Egypt

Demographic and Health Survey 1992

National Population Council

⊕DHS

Demographic and Health Surveys
Macro International Inc.

Egypt
Demographic
and Health Survey
1992

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FOREWORD

The 1992 Egypt Demographic and Health Survey (EDHS) is the most recent in a series of surveys carried out in Egypt to provide information on fertility and child mortality levels, family planing awareness, approval and use and basic indicators of maternal and child health. The EDHS findings are important in monitoring trends in these variables and in understanding the factors which contribute to differentials in fertility and contraceptive use among various population subgroups. The EDHS also provides a wealth of health-related information for mothers and their children. These data are especially important for understanding the factors that influence the health and survival of infants and young children. In addition to providing insights into population and health issues in Egypt, the EDHS also hopefully will lead to an improved global understanding of population and health problems as it is one of more than 50 surveys implemented through the Demographic and Health Surveys program.

A total of 22 months was spent in preparing and carrying out the various activities of the 1992 EDHS, including fieldwork, data processing, and analysis of the survey results. The main findings from the EDHS are presented in this report.

This report summarizes basic information on fertility levels, childbearing intentions, and contraceptive knowledge and use in Egypt. It also looks at key maternal and child health indicators including the extent to which mothers receive trained medical care during pregnancy and at the time of delivery and, for young children, the extent of immunization coverage and the prevalence and treatment of diarrheal disease.

The 1992 survey is the second Demographic and Health Survey to be conducted in Egypt; the first was carried out in 1988. The availability of data on a periodic basis provides analysts and policymakers with the relevant information to monitor trends. The challenge that remains is to use the information collected in the two rounds of the DHS as a basis for evaluating and modifying family planning and health service delivery in Egypt. Survey data are only truly useful when they are employed to improve the efficiency of population and health programs in Egypt.

Finally, I would like to express my appreciation to the EDHS team on their devotion and sincere efforts to complete the planned activities and this basic analysis of the findings.

<div style="text-align: right">

Prof. Dr. Maher Mahran
Minister of Population and
Family Welfare

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ACKNOWLEDGMENTS

I am deeply indebted and grateful to all EDHS field and office staff. Without their participation and commitment, this project would have been impossible.

Finally, I would like to express my appreciation for all the assistance received from the office staff and administrative and financial departments of the National Population Council during the survey.

Dr. Fatma H. El-Zanaty
Technical Director
1992 Egypt Demographic and Health Survey

SUMMARY OF FINDINGS

Fertility and Family Planning

The results of the 1992 Egypt Demographic and Health Survey (EDHS) indicate that fertility and family planning behavior in Egypt has changed dramatically since 1980. The fertility rate has fallen to 3.9 births per woman from a level of more than 5 births in 1980. Virtually all couples know about family planning, and around two-thirds have experience in using a method at some time. At the time of the survey, 47 percent of couples were using family planning to achieve their childbearing goals, which is almost double the level of current use reported in 1980 (24 percent).

Almost all users employ modern methods, principally the IUD (28 percent) and the pill (13 percent). The shift in the method mix toward greater reliance on the IUD is one of the major trends observed when the EDHS results were compared with the findings of the 1980 Egypt Fertility Survey (EFS). In 1980, two of three users relied on the pill and only one in six employed the IUD. By 1992, almost three in five users relied on the IUD and only around one in four were using the pill.

Both the public and private sectors play an important role in the provision of family planning services in Egypt. Current users of the pill obtain their supply largely from pharmacies, while users of the IUD are about equally divided between those obtaining services from private doctors or government facilities.

The EDHS results indicate that family planning methods are easily accessible to users. Overall, 58 percent of current users of modern family planning methods live less than 30 minutes from the place where they obtained their method. Physical access to services also does not appear to be a major barrier to the adoption of family planning by nonusers. There is virtually no difference between the travel times to family planning sources reported by users and nonusers, and few nonusers cite reasons relating to physical access when asked why they do not intend to use family planning in the future.

Cost also does not seem to be a major barrier to the use of family planning. Comparatively few users obtain their methods free of charge, and most indicate a willingness to pay more. Although pill users pay comparatively little for supplies (usually 50 piastres or less for a packet), more than three-quarters indicate a willingness to pay at least 1 Egyptian pound per packet and more than one-fifth are willing to pay 5 pounds or more. IUD users, for whom the median cost of services is almost 8 Egyptian pounds, also indicate a willingness to pay more. Eight in ten IUD users would pay 10 pounds for the method, and one in two would be willing to pay 25 pounds or more.

The results of the husbands' survey carried out as part of the EDHS confirm that husbands play a significant role in fertility and family planning decisionmaking. Men are concerned about limiting family size and are supportive of family planning; three in five husbands say that they do not want more children and around eight in ten approve of the use of family planning.

The age at which women first marry is another important determinant of fertility levels. The EDHS results suggest that there has been a steady increase over the past 20 years in the age at marriage in Egypt. The median age at marriage among women 25-29 (19.9 years), is 1.6 years higher than the median age among women 45-49.

Although the EDHS findings show rapid progress in lowering fertility and increasing use of family planning, there remain a number of areas of concern. One is the large variation in fertility levels and use of family planning by residence. At current fertility levels, a rural woman may expect to have an average of 4.9

children, two children more than a woman residing in an urban area. Fertility rates are much higher in rural Upper Egypt (6.0 births per woman) than in rural Lower Egypt (4.1 births per woman).

Marked differences in the level of family planning use by residence are also observed. Urban women are more likely to use family planning and to employ an IUD than rural women. The highest level of current use is found in the Urban Governorates (59 percent) and the lowest in Upper Egypt (31 percent) The differential in use between rural Lower Egypt and rural Upper Egypt is particularly striking; 51 percent of married women in rural Lower Egypt are using family planning methods compared to 24 percent in rural Upper Egypt.

A key concern for the Egyptian family planning program is the rate at which users discontinue use of contraception and the reasons for the discontinuations. The EDHS results show that almost three in ten users stop using within twelve months of starting. Six percent become pregnant unintentionally, 4 percent want to get pregnant, 13 percent stop because they experience side effects or health problems, and 7 percent stop for other reasons.

The one-year discontinuation rate for the pill (42 percent) is three times the rate for the IUD (13 percent). Side effects and health concerns are the major reasons for stopping use of both the pill and the IUD. The EDHS results also suggest that many pill users are at increased risk of an unplanned pregnancy because they fail to take the pill correctly. For some, remembering to take the pill daily is a problem, while others believe that it is necessary to take the pill only when the husband is present in the household Other pill users do not have a pill packet available because they are "resting" from the pill.

Information collected in the EDHS on the interaction between providers and users at the time that the pill or the IUD was adopted indicates that providers in both the public and private sectors need to improve counseling for family planning clients. Increased follow-up is also needed to reduce the rate of discontinuation.

Despite the steady reduction in fertility levels, many couples are having more children than they consider ideal. At current fertility levels, the average woman in Egypt has 1.2 births more than she wants. In rural Upper Egypt, actual fertility exceeds wanted fertility by 1.7 births. Many births are not only unwanted, but more than 60 percent carry higher than average risks of morbidity and mortality for the mother and child because of the mother's age (under 18 or over 34), high birth order (3 or more) or a short birth interval (less than 24 months).

The substantial unmet need for family planning in Egypt indicates that there is potential for further increases in contraceptive use. One in five currently married women is considered to be in need of family planning. These are women who want no more children, or want to delay the next birth, but are not using family planning.

Maternal and Child Health

The EDHS results document the rapid decline in infant and child mortality that has been taking place in Egypt. Estimates suggest that infant mortality decreased by around half between 1972 and 1992. Nevertheless, in the five-year period preceding the EDHS, 62 of 1,000 children died before reaching their first birthday and 85 of 1,000 died before reaching age five. Mortality levels are higher in rural than in urban areas, and the highest levels are observed in rural Upper Egypt.

The EDHS results suggest that spacing births can potentially reduce childhood mortality; a child born less than two years after an older sibling is three times as likely to die before his fifth birthday as a child born

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after an interval of four or more years. Reducing the number of high parity births and births to young mothers would also contribute to a lowering of childhood mortality.

The care that a mother receives during pregnancy and at the time of childbirth affects the health and survival of both the mother and the child. The EDHS findings indicate that the majority of Egyptian mothers do not receive adequate antenatal care. For births in the five years preceding the survey, only 53 percent of the mothers reported receiving any antenatal care, and only 23 percent had four or more consultations with a medical provider during pregnancy (the minimum level of antenatal care considered acceptable). For three in five births, mothers received at least one tetanus toxoid injection during pregnancy. Although still low, the coverage rate for tetanus toxoid is more than five times the level reported in the 1988 EDHS.

Almost three-quarters of births in the five years preceding the survey took place at home. Most were assisted by dayas (traditional birth attendants) or relatives and friends. Only two in five births were assisted by doctors or nurses.

One of the primary mechanisms for improving child survival is increasing the proportion of children vaccinated against the major preventable childhood diseases. The EDHS results indicate that almost all young children receive at least some vaccinations; only 4 percent of children age 12-23 months have not had any immunizations. However, many children have not received the full primary course of immunizations; only two-thirds of young children are fully immunized.

Diarrheal disease and acute respiratory infections (ARI) are among the leading causes of infant and child deaths in Egypt. Thirteen percent of children under age five were reported to have had diarrhea during the two week period before the survey. Seven in ten mothers reported that they did something to treat the diarrhea. Forty-five percent of children suffering from diarrhea were taken to a health facility for advice or treatment, and 43 percent of children received some form of oral rehydration therapy (ORT) (i.e., a solution made from an oral rehydration salt (ORS) packet, a recommended home fluid (sugar-salt-water solution), or increased fluids). Only 29 percent of mothers of children with diarrhea reported that ORS packets were used in preparing the solution used to treat the diarrhea. However, virtually all mothers of young children know about these packets. Overall, seven in ten mothers of children under age five have used ORS packets in treating diarrhea at some time.

Eight percent of children under age five were reported to have experienced cough and rapid breathing (symptoms of acute respiratory infection (ARI)) during the two weeks before the survey. Six in ten of these children were taken to a health facility for advice or treatment. Only one in five children with ARI symptoms was given nothing to treat the illness.

Undernutrition contributes to child deaths. The EDHS found that 24 percent of Egyptian children were stunted or short in relation to their age, as compared to an international reference population. Stunting reflects the long-term effects of poor diet and may also be the outcome of chronic illness. Three percent of the children are wasted or thin for their age. Wasting is the result of acute undernutrition over a short period of time and may be an outcome of sudden, severe illness. One in eleven children are underweight for their age.

Breastfeeding practices and the timing of the introduction of supplemental foods are important determinants of the health and nutritional status of infants and young children. Almost all young children in Egypt are breastfed for some period of time. The median duration of breastfeeding (19.1 months) is moderately long. However, supplemental foods and liquids are introduced comparatively early, the median duration for which a child receives breast milk only is 1.8 months. Nearly one in five breastfed children less than eight months of age was given a bottle with a nipple on the day before the interview.

Egypt
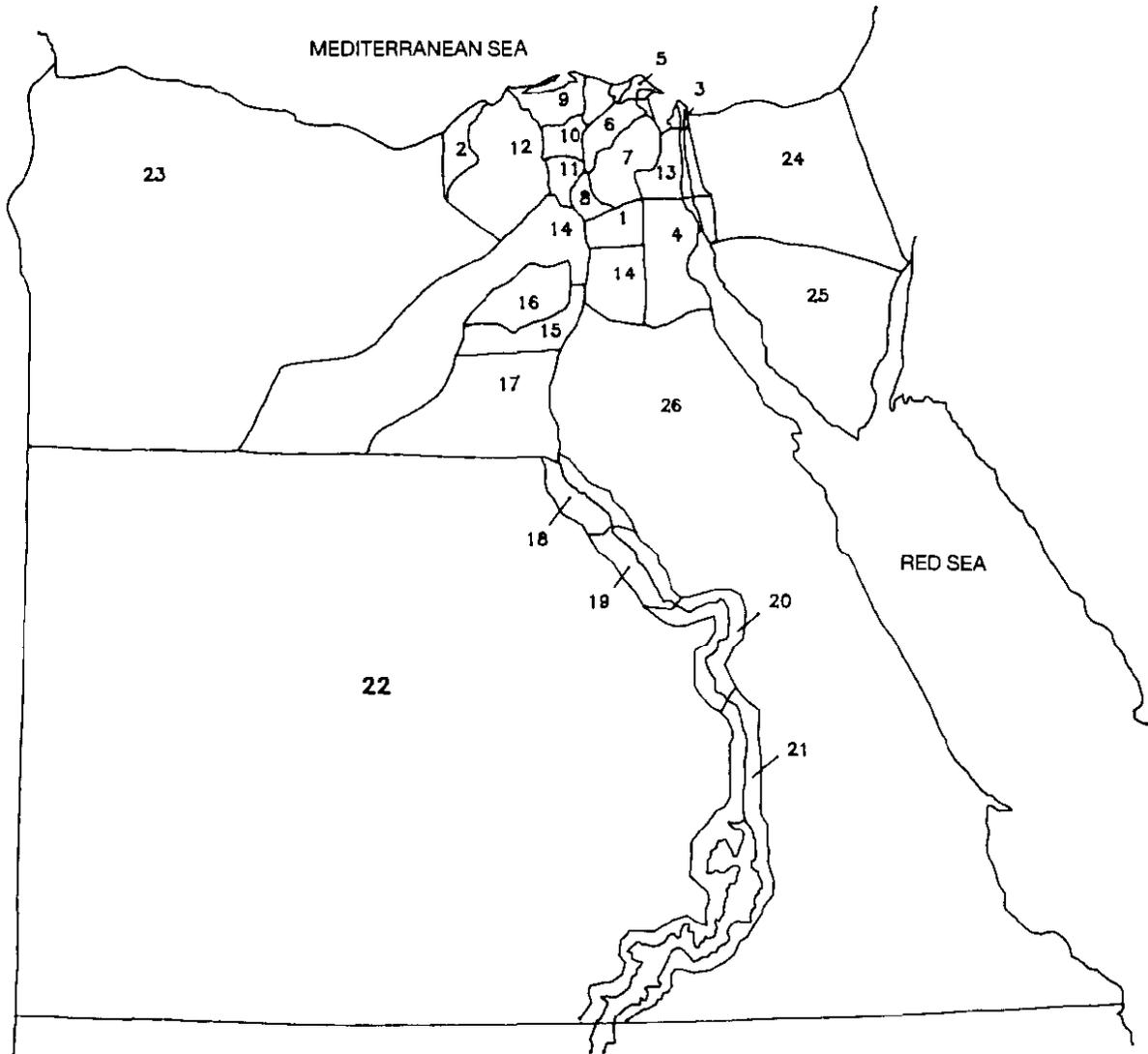
MEDITERRANEAN SEA

RED SEA

URBAN GOVERNORATES	LOWER EGYPT	UPPER EGYPT	FRONTIER GOVERNORATES
1 Cairo	5 Damietta	14 Giza	22 New Valley
2 Alexandria	6 Dakahlia	15 Beni Suef	23 Matrouh
3 Port Said	7 Sharkia	16 Fayoum	24 North Sinai
4 Suez	8 Kalyubia	17 Menya	25 South Sinai
	9 Kafr El-Sheikh	18 Assiut	26 Red Sea
	10 Gharbia	19 Souhag	
	11 Menoufia	20 Qena	
	12 Behera	21 Aswan	
	13 Ismailia		

CHAPTER 1

INTRODUCTION

1.1   Geography

Egypt is situated at the northeast corner of the African continent. The total area of Egypt covers approximately one million square kilometers; however, only 6 percent of this area is inhabited (Central Agency for Population Mobilization and Statistics (CAPMAS), 1993b).

Administratively, Egypt is divided into 26 governorates. Four of these governorates are totally urban (Cairo, Alexandria, Port-Said and Suez). Nine governorates are found in the Nile Delta (Lower Egypt), which extends from Cairo to the Mediterranean Sea, and eight are located in the Nile Valley (Upper Egypt). An additional five frontier governorates are found on Egypt's western and eastern boundaries (see map). Each governorate is divided administratively into smaller units (kism/shiakha in urban areas and markaz/villages in rural areas).

1.2   Demographic and Health Indicators

Population Size, Density and Distribution

On the first of July, 1993, the population of Egypt was estimated to be 56,984[1] million, with a sex ratio of around 104.3 (CAPMAS, 1993a). This figure represents an increase of around 9 million from the reported *de facto* population in the 1986 Census. Figure 1.1 shows that, since 1937, the population has more than tripled in size, increasing from only around 16 million to 57 million in 1993. Projections indicate that, by the year 2025, the population will exceed 90 million; at that point Egypt will rank 17th among the world's most populous countries (United Nations, 1991).

Currently, the majority of Egypt's population lives in rural areas. However, the urban population has been growing rapidly; in 1990, it represented 47 percent of the total population, compared to 44 percent at the time of the 1986 Census data and 37 percent in 1960 (UNDP, 1991). If the urban growth continues at its current rate, Egypt will be mostly urban by the year 2025, with only around 25 percent of its population living in rural areas.

For Egypt as a whole, the population density averages 1,035 persons per square kilometer of inhabited area. The average density varies widely by governorate, fluctuating from a low of 22 persons per square kilometer in Suez to a high of 31,699 in Cairo (CAPMAS, 1993b). Within Egypt's metropolitan areas, some areas are extremely crowded. For example, a number of kisms in Cairo have population densities of more than 100,000 persons per square kilometer, and population density reaches its maximum in a kism in Alexandria, where the density is 128,000 per square kilometer.

Fertility

According to information from the vital registration system (which was established in Egypt in 1912), fertility levels generally have been high in Egypt for the past 50 years, decreasing only gradually between the early 1930s and the mid-1980s, when the decline accelerated. Over this period, the crude birth rate (CBR)

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[1]Excludes 2,579 million who were living abroad.

Figure 1.1
Trend in Population Size by Sex,
Egypt 1937-1992
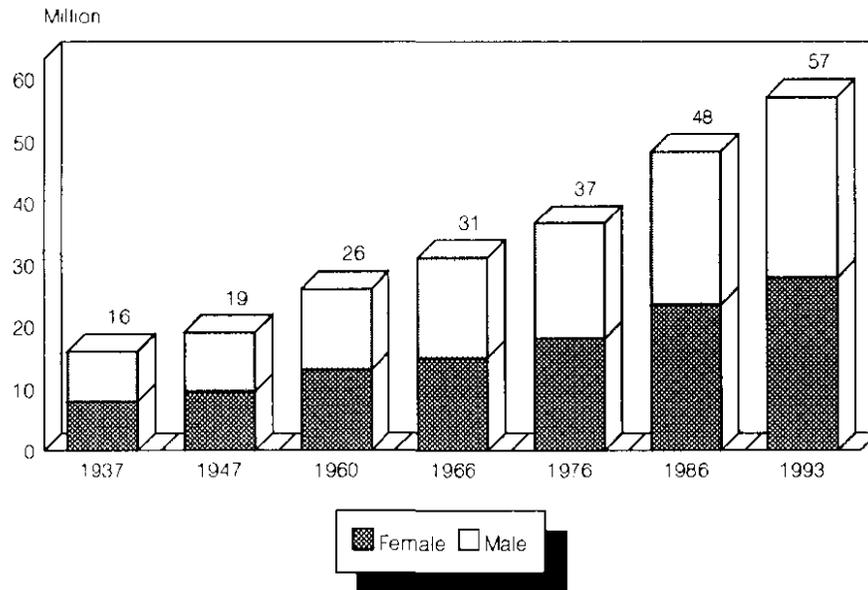
Source CAPMAS, 1993b

fell from a level of 50 births per thousand population to 34.5 births per thousand population in 1973, when it began to rise again.[2] Figure 1.2 shows that, since 1985, the decline in fertility has been continuous, with the CBR falling below 30 per thousand in 1992 (CAPMAS, 1993b).

As a result of the past high fertility, the age structure of the Egyptian population is very young, with around 40 percent of the population under 15 years of age in 1993.

Mortality

Mortality levels started their serious decline after the World War II, with the crude death rate (CDR) dropping from around 30 deaths per thousand population to about 15 deaths per thousand during the sixties. As shown in Figure 1.3, the CDR continued to decline from 9.4 deaths per thousand in the mid-1980s to 7.4 per thousand in 1992 (CAPMAS, 1993b).

Infant and child mortality represent the majority of all deaths, and these rates still are considered high in Egypt. However, there is evidence that they have declined sharply during the period since World War II. The estimated infant mortality rate for the period 1985-90 was about 65 per thousand live births. The IMR is expected to continue to decline to a level less than 40 per thousand by the year 2000-2005 (United Nations, 1991).

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[2]The decline has been attributed to various factors, including the effects of the war and of delays in marriage. However, recent studies suggest that structural changes in the age distribution, resulting from the changes in fertility and mortality conditions during the period 1930-1950, were also responsible for the trend (Bucht and El-Badry, 1986).

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Figure 1.2
Trend in Crude Birth Rate
Egypt 1985-1992

Births per 1,000
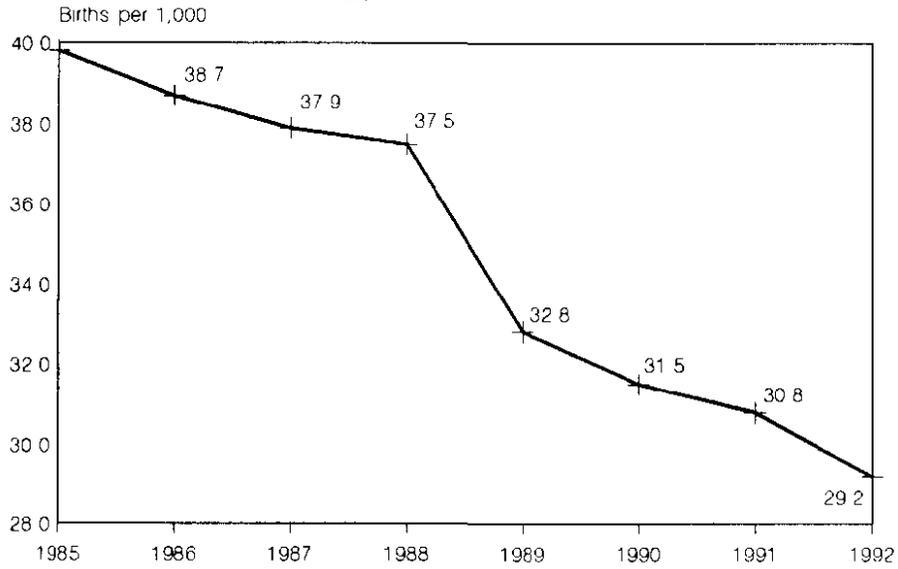
Source CAPMAS, 1993b

Figure 1.3
Trend in Crude Death Rate
Egypt 1985-1992

Deaths per 1,000
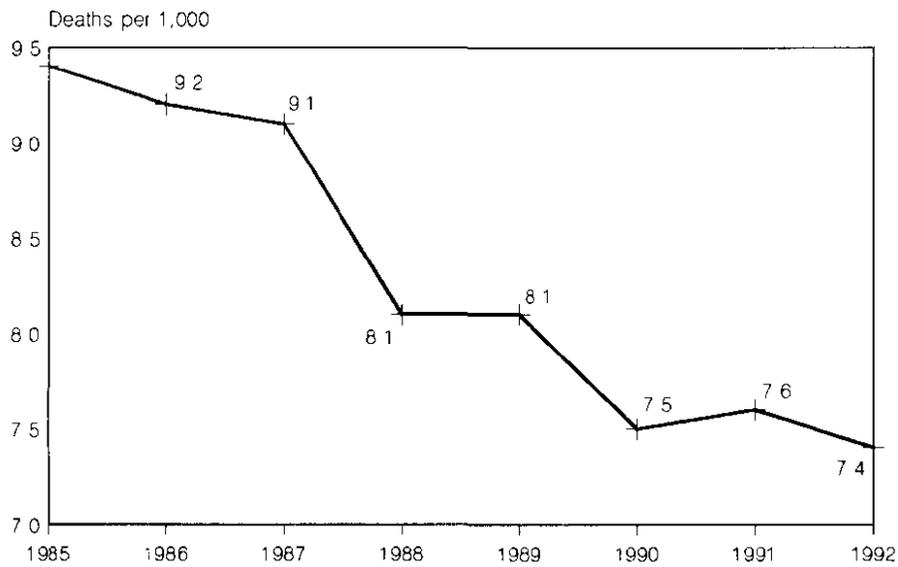
Source CAPMAS, 1993b

The impact of mortality decline was reflected on the increased expectation of life at birth. It reached around 60.3 years in 1990, compared to 46.1 years in 1960 (UNDP, 1991).

In conjunction with the declines in both the fertility and mortality rates, the health status of the Egyptian population has improved in response to governmental efforts. The government increased the proportion of the total budget expended on health from 2.4 percent in 1980 to 2.8 percent in 1991 (World Bank, 1993). As a result, the population per physician declined from 1,900 in 1970 to 1,320 in 1990, and the population per nurse also decreased from 2,320 to 490 during the same period.

1.3   Socioeconomic Indicators

The Egyptian economy has been experiencing drastic changes during the last several decades. It was characterized by a centralist approach in the fifties and sixties, when the market was mainly dominated by the public sector. In the seventies, the "open-door" policy shaped the decade. Since the eighties, the government has been adopting an economic liberalization program that gives the private sector a greater share in the economic market.

Economic reform has achieved tangible results in restoring both external and internal economic equilibria. In the fiscal year 1991/92, the Gross Domestic Product (GDP) reached 125,485 million Egyptian pounds (L.E.) (Central Bank, 1993). This figure represents an average annual increase of 3.9 percent over the GDP at the time that the second five-year plan period started in 1986/87 (at constant 1986/87 prices).

The inflation rate (based on the consumer price index) decreased drastically in 1991/92 to 9.7 percent, compared to 20.7 percent in 1990/91. The drop in the inflation rate is reflected in the stabilization of the exchange rate at 3.3 L.E. to the dollar for the past two years. As a result, the demand for the Egyptian pound increased, and savings deposits in Egyptian pounds rose.

As for the state budget of 1991/92, the deficit was less than half the 1990/91 budget deficit. As a result, the ratio of deficit to the GDP fell to 5.2 percent.

With respect to the external transactions, the surplus in the balance of payments showed a substantial increase, reaching U.S. $3.8 billion during 1991/92. This is compared with a surplus of U.S. $1.4 billion recorded for the first time in the previous year (Central Bank, 1993). The leading earners of foreign currency in the economy are workers' remittances, tourism revenues, Suez Canal dues, and oil exports.

Although the economic indicators show that the economy is improving, Egypt is ranked at the lower end of the human development index (UNDP, 1991). However, a number of key human development indicators have improved over time. Among these improvments are:

- Primary enrollment rates in schools have jumped from 75 percent in 1970 to 98 percent in 1990, while for the secondary stage, the rate increased from 35 percent to 82 percent for the same period. In addition, the primary pupil/teacher ratio declined from 38 to 25 pupils/teacher.

- Female education has improved. Illiteracy among women age 10 and over decreased from 71 percent in 1976 to 63 percent in 1986, according to the 1976 and 1986 population censuses. Female enrollment rates increased dramatically, from 57 percent in 1970 to 90 percent in 1990 for the primary stage. For secondary education, the rate also increased, from 23 percent to 71 percent.

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- The investment allocation for education has increased. The share in total investment during the period 1982/83-1986/87 was 1.8 percent, while the same share was 2.3 percent for the five-year period 1987/88-1991/92.

- The Gross National Product per capita has doubled during the last 20 years to reach US $610 in 1991 (World Bank, 1993).

1.4   Population Policy and Programs

The population problem in Egypt has three interrelated dimensions; namely, high rates of population growth, unbalanced population distribution, and human resource constraints including illiteracy that affect the productivity of the labor force.

Efforts to raise awareness and discussions about the sensitivity and complexity of the population problem began in Egypt in the 1930s. A "National Committee for Population Matters" was established by the government in 1953 (one year after the revolution) to examine the population situation and identify the best course of action that should be followed by the government.

Egypt has had three formal population policies; the first national policy was introduced in 1973 and was followed by an implementation plan for the period 1973-1982 and the second population policy issued in 1980. Following the national population conference that was held in March 1984 under the chairmanship of the President of Egypt, the National Population Council (NPC) was established, and the third National Population Policy was adopted in 1986.

The 1986 population policy recognized seven principles necessary for the achievement of its basic objectives. These principles include: 1) Each family has the right to decide on the appropriate number of children to have and to obtain information about the means to enable them to achieve their decision within the framework of religion, Egypt's civilization and the values of its society; 2) the avoidance of the use of abortion or sterilization as a means of family planning; 3) recognition of the citizen's right to migrate and to move from place to place within Egypt or abroad; 4) adoption of a positive incentive system based on increased awareness of the role of the individual and the community and the avoidance of any methods of coercion, negative incentives or punitive methods; 5) educational, cultural and health development of the individuals to help them to become a source of productive energy; 6) local government bodies are considered the base for implementation of all programs; and 7) encouragement of voluntary efforts and community participation in the solution of the problem.

Targets for key indicators relating to population growth are set by the Egyptian government. The target-setting process significantly improved over the years, especially with the availability of basic population and family planning data, which has served as the basis for periodically updating the targets since the 1986 policy was adopted. In 1991, the NPC introduced a population strategy with targets for the rate of natural increase, crude birth rate, total fertility rates, and contraceptive prevalence (National Population Council, 1991). The targets are as follows:

- The crude birth rate is to be reduced to 27 per thousand in the year 1997 and 26 per thousand in 2002.

- The rate of natural increase in the years 1997 and 2002 will be reduced to 2.0 percent and 1.9 percent, respectively.

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- The total fertility rate will be reduced to 3.5 in 1997 and 3.1 in 2002.

- Current contraceptive prevalence will increase to 55 percent and 59 percent in the year 1997 and 2002, respectively.

In sum, Egypt, which was one of the first countries to adopt formal population policies and objectives, has already achieved a demographic breakthrough as a result of changes in key demographic variables. The success of this process is reflected in the evaluation of the population program's performance during the 1980s. According to a review of the performance of family planning programs in 98 countries, the Egyptian program was categorized in 1989 as at the top of the moderate group, which represents a significant improvement over previous program performance which was described as weak (Mauldin and Ross, 1991).

1.5   Health Policies and Programs

Health for all by the year 2000 is the main health objective of the Egyptian Government. The Ministry of Health (MOH) has long given high priority to implementing this objective, developing a national system of health facilities providing services at all levels (central, governorate and local). The MOH is especially concerned with increasing the coverage of the health care system, especially in rural areas, emphasizing preventive care and children's immunization.

Primary health care for all, and especially maternal and child health care, have recently gained significant additional momentum from the Egyptian Government. The Egyptian health policy emphasizes:

- Provision of health services for all, with adherence to social justice and more attention to upgrading medical care suitable to the individual's income level;
- Reduction of mortality and morbidity;
- Improved health care quality;
- Increased coverage of child immunization programs;
- Expansion of the national health care financial system and introduction and/or development of other types of health insurance;
- Development of the cost-recovery system and a greater role for the private sector;
- Provision of health education and health messages and studies relating to health economics;
- Continual upgrading of the health information system;
- Review and modification of health legislation on a periodic basis to cope with social changes; and
- Improved management of the health services system.

1.6   Objectives and Organization of the Survey

The 1992 Egypt Demographic and Health Survey (EDHS) is the latest in a series of national-level population and health surveys in Egypt.[3] It was implemented under the supervision of the National Population Council (NPC) with financial support from the United States Agency for International Development (USAID). Macro International Inc. provided technical assistance for the survey through the international Demographic and Health Surveys program.

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[3]In addition to the first EDHS conducted in 1988 (Sayed et al., 1989), these surveys include the 1979-1980 Egypt Fertility Survey (EFS) (Hallouda et al., 1983), the 1980 and 1984 Contraceptive Prevalence Surveys (ECPS) (Khalifa et al., 1982 and Sayed et al., 1985) and the 1991 Egypt Maternal and Child Health Survey (EMCHS) (Abdel-Azeem et al., 1993).

Survey Objectives

The primary objective of the EDHS is to provide data on fertility and mortality, family planning, and maternal and child health. The survey obtained detailed information on these issues from a sample of ever-married women in the reproductive ages. In addition, a subsample of husbands was interviewed in an effort to obtain information on their fertility preferences and the role which they play in family planning decisionmaking.

The EDHS information is intended to assist policymakers and administrators to evaluate existing programs and to design new strategies for improving family planning and health services in Egypt. A secondary objective is to enhance the capabilities of institutions in Egypt to collect, process and analyze population and health data so as to facilitate the implementation of future surveys of this type.

Organization and Timetable

Figure 1.4 presents the organizational structure of the 1992 EDHS staff. A list of the staff involved in each phase of the EDHS is included in Appendix A. A detailed timetable is shown in Table 1.1. The organization, training and supervision of the staff participating at the various stages of the survey are described below.

Figure 1.4
Organization of the 1992 EDHS Staff
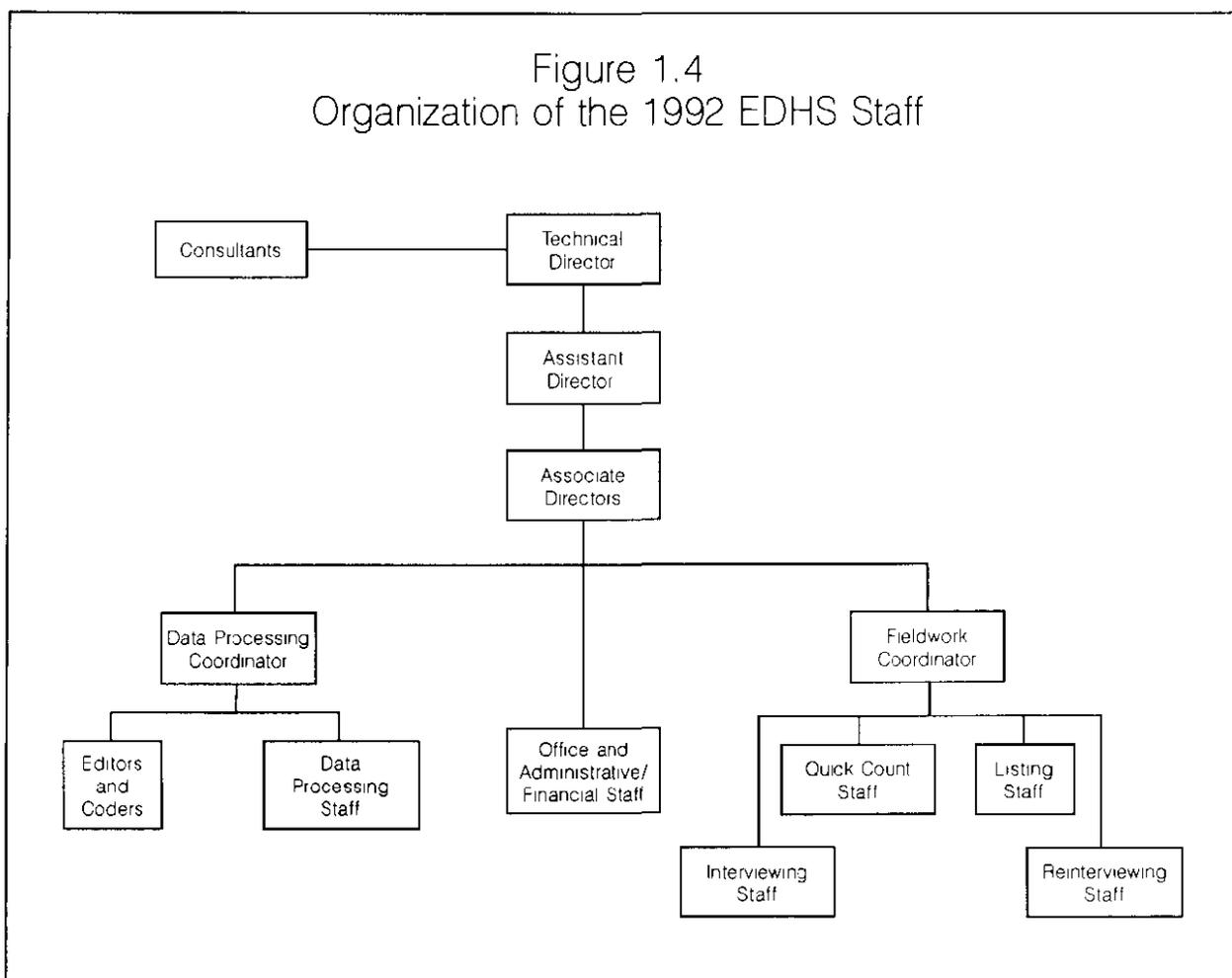
Table 1.1 Survey timetable, Egypt 1992

Activity	Starting Date	Duration
Development of the sample design	January 1992	1 month
Quick-count operation	May 1992	3 months
Recruitment and training of listing staff	August 1992	3 weeks
Listing and relisting	September 1992	1 month
Sample selection	October 1992	2 weeks
Questionnaire design	April 1992	1 month
Preparation of training manuals and other documents	May 1992	3 months
Printing the pretest materials	May 1992	2 weeks
Pretest	May 1992	2 weeks
Finalization of questionnaires	August 1992	1 month
Recruitment of field staff	September 1992	1 month
Printing survey materials	September 1992	1 month
Training of field staff	October 1992	4 weeks
Fieldwork	November 1992	2 months
Reinterviews	December 1992	5 weeks
Office editing	November 1992	3 months
Data entry	November 1992	3 months
Computer editing	December 1992	3 months
Preliminary report	March 1993	2 weeks
Detailed tabulations	April 1993	1 month
Final report preparation	July 1993	4 months

Sample Design

The 1992 Egypt Demographic and Health Survey covered over 11,000 households, which were scattered in 21 governorates. One of the key concerns in the design of the sample was the need to provide reliable estimates of fertility levels and contraceptive use for Egypt as a whole, and for urban and rural areas separately. Other domains for which reliable estimates were desired included the Urban Governorates, Upper Egypt, and Lower Egypt. In addition, estimates of key indicators for the women's sample were needed at governorate level. In order to allow for the governorate-level estimates, the number of households selected from each governorate is disproportionate to the size of the population in the governorate; thus, the EDHS sample is not self-weighting at the national level.

The 1992 EDHS sample was selected in three stages. The sampling units at the first stage were shiakhas/towns in urban areas and villages in rural areas. The frame for the selection of these primary

sampling units (PSUs) was based on 1986 census data, which were provided by the Central Agency for Public Mobilization and Statistics (CAPMAS). During the first stage selection, 377 PSUs were sampled (169 in urban areas and 208 in rural areas).

The second stage of selection involved several steps. First, maps were obtained for each shiakha and village that had been selected at the first stage and divided into a number of roughly equal-sized parts. One of the parts was then selected from each PSU. In both urban and rural PSUs, a quick-count operation was carried out in the field to provide the information which was used to divide the selected part into a number of segments of roughly equal size. Two segments from urban areas and one segment from rural areas were then chosen as the secondary sampling units.

After the secondary sampling units (SSUs) were selected, a household listing was obtained for each SSU. Using the household listing, a systematic random sample of households was chosen for the EDHS. A subsample of one-third of the households in every segment was selected for the husband survey. All ever-married women 15-49 who were present in the household on the night before the interview were eligible for the survey. The husbands' sample covered men who were currently married to eligible women.

A more detailed description of the sample design is included in Appendix B. Sampling errors for key variables are presented in Appendix C.

Sample Implementation

Two different field operations were conducted during the sample implementation phase of the 1992 EDHS. A quick count for the PSUs selected in shiakhas/towns and villages was the first field operation. The objective of the quick count was to obtain an estimate of the number of households in the part to serve as the measure of size for the second stage selection.

Experience in the 1988 EDHS, in which a quick-count operation was carried out in only the urban PSUs, indicated that there was frequently significant variation between the target and the actual number of households in rural areas. This variation was largely due to the imprecision in assigning measures of size in some rural PSUs, which involved measuring the residential area on a map, many of which were out of date. Therefore, it was decided to carry out a quick count in both urban and rural areas.

Prior to the quick-count operation, maps were obtained for each shiakha or town selected for the urban sample and for villages included in the rural sample that had more than 20,000 population. These maps were divided into approximately equal-sized parts, and one part was randomly selected for the quick-count operation. For villages with less than 20,000 population, the quick count was carried out for the entire village. It should be noted that the quick count for a rural area covered both the main village and all associated hamlets.

The one-week training course held prior to the quick-count field operation included both classroom instruction and practical training in shiakhas and villages not covered in the survey. The quick-count operation, which covered all 377 PSUs, was carried out between mid-May and mid-July 1993. A group of 52 field staff participated in the quick-count operation. The staff was divided into 15 teams, each composed of one supervisor, one cartographer and one counter.

As a quality control measure, 10 percent of the parts were selected, and a second count obtained. If the difference between the first and second counts was within 2 percent, the first count was accepted; otherwise, another visit was made to the field to resolve the discrepancy between the two counts. There were only a few cases in which a third visit was required.

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The second field operation during the sample implementation phase involved a complete listing of all of the households living in the 546 segments chosen during the second stage of the sample selection. Prior to the household listing, 38 listing staff attended a one-week training course, which involved both classroom lectures and field practice. After the training, 11 listing teams were formed. Each team consisted of a supervisor and two listers.

The listing operation started on September 10th and was completed by mid-October. Segments were relisted when the number of household in the listing differed markedly from that expected based on the quick-count figures.

Questionnaire Development and Pretest

The 1992 EDHS involved three types of questionnaires: a household questionnaire, an individual questionnaire for women, and an individual questionnaire for husbands. These questionnaires were based on the model survey instruments developed for the international Demographic and Health Surveys program. In particular, the household and women's questionnaires were built on the DHS model "A" questionnaire for high contraceptive prevalence countries. Additional questions on a number of topics not covered in the DHS model questionnaire were included in both the household and individual questionnaires.

The questionnaires were pretested in May 1992, following a two-week training course for supervisors and interviewers. Two supervisors, two field editors and ten interviewers participated in the pretest. Interviewer comments and tabulations of the pretest results were reviewed during the process of modifying the questionnaires. An English translation of the final Arabic language questionnaires is included in Appendix E.

The household questionnaire obtained a listing of all usual household members and visitors and identified those present in the household during the night before the interviewer's visit. For each of the individuals included in the listing, information was collected on the relationship to the household head, age, sex, marital status, educational level, occupation and work status. Finally, the household questionnaire also included questions on characteristics of the physical and social environment of the household (e.g., availability of electricity, source of drinking water, household possessions, etc.), which are assumed to be related to the health and socioeconomic status of the household.

The individual questionnaire for women was administered to all ever-married women age 15-49. It obtained information on the following topics:

- Background characteristics
- Reproduction
- Knowledge and use of family planning
- Other issues relating to contraception
- Fertility preferences
- Maternal care and breastfeeding
- Immunization and health
- Marriage
- Husband's background, residence and women's work

The women's questionnaire included a monthly calendar, which was used to record fertility, contraceptive use, marriage, spousal absence, migration, and employment histories for a nearly six-year period beginning in January 1987. In addition, the interviewing teams measured the height and weight of all children who were born since January 1987 and of their mothers.

The husbands' questionnaire was administered to all men who were currently married to an eligible woman in the households included in the husbands' survey subsample. The husbands' questionnaire was similar but shorter than the women's questionnaire. It included questions relating to background characteristics, lifetime childbearing, fertility preferences, knowledge, use and attitudes toward family planning, and the status of women.

Data Collection Activities

Staff Recruitment. Candidates for the positions of interviewer and field editor were identified in two ways. First, advertisements in newspapers attracted a number of applicants. Second, the Ministry of Social Affairs (MOSA) nominated a number of its female personnel, who were working to fulfill the mandatory one-year period of governmental service for university graduates. All candidates for the field staff positions were interviewed, and only those who were qualified were accepted in 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 few exceptions, interviewers who had previous experience in surveys were not accepted in the training program. This decision was taken to reduce any bias that might result from their previous 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 giving general guidelines to follow in 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 and distributed to all field workers.

Other training materials included special manuals describing the duties of the team supervisors and the rules for field editing. Instructions regarding the anthropometric data collection were included in a manual that was made available to the interviewers who were trained as measurers and team supervisors.

Supervisor and Interviewer Training. Interviewer training for the 1992 EDHS data collection began in the first week of October 1992. Seventeen supervisors, 14 assistant supervisors, plus 97 interviewers participated in the training program. 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 also covered the questionnaire in order to give supervisors a head start prior to the main training program.

The training program, which was held in Cairo for four weeks, included:

- general lectures related to family planning and public health;
- 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
- five quizzes.

Trainees who failed to show interest in the survey, did not attend the training program on a regular basis, or failed the first three tests were disqualified immediately. The training was originally planned for three weeks, but because of disruptions due to the October 12 earthquake, the training program was extended for an additional week.

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At the beginning of the third week of the training, a preliminary list was compiled of the 20 trainees who had performed best during both the classroom and field exercises. Those trainees were further examined in order to select 12 field editors. A special training session was held for the field editors following their selection.

About 45 trainees plus all assistant supervisors were selected for anthropometric training. This training included both classroom lectures and practice measurement in a nursery school. At the end of the program, the 36 best trainees were selected to serve as measurers during the EDHS fieldwork.

At the end of the training course, 63 of the 97 candidates originally recruited for the interviewer training were selected to work as field editors, interviewers and measurers in the EDHS fieldwork.

Fieldwork. Fieldwork for the survey including initial interviews, callbacks, and reinterviews began on November 7, 1992 and was completed on February 8, 1993. A total of 91 staff, including one fieldwork coordinator, one assistant fieldwork coordinator, 13 supervisors, 13 assistant supervisors, 12 field editors and 51 interviewers were responsible for the data collection. All supervisors and assistant supervisors were male, while field editors and interviewers were female.

The field staff was divided into 12 teams; each team had a supervisor, assistant supervisor, a field editor and four or five interviewers. Usually two of the interviewers in the team and the field editor plus the assistant supervisor were specially trained to collect the height and weight measurements. During the fieldwork, each team worked in two governorates, except Cairo and Ismailia.

At the beginning of the fieldwork, visits were made to all of the areas in which earthquake damage had occurred in order to check and, if necessary, update the original household listings. Listings were checked in Cairo, Giza, Kalyubia, Fayoum, Menya, Beni Suef and Ismailia. Only a few segments had experienced significant damage, and, even in those segments, 70 percent or more of the households listed initially were found at their original addresses. Thus, the earthquake did not adversely affect the EDHS sample.

After the initial fieldwork was completed, a random sample of up to 10 percent of the interviews were reinterviewed as a quality control measure. In the reinterview, a shorter version of the questionnaires was used. Household and individual questionnaires which were incomplete or had errors that could not be corrected in the office were also assigned for callbacks. Special teams were organized to handle callbacks and reinterviews. During the reinterview and callback phase of the survey, interviewers were not allowed to work in the governorates in which they had participated in the initial fieldwork.

Data Processing Activities

Office Editing. The central office of the EDHS was responsible for collecting questionnaires from supervisors as soon as a cluster was completed. Questionnaires were coded and reviewed for consistency and completeness by office editors. To provide feedback for the field teams, the office editors were asked to write a summary report of problems for each PSU. The report was then reviewed by one of the two senior staff assigned to supervise the work of the office editors. When there were serious errors found in one or more questionnaires from a cluster, the team supervisor was contacted in order to ensure that the problem would not occur in other clusters in which the team was working.

Machine Entry and Editing. The data were entered and edited on microcomputers using the Integrated System for Survey Analysis (ISSA), a package program specially developed to process DHS data. ISSA allows range, skip and most consistency errors to be detected and corrected at the entry stage,

substantially reducing the time required for the processing of data. The machine entry and editing phase began while interviewing teams were still in the field. The data entry personnel used eight IBM-compatible microcomputers to process the EDHS questionnaires. During the machine entry 20 percent of each segment was reentered for verification. One of the computers was assigned for this process. Working six days per week in two shifts, the data entry personnel completed the machine entry and editing of the data in three months.

Coverage of the Sample

Table 1.2 summarizes the results of the household and individual interviews. A total of 11,304 households were selected; of these households, 10,760 were successfully interviewed. As noted, an eligible respondent for the women's survey was defined as an ever-married women between the age of 15 and 49 years present in the household on the night before the interview. A total of 9,978 eligible respondents were identified, and of these women, 9,864 (99 percent) were interviewed.

A total of 3,027 men were identified as eligible for the husbands' survey, i.e, they were resident in a household selected for the husband subsample and married to a woman between the ages of 15 and 49. Of the eligible men, 2,466 were successfully interviewed (82 percent).

Table 1.2 Results of the household and individual interviews

Number of households and eligible women and husbands and response rates by urban-rural residence and place of residence, Egypt 1992

Interview results	Urban	Rural	Urban Gover-norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Households sampled	6082	5222	3243	4215	1551	2664	3846	1299	2559	11304
Households found	5874	5076	3132	4121	1506	2615	3697	1236	2461	10950
Households interviewed	5726	5034	3039	4067	1481	2586	3654	1206	2448	10760
Household response rate	97.5	99.2	97.0	98.7	98.3	98.9	98.8	97.6	99.5	98.3
Eligible women	4725	5253	2517	3864	1215	2649	3597	993	2604	9978
Eligible women interviewed	4673	5191	2487	3812	1200	2612	3565	986	2579	9864
Eligible woman response rate	98.9	98.8	98.8	98.7	98.8	98.6	99.1	99.3	99.0	98.9
Eligible husbands	1426	1601	773	1175	360	815	1079	293	786	3027
Eligible husbands interviewed	1196	1270	664	947	295	652	855	237	618	2466
Eligible husband response rate	83.9	79.3	85.9	80.6	81.9	80.0	79.2	80.9	78.6	81.5

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS
AND RESPONDENTS

This chapter describes the general characteristics of the sample population, including age and sex composition, residence, education, housing facilities, household possessions and exposure to mass media. The highlighted factors are those that influence nuptiality, fertility, and contraceptive behavior, as well as maternal care and child morbidity and mortality.

2.1   Characteristics of the Household Population

The 1992 EDHS questionnaire included two questions distinguishing between the *dejure* (persons who are usual residents in the selected household) and the *de facto* (persons who spent the night before the interview in the household) populations. This report uses the de facto definition, unless stated otherwise.

Age and Sex

Table 2.1 and Figure 2.1 show the distribution of the de facto household population by five-year age groups,[1] according to sex and urban-rural residence. The sex ratio for the population as a whole is 98.5

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 1992

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	12.1	11.4	11.7	16.9	15.3	16.1	14.7	13.5	14.1
5-9	13.0	12.8	12.9	15.8	15.2	15.5	14 5	14.1	14.3
10-14	13.1	12.5	12.8	14.3	13.2	13.7	13.7	12.8	13.3
15-19	10.4	10 0	10.2	11.3	10.7	11.0	10.9	10.4	10.6
20-24	7.6	8.7	8.2	6.6	7.8	7.2	7.0	8.2	7.6
25-29	7 5	8.4	7.9	6.5	7.5	7.0	7.0	7.9	7.4
30-34	7.1	7.3	7 2	5.5	6.0	5.7	6.2	6.6	6.4
35-39	5.8	6.8	6 3	4.8	5.2	5.0	5.3	5.9	5.6
40-44	5.9	5.5	5.7	4.0	4.4	4.2	4.9	4.9	4.9
45-49	4.3	4.3	4.3	3.4	3.3	3.4	3.8	3.8	3.8
50-54	3.2	3.5	3.4	2.6	2.9	2.8	2.9	3.2	3.0
55-59	3.1	2 8	2.9	2.5	2.4	2.4	2.8	2.6	2.7
60-64	2.4	2.7	2.5	2.2	2.5	2.4	2.3	2.6	2.4
65-69	2.0	1.5	1.8	1.6	1.6	1.6	1.8	1.5	1.7
70-74	1 3	1.1	1.2	1.0	1.2	1.1	1.1	1.1	1.1
75-79	0.6	0.3	0.4	0.4	0.3	0.3	0.5	0.3	0.4
80 +	0.5	0.5	0.5	0.6	0.6	0.6	0 5	0.6	0.5
Total	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0	100.0
Number	13517	13650	27167	15771	16095	31866	29288	29745	59033

[1]Single-year age distributions are presented in Appendix D, which reviews the quality of the EDHS data.

Figure 2.1
Population Pyramid of Egypt

EDHS 1992
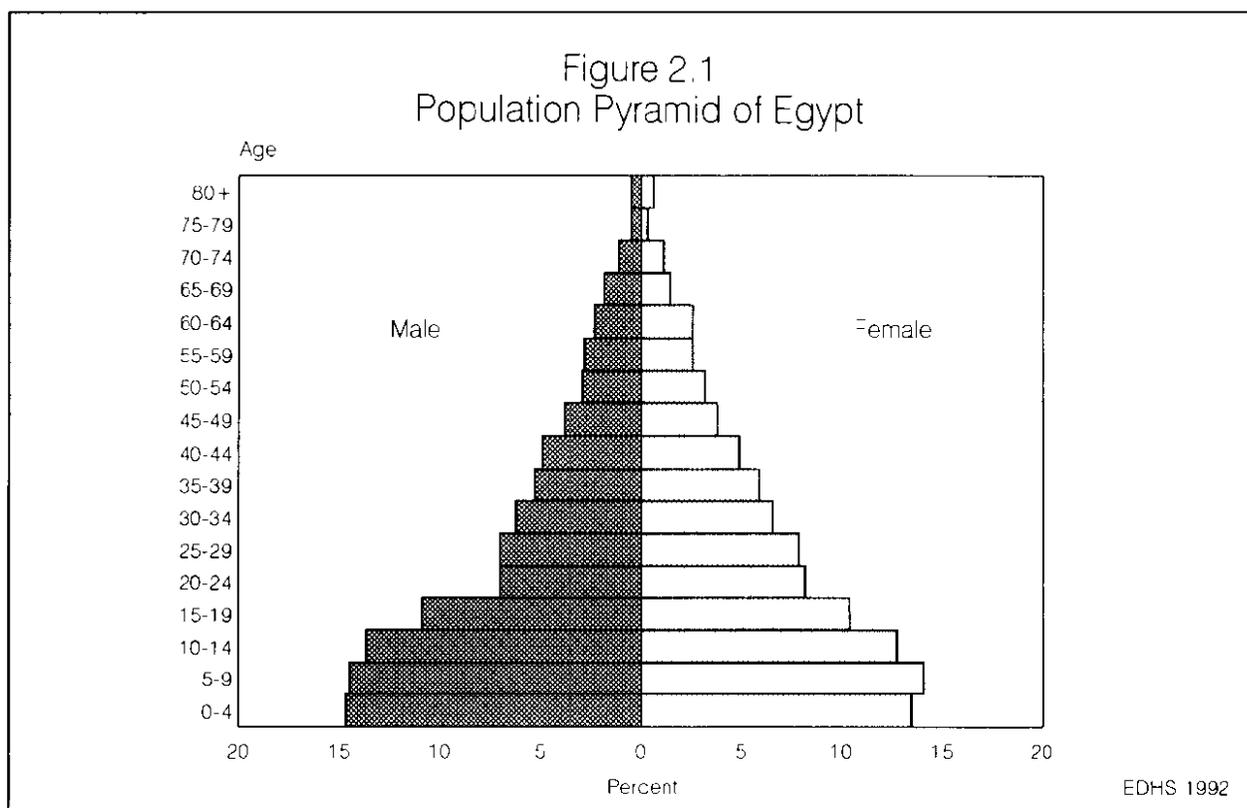
males for every 100 females. The age pattern is typical of a country with relatively high fertility in the recent past, i.e., a much greater concentration of the population in younger than older age groups. The urban age distribution has a narrower base (i.e, is less concentrated at the younger ages) and a broader spread than the rural distribution; the differences in the age distributions for the two groups are a result of the lower fertility and mortality levels in urban areas compared to rural areas.

Table 2.2 presents the distributions of the de facto household populations by broad age groups for the 1988 and 1992 DHS surveys. The distributions are nearly identical. Dependency ratios also are shown. The age dependency ratio is the ratio of non-productive persons (persons age 0 to 14 and age 65 and over) to persons age 15 to 64. The dependency ratio indicates that, in Egypt, for every person in the productive age groups, there are 0.8 persons under age 15 or over age 64.

Household Size and Composition

Household characteristics affect the social and economic well-being of the members of the household. Large household size may be associated with crowding, which can lead to unfavorable health conditions. Household head-

Table 2.2 Population by age, 1988 and 1992

Percent distribution of the population by broad age group, 1988 EDHS and 1992 EDHS

Age group	1988 EDHS	1992 EDHS
Less than 15	41.2	41.7
15-64	55.0	54.6
65+	3.8	3 7
Total	100.0	100.0
Dependency ratio	81.8	83.2

ship is another important indicator of household welfare. Households headed by females, usually have limited financial resources. Finally, the data on household composition provide the basis for an analysis of relationship structure, distinguishing nuclear from extended households.

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Information on the size and composition of sampled households is shown in Table 2.3. Unlike the two earlier tables, Table 2.3 is based on de jure members, i.e., usual residents. Of all households covered, 12 percent are headed by women. There is almost no difference between urban and rural areas in the percentage of female-headed households.

There are, on average, 5.6 persons in an Egyptian household. Only one in eight households includes 2 or less persons, and one in five has 8 or more persons. Urban households are considerably smaller, on average, than rural households (4.9 persons and 6.5 persons, respectively). Many rural households are quite large. For example, around one in three rural households has 8 or more persons compared to only one in nine urban households.

Taking account of adult household members age 15 and over only, the large majority of households are composed of two related adults of the opposite sex or of three or more related adults. Single adult households are relatively rare, comprising only 6 percent of all households. In rural areas, there are almost twice as many households with three or more related adults as households with two related adults (61 percent and 32 percent, respectively). In urban areas, households are more evenly divided between these two types.

Only 1 percent of households include foster children, i.e., children under the age of 15 who live in households in which neither their natural mother nor their natural father is resident.

Education of the Household Population

Table 2.3 Household composition

Percent distribution of households by sex of head of household, household size, and relationship structure, and percentage of households with foster children, according to urban-rural residence, Egypt 1992

Characteristic	Urban	Rural	Total
Household headship			
Male	87.4	89.1	88.2
Female	12.6	10.9	11.8
Total	100.0	100.0	100.0
Number of usual members			
1	5.2	3 7	4 4
2	10.3	6.6	8.5
3	12.1	7 9	10 1
4	18.6	11.1	15.0
5	18.6	12.3	15 6
6	14.7	13.6	14.2
7	9.2	12.6	10.8
8	5.3	10 1	7.6
9+	5.9	22.1	13.6
Total	100.0	100.0	100.0
Mean size	4.9	6.5	5 6
Relationship structure			
One adult	6 1	5.1	5.6
Two related adults·			
Of opposite sex	42.3	32.2	37.5
Of same sex	1.7	1 5	1.6
Three or more related adults	49.2	60.8	54.7
Other	0.6	0.3	0.4
Total	100.0	100.0	100.0
Households with foster children	1 2	1 2	1.2
Number of households	5651	5109	10760

Note: Table is based on de jure members, i.e., ususal residents. Foster children are those under age 15 living in households with neither their mother nor their father present.

Education has been identified in the literature as an important variable affecting demographic and health behavior. Higher education is usually associated with use of family planning methods and better health practices.

The education system in Egypt has evolved over a long period of time. There have been many changes, especially in the number of years of compulsory schooling. Currently, basic education is compulsory for the first 8 years, starting at age six. A further three-year period, known as the secondary

stage, is not compulsory. Although many students pay to attend private schools, particularly in urban areas, public education at all levels including universities is free.

Tables 2.4.1 and 2.4.2 present data on the educational composition of the population age five and over obtained from the EDHS household questionnaire. The results highlight the gap in educational attainment that exists between men and women in Egypt. Overall, 78 percent of men have attended school compared to only 59 percent of women. The median number of years of schooling for males (5.3 years) is more than twice the median number for females (2.3 years).

The improvements that have occurred in public education in recent decades can be examined by looking at the changes in the educational indicators across successive age cohorts (see Tables 2.4.1 and 2.4.2). Both sexes show a rapidly increasing level of education although females continued to lag behind males until recently. For example, the median number of years of schooling for men in the 25-29 age group is 11.5 years compared to 4.0 years for women in the same cohort. In younger cohorts, the sex differentials are narrower; the gap in the median number of years of schooling is less than four years for the 20-24 age group and less than one year for those under age 20 (see Figure 2.2).

Table 2.4.1 Educational level of the male household population

Percent distribution of the de facto male household population age five and over by highest level of education attended, according to selected background characteristics, Egypt 1992

Background characteristic	None	Some primary	Primary through secondary	Completed secondary/ higher	Missing	Total	Number of persons	Median number of years
Age group								
5-9	28.4	71 4	0.1	0 0	0.0	100.0	4249	1 1
10-14	5.8	42.2	51.9	0.1	0.0	100.0	4025	6.1
15-19	7 8	12 7	65 7	13.8	0.0	100 0	3194	9.5
20-24	11 0	11.5	20.4	56.9	0 1	100.0	2063	12.2
25-29	14 7	20 5	16.0	48.7	0 1	100 0	2036	11 5
30-34	16 9	23.0	16 3	43.7	0 1	100 0	1822	8.9
35-39	22 3	24.7	17 2	35.8	0.0	100 0	1546	6.4
40-44	28.9	22.2	17.9	30 9	0.0	100.0	1430	5.9
45-49	36 5	20 0	17 7	25 9	0.0	100 0	1128	5 2
50-54	42 3	20.8	17 3	19.0	0.5	100.0	846	3.5
55-59	48 9	23.1	11 3	16 7	0.0	100.0	810	1 0
60-64	56 1	25 5	9 1	9 4	0.0	100.0	680	0 0
65+	68.6	15 8	8 2	7 5	0.0	100.0	1165	0 0
Urban-rural residence								
Urban	15.0	29 0	27.6	28 4	0.0	100 0	11886	6 7
Rural	29 4	33 7	23 4	13.5	0 0	100 0	13110	4 0
Place of residence								
Urban Governorates	13.6	28 4	29.1	28.9	0 0	100 0	6130	6.9
Lower Egypt	22.9	32.6	25.8	18.6	0.0	100 0	10474	5 2
Urban	14.7	30 3	27 7	27.3	0 0	100 0	3130	6.6
Rural	26 5	33 6	25.0	14.9	0 0	100.0	7344	4.5
Upper Egypt	28.6	32 2	22 3	16.9	0 1	100.0	8392	4.2
Urban	18 5	28 9	24.1	28 4	0.1	100 0	2626	6.4
Rural	33 2	33 7	21 4	11.7	0 0	100 0	5765	3.2
Total	22 5	31.4	25 4	20 6	0.0	100 0	24995	5 3

Table 2.4.2 Educational level of the female household population

Percent distribution of the de facto female household population age five and over by highest level of education attended, according to selected background characteristics, Egypt 1992

Background characteristic	None	Some primary	Primary through secondary	Completed secondary/ higher	Missing	Total	Number of persons	Median number of years
Age group								
5-9	37.6	62.4	0.0	0.0	0 0	100 0	4199	0 9
10-14	16.0	35.9	48.1	0.0	0.0	100.0	3819	5.4
15-19	23.6	11.0	51.6	13.7	0.0	100.0	3090	8.9
20-24	33.9	11.7	12.7	41 7	0.0	100 0	2445	8 4
25-29	40.8	18.8	10.0	30 5	0.0	100 0	2355	4.0
30-34	42.1	24 2	8.5	25.2	0.0	100.0	1956	3.1
35-39	46 4	25.1	10.1	18.4	0.0	100.0	1768	2.3
40-44	53.6	22.9	10.9	12.5	0.1	100.0	1457	0.0
45-49	59.1	20.7	11.8	8.4	0.0	100 0	1131	0 0
50-54	65 6	22.4	6.0	6.0	0.0	100.0	948	0.0
55-59	70.7	21.3	4.0	3.9	0 2	100.0	759	0 0
60-64	76.6	17.0	4 5	1 8	0 0	100 0	763	0 0
65+	88.1	8.0	2 3	1 4	0 3	100 0	1040	0 0
Urban-rural residence								
Urban	26.0	29.2	23 2	21.6	0.0	100 0	12096	5 0
Rural	53.7	26.4	14.3	5.6	0 0	100 0	13638	0 0
Place of residence								
Urban Governorates	23.9	27.9	24.8	23.4	0 0	100.0	6089	5.7
Lower Egypt	40.2	29 8	18.8	11.2	0.0	100.0	10773	2.2
Urban	26.3	31.5	22.0	20.1	0.0	100.0	3173	4 6
Rural	46.0	29.1	17.4	7 4	0 0	100 0	7600	1 0
Upper Egypt	52 7	25.1	13.8	8.4	0.0	100.0	8872	0.0
Urban	30.0	29.4	21.2	19.4	0.0	100.0	2834	4.2
Rural	63 3	23.1	10.4	3.2	0 0	100 0	6038	0 0
Total	40.7	27.7	18.5	13 1	0 0	100 0	25733	2 3

There is a notable difference in educational attainment between urban and rural residents. The median number of years of schooling for urban men is 6.7 years, almost 3 years more than for rural men. The differential is even greater for females. On average, urban women have spent 5 years in school compared to less than 1 year among rural women. By place of residence, the Urban Governorates show the highest medians and rural Upper Egypt the lowest medians for both females and males. The low level of educational attainment of women in rural Upper Egypt is particularly striking. For example, while around half of women in rural Lower Egypt have attended school, only about one-third of women in rural Upper Egypt have gone to school.

School Enrollment

Table 2.5 presents the percentage of the household population 6-24 years of age who are enrolled in school. Around eight in ten children age 6-15 are enrolled in school. Enrollment after age 15 drops substantially; only 43 percent of the population age 16-20 are attending school and, among those in their early twenties, only 11 percent are still in school. School enrollment rates are higher for urban than rural residents, particularly among those age 16 and over.

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Figure 2.2
Median Number of Years of Education
by Sex and Age

Median years of education

Legend: Male, Female
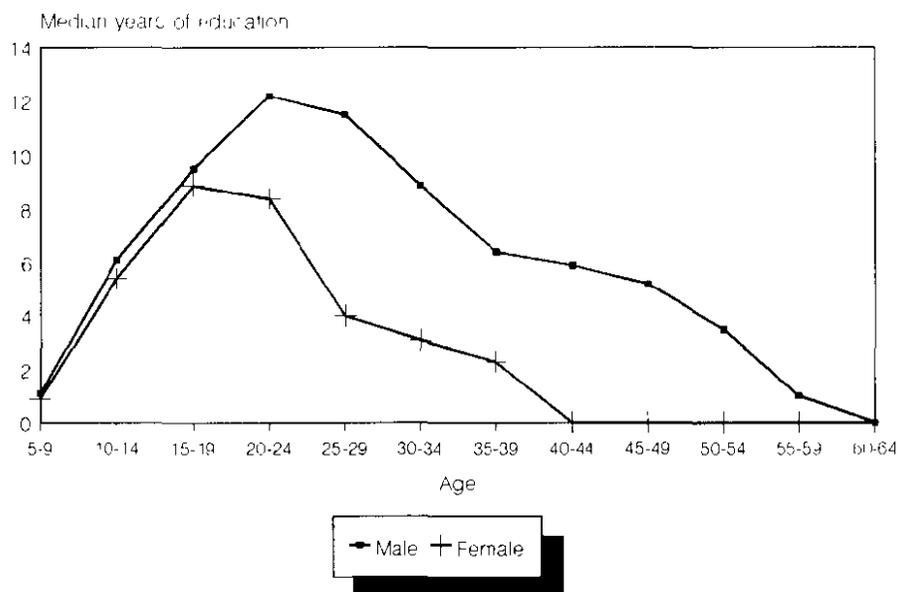
eDHS 1992

Table 2.5 School enrollment

Percentage of the de facto household population age 6-24 years enrolled in school, by age group, sex, and urban-rural residence, Egypt 1992

Age group	Male			Female			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
6-10	92.5	86.0	88.7	92.0	68.1	78.2	92.2	77.0	83.5
11-15	83.6	73.6	77.9	84.0	56.1	68.3	83.8	65.1	73.3
6-15	88.1	80.0	83.5	88.2	62.5	73.6	88 2	71.4	78.6
16-20	58 3	43.8	50.4	53.4	23.3	36.7	55 8	33.3	43.5
21-24	19.4	10 4	15.0	12.9	2.4	7.7	16.0	6 1	11.1

In the population as a whole, males are more likely than females to be enrolled in school in all age groups, with the differential being greatest for the 16-20 age group. Sex differentials in school enrollment are less noticeable for urban residents than for rural residents.

2.2   Household Environment

The EDHS household questionnaire obtained information on basic housing characteristics and household possessions. These data contribute to an understanding of the economic status of the household and environmental conditions in which the EDHS respondents live.

Housing Characteristics

Table 2.6 presents the distribution of households by selected housing characteristics. Availability of electricity, source of drinking water, type of sanitation facilities, type of flooring material, and persons per sleeping room are aspects of the household environment that relate to the socio-economic level of the household and may have important influences on the health status of household members, especially children.

Overall, more than 90 percent of households in Egypt have electricity. Rural households are somewhat less likely to have electricity in all or part of their dwelling than are urban households (88 percent and 98 percent, respectively). By place of residence, the percentage of households with electricity varies from 83 percent in rural Upper Egypt to 99 percent in the Urban Governorates.

Both access to safe drinking water and adequate sanitation facilities are important determinants of health conditions. In Egypt, four-fifths of all households have access to piped water, primarily in their residence, although 10 percent rely on a public tap. Most of the remaining households use well water; less than 5 percent obtain drinking water from the Nile, canals or other sources. In urban areas, virtually all households have piped water, but in rural areas, only 61 percent of households have access to piped water. By place of residence, piped water is universally available to households in the Urban Governorates. Households in Lower Egypt are somewhat more likely to have access to piped water than those in Upper Egypt (76 percent and 69 percent, respectively). Households in rural Upper Egypt are the least likely to report use of piped water for drinking; only 56 percent have piped water, and about a third of these households obtain water from a public tap.

Table 2.6 also presents information on sanitation facilities. Overall, only 27 percent of households have modern flush toilets, 47 percent have traditional toilets, mainly with bucket flush, and 9 percent have no facilities. Among urban households, the variation in the percentage without toilet facilities is small, from less than 1 percent in the Urban Governorates to 5 percent in urban areas in Upper Egypt. However, households in rural Upper Egypt are five times more likely than households in rural Lower Egypt to have no toilet facilities (32 percent and 6 percent, respectively).

Regarding types of flooring material, one in two households live in dwellings having cement tile floors, 15 percent have cement floors, and three in ten have earth/sand floors. Earth/sand floors are more common in rural areas (60 percent), especially rural Upper Egypt (75 percent), than in other areas. Rural households are also more likely to have cement rather than cement tile floors. Cement tiles are the most common flooring material in urban dwellings, especially in the Urban Governorates (80 percent). It should be noted that the percentage of households in urban Upper Egypt living in dwellings with earth/sand floors is 16 percent, more than twice that in urban Lower Egypt (6 percent).

Information on the number of rooms that a household used for sleeping was collected in order to provide a measure of crowding. Table 2.6 reveals that 50 percent of households had one or two persons per sleeping room, and a third had three to four persons per sleeping room. The overall mean is 3 persons per sleeping room. Urban households appear to be somewhat less crowded than rural households; the mean number of persons per sleeping room is 2.7 in urban areas compared to 3.4 in rural areas. By place

Table 2.6 Housing characteristics

Percent distribution of households with eligible women by housing characteristics, according to urban-rural residence and place of residence, Egypt 1992

Characteristic	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Electricity										
Yes, in all	97.4	83.4	98.2	92.3	97.9	89.2	82.9	94.9	76.2	90.7
Yes, in part	1.0	4.5	0.6	2.3	1.1	2.9	4.8	1.9	6.5	2.7
No	1.6	12.1	1.2	5.4	1.0	7.8	12.3	3.2	17 3	6.6
Total	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	96.9	61.1	99.3	76.3	97.9	64.8	68.7	90.4	56.6	79.9
Piped into residence	91.8	44.9	95.2	65.7	94.2	50.6	53.6	81.7	38.0	69.6
Public tap	5.1	16.2	4.1	10.6	3.7	14.3	15.1	8.7	18.6	10.4
Well water	1.9	30.4	0.3	17.2	0.8	26.0	25.5	6.9	35.8	15.4
Well in residence	1.4	16.0	0.2	9.1	0.7	13.6	14 1	5.3	19.0	8.4
Public well	0.5	14.4	0.1	8.1	0 1	12 4	11.4	1.7	16.8	7 1
Nile/canal	0.1	5.5	0.1	4 6	0.0	7.0	2.4	0.2	3.7	2.7
Other	1.1	3.0	0.3	1.9	1.3	2.2	3.4	2.5	3.9	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0
Sanitation facility										
Modern flush toilet	46.3	5.7	57.6	16.7	35.1	6.9	14.9	34.1	4.2	27.0
Traditional w/tank flush	3.7	1.5	3.4	2.3	3.7	1.5	2.6	4.5	1.4	2.7
Traditional w/bucket flush	44.7	50.2	36.6	61.9	57.8	64.1	38.4	47.5	33.3	47.3
Pit toilet/latrine	3.6	24.3	2.0	14.2	1.9	20.8	21 7	9.3	28.6	13.4
Barrel/tank	0.1	0.3	0.0	0.5	0.3	0.6	0.0	0.1	0.0	0.2
No facility	1.6	17.9	0.5	4.4	1.1	6 1	22.4	4.5	32 3	9.3
Other	0 0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.1
Missing	0.0	0.0	0.0	0.0	0.1	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
Flooring										
Earth/sand	5.7	60.1	1.0	33.4	5.8	48 1	53.7	16.2	74 6	31.5
Parquet/polished wood	1.9	0.1	1.9	0.9	2.2	0.2	0.6	1.5	0.1	1.0
Ceramic tiles	0.5	0.1	0.5	0.2	0.5	0.0	0 3	0.5	0.2	0.3
Cement tiles	75.8	18.4	79.8	41.0	73 3	23.8	32.4	69.5	11.7	48.5
Cement	9.6	20.9	8.6	21.8	11.8	27.2	11.8	9.4	13.2	15.0
Wall-to-wall carpet	4.7	0.3	5.7	1.9	4.5	0.5	0.9	2.5	0.1	2.6
Vinyl	1.8	0.1	2 3	0.7	1.7	0.1	0.2	0.6	0.0	1.0
Other	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1
Missing	0.1	0.0	0.2	0.0	0.0	0 0	0.0	0.0	0 0	0.1
Total	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	59.9	39.3	60.1	49.8	62.7	42.9	42.5	56.2	34.9	50.1
3-4	31.3	43.9	31.1	39.7	29.8	45.0	39.4	33 4	42.7	37.3
5-6	6.3	12.2	6.4	8.3	5.5	9.7	12.2	6.8	15 2	9.1
7 +	2.5	4.6	2.3	2.2	2.0	2.4	5.9	3 5	7.2	3.5
Total	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0	100 0	100.0
Mean persons per room	2.7	3.4	2.7	3.0	2.6	3.1	3 3	2.9	3.6	3.0
Number of households	5651	5109	2879	4299	1492	2806	3582	1280	2302	10760

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of residence, the mean varies from a low of 2.7 in the Urban Governorates to a high of 3.6 in rural Upper Egypt. The latter mean is significantly greater than the mean for rural Lower Egypt (3.1), suggesting that rural households in Upper Egypt experience greater crowding than those in Lower Egypt.

Household Durable Goods and Other Property

Table 2.7 provides information on household ownership of major durable goods and other property. With regard to durable goods, around eight in ten households in Egypt own a television, seven in ten own a washing machine, and more than half own a radio, a cooking stove and a refrigerator. There are striking differences between urban and rural areas in the percentage of households possessing various durable goods. For example, only two-thirds of rural households own a television compared to 96 percent of urban households. The largest urban-rural differential is observed in the case of cooking stoves; 83 percent of urban households have stoves, compared to only 27 percent of rural households. Households in rural Upper Egypt are the least likely to possess any of the durable goods (with the exception an electric fan).

Table 2.7 Household durable goods

Percent distribution of households possessing various household effects, means of transportation, property and farm animals/implements, according to urban-rural residence and place of residence, Egypt 1992

Characteristic	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Total
Household effects										
Radio	72.0	50.7	76.8	61.7	68.5	58 1	50.1	65 1	41 7	61.9
Television	95.6	67.5	99.5	81.8	93.4	75.6	68.9	89.2	57.5	82.2
Video	10.6	0.9	14.1	2.9	6.6	0.9	3.2	7.3	0.9	6.0
Electric fan	64.7	30.4	68.1	37.5	56.4	27.5	45.7	66.9	33.9	48.4
Cooking stove	82.7	27.4	90.6	51.5	78.1	37.3	35.1	70.4	15.4	56.5
Water heater	41.3	5.5	50.0	15.0	31.9	6.1	14.9	33.0	4.8	24.3
Refrigerator	78.2	29.5	84.3	44.8	71.9	30.4	43.8	71.7	28.4	55.1
Washing machine	86.6	52.3	89.8	73.7	87.6	66.3	50.4	78.0	35.2	70.3
Sewing machine	25.0	10.9	26.0	17.1	24.8	12.9	13.5	22.7	8.5	18.3
Means of transportation										
Bicycle	12.4	13.3	8.2	14.2	14.3	14.1	14.9	19.4	12.4	12.8
Car/motorcycle	9.4	3.1	11.4	4.1	5.4	3.4	5.1	9.4	2.8	6.4
Bus/minivan/other vehicle	2.2	2.0	2.0	2.4	2.3	2.5	1.9	2.6	1.5	2.1
Property										
Residential/commercial bldg.	9.6	6.1	7.6	8.0	12.0	5.9	8.0	11.1	6.3	7.9
Farm/other land	6.3	38.9	3.4	29.2	10.1	39.4	27.6	8.0	38.4	21.8
Farm animals/implements										
Livestock/poultry	10.4	61.6	3.3	47.5	18.7	62.8	44.6	16.8	60.1	34.7
Farm implements	1.0	6.0	0.3	5.3	2.4	6.8	3.6	0.8	5.1	3.4
Number of households	5651	5109	2879	4299	1492	2806	3582	1280	2302	10760

With respect to ownership of a means of transportation, only 13 percent of households own a bicycle, and 6 percent or less report owning a car or motorcycle or other vehicle (bus, minivan, etc.). Urban households are more likely to own a car or motorcycle than rural households.

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The EDHS also collected information on ownership of residential and commercial buildings and of farms or other land. Overall, only one in thirteen households in Egypt own residential or commercial property, and only one in five own a farm or other land. As expected, rural households have an advantage with respect to the ownership of a farm or other land and urban households are somewhat more likely to own residential/commercial buildings. Among rural households, however, only two in five own any land, and only one in ten urban households own residential or commercial property.

Finally, the EDHS collected information on the possession of livestock and poultry and of mechanized farm equipment (e.g., a tractor). Overall, 35 percent of all households in Egypt own livestock or poultry. The labor intensive nature of farming is evident in the fact that only 3 percent own mechanized farm equipment. Rural households are more likely to report ownership of these items than urban households. Six in ten rural households own livestock or poultry, and 6 percent own mechanized farm equipment.

2.3 Background Characteristics of Survey Respondents

General Characteristics

Table 2.8 presents the distribution of the respondents to the women's questionnaire by selected background characteristics, including age, marital status, residence, education, religion and employment status. The questionnaire was administered to ever-married women age 15-49. Of the ever-married women in the sample, 93 percent are currently married, 5 percent are widowed and 2 percent are divorced.

Table 2.8 Background characteristics of respondents

Percent distribution of ever-married women by selected background characteristics, Egypt 1992

Background characteristic	Weighted percent	Number of women Weighted	Un-weighted
Marital status			
Married	92.8	9153	9148
Widowed	5.2	510	508
Divorced	2.0	201	208
Age group			
15-19	4.3	423	437
20-24	13.8	1362	1384
25-29	20.4	2013	1993
30-34	18.6	1838	1819
35-39	17.3	1709	1721
40-44	14.3	1411	1404
45-49	11.2	1108	1106
Urban-rural residence			
Urban	46.6	4596	4673
Rural	53.4	5268	5191
Place of residence			
Urban Governorates	23.9	2357	2487
Lower Egypt	41.2	4067	3812
Urban	12.3	1210	1200
Rural	29.0	2857	2612
Upper Egypt	34.9	3440	3565
Urban	10.4	1029	986
Rural	24.4	2411	2579
Education			
No education	48.4	4771	4638
Some primary	21.1	2078	2096
Primary through secondary	11.1	1093	1160
Completed secondary/higher	19.5	1922	1970
Work status			
Working for cash	14.8	1464	1447
Not working for cash	85.2	8400	8417
Religion			
Muslim	94.5	9317	9320
Christian	5.5	547	544
All women	100.0	9864	9864

Two questions were used in the individual questionnaire to ascertain the age of respondents: "In what month and year were you born?" and "How old were you at your last birthday?" Interviewers were trained to probe in those situations where respondents did not know their age or date of birth; and, as a last resort, interviewers were instructed to record their best estimate of the respondent's age. The five-year age distribution for respondents is shown in Table 2.8. The percentages in the 15-19 and 20-24 age groups are smaller than the percentages in the 25-29 group; this reflects the fact that the EDHS interviewed an ever-married sample and that there has been a trend toward delaying marriage in Egypt. This trend is described in detail in Chapter 9.

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At the time of the survey, the majority of respondents were living in rural areas, while 47 percent lived in urban areas. By place of residence, 41 percent resided in Lower Egypt, 35 percent in Upper Egypt, and 24 percent in one of the four Urban Governorates.

Table 2.8 shows the distribution of the respondents according to the level of education attained. Almost one in two respondents has never attended school, around 21 percent attended but did not complete the primary level, 11 percent completed the primary level and/or some secondary, and 20 percent completed the secondary or higher level.

Table 2.8 also examines the extent to which respondents reported that they were working at a job for which they were paid in cash. Such employment is assumed to compete with childbearing and child-rearing. Only one in seven respondents is working at a job for which she is paid cash.

Nearly all of the respondents are Moslems. Only 6 percent are Christian.

Differentials in Education

Table 2.9 gives an overview of the relationship between the level of education and other background characteristics. The relationship between age and education is not uniform. The proportion of respondents with no education exhibits a U-shaped curve with age. The higher proportion of women who

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Table 2.9 Level of education

Percent distribution of ever-married women by highest level of education attended, according to selected background characteristics, Egypt 1992

| Background characteristic | Level of education | | | | Total | Number of women |
	None	Some primary	Primary through secondary	Completed secondary/ higher		
Age group						
15-19	53.3	16.7	24.4	5.6	100.0	423
20-24	48.1	14.8	12.4	24.7	100.0	1362
25-29	44.1	19.4	9.7	26.9	100.0	2013
30-34	42.4	24.3	8.6	24.7	100.0	1838
35-39	46.8	25.1	10.3	17.8	100.0	1709
40-44	54.0	22.5	11.2	12.3	100.0	1411
45-49	59.7	20.0	12.2	8.1	100.0	1108
Urban-rural residence						
Urban	29.5	22.8	15.8	31.8	100.0	4596
Rural	64.8	19.5	6.9	8.7	100.0	5268
Place of residence						
Urban Governorates	27.2	22.4	17.1	33.4	100.0	2357
Lower Egypt	51.3	21.3	10.6	16.8	100.0	4067
Urban	30.0	24.1	16.9	28.9	100.0	1210
Rural	60 3	20.2	7.9	11.6	100.0	2857
Upper Egypt	59 4	19.8	7.6	13.2	100.0	3440
Urban	34.4	22.3	11.7	31.6	100.0	1029
Rural	70.1	18.8	5.8	5.3	100.0	2411
Work status						
Working for cash	21.2	10.0	4.6	64.2	100.0	1464
Not working for cash	53.1	23.0	12.2	11.7	100.0	8400
Total	48.4	21.1	11.1	19.5	100.0	9864

never attended school in the 15-19 and 20-24 age groups than in the 25-29 group should not be interpreted as a decline in educational attainment among young females. Since only ever-married women were interviewed, the respondents in the 15-19 and 20-24 age groups include a disproportionate share of women who married early and, thus, were likely to have lower educational levels than women in the age cohort as a whole.

The level of education varies greatly according to residence. Nearly two-thirds of rural women never attended school compared to 30 percent of urban women, and more than three times as many urban women as rural women have completed the secondary level (32 percent and 9 percent, respectively). By place of residence, the percentage who have never attended school is somewhat greater among women living in urban areas in Lower Egypt (30 percent) and Upper Egypt (34 percent) than among women in the Urban Governorates (27 percent). Among rural women, the regional differences are greater, 70 percent of women in rural Upper Egypt have never attended school compared to 60 percent in rural Lower Egypt (see Figure 2.3).

As expected, working for cash is associated with higher educational attainment. The percentage of working women with at least some secondary education is 64 percent compared to only 12 percent among women who are not working.

Figure 2.3
Percentage of Ever-Married Women with No Education,
by Place of Residence
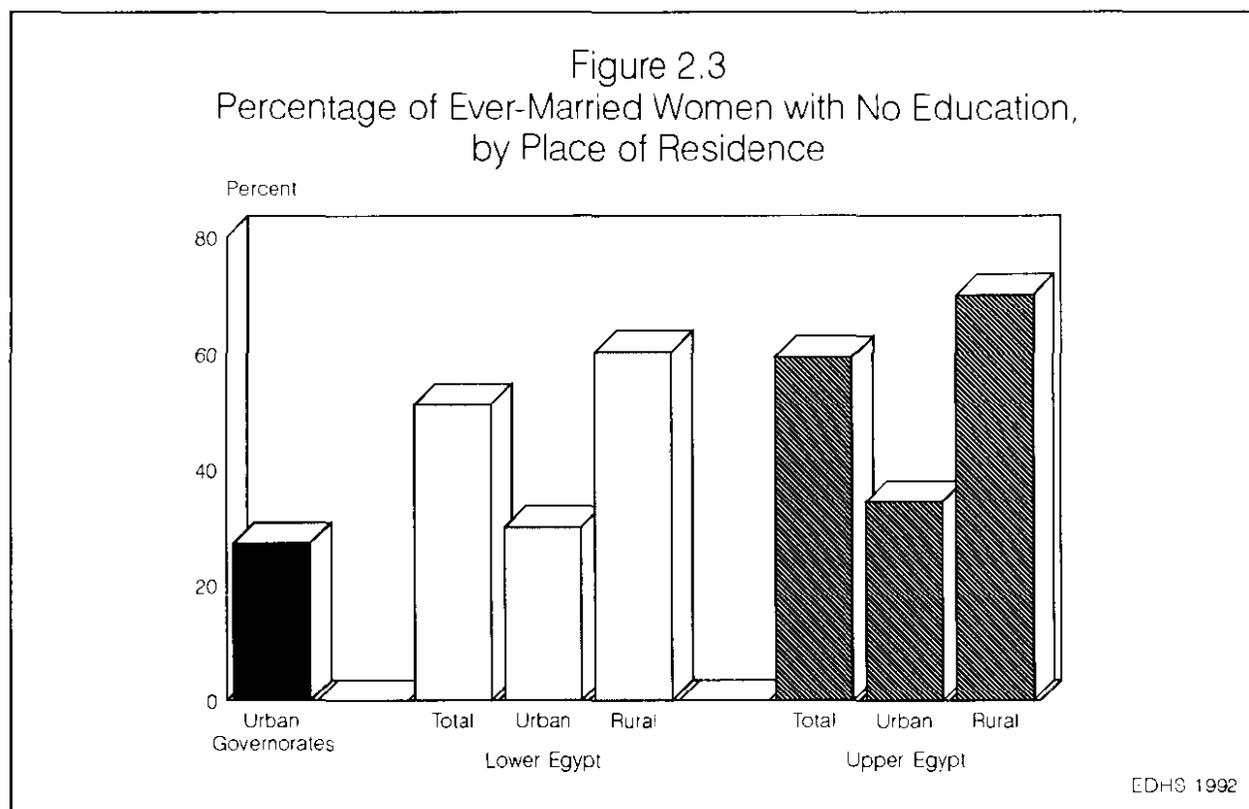
Access to Media

Women were asked if they usually read a newspaper at least once a week and the number of hours that they listened to the radio and television each day. This information is important because it provides an indication of the level of exposure of women to the mass media, which are used to convey family

planning and health messages to the population. Table 2.10 shows that 25 percent of ever-married women read a newspaper at least once a week, 82 percent watch television daily and 67 percent listen to the radio daily. The relationship between age and exposure to mass media is not strong; however, the youngest and the oldest age groups are the least likely to be exposed to either print or broadcast media.

Reflecting lower literacy levels, rural women are much less likely to report that they read a newspaper weekly. They also are less likely to be exposed to television or radio on a daily basis. By place of residence, women residing in the Urban Governorates are more likely to have been exposed to media than their counterparts in Lower Egypt and Upper Egypt. Women in rural Upper Egypt are the group that is least exposed to any of the mass media.

As expected, there is a positive association between exposure to mass media and level of education, particularly with regard to exposure to print media. Concerning work status, women who are working for cash are more likely to be exposed to the various media than women who do not work. This probably is due at least in part to the association between education and employment discussed earlier.

Table 2.10 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 1992

Background characteristic	Read newspaper weekly	Watch television daily	Listen to radio daily	Number of women
Age group				
15-19	12.6	80.0	62.6	423
20-24	24.7	81.8	68.1	1362
25-29	29.1	84.6	70.0	2013
30-34	28.0	82.9	66.0	1838
35-39	23.7	81.7	65.7	1709
40-44	21.7	82.1	65.1	1411
45-49	19.1	80.1	63.9	1108
Urban-rural residence				
Urban	41.5	91.0	77.1	4596
Rural	9.7	74.8	57.4	5268
Place of residence				
Urban Governorates	45.7	92.7	82.1	2357
Lower Egypt	19.7	85.7	70.4	4067
Urban	38.7	93.5	77.3	1210
Rural	11.7	82.4	67.5	2857
Upper Egypt	15 6	71.2	51.3	3440
Urban	34.9	84.1	65.3	1029
Rural	7.3	65.7	45.3	2411
Education				
No education	0 4	73.3	54.7	4771
Some primary	12.7	85.6	68.4	2078
Primary through secondary	52.8	93.5	79.6	1093
Completed secondary/higher	80.8	95.0	86.6	1922
Work status				
Working for cash	59.6	87.5	76.1	1464
Not working for cash	18.4	81.4	64.9	8400
Total	24.5	82.3	66.5	9864

CHAPTER 3

FERTILITY

The fertility measures presented in this chapter are based on the retrospective reproductive histories of women age 15-49 interviewed in the Egypt DHS survey (EDHS). In collecting these histories, each woman was asked the number of sons and daughters living with her, the number living elsewhere, and the number who had died. She was then asked for a history of all her births, including the month and year each child was born, name, sex, and if dead, the age at death, and if alive, the current age and whether the child was living with the mother. Based on this information, measures of current fertility and cumulative fertility are examined.

3.1   Current Fertility

Measures of Current Fertility

The level of current fertility is the most important topic in this report because of its direct relevance to population policies and programs. Several measures of current fertility, including age-specific fertility rates, the total fertility rate, the general fertility rate, and the crude birth rate are presented in Table 3.1 for the three-year period preceding the survey, a period covering principally the calendar years 1990-1992. The three-year period was chosen for calculation of these rates (rather than a shorter or longer period) as a compromise between three criteria: to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births.[1]

Age-specific fertility rates are useful in order to understand the age pattern of fertility. Numerators of age-specific fertility rates are calculated by isolating live births which occurred in the 1-36 months preceding the survey (determined from the date of interview and date of birth of the child), and classifying them by the age (in five-year age groups) of the mother at the time of birth (determined from the date of birth of mother). The denominators of these rates are the number of woman-years lived in each of the specified five-year age groups during the 1-36 months preceding the survey. Although information on fertility was obtained only for ever-married women, the age-specific rates are presented for all women (regardless of marital status); data from the household questionnaire on the age structure of the population of never-married women is used to calculate the all-women rates. This procedure assumes that women who have never been married have had no children.

The total fertility rate (TFR) shown for women 15-49 and women 15-44 is a useful means of examining the overall level of fertility. The TFR is calculated by summing the age-specific fertility rates. 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.

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[1]The distribution of all children by calendar year of birth shows a slight deficit of births in calendar year 1987 and an excess of births in calendar year 1986 (see Table D.4). The apparent transference of births out of 1987 was greater for dead children than for living children. This pattern has been noted in other DHS surveys; it is believed to be the result of transference of births by interviewers out of the period for which the health and calendar data were collected (January 1987 through the date of the survey).

Table 3.1 Current fertility

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by urban-rural residence and place of residence, Egypt 1992

Age group	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Total
15-19	28	89	24	54	23	64	98	42	122	63
20-24	145	269	121	222	164	247	258	179	295	208
25-29	188	256	188	215	171	235	259	205	287	222
30-34	130	180	121	133	123	137	208	160	231	155
35-39	64	117	56	77	60	85	135	89	161	89
40-44	26	61	26	37	19	45	66	37	82	43
45-49	2	10	2	5	0	7	11	3	15	6
TFR 15-44	2.91	4.86	2.68	3.69	2.80	4.07	5.12	3.56	5.89	3.90
TFR 15-49	2.92	4.91	2.69	3.72	2.80	4.10	5.18	3.58	5.97	3.93
GFR	98	169	92	128	96	141	177	117	205	136
CBR	23.3	35.0	21.9	28.4	22.8	30.7	36.2	27.1	40.1	29.7

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

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 these measures are estimated using the birth history data for the three-year period before the survey and the age-sex distribution of the household population.

Fertility Levels

Current fertility estimates are presented in Table 3.1 for Egypt as a whole and for major geographic areas. The total fertility rate indicates that, if fertility rates were to remain constant at the level prevailing during the period 1990-92, an Egyptian woman would bear 3.9 children during her lifetime. In rural areas, the TFR is 4.9 births per woman, two children higher than the rate for urban areas (2.9 births per woman). Considering the variation by place of residence, the TFR for the Urban Governorates (2.7 births) is one child lower than the rate for Lower Egypt (3.7 births) and more than two children lower than the level for Upper Egypt (5.1 births).

Of particular note is the much higher fertility in rural Upper Egypt than in rural Lower Egypt (see Figure 3.1). Women in rural Upper Egypt are having an average of six births, almost two births more than women living in rural areas in Lower Egypt. There is also a significant but much smaller differential in the urban fertility rates between the two regions.

According to the EDHS results, the crude birth rate for the period 1990-92 was 29.7 births per 1,000 persons, and the general fertility rate for the same period was 136 births per 1,000 women. Residential differentials in these fertility measures exhibit a pattern similar to the differentials in the TFR, with the lowest levels observed in urban areas, particularly the Urban Governorates, and the highest levels found for rural Upper Egypt.

Figure 3.1
Total Fertility Rates by Place of Residence

Births per woman
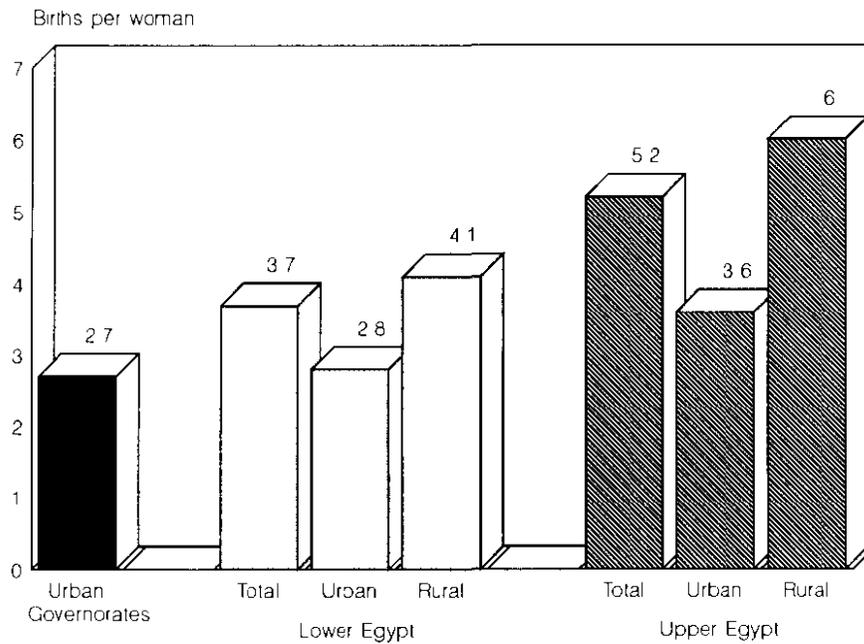
EDHS 1992

Age Pattern of Fertility

The age pattern of fertility indicates that Egyptian women have children early in the childbearing period. At the current age-specific rates shown in Table 3.1, an Egyptian woman will have given birth to 1.4 children—more than one-quarter of her lifetime births—by age 25 and to 2.5 births—more than 60 percent of her lifetime births—by age 30.

The age pattern of fertility varies somewhat by residence, with the peak childbearing years coming somewhat later among urban women compared to rural women. As Figure 3.2 shows, urban age-specific fertility rates are highest in the 25-29 age group (188 births per 1,000 women), followed closely by the rate for the 20-24 group (145 births per 1,000 women). Rural fertility rates peak among women 20-24 (269 births per 1,000 women), followed closely by the rate for women 25-29 (256 births per 1,000 women).

The results in Table 3.1 and Figure 3.1 also show that fertility levels among teenagers and women age 35 and over are substantially higher in rural areas than in urban areas. For example, at current levels, only one in thirty-five urban women 15-19 would give birth annually compared to around one in eleven rural women. Age-specific rates among women age 35 and over are twice as high in rural as in urban areas. The urban-rural differentials in fertility for these groups are particularly significant since women 15-19 and age 35 and over have been shown to have the highest risks of pregnancy-related morbidity and mortality.

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Figure 3.2
Age-specific Fertility Rates
by Urban-rural Residence
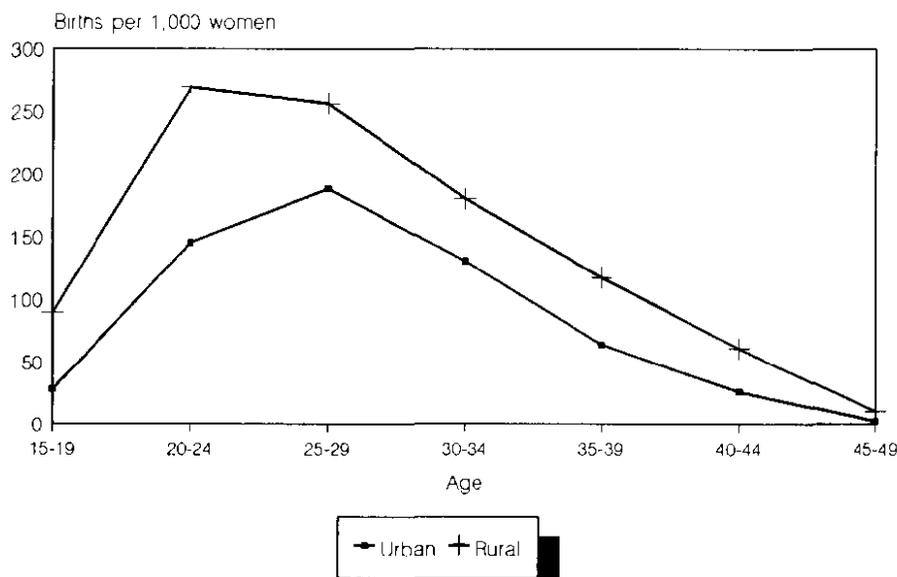
EDHS 1992

Fertility Trends and Differentials

Table 3.2 presents current total fertility rates and the mean number of children ever born (CEB) to women age 40-49 (completed fertility) for major subgroups of the population. Although vulnerable to understatement of parity by older women, comparisons of completed fertility among women aged 40 or more with the total fertility rate provide an indication of the direction and the magnitude of fertility change in Egypt during the past 20-25 years. Overall, the results in Table 3.2 suggest that there has been a decline of more than 30 percent in fertility levels in Egypt during this period.

The substantial residential differentials in current fertility described above are also evident in the completed fertility measures. The fertility decline implied by a comparison of the TFR with completed fertility has been relatively faster in the Urban Governorates and Lower Egypt than in Upper Egypt.

Differentials by education and work status are notable. The level of fertility is negatively associated with educational attainment. Women who completed secondary school or higher have the lowest level of current fertility (2.9 births per woman) while those with no education have the highest level (5.0 births per woman). Moreover, there is a difference of almost one child between the TFR for women with some primary education and the TFR for women who completed the primary level but not the secondary level. Lower fertility has apparently characterized women with a secondary or higher education for some time; the TFR for the three-year period before the survey is virtually identical to the mean number of children ever born to women 40-49.

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Table 3.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey and mean number of children ever born to women age 40-49, by selected background characteristics, Egypt 1992

Background characteristic	Total fertility rate[1]	Mean number of children ever born to women age 40-49
Residence		
Urban	2.91	4.66
Rural	4.91	6.84
Region		
Urban Governorates	2.69	4.44
Lower Egypt	3.70	5.81
Urban	2.80	4.64
Rural	4.10	6.37
Upper Egypt	5.17	6.72
Urban	3.58	5.29
Rural	5.97	7.46
Education		
No education	5.03	6.45
Some primary	3.98	5.73
Primary through secondary	3.03	4.60
Completed secondary/higher	2.91	2.91
Work status		
Working for cash	2.90	4.05
Not working for cash	4.10	5.98
Total	3 93	5.71

[1] Women age 15-49 years

Current fertility levels are lower among women working for cash than among those who are not working for cash. Working women have also clearly been at the forefront of the transition to lower fertility for a long period of time; completed fertility among working women 40-49 is nearly two children lower than the completed fertility among women who were not working for cash.

Table 3.3 examines the trend in fertility in Egypt by comparing the results of the EDHS with those of earlier surveys. Fertility levels in Egypt have steadily declined, from 5.3 births per woman in the late 1970s to 4.4 births for the period 1988-91, 4.1 births for the period 1990-91 and 3.9 births for the period 1990-92 (see Figure 3.3).

Table 3.3 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rate, Egypt 1979-1992

Age group	EFS 1979-1980[1]	ECPS 1983-1984[1]	EDHS 1986-1988[2]	EMCHS 1990-1991[1]	EDHS 1990-1992[2]
15-19	78	73	72	73	63
20-24	256	205	220	207	208
25-29	280	265	243	235	222
30-34	239	223	182	158	155
35-39	139	151	118	97	89
40-44	53	42	41	41	43
45-49	12	13	6	14	6
TFR 15-49	5.28	4.85	4.41	4.13	3.93
TFR 15-44	5 22	4.79	4.38	4.06	3.90

[1]Rates are for the 12-month period preceding the survey
[2]Rates are for the 36-month period preceding the survey
Source: EFS - Hallouda et al., 1983, Volume II, Table 4.16
         1984 ECPS - Unpublished results
         1988 EDHS - Sayed et al., 1989, Table 3 2
         EMCHS - Abdel-Azeem et al , 1993, Table 7.14

Figure 3.3
Total Fertility Rates
Egypt 1979-1992

34
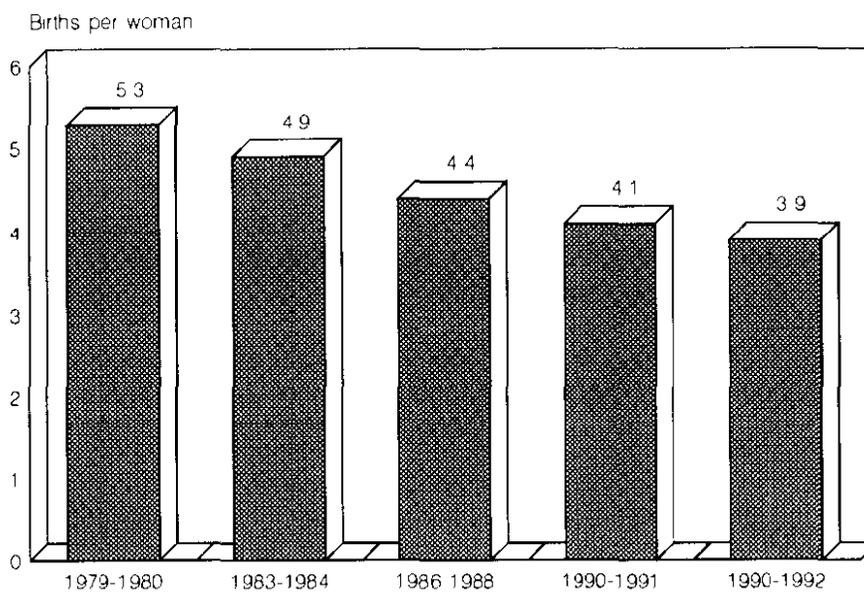
Finally, further evidence of the decline in fertility is found in Table 3.4, which presents age-specific fertility rates for successive five-year periods, using data from the respondents' birth histories. The age-specific schedule of rates is progressively truncated[2] as the time before the survey increases. The results in Table 3.4 and Figure 3.4 confirm that fertility has fallen substantially among all age groups, with the most rapid decline occurring in the 15-19 age group. Overall, the cumulative fertility rate for women 15-30 decreased by 27 percent, from 3.6 births per women during the period 15-19 years before the survey to 2.6 births per women in the five-year period preceding the EDHS. The decline clearly gained momentum during the ten-year period immediately before the survey.

Table 3.4 Age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age, Egypt 1992

Mother's age	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	69	112	124	135
20-24	224	258	287	278
25-29	231	271	292	308
30-34	170	208	245	[243]
35-39	102	134	[164]	-
40-44	45	[49]	-	-
45-49	[5]	-	-	-

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

Figure 3.4
Age-specific Fertility Rates
for 5-year Periods Preceding the Survey
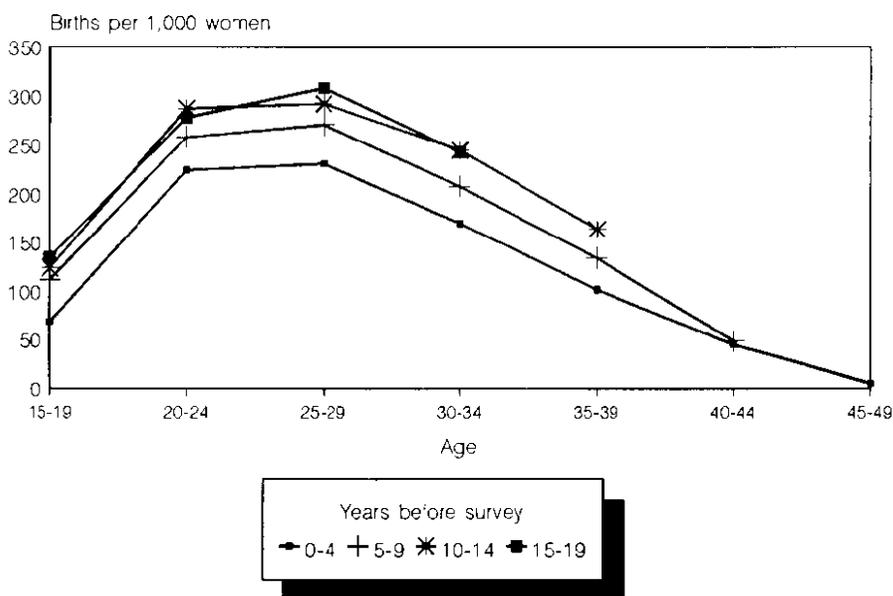
EDHS 1992

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[2]The rates 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 or older at the time of the EDHS and, thus, not interviewed in the EDHS.

Table 3.5 presents fertility rates for ever-married women by duration since first marriage for five-year periods preceding the survey. These rates are similar to the ones presented in Table 3.4 and are subject to similar problems of truncation. Declines are observed in the rates for all marriage durations, with the declines being greater at longer marriage durations. For example, during the ten-year period before the survey, fertility rates declined by only 4 percent among the women married less than five years compared to 33 percent among women married 20-24 years.

Table 3.5 Fertility by marital duration

Fertility rates for ever-married women by duration since first marriage in years, for five-year periods preceding the survey, Egypt 1992

Marriage duration at birth	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
<4	363	378	386	386
5-9	249	301	331	346
10-14	180	231	267	303
15-19	127	165	233	[244]
20-24	75	112	[208]	-
25-29	38	[73]	-	-

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

3.2 Children Ever Born and Living

The distribution of women by the number of children ever born is presented in Table 3.6 for all women[3] and for currently married women. In the EDHS questionnaire, the total number of children ever born was ascertained by a sequence of questions designed to maximize recall. Lifetime fertility reflects the accumulation of births over the past 30 years and, therefore, its relevance to the current situation is limited. However, the information is useful in looking at how average family size varies across age groups and for estimating the level of primary infertility.

The results for currently married women in Table 3.6 differ markedly from those for the sample as a whole. These differences are due to the large number of women, particularly in the younger age groups, who have not yet married. Differences at older ages are minimal and generally reflect the impact of marital dissolution.

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[3]Data from the household questionnaire on the age structure of the population of never-married women is used to calculate the all-women distribution. This procedure assumes that women who have never been married have had no children.

According to Table 3.6, an Egyptian woman has an average of 2.7 births. Out of that number, 2.3 children are still alive, indicating that mortality claimed 15 percent of the children ever born to each woman. Cumulative fertility is very low among women 15-19; it increases by one birth or more for each five-year age group, among women under age 40. Women 45-49 years of age, who are approaching the end of their childbearing period, have had an average of 6 births. Reflecting the high levels of fertility prevailing during the 30-year period when these women were having their children, around one in eight has had 10 or more births.

The data also indicate that primary sterility is very low in Egypt. The percent childless among women nearing the end of the reproductive period, age 45-49, is only 4 percent.

Table 3.6 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 1992

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	92.5	5.8	1.4	03	0.0	0.0	0.0	00	0.0	00	0.0	100.0	3037	0.09	0.09
20-24	54.2	18.3	14.3	8.5	3.5	0.9	0.2	00	0.0	0.0	0.0	100.0	2405	0.93	0.84
15-29	20.9	12.4	20.2	19.0	154	6.5	3.4	1.6	0.3	0.2	0.1	100.0	2324	2.41	2.15
30-34	9.6	5.9	15.2	17.6	16.4	14.2	92	6.6	2.8	1.5	0.9	100.0	1933	3.72	3.25
35-39	5.7	2.8	10.0	15.8	15.4	14.2	121	10.1	6.7	3.6	3.6	100.0	1754	4.71	4.00
40-44	5.7	3.6	7.4	11.1	12.2	117	12.2	11.0	80	65	10.6	1000	1444	5.48	4.52
45-49	4.3	2.4	6.0	8.3	10.2	119	14.4	11.9	103	72	130	100.0	1119	6.01	4.73
Total	35.8	8.2	10.7	10.9	94	7.1	5.8	4.5	2.9	19	27	1000	14015	2.73	231
CURRENTLY MARRIED WOMEN															
15-19	45.9	41.9	10.1	2.0	01	00	00	0.0	00	00	0.0	100.0	415	068	0.64
20-24	18.6	32.1	25.5	15.4	6.3	17	04	0.0	0.0	0.0	0.0	100.0	1324	165	1.49
15-29	8.2	13.7	23.6	22.0	18.2	77	4.0	1.9	0.4	0.2	01	1000	1956	281	252
30-34	4.6	5.7	15.6	18.8	176	151	9.6	7.2	3.0	1.7	1.0	1000	1743	397	346
35-39	2.9	1.9	9.7	16.2	15.8	148	129	10.7	7.3	3.8	3.9	100.0	1582	4.95	4.21
40-44	2.5	2.8	7.0	115	13.0	11.7	131	11.3	8.5	7.1	11.5	100.0	1231	5.78	4.80
45-49	3.0	1.3	5.7	82	101	11.5	13.7	122	113	83	14.7	100.0	902	6.31	5.01
Total	8.5	11.4	15.3	158	13.6	10.0	81	63	4.2	2.8	3.9	100.0	9153	3.88	3.31

3.3   Birth Intervals

There is a considerable body of research to indicate that short birth intervals are deleterious to the health of babies. This is particularly true for babies born at intervals of less than 24 months. Table 3.7 shows the percent distribution of births in the five years preceding the EDHS by the number of months since the previous birth. These findings indicate that women favor long birth intervals since around 69 percent of all children are born at least two years after their siblings. Moreover, more than one in three births is born after an interval of 3 years, and almost one in five is born after 4 years or longer. The overall median birth interval is around 30 months.

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<u>Table 3.7 Birth intervals</u>

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 1992

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	29.6	32.3	34.0	4.1	0.0	100.0	59	22.8
20-29	20.2	18 7	36.3	15.9	8 9	100 0	3180	26.5
30-39	10.8	14.0	33.1	16.8	25 4	100 0	2937	33.0
40 +	6.6	10.1	24.0	17.9	41.4	100.0	679	41.4
Birth order								
2-3	18.8	17.9	32.4	16.3	14.6	100.0	3047	28.0
4-6	12.4	13.6	34.2	16.2	23 5	100.0	2538	31.6
7 +	10.5	15.8	35.5	16.9	21.2	100.0	1271	31.3
Sex of prior birth								
Male	13.9	15.9	33.8	16 2	20.3	100.0	3414	30.4
Female	16.0	16.0	33 6	16.6	17 9	100 0	3442	29.4
Survival of prior birth								
Living	13 3	15.5	34.6	16 8	19.8	100 0	6124	30 6
Dead	28 8	19.9	25.5	12.8	12.9	100.0	731	24 4
Urban-rural residence								
Urban	14.1	12.9	29.4	17.0	26.7	100.0	2397	33.1
Rural	15 4	17 6	36.0	16.0	15.1	100.0	4458	28.9
Place of residence								
Urban Governorates	10.9	12.0	29.9	17 6	29.6	100.0	1157	34 8
Lower Egypt	15 2	15 7	31 9	17.1	20.0	100.0	2650	30.6
Urban	15.7	11 0	27 3	19 7	26.3	100.0	584	34.5
Rural	15.1	17.1	33 2	16.4	18 2	100 0	2066	29.9
Upper Egypt	16.2	17 6	36.6	15.2	14 3	100 0	3048	28.3
Urban	18.3	16 1	30.2	13.7	21 8	100 0	656	29.4
Rural	15 6	18.0	38.4	15.7	12.3	100.0	2392	28.2
Education								
No education	14.6	17.2	34.8	15.9	17.5	100.0	3790	29.4
Some primary	12.2	15 0	33.7	16.4	22 7	100 0	1495	31.5
Primary through secondary	16.3	14 9	28.3	17.9	22 7	100 0	572	31.6
Completed secondary/higher	19 3	13 3	32.3	17.4	17 7	100 0	999	29.8
Work status								
Working for cash	14 3	13 3	32 1	18 5	21.8	100.0	840	31.8
Not working for cash	15.0	16 3	33 9	16 1	18 7	100 0	6015	29 7
Total	14.9	15.9	33.7	16.4	19.1	100.0	6855	29.9

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.

Regional differentials in the length of the birth interval are evident in Table 3.7. In urban areas, especially in the Urban Governorates and in Lower Egypt, almost three in four births are born 24 months or longer after the previous birth. The median birth interval in urban areas is 33 months, more than 4 months longer than the rural median. Even in rural areas, however, two in three births are born 2 years or longer after the preceding birth.

Younger women have shorter birth intervals than older women. The median birth interval for women 15-19 (23 months) is below the minimum safe interval. Among older mothers, the median interval gradually increases with the age of the mother from 27 months among women 20-29 to 41 months among women age 40 and older. The median birth interval increases slightly with birth order and is one month longer in the case of male than female births. As expected, intervals following a child who died are shorter (24 months) than those following living children (30 months).

Surprisingly, the length of the birth interval does not vary greatly with the mother's educational or her work status.

3.4 Age at First Birth

The age at which childbearing begins has important demographic consequences for society as a whole as well as for the health and welfare of mother and child. In many countries, postponement of first births, reflecting an increase in the age at marriage, has contributed greatly to overall fertility decline. The proportion of women who become mothers before the age of 20 also is a measure of the magnitude of adolescent fertility, which is a major health and social concern in many countries.

Table 3.8 presents the distribution of Egyptian women by age at first birth, according to their current age. For women 25 years and over, the median age at first birth is presented in the last column of the table. The results show that the proportion of women having births before age 20 decreases with the age of the mother (see Figure 3.5). Among women 45-49, for example, nearly one in two became mothers before the age of 20, one in four gave birth before age 18, and 6 percent gave birth before age 15. Among women in the 25-29 cohort, in contrast, only around one-third had given birth before age 20, one in five gave birth before age 18 and 3 percent gave birth before age 15.

Table 3.8 Age at first birth

Percent distribution of women 15-49 by age at first birth, according to current age, Egypt 1992

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	92.5	0.4	4.5	2.6	NA	NA	NA	100.0	3037	a
20-24	54.2	2.2	12.3	14.2	11.8	5.4	NA	100.0	2405	a
25-29	20.9	3.4	16.6	17.0	15.6	17.8	8.9	100.0	2324	21.7
30-34	9.6	3.3	18.2	18.9	17.0	16.4	16.5	100.0	1933	21.0
35-39	5.7	4.0	15.0	19.9	17.8	17.2	20.5	100.0	1754	21.2
40-44	5.7	5.5	17.7	16 9	16.6	16.5	21 2	100.0	1444	21.0
45-49	4.3	6.2	20.4	19.5	15.5	16.9	17.1	100.0	1119	20.5

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

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Figure 3.5

**Percentage of Women Who Gave Birth before Age 15
and before Age 20 by Age Group**

Percent

| | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 |

Age

■ Before age 15 □ Before age 20
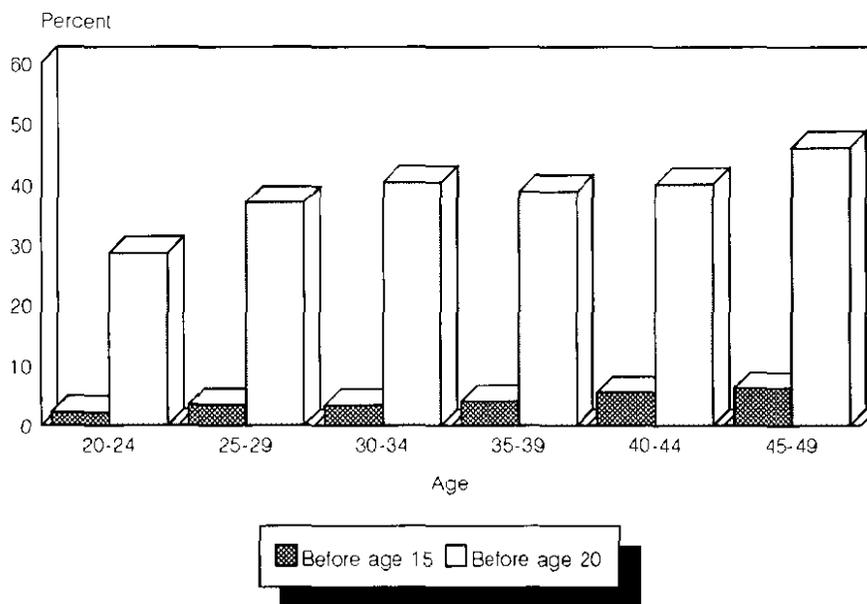
EDHS 1992

The median age at first birth increases across age cohorts, from 20.5 years among women 45-49 years of age to 21.7 years among women 25-29. These changes parallel the increases in the median age at first marriage that took place during this period (see Chapter 9).

Table 3.9 compares the median age at entry into motherhood for different subgroups of the population and examines the trend across age cohorts for these groups. The measures are presented only for women 25-29 years to ensure that half of the women have already had a birth.

Residential and educational differentials are in the expected direction. The median age at first birth is highest in urban areas (22.8 years), particularly the Urban Governorates (23.1 years). In rural areas, the median age at first births is more than one year higher in Lower Egypt than in Upper Egypt (20.4 years and 19.3 years, respectively). The median age at first birth is inversely associated with the level of education, ranging from 19.7 years among women with no education to 21.8 years among those who completed primary or some secondary schooling.

Table 3.9 Median age at first birth

Median age at first birth among women age 25-49 years, by current age and selected background characteristics, Egypt 1992

Background characteristic	Current age					Ages 25-49
	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence						
Urban	23.8	22.8	22.6	22.6	21.4	22 8
Rural	20.3	19.7	20.0	19.9	19.6	19.9
Place of residence						
Urban Governorates	23.8	23.5	23.2	22.8	21.6	23.1
Lower Egypt	21.6	20.6	21.1	20.8	20.2	20.9
Urban	24.2	(22.0)	22.7	21 9	20.9	22.6
Rural	20.9	20.1	20.4	20.4	19.8	20.4
Upper Egypt	20.3	20.1	20.2	19.9	19.7	20.1
Urban	23.3	(22.3)	21.6	22.4	21 1	22.2
Rural	19.4	19.0	19.6	18.9	19 4	19.3
Education						
No education	19.5	19.3	19.8	19.9	19.8	19 7
Some primary	20.7	(20.0)	20.7	20.5	19.7	20.4
Primary through secondary	21.4	(21.4)	21.8	22.7	21.8	21.8
Completed secondary/higher	a	25.9	26.8	26.3	25.8	a
Work status						
Working for cash	a	25.2	25.3	25.7	24.0	a
Not working for cash	21.1	20.3	20.5	20 5	20.1	20.5
Total	21.7	21.0	21.2	21.0	20.5	21.2

Note: Medians in parentheses are based on 25-49 women. The 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.

3.5 Teenage Pregnancy and Motherhood

Table 3.10 shows the percentage of women age 15-19 who are mothers or pregnant with their first child. This statistic is of major social and health concern because of its association with higher morbidity and mortality for both mothers and their children. In addition, teenage pregnancy has a substantial limiting effect on the educational opportunities of young mothers.

The overall level of teenage childbearing is 10 percent, of which 8 percent have already given birth and 2 percent are pregnant with their first child. Among those teens who have given birth, two-thirds had their first child before age 18 (see Table 3.8).

Table 3.10 Teenage pregnancy and motherhood

Percentage of women 15-19 who are mothers or pregnant with their first
child, by selected background characteristics, Egypt 1992

Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number of women
	Mothers	Pregnant with first child		
Age				
15	0.4	0.8	1.2	707
16	1.2	2.6	3.9	695
17	5.0	1.1	6.1	671
18	10.2	2.6	12.8	697
19	17.1	3.7	20.8	654
Urban-rural residence				
Urban	3.8	1.3	5.1	1304
Rural	10 5	3.4	13.9	1691
Place of residence				
Urban Governorates	3.8	1.2	5.0	561
Lower Egypt	5.7	2.5	8.3	1346
Urban	3.4	1.4	4.8	346
Rural	6.5	2.9	9.4	1002
Upper Egypt	12.3	3.2	15.5	1047
Urban	4.6	1.6	6.1	352
Rural	16.1	4.0	20.1	700
Education				
No education	16.5	5.0	21.4	710
Some primary	10.5	4.4	14.9	344
Primary through secondary	4.2	0.9	5.1	1589
Completed secondary/higher	1.9	2.0	3.9	425
Work status				
Working for cash	4.1	0.0	4.1	97
Not working for cash	7.6	2.5	10.1	2942
Total	7.5	2.4	9.9	3037

Significant residential differences in the level of teenage childbearing are observed in the EDHS results. The level in rural areas (14 percent) is almost three times the level in urban areas (5 percent). By place of residence, the percentage varies from only 5 percent in Urban Governorates to 20 percent in rural Upper Egypt (see Figure 3.6).

The level of teenage fertility is also strongly associated with education and work status. The lowest levels are observed for women who completed secondary school or higher (4 percent) and those who are working (4 percent). The inverse relationship between education level and teenage fertility is very evident. Women with no education and those who drop out before completing the primary level show the highest levels of teenage childbearing (21 percent and 15 percent, respectively).

Figure 3.6
Percentage of Teenagers Who Have Begun Childbearing
by Place of Residence
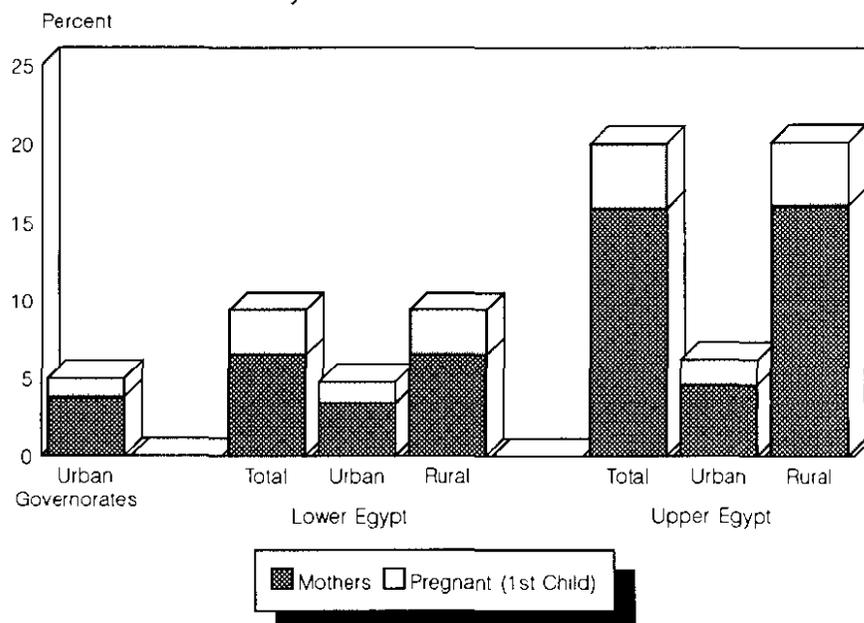
EDHS 1992

Table 3.11 shows the distribution of teenagers according to the number of children ever born. Generally, teenagers who have given birth have had only one child. Only one in five teenage mothers has had two or more births. As expected, the likelihood that a teenager will have given birth increases with age, peaking at 22 percent among those 19 years of age. The likelihood that a teenage mother will have had more than one birth also increases with age, reaching a level of 30 percent among nineteen-year-olds.

Table 3.11 Children born to teenagers

Percent distribution of women 15-19 by number of children ever born (CEB), Egypt 1992

	Number of children ever born				Mean number of CEB	Number of women
Age	0	1	2+	Total		
15	99.6	0.4	0.0	100.0	0 00	690
16	98.7	1.3	0.0	100.0	0.01	643
17	94.5	4.9	0.6	100.0	0.06	608
18	87.9	9.9	2.1	100.0	0.15	586
19	78.1	15.2	6.7	100.0	0 30	509
Total	92.5	5.8	1.7	100.0	0.09	3037

CHAPTER 4

KNOWLEDGE, ATTITUDES, AND EVER USE
OF FAMILY PLANNING

Knowledge of family planning methods and places to obtain them are crucial elements in the decision of whether and which methods to use. A positive attitude about family planning is an additional prerequisite to use. Data collected in the EDHS on knowledge of methods and sources, the channels through which Egyptian women receive information about family planning, and attitudes about the use of family planning methods are presented in this chapter. The chapter also looks at the level of ever use of family planning and, for ever users, the circumstances surrounding the first use of family planning, including the first method used, the source that provided this method, and the motivation for using (i.e., to space or limit).

4.1   Knowledge of Family Planning Methods and Source

The level of knowledge of family planning methods was measured in two ways:

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 method was described were recorded as known after probing (prompted knowledge).

Information on knowledge was collected for eight modern methods (the pill, IUD, injection, Norplant, vaginal methods (foam, jelly, cream, sponge or diaphragm), the condom, female sterilization, and male sterilization), and three traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding).[1] In addition, provision was made in the questionnaire to record any other methods named spontaneously by respondents.

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 after hearing it described. Thus, knowledge of a family planning method in the 1992 EDHS as in all other DHS surveys 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.

Table 4.1 indicates that knowledge of at least one method is practically universal among ever-married women. Moreover, virtually all women who recognized at least one method were familiar with a modern method. Among modern methods, the pill (99 percent) and IUD (99 percent) are the most widely known methods, followed by injection (81 percent). The proportion of ever-married women knowing about female sterilization is 70 percent, and 54 percent know about the condom. The least recognized modern method, male sterilization, was known by only 13 percent of ever-married women. The percentage of women who recognized Norplant (46 percent) seems high, particularly since Norplant was not approved for general use

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[1]Egypt and Jordan are the only two DHS countries that included prolonged breastfeeding in the list of family planning methods on which respondents were prompted.

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 1992

Family planning method	Know method		Know a source	
	Ever-married women	Currently married women	Ever-married women	Currently married women
Any method	99.5	99.6	92.0	92.9
Any modern method	99.4	99.5	92.0	92.9
Modern method				
Pill	99.3	99.4	89.5	90.4
IUD	98.7	98.9	86.4	87.5
Injection	81.1	81.8	59.2	60.1
Norplant	46.0	47.3	29.5	30.3
Diaphragm/foam/jelly	36.8	37.5	29.4	30.0
Condom	53.7	55.0	45.7	46.9
Female sterilization	70.0	70.6	59.9	60.6
Male sterilization	12.5	12.8	9.5	9.7
Any traditional method	77.0	77.6	19.7	20.2
Periodic abstinence	31.2	32.0	19.7	20.2
Withdrawal	27.6	28.4	NA	NA
Prolonged breastfeeding	71.8	72.3	NA	NA
Other traditional methods	2.4	2.5	NA	NA
Number of women	9864	9153	9864	9153

NA = Not applicable

at the time of the survey. However, there was considerable press coverage of Norplant during the period immediately prior to EDHS, which may help to explain the relatively high level of recognition of the method. Traditional methods are less likely to be recognized than modern methods (77 percent and 99 percent, respectively). The most widely known traditional method is prolonged breastfeeding, which is recognized by 72 percent of women.

With respect to knowledge of a source for modern methods, most women (92 percent) are aware of a place where they can obtain family planning services. There is some variation in knowledge of source by method: ever-married women are most likely to know about a source for the pill (90 percent) and IUD (86 percent) and least likely to know about male sterilization (10 percent) and vaginal methods (29 percent).

Trends in Knowledge of Methods and Sources

Using information from three earlier surveys as well as the 1992 EDHS,[2] Table 4.2 shows the upward trend in the level of contraceptive knowledge during the 1980s. Overall, the percentage of ever-married women knowing any method increased from 90 percent in 1980 to almost 100 percent in 1992. Considering individual methods, the largest increase is observed in the knowledge of injection; only 16 percent had heard about injection in 1980 compared to 81 percent in 1992. There also has been a significant increase in knowledge in the case of the condom, vaginal methods, female sterilization, and the IUD. The smallest increase is in pill knowledge, which was already high in 1980 (89 percent).

Table 4.2 Trends in knowledge of family planning methods and source

Percentage of ever-married women who know specific family planning methods and who know a source (for family planning information or services), Egypt, 1992 EDHS, 1988 EDHS, 1984 ECPS and 1980 EFS

Family planning method	Know method				Know source	
	EDHS 1992	EDHS 1988	ECPS 1984	EFS 1980	EDHS 1992	EDHS 1988
Any method	99.5	98.0	85.4	89.7	92 0	95.2
Any modern method	99.4	97.8	85.2	-	92.0	95.2
Modern method						
Pill	99.3	97.4	84.9	89.4	89.5	93.9
IUD	98.7	93.3	74.9	69.6	86.4	87.2
Injection	81.1	60.5	35.3	15.6	59.2	47.9
Vaginal methods	36.8	39.6	27.8	13.8	29.4	36.6
Condom	53.7	43.3	21.5	25.9	45.7	40.2
Female sterilization	70.0	53.5	20.5	42.5	59 9	50.2
Male sterilization	12.5	9.6	5.3	6.0	9 5	8.4
Any traditional method	77.0	67.3	30.0	NA	19.7	20.0
Safe period	31 2	22.1	11.3	14.0	19 7	20.0
Withdrawal	27.6	13.4	6.9	9.8	NA	NA
Prolonged breastfeeding	71.8	64.8	24.7	NA	NA	NA
Other traditional methods	2.4	4.6	1.3	NA	NA	NA
Number of women	9864	8911	10013	8788	9864	8911

Source: Sayed et al., 1988, Table 4.1
- = Not available
NA = Not applicable

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[2]Differences in the probing techniques used in the four surveys may have some effect on the observed trends. In all of the surveys, the respondent was first asked to name all of the methods about which she had heard, and the interviewer then probed to find out whether the respondent recognized methods that she had not spontaneously mentioned. In the ECPS, the interviewer used only the name when probing while, in the EFS and the EDHS, both the name of the method and a brief description were used.

Table 4.2 also shows the change in the proportion knowing a source between 1988 and 1992.[3] Comparing the 1992 data, there has been a small decrease in the proportion of women reporting knowledge of a source both for any method and for any modern method. This change is largely attributable to decreases in the proportions reporting knowledge of a source for the pill and vaginal methods. Source knowledge increased for most other methods, including injection, condom, female sterilization, and male sterilization.

Differentials in Knowledge of Methods and Sources

Table 4.3 presents the percentage of currently married women who know any method of contraception and any modern method and the percentage who know a source of a modern method by back-

Table 4.3 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 1992

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	98.2	4.9	97.9	4.1	82 8	415
20-24	99 6	5.8	99.6	4 6	91 4	1324
25-29	99.7	6.5	99.7	5 1	93.6	1956
30-34	100.0	6.8	99.9	5.3	95 5	1743
35-39	99.6	6.5	99.6	5.1	94.1	1582
40-44	99.4	6.7	99.4	5.3	93.3	1231
45-49	99 4	6.3	99.3	4 9	90.5	902
Urban-rural residence						
Urban	99.8	7.3	99.8	5.6	97.9	4281
Rural	99.4	5.6	99.3	4.5	88.5	4873
Place of residence						
Urban Governorates	99.9	7.5	99.9	5.7	98 7	2201
Lower Egypt	100.0	6.5	100.0	5.1	97 6	3746
Urban	100.0	7.1	100.0	5.5	99.1	1120
Rural	100.0	6.2	100 0	4.9	97.0	2626
Upper Egypt	99.0	5.5	98.8	4.5	83.4	3207
Urban	99.5	6.9	99.5	5.4	94.7	960
Rural	98.7	4.9	98 5	4 1	78.6	2247
Education						
No education	99.3	5.4	99.1	4 4	87.7	4363
Some primary	99.8	6.3	99.8	5 1	95.2	1913
Primary through secondary	100.0	7.1	100.0	5.5	98 1	1010
Completed secondary/higher	100.0	8 3	100.0	6.1	99.7	1867
Work status						
Working for cash	100.0	7.9	99.9	5.9	98.1	1317
Not working for cash	99.5	6.1	99 5	4.9	92.0	7836
Total	99.6	6.4	99.5	5 0	92 9	9153

[3]The 1988 EDHS differed somewhat from the 1992 EDHS in the manner in which the information on knowledge of source was obtained. In 1988 EDHS, a woman who reported knowing about a method was asked where would she go to obtain the method if she wanted to use it, while in the 1992 EDHS, the question was: Do you know where a person could go to get (Method)?

ground characteristics. Because knowledge of any family planning method or any modern method is almost universal in Egypt, the table also includes the mean number of methods known and the mean number of modern methods known. Differentials in the proportions knowing any method, any modern method and a source for a modern method are generally minimal. Of most significance is the fact that nearly one-fifth of women living in rural areas in Upper Egypt who know about at least one modern method are not able to name a place where a person can obtain a method.

There are significant differences in the mean number of methods known across the subgroups shown in Table 4.3. By age, there is a difference of almost two methods in the mean number of methods known between women in the 15-19 age group, where the mean is lowest (4.9 methods) and the 30-34 age group, where the mean is highest (6.8 methods). A marked difference in the mean number of methods known is evident between urban and rural areas (7.3 methods and 5.6 methods, respectively). Women from rural Upper Egypt are particularly limited in the number of methods that they recognize; the mean number of the methods known among women from rural Upper Egypt is 4.9 compared to 6.2 methods for women in rural Lower Egypt (Figure 4.1).

Figure 4.1
Number of Family Planning Methods Known
by Place of Residence

EDHS 1992
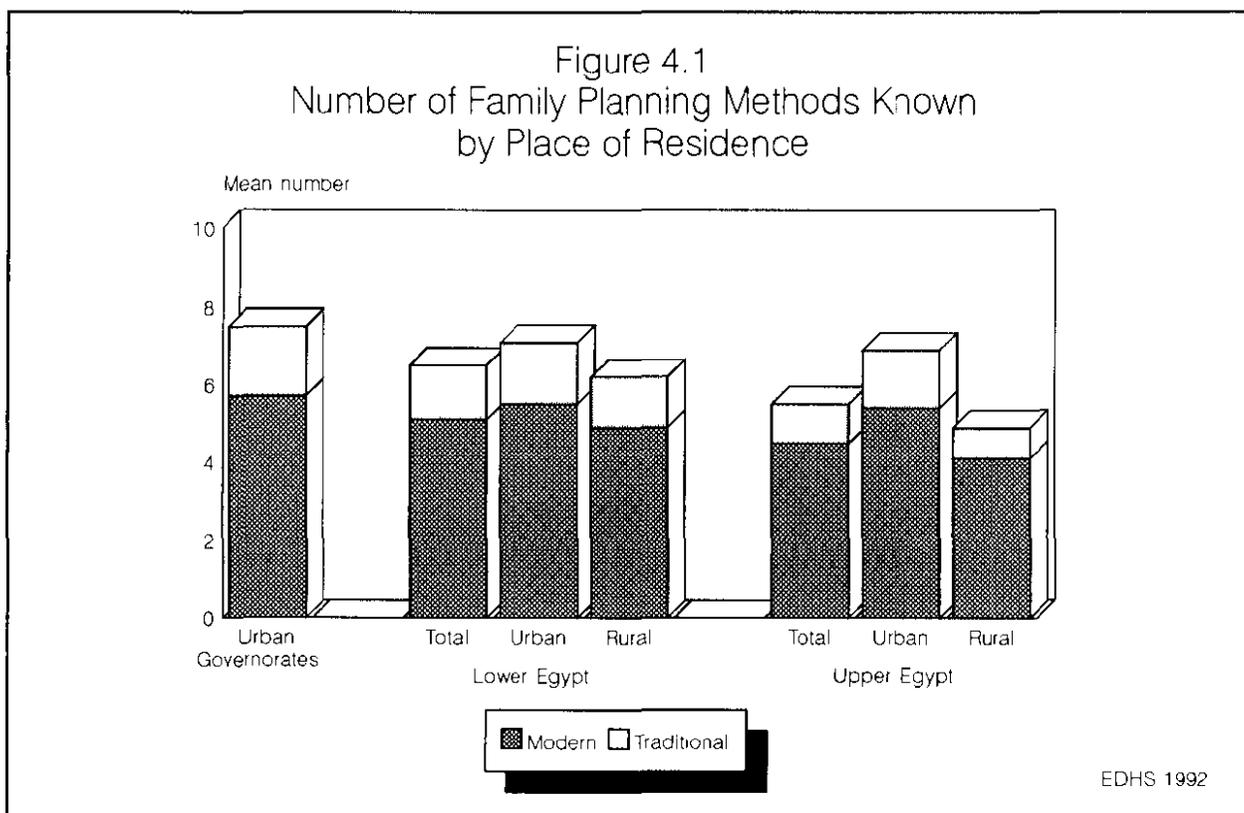
Education level clearly is related to the number of methods recognized by a woman; the mean number of methods known varies from 5.4 among women with no education to 8.3 among women with at least a secondary education. There is a nearly two-method difference between the mean for women who are not working for cash and the women who are working for cash (6.1 methods and 7.9 methods, respectively).

4.2 Exposure to Family Planning Information

Activities to inform and educate couples about use of contraception are one of the major components of the Egyptian family planning program. The EDHS obtained information on a number of aspects of women's exposure to family planning information, including the first source from which information was obtained, recent exposure to family planning messages broadcast on radio and television and of articles on family planning in newspapers or magazines, and attendance at community meetings in which family planning or Egypt's population problem were discussed.

First Source of Family Planning Information

The data on the first source of information about family planning is very useful to understand the avenues through which women are initially exposed to the concept of family planning. Table 4.4 shows the distribution of ever-married women by the source from which they first heard about family planning according to residence. Television clearly serves as the primary source of information for the majority of women; 70 percent of women mentioned that they first heard about family planning on television. Friends and relatives (other than the husband) were the first source for family planning information for 22 percent of the women. Relatively small percentages mentioned other sources, including the radio (1 percent), the raiyda or other family planning outreach workers (2 percent), or public/private health personnel (2 percent).

Table 4.4 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 1992

First source	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Television	76.4	65.0	78.9	73.7	79.5	71.3	60.3	67.0	57 5	70.3
Radio	1.0	1.2	1.1	1.1	0.6	1.3	1.1	1.2	1 0	1.1
Print media	0.8	0.1	0.8	0.4	0.7	0.2	0.3	0.9	0.0	0.4
Spouse	0.2	0.3	0.2	0.3	0 2	0.3	0.3	0.2	0.3	0.3
Friends/relatives	16 7	26.0	15 9	19.9	13 6	22.6	27 7	22.4	30 0	21.7
Government doctor/clinic	1 6	1.1	1.2	1.1	1.5	0.9	1.7	2 6	1.4	1.3
Private doctor/clinic	0 8	0 2	0.5	0.4	1.0	0 2	0.5	1 0	0.3	0.5
Raiyda/other family planning worker	1.3	3 4	1.1	2.1	1.1	2 5	3.7	2 1	4 4	2 4
Community activity	0.3	0.3	0.1	0.3	0.5	0.2	0.4	0.6	0 3	0.3
Other	0.9	1.7	0.2	0.7	1.4	0 5	2.7	1.9	3.1	1 3
Never heard about family planning	0.0	0.9	0.0	0 1	0.0	0.2	1.2	0 1	1 7	0 5
Total	100.0	100 0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0
Number	4596	5268	2357	4067	1210	2857	3440	1029	2411	9864

The preeminence of television as the first source of family planning information is observed in all areas. However, rural women, particularly those living in Upper Egypt were somewhat less likely to hear about family planning for the first time on television and somewhat more likely to hear for the first time from friends or relatives than other women.

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Sources Influencing Women to Seek Family Planning Information

The EDHS collected information about specific sources or events that women perceived as influencing them to seek more information about family planning. Table 4.5 summarizes this information by residence for ever-married women knowing about family planning. Again, TV spots and friends or relatives are the main influences on a woman's decision to seek more information about family planning (51 percent and 44 percent, respectively). Between 10 and 15 percent of women mention private doctors/clinics, government doctors/clinics and raiydas or family planning workers as influencing them to seek information about family planning. Only around 3 percent mentioned community activities (e.g., meetings).

Table 4.5 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, according to urban-rural residence and place of residence, Egypt 1992

Sources influencing information-seeking behavior	Urban	Rural	Urban Gover-norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
TV spots	54.2	48.4	51.9	56.9	60.8	55.2	43.7	51.4	40.4	51.1
Friends/relatives	44.3	44.0	45.3	51.0	49.9	51.5	35.3	35.3	35.3	44.2
Government doctor/clinic	14.2	9.3	18.9	12.1	11.9	12.2	6.0	6.3	5.9	11 6
Private doctor/clinic	18.2	10.2	20.5	14.0	18.0	12.4	9.3	13.1	7.7	13.9
Raiyda/other family planning worker	8.8	11.3	9.2	10.5	9.0	11.2	10.2	7.5	11.4	10.1
Community activity	2.6	2.6	1.9	3.1	3.7	2.8	2.4	2.8	2.3	2.6
Other	31.2	22.8	32.1	26.0	29.4	24.6	23.9	31.3	20.7	26.7
Number of women	4596	5268	2357	4067	1210	2857	3440	1029	2411	9864

Exposure to Messages through Radio and Television

Table 4.6 presents the percentage of ever-married women who had heard a message about family planning on broadcast media (radio or television) during the month prior to the interview. As might be expected given the wider coverage of television (see Chapter 2), family planning messages broadcast on the television are more successful in reaching an audience than radio messages. Almost three in four women saw a message on television in the month before the survey compared to only one in five women who had listened to a family planning message on the radio. Moreover, virtually all women who had listened to a radio message about family planning also had seen a television message. Around one-quarter of women reported that they had not listened to a radio message nor seen a television message.

Recent exposure to family planning messages through broadcast media varies by residence. Rural women are less likely to have seen or listened to a message than urban women (65 percent and 86 percent, respectively). By place of residence, the proportion who had been exposed to a family planning message during the month before the interview varied from a high of 89 percent in the Urban Governorates to 61 percent in Upper Egypt. Almost half (46 percent) of the women in rural Upper Egypt had not seen or listened to a family planning message compared to one-quarter of the women in rural Lower Egypt (see Figure 4.2).

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Table 4.6 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 month preceding the survey, according to selected background characteristics, Egypt 1992

| Background characteristic | Heard family planning message on radio or on television | | | | | Total | Number of women |
	Neither	Radio only	Television only	Both	Missing		
Age							
15-19	28.9	0.8	53.7	16.5	0.0	100.0	423
20-24	25.5	1.1	53.7	19.7	0.1	100.0	1362
25-29	23.4	0.7	53.0	22.8	0.1	100.0	2013
30-34	23.0	1.1	55.4	20.5	0.1	100.0	1838
35-39	24.8	1.6	53.4	20.2	0.0	100 0	1709
40-44	27.0	0.7	53.7	18.4	0.2	100.0	1411
45-49	28.8	0 8	50.1	20.3	0 0	100 0	1108
Urban-rural residence							
Urban	14.2	0.8	59.3	25 7	0.1	100.0	4596
Rural	34.8	1.2	48.3	15.6	0.1	100.0	5268
Place of residence							
Urban Governorates	11.5	0.9	63.0	24.6	0.0	100.0	2357
Lower Egypt	21.7	1 2	52.3	24.8	0 0	100.0	4067
Urban	13.0	0.5	57.2	29.2	0.0	100.0	1210
Rural	25.4	1.5	50.2	22.9	0.0	100.0	2857
Upper Egypt	38.7	0.9	48.1	12.1	0.2	100.0	3440
Urban	21.6	1.1	53.2	23.8	0.3	100.0	1029
Rural	46.0	0.8	46.0	7.1	0.1	100.0	2411
Education							
No education	35.7	1.1	51.6	11.5	0.1	100.0	4771
Some primary	23.6	1.3	53.2	21 8	0.1	100.0	2078
Primary through secondary	11.6	0.6	59.2	28.6	0.0	100 0	1093
Completed secondary/higher	8.7	0 7	54.7	35.9	0.1	100.0	1922
Work status							
Working for cash	18.1	0.7	53.4	27.8	0.1	100.0	1464
Not working for cash	26.5	1.1	53.4	19.0	0.1	100 0	8400
Use of contraception							
Current user	16.2	1.0	58.4	24.3	0 1	100.0	4310
Past user	23.5	1.3	52.7	22.4	0.1	100 0	2064
Never user	37.4	0.8	47.6	14.1	0.1	100 0	3490
Total	25.2	1.0	53.4	20.3	0.1	100.0	9864

Figure 4.2
Exposure to Family Planning Broadcasts
by Place of Residence
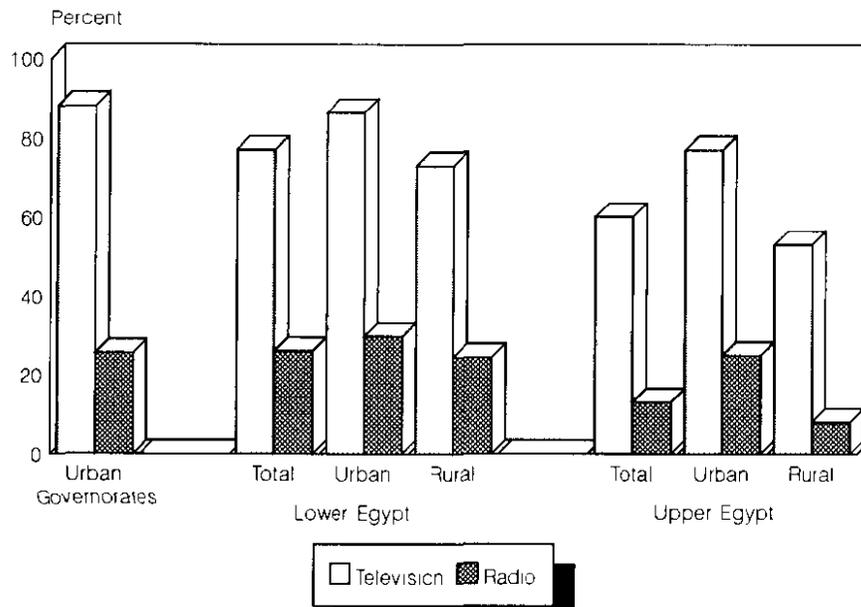
Exposure to family planning messages varies directly with a woman's educational level. Women who work for cash also were somewhat more likely to report recent exposure to a family planning message than other women.

Finally, women who were current users of family planning were more likely to report that they had seen or heard a message about family planning recently than were past users or never users. It is not clear whether the relationship between exposure to family planning messages and user status is causal or not. Because they are practicing family planning, current users may simply be more aware of messages on the topic than other women.

Exposure to Messages through Print Media/Community Meetings

Women were asked if they had read an article about family planning in a newspaper or magazine during the month before the interview. They also were asked if they had attended a community meeting at which family planning or population problems were discussed during the past year. Responses to these questions are presented in Table 4.7.

Few women receive information about family planning through newspapers or magazines. Overall, only about one in twenty women said that they had read an article about family planning; this represents about 14 percent of all women who were literate (data not shown in table). Only a small minority (one in seventeen women) also report attending a community meeting at which family planning or Egypt's population problems were discussed. As expected, women in rural areas, especially in Upper Egypt, were less likely to have read articles on family planning than other women. Exposure to family planning information through community meetings was more common among urban than rural women and rural women in Upper Egypt were the least likely to report attendance at such meetings.

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Higher educational attainment and work in the cash economy were associated with exposure to family planning messages through newspapers or magazines or at community meetings. There is also a small but definite relationship between exposure to information through print media and community meetings and experience with the use of family planning methods.

4.3 Attitudinal Indicators

After acquiring knowledge, the next step in family planning adoption is to have a positive attitude about the use of contraceptive methods. Attitudinal data were collected by asking women in the sample whether, in general, they themselves approved of a couple using family planning and what they thought was their husband's opinion on the subject. In addition, respondents were asked about their attitude regarding the use of specific methods including the pill, IUD, condom, female sterilization, male sterilization and withdrawal.

Attitudes about Use of Family Planning Methods

Table 4.8 shows the level of approval of family planning among currently married non-sterilized women who know at least one contraceptive method according to background characteristics. The table also looks at the extent to which these women say their attitude parallels that of their husband.[4] Over 90 percent of non-sterilized married women approve of the use of family planning, and only 5 percent disapprove. Most of the women also believe that their husband approves. Overall, according to the woman, three of four couples approve of the use of family planning. Among couples in which the wife reports differences of opinion, the husband—and not the wife—is more often

| Table 4.7 Exposure to family planning messages through print media/community meetings |

Percentage of ever-married women who read an article about family planning in a newspaper or magazine during the month before the interview, and the percentage who attended a community meeting at which family planning/Egypt's population problem was discussed during the past year, according to selected background characteristics, Egypt 1992

Background characteristic	Read article on family planning	Attended meeting	Number of women
Age			
15-19	3 6	4.0	423
20-24	5.3	5.0	1362
25-29	6.1	7.0	2013
30-34	6.9	8.0	1838
35-39	5.8	7.0	1709
40-44	5.0	5.0	1411
45-49	4.3	5 0	1108
Urban-rural residence			
Urban	9 1	9.0	4596
Rural	2 6	4.0	5268
Place of residence			
Urban Governorates	8.8	10.0	2357
Lower Egypt	5 2	4.0	4067
Urban	10 2	6.0	1210
Rural	3.1	4.0	2857
Upper Egypt	3.9	6.0	3440
Urban	8.6	9.0	1029
Rural	2.0	4.0	2411
Education			
No education	0.2	3.0	4771
Some primary	2 1	4.0	2078
Primary through secondary	9.1	7.0	1093
Completed secondary/higher	20.8	17.0	1922
Work status			
Working for cash	17.5	17.0	1464
Not working for cash	3.6	4 0	8400
Contraceptive use			
Current user	7.6	8.0	4310
Past user	5.4	6.0	2064
Never user	3.3	4.0	3490
Total	5.6	6.0	9864

reported to disapprove of family planning. Only 5 percent of women disapprove of family planning use while 13 percent of husbands are perceived by their wives to disapprove.

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[4] See Chapter 13 for a comparison with the husbands' actual attitudes.

Table 4.8 Attitudes toward family planning

Percent distribution of currently married, non-sterilized women who know of a family planning method by their attitude toward family planning, and their perception of their husband's attitude, according to selected background characteristics, Egypt 1992

| Background characteristic | Both approve | Woman approves | | Woman disapproves | | Both disapprove | Other | Total | Number of women |
		Husband dis-approves	Husband's attitude unknown	Husband approves	Husband's attitude unknown				
Age									
15-19	65.5	6.4	12.4	1.3	1.8	6.5	6.1	100.0	408
20-24	72.6	12.0	6.5	1.3	0.6	3.3	3.7	100.0	1319
25-29	76.9	10.8	4.6	1.2	0.6	2.5	3.4	100.0	1948
30-34	77.5	11.1	4.2	1.1	0.4	2.5	3.2	100.0	1730
35-39	79.8	8.6	3.4	1.1	0.4	3.0	3.8	100.0	1552
40-44	79.1	8.6	3.6	1.2	1.0	2.8	3.7	100.0	1192
45-49	73.1	7.7	7.3	1.0	1.1	3.7	6.1	100.0	865
Urban-rural residence									
Urban	83.3	8.6	3.2	0.8	0.1	1.7	2.2	100.0	4220
Rural	70.1	11.0	6.8	1.4	1.1	4.2	5.3	100.0	4794
Place of residence									
Urban Governorates	85.4	6.8	2.7	1.0	0.0	1.9	2.1	100.0	2168
Lower Egypt	79.9	10.0	5.2	0.9	0.3	1.3	2.4	100.0	3691
Urban	83.0	10.5	3.4	0.2	0.2	0.8	2.0	100.0	1104
Rural	78.5	9.8	6.0	1.3	0.3	1.5	2.6	100.0	2587
Upper Egypt	65.8	11.8	6.6	1.5	1.6	5.8	6.8	100.0	3155
Urban	78.9	10.3	4.0	1.1	0.5	2.5	2.8	100.0	948
Rural	60.2	12.5	7.7	1.6	2.1	7.2	8.6	100.0	2207
Level of education									
No education	69.9	10.6	7.0	1.2	1.2	4.2	5.9	100.0	4270
Some primary	78.7	9.9	4.7	1.2	0.4	2.4	2.7	100.0	1892
Primary through secondary	82.5	9.1	2.8	0.5	0.0	2.4	2.6	100.0	994
Completed secondary/higher	85.2	8.5	2.2	1.5	0.1	1.2	1.1	100.0	1858
Work status									
Working for cash	75.1	10.0	5.5	1.1	0.7	3.3	4.2	100.0	7709
Not working for cash	83.3	9.1	2.4	1.4	0.4	1.1	2.3	100.0	1305
Contraceptive use									
Current user	89.1	7.4	1.6	0.8	0.0	0.3	0 8	100.0	4207
Past user	80.2	10 5	3.8	1.6	0.2	1.5	2.2	100.0	1815
Never user	55.9	13.0	10.8	1.4	1.9	7.8	9.3	100.0	2992
Total	76.3	9.9	5.1	1.2	0.7	3.0	3.9	100.0	9014

The likelihood that a woman will report that both her husband and she approve of family planning increases with age, reaching a peak of 80 percent among women 35-39 before declining to 73 percent among older women. The level of approval varies between urban and rural areas; 83 percent of couples are reported by the woman to approve of the use of family planning compared to 70 percent in rural areas (see Figure 4.3). Among rural women, there are marked differences by place of residence in the proportion who report that both they and their husbands approve of the use of family planning; 79 percent of women in rural Lower Egypt say both they and their husbands approve compared to only 60 percent among women in rural Upper Egypt (see Figure 4.3). In rural Upper Egypt, women are almost twice as likely to say that their husbands disapprove of family planning as they are to say that they themselves disapprove (20 percent and 11 percent, respectively).

Figure 4.3
Couple Approval of Family Planning Use from
the Wife's Perspective by Place of Residence
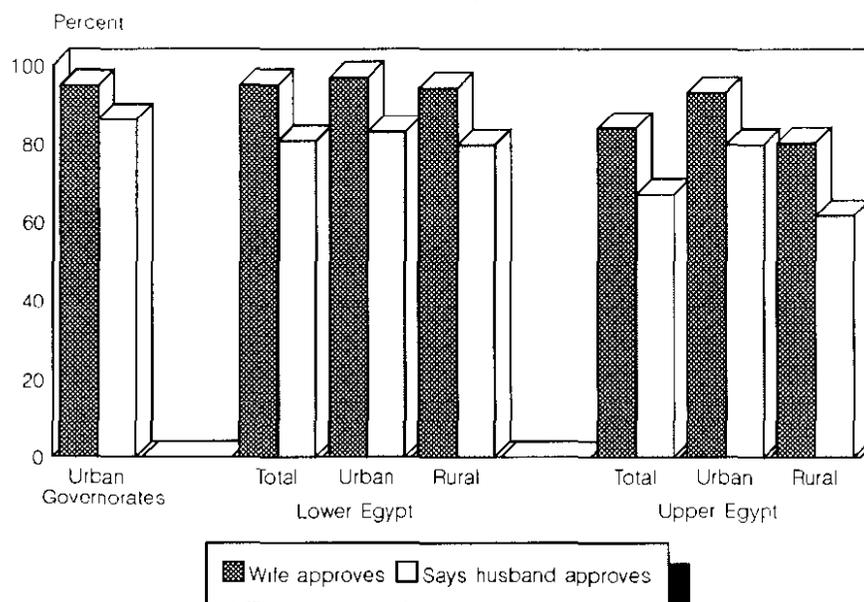
EDHS 1992

Approval of family planning is positively related to educational level, and it is somewhat more common among working women than among other women. Significantly, women who have never used family planning are likely to be more conservative in their attitudes than other women. Among never users, only 56 percent report that both they and their husbands approve of family planning compared to 80 percent of women who used in the past and 89 percent of current users.

Religion and Use of Family Planning

Women also were asked about whether they thought that religion allows or forbids the use of family planning. Around three in four women believe that there are no religious prohibitions against family planning, and only 15 percent thought that religion definitely forbids the use of family planning (see Table 4.9). The proportion of women believing that religion allows the use of family planning varies by residence. Women in rural Lower Egypt are the most likely to say religion allows the use of family planning and women in rural Upper Egypt were the least likely to think that family planning use was allowed by religion (80 percent and 69 percent, respectively).

Table 4.9 Belief that religion allows or forbids family planning

Percent distribution of ever-married women according to whether they believe religion allows or forbids family planning by urban-rural residence and place of residence, Egypt 1992

| Religion's position | Urban | Rural | Urban Gover- norates | Lower Egypt | | | Upper Egypt | | | Total |
				Total	Urban	Rural	Total	Urban	Rural	
Allows	78.6	74.9	77.9	79.9	79.9	80.0	71.8	78.6	68.9	76.6
Forbids	15.8	14.7	16.5	14.6	15.6	14.2	15.2	14.7	15 4	15.2
Don't know	5.6	10.4	5.6	5.5	4.6	5.9	13.1	6.7	15 8	8.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100 0
Number	4596	5268	2357	4067	1210	2857	3440	1029	2411	9864

Attitudes about Use of Specific Family Planning Methods

Currently married women were asked if they agree or disagree with the use of specific family planning methods; the responses to the question are shown in Table 4.10. As expected, the level of approval was highest in the case of the IUD (79 percent), followed by pills (77 percent). The method mix among users in Egypt is still heavily dominated by these two methods. As for other methods, the proportions expressing approval are much lower; condom (22 percent), female sterilization (17 percent), withdrawal (8 percent) and male sterilization (2 percent).

Table 4.10 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 1992

| Family planning method | Approves of use of method | | | | |
	Yes	No	Don't know/ undecided/ missing	Does not know method	Total
Pill	76.9	17.9	4.6	0 6	100.0
IUD	78.7	15.2	5.0	1 1	100.0
Female sterilization	16.8	49.1	4 7	29.4	100.0
Condom	21.6	25.9	7.5	45.0	100.0
Male sterilization	2.2	9.3	1.2	87.2	100.0
Withdrawal	8.1	16.6	3.7	71 6	100.0

4.4 Ever Use of Family Planning Methods

The 1992 EDHS collected data on the level of ever use of family planning methods. A number of issues relating to method adoption including the first method used and the service provider also were investigated.

Levels and Trends in Ever Use

The EDHS findings indicate that 65 percent of ever-married women and 67 percent of currently married women have used a family planning method at some time (see Table 4.11). Virtually all women who have ever used a method have experience with modern methods. The pill is the most widely adopted modern method among currently married women (45 percent), followed closely by the IUD (42 percent). Only 8 percent have tried the condom and less than 5 percent have ever used any other modern method (injection, vaginal methods, and female sterilization). The level of ever use of traditional methods is low in Egypt (10 percent).

Table 4.11 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 1992

Age	Any method	Any modern method	Pill	IUD	Injection	Nor-plant	Dia-phragm/ foam/ jelly	Condom	Female sterilization	Male sterilization	Any trad. method	Periodic absu-nence	With-drawal	Prolonged breast-feeding	Other	Number of women
							EVER-MARRIED WOMEN									
15-19	19.8	18.5	9.7	11.3	0.5	0.0	0.3	1 1	0.0	0 0	1.4	0.0	0.0	1.3	0.0	423
20-24	43.7	41.6	22 0	28.2	0.5	0.0	0.4	1 8	0.0	0 0	4.3	0.7	1.4	2.4	0.2	1362
25-29	65.6	63.7	38.1	42 8	1.9	0.1	1.7	5.6	0.1	0.0	7.0	2.2	1.6	3.9	0.2	2013
30-34	76.0	74.0	51.9	50.2	3.3	0.3	3.2	7.9	0.7	0.0	10 2	3.6	2.4	5.5	0.5	1838
35-39	74.7	73.3	54.3	46.7	4.0	0.1	4.3	10.2	1 4	0.0	10 6	4.0	3.9	5.1	0.2	1709
40-44	70.9	69.2	54.7	40.7	4.8	0.0	7.8	12.0	2.4	0.0	14 4	5.1	3.7	7.4	1.0	1411
45-49	63.3	62.1	52.2	29.7	3.3	0.4	6.2	9.5	3 2	0.1	14.1	6.5	3 9	6.9	0.9	1108
Total	64.6	62.9	44.0	39.7	2.9	0.1	3.6	7.5	1.1	0.0	9.5	3 4	2.6	4 9	0.4	9864
							CURRENTLY MARRIED WOMEN									
15-19	20.2	18.8	9.9	11.5	0.5	0.0	0.4	1.2	0.0	0.0	1 4	0.0	0.0	1.4	0.0	415
20-24	44.8	42.6	22.5	29.0	0.6	0.0	0.4	1.8	0.0	0.0	4.4	0.7	1.5	2.5	0.2	1324
25-29	66.7	64.8	38.7	43.8	2.0	0.1	1.7	5.8	0.1	0.0	7 2	2.3	1 7	4.0	0.2	1956
30-34	78.0	76.1	53.1	51.9	3.5	0.3	3.4	8.2	0.8	0.0	10.4	3.7	2 4	5.6	0.5	1743
35-39	77.9	76.4	56.4	49.2	4.2	0.1	4.4	10.8	1.5	0.0	11.1	4.1	4 0	5.5	0.3	1582
40-44	75.4	73.8	58 0	44.1	5.3	0.0	8.2	13.5	2.6	0.0	15.7	5.6	4 2	7.8	1.1	1231
45-49	68.7	67.5	56.5	33.2	3.9	0.5	7.0	11.1	3.6	0.2	15.7	7.5	4.5	7.6	1.1	902
Total	66.9	65.1	45.2	41 7	3.0	0.2	3.7	7.9	1.1	0.0	9.8	3 5	2.7	5.1	0.5	9153

Across age groups, the highest level of ever use is observed for currently married women 30-39 (78 percent) and the lowest level for women 15-19 (20 percent). Women age 30 and older are more likely to have had experience using the pill while, among younger women, experience with the IUD is more common than experience with the pill. Older women also are more likely than younger women to have ever used a traditional method.

A comparison of the 1992 EDHS findings with the results of earlier surveys is presented in Table 4.12. The level of ever use among ever-married women increased by around 8 percentage points between the 1980 and 1984 (from 40 percent to 48 percent) and then increased again by almost 10 percentage points between 1984 and 1988. By 1992, the level of ever use had reached 65 percent.

Table 4.12 Trends in ever use of family planning methods

Percentage of ever-married women 15-49 who have ever used a family planning method by specific methods, Egypt, 1992 EDHS, 1991 EMCHS, 1988 EDHS, 1984 ECPS and 1980 EFS

Family planning method	Ever used method				
	EDHS 1992	EMCHS 1991[a]	EDHS 1988	ECPS 1984[b]	EFS 1980[c]
Any method	64.6	63.2	57.4	48.2	39.8
Any modern method	62.9	59.8	55.9	46.7	38.9
Modern method					
Pill	44.0	44.7	46.0	41.0	35.8
IUD	39.7	32.3	25.6	14.8	8.7
Injection	2.9	-	2.3	1.1	0.5
Vaginal methods	3.6	-	5.3	3.9	1.2
Condom	7.5	-	8.6	3.4	5.0
Female sterilization	1.1	-	1.5	1.4	0.7
Male sterilization	0.0	-	0.0	0.0	0.1
Any traditional method	9.5	-	11.4	5.3	-
Safe period	3.4	-	3.7	1.4	2.7
Withdrawal	2.6	-	2.4	1.0	2.3
Prolonged breastfeeding	4.9	-	6.5	3.1	-
Other traditional methods	0.4	-	0.8	0.5	-
Number of women	9864	9073	8911	10013	8788

[a]Abdel-Azeem, F. et al., 1993, Table 8.3
[b]Sayed et al., 1989, Tables 5.2
[c]Hallouda et al., 1983, Volume IV, Table 4.3.1-1.

By method, the greatest increase was registered for the IUD. In 1992, 40 percent of ever-married women had ever used the IUD, compared to 26 percent in 1988, 15 percent in 1984 and 9 percent in 1980 (see Figure 4.4). In the case of the pill, the level of ever use increased by almost 10 percentage points between 1980 and 1988; however, between 1988 and 1992, there was a small decline (2 percentage points) in the proportion of women who have ever used the pill. These results are consistent with the trend in the method mix among current users over the same period (see Chapter 5).

Figure 4.4
Ever Use of Family Planning,
Egypt 1980-1992

Legend: 1980 EFS, 1984 ECPS, 1988 EDHS, 1991 EMCHS, 1992 EDHS
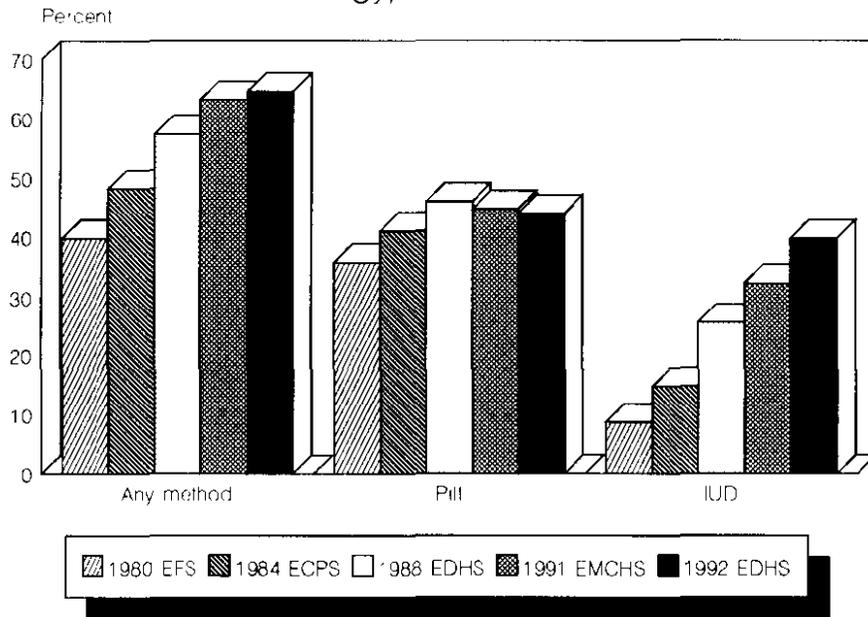
EDHS 1992

Differentials in Ever Use of Family Planning Methods

Table 4.13 looks at differences among subgroups in the overall proportions of ever-married women who have ever used family planning and in both the distribution of ever users by the number of methods ever used and the mean number of methods ever used. The table shows that older women are not only more likely to have used a method some time but they also are more likely to have had experience with a greater number of methods than younger women. For example, less than 10 percent of women age 30 and younger report that they have ever used three or more methods compared to around 25 percent of women 40-49.

Considering other differentials, a woman is more likely to have used a family planning method if she lives in urban areas, if she has at least some primary education, or if she is working for cash. Women in these categories also are generally more likely to have experience with more than one method (see Table 4.13).

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Table 4.13 Ever use of family planning methods 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 used and mean number of methods used, according to selected background characteristics, Egypt 1992

Background characteristic	Ever used any method	Number of methods ever used			Total	Mean number used	Number of women
		1	2	3+			
Age							
15-19	19.8	80.1	16.4	3.5	100.0	1.2	423
20-24	43.7	72.7	23.7	3.6	100.0	1.3	1362
25-29	65.6	61.2	30.4	8.4	100.0	1.5	2013
30-34	76.0	49.2	37.1	13.6	100.0	1.7	1838
35-39	74.7	46.6	36.4	17.0	100.0	1.8	1709
40-44	70.9	41.6	33.5	25.0	100.0	2.0	1411
45-49	63.3	45.2	30.8	24.0	100.0	1.9	1108
Urban-rural residence							
Urban	76.3	46.8	34.0	19.2	100.0	1.8	4596
Rural	54.5	58.6	31.4	10.0	100.0	1.6	5268
Place of residence							
Urban Governorates	78.0	45.3	35.2	19.5	100.0	1.9	2357
Lower Egypt	70.6	52.9	33.5	13.6	100.0	1.7	4067
Urban	79.2	47.4	34.3	18.2	100.0	1.8	1210
Rural	67.0	55.6	33.1	11.3	100.0	1.6	2857
Upper Egypt	48.4	58.3	29.0	12.7	100.0	1.6	3440
Urban	68.9	49.9	30.3	19.8	100.0	1.8	1029
Rural	39.7	64.6	28.0	7.5	100.0	1.5	2411
Level of education							
No education	54.8	58.0	31.3	10.7	100.0	1.6	4771
Some primary	71.8	48.5	36.1	15.4	100.0	1.7	2078
Primary through secondary	74.3	43.7	33.2	23.1	100.0	1.9	1093
Completed secondary/higher	75.7	50.0	31.9	18.1	100.0	1.8	1922
Work status							
Working for cash	74.2	48.1	32.9	19.0	100.0	1.8	1464
Not working for cash	63.0	52.9	32.8	14.3	100.0	1.7	8400
Total	64.6	52.1	32.8	15.1	100.0	1.7	9864

4.5 First Use of Family Planning

The Egypt DHS included questions on the first method ever used, the timing of the adoption of the method and the source from which the method was obtained. These data enable an examination of cohort changes in the timing of adoption in order to identify any trend toward earlier adoption of more effective methods.

First Method Used

Overall, for the majority of Egyptian women, experience with contraception begins with adoption of the pill. Table 4.14 shows that, among ever-users almost 60 percent started family planning by using the pill, while 31 percent chose the IUD for their first method, 5 percent adopted other modern methods and 6 percent began contraception with a traditional method. Younger women (age 15-24) are somewhat more likely to have begun family planning with the IUD. This may reflect the increasing popularity of the IUD in the method mix during the period when younger women first began to use family planning (see Chapter 5).

Table 4.14 First method used

Percent distribution of ever-users by first method used, according to selected background characteristics, Egypt 1992

| Background characteristic | First method used | | | | | Number of women |
	Pill	IUD	Other modern method[1]	Traditional method[2]	Total	
Age						
15-19	42.4	45.4	5.2	6.9	100.0	84
20-24	43.1	45.1	3.0	8.8	100.0	595
25-29	48.9	38.9	5.2	7.0	100.0	1319
30-34	56.3	33.9	4.0	5.8	100.0	1397
35-39	63.6	26.4	5.6	4.5	100.0	1277
40-44	68.3	20.9	5.9	4.9	100.0	1000
45-49	74.4	15.3	4.7	5.6	100.0	702
Urban-rural residence						
Urban	57.0	33.5	5.0	4.6	100.0	3505
Rural	60.8	27.0	4.7	7.6	100.0	2869
Place of residence						
Urban Governorates	53.4	36.9	5.1	4.6	100.0	1837
Lower Egypt	58.3	30.6	4.2	6.9	100.0	2871
Urban	61.3	30.3	4.7	3.7	100.0	958
Rural	56.9	30.8	3.9	8.5	100.0	1913
Upper Egypt	65.1	23.4	5.8	5.8	100.0	1665
Urban	60.4	28.9	4.9	5.9	100.0	709
Rural	68.5	19.3	6.4	5.8	100.0	956
Education						
No education	63.5	26.0	4.5	6.0	100.0	2616
Some primary	66.6	24.9	3.9	4.6	100.0	1492
Primary through secondary	60.1	30.6	4.9	4.4	100.0	812
Completed secondary/higher	41.2	44.4	6.4	8.1	100.0	1454
Work status						
Working for cash	50.3	37.0	6.1	6.6	100.0	1086
Not working for cash	60.4	29.2	4.6	5.8	100.0	5288
Total	58.7	30.5	4.9	5.9	100.0	6374

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

Rural users are somewhat more likely than urban users to have started family planning use with the pill (61 percent and 57 percent, respectively) and less likely to have initiated use with IUD (27 percent and 34 percent, respectively). Rural women from Upper Egypt stand out as least likely to have begun family planning use by adopting the IUD; only 19 percent of ever-users in rural Upper Egypt adopted the IUD as their first method compared to 31 percent of ever-users in rural Lower Egypt.

A woman's educational level is closely associated with the method selected when family planning use begins. Highly educated women begin use with the IUD more often than other women (see Figure 4.5). Table 4.14 also shows that women in paid employment are somewhat more likely than other women to adopt the IUD as their first method.

Figure 4.5
First Family Planning Method Used
by Level of Education

EDHS 1992
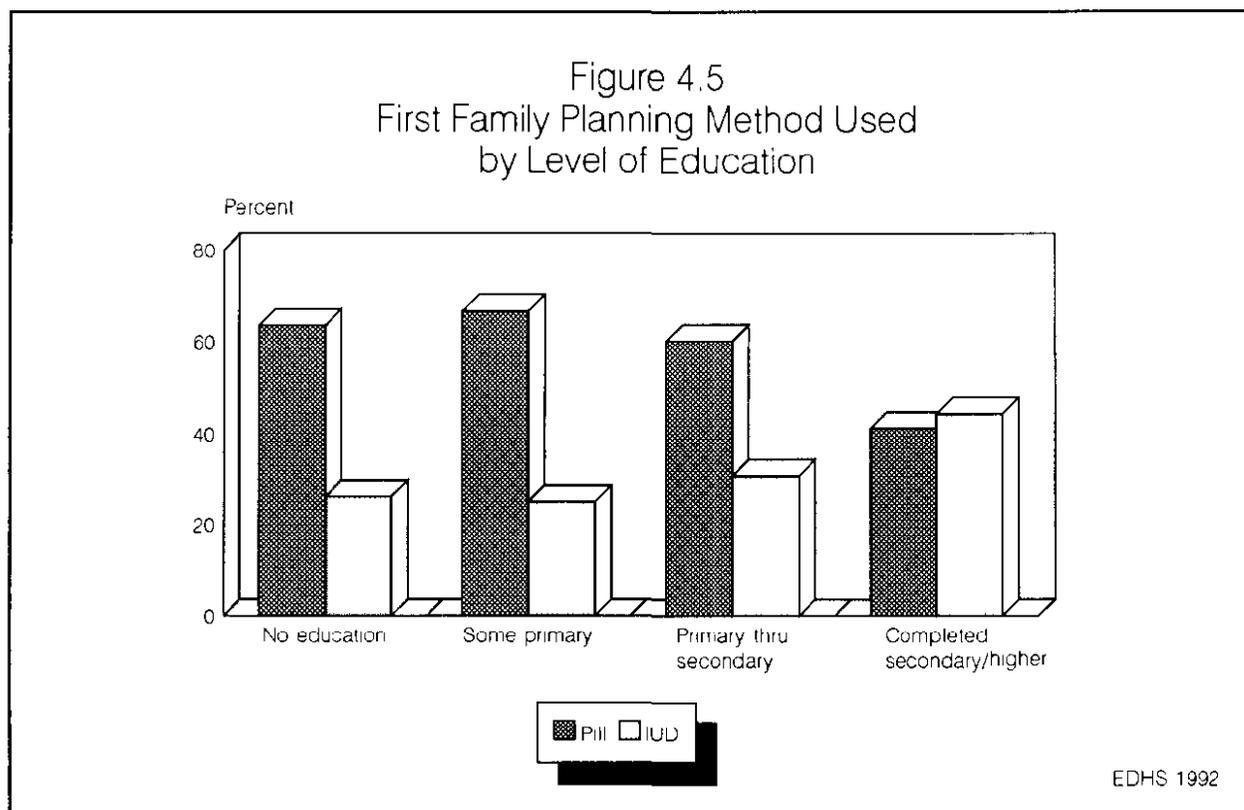
Source for the First Method

The 1992 EDHS collected detailed information (name, location and address) of the source from which ever-users first obtained a method. These data are tabulated according to the type of source in Table 4.15. Private sector sources (private hospitals/clinics, private doctors, clinics operated by the Egyptian Family Planning Association (EFPA), the Clinical Services Improvement (CSI) project, and other private voluntary organizations, mosque and church health units, and pharmacies) are clearly the major sources 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 sector source, mainly pharmacies. Government health facilities were the source for first methods for one-third of ever-users.

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Table 4.15 Source of first method used

Percent distribution of ever-users by source of first method used, according to selected background characteristics, Egypt 1992

| | First method used | | | |
| | Pill | IUD | Other modern method[1] | Total |
Source				
Public sector	23.2	45.0	19.5	30.1
Urban hospital	1.7	10.6	12.6	5.1
Urban health unit	9.2	19.4	3 0	12.2
Rural hospital	1.2	3.6	1.4	2.0
Rural health unit	9.2	6.8	1 3	8.0
Other MOH	0.9	0 5	0.5	0.7
Teaching hospital	0.2	1.4	0.8	0.6
Health insurance organization	0.0	1.0	0.0	0.3
Curative care organization	0.7	1.5	0.0	0.9
Other government	0.1	0.2	0 0	0.1
Private sector	74 4	54.2	72.4	67.7
Medical private sector	74.0	54.2	72.4	67.5
EFPA	0.4	2.1	0.0	0.9
CSI	0.9	5.4	2.5	2.5
Other PVO	0.5	1.3	0 0	0.8
Mosque health unit	0.1	3.8	0 0	1.3
Church health unit	0.1	0.2	0.0	0.1
Private hospital/clinic	0.3	3.8	0 8	1.5
Private doctor	2.1	36.5	9.3	13.6
Pharmacy	69 5	1.1	59.8	46.8
Other private sector	0.4	0.0	0.0	0.3
Other vendor	0.4	0.0	0.0	0 3
Other	1.9	0.7	5.4	1.7
Friends/Relatives	1.3	0.1	2.0	0.9
Other	0.4	0.6	0.5	0.5
Husband bought	0.3	0.0	3.0	0 3
Don't know	0.5	0.0	2.2	0.4
Total	100.0	100.0	100.0	100.0
Number of women	3740	1946	309	5996

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

The source used initially by ever-users varies according to the method selected (see Table 4.15). Ever-users who chose the pill as their first method, generally relied on pharmacies for their supply, followed by public sector providers, especially urban and rural health units (70 percent and 23 percent, respectively). Among women who initiated use with the IUD, 54 percent reported that the IUD was inserted by a private sector provider compared to 45 percent who went to a public sector provider. The small percentage of IUD users who reported obtaining their IUD at a pharmacy probably confused the place of purchase with the place of insertion.

Number of Children at First Use of Family Planning

Table 4.16 shows the percent distribution of ever-married women by the number of living children at the time of first use of contraception according to selected background characteristics. The results indicate that Egyptian women are adopting family planning fairly early in the family building process although less than 2 percent of ever-users begin using immediately after marriage or before the first birth. Overall, more than one-third of ever-users (24 percent of ever-married women) began using family planning after they had the first child, and almost two-thirds started using after they had one or two children.

Table 4.16 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 1992

Current age	Never used contraception	Number of living children at time of first use of contraception					Total	Number of women
		0	1	2	3	4+		
Age								
15-19	80.2	0.5	14.6	4.5	0.2	0 0	100 0	423
20-24	56.3	1.3	25.9	11.5	3.7	1.3	100.0	1362
25-29	34.4	0.9	31.8	16.9	8.8	7.2	100.0	2013
30-34	24.0	1.3	28.2	20.6	11.0	14.9	100.0	1838
35-39	25.3	1.2	23.1	15.0	11.5	24.0	100.0	1709
40-44	29.1	1.2	18.0	13.5	9.4	28.7	100.0	1411
45-49	36.7	0.7	12.2	11.8	11.4	27.3	100.0	1108
Urban-rural residence								
Urban	23.7	2.1	35.1	18.5	9.2	11.4	100.0	4596
Rural	45.5	0.2	14.1	11.8	8.8	19.5	100.0	5268
Place of residence								
Urban Governorates	22.0	2.2	37.2	19.8	9.1	9.7	100.0	2357
Lower Egypt	29.4	0.6	24.9	16.4	10.7	18.0	100.0	4067
Urban	20 8	1.3	38.5	18.5	10.0	10.9	100.0	1210
Rural	33.0	0.3	19.2	15.5	11.1	21.0	100.0	2857
Upper Egypt	51.6	1.0	13.6	9.8	6.8	17.2	100.0	3440
Urban	31.1	2.7	26.4	15.6	8.4	15.9	100.0	1029
Rural	60.3	0.2	8.2	7.4	6.1	17.8	100 0	2411
Level of education								
No education	45.2	0.3	11.1	11.6	9.6	22.2	100.0	4771
Some primary	28.2	0.8	23.6	18.1	11.7	17.5	100.0	2078
Primary through secondary	25.7	1.8	33.5	19.9	9.5	9.6	100.0	1093
Completed secondary/higher	24.3	3.0	50.5	16.8	4.2	1.3	100.0	1922
Work status								
Working for cash	37.0	0.8	20.9	14.6	9.4	17.2	100.0	8400
Not working for cash	25.8	2.6	40.8	16.7	6.5	7.6	100.0	1464
Total	35.4	1.1	23.9	14.9	9.0	15.7	100.0	9864

There has been a clear downward trend over time in the parity at which women first adopt family planning, with younger users initiating use at lower parities than older women. Among ever-users, the proportion adopting family planning when they had one child increased from 20 percent among women 45-49 to 48 percent among ever-users 25-29.

There are differentials in the number of living children at the time of first use of contraception by place of residence, education level, and work status. Urban ever-users begin using at much lower parities than rural ever-users; for example, around 50 percent of urban ever-users initiated family planning use before they had two children, compared with around 25 percent of rural ever-users. Also, as shown in Table 4.16, educated ever-users and ever-users who work for cash are more likely to initiate use at lower parities than other women.

Reproductive Intention at First Use

The 1992 EDHS also collected information on women's childbearing intentions at the time contraception was first adopted. These data allow an investigation of the extent to which interest in limiting as opposed to spacing births motivates women to begin using family planning. Overall, although there was substantial interest in limiting childbearing, the majority of ever-users (54 percent) began using contraception to delay the next birth. Table 4.17 shows that spacing was clearly the primary motivation among ever-users who initiated family planning use at low parities. At parity 3 or higher, however, the vast majority of ever-users adopted family planning because they wanted to limit births.

Table 4.17 Reproductive intentions at time of first use of family planning

Percent distribution of ever-users by reproductive intentions at time of first use of family planning, according to number of living children at time of first use, Egypt 1993

Reproductive intention	Number of children					
	0	1	2	3	4+	Total
Want child later	95.1	90.6	54.4	28.2	10.0	54.0
Do not want child/ another child	4.7	9.2	45.0	71.8	89.7	45.7
Other	0.3	0.1	0.6	0.0	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	108	2357	1471	884	1554	6374

CHAPTER 5

CURRENT USE OF FAMILY PLANNING

The level of current use of family planning is one of the indicators most frequently used to assess the success of family planning program activities. It is also widely used as a measure in the analysis of the determinants of fertility. This chapter focuses on the levels and differentials in family planning use among population subgroups, with a particular emphasis on the method mix among users. Trends in family planning use in Egypt are also described in this chapter. Detailed information on the service providers from which users obtain their methods is presented, and indicators of the accessibility of family planning methods are reviewed.

5.1 Levels and Differentials in Current Use of Family Planning

The 1992 EDHS results indicate that 47 percent of currently married women are currently using family planning in Egypt (see Table 5.1 and Figure 5.1). Almost all users rely on modern methods; 28 percent of married women are using the IUD, 13 percent rely on pills and 4 percent are using other modern methods, principally the condom (2 percent) and female sterilization (1 percent). Less than 3 percent are using a traditional method.

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 1992

Method	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Any method	57.0	38.4	59.1	53.5	60.3	50.5	31.4	48.1	24.3	47.1
Any modern method	54.1	36.6	55.6	51.3	58.5	48.2	29.7	45.4	23.0	44.8
Pill	14.0	11.9	12.5	15.1	17.3	14.1	10.7	13.8	9.3	12.9
IUD	34.6	22.0	36.8	32.6	36.3	31.0	16.4	27.6	11.6	27.9
Injection	0.5	0.5	0.3	0.5	0.7	0.5	0.6	0.6	0.6	0.5
Diaphragm/foam/jelly	0.5	0.2	0.6	0.2	0.2	0.2	0.3	0.6	0.2	0.4
Condom	3.2	0.9	4.1	1.4	2.4	0.9	1.2	2.1	0.8	2.0
Female sterilization	1.2	1.0	1.4	1.5	1.4	1.5	0.6	0.7	0.5	1.1
Any traditional method	2.9	1.8	3.5	2.2	1.8	2.3	1.7	2.7	1.2	2.3
Periodic abstinence	1.3	0.2	1.6	0.5	1.0	0.2	0.4	1.0	0.1	0.7
Withdrawal	1.1	0.3	1.3	0.5	0.6	0.5	0.5	1.2	0.2	0.7
Prolonged breastfeeding	0.4	1.2	0.6	1.2	0.2	1.6	0.7	0.5	0.8	0.9
Other methods	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.1
Not currently using	43.0	61.6	40.9	46.5	39.7	49.5	68.6	51.9	75.7	52.9

Figure 5.1
Current Use of Family Planning Methods
Currently Married Women 15-49

IUD 28%

Pill 13%

Traditional 2%

Female sterilization 1%

Other modern 3%

Not currently using 53%
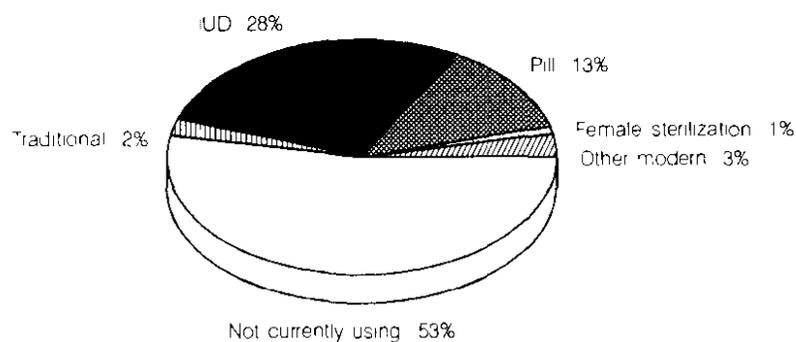
EDHS 1992

Residence

Marked differences in the level of family planning use by residence are observed. As Table 5.1 shows, urban women are considerably more likely to be using a method than rural women (57 percent and 38 percent, respectively). The IUD is the preferred method among both urban and rural women (35 percent and 22 percent, respectively), followed by the pill (14 percent and 12 percent, respectively).

Looking at place of residence, current use is highest in the Urban Governorates (59 percent), followed by Lower Egypt (54 percent). Upper Egypt (31 percent) lags significantly behind the other two areas. Considering both urban-rural residence and place of residence, a greater proportion of women are currently using a method in urban Lower Egypt (60 percent) than in urban Upper Egypt (48 percent). The differentials are even more striking between rural Lower Egypt and rural Upper Egypt; 51 percent of married women in rural areas in Lower Egypt are currently using a contraceptive method compared to 24 percent in rural Upper Egypt (see Figure 5.2). Throughout Egypt the IUD is the most widely used method of contraception. However, there are differentials in IUD use by residence. Users in Upper Egypt are less likely to rely on the IUD than other users (see Figure 5.2).

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Figure 5.2
Current Use of Family Planning Methods
by Place of Residence
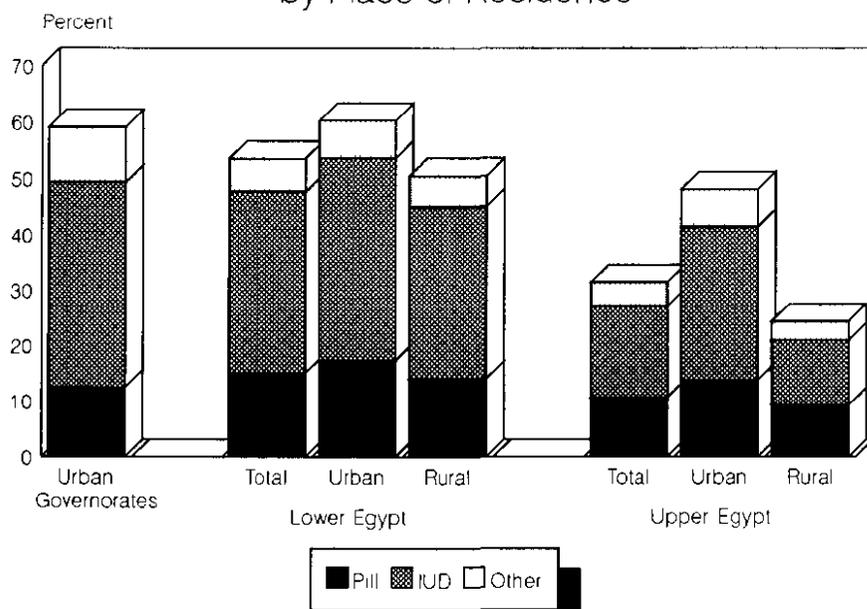
EDHS 1992

Background Characteristics

Differentials in the level of current use by method according to selected background characteristics are shown in Table 5.2. Current use increases among the five youngest cohorts, reaching its maximum among women in the 35-39 age group, where three in five women are using a method. Women in all age groups prefer the IUD. The proportion using the IUD peaks at 37 percent among women in the 30-34 age group while the proportion using the pill peaks at 18 percent among women age 35-39.

As with age, family planning use increases rapidly with the number of living children that a woman has, reaching a peak among women with three children (59 percent). The results confirm that women in Egypt begin adopting contraception after the first child; less than 1 percent of childless women are using contraception.

Considering level of education, significant differences in family planning are observed between women who never attended school and women who did attend school, even if they did not complete the primary level. Among women who have attended school, there are only minor differences across educational categories in the level of current use. Overall, the percentage of married women currently using contraception varies from 38 percent among women with no education to 58 percent among women who completed the secondary or higher level. Finally, working women are more likely to practice family planning than women who are not working for cash (58 percent and 45 percent, respectively).

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 1992

		Modern method								Traditional method							
Background characteristic	Any method	Any modern method	Pill	IUD	Injection	Norplant	Diaphragm/foam/jelly	Condom	Female sterilization	Any trad. method	Periodic abstinence	Withdrawal	Prolonged breastfeeding	Other	Not currently using	Total	Number
Age																	
15-19	13.3	12.7	4.1	8.4	0.0	0.0	0.0	0.2	0.0	0 6	0.0	0.0	0 6	0.0	86 7	100.0	415
20-24	29.7	28.5	6.8	21.2	0.2	0.0	0.0	0 3	0.0	1.2	0.0	0.0	1.1	0.1	70.3	100 0	1324
25-29	46.0	44.2	13.3	29.3	0.2	0.1	0.4	0.9	0.1	1.8	0.2	0.5	1.0	0.0	54.0	100.0	1956
30-34	58.8	56.4	16.2	36.7	0.5	0.0	0.3	2.0	0.8	2.4	0.8	0.4	1.2	0.0	41.2	100 0	1743
35-39	59.6	57.0	18.2	34.0	0.8	0.0	0.4	2.1	1.5	2.6	1.0	0.8	0.7	0 1	40.4	100.0	1582
40-44	55.5	52.4	14.0	28.9	1 1	0.0	0 8	5.1	2.6	3.1	1 1	1.1	0.8	0 1	44.5	100.0	1231
45-49	34.5	30.3	7 9	14.9	0.5	0.0	0 4	3.0	3.6	4.1	1.8	1.9	0 2	0.2	65 5	100.0	902
Number of living children																	
0	0.5	0.5	0.3	0 2	0 0	0.0	0.0	0.0	0.0	0 0	0 0	0.0	0.0	0.0	99.5	100.0	830
1	31.6	30.2	6.7	22.4	0.0	0.0	0.2	0.8	0.1	1 4	0.2	0.6	0 6	0.0	68 4	100.0	1175
2	52 5	49.5	12.7	34.3	0.0	0.0	0.1	2.2	0.2	3 0	1.5	0.7	0 8	0.0	47.5	100 0	1585
3	59.3	56.2	17.1	34.8	0.5	0.1	0.5	2 2	1 1	3 1	1 2	0.6	1.1	0.2	40 7	100.0	1663
4+	54.3	51 8	15.8	30.0	1.0	0.0	0.5	2 6	2 1	2.5	0 5	0 9	1.0	0 1	45 7	100.0	3900
Education																	
No education	37.5	36.0	12.0	20.7	0.5	0.0	0 2	1 2	1.4	1.5	0.1	0.4	0.9	0 0	62.5	100 0	4363
Some primary	53.5	51 0	17.6	29.4	0 5	0 0	0.3	2 2	0 9	2.5	0.5	0 6	1.2	0 3	46.5	100.0	1913
Primary through secondary	56.1	53.0	13 7	34.0	0.6	0.0	0 6	2.6	1.6	3.2	1.7	1 0	0.5	0.0	43.9	100.0	1010
Completed secondary/higher	58.0	54.5	9.8	40 0	0.4	0.0	0.6	3.1	0.5	3.5	1 7	1.2	0.6	0 0	42.0	100.0	1867
Work status																	
Working for cash	58.3	55.1	10.6	39.0	0.6	0.0	0.6	3.4	1.0	3.2	1.6	1.2	0 4	0.0	41.7	100.0	1317
Not working for cash	45.2	43 0	13.3	26.1	0.5	0.0	0.3	1.7	1 2	2.2	0.6	0.6	0 9	0.1	54 8	100 0	7836
Total	47.1	44 8	12.9	27.9	0.5	0 0	0.4	2.0	1.1	2 3	0.7	0 7	0 9	0 1	52.9	100.0	9153

5.2 Trends in Current Use of Family Planning

Family planning use has increased steadily since 1980 (see Table 5.3 and Figure 5.3). Over the 12-year period from 1980 to 1992, current use almost doubled, from 24 percent to 47 percent. The 1992 EDHS results show a somewhat lower level of current use than that reported in the 1991 PAPCHILD survey (47 percent and 48 percent, respectively). Although the apparent plateauing of use rates between 1991 and 1992 is puzzling, the overall trend has clearly been upward. The use rate reported in 1992 EDHS is almost ten percentage points greater than the level reported in 1988 EDHS. The rate of increase in current use has been steady, averaging 25 percent during the periods between the EFS, ECPS, and EDHS surveys.

Table 5.3 Trends in current use of family planning

Percent distribution of currently married women by the family planning method
currently used, Egypt, 1992 EDHS, 1991 EMCHS, 1988 EDHS, 1984 ECPS and 1980
EFS

Method	EDHS 1992	EMCHS 1991[a]	EDHS 1988[b]	ECPS 1984[b]	EFS 1980[b]
Any method	47.1	47.6	37.8	30.3	24.2
Any modern method	44.8	44.3	35.4	28.7	22.8
Modern method					
Pill	12.9	15.9	15.3	16.5	16.6
IUD	27.9	24.1	15.7	8.4	4.1
Injection	0.5	-	0.1	0.3	-
Vaginal methods	0.4	-	0.4	0.7	-
Condom	2.0	-	2.4	1.3	-
Female sterilization	1.1	-	1.5	1.5	-
Male sterilization	0.0	-	0.0	0.0	-
Any traditional method	2.3	3.3	2.4	1.6	1.4
Safe period	0.7	-	0.6	0.6	-
Withdrawal	0.7	-	0.5	0.3	-
Prolonged breastfeeding	0.9	-	1.1	0.6	-
Other traditional methods	0.1	-	0.2	0.1	
Not using	52.9	52.4	62.2	69.7	75.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	9153	8406	8221	9158	8012

- Not available
[a] Abdel-Azeem, F. et al., 1993, Table 8.7
[b] Sayed et al., 1989, Table 6.1

Table 5.3 shows not only the overall increase in contraceptive use since 1980, but also documents the changes that have been occurring in the method mix. The shift toward greater reliance on the IUD is among the most encouraging findings in the 1992 EDHS. The percentage of married women using the IUD doubled between 1984 and 1988 (from 8 percent to 16 percent), reached 24 percent in early 1991 and 28 percent in late 1992. Over the same period, there was a small decrease in the percentage using the pill (from a peak of 16 percent in 1984 to 13 percent in 1992). As a result, the method mix among users has changed dramatically (see Table 5.4). In 1984, around one in two users relied on the pill, and one in four users had an IUD. By 1988, users were as likely to use the IUD as the pill, and by 1992, almost three in five users employed the IUD while only about one in four relied on the pill (see Figure 5.4).

Figure 5.3
Current Use of Family Planning Methods, Egypt 1980-1992
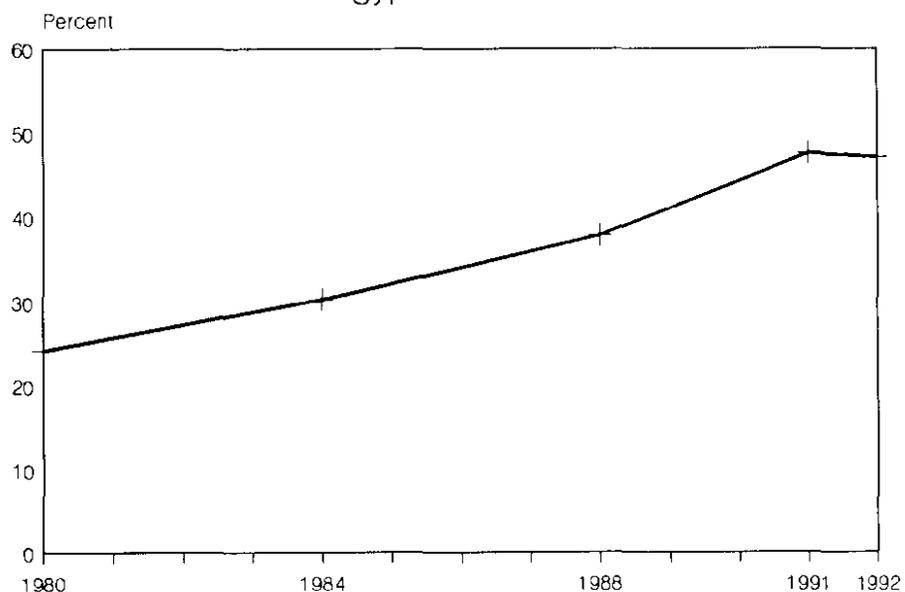
Percent

Table 5.4 Trends in the family planning method mix

Percent distribution of currently married women using a family planning method by the method used, Egypt, 1992 EDHS, 1988 EDHS and 1984 ECPS

Method	EDHS 1992	EDHS 1988[a]	ECPS 1984[a]
Pill	27.4	40.5	54.4
IUD	59.2	41.6	27.7
Condom	4.2	6.3	4.3
Female sterilization	2.3	4.0	5.0
Other modern methods	2.0	1.3	3.3
Traditional methods	4.9	6.3	5.3
Total percent	100.0	100.0	100.0
Number of women	4311	3108	2775

[a]Sayed et al., 1989, Table 6.2

Figure 5.4
Change in Method Mix,
Egypt 1984-1992
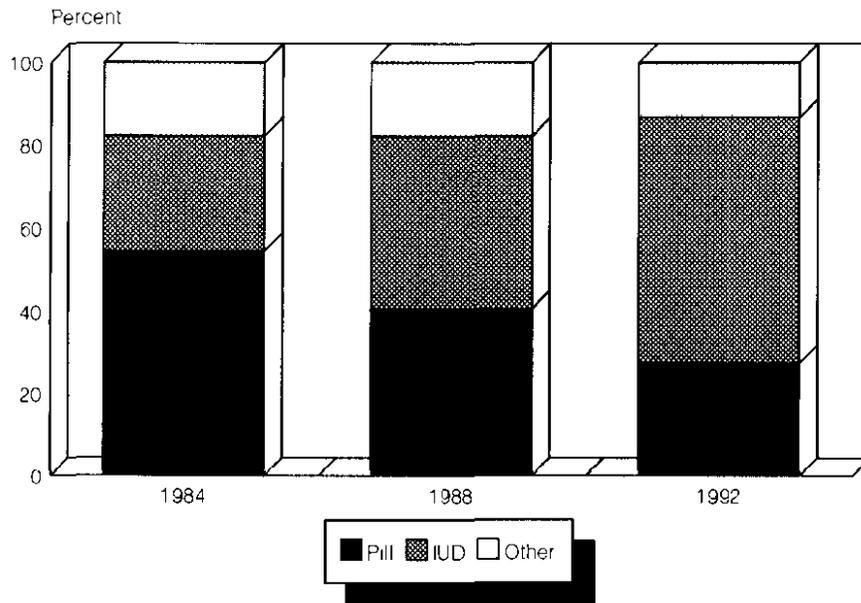
5.3 Trends in Current Use of Family Planning by Residence

Urban-rural Residence and Place of Residence

There have been striking changes in the geographic differentials in current use of family planning (see Table 5.5). Overall, the relative increase in current use between 1984 and 1992 among rural women was greater than the increase among urban women (100 percent and 26 percent, respectively). Much of the change in rural areas occurred during the period between the two DHS surveys; the absolute increase in the rural use rate during the period 1988-92 was fourteen percentage points, almost three times the increase between the 1984 CPS and the 1988 DHS (five percentage points).

Looking at both urban-rural residence and place of residence, the relative change was greatest in rural Upper Egypt, where the use rate in 1992 was three times the rate in 1984 (8 percent and 24 percent, respectively). In absolute terms, the greatest change has been in rural Lower Egypt, where the use rate rose from 29 percent in 1984 to 51 percent in 1992. The Urban Governorates experienced the slowest growth; the use rate in the Urban Governorates in 1992 (59 percent) was only nine percentage points higher than the 1984 rate (50 percent).

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Table 5.5 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, 1992 EDHS, 1988 EDHS, and 1984 ECPS

Residence	EDHS 1992	EDHS 1988[a]	ECPS 1984[a]
Urban-rural residence			
Urban	57.0	51.8	45.1
Rural	38.4	24 5	19.2
Place of residence			
Urban Governorates	59.1	56.0	49.6
Lower Egypt	53.5	41.2	34.1
Urban	60.5	54.5	47.6
Rural	50.5	35.6	28.5
Upper Egypt	31.4	22.1	17.3
Urban	48.1	41.5	36.8
Rural	24.3	11.5	7.9
Total	47.1	37.8	30.3

[a]Sayed et al., 1989, Table 6.2

Governorate-level Use Rates

Table 5.6 shows the current use rates in 1988 and 1992 for 21 governorates in Egypt. According to the 1992 EDHS results, current use is higher in the four Urban Governorates than in other governorates, with the highest level found in Alexandria (62 percent) (see Figure 5.5). Among Lower Egypt governorates, current use falls below 50 percent only in Sharkia and Kafr El-Sheikh governorates (49 percent and 47 percent, respectively). In Upper Egypt, current use reaches 50 percent only in Giza governorate, it exceeds 30 percent only in Fayoum and Aswan, and it is lowest in Souhag (20 percent).

Current use increased between 1988 and 1992 in all governorates, with the exception of Cairo and Damietta, where use levels were already quite high in 1988. Among the four Urban Governorates, the absolute increase in current use was greatest in Port Said. Behera governorate registered the largest absolute increase among the 9 governorates in Lower Egypt and Assuit, the largest increase among the 8 governorates in Upper Egypt. Considering relative increases, changes in use rates among governorates in Upper Egypt are the most striking, largely because the levels of use in 1988 were quite low in these governorates.

Looking at the change in method mix by governorates, in 1988 the IUD was the predominant method only in 7 of the 21 governorates (Cairo, Alexandria, Suez, Dakahlia, Kalyubia, Behera, and Giza). By 1992, the IUD had replaced the pill as the predominant method in all but 4 governorates (Menya, Souhag, Qena, and Aswan). Increases in the use of the IUD were striking even in those governorates where the overall increase in use was below the average. For example, although the use rate in Damietta remained essentially stable between 1988 and 1992, the proportion of women relying on the IUD more than doubled from 14 percent to 29 percent.

Table 5.6 Current use of family planning by governorate

Percentage of currently married women currently using any method, any modern method, the pill and the IUD, by governorate, Egypt, 1992 EDHS and 1988 EDHS

Governorate	1992 EDHS				1988 EDHS			
	Any method	Any modern method	Pill	IUD	Any method	Any modern method	Pill	IUD
Urban Governorates	59.1	55.6	12.5	36.8	56.0	52.1	16.9	26.8
Cairo	58.1	55.5	13.3	36.4	58.9	54.7	16.7	29.1
Alexandria	62.1	56.9	9.6	39.3	51.6	47.9	16.2	23.8
Port Said	60.5	52.0	17.4	28.2	48.2	46.1	26.8	14.0
Suez	57.3	52.9	12.6	34.2	50.3	48.7	16 1	26.6
Lower Egypt	53.5	51.3	15.1	32.6	41.2	39.1	19.2	16.2
Damietta	53.4	51.1	15.6	29.3	54.1	49.4	27.3	13.9
Dakahlia	52.8	50.8	14.7	32.4	41.3	39.9	18.4	18.8
Sharkia	49.2	44.1	15.1	25.8	35.2	31.1	17.8	10.6
Kalyubia	57.9	56.8	17.4	35.1	42.3	41.3	16.6	20.8
Kafr El-Sheikh	47.2	45.4	13.9	27.6	41.7	39.9	21.5	13.2
Gharbia	55 9	55.0	18.5	34.3	50.1	48.0	25.6	17.6
Menoufia	55.7	52.8	13.8	35.5	43.9	41 7	20.2	17.4
Behera	54.7	53.4	11.3	38.4	32.5	31 5	13.3	15.4
Ismailia	50.2	47.7	14.4	27.0	41.0	40.0	27.6	9.5
Upper Egypt	31.4	29.7	10.7	16.4	22.1	20.5	10.0	7.9
Giza	49.9	47.7	9.9	33.4	45.7	43.2	14.5	22.1
Beni Suef	29.2	29.2	8.8	16.9	15.3	14.2	9.2	4.4
Fayoum	33.3	33.3	10.9	20.1	20.2	16.9	9.7	4.5
Menya	21.9	21.4	12.0	8.2	16.6	16.1	10.3	4.3
Assuit	28.2	24.8	8.0	13.8	12.7	12.2	4.8	5.0
Souhag	19.8	17.2	7.7	6.9	16.2	13.5	7.6	4.9
Qena	24.7	23 1	14.0	7.9	12.2	11.2	10.2	0 7
Aswan	31.9	28.8	17.5	9.0	18.6	16.2	11.4	2.9
Total	47.1	44.8	12.9	27.9	37.8	33.5	15.3	15.8

Figure 5.5
Current Use of Family Planning Methods
by Governorate

Alexandria
Port Said
Cairo
Suez

Kalyubia
Gharbia
Menoufia
Behera
Damietta
Dakahlia
Ismailia
Sharkia
Kafr El-Sheikh

Giza
Fayoum
Aswan
Beni Suef
Assuit
Qena
Menya
Souhag

0   10   20   30   40   50   60   70

Percent
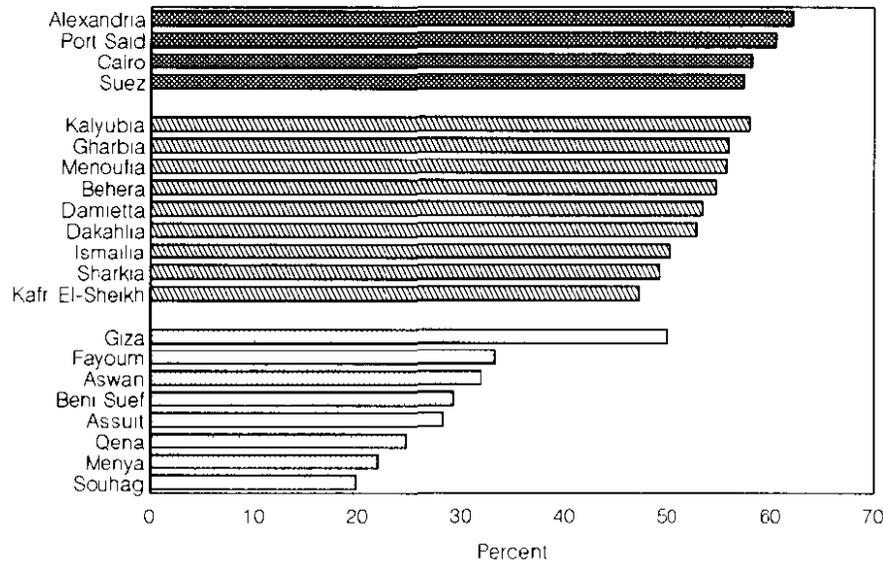
EDHS 1992

5.4 Reasons for Choosing Current Method of Family Planning

The reasons women give for choosing their current method can provide the family planning program with important insights into the process of adoption of contraception. Table 5.7 summarizes the reasons users gave for choosing their current method; it should be noted that more than one response was possible so that the percentages in the table may add to more than 100 for a method.

In the case of the two most popular methods (the pill and IUD), convenience was the primary reason given for choosing these methods; almost 50 percent of both pill and IUD users reported that they chose their method because it was convenient to use. Other reasons cited by pill users for choosing the method included the side effects of other methods (28 percent), the ready availability of the pill (19 percent), advice from friends and relatives (16 percent) or from private medical personnel (11 percent) and the cost (11 percent). Side effects of other methods was a frequently cited reason for choosing the IUD (37 percent) as was the desire to use a permanent (18 percent) or more effective method (14 percent). Significant minorities of IUD users reported that advice from friends and relatives (18 percent) or from private medical personnel (15 percent) was important in their choice of a method.

Among users of injection and barrier methods, the side effects of other methods was the most frequently mentioned reason for choosing their current method; convenience was also frequently cited. Convenience was the reason most often reported for the use of traditional methods. Users of female sterilization reported the desire for a permanent method more often than other reasons, followed by advice from public or private health providers, concerns about the side effects of other methods and interest in an effective method.

Table 5.7 Reasons for choosing current method of family planning

Percentage of family planning users reporting various reasons for deciding to use their current method of family planning, by method, Egypt 1992

	Family planning method						
Reason for choosing method	Pill	IUD	Female sterili-zation	Other clinical[1]	Other barrier[2]	Tradi-tional	Total
Advice from government doctor/nurse	5.7	7.9	24.6	29.1	2.5	1.4	7.3
Advice from private doctor/nurse	10.8	15.1	24.4	16.6	12.6	4.6	13.5
Advice from family plan. worker/Raidya	0.8	1.6	0.0	4.6	1.1	0.6	1.3
Advice from relatives/friends	15.7	18.3	3.3	14.5	6.2	12.2	16.3
Side effects of other methods	27.7	37.4	21.0	56.4	59.1	46.6	36.1
Saw TV spot	1.3	2.3	0.2	0.0	2.5	0.5	1.9
Method convenient to use	49.7	48.2	15.3	44.8	41.0	54.7	47.7
Easily available	18.5	4.4	1.2	5.8	12.4	12.4	9.0
Cost	11.0	1.8	0.0	4.5	1.3	0.7	4.2
Wanted permanent method	7.0	17.8	31.7	7.8	1.5	0.7	13.4
Wanted more effective method	6.4	13.6	20.3	14.0	3.4	0.2	10.6
Husband preferred	2.0	0.9	6.8	0.0	7.6	7.5	2.0
Other	2.1	0.6	0.3	0.0	2.8	3.9	1.3
Don't know/Missing	0.6	0.1	0.0	0.0	0.0	0.0	0.2
Number	1181	2555	103	46	212	212	4310

[1]Includes injection and Norplant
[2]Includes condoms and vaginal methods

5.5 Problems with Current Method of Family Planning

An understanding of the problems which users experience is important in efforts to improve family planning service delivery in Egypt. Table 5.8 presents information from the EDHS on the main problem current users were experiencing with their methods. Regardless of the method, the majority of users have had no problems with their methods (from 75 percent in the case of pill users to 98 percent of users of traditional methods). Among those users citing problems, most had experienced side effects. The proportion pointing to side effects ranged from 6 percent in the case of the small number of injection users to 20 percent of pill users. With regard to other problems, spotting and bleeding were specifically mentioned by 8 percent of IUD users as a problem, other health concerns were cited by 4 percent of pill users and 5 percent of female sterilization users, and inconvenience was reported by 5 percent of the users relying on barrier methods (diaphragm/foam/jelly and condoms).

Table 5.8 Problems with current method of family planning

Percent distribution of family planning users by main problem in using current method of family planning, according to specific method, Egypt 1992

Problem with method	Pill	IUD	Female sterili-zation	Other clinical[1]	Other barrier[2]	Tradi-tional
No problem	74.5	81.6	80.9	90.2	84.5	97.6
Husband disapproves	0.1	0.0	0.0	0.0	1.3	1.5
Side effects	19 6	8 7	11 1	6.4	6 6	0 0
Spotting/bleeding	0.7	7.6	0 2	0.0	0 0	0 0
Period did not come	0.1	0.2	1 5	2.8	0 0	0 0
Other health concerns	4.2	1.6	5.1	0.6	1 5	0.1
Access/availability	0.3	0.0	0.0	0 0	0 0	0 0
Costs too much	0.0	0.1	0.0	0.0	0.0	0.0
Inconvenient to use	0 1	0.2	0.0	0.0	4 9	0.0
Sterilized/Want children	0 1	0 0	0.0	0 0	0 0	0.0
Other	0.2	0 1	1.2	0 0	1 2	0 6
Don't know	0 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	1181	2555	103	46	212	212

[1] Includes injection and Norplant
[2] Includes condoms and vaginal methods

5.6   Sources for Modern Family Planning Methods

The 1992 EDHS collected more detailed information on sources of family planning services than had been obtained in previous surveys. Current users of modern methods were asked for the name and location of the source from which they had most recently obtained their method. Both the type of source and the address were recorded in the questionnaire and entered in the data file.

Type of Source

The dominance of private sector sources in the provision of family planning services is evident in the results presented in Table 5.9. Overall, almost two-thirds of current users of modern methods obtain their method from a private sector source (see Figure 5.6), and 35 percent rely on government health facilities. Among users obtaining services from private sector sources, the majority went either to a pharmacy or a private hospital/clinic or doctor; however, around one in ten users are served by clinics operated by private voluntary organizations (PVOs) or mosques or churches.

The source on which family planning users rely for services varies with the method used. Among pill users, 86 percent obtain the method from private sector sources, principally pharmacies, 12 percent rely on public health facilities, and 2 percent get supplies from other sources. Among IUD users, 47 percent rely on public health facilities for their method, and 39 percent obtain the IUD from private hospitals/clinics or doctors. Clinics operated by private voluntary agencies (including the Egypt Family Planning Association (EFPA) and Clinical Services Improvement (CSI) project) or by mosques or churches provide services for 14 percent of IUD users. Users of female sterilization rely mainly on the public sector.

Table 5.9 Sources for modern family planning methods

Percent distribution of current users of modern family planning methods by most recent source, according to specific methods, Egypt 1992

| Source of method | Modern family planning method | | | | |
	Pill	IUD	Condom	Female sterlization	Total[1]
Public sector	11.6	46.9	3.4	65.1	35 0
Urban hospital	0.6	10.9	0.8	51.9	8 5
Urban health unit	2.3	20.4	2 6	0.0	13.7
Rural hospital	0.8	2.5	0.0	2 5	1.9
Rural health unit	7.3	8.2	0.0	0.3	7.3
Other MOH	0.1	0.7	0.0	0.0	0.4
Teaching hospital	0.2	1.1	0 0	9.0	1.0
HIO	0.0	1.4	0.0	1 5	1.0
CCO	0.2	1.5	0.0	0 0	1.0
Other government	0 1	0 3	0.0	0.0	0 2
Private sector	86 1	52 8	82.6	34.9	63.4
Medical private sector	85.4	52.8	82 6	34.9	63.2
EFPA	0.1	2.0	0.0	0.0	1.3
CSI	0.8	6.5	0.6	0 0	4.6
Other PVO	0.1	1.2	0.0	0.0	0.8
Mosque health unit	0.1	3.6	0.0	0.0	2.3
Church health unit	0.0	0.4	0.0	0 0	0.3
Private hospital/Clinic	0.0	3.6	0.0	15 4	2.6
Private doctor	0.6	35.4	0.0	19 5	23 0
Pharmacy	83.6	0.0	82.0	0.0	28.3
Other private sector	0.7	0.0	0.0	0.0	0 2
Other vendor	0.7	0.0	0.0	0.0	0.2
Other	2.1	0.2	7.5	0.0	1.2
Husband bought	0.5	0.0	6.8	0.0	0.5
Friends/Relatives	1.6	0.0	0.7	0.0	0 6
Other	0.0	0.2	0.0	0.0	0.1
Don't know	0 2	0.0	6.5	0.0	0.4
Total	100.0	100.0	100.0	100 0	100.0
Number	1181	2555	180	103	4098

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 injection, Norplant and vaginal methods

Figure 5.6
Source for Family Planning Methods
Current Users of Modern Methods

Government facility 35%

PVO clinic 7%

Mosque/church clinic 3%
Other 1%

Private doctor/clinic 26%

Pharmacy 28%
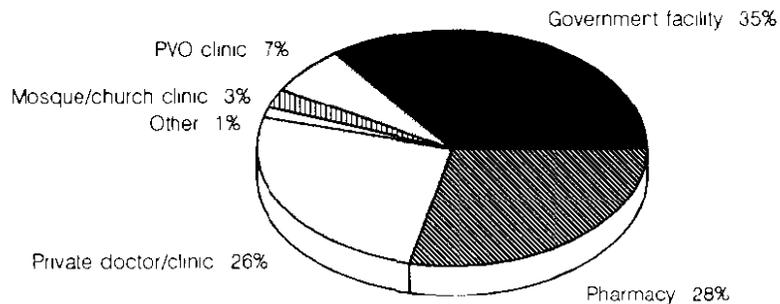
EDHS 1992

Trends in Source

Table 5.10 compares the distribution of current users by source in the 1992 EDHS with the distribution reported in the 1988 EDHS. As mentioned above, in the 1992 EDHS there was increased emphasis on obtaining detailed information, particularly the address of the source. This procedure undoubtedly increased the accuracy of the assignment of users to various source categories. Consequently, changes in the distribution of current users by source over the 4-year period must be interpreted with caution since such changes may be at least partially due to the differences in the way that the source information was obtained in the two surveys.

The results in Table 5.10 indicate that the percentage of users relying on pharmacies has decreased significantly since 1988; slightly more than half of all users relied on pharmacies in 1988 compared to only one-quarter in 1992. This trend is largely due to the shift that occurred in the method mix toward the IUD. Looking at trends in sources for the IUD, the table shows there has been a small increase in the percentage of users who rely on public health facilities from 43 percent in 1988 to 47 percent in 1992. The substantial increase in the percentage relying on private voluntary organizations for services is partially due to improved procedures for recording source data but it also likely reflects the contribution of the CSI project, which set up a small network of clinics during the period between the 1988 and 1992 surveys.

Table 5.10 Trends in the sources of family planning methods

Percent distribution of current users of modern family planning methods by source used, according to method, Egypt, 1992 EDHS and 1988 EDHS

Source of method	All methods		Pill		IUD[1]	
	1992	1988	1992	1988	1992	1988
Public sector	35.0	23.1	11.6	8.2	46.9	42.6
Private voluntary organization	6.7	0.5	1.0	0.3	9.7	1.3
Other private medical	28.2[a]	20.3	0.7[a]	0.3	43.0[a]	54.3
Pharmacy	28.3	53.4	83.6	87.1	NA	NA
Other/Not sure	1.8[b]	2.6[c]	3.0[b]	4.0[c]	0.2[b]	1.7
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	4098	2914	1181	1258	2555	1295

NA = Not applicable
[1]Provider inserting method
[a]Includes private doctors/clinics and mosque and church health units
[b]Includes other private vendor and other sources such as friends/relatives
[c]Includes home delivery agency

Source by Residence

Table 5.11 looks at the variation in the type of source by urban-rural residence and place of residence for all methods and for the pill and IUD. In general, the distribution of all users by source does not differ greatly between urban and rural areas or by place of residence. However, there are significant variations in the source distributions by residence for both the pill and the IUD. For example, while the majority of pill users obtain the method from pharmacies, the percentage relying on sources other than pharmacies (largely government health facilities) is greater in rural areas than in urban areas.

Among IUD users, there are only minor differences between rural and urban users in the sources used for IUD insertions. However, there are marked differences by place of residence. The percentage of IUD users naming public health facilities as the source for their method varies from 30 percent in urban Upper Egypt to 52 percent in rural Lower Egypt. There is also considerable variation in the percentages relying on private hospitals/clinics and doctors and on PVO clinics. The proportion obtaining the IUD from private hospitals/clinics or doctors is highest among users in urban Upper Egypt (46 percent) and lowest among users from rural Upper Egypt (34 percent). PVO clinics are much more likely to provide IUD users with services in Lower Egypt and Upper Egypt than in the Urban Governorates. Overall, the percentage of IUD users obtaining the method from a PVO facility varies from 5 percent in the Urban Governorates to 17 percent in urban Upper Egypt.

Table 5.11 Sources of 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 1992

Method	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt		
				Total	Urban	Rural	Total	Urban	Rural
All methods									
Public sector	32 3	38.6	37.6	36.7	28 6	40.9	28.5	23.3	32.9
Medical private sector	66.1	59.4	61.0	61.4	69.5	57.2	69.7	75.5	64.8
Private voluntary org.	6.3	7.2	3.4	6.9	8.0	6.3	10 6	12.0	9.4
Private hospital/clinic or doctor	26.9	24.1	25.3	26.7	28.2	26.0	23.9	29.2	19.4
Mosque/church clinic[1]	4 0	0 7	5.1	0.9	2 2	0 2	2.7	3.8	1.9
Pharmacy	28.9	27.4	27.2	26.8	31.1	24.6	32.5	30.6	34.1
Other[2]/Not sure	1 1	2.0	1.0	1.9	1 8	1.9	1.8	1.2	2.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	2315	1783	1224	1921	655	1266	953	435	517
Pill									
Public sector	6.3	17.1	5.6	12.8	4.5	17.2	14.2	10 1	16.8
Medical private sector	91.9	78.7	92.9	82.5	91.9	77.7	84.1	89.7	80.6
Pharmacy	90.2	76.8	91.2	82.0	91.1	77.3	80.2	87.0	75.9
Other[2]	1.7	2.0	1.8	0.5	0.8	0.4	3 9	2.6	4.7
Other[1]/Not sure	1.9	4.2	1.4	4.6	3.6	5.2	1.8	0 2	2.5
Total percent	100.0	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0
Number of users	601	581	274	565	194	371	342	132	210
IUD									
Public sector	44.0	50.9	50.5	48.2	40.3	52.1	38 5	30.0	47.2
Medical private sector	55.7	48.8	49.5	51 5	59.4	47.6	61.0	69 3	52.4
Private voluntary org.	9.1	10.8	4.8	10.4	12.3	9.4	16.1	17.4	14.8
Private hospital/clinic or doctor	40.5	36.9	37.2	39.8	43 7	37.9	39.9	45.7	33.9
Mosque/church clinic[1]	6.2	1.1	7.5	1 4	3.5	0.3	5.1	6.2	3.8
Other[2]/Not sure	0.2	0.4	0.0	0 3	0.4	0.2	0.5	0 7	0.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0
Number of users	1481	1074	809	1221	407	814	525	265	260

[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 Methods

Family planning users were asked about their reasons for obtaining services from their current source. Table 5.12 shows that the majority of pill users mentioned ease of access to the source as the main reason for choosing the current source (78 percent). Other reasons cited relatively frequently by pill users included the reputation of the source (11 percent) and previous experience with the source (10 percent). Cost was a factor in the choice of a source for only 6 percent of pill users.

Table 5.12 Reasons for choosing current source of family planning methods

Percentage of current users of modern family planning methods reporting various reasons for deciding to use their current source of family planning methods, by method, Egypt 1992

Reason for choosing current source	Any modern method	Pill	IUD
Advice from government doctor/nurse	2.9	1.5	3.2
Advice from private doctor/nurse	2.9	2.0	3.1
Advice from friends/relatives	19.6	6.9	26.7
Reputation of source	33.4	10.8	45.4
Previous experience	19.3	10.2	24.2
Easy access to source	49.6	78.2	36.9
Cost of services	11.6	5.8	14.5
Other	1.7	2.7	0.9
Don't know/Missing	2.1	3.0	0.3
Number	4098	1181	2555

Among IUD users, the reputation of the source was the most frequently cited reason for choosing the current provider (45 percent). A substantial percentage of IUD users cited other factors, including ease of access (37 percent), recommendations from friends or relatives (27 percent), and previous experience with the provider (24 percent). Cost was an issue for 15 percent of users.

5.7   Accessibility of Family Planning Methods

In order to obtain further information about the accessibility of family planning services, women who knew at least one family planning method were asked about the length of time (in minutes) that was required to reach the source that they named for family planning services. For current users, the source to which the question referred was the last place at which they obtained the method. For nonusers who planned to use in the future, the source was the place which they named as the source for the method that they intended to adopt. For women who knew a method but did not plan to use, the source was simply a place that they knew provided family planning methods.

Overall, 58 percent of current users live within 30 minutes of their source, and only 14 percent live an hour or more from the place where they obtained their method (see Table 5.13). The median time required by current users to reach their source is around 16 minutes. Rural users live around twice as far from a source as urban users.

Differences between the travel times reported by users and those reported by the two groups of nonusers are not significant. This suggests that physical access to services is not a major barrier to use among Egyptian women.

Table 5.13 Time to source of supply for modern family planning methods

Percent distribution of currently married women who are current users of modern methods of family planning, who are nonusers of modern methods, and who know a method, by time (in minutes) to reach source of supply, according to urban-rural residence, Egypt 1992

Time to source	Current users of modern methods			Nonusers of modern methods			Women who know a method		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
0-14 minutes	44.3	21.8	34.5	36.8	14.6	23.2	40.9	17.3	28.4
15-29 minutes	23.8	22 8	23.4	21.3	17.6	19.1	22.7	19.6	21.1
30-59 minutes	18.5	31 8	24.3	12.6	20.6	17 5	15.8	24.8	20.6
60+	10.0	20.0	14.4	4.4	11.4	8.7	7.5	14.6	11 3
Don't know time	1.9	2.0	2 0	5.5	3.8	4.5	3.6	3.2	3 3
Relatives/Friends	1.3	1.6	1.4	3.5	3.8	3.7	2.3	3 0	2.7
Don't know source	0.0	0.0	0.0	15.2	27.4	22.7	6 8	16.9	12.2
Not stated	0.1	0.0	0.1	0.7	0.7	0.7	0 4	0.5	0.4
Total percentage	100 0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0
Number	2315	1783	4098	1966	3089	5055	4273	4844	9117
Median	15.2	30.1	15 8	15.0	25.8	15.7	15.1	30.1	15 7

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CHAPTER 6

USE OF THE PILL AND IUD

The majority of contraceptive users in Egypt rely on either the pill or the IUD. The EDHS included a number of special questions relating to the adoption and use of these two methods. In presenting these data, this chapter addresses a number of important issues, including the quality of use of the pill and the cost of family planning services for both pill and IUD users. Information was obtained from pill and IUD users on a number of key service delivery issues that are assumed to influence both the acceptance and use of these methods, including the waiting time for services, the sex of the provider, the information given to users at the time of acceptance and any follow-up by the provider.

6.1 Pill Use

Around one-third of all women currently using family planning in Egypt are pill users. In the EDHS, there were a number of questions designed to investigate the quality of pill use. Information was obtained from current users on the brand of pills used in order to assess the extent to which the brand promoted in Egypt's contraceptive social marketing program was being used. Current users also were asked several questions relating to the cost of services. In addition, information was obtained from both current users and past users on their interaction with service providers. This information largely relates to pharmacies, which are the principal source for the pill in Egypt. However, pill users who consulted another medical provider prior to obtaining the pill from a pharmacy also were asked a series of questions about their last visit to that provider.

Quality of Pill Use

Table 6.1 and Figure 6.1 include a number of indicators of the extent to which women who reported that they were current pill users may not be taking the pill properly. Clearly, the fact that nearly one in four pill users was unable to show a pill packet to the interviewer is of major concern. When asked the reasons for not having the packet available, 48 percent had misplaced the packet, 19 percent said they did not need to take the pill because they were having their menstrual period, 15 percent had forgotten to buy the packet, 5 percent were "resting," and 3 percent said that their husband was away (table not shown). Users claiming to have misplaced the packet may simply have wanted to avoid taking the time to find the packet for the interviewer, and users reporting that they did not have a packet because they were having a period may have been planning to obtain a packet following the interview. However, other reasons given for not showing a packet ("forgot to buy," "resting," or "husband away") indicate that at least one in five pill users may not be systematically taking the pill although they regard themselves as current users.

Among pill users able to show a packet, there also was evidence that not all users are taking the pill systematically. EDHS interviewers examined the pill packets to determine if pills were taken in the proper sequence. Overall, 23 percent of all pill users showed the interviewers packets in which pills had apparently been taken out of order (Table 6.1).

Table 6.1 also shows that 22 percent of users reported that they had interrupted use for one or more days during the previous month. Among those interrupting use, two-thirds had stopped use because they forgot the pill, misplaced the packet, or run out of supplies (table not shown). Other reasons suggest that use often is interrupted because of concerns about side effects; 14 percent of pill users who missed taking the pill at least once in the month prior to the interview cited menstrual irregularity, spotting or bleeding, other side effects or illness as the reason for not taking the pill. Other reasons for interrupting use included the belief

Table 6.1 Quality of pill use

Percentage of current users of the pill who were unable to show a pill packet, who had taken pills out of sequence, or who had missed taking the pill one or more days during the month before the survey, by select background characteristics, Egypt 1992

Background characteristic	Unable to show packet	Pills taken out of sequence	Missed taking pill	Number of women
Age				
15-19	10.3	10.3	20.9	17
20-24	22.6	17.0	19.0	90
25-29	21.5	21.7	23.9	260
30-34	17.5	27.1	24.9	282
35-39	24.6	23.5	21.0	288
40-44	32.6	20.9	22.3	172
45-49	29.3	28.9	19.6	72
Urban-rural residence				
Urban	23.6	24.4	23.8	601
Rural	23.0	22.1	21.2	581
Place of residence				
Urban Governorates	22.7	32.0	29.6	274
Lower Egypt	25.7	24.0	20.8	565
Urban	27.2	20.1	20.1	194
Rural	24.9	26.1	21.1	371
Upper Egypt	19.8	14.9	19.7	342
Urban	20.0	14.9	17.3	132
Rural	19.6	14.9	21.2	210
Education				
No education	23.9	25.4	22.7	522
Some primary	22.8	24.8	21.5	338
Primary through secondary	17.9	19.7	25.5	138
Completed secondary/higher	26.6	16.9	21.4	184
Total	23.3	23.2	22.5	1181

that there was no need to take the pill if the husband was away or the couple was not having intercourse (11 percent).

Looking at the differentials presented in Table 6.1, there is no uniform relationship between background characteristics such as age, residence and educational level and the indicators of pill use compliance. Further investigation is needed to determine what factors relate to compliance.

Figure 6.1
Quality of Pill Use among
Current Pill Users
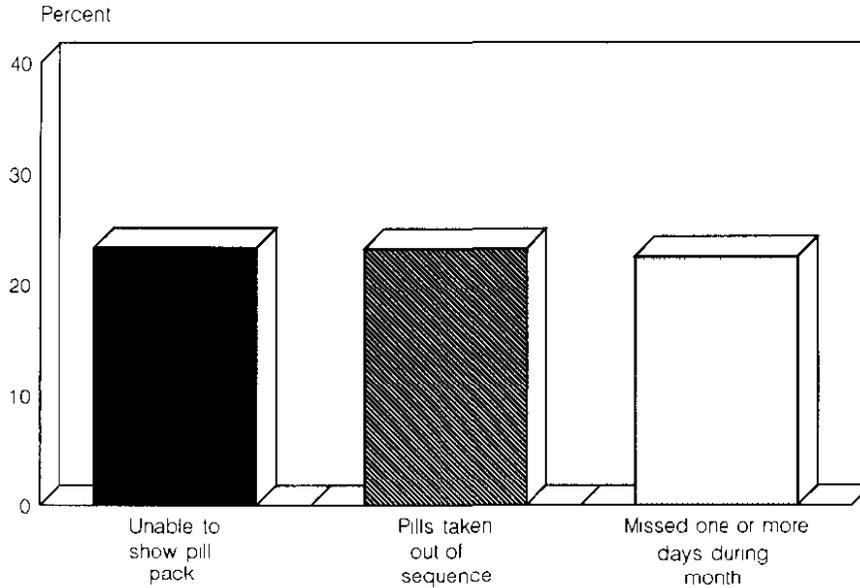
Finally, forgetting to take the pill increases the risk of an unplanned pregnancy for the user. Table 6.2 looks at the action current users report they would take if they missed taking the pill. Almost two-thirds of current users respond that they would take extra pills on the following day or use another method, both of which are appropriate responses to the situation. However, around 20 percent report that they would continue as usual taking only one pill on the day if they forgot.

Use of Social Marketing Brands

Contraceptive social marketing (CSM) programs distribute, promote and sell contraceptives through commercial outlets. During the period prior to the EDHS, Egypt had an active CSM program, the Family of the Future, which distributed the Norminest brand of pills through a network of pharmacies. To obtain information on the number of users purchasing the Norminest brand, the EDHS interviewers asked to see the packet of pills for each user. If the user had the packet available, the interviewer recorded the brand. If not, the interviewer asked the user which brand she was currently using. Overall, 15 percent of current users were using the Norminest brand. In terms of market share among users, Norminest was in third place behind Microvlar (22 percent) and Nordette (18 percent), but was more widely used than Anovlar (11 percent) or Primovlar (11 percent) (see Figure 6.2).

Table 6.2 Action taken if forgot to take the pill

Percent distribution of current users of the pill by action that they would take if they forgot to take two or more pills, Egypt 1992

Action taken	Total
Start again as usual	18.8
Take extra pills	61.9
Use another method	0.2
Extra pills plus another method	1.7
Other	1.6
Never forgot	15.8
Total	100.0
Number of women	1181

Figure 6.2
Pill Brands Used by Current Pill Users

Nordette 18%
Microvlar 22%
Norminest 15%
Brand unknown 14%
Anovlar 11%
Other brand 1%
Primovlar 11%
Triovlar 8%
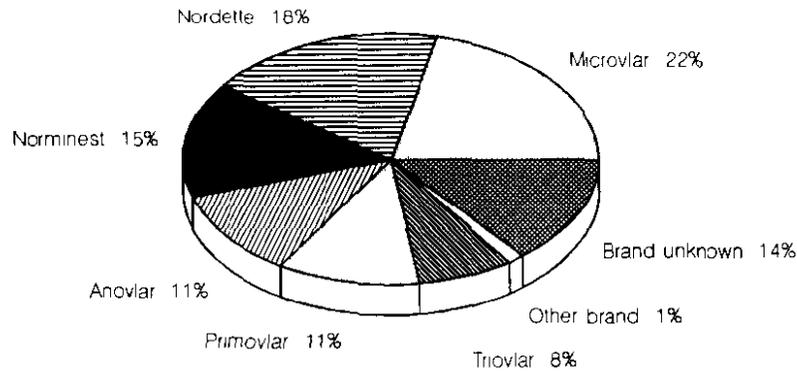
EDHS 1992

Table 6.3 shows that the proportion using Norminest varies only slightly by residence; it is highest among users in urban areas in Lower Egypt (18 percent) and lowest among users from Upper Egypt (12 percent).

Cost of a Pill Cycle and Willingness to Pay

Table 6.4 looks at the information provided by current users about the amount that they paid for the most recent packet of pills. Virtually all users paid something to obtain the pill although the amounts paid for a packet were not large; eight in ten users paid 50 piastres or less for a packet, and 20 percent paid 10 piastres or less.

The Egyptian family planning program is confronted with the need to consider ways in which it can increase the proportion of the cost of the services that it recovers from program users in order to enhance the program's sustainability. To investigate whether the program might charge higher prices for pill cycles, all current users of the pill were asked about whether they would be willing to pay specific amounts for each pill cycle. The suggested amounts ranged

Table 6.3 Use of social marketing brand pill

Percentage of current users of the pill who are using a social marketing brand (Norminest), by urban-rural residence and place of residence, Egypt 1992

Residence	Total
Urban-rural residence	
Urban	15.8
Rural	13.8
Place of residence	
Urban Governorates	16.5
Lower Egypt	15.7
Urban	17.6
Rural	14.8
Upper Egypt	12.0
Urban	12.0
Rural	12.0
Total	14.8
Number of women	1181

from 50 piastres to more than 5 pounds. Table 6.5, which shows the proportion of users willing to pay specific amounts, suggests that many users would be willing to pay considerably more for a cycle of pills than they currently do. The vast majority of current users indicate that they would be willing to pay 50 piastres for each pill cycle, and more than three in four current users would be willing to pay 1 pound per cycle. The proportion willing to pay a specific amount continues to decrease directly with the suggested price per cycle, from 54 percent who express a willingness to pay 2 pounds per cycle to only 22 percent who are willing to pay more than 5 pounds.

Table 6.4 Cost of method for pill users

Percent distribution of current users of the pill by cost of a cycle of pills (in piastres), Egypt 1992

Cost of one cycle	Total
Free	0.3
1-10 piastres	19.9
11-30 piastres	5.1
31-50 piastres	56.4
51-75 piastres	2.8
76-100 piastres	1.8
More than 100 piastres	9.4
Don't know/Missing	4.2
Total percentage	100.0
Number of women	1181
Median	35.8
Mean	38.9

Table 6.5 Amount willing to pay for pills

Percentage of current users of the pill indicating willingness to pay various amounts for a cycle of pills, Egypt 1992

Amount	Total
50 piastres	95.5
1 pound	78.7
2 pounds	54.2
3 pounds	39 0
4 pounds	32.1
5 pounds	29.4
> 5 pounds	21.9
Number of women	1181

Cost of Consultation

In addition to paying for pill cycles, two in five current users of the pill reported that they had consulted a doctor or other health provider at the time that they began using the pill. Table 6.6 shows the distribution of pill users reporting such consultations according to the cost of the consultation and the type of provider. Typically pill users consulting a public sector provider said the consultation was free of charge (29 percent) or cost less than 3 pounds (58 percent). Pill users who consult private providers generally paid more for services, with 45 percent saying that the consultation charge was between three and five pounds and 29 percent paying a fee of six pounds or more.

Table 6.6 Cost of consultation for pill users

Percent distribution of current users of the pill who consulted a doctor/clinic before beginning to use the pill by the cost that they paid for the consultation, according to the type of provider, Egypt 1992

Cost of consultation	Service provider		
	Public	Private/ Other	Total
Free	29.3	7.7	13.6
0-2 pounds	58.2	12.4	25.0
3-5 pounds	7 5	44.6	34.4
6-10 pounds	1.1	23.7	17.5
11-20 pounds	0.8	3.6	2.9
21+ pounds	0.6	2.0	1 6
Don't know/Missing	2.4	5.9	5.0
Total	100.0	100.0	100.0
Number of women	131	347	479
Median	0.7	5.4	4.0
Mean	1.1	5.9	4.6

Service Delivery Indicators

Pharmacies

The EDHS investigated a number of aspects of the interaction between the sources of pill services and users of the services. Questions were included about the pharmacy from which users purchased pill cycles and about the services received from medical providers that the user consulted. The questions were addressed to both current and past users of the pill and, for both groups, referred to the provider from which they had last obtained services. The information obtained from both groups of users is subject to recall error, with the level of error likely to vary directly with the length of time since the user adopted the method.

Table 6.7 summarizes the information obtained for pill users who reported that they had visited a pharmacy to obtain supplies during the current or most recent episode of pill use. Overall, only 66 percent of ever users of the pill reported that they themselves had obtained pill supplies at a pharmacy. Among those saying that they had never visited a pharmacy to obtain the pill, the majority (around two-thirds) indicated that their husband obtained the pill packets, with the remainder saying friends or relatives, including their children obtained the supplies (table not shown).

Table 6.7 Information received at pharmacies about the pill

Percent distribution of ever users of the pill who report ever obtaining the pill themselves from a pharmacy by type of information provided at the pharmacy where supplies were obtained for the current/most recent segment of use, according to user status, Egypt 1992

Information received	Current users	Past users	All users
Told about other methods			
Yes	5.4	11.4	9.8
No	94.3	88.6	90.1
Shown how to use pill			
Yes	10.7	23.2	20.0
No	89.3	76.8	80.0
Side effects described			
Yes	3.2	6.1	5.3
No	96.8	93.9	94.6
Total	99.9	100.0	100.0
Number of women	753	2129	2882

According to the results presented in Table 6.7, there is relatively little interaction between pill users and the staff at the pharmacy from which they obtain their pills. Only around one in ten were told about other methods, only one in five users were shown how to use the pill by pharmacy staff, and only one in twenty received any description of the possible side effects of the pill. Past users were about twice as likely as current users to report getting basic information from the pharmacy staff. To some degree, the limited nature of the information provided to pill users by the pharmacy staff may reflect both the fact that many pill users consult medical providers before obtaining the supplies at the pharmacy and the fact that many pill users have had previous experience with the method. Such users may not address questions to the pharmacy staff nor be perceived by the pharmacy staff as needing any advice. Nevertheless, the results in Table 6.7 suggest that staff of pharmacies might play a greater role in providing information about the pill. The targets of this IE&C effort should include husbands and other persons obtaining pill cycles as well as women who visit the pharmacy themselves.

Medical Providers

The EDHS results indicate that two in five ever users of the pill consulted a doctor or clinic prior to adopting the method. Table 6.8 shows that the majority of users (83 percent) had no complaints about the time that they had to wait for services. Ninety-four percent also reported that the consultation included a physical examination; only 6 percent said they were not examined. Regarding the sex of the provider, pill users are more likely to report having been examined by a male than a female doctor. However, consultations with a female doctor were more common than with a male doctor for pill users obtaining services at a public sector provider.

90

Table 6.8 shows the majority of pill users who consulted a health provider before beginning use of the pill were told about how to use the method (90 percent) and about possible side effects of the method (60 percent). A significant proportion (47 percent) also were told about other methods. Two in five pill users also reported returning to the provider for additional consultation or follow-up. There are only slight differences in these measures between current and past users and between users obtaining services from public sector providers and those consulting private sector providers.

Table 6.8 Service delivery indicators for pill users

Percent distribution of ever users of the pill who report that they consulted a medical provider when they began using during the current/most recent segment of use by service delivery indicators, according to user status and type of provider, Egypt 1992

Service delivery indicator	Current users			Past users			All users		
	Public	Private/ Other	Total	Public	Private/ Other	Total	Public	Private/ Other	Total
Waiting time too long									
Yes	10.9	18.9	16.7	20.6	15.6	17.3	18.3	16.6	17.1
No	89.1	81.1	83.3	79.4	84.4	82.7	81.7	83.4	82.9
Had physical examination									
By male doctor	38.8	59.0	53.5	38.2	64.9	56.0	38.3	63.2	55.3
By female doctor	47.5	38.9	41.3	50.8	31.3	37.8	50.0	33.5	38.7
Not examined	12.5	2.1	5.0	11.1	3.8	6.2	11.4	3.3	5.9
Told about other methods									
Yes	43.8	53.2	50.6	46.0	44.8	45.2	45.5	47.2	46.7
No	56.2	46.8	49.4	54.0	55.2	54.8	54.5	52.8	53.3
Shown how to use pill									
Yes	84.5	94.2	91.6	86.4	91.0	89.5	86.0	92.0	90.1
No	15.5	5.8	8.4	13.6	8.9	10.4	14.0	8.0	9.9
Side effects described									
Yes	60.4	57.6	58.4	56.0	63.5	61.0	57.0	61.8	60.3
No	39.6	42.4	41.6	44.0	36.5	39.0	43.0	38.2	39.7
Returned for follow-up									
Yes	34.4	35.9	35.5	35.1	44.0	41.1	35.0	41.7	39.6
No	65.6	64.1	64.5	64.9	56.0	58.9	65.0	58.3	60.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	131	347	479	426	852	1278	557	1199	1756

Again, caution should be used in interpreting the findings since the results are subject to recall error. The advice provided to a user at the visit in question may vary according to the experience that the user has with the pill or other methods and the number of times that the user has visited the provider. Nevertheless, the findings suggest there may be need for providers to increase both the information that they provide to clients on methods and side effects and to encourage users to return for follow-up.

6.2   IUD Use

Three in five women currently using family planning in Egypt arc IUD users. As was the case with the pill, the EDHS collected information both on the actual cost of obtaining the method and on the amounts that IUD users indicate they would be willing to pay to get the method. In addition, information was obtained from both current users and past users on basic service delivery measures.

Cost of the IUD and Willingness to Pay

Table 6.9 looks at the information provided by current users about the amount that they paid for the IUD services. Virtually all IUD users paid something to obtain the method; only 4 percent said that they had obtained the method free of any charge. Among those paying to obtain the IUD, the majority paid 10 pounds or less. The median cost of an IUD from a public sector provider was 4 pounds, compared to 9 pounds for an IUD from a provider operated by a private voluntary or religious organization and 21 pounds for an IUD from a private doctor or clinic.

Table 6.9 Cost of method for IUD users

Percent distribution of current users of the IUD by cost of the method, according to the type of provider, Egypt 1992

Cost of method	Public health facility	Private hospital/ clinic/ doctor	Private voluntary organi- zation clinic	Mosque or church clinic/ Other	Total
Free	3.9	4.0	1.8	0.0	3.6
< 6 pounds	74.6	5.3	37.8	17.9	41.6
6-10 pounds	12.7	11.3	17.7	38.8	13.8
11-15 pounds	5.2	16.2	33.9	26.6	13.2
16-20 pounds	1.0	15.9	5 2	11 1	7.7
21-30 pounds	0.8	18.4	1 8	3.2	7.9
31-50 pounds	0.4	14.3	0.9	0.0	5.8
51 pounds or more	0.1	9.4	0.5	1.2	3 8
Don't know/Missing	1.3	5.2	0.3	1.2	2.7
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	1199	996	250	109	2555
Median	3 5	20.6	9.2	10.5	7.6
Mean	4.5	22 1	8.9	11 0	12.1

To investigate whether higher prices might be charged for IUD services, all current users of the IUD were asked about whether they would be willing to pay various amounts for the method. The suggested amounts ranged from 5 to more than 200 pounds. Table 6.10, which shows the proportion willing to pay various amounts, indicates that many IUD users would be willing to pay considerably more for the method than they currently do. The vast majority of current users would be willing to pay 5 pounds, and eight in ten would be willing to pay 10 pounds. The proportion willing to pay a specific amount continues to decrease directly with the suggested amount, from 50 percent who express a willingness to pay 25 pounds to only 7 percent who arc willing to pay more than 200 pounds.

Table 6.10 Amount willing to pay for IUD insertion

Percentage of current users of the IUD indicating willingness to pay various amounts to have the IUD inserted, Egypt 1992

Amount	Total
5 pounds	95.4
10 pounds	80.7
25 pounds	50.3
50 pounds	26.0
100 pounds	13.7
150 pounds	9.4
200 pounds	8.6
> 200 pounds	6.7
Number of women	2555

Service Delivery Indicators

Again, as with the pill, the EDHS investigated a number of aspects of the interaction between the providers of IUD services and users of those services. The questions were addressed to both current and past users and referred to experience in the most recent episode of use. The responses are subject to recall error, which is assumed to increase with the length of time since the user visited the provider.

The results presented in Table 6.11 and Figure 6.3 show that only one in five IUD users complained about having to wait too long for services. Virtually all IUD users reported having a physical examination at the time they obtained the method, and the majority (60 percent) said that a female doctor had examined them. IUD users obtaining services from a public sector provider were somewhat more likely to report that they had seen a female doctor than users who got services from a private sector provider (68 percent and 53 percent, respectively).

Table 6.11 Service delivery indicators for IUD users

Percent distribution of ever users of the IUD by service delivery indicators, according to user status and type of provider, Epypt 1992

Service measure	Current users			Past users			All users		
	Public	Private/ Other	Total	Public	Private/ Other	Total	Public	Private/ Other	Total
Waiting time too long									
Yes	19.3	17.6	18.4	16.5	18.9	17.8	18.4	18.1	18.2
No	80.6	82.4	81.5	83.5	81.1	82.2	81.5	81.9	81.8
Had physical examination									
By male doctor	27.3	43.9	36.1	35.6	50.6	44.1	30.0	46.3	38.9
By female doctor	71.4	55.8	63.1	62.1	48.6	54.4	68.4	53.2	60.1
Not examined	1.1	0.3	0.7	2.3	0.8	1.4	1.5	0.5	1.0
Told about other methods									
Yes	27.0	35.9	31.7	27.5	39.6	34.4	27.2	37.2	32.6
No	72.9	64.1	68.2	72.4	60.4	65.6	72.8	62.8	67.3
Shown how to check IUD in place									
Yes	87.8	89.4	88.7	88.7	90.4	89.7	88.1	89.8	89.0
No	12.0	10.6	11.3	11.3	9.6	10.3	11.8	10.2	10.9
Told about side effects									
Yes	59.9	70.6	65.6	57.2	62.6	60.2	59.0	67.7	63.7
No	39.9	29.4	34.4	42.8	37.4	39.7	40.9	32.3	36.2
Returned for follow-up									
Yes	45.2	57.1	51.5	49.6	62.4	56.9	46.7	59.1	53.4
No	54.7	42.9	48.4	50.4	37.6	43.1	53.2	40.9	46.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1199	1355	2554	586	771	1357	1785	2126	3911

Looking at the other indicators of service delivery presented in Table 6.11, only one-third of IUD users reported that they were told about other methods at the time that they obtained their IUD. Most (89 percent) were given advice about how to check that the IUD was in place and 64 percent received information on the side effects that they might experience. Slightly more than half of all IUD users indicated that they had returned to the provider for additional consultation or follow-up. In general, IUD users who obtain services from private providers are somewhat more likely than users who obtain services from public providers to report receiving information about other methods and potential side effects and to say that they had returned for follow-up.

As was the case with the information from pill users, caution should be used in interpreting the findings. However, the results again suggest that both private and public sector providers offering family planning services need to improve the information that is given to clients and to encourage users to return for follow-up.

Figure 6.3
Service Delivery Indicators
among Ever Users of the IUD

Note Indicators are for most recent segment of use

EDHS 1992

94
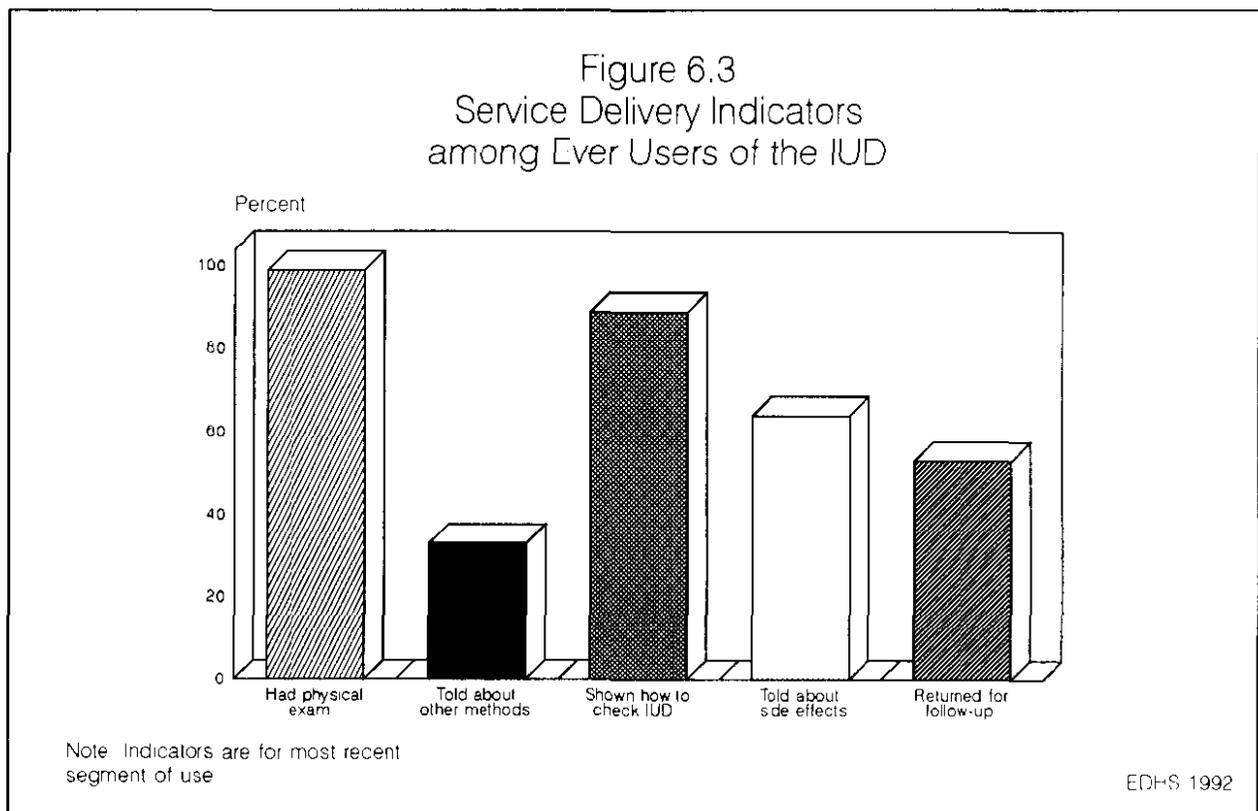
CHAPTER 7

NONUSE OF FAMILY PLANNING AND INTENTION TO USE

This chapter focuses on women who are not using family planning and presents information on the following topics: levels of family planning discontinuation, reasons for discontinuation, reasons for nonuse, intention to use in the future, timing of future use, and the methods preferred by potential users. The information presented in the chapter is important in evaluating the prospects for family planning acceptance among women who are not currently using a family planning method.

7.1   Discontinuation Rates

A key concern for family planning programs is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Life table contraceptive discontinuation rates based on information collected in the calendar in the EDHS questionnaire are presented in Table 7.1. All episodes of contraceptive use between January 1987 and the date of interview were recorded in the calendar, along with the main reason for any discontinuation of use during this period. In addition, in order to obtain the duration of the first episode of use occurring in the calendar period, any woman using in January 1987 was asked about the date that she had started that period of use. These women enter the life table at their duration of use as of January 1987. Thus, the discontinuation rates presented in Table 7.1 refer to *all episodes of use* in the period of time covered by the calendar, not just those episodes that began during the calendar period. Specifically, the rates are based upon episodes of use during the 60-month period 3-63 months prior to the EDHS. In calculating the rates, the month of interview and the two preceding months are ignored in order to avoid the bias that might be introduced by an unrecognized pregnancy.

Table 7.1 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 1992

| | Reason for discontinuation | | | | |
Method	Method failure	To become pregnant	Side effects/ health concerns	All other reasons	All reasons
Pill	8.7	5.0	19.5	8.9	42.1
IUD	1.5	2.3	7.6	1.1	12.5
Condom	4.4	6.3	10.3	26.5	47.5
Periodic abstinence	(19.3)	(5.9)	(2.1)	(13.3)	(40.5)
Prolonged breastfeeding	10.3	1.4	0.1	13.2	25.1
Total	5.7	3.6	12.5	7.2	29.0

Note: Figures are based on life-table calculations. Values in parentheses are based on fewer than 125 person-months of exposure.

The rates presented in Table 7.1 are cumulative one-year discontinuation rates and represent the proportion of users discontinuing by 12 months after the start of use. The rates are calculated by dividing the number of discontinuations at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rates, the reasons for discontinuation are treated as competing risks (net rates). For purposes of the table, the

reasons are classified into four main categories: method failure, desire to become pregnant, side effects/health reasons, and all other reasons.

The results in Table 7.1 indicate that almost three in ten users in Egypt stop using within 12 months of starting use; 6 percent stop using due to method failure, 4 percent because they want to become pregnant, 13 percent as a result of side effects or health concerns, and 7 percent for other reasons. The one-year discontinuation rates vary by method. The rate for the pill is considerably higher than for the IUD (42 percent and 13 percent, respectively). Rates for the condom (48 percent) and periodic abstinence (41 percent) are higher than that for prolonged breastfeeding (25 percent).

Looking at the reasons for discontinuation of the pill, 20 percent of users discontinue during the first year of use because of side effects and health concerns, 9 percent due to method failure, 5 percent as a result of the desire to become pregnant, and 9 percent for all other reasons. IUD users are most likely to discontinue during the first 12 months because they experience side effects or have health concerns(8 percent); only 2 percent report stopping because they became pregnant. Although significant proportions of condom users discontinue due to method failure (4 percent), the desire to become pregnant (6 percent), and side effects or health concerns (10 percent), other reasons (27 percent) are more important, particularly those relating to the convenience and perceived efficacy of the method. Method failure is clearly an issue for users relying on traditional methods; 19 percent of periodic abstinence users and 10 percent of users relying on prolonged breastfeeding stop use because they become pregnant.

7.2 Reasons for Discontinuing Use of Family Planning

Table 7.2 and Figure 7.1 present information on the reasons women give for discontinuing use of a family planning method. The table is based on all discontinuations occurring during the five years preceding

Table 7.2 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 1992

Main reason for discontinuation	Pill	IUD	Condom	Periodic absti- nence	Prolonged breast- feeding	Total
Became pregnant	22.5	8.8	18.7	50.0	29.4	18 7
To become pregnant	16.0	26.0	16.6	22.0	8.5	18.8
Husband disapproved	0.9	0.4	4.8	3.7	0.0	1 2
Side effects	32.7	38.0	11.8	1.2	1.3	30.4
Health concerns	10.9	11.7	6.1	0.0	3 5	10.2
IUD expelled	0.0	1.0	0.4	0.0	0.0	0.4
IUD expired	0.0	1.3	0.1	0.0	0.0	0.4
Switch method/rest	0.8	3.3	4.3	0.0	0.1	1.8
More effective method	1.6	0.2	15.3	11.5	19.7	3.3
Inconvenient to use	1.0	0.6	7.9	2.1	7.6	1.8
Access/availability	0.2	0.1	0 5	0.0	0.0	0.3
Cost	0.0	0.0	0.0	0.0	0.0	0.0
Doctor's advice	0.0	0.3	0.0	0.0	0.1	0.2
Breastfeeding ends/period returns	0.1	0.0	1 5	0.0	26.8	1.5
Infrequent sex	9.5	4.1	8.3	7.1	0.3	7.1
Marital dissolution	0.6	2 6	1.2	0.3	0.0	1.3
Menopause	1.5	0.9	2.2	1.3	0.0	1.2
Fatalistic	0.3	0 2	0.1	0.2	0.9	0.3
Other	1.2	0.6	0.3	0.6	1.9	1.1
Don't know	0.1	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2414	1616	269	112	258	4925

Figure 7.1
Reasons for Discontinuing Use of
Family Planning Methods
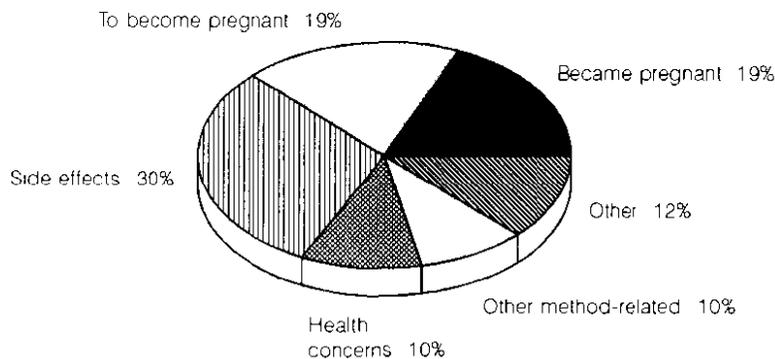
To become pregnant 19%

Became pregnant 19%

Side effects 30%

Other 12%

Other method-related 10%

Health
concerns 10%

the survey, regardless of whether they occurred during the first 12 months of use or not. Taking into account all methods, side effects (30 percent) is the reason given most frequently for discontinuation, followed by the desire to get pregnant, and becoming pregnant while using (19 percent each).

Looking at the patterns for specific methods, discontinuation due to method failure is high for all methods except the IUD, peaking at 50 percent for periodic abstinence. The desire to become pregnant is mentioned somewhat more often as the reason for discontinuing use of the IUD and periodic abstinence than of other methods.

Not surprisingly, side effects and health concerns are less frequently mentioned as reasons for discontinuation of traditional methods than they are in the case of the pill (44 percent) and the IUD (50 percent). A significant proportion of condom users and users of both periodic abstinence and prolonged breastfeeding discontinue use because they want a more effective method. Around one-quarter of all discontinuations by users of prolonged breastfeeding are due to the fact that the woman's menstrual period returns or the child is weaned.

7.3   Future Use of Family Planning

To obtain information about potential demand for family planning services, all currently married women who were not using contraception at the time of the survey were asked about their interest in adopting family planning in the future. Table 7.3 presents the distribution of currently married women who were not using family planning by their intention to use in the future, according to the number of living children. Forty-six percent of nonusers said that they intended to use family planning in the future, 29 percent within the next 12 months. The proportion intending to use peaks at 53 percent among nonusers with two children. The timing of the intention to use also varies with the number of living children; nonusers with no children

Table 7.3 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 1992

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	1.5	21.0	18.5	12.7	10.9	13.1
Intend to use later	23.0	14.5	4.3	5.0	3.7	8.2
Unsure as to timing	6.0	6.0	2.4	1.6	1.9	3.2
Unsure as to intention	14.7	10.2	4.7	4.6	2.3	5.9
Do not intend to use	53.3	32.9	28.7	27 3	29.0	32.2
Previously used family planning						
Intend to use in next 12 months	0.3	3.2	20.4	24.0	20.5	15.6
Intend to use later	0.0	3.7	4.9	2.7	2.9	3.0
Unsure as to timing	0.0	1.5	2.4	3.8	3.0	2.4
Unsure as to intention	0.0	1.2	3.4	3.7	2.9	2 5
Do not intend to use	1.1	5.9	10.1	14.6	22.9	14.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
All currently married nonusers						
Intend to use in next 12 months	1.7	24.2	38.9	36.7	31.4	28.7
Intend to use later	23.0	18.1	9.2	7.7	6.6	11.2
Unsure as to timing	6.1	7.6	4.8	5.4	4.9	5.6
Unsure as to intention	14.7	11.3	8.2	8.3	5 2	8.3
Do not intend to use	54.5	38.8	38.8	41.9	51 9	46.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	575	844	809	720	1895	4843

[1]Includes current pregnancy

or only one child are much less likely than nonusers with two or more children to express an intention to use within the next 12 months.

Looking at the relationship between previous use of family planning and intention to use in the future, those who intend to use in the future are somewhat more likely to have never used than to have used in the past. This is due in part to the fact that the nonuser group includes more never-users than past-users. Considering never-users as a group by themselves, they are much less likely than past-users to express a desire to use in the future; three in five never-users do not plan to use in the future or are unsure about their intentions compared to around two in five past-users.

7.4 Reasons for Nonuse of Family Planning

The reasons given by women who do not use family planning are of particular interest to the family planning program in Egypt. Table 7.4 presents the distribution of currently married nonusers who do not intend to use in the future by the main reason for not using. The primary reason for not using is the desire to become pregnant; 27 percent of nonusers said that they were not using because they wanted more children. Concern about possible difficulty in becoming pregnant (24 percent) was the next most common reason for nonuse. Other often-mentioned reasons included a fatalistic attitude (9 percent), health concerns (8 percent), husband's disapproval (3 percent), and a lack of need for contraception because the woman was menopausal or had had a hysterectomy (13 percent) or the couple had sex infrequently (7 percent). Only 1 percent mentioned religion as a reason for nonuse.

There are significant differences in the answers given by women under age 30 and those 30 and over. Nonusers under age 30 are more likely than older nonusers to mention the desire

Table 7.4 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 1992

Main reason for not using family planning	Age		Total
	15-29	30-49	
Want children	58.6	13 5	26.9
Lack of knowledge	0.2	0.4	0.3
Side effects	4.5	2.3	2.9
Health concerns	3.9	9.8	8.1
Hard to get methods	0.2	0.0	0.1
Costs too much	0.1	0.1	0.1
Inconvenient	0.3	0.5	0.4
Religion	2.4	0.5	1.0
Opposed to family planning	0.3	0.3	0.3
Husband opposed	7.1	1.8	3.4
Other people opposed	0.8	0.1	0.3
Fatalistic	5.1	11.2	9.4
Infrequent sex	4.1	8.3	7.1
Difficult to be pregnant	8.6	30.2	23.7
Menopausal/Had hysterectomy	0 2	18 0	12.7
Other	1.3	2.0	1.8
Don't know	2.5	1.0	1.4
Total	100.0	100.0	100.0
Number of women	665	1573	2239

to have more children (59 percent and 14 percent, respectively), while concern about possible difficulty in becoming pregnant is mentioned by more older nonusers than younger nonusers (30 percent and 9 percent, respectively). As might be expected, lack of need for contraception because the woman was menopausal or had had a hysterectomy was a reason given almost exclusively by older nonusers. Infrequent sex, a fatalistic attitude, and health concerns also were reasons mentioned more often by nonusers age 30 and over than by those under age 30.

7.5 Preferred Methods of Family Planning among Nonusers

Method preferences among currently married women who were not using a family planning method at the time of the survey but who intended to use a method in the future are shown in Table 7.5. The IUD and pill are the most popular methods among users in Egypt. Therefore, it is not surprising that over 40 percent of nonusers who intend to adopt a family planning method mention the IUD as the preferred method and 20 percent express a preference for the pill (see Figure 7.2). The only other modern method preferred by more than one percent of nonusers is injection (4 percent). A significant proportion of nonusers also mention prolonged breastfeeding as the method that they intend to use (14 percent).

There is little variation in method preferences according to the timing of future use. Nonusers intending to use within the next 12 months are somewhat more likely to express a preference for the IUD (47 percent) than nonusers planning to use after 12 months (34 percent) or are uncertain about when they will begin using (38 percent). The proportion expressing a preference for prolonged breastfeeding also varies somewhat with the timing of future use.

Figure 7.2
Preferred Method among Nonusers
Who Intend to Use in the Future

IUD 43%

Pill 20%

Other method 3%

Injection 4%

Prolonged breastfeeding 14%

Unsure about method 16%

The popularity of the IUD and pill among nonusers intending to use in the future raises a number of challenges for the Egyptian family planning program. Providers trained to insert the IUD must be available to meet the increased demand in both the public and private sector. Efforts must also be directed toward improved counseling for new users of both methods to reduce discontinuation.

Table 7.5 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 1992

Preferred method of family planning	Intend to use			
	In next 12 months	After 12 months	Unsure as to timing	Total
Pill	19.8	22.0	20.4	20.4
IUD	47.3	33.6	37.5	42.7
Injection	4.7	4.8	2.2	4.4
Norplant	0.4	0.5	0.7	0.5
Diaphragm/foam/jelly	0.2	0.0	0.7	0.2
Condom	0.8	0.1	0.1	0.5
Female sterilization	1.1	0.5	0.9	1.0
Periodic abstinence	0.4	0.1	0.6	0.3
Withdrawal	0.3	0.1	0.0	0.2
Prolonged breastfeeding	12.1	19.5	16.2	14.4
Other	0.1	0.0	0.0	0.1
Not sure	12.8	18.8	20.6	15.2
Total	100.0	100.0	100.0	100.0
Number of women	1388	541	269	2199

CHAPTER 8

FERTILITY PREFERENCES

The Egypt DHS included a number of questions to ascertain fertility preferences. The value of the responses to these questions for predicting the future childbearing behavior of individual women is questionable. Women's attitudes toward childbearing change over time. Moreover, women may not be able to act on their preferences due to societal pressures or the desires of other family members, particularly the husband. Overall, however, the data on fertility preferences provides an indicator of the direction that future fertility will take, as well as an assessment of the need for family planning and the extent of unwanted fertility.

8.1 Desire for More Children

In order to obtain information on future childbearing intentions, currently married respondents were asked: "Would you like to have another child or would you prefer not to have any more children?" If they did indeed want another child, they were asked: "How long would you like to wait from now before the birth of another child?" If the woman had not yet had any children, these questions were appropriately phrased, and if the woman was pregnant, she was asked about her desire for more children after the baby she was expecting. The small number of respondents who reported current use of female sterilization or male sterilization were not asked about their future childbearing desires; they are classified as wanting no children in the tabulations on childbearing intentions.

Almost two-thirds of married women do no want any more children (see Table 8.1 and Figure 8.1). Among women who express a desire for another child, the majority want to delay the next birth two or more years; only 12 percent of married women want another child within two years. Not surprisingly, the desire to have a child soon is most prevalent among women who have not yet begun childbearing; 86 percent of women with no children want a birth soon. Among women with one child, the majority (62 percent) want to delay the next birth. The desire to cease childbearing rises dramatically among women with more than one

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Table 8.1 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 1992

Desire for more children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Have another soon[2]	85.7	24.4	10.3	4.5	2.2	1.5	1.0	12.0
Have another later[3]	5.2	62.1	24.5	9.7	4.4	2.5	1.1	15.9
Have another, undecided when	1.8	2.0	0.7	0.7	0.1	0.4	0.0	0.7
Undecided	0.8	1.5	3.8	2.5	2.5	1.2	2.0	2.2
Want no more	1.9	8.7	58.8	79.5	87.5	88.5	90.6	65.6
Sterilized	0.0	0.1	0.2	1.0	1.4	2.2	2.5	1.1
Declared infecund	4.6	1.2	1.7	2.1	2.0	3.6	2.8	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	578	1215	1641	1705	1425	1053	1535	9153

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

Figure 8.1
Fertility Preferences
Currently Married Women 15-49

Want no more 66%

Uncertain 3%

Have another child
later (≥2 years) 16%

Sterilized/
Infecund 3%

Have another child
soon (<2 yrs) 12%
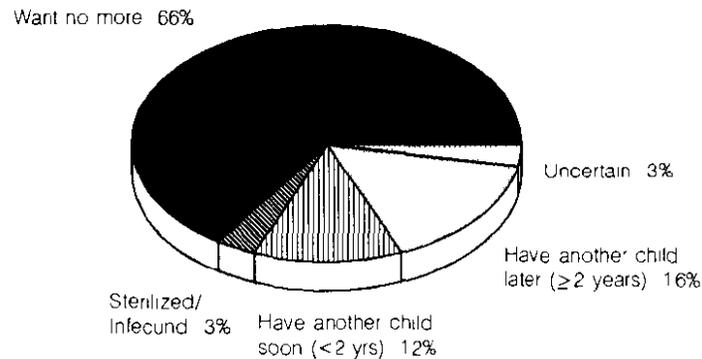
EDHS 1992

child; the proportion wanting no more children increases from almost 60 percent of women with two children to over 90 percent of women with six or more children.

Table 8.2 shows the distribution of currently married women by desire for more children, according to age. The desire to space births is concentrated among young women (under age 25). Interest in limiting childbearing increases rapidly with age, from around 10 percent among women 15-19 to over 80 percent among women 40-49.

Table 8.2 Fertility preferences by age

Percent distribution of currently married women by desire for more children, according to age, Egypt 1992

Desire for more children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Have another soon[1]	36.5	20.1	14.5	10.8	7.5	5.5	2.9	12.0
Have another later[2]	48.4	43.0	23.9	9.0	3.3	0.8	0.4	15.9
Have another, undecided when	2.1	1.3	0.7	0.6	0.6	0.1	0.4	0.7
Undecided	2.0	2.9	3.0	1.8	3.0	1.3	0.5	2.2
Want no more	10.7	32.6	57.6	76.3	82.5	84.7	80.4	65.6
Sterilized	0.0	0.0	0.1	0.8	1.5	2.6	3.6	1.1
Declared infecund	0.3	0.2	0.1	0.7	1.7	5.1	11.8	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	415	1324	1956	1743	1582	1231	902	9153

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

Table 8.3 looks at the variation in the proportion of women wanting no more children with the number of living children for various subgroups. The results suggest that urban women begin to want to limit family size at lower parities than rural women. For example, nearly 70 percent of urban women with two children say that they do not want another child compared to less than 50 percent of rural women. Urban-rural differentials narrow but remain evident as the number of living children increases.

Table 8.3 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and selected background characteristics, Egypt 1992

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Urban-rural residence								
Urban	2.7	13.3	68.3	88.4	94.4	94.6	94.1	70.2
Rural	1.2	4.3	47.2	71.6	83.6	88.2	92.7	63.7
Place of residence								
Urban Governorates	1.0	16.0	69.0	87.6	94.5	93.4	94.8	70.1
Lower Egypt	2.1	7.7	63.0	87.2	92.0	93.7	94.5	70.9
Urban	2.7	12.4	69.9	91.7	95.3	94.9	92.5	71.4
Rural	1.8	5.4	59.1	84.7	90.4	93.3	94.9	70.6
Upper Egypt	2.4	5.2	43.7	63.9	81.1	85.8	91.3	59.6
Urban	(8.1)	8.9	64.6	85.6	93.2	96.7	94.3	69.0
Rural	0.7	3.1	30.8	54.6	74.9	81.7	90.5	55.7
Education								
No education	2.1	7.2	51.2	74.0	87.1	88.2	92.4	69.2
Some primary	0.2	12.5	57.5	84.4	89.4	92.7	94.7	74.2
Primary through secondary	4.0	12.0	65.6	83.2	92.6	97.6	98.1	67.3
Completed secondary/higher	2.0	7.7	64.9	86.0	91.4	95.8	(77.7)	53.1
Work status								
Working for cash	2.2	13.4	71.8	89.3	92.7	87.5	96.8	68.5
Not working for cash	1.9	8.0	55.4	78.4	88.4	91.0	92.9	66.5
Total	1.9	8.8	59.0	80.5	88.9	90.7	93.1	66.8

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25 to 49 women.
[1] Includes current pregnancy

Considering the differentials by place of residence, the proportion wanting no more children among married women living in rural Upper Egypt is only 56 percent compared to around 70 among women living in the other areas. However, as Figure 8.2 shows, this proportion represents a very substantial increase over the proportion of married women from rural Upper Egypt reported as wanting no more children in the 1988 Egypt DHS (44 percent). The marked change in fertility preferences parallels the sharp increase in contraceptive practice in rural Upper Egypt discussed earlier.

Figure 8.2
Percentage of Currently Married Women Who Want
No More Children by Place of Residence, 1988 and 1992
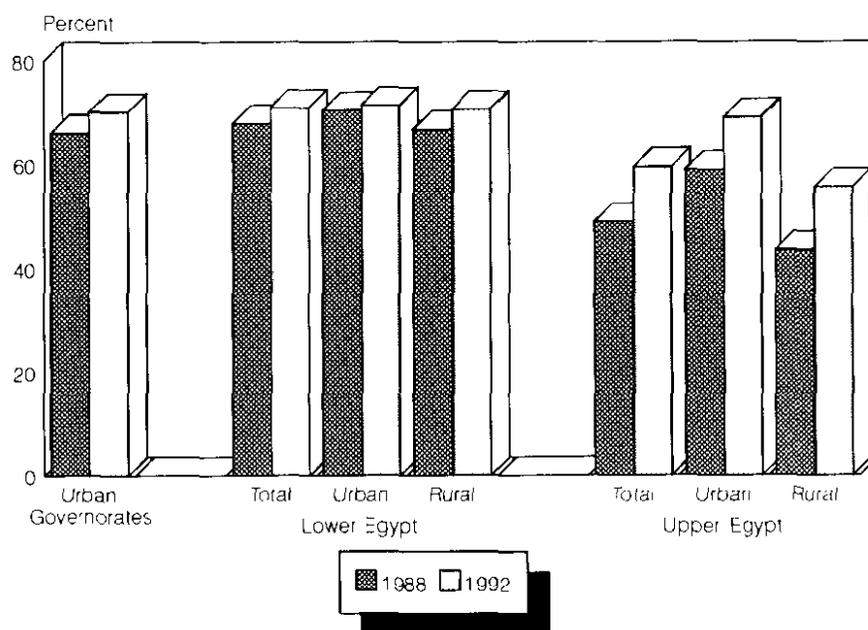
The absence of a definite association between educational level and the proportion wanting no more children among all women is at least partially a result of the concentration of more educated women at lower parities, where women are more likely to express a desire for more children. Among married women with two or more children, a positive association between the number of living children and educational level is clearly evident. Women working for cash are more likely than other women to want no more children, with the relationship being particularly strong among women with two to four living children.

8.2 Need for Family Planning Services

Information on fertility preferences alone is not sufficient to assess the need for family planning services. Many women who do not want to have another child or who want to space the next birth are already using contraception or are not exposed to the risk of pregnancy because they are menopausal or infecund. The estimates of unmet need and of met need for family planning services, and of the total demand services presented in Table 8.4 take into account these as well other factors. Specifically, *unmet need for family planning* (shown in columns 1-3 of Table 8.4) is defined as including: a) women who are pregnant or amenorrheic and whose last birth was mistimed and b) women who are neither pregnant nor amenorrheic and who want no more children or want to space the next birth, but are not using contraception. Menopausal and infecund women are excluded 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) includes women who are currently using contraception. *Total demand for family planning* (shown in columns 7-9) represents the sum of unmet need and met need and, in addition, 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 8.4.

Table 8.4 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 1992

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 satis- fied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	21.6	2.2	23.8	10.8	2.4	13.3	33.8	4.9	38.7	38.6	415
20-24	16.2	6.7	22.9	17.1	12.6	29.7	34.4	20.3	54.7	58.1	1324
25-29	9.9	12.8	22.7	13.2	32.7	46.0	24.1	46.7	70.8	67.9	1956
30-34	3.6	16.1	19.8	7.2	51.6	58.8	11.3	70.2	81.5	75.8	1743
35-39	3.1	18.0	21.0	3.1	56.5	59.6	6.3	76.0	82.3	74.5	1582
40-44	0.8	16.4	17.2	0.7	54.9	55.5	1.4	72.2	73.6	76.7	1231
45-49	0.3	11.0	11.3	0.1	34.3	34.5	0.5	45.4	45.8	75.2	902
Urban-rural residence											
Urban	4.5	10.7	15.2	9.8	47.2	57.0	14.8	58.8	73.7	79 3	4281
Rural	8.8	15.5	24.3	6.1	32.3	38.4	15.4	49.4	64.8	62.5	4873
Place of residence											
Urban Governorates	4.1	9.3	13.4	10.2	48.9	59.1	15.2	59.1	74.3	82.0	2201
Lower Egypt	5.8	11 9	17.7	8.4	45.1	53.5	14.5	58.5	73.1	75.8	3746
Urban	3.9	10.7	14.6	10.3	50.1	60.3	14.2	61.7	75.9	80.8	1120
Rural	6.6	12.4	19.0	7.6	42.9	50.5	14.7	57.2	71.8	73.6	2626
Upper Egypt	9.8	17.7	27.5	5.5	25.9	31.4	15.8	44 7	60.5	54.6	3207
Urban	6.2	14.2	20.3	8.3	39.8	48.1	14.8	54.9	69.7	70.9	960
Rural	11.4	19.2	30.5	4.3	19.9	24.3	16.3	40.3	56.6	46.0	2247
Education											
No education	7.3	17.2	24.6	3.7	33.8	37.5	11.5	52 3	63.8	61.5	4363
Some primary	5.2	13 4	18.7	5.7	47.8	53.5	11.3	63.1	74.4	74.9	1913
Primary through secondary	7.0	11.3	18.3	9.9	46.3	56.1	17.7	58.4	76.1	75.9	1010
Completed second- ary/higher	7.1	4.9	12.0	18 4	39.6	58.0	26.2	45.4	71.6	83.3	1867
Work status											
Working for cash	4.7	10.1	14.8	11.0	47.2	58.3	16.1	58.4	74.5	80.1	1317
Not working for cash	7.1	13 8	21.0	7.3	37.9	45.2	15.0	53.0	68.0	69.2	7836
Total	6.8	13.3	20.1	7 8	39.3	47.1	15.1	53.8	69.0	70.9	9153

[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).

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According to Table 8.4, one in five married women in Egypt is in need of family planning services. Combined with the 47 percent of married women who are currently using a contraceptive method, the total demand for family planning comprises almost 70 percent of married women in Egypt. Presently, 71 percent of the total demand for family planning in Egypt is met (last column). Significantly, only 52 percent of the potential demand for services to space births is being met compared to 73 percent of the demand for limiting. As is evident in the first column of Table 8.4, interest in spacing births is largely concentrated among young women (under age 25), and greater efforts are obviously required to meet the needs of these women.

Unmet need is greater among rural than urban women (24 percent and 15 percent, respectively). Considering place of residence, unmet need varies from 13 percent in the Urban Governorates to 31 percent in rural Upper Egypt. Unmet need varies inversely with educational level, from a high of 25 percent among women who never attended school to only 12 percent among women with a secondary education. This is due to the fact that a much higher proportion of educated women are using family planning, leading to a larger proportion of their demand being satisfied. Finally, unmet need is less among women who work than among other women (15 percent and 21 percent, respectively).

8.3   Ideal and Actual Number of Children

Table 8.5 shows the distribution of ever-married women by ideal family size, according to number of living children. In responding to the question on ideal family size, a woman was required to perform the difficult task of considering, abstractly and independently of her family size, the number of children that she would choose if she could start again. The results in Table 8.5 indicate that many women found it hard to respond to this question. Overall, 19 percent of ever-married women were unable to give a numeric response.

Table 8.5 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 1992

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
0	0.0	0.2	0.3	0.3	0.3	0.7	0.3	0.3
1	7.9	4.4	2.5	3.2	1.4	0.7	0.8	2.6
2	52.0	52.8	52.1	33.2	32.8	24.5	18.0	36.9
3	14.1	21.4	21.4	35.5	16.2	21.3	21.2	22.6
4	7.3	7.2	9.1	10.0	24.8	13.9	19.9	13.7
5	1.8	0.8	1.1	1.6	1.8	7.0	3.1	2.3
6+	1.5	1.1	1.2	1.7	1.8	3.5	6.3	2.5
Non-numeric response	15.3	12.2	12.3	14.5	21.0	28.4	30.3	19.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	670	1339	1755	1810	1529	1127	1634	9864
Mean ideal number	2.4	2.5	2.5	2.8	3.0	3.2	3.5	2.9
Number of ever-married women	568	1176	1539	1548	1208	807	1139	7985
Mean for currently married women	2.4	2.4	2.5	2.8	3.0	3.2	3.5	2.8
Number of currently married women	499	1083	1447	1458	1136	754	1070	7447

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

Childless women were somewhat more likely than women with one or two children to give a non-numeric answer; otherwise, the proportion giving non-numeric answers increased significantly with the number of children that a woman already had.

In considering the findings in Table 8.5, it is also important to remember that the actual and ideal number of children tend to be related. There are several reasons for the relationship. First, to the extent that women implement their preferences, those who want larger families will tend to achieve larger families. Second, women may adjust upwards their ideal size of family, as the actual number of children increases (i.e., rationalization). It is also possible that women with large families, being on average older than women with small families, have larger ideal sizes, because of attitudes that they acquired 20 to 30 years ago. Despite the likelihood that some rationalization occurs, it is common to find that respondents state ideal sizes lower than their actual number of surviving children.

Table 8.5 shows that most women want small families. More than one-third of ever-married women prefer a two-child family, and another fifth consider a three-child family ideal. Less than 5 percent want five or more children. Among women giving numeric answers, the mean ideal family size is 2.9 children. As expected, higher parity women show a preference for more children; the mean ideal family size increases from 2.4 children among childless women to 3.5 among women with six or more living children.

Many women in Egypt have had more children than they would now prefer. Overall, two in five women who gave a numeric answer to the ideal family size question expressed a preference for fewer children than they actually have. As expected, the disparity between the ideal and actual number of children tends to increase with the actual number of children; among women giving numeric answers, the proportion preferring a smaller family than they actually have increases from less than 2 percent of women with two or fewer children to more than 90 percent of women with six or more children.

Table 8.6 takes age into account in examining the variation in the mean ideal family size among various subgroups. The mean ideal family size increases directly with age, from 2.5 children among ever-married women 15-19 to 3.2 children among women 45-49. Other differentials in Table 8.6 parallel the differentials observed in actual fertility levels; the mean ideal family size is greater among rural women, women from Upper Egypt, women never attending school, and women who are not working for cash than among other women. The largest mean ideal family size—3.5 children—is found among women in rural Upper Egypt. Nevertheless, comparing this figure with the total fertility rate for rural Upper Egypt—for the three-year period before the survey—5.97 births per woman—indicates that, at current fertility levels, the average rural woman in Upper Egypt is having more than two children more than she would prefer.

Table 8.6 Mean ideal number of children by background characteristics

Mean ideal number of children for ever-married women, by age and selected background characteristics, Egypt 1992

Background characteristic	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence								
Urban	2.3	2.5	2.5	2.6	2.8	2.7	2.9	2.6
Rural	2.6	2.7	2.9	3.2	3.3	3.4	3.7	3.1
Place of residence								
Urban Governorates	(2.4)	2.4	2.4	2.6	2.7	2.8	2.9	2.6
Lower Egypt	2.2	2.4	2.6	2.7	2.9	2.9	3.2	2.7
Urban	*	2.3	2.5	2.5	2.8	2.6	2.8	2.6
Rural	2.3	2.4	2.6	2.8	3.0	3.0	3.3	2.8
Upper Egypt	2.8	3.0	3.0	3.4	3.4	3.5	3.9	3.3
Urban	(2.6)	2.7	2.6	2.9	3.0	2.7	3.3	2 8
Rural	2.8	3.1	3.3	3.7	3.7	4.0	4.3	3.5
Education								
No education	2.5	2.8	2.9	3 1	3.2	3.2	3.5	3.1
Some primary	2.6	2.6	2.7	3.0	3.0	3.0	3.1	2.9
Primary through secondary	2.5	2.4	2.6	2.5	2.7	2.7	2.7	2.6
Completed secondary/higher	*	2 5	2.4	2.5	2.6	2.5	3.0	2.5
Work status								
Working for cash	*	2.5	2.4	2.6	2.6	2.6	2.8	2.6
Not working for cash	2.5	2.6	2.7	2.9	3.1	3.1	3.3	2.9
Total	2.5	2.6	2.7	2.9	3.0	3.0	3.2	2.9

Note: Figures in parentheses are based on 25 to 49 women, while an asterisk means the figure is based on fewer than 25 women and has been suppressed.

8.4 Fertility Planning

There are two approaches to measuring the level of unwanted fertility using EDHS data. The first approach is based on the responses to a question as to whether each 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 declare them as wanted once the children are born.

Table 8.7 shows the percent distribution of births in the five years before the survey by whether the birth was wanted then, wanted later, or not wanted. Overall, more than one-third of the births in the five-year period can be considered as unplanned; 26 percent were not wanted at the time that they were conceived, and 9 percent were reported as mistimed (wanted later). The proportion of unplanned births increases directly with the birth order of the child. Half of all fourth and higher order births were unwanted. Similarly, a large proportion of births to older women are unwanted—nearly 60 percent of the births to women 35-39 and 70 percent or more of the births to women age 40 and older. At current fertility levels, almost one in six births

Table 8.7 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 1992

| Birth order and mother's age | Planning status of birth | | | | Total | Number of births |
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	95.5	3.8	0.7	0.0	100.0	2085
2	75.8	19.6	4.6	0.0	100.0	1826
3	67.2	11.3	21.3	0.2	100.0	1568
4+	44.2	6.1	49.6	0.0	100.0	4159
Age at birth						
<20	87.8	8.8	3.4	0.0	100.0	1043
20-24	77.0	12.5	10.5	0.0	100.0	2943
25-29	64.7	10.3	24.9	0.1	100.0	2741
30-34	51.7	5.5	42.8	0.0	100.0	1697
35-39	38.8	3.4	57.7	0.0	100.0	900
40-44	28.3	1.2	70.5	0.0	100.0	302
45-49	25.2	0.0	74.8	0.0	100.0	12
Total	65.0	9.0	25.9	0.0	100.0	9638

Note: Birth order includes current pregnancy.

occur to women in these age groups, indicating the significant impact that the avoidance of unwanted births among older women might have on fertility levels. Childbearing among older women and high-parity mothers also involves increased mortality and morbidity risks for the mothers and their children, providing another reason for greater effort to help these mothers 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 8.8 presents the total wanted fertility rate and the total fertility rate for the three-year period before the survey by selected background characteristics. A comparison of the two rates suggests the potential demographic impact of the elimination of unwanted births.

The wanted fertility rate for Egypt as a whole is 2.7 births per woman, 1.2 children less than the actual total fertility rate. This implies that the total fertility rate is 30 percent higher than it would be if unwanted births were avoided. The gap between the wanted and actual fertility rates is greatest among rural women, women from Upper Egypt (particularly those from rural areas), women who never attended school or have less than a primary education, and women who are not working for cash. It is notable that the wanted fertility rate for the Urban Governorates and for urban areas in Lower Egypt is less than 2 births, suggesting that fertility in these areas would be at the replacement level if unwanted births were prevented.

Table 8.8 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Egypt 1992

Background characteristic	Total wanted fertility rate	Total fertility rate
Urban-rural residence		
Urban	2.0	2.9
Rural	3.4	4.9
Place of residence		
Urban Governorates	1.8	2.7
Lower Egypt	2.5	3.7
Urban	1.9	2.8
Rural	2.7	4.1
Upper Egypt	3.7	5.2
Urban	2.4	3.6
Rural	4.3	6.0
Education		
No education	3.5	5.0
Some primary	2.5	4.0
Primary through secondary	2.0	3.0
Completed secondary/higher	2.3	2.9
Work status		
Working for cash	2.1	2.9
Not working for cash	2.8	4.1
Total	2.7	3.9

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 9

PROXIMATE DETERMINANTS OF FERTILITY

This chapter addresses the principal factors, other than contraception, which affect a woman's chances of becoming pregnant: nuptiality, postpartum amenorrhea and abstinence from sexual relations, and secondary infertility.

Marriage is a primary indicator of exposure of women to the risk of pregnancy, and is, therefore, important for the understanding of fertility patterns. Populations in which the age at marriage is low tend to be populations with early childbearing and high fertility. Trends in the age at which women marry can help explain trends in fertility levels. The chapter also looks at other measures of the level of exposure to pregnancy, including breastfeeding, postpartum amenorrhea and postpartum abstinence that result in insusceptibility to the risk of pregnancy during the early months after a birth. The chapter concludes with an examination of two indicators of decreasing exposure to the risk of pregnancy with age: menopause and terminal infertility.

In the EDHS, only women 15-49 who had ever been married were interviewed with the individual questionnaire. However, a number of the tables presented in this chapter are based on all women, i.e., on both ever-married and never-married women. In constructing these tables, the number of ever-married women interviewed in the survey is multiplied by an inflation factor that is equal to the ratio of all women to ever-married women as reported in the household questionnaire. This procedure expands the denominators in the tables so that they represent all women. The inflation factors are calculated by single years of age and, where the results are presented by background characteristics, single-year inflation factors are calculated separately for each category of the characteristic.

9.1 Current Marital Status

Current marital status is shown in Table 9.1 for all women 15-49. Overall, 65 percent are currently married, 4 percent are widowed, 1 percent are divorced, and 30 percent are never married. The proportion ever married increases rapidly with age, from 14 percent among teenagers to 57 percent among women in their early 20s. The virtual universality of marriage for women is evident from the fact that, among women age 30 and over, more than 95 percent are, or have been married.

Table 9.1 Current marital status

Percent distribution of women by current marital status, according to age, Egypt 1992

| Age | Marital status | | | | | Number of women |
	Never married	Married	Widowed	Divorced	Total	
15-19	86.1	13.7	0.1	0.2	100.0	3037
20-24	43.4	55.0	0.4	1.2	100.0	2405
25-29	13.4	84.1	0.7	1.7	100 0	2324
30-34	4.9	90.2	3.0	1.9	100.0	1933
35-39	2.5	90.2	5.0	2.2	100.0	1754
40-44	2.3	85.3	10.4	2.0	100.0	1444
45-49	0.9	80.7	16.6	1.8	100.0	1119
Total	29.6	65.3	3.6	1.4	100.0	14015

Most disruption of marital unions appears to be due to the death of the husband. The proportion divorced varies between 1 and 2 percent across age groups. The proportion widowed rises from less than 1 percent among women age 30 and younger to 17 percent among women 45-49.

9.2   Marital Exposure

Marital exposure is looked at in greater detail in Table 9.2. The table is based on information collected in the calendar and shows the percentage of months in the five years before the survey spent in a marital union. The percentage of months married incorporates the effects of age at first marriage, marital dissolution through divorce or widowhood, and remarriage.

Overall, Egyptian women in the reproductive ages were in current marital unions around 60 percent of the time during the five-year period prior to the survey. As expected, the percentage of months married increases rapidly among younger women before peaking at 91 percent among women 35-39 and falling off to 83 percent among women 45-49. The pattern reflects the pace of entry into marriage among young women, which is most rapid in the 20-29 age cohorts, as well as the increasing incidence of widowhood among women age 40 and above.

Table 9.2 Marital exposure

Percentage of months spent in marital union in the five years preceding the survey, by age and selected background characteristics, Egypt 1992

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	2.5	25.5	67.2	86.4	91.9	87.3	84.5	57.5
Rural	8.6	52.9	86.5	91.6	89.8	87 2	80.4	62.9
Place of residence								
Urban Governorates	2.5	20.5	66.7	85.7	92.4	88 4	85.8	59.1
Lower Egypt	4.4	38.1	78.6	91.5	89.5	85 8	81.9	58.5
Urban	2.3	25.4	67.6	88 7	90.3	85.8	87.2	57.0
Rural	5.1	43.8	83.2	92.9	89.1	85.8	79.4	59.2
Upper Egypt	10.0	55.7	83.0	88 9	91 7	88.4	80.4	63.8
Urban	2.9	37.0	66.8	85 9	92.8	86.3	78.1	56.0
Rural	13.5	64.8	91.2	90.3	91 1	89 5	81.5	67.8
Education								
No education	13.8	64.0	88.7	91 4	90.4	86.1	81.4	74.9
Some primary	8.8	57.1	80.0	90.9	90 7	87 8	84.5	73.0
Primary through secondary	2.8	38.4	80.0	87.6	91.3	88.5	80.5	32.8
Completed secondary/higher	1.2	15.2	58.4	84.0	92 2	91.0	89.3	47.4
Work status								
Working for cash	2.2	17.6	57.3	80 6	86.9	79.9	78.1	63.1
Not working for cash	6.0	42.6	80.9	91.3	92.2	88.8	83.2	59.6
Total	5.8	39.5	77.1	89.0	91.0	87.3	82.7	60.1

There are significant differentials in marital exposure by residence, educational level and work status. These differentials tend to be quite large among younger women, reflecting the effect of differences in the propensity to delay marriage among the various subgroups. For example, urban women in the 20-24 age cohort spent only 26 percent of the months in the five years prior to the survey married, compared to 53 percent among rural women 20-24. In the same age group, women from the Urban Governorates and Lower Egypt spent a considerably smaller proportion of the time in the five years before the survey married than women from Upper Egypt (21 percent, 38 percent and 56 percent, respectively).

Large differentials in the proportion of months spent married by younger women are observed by level of education and work status. For example, the percentage of months spent married by women 20-24 varies from 64 percent among those with no education to 15 percent among those with at least a secondary education. Moreover, working women in the 20-24 age group only spent 18 percent of the 60 months prior to the survey married, compared to 43 percent for women in the same age cohort who were not working.

Reflecting both the near universality of marriage and the increasing prevalence of widowhood, the differentials in the percentage of months married shown in Table 9.2 narrow and, in some cases, reverse direction for older cohorts.

9.3 Age at First Marriage

The percentage of women ever married by select exact ages and the median age at first marriage, according to current age, is shown in Table 9.3. The table confirms that there has been a steady increase over the past 25 years in the age at which Egyptian women first marry. Overall, the median age at marriage has increased from 18.3 years in the oldest age cohort to 19.9 years among women 25-29. There has been a particularly sharp decline in the proportion of women marrying in their early teens; the percentage marrying by exact age 18 has fallen from 47 percent among women 45-49 to 27 percent among women 20-24.

Table 9.3 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 1992

Current age	Percentage of women who were first married by exact age:					Percentage who had never married	Number of women	Median age at first marriage
	15	18	20	22	25			
15-19	2.7	NA	NA	NA	NA	86.1	3037	a
20-24	7.2	26.7	41.3	NA	NA	43.4	2405	a
25-29	9.9	35.0	50.8	65.9	80.1	13.4	2324	19.9
30-34	11.7	39.1	55.4	69.4	82.9	4.9	1933	19.3
35-39	10.2	37.6	57.8	69.9	83.4	2 5	1754	19.3
40-44	14.3	41.3	59.0	71.2	83.5	2.3	1444	18.9
45-49	18.2	47.3	63.6	78.2	89.0	0.9	1119	18.3
20-49	11.1	36.4	53.0	66.1	77.3	14.0	10978	19.6
25-49	12.2	39.1	56.3	70.0	83.1	5.8	8573	19.2

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

Substantial residential differentials in the age at first marriage are observed in Table 9.4. The median age at first marriage among urban women 25-49 is 20.9 years, three years greater than the median among rural women. Considering the trends across age cohorts, it is clear that the age at marriage has increased more rapidly among urban than rural women. Consequently, the difference in the age at marriage between urban and rural women has nearly doubled, increasing from 1.7 years among women 45-49 to 3.6 years among women 25-29.

The median age at first marriage among women 25-49 in the Urban Governorates is two years higher than that in Lower Egypt and more than three years higher than that in Upper Egypt (see Figure 9.1). There is only a small difference in the median age at first marriage between women from urban Lower Egypt and urban Upper Egypt (20.8 years and 20.5 years, respectively). However, the median age at marriage is much higher in rural Lower Egypt (18.5 years) than in rural Upper Egypt (17.2 years). The increases in age at marriage that are observed across age cohorts confirm the long-term nature of the upward trend in age at marriage in all areas.

Figure 9.1
Median Age at First Marriage
All Women 25-49

EDHS 1992
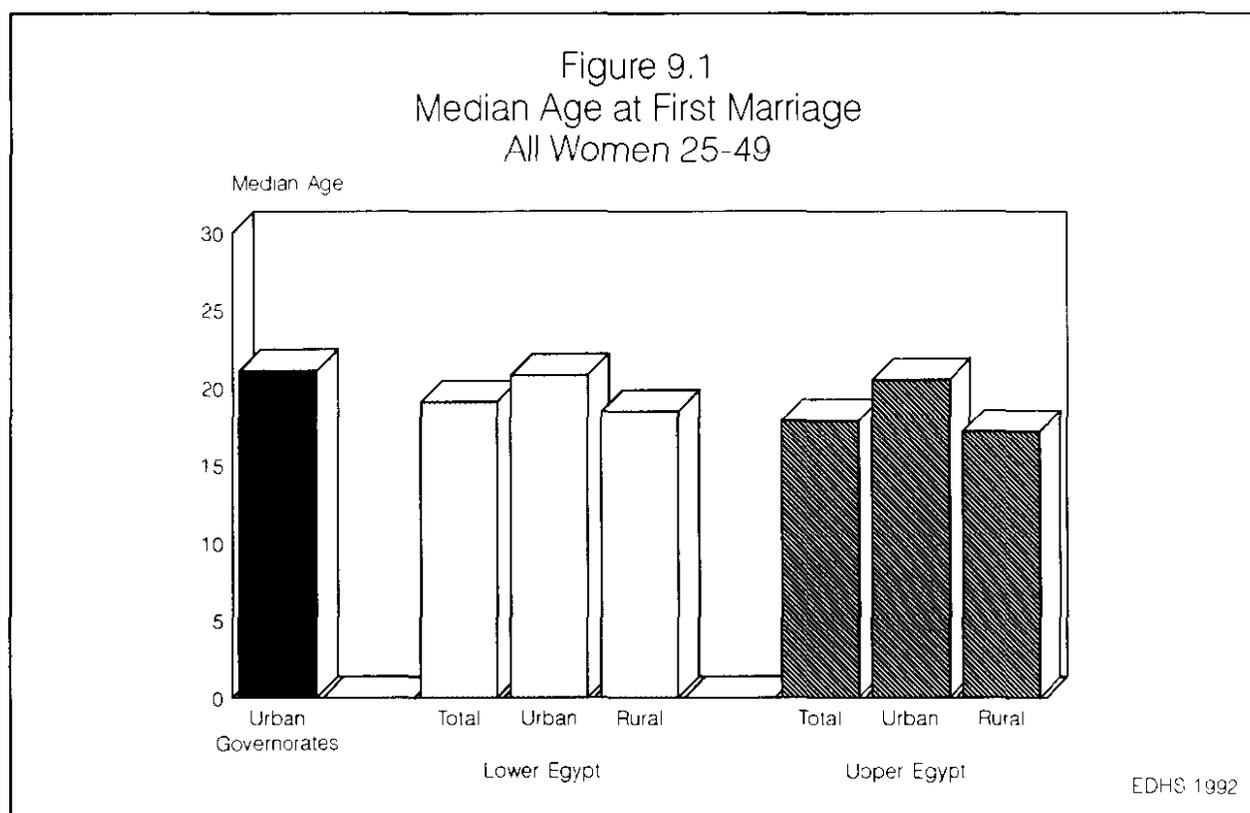
Large differences in age at first marriage by educational level are evident in Table 9.4. There is an almost seven year difference in the median age at first marriage between women who never attended school and women who completed at least the secondary level. Within each education category, increases in the age at marriage across cohorts are comparatively small. This suggests that the upward trend in the age at first marriage over time is primarily a consequence of increasing educational attainment among younger women.

A woman's current work status is associated with delayed marriage. The median age at marriage for women who were working for cash at the time of the survey was 23.5 years, nearly five years higher than the median for women who were not involved in paid employment. The change in age at marriage across age cohorts also is greater for women working for cash than for other women.

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Table 9.4 Median age at first marriage

Median age at first marriage among women age 20-49 years, by current age and selected background characteristics, Egypt 1992

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	21.1	20.9	20.4	19.3	a	20.9
Rural	19.0	18.4	17.7	18.0	17.6	17.6	18.2	17.9
Place of residence								
Urban Governorates	a	22.0	21.8	21.2	20.7	19.5	a	21.1
Lower Egypt	a	19.9	19.1	19.2	18.7	18.2	19.5	19.1
Urban	a	22.4	20.4	21.2	19.9	19.3	a	20.8
Rural	a	19.1	18.3	18.5	18.3	17.9	18.8	18.5
Upper Egypt	18.7	18.3	17.8	18.3	17.6	17.5	18.1	17.9
Urban	a	21.6	20.6	19.9	20.6	18.7	a	20.5
Rural	17.5	17.4	17.1	17.5	16.5	17.1	17.2	17.2
Education								
No education	17.9	17.5	17.3	18.0	17.7	17.6	17.7	17.6
Some primary	18.6	19.0	18.2	19.0	18.7	17.7	18.6	18.6
Primary through secondary	a	19.7	19.9	19.7	20.3	19.9	a	19.9
Completed secondary/higher	a	23.8	24.1	25.0	24.8	24.3	a	24.3
Work status								
Working for cash	a	23.6	23.6	23.7	24.2	21.7	a	23.5
Not working for cash	a	19.2	18.4	18.6	18.4	18.0	19.0	18.6
Total	a	19.9	19.3	19.3	18.9	18.3	19.6	19.2

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.

9.4 Marriage between Relatives

Marriages between relatives (consanguineous marriages) are common in Egypt. According to the EDHS data presented in Table 9.5, 40 percent of ever-married women report that their current or, in the case of widowed or divorced women, their most recent husband was a relative. Six in ten consanguineous marriages involve first cousins.

The percentage of marriages involving relatives generally increases with the current age of the woman. A strong inverse relationship between the percentage of marriages involving relatives and age at first marriage is evident for women who have been married only once. The proportion of women who married a relative decreases from over 50 percent among those who married before age 15 to less than 25 percent among those who married at age 24 or above. Only about one-fifth of the women who have married more than once report their current or most recent husband was a relative.

Table 9.5 Consanguinity

Percent distribution of ever-married women by relationship to their husbands, according to background characteristics, Egypt 1992

Background characteristic	First cousin	Other relative	No relation	Don't know/ missing	Number of women
Age					
15-19	27.7	22.2	50 1	0.0	423
20-24	25.7	16.6	57.7	0.0	1362
25-29	25.2	16.2	58.5	0.1	2013
30-34	25.3	14.4	60.2	0.1	1838
35-39	21.9	14.8	63.4	0 0	1709
40-44	26.0	15.4	58.6	0.0	1411
45-49	21.6	15.1	63.3	0.0	1108
Age at first marriage					
<15	35.6	18.7	45.6	0.1	1142
15	34.0	19.1	46.9	0.0	794
16-17	28.5	17.3	54.2	0.0	2070
18-19	25 6	15.7	58.8	0.0	1822
20-21	22.5	14.7	62.8	0.0	1377
22-23	18.0	14.9	67.1	0.0	853
24+	12.6	11.5	75.8	0.0	1269
Married more than once	11.4	11.8	76 5	0.3	537
Urban-rural residence					
Urban	18.7	13.1	68.2	0.0	4596
Rural	29.5	18.0	52.4	0.1	5268
Place of residence					
Urban Governorates	17.8	13.1	69.1	0.0	2357
Lower Egypt	21.2	12.7	66.0	0.1	4067
Urban	15.5	10.2	74 3	0.0	1210
Rural	23.7	13.8	62.5	0.1	2857
Upper Egypt	33.0	21.0	46 0	0.0	3440
Urban	24.7	16.4	58.9	0 0	1029
Rural	36.5	23.0	40.5	0.0	2411
Education					
No education	30.0	16.5	53.4	0.0	4771
Some primary	22.2	17.8	59.9	0.1	2078
Primary through secondary	21.6	14.0	64.3	0.0	1093
Completed secondary/higher	15.0	12.2	72.8	0.0	1922
Total	24.5	15.7	59 8	0.0	9864

As expected, consanguineous marriages are more common in rural than urban areas. Nevertheless, nearly one-third of marriages in urban areas involve relatives. Place of residence is also related to the prevalence of marriage between relatives. The percentage of women reporting contracting such marriages is considerably greater in Upper Egypt (54 percent) than in Lower Egypt (34 percent) and the Urban Governorates (31 percent). The highest level of consanguineous marriage is found in rural Upper Egypt,

where six in ten marriages are between relatives. Level of education also influences the likelihood of marriage to a relative. The percentage of marriages involving relatives decreases from 47 percent among women never attending school to 27 percent among women who completed the secondary level or higher.

9.5 Postpartum Amenorrhea, Abstinence and Insusceptibility

The risk of pregnancy following a birth is influenced by two factors: breastfeeding and sexual abstinence. Postpartum protection from conception can be prolonged by breastfeeding through its effect on the length of amenorrhea (the period prior to the return of menses). Protection can also be prolonged by delaying the resumption of sexual relations. Women are defined as insusceptible if they are not exposed to the risk of pregnancy, either because they are amenorrheic or abstaining following a birth.

The percentage of births whose mothers are postpartum amenorrheic, abstaining and postpartum insusceptible is shown in Table 9.6 by the number of months since the birth. These distributions are based on current status data, i.e., on the proportion of births occurring x months before the survey for which mothers are still amenorrheic, abstaining or insusceptible. The median and mean duration estimates shown in Table 9.6 and Table 9.7 are calculated from the current status proportions at each time period. The data are grouped in two-month intervals to minimize fluctuations in the estimates.

Table 9.6 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 1992

Months since birth	Amenor-rheic	Abstaining	Insus-ceptible	Number of births
< 2	97.0	82.5	97.0	201
2-3	67.2	13.7	71.1	308
4-5	53.8	6.6	55.0	265
6-7	44.6	4.0	46.9	273
8-9	37.9	7.0	41.3	243
10-11	23.2	4.1	26.6	239
12-13	20.4	4.0	21.9	285
14-15	14.8	1.4	15.3	300
16-17	10.7	1.3	11.5	289
18-19	10.0	1.9	11.5	263
20-21	5.2	0.9	6.1	264
22-23	5.2	1.8	7.0	287
24-25	2.7	1.3	3.9	317
26-27	1.3	0.6	1.9	329
28-29	0.5	1.2	1.7	242
30-31	0.7	1.3	2.0	266
32-33	0.5	0.6	1.0	244
34-35	0.0	0.4	0.4	294
Total	20.8	6.3	22.2	4908
Median	5.6	1.8	6.1	-
Mean	8.2	3.0	8.7	-
Prevalence/Incidence mean	7.4	2.2	7.9	-

The period of postpartum amenorrhea is considerably longer than the period of postpartum abstinence and is the major determinant of the length of the period of postpartum insusceptibility to pregnancy for Egyptian women (see Figure 9.2). The percentage of births for which the mothers are amenorrheic decreases from 97 percent immediately following the delivery to 67 percent 2-3 months after birth. By 6-7 months following birth, fewer than half of women are still amenorrheic and, by 12-13 months after birth, only one-fifth have not resumed their menstrual period. In Egypt, as in other Islamic countries, many couples observe a period of sexual abstinence after birth, which traditionally last 40 days. Reflecting the effect of this tradition, the percentage of mothers who are abstaining from sexual relations decreases rapidly following birth. At 2-3 months following birth, only 14 percent are still abstaining and, by 12-13 months, less than 5 percent have not yet resumed sexual relations.

Figure 9.2
Percentage of Births Whose Mothers Are
Amenorrheic or Abstaining

EDHS 1992
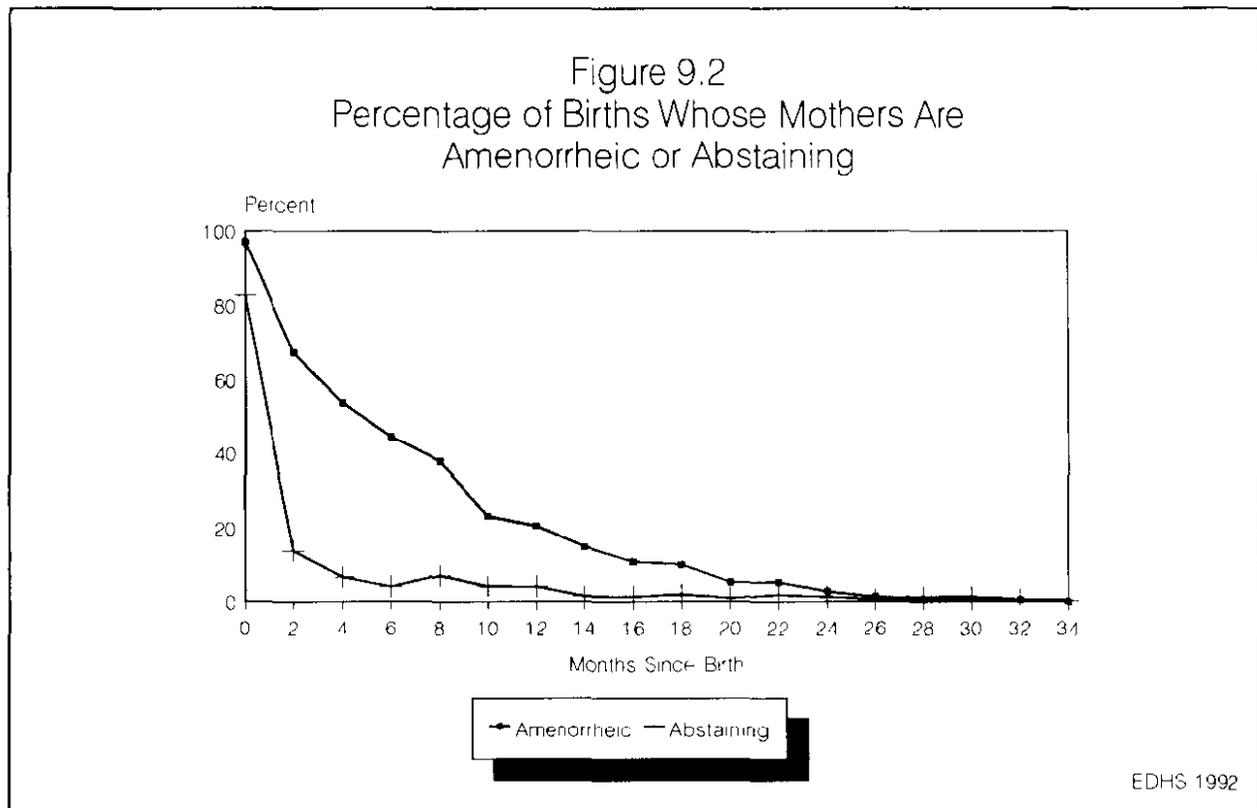
Overall, around one-half of all Egyptian women are risk of pregnancy by 6 months following a birth unless they have begun to use contraception. The mean duration of the period of postpartum insusceptibility is almost 9 months.

Median durations of postpartum amenorrhea, abstinence and insusceptibility by various background characteristics are presented in Table 9.7. Average durations of postpartum abstinence do not vary greatly among population subgroups. However, there are marked differentials in the duration of postpartum amenorrhea. Median durations are longest for rural women, women living in Upper Egypt and women with less than a primary education. The differentials in the median durations of postpartum insusceptibility reflect the combined effects of amenorrhea and abstinence. On average, women over 30 are insusceptible for more than 7 months, almost two months longer than younger women. A similar although slightly greater differential is observed between the median durations for urban and rural women.

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Table 9.7 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 1992

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insuscep- tibility	Number of births
Age				
<30	5.1	1.8	5.5	3049
30+	(6.9)	1.8	(7.3)	1859
Urban-rural residence				
Urban	4.2	1.8	4.7	1803
Rural	6.9	1.8	7.3	3105
Place of residence				
Urban Governorates	(4.1)	(1.8)	(4.5)	851
Lower Egypt	5.2	1.8	5.5	1944
Urban	*	*	*	460
Rural	(5.9)	1.8	(6.1)	1484
Upper Egypt	7.3	1.8	8.0	2113
Urban	*	*	*	493
Rural	(8.2)	1.8	8.8	1620
Education				
No education	8.3	1.8	(8.7)	2500
Some primary	(5.5)	(1.7)	*	918
Primary through secondary	*	*	*	464
Completed secondary/higher	(3.8)	(1.9)	(4.1)	1027
Total	5.6	1.8	6.1	4908

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.

9.6   Termination of Exposure to Pregnancy

The risk of pregnancy declines with age, particularly after age 30, as increasing proportions of women become infecund. While the onset of infecundity is difficult to determine, there are ways of estimating its effects for a population. Table 9.8 presents two indicators of decreasing exposure to the risk of pregnancy for married women age 30 years and older: menopause and terminal infertility. A woman is considered to be menopausal if she declared herself as menopausal or if she is non-pregnant, non-amenorrheic and did not have a menstrual period for six or more months before the survey. A woman falls into the terminal infertility category if she was continuously married, did not give birth, and did not use any contraceptive method during the five-year period preceding the survey and she is not currently pregnant.

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As expected, the proportion menopausal rises rapidly with age, particularly among women age 40 and older. It peaks at 48 percent among women 45-49. Terminal infertility exhibits a similar direct relationship with age, increasing from 28 percent among women 30-34 to 99 percent among women 48-49.

Table 9.8 Termination of exposure to the risk of pregnancy

Indicators of menopause and terminal infertility among currently married women age 30-49, by age, Egypt 1992

Age	Menopause[1]		Terminal infertility[2]	
	Percent	Number	Percent	Number
30-34	1.8	1375	28.4	374
35-39	2.7	1375	42.7	387
40-41	5.8	550	60.2	177
42-43	7.8	415	72.1	142
44-45	17.8	533	83.5	223
46-47	31.1	307	92.5	155
48-49	48.3	249	98.6	147
Total	9.1	4804	59.5	1604

[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.
[2] Percentage of currently married women in their first union of five or more years who have never used contraception and who did not have a birth in the five years preceding the survey and who are not pregnant.

CHAPTER 10

INFANT AND CHILD MORTALITY

This chapter presents information on levels, trends and differentials in neonatal, postneonatal, infant and child mortality and on the prevalence of high-risk fertility behavior. This information is central to an assessment of the demographic situation in Egypt. It is also important in efforts to improve child survival programs in Egypt and in identifying those segments of the child population that are at increased risk.

10.1 Assessment of Data Quality

The mortality estimates are calculated from information that was collected in the birth history section of the individual questionnaire. The section began with questions about the aggregate childbearing experience of respondents (i.e., the number of sons and daughters who live in the household, who live elsewhere, and who died). These questions were followed by a retrospective birth history in which data were obtained on sex, date of birth, survivorship status, and current age or age at death of each of the respondents' live births.

This information is used to directly estimate mortality rates. In this report, infant and child mortality are measured using five rates:

> **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 before the first birthday;
> **Child mortality:** the probability of dying between the first and fifth birthday;
> **Under-five mortality:** the probability of dying before the fifth birthday.

The reliability of the mortality estimates from retrospective birth histories depends upon the completeness with which deaths of children are reported and the extent to which birth dates and ages at death are accurately reported and recorded. Omission of births and deaths directly affects mortality estimates, displacement of dates has an impact on mortality trends, and misreporting of the age at death may distort the age pattern of mortality.

The quality of the birth history data is examined in detail in Appendix D. Table D.5 looks at evidence of underreporting of deaths, particularly of those deaths which occur in very early in infancy. If early neonatal deaths are selectively underreported, the result would be an abnormally low ratio of deaths under seven days to all neonatal deaths. The ratio of deaths in the first six days to all neonatal deaths presented in Table D.5 is high, indicating that early infant deaths have not been severely underreported in the EDHS. However, the ratio is higher for the period 0-4 years prior to the survey than for earlier periods, suggesting that some early infant deaths were not reported by older women.

The quality of the reporting of age at death for children who had died is also important. Misreporting of age at death will bias estimates of the age pattern of mortality if the net result of the misreporting is transference of deaths between age segments for which 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 as having died at age one year or older. In an effort to minimize error in the reporting of age at death, EDHS interviewers were instructed to record deaths under one month in days, and under 2 years of age in months. They were specifically asked to probe for deaths reported at one year of age to ensure that

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they had actually occurred at 12 months. Nevertheless, there is evidence of heaping in the reporting of age at death (see Table D.6).

With regard to the issue of date displacement, there was evidence of possible misreporting of birth dates for children born in the five-year period immediately prior to the survey. The distribution of all children by calendar year of birth showed a slight deficit of births in calendar year 1987 and an excess of births in calendar year 1986 (see Table D.4). The apparent transference of births out of 1987 was greater for dead than surviving children. This pattern has been noted in other DHS surveys; it is believed to be the result of transference of births by interviewers out of the period for which the health and calendar data were collected (January 1987 through the date of the survey). Interviewers are thought to be motivated both by a desire to reduce their workload and to avoid asking detailed questions about children who died.

This brief review of the assessment of the quality of the EDHS mortality data indicates that there are some problems with the data, particularly date displacement and heaping on certain ages at death. However, several analyses carried out by the DHS program suggest that the effect on the mortality estimates of errors in reporting of the magnitude observed in the 1992 EDHS would not be large (Sullivan et al., 1990). Moreover, an analysis of the pattern of heaping on age at death observed in the 1992 EDHS indicated that this heaping would have resulted in a downward bias in the childhood mortality of no more than 5 percent. Thus, the results in this report are unadjusted for misreporting.

10.2 Levels and Trends in Infant and Child Mortality

Neonatal, postneonatal, infant, child and under-five mortality rates are shown in Table 10.1 for five-year periods in the 25 years preceding the survey. Under-five mortality for the most recent period (0-4 years preceding the survey) is 85 deaths per 1,000 births. This means that about one in twelve children born in Egypt die before they reach their fifth birthday. Roughly, three in four under-five deaths occur in the first year; infant mortality is 62 deaths per 1,000 births and child mortality is 25 deaths per 1,000 births. During infancy the risk of neonatal death (33 per 1,000) is nearly the same as the risk of postneonatal death (29 per 1,000).

The estimates in Table 10.1 indicate that mortality levels have declined rapidly in Egypt since the late 1970s. The current under-five mortality rate represents an almost 50 percent decrease from the level of 157 deaths per 1,000 births which prevailed during the period 10-14 years before the survey (approximately 1978-1982). An examination of the trend in the other mortality indicators suggests the pace

Table 10.1 Infant and child mortality

Infant and child mortality rates by five-year periods preceding the survey, Egypt 1992

Years preceding survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	32.8	28.7	61.5	24.8	84.8
5-9	51.4	46.1	97.4	36.1	130.1
10-14	48.3	59.8	108.1	55.3	157.4
15-19	53.3	75.9	129.2	90.9	208.4
20-24	48.5	85.4	133.9	110.3	229.5

of decline was somewhat faster in the case of child mortality than infant mortality; child mortality decreased by 55 percent, from a level of 55 per 1,000 births 10-14 years before the survey while infant mortality declined by 43 percent, from a level of 108 per 1,000 births at the same point in time.

Using estimates from 1980 Egypt Fertility Survey, the 1988 Egypt Demographic and Health Survey, the 1991 Egypt Maternal and Child Health Survey, as well as the 1992 EDHS, the downward trend in infant mortality in Egypt since the early 1950s is shown in Table 10.2 and Figure 10.1. During the more than 40-year period, infant mortality declined by 67 percent, from 191 deaths per 1,000 births in 1950-1954 to 62 in 1988-1992.

Table 10.2 Trend in infant mortality, 1950-1992

Trend in infant mortality in Egypt, 1950-1992

Period	EFS 1980	EDHS 1988	EMCHS 1991	EDHS 1992
1950-1954	191			
1955-1959	166			
1960-1964	151			
1965-1969	141			
1970-1974	146			
1975-1979	132			
1977-1981			105	
1978-1982				108
1979-1983		119		
1982-1986			94	
1983-1987				97
1984-1988		73		
1987-1991			59	
1988-1992				62

Sources: Sayed et al., 1989, Table 8.5
Abdel-Azeem et al., 1993, Table 10.4

Figure 10.1
Infant Mortality,
Egypt 1950-1992
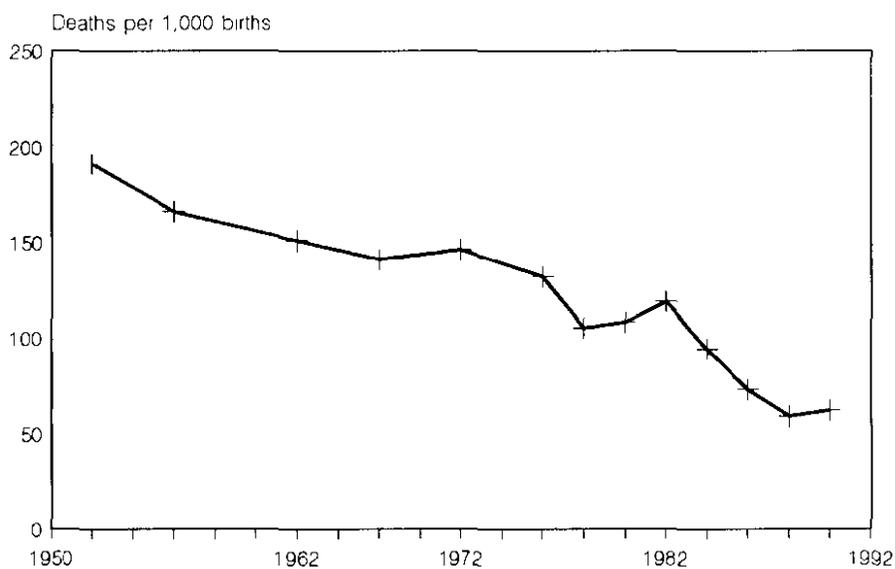
Note Rates are from various surveys covering the period

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10.3 Socioeconomic Differentials in Mortality

Differentials in the various mortality rates by selected background characteristics are presented in Table 10.3. The table focuses largely on basic socioeconomic characteristics including urban-rural residence, place of residence, mother's educational level and work status, but also examines the issue of whether mortality varies according to the maternity care received by the mother prior to the child's birth. A ten-year period is used to calculate the mortality estimates in order to have a sufficient number of cases in each category.

Table 10.3 Infant and child mortality by background characteristics

Infant and child mortality rates for the ten-year period preceding the survey, by selected background characteristics, Egypt 1992

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality $(_1q_0)$	Child mortality $(_4q_1)$	Under-five mortality $(_5q_0)$
Urban-rural residence					
Urban	31.5	23.0	54.4	17.6	71.1
Rural	49.3	46.9	96.2	39.1	131.6
Place of residence					
Urban Governorates	31.5	23.0	54.5	14.4	68 1
Lower Egypt	37.2	28.4	65.7	23.6	87 7
Urban	25.7	18.1	43.7	12.4	55.6
Rural	41.1	31.9	73.0	27.6	98.5
Upper Egypt	52 4	53.4	105.8	45.7	146.7
Urban	37.3	27.8	65.0	29.6	92.7
Rural	57.3	61.8	119.1	51.5	164.4
Education					
No education	51.0	46.7	97 8	38.9	132.8
Some primary	36.3	38.4	74.7	27.6	100.3
Primary through secondary	40.5	22.0	62.4	23.5	84.4
Completed secondary/higher	22.4	13.4	35.8	6.2	41.8
Work status					
Working for cash	36 4	25.4	61.8	17.1	77.9
Not working for cash	43.3	39.4	82.7	32.4	112.4
Medical maternity care					
No antenatal/delivery care	30.9	38.3	69.1	29.8	96.9
Either antenatal or delivery	39.1	26.6	65.6	17.3	81.8
Both antenatal and delivery	28.9	20.8	49.7	10 2	59 3
Total	42.4	37.6	79.9	30.3	107.8

Urban-rural differences are large at all ages. For example, the under-five mortality in urban areas is 71 per 1,000 births, 46 percent lower than the rural level (131 per 1,000 births). There is also considerable variation in mortality by place of residence (see Figure 10.2). Mortality for all age groups is highest in rural Upper Egypt, where infant mortality is 119 per 1,000 births and under-five mortality is 164 per 1,000 births. These levels are around 60 percent higher than the mortality observed in rural Lower Egypt (73 per 1,000 births and 99 per 1,000 births, respectively). Of interest also is the fact that mortality rates for urban Lower Egypt are somewhat lower than the rates observed for the Urban Governorates.

Differences by education are very large. For example, under-five mortality for children of mothers who have completed the secondary level or higher is 42 per 1,000 births, less than one-third of the level among children whose mothers have never attended school. The educational differential becomes larger with increasing age of the child. Children of women who work for cash have lower mortality at all ages than children of other women.

Use of basic maternity care services is generally associated with lower mortality. The one exception is in the case of neonatal mortality levels, where the level of neonatal mortality for children whose mothers had no antenatal care or medical assistance at delivery is lower than the level among children whose mothers had either antenatal care or medical assistance at delivery and only slightly higher than the level among children whose mothers had both antenatal care and medical assistance at delivery.

Figure 10.2
Infant Mortality
by Place of Residence

Deaths per 1,000 births

EDHS 1992
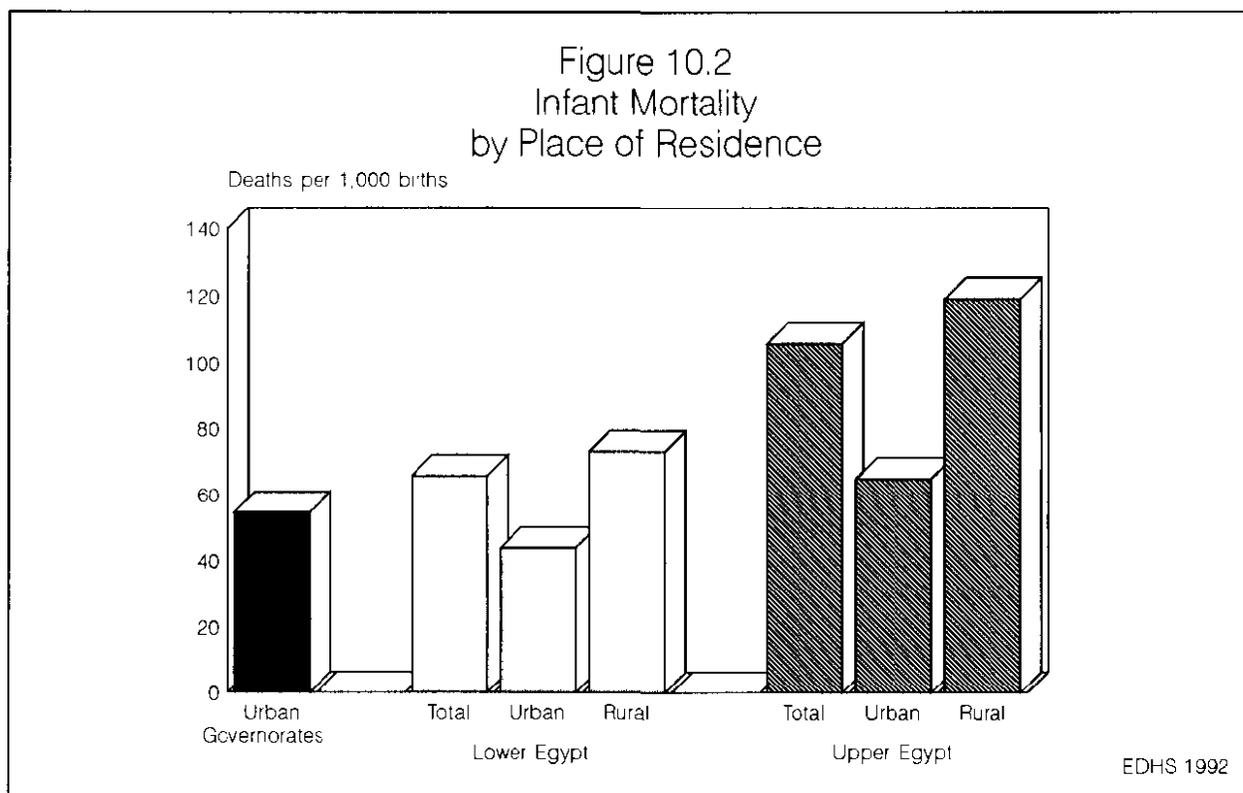
10.4 Demographic Differentials in Mortality

Table 10.4 presents mortality differentials according to demographic characteristics of the child and the mother that often have been shown to be related to mortality levels, including the sex of the child, mother's age at the birth, birth order, length of the previous birth interval, and the mother's perception concerning the size of the child at birth.

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Table 10.4 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 1992

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	48.4	36.0	84.4	24.6	107.0
Female	36.1	39.2	75.3	36.1	108.6
Age of mother at birth					
< 20	55.8	61.8	117.6	37.4	150.6
20-29	38.2	35.0	73.2	29.0	100.1
30-39	45.7	32.4	78.1	29.4	105.2
40-49	(29.6)	(22.1)	(51.7)	*	(79.1)
Birth order					
1	37.4	32.0	69.4	18 2	86.3
2-3	37.2	35.6	72.7	26 7	97.5
4-6	43.0	35.6	78.6	37.9	113.6
7+	60.9	54.6	115.4	40.5	151.3
Previous birth interval					
< 2 yrs	66.9	61.7	128.6	52.1	174.0
2-3 yrs	32.2	30.5	62.7	26.8	87.8
4 yrs +	25.3	14.3	39.6	13.1	52.2
Size at birth[1]					
Very small	*	*	*	*	*
Smaller than average	44.9	35.8	80.8	23.6	102.5
Average or larger	30.0	28.0	58.0	19.6	76.4

Note: Rates based on 250-499 cases are enclosed in parentheses. Those based on fewer than 250 cases (exposed children) are suppressed and marked with an asterisk
[1]Rates for the five-year period preceding the survey

As expected, neonatal mortality is higher among males than females. Postneonatal mortality varies only slightly with the sex of the child, but child mortality is more than 40 percent higher among females than males (36 per 1,000 births and 25 per 1,000 births, respectively). Since mortality is typically lower among females than males, this pattern suggests that there may be gender-related difference in child-rearing practices or in the recourse to health care services during childhood that favor boys over girls.

The effect of a young maternal age at birth is clear in Table 10.4. Both infant and child mortality is substantially higher among children of mothers who were less than age 20 at the time of the child's birth. Somewhat surprisingly, the mortality of children born to mothers age 40 and over is lower than that for all other maternal categories. This may be due to the small number of births to older mothers since the relationship between mortality and maternal age is typically a U-shaped curve, with peaks for children of youngest and oldest mothers.

Mortality according to birth order shows the expected pattern of higher mortality associated with higher birth order. Also as expected, the length of the birth interval is strongly associated with higher mortality. For example, the level of under-five mortality found among children born less than two years after a previous birth (174 per 1,000 births) is more than three times the level found among children born four or more years after a previous birth (52 per 1,000 births). The effect of short birth intervals on mortality is clearly evident at all ages. These findings support the importance of child spacing for child survival.

Children who are *smaller than average* at birth, as perceived by their mothers, experience higher mortality rates than children perceived to be *average, larger than average*, or *very large*. Since low birth weight is known to have a strong effect on early morbidity, it is not surprising that the most pronounced effect occurs during the neonatal period and diminishes with increasing age of the child.

10.5   High-Risk Fertility Behavior

Previous research has shown that strong relationships exist between maternal fertility patterns and children's survival chances. Typically, infants and children have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high parity. 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 of age at the time of delivery. A "short birth interval" is defined by a 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 living children (i.e., if the child is of birth order 4 or higher).

Table 10.5 presents the distribution of children born in the five years preceding the survey and of currently married women according to these risk factors. The table also examines the relative risk of mortality 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 not included in this analysis because they are not considered an avoidable risk.

The data presented in the first two columns of Table 10.5 address the issue of high-risk fertility behavior by looking at the actual prevalence of high-risk births during the five-year period before the survey and its implications with respect to the mortality of those births. As Column 1 in Table 10.5 shows, more than 60 percent of children born in the five year period before the survey are in at least one of the elevated risk categories. A third (22 percent) of all births at elevated risk had been subject to multiple risk characteristics. A short birth interval and high birth order were the most common high-risk factors.

The risk ratios shown in Column 2 of Table 10.5 illustrate the relationship between the risk factors and mortality levels. The risk ratios for children in the single high-risk categories are generally lower than the risk ratios for children in multiple high-risk categories. The lowest risk ratio (1.0) is found for births to mothers over age 34 and the highest (3.2) for the category combining three of the four high-risk factors (short interval, higher birth order, and old maternal age).

The data presented in the final column of Table 10.5 looks to the future, addressing the question: how many married women have the potential for having a high-risk birth? The results were obtained by simulating the distribution of currently married women by the risk category into which a currently conceived birth would fall. A woman's current age, time elapsed since last birth, and parity were used to determine into which risk category the next birth would fall, if the woman were to conceive at the time of the survey. For example, if a woman age 37, who has five children, and had her last birth three years ago were to become pregnant, she would fall into the multiple high-risk category of being too old (35 or older) and at too high a parity (4 or more children).

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Overall, 79 percent of women have the potential to give birth to a child with an elevated risk of mortality. A greater proportion of married women exhibit the potential for having a birth in a multiple high-risk category than in single high-risk category (33 percent and 46 percent, respectively). In terms of the risk categories themselves, the potential is greatest for births at elevated risk due to high birth order (18 percent) and old maternal age and high birth order (33 percent).

Table 10.5 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey who are at elevated risk of mortality, and the percent distribution of currently married women at risk of conceiving a child with an elevated risk of mortality, by category of increased risk, Egypt 1992

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	39.0	1.0	21.3
Single high-risk category			
Mother's age < 18	3.1	1.5	0.7
Mother's age > 34	1.1	1 0	5.4
Birth interval < 24	12.1	1.5	8.6
Birth order > 3	23.1	1.1	18 4
Subtotal	39.4	1.2	33.2
Multiple high-risk category			
Age <18 & birth interval <24[c]	1.0	3.0	0.1
Age >34 & birth interval<24	0.3	2.3	0.2
Age >34 & birth order>3	9.3	1.1	33.1
Age >34 & birth interval <24 & birth order >3	2.0	3.2	3.0
Birth interval <24 & birth order >3	9.6	2 3	9.0
Subtotal	21.6	1.9	45.5
In any high-risk category	61.0	1.5	78.7
Total	100.0	NA	100 0
Number	8626	NA	9153

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*

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CHAPTER 11

MATERNAL AND CHILD HEALTH

Improving the health status of mothers and young children is a primary focus of the Egyptian government's health care policy and programs in Egypt. This chapter presents findings from four areas of importance to the health of Egyptian children and their mothers, which can be used in efforts to plan and monitor the outcome of maternal and child health care initiatives. The topics covered include antenatal care, delivery characteristics, immunization, and childhood illnesses and treatment.

11.1 Antenatal Care

One of the priorities of the Egyptian government's maternal and child health program is to provide medical care during pregnancy to ensure the survival of both mother and child. To obtain information on the utilization of antenatal care services, the EDHS included several questions relating to the source of antenatal care, number and timing of visits, and tetanus toxoid vaccinations. This section discusses these antenatal care issues.

Source of Antenatal Care

Table 11.1 shows the distribution of births in the five years preceding the survey by source of antenatal care received by the mother during pregnancy. A birth is considered to have received antenatal care if the mother visited a provider for such care at least once during her pregnancy. If the mother consulted more than one type of provider, only the most qualified source is recorded in the table. The survey results indicate that many mothers do not seek antenatal care. Among births in the five years before the EDHS, only 53 percent received antenatal care from a trained medical provider. In virtually all cases, the mother received antenatal care from a doctor. Antenatal care was more likely to be sought from a private sector provider than at a government health facility; mothers reported that they went to a private provider in the case of 77 percent of the births in which antenatal care was received (table not shown).

The data show that there are marked differentials in antenatal care coverage among subgroups. Antenatal care from a trained provider is much more common for urban births (69 percent) than rural births (43 percent). The proportion of births whose mothers received antenatal care from a trained provider is highest in the Urban Governorates (74 percent), followed by urban areas in Lower Egypt (68 percent) and Upper Egypt (62 percent) (see Figure 11.1). The mothers of more than half the live births in rural areas in both Lower Egypt and Upper Egypt did not receive any antenatal care during pregnancy.

With regard to the other background characteristics in Table 11.1, antenatal care is most likely to have been received for births of low birth order, births to mothers who have at least a secondary education and births to mothers who work for cash. A mother's age makes little difference in the likelihood that antenatal care will have been received prior to a birth.

Table 11.1 Antenatal care

Percent distribution of births in the five years preceding the survey, by source of antenatal care during pregnancy, according to selected background characteristics, Egypt 1992

Background characteristic	Antenatal care provider[1]					Number of births
	Doctor	Trained nurse/ midwife	Traditional birth attendant/ Other[2]	No one/ Missing	Total	
Mother's age at birth						
< 20	50.9	0.0	0.0	49.1	100.0	945
20-34	53.1	0.1	0.1	46.7	100.0	6595
35+	52.3	0.0	0.0	47.7	100.0	1086
Birth order						
1	69.7	0.0	0.0	30.3	100.0	1806
2-3	53.4	0.1	0.0	46.4	100.0	3037
4-5	46.8	0.1	0.1	53.0	100.0	1882
6+	41.7	0.1	0.1	58.1	100.0	1900
Urban-rural residence						
Urban	68.8	0.1	0.0	31.1	100.0	3237
Rural	43.2	0.1	0.1	56.7	100.0	5389
Place of residence						
Urban Governorates	73.4	0.1	0.0	26.5	100.0	1557
Lower Egypt	49.1	0.1	0.1	50.8	100.0	3408
Urban	67.5	0.0	0.0	32.5	100.0	820
Rural	43.3	0.1	0.1	56.5	100.0	2588
Upper Egypt	47.4	0.1	0.1	52.4	100.0	3661
Urban	61.8	0.2	0.0	38.0	100.0	860
Rural	43.0	0.0	0.1	56.8	100.0	2801
Mother's education						
No education	39.6	0.0	0.1	60.2	100.0	4427
Some primary	51.8	0.2	0.1	47.9	100.0	1735
Primary through secondary	68.8	0.0	0.0	31.2	100.0	806
Completed secondary/higher	81.2	0.1	0.0	18.7	100.0	1657
Work status						
Working for cash	66.1	0.0	0.2	33.7	100.0	1087
Not working for cash	50.9	0.1	0.0	49.0	100.0	7539
All births	52.8	0.1	0.1	47.1	100.0	8626

Note: Figures are for births in the period 1-59 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.
[2]Includes "Don't know"

Figure 11.1
Antenatal Care Indicators
by Place of Residence
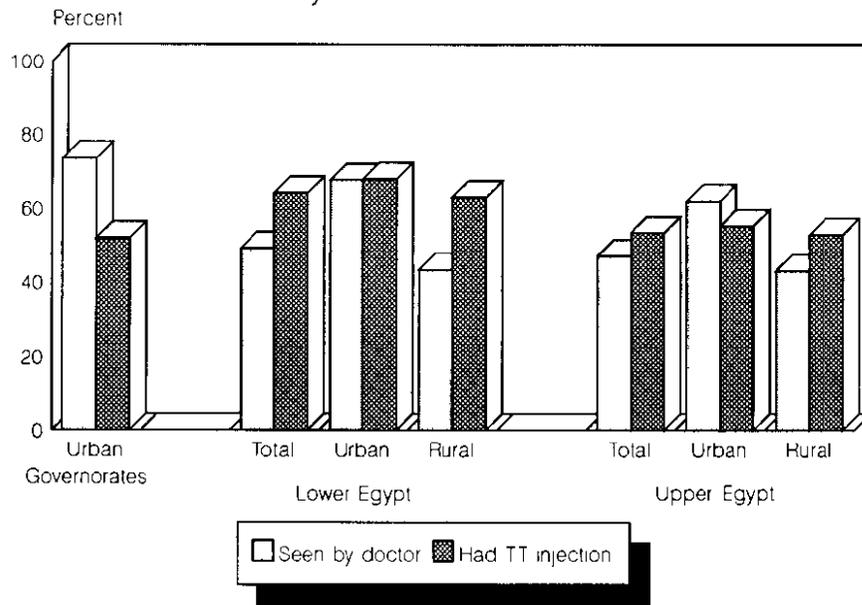
TT = Tetanus toxoid

EDHS 1992

Number and Timing of Antenatal Care Visits

Both the number and timing of antenatal care visits are considered to be of great importance with respect to pregnancy outcome. Antenatal care can be more effective when it is sought early in the pregnancy and is received regularly throughout the pregnancy. As shown in Table 11.2, if an Egyptian mother seeks antenatal care, she is likely to make more than one visit. However, even among mothers who seek care, the median number of visits is only 3.5. Among mothers who obtained antenatal care, the majority report the first pregnancy check occurred at or before the fifth month of pregnancy. The median time at which mothers started antenatal visits is 3.2 months.

Tetanus Toxoid Vaccinations

Neonatal tetanus is one of the major causes of death in young infants. To fully protect against neonatal tetanus, it is recommended that mothers receive two tetanus toxoid injections during pregnancy. However, if a woman has been vaccinated during a previous pregnancy, she may only require a booster dose for a current pregnancy, and five doses of tetanus toxoid are considered to provide lifetime protection.

In order to estimate the extent of tetanus toxoid coverage during pregnancy, the EDHS collected data on whether the women received tetanus toxoid vaccinations for each pregnancy in the five

Table 11.2 Number of antenatal care visits and stage of pregnancy	
Percent distribution of births in the five years preceding the survey by number of antenatal care (ANC) visits, and by the stage of pregnancy at the time of the first visit, Egypt 1992	
Antenatal visits/ Stage of pregnancy at first visit	All births
Number of ANC visits	
0	47 1
1	12.3
2-3	17 4
4+	22 5
Don't know, missing	0 7
Total	100.0
Median no. of visits	3.5
Number of months pregnant at the time of first ANC visit	
No antenatal care	47.1
<= 5 months	45 9
6-7 months	4 3
8+ months	2.3
Don't know, missing	0.4
Total	100 0
Median number of months pregnant at first visit	3.2
Number of live births	8626

Note: Figures are for births in the period 1-59 months preceding the survey.

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years preceding the survey and if so, the number of injections. These results are presented in Table 11.3. For more than two-fifths of the births (43 percent), mothers did not receive a tetanus toxoid vaccination; for 17 percent, the mothers received one dose, and, for 41 percent, the mothers received two or more doses. The current level of tetanus toxoid coverage is five times higher than the level reported in the 1988 EDHS when mothers reported receiving a tetanus toxoid vaccinations for only 11 percent of births (Sayed et al., 1989). The marked increase is most likely a response to a public campaign to improve tetanus toxoid coverage that was conducted during the period between the two DHS surveys.

Table 11.3 Tetanus toxoid vaccination

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 1992

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	36.3	14.5	49.1	0.0	100.0	945
20-34	42.3	16.9	40.6	0.2	100.0	6595
35+	49.6	16.0	34.3	0.2	100.0	1086
Birth order						
1	33.2	11.7	54.9	0.2	100.0	1806
2-3	39.0	20.3	40.5	0.2	100.0	3037
4-5	46.5	16.1	37.2	0.2	100.0	1882
6+	53.2	15.5	31.3	0.1	100.0	1900
Urban-rural residence						
Urban	42.9	16.9	40.0	0.2	100.0	3237
Rural	42.3	16.3	41.2	0.1	100.0	5389
Place of residence						
Urban Governorates	47.8	14.9	37.1	0 3	100.0	1557
Lower Egypt	35.8	18.7	45.3	0.2	100 0	3408
Urban	32.0	18.4	49.4	0.2	100 0	820
Rural	37.0	18.7	44.0	0.2	100.0	2588
Upper Egypt	46.6	15.2	38.1	0.1	100.0	3661
Urban	44.6	19.0	36.3	0.2	100.0	860
Rural	47.2	14.1	38.7	0.0	100.0	2801
Mother's education						
No education	46.4	15.4	38.0	0.2	100.0	4427
Some primary	42.7	18.0	39.2	0.1	100.0	1735
Primary through secondary	35.9	16.9	47.2	0.0	100.0	806
Completed secondary/higher	35.3	17.6	46.8	0.2	100.0	1657
Work status	39.9	18.6	41.4	0.0	100.0	1087
Working for cash	42 9	16.2	40.7	0.2	100.0	7539
Not working for cash						
All births	42.6	16.5	40.8	0.2	100.0	8626

Note: Figures are for births in the period 1-59 months preceding the survey.

Differentials in tetanus toxoid coverage also are shown in Table 11.3. The younger a mother is, the more likely it is that a tetanus toxoid vaccination was received during pregnancy. Vaccination coverage decreases directly with the birth order of the child. Coverage levels are the same in urban and rural areas. Surprisingly, Upper Egypt is achieving coverage similar to that in the Urban Governorates while Lower Egypt is doing better than both (see Figure 11.1).

Births to mothers who completed at least primary education are somewhat more likely to be protected against neonatal tetanus than births to mothers with less education. On the other hand, the fact that a mother works for cash makes only a slight difference in the probability that a birth was protected against neonatal tetanus.

11.2 Nature of Delivery

Another crucial element in reducing health risks for mothers and children is increasing the proportion of babies that are delivered in health facilities. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause death or serious illness for either the mother or the baby. This section discusses three topics related to delivery: place of delivery, type of assistance during delivery, and delivery characteristics.

Place of Delivery

Table 11.4 presents the distribution of births in the five years preceding the survey by the place of delivery. Almost three-quarters of all deliveries take place at home. Although the proportion of home deliveries is high, more births are occurring in health facilities (27 percent) now compared to the 1988 EDHS results, where 22 percent of births were reported to have been delivered at a health facility (Sayed et al., 1989). Among births in health facilities, more than 60 percent take place in government hospitals or health units.

Although the majority of births occur at home, there are striking differences by age of the mother and birth order of the child. Deliveries at home decrease with mother's age and increase with birth order. There also are significant differences by residence. In urban areas, the probability that a birth was delivered at home or in a health facility is almost equal. In contrast, more than eight in ten rural deliveries take place at home. Even greater differences are evident according to the place of residence. For example, in the Urban Governorates, almost six in ten deliveries occur at health facilities while, in rural Upper Egypt, almost nine in ten deliveries take place at home (see Figure 11.2).

Education clearly is positively related to the percentage of deliveries at a health facility. Also, births to women working for cash are twice as likely as births to women not working for cash to occur at a health facility.

Finally, the number of antenatal care visits is related to the likelihood that a birth occurred at a health facility. The percentage delivered at a health facility was 13 percent among births in which no antenatal care was received compared to 25 percent among births in which the mother reported 1-3 antenatal care visits and 58 percent among births in which there were 4 or more antenatal visits.

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<u>Table 11.4 Place of delivery</u>

Percent distribution of births in the five years preceding the survey, by place of delivery, according to selected background characteristics, Egypt 1992

Background characteristic	Public health facility	Private health facilty	At home	Other	Total	Number of births
Mother's age at birth						
< 20	13.6	5.3	81.1	0.0	100.0	945
20-34	16.7	10.5	72.7	0.1	100.0	6595
35+	21.3	12.0	66.5	0.1	100.0	1086
Birth order						
1	26.4	17.0	56.5	0.1	100.0	1806
2-3	15.8	10.9	73.2	0.1	100.0	3037
4-5	12.8	7.3	79.8	0.1	100.0	1882
6+	14 1	5 0	80.9	0.0	100.0	1900
Urban-rural residence						
Urban	30.4	17.5	52.0	0.1	100.0	3237
Rural	8.9	5.7	85.3	0.1	100.0	5389
Place of residence						
Urban Governorates	38.2	18.0	43.7	0 1	100.0	1557
Lower Egypt	13.4	10.3	76.2	0.0	100.0	3408
Urban	24.5	20.0	55.4	0.1	100.0	820
Rural	9.9	7.3	82.8	0.0	100.0	2588
Upper Egypt	11.2	6.6	82.1	0.1	100.0	3661
Urban	21.8	14.3	63.8	0.0	100.0	860
Rural	8.0	4.2	87.7	0 2	100 0	2801
Mother's education						
No education	11.2	3.9	84.8	0.0	100.0	4427
Some primary	17.5	7.2	75.3	0.0	100.0	1735
Primary through secondary	22.0	12.9	64.8	0.3	100.0	806
Completed secondary/higher	29.3	28.4	42.1	0.3	100.0	1657
Work status						
Working for cash	28.3	19.8	51 4	0.4	100 0	1087
Not working for cash	15.3	8.7	75.9	0.0	100.0	7539
Antenatal care visits						
None	10.1	3.1	86.8	0.0	100.0	4061
1-3	17.5	7.8	74.7	0.1	100.0	2560
4 or more	30.6	27.9	41.2	0.3	100.0	1945
Don't know/Missing	22.3	5.0	72.1	0.0	100.0	59
All births	17.0	10.1	72.8	0.1	100.0	8626

Note: Figures are for births in the period 1-59 months preceding the survey.

Figure 11.2
Delivery at Health Facility
by Place of Residence
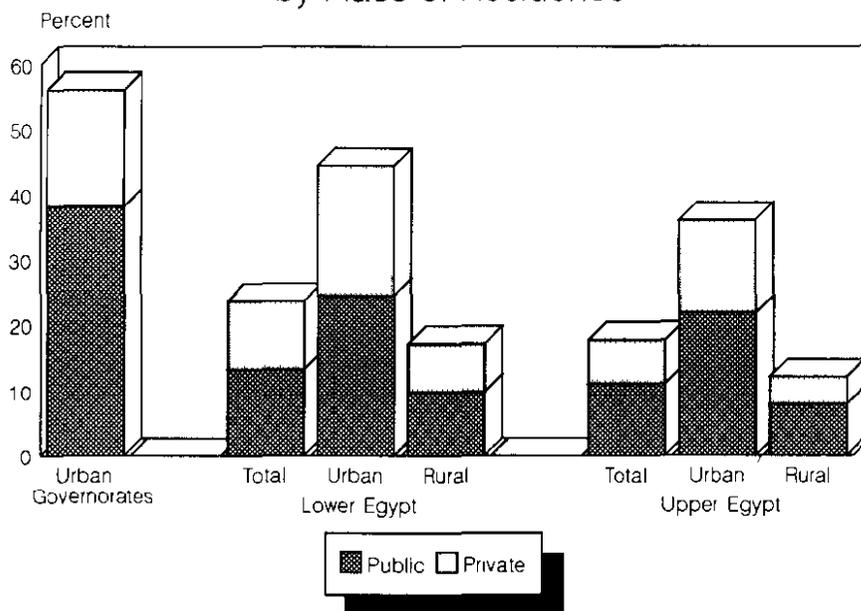
Assistance during Delivery

Table 11.5 shows the percent distribution of live births in the five years preceding the survey by type of personnel assisting during delivery. If the mother was assisted by more than one type of provider, only the most qualified person is recorded in the table.

Very few births (2 percent) are delivered without assistance. Traditional birth attendants (dayas) provided assistance in delivering somewhat more than half of all births and relatives or friends assisted with 5 percent of the deliveries. Doctors (34 percent) or trained nurse-midwives (7 percent) assisted around 40 percent of births. The proportion of deliveries assisted by trained medical providers increases with mother's age and decreases with birth order of the child.

Medical personnel assisted more than six in ten urban births but were present at only one in four rural deliveries. Even more pronounced differences are observed by place of residence. The percentage of births assisted by trained personnel ranges from a high of 68 percent in the Urban Governorates to a low of 23 percent in rural Upper Egypt.

As expected, more educated women more frequently receive assistance at birth from medical personnel than less educated women; the proportion receiving medical assistance ranges from around one-quarter of births to mothers with no education to three-quarters of births to mothers with at least a secondary education. Working for cash is also associated with a greater likelihood of receiving medical assistance; almost two-thirds of births of working women were assisted by trained medical providers compared to around one-third of births to women who were not working for cash.

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Table 11.5 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 1992

Background characteristic	Attendant assisting during delivery[1]						Number of births
	Doctor	Trained nurse/ Midwife	Traditional birth attendant[2]	Relative/ Other	No one	Total	
Mother's age at birth							
< 20	27.3	6.1	60.6	5.3	0.7	100.0	945
20-34	33.4	7.6	52.8	4.5	1.7	100.0	6595
35+	39.5	5.9	46.8	5.2	2.7	100.0	1086
Birth order							
1	51.0	6.7	39.0	2.7	0 5	100.0	1806
2-3	33.5	8.5	52.0	4.6	1.3	100.0	3037
4-5	25.3	8.0	60.1	4.5	2.1	100.0	1882
6+	24.7	4.7	60.5	7.0	3.1	100.0	1900
Urban-rural residence							
Urban	52.6	9.9	33.4	3.2	0.8	100.0	3237
Rural	22.0	5.5	64.6	5 6	2.3	100.0	5389
Place of residence							
Urban Governorates	60.2	8.1	28.1	3.3	0.4	100.0	1557
Lower Egypt	32.0	7.7	56.5	2.9	0.9	100.0	3408
Urban	50.5	12.4	35.7	1.1	0.3	100.0	820
Rural	26.2	6.3	63.0	3.4	1.1	100.0	2588
Upper Egypt	23.4	6.3	60.2	7.0	3.0	100.0	3661
Urban	40.9	10.9	41.0	5.1	2.2	100.0	860
Rural	18.1	4.9	66.1	7.6	3.3	100.0	2801
Mother's education							
No education	19.3	4.8	66.6	6.8	2.5	100.0	4427
Some primary	32.8	7.0	54.5	4.4	1.3	100 0	1735
Primary through secondary	45.1	12.9	38.7	2.1	1.2	100 0	806
Completed secondary/higher	66.3	10.8	21.6	0.8	0.4	100.0	1657
Work status							
Working for cash	56.5	9.0	30.7	3.4	0.5	100.0	1087
Not working for cash	30.1	6.9	56.1	4.9	1.9	100.0	7539
Antenatal care visits							
None	17.5	5.9	67.3	6.6	2.7	100.0	4061
1-3	33.4	8.3	52.9	4.3	1.2	100.0	2560
4 or more	66.8	8.1	23.3	1.5	0.3	100.0	1945
Don't know/Missing	39.1	16.5	40.9	2.9	0.0	100.0	59
Total	33.5	7.2	52.9	4.7	1.7	100.0	8626

Note: Figures are for births in the period 1-59 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

Delivery Characteristics

The EDHS collected information on several other aspects relating to the delivery of births, including the extent of caesarean section and premature deliveries. Questions on birth weight and the size of the baby at birth were included to estimate the proportion of low birth weight infants. Table 11.6 summarizes the data on these delivery characteristics for births in the five years before the survey. The results indicate that only 5 percent of deliveries were by caesarean section and, according to the respondents, only 3 percent of the births were delivered prematurely. Birth weight are not available for 92 percent of the births. Among the small number of births for which mothers were able to provide birth weights, 11 percent weighed less than 2.5 kilograms and, thus, can be classified as low birth weight infants. According to the respondents' own assessment of their infant's size, about 15 percent of the births were smaller than average or very small in size and 7 percent were larger than average or very large.

11.3 Immunization of Children

An essential part of improving child survival is increasing the percentage of children immunized against the major preventable childhood diseases. The worldwide Expanded Program on Immunization (EPI)[1] has established guidelines on childhood immunizations. The guidelines 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.[2] Children should receive all of these vaccinations by the time that they are 12 months of age.

Levels of Vaccination Coverage

In the EDHS, information on childhood vaccinations was collected for all children born during the five years preceding the survey. In Egypt, immunizations are recorded on a child's birth certificate. For each child born during the five-year period before the survey, mothers were asked whether they had the birth certificate for the child and, if so, to show the certificate to the interviewer. When the mother was able to show the certificate, the dates of vaccinations were copied from the record to the questionnaire. In cases where the vaccination record on the certificate was incomplete, the mother was asked a further question about whether the child had received any other vaccinations. If the vaccination record was not available for the child, the mother was asked specific questions about whether the child had received each vaccine.

Table 11.6 Characteristics of delivery	
Percent distribution of births in the five years preceding the survey by whether the delivery was by caesarean section, whether premature, birth weight and the mother's estimate of baby's size at birth, Egypt 1992	
Delivery characteristic	Percent of births
Caesarean	
Yes	4.6
No	95.3
Don't know/Missing	0.1
Total	100.0
Premature birth	
Yes	2.9
No	97.0
Don't know/Missing	0.2
Total	100.0
Birth weight	
Less than 2.5 kg	0.9
2.5 kg or more	7.1
Don't know/Missing	92.0
Total	100.0
Size at birth	
Very small	0.7
Smaller than average	14.6
Average	77.9
Larger than average	6.2
Very large	0.6
Don't know/missing	0.1
Total	100.0
Number of births	8626

Note: Figures are for births in the period 1-59 months preceding the survey.

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[1]The Egyptian EPI program is managed by the Communicable Disease Department of the Ministry of Health and receives assistance from USAID and UNICEF.

[2]The Egyptian government recently added the hepatitis vaccine to its child immunization program. The EDHS included hepatitis in the list of vaccines for which information was collected. However, because the hepatitis immunization component was launched only a short time before the survey fieldwork, only a few children were reported as having received the vaccine, and it is not included in the immunization tables in this report.

Table 11.7 summarizes vaccination coverage for children age 12 to 23 months. The first indicator shows the proportion of the children who had been vaccinated at any age up to their age at the time of the survey. These results are presented according to the source of the information used to determine coverage, i.e., vaccination record or mother's report. The second indicator shows the proportion of children who had been vaccinated by age 12 months, the age at which vaccination coverage should be complete.

According to information from both the vaccination records and mother's recall, 90 percent of children age 12-23 months have received a BCG vaccination. Coverage for the first dose of DPT is somewhat higher (93 percent), and it is also higher for the first dose of polio (95 percent). Coverage declines for subsequent doses of the vaccines. Only 76 percent of the children received the third dose of DPT and 79 percent, the third dose of polio; the dropout rates[3] between the first and third doses of DPT and of polio are 18 and 17 percent, respectively. The coverage rate for measles vaccine (82 percent) is only slightly higher than that for the third dose of DPT or polio. Overall, 67 percent of the children were fully vaccinated, while 4 percent had not received any vaccination.

As mentioned earlier, it is recommended that children complete the schedule of immunizations during their first year of life, i.e., by 12 months of age. Table 11.7 shows that, among children aged 12-23 months at the time of interview, 57 percent had been fully vaccinated before their first year of life. This represents 85 percent of all of the children 12-23 months who had ever received the full schedule of immunizations. With regard to specific vaccines, children were least likely to have received the measles vaccine by age 12 months. Seventy percent of all children had received the measles vaccine by age 12 months.

Table 11.7 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 1992

Source of information		Percentage of children who received:									Number of children
		DPT			Polio						
	BCG	1	2	3+	1	2	3+	Measles	All[1]	None	
Vaccinated at any time before the survey											
Vaccination record	51 9	53.5	52 0	47.6	53.7	52 1	47.9	47 3	43.1	0.8	880
Mother's report	37.5	39.3	35.8	28.8	40 8	37.9	31.0	34 2	24.3	3.0	714
Either source	89 5	92.8	87.8	76.4	94.5	90.1	78.9	81.5	67 4	3.8	1594
Vaccinated by 12 months of age	88.8	92.2	86.4	72.7	93.8	88.6	75 0	70.3	57 2	4.8	1594

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).

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[3]Dropout rate = (Dose 1 - Dose 3) * 100/Dose 1

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Vaccination Coverage during the First Year of Life

Table 11.8 is based on children 12 to 59 months of age and shows the percentage of children who have a vaccination record, as well as the percentage who have received each vaccine during the first year of life, according to information from birth certificates and mothers' reports. For children whose information was based on the mother's recall, the distribution of vaccinations during the first year of life was assumed to be the same as that for children for whom a vaccination record was available.

The first row in Table 11.8 shows the proportion of children age 12-59 months for whom a vaccination record was seen by the interviewer. Overall, records were seen for slightly less than half of all of the children. The percentage of children for whom a vaccination record was seen decreases with age, from 55 percent among children 12-23 months to 42 percent among those age 48-59 months. This decline probably reflects a greater tendency for mothers to have misplaced the vaccination records for older children.

Table 11.8 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 for BCG, DPT, polio, and measles during the first year of life, by current age of the child, Egypt 1992

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	55.2	50.3	45.9	42.3	48.3
Percent vaccinated					
at 0-11 months[a]					
BCG	88.8	86.8	87.8	83.6	86.7
DPT 1	92.2	90.6	89.6	88.0	90.0
DPT 2	86.4	86.7	85.9	82.3	85.2
DPT 3	72.7	75.4	76 7	75.1	75.0
Polio 1	93.8	91.8	91.3	89.4	91 5
Polio 2	88.6	88.0	88.0	83.9	87 0
Polio 3	75.0	78.2	78.4	77.1	77 2
Measles	70.3	69 3	71.4	69.6	70.1
All vaccinations[b]	57.2	57.3	61.5	61.0	59.3
No vaccinations	4.8	6.1	6 2	8.6	6.5
Number of children	1594	1583	1628	1788	6593

[a]Information was obtained either from a vaccination record 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.

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No clearcut trend over time is evident in the patterns of vaccination coverage by the child's age. Older children (age 36-59 months) are somewhat more likely to have been fully immunized during the first year of life than younger children. However, the proportion of children with no vaccinations in the first year of life appears to have decreased slightly over time, declining from 9 percent among children age 48-59 months to 5 percent among children 12-23 months.

Differentials in Vaccination Coverage

Table 11.9 looks at vaccination coverage among children age 12 to 23 months by selected background characteristics, including the child's sex and birth order, urban-rural residence, place of residence, and the mother's educational level and working status. The figures in the table refer to the percentage of children receiving the vaccinations at any time up to the date of the survey, and they are based both on information from vaccination records and mothers' reports. The table includes information on the proportion of children for whom a vaccination record was seen.

Table 11.9 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 record, by selected background characteristics, Egypt 1992

Background characteristic	BCG	DPT 1	DPT 2	DPT 3+	Polio 1	Polio 2	Polio 3+	Measles	All[1]	None	Percentage with a vaccination record	Number of children
Sex												
Male	89.0	92 7	87.8	77.6	94.7	90.1	80.1	81 7	68.9	3.5	55.6	850
Female	89.9	92 8	87 8	75.0	94.4	90.0	77.6	81 2	65 7	4 2	54.8	743
Birth order												
1	94.7	96.4	92.8	83.5	97.8	94.4	85.2	87.4	75 1	1 4	58.4	369
2-3	91.6	94.1	88.4	76.4	95.5	90.5	79.2	85.1	69 9	2 5	56.1	557
4-5	88.1	92.1	88.1	77.8	94.3	90.6	79.3	79.4	66 1	4.0	53.8	359
6+	80.8	86.9	80.3	66.3	89.1	83.5	70.4	70.4	55 2	8.8	51.4	308
Urban-rural residence												
Urban	94.0	95 6	92 8	83 9	96.5	95.0	87.4	87 7	77.1	2 5	57.3	592
Rural	86 7	91 1	84.9	72.0	93 4	87 2	74 0	77.9	61 7	4.6	54.0	1002
Place of residence												
Urban Governorates	95 9	96.0	94.2	87.3	96.8	96.1	89.6	90.9	81.7	2 3	59 3	278
Lower Egypt	93.4	95.0	90.9	82.3	96.6	91.9	83.3	87.3	74 4	2 5	56 1	642
Urban	96.4	96.4	96.4	90.6	97.3	97.3	93.4	89 9	83.4	1 8	62 6	148
Rural	92.5	94 5	89 2	79.8	96.4	90.3	80.3	86 6	71.7	2 7	54.2	493
Upper Egypt	83.0	89 3	82.2	66.3	91.6	85.9	70.4	72.1	54.8	5 7	52.7	674
Urban	88.8	94 2	87.1	72.1	95 3	91 2	78.2	80.2	63.6	3 4	49.1	165
Rural	81.2	87.8	80 6	64 4	90.5	84.1	67.8	69.4	52 0	6 4	53.9	509
Mother's education												
No education	85.0	89.4	82.3	69.4	92.5	85.2	71.4	74 9	59.6	5 6	53.7	780
Some primary	88 3	94 3	91.2	79.6	94.6	92.6	83.3	82.5	66.7	3 4	58 7	332
Primary through secondary	96 8	95 4	93.3	79.4	95.8	93.4	81.7	89.7	75.0	2 0	61 7	152
Completed secondary/higher	97.7	98 1	94.8	88.5	98.8	97.6	91.0	92.4	83.1	0 6	52 2	329
Work status												
Working for cash	95.7	97.8	93.0	87 5	98.4	96.3	90.3	89.5	79 8	1.1	42.3	186
Not working for cash	88 6	92.1	87.1	75 0	94.0	89.3	77.4	80.4	65 8	4.2	56.9	1407
All children	89.5	92.8	87.8	76.4	94.5	90.1	78.9	81 5	67 4	3 8	55.2	1594

[1]Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses of DPT and polio vaccines).

Males have a slight advantage over females in vaccination coverage; 69 percent of males have received all vaccinations compared to only 66 percent among females. The discrepancies between sexes are greatest in the case of the third doses of polio and of DPT. Vaccination coverage levels decrease with the child's birth order.

Striking differentials are apparent by residence, as shown in Figure 11.3. Urban children are more likely to be fully vaccinated than rural children (77 percent and 62 percent, respectively). The largest differences again occur for the third doses of DPT and polio. By place of residence, coverage levels vary from 82 percent in Urban Governorates to 74 percent in Lower Egypt and 55 percent in Upper Egypt. Coverage levels are higher in rural Lower Egypt than in urban Upper Egypt, and levels are lowest in rural Upper Egypt, where only 52 percent of children have received all vaccinations.

As expected, the percentage of children that have received all vaccines increases with education of mother. It is also higher among children whose mothers work for cash than among children of women not working for cash.

Figure 11.3
Percentage of Children 12-23 Months Who Are
Fully Vaccinated, by Place of Residence

EDHS 1992
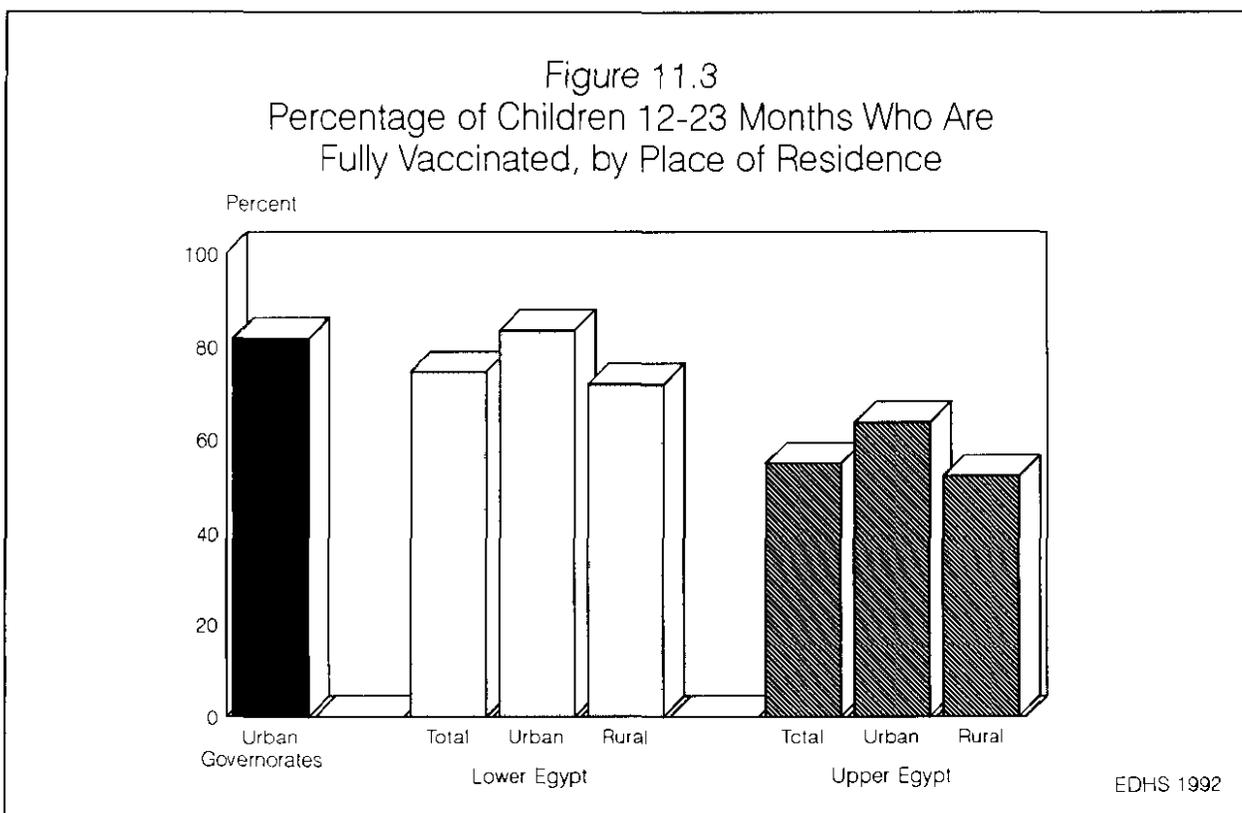
11.4 Childhood Illness and Treatment

Two main illnesses, as well as their treatment, are discussed in this section due to their importance for infant and child survival. They are acute respiratory infection and diarrhea.

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Table 11.10 Prevalence and treatment of acute respiratory infection

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing during the two weeks preceding the survey, and the percentage of ill children who were treated with specific remedies, by selected background characteristics, Egypt 1992

| | | Among children with cough and short, rapid breathing | | | | | | | | | | | |
| | | Percentage taken to a health facility or provider, by type of facility | | | Percentage treated with | | | | | | | | |
Background characteristic	Percentage of children with cough and short, rapid breathing	Public[1]	Private[2]	Public and Private	Anti-biotic	Injec-tion	Cough syrup	Other pill/syrup	Unknown pill/syrup	Home remedy	Other	None	Number of children
Child's age													
< 6 months	8.8	17.3	27.4	2.4	20 1	13 2	41 9	6.6	10.9	0 5	6 5	37 9	688
6-11 months	11 7	16.5	47.7	0.2	21.2	22.4	78 9	16 8	16 4	1.6	1.3	12.0	737
12-23 months	11.3	20.4	47.9	1.0	25.3	28.4	61.8	23.9	21 9	1 4	1 1	18 8	1594
24-35 months	7.8	19 4	36.4	0.0	21.1	21.8	67.7	16 2	17 6	0 2	0.0	15 0	1583
36-47 months	6 0	16.5	28.8	1.5	27.3	13 8	50 4	20 2	16 9	0 0	1 0	30 2	1628
48-59 months	6.2	16.7	37.6	2.3	29.2	22 5	65.3	17.3	16.4	2 2	0 1	19 3	1788
Sex													
Male	8.8	15.6	43 5	2 0	28 5	23.6	65.3	18.8	20 2	1 2	1 4	16 8	4144
Female	7.6	21.4	34.1	0.1	19 5	19 6	58.5	17.7	14.6	0.8	1 1	25 5	3874
Birth order													
1	9 2	11.8	49.1	0.3	28.2	17.9	69 3	14 8	26.1	1 0	0.2	16.8	1700
2-3	7.9	18.6	39.6	0.1	26.9	20.9	64 9	16 9	11 9	1 1	0.8	21 5	2835
4-5	6.6	22.1	39.6	0.0	22.4	21.2	63.7	19.1	19 8	2 1	3 3	16 9	1761
6+	9.5	20.9	29.1	4.3	19.0	27.3	50 8	22 9	16 1	0 2	1.3	26 1	1722
Urban-rural residence													
Urban	8.0	18.4	43 5	2.6	34 9	19 9	67 8	15 1	17 2	1 1	0 3	15 1	3087
Rural	8.4	18.1	36 7	0 3	18.3	22.9	58 9	20 2	18 0	1 0	1 8	24 0	4931
Place of residence													
Urban Governorates	7.0	28 1	37.5	6.2	42.1	19 6	67 4	16 4	15 0	1.6	0 7	18 0	1484
Lower Egypt	8.4	15 1	46.4	0.4	23.8	23.6	69 2	18 2	21.1	0.7	0.3	17 4	3208
Urban	8.8	15.4	58.2	0.0	30.8	25 2	67.9	15.6	19 4	0 0	0.0	16 2	789
Rural	8.2	15.0	42.4	0.5	21.4	23.0	69.6	19 1	21 7	0.9	0.4	17 9	2419
Upper Egypt	8.6	17.5	33.2	0.0	18.8	21.0	53.9	19 0	15.5	1 1	2 3	24 8	3326
Urban	9.0	7.6	38 4	0.0	28.5	15.3	68 4	12 9	18 1	1 3	0 0	10 2	813
Rural	8.5	20.9	31.4	0.0	15.4	22.9	48 9	21 2	14 6	1 1	3 1	29 8	2512
Mother's education													
No education	8.2	20.1	29.9	1 3	17.9	22.7	57 7	18.3	14 4	1.6	1.7	25.9	4054
Some primary	9.0	24.0	37.2	2.0	26 5	24 9	60.7	21.6	19.4	0 0	1 4	17 9	1619
Primary through secondary	8.6	12.5	56.0	0 0	29 4	20.2	73 0	10 7	20 9	0 5	0 0	14 8	756
Completed second-ary/higher	7.4	8 7	59.1	0.3	37 8	16 4	71 0	18 3	23 0	1 0	0 3	13 1	1589
Work status													
Working for cash	8.6	19.7	44 1	1 5	32 6	20.5	63.3	16.0	17 8	1 3	0 2	13 4	1020
Not working for cash	8.2	18.0	38 5	1 1	23 2	22 0	62 1	18 6	17 7	1 0	1 4	21 8	6998
All children	8.2	18.2	39.3	1 1	24.5	21.8	62 2	18 3	17 7	1.0	1 2	20 7	8018

Note: Figures are for children born in the period 1-59 months preceding the survey
[1]Includes government hospitals and health units
[2]Includes private hospitals/clinics and private doctors

Acute Respiratory Infection

Acute respiratory infection (ARI) is a common cause of morbidity and death among children under five years of age in Egypt. A large proportion of the deaths caused by pneumonia can be prevented by early diagnosis and treatment of ARI with antibiotics. ARI prevalence was estimated in the EDHS by asking mothers if their children under age five had been ill with coughing accompanied by short, rapid breathing,[4] during the two weeks preceding the survey. Mothers whose children experienced these symptoms were asked about what they had done to treat the illness. Information on the prevalence of ARI and treatment practices are presented in Table 11.10.

The EDHS results indicate that the prevalence of cough with rapid breathing in the two weeks prior to the survey is 8 percent among children under five years of age. Advice or treatment was sought from a health facility in the case of 59 percent of children with ARI symptoms. Mothers who reported that a health facility was consulted were twice as likely to have consulted a private sector facility as a public sector facility. The most common treatment is cough syrup (62 percent) followed by antibiotics (25 percent) and injection (22 percent). One in five children with cough and short, rapid breathing were not given anything to treat the illness.

Table 11.10 also looks at differentials in the prevalence of ARI symptoms and treatment practices for children suffering from these symptoms by selected characteristics of the child and the mother. The prevalence differentials are generally small. The largest differences are by the child's age, with children 6-23 months being somewhat more likely to have had cough and short, rapid breathing than younger or older children.

Treatment practices are more variable across subgroups. Health facilities are more likely to have been consulted and treatments given (especially cough syrup and antibiotics) for male children, urban children (particularly those from the Urban Governorates and urban Lower Egypt), and children of educated mothers or of mothers who are working for cash than for other children. It also is evident that mothers are less likely to treat cough and short, rapid breathing in young children (under 6 months of age).

Diarrhea

Dehydration brought on by severe diarrhea remains a major cause of child death in Egypt. This section discusses the prevalence of diarrhea as well as treatment practices. Of particular interest is the knowledge and use of oral rehydration therapy (ORT), which has been widely promoted in Egypt. ORT solution (used in oral rehydration therapy) may be prepared from commercially produced packets of oral rehydration salts (ORS) or a homemade mixture usually prepared with sugar, salt and water.

Table 11.11 summarizes the prevalence of diarrhea in children under five years of age and treatment practices. Thirteen percent of children had diarrhea at some time in the two weeks preceding the survey, including 1 percent with bloody diarrhea. Six percent were still having an episode of diarrhea at the time of the survey (i.e within the last 24 hours).

Children age 6-23 months are more likely to have experienced diarrhea, including bloody diarrhea than children in other age groups. Differentials in the prevalence of diarrhea by the other background

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[4]Cough and short, rapid breathing are signs and symptoms of pneumonia. The EDHS estimate of ARI prevalence thus corresponds to an estimate of the prevalence of children who need treatment for presumed pneumonia and does not include other ARI-related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat) covered under the WHO guidelines for ARI case management.

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characteristics in Table 11.11 are not marked; however, levels tend to be highest for male children, first-born children and children of sixth or higher birth order, children living in Upper Egypt (especially urban areas), children of mothers at intermediate educational levels and of mothers who are not working for cash than other children.

Table 11.11 Prevalence of diarrhea

Percentage of children under five years who had diarrhea and diarrhea with blood in the two weeks preceding the survey, and the percentage of children who had diarrhea in the preceding 24 hours, by selected background characteristics, Egypt 1992

| Background characteristic | Diarrhea in the preceding 2 weeks[1] | | All diarrhea in the preceding 24 hours[2] | Number of children |
	All diarrhea	Diarrhea with blood		
Child's age				
< 6 months	19 0	0.3	9 9	688
6-11 Months	27 8	1.2	12 0	737
12-23 Months	21 7	1.2	9 4	1594
24-35 Months	12.5	0.8	4 9	1583
36-47 Months	6.8	0.8	2 3	1628
48-59 Months	4 7	0.3	1 5	1788
Sex				
Male	14.4	0 8	6 4	4144
Female	12.3	0 7	4 7	3874
Birth order				
1	15.1	0.7	6. 1	1700
2-3	12.9	0.7	5 1	2835
4-5	11 1	0 6	5 4	1761
6+	14.9	1.1	5 9	1722
Urban-rural residence				
Urban	13.4	0.5	5 3	3087
Rural	13.4	0 9	5 8	4931
Place of residence				
Urban Governorates	12.0	0 4	4.4	1484
Lower Egypt	12.1	0 6	4 9	3208
Urban	12.1	0 5	4 6	789
Rural	12 1	0 7	5 0	2419
Upper Egypt	15.3	1 1	6 7	3326
Urban	17 3	0 8	7 4	813
Rural	14.6	1.2	6 5	2512
Mother's education				
No education	13.3	0.8	5 9	4054
Some primary	14.1	0 9	5 7	1619
Primary through secondary	14 8	1 1	5 2	756
Completed secondary/higher	12 1	0.4	4 7	1589
Work status				
Working for cash	11 1	0 5	4 4	1020
Not working for cash	13 7	0.8	5 7	6998
All children	13 4	0 8	5 6	8018

Note Figures are for children born in the period 1-59 months preceding the survey.
[1] Includes diarrhea in the past 24 hours
[2] Includes diarrhea with blood

The Egyptian diarrheal disease control program has placed considerable emphasis on the use of oral rehydration therapy in cases of childhood diarrhea. Table 11.12 looks at overall levels of knowledge and ever use of ORS packets among women who have given birth in the five years prior to the survey. It is clear that knowledge is virtually universal; 99 percent of mothers know about ORS packets. Ever use levels are also high at 70 percent among all mothers. Ever use generally increases with the age of the respondent. Rural mothers, less educated mothers, and mothers not working for cash are more inclined to use ORS packets as compared to other women. This may be due to the greater availability of other treatments among urban, educated mothers, and those mothers working for cash.

Treatment practices for diarrhea are further assessed in Table 11.13, which looks at the extent to which advice or treatment was sought from medical providers and also details the percentage of children with recent bouts of diarrhea who were given various treatments, including ORT. Forty-five percent of children under five years of age who had diarrhea in the two weeks preceding the survey were taken for treatment to a medical provider. Mothers were twice as likely to have sought treatment from a private provider than from a public health facility. The percentage seeking medical advice or treatment was higher for young children under two years of age than for older children, peaking at 60 percent among children age 6-11 months. No significant differences in the tendency to seek advice or treatment are observed by the sex of the child, but mothers are more inclined to take their first order children to a health facility than children of any other birth order. Mothers in Upper Egypt are less likely to take children for treatment to a health facili-

Table 11.12 Knowledge and use of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about and have ever used ORS packets, by selected background characteristics, Egypt 1992

Background characteristic	Know about ORS packets	Have ever used ORS packets	Number of mothers
Age			
15-19	98.2	50.4	227
20-24	98.9	65.7	1081
25-29	98.4	73.5	1672
30-34	99.5	73.3	1286
35+	98.4	70.8	1410
Urban-rural residence			
Urban	99.3	66 3	2309
Rural	98.3	73.2	3367
Place of residence			
Urban Governorates	99.3	65.0	1126
Lower Egypt	99.2	71.2	2317
Urban	99.4	62.5	608
Rural	99.1	74.3	1709
Upper Egypt	98.0	72.2	2233
Urban	99.4	72.8	575
Rural	97.5	72.0	1658
Education			
No education	98.1	71.8	2767
Some primary	99.1	75.2	1163
Primary through secondary	99.1	70.1	579
Completed secondary/higher	99.5	62.4	1167
Work status			
Working for cash	99.1	67.5	748
Not working for cash	98.7	70.8	4928
All mothers	98.7	70.4	5676

Note: Figures include mothers who have given ORS for diarrhea during the preceding two weeks, although they were not asked about knowledge of ORS packets.

ty than mothers in either the Urban Governorates or Lower Egypt. The probability of taking the child for treatment increases with mother's education and is higher when the mother is working for cash than when she is not.

Table 11.13 also considers the types of treatments that mothers reported. Overall, only 29 percent of mothers had done nothing to treat the diarrhea. Mothers of children under 6 months of age and those age 3 years and above were more likely to report doing nothing to treat the diarrhea than mothers of children in the other age groups. Marked differences in the propensity to treat the diarrhea are observed by place of

Table 11.13 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 1992

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
	Public[1]	Private[2]	Public and private	ORS packet	RHF			Anti-biotics	In-jec-tion	Other pill/syrup	Intra-venous	Home remedy	Other	None	
Child's age															
< 6 months	14.0	34 9	0.0	23 6	2.2	14.0	65.3	12.8	5.2	31.9	0.9	3 0	0.0	37.7	131
6-11 months	18 7	40.8	0 0	42.3	5 4	16.1	51 0	28.3	7 0	32.3	1 5	2.9	1.2	24.9	205
12-23 months	13 8	34.9	1.0	32.4	7.1	20.9	50 8	24.0	5.6	40.0	1 1	0.8	0.8	22.9	345
24-35 months	13 6	26.9	0.0	24.9	4.6	20 4	57.7	23 3	3.0	32.0	1.7	1 9	0.7	26 3	197
36-47 months	6.9	17 0	0.0	14 2	3.3	19 1	68.1	18.2	4.1	32.2	1 4	1.2	0 2	40 7	111
48-59 months	10.0	17 2	0 0	20 3	13.5	16.1	64.2	20.1	4 9	19.6	0 2	0.0	0 0	42 1	84
Sex															
Male	12.7	33 6	0.6	30 5	4.7	17.7	57.4	23.8	6.5	32 4	0.8	1.9	0.9	29.4	598
Female	15 1	28.5	0 0	27.1	7 2	19.6	55 8	20 7	3 4	35.3	1 7	1.3	0.3	28.6	476
Birth order															
1	9.1	41 9	0 3	27 0	3.2	18 8	60.1	24 5	5.6	38 0	0.8	2 1	1.0	27 6	257
2-3	13.8	31 8	0.3	27 3	5.3	17 8	58.4	23.4	3.6	33.9	2.0	2 1	0 1	27.9	365
4-5	12.3	29 0	0.0	28 2	8.5	19 9	57.4	24 8	5 5	33 0	0 9	2 2	0 5	28.9	196
6+	19.4	21 7	0 6	34 2	7.2	18 1	50.3	17.2	6.5	29.4	0 7	0 1	1 2	32.3	256
Urban-rural residence															
Urban	12.0	35 1	0.6	23 5	3.5	17.9	62 0	24 0	3.7	37.1	1.2	2.4	1.1	28.7	414
Rural	14 8	28.9	0 1	32.5	7 3	18.9	53.4	21 5	6.0	31 5	1.2	1 2	0.3	29 3	659
Place of residence															
Urban Governorates	16.5	34 3	0 8	27.3	2 4	13.4	61.5	26.9	4.1	33.0	1.8	3.5	0 7	27.4	178
Lower Egypt	11.4	39 8	0.5	35 3	8.7	26 2	45.1	24 5	6 9	38.2	2 2	1 4	0 4	20.8	387
Urban	5.9	47 8	1 1	27 1	7 1	32.6	48 0	26.1	5 6	44.0	1 8	3 8	1 6	18.7	95
Rural	13.2	37 2	0.3	38 0	9.2	24.1	44 2	24.0	7 4	36.2	2 4	0 6	0 0	21.5	291
Upper Egypt	14.5	23.8	0 0	24.8	4 9	14.4	63 9	19.3	4 1	30 5	0.2	1 2	0.8	35.9	509
Urban	10 5	27.6	0 0	16.2	2 5	13.5	72.1	18 8	2.0	37 6	0 0	0 2	1 3	37.1	141
Rural	16.0	22 3	0 0	28.0	5 8	14.8	60 7	19.5	4.9	27.8	0 3	1 6	0.6	35 4	368
Mother's education															
No education	16 6	26.9	0.4	32.7	6.3	17 4	54.8	19 0	6.3	30.0	0.8	1 1	1 0	31.7	541
Some primary	9.0	25 5	0.0	24 3	5.7	13 9	64.4	21.2	5.2	32.2	1.9	1 6	0 6	34.0	228
Primary through secondary	14.3	31 3	0 9	25.8	8.3	15 3	59.9	27 4	0.8	33 6	1.8	2 6	0 0	26.5	112
Completed second-ary/higher	10 8	50 6	0 0	26 0	3.3	29 0	51.3	30.6	4.1	45 8	1 1	2 8	0 0	17.4	193
Work status															
Working for cash	10 6	39.0	0.0	30.8	2.7	27 9	48.1	25.2	4.7	46.3	3.1	1 9	0.2	19 1	113
Not working for cash	14 1	30.4	0 3	28.8	6.2	17 4	57.7	22 1	5.2	32.2	1 0	1 6	0 7	30 2	961
All children	13.7	31 3	0.3	29 0	5.8	18.5	56.7	22.4	5 1	33.7	1.2	1 6	0.6	29 1	1074

Note: Figures are for children born in the period 1-59 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

residence. Children from Lower Egypt have a better chance of receiving some type of treatment than those from the Urban Governorates or Upper Egypt. The percentage not receiving treatment clearly decreases with mother's education and is lower for mothers who work for cash than those who are not working.

An oral rehydration salt (ORS) packet was used to treat diarrhea in 29 percent of the cases, 6 percent were given recommended home fluid (RHF), and 19 percent were given increased fluids. If oral rehydration therapy is defined broadly to include ORS, recommended home fluids, and increased fluids, then 43 percent of children with diarrhea received some form of oral rehydration therapy. Antibiotics (22 percent) and other pills or syrups (34 percent) also were commonly used to treat children with diarrhea.

The EDHS also directly investigated the extent to which mothers made changes in the amount of fluids that a child received during a diarrheal episode. To obtain these data, mothers who reported that they were still breastfeeding a child who had diarrhea during the two-week period were asked whether they increased the number of breastfeeds, reduced them, or made no change at the time the child had diarrhea. All mothers who had a child with diarrhea also were asked whether they had changed the amount that the child was given to drink during the diarrheal episode. Table 11.14 shows that, among those children who were breastfed, although the majority (84 percent) continued to be breastfed as usual or were given additional feedings, 14 percent were given fewer feedings and breastfeeding was stopped for 2 percent. Among children receiving fluids other than breast milk, the majority (63 percent) continued as usual or increased the amount of fluids during the diarrhea episode. However, more than one-quarter of mothers reduced the amount of fluid supplements. These results suggest that further education is needed to ensure that children receive enough fluids during a diarrheal episode.

Table 11.14 Feeding practices during diarrhea

Percent distribution of children under five years who had diarrhea in the two weeks preceding the survey, by feeding practices during diarrhea, Egypt 1992

Feeding practices during diarrhea	Percent of children
Breastfeeding frequency[1]	
Same as usual	76.6
Increased	7.5
Reduced	13.6
Stopped	1.5
Don't know/missing	0.7
Total	100.0
Number of children	908
Amount of fluids given	
Same as usual	46.7
More	16 1
Less	26.5
Breast milk only	8.6
Don't know/missing	2.1
Total	100.0
Number of children with diarrhea[2]	1074

[1]Applies only to children who are still breastfed.
[2]Children born in the period 1-59 months preceding the survey.

CHAPTER 12

INFANT FEEDING AND MATERNAL AND CHILD NUTRITION

This chapter focuses on several aspects related to the nutritional status of mothers and children under age five. The EDHS data allow an assessment of infant feeding practices (including breastfeeding practices, introduction of supplementary weaning foods, and use of feeding bottles), nutritional status of children (based on height and weight measurements of the respondents' children under the age of five years) and nutritional status of mothers.

12.1 Breastfeeding and Supplementation

Infant feeding has an impact on both the child and the mother. Feeding practices are an important determinant of the child's nutritional status, which influences the child's growth and development. Poor nutritional status is related to increased risk of morhidity and mortality for the child. In addition to the direct effects on the child, feeding practices have an indirect effect on the postpartum fertility of the mother. More frequent breastfeeding for longer durations as well delays in the age at which supplementary foods are introduced are associated with longer durations of postpartum amenorrhea and, thus, longer birth intervals and lower fertility.

Prevalence of Breastfeeding

The data presented in Table 12.1 indicate that almost all Egyptian children (94 percent) are breastfed for some period of time. Differentials in the proportion of children breastfed are quite small, with at least 92 percent of children in every subgroup reported as having been breastfed.

The timing of initiation of breastfeeding for the last-born child also is examined in Table 12.1. Early initiation of breastfeeding is important for both the mother and the child. From the mother's perspective, early suckling stimulates the release of a hormone that helps the uterus achieve a contracted state. From the child's perspective, the first breast milk (colostrum) is important since it is very rich in antibodies. One-quarter of children were put to the breast within an hour of birth and 64 percent within the first day. The most striking differential in the timing of initiation of breastfeeding is observed for rural Upper Egypt; only 53 of children from rural Upper Egypt were breastfed during the first day following birth compared to around 70 percent of children living in other areas.

Introduction of Supplements

Mothers were asked about the current breastfeeding status of all last-born children under age five and, if the child was being breastfed, whether various types of liquids or solid foods had been given to the child "yesterday" or "last night." This information is used to derive the percentages of children breastfeeding and exclusively breastfeeding that are shown in Table 12.2 and Figure 12.1. Children who are *exclusively* breastfed receive breast milk only. Children who are *fully* breastfed includes those who are exclusively breastfed and those who receive only plain water in addition to breast milk. Exclusive breastfeeding is recommended for the first 4-6 months of a child's life because it limits exposure to disease agents and because breast milk is the optimal source of nutrients for infants in this age group.

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 1992

Background characteristic	Among all children:		Among last-born children, percentage who started breastfeeding:		
	Percentage ever breastfed	Number of children	Within 1 hour of birth	Within 1 day of birth	Number of children
Sex					
Male	93.7	4502	23.9	64.6	3031
Female	94.5	4195	25.4	63.0	2721
Urban-rural residence					
Urban	93.2	3255	25.3	68.6	2344
Rural	94.6	5442	24.2	60.6	3408
Place of residence					
Urban Governorates	92.2	1564	25.0	68.5	1142
Lower Egypt	95.0	3438	27.7	69.0	2347
Urban	93.6	825	26.2	70.7	616
Rural	95.4	2612	28.2	68.4	1731
Upper Egypt	94.0	3695	21.3	56.2	2263
Urban	94.8	866	24.9	66.5	586
Rural	93.8	2829	20.1	52.6	1677
Mother's education					
No education	94.6	4470	23.4	59.2	2800
Some primary	94.0	1745	26.0	65.7	1182
Primary through secondary	92.9	813	27.1	74.9	584
Completed secondary/higher	93.3	1668	25.0	67.5	1185
Work status					
Working for cash	94.2	1093	24.0	63.4	764
Not working for cash	94.1	7604	24.7	63.9	4988
Assistance at delivery					
Medically trained person	92.7	3536	22.6	64.4	2555
Traditional birth attendant	94.9	4601	26.9	63.8	2858
Other or none	96.2	560	20.3	60.4	339
Place of delivery					
Health facility	91.8	2356	19.6	61.7	1709
At home/Other	94.9	6333	26.8	64.8	4040
All children	94.1	8697	24.6	63.9	5752

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.

Table 12.2 Breastfeeding status

Percent distribution of living children by breastfeeding status, according to child's age in months, Egypt 1992

| | | | Breastfed and given: | | | Number |
Age in months	Not breast-fed	Exclusively breast-fed	Plain water only	Supple-ments	Total	of living children
<2	1.8	59.5	0.6	38.0	100.0	204
2-3	3.9	49.7	1.7	44.7	100.0	306
4-5	4.2	28.6	6.8	60.4	100.0	249
6-7	6.4	15.0	11.2	67.4	100.0	266
8-9	14.0	3.9	4.5	77.6	100.0	238
10-11	14.1	3.7	5.5	76.7	100.0	233
12-13	20.2	4.4	3.9	71.5	100.0	265
14-15	28.2	1.8	4.2	65.8	100.0	290
16-17	31.2	0.4	6.1	62.3	100.0	280
18-19	42.2	2.1	2.1	53.6	100.0	244
20-21	52.7	0.0	0.9	46.4	100.0	244
22-23	72.2	0.0	0.8	27.1	100.0	271
24-25	84.5	0.4	0.0	15.1	100.0	302
26-27	89.9	0.0	1.3	8.8	100.0	305
28-29	93.6	0.0	0.0	6.4	100.0	228
30-31	92.9	0.5	0.0	6.6	100.0	247
32-33	94.7	0.0	0.0	5.3	100.0	229
34-35	95.2	0.0	0.8	4.0	100.0	272

Note: Breastfeeding status refers to preceding 24 hours. Children classified as *breastfeeding and plain water only* receive no supplements.

Figure 12.1
Distribution of Children by Breastfeeding Status
According to Age

EDHS 1992

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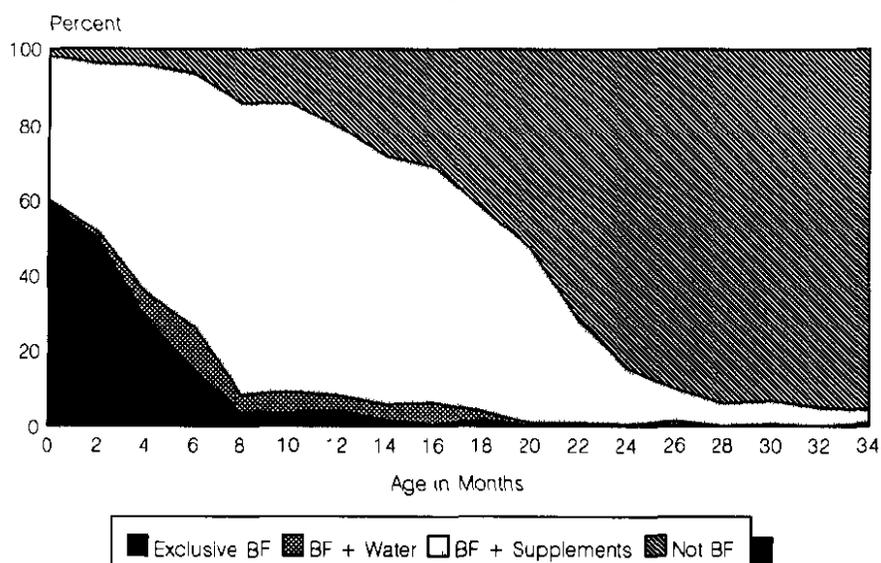
Exclusive breastfeeding is common but not universal among children under four months of age in Egypt. The results in Table 12.2 indicate that 60 percent of children who were less than two months of age and 50 percent of children age 2-3 months receive only breast milk. The percentage exclusively breastfed then drops rapidly to 29 percent among children 4-5 months of age and 15 percent among children 6-7 months of age. The percentage of children who receive breast milk and water only increases from less than 1 percent among those less than two months of age to a peak of 11 percent among children 6-7 months of age.

Supplements other than plain water are given to many children at an early age. Among children less than two months of age, 38 percent are given supplements other than plain water, and the proportion receiving such supplementation increases rapidly to nearly 70 percent among children 6-7 months of age.

Table 12.3 looks in more detail at the type of supplements received by breastfed children. Infant formula is given to children, particularly to those over three months of age, but children are more likely to receive fresh milk or other liquids than formula. Solid or mushy food begins to be introduced into the diet at ages 4-5 and 6-7 months. By 8-9 months of age, more than 70 percent of children receive solid or mushy food along with breast milk or are fully weaned.

Table 12.3 also indicates the extent to which bottles are used to feed young children. Bottle feeding increases the risk that a young child will develop diarrhea or other diseases since it is difficult to properly sterilize the nipple. The use of a bottle also contributes to shortening of the period of postpartum amenorrhea for mothers since it is associated with a lessening of the intensity of breastfeeding. The majority of young children are not fed with a bottle in Egypt. However, nearly one-fifth of breastfed children less than eight months of age were given a bottle with a nipple on the day before the interview.

Table 12.3 Breastfeeding and supplementation by age

Percentage of breastfeeding children who are receiving specific types of food supplementation, and the percentage who are using a bottle with a nipple, by age in months, Egypt 1992

| | Percentage of breastfeeding children who are: | | | | | |
| Age in months | Receiving supplement | | | | Using a bottle with a nipple | Number of children |
	Infant formula	Other milk	Other liquid	Solid/ Mushy		
<2	1.6	12.8	32.7	0.1	16.1	200
2-3	7.6	14.8	34.6	3.9	21.3	294
4-5	17.0	27.0	33.4	33.7	21.0	239
6-7	18.5	30.6	43.3	45.8	16.6	249
8-9	18.8	39.7	48.1	72.1	9 3	205
10-11	14.8	40.4	49.3	75.1	9.1	200
12-13	18.6	34.4	52.5	73.5	7.5	211
14-15	15.1	36.9	47.4	85.2	3.1	208
16-17	13.3	34.4	53.5	80.9	7.4	193
18-19	17.0	46.7	58.0	86.9	4.0	141
20-21	10.7	43.5	54.7	88.7	4.8	115
22-23	16.5	50.2	67.5	93.1	5.6	75
24-25	(11.7)	(42.2)	(65.4)	(90.0)	(0.0)	47

Note: Breastfeeding status refers to preceding 24 hours. Percents by type of supplement among breastfeeding children may sum to more than 100 percent, as children may have received more than one type of supplement. Figures in parentheses are based on 25-49 cases.

Duration and Frequency of Breastfeeding

The duration and frequency of breastfeeding are described in Table 12.4. The estimates of *mean* and *median* durations presented for subgroups in this table generally are based on current status data. The prevalence/incidence mean is provided for the total population in order to allow for comparison with the results of earlier surveys in Egypt.

The median duration of breastfeeding is 19.1 months. The early introduction of supplements is reflected in the short duration of exclusive breastfeeding (1.8 months). Few children who are supplemented receive only plain water in addition to breast milk and thus, the median duration of full breastfeeding (2.0 months) also is quite short.

Differentials in the duration of breastfeeding also are shown in Table 12.4. There is little difference in the median duration between male and female children, suggesting that the breastfeeding practices of mothers in Egypt are not influenced by the child's gender. Rural children are breastfed for a somewhat longer period than urban children (19.7 months and 18.2 months, respectively). By place of residence, median breastfeeding durations vary from a low of 17.3 months in urban Lower Egypt to 20.2 months in rural Upper Egypt (see Figure 12.2). Better educated mothers wean their babies sooner than less educated mothers; nevertheless, the median duration of breastfeeding among mothers who have completed the primary level or higher is fairly long (16.8 months). There is little variation in the duration of breastfeeding by work status of the mother. Children whose mothers had medical assistance at the time of delivery are breastfed for a somewhat shorter duration than children whose mothers were attended by a daya (traditional birth attendant).

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. Around nine in ten children under the age of six months were breastfed at least six times in the 24 hours preceding the interview. There are only small differences among subgroups in this indicator.

12.2 Nutritional Status of Children

Nutritional status is a major determinant of children's susceptibility to disease and, thus, of the risk of dying. A child's nutritional status in influenced by feeding practices as well as by infections. To assess nutritional status, all children of women interviewed in the EDHS who had been born since January 1987 were weighed[1] and their height[2] measured. These data as well as information on the child's age in months obtained from the birth history was used to construct the following indices:

- height-for-age
- weight-for-height
- weight-for-age

The nutritional status of children in the EDHS is evaluated by calculating the extent to which these three anthropometric indices deviate from measurements for a standard population of healthy, well-fed children. As recommended by the World Health Organization (WHO), the international reference population defined by the U.S. National Center for Health Statistics (NCHS) and accepted by the U.S. Centers for Disease Control (CDC) is used as the reference population. The use of this reference population is based on

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[1]For the measurement of weight a digital scale with accuracy of $\pm$ 100 grams was used.

[2]Although the term "height" is used throughout this analysis, children younger than 24 months were measured lying on a measuring board (recumbent length) while standing height was measured for older children.

Table 12.4 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding, and the percentage of children under six months of age who were breastfed six or more times in the 24 hours preceding the survey, by selected background characteristics, Egypt 1992

Background characteristic	Median duration in months			Number of children <3 years of age	Percentage <6 months breastfed 6+ times in last 24 hours	Number of children <6 months
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding[1]			
Sex						
Male	19.2	1.7	1.9	2608	88.5	388
Female	18.9	1.8	2.2	2365	89.9	371
Urban-rural residence						
Urban	18.2	0.7	0.8	1826	88 1	272
Rural	19.7	2.5	3.0	3147	89.8	487
Place of residence						
Urban Governorates	18.5	0.6	0.6	861	90.9	130
Lower Egypt	18.9	1.8	2.0	1970	90.1	312
Urban	17.3	0.6	0.7	465	85.4	76
Rural	19.1	2.4	2.6	1504	91.6	237
Upper Egypt	19.6	2.6	3.4	2143	87.6	317
Urban	17.9	2.4	2.7	500	85.6	66
Rural	20.2	2.7	3.8	1643	88.1	251
Mother's education						
No education	19.6	2.1	2.6	2530	90.3	395
Some primary	20 3	2.9	3 6	937	90.5	123
Primary through secondary	16.8	2.0	2.2	469	91.8	70
Completed secondary/higher	16.8	1 1	1.1	1037	84.6	171
Work status						
Working for cash	18.8	0.7	0.7	613	83.1	100
Not working for cash	19.1	2.0	2.4	4360	90.1	659
Assistance at delivery						
Medically trained person	18.1	1.4	1.6	2141	88.9	340
Traditional birth attendant	19.7	2.1	2.6	2530	88.6	374
Other or none	19.8	2.6	2.9	303	(95.8)	45
All children	19.1	1.8	2.0	4974	89.2	759
Mean	18.4	3.8	4.7	94.8	NA	NA
Prevalence/Incidence mean	17.6	3.1	4.0	NA	NA	NA

Note: Medians and means are based on current status. Figures in parentheses are based on 25-49 cases.
NA = Not applicable
[1]Either exclusively breastfed or received plain water only in addition to breastfeeding.

Figure 12.2
Median Duration of Breastfeeding,
by Place of Residence

Median number of months
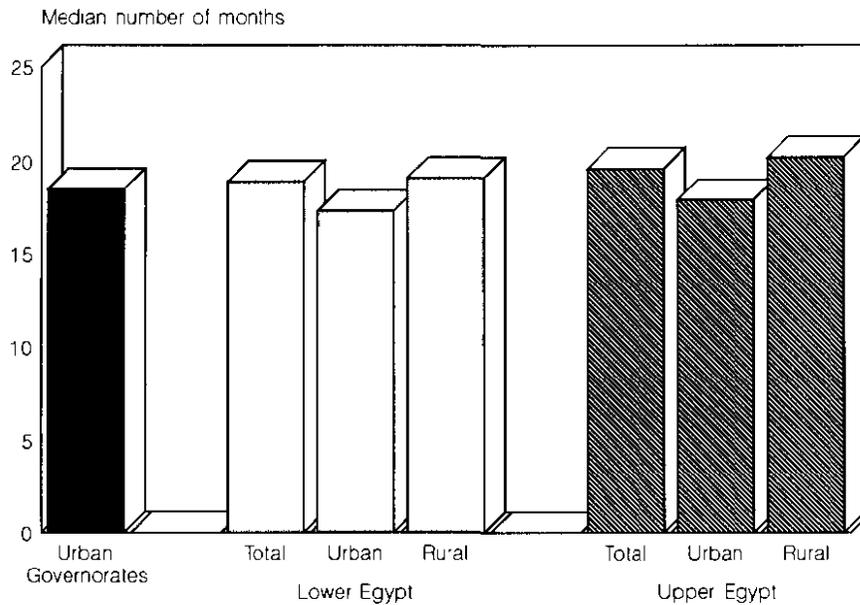
the finding that well-nourished young children of all population groups (for which data exist) follow very similar growth patterns (see Martorell and Habicht, 1986). Although there are inherent variations in height and weight, these variations approximate a normal distribution when the population is large.

Each of the standard indices provides somewhat different information about the nutritional status of a population of children. The height-for-age index is an indicator of linear growth retardation. Children whose height-for-age is below minus two standard deviations (-2 SD) from the median of the reference population are considered "stunted" (i.e., they are short for their age) and children who are below minus three standard deviations (-3 SD) from the median of the reference population are considered severely stunted. Stunting is an outcome of a failure to receive adequate nutrition over a long period of time, and is also affected by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of undernutrition in a population and does not vary appreciably according to the season of data collection.

The weight-for-height index measures body mass in relation to body length, and describes current nutritional status. Children who are below minus two standard deviations (-2 SD) from the median of the reference population are considered "wasted" (or thin) and children whose weight-for-height is below minus three standard deviations from the median of the reference population are considered severely wasted. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of recent episodes of illness, causing loss of weight and the onset of undernutrition. Wasting may also reflect acute food shortage.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic undernutrition; however, it does not distinguish between a child who is underweight

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because of stunting and one who is underweight because of wasting. Children whose weight-for-age is below minus two standard deviations from the median of the reference population are classified as "underweight," and children whose weight-for-height is below minus three standard deviations (-3 SD) from the median of the reference population are considered to be severely underweight. Weight-for-age is commonly used in clinical settings for continuous assessment of nutritional progress and growth.

In a healthy well-fed population of children, it is expected that only 2.3 percent of children will fall below minus two (-2 SD) from the median of the reference population for each of the three indices. Less than one percent of children are expected to be below minus three standard deviations.

Information on the three indices is presented in Table 12.5 by age and other demographic characteristics of the child and in Table 12.6 by socioeconomic characteristics of the child's mother. The two tables are based on information from 7,279 children under five years of age. These children represent 90 percent of all eligible children. Six percent of eligible children were excluded from the analysis of these data

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 1992

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							
Under 6 months	2.5	5 7	0.3	2.0	0.0	2.1	577
6-11 months	7.3	16.9	1.4	5.3	2.1	10.7	685
12-23 months	12.4	35.8	1.3	4.8	2.8	14.9	1448
24-35 months	12.1	28.4	0.6	3.2	2.7	12.0	1460
36-47 months	9.9	24.2	0.4	2.8	1.3	6.4	1473
48-59 months	6.0	20.6	0.5	2.1	0 5	6 0	1636
Sex							
Male	9.1	24.4	0 9	3.2	1.6	9.1	3761
Female	9.1	24.4	0.6	3.3	1.7	9.3	3519
Birth order							
1	7.7	22.1	0.8	3.3	1.2	8.4	1525
2-3	9.0	23.0	0.5	2.9	1.6	8.4	2586
4-5	7.7	25.0	0.9	3.5	1.4	8.5	1607
6+	12.3	28.3	1.0	3.7	2.6	12.0	1562
Birth interval							
First birth	7.7	22.1	0.8	3.3	1.2	8.4	1538
< 24 months	11.7	28.1	0.9	3.2	2.1	10.4	1703
24-47 months	9.7	25.9	0.6	3.3	1.9	10.4	2909
48+ months	5.8	18.2	0.7	3.3	0.9	5 6	1129
All children	9.1	24.4	0.7	3.3	1.7	9.2	7279

Note: Figures are for children born in the period 1-59 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

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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 1992

Socioeconomic 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]	
Urban-rural residence							
Urban	6.7	18.8	0.7	3.3	1.1	6.8	2743
Rural	10.6	27.8	0.8	3.2	2.0	10.6	4537
Place of residence							
Urban Governorates	5.7	16.1	0.9	4.3	1.4	7.4	1240
Lower Egypt	9.4	25.6	0.6	2.5	1.3	7.7	3002
Urban	6.3	19.5	0.2	2.3	0.4	4.4	752
Rural	10.5	27.6	0.7	2.5	1.6	8.8	2250
Upper Egypt	10.3	26.7	0.8	3.7	2.2	11.4	3037
Urban	8.8	22.7	0.8	2.9	1.3	8.3	751
Rural	10.7	28.0	0.8	3.9	2.4	12 4	2287
Mother's education							
No education	11.0	28.2	0.9	3.8	2.2	10.6	3713
Some primary	9.8	27.0	0.7	2.8	1.6	10.5	1478
Primary through secondary	6.9	18.7	0.7	3.6	1.0	6.3	677
Completed secondary/higher	4.7	14.4	0.3	2.2	0.7	5.5	1412
Work status							
Working for cash	8.3	19.1	0.8	1.9	2.1	6.8	910
Not working for cash	9.3	25.2	0.7	3.5	1.6	9.5	6369
All children	9.1	24.4	0.7	3.3	1.7	9.2	7279

Note: Figures are for children born in the period 1-59 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

because information on one or both measurements was not available. The most common reason for nonmeasurement was that the child was not at home when the interviewer visited the household. Also excluded from the analysis are children with grossly improbable weight or height measurements due to recording error or age misreporting (4 percent) and children whose month and year of birth were not reported by the mother (less than 0.5 percent).

Height-for-age. Children whose height-for-age is below minus two standard deviations (-2SD) from the median of the reference population are stunted or short for their age. As discussed above, stunting is the result of a state of chronic undernutrition over a long period of time. Overall, 24 percent of Egyptian children under five years of age can be classified as stunted, and 9 percent are considered to be severely stunted. A child's age is significantly correlated with the prevalence of stunting. Stunting increases rapidly during the first year of life, peaking in the second year of life, where 36 percent of children are stunted. Although the level of stunting declines among older children, one in five children age 48-59 months still is considered to be stunted. There is no difference in the level of stunting between male and female children. Stunting increases with birth order, and it occurs more frequently among children born after a short birth interval (less than 24 months) than those born after a long interval (48 months or longer) (28 percent and 18 percent, respectively).

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Rural areas had higher levels of stunting than urban areas (28 percent and 19 percent, respectively). Stunting is less prevalent in the Urban Governorates (16 percent) than in Lower Egypt (26 percent) and Upper Egypt (27 percent). Educational differences in stunting are pronounced; stunting was twice as common among children of mothers who never attended school as among children of mothers who had completed at least the secondary level. Stunting is less evident among children of mothers who work for cash than among children of mothers not employed in an occupation for which they receive a cash income.

Weight-for-height. Children whose weight-for-height is below minus two standard deviations (-2SD) from the median of the reference population are wasted (or thin). As discussed above, wasting is the result of a state of acute undernutrition over a short period of time. Overall, 3 percent of children under five years of age are moderately wasted and around 1 percent are severely wasted. The level of wasting peaks at 5 percent among children in the age categories 6-11 and 12-23 months.

Weight-for-age. Children whose weight-for-age is below minus two standard deviations (-2SD) from the median of the reference population are considered underweight. Weight-for-age provides an index of the joint effect of chronic and acute undernutrition. Overall, 9 percent of Egyptian children under five years of age are underweight, with 2 percent classified as severely underweight. By age, the percentage underweight exceeds 10 percent of children 6-35 months of age, peaking at 15 percent among children age 12-23 months. Virtually no difference is observed in the percentage underweight between boys and girls. Variations by birth order and birth interval show no definite pattern although the percentage underweight is highest for children of birth order six or higher and lowest for children born 48 months or more after a preceding birth. Considering socioeconomic differentials, urban children are less likely than rural children to be underweight and the percentage underweight varies by place of residence from a low of 4 percent among children from urban Lower Egypt to 12 percent among children from rural Upper Egypt. The percentage underweight among children whose mothers completed at least primary school is 6 percent compared to 11 percent among children of mothers who never attended school or did not complete the primary level. The small differential by work status favors children of mothers who work in the cash economy.

12.3   Nutritional Status of Mothers

All mothers of children born since January 1987 were eligible to be weighed and measured[3] in the EDHS. In reviewing the results of the maternal anthropometric data collection, it is important to note that information is presented only for women who had a live birth during the five-year period before the survey and is not representative of the entire EDHS sample. In particular, older women tend to be underrepresented in the group for which the height and weight measures are available.

Table 12.7 shows the distribution of mothers by height, weight, and body mass index, along with the means and standard deviations for each of these measures. Height and weight measures are missing from Table 12.7 for about 5 percent of eligible women, who were not available at the time that the measurer visited the household. In addition, women who were pregnant at the time of the survey or who had delivered within the two months preceding the survey were excluded from the calculation of the weight and body mass measures.

Maternal height is useful for identifying mothers at nutritional risk and also provides a good indicator of the socioeconomic status of the mother. In addition, height is used to predict the risk of difficult delivery, since short stature is associated with small pelvic size. The risk of low birth weight also is higher for children

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[3]The measuring boards and scales used for adult anthropometry were the same as those used to collect anthropometric measurements of children; as with older children, standing height was obtained for adults using a specially designed extension for the measuring board.

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of short women. Although the cutoff point, i.e., the height below which a mother can be considered to be at nutritional risk, varies between populations, it is likely to be in the range of 140-150 centimeters. The mean height of mothers measured in the EDHS was 157 centimeters. Less than 2 percent were shorter than 145 centimeters and 9 percent were in the 145-150 centimeter range.

Low prepregnancy weight generally is associated with unfavorable pregnancy outcomes, although maternal height also must be taken into account. Excluding women who were pregnant or had had a recent birth, the mean weight of mothers is 66 kilograms. Only 9 percent of the mothers weighed less than 50 kilograms, while one-third weighed 70 kilograms or more.

Indices of body mass are used to assess thinness or obesity. The most commonly used index is the body mass index (BMI), which is defined as the weight in kilograms divided by the square height in meters. For the BMI, a cut-off point of 18.5 has been recommended for defining chronic energy deficiency. Obesity has not been clearly defined. The mean BMI for Egyptian mothers who were not pregnant and had not given birth within two months prior to the survey was 26.9, and only 2 percent had a BMI below 18.5.

Table 12.8 shows the variation in the maternal nutrition status indicators according to basic demographic and socioeconomic characteristics. In general, there is little variation in either the mean height of mothers or the percentage with height below 145 centimeters. However, the differences in height show a consistent pattern: the shortest mothers were those from rural Upper Egypt and those without education. Somewhat greater variation is observed in the BMI figures although the differences are still not very large. The percentage of mothers with a BMI below 18.5 reaches 4 percent only among women in the 15-19 age group and those living in rural Upper Egypt.

Table 12.7 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 1992

Indicator	Total	Distribution including missing
Height (cm)		
< 140	0.1	0.1
140-144	1.2	1.2
145-149	8.9	8.5
150-159	60.7	57.9
160-169	27.7	26.5
170-179	1 1	1.1
≥180	0.2	0.2
Missing	-	4.6
Total	100 0	100.0
Number of women	5417	5676
Mean	157.0	-
Standard deviation	5.8	-
Weight (kg)		
< 40	0.3	0.2
40-49	9.1	8.7
50-59	27.8	26.4
60-69	29.0	27.5
≥70	33.9	32.3
Missing	-	4.9
Total	100.0	100.0
Number of women[1]	4627	4864
Mean	66 3	-
Standard deviation	14 0	-
BMI		
< 16.0	0 2	0.2
16.0-18 4	1.3	1.2
18.5-19.9	3.8	3.6
20.0-22.9	19.5	18 5
23.0-25.9	26.5	25.2
26.0-28 9	20.0	19.0
≥29 0	28.8	27.4
Missing	-	4.9
Total	100.0	100.0
Number of women[1]	4624	4864
Mean	26.9	-
Standard deviation	5 4	-

[1]Excludes pregnant women and those who gave birth in the two months preceding the survey

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Table 12.8 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 1992

Background characteristic	Height			BMI		
	Mean	Percent <145 cm	Number	Mean	Percent <18 5	Number
Age						
15-19	156.6	0.8	218	23.9	4 2	173
20-24	157.5	1.3	1047	25.0	2 1	798
25-29	157.2	0 9	1594	26.3	1.8	1351
30-34	157.0	2.0	1221	27.6	1 1	1065
35-39	156.6	0.9	828	28.1	1.3	745
40-44	156.2	2 4	407	29.2	1.2	391
45-49	155.7	1 4	102	28.0	0 9	101
Urban-rural residence						
Urban	157.3	1 6	2165	28.6	1 1	1912
Rural	156.8	1.2	3253	25.6	2 0	2711
Place of residence						
Urban Governorates	157.4	1 6	1011	29.0	1.4	892
Lower Egypt	157 7	0.7	2252	27.5	0 5	1960
Urban	157 6	1.1	599	29.2	0.3	541
Rural	157.7	0.6	1653	26 8	0 6	1419
Upper Egypt	156 1	1 9	2154	25.1	3.0	1771
Urban	156 7	1 9	555	27.1	1.4	479
Rural	155.9	1.9	1600	24 3	3 5	1292
Education						
No education	156.6	1.3	2654	25 7	2 3	2198
Some primary	156 5	1.7	1116	27.8	1.3	999
Primary through secondary	157 4	1.3	547	28 0	0.1	479
Completed secondary/higher	158 2	1.1	1099	28.0	1.0	948
Work status						
Working for cash	157 7	1.0	709	28 1	1 1	625
Not working for cash	156 9	1.4	4708	26 7	1.7	3999
Children ever born						
1	157 4	1.5	904	25 7	1 7	695
2-3	157.3	1.0	1917	26 7	1.8	1639
4-5	157.1	1.7	1288	27.3	1.8	1114
6+	156.3	1.4	1308	27.3	1.1	1175
Total	157.0	1.3	5417	26.9	1 6	4624

CHAPTER 13

HUSBANDS' SURVEY

The Egypt DHS interviewed a sub-sample of husbands of eligible women in order to obtain insights into the role that men play in the fertility and family planning decision-making processes. This chapter presents basic information obtained from the husband's survey relating to a number of topics including family planning knowledge, practice and attitudes and fertility preferences.

13.1 Husbands' Sample

A systematic sample of one of every three households in the women's survey was chosen for inclusion in the husbands' sample. All husbands of eligible currently married women in these households were eligible for the husbands' survey, even if the woman herself was not interviewed. As noted in Chapter 1, response rates for the husbands' survey were lower than for the women's survey. Overall, 2,466 husbands—82 percent of those eligible for the husbands' survey—were successfully interviewed. Since this chapter focuses on comparison of the attitudes of husbands with those of their wives, results are presented only for the 2,406 husbands whose wives also were interviewed in the survey.

13.2 Background Characteristics of Husbands

General Characteristics

Table 13.1 presents selected background characteristics of husbands, including age, residence, place of residence, and educational status. The age distribution is skewed toward older ages; nearly one-half of the husbands interviewed were age 40 and over, more than one-third were in their thirties and only 15 percent were under age 30. This pattern reflects the tendency for men to marry later than women.

Table 13.1 Husbands' background characteristics

Percent distribution of husbands by selected background characteristics, Egypt 1992

Background characteristic	Weighted percent	Number of husbands Weighted	Un-weighted
Age			
<25	3.5	85	78
25-29	11.7	281	290
30-34	17.8	429	424
35-39	17.7	427	420
40-44	16.8	405	405
45-49	13.5	324	319
50-54	9.3	224	227
55+	9.7	233	243
Urban-rural residence			
Urban	45.4	1093	1159
Rural	54.6	1313	1247
Place of residence			
Urban Governorates	23.8	573	655
Lower Egypt	41.0	986	925
Urban	11.4	274	281
Rural	29.6	711	644
Upper Egypt	35.2	847	826
Urban	10.2	245	223
Rural	25 0	602	603
Education			
No education	28.7	690	670
Some primary	24.9	599	586
Primary through secondary	17.2	415	412
Completed secondary/higher	29.2	702	738
Husband's occupation			
Technical/professional	11 9	286	293
Administrative	(2.0)	(49)	46
Clerical	8.6	208	213
Sales	6.8	164	163
Services	7.7	185	182
Agriculture	28 8	694	680
Production	28.4	683	695
Other	3.2	77	76
Missing	2.6	62	58
All husbands	100.0	2406	2406

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

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With regard to the husbands' educational attainment, more than one-quarter have received no formal education. Another quarter attended school but did not complete the primary level, 17 percent completed the primary but not the secondary level, and 29 percent completed at least the secondary level.

The distribution of occupations shows that more than one-quarter of husbands are agricultural workers and around another quarter are production workers. The percentages working in the clerical, sales, and services sectors are similar (7-9 percent), 12 percent work in professional/technical occupations, and 2 percent in administrative positions. The "other" category (3 percent) includes husbands who reported that they were retired, were students, were not working, or were in the military.

Differentials in Education

Table 13.2 presents the distribution of husbands by education according to selected characteristics. The proportion of husbands who are not educated exhibits a U-shaped curve with age. The lower educational

Table 13.2 Husbands' level of education

Percent distribution of husbands by highest level of education attended, according to selected background characteristics, Egypt 1992

Background characteristic	None	Some primary	Primary through secondary	Completed secondary/ higher	Total	Number of husbands
Age						
<25	34.0	21 6	22.8	21.5	100.0	85
25-29	22.4	30.0	16.3	31.3	100.0	281
30-34	15.7	28.6	17.5	38.1	100.0	429
35-39	21.6	22.2	19.8	36.3	100.0	427
40-44	30.2	20.1	17.3	32.4	100.0	405
45-49	34 9	21.1	18.7	25.3	100.0	324
50-54	41 8	25.4	16.2	16.6	100.0	224
55+	47.4	30.9	10.0	11.7	100.0	233
Urban-rural residence						
Urban	17 2	21.2	20 3	41.2	100.0	1093
Rural	38.2	27.9	14 7	19.2	100.0	1313
Place of residence						
Urban Governorates	12.8	20.2	21 0	46.0	100.0	573
Lower Egypt	29.0	28.9	18.3	23.8	100.0	986
Urban	18 0	25.9	22.3	33.9	100.0	274
Rural	33.3	30 1	16.8	19.9	100.0	711
Upper Egypt	39 1	23 4	13.4	24.1	100.0	847
Urban	26.8	18 4	16 6	38.2	100.0	245
Rural	44.1	25.4	12 1	18.4	100.0	602
Husband's occupation						
Technical/professional	2 7	2.3	2.2	92.9	100.0	286
Administrative	(2.2)	(4.4)	(5.3)	(88.1)	100.0	49
Clerical	1.6	5.6	17.1	75.7	100.0	208
Sales	28 3	25.7	23.5	22.5	100.0	164
Services	29 9	39.7	21.8	8.7	100.0	185
Agriculture	54.7	28.2	9.9	7.2	100.0	694
Production	24.2	34.4	27.9	13.4	100.0	683
Other	13 7	16.9	33.9	35.4	100.0	77
Missing	34 3	31.7	10.0	23.9	100.0	62
Total	28.7	24.9	17.2	29.2	100.0	2406

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

attainment among husbands under age 30 than among older husbands is related to the fact that men who marry earlier are likely to be less educated than those who delay marriage.

Urban husbands are clearly better educated than those in rural areas. As seen in Table 13.2, urban husbands are more than twice as likely to have attended school as rural husbands and, among those who have attended school, urban husbands are more likely to attain the higher levels of education than rural husbands. By place of residence, the proportion of husbands without any education is only 1 in 8 in the Urban Governorates compared to almost 1 in 6 husbands in urban Lower Egypt and more than 1 in 4 husbands in urban Upper Egypt (Figure 13.1). Within rural areas, only 33 percent of husbands in Lower Egypt have had no education compared to almost 44 percent in Upper Egypt.

Figure 13.1
Percentage of Husbands Who Have No Education,
by Place of Residence

EDHS 1992
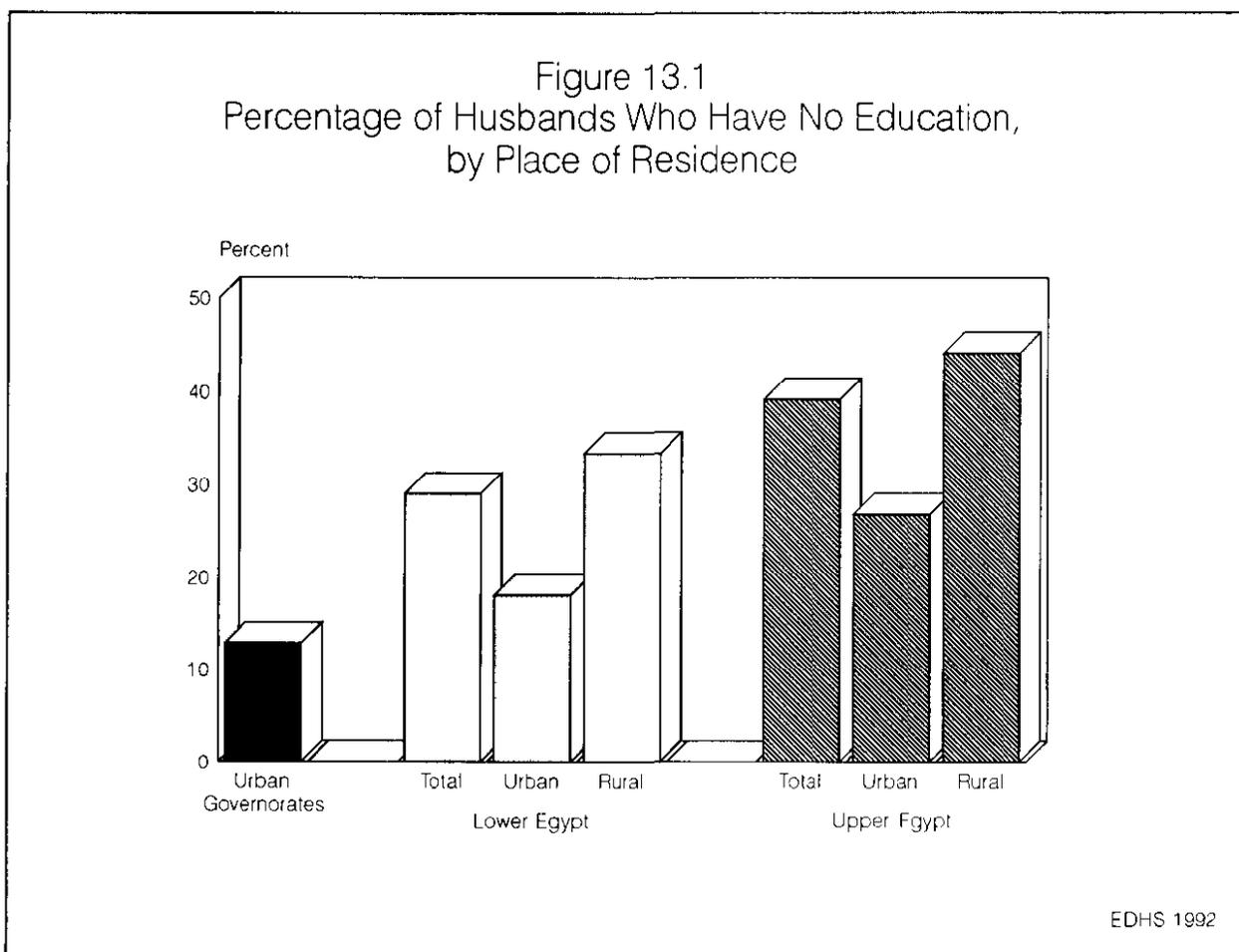
Not surprisingly, educational attainment is highest among husbands in professional/technical, administrative or clerical occupations. Three-quarters or more of husbands in these occupations have at least a secondary education. Husbands working in agriculture are the least educated; more than half have never attended school.

Exposure to Mass Media

The information on media exposure of husbands shown in Table 13.3 is useful for targeting media messages on health and family planning to men. Almost half of all husbands read a newspaper at least once a week, 87 watch television daily, and 80 percent listen to radio everyday.

Table 13.3 Husbands' access to mass media by background characteristics

Percentage of husbands who usually read a newspaper once a week, watch television daily, or listen to radio daily, by selected background characteristics, Egypt 1992

Background characteristic	Read newspaper weekly	Watch television daily	Listen to radio daily	Number of husbands
Age				
<25	25.5	91.9	78.1	85
25-29	42.7	88.8	78.8	281
30-34	55.0	88.7	82.4	429
35-39	54.2	89.6	80.8	427
40-44	51.1	85.1	80.1	405
45-49	48.6	86.6	79.8	324
50-54	35.7	85.9	75 6	224
55+	33.7	76 5	78.5	233
Urban-rural residence				
Urban	62.8	94.3	86 0	1093
Rural	33.9	80 3	74.6	1313
Place of residence				
Urban Governorates	68.0	95.0	89.1	573
Lower Egypt	43.6	90.4	84.2	986
Urban	58.3	95.5	84.4	274
Rural	37.9	88.4	84.2	711
Upper Egypt	36.8	76.7	68.3	847
Urban	55.6	91.2	80.6	245
Rural	29.2	70.8	63.3	602
Education				
No education	6.5	73.3	66.4	690
Some primary	29.7	85.6	78 5	599
Primary through secondary	65.9	93.2	85.4	415
Completed secondary/higher	90.5	96.8	90.7	702
Total	47.0	86.7	79.8	2406

The relationship between age and the media exposure indicators is not uniform. For example, the percentage of husbands reading a newspaper weekly increases with age, reaching a peak among men in the 30-34 age group and then generally declines among older men. Exposure to radio on a daily basis exhibits a similar relationship with age, while there is a small but steady decrease in exposure to television as age increases.

Exposure to mass media clearly is greater among husbands in urban areas compared to rural areas. By place of residence, media exposure is greatest in the Urban Governorates and least common in rural Upper Egypt. The differences tend to be greater in the case of exposure to print media, which is probably due to the lower educational attainment of husbands in rural Egypt. As expected, educational attainment is positively related to all of the media exposure indicators. The educational effect is strongest in the case of newspaper reading.

13.3 Comparison between Characteristics of Husbands and Wives

This section includes a comparison of the age and education distributions of husbands and wives. These comparisons are presented for two reasons: first, to gain some insight into the couple's characteristics rather than those of each spouse separately and, second, to provide a background for the discussion later in this chapter of the couple's practices and attitudes towards contraception, their fertility desires, and their perceptions concerning women's roles in the houschold.

As shown in Table 13.4, husbands generally are older than their wives. In only about 1 in 20 couples, the wife is older than the husband. In the case of 31 percent of the couples, the husband is less than five years older than the wife, for 38 percent, there is a 5-9 year difference, and for 26 percent, the difference is ten years or more. The mean difference between the couple's ages is 7.5 years.

Table 13.4 Couples' age difference

Percent distribution of couples by age difference between spouses and mean age difference between spouses, according to wife's age, Egypt 1992

| | Husband's age - wife's age (in years) | | | | | | | Number |
Wife's age	Wife older	0-4	5-9	10-14	15+	Total	Mean difference	of husbands
15-19	0.0	23.0	41.0	27.5	8.5	100.0	8.6	113
20-24	1.6	28.2	41.3	19.1	9.8	100.0	8.2	331
25-29	3.3	34.9	39.4	14.0	8.4	100.0	7.2	481
30-34	8.4	31.7	36.0	17.8	6.1	100.0	6.8	448
35-39	6.7	33.6	40.2	9.8	9.7	100.0	7.0	412
40-44	8.5	25.2	33.1	18.8	14.3	100.0	7.9	376
45-49	3.6	31.6	34.4	17.5	12.9	100.0	7.7	242
Total	5.3	30.7	37.8	16.4	9.8	100.0	7.5	2406

Regarding educational differences between husbands and wives, the EDHS results indicate that around half of all couples attained the same educational level. As shown in Table 13.5 and Figure 13.2, among more than one-fifth of couples, both the husband and wife never attended school, among one-tenth, the husband and wife had similar intermediate levels of education, and among slightly less than one-fifth of the couples, both had at least a secondary education. When there is a difference in the level of educational attainment between spouses, the difference generally is due to the higher educational level of the husband. Overall, the husband had attained a higher level of education than his wife in the case of almost 2 in 5 couples while the wife attained a higher level in the case of only around 1 in 10 couples.

Table 13.5 Couples' level of education

Percent distribution of couples by highest level of education attended, according to selected background characteristics, Egypt 1992

Husband's educational level	Wife's educational level					
	None	Some primary	Primary through secondary	Completed secondary/ higher	Total	Number of couples
No education	22.6	4.9	1.0	0.1	28.7	690
Some primary	15.1	7.6	1.9	0.3	24.9	599
Primary through secondary	7.5	5.1	2.8	1.8	17.2	415
Completed secondary/higher	3.6	2.9	4.3	18.4	29.2	702
Total	48.8	20.6	9.9	20.7	100.0	2406
Number	1173	496	239	497	2406	2406

Figure 13.2
Comparison of Levels of Education
of Husbands and Wives

Wife and husband same 51%

Wife has higher level 10%

Husband has higher level 39%
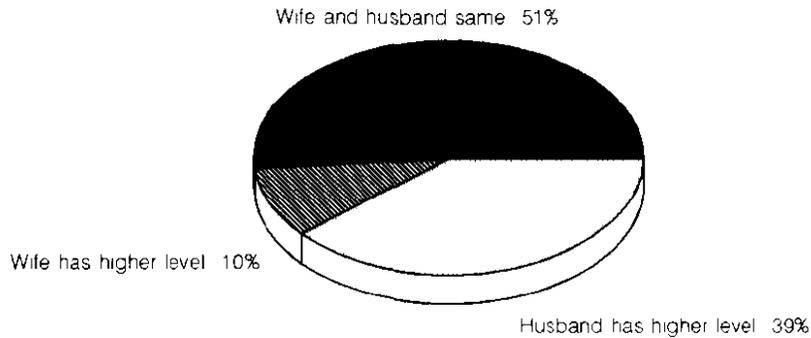
EDHS 1992

13.4 Knowledge of Family Planning

Level of Knowledge

Knowledge of at least one family planning method is almost universal among husbands, as shown in Table 13.6. However, knowledge varies greatly by specific method. Ninety-five percent or more of husbands know about the pill and IUD. Between 60 and 70 percent of husbands are aware of the condom, injection, and female sterilization, and 30 to 40 percent report knowing about Norplant and vaginal methods. Vasectomy is the least widely recognized modern method, with only 25 percent of husbands saying that they are aware of the method. Three times as many husbands know at least one traditional method. The most widely known traditional methods are prolonged breastfeeding and withdrawal, known by 59 and 47 percent of husbands, respectively.

Most husbands are not only knowledgeable about family planning methods but they also know a place where they can obtain a method. Knowledge of a source for any method is 92 percent among husbands. Around 9 in 10 husbands who know about the pill, IUD, condom and female sterilization are able to name a source for these methods. With regard to the other modern methods, only in the case of Norplant and injection, does the proportion of husbands knowing the method who also know a source fall below 8 in 10.

Table 13.6 Husbands' knowledge of family planning methods and source for methods

Percentage of husbands knowing any family planning method and knowing a source (for information or services), by specific method, Egypt 1992

Method	Know method	Know source
Any method	96.7	92.3
Any modern method	96.7	92.1
Modern method		
Pill	96.2	88.2
IUD	94.8	83.7
Injection	65.8	49.5
Norplant	34.7	24.9
Diaphragm/foam/jelly	30.0	25.2
Condom	69.0	63.1
Female sterilization	64.1	56.7
Male sterilization	25.1	20.4
Any traditional method	75.2	23.9
Periodic abstinence	38.0	23.9
Withdrawal	47.4	0.0
Prolonged breastfeeding	59.2	0.0
Other	1.1	0.0
Number of husbands	2406	2406

Sources of Family Planning Information

Husbands knowing about family planning were asked a number of questions concerning the sources from which they had received family planning information including the first source from which they had obtained information and sources to which they may have been exposed recently. In addition, they were asked their opinion as to the acceptability of radio and television broadcasts of family planning messages. As noted in Chapter 4, there is an on-going mass media program in Egypt designed to increase awareness about family planning. The EDHS data on sources of family planning information provide insight into the extent to which the public media campaigns reach men (as well as women) and on male acceptance of such awareness-raising activities.

Table 13.7 discusses the first source of family planning information named by husbands who knew at least one contraceptive method. Television is the most frequently cited source for family planning information (75 percent), followed by relatives (other than the wife) or friends (15 percent). Family planning providers were named by very few husbands as the first source.

There are some interesting differences by residence in the percentages of husbands citing both television and relatives and friends as the first source. For example, the importance of television decreases and that of relatives and friends increases slightly among rural husbands compared to urban husbands. By place of residence, the percentage reporting relatives (other than the wife) and friends is highest among

Table 13.7 Husbands' first source of family planning information

Percent distribution of husbands knowing about family planning by source from which they first heard about family planning, according to urban-rural residence and place of residence, Egypt 1992

Source	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Total
Television	79.7	71.1	78.9	75.6	82.0	73.0	71.8	79.0	68 8	75.1
Radio	2.2	2.8	2.0	3.3	2.1	3.7	1.9	2.8	1.5	2.5
Print media	3.6	1.4	3.8	2.0	2.3	1.9	1.9	4.6	0 7	2.4
Spouse	0.7	0.5	0.6	0.6	0.5	0.7	0.7	1.4	0.4	0.6
Other relatives/friends	10.9	19.3	11.8	14.3	9.7	16.2	19.3	10.3	23.1	15.4
Government doctor/clinic	0.4	0.8	0.3	0.7	0.5	0.8	0.8	0.5	1.0	0.6
Private doctor/clinic	0.3	0.2	0 2	0.3	0.7	0.1	0 2	0.0	0.2	0.2
Raiyda/other FP worker	0 3	2.5	0 3	1.7	0.0	2 4	2.0	0 8	2.6	1 5
Community meeting	0.2	0.3	0.3	0.3	0.3	0.3	0.1	0.0	0.2	0.3
Other	1.5	1.2	1.7	1.2	1.9	0 9	1.3	0.8	1.5	1 3
Total	100.0	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0	100.0
Number of husbands	1076	1250	569	969	273	696	787	234	553	2326

husbands from rural Upper Egypt, and the percentage citing television as the first source is the lowest. Thus, although television remains the initial source of family planning information for the majority of husbands in all geographic areas, peers and relatives are important in transmitting family planning knowledge in rural areas, particularly in Upper Egypt.

The family planning information and education program in Egypt includes messages transmitted through the mass media (television, radio, and newspapers and magazines) and at community meetings. The level of recent exposure of husbands to messages about family planning through these sources is described in Table 13.8. Among husbands knowing about family planning, 6 in 10 have seen a family planning message on television during the month preceding the survey. Radio reaches about one-third of knowledgeable husbands. The sources of family planning information with the lowest coverage are community meetings and articles on family planning in newspapers or magazines; only 12 percent of husbands attended a community meeting on family planning in the year preceding the survey, and only 10 percent reported reading a family planning article in a newspaper or magazine during the month before the survey.

Differentials in exposure to messages about family planning by selected background characteristics also are highlighted in Table 13.8. The most striking differences are observed by urban-rural residence, place of residence, and education. Urban husbands are somewhat more likely than rural husbands to receive information through all of the sources except radio, with the urban-rural difference being greatest in the case of television. In general, husbands from Upper Egypt, particularly the rural areas, are less likely than husbands from other areas to have been exposed to family planning messages. There clearly is a positive relationship between husband's education and exposure to messages. With regard to community meetings, urban husbands and husbands with a secondary or higher education are slightly more likely to have attended a meeting than other husbands.

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Table 13.8 Husbands' exposure to media messages about family planning

Among husbands knowing about family planning, the percentage who have heard a message about family planning on the radio or on the TV in the last month, who have read an article about family planning in a newspaper or magazine in the last month, who have attended a community meeting about family planning in the past year, and the percentage who consider it acceptable to broadcast family planning messages on the radio or TV, according to selected background characteristics, Egypt 1992

| Background characteristic | Source of message | | | | Family planning message on radio/TV acceptable | Number of husbands |
	Saw on TV	Heard on radio	Read article	Attended meeting		
Age						
<25	66.1	33.9	2.2	8.0	92.9	80
25-29	58.1	32.2	5.1	9.5	90.4	265
30-34	59.1	36.9	10.6	12.7	86.5	422
35-39	68.4	35.1	11.4	14.9	87.2	418
40-44	61.8	31.6	11.8	10.6	85.3	395
45-49	63.4	36.0	11.3	12.5	85.8	313
50-54	54.3	34.3	7.8	12.8	83.3	215
55+	54.2	33.7	7.1	9.9	77.1	217
Urban-rural residence						
Urban	68.5	31.5	12.2	13.3	86.7	1076
Rural	54.6	36.9	7.2	10.8	85.1	1250
Place of residence						
Urban Governorates	74.2	25.5	14.3	16.2	85 1	569
Lower Egypt	57.3	48.0	9.2	9.8	89.8	969
Urban	59.4	53.1	10.7	9.5	91.2	273
Rural	56.4	45.9	8.7	9.9	89.3	696
Upper Egypt	56.1	24.1	6.5	11.5	81.4	787
Urban	65.3	21.0	9.0	10.8	85.4	234
Rural	52.3	25.4	5.4	11.8	79.8	553
Education						
No education	51.7	31.4	3.9	9.6	84.0	1112
Some primary	61.7	37.1	6.9	8.8	87.2	484
Primary through secondary	70.5	37.5	14.3	8.2	89.7	236
Completed secondary/higher	76.8	37.0	22.6	22.1	86.7	494
Total	61 0	34.4	9.5	11.9	85.8	2326

Husbands were asked whether it is acceptable for family planning messages to be provided on radio or television. Table 13.8 shows that 86 percent of the husbands knowing about family planning find it acceptable to have media broadcasts on family planning. Differences in the acceptability of media broadcasts by age, residence, and education are minimal. By place of residence, urban Lower Egypt and rural Upper Egypt represent the extremes with regard to the acceptability of broadcast messages on family planning (91 percent and 80 percent, respectively).

13.5   Use of Family Planning

Levels of Ever Use and Current Use

The pattern of ever use and current use of family planning reported by husbands is shown in Table 13.9. Two-thirds of husbands reported that they or their wives had used a family planning method at some time. The most widely used method is the pill (44 percent) closely followed by the IUD (41 percent). Only

9 percent of husbands reported that they had ever used a condom. The level of ever use of periodic abstinence and withdrawal, which also require active male participation, is even lower, and no husband has had a vasectomy.

With regard to the level of current use, almost 50 percent of husbands reported that they (as a couple) were using a method of family planning at the time of the interview. The majority of current users—47 percent of all husbands—were using modern methods. The IUD was the most common method (30 percent), followed by the pill (14 percent) and condom (2 percent).

Consistency in the Reporting of Use of Family Planning by Husbands and Wives

The consistency in reporting of ever use and current use of family planning methods is examined in Tables 13.10 and 13.11, respectively. More than 90 percent of couples gave consistent responses about ever use of family planning, 65 percent agreeing that they had used a method and 29 percent agreeing that they never used a method. Thus, the proportion of couples for which there is a discrepancy between the husband's and wife's responses is only 6 percent (5 percent for modern methods, 11 percent for traditional methods).

Table 13.9 Husbands' use of family planning methods

Percentage of husbands who have ever used a family planning method, and the percentage who are currently using a method, by specific methods, Egypt 1992

Method	Ever used	Currently using
Any method	66.8	49.8
Any modern method	64.7	47.1
Modern method		
Pill	44.4	13.8
IUD	41.2	29.6
Injection	2.5	0.5
Norplant	0.1	0.0
Diaphragm/foam/jelly	2.7	0.3
Condom	8.7	2.3
Female sterilization	0.8	0.7
Male sterilization	0.0	0 0
Any traditional method	12.4	2.7
Periodic abstinence	5.7	0.9
Withdrawal	4.0	0.9
Prolonged breastfeeding	5.8	0.9
Other	0.1	0.0
Not currently using		50.2
Number of husbands	2406	2406

Table 13.10 Ever use of family planning among couples

Percent distribution of couples by husband's and wife's reported ever use of family planning, according to specific methods, Egypt 1992

Method	Ever use of family planning					Number of couples
	Both used	Husband only used	Wife only used	Both never used	Total	
Any method	64.8	2.0	4 0	29.2	100.0	2406
Any modern method	63.1	1.6	3 3	32.0	100.0	2406
Pill	42.2	2.2	3.9	51.7	100.0	2406
IUD	40.2	1.0	2.1	56.6	100.0	2406
Injection	2.0	0.4	0.9	96.6	100.0	2406
Norplant	0.0	0.1	0.0	99.9	100.0	2406
Diaphragm/foam/jelly	2.0	0.7	1.8	95.5	100.0	2406
Condom	6.2	2.5	2.5	88.8	100.0	2406
Female sterilization	0.7	0.1	0.0	99.2	100.0	2406
Male sterilization	0.0	0.0	0.0	100.0	100.0	2406
Any traditional method	6.3	6.1	4.8	82.7	100 0	2406
Periodic abstinence	2.9	2.8	1.8	92.6	100.0	2406
Withdrawal	1.7	2.3	1.3	94.7	100.0	2406
Prolonged breastfeeding	2.2	3.6	3.0	91.1	100.0	2406
Other	0.0	0.1	0.5	99.4	100.0	2406

Table 13.11 Current use of family planning among couples

Percent distribution of couples by husband's and wife's reported current use of family planning, according to specific methods, Egypt 1992

| Method | Current use of family planning | | | | | Number of couples |
	Both using	Husband only using	Wife only using	Both not using	Total	
Any method	47.2	3.0	3.2	46.6	100.0	2406
Any modern method	44.3	2.8	2.2	50.7	100.0	2406
Pill	12.2	1.5	0.9	85.3	100.0	2406
IUD	28.1	1.6	1.4	69.0	100.0	2406
Injection	0.4	0.0	0.0	99.5	100.0	2406
Norplant	0.0	0.0	0.0	100.0	100.0	2406
Diaphragm/foam/jelly	0.3	0.1	0.1	99.6	100.0	2406
Condom	1.8	0.5	0.5	97.3	100.0	2406
Female sterilization	0.6	0.1	0.1	99.2	100.0	2406
Any traditional method	1.7	0.9	1.4	95.9	100.0	2406
Periodic abstinence	0.5	0.4	0.5	98.6	100.0	2406
Withdrawal	0.7	0.2	0.5	98.6	100.0	2406
Prolonged breastfeeding	0.5	0.3	0.3	98.8	100.0	2406
Other	0 0	0.0	0.1	99.9	100.0	2406

The level of disagreement in the responses regarding current use also is small. Overall, there is agreement about current use among 94 percent of all couples, with 47 percent saying that they are currently using and the same percentage reporting no current use (see Table 3.11). The small proportion of couples among whom there is a discrepancy in the responses concerning current use of contraception are evenly divided between those couples in which the husband reported use and the wife did not (3 percent) and those couples in which the wife reported current use and the husband did not (3 percent). When use of specific methods is considered, the percentage of couples among whom there is disagreement in the responses of the husband and wife about current use is highest for the IUD (3 percent).

13.6 Differentials in Knowledge and Use of Family Planning

Table 13.12 highlights differences in knowledge and use of methods and knowledge of sources by selected background characteristics of the husbands, including age, urban-rural residence, place of residence, and education. Knowledge of any method or any modern method and knowledge of a source for a modern method is fairly uniform across age groups, peaking in the 30-39 age group. The age pattern is similar for both ever use and current use of family planning; use levels increase with age through the 40-44 age group, before declining among older men.

Knowledge of family planning methods is almost as high among rural husbands as urban husbands; however, rural husbands are less likely to know where to get a method than their urban counterparts. The gap between urban and rural areas is even greater with regard to use of family planning. The likelihood that a husband is a current user of modern methods is nearly 1.5 times greater in urban than in rural areas.

Differences in the level of knowledge of any method or any modern method among husbands from the five regions in Egypt do not exceed 8 percent. Regarding knowledge of a source, however, the differences increase to almost 20 percent; 99 percent of husbands in urban Lower Egypt know of a source for modern methods compared to only 80 percent in rural Upper Egypt. Differences among regions become more striking when use is considered. Rural Upper Egypt has the lowest prevalence of current use among husbands, almost half the rate for urban Lower Egypt, which has the highest use rate.

Table 13.12 Husbands' knowledge and use of family planning methods by background characteristics

Percentage of husbands knowing any family planning method and knowing a source for a modern method, and the percentage who have ever used and are currently using any method and any modern method, by selected background characteristics, Egypt 1992

Background characteristic	Know any method	Know modern method	Know source for modern method	Ever used any method	Ever used modern method	Currently using any method	Currently using modern method	Number of husbands
Age								
<25	93.9	93.9	86.9	19.3	16.6	11.4	11.4	85
25-29	94.6	94.6	90.8	41.2	39.9	28.1	26.8	281
30-34	98.5	98.5	94.9	69.5	66.1	52.9	49.9	429
35-39	98.1	98.1	95.0	70.9	68.5	54.1	51.7	427
40-44	97.4	97.4	93.4	76.9	75.6	62.5	60.6	405
45-49	96.6	96.6	91.5	76.3	74.6	57.0	53.6	324
50-54	96.3	96.3	90.1	72.8	70.7	52 4	46.7	224
55+	93.4	93.4	85.8	65.7	64.2	41.3	38.9	233
Urban-rural residence								
Urban	98.5	98.5	96.7	78.2	76.2	60.4	56.9	1093
Rural	95.2	95.2	88.3	57.3	55.2	41.0	39.0	1313
Place of residence								
Urban Governorates	99.3	99.3	98.4	80.3	78.5	63.4	59.3	573
Lower Egypt	98.3	98.3	96.5	75.5	72.8	56.8	53.9	986
Urban	99.4	99.4	99.3	87.3	85.1	65.2	62.6	274
Rural	97.9	97.9	95.4	70.9	68.1	53.5	50.5	711
Upper Egypt	93.0	93.0	82.8	47.5	46.0	32.4	31.0	847
Urban	95.5	95.5	89.6	63.1	61.0	47.9	44.8	245
Rural	91.9	91.9	80.0	41.1	39.9	26.1	25.4	602
Education								
No education	94.7	94.7	87.8	57.3	55.3	39.7	37.6	1173
Some primary	97.6	97.6	94.8	72.1	70.4	54.9	53.0	496
Primary through secondary	98.4	98.4	94.9	79.7	78.1	63.0	60.8	239
Completed secondary/higher	99.4	99.4	98.3	77.6	74.9	62.1	57.1	497
Total	96.7	96.7	92.1	66.8	64.7	49.8	47.1	2406

The educational differentials show the expected pattern: knowledge and use of family planning generally increase with the husband's level of education. However, the greatest differences are observed between husbands with no education and those who have ever attended school. Among educated husbands, knowledge and use levels tend to increase with the level of education but the pattern is not uniform and the differences between educational categories are frequently small.

13.7 Intention to Use Family Planning

Husbands who knew about family planning but were not currently using any method were asked about their intention to use family planning in the future. As shown in Table 13.13, more than one-third of all husbands expressed an intention to use in the future. A somewhat greater percentage (43 percent) said they did not intend to use a method, and the remainder either were uncertain about use or they did not know any method. Rural husbands were almost as likely to say that they intended to use as urban husbands (38 percent and 39 percent, respectively) and, surprisingly, somewhat less likely to say that they would not use family planning in the future. This is largely due to the fact that husbands in the Urban Governorates were much more likely to say that they did not intend to use than husbands from other areas. By place of

Table 13.13 Husbands' future use of family planning

Percent distribution of husbands who are not currently using any family planning method by intention to use in the future and preferred method, according to urban-rural residence and place of residence, Egypt 1992

Intention to use family planning	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Intend to use	39.0	38.0	36.5	41.9	44.9	41.1	36.3	38 5	35.7	38 3
Unsure about use	9.4	13.6	9.2	13.7	9.3	15.0	12.0	9.9	12.6	12.1
Do not intend to use	47.7	40.2	52.2	40.5	44.2	39.4	41.3	42.9	40.8	42.9
Do not know method	3.9	8.2	2.0	3.9	1.7	4.5	10.4	8.6	10 9	6.6
Total	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of husbands	433	775	210	426	95	331	572	128	445	1209

residence, the proportion of husbands intending to use in the future was as high or higher in urban Upper Egypt (39 percent) and in rural Upper Egypt (36 percent) as in the Urban Governorates (37 percent). In turn, both urban and rural Lower Egypt had higher proportions intending to use (45 percent and 41 percent, respectively) than the other areas.

The EDHS also investigated the reasons husbands had for not intending to use at any time in the future. The main reason was the desire to have children (27 percent), followed by fatalism (18 percent), the wife being menopausal (17 percent) and the wife being considered as unable to get pregnant (14 percent) (see Table 13.14). Only 5 percent mentioned that religion was the main reason for not using, which is very low in comparison with Pakistan, where 18 percent of husbands who did not intend to use in the future cited religion as the reason for not using (National Institute of Population Studies and IRD/Macro International Inc., 1992, Table 12.8).

13.8 Attitudes about Family Planning

Husbands were asked about their approval, in general, of the use of family planning by couples and their perception of their wife's attitude. Similar information was collected in the women's questionnaire (see Chapter 8). These data are used not only to look at the extent to which husbands support the use of family planning, but also to look at how accurate are the perceptions of both husbands and wives regarding their spouse's attitude toward family planning. In addition in this section, the husband's opinion as to whether religion forbids or allows family planning is considered. Finally, other attitudinal information collected from husbands, including their opinions about the use of specific family planning methods, perceptions about problems in using specific methods and preferences regarding the sex of the doctor providing family planning services to their wives, are summarized.

Table 13.14 Husbands' reasons for nonuse

Percent distribution of husbands who are not currently using any family planning method and who intend not to use at any time in the future by reasons for nonuse, Egypt 1992

Reason for nonuse	Total
Want children	26.7
Lack of knowledge	0.3
Costs too much	0.2
Side effects	0.9
Health concerns	5.8
Hard to get methods	0.3
Inconvenient	2.0
Religion	5.1
Opposed to family planning	3.1
Partner opposed	0.1
Other people opposed	0.2
Fatalistic	17.6
Infrequent sex	3.0
Wife can't get pregnant	13.8
Wife menopausal/ had hysterectomy	16.5
Other	2.2
Don't know	2.0
Total	100.0
Number of husbands	518

Husbands' Attitudes about Use of Family Planning

In general, the majority of husbands (84 percent) approve of family planning, and only 1 in 10 disapproves (see Table 13.15). The likelihood that husbands disapprove of family planning is somewhat greater in rural than in urban areas (12 percent and 9 percent, respectively). By place of residence, the differentials are even more marked (see Figure 13.3). The likelihood that the husband disapproves varies from a high of 19 percent in rural Upper Egypt to a low of 6 percent in rural Lower Egypt. This pattern indicates the need for quite different motivational campaigns to encourage adoption of family planning in rural areas in the two regions.

Table 13.15 Husbands' approval of family planning

Percent distribution of husbands by their approval of the use of family planning, according to urban-rural residence and place of residence, Egypt 1992

Approval of family planning	Urban	Rural	Urban Gover-norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Approve	88.2	80.0	89.7	90.1	91.3	89.7	72.2	81.5	68.5	83.7
Disapprove	8.7	11.7	9.0	6.1	7.0	5.7	16.2	10.0	18.8	10.3
Don't know/Undecided/Missing	1.5	3.5	0.6	2.1	1.1	2.5	4.5	3.9	4.7	2.6
Do not know method	1.5	4.8	0.7	1.7	0.6	2.1	7.0	4.5	8.1	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of husbands	1093	1313	573	986	274	711	847	245	602	2406

Figure 13.3
Percentage of Husbands Who Disapprove of the Use of Family Planning by Place of Residence

EDHS 1992

174
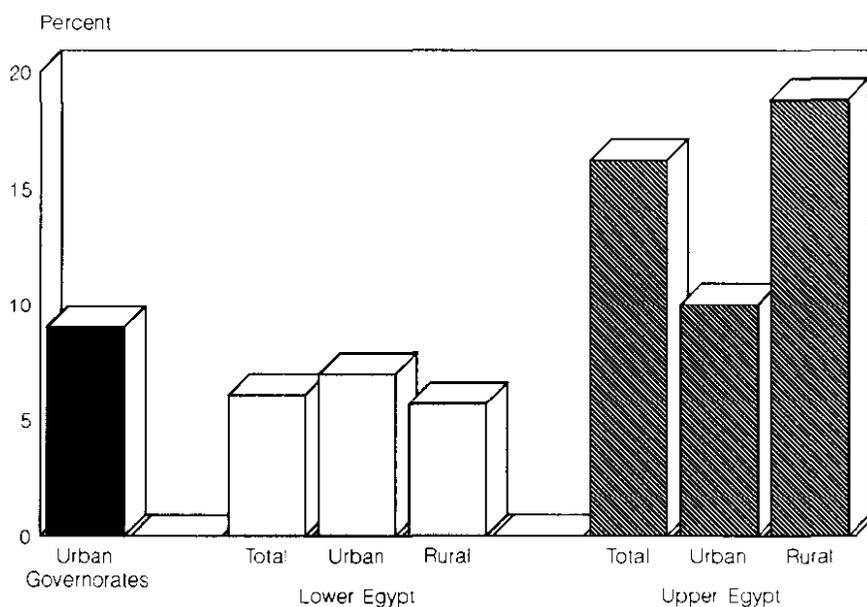
Wives' Perceptions of Husbands' Attitudes

The EDHS women questionnaire included a question about the wife's perception concerning her husband's attitude about the use of family planning, and the husband questionnaire included a similar question about the husband's perception of his wife's attitude. Perceptions about a spouse's attitude toward family planning use are clearly important in shaping a couple's decision to use family planning.

As shown in Table 13.16, 81 percent of wives believe that their husbands approve of the use of family planning, 12 percent believe that their husbands disapprove of family planning and 7 percent are uncertain. In three-quarters of the cases, the wife was accurate in her perceptions. In those cases in which the wife was wrong about the husband's attitude, 52 percent believed that the husband disapproved of or was unsure about the use of family planning when the husband actually approved.

Table 13.16 Wives' perceptions of husband's approval of family planning

Percent distribution of couples by wife's perception of husband's approval or disapproval of family planning and husband's actual attitude, according to urban-rural residence and place of residence, Egypt 1992

| Wife's perception and husband's attitude | Urban | Rural | Urban Gover- norates | Lower Egypt | | | Upper Egypt | | | Total |
				Total	Urban	Rural	Total	Urban	Rural	
Wife: Husband approves	86.8	75 3	87.8	83.9	87.3	82 6	71.6	84 0	66.6	80.5
Husband approves	79.3	65 5	81.7	77.4	80.7	76 1	58.5	72.2	52.9	71.7
Husband disapproves	5.2	5.0	5.2	3.6	4.8	3.1	6.7	5.6	7.2	5 1
Husband unsure/Don't know	2.3	4.8	1.0	2.9	1.7	3.4	6 4	6.2	6.5	3.7
Wife: Husband disapproves	8.6	15.6	7.0	9.8	9.2	10.0	19.1	11.5	22.2	12 4
Husband approves	5.6	8.6	4.1	7.8	7.5	7.9	8.8	7.2	9.5	7.3
Husband disapproves	2.5	5.2	2.9	1.8	1.7	1.8	7.3	2.4	9.3	4 0
Husband unsure/Don't know	0.5	1.8	0.1	0.3	0.0	0.4	3.0	1.9	3.4	1.2
Wife: Husband unsure	4.6	9.1	5.2	6.3	3 5	7.4	9.2	4.5	11.1	7 1
Husband approves	3.3	5.8	3.9	4.9	3.0	5.7	4.9	2.2	6.1	4.7
Husband disapproves	1.1	1.5	1.0	0.7	0.5	0.8	2.2	2.1	2.2	1.3
Husband unsure/Don't know	0.2	1.8	0 3	0.6	0.0	0.9	2.1	0.2	2.8	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of couples	1093	1313	573	986	274	711	847	245	602	2406

Husbands were somewhat more likely to accurately predict their wife's attitude. According to Table 13.17, 85 percent of the husbands believed that their wives approved of the use of family planning, 7 percent thought that the wife disapproved, and 8 percent reported that their wife was uncertain about her attitude toward the use of family planning. Husbands were correct in their perceptions in 83 percent of the cases. Among those who did not accurately predict the wife's attitude, almost 8 in 10 believed that their wife disapproved or was uncertain about family planning when the wife actually approved of family planning.

The residential patterns follow expected patterns. Husbands and wives from rural Upper Egypt were more likely than husbands or wives from the other areas to be wrong in their perceptions concerning their spouse's attitude. Among couples from rural Upper Egypt, one-third of wives and 29 percent of husbands were wrong in their perception of their spouse's attitude.

Table 13.17 Husbands' perceptions of wife's approval of family planning

Percent distribution of couples by husband's perception of wife's approval or disapproval of family planning and wife's actual attitude, according to urban-rural residence and place of residence, Egypt 1992

Husband's perception and wife's attitude	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Husband: Wife approves	89.6	81.7	92.5	89.7	91.2	89.1	75.2	81.0	72.8	85.3
Wife approves	86.2	75.0	88.5	86.0	89.6	84.6	67.5	77.1	63.7	80.1
Wife disapproves	1.7	4.0	2.1	2.1	0.4	2 7	4.5	2.1	5.4	2.9
Wife unsure/Don't know	1.7	2.7	1.9	1 6	1 3	1 8	3 2	1.8	3 7	2.2
Husband: Wife disapproves	5.5	8 0	3 7	4.6	4 8	4 5	11.7	10.5	12.2	6.9
Wife approves	4.2	5.2	2.9	3.7	3 3	3 9	7 1	8.1	6 7	4 7
Wife disapproves	1.1	2 0	0 7	0.6	0 7	0 5	3.4	2.4	3.8	1.6
Wife unsure/Don't know	0.2	0.8	0.0	0.3	0 8	0 1	1 2	0 0	1 7	0.5
Husband: Wife unsure	4.9	10.3	3.8	5.7	4 0	6 4	13 1	8 5	15.0	7.9
Wife approves	3.8	6.8	3.1	4.7	3.4	5.2	7.9	6 1	8.7	5.4
Wife disapproves	0 3	1 7	0 0	0.4	0 0	0 5	2.6	1 2	3.2	1 1
Wife unsure/Don't know	0.8	1.8	0.8	0.7	0 6	0 7	2 6	1 2	3.2	1.4
Total	100.0	100.0	100.0	100.0	100 0	100 0	100 0	100 0	100.0	100.0
Number of couples	1093	1313	573	986	274	711	847	245	602	2406

Religion

Table 13.18 examines the husband's opinion on whether religion allows family planning or not. Seventy-one percent of husbands believe that religion allows family planning, and only 19 percent say it does not. The proportion of husbands who think that religion forbids the use of family planning is similar in urban and rural areas (19 percent and 20 percent, respectively). By place of residence, the percentage of husbands holding the opinion that religion forbids family planning use varies from 16 percent in rural Lower Egypt to a high of 24 percent in rural Upper Egypt.

Table 13.18 Husbands' belief that religion allows or forbids family planning

Percent distribution of husbands by their opinion as to whether religion allows or forbids the use of family planning, according to urban-rural residence and place of residence, Egypt 1992

Religion's position	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Allows	74.7	68.5	76.1	77.3	77 4	77 3	61 1	68.6	58.1	71.3
Forbids	18.8	19.7	18.2	16.7	18 9	15 9	23.0	20.2	24 2	19.3
Don't know/Missing	4.9	7.0	5.0	4 3	3 1	4.8	8 8	6 7	9 7	6 1
Do not know method	1.5	4.8	0.7	1 7	0 6	2 1	7.0	4.5	8 1	3 3
Total	100.0	100.0	100.0	100.0	100 0	100 0	100 0	100 0	100 0	100 0
Number of husbands	1093	1313	573	986	274	711	847	245	602	2406

Attitudes about the Use of Specific Methods

As shown in Table 13.19, fewer than 1 in 5 husbands express disapproval of the use of the pill (19 percent) and IUD (14 percent). However, the likelihood of disapproval increases dramatically for male methods such as the condom (41 percent) and withdrawal (33 percent). Disapproval levels also are high for both female sterilization (48 percent) and male sterilization (21 percent).

Table 13.19 Husbands' approval of use of specific methods of family planning

Percent distribution of husbands by approval of the use of specific methods of family planning, Egypt 1992

Method	Husband approves of method				
	Yes	No	Don't know/ undecided/ missing	Does not know method	Total
Pill	73.0	18.8	4.4	3.8	100.0
IUD	75.8	14.0	5.1	5.2	100.0
Female sterilization	11.9	48.2	4.0	35.9	100.0
Condom	21.0	41.3	6.8	31.0	100.0
Male sterilization	2.6	20.8	1.7	74.9	100.0
Withdrawal	9.7	33.0	4.6	52.6	100.0

Husbands who knew about family planning were further asked about their opinion on the main problem regarding the use of specific contraceptive methods. Table 13.20 summarizes the problems that husbands reported by method. With regard to use of the pill, although the majority of husbands (55 percent) said that there are no problems, almost 1 in 4 husbands are concerned about the pill's side effects. A similar pattern is exhibited for the IUD. For both condoms and withdrawal, inconvenience is the most frequently cited problem, with about 1 in 4 husbands giving this response in the case of each of these methods. A significant proportion of husbands (around 10 percent) also see condoms and withdrawal as ineffective. Finally, religious objections are the most often cited problem for both female sterilization and male sterilization.

Attitude about Male Providers

The husband was further asked whether he objects or does not object to his wife seeing a male doctor for family planning. In general, the majority of husbands have no problem with male providers. However, 3 in 10 husbands do object to their wives obtaining family planning services from a male doctor, as shown in Table 13.21. The likelihood that a husband would object is higher in rural areas, especially in rural Upper Egypt (36 percent), as compared to urban areas. In urban areas, the proportion of husbands objecting to a male provider is lowest in urban Lower Egypt (23 percent) and highest in the Urban Governorates (see Figure 13.4).

Table 13.20 Husbands' problems with specific methods of family planning

Percent distribution of husbands who know about family planning by the main problem identified with the method, according to specific methods, Egypt 1992

Problem	Pill	IUD	Female sterili-zation	Condom	Male sterili-zation	With-drawal
None	54.6	57.0	14.2	20.6	9.5	19.9
Spouse disapproves	1.0	1.5	5.0	3.7	6.9	3.1
Community disapprove	0.0	0.0	1.6	0.7	5.7	2.2
Religion disapproves	2.7	2.3	48.0	3.0	45.4	9.4
Side effects	27.4	19.0	3.1	7.0	1.8	4.9
Access/availability	0.1	0.1	0.3	0.0	0.2	1.3
Costs too much	0.1	0.2	0.8	0.4	0.9	0.0
Inconvenient to use	4.4	3.9	5.5	25.5	7.1	28.9
Not effective	1.7	3.1	0.4	9.2	0.3	11.4
Permanent/irreversible	0.1	0.0	7.3	0.0	8.0	0 1
Other	0.6	0.9	1.3	2.3	0.6	2.0
Don't know	7.5	11.9	12.4	27 6	13.5	16 8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of husbands	2315	2281	1542	1660	603	1140

Figure 13.4
Percentage of Husbands Who Would Object if Wife Visited a Male Doctor for Family Planning, by Place of Residence
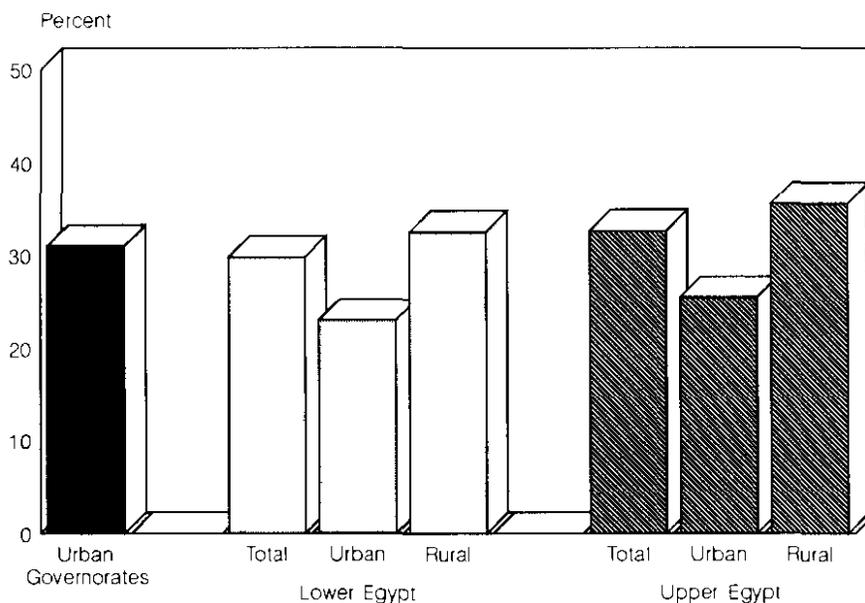
EDHS 1992

Table 13.21 Husbands' objection to wife seeing male doctor

Percentage of husbands who know about family planning by attitude toward wife obtaining family planning services from a male doctor, according to urban-rural residence and place of residence, Egypt 1992

| | Husband's attitude | | | | Number |
Background characteristic	Would object	Would not object	Don't know/ missing	Total	of husbands
Urban-rural residence					
Urban	27.8	71.5	0.8	100.0	1076
Rural	33.8	65.2	0.9	100.0	1250
Place of residence					
Urban Governorates	31.0	68.3	0.7	100.0	569
Lower Egypt	29.8	69.4	0.8	100.0	969
Urban	23.0	76.8	0.1	100.0	273
Rural	32.5	66.5	1.0	100.0	696
Upper Egypt	32.6	66.4	1.0	100.0	787
Urban	25.5	72.9	1.6	100.0	234
Rural	35.6	63.7	0.8	100.0	553
Education					
No education	36.1	63.2	0.7	100.0	642
Some primary	29.6	70.1	0.3	100.0	579
Primary through secondary	34.3	64.0	1.7	100.0	407
Secondary +	25.6	73.5	0.9	100.0	698
Total	31.0	68.1	0.8	100.0	2326

13.9 Fertility Desires

A number of questions were included in the Egypt DHS to obtain information on various aspects of the fertility preferences of husbands, including the desire for another child and the ideal number of children. In addition, there were questions addressed both to women and husbands as to who had the main influence on childbearing decisions. The results of these questions are described in this section.

Desire for Children

In the 1992 EDHS, husbands were asked about their desire for additional children. The results reveal that six in ten husbands do not want any more children (see Figure 13.5). The proportion desiring an additional child decreases with the number of living children that the husband has, ranging from 98 percent among husbands with no children to only 8 percent among husbands with 7 or more children (see Table 13.22).

Figure 13.5
Fertility Preferences of Husbands

Want another child 33%

Uncertain 6%

Want no more children
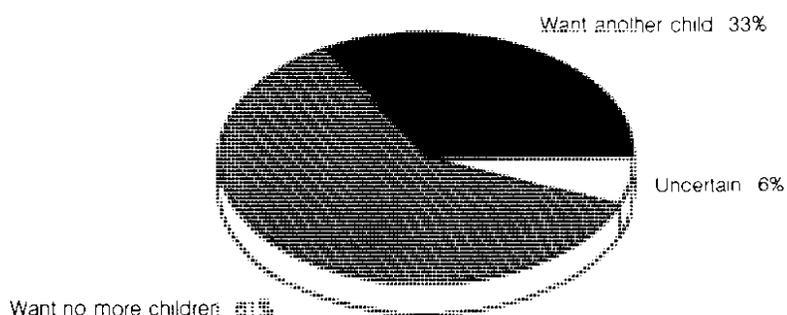
EDHS 1992

Table 13.22 Husbands' desire for more children

Percent distribution of husbands by desire for more children, according to the number of living children, Egypt 1992

Desire for future children	Number of living children								Total
	0	1	2	3	4	5	6	7+	
Want another child	95.7	87.7	39.1	20.2	14.7	10.8	11.2	7.5	33.0
Want no more/none	3.5	10.4	50.7	73.6	76.0	85.3	81.2	86.9	60.8
Undecided/Don't know	0.9	1.9	10.2	6.2	9.3	3.9	7.6	5.6	6.1
Total	100.0	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0
Number of husbands	193	279	401	408	332	306	210	277	2406

Son Preference

The issue of whether son preference influences the desire for children is examined in Table 13.23, which shows the variation in the proportion wanting no more children according to the number of living sons and daughters. At each parity, the proportion of husbands desiring to limit childbearing increases with the number of living sons. For example, among husbands with two children, those who have two sons are much more likely to say that they want no more children than those husbands with two daughters (53 percent and 36 percent, respectively).

Table 13.23 Husbands who want no more children

Percentage of husbands who want no more children, by number of living sons and daughters, Egypt 1992

Number of living sons	Number of living daughters				Total
	0	1	2	3+	
0	3.5	9.2	36.0	57.9	17.8
1	11 5	54.8	67.9	77.0	53.3
2	53.0	81.0	80.2	81.5	75.6
3+	70.1	86.8	85.5	86.8	84.3
Total	27.0	60.7	71.9	80.4	60.8

Ideal Number of Children

As mentioned above, husbands also were asked about the ideal number of children they would like to have. The results in Table 13.24 show the distribution of husbands by their ideal number of children according to the actual number of children that they have. Overall, there was a clear preference among husbands for either a two child (28 percent) or three child (21 percent) family. An additional 20 percent considered four or more children as ideal. The table also indicates that a substantial proportion of husbands (28 percent) were unable to specify the number of children that they considered ideal. Among those giving numeric reposes, the mean ideal family size was 3.3. This average generally increases with the number of children that a man already has, peaking at 4.7 among men with 7 or more children.

Table 13.24 Husbands' ideal number of children

Percent distribution of husbands by ideal number of children and mean ideal number of children, according to number of living children, Egypt 1992

Ideal number of children	Number of living children								Total
	0	1	2	3	4	5	6	7+	
0	0 0	0.0	0.2	0.3	0.1	1.9	0.7	0.0	0.4
1	6.3	2.7	1.0	0.9	1.5	0.6	1.3	1.2	1.7
2	44.4	46.7	43.4	24 6	21.2	16.1	15.0	11.1	27.9
3	18.5	20.7	23.3	38.4	14.1	17.6	15.8	12.1	21.2
4	6 1	6 9	9 5	8.9	28.0	12 5	9.9	14.5	12.4
5+	6.4	3.8	3.5	4.2	6.6	14.7	14.6	13.8	7.9
Non-numeric answers	18 2	19.3	19.2	22.6	28.6	36.5	42.6	47.3	28.5
Total	100.0	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0
Number	193	279	401	408	332	306	210	277	2406
Mean	2 9	2 6	2 8	3.0	3.6	4.2	4.3	4.7	3.3

Note: The mean excludes husbands who gave non-numeric responses.

Main Influence on Decision to Have Another Child

Table 13.25 and Figure 13.6 consider the opinions of husbands and wives as to the person who should have the main influence on the decision to have another child. The results indicate that around half of all husbands believe that both the husband and wife should have an equal say in the decision to have a child, and 40 percent feel that the husband should have the main influence. Only a small proportion of husbands believe that the wife should have the main influence on childbearing decisions; husbands are in fact somewhat more likely to say that other individuals (e.g., relatives or medical personnel) should have the main influence than they are to accord the wife the main decision-making role (6 percent and 4 percent, respectively).

Table 13.25 Husbands' and wives' perceptions of main influence on decision to have another child

Percent distribution of couples by husband's and wife's perceptions as to the person who has the main influence on the decision to have another child, according to urban-rural residence and place of residence, Egypt 1992

Husband's perception and wife's attitude	Urban	Rural	Urban Gover-norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Husband: Husband main	36.5	43.0	37.0	38.2	38.6	38.1	44.2	33.2	48.7	40 1
Wife: husband main	14.0	22 8	13.5	18.9	18.0	19.3	22.3	10.7	27 1	18.8
Wife: wife main	3 5	2.7	5.2	1.9	2.2	1.8	3.0	1.2	3.7	3.1
Wife: both equal	18.3	16 1	17.4	16.3	18.5	15.5	17.8	20.3	16 8	17.1
Wife: other	0.7	1.4	0.9	1.1	0.0	1.5	1.1	0.9	1.2	1 1
Husband: Wife main	3.4	3.9	4.3	2.9	1.7	3.4	4.2	3 0	4.6	3.7
Wife: husband main	1.0	1.9	1.3	1.3	0.5	1.6	1.8	1.1	2.1	1.5
Wife: wife main	0.6	0.6	0.7	0.8	0.6	0.8	0.4	0 1	0.5	0.6
Wife: both equal	1.5	1.3	1.9	0.8	0.6	0.9	1 8	1.8	1.8	1.4
Wife: other	0.2	0.1	0.4	0.0	0.0	0.1	0.2	0.0	0 2	0.2
Husband: Both equal	55.8	46.2	55.9	52.6	53.5	52.3	44.5	58.3	38 9	50.6
Wife: husband main	8.0	14.0	5.8	15.3	10.6	17.1	10.4	10.4	10.4	11 3
Wife: wife main	3.6	2.1	4.1	2 2	2.4	2 1	2.6	3.9	2.0	2 8
Wife: both equal	42.6	28.2	44.4	33.6	40.4	31.0	29.5	40.9	24.9	34 7
Wife: Other	1.6	1 9	1.6	1.6	0 1	2.2	2.0	3.1	1 6	1.8
Husband: Other	4.3	6.9	2.9	6.2	6.1	6.2	7.1	5.5	7 7	5 7
Wife: husband main	2.0	2.9	1.5	2.7	2.8	2.7	2.8	2.3	3.0	2 5
Wife: wife main	0.1	0.3	0.2	0.2	0.0	0.2	0.3	0.1	0 3	0.2
Wife: both equal	1.8	2.3	0.9	2.2	2.7	2.0	2.7	2.7	2 6	2.1
Wife: other	0.4	1 5	0.2	1.1	0.6	1.3	1 3	0.4	1.7	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of couples	1093	1313	573	986	274	711	847	245	602	2406

The marked differences among couples in their opinions as to the role husbands and wives should have in childbearing decisions also are highlighted in Table 13.25. Overall, there is agreement on this topic in the case of only 55 percent of the couples interviewed in the EDHS. Of particular interest is the fact that fewer than half of the wives of men who believe that the husband should have the main influence on childbearing decisions agree with their husbands.

Looking at residential patterns, husbands from rural Upper Egypt are considerably more likely than husbands from other areas to believe that the husband should have the main influence on childbearing decisions and less likely to believe that these decisions should be made jointly. As in the other areas, husbands and wives in rural Upper Egypt do not always share the same view of the fertility decision-making process. For example, 45 percent of the wives of men who say that the husband has the main influence on

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Figure 13.6
Opinions of Husbands and Wives as to Person with
Main Influence on Decision to Have Another Child


```
          Husband 40%                              Husband 34%
Wife 4%                            Wife 8%
                  Other 6%                               Other 4%

          Both 51%                                 Both 55%
          Husbands                                   Wives
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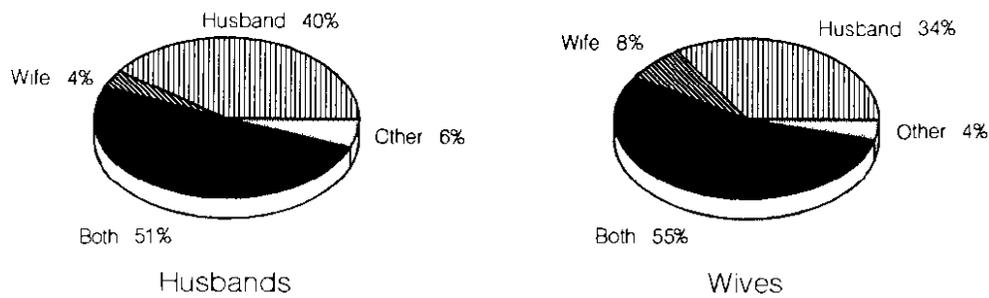
EDHS 1992

the decision to have a child disagree with their husbands; the majority of wives who disagree see childbearing as a joint decision.

13.10 Wife's Status in the Family

The 1992 EDHS collected information in both the women's and husbands' surveys on a number of indicators of the wife's position in the family. One series of questions focused on the freedom wives are given to go out alone, express disagreement with the husband in family discussions and to work. The results presented in Table 13.26 indicate that wives are more likely than husbands to say that a wife should be able to go out alone or with children to buy household items or to visit relatives (85 percent and 78 percent, respectively). Wives also are much more likely than their husbands to accord a woman the right to work (74 percent and 49 percent, respectively). Husbands are, however, somewhat more likely than their wives to accord the wife the right to express disagreement with the husband in family (67 percent and 57 percent, respectively). Residential differentials in the responses to these questions indicate that both husbands and wives are more conservative in their attitudes in rural areas, especially in Upper Egypt, than in urban areas.

Perceptions concerning husband-wife roles in making various household decisions are shown in Table 13.27. The majority of husbands and wives believe that the husband should have the final word on decisions regarding visiting relatives/friends, the household budget, and the wife's employment. With regard to children's education and marriage plans, husbands and wives tend to be more evenly divided between the opinion that the husband has the final say and the belief that the decision should be made jointly. Interestingly, more than half of both husbands and wives believe that the decision to have another child or to use family planning should be made jointly.

Table 13.26 Husbands' and wives' perceptions of wife's position in family

Among husbands and wives, the percentage saying that the wife can go out alone, that the wife should express an opinion when she disagrees with her husband, and that a woman should be able to work, according to urban-rural residence and place of residence, Egypt 1992

Indicator of wife's position	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Wife can go out alone										
Husband	84.3	73.0	89.2	81.3	76.0	83.3	67.0	82.2	60.8	78.1
Wife	88.6	81.6	89.9	89.7	87.2	90.7	75.6	87.2	70.8	84.8
Wife should express opinion										
Husband	78.7	57.2	80.8	68.5	78.8	64.5	55.8	73.6	48.5	66.9
Wife	74.1	42.5	81.0	55.0	70.4	49.0	42.7	62.2	34.8	56.8
Wife should be able to work										
Husband	50.5	47.8	49.4	52.6	53.2	52.4	44.6	50.1	42.3	49.0
Wife	75.9	72.4	74.0	78.7	81.0	77.8	68.4	74.5	65.9	74.0
Number of couples	1093	1313	573	986	274	711	847	245	602	2406

Table 13.27 Husbands' and wives' opinions as to who should have the last word on household decisions

Percent distribution of couples by husbands' and wives' opinions as to who should have the last word in various household decisions, Egypt 1992

Household decision	Husband's opinion as to who has last word					Wife's opinion as to who has last word					Number of couples
	Husband	Wife	Both	Other	Total	Husband	Wife	Both	Other	Total	
Visit friends/relatives	61.1	2.7	35.8	0.4	100.0	59.9	3.0	36.6	0.5	100.0	2406
Household budget	68.1	9.6	20.4	1.9	100.0	60.2	11.9	25.1	2 8	100.0	2406
Having another child	41.1	3.1	52.2	3.6	100.0	37.4	4.8	55.6	2.2	100.0	2406
Children's education	47.3	1.6	48.3	2.8	100.0	41.4	2.2	53.1	3 2	100.0	2406
Children's marriage	47.0	1.4	40.1	11.5	100.0	44.8	1.0	43.9	10.3	100.0	2406
Use of family planning methods	37.2	6.7	54.7	1.3	100.0	33.6	8 0	57.0	1.4	100.0	2406
Wife's employment	77.6	3.5	18.8	0.2	100.0	71.1	4 9	23.8	0.3	100.0	2406

The proportions of husbands and wives saying that husbands should have the last word in important household decisions are shown in Table 13.28 by residence. The proportions of both husbands and wives saying that the husband should have the final say are generally more similar among rural than urban couples. Among urban couples, the greatest disagreement is observed with regard to decisions about the household budget, children's education, use of family planning, and the wife's employment. In all cases, rural couples, especially those from rural Upper Egypt are more likely than urban couples to see the husband as having the final say in family decisions.

Table 13.28 Husbands' and wives' belief that husband should have last word on household decisions, according to residence

Among husbands and wives, the percentage saying that the husband should have the last word on important household decisions, according to urban-rural residence and place of residence, Egypt 1992

Household decision	Urban	Rural	Urban Gover- norates	Lower Egypt			Upper Egypt			Total
				Total	Urban	Rural	Total	Urban	Rural	
Visit friends/relatives										
Husband	50.2	70.2	46.1	62.7	55.1	65.6	69.5	54.4	75.6	61.1
Wife	47.7	70.0	39.5	65.7	57.2	69.0	66.9	56.4	71.1	59.9
Household budget										
Husband	58.4	76.2	52.0	69.7	65.4	71.4	77.2	65.7	81.8	68.1
Wife	47.1	71.1	40.2	65.8	57.4	69.0	67.1	51.6	73.5	60.2
Having another child										
Husband	32.7	48.1	28.1	36.9	32.4	38.6	54.9	43.8	59.4	41.1
Wife	28.0	45.3	25.6	35.8	29.2	38.4	47.3	32.3	53.4	37.4
Children's education										
Husband	34.6	58.0	27.2	45.7	38.0	48.7	62.9	48.0	68.9	47.3
Wife	24.6	55.4	20.8	41.2	27.3	46.5	55.6	30.6	65.8	41.4
Children's marriage										
Husband	34.3	57.6	29.2	47.4	37.2	51.3	58.7	43.1	65.1	47.0
Wife	28.4	58.4	22.6	45.9	34.0	50.5	58.5	35.8	67.7	44.8
Use of family planning methods										
Husband	27.5	45.3	21.3	34.0	31.2	35.0	51.7	37.7	57.4	37.2
Wife	20.1	44.9	16.1	32.3	19.3	37.3	47.0	30.1	53.9	33.6
Wife's employment										
Husband	71.2	82.9	69.2	81.1	78.3	82.2	79.0	67.6	83.6	77.6
Wife	60.1	80.2	56.3	74.6	64.0	78.7	76.9	64.5	81.9	71.1
Number of couples	1093	1313	573	986	274	711	847	245	602	2406

13.11 Typical Family Expenditure and Wife's Contribution to the Household Budget

In the 1992 EDHS, the husband was asked about what he thought that a typical family in the same situation as his family spent in a month. The distribution of husbands according to the estimated typical monthly expenditure and the median typical family expenditure is shown in Table 13.29. Overall, the median expenditure for a typical family in Egypt is 252 pounds. Thirty percent of families are estimated to spend less than 200 pounds and 19 percent are seen as spending 400 or more pounds.

Looking at the variation in the typical family expenditure by selected background characteristics, the median expenditure increases with the husband's age, peaking at slightly over 300 pounds among those age 40 and over. Considering residential differentials, the median typical family expenditure is around 100 pounds greater among urban families than rural families (305 pounds and 204 pounds, respectively). The median expenditure by a typical family exceeds 300 pounds only in the Urban Governorates and urban areas in Lower Egypt.

Table 13.29 Husbands' opinions as to the typical family expenditure

Percent distribution of husbands by opinion as to the total monthly expenditure of a family similar to his, according to selected background characteristics, Egypt 1992

Background characteristic	Total monthly expenditure							Unsure/ Don't know	Total	Median	Number of husbands
	<100	100- 199	200- 299	300- 399	400- 499	500- 599	600+				
Age											
<25	16.5	40.5	17.7	12.0	0.0	1.3	2.5	9 5	100.0	155.4	85
25-29	8.6	36.1	26.8	15.7	3.9	3.0	1.5	4.4	100.0	201.4	281
30-34	5.9	28.7	29.2	20.6	7.5	3.3	2.0	2.7	100.0	207 9	429
35-39	2.6	21.0	28.3	28.2	8.7	6.0	2.3	2.8	100.0	256.3	427
40-44	3.1	20.8	24.3	25.0	8.0	10.5	7.0	1.4	100.0	300.5	405
45-49	2.4	19.9	23.2	22.2	12 3	8.0	7.7	4.4	100.0	301.3	324
50-54	2.3	19.1	21.9	25.2	11.7	8.2	7.3	4.3	100.0	302.2	224
55+	5.8	21.6	17.7	26.7	8.0	10.3	6.3	3.8	100.0	301.3	233
Urban-rural residence											
Urban	1.6	13.4	22.4	29.1	12.1	10.6	8 1	2.7	100.0	304.6	1093
Rural	7.3	33.8	27.0	18.0	5 0	3.4	1 6	4.0	100.0	203.4	1313
Place of residence											
Urban Governorates	0.6	6.0	21.0	31 4	15.8	13.5	10.1	1.7	100.0	308.5	573
Lower Egypt	6.4	30.1	27.3	22.4	5.7	4.7	1.4	2.0	100.0	206.1	986
Urban	3.6	22.1	22.5	31.3	7.9	7.9	3.8	0 9	100.0	300.5	274
Rural	7.5	33.2	29.1	19.0	4.8	3.4	0.5	2.5	100 0	203.5	711
Upper Egypt	5.5	30.5	24.8	18.1	6.0	4.4	4.4	6.2	100 0	206.3	847
Urban	2.0	20.9	25 7	21.1	8.0	6.8	8.1	7 3	100.0	257.8	245
Rural	7.0	34.4	24.5	16.9	5.2	3.3	2 9	5.8	100.0	203 2	602
Education											
No education	7.1	34.6	25.4	18.0	3 6	3.6	2.4	5.3	100.0	202.9	690
Some primary	5.4	30.3	26.5	19 8	5.9	5 6	2.3	4.0	100 0	206.5	599
Primary through secondary	5.5	18.9	24.0	30.5	10.5	5 0	3.6	2.1	100 0	300.2	415
Completed secondary/higher	1.2	12.9	23.6	26.4	13.3	11.5	9.1	1 9	100.0	305.5	702
Husband's occupation											
Technical/professional	1.5	12.2	26.0	24.0	10.2	15.1	10 3	0.6	100.0	305.4	286
Administrative	0.0	5.3	10.7	22.8	10.9	6 9	31.3	12.1	100.0	404.7	49
Clerical	0.9	16.0	29.5	26.8	17.2	4.6	3.0	1.9	100.0	301.2	208
Sales	3.9	25 0	21.0	23 9	6.4	9.6	6.3	3.9	100.0	257.1	164
Services	3 2	27.5	29.1	23.9	6.8	5 8	1.8	2 1	100 0	209.0	185
Agriculture	9.8	35.7	25.9	16.2	2.9	2.5	1 6	5.5	100 0	200 9	694
Production	3.6	22.0	24.4	27.4	10.7	6.9	3.1	1.8	100.0	258.6	683
Other	2.5	6.6	17.2	26.3	9.1	17.7	13 2	7.5	100.0	307.8	77
Missing/Not specified	0.6	39.3	17 8	26.1	6 4	0.3	2 5	6.9	100.0	204.1	62
All husbands	4.7	24.5	24.9	23.0	8 2	6.7	4 5	3.4	100.0	251.6	2406

As expected, typical family expenditures increase with the husband's educational level. With regard to occupation, husbands working in technical, professional and administrative jobs report higher typical family expenditures than husbands in other occupations. The median expenditure for these occupations exceeds 300 pounds, and husbands in administrative occupations report that the median expenditure among households in situations similar to their own is more than 400 pounds. Agricultural workers report the lowest typical expenditure at just over 200 pounds.

Husbands also were asked if their wife made any contribution to the household budget. In general, nearly 6 in 10 husbands reported that the wife made some contribution to the household budget. The proportion reporting that the wife made a contribution generally increases with the typical family expenditure,

as shown in Table 13.30. The proportion also generally increases with the husband's age, peaking at 65 percent in the 45-49 age group. Variations by urban-rural residence, and place of residence are not especially marked. However, the proportion of wives making some contribution to the households budget is significantly higher among husbands with a secondary or higher education than among husbands with less education. Similarly, husbands involved in professional and administrative jobs are more likely to report that their wives contribute to the household budget than agricultural or production workers.

Table 13.30 Wives' contributions to the househhold budget

Percentage of husbands whose wives contribute to the household budget, by selected background characteristics, Egypt 1992

Background characteristic	Wife contributes	Number of husbands
Monthly expenditure		
<100	59.2	114
100-199	54.4	590
200-299	57.1	600
300-399	59.8	554
400-499	65.3	197
500-599	68.5	160
600+	66.1	109
Not sure/Don't know	44.8	82
Age		
<25	49.4	85
25-29	51.2	281
30-34	54.4	429
35-39	62.9	427
40-44	59.8	405
45-49	65.2	324
50-54	58.5	224
55+	59.3	233
Urban-rural residence		
Urban	57.4	1093
Rural	59.6	1313
Place of residence		
Urban Governorates	58.5	573
Lower Egypt	60.5	986
Urban	57.4	274
Rural	61.7	711
Upper Egypt	56.5	847
Urban	54.9	245
Rural	57.1	602
Education		
No education	52.5	690
Some primary	58.1	599
Primary through secondary	52.5	415
Completed secondary/higher	68.6	702
Husband's occupation		
Technical/professional	74.4	286
Administrative	75.1	49
Clerical	63.6	208
Sales	46.7	164
Services	52.0	185
Agriculture	58.1	694
Production	54.8	683
Other	60.6	77
Missing/Not specified	51.7	62
All husbands	58.6	2406

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APPENDIX A

SURVEY STAFF

APPENDIX A

SURVEY STAFF: 1992 EGYPT DEMOGRAPHIC AND HEALTH SURVEY

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APPENDIX B

SAMPLE DESIGN

APPENDIX B

SAMPLE DESIGN

The major objective of the Egypt Demographic and Health Survey sample design was to provide estimates with acceptable precision for important population characteristics such as fertility, infant and child mortality, contraceptive prevalence, and maternal and child health indicators. These estimates were required at the national level, for urban and rural areas and for five major residential subgroups (Urban Governorates, Lower Egypt (urban and rural) and Upper Egypt (urban and rural)). In addition, estimates of contraceptive prevalence and the basic health indicators were required for each of 21 governorates.

To achieve these objectives, a three-stage probability sample was adopted. The following is a detailed description of the 1992 EDHS sample design. A description of the field activities involved in the implementation of the sample design is included in Chapter 1 of this report.

B.1   Sample Coverage

Administratively, Egypt is divided into 26 governorates. The 1992 EDHS sample covered 21 of these 26 governorates. Only the Frontier governorates were excluded from the sample frame because of the disproportionate resources required to survey the population in these governorates; the net effect on national estimates of excluding these governorates is negligible because they include only about 1 percent of Egypt's population.

B.2   Sample Design

The main concern in developing the sample design for the 1992 EDHS was to secure a sufficient number of cases in each domain in order to increase the precision of estimates and reduce sampling error. Sampling error has two components, one corresponding to variation between primary sampling units (PSUs) and the other to variation within PSUs; the major component is usually the variation between PSUs. Thus, the total number of PSUs is an important factor in controlling the size of the sampling error since the variation between PSUs depends on this number.

The DHS sampling policy recommends a minimum of 1000 women per domain. Moreover, with an optimal sample take of about 25 cases per PSU, it is recommended that a minimum of 40 PSUs be selected per domain. This recommendation reflects a balancing of the desire to increase the "spread" of the sample (i.e, to increase the number of PSUs) and the interest in avoiding oversampling, which can result in unnecessarily high costs and increased problems in controlling the quality of the interview process.

The standard DHS approach had to be modified in the design of the Egypt DHS sample because estimates were required for each governorate. The main variables for which governorate-level estimates were needed involved proportions rather than rates (e.g., contraceptive prevalence). Thus, a smaller sample could be selected from each governorate than would have been needed for the calculation of fertility or mortality measures. The EDHS sample design called for a minimum of 450 women in each governorate, and a minimum of 25 clusters per governorate.

The target sample was fixed at 10,000 interviews with ever-married women age 15-49. Using information from the 1988 EDHS on the number of eligible women per household and response rates, it was estimated that 12,030 households had to be selected in order to yield the desired number of interviews. The EDHS design called for these households to be selected from a total of 378 primary sampling units (209

villages and 169 shiakhas/towns). Table B.1 presents the distribution of the PSUs and the target sample by governorate.

Table B.1 Distribution of target sample and number of primary sampling units (PSUs) by governorate and sector (urban-rural)

Governorate	Sample size	Urban			Rural			Overall sampling fraction
		Sample	Segment	PSUs	Sample	Segment	PSUs	
Urban Governorates								
Cairo	1400	1400	70	35				1/1390
Alexandria	600	600	30	15				1/1220
Port Said	560	560	28	14				1/ 200
Suez	590	590	30	15				1/ 160
Lower Egypt								
Damietta	540	135	10	5	405	14	14	1/ 330
Dakahlia	550	143	10	5	407	14	14	1/1460
Sharkia	500	115	8	4	385	13	13	1/1530
Kalyubia	500	220	14	7	280	9	9	1/1280
Kafr El-Sheikh	500	115	8	4	385	13	13	1/ 760
Gharbia	510	168	12	6	342	11	11	1/1280
Menoufia	500	100	6	3	400	13	13	1/1030
Behera	500	115	8	4	385	13	13	1/1390
Ismailia	560	274	18	9	286	10	10	1/ 250
Upper Egypt								
Giza	550	314	20	10	236	8	8	1/1810
Beni Suef	500	125	8	4	375	13	13	1/ 650
Fayoum	500	115	8	4	385	13	13	1/ 690
Menya	500	105	8	4	395	13	13	1/1250
Assiut	500	140	10	5	360	12	12	1/1000
Souhag	570	125	8	4	445	15	15	1/ 920
Qena	500	115	8	4	385	13	13	1/1050
Aswan	600	240	16	8	360	12	12	1/ 300
Total	12030	5814	338	169	6216	209	209	

B.3   Sample Frame

For each governorate, a list of shiakhas/towns constituted the initial primary sample frame for urban areas, and a list of villages constituted the frame for the rural area. The Central Agency for Public Mobilization and Statistics provided updated population information for each of the administrative units in the frame.

For the second stage selection, a frame was required for the selected PSUs only. Before carrying out the second stage selection, detailed maps were obtained for each PSU.

B.4   Sample Selection

First Stage

In this stage, a total of 377[1] PSUs were selected from 21 governorates (169 urban, 208 rural). A list of PSUs allocated according to governorate and residential sector (urban/rural) is shown in Table B.2. Figures B.1.1-B.1.3 show the geographical distribution of the 377 sampling selected in the 1992 EDHS.

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[1] One of the rural primary sampling units (El-Sebaiaa village in Aswan) had become a town and was excluded from the sample.

Table B.2 Primary sampling units by governorate, Egypt DHS 1992

URBAN GOVERNORATES

Cairo

El-Barad	El-Teraa El-Boulakia
Sherif	Roud El-Farag El-Balad
El-Ezab	El-Sabtia
Mahmasha	El-Sakayeen
Masaken El-Zawia El-Hamraa	El-Birkadar
El-Amiria	Nasser
El-Zatoun El-Keblia	Nasr El-Keblia
Masaken El-Amiria El-Shamalia	El-Kadria
El-Ezab	El-Baghalaa
Arab Abo-Tawila	Abo-El-Scoud And El-Madabegh
El-Zahraa And Masaken El-Helmia	El-Manial El-Gharbi
Tolumbate Ain Shams	El-Basatin El Gharbia
El-Salam El Sharkia	Dar El-Salam
Kafr El-Shorafaa	El-Hagaraa
El-Bostan	El-Massara El-Balad
El-Abasia El keblia	Helwaen El-Balad
Hadayek El Koba	15th Mayou (Town)
Masaken EL-Amiria El Ganoubia	

Alexandria

El-Bitash Gharb	El-Mandarah Kebly
Zawiat El-Kabania	Sidi Beshr Kebly
El-Hadraa Kebly	Mergham
Ezbat Saad	Embrouzo and Moharam Beck
El-Kassee Kebly	El-Mesalah Gharb and Sherif Basha
Dana El-Gadida And Ezbat El-Wastania	Gheet EL-Enab Gharb
San Estifano	El-Wardiaan Shark
El- Scouf Kebly	

Port Said

EL-Galaa	Ibrahim Hassanin
El-Saraye	Port Fouad(Town)
El-Manaakh	Gazirat Pohairet El-Manzalah
Abo El-Hassan	El-Kabouti
Montazah Saad	
El-Arab	

Suez

Fisal (City)	Kism Rabia
El-Ganaen (City)	Sheikha Owlaa
Kism Taleet	Sheikha Taniaa

LOWER EGYPT

Damietta

Urban	
Kism Awal	Faraskour (Town)
Kism Tani	El-Zarkaa (Town)
Kism Rabia	

Rural
El-Mohamdia (Monshet Farouk)
Kafr El-Morabian El-Sharkia
Kafr El-Wastany
El-Sawalem
El-Sananiah
Shat El-Khayata
Shat El-Sheikh Dorgham

Shat Ezbet-El-Lahm
Shat Mouheb and El-Sayale
El-Barashia
El-Tarha
Sharabas
Dakahla
Kafr Turky

Dakahlia

Urban
Sherbine (Town)
Manzalaa (City)
Kism Awal Meet Talkha

Kafr El-Berdmaase
Aggaa (Town)

Rural
El-Satamouni
El-Dahria
El-Bousraat
El-Azzazna
El-Salam
Taranis El-Bahre
El-Tawela

Kafr Demiraa El-Gadida
Kafr El-Kordi
Berkin
Manshat Helal
Kafr Derabe Baktaress
Olilah
Kafr Meet El-Azz

Sharkia

Urban
Fakouse (Town)
Urban
Sherbine (Town)
Manzalaa (City)
Kism Awal Meet Talkha

Youssef Beck

Kafr El-Berdmaase
Aggaa (Town)

Rural
El-Satamouni
El-Dahria
El-Bousraat
Elnahal

Kafr Demiraa El-Gadida
Kafr El-Kordi
Berkin
Belbeese (City)

Rural
Shenbaraa Mankelaa
Manshat Ebn-El-Aas
El-Monagaa Al-Kobra
Akiaad El-Keblyia
Dawamah
Manshat El-Manesterli
El-Nakhase

Kafr Abazah
Kafr El-Sheikh El-Zawahri
El-Horria
Shoubra El-Nakhlaa
El-Naahamna
Meet Bashaar

Kalyubia

Urban
Kafr Manaker
El-Kanater El-Khayria (Town)
Bahtim

Mostorod
Bigam

Rural
Kafr Sharaf El-Deen
Kafr El-Gazzar
El-Shoubak
Nobe Taha
Dandana

Abo Al-Ghite
Kafr Al-Shorafaa El-Gharbi
Meet Halfaa
Saryakouse

Kafr El-Sheikh

Urban
Baltim (Town)
Fouah (Town)

Desouk (City)
Awade El-Zawawi

<u>Rural</u>
El-Komision Shark
Abo Ghenima
Koume El-Dahab (Zobaida El-Bahari)
El-Rasif
El-Sahel El-Bahari (Dabloosh)
Kafr El-Garaydah
Ketah El-Hamoul

Al-Khadimia
Sandalaa
El-Safiaa And Meet El-Hamide
Shabase El-Shohadaa
Manshat Zahlouk
El-Manshaa El-Kobra

Gharbia

<u>Urban</u>
Katoure (Town)
Naser
Habibe Youssef Al-Sengawy

El-Santa (Town)
Waboure El-Noure
Ali Aghaa

<u>Rural</u>
Ketamet El-Ghabaa
Shoubra Baloulah El-Sakhaweya
Bashbishe
Mahalet Abo Ali Al-Kantarah
Kafr Al-Azyzia
Sandbaste

El-Bandarah
Monshat Abo Abd Allah
Shabshir El-Hessah
Maneil El-Howishat
Kolaibe Abyaare

Menoufia

<u>Urban</u>
Hassan Hassan Amer El-Kammash
Menouf (City)

Ashmoune (City)

<u>Rural</u>
Kafr Betebs
Toukh Tanbasha
Shoubra Bakhoume
Meet Abo Shiha
Dakma
Meet Affiah
Kafr El-Shabaa

Sedoude
Abo Senita
Kafr Shoubra Zengi
Derouah
Shanshoure and Hessetha
Manial Arouse

Behera

<u>Urban</u>
Kafr El-Daware (City)
Edko (City)

Houshe Issa (City)
Kartassaa

<u>Rural</u>
Ezzab Dafashou
El-Meadya
Fisha Balakhah
Botorus
Zawyt sakr
Abaadiat Damanhoure
Ezbet Al-Sarwe

Abo Yehya
El-Oyoune
Nakla El-Enab
Ibrahim Mehana
Kherbeta
El-Azzimah

Ismailia

<u>Urban</u>
El-Kantarah Shark (Town)
Haye El-Sheikh Zayed
El-Temsah
El-Arayshah El-Gadidah

Monshat El-Shohadaa
El-Haikre
El-Tale El-Kabire (Town)

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Rural
Al-Akharsa
Abo Khalifa
Abo Sowaire El-Mahatah
El- sabaa Abaare El-Gharbia
Einc Ghosine

Nafisha
El-Manaycf
Saraabiume
El-Kassassin El-Gadida
El-Kassassin El-Kadima

UPPER EGYPT

Giza

Urban
El-Mounira
Gezirat Embabah
Gezirat Meet Okbah
El-Dokki
Zenine

El-Omraniah El-Gharbia
Harah Oulaa
El-Mounibe
Monshat El-Bakari
El-Saff (Town)

Rural
Bortos
Oum Dinaar
Kerdasah
Warak El-Arab

Tamouah
Mazghouna
Kafr Turkcy and Kafr Tourkhan
El-Beremble

Beni Suef

Urban
Nasser (Town)
Al-Mermah and El-Ezab

Bcba (Town)
El-Feshne (Town)

Rural
Aboyate
Gazirat El-Masadah
Maydoume
Gazirat Abo Salch
Bani Hani
Mayyanah
Baroute

Damoushia
Beni Kascm
Konboshe El-Hammra
Dashashah
El-Gafadune
Shencry

Fayoum

Urban
Abshwaye (Town)
Taamiah (Town)

Kism Tani
Kism Rahia

Rural
Abo Kassah
El-Mosharak
Scnrou El-Bahriah
Kasr Bayade
Terssa
Matar Tarres
El-Mazatly

Masaret Sawi
El-Mandarah
Amiriet El-Fayoum (El-Masloub)
Abo Sire Defnou
El-Menya
Kalmashah

Menya

Urban
Mataye (Town)
Kism Talet

El-Fekriah (Town)
Daire Mouase (Town)

Rural
Beni Warkaan
Dahroute
Atou El-Wakef
Masaret Hagag
Ibrahim
Dafash
El-Bergayah

Urban
Manfaloute (City)
Shiakha Oulaa
Shiakha El-Hamraa

Rural
Kharka
Nazlet Sarakna
Tanagha
Al-Mandara Kebly
Al-Hamaame
Koum El-Mansourah

Urban
Tamma (Town)
Gohinah (Town)

Rural
El-Aghanna
Fao Gharb
Bengga
El-Nazzah El-Bahariah
El-Samarnah
Fazarra BelKariah
El-Hamadiah
Tounes

Urban
Nagaa Hamadi (Town)
Kism Tani

Rural
Al-Awsate Samhoude
Al-Bcharzah
Koum Al-Begga
Al-Gharbi Bahgoura
Houah
Fao Bahari El-Daire
Al-Hogayrate

Urban
Edfou (Town)
Koum Ombo (City)
Drawe (Town)

Rural
El-Bousaylia El-Wasta
El-Hagze Bahari
El-Redissia Bahari
Al-Kalh Gharbe
Al-Alaki
Aklite

Saft El-Khmaar Sharkiah
Atlidem
Mantoute
Al-Rairamoon
Sengerg
Beni Omraan

Assuit

El Naseria (Town)
El-Badari (Town)

Drenka
Al-Akrade
Nazlet El-Assara
El-Nekhila
El-Dawir
El-Nawawrah

Souhag

Shiakha El-Kabshe
El-Monshaa (Town)

El-Hawawishe
El-Horayzate El-Gharbia
Aoulad Salama
Al-Masayde
El-Balabishe Bahari
Aoulad Yehya Bahari
El-Sheikh Marzouk

Qena

Luxor (City)
Armante (City)

Dandara
Al-Kharanka
Hegazzah Bahari
El-Baghdadi
El-Rouzaykate

Aswan

Shiakha Oulaa
Shiakha Tania
Shiakha Talta

Al-Abbassia
Almansouriah
Fares
Nemra Sabaa Bahari
El-Akkabe

Figure B.1.1
Distribution of Sampling Points, Urban Governorates, Egypt Demographic and Health Survey, 1992
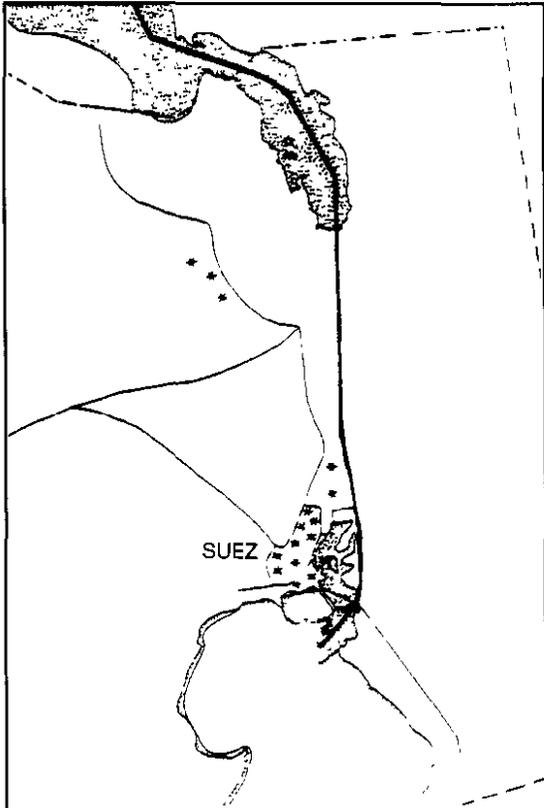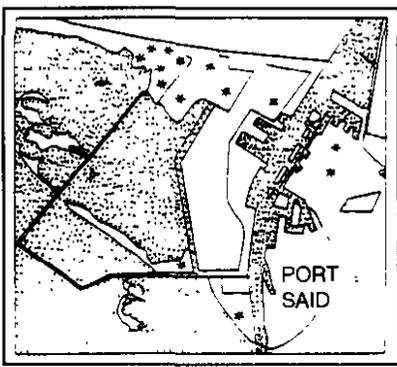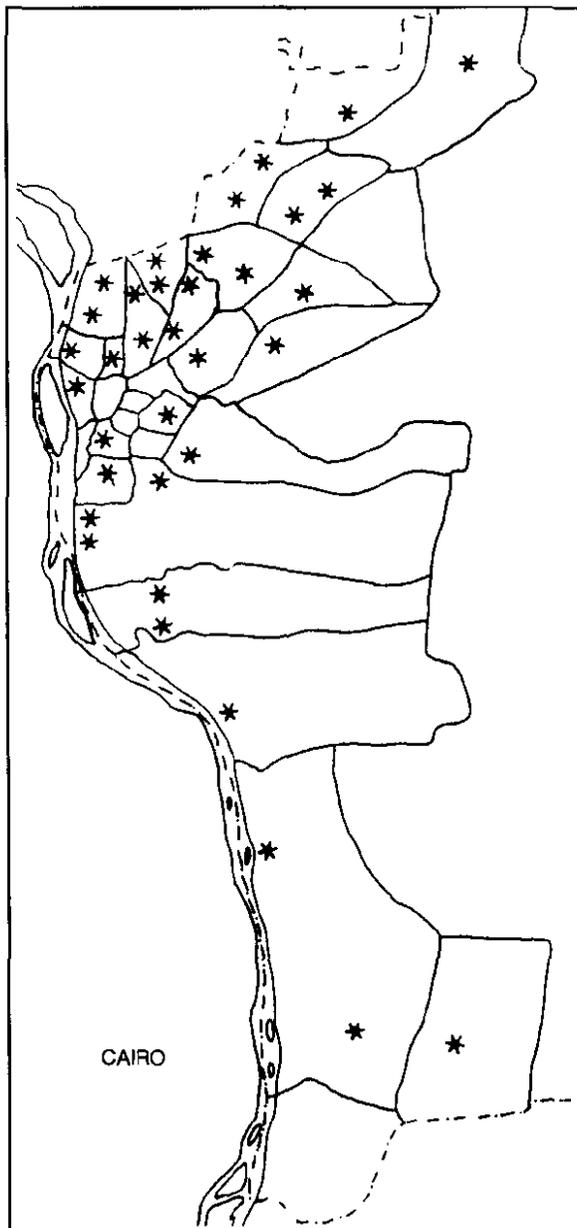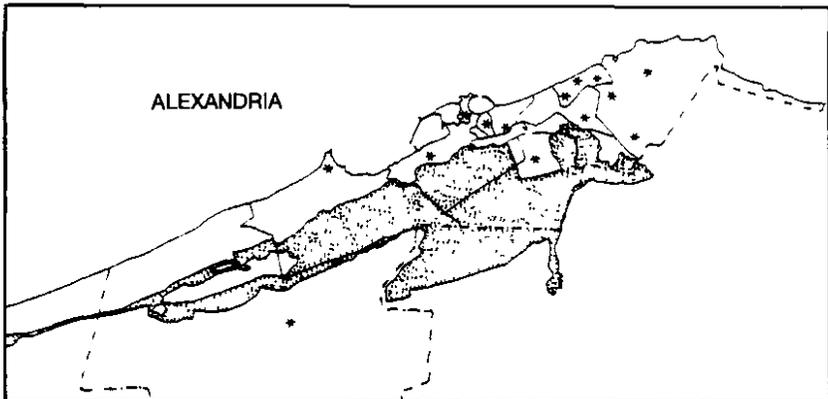
Figure B.1.2
Distribution of Sampling Points, Lower Egypt, Egypt Demographic and Health Survey, 1992

Boundary of Governorate _ _ _ _

Agricultural Boundary . . . . . .

Urban ✶

Rural ▲
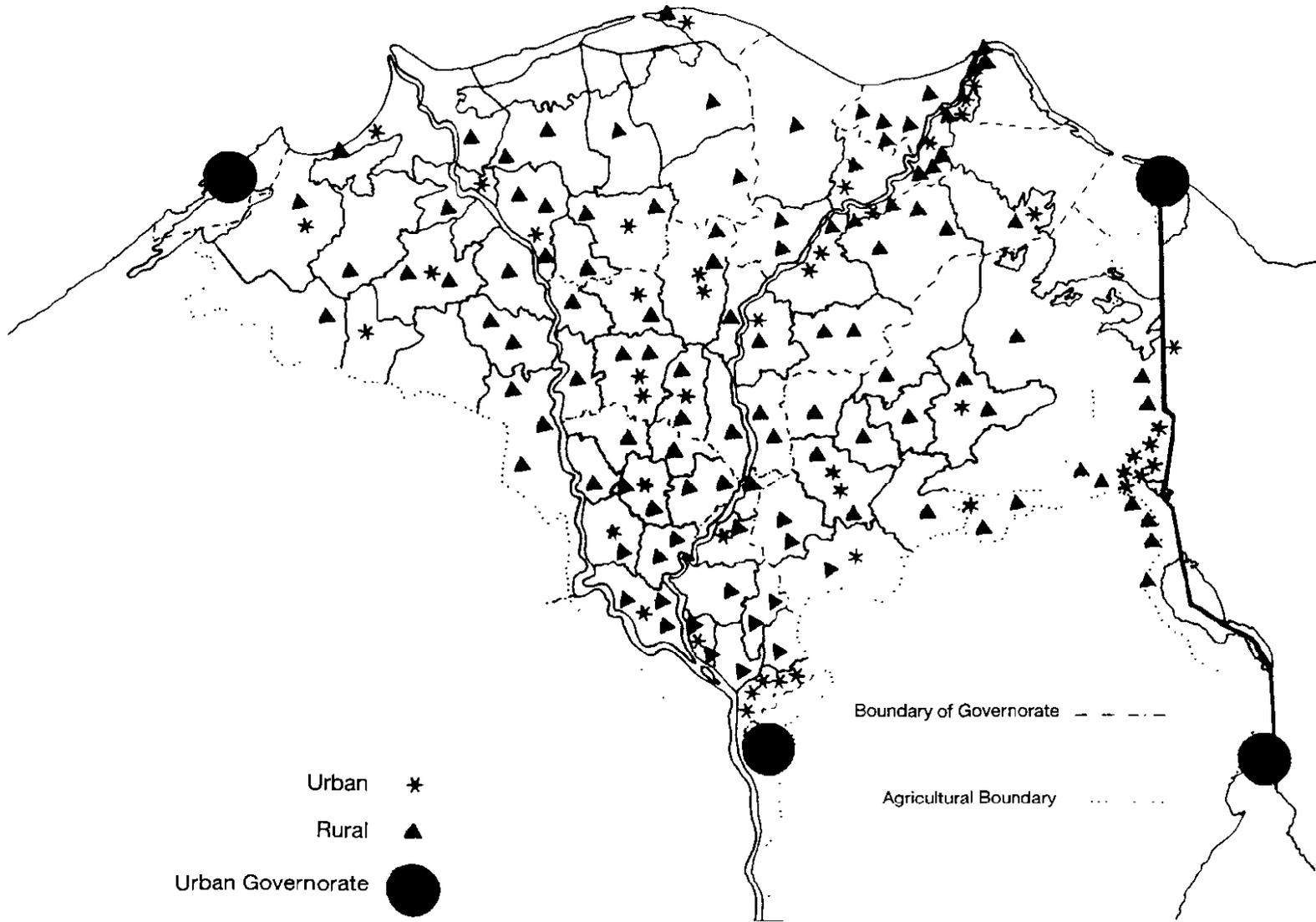
Urban Governorate ●

Figure B.1.3
Distribution of Sampling Points, Upper Egypt, Egypt Demographic and Health Survey, 1992

Boundary of Governorate	– – –
Agricultural Boundary	
Urban	*
Rural	▲
Urban Governorate	●
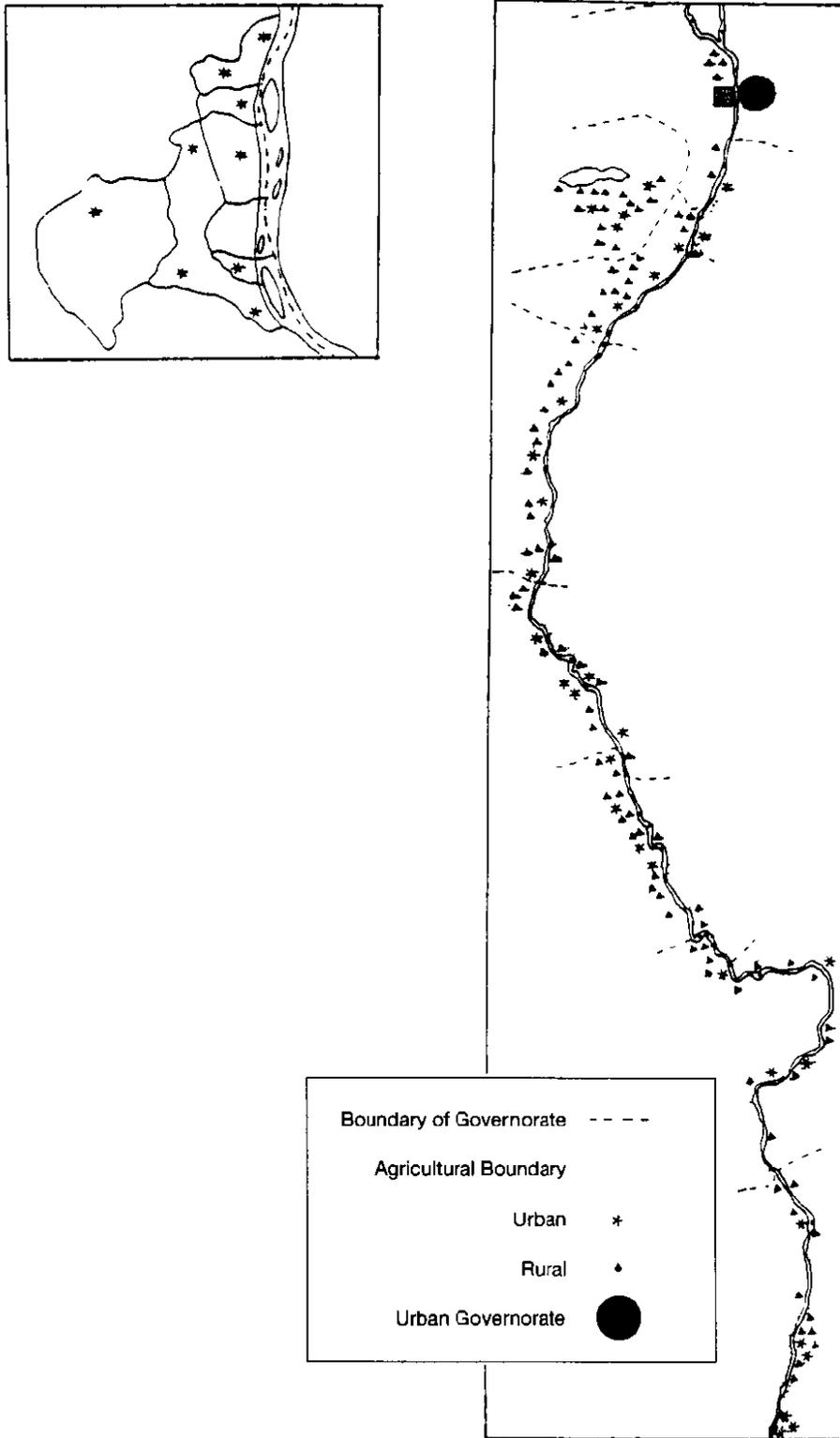
Within each governorate and residential sector (urban/rural), the list of first-stage units was arranged in serpentine order, beginning from the northwest corner of the governorate, using the map of each governorate. The sample of PSUs was selected systematically with probabilities proportional to 1986 Census population using the equation;

$$P_{1i} = a Mos_i / \sum_i Mos_i$$

where

a = the total number of PSUs to be selected from the residential sector in the governorate,

Mos_i = the measure of size for the PSU, which was obtained by dividing the total population in the PSU by 5000 for urban units or 1500 for rural units and rounding the result to the nearest integer, and

$\sum_i Mos_i$ = the sum of the Mos_i values for all PSUs in the governorate-residential sector.

Second Stage

The second stage of selection involved several steps. First, detailed maps were obtained for each shiakha and for villages with populations over 20,000. These maps were divided into a number of parts (with equal size). One part was then selected from each PSU.

In both urban and rural PSUs, a quick-count operation was carried out in the field to provide information about the number of dwelling units (see Chapter 1 for a description of the quick-count operation). These counts were used to divide the selected parts (or the entire village in the case of rural PSUs with less than 20,000 population) into a number of roughly equal size segments. Two segments from urban areas and one segment from rural areas were then selected systematically from each PSU with probability proportional to size using the following equations:

$$P_{2j} = \frac{2M_{ij}}{N_i \sum M_{ij}} \qquad \textit{for urban}$$

$$P_{2j} = \frac{M_{ij}}{N_i \sum M_{ij}} \qquad \textit{for rural}$$

where

M_{ij} = the estimated housing units assigned to the j-th segment in the i-th PSU,

ΣM_{ij} = the estimated number of housing units in the selected part in the PSU, and

N_i = the number of parts in the PSU.

Third Stage

A list of all the households living within the selected segments was prepared for third stage selection (see Chapter 1 for a description of the household listing operation). Using the household lists, a systematic sample of households was selected with the selection interval,

$$I = \frac{P_{1i}P_{2j}}{f_g}$$

where

P_{1i} and P_{2j} = as calculated above, and

f_g = the overall sampling fraction for each governorate based on estimated 1992 population for the governorate (see Table B.1).

A systematic subsample of one-third of the household sample was selected for the husband survey.

B.5   Results of Sample Implementation

Results of the sample implementation are presented for the women's survey in Table B.3.1. The results indicate that of the 11,304 households selected, the EDHS field teams successfully interviewed 10,761. The household response rate was 98 percent. In the interviewed households, 9,978 eligible women were found, of whom 99 percent were interviewed.

Response rates for the husband's survey were somewhat lower than for the women's survey. Table B.3.2 shows that 3,027 eligible husbands were found, of which 82 percent were interviewed.

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Table B.3.1 Sample implementation: Women

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 and urban-rural residence, Egypt 1992

Result	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Total
Selected households										
Completed (C)	94.1	96.4	93.7	96.5	95.5	97.1	95.0	93.6	95.7	95.2
Household present but no competent respondent at home (P)	2.1	0.7	2.5	1.1	1.5	0.9	0.9	1.8	0.5	1.5
Postponed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Refused (R)	0.3	0.0	0.3	0.1	0.1	0.0	0.2	0.4	0.0	0.2
Dwelling not found (DNF)	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0
Household absent (HA)	1.9	1.5	2.0	1.0	1.4	0.8	2.1	1.9	2.2	1.7
Dwelling vacant/address not a dwelling (DV)	1.3	1 2	1.0	1.1	1.3	1.0	1.6	1.9	1.4	1.3
Dwelling destroyed (DD)	0.2	0.1	0.2	0.1	0.2	0.0	0.2	0.2	0.2	0.1
Other (O)	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	6082	5222	3243	4215	1551	2664	3846	1288	2558	11304
Household response rate (HRR)[1]	97.5	99.2	97 0	98.7	98.3	98.9	98.8	97.6	99.5	98.3
Eligible women										
Completed (EWC)	98 9	98 8	98.8	98.7	98.8	98.6	99.1	99.3	99.0	98.9
Not at home (EWNH)	0.8	0.8	0.8	1.0	0.8	1.1	0.6	0.6	0.6	0.8
Refused (EWR)	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.0	0.2	0.2
Partly completed (EWPC)	0.0	0.1	0.0	0.1	0.2	0.0	0.1	0.0	0.1	0.1
Other (EWO)	0.1	0 2	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.1
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	4725	5253	2517	3864	1215	2649	3597	993	2604	9978
Eligible woman response rate (EWRR)[2]	98.9	98.8	98 8	98.7	98.8	98.6	99.1	99.3	99.0	98.9
Overall response rate (ORR)[3]	96 4	98.0	95.9	97.4	97.1	97.5	98.0	96.9	98.5	97.1

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:

$$ORR = HRR * EWRR$$

Table B.3.2 Sample implementation: Husbands

Percent distribution of households and eligible husbands by results of the interview, and household response rates, eligible husband response rates, and overall response rates, according to sample domain and urban-rural residence, Egypt 1992

Result	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Total
Selected households										
Completed (C)	94.5	96.5	94.8	96.7	95.1	97.7	94.5	93.1	95.2	95.4
Household present but no competent respondent at home (P)	1.5	0.8	1.5	0.9	1.4	0.7	1.3	1.8	0.9	1 2
Refused (R)	0.2	0.0	0.3	0.0	0.0	0 0	0.1	0.2	0.0	0.1
Household absent (HA)	1.7	1.5	1.6	1.1	1.4	1.0	2.2	2.5	2.0	1.6
Dwelling vacant/address not a dwelling (DV)	1.8	1.1	1.4	1.1	2.1	0.6	2.0	2.3	1.8	1 5
Dwelling destroyed (DD)	0.1	0 1	0.2	0.1	0.0	0.1	0.1	0.0	0.1	0.1
Other (O)	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0 0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2026	1748	1079	1415	514	901	1280	433	847	3774
Household response rate (HRR)[1]	98.2	99.2	98.2	99.1	98.6	99.3	98.6	97 8	99.0	98.7
Eligible husbands										
Completed (EHC)	83.9	79.3	85.9	80.6	81.9	80 0	79.2	80.9	78.6	81.5
Not at home (EHNH)	15.1	19 2	12.9	17.5	16 4	18.0	20.1	19.1	20.5	17 3
Postponed (EHP)	0.2	0 6	0.3	0.9	0.3	1.1	0.0	0.0	0.0	0.4
Refused (EHR)	0.4	0 5	0.6	0.3	0.3	0.2	0 6	0.0	0.8	0.5
Other (EHO)	0.5	0 3	0.3	0.8	1.1	0 6	0.1	0.0	0 1	0.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0
Number	1426	1601	773	1175	360	815	1079	293	786	3027
Eligible husband response rate (EHRR)[2]	83.9	79.3	85 9	80.6	81.9	80.0	79.2	80.9	78.6	81.5
Overall response rate (ORR)[3]	82.4	78.7	84.3	79.8	80.8	79.5	78.1	79.1	77.9	80.4

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 husband 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 man 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 men falling into specific response categories, the eligible man response rate (EWRR) is calculated as:

$$\frac{EHC}{EHC + EHNH + EHP + EHR + EHPC + EHO}$$

[3] The overall response rate (ORR) is calculated as·

$$ORR = HRR * EHRR$$

APPENDIX C

ESTIMATES OF SAMPLING ERRORS

APPENDIX C

ESTIMATES OF SAMPLING ERRORS

The results from sample surveys are affected by two types of errors, nonsampling error and sampling error. Nonsampling error is due to mistakes made in carrying out field activities, such as failure to locate and interview the correct household, errors in the way the questions are asked, misunderstanding on the part of either the interviewer or the respondent, data entry errors, etc. Although efforts were made during the design and implementation of the EDHS 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 measured statistically. The sample of women selected in the EDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each one would have yielded results that differed somewhat from the actual sample selected. The sampling error is a measure of the variability between all possible samples; although it is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of *standard error* of 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, apart from nonsampling errors, 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 same statistic as measured in 95 percent of all possible samples with the same design (and expected size) will fall within a range of plus or minus two times the standard error of that statistic.

If the sample of women had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the EDHS sample design depended on stratification, stages and clusters. Consequently, it was necessary to utilize more complex formulas. The computer package CLUSTERS, developed for the World Fertility Survey program by the International Statistical Institute, was used to assist in computing the sampling errors with the proper statistical methodology.

The CLUSTERS program 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

$$z_{hi} = y_{hi} - r.x_{hi} , \ and \ z_h = y_h - r.x_h$$

where h represents the stratum which varies from 1 to H,

                      m_h is the total number of EAs 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 (women) in EA i in the h^{th} stratum, and

f is the overall sampling fraction, which is so small that CLUSTERS ignores it.

In addition to the standard errors, CLUSTERS 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. CLUSTERS also computes the relative error and confidence limits for the estimates.

In addition to the standard errors, CLUSTERS program also 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; 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.

Sampling errors are presented in Tables C.2-C.11 for variables considered to be of major interest. Results are presented for the whole country, for urban and rural areas separately, and for the Urban Governorates, Lower Egypt (total/urban/rural) and Upper Egypt (total/urban/rural). For each variable, the type of statistic (mean or proportion) and the base population are given in Table C.1. For each variable, Tables C.2-C.11 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted cases (WN), the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE).

The confidence limits have the following interpretation. For the proportion of currently married women currently using a contraceptive method (CUSE), the overall average from the sample is .471 and its standard error is 0.009. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., .471 ± (2 x 0.009), which means that there is a high probability (95 percent) that the *true* proportion currently using is between .453 and .489.

The relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. The magnitude of the error increases as estimates for subpopulations such as geographical areas are considered. For the variable *CUSE*, for instance, the relative standard error (as a percentage of the estimated proportion) for the whole country and for urban and rural areas is 1.9 percent, 1.9 percent, and 3 percent, respectively.

Table C.1 List of selected variables for sampling errors, Egypt 1992

Variable	Variable name	Estimate	Base population
URBRUR	Urban	Proportion	Ever-married women
SECOND	With secondary education or higher	Proportion	Ever-married women
CUWORK	Currently working	Proportion	Ever-married women
AGEM20	Married before age 20	Proportion	Ever-married women
EVBORN	Children ever born	Mean	Currently married women
EVB40	Children ever born to women 40-49	Mean	Currently married women aged 40-49
SURVIV	Children surviving	Mean	Currently married women
KMETHO	Knowing any contraceptive method	Proportion	Currently married women
KSRCE	Know source for any method	Proportion	Currently married women
EVUSE	Ever used any contraceptive method	Proportion	Currently married women
CUSE	Currently using any contraceptive method	Proportion	Currently married women
CUMODE	Currently using a modern method	Proportion	Currently married women
CUPILL	Currently using pill	Proportion	Currently married women
CUIUD	Currently using IUD	Proportion	Currently married women
PSOURC	Using public sector source	Proportion	Current users of modern methods
NOMORE	Want no more children	Proportion	Currently married women
DELAY	Want to delay 2 or more years	Proportion	Currently married women
IDEAL	Ideal number of children	Mean	Currently married women giving numeric response
ANTCAR	Had antenatal checkup	Proportion	Births in last five years
NTETAN	Mother received tetanus injection	Proportion	Births in last five years
MEDELI	Received medical care at delivery	Proportion	Births in last five years
VACREC	Vaccination record seen	Proportion	Children under five
BCG	Received BCG vaccination	Proportion	Children under five
DPT3	Received third BCG dose	Proportion	Children 12-23 months
POL3	Received third DPT dose	Proportion	Children 12-23 months
MEASLE	Received measles vaccination	Proportion	Children 12-23 months
FULLIM	Fully immunized	Proportion	Children 12-23 months
RESPIR	Had cough and difficulty breathing	Proportion	Children under five in last 2 weeks
DIARR2	Had diarrhea in last 2 weeks	Proportion	Children under five
DIARR1	Had diarrhea in last 24 hours	Proportion	Children under five
ORSTRE	Treated with ORS packets	Proportion	Children under 5 with diarrhea in last 2 weeks
MEDTRE	Consulted a medical facility	Proportion	Children under 5 with diarrhea in last 2 weeks

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Table C.2 Sampling errors - Entire sample, Egypt 1992

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
URBRUR	.466	.017	9864	9864	3.447	.037	.431	.501
SECOND	.259	.012	9864	9864	2.726	.046	.235	.283
CUWORK	.148	.008	9864	9864	2.360	.057	.131	.165
AGEM20	.617	.011	9427	9441	2.185	.018	.595	.639
EVBORN	3.882	.043	9148	9153	1.495	.011	3.797	3.968
EVB40	6.007	.101	2122	2134	1.574	.017	5.805	6 210
SURVIV	3.310	.034	9148	9153	1.491	.010	3.242	3.378
KMETHO	.996	.000	9148	9153	NAC	.000	.996	996
KSRCE	.929	.005	9148	9153	1 939	.006	.919	.939
EVUSE	.669	.009	9148	9153	1.797	.013	.651	687
CUSE	.471	.009	9148	9153	1.740	.019	.453	.489
CUMODE	.448	.009	9148	9153	1.735	.020	.430	.466
CUPILL	.129	.005	9148	9153	1.397	.038	.119	139
CUIUD	.279	.007	9148	9153	1.526	.026	.265	293
CUCOND	.020	.002	9148	9153	1 253	.093	.016	.023
PSOURC	.350	.012	3985	4098	1.620	.035	.326	375
NOMORE	.656	.006	9148	9153	1.302	.010	.643	.669
DELAY	.159	.005	9148	9153	1.236	.030	.150	.169
IDEAL	2.850	.023	7416	7447	1.419	.008	2.804	2.895
ANTCAR	.529	.011	8692	8626	1.746	021	.506	.551
NTETAN	.426	.009	8692	8626	1.399	021	.408	.443
MEDELI	.406	.015	8692	8626	2.248	036	.377	.436
VACREC	.552	.017	1563	1594	1.365	.031	.518	.587
BCG	.895	.010	1563	1594	1.235	.011	.875	.914
DPT3	764	.016	1563	1594	1.473	.021	.733	.796
POL3	.789	.015	1563	1594	1.462	.019	.759	.820
MEASLE	815	.014	1563	1594	1.432	.017	.787	.843
FULLIM	.674	.017	1563	1594	1.408	.025	.641	.707
RESPIR	082	.003	8067	8018	1.060	.042	.075	.089
DIARR2	.134	.006	8067	8018	1.384	042	.123	.145
DIARR1	.056	.003	8067	8018	1.279	061	.049	.062
ORSTRE	290	018	1119	1074	1.214	.060	.255	.325
MEDTRE	.453	.018	1119	1074	1.152	.041	.416	.490

NAC = Not able to compute

Table C.3 Sampling errors - Urban, Egypt 1992

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
URBRUR	1.000	.000	4673	4596	NAC	.000	1.000	1.000
SECOND	.408	.019	4673	4596	2.660	.047	.370	.446
CUWORK	.206	.015	4673	4596	2.511	.072	.176	.235
AGEM20	.478	.015	4585	4516	2.079	.032	.447	.509
EVBORN	3.378	.058	4352	4281	1.610	.017	3.262	3.493
EVB40	4.910	.132	1151	1127	1.723	.027	4.645	5.174
SURVIV	3.004	.046	4352	4281	1.569	.015	2.911	3.096
KMETHO	.998	.000	4352	4281	NAC	.000	.998	.998
KSRCE	.979	.004	4352	4281	1.649	.004	.972	.986
EVUSE	.782	.011	4352	4281	1.679	.013	.761	.803
CUSE	.570	.011	4352	4281	1.467	.019	.548	.592
CUMODE	.541	.011	4352	4281	1.475	.021	.518	.563
CUPILL	.140	.006	4352	4281	1.127	.042	.128	.152
CUIUD	.346	.010	4352	4281	1.417	.030	.326	.367
CUCOND	.032	.003	4352	4281	1.285	.107	.025	.039
PSOURC	.323	.019	2299	2315	1.932	.058	.286	.361
NOMORE	.690	.009	4352	4281	1.237	.013	.672	.707
DELAY	.146	.007	4352	4281	1.361	.050	.131	.160
IDEAL	2.638	.025	3824	3783	1.246	.009	2.589	2.688
ANTCAR	.689	.018	3358	3237	1.849	.026	.654	.725
NTETAN	.429	.013	3358	3237	1.308	.030	.403	.455
MEDELI	.625	.024	3358	3237	2.332	.038	.577	.673
VACREC	.573	.023	582	592	1.108	.039	.527	.618
BCG	.940	.013	582	592	1.350	.014	.914	.967
DPT3	.839	.019	582	592	1.296	.023	.800	.878
POL3	.874	.015	582	592	1.121	.017	.843	.904
MEASLE	.877	.018	582	592	1.354	.021	.840	.913
FULLIM	.771	.024	582	592	1.390	.031	.723	.818
RESPIR	.080	.006	3191	3087	1.163	.076	.068	.092
DIARR2	.134	.011	3191	3087	1.640	.080	.113	.156
DIARR1	.053	.006	3191	3087	1.421	.113	.041	.064
ORSTRE	.235	.031	449	414	1.455	.132	.173	.297
MEDTRE	.478	.034	449	414	1.310	.070	.411	.545

NAC = Not able to compute

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Table C.4 Sampling errors - Rural, Egypt 1992

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
URBRUR	000	.000	5191	5268	NAC	.000	.000	.000
SECOND	.129	.009	5191	5268	1.927	.070	.111	.147
CUWORK	.098	.007	5191	5268	1.606	.067	.085	.112
AGEM20	.744	010	4842	4925	1.560	.013	.724	.763
EVBORN	4.325	.047	4796	4873	1.100	.011	4.232	4.419
EVB40	7.237	.113	971	1007	1.230	.016	7.011	7.462
SURVIV	3.579	.040	4796	4873	1.189	.011	3.499	3.659
KMETHO	.994	.001	4796	4873	1.178	.001	.992	997
KMDMET	.993	.001	4796	4873	1.184	.001	.990	.996
KSRCE	.885	.008	4796	4873	1.832	.010	.868	902
EVUSE	570	.011	4796	4873	1.538	.019	.548	592
CUSE	.384	.011	4796	4873	1.620	.030	.361	.407
CUMODE	.366	011	4796	4873	1.579	030	.344	.388
CUPILL	.119	.008	4796	4873	1 621	064	.104	.134
CUIUD	.220	.007	4796	4873	1.200	.033	206	235
CUCOND	.009	.001	4796	4873	994	.153	006	011
PSOURC	386	.015	1686	1783	1.301	.040	.355	416
NOMORE	.627	.009	4796	4873	1.345	.015	.608	.646
DELAY	.171	.006	4796	4873	1.163	.037	.159	.184
IDEAL	3.068	.029	3592	3664	1.175	.010	3.009	3.126
ANTCAR	.432	.011	5334	5389	1.319	.025	.410	.454
NTETAN	.423	.012	5334	5389	1.440	.027	.400	.447
MEDELI	.275	.014	5334	5389	1 908	.052	.246	304
VACREC	.540	.024	981	1002	1 487	044	492	588
BCG	.867	.013	981	1002	1.185	.015	842	893
DPT3	.720	.022	981	1002	1.530	.031	676	764
POL3	.740	.022	981	1002	1.546	.030	.696	783
MEASLE	.779	.019	981	1002	1.423	.024	.741	817
FULLIM	.617	.022	981	1002	1.395	035	.574	661
RESPIR	.084	.004	4876	4931	.984	.050	.075	.092
DIARR2	.134	.006	4876	4931	1.193	.046	.121	146
DIARR1	.058	.004	4876	4931	1.192	072	049	066
ORSTRE	.325	.019	670	660	1.008	.060	286	363
MEDTRE	.438	.022	670	660	1.066	.050	.394	482

NAC = Not able to compute

Table C.5 Sampling errors - Urban Governorates, Egypt 1992

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
URBRUR	1.000	.000	2487	2357	NAC	.000	1.000	1.000
SECOND	.430	.030	2487	2357	2.989	.069	.370	.489
CUWORK	.200	.026	2487	2357	3.289	.132	.147	.253
AGEM20	.458	.025	2449	2322	2.447	.054	.409	.507
EVBORN	3.296	.084	2322	2201	1.753	.026	3.128	3.465
EVB40	4.684	.181	664	627	1.817	.039	4.322	5.046
SURVIV	2.938	.066	2322	2201	1.673	.022	2.807	3.070
KMETHO	.999	.000	2322	2201	NAC	.000	.999	.999
KSRCE	.987	.003	2322	2201	1.355	.003	.981	.993
EVUSE	.801	.011	2322	2201	1.343	.014	.779	.824
CUSE	.591	.014	2322	2201	1.358	.023	.564	.619
CUMODE	.556	.014	2322	2201	1.386	.026	.528	.585
CUPILL	.125	.008	2322	2201	1.131	.062	.109	.140
CUIUD	.368	.013	2322	2201	1.342	.037	.341	.395
CUCOND	.041	.005	2322	2201	1.316	.132	.030	.052
PSOURC	.376	.029	1269	1224	2.159	.078	.317	.434
NOMORE	.687	.012	2322	2201	1.223	.017	.664	.711
DELAY	.138	.010	2322	2201	1.425	.074	.117	.158
IDEAL	2.611	.035	2086	1988	1.307	.013	2.541	2.680
ANTCAR	.735	.029	1684	1557	2.290	.040	.677	.794
NTETAN	.478	.015	1684	1557	1.110	.032	.447	.508
MEDELI	.683	.038	1684	1557	2.768	.056	.606	.759
VACREC	.593	.035	296	278	1.222	.060	.522	.664
BCG	.959	.013	296	278	1.157	.014	.932	.986
DPT3	.873	.028	296	278	1.454	.032	.817	.930
POL3	.896	.020	296	278	1.149	.023	.855	.937
MEASLE	.909	.022	296	278	1.323	.024	.865	.954
FULLIM	.817	.039	296	278	1.714	.048	.739	.894
RESPIR	.070	.009	1602	1484	1.280	.130	.052	.088
DIARR2	.120	.011	1602	1484	1.276	.093	.098	.142
DIARR1	.044	.005	1602	1484	.899	.110	.034	.053
ORSTRE	.273	.049	208	178	1.416	.178	.176	.371
MEDTRE	.516	.044	208	178	1.154	.085	.429	.604

NAC = Not able to compute

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Table C.6 Sampling errors - Total Lower Egypt, Egypt 1992

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
URBRUR	.298	.019	3812	4067	2.572	.064	259	.336
SECOND	.227	.012	3812	4067	1.780	.053	.203	.251
CUWORK	.156	.008	3812	4067	1 293	.049	.141	.172
AGEM20	.629	.011	3673	3915	1.429	.018	.606	.652
EVBORN	3.839	.049	3518	3746	1.120	.013	3.742	3.936
EVB40	6.090	.146	775	831	1.513	.024	5.797	6.383
SURVIV	3.370	.046	3518	3746	1.273	.014	3.279	3.462
KMETHO	1.000	.000	3518	3746	NAC	.000	1.000	1.000
KSRCE	.976	.003	3518	3746	1.317	003	.969	.983
EVUSE	.734	.010	3518	3746	1.392	.014	.713	.755
CUSE	.535	.012	3518	3746	1 429	.022	.511	.559
CUMODE	.513	.011	3518	3746	1.356	.022	.490	.536
CUPILL	.151	009	3518	3746	1 459	058	133	.168
CUIUD	.326	.010	3518	3746	1 246	030	.306	.346
CUCOND	.014	.002	3518	3746	1 071	154	.009	.018
PSOURC	.367	.013	1789	1921	1.159	.036	.341	.393
NOMORE	.694	.009	3518	3746	1 210	.014	.675	.713
DELAY	.148	.006	3518	3746	1.047	.042	.135	.160
IDEAL	2.716	.022	3010	3163	1.018	.008	2.672	2.759
ANTCAR	.492	.015	3178	3408	1.465	.031	.461	.522
NTETAN	.358	.015	3178	3408	1 529	042	.329	.388
MEDELI	.398	.020	3178	3408	1.949	051	.357	.438
VACREC	.561	.028	583	642	1.367	.050	.505	.617
BCG	.934	.011	583	642	1.102	.012	.911	.956
DPT3	.823	.021	583	642	1.327	.025	.782	.864
POL3	.833	.021	583	642	1.351	.025	.792	.875
MEASLE	.873	.018	583	642	1.298	.020	.838	.909
FULLIM	.744	.024	583	642	1.363	.033	.696	.793
RESPIR	.084	006	2994	3208	1.043	.068	072	.095
DIARR2	.121	.008	2994	3208	1.288	.066	.105	.137
DIARR1	.049	.004	2994	3208	1.018	085	.041	.057
ORSTRE	.353	027	414	387	1.063	.077	.299	.408
MEDTRE	.517	.028	414	387	1 025	054	.461	.573

NAC = Not able to compute

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Table C.7 Sampling errors - Urban Lower Egypt, Egypt 1992

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
URBRUR	1.000	.000	1200	1210	NAC	.000	1.000	1.000
SECOND	.388	.025	1200	1210	1.803	.065	.337	.439
CUWORK	.203	.009	1200	1210	.749	.043	.186	.220
AGEM20	.472	.021	1180	1190	1.452	.045	.430	.514
EVBORN	3.245	.083	1118	1120	1.295	.026	3.079	3.411
EVB40	4.863	.253	274	275	1.799	.052	4.358	5.368
SURVIV	2.977	.072	1118	1120	1.289	.024	2.832	3.121
KMETHO	1.000	.000	1118	1120	NAC	.000	1.000	1.000
KSRCE	.991	.004	1118	1120	1.384	.004	.983	.999
EVUSE	.811	.017	1118	1120	1.424	.021	.777	.844
CUSE	.603	.017	1118	1120	1.132	.027	.570	.636
CUMODE	.585	.016	1118	1120	1.088	.027	.553	.617
CUPILL	.173	.013	1118	1120	1.128	.074	.148	.199
CUIUD	.363	.019	1118	1120	1.340	.053	.325	.402
CUCOND	.024	.005	1118	1120	1.091	.208	014	.034
PSOURC	.286	.021	636	655	1.155	.072	.245	.327
NOMORE	.700	.015	1118	1120	1.059	.021	.671	.729
DELAY	.143	.011	1118	1120	1.035	.076	.122	.165
IDEAL	2.556	.035	1004	1001	.937	.014	2.485	2.626
ANTCAR	.675	.032	827	820	1.627	.047	.611	.739
NTETAN	.320	.026	827	820	1.341	.080	.269	.371
MEDELI	.629	.039	827	820	1.945	.062	.551	.707
VACREC	.626	.036	137	148	.875	.058	.554	.698
BCG	.964	.022	137	148	1.453	.023	.919	1.009
DPT3	.906	.028	137	148	1.162	.031	.850	.961
POL3	.934	.018	137	148	.886	.019	.897	.970
MEASLE	.899	.017	137	148	.690	.019	.865	.934
FULLIM	.834	.031	137	148	1.013	.037	.772	.896
RESPIR	.088	.014	795	789	1.291	.158	.060	.115
DIARR2	.121	.016	795	789	1.301	.131	.089	.153
DIARR1	.046	.008	795	789	1.030	.172	.030	.062
ORSTRE	.271	.059	112	95	1.263	.218	.153	.389
MEDTRE	.548	.064	112	95	1.223	.117	.420	.677

NAC = Not able to compute

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Table C.8 Sampling errors - Rural Lower Egypt, Egypt 1992

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
URBRUR	.000	.000	2612	2857	NAC	.000	000	.000
SECOND	.159	.013	2612	2857	1 846	.083	.133	.186
CUWORK	.137	.010	2612	2857	1 512	.074	.116	.157
AGEM20	.698	.014	2493	2725	1.472	.019	.671	725
EVBORN	4.093	.059	2400	2626	1 068	.014	3 975	4.210
EVB40	6.697	.160	501	556	1.346	.024	6.377	7.017
SURVIV	3.538	056	2400	2626	1.248	.016	3.426	3.651
KMETHO	1.000	.000	2400	2626	NAC	000	1.000	1.000
KMDMET	1.000	.000	2400	2626	NAC	000	1.000	1.000
KSRCE	970	005	2400	2626	1.307	.005	.960	.979
EVUSE	.701	.012	2400	2626	1.309	.017	.677	.726
CUSE	.505	.015	2400	2626	1.482	.030	.475	.536
CUMODE	482	.014	2400	2626	1.394	.029	.454	.511
CUPILL	.141	.011	2400	2626	1.608	.081	.118	.164
CUIUD	.310	.011	2400	2626	1.148	.035	.288	.332
CUCOND	.009	.002	2400	2626	995	.212	.005	.013
PSOURC	.409	.018	1153	1266	1.254	.044	.372	445
NOMORE	.692	.012	2400	2626	1 261	.017	668	.716
DELAY	.150	.008	2400	2626	1 052	.051	.134	165
IDEAL	2.790	.026	2006	2162	990	.009	2.738	2.841
ANTCAR	.434	.016	2351	2588	1.350	037	.401	466
NTETAN	370	.018	2351	2588	1.543	.047	.335	406
MEDELI	.324	.023	2351	2588	1.959	.069	.279	369
VACREC	.542	.035	446	493	1 463	064	.473	611
BCG	.925	013	446	493	1 031	.014	899	.951
DPT3	.798	.025	446	493	1.345	032	.747	849
POL3	.803	.026	446	493	1.386	033	.751	855
MEASLE	.866	.022	446	493	1 385	.026	.821	910
FULLIM	.717	030	446	493	1 414	042	.657	778
RESPIR	.082	.006	2199	2419	.956	.073	.070	.095
DIARR2	.121	009	2199	2419	1 278	077	.102	139
DIARR1	.050	005	2199	2419	1 012	.097	.040	059
ORSTRE	.380	.029	302	292	.965	077	.322	439
MEDTRE	.507	031	302	292	975	.061	.444	569

NAC = Not able to compute

Table C.9 Sampling errors - Total Upper Egypt, Egypt 1992

| 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
URBRUR	.299	.029	3565	3440	3.757	.096	.241	.357
SECOND	.179	.017	3565	3440	2.606	.093	.146	.212
CUWORK	.103	.011	3565	3440	2.198	.108	.081	.126
AGEM20	.716	.017	3305	3204	2.209	.024	.682	.751
EVBORN	4.335	.089	3308	3207	1.656	.020	4.157	4.512
EVB40	7.133	.140	683	676	1.166	.020	6.854	7.413
SURVIV	3.494	.062	3308	3207	1.518	.018	3.370	3.619
KMETHO	.990	.002	3308	3207	1.259	.002	.985	.994
KMDMET	.988	.002	3308	3207	1.268	.002	.983	.993
KSRCE	.834	.014	3308	3207	2.111	.016	.807	.861
EVUSE	.503	.016	3308	3207	1.882	.033	.470	.535
CUSE	.314	.015	3308	3207	1.918	.049	.283	.345
CUMODE	.297	.016	3308	3207	2 033	.054	.265	.329
CUPILL	.107	.007	3308	3207	1.386	.070	.092	.122
CUIUD	.164	.012	3308	3207	1.897	.075	.139	.188
CUCOND	.012	.002	3308	3207	1.187	.188	007	.016
PSOURC	.285	.023	927	953	1.539	.080	.239	.331
NOMORE	.591	.011	3308	3207	1.305	.019	.568	.613
DELAY	.188	.008	3308	3207	1.240	.045	.171	.205
IDEAL	3.241	.058	2320	2296	1.663	.018	3.125	3.356
ANTCAR	.475	.013	3830	3661	1.337	.028	.448	.502
NTETAN	.466	.013	3830	3661	1.343	.028	.440	.492
MEDELI	.297	.018	3830	3661	1.979	.062	.260	.334
VACREC	.527	.028	684	674	1.456	.053	.471	583
BCG	.830	.019	684	674	1.357	.023	.792	.869
DPT3	.663	.030	684	674	1.643	045	.603	.723
POL3	.704	.028	684	674	1.621	.040	.647	.761
MEASLE	.721	.027	684	674	1.573	.037	.667	.775
FULLIM	.548	.027	684	674	1.441	.050	.494	.603
RESPIR	.086	.005	3471	3326	.921	.054	.077	.096
DIARR2	.153	.010	3471	3326	1.474	.064	133	.173
DIARR1	.067	.007	3471	3326	1.516	.101	054	.081
ORSTRE	.248	.024	497	509	1.203	.096	200	.295
MEDTRE	.383	.027	497	509	1.196	.072	.328	.437

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Table C.10 Sampling errors - Urban Upper Egypt, Egypt 1992

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
URBRUR	1.000	.000	986	1029	NAC	.000	1.000	1.000
SECOND	.382	.038	986	1029	2.479	.101	.305	.458
CUWORK	.222	.026	986	1029	1.975	.118	.170	.274
AGEM20	.532	.029	956	1004	1.777	.054	.475	.590
EVBORN	3.720	.169	912	960	1.898	.045	3.382	4.058
EVB40	5.595	.261	213	225	1.310	.047	5.073	6.116
SURVIV	3.184	.125	912	960	1.800	.039	2.933	3.434
KMETHO	.995	.003	912	960	1.438	.003	.988	1.002
KSRCE	.947	.014	912	960	1.838	.014	.919	.974
EVUSE	.702	.028	912	960	1.832	.040	.647	.758
CUSE	.481	.026	912	960	1.595	.055	.428	.533
CUMODE	.454	.028	912	960	1.727	.063	.397	.511
CUPILL	.138	.014	912	960	1.245	.103	.109	.166
CUIUD	.276	.024	912	960	1.606	.086	.229	.324
CUCOND	.021	.006	912	960	1.321	.302	.008	.033
PSOURC	.233	.038	394	435	1.759	.161	.158	.308
NOMORE	.682	.021	912	960	1.383	.031	.640	.725
DELAY	.166	.017	912	960	1.343	.100	.133	.200
IDEAL	2.810	.070	734	794	1.477	.025	2.669	2.951
ANTCAR	.620	.020	847	860	.940	.032	.581	.659
NTETAN	.446	.025	847	860	1.230	.057	.395	.496
MEDELI	.517	.038	847	860	1.735	.074	.441	.594
VACREC	.491	.055	149	165	1.395	.113	.380	.602
BCG	.888	.038	149	165	1.517	.043	.812	.964
DPT3	.721	.050	149	165	1.408	.070	.620	.821
POL3	.782	.041	149	165	1.252	.052	.700	.865
MEASLE	.802	.053	149	165	1.675	.066	.695	.908
FULLIM	.636	.054	149	165	1.412	.085	.528	.744
RESPIR	.090	.007	794	813	.624	.074	.077	.104
DIARR2	.173	.031	794	813	2.067	.178	.111	.235
DIARR1	.074	.019	794	813	1.891	.253	.037	.112
ORSTRE	.162	.041	129	141	1.292	.251	.081	.244
MEDTRE	.381	.060	129	141	1.315	.158	.260	.502

NAC = Not able to compute

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Table C.11 Sampling errors - Rural Upper Egypt, Egypt 1992

| 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
URBRUR	.000	.000	2579	2411	NAC	.000	.000	.000
SECOND	.093	.012	2579	2411	2.095	.129	.069	.116
CUWORK	.053	.008	2579	2411	1.802	.150	.037	.069
AGEM20	.801	.014	2349	2200	1.641	.017	.774	.828
EVBORN	4.597	.075	2396	2247	1.144	.016	4.448	4.746
EVB40	7.903	.144	470	451	1.053	.018	7.616	8.190
SURVIV	3.627	.056	2396	2247	1.125	.015	3.514	3.739
KMETHO	.987	.003	2396	2247	1.196	.003	.982	.993
KMDMET	.985	003	2396	2247	1.213	.003	.979	.991
KSRCE	.786	.016	2396	2247	1.934	.021	.754	.818
EVUSE	.417	.017	2396	2247	1.688	.041	.383	.451
CUSE	.243	.015	2396	2247	1.725	.062	.212	.273
CUMODE	.230	.015	2396	2247	1.802	.067	.199	.261
CUPILL	.093	.009	2396	2247	1.522	.097	.075	.112
CUIUD	.116	.009	2396	2247	1.405	.079	.097	.134
CUCOND	.008	.002	2396	2247	.982	.222	.005	.012
PSOURC	.329	.029	533	517	1.429	.088	.271	.387
NOMORE	.552	.014	2396	2247	1.383	.025	.523	.580
DELAY	.197	.010	2396	2247	1.266	.052	.176	.217
IDEAL	3.468	.059	1586	1502	1.309	.017	3.349	3.587
ANTCAR	.431	.015	2983	2801	1.301	.034	.401	.460
NTETAN	.472	.016	2983	2801	1.405	.033	.441	.504
MEDELI	.229	.018	2983	2801	1.914	.080	.193	.266
VACREC	.539	.033	535	509	1.516	.061	.473	.604
BCG	.812	.022	535	509	1.276	.027	.768	.855
DPT3	.644	.035	535	509	1.677	.054	.574	.714
POL3	678	.034	535	509	1.674	.050	.610	.746
MEASLE	.694	.030	535	509	1.492	.043	.635	.754
FULLIM	.520	.030	535	509	1.371	.057	.460	.579
RESPIR	.085	.006	2677	2512	1.012	.068	.074	.097
DIARR2	.146	.008	2677	2512	1.098	.055	.130	.163
DIARR1	.065	.007	2677	2512	1.328	102	.052	.078
ORSTRE	.280	.025	368	368	1.038	.089	.230	.331
MEDTRE	.383	.030	368	368	1.137	.078	.323	.443

NAC = Not able to compute

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 1992

	Males		Females			Males		Females	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
<1	798	2.7	733	2.5	36	253	0.9	277	0.9
1	854	2.9	767	2.6	37	256	0.9	336	1.1
2	839	2.9	777	2.6	38	336	1.1	328	1.1
3	846	2.9	811	2.7	39	219	0.7	259	0.9
4	955	3.3	925	3.1	40	472	1.6	496	1.7
5	912	3.1	898	3.0	41	217	0.7	202	0.7
6	887	3.0	887	3.0	42	306	1.0	305	1.0
7	768	2.6	783	2.6	43	211	0.7	211	0.7
8	800	2.7	786	2.6	44	224	0.8	243	0.8
9	882	3.0	845	2.8	45	365	1.2	429	1.4
10	843	2.9	824	2.8	46	211	0.7	177	0.6
11	851	2.9	740	2.5	47	216	0.7	214	0.7
12	838	2.9	746	2.5	48	204	0.7	198	0.7
13	754	2.6	753	2.5	49	131	0.4	114	0.4
14	739	2.5	756	2.5	50	228	0.8	241	0.8
15	723	2.5	691	2.3	51	128	0.4	158	0.5
16	695	2.4	669	2.2	52	226	0.8	306	1.0
17	624	2.1	619	2.1	53	137	0.5	125	0.4
18	582	2.0	603	2.0	54	126	0.4	119	0.4
19	570	1.9	508	1.7	55	267	0.9	457	1.5
20	478	1.6	642	2.2	56	176	0.6	90	0.3
21	383	1.3	444	1.5	57	124	0.4	75	0.3
22	452	1.5	502	1.7	58	122	0.4	72	0.2
23	349	1.2	487	1.6	59	121	0.4	65	0.2
24	401	1.4	369	1.2	60	261	0.9	530	1.8
25	454	1.6	653	2.2	61	77	0.3	37	0.1
26	416	1.4	413	1.4	62	148	0.5	101	0.3
27	430	1.5	485	1.6	63	113	0.4	50	0.2
28	426	1.5	455	1.5	64	82	0.3	45	0.2
29	309	1.1	349	1.2	65	303	1.0	343	1.2
30	528	1.8	619	2.1	66	56	0.2	33	0.1
31	303	1.0	316	1.1	67	80	0.3	41	0.1
32	422	1.4	410	1.4	68	55	0.2	30	0.1
33	287	1.0	321	1.1	69	36	0.1	14	0.0
34	281	1.0	290	1.0	70+	636	2.2	579	1.9
35	482	1.6	567	1.9					
					Don't know/ Missing	2	0.0	3	0.0
					Total	29288	100.0	29745	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 1992

Age	Household population of women		Ever-married women		Interviewed women age 15-49		Percentage interviewed (weighted)
	Number	Percent	Number	Percent	Number	Percent	
10-14	3819	NA	NA	NA	NA	NA	NA
15-19	3090	21.8	429	4.3	423	4.3	98.5
20-24	2445	17.2	1386	13.9	1371	13.9	98.9
25-29	2355	16.6	2043	20.5	2013	20.4	98 5
30-34	1956	13.8	1860	18.6	1842	18.7	99.0
35-39	1768	12.4	1723	17.3	1704	17.3	98.9
40-44	1457	10.3	1425	14.3	1409	14.3	98.9
45-49	1131	8 0	1118	11.2	1107	11.2	99.0
50-54	948	NA	NA	NA	NA	NA	NA
15-49	14203	100.0	9985	100.0	9868	100.0	98.8

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 1992

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only		11.1	26365
Month and year		0.0	26365
Age at death	Deaths to births in last 15 years	0.1	3046
Age/date at first union[1]	Ever-married women	0.0	9864
Respondent's education	Ever-married women	0.0	9864
Child's size at birth	Births in last 59 months	0.5	1048
Anthropometry[2]	Living children age 0-59 months		
Height		5.5	8089
Weight		5.2	8089
Height and weight missing		5.5	8089
Diarrhea in last 2 weeks	Living children age 0-59 months	0.3	8089

[1]Both year and age missing
[2]Child not measured

Table D.4 Births by calendar year since birth

Distribution of births by calendar years since birth 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 1992

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
92	1459	51	1511	99.9	100.0	99 9	107 8	124.3	108.3	NA	NA	NA	757	29	786	702	23	725
91	1587	120	1707	100.0	98.8	99.9	115.1	115.8	115.2	104.9	135.2	106.5	849	64	914	738	55	793
90	1568	125	1694	99.9	100.0	99.9	105.5	124.9	106.8	97.6	93.5	97.3	805	70	875	763	56	819
89	1626	149	1774	99.9	99.3	99.9	101 5	91.3	100.6	96 4	104.9	97 0	819	71	890	807	78	884
88	1806	158	1964	100.0	100.0	100.0	106.6	119.1	107.6	107.6	105.0	107.3	932	86	1018	874	72	946
87	1732	152	1884	99.8	98.3	99.7	99.6	108.1	100.2	97.1	75.8	94.9	864	79	943	868	73	941
86	1763	244	2008	90.3	65.0	87.2	96.9	140.4	101.3	108.7	125.0	110.5	868	143	1010	896	102	997
85	1512	239	1751	89.7	63 6	86.2	95.9	91.8	95.4	92 2	96 9	92.8	740	114	855	772	124	896
84	1518	248	1766	86.0	53 1	81.4	102 0	100 5	101 8	96 4	98 6	96.7	767	124	891	752	124	875
83	1637	265	1902	85.5	61.3	82.1	105.4	90.8	103 3	NA	NA	NA	840	126	966	797	139	936
88-92	8046	603	8649	99.9	99.6	99.9	107.2	112.4	107.5	NA	NA	NA	4162	319	4481	3884	284	4168
83-87	8163	1149	9312	90.4	65.7	87.4	99.9	104.4	100.4	NA	NA	NA	4079	587	4666	4084	562	4646
78-82	7088	1288	8376	83.5	55 7	79 2	104.3	96.8	103.1	NA	NA	NA	3619	634	4253	3469	655	4123
73-77	4830	1240	6070	83.6	51.6	77.0	109.6	107.0	109.0	NA	NA	NA	2525	641	3166	2305	599	2904
< 73	4281	1521	5802	79.2	47.7	70.9	109.2	106.4	108.5	NA	NA	NA	2235	784	3019	2046	737	2783
All	32408	5801	38209	88 7	59 3	84 3	105.3	104.5	105.2	NA	NA	NA	16620	2965	19585	15787	2836	18624

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

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Table D.5 Reporting of age at death in days

Distribution of reported deaths under 1 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 of birth preceding the survey, Egypt 1992

Age at death (in days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	44	67	63	36	210
1	48	47	39	38	171
2	21	30	21	15	87
3	23	43	26	27	120
4	9	11	9	4	32
5	16	10	12	22	61
6	9	17	19	15	60
7	57	172	123	110	463
8	2	4	10	0	16
9	10	7	14	3	33
10	7	1	8	9	25
11	3	2	2	3	10
12	2	4	5	5	17
13	2	3	5	0	10
14	5	5	9	4	23
15	5	26	23	15	69
16	3	1	2	1	7
17	0	1	0	3	4
18	0	2	1	1	4
19	0	1	1	0	3
20	1	4	7	6	18
21	1	0	0	2	3
22	5	1	2	1	9
23	0	0	0	2	2
24	0	0	1	0	2
25	7	5	3	1	16
26	0	0	0	1	1
27	1	0	1	1	3
29	0	0	0	0	1
30	0	3	5	0	9
31+	0	2	0	0	2
Total 0-30	283	468	410	327	1489
Percent early neonatal[1]	60.6	47.9	45.8	47.9	49.7

[1] (0-6 days/0-30 days) * 100

Table D.6 Reporting of age at death in months

Distribution of reported deaths under 2 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 of birth preceding the survey, Egypt 1992

Age at death (in months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1[a]	283	468	410	327	1489
1	21	46	43	42	152
2	28	62	54	54	198
3	29	41	69	53	191
4	26	37	63	47	172
5	18	43	26	33	121
6	32	38	66	66	202
7	31	49	47	40	168
8	10	23	40	54	127
9	22	34	54	32	143
10	3	9	11	6	29
11	6	11	14	15	47
12	32	51	94	119	296
13	0	3	6	4	13
14	5	4	9	10	28
15	2	6	2	3	14
16	3	4	4	5	16
17	0	3	0	1	4
18	24	54	62	68	208
19	1	1	1	0	3
20	1	0	2	1	5
21	1	0	0	0	1
22	1	0	0	1	2
23	0	0	0	3	3
24+	3	2	1	0	6
1 year	2	8	3	11	23
Total 0-11	508	861	898	770	3038
Percent neonatal[b]	55.7	54.3	45.7	42.5	49.0

[a]Includes deaths under 1 month reported in days
[b](Under 1 month/under 1 year) * 100

APPENDIX E

QUESTIONNAIRES

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

SUBSAMPLE: YES.....1 NO.....2

NAME OF HOUSEHOLD HEAD_____

ADDRESS IN DETAIL_____

GOVERNORATE

PSU/SEGMENT NO.

HOUSEHOLD NO.   URBAN/RURAL

LOCALITY   SUBSAMPLE

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
TEAM				TEAM
INTERVIEWER'S NAME				INTERVIEWER
SUPERVISOR'S NAME				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

TOTAL ELIGIBLE
MEN

LINE NO. OF
RESPONDENT FOR
HOUSEHOLD SCHEDULE

ADDRESS CHECKED (by NAME:————————————)

REINTERVIEW

YES   NO
 1   2

 1   2

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME				
DATE				
SIGNATURE				

0-1

We would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO THE HOUSEHOLD HEAD				RESIDENCE	
001	002	006	007	008	009	010	011
	Please give me the names of the persons who usually live 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?	GENERATION NUMBER	COUPLE NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	Does (NAME) usually live here?	Did (NAME) sleep here last night?
			FOR CODER	FOR CODER	FOR CODER	YES NO	YES NO
01		_____	☐	☐	☐☐	1 2	1 2
02		_____	☐	☐	☐☐	1 2	1 2
03		_____	☐	☐	☐☐	1 2	1 2
04		_____	☐	☐	☐☐	1 2	1 2
05		_____	☐	☐	☐☐	1 2	1 2
06		_____	☐	☐	☐☐	1 2	1 2
07		_____	☐	☐	☐☐	1 2	1 2
08		_____	☐	☐	☐☐	1 2	1 2
09		_____	☐	☐	☐☐	1 2	1 2
10		_____	☐	☐	☐☐	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 that we have not listed?   YES ☐⟶ ENTER EACH IN TABLE   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 ☐⟶ ENTER EACH IN TABLE   NO ☐

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?   YES ☐⟶ ENTER EACH IN TABLE   NO ☐

0-2A

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LINE NO.	SEX	AGE	MARITAL STATUS
			IF AGE 15 YEARS OR OLDER
001	012	013	014
	Is (NAME) male or female?	How old was (NAME) at his/ her last birthday?	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 NEVER MARRIED/ SIGNED CONTRACT
	M F	IN YEARS	
01	1 2	☐☐	☐
02	1 2	☐☐	☐
03	1 2	☐☐	☐
04	1 2	☐☐	☐
05	1 2	☐☐	☐
06	1 2	☐☐	☐
07	1 2	☐☐	☐
08	1 2	☐☐	☐
09	1 2	☐☐	☐
10	1 2	☐☐	☐

0-2B

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LINE NO.	ELIGIBILITY		EDUCATION			
		HUSBAND SUBSAMPLE	IF AGE 3 YEARS OR OLDER			
001	015	016	017	018	019	020
	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)	FOR HOUSEHOLDS IN HUSBAND SURVEY SUBSAMPLE: CIRCLE LINE NUMBER OF MEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (I.E., MEN WHOSE WIVES ARE ELIGIBLE)	Has (NAME) ever been to school? IF YES, ASK QUESTIONS 018-020. IF NO, SKIP TO QUESTION 021.	IF ATTENDED SCHOOL		
				What is the highest level of school (NAME) attended? 0 NURSERY 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?
			YES NO	LEVEL	GRADE	YES NO
01	01	01	1 2	☐	☐	1 2
02	02	02	1 2	☐	☐	1 2
03	03	03	1 2	☐	☐	1 2
04	04	04	1 2	☐	☐	1 2
05	05	05	1 2	☐	☐	1 2
06	06	06	1 2	☐	☐	1 2
07	07	07	1 2	☐	☐	1 2
08	08	08	1 2	☐	☐	1 2
09	09	09	1 2	☐	☐	1 2
10	10	10	1 2	☐	☐	1 2

025 ENTER THE TOTAL NUMBER OF ELIGIBLE: WOMEN ☐☐ MEN ☐☐

026 TICK HERE IF CONTINUATION SHEET USED: ☐

0-3A

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LINE NO.	OCCUPATION		WORK STATUS	
	IF AGE 6 YEARS OR OLDER		IF AGE 6 YEARS OR OLDER AND WORKING	
001	021	022	023	024
	What is the main work that (NAME) does?	OCCUPA-TIONAL GROUP	Did (NAME) work during the last month?	Is (NAME) usually paid in cash or kind for the work he/she does? 1 CASH 2 KIND 3 BOTH 4 NOT PAID
		FOR CODER	YES NO	
01	——————	☐☐	1 2	1 2 3 4
02	——————	☐☐	1 2	1 2 3 4
03	——————	☐☐	1 2	1 2 3 4
04	——————	☐☐	1 2	1 2 3 4
05	——————	☐☐	1 2	1 2 3 4
06	——————	☐☐	1 2	1 2 3 4
07	——————	☐☐	1 2	1 2 3 4
08	——————	☐☐	1 2	1 2 3 4
09	——————	☐☐	1 2	1 2 3 4
10	——————	☐☐	1 2	1 2 3 4

0-3B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
027	What type of dwelling does your household live in?	APARTMENT........................1 FREE STANDING HOUSE.............2 OTHER_____3 (SPECIFY)	
028	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_____4 (SPECIFY)	

029	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 _____41
		(SPECIFY)	

030	How many rooms are there in your dwelling (excluding the bathrooms, kitchens and stairway areas)?	ROOMS..................... ☐☐	
031	How many of the rooms are used for sleeping?	ROOMS..................... ☐☐	
032	Is there a special room used only for cooking inside or outside the dwelling?	YES.............................1 NO..............................2	

033	What is the source of water your household uses for drinking?	PIPED WATER
		  PIPED INTO RESIDENCE/YARD/PLOT.11——►35
		  PUBLIC TAP....................12
		WELL WATER
		  WELL IN RESIDENCE/YARD/PLOT....21——►35
		  PUBLIC WELL...................22
		SURFACE WATER
		  NILE/CANALS..................31
		OTHER_____71
		(SPECIFY)	

034	How long does it take to go there, get water, and come back?	MINUTES................ ☐☐☐	
035	Does your household get water for other uses (e.g., for handwashing and dishwashing) from the same source?	YES.............................1——►37 NO..............................2	

0-4

246

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

036	What is the source of water your household uses for for handwashing or dishwashing or other uses?	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
		OTHER_____71
		           (SPECIFY)	

037	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 _____41 (SPECIFY)	
038	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	
039	Does your household have: A radio with cassette recorder? A black and white television? A color television? A video?	YES NO RADIO.....................1 2 BLACK AND WHITE TELEVISION.1 2 COLOR TELEVISION...........1 2 VIDEO.....................1 2	
040	Does your household have: An electric fan? A gas/electric cooking stove? A water heater? A refrigerator? A washing machine? A sewing machine?	YES NO ELECTRIC FAN...............1 2 GAS/ELECTRIC COOKING STOVE.1 2 WATER HEATER...............1 2 REFRIGERATOR...............1 2 WASHING MACHINE............1 2 SEWING MACHINE.............1 2	
041	Do you or any member of your household own: A bicycle? A private car/motorcycle? Transport equipment (truck, taxi, van, bus, etc.)? Residential or commercial buildings other than the dwelling unit? Farm or other land? Livestock(donkeys, horses, cows, sheep, etc.)/poultry? Mechanical farm equipment (tractor, etc.)?	YES NO BICYCLE....................1 2 CAR/MOTORCYCLE.............1 2 TRANSPORT EQUIPMENT........1 2 RESIDENTIAL/COMMERCIAL BUILDINGS..............1 2 FARM/OTHER LAND............1 2 LIVESTOCK/POULTRY..........1 2 FARM IMPLEMENTS............1 2	

0-5

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 042-043 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

| 042 | DEGREE OF COOPERATION. | POOR.............................1
FAIR.............................2
GOOD.............................3
VERY GOOD........................4 |

| 043 | INTERVIEWER'S COMMENTS: |

| 044 | FIELD EDITOR'S COMMENTS: |

| 045 | SUPERVISOR'S COMMENTS: |

| 046 | OFFICE EDITOR'S COMMENTS: |

0-6

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_____

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'S NAME	___	___	___	INTERVIEWER
SUPERVISOR'S NAME	___	___	___	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	___	___	___	___
	☐☐	☐☐	☐☐	☐☐

1-0

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR........................ ☐☐ MINUTES..................... ☐☐	
102	In what month and year were you born?	MONTH...................... ☐☐ DON'T KNOW MONTH...............98 YEAR....................... ☐☐ DON'T KNOW YEAR................98	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
104	What is your current marital status?	MARRIED...........................1 WIDOWED...........................2 DIVORCED..........................3	
105	Have you ever attended school?	YES...............................1 NO................................2 ──►110	
106	Are you currently attending school or the university?	YES...............................1 NO................................2	
107	What is the highest level of school you attended?	PRIMARY...........................1 PREPARATORY.......................2 SECONDARY.........................3 UPPER INTERMEDIATE................4 UNIVERSITY........................5 MORE THAN UNIVERSITY..............6	
108	What is the highest grade which you successfully completed at that level?	GRADE........................ ☐	
109	CHECK 107: PRIMARY ☐ PREPARATORY OR HIGHER ☐ ───────────────────		──►111
110	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 ──►112	
111	Do you usually read a newspaper or magazine at least once a week?	YES...............................1 NO................................2	

1-1

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	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................96 NEVER.........................97 NOT SURE/DON'T KNOW...........98	
113	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................96 NEVER.........................97 NOT SURE/DON'T KNOW...........98	
114	What is your religion?	MOSLEM.........................1 CHRISTIAN......................2 OTHER_____3 (SPECIFY)	

115	CHECK QUESTION 010 IN THE HOUSEHOLD QUESTIONNAIRE.
	
	THE WOMAN INTERVIEWED ☐ THE WOMAN INTERVIEWED ☐_____→201
	IS NOT A USUAL RESIDENT IS A USUAL RESIDENT
	(I.E., IF SHE IS A
	   VISITOR)
	                 v		

116	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——→118	
117	In which governorate is that located? _____ GOVERNORATE	GOVERNORATE.............. ☐☐	
118	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_____3 (SPECIFY)	
119	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_____4 (SPECIFY)	

120	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 _____41
		(SPECIFY)	

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1-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
121	How many rooms are there in your dwelling (excluding the bathrooms, kitchen, and stairway areas)?	ROOMS..................... ☐☐	
122	How many of the rooms are used for sleeping?	ROOMS..................... ☐☐	
123	Is there a special room used only for cooking inside or outside of the dwelling?	YES..............................1 NO...............................2	
124	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11——►126 PUBLIC TAP......................12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21——►126 PUBLIC WELL.....................22 SURFACE WATER NILE/CANALS.....................31 OTHER_____71 (SPECIFY)	
125	How long does it take to go there, get water, and come back?	MINUTES................. ☐☐☐	
126	Does your household get water for other uses (e.g., for handwashing and dishwashing) from the same source?	YES..............................1——►128 NO...............................2	
127	What is the source of water for such uses?	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 OTHER_____71 (SPECIFY)	
128	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 _____41 (SPECIFY)	

1-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
129	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	
130	Does your household have: A radio with cassette recorder? A black and white television? A color television? A video?	YES NO RADIO.......................1　2 BLACK AND WHITE TELEVISION.1　2 COLOR TELEVISION...........1　2 VIDEO......................1　2	
131	Does your household have: An electric fan? A gas/electric cooking stove? A water heater? A refrigerator? A washing machine? A sewing machine?	YES NO ELECTRIC FAN...............1　2 GAS/ELECTRIC COOKING STOVE.1　2 WATER HEATER...............1　2 REFRIGERATOR...............1　2 WASHING MACHINE............1　2 SEWING MACHINE.............1　2	
132	Do you or any member of your household own: A bicycle? A private car/motorcycle? Transport equipment (truck, taxi, van, bus, etc.)? Residential or commercial buildings other than the dwelling unit? Farm or other land? Livestock(donkeys, horses, cows, sheep, etc.)/poultry? Mechanical farm equipment (tractor, etc.)?	YES NO BICYCLE....................1　2 CAR/MOTORCYCLE.............1　2 TRANSPORT EQUIPMENT........1　2 RESIDENTIAL/COMMERCIAL 　BUILDINGS...............1　2 FARM/OTHER LAND............1　2 LIVESTOCK/POULTRY..........1　2 FARM IMPLEMENTS............1　2	

1-4

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 ☐ NO BIRTHS ☐ BIRTHS		▶225

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211 Now I would like to talk to you about all of 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. COMPLETE QUESTIONS 213-220 AS APPROPRIATE FOR EACH BIRTH. AFTER COMPLETING ALL BIRTHS, GO TO 221.

212 What name was given to your (first,next) baby?	213 Is (NAME) a boy or a girl? RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	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 LESS THAN 15 YEARS OF AGE: With whom does he/she live? IF 15 YEARS OR OLDER, GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.
01 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. ☐☐ YEAR... ☐☐	YES...1 NO....2 | v 220	AGE IN YEARS ☐☐	YES........1 (GO TO NEXT BIRTH)◄ NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 ☐☐ (GO NEXT BIRTH)
02 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. ☐☐ YEAR... ☐☐	YES...1 NO....2 | v 220	AGE IN YEARS ☐☐	YES........1 (GO TO NEXT BIRTH)◄ NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 ☐☐ (GO NEXT BIRTH)
03 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. ☐☐ YEAR... ☐☐	YES...1 NO....2 | v 220	AGE IN YEARS ☐☐	YES........1 (GO TO NEXT BIRTH)◄ NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 ☐☐ (GO NEXT BIRTH)
04 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. ☐☐ YEAR.. ☐☐	YES...1 NO....2 | v 220	AGE IN YEARS ☐☐	YES........1 (GO TO NEXT BIRTH)◄ NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 ☐☐ (GO NEXT BIRTH)
05 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. ☐☐ YEAR... ☐☐	YES...1 NO....2 | v 220	AGE IN YEARS ☐☐	YES........1 (GO TO NEXT BIRTH)◄ NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 ☐☐ (GO NEXT BIRTH)
06 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. ☐☐ YEAR... ☐☐	YES...1 NO....2 | v 220	AGE IN YEARS ☐☐	YES........1 (GO TO NEXT BIRTH)◄ NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 ☐☐ (GO NEXT BIRTH)

2-2

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212 What name was given to your next baby?	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/ her birthday?	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 LESS THAN 15 YEARS OF AGE: With whom does he/she live? IF 15 YEARS OR OLDER, GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.
07 ___ (NAME)	SING....1 MULT....2	BOY....1 GIRL...2	MONTH.. YEAR...	YES...1 NO....2 | v 220	AGE IN YEARS	YES.......1 (GO TO NEXT BIRTH) NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 (GO NEXT BIRTH)
08 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES...1 NO....2 | v 220	AGE IN YEARS	YES.......1 (GO TO NEXT BIRTH) NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 (GO NEXT BIRTH)
09 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES...1 NO....2 | v 220	AGE IN YEARS	YES.......1 (GO TO NEXT BIRTH) NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 (GO NEXT BIRTH)
10 ___ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES...1 NO....2 | v 220	AGE IN YEARS	YES.......1 (GO TO NEXT BIRTH) NO........2	FATHER.........1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO TO 221)	DAYS....1 MONTHS..2 YEARS...3 (GO TO 221)

221	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)　　　NUMBERS ARE SAME ☐

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: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

FOR BIRTH INTERVALS OF FOUR YEARS OR MORE: PROBE FOR UNREPORTED BIRTHS.

222	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1987. IF NONE, ENTER '0' AND GO TO QUESTION 224. ☐
223	FOR EACH BIRTH SINCE JANUARY 1987, ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME OF THE CHILD TO THE LEFT OF THE "B" CODE.
224	AT THE BOTTOM OF THE CALENDAR, ENTER NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1987, IF APPLICABLE.

2-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
225	Are you pregnant now?	YES...............................1 NO................................2 UNSURE..........................8	→228
226	How many months pregnant are you?	MONTHS.................... ☐☐	
226A	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.		
227	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	
228	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES...............................1 NO................................2	→234
229	When did the last such pregnancy end?	MONTH.................... ☐☐ YEAR..................... ☐☐	
230	CHECK 229: LAST PREGNANCY ENDED ☐ SINCE JANUARY 1987	LAST PREGNANCY ENDED ☐ BEFORE JANUARY 1987	→234
231	How many months pregnant were you when the pregnancy ended?	MONTHS.................... ☐☐	
231A	ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
232	Did you ever have any other such pregnancies?	YES...............................1 NO................................2	→234
233	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO JANUARY 1987. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		

2-4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
234	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	→236
235	How old were you when you had your first menstrual period?	AGE...................... DON'T KNOW.................98	
236	Between the first day of a period (i.e., menstrual cycle) and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times? PROBE: Are there any days during this time when the woman has a greater chance of becoming pregnant than on *other days*?	YES............................1 NO.............................2 DON'T KNOW....................8	→301

237	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?
	
	 PROBE: What are the days of each month when the woman should be more careful so as not to get pregnant during them?
		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_____5
		  (SPECIFY)
		 DON'T KNOW....................8	

2-5

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| 301 | How 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 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 Women can take a pill every day.	YES/SPONT...................1 YES/PROBED.................2 NO..........................3	YES...............1 NO................2	YES..........................1 NO...........................2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT...................1 YES/PROBED.................2 NO..........................3	YES...............1 NO................2	YES..........................1 NO...........................2
03	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT...................1 YES/PROBED.................2 NO..........................3	YES...............1 NO................2	YES..........................1 NO...........................2
04	NORPLANT Women can have small rods placed in their arm by a doctor which stops them 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 Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT...................1 YES/PROBED.................2 NO..........................3	YES...............1 NO................2	YES..........................1 NO...........................2
06	CONDOM Men 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 Women 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 person can have such an operation? YES..........................1 NO...........................2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT...................1 YES/PROBED.................2 NO..........................3	YES...............1 NO................2	YES..........................1 NO...........................2

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	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)?
09 RHYTHM, PERIODIC ABSTINENCE Couples 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 Men can be careful and pull out before ejaculation.	YES/SPONT....................1 YES/PROBED..................2 NO..........................3	YES...............1 NO................2	
11 PROLONGED BREASTFEEDING Women can prolong the time that they breastfeed their babies 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 women or men 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" ☐ → SKIP TO 309 (EVER USED)

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. ───────────→351

308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		

3-2

260

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

309 What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?

PILL...........................01
IUD............................02
INJECTIONS.....................03
NORPLANT.......................04
DIAPHRAGM/FOAM/JELLY...........05
CONDOM.........................06
FEMALE STERILIZATION..........07
MALE STERILIZATION............08
PERIODIC ABSTINENCE...........09   →311
WITHDRAWAL....................10
PROLONGED BREASTFEEDING.......11
OTHER_____12
(SPECIFY)

310 Where did you go to get (FIRST METHOD USED) the first 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
  URBAN HOSPITAL.................11
  URBAN HEALTH UNIT.............12
  RURAL HOSPITAL................13
  RURAL HEALTH UNIT.............14
  OTHER 15
OTHER GOVERNMENTAL FACILITY
  TEACHING HOSPITAL.............16
  HEALTH INSURANCE ORGANIZATION.17
  CURATIVE CARE ORGANIZATION....18
  OTHER.........................19
PRIVATE VOLUNTARY ORGANIZATION
EGYPT FAMILY PLANNING
    ASSOCIATION.................21
  CSI PROJECT...................22
  OTHER.........................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.).......................33
FRIENDS/RELATIVES...............41
OTHER...........................42
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 child but at a later time, or did you not want to have another child at all?

WANTED CHILD LATER...............1
DID NOT WANT ANOTHER CHILD.......2
OTHER _____3
(SPECIFY)

3-3

261

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	CHECK 104: CURRENTLY MARRIED ☐ WIDOWED/ DIVORCED ☐		→338
315	CHECK 225: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→344
316	CHECK 303: 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	→344
318	Which method are you using? 318A CIRCLE '07' FOR FEMALE STERILIZATION.	PILL...........................01 IUD............................02 INJECTIONS.....................03 NORPLANT.......................04 DIAPHRAGM/FOAM/JELLY...........05 CONDOM.........................06 FEMALE STERILIZATION...........07 MALE STERILIZATION.............08 PERIODIC ABSTINENCE............09 WITHDRAWAL.....................10 PROLONGED BREASTFEEDING........11 OTHER_____12 (SPECIFY)	→320

319	Why did you decide to use (CURRENT METHOD) rather than some other method of family planning? PROBE: Any other reasons?
	
	 RECORD ALL MENTIONED.
		RECOMMENDATION OF GOVERNMENT
		   DOCTOR/NURSE...................A
		 RECOMMENDATION OF PRIVATE
		   DOCTOR/NURSE...................B
		 RECOMMENDATION OF FAMILY
		   PLANNING WORKER/RAIDYA.........C
		 RECOMMENDATION OF RELATIVES/
		   FRIENDS.......................D
		 SIDE EFFECTS OF OTHER METHODS...E
		 SAW TV SPOT PROMOTING METHOD....F
		 METHOD CONVENIENT TO USE........G
		 EASILY AVAILABLE................H
		 COST.............................I
		 WANTED PERMANENT METHOD.........J
		 HUSBAND PREFERRED...............K
		 WANTED MORE EFFECTIVE METHOD....L
		 OTHER_____M
		 (SPECIFY)
		 DON'T KNOW......................N
			→336

320	Why did you decide to use (CURRENT METHOD) rather than some other method of family planning? PROBE: Any other reasons?
	
	 RECORD ALL MENTIONED.
		RECOMMENDATION OF GOVERNMENT
		   DOCTOR/NURSE...................A
		 RECOMMENDATION OF PRIVATE
		   DOCTOR/NURSE...................B
		 RECOMMENDATION OF FAMILY
		   PLANNING WORKER/RAIDYA.........C
		 RECOMMENDATION OR RELATIVES/
		   FRIENDS.......................D
		 SIDE EFFECTS OF OTHER METHODS...E
		 SAW TV SPOT PROMOTING METHOD....F
		 METHOD CONVENIENT TO USE........G
		 EASILY AVAILABLE................H
		 COST.............................I
		 WANTED PERMANENT METHOD.........J
		 HUSBAND PREFERRED...............K
		 WANTED MORE EFFECTIVE METHOD....L
		 OTHER_____M
		 (SPECIFY)
		 DON'T KNOW......................N	

3-4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

321	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
		  URBAN HOSPITAL.................11
		  URBAN HEALTH UNIT.............12
		  RURAL HOSPITAL...............13
		  RURAL HEALTH UNIT.............14
		  OTHER 15
		OTHER GOVERNMENTAL FACILITY
		  TEACHING HOSPITAL.............16
		  HEALTH INSURANCE ORGANIZATION.17
		  CURATIVE CARE ORGANIZATION....18
		  OTHER.........................19
		PRIVATE VOLUNTARY ORGANIZATION
		  EGYPT FAMILY PLANNING
		    ASSOCIATION.................21
		  CSI PROJECT...................22
		  OTHER.........................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.).......................33
		FRIENDS/RELATIVES..............41→324
		OTHER..........................42
		DON'T KNOW.....................98→326	

322	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][ ][ ] DON'T KNOW....................9998	
323	Is it easy or difficult to get there?	EASY............................1 DIFFICULT.......................2	

324	Why did you decide to obtain your (CURRENT METHOD) from (CURRENT SOURCE IN 321) rather than from some other place? Any other reason?
	
	_____
	(RECORD ALL RESPONSES)
		RECOMMENDATION OF GOVERNMENT
		  DOCTOR/NURSE...................A
		RECOMMENDATION OF PRIVATE
		  DOCTOR/NURSE...................B
		RECOMMENDATION OF
		  FRIEND/RELATIVE................C
		REPUTATION OF SOURCE AS
		  GOOD PROVIDER.................D
		PREVIOUS EXPERIENCE............E
		EASY ACCESS TO SOURCE...........F
		COST OF SERVICES REASONABLE.....G
		OTHER_____H
		      (SPECIFY)
		DON'T KNOW......................I	

325	Since you obtained the method from (CURRENT SOURCE), have you returned there for follow-up or advice about the method?	YES.............................1 NO..............................2	

3-5

| 326 | CHECK 318:

USING
IUD ☐ | USING PILL ☐ ――― →333

USING OTHER
METHODS ☐ ――― →335 |

| 327 | 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――→331

NO, FROM SOMEWHERE ELSE........2 |

| 328 | From where did you obtain the IUD?

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
  URBAN HOSPITAL.................11
  URBAN HEALTH UNIT.............12
  RURAL HOSPITAL................13
  RURAL HEALTH UNIT.............14
  OTHER 15
OTHER GOVERNMENTAL FACILITY
  TEACHING HOSPITAL.............16
  HEALTH INSURANCE ORGANIZATION.17
  CURATIVE CARE ORGANIZATION....18
  OTHER.........................19
PRIVATE VOLUNTARY ORGANIZATION
  EGYPT FAMILY PLANNING
    ASSOCIATION.................21
  CSI PROJECT...................22
  OTHER.........................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.)......................33
  FRIENDS/RELATIVES.............41
  OTHER.........................42
  DON'T KNOW....................98 |

| 329 | How much did it cost to buy the IUD from that place? | COST (IN POUNDS)..........☐☐

FREE..........................96
DON'T KNOW....................98 |

| 330 | Would you be willing to pay the following to buy the IUD from this source:
(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 331.)

  5 pounds?
  7 pounds?
 10 pounds?
 15 pounds?
 20 pounds?
 30 pounds?
 More than 30 pounds? | YES NO
 5 POUNDS..................1   2
 7 POUNDS..................1   2
10 POUNDS..................1   2
15 POUNDS..................1   2 →331
20 POUNDS..................1   2
30 POUNDS..................1   2
MORE THAN 30 POUNDS........1   2 |

3-6

264

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
331	How much did it cost to have the IUD inserted (including any extra fee for a physical examination)?	COST (IN POUNDS)........ [ ][ ][ ] FREE..........................996 DON'T KNOW....................998	
332	Would you be willing to pay the following to have an IUD inserted: (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 336. FOR AMOUNT MORE THAN 200 POUNDS, SKIP TO 336 IF YES OR NO.) 5 pounds? 10 pounds? 25 pounds? 50 pounds? 100 pounds? 150 pounds? 200 pounds? More than 200 pounds?	YES NO 5 POUNDS...................1 2 10 POUNDS...................1 2 25 POUNDS...................1 2 50 POUNDS...................1 2 100 POUNDS...................1 2 150 POUNDS...................1 2 200 POUNDS...................1 2 MORE THAN 200 POUNDS........1 2	►336 ►336
333	How much does one cycle of pills cost you?	COST (IN PIASTRES)...... [ ][ ][ ] FREE..........................996 DON'T KNOW....................998	
334	Would you be willing to pay for a cycle of pills if it cost: (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 336. FOR AMOUNT MORE THAN 5 POUNDS, SKIP TO 336 IF YES OR NO.) 50 piastres per cycle? 1 pound per cycle? 2 pounds per cycle? 3 pounds per cycle? 4 pounds per cycle? 5 pounds per cycle? More than 5 pounds per cycle?	YES NO 50 PIASTRES.................1 2 1 POUND.....................1 2 2 POUNDS....................1 2 3 POUNDS....................1 2 4 POUNDS....................1 2 5 POUNDS....................1 2 MORE THAN 5 POUNDS.........1 2	►336 ►336
335	How much did it cost to get your method? (IF LESS THAN 1 POUND, RECORD IN PIASTRES.)	COST (IN PIASTRES).1 [ ][ ][ ][ ] COST (IN POUNDS)...2 [ ][ ][ ][ ] FREE........................99996 DON'T KNOW..................99998	
336	Are you having any problems in using (CURRENT METHOD)?	YES...............................1 NO................................2	►338
337	What is the main problem?	HUSBAND DISAPPROVES............01 SIDE EFFECTS/ILLNESS CAUSED BY METHOD.....................02 SPOTTING/BLEEDING..............03 PERIOD DID NOT COME............04 OTHER HEALTH CONCERNS..........05 RAN OUT OF SUPPLIES............06 ACCESS/AVAILABILITY............07 COSTS TOO MUCH.................08 FORGET TO TAKE/MISPLACE........09 INCONVENIENT TO USE............10 STERILIZED, WANTS CHILDREN................11 OTHER_____12 (SPECIFY) DON'T KNOW.....................98	

3-7

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

338   CHECK 303 AND 318:

WOMAN OR HUSBAND STERILIZED ☐   NEITHER WOMAN OR HUSBAND STERILIZED ☐ ────────→342

---

339   In what month and year was the sterilization performed?

MONTH..................... ☐☐

YEAR...................... ☐☐

---

340   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 1987 IF OPERATION OCCURRED BEFORE 1987.

---

341   CHECK 339:

STERILIZED BEFORE JANUARY 1987 ☐ ──────────────────────────────→401

STERILIZED SINCE JANUARY 1987 ☐ ──────────────────────────────→344

---

342   CHECK 104:

CURRENTLY MARRIED ☐   WIDOWED/ DIVORCED ☐ ──────────────────→344

---

343   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 this method continuously?
- How long have you been using this method continuously?

---

344   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 PERIOD OF USE AND GOING BACK TO JANUARY 1987.

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 "O" IN THOSE MONTHS WHEN NO METHOD WAS USED.

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 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?

3-8

344A 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.

---

345 CHECK CALENDAR:

METHOD USED
IN MONTH OF
JANUARY 1987 ☐
↓

NO METHOD USED
IN MONTH OF
JANUARY 1987 ☐ ──────────────────→347

---

346 I see that you were using (METHOD) in January 1987.

When did you start using (METHOD) <u>that time</u> ?

THIS DATE SHOULD NOT PRECEDE THE DATE OF BIRTH
OF ANY CHILD BORN BEFORE JANUARY 1987.

MONTH...................... ☐☐

YEAR...................... ☐☐ →351

---

347 I see that you were not using any method of
contraception in January 1987. Did you ever use
a method before that?

YES............................1

NO..............................2 ──→351

---

348 CHECK 215:

HAD BIRTH
BEFORE JANUARY 1987
☐
↓

NO BIRTH
BEFORE JANUARY 1987
☐ ───────────────────→350

---

349 Did you use a method between the birth of
(NAME OF LAST CHILD BORN BEFORE JANUARY 1987)
and January 1987?

YES............................1

NO..............................2 ──→351

---

350 When did you stop using a method the last time
prior to January 1987?

THIS DATE SHOULD NOT PRECEDE THE DATE OF BIRTH
OF ANY CHILD BORN BEFORE JANUARY 1987.

MONTH...................... ☐☐

YEAR...................... ☐☐

---

351 CHECK 104:

CURRENTLY
MARRIED ☐
↓

WIDOWED/
DIVORCED ☐ ─────────────────────→401

351A CHECK 318:

NOT CURRENTLY
USING A METHOD ☐
↓

CURRENTLY USING
PERIODIC ABSTINENCE,
WITHDRAWAL, OTHER
TRADITIONAL METHOD ☐
↓
(SKIP TO 357)

CURRENTLY
USING A
MODERN METHOD ☐ ──────→401

---

352 Do you intend to use a method to delay or avoid
pregnancy at any time in the future?

YES............................1──→354
NO..............................2
DON'T KNOW.....................8──→357

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
353	What is the main reason you do not intend to use a method in the future?	WANTS CHILDREN..................01 LACK OF KNOWLEDGE...............02 HUSBAND OPPOSED.................03 COSTS TOO MUCH..................04 SIDE EFFECTS....................05 HEALTH CONCERNS.................06 HARD TO GET METHODS.............07 RELIGION........................08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC......................10 OTHER PEOPLE OPPOSED...........11 INFREQUENT SEX..................12 DIFFICULT TO GET PREGNANT......13 MENOPAUSAL/HAD HYSTERECTOMY....14 INCONVENIENT....................15 OTHER_____16 (SPECIFY) DON'T KNOW......................98	►357
354	Do you intend to use a method within the next 12 months?	YES.............................1 NO..............................2 DON'T KNOW......................8	
355	When you use a method, which method would you prefer to use?	PILL............................01 IUD.............................02 INJECTIONS......................03 NORPLANT........................04 DIAPHRAGM/FOAM/JELLY............05 CONDOM..........................06 FEMALE STERILIZATION............07 MALE STERILIZATION.............08 PERIODIC ABSTINENCE............09 WITHDRAWAL......................10 PROLONGED BREASTFEEDING........11 OTHER_____12 (SPECIFY) UNSURE/DON'T KNOW..............98	►357

356	Where can you get (METHOD MENTIONED IN 355)?
	
	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
		  URBAN HOSPITAL.................11
		  URBAN HEALTH UNIT.............12
		  RURAL HOSPITAL................13
		  RURAL HEALTH UNIT.............14
		  OTHER 15
		OTHER GOVERNMENTAL FACILITY
		  TEACHING HOSPITAL.............16
		  HEALTH INSURANCE ORGANIZATION.17
		  CURATIVE CARE ORGANIZATION....18
		  OTHER.........................19
		PRIVATE VOLUNTARY ORGANIZATION
		  EGYPT FAMILY PLANNING
		    ASSOCIATION.................21
		  CSI PROJECT...................22
		  OTHER.........................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.).......................33
		FRIENDS/RELATIVES................41
		OTHER...........................42
		DON'T KNOW......................98
			►359
			
			►401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

357 Do you know of a place where you can obtain a method of family planning?

YES................................1
NO................................2 ——→401

358 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
   URBAN HOSPITAL.................11
   URBAN HEALTH UNIT.............12
   RURAL HOSPITAL.................13
   RURAL HEALTH UNIT.............14
   OTHER 15
OTHER GOVERNMENTAL FACILITY
   TEACHING HOSPITAL.............16
   HEALTH INSURANCE ORGANIZATION.17
   CURATIVE CARE ORGANIZATION....18
   OTHER.........................19
PRIVATE VOLUNTARY ORGANIZATION
   EGYPT FAMILY PLANNING
     ASSOCIATION.................21
   CSI PROJECT...................22
   OTHER.........................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.).......................33
FRIENDS/RELATIVES...............41
OTHER...........................42
DON'T KNOW......................98 ——→401

359 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 | | |
DON'T KNOW...................9998

360 Is it easy or difficult to get there?

EASY..............................1
DIFFICULT.........................2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	CHECK 303: EVER USED FAMILY PLANNING ☐	NEVER USED FAMILY PLANNING ☐	►440
402	CHECK 318: CURRENTLY USING PILL ☐	NOT CURRENTLY USING PILL ☐	►416
403	Is this the first time that you have ever used the pill or have you used before?	FIRST TIME USED PILL.............1 ——►405 USED PILL BEFORE.................2	
404	At the time you used the pill for the first time, did you consult a doctor or a nurse before you began using it?	YES.............................1 NO..............................2	
405	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN....................1 BRAND NAME_____ ☐☐ PACKAGE NOT SEEN................2 ——►408	
406	COUNT AND RECORD THE TOTAL NUMBER OF PILLS IN THE CYCLE (PACKET) REGARDLESS OF THE PILLS ALREADY TAKEN.	21..............................1 28..............................2	
407	OBSERVE SEQUENCE IN WHICH PILLS TAKEN FROM CYCLE (PACKET) AND CIRCLE CORRECT CODE.	PILLS MISSING IN SEQUENCE.......1 PILLS MISSING OUT OF SEQUENCE...2 ►410 NO PILLS MISSING................3	
408	Do you know the brand name of the pills which you are using now? RECORD NAME OF BRAND.	BRAND NAME_____ ☐☐ DON'T KNOW.....................98	
409	Why don't you have a cycle (packet) of pills available?	HAS PERIOD, DOESN'T NEED YET...01 COST TOO MUCH TO BUY CYCLE.....02 FORGOT TO BUY NEXT CYCLE.......03 RESTING FROM PILL..............04 MISPLACED/CAN'T FIND...........05 HUSBAND AWAY/ILL...............06 OTHER_____07 (SPECIFY)	

4-1

270

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

410 At any time in the past month did you fail to take a pill for <u>more than one day</u> for any reason?

YES.............................1

NO..............................2——→412

---

411 What was the main reason you stopped taking the pill?

SIDE EFFECTS/ILLNESS...........01
SPOTTING/BLEEDING..............02
PERIOD DID NOT COME............03
RAN OUT OF PILLS...............04
HUSBAND AWAY...................05
FORGOT TO TAKE/MISPLACED.......06
OTHER_____07
       (SPECIFY)

---

412 Just about everyone misses taking the pill sometime. What do you do when you forget to take two or more pills?

START TAKING AGAIN AS USUAL....01
TAKE EXTRA/MISSED PILLS........02
USE ANOTHER METHOD.............03
TAKE EXTRA PILL AND USE
   ANOTHER METHOD...............04
OTHER_____05
      (SPECIFY)
NEVER FORGOT...................06

---

413 CHECK 321:

CURRENT SOURCE: ☐   ALL OTHER ☐
PHARMACY   SOURCES————————————————————→417A
      v

---

414 Do you usually obtain the pill yourself?
IF NO: Who obtains the method usually?

RESPONDENT HERSELF.............1——→419
HUSBAND........................2
OTHER_____3
      (SPECIFY)

---

415 Since you began using the pill this time, have you have you yourself ever gone to a pharmacy to obtain the method?

YES.............................1——→419

NO..............................2——→422

---

416 CHECK 303:

EVER USED ☐   NEVER USED ☐
PILL   PILL————————————————————→431
    v

---

417 Now I would like to ask some questions about the last time that you used the pill. During that time, did you yourself ever go to a pharmacy to obtain the pill?

YES.............................1——→419

NO..............................2

417A Since you began using the pill this time, have you yourself ever gone to a pharmacy to obtain the pill?

4-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
418	Did anyone else obtain the pill for you at a pharmacy? IF YES: Who obtained the pill for you from a pharmacy?	HUSBAND..........................1 OTHER_____2 　　　　　(SPECIFY) NO ONE ELSE.....................3 NEVER OBTAINED FROM PHARMACY....4	▶422
419	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	
420	Did anyone at the pharmacy describe side effects or other problems which you might have while using the the pill?	YES.............................1 NO..............................2	
421	Did anyone at the pharmacy ever tell you about other family planning methods which you might use?	YES.............................1 NO..............................2	
422	When you began to use the pill (this/that) time, did you consult a doctor or a nurse?	YES.............................1 NO..............................2 ▶431	
423	Where did you go for this consultation? 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 　URBAN HOSPITAL.................11 　URBAN HEALTH UNIT.............12 　RURAL HOSPITAL................13 　RURAL HEALTH UNIT.............14 　OTHER ....15 OTHER GOVERNMENTAL FACILITY 　TEACHING HOSPITAL.............16 　HEALTH INSURANCE ORGANIZATION.17 　CURATIVE CARE ORGANIZATION....18 　OTHER.........................19 PRIVATE VOLUNTARY ORGANIZATION 　EGYPT FAMILY PLANNING 　　ASSOCIATION.................21 　CSI PROJECT...................22 　OTHER.........................23 MEDICAL PRIVATE SECTOR 　PRIVATE HOSPITAL/CLINIC.......24 　PRIVATE DOCTOR................25 OTHER PRIVATE SECTOR 　MOSQUE HEALTH UNIT............31 　CHURCH HEALTH UNIT............32 OTHER.............................42 DON'T KNOW.......................98 ▶431	

4-3

272

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
424	Now I would like to talk with you about the service which you received at (SOURCE IN 423). Did you think that the wait for services was too long?	YES.............................1 NO..............................2	
425	Were you given a physical examination? IF YES: Was the doctor male or female?	EXAMINED BY MALE DOCTOR.........1 EXAMINED BY FEMALE DOCTOR.......2 NOT EXAMINED....................3	
426	How much did it cost for the consultation (including any extra fee for a physical examination)? IF LESS THAN ONE POUND, RECORD '000'.	COST (IN POUNDS)........ ☐☐☐ FREE..........................996 DON'T KNOW....................998	
427	In addition to the pill, were you told about other methods?	YES.............................1 NO..............................2	
428	Were you told how to use the pill?	YES.............................1 NO..............................2	
429	Were you told about problems or side effects which you might experience in using the pill?	YES.............................1 NO..............................2	
430	After you began using the pill, did you return to (SOURCE IN 423) for consultation or follow-up?	YES.............................1 NO..............................2	
431	CHECK 318: NOT CURRENTLY USING IUD ☐ CURRENTLY USING IUD ☐		→433A
432	CHECK 303 (IUD): EVER USED IUD ☐ NEVER USED IUD ☐		→440

4-4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

433	Now I would like to ask some questions about the last time that you used the IUD. Where did you obtain the IUD?
	
	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
		  URBAN HOSPITAL................11
		  URBAN HEALTH UNIT.............12
		  RURAL HOSPITAL................13
		  RURAL HEALTH UNIT.............14
		  OTHER 15
		OTHER GOVERNMENTAL FACILITY
		  TEACHING HOSPITAL.............16
		  HEALTH INSURANCE ORGANIZATION.17
		  CURATIVE CARE ORGANIZATION....18
		  OTHER........................19
		PRIVATE VOLUNTARY ORGANIZATION
		  EGYPT FAMILY PLANNING
		    ASSOCIATION.................21
		  CSI PROJECT..................22
		  OTHER........................23
		MEDICAL PRIVATE SECTOR
		  PRIVATE HOSPITAL/CLINIC.......24
		  PRIVATE DOCTOR...............25
		OTHER PRIVATE SECTOR
		  MOSQUE HEALTH UNIT...........31
		  CHURCH HEALTH UNIT...........32
		OTHER........................42
		DON'T KNOW.....................98
			→440

433A	CHECK 321 AND CIRCLE THE CODE FOR THE SOURCE AT WHICH THE CURRENT USER HAD THE IUD INSERTED.		
434	Now I would like to talk with you about the service which you received at (SOURCE IN 432). Did you think that the wait for services was too long?	YES.............................1 NO..............................2	
435	Were you given a physical examination? IF YES: Was the doctor male or female?	EXAMINED BY MALE DOCTOR.........1 EXAMINED BY FEMALE DOCTOR.......2 NOT EXAMINED....................3	
436	In addition to the IUD, were you told about other methods?	YES.............................1 NO..............................2	
437	Were you told how to be sure that the IUD was in place?	YES.............................1 NO..............................2	
438	Were you told about problems or side effects which you might experience in using the IUD?	YES.............................1 NO..............................2	
439	After you began using the IUD, did you return to (SOURCE IN 432) for consultation or follow-up?	YES.............................1 NO..............................2	

4-5

440 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?

	YES	NO

Advice from friends/relatives? — FRIEND/RELATIVES...........1   2
Informational spots on television? — TV SPOTS...................1   2
Advice from government doctor/clinic staff? — GOVERNMENT DOCTOR/CLINIC...1   2
Advice from private doctor/clinic staff? — PRIVATE DOCTOR/CLINIC......1   2
Advice from raiyda or other family planning extension worker? — RAIYDA/OTHER FP WORKER.....1   2
A community activity (e.g., a meeting)? — COMMUNITY ACTIVITY.........1   2
Other _____? — OTHER.....................1   2
   (SPECIFY)

441 How did you first hear about family planning?

TELEVISION.....................01
RADIO..........................02
PRINT MEDIA....................03
HUSBAND........................04
OTHER RELATIVES OR FRIENDS.....05
GOVERNMENT DOCTOR/CLINIC
   STAFF.......................06
PRIVATE DOCTOR/CLINIC STAFF....07
RAIYDA/OTHER FP WORKER.........08
COMMUNITY MEETING..............09
OTHER_____10
           (SPECIFY)

442 In the last month, have you heard a message about family planning on:

	YES	NO

the radio? — RADIO......................1   2
television? — TELEVISION.................1   2

443 CHECK 105, 107 AND 110:

ATTENDED PREPARATORY
OR HIGHER LEVEL   ABLE TO READ   NOT ABLE TO READ

   ☐   ☐   ☐_____►445

444 In the last month have you read an article about family planning in a newspaper or magazine?

YES..............................1

NO...............................2

445 There are many spots or messages regarding family planning on television. Can you tell me about the spots or messages which you have found most informative or helpful for you?

RECORD THE RESPONSE IN DETAIL. IF THE ANSWER IS A SERIES (E.G., KAREEMA MUHKTAR OR THE DOCTOR), PROBE TO FIND OUT WHICH SPECIFIC SPOTS IN THE SERIES WERE MOST HELPFUL OR INFORMATIVE. RECORD UP TO THREE SPOTS.

1 ☐☐
_____

2 ☐☐
_____

3 ☐☐
_____

NEVER SAW FP MESSAGES.........997

446 In the past year, have you ever attended a community meeting or talk in which there was discussion about family planning or Egypt's population problem?

YES..............................1

NO...............................2

4-6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
447	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES..........................1 DISAPPROVES.......................2 DOESN'T KNOW/UNDECIDED..........8	
448	If couples wish to avoid pregnancy, do you approve or disapprove of their using: the condom? the IUD? female sterilization? withdrawal? male sterilization? the pill?	APPR DISAPPR DK CONDOM..............1 2 8 IUD.................1 2 8 FEMALE STER.........1 2 8 WITHDRAWAL..........1 2 8 MALE STER...........1 2 8 PILL................1 2 8	
449	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	
450	Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES..........................1 DISAPPROVES.......................2 DOESN'T KNOW/UNDECIOED..........8	

4-7

276

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

501 CHECK 104:

CURRENTLY MARRIED ☐   DIVORCED/ WIDOWED ☐ ──────────────────► 509

502 CHECK 318:

NEITHER STERILIZED ☐   SHE OR HE STERILIZED ☐ ──────────────────► 507

503 CHECK 225:

NOT PREGNANT OR UNSURE ☐   PREGNANT ☐

│ v
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?

│ v
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 │
                                     ──► 507
UNDECIDED OR DON'T KNOW.........8 ┘

504 CHECK 225:

NOT PREGNANT OR UNSURE ☐   PREGNANT ☐

│ v
How long would you like to wait from now before the birth of (a/another) child?

│ v
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   ☐☐
                                     ──► 507
SOON/NOW.....................994

SAYS SHE CAN'T GET PREGNANT...995

OTHER_____996
            (SPECIFY)

DON'T KNOW...................998

505 CHECK 203, 205 AND 225

HAS LIVING CHILD(REN) OR PREGNANT?   YES ☐   NO ☐ ──────────────────► 507

506 CHECK 225:

NOT PREGNANT OR UNSURE ☐   PREGNANT ☐

│ v
How old would you like your youngest child to be when your next child is born?

│ v
How old would you like the child you are expecting to be when your next child is born?

AGE OF CHILD
YEARS..................... ☐☐

DON'T KNOW.....................98

5-1

277

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
507	Have you and your husband ever discussed the number of children you would like to have?	YES.............................1 NO..............................2	
508	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	

509 | CHECK 203 and 205:

HAS LIVING CHILD(REN) ☐   NO LIVING CHILD(REN) ☐

v 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?	**v** If you could choose exactly the number of children to have in your whole life, how many would that be?

RECORD SINGLE NUMBER OR OTHER ANSWER.

NUMBER.................... ☐☐

OTHER ANSWER_____96   (SPECIFY)   →511

DON'T KNOW.....................98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
510	How many boys and how many girls?	BOYS..................... ☐☐ GIRLS.................... OTHER ANSWER_____96 (SPECIFY) DON'T KNOW.....................98	
511	When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has (had) the most influence in deciding whether or not to have another --you or your husband--or do (did) you have equal say?	RESPONDENT HAS MORE INFLUENCE...1 BOTH HUSBAND AND REPONDENT EQUAL...............2 HUSBAND HAS MORE INFLUENCE......3 OTHER_____4 (SPECIFY)	
512	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS...................1 ☐☐ YEARS....................2 OTHER_____996 (SPECIFY)	
513	Do you expect your children (if you would have any) to help you financially when you get old?	YES.............................1 NO..............................2 NOT SURE/DOESN'T KNOW...........8	
514	What is the highest level of school you would like for your daughter(s) to attain?	PRIMARY........................01 PREPARATORY....................02 SECONDARY......................03 UPPER INTERMEDIATE.............04 UNIVERSITY.....................05 MORE THAN UNIVERSITY...........06 DEPENDS ON CHILD...............95 NO ASPIRATIONS FOR EDUCATION...96 DON'T KNOW.....................98	

5-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
515	What is the highest level of school you would like for your son(s) to attain?	PRIMARY........................01 PREPARATORY....................02 SECONDARY......................03 UPPER INTERMEDIATE.............04 UNIVERSITY.....................05 MORE THAN UNIVERSITY...........06 DEPENDS ON CHILD...............95 NO ASPIRATIONS FOR EDUCATION...96 DON'T KNOW.....................98	
516	Does (did) your husband allow you to go out alone (or with your children) to buy household items or visit relatives?	YES, ALONE.......................1 YES, WITH CHILDREN...............2 NOT ALLOWED TO GO OUT............3 OTHER_____4 (SPECIFY)	
517	In general, if a wife disagrees with her husband, do you think she should express her opinion or keep quiet?	EXPRESS OPINION..................1 KEEP QUIET.......................2 NOT SURE/DON'T KNOW..............8	
518	Some say that a woman's place is not only at home but she should be able to work. Do you agree?	AGREE............................1 DISAGREE.........................2 NOT SURE/DON'T KNOW..............8	
519	Who should have the last word on the following--the husband, the wife, both, or someone else? Visits to friends or relatives? Household budget? Having another child? Children's education? Children's marriage plans? Use of family planning methods? Wife's employment?	HUSB WIFE BOTH OTHER VISITS TO FRD/RL.1 2 3 4 HOUSEHOLD BUDGET.1 2 3 4 HAVING CHILD.....1 2 3 4 CHILD'S EDUC.....1 2 3 4 CHILD'S MARR.....1 2 3 4 FAMILY PLANNING..1 2 3 4 WIFE'S EMPLOYM'T.1 2 3 4	

5-3

601	CHECK 222: ONE OR MORE BIRTHS SINCE JANUARY 1987 ☐	NO BIRTHS SINCE JANUARY 1987 ☐→ (SKIP TO 644)	

602 | ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1987 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 five years. (We will talk about one child at a time.)

	LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐

	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 ☐
603	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did you want no (more) children at all?	THEN........1 (SKIP TO 605)← LATER........2 NO MORE........3 (SKIP TO 605)←	THEN........1 (SKIP TO 605)← LATER........2 NO MORE........3 (SKIP TO 605)←	THEN........1 (SKIP TO 605)← LATER........2 NO MORE........3 (SKIP TO 605)←
604	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
605	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 TRADITIONAL BIRTH ATTENDANT........C OTHER___D (SPECIFY) NO ONE........E (SKIP TO 609)←	HEALTH PROFESSIONAL DOCTOR........A NURSE/MIDWIFE........B OTHER PERSON TRADITIONAL BIRTH ATTENDANT........C OTHER___D (SPECIFY) NO ONE........E (SKIP TO 609)←	HEALTH PROFESSIONAL DOCTOR........A NURSE/MIDWIFE........B OTHER PERSON TRADITIONAL BIRTH ATTENDANT........C OTHER___D (SPECIFY) NO ONE........E (SKIP TO 609)←
606	Where did you receive this antenatal care?	PUBLIC SECTOR GVT. HOSPITAL........A GVT. HEALTH UNIT........B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR........D OTHER___.E (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL........A GVT. HEALTH UNIT........B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR........D OTHER___.E (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL........A GVT. HEALTH UNIT........B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR........D OTHER___..E (SPECIFY)
607	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

6-1

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
608	How many antenatal visits did you have during this pregnancy?	NO. OF VISITS.......▢▢ DON'T KNOW.............98	NO. OF VISITS.......▢▢ DON'T KNOW.............98	NO. OF VISITS.......▢▢ DON'T KNOW.............98

609	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES......................1
		
		NO......................2⌐
		   (SKIP TO 611)◀──┘
		DON'T KNOW..............8┘
			YES......................1
			
			NO......................2⌐
			   (SKIP TO 611)◀──┘
			DON'T KNOW..............8┘
				YES......................1
				
				NO......................2⌐
				   (SKIP TO 611)◀──┘
				DON'T KNOW..............8┘

610	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

611	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_____41
		     (SPECIFY)
			HOME
			  YOUR HOME..............11
			  OTHER HOME.............12
			PUBLIC SECTOR
			  GVT. HOSPITAL..........21
			  GVT. HEALTH UNIT.......22
			PRIVATE SECTOR
			  PVT. HOSPITAL/CLINIC...31
			OTHER_____41
			     (SPECIFY)
				HOME
				  YOUR HOME..............11
				  OTHER HOME.............12
				PUBLIC SECTOR
				  GVT. HOSPITAL..........21
				  GVT. HEALTH UNIT.......22
				PRIVATE SECTOR
				  PVT. HOSPITAL/CLINIC...31
				OTHER_____41
				     (SPECIFY)

612	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
		  TRADITIONAL BIRTH
		   ATTENDANT..............C
		  RELATIVES/FRIENDS.......D
		OTHER_____E
		    (SPECIFY)
		NO ONE....................F
			HEALTH PROFESSIONAL
			  DOCTOR..................A
			  NURSE/MIDWIFE...........B
			OTHER PERSON
			  TRADITIONAL BIRTH
			   ATTENDANT..............C
			  RELATIVES/FRIENDS.......D
			OTHER_____E
			    (SPECIFY)
			NO ONE....................F
				HEALTH PROFESSIONAL
				  DOCTOR..................A
				  NURSE/MIDWIFE...........B
				OTHER PERSON
				  TRADITIONAL BIRTH
				   ATTENDANT..............C
				  RELATIVES/FRIENDS.......D
				OTHER_____E
				    (SPECIFY)
				NO ONE....................F

613	Was (NAME) born on time or prematurely?	ON TIME...................1 PREMATURELY..............2 DON'T KNOW...............8	ON TIME...................1 PREMATURELY..............2 DON'T KNOW...............8	ON TIME...................1 PREMATURELY..............2 DON'T KNOW...............8
614	Was (NAME) delivered by caesarian section?	YES......................1 NO.......................2	YES......................1 NO.......................2	YES......................1 NO.......................2
615	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

6-2

281

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
616	Was (NAME) weighed at birth?	YES.......................1 NO........................2┐ 　　(SKIP TO 618)◄──────┘	YES.......................1 NO........................2┐ 　　(SKIP TO 620)◄──────┘	YES.......................1 NO........................2┐ 　　(SKIP TO 620)◄──────┘
617	How much did (NAME) weigh?	KILOGRAMS.........☐.☐ DON'T KNOW..............98	KILOGRAMS.........☐.☐ DON'T KNOW..............98	KILOGRAMS.........☐.☐ DON'T KNOW..............98
618	Has your period returned since the birth of (NAME)?	YES ....1┐ 　　(SKIP TO 620)◄──────┘ NO........................2		
619	ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY) 　　　　　　　(SKIP TO 621)			
620	For how many months after the birth of (NAME) did you not have a period?	ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH.		
621	CHECK 225: RESPONDENT PREGNANT?	NOT　　　　PREGNANT PREGNANT ☐　OR ☐ 　　　　　　UNSURE 　　　　　　　▼ 　　　　　(SKIP TO 624)		
622	Have you resumed sexual relations since the birth of (NAME)?	YES.......................1┐ 　　(SKIP TO 624)◄──────┘ NO........................2		
623	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. 　　　　　　　(SKIP TO 625)			
624	For how many months after the birth of (NAME) did you not have sexual relations?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.		
625	Did you ever breastfeed (NAME)?	YES.......................1┐ 　　(SKIP TO 628)◄──────┘ NO........................2	YES.......................1┐ 　　(SKIP TO 636)◄──────┘ NO........................2	YES.......................1┐ 　　(SKIP TO 636)◄──────┘ NO........................2
626	ENTER "N" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
627	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED..............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 OTHER_____08 (SPECIFY) (SKIP TO 638)	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED..............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 OTHER_____08 (SPECIFY) (SKIP TO 638)	MOTHER ILL/WEAK.........01 CHILD ILL/WEAK..........02 CHILD DIED..............03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.......05 MOTHER WORKING..........06 CHILD REFUSED...........07 OTHER_____08 (SPECIFY) (SKIP TO 638)
628	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 ☐☐		

629	CHECK 216:
	
	CHILD ALIVE?
		ALIVE ☐ DEAD ☐
		                  ↓
		              (SKIP TO 636)
		↓		

630	Are you still breast-feeding (NAME)?	YES.....................1 NO......................2 (SKIP TO 636)		
631	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.			
632	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS ☐☐		
633	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS ☐☐		

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283

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
634	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Juice? Herbal tea? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Any mushy or solid food?	YES NO PLAIN WATER..........1 2 SUGAR WATER..........1 2 JUICE................1 2 HERBAL TEA...........1 2 BABY FORMULA.........1 2 FRESH MILK...........1 2 TINNED/POWDERED MILK.1 2 OTHER LIQUIDS........1 2 MUSHY/SOLID FOOD.....1 2		
635	CHECK 634: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR "NO" TO ALL MORE ☐ ☐ v (SKIP TO 639) (SKIP TO 640)		
636	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.		

637	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.........01
		CHILD ILL/WEAK..........02
		CHILD DIED..............03
		NIPPLE/BREAST PROBLEM...04
		INSUFFICIENT MILK.......05
		MOTHER WORKING..........06
		CHILD REFUSED...........07
		WEANING AGE.............08
		BECAME PREGNANT.........09
		STARTED USING
		  CONTRACEPTION.........10
		OTHER_____11
		     (SPECIFY)
			MOTHER ILL/WEAK.........01
			CHILD ILL/WEAK..........02
			CHILD DIED..............03
			NIPPLE/BREAST PROBLEM...04
			INSUFFICIENT MILK.......05
			MOTHER WORKING..........06
			CHILD REFUSED...........07
			WEANING AGE.............08
			BECAME PREGNANT.........09
			STARTED USING
			  CONTRACEPTION.........10
			OTHER_____11
			     (SPECIFY)
				MOTHER ILL/WEAK.........01
				CHILD ILL/WEAK..........02
				CHILD DIED..............03
				NIPPLE/BREAST PROBLEM...04
				INSUFFICIENT MILK.......05
				MOTHER WORKING..........06
				CHILD REFUSED...........07
				WEANING AGE.............08
				BECAME PREGNANT.........09
				STARTED USING
				  CONTRACEPTION.........10
				OTHER_____11
				     (SPECIFY)

6-5

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
638 **CHECK 216:** CHILD ALIVE?	ALIVE ☐ DEAD ☐ ▼ (SKIP TO 640)	ALIVE ☐ DEAD ☐ ▼ (SKIP TO 640)	ALIVE ☐ DEAD ☐ ▼ (SKIP TO 640)
639 Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.......................1 NO........................2⌐ (SKIP TO 643)◄──┘	YES.......................1 NO........................2⌐ (SKIP TO 643)◄──┘	YES.......................1 NO........................2⌐ (SKIP TO 643)◄──┘
640 How many months old was (NAME) when you started giving the following on a regular basis?: Formula or milk other than breastmilk?	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96
Plain water?	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96
Other liquids?	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96
Any mushy or solid food?	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96	AGE IN MONTHS....... ☐☐ NOT GIVEN...............96
IF LESS THAN 1 MONTH, RECORD '00'.		(SKIP TO 643)	(SKIP TO 643)
641 **CHECK 216:** CHILD ALIVE?	ALIVE ☐ DEAD ☐ ▼ (SKIP TO 643) ▼		
642 Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.......................1 NO........................2 DON'T KNOW...............8		
643 GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 644.			

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285

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

644 CHECK 215: ANY BIRTH IN 1984, 1985, OR 1986?

YES ☐   NO ☐ ─────────────────────────→ 649

NAME OF LAST BIRTH PRIOR TO JANUARY 1987: _____
(NAME)

---

645 Did you ever feed (NAME) at the breast?

YES...........................1

NO............................2 ──→ 647

---

646 How many months did you breastfeed (NAME)?

MONTHS.................... ☐☐

---

647 For how many months after the birth of (NAME) did you _not_ have a period?

MONTHS.................... ☐☐

DID NOT RETURN.................96

---

648 For how many months after the birth of (NAME) did you _not_ have sexual relations?

MONTHS.................... ☐☐

NOT RESUMED....................96

---

649 What should be the first food or liquid a baby gets after birth?

BREAST MILK/COLOSTRUM...........1
SUGAR WATER.....................2
INFANT FORMULA..................3
HONEY...........................4
HERBAL TEA......................5
OTHER_____6
               (SPECIFY)

---

650 What health problems might be caused by bottlefeeding?

RECORD ALL MENTIONED.

UNSANITARY WATER USED TO MIX
    FORMULA.......................A
FORMULA DILUTED SO BABY NOT
    ADEQUATELY NOURISHED..........B
COLIC...........................C
DIARRHEA........................D
POOR WEIGHT GAIN................E
TOOTH DECAY.....................F
OTHER_____G
               (SPECIFY)
NONE/DON'T KNOW.................H

---

651 How old should an infant before he/she is first given other foods or liquids in addition to breastmilk?

MONTHS.................... ☐☐

DON'T KNOW.....................98

---

652 CHECK 222:

ONE OR MORE BIRTHS   NO BIRTHS SINCE
SINCE JANUARY 1987 ☐   JANUARY 1987 ☐ ───────────────→ 741

6-7

286

701	ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. BEGIN WITH THE LAST BIRTH. 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).

	LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐

		LAST BIRTH NAME _____ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME _____ ALIVE ☐ DEAD ☐	SECOND-FROM-LAST BIRTH NAME _____ ALIVE ☐ DEAD ☐
702	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 704)◄—— YES, NOT SEEN............2 (SKIP TO 706)◄—— NO CARD..................3	YES, SEEN..................1 (SKIP TO 704)◄—— YES, NOT SEEN............2 (SKIP TO 706)◄—— NO CARD..................3	YES, SEEN..................1 (SKIP TO 704)◄—— YES, NOT SEEN............2 (SKIP TO 706)◄—— NO CARD..................3
703	Did you ever have a vaccination certificate for (NAME)?	YES......................1 (SKIP TO 706)◄—— NO.......................2	YES......................1 (SKIP TO 706)◄—— NO.......................2	YES......................1 (SKIP TO 706)◄—— NO.......................2
704	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE. (2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED. BCG POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES HEPATITIS 1 HEPATITIS 2 HEPATITIS 3	DAY MO YR BCG P1 P2 P3 D1 D2 D3 MEA H1 H2 H3	DAY MO YR BCG P1 P2 P3 D1 D2 D3 MEA H1 H2 H3	DAY MO YR BCG P1 P2 P3 D1 D2 D3 MEA H1 H2 H3
705	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, HEPATITIS 1-3 AND/OR MEASLES VACCINE(S).	YES......................1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY ◄— COLUMN IN 704) NO.......................2 DON'T KNOW..............8 (SKIP TO 708) ◄——	YES......................1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY ◄— COLUMN IN 704) NO.......................2 DON'T KNOW..............8 (SKIP TO 708) ◄——	YES......................1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY ◄— COLUMN IN 704) NO.......................2 DON'T KNOW..............8 (SKIP TO 708) ◄——

7-1

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	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

706 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....................1
	NO......................2
	  (SKIP TO 708)◄────
	DON'T KNOW..............8
		YES.....................1
		NO......................2
		  (SKIP TO 708)◄────
		DON'T KNOW..............8
			YES.....................1
			NO......................2
			  (SKIP TO 708)◄────
			DON'T KNOW..............8

707 Please tell me if (NAME) (has) received any of the following vaccinations:			
A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused 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? IF YES: How many times?	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]
A DPT injection? IF YES: How many times?	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]	YES.....................1 NO......................2 DON'T KNOW..............8 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? IF YES: How many times?	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]	YES.....................1 NO......................2 DON'T KNOW..............8 NUMBER OF TIMES........[ ]

708 CHECK 216:
 	
CHILD ALIVE?
	ALIVE [ ] DEAD [ ]
	  ▼
	(SKIP TO 710)
		ALIVE [ ] DEAD [ ]
		  ▼
		(SKIP TO 710)
			ALIVE [ ] DEAD [ ]
			  ▼
			(SKIP TO 710)

709 GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 740.			
710 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

711 Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....................1
	NO......................2
	  (SKIP TO 715)◄────
	DON'T KNOW..............8
		YES.....................1
		NO......................2
		  (SKIP TO 715)◄────
		DON'T KNOW..............8
			YES.....................1
			NO......................2
			  (SKIP TO 715)◄────
			DON'T KNOW..............8

7-2

288

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
712	Has (NAME) been ill with a cough in the last 24 hours?	YES........................1 NO.........................2 DON'T KNOW...............8	YES........................1 NO.........................2 DON'T KNOW...............8	YES........................1 NO.........................2 DON'T KNOW...............8
713	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	DAYS................ ☐☐	DAYS................ ☐☐	DAYS................ ☐☐
714	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

715	CHECK 710 AND 711:
	
	FEVER OR COUGH?
		"YES" IN EITHER 710 OR 711
		☐ ☐OTHER
		     └→(SKIP TO 720)
			"YES" IN EITHER 710 OR 711
			☐ ☐OTHER
			     └→(SKIP TO 720)
				"YES" IN EITHER 710 OR 711
				☐ ☐OTHER
				     └→(SKIP TO 720)

716	Was anything given to treat the fever/cough?	YES........................1
		NO.........................2┐
		   (SKIP TO 718)◄────┘
		DON'T KNOW...............8┘
			YES........................1
			NO.........................2┐
			   (SKIP TO 718)◄────┘
			DON'T KNOW...............8┘
				YES........................1
				NO.........................2┐
				   (SKIP TO 718)◄────┘
				DON'T KNOW...............8┘

717	What was given to treat the fever/cough?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		INJECTION................A
		ANTIBIOTIC
		  (PILL OR SYRUP).........B
		COUGH SYRUP..............C
		OTHER PILL OR SYRUP......D
		UNKNOWN PILL OR SYRUP....E
		HOME REMEDY/
		  HERBAL MEDICINE.........F
		OTHER_____G
		      (SPECIFY)
			INJECTION................A
			ANTIBIOTIC
			  (PILL OR SYRUP).........B
			COUGH SYRUP..............C
			OTHER PILL OR SYRUP......D
			UNKNOWN PILL OR SYRUP....E
			HOME REMEDY/
			  HERBAL MEDICINE.........F
			OTHER_____G
			      (SPECIFY)
				INJECTION................A
				ANTIBIOTIC
				  (PILL OR SYRUP).........B
				COUGH SYRUP..............C
				OTHER PILL OR SYRUP......D
				UNKNOWN PILL OR SYRUP....E
				HOME REMEDY/
				  HERBAL MEDICINE.........F
				OTHER_____G
				      (SPECIFY)

718	Did you seek advice or treatment for the fever/cough?	YES........................1
		
		NO.........................2┐
		   (SKIP TO 720)◄────┘
			YES........................1
			
			NO.........................2┐
			   (SKIP TO 720)◄────┘
				YES........................1
				
				NO.........................2┐
				   (SKIP TO 720)◄────┘

719	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_____H
		      (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_____H
			      (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_____H
				      (SPECIFY)

7-3

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
720	Has (NAME) had diarrhea in the last two weeks?	YES.....................1 (SKIP TO 722)◄───────┘ NO......................2 DON'T KNOW..............8	YES.....................1 (SKIP TO 722)◄───────┘ NO......................2 DON'T KNOW..............8	YES.....................1 (SKIP TO 722)◄───────┘ NO......................2 DON'T KNOW..............8
721	GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 740.			
722	Has (NAME) had diarrhea in the last 24 hours?	YES.....................1 NO......................2 DON'T KNOW..............8	YES.....................1 NO......................2 DON'T KNOW..............8	YES.....................1 NO......................2 DON'T KNOW..............8
723	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS.............. ☐☐	DAYS.............. ☐☐	DAYS.............. ☐☐
724	Was there any blood in the stools?	YES.....................1 NO......................2 DON'T KNOW..............8	YES.....................1 NO......................2 DON'T KNOW..............8 (SKIP TO 728)	YES.....................1 NO......................2 DON'T KNOW..............8 (SKIP TO 728)

725	CHECK 625/630: LAST CHILD STILL BREASTFED?	YES ☐ NO ☐
		           ▼
		      (SKIP TO 728)
		▼		

726	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....................1 NO......................2 (SKIP TO 728)◄───────┘		
727	Did you increase the number of breastfeeds or reduce them, or did you stop completely?	INCREASED...............1 REDUCED.................2 STOPPED COMPLETELY......3		
728	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME....................1 MORE....................2 LESS....................3 GIVEN BREASTMILK ONLY....4 DON'T KNOW..............8	SAME....................1 MORE....................2 LESS....................3 GIVEN BREASTMILK ONLY....4 DON'T KNOW..............8	SAME....................1 MORE....................2 LESS....................3 GIVEN BREASTMILK ONLY....4 DON'T KNOW..............8
729	Was anything given to treat the diarrhea?	YES.....................1 NO......................2 (SKIP TO 731)◄───────┘ DON'T KNOW..............8	YES.....................1 NO......................2 (SKIP TO 731)◄───────┘ DON'T KNOW..............8	YES.....................1 NO......................2 (SKIP TO 731)◄───────┘ DON'T KNOW..............8

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	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

730	What was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		MAHLOUL MOALGET
		  EL-GAFFEF...............A
		HOMEMADE SUGAR, SALT
		  AND WATER SOLUTION......B
		ANTIBIOTIC
		  (PILL OR SYRUP).........C
		OTHER PILL OR
		  SYRUP...................D
		INJECTION................E
		(I.V.) INTRAVENOUS.......F
		HOME REMEDIES/
		  HERBAL MEDICINES........G
		OTHER_____H
		     (SPECIFY)
			MAHLOUL MOALGET
			  EL-GAFFEF...............A
			HOMEMADE SUGAR, SALT
			  AND WATER SOLUTION......B
			ANTIBIOTIC
			  (PILL OR SYRUP).........C
			OTHER PILL OR
			  SYRUP...................D
			INJECTION................E
			(I.V.) INTRAVENOUS.......F
			HOME REMEDIES/
			  HERBAL MEDICINES........G
			OTHER_____H
			     (SPECIFY)
				MAHLOUL MOALGET
				  EL-GAFFEF...............A
				HOMEMADE SUGAR, SALT
				  AND WATER SOLUTION......B
				ANTIBIOTIC
				  (PILL OR SYRUP).........C
				OTHER PILL OR
				  SYRUP...................D
				INJECTION................E
				(I.V.) INTRAVENOUS.......F
				HOME REMEDIES/
				  HERBAL MEDICINES........G
				OTHER_____H
				     (SPECIFY)

731	Did you seek advice or treatment for the diarrhea?	YES......................1 NO.......................2 (SKIP TO 733)	YES......................1 NO.......................2 (SKIP TO 733)	YES......................1 NO.......................2 (SKIP TO 733)

732	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_____H
		     (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_____H
			     (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_____H
				     (SPECIFY)

733	CHECK 730:
	
	MAHLOUL MOALGET EL-GAFFEF MENTIONED?
		NO, YES,
		MAHLOUL MAHLOUL
		EL-GAFFEF EL-GAFFEF
		NOT MENTIONED MENTIONED
		☐ ☐
		         v
		     (SKIP TO 735)
			NO, YES,
			MAHLOUL MAHLOUL
			EL-GAFFEF EL-GAFFEF
			NOT MENTIONED MENTIONED
			☐ ☐
			         v
			     (SKIP TO 735)
				NO, YES,
				MAHLOUL MAHLOUL
				EL-GAFFEF EL-GAFFEF
				NOT MENTIONED MENTIONED
				☐ ☐
				         v
				     (SKIP TO 735)

734	Was (NAME) given mahloul moalget el-gaffef when he/she had the diarrhea?	YES......................1
		NO.......................2
		  (SKIP TO 736)
		DON'T KNOW...............8
			YES......................1
			NO.......................2
			  (SKIP TO 736)
			DON'T KNOW...............8
				YES......................1
				NO.......................2
				  (SKIP TO 736)
				DON'T KNOW...............8

735	For how many days was (NAME) given mahloul moalget el-gaffef? IF LESS THAN 1 DAY, RECORD '00'.	DAYS............... ☐☐ DON'T KNOW..............98	DAYS............... ☐☐ DON'T KNOW..............98	DAYS............... ☐☐ DON'T KNOW..............98

7-5

		LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH NAME _____	
736	CHECK 730: HOMEMADE SUGAR, SALT AND WATER SOLUTION MENTIONED?	NO, HOME SOL'N NOT MENTIONED ☐ │ ▼	YES, HOME SOL'N MENTIONED ☐ ▼ (SKIP TO 738)	NO, HOME SOL'N NOT MENTIONED ☐ │ ▼	YES, HOME SOL'N MENTIONED ☐ ▼ (SKIP TO 738)	NO, HOME SOL'N NOT MENTIONED ☐ │ ▼	YES, HOME SOL'N MENTIONED ☐ ▼ (SKIP TO 738)
737	Was (NAME) given a solution made from sugar, salt and water when he/she had the diarrhea?	YES........................1 NO.........................2┐ (SKIP TO 739)◄──────┘ DON'T KNOW...............8┘		YES........................1 NO.........................2┐ (SKIP TO 739)◄──────┘ DON'T KNOW...............8┘		YES........................1 NO.........................2┐ (SKIP TO 739)◄──────┘ DON'T KNOW...............8┘	
738	For how many days was (NAME) given the solution made from sugar, salt and water? IF LESS THAN 1 DAY, RECORD '00'.	DAYS...............☐☐ DON'T KNOW...............98		DAYS...............☐☐ DON'T KNOW...............98		DAYS...............☐☐ DON'T KNOW...............98	
739	GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 740.						

7-6

292

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
740	CHECK 730 AND 734 (ALL COLUMNS): MAHLOUL MOALGET EL-GAFFEF GIVEN TO ANY CHILD ☐ MAHLOUL MOALGET EL-GAFFEF NOT GIVEN TO ANY CHILD ☐ OR 730 AND 734 NOT ASKED		→743
741	Have you ever heard of a special product called mahloul moalget el-gaffaf you can get for the treatment of diarrhea?	YES.............................1 NO..............................2	→801
742	Have you ever prepared mahloul moalget el-gaffaf to treat diarrhea in yourself or someone else?	YES.............................1 NO..............................2	→801
743	The last time you prepared the mahloul moalget el-gaffaf did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE............1 PART OF PACKET..................2	
744	How much water did you use to prepare mahloul moalget el-gaffaf the last time you made it?	1\2 LITER.......................01 1 LITER.........................02 1 1\2 LITERS....................03 2 LITERS........................04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER_____06 (SPECIFY) DON'T KNOW......................98	

7-7

293

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Now I would like to ask some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED...................... ☐	
802	In what month and year did you first enter into a marriage contract?	MONTH...................... ☐☐ DON'T KNOW MONTH...............98 YEAR...................... ☐☐ DON'T KNOW YEAR................98	
803	How old were you when you first entered into a marriage contract?	AGE...................... ☐☐ DON'T KNOW AGE.................98	
804	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	
805	How old were you when you started living together with your (first) husband?	AGE...................... ☐☐ DON'T KNOW AGE.................98	

806 CHECK 804 AND 805:

YEAR AND AGE GIVEN?   YES ☐   ☐ ─────────────────────────────────────►808

807 RECORD CURRENT YEAR IN BOX ON RIGHT AND COMPLETE THE FOLLOWING IN ORDER TO CHECK THE CONSISTENCY OF 804 AND 805:

YEAR OF BIRTH   (102)   ☐☐

PLUS   +

AGE AT MARRIAGE (805)   ☐☐

=

CALCULATED
YEAR OF MARRIAGE   ☐☐

IF NECESSARY, CALCULATE YEAR OF BIRTH

CURRENT YEAR   ☐☐

MINUS   -

CURRENT AGE (103)   ☐☐

=

CALCULATED
YEAR OF BIRTH   ☐☐

IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (804)?

YES ☐   NO ☐ ─►PROBE AND CORRECT 804 AND 805.

808 DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1987. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1987.

FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE:
PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

809 CHECK COLUMN 6 OF CALENDAR:

| IN MARITAL UNION AT ANY TIME SINCE JANUARY 1987 ☐ | NOT IN MARITAL UNION AT ANY TIME SINCE JANUARY 1987 ☐ | ──────→814A |

810 Since January 1987, did you and your husband ever live apart (without visiting) for more than one month because of work, school or for any other reason?

(IF WOMAN HAD MORE THAN ONE HUSBAND DURING THE PERIOD, CIRCLE CODE '1' (YES) IF SHE LIVED APART FROM ANY OF OF HER HUSBANDS FOR MORE THAN ONE MONTH.)

YES..............................1

NO..............................2──→901

811 USE CALENDAR TO PROBE FOR ALL PERIODS THE WOMAN LIVED APART FROM HER HUSBAND(S) BACK TO JANUARY 1987. ENTER 'X' (NOT SEPARATED) OR THE CODE FOR THE TYPE OF SEPARATION IN COLUMN 7.

IF THE WOMAN MARRIED FOR THE FIRST TIME SINCE JANUARY 1987, RECORD "X" (NOT SEPARATED) IN THE MONTH AND YEAR OF MARRIAGE AND PROBE FOR PERIODS OF SEPARATION FOLLOWING THAT DATE. FOR WOMEN MARRIED FOR THE FIRST TIME BEFORE JANUARY 1987, BEGIN WITH JANUARY 1987 AND COMPLETE THE ENTIRE COLUMN.

ILLUSTRATIVE QUESTIONS

Did your husband ever leave and stay somewhere else for more than one month?
When did he leave?
For how many months was he away without visiting you?
Was he staying somewhere else in Egypt or in some other country?
Did you ever leave and stay elsewhere (e.g., because a family member was ill, etc.) for
  more than one month?
When did you leave?
For how many months were you away without seeing your husband?
Were you staying somewhere else in Egypt or in some other country?

812 CHECK 804-806:

| BEGAN FIRST MARRIAGE BEFORE JANUARY 1987 ☐ | BEGAN FIRST MARRIAGE AT ANY TIME SINCE JANUARY 1987 ☐ | ──────→901 |

813 CHECK COLUMN 7 OF CALENDAR:

| LIVING APART FROM HUSBAND IN JANUARY 1987 ☐ | NOT LIVING APART FROM HUSBAND IN JANUARY 1987 ☐ | ──────→901 |

814 I see that you were living apart from your husband in January 1987.
When did you begin living apart that time?

THIS DATE SHOULD NOT PRECEDE THE
<u>DATE OF CONCEPTION</u> OF ANY
CHILD BORN BEFORE 1987.

MONTH..................... ☐☐

DON'T KNOW MONTH...............98

YEAR..................... ☐☐

DON'T KNOW YEAR.................98

814A In what month and year were you widowed (divorced from) your last husband)?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	CHECK 104: CURRENTLY MARRIED ☐ DIVORCED ☐ WIDOWED ☐———————— ↓ ↓ (SKIP TO 903)		→904
902	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...... ☐☐	
903	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS..... ☐☐	
904	In what month and year was your husband born? COMPARE AND CORRECT 903 AND/OR 904 IF INCONSISTENT.	MONTH...................... ☐☐ DON'T KNOW MONTH...............98 YEAR....................... ☐☐ DON'T KNOW YEAR................98	
905	Is (was) your (last) husband your first cousin, other blood relative, or no relation at all?	FIRST COUSIN....................1 OTHER RELATIVE..................2 NO RELATION AT ALL..............3	
906	Did your (last) husband ever attend school?	YES.............................1 NO..............................2	→909
907	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	→909
908	What was the highest grade which he completed at that level?	GRADE....................... ☐ DON'T KNOW......................8	
909	What kind of work does (did) your (last) husband mainly do? RECORD ANSWER IN DETAIL.	_____ ☐☐ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
910	CHECK 909: WORKS (WORKED) ☐ IN AGRICULTURE DOES (DID) ☐ NOT WORK IN AGRICULTURE		→912
911	(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 →914 SOMEONE ELSE'S LAND..............3 →913	
912	Does (did) your husband work for someone else or for himself?	FOR SOMEONE ELSE................1 FOR HIMSELF.....................2 →914	
913	Does (did) he earn a regular wage or salary?	YES.............................1 NO..............................2	
914	Now I would like to ask some questions about places where you have lived. 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)	
915	Have you lived in only one or in more than one community since January 1987?	ONE COMMUNITY...................1 MORE THAN ONE COMMUNITY.........2 →917	
916	CHECK COVER PAGE OR Q116-Q117 (FOR VISITORS) AND ENTER THE NAME OF THE PLACE WHERE THE RESPONDENT CURRENTLY RESIDES: _____ (NAME OF LOCALITY AND GOVERNORATE) ENTER (IN COLUMN 8 OF CALENDAR) THE APPROPRIATE CODE FOR COMMUNITY WHERE RESPONDENT CURRENTLY LIVES ("1" CAIRO/GIZA, "2" ALEXANDRIA, "3" OTHER CITY/TOWN, "4" VILLAGE, "5" OUTSIDE EGYPT) FOR VISITORS, CHECK QUESTION 116 FOR RESIDENCE. BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1987.		→918
917	In what month and year did you move to (CURRENT COMMUNITY)? ENTER (IN COLUMN 8 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS, ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ("1" CAIRO/GIZA, "2" ALEXANDRIA, "3" OTHER CITY/TOWN, "4" VILLAGE, OR "5" OUTSIDE EGYPT) CONTINUE PROBING FOR PREVIOUS COMMUNITIES AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS - Where did you live before.....? - In what month and year did you arrive there? - Is that place in a city, a town, or in a village? ENTER THE NAME OF THE LACALITY AND THE GOVERNORATE IN WHICH THE RESPONDENT WAS LIVING IN JANUARY 1987: _____ (NAME OF LOCALITY AND GOVERNORATE)		

9-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

918 CHECK 916 OR 917 FOR RESIDENCE IN JANUARY 1987:

When did you move to (PLACE OF RESIDENCE IN JANUARY 1987)?

LIVED THERE SINCE BIRTH........96——→920

MONTH.................... ☐☐

DON'T KNOW MONTH...............98

YEAR...................... ☐☐

DON'T KNOW YEAR...............98

---

919 Before you moved to (PLACE OF RESIDENCE IN JANUARY 1987), were you living in Cairo/Giza, Alexandria, another city or town or a village?

_____
(NAME OF LOCALITY AND GOVERNORATE)

CAIRO/GIZA.......................1
ALEXANDRIA.......................2
OTHER CITY/TOWN..................3
VILLAGE..........................4
OUTSIDE EGYPT_____5
                  (SPECIFY)

---

920 Now I would like to ask you some questions about working. 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 do any of these things or any work?

YES..............................1
NO...............................2

---

921 Are you currently doing any of these things or any other work?

YES..............................1——→924

NO...............................2

---

922 Have you ever worked since January 1987?

YES..............................1——→924

NO...............................2

---

923 ENTER "0" IN COLUMN 9 OF CALENDAR IN EACH MONTH FROM JANUARY 1987 TO CURRENT MONTH————————————→928

---

924 What is (was) your (most recent) occupation? That is, what kind of work do (did) you do?

☐☐
_____
_____
_____

---

925 USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1987.   ENTER CODE FOR NO WORK OR FOR TYPE OF WORK IN COLUMN 9.

ILLUSTRATIVE QUESTIONS
- When did this job begin (and when did it end)?
- What did you do before that?
- How long did you work at that time?
- Were you self-employed or an employee?
- Were you paid for this work?
- Did you work at home or away from home?

9-3

298

---

926 CHECK COLUMN 9 OF CALENDAR:

WORKED IN JANUARY 1987 ☐

DID NOT WORK IN JANUARY 1987 ☐ ────→928

---

927 I see that you were working in January 1987.

When did you start that job?

MONTH.....................☐☐
DON'T KNOW MONTH...............98
YEAR......................☐☐
DON'T KNOW YEAR................98

────→930

---

928 I see that you were not working in January 1987.

Did you ever work prior to January 1987?

YES............................1
NO.............................2────→930

---

929 When did your last job prior to January 1987 end?

MONTH.....................☐☐
DON'T KNOW MONTH...............98
YEAR......................☐☐
DON'T KNOW YEAR...............98

---

930 CHECK 921:
CURRENTLY WORKING?

YES ☐

NO ☐ ────→934

---

931 CHECK 215/216/218:
HAS CHILD BORN SINCE
JANUARY 1987 AND LIVING
AT HOME?

YES ☐

NO ☐ ────→934

---

932 While you are working, do you <u>usually</u>
have (NAME OF YOUNGEST CHILD AT HOME) with you,
<u>sometimes</u> have him/her with you, or
<u>never</u> have him/her with you?

USUALLY..........................1────→934
SOMETIMES........................2
NEVER............................3

---

933 Who usually takes care of
(NAME OF YOUNGEST CHILD AT HOME)
while you are working?

HUSBAND/PARTNER.................01
OLDER CHILD(REN)...............02
OTHER RELATIVES.................03
NEIGHBORS......................04
FRIENDS........................05
SERVANTS.......................06
CHILD IS IN SCHOOL.............07
CHILD TAKEN TO NURSERY.........08
OTHER_____09
(SPECIFY)

---

934 RECORD THE TIME

HOUR......................☐☐
MINUTES...................☐☐

9-4

299

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 222:		
	ONE OR MORE BIRTHS SINCE JANUARY 1987 ☐ ⌄		NO BIRTHS SINCE JANUARY 1987 ☐ → 1101

INTERVIEWER: IN 1002 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1987 AND STILL ALIVE. IN 1003 AND 1004 RECORO THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1987. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1987 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1987, USE ADDITIONAL FORMS).

	|1| RESPONDENT	|2| YOUNGEST LIVING CHILD	|3| NEXT-TO-YOUNGEST LIVING CHILD	|4| SECOND-TO-YOUNGEST LIVING CHILD
1002 LINE NO. FROM Q.212		☐☐	☐☐	☐☐
1003 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
1004 DATE OF BIRTH FROM Q.103 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH....☐☐ YEAR.....☐☐	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐
1005 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
1006 HEIGHT (in centimeters)	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐
1007 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING..........1 STANDING.......2	LYING..........1 STANDING.......2	LYING..........1 STANDING.......2
1008 WEIGHT (in kilograms)	☐☐☐.☐	0☐☐.☐	0☐☐.☐	0☐☐.☐
1009 DATE WEIGHED AND MEASURED	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐	DAY......☐☐ MONTH....☐☐ YEAR.....☐☐
1010 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)

1011
NAME OF MEASURER: _____ ☐☐   NAME OF ASSISTANT: _____ ☐☐

10-1

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101-1102 AS APPROPRIATE.
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

1101	DEGREE OF COOPERATION.	POOR...............................1
		FAIR..............................2
		GOOD..............................3
		VERY GOOD........................4

1102 INTERVIEWER'S COMMENTS:

_____

_____

_____

1103 FIELD EDITOR'S COMMENTS:

_____

_____

_____

1104 SUPERVISOR'S COMMENTS:

_____

_____

_____

1105 OFFICE EDITOR'S COMMENTS:

_____

_____

_____

11-1

INSTRUCTIONS: ONLY ONE CODE SHOULD
APPEAR IN ANY BOX. FOR COLUMNS
1, 6, 8, AND 9 ALL MONTHS SHOULD
BE FILLED IN.
INFORMATION TO BE CODED FOR EACH COLUMN:

COL.1: Births, Pregnancies, Contraceptive Use
  B BIRTHS
  P PREGNANCIES
  T TERMINATIONS
  0 NO METHOD METHOD
  1 PILL
  2 IUD
  3 INJECTIONS
  4 NORPLANT
  5 DIAPHRAGM/FOAM/JELLY
  6 CONDOM
  7 FEMALE STERILIZATION
  8 MALE STERILIZATION
  9 PERIODIC ABSTINENCE
  L WITHDRAWAL
  G PROLONGED BREASTFEEDING
  W OTHER (SPECIFY)_____

COL.2: Discontinuation of Contraceptive Use
  1 BECAME PREGNANT WHILE USING
  2 WANTED TO BECOME PREGNANT
  3 HUSBAND DISAPPROVED
  4 SIDE EFFECTS
  5 HEALTH CONCERNS
  6 ACCESS/AVAILABILITY
  7 WANTED MORE EFFECTIVE METHOD
  8 INCONVENIENT TO USE
  9 INFREQUENT SEX/HUSBAND AWAY
  C COST
  F FATALISTIC
  A DIFFICULT TO GET PREGNANT/MENOPAUSE
  D MARITAL DISSOLUTION/SEPARATION
  W OTHER (SPECIFY)_____
  K DON'T KNOW

COL.3: Postpartum Amenorrhea
  X PERIOD DID NOT RETURN
  0 LESS THAN ONE MONTH

COL.4: Postpartum Abstinence
  X NO SEXUAL RELATIONS
  0 LESS THAN ONE MONTH

COL.5: Breastfeeding
  X BREASTFEEDING
  0 LESS THAN ONE MONTH
  N NEVER BREASTFED

COL.6: Marriage/Union
  X MARRIED
  0 NOT IN UNION

COL.7: Periods of Separation
  X NOT SEPARATED
  1 HUSBAND ABROAD
  2 HUSBAND ELSEWHERE IN EGYPT
  3 WIFE ABROAD
  4 WIFE ELSEWHERE IN EGYPT

COL.8: Moves and Types of Communities
  X CHANGE OF COMMUNITY
  1 CAIRO/GIZA
  2 ALEXANDRIA
  3 OTHER CITY/TOWN
  4 VILLAGE
  5 OUTSIDE EGYPT

COL. 9: Type of Employment
  0 DID NOT WORK
    1 PAID EMPLOYEE, AWAY FROM HOME
    2 PAID EMPLOYEE, AT HOME
    3 SELF-EMPLOYED, AWAY FROM HOME
    4 SELF-EMPLOYED, AT HOME
    5 UNPAID WORKER, AWAY FROM HOME
    6 UNPAID WORKER, AT HOME

BIRTH DATE: LAST CHILD BORN
     PRIOR TO JANUARY 1987   NAME:

MONTH..
YEAR..

302

12-1

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_____

NAME OF HUSBAND_____

LINE NUMBER OF HUSBAND_____

GOVERNORATE

PSU/SEGMENT NO.

HOUSEHOLD NO.   URBAN/RURAL

LOCALITY   LINE NUMBER HUSBAND

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
TEAM				TEAM
INTERVIEWER'S NAME				INTERVIEWER
SUPERVISOR'S NAME				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				

0-1

303

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?	CAIRO/GIZA......................1 ALEXANDRIA......................2 OTHER LARGE CITY/TOWN...........3 VILLAGE.........................4 OUTSIDE EGYPT...................5	
103	How long have you been living continuously in (NAME OF VILLAGE OR CITY IN WHICH INTERVIEW OCCURS)? IF LESS THAN ONE YEAR, ENTER '00'.	NUMBER OF YEARS........... ☐☐ ALWAYS........................95 VISITOR.......................96 →105	
104	Just before you moved here, did you live in a Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF PLACE)	CAIRO/GIZA......................1 ALEXANDRIA......................2 OTHER LARGE CITY/TOWN...........3 VILLAGE.........................4 OUTSIDE EGYPT...................5	
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	How many times have you been married?	NUMBER..................... ☐	
108	In what month and year did you first enter into a marriage contract?	MONTH..................... ☐☐ DON'T KNOW MONTH..............98 YEAR...................... ☐☐ DON'T KNOW YEAR...............98	
109	How old were you when you first entered into a marriage contract?	AGE....................... ☐☐	
110	In what month and year did you first begin to live together (consummate your marriage)?	MONTH..................... ☐☐ DON'T KNOW MONTH..............98 YEAR...................... ☐☐ DON'T KNOW YEAR...............98	
111	How old were you when you first began to live together (consummate your marriage)?	AGE....................... ☐☐	

1-1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	How many wives do you have now?	NUMBER OF WIVES............... ☐	
113	Have you ever attended school?	YES..............................1 NO...............................2——▸118	
114	What is the highest level of school you attended?	PRIMARY..........................1 PREPARATORY......................2 SECONDARY........................3 UPPER INTERMEDIATE...............4 UNIVERSITY.......................5 MORE THAN UNIVERSITY.............6	
115	What is the highest grade which you successfully completed at that level?	GRADE......................... ☐	
116	Are you currently attending school?	YES..............................1 NO...............................2	
117	CHECK 114: 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.................96 NEVER...........................97 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.................96 NEVER...........................97 NOT SURE/DON'T KNOW............98	
122	What is your religion?	MOSLEM...........................1 CHRISTIAN........................2 OTHER (SPECIFY)_____3	
123	What kind of work do you mainly do? WRITE THE ANSWER EXACTLY AS GIVEN.	_____ ☐☐ _____ _____	

1-2

305

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
124	CHECK 123: WORKS (WORKED) ☐ DOES (DID) ☐ IN AGRICULTURE NOT WORK IN AGRICULTURE		→126
125	Do you work mainly on your own land or family land, or do you rent land or do you work on someone else's land?	HIS/FAMILY LAND.................1 RENTED LAND.....................2 SOMEONE ELSE'S LAND.............3	→201
126	Do you work for someone else or for yourself?	FOR SOMEONE ELSE...............1 FOR HIMSELF....................2	→201
127	Do you earn a regular wage or salary?	YES............................1 NO.............................2	

1-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask you about all your children. Do you have any children?	YES.............................1 NO..............................2	→203
202	How many sons do you have? And how many daughters do you have? IF NONE ENTER '00'.	SONS...................... DAUGHTERS...............	
203	Did you ever have a child who died, even if it was only a small baby?	YES.............................1 NO..............................2	→205
204	How many of your sons have you lost? And how many of your daughters have you lost? IF NONE ENTER '00'.	SONS DIED............... DAUGHTERS DIED...........	
205	Would you like to have a (another) child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD..........1 NO MORE/NONE....................2 UNDECIDED/DOES NOT KNOW.........8	→207
206	Does your wife want to have a (another) child or would she prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD..........1 NO MORE/NONE....................2 WIFE IS UNDECIDED...............3 DOESN'T KNOW WIFE'S DESIRES.....8	
207	Have you and your wife ever discussed the number of children you would like to have?	YES.............................1 NO..............................2	
208	Do you think your wife wants the same number of children that you want, or does she want more or fewer children than you want?	SAME NUMBER.....................1 MORE CHILDREN...................2 FEWER CHILDREN..................3 DOES NOT KNOW...................8	
209	CHECK 201: YES, HAS CHILDREN ☐ NO, HAS NO LIVING CHILDREN ☐		→211
210	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 you choose?	NUMBER................. OTHER ANSWER_____96 (SPECIFY)	→212 →213
211	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)	→213

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
212	How many boys and how many girls? IF NONE ENTER '00'.	BOYS..................... GIRLS.................... OTHER ANSWER_____96 (SPECIFY)	
213	What do you think is the best number of months or years between the birth of one child and the birth of the next child? IF LESS THAN 2 YEARS, RECORD IN MONTHS. OTHERWISE RECORD IN YEARS.	MONTHS...................1 YEARS....................2 OTHER_____996 (SPECIFY)	
214	When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has the most influence in deciding whether or not to have another child--you, or your wife or do you have equal say?	RESPONDENT HAS MORE INFLUENCE...1 BOTH RESPONDANT AND WIFE EQUAL..2 WIFE HAS MORE INFLUENCE.........3 OTHER_____4 _____ (SPECIFY)	
215	Do you expect your children to help you financially when you get old?	YES..............................1 NO...............................2 NOT SURE/DOESN'T KNOW...........8	
216	What is the highest level of school you would like for your daughter(s) to attain?	PRIMARY.........................01 PREPARATORY.....................02 SECONDARY.......................03 UPPER INTERMEDIATE.............04 UNIVERSITY......................05 MORE THAN UNIVERSITY...........06 DEPENDS ON CHILD...............95 NO ASPIRATIONS FOR EDUCATION...96 DON'T KNOW......................98	
217	What is the highest level of school you would like for your son(s) to attain?	PRIMARY.........................01 PREPARATORY.....................02 SECONDARY.......................03 UPPER INTERMEDIATE.............04 UNIVERSITY......................05 MORE THAN UNIVERSITY...........06 DEPENDS ON CHILD...............95 NO ASPIRATIONS FOR EDUCATION...96 DON'T KNOW......................98	

2-2

| 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 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 Women can take a pill every day.	YES/SPONT....................1 YES/PROBED...................2 NO...........................3	YES...............1 NO................2	YES.........................1 NO..........................2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT....................1 YES/PROBED...................2 NO...........................3	YES...............1 NO................2	YES.........................1 NO..........................2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT....................1 YES/PROBED...................2 NO...........................3	YES...............1 NO................2	YES.........................1 NO..........................2
04 NORPLANT Women can have small rods placed in their arm by a doctor which stops them 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 Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT....................1 YES/PROBED...................2 NO...........................3	YES...............1 NO................2	YES.........................1 NO..........................2
06 CONDOM Men 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 Women can have an operation to avoid having any more children.	YES/SPONT....................1 YES/PROBED...................2 NO...........................3	Has your wife ever had an operation to avoid having any more children? YES...............1 NO................2	Do you know a place where a person can get such an operation? YES.........................1 NO..........................2
08 MALE STERILIZATION Men 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	YES.........................1 NO..........................2

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	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)?
09 RHYTHM, PERIODIC ABSTINENCE Couples 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 Men can be careful and pull out before ejaculation.	YES/SPONT...................1 YES/PROBED..................2 NO..........................3	YES...............1 NO......... 2	
11 PROLONGED BREASTFEEDING Women can prolong the time that they breastfeed their babies 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 women or men 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 302: AT LEAST ONE "YES" (HEARD OF A METHOD) ▢	NOT A SINGLE "YES" (NEVER HEARD) ▢ ➝ SKIP TO 401

3-2

310

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever discussed family planning with your wife?	YES................................1 NO................................2 → 309	
307	Who first started to discuss family planning, you or your wife?	RESPONDENT......................1 HIS WIFE........................2	
308	How often have you talked to your wife about family planning in the past year?	ONCE............................1 TWO OR THREE TIMES..............2 FOUR TIMES OR MORE.............3 NEVER...........................4	
309	When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has the most influence in deciding whether or not to use family planning-you, or your wife or do you have equal say?	RESPONDENT HAS MORE INFLUENCE...1 BOTH RESPONDENT AND WIFE EQUAL..2 WIFE HAS MORE INFLUENCE.........3 OTHER_____4 (SPECIFY)	
310	CHECK 303: NOT A SINGLE "YES" ☐ AT LEAST ONE "YES" ☐ → SKIP TO 313 (NEVER USED) (EVER USED) v		
311	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES................................1 NO................................2 → 322	
312	What have you or your wife used or done? CORRECT 303-305 (AND 302 IF NECESSARY).	_____ _____	
313	Have you ever gone to get family planning supplies?	YES................................1 NO................................2 NEVER USED SUPPLY METHODS.......3	
314	Have you ever accompanied your wife when she went for family planning?	YES................................1 NO................................2 SHE NEVER WENT..................3	
315	CHECK 303: EVER USED ☐ NEVER USED ☐ → SKIP TO 320 CONDOM CONDOM v		

3-3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	Do you and your wife usually use the condom in conjunction with some other method? IF YES: Which method?	PILL.............................01 IUD..............................02 INJECTIONS.......................03 NORPLANT.........................04 DIAPHRAGM/FOAM/JELLY...........05 FEMALE STERILIZATION...........07 MALE STERILIZATION.............08 PERIODIC ABSTINENCE............09 WITHDRAWAL......................10 PROLONGED BREASTFEEDING........11 OTHER_____12 (SPECIFY) USE CONDOM ONLY................13	
317	Did you buy any condoms in the <u>past year</u>?	YES..............................1 NO...............................2	→319
318	How many packets of condoms have you bought?	NUMBER.................[ ][ ] OTHER ANSWER_____96 (SPECIFY)	
319	What brand of condoms do you usually obtain? Brand_____	BRAND..................[ ][ ] DON'T KNOW......................98	
320	Are you and your wife currently doing anything or using anything to avoid or delay getting pregnant?	YES..............................1 NO...............................2	→322
321	Which method are you or your wife using?	PILL.............................01 IUD..............................02 INJECTIONS.......................03 NORPLANT.........................04 DIAPHRAGM/FOAM/JELLY...........05 CONDOM...........................06 FEMALE STERILIZATION...........07 MALE STERILIZATION.............08 PERIODIC ABSTINENCE............09 WITHDRAWAL......................10 PROLONGED BREASTFEEDING........11 OTHER_____12 (SPECIFY)	→326
322	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES..............................1 NO...............................2 DON'T KNOW......................8	→324 →326

3-4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
323	What is the main reason you do not intend to use a method?	WANTS CHILDREN..................01 LACK OF KNOWLEDGE..............02 PARTNER OPPOSED................03 COST TOO MUCH..................04 SIDE EFFECTS...................05 HEALTH CONCERNS...............06 HARD TO GET METHODS...........07 RELIGION......................08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC....................10 OTHER PEOPLE OPPOSED..........11 INFREQUENT SEX................12 WIFE CANNOT GET PREGNANT.......13 WIFE MENOPAUSAL/HYSTERECTOMY...14 INCONVENIENT..................15 OTHER_____16 (SPECIFY) DON'T KNOW....................98	→326
324	Do you intend to use a method within the next 12 months?	YES...........................1 NO............................2 DON'T KNOW....................8	
325	When you use a method, which method would you prefer to use?	PILL..........................01 IUD...........................02 INJECTIONS....................03 NORPLANT......................04 DIAPHRAGM/FOAM/JELLY...........05 CONDOM........................06 FEMALE STERILIZATION..........07 MALE STERILIZATION............08 PERIODIC ABSTINENCE...........09 WITHDRAWAL....................10 PROLONGED ABSTINENCE..........11 OTHER_____12 (SPECIFY) UNSURE........................98	
326	How did you first hear about family planning?	TELEVISION....................01 RADIO.........................02 PRINT MEDIA...................03 WIFE..........................04 OTHER RELATIVES/FRIENDS........05 GOVERNMENT DOCTOR/ CLINIC STAFF..................06 PRIVATE DOCTOR/ CLINIC STAFF..................07 RAIYDA/OTHER FP WORKER.........08 COMMUNITY MEETING.............09 OTHER_____10 (SPECIFY)	
327	In the last month, have you heard a message about family planning on: the radio? television?	YES NO RADIO.....................1 2 TELEVISION................1 2	
328	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE....................1 NOT ACCEPTABLE................2 DON'T KNOW....................8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

| 329 | There are many spots or messages regarding family planning on television. Can you tell me about the spots or messages which you have found most informative or helpful to you?

 RECORD THE RESPONSE IN DETAIL. IF THE ANSWER IS A TO SERIES (E.G., KAREEMA MUHKTAR OR THE DOCTOR),PROBE TO FIND OUT WHICH SPECIFIC SPOTS IN THE SERIES WERE MOST HELPFUL OR INFORMATIVE. RECORD UP TO THREE SPOTS. | _____ 1 ☐☐

 _____ 2 ☐☐

 _____ 3 ☐☐ | |

330 CHECK 113, 114 AND 118:

ATTENDED PREPARATORY
OR HIGHER LEVEL   ABLE TO READ   NOT ABLE TO READ
     ☐   ☐   ☐ ────────────────►332
     ↓   ↓

| 331 | In the last month have you read an article about family planning in a newspaper or magazine? | YES...............................1

 NO................................2 | |

| 332 | In the past year, have you ever attended a community meeting or talk in which there was discussion about family planning or Egypt's population problem? | YES...............................1

 NO................................2 | |

| 333 | In general, do you approve or disapprove of couples using a method to avoid pregnancy? | APPROVES.........................1
 DISAPPROVES......................2
 DOESN'T KNOW/UNDECIDED..........8 | |

| 334 | In general, do you think that your religion allows couples to use family planning or it forbids it? | ALLOWS FP........................1
 FORBIDS FP.......................2
 DOESN'T KNOW.....................8 | |

| 335 | Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy? | APPROVES.........................1
 DISAPPROVES......................2
 DOESN'T KNOW/UNDECIDED..........8 | |

| 336 | If couples wish to avoid pregnancy, do you approve or disapprove of their using:

 the condom?

 the IUD?

 female sterilization?

 withdrawal?

 male sterilization?

 the pill? | APPR DISAPPR DK

 CONDOM..............1   2   8

 IUD.................1   2   8

 FEMALE STER.........1   2   8

 WITHDRAWAL..........1   2   8

 MALE STER...........1   2   8

 PILL................1   2   8 | |

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314

337	In your opinion, what is the main problem, if any, with using: the condom? the IUD? female sterilization? withdrawal? male sterilization? the pill? ENTER CODE FOR EACH METHOD FROM LIST BELOW. 01 NONE 02 NOT EFFECTIVE 03 WIFE/PARTNER DISAPPROVES 04 COMMUNITY DISAPPROVES 05 RELIGION DISAPPROVES 06 SIDE EFFECTS/HEALTH CONCERN 07 ACCESS/AVAILABILITY 08 COSTS TOO MUCH 09 INCONVENIENT TO USE 10 OTHER (SPECIFY) 98 DON'T KNOW	CONDOM ⬚⬚ _____ (SPECIFY) IUD ⬚⬚ _____ (SPECIFY) FEMALE STERILIZATION ⬚⬚ _____ (SPECIFY) WITHDRAWAL ⬚⬚ _____ (SPECIFY) MALE STERILIZATION ⬚⬚ _____ (SPECIFY) PILL ⬚⬚ _____ (SPECIFY)	
338	Would you object if your wife went to a male doctor for family planning?	YES...............................1 NO................................2 DOESN'T KNOW.....................8	
339	Between the first day of a woman's period (i.e., menstrual cycle) and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES...............................1 NO................................2 ⟶401 DON'T KNOW......................8	
340	During which times of a woman's menstrual cycle does she have the greatest chance of becoming 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_____5 (SPECIFY) DON'T KNOW......................8	

3-7

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Does your wife go out alone or with your children to buy household items or visit relatives?	YES, ALONE.......................1 YES, WITH CHILDREN..............2 NOT ALLOWED TO GO OUT...........3 OTHER_____4 (SPECIFY)	
402	In general, if a wife disagrees with her husband, do you think she should express her opinion or keep quiet?	EXPRESS OPINION..................1 KEEP QUIET.......................2 NOT SURE/DON'T KNOW.............8	
403	Some say that a woman's place is not only at home but she should be able to work. Do you agree?	AGREE............................1 DISAGREE.........................2 NOT SURE/DON'T KNOW.............8	
404	Who should have the last word on the following--the husband, the wife, both, or someone else? Visits to friends or relatives? Household budget? Having another child? Children's education? Children's marriage plans? Use of family planning methods? Your wife's employment?	HUSB WIFE BOTH OTHER VISITS TO FRD/RL.1 2 3 4 HOUSEHOLD BUDGET.1 2 3 4 HAVING CHILD.....1 2 3 4 CHILD'S EDUC.....1 2 3 4 CHILD'S MARR.....1 2 3 4 FAMILY PLANNING..1 2 3 4 WIFE'S EMPLOYM'T.1 2 3 4	
405	What do you think is the total spent each month by a family in your situation?	AMOUNT.............. ☐☐☐☐ NOT SURE/DON'T KNOW..........9998	
406	Does your wife make any contribution to the household budget?	YES..............................1 NO...............................2	
407	RECORD THE TIME.	HOUR..................... ☐☐ MINUTES................. ☐☐	

4-1

316

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 501-502 AS APPROPRIATE.
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

501	DEGREE OF COOPERATION.	POOR.............................1 FAIR.............................2 GOOD.............................3 VERY GOOD........................4

502	INTERVIEWER'S COMMENTS:
	_____ _____ _____

503	FIELD EDITOR'S COMMENTS:
	_____ _____ _____

504	SUPERVISOR'S COMMENTS:
	_____ _____ _____

505	OFFICE EDITOR'S COMMENTS:
	_____ _____ _____