6	75.6	94.0	90.2	77.4	64.3	61.0	46.9	81.3	69.7	4.7	43.2	620
Frontier Governorates	89.0	92.9	88.1	78.8	92.9	88.1	78.9	68.5	63.7	53.4	84.1	74.1	6.7	53.0	22
Mother's education															
No education	90.8	93.0	87.9	74.4	94.3	89.6	75.6	67.8	64.4	47.6	82.1	69.0	4.8	48.7	854
Some primary	97.1	97.5	94.9	84.0	98.3	96.2	85.5	71.6	66.5	53.2	88.5	78.9	1.0	51.7	395
Primary through secondary	94.8	97.3	94.7	89.2	97.9	95.3	89.6	77.7	73.1	60.9	93.4	86.7	2.1	54.4	284
Completed secondary/higher	98.9	99.7	97.8	92.6	99.8	98.2	93.6	88.7	83.4	71.8	98.5	90.7	0.2	49.0	553
All children	94.7	96.2	92.8	83.0	97.0	93.9	84.2	75.4	71.0	56.9	89.2	79.1	2.5	50.1	2,085

[1] Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses of DPT and polio vaccines)

Figure 11.2
Percentage of Children 12-23 Months Fully Immunized by Place of Residence



EDHS 1995

Vaccinations in the First Year

As mentioned earlier, it is recommended that children receive all required vaccinations during the first year of life. Table 11.3 shows the percentage of children receiving vaccinations during the first year of life according to the child's current age. These results are useful for assessing trends in vaccination coverage during the first year of life since each age group in the table represents the experience of children during a specific period of time before the survey. For example, the data for children 12-23 months refers to the performance of the immunization program during the year before the survey (i.e., roughly December 1994-November 1995), data for children 24-35 months refers to the period December 1993-November 1994, and so forth. Thus, the results in Table 11.3 can be used to assess immunization coverage during the first year of life for the period 1992-95.

In interpreting the trend, it is important to understand the procedure used in deriving the estimates of coverage. For children with vaccination records, the information on the ages at which vaccinations were received was taken directly from the vaccination records. For children whose information was based on mother's recall, the proportion of vaccinations given during the first year of life was assumed to be the same as that for children with a written vaccination record. As the first row of the table indicates, the percentage of children for whom vaccination records were seen decreases directly with increasing age, from 50 percent among children 12-23 months to 40 percent among those 48-59 months. Thus, estimates of the percentage of children vaccinated during the first year of life may become less accurate as the age of the child increases.

Overall, the results suggest that immunization coverage levels during the first year of life increased during the four-year period before the EDHS-95. Younger children (age 12-35 months) were more likely to be fully immunized by their first birthday than older children. Again, the comparatively low percentages of children, particularly in the older age groups, who had received the full course of hepatitis vaccinations is a reflection of the relatively recent introduction of the vaccine into Egypt's immunization program.

Table 11.3 Vaccinations in the first year of life

Percentage of children one to four years of age for whom a vaccination record was seen by the interviewer and the percentage vaccinated with BCG, DPT, polio, hepatitis and measles vaccines during the first year of life, by current age of the child, Egypt 1995

Vaccination status	Current age of child in months				All children 12-59 months
	12-23	24-35	36-47	48-59	
Vaccination record seen by interviewer	50.1	46.2	42.4	39.7	44.5
Percent vaccinated at 0-11 months[a]					
BCG	93.7	93.4	91.5	89.9	92.1
DPT 1	95.0	95.9	93.9	91.6	94.1
DPT 2	91.1	93.2	89.4	89.3	90.7
DPT 3	80.0	84.1	81.5	79.9	81.3
Polio 1	95.8	96.3	94.9	92.8	94.9
Polio 2	92.2	93.7	90.7	90.8	91.8
Polio 3	81.1	85.4	82.6	81.3	82.6
Hepatitis 1	73.9	76.7	63.8	47.7	65.2
Hepatitis 2	69.5	73.0	60.7	42.1	61.0
Hepatitis 3	54.3	58.8	48.0	35.8	49.0
Measles	79.9	78.3	76.5	73.4	77.0
All vaccinations[b]	70.6	70.9	67.9	64.5	68.4
No vaccinations	3.7	2.9	4.4	5.8	4.2
Number of children	2,085	2,061	2,142	2,194	8,483

[a] Information was obtained either from a vaccination card or from the mother if there was no written record. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as that for children with a written vaccination record.
[b] Children who have received BCG, measles, and three doses of DPT and polio vaccines.

11.2 Diarrhea

Dehydration caused by severe diarrhea is a major cause of illness and death among young children. A simple and effective response to dehydration is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT). ORT may include the use of a solution prepared from commercially produced packets of oral rehydration salts (ORS) or a homemade mixture usually prepared from sugar, salt and water. Increasing the amount of any other liquids normally given a child during a diarrheal episode may also be considered a form of ORT.

In the EDHS-95, mothers of children under five years of age were asked questions to determine their awareness of appropriate diarrhea care practices including the availability of ORS packets. They were also asked about whether any of their children under five years of age had had diarrhea at any time during the two-week period and, if so, what actions they had taken to treat the diarrhea.

Knowledge of Diarrhea Care

As noted above, oral rehydration therapy is one of the most effective treatments for the dehydration which accompanies severe diarrhea. The EDHS-95 included questions to assess whether women were aware of the appropriate treatments for diarrhea. Specifically, all respondents were asked if they knew about the commercially prepared ORS packets. They were also asked whether fluid or food intake should be decreased or increased when a child had diarrhea.

Table 11.4 presents information on the level of knowledge of appropriate treatments for diarrhea among women who gave birth during the five-year period before the survey. Virtually all these mothers (98 percent) knew about ORS packets. The majority also thought that a child with diarrhea should be given more than usual to drink; only 9 percent said that a child with diarrhea should be given less than normal to drink.

Table 11.4 Knowledge of diarrhea care

Percentage of mothers with births in the five years preceding the survey who know about the use of ORS packets for treatment of diarrhea and the percent distribution by knowledge of appropriate feeding practices during diarrhea, according to background characteristics, Egypt 1995

Background characteristic	Know about use of ORS packets for treatment of diarrhea	Quantities that should be given during diarrhea: Liquids				Solid foods				Total	Number of mothers
		Less	Same	More	Don't know/ Missing	Less	Same	More	Don't know/ Missing		
Age											
15-19	97 0	12.7	8.4	73.4	5.5	55.7	15.7	22.2	6.5	100 0	344
20-24	99 0	9.6	10.6	77 8	2.1	59 9	16.8	20.3	2.9	100.0	1,653
25-29	97 9	8.9	9.9	79.6	1.5	57.4	16.0	24.5	2.1	100 0	2,281
30-34	97 6	9.1	10.8	78.1	2.0	61.4	14.5	22.3	1.7	100 0	1,699
35+	98 6	9.6	10.7	77 9	1.8	63 0	14.5	20 1	2.4	100 0	1,819
Urban-rural residence											
Urban	97 3	6.3	6.6	85 5	1.6	56 0	14.5	27.6	1.9	100 0	3,213
Rural	98 8	11.6	13.0	73 1	2.3	62 9	16.2	18.1	2.9	100 0	4,584
Place of residence											
Urban Governorates	94.6	5.7	5.9	87.5	0.9	53.0	17.0	29.3	0.7	100 0	1,492
Lower Egypt	99 4	9.4	12.0	76 9	1.7	58 3	15.4	24.2	2.2	100.0	3,074
Urban	99.5	5.2	7.9	85.5	1.4	52.6	13.6	32.3	1.5	100 0	799
Rural	99.4	10.9	13.4	73 8	1.8	60 3	16.0	21.3	2.4	100.0	2,275
Upper Egypt	98.7	11.3	10.9	74 9	2 8	65 1	14.8	16 6	3.6	100.0	3,154
Urban	99.8	8.5	6.8	81.8	2.9	63.9	11.1	20.7	4.3	100 0	874
Rural	98.3	12.4	12.5	72 3	2 8	65 5	16.2	15.0	3.3	100.0	2,281
Frontier Governorates	99 2	2.9	8.4	87 6	1.1	62.0	20.3	16.0	1.7	100 0	76
Mother's education											
No education	98.2	13.0	13.2	70.8	2.9	64 7	15 8	16.1	3 4	100 0	3,377
Some primary	98.5	10.6	9.4	77.9	2.1	61.4	15.7	20.3	2.6	100 0	1,441
Primary through secondary	98.2	8 1	9.0	81.5	1.4	56.0	16.0	25.4	2.5	100.0	963
Completed secondary/ higher	97.9	3 2	6.9	89.2	0 7	53.3	14 5	31 4	0 8	100.0	2,016
Work status											
Working for cash	98.3	5.6	8.1	85.0	1 2	57.8	16 6	24 3	1 3	100.0	1,091
Not working for cash	98.2	10.0	10 7	77.1	2 1	60.4	15 3	21 6	2 6	100.0	6,706
Total	98.2	9.4	10.4	78.2	2 0	60.1	15 5	22 0	2.5	100.0	7,797

ORS = Oral rehydration salts

Beliefs about food intake were quite different from those about fluid intake. Overall, 60 percent of mothers thought that a child with diarrhea should be given less to eat than usual, and only 22 percent believed that a child should be given more than normal to eat when the child had diarrhea. Mothers living in urban areas and better educated mothers are somewhat more likely to be aware of the appropriate feeding and drinking practices during diarrheal episodes than other mothers.

Prevalence of Diarrhea

Table 11.5 shows that 16 percent of children under five years of age had diarrhea at some time during the two-week period before the survey. Mothers reported that 2 percent of the children had bloody stools. Considering the variation in diarrheal prevalence, children 6-23 months are more likely to have had diarrhea than older or younger children. With regard to the other background characteristics in Table 11.5, the differentials in diarrheal prevalence are small.

Diarrhea Treatment

Table 11.6 provides information from mothers on the treatments used during recent diarrheal episodes among children under five years of age. The majority of mothers took some action to treat their child's diarrhea. With regard to specific actions taken when a child was ill with diarrhea, the results in Table 11.6 indicate that mothers often seek medical advice when children have diarrhea. Mothers reported that they sought advice or treatment at a health facility in almost half of all recent diarrheal episodes; advice was sought from a private doctor or clinic in 34 percent of the cases while a public health facility was consulted in 14 percent of the cases.

Table 11.5 Prevalence of diarrhea

Percentage of children under five years who had diarrhea and diarrhea with blood in the two weeks preceding the survey by selected background characteristics, Egypt 1995

Background characteristic	Diarrhea in the preceding 2 weeks[1]		Number of children
	All diarrhea	Diarrhea with blood	
Child's age			
< 6 months	19.0	0.9	1,106
6-11 months	31 8	2.1	1,100
12-23 months	23.5	1.6	2,085
24-35 months	15 4	2.5	2,061
36-47 months	8.8	1.2	2,142
48-59 months	6.7	0.9	2,194
Sex			
Male	16.7	1.5	5,545
Female	15.1	1.5	5,145
Birth order			
1	17 2	1.4	2,575
2-3	15 4	1.5	4,142
4-5	16.4	1 6	2,111
6+	14.7	1.6	1,861
Urban-rural residence			
Urban	15.7	1 2	4,168
Rural	16.0	1 7	6,521
Place of residence			
Urban Governorates	13.4	0 8	1,930
Lower Egypt	16.2	1.3	4,156
Urban	17.7	1.2	1,014
Rural	15 7	1.3	3,141
Upper Egypt	16 7	2.0	4,496
Urban	17.9	1.7	1,162
Rural	16.3	2.1	3,334
Frontier Governorates	15.0	2.4	107
Mother's education			
No education	15.4	1.8	4,800
Some primary	16.4	1 1	1,925
Primary through secondary	19.7	1.8	1,254
Completed secondary/higher	14 7	1.2	2,711
Work status			
Working for cash	12.7	0.6	1,392
Not working for cash	16.4	1.7	9,297
All children	15.9	1.5	10,689

Note: Figures are for children born in the period 1-59 months preceding the survey.
[1] Includes diarrhea in the past 24 hours

Use of ORS packets (40 percent) is common. A substantial proportion of mothers also report that they gave children with diarrhea increased fluids (45 percent), and 5 percent gave the child a homemade solution of sugar, salt and water. Overall, nearly 90 percent of children were treated with some form of ORT or were given increased liquids. Considering the differentials in Table 11.6, fluid intake was least likely to be increased in diarrheal episodes when the child was under six months of age.

Table 11.6 Treatment of diarrhea

Percentage of children under five years who had diarrhea in the two weeks preceding the survey who were taken for treatment to a health facility or provider, the percentage who received oral rehdyration therapy (ORT), the percentage who received increased fluids, the percentage who received neither ORT nor increased fluids, and the percentage receiving other treatments, according to selected background characteristics, Egypt 1995

Background characteristic	Percentage taken to a health facility or provider, by type of facility			Oral rehydration therapy (ORT)			Percentage receiving increased fluids	Percentage receiving neither ORT nor increased fluids	Percentage receiving other treatments			Children with diarrhea
	Any health provider	Public[1]	Private[2]	ORS packet	RHS at home	Either ORS or RHS			Antibiotics	Home remedy/ other	None	
Child's age												
< 6 months	52.6	17.2	36.5	23.3	4.7	25.7	31.6	20.9	23.2	42.8	4.5	210
6-11 months	60.7	16.7	45.4	50.0	3.2	51.9	47.1	10.6	35.0	50.4	0.0	350
12-23 months	50.2	13.8	37.1	49.3	5.3	52.3	43.2	10.7	33.6	51.8	0.1	491
24-35 months	40.8	14.2	26.6	40.3	5.3	43.0	53.8	6.0	27.7	45.2	0.5	317
36-47 months	36.1	11.8	24.5	27.6	3.0	28.8	41.1	11.3	31.1	37.4	0.2	187
48-59 months	28.8	9.9	18.9	26.3	8.1	30.3	50.1	7.3	24.8	40.8	0.0	147
Sex												
Male	51.1	12.6	39.2	41.2	5.0	43.5	48.1	9.9	32.3	51.3	0.5	926
Female	43.1	16.4	27.3	38.9	4.5	41.8	41.1	11.9	28.2	41.2	1.0	775
Birth order												
1	51.8	12.8	40.1	39.7	3.2	42.0	37.6	15.2	26.8	51.4	1.2	444
2-3	48.2	13.1	36.0	40.6	4.3	42.7	46.8	9.0	31.5	49.1	0.6	637
4-5	43.2	17.6	25.7	41.0	7.0	43.5	45.5	8.9	32.1	43.5	0.6	347
6+	44.2	15.5	28.7	38.9	5.7	42.8	51.5	10.3	31.9	37.1	0.1	273
Urban-rural residence												
Urban	52.4	17.8	35.6	35.5	5.0	37.9	45.6	12.9	33.5	52.7	0.6	655
Rural	44.4	12.2	32.7	43.1	4.6	45.7	44.5	9.6	28.6	42.8	0.8	1,046
Place of residence												
Urban Governorates	65.3	24.5	40.8	39.4	4.4	41.6	38.1	17.4	37.1	53.6	0.8	258
Lower Egypt	42.6	8.6	34.6	40.8	6.3	44.3	42.5	9.4	31.7	44.9	0.9	674
Urban	35.0	4.7	31.3	29.3	6.1	32.0	43.4	11.6	30.3	49.1	1.1	180
Rural	45.4	10.0	35.8	44.9	6.3	48.8	42.1	8.6	32.2	43.4	0.8	494
Upper Egypt	45.6	15.8	30.7	39.9	3.6	41.6	48.9	10.0	27.1	46.1	0.5	752
Urban	50.8	20.6	32.4	35.6	4.9	37.8	55.6	8.6	31.9	55.4	0.0	207
Rural	43.6	13.9	30.0	41.5	3.1	43.1	46.3	10.5	25.3	42.5	0.7	545
Frontier Governorates	53.7	21.3	32.4	41.0	3.3	44.2	68.5	4.3	27.1	38.5	0.0	16
Mother's education												
No education	44.8	17.3	27.6	41.2	3.0	42.1	45.3	9.8	25.1	42.9	0.7	740
Some primary	47.1	16.4	32.0	45.1	9.5	51.7	39.9	10.5	29.7	40.0	0.7	316
Primary through secondary	52.1	13.7	39.4	41.4	3.3	43.3	36.5	13.7	39.5	52.1	0.6	246
Completed secondary/ higher	49.9	7.3	43.4	33.6	5.3	36.3	53.5	11.3	35.4	55.4	0.7	400
Work status												
Working for cash	45.2	12.2	33.8	43.1	10.0	48.7	53.4	5.6	33.2	53.3	0.4	177
Not working for cash	47.7	14.5	33.8	39.8	4.2	42.0	43.9	11.4	30.1	45.9	0.7	1,524
All children	47.5	14.4	33.9	40.2	4.8	42.7	44.9	10.8	30.5	46.7	0.7	1,701

Note: Figures are for children born in the period 0-59 months preceding the survey. Oral rehydration therapy (ORT) includes solution prepared from ORS packets, and recommended home fluids (RHF), e.g., sugar-salt-water solution. Increased fluids includes increased frequency of breastfeeding.

[1] Includes government hospitals and health units

[2] Includes private hospitals/clinics and private doctors

With regard to other treatments, antibiotics were given to 31 percent of the children with diarrhea, and home remedies were used in 47 percent of the cases.

Signs of Diarrheal Episodes Requiring Medical Care

All ever-married women in the EDHS-95 were asked about the signs of illness which would indicate to them that a child with diarrhea should be taken to a health facility. Women were encouraged to mention more than one sign so that the percentages reporting various signs in Table 11.7 do not add to 100. The most common symptom which women identified as a sign the child needed medical care was repeated watery stools; two-thirds of women thought that a child with this symptom should be taken to a health provider. Among the other signs most commonly mentioned by mothers were "child not getting better" (40 percent), "child getting sicker" (30 percent), fever (30 percent), any watery stools (19 percent), marked thirst (11 percent), and repeated vomiting (10 percent).

Table 11.7 Signs of diarrheal episodes requiring medical care

Percentage of mothers of children under five years reporting various signs of diarrheal illness as indicating that the child should be taken to a health facility or health care provider, Egypt 1995

Signs of diarrheal illness	Total
Repeated watery stools	67.2
Any watery stools	19.0
Repeated vomiting	10.0
Any vomiting	7.0
Blood in stools	4.3
Fever	30.3
Sunken eyes	6.7
Dry/yellow skin	9.2
Marked thirst	11.3
Not eating/drinking	3.5
Getting sicker	29.9
Not getting better	40.4
Other	2.7
Number of women	7,797

11.3 Fever and Acute Respiratory Infection

In addition to the questions on diarrhea, information was collected in the EDHS-95 on the presence of fever and of the symptoms of acute respiratory infection (ARI) among children. These data can be used to examine the prevalence of these conditions among children under five years of age. For children with ARI, the EDHS obtained information on what actions were taken to treat the illness.

Fever

Various childhood diseases are accompanied by fever, including diarrhea, respiratory infections and measles. Table 11.8 indicates that two in five children under five years had a fever during the two weeks before the survey. Children 6-11 months were the most likely to have had a fever, followed by children 12-23 months. There is little variation in the proportion of children with fever according to background characteristics.

Acute Respiratory Infection

Acute respiratory infection (ARI), particularly pneumonia, is a common cause of death among infants and young children. Early diagnosis and treatment with antibiotics can prevent a large proportion of the deaths due to pneumonia. In the EDHS-95, the prevalence of ARI was estimated by asking mothers if their children under five years of age had been ill with coughing accompanied by short rapid breathing in the two weeks before the survey. Cough and short, rapid breathing are signs and symptoms of pneumonia, and thus, the EDHS results are less appropriate for use in assessing the presence of other ARI-related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat). The mother's report is also subjective, reflecting her perception of the symptoms the child had.

Table 11.8 Prevalence and treatment of fever and acute respiratory infection

Percentage of children under five who were ill with fever and who were ill with cough accompanied by short, rapid breathing during the two weeks before the survey and the percentage of children with cough and short, rapid breathing taken to a health provider, by background characteristics, Egypt 1995

Background characteristic	Percentage of children with:		Percentage of children taken to:			Number of children
	Fever	Cough with short, rapid breathing	Any health provider	Public sector provider	Private sector provider	
Child's age						
< 6 months	30.8	19.8	62.9	18.7	46.9	1,106
6-11 months	51.6	30.3	70.8	18.7	53.6	1,100
12-23 months	47.0	26.5	64.3	18.2	48.8	2,085
24-35 months	40.1	25.1	62.1	21.6	40.9	2,061
36-47 months	35.4	19.7	54.1	17.3	36.9	2,142
48-59 months	37.4	19.8	57.8	14.4	43.5	2,194
Sex						
Male	41.0	24.0	64.5	18.0	48.1	5,545
Female	39.3	22.4	58.5	18.5	40.7	5,145
Birth order						
1	40.3	24.1	65.5	16.7	50.5	2,575
2-3	39.7	22.4	63.0	18.3	46.1	4,142
4-5	39.2	22.8	59.0	18.2	41.5	2,111
6+	42.3	24.1	56.8	20.1	37.0	1,861
Urban-rural residence						
Urban	42.7	23.5	70.0	22.2	49.8	4,168
Rural	38.6	23.0	56.3	15.6	41.3	6,521
Place of residence						
Urban Governorates	41.0	21.3	73.4	29.6	45.7	1,930
Lower Egypt	40.0	23.8	65.0	14.1	51.4	4,156
Urban	43.1	21.6	71.3	13.0	58.3	1,014
Rural	39.0	24.6	63.2	14.4	49.4	3,141
Upper Egypt	40.0	23.5	54.1	17.5	38.2	4,496
Urban	45.1	29.2	65.0	18.9	49.5	1,162
Rural	38.2	21.6	49.0	16.8	32.9	3,334
Frontier Governorates	40.2	18.3	62.0	28.2	33.8	107
Mother's education						
No education	39.1	22.9	53.3	19.6	34.2	4,800
Some primary	42.3	24.1	63.9	22.5	43.0	1,925
Primary through secondary	41.6	28.0	67.1	17.9	50.1	1,254
Completed secondary/higher	40.0	20.8	73.0	12.1	63.0	2,711
Work status						
Working for cash	41.5	21.4	65.6	17.3	51.0	1,392
Not working for cash	40.0	23.5	61.2	18.3	43.8	9,297
All children	40.2	23.2	61.7	18.2	44.7	10,689

The EDHS results indicate that the prevalence of cough with short, rapid breathing is 23 percent among children under five years of age (Table 11.8). Differentials in the proportions of children with ARI symptoms are small. The largest differences are by the child's age, with children 6-35 months having the highest levels of cough with short, rapid breathing.

Women whose children had had ARI symptoms were asked whether they had sought advice or treatment for the illness. The mothers reported that advice or treatment was sought from a health provider for 62 percent of the children who were ill. Private providers were consulted more than twice as often as government health facilities.

Differences in the likelihood of seeking medical advice are shown in Table 11.8. The educational level of the mother has the strongest association with the likelihood of consulting a health facility; the proportion of children ill with ARI symptoms for whom medical advice was obtained ranges from 53 percent among children of mothers with no education to 73 percent among children whose mothers had a secondary or higher education. Medical advice was less likely to be sought in the case of rural children than urban children (56 percent and 70 percent, respectively). Within rural areas, there are clear regional differences in the likelihood that a health provider was consulted; mothers sought medical advice in only about half of the cases in which a child had ARI symptoms in rural Upper Egypt compared with almost two-thirds of the cases in rural Lower Egypt. A mother's work status is also related to the likelihood that a provider was consulted, with children of mothers who work for cash being more likely to have received care from a health provider than other children.

With regard to the demographic variables, the relationship with the child's age is variable but, in general, a health provider is more likely to have been consulted for children under 36 months of age than older children. Medical advice was sought slightly more often in the case of ARI symptoms in male children than female children. The proportion of cases in which a health provider was consulted decreases directly with increasing birth order.

Signs of Respiratory Illness Requiring Medical Care

All ever-married women in the EDHS-95 were asked about the signs of illness which would indicate to them that a child with a cough should be taken to a health facility. Women were encouraged to mention more than one sign so that the percentages reporting various signs in Table 11.9 do not add to 100. Mothers were most likely to say that they would seek medical attention for a child with a cough if the cough was accompanied by fever. Other signs which the mothers identified as requiring medical attention included noisy breathing (21 percent), difficult breathing (19.0), and rapid breathing (11 percent).

Table 11.9 Signs of acute respiratory illness requiring medical care

Percentage of mothers of children under five years reporting various signs of illnesses as indicating that the child should be taken to a health facility or health care provider, Egypt 1995

Signs of acute respiratory infection	Total
Rapid breathing	11.1
Difficult breathing	19.0
Noisy breathing	20.6
Fever	38.8
Unable to drink	3.4
Not eating/drinking	3.0
Getting worse/very sick	5.7
Not getting better	2.2
Other	5.0
Number of women	7,797

CHAPTER 12

INFANT FEEDING AND MATERNAL AND CHILD NUTRITION

This chapter uses EDHS-95 data to look at several important aspects of the nutritional status of Egyptian children and their mothers. Infant feeding practices including breastfeeding and supplementation patterns and the prevalence of bottle feeding, are considered first. Then anthropometric data (height and weight) collected in the survey are used to assess the current nutritional status of children under age five and their mothers.

12.1 Breastfeeding and Supplementation

The pattern of infant feeding has an important influence on the health of children. Feeding practices are the principal determinant of a young child's nutritional status, and poor nutritional status has been shown to increase the risk of illness and death among children. Breastfeeding practices also have an effect on the mother's fertility. More frequent breastfeeding for longer durations as well as delays in the age at which supplementary foods are introduced are associated with longer periods of postpartum amenorrhea and, thus, longer birth intervals and lower fertility.

Initiation of Breastfeeding

Early initiation of breastfeeding is beneficial for a number of reasons. For the mother, early sucking promotes the release of a hormone that helps the uterus to achieve a contracted state and reduces the risk of postpartum hemorrhage. For the child, it is important to receive the colostrum which is contained in the first breast milk after delivery. Colostrum is rich in antibodies that are needed since the child's own immune system is immature.

According to the EDHS-95 results, almost all Egyptian children are breastfed for some period of time (see Table 12.1). Differentials in the proportion of children ever breastfed are small, with at least 92 percent of children in every subgroup reported as having been breastfed.

Among children who are ever breastfed, most begin breastfeeding soon after birth; over 40 percent of the children born during the five-year period before the survey were put to the breast within an hour following delivery, and 75 percent within the first day. Mothers delivering in a health facility, particularly a private health facility, are somewhat less likely to begin breastfeeding within the first hour following delivery than mothers delivering at home. However, there is little difference in the proportion reporting that breastfeeding was initiated within 24 hours of delivery according to the place of delivery. With regard to other differentials, mothers in rural areas, particularly in Upper Egypt, were somewhat less likely than other mothers to begin breastfeeding within 24 hours of a child's birth.

Introduction of Supplements

Breast milk contains all of the nutrients needed by young infants so that supplementing breast milk before 4 months of age is not necessary. In fact, early supplementation is discouraged for a number of reasons. First of all, the early introduction of breast milk supplements increases the exposure of an infant to pathogens which may cause diarrheal disease. Undernutrition is another risk. The breast milk supplements given a child may not be sufficient to provide all of the calories that the infant needs, particularly if the supplements are watered down as is often the case. Since the production of breast milk is influenced by the intensity and frequency of suckling, early supplementation may reduce breast milk output, again exposing the child to increased risk of undernutrition.

Table 12.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and the percentage of last-born children who started breastfeeding within one hour of birth and within one day of birth, by selected background characteristics, Egypt 1995

Background characteristic	Percentage ever breastfed	Among last-born children, percentage who started breastfeeding: Within 1 hour of birth	Within 1 day of birth	Number of children
Sex				
Male	94.7	40.2	73.7	5,912
Female	95.0	42.3	75.6	5,542
Urban-rural residence				
Urban	94.1	43.4	81.1	4,381
Rural	95.4	39.8	70.7	7,073
Place of residence				
Urban Governorates	94.7	47.9	82.1	1,990
Lower Egypt	94.9	41.5	76.9	4,377
Urban	94.2	43.8	79.6	1,057
Rural	95.1	40.8	76.0	3,321
Upper Egypt	94.9	37.8	69.4	4,973
Urban	92.9	34.8	80.4	1,269
Rural	95.6	38.8	65.7	3,705
Frontier Governorates	96.7	59.2	88.6	113
Mother's education				
No education	95.6	39.9	71.1	5,266
Some primary	94.0	41.9	73.6	2,063
Primary through secondary	93.9	44.0	82.0	1,320
Completed secondary/higher	94.6	41.8	78.8	2,805
Work status				
Working for cash	93.1	43.6	78.6	1,462
Not working for cash	95.1	40.9	74.1	9,993
Assistance at delivery				
Medically trained person	93.4	38.3	75.7	5,297
Daya	96.1	43.4	73.7	5,555
Other or none	96.5	48.2	76.8	573
Place of delivery				
Public health facility	92.4	39.0	74 7	2,049
Private health facility	93.3	31.6	73.8	1,673
At home	95.8	43.9	75.1	7,709
All children	94.9	41.2	74.7	11,454

Note Figures are based on all children born in the five years preceding the survey, whether living or dead at the time of the interview.

To obtain information on supplementation, mothers were asked about the breastfeeding status of all children under the age of five in the 24-hour period before the survey and about what other (if any) liquids or solids had been given to the child during the period. These data are used to derive the information on the age patterns of breastfeeding and supplementation presented in Table 12.2 and Figure 12.1. Children are considered *exclusively breastfed* if they receive breast milk only. Children who are *fully breastfed* receive only plain water in addition to breast milk.

According to the recommendation of the World Health Organization, children should be exclusively breastfed for the first 4-6 months of life. Exclusive breastfeeding is common but not universal in early infancy in Egypt. Among infants under two months of age, 78 percent receive only breast milk. The proportion exclusively breastfed then drops off to 60 percent among children 2-3 months of age and 31 percent among children 4-5 months.

As Table 12.2 shows, supplements other than plain water are introduced for many Egyptian children at an early age. One in five children less than two months of age is given supplements other than water, and the proportion receiving such supplements increases rapidly to 76 percent among children 6-7 months of age.

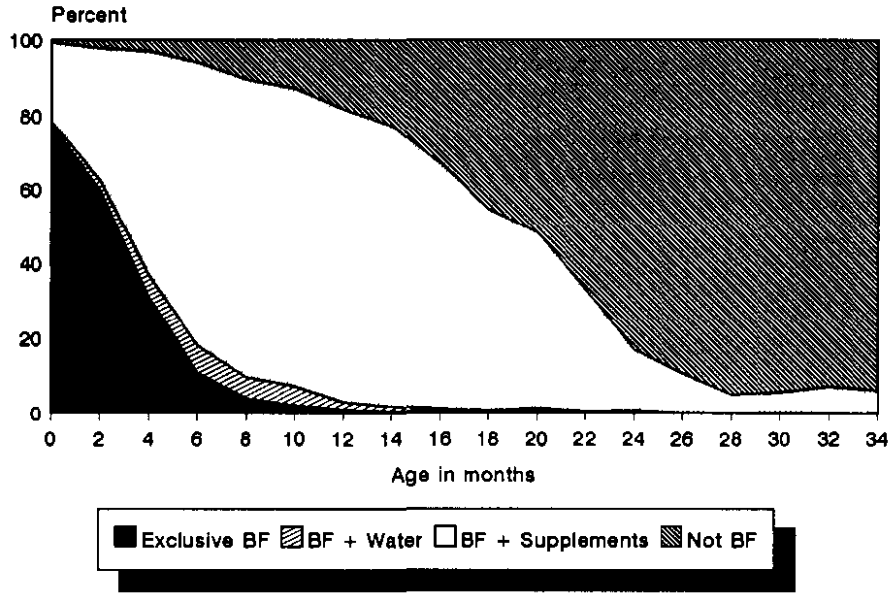
Table 12.2 Breastfeeding status

Percent distribution of living children by breastfeeding status, according to child's age in months, Egypt 1995

	Percentage of living children who are:					
			Breastfed and given:			
Age in months	Not breast-fed	Exclusively breast-fed	Plain water only	Supple-ments	Total	Number of living children
<2	0.8	77.6	0.8	20.8	100.0	330
2-3	2.4	59.9	2.7	35.0	100.0	431
4-5	3.1	30.8	6.0	60.1	100.0	344
6-7	6.2	10.6	7.2	76.0	100.0	360
8-9	9.9	3.9	5.5	80.6	100.0	349
10-11	13.0	2.0	5.1	79.9	100.0	391
12-13	18.6	0.8	2.0	78.6	100.0	329
14-15	22.8	0.4	1.3	75.5	100.0	399
16-17	33.0	0.6	0.5	65.8	100.0	334
18-19	45.7	0.5	0.2	53.7	100.0	275
20-21	51.9	0.8	0.6	46.7	100.0	375
22-23	67.1	0.4	0.0	32.5	100.0	372
24-25	83.3	0.0	0.7	15.9	100.0	365
26-27	89.6	0.1	0.0	10.3	100.0	378
28-29	95.2	0.0	0.0	4.8	100.0	352
30-31	94.6	0.1	0.0	5.3	100.0	320
32-33	93.1	0 0	0.0	6.9	100.0	284
34-35	94.1	0.0	0.0	5.9	100.0	362
0-3 months	1.7	67.6	1.9	28.8	100.0	762
4-6 months	4.7	24.1	6.0	65.2	100.0	532
7-9 months	8 2	5.7	6.5	79.6	100.0	522

Note: Breastfeeding status refers to preceding 24 hours. Children classified as *breastfed and plain water only* receive no supplements.

Figure 12.1
Distribution of Children by Breastfeeding Status according to Age



EDHS 1995

The data shown in Table 12.2 and Figure 12.1 indicate that breastfeeding continues for the majority of Egyptian children through the first year of life. At age 12-13 months, 79 percent of children are still being breastfed, and more than half of children 18-19 months continue to be breastfed. Weaning takes place rapidly after this age, and fewer than one in six children 24-25 months is still breastfed.

Types of Supplemental Foods

More detailed information on the types of foods given to children during the 24-hour period before the survey is shown in Tables 12.3 for children under age three according to the breastfeeding status of the child. Overall, the results suggest that Egyptian mothers are much less likely to give a child infant formula than other types of milk (e.g., fresh milk or powdered milk) or other liquids. As expected, milk supplements are introduced at an earlier age among nonbreastfeeding children than among breastfeeding children.

Looking at semi-solid or solid foods, porridge and other grain-based foods are the clearly the most common weaning foods, followed by fruit, sweet potatoes and other tubers, fish, eggs or poultry and meat. In general, all of these foods are introduced earlier into the diets of nonbreastfeeding children than breastfeeding children and, especially during the first year of life, nonbreastfeeding children are much more likely than breastfeeding children to be given these types of foods. After age 12 months and older, breastfeeding children continue to be less likely than nonbreastfeeding children to receive most foods in the 24-hour period before the survey.

Table 12.3 Types of food received by children in the preceding 24 hours

Percentage of children under 36 months of age who received specific types of food in the 24 hours before the interview, and the percentage using a bottle with a nipple, by breastfeeding status and child's age in months, Egypt 1995

Age (in months)	Breast milk only	Infant formula	Other milk	Other liquid	Meat	Fish/ eggs/ poultry	Grain/ flour/ cereal	Sweet potatoes/ other tubers	Fruit	Other	Any solid/ semi-solid	Using bottle with a nipple	Number of children
BREASTFEEDING CHILDREN													
0-1	78.2	0.8	8.6	15.8	0.0	0.6	0.9	1.1	0.7	1.9	1.9	15.5	328
2-3	61.4	6.0	10.6	24.2	0.7	0.3	3.3	0.7	3.7	6.5	8.0	21.8	421
4-5	31.8	13.9	27.8	41.7	0.4	5.1	15.9	11.0	13.3	27.0	35.5	23.2	334
6-7	11.3	15.6	32.2	46.8	5.1	15.4	40.9	28.0	25.8	57.0	70.7	16.1	338
8-9	4.4	14.1	35.0	46.6	13.5	18.7	59.9	27.5	34.9	62.2	80.3	11.3	314
10-11	2.3	7.3	35.3	52.3	13.4	27.8	68.3	31.2	43.5	73.6	86.9	13.6	340
12-13	1.0	7.8	46.2	54.2	18.3	29 1	76.0	43.5	55.8	86.2	92.8	12.2	268
14-15	0.6	8.0	41.5	64.5	25.4	34.1	79.2	40.1	57.6	88.4	95.8	8.7	308
16-17	0.9	7.9	42.5	60.5	18.6	42.2	83.5	41.7	59.4	87.7	96.5	6.2	224
18-23	1.3	5.3	40.0	60.8	24.9	35.5	79.3	39.5	53.1	88.8	95 7	5.1	453
24-29	0.3	2.1	40.3	45.5	27.9	32.7	83.1	50.7	47.7	77.8	97.4	5.9	117
30-35	0.6	3.9	35.5	61.3	26.3	50.1	87.0	51.6	47.8	85.9	99.4	2.0	58
0-3 months	68 7	3.7	9.7	20.5	0.4	0.4	2.3	0.9	2.4	4.5	5.3	19.0	748
4-6 months	25 3	15.1	30.9	43.4	0.8	7 6	23.4	15.4	14.9	36.6	47.6	20.0	507
7-9 months	6.2	14.0	32 4	46.7	11.9	18.7	54.4	29.2	34.7	61.2	77.0	13 8	479
Total	19.8	8.2	31.4	46.2	12.5	20.9	50.5	26.6	28.8	57.2	66.0	13 1	3,502
NONBREASTFEEDING CHILDREN													
<7	NA	27.7	72.9	50.8	1 2	11.9	37.9	18.0	26.2	42.3	58.6	76.1	46
8-9	NA	25.1	82.7	57.7	9.9	21.3	59.9	36.6	28.7	78.0	80.3	71.0	35
10-11	NA	24.0	82.0	69.5	18.6	23.7	77.5	41.9	52.3	73.3	85.7	70.0	51
12-13	NA	14.2	88.4	81.6	22.8	50.9	92.9	57.0	67.3	86.4	98.6	57.1	61
14-15	NA	14.8	73.8	78 5	27.2	50.4	81.7	60 5	62.5	89.4	95.1	44.2	91
16-17	NA	9.0	62.1	73 7	30.2	56.9	89.7	57.9	73.9	93.3	99.1	17.0	110
18-23	NA	4 1	63.7	74.1	26.4	44.1	89.7	49.3	67.2	93.2	98.6	9.8	570
24-29	NA	4.8	51.2	72.2	30.9	50.7	90.1	47.8	68.8	91.8	98.4	4.2	979
30-35	NA	4.7	51.1	65.9	36.2	47.2	91.8	47.9	68.4	91.9	99.2	0.6	908
Total	NA	6 3	56.9	70.5	30.4	47.0	88.9	48.4	66.9	90.7	97.6	10.2	2,850

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
NA = Not applicable

Bottlefeeding

The extent to which Egyptian children are bottlefed is also examined in Table 12.3. Bottlefeeding is discouraged for the potential negative effects that it may have on the child's health. Feeding with a bottle with a nipple increases the risk of illness, especially diarrheal disease among young children, because it is difficult to properly sterilize the nipple. The use of a bottle with a nipple can also reduce the period when the mother is not at risk of conception since bottlefeeding is associated with a lessening of the intensity of breastfeeding and a consequent shortening of the period of postpartum amenorrhea.

Overall, only a minority of Egyptian children are fed with a bottle. At younger ages, as might be expected, nonbreastfeeding children are substantially more likely than breastfeeding children to be bottlefed. Among the small number of nonbreastfeeding children under 8 months of age, around seven in ten were fed with a bottle with a nipple, compared with around one in five breastfeeding children.

Differentials in the Duration and Frequency of Breastfeeding

Differentials in the duration[1] and frequency of breastfeeding and in the prevalence of bottlefeeding are presented in Table 12.4. The median duration of breastfeeding is 18.9 months. Children are exclusively breastfed or fully breastfed for relatively short durations (2.9 months and 3.3 months, respectively).

As noted above, the duration of the period of postpartum amenorrhea for a mother is related not only to the duration of breastfeeding but also to the frequency of breastfeeding. Among children under age 6 months, 70 percent or more in all population subgroups were reported to be breastfed at least six times during the 24-hour period before the survey.

Bottlefeeding influences both the health of the child and the fertility of the mother. Overall, a bottle with a nipple was used in feeding only 16 percent of children under 2 years of age during the 24 hours before the survey. Male children are more likely to be bottlefed than female children. Bottlefeeding is much more common in urban than rural areas. By place of residence, the percentage of children who are bottlefed ranges from 13 percent in rural Lower Egypt to 22 percent among mothers in the Urban Governorates and urban Upper Egypt. Around 20 percent of children of mothers who have completed at least the primary level of school are bottlefed compared with slightly more than 10 percent of children of mothers with no education or only some primary. Mothers who work for cash are more likely to report that their child is bottlefed than other mothers. Mothers who received assistance at delivery from trained medical providers also are more likely to later feed their child with a bottle than other mothers.

[1] Several estimates of the breastfeeding durations are included in the table. The estimates of the median and mean durations are current status estimates, i.e., they are calculated from the proportion of children who were reported to be currently breastfeeding by age. The prevalence-incidence mean also shown in the table is derived by dividing the "prevalence" of breastfeeding, defined as the number of children who were breastfeeding at the time of the survey, by the "incidence," defined as the average number of births during the period.

Table 12.4 Median duration and frequency of breastfeeding

Median duration of any, exclusive, and full breastfeeding among children under 3 years, the percentage of children under 6 months who were breastfed 6 or more times in the 24 hours preceding the interview, and the percentage of children under 2 years who were bottlefed, according to background characteristics, Egypt 1995

Background characteristic	Among children <3 years, median duration in months: Any breast-feeding	Exclusive breast-feeding	Full breast-feeding[1]	Number of children <3 years of age	Percentage <6 months breastfed 6+ times in last 24 hours	Number of children <6 months	Percentage of children <2 years bottle-fed	Number of children <2 years
Sex								
Male	19.9	2.8	3.2	3,477	79.8	577	17.6	2,208
Female	18.2	3.1	3.4	3,289	78.7	529	14.8	2,083
Urban-rural residence								
Urban	17.9	2.4	2.6	2,619	83.5	441	20.7	1,744
Rural	19.5	3.4	3.9	4,147	76.4	665	13.2	2,547
Place of residence								
Urban Governorates	17.1	(2.2)	(2.5)	1,207	77.0	196	21.7	812
Lower Egypt	19.0	3.3	3.5	2,569	77.8	450	14.2	1,657
Urban	(19.6)	*	*	616	81.9	111	18.1	436
Rural	18.9	3.4	3.7	1,953	76.5	339	12.8	1,221
Upper Egypt	19.9	3.1	3.6	2,921	81.6	449	15.7	1,780
Urban	(17.5)	(2.4)	(2.5)	756	95.0	128	21.6	471
Rural	20.7	3.5	4.2	2,165	76.2	321	13.5	1,308
Frontier Governorates	(18.9)	(1.1)	(1.2)	68	84.3	10	17.6	43
Mother's education								
No education	20.0	3.6	4.2	3,024	78.2	485	13.1	1,826
Some primary	20.4	3.0	3.4	1,168	77.3	170	12.3	741
Primary through secondary	17.4	(2.2)	(2.3)	823	73.1	159	19.5	578
Completed secondary/higher	17.8	2.4	2.6	1,751	85.4	292	22.2	1,146
Work status								
Working for cash	(19.1)	(2.4)	(2.7)	805	80.9	105	23.0	499
Not working for cash	18.9	3.0	3.4	5,961	79.1	1,001	15.4	3,792
Assistance at delivery								
Medically trained person	18.0	2.8	3.0	3,272	79.7	601	20.4	2,170
Traditional birth attendant	19.9	3.2	3.8	3,160	79.2	458	12.1	1,912
Other or none	(21.8)	(3.0)	(3.5)	322	75.7	45	10.8	208
All children	18.9	2.9	3.3	6,766	79.2	1,106	16.3	4,291
Mean	18.8	4.1	4.7	95.4	NA	NA	NA	NA
Prevalence/Incidence mean	18.4	3.6	4.3	NA	NA	NA	NA	NA

Note: Medians and means are based on current status. Figures in parentheses are based on 25-49 cases. An asterisk indicates that the figure is based on fewer than 25 cases and has been suppressed.
NA = Not applicable
[1] Either exclusively breastfed or received plain water only in addition to breastfeeding.

12.2 *Nutritional Status of Children*

Nutritional status is a primary determinant of a child's health and well-being. Both inadequate or unbalanced diets and chronic illness are associated with poor nutritional status among children. The 1995 EDHS included the collection of anthropometric data which permit an assessment of the nutritional status of young children in Egypt.

Measurement of Nutritional Status

In order to assess nutritional status, measurements of height[2] and weight were obtained during the survey for children of EDHS respondents who were born since January 1990. Using these anthropometric measurements as well as information on the ages of the children, three standard indices of physical growth describing the nutritional status of children were constructed:

- height-for-age
- weight-for height
- weight-for-age

As recommended by the World Health Organization (WHO), evaluation of nutritional status in this report is based on the comparison of the three indices for the population of children in the survey with those reported for a reference population of well-nourished children. Use of a reference population is based upon the finding that well-nourished children in all population groups follow similar growth patterns and, thus, exhibit similar distributions with respect to height and weight at given ages (Martorell and Habicht, 1986). One of the most commonly used reference populations, and the one used for this study, is the international reference population defined by the U.S. National Center for Health Statistics (NCHS) and accepted by WHO and the U.S. Centers for Disease Control.

Each of the indices measures somewhat different aspects of nutritional status. The height-for-age index provides an indicator of linear growth retardation. Children whose height-for-age is below minus two standard deviations (-2SD) from the median of the reference population are considered short for their age, or *stunted*. Children who are below minus three standard deviations (-3SD) from the reference population are considered to be *severely stunted*. Stunting of a child's growth may be the result of a failure to receive adequate nutrition over a long period of time or of the effects of recurrent or chronic illness. Height-for-age, therefore, represents a measure of the outcome of undernutrition in a population over a long period, and does not vary appreciably with the season of data collection.

The weight-for-height index measures body mass in relation to body length. Children whose weight-for-height measures are below minus two standard deviations (-2SD) from the median of the reference population are too thin for their height, or *wasted* while those whose measures are below minus three standard deviations (-3 SD) from the reference population median are *severely wasted*. Wasting represents the failure to receive adequate nutrition during the period immediately before the survey. It may be the result of recent episodes of illness or acute food shortages.

Weight-for-age is a composite index of height-for-age and weight-for-height. Children whose weight-for-age measures are below minus two standard deviations (-2SD) from the median of the reference population are *underweight* for their age while those measures are below minus three standard deviations (-3SD) from the reference population median are *severely underweight*. A child can be underweight for his age, because he is stunted, because he is wasted, or because he is both stunted and wasted.

Anthropometric Data Collection

All children of women interviewed in the EDHS-95 who were born during the five-year period prior to the survey were included in the anthropometric data analysis. Height and weight measurements were

[2] Although the term "height" is used, children younger than 24 months were measured lying on a measuring board, while standing height was measured for older children. Weight data were obtained using a digital scale with an accuracy of 100 grams.

obtained for 96 percent of the 10,689 children in this group (i.e., among those children age 0-59 months at the time of the survey). Of the children weighed and measured, five percent were considered to have implausibly high or low values for the height or weight measures. The following analysis focuses on the 9,766 children under age five for whom complete and plausible anthropometric data were collected.

Levels of Child Undernutrition

Table 12.5 shows the proportions of children classified as undernourished according to each of the measures of nutritional status, i.e., height-for-age, weight-for-height, and weight-for-age, according to selected demographic characteristics of the child. Table 12.6 shows the same measures according to socioeconomic characteristics of the child's mother.

Table 12.5 Nutritional status by demographic characteristics

Percentage of children under five years who are classified as undernourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected demographic characteristics, Egypt 1995

Demographic characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below - 2 SD[1]	
Age							
<6 months	1.0	6.7	2.1	5.4	0.3	2.8	978
6-11 months	12.4	27.9	2.8	9.9	6.1	21.8	1,024
12-23 months	18.3	38.0	1.5	6.0	4.5	19.1	1,893
24-35 months	18.1	35.0	0.6	3.2	3.0	13.3	1,884
36-47 months	18.4	37.5	0.9	3.0	1.8	11.0	1,958
48-59 months	6.3	22.0	0.8	3.1	0.9	6.7	2,029
Sex							
Male	14.1	31.0	1.5	4.7	2.9	12.7	5,093
Female	12.7	28.4	1.0	4.5	2.4	12.2	4,674
Birth order							
1	11.3	25.0	1.3	4.8	2.2	10.1	2,345
2-3	12.9	28.7	1.1	4.5	2.2	11.6	3,792
4-5	13.8	31.5	1.5	4.6	3.2	14.5	1,914
6+	17.1	36.9	1.2	4.5	3.7	15.4	1,715
Birth interval							
First birth	11.3	25.1	1.3	4.8	2.2	10.0	2,367
< 24 months	16.6	35.9	1.5	4.5	3.5	14.2	1,798
24-47 months	14.4	31.1	1.3	4.8	2.8	14.0	3,842
48+ months	11.1	27.1	1.0	3.9	1.9	10.5	1,759
All children	13.4	29.8	1.2	4.6	2.6	12.4	9,766

Note: Figures are for children born in the period 0-59 months preceding the survey. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their z-scores are below minus two or minus three standard deviations (-2 SD or -3 SD) from the median of the reference population.
[1] Includes children who are below -3 SD

An examination of the data on height-for-age in Table 12.5 suggests that there is considerable chronic undernutrition among Egyptian children. Overall, 30 percent of children under age five are stunted (or too short for their age), and 13 percent can be considered to be severely stunted. A child's age is associated with the likelihood of stunting. Stunting increases rapidly with age from only 7 percent among children under 6 months of age to 38 percent among children 12-23 months, before falling to 22 percent among children age four and older. Levels of stunting for male children are only slightly higher than for female children. Stunting increases directly with the birth order of the child, while it varies inversely with the length of the birth interval.

There are marked socioeconomic differentials in stunting (see Table 12.6). Children in rural areas are much more likely to be stunted than urban children (34 percent and 23 percent, respectively). As Figure 12.2 shows, the percentage stunted varies greatly by place of residence, ranging from only 18 percent in the Urban Governorates to 40 percent in rural Upper Egypt. The educational level of the mother is inversely related to the level of stunting. Children of mothers who work for cash are somewhat less likely to be stunted than other children.

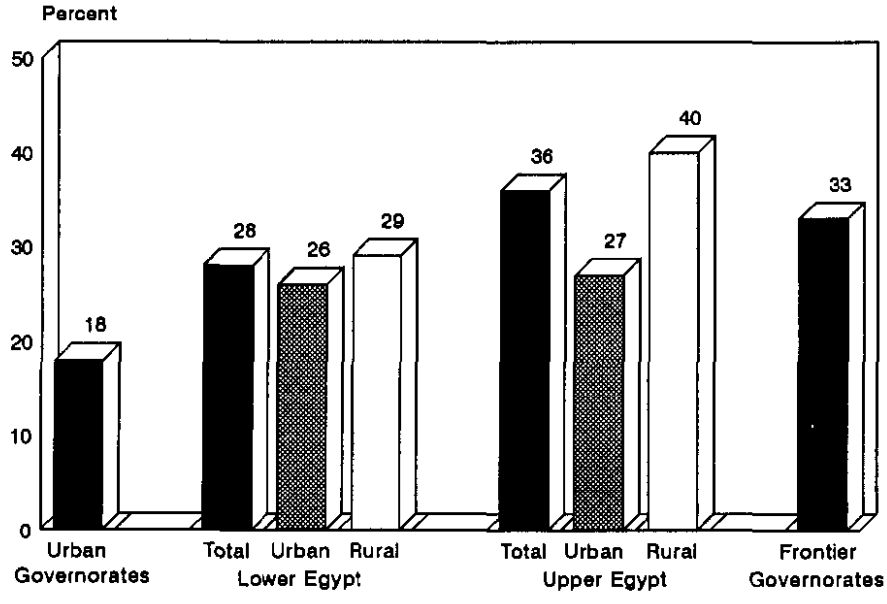
Table 12.6 Nutritional status by socioeconomic characteristics

Percentage of children under five years who are classified as undernourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected socioeconomic characteristics, Egypt 1995

	Height-for-age		Weight-for-height		Weight-for-age		
Socioeconomic characteristic	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below - 2 SD[1]	Number of children
Urban-rural residence							
Urban	9.4	22.8	1.3	4.7	1.7	9.9	3,854
Rural	16.1	34.4	1.2	4.5	3.3	14.1	5,912
Place of residence							
Urban Governorates	7.3	18.4	1.5	5.4	1.2	9.1	1,796
Lower Egypt	12.7	28.0	0.6	3.0	1.5	9.6	3,807
Urban	12.0	25.6	0.4	2.4	1.0	8.8	938
Rural	12.9	28.8	0.7	3 2	1.7	9 9	2,869
Upper Egypt	16.7	36.4	1.5	5 2	4.2	16 0	4,067
Urban	10.0	27.2	1.6	4.7	3.0	11.0	1,063
Rural	19.1	39.7	1.5	5.3	4.7	17.8	3,004
Frontier Governorates	16.1	32.5	8.6	26.1	8.5	35.2	96
Mother's education							
No education	14.9	34.3	1.4	5.1	3.4	14.6	4,377
Some primary	14.2	29.4	1.3	4.3	2.7	13.8	1,747
Primary through secondary	12.0	27.7	1.0	3.4	1.4	10.6	1,148
Completed secondary/higher	10.9	23.1	1.1	4.4	1.7	8.6	2,494
Work status							
Working for cash	11.5	25.9	1.1	4.5	1.9	12.4	1,282
Not working for cash	13.7	30.4	1.3	4.6	2.8	12.5	8,484
All children	13.4	29.8	1.2	4.6	2.6	12.4	9,766

Note: Figures are for children born in the period 0-59 months preceding the survey. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their z-scores are below minus two or minus three standard deviations (-2 SD or -3 SD) from the median of the reference population.
[1] Includes children who are below -3 SD

Figure 12.2
Level of Stunting among Children under Age 5 by Place of Residence



EDHS 1995

The weight-for-height index in Tables 12.5 and 12.6 provides a measure of wasting, or acute undernutrition. As described above, the height-for-weight index reflects the effects on a child's nutritional status of recent food shortages or recent episodes of diarrheal or other illness that contribute to undernutrition. Overall, nearly 5 percent of Egyptian children are wasted. Wasting is more common among children under age two than older children. Wasting levels are also slightly higher in the Urban Governorates and Upper Egypt than in Lower Egypt. Caution must be used in interpreting the comparatively high level of wasting in the Frontier Governorates since the number of children on which the measures are based is relatively small. With regard to the other characteristics presented in Tables 12.5 and 12.6, there are generally only minor variations in the level of wasting.

Reflecting stunting, wasting or both, 12 percent of children under age five are underweight for their age. Low weight-for-age is more common among children 6-23 months than among older or younger children. It increases slightly with birth order, but is not strongly associated with either the child's sex or the interval between births. Considering socioeconomic characteristics, low weight-for-age is more common among rural children, children in Upper Egypt and children of mothers with less than a primary education than among other children. Again caution should be used in interpreting the very high percentage of underweight children in the Frontier Governorates as the number of cases in this region is small.

Trends in Child Nutrition

Table 12.7 looks at recent trends in the nutritional status of children in Egypt using anthropometric data from the 1992 EDHS and the 1995 EDHS. The approach to data collection in the two surveys was identical, allowing for the comparison shown in the table. Some caution should be exercised in examining the trends since they may have been influenced by differences in the quality of the anthropometric data collected in the two surveys or in the reporting of children's ages.

Table 12.7 Trends in the nutritional status of children

Among children under age five, the percentage classified as undernourished according to height-for-age, weight-for-height and weight-for-age by urban-rural residence and place of residence, 1992 EDHS and 1995 EDHS

	Height-for-age		Weight-for-height		Weight-for age	
Residence	1992	1995	1992	1995	1992	1995
Urban-rural residence						
Urban	20.0	22.8	3.4	4.7	7.1	9.9
Rural	29.6	34.4	3.4	4.5	11.6	14.1
Place of residence						
Urban Governorates	16.8	18.4	4.5	5.4	7.7	9.1
Lower Egypt	27.0	28.0	2.6	3.0	8.1	9.6
Urban	20.5	25.6	2.3	2.4	4.5	8.8
Rural	29.1	28.8	2.7	3.2	9.3	9.9
Upper Egypt	28.7	36.5	3.7	5.2	12.6	16.1
Urban	24.6	27.2	2.8	4.7	8.8	11.0
Rural	30.0	39.7	4.0	5.3	13.8	17.8
Total	26.0	29.8	3.4	4.6	9.9	12.5

Overall, the trends in the nutritional status indicators suggest that there may have been some deterioration in the nutritional status of young children in Egypt during the period between the two surveys. Looking at the height-for age measures, there was an increase in the percentage of children who were considered stunted (i.e., short for their age), from 26 percent in 1992 to 30 percent in 1995. The weight-for-height and weight-for-age measures show similar changes. A slightly higher proportion of children were found to be wasted in 1995 than in 1992, and the percentage of children considered to be underweight increased from 10 to 13 percent. The largest increases in the percentage of children classified as undernourished are observed for rural children and children living in Upper Egypt. The percentage stunted among children in rural Upper Egypt increased from 30 to 40 percent during the period between the two surveys.

12.3 Maternal Anthropometric Status

The 1995 EDHS obtained information on the height and weight of women who had had a live birth since January 1990. These data can be used to assess the nutritional status of Egyptian women. In undertaking this assessment, it is important to recognize that the anthropometric data are not representative of all women age 15-49 in Egypt; in particular, women who were not married or who had not had a recent birth were excluded from the subsample for which height and weight data were obtained. As a result, both older and younger women are underrepresented in the group for which the information on maternal nutritional status is available.

The basic measures used to assess maternal nutritional status in this report are: height and weight of women and the body mass index (BMI), an indicator combining height and weight data. Table 12.8 shows the distribution of women who had a birth during the five-year period before the survey, according to height, weight, and BMI, along with the means and standard deviations for these indicators. Anthropometric data were not obtained for a small group (around 3 percent of eligible women) who were not at home when the DHS measurer visited. In addition, pregnant women and women who had given birth within three months of the survey interview were excluded in the calculation of weight and body mass measures.

Maternal height is an outcome of nutrition during childhood and adolescence. It is useful in predicting the risk of difficult delivery, since small stature is frequently associated with small pelvis size. The risk of low birth weight babies is also higher for short women. The cutoff point, i.e., the height below which a woman is considered to be at nutritional risk, is in the range of 140-150 centimeters. The mean height of mothers measured in the EDHS-95 was 158 centimeters. Around one in ten fell below the cutoff point; 2 percent were shorter than 145 centimeters and 9 percent were in the 145-149 centimeter range.

Low prepregnancy weight is associated with unfavorable pregnancy outcomes, although maternal height must also be taken into account. Excluding women who were pregnant or had a birth within three months of the interview, the mean weight of Egyptian mothers is 65.5 kilograms.

Body mass indices, which take into account both height and weight, provide a better measure of thinness than weight alone. The most commonly used body mass index is the BMI, which is defined as weight in kilograms divided by squared height in meters. For the BMI, a cut-off of 18.5 has been recommended for indicating chronic energy deficiency among nonpregnant women. As Table 12.8 shows, the mean BMI for Egyptian mothers is 26.3. Only 2 percent have a BMI below 18.5, the level indicating chronic energy deficiency.

Table 12.8 Anthropometric indicators of maternal nutritional status

Percent distribution and mean and standard deviation for women who had a birth in the five years preceding the survey by selected anthropometric indicators (height, weight, and body mass index (BMI)), Egypt 1995

Indicator	Total
Height (cm)	
130.0-134.9	0.0
135.0-139.9	0.1
140.0-144.9	1.3
145.0-149.9	9.0
150.0-154.9	22.5
155.0-159.9	33.9
160.0-164.9	23.1
165.0-169.9	7.7
170.0-174.9	1.7
175.0-179.9	0.3
>= 180.0	0.4
Total	100.0
Number of women	7,520
Mean	157.6
Weight (kg)	
35.0-39.9	0.2
40.0-49.9	8.3
50.0-59.9	30.5
60.0-69.9	30.9
>= 70.0	30.0
Total	100.0
Number of women	6,334
Mean	65.5
BMI	
12.0-15.9	0.2
16.0-16.9	0.3
17.0-18.4	1.1
18.5-20.4	6.0
20.5-22.9	19.1
23.0-24.9	21.4
25.0-26.9	16.9
27.0-28.9	11.1
29.0-29.9	3.3
>= 30.0	20.5
Number of women	6,312
Mean	26.3

Differentials in maternal height and body mass measures for Egyptian mothers are shown in Table 12.9. In general, the differences in the indicators of maternal nutritional status are small.

Table 12.9 Differentials in maternal anthropometric indicators

Mean height and percentage of women shorter than 145 centimeters, mean body mass index (BMI), and the percentage of women whose BMI is less than 18.5, according to selected background characteristics, Egypt 1995

Background characteristic	Height			BMI		
	Mean	Percent <145 cm	Number	Mean	Percent <18 5	Number
Age						
15-19	158.0	1 6	332	24.0	2 3	256
20-24	157.8	1.0	1,587	24.9	1.8	1,218
25-29	157.9	0.9	2,199	25.9	1.9	1,769
30-34	157.5	1.7	1,652	26.9	1.5	1,463
35-49	157 1	2.3	1,750	27.7	1.1	1,610
Urban-rural residence						
Urban	157 7	1.2	3,100	27 9	1 0	2,688
Rural	157.5	1 6	4,420	25 1	2 1	3,626
Place of residence						
Urban Governorates	158.4	0 9	1,447	28 1	1 1	1,272
Lower Egypt	157.5	1.5	2,926	26.8	0.8	2,477
Urban	156.9	1.5	758	28.3	0.0	662
Rural	157 7	1.6	2,167	26.3	1 1	1,816
Upper Egypt	157.4	1.7	3,072	25.0	2 6	2,504
Urban	157 2	1.5	848	27.5	1 6	714
Rural	157.4	1.7	2,225	23.9	3 0	1,790
Frontier Governorates	157.9	0 5	75	24 8	1 8	60
Education						
No education	157.4	2 0	3,274	25 1	2 4	2,746
Some primary	157.1	1.3	1,376	26.7	1 6	1,159
Primary through secondary	157.8	1.5	927	27.4	0 8	785
Completed secondary/higher	158.3	0.7	1,943	27.5	0.6	1,625
Work status						
Working for cash	158 0	1.6	1,051	27.5	0 7	914
Not working for cash	157 6	1.4	6,469	26.1	1 8	5,401
Total	157.6	1 5	7,520	26 3	1 6	6,314

CHAPTER 13

FEMALE CIRCUMCISION

The practice of female circumcision is believed to be widespread in Egypt, although little information is available on the prevalence and distribution of the practice or on attitudes toward it. The EDHS-95 questionnaire included a number of questions on female circumcision in order to obtain information on these topics. Women were asked both about their own experience with circumcision and the experience of their daughters. In addition, they were asked about whether they supported the continuation of the practice and their beliefs concerning the basis for the practice and its potential effects on a woman.

While this chapter mainly presents the data on female circumcision from the EDHS-95, it also summarizes the findings from a special clinic-based study carried out by the Egyptian Fertility Care Society which was designed to verify the circumcision status of women through physical examinations. The study was undertaken to obtain additional information on the types of circumcision experienced by women in Egypt.

13.1 Circumcision among EDHS-95 Respondents

Prevalence of Circumcision

Results from the EDHS-95 indicate that the practice of female circumcision is virtually universal among women of reproductive age in Egypt. Table 13.1 shows that 97 percent of the ever-married women interviewed in the 1995 EDHS have been circumcised. The prevalence of female circumcision is 90 percent or less only among women with secondary or higher education and among women living in the Frontier Governorates.

Support for Circumcision

The EDHS-95 results also indicate that there is widespread support for the practice among Egyptian women. When asked whether the practice should continue, 82 percent of the survey respondents supported circumcision, 13 per-

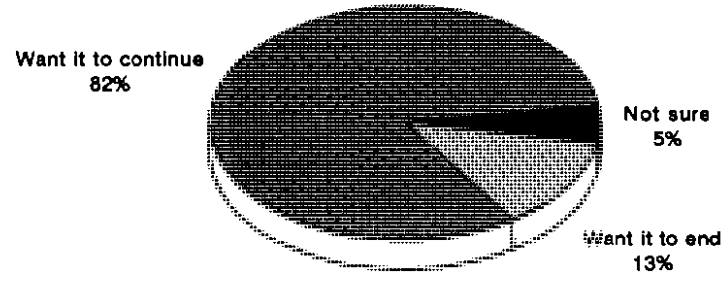
Table 13.1 Prevalence of female circumcision

Percentage of ever-married women who have been circumcised and the percentage who support continuation of the practice of female circumcision by selected background characteristics, Egypt 1995

Background characteristic	Percentage of women circumcised	Percentage of women who support practice	Number of women
Age			
15-19	98.1	84.8	673
20-24	98.3	83.9	2,136
25-29	97.0	81.6	2,749
30-34	95.8	79.2	2,605
35-39	96.7	81.3	2,573
40-44	97.2	80.8	2,059
45-49	96.8	82.1	1,984
Urban-rural residence			
Urban	94.0	70.3	6,809
Rural	99.5	91.2	7,970
Place of residence			
Urban Governorates	92.7	66.4	3,312
Lower Egypt	98.9	86.9	6,207
Urban	96.7	75.1	1,830
Rural	99.8	91.8	4,377
Upper Egypt	98.0	85.5	5,125
Urban	94.2	73.1	1,583
Rural	99.6	91.0	3,543
Frontier Governorates	75.4	60.7	135
Mother's education			
No education	99.4	93.1	6,464
Some primary	99.8	89.2	2,908
Primary through secondary	97.7	76.7	1,923
Completed secondary/higher	89.6	56.5	3,483
Work status			
Working for cash	92.8	65.3	2,312
Not working for cash	97.7	84.6	12,467
Total	97.0	81.6	14,779

cent believe the practice should be ended and 5 percent were not sure what should be done regarding the practice (see Figure 13.1). As Table 13.1 shows, support for the practice is not greatly influenced by a woman's age, but there is strong association between a woman's attitude toward female circumcision and her residence, educational level, and work status. Urban women, especially those living in the Urban Governorates, are less likely than rural residents to believe female circumcision should continue. By educational level, the proportion supporting the practice ranges from 93 percent among women with no education to 57 percent among women with secondary or higher education. Women working for cash are less likely to support continuing the practice of female circumcision than other women.

Figure 13.1
Attitudes about the Continuation of Female Circumcision



EDHS 1995

Reasons for Attitudes toward Circumcision

Women were asked about their reasons for either supporting or opposing circumcision. As Table 13.2 shows, the most commonly given reason for supporting circumcision was the belief that the practice was a good tradition (58 percent). More than one-third of the women cited cleanliness as a reason for continuing the practice, and 31 percent said it was required by religion. Fewer than one in ten women mentioned other reasons for supporting circumcision including better marriage prospects (9 percent), preservation of virginity (9 percent), prevention of adultery (6 percent) or the greater sexual pleasure for the husband (4 percent).

Among the women who opposed circumcision, 46 percent mentioned the medical complications a woman might have as the reason for their attitude, and 27 percent were against the practice because it was a painful experience for a woman. More than one-third of the women who believed the practice should end felt circumcision was a bad tradition and 30 percent said that it was against religion. Women who opposed circumcision also saw it as preventing sexual satisfaction (20 percent) and as against a woman's dignity (12 percent).

Table 13.2 Reasons for supporting or opposing circumcision

Percentage of ever-married women who favor or oppose the continuation of female circumcision by reasons for supporting or opposing the practice, Egypt 1995

Reasons	Percent
Support circumcision	
Good tradition	58.3
Required by religion	30.8
Cleanliness	36.1
Better marriage prospects	8.9
Greater pleasure of husband	3.8
Preservation of virginity	9.1
Prevention of adultery	5.6
Other reasons	5.9
Number of women	12,054
Oppose circumcision	
Bad tradition	37.8
Against religion	29.8
Causes many medical complications	45.7
Painful personal experience	27.3
Against women's dignity	12.1
Prevents sexual satisfaction	19.6
Other reasons	5.9
Number of women	1,882

Note: Percentages do not add to 100 because more than one response was allowed.

13.2 Circumcision among the Daughters of EDHS-95 Respondents

Ever-married women interviewed in the EDHS-95 who had living daughters were asked questions about the circumcision experience of their daughters. Overall, 10,847 EDHS-95 respondents had at least one living daughter. Table 13.3 shows that almost 9 in ten of these women reported that at least one of their daughters had already been circumcised (50 percent), or that they intended to have a daughter circumcised in the future (38 percent). Rural women, women with less than a primary education, and women who were not working for cash were more likely than other women to have at least one circumcised daughter or to plan to have their daughter(s) circumcised in the future. Women with a secondary or higher education are the least likely to have or to consider having their daughter(s) circumcised. Even among these highly educated women, however, almost three in five reported that they have at least one daughter who has been circumcised (18 percent) or that they plan for their daughter(s) to be circumcised in the future (39 percent).

Table 13.3 Daughters' circumcision experience

Among ever-married women with daughters, percentage who report that they have at least one daughter circumcised or who say that they plan to have their daughters circumcised by background characteristics, Egypt 1995

Background characteristic	Daughter circumcised	Mother intends to have daughter circumcised	Number of women
Age			
15-19	0.8	93.0	150
20-24	2.7	86.5	1,078
25-29	11.4	73.3	1,901
30-34	38.8	45.2	2,031
35-39	65.3	22.4	2,145
40-44	79.0	9 6	1,799
45-49	87.7	2.4	1,742
Urban-rural residence			
Urban	45.9	31.1	4,970
Rural	52.8	43.1	5,877
Place of residence			
Urban Governorates	44.5	28.5	2,397
Lower Egypt	51.8	39.7	4,619
Urban	48.8	32.4	1,347
Rural	53.0	42.7	3,273
Upper Egypt	50.6	41.1	3,731
Urban	45.7	35.0	1,165
Rural	52.8	43.9	2,567
Frontier Governorates	40.0	26.9	100
Mother's education			
No education	59.5	38.0	5,055
Some primary	58.8	36.6	2,277
Primary through secondary	49.1	35.9	1,297
Completed secondary/higher	18.2	38.7	2,218
Work status			
Working for cash	39.5	30.6	1,709
Not working for cash	51.6	38.9	9,137
Total	49.7	37.6	10,847

13.3 Women's and Daughters' Experience with Circumcision

Data were collected from EDHS respondents who had been circumcised on a number of details concerning the circumcision including their age at the time they were circumcised, the person who performed the circumcision, and the nature of the procedure. Women were also asked a number of questions regarding the severity of the procedure and about any complications which they experienced. In addition, the EDHS-95 included a similar set of questions about the circumstances surrounding the circumcision of daughters. For women with more than one daughter circumcised, these questions were asked for the daughter who had been circumcised most recently.

Age at Circumcision

Table 13.4 presents the distribution of circumcised women and of daughters most recently circumcised according to the age at circumcision. More than three-fifths of circumcised women were seven to ten years of age at the time of the procedure, and only 13 percent were six years of age or younger. Like their mothers, most daughters were circumcised before puberty. Two-thirds of daughters were reported by their mothers to have been between seven and ten years of age at the time of circumcision, and virtually all daughters were circumcised before age 13. The median age at the time of the circumcision for both mothers and daughters is 9.8 years.

Table 13.4 Age at circumcision for women and daughters

Percent distribution of ever-married women 15-49 who have been circumcised, and of daughters most recently circumcised, by age at the time of circumcision, Egypt 1995

	Respondents	Daughters
Age at circumcision		
<5	2.6	5.0
5-6	9.6	9.7
7-8	21.3	21.5
9-10	40.4	42.5
11-12	15.7	17.7
13+	2.8	2.9
Don't know/missing	7.6	0.8
Total	100.0	100.0
Number	14,330	5,389
Median age	9.8	9.8
Mean age	9.0	8.9

Person Performing the Procedure and Other Aspects of the Circumcision

Table 13.5 summarizes information for circumcised women and daughters most recently circumcised on various aspects of the circumcision procedure including the person who performed the circumcision, the site where the circumcision took place, and the instrument used and the type of anaesthetic employed during the procedure. Among the women, dayas (traditional birth attendants) performed most circumcisions; more than three-fifths of circumcised women said that the procedure had been performed by a daya. Other traditional providers including barbers and ghagaria (Gypsies) were responsible for 18 percent of circumcisions, while trained medical providers (doctors or other health workers) performed 17 percent of the circumcisions.

Trained medical providers (doctors or other health personnel) were three times more likely to be responsible for performing circumcisions in the case of daughters than their mothers (see Figure 13.2). The proportion of the circumcisions among daughters which were performed by traditional practitioners was only around 40 percent compared with 80 percent among their mothers.

With regard to the site where the circumcision was performed, most women said that they were circumcised at home, with only 7 percent of the circumcisions taking place in a hospital or clinic. The greater reliance on medical personnel to perform daughters' circumcisions is reflected in the fact that 28 percent of daughters were circumcised at a doctor's office or a hospital or clinic. However, a comparison of this proportion with the total proportion of daughters' circumcisions performed by medical personnel (55 percent) indicates that around half of the circumcisions for which medical personnel are responsible take place in the home outside a clinical setting.

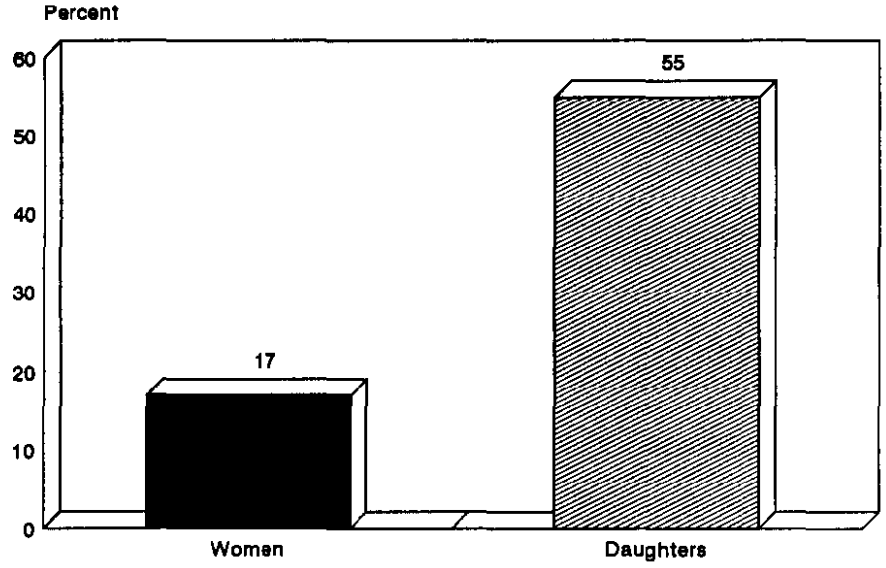
Reflecting again the fact that most of their circumcisions were performed by traditional practitioners, around two-thirds of women said that a blade or razor blade was used during the procedure and a similar percentage said that they underwent the procedure without any anaesthetic. In the case of their daughters, women were more likely to report the use of scalpel during the circumcision, and only 25 percent of daughters' circumcisions were performed without any anaesthetic.

Table 13.5 Aspects of circumcision

Percent distribution of ever-married women 15-49 who have been circumcised, and of daughters most recently circumcised by the person performing the circumcision, the site where the procedure was performed, the instrument used during circumcision, and anaesthetic used during circumcision, Egypt 1995

	Respondents	Daughters
Person performing circumcision		
Male doctor	10.2	38.7
Female doctor	2.9	7.1
Trained nurse/midwife	4.2	9.0
Daya	61.8	32.0
Barber	3.3	3.0
Ghagaria	14.5	7.4
Other	1.4	2.4
Don't know	1.7	0.3
Site of procedure		
At home	89.3	67.3
Private doctor/clinic	6.2	23.5
Government hospital/clinic	1.0	4.3
Relatives/neighbor	2.1	3.2
Barber's kiosk	0.3	0.4
Other	0.7	1.2
Don't know/missing	0.5	0.2
Instrument used		
Blade/razor blade	66.0	40.4
Scalpel	10.3	38.9
Scissors	2.6	4.7
Don't know/missing	21.1	16.0
Anaesthetic used		
Local	23.0	59.7
General	3.2	13.1
Without	69.4	25.2
Don't know/missing	4.4	2.1
Total	100.0	100.0
Number	14,330	5,389

Figure 13.2
Percentage of Circumcisions Performed by Medical Personnel: Women and Daughters



EDHS 1995

Severity of the Procedure and Complications

In the most severe form of female circumcision (*pharaonic* circumcision), the clitoris, labia minora and labia majora are excised and the two sides of the wound are sewn closed. In an effort to obtain basic information on the prevalence of pharaonic circumcision, women were asked if the vaginal area was sewn closed at the time of circumcision, either in the case of their circumcision or that of their daughter. Only 1 percent of circumcised women reported that the vaginal area was sewn close at the time they were circumcised, and 2 percent of daughters' circumcisions involved a closing of the vaginal area (see Table 13.6). This suggests that the most severe form of circumcision is not common in Egypt.

Table 13.6 Severity of circumcision and reports of complications

Percent distribution of ever-married women 15-49 who have been circumcised, and of daughters most recently circumcised, by severity of the circumcision and reports of complications, Egypt 1995

	Respondents	Daughters
Severity		
Vaginal area sewn closed	0.7	2.3
Vaginal area not sewn	98.6	97.2
Don't know/missing	0.6	0.5
Reports of complications		
Had complications	4.6	3.1
No complications	94.6	96.8
Don't know	0.8	0.1
Total	100.0	100.0
Number	14,330	5,389

To gain an indication of the immediate consequences of the circumcision for a woman's health, women were asked if they or their daughters had experienced any complications at the time they underwent the procedure. Caution must also be used in interpreting these data as representing the actual level of complications from circumcision both because it is based on subjective assessments by the women themselves rather than on clinical assessments and because it is retrospective in nature. Five percent of circumcised women said that they had suffered any complications, and 3 percent of daughters were reported to have suffered any adverse effects when they were circumcised.

Differentials in the Age at Circumcision and Person Performing the Procedure

Table 13.7 considers differentials in the age at circumcision and the person performing the circumcision for both circumcised women themselves and the daughters most recently circumcised. There is comparatively little variation in the median age at circumcision, with the median somewhat less than 10 years of age for both mothers and daughters in most subgroups. The lowest median age at circumcision for both mothers and daughters is found in the Frontier Governorates (8.9 years and 8.4 years, respectively).

Table 13.7 Age at circumcision and person performing circumcision by selected background characteristics

Among ever-married women 15-49 who have been circumcised, and among daughters most recently circumcised, the median age at circumcision and the percentage whose circumcision was performed by trained medical personnel, by selected background characteristics, Egypt 1995

Background characteristic	Median age at circumcision		Circumcision performed by trained medical personnel		Number	
	Respondents	Daughters	Respondents	Daughters	Respondents	Daughters
Age						
15-19	10.2	0.8	32.4	70.8	660	1
20-24	10.0	2.6	25.4	55.4	2,099	29
25-29	9.9	8.3	20.2	55.0	2,666	219
30-34	9.9	9.6	17.3	61.0	2,497	789
35-39	9.8	9.9	14.9	58.0	2,488	1,401
40-44	9.7	10.0	10.8	53.2	2,001	1,420
45-49	9.5	9.9	9.1	50.2	1,920	1,529
Urban-rural residence						
Urban	10.0	9.9	25.0	64.0	6,402	2,283
Rural	9.7	9.7	11.1	48.1	7,929	3,106
Place of residence						
Urban Governorates	10.1	9.9	26.2	62.3	3,069	1,067
Lower Egypt	9.6	9.9	16.4	59.9	6,138	2,394
Urban	9.9	10.1	22.5	66.1	1,769	657
Rural	9.5	9.8	14.0	57.5	4,369	1,738
Upper Egypt	9.9	9.6	12.9	44.2	5,022	1,887
Urban	9.9	9.6	25.5	64.5	1,491	533
Rural	9.8	9.5	7.6	36.2	3,530	1,355
Frontier Governorates	8.9	8.4	18.6	56.3	102	40
Woman's education						
No education	9.8	9.8	7.4	46.7	6,428	3,006
Some primary	9.7	9.7	11.6	57.6	2,903	1,340
Primary through secondary	9.8	10.0	23.6	68.8	1,879	637
Completed secondary/higher	10.0	9.7	39.2	84.0	3,120	406
Work status						
Working for cash	10.0	9.9	26.6	63.4	2,146	675
Not working for cash	9.8	9.8	15.7	53.6	12,184	4,714
Total	9.8	9.8	17.3	54.8	14,330	5,389

There is much greater variability among subgroups in the likelihood that the circumcision was performed by trained medical personnel. In urban areas, 25 percent of the circumcisions were reported to have been performed by medical personnel, compared with 11 percent in rural areas. Women in rural Upper Egypt were least likely to have had their circumcision performed by medical personnel (8 percent). As expected, the proportion of circumcisions performed by medical personnel varies directly with the educational level of the woman, from only 7 percent of women with no education to 39 percent of women who had a secondary or higher education.

The patterns for daughters are similar to those for the women themselves. However, the results in Table 13.7 indicate that, in all socioeconomic groups, daughters are more likely to have been circumcised by medical personnel than the respondents themselves.

13.4 Types of Circumcision

One of the questions about the nature of female circumcision that the EDHS-95 was only partially able to answer was the amount of tissue excised during the procedure. In order to obtain greater insight into the type of circumcision performed, a special clinic-based study[1] was undertaken by the Egyptian Fertility Care Society. The study was carried out in five University hospitals (Al Azhar, Mansoura, Alexandria, Menya, Assuit), several rural hospitals (in Giza, Dakhalia and Assuit governorates), and in two clinics operated by the Clinical Services Improvement project (in Cairo and Alexandria).

All clients coming to the sites for family planning or other gynecological examinations were interviewed about their experience with female circumcision. The circumcision questions were identical to those used in the EDHS-95, and the interviewers received special training in administering the questionnaire prior to the study. In addition to the interview, pelvic examinations were conducted on all the women in the study. As part of the examinations, specially trained gynecologists determined whether there was physical evidence of circumcision and, in the case of circumcised women, the amoung of tissue excised during the circumcision.

The results of the study permit a classification of circumcised women in the reproductive ages according to the type of circumcision that was performed. Because the interviews with women were conducted prior to the physical examinations, it is also possible to compare the women's own report as to her circumcision status with the results of the physical examination. Such comparisons are useful in estimating the extent to which women may misreport their circumcision status during interviews such as that conducted in the EDHS-95. Misreporting can take two forms. First, circumcised women may report that they have not been circumcised. Such undereporting of the practice may arise out of embarrassment or fear of admitting to a practice the women may now regard as out of date or even illegal. Second, women may say that they have been circumcised when they have not. Such overreporting would arise if women were reluctant to report that they had not observed a widely held cultural norm.

The following summarizes the results of the clinic-based study of female circumcision. A full report on the study is forthcoming (Egyptian Fertility Care Society, 1996).

Characteristics of the Clinic-based Study Population

Table 13.8 shows the distribution of women in the study population according to selected background characteristics. Overall, there was a total of 1,339 women in the study for which both questionnaires and physical examinations were completed.[2] Almost all of the women (98 percent) were currently married. They were concentrated in the peak childbearing ages, with nearly one-fourth under age 25 and 40 percent in the 25-34 age groups. One in five of the women was childless, and a similar proportion had five or more

[1] The study was funded jointly by the DHS project and the Asia and Near East Africa Operations Research and Technical Assistance Project (ANE OR/TA).

[2] A total of 8 women were not included in this report, on the results of the clinic study, either because the results of the physical examination were inconclusive (5 women) or because the women stated that they were naturally circumcised (congenital absence or atrophy). In addition, one woman was dropped from the study population because she was 55 years of age.

children. The majority (55 percent) live in rural areas. Considering the place of residence, 28 percent are from one of the Urban Governorates (principally Alexandria and, to a lesser extent, Cairo), 34 percent are from Lower Egypt governorates (principally Dakhalia), and 38 percent are from Upper Egypt governorates (principally Menya and Assuit and, to a lesser extent, Giza). More than two in five women in the study population had never attended school, and only 23 percent had completed the secondary level or higher. Most of the women were not employed; only 15 percent reported that they worked in a job for which they were paid in cash. Most were Muslims (95 percent).

Table 13.8 Clinic-based study: characteristics of the population

Percent distribution of the women included in the clinic-based study of the type of circumcisions performed in Egypt by selected background characteristics, Egypt 1996

Characteristic	Total
Marital status	
Currently married	98.0
Widowed/divorced	2.0
Age	
15-19	5.9
20-24	17.8
25-29	21.5
30-34	20.5
35-39	15.3
40-44	11.8
45-49	7.2
Number of living children	
0	19.8
1	12.9
2	17.1
3	15.8
4	13.0
5	9.6
6+	11.8
Urban-rural residence	
Urban	45.3
Rural	54.7
Place of residence	
Urban Governorates	28.2
Lower Egypt	33.8
Upper Egypt	37.5
Frontier Governorates/Other	.5
Education	
No education	43.8
Some primary	15.9
Primary through secondary	20.5
Completed secondary/higher	19.7
Work status	
Working for cash	14.6
Not working for cash	85.4
Religion	
Muslim	95.4
Christian	4.6
Total	100.0
Number of women	1,339

Unlike the EDHS-95 sample, the population for the clinic-based study of female circumcision was not nationally representative. Before looking at the results of the study, therefore, it is useful to examine in what ways the socioeconomic profile of women included in the clinic study differs from that of the EDHS-95 sample (see Table 2.8). This comparison shows that while the women in the clinic study are similar to EDHS-95 respondents in some key characteristics (religion, urban-rural residence, and work status), there are some evident differences. In particular, women in the study population are somewhat younger, have smaller families, and are less likely to be from Lower Egypt than EDHS-95 respondents. These differences should be kept in mind when comparing the results of the clinic study and the EDHS-95 survey.

Circumcision Status: Verbal Report and Physical Evidence

Table 13.9 summarizes the results of the women's self-reporting of circumcision status and the physical examination. Overall, the results indicate that, while subject to some error, the reporting of circumcision status in interviews such as those carried out in the EDHS-95 is highly accurate. As the table shows, there was agreement between the woman's reporting of her circumcision status during the interview prior to the physical examination and the findings from the examination in 94 percent of cases. In 5 percent of cases, no evidence of a circumcision was found during the physical examination although the women reported in the interview that they had been circumcised.[3] In the remaining cases, evidence that the woman had been circumcised was noted during the physical examination although the women reported that they had not been circumcised.

[3] One-third of these cases were found in one of the 13 study sites.

Table 13.9 Clinic-based study: circumcision status

Percent distribution of women who were included in the clinic-based study of female circumcision by self-reporting of circumcision and findings from the physical examination, Egypt 1996

Circumcision status	Percent
Circumcised in self-report and exam	91.8
Not circumcised in self-report and exam	2.2
Circumcised in self-report, no evidence in exam	4.6
Evidence in exam, not circumcised in self-report	1.5
Total	100.0
Number of women	1,339

Type of Circumcision

A primary objective of the clinic study of circumcision was to determine the type of circumcision most commonly performed in Egypt. As Table 13.10 shows, the results of the physical examinations indicate that the majority (64 percent) of the circumcisions found in the clinic study population involved removal of all or part of the clitoris and the labia minora. In 19 percent of the cases, the circumcision involved only the removal of all or part of the clitoris; and, in 8 percent of the cases, only the labia minora were excised. More

Table 13.10 Clinic-based study: type of circumcision

Percent distribution of women for whom evidence of circumcision was found during the physical examination by the type of circumcision performed, according to selected background characteristics, Egypt 1996

Background characteristic	Partial/total excision of clitoris	Partial/total excision of labia minora only	Partial/total excision of clitoris and labia minora	Any excision of labia majora	Total percent	Number of women
Age						
15-24	23.4	7.4	60.2	9.0	100.0	299
25-34	17.0	8.5	65.8	8.7	100.0	517
35-39	17.6	7.4	64.4	10.6	100.0	433
Urban-rural residence						
Urban	13.8	9.7	68.5	8.0	100.0	537
Rural	22.5	6.5	60.5	10.5	100.0	712
Education						
No education	19.0	6.0	64.9	10.1	100.0	564
Some primary	21.8	7.9	62.4	7.9	100.0	202
Primary through secondary	19.8	8.4	63.4	8.4	100.0	262
Completed secondary/higher	14.0	11.8	63.8	10.4	100.0	221
Person performing circumcision						
Trained medical provider	15.4	10.8	64.6	9.3	100.0	195
Traditional practitioner	18.9	7.2	64.4	9.6	100.0	1,002
Not known	28.8	9.6	53.8	7.7	100.0	52
Total	18.7	7.8	64.0	9.4	100.0	1,249

extensive excision involving the labia majora as well as the clitoris and labia minora was found in only about one in eleven of the circumcised women examined in the study. Generally, there is little variation in the type of circumcision women undergo among population subgroups. In particular, the differences by age are small, indicating that there has been relatively little change over time in the nature of the circumcision procedure.

13.5 Eradication of Circumcision

The results of both the EDHS-95 and of the separate clinic-based study of circumcision discussed above confirmed that most ever-married women in Egypt have been circumcised. Moreover, according to the EDHS-95 findings presented in this chapter, the majority of women think circumcision should continue, and most women have or intend to have their daughters circumcised. Programs to eradicate circumcision must take into account those factors which lead women to support the practice. In order to gain insight into the traditions and beliefs regarding female circumcision, EDHS-95 respondents were asked about their agreement with various statements about circumcision and its effects on women. To obtain information on the strategy women themselves feel is needed to abolish female circumcision, women who opposed the practice were asked about the main steps that they felt should be taken to end female circumcision in Egypt.

Beliefs about Circumcision

Any effort to abolish female circumcision must take into account beliefs which are widely held by Egyptian women that men prefer women to be circumcised and that religion supports circumcision. Table 13.11 shows that almost three-quarters of women feel that husbands would prefer their wives to be circumcised, and 72 percent believe that circumcision is an important part of religious tradition. Furthermore, many women see circumcision as ensuring that a woman will remain faithful to her husband; two in five women agree that circumcision prevents adultery.

Campaigns to eradicate circumcision must also take into account the fact that comparatively few women recognize many potential adverse consequences of the practice for women. For example, only around one in four women agrees that circumcision may cause severe complications which may lead to a girl's death. Moreover, only small proportions of women believe that circumcision can cause a woman to have problems becoming pregnant or that childbirth is more difficult for circumcised women than for other women (7 percent and 5 percent, respectively). Women are somewhat more likely to recognize that circumcision has an effect on relations; 29 percent agree that circumcision may lessen sexual satisfaction for a couple.

The differentials shown in Table 13.11 suggest that women living in urban areas, highly educated women, and women who work for cash are less likely to believe that men prefer wives to be circumcised or that circumcision is an important aspect of religious tradition. Women in these groups are also more likely to agree that circumcision may have adverse consequences for a woman's health and fertility and on a couple's sexual satisfaction. However, even among these groups, half or more of women generally appear to hold beliefs that are supportive of circumcision. This suggests that campaigns to abolish the practice must be directed toward all segments of the Egyptian population.

Steps to Abolish Circumcision

Women who opposed circumcision were asked about the best way to stop the practice. The majority (83 percent) of these women feel that education campaigns directed toward parents are the best means to abolish circumcision (data not shown). More than one in five also believe that practitioners should be prohibited from performing circumcisions, and 12 percent feel that sex education is needed.

Table 13.11 Beliefs about female circumcision

Percentage of ever-married women who agree with various statements about female circumcision, by selected background characteristics, Egypt 1995

Background characteristic	Religious tradition	Husband prefers	Prevents adultery	Can lead to death	Causes infertility	Lessens sexual satis-faction	Childbirth difficult	Number of women
Age								
15-19	75.7	81.7	28.3	18.5	6.5	18.2	6.5	673
20-24	72.9	76.7	39.7	22.9	7.9	27.9	5.8	2,136
25-29	71.1	75.0	39.9	23.3	6.7	30.1	5.0	2,749
30-34	70.0	72.0	43.2	27.2	6.7	30.7	5.1	2,605
35-39	70.8	72.9	43.4	26.3	6.3	31.4	5.0	2,573
40-44	71.0	74.0	42.2	24.8	5.1	29.4	4.1	2,059
45-49	74 5	74.4	41 0	21.2	5.9	27.0	5.3	1,984
Urban-rural residence								
Urban	61.9	62.4	43.0	32.7	7.1	38.1	5.1	6,809
Rural	80.2	84.7	39.3	16.8	5.9	21.3	5.1	7,970
Place of residence								
Urban Governorates	59.0	60.6	42.3	34.7	6.1	40.8	4.2	3,312
Lower Egypt	77.1	76.5	46.8	22.6	5.6	31.8	4.2	6,207
Urban	67.9	62.8	48.2	29.9	7.1	41.5	3.8	1,830
Rural	80.9	82.2	46.2	19.5	5.0	27.8	4.3	4,377
Upper Egypt	74.1	81.4	33.4	19.2	7.7	17.8	7.0	5,125
Urban	61.2	66.1	38.8	31.9	9.2	28.0	8.7	1,583
Rural	79.9	88.3	31.0	13.5	7.0	13.3	6.2	3,543
Frontier Governorates	52.0	55.7	31.7	25.4	8.3	38 4	4.0	135
Mother's education								
No education	81.5	86.7	39.2	14.7	5.4	18.3	4.9	6,464
Some primary	77.2	81.8	43.6	18.6	5.7	25.9	5.0	2,908
Primary through secondary	68.0	69.0	42.1	26.4	7.7	35.4	5.1	1,923
Completed secondary/higher	51.2	48.4	41.5	45.1	8.4	48.2	5.7	3,483
Work status								
Working for cash	58.5	57.5	43.8	39.6	7.8	41.8	5.4	2,312
Not working for cash	74.2	77.6	40.5	21.3	6.2	26.7	5.1	12,467
Total	71.8	74.4	41.0	24.1	6.5	29.0	5.1	14,779

CHAPTER 14

WOMEN'S STATUS

Implemented as an integral part of the EDHS-95, the women's status module was designed to provide information on several aspects of women's status and situation in Egypt which are complementary to the marriage, education, and employment information obtained by the main EDHS questionnaire. Specifically, the module collected information on the following aspects of women's status:

Marriage and husband: Educational and occupational background of husbands, the spouse selection process, marriage expenditures, and post-marriage residential arrangements for current marriages and for first marriages for women who have been married more than once;

Household decisionmaking: Intra-household relationships focussing on household decisionmaking;

Household arrangements: Co-residency of relatives, distribution of workload across members of the household, and eating practices;

Labor force participation: Respondents' current and past employment and control over earnings;

Financial empowerment: Ownership and control of assets, current and alternative sources of financial support, use of financial systems, and membership in social and other organizations;

Treatment of women in the home: Acceptability and prevalence of violent treatment of women in the home;

Additional background information: Educational and occupational information on respondents' parents, and on respondents' attitudes towards the education of daughters and sons.

The women's status module was administered to eligible women in one-third of the households selected for the DHS sample in all governorates except Assuit and Souhag. In Assuit and Souhag *all* eligible women (ever-married women age 15-49) interviewed in EDHS-95 were administered the women's status module.[1] A total of 7,121 completed interviews were obtained. Special weights were designed to allow calculations based on the women's status subsample to yield nationally representative estimates.

14.1 Marriage Patterns

Several aspects of a woman's marriage are likely to influence the amount of autonomy and control she has in her married life. Three of these are examined here: women's individual characteristics relative to those of their husbands, the amount of control women had over spouse selection and how this control compares with the perception of the amount of control the husband had, and residence immediately after marriage. Although data have been collected in the module for both first and current or last marriages, in this section, "marriage" and "spouse" refer to first marriage and first spouse.

Characteristics of Wives and Husbands

Table 14.1 presents information on age and education of women compared with age and education of their spouses. In the case of women who have been married more than once comparisons are made with

[1] A panel study of unmet need for contraception is being conducted in Assuit and Souhag. Women's status data on all eligible women in the DHS sample of households were needed as part of this study. Appropriate weights adjust for the over sampling of these two governorates.

Table 14.1 Differences in age and education between husbands and wives

Percent distribution of women by interspousal age difference and by difference in education, and mean age and education differences, according to selected background characteristics, Egypt 1995

Background characteristic	Husband's age minus wife's age						Mean age difference	Wife's education compared with husband's education						Mean difference in years of education (husband's minus wife's)	Number of women
	<2 years	2-4 years	5-9 years	10-14 years	15+ years	Total		Less	Equal: No education	Equal: Some education	Greater	Don't know	Total		
Woman's age at first marriage															
<18	10.8	18 0	34 8	21.7	14.7	100.0	8.8	43 9	34 7	5.5	15.5	0.4	100.0	1.9	3,100
18-24	16 2	23 7	37.4	14.7	8.0	100.0	6.8	46.5	16.5	19 5	17.2	0.3	100.0	1.7	3,316
25+	36.5	26 1	19.3	9.9	8.2	100.0	4.7	36.6	10.0	35 7	17.5	0.1	100.0	1.1	705
Relationship to first husband															
First cousin	17.9	25.1	33.4	16 2	7 5	100.0	6.4	46 0	29.2	10 6	14.0	0.2	100.0	2.1	1,788
Other relation	12.5	20.5	33.6	18.9	14.6	100.0	8 6	46 7	24.5	11.6	16.7	0.5	100.0	1.9	1,224
No relation	16.0	20.2	35.3	17 3	11 3	100.0	7 6	43 0	21.2	17.9	17.5	0.3	100.0	1.5	4,109
Urban-rural residence															
Urban	15.8	21.6	34.9	18.4	9 3	100 0	7 1	45 7	12.2	22.1	19.6	0.4	100.0	1.5	3,308
Rural	15.9	21.3	34.1	16.3	12 4	100 0	7 8	43.3	33.8	8.8	13.8	0.3	100.0	1.9	3,813
Place of residence															
Urban Governorates	15.5	20.9	34.6	18.9	10 0	100 0	7.3	48.0	11.9	20.6	19.3	0.2	100.0	1.6	1,622
Lower Egypt	18.4	21.7	32.8	15 9	11 2	100 0	7.4	44.3	23.4	16 4	15.6	0.4	100.0	1.8	3,043
Urban	17.3	22.2	35.4	17.0	8.1	100.0	6 9	43 6	10.1	26 6	18.8	0.9	100.0	1.5	921
Rural	18.9	21.4	31.6	15.5	12.6	100.0	7 7	44 6	29.1	12.0	14.2	0.2	100.0	1.9	2,121
Upper Egypt	12.9	21.6	36.6	17.8	11 2	100 0	7 7	42.0	32.6	9 4	15.7	0.3	100.0	1 8	2,391
Urban	14.5	22.5	35.0	19 0	9 0	100 0	7.1	42.8	15.8	19 7	21.5	0.2	100.0	1 2	723
Rural	12.2	21.2	37.3	17.3	12 1	100.0	7.9	41 6	39.8	4 9	13.2	0.4	100.0	2.0	1,668
Frontier Governorates	14.5	21.9	36.0	16.4	11 2	100 0	7.3	48 7	18.7	14 4	17.4	0.8	100.0	2.0	66
Education of wife															
No education	16.6	21.1	32.0	15.1	15 1	100 0	8 1	46 1	53.7	0 0	0.0	0 2	100.0	2 9	3,153
Some primary	16.2	22 0	32.2	18 4	11.2	100 0	7 4	53 6	0.0	10 8	34.8	0 8	100.0	1 7	1,405
Primary through secondary	13.6	19.3	33.5	23 4	10 2	100 0	7 9	46.4	0.0	17 9	35.1	0 6	100.0	0 6	944
Compl secondary/higher	15.4	22 9	41.9	16 9	2 9	100 0	6 1	31.9	0.0	46 2	21 8	0 0	100.0	0 1	1,619
Education of first husband															
No education	15.9	20 7	29.1	16 6	17 7	100 0	8 6	0.0	74.8	0 0	25 2	0 0	100.0	-1 2	2,266
Some primary	17.1	22 4	34.5	16 3	9 8	100 0	7 2	69 6	0.0	10 8	19 6	0 0	100 0	1 5	1,398
Primary through secondary	17.5	21.4	35.6	15 4	10 2	100 0	7 1	69 0	0.0	13 7	17 3	0 0	100.0	3.4	1,231
Compl. secondary/higher	14.3	22.0	39.7	19 5	4 6	100 0	6.6	60 8	0.0	33 9	5 3	0.0	100.0	4.0	2,203
Total	15.8	21 5	34.5	17 3	10 9	100 0	7.5	44 4	23.8	15 0	16 5	0.3	100.0	1 7	7,121

regard to their first spouse or marriage. The autonomy and control women have are likely to be negatively associated with differences in age and education that favor the husband.

On average, Egyptian wives are 7.5 years younger than their husbands and over one-fourth of women married men who were at least 10 years older than them. Spousal age difference varies little by residence; however, the difference is significantly lower the older a woman is at the time of her first marriage. The mean spousal age difference is two years less among women who have complete secondary or higher education compared with women who have no education; this is also the case for women who are married to men who have complete secondary or higher education compared with women who are married to men with no education. Additionally, women are much less likely to be married to men 15 or more years older than them if they themselves are highly educated or if they are married to men who are highly educated compared with women who have little or no education and women married to men who have little or no education. A spousal age difference of 15 years or more is also less likely if women are married to a first cousin than if they are married to some other relative or to men who are not related.

Women are most likely to be married to men who have more years of education than they do. Overall, only 17 percent of women have more education than their husbands compared with 44 percent who have less education than their husbands. Although the remaining women (39 percent) have the same amount of education as their husbands, almost two-thirds of these are women who are not themselves educated and are married to men who are not educated. On average, the difference in education between husbands and wives is 1.7 years, in favor of the husband.[2] Women who first marry at age 17 or less have two less years of education than their husbands, whereas, women marrying at age 25 or more have about one less year of education than their husbands. Also, the younger the age at first marriage, the more likely it is that both the woman and her husband have no education. Urban women, particularly those in urban Upper Egypt, are more likely than rural women or women in other regions to have more education than their husbands. Couples in which neither the husband nor the wife has any education are most typical of rural areas, especially rural Upper Egypt. Less than one-third of women with complete secondary or higher education are married to men with less education compared with between 46 and 54 percent of women with less than complete secondary education. Also, while about one-fourth of uneducated men have wives with more education than them, only one-twentieth of the men with completed secondary or more education do. Notably, the mean interspousal education difference (husband's education minus wife's education) increases as the husband's level of education increases and decreases as the wife's level of education increases.

Spouse Selection

More than three out of four women interviewed in the EDHS-95 did not select their own spouse (see Table 14.2). Self choice of spouse is positively related to level of education, age at marriage, having literate parents, and working before marriage. Being educated or having parents who are both literate appear to have a similar effect on the likelihood of a respondent selecting her first spouse herself. Whether a woman has secondary or higher education or has parents who are both literate she is about twice as likely to have chosen her husband herself as a woman with some primary or no education or a woman whose parents are both illiterate. However, the probability of having a self-choice marriage is higher if a woman is married to a relative than if she is not married to a relative.

Self choice in spouse selection is more common in urban than rural areas. Women in the Frontier Governorates are most likely to have chosen their own spouse compared with women in any other place of residence, while women in rural Upper Egypt are least likely to be married to a spouse they chose themselves.

Almost all women who chose their own husband, did so with parental approval, either at the time the husband was first chosen (88 percent) or later (9 percent). Marriages which never gain parental approval are rare and average about 3 percent of self-choice marriages.

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[2] The average difference in education calculated for couples in which one or both spouses have at least some education is 2.3 years.

Table 14.2 Women's participation in spouse selection

Percent distribution of women by participation in spouse selection, according to selected background characteristics (first marriages only), Egypt 1995

Background characteristic	First spouse chosen by: Respondent	First spouse chosen by: Others	Total	Respondents who chose spouse: timing of family approval: Then	Later	Never	Total	Respondents who did not choose spouse: timing of first meeting with spouse: Before engagement	After engagement	Not alone/not at all before marriage	Total	Number of women
Woman's age at first marriage												
15 or less	14.1	85.9	100.0	86 7	7.0	6.3	100.0	28.7	17.1	54.1	100.0	1,634
16-17	18.3	81.7	100.0	92.8	6.2	1.1	100.0	34.7	21.7	43.6	100.0	1,466
18-19	25.5	74.5	100.0	86.2	10.9	3.0	100 0	30.2	26.7	43.1	100.0	1,308
20-21	24.3	75.7	100.0	87.4	8.2	4.4	100 0	34 3	29 1	36 5	100.0	997
22-23	32.8	67.2	100.0	86.1	11.5	2.4	100 0	32 3	33 9	33 8	100.0	739
24+	31.9	68.1	100.0	87.1	9.8	3.1	100 0	28 8	28 0	43 2	100.0	977
First husband is relative												
Yes	25.6	74 4	100 0	93.9	4.2	1.9	100.0	48.8	17.3	33.9	100.0	3,013
No	20.8	79.2	100 0	82.1	13 4	4.5	100.0	19.4	29.2	51.4	100.0	4,109
Urban-rural residence												
Urban	27.0	73.0	100.0	84 2	11.2	4 6	100.0	30.5	26.5	42.9	100.0	3,308
Rural	19.3	80.7	100.0	91 9	6.4	1 7	100.0	32.1	22.6	45.3	100.0	3,813
Place of residence												
Urban Governorates	27.8	72.2	100.0	87.8	10.3	2 0	100.0	36.1	24.0	39.9	100.0	1,622
Lower Egypt	22.5	77.5	100.0	87 9	9.3	2.9	100.0	27.1	27.5	45.4	100.0	3,043
Urban	26.1	73.9	100.0	83.0	11.6	5.3	100 0	23 8	30 1	46 1	100.0	921
Rural	21.0	79.0	100.0	90.5	8.0	1.5	100 0	28 4	26 4	45.2	100.0	2,121
Upper Egypt	19.7	80.3	100.0	87 2	7 6	5.2	100.0	34.0	20.4	45.5	100.0	2,391
Urban	25.6	74.4	100.0	76.4	13 4	10.3	100.0	27.1	27.0	45.9	100.0	723
Rural	17.1	82.9	100.0	94.2	3 9	1.9	100.0	36.7	17.9	45.4	100.0	1,668
Frontier Governorates	31.5	68.5	100.0	92.9	5 9	1.2	100.0	22.7	32.9	44.4	100.0	66
Education of woman												
No education	16 4	83.6	100.0	91.8	6 3	1 9	100.0	30.9	19.9	49.2	100.0	3,153
Some primary	18.1	81 9	100 0	80.0	12.1	7 9	100.0	29 6	21 1	49.4	100 0	1,405
Primary through secondary	27.0	73 0	100.0	82.4	15.1	2 5	100.0	34 2	27.5	38.3	100 0	944
Compl. secondary/higher	37.1	62 9	100 0	89.6	7.5	2.8	100.0	32 9	37 3	29.8	100 0	1,619
Parent's literacy												
Both literate	36.0	64.0	100.0	88.2	8.7	3 1	100.0	33.3	32.1	34.7	100 0	989
Father literate	25.0	75.0	100.0	87.2	9.6	3 2	100.0	30.7	25.8	43.5	100 0	2,202
Mother literate	25.5	74.5	100.0	77.9	17.8	4.3	100.0	30.3	32.2	37.5	100.0	211
Neither literate	18.0	82.0	100.0	88 6	7.7	3.7	100.0	31.7	21.5	46.8	100.0	3,391
Missing/Don't know	17.3	82.7	100.0	89.1	10.9	0.0	100 0	28.3	22 1	49 7	100.0	328
Employment before marriage												
Worked for cash	35.9	64.1	100.0	81.1	14.0	4.9	100 0	28 8	33 9	37 2	100.0	1,207
Did not work for cash	20.2	79 8	100.0	90.1	7.2	2.7	100 0	31.8	22.7	45.4	100.0	5,914
Total	22 9	77.1	100.0	87.7	9 0	3.3	100.0	31.4	24.3	44.3	100 0	7,121

Note: Percentages may not add to 100 due to missing cases (no more than 0 1 percent of cases in any category) or rounding.

Women who did not have a self-choice marriage were asked questions on whether or not and when they had met their husband before marriage. While the intent of these questions was to determine whether the woman had met her husband before marriage at all, the Arabic translation of the questions can be interpreted to mean "met by herself/alone." Consequently, the results are interpreted here as reflecting the

timing of the woman's first meeting *alone* with her husband since it is unclear what proportion of women interpreted the questions in the stricter sense of "met at all" before marriage.

Only about half the women who did not have self-choice marriages had met their husband alone before they were married and less than one-third had met their husband alone before their engagement ceremony. Overall, 44 percent of women had not met their husband alone until after they were married. The proportion of women who had never met their husband alone before the marriage ceremony varies little by urban-rural residence. And, while the proportion is lowest for women living in the Urban Governorates, there is little variation among the other regions. Although two-thirds of women first marrying at the age of 22 or 23 had met their spouse alone before marriage, less than half had done so among women who first married at age 15 or less. Women marrying after the age of 23 are about as likely to have met their husband before marriage as women marrying between ages 16 and 21. Respondent's education, parents' literacy (especially the mother's literacy), work before marriage, and having a husband who is a relative are all positively related to the probability that a woman who did not choose her own husband will at least have met him alone before her marriage. However, these factors are not consistently related to the probability of women having met their spouses before the engagement ceremony.

Respondents who did not choose their own spouse were asked about their degree of involvement in the selection of a spouse for them. They were also asked about their husband's involvement in spouse selection. The relative control that men and women have over the selection of spouses is thus evaluated by comparing the perceptions of respondents about the control their husbands had when a spouse was being selected for them with the amount of control that they feel they had. Control in this context is measured by a combination of two indicators: whether the potential spouse was consulted and whether he/she could have refused to marry the person who was chosen. Control is assumed to be maximized when the potential spouse was consulted and had the right to refuse.

About 70 percent of women who did not have self-choice marriages were consulted when a spouse was being chosen for them, and about 70 percent, irrespective of whether they were consulted or not, could have refused to marry the husband selected for them if they had not approved (see Table 14.3). Only 18 percent of women who did not choose their own husbands were not consulted and could not have refused if they disagreed with the choice of spouse.

Irrespective of whether or not they were consulted, most women (89 percent) reported that their husbands had a say in choosing them as wives. Further, most also believe that their husband had the right

Table 14.3 Perceived participation in spouse selection: women and their husbands

Percent distribution of women who did not choose their own spouse by their participation in spouse selection (first spouse) and the percent distribution of these women by spouse's perceived participation in spouse selection, according to the respondent's own level of participation, Egypt 1995

Women's participation in spouse selection	Women who did not choose their own spouse	Husband's participation in spouse selection					Total	Number of women
		Had a say, could refuse	Had a say, could not refuse	Had no say, could refuse	Had no say, could not refuse	Don't know/ Missing		
Had a say, could refuse	58.2	83.2	6.5	1.3	0.5	8.5	100.0	3,198
Had a say, could not refuse	12.6	74.4	17.5	2.1	1.2	4.8	100.0	692
Had no say, could refuse	10.9	82.0	7.6	3.4	0.8	6.2	100.0	601
Had no say, could not refuse	18.2	69.5	16.5	3.1	4.5	6.3	100.0	999
Total	100.0	79.4	9.8	2.0	1.4	7.4	100.0	5,494

to refuse if he did not approve of the choice. This proportion varies from 83 percent among women who were themselves consulted and had the right of refusal to 70 percent among those who were not consulted and could not have refused.

Co-residence After Marriage

Another aspect of marriage which influences women's autonomy and control is the practice of co-residence with the husband's family following marriage (see Table 14.4). In keeping with patriarchal tradition, more than half of all ever-married women in Egypt move in with their husband's family immediately after their first marriage and only a negligible proportion lived with their own family or with

Table 14.4 Residence after marriage

Percent distribution of women by residence at start of first marriage, according to selected background characteristics, Egypt 1995

Background characteristic	Residence at start of marriage				Total	Number of women
	Own family	Husband's family	Someone else	No one		
Woman's age at first marriage						
<18	2.7	67.8	0 3	29.1	100.0	3,100
18-24	2.1	49.6	0.1	48.2	100.0	3,316
25+	1.9	27.7	1.0	69.5	100.0	705
First husband is relative						
Yes	2.8	64.1	0 2	32.9	100.0	3,013
No	1.9	49.0	0.3	48.7	100.0	4,109
Respondent selected first spouse						
Yes	2.5	57.0	0.3	40.1	100.0	3,231
No	2.2	54.0	0.2	43 6	100.0	3,890
Urban-rural residence						
Urban	2.6	34.9	0.3	62.1	100.0	3,308
Rural	2.0	73.1	0.2	24.6	100.0	3,813
Place of residence						
Urban Governorates	3.1	29.9	0.2	66.8	100.0	1,622
Lower Egypt	1.6	62.6	0.4	35.4	100.0	3,043
Urban	2.2	36.4	0.6	60.8	100.0	921
Rural	1.4	73.9	0.3	24.4	100.0	2,121
Upper Egypt	2.6	63.4	0.1	33.7	100.0	2,391
Urban	1.9	43.9	0.2	54.0	100.0	723
Rural	2.9	71.9	0 1	25.0	100.0	1,668
Frontier Governorates	4.5	56.0	0.4	39.0	100.0	66
Education of woman						
No education	2.0	69.9	0.3	27.7	100.0	3,153
Some primary	3.6	60.8	0.6	35.0	100.0	1,405
Primary through secondary	2.5	46.7	0 0	50.7	100.0	944
Compl. secondary/higher	1.6	27.4	0.0	71.0	100.0	1,619
Employment before marriage						
Worked for cash	2.4	34.3	0.2	63.1	100.0	1,207
Did not work for cash	2.3	59.7	0.3	37.7	100.0	5,914
Total	2.3	55.4	0.3	42.0	100 0	7,121

Note. Percentages may not add to 100 due to missing cases (no more than 0.2 percent of cases in any category) or rounding.

someone else (3 percent). Whether or not a woman resides with her in-laws after marriage varies by age at marriage, level of education, whether the woman was working for cash before marriage, and residence. Women who were married at age 18 or less are more than twice as likely as women who were married at age 25 or more to live with their husband's family after marriage. This is also the case for women who are not educated compared with women who have at least secondary education, and women who live in rural areas compared with women who live in urban areas. Having a husband who is a relative and not having worked for cash before marriage increase the probability that a woman will live with in-laws immediately after marriage, whether or not the respondent selected her own spouse.

14.2 Perceptions about the Relative Costs of Sons and Daughters

In addition to being asked questions about their marriage(s), respondents were also asked about their perceptions regarding the economic costs of rearing and marrying daughters compared with sons. Such perceptions may influence the relative value placed on sons and daughters.

Overall, women are most likely to perceive the costs of rearing and marrying daughters to be either equal to or less than the costs of rearing and marrying sons (see Table 14.5). Only in urban Upper Egypt is

Table 14.5 Cost of sons and daughters

Percent distribution of women by perception of the relative costs of rearing and marrying sons and daughters, according to selected background characteristics, Egypt 1995

Background characteristic	Perception of the cost of sons and daughters				Total	Number of women
	Sons more costly	Daughters more costly	Both equally costly	Undecided/ Missing		
Urban-rural residence						
Urban	30.4	21.2	47.6	0.8	100.0	3,308
Rural	33.3	29.6	35.3	1.8	100.0	3,813
Place of residence						
Urban Governorates	30.0	16.3	52.8	0.9	100.0	1,622
Lower Egypt	34.4	28.6	36.3	0.7	100.0	3,043
Urban	36.8	21.2	41.4	0.5	100.0	921
Rural	33.4	31.8	34.1	0.8	100.0	2,121
Upper Egypt	30.3	28.4	38.9	2.3	100.0	2,391
Urban	24.0	31.7	43.5	0.8	100.0	723
Rural	33.1	27.0	36.9	3.0	100.0	1,668
Frontier Governorates	28.0	24.2	46.7	1.2	100.0	66
Education of woman						
No education	31.7	31.2	35.3	1.8	100.0	3,153
Some primary	27.7	27.2	43.8	1.2	100.0	1,405
Primary through secondary	32.4	21.1	45.8	0.7	100.0	944
Compl secondary/higher	35 7	16.5	46.9	0.9	100.0	1,619
Current employment						
Working for cash	33 8	21.2	44.0	1.0	100.0	1,072
Not working for cash	31.6	26.5	40.5	1.4	100.0	6,049
No. sons ever born						
0	29.9	26.6	41.9	1.6	100.0	1,530
1	31.2	23.7	44.0	1.1	100.0	1,858
2	34.6	25 1	39.6	0.7	100.0	1,685
3+	32.0	27.3	38.9	1.9	100.0	2,049
No. daughters ever born						
0	33.7	22.7	42.1	1.6	100.0	1,728
1	32.9	24.7	41.2	1.1	100.0	1,926
2	30.7	25.1	43.4	0.8	100.0	1,482
3+	30.4	29.7	38.2	1.7	100.0	1,985
Total	31.9	25.7	41.0	1.3	100.0	7,121

the proportion of women who perceive daughters to be more expensive than sons greater than the proportion of women who perceive sons to be more expensive than daughters. Women in the Urban Governorates are least likely to perceive daughters as more expensive than sons and most likely to say that sons and daughters are equally costly. Further, the more educated a woman the more likely she is to believe that sons are more costly than daughters. Women's perception of the relative costs of sons and daughters does not vary consistently with the number of sons they have. However, the greater the number of daughters a woman has the more likely she is to believe that daughters are more expensive than sons.

14.3 Decisionmaking within Households

To assess women's role in household decisionmaking, currently married women were asked questions on who in the household (respondent, husband, both, other) has the final say on eight specific types of decisions. The percent distribution of currently married women by who has the final say is given in Table 14.6 for each type of decision. It is evident that women alone rarely have the final say in any decision except those that concern the food cooked in the household (69 percent). One-fourth of women report that they alone have the final say in decisions regarding medical attention for children. Husbands alone, on the other hand, are most likely to have the final say in decisions about visits to friends and relatives (58 percent) and on matters related to the household budget (40 percent). However, in matters related to contraception and having another child about 80 percent of the women say that both the husband and wife or the wife alone has the final say.

Table 14.6 Household decisionmaking

Percent distribution of currently married women by person who makes specific household decisions, according to decision, Egypt 1995

	Person who makes decision					
Decision	Wife	Husband	Both husband and wife	Other	Not available/ Missing	Total
Visits to friends/family	7.8	57.7	32.0	1.9	0.6	100.0
Budget	14.1	40.1	37.2	8 5	0.1	100.0
Having another child	3.6	17.1	73.7	0.3	5.3	100.0
Use of contraception	13.3	7.6	65.3	0 3	13.5	100.0
Children's education	3.4	19.7	61.7	0.5	14.6	100.0
Children's marriage	1.9	19.6	49.0	0.8	28.7	100.0
Children's medicine	26.0	16.5	50.1	1 3	6.1	100.0
Food cooked	68.5	5.2	17.7	8 2	0.4	100.0

Women's participation in household decisionmaking varies by the background characteristics (see Table 14.7). The older the respondent and the more educated she is the more likely she is to have the final say, alone or jointly with her husband, in all of the decisions considered. Women age 40-49 years are about four times as likely as women 15-19 to participate alone or jointly with their husbands in all decisions, while women with at least complete secondary education are more than twice as likely as women with no education to participate. Women working for cash and those living in urban areas are also about twice as likely as women not working for cash and rural women to participate in all decisions. Compared with other places of residence, women in urban Lower Egypt are most likely and women in rural Lower Egypt and the Frontier Governorates are least likely to alone or jointly with their husbands have the final say in all decisions.

Table 14.7 Women who have the final say in household decisions

Percentage of currently married women who say they alone or jointly with their husband have the final say in specific household decisions, by background characteristics, Egypt 1995

Background characteristic	Women who alone or jointly have the final say in decisions about:									Number of women
	Visits to friends and relatives	Budget	Having another child	Contra-ception	Chil-dren's education	Chil-dren's marriage	Chil-dren's medicine	Food cooked	All decisions	
Current age										
15-19	22.4	27.7	72.1	65.5	33.4	28.0	50.7	63.9	5.8	320
20-29	37.6	42.5	77.7	76.2	56.1	43.9	70.6	79.3	14.3	2,279
30-39	41.6	57.5	79.0	83.4	73.4	53.0	81.2	90.5	17 9	2,402
40-49	43.5	59.4	75.2	77.4	71.8	62.4	81.3	94.2	21.5	1,597
Parity										
0	43.8	46.9	66.6	36.5	16.5	17.7	31.7	77.0	4.0	631
1-2	41.4	49.9	82.2	85.2	67.2	48.3	82.3	84.0	18.5	1,877
3-4	41.2	54.4	78.9	84.6	76.3	56.0	82.6	87.7	19.6	1,997
5+	35.7	51.0	74.6	79.5	67.3	58.4	77.8	89.7	16.9	2,093
First husband is relative										
Yes	36.1	45.9	75.5	76.5	62.9	50.8	74.0	83.9	14.4	2,803
No	42.4	55.3	78.6	80.2	66.8	51.0	77.7	88.0	18 8	3,794
Respondent selected first spouse										
Yes	41.8	53.0	78.5	78.9	65.7	51.7	77.8	86.3	17.6	3,622
No	37.2	49.3	75.8	78.2	64.4	50.0	74.1	86.2	16.1	2,975
Urban-rural residence										
Urban	47.0	61.6	83.0	83.3	71.6	52.7	82.7	91.9	21.6	3,088
Rural	33.3	42.3	72.3	74.5	59.4	49.3	70.3	81.3	12.8	3,510
Place of residence										
Urban Governorates	46.0	63.2	87.4	85.5	76.5	52.0	86.2	91.7	20.3	1,516
Lower Egypt	38.9	53.3	79.2	84.6	67.9	51.5	78.3	87.8	16.3	2,815
Urban	50.2	65.7	83.8	86.2	73.8	56.8	84.0	95.3	24.5	852
Rural	33.9	47.9	77.2	83.9	65.4	49.2	75.8	84.5	12.7	1,963
Upper Egypt	36.6	40.8	68.2	66.7	54.2	50.0	67.0	80.8	15.6	2,204
Urban	45.4	53.1	72.6	75.5	59.0	50.1	74.2	88.4	21.0	680
Rural	32.7	35.3	66.3	62.7	52.1	50.0	63.8	77.4	13.2	1,524
Frontier Governorates	37.3	44.5	68.5	61.0	44.6	31.1	52.4	79.3	12.0	62
Education of woman										
No education	31.8	42.4	72.0	73.4	59.2	49.3	72.1	82.9	12.0	2,863
Some primary	32.5	48.7	73.0	77.2	62.5	50.9	74.9	86 4	13.4	1,278
Primary through secondary	43.8	57.4	84.9	86.2	69.6	52.5	78.8	87.8	20.8	885
Compl. secondary/higher	57.9	66.2	86.3	84.9	75.5	53.0	83.0	91.3	26.6	1,571
Current employment										
Working for cash	53.9	72.8	85.5	85.6	81.2	59.8	87.9	94.0	27.4	957
Not working for cash	37.3	47.7	75.9	77.4	62.4	49.4	74.1	84.9	15.2	5,640
Total	39.7	51.3	77.3	78.6	65.1	50.9	76.1	86.3	16 9	6,597

The influence of background characteristics on women's participation in decisionmaking varies by type of household decision. The age of the respondent most affects participation in decisionmaking regarding children's education and least affects participation in the decision to have another child or the use of contraception. Women who are not married to a relative and women who chose their own spouse are somewhat more likely to participate in all decisions, especially with regard to visits and the budget although the differences are not large. Women's roles in household decisionmaking do not vary consistently with parity. The percentage of women who alone or jointly with their husbands have the final say on decisions regarding the budget, children's marriage plans, and food cooked in the house increases with parity, but decreases with parity for decisions about visits to friends and relatives. In the case of the remaining types of decisions, as well as overall, it is women with no children or women with high parity (more than 4 children) who are least likely to have or contribute to the final say.

Compared with other places of residence, women in urban Lower Egypt are most likely to have the final say alone or jointly with their husbands in decisions on visits, budgets, children's marriage, food cooked in the house and the use of contraception. For the remaining decisions it is women in the Urban Governorates that are most likely to participate in the final say. Depending on the decision, it is either women in rural Upper Egypt or in the Frontier Governorates who are least likely to participate or have the final say. Education most affects the probability of a woman participating in decisions regarding visits to family and friends and the budget, and least affects decisions with regard to the food cooked and children's marriage plans. Greater participation in decisions regarding the budget most distinguishes those women who work for cash from those who do not, and urban women from rural women.

14.4 Women's Freedom of Movement

Restrictions on women's movement within and outside their neighborhood constrains women's social interaction and limits their ability to access and utilize societal resources. Rather than being a binary variable (freedom, no freedom) women's freedom of movement is likely to vary along a continuum, ranging from unrestricted movement (can go by themselves anywhere) to no movement (can never go alone or with someone anywhere). In the EDHS-95, women's freedom of movement is evaluated in terms of their ability to go to five different destinations–just outside their home, to the local market to buy things, to the local health center or doctor, in the area or neighborhood for recreation purposes, and to the homes of relatives or friends in the neighborhood. A four-point scale was used: go alone, go with children, go only with other adults, not permitted (see Table 14.8).

Table 14.8 Women's freedom of movement

Percent distribution of women by their freedom of movement, according to specific destinations, Egypt 1995

	Freedom of movement (greatest to least)				
Destination	Go alone	Go only with children	Go only with another adult	Not permitted to go	Total
Just outside house	88.5	2.9	5.1	3.5	100.0
Local market	81.0	1.6	3.3	14.2	100.0
Local health center	66.5	6.3	24.6	2.7	100.0
Recreation in the neighborhood	15.8	26.8	21.1	36.3	100.0
Homes of relatives and friends	59.1	19.4	17.4	4.1	100.0

Women's freedom to go out alone varies according to destination or purpose of the outing. Most women are allowed to go alone just outside their house (89 percent) or to the local market (81 percent). However, only two-thirds of women are permitted to go alone to the local health center; most of the remainder have to be escorted there by another adult or need to have a child with them when they go. Similarly, visits to friends and relatives are possible for about 37 percent of the women only if they go with another adult or with children. Women are least likely to be permitted to go out alone or at all for recreation purposes. Indeed, over one-third of the women are not permitted to go out at all for recreation in the neighborhood.

The effect of background characteristics on women's freedom of movement varies by destination (see Table 14.9). Age most affects the likelihood of women being able to go alone to the local market, while education most affects the likelihood of women going alone to the local health center. However, the association of freedom of movement with education is relatively weak, especially compared with its association with place of residence. Freedom of movement appears particularly limited for women living in the Frontier Governorates and rural Upper Egypt. In the Frontier Governorates, almost no women are allowed to go out alone for recreation in the neighborhood, and about half or more are not allowed to go out alone to the local market, to the health center, and to homes of friends and relatives. Eighteen percent of women are not allowed alone even just outside their home. In rural Upper Egypt, almost 40 percent of women need to be accompanied by another adult or cannot go at all to the local health center or doctor.

14.5 Attitudes Toward Gender Roles

Women's acceptance of traditional gender roles was assessed by eliciting their agreement or disagreement with the following statements:

(1) "A woman's place is not only in the household but she should be allowed to work."

(2) "If the wife has a job outside the home then the husband should help her with the children and household chores."

(3) "If girls are educated it should be to prepare them for jobs not just to make them better mothers and wives."

(4) "If a woman wants a good life she should not have more than three children."

(5) "If a wife disagrees with her husband she should express her opinion not keep quiet."

(6) "There is some work only for men and some work only for women, and they should not be doing each other's work."

(7) "A twenty-five year old woman who has a good job but is not yet married is to be pitied."

(8) "A woman who has a full time job cannot be a good mother."

Table 14.9 Women's freedom of movement by background characteristics

Percentage of women who have various levels of freedom of movement (greatest to least) regarding specific destinations, by background characteristics, Egypt 1995

Background characteristic	Just outside home			Local market			Local health center/doctor			Neighborhood recreation			Homes of relatives and friends			Number of women
	Go alone	Go with children	Never go/Go with adult	Go alone	Go with children	Never go/Go with adult	Go alone	Go with children	Never go/Go with adult	Go alone	Go with children	Never go/Go with adult	Go alone	Go with children	Never go/Go with adult	
Current age																
15-19	77.5	0.1	22.3	56.9	0.7	42.4	44.5	1.7	53.7	12.7	5.5	81.8	51.1	2.4	46.5	324
20-29	83.4	3.3	13.3	73.9	2.0	24.1	60.0	5.3	34.7	14.2	21.3	64.5	52.8	18.7	28.5	2,337
30-39	91.3	2.2	6.4	86.5	1.2	12.3	73.6	4.5	21.9	16.7	30.1	53.1	61.9	19.8	18.3	2,558
40-49	92.9	3.6	3.5	86.4	1.6	11.9	68.4	10.8	20.7	17.2	32.7	50.0	64.4	22.5	13.0	1,903
Urban-rural residence																
Urban	90.4	2.6	7.0	88.1	0.9	11.0	74.9	5.5	19.7	16.5	37.9	45.6	61.3	21.4	17.3	3,308
Rural	86.9	3.0	10.1	74.8	2.1	23.1	59.2	7.0	33.8	15.3	17.2	67.6	57.2	17.6	25.2	3,813
Place of residence																
Urban Governorates	93.3	2.1	4.6	93.1	1.1	5.9	83.1	3.4	13.6	16 1	42.9	41.0	61.8	23.0	15.2	1,622
Lower Egypt	88.0	3.3	8.7	87.5	0.8	11.7	64.5	7.5	28.0	8.0	28.3	63.8	56.0	23.8	20.2	3,043
Urban	88.0	3.7	8.3	87.2	0.5	12.2	64.8	8.7	26.5	7.7	42.7	49.6	55.0	27.7	17.2	921
Rural	88.0	3.1	8.9	87.6	0.9	11.5	64.4	7.0	28.7	8.1	22.0	69.9	56.4	22.2	21.5	2,121
Upper Egypt	86.1	2.8	11.1	65.3	2.9	31.8	58.3	6.8	35.0	26.0	14.3	59.7	61.8	11.4	26.9	2,391
Urban	87.0	2.5	10.5	79.4	1.2	19.4	70.2	5.9	23.8	29.2	21.7	49.1	68.8	10.2	21.0	723
Rural	85.7	2.9	11.4	59.2	3.6	37 2	53.1	7.1	39.8	24.6	11.1	64.3	58.7	11.8	29.4	1,668
Frontier Governorates	82.2	4.6	13.1	51.4	1.1	47.5	45.4	7.0	47.6	5.1	15.2	79.7	40.6	14.7	44.7	66
Education of woman																
No education	88.9	2.6	8.6	78.2	2.0	19.8	61.9	8.0	30.0	15.1	18.6	66.3	58.7	17.8	23.6	3,153
Some primary	86.8	3.7	9.5	81.6	1.9	16.5	64.3	6.2	29.5	14.5	25.9	59.6	58.5	20.3	21.1	1,405
Primary through secondary	87.4	3.5	9.2	80.6	1.1	18.4	67.4	6.9	25.7	15.4	36.6	48.0	58.1	21 8	20.1	944
Compl. secondary/higher	90.0	2.3	7.8	86.1	0.7	13.2	76 5	2.7	20.8	18.7	37.8	43.5	61.0	20.2	18.7	1,619
Current employment																
Working for cash	95.0	1.8	3.1	92.3	0.3	7.3	82.2	3.4	14.4	22.1	40 8	37.2	65.0	23.0	11.9	1,072
Not working for cash	87.4	3.0	9.6	79.0	1.8	19.2	63.7	6 8	29.5	14.7	24.3	60.9	58.1	18.7	23.2	6,049
Total	88.5	2.8	8.6	81.0	1.6	17.5	66.5	6.3	27 2	15.8	26.8	57.4	59.1	19.4	21.5	7,121

Note: Percentages may not add to 100 due to missing cases (no more than 0.2 percent of cases in any category) or rounding.

Agreement with statements (1) through (5) and disagreement with statements (6) through (8) are considered to be the responses most consistent with greater acceptance of "nontraditional" gender roles.

The mean number of responses consistent with an acceptance of nontraditional gender roles given by all women is 4.5 (see Table 14.10); this varies by background characteristics within a small range–4.1 to 5.2 nontraditional responses. For example, women with no education, on average, give one nontraditional response less than women who have completed secondary or have higher education. Overall, women are most likely to agree (85 percent) that women who want a good life should not have more than three children; they are least likely to give the nontraditional response to the statement about gender differences in work roles. Three-fourths of women say that there is some work only for men and some work only for women and that they should not be doing each other's work. Despite this low level of agreement with the statement concerning gender roles and work, the majority of women agree that women should be allowed to work and that spouses of working wives should help their wives (see Table 14.10).

Table 14.10 Attitudes about gender roles

Percentage of women who agree/disagree with specific statements about gender roles, by selected background characteristics, Egypt 1995

Background characteristic	Percentage of women who agree that:					Percentage of women who disagree that:			Mean number appro-priate responses
	Women should be allowed to work (1)	Husband should help working wife (2)	Education should be preparation for job as well as family (3)	Three children for a good life (4)	If wife disagrees she should speak up (5)	Men and women have different work (6)	Should pity single working woman (7)	Working women cannot be good mothers (8)	
Current age									
15-19	57.2	63.2	45.0	82.4	65.4	28.3	51.1	43.3	4.4
20-29	73.1	63.1	45.0	85.2	61.6	26.5	57.0	45.4	4.6
30-39	72.0	63.0	46.9	86.1	63.7	27.6	55.8	48.6	4.6
40-49	65.9	60.6	45.7	84.6	56.5	25.7	54.2	45.3	4.4
Urban-rural residence									
Urban	71.5	70.7	46.0	89.9	67.6	30.4	62.2	49.6	4.9
Rural	68.8	55.2	45.7	81.2	55.6	23.6	49.8	43.7	4.2
Place of residence									
Urban Governorates	69.5	72.6	46.6	92.3	67.0	32.8	62.6	50.5	4.9
Lower Egypt	78.1	60.8	43.1	86.3	55.1	24.9	57.9	42.6	4.5
Urban	76.6	67.5	42.7	86.1	59.2	28.0	66.6	46.7	4.7
Rural	78.7	57.8	43.3	86.4	53.4	23.5	54.0	40.8	4.4
Upper Egypt	60.5	57.7	49.1	79.0	64.9	25.1	47.8	49.1	4.3
Urban	69.8	70.6	49.3	89.1	79.3	28.5	55.3	51.9	4.9
Rural	56.5	52.1	49.1	74.7	58.7	23.7	44.5	47.8	4.1
Frontier Governorates	58.6	58.1	32.8	82.1	61.4	24.7	59.7	31.8	4.1
Education of woman									
No education	65.7	53.9	45.6	81.7	53.0	23.0	46.7	43.5	4.1
Some primary	68.9	61.3	47.7	88.1	58.5	24.3	52.0	47.1	4.5
Primary through secondary	70.8	70.6	45.4	87.5	69.1	29.3	61.5	52.5	4.9
Compl. secondary/higher	79.1	75.1	45.0	88.2	74.8	34.6	72.5	48.2	5.2
Current employment									
Working for cash	80.7	70.9	46.5	88.7	67.0	36.9	68.3	51.4	5.1
Not working for cash	68.2	60.9	45.7	84.6	60.1	25.0	53.3	45.6	4.4
Total	70.0	62.4	45.8	85.2	61.2	26.8	55.6	46.4	4.5

In general, responses to all the statements vary little by age. However, the proportion of women giving nontraditional responses increases with education. For example, while only about half of the women with no education agree that husbands of working wives should help with children and household chores, that wives should speak up in disagreements with their husbands, and that successful single working women are not to be pitied, about three-fourths of women with at least completed secondary education are in agreement. However, disagreement with the statement about gender differences in work roles increases only from 23 percent among the uneducated to 35 percent among those in the highest education group. Women working for cash are most likely to differ from those not working for cash in their greater likelihood of agreement with statements concerning a woman's right to work and the need for husbands to assist working wives, and their greater likelihood of disagreement with statements concerning gender differences in work roles and the need to pity single working women.

There is no residential group in which women are consistently more likely to give nontraditional responses to all the given statements. Women in the Urban Governorates are most likely to give responses consistent with a greater acceptance of nontraditional gender roles to statements about husbands assisting working wives, women having at most three children, and the existence of gender differences in work roles. Women in Lower Egypt as a whole are most likely to agree that women should be allowed to work, while women in urban Lower Egypt are most likely to disagree with the statement about pitying unmarried working women. Women from Upper Egypt are most likely to agree that education should be preparation for jobs as well as family, while women in urban Upper Egypt are most likely to agree that women should speak up if they disagree with their husband, and that working women make good mothers. Overall, the mean number of nontraditional responses is highest in the Urban Governorates and urban Upper Egypt.

14.6 Attitudes about Divorce

Respondents were also asked their opinion, separately for wives and husbands, on whether or not a wife or a husband has "good reason for seeking divorce" under several different scenarios. Even though the scenarios listed in Table 14.11 vary slightly between the question on wives and the question on husbands, most can be considered analogous. Consequently, these questions afford an opportunity to examine whether women perceive similar marital or behavioral lapses more acceptable for men than for women. This would be true if a higher proportion of respondents express the opinion that husbands have "good reason for seeking divorce," but wives do not under the same or analogous scenarios.

From Table 14.11 it is evident that a much higher proportion of respondents agree that irrespective of particular scenarios, men more often than women have good reason for seeking divorce. Sixteen percent of all women agree that husbands have good reason to seek divorce under all seven scenarios listed, and only 1 percent say husbands do not have good reason to seek divorce under any of the scenarios; the corresponding figures for wives having a good reason for seeking divorce are 3 percent and 6 percent. Also, a comparison made scenario by scenario, reveals that the proportion of respondents agreeing that a husband has good reason to divorce the wife is higher than the proportion that say that a wife has good reason to seek divorce even under comparable scenarios.

In general, it is expected that education should reinforce beliefs in greater gender equality. Thus, educated women more than uneducated women are expected to be more accepting of wives seeking divorce if they are ill treated, and less accepting of husbands seeking divorce for minor infringements by the wife. Consistent with this expectation, the proportion of respondents who agree that husbands have good reason to seek divorce for all reasons falls from 21 percent for uneducated respondents to 8 percent for respondents with at least complete secondary education; simultaneously, the proportion of respondents who say that a wife does not have good reason to seek divorce for any of the given reasons also falls from 9 percent among the least educated to 3 percent among those with the highest education. Irrespective of education, only very small

Table 14.11 Attitudes about divorce

Percentage of women who agree that husbands/wives have good reason for seeking divorce by specific divorce scenarios and level of education, Egypt 1995

Divorce scenario	Level of education				Total
	No education	Some primary	Primary through secondary	Completed secondary/ higher	
Wife has good reason to seek divorce if husband:					
-Was disrespectful to her parents or senior members of her family	26.4	30.3	29.3	24.7	27.2
-Did not give her and the children enough money	23.7	25.9	26.7	21.4	24.0
-Never listened to her and never took her opinions into account	24.7	29.3	26.4	19.4	24.6
-Was unable to have children	17.8	22.1	25.4	23.5	21.0
-Talked to other women	53.8	61.1	68.9	76.4	62.4
-Beat her frequently	44.6	48.2	49.9	50.5	47.4
-Was sexually unfaithful	84.1	86.6	89.6	93.7	87.5
Yes for all scenarios	4.2	4.3	2.4	1.5	3.4
No for all scenarios	9.3	6.0	3.6	2.6	6.4
Husband has good reason to seek divorce if wife:					
-Was disrespectful to his parents or senior members of his family	54.8	51.2	44.0	38.7	49.0
-Neglected household chores.	69.2	70.0	62.5	56.8	65.6
-Was disobedient or did not follow his orders	43.4	44.2	36.3	30.3	39.7
-Was unable to have children:wife infertile	51.4	51.4	45.4	36.1	47.1
-Talked to other men	51.1	51.6	43.8	36.2	46.8
-Neglected and beat the children	76.7	77.2	72.3	68.7	74.4
-Was sexually unfaithful	98.3	98.5	97.8	98.2	98.2
Yes for all scenarios	20.7	19.0	11.7	7.5	16.2
No for all scenarios	1.0	0.9	0.9	1.0	1.0

proportions of respondents say that wives should divorce husbands for all reasons or that husbands should not divorce wives for any reason.

The majority of respondents agree that wives have good reason to divorce husbands only under two scenarios, "husband talks to other women" and "husband is unfaithful." Further, somewhat less than half agree that wives are justified in seeking divorce if "husband beats her frequently." Agreement under these three scenarios rises consistently with education. For the remaining scenarios including "husband infertile," less than one-third of respondents, irrespective of education, agree that wives have good reason to divorce their husbands. By contrast, at least 40 percent of women agree that husbands have good reason to seek divorce under every scenario. This agreement ranges from almost 100 percent for "wife sexually unfaithful" to 40 percent for "wife was disobedient or did not follow orders" (compared with 88 percent for "husband unfaithful" and 25 percent for "husband never listened or took her opinion into account"). Under each scenario, agreement for husbands declines with education, which is not the case for wives.

14.7 Women's Labor Force Participation, Disposal of Earnings and Workload

Employment is widely accepted as an indicator of women's status. In general, this is because employment is believed to give women direct access and control over financial resources. Further, employed women are more likely than those who are not employed to have greater access and exposure to the world

outside the home. Women who work can translate the autonomy required for and embodied in being employed into autonomy and control in other parts of their lives. However, while employment may add to women's autonomy and status it is also likely to add to their overall workload.

Employment

Data on women's current employment status are available for all women interviewed in the EDHS-95. Details about current employment and control over earnings were collected only for the subsample of women administered the women's status module. The women's status module also collected information on last employment for women who were not currently employed and on employment before marriage. By asking reasons for nonemployment or for discontinuing employment for ever-employed, women information was obtained on the role that different life course events such as marriage or childbirth play in employment decisions. The discussion below presents some of the relevant findings from the employment submodule.

Employment status of women in this report has been treated as a two-category variable: *working for cash* and *not working for cash*. Thus, women who are working but do not earn cash are grouped with women who are not working at all. This treatment of employment can be justified on the grounds that employment is most likely to give greater recognition, autonomy, and status only if women are paid for the work they do. Further, women who work but do not earn cash are a very small proportion (3.4 percent) of currently married women, too small to be analyzed separately. Thus, consistent with the rest of the report, women who are not working and women who are not working for cash are grouped together in the category "not working for cash."

Overall, the labor force participation rate among ever-married women in Egypt is low (see Table 14.12). Only about 15 percent of the EDHS-95 respondents in the women's status subsample are currently working for cash, and somewhat less than one in four has ever worked for cash. Women who have ever worked for cash are slightly more likely to have worked both before and after marriage (9 percent) than only before or only after marriage (both about 8 percent). In general, working for cash does not vary consistently with age; even so, the overall probability of ever having been employed and of being currently employed is lower among women under the age of 30 than it is for women over 30. However, a woman who worked only before marriage is most likely to be in the 20-29 age group while the remaining women who have ever worked for cash are most likely to be in the 30-39 age group.

Urban residence almost doubles the likelihood that women are currently working or that they have ever worked. Women from rural Upper Egypt are least likely to have ever worked or to be currently working. By contrast, the likelihood of being currently working for cash is highest for women in urban Lower Egypt (24 percent) and the likelihood of having ever worked for cash is highest among women in the Urban Governorates. Women in the Urban Governorates are more likely than women in other governorates to have worked for cash before marriage. The Frontier Governorates also have a relatively high rate of women currently working for cash (22 percent) as well as of women having worked both before and after marriage (15 percent). However, working only before marriage appears to be very uncommon in these governorates.

Women who have at least completed secondary education are most likely to be currently working for cash or to have ever worked for cash. Among women with less than complete secondary education between 13 and 18 percent have worked for cash; by contrast, about 60 percent of women with at least complete secondary education have done so. Also, women with complete secondary education have current (for cash) employment rates that are between six and ten times as high as those of women in any other educational category. Compared with women in any other employment category, higher education makes the largest difference in the percentage of women that have worked both before and after marriage. Whereas only 3 percent of women with no education have worked both before and after marriage, 30 percent of those

Table 14.12 Women working for cash

Percent distribution of ever-married women by work status in relation to marriage, and percentage who are currently working for cash, by background characteristics, Egypt 1995

Background characteristic	Work status in relation to marriage					Currently working for cash
	Worked only before marriage	Worked only after marriage	Worked before and after marriage	Never worked	Total	
Current age						
15-19	4.5	1.6	4.3	89.6	100.0	2.4
20-29	10.2	4.3	6.7	78.8	100.0	8.9
30-39	7.2	11.1	11.8	69.9	100.0	20.6
40-49	5.2	9.2	10.4	75.2	100.0	17.3
Urban-rural residence						
Urban	10.4	9.5	13.6	66.6	100.0	20.3
Rural	5.0	6.6	5.8	82.5	100.0	10.5
Place of residence						
Urban Governorates	13.0	9.0	13.2	64.7	100.0	19.1
Lower Egypt	6.5	9.6	10.4	73.5	100.0	17.1
Urban	7.5	9.9	16.6	66.0	100.0	23.6
Rural	6.0	9.4	7.7	76.8	100.0	14.2
Upper Egypt	5.3	5.1	5.4	84.2	100.0	9.6
Urban	8.4	9.7	10.0	71.8	100.0	18.2
Rural	3.9	3.1	3.4	89.6	100.0	5.8
Frontier Governorates	2.6	9.1	15.2	73.1	100.0	22.1
Education of woman						
No education	4.2	5.7	3.0	87.1	100.0	7.4
Some primary	6.8	4.8	3.8	84.6	100.0	5.9
Primary through secondary	10.8	3.6	3.5	82.2	100.0	4.3
Compl. secondary/higher	12.8	17.6	30.2	39.4	100.0	44.2
Total	7.5	7.9	9.4	75.1	100.0	15.1

with complete secondary or higher education have done so. This suggests that women with higher education are not only the ones most likely to have ever worked for cash and to be currently working for cash, but are also the ones most likely to have continuity in their work history.

The women's status module obtained information on occupation for all women with work experience. These data are presented in Table 14.13. For women who are currently working for cash, the table shows the distribution by the current occupation. For women who worked for cash at some time (before or since marriage) but were not currently employed, the distributions in Table 14.13 refer to the woman's occupation at the time of the last episode of work. Modern occupations–professional, technical, managerial and clerical occupations–together account for two-thirds of all currently employed women working for cash. By contrast, these occupations account for only about one-third of the most recent jobs of women who are not currently working for cash but did work after marriage, and about one-third of the jobs of women who worked for cash before marriage. When women worked for cash before marriage, or when women who are not currently working last worked for cash after marriage they were most likely to have been working at a skilled manual occupation. Skilled manual occupations account for only 8 percent of women currently working for cash.

Table 14.13 Occupations of women working for cash

Percent distribution of women currently working for cash, of women who worked for cash since marriage but who are not currently working, and of women who worked for cash before marriage, by occupation, Egypt 1995

Occupation	Women working for cash		
	Currently working	Worked since marriage but not currently working[1]	Worked before marriage[1]
Professional/Technical/Managerial	38.4	19.5	16.5
Clerical	28.9	15.1	16.0
Sales	10.9	11.6	7.8
Agriculture: self-employed	2.1	1 3	1.3
Agriculture: employee	5.8	18 6	15.8
Household and domestic services	3.1	3 5	2.5
Other services	1.8	0.0	3 6
Skilled manual labor	8 3	28 6	35.6
Don't know	0.7	1.8	1.0
Total	100.0	100.0	100.0
Number of women	1,072	164	637

[1] If a woman worked at more than one job, only the last job was taken into consideration.

Earnings

Table 14.14 examines the disposal of women's earnings and women's participation in decisions regarding how the family income is spent for currently married women who are working for cash. About two out of every three women working for cash give all of their earnings to the family while 14 percent keep all earnings for themselves. The likelihood that a woman will give all her earnings to her family increases the higher the proportion that her earnings form of the total household income.

Table 14.14 Earnings and expenditure control

Percent distribution of currently married women who are currently working for cash by how their earnings are disposed of and who mainly decides on how family income is spent, according to the proportion the woman's earnings form of the total household income, Egypt 1995

Earnings disposal/ expenditure decisions	Woman's earnings as a share of household income					
	All/ more than half	Half	Less than half	Almost nothing	Don't know	Total
Earnings disposal						
Give all to family	74.6	71.4	69 6	45 7	46.1	66.5
Keep part for self	13.7	20.3	20.4	23 6	11.4	19.9
Keep all for self	11.7	8.4	9.9	30.6	42 5	13.6
Who mainly decides how family income is spent						
Husband only	15.8	8.2	8.5	22.1	14.5	11 4
Respondent only	24.7	8.6	10.3	3.8	0.0	10.2
Both husband and wife	58.3	80.7	78.4	65 2	77.6	74 8
Others	0.2	2.5	2.8	8.9	7.8	3.5
Missing	1.0	0.0	0.0	0 0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100 0
Number of women	114	292	444	156	23	1,029

Most currently married women working for cash (75 percent) say that they and their husband decide together about how the family income is spent. Another 10 percent say that they alone make these decisions. While the likelihood that a woman will make expenditure decisions on her own is greatest if her earnings comprise more than half of the household income, the likelihood that she will make such decisions jointly with her husband is highest if her earnings constitute half or less than half of household income.

Workload

The women's status module obtained information not only on formal employment but on a variety of other aspects of women's household activities. These results indicate that, while few women report being currently employed, women's workload in rural and in urban areas is high. Not only do almost all women (97 percent or more) contribute to domestic tasks such as cooking meals, cleaning the house, cleaning after meals and washing clothes but a large majority of them (90-94 percent in urban areas and 80-84 percent in rural areas) are also mainly responsible for these tasks (see Table 14.15). Also, 79 percent of women in urban areas and 72 percent in rural areas are mainly responsible for providing care for children. In urban areas at least half the women bear the main responsibility of buying clothes and almost three out of four bear the main responsibility for buying food or other items. Even in rural areas, over half of the women bear the responsibility for buying food or other items. Women's contribution to the fetching of water and providing wood or other household fuels is also high. One-third of the women in urban areas and 46 percent in rural areas are mainly responsible for getting wood or other fuel for cooking; in rural areas, about one-third of women have to fetch water. In addition to these tasks, 22 percent of urban women and 15 percent of rural women say that they contribute to the task of working for income, although few claim to be mainly responsible.

Table 14.15 Women's contributions to household tasks

Percentage of women who contribute to different household-related tasks and percentage mainly responsible for each task, by urban-rural residence, Egypt 1995

	Urban		Rural		Total	
Task	Percentage who contribute	Percentage mainly responsible	Percentage who contribute	Percentage mainly responsible	Percentage who contribute	Percentage mainly responsible
Cooks meals	99.4	93.7	98.5	82.5	98.9	87.7
Cleans after meals	97.5	90.6	97.1	81.0	97.3	85.4
Cleans the house	96.9	89.8	97.0	80.5	97.0	84.9
Washes clothes	97.0	91.5	97.0	83.7	97.0	87.3
Gets water	7.9	6.6	33.1	28.4	21.4	18.3
Gets wood/other fuel	38.5	32.1	59.6	46.2	49.8	39.6
Cares for children	87.7	79.1	85.7	71.5	86.6	75 0
Helps children with homework	36.1	30.1	18.2	13.3	26.5	21.1
Plays with children	49.2	42.9	40.0	35.3	44.3	38.8
Works for income	22.0	5.7	14.5	4.2	18.0	4 9
Goes to buy clothes	79.2	51.2	52.3	30.4	64.8	40.1
Buys food/other item	80.4	71.8	69.2	56.4	74.4	63.5
Tends crops	0.2	0.1	6.8	1.5	3.7	0.8
Tends animals	1.3	0.7	15.1	6.5	8.7	3.8

14.8 Financial Empowerment

Direct access to financial resources is likely to be an important cause and contributor to women's autonomy. In this section, several different indicators of financial autonomy besides working for cash, are considered. Specifically, ownership of assets, familiarity with the banking and the credit system, knowledge of household income, and involvement in household financial decision-making are examined.

Table 14.16 presents the proportion of women who own six specific types of assets: land, buildings/houses/apartments, jewelry, stocks/bonds, furniture, and livestock. Further, for women who own an asset, the table shows the proportion who manage the asset themselves (column 2) and the proportion who can sell the asset without permission (column 3).

Table 14.16 Ownership and management of assets

Percent of women who own specific types of assets, percentage who manage their assets themselves, and percentage who can sell their assets without permission, by type of asset, Egypt 1995

		Of those who own assets:	
Asset	Percentage of women who own assets	Percentage who manage their assets themselves	Percentage who can sell their assets without permission
Land	5.7	18.2	17.9
Building	12.1	34.7	18.4
Jewelry	31.7	61.5	27.7
Stocks/bonds	2.1	80.6	52.6
Furniture	67.5	NA	10.5
Livestock	3.6	31.3	19.2

NA = Not applicable

Few women in Egypt own any assets other than furniture. Less than one in three women owns jewelry. Women who own land are unlikely to be managing it themselves; however, at least one-third of women who own any of the other assets (except furniture for which the question was not asked) manage the asset themselves. Eighty-one percent of women who own stocks and bonds manage these themselves. However, ownership or managing the asset does not imply for most women that they can sell the asset without permission. Less than 20 percent of women who own land, buildings/houses/apartments, furniture and livestock and less than 30 percent of those who own jewelry can actually sell these assets if they needed to without permission. Stocks and bonds are the only assets that at least half of the women can sell without permission, but this asset is owned by only 2 percent of women.

A collection of summary indicators of women's financial autonomy are presented in Table 14.17. Overall, 75 percent of ever-married women own at least one asset, although only 14 percent own at least one asset that they can sell without permission. The likelihood that a woman owns at least one asset declines with age, although the likelihood that she owns an asset that she can sell without permission rises with age. However, both the likelihood that a woman owns an asset at all and that she owns an asset she can sell increase with education. If a woman is working for cash she is more than twice as likely as a woman not working for cash to own at least one asset that she can sell without permission. Compared with other places of residence, women in Lower Egypt are more likely than other women to own at least one asset; however, women in urban Upper and Lower Egypt and in the Urban Governorates are most likely to own at least one asset that they can sell without permission.

Only a small proportion of ever-married women in Egypt interact with the modern financial system. Barely 3 percent have a bank or savings account. This proportion varies predictably with education, residence, and employment. The women most likely to have a bank account are those with the highest education; even so, only 11 percent of women with complete secondary or higher education have a bank account in their own name or jointly with someone else. Negligible proportions of women who have primary or no education, who do not work for cash, and who live in rural areas have bank accounts.

Table 14.17 Indicators of women's financial autonomy

Percentage of ever-married women by asset ownership, exposure to modern financial institutions, and involvement in household finances, according to background characteristics, Egypt 1995

Background characteristic	Asset ownership		Exposure to modern financial institutions			Involvement in household finances		
	Owns at least one asset	Can sell asset without permission	Has bank/ savings account	Knows non-traditional credit source	Ever applied for loan	Knows family income	Makes spending decisions	Discusses money matters with husband[1]
Current age								
15-19	83.1	8.1	1.0	1.8	2.0	52.9	26.5	79.4
20-29	76.1	10.4	2.0	4.1	4.5	66.2	40.7	87.0
30-39	75.4	15.3	3.9	6.6	5.2	70.6	57.2	87.5
40-49	71.3	17.8	4.1	4.8	6.5	77.2	62.6	87.1
Urban-rural residence								
Urban	79.8	18.3	5.9	6.0	5.6	76.3	61.4	90.8
Rural	70.6	10.3	0.8	4.3	4.7	64.7	43.5	83.4
Place of residence								
Urban Governorates	76.2	18.2	6.0	5.8	6.7	77.7	64.0	92.9
Lower Egypt	82.7	12.5	2.7	6.9	5.1	71.6	54.9	87.9
Urban	88.8	18.1	6.0	7.9	5.4	77.3	62.8	91.4
Rural	80.1	10.0	1.3	6.4	5.0	69.1	51.5	86.4
Upper Egypt	64.1	13.1	1.8	2.1	4.2	63.0	39.8	81.4
Urban	76.6	18.9	5.6	3.5	3.5	71.6	54.1	85.1
Rural	58.7	10.6	0.2	1.5	4.5	59.3	33.6	79.8
Frontier Governorates	71.1	15.3	3.6	11.6	3.0	70.1	49.1	85.6
Education of woman								
No education	64.8	8.3	0.2	2.1	6.2	64.7	43.6	82.6
Some primary	75.5	12.4	1.0	2.7	3.3	68.0	49.4	84.8
Primary through secondary	81.6	15.0	3.7	3.9	3.8	72.2	49.2	90.7
Compl. secondary/higher	90.1	26.1	10.5	13.6	5.6	81.2	71.5	94.1
Current employment								
Working for cash	87.0	27.4	9.5	15.0	6.5	89.2	85.9	92.1
Not working for cash	72.7	11.6	2.1	3.3	4.9	66.7	45.8	86.0
Total	74.9	14.0	3.2	5.1	5.1	70.1	51.8	86.9

[1] Currently married women only

Similarly, knowledge of a nontraditional source of credit (mainly banks and lending of money by employers) is limited to about 5 percent of all women. Such knowledge is most likely among women in the highest educational category (14 percent) and among women who work for cash (15 percent). Women in the Frontier Governorates are at least twice as likely as women in any other governorate to know of a nontraditional source of credit. However, the likelihood of women alone or jointly with someone else actually having applied for a loan is very low and varies little and inconsistently by background characteristics.

An examination of women's involvement in household finance reveals that the majority of women say that they know their family's income (70 percent), that they participate alone or jointly with their husbands in spending decisions (52 percent), and that they discuss money or financial matters with their husbands (87 percent). These proportions vary consistently with age and education, and are higher among women working for cash and urban women than among women not working for cash and rural women. Women in rural Upper Egypt are least likely to either know their total family income or to participate in household financial decisionmaking; whereas, women in the Urban Governorates are most likely to do so.

14.9 Treatment of Women in the Home

The section of the women's status module dealing with the treatment of women in the home focusses on assessing the acceptability and incidence of violent treatment of women in the home. First, women were asked a series of questions eliciting their attitudes toward the beating of wives by husbands. Questions on attitudes were followed by questions on whether the respondent had ever been beaten since she was first married. Women who were beaten were asked who they were mostly beaten by, reasons why they were beaten, and how often they were beaten. Information was also sought on the severity of beatings and beatings during pregnancy. Finally, women who were beaten were asked whether they had ever sought help for the beatings and from whom. Only some of the results are presented in this report.

Attitudes Toward the Beating of Wives

Attitudes toward the beating of wives by husbands were assessed by presenting respondents with the different scenarios listed in Table 14.18, and asking them whether, for each scenario, a "husband is justified in beating his wife." Respondents could answer "yes", "no" or "don't know."

Most ever-married women agree that husbands are at least sometimes justified in beating their wives. This is evident from the fact that 86 percent of women agree that husbands are justified in beating their wives under at least one of the scenarios presented. Women are most likely to agree that men are justified in beating their wives if the wife refuses him sex or if the wife answers him back, and least likely to agree that men are justified in beating their wives if the wife burns the food.

Agreement with wife beating for any one or more reasons does not vary with the age of the respondent, although agreement is somewhat higher among the youngest women (15-19 years) compared with older women. On the other hand, duration of marriage seems to be weakly, though positively, associated with the probability that a woman will agree that men are justified in beating their wives under any given scenario, especially when the wife burns the food. A woman married to a relative is more likely than one not married to a relative to agree that husbands are justified in beating their wives. This is also true of women who did not select their spouse compared with those who did.

Agreement with wife beating varies significantly by residence, level of education and employment status. Rural women, especially women from rural Upper Egypt, are much more likely than urban women to agree that husbands are justified in beating their wives under any given scenario. Women from the Urban Governorates, compared with all other women, are least likely to agree that husbands are justified in beating their wives. Nonetheless, even in the Urban Governorates at least three out of four women feel husbands are justified in beating their wives under one or more scenarios.

Table 14.18 Reasons given to justify a husband beating his wife

Percentage of women who agree with at least one reason which justifies a husband beating his wife, and percentage of women who agree with specific reasons justifying a husband beating his wife, by background characteristics, Egypt 1995

Background characteristic	Percentage of women who agree with at least one reason justifying a husband beating his wife	Reasons justifying a husband beating his wife					
		Wife burns food	Wife neglects children	Wife answers back	Wife talks to other men	Wife wastes money	Wife refuses sex
Current age							
15-19	92.3	27.4	54.2	76.4	64.0	46.9	69.9
20-29	87.8	25.7	50.4	69.7	64.6	41.6	70.2
30-39	85.5	26.8	51.3	68.2	64.0	42.0	70.3
40-49	85.0	29.3	50.4	68.4	64.1	45.1	69.0
Marital duration in years							
<5	83.9	18.5	42.0	62.3	58.5	34.4	62.2
5-10	86 0	25.0	49.8	69.8	63.0	39.9	68.1
11+	87 3	30.7	54.1	71.0	66.5	46.8	72.9
First husband is relative							
Yes	89.5	31.4	54.9	73.7	68.2	48.1	73.5
No	84.1	24.0	47.9	65.8	61.3	39.1	67.2
Respondent selected first spouse							
Yes	84.6	24.0	47.0	66.1	60.2	41.1	68.1
No	88.6	31.0	55.6	72.8	69.1	45.1	72.0
Urban-rural residence							
Urban	79 5	15.6	39.7	58.7	56.7	29.7	57.2
Rural	92.4	37.2	60.6	78.1	70.8	54.4	80.9
Place of residence							
Urban Governorates	76 7	11 6	34.6	55.9	57.8	23.9	49.8
Lower Egypt	89.5	26.2	53.8	72.6	59.5	43.5	73.9
Urban	82.1	14.4	41.9	61.7	49.1	30.8	62.3
Rural	92.8	31.3	58.9	77.3	64.1	49.1	79.0
Upper Egypt	89 1	39.2	58.4	73.8	74.5	55.1	78.5
Urban	82 6	26.1	48.4	61.1	63.6	41.1	67.2
Rural	92.0	44.8	62.8	79.3	79.3	61.1	83.4
Frontier Governorates	82.7	18.7	41.5	66.3	68.5	44.2	63.4
Education of woman							
No education	93.4	39.5	61.8	79.8	72.9	55.4	81.6
Some primary	93.9	32.5	60.1	79.2	73.0	48.3	79.4
Primary through secondary	87.8	16.5	46.2	66.1	60.8	36.2	63.8
Compl. secondary/higher	65.5	4.7	24.3	41.3	41.8	17.9	42.3
Current employment							
Working for cash	69.0	11.5	35.0	50.0	45.3	25.7	52.1
Not working for cash	89.5	29.9	53.7	72.5	67.6	46.0	73.0
Total	86.4	27.2	50.9	69.1	64.2	42 9	69.9

Higher education more than any other background characteristic is strongly associated with women not agreeing with wife beating. Among women who have higher education, agreement ranges from about 5 percent who agree that a husband is justified in beating his wife if she burns the food to about 42 percent who agree he is justified if the wife talks to other men, answers back, or refuses the husband sex. The corresponding proportions for women who have no education are 40 percent if the wife burns the food, to over 70 percent if the wife talks to other men, answers back, or refuses the husband sex. Finally, working for cash is associated with a much lower likelihood that women will agree that wife beating is justified than not working for cash.

Incidence of Beating of Women

One out of three ever-married Egyptian women has been beaten at least once since marriage (see Table 14.19). This proportion is somewhat higher in rural areas than in urban areas, and is lowest among women in the Frontier Governorates compared with women in all other governorates. Further, women who have been married less than five years are less likely to be beaten than those married more than five years.

Table 14.19 Person(s) who administer beatings

Percent distribution of women who have been beaten at least once since their first marriage by person(s) who primarily administered beating, according to background characteristics, Egypt 1995

Background characteristic	Percentage of women beaten since marriage	Person(s) who primarily administered beating: Husband only	Husband and others	Person other than husband	Total
Current age					
15-19	28.7	95 6	4.4	0.0	100.0
20-29	34.8	95.1	3.4	1.5	100.0
30-39	37.4	96.9	1.4	1.7	100.0
40-49	33.1	96.2	2.0	1.9	100.0
Marital duration in years					
<5	23.4	93.2	4.6	2.2	100.0
5-10	38.9	96.0	2.6	1.4	100.0
11+	37.2	96.6	1.7	1.6	100.0
Urban-rural residence					
Urban	30.0	96.1	1.8	2.1	100.0
Rural	39.2	96.0	2.7	1.3	100.0
Place of residence					
Urban Governorates	27.8	97.4	2.0	0.6	100.0
Lower Egypt	36.3	95.0	3.3	1.7	100.0
Urban	28.3	94.9	1.1	4.0	100.0
Rural	39.8	95.0	4.0	1.0	100.0
Upper Egypt	38.4	96.7	1.2	2.0	100.0
Urban	37.8	95.1	2.1	2.8	100.0
Rural	38.7	97.4	0.9	1.7	100.0
Frontier Governorates	22.4	95.8	2.5	1.7	100.0
Education of woman					
No education	42.2	96.5	1.9	1.6	100.0
Some primary	46.8	95.7	2.7	1.6	100.0
Primary through secondary	28.9	94.4	4.4	1.2	100.0
Compl. secondary/higher	14.3	96.2	1.3	2.4	100.0
Current employment					
Working for cash	20.5	95.9	1.7	2.4	100.0
Not working for cash	37.5	96.1	2.4	1.5	100.0
Total	35.0	96.1	2.3	1.6	100.0

Women with primary or no education are three or more times as likely to be beaten as women with complete secondary or higher education: 42 to 46 percent of women with primary or no education reported being beaten, while only 14 percent of those with at least secondary education reported such treatment. Women who do not work for cash are about twice as likely to be beaten as women who do work for cash. Almost all women who say they have been beaten, irrespective of background characteristics, report being beaten exclusively by their husband. (For women married more than once, this includes beatings by her current or an earlier husband.)

The question on frequency of beatings was framed in terms of number of times beaten in the last year. Among women who have ever been beaten since marriage, a little less than half (45 percent) have been beaten at least once in the past year and 17 percent have been beaten three or more times in the same period (see Table 14.20). Frequency of beatings appears higher among those under age 30 compared with those over 30. Among women who have been beaten since marriage, the proportion who report not being beaten in the past year is higher in the Frontier Governorates than in any of the other governorates. Women in Upper Egypt are somewhat more likely than women in other governorates to be beaten six or more times. Highly educated women who have been beaten are most likely to have been beaten between one and five times in the past year.

Table 14.20 Frequency of beatings

Percentage of women who have been beaten at least once since their first marriage, by frequency of beatings in the past year and background characteristics, Egypt 1995

Background characteristic	Frequency of beatings (in past year)						Number of women
	6 or more times	3-5 times	1-2 times	Not beaten in past year	Beaten only once or twice ever	Don't know	
Current age							
15-19	7.0	16.8	52.7	13.1	10.5	0.0	93
20-29	12.6	10.4	35.2	35.7	6.0	0.1	813
30-39	7.5	7.6	26.3	50.6	6.3	1.7	956
40-49	7.8	3.3	16.0	65.1	6.9	0.9	629
Urban-rural residence							
Urban	9.4	6.7	27.5	49.1	6.4	1.0	994
Rural	9.1	8.6	27.6	47.3	6.5	0.9	1,496
Place of residence							
Urban Governorates	8.0	7.7	28.8	50.0	5.0	0.6	452
Lower Egypt	8.6	7.5	28.6	49.5	5.0	0.8	1,106
Urban	9.5	6.0	30.4	48.5	4.3	1.4	261
Rural	8.3	8.0	28.0	49.8	5.3	0.7	845
Upper Egypt	10.6	8.2	26.0	45.1	9.0	1.1	918
Urban	11.8	5.5	22.8	47.7	10.9	1.2	273
Rural	10.1	9.3	27.3	44.0	8.2	1.1	645
Frontier Governorates	7.7	11.0	14.4	62.4	4.4	0.0	15
Education of woman							
No education	9.6	7.1	25.7	49.1	7.2	1.4	1,329
Some primary	11.1	7.8	27.2	48.6	4.7	0.6	658
Primary through secondary	8.4	9.4	30.1	46.6	5.6	0.1	273
Compl. secondary/higher	2.4	10.0	36.7	41.9	9.0	0.1	231
Current employment							
Working for cash	11.2	6.2	21.3	55.3	6.0	0.1	220
Not working for cash	9.0	8.0	28.2	47.3	6.5	1.0	2,270
Total	9.2	7.8	27.6	48.0	6.5	0.9	2,490

Two measures of the severity of beatings, "hurt as a result of beatings" and "so seriously hurt that medical attention was needed (even if no doctor was seen)" are presented in Table 14.21. Both suggest that when women are beaten, non-negligible proportions incur injury. Among women who reported being beaten, 18 percent said they were hurt as a result of the beating and 10 percent said they needed medical attention. The likelihood of being hurt when beaten declines steadily from 39 percent among those reporting being beaten six or more times in the past year to 16 percent among those reporting no beatings in the past year and to 7 percent among those reporting being beaten only once or twice ever. However, the need for medical attention varies most between those who were beaten six or more times and those who were beaten less often. One-third of women beaten six or more times in the past year reported needing medical attention compared with 10 percent or less among those beaten less frequently.

Table 14.21 Severity of beatings

Among women who were beaten at least once since their first marriage, percentage who were hurt as a result of beating, percentage who needed medical attention after beating, and percentage who sought help for beatings, by frequency of beating, Egypt 1995

Frequency of beatings	Hurt as a result of beating	Needed medical attention after beating	Sought help for beatings	Number of women
Woman beaten:				
6 or more times in past year	39.4	33.5	55.7	229
3-5 times in the past year	24.3	10.1	62.2	194
1-2 times in the past year	16.7	7.5	45.4	687
Not beaten in the past year	15.5	8.4	46.3	1,96
Beaten only once or twice ever	6.8	3.3	33 8	162
Total	18.3	10.2	47.2	2,490

Note: There are 22 cases with missing information.

Among women who have been beaten, less than half have ever sought help (see Table 14.21). Those beaten more frequently are most likely to have sought help.

Pregnancy does not necessarily protect women from being beaten. Overall, about one- third of women who reported ever being beaten and have had at least one birth or are currently pregnant have been beaten during pregnancy (see Table 14.22). Among women beaten during pregnancy a little more than half (56 percent) reported being beaten less frequently during pregnancy than otherwise. For the remaining women, pregnancy did not protect them from violence: they were beaten equally often or more often while they were pregnant compared with when they were not pregnant.

The percentage beaten during pregnancy falls with age so that while 40 percent of women age 15-19 reported being beaten during pregnancy only 26 percent of those age 40-49 received such treatment. However, the proportion of women who reported being beaten, more or equally frequently rises with age, and is more than twice as high among those in the highest age group compared with those age 15-19. Similarly, while women in urban areas are more likely than women in rural areas to report being beaten during pregnancy, they are somewhat less likely to report being beaten more, or equally frequently during pregnancy

Table 14.22 Beatings during pregnancy

Percentage distribution of women who have been beaten at least once since their first marriage and who have had a birth or pregnancy by frequency of beatings during pregnancy compared with beatings when not pregnant, according to background characteristics, Egypt 1995

Background characteristic	Percentage of women beaten during pregnancy	Frequency of beatings during pregnancy			Number of women[1]
		Beaten equally/ more	Beaten less often	Total	
Current age					
15-19	40.6	25.6	74.4	100.0	75
20-29	34.4	38.9	61.1	100.0	761
30-39	32.5	42.0	58.0	100.0	911
40-49	26.2	57.6	42.4	100.0	611
Urban-rural residence					
Urban	35.0	41.0	59.0	100.0	943
Rural	29.5	45.6	54.4	100.0	1,415
Place of residence					
Urban Governorates	36.8	39.6	60.4	100.0	414
Lower Egypt	31.9	39.1	60.9	100.0	1,052
Urban	34.1	40.0	60.0	100.0	253
Rural	31.2	38.8	61.2	100.0	799
Upper Egypt	29.2	51.6	48.4	100.0	879
Urban	33.5	44.1	55.9	100.0	269
Rural	27.3	55.6	44.4	100.0	610
Frontier Governorates	28.5	56.6	43.4	100.0	14
Education of woman					
No education	30.1	43.7	56.3	100.0	1,248
Some primary	31.0	40.6	59.4	100.0	635
Primary through secondary	33.5	52.0	48.0	100.0	264
Compl. secondary/higher	40.9	41.1	58.9	100.0	212
Current employment					
Working for cash	41.5	52.5	47.5	100.0	208
Not working for cash	30.8	42.4	57.6	100.0	2,150
Total	31.7	43.6	56.4	100.0	2,358

[1] Includes women who are currently pregnant

than rural women. Beatings during pregnancy are least likely in rural Upper Egypt and the Frontier Governorates; however, women beaten during pregnancy in these governorates are more likely to report being beaten more, or equally frequently, than less frequently. Among women who are beaten, beatings during pregnancy rise with level of education and are more common among those who work for cash than those who do not. In addition, the probability of being beaten more, or equally frequently during pregnancy is higher among women working for cash than among those not working for cash.

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APPENDIX A

SURVEY STAFF

APPENDIX A

SURVEY STAFF

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Samy Said Abd El-Rahman
Ali El-Said Abd El-Wanis
Haron Mongy Khedr
Mohamed Darwesh Omar
Mohamed Ahmed El-Said
Othman Awad Othman
Sameh Said Amin
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APPENDIX B

SAMPLE DESIGN

APPENDIX B

SAMPLE DESIGN

The major objective of the Egypt Demographic and Health Survey was to provide estimates with acceptable precision for important population characteristics such as fertility, infant and child mortality, and contraceptive prevalence and for key maternal and child health and nutrition indicators. In addition, women's status measures were desired for a subsample of the women interviewed in the EDHS-95, and two governorates in Upper Egypt were to be oversampled for a panel study of the reasons for nonuse of family planning in Egypt.

B.1 Sample Design

The sample selection for the EDHS-95 was designed to obtain estimates of the required population, health and women's status indicators for the country as a whole and for six major administrative regions (the Urban Governorates, urban Lower Egypt, rural Lower Egypt, urban Upper Egypt, rural Upper Egypt, and the Frontier Governorates[1]). Further, the sample selection for the EDHS-95 allows for estimates of most key variables, with the exception of fertility and mortality rates and women's status indicators, at the governorate level in the Urban Governorates, Lower Egypt, and Upper Egypt. In the latter region, the design also called for Assuit and Souhag governorates to be oversampled in order to provide sufficient cases for the panel study of the reasons for nonuse of family planning in those areas. As a result of the oversampling, it is possible to obtain reasonably precise estimates of fertility rates for these two governorates in addition to the other variables. However, the size of the samples in these two governorates is not large enough to provide child mortality estimates. Finally, in the Frontier Governorates, the sample size for individual governorates is not sufficiently large to allow for separate governorate-level estimates. However, separate estimates are possible for the western Frontier Governorates (Matrouh and New Valley) and the eastern Frontier Governorates (North Sinai, South Sinai and Red Sea).

In order to meet the objectives of the EDHS-95 sample, the target sample was set at 14,000 interviews with ever-married women age 15-49. It was estimated that 16,000 households had to be selected for the EDHS-95 sample in order to yield the desired number of interviews. Table B.1 presents the distribution of the target sample and the overall sampling fractions by governorate.

B.2 Sample Frame

For each governorate, a list of shiakhas and towns served as the initial sample frame for urban areas, and a list of villages constituted the frame for the rural areas. The lists, which were based on the administrative units from the 1986 census, were compiled from the frames that were used for the EDHS-92 survey. The lists were updated to take into account newly defined shiakhas or villages (created either by division, grouping or reclassification of units).

B.3 Sample Selection

A total of 467 primary sampling units (PSUs) were selected with probability proportional to the size of the unit. As Table B.1 shows, 204 of these units were in urban areas and 263 in rural areas.

[1] The Frontier Governorates were not included in the 1988 and 1992 DHS surveys.

Before implementing this selection, the list of shiakhas or villages were arranged in serpentine order from the northwest corner of the governorate to the southeast corner. Shiakhas or villages with less than 2,500 population were generally grouped with contiguous shiakhas or villages until the minimum size was obtained.

A list of the selected PSUs allocated according to governorate and sector (urban/rural) is shown in Table B.2. Figures B.1.1-B.1.4 show the geographical distribution of the sample.

Following the selection of the shiakhas and villages, detailed maps were obtained for the selected units. The map for each unit was divided into a number of parts (with equal size). In the case of most PSUs, one part was then selected systematically with equal probability. A quick count was carried out to divide the part into standard segments of about 100 households. Two segments were then selected systematically with equal probability.

For shiakhas or villages in which there were 4,000 or more households (approximately 20,000 population), the selection procedures were modified slightly. Two parts were selected from these large units. A quick count was carried out to divide each part into segments of around 100 households, and one segment was selected from each part.

A household listing operation was implemented in each of 934 segments selected for the EDHS-95 sample. Based on the household listing, the household selection was implemented in such manner as to obtain a self-weighting sample within each governorate. However, the number of households selected from each governorate is disproportional to the governorate's share of the national population. As a result, the EDHS-95 sample is not self-weighting at the national level.

Finally, a systematic subsample of one-third of the household sample was selected for the women's status survey in 24 of the 26 governorates. In Assuit and Souhag governorates (which were targeted for a special panel study), all of the selected households were included in the women's status subsample.

B.4 Results of the Sample Implementation

Results of the sample implementation for the EDHS-95 survey are shown in Table B.3. The household and women's response rates exceeded 98 percent in all areas.

Table B.1 Sample parameters

Distribution of the target number of household and individual interviews and of primary sampling units and the overall sampling fractions by governorate and sector (urban/rural)

Governorate	Target sample		Primary sampling units		Overall sampling fraction
	Households	Women	Urban	Rural	
Urban Governorates					
Cairo	1434	1100	37	--	1/1244
Alexandria	652	500	17	--	1/1415
Port Said	587	450	15	--	1/176
Suez	587	450	15	--	1/133
Lower Egypt					
Damietta	498	450	4	11	1/310
Dakahlia	664	600	5	15	1/1336
Sharkia	664	600	5	15	1/1157
Kalyubia	608	550	8	10	1/1209
Kafr El-Sheikh	498	450	4	11	1/693
Gharbia	608	550	6	12	1/968
Menoufia	553	500	3	14	1/785
Behera	608	550	4	14	1/1000
Ismailia	498	450	7	8	1/259
Upper Egypt					
Giza	58	550	10	8	1/1529
Beni Suef	48	450	4	11	1/644
Fayoum	48	450	3	12	1/541
Menya	48	450	3	12	1/1304
Assiut	160	1500	14	36	1/243
Souhag	160	1500	11	39	1/266
Qena	48	450	4	11	1/883
Aswan	48	450	6	9	1/322
Frontier Governorates					
Matrouh	330	298	5	5	1/58
New Valley	223	202	3	4	1/64
North Sinai	309	279	5	4	1/66
South Sinai	55	50	1	1	1/165
Red Sea	189	171	5	1	1/118
Total	15,774	14,000	204	263	

Table B.2 Primary sampling units by governorate, EDHS 1995

URBAN GOVERNORATES

Cairo

Kafr El-Shorafaa	El-Nozha
El-Zahraa and Masaken El-Helmia	Helmia El-Naam
El-Ezab	El-Mataria El-Gharbia
Arab Abo Tawila	El-Khazendara
Sherif	El-Ezab
El-Zawia El-Hamra El-Balad	Masaken El-Zawia El-Hamraa
El-Amiria	Hadayek El-Kobba
Masaken El-Amiria El-Ganoubia	El-Zaiton El-Gharbia
Masaken El-Amiria El-Shamalia	El-Tawfik
El-Manteka El-Thamena	Masaken El-Mohandesin
El-Teraa El-Boulakia	Roud El-Farag El-Balad
Mohamed Mazhar	Koloud Bek
Khan El-Khalily	El-Sheikh Abdalla
El-Meadsa	El-Tonsy
El-Sebaien	Athar El-Naby
Ain El-Sira	El-Basatin El-Gharbia
Dar El-Salam	Tura El-Heet(El-Balad)
El-Maasra El-Balad	Helwan El-Balad
Sheiakha Thania 15 May	

Alexandria

Abou kir El-Gharbia	El-Kerdahy
El-Manshia El-Baharia	Sidi Beshr Kebly
El-Aksa and Bakous	Dana El-Gadida and Ezbat El-Wastania
Dana El-Gadida and Ezbat El-Wastania	Abou El-Nawatir
El-Ibrahimia Kebly and El-Hadra Bahary	Ezbet El-Gamea
El-Bab El-Gadid Shark	Embrouzo and Moharam Bek
El-Atarin Gharb	El-Dekhila
El-Werdian Shark	Tabia Saleh
Gheet El-Enab Gharb	

Port Said

El-Galaa	El-Galaa
El-Saraya	El-Manaakh
El-Manaakh	El-Manaakh
Adli	El-Abassy
El-Arab	Ibrahim Hassanin
Mostafa Hamza	Port Fouad and El-Daira El-Gomrokia
El-Kabouty	El-Kabouty
El-Kab and Bahr El-Bakar	

Suez

Fisal	Fisal
Fisal	El-Ganaen
El-Marekab - Oyon Mousa	Kesm Thaleth
Kesm Thaleth	Kesm Thaleth
Kesm Thaleth	Kesm Thaleth
Kesm Rabia	Kesm Rabia
Atteka	Kesm Awal and El-Daira El-Gomrokia
Kesm Thani	

LOWER EGYPT

Damietta

Urban

Ezbet El-Borg
Kafr Saad
Kesm Thaleth
El-Rouda

Rural

Kafr Soliman El-Bahari
El-Rekabia
Shat El-Shoaraa
Shat El-Khaiata
Kafr El-Arab
El-Zaatra
Meet Abou Ghaleb
Shat Gheet El-Nasara
Awlad Hamam
Shat Ezbet El-Lahm
Abou Gerida

Dakahlia

Urban

El-Mataria
Sandoub
Meet Ghamr and Dakdous
Dekernes
Talkha

Rural

El-Domain(El-Ghazaer)
El-Hwta
Negir and Meet Shadad
El-Badala
Kafr El-Tawela
El-Mokataa and El-Hswa
Kom El-Nour and Kafr El-Dalil
Damas
Kafr El-Hag Sherbiny
Manshat El-Gamal
Meet El-Sarem
Kafr Demiraa El-Kadeim
Shensha and El-Gharaka
Tanboul El-Kobra and Kafr Tanboul El-Kadeim
Sentemay

Sharkia

Urban

Fakous
El-Nahal
Belbees
Abou Kebir
El-Siadein

Rural

Smakein El-Gharb
Manshat Nabhan
Safour
Awlad Mousa
El-Shanbat and Kafr Abo Gabal
Mlames
Enshas El-Raml
Kafr Abrash and Kafr El-Sharbia
San El-Hagar El-Bahria
Negom
Kofor Negm
El-Asadia
Behna Bay
Sanhout El-Berk
El-Sanafein, Kafr El-Sharwa and Bani Hussein

Kalyubia

Urban

El-Manshia
Kaliob
Bigam
Bahtim
Shebin El-Kanater
Shoubra El-Khima
Damanhour Shoubra
Bahtim

Rural

Kafr Ezzab Ghonim
Kafr Mansour
Kafr El-Deir
Abo Zaabel
Tanan
Shablnga
El-Deir
Nawa
Meet Halfa
Basous

Kafr El-Sheikh

Urban

Baltim
Riad Kafr El-Sheikh
Fouah
Ali Mostafa El-Zawawi

Rural

El-Hadadi, Ezabha and Abo Ahmed
Abo Mostafa
El-Shotout
Maseir
Ezzab Abo Mandour
Nashrt
Manshat Abass and El-Khwaled
Ketab El-Hamoul and El-Zawia
Defria
Abioka
Sendion

Gharbia

Urban

Kotour
Habib Youssef El-Sengawy
Wabour El-Nour
Naser
El-Santa
Ali Agha

Rural

El-Hadad
El-Segaeia
Kafr El-Bastawisy
Sonbat and Hesateha
Meet Yazeid
Berma
El-Ema and Kafr Mahlet Maseir
El-Kratia
Meet Habeib El-Sharkia
Meet El-leit Baklola
Nafia
Kafr El-Arab

Menoufia

Urban

Tala
Menouf
Sayed Ahmed Hassan El-Kas

Rural

Zennara
Kafr El-Manshy and Kafr Taha Shoubra
El-May
Danasour and Ebshady
Sroheit
El-Khadra
El-Neanaia and Kafr Abou Rokia
Tokh Tanbasha
Om Khenan and Kafr El-Arab Kebly
El-Batnoun and Hesateha
El-Khatatba
Sedoud
Gereis and Ezbateha
Kafr El-Tarania

Behera

Urban

El-Saarania
Sknida
Rashid
Etay El-Baroud

Rural

Mamel El-Zogag
Edfina
Kafla
Ezbet El-Awkaf and Ezzbet Bstra
Nezaret El-Ensha
Meniet Bani Mansour
Bolein El-Fwayedand Meliha
El-Tamama
Berseik
El-Yasenia
Sanhour
Maania
Teiba
Abou El-Khawy

Ismailia

Urban

El-Kantra
El-Aaryshiah El-Gadida
Manshiet El-Shohdaa
El-Kasasein El-Gadida
El-Sheikh Zayed
El-Hekr
Abou Sweir El-Mahta

Rural

Abou-Khalifaand El-Bnahwa
Nefisha
Ain Ghosein
Sarabiom
Nefisha
El-Sabaa Abar El-Gharbia
El-Kasasein El-Kadima
Abou-Soltan

UPPER EGYPT

Giza

Urban

Oaseim
El-Mounira
El-Dokki
Monshat El-Bakari
Gezirat El-Dahab
El-Mounira
Gezirat Meet Okbah
Boulak El-Dakrour
El-Omraniah El-Gharbia
Abou El-Numros

Rural

Kerdasah
Zawiet Thabet
El-Shobak El-Gharby
El-Soudia
Gezaia
Zawiet Abou Mosalem
Kafr Tarkhan
El-Bermbel

Beni Suef

Urban

Naser(Boch)
Souk El-Khodar
El-Gezira El-Gharbia
Semsta

Rural

Qemn El-Arous
Bani Adey
Maiana
Baha El-Agoz and Nazlet El-Saama
El-Shantor
Bani Menein
El-Maimoun
Sad Ment El-Gabal
Nazlet Abou Seleim
Bani Momeena and Fazara
Monshaat El-Sadat and Gezirat El-Wokilia

Fayoum

Urban

Sanors
Kism Rabea
Kism Thaney

Rural

Monshaat Hoydey	Tobhar
Kahk	Terssa
Monshaat Bani Osman	Sanhour El-Bahria
Monshet El-Doctor El-Gamal	El-Mandra
El-Sonbat	Kalhana
Gardo	El-Ghark Kebly

Menya

Urban

Maghagh	Kism Awal
El-Fekria	

Rural

Dahmro	Bani Wallms
Oatou El-Wakf	El-Sheikh Hassan
El-Tawfekia	Talah
Hehia	Bani Mohamed El-Shaarawey
Nazlet Asment	El-Berka and Nazlet El-Arein Kebly
Hoor	Dalga and Zabara

Assuit

Urban

Dairuit	El-Qosia
Manfalout	Abnoub
El-Owlaa	El-Rabia
El-Sadsa	El-Sharekat
El-Hamraa El-Thania	El-Waledia El-Keblia
Sahel Selim	Abou Teig
El-Ghanaiem	El-Badary

Rural

Nazlet Sarkna and Zawiet Haroun	Shalash
Masarahand Mnia	Sanbou
Nazlet saw	Tenagha and El-Sheikh Dawood
El-Monshaa El-Kobra	Meir and Bani Saleh
El-Hadadna	Nazlet Karar and Gohina
kom El-Shahid	Bani Ady El-Bahria
Bani Rafea	Om El-Qsour and El-Odour
Nazlet El-Kadadih	Gezirat Bahig
El-Mabdaa El-Gharbia	Dernka and Deir Dernka
Mankabad	Bani Ghaleb
Mousha	El-Zawia
Nagaa Sabaaand Nagaa El-Issawia	El-Qasr
Arab Motir	Bani Taleb and El-Atteiat El-Keblia
El-Nazla El-Mostagada	El-Nekhila
Dwaina	Bakour
Nazlet Awlad Mohamed	Bani Feez and El-Ablak
Awlad Ilias	Nagaa Zonk
El-Baiadia	El-Nawawra

Souhag

Urban

Temma	Tahta
Gohaina	Sakolta
Ikhmim	El-Kabsh
El-Sherif	Mazen
El-Monshaa	Gerga
El-Baliana	

Rural

Salamon
Kom El-Arab
Benga
El-Sheikh Zain El-Din
Gohina El-Sarkia
Basouna
Awlad Ismail
El-Awamia
El-Ahaiwa Shark
El-Mahamda
Awlad Nosir
Gezirat Shandawil
Awlad Ali
Awlad Hamza
El-Kashh
Awlad Yehia Bahary
Kharefat Gerga
Bait Khalafand El-Gawahin
El-Samta
Arabit Abidous
El-Tahrir
Om Douma
Sahel Tahta
El-Sheikh Masoud
Nazlet El-Hager
El-Sheikh Shebl
El-Samarna and El-Amour
El-Haradna
Abar El-Malek
Balsafoura
Felfaw
El-Bakhaita
El-Horaizat El-Gharbia
Awlad Salama
El-Khaiam and Gezirat Naknak
Bani Aish
El-Magabara
Nogoa Mazin Gharb
Monshaa Berdis

Qena

Urban

Abou Tesht
Qous
Kism Thaleth
El-Karnak El-Gadid

Rural

Qoum Yaakoub
Homrat Doum
Awlad Amr
Garagous
El-Kebly Kamoula
El-Gharira
El-Gharby Bahgoura
Nagaa Azzouz
El-Dahsa
Toukh
El-Deir

Aswan

Urban

Edfou
Deraw
Sheikha Thania
Qom Ombou
Sheikha Oulaa
Sheikha Thaltha

Rural

El-Redesia Bahary
Edfou Kebly
Nemra 7 Bahary
Eneaba
Nogoa El-Shatb
El-Kelh Gharb
El-Hagz Kebly
El-Manshia El-Gadida
Ballana

FRONTIER GOVERNORATES

Matrouh

Urban

Marsa Matrouh
Marsa Matrouh
El-Hammam
Marsa Matrouh
El-Dabaah

Rural

Bakbak, Khelfaia and Ghot Mosaed	Shamaas
Sidi Henin and El-Mathani	Galal
Abou Tharwat, Aghros and Ashendt	

New Valley

Urban

Mout	El-Kharga
El-Kharga	

Rural

El-Farafra and El-Sheikh Wali	El-Maasara
Gharb El-Mawhoub	Boulak

North Sinai

Urban

El-Sharabgaa and El-Kashef	Awal El- Arish
El-Sheikh Zowaid	Rafah
Nekhel	

Rural

Rabia and Romanaa	El-Khareba (Abou Saadan) and El-Rouda
Alberth	El-Gefgafa and Bagdad

South Sinai

Urban

El-Tour and Sharm El-Sheikh

Rural

Wady El-Tour, Wady Maabad, Wady Khabran and Wady Asla

Red Sea

Urban

Raas Ghareb	Raas Ghareb
Hurgada	Safaga
El-Kosir	

Rural

Om El-Howaitat and El-Gawasis

Figure B.1.1 Distribution of Sampling Points, Urban Governorates, 1995 Egypt Demographic and Health Survey

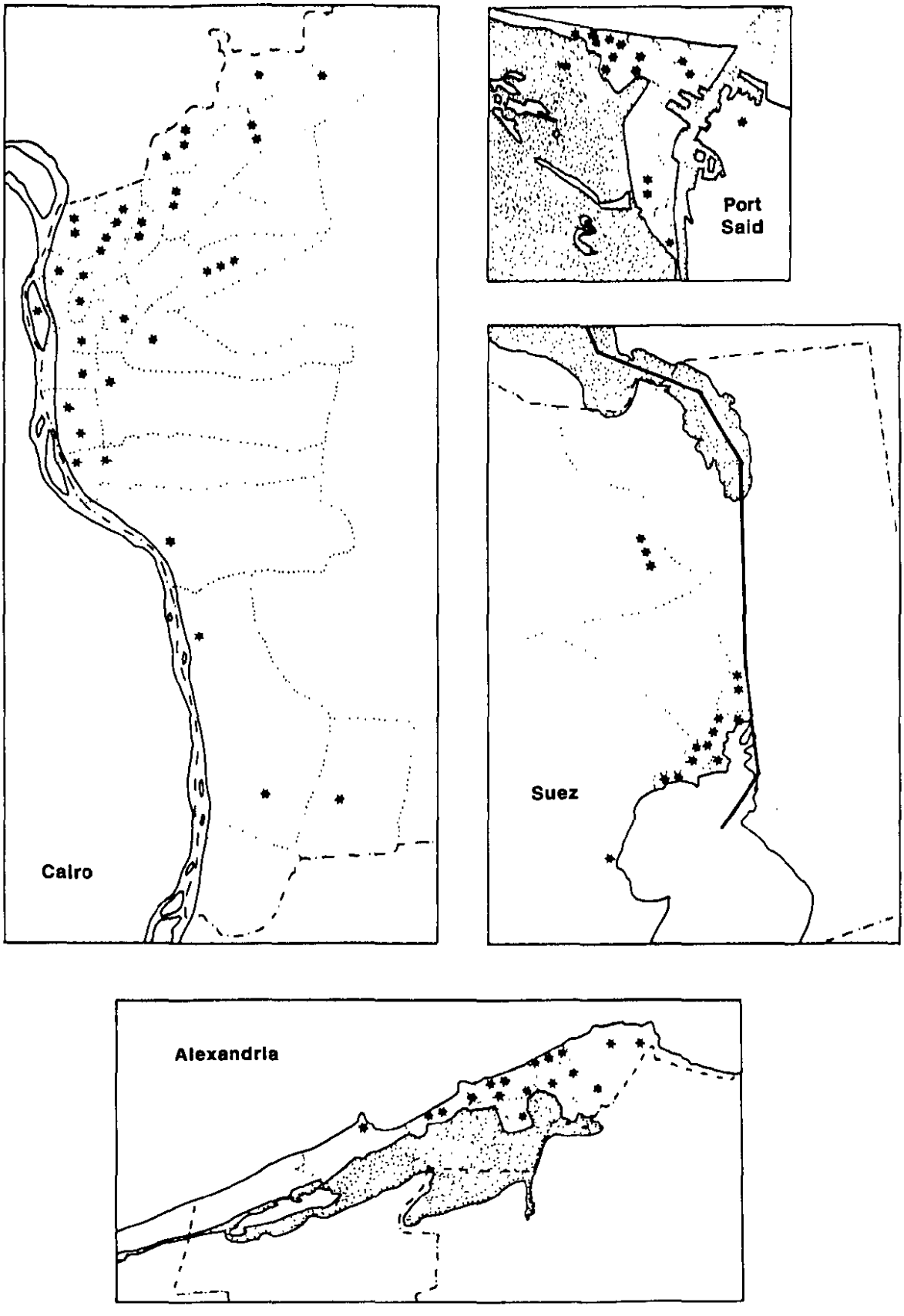

Figure B.1.2 Distribution of Sampling Points, Lower Egypt, 1995 Egypt Demographic and Health Survey

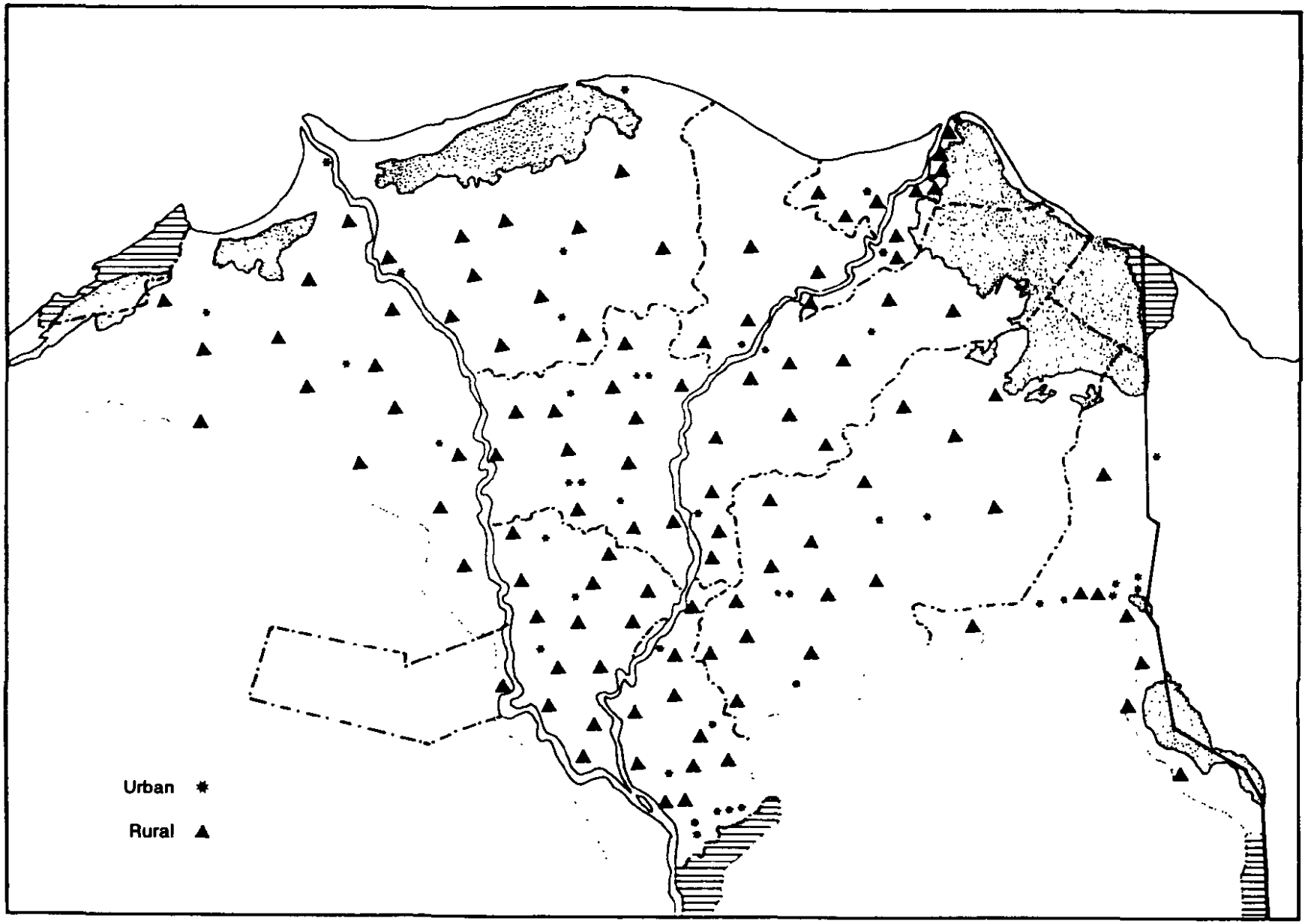

Figure B.1.3 Distribution of Sampling Points, Upper Egypt, 1995 Egypt Demographic and Health Survey

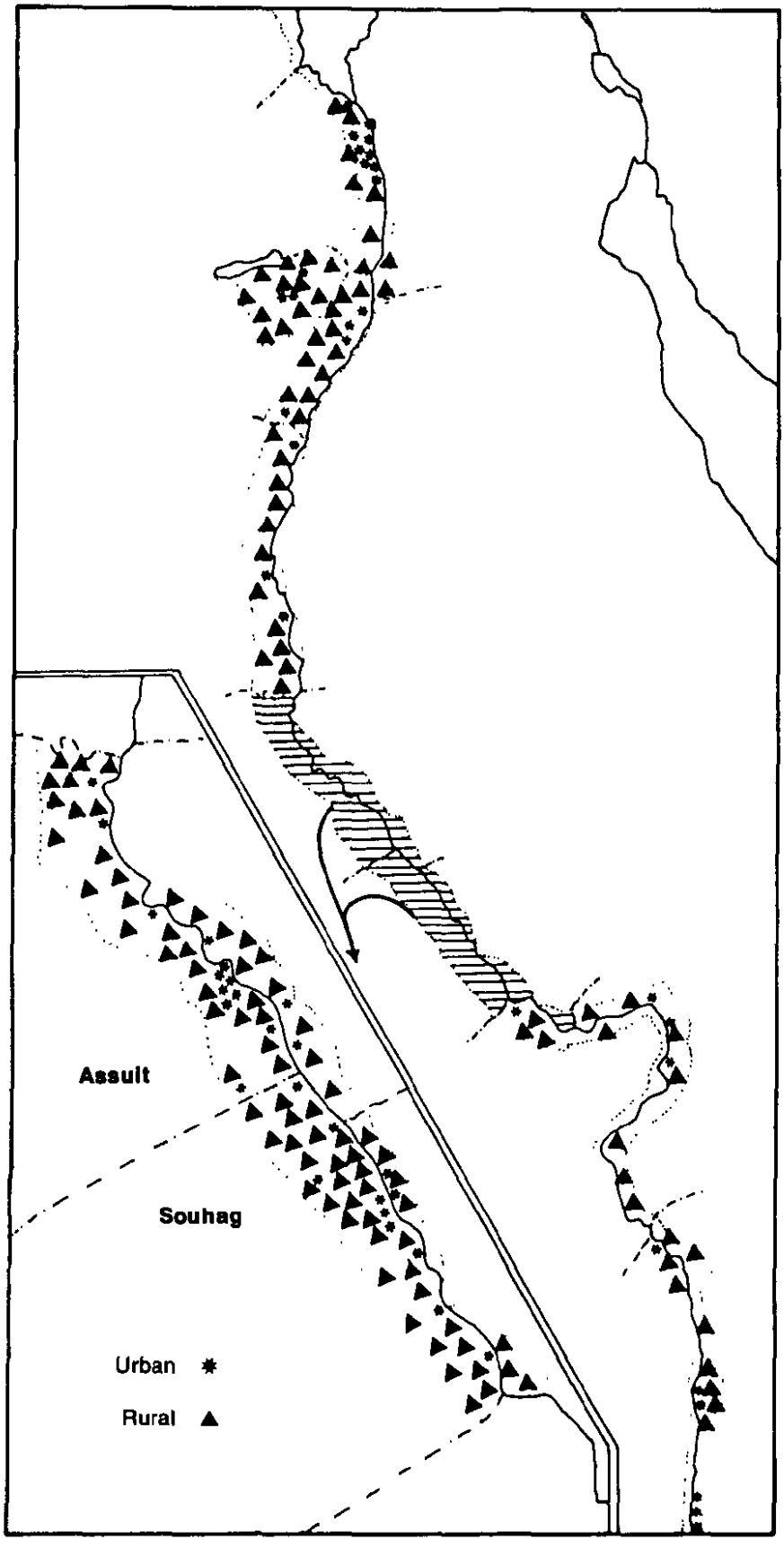

Figure B.1.4 Distribution of Sampling Points, Frontier Governorates, 1995 Egypt Demographic and Health Survey

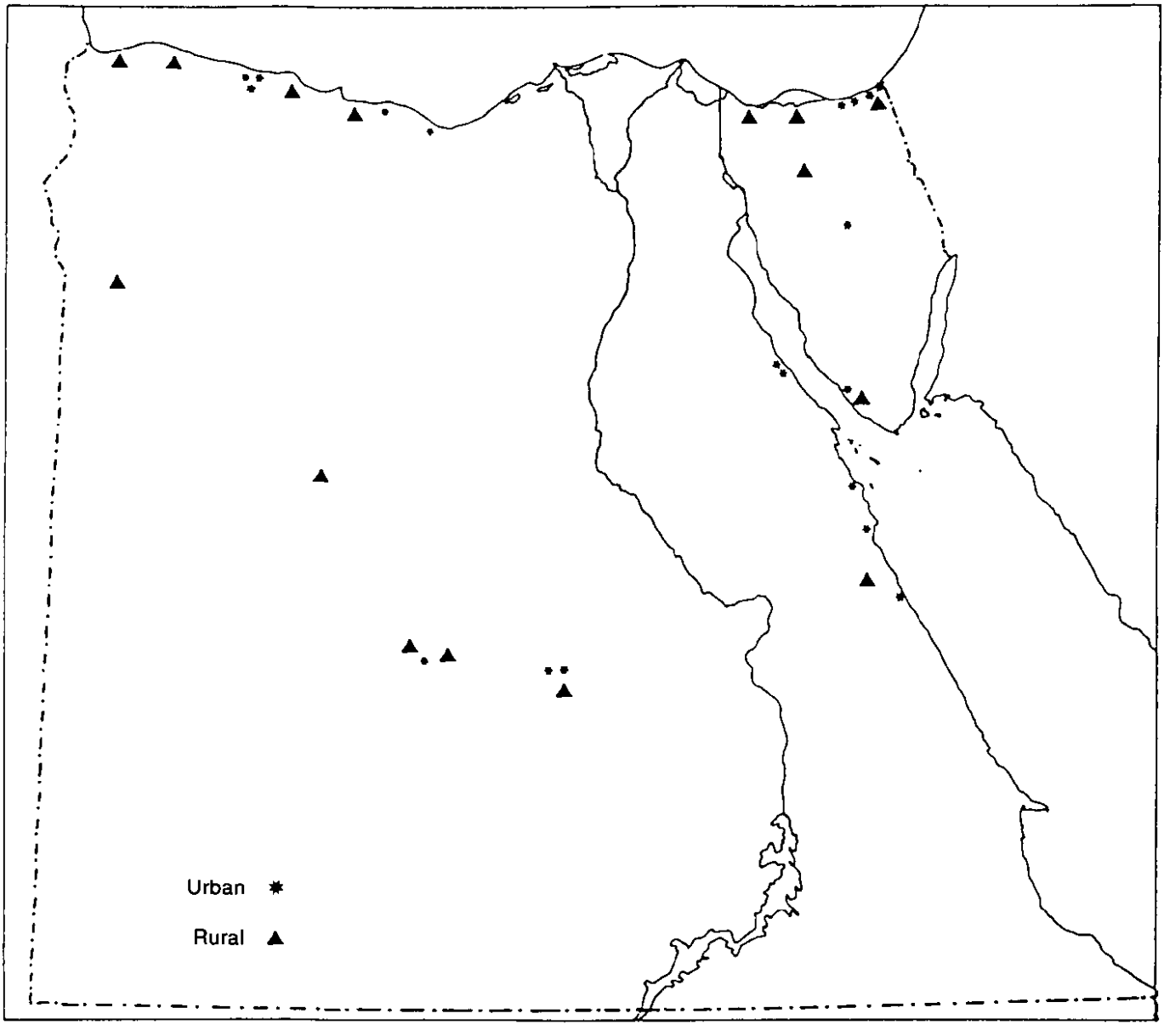

Table B.3 Sample implementation

Percent distribution of households and eligible women by results of the interview, and household response rates, eligible woman response rates, and overall response rates, according to sample domain, urban-rural residence, and place of residence, Egypt 1995

Interview results	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates	Total
Selected households											
Completed (C)	95.7	98.2	94.8	97.8	96.6	98.4	97.4	95.6	98.1	98.0	97.0
Household present but no competent respondent at home (P)	0.8	0.4	0.9	0.8	0.8	0.8	0.4	0.8	0.2	0.4	0.6
Postponed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Refused (R)	0.2	0.1	0.2	0.1	0.3	0.0	0.1	0.1	0.1	0.0	0.1
Dwelling not found (DNF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Household absent (HA)	1.7	0.6	2.0	0 8	1.4	0.5	1.1	1.8	0 8	0.6	1.2
Dwelling vacant/address not a dwelling (DV)	1 4	0.6	1 9	0.5	0.9	0.3	1.0	1.5	0.8	0.6	1.0
Dwelling destroyed (DD)	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Other (O)	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.0	0.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	7,730	8,316	3,261	5,267	1,862	3,405	6,394	1,857	4,537	1,124	16,046
Household response rate (HRR)[1]	99.0	99.5	98.8	99.1	98.9	99.2	99.5	99.1	99.7	99.5	99.2
Eligible women											
Completed (EWC)	99.4	99.3	99.4	99.2	99.2	99.1	99.3	99.3	99.3	100.0	99.3
Not at home (EWNH)	0.4	0.6	0.5	0.8	0.6	0.8	0.5	0.4	0.5	0.0	0.5
Postponed (EWP)	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	0.1	0 0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0
Partly completed (EWPC)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Incapacitated (EWI)	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.0
Other (EWO)	0.0	0 0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	6,317	8,562	2,611	4,716	1,459	3,257	6,306	1,520	4,786	1,246	14,879
***Eligible* woman response rate (EWRR)[2]**	99.4	99.3	99.4	99.2	99.2	99.1	99.3	99.3	99.3	100.0	99.3
Overall response rate (ORR)[3]	98.4	98.7	98.2	98.2	98.1	98.3	98.8	98.4	99.0	99.5	98.6

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, dwelling not found and household absent. The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed and "other." The overall response rate is the product of the household and woman response rates.

[1]Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + P + R + DNF}$$

[2]Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{EWC}{EWC + EWNH + EWP + EWR + EWPC + EWO}$$

[3]The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR$$

APPENDIX C

ESTIMATES OF SAMPLING ERRORS

APPENDIX C

ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the EDHS-95 to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the EDHS-95 is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the EDHS-95 sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the EDHS-95 is the ISSA Sampling Error Module (ISSAS). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jacknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r.x_{hi} \text{ , and } z_h = y_h - r.x_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of enumeration areas selected in the h^{th} stratum,
y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum,
x_{hi} is the sum of the number of cases in EA i in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jacknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the EDHS-95, there were 934 non-empty clusters (2 clusters per PSU). Hence, 934 replications were created. The variance of a rate r is calculated as follows:

$$var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 934 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 933 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSAS computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSAS also computes the relative error and confidence limits for the estimates.

Sampling errors for the EDHS-95 are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the residential categories: Urban Governorates, total Lower Egypt, urban Lower Egypt, rural Lower Egypt, total Upper Egypt, urban Upper Egypt, rural Upper Egypt, and Frontier Governorates. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table C.1. Tables C.2 to C.12 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple ramdom sample is zero (when the estimate is close to 0 or 1).

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for the estimates of sub-populations. For example, for the variable *contraceptive use for currently married women age 15-49*, the relative standard errors as a percent of the estimated mean for the whole country, for urban areas, and for rural areas are 1.2 percent, 1.4 percent, and 1.8 percent, respectively.

The confidence interval (e.g., as calculated for *contraceptive use for currently married women age 15-49)* can be interpreted as follows: the overall national sample proportion is 0.479 and its standard error is .006. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e. 0.479±2(.006). There is a high probability (95 percent) that the *true* average proportion of contraceptive use for currently married women age 15 to 49 is between 0.467 and 0.490.

Table C.1 List of selected variables for sampling errors, Egypt 1995

Variable name	Estimate	Base population
No education	Proportion	Ever-married women 15-49
Completed secondary/higher	Proportion	Ever-married women 15-49
Currently married	Proportion	Ever-married women 15-49
Married by exact age 20	Proportion	All women 20-49
Children ever born	Mean	All women 15-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Knowing any modern method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any contraceptive method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using periodic abstinence	Proportion	Currently married women 15-49
Using public sector source	Proportion	Currently married women 15-49
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	Ever-married women 15-49
Mothers received tetanus injection	Proportion	Births in last 5 years
Mothers received medical care at delivery	Proportion	Births in last 5 years
Had diarrhea in last 2 weeks	Proportion	Children 0-59 months
Treated with ORS packets	Proportion	Children under 5 with diarrhea in last 2 weeks
Consulted medical personnel	Proportion	Children under 5 with diarrhea in last 2 weeks
Having immunization record	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Fully immunized	Proportion	Children 12-23 months
Weight-for-height	Proportion	Children 0-59 months
Height-for-age	Proportion	Children 0-59 months
Weight-for-age	Proportion	Children 0-59 months
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate (0-9 years)	Rate	Number of births
Postneonatal mortality rate (0-9 years)	Rate	Number of births
Infant mortality rate (0-9 years)	Rate	Number of births
Child mortality rate (0-9 years)	Rate	Number of births
Under-five mortality rate (0-9 years)	Rate	Number of births

Table C 2 Sampling errors - National sample, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
No education	0.437	0 007	14779	14779	1 640	0.015	0 424	0.451
Completed secondary/higher	0 236	0 006	14779	14779	1 710	0 025	0.224	0 248
Currently married	0.928	0 003	14779	14779	1.301	0 003	0 922	0.933
Married by exact age 20	0.523	0.006	16342	16343	1 598	0.011	0 511	0 534
Children ever born	2.601	0.042	21181	21042	1 130	0 016	2 517	2 684
Knowing any contraceptive method	0.998	0.000	13718	13710	0 873	0 000	0.997	0 999
Knowing any modern method	0.998	0.000	13718	13710	0 873	0.000	0 997	0.999
Ever used any contraceptive method	0.704	0.005	13718	13710	1.407	0 008	0 693	0.715
Currently using any contraceptive method	0.479	0.006	13718	13710	1.345	0.012	0.467	0.490
Currently using a modern method	0.455	0.006	13718	13710	1.315	0 012	0.444	0.466
Currently using pill	0 104	0 003	13718	13710	1.311	0.033	0 097	0 111
Currently using IUD	0.300	0.005	13718	13710	1.338	0 017	0.289	0.310
Currently using injectables	0 024	0 002	13718	13710	1.183	0.064	0 021	0 027
Currently using condom	0 014	0 001	13718	13710	1 376	0.098	0 011	0 017
Currently using female sterilization	0.011	0 001	13718	13710	1 489	0.119	0.009	0 014
Currently using periodic abstinence	0.008	0.001	13718	13710	1.270	0 123	0 006	0.010
Using public sector source	0.357	0.008	5627	6240	1.330	0 024	0 340	0.374
Want no more children	0.654	0 005	13718	13710	1 319	0.008	0 643	0 664
Want to delay at least 2 years	0.148	0.004	13718	13710	1.337	0 027	0 140	0.156
Ideal number of children	2.845	0.018	12274	12479	1.383	0 006	2 810	2.881
Mothers received tetanus injection	0 695	0 007	12135	11454	1.322	0.010	0.681	0 708
Mothers received medical care at delivery	0.462	0.009	12135	11454	1.583	0.020	0.444	0.481
Had diarrhea in last 2 weeks	0.159	0.005	11274	10689	1.243	0 029	0 150	0.168
Treated with ORS packets	0.402	0.013	1860	1701	1.086	0 033	0.375	0.428
Consulted medical personnel	0 475	0 014	1860	1701	1.115	0 030	0.446	0.503
Having immunization record	0.501	0.013	2223	2084	1.160	0 026	0.475	0.527
Received BCG vaccination	0 947	0 005	2223	2084	1.068	0.006	0 936	0 957
Received DPT vaccination (3 doses)	0 830	0 010	2223	2084	1 225	0.012	0 810	0 851
Received polio vaccination (3 doses)	0 842	0 010	2223	2084	1 222	0 012	0 822	0 862
Received measles vaccination	0 892	0 007	2223	2084	1 077	0 008	0 877	0 907
Fully immunized	0 791	0.011	2223	2084	1.169	0 013	0 769	0.812
Weight-for-height	0.046	0 003	10316	9766	1.250	0.060	0 040	0 051
Height-for-age	0.298	0.007	10316	9766	1.334	0.022	0 285	0.311
Weight-for-age	0 124	0 004	10316	9766	1.277	0 036	0.116	0.133
Total fertility rate (3 years)	3 627	0 051	NA	58577	1.389	0 014	3.524	3.729
Neonatal mortality rate (0-9 years)	37.251	1.872	25545	24367	1.305	0.050	33 507	40.995
Postneonatal mortality rate (0-9 years)	35.652	1.747	25726	24536	1.547	0.049	32.158	39.146
Infant mortality rate (0-9 years)	72.903	2.734	25603	24420	1.428	0.037	67 436	78.370
Child mortality rate (0-9 years)	24.804	1.388	25665	24481	1.273	0.056	22 027	27.580
Under-five mortality rate (0-9 years)	95.899	3.297	25726	24535	1.547	0.034	89 305	102.492

NA = Not applicable

Table C.3 Sampling errors - Urban sample, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.265	0.010	6279	6808	1.786	0.038	0.245	0.285
Completed secondary/higher	0.364	0.012	6279	6808	2.004	0.033	0.339	0.388
Currently married	0.936	0.004	6279	6808	1.373	0.005	0.927	0.944
Married by exact age 20	0.397	0.010	7221	7942	1.789	0.025	0.377	0.416
Children ever born	2.225	0.080	10144	10020	0.634	0.036	2.065	2.385
Knowing any contraceptive method	1.000	0.000	5890	6372	0.774	0.000	1.000	1.000
Knowing any modern method	1.000	0.000	5890	6372	0.739	0.000	0.999	1.000
Ever used any contraceptive method	0.798	0.007	5890	6372	1.335	0.009	0.784	0.811
Currently using any contraceptive method	0 564	0.008	5890	6372	1.230	0.014	0.548	0 580
Currently using a modern method	0 536	0.008	5890	6372	1.226	0.015	0.521	0.552
Currently using pill	0.110	0.005	5890	6372	1.185	0.044	0.100	0.120
Currently using IUD	0.362	0.008	5890	6372	1.259	0.022	0.346	0.378
Currently using injectables	0.024	0.002	5890	6372	1.240	0.104	0.019	0.028
Currently using condom	0.023	0.003	5890	6372	1.376	0.117	0.018	0.028
Currently using female sterilization	0.016	0.003	5890	6372	1.610	0.165	0.011	0 021
Currently using periodic abstinence	0.014	0.002	5890	6372	1.250	0.138	0.010	0.018
Using public sector source	0.340	0.012	3090	3418	1.380	0.035	0.316	0.363
Want no more children	0.679	0.009	5890	6372	1.397	0.013	0.662	0.696
Want to delay at least 2 years	0.131	0.007	5890	6372	1.504	0.050	0.118	0.144
Ideal number of children	2.637	0.022	5601	6072	1.347	0.008	2.593	2.681
Mothers received tetanus injection	0.667	0.012	4171	4381	1.375	0.018	0.644	0.691
Mothers received medical care at delivery	0.679	0.014	4171	4381	1.618	0.021	0.651	0.708
Had diarrhea in last 2 weeks	0.157	0.008	3958	4168	1 361	0.053	0.141	0 174
Treated with ORS packets	0.355	0.020	645	655	0.999	0.055	0 316	0.395
Consulted medical personnel	0.524	0.025	645	655	1.169	0.047	0.474	0.573
Having immunization record	0.489	0.022	812	852	1.209	0.045	0.446	0 533
Received BCG vaccination	0.973	0.006	812	852	1.072	0.006	0.961	0.986
Received DPT vaccination (3 doses)	0.895	0.015	812	852	1.380	0.017	0.864	0.926
Received polio vaccination (3 doses)	0.902	0.015	812	852	1.408	0.017	0.871	0.933
Received measles vaccination	0.935	0.010	812	852	1.131	0.011	0.915	0.955
Fully immunized	0.865	0.016	812	852	1.274	0.018	0.834	0 897
Weight-for-height	0.047	0.005	3661	3853	1.453	0.113	0.037	0 058
Height-for-age	0.228	0.010	3661	3853	1.359	0.044	0.208	0.248
Weight-for-age	0.099	0.007	3661	3853	1.269	0.066	0.086	0.112
Total fertility rate (3 years)	3.008	0.070	NA	28121	1.399	0.023	2.868	3.148
Neonatal mortality rate (0-9 years)	29.390	2.607	9074	9502	1.324	0.089	24.177	34.603
Postneonatal mortality rate (0-9 years)	21.706	2.170	9120	9548	1.331	0.100	17.366	26.046
Infant mortality rate (0-9 years)	51.096	3.428	9092	9517	1.302	0.067	44.241	57.952
Child mortality rate (0-9 years)	14.080	1.599	9102	9531	1.254	0.114	10.882	17 278
Under-five mortality rate (0-9 years)	64 457	3.869	9120	9547	1.331	0.060	56.718	72.195

NA = Not applicable

Table C.4 Sampling errors - Rural sample, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.585	0.008	8500	7970	1.452	0.013	0.569	0.600
Completed secondary/higher	0.126	0.004	8500	7970	1.238	0.035	0 118	0.135
Currently married	0.921	0.004	8500	7970	1.236	0.004	0.913	0.928
Married by exact age 20	0.642	0.006	8885	8396	1.375	0.010	0.629	0.655
Children ever born	2.943	0.079	11489	11018	1.126	0.027	2.785	3.101
Knowing any contraceptive method	0.997	0.001	7828	7338	0.910	0.001	0.996	0.998
Knowing any modern method	0.996	0.001	7828	7338	0.915	0.001	0.995	0.998
Ever used any contraceptive method	0.623	0.007	7828	7338	1.349	0.012	0.609	0.638
Currently using any contraceptive method	0.405	0.007	7828	7338	1.302	0.018	0.391	0.419
Currently using a modern method	0.385	0.007	7828	7338	1.225	0.018	0.371	0.398
Currently using pill	0.099	0.005	7828	7338	1.418	0.048	0.090	0.109
Currently using IUD	0.246	0.006	7828	7338	1.289	0.026	0.233	0.258
Currently using injectables	0.025	0.002	7828	7338	1.120	0.080	0.021	0.029
Currently using condom	0.007	0.001	7828	7338	1.206	0 168	0.004	0.009
Currently using female sterilization	0.007	0.001	7828	7338	1.095	0 144	0.005	0.009
Currently using periodic abstinence	0.003	0.001	7828	7338	1 195	0.267	0 001	0.004
Using public sector source	0.377	0.012	2537	2822	1.278	0.033	0 352	0.401
Want no more children	0.632	0.007	7828	7338	1.236	0.011	0 618	0.645
Want to delay at least 2 years	0.162	0.005	7828	7338	1.169	0.030	0.152	0.172
Ideal number of children	3.043	0.026	6673	6407	1.375	0.009	2.991	3.095
Mothers received tetanus injection	0.711	0.008	7964	7072	1.286	0.012	0.695	0.728
Mothers received medical care at delivery	0.328	0.010	7964	7072	1.512	0.030	0.308	0.348
Had diarrhea in last 2 weeks	0.160	0.005	7316	6521	1.159	0.033	0.150	0.171
Treated with ORS packets	0.431	0.018	1215	1045	1.141	0.041	0.396	0.466
Consulted medical personnel	0.444	0.017	1215	1045	1.092	0.038	0.410	0.478
Having immunization record	0.509	0.016	1411	1232	1.123	0.031	0.478	0.540
Received BCG vaccination	0.928	0.008	1411	1232	1.070	0.008	0.913	0.944
Received DPT vaccination (3 doses)	0.786	0.013	1411	1232	1.164	0.017	0.759	0.812
Received polio vaccination (3 doses)	0.800	0 013	1411	1232	1.142	0.016	0 775	0.826
Received measles vaccination	0.862	0 010	1411	1232	1.072	0.012	0 842	0.883
Fully immunized	0.739	0.014	1411	1232	1.125	0.019	0.711	0.766
Weight-for-height	0.045	0.003	6655	5912	1.077	0.066	0.039	0.051
Height-for-age	0.344	0.008	6655	5912	1.320	0.024	0.327	0.360
Weight-for-age	0.141	0.006	6655	5912	1.279	0.042	0.129	0.153
Total fertility rate (3 years)	4.186	0 071	NA	30444	1.249	0.017	4.044	4.329
Neonatal mortality rate (0-9 years)	42.283	2 520	16471	14865	1.294	0.060	37.243	47.323
Postneonatal mortality rate (0-9 years)	44.541	2.260	16606	14988	1.469	0.051	40.021	49.061
Infant mortality rate (0-9 years)	86.824	3.541	16511	14902	1.366	0.041	79.742	93.907
Child mortality rate (0-9 years)	32.029	1.926	16563	14949	1.240	0.060	28.177	35.880
Under-five mortality rate (0-9 years)	116.072	4.220	16606	14988	1.469	0.036	107.632	124.512

NA = Not applicable

Table C.5 Sampling errors - Urban Governorates, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
No education	0.264	0.012	2595	3311	1.427	0.047	0.239	0.289
Completed secondary/higher	0.355	0.014	2595	3311	1.442	0.038	0.328	0.382
Currently married	0.943	0.006	2595	3311	1.325	0.006	0.931	0.955
Married by exact age 20	0.378	0.015	2982	3831	1.724	0.039	0.349	0.407
Children ever born	2.260	0.083	3513	4584	1.211	0.037	2.095	2.426
Knowing any contraceptive method	1.000	NA	2444	3121	NA	NA	NA	NA
Knowing any modern method	1.000	NA	2444	3121	NA	NA	NA	NA
Ever used any contraceptive method	0.796	0.011	2444	3121	1.345	0.014	0.774	0 817
Currently using any contraceptive method	0.581	0.012	2444	3121	1.177	0.020	0.557	0.604
Currently using a modern method	0.552	0.012	2444	3121	1.193	0.022	0 528	0.576
Currently using pill	0.084	0.006	2444	3121	1.006	0.067	0.072	0.095
Currently using IUD	0.402	0.011	2444	3121	1.110	0.027	0 380	0.424
Currently using injectables	0.022	0.004	2444	3121	1.288	0.173	0.014	0.030
Currently using condom	0.027	0.004	2444	3121	1.359	0.165	0.018	0.036
Currently using female sterilization	0.016	0.003	2444	3121	1.174	0.187	0.010	0 022
Currently using periodic abstinence	0.014	0.003	2444	3121	1.186	0.202	0.008	0.020
Using public sector source	0.397	0.018	1365	1723	1.356	0.045	0 361	0.433
Want no more children	0.685	0.013	2444	3121	1.425	0.020	0.658	0.711
Want to delay at least 2 years	0.127	0.010	2444	3121	1.502	0.080	0.107	0.147
Ideal number of children	2.596	0.034	2375	3037	1.285	0.013	2.528	2.664
Mothers received tetanus injection	0.642	0.019	1521	1990	1.378	0.030	0.603	0.681
Mothers received medical care at delivery	0.692	0.020	1521	1990	1.482	0.029	0.651	0.732
Had diarrhea in last 2 weeks	0.134	0.011	1473	1930	1.212	0.081	0.112	0.156
Treated with ORS packets	0.394	0.034	210	258	0.993	0.087	0.326	0.463
Consulted medical personnel	0.653	0.033	210	258	0.983	0.051	0.587	0.720
Having immunization record	0.428	0.030	312	407	1.086	0.071	0.368	0.489
Received BCG vaccination	0.981	0.009	312	407	1.147	0.009	0.963	0.998
Received DPT vaccination (3 doses)	0.889	0.023	312	407	1.328	0.026	0.843	0.936
Received polio vaccination (3 doses)	0.889	0.023	312	407	1.328	0.026	0.843	0 936
Received measles vaccination	0.937	0.016	312	407	1.188	0.017	0.905	0.970
Fully immunized	0.874	0.025	312	407	1.355	0.029	0.824	0 925
Weight-for-height	0.054	0.010	1377	1796	1.571	0.175	0 035	0.073
Height-for-age	0.184	0.014	1377	1796	1.371	0.078	0.155	0.213
Weight-for-age	0.091	0.011	1377	1796	1.394	0.118	0.069	0 112
Total fertility rate (3 years)	2.822	0.101	NA	13950	1.211	0.036	2.620	3.023
Neonatal mortality rate (0-9 years)	23.780	2.801	3425	4363	1.020	0 118	18.178	29.382
Postneonatal mortality rate (0-9 years)	19.164	3.092	3444	4389	1.266	0.161	12 981	25.347
Infant mortality rate (0-9 years)	42.944	4.272	3431	4371	1.157	0.099	34.399	51.489
Child mortality rate (0-9 years)	14.566	2.561	3438	4381	1.290	0 176	9.444	19.689
Under-five mortality rate (0-9 years)	56.885	5.266	3444	4389	1 266	0.093	46.354	67.416

NA = Not applicable

Table C.6 Sampling errors - Lower Egypt, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
No education	0 435	0.010	4676	6206	1 438	0 024	0 414	0 456
Completed secondary/higher	0 241	0.008	4676	6206	1 285	0 033	0 225	0 257
Currently married	0.924	0.004	4676	6206	1 114	0 005	0.916	0 933
Married by exact age 20	0 513	0.008	5245	6967	1 198	0 015	0 498	0 529
Children ever born	2.504	0.105	6817	9060	0 959	0 042	2 295	2 713
Knowing any contraceptive method	0.999	0.000	4316	5736	1 057	0 000	0 999	1 000
Knowing any modern method	0.999	0.000	4316	5736	1.057	0.000	0 999	1 000
Ever used any contraceptive method	0 794	0 007	4316	5736	1 154	0 009	0 780	0 808
Currently using any contraceptive method	0.554	0.008	4316	5736	1 093	0 015	0.537	0.570
Currently using a modern method	0 529	0 008	4316	5736	1 048	0 015	0.513	0 545
Currently using pill	0 126	0 006	4316	5736	1 193	0 048	0 114	0 138
Currently using IUD	0 347	0 008	4316	5736	1 124	0 023	0 331	0.363
Currently using injectables	0.028	0.002	4316	5736	0 983	0 088	0 023	0.033
Currently using condom	0.012	0 002	4316	5736	1 020	0 139	0 009	0.016
Currently using female sterilization	0 014	0.003	4316	5736	1 423	0 180	0.009	0.019
Currently using periodic abstinence	0.007	0 001	4316	5736	1 129	0 202	0 004	0 010
Using public sector source	0 352	0.013	2295	3034	1 277	0 036	0.326	0 377
Want no more children	0.694	0 008	4316	5736	1 109	0 011	0 679	0.710
Want to delay at least 2 years	0.139	0 006	4316	5736	1 079	0.041	0 127	0 150
Ideal number of children	2.591	0 021	3969	5225	1 270	0 008	2 550	2.632
Mothers received tetanus injection	0.757	0.010	3282	4377	1 149	0.013	0 736	0.777
Mothers received medical care at delivery	0.515	0 015	3282	4377	1 433	0 029	0.485	0.545
Had diarrhea in last 2 weeks	0.162	0 007	3123	4155	1 023	0 043	0 148	0 176
Treated with ORS packets	0 408	0 022	534	674	0 968	0 054	0 364	0 451
Consulted medical personnel	0 426	0.023	534	674	1 022	0 055	0 379	0 473
Having immunization record	0.590	0.020	618	813	1 010	0 034	0 550	0.631
Received BCG vaccination	0 961	0.008	618	813	1 025	0 008	0 945	0 977
Received DPT vaccination (3 doses)	0.848	0.015	618	813	1 004	0 017	0 819	0 878
Received polio vaccination (3 doses)	0 858	0.015	618	813	1 033	0 017	0 829	0 888
Received measles vaccination	0 928	0.011	618	813	1 047	0 012	0 906	0.950
Fully immunized	0 819	0 016	618	813	1 017	0 020	0 787	0 851
Weight-for-height	0.030	0.003	2843	3807	0 931	0 102	0 024	0 036
Height-for-age	0 280	0 010	2843	3807	1 142	0 037	0 260	0 301
Weight-for-age	0 096	0.006	2843	3807	1 047	0 062	0.084	0.108
Total fertility rate (3 years)	3 219	0 069	NA	25161	1 122	0 021	3 081	3 356
Neonatal mortality rate (0-9 years)	33 160	3 019	7191	9638	1.140	0 091	27 122	39.197
Postneonatal mortality rate (0-9 years)	27 733	2.313	7239	9707	1 159	0 083	23.107	32.359
Infant mortality rate (0-9 years)	60 893	3 843	7204	9658	1 152	0.063	53 206	68 580
Child mortality rate (0-9 years)	20.125	1.832	7225	9684	1 065	0 091	16 462	23.788
Under-five mortality rate (0-9 years)	79 792	4 256	7239	9706	1 159	0 053	71 280	88 304

NA = Not applicable

Table C.7 Sampling errors - Lower Egypt Urban, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.235	0.018	1447	1829	1.621	0.077	0 199	0.271
Completed secondary/higher	0.390	0.023	1447	1829	1.793	0.059	0 344	0.436
Currently married	0.922	0.009	1447	1829	1 236	0.009	0.904	0.939
Married by exact age 20	0.384	0.018	1680	2124	1.578	0.046	0 348	0.419
Children ever born	2.528	0.102	1908	2363	1 329	0.040	2 323	2 732
Knowing any contraceptive method	1.000	0 000	1334	1686	0 552	0.000	0.999	1 000
Knowing any modern method	1.000	0.000	1334	1686	0.552	0 000	0.999	1 000
Ever used any contraceptive method	0.849	0.013	1334	1686	1 353	0.016	0 823	0.876
Currently using any contraceptive method	0.591	0.013	1334	1686	0 957	0.022	0.565	0 616
Currently using a modern method	0.562	0.013	1334	1686	0.928	0.022	0.536	0 587
Currently using pill	0.143	0.010	1334	1686	1.077	0.072	0.122	0 163
Currently using IUD	0 344	0.014	1334	1686	1.052	0.040	0.316	0.371
Currently using injectables	0.030	0.005	1334	1686	1.074	0.166	0.020	0.040
Currently using condom	0.021	0.004	1334	1686	1.013	0.190	0.013	0.029
Currently using female sterilization	0.022	0.008	1334	1686	1.865	0.340	0 007	0.037
Currently using periodic abstinence	0.016	0.004	1334	1686	1 232	0.267	0.007	0 024
Using public sector source	0.275	0.022	755	947	1.334	0 079	0.232	0.319
Want no more children	0.703	0.015	1334	1686	1.159	0 021	0 674	0.732
Want to delay at least 2 years	0.120	0.011	1334	1686	1.183	0 088	0 099	0.141
Ideal number of children	2.574	0.037	1259	1576	1.168	0 014	2.500	2.647
Mothers received tetanus injection	0.701	0.021	859	1056	1.169	0.031	0 658	0.744
Mothers received medical care at delivery	0.751	0.027	859	1056	1.502	0.036	0 697	0.804
Had diarrhea in last 2 weeks	0.177	0.018	826	1014	1 262	0.099	0.142	0.213
Treated with ORS packets	0 293	0.036	153	180	0.940	0.124	0.220	0 366
Consulted medical personnel	0.350	0.036	153	180	0.872	0 104	0 277	0 423
Having immunization record	0.591	0.041	173	209	1.038	0 069	0.510	0 672
Received BCG vaccination	0.990	0.009	173	209	1.100	0.009	0.972	1.007
Received DPT vaccination (3 doses)	0.931	0.024	173	209	1.207	0.026	0.883	0.978
Received polio vaccination (3 doses)	0.939	0.025	173	209	1.368	0 027	0 888	0.990
Received measles vaccination	0.963	0 020	173	209	1.319	0 021	0 922	1.004
Fully immunized	0 917	0.026	173	209	1 168	0 028	0.865	0.968
Weight-for-height	0.024	0.006	760	938	0.945	0.232	0.013	0 036
Height-for-age	0.256	0.021	760	938	1.219	0.083	0.213	0.298
Weight-for-age	0.088	0.012	760	938	1.077	0 133	0.065	0.111
Total fertility rate (3 years)	2.655	0.124	NA	7780	0 978	0 047	2.408	2.903
Neonatal mortality rate (0-9 years)	27 043	4.609	1924	2401	1 118	0.170	17.826	36 261
Postneonatal mortality rate (0-9 years)	11.434	3.009	1929	2408	1.104	0.263	5 416	17 451
Infant mortality rate (0-9 years)	38.477	5.608	1925	2402	1.089	0.146	27.260	49.694
Child mortality rate (0-9 years)	12.255	2.789	1928	2405	1.163	0.228	6.677	17.833
Under-five mortality rate (0-9 years)	50 260	6.180	1929	2407	1.104	0.123	37.901	62.620

NA = Not applicable

Table C.8 Sampling errors - Lower Egypt Rural, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
No education	0.518	0 012	3229	4377	1.311	0 022	0 495	0.541
Completed secondary/higher	0 179	0 007	3229	4377	1.059	0 040	0.165	0.194
Currently married	0 925	0 005	3229	4377	1.056	0 005	0.916	0.935
Married by exact age 20	0 592	0.009	3445	4666	1.113	0.015	0.575	0.609
Children ever born	3.109	0.061	3948	5376	0 939	0.019	2.987	3.230
Knowing any contraceptive method	0.999	0.001	2982	4050	1.093	0.001	0.998	1.000
Knowing any modern method	0.999	0.001	2982	4050	1.093	0 001	0.998	1.000
Ever used any contraceptive method	0.771	0.009	2982	4050	1 123	0.011	0.754	0.789
Currently using any contraceptive method	0.538	0.010	2982	4050	1 141	0.019	0.518	0 559
Currently using a modern method	0.515	0.010	2982	4050	1 079	0.019	0.496	0.535
Currently using pill	0.119	0.007	2982	4050	1 216	0.061	0 104	0.133
Currently using IUD	0 348	0 010	2982	4050	1.148	0.029	0.328	0 368
Currently using injectables	0 027	0.003	2982	4050	0.944	0 103	0.022	0.033
Currently using condom	0.009	0.002	2982	4050	1.078	0.210	0.005	0.012
Currently using female sterilization	0.011	0.002	2982	4050	0.928	0.161	0 007	0.014
Currently using periodic abstinence	0 004	0.001	2982	4050	1.086	0.330	0.001	0.006
Using public sector source	0.386	0.016	1540	2087	1.264	0.041	0.355	0.417
Want no more children	0.691	0.009	2982	4050	1 087	0.013	0.672	0.709
Want to delay at least 2 years	0 146	0 007	2982	4050	1 017	0.045	0.133	0.159
Ideal number of children	2.599	0 025	2710	3648	1 318	0.010	2.549	2 649
Mothers received tetanus injection	0.774	0.011	2423	3320	1.124	0 015	0.752	0 797
Mothers received medical care at delivery	0.439	0.017	2423	3320	1 391	0.038	0.406	0.473
Had diarrhea in last 2 weeks	0 157	0.007	2297	3141	0.929	0 047	0.143	0 172
Treated with ORS packets	0.449	0.026	381	494	0.948	0 057	0 398	0.501
Consulted medical personnel	0 454	0.028	381	494	1.039	0 062	0.397	0 510
Having immunization record	0 590	0.023	445	604	0.998	0 040	0.543	0 637
Received BCG vaccination	0 951	0.010	445	604	0.993	0.011	0.931	0.972
Received DPT vaccination (3 doses)	0 819	0 017	445	604	0.944	0.021	0 785	0.854
Received polio vaccination (3 doses)	0 831	0.017	445	604	0.950	0.021	0.796	0.865
Received measles vaccination	0.916	0.013	445	604	0.982	0.014	0 890	0.942
Fully immunized	0 785	0.019	445	604	0.954	0.024	0 747	0.822
Weight-for-height	0 032	0 004	2083	2869	0 913	0.112	0 025	0.039
Height-for-age	0 288	0.012	2083	2869	1.119	0.041	0.265	0.312
Weight-for-age	0.099	0.007	2083	2869	1.032	0 070	0.085	0.113
Total fertility rate (3 years)	3.450	0.083	NA	17382	1.028	0 024	3.283	3.617
Neonatal mortality rate (0-9 years)	35.197	3.717	5267	7237	1 137	0 106	27.762	42.631
Postneonatal mortality rate (0-9 years)	33 082	2.728	5310	7210	1.104	0 082	27.626	38 538
Infant mortality rate (0-9 years)	68 279	4 580	5279	7256	1.114	0 067	59.118	77 439
Child mortality rate (0-9 years)	22.839	2.215	5297	7279	1.028	0 097	18.410	27.269
Under-five mortality rate (0-9 years)	89 559	4.976	5310	7299	1.104	0.056	79.607	99 510

NA = Not applicable

Table C.9 Sampling errors - Upper Egypt, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.553	0.011	6262	5125	1.697	0.019	0.532	0.575
Completed secondary/higher	0.150	0.011	6262	5125	2.356	0.071	0.128	0.171
Currently married	0.922	0.004	6262	5125	1.302	0.005	0.913	0.931
Married by exact age 20	0.651	0.008	6474	5283	1.601	0.013	0.634	0 668
Children ever born	3.088	0 064	8182	6858	1.215	0.021	2.959	3 216
Knowing any contraceptive method	0 995	0.001	5782	4724	0.893	0.001	0 994	0 997
Knowing any modern method	0 995	0.001	5782	4724	0.901	0 001	0.993	0.997
Ever used any contraceptive method	0.536	0.010	5782	4724	1 471	0.018	0.517	0.555
Currently using any contraceptive method	0.321	0.009	5782	4724	1.430	0.027	0.304	0.339
Currently using a modern method	0.303	0.009	5782	4724	1.408	0.028	0.285	0.320
Currently using pill	0.091	0.005	5782	4724	1 391	0.058	0.081	0.102
Currently using IUD	0.177	0.007	5782	4724	1.486	0.042	0.162	0.192
Currently using injectables	0.020	0.002	5782	4724	1.173	0.107	0.016	0.025
Currently using condom	0.008	0.002	5782	4724	1.483	0.224	0.004	0.011
Currently using female sterilization	0.005	0.001	5782	4724	1.381	0.255	0.002	0.008
Currently using periodic abstinence	0.004	0.001	5782	4724	1.087	0.221	0.002	0 006
Using public sector source	0.323	0.014	1498	1429	1.119	0.042	0.296	0.350
Want no more children	0.587	0.008	5782	4724	1.296	0.014	0.570	0.604
Want to delay at least 2 years	0.170	0.006	5782	4724	1.313	0.038	0 157	0 183
Ideal number of children	3.338	0.038	4859	4099	1.502	0.011	3.262	3.413
Mothers received tetanus injection	0.663	0.011	6268	4973	1.401	0.016	0.642	0.684
Mothers received medical care at delivery	0 322	0.013	6268	4973	1.737	0.040	0.296	0.348
Had diarrhea in last 2 weeks	0.167	0.007	5663	4496	1.391	0.044	0.153	0 182
Treated with ORS packets	0.399	0.020	973	752	1.169	0.049	0.360	0.438
Consulted medical personnel	0.456	0.021	973	752	1 213	0.047	0.413	0.498
Having immunization record	0.449	0.019	1087	842	1.201	0.042	0.412	0.487
Received BCG vaccination	0.918	0.009	1087	842	1.100	0.010	0.899	0.937
Received DPT vaccination (3 doses)	0.785	0.018	1087	842	1.356	0.022	0.750	0.821
Received polio vaccination (3 doses)	0.804	0.017	1087	842	1.313	0.021	0.771	0.837
Received measles vaccination	0.837	0.013	1087	842	1.082	0.015	0.812	0.862
Fully immunized	0.724	0.017	1087	842	1.227	0.024	0.689	0.759
Weight-for-height	0.052	0.004	5191	4067	1.256	0.081	0 043	0.060
Height-for-age	0.364	0.010	5191	4067	1.405	0.028	0.344	0.385
Weight-for-age	0.160	0.008	5191	4067	1.411	0 048	0.145	0.176
Total fertility rate (3 years)	4 730	0.096	NA	18983	1.396	0.020	4.538	4.922
Neonatal mortality rate (0-9 years)	47.223	2.983	12757	10133	1.362	0 063	41 258	53 188
Postneonatal mortality rate (0-9 years)	50.545	2.954	12865	10207	1.584	0.058	44 638	56 452
Infant mortality rate (0-9 years)	97.768	4 282	12793	10157	1 417	0.044	89 203	106 333
Child mortality rate (0-9 years)	34.907	2 529	12827	10181	1.344	0.072	29.849	39.964
Under-five mortality rate (0-9 years)	129.262	5.286	12865	10206	1.584	0 041	118.689	139.834

NA = Not applicable

Table C.10 Sampling errors - Upper Egypt Urban, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0 302	0.026	1510	1582	2 204	0.086	0 250	0.354
Completed secondary/higher	0 346	0.035	1510	1582	2 868	0 101	0.276	0 416
Currently married	0.937	0.007	1510	1582	1.172	0 008	0.923	0.952
Married by exact age 20	0.448	0 017	1786	1892	1 581	0.038	0.414	0 482
Children ever born	1.921	0 167	2584	2955	1.240	0 087	1 587	2.254
Knowing any contraceptive method	0.999	0.001	1416	1483	0.844	0 001	0.998	1.001
Knowing any modern method	0 999	0.001	1416	1483	0.765	0.001	0.998	1 000
Ever used any contraceptive method	0 745	0.012	1416	1483	1.056	0.016	0 720	0 769
Currently using any contraceptive method	0 499	0.017	1416	1483	1.257	0.033	0.466	0 532
Currently using a modern method	0 476	0.017	1416	1483	1 256	0.035	0.443	0 510
Currently using pill	0.126	0 010	1416	1483	1 183	0 083	0.105	0.147
Currently using IUD	0 303	0.016	1416	1483	1 338	0.054	0.271	0 336
Currently using injectables	0.018	0 004	1416	1483	1 022	0 201	0.011	0 025
Currently using condom	0.016	0 005	1416	1483	1.458	0 304	0.006	0 026
Currently using female sterilization	0 010	0.004	1416	1483	1.393	0.375	0 002	0.017
Currently using periodic abstinence	0.011	0.003	1416	1483	1.057	0.270	0.005	0 016
Using public sector source	0 296	0.023	619	706	1 247	0 077	0.250	0 342
Want no more children	0 644	0.015	1416	1483	1 196	0 024	0.613	0.674
Want to delay at least 2 years	0.147	0.014	1416	1483	1 448	0.093	0.119	0 174
Ideal number of children	2.772	0 042	1303	1380	1.333	0 015	2.688	2 855
Mothers received tetanus injection	0.676	0.021	1233	1268	1 304	0.031	0.634	0 717
Mothers received medical care at delivery	0.596	0.030	1233	1268	1.694	0.051	0.535	0 656
Had diarrhea in last 2 weeks	0 179	0 017	1128	1161	1.430	0.097	0.144	0 213
Treated with ORS packets	0 356	0.033	208	207	0.950	0.093	0 289	0.422
Consulted medical personnel	0 508	0.054	208	207	1.397	0.106	0 400	0.615
Having immunization record	0.498	0.044	209	221	1.251	0 088	0.411	0 586
Received BCG vaccination	0.945	0.015	209	221	0.956	0.016	0.915	0 975
Received DPT vaccination (3 doses)	0 868	0.034	209	221	1.375	0 039	0 800	0 936
Received polio vaccination (3 doses)	0.888	0.032	209	221	1 349	0 036	0.825	0 951
Received measles vaccination	0.903	0 015	209	221	0.759	0 017	0.872	0.934
Fully immunized	0.799	0.031	209	221	1 088	0.039	0 736	0 861
Weight-for-height	0 047	0 009	1035	1062	1.237	0 186	0 030	0.065
Height-for-age	0 272	0 018	1035	1062	1.230	0 067	0.235	0 309
Weight-for-age	0.110	0 011	1035	1062	1.057	0.100	0.088	0.132
Total fertility rate (3 years)	3.797	0.167	NA	6198	1 316	0.044	3.464	4 131
Neonatal mortality rate (0-9 years)	41.098	6.430	2583	2603	1.459	0.156	28.237	53 958
Postneonatal mortality rate (0-9 years)	35 020	5.124	2602	2615	1 254	0.146	24 772	45.267
Infant mortality rate (0-9 years)	76.117	7 381	2592	2609	1 228	0.097	61.355	90 880
Child mortality rate (0-9 years)	15.385	3 093	2593	2610	1 072	0 201	9.199	21 571
Under-five mortality rate (0-9 years)	90.331	8.158	2602	2615	1 254	0.090	74 014	106 648

NA = Not applicable

Table C.11 Sampling errors - Upper Egypt Rural, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
No education	0 665	0.010	4752	3542	1.404	0.014	0.646	0 685
Completed secondary/higher	0.062	0.005	4752	3542	1.461	0.083	0.052	0 072
Currently married	0 915	0 005	4752	3542	1.356	0.006	0.904	0 926
Married by exact age 20	0 708	0 008	4937	3660	1.509	0.012	0 692	0.725
Children ever born	2 789	0.091	7117	5559	1.210	0 033	2.606	2.971
Knowing any contraceptive method	0 994	0 001	4366	3241	0.945	0 001	0.991	0.996
Knowing any modern method	0 993	0.001	4366	3241	0.960	0 001	0.990	0.995
Ever used any contraceptive method	0 441	0 011	4366	3241	1.440	0.025	0.419	0.462
Currently using any contraceptive method	0 240	0.008	4366	3241	1.298	0 035	0.223	0.257
Currently using a modern method	0.223	0.007	4366	3241	1.149	0.032	0 208	0 237
Currently using pill	0.075	0.006	4366	3241	1.500	0.079	0 063	0.087
Currently using IUD	0 119	0.006	4366	3241	1.184	0.049	0 107	0.131
Currently using injectables	0.021	0 003	4366	3241	1 234	0.126	0.016	0.027
Currently using condom	0 004	0.001	4366	3241	1.045	0 259	0.002	0.006
Currently using female sterilization	0 003	0.001	4366	3241	1.055	0 295	0.001	0.005
Currently using periodic abstinence	*0 001*	*0.000*	*4366*	*3241*	*0.725*	*0.320*	*0.000*	*0.002*
Using public sector source	0 348	0.016	879	722	0.983	0.045	0.317	0.380
Want no more children	0.561	0.010	4366	3241	1.389	0 019	0.540	0.582
Want to delay at least 2 years	0 181	0 007	4366	3241	1.264	0.041	0.166	0.196
Ideal number of children	3 625	0 047	3556	2719	1.462	0.013	3.530	3.720
Mothers received tetanus injection	0 659	0.012	5035	3704	1.443	0.018	0.634	0.683
Mothers received medical care at delivery	0 228	0.011	5035	3704	1.489	0.047	0 207	0.250
Had diarrhea in last 2 weeks	0.163	0 008	4535	3334	1.350	0.048	0.148	0 179
Treated with ORS packets	0 415	0.024	765	545	1.287	0.059	0 367	0.464
Consulted medical personnel	0 436	0.020	765	545	1 050	0.047	0.395	0 477
Having immunization record	0 432	0 020	878	620	1 146	0 046	0.392	0.471
Received BCG vaccination	0 908	0.012	878	620	1.152	0.013	0.885	0 931
Received DPT vaccination (3 doses)	0 756	0 020	878	620	1.357	0.027	0.715	0 796
Received polio vaccination (3 doses)	0.774	0 019	878	620	1.307	0.025	0.736	0 812
Received measles vaccination	0.813	0 016	878	620	1.168	0.020	0.781	0 845
Fully immunized	0.697	0 020	878	620	1.274	0 029	0 657	0.738
Weight-for-height	0.053	0 005	4156	3004	1 262	0.088	0.044	0 063
Height-for-age	0 397	0.012	4156	3004	1.438	0.029	0 374	0.420
Weight-for-age	0 178	0 010	4156	3004	1.506	0.053	0.159	0.197
Total fertility rate (3 years)	*5 191*	*0.105*	*NA*	*12785*	*1.344*	*0.020*	*4.980*	*5.401*
Neonatal mortality rate (0-9 years)	49 340	3 406	10174	7529	1.361	0.069	42.527	56 153
Postneonatal mortality rate (0-9 years)	55.881	3 336	10263	7590	1.576	0.060	49.209	62 552
Infant mortality rate (0-9 years)	105.221	5 011	10201	7548	1.446	0.048	95 198	115.243
Child mortality rate (0-9 years)	42 041	2 957	10234	7572	1 310	0.070	36 126	47 955
Under-five mortality rate (0-9 years)	142 838	6 036	10263	7590	1 576	0.042	130.766	154 909

NA = Not applicable

Table C.12 Sampling errors - Frontier Govrnorates, Egypt 1995

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
No education	0 409	0.025	1246	135	1.767	0.060	0 360	0.458
Completed secondary/higher	0.312	0.028	1246	135	2 113	0.089	0.256	0.367
Currently married	0.945	0.008	1246	135	1 171	0 008	0.930	0.961
Married by exact age 20	0.480	0.018	1406	153	1.453	0.038	0.443	0.516
Children ever born	2.519	0.114	1841	195	0.855	0.045	2.291	2.748
Knowing any contraceptive method	0.998	0.001	1176	127	0.900	0.001	0.996	1 000
Knowing any modern method	0 998	0.001	1176	127	0.900	0.001	0 996	1.000
Ever used any contraceptive method	0.652	0.020	1176	127	1.417	0.030	0.613	0.692
Currently using any contraceptive method	0.440	0.017	1176	127	1.192	0.039	0 405	0.474
Currently using a modern method	0.414	0.017	1176	127	1.201	0 042	0.379	0.448
Currently using pill	0.125	0.010	1176	127	1.043	0 081	0.105	0.145
Currently using IUD	0.219	0.015	1176	127	1.225	0.068	0.189	0.248
Currently using injectables	0.035	0.006	1176	127	1.106	0 170	0 023	0.047
Currently using condom	0.032	0.006	1176	127	1.125	0.180	0 021	0.044
Currently using female sterilization	0.003	0.002	1176	127	0 896	0.443	0.000	0.007
Currently using periodic abstinence	0.012	0.003	1176	127	0 897	0.236	0.006	0.018
Using public sector source	0.252	0.023	469	52	1 146	0.091	0.206	0.298
Want no more children	0.548	0.014	1176	127	0.991	0.026	0.519	0.577
Want to delay at least 2 years	0.224	0.011	1176	127	0 916	0 050	0.202	0.246
Ideal number of children	3 413	0.050	1071	117	0 932	0.015	3.314	3 512
Mothers received tetanus injection	0 598	0.020	1064	113	1 042	0 034	0.558	0.639
Mothers received medical care at delivery	0.593	0.026	1064	113	1.346	0 044	0 541	0.646
Had diarrhea in last 2 weeks	0.150	0.021	1015	107	1.734	0.138	0 109	0.192
Treated with ORS packets	0 410	0.033	143	16	0 759	0.080	0.344	0.475
Consulted medical personnel	0.537	0.044	143	16	1 026	0.082	0.449	0.625
Having immunization record	0.530	0 032	206	21	0.893	0 060	0.466	0.593
Received BCG vaccination	0.890	0 033	206	21	1.465	0.037	0 825	0.955
Received DPT vaccination (3 doses)	0 788	0.031	206	21	1.058	0.039	0.727	0.850
Received polio vaccination (3 doses)	0.789	0.032	206	21	1.115	0.041	0 725	0 853
Received measles vaccination	0 841	0.033	206	21	1.258	0.039	0.776	0.906
Fully immunized	0 741	0.036	206	21	1 151	0.048	0.669	0.812
Weight-for-height	0.261	0.020	905	96	1.291	0.078	0.221	0.302
Height-for-age	0.325	0.018	905	96	1.123	0 056	0.289	0.361
Weight-for-age	0.352	0 021	905	96	1.242	0 059	0.311	0.394
Total fertility rate (3 years)	3 995	0.171	NA	520	1.251	0.043	3.652	4 338
Neonatal mortality rate (0-9 years)	24.517	3 994	2172	233	1.014	0.163	16.530	32.505
Postneonatal mortality rate (0-9 years)	29 296	5.686	2178	234	1.409	0.194	17 925	40.668
Infant mortality rate (0-9 years)	53.814	8.270	2175	234	1 466	0.154	37.273	70 354
Child mortality rate (0-9 years)	9.669	2.301	2175	234	1 095	0.238	5.067	14.272
Under-five mortality rate (0-9 years)	62.963	8.234	2178	234	1.409	0.131	46.494	79.431

NA = Not applicable

APPENDIX D

DATA QUALITY TABLES

APPENDIX D

DATA QUALITY TABLES

Table D.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Egypt 1995

	Males		Females			Males		Females	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
<1	1,090	2.7	1,036	2.5	37	405	1.0	435	1.1
1	1,044	2.6	944	2.3	38	385	1.0	419	1.0
2	1,036	2.6	969	2.4	39	340	0.8	382	0.9
3	1,115	2.8	968	2.4	40	686	1.7	772	1.9
4	1,162	2.9	1,034	2.5	41	274	0.7	279	0.7
5	1,187	2.9	1,100	2.7	42	430	1.1	395	1.0
6	1,157	2.9	1,100	2.7	43	345	0.9	349	0.8
7	1,123	2.8	944	2.3	44	285	0.7	239	0.6
8	1,149	2.8	1,114	2.7	45	707	1.8	742	1.8
9	1,175	2.9	1,090	2.6	46	206	0.5	267	0.6
10	1,224	3.0	1,283	3.1	47	277	0.7	322	0.8
11	1,108	2.7	1,112	2.7	48	294	0.7	371	0.9
12	1,150	2.8	1,009	2.5	49	225	0.6	237	0.6
13	1,043	2.6	1,060	2.6	50	418	1.0	406	1.0
14	999	2.5	1,041	2.5	51	178	0.4	173	0.4
15	1,086	2.7	1,018	2.5	52	219	0.5	318	0.8
16	1,045	2.6	1,037	2.5	53	193	0.5	167	0.4
17	890	2.2	926	2.2	54	173	0.4	130	0.3
18	926	2.3	888	2.2	55	370	0.9	686	1.7
19	723	1.8	729	1.8	56	161	0.4	99	0.2
20	727	1.8	980	2.4	57	169	0.4	119	0.3
21	524	1.3	577	1.4	58	201	0.5	136	0.3
22	581	1.4	782	1.9	59	172	0.4	87	0.2
23	617	1.5	652	1.6	60	341	0.8	732	1.8
24	523	1.3	573	1.4	61	135	0.3	49	0.1
25	728	1.8	913	2.2	62	168	0.4	124	0.3
26	470	1.2	477	1.2	63	153	0.4	102	0.2
27	549	1.4	622	1.5	64	113	0.3	38	0.1
28	537	1.3	585	1.4	65	405	1.0	509	1.2
29	420	1.0	490	1.2	66	70	0.2	48	0.1
30	756	1.9	951	2.3	67	99	0.2	49	0.1
31	407	1.0	391	0.9	68	71	0.2	44	0.1
32	540	1.3	533	1.3	69	43	0.1	23	0.1
33	444	1.1	473	1.1	70+	867	2.1	825	2.0
34	397	1.0	324	0.8	Don't know/				
35	782	1.9	981	2.4	Missing	0	0.0	3	0.0
36	346	0.9	380	0.9					
					Total	40,360	100.0	41,162	100.0

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table D.2 Age distribution of eligible and interviewed women

Five-year age distribution of the de facto household population of women aged 10-54, five-year age distribution of interviewed ever-married women aged 15-49, and percentage of eligible women who were interviewed (weighted), Egypt 1995

Age	Household population of women		Ever-married women		Interviewed women age 15-49		Percentage interviewed (weighted)
	Number	Percent	Number	Percent	Number	Percent	
10-14	5,504	NA	NA	NA	NA	NA	NA
15-19	4,598	22.4	660	4.6	660	4.6	99.9
20-24	3,563	17.4	2,089	14.5	2,079	14.5	99.5
25-29	3,088	15.1	2,683	18.6	2,661	18.6	99.2
30-34	2,672	13.0	2,537	17.6	2,521	17.6	99.4
35-39	2,597	12.7	2,525	17.5	2,505	17.5	99.2
40-44	2,034	9.9	1,997	13.9	1,982	13.8	99.2
45-49	1,938	9.5	1,918	13.3	1,907	13.3	99.4
50-54	1,195	NA	NA	NA	NA	NA	NA
15-49	20,491	NA	14,409	NA	14,315	NA	99.3

Note: The de facto population includes all residents and nonresidents who slept in the household the night before interview.
NA = Not applicable

Table D.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Egypt 1995

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only		20.9	36,090
Month and year		0.0	36,090
Age at death	Deaths to births in last 15 years	0.0	3,725
Age/date at first union[1]	Ever-married women	0.1	14,779
Respondent's education	Ever-married women	0.0	14,779
Anthropometry[2]	Living children age 0-35 months		
Height missing		3.9	10,689
Weight missing		3.8	10,689
Height or weight missing		3.9	10,689
Diarrhea in last 2 weeks	Living children age 0-35 months	0.3	10,689

[1] Both year and age missing
[2] Child not measured

Table D.4 Births by calendar years

Distribution of births by calendar years for living (L), dead (D), and all (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Egypt 1995

Year	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar ratio[3]			Male			Female		
	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T
1996	5	0	5	100.0	NA	100 0	45.6	NA	45.6	NA	NA	NA	2	0	2	4	0	4
1995	2,123	83	2,205	100 0	100 0	100.0	105.5	133 3	106.4	204.3	112 8	198 3	1,090	47	1,137	1,033	35	1,068
1994	2,072	146	2,218	100 0	100 0	100.0	105.6	64 4	102.3	98.4	114.7	99 3	1,064	57	1,122	1,008	89	1,097
1993	2,089	173	2,261	100 0	100 0	100.0	107.7	103 6	107.4	99.3	107.8	99.9	1,083	88	1,171	1,006	85	1,090
1992	2,136	174	2,310	100.0	100 0	100.0	113.5	98 7	112.3	100.2	97 4	100.0	1,136	86	1,222	1,000	88	1,088
1991	2,175	185	2,360	100.0	100 0	100.0	109.4	92 0	107 9	99 0	99 8	99 1	1,136	89	1,225	1,039	96	1,135
1990	2,259	196	2,455	100.0	99 3	99.9	111 2	101 5	110 4	100 2	79 5	98 1	1,189	99	1,288	1,069	98	1,167
1989	2,334	310	2,644	74.5	40 0	70.5	104.2	94 0	103.0	107 0	135.7	109 7	1,192	150	1,342	1,143	160	1,303
1988	2,106	260	2,366	75.0	34 5	70.6	113 3	117 3	113 7	91.3	84 3	90.4	1,119	140	1,259	987	120	1,107
1987	2,282	307	2,588	69.3	35.2	65.3	107 8	111 6	108 2	NA	NA	NA	1,184	162	1,345	1,098	145	1,243
1992-96	8,425	575	9,000	100.0	100.0	100.0	108 0	93.9	107 0	NA	NA	NA	4,374	279	4,653	4,050	297	4,347
1987-91	11,157	1,257	12,414	83 7	55.8	80.9	109 0	103.5	108 5	NA	NA	NA	5,820	639	6,459	5,337	618	5,955
1982-86	10,871	1,551	12,422	68.9	32.5	64.4	103 2	116 0	104 7	NA	NA	NA	5,521	833	6,354	5,349	718	6,067
1977-81	8,324	1,716	10,040	70.5	32.1	63 9	104 9	105 2	104 9	NA	NA	NA	4,261	880	5,141	4,062	836	4,899
<1977	8,086	2,771	10,856	65.6	26.0	55.5	116 9	108.1	114 6	NA	NA	NA	4,357	1,439	5,796	3,728	1,332	5,060
All	46,861	7,871	54,732	77.7	38.8	72.1	108 0	107 1	107 9	NA	NA	NA	24,334	4,070	28,404	22,527	3,801	26,328

NA = Not applicable

[1] Both year and month of birth given

[2] $(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively

[3] $[2B_x/(B_{x-1}+B_{x+1})]*100$, where B_x is the number of births in calendar year x

Table D.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods preceding the survey, Egypt 1995

Age at death (in days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	56	86	78	63	282
1	56	108	66	51	281
2	29	30	41	29	129
3	37	41	27	31	136
4	14	16	23	17	69
5	14	19	31	27	92
6	10	15	26	35	85
7	55	130	162	154	501
8	9	9	10	7	34
9	4	7	6	8	24
10	6	10	12	7	36
11	5	8	7	2	22
12	6	8	4	7	26
13	0	2	1	3	6
14	1	0	6	7	14
15	12	18	22	21	73
16	1	3	2	1	8
17	5	3	3	2	12
18	1	1	4	2	8
19	3	0	0	0	3
20	11	14	12	12	50
21	2	4	2	0	8
22	2	3	4	4	13
23	0	0	0	0	0
24	0	0	0	2	3
25	3	2	6	5	15
26	0	0	0	0	0
27	0	1	0	0	1
28	0	1	0	0	2
29	0	0	0	0	0
30	2	0	1	0	3
Total 0-30	344	541	554	498	1,937
Percent early neonatal[1]	62.8	58.0	52.5	50.7	55.5

[1] (0-6 days/0-30 days) * 100

Table D.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods preceding the survey, Egypt 1995

Age at death (in months)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1[a]	345	541	554	498	1,937
1	36	54	69	58	216
2	47	73	76	83	279
3	44	56	75	66	241
4	46	52	61	55	215
5	24	42	47	36	149
6	44	54	72	80	250
7	34	54	39	63	191
8	17	32	55	58	162
9	24	37	54	49	162
10	13	15	13	21	61
11	2	5	17	20	44
12	22	98	113	172	404
13	5	3	3	9	19
14	10	4	6	13	34
15	4	5	5	10	23
16	2	2	4	3	11
17	0	0	0	3	3
18	20	67	74	78	238
19	0	0	3	0	3
20	1	0	2	4	8
21	0	0	0	2	2
22	0	0	6	4	10
23	0	0	2	1	3
1 year	0	2	4	0	6
Total 0-11	674	1,016	1,131	1,086	3,907
Percent neonatal[b]	51.1	53.3	49.0	45.8	49.6

[a] Includes deaths under 1 month reported in days
[b] (Under 1 month/under 1 year) * 100

APPENDIX E

QUESTIONNAIRES

EGYPT DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION

GOVERNORATE_____ PSU/SEGMENT NO._____

KISM/MARQAZ_____ BUILDING NO._____

SHIAKHA/VILLAGE_____ HOUSING UNIT NO._____

HOUSEHOLD NO._____ URBAN.....1 RURAL.....2

URBAN.....1 RURAL.....2

LARGE CITY...1 SMALL CITY....2 TOWN....3 VILLAGE....4

WOMEN'S STATUS SUBSAMPLE 1 YES 2 NO

NAME OF HOUSEHOLD HEAD_____

ADDRESS IN DETAIL_____

GOVERNORATE ☐☐

PSU/SEGMENT NO. ☐☐☐☐☐☐☐

HOUSEHOLD NO. ☐☐☐ URBAN/RURAL ☐

LOCALITY ☐ SUBSAMPLE ☐

INTERVIEWER VISITS				FINAL VISIT
	1	2	3	DAY MONTH YEAR ☐☐ ☐☐ ☐☐
DATE				
TEAM				TEAM ☐☐
INTERVIEWER				INTERVIEWER ☐☐
SUPERVISOR				SUPERVISOR ☐☐
ASSISTANT SUPERVISOR				ASS'T SUPERVISOR ☐☐
RESULT				RESULT ☐
NEXT VISIT: DATE				TOTAL VISITS ☐
TIME				

RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT PERSON AT HOME AT THE TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR AN EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

LINE NO. OF RESPONDENT FOR HOUSEHOLD SCHEDULE ☐☐

	YES	NO
ADDRESS CHECKED (BY NAME:_____)	1	2
REINTERVIEW	1	2

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME				
DATE				
SIGNATURE				
	☐☐	☐☐	☐☐	☐☐

HOUSEHOLD SCHEDULE

We would like some information about people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	MARITAL STATUS
							IF AGE 15 YEARS OR OLDER
001	002	006	007	008	009	010	011
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.	What is the relationship of (NAME) to the head of the household? (SEE CODES BELOW).	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS.	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 NEVER MARRIED/ SIGNED CONTRACT
			YES NO	YES NO	M F	IN YEARS	
01		HEAD ☐☐	1 2	1 2	1 2	☐☐	☐
02		☐☐	1 2	1 2	1 2	☐☐	☐
03		☐☐	1 2	1 2	1 2	☐☐	☐
04		☐☐	1 2	1 2	1 2	☐☐	☐
05		☐☐	1 2	1 2	1 2	☐☐	☐
06		☐☐	1 2	1 2	1 2	☐☐	☐
07		☐☐	1 2	1 2	1 2	☐☐	☐
08		☐☐	1 2	1 2	1 2	☐☐	☐
09		☐☐	1 2	1 2	1 2	☐☐	☐
10		☐☐	1 2	1 2	1 2	☐☐	☐

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants who are not listed? YES ☐ → ADD TO 002 NO ☐

004 In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ADD TO 002 NO ☐

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ → ADD TO 002 NO ☐

CODES FOR Q006
RELATIONSHIP TO HOUSEHOLD HEAD:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER CHILD
12 = STEP CHILD
13 = NOT RELATED
98 = DON'T KNOW

LINE NO.	ELIGIBILITY	EDUCATION				WORK STATUS	
		IF AGE 6 YEARS OR OLDER					
001	012	013	014	015	016	017	018
	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (i.e., EVER-MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW)	Has (NAME) ever been to school? IF YES, ASK QUESTIONS 014-016. IF NO, SKIP TO QUESTION 017.	IF ATTENDED SCHOOL What is the highest level of school (NAME) attended? 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTER-MEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY	What is the highest grade he/she success-fully completed at that level?	FOR PERSONS UNDER AGE 25: Is (NAME) still in school or at the university?	Did (NAME) work during the last month? IF YES, ASK 018. IF NO, GO TO 006 FOR NEXT PERSON.	Is (NAME) paid in cash or kind for the work he/she does? 1 CASH 2 KIND 3 BOTH 4 NOT PAID
		YES NO	LEVEL	GRADE	YES NO	YES NO	
01	01	1 2			1 2	1 2	1 2 3 4
02	02	1 2			1 2	1 2	1 2 3 4
03	03	1 2			1 2	1 2	1 2 3 4
04	04	1 2			1 2	1 2	1 2 3 4
05	05	1 2			1 2	1 2	1 2 3 4
06	06	1 2			1 2	1 2	1 2 3 4
07	07	1 2			1 2	1 2	1 2 3 4
08	08	1 2			1 2	1 2	1 2 3 4
09	09	1 2			1 2	1 2	1 2 3 4
10	10	1 2			1 2	1 2	1 2 3 4

019 ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN: ☐☐

020 TICK HERE IF CONTINUATION SHEET USED: ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
021	What type of dwelling does your household live in?	APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER_____6 (SPECIFY)	
022	Is your dwelling owned by your household or not? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED.....1 OWNED JOINTLY.....2 RENTED.....3 OTHER_____6 (SPECIFY)	
023	MAIN MATERIAL OF THE FLOOR. RECORD YOUR OBSERVATIONS.	NATURAL FLOOR EARTH/SAND.....11 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC/MARBLE TILES.....32 CEMENT TILES.....33 CEMENT.....34 WALL-TO-WALL CARPET.....35 OTHER _____96 (SPECIFY)	
024	How many rooms are there in your dwelling (excluding the bathrooms, kitchen and stairway areas)?	ROOMS..... ☐☐	
025	How many of the rooms are used for sleeping?	ROOMS..... ☐☐	
026	Is there a special room used only for cooking inside or outside the dwelling?	YES.....1 NO.....2	
027	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11→29 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21→29 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 BOTTLED WATER.....41→29 OTHER_____96 (SPECIFY)	
028	How long does it take to go there, get water, and come back?	MINUTES..... ☐☐☐	
029	What kind of toilet facility does your household have?	MODERN FLUSH TOILET.....11 TRADITIONAL WITH TANK FLUSH.....12 TRADITIONAL WITH BUCKET FLUSH....13 PIT TOILET/LATRINE.....21 NO FACILITY.....31 OTHER _____96 (SPECIFY)	
030	Are there electrical connections in all or only part of the dwelling unit?	YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
031	Does your household have: A radio with cassette recorder? A black and white television? A color television? A video?	YES NO RADIO WITH CASSETTE RECORDER.1 2 BLACK AND WHITE TELEVISION...1 2 COLOR TELEVISION.....1 2 VIDEO.....1 2	
032	Does your household have: An electric fan? A gas/electric cooking stove? A water heater? A refrigerator? A sewing machine? An automatic washing machine? Any other washing machine?	YES NO ELECTRIC FAN.....1 2 GAS/ELECTRIC COOKING STOVE...1 2 WATER HEATER.....1 2 REFRIGERATOR.....1 2 SEWING MACHINE.....1 2 AUTOMATIC WASHING MACHINE....1 2 OTHER WASHING MACHINE.....1 2	
033	Do you or any member of your household own: A bicycle? A private car/motorcycle? Farm or other land? Livestock(donkeys, horses, cows, sheep, etc.)/poultry?	YES NO BICYCLE.....1 2 CAR/MOTORCYCLE.....1 2 FARM/OTHER LAND.....1 2 LIVESTOCK/POULTRY.....1 2	
034	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE).	SALT IN PLASTIC BAGS.....01 PACKAGED SALT (IODIZED).....02 PACKAGED SALT (NOT IODIZED).....03 SALT FOR ANIMALS.....04 LOOSE SALT.....05 NO SALT USED.....06 OTHER_____ 96 (SPECIFY)	

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 035-036 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

035	DEGREE OF COOPERATION.	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4
036	INTERVIEWER'S COMMENTS:	
037	FIELD EDITOR'S COMMENTS:	
038	SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:	
039	OFFICE EDITOR'S COMMENTS:	

EGYPT DEMOGRAPHIC AND HEALTH SURVEY
WOMAN QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE _____ PSU/SEGMENT NO. _____

KISM/MARQAZ _____ BUILDING NO. _____

SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____

HOUSEHOLD NO. _____

URBAN.....1 RURAL.....2

LARGE CITY....1 SMALL CITY....2 TOWN....3 VILLAGE....4

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

NAME OF WOMAN _____

LINE NUMBER OF WOMAN _____

GOVERNORATE ☐☐

PSU/SEGMENT NO. ☐☐☐☐☐☐☐

HOUSEHOLD NO. ☐☐☐ URBAN/RURAL ☐

LOCALITY ☐ *LINE NUMBER* ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐ MONTH ☐☐ YEAR ☐☐
TEAM				TEAM ☐☐
INTERVIEWER				*INTERVIEWER* ☐☐
SUPERVISOR				SUPERVISOR ☐☐
ASSISTANT SUPERVISOR				ASS'T SUPERVISOR ☐☐
RESULT				RESULT ☐
NEXT VISIT: DATE				TOTAL VISITS ☐
TIME				

RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (SPECIFY)

	FIELD EDITOR	*OFFICE EDITOR*	*CODER*	*KEYER*
NAME				
DATE				
SIGNATURE				
	☐☐	☐☐	☐☐	☐☐

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town, or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT_____5 (SPECIFY)	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ☐☐ ALWAYS.....95 VISITOR.....96 → 105	
104	Just before you moved here, did you live in Cairo, Giza, Alexandria, another city or town, or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT_____5 (SPECIFY)	
105	In what month and year were you born?	MONTH..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐ DON'T KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
107	What is your current marital status?	MARRIED.....1 WIDOWED.....2 DIVORCED.....3	
108	Have you ever attended school?	YES.....1 NO.....2 → 118	
109	What is the highest level of school you attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6	
110	What is the highest grade which you successfully completed at that level?	GRADE..... ☐	
111	CHECK 106: BELOW AGE 25 ☐ ▼ AGE 25 OR ABOVE ☐ → 117		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	Are you currently attending school or the university?	YES.....1 NO.....2	→115
113	What was the main reason you stopped attending school (the university)?	GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN.....03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES/ EXPENSES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING...07 DID NOT PASS ENTRANCE EXAMS.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR....10 OTHER_____ 96 (SPECIFY) DON'T KNOW.....98	
114	While you were still enrolled in school, did you ever have to miss school because you had to help out at home or work?	YES.....1 NO.....2	→116 →117
115	Do you ever have to miss school because you have to help out at home or to work?	YES.....1 NO.....2	→117
116	Would you say that this happens(ed), at least once every week, about once a month, or only a few times a year?	AT LEAST ONCE A WEEK.....1 ABOUT ONCE A MONTH.....2 A FEW TIMES PER YEAR.....3	
117	CHECK 109: PRIMARY ☐ PREPARATORY OR HIGHER ☐		→119
118	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→120
119	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
120	How many hours on average do you listen to the radio each day? IF LISTENS LESS THAN 1 HOUR, WRITE "00".	NUMBER OF HOURS PER DAY..... ☐☐ ALL OF THE TIME.....94 NEVER.....95 NOT SURE/DON'T KNOW.....98	
121	How many hours on average do you watch television each day? IF WATCHES LESS THAN 1 HOUR, WRITE "00".	NUMBER OF HOURS PER DAY..... ☐☐ ALL OF THE TIME.....94 NEVER.....95 NOT SURE/DON'T KNOW.....98	
122	What is your religion?	MOSLEM.....1 CHRISTIAN.....2 OTHER_____6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
123	CHECK QUESTION 007 IN THE HOUSEHOLD QUESTIONNAIRE. THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT (I.E., IF SHE IS A VISITOR) ☐ ↓ THE WOMAN INTERVIEWED IS A USUAL RESIDENT ☐		→201
124	Now I would like to ask about the place in which you usually live. Do you usually live in Cairo, Giza, Alexandria, another city or town, or in a village? _____ NAME OF CITY/TOWN/VILLAGE	LOCALITY..... ☐☐ OUTSIDE EGYPT.....5	→126
125	In which governorate is that located? _____ GOVERNORATE	GOVERNORATE..... ☐☐	
126	Now I would like to ask some questions about the household in which you usually live. In what type of dwelling does your household live?	APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER_____6 (SPECIFY)	
127	Is your dwelling owned by your household or not? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED.....1 OWNED JOINTLY.....2 RENTED.....3 OTHER_____6 (SPECIFY)	
128	Could you describe the main material of the floor in your dwelling?	NATURAL FLOOR EARTH/SAND.....11 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC/MARBLE TILES.....32 CEMENT TILES.....33 CEMENT.....34 WALL-TO-WALL CARPET.....35 OTHER _____96 (SPECIFY)	
129	How many rooms are there in your dwelling (excluding the bathrooms, kitchen, and stairway areas)?	ROOMS..... ☐☐	
130	How many of the rooms are used for sleeping?	ROOMS..... ☐☐	
131	Is there a special room used only for cooking inside or outside of the dwelling?	YES.....1 NO.....2	
132	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 BOTTLED WATER.....41 OTHER_____96 (SPECIFY)	→134 →134 →134

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
133	How long does it take to go there, get water, and come back?	MINUTES..... ☐☐☐	
134	What kind of toilet facility does your household have?	MODERN FLUSH TOILET.....11 TRADITIONAL WITH TANK FLUSH.....12 TRADITIONAL WITH BUCKET FLUSH....13 PIT TOILET/LATRINE.....21 NO FACILITY.....31 OTHER _____ 96 (SPECIFY)	
135	Does the dwelling unit have electrical connections in all or only part of the dwelling unit?	YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS.....3	
136	Does your household have:	YES NO	
	A radio with cassette recorder?	RADIO WITH CASSETTE RECORDER.1 2	
	A black and white television?	BLACK AND WHITE TELEVISION...1 2	
	A color television?	COLOR TELEVISION.....1 2	
	A video?	VIDEO.....1 2	
137	Does your household have:	YES NO	
	An electric fan?	ELECTRIC FAN.....1 2	
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE...1 2	
	A water heater?	WATER HEATER.....1 2	
	A refrigerator?	REFRIGERATOR.....1 2	
	A sewing machine?	SEWING MACHINE.....1 2	
	An automatic washing machine?	AUTOMATIC WASHING MACHINE....1 2	
	Any other washing machine?	OTHER WASHING MACHINE.....1 2	
138	Do you or any member of your household own:	YES NO	
	A bicycle?	BICYCLE.....1 2	
	A private car/motorcycle?	CAR/MOTORCYCLE.....1 2	
	Farm or other land?	FARM/OTHER LAND.....1 2	
	Livestock(donkeys, horses, cows, sheep, etc.)/poultry?	LIVESTOCK/POULTRY.....1 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐		→227

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET. COMPLETE 213-221 FOR EACH BIRTH. USE ADDITIONAL FORMS IF THERE ARE MORE THAN TEN BIRTHS. AFTER COMPLETING ALL BIRTHS, GO TO 222.

212 What name was given to your (first/ next...) baby?	213 RECORD SINGLE OR MULTIPLE STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/ her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	220 FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY.
01 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3		
02 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
03 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
04 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
05 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
06 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
07 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221
What name was given to your (first/ next...) baby?	RECORD SINGLE OR MULTIPLE STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/ her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY.
08 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
09 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2 (NEXT BIRTH)
10 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH. YEAR..	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (GO TO 222)	YES..1 NO...2 (GO TO 222)

222	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?	YES.....1 NO.....2 → GO TO 224
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 → ADD TO TABLE NO.....2

224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ ▼

NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1990.
IF NONE, RECORD '0' AND GO TO 227. ☐

226 FOR EACH BIRTH SINCE JANUARY 1990, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE RIGHT OF THE 'B' CODE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→231
228	How many months pregnant are you?	MONTHS..... ☐☐	
229	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.		
230	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
231	Many women have pregnanies that do not end in a live birth. Have you ever had a miscarriage?	YES.....1 NO.....2	
232	Sometimes women have an abortion if a pregnancy is not planned. Have you ever had an abortion?	YES.....1 NO.....2	
233	Sometimes a baby is still born, that is, the baby does not breath or show any sign of life. Have you ever had a still birth?	YES.....1 NO.....2	
234	CHECK 231-233: EVER HAD MISCARRIAGE, ABORTION, OR STILL BIRTH ☐ NEVER HAD MISCARRIAGE ABORTION, OR STILL BIRTH ☐		→250
235	When did the last such pregnancy end?	MONTH..... ☐☐ YEAR..... ☐☐	
236	Did that pregnancy end in a miscarriage, abortion or still birth?	MISCARRIAGE.....1 ABORTION.....2 STILL BIRTH.....3	
237	CHECK 235: LAST PREGNANCY ENDED SINCE JANUARY 1990 ☐ LAST PREGNANCY ENDED BEFORE JANUARY 1990 ☐		→250
238	How many months pregnant were you when the last pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER THE APPROPRIATE CODE IN THE CALENDAR FOR THE MONTH THAT THE PREGNANCY ENDED: 'M' FOR MISCARRIAGE, 'A' FOR ABORTION OR 'S' FOR STILL BIRTH. ENTER 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS..... ☐☐	
239	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	→241

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
240	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1990. IN THE CALENDAR, ENTER THE APPROPRIATE CODE FOR THE OUTCOME OF THE PREGNANCY IN THE MONTH THAT EACH PREGNANCY ENDED: 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILL BIRTH. ENTER 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
241	CHECK CALENDAR: HAD AN ABORTION SINCE JANUARY 1990 ☐ NO ABORTION SINCE JANUARY 1990 ☐		250
242	Now I would like to ask you some questions about the last pregnancy which you had that ended in an abortion. Did anyone help you to have the abortion? RECORD ALL RESPONSES.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C FRIEND/RELATIVE.....D OTHER_____X (SPECIFY) NO ONE.....Y	
243	Did the abortion occur at home or somewhere else?	OWN HOME.....1 OTHER HOME.....2 PUBLIC HEALTH FACILITY.....3 PRIVATE HEALTH FACILITY.....4 OTHER_____6 (SPECIFY)	
244	Sometimes women experience health problems after having an abortion. Did you have any health problems afterwards?	YES.....1 NO.....2	250
245	What health problems did you have?	FEVER.....1 HEAVY BLEEDING.....2 OTHER_____6 (SPECIFY)	
246	Did you seek care from anyone afterwards?	YES.....1 NO.....2	250
247	From whom did you seek care? RECORD ALL RESPONSES.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C FRIEND/RELATIVE.....D OTHER_____X (SPECIFY) NO ONE.....Y	
248	Were you hospitalized for the problem that you had after the abortion?	YES.....1 NO.....2	250
249	For how many nights were you hospitalized?	NIGHTS..... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
250	When did your last menstrual period start?	DAYS AGO.....1 [ ][ ] WEEKS AGO.....2 [ ][ ] MONTHS AGO.....3 [ ][ ] YEARS AGO.....4 [ ][ ] IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	→252
251	How old were you when you had your first menstrual period?	AGE..... [ ][ ] DON'T KNOW.....98	
252	Between the first day of a period (i.e., menstrual cycle) and the first day of her next period, are there certain times when a woman is more likely to become pregnant than other times? PROBE: Are there any days during this time when a woman is more likely to become pregnant than on other days?	YES.....1 NO.....2 DON'T KNOW.....8	→301
253	During which time of the monthly cycle (between the first day of a period and the first day of the next period) is a woman most likely to become pregnant? PROBE: What are the days of each month when a woman should be more careful so as not to get pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS....4 OTHER_____6 (SPECIFY) DON'T KNOW.....8	

SECTION 3. CONTRACEPTIVE KNOWLEDGE AND USE

301 Now I would like to talk about family planning -- the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL A woman can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 IUD A woman can have a loop or coil placed inside her by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTABLES A woman can have an injection by a doctor or nurse which stops her from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 NORPLANT A woman can have small rods place in her arm by a doctor which stops her from becoming pregnant for several years.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 DIAPHRAGM,FOAM,JELLY A woman can place a sponge, suppository suppository, diaphragm, jelly or cream inside her before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 CONDOM A man can use a rubber covering during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07 FEMALE STERILIZATION A woman can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	Do you know a place where a woman can have such an operation? YES.....1 NO.....2

CONTRACEPTIVE METHOD TABLE CONTINUED

		302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
08	MALE STERILIZATION A man can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know a place where a man can have such an operation? YES.....1 NO.....2
09	RHYTHM, PERIODIC ABSTINENCE A couple can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
10	WITHDRAWAL A man can be careful and pull out before ejaculation.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11	PROLONGED BREASTFEEDING A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
12	Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ ; AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO 309

306 Have you ever used anything or tried in any way to delay or avoid getting pregnant?
YES.....1 → 308
NO.....2

307 ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. → 353

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).	_____ (SPECIFY)	
309	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER_____96 (SPECIFY)	→311
310	CHECK 309 FOR FIRST METHOD USED: SHE/HE STERILIZED → *Where did the sterilization* USING IUD → Where did you have the IUD inserted for the first time? USING ANOTHER METHOD → Where did you obtain (METHOD) the first time? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE FIRST METHOD USED. IF NECESSARY PROBE TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER_____96 (SPECIFY) DON'T KNOW.....98	
311	At the time when you first used, how many living children did you have, if any? IF NONE, RECORD '00' AND SKIP TO 313.	NUMBER OF CHILDREN..... ☐☐	
312	How many sons did you have? How many daughters? IF NONE RECORD '00'.	SONS..... ☐☐ DAUGHTERS..... ☐☐	
313	When you first began to use family planning, did you want to have another (a) child but at a later time, or did you not want to have another (a) child at all?	WANTED ANOTHER CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER_____6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	CHECK 107: CURRENTLY MARRIED ☐ → WIDOWED/DIVORCED ☐		→346
315	CHECK 227: NOT PREGNANT OR UNSURE ☐ → PREGNANT ☐		→352
316	CHECK 303 (FEMALE STERILIZATION): WOMAN NOT STERILIZED ☐ → WOMAN STERILIZED ☐		→318A
317	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→352
318 318A	Which method are you using? CIRCLE '07' FOR FEMALE STERILIZATION.	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER_____96 (SPECIFY)	351
319	CHECK 318: SHE/HE STERILIZED → Where did the sterilization take place? USING IUD → Where did you have the IUD inserted? USING ANOTHER METHOD → Where did you obtain (METHOD) the last time? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER_____96 (SPECIFY) DON'T KNOW.....98	→325
320	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 ☐☐ HOURS.....2 0☐ DELIVERED AT HOME.....9995 DON'T KNOW.....9998	→322

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	Is it easy or difficult to go there?	EASY.....1 DIFFICULT.....2 DON'T KNOW.....8	
322	At the time when you last got your (METHOD) at (CURRENT SOURCE), did you know about any other place where you could have obtained the method?	YES.....1 NO.....2	→325
323	What place was that? WRITE THE NAME AND ADDRESS OF THE SOURCE. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER_____ 96 (SPECIFY)	
324	People select the place where they get family planning services for various reasons. What was the main reason you went to (NAME OF PLACE IN 319) instead of the other place you know about (NAME OF PLACE IN 323)? RECORD RESPONSE AND CIRCLE CODE. _____	ACCESS-RELATED REASONS CLOSER TO HOME.....11 CLOSER TO MARKET/WORK.....12 AVAILABILITY OF TRANSPORT.....13 SERVICE-RELATED REASONS STAFF MORE COMPETENT.....21 STAFF MORE POLITE/FRIENDLY.....22 HAS FEMALE DOCTOR/STAFF.....23 CLEANER FACILITY.....24 OFFERS MORE PRIVACY.....25 SHORTER WAITING TIME.....26 OPEN LONGER/MORE CONVENIENT HOURS.....27 USE OTHER SERVICES AT THE FACILITY.....28 LOWER COST/CHEAPER.....31 WANTED ANONYMITY.....41 OTHER_____ 96 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
325	CHECK 318: USING IUD ☐ ↓	USING PILL ☐ → 331 USING OTHER METHODS ☐ → 343	
326	Did you get the IUD at the place where you had it inserted or did you buy it from somewhere else?	YES, FROM THE SAME PLACE.....1 → 329 NO, FROM SOMEWHERE ELSE.....2	
327	From where did you buy the IUD? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT BOUGHT THE IUD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER_____ (SPECIFY) 96 DON'T KNOW.....98	
328	How much did it cost to buy the IUD from that place?	COST (IN POUNDS)..... ☐☐ FREE.....95 DON'T KNOW.....98	
329	How much did it cost to have the IUD inserted (including any extra fee for a physical examination)?	COST (IN POUNDS)..... ☐☐☐ FREE.....995 DON'T KNOW.....998	
330	Would you be willing to pay the following for an IUD (including all costs): (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 351 . FOR AMOUNT MORE THAN 200 POUNDS, SKIP TO 351 IF YES OR NO.)	YES NO 5 POUNDS.....1 2 10 POUNDS.....1 2 25 POUNDS.....1 2 50 POUNDS.....1 2 → 351 100 POUNDS.....1 2 150 POUNDS.....1 2 200 POUNDS.....1 2 MORE THAN 200 POUNDS.....1 2 → 351	

5 pounds?
10 pounds?
25 pounds?
50 pounds?
100 pounds?
150 pounds?
200 pounds?
More than 200 pounds?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
331	How much does one cycle of pills cost you?	COST (IN PIASTRES)..... ☐☐☐ FREE.....995 DON'T KNOW.....998	
332	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME_____ ☐☐ →334 PACKAGE NOT SEEN.....2	
333	Do you know the brand name of the pills which you are using now? RECORD NAME OF BRAND.	BRAND NAME_____ ☐☐ DON'T KNOW.....98	
334	When was the last time you took a pill? IF LESS THAN 24 HOURS, WRITE '00'.	DAYS AGO..... ☐☐ MORE THAN ONE MONTH AGO.....95	
335	CHECK 334: MORE THAN TWO DAYS AGO ☐ ↓ TWO DAYS AGO OR LESS ☐		→337
336	Why aren't you taking the pill these days?	HUSBAND AWAY.....01 FORGOT.....02 HEALTH REASONS.....03 COST TOO MUCH.....04 NO NEED TO TAKE DAILY.....05 RAN OUT.....06 MENSTRUATING.....07 OTHER_____ 96 (SPECIFY)	
337	CHECK 319: CURRENT SOURCE: PHARMACY ☐ ↓ ALL OTHER SOURCES ☐		→339
338	Do you usually obtain the pill yourself? IF NO: Who obtains the method usually?	RESPONDENT HERSELF.....01 →340 HUSBAND.....02 CHILDREN.....03 OTHER FEMALE RELATIVE(S).....04 OTHER MALE RELATIVE(S).....05 FRIEND(S).....06 OTHER_____ 96 (SPECIFY)	
339	Since you began using the pill this time, have you yourself ever gone to a pharmacy to obtain the method?	YES.....1 NO.....2 →351	
340	Now I would like to talk with you about the service which you received at the pharmacy. Did the anyone at the pharmacy tell or show you how to use the pill?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
341	Did anyone at the pharmacy describe side effects or other problems which you might have while using the the pill?	YES.....1 NO.....2	
342	Did anyone at the pharmacy ever tell you about other family planning methods which you might use?	YES.....1 NO.....2	▸351
343	How much did it cost to get your method? (IF LESS THAN 1 POUND, RECORD IN PIASTRES.)	COST (IN PIASTRES)...1 [0][0][ ][ ] COST (IN POUNDS).....2 [ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998	
344	CHECK 318: USING INJECTABLES ☐ ▼ NOT USING INJECTABLES ☐		▸346
345	Would you be willing to pay the following for the injectables (including all costs): (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 351. FOR AMOUNT MORE THAN 20 POUNDS, SKIP TO 351 IF YES OR NO.) 5 pounds? 7 pounds? 10 pounds? 15 pounds? 20 pounds? More than 20 pounds?	YES NO 5 POUNDS.....1 2 7 POUNDS.....1 2 10 POUNDS.....1 2 15 POUNDS.....1 2 20 POUNDS.....1 2 MORE THAN 20 POUNDS.....1 2	▸351 ▸351
346	CHECK 303 AND 318: WOMAN STERILIZED ☐ ▼ WOMAN NOT STERILIZED ☐		▸350
347	In what month and year was the sterilization performed?	MONTH..... [ ][ ] YEAR..... [ ][ ]	
348	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION OR TO JANUARY 1990 IF OPERATION OCCURRED BEFORE 1990.		
349	CHECK 347: STERILIZED BEFORE JANUARY 1990 ☐ STERILIZED SINCE JANUARY 1990 ☐		▸352 ▸352
350	CHECK 107: CURRENTLY MARRIED ☐ ▼ WIDOWED/ DIVORCED ☐		▸352
351	ENTER METHOD CODE FROM 318 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using (METHOD) continuously? - How long have you been using (METHOD) continuously?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
352	I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant. PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1990. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. RECORD PERIODS OF USE AND NONUSE IN COLUMN 1 OF THE CALENDER. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED. ILLUSTRATIVE QUESTIONS - COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then? FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. FOR EACH PERIOD OF USE, RECORD THE CODE FOR THE REASON FOR DISCONTINUATION IN COLUMN 2 OF THE CALENDAR NEXT TO LAST MONTH OF USE. NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1. ILLUSTRATIVE QUESTIONS - COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
353	CHECK 107: CURRENTLY MARRIED ☐ → WIDOWED/DIVORCED ☐ → 356		
354	CHECK 318: NOT CURRENTLY USING A METHOD ☐ → CURRENTLY USING A MODERN METHOD ☐ → 360 CURRENTLY USING PERIODIC ABSTINENCE, WITHDRAWAL OR OTHER TRADITIONAL METHOD ☐ → 356		
355	What is the main reason you are not using a method of contraception to avoid pregnancy?	FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 PREGNANT.....27 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ (SPECIFY) 96 DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
356	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→360
357	Where is that? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER_____96 (SPECIFY) DON'T KNOW.....98	
358	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 ☐☐ HOURS.....2 0☐ DELIVERED AT HOME.....9995 DON'T KNOW.....9998	
359	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2 DON'T KNOW.....8	
360	In the last year, were you visited by a health worker, raida rifia, or anyone else who talked to you about family planning?	YES.....1 NO.....2	
361	Have you visited any governmental health facility for any reason during the past year?	YES.....1 NO.....2	→363
362	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
363	Have you visited a private doctor or clinic for any reason during the past year?	YES.....1 NO.....2	→401
364	Did the doctor or any other staff person speak to you about family planning methods?	YES.....1 NO.....2	

SECTION 4. FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	CHECK 107: CURRENTLY MARRIED ☐ → DIVORCED/ WIDOWED ☐		→415
402	CHECK 318: NEITHER STERILIZED ☐ → SHE OR HE STERILIZED ☐		→412
403	CHECK 227: NOT PREGNANT OR UNSURE ☐ → Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT ☐ → Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DON'T KNOW.....8	→407 →405
404	CHECK 227: NOT PREGNANT OR UNSURE ☐ → How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ → How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT.....995 OTHER _____ 996 (SPECIFY) DON'T KNOW.....998	→407
405	CHECK 227: NOT PREGNANT OR UNSURE ☐ → PREGNANT ☐		→407
406	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
407	CHECK 318: USING A METHOD? NOT CURRENTLY USING/ NOT ASKED ☐ → CURRENTLY USING ☐		→412
408	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	→410
409	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	→411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
410	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER_____ 96 (SPECIFY) UNSURE.....98	→412
411	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ 96 (SPECIFY) DON'T KNOW.....98	
412	In your family, who has the most influence in deciding whether or not to have another child--you or your husband--or do you have equal say?	RESPONDENT HAS MORE INFLUENCE....1 BOTH HUSBAND AND REPONDENT EQUAL.....2 HUSBAND HAS MORE INFLUENCE.....3 OTHER_____6 (SPECIFY)	
413	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2	
414	Do you think your husband wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
415	CHECK 203 and 205: HAS LIVING CHILD(REN) → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILD(REN) → If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER..... ☐☐ OTHER ANSWER_____96 (SPECIFY) DON'T KNOW.....98	→417

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
416	How many boys and how many girls?	BOYS..... ☐☐ GIRLS..... ☐☐ EITHER SEX..... ☐☐ OTHER ANSWER_____ 96 (SPECIFY) DON'T KNOW.....98	
417	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....8	
418	If couples wish to avoid pregnancy, do you approve or disapprove of their using:	APPR DISAPPR DK	
	the condom?	CONDOM.....1 2 8	
	the IUD?	IUD.....1 2 8	
	female sterilization?	FEMALE STER.....1 2 8	
	injectables?	INJECTABLES.....1 2 8	
	the pill?	PILL.....1 2 8	
419	CHECK 418: INJECTABLES DISAPPROVES USING INJECTABLES ☐ ▼ APPROVES USING INJECTABLES/ DON'T KNOW ☐ →		421
420	What is the main reason that you disapprove of the use of injectables?	MAKES WOMAN UNABLE TO HAVE CHILDREN/STERILE.....01 CAUSES PERIODS TO BE IRREGULAR/ BLEEDING BETWEEN PERIOD.....02 CAUSES HEAVY BLEEDING DURING PERIODS.....03 CAUSES WOMEN TO RETAIN WATER....04 CAUSES WEAKNESS/TIREDNESS.....05 CAUSES HEADACHES/DIZZINESS.....06 NOT EFFECTIVE IN PREVENTING PREGNANCY.....07 AGAINST RELIGION.....08 OTHER_____ 96 (SPECIFY) DON'T KNOW.....98	
421	Is it acceptable or not acceptable to you for information on family planning to be provided:	ACCEPTABLE / NOT ACCEPTABLE / DK	
	On the radio?	RADIO.....1 2 8	
	On the television?	TELEVISION.....1 2 8	
422	In the last few months have you heard about family planning:	YES NO	
	On the radio?	RADIO.....1 2	
	On the television?	TELEVISION.....1 2	
	In a newspeper or magazine?	NEWSPAPER OR MAGAZINE.....1 2	
	From a poster?	POSTER.....1 2	
	From leaflets or brochures?	LEAFLETS OR BROCHURES.....1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
423	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→425
424	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER_____ X (SPECIFY)	
425	There are many factors which help to influence the decision to use family planning. Can you tell me if any of the following ever caused you to seek more information about family planning? Advice from friends/relatives? Informational spots on television? Advice from government doctor/clinic staff? Advice from private doctor/clinic staff? Advice from raida rifia? Advice from daya? A community activity (e.g., a meeting)? Other _____? (SPECIFY)	YES NO FRIEND/RELATIVES.....1 2 TV SPOTS.....1 2 GOVERNMENT DOCTOR/CLINIC....1 2 PRIVATE DOCTOR/CLINIC.....1 2 RAIDA RIFIA.....1 2 DAYA.....1 2 COMMUNITY ACTIVITY.....1 2 OTHER.....1 2	
426	From what source did you first hear about family planning?	TELEVISION.....01 RADIO.....02 NEWSPAPER/OTHER PUBLICATION.....03 HUSBAND.....04 OTHER RELATIVES OR FRIENDS.....05 GOVERNMENT DOCTOR/CLINIC STAFF.....06 PRIVATE DOCTOR/CLINIC STAFF.....07 RAIDA RIFIA.....08 DAYA.....09 COMMUNITY MEETING.....10 OTHER_____96 (SPECIFY)	
427	In general do you think that your religion allows couples to use family planning or it forbids it?	ALLOWS.....1 FORBIDS.....2 DOESN'T KNOW.....8	
428	CHECK 107: CURRENTLY MARRIED ☐ ↓ WIDOWED/DIVORCED ☐		→501
429	Spouses do not always agree on everything. Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8	
430	How often have you talked to your husband about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	

501	CHECK 225: ONE OR MORE BIRTHS SINCE JANUARY 1990 ☐ NO BIRTHS SINCE JANUARY 1990 ☐ → (SKIP TO 626)			
502	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.)			
503	LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐
504	FROM Q. 212 AND Q. 216	LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	SECOND-FROM-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐
505	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did want (more) children at all?	THEN..........1 (SKIP TO 507) LATER..........2 NO MORE..........3 (SKIP TO 507)	THEN..........1 (SKIP TO 507) LATER..........2 NO MORE..........3 (SKIP TO 507)	THEN..........1 (SKIP TO 507) LATER..........2 NO MORE..........3 (SKIP TO 507)
506	How much longer would you like to have waited?	MONTHS.........1 ☐☐ YEARS..........2 ☐☐ DON'T KNOW..........998	MONTHS.........1 ☐☐ YEARS..........2 ☐☐ DON'T KNOW..........998	MONTHS.........1 ☐☐ YEARS..........2 ☐☐ DON'T KNOW..........998
507	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR..........A NURSE/MIDWIFE..........B OTHER PERSON DAYA..........C OTHER______X (SPECIFY) NO ONE..........Y (SKIP 511)	HEALTH PROFESSIONAL DOCTOR..........A NURSE/MIDWIFE..........B OTHER PERSON DAYA..........C OTHER______X (SPECIFY) NO ONE..........Y (SKIP 511)	HEALTH PROFESSIONAL DOCTOR..........A NURSE/MIDWIFE..........B OTHER PERSON DAYA..........C OTHER______X (SPECIFY) NO ONE..........Y (SKIP 511)
508	Where did you receive the antenatal care? RECORD ALL PLACES.	PUBLIC SECTOR GVT. HOSPITAL..........A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PVT. DOCTOR..........D OTHER______X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL..........A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PVT. DOCTOR..........D OTHER______X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL..........A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PVT. DOCTOR..........D OTHER______X (SPECIFY)
509	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS.......... ☐☐ DON'T KNOW..........98	MONTHS.......... ☐☐ DON'T KNOW..........98	MONTHS.......... ☐☐ DON'T KNOW..........98

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
510	How many times did you receive antenatal care during this pregnancy?	NO. OF VISITS.... [ ][ ] DON'T KNOW...........98	NO. OF VISITS.... [ ][ ] DON'T KNOW...........98	NO. OF VISITS.... [ ][ ] DON'T KNOW...........98
511	When you were pregnant with (NAME), were you given any injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES...................1 NO....................2 (SKIP TO 513) DON'T KNOW............8	YES...................1 NO....................2 (SKIP TO 513) DON'T KNOW............8	YES...................1 NO....................2 (SKIP TO 513) DON'T KNOW............8
512	During this pregnancy how many times did you get this injection?	TIMES............... [ ] DON'T KNOW............8	TIMES............... [ ] DON'T KNOW............8	TIMES............... [ ] DON'T KNOW............8
513	Where did you give birth to (NAME)?	HOME YOUR HOME............11 OTHER HOME...........12 PUBLIC SECTOR GVT. HOSPITAL........21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.31 OTHER ______ 96 (SPECIFY)	HOME YOUR HOME............11 OTHER HOME...........12 PUBLIC SECTOR GVT. HOSPITAL........21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.31 OTHER ______ 96 (SPECIFY)	HOME YOUR HOME............11 OTHER HOME...........12 PUBLIC SECTOR GVT. HOSPITAL........21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.31 OTHER ______ 96 (SPECIFY)
514	CHECK 513: GAVE BIRTH AT HEALTH FACILITY	GAVE BIRTH IN HEALTH FACILITY [ ] GAVE BIRTH ELSEWHERE [ ] (SKIP TO 516)	GAVE BIRTH IN HEALTH FACILITY [ ] GAVE BIRTH ELSEWHERE [ ] (SKIP TO 516)	GAVE BIRTH IN HEALTH FACILITY [ ] GAVE BIRTH ELSEWHERE [ ] (SKIP TO 516)
515	Did you plan to deliver at the health facility or were you referred to the facility because you were having problems at delivery? IF REFERRED: Who suggested that you go to the facility? RECORD ALL MENTIONED.	REFFERRED BY: HEALTH PROFESSIONAL DOCTOR..............A NURSE/MIDWIFE.......B OTHER PERSON DAYA................C RELATIVES/FRIENDS...D OTHER ______ X (SPECIFY) PLANNED TO GO TO HEALTH FACILITY.....Y	REFFERRED BY: HEALTH PROFESSIONAL DOCTOR..............A NURSE/MIDWIFE.......B OTHER PERSON DAYA................C RELATIVES/FRIENDS...D OTHER ______ X (SPECIFY) PLANNED TO GO TO HEALTH FACILITY.....Y	REFFERRED BY: HEALTH PROFESSIONAL DOCTOR..............A NURSE/MIDWIFE.......B OTHER PERSON DAYA................C RELATIVES/FRIENDS...D OTHER ______ X (SPECIFY) PLANNED TO GO TO HEALTH FACILITY.....Y
516	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR...............A NURSE/MIDWIFE........B OTHER PERSON DAYA.................C RELATIVES/FRIENDS....D OTHER ______ X (SPECIFY) NO ONE...............Y	HEALTH PROFESSIONAL DOCTOR...............A NURSE/MIDWIFE........B OTHER PERSON DAYA.................C RELATIVES/FRIENDS....D OTHER ______ X (SPECIFY) NO ONE...............Y	HEALTH PROFESSIONAL DOCTOR...............A NURSE/MIDWIFE........B OTHER PERSON DAYA.................C RELATIVES/FRIENDS....D OTHER ______ X (SPECIFY) NO ONE...............Y
517	CHECK 516: ASSISTED AT DELIVERY BY DAYA	ASSISTED BY DAYA [ ] NOT ASSISTED BY DAYA [ ] (SKIP TO 519)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	I have some photographs to show you. Did the *days who helped you at* delivery carry a box or bag like any of the ones in these photos? IF YES; Which did the the days carry?	YES, CARRIED BOX/BAG LIKE IN: PHOTO A.....1 PHOTO B.....2 PHOTO C.....3 YES, BUT CANNOT IDENTIFY BOX/BAG....4 NO.....5 DON'T KNOW.....8		
519	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it threatened your life? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	YES NO LABOR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 FEVER WITH BAD SMELLING DISCHARGE.1 2 CONVULSIONS.....1 2	YES NO LABOR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 FEVER WITH BAD SMELLING DISCHARGE.1 2 CONVULSIONS.....1 2	YES NO LABOR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 FEVER WITH BAD SMELLING DISCHARGE.1 2 CONVULSIONS.....1 2
520	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
521	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE..4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE..4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE..4 VERY SMALL.....5 DON'T KNOW.....8
522	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 524)	YES.....1 NO.....2 (SKIP TO 525)	YES.....1 NO.....2 (SKIP TO 525)
523	How much did (NAME) weigh?	KILOGRAMS..... . DON'T KNOW.....98	KILOGRAMS..... . DON'T KNOW.....98	KILOGRAMS..... . DON'T KNOW.....98
524	Has your period returned since the birth of (NAME)?	YES .....1 (SKIP TO 526) NO.....2 (SKIP TO 527)		
525	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 529)	YES.....1 NO.....2 (SKIP TO 529)
526	For how many months after the birth of (NAME) did you not a period?	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
527	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT ☐ ↓ PREGNANT OR UNSURE ☐ (SKIP TO 529)		
528	Have you resumed sexual relations since the birth of (NAME)?	YES....................1 NO.....................2 (SKIP TO 530)		
529	For how many months after birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS........... ☐☐ DON'T KNOW...........98	MONTHS........... ☐☐ DON'T KNOW...........98	MONTHS........... ☐☐ DON'T KNOW...........98
530	Did you ever breastfeed (NAME)?	YES....................1 NO.....................2 (SKIP TO 536)	YES....................1 NO.....................2 (SKIP TO 536)	YES....................1 NO.....................2 (SKIP TO 536)
531	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.........000 HOURS...........1 ☐☐ DAYS............2 ☐☐	IMMEDIATELY.........000 HOURS...........1 ☐☐ DAYS............2 ☐☐	IMMEDIATELY.........000 HOURS...........1 ☐☐ DAYS............2 ☐☐
532	CHECK 504 OR 216: CHILD ALIVE?	ALIVE ☐ ↓ DEAD ☐ (SKIP TO 534)	ALIVE ☐ ↓ DEAD ☐ (SKIP TO 534)	ALIVE ☐ ↓ DEAD ☐ (SKIP TO 534)
533	Are you still breast-feeding (NAME)?	YES ....1 (SKIP TO 537) NO....................2	YES ....1 (SKIP TO 537) NO....................2	YES ....1 (SKIP TO 537) NO....................2
534	For how many months did you breastfeed (NAME)?	MONTHS........... ☐☐ DON'T KNOW...........98	MONTHS........... ☐☐ DON'T KNOW...........98	MONTHS........... ☐☐ DON'T KNOW...........98
535	Why did you stop breastfeed (NAME)?	MOTHER ILL/WEAK......01 CHILD ILL/WEAK.......02 CHILD DIED...........03 NIPPLE/ BREAST PROBLEM......04 NOT ENOUGH MILK......05 MOTHER WORKING.......06 CHILD REFUSED........07 WEANING AGE/ AGE TO STOP.........08 BECAME PREGNANT......09 STARTED TO USE CONTRACEPTION.......10 OTHER ______ 96 (SPECIFY)	MOTHER ILL/WEAK......01 CHILD ILL/WEAK.......02 CHILD DIED...........03 NIPPLE/ BREAST PROBLEM......04 NOT ENOUGH MILK......05 MOTHER WORKING.......06 CHILD REFUSED........07 WEANING AGE/ AGE TO STOP.........08 BECAME PREGNANT......09 STARTED TO USE CONTRACEPTION.......10 OTHER ______ 96 (SPECIFY)	MOTHER ILL/WEAK......01 CHILD ILL/WEAK.......02 CHILD DIED...........03 NIPPLE/ BREAST PROBLEM......04 NOT ENOUGH MILK......05 MOTHER WORKING.......06 CHILD REFUSED........07 WEANING AGE/ AGE TO STOP.........08 BECAME PREGNANT......09 STARTED TO USE CONTRACEPTION.......10 OTHER ______ 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	CHECK 504 OR 216:	ALIVE ☐ → (SKIP TO 539) DEAD ☐ → GO BACK TO 505 FOR NEXT BIRTH. IF NO OTHER BIRTHS, GO TO 601.	ALIVE ☐ → (SKIP TO 539) DEAD ☐ → GO BACK TO 505 FOR NEXT BIRTH. IF NO OTHER BIRTHS, GO TO 601.	ALIVE ☐ → (SKIP TO 539) DEAD ☐ → GO BACK TO 505 FOR NEXT BIRTH. IF NO OTHER BIRTHS, GO TO 601.
537	How many times did you breastfeed (NAME) last night between sunset and sunrise? *IF ANSWER IS NOT* NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS..... ☐☐	NUMBER OF NIGHTTIME FEEDINGS..... ☐☐	NUMBER OF NIGHTTIME FEEDINGS..... ☐☐
538	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS..... ☐☐	NUMBER OF DAYLIGHT FEEDINGS..... ☐☐	NUMBER OF DAYLIGHT FEEDINGS..... ☐☐
539	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
540	At any time yesterday or last night was (NAME) given any of the following?:	YES NO	YES NO	YES NO
	Plain water?	PLAIN WATER.....1 2	PLAIN WATER.....1 2	PLAIN WATER.....1 2
	Sugar water?	SUGAR WATER.....1 2	SUGAR WATER.....1 2	SUGAR WATER.....1 2
	Juice?	JUICE.....1 2	JUICE.....1 2	JUICE.....1 2
	Herbal tea?	HERBAL TEA.....1 2	HERBAL TEA.....1 2	HERBAL TEA.....1 2
	Baby formula?	BABY FORMULA.....1 2	BABY FORMULA.....1 2	BABY FORMULA.....1 2
	Fresh milk?	FRESH MILK.....1 2	FRESH MILK.....1 2	FRESH MILK.....1 2
	Tinned or powdered milk?	TINNED/POWDERED MILK.....1 2	TINNED/POWDERED MILK.....1 2	TINNED/POWDERED MILK.....1 2
	Any other liquid?	OTHER LIQUID.....1 2	OTHER LIQUID.....1 2	OTHER LIQUID.....1 2
	Fruit?	FRUIT.....1 2	FRUIT.....1 2	FRUIT.....1 2
	Porridge, bread, rice, macaroni, or other food made from grains?	FOOD MADE FROM GRAIN.....1 2	FOOD MADE FROM GRAIN.....1 2	FOOD MADE FROM GRAIN.....1 2
	Sweet potatoes or other food made from tubers?	FOOD MADE FROM TUBERS.....1 2	FOOD MADE FROM TUBERS.....1 2	FOOD MADE FROM TUBERS.....1 2
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY.1 2	EGGS/FISH/POULTRY.1 2	EGGS/FISH/POULTRY.1 2
	Meat?	MEAT.....1 2	MEAT.....1 2	MEAT.....1 2
	Any other solid or semi-solid food?	OTHER SOLID/ SEMI-SOLID FOOD..1 2	OTHER SOLID/ SEMI-SOLID FOOD..1 2	OTHER SOLID/ SEMI-SOLID FOOD..1 2
541	CHECK 540: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE ☐ → ; "NO" TO ALL ☐ → (SKIP TO 544)	"YES" TO ONE OR MORE ☐ → ; "NO" TO ALL ☐ → (SKIP TO 544)	"YES" TO ONE OR MORE ☐ → ; "NO" TO ALL ☐ → (SKIP TO 544)
542	(Aside from breastfeeding), how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES.... ☐ DON'T KNOW.....8	NUMBER OF TIMES.... ☐ DON'T KNOW.....8	NUMBER OF TIMES.... ☐ DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	On how many days during the past seven days was (NAME) given any of following:	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.
	Plain water?	PLAIN WATER..... ☐	PLAIN WATER..... ☐	PLAIN WATER..... ☐
	Any kind of milk (other than breastmilk)?	MILK..... ☐	MILK..... ☐	MILK..... ☐
	Liquids other than plain water or milk?	OTHER LIQUIDS..... ☐	OTHER LIQUIDS..... ☐	OTHER LIQUIDS..... ☐
	Food made from grains like porridge, bread, rice and macroni?	FOODS FROM GRAINS... ☐	FOODS FROM GRAINS... ☐	FOODS FROM GRAINS... ☐
	Sweet potatoes or other foods from tubers?	FOODS FROM TUBERS... ☐	FOODS FROM TUBERS... ☐	FOODS FROM TUBERS... ☐
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY... ☐	EGGS/FISH/POULTRY... ☐	EGGS/FISH/POULTRY... ☐
	Meat?	MEAT..... ☐	MEAT..... ☐	MEAT..... ☐
	Fruit?	FRUIT..... ☐	FRUIT..... ☐	FRUIT..... ☐
	Any other solid or semi-semi-solid food?	OTHER SOLID/ SEMI-SOLID FOOD.... ☐	OTHER SOLID/ SEMI-SOLID FOOD.... ☐	OTHER SOLID/ SEMI-SOLID FOOD.... ☐
544	GO BACK TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601.			

601 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

No.	Question	Last birth	Next-to-last birth	Second-from-last birth
602	LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐
603	FROM Q.212 FROM Q216	LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐ → GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 626.	NEXT-TO-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐ → GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 626.	SECOND-FROM-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐ → GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 626.
604	Do you have a birth certificate where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN............1 (SKIP TO 606) YES, NOT SEEN.........2 (SKIP TO 608) NO CERTIFICATE........3	YES, SEEN............1 (SKIP TO 606) YES, NOT SEEN.........2 (SKIP TO 608) NO CERTIFICATE........3	YES, SEEN............1 (SKIP TO 606) YES, NOT SEEN.........2 (SKIP TO 608) NO CERTIFICATE........3
605	Did you ever have a vaccination certificate for (NAME)?	YES..................1 (SKIP TO 608) NO...................2	YES..................1 (SKIP TO 608) NO...................2	YES..................1 (SKIP TO 608) NO...................2

606 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE.
(2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.

Vaccine	Code	Last birth DAY	MO	YR	Next-to-last DAY	MO	YR	Second-from-last DAY	MO	YR
BCG	BCG									
POLIO 1	P1									
POLIO 2	P2									
POLIO 3	P3									
DPT 1	D1									
DPT 2	D2									
DPT 3	D3									
MEASLES	MEA									
HEPATITIS 1	H1									
HEPATITIS 2	H2									
HEPATITIS 3	H3									

No.	Question	Last birth	Next-to-last birth	Second-from-last birth
607	Has (NAME) received any vaccinations that are not recorded on this certificate? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3, MEASLES AND/OR HEPATITIS 1-3 VACCINE(S).	YES..................1 (PROBE FOR VACCINATIONS AND WRITE '66' IN CORRESPONDING DAY COLUMN IN 606. THEN SKIP TO 610). NO...................2 DON'T KNOW...........8 (SKIP TO 610)	YES..................1 (PROBE FOR VACCINATIONS AND WRITE '66' IN CORRESPONDING DAY COLUMN IN 606. THEN SKIP TO 610). NO...................2 DON'T KNOW...........8 (SKIP TO 610)	YES..................1 (PROBE FOR VACCINATIONS AND WRITE '66' IN CORRESPONDING DAY COLUMN IN 606. THEN SKIP TO 610). NO...................2 DON'T KNOW...........8 (SKIP TO 610)

		LAST BIRTH NAME ____________	NEXT-TO-LAST BIRTH NAME ____________	SECOND-FROM-LAST BIRTH NAME ____________
608	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES....1 NO....2 (SKIP TO 610) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 610) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 610) DON'T KNOW....8
609	Please tell me if (NAME) (has) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, injection in the left shoulder that causd a scar?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
	Polio vaccine, that is drops in the mouth?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
	IF YES: How many times?	NUMBER OF TIMES.....[ ]	NUMBER OF TIMES.....[ ]	NUMBER OF TIMES.....[ ]
	A DPT injection?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
	IF YES: How many times?	NUMBER OF TIMES.....[ ]	NUMBER OF TIMES.....[ ]	NUMBER OF TIMES.....[ ]
	An injection against measles at nine months?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
	An injection against hepatitis?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
	IF YES: How many times?	NUMBER OF TIMES.....[ ]	NUMBER OF TIMES.....[ ]	NUMBER OF TIMES.....[ ]
610	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
611	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES....1 NO....2 (SKIP TO 615) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 615) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 615) DON'T KNOW....8
612	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
613	Did you seek advice or treatment for the cough?	YES....1 NO....2 (SKIP TO 615)	YES....1 NO....2 (SKIP TO 615)	YES....1 NO....2 (SKIP TO 615)
614	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL....A GVT. HEALTH UNIT....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR....D PHARMACY....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER....F RELATIVES/FRIENDS....G OTHER________X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL....A GVT. HEALTH UNIT....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR....D PHARMACY....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER....F RELATIVES/FRIENDS....G OTHER________X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL....A GVT. HEALTH UNIT....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR....D PHARMACY....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER....F RELATIVES/FRIENDS....G OTHER________X (SPECIFY)

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
615	Has (NAME) had diarrhea in the last two weeks?	YES....1 NO....2 (SKIP TO 625) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 625) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 625) DON'T KNOW....8
616	Was there any blood in the stools?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
617	On the worst day of the diarrhea, how many bowel movements did (NAME)? have?	NUMBER OF BOWEL MOVEMENTS.... [ ][ ] DON'T KNOW....98	NUMBER OF BOWEL MOVEMENTS.... [ ][ ] DON'T KNOW....98	NUMBER OF BOWEL MOVEMENTS.... [ ][ ] DON'T KNOW....98
618	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME AMOUNT....1 MORE....2 LESS....3 DON'T KNOW....8	SAME AMOUNT....1 MORE....2 LESS....3 DON'T KNOW....8	SAME AMOUNT....1 MORE....2 LESS....3 DON'T KNOW....8
619	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME AMOUNT....1 MORE....2 LESS....3 DON'T KNOW....8	SAME AMOUNT....1 MORE....2 LESS....3 DON'T KNOW....8	SAME AMOUNT....1 MORE....2 LESS....3 DON'T KNOW....8
620	Was (NAME) given a fluid made from a special packet called mahloul moalget el-gaffef to drink?	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8	YES....1 NO....2 DON'T KNOW....8
621	Was anything else to treat the diarrhea?	YES....1 NO....2 (SKIP TO 623) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 623) DON'T KNOW....8	YES....1 NO....2 (SKIP TO 623) DON'T KNOW....8
622	What was given to to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	HOMEMADE SUGAR, SALT AND WATER SOLUTION...A ANTIBIOTIC (PILL OR SYRUP)....B OTHER PILL OR SYRUP....C INJECTION.... (I.V.) INTRAVENOUS....D HOME REMEDIES/ HERBAL MEDICINES....E OTHER ______ X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION...A ANTIBIOTIC (PILL OR SYRUP)....B OTHER PILL OR SYRUP....C INJECTION.... (I.V.) INTRAVENOUS....D HOME REMEDIES/ HERBAL MEDICINES....E OTHER ______ X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION...A ANTIBIOTIC (PILL OR SYRUP)....B OTHER PILL OR SYRUP....C INJECTION.... (I.V.) INTRAVENOUS....D HOME REMEDIES/ HERBAL MEDICINES....E OTHER ______ X (SPECIFY)
623	Did you seek advice or treatment for the diarrhea?	YES....1 NO....2 (SKIP TO 625)	YES....1 NO....2 (SKIP TO 625)	YES....1 NO....2 (SKIP TO 625)
624	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL....A GVT. HEALTH UNIT....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR....D PHARMACY....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER....F RELATIVES/FRIENDS....G OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL....A GVT. HEALTH UNIT....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR....D PHARMACY....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER....F RELATIVES/FRIENDS....G OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL....A GVT. HEALTH UNIT....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR....D PHARMACY....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER....F RELATIVES/FRIENDS....G OTHER ______ X (SPECIFY)
625	GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 626.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
626	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
627	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
628	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F SUNKEN EYES.....G DRY/YELLOW SKIN.....H MARKED THIRST.....I NOT EATING/NOT DRINKING WELL.....J GETTING SICKER/VERY SICK.....K NOT GETTING BETTER.....L OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
629	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C STRONG COUGH/FREQUENT COUGH.....D FEVER.....E UNABLE TO DRINK.....F NOT EATING/NOT DRINKING WELL.....G GETTING SICKER/VERY SICK.....H NOT GETTING BETTER.....I OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
630	CHECK 620, ALL COLUMNS: NO CHILD RECEIVED ORS ☐ ANY CHILD RECEIVED ORS ☐ →		701
631	Have you ever heard of a special product called mahloul moalget el-gaffef you can get for the treatment of diarrhea?	YES.....1 NO.....2	

SECTION 7. SCHOOLING OF CHILDREN

701 CHECK 215 AND 216:

- ONE OR MORE LIVING CHILDREN BORN BETWEEN JANUARY 1980 AND DECEMBER 1989 → continue
- NO LIVING CHILDREN BORN BETWEEN JANUARY 1980 AND DECEMBER 1989 → 713

702 ENTER THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN BETWEEN JANUARY 1980 AND DECEMBER 1989 BEGIN WITH THE YOUNGEST CHILD. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. IF THERE ARE MORE THAN 4 CHILDREN, USE ADDITIONAL QUESTIONNAIRES.

Now I would like to ask you some questions about the education of your children who are between six and fifteen years of age. We will talk about one child at a time.

		YOUNGEST CHILD	NEXT-TO-YOUNGEST CHILD	SECOND-FROM-YOUNGEST CHILD	THIRD-FROM YOUNGEST CHILD
703	LINE NUMBER FROM Q212	LINE NO... ☐☐	LINE NO... ☐☐	LINE NO... ☐☐	LINE NO... ☐☐
704	FROM Q212	NAME	NAME	NAME	NAME
705	Is (NAME) currently enrolled in school?	YES.....1 NO.....2 (SKIP TO 711)	YES.....1 NO.....2 (SKIP TO 711)	YES.....1 NO.....2 (SKIP TO 711)	YES.....1 NO.....2 (SKIP TO 711)
706	Does he/she attend a private day school, a private boarding school, a government school or Al-Azhar school?	PRVT DAY.....1 PRVT BOARD.....2 GOVERNMENT.....3 AL-AZHAR.....4	PRVT DAY.....1 PRVT BOARD.....2 GOVERNMENT.....3 AL-AZHAR.....4	PRVT DAY.....1 PRVT BOARD.....2 GOVERNMENT.....3 AL-AZHAR.....4	PRVT DAY.....1 PRVT BOARD.....2 GOVERNMENT.....3 AL-AZHAR.....4
707	Sometimes children miss school because they are ill. How many days in the last month did (NAME) miss school due to illness? RECORD '00' IF NO DAYS MISSED.	DAYS..... ☐☐	DAYS..... ☐☐	DAYS..... ☐☐	DAYS..... ☐☐
708	Sometimes children miss school to help the family or to work. Has (NAME) ever missed school because he/she was needed by the family to:	YES NO	YES NO	YES NO	YES NO
	Look after younger children?	CHILDREN....1 2	CHILDREN....1 2	CHILDREN....1 2	CHILDREN....1 2
	Help with housework?	HOUSEWORK...1 2	HOUSEWORK...1 2	HOUSEWORK...1 2	HOUSEWORK...1 2
	Do any other work?	OTHER WORK..1 2	OTHER WORK..1 2	OTHER WORK..1 2	OTHER WORK..1 2
709	CHECK 708	"YES" TO ONE OR MORE QUESTIONS → continue; "NO" TO ALL QUESTIONS → (SKIP TO 712)	"YES" TO ONE OR MORE QUESTIONS → continue; "NO" TO ALL QUESTIONS → (SKIP TO 712)	"YES" TO ONE OR MORE QUESTIONS → continue; "NO" TO ALL QUESTIONS → (SKIP TO 712)	"YES" TO ONE OR MORE QUESTIONS → continue; "NO" TO ALL QUESTIONS → (SKIP TO 712)
710	How many days in the last month did (NAME) miss school for any of these reasons? RECORD '00' IF NO DAYS MISSED.	DAYS..... ☐☐ (SKIP TO 712)	DAYS..... ☐☐ (SKIP TO 712)	DAYS..... ☐☐ (SKIP TO 712)	DAYS..... ☐☐ (SKIP TO 712)

		YOUNGEST CHILD NAME ________	NEXT-TO-YOUNGEST CHILD NAME ________	SECOND-FROM-YOUNGEST CHILD NAME ________	THIRD-FROM YOUNGEST CHILD NAME ________
711	What is the main reason (NAME) is not enrolled in school?	TOO OLD.......01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL......04 FAILED EXAMS..05 EXPELLED......06 TOO FAR.......07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL......09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_______ 96 (SPECIFY)	TOO OLD.......01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL......04 FAILED EXAMS..05 EXPELLED......06 TOO FAR.......07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL......09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_______ 96 (SPECIFY)	TOO OLD.......01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL......04 FAILED EXAMS..05 EXPELLED......06 TOO FAR.......07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL......09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_______ 96 (SPECIFY)	TOO OLD.......01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL......04 FAILED EXAMS..05 EXPELLED......06 TOO FAR.......07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL......09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_______ 96 (SPECIFY)

712	GO BACK TO 705 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 713.

713	If parents have one son and one daughter and can send only one child to the university, which child should they send?	SON.....................1 DAUGHTER................2 DEPEND ON THE CHILDREN'S CAPABILITIES...........3 NOT SURE................8	 →715 →801 (3, 8)
714	Why should they send the son rather than the daughter? RECORD ALL RESPONSES.	CUSTOMARY TO GIVE BOY MORE EDUCATION THAN GIRL.............A BOY NEEDS EDUCATION FOR FUTURE JOB, GIRL WILL MARRY............B BOY WILL BE RESPONSIBLE FOR A FAMILY BUT SOMEONE WILL ALWAYS TAKE CARE OF A GIRL.............C BOYS ARE MORE INTELLIGENT THAN GIRLS.........................D OTHER ________________________X (SPECIFY) NOT SURE........................Y	→801
715	Why should they send the daughter rather than the son? PROBE: Any other reason? RECORD ALL RESPONSES.	GIRLS ARE RESPONSIBLE FOR REARING CHILDREN (NEXT GENERATION)......................A A GIRL NEEDS EDUCATION TO FIND A GOOD HUSBAND.............B GIRLS NEED EDUCATION OTHERWISE THEY ARE POWERLESS..............C GIRLS NEED EDUCATION TO HAVE A GOOD FUTURE BUT BOYS CAN MANAGE FOR THEMSELVES...........D GIRLS ARE MORE INTELLIGENT THAN BOYS........................E GIRLS NEED EDUCATION IN CASE THEY HAVE TO PROVIDE FOR THE FAMILY..........................F OTHER ________________________X (SPECIFY) NOT SURE........................Y	

SECTION 8. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Now I would like to talk to you about another topic. Have you ever heard about female circumcision?	YES.....1 NO.....2	→901
802	Have you yourself ever been circumcised?	YES.....1 NO.....2	→814
803	How old were you when you were circumcised?	AGE IN COMPLETED YEARS..... ☐☐ DON'T KNOW.....98	
804	Who performed the circumcision? IF DOCTOR, PROBE: Was the doctor male or female?	MALE DOCTOR.....01 FEMALE DOCTOR.....02 TRAINED NURSE/MIDWIFE.....03 DAYA.....04 BARBER.....05 GHAGARIA.....06 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
805	Where was the circumcision performed?	AT HOME.....1 PRIVATE HOSPITAL/CLINIC.....2 GOVERNMENT HOSPITAL/CLINIC.....3 RELATIVE/NEIGHBOR'S HOUSE.....4 BARBER'S KIOSK.....5 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
806	Do you know what tool was used in the circumcision?	SHARP BLADE/RAZOR.....1 SCALPEL.....2 SCISSORS.....3 DON'T KNOW.....8	
807	Was the circumcision carried out under anesthetic? IF YES, PROBE: What type--local or general?	LOCAL.....1 GENERAL.....2 WITHOUT ANESTHESIA.....3 DON'T KNOW.....8	
808	Was the vaginal area sewn closed or almost closed (during the circumcision)?	YES.....1 NO.....2 DON'T KNOW.....8	→810
809	Did the vaginal area have to be cut open when you began menstruating or first married?	YES.....1 NO.....2 DON'T KNOW.....8	
810	Did you have any complications at the time of the circumcision or afterwards?	YES.....1 NO.....2 DON'T KNOW.....8	→814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
811	What were those complications? PROBE: Were there any other complications? RECORD ALL RESPONSES.	SEVERE PAIN AT WOUND.....A BLEEDING.....B INFECTION/FEVER.....C DIFFICULTY IN PASSING URINE/ URINE RETENTION.....D SWELLING/FAILURE TO HEAL.....E SHOCK.....F OTHER _____ X (SPECIFY)	
812	Did you receive any health care for those complications?	YES.....1 NO.....2 → 814	
813	What kinds of health care did you receive? RECORD ALL RESPONSES.	HOSPITALIZED.....A SUTURING.....B BLOOD TRANFUSION.....C MEDICINE/INJECTION.....D OTHER _____ X (SPECIFY)	
814	CHECK 214 AND 216: HAS AT LEAST ONE LIVING DAUGHTER ☐ HAS NO LIVING DAUGHTER ☐ → 830		
815	Have any of your daughters been circumcised? IF YES: How many?	NUMBER CIRCUMCISED..... ☐☐ NO DAUGHTERS CIRCUMCISED.....95 → 827	
816	Which of your daughters was circumcised most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.	DAUGHTER'S LINE NUMBER FROM Q212..... ☐☐	
817	How old was she when she was circumcised?	AGE IN COMPLETED YEARS..... ☐☐ DON'T KNOW.....98	
818	Who performed the circumcision? IF DOCTOR, PROBE: Was the doctor male or female?	MALE DOCTOR.....01 FEMALE DOCTOR.....02 TRAINED NURSE/MIDWIFE.....03 DAYA.....04 BARBER.....05 GHAGARIA.....06 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
819	Where was the circumcision performed?	AT HOME.....1 PRIVATE HOSPITAL/CLINIC.....2 GOVERNMENT HOSPITAL/CLINIC.....3 RELATIVE/NEIGHBOR'S HOUSE.....4 BARBER'S KIOSK.....5 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
820	Do you know what tool was used in the circumcision?	SHARP BLADE/RAZOR.....1 SCALPEL.....2 SCISSORS.....3 DON'T KNOW.....8	
821	Was the circumcision carried out under anesthetic? IF YES, PROBE: What type--local or general?	LOCAL.....1 GENERAL.....2 WITHOUT ANESTHESIA.....3 DON'T KNOW.....8	
822	Was the vaginal area sewn closed or almost closed (during the circumcision)?	YES.....1 NO.....2 DON'T KNOW.....8	
823	Did your daughter have any complications at the time of of the circumcision or afterwards?	YES.....1 NO.....2 DON'T KNOW.....8	2→829 8→829
824	What were those complications? PROBE: Were there any other complications? RECORD ALL RESPONSES.	SEVERE PAIN AT WOUND.....A BLEEDING.....B INFECTION/FEVER.....C DIFFICULTY IN PASSING URINE/ URINE RETENTION.....D SWELLING/FAILURE TO HEAL.....E SHOCK.....F OTHER _____ X (SPECIFY)	
825	Did she receive any health care for the complications?	YES.....1 NO.....2	2→829
826	What kinds of health care did she receive? RECORD ALL RESPONSES.	HOSPITALIZED.....A SUTURING.....B BLOOD TRANFUSION.....C MEDICINE/INJECTION.....D OTHER _____ X (SPECIFY)	A,B,C,D,X→829
827	Do you intend to have any of your daughters circumcised?	YES.....1 NO.....2 DON'T KNOW.....8	1→829 8→829
828	Why don't you intend to have your daughter circumcised?	DON'T BELIEVE IN/ACCEPT IT.....A AFRAID OF COMPLICATIONS.....B AGAINST RELIGION.....C BETTER MARRIAGE PROSPECTS.....D GREATER PLEASURE FOR HUSBAND.....E OTHER _____ X (SPECIFY)	
829	Is (Was) there anyone who is encouraging (encouraged) you to have your daughter circumcised? Anyone else? RECORD ALL PERSONS MENTIONED.	RESPONDENT'S HUSBAND.....A RESPONDENT'S MOTHER.....B HUSBAND'S MOTHER.....C ANY OTHER RELATIVE OF RESPONDENT.....D ANY OTHER RELATIVE OF HUSBAND....E FRIENDS/NEIGHBORS.....F DAUGHTER HERSELF.....G INFLUENCED BY TRADITION.....H OTHER _____ X (SPECIFY) NO ONE.....Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
830	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	→832 →834
831	Why do you think female circumcision should be continued? Any other reasons? RECORD ALL REASONS MENTIONED.	GOOD TRADITION.....A REQUIRED BY ISLAM/RELIGION.....B CLEANLINESS.....C BETTER MARRIAGE PROSPECTS.....D GREATER PLEASURE OF HUSBAND.....E PRESERVATION OF VIRGINITY.....F PREVENTION OF ADULTERY.....G OTHER_____X (SPECIFY) DON'T KNOW.....Y	→834
832	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED.	BAD TRADITION.....A AGAINST RELIGION.....B CAUSES MANY MEDICAL COMPLICATIONS.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION.....F OTHER_____X (SPECIFY) DOES NOT KNOW.....Y	
833	What do you think is the best way to stop the practice of female circumcision? RECORD ALL RESPONSES.	PRACTIONERS SHOULD BE STOPPED FROM DOING THE OPERATION.....A SEX EDUCATION.....B EDUCATIONAL CAMPAIGN FOR PARENTS.....C OTHER _____X (SPECIFY)	

834	I will read you some statements. Please tell me if you agree or do not agree?		DISAGREE	AGREE	DK
	Circumcision is an important part of religious tradition.	IMPORTANT PART OF RELIGIOUS TRADITION	1	2	8
	A husband will prefer his wife to be circumcised.	HUSBANDS PREFER	1	2	8
	Cicumcision can cause severe complications, which may lead to the girl's death.	CAN LEAD TO GIRL'S DEATH	1	2	8
	Circumcision prevents adultery.	PREVENTS ADULTERY	1	2	8
	Circumcision may cause a woman to have problems in becoming pregnant.	CAUSES PROBLEMS IN GETTING PREGNANT	1	2	8
	Circumcision lessens sexual satisfaction for a couple.	LESSENS SEXUAL SATISFACTION	1	2	8
	Childbirth is more difficult for a woman who has been circumcised.	CHILDBIRTH MORE DIFFICULT	1	2	8

SECTION 9. MARRIAGE AND HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	Now I would like to ask some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED..... ☐	
902	In what month and year did you enter into a marriage contract with your first husband?	MONTH..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐ DON'T KNOW YEAR.....98	→904
903	How old were you when you entered into the marriage contract with your first husband?	AGE..... ☐☐ DON'T KNOW AGE.....98	
904	In what month and year did you start living with your (first) husband?	MONTH..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐ DON'T KNOW YEAR.....98	→906
905	How old were you when you started living together with your (first) husband?	AGE..... ☐☐ DON'T KNOW AGE.....98	
906	DETERMINE MONTHS MARRIED SINCE JANUARY 1990. ENTER "X" IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1990. FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WIDOWED OR DIVORCED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE.		
907	What do you think is the ideal age for marriage for sons? And for daughters?	AGE FOR SONS..... ☐☐ DOES NOT MATTER FOR SONS.....95 AGE FOR DAUGHTERS..... ☐☐ DOES NOT MATTER FOR DAUGHTERS..95	
908	CHECK 107: CURRENTLY MARRIED ☐ ↓ DIVORCED ☐ ↓ (SKIP TO 910) WIDOWED ☐		→911
909	RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.	HUSBAND'S LINE NUMBER..... ☐☐	
910	How old was your (current/last) husband on his last birthday?	AGE IN COMPLETED YEARS..... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
911	In what month and year was your husband born? COMPARE AND CORRECT 910 AND/OR 911 IF INCONSISTENT.	MONTH..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐ DON'T KNOW YEAR.....98	
912	Before you got married, was your (last) husband related to you in anyway through blood or marriage?	YES.....1 NO.....2	→914
913	What type of relationship was it?	FIRST COUSIN ON FATHER'S SIDE....01 FIRST COUSIN ON MOTHER'S SIDE....02 SECOND COUSIN ON FATHER'S SIDE...03 SECOND COUSIN ON MOTHER'S SIDE...04 OTHER BLOOD RELATIVE.....05 OTHER RELATIVE BY MARRIAGE.....06	
914	Did your (last) husband ever attend school?	YES.....1 NO.....2	→917
915	What was the highest level of school he attended?	PRIMARY .....1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6 DON'T KNOW.....8	→917
916	What was the highest grade which he completed at that level?	GRADE..... ☐ DON'T KNOW.....8	
917	What kind of work does (did) your (last) husband mainly do? RECORD ANSWER IN DETAIL.	_____ ☐☐ _____ _____	
918	Does (did) your husband work for a member of his family for someone else, or is he self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 FOR HIMSELF.....3	→920
919	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2	
920	CHECK 917: WORKS (WORKED) IN AGRICULTURE ☐ ↓ DOES (DID) NOT WORK IN AGRICULTURE ☐		→1001
921	(Does/did) your husband mainly work on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	

SECTION 10. WOMAN'S WORK AND RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1001	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Before you married (for the first time), did you ever do any of these things or any other work?	YES.....1 NO.....2	
1002	Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→1004
1003	Have you done any work in the last 12 months?	YES.....1 NO.....2	→1020
1004	What is your occupation, that is, what kind of work do you mainly do? RECORD ANSWER IN DETAIL.	_____ □□ _____ _____	
1005	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
1006	CHECK 1004: WORKS IN AGRICULTURE □ DOES NOT WORK IN AGRICULTURE □		→1008
1007	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
1008	On a typical day, how many hours do you spend doing this work?	NUMBER OF HOURS..... □□	
1009	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	→1011 →1012
1010	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... □□	
1011	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... □	→1013
1012	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... □□□	
1013	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→1017

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1014	How much do you usually earn for this work? RECORD AMOUNT:_____ PROBE: Is this by the day, by the month or by the year? RECORD UNIT OF TIME:_____	PER YEAR.....1 PER MONTH.....2 PER WEEK.....3 PER DAY.....4 PER HOUR.....5 OTHER_____ 999996 (SPECIFY)	
1015	CHECK 107: CURRENTLY MARRIED ☐ → Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else? WIDOWED/DIVORCED ☐ → Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
1016	What do you mainly do with your earnings? PROBE: Anything else?	HOUSEHOLD EXPENSES.....A SCHOOL/OTHER COSTS FOR CHILDREN,.B PERSONAL EXPENSES.....C SUPPORT OTHER RELATIVES.....D SAVINGS.....E OTHER_____ X (SPECIFY)	
1017	Do you usually work at home or away from home?	AT HOME.....1 AWAY FROM HOME.....2	
1018	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES ☐ ↓ NO ☐ → 1020		
1019	Who usually takes care of (NAME OF THE YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER_____ 96 (SPECIFY)	
1020	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	

SECTION 11. HEIGHT AND WEIGHT

1101	CHECK 222:		
	ONE OR MORE BIRTHS SINCE JANUARY 1990	☐ ↓	NO BIRTHS SINCE JANUARY 1990 ☐ → 1201

INTERVIEWER:
IN 1102 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1990 AND STILL ALIVE. IN 1103 AND 1104 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1990. IN 1106 AND 1108 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1990 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1990, USE ADDITIONAL FORMS).

	[1] RESPONDENT	[2] YOUNGEST LIVING CHILD	[3] NEXT-TO-YOUNGEST LIVING CHILD	[4] SECOND-TO-YOUNGEST LIVING CHILD
1102 LINE NO. FROM Q.212		☐☐	☐☐	☐☐
1103 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
1104 DATE OF BIRTH FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐
1105 BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1106 HEIGHT (in centimeters)	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐
1107 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1108 WEIGHT (in kilograms)	☐☐☐.☐	0☐☐.☐	0☐☐.☐	0☐☐.☐
1109 DATE WEIGHED AND MEASURED	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐
1110 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)

1111
NAME OF MEASURER: _____ ☐☐ NAME OF ASSISTANT: _____ ☐☐

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1201-1202 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

1201	DEGREE OF COOPERATION.	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4

1202 INTERVIEWER'S COMMENTS:

_____

_____

_____

1203 FIELD EDITOR'S COMMENTS:

_____

_____

_____

1204 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:

_____

_____

_____

1205 OFFICE EDITOR'S COMMENTS:

_____

_____

_____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 3 ALL MONTHS SHOULD
BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

- B BIRTHS
- P PREGNANCIES
- M MISCARRIAGE
- A ABORTION
- S STILLBIRTH

- 0 NOT USING METHOD
- 1 PILL
- 2 IUD
- 3 INJECTABLES
- 4 NORPLANT
- 5 DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION
- 8 MALE STERILIZATION
- 9 PERIODIC ABSTINENCE
- L WITHDRAWAL
- G PROLONGED BREASTFEEDING
- X OTHER_____ (SPECIFY)

COL.2: Discontinuation of Contraceptive Use

- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- U UNABLE TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- I INFREQUENT SEX/HUSBAND AWAY
- X OTHER_____ (SPECIFY)
- Z DON'T KNOW

COL.3: Marriage

- X MARRIED
- 0 NOT MARRIED

			1	2	3			
	FEB	01				01	FEB	
	JAN	02				02	JAN	
	DEC	03				03	DEC	
	NOV	04				04	NOV	
	OCT	05				05	OCT	
	SEP	06				06	SEP	
1	AUG	07				07	AUG	1
9	JUL	08				08	JUL	9
9	JUN	09				09	JUN	9
5	MAY	10				10	MAY	5
	APR	11				11	APR	
	MAR	12				12	MAR	
	FEB	13				13	FEB	
	JAN	14				14	JAN	
	DEC	15				15	DEC	
	NOV	16				16	NOV	
	OCT	17				17	OCT	
	SEP	18				18	SEP	
1	AUG	19				19	AUG	1
9	JUL	20				20	JUL	9
9	JUN	21				21	JUN	9
4	MAY	22				22	MAY	4
	APR	23				23	APR	
	MAR	24				24	MAR	
	FEB	25				25	FEB	
	JAN	26				26	JAN	
	DEC	27				27	DEC	
	NOV	28				28	NOV	
	OCT	29				29	OCT	
	SEP	30				30	SEP	
1	AUG	31				31	AUG	1
9	JUL	32				32	JUL	9
9	JUN	33				33	JUN	9
3	MAY	34				34	MAY	3
	APR	35				35	APR	
	MAR	36				36	MAR	
	FEB	37				37	FEB	
	JAN	38				38	JAN	
	DEC	39				39	DEC	
	NOV	40				40	NOV	
	OCT	41				41	OCT	
	SEP	42				42	SEP	
1	AUG	43				43	AUG	1
9	JUL	44				44	JUL	9
9	JUN	45				45	JUN	9
2	MAY	46				46	MAY	2
	APR	47				47	APR	
	MAR	48				48	MAR	
	FEB	49				49	FEB	
	JAN	50				50	JAN	
	DEC	51				51	DEC	
	NOV	52				52	NOV	
	OCT	53				53	OCT	
	SEP	54				54	SEP	
1	AUG	55				55	AUG	1
9	JUL	56				56	JUL	9
9	JUN	57				57	JUN	9
1	MAY	58				58	MAY	1
	APR	59				59	APR	
	MAR	60				60	MAR	
	FEB	61				61	FEB	
	JAN	62				62	JAN	
	DEC	63				63	DEC	
	NOV	64				64	NOV	
	OCT	65				65	OCT	
	SEP	66				66	SEP	
1	AUG	67				67	AUG	1
9	JUL	68				68	JUL	9
9	JUN	69				69	JUN	9
0	MAY	70				70	MAY	0
	APR	71				71	APR	
	MAR	72				72	MAR	
	FEB	73				73	FEB	
	JAN	74				74	JAN	

EGYPT DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S STATUS MODULE
FOLLOW-ON QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE_____ PSU/SEGMENT NO._____

KISM/MARQAZ_____ BUILDING NO._____

SHIAKHA/VILLAGE_____ HOUSE NO._____

HOUSEHOLD NO._____

URBAN.....1 RURAL.....2

LARGE CITY...1 SMALL CITY....2 TOWN....3 VILLAGE....4

NAME OF HOUSEHOLD HEAD_____

ADDRESS IN DETAIL_____

LINE NUMBER OF WOMAN _____

GOVERNORATE

PSU/SEGMENT NO.

HOUSEHOLD NO. URBAN/RURAL

LOCALITY LINE NUMBER

INTERVIEWER VISITS				FINAL VISIT
	1	2	3	DAY MONTH YEAR
DATE				
TEAM				TEAM
INTERVIEWER				INTERVIEWER
SUPERVISOR				SUPERVISOR
ASSISTANT SUPERVISOR				ASS'T SUPERVISOR
RESULT				RESULT
NEXT VISIT: DATE				TOTAL VISITS
TIME				

RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____
(SPECIFY)

REINTERVIEW — YES 1 NO 2

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME				
DATE				
SIGNATURE				

SECTION 0. INFORMATION FROM THE MAIN DHS SURVEY

BEFORE BEGINNING THE INTERVIEW FILL IN THE INFORMATION BELOW USING THE MAIN DHS SURVEY FOR THE RESPONDENT.

001	CHECK Q.106 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD THE WOMAN'S AGE.	AGE IN COMPLETED YEARS..... ☐☐
002	CHECK Q.107 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD THE WOMAN'S CURRENT MARITAL STATUS.	MARRIED.....1 WIDOWED.....2 DIVORCED.....3
003	CHECK Q.901 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD THE NUMBER OF TIMES MARRIED.	NUMBER OF TIMES MARRIED..... ☐
004	CHECK Q.108, Q.109 AND Q.112 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WOMAN'S SCHOOLING STATUS	CURRENTLY IN SCHOOL/UNIV.....1 ATTENDED SCHOOL IN THE PAST.....2 NEVER ATTENDED SCHOOL.....3
005	CHECK Q.1001 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WHETHER THE WOMAN WORKED BEFORE MARRIAGE.	WORKED BEFORE MARRIAGE.....1 DID NOT WORK BEFORE MARRIAGE.....2
006	CHECK Q.1002 AND Q.1003 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WOMAN'S EMPLOYMENT STATUS.	CURRENTLY WORKING.....1 WORKED IN PAST 12 MONTHS.....2 NOT CURRENTLY WORKING AND NOT WORKED IN PAST 12 MONTHS.....3
007	CHECK Q.208 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WHETHER WOMAN HAS HAD ANY BIRTHS. THEN IF WOMAN HAS NO BIRTHS: CHECK Q.227 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WHETHER SHE IS CURRENTLY PREGNANT.	WOMAN HAS ONE OR MORE BIRTHS.....1 WOMAN HAS NO BIRTH BUT IS CURRENTLY PREGNANT.....2 WOMAN HAS NO BIRTH AND IS NOT CURRENTLY PREGNANT.....3

SECTION 1. BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	
102	CHECK 004: SCHOOL ATTENDANCE HAS ATTENDED BUT IS NOT ATTENDING CURRENTLY ☐ → 103 CURRENTLY ATTENDING/NEVER ATTENDED ☐		104
103	We are interested in some details regarding your schooling and that of your parents. How old were you when you stopped attending school? RECORD AGE IN COMPLETED YEARS	AGE..... ☐☐ DON'T KNOW.....98	
104	Could(can) your father read a newspaper or letter?	YES.....1 NO.....2 DIDN'T SEE/KNOW FATHER.....3 DON'T KNOW.....8	→ 106
105	What was(is) your father's occupation, that is, what kind of work did(does) he mainly do?	_____ ☐☐ _____ _____	
106	Could(can) your mother read a newspaper or letter?	YES.....1 NO.....2 DIDN'T SEE/KNOW MOTHER.....3 DON'T KNOW.....8	→ 110
107	At any time before you were first married did your mother work at a job for which she earned cash ?	YES.....1 NO.....2 DON'T KNOW.....8	→ 110
108	Did she do this work throughout the year, or seasonally or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3 DON'T KNOW.....8	
109	What was your mother's main occupation, that is, what work did she mainly do?	_____ ☐☐ _____ _____	
110	How much education parents give their children depends on many factors in addition to the cost of education. In your opinion, in deciding how many years of schooling a daughter should have: Which of the following factors is the most important: the daughter's interest in studies? the daughter's marriage prospects afterwards? the daughter's intelligence? Which is the least important?	MOST / NOT MOST/LEAST / LEAST INTEREST.....1 2 3 MARRIAGE PROSPECTS..1 2 3 INTELLIGENCE.....1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	And in deciding how many years of schooling a son should have: Which of the same factors is the most important: the son's interest in studies? the son's marriage prospects afterwards? the son's intelligence? Which is the least important?	MOST / NOT MOST/ LEAST / LEAST INTEREST.....1 2 3 MARRIAGE PROSPECTS..1 2 3 INTELLIGENCE.....1 2 3	
112	In your opinion is it important for a woman to marry a man who has more education than her?	IMPORTANT.....1 NOT IMPORTANT.....2 DON'T KNOW.....8	

SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	CHECK CURRENT MARITAL STATUS IN 002.	MARRIED.....1 WIDOWED.....2 DIVORCED.....3	 →206 →205
202	Is your husband with you, or is he travelling, or does he live elsewhere?	LIVES WITH HER.....1 TRAVELLING.....2 LIVES ELSEWHERE.....3	→206
203	Has your husband been away for less than one month or has he been gone longer than that?	AWAY LESS THAN ONE MONTH.....1 AWAY ONE MONTH OR MORE.....2 OTHER _____ (SPECIFY) 6	→206
204	In your husband's absence, who mainly takes the day to day financial decisions of your household?	RESPONDENT.....1 SON.....2 OTHER MALE RELATIVE.....3 OTHER FEMALE RELATIVE.....4 OTHER _____ (SPECIFY) 6	→206
205	Was the divorce initiated by you, by your husband, or did you both decide that you should divorce?	RESPONDENT.....1 HUSBAND.....2 BOTH.....3	
206	Now I will be asking some questions about your husband and your marriage. FOR WOMEN WHO HAVE BEEN MARRIED ONLY ONCE: IF CURRENTLY MARRIED: ASK ABOUT HER CURRENT HUSBAND AND MARRIAGE IF WIDOWED OR DIVORCED: ASK ABOUT HER LAST HUSBAND AND MARRIAGE → (COMPLETE COL. 1 ONLY) FOR WOMEN MARRIED MORE THAN ONCE: ASK FIRST QUESTIONS ABOUT HER MOST RECENT HUSBAND AND MARRIAGE (CURRENT/LAST). THEN ASK HER ABOUT HER FIRST HUSBAND AND MARRIAGE (COMPLETE COL. 1 AND COL. 2).		

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
207	What is (was) the first name of your (last) husband?	NAME OF HUSBAND _____	
208	CHECK NUMBER OF TIMES MARRIED IN 003.	MARRIED ONLY ONCE.....1 (SKIP TO 224) MARRIED MORE THAN ONCE...2	
209	In what month and year did you first enter into a marriage contract with (NAME OF CURRENT/LAST HUSBAND)?	MONTH..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐ (SKIP TO 211) DON'T KNOW YEAR.....98	
210	How old were you when you signed this marriage contract?	RESPONDENT'S AGE IN COMPLETED YEARS.... ☐☐ DON'T KNOW.....98	

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
211	In what month and year did you start living with (NAME OF CURRENT/LAST HUSBAND)?	MONTH..... [ ] DON'T KNOW MONTH.....98 YEAR..... [ ] (SKIP TO 224) DON'T KNOW YEAR.....98	
212	How old were you when you started living together with your husband?	RESPONDENT'S AGE IN COMPLETED YEARS... [ ] DON'T KNOW.....98 (SKIP TO 224)	
213	Now I would like to ask questions about your first husband. What was the name of your first husband?		NAME OF FIRST HUSBAND _____
214	How old was (NAME OF FIRST HUSBAND) when your marriage contract was signed?		HUSBAND'S AGE IN COMPLETED YEARS.... [ ] DON'T KNOW.....98
215	In what month and year was your first husband born?		MONTH..... [ ] DON'T KNOW MONTH.....98 YEAR..... [ ] DON'T KNOW YEAR.....98
216	Before you got married, was your first husband related to you in anyway?		YES.....1 NO.....2 (SKIP TO 218)
217	What type of relationship was it?		FIRST COUSIN ON FATHER'S SIDE.....1 FIRST COUSIN ON MOTHER'S SIDE.....2 SECOND COUSIN ON FATHER'S SIDE.....3 SECOND COUSIN ON MOTHER'S SIDE.....4 OTHER BLOOD RELATIVE.....5 OTHER RELATIVE BY MARRIAGE.....6
218	Did your first husband ever attend school?		YES.....1 NO.....2 (SKIP TO 221)
219	What was the highest level of school he attended?		PRIMARY .....1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6 DON'T KNOW.....8 (SKIP TO 221)
220	What was the highest grade which he completed at that level?		GRADE..... [ ] DON'T KNOW.....8

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
221	What kind of work did your first husband mainly do? RECORD ANSWER IN DETAIL		_____ ☐☐ _____
222	Did he earn a regular wage or salary?		YES.....1 NO.....2 DON'T KNOW.....8
223	Did this marriage end in a divorce or were you widowed?		DIVORCE.....1 WIDOWED..... 2 OTHER _____ 6 (SPECIFY)
224	I will now like to ask some questions about how you met your (last/first) husband. Before you got married, did you yourself know your (last/first) husband well, a little, or not at all?	KNEW WELL.....1 KNEW A LITTLE.....2 DID NOT KNOW.....3 (SKIP TO 229)	KNEW WELL.....1 KNEW A LITTLE.....2 DID NOT KNOW.....3 (SKIP TO 229)
225	How long had you yourself known him before your marriage?	LESS THAN 1 MONTH.....1 1 MONTH TO 1 YEAR.....2 MORE THAN 1 YEAR.....3 ALWAYS KNOWN HIM.....4	LESS THAN 1 MONTH.....1 1 MONTH TO 1 YEAR.....2 MORE THAN 1 YEAR.....3 ALWAYS KNOWN HIM.....4
226	Did you yourself choose your (last/first) husband or did your family choose or someone else choose?	RESPONDENT CHOSE.....1 FAMILY CHOSE.....2 OTHER RELATIVES CHOSE....3 OTHER_____ 6 (SPECIFY) (SKIP TO 229)	RESPONDENT CHOSE.....1 FAMILY CHOSE.....2 OTHER RELATIVES CHOSE....3 OTHER_____ 6 (SPECIFY) (SKIP TO 229)
227	How did you yourself first meet your (last/first) husband?	THROUGH FAMILY.....1 THROUGH FRIENDS.....2 HUSBAND IS RELATIVE.....3 MET AT WORK.....4 HUSBAND WAS NEIGHBOR.....5 OTHER_____ 6 (SPECIFY)	THROUGH FAMILY.....1 THROUGH FRIENDS.....2 HUSBAND IS RELATIVE.....3 MET AT WORK.....4 HUSBAND WAS NEIGHBOR.....5 OTHER_____ 6 (SPECIFY)
228	Did your family approve of your choice of husband from the very beginning, or only later, or did they never approve?	YES,FROM BEGINNING.....1 YES,BUT LATER.....2 NO, NEVER.....3 (SKIP TO 235)	YES,FROM BEGINNING.....1 YES,BUT LATER.....2 NO, NEVER.....3 (SKIP TO 235)
229	Had you yourself ever met and spoken to your (last/first) husband before you were married to him?	YES.....1 NO.....2 (SKIP TO 231)	YES.....1 NO.....2 (SKIP TO 231)
230	Had you yourself met and spoken to him before your engagement to him?	YES.....1 NO.....2	YES.....1 NO.....2
231	Were you consulted when your (last/first) husband was being chosen for you, that is, were you asked whether you wanted to marry (NAME OF HUSBAND)?	YES.....1 NO.....2	YES.....1 NO.....2
232	If you had not approved of(NAME OF CURRENT /LAST/FIRST HUSBAND) would your family have insisted that you marry him anyway?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
233	Do you think that your (last/first) husband had a say in choosing you for his wife?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 235)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 235)
234	If he had not approved of you, do you think his family would have made him marry you anyway?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
235	Now I would like to ask some questions about expenses related to your marriage to your (last/first) husband. Would you tell me if these expenses were paid by you or your family or by your husband and his family or by both sides:	RESP/ RESP FAM. / HUSB/ HUSB. FAM. / BOTH / NO EXP-ENSE	RESP/ RESP FAM. / HUSB/ HUSB. FAM. / BOTH / NO EXP-ENSE
	Land/apartment/house?	LAND.....1 2 3 4	LAND.....1 2 3 4
	Jewelry?	JEWELRY...1 2 3 4	JEWELRY...1 2 3 4
	Clothing for respondent?	RES CLOTH.1 2 3 4	RES CLOTH.1 2 3 4
	Clothing for husband?	HUS CLOTH.1 2 3 4	HUS CLOTH.1 2 3 4
	Furniture?	FURNITURE.1 2 3 4	FURNITURE.1 2 3 4
	Kitchen items?	KITCHEN.. 1 2 3 4	KITCHEN.. 1 2 3 4
	Other consumer durables?	DURABLES..1 2 3 4	DURABLES..1 2 3 4
	Engagement ceremony expenses?	ENGAG.....1 2 3 4	ENGAG.....1 2 3 4
	Cash payment to bride's family?	CASH......1 2 3 4	CASH......1 2 3 4
	Marriage ceremony expenses?	MARR......1 2 3 4	MARR......1 2 3 4
	Other? _____ (Specify)	OTHER.....1 2 3 4	OTHER.....1 2 3 4
236	If all the costs of the engagement and marriage are taken into consideration approximately how much did you or your family spend on your (last/first) marriage?	COSTS in L.E. [ ][ ][ ][ ][ ][ ] DON'T KNOW.....999998	COSTS in L.E. [ ][ ][ ][ ][ ][ ] DON'T KNOW.....999998
237	As compared to your family's total expenditures on everything related to your engagement and marriage, did your (last/first) husband's family spend more, less, or about equal?	MORE.....1 LESS.....2 EQUAL.....3 DON'T KNOW.....8	MORE.....1 LESS.....2 EQUAL.....3 DON'T KNOW.....8
238	Now I would like to talk about your living arrangements when you married your (last/first) husband. When you and your (first) husband started living together, did you live with your family, your husband's family, with someone else or by yourselves?	OWN FAMILY.....1 HUSBAND'S FAMILY.....2 SOMEONE ELSE.....3 OURSELVES ONLY.....4 → (SKIP TO 240)	OWN FAMILY.....1 HUSBAND'S FAMILY.....2 SOMEONE ELSE.....3 OURSELVES ONLY.....4 → (SKIP TO 240)
239	Approximately how many years did you all live together then? ROUND TO THE NEAREST FULL YEAR	YEARS..... [ ][ ] STILL TOGETHER.....97	YEARS..... [ ][ ] STILL TOGETHER.....96
240	At that time were you living in Cairo, Giza, Alexandria, another city, or town or village or outside Egypt?	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5
241	CHECK 238:	LIVED WITH HUSBAND'S FAMILY, SOMEONE ELSE OR NO ONE → ▼ / LIVED WITH OWN FAMILY → ▼ (SKIP TO 244)	LIVED WITH HUSBAND'S FAMILY, SOMEONE ELSE,OR NO ONE → ▼ / LIVED WITH OWN FAMILY → ▼ (SKIP TO 245)
242	At that time were you able to meet any of your own family members often, only sometimes, or not at all?	OFTEN.....1 → (SKIP TO 244) SOMETIMES.....2 NOT AT ALL.....3	OFTEN.....1 → (SKIP TO 245) SOMETIMES.....2 NOT AT ALL.....3

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
243	What was the main reason why you did not meet any member of your own family often?	REASON _____ ☐☐	REASON _____ ☐☐ (GO TO 245)
244	CHECK NUMBER OF TIMES MARRIED IN Q.003.	MARRIED ONLY ONCE ☐ ▼ MARRIED MORE THAN ONCE ☐ ▼ (GO TO 213 FOR FIRST HSUBAND)	
245	In general, are the financial costs today of rearing and marrying off children greater for sons or for daughters?	SONS.....1 DAUGHTERS.....2 BOTH EQUALLY COSTLY.....3 DON'T KNOW.....8	

SECTION 3. INTRAHOUSEHOLD RELATIONS

301 PRESENCE OF OTHERS AT THIS POINT

	PRESENT/ LISTENING	PRESENT/NOT LISTENING	NOT PRESENT
CHILDREN UNDER 10	1	2	3
HUSBAND	1	2	3
OTHER MALES	1	2	3
OTHER FEMALES	1	2	3

302 CHECK 002: MARITAL STATUS

CURRENTLY MARRIED → 303

DIVORCED/ WIDOWED → 305

303 Does your husband discuss any of the following topics with you regularly only sometimes, or never?

	REGULARLY	SOMETIMES	NEVER	NA
Events at work? (EVENTS AT WORK)	1	2	3	5
Plans for the future? (FUTURE PLANS)	1	2	3	5
Your children's activities? (CHILDREN'S ACTIVITIES)	1	2	3	5
Money/financial matters? (MONEY MATTERS)	1	2	3	5
Community gossip/news? (GOSSIP/NEWS)	1	2	3	5

304 Who has the final say in your family on the following---you or your husband, both you and your husband, or someone else?
IF SOMEONE ELSE: Who? (SPECIFY)

	RESP	HUSB	BOTH	ELSE→Who?	NA
Visits to friends and family? (VISIT)	1	2	3	4 (_____)	5
Household budget? (BUDGET)	1	2	3	4 (_____)	5
Having (another) child? (HAVE CHILD)	1	2	3	4 (_____)	5
Children's education? (EDUCATION)	1	2	3	4 (_____)	5
Children's marriage plans? (MARRIAGE)	1	2	3	4 (_____)	5
Food cooked in the house? (FOOD)	1	2	3	4 (_____)	5
Medical attention for children? (MEDICAL)	1	2	3	4 (_____)	5
Use of family planning methods? (CONTRACEPT)	1	2	3	4 (_____)	5

305 Now I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement.

	AGREE	DISAGREE	DK
There is some work only for men and some work only for women, and they should not be doing each other's work. (MEN AND WOMEN SHOULD NOT DO SAME WORK)	1	2	8
A woman's place is not only in the household but she should be allowed to work. (WOMEN'S PLACE NOT ONLY AT HOME)	1	2	8
If the wife has a job outside the home then the husband should help her with the children and household chores. (HUSBAND SHOULD HELP WORKING WIFE)	1	2	8
A twenty-five year old woman who has a good job but is not yet married is to be pitied. (SINGLE WOMEN ARE TO BE PITIED)	1	2	8
If girls are educated it should be to prepare them for jobs not just to make them better mothers and wives. (GIRLS EDUCATED FOR JOBS)	1	2	8
A woman who has a full-time job cannot be a good mother. (WORKING WOMAN A POOR MOTHER)	1	2	8
If a women wants a good life she should not have more than three children. (NO MORE THAN THREE CHILDREN)	1	2	8
If a wife disagrees with her husband she should express her opinion not keep quiet. (WIFE SHOULD SPEAK UP)	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	In the past year, have you had an illness or any health problem for which you saw or should have seen a doctor?	YES.....1 NO.....2	→312
307	If you wanted to see the doctor, did you first have to ask someone's permission?	YES.....1 NO.....2	→310
308	Whose permission did you need to ask?	HUSBAND.....1 MOTHER-IN-LAW.....2 OTHER MALE RELATIVE.....3 OTHER FEMALE RELATIVE.....4 OTHER_____6 (SPECIFY)	
309	Were you given permission to go see the doctor?	YES.....1 NO.....2 NEVER ASKED PERMISSION.....3	
310	Did you see the doctor (anyway)?	YES.....1 NO.....2	→314
311	Why did you not see the doctor?	CANNOT DISOBEY.....01 FELT ALL RIGHT AGAIN.....02 NOT SERIOUS ENOUGH.....03 TOO SHY.....04 TOO AFRAID OF DOCTOR.....05 DOCTOR NOT AVAILABLE/NO DOCTOR.....06 DID NOT HAVE MONEY.....07 DOCTOR TOO EXPENSIVE.....08 OTHER_____96 (SPECIFY)	→314
312	If you are ill and need to see a doctor do you first have to ask someone's permission?	YES.....1 NO.....2	→314
313	Whose permission did you need?	HUSBAND.....1 MOTHER-IN-LAW.....2 OTHER MALE RELATIVE.....3 OTHER FEMALE RELATIVE.....4 OTHER_____6 (SPECIFY)	
314	Are you usually allowed to go to the following places on your own, only with children, only with another adult, or not at all?	ALONE / CHILDREN / ADULT / NEVER	
	Just outside your house or compound?	OUTSIDE HOUSE.....1 2 3 4	
	Local market to buy things?	MARKET.....1 2 3 4	
	Local health center or doctor?	HEALTH CENTER.....1 2 3 4	
	In the neighborhood for recreation?	RECREATION.....1 2 3 4	
	Home of relatives or friends in the neighborhood?	RELATIVES/FRIENDS.....1 2 3 4	
315	Do you watch on television or listen on radio to women's programs such as Woman Journal and For You and Your Family on television and To Housewife and For Women Only on radio?	WATCHES ON TELEVISION.....A LISTENS ON RADIO.....B DOES NOT WATCH OR LISTEN TO WOMEN'S PROGRAMS.....C	→317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	Do you watch or listen to these programs regularly, or only once in a while?	REGULARLY.....1 ONCE IN A WHILE.....2	
317	In your opinion would a wife have good reason for seeking divorce if:	YES NO DK	
	Her husband was disrespectful to her parents or to the other senior members of her family?	DISRESPECT.....1 2 8	
	Her husband never listened to her and never took her opinions into account?	NOT LISTEN.....1 2 8	
	Her husband was unable to have children?	NO CHILDREN.....1 2 8	
	He did not give her and the children enough money?	NO MONEY SUPPORT.....1 2 8	
	He beat her frequently?	BEATING.....1 2 8	
	He talked to other women?	OTHER WOMEN.....1 2 8	
	He was sexually unfaithful?	UNFAITHFUL.....1 2 8	
318	And what about a husband? Would a husband have good reason for seeking divorce if:	YES NO DK	
	His wife was disrespectful to his parents or to the other senior members of his family?	DISRESPECT.....1 2 8	
	She was disobedient or did not follow his orders?	DISOBEDIENT.....1 2 8	
	His wife was unable to have children?	NO CHILDREN.....1 2 8	
	She neglected household chores?	NEGLECT CHORES.....1 2 8	
	His wife neglected and beat the children?	NEGLECT CHILD.....1 2 8	
	She talked to other men?	OTHER MEN.....1 2 8	
	She was sexually unfaithful?	UNFAITHFUL.....1 2 8	

SECTION 4. HOUSEHOLD MEMBERS, WOMEN'S WORKLOAD AND EATING PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	CHECK 002: MARITAL STATUS CURRENTLY MARRIED OR WIDOWED ☐ ▼ CURRENTLY DIVORCED ☐		→403
402	Which of your husband's relatives usually lives with you? RECORD ALL MENTIONED. PROBE: Any other husband's relatives?	HIS FATHER.....A HIS MOTHER.....B HIS BROTHER.....C HIS SISTER.....D HIS BROTHER'S WIFE.....E HIS SISTER'S HUSBAND.....F OTHER_____X (SPECIFY) NO ONE.....Y	
403	Which of your own relatives usually lives with you? RECORD ALL MENTIONED. PROBE: Any other relatives of your own?	OWN FATHER.....A OWN MOTHER.....B BROTHER.....C SISTER.....D BROTHER'S WIFE.....E SISTER'S HUSBAND.....F OTHER_____X (SPECIFY) NO ONE.....Y	

404 Now I would like to know who does what household tasks in your home. First tell me which persons do each of these tasks and then tell me who is the main person responsible for the task.

	RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/ MAID	NA	MAIN
Cooks the meals?	A	B	C	D	E	F	G	X	
Cleans after meals?	A	B	C	D	E	F	G	X	
Cleans the house?	A	B	C	D	E	F	G	X	
Washes clothes?	A	B	C	D	E	F	G	X	
Gets water?	A	B	C	D	E	F	G	X	
Gets wood or other fuel for cooking?	A	B	C	D	E	F	G	X	

405 And now tell me which persons in your household do each of these tasks. Again please tell me who is the main person responsible for the task.

	RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/ MAID	NA	MAIN
Works for income?	A	B	C	D	E	F	G	X	
Goes to buy clothes?	A	B	C	D	E	F	G	X	
Tends crops?	A	B	C	D	E	F	G	X	
Tends animals?	A	B	C	D	E	F	G	X	
Goes to buy food and other household items?	A	B	C	D	E	F	G	X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

406 Finally, tell me which persons in your household do the following tasks related to children. Again please tell me who is the main person responsible for the tasks.

	RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/ MAID	NA	MAIN
Cares for the children?	A	B	C	D	E	F	G	X	
Helps children with homework?	A	B	C	D	E	F	G	X	
Plays with children?	A	B	C	D	E	F	G	X	

407 Are there any elderly or disabled persons who are dependent on you for care?

YES.....1
NO.....2 → 409

408 How many such persons are usually in your care?

NUMBER..... ☐☐

409 At the time of the main meal do all members of your household, including you, usually eat together or do some eat separately?

TOGETHER.....1 → 412
SEPARATELY.....2

410 Who is in the group that eats first?

RECORD ALL MENTIONED.

RESPONDENT.....A → 412
HUSBAND.....B
SONS.....C
FATHER-IN-LAW.....D
OWN FATHER.....E
OTHER MALE RELATIVES.....F
MOTHER-IN-LAW.....G
OWN MOTHER.....H
DAUGHTERS.....I
OTHER FEMALE RELATIVES.....J
OTHER _____ X
(SPECIFY)

411 Who usually eats with you when you eat?

RECORD ALL MENTIONED.

HUSBAND.....A
SONS.....B
FATHER-IN-LAW.....C
OWN FATHER.....D
OTHER MALE RELATIVES.....E
MOTHER-IN-LAW.....F
OWN MOTHER.....G
DAUGHTERS.....H
OTHER FEMALE RELATIVES.....I
OTHER _____ X
(SPECIFY)
EATS ALONE.....Y

412 In your old age do you expect to live with a son, a a daughter, with both at some time, or with neither?

SON(S).....1
DAUGHTER(S).....2 → 414
BOTH.....3
NEITHER.....4
DOES NOT HAVE SONS OR DAUG.....5

413 With whom do you expect to live then?

ON HER OWN/WITH HUSBAND.....1
WITH OTHER FAMILY.....2
OTHER _____ 6
(SPECIFY)

414 When you are old what do you expect to be your major sources of financial support?

RECORD ALL MENTIONED.

OWN/HUSBAND'S EARNINGS.....A
PENSIONS/SAVINGS.....B
INCOME FROM LAND/INVESTMENTS.....C
GOV'T AID.....D
SUPPORT FROM SON(S).....E
SUPPORT FROM DAUGHTER(S)..... F
SUPPORT FROM OTHER RELATIVE(S)....G
OTHER _____ X
(SPECIFY)

SECTION 5. EMPLOYMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	READ TO ALL RESPONDENTS You have already been asked some questions by the earlier interviewer about your current employment. I have a few more questions that I would like you to answer.		
501	CHECK 006: NOT CURRENTLY WORKING ☐ CURRENTLY WORKING ☐		→504
502	I believe that you are not (currently) working. What is the main reason why you are not currently working?	ON VACATION/LEAVE.....01 CHILDREN.....02 HOUSEHOLD CARE.....03 ILL OR DISABLED.....04 CAN'T FIND/WAITING FOR WORK.....05 HUSBAND/ELDERS OPPOSED.....06 NO NEED TO WORK.....07 DON'T WANT TO WORK ANY MORE.....08 NO SKILLS/NO EDUCATION.....09 GOT FIRED.....10 OTHER _____ 96 (SPECIFY)	
503	CHECK 006: WORKED IN LAST 12 MONTHS ☐ NOT CURRENTLY WORKING AND DID NOT WORK LAST 12 MONTHS ☐		→521
504	For how many years have(had) you been working at your current/most recent job? ROUND TO THE NEAREST FULL YEAR.	NUMBER OF YEARS..... ☐☐	
505	When working do(did) you interact with only women only men or both women and men?	WOMEN ONLY.....1 MEN ONLY.....2 WOMEN AND MEN.....3 MEETS NO ONE.....4	→507
506	When working, do(did) you interact with mainly relatives, non-relatives, or with both?	ONLY RELATIVES.....1 ONLY NON-RELATIVES.....2 BOTH.....3	
507	Have you had any special training for the work that you do (did)?	YES.....1 NO.....2	→509
508	What training did you receive?	TRAINING _____ ☐☐ _____ (SPECIFY)	
509	What is your main reason for working?	FAMILY NEEDS MONEY.....01 FINANCIAL INDEPENDENCE.....02 TO PURSUE PROFESSION.....03 USE EDUCATIONAL SKILLS.....04 HELP WITH FAMILY BUSINESS/FARM...05 MAKE USE OF FREE TIME.....06 TO GET SOCIAL STATUS.....07 TO BE HERSELF/FIND HERSELF.....08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
510	In your current/most recent job are(were) you paid in cash or kind or both, or are(were) you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	→518 →521
511	Do you use your own earnings to meet your personal needs or does your husband(someone else) give you money to cover your needs?	OWN EARNINGS.....1 HUSBAND GIVES MONEY.....2 USES OWN AND HUSBAND'S MONEY.....3 OTHER _____ 6 (SPECIFY)	
512	When you earn, do you give all your earnings to your husband or family, or do you keep part and give the rest, or do you keep all of your earnings?	GIVE ALL TO FAMILY.....1 KEPT PART FOR SELF .....2 KEPT ALL FOR SELF.....3	→514 →516
513	Do you give less than half, about half, or more than half to your husband or family?	LESS THAN HALF.....1 HALF.....2 MORE THAN HALF.....3	
514	Do you have the main control, some control, or no control over how the earnings you give to your husband or family are used?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
515	CHECK 512: KEPT PART OF EARNINGS ☐ ALL EARNINGS GIVEN TO HUSBAND OR FAMILY ☐		→517
516	Do you have to account to anyone for what you do with the earnings that you keep? IF YES: Who do you account to?	YES, ACCOUNTS TO: HUSBAND.....1 FATHER/MOTHER.....2 FATHER-IN-LAW/MOTHER-IN-LAW.....3 OTHER _____ 6 (SPECIFY) DOES NOT ACCOUNT TO ANYONE.....7	
517	On average, when you work(ed) what is(was) the share of your family's expenditures that are(were) met by the income or goods that you earn(ed): all, more than half, about half, less than half, or almost nothing?	ALL.....1 MORE THAN HALF.....2 ABOUT HALF.....3 LESS THAN HALF.....4 ALMOST ZERO.....5 DON'T KNOW.....8	
518	In addition to the work you described for which you are (were) paid in cash or kind are(were) you also doing any other work for which you are(were) NOT paid in cash or kind? PROBE: Any work in a family business or family farm?	YES.....1 NO.....2	→521
519	What is the work that you are(were) doing? RECORD RESPONSE IN FULL.	_____ ☐☐ _____ _____	
520	Approximately how many hours per week do(did) you spend doing this work?	HOURS..... ☐☐ WORKS ONLY IRREGULARLY.....95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
521	CHECK 005: WORKED BEFORE (FIRST) MARRIAGE ☐ DID NOT WORK BEFORE (FIRST) MARRIAGE ☐		→540
522	I believe that you worked before (first) marriage. What was your last occupation before marriage, that is what work did you mainly do? RECORD RESPONSE IN FULL.	_____ ☐☐ _____ _____	
523	Were you paid in cash or in kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	→525
524	Did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
525	Were you still working at the time of your marriage?	YES.....1 NO.....2	→540
526	*Did you continue this work even after your marriage,* or did you do some other work, or did you stop then?	YES, SAME WORK.....1 YES, DIFFERENT WORK.....2 NO.....3	→529 →540
527	What was your new occupation? RECORD RESPONSE IN FULL.	_____ ☐☐ _____ _____	
528	Were you paid in cash or in kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	→530
529	After marriage, did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
530	For how many years did you continue to do this work since you first began? ROUND TO THE NEAREST FULL YEAR.	YEARS..... ☐☐ STILL WORKING.....94	→548
531	What was the *main reason* you stopped working then?	BECAME PREGNANT.....01 HOUSEHOLD CARE.....02 ILL OR DISABLED.....03 COULDN'T FIND WORK.....04 MIGRATED.....05 HUSBAND/ELDERS OPPOSED.....06 DIDN'T NEED TO WORK.....07 DIDN'T WANT TO WORK.....08 DID UNPAID WORK.....09 WAS FIRED.....10 OTHER_____ (SPECIFY) 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
532	CHECK 006: NOT CURRENTLY WORKING AND DID NOT WORK IN LAST 12 MONTHS ☐ CURRENTLY WORKING OR DID WORK LAST 12 MONTHS ☐		→548
533	Was this the last time that you worked after your marriage?	YES.....1 NO.....2	→548
534	The last time that you worked, what was your occupation, that is, what work did you mainly do? RECORD RESPONSE IN FULL.	_____ ☐☐ _____ _____	
535	Were you paid in cash or in kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	→537
536	Did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
537	For how many years did you work then? ROUND TO THE NEAREST FULL YEAR.	NO. OF YEARS..... ☐☐	
538	In which year did you last stop working?	CALENDAR YEAR.....19 ☐☐	
539	What was the main reason you stopped working then?	BECAME PREGNANT/CHILDCARE.....01 HOUSEHOLD CARE.....02 ILL OR DISABLED.....03 COULDN'T FIND WORK.....04 MIGRATED .....05 HUSBAND/ELDERS OPPOSED.....06 DIDN'T NEED TO WORK.....07 DIDN'T WANT TO WORK.....08 DID UNPAID WORK.....09 WAS FIRED.....10 OTHER_____96 (SPECIFY)	→548
540	CHECK 006 NOT CURRENTLY WORKING AND NO WORK LAST 12 MONTHS ☐ CURRENTLY WORKING OR DID WORK LAST 12 MONTHS ☐		→548
541	Did you ever work after your (first) marriage?	YES.....1 NO.....2	→548

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
542	What was your (last) occupation, that is, what work did you mainly do? RECORD RESPONSE IN FULL.	_____ ☐☐ _____ _____	
543	Were you paid in cash or kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4 →545	
544	Did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
545	For how many years did you work then? ROUND TO THE NEAREST FULL YEAR.	NUMBER OF YEARS..... ☐☐	
546	In which year did you last stop working?	CALENDAR YEAR.....19 ☐☐	
547	What was the main reason you stopped working then?	BECAME PREGNANT/CHILDCARE.....01 HOUSEHOLD CARE.....02 ILL OR DISABLED.....03 COULDN'T FIND WORK.....04 MIGRATED .....05 HUSBAND/ELDERS OPPOSED.....06 DIDN'T NEED TO WORK.....07 DIDN'T WANT TO WORK.....08 DID UNPAID WORK.....09 WAS FIRED.....10 OTHER_____96 (SPECIFY)	
548	Do you believe that: Marriage interferes with having a successful career in work? Having children interferes with having a successful career in work? Having a successful career interferes with a woman's ability to keep a good life with her husband?	YES NO DK MARRIAGE INTERFERES.....1 2 8 CHILDREN INTERFERE.....1 2 8 CAREER-NO HUSBAND.....1 2 8	
549	What do you think is the importance of work to a woman?	FAMILY NEEDS MONEY.....01 FINANCIAL INDEPENDENCE.....02 TO PURSUE PROFESSION.....03 USE EDUCATIONAL SKILLS.....04 HELP WITH FAMILY BUSINESS/FARM...05 MAKE USE OF FREE TIME.....06 TO GET SOCIAL STATUS.....07 TO BE HERSELF/FIND HERSELF.....08 OTHER _____96 (SPECIFY) NO IMPORTANCE OF WORK/ WOMAN SHOULD NOT WORK 95	

SECTION 6. FINANCIAL AUTONOMY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	READ TO ALL RESPONDENTS Now I would like to ask you some questions about financial matters. This is to try and understand more about the financial position of women.		
601	Please tell me if you solely, or jointly with someone else own each of the following assets. Land? House, apartment, or other building? Jewelry? Stocks, bonds or any other interest earning asset? Furniture? Livestock? Any other such items?		

	YES	DOES NOT OWN
LAND	1	2
BUILDING	1	2
JEWELRY	1	2
STOCKS/BONDS	1	2
FURNITURE	1	2
LIVESTOCK	1	2
OTHER ITEMS	1	2

602 CHECK 601

- OWNS AT LEAST ONE ASSET OTHER THAN FURNITURE → (to 603)
- OWNS ONLY FURNITURE → GO TO 604
- DOES NOT OWN ANY ASSET → 605

603	Who mainly manages each of these assets? Land? House, apartment, or other building? Jewelry? Stocks, bonds, or any other interest earning assets? Livestock? Other such items? _____ (SPECIFY)		RESP	HUSB	HUSB FAM.	OWN FAM.	NON-FAM. MEMBER	DO NOT OWN
		LAND	1	2	3	4	5	7
		BUILDING	1	2	3	4	5	7
		JEWELRY	1	2	3	4	5	7
		STOCKS	1	2	3	4	5	7
		LIVESTOCK	1	2	3	4	5	7
		OTHER ITEMS	1	2	3	4	5	7

604	If you ever needed to, could you sell or exchange these assets without anyone else's permission, only with permission, or not at all? IF PERMISSION IS NEEDED ASK: Whose permisssion? Land? House, apartment, or other building? Jewelry? Stocks, bonds, or any other interest earning assets? Furniture? Livestock? Other such items? _____ (SPECIFY)		YES	ONLY WITH PERMISSION FROM: HUSB	HUSB FAM.	OWN FAM.	NON-FAM.	NOT AT ALL	DO NOT OWN
		LAND	1	2	3	4	5	6	7
		BUILDING	1	2	3	4	5	6	7
		JEWELRY	1	2	3	4	5	6	7
		STOCKS	1	2	3	4	5	6	7
		FURNITURE	1	2	3	4	5	6	7
		LIVESTOCK	1	2	3	4	5	6	7
		OTHER ITEMS	1	2	3	4	5	6	7

605	Do you know how much your family's approximate total income from all sources is?	YES....1 NO....2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
606	Who mainly decides how your family's income is spent?	HUSBAND ONLY.....1 RESPONDENT ONLY..... 2 BOTH HUSBAND AND RESPONDENT.....3 IN-LAWS..... 4 PARENTS.....5 OTHER _____6 (SPECIFY)	
607	Do you have a bank account or postal savings account in your name or jointly with some one else?	OWN ACCOUNT.....A JOINT ACCOUNT WITH: HUSBAND.....B OTHER _____X (SPECIFY) NO ACCOUNT.....Y→609	
608	Do you yourself operate the account, that is, sign checks or deposit money and withdraw money?	YES.....1 NO.....2	
609	Are you personally part of any other kind of saving scheme which is not with a bank, into which you regularly deposit money?	YES.....1 NO.....2	
610	Do you know of any source from which you could get a loan or credit if you needed it? IF YES: What sources of credit do you know of? RECORD ALL SOURCES MENTIONED	LOCAL MONEY LENDER.....A BANK.....B OTHER_____X (SPECIFY) DOES NOT KNOW ANY SOURCE.....Y→613	
611	Have you ever applied on your own or jointly with someone else for credit of any kind?	YES, ALONE.....1 YES, JOINTLY WITH OTHERS.....2 NO.....3→613	
612	What was the credit to be used for? RECORD ALL MENTIONED.	MARRIAGE OF CHILD.....A TO BUY HOME/PROPERTY.....B TO TIDE OVER BAD TIME.....C TO BUY LIVESTOCK.....D TO START A BUSINESS.....E OTHER_____X (SPECIFY)	
613	When you have to spend money on each of the following things how do you usually get the money? ENTER RESPONSE CODE FOR EACH ITEM. Daily food items like fresh vegetables? Longer lasting food items like rice/wheat or sugar? Clothes for yourself? Gold jewelry? Toiletries for yourself like kohl, powder or lipstick? Medicine? RESPONSE CODES: 01 ASKS HUSBAND 02 HUSBAND ALREADY ASSIGNED MONEY. 03 TAKES FROM HOUSEHOLD POT/ACCOUNT, WITH PERMISSION. 04 TAKES FROM HOUSEHOLD POT/ACCOUNT, WITHOUT PERMISSION. 05 HAS OWN SEPARATE MONEY. 06 HUSBAND BUYS ITEM. 94 NOT APPLICABLE. 96 OTHER _____ (SPECIFY)	DAILY FOOD..... ☐☐ STAPLES..... ☐☐ CLOTHES FOR SELF..... ☐☐ JEWELRY..... ☐☐ TOILETRIES..... ☐☐ MEDICINE..... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
614	What is the main source of income from which you and your family meet most of your financial needs?	HUSBAND'S EARNINGS.....01 OWN AND HUSBAND'S EARNINGS.....02 OWN EARNINGS.....03 HUSBAND'S FAMILY INCOME.....04 OWN FAMILY INCOME.....05 ALIMONY/CHILD SUPPORT.....06 OWN PENSION.....07 HUSBAND'S PENSION.....08 OTHER_____96 (SPECIFY)	→617
615	If for some reason your husband was not there or not able to provide for you and your family financially, would you still be able to meet your financial needs somehow?	YES.....1 NO.....2	→617
616	What is the principal way by which you would try and meet your financial needs?	EARN INCOME.....1 INCOME FROM PROPERTY.....2 FAMILY HELP.....3 OTHER_____6 (SPECIFY)	
617	Are you a member of any type of association, organization or club which holds meetings?	YES.....1 NO.....2	→701
618	What kind of association/organization/club is it? RECORD ALL MENTIONED.	PRIVATE CLUB.....A SAVINGS CLUB.....B WOMEN'S ORGANIZATION.....C LABOR UNION.....D OTHER_____X (SPECIFY)	
619	Are both men and women members or only women?	ONLY WOMEN.....1 BOTH MEN AND WOMEN.....2	
620	Do you attend meetings regularly, sometimes, or never?	REGULARLY.....1 SOMETIMES.....2 NEVER.....3 NO MEETINGS.....6	
621	Do you hold or have you ever held any special position in the association/organization/club?	YES.....1 NO.....2	→701
622	What is the most important position that you have held? RECORD IN FULL.	_____ ☐☐ _____	

SECTION 7. TREATMENT OF WOMEN IN THE HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	Sometimes a wife can do things which annoy or anger her husband. Please tell me if a husband is justified in beating his wife for each of the following situations: When she burns the food? When she neglects the children? When she answers him back? When she talks to other men? When she wastes his money? When she refuses him sex?	YES NO DK BURNS FOOD.....1 2 8 NEGLECTS CHILDREN.....1 2 8 ANSWERS BACK.....1 2 8 TALKS TO OTHER MEN.....1 2 8 WASTES HIS MONEY.....1 2 8 REFUSES SEX.....1 2 8	
702	Are there any (other) situations when a husband is justified in beating his wife?	YES.....1 NO.....2 NEVER JUSTIFIED IN BEATING WIFE..3	→704 →706
703	What would you say is another such situation?	_____ ☐ _____	
704	CHECK 701 AND 702: AT LEAST ONE "YES" OR "DK" ☐ ALL RESPONSES ARE "NO" ☐		→706
705	In your opinion is it alright for a husband to beat his wife in front of anyone, or only in front of his children, or should he do it only when no one else is present?	ALRIGHT IN FRONT OF CHILDREN.....1 ALRIGHT IN FRONT OF ANYONE.....2 ONLY WHEN NO ONE PRESENT.....3 NEVER ALRIGHT.....4 DON'T KNOW.....8	
706	Do you think that a man who beats his wife regularly to discipline her is more of a man than one who does not beat his wife?	YES.....1 NO.....2 DON'T KNOW.....8	
707	From the time you were married has anyone ever beaten you?	YES.....1 NO.....2 NO ANSWER.....8	→726
708	Can you tell me who has done this to you since you were married? Anyone else? RECORD ALL MENTIONED.	HUSBAND.....A FORMER HUSBAND.....B FATHER.....C BROTHER.....D SON.....E MOTHER.....F FATHER-IN-LAW.....G MOTHER-IN-LAW.....H OTHER MALE RELATIVE.....I OTHER FEMALE RELATIVE.....J OTHER _____ (SPECIFY) X NO ANSWER.....Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
709	CHECK 708: MORE THAN ONE PERSON MENTIONED ☐ ONLY ONE PERSON MENTIONED OR NO RESPONSE ☐ → 711		
710	Who is the person who beats you most often?	HUSBAND.....01 FATHER.....02 BROTHER.....03 SON.....04 MOTHER.....05 FATHER-IN-LAW.....06 MOTHER-IN-LAW.....07 OTHER MALE RELATIVE.....08 OTHER FEMALE RELATIVE.....09 OTHER _____ 96 (SPECIFY) NO ANSWER.....98	
711	Is this person always, sometimes or never "on something" (drugs or alcohol) when he/she beats you?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3 NO ANSWER.....8	
712	Approximately, how many times were you beaten in the past one year?	SIX OR MORE .....1 3-5.....2 1-2 .....3 NOT BEATEN IN PAST YEAR.....4 ONLY ONCE OR TWICE EVER.....6 DON'T KNOW.....8	
713	What do you generally do when you are being beaten? CIRCLE ALL MENTIONED	NOTHING.....A JUST CRY.....B HIT BACK.....C YELL/SCREAM AT PERSON BEATING HER.....D SCREAM FOR HELP.....E THROW THINGS.....F BEAT CHILDREN.....G OTHER _____ X (SPECIFY)	
714	What is the most common reason for which you are beaten?	REASON _____ ☐☐ _____ BEATEN FOR NO REASON/FOR ANY REASON.....94 DON'T KNOW.....98	
715	Generally, are you hurt as a result of a beating? PROBE: Any bruises, aches, or pains?	YES.....1 NO.....2 OTHER _____ 6 (SPECIFY)	
716	CHECK 007: ONE OR MORE BIRTHS ☐ NO BIRTHS/ CURRENTLY PREGNANT ☐ → GO TO 719 NO BIRTHS/NOT PREGNANT ☐ → 721		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
717	Have you ever been beaten when you were pregnant?	YES.....1 NO.....2	→721
718	Were you beaten more often or less often when you were pregnant, as compared to when you were not pregnant?	MORE OFTEN.....1 LESS OFTEN.....2 NO DIFFERENCE.....3 NOT BEATEN BEFORE PREGNANCY.....4	→721
719	Since you became pregnant, have you ever been beaten?	YES.....1 NO.....2	→721
720	Are you beaten more often or less often now that you are pregnant as compared to when you were not pregnant?	MORE OFTEN.....1 LESS OFTEN.....2 SAME.....3 NOT BEATEN BEFORE PREGNANCY.....4	
721	Have you ever been so seriously hurt during a beating that you needed medical attention even if you did not see a doctor?	YES.....1 NO.....2 NO ANSWER.....5	→723
722	How often has this happened?	ONCE.....1 TWICE.....2 THRICE.....3 MORE THAN THREE TIMES.....4 EVERY TIME BEATEN.....5 OTHER _____ 6 (SPECIFY)	
723	Have you ever talked to anyone about the beatings to try and get help?	YES.....1 NO.....2	→725
724	Can you tell me who you sought help from ? RECORD ALL MENTIONED.	FRIEND.....A MOTHER.....B SISTER.....C HUSBAND.....D FATHER.....E BROTHER.....F OTHER MALE RELATIVE.....G OTHER FEMALE RELATIVE.....H DOCTOR/MEDICAL PERSONNEL.....I OTHER _____ X (SPECIFY)	→726
725	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO.....01 NO USE.....02 PART OF LIFE.....03 AFRAID OF DIVORCE.....04 AFRAID OF FURTHER BEATINGS.....05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE.....06 EMBARASSED.....07 OTHER _____ 96 (SPECIFY)	
726	RECORD TIME	Hours..... ☐☐ Minutes..... ☐☐	

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 801-805 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

801	DEGREE OF COOPERATION.	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4

802 INTERVIEWER'S COMMENTS:

803 FIELD EDITOR'S COMMENTS:

804 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:

805 OFFICE EDITOR'S COMMENTS: