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Health for all is the main health objective of the Egyptian government. The Ministry of Health and Population (MOHP) has given a high priority to implementing this objective, developing a national system of health facilities that provide services at all levels. As part of this effort, the MOHP is committed to increasing the quality and coverage of the health care system in Egypt, especially in rural areas. The MOHP also is emphasizing the importance of preventive care, particularly, the necessity of ensuring all children are fully immunized against preventable diseases like measles and polio.

To monitor and evaluate the achievement of these objectives, reliable data are needed. These data can be obtained from service administration (service-based data) and collected directly from the community (household-based data). The two types of data complement each other in enhancing the information available to monitor progress in the health sector.

Beginning in 1980, a number of surveys have been carried out in Egypt to obtain data from the community on the current health situation, including a series of Demographic and Health Surveys (DHS) in which 2005 EDHS is the most recent. The results of the 2005 EDHS show that the family planning program in Egypt continues to be successful in helping couples to plan their families. The survey also found that key maternal and child health indicators, including antenatal care coverage, medical assistance at delivery, and infant and child mortality have improved.

The findings of the 2005 EDHS together with the service-based data are very important in measuring the achievements of family planning and health programs. To ensure understanding and use of these data, the results of the 2005 EDHS should be widely disseminated at different levels of health management, in the central offices as well as local governments, and to the community at large.

Prof. Dr. Hatem El-Gabaly
Minister of Health and Population
The Egyptian family planning program has made substantial progress in supporting the efforts of Egyptian families to meet their reproductive goals. A reason for this success has been the considerable body of population research that has been undertaken over the past decades. This research has helped the program to monitor the impact of its effort and identify key areas for further intervention.

The 2005 Egypt Demographic and Health Survey is the fifth full-scale survey implemented in Egypt as part of the worldwide DHS program. The purpose of the survey was to provide the Ministry of Health and Population (MOHP) of Egypt with information on fertility, reproductive practices of women, maternal care, child health and mortality, child nutrition practices, breastfeeding, and anemia. This information is important for understanding the factors that influence the reproductive health of women and the health and survival of infants and young children.

This report summarizes the results of more than one year of continuous work preparing and carrying out different activities of the 2005 EDHS, including fieldwork, data processing, and analysis of the findings presented in this report.

I would like to express my appreciation to all parties who assisted in the implementation of the 2005 EDHS. Their efforts resulted in the successful completion of the 2005 EDHS activities and the rapid issuance of this analysis of the survey results.

Dr. Safaa El-Baz
Assistant Minister of Health and Population for National Population Council Affairs
ACKNOWLEDGMENTS

The 2005 Egypt Demographic and Health Survey represents the continuing commitment and efforts in Egypt to obtain data on fertility and contraceptive practice. The survey also reflects the strong interest in obtaining information on key maternal health and child survival issues. The wealth of demographic and health data that the survey provides will be of great use in charting future directions for the population and health programs.

This important survey could not have been implemented without the active support and dedicated efforts of a large number of institutions and individuals. The interest of H.E. Prof. Dr. Hatem El-Gabaly, Minister of Health and Population, has served to motivate the survey team. The support and approval of the previous Minister H.E. Prof. Dr. Awad Tag El-Din was instrumental in securing the implementation of the survey. Dr. Safaa El-Baz Assistant of Minister of Health and Population for National Population Council Affairs, provided strong continuing support to the project and has shown great interest in the survey results.

I am deeply grateful to the Ministry of Health and Population staff who contributed to the successful completion of this project, especially Dr. Yehia El-Hadidi, Under-Secretary of the Ministry of health and Population and head of the Population Sector, and Dr. Essmat Mansour, Under-Secretary for Primary Health Care and Head of the Maternal and Child Health Project, for their continuous help during the survey implementation.

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Dr. Ann Way of ORC Macro, who worked closely with us on all phases of EDHS, deserves special thanks for all her efforts throughout the survey and during the preparation of this report. My thanks also are extended to Dr. Alfredo Aliaga for his advice and guidance in designing the sample. Ms. Jeanne Cushing deserves my deepest thanks for her assistance in data processing and analysis required for this report. Dr. Jasbir Sangha provided invaluable assistance with the organization of the anemia-testing component of the survey.

I would like to express my appreciation for all the senior, administrative, and field staff at El-Zanaty & Associates for the dedication and skill in which they performed their tasks.

Finally, I would like to express my appreciation to all households and women who responded in the survey; without their participation this survey would have been impossible.

Fatma El-Zanaty, Ph.D
Technical Director
SUMMARY OF FINDINGS

The 2005 Egypt Demographic and Health Survey (2005 EDHS) interviewed a nationally representative sample of 19,474 ever-married women age 15-49. The survey is the eighth in a series of Demographic and Health Surveys conducted in Egypt. As in previous surveys, the main purpose of the 2005 EDHS was to provide detailed information on fertility, family planning, infant and child mortality, maternal and child health and nutrition. The survey also collected information on the levels of knowledge of infectious diseases including HIV/AIDS and hepatitis C.

In addition, the 2005 EDHS included anemia testing and special modules on child labor, domestic violence, and female circumcision.

FERTILITY BEHAVIOR

Levels, Trends and Differentials. During the past 25 years, fertility in Egypt has decreased by more than two births, from 5.3 births at the time of the 1980 Egypt Fertility Survey to 3.1 births at the time of the 2005 EDHS. In rural areas, the fertility rate is 3.4 births, around 25 percent higher than the rate in urban areas (2.7 births). Fertility levels are highest in Upper Egypt (3.7 births) and in the Frontier Governorates (3.3 births) and lowest in the Urban Governorates (2.5 births). Education is strongly associated with lower fertility as is wealth. The fertility rate decreases from a level of 3.6 births among women in the lowest wealth quintile to 2.6 births among women in the highest quintile.

Age at Marriage. One of the factors influencing the on-going fertility decline in Egypt has been the steady increase in the age at which women marry. Currently, the median age at first marriage among women age 25-29 is 21.3 years. One of the most important effects of the increase in the age at first marriage has been a reduction in adolescent fertility. Adolescent childbearing carries higher risks of morbidity and mortality for the mother and child, particularly when the mother is under age 18. At the time of the 2005 EDHS, nine percent of women age 15-19 had given birth or were pregnant with their first child.

FAMILY PLANNING USE

Family Planning Knowledge and Attitudes. Widespread awareness of family planning methods as well as nearly universal approval of family planning have been crucial elements in the expansion of family planning use. At the time of the 2005 EDHS, the average currently married woman knew about seven methods. Family planning IEC efforts reach large numbers of women; nine in ten 2005 EDHS respondents had heard or seen a family planning message during the six months prior to the survey.

Family planning has broad support among Egyptian couples. Most women (93 percent) consider it appropriate for a couple to begin family planning use after they have their first child. However, very few women who approve of family planning use (2 percent) think that a newly married couple should use contraception to delay the first pregnancy.

Levels and Trends. The Egyptian government’s commitment to providing widely accessible family planning services has been a very important factor in the on-going fertility decline. Contraceptive use levels have more than doubled in Egypt between 1980 and 2005, from 24 percent to 59 percent. The IUD continues to be by far the most widely used method; 37 percent of married women were relying on the IUD, 10 percent on the pill, and seven percent on injectables.

Differentials in Use. Despite nearly universal family planning knowledge and approval, the 2005 EDHS found significant differentials in use. As expected given the nearly universal disapproval of family planning use before the first birth, less than one percent of currently married women who had not yet had a child were using at the time of the survey. Use rates rise rapidly with family size; 46 percent of women with one child were using and use rates peak at 75 percent among women with 3 children.

Use rates were 60 percent or higher in the Urban Governorates, in both urban and rural areas in Lower
Egypt, and in urban areas in Upper Egypt. In contrast, 45 percent of currently married women were using in rural Upper Egypt and 51 percent in the Frontier Governorates. Among women who never attended school, 55 percent were using compared to 62 percent among women who completed secondary school or higher. Use rates rose from 53 percent of women in the lowest wealth quintile to 63 percent among women in the highest quintile.

**Discontinuation of Use.** A key concern for the family planning program is the rate at which users discontinue use of contraception and their reasons for stopping. Overall, 32 percent of users in Egypt discontinue using a method within 12 months of starting use. The rate of discontinuation during the first year of use is much higher among pill users (50 percent) and injectable users (46 percent) than among IUD users (15 percent). With regard to the reasons for stopping use, users are more likely to discontinue during the first year of use because they wanted a more effective method. Overall, 12 percent of users who discontinued during the first 12 months of use switched to another method within two months of the time they discontinued.

**Provision of Services.** Both government health facilities and private sector providers play an important role in the delivery of family planning services. More than half of all users of modern methods (57 percent) go to Ministry of Health or other governmental providers for their method. This represents an increase from the situation in 2000, when 49 percent of users relied on public sector facilities for their method. Public sector providers are also the principal source for the IUD and injectables while more than seven in ten pill users obtain their method from a pharmacy.

The 2005 EDHS results suggest that family planning providers are not routinely offering women the information necessary to make an informed choice about the method best suited to their contraceptive needs. In particular, more than four in ten users of modern methods are not provided information about methods other than the one they adopt. Although side effects cause many users to discontinue, providers also are counseling only around half of the users about potential side effects.

**NEED FOR FAMILY PLANNING**

**Fertility Preferences.** Many Egyptian women are having more births than they consider ideal. Overall, seven percent of births in the five years prior to the survey were reported to be mistimed, that is, wanted later. and 12 percent were unwanted. If Egyptian women were to have the number of children they consider ideal, the total fertility rate would fall from 3.1 births to 2.3 births per woman.

**Unmet Need for Family Planning.** Taking into account both their fertility desire at the time of the survey and their exposure to the risk of pregnancy, 10 percent of currently married women were considered to have an immediate need for family planning. Unmet need is greatest among women in rural Upper Egypt, where 17 percent of women are in need of family planning to achieve their childbearing goals.

**INFANT AND CHILD MORTALITY**

**Levels and Trends.** At the mortality level prevailing in the five-year period before the 2005 EDHS, one in 24 Egyptian children will die before their fifth birthday. The level of early childhood mortality has fallen substantially since the mid-1960s, when around one in four children died before reaching age five.

During the five-year period before the survey, the infant mortality rate was 33 deaths per 1,000 births, and the neonatal mortality rate was 20 deaths per 1,000 births. This indicates that around 80 percent of early childhood deaths in Egypt are taking place before a child’s first birthday, with nearly half occurring during the first month of life.

**Socioeconomic Differentials.** Mortality is higher in rural than urban areas. The highest level is found in rural Upper Egypt, where the rate of under-five mortality is more than double that in the Urban Governorates, which has the lowest mortality. Differentials are especially large across wealth quintiles; children born to women in the lowest wealth quintile are around three times more likely to die by their fifth birthday than children born to mothers in the highest quintile.

**Demographic Differentials.** Mortality risks are especially high for births that occur within too short a period after a prior birth. The risk of dying before the
fifth birthday is nearly tripled for births that are closely spaced, i.e., for children born less than two years after an elder sibling, compared to children born four or more years after a prior birth.

During the five years prior to the 2005 EDHS, more than one-fifth of non-first births occurred within 24 months of a previous birth. Breastfeeding practices, especially the early introduction of supplemental foods, reduce the time a woman is amenorrheic following a birth and, thus contribute to short birth intervals. Half of Egyptian mothers become exposed to the risk of another pregnancy within four months of giving birth.

**MATERNAL HEALTH**

**Care during Pregnancy.** The care that a woman receives during pregnancy reduces the risks of illness and death for both the mother and the child. Overall, women saw a medical provider for at least some type of care during pregnancy in the case of 91 percent of all last births that occurred during the five-year period prior to the 2005 EDHS. Women reported that they had antenatal care, i.e., care sought specifically to monitor the pregnancy, in the case of 70 percent of births. They saw a provider for the recommended minimum number of antenatal care visits (four) in the case of 59 percent of births.

Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, an important cause of death among newborns. Around 70 percent of last-born children during the five-year period prior to the 2005 EDHS were fully protected against neonatal tetanus.

**Content of Pregnancy Care.** Women reported that they had been weighed and their blood pressure monitored during pregnancy in the case of more than nine in ten births in which a medical provider was seen for pregnancy care. Urine and blood samples were taken during pregnancy care in more than eight in ten births. Mothers were less likely to have been given advice about potential pregnancy complications; they reported being told about the signs of pregnancy complications in about one-third of the births and about where to seek assistance if they experienced problems in the case of 31 percent of the births.

**Delivery Care and Postnatal Care.** Trained medical personnel assisted at 74 percent of births during the five-year period prior to the 2005 EDHS. Dayas (traditional birth attendants) assisted with most of the remaining deliveries. Sixty-five percent of deliveries took place in a health facility, with delivery care provided somewhat more often at private than governmental facilities. Around two in ten deliveries were by Caesarean section.

Care following delivery is very important for both the mother and her child, especially if the birth occurs in the home without medical assistance. In Egypt, mothers reported they were seen by a medical provider for postnatal care following 56 percent of all deliveries but in only eight percent of deliveries occurring outside a health facility. Slightly more than one-third of infants born during the five-year period prior to the EDHS were seen for postnatal care. However, a recent campaign to encourage mothers to have a blood sample taken from the child’s heel for screening within two weeks following delivery has been effective; six in ten last-born children had a blood sample taken from the heel.

**Differentials in Coverage.** A woman’s residence and education status are strongly associated with the receipt of maternity care. For example, the percentage of births in which the mother received regular antenatal care was 49 percent among rural births compared to 75 percent among urban births. Coverage of maternity care services is especially low in rural Upper Egypt, where regular antenatal care was received for 37 percent of births and 55 percent of deliveries were medically assisted, and among births in the lowest wealth quintile, where regular antenatal care was received for 31 percent of births and 51 percent of deliveries were medically assisted.

**Trends in Coverage.** Coverage of maternity care services has improved markedly in Egypt. Coverage of antenatal care services grew from 39 percent in 1995 to 70 percent in 2005. Medically assisted deliveries also increased over the period, from a level of 46 percent in 1995 to 74 percent in 2005.

**CHILD HEALTH**

**Childhood Vaccination Coverage.** One of the primary means for improving survival during childhood is increasing the proportion of children vacci-
nated against the major preventable diseases. The 2005 EDHS results show that 89 percent of children 12-23 months are fully immunized against the six major preventable childhood illnesses (tuberculosis, diphtheria, whooping cough, tetanus, polio and measles). In addition, 80 percent of young children also have the recommended three doses of the hepatitis vaccine.

**Prevalence and Treatment of Childhood Illnesses.** The 2005 EDHS provided data on the prevalence and treatment of two common childhood illnesses, diarrhea and acute respiratory illness. Eighteen percent of children under five were reported to have had diarrhea in the two weeks preceding the survey. Medical advice was sought in treating somewhat more than half of these cases. Use of ORS packets (34 percent) or a homemade solution of sugar, salt and water (3 percent) to combat the dehydration was common. Altogether 48 percent of children ill with diarrhea were treated with some form of ORT or increased fluids.

A child was considered to have symptoms of an acute respiratory infection if he/she had a cough accompanied by short, rapid breathing that the mother described as related to a chest problem. During the two weeks preceding the survey, nine percent of children had ARI symptoms. A provider was consulted about the illness in the case of 73 percent of children with these symptoms, and mothers reported that antibiotics were given to slightly more than half of the children.

**Nutrition Indicators for Children and Women.**

**Infant Feeding Practices.** Breastfeeding is nearly universal in Egypt, and the average length of time that a child is breastfed is relatively long (18.6 months). However, breastfeeding practices for very young children are not optimal. More than half of infants receive prelacteal feeds (i.e., they are given some type of liquid until the mother’s breast milk flows freely). Less than one in six children are exclusively breastfed throughout the first 6 months of life. Exclusive breastfeeding (i.e., without any food or liquid) is recommended because it provides all the necessary nutrients and avoids exposure to disease agents.

Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding. Feeding practices for about one-third of children age 6-23 months met the minimum standard with respect to all three of these feeding practices.

**Nutritional Status of Children.** The 2005 EDHS found that 18 percent of Egyptian children show evidence of chronic malnutrition or stunting, and four percent are acutely malnourished. The nutritional status of children under age five has improved from the situation prevailing during the first half of the 1990s, when 25-30 percent of children were found to be stunted. Large differentials in children’s nutritional status continue to be observed, however, particularly by residence. For example, the percentage stunted among children in rural Upper Egypt is 23 percent compared to a level of 13 percent among children in rural Lower Egypt.

**Nutritional Status of Youth and Young Adults.** Six percent of never-married males age 10-19 and eight percent of never-married females age 10-19 in Egypt are classified overweight, i.e., their BMI values at or above the 95th percentile on age and sex-specific BMI growth charts. The BMI values for an additional 15 percent of males and 23 percent of females fall between the 85th and 95th percentiles, indicating that they are at risk of becoming overweight. At the other end of the scale, three percent of males and two percent of females are considered to be underweight, i.e., their BMI values fall below the 5th percentile on the growth charts.

**Nutritional Status of Women.** One indicator of the nutritional status of women is the body mass index. Excluding those who are pregnant or less than two months postpartum, the mean BMI of ever-married women age 15-49 is 30.1. The majority of women have a BMI of 25.0 or higher and are considered overweight (33 percent) or obese (47 percent). Less than one percent of women have a BMI below 18.5, the level indicating chronic energy deficiency.

**Anemia Levels.** Anemia, a condition characterized by a decrease in the concentration of hemoglobin in the blood, is associated with increased morbidity and mortality risks. The 2005 EDHS included hemo-
globin testing (the primary method of anemia diagnosis) in a subsample of one-third of all EDHS households for three groups: ever-married women age 15-49, children under age five and never-married males and females 10-19 years old.

Around four in ten EDHS respondents have some degree of anemia. Most of these women were found to be mildly anemic, five percent are moderately anemic and only a few women (less than one percent) were found to be severely anemic. Looking at the situation among young children, nearly half were considered to be at least mildly anemic, around one-fifth were moderately anemic, and less than one percent were severely anemic.

The overall levels of anemia among never-married males and females age 10-19 years were 26 percent and 35 percent, respectively. Six percent of males and five percent of females were classified as moderately or severely anemic and less than one percent of both sexes were found to be severely anemic.

**Vitamin A Supplementation.** Vitamin A is a micronutrient found in very small quantities in some foods. It is considered essential for normal sight, growth, and development. Information collected in the survey on the diet of young children and their mothers suggests that less than half of children under age 3 and slightly more than half of their mothers are consuming foods rich in vitamin A on a daily basis.

Egypt has recently introduced a program of vitamin A supplementation for new mothers and for children beginning at age nine months. Mothers reported receiving a vitamin A capsule post-partum in the case of nearly half of all births in the five-year period before the survey. Around three in ten children 9-23 months had received a vitamin A capsule.

**Iodization of Salt.** Iodine is another important micronutrient. Egypt has adopted a program of fortifying salt with iodine to prevent iodine deficiency. Overall, 78 percent of households were found to be using salt containing some iodine.

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**KNOWLEDGE OF INFECTIOUS DISEASES AND OTHER HEALTH ISSUES**

**Awareness of HIV/AIDS and Other Infectious Diseases.** More than eight in ten ever-married women in Egypt have heard of AIDS. However, only six percent have comprehensive knowledge about the modes of transmission and prevention, and virtually all women express attitudes suggesting that there is a high degree of stigma associated with AIDS.

Women were almost as likely to know about hepatitis C and tuberculosis as about AIDS. Two-thirds of the women knowing about hepatitis C were able to name a way the illness is transmitted, while around half of women knowing about tuberculosis understood that it is transmitted through the air when an infected person coughs or sneezes.

**Injection safety.** Failure to follow safe injection practices increases the risk of transmission of blood-borne pathogens. The EDHS collected information from all respondents to assess the coverage of recent IEC efforts designed to increase population awareness about safe injection practices. About six in ten EDHS respondents had received information about injection safety.

The EDHS also collected information on the prevalence of injections and on the degree of compliance with injection safety procedures. Around one in four respondents had received at least one injection in the six-month period prior to the survey, with most getting the last injection from a medical provider. Ninety-five percent indicated that the provider had taken the syringe and needle used for the injection from a new, unopened package.

**Smoking.** Less than one percent of ever-married women age 15-49 themselves currently smoke or use any form of tobacco. However, 56 percent of the women report that at least one other household member smokes or uses another form of tobacco. Slightly more than three in four EDHS respondents had received information about the health effects of second-hand smoke during the six months prior to the survey.
**Female Circumcision**

**Level and Trends.** Almost all ever-married women age 15-49 (96 percent) have been circumcised. Among daughters under age 18, 28 percent were circumcised at the time of the survey. Girls age 9-10 are more than twice as likely as girls age 7-8 to have been circumcised (24 percent and 10 percent, respectively). The prevalence of circumcision increases rapidly from age 9 onward to a peak of 77 percent among girls age 15-17.

The percentage already circumcised can be combined with the percentage of girls whose mothers expressed an intention to circumcise their daughter(s) in the future to provide an estimate of the expected prevalence of circumcision at age 18 for each cohort of girls. The results suggest that the prevalence of circumcision will decline over the next 15-20 years, from the current levels of around 80 percent to around 60 percent.

**Attitudes and Beliefs.** Attitudes about circumcision appear to be changing. A smaller proportion of women supported continuation of the practice at the time of the 2005 EDHS (68 percent) than at the time of the 2000 EDHS (75 percent) or the 1995 survey (82 percent).

Beliefs that support continuation of the practice are shared by the majority of women. For example, six in ten ever-married women age 15-49 believe that circumcision is an important part of religious tradition. A similar proportion feel that the husband prefers the wife to be circumcised, and around half of women think that circumcision prevents adultery. Fewer women believe that the practice has any adverse consequences; for example, only around one-third thinks that a girl may die as a result of being circumcised.

**Domestic Violence**

**Violence since Age 15.** A subsample of the 2005 EDHS respondents was asked if they had experienced violence since age 15. The data show that almost half of ever-married women in the reproductive ages in Egypt have experienced violence at some point since they were 15 and around one in five reported experiencing violence in the 12 months preceding the survey. The main perpetrators are husbands, and to a lesser extent, mothers, fathers and brothers.

**Marital Violence.** Physical violence is the most common form of violence, with one-third of ever-married women subjected to some form of physical violence at least once by their current or most recent husband. Twenty percent reported that the most recent episodes of violence had taken place within the 12 months prior to the survey.

Seven percent of women indicated that their spouse had ever physically forced them to have sex, and four percent reported that they had recently been forced to have sex by their spouse.

Eighteen percent of ever-married women reported they had ever experienced emotional violence, and 11 percent experienced a recent episode of emotional violence. Virtually all women experiencing emotional violence indicated that their husbands had said or done something intended to humiliate them; however, six percent reported the husband had threatened them or someone close to them with physical harm.

**Attitudes towards Marital Violence.** To gauge the acceptability of domestic violence, women in the 2005 EDHS were asked whether they thought a husband would be justified in hitting or beating his wife in each of the following five situations: if she burns the food; if she argues with him; if she goes out without telling him; if she neglects the children; and if she refuses to have sexual relations with him. Results show that half of the women agreed that at least one of these factors is sufficient justification for wife beating. Around one in six women believed that it is justified for all of the reasons mentioned in the question.

Acceptance of wife beating was higher among rural women than urban women. Women living in rural Upper Egypt were most likely and women in the Urban Governorates were least likely to accept wife beating as justified. The differentials by wealth quintile are especially marked; for example, women in the lowest wealth quintile were more than three times as likely to consider wife beating to be justified for at least one of the reasons as women in the highest wealth quintile (74 percent and 23 percent, respectively).

**Children’s Welfare**

**School Attendance.** Information contained in the EDHS on children’s education is useful in looking at several important aspects of school attendance among
Egyptian children. Among children age 6-15, 91 percent were currently attending school. Boys in the age group were slightly more likely than girls to be currently attending school (93 percent and 90 percent, respectively).

Residential differentials in school attendance are generally minor for children age 6-15. However, among the population age 16-24, school attendance is higher among urban than rural residents and in the Urban Governorates and Lower Egypt compared to Upper Egypt and the Frontier Governorates.

**Child Labor.** Eight percent of children age 6-14 in the households sampled in the 2005 EDHS were engaged in child labor activities. Eleven percent of rural children are engaged in child labor compared to three percent of urban children. The percentage of children engaged in child labor activities ranges from less than one percent among children in the highest wealth quintile to 17 percent among children in the lowest wealth quintile.

**Child Disciplinary Activities.** Respondents in the 2005 EDHS who had children age 3-17 years were asked about the types of actions they took to teach their children the right behavior or to address behavior problems during the month before the survey. Nine in ten respondents with children age 3-17 years indicated that they had addressed behavior problems by explaining why the behavior was wrong. A similar proportion said that they had at times shouted, yelled or screamed at the child when there was a behavior problem. Around seven in ten women had hit or slapped a child on the body with a hard object, and four in ten had hit a child on the face, head or ear.
Map of Egypt