Egypt Interim Demographic and Health Survey 2003

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1 INTRODUCTION

1.1 Background

The 2003 Egypt Interim Demographic and Health Survey (2003 EIDHS) is the most recent of seven DHS surveys to be undertaken in Egypt.[1] The 2003 EIDHS was conducted under the auspices of the Ministry of Health and Population and the National Population Council. ORC Macro provided technical support for the survey through the MEASURE *DHS+* project. USAID/Egypt provided funding for the survey under its bilateral population and health projects.

This interim survey was undertaken to provide the information needed to track changes in major family planning, health and nutrition. This report presents the principal findings of the 2003 EIDHS.

1.2 Survey Design and Implementation

Sample Design and Selection

The sample for the 2003 EIDHS was designed to provide estimates of population and health indicators including fertility and mortality rates for the country as a whole and for five major subdivisions (Urban Governorates, urban Lower Egypt, rural Lower Egypt, urban Upper Egypt, and rural Upper Egypt). In addition to the base sample, Menya governorate and slum areas in Greater Cairo were oversampled in order to provide separate estimates for the USAID programs targeting these areas. The findings for Menya governorate and for the slum areas in Greater Cairo are presented in separate reports. The Frontier Governorates, which represent less than 2 percent of the total population, were excluded from the survey.

A systematic random sample of more than 10,000 households was chosen for the main 2003 EIDHS sample (including the oversampling of Menya); in addition, around 4,000 households from the slum areas in Greater Cairo were chosen for the survey. The households were drawn from among those found in the 490 primary sampling units (PSU) selected for the 2003 EIDHS; 466 PSUs came from the original 2000 EDHS sample, 24 additional PSUs were selected in Menya, and 50 PSUs were selected from slum areas in Greater Cairo.

In the process of selecting the 2000 EDHS sample, each of the PSUs was divided into parts. The number of parts selected for inclusion in the sample varied according to PSU size; in large PSUs (i.e., PSUs with 20,000 population or more), two parts were chosen for the sample while only one part was chosen in smaller PSUs. In new PSUs selected for the 2003 EIDHS, a similar procedure was used to select parts. In all PSUs selected for the main EIDHS sample, two segments were selected from each part. Thus, a total of 980 segments were selected for the main survey. An additional 90 segments were drawn in slum areas, for a grand total of 1,070 segments.

In planning for the 2003 EIDHS, it was decided to obtain new household listings for all PSUs rather than employing the listings from the 2000 EDHS. Thus, a household listing operation was carried out in the segments chosen for the 2003 EIDHS prior to the main fieldwork. Using these listings, a systematic random sample of households was selected within each segment for the survey.

[1] Earlier full-scale DHS surveys were conducted in 1988, 1992, 1995 and 2000. In addition, interim DHS surveys were conducted in 1997 and 1998. Other national-level surveys for which results are shown in this report include the Egyptian Fertility Survey (1980 EFS), the 1984 Egypt Contraceptive Prevalence Survey (1984 ECPS), and the 1991 Egypt Maternal and Child Health Survey (1991 EMCHS).

In order to allow for sub-regional estimates, the final number of households selected from each governorate in the 2003 EIDHS is disproportionate to the size of the population in the governorate. Thus, the 2003 EIDHS sample is not self-weighting at the national level.

Questionnaires

In order to collect information needed, two questionnaires were developed: a household questionnaire and a woman's questionnaire. The 2003 EIDHS household and woman questionnaires are similar to the questionnaires used in the 2000 EDHS in terms of the broad topics for which information is collected. However, a number of questions in the 2000 EDHS questionnaires were dropped from the 2003 survey instruments, and some questions were added to the 2003 EIDHS questionnaires in order to investigate new topics. Overall, the EIDHS questionnaires are more focused and limited in scope than the 2000 EDHS questionnaires.

The EIDHS household questionnaire collected information on the names and characteristics (age, marital status, education, work, etc.) of all household members and on housing and household possessions. Height and weight measures also were obtained for eligible women and children.

The EIDHS woman's questionnaire included questions on background characteristics of respondents (age, education, work, etc.). The questionnaire also collected information about reproduction, contraceptive knowledge and use, fertility preferences and attitudes towards family planning use, maternal health care including pregnancy care, infant feeding practices, child immunization and health, female circumcision, and husbands' background. In addition, new questions were added relating to knowledge about HIV/AIDS, Hepatitis C, and safe injection practices. Finally, the questionnaire contained a monthly calendar in which information was recorded on marital status, pregnancies and births, contraceptive use and discontinuation, and breastfeeding and postpartum amenorrhea. The calendar covered a 66-month period including the month in which the survey interview took place.

A training manual for interviewers was prepared including general guidelines to follow in conducting an interview, as well as specific instructions for administering the EIDHS questionnaire.

Data Collection

Field staff were trained for four weeks during April and early May. Twelve teams collected data for the 2003 EIDHS. Each team consisted of four interviewers, one field editor, one assistant supervisor, and one supervisor. The field editor and the assistant supervisor were responsible for the height and weight measurements. All of the interviewers and field editors were females, and the assistant supervisor and supervisors were males. Two teams were assigned to work in Cairo, and the other teams were assigned to work in one to three governorates.

The data collection started on May 9th. Re-interviews and call backs started as soon as the first team completed the data collection. All call backs and re-interviews were completed by June 28th

Data Processing and Editing

The data processing staff including coders, office editors and data entry personnel, attended the interviewer training program in order to become familiar with the questionnaires. Completed questionnaires were sent from the field to the office for registration and limited manual coding. Data were entered using microcomputers and the Integrated System for Survey Analysis (ISSA), a software package developed in the DHS program to facilitate processing of the survey data. Twelve computers were used for data entry. Verification was carried out for 100 percent of the questionnaires. A

consistency program was prepared to assure the quality and accuracy of the data. The data entry, verification and consistency checking, which overlapped with the field activities, took around three months to complete.

1.3 Survey Coverage

Table 1.1 presents the results of the fieldwork for the main 2003 EIDHS sample (excluding slum areas) for both the household and individual interviews. The table shows that, out of 10,417 households selected for the 2003 EIDHS, 10,204 were found and 10,089 were successfully interviewed. This represents a household response rate of 99 percent.

A total of 9,217 women were identified in those households as eligible for the individual interviews. Questionnaires were completed for 9,159 women, which represents a response rate of 99 percent.

Table 1.1 Sample results

Distribution of households (HH) and eligible women (EW) by the result of the interview, and response rates, according to urban-rural and place of residence, Egypt 2003 Interim Demographic and Health Survey

	Place of residence									
			Urban	Lower Egypt			Upper Egypt			
Interview results	Urban	Rural	Gover-norates	Total	Urban	Rural	Total	Urban	Rural	Total
Dwellings sampled	4,849	5,568	2,097	3,443	1,259	2,184	4,877	1,493	3,384	10,417
Households found	4,700	5,504	2,034	3,373	1,221	2,152	4,797	1,445	3,352	10,204
Households interviewed	4,611	5,478	2,000	3,310	1,177	2,133	4,779	1,434	3,345	10,089
HH response rate	98.1	99.5	98.3	98.1	96.4	99.1	99.6	99.2	99.8	98.9
Eligible women	3,630	5,587	1,482	3,147	950	2,197	4,588	1,198	3,390	9,217
EW interviewed	3,596	5,563	1,473	3,105	929	2,176	4,581	1,194	3,387	9,159
EW response rate	99.1	99.6	99.4	98.7	97.8	99.0	99.8	99.7	99.9	99.4

1.4 Household Socio-economic Characteristics

In the following section, a profile of the characteristics of the households selected for the EIDHS sample is presented. Information on housing characteristics, housing facilities, and household possessions are highlighted.

Housing Type

Table 1.2 presents the housing type and tenure for the interviewed households. The majority of households in urban areas live in apartments (83 percent), whereas in rural areas the majority live in a free-standing house (71 percent). Nine in 10 rural households own their dwelling, with slight variations among regions. Ownership is less common in urban areas, particularly in the Urban Governorates, where 41 percent own or jointly own their dwellings.

Households not owning their dwelling were asked about the possibility of being evicted. As shown in Table 1.2, the great majority of these households (90 percent) are not concerned about the possibility of eviction. Urban households were slightly more likely than rural households to report that there is no possibility of being evicted (90 percent and 87 percent, respectively).

Housing Characteristics

Table 1.3 presents the distribution of households by selected housing characteristics including electricity, type of cooking fuel, flooring, and the number of rooms. Overall, 99 percent of households have electricity. Differentials in the availability of electricity by residence are small, ranging from 96

percent of households in rural Upper Egypt to nearly 100 percent of households in the Urban Governorates and urban Lower Egypt. Looking at the cost of electricity, 35 percent of households pay L.E.20 or more monthly for electricity, 20 percent pay L.E. 15-19, 24 percent pay L.E. 10-14, and 18 percent pay less than L.E. 10. Possibly reflecting higher electrical usage, urban households pay higher amounts for electricity than rural households.

Table 1.2 Housing type and tenure

Percent distribution of households by housing type and tenure, according to urban-rural residence and place of residence, Egypt 2003

Housing type and tenure	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Total
Type of dwelling										
Apartment	82.9	26.8	92.2	50.3	81.2	34.2	35.7	67.8	17.4	54.8
Free-standing house	14.7	71.1	4.9	48.2	16.8	64.4	61.6	30.2	79.6	42.9
Other	2.4	2.1	2.9	1.6	1.9	1.4	2.6	2.1	3.0	2.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Dwelling owned/rented										
Owned/Owned jointly	52.0	90.7	40.8	80.1	61.3	89.9	80.9	61.9	91.8	71.4
Rented	43.7	4.3	55.1	14.4	33.0	4.8	15.0	35.1	3.6	24.0
Other	4.3	5.0	4.1	5.5	5.7	5.3	4.0	3.1	4.6	4.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Possibility of eviction										
Very likely	2.9	3.3	2.4	3.6	4.0	2.8	3.4	3.1	4.1	3.0
Somewhat likely	1.5	2.9	1.8	1.5	0.8	3.0	1.9	1.6	2.8	1.7
Not very likely	2.4	4.4	2.2	2.5	2.8	1.9	4.1	2.4	8.4	2.7
No possibility of eviction	90.2	86.9	91.5	89.6	89.3	90.0	86.2	87.8	81.9	89.7
Don't know/missing	3.0	2.5	2.2	2.8	3.1	2.3	4.4	5.1	2.7	2.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	2,421	467	1,373	846	562	285	669	487	182	2,888

The majority of households in both urban areas (98 percent) and rural areas (88 percent) use LPG/natural gas as a cooking fuel. Use of kerosene is most common in rural Upper Egypt, where 20 percent of households use this type of fuel.

With regard to flooring, more than half of households live in dwellings with cement tile floor, 19 percent report cement floors, and 15 percent have earth/sand floors. There are substantial differences in the flooring materials between urban and rural dwellings. Slightly more than one-quarter of rural households have a sand or earth floor compared with 3 percent among urban households. On the other hand, around three-quarters of urban households have a cement tile floor compared with 38 percent of rural households.

With regard to the number of rooms, Table 1.3 shows that 10 percent of households have one or two rooms, and 69 percent have three to four rooms. The overall mean number of rooms per household is 3.8, and the mean number of persons per room is 1.4.

Table 1.3 Housing characteristics

Percent distribution of households by housing characteristics, according to urban-rural residence and place of residence, Egypt 2003

Housing characteristic	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Total
Electricity										
Yes	99.7	97.8	99.9	99.2	99.7	98.9	97.5	99.5	96.3	98.8
No	0.2	2.2	0.1	0.8	0.3	1.1	2.5	0.4	3.7	1.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average monthly electricity cost										
Free	0.3	0.2	0.3	0.1	0.1	0.0	0.3	0.4	0.3	0.2
1-9 LE	13.5	21.4	14.1	17.9	15.1	19.4	18.9	10.6	23.9	17.4
10-14 LE	21.3	26.9	18.9	27.1	25.6	27.9	23.9	20.9	25.6	24.1
15-19 LE	19.8	20.9	20.3	20.8	18.4	22.1	19.8	20.5	19.3	20.3
20+ LE	43.0	27.6	44.5	31.3	38.2	27.7	34.2	45.5	27.6	35.4
Don't know/missing	2.2	3.1	2.0	2.8	2.7	2.9	2.9	2.1	3.3	2.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel										
Electricity	0.4	0.3	0.8	0.2	0.2	0.2	0.3	0.0	0.5	0.4
LPG, natural gas	97.5	87.6	97.6	96.8	98.5	95.9	84.1	96.2	77.2	92.6
Kerosene	1.9	10.8	1.4	2.8	1.2	3.6	14.0	3.6	20.0	6.4
Charcoal	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0
Firewood/straw/dung	0.0	0.9	0.0	0.0	0.0	0.1	1.3	0.0	2.1	0.5
Other	0.1	0.1	0.1	0.1	0.0	0.2	0.1	0.0	0.1	0.1
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring										
Ceramic/marble tiles	14.1	2.5	19.1	5.0	8.4	3.2	5.2	11.6	1.5	8.3
Cement tiles	72.1	37.7	71.2	54.7	75.8	43.8	44.5	69.7	30.1	55.0
Cement	6.5	32.4	3.7	30.3	10.5	40.5	16.7	7.2	22.2	19.4
Wall-to-wall carpet	1.9	0.8	1.5	1.6	2.6	1.1	0.9	1.9	0.4	1.3
Vinyl	0.4	0.0	0.3	0.2	0.5	0.0	0.2	0.6	0.0	0.2
Parquet/polished wood	1.9	0.1	2.8	0.5	1.3	0.1	0.3	0.7	0.0	1.0
Wood planks	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Earth/sand	2.8	26.3	1.0	7.6	0.9	11	31.9	8.2	45.5	14.5
Other	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.2	0.1
Missing	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of rooms										
1-2	9.0	10.1	10.3	6.0	6.8	5.6	13.4	9.3	15.8	9.6
3-4	76.3	61.8	74.4	67.7	78.9	61.9	67.2	76.9	61.7	69.1
5+	14.4	28.0	15.3	26.3	14.0	32.6	19.1	13.4	22.3	21.2
Missing /DK	0.2	0.1	0.1	0.1	0.2	0.0	0.3	0.4	0.2	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean rooms per household	3.6	4.0	3.6	4.0	3.7	4.2	3.7	3.6	3.8	3.8
Mean persons per room	1.3	1.5	1.3	1.3	1.3	1.4	1.6	1.4	1.8	1.4
Number of households	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089

Drinking Water

Information on the source of water that households use for drinking and on storage practices employed for drinking are presented in Table 1.4. As the table shows, more than eight in ten Egyptian households have access to piped water, mainly within their dwelling.

Urban households have almost universal access to safe drinking water; 99 percent report they have piped water in their residence, and most of the remaining households obtain water from a public tap. Among rural households, these proportions are markedly lower; 74 percent have access to piped water, and 6 percent drink water from public taps. Among the remaining rural households, almost all report they obtain drinking water from covered wells.

Table 1.4 Drinking water facilities

Percent distribution of households by drinking water facility, according to urban-rural residence and place of residence, Egypt 2003

			Place of residence							
			Urban	Lower Egypt			Upper Egypt			
Drinking water facilities	Urban	Rural	Governorates	Total	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water										
Piped into residence/plot	98.6	73.6	99.3	83.2	98.7	75.2	80.8	97.1	71.5	86.1
Public tap	1.2	6.4	0.5	3.0	1.2	3.9	7.0	2.3	9.6	3.8
Open well	0.1	1.3	0.1	0.7	0.0	1.1	1.0	0.2	1.5	0.7
Covered well	0.2	16.0	0.1	11.6	0.1	17.5	9.2	0.4	14.2	8.1
Nile/canals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Other	0.0	2.7	0.1	1.5	0.0	2.3	2.0	0.0	3.1	1.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Time to water source										
Water within 15 minutes	99.6	94.7	99.7	97.2	99.7	95.9	95.4	99.2	93.3	97.1
Water supply interrupted										
Daily/almost daily	9.5	10.5	11.9	9.0	7.8	9.6	10.0	7.2	11.6	10.0
Few times per week	15.0	17.4	13.5	17.9	18.1	17.8	15.9	14.1	16.9	16.2
Less frequently	8.8	6.8	9.2	10.0	12.8	8.6	4.1	3.4	4.5	7.8
Not interrupted	66.2	65.0	64.8	62.8	60.9	63.7	69.6	74.9	66.6	65.6
Don't know/missing	0.5	0.4	0.6	0.4	0.5	0.3	0.4	0.4	0.4	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Water stored										
Yes	22.7	39.2	21.3	31.4	25.8	34.3	36.8	21.8	45.4	30.9
No	77.2	60.7	78.6	68.5	74.2	65.6	63.1	78.0	54.6	69.0
Don't know/missing	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.3	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	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Storage containers covered										
All covered	89.3	75.2	89.6	78.6	88.9	74.6	78.7	89.2	75.8	80.4
Some covered	8.5	20.9	8.7	16.7	7.1	20.4	18.9	9.9	21.3	16.3
None covered	1.6	3.5	1.0	3.9	3.0	4.3	2.2	0.6	2.7	2.8
Not able to observe/missing	0.7	0.5	0.7	0.8	1.0	0.7	0.2	0.3	0.2	0.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,145	1,977	493	1,338	374	964	1,291	278	1,013	3,122
Type of storage container										
Wide mouth	28.2	46.5	18.0	41.6	38.8	42.7	46.1	32.0	50.0	39.8
Narrow mouth	44.5	34.3	43.3	43.1	49.0	40.8	30.9	40.7	28.2	38.1
Both types	27.3	19.1	38.7	15.2	12.2	16.3	23.0	27.3	21.8	22.1
Missing	0.0	0.1	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,137	1,968	489	1,328	370	957	1,288	277	1,011	3,105

With regard to access to source of drinking water, 97 percent of households can fetch water within 15 minutes.

Households were also asked about interruptions in the water supply. Sixty-six percent of households reported that the water supply is never interrupted while 10 percent of the households mentioned that water supply is interrupted daily.

Drinking water that is stored may become contaminated if the storage container is not clean or covered. Table 1.4 presents data on the extent to which water for drinking purposes is stored and on the containers used for storage. Overall, 31 percent of households store drinking water and, among these households, 80 percent use covered containers to store the water. Forty percent of households use wide mouth containers, 38 percent use narrow mouth containers, and 22 percent use both. Households in rural areas are more likely to store water than households in urban areas; this is particularly the case among households in rural Upper Egypt where 45 percent of households store water. In the majority of both urban and rural households where water is stored, the containers are covered; however, around one-quarter of rural households and 10 percent of urban households had some containers that were not covered.

Sanitation Facilities

Two in 5 households have a modern flush toilet, with significant differences by residence (Table 1.5). For example, 68 percent of urban households have a modern flush toilet compared with only 13 percent among rural households. Eighty percent of households in the Urban Governorates have a modern flush toilet compared to 8 percent among rural households in Upper Egypt.

The type of drainage system varies by residence. The majority of urban households are connected to public sewers, especially in the Urban Governorates, where 97 percent are on public sewers. Among rural households, almost half have a septic system. Households in rural Upper Egypt are more likely to have *Bayars* than any other drainage system (46 percent). More than three-quarters of the households had no problems with the drainage system. Problems with the drainage system are more common in the Urban Governorates and in Lower Egypt than in Upper Egypt.

Information also was collected about whether the toilet facilities were shared with other households. Only four percent of households share their toilet facility with other households. There are slight variations by place of residence, with rural Upper Egypt having the highest percentage (8 percent) of households sharing their toilet facility.

The condition of the toilet was observed by interviewers. In 90 percent of the toilets observed, no fecal matter was present. Fecal matter was observed in the toilet area more often in rural households than urban households (10 percent and 4 percent, respectively). Rural Upper Egypt had the largest proportion of households (12 percent) where fecal matter was observed.

Interviewers also asked to see the place where household members washed their hands. Household members are much more likely to wash their hands regularly after using the toilet if the place for hand washing is adjacent to the toilet. Nearly all urban households had a place for hand washing and, in 91 percent of these households, the place used for hand washing was adjacent to the toilet facility. In contrast, 40 percent of rural households either did not have a place for hand washing (22 percent) or the place used for hand washing was not adjacent to the toilet facility (18 percent).

Table 1.5 Sanitation facilities

Percent distribution of households by sanitation facilities, according to urban-rural residence and place of residence, Egypt 2003

Sanitation facilities	Urban	Rural	Place of residence: Urban Governorates	Lower Egypt: Total	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt: Total	Upper Egypt: Urban	Upper Egypt: Rural	Total
Toilet facility										
Modern flush toilet	67.8	13.0	80.2	32.5	62.0	17.2	23.8	52.0	7.7	40.4
Traditional with tank flush	1.0	2.0	0.5	2.3	1.5	2.7	1.2	1.6	1.0	1.5
Traditional with bucket flush	30.5	78.9	19.3	63.7	36.0	77.9	67.2	44.6	80.1	54.7
Pit toilet/latrine	0.4	3.5	0.1	1.1	0.2	1.5	4.2	1.2	5.9	1.9
No facility/bush	0.2	2.7	0.0	0.5	0.3	0.6	3.6	0.6	5.3	1.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Drainage system										
Public sewer	84.6	21.7	96.6	53.8	90.0	35.1	23.7	56.4	4.1	53.6
Vault (Bayara)	8.2	25.1	1.9	6.2	0.9	9.0	39.4	27.8	46.3	16.5
Septic system	6.9	48.9	1.4	37.7	8.7	52.8	32.8	14.7	43.7	27.6
Pipe to canal	0.2	1.5	0.1	1.6	0.4	2.3	0.3	0.1	0.4	0.8
Pipe to groundwater	0.1	0.2	0.0	0.2	0.0	0.3	0.2	0.3	0.2	0.2
Emptied (no connection)	0.2	2.5	0.0	0.4	0.1	0.5	3.5	0.7	5.2	1.3
Other	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,036	4,907	2,319	4,238	1,447	2,791	3,386	1,270	2,116	9,942
Problems with drainage system										
Yes	25.8	22.4	34.8	32.7	36.2	32.4	15.0	21.8	13.0	23.0
No	73.6	77.2	62.9	66.9	63.8	67.1	84.6	77.8	86.6	76.6
Don't know/missing	0.5	0.4	2.3	0.4	0.0	0.5	0.4	0.4	0.4	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	766	3,713	78	1,940	144	1,796	2,461	545	1,917	4,479
Toilet facility shared										
Toilet not shared	97.3	95.1	96.6	97.6	98.1	97.3	94.3	97.7	92.3	96.2
Toilet shared with:										
1 household	0.7	1.2	0.6	0.8	1.0	0.7	1.4	0.4	1.9	1.0
2 households	0.9	1.9	1.1	1.0	0.6	1.2	2.1	0.8	2.8	1.4
3+ households	1.0	1.7	1.5	0.5	0.3	0.7	2.3	1.0	3.0	1.5
Not sure/missing	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,036	4,907	2,319	4,238	1,447	2,791	3,386	1,270	2,116	9,942
Condition of toilet facility										
Condition observed										
Fecal matter present	3.6	9.5	2.6	6.8	4.6	8.0	8.9	4.4	11.6	6.5
No fecal matter present	94.2	85.8	95.5	91.0	93.5	89.6	85.3	92.7	80.8	90.1
Not determined	1.0	3.2	0.4	1.0	0.7	1.1	4.7	2.3	6.1	2.1
Not observed/missing	1.1	1.4	1.5	1.3	1.2	1.3	1.1	0.6	1.6	1.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,036	4,907	2,319	4,238	1,447	2,791	3,386	1,270	2,116	9,942
Place for hand washing										
Place observed										
Same area/adjacent to toilet	90.5	59.4	92.7	78.2	91.8	71.2	59.2	85.0	44.5	74.9
Area not near toilet	5.3	17.5	3.7	9.5	5.1	11.8	18.7	8.4	24.6	11.4
No toilet facility	0.1	0.4	0.0	0.2	0.2	0.2	0.5	0.0	0.7	0.2
Not able to observe	0.8	0.5	1.2	0.6	0.5	0.6	0.4	0.4	0.3	0.6
None/missing	3.4	22.2	2.4	11.6	2.5	16.2	21.2	6.2	29.8	12.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089
Disposal of kitchen waste/trash										
Collected from home	51.6	17.7	51.6	31.7	49.9	22.3	27.0	53.6	11.8	34.6
Collected from container in street	26.8	3.2	39.2	8.8	19.0	3.6	6.6	13.4	2.7	15.0
Dumped into street/empty plot	17.6	31.2	8.3	26.0	26.6	25.7	33.0	24.4	38.0	24.4
Dumped into canal/drainage	1.3	19.1	0.4	16.4	2.0	23.9	9.2	2.2	13.1	10.2
Burned	2.0	21.1	0.3	13.5	2.4	19.2	16.6	4.6	23.4	11.5
Fed to animals/	0.3	5.3	0.1	2.6	0.1	3.8	4.9	1.0	7.1	2.8
Other/don't know	0.3	2.5	0.1	1.0	0.1	1.4	2.8	0.8	3.8	1.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089

With regard to disposal of kitchen waste and trash, 52 percent of urban households have their waste collected from home compared to 18 percent of rural households. Dumping waste in the street, an empty plot, or into a drainage canal or ditch is a common practice among rural households (50 percent) while around 20 percent of rural households burn their trash.

Hand-washing Materials

Interviewers observed the hand-washing area to determine the presence of the following items: water/tap, soap, basin, and towel or cloth. Table 1.6 shows that 40 percent of all households had all the hand-washing materials present. Looking at the specific items, water or a tap was available in the hand washing area for 85 percent of households, 71 percent had soap or ash, and 79 percent had a basin. The item most likely to be lacking was a towel or cloth, which less than half the households had.

Urban households were more than twice as likely to have all the items as rural (56 percent and 24 percent, respectively). Table 1.6 also shows considerable variation in the presence of hand-washing materials by place of residence. Households in urban Lower Egypt (61 percent) most often had all of the items while households in rural Upper Egypt households (11 percent) were least likely to have them.

Table 1.6 Hand-washing materials

Percentage of households with hand-washing materials by urban-rural residence and place of residence, Egypt 2003

Residence	Water or tap	Soap/ ash	Basin	Towel/ cloth	All items	Total
Urban-rural residence						
Urban	94.7	85.4	93.5	57.5	56.0	5,047
Rural	75.9	56.7	64.5	25.1	24.1	5,042
Place of residence						
Urban Governorates	94.1	85.3	95.2	61.3	59.1	2,319
Lower Egypt	86.8	74.1	77.9	44.8	43.5	4,259
Urban	96.8	88.5	93.8	62.4	61.3	1,451
Rural	81.7	66.7	69.6	35.7	34.3	2,808
Upper Egypt	77.7	57.9	69.8	23.9	23.3	3,511
Urban	93.3	82.0	90.3	45.2	44.3	1,278
Rural	68.7	44.1	58.1	11.7	11.3	2,233
Total	85.3	71.1	79.0	41.3	40.1	10,089

Household Possessions

Table 1.7 provides information on household ownership of durable goods and other possessions. More than nine in ten households own a television, and around 80 percent have a washing machine (other than automatic). Around 47 percent of households have a telephone, and 17 percent have a mobile phone.

Urban households are more likely to have most household effects than rural households. For example, more than 60 percent of urban households have a telephone compared with 30 percent of rural households, and 92 percent of urban households own a refrigerator compared with 67 percent of rural households. Ownership of various household possessions also varies by place of residence, with highest rates of ownership among households in the Urban Governorates and the lowest ownership in among households in rural Upper Egypt.

Table 1.7 also includes information on household ownership of means of transportation. Overall, nine percent of households own a car, with the highest rate of ownership in the Urban Governorate (19

percent) and the lowest rate in rural Upper Egypt (3 percent). Rates of ownership of bicycles vary from 5 percent in the Urban Governorates to 27 percent in rural Lower Egypt.

Table 1.7 Household possessions

Percentage of households possessing various household effects, means of transportation, property and farm animals, according to urban-rural residence and place of residence, Egypt 2003

			Place of residence							
				Lower Egypt			Upper Egypt			
Possession	Urban	Rural	Urban Governorates	Total	Urban	Rural	Total	Urban	Rural	Total
Household effects										
Radio	90.6	77.8	92.5	84.3	89.9	81.4	78.5	87.7	73.2	84.2
Television	96.2	89.2	95.9	93.9	96.6	92.4	89.1	96.1	85.1	92.7
Video	27.6	4.9	34.7	9.7	17.9	5.4	12.1	25.8	4.2	16.3
Satellite dish	12.5	2.7	16.8	4.8	8.4	2.9	4.9	9.2	2.4	7.6
Telephone	63.9	29.8	70.9	39.4	53.7	32.0	40.0	62.7	27.0	46.8
Mobile telephone	28.4	5.9	35.7	12.3	21.7	7.5	10.8	22.8	4.0	17.2
Personal home computer	13.4	0.9	18.0	3.2	7.6	0.8	4.8	11.5	0.9	7.1
Electric fan	92.6	81.9	91.8	85.2	91.5	82.0	86.7	95.2	81.8	87.2
Air conditioner	7.6	0.4	11.2	1.0	2.3	0.4	2.9	7.0	0.5	4.0
Water heater	65.8	18.8	73.2	35.8	59.4	23.6	29.9	59.7	12.9	42.3
Refrigerator	91.7	67.2	93.6	78.8	90.1	72.9	70.9	90.0	60.0	79.4
Freezer	6.3	1.0	9.5	1.8	3.4	1.0	1.9	3.7	0.9	3.6
Automatic washing machine	33.5	4.1	41.6	11.0	23.7	4.4	13.2	29.9	3.6	18.8
Other washing machine	78.6	81.1	76.3	88.8	85.7	90.4	71.3	74.5	69.4	79.9
Gas/electric stove	84.2	64.7	86.8	74.1	78.4	71.9	66.6	85.9	55.6	74.4
Dishwasher	2.5	0.1	4.4	0.3	0.6	0.1	0.4	1.1	0.0	1.3
Sewing machine	10.7	6.0	11.7	8.4	11.1	7.1	6.0	8.2	4.7	8.3
Means of transportation										
Bicycle	12.5	24.7	4.8	24.3	18.7	27.2	20.8	19.4	21.5	18.6
Motorcycle/scooter	1.7	2.4	1.2	2.8	2.3	3.1	1.6	1.9	1.5	2.0
Car/van/truck	14.1	4.2	18.6	6.3	9.1	4.9	6.4	11.6	3.4	9.2
Property										
Farm/other land	6.0	38.5	3.7	28.5	8.7	38.8	26.9	7.2	38.1	22.2
Farm animals										
Livestock/poultry	12.5	66.5	4.0	48.3	17.7	64.1	52.2	21.9	69.5	39.5
None of the above	0.6	1.7	0.5	0.5	0.3	0.6	2.3	1.0	3.0	1.1
Number of households	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089

As for land ownership, rural households own land more than urban households (39 percent and 6 percent, respectively). Land ownership varies markedly by place of residence; only four percent of households in the Urban Governorates own land compared to slightly less than 40 percent in rural Upper and Lower Egypt. A similar pattern is observed for ownership of farm animals.

1.5 Household Wealth

The wealth index[2] uses information on household assets to derive a measure of the standard of living of households. Wealth index values were calculated as follows:

- The value one was assigned if the asset existed in the household, and the value zero if the asset did not exist. Assets that are not dichotomous were given their actual values.

[2]The wealth index used here is a proxy for long-term economic status of the household. The index has been compared against both poverty rates and gross domestic product per capita for India, and against expenditure data from household surveys in Nepal, Pakistan and Indonesia (Filmer and Pritchett, 1998, 2001) and Guatemala (Rutstein 1999). The evidence from those studies suggests that the assets index is highly comparable to conventionally measured consumption expenditures.

- The unweighted mean and standard deviation of each asset was calculated.
- Factor analysis was used to obtain a weight for each asset reflecting the ability of the asset to differentiate between the non-poor and the poor. These weights are called factor scores.
- Standardized household asset scores were calculated and summed for all the assets.
- Households were ranked according to the standardized scores, and the appropriate quintile cut-off points were defined.

Table 1.8 presents the distribution of households according to the wealth index. The table shows that a much larger proportion of households in urban areas than in rural areas fall in the highest wealth index group (44 percent and 6 percent, respectively). In turn, rural households are much more likely than urban households to be in the lowest wealth index group (31 percent and 4 percent, respectively).

Table 1.8 Wealth index

Percent distribution of households by poverty level, according to urban-rural residence and place of residence, Egypt 2003

				Lower Egypt			Upper Egypt			
Wealth index	Urban	Rural	Urban Gover-norates	Total	Urban	Rural	Total	Urban	Rural	Total
First (lowest) quintile	4.1	31.2	2.9	15.7	3.4	22.1	29.8	7.2	42.7	17.7
Second quintile	6.6	27.0	3.8	22.3	8.4	29.5	18.8	9.7	24.0	16.8
Middle quintile	14.7	23.2	9.9	23.8	19.4	26.1	19.0	18.0	19.6	18.9
Fourth quintile	30.3	12.9	29.9	21.9	34.7	15.4	15.8	26.2	9.8	21.6
Fifth (highest) quintile	44.3	5.6	53.6	16.2	34.2	7.0	16.6	39.0	3.9	25.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,047	5,042	2,319	4,259	1,451	2,808	3,511	1,278	2,233	10,089

Households in rural Upper Egypt are generally poorer than households in other areas, while households from Urban Governorates are wealthier than other areas. For example, 43 percent of households in rural Upper Egypt fall in the lowest wealth index group, while more than half of the households from Urban Governorates fall in the highest wealth index group.

1.6 School Attendance

Table 1.9 presents data on the school attendance for the year 2002-2003 for the household population age 6-24. The results in Table 1.9 indicate that 84 percent of children age 6-10 were attending school while the level was 87 percent among those aged 11-15.[3] School attendance decreases rapidly in the higher age groups. Fifty-two percent of individuals in the age group 16-20 were enrolled in school, while only 13 percent in the age group 21-24 were enrolled in the year 2002-2003.

[3]Attendance may be lower for the age group 6-10 than that of the 11-15 group because a number of the children who were age 6 at the time that the EIDHS interviews, which took place primarily May 2003, had not reached their sixth birthday in time to be eligible to enroll in school in the year 2002-2003.

Table 1.9 School attendance

Percentage of the de-facto household population age 6-24 years who were attending school during the 2002-2003 school year by sex and age group, according to urban-rural residence and place of residence, Egypt 2003

			Place of residence							
			Urban	Lower Egypt			Upper Egypt			
Age group	Urban	Rural	Gover-norates	Total	Urban	Rural	Total	Urban	Rural	Total
					MALE					
6-10	86.4	83.2	87.8	86.5	86.1	86.7	81.1	84.7	79.8	84.5
11-15	92.2	89.7	91.8	90.7	92.2	90.1	90.2	92.6	89.2	90.7
6-15	89.4	86.5	89.8	88.7	89.4	88.4	85.8	88.9	84.6	87.7
16-20	65.3	51.9	64.1	57.0	66.0	53.5	55.2	66.3	50.2	57.5
21-24	22.3	12.2	23.9	15.0	20.8	13.1	14.2	21.0	11.2	16.5
					FEMALE					
6-10	87.9	80.0	90.6	87.2	88.0	86.8	76.1	83.9	72.8	83.2
11-15	92.8	77.7	92.3	90.1	94.9	88.2	73.9	91.4	67.6	83.5
6-15	90.3	78.8	91.5	88.6	91.5	87.5	75.0	87.7	70.0	83.4
16-20	60.2	36.4	58.5	49.3	64.6	43.6	37.4	58.7	28.1	46.3
21-24	15.7	5.0	17.5	9.0	17.2	5.9	6.3	11.2	3.9	9.7
					TOTAL					
6-10	87.1	81.7	89.2	86.8	87.1	86.7	78.8	84.3	76.5	83.9
11-15	92.5	83.8	92.0	90.4	93.5	89.2	82.3	92.1	78.5	87.2
6-15	89.9	82.8	90.6	88.7	90.4	88.0	80.6	88.3	77.6	85.6
16-20	62.8	44.4	61.3	53.3	65.3	48.7	46.7	62.7	39.6	52.0
21-24	18.8	8.5	20.5	11.8	18.8	9.3	10.2	15.8	7.4	13.0

Urban-rural differentials in school attendance are quite evident, particularly in the older age groups. For example, more than 60 percent those in the 16-20 age group in urban areas are attending school compared to 44 percent in rural areas. The Urban Governorates and urban Lower Egypt generally have higher school attendance levels than urban Upper Egypt. Similarly, school attendance levels are higher in rural Lower Egypt then in rural Upper Egypt in all age categories.

Gender differentials in school attendance favor males. The gap between male and female school attendance which is quite small (1 percentage point) in the 6-10 age group becomes increasingly more evident at older ages. For example, looking at the 16-20 age group, 58 percent of males are attending school compared with only 46 percent among females.

Looking at the relationship between gender and residence, gender differences in school attendance levels are less evident among urban children than rural children, especially in the younger age cohorts. Rural Upper Egypt generally has the largest gender differentials in school attendance. For example, among children 6-10 years, 80 percent of boys were attending school compared to 73 percent of girls. The gap widens in the older age groups, with 89 percent of boys 11-15 years in school compared to 68 percent of girls. In contrast, in rural Lower Egypt, school attendance rates are virtually identical for boys and girls 6-10 years, and the gender gap in the 11-15 age group is quite small (2 percentage points).

1.7 Background Characteristics of EIDHS Respondents

Table 1.10 presents the distribution of interviewed women in the 2003 EIDHS by background characteristics, including marital status, age, education, occupation, place of residence and wealth index. Overall, 92 percent of interviewed women are currently married, while 5 percent are widowed and 3 percent were either divorced or separated.

Reflecting the effects of the increasing age at first marriage, few women fall in the age group 15-19 (4 percent). Women in the other age groups are fairly equally distributed with the largest proportion found in the age group 25-29 (20 percent) and the smallest proportion in 45-49 group (14 percent).

Fifty-seven percent of the 2003 EIDHS respondents live in rural areas, while 43 percent are urban residents. Looking at place of residence, 18 percent of women reside in the Urban Governorates, 45 percent live in Lower Egypt, and 37 percent live in Upper Egypt.

The table shows the educational level of women as well. Overall, 38 percent of women never attended school, 13 percent attended school but did not complete the primary level, 14 percent completed primary school or had some secondary education, and 36 percent completed the secondary level or higher. The low educational level is reflected in the high illiteracy rate; 44 percent of the women could not read at all.

Table 1.10 also shows that comparatively few women are working in occupations for which they are paid in cash. Overall, 84 percent of women are not working or are not paid in cash for work they do.

As expected given the manner in which the wealth index is constructed, women are fairly evenly distributed across the wealth quintiles. Twenty-one percent of women fall in the highest quintile, while 19 percent fall in the lowest quintile.

Table 1.10 Background characteristics of respondents

Percent distribution of ever married women age 15-49 by selected background characteristics, Egypt 2003

Background characteristic	Weighted percent	Number of women	
		Weighted	Un-weighted
Current marital status			
Married	92.2	8,445	8,430
Widowed	4.8	442	447
Divorced	2.2	205	216
Separated	0.7	67	66
Age			
15-19	3.7	343	402
20-24	15.0	1,372	1,453
25-29	19.5	1,782	1,733
30-34	15.4	1,415	1,419
35-39	17.3	1,588	1,574
40-44	15.1	1,380	1,332
45-49	14.0	1,279	1,246
Urban-rural residence			
Urban	42.7	3,908	3,596
Rural	57.3	5,251	5,563
Place of residence			
Urban Governorates	18.2	1,666	1,473
Lower Egypt	44.8	4,105	3,105
Urban	12.9	1,181	929
Rural	31.9	2,924	2,176
Upper Egypt	37.0	3,388	4,581
Urban	11.6	1,061	1,194
Rural	25.4	2,327	3,387
Education			
No education	37.7	3,452	3,681
Some primary	12.7	1,167	1,176
Primary comp. /some secondary	13.9	1,270	1,203
Secondary comp./ higher	35.7	3,270	3,099
Literacy			
Cannot read at all	43.9	4,016	4,250
Able to read only parts of sentence	7.5	685	677
Able to read whole sentence	3.3	304	291
Preparatory/higher education	45.3	4,146	3,934
Missing	0.1	7	7
Work status			
Working for cash	15.9	1,455	1,443
Not working for cash	84.1	7,701	7,714
Missing	0	3	2
Wealth index			
Lowest quintile	18.6	1,699	2,184
Second quintile	19.3	1,769	1,787
Middle quintile	20.5	1,874	1,759
Fourth quintile	21.2	1,937	1,753
Highest quintile	20.5	1,879	1,676
Total	100.0	9,159	9,159

1.8 Exposure to Mass Media

The 2003 EIDHS collected information on the exposure of women to various mass media including television, radio, and print (i.e., magazines and newspapers). These data, which are presented in Table 1.11, are important for designing family planning and health media campaigns. As noted in previous surveys, television has the widest coverage of the three media, with 93 percent of women watching TV weekly. Around two-thirds of women listen to the radio weekly and 21 percent read newspaper/magazines weekly. Sixteen percent are exposed to all of the three media on a weekly basis. Five percent of women are not regularly exposed to any media.

Urban women are more likely to be exposed to the different media than women in rural areas. Exposure to the different media increases directly with a woman's educational levels and with the household's socio-economic status as assessed through the wealth index.

Table 1.11 Exposure to mass media

Percentage of ever-married women age 15-49 who watch television weekly, listen to radio weekly, read newspapers/ magazines weekly by selected background characteristics, Egypt 2003

Background characteristic	Watch TV weekly	Listen to radio weekly	Read magazine/ newspaper weekly	All three media	No media exposure	Number of women
Age						
15-19	92.9	60.2	10.0	7.6	4.4	343
20-24	93.9	64.6	17.0	12.9	3.9	1,372
25-29	94.4	66.9	20.6	15.3	3.7	1,782
30-34	94.2	66.7	25.5	19.7	3.6	1,415
35-39	93.1	61.5	23.4	19.0	5.0	1,588
40-44	90.6	63.5	23.8	18.9	6.7	1,380
45-49	90.4	57.5	16.8	13.0	6.6	1,279
Urban-rural residence						
Urban	95.9	69.8	35.0	26.5	1.9	3,908
Rural	90.7	58.9	10.4	8.5	7.0	5,251
Place of residence						
Urban Governorates	95.0	67.8	37.5	26.8	1.9	1,666
Lower Egypt	93.2	67.0	17.7	14.3	4.4	4,105
Urban	95.6	72.6	31.0	24.7	2.1	1,181
Rural	92.3	64.8	12.4	10.1	5.3	2,924
Upper Egypt	91.4	57.2	16.5	13.2	6.9	3,388
Urban	97.4	69.6	35.4	27.9	1.7	1,061
Rural	88.6	51.5	7.8	6.5	9.2	2,327
Education						
No education	87.3	49.2	0.8	0.6	9.9	3,452
Some primary	92.9	60.2	4.2	3.4	4.7	1,167
Primary complete/some secondary	95.4	72.2	20.2	14.4	1.7	1,270
Secondary complete/higher	97.8	76.4	48.3	37.9	0.7	3,270
Work status						
Working for cash	93.7	69.7	48.8	38.0	4.2	1,455
Not working for cash	92.7	62.4	15.6	12.1	4.9	7,701
Wealth index						
Lowest quintile	77.1	39.5	2.1	1.5	18.1	1,699
Second quintile	94.8	60.3	6.2	5.0	3.3	1,769
Middle quintile	95.6	67.5	13.2	10.5	2.6	1,874
Fourth quintile	97.0	73.2	26.0	20.5	0.9	1,937
Highest quintile	98.4	74.3	54.0	41.3	0.6	1,879
Total	92.9	63.5	20.9	16.2	4.8	9,159

2 FERTILITY

The chapter reviews information on fertility behavior and attitudes from the 2003 EIDHS that is useful in monitoring the progress and evaluating the impact of the population program in Egypt. Levels, patterns, and trends in current fertility are presented first. The chapter then looks at data on the age at first marriage, the age at which women initiate childbearing, and the length of interval between births. Finally, the chapter considers women's fertility preferences and assesses the level of wanted fertility.

2.1 Current Fertility

To collect data on fertility patterns, each EIDHS respondent was asked a series of questions on the number of her sons and daughters living with her, the number living elsewhere, and the number who died. Then, a complete history of all of the woman's births was obtained, including the name, sex, month and year of birth, age, and survival status for each of the births. Finally, information was collected on whether currently married women were pregnant at the time of the survey.

Table 2.1 presents several measures of current fertility derived from the retrospective birth history data obtained in the EIDHS including the total fertility rate, age-specific fertility rates, general fertility rate, and crude birth rate. The total fertility rate (TFR) indicates that, if fertility rates were to remain constant at the level prevailing during the three-year period before the 2003 EIDHS (approximately May 2000-April 2003), an Egyptian woman would bear 3.2 children during her lifetime. In rural areas, the TFR is 3.6 births per woman, one birth higher than the rate in urban areas (2.6 births per woman). Much of the overall urban-rural differential is due to the significantly higher fertility levels among rural women under age 30 compared to urban women in the same ages. For example, the age- specific fertility rate for rural women 15-19 is almost twice the rate among urban women in the same age group, and the rate of rural women 20-24 is around 60 percent higher than the rate for urban women in the same age group.

Table 2.1 Current fertility

Age-specific and total fertility rates and the general fertility and crude birth rates for the three years preceding the survey, by urban-rural residence, Egypt 2003

Mother's age at birth	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Total
			Place of residence							
Age-specific rates										
15-19	31	58	25	40	23	45	66	44	75	47
20-24	136	224	109	195	154	211	215	161	242	185
25-29	167	209	160	198	189	202	197	154	218	190
30-34	126	129	103	111	137	100	162	153	167	128
35-39	51	71	49	47	46	47	88	60	103	62
40-44	10	27	8	20	14	24	23	9	31	19
45-49	2	9	0	6	4	6	10	4	14	6
Fertility rates										
TFR 15-49	2.6	3.6	2.2	3.1	2.8	3.2	3.8	2.9	4.3	3.2
TFR 15-44	2.6	3.6	2.2	3.1	2.8	3.2	3.8	2.9	4.2	3.2
GFR	87	126	77	107	90	112	128	95	144	109
CBR	21.7	29.8	19.1	26.6	23.5	27.8	29.6	23.7	32.3	26.3

Note: Rates are for the period 1-36 months preceding the survey (approximately May 2000 – April 2003).
TFR=Total fertility rate expressed per woman
GFR=General fertility rate (births divided by number of women 15-44 and expressed per 1,000 women)
CBR=Crude birth rate (births divided by total population and expressed per 1,000)

Looking at the differentials across the place of residence categories, the highest fertility rate is found in rural Upper Egypt (4.3 births per woman). The TFR for rural Lower Egypt (3.2 births per woman) is more than one birth lower than the rural Upper Egypt rate. Unlike the situation in rural areas, there is almost no difference in the fertility level between urban Lower Egypt and urban Upper Egypt (2.8 births and 2.9 births, respectively). The Urban Governorates have the lowest TFR (2.2 births per woman), more than two births lower than the rate in rural Upper Egypt.

Estimates of the general fertility rate and crude birth rate also are included in Table 2.1. For the period 2000-2003, the general fertility rate was 109 births per thousand women, and the crude birth rate was 26.3 per thousand population. Striking differences are apparent by residence in both the general fertility rate and crude birth rate. For example, the general fertility rate GFR is highest in rural Upper Egypt (144 births per thousand women), close to double the GFR in the Urban Governorates (77 births per thousand women). A similar pattern is observed for the crude birth rate; the CBR is 32.3 births per thousand population in rural Upper Egypt compared to 19.1 births per thousand population in the Urban Governorates.

2.2 Trends in Fertility

Using data from earlier surveys as well as 2003 EIDHS, Table 2.2 shows the trend in fertility since the late 1970s. Overall, as seen in Figure 2.1, fertility levels fell by more than two births during the period, from 5.3 births at the time of the 1980 Egyptian Fertility Survey to 3.2 births at the time of the 2003 EIDHS. The pace of decline was faster in the 1980s than in the 1990s. Considering the decline in the age-specific rates, Table 2.2 shows that fertility fell at a relatively faster pace among women age 30 and over and among those under 20 years of age than among other women.

Table 2.2 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rates for women 15-49, Egypt 1979-2003

Age	EFS 1980 1979-1980[1]	ECPS 1984 1983-1984[1]	EDHS-1988 1986-1988[2]	EMCHS 1991 1990-1991[1]	EDHS 1992 1990-1992[2]	EDHS 1995 1993-1995[2]	EIDHS 1997 1995-1997[2]	EIDHS 1998 1996-1998[2]	EDHS 2000 1997-2000[2]	EIDHS 2003 2000-2003[2]
15-19	78	73	72	73	63	61	52	64	51	47
20-24	256	205	220	207	208	200	186	192	196	185
25-29	280	265	243	235	222	210	189	194	208	190
30-34	239	223	182	158	155	140	135	135	147	128
35-39	139	151	118	97	89	81	65	73	75	62
40-44	53	42	41	41	43	27	18	22	24	19
45-49	12	13	6	14	6	7	5	1	4	6
TFR 15-49	5.3	4.9	4.4	4.1	3.9	3.6	3.3	3.4	3.5	3.2

[1] Rates are for the 12-month period preceding the survey.
[2] Rates are for the 36-month period preceding the survey.
Note: Rates for the age group 45-49 may be slightly biased due to truncation.
Source for rates 1979-2000: El-Zanaty and Way, 2001, Table 4.3

Table 2.3 shows trends in fertility by residence for the period between 1988 EDHS and the 2003 EIDHS. The large decline in rural fertility helped to reduce the gap between the urban and rural fertility rates, from almost two births in the mid-1980s to only one birth in 2003 (Figure 2.1).

Considering place of residence, Table 2.3 shows that the decline in fertility during the past two decades was greatest in rural Upper Egypt. Between the 1988 EDHS and 2003 EIDHS, for example, the TFR declined by two births in rural Upper Egypt, a much more rapid decline than that experienced in rural Lower Egypt in the same period. Fertility also fell at a somewhat faster pace in urban areas in Upper Egypt than in urban Lower Egypt. The TFR in urban Upper Egypt dropped by 1.3 births, from a

level of 4.2 births at the time of 1988 EDHS to 2.9 births at the time of the 2003 EIDHS. In comparison, the TFR declined by one birth in urban Lower Egypt and by 0.7 births in Urban Governorates during the same period.

Figure 2.1
Trends in Fertility by Residence

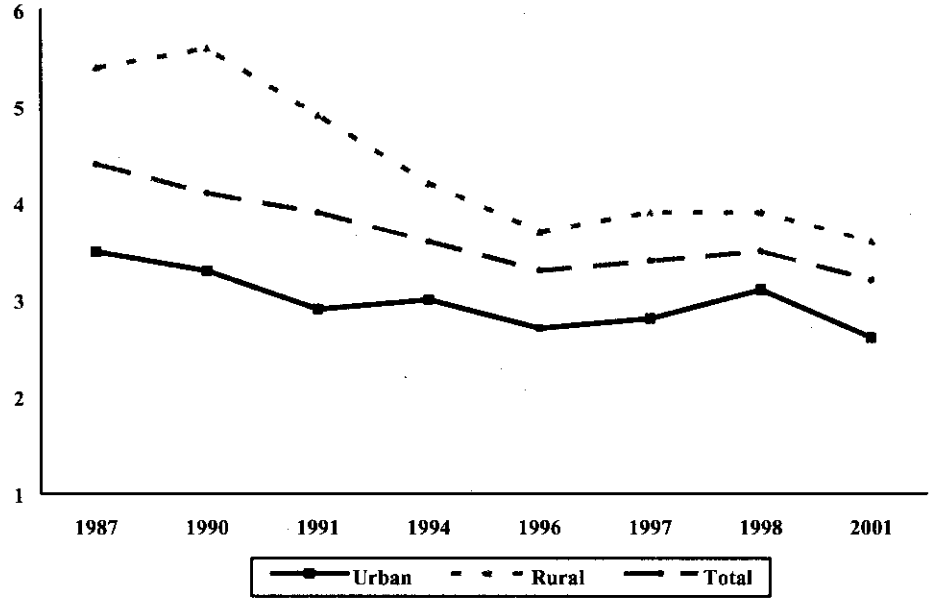


Table 2.3 Trends in fertility by residence

Total fertility rates by urban-rural residence and place of residence, Egypt 1986-2003

Residence	EDHS-88 1986-1988[2]	EMCHS-91 1990-1991[1]	EDHS-92 1990-1992[2]	EDHS-95 1993-1995[2]	EIDHS-97 1995-1997[2]	EIDHS-98 1996-1998[2]	EDHS-00 1997-2000[2]	EIDHS-03 2000-2003[2]
Urban-rural residence								
Urban	3.5	3.3	2.9	3.0	2.7	2.8	3.1	2.6
Rural	5.4	5.6	4.9	4.2	3.7	3.9	3.9	3.6
Place of residence								
Urban Governorates	3.0	2.9	2.7	2.8	2.5	2.7	2.9	2.3
Lower Egypt	4.5	U	3.7	3.2	3.0	3.1	3.2	3.1
Urban	3.8	3.5	2.8	2.7	2.6	2.4	3.1	2.8
Rural	4.7	4.9	4.1	3.5	3.2	3.2	3.3	3.2
Upper Egypt	5.4	U	5.2	4.7	4.2	4.3	4.2	3.8
Urban	4.2	3.9	3.6	3.8	3.3	3.3	3.4	2.9
Rural	6.2	6.7	6.0	5.2	4.6	4.5	4.7	4.2
TFR 15-49	4.4	4.1	3.9	3.6	3.3	3.4	3.5	3.2

[1] Rates are for the 12-month period preceding the survey.
[2] Rates are for the 36-month period preceding the survey.
U =Unavailable
Source for rates 1986-2000: El-Zanaty and Way, 2001, Table 4.4

2.3 Proximate Determinants of Fertility

This section explores EIDHS results relating to a number of factors other than contraception which affect a woman's chances of becoming pregnant and, thus, help to determine fertility levels in Egypt. The factors which are considered include: age at first marriage; age at first birth; length of the birth interval; and teenage pregnancy.

Age at First Marriage

The age at which women first marry is considered among the most important proximate determinants of fertility. When women delay marriage, they shorten the length of the period they are exposed to the risk of pregnancy and, thus, ultimately the number of children they will bear. Increases in the age at first marriage are, therefore, associated with declines in fertility levels.

Table 2.4 shows the percentages of women who have ever married by selected exact ages and the median age at first marriage, according to current age. The results indicate that there has been steady increase over the past decades in age at which Egyptian women marry. For example, the median age at first marriage among women age 25-29 is 20.9 years, more than two years older than that among women age 45-49 (18.7 years). Table 2.4 also documents a marked decline in the proportion of women marrying at very young ages; the percentage of women married by exact age 15 dropped from 13 percent among women age 45-49 to only 3 percent among women age 20-24.

Table 2.4 Age at first marriage

Percentage of women who were first married by exact age 15, 18, 20, 22, and 25, and median age at first marriage according to current age, Egypt 2003

	Percentage of women who were married by exact age:					Percentage		
Current age	15	18	20	22	25	never married	Number	Median
15-19	1.3	NA	NA	NA	NA	88.8	3,074	a
20-24	2.7	18.5	36.3	NA	NA	45.9	2,537	a
25-29	5.8	23.9	40.8	58.0	78.8	14.0	2,073	20.9
30-34	8.9	28.3	43.7	62.0	80.0	6.6	1,514	20.6
35-39	11.6	38.1	53.9	67.9	81.0	3.0	1,638	19.5
40-44	10.9	37.6	54.3	67.2	81.8	2.3	1,413	19.4
45-49	12.7	43.7	60.8	73.7	85.8	1.6	1,300	18.7
25-49	9.6	33.4	49.7	65.0	81.2	6.2	7,937	20.0

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

Table 2.5 presents differences in the median age at first marriage by selected background characteristics. Early marriage is more common in rural than urban areas; the median age at first marriage among rural women age 25-49 is 18.6 years, almost three years younger than the median age at first marriage among urban women. Marked differentials also are observed by place of residence. On average, women in rural Upper Egypt marry at younger ages (17.7 years) than women in rural Lower Egypt (19.3 years). Differentials in the median age at first marriage also exist between urban Upper Egypt (21 years), urban Lower Egypt (21.7 years) and the Urban Governorates (22.3 years).

The strong effect that education has on the age at which women marry is clear in Table 2.5. There is a difference of more than five years in the median age at first marriage between women with secondary education (23.2 years) and women who never attend school (17.6 years). Large differences in the age at first marriage are also evident according the rank on the wealth index. The median age at first marriage among women in the highest wealth quintile is 23 years, more than five years higher than the median age at first marriage among women in the lowest wealth quintile (17.5 years).

Table 2.5 Median age at first marriage by background characteristics

Median age at first marriage among women 25-49 years, by current age and selected background characteristics, Egypt 2003

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	22.4	22.3	21.5	21.7	20.5	a	21.8
Rural	a	20.2	19.4	17.9	17.8	17.2	19.1	18.6
Place of residence								
Urban Governorates	a	22.9	22.8	22.3	21.8	19.9	a	22.3
Lower Egypt	a	20.9	20.5	19.4	19.2	18.7	a	20.0
Urban	a	22.4	21.9	21.4	21.6	20.9	a	21.7
Rural	a	20.6	20.1	18.6	18.4	17.8	19.7	19.3
Upper Egypt	a	20.0	19.5	17.9	18.0	17.5	19.3	18.7
Urban	a	21.3	21.7	20.6	21.5	20.4	-	21.0
Rural	19.7	19.2	18.4	17.1	16.9	16.8	18.3	17.7
Education								
No education	19.2	18.5	17.9	17.3	17.4	17.1	17.8	17.6
Some primary	19.6	19.1	17.9	18.2	18.5	18.2	18.6	18.5
Primary complete/some secondary	19.9	19.2	20.1	18.8	20.0	18.8	19.5	19.3
Secondary complete/higher	a	23.0	22.6	23.3	23.9	24.0	a	23.2
Wealth index								
Lowest quintile	19.9	18.6	17.6	17.3	17.2	16.8	18.0	17.5
Second quintile	a	19.9	19.1	17.8	18.1	17.5	18.9	18.5
Middle quintile	a	20.6	20.1	18.5	18.4	17.5	19.8	19.2
Fourth quintile	a	21.6	21.6	20.7	20.7	18.9	a	21.0
Highest quintile	a	23.4	23.2	22.7	23.1	22.4	a	23.0
Total	a	20.9	20.6	19.5	19.4	18.7	a	20.0

Note: Medians are not shown for women 15-19 and 20-24 because less than 50 percent have married by age 15 and age 20, respectively for most subgroups shown in the table.
[a]Omitted because less than 50 percent of women in the age group x to x + 4 have married for the first time by age x

Age at First Birth

In Egypt, where virtually all childbearing occurs within marital unions, the age at which women marry is a primary determinant of the age at which childbearing begins. The postponement of the first birth resulting from the trend toward latter marriage has been one of the major factors influencing the overall fertility decline in Egypt.

Table 2.6 presents the distribution of women by age at first birth, according to their current age. The median age at first birth is not shown for women under age 25 because less than 50 percent of women in those ages had given birth at the time of the survey. The results in Table 2.6 indicate that there has been a noteworthy rise in the age at which women begin childbearing. For example, 39 percent of women age 45-49 had become mothers before age 20 compared to less than one–quarter of women age 20-24. The marked change that has been occurring in the age at which women begin childbearing is also evident in the increase in the median age at first birth across age cohorts, from 21.4 years among women 45-59 to 22.7 years among women age 25-59.

Table 2.7 presents the median age at first birth by background characteristics. The table also examines the trend across different age cohorts within the subgroups. The table is limited to women age 25-49 years to ensure that half of the women have already had a birth.

Table 2.6 Age at first birth

Percent distribution of women age 15-49 by age at first birth, according to current age, Egypt 2003

Current age	Women with no births	Age at first birth						Total	Number of women	Median
		<15	15-17	18-19	20-21	22-24	25+			
15-19	94.4	0.2	3.1	2.3	0.0	0.0	0.0	100.0	3,074	a
20-24	57.1	0.7	7.3	15.3	13.5	6.2	0.0	100.0	2,537	a
25-29	23.0	1.9	10.9	14.5	18.0	21.7	10.1	100.0	2,073	22.7
30-34	11.8	2.9	14.3	13.2	16.6	22.3	18.9	100.0	1,514	22.4
35-39	6.6	2.7	15.0	18.5	16.4	19.0	21.9	100.0	1,638	21.7
40-44	6.1	3.5	12.7	17.8	16.4	19.6	23.9	100.0	1,413	21.9
45-49	5.3	3.2	18.2	17.7	15.8	19.1	20.6	100.0	1,300	21.4
25-49	11.6	2.8	13.9	16.2	16.8	20.4	18.4	100.0	7,937	22.1

[a]Omitted because less than 50 percent of women in the age group x to x + 4 have given birth for the first time by age x

Overall, the median age at first birth for women age 25-49 is 22.1 years. However, the results in the table show that there are large differences across population subgroups in the age at which women have their first child. Rural women start their childbearing three years earlier than urban women (20.8 years and 23.7 years, respectively). Women from rural Upper Egypt had their first child earlier than women from rural Lower Egypt (20.4 years and 21.2 years, respectively). Looking at the patterns by education, highly educated women were nearly five years older on average than women who never went school when they had their first child. The difference in the median age at first birth between women in the highest and lowest quintiles on the wealth index is equally large.

Table 2.7 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and selected background characteristics, Egypt 2003

Background characteristic	Current age					Women 25-49
	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence						
Urban	24.0	23.8	23.5	23.6	23.2	23.7
Rural	21.7	21.2	20.3	20.4	20.1	20.8
Place of residence						
Urban Governorates	24.2	24.4	24.4	23.7	23.2	24.0
Lower Egypt	22.6	22.0	21.4	21.7	21.1	21.9
Urban	24.1	23.5	23.1	23.5	23.3	23.6
Rural	22.0	21.6	20.8	20.7	20.2	21.2
Upper Egypt	21.8	21.5	20.5	21.1	21.0	21.2
Urban	23.0	23.2	22.7	23.8	22.9	23.1
Rural	21.2	20.5	19.8	20.0	20.1	20.4
Education						
No education	20.4	19.8	19.8	20.0	20.3	20.0
Some primary	20.5	19.5	20.3	20.9	20.4	20.5
Primary complete/some secondary	20.6	22.2	20.6	21.7	20.5	21.0
Secondary complete/higher	24.5	23.9	24.9	25.7	26.0	24.8
Wealth index						
Lowest quintile	20.5	19.7	19.8	20.1	20.5	20.1
Second quintile	21.4	20.9	20.2	20.5	20.0	20.6
Middle quintile	22.5	21.8	20.9	20.7	20.0	21.2
Fourth quintile	23.2	23.2	22.3	22.6	21.7	22.8
Highest quintile	24.8	24.5	24.5	24.9	24.6	24.7
Total	22.7	22.4	21.7	21.9	21.4	22.1

Birth Intervals

The period of time between two successive live births is referred to as a birth interval. Research has shown that children born soon after a previous birth are at greater risk of illness and death than those born after a long interval. In addition, short birth intervals may have adverse consequences for other children in the family. The occurrence of closely-spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of all her children. The duration of breastfeeding for the older child also may be shortened if the mother becomes pregnant. Table 2.8 shows the percent distribution of second order and higher (non-first) births in the five years preceding the 2003 EIDHS by the number of months since the previous birth.

Table 2.8 Birth intervals

Percent distribution of nonfirst births in the five years preceding the survey by number of months since the previous birth according to selected background characteristics, Egypt 2003

Background characteristic	Months since previous birth					Total	Number	Median
	7-17	18-23	24-35	36-47	48+			
Mother's age								
15-19	16.4	23.4	45.3	15.0	0.0	100.0	27	24.9
20-29	12.7	14.8	37.7	20.7	14.1	100.0	2,198	31.0
30-39	6.2	7.5	24.3	19.0	43.0	100.0	1,810	43.5
40+	4.8	5.9	19.1	12.6	57.5	100.0	381	57.1
Birth order								
2-3	11.1	11.8	33.4	20.1	23.7	100.0	2,777	33.7
4-6	6.0	10.3	25.8	17.2	40.7	100.0	1,292	40.9
7+	8.1	8.8	27.1	19.9	36.0	100.0	348	39.6
Sex of prior birth								
Male	8.3	11.5	28.3	20.4	31.5	100.0	2,231	36.7
Female	10.4	10.8	33.1	18.1	27.6	100.0	2,186	34.3
Survival of prior birth								
No	30.7	17.8	22.7	13.7	15.0	100.0	241	24.4
Yes	8.1	10.7	31.1	19.6	30.5	100.0	4,175	36.0
Urban-rural residence								
Urban	8.3	10.0	26.9	18.7	36.2	100.0	1,601	38.6
Rural	9.9	11.8	32.8	19.6	25.9	100.0	2,815	34.1
Place of residence								
Urban Governorates	8.8	9.1	25.1	19.6	37.5	100.0	608	39.8
Lower Egypt	8.8	9.6	28.6	20.8	32.1	100.0	1,792	37.2
Urban	6.6	7.3	28.2	17.8	40.0	100.0	503	40.1
Rural	9.6	10.5	28.8	22.0	29.1	100.0	1,289	36.4
Upper Egypt	10.0	13.1	34.1	17.8	25.0	100.0	2,017	33.5
Urban	9.4	13.9	27.7	18.5	30.6	100.0	490	35.6
Rural	10.2	12.8	36.2	17.6	23.2	100.0	1,527	32.8
Education								
No education	8.6	11.2	31.1	17.8	31.2	100.0	1,706	35.6
Some primary	5.9	12.3	30.5	20.7	30.6	100.0	509	36.7
Primary complete/some secondary	10.4	10.1	34.3	20.1	25.1	100.0	710	34.0
Secondary complete/higher	10.8	11.1	28.5	20.0	29.6	100.0	1,491	35.8
Work status								
Working for cash	9.6	9.3	20.7	21.7	38.7	100.0	553	40.9
Not working for cash	9.3	11.4	32.1	18.9	28.3	100.0	3,864	34.8
Wealth index								
Lowest quintile	11.7	11.6	35.2	16.7	24.8	100.0	1,069	33.1
Second quintile	8.2	11.9	32.3	21.1	26.5	100.0	942	34.8
Middle quintile	10.8	11.0	30.4	20.4	27.3	100.0	885	35.2
Fourth quintile	7.3	10.9	29.3	19.0	33.5	100.0	867	37.3
Highest quintile	7.9	9.7	23.0	19.6	39.8	100.0	653	40.7
Total	9.3	11.1	30.7	19.3	29.6	100.0	4,417	35.5

In general, birth intervals in Egypt are relatively long. However, around 20 percent of births in the five years before the EIDHS took place less than two years after a previous birth, and more than half of all non-first births occurred less than three years after a prior birth. The median interval is around 36 months, which is slightly longer than the median interval recorded in the 2000 EDHS (34 months).

Younger women have shorter birth intervals than older women. Table 2.8 shows that the median interval varies with the age, from 25 months among women age 15-19 to 44 months among those age 30-39. The median birth interval is longer for fourth and higher order births than for second and third order births, and it is somewhat longer if the previous birth was a boy than if it was a girl. The average birth interval is twelve months longer in cases where the prior birth is alive than when that child has died (36 months and 24 months, respectively).

As Table 2.8 shows, the median birth interval in urban areas is 39 months compared with 34 months in rural areas. Birth intervals are longest in urban Lower Egypt and the Urban Governorates (40 months). Within rural areas, the median birth interval is slightly longer in Lower Egypt (36 months) than in Upper Egypt (33 months).

No clear association is observed between the woman's educational level and the average birth interval. However, intervals are longer for births to women who are working for cash than for births to other women (41 months and 35 months, respectively). There also is a clear association between the birth interval and household wealth; the birth interval rises from 33 months among nonfirst births to women in the lowest wealth quintile to 41 months for births to women in the highest quintile.

Teenage Pregnancy and Motherhood

Teenage pregnancy is a health concern because teenage mothers and their children are at greater risk of illness and death. Also, teenage pregnancy and motherhood usually has an adverse impact on women's education. Table 2.9 shows that around 1 in 12 Egyptian teenagers have begun childbearing, with less than six percent having already given birth and around three percent pregnant with their first child. The proportion of teenagers that has begun childbearing rises rapidly with age, from one percent among girls age 15-16 to 13 percent among women age 17-19.

In rural areas, the proportion of teenagers who have begun childbearing is 11 percent, more than double the level among urban teens. Looking at place of residence, rural Upper Egypt (11 percent) has highest level of teenage childbearing, while the Urban Governorates have the lowest level (3 percent).

Table 2.9 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Egypt 2003

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun childbearing	Number of women 15-19
Age				
15-16	0.7	0.3	1.0	1,307
17-19	9.2	4.2	13.4	1,767
Urban-rural residence				
Urban	2.9	1.8	4.7	1,269
Rural	7.5	3.0	10.5	1,809
Place of residence				
Urban Governorates	2.3	1.0	3.3	551
Lower Egypt	5.6	2.8	8.4	1,325
Urban	2.8	2.1	4.9	362
Rural	6.6	3.1	9.7	961
Upper Egypt	7.1	2.9	10.0	1,206
Urban	4.0	2.8	6.8	358
Rural	8.4	3.0	11.3	853
Education				
No education	15.5	4.2	19.8	459
Some primary	10.1	3.3	13.3	169
Primary complete/some secondary	2.8	1.1	3.9	1,764
Secondary complete/higher	4.9	4.8	9.7	692
Wealth index				
Lowest quintile	8.4	2.5	21.8	642
Second quintile	6.1	2.5	17.3	685
Middle quintile	5.5	4.1	19.3	654
Fourth quintile	6.0	2.3	16.5	586
Highest quintile	0.9	0.9	3.6	513
Total	5.6	2.5	8.1	3,074

The likelihood that a teen will have begun childbearing is related to both her educational level and to her position on the wealth index. The level of teenage childbearing among women in the lowest wealth quintile is 22 percent, around five times the level observed among young girls in the highest wealth quintile (4 percent).

2.4 Fertility Preferences

An in-depth understanding of fertility preferences in a population is important for predicting future fertility behavior. Women were asked in the 2003 EIDHS about their intention to have another child in the future and about the family size they would prefer. Their responses to these questions are used to explore the level of wanted fertility in Egypt.

Desire for More Children

In order to obtain information on fertility preferences, currently married women who were not using female sterilization[4] were asked the following question: "Would you like to have (another) child or would you prefer not have any (more) children?" For pregnant women, the question was prefaced by the wording, "After the child you are expecting....". Women who wanted additional children were then asked about the timing of the next child.

Table 2.10 shows the percent distribution of currently married women by reproductive intention according to the number of living children (including any current pregnancy). The results indicate that the majority (64 percent) of currently married women do not want any more children or are sterilized. Around 28 percent want another child. However, the latter group differs as to timing desired for the next child; 12 percent want another child within two years, 15 percent want to wait at least two years, and one percent want another child but are not sure when.

Table 2.10 Fertility preferences by number of living children

Percent distribution of currently married women by desire for children, according to number of living children, Egypt 2003

Desire for children	Number of living children[1]							
	0	1	2	3	4	5	6+	Total
Wants within 2 years	90.5	25.3	9.5	2.6	1.2	0.3	0.4	12.2
Wants after 2+ years	0.4	60.4	20.6	5.2	1.6	0.9	0.0	15.3
Wants, unsure timing	0.3	1.9	1.4	0.9	0.1	0.0	0.1	0.9
Undecided	0.0	3.7	9.7	5.7	2.6	3.1	0.7	4.7
Wants no more	0.5	7.6	56.9	81.7	89.3	91.2	91.1	63.0
Sterilized	0.0	0.1	0.5	0.9	2.2	1.5	1.2	0.9
Declared infecund	8.3	1.0	1.4	2.9	2.9	3.0	6.5	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	509	1,288	1,874	1,899	1,244	759	872	8,445

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

The desire for more children is associated with the living number of children the woman has. While more than nine in ten women with no living children want a child soon, only one in ten women with two children want another child within two years. The proportion desiring to cease childbearing rises rapidly with the number of children, from 57 percent among women with two children to 91 percent among women with six or more children.

[4]Sterilized women were considered to want no more children.

Ideal Number of Children

Another question in the 2003 EIDHS attempts to capture information on a woman's lifetime childbearing goals by asking about the ideal number of children the woman would choose to have in her life if she were to begin childbearing again, regardless the number she already had borne. The results of these questions are presented in Table 2.11.

Table 2.11 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 currently married women, according to number of living children, Egypt 2003

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
1	7.6	4.5	1.8	1.8	0.9	0.6	0.3	2.2
2	42.1	56.7	54.5	28.6	25.6	20.3	15.4	37.0
3	17.2	21.5	25.2	41.3	15.1	19.7	14.4	24.5
4	10.3	6.6	7.1	9.2	30.4	18.6	19.4	13.5
5	1.3	0.6	0.6	1.8	1.9	7.8	4.6	2.1
6	1.6	0.7	1.1	1.5	1.3	2.4	7.6	2.0
Non-numeric response	19.9	9.4	9.7	15.8	24.8	30.6	38.3	18.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	615	1,418	1,998	2,010	1,353	822	943	9,159
Mean ideal number								
Ever-married women	2.5	2.4	2.5	2.8	3.2	3.4	3.8	2.8
Number of women	493	1,285	1,805	1,693	1,018	571	582	7,445
Currently married women	2.6	2.4	2.5	2.8	3.2	3.4	3.8	2.8
Number of women	410	1,171	1,698	1,615	950	531	539	6,914

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

In ascertaining the ideal number of children, the respondent is required to perform the difficult task of considering abstractly and independently of the actual family size, the number of children she would choose of she could start again. A substantial proportion (19 percent) of women gave a non-numeric response, indicating the difficulty the women have with the question. In considering the results of Table 2.11, it also is important to remember that there is a correlation between the actual and ideal number of children. This is due to the fact that women who want large families tend to have larger families. Also, women may rationalize the ideal number family size, such that, as the actual number increases, their preferred number of children also increases.

Table 2.11 shows that most women want small families. Overall, the mean ideal family size among ever-married women is 2.8 children. Thirty-seven percent of ever-married women prefer a two-child family, and one-quarter consider a three-child family ideal. Around 18 percent reported four or more children as ideal. As discussed earlier, higher-parity women show a preference for more children; the mean ideal number of children among women rises from 2.5 children among women who currently have two children or less to 3.8 children among women with six or more children. The results in the table also indicate that many women have had more children than they would prefer, which suggests there is a considerable level of unwanted fertility.

Table 2.12 presents the mean ideal number of children for ever-married women among various subgroups. The number of children considered ideal varies across age groups; in general, older women tend to want larger family than younger women. Women from the Urban Governorates, urban Lower Egypt, women with a secondary or higher education, and women ranked at the top of the wealth index have the lowest ideal number of children (2.6 children). The highest ideal number is observed among women in rural Upper Egypt (3.3 children).

Table 2.12 Mean ideal number of children by background characteristics

Mean ideal number of children for ever married women, by age and selected background characteristics, Egypt 2003

Background characteristic	Age of women							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Urban-rural residence								
Urban	2.6	2.4	2.5	2.7	2.7	2.8	3.0	2.7
Rural	2.6	2.7	2.8	2.9	3.1	3.3	3.5	2.9
Place of residence								
Urban Governorates	2.1	2.3	2.4	2.6	2.6	2.8	3.0	2.6
Lower Egypt	2.4	2.4	2.6	2.7	2.8	2.9	3.1	2.7
Urban	2.5	2.3	2.4	2.7	2.7	2.7	3.0	2.6
Rural	2.4	2.4	2.6	2.6	2.9	3.0	3.2	2.7
Upper Egypt	2.8	2.9	2.9	3.1	3.2	3.4	3.5	3.1
Urban	3.0	2.8	2.6	2.9	2.9	2.8	3.0	2.8
Rural	2.8	3.0	3.0	3.2	3.4	3.9	4.0	3.3
Education								
No education	2.6	2.8	2.8	3.1	3.0	3.4	3.5	3.1
Some primary	2.7	2.8	2.7	2.7	3.1	3.1	3.2	2.9
Primary complete/some secondary	2.6	2.6	2.8	2.7	3.0	2.9	3.1	2.8
Secondary complete/higher	2.5	2.5	2.5	2.6	2.7	2.6	2.7	2.6
Work status								
Working for cash	-	2.3	2.5	2.7	2.7	2.7	3.0	2.7
Not working for cash	2.8	2.6	2.7	2.8	3.0	3.2	3.3	2.9
Wealth index								
Lowest quintile	2.6	2.8	2.8	3.1	3.0	3.5	3.6	3.1
Second quintile	2.7	2.6	2.8	2.9	3.0	3.1	3.3	2.9
Middle quintile	2.6	2.5	2.7	2.8	3.0	3.2	3.5	2.9
Fourth quintile	2.4	2.5	2.6	2.7	2.9	2.9	3.2	2.7
Highest quintile	2.3	2.4	2.4	2.6	2.7	2.8	2.9	2.6
Total	2.6	2.6	2.7	2.8	2.9	3.0	3.2	2.8

Wanted Fertility

Data from the EIDHS can be used to estimate what the fertility rate would be if Egyptian women were to achieve the childbearing goals they reported in the survey. The wanted fertility rate is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. Unwanted births are defined as those which exceed the number considered ideal by the respondent. For this purpose, women who do not give numeric response to the ideal family size question are assumed to want all their births. The wanted fertility rate may be overestimated to the extent that women are not willing to say that they want fewer children than the number they currently have.

Table 2.13 presents the total wanted fertility rates and total fertility rates for the three-year period prior to the EIDHS by selected background characteristics. Overall, the wanted fertility rate is 2.5 births per woman, 0.7 births less than the actual fertility rate. Thus, if all unwanted births could be eliminated, the total fertility rate would drop by 22 percent.

Looking at the differentials by residence, the gap between the wanted and the actual fertility rates varies between 0.5 and 0.8 births, with the largest gap evident among women in rural Upper Egypt and the smallest gap apparent among women in the Urban Governorates. If women in the Urban Governorates were to avoid all unwanted births, they would achieve below replacement fertility (1.8 births per woman).

Among women who never attended school, the wanted fertility rate is 3.1 births per woman, around 20 percent lower than the actual fertility rate for this group (3.9 births). Women in other educational categories also report significant levels of unwanted fertility.

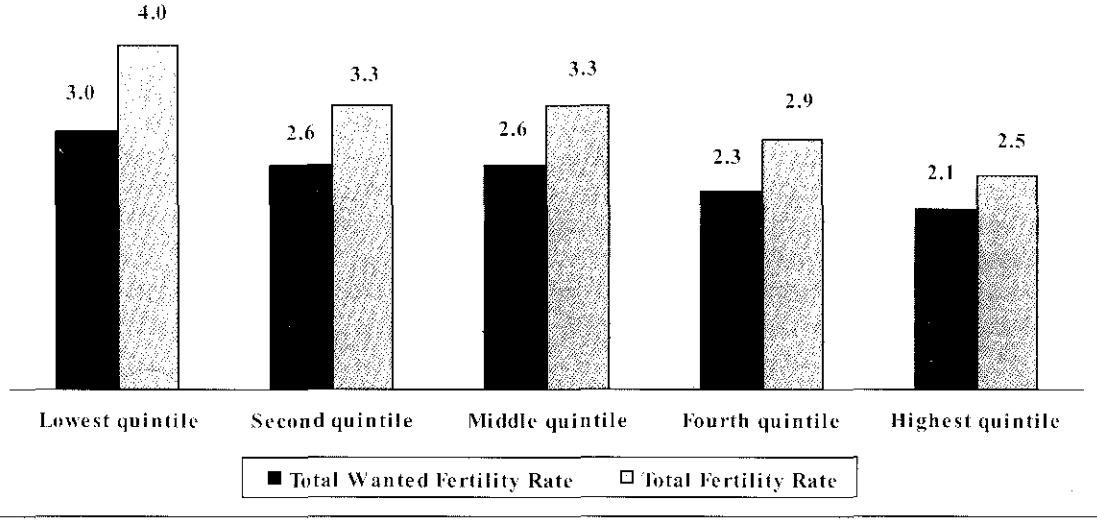
Women in the highest quintile of the wealth index are closest to achieving their ideal family size, i.e., the gap between actual and wanted fertility is smallest for these women (0.4 births per woman). The TFR for this group would have been substantially below the replacement level if the women had had only the number of children they desire (Figure 2.2). The gap between the wanted and actual TFR is greatest for the lowest wealth quintile; if women were to achieve the fertility they consider ideal, the TFR would fall from 4 births to 3 births in this group.

Table 2.13 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Egypt 2003

Background characteristic	Total wanted fertility rate	Total fertility rate
Urban-rural residence		
Urban	2.1	2.6
Rural	2.9	3.6
Place of residence		
Urban Governorates	1.8	2.3
Lower Egypt	2.4	3.1
Urban	2.2	2.8
Rural	2.5	3.2
Upper Egypt	3.0	3.8
Urban	2.3	2.9
Rural	3.4	4.2
Education		
No education	3.1	3.9
Some primary	2.4	3.2
Primary complete/some secondary	2.4	3.2
Secondary complete/higher	2.4	2.9
Wealth index		
Lowest quintile	3.0	4.0
Second quintile	2.6	3.3
Middle quintile	2.6	3.3
Fourth quintile	2.3	2.9
Highest quintile	2.1	2.5
Total	2.5	3.2

Figure 2.2
Total Fertility Rates and Wanted Fertility Rates by Wealth Level



2.5 Premarital Examination: Knowledge and Practice

The 2003 EIDHS survey was the first DHS survey to ask women questions about the practice of seeing a medical provider for a premarital examination. Women were first asked if they were aware of the practice. Women who heard about premarital examination were then asked if they had had an examination before their first marriage. Table 2.14 presents the percentage of ever-married women age 15-49 knowing about premarital examination and the percentage of women who had an examination prior to first marriage.

More than eight in ten women have heard about premarital examinations. Knowledge is most common among younger women, women from urban areas, women with secondary or higher education, women working for cash, and women who fall in the highest quintile of wealth index. Women in the lowest quintile of wealth index (61 percent), women with no education (67 percent), and women age 45-49 years (71 percent), are least likely to have heard about premarital examinations.

Despite the high levels of knowledge, only two percent of women had an exam before first marriage.

Table 2.14 Premarital examination

Percentage of ever-married women age 15-49 who have heard about premarital examination and who had an examination prior to marriage, Egypt 2003

Background characteristic	Percentage knowing about premarital examinations	Percentage having premarital examination before first marriage	Number of women
Age			
15-19	87.7	1.4	301
20-24	86.5	2.3	1,187
25-29	86.3	2.3	1,538
30-34	85.5	1.2	1,210
35-39	80.6	1.5	1,279
40-44	76.9	0.6	1,061
45-49	71.2	0.4	910
Urban-rural residence			
Urban	90.3	2.0	3,529
Rural	75.3	1.1	3,956
Place of residence			
Urban Governorates	90.0	2.2	1,498
Lower Egypt	80.0	1.6	3,283
Urban	90.2	2.1	1,065
Rural	75.9	1.4	2,218
Upper Egypt	79.8	1.0	2,704
Urban	91.1	1.4	967
Rural	74.7	0.7	1,737
Education			
No education	67.3	0.4	2,322
Some primary	76.2	0.6	889
Primary complete/some secondary	88.7	2.1	1,126
Secondary complete/higher	96.2	2.7	3,147
Work status			
Working for cash	88.8	2.6	1,292
Not working for cash	80.4	1.3	6,193
Wealth index			
Lowest quintile	61.3	0.6	1,042
Second quintile	72.5	0.8	1,282
Middle quintile	84.1	1.2	1,576
Fourth quintile	92.0	2.0	1,781
Highest quintile	96.0	2.5	1,803
Total	81.7	1.5	7,485

3 FAMILY PLANNING

Egypt has had a family planning program for four decades. As a result, family planning services are widely available in both the public and private sector. The family planning program also has a strong education and communication program, which promotes family planning awareness through mass media. This chapter considers a number of indicators from 2003 EIDHS useful in monitoring the success of family planning efforts, including the level of family planning knowledge and use and exposure to media messages about family planning. The chapter also looks at the level of unmet need for family planning and attitudes toward family planning use.

3.1 Knowledge and Ever Use of Family Planning

Information on knowledge and ever use of specific methods was collected in the 2003 EIDHS for eight modern methods (the pill, IUD, injectables, implant, foam/jelly/diaphragm, condoms, female sterilization, male sterilization) and three traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding). In addition, provision was made in the questionnaire to record other methods that respondents mentioned spontaneously.

Table 3.1 presents information from the 2003 EIDHS on the levels of knowledge and ever use of family planning methods.

Level of Knowledge

The results in Table 3.1 show that knowledge of family planning methods[5] is almost universal among Egyptian women. All currently married women know about the pill and IUD, almost all are aware of the injectable (100 percent), and 94 percent have heard of the implant. Although female sterilization and the condom are less widely recognized, the majority of women also are familiar with these methods (68 percent and 59 percent, respectively). Comparatively few women, however, know about male sterilization (12 percent). Prolonged breastfeeding is the most commonly recognized traditional method (82 percent).

Table 3.1 Family planning knowledge and ever use

Percentages of currently married women age 15-49 who know family planning method and who have ever used a family planning method, by method, Egypt 2003

Methods	Know method	Ever used method
Any method	100.0	81.0
Any modern method	100.0	78.5
Pill	100.0	39.7
IUD	100.0	61.4
Injection	99.6	20.2
Diaphragm/foam/jelly	34.6	0.7
Condom	58.7	4.1
Female sterilization	68.2	0.9
Male sterilization	12.0	0.0
Implant	93.9	1.0
Any traditional method	84.8	15.2
Periodic abstinence	34.4	2.3
Withdrawal	32.9	1.6
Prolonged breastfeeding	82.1	12.2
Other	0.7	0.3
Number of women	8,445	8,445

Levels of Ever Use

Table 3.1 also shows the percentages of currently married women who have ever used a family planning method by method. Overall, the results indicate that 81 percent of currently married women have used a family planning method at some time. Almost all currently women who have ever used a method have experience with modern methods. The most commonly used modern method is the IUD (61 percent), followed by

[5]In collecting the information on knowledge in the 2003 EIDHS, no questions were asked to elicit information on depth of knowledge of these methods (e.g., on the respondent's understanding of how to use a specific method). Therefore, in the following analysis, knowledge of a family planning method is defined simply as having heard of a method.

the pill (40 percent). A much smaller proportion of women report that they have used the injectable (20 percent).

Fifteen percent of currently married women have had experience using any traditional method. The most widely used traditional method is prolonged breastfeeding (12 percent), followed by periodic abstinence (2 percent).

3.2 Level and Differentials in Current Use of Family Planning

The data on the current use of family planning is among the most important data collected in the EIDHS since it provides insight into one of the key determinants of fertility and serves as a central measure for assessing the success of the national family planning program.

Level of Current Use by Residence

The level of current use of contraception by method and residence is presented in Table 3.2. The table shows that 60 percent of currently married women in Egypt are using contraception, with 57 percent depending on modern methods and 3 percent using traditional methods. The IUD, pill, and injectables are the most widely used methods: 37 percent of married women are using the IUD, 9 percent currently rely on the pill, and 8 percent are using an injectable. Relatively small proportions of married women are using other modern methods, e.g., one percent each report using the condom, and implant. Prolonged breastfeeding is used by two percent of married women.

The level of contraceptive use differs significantly by residence (Table 3.2 and Figure 3.1). The level of current use among urban women is 10 percentage points higher than the level among rural women (66 percent and 56 percent, respectively). Looking at the differentials by place of residence, the use rate is highest in the Urban Governorates (69 percent), followed by urban Lower Egypt (66 percent), while rural Upper Egypt has the lowest level (45 percent). There is a 20 percentage point difference in use levels between rural Upper Egypt (45 percent) and rural Lower Egypt (65 percent). The level of use among women in rural Lower Egypt is higher than the level of use in urban areas in Upper Egypt (60 percent).

The IUD is the most frequently used method in all residential categories. The extent to which the IUD dominates the method mix varies somewhat across residential subgroups. The pill is the second most widely used method in all areas except rural Lower Egypt and rural Upper Egypt, where the proportion of women using the injectable is slightly higher than that relying on the pill.

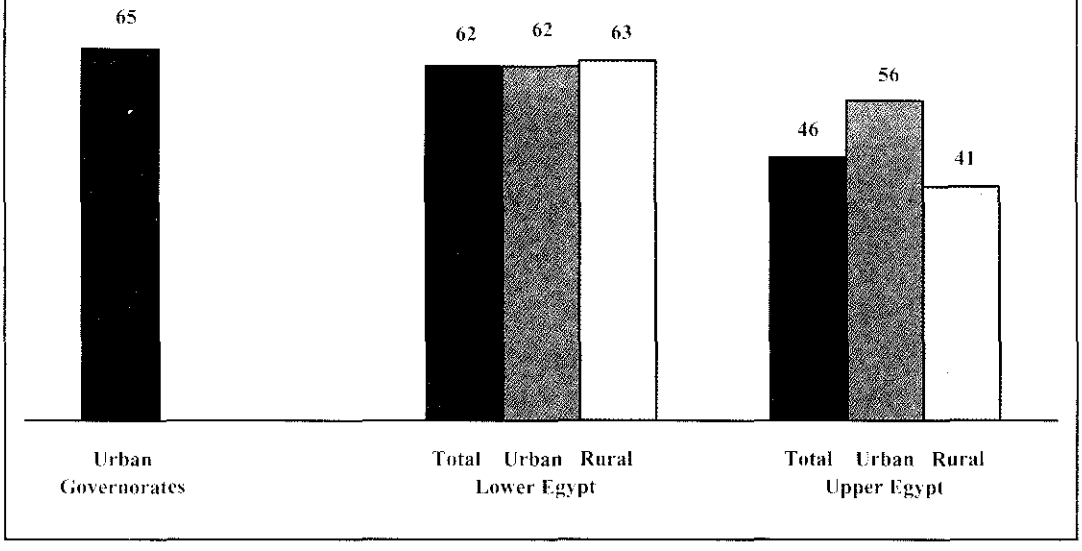
Women in the Urban Governorates and rural Lower Egypt rely on IUD more often than women from other areas. For example, women from both areas are roughly more than five times as likely to be using an IUD as the pill. In other residential areas, there are two to four times as many IUD users as pill users.

Table 3.2 Current use of family planning methods by residence

Percent distribution of currently married women age 15-49 by family planning method currently used, according to urban-rural residence and place of residence, Egypt 2003

	Place of residence									
			Urban Gover-	Lower Egypt			Upper Egypt			
Method	Urban	Rural	norates	Total	Urban	Rural	Total	Urban	Rural	Total
Any method	65.5	55.9	68.5	65.2	66.3	64.8	49.4	59.8	44.7	60.0
Any modern method	61.5	53.0	64.5	62.4	62.2	62.5	45.7	56.0	41.0	56.6
Pill	11.0	8.1	9.4	9.6	13.4	8.0	9.0	10.7	8.2	9.3
IUD	42.3	32.5	46.4	41.5	40.5	41.9	25.9	37.8	20.6	36.7
Injection	4.8	10.3	5.0	8.7	4.5	10.3	8.5	4.8	10.2	7.9
Diaphragm/foam/jelly	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.2	0.0	0.1
Condom	1.4	0.5	1.5	0.7	1.4	0.4	0.9	1.3	0.7	0.9
Female sterilization	1.2	0.7	1.4	1.0	1.6	0.8	0.6	0.6	0.5	0.9
Implant (Norplant)	0.7	0.9	0.7	0.9	0.7	1.0	0.8	0.7	0.9	0.9
Any traditional method	4.0	3.0	4.0	2.8	4.1	2.3	3.8	3.8	3.8	3.4
Periodic abstinence	1.7	0.1	1.8	0.5	1.5	0.1	0.7	1.9	0.1	0.8
Withdrawal	0.7	0.2	0.7	0.5	1.2	0.2	0.2	0.3	0.1	0.4
Prolonged breastfeeding	1.5	2.5	1.5	1.7	1.4	1.9	2.8	1.5	3.3	2.1
Other	0.0	0.2	0.0	0.1	0.0	0.1	0.2	0.0	0.2	0.1
Not using	34.5	44.1	31.5	34.8	33.7	35.2	50.6	40.2	55.3	40.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,589	4,856	1,533	3,797	1,083	2,713	3,116	973	2,143	8,445

Figure 3.1
Current Use of Modern Family Planning Methods by Place of Residence



Differentials by Selected Other Background Characteristics

Differentials in the levels of current use by background characteristics other than residence are presented in Table 3.3. Current use is clearly associated with a woman's age; younger and older women are less likely to be using contraception than women age 25-44. The lowest level of use is found among women age 15-19 (25 percent). The IUD is the most popular method among women in all age groups, with the highest levels of IUD use found among women age 30-44 (44 percent or more). Use rates for the pill peak in the 40-44 age group while injectable use is highest among women age 35-39.

Contraceptive use is associated with the number of living children a woman has. Use levels increase from 45 percent of women with one child to 74 percent among women with three children and then drop off to 68 percent among women with four or more children. A negligible number of women use family planning before having the first child; only 0.2 percent of childless women are currently using a method. Looking at the patterns for specific methods, rates of pill and IUD use increase directly with the number of children before dropping off among women with four or more children. In contrast, use levels for the injectable increase steadily with the number of children, peaking at 14 percent among women with four or more children.

There is association between current use and a woman's educational level, the proportion currently using a method varies from 57 percent among women with no education to 63 percent of those with secondary or higher education. The IUD is the most commonly used method among women at every level of education. The pill is most popular among women with a primary or higher education while the highest use rate for the injectable is observed among women who never attended school.

Finally, the level of current use rises steadily across wealth quintiles, peaking at 68 percent among women in the highest quintile. IUD use rises steadily with the wealth quintile, from 26 percent in the lowest to 46 percent in the highest quintile. Pill use increases from seven percent among women in the lowest wealth quintile to 10 percent among women in the middle quintile, before peaking at 11 percent among women in the highest quintile. Injectable use exhibits the opposite pattern, with the peak use rate found among women in the lowest quintile (14 percent) and the lowest rate observed among women in the highest quintile (3 percent).

Table 3.3 Current use of family planning methods by background characteristics

Percent distribution of currently married women by family planning method currently used, according to selected background characteristics, Egypt 2003

Background characteristic	Any method	Any modern method	Pill	IUD	Injection	Diaphragm/ foam/ jelly	Condom	Female sterilization	Implant (Norplant)	Any traditional method	Periodic abstinence	Withdrawal	Prolonged breastfeeding	Other	Not using	Total percent	Number of women
Age																	
15-19	25.4	23.0	5.7	14.3	2.7	0.0	0.0	0.0	0.2	2.5	0.0	0.0	2.5	0.0	74.6	100.0	332
20-24	48.0	44.2	8.7	29.1	5.6	0.0	0.2	0.0	0.7	3.8	0.2	0.0	3.6	0.0	52.0	100.0	1,343
25-29	57.2	53.6	8.8	35.8	7.3	0.0	0.8	0.1	0.9	3.5	0.1	0.2	3.2	0.0	42.8	100.0	1,703
30-34	69.2	65.2	9.8	43.5	9.7	0.0	0.8	0.5	0.9	4.0	0.8	0.1	3.0	0.0	30.8	100.0	1,346
35-39	73.3	70.1	10.8	45.5	10.3	0.1	1.5	0.9	1.0	3.2	0.8	0.8	1.2	0.3	26.7	100.0	1,462
40-44	71.9	68.8	11.6	43.6	8.8	0.2	1.1	2.0	1.3	3.0	1.6	1.0	0.3	0.2	28.1	100.0	1,205
45-49	46.9	44.0	6.8	25.7	7.0	0.0	1.3	2.9	0.3	2.8	2.2	0.5	0.1	0.0	53.1	100.0	1,054
Number of living children																	
0	0.2	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.8	100.0	806
1	45.1	41.7	9.7	29.3	2.2	0.0	0.2	0.1	0.1	3.4	0.5	0.3	2.6	0.0	54.9	100.0	1,240
2	70.1	65.9	10.9	47.6	4.9	0.0	1.2	0.5	0.8	4.2	1.0	0.6	2.6	0.0	29.9	100.0	1,774
3	74.3	69.7	11.2	46.0	9.6	0.2	0.9	1.0	0.8	4.5	1.4	0.5	2.6	0.0	25.7	100.0	1,837
4+	68.1	65.0	9.6	37.4	13.6	0.0	1.2	1.8	1.5	3.1	0.7	0.4	1.7	0.2	31.9	100.0	2,788
Education																	
No education	57.4	54.2	7.8	32.0	11.9	0.0	0.6	0.9	1.0	3.2	0.2	0.3	2.5	0.2	42.6	100.0	3,080
Some primary	59.0	55.9	8.6	35.8	8.4	0.3	0.7	0.7	1.4	3.0	0.4	0.1	2.5	0.1	41.0	100.0	1,053
Primary complete/ some secondary	59.2	56.7	11.8	35.5	7.5	0.0	0.5	0.7	0.7	2.6	0.4	0.5	1.7	0.0	40.8	100.0	1,190
Secondary complete/higher	63.2	59.1	10.1	42.0	4.1	0.1	1.4	1.0	0.6	4.0	1.7	0.6	1.6	0.0	36.8	100.0	3,122
Wealth index																	
Lowest quintile	52.2	48.5	6.5	25.7	14.4	0.0	0.4	0.6	0.9	3.6	0.0	0.1	3.2	0.4	47.8	100.0	1,525
Second quintile	59.1	55.6	8.8	34.1	10.5	0.1	0.6	0.5	1.0	3.5	0.1	0.1	3.1	0.1	40.9	100.0	1,621
Middle quintile	57.5	54.8	9.8	34.8	7.5	0.0	0.8	0.8	1.1	2.7	0.5	0.3	1.9	0.0	42.5	100.0	1,742
Fourth quintile	62.0	59.3	10.4	40.6	5.3	0.1	1.1	1.1	0.6	2.7	0.5	0.6	1.6	0.0	38.0	100.0	1,793
Highest quintile	68.0	63.5	10.7	46.2	3.1	0.1	1.4	1.5	0.6	4.4	2.8	0.9	0.8	0.0	32.0	100.0	1,765
Total	60.0	56.6	9.3	36.7	7.9	0.1	0.9	0.9	0.9	3.4	0.8	0.4	2.1	0.1	40.0	100.0	8,445

3.3 Trends in Current Use of Family Planning

Using results from the 2003 EIDHS as well as earlier surveys, the pattern of change in contraceptive use levels in Egypt since 1980 can be examined.

Trend by Method

Table 3.4 highlights the trend in family planning use at the national level between 1980 and 2003. The pace of change was rapid in the 1980s, with increases of around 1.5 percentage points annually during the eight-year period between 1980 and 1988 and a near doubling of use levels between 1980 and 1992 (from 24 percent to 47 percent). The use rate remained relatively stable at around 47 percent during the early 1990s to mid-1990s and then began to rise again, reaching 60 percent in 2003.

Table 3.4 Trends in current use of family planning

Percent distribution of currently married women by the family planning method currently used, Egypt 1980-2003

Method	1980 EFS	1984 ECPS	1988 EDHS	1991 EMCHS	1992 EDHS	1995 EDHS	1997 EIDHS	1998 EIDHS	2000 EDHS	2003 EIDHS
Any method	24.2	30.3	37.8	47.6	47.1	47.9	54.5	51.8	56.1	60.0
Any modern method	22.8	28.7	35.4	44.3	44.8	45.5	51.8	49.5	53.9	56.6
Pill	16.6	16.5	15.3	15.9	12.9	10.4	10.2	8.7	9.5	9.3
IUD	4.1	8.4	15.7	24.2	27.9	30.0	34.6	34.3	35.5	36.7
Injection	U	0.3	0.1	U	0.5	2.4	3.9	3.9	6.1	7.9
Implant (Norplant)	U	U	U	U	0.0	0.0	0.1	0.0	0.2	0.9
Diaphragm/foam/jelly	0.3	0.7	0.4	U	0.4	0.1	0.2	0.1	0.2	0.1
Condom	1.1	1.3	2.4	U	2.0	1.4	1.5	1.1	1.0	0.9
Female sterilization	0.7	1.5	1.5	U	1.1	1.1	1.4	1.3	1.4	0.9
Any traditional method	1.4	1.6	2.4	3.3	2.3	2.4	2.7	2.3	2.2	3.4
Periodic abstinence	0.5	0.6	0.6	U	0.7	0.8	0.6	0.8	0.6	0.8
Withdrawal	0.4	0.3	0.5	U	0.7	0.5	0.4	0.3	0.2	0.4
Prolonged breastfeeding	U	0.6	1.1	U	0.9	1.0	1.5	1.1	1.2	2.1
Other	0.3	0.1	0.2	U	0.1	0.1	0.1	0.1	0.1	0.1
Not using	75.8	69.7	62.2	62.2	52.9	52.1	45.5	48.2	43.9	40.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	8,012	9,158	8,221	8,406	9,153	13,710	5,157	5,971	14,382	8,445

U - Information on the method was not collected or reported.
Source: El-Zanaty and Associates, 1999, Table 3.2 and F. El-Zanaty and A. A. Way, 2001, Table 6.1

The shift toward the IUD, which first became evident in the 1980s, continued during the 1990s although at a slower pace. IUD use rose continuously, from 4 percent in 1980 to 37 percent in 2003. In contrast, the rate of use of the pill declined from 17 percent in 1980 to 9 percent in the late 1990s, where it has remained stable. Use of the injectable has risen continuously following its introduction into the family planning program in the 1990s, increasing from less than one percent in 1992 to 8 percent in 2003.

Trend by Urban-Rural Residence and Place of Residence

Table 3.5 presents trends in the rate of current use of family planning methods between 1984 and 2003 by residence. In urban areas, the current use rate rose most rapidly in the first half of the period, increasing by 12 percentage points between 1984 and 1992, from 45 percent to 57 percent. Urban use levels remained at that level between 1992 and 1995 and then increased at a somewhat slower rate, rising by 10 percentage points between 1995 and 2003. In rural areas, the decade of the eighties was also a period of substantial growth in contraceptive use. The rural use rate doubled between 1984 and 1992, from a level of 19 percent to 38 percent. At that point, the pace of change continued but at a

slower rate; between 1992 and 2003, rural use levels increased by an average of 1.6 percentage points per year

Table 3.5 Trends in current use of family planning by residence

Percentage of currently married women currently using a family planning method by urban-rural residence and place of residence, Egypt 1984-2003

Residence	1984 ECPS	1988 EDHS	1992 EDHS	1995 EDHS	1997 EIDHS	1998 EIDHS	2000 EDHS	2003 EIDHS
Urban-rural residence								
Urban	45.1	51.8	57.0	56.4	63.1	59.3	61.2	65.5
Rural	19.2	24.5	38.4	40.5	47.1	45.6	52.0	55.9
Place of residence								
Urban Governorates	49.6	56.0	59.1	58.1	67.0	62.1	62.7	68.5
Lower Egypt	34.1	41.2	53.5	55.4	61.6	59.2	62.4	65.2
Urban	47.6	54.5	60.5	59.1	65.9	62.2	64.9	66.3
Rural	28.5	35.6	50.5	53.8	59.9	58.1	61.4	64.8
Upper Egypt	17.3	22.1	31.4	32.1	37.4	36.5	45.1	49.4
Urban	36.8	41.5	48.1	49.9	52.1	50.8	55.4	59.8
Rural	7.9	11.5	24.3	24.0	30.3	29.9	40.2	44.7
Total	30.3	37.8	47.1	47.9	54.5	51.8	56.1	60.0

Table 3.5 also shows that there were significant differences in the trends according to the place of residence. The greatest absolute increase in use during the period occurred in rural Upper Egypt. The increase in use in rural Upper Egypt was especially rapid between 1995 and 2003, when the rate rose from 24 percent to 45 percent. Rural Lower Egypt also experienced rapid increase over the period; the use rate in rural Lower Egypt rose by more than 20 percentage points between 1984 and 1995 (from 29 percent to 54 percent) and then increased by an additional 11 percentage points to 65 percent in 2003.

The Urban Governorates and urban areas in both Lower and Upper Egypt experienced moderate increases in contraceptive use rates during the period 1984-88. Between 1988 and 1992, use rates continued to rise at a moderate pace in urban areas in both Lower Egypt and Upper Egypt; however, there was noticeable slowing in the rise in the use rate in the Urban Governorates during that period. Between 1992 and 1995, contraceptive use levels in the Urban Governorates, urban Lower Egypt, and urban Upper Egypt remained virtually unchanged. After 1995, use rates experienced an upward trend again in all of the urban areas.

Trend by Other Background Characteristics

Table 3.6 presents trends in contraceptive use during the period between 1988 and 2003 by selected background characteristics of women for all methods and for the pill, IUD, and injectable. Looking at the entire period, the use rate increased markedly across all age groups. Similarly, the use level increased substantially in each family size category through the period, except among women who had not yet begun childbearing. Among childless women, a negligible percent were using at any time during the period.

Considering education, the change in use over the period was greatest among women who never attended school; the use rate doubled from 28 percent in 1988 to 57 percent in 2003. Smaller increases were observed during the period among educated women. As a result the gap in use according to educational level narrowed substantially during the period.

During the period, all groups experienced increases in the use of the IUD and the injectable and a drop in the use of the pill.

Table 3.6 Trends in current use of family planning by socio-economic characteristics

Percentage of currently married women age 15-49 currently using any method, the pill, IUD and injectables by selected background characteristics, Egypt 1988-2003

Background characteristic	Any method					Pill					IUD					Injection				
	1988	1992	1995	2000	2003	1988	1992	1995	2000	2003	1988	1992	1995	2000	2003	1988	1992	1995	2000	2003
Age																				
15-19	5.5	13.3	16.1	23.4	25.4	3.5	4.1	3.2	4.3	5.7	1.7	8.4	11.3	15.0	14.3	0.0	0.0	1.1	2.4	2.7
20-24	24.3	29.7	33.2	42.7	48.0	10.8	6.8	6.6	6.6	8.7	10.7	21.2	21.7	29.6	29.1	0.0	0.2	2.1	3.9	5.6
25-29	37.1	46.0	47.6	57.0	57.2	14.9	13.3	9.8	9.2	8.8	17.7	29.3	33.1	38.3	35.8	0.0	0.2	2.2	5.8	7.3
30-34	46.8	58.8	58.1	67.2	69.2	19.2	16.2	13.3	11.3	9.8	20.2	36.7	37.3	42.9	43.5	0.2	0.5	3.2	7.8	9.7
35-39	52.8	59.6	60.7	68.0	73.3	23.2	18.2	13.8	12.4	10.8	21.2	34.0	37.2	42.8	45.5	0.1	0.8	3.2	7.8	10.3
40-44	47.5	55.5	58.8	63.4	71.9	15.5	14.0	12.5	11.3	11.6	18.5	28.9	34.4	37.4	43.6	0.3	1.1	2.5	7.0	8.8
45-49	23.4	34.5	33.3	42.0	46.9	8.6	7.9	7.6	6.4	6.8	6.6	14.9	16.2	23.3	25.7	0.0	0.5	1.2	4.7	7.0
Number of living children																				
0	0.7	0.5	1.2	0.4	0.2	0.1	0.3	0.5	0.3	0.0	0.4	0.2	0.5	0.0	0.2	0.0	0.0	0.0	0.0	0.0
1	23.1	31.6	31.6	42.3	45.1	7.6	6.7	4.7	7.3	9.7	11.4	22.4	23.3	30.8	29.3	0.0	0.0	0.9	1.9	2.2
2	43.4	52.5	53.9	66.0	70.1	14.7	12.7	8.9	9.2	10.9	20.5	34.3	38.9	46.9	47.6	0.0	0.0	1.6	4.9	4.9
3	47.8	59.3	65.4	69.3	74.3	19.9	17.1	13.7	11.2	11.2	19.6	34.8	40.3	47.1	46.0	0.0	0.5	3.8	5.6	9.6
4+	44.4	54.3	53.9	62,2	68.1	17.1	15.8	13.9	11.7	9.6	17.1	30.0	30.6	33.8	37.4	0.2	1.0	3.2	9.9	13.6
Education																				
No education	27.5	37.5	40.6	51.5	57.4	13.4	12.0	11.0	8.9	7.8	10.0	20.7	23.8	29.6	32.0	0.1	0.5	2.3	8.3	11.9
Some primary	42.5	53.5	50.5	57.5	59.0	20.3	17.6	12.2	10.3	8.6	16.3	29.4	30.2	33.7	35.8	0.1	0.5	3.1	7.9	8.4
Prim. comp./ some sec.	52.3	56.1	51.2	57.2	59.2	15.6	13.7	10.1	11.9	11.8	23.9	34.0	32.8	36.3	35.5	0.0	0.6	2.3	4.4	7.5
Secondary comp/higher	53.2	58.0	56.5	61.2	63.2	13.8	9.8	8.3	8.9	10.1	27.1	40.0	39.0	43.9	42.0	0.1	0.4	2.0	3.2	4.1
Total	37.8	47.1	47.9	56.1	60.0	15.3	12.9	10.4	9.5	9.3	15.7	27.9	30.0	35.5	36.7	0.1	0.5	2.4	6.1	7.9

3.4 Need for Family Planning

One of the major concerns of family planning programs is to define the size of the potential demand for contraception and to identify women that are most in need of contraceptive services. Table 3.7 presents estimates of unmet need and of met need for family planning services, and of the total demand for family planning in Egypt as a whole and for various subgroups.

Women with an unmet need for family planning (shown in columns 1-3 of Table 3.7) include the following:

- Currently married women who are in need of family planning for *spacing* purposes. This group includes (a) pregnant women whose pregnancy is mistimed (i.e., wanted later); (b) amenorrheic women whose last birth was mistimed; and (c) nonusers who are neither pregnant nor amenorrheic and who either want to delay the next birth at least two or more years, are unsure whether they want another child, or want another child but are unsure when to have the birth.

- Currently married women who are in need of family planning for *limiting* purposes. This group includes: (a) pregnant women whose pregnancy is unwanted; (b) amenorrheic women whose last child was unwanted; and (c) nonusers who are neither pregnant nor amenorrheic and who want no more children.

Menopausal and infecund women are excluded from the unmet need category as are pregnant or amenorrheic women who became pregnant while using a method. The latter group is considered to be in need of better contraception.

Table 3.7 Need for family planning

Percentage of currently married women with unmet need for family planning and with met need for family planning, and the total demand for family planning, by selected background characteristics, Egypt 2003, and trend in the percentage with unmet need and met need and in the total demand for family planning, Egypt 2000-2003

Background characteristics	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Contraceptive failure[3]			Total demand for family planning[4]			Percentage of demand satisfied	Total
	For spacing (1)	For limiting (2)	Total (3)	For spacing (4)	For limiting (5)	Total (6)	For spacing (7)	For limiting (8)	Total (9)	For spacing (10)	For limiting (11)	Total (12)		
Age														
15-19	8.3	0.8	9.1	23.0	2.4	25.4	0.6	0.0	0.6	31.9	3.2	35.1	74.2	332
20-24	9.0	1.7	10.7	32.6	15.4	48.0	1.3	0.0	1.3	42.9	17.1	60.0	82.1	1,343
25-29	4.9	4.0	8.9	19.9	37.3	57.2	1.4	0.3	1.6	26.1	41.6	67.7	86.9	1,703
30-34	2.8	7.7	10.5	11.2	58.0	69.2	0.2	0.9	1.1	14.3	66.6	80.9	87.0	1,346
35-39	1.5	8.9	10.4	4.5	68.8	73.3	0.3	1.3	1.6	6.3	79.0	85.3	87.8	1,462
40-44	0.4	7.8	8.2	1.7	70.2	71.9	0.0	0.2	0.2	2.1	78.1	80.2	89.8	1,205
45-49	0.4	8.0	8.4	0.3	46.5	46.9	0.0	0.0	0.0	0.8	54.5	55.3	84.8	1,054
Urban-rural residence														
Urban	1.9	4.3	6.2	13.8	51.7	65.5	0.5	0.5	1.0	16.2	56.5	72.7	91.5	3,589
Rural	4.8	7.3	12.0	12.3	43.6	55.9	0.7	0.4	1.1	17.7	51.3	69.0	82.6	4,856
Place of residence														
Urban Governorates	1.6	3.6	5.1	13.9	54.6	68.5	0.3	0.4	0.6	15.7	58.5	74.3	93.1	1,533
Lower Egypt	2.5	4.5	7.0	14.2	51.0	65.2	0.6	0.5	1.1	17.3	56.1	73.3	90.4	3,797
Urban	1.5	3.7	5.2	14.1	52.2	66.3	0.7	0.7	1.4	16.3	56.5	72.9	92.9	1,083
Rural	2.9	4.9	7.7	14.2	50.6	64.8	0.6	0.4	1.0	17.6	55.9	73.5	89.5	2,713
Upper Egypt	5.8	9.0	14.8	11.0	38.5	49.4	0.7	0.5	1.1	17.5	47.9	65.4	77.4	3,116
Urban	3.0	6.1	9.0	13.2	46.6	59.8	0.6	0.6	1.2	16.8	53.2	70.0	87.1	973
Rural	7.2	10.3	17.4	10.0	34.8	44.7	0.7	0.4	1.1	17.9	45.5	63.3	72.5	2,143
Education														
No education	3.6	8.2	11.8	7.6	49.9	57.4	0.2	0.6	0.8	11.4	58.6	70.0	83.2	3,080
Some primary	3.5	9.6	13.1	8.5	50.5	59.0	0.8	0.3	1.0	12.8	60.3	73.1	82.1	1,053
Primary comp./ some secondary	3.7	5.0	8.7	15.3	44.0	59.2	0.6	0.1	0.8	19.6	49.1	68.7	87.3	1,190
Secondary complete/higher	3.5	3.0	6.5	18.9	44.3	63.2	0.9	0.5	1.4	23.2	47.8	71.0	90.9	3,122
Wealth index														
Lowest quintile	5.2	9.0	14.2	9.3	42.8	52.2	0.7	0.6	1.2	15.2	52.4	67.6	79.0	1,525
Second quintile	4.7	7.1	11.9	10.5	48.5	59.1	0.9	0.3	1.1	16.1	56.0	72.1	83.5	1,621
Middle quintile	3.7	6.3	10.0	14.4	43.2	57.5	0.3	0.4	0.7	18.3	50.0	68.3	85.4	1,742
Fourth quintile	2.9	4.2	7.1	14.3	47.7	62.0	0.6	0.7	1.3	17.8	52.6	70.4	90.0	1,793
Highest quintile	1.6	3.9	5.4	15.6	52.4	68.0	0.5	0.2	0.7	17.6	56.5	74.2	92.7	1,765
Total 2003 EIDHS	3.5	6.0	9.5	12.9	47.1	60.0	0.6	0.4	1.0	17.1	53.5	70.6	86.5	8,445
Total 2000 EDHS	3.6	7.6	11.2	11.4	44.7	56.1	0.4	0.5	1.0	15.4	52.9	68.2	83.5	14,382

[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] Contraceptive failure includes pregnant or amenorrheic women who became pregnant while using a contraceptive method. These women are considered in need of better contraception.

[4] Total demand includes pregnant or amenorrheic women who became pregnant while using a method (contraceptive failure) in addition to the unmet and met need for family planning.

Women with a met need for family planning (shown in columns 4-6 of Table 3.7) include those women who are currently using contraception. The total demand for family planning (shown in columns 10-12 of Table 3.7) represents the sum of unmet need and met need. In addition, the total demand includes pregnant and amenorrheic women who became pregnant while using a family

planning method (i.e., women in need of better contraception). The percentage of the total demand that is satisfied is shown in the last column of Table 3.7.

The total unmet need in Egypt is 10 percent; around a third of this need represents a desire to space the next birth and the remainder show an interest in limiting. The total met need for family planning (i.e., the proportion of women currently using contraception) is 60 percent. The majority of users are limiters, with 21 percent of users (i.e., 13 percent of all women) reporting a desire to delay the next birth for two or more years.

Overall, the total demand for family planning comprises 71 percent of married women in Egypt. Presently, 87 percent of the total demand for family planning in Egypt is satisfied. A comparison of the 2000 EDHS and 2003 EIDHS survey findings indicates that both the total demand for family planning and the proportion of the demand that was satisfied rose slightly between the two surveys.

Looking at the differentials in the percentage of the demand for family planning that is satisfied, the most striking finding in Table 3.7 is the fact that around three-quarters of the demand for services is satisfied in all subgroups. Overall, the level of satisfied demand is lowest among women in rural Upper Egypt (73 percent) and highest (93 percent) among those living in the Urban Governorates, Urban Lower Egypt, and those who fall in the highest quintile of the wealth index.

3.5 Intention to Use Contraception in the Future

To obtain additional 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 abut their intention to adopt family planning methods in the future. Women who said they did not plan to use were asked about what was the main reason they had for not using. Women who indicated they would use in the future were asked about the method that they preferred to use.

Intention to Use

Table 3.8 shows the percent distribution of nonusers by their intention to use in the future, according to number of living children. Among all currently married nonusers, 47 percent intend to use in the future, 50 percent do not plan to use in the future, and three percent are not sure about their intentions. There is a clear association between the number of children the woman has and her intention to use. Nonusers with low parity (1-3 children) have higher proportions intending to use in the future than other women.

Table 3.8 Future use of family planning

Percent distribution of currently married women who are not using a family planning method by intention to use in the future, according to number of living children, Egypt 2003

	Number of living children[1]					
Future intention	0	1	2	3	4+	Total
Intends to use	36.3	60.9	58.2	52.4	35.7	46.8
Unsure about use	1.2	2.2	3.4	5.3	4.1	3.1
Does not intend	62.5	36.9	37.7	41.7	60.2	49.9
Missing	0.0	0.0	0.6	0.6	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	805	681	531	472	889	3,378

[1] Includes current pregnancy

Reasons for Nonuse

The reasons for nonuse given by those women who indicate that they are not planning to use in the future are of interest to the family planning program since they help to identify areas for potential interventions to encourage nonusers to adopt contraception. Since the reasons for nonuse typically vary with the age of the woman, Table 3.9 presents the distribution of currently married women who

are not intending to use family planning in the future for two age groups; under age 30 and age 30 and over.

The main reason for not planning to use family planning is the desire for more children, mentioned by around half of women. As expected, the proportion of younger women who gave this reason (92 percent) is much higher than the proportion of older women who reported this reason (26 percent).

Around 30 percent of the nonusers who are not planning to use believe that they are at low risk of pregnancy either because they are not sexually active or have sex infrequently (5 percent) or they consider themselves to be subfecund or infecund (24 percent). In addition, 10 percent are not planning to use because they are menopausal or have had a hysterectomy (10 percent). The proportion considering themselves unable or unlikely to become pregnant varies by age of the woman; around 57 percent of women 30 years or older indicated that they are unable or unlikely to get pregnant compared with 3 percent of those under age 30.

Table 3.9 Reason 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 2003

Reason	15-29	30-49	Total
Fertility-related	95.0	82.4	86.6
Not having sex	0.0	2.2	1.5
Infrequent sex	1.0	4.6	3.4
Menopausal/had hysterectomy	0.0	14.6	9.7
Subfecund/infecund	2.3	35.5	24.4
Wants more children	91.7	25.5	47.6
Opposition to use	1.8	2.7	2.4
Respondent opposed	0.7	0.7	0.7
Husband opposed	0.9	1.9	1.5
Others opposed	0.0	0.0	0.0
Religious prohibitions	0.2	0.2	0.2
Method-related	3.1	12.4	9.4
Health concerns	0.9	7.4	5.3
Fear side effects	2.1	4.5	3.7
Lack of access	0.0	0.1	0.1
Cost too much	0.0	0.1	0.1
Inconvenient to use	0.0	0.1	0.1
Interfere with body	0.0	0.2	0.1
Other	0.1	1.9	1.3
Don't know/not sure	0.0	0.6	0.4
Total percent	100.0	100.0	100.0
Number of women	562	1,125	1,687

Around 1 in 11 women have method-related concerns or cited opposition to use (principally on the part of the husband). Older nonusers are about four times as likely as younger nonusers to give these reasons for not planning to use in the future.

Preferred Method

Among nonusers who planned to use family planning in the future, Table 3.10 shows that the majority of women prefer modern contraceptive methods. More than one third of all nonusers prefer the IUD. Following the IUD, the most popular methods are the pill (14 percent) and injectable (9 percent). A significant proportion reported that they will use the method that recommended by the doctor (17 percent).

Table 3.10 Preferred family planning method

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, Egypt 2003

Preferred method	Total
Pill	14.3
IUD	35.5
Injections	9.0
Female sterilization	0.6
Implant (Norplant)	1.8
Periodic abstinence	0.2
Withdrawal	0.1
Prolonged breastfeeding	0.0
Other	0.8
As doctor recommends	17.4
Suitable method	2.4
Don't know	17.8
Total percent	100.0
Number of women	1,581

3.6 Contact of Nonusers with Family Planning Providers

The 2003 EIDHS collected information on whether nonusers had any recent contact with family planning providers either through home visits or health facilities visits. Such contacts provide an opportunity to counsel the nonuser about the need for family planning. To obtain this information, nonusers were asked whether they had been visited at home at any anytime during the six months preceding the survey by a family planning outreach worker (e.g., a raiyda refia) or anyone else who had talked with them about family planning. They were also asked

about any visits they had made to governmental health facilities or private doctors or clinics during the six months preceding the survey and, if they had visited any of these providers, whether anyone had spoken to them about family planning during their visit(s).

Table 3.11 presents the results of these questions by background characteristics. Around half (46 percent) of nonusers had some type of contact with a health provider (26 percent at a public facility and 33 percent with a private provider) or family planning worker (4 percent) during the six months preceding the EIDHS survey. Family planning was discussed in only 19 percent of all of the encounters that nonusers had with family planning workers or health providers during the six-month period. Among all nonusers, only 9 percent had had any recent contact with a health provider or family planning worker in which family planning was discussed.

Table 3.11 Contact of nonusers with family planning workers and health facilities

Percentage of nonusers of family planning who were visited at home by a family planning worker, who visited a health facility, and who discussed family planning at a health facility, during the 6 months preceding the survey, according to selected background characteristics, Egypt 2003

Background characteristics	Visited at home by FP worker	Visited public health facility (PHF)	Visited PHF, discussed FP	Visited private health facility (PrHF)	Visited PrHF, discussed FP	Had some contact with FP worker or health facility	Discussed FP with FP worker or staff at health facility	Total
Age								
15-19	2.7	35.5	9.0	39.0	4.2	61.3	12.3	259
20-24	5.9	36.6	9.3	45.7	7.3	64.4	14.6	728
25-29	3.0	36.0	8.0	43.6	6.9	58.5	12.1	808
30-34	4.7	26.8	5.7	41.1	6.7	54.0	11.3	483
35-39	3.4	20.9	4.5	26.5	2.8	39.2	6.8	514
40-44	2.9	13.2	2.1	19.1	1.6	26.3	3.7	510
45-49	1.9	12.0	0.7	17.3	0.8	25.1	1.3	784
Urban-rural residence								
Urban	1.4	23.6	4.4	38.6	4.7	48.1	7.5	1,553
Rural	4.8	26.9	6.1	29.8	4.3	45.3	9.4	2,533
Place of residence								
Urban Governorates	0.1	23.4	4.8	39.0	5.6	48.5	8.3	615
Lower Egypt	3.2	28.9	5.7	38.5	4.7	50.7	9.0	1,625
Urban	1.1	25.6	2.6	43.1	4.0	50.7	5.6	460
Rural	4.0	30.3	6.9	36.7	5.0	50.7	10.4	1,165
Upper Egypt	4.9	23.5	5.4	26.5	3.8	41.8	8.5	1,846
Urban	3.2	21.8	5.5	33.8	4.1	45.2	8.5	478
Rural	5.5	24.0	5.4	23.9	3.6	40.6	8.5	1,368
Education								
No education	3.4	22.0	3.9	20.2	2.5	35.2	5.9	1,681
Some primary	3.7	25.4	5.2	29.3	4.6	42.4	8.7	543
Primary complete/some secondary	4.6	28.9	8.3	36.5	5.4	51.5	12.0	565
Secondary complete/higher	3.1	29.0	6.4	50.0	6.4	60.2	10.8	1,298
Wealth index								
Lowest quintile	5.9	23.2	5.4	19.4	2.1	36.1	7.2	904
Second quintile	5.2	26.2	5.3	27.0	3.5	42.2	8.0	810
Middle quintile	3.1	30.5	7.4	35.0	5.1	50.9	10.8	869
Fourth quintile	1.8	24.4	5.3	39.0	5.6	49.1	9.9	824
Highest quintile	0.9	23.4	3.3	49.3	6.3	55.9	7.4	679
Total	3.5	25.6	5.4	33.1	4.4	46.4	8.7	4,086

Looking at the differentials in Table 3.11, it is clear that older nonusers, nonusers with no education, and nonusers in the lowest quintile of the wealth index are less likely to have had a recent contact with a health provider or a family planning worker than other nonusers. Despite the lower level of contact, the results indicate that there remain a significant number of 'missed' opportunities for counseling

women about family planning even among these groups. For example, while 35 percent of the nonusers who never attended school had had some contact with a health provider or a family planning worker in the six-month period before the survey, family planning was discussed in only 1 in 6 of these encounters.

3.7 Exposure to Family Planning Messages

Since the mid-1980s, a strong mass media public information and education program conducted by the State Information Service with technical assistance from USAID has been one of the main components of the Egyptian family planning program. After focusing initially on general "population awareness" messages, the education and communication effort has increasingly moved to providing more specific advice and information on family planning. The 2003 EIDHS obtained information on the proportion of who have been recently exposed to family planning information and the channels through which they are receiving the information. This information may be useful in guiding future information and education efforts in Egypt's family planning program.

Level of Exposure to Family Planning Messages

Table 3.12 shows that two-thirds of ever-married women reported that they had heard or seen some type of family planning message during the six-month period prior the interview. Significant differences in the exposure to family planning messages exist among subgroups. Women were most likely to have been exposed to family planning messages if they were from urban Upper Egypt (81 percent) or were in the highest quintile of wealth index (78 percent). Groups in which the level of exposure was lowest include women 45-49 (57 percent), women with no education (58 percent), and women in the lowest wealth quintile (55 percent).

Table 3.12 Exposure to family planning messages

Percent distribution of ever-married women age 15-49 by whether they have heard or seen any message about family planning in the six months preceding the interview, according to selected background characteristics and use status, Egypt 2003

Background characteristic	Heard/seen FP message: No	Heard/seen FP message: Yes	Total percent	Number of women
Age				
15-19	32.5	67.5	100.0	343
20-24	28.0	72.0	100.0	1,372
25-29	27.1	72.9	100.0	1,782
30-34	31.4	68.6	100.0	1,415
35-39	33.0	67.0	100.0	1,588
40-44	36.1	63.9	100.0	1,380
45-49	43.5	56.5	100.0	1,279
Urban-rural residence				
Urban	27.8	72.2	100.0	3,908
Rural	36.5	63.5	100.0	5,251
Place of residence				
Urban Governorates	30.3	69.7	100.0	1,666
Lower Egypt	37.7	62.3	100.0	4,105
Urban	32.7	67.3	100.0	1,181
Rural	39.7	60.3	100.0	2,924
Upper Egypt	28.1	71.9	100.0	3,388
Urban	18.6	81.4	100.0	1,061
Rural	32.4	67.6	100.0	2,327
Education				
No education	41.9	58.1	100.0	3,452
Some primary	38.2	61.8	100.0	1,167
Primary comp. /some secondary	25.5	74.5	100.0	1,270
Secondary complete/higher	24.1	75.9	100.0	3,270
Wealth index				
Lowest quintile	44.7	55.3	100.0	1,699
Second quintile	37.8	62.2	100.0	1,769
Middle quintile	32.0	68.0	100.0	1,874
Fourth quintile	28.7	71.3	100.0	1,937
Highest quintile	22.2	77.8	100.0	1,879
Total	32.8	67.2	100.0	9,159

Recent Source of Family Planning Information

Table 3.13 presents the distribution of ever-married women who had heard messages about family planning during the six-month period before the EIDHS survey by the most recent source of family planning information. Television is the recent source of family planning information for the majority of women followed by medical providers (88 percent and 9 percent, respectively).

Table 3.13 Most recent source of family planning information

Percent distribution of ever-married women age 15-49 who heard about FP within the six months before the survey by most recent source of family planning information, according to selected background characteristics, Egypt 2003

Background characteristic	TV	Radio	News-paper/ magazine	Pamphlet/ brochure	Poster	Medical provider	Husband	Other rela-tives	Friends/ neigh-bors	Other	Total percent	Number of women
Age												
15-19	82.4	0.0	0.0	0.0	0.0	11.6	0.8	3.4	1.8	0.0	100.0	232
20-24	83.5	0.4	0.2	0.0	0.1	12.9	0.2	2.0	0.8	0.0	100.0	988
25-29	85.5	0.2	0.0	0.3	0.3	11.6	0.2	1.0	0.9	0.0	100.0	1,299
30-34	88.5	0.0	0.0	0.0	0.1	8.3	0.5	1.1	1.3	0.2	100.0	970
35-39	89.6	0.0	0.0	0.3	0.2	7.8	0.0	0.8	1.2	0.2	100.0	1,063
40-44	89.8	0.3	0.2	0.7	0.3	5.4	0.3	2.1	0.7	0.3	100.0	882
45-49	92.2	0.1	0.3	0.4	0.0	4.0	0.2	1.8	0.8	0.0	100.0	723
Urban-rural residence												
Urban	89.4	0.1	0.2	0.4	0.2	7.6	0.2	1.0	0.7	0.2	100.0	2,820
Rural	86.2	0.2	0.0	0.1	0.2	9.9	0.3	1.8	1.3	0.0	100.0	3,337
Place of residence												
Urban												
Governorates	88.6	0.0	0.4	0.5	0.2	7.9	0.4	0.9	0.8	0.3	100.0	1,161
Lower Egypt	83.5	0.3	0.0	0.4	0.3	12.1	0.1	1.9	1.4	0.0	100.0	2,557
Urban	85.9	0.3	0.0	0.7	0.3	9.8	0.2	1.8	0.9	0.1	100.0	795
Rural	82.4	0.3	0.0	0.2	0.3	13.1	0.1	2.0	1.6	0.0	100.0	1,763
Upper Egypt	91.5	0.1	0.0	0.0	0.0	5.9	0.3	1.2	0.7	0.1	100.0	2,438
Urban	93.7	0.1	0.0	0.1	0.0	5.1	0.0	0.4	0.4	0.2	100.0	864
Rural	90.3	0.1	0.0	0.0	0.0	6.3	0.5	1.7	0.9	0.1	100.0	1,574
Education												
No education	90.0	0.2	0.0	0.0	0.0	6.8	0.1	1.8	1.1	0.0	100.0	2,006
Some primary	86.6	0.0	0.0	0.0	0.2	9.6	0.6	1.2	1.8	0.0	100.0	721
Primary comp./ some secondary	88.8	0.0	0.0	0.2	0.0	8.3	0.2	1.6	0.8	0.0	100.0	946
Secondary complete/higher	85.6	0.2	0.2	0.6	0.3	10.4	0.3	1.2	0.8	0.3	100.0	2,483
Wealth index												
Lowest quintile	86.5	0.4	0.0	0.0	0.0	8.9	0.3	2.2	1.7	0.0	100.0	939
Second quintile	85.6	0.0	0.0	0.0	0.1	11.3	0.2	2.1	0.7	0.0	100.0	1,100
Middle quintile	88.2	0.1	0.0	0.0	0.2	9.5	0.2	0.6	1.0	0.1	100.0	1,274
Fourth quintile	89.2	0.1	0.0	0.2	0.3	7.7	0.1	1.6	0.8	0.0	100.0	1,381
Highest quintile	88.0	0.2	0.4	0.9	0.1	7.4	0.5	1.2	1.0	0.3	100.0	1,463
Total	87.6	0.2	0.1	0.3	0.2	8.8	0.3	1.5	1.0	0.1	100.0	6,156

3.8 Perceptions and Attitudes about Family Planning Use

Nine in ten women interviewed in the EIDHS approved of the use of family planning (not shown in table). To obtain additional information on the attitudes of these women about family planning, the 2003 EIDHS included questions relating to their perceptions about the extent of contraceptive use in their community and their attitudes about the appropriate time to begin contraceptive use.

Opinion about Family Planning Use in the Community

To obtain information on perceptions concerning the extent of family planning use in the community, all women in the EIDHS sample were asked: "Would you say that most, some, very few or none of the couples in the reproductive ages living in this area are using family planning?". They were also asked if the use of family planning was increasing, decreasing, or staying the same in their community. Table 3.14 presents the results of these questions.

Overall, the majority of women consider that most couples (72 percent) are using family planning. However, there are variations in the extent to which women share this perception. For example, while 84 percent of women in rural Lower Egypt perceive that most couples in their community use family planning, only 56 percent of women in rural Upper Egypt have this perception.

Looking at the question with regard to the trend in family planning use, the majority of women (79 percent) see use as increasing in their area. The percentages who share this perception again vary across subgroups. For example, 91 percent of women in rural Lower Egypt consider family planning use increasing compared with 66 percent in rural Upper Egypt.

Table 3.14 Opinion about extent and trend in family planning use

Percent distribution of ever-married women according to their opinion about the extent of family planning use and about the trend in family planning in their area, according to selected background characteristics, Egypt 2003

	Extent of family planning use					Trend in family planning use					
Background characteristic	Most	Some	Few	None	Don't know	Increa-sing	Decrea-sing	About the same	Not sure	Total percent	Number of women
Age											
15-19	69.3	16.6	3.4	0.7	9.9	76.9	2.1	8.8	12.3	100.0	343
20-24	72.0	15.7	2.9	0.6	8.8	79.9	1.8	5.9	12.4	100.0	1,372
25-29	74.4	14.6	2.5	0.4	8.0	80.0	1.6	6.5	11.8	100.0	1,782
30-34	75.9	14.2	2.5	0.4	7.0	83.0	1.4	4.7	10.8	100.0	1,415
35-39	71.3	16.0	2.7	0.2	9.7	77.1	1.7	6.7	14.4	100.0	1,588
40-44	71.8	14.3	2.0	0.3	11.6	78.0	1.3	6.2	14.6	100.0	1,380
45-49	69.2	15.2	3.1	0.5	12.0	76.4	2.5	6.5	14.6	100.0	1,279
Urban-rural residence											
Urban	73.4	9.8	1.8	0.2	14.8	77.9	1.0	4.4	16.7	100.0	3,908
Rural	71.7	18.9	3.2	0.6	5.5	79.9	2.2	7.5	10.3	100.0	5,251
Place of residence											
Urban Governorates	70.9	7.1	1.8	0.0	20.2	74.0	0.5	4.2	21.3	100.0	1,666
Lower Egypt	83.5	10.2	1.2	0.1	5.1	89.6	1.0	3.5	6.0	100.0	4,105
Urban	82.0	8.1	1.1	0.0	8.7	86.7	0.9	3.3	9.1	100.0	1,181
Rural	84.0	11.1	1.2	0.1	3.6	90.7	1.0	3.6	4.7	100.0	2,924
Upper Egypt	59.8	24.8	4.9	1.0	9.5	68.7	3.2	10.5	17.6	100.0	3,388
Urban	67.7	16.0	2.7	0.5	13.0	74.1	2.0	6.1	17.8	100.0	1,061
Rural	56.2	28.8	5.9	1.3	7.9	66.3	3.8	12.5	17.5	100.0	2,327
Education											
No education	65.6	21.0	3.3	0.7	9.4	73.9	2.3	8.5	15.4	100.0	3,452
Some primary	74.5	15.7	2.5	0.6	6.7	80.8	1.5	7.1	10.5	100.0	1,167
Primary complete/some secondary	77.0	12.7	2.5	0.2	7.6	83.1	1.8	5.2	9.8	100.0	1,270
Secondary complete/higher	77.1	9.5	2.0	0.1	11.2	82.2	1.1	3.9	12.8	100.0	3,270
Wealth index											
Lowest quintile	60.7	23.6	5.3	1.4	9.0	70.1	3.1	9.7	17.1	100.0	1,699
Second quintile	73.6	18.1	2.8	0.4	5.1	82.5	1.6	7.3	8.6	100.0	1,769
Middle quintile	75.2	16.7	1.9	0.1	6.1	81.8	1.6	6.3	10.3	100.0	1,874
Fourth quintile	77.3	11.0	1.9	0.2	9.6	81.6	1.5	5.6	11.3	100.0	1,937
Highest quintile	74.1	7.1	1.5	0.1	17.2	78.5	0.9	2.6	18.0	100.0	1,879
Total	72.4	15.1	2.6	0.4	9.4	79.0	1.7	6.2	13.0	100.0	9,159

Attitude about Timing of Use

The 2003 EIDHS included questions about the appropriateness of a couple's use of family planning before the first pregnancy and after the first birth. These questions were not asked of the ever-married women who disapproved of a couple using family planning at all (2 percent of all ever-married women). The results presented in Table 3.15 indicated that most women (90 percent) consider it appropriate for a couple to start using family planning after the first child. However, only 5 percent consider use before the first pregnancy as appropriate. Women in the lowest quintile on the wealth index and in rural Upper Egypt are least likely to approve of family planning use either before the first pregnancy or after the first birth.

Table 3.15 Timing of use of family planning by newly married couples

Percentage of ever-married women who do not disapprove of family planning use by attitude about appropriateness of a couple's using family planning before the first pregnancy and after the first birth, according to selected background characteristics, Egypt 2003

Background characteristics	Percentage believing family planning use is appropriate: Before first pregnancy	After first birth	Number of women
Age			
15-19	6.4	89.6	339
20-24	4.4	92.9	1,339
25-29	4.9	91.1	1,760
30-34	4.7	91.4	1,389
35-39	4.2	87.7	1,563
40-44	5.8	88.6	1,341
45-49	4.6	84.9	1,226
Urban-rural residence			
Urban	5.6	93.7	3,866
Rural	4.3	86.4	5,092
Place of residence			
Urban Governorates	5.9	94.8	1,650
Lower Egypt	5.1	91.2	3,989
Urban	5.4	93.0	1,162
Rural	5.0	90.4	2,827
Upper Egypt	4.0	85.0	3,319
Urban	5.3	92.9	1,054
Rural	3.4	81.3	2,265
Education			
No education	3.7	84.0	3,340
Some primary	5.2	89.0	1,134
Primary comp./some secondary	4.8	90.7	1,256
Secondary complete/higher	5.9	95.0	3,228
Wealth index			
Lowest quintile	3.3	81.2	1,638
Second quintile	3.6	88.6	1,711
Middle quintile	5.6	89.5	1,834
Fourth quintile	4.7	92.3	1,911
Highest quintile	6.7	95.0	1,864
Approves of family planning			
Approves	4.9	90.1	8,887
Unsure if approves	0.7	16.4	71
Total	4.8	89.5	8,958

4 FAMILY PLANNING SERVICES

The 2003 EIDHS obtained information on a number of aspects of the family planning service delivery including the source from which users had obtained their method, the cost of obtaining services, and the willingness to pay, and the extent of information provided to women obtaining family planning services from clinical sources. This information is presented in this chapter.

4.1 Source of Family Planning Methods

Detailed information was collected in the 2003 EIDHS on the sources from which family planning methods were obtained. To obtain these data, current users of modern methods were asked for the name and location of the source where they got their methods at the beginning of the current segment of use. The findings of the 2003 EIDHS presented in Table 4.1 indicate that the users are more likely to obtain their methods from the public sector facilities (56 percent) than from private medical or other sources.

Table 4.1 Source for modern family planning methods

Percent distribution of current users of modern family planning methods by most recent source, according to specific methods, Egypt 2003

Source	Pill	IUD	Injection	Condom	Female sterilization	Total
Public sector	14.8	61.2	82.0	14.0	34.0	55.6
Urban hospital	1.8	7.5	7.7	1.5	16.0	6.9
Urban health unit	1.7	21.2	11.3	4.1	0.0	16.0
Rural hospital	1.1	4.1	8.2	0.0	2.4	4.0
Rural health unit	8.1	16.7	45.7	2.3	0.0	18.8
MCH centre	0.8	7.0	4.7	3.7	0.6	5.5
Mobile unit	1.1	3.1	3.3	2.0	0.0	2.7
Other MOHP unit	0.0	0.3	0.0	0.0	0.0	0.2
Teaching hospital	0.0	0.1	0.3	0.0	2.1	0.1
Health Insurance Organization	0.0	0.6	0.3	0.3	0.0	0.4
Curative Care Organization	0.0	0.1	0.3	0.0	0.0	0.1
Other governmental	0.2	0.7	0.2	0.0	12.8	0.8
Private sector	84.4	38.7	14.7	83.2	62.1	43.5
Egypt Family Planning Association	0.0	1.7	1.0	0.3	0.0	1.3
Clinical Services Improvement project	0.0	2.6	0.4	0.0	0.0	1.7
Other NGO/PVOs	0.0	0.3	0.3	0.0	0.0	0.2
Mosque health unit	0.0	1.6	0.8	0.0	2.1	1.2
Church health unit	0.0	0.3	0.2	0.0	0.0	0.2
Private hospital/clinic	0.2	1.9	0.5	0.0	10.4	1.6
Private doctor	2.0	30.3	5.8	2.3	49.5	21.7
Pharmacy	82.2	0.0	5.6	80.5	0.0	15.6
Other	0.9	0.1	3.1	0.5	4.0	0.7
Friends/relative	0.8	0.0	1.1	0.0	0.0	0.3
Other	0.0	0.1	2.0	0.5	4.0	0.5
Don't know	0.0	0.0	0.3	2.3	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	786	3,095	670	75	84	4,787

NGO=Nongovernmental organization
PVO=Private voluntary organization

Table 4.1 shows that the source for family planning methods varies markedly by method. The majority of current users of the IUD (61 percent) have the method inserted at a public sector source, mainly at Ministry of Health and Population (MOHP) facilities. In general, those users relying on a government

source for the IUD get the device inserted at a static facility; however, 3 percent of IUD users obtain the method from MOHP mobile clinics. Around one-third of IUD users go to private physicians, hospitals or clinics for the method, while 5 percent obtain the method at clinics operated by nongovernmental private voluntary organizations and an additional 2 percent get the method at facilities operated by a mosque or a church.

Table 4.1 shows that the public sector is the main source for injectables, with 82 percent of injectable users obtaining the method from governmental sources. As was the case with the IUD, most injectable users obtain their method at a static facility, especially rural health units (43 percent). Only three percent get the injectable from a mobile clinic.

With regard to the sources for other methods, pill users mainly get their method from a pharmacy (82 percent), as do couples using the condom (81 percent). The small number of sterilization users is more likely to have had the operation performed at a private facility than public facility.

Trends in the source of family planning methods during the period between the 1995 and 2003 DHS surveys are presented by residence in Table 4.2 for IUD users and for users of all modern methods. Overall, the table indicates that there has been an increase in the likelihood that a user will rely on public sector for family planning methods since 1995. The percentage of users of modern methods who obtained their method from a governmental provider increased from 36 percent in 1995 to 56 percent at the time of the 2003 EIDHS. Much of that change is due to increased reliance on the public sector for the IUD. Table 4.2 shows that the percentage of users who obtained the IUD at a public sector provider increased from 45 percent in 1995 to 61 percent in 2003.

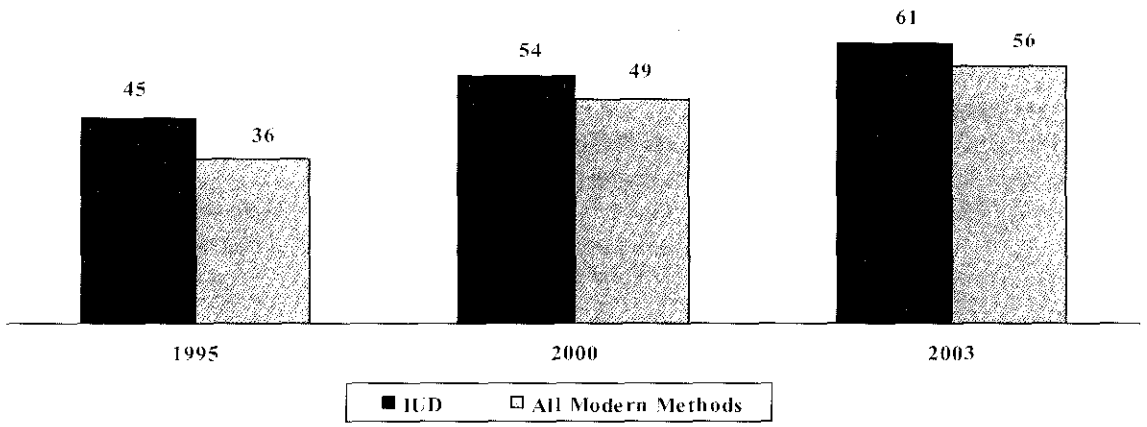
Table 4.2 Trends in source for modern family planning methods by residence

Percentage of current users of IUD and all modern family planning methods who obtained their method from a public sector source, according to urban-rural residence and place of residence, Egypt 2003

Residence	IUD			Total		
	1995	2000	2003	1995	2000	2003
Urban-rural residence						
Urban	42.8	48.7	55.0	34.0	42.0	46.3
Rural	46.7	59.4	67.1	37.7	54.8	63.6
Place of residence						
Urban Governorates	46.5	48.8	59.3	39.7	43.5	51.1
Lower Egypt	44.4	54.9	62.1	35.2	50.2	56.8
Urban	37.4	47.5	51.4	27.5	40.9	40.2
Rural	47.3	58.0	66.2	38.6	54.1	63.5
Upper Egypt	42.1	57.3	61.1	32.3	50.0	56.8
Urban	39.9	50.1	51.1	29.6	40.8	45.3
Rural	44.5	63.5	69.3	34.8	56.3	63.9
Total	44.5	54.0	61.2	35.7	48.6	55.6

Considering the variation by residence, the trend toward an increased reliance on public sector providers was observed among users in all areas. However, the magnitude of the increase was somewhat greater for rural users than urban users. Within rural areas, the trend was considerably more evident among users in rural Upper Egypt than among users from rural Lower Egypt.

Figure 4.1
Trends in Percentages of Users Obtaining IUD and All Modern Methods from Public Sector Providers



4.2 IUD Use

IUD users represent more than two-thirds of all users. Information was collected from women using an IUD on the actual cost of obtaining the method (insertion and purchasing) and also on their willingness to pay specific amounts for the method.

Actual Cost

Table 4.3 presents the actual amount that IUD users paid. Five percent had the method inserted for free. Around two-thirds (62 percent) paid 15 pounds or less to obtain the method, with 52 percent paying 5 pounds or less. The median amount IUD users paid for the method was 4.1 pounds; this is 1.7 pounds below the median cost reported in the 2000 EDHS. The cost differential is largely due to the greater number of users obtaining the method at public sector facilities in 2003 than in 2000.

Table 4.3 Cost of method for IUD users

Percent distribution of current users of IUD by cost of the method (in pounds), according to the type of provider, Egypt 2003

Cost of IUD	Public health facility	Private doctor/ clinic	NGO/ PVO clinic	Mosque/ church clinic	Total
Free	7.4	2.4	0.9	0.0	5.3
<3 pounds	45.4	0.5	7.1	3.9	28.3
3-5 pounds	35.7	1.5	22.2	11.2	23.5
6-10 pounds	5.4	4.4	6.8	9.4	5.2
11-15 pounds	2.2	6.7	27.8	18.1	5.2
16-20 pounds	1.0	14.8	17.0	15.7	6.4
21-30 pounds	0.9	22.7	9.5	21.4	8.8
31-50 pounds	0.5	22.2	3.8	14.7	7.9
51 pounds or more	0.2	11.6	1.0	2.8	4.0
Don't know/missing	1.3	13.2	4.0	2.8	5.3
Total	100.0	100.0	100.0	100.0	100.0
Number of women	1,893	999	142	60	3,095
Median	2.9	27.7	12.8	17.9	4.1
Mean	3.8	32.5	14.0	21.1	13.1

The amount that a user paid to obtain an IUD varied by type of provider. The lowest median amount a user paid was observed among users who got the IUD inserted at public facility (2.9 pounds). The median cost paid at a private doctor (27.7 pounds) is around ten times the cost paid at a public facility, while the median cost of IUD at the mosque/church clinic is about six times the cost that at the public sector facility (17.9 pounds).

Willingness to Pay

To investigate whether higher prices might be charged for IUD, all current IUD users were asked about their willingness to pay various amounts for the method. The amounts asked about ranged from 5 to more than 200 pounds.

Table 4.4 Amount users are willing to pay for IUD insertion

Percentage of current users of the IUD willing to pay various amounts for the method, Egypt 2003

Amount	Total
5 pounds	96.4
10 pounds	85.3
25 pounds	58.4
50 pounds	32.6
100 pounds	16.5
150 pounds	10.0
200 pounds	7.0
More than 200 pounds	5.5
Number of users	3,095

The results in Table 4.4 indicate that many IUD users would be willing to pay considerably more for the method than they currently pay. As expected, the proportion willing to pay a specific amount decreases as the suggested amount increases. Virtually all IUD users (96 percent) would be willing to pay 5 pounds, and 85 percent say they are willing to pay 10 pounds. Almost 60 percent of women would be willing to pay 25 pounds, and 33 percent express a willingness to pay 50 pounds. Relatively few women would be willing to pay 100 pounds or more for an IUD; 10 percent of IUD users say they would pay 150 pounds for an IUD, and 6 percent would be willing to pay more than 200 pounds.

The large degree of variance between what users currently pay for the IUD and the amounts that they say they would be willing to pay suggests that the method may be considerably underpriced in both the public and private sector. However, some caution must be exercised in interpreting the results in this manner. The question on willingness to pay is hypothetical, and women may have been embarrassed to tell an interviewer that they were unwilling to pay more for the method.

4.3 Pill Use

Overall, 15 percent of all family planning users rely on the pill. In the 2003 EIDHS, current users of the pill were asked questions on the brand of pills they used, the cost of a pill cycle, and the amount that would be willing to pay for a cycle.

Brand

Information about the brands used by women was collected by asking pill users to show the packet of pills. If the packet was available, the interviewers recorded the name of the brand. If a user was unable to show the EIDHS interviewer the packet, she was asked to name the brand she was using. Around a quarter of all users of the pill were not able to show a packet or identify the brand they were using.

Table 4.5 Brand of pill used

Percent distribution of pill users by the brand of pill currently used, Egypt 2003

Brand	Total
Microvlar	43.5
Nordette	7.9
Triovlar	11.3
Norminest	0.7
Primovlar	0.9
Other	12.3
Don't know/missing	23.4
Total percent	100.0
Number of women	786

Table 4.5 shows that that Microvlar is the most commonly used brands (44 percent each), followed by Triovlar and Nordette (11 percent and 8 percent, respectively).

Cost of Pill

To obtain information on cost, current users were asked about the amount that they paid for the most recent packet of pills.

According to the results in Table 4.6, virtually all pill users are paying more than 50 piastres for a cycle of pills, 42 percent pay more than one pound (100 piastres), and around one-quarter pay more than two pounds (200 piastres).

The median cost of a cycle is 100.4 piastres, somewhat higher than in the 2000 EDHS when median price for a pill cycle was 95.2 piastres.

Table 4.6 Cost of method for pill users

Percent distribution of current users of the pill by cost of a cycle of pills (in piastres), Egypt 2003

Cost of pill	Total
Free	1.4
1-50 piastres	0.1
51-75 piastres	36.8
76-100 piastres	15.8
101-200 piastres	16.6
More than 200 piastres	25.8
Don't know/missing	3.5
Total	100.0
Number of women	786
Median	100.4
Mean	315.5

Willingness to Pay

Pill users were asked about their willingness to pay specific amounts for the pill in order to ascertain whether they would be likely to pay a higher price for the method. The amount asked ranged from 50 piastres to more than 5 pounds.

Table 4.7 indicates that many of pill users would be willing to pay more than they do. As expected, the proportion expressing a willingness to pay is directly associated with the amount mentioned. Almost all pill users would be willing to pay 50 or 75 piastres, and 93 percent would be willing to pay one pound. Three-quarters of pill users (76 percent) would be willing to pay two pounds. There is greater reluctance to pay higher amounts, with around a half of pill users indicating that they would be willing to pay 5 pounds and two-fifths said that they would be willing to pay more than 5 pounds for a cycle of pills.

Table 4.7 Amount users are willing to pay for the pill

Percentage of current users of pill willing to pay various amounts to obtain the method, Egypt 2003

Amount	Total
50 piastres	99.9
75 piastres	97.8
1 pound	92.8
2 pounds	75.7
5 pounds	48.1
More than 5 pounds	39.9
Number of women	786

4.4 Injectable Use

Overall, 13 percent of all current family planning users are using an injectable. In the 2003 EIDHS, current users of the injectables were asked questions on the periodicity of receipt the injectable, the cost of an injectable, and the amount that would be willing to pay for an injectable.

Type of Injectable

Most injectable users (95.7 percent) indicated that they received an injection every three months (not shown in table). Only a small percentage reported that they received the injectable at one-month intervals (3.6 percent). The small number of remaining users either reported getting the injectable at a two-month interval or was unable to specify the interval at which they received the injection.

Actual Cost

Table 4.8 shows that five percent of injectable users get the method for free, and around three-quarters (72 percent) paid less than 3 pounds for the method. The median cost was 1.7 pounds, which is lower than the average cost for the injectable at the time of 2000 EDHS (2.3 pounds) and substantially lower than the average cost MOHP reduced the cost of the injectable to one pound in late 1999 and provided the method for free at mobile clinics from that point. This is at least in part responsible for the decline in the average cost of the injectable since MOHP facilities provide the method to the majority of injectable users.

Table 4.8 Cost of method for injectable users

Percent distribution of current users of injectables by the cost of the method (in pounds), Egypt 2003

Cost of injectable	Total
Free	5.0
<3 pounds	71.7
3-4 pounds	7.1
5-6 pounds	5.9
7-8 pounds	4.7
9-10 pounds	2.7
11+ pounds	2.3
Don't know/missing	0.8
Total	100.0
Number of women	670
Median	1.7
Mean	2.3

Willingness to Pay

Injectable users were asked about their willingness to pay specific amounts for the method in order to ascertain whether they would be likely to pay a higher price for the method. The amounts asked about ranged from 2 to more than 20 pounds.

Table 4.9 indicates that many injectables users would be willing to pay more for the method. As expected, willingness to pay is directly associated with the amount mentioned. Almost all injectable users (96 percent) would be willing to pay 2 pounds for the method, around three-quarters would pay 5 pounds, and around 40 percent would be willing to pay 10 pounds. Considerably fewer users expressed a willingness to pay larger amounts for injectables, with only 8 percent reporting they would be willing to pay more than 20 pounds.

Table 4.9 Amount users are willing to pay for injectables

Percentage of current users of injectables willing to pay various amounts to obtain the method, Egypt 2003

Amount willing to pay for an injectable	Total
2 pounds	95.6
5 pounds	75.9
10 pounds	38.5
15 pounds	17.6
20 pounds	11.7
More than 20 pounds	7.8
Number of women	670

4.5 Service Assessment Indicators

All current users were asked a series of questions in order to assess the quality of services from the source from which they obtained the method. The results of these questions are presented in Table 4.10. Overall, they suggest that there is adequate information exchange in only about half of the encounters between current users and the providers from which they obtain their methods.

Looking at specific items, more than half of users (56 percent) reported that the provider told them about other methods than the one the user received. Providers described the side effects to also more than half of the users, while around 46 percent of current users reported that the provider told them what to do about side effects.

The level of information exchange differed by method, with IUD users generally likely to receive more information from providers than users of other methods. For example, providers advised 48 percent of IUD users about what to do if they experienced side effects compared with 34 percent among pill users and 40 percent of users relying on other methods.

The level of information exchange also differed according to the type of provider. In general, private providers appear to be somewhat better at counseling users than public sources.

Table 4.10 Service assessment indicators for clinical providers

Percentage of current users consulting a clinical source at the beginning of the segment of use (since January 1998) who reported they were advised about various aspects of the method they obtained according to type of source and method, Egypt 2003

Service assessment indicator	Public clinic	NGO/ PVO clinic	Private clinic/ doctor	Total
		IUD		
Told about other methods	54.4	61.5	58.6	56.1
Told about side effects				
During current segment of use	46.9	56.6	59.3	51.5
Ever but not during current segment	7.1	5.2	5.1	6.4
Told what to do about side effects	44.7	52.1	54.1	48.2
		PILL		
Told about other methods	53.3	-	73.3	55.8
Told about side effects				
During current segment of use	29.4	-	49.8	32.0
Ever but not during current segment	9.9	-	17.0	10.8
Told what to do about side effects	31.4	-	51.6	33.9
		OTHER METHODS		
Told about other methods	54.7	63.9	56.1	55.1
Told about side effects				
During current segment of use	44.6	21.0	51.7	45.1
Ever but not during current segment	6.4	7.1	7.6	6.6
Told what to do about side effects	39.0	21.0	46.0	39.6
		TOTAL		
Told about other methods	54.4	61.7	58.6	55.9
Told about side effects				
During current segment of use	45.5	53.1	58.5	49.5
Ever but not during current segment	7.1	5.4	5.5	6.6
Told what to do about side effects	42.6	49.1	53.3	45.9

NGO=Nongovernmental organization
PVO=Private voluntary organization

5 MATERNAL HEALTH

Both mother and child benefit when a woman receives proper medical care during pregnancy and childbirth. To obtain data on women's utilization of maternity care services, EIDHS respondents were asked a series of questions relating to the types of health care services that they received during pregnancy, at delivery and in the postnatal period for each birth during the five-year period before the survey. This chapter reviews these data and also examines trends in key maternal health indicators.

5.1 Pregnancy Care

Antenatal Care Coverage

Early and regular antenatal checkups by medical providers are very important in assessing the physical status of women during pregnancy. Table 5.1 presents data from the 2003 EIDHS on the coverage of antenatal care services for births during the five-year period prior to the survey. A birth is considered to have received antenatal care if the mother said that she had made at least one antenatal care visit, i.e., a visit to a medical provider for care for the pregnancy.

Egyptian women received antenatal care from a medical provider for more than two-thirds of the births occurring during the five-year period before the survey. Most women saw a doctor for the care with less than one percent reporting that they had had care only from a trained nurse/midwife. Women were more likely to obtain antenatal care from a private doctor or clinic (45 percent) than a public provider (23 percent).

At least four antenatal visits are recommended during a woman's pregnancy to ensure proper care. Most women who obtained antenatal care at all reported that they had regular care. Overall, women received regular antenatal care (i.e., they made four or more visits to a provider) for 56 percent of all births prior to the survey. Considering only those births for which care was received, the median number of antenatal visits was 6.9.

It is also recommended that a woman have the first antenatal checkup early in the pregnancy to help prevent problems. EIDHS respondents saw a provider for care for the first time before the sixth month of pregnancy for more than 9 in 10 of the births for which antenatal care was reported (i.e., in 65 percent of all births). In order to detect problems that might affect the delivery, a woman should also see a provider late in the pregnancy. Respondents saw a provider within the last two months of pregnancy in 9 in 10 of the which the mother had any antenatal care (i.e., in 62 percent of all births).

Table 5.1 Antenatal care

Percent distribution of births during the five-year period before the survey by type of provider for antenatal care, the type of facility where ANC care was sought, the number of antenatal care visits, and the stage of pregnancy at the time of the first and last visits, Egypt 2003

	Total
ANC provider	
Doctor	68.6
Trained nurse/midwife	0.1
Daya/missing	0.1
No care	31.2
Source for ANC	
Public sector	23.4
Hospital	5.0
Health unit	15.6
MCH center	2.7
Private doctor/clinic	44.9
Other/missing	0.5
No care	31.2
Antenatal visits for pregnancy	
None	31.2
1	1.3
2	3.9
3	5.6
4 or more visits	55.6
Don't know/missing	2.4
Median	6.9
Timing of first antenatal check	
No antenatal care	31.2
Less than 4 months	50.2
4-5 months	14.5
6-7 months	3.0
8+ months	0.8
Don't know/missing	0.3
Months pregnant at last visit	
No antenatal care	31.2
< 4 months	0.5
4-5 months	1.1
6-7 months	4.6
8+ months	62.3
Don't know/missing	0.3
Total	100.0
Number of births	6,314

Coverage of Tetanus Toxoid Vaccinations

Tetanus toxoid injections are given to women during pregnancy to prevent infant deaths from neonatal tetanus. Neonatal tetanus can result when sterile procedures are not followed in cutting the umbilical cord following delivery. Table 5.2 shows that women received at least one tetanus toxoid (TT) vaccination in the case of 78 percent of the births during the five-year period prior to the EIDHS. In the case of slightly more than 2 in 5 of these births, mothers received two doses of the TT vaccine. More than 9 in 10 women who received a TT injection reported they obtained it from a public sector provider.

The MOHP has stressed the importance of using the contact providers have with pregnant women during the provision of the TT vaccinations to encourage women to obtain regular antenatal care and to discuss the use of family planning. To assess the impact of this effort, the 2003 EDHS collected information from women who had received a TT vaccination prior to the last birth on whether anyone had encouraged them to seek antenatal care and whether anyone had talked with them about family planning at the time that they received the injection(s). The results in Table 5.2 indicate that 29 percent of the women who received a tetanus toxoid injection prior to the last birth (i.e., 22 percent of all women) reported that they were encouraged to obtain antenatal care, and 15 percent (i.e., 12 percent of all women) said that someone talked to them about family planning.

Table 5.2 Tetanus toxoid coverage

Percent distribution of births during the five-year period before the survey by the number of tetanus toxoid (TT) injections and source for injections and, among births where the mother reported receiving a TT injection, the percent distribution according to the type of advice given about ANC or family planning at the time of the TT injection(s), Egypt 2003

	Total
Tetanus injections	
None	21.2
One dose	43.4
Two doses or more	34.6
Don't know/missing	0.8
Source for TT injection	
Public sector	73.1
Hospital	6.7
Urban/rural health unit	60.6
MCH center	5.8
Private doctor/clinic	4.3
Other/missing	1.4
No TT injection	21.2
Total	100.0
Number of births	6,314
Advice about ANC/FP	
Advised to seek ANC	12.4
Told about FP	2.7
Both ANC and FP discussed	9.4
Neither ANC or FP discussed	54.0
No TT injection/missing	21.6
Total	100.0
Number of last births	4,574

Medical Care Unrelated to the Pregnancy

In addition to the questions on antenatal care and tetanus toxoid vaccinations, the 2003 EIDHS included a number of questions designed to determine whether women received other medical care during pregnancy. These questions were asked both of women who reported receiving antenatal care and those who did not report seeing anyone for care for the pregnancy. They were intended to ascertain the full range of medical care women received during pregnancy and, particularly, to identify women who did not have antenatal care but had received medical care unrelated to the pregnancy.

Table 5.3 takes this information into account in looking at the overall proportion of births in the five years preceding the survey for which women reported receiving any type of medical care during pregnancy according to the type of care received. Overall, women saw a medical provider during pregnancy for some type of care in 92 percent of all births that occurred during the five-year period prior to the survey. Women received both antenatal care and at least one TT injection prior to around half of the births.

Tetanus toxoid coverage was not universal among women who had had antenatal care; women reported that they received antenatal care but had not had a tetanus toxoid vaccination in the case of 13 percent of the births. Similarly, Table 5.3 shows for around 22 percent of births women got a TT injection without seeing anyone for antenatal care.

Table 5.3 Medical care other than visit for antenatal care or tetanus toxoid injection during pregnancy

Percent distribution of births during the five-year period before the survey by mother's report of seeing doctor or other health worker at any time during the pregnancy for care other than antenatal care (ANC) checkup or tetanus toxoid (TT) injection, according to mother's ANC and TT status, Egypt 2003

Received other medical care during pregnancy	ANC only	ANC and TT injection	TT injection only	Neither ANC nor TT injection	Total
Had other care	1.6	6.4	3.2	1.3	12.6
No other care	11.5	49.2	19.2	7.6	87.4
Total	13.1	55.6	22.4	8.9	100.0

Finally, women reported seeking medical care for an illness or problem unrelated to the pregnancy in the case of 12 percent of the births. Most of the women who reported they had seen a medical provider for care unrelated to their pregnancy had also seen a provider for antenatal care and/or a TT injection.

Differentials in Pregnancy Care Indicators

Table 5.4 presents differences across subgroups for five pregnancy care indicators: any antenatal care during pregnancy, regular antenatal care, at least one tetanus toxoid injection, medical care unrelated to the pregnancy, and any type of medical care during pregnancy.

Looking at the age patterns, the differentials are mixed. In general, however, mothers age 35 and over are least likely to report receiving any type of care during pregnancy. The association between the child s birth order and the care indicators is negative, except in the case of care unrelated to the pregnancy.

The various care indicators are generally higher for urban than rural births. For example, the percentage of urban births in which the mother received regular antenatal care is substantially higher compared to the proportion among rural births (74 percent and 45 percent, respectively). In the case of tetanus toxoid coverage, however, the level is slightly higher for rural than for urban births (82 percent and 71 percent, respectively). Births in Upper Egypt rank lowest on all of the pregnancy care indicators. Coverage of antenatal care services is especially low in rural Upper Egypt (Figure 5.1).

Figure 5.1
Antenatal Care by Place of Residence

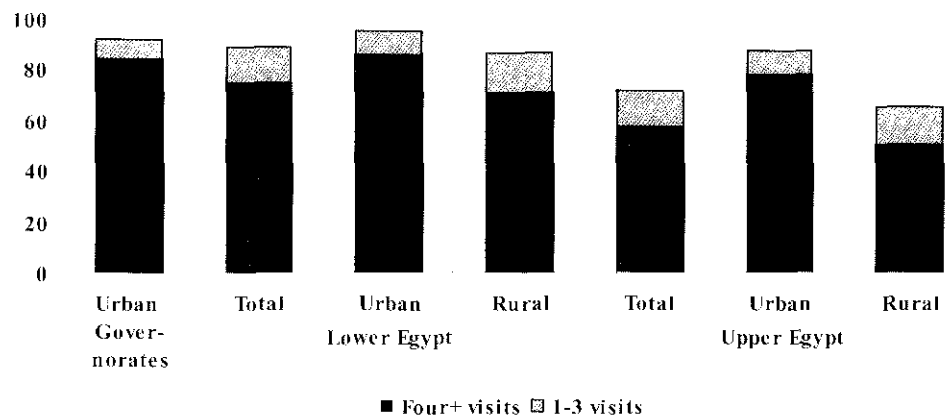


Table 5.4 Care during pregnancy

Percentage of births in the five-year period before the survey whose mother received any antenatal care and regular antenatal care from a medical provider, one or more tetanus toxoid injections, other medical care unrelated to the pregnancy and any medical care during the pregnancy, by selected background characteristics, Egypt 2003

Background characteristic	Antenatal care		One or more TT injections	Other medical care	Any medical care	Number of births
	Any	Regular				
Age at birth						
< 20	66.8	52.1	84.7	12.0	93.9	735
20-34	69.9	56.9	79.6	12.4	93.7	4,905
35-49	62.1	50.3	59.2	14.1	81.4	674
Birth order						
1	80.3	68.9	84.3	12.6	97.4	1,858
2-3	69.9	56.3	79.6	12.3	94.4	2,816
4-5	59.5	45.5	71.8	13.8	88.6	1,038
6+	43.1	28.9	62.2	11.7	74.2	602
Urban-rural residence						
Urban	82.7	73.5	71.1	15.1	95.8	2,362
Rural	60.3	44.9	82.1	11.1	90.4	3,952
Place of residence						
Urban Governorates	83.9	75.4	66.2	19.0	96.0	911
Lower Egypt	75.0	61.1	83.6	10.7	95.9	2,688
Urban	85.8	76.4	75.0	11.0	96.3	751
Rural	70.8	55.2	86.9	10.5	95.7	1,937
Upper Egypt	57.4	43.5	76.5	12.3	87.8	2,715
Urban	77.8	68.0	73.5	14.2	95.1	700
Rural	50.3	35.0	77.5	11.6	85.2	2,015
Education						
No education	48.8	34.4	76.8	10.2	84.2	2,142
Some primary	61.1	45.8	79.2	12.7	91.3	638
Primary complete/some secondary	69.0	56.3	82.2	15.0	95.9	1,023
Secondary complete/higher	87.5	75.9	77.1	13.6	98.3	2,511
Work status						
Working for cash	81.1	71.3	71.9	13.5	93.7	755
Not working for cash	67.0	53.5	78.8	12.4	92.2	5,559
Wealth index						
Lowest quintile	45.2	29.2	75.8	11.3	83.3	1,366
Second quintile	58.7	44.4	82.9	10.3	90.5	1,279
Middle quintile	71.4	56.0	83.4	12.0	93.8	1,323
Fourth quintile	81.6	70.7	81.9	15.3	97.2	1,319
Highest quintile	92.4	84.9	62.9	14.4	98.9	1,029
Total	68.7	55.6	78.0	12.6	92.4	6,314

Note: A birth is considered to have received antenatal care if there was at least one antenatal care consultation with a medical provider during the pregnancy. Regular care refers to four or more antenatal visits during the pregnancy. A birth is considered to have received any medical care if the mother reported at least one antenatal care visit, at least one tetanus toxoid injection, and/or at least one visit to a provider for medical care that the mother considered to be unrelated to the pregnancy.

There generally is a positive association between the women's education status and the various pregnancy care indicators. The relationship is particularly marked in the case of regular ANC, with such care being more than twice as common among births to women who have a secondary or higher education than among births to women who have never attended school. Except for tetanus toxoid, the levels for the pregnancy care indicators are higher for births to women who work for cash than other women. Both the likelihood a woman will receive any antenatal care and the likelihood she will receive regular care increase markedly with a household's position on the wealth index. TT coverage

is more variable, with women living in households ranking in the highest quintile having the lowest coverage levels.

5.2 Content of Pregnancy Care

In the 2003 EIDHS, women who reported that they received antenatal care, tetanus toxoid injections or other medical care unrelated to the pregnancy were asked questions related to the types of routine screening they may have received during the visit to their provider for the care. These women were also asked if they had been told about the signs of pregnancy complications, and, if they were told, whether they received any information about where to go if they experienced any complications. Finally, women were also asked if they were given iron tablets or syrup. Iron supplementation during pregnancy is recommended to prevent iron deficiency anemia, which is a common problem among pregnant women.

Table 5.5[6] shows that around half of the mothers were given a maternal card. In the case of around three-quarters of births in which mothers who saw a medical provider during pregnancy, the woman reported that she had been weighed or her blood pressure monitored. Mothers reported that urine and blood samples were taken in around 3 in 5 births while the mother's height was measured in the case of a little more than half of the births. Iron tablets/syrup were received or bought in 45 percent of the births. Mothers were advised about the complications that they might experience in the case of 32 percent of the births and told were to seek assistance if they actually had problems in the case of 28 percent of the births.

Table 5.5 shows that the proportions who reported the various care items were generally somewhat higher among women who received regular antenatal care than among other mothers. In turn, mothers who had some but not regular antenatal care were more likely than mothers who had had no antenatal visits to indicate that routine antenatal care procedures were performed, that they had had advice about pregnancy complications, and they had received or bought iron supplements.

Marked differentials in the content of care are evident by the demographic and socioeconomic characteristics shown in Table 5.5. For example, there is a very strong negative association between the child's birth order and routine antenatal care procedures. In general, the procedures were more likely to have been performed in the case of urban than rural births, with particularly low levels found for births in rural Upper Egypt. A positive association is observed between the woman's education status and the indicators of the quality of pregnancy care presented while a negative association exists between the proportion reporting receiving a pregnancy care indicator and the household's position on the wealth index. The indicators were also more common among births to women who worked for cash than other births.

[6]Some caution must be exercised in considering the information in Table 5.5 since it is dependent on the mother's understanding of the questions, e.g., her understanding of what blood pressure measurement involves. It is also dependent on the mother's recall of events during visits to the provider that may have taken place a number a number of years before the 2003 EIDHS interview. Nonetheless, the results are useful in providing insights into the content of the care Egyptian women receive during pregnancy.

Table 5.5 Content of pregnancy care

Percentage of births in the five-year period before the survey whose mothers received any care during the pregnancy, by content of the care and selected background characteristics, Egypt 2003

Background characteristic	Given maternal card	Weighed	Height measured	BP measured	Urine sample	Blood sample	Received/ bought iron tablets/ syrup	Told about signs of complications	Told where to go for complications	Number of births
Medical care during pregnancy										
Had ANC	68.7	89.1	68.1	90.6	75.9	77.5	58.4	40.3	35.8	4,338
Four or more visits	70.5	90.2	69.6	92.5	78.3	79.9	61.4	41.7	37.2	3,511
Fewer than 4 visits	60.9	84.5	61.9	82.5	66.0	67.4	45.7	34.4	30.0	827
No ANC	18.1	47.3	26.7	39.4	23.4	26.4	16.0	13.2	10.8	1,976
TT or other care	23.9	62.3	35.2	51.9	30.8	34.7	19.4	17.4	14.1	1,496
Type of provider										
Public sector	52.0	78.2	55.7	69.6	55.9	58.2	34.4	25.1	21.5	2,503
Private sector	54.2	80.9	59.8	90.3	68.7	68.9	59.3	44.4	39.9	1,018
Both	64.6	87.8	64.4	89.1	72.1	75.2	59.2	40.3	35.7	2,291
No care/missing	1.3	1.4	1.1	1.2	0.9	0.9	6.0	0.9	0.9	502
Age at birth										
< 20	50.7	77.3	54.2	72.5	60.5	64.1	42.2	31.4	27.7	735
20-34	54.0	77.4	56.4	76.3	60.6	62.6	46.7	32.4	28.2	4,905
35-49	47.1	64.5	47.3	64.2	50.4	50.9	37.2	28.3	26.4	674
Birth order										
1	61.5	84.4	62.3	84.6	71.6	74.3	53.0	38.5	33.8	1,858
2-3	53.1	78.0	56.9	76.4	59.9	61.6	46.7	31.0	27.4	2,816
4-5	46.6	68.9	49.9	65.1	49.8	52.1	37.2	28.0	24.2	1,038
6+	35.8	53.1	34.5	51.3	36.9	38.0	27.2	21.3	19.2	602
Urban-rural residence										
Urban	62.4	83.0	64.8	84.9	70.5	71.0	56.6	39.2	35.1	2,362
Rural	47.2	71.8	49.4	68.4	52.9	55.8	38.3	27.4	23.7	3,952
Place of residence										
Urban Governorates	65.2	84.2	67.3	88.2	75.2	76.2	62.0	45.9	42.3	911
Lower Egypt	59.8	81.1	56.0	82.6	64.5	67.7	47.2	36.4	31.2	2,688
Urban	66.3	84.3	64.9	86.6	72.0	72.6	56.8	45.2	39.2	751
Rural	57.3	79.9	52.5	81.1	61.6	65.8	43.5	33.0	28.1	1,937
Upper Egypt	41.9	68.2	50.3	62.0	49.3	50.5	37.4	22.5	20.0	2,715
Urban	54.6	80.1	61.3	78.9	62.7	62.7	49.4	24.2	21.5	700
Rural	37.4	64.1	46.5	56.2	44.6	46.2	33.3	21.9	19.4	2,015
Education										
No education	40.9	63.8	44.6	58.8	45.0	48.0	29.7	21.7	18.7	2,142
Primary incomplete	46.7	70.6	47.4	67.5	49.9	51.5	37.3	28.3	24.3	638
Primary complete/ some secondary	51.1	79.4	53.8	78.8	61.4	62.7	44.8	34.1	30.3	1,023
Secondary complete/ higher	65.3	86.4	66.7	88.1	73.5	75.1	60.4	40.4	35.9	2,511
Work status										
Working for cash	63.7	81.5	63.7	82.5	72.0	72.4	55.6	40.2	34.1	755
Not working for cash	51.4	75.3	54.0	73.5	57.8	60.0	43.7	30.7	27.2	5,559
Wealth index										
Lowest quintile	35.1	60.8	39.4	55.6	42.5	45.2	28.3	20.6	17.7	1,366
Second quintile	47.2	71.8	50.9	69.2	53.3	55.3	36.6	28.0	24.7	1,279
Middle quintile	57.0	78.3	55.7	75.7	61.9	65.7	43.7	35.1	30.5	1,323
Fourth quintile	61.8	82.3	61.0	84.1	65.9	68.1	55.6	37.4	32.4	1,319
Highest quintile	66.7	90.4	73.4	92.7	78.4	77.2	66.5	40.0	36.7	1,029
Total	52.9	76.0	55.2	74.6	59.5	61.5	45.1	31.8	28.0	6,314

5.3 Perceptions about ANC Coverage

The 2003 EIDHS included two questions relating to women's perceptions about antenatal care. The first question related to the woman's perception about the extent to which women seek antenatal care. Table 5.6 shows that 61 percent of ever-married women thought that most Egyptian women received antenatal care, 21 percent believe at least some seek care, five percent are of the opinion that very few women get care, and 13 percent were unsure.

Table 5.6 Perceived coverage of antenatal care

Percentage of ever-married women age 15-49 by perceptions of coverage of antenatal care and trend in antenatal care coverage, Egypt 2003

Background characteristic	How many women seek antenatal care						Women go for prenatal care are increasing or decreasing					
	Most	Some	Very few	None	Don't know	Total	Increa-sing	Decrea-sing	Stay-ing same	Don't know	Total	Num-ber
Antenatal care												
Had birth	61.9	22.0	5.2	0.5	10.4	100.0	70.9	2.0	8.3	18.7	100.0	4,574
Antenatal care	66.3	19.8	3.4	0.3	10.2	100.0	75.3	1.7	6.9	16.0	100.0	3,326
No care	50.2	27.7	9.9	1.1	11.0	100.0	59.2	2.9	12.0	25.9	100.0	1,248
No birth	59.8	20.1	4.3	0.4	15.4	100.0	69.1	1.4	7.4	22.1	100.0	4,585
Age												
15-19	55.8	21.3	4.6	0.9	17.4	100.0	65.6	1.6	8.4	24.3	100.0	343
20-24	62.5	20.6	5.4	0.2	11.2	100.0	71.1	2.1	7.0	19.7	100.0	1,372
25-29	63.0	21.0	4.7	0.5	10.8	100.0	70.7	1.5	8.3	19.5	100.0	1,782
30-34	62.7	21.4	4.7	0.2	11.1	100.0	72.8	1.6	7.2	18.4	100.0	1,415
35-39	59.4	22.0	4.6	0.7	13.3	100.0	68.7	1.9	8.4	20.9	100.0	1,588
40-44	59.8	19.7	4.1	0.6	15.8	100.0	68.8	1.5	7.4	22.2	100.0	1,380
45-49	58.5	21.4	5.0	0.3	14.9	100.0	68.9	1.5	8.4	21.2	100.0	1,279
Urban-rural residence												
Urban	63.8	15.2	2.4	0.2	18.4	100.0	72.1	0.7	5.0	22.3	100.0	3,908
Rural	58.7	25.4	6.5	0.6	8.8	100.0	68.4	2.5	10.0	19.1	100.0	5,251
Place of residence												
Urban Governorates	63.4	11.4	1.7	0.1	23.4	100.0	72.0	0.2	3.6	24.2	100.0	1,666
Lower Egypt	66.6	18.8	4.5	0.5	9.6	100.0	76.6	1.3	5.3	16.8	100.0	4,105
Urban	68.9	15.4	1.9	0.4	13.5	100.0	75.5	0.7	4.4	19.4	100.0	1,181
Rural	65.7	20.2	5.6	0.5	8.0	100.0	77.1	1.5	5.7	15.7	100.0	2,924
Upper Egypt	52.6	28.5	6.5	0.6	11.8	100.0	61.0	2.9	13.0	23.0	100.0	3,388
Urban	58.8	20.9	4.0	0.3	16.1	100.0	68.6	1.3	7.7	22.4	100.0	1,061
Rural	49.8	32.0	7.6	0.7	9.9	100.0	57.6	3.7	15.4	23.3	100.0	2,327
Education												
No education	53.9	25.9	6.5	0.8	13.0	100.0	63.4	2.5	11.0	23.1	100.0	3,452
Some primary	58.9	24.4	4.3	0.4	11.9	100.0	70.7	1.4	8.7	19.2	100.0	1,167
Primary comp./ some secondary	64.3	20.0	4.7	0.1	11.0	100.0	72.7	1.2	8.7	17.4	100.0	1,270
Secondary comp./ higher	67.6	15.1	3.1	0.2	14.0	100.0	75.7	1.1	4.0	19.2	100.0	3,270
Work status												
Working for cash	64.2	16.9	4.2	0.4	14.3	100.0	74.0	1.4	5.7	18.9	100.0	1,455
Not working for cash	60.2	21.8	4.8	0.4	12.7	100.0	69.3	1.7	8.3	20.7	100.0	7,704
Wealth index												
Lowest quintile	46.6	29.9	9.2	1.2	13.1	100.0	56.6	3.8	14.0	25.6	100.0	1,699
Second quintile	61.9	23.8	5.3	0.3	8.7	100.0	69.8	2.3	10.0	17.9	100.0	1,769
Middle quintile	64.1	22.0	4.4	0.3	9.2	100.0	74.3	1.3	7.4	17.0	100.0	1,874
Fourth quintile	66.5	17.4	3.0	0.2	12.8	100.0	75.8	0.6	5.2	18.3	100.0	1,937
Highest quintile	63.7	13.3	2.2	0.2	20.6	100.0	72.0	0.7	3.5	23.7	100.0	1,879
Total	60.9	21.0	4.7	0.4	12.9	100.0	70.0	1.7	7.9	20.4	100.0	9,159

The second question asked women to provide an opinion about the trend in antenatal care in Egypt. Seven in ten women said that it was increasing, eight percent thought it was remaining at the same level, and less than two percent felt it was declining. The proportion of women who were unsure about trend was 20 percent.

Looking at the differentials, it is clear that a woman's own experience with antenatal care is associated with her responses to these questions. Women who had had a recent birth and who had not themselves received antenatal care prior to the birth(s) were among the least likely to think that most Egyptian women were getting antenatal care and also the least likely to see ANC coverage going up.

In general, other demographic and socioeconomic differentials in the distributions of women on these two questions follow expected patterns; younger women, rural women, women from Upper Egypt, women with no education, women who are not working or working in a job for which they are not paid in cash are less likely than other women to perceive that most women receive antenatal care and see antenatal care as becoming more common. Women living in households in the bottom quintile on the wealth index and women living in rural Upper Egypt are the least likely to believe that most women receive care and to see antenatal care as increasing.

5.4 Exposure to Safe Pregnancy Messages

Media messages designed to make women more aware of the danger signs during pregnancy are part of the information, education and communication campaign to promote safe pregnancy. The 2003 EIDHS asked all respondents if they had heard or seen any message about pregnancy danger signs during the six month period prior to the survey and, if so, the last source from which they had received the information. Table 5.7 shows that slightly more than half of ever-married women had received information on the danger signs to watch for during pregnancy. Women age 45-49, women with no education and those living in households ranked in the lowest quintile on the wealth index were least likely to have heard a message (41 percent, 43 percent, and 40 percent, respectively). Women with a secondary or higher education (62 percent) were the most likely to have heard or seen a message.

With regard to the most recent information source, 71 percent of these women said that they had last received the information through television. With the exception of medical providers who were the most recent source of information for 20 percent of women, less than 5 percent of women mentioned other information sources (e.g., radio or print media). Television was cited most frequently by women living in rural Upper Egypt (85 percent). The largest proportions mentioning medical providers were found among women under age 30, especially women 15-19, women living in the Urban Governorates and Lower Egypt, women with a secondary or higher education, and women from households in the two highest quintiles on the wealth index.

Table 5.7 Coverage of safe pregnancy messages

Percentage of ever-married women age 15-49 reporting they had received information about danger signs women must be aware of to have a safe pregnancy during the six months prior to the survey and, among women receiving information, the percent distribution by the last source from which they received information, according to background characteristics, Egypt 2003

Background characteristic	Percentage receiving information on pregnancy danger signs	Number of women	Source of information										Total percent	Number of women receiving information
			TV	Radio	Newspapers	Pamphlet	Poster	Medical provider	Husband	Other relatives	Friends/ neighbors	Other		
Antenatal care														
Had birth	56.3	4,574	70.9	0.2	0.3	0.3	0.3	20.7	0.3	4.1	2.8	0.1	100.0	2,575
ANC	59.4	3,326	69.1	0.1	0.2	0.4	0.3	22.4	0.3	4.1	3.0	0.1	100.0	1,974
No ANC	48.1	1,248	77.0	0.2	0.5	0.3	0.4	15.3	0.2	4.0	2.0	0.0	100.0	601
No birth	47.8	4,585	70.4	0.2	0.3	0.4	0.4	18.4	0.2	5.5	3.8	0.3	100.0	2,192
Age														
15-19	59.2	343	51.7	0.6	0.0	0.0	0.0	34.3	0.4	9.0	4.0	0.0	100.0	203
20-24	58.7	1,372	61.8	0.4	0.4	0.3	0.3	28.6	0.2	5.2	2.9	0.0	100.0	806
25-29	59.0	1,782	68.6	0.2	0.1	0.4	0.5	24.7	0.1	3.2	1.8	0.2	100.0	1,052
30-34	56.2	1,415	71.7	0.0	0.3	0.2	0.6	19.0	0.5	4.0	3.6	0.0	100.0	795
35-39	49.6	1,588	75.7	0.0	0.8	0.2	0.3	14.2	0.1	4.6	3.9	0.3	100.0	788
40-44	43.7	1,380	78.9	0.3	0.0	0.6	0.1	9.8	0.1	5.4	4.2	0.7	100.0	604
45-49	40.6	1,279	77.3	0.2	0.5	0.5	0.3	10.6	0.6	5.9	4.0	0.1	100.0	519
Urban-rural residence														
Urban	53.9	3,908	68.6	0.1	0.5	0.6	0.5	22.3	0.3	3.8	2.9	0.4	100.0	2,106
Rural	50.7	5,251	72.3	0.3	0.2	0.2	0.2	17.6	0.2	5.5	3.6	0.0	100.0	2,662
Place of residence														
Urban														
Governorates	49.7	1,666	65.8	0.0	1.1	0.3	0.5	24.1	0.4	2.8	4.2	0.7	100.0	827
Lower Egypt	50.9	4,105	61.8	0.4	0.3	0.5	0.6	24.3	0.2	7.2	4.7	0.0	100.0	2,088
Urban	57.3	1,181	62.8	0.4	0.3	0.9	1.0	25.3	0.3	6.2	2.9	0.0	100.0	677
Rural	48.2	2,924	61.3	0.4	0.3	0.3	0.4	23.8	0.1	7.7	5.6	0.0	100.0	1,411
Upper Egypt	54.7	3,388	82.9	0.1	0.0	0.2	0.0	12.5	0.3	2.8	1.2	0.1	100.0	1,852
Urban	56.7	1,061	79.1	0.0	0.0	0.5	0.0	16.4	0.2	2.4	1.1	0.3	100.0	602
Rural	53.8	2,327	84.7	0.1	0.0	0.0	0.0	10.6	0.3	3.0	1.3	0.0	100.0	1,251
Education														
No education	43.2	3,452	77.9	0.1	0.0	0.1	0.1	14.3	0.1	4.0	3.4	0.0	100.0	1,492
Some primary	44.1	1,167	69.5	0.0	0.0	0.3	0.2	17.8	0.0	7.3	4.8	0.0	100.0	515
Prim. comp./ some secondary	57.6	1,270	72.6	0.5	0.0	0.2	0.3	19.3	0.1	4.4	2.5	0.0	100.0	732
Secondary complete/higher	62.0	3,270	64.9	0.2	0.8	0.6	0.5	24.2	0.5	4.7	3.0	0.4	100.0	2,029
Work status														
Working for cash	55.4	1,455	68.0	0.2	0.6	0.7	1.5	19.4	0.3	4.6	3.9	1.0	100.0	806
Not working for cash	51.4	7,704	71.2	0.2	0.3	0.3	0.1	19.7	0.3	4.8	3.1	0.0	100.0	3,961
Wealth index														
Lowest quintile	40.4	1,699	77.4	0.1	0.0	0.0	0.0	14.5	0.2	5.4	2.4	0.0	100.0	686
Second quintile	50.6	1,769	72.9	0.0	0.3	0.2	0.3	17.7	0.1	4.6	3.8	0.0	100.0	895
Middle quintile	54.9	1,874	71.1	0.3	0.0	0.3	0.2	19.1	0.0	5.3	3.4	0.2	100.0	1,029
Fourth quintile	56.8	1,937	68.6	0.5	0.1	0.5	0.5	22.3	0.2	3.8	3.5	0.0	100.0	1,101
Highest quintile	56.2	1,879	66.2	0.0	1.1	0.5	0.6	22.5	0.7	4.8	2.9	0.6	100.0	1,056
Total	52.1	9,159	70.7	0.2	0.3	0.3	0.3	19.7	0.3	4.7	3.3	0.2	100.0	4,767

5.5 Delivery Care

Hygienic conditions and proper medical assistance at the time of delivery can reduce the risk of complications and infection for both the mother and the new born baby. For all births in the five-year period before the survey, the 2003 EIDHS collected information on whether the mother was assisted by medical personnel or not and on the place of delivery. These results are presented in Table 5.8.

Table 5.8 Delivery characteristics

Percent distribution of births in the five-year period before the survey by the type of person assisting at the delivery and the place of delivery, Egypt 2003

	Total
Assistance during delivery	
Doctor	63.8
Trained nurse/midwife	5.6
Daya	28.2
Relative/other	2.1
No care/missing	0.3
Place of delivery	
Health facility	59.0
Public sector	23.4
Private sector	35.7
At home	40.9
Don't know/missing	0.1
Total	100.0
Number	6,314

In the majority of the births (69 percent) during the five-year period preceding the survey, the mother was assisted at delivery by a doctor or a trained nurse/midwife. Most of the remaining births were assisted by dayas (traditional birth attendant). With respect to the place of delivery, around 6 in 10 births are delivered in a health facility, with women being more likely to deliver in a private than in a public sector facility (36 percent and 24 percent, respectively).

Table 5.9 presents differentials in the percentage of medically-assisted births and in the percentage of births taking place in a health facility. As expected, women who saw a medical provider for antenatal care during the pregnancy, especially those who received regular antenatal care, were more likely to have been assisted at delivery by a doctor or trained nurse/midwife and to have delivered in a health facility. The mother's age is only very slightly associated with the type and place of delivery. The child's birth order is negatively associated with both of the delivery indicators; for example, the proportion of medically assisted deliveries births ranges from 82 percent among first births to 47 percent among births of order 6 or higher.

Looking at other characteristics, both the likelihood that a birth will be assisted by medical personnel or that it will take place in health facility is greater among urban households, especially those living in the Urban Governorates, than among rural households. The proportions increase with the woman's education level, are higher for women who work than those who do not, and rise with the wealth index. With respect to the latter variable, women whose household ranked in the bottom quintile on the wealth index were less than half as likely women whose household was ranked in the lowest quintile (95 percent and 43 percent, respectively).

5.6 Postnatal Care

Care following the delivery is very important for the mother and her child, particularly when the birth is not assisted by medical personnel. It is generally recommended that mothers receive the first postnatal checkup within two days of delivery in order to detect problems that may lead to maternal death.

Care for the Mother

Table 5.10 looks at whether or not mothers received postnatal care following delivery for all births during the five-year period before the 2003 EIDHS. Births are classified according to whether a medical provider assisted at the delivery or not and by the place of delivery (in a health facility or elsewhere). Where a medical provider was present at the delivery, the postnatal care refers to any checkup the woman may have received other than that which may have taken place at the time of the

Table 5.9 Medically-assisted deliveries by background characteristics

Among births in the five-year period before the survey, percentage whose mothers were assisted at delivery by medical provider and whose mother delivered in a health facility according to selected background characteristics, Egypt 2003

	Percentage assisted by medical provider	Percentage delivered in health facility	All births
Medical care during pregnancy			
Had ANC	81.0	70.2	4,338
Four or more visits	84.6	74.5	3,511
Fewer than 4 visits	65.9	51.6	827
No ANC	43.8	34.6	1,976
TT or other care	46.5	37.6	1,496
No medical care	35.2	25.1	479
Age at birth			
< 20	67.5	57.2	735
20-34	69.8	59.3	4,905
35-49	68.0	59.2	674
Birth order			
1	82.1	71.7	1,858
2-3	69.6	59.7	2,816
4-5	58.8	46.8	1,038
6+	47.2	37.9	602
Urban-rural residence			
Urban	86.7	78.0	2,362
Rural	59.0	47.7	3,952
Place of residence			
Urban Governorates	90.2	82.5	911
Lower Egypt	76.5	65.7	2,688
Urban	91.0	81.0	751
Rural	70.9	59.8	1,937
Upper Egypt	55.3	44.5	2,715
Urban	77.4	69.1	700
Rural	47.6	36.0	2,015
Education			
No education	47.8	38.5	2,142
Primary incomplete	62.9	52.2	638
Primary complete/some secondary	71.4	59.5	1,023
Secondary complete/higher	88.6	78.0	2,511
Work status			
Working for cash	83.4	74.3	755
Not working for cash	67.5	57.0	5,559
Wealth index			
Lowest quintile	43.2	33.8	1,366
Second quintile	55.5	45.0	1,279
Middle quintile	73.1	61.2	1,323
Fourth quintile	86.2	74.5	1,319
Highest quintile	95.0	87.3	1,029
Total	69.4	59.0	6,314

Delivery care. For births assisted by dayas, relatives or other individuals without medical training, the postnatal care refers to any checkup from a medical provider occurring after the delivery.

Overall, mothers reported receiving a postnatal checkup in the case of around 4 in 10 births during the five-year period before the survey. Among the mothers who had any postnatal care, around 70 percent had a checkup within two days of the delivery.

Table 5.10 Postnatal care for mother

Percent distribution of births during the five-year period before the survey, by timing, type of provider and location of the first postnatal checkup for mother, according to the type of assistance at delivery and place of delivery, Egypt 2003

	Type of assistance at delivery		Place of delivery		
Postnatal care	Medically-assisted delivery[1]	Delivery assisted by daya/ other	Within health facility	Outside health facility	All births
Timing of first postnatal checkup					
Within 2 days of birth	38.8	7.2	43.0	9.1	29.1
3-7 days of birth	9.6	5.1	10.0	5.7	8.2
8-27 days of birth	2.5	1.9	2.6	2.0	2.3
4+ weeks after birth	3.2	2.4	3.1	2.7	2.9
No care	45.8	83.4	41.4	80.5	57.3
Don't know/missing	0.1	0.1	0.1	0.1	0.1
Provider for first postnatal care checkup					
Doctor	51.3	8.0	56.9	10.7	38.0
Trained nurse/midwife	2.8	1.4	1.7	3.3	2.4
Daya	0.1	7.2	0.0	5.5	2.2
No care	45.8	83.4	41.4	80.5	57.3
Source for first postnatal checkup					
Public sector	16.2	1.2	20.7	2.9	11.6
Hospital	1.4	1.8	18.9	1.0	1.5
Health unit	0.5	0.1	1.3	1.8	0.3
MCH center	31.3	3.5	0.5	0.1	22.8
Private doctor/clinic	4.4	9.6	35.5	4.4	6.0
Home	0.3	0.4	2.4	11.1	0.3
Other location	0.2	0.0	0.0	1.1	0.1
No care	45.8	83.4	41.4	80.5	57.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of births	4,380	1,914	3,732	2,582	6,314

[1]Delivery was assisted by doctor or trained nurse/midwife.

Postnatal care checkups were much more common in births in which the mother was assisted by medical personnel (54 percent) than among other births (17 percent). Virtually all mothers who had a medically-assisted delivery also saw a medical provider for the first postnatal care checkup, and the checkup took place in a health facility. Mothers who delivered without medical assistance were seen almost as often by a daya as by a medical provider for the first postnatal checkup, and the checkups frequently occurred at home.

Table 5.10 also shows the patterns of postnatal care for the mother according to the place of delivery. As expected, postnatal care was more common for mothers who delivered in a health facility (59 percent) than for mothers who delivered outside a health facility (19 percent). As expected almost all mothers who delivered in a health facility saw a medical provider for the first postnatal care checkup, and the checkup generally took place in a health facility. Among mothers who delivered outside a health facility and had a postnatal checkup, the majority saw a medical provider for the first checkup, but many of the checkups occurred in the home.

Table 5.11 controls for the type of assistance at delivery in looking at differentials in the likelihood that the mother received postnatal care from a medical provider.[7] The mother's age is not consistently related to the postnatal care indicators presented in the table. Although not uniform, the association between the child's birth order and the likelihood the mother will receive postnatal care is generally negative.

Table 5.11 Postnatal care for mother by background characteristics

Percentage of births in the five-year period before the survey for which the mother received at least one postnatal care checkup from a medical provider and for which the mother had the first checkup within two days of the delivery by type of delivery assistance, according to selected background characteristics, Egypt 2003

Background characteristics	Medically-assisted delivery[1]		Delivery assisted by daya/other		All births		Number of births
	Postnatal checkup within two days of delivery	Any postnatal care	Postnatal checkup within two days of delivery	Any postnatal care	Postnatal checkup within two days of delivery	Any postnatal care	
Age at birth							
< 20	33.3	50.3	5.8	16.8	24.4	39.4	735
20-34	39.2	54.7	7.4	16.6	29.6	43.2	4,905
35-49	41.9	55.0	6.7	14.8	30.6	42.1	674
Birth order							
1	41.6	60.2	6.0	14.8	35.2	52.0	1,858
2-3	38.6	53.7	6.5	15.2	28.8	42.0	2,816
4-5	36.5	47.2	9.9	21.7	25.6	36.7	1,038
6+	30.6	41.1	6.2	14.3	17.7	27.0	602
Urban-rural residence							
Urban	43.0	59.3	7.7	18.7	38.3	53.9	2,362
Rural	35.1	49.8	7.0	16.0	23.6	35.9	3,952
Place of residence							
Urban Governorates	46.0	63.4	7.9	22.8	42.3	59.4	911
Lower Egypt	39.8	55.4	7.2	20.6	32.2	47.2	2,688
Urban	41.2	57.1	8.7	17.0	38.2	53.5	751
Rural	39.2	54.5	7.0	21.0	29.8	44.8	1,937
Upper Egypt	33.5	47.6	7.0	13.8	21.6	32.5	2,715
Urban	40.7	55.9	7.1	17.1	33.1	47.2	700
Rural	29.4	42.9	7.0	13.3	17.7	27.4	2,015
Education							
No education	35.6	48.1	6.6	15.2	20.4	30.9	2,142
Primary incomplete	40.8	51.8	7.5	17.6	28.5	39.1	638
Primary comp./some sec.	37.3	50.5	7.6	16.7	28.8	40.8	1,023
Secondary complete/higher	40.4	58.7	8.4	19.8	36.8	54.3	2,511
Work status							
Working for cash	42.5	60.3	5.1	16.3	36.3	53.0	755
Not working for cash	38.2	53.2	7.2	16.4	28.1	41.2	5,559
Wealth index							
Lowest quintile	28.2	41.3	4.3	13.0	14.7	25.2	1,366
Second quintile	36.6	48.6	8.7	17.2	24.2	34.6	1,279
Middle quintile	37.8	52.6	9.8	21.9	30.3	44.3	1,323
Fourth quintile	36.2	53.2	6.8	16.1	32.2	48.1	1,319
Highest quintile	50.8	69.0	13.3	23.4	49.0	66.7	1,029
Total	38.8	54.2	7.1	16.4	29.1	42.7	6,314

[1]Delivery was assisted by doctor or trained nurse/midwife.

[7]Differentials in postnatal care levels by place of delivery are similar to those presented in Table 5.11 and, thus, are not shown separately in the report.

Urban mothers are more likely to receive postnatal care than rural mothers. Mothers in rural Upper Egypt have the lowest percentage reporting any postnatal care (27 percent) and women in the Urban Governorates have the highest percentage (59 percent). The percentage receiving postnatal care increases with both the woman's educational level and with household wealth. It is also higher in this group for women who work for cash than for other women.

Care for Child

Table 5.12 looks at whether or not the child received any postnatal care following delivery for the last birth during the five-year period before the 2003 EIDHS. Again as was done in looking at care for the mother, births are classified according to whether a medical provider assisted at the delivery or not and by whether the delivery took place in a health facility or not. Where a medical provider was present at the delivery, the postnatal care refers to any checkup a child may have received other than that which may have taken place at the time of the delivery care. For births delivered without medical assistance, postnatal care also refers to any checkup from a medical provider that occurred after the delivery.

Table 5.12 Postnatal care for child

Percent distribution of births during the five-year period before the survey, by timing and location of the first postnatal checkup for child and mother's report as to whether sample of blood was taken from baby's heel during the first 2 weeks following delivery, according to the type of assistance at delivery and place of delivery, Egypt 2003

	Type of assistance at delivery		Place of delivery		
Postnatal care	Medically-assisted delivery[1]	Delivery assisted by daya/ other	Within health facility	Outside health facility	All births
Timing of first postnatal checkup					
Within 2 days of birth	30.3	6.9	33.4	8.1	23.5
3-7 days of birth	20.2	16.1	20.1	17.3	19.0
8-27 days of birth	7.2	7.4	6.7	8.2	7.3
4+ weeks after birth	5.9	7.7	5.7	7.6	6.4
No care	36.1	61.7	33.9	58.6	43.5
Don't know/missing	0.3	0.0	0.3	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number of births	3,257	1,306	2,793	1,781	4,574
Source for postnatal care provider					
Public sector	38.4	47.4	39.1	42.9	40.1
Hospital	21.4	8.7	23.5	7.5	18.9
Health unit	14.8	37.3	13.5	33.3	19.1
MCH center	2.2	1.4	2.1	2.1	2.1
Private doctor/clinic	52.7	34.3	54.6	35.7	49.2
Home	8.4	17.2	6.3	19.6	10.1
Own home	7.7	16.7	6.0	18.1	9.5
Other home	0.7	0.5	0.3	1.5	0.6
Other	0.3	0.3	0.0	1.0	0.3
Don't know/missing	0.2	0.9	0.1	0.8	0.3
Total	100.0	100.0	100.0	100.0	100.0
Number of births with checkup	2,083	500	2,083	500	2,584
Blood sample from child's heel					
Sample taken	26.1	15.5	27.0	16.7	23.0
Sample not taken	69.9	82.6	68.9	81.0	73.6
Don't know/Missing	4.0	1.9	4.1	2.4	3.4
Total	100	100	100.0	100.0	100
Number of last births	3,257	1,306	2,793	1,781	4,574

[1]Delivery was assisted by doctor or trained nurse/midwife.

Overall, 56 percent of last births during the five-year period before the survey had a postnatal checkup from a medical provider. The checkup took place within two days of the delivery for around 40 percent of the births who had a checkup (24 percent of all births). For most of the babies, the checkup took place in a health facility; mothers reported that it occurred at home for only one in ten births for which a postnatal checkup was reported. With regard to the blood sample, 23 percent of all last births were reported to have had a blood sample taken from the heel during the two-week period following delivery.

Postnatal care checkups for the child were more common if the mother had a medically-assisted delivery (64 percent) than among the mother not assisted by a medical provider (38 percent) and among births taking place in a health facility (66 percent) than among births outside a health facility (41 percent). Children whose mothers were assisted at delivery by a medical provider were more likely to have had a heel sample taken than were other children (26 percent and 16 percent, respectively). Similarly children whose mothers gave birth in a health facility were more likely to have had a heel sample taken than children whose mothers gave birth elsewhere (27 percent and 17 percent, respectively).

Table 5.13 controls for the type of delivery assistance in presenting the differentials in the likelihood that a child will be seen by a medical provider for a checkup immediately after birth and in the percentages who had a blood sample taken from the heel.

The highest percentages of infants receiving any care are found in the Urban Governorates (77 percent) and among households in the highest quintile on the wealth index (79 percent). The lowest proportions are observed for children of birth order 6 or higher (39 percent) and children living in households ranked in the lowest quintile on the wealth index (39 percent). Infants in rural Upper Egypt also are less likely to have postnatal care than children living in other areas.

Looking specifically at the proportions of children for whom a blood sample was reported to have been taken from the child's heel, the differentials are generally similar to those observed with respect to any care. Overall, the proportion having the blood sample drawn is highest in the Urban Governorates (44 percent) and lowest in rural Upper Egypt (11 percent).

Table 5.13 Postnatal care for child by background characteristics

Percentage of last births in the five-year period before the survey for which the child received postnatal care checkup and for which the mother reported a blood sample was taken from the child's leg by type of delivery assistance, according to selected background characteristics, Egypt 2003

Background characteristics	Medically-assisted delivery[1]			Delivery assisted by daya/other			All births			Number of births
	Postnatal check-up within two days	Blood sample taken from heel within two weeks	Any post-natal checkup	Post-natal check-up within two days	Blood sample taken from heel within two weeks	Any post-natal check-up	Post-natal check-up within two days y	Blood sample taken from heel within two weeks	Any post-natal check-up	
Age at birth										
< 20	26.3	21.6	63.3	7.7	17.0	38.7	20.8	20.2	56.0	387
20-34	30.4	27.6	63.9	7.3	15.8	40.0	23.8	24.3	57.1	3,606
35-49	32.4	19.3	64.7	4.0	11.6	26.6	23.8	16.9	53.1	581
Birth order										
1	33.5	30.7	70.2	6.0	22.6	46.3	29.4	29.5	66.6	1,071
2-3	31.0	26.7	64.5	7.9	16.7	40.2	24.9	24.0	58.0	2,165
4-5	25.4	20.0	57.4	7.2	13.5	37.3	18.4	17.5	49.6	848
6+	23.4	17.7	50.4	4.7	10.2	29.0	13.9	13.8	39.4	489
Urban-rural residence										
Urban	38.5	30.7	71.6	10.0	20.2	41.5	35.1	29.5	68.0	1,792
Rural	22.5	21.7	56.7	6.3	14.4	37.4	16.1	18.8	49.0	2,782
Place of residence										
Urban Governorates	47.9	45.1	80.0	5.8	31.4	36.7	44.5	44.0	76.5	710
Lower Egypt	23.5	26.7	60.6	5.3	24.6	45.0	19.4	26.2	57.1	2,013
Urban	26.9	25.5	63.3	12.5	30.3	44.3	25.6	25.9	61.6	578
Rural	21.7	27.3	59.2	4.4	23.9	45.1	16.9	26.3	55.3	1,435
Upper Egypt	29.4	13.4	58.9	7.9	9.0	34.2	20.0	11.5	48.2	1,851
Urban	38.5	14.1	69.0	11.2	9.0	42.8	32.8	13.0	63.5	503
Rural	23.8	12.9	52.7	7.4	9.0	32.9	15.3	10.9	42.4	1,347
Education										
No education	22.0	19.5	54.9	6.0	12.7	33.0	14.0	16.1	43.9	1,499
Primary incomplete	29.1	21.1	60.5	4.4	16.8	43.8	20.1	19.5	54.4	469
Primary comp./some sec.	33.1	28.6	65.5	11.4	17.8	47.5	27.1	25.6	60.5	725
Sec. comp./higher	33.3	29.1	68.0	7.7	22.0	43.0	30.7	28.4	65.4	1,881
Work status										
Working for cash	38.8	26.5	69.0	8.1	21.1	40.7	33.9	25.7	64.5	582
Not working for cash	28.8	26.0	63.0	6.8	14.9	37.9	22.0	22.6	55.3	3,992
Wealth index										
Lowest quintile	16.0	16.1	48.1	3.6	10.4	30.9	9.1	12.9	38.5	904
Second quintile	19.8	21.1	54.0	9.0	16.7	39.3	15.1	19.2	47.7	913
Middle quintile	27.4	25.6	60.1	8.6	19.3	46.1	22.5	24.0	56.4	955
Fourth quintile	28.5	27.7	65.8	10.8	19.7	41.7	26.2	26.7	62.7	983
Highest quintile	49.2	33.2	80.2	4.5	26.1	54.5	46.9	32.9	78.9	818
Total	30.3	26.1	63.9	6.9	15.4	38.1	23.5	23.0	56.5	4,574

[1]Delivery was assisted by doctor or trained nurse/midwife.

5.7 Trends in Maternal Health Indicators

Table 5.14 presents the trend in key maternal health indicators by residence for the period between the 1988 and 2003 DHS surveys. Overall, there has been a steady upward trend in all of the indicators.

Focusing on the recent period (i.e., between the 2000 and 2003 surveys, the increase in antenatal care coverage was particularly notable. The percentage of births in which the mother reported receiving any antenatal care rose from 53 percent in 2000 to 69 percent in 2003, and the percentage of births having regular antenatal care (i.e., at least four visits) rose from 37 percent in 2000 to 56 percent in 2003. The percentage of births in which the mother received a TT injection also increased, from 72 percent in 2000 to 78 percent in 2003. Sixty-nine percent of deliveries were assisted by medical personnel (almost always a doctor) in 2003 compared to 61 percent in 2000.

All residential categories shared in the improvements in maternal health indicators between the 2000 and 2003 surveys. Rural areas, however, continue to lag behind urban areas in both antenatal care coverage and in medically-assisted deliveries. Within rural Egypt, the absolute increase in antenatal care coverage were somewhat greater in Upper Egypt than in Lower Egypt while the absolute increase in medically-assisted deliveries was greater in Lower Egypt than in Upper Egypt.

Table 5.14 Trends in maternal health indicators

Percentag of births in the five years preceding the survey whose mothers had at least one tetanus toxoid injection, antenatal care from a doctor or trained nurse-midwife, and four or more antenatal care visits, and percentage whose mothers were assisted at delivery by a medical provider, by urban-rural residence and place of residence, Egypt, 1988-2003

Maternal health indicator	Residence		Place of residence							Total
			Urban Gover-norates	Lower Egypt			Upper Egypt			
	Urban	Rural		Total	Urban	Rural	Total	Urban	Rural	
Antenatal care										
Any										
1988	u	u	u	u	u	u	u	u	u	u
1992	u	u	u	u	u	u	u	u	u	u
1995	58.3	27.2	59.2	41.9	65.2	34.5	28.6	51.2	20.8	39.1
2000	70.4	41.9	74.1	53.5	71.2	47.2	44.3	65.1	36.9	52.9
2003	82.9	60.4	83.9	75.2	86.3	70.9	57.4	77.8	50.3	68.8
Regular										
1988	u	u	u	u	u	u	u	u	u	u
1992	u	u	u	u	u	u	u	u	u	u
1995	50.0	14.9	55.1	27.9	52	20.2	17.9	40.6	10.1	28.3
2000	53.9	25.9	56.0	38.9	56.2	32.8	27.2	49.8	19.2	36.7
2003	73.5	44.9	75.4	61.1	76.4	55.2	43.5	68.0	35.0	55.6
Tetanus toxoid injection										
1988	12.6	10.6	8.8	13.1	14.8	12.5	11.1	17.3	8.6	11.4
1992	56.9	57.5	52	64	67.8	62.7	53.3	55.3	52.8	57.8
1995	66.7	71.2	64.2	75.6	70.2	77.4	66.3	67.6	65.9	69.5
2000	70.1	73.9	62.4	79.1	75.3	80.4	70.0	75.4	68.1	72.4
2003	71.1	82.1	66.2	83.6	75.0	86.9	76.5	73.5	77.5	78.0
Medically- assisted deliveries										
1988	57.0	19.1	64.9	31.1	54.4	23.3	23.9	46.9	14.4	34.6
1992	62.5	27.5	68.3	39.7	62.9	32.5	29.7	51.8	23.0	40.7
1995	67.9	32.8	69.2	51.4	75.1	43.9	32.2	59.6	22.9	46.3
2000	81.4	48.0	83.7	65.1	84.7	58.1	47.8	74.7	38.2	60.9
2003	86.7	59.0	90.2	76.5	91.0	70.9	55.3	77.4	47.6	69.4

u = unknown (not available)

6 CHILD HEALTH AND NUTRITIONAL STATUS OF CHILDREN AND WOMEN

Increasing the proportion of children who are vaccinated against the major preventable diseases of childhood is a cornerstone of Egypt's child survival programs. This chapter presents information from the 2003 EIDHS on the level of immunization among young children. The chapter also considers information from the EIDHS on the prevalence and treatment of diarrhea and acute respiratory infections, illnesses that are among the most common causes of childhood deaths in Egypt. Finally, the chapter also looks at several important aspects of the nutritional status of Egyptian children and their mothers.

6.1 Immunizations

The World Health Organization guidelines for childhood immunizations call for all children to receive during the first year of life a BCG vaccination against tuberculosis, three doses of the DPT vaccine (DPT 1, DPT 2 and DPT 3) to prevent diphtheria, pertussis and tetanus, three doses of polio vaccine (Polio 1, Polio 2 and Polio 3), and a measles vaccination. In addition to these standard immunizations, Egypt's childhood immunization program recommends that children receive three doses of the hepatitis vaccine, booster doses for DPT and polio, and the MMR vaccine against measles, mumps and rubella.

Immunization Levels

Immunization information from the 2003 EIDHS is presented in Table 6.1 for children 12-23 months. The age range was chosen in order to assess the current situation with respect to immunization coverage. The table shows that birth records and/or health cards were available in the case of 74 percent of these children. For children who did not have a record, the information on vaccinations was based on the mother's report.[8]

Virtually all children 12-23 months have received at least some of the recommended vaccinations. Coverage levels for BCG are nearly universal, and 96 percent have received a measles vaccination. Ninety-three percent of the children have received the recommended three doses of the DPT and polio vaccines (DPT 1-3 and Polio 1-3). Overall, 88 percent of children are considered as immunized against all major preventable childhood diseases, i.e., they have received a BCG and measles vaccination and the three DPT and three polio immunizations.

Looking at the other vaccines for which data is shown in Table 6.1, coverage levels are relatively high for the hepatitis vaccine, with 79 percent of children reported as having received the third dose of the hepatitis vaccine. Levels are lower for the other vaccines shown in the table (15 percent for Polio 0; 33 percent for Activated DPT; 34 percent for Activated Polio and 32 percent for MMR). The low coverage levels for the latter vaccines are not unexpected in view of the fact that the vaccines have only recently been introduced into the immunization schedule.

Differentials in Vaccination Coverage

Table 6.1 also presents differentials in vaccination coverage. Looking at the differences in the proportions considered as fully immunized, girls are slightly less likely to be fully immunized than boys (89 percent versus 86 percent). By residence, the percentages fully immunized vary from 86

[8]In Egypt, immunizations may be recorded on a child's birth record (certificate) or on a special health card. In collecting data on immunization coverage in the 2003 EIDHS, mothers were asked to show the interviewer the birth record and/or health card for each child born since January 1998. When the mother was able to show the birth record and/or health card, the dates of vaccinations were copied from the document(s) to the questionnaire. If neither a birth record nor a health card was available (or a vaccination was not recorded), mothers were asked a series of questions to determine whether the child had ever received specific vaccines and, if so, the number of doses.

Table 6.1 Vaccinations by background characteristics

Among children 12-23 months, percentage who had vaccination records seen and percentage who received each vaccine (according to the vaccination cards or the mother's report) and, percentage with a vaccination card, by selected background characteristics, Egypt 2003

Background characteristic	Record seen	Vaccinations																		Number of children
		BCG	DPT 1	DPT 2	DPT 3	ADPT	Polio 0	Polio 1	Polio 2	Polio 3	Polio 4	AP	Hepa-titis 1	Hepa-titis 2	Hepa-titis 3	Measles	MMR	Fully immu-nized[1]	None	
Sex																				
Male	74.6	99.0	99.7	95.8	92.9	33.2	15.3	99.6	95.9	93.5	69.4	36.1	93.0	84.6	79.3	96.4	30.3	88.5	0.0	648
Female	73.0	99.3	99.4	93.3	92.3	33.4	13.5	99.8	94.0	93.1	60.9	32.9	94.3	83.2	78.6	94.6	34.1	86.3	0.2	544
Urban-rural residence																				
Urban	71.1	100.0	100.0	96.3	93.9	34.9	13.8	100.0	96.5	94.6	65.5	34.4	92.8	84.6	79.4	96.0	37.4	88.8	0.0	449
Rural	75.5	98.6	99.3	93.6	91.8	32.3	14.9	99.4	94.2	92.5	65.5	34.8	94.1	83.5	78.8	95.3	28.8	86.7	0.1	742
Place of residence																				
Urban Governorates	61.4	100.0	100.0	97.9	93.4	35.3	14.0	100.0	98.1	95.5	63.9	33.8	93.3	82.9	78.4	94.7	34.5	87.2	0.0	185
Lower Egypt	73.0	99.0	100.0	93.7	91.9	32.4	15.1	99.7	92.9	90.8	64.5	33.9	93.7	82.7	77.0	96.8	34.4	87.0	0.0	514
Urban	76.0	100.0	100.0	92.1	91.1	33.9	14.6	100.0	91.1	88.8	71.5	35.6	91.6	80.7	73.6	97.6	36.9	86.5	0.0	140
Rural	71.8	98.6	100.0	94.2	92.2	31.9	15.2	99.6	93.6	91.5	61.9	33.3	94.6	83.5	78.3	96.5	33.4	87.2	0.0	374
Upper Egypt	79.4	98.9	99.0	94.4	93.1	33.4	14.1	99.5	96.1	95.1	67.1	35.7	93.5	85.6	81.3	94.6	28.7	88.1	0.2	493
Urban	80.1	100.0	100.0	98.7	98.0	35.5	12.6	100.0	100.0	99.6	61.1	33.9	93.4	91.4	87.4	96.2	42.2	93.7	0.0	125
Rural	79.2	98.5	98.6	93.0	91.5	32.7	14.6	99.3	94.8	93.6	69.2	36.4	93.6	83.6	79.2	94.1	24.2	86.3	0.3	368
Education																				
No education	76.8	98.9	98.8	91.9	90.2	33.3	14.3	98.9	91.5	89.6	64.5	34.6	92.9	81.9	77.5	94.0	30.5	82.8	0.3	375
Primary incomplete	76.0	97.6	99.8	89.9	87.4	28.3	25.0	100.0	90.2	88.4	63.6	32.0	88.5	74.3	69.5	96.0	26.5	85.1	0.0	116
Primary complete/some secondary	79.0	98.1	100.0	96.3	92.0	30.0	11.9	100.0	97.2	94.3	69.4	32.6	95.0	82.7	75.0	96.1	24.7	86.3	0.0	199
Secondary comp./higher	69.1	100.0	100.0	97.1	95.9	35.7	13.2	100.0	97.9	96.8	65.2	36.1	94.7	88.1	83.9	96.4	37.4	92.0	0.0	502
Work status																				
Working for cash	71.5	100.0	100.0	97.1	94.9	38.5	18.9	100.0	96.5	94.1	62.7	38.8	96.2	83.9	80.7	94.8	43.9	89.8	0.0	135
Not working for cash	74.1	99.0	99.5	94.3	92.4	32.6	13.9	99.6	94.8	93.2	65.9	34.1	93.3	83.9	78.8	95.7	30.5	87.2	0.1	1,057
Wealth index																				
Lowest quintile	71.3	97.4	98.7	90.1	88.6	31.3	13.3	99.5	91.4	89.6	58.8	31.9	91.9	78.7	72.4	93.7	30.1	80.1	0.0	244
Second quintile	75.8	98.4	99.3	92.9	89.4	30.4	16.0	98.7	93.8	90.7	64.9	34.5	92.5	82.1	76.4	95.5	24.7	86.5	0.5	221
Middle quintile	82.3	99.8	99.9	97.3	96.0	38.3	16.1	100.0	97.8	97.1	73.0	39.1	94.2	86.8	82.9	95.4	29.7	91.9	0.0	256
Fourth quintile	72.8	100.0	100.0	95.4	94.5	33.6	14.0	100.0	95.1	93.6	69.4	36.6	95.0	85.2	81.6	96.0	36.2	88.3	0.0	281
Highest quintile	65.0	100.0	100.0	97.8	94.3	31.8	12.7	100.0	97.2	95.7	58.9	29.5	94.2	87.1	81.6	97.6	40.1	91.2	0.0	190
Total 2003 EIDHS	73.8	99.1	99.6	94.6	92.6	33.3	14.5	99.7	95.0	93.3	65.5	34.7	93.6	83.9	79.0	95.6	32.1	87.5	0.1	1,192
Total 2000 EDHS	72.5	99.3	99.2	97.1	94.0	NA	NA	99.6	97.7	94.9	NA	NA	98.7	96.3	93.0	96.9	NA	92.2	0.2	2,170

ADPT = Activated DPT
AP = Activated polio
MMR = Measles, mumps, and rubella
[1]Children are considered fully immunized have received the BCG vaccine, the DPT 1, DPT 2 and DPT 3 vaccines, the Polio 1, Polio 2, and Polio 3 vaccines, and the measles vaccines.

Percent in rural Upper Egypt to 94 percent in urban areas in the same region. Looking at mother's education, the percentage fully immunized ranges from a low of 83 percent for children whose mother never attended school to 92 percent among children whose mothers completed the secondary level or higher. The lowest coverage shown in the table is found among children living in households in the bottom rank on the wealth index; 2 in 10 children in this group have not received all of the basic immunizations required to be fully immunized against the six preventable childhood illnesses.

Trends in Vaccination Coverage

Table 6.1 also shows the trend in the proportion of children fully immunized against the six preventable childhood illnesses between the 2000 and 2003 DHS surveys. The level found in the 2003 EIDHS is slightly lower than the level reported in the 2000 EDHS, reflecting small drops in the proportions receiving the DPT 1-3 immunizations (from 94 percent in 2000 to 93 percent in 2003), the Polio 1-3 immunizations (95 percent in 2000 to 93 percent in 2003) and the measles vaccine (97 percent in 2000 to 96 percent 2003). Some caution should be exercised in interpreting the trend between the 2000 DHS and the 2003 EIDHS since the sampling variability is greater in the 2003 EIDHS than in the 2000 survey due to the EIDHS's smaller sample.

6.2 Diarrhea

Dehydration caused by severe diarrhea is a major cause of illness and death among young children. A simple and effective response to dehydration is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT). ORT may include the use of a solution prepared from commercially produced packets of oral rehydration salts (ORS) or a homemade mixture usually prepared from sugar, salt and water. Increasing the amount of any other liquids given a child during a diarrheal episode is another means of preventing dehydration.

In the 2003 EIDHS, mothers of children under five years of age were asked about whether any of their children under five years of age had had diarrhea at any time during the two-week period.[9] If the child had had diarrhea, the mother was asked about feeding practices during the diarrheal episode and about what actions were taken to treat the diarrhea.

Table 6.2 shows the percentages of children under five years of age who had had diarrhea at some time during the two-week period before the survey and, among children ill with diarrhea, the percentages receiving medical care, oral rehydration therapy (ORT), or other treatments. Overall, 19 percent of children were reported as having had diarrhea in the two-week period prior to the survey. The age pattern shows the typical peak in diarrhea prevalence among children age 6-23 months.

The results in Table 6.2 indicate that some effort is made to treat the diarrhea in most episodes in young children; mothers reported that nothing was done in only 16 percent of the cases. With regard to specific actions taken when a child was ill with diarrhea, mothers sought advice or treatment at a health facility in 46 percent of the diarrheal episodes. Among those receiving medical advice, private health care providers were consulted more often than providers at public sector facilities.

As discussed earlier, increasing a child's fluid intake during a diarrheal episode is important to prevent or treat dehydration. Table 6.2 indicates that ORT was used in treating around one-third of the children who suffered from diarrhea. Around one-quarter of mothers reported that ORS packets were used in treating the diarrhea compared to nine percent who used recommended home fluids. Mothers reported that the child was given more fluids in a total of 31 percent of the cases. Altogether some form of ORT or increased fluids was used to treat a little more than half of the diarrheal episodes.

[9]Since there are seasonal variations in the pattern of diarrheal illnesses, it should be remembered that the percentages in Table 6.2 represent the prevalence of diarrhea at the time of the 2003 EIDHS (i.e., May-June 2003) and not the situation at other times of the year in Egypt.

Table 6.2 Prevalence and treatment of diarrhea

Percentage of children under five years ill with diarrhea in the two weeks before the survey and, among ill children, percentage receiving medical care, oral rehydration therapy (ORT), other treatment and no treatment, selected background characteristics, Egypt 2003

Background characteristic	Percentage of children ill with diarrhea	Medical care from:			Oral rehydration therapy			Increased fluids	ORT/Increased fluids	Other treatments				None	Number of children with diarrhea
		Any health provider	Public provider	Private provider	ORS packet	RHS at home	Either ORS or RHS			Antibiotics	Other pill	IV	Home remedy/Other		
Child's age															
Under 6 months	20.1	46.9	15.9	31.2	27.1	6.6	31.1	16.9	41.4	22.2	32.5	5.5	8.5	20.4	122
6-11 months	37.7	54.2	21.2	33.1	38.9	10.1	45.1	26.9	59.3	23.5	36.3	6.6	4.7	12.5	248
12-23 months	28.0	47.5	18.7	29.1	32.9	10.1	38.5	36.1	61.6	25.9	34.6	7.4	3.9	9.8	334
24-35 months	17.5	49.8	20.6	29.4	22.8	10.5	29.3	34.0	57.6	18.5	34.7	5.0	8.3	18.9	218
36-47 months	11.6	24.4	10.7	13.7	14.5	7.1	19.4	29.8	47.9	14.1	31.7	5.6	9.8	22.8	138
48-59 months	7.2	36.5	8.6	28.0	15.1	4.9	18.3	31.7	44.6	13.0	36.7	5.5	4.5	18.5	83
Sex															
Male	19.9	50.7	17.6	33.4	28.6	10.6	35.1	31.6	56.6	19.7	38.0	7.1	6.2	13.4	630
Female	17.7	39.6	17.5	22.1	27.6	7.1	31.8	29.3	53.7	23.1	30.3	5.2	6.1	17.9	514
Birth order															
1	22.1	48.5	14.5	34.3	27.0	6.7	31.1	32.7	53.6	22.8	37.8	8.5	4.2	15.2	392
2-3	18.2	44.3	17.7	26.8	27.8	8.2	33.2	29.3	54.6	22.6	34.9	4.4	7.7	15.6	494
4-5	18.5	44.3	21.4	22.8	29.6	13.9	37.6	24.2	53.6	15.3	31.6	4.9	6.9	17.1	183
6+	13.0	44.1	23.7	20.3	32.7	15.1	39.4	43.4	72.4	17.9	22.1	10.1	5.0	11.7	74
Urban-rural residence															
Urban	16.8	46.2	15.4	31.1	20.8	7.0	25.2	33.3	50.9	22.6	40.5	4.2	9.2	15.7	383
Rural	20.2	45.5	18.7	26.9	31.8	10.1	37.9	29.2	57.5	20.5	31.6	7.2	4.6	15.3	760
Place of residence															
Urban Governorates	17.8	39.8	13.4	26.9	22.5	0.5	23.1	42.5	56.1	23.8	44.4	1.8	9.3	16.0	159
Lower Egypt	19.1	41.9	13.1	28.9	24.0	3.8	26.9	29.4	47.5	25.0	35.3	6.0	7.4	17.1	492
Urban	16.0	45.7	10.4	35.6	11.3	8.2	17.0	25.3	36.5	22.1	41.2	4.1	13.9	19.2	116
Rural	20.3	40.8	13.9	26.8	27.9	2.4	30.0	30.7	50.8	25.9	33.5	6.6	5.4	16.4	376
Upper Egypt	19.1	51.4	23.5	28.1	34.1	17.0	43.7	27.9	62.8	16.6	30.7	7.9	3.9	13.7	493
Urban	16.3	56.2	23.8	32.4	28.5	15.2	37.0	28.5	58.7	21.6	34.2	7.9	4.3	11.6	109
Rural	20.0	50.1	23.3	26.9	35.7	17.6	45.5	27.7	64.0	15.2	29.7	7.9	3.8	14.2	384
Education															
No education	16.9	46.7	23.3	23.4	36.3	12.6	42.8	26.4	59.6	15.3	27.1	8.1	4.0	18.3	344
Primary incomplete	20.5	43.8	15.3	28.7	34.8	5.9	37.2	28.6	56.0	21.0	38.1	4.8	12.8	9.4	127
Prim.comp./some sec.	23.3	47.6	19.5	28.3	23.4	9.4	30.2	28.7	51.2	25.7	31.4	5.8	6.1	19.3	226
Secondary comp./ higher	18.4	44.6	12.9	32.0	22.4	7.0	27.3	35.3	53.8	23.5	40.9	5.4	6.0	13.1	447
Work status															
Working for cash	14.0	46.3	10.7	36.0	19.0	6.7	21.7	30.5	46.2	17.0	46.7	5.5	11.5	13.1	101
Not working for cash	19.6	45.7	18.3	27.5	29.0	9.3	34.8	30.6	56.1	21.6	33.4	6.3	5.7	15.7	1,043
Wealth index															
Lowest quintile	21.9	42.5	22.3	20.4	37.3	13.2	45.0	30.5	64.7	17.6	25.7	10.6	4.2	14.3	280
Second quintile	18.9	47.3	19.5	27.9	34.5	8.4	40.1	22.8	53.5	23.1	33.9	4.7	4.3	15.5	233
Middle quintile	19.0	50.5	19.7	30.9	26.4	9.5	31.2	27.5	50.2	19.5	35.1	6.3	7.3	18.6	243
Fourth quintile	17.9	44.6	13.6	31.4	21.8	7.2	25.6	32.8	51.8	21.6	42.5	4.2	6.2	13.5	226
Highest quintile	16.2	43.3	9.0	34.3	14.8	4.8	19.4	43.5	54.1	26.5	39.1	3.5	10.7	15.4	162
Total	18.9	45.7	17.6	28.3	28.2	9.1	33.6	30.6	55.3	21.2	34.6	6.2	6.2	15.5	1,144

Note: Oral rehydration therapy (ORT) includes use of solutions prepared from oral rehydration salt (ORS) packets and of recommended home fluids (RHS), e.g., sugar-salt-water solutions. Increased fluids includes increased frequency of breastfeeding. Public sector providers include government hospitals and health units. Private sector providers include private hospitals/clinics and private doctors. The percentage consulting a public sector provider and the percentage consulting a private sector provider do not sum to the total percentage consulting any health provider because , in a small proportion of cases, more than one type of provider was consulted. IV refers to intravenous fluids.

Antibiotics and other antidiarrheal medications are generally not recommended for treating diarrhea in young children. However, Table 6.2 shows that antibiotics were given to 21 percent of the children with diarrhea and around one-third of the children received some other type of medication.

Considering the differentials in Table 6.2, there are marked differences in the age patterns for most treatment indicators. For example, children under age 3 are more likely than older children to be taken to a health provider when they are ill with diarrhea, and they are also more likely to be treated with ORT. Looking at sex differentials, boys are markedly more likely than girls to be taken to a provider for treatment (particularly private providers), and girls are more likely than boys not to receive any treatment. ORT therapy is a more common treatment for diarrhea in rural than urban areas while urban mothers, particularly those in the Urban Governorates, are more likely than rural mothers to report increasing general fluids than to employ ORT. Both the educational level of the mother and the wealth index are inversely related to the use of ORT. Reliance on antibiotics or other medications to treat diarrhea is somewhat more common in urban than rural areas.

6.3 Acute Respiratory Infection

Along with diarrhea, acute respiratory infection (ARI), particularly pneumonia, is a common cause of death among infants and young children. Early diagnosis and treatment with antibiotics can prevent a large proportion of the deaths due to pneumonia. The 2003 EIDHS collected information on the prevalence of symptoms of ARI and on the treatment children with ARI symptoms received.

As in earlier DHS surveys, the prevalence of ARI was estimated in the 2003 EIDHS by asking mothers if their children under five years of age had been ill with coughing accompanied by short rapid breathing in the two weeks before the survey. Cough and short, rapid breathing are signs and symptoms of pneumonia, and thus, the EIDHS results are less appropriate for use in assessing the presence of other ARI-related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat). The mother's report is also subjective, reflecting her perception of the symptoms the child had.

The EIDHS results indicate that the prevalence of cough with short, rapid breathing during the two-week period before the survey was 10 percent among children under five years of age (Table 6.3). Differentials in the proportions of children with ARI symptoms are small. The largest differences are by the child's age, with children 6-11 months having the highest rate of illness followed by children 12-35 months.

Women whose children had ARI symptoms were asked whether they had sought advice or treatment for the illness. The mothers reported that advice or treatment was sought from a health provider for 70 percent of the children who were ill. Private providers were consulted more often than government health facilities (48 percent and 23 percent, respectively).

Differences in the likelihood of seeking medical advice are quite evident. Medical advice was sought more often in cases when the child was less than one-year old than when the child is 12 months and older or when the child is a boy rather than a girl. Children from Upper Egypt were more likely to be taken to a provider than children from Lower Egypt or from the Urban Governorates. Mothers with at least a primary education were more likely to seek medical advice than less-educated mothers. The percentage seeking medical advice also increased with the household's ranking on the wealth index.

Table 6.3 also shows the percentage of children who were given antibiotics to treat respiratory illness. According to the mother, 73 percent of children who had a cough and short, rapid breathing were treated with an antibiotic. Those who were most likely to receive antibiotics included children 6-11

months, urban children, especially from urban Lower Egypt, children whose mothers had a secondary or higher education, and children falling in the top three quintiles on the wealth index.

Table 6.3 Prevalence and treatment of acute respiratory disease

Percentage of children under five ill with ARI symptoms in the two weeks before the survey and, among ill children, percentage receiving medical care, antibiotics, and no treatment by selected background characteristics, Egypt 2003

Background characteristic	Percentage of children ill with cough and short, rapid breathing	Among children with ARI symptoms, percentage receiving:					Number of children
		Medical care from:					
		Any health provider	Public provider	Private provider	Anti-biotics	No treatment	
Child's age							
Under 6 Months	7.3	76.4	26.3	50.6	73.7	17.5	610
6-11 Months	15.5	79.9	26.0	54.5	81.4	8.4	658
12-23 Months	11.4	72.4	20.2	53.2	74.4	16.1	1,192
24-35 Months	11.5	63.9	20.0	45.5	70.5	22.9	1,243
36-47 Months	8.1	63.4	21.7	41.7	63.6	20.6	1,195
48-59 Months	8.3	70.0	30.2	40.3	76.9	16.9	1,158
Sex							
Male	10.6	75.9	23.1	53.1	79.7	12.0	3,161
Female	9.9	63.5	23.6	41.3	65.9	23.6	2,895
Birth order							
1	9.1	71.1	19.6	52.6	75.5	15.0	1,777
2-3	11.3	74.0	23.4	51.3	74.4	16.9	2,719
4-5	10.6	60.2	24.6	36.4	67.5	22.6	993
6+	7.8	64.4	33.8	30.6	71.6	16.7	567
Urban-rural residence							
Urban	11.1	68.2	21.2	47.0	77.3	18.0	2,284
Rural	9.7	71.6	24.8	48.0	70.6	16.9	3,772
Place of residence							
Urban Governorates	12.5	69.8	22.7	47.1	76.3	23.4	892
Lower Egypt	12.3	66.0	16.8	49.9	68.7	19.6	2,579
Urban	12.3	62.8	15.7	47.5	70.7	19.9	725
Rural	12.3	67.2	17.2	50.9	67.9	19.5	1,853
Upper Egypt	7.3	77.5	34.7	44.1	79.2	10.0	2,585
Urban	7.7	73.9	27.8	46.1	90.7	3.1	667
Rural	7.2	78.9	37.3	43.4	75.0	12.5	1,918
Education							
No education	10.5	64.7	33.3	33.1	63.5	21.6	2,031
Primary incomplete	12.1	64.9	19.3	46.0	70.9	18.5	620
Primary complete/some secondary	11.4	75.5	19.6	55.9	76.4	14.0	972
Secondary comp./higher	9.1	74.6	17.0	58.0	82.0	14.5	2,433
Work status							
Working for cash	10.6	71.9	21.0	51.6	64.6	17.6	724.0
Not working for cash	10.2	70.0	23.7	47.1	74.5	17.3	5,332.0
Wealth index							
Lowest quintile	10.5	58.2	28.8	29.6	55.6	25.6	1,278
Second quintile	8.4	68.8	25.1	46.0	69.6	18.2	1,233
Middle quintile	12.0	73.2	33.8	40.7	78.9	13.0	1,280
Fourth quintile	10.4	76.1	17.8	58.6	83.0	14.3	1,265
Highest quintile	9.5	75.6	4.6	71.0	79.9	16.0	1,000
Total	10.2	70.2	23.3	47.6	73.3	17.3	6,056

6.4 Breastfeeding and Supplementation

The pattern of infant feeding has an important influence on the health of children. Feeding practices are the principal determinant of a young child's nutritional status, and poor nutritional status has been shown to increase the risk of illness and death among children. Breastfeeding practices also have an effect on the mother's fertility. Frequent breastfeeding for long durations is associated with longer periods of postpartum amenorrhea and thus longer birth intervals and lower fertility.

Initiation of Breastfeeding

Early initiation of breastfeeding is beneficial for a number of reasons. For the mother, early suckling promotes the release of a hormone that helps the uterus achieve a contracted state and reduces the risk of postpartum hemorrhage. For the child, it is important to receive the colostrum, which is contained in the first breast milk after delivery and is rich in antibodies.

Table 6.4 shows that more than 9 in 10 children in every subgroup were reported as ever breastfed. Among the children who were ever breastfed, the majority began breastfeeding soon after birth; 52 percent of the children were put to the breast within an hour after delivery, and 87 percent were breastfed within the first day. Both medical assistance at delivery and delivery at a health facility are associated with lower proportions of children for whom breastfeeding was initiated within an hour of birth. Even among children in these subgroups, however, breastfeeding was initiated for more than eight in ten children within 24 hours of birth. In general, the characteristics associated with facility deliveries or medical assistance at delivery (e.g., urban residence and higher educational levels) are also associated with somewhat later initiation of breastfeeding.

Prelacteal feeding is the practice of giving other liquids to a child during the period after birth before the mother's milk is flowing freely. Overall, according to Table 6.4, slightly more than half of all children born in the five years prior to the survey received prelacteal feeds during the first three days after birth. In general, differentials in the level of prelacteal feeds are comparatively small, with the greatest variation observed by place of residence.

Introduction of Complementary Feeding

The Ministry of Health and Population has adopted the recommendation from UNICEF, WHO and other international agencies that during the first six months of life, children should be exclusively breastfed; that is, they should be given only breast milk and not receive other complementary liquids (including plain water) or solids. Early complementary feeding is discouraged because the early introduction of other liquids or foods may increase the exposure of an infant to pathogens that may cause diarrheal disease. Malnutrition is another risk. The complementary foods given to a child may not provide all of the calories that the infant needs, particularly if they are watered down. Since the production of breast milk is influenced by the intensity and frequency of suckling, early complementary feeding may reduce breast milk output, further increasing the risk of malnutrition.

To obtain information on feeding patterns, mothers were asked about the breastfeeding status of all children under the age of five in the 24-hour period before the interview and about what other (if any) liquids or solids had been given to the child during the period. These data are used in Table 6.5 to explore patterns of breastfeeding and supplementation among children under age 3. The table shows that breastfeeding continues for the majority of Egyptian children beyond the first year of life, with around half of the children 18-19 months continuing to be breastfed. Weaning takes place rapidly after this age, with just 13 percent children age 24-25 months still breastfed.

Exclusive breastfeeding is common but not universal among very young infants. Table 6.5 shows that, among infants under two months of age, 67 percent received only breast milk. The proportion exclusively breastfed then drops off to 30 percent among children 2-3 months of age, and to less than 10 percent among children 4-5 months of age.

It is important to introduce complementary foods around age six months since at that stage the mother's breast milk no longer provides adequate nutrition for the child. Table 6.5 indicates that are some problems with the timely introduction of complementary foods. For example, around 1 in 11 children ages 8-11 months were not being given solid or mushy food or other milk in addition to breast milk.

Table 6.4 Initial breastfeeding

Among children born in the five years preceding the survey, percentage who were ever breastfed, percentage who started breastfeeding within one hour and within one day of birth, and percentage who received prelacteal feeding, by selected background characteristics, Egypt 2003

Background characteristic	Ever breastfed	Percentage who started breastfeeding: Start Within 1 hour	Start Within 1 day	Percentage who received prelacteal feeding	Number of children
Assistance at delivery					
Medically trained provider	94.5	45.7	85.2	56.1	4,380
Daya	96.7	66.9	91.2	53.3	1,780
Other or None	95.1	69.9	87.0	56.3	154
Place of delivery					
Public health facility	94.6	49.5	84.8	53.6	1,474
Private health facility	94.0	39.7	83.9	58.9	2,252
Home/other	96.5	64.8	90.9	53.1	2,587
Sex					
Male	95.3	51.6	87.1	55.5	3,305
Female	95.0	53.2	86.9	55.1	3,009
Urban-rural residence					
Urban	94.3	45.9	87.3	54.7	2,362
Rural	95.7	56.2	86.8	55.7	3,952
Place of residence					
Urban Governorates	94.7	39.5	85.8	49.6	911
Lower Egypt	94.0	43.5	84.2	54.4	2,688
Urban	92.2	42.6	84.9	55.1	751
Rural	94.7	43.9	83.9	54.2	1,937
Upper Egypt	96.5	65.1	90.1	58.1	2,715
Urban	96.1	57.3	91.8	60.9	700
Rural	96.6	67.8	89.5	57.1	2,015
Education					
No education	95.2	62.6	87.9	53.3	2,142
Primary incomplete	97.1	50.1	86.7	62.5	638
Primary complete/some secondary	93.4	53.9	87.5	56.1	1,023
Secondary comp./higher	95.3	43.7	86.1	54.8	2,511
Work status					
Working for cash	92.9	47.6	87.4	53.7	755
Not working for cash	95.5	53.0	86.9	55.5	5,559
Wealth index					
Lowest quintile	94.9	60.7	84.8	54.8	1,366
Second quintile	96.5	56.5	88.8	55.4	1,279
Middle quintile	94.8	55.5	87.4	55.3	1,323
Fourth quintile	94.4	45.4	88.4	54.0	1,319
Highest quintile	95.3	40.9	85.3	57.4	1,029
Total	95.2	52.4	87.0	55.3	6,314

Table 6.5 Breastfeeding status

Percent distribution of children by breastfeeding status, by selected background characteristics, Egypt 2003

Months since birth	Not breast-feeding	Exclusively breast fed	Breastfed and given: Plain water only	Breastfed and given: Water-based liquids/ juices	Breastfed and given: Comple-mentary foods/ milk	Total percent	Number of living children
<2	1.8	67.4	9.0	12.6	9.2	100.0	153
2-3	2.6	29.7	23.6	26.7	17.3	100.0	208
4-5	4.4	7.8	22.2	11.5	54.0	100.0	248
6-7	10.8	2.1	14.4	7.5	65.3	100.0	206
8-9	12.1	0.5	5.0	3.4	79.0	100.0	217
10-11	10.5	0.0	5.7	3.3	80.5	100.0	235
12-13	16.9	0.0	0.3	3.8	79.0	100.0	155
14-15	15.7	1.1	0.5	1.4	81.3	100.0	165
16-17	30.0	0.1	2.7	0.2	67.1	100.0	247
18-19	47.4	0.0	0.0	0.0	52.6	100.0	189
20-21	62.3	0.0	0.0	0.0	37.7	100.0	234
22-23	77.9	0.0	0.1	0.0	22.0	100.0	202
24-25	86.6	0.0	0.6	0.0	12.8	100.0	198
26-27	93.5	0.0	0.0	0.1	6.4	100.0	221
28-29	96.7	0.0	0.0	0.0	3.3	100.0	227
30-31	98.3	0.0	0.0	0.0	1.7	100.0	203
32-33	99.5	0.0	0.0	0.0	0.5	100.0	206
34-35	99.2	0.0	0.0	0.0	0.8	100.0	187
0-3 months	2.3	45.7	17.4	20.7	13.9	100.0	361
4-6 months	5.0	6.6	19.3	10.8	58.3	100.0	357
7-9 months	13.2	0.4	8.5	4.1	73.8	100.0	314
Total	48.6	5.2	4.9	3.9	37.4	100.0	3,703

Differentials in the Duration and Frequency of Breastfeeding and Bottle-feeding

Differentials in the median duration of breastfeeding and in the prevalence of bottle-feeding are presented in Table 6.6. The median duration of breastfeeding is 18.8 months. Children are exclusively breastfed or predominantly breastfed for an average of 1.5 months and 2.4 months, respectively.

Children born in health facilities are breastfed for a somewhat shorter period on average than those born at home; moreover, there is a difference of around 1 month in the average duration of breastfeeding among children born in public and private facilities. A similar pattern is observed in looking at the relationship between assistance at delivery and breastfeeding durations; children whose mothers were assisted at delivery by a medical provider are breastfed for an average of 18.1 months, 1.8 months less than children whose mothers received assistance at delivery from a daya.

Looking at other characteristics, males tend to be breastfed on average for a somewhat longer period than females. The average breastfeeding duration is somewhat longer for rural children than for urban children. By place of residence, the median duration ranges from a low of 18 months in urban Lower Egypt to 19.4 months in rural Upper Egypt. Children born to mothers with less than a primary education are breastfed slightly longer than children born to more educated mothers.

Table 6.6 also provides information on the differentials in the percentage of children under age two who are being bottlefed. Overall, a bottle with a nipple was used in feeding only 17 percent of these children during the 24 hours before the survey. Bottlefeeding is more common among children whose mothers delivered in a health facility and/or received assistance at delivery from a doctor or trained nurse/midwife. Bottlefeeding rates are notably higher among babies in urban areas, babies whose

mothers have some education, and babies whose mothers work for cash. Even in these groups, however, less than one-quarter of babies are bottlefed.

Table 6.6 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under age 3 and percentage of children under age 2 who were bottlefed, by background characteristics, Egypt 2003

Background characteristic	Among children under age three, median duration in months			Number of children under age three	Percentage under age two who are bottlefed	Number of children under age 2
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding[1]			
Place of delivery						
Public health facility	18.7	1.2	2.2	929	18.5	619
Private health facility	17.8	1.5	2.1	1,445	20.9	948
Home/other	19.5	1.8	3.1	1,477	11.9	892
Assistance at delivery						
Medical provider	18.1	1.5	2.3	2,772	19.1	1,805
Daya	19.9	1.8	3.1	990	11.3	602
Other/none	21.7	0.4	1.7	88	10.7	52
Sex						
Male	19.2	1.5	2.4	1,998	16.4	1,289
Female	18.1	1.6	2.4	1,852	17.7	1,171
Urban-rural residence						
Urban	18.4	1.3	2.1	1,385	21.3	901
Rural	19.0	1.6	2.6	2,465	14.6	1,558
Place of residence						
Urban Governorates	18.3	1.5	2.0	548	21.1	365
Lower Egypt	18.4	1.7	2.4	1,663	19.7	1,053
Urban	18.0	1.7	2.1	430	26.9	277
Rural	18.5	1.7	2.4	1,233	17.1	775
Upper Egypt	19.3	1.4	2.6	1,640	13.0	1,042
Urban	19.1	0.5	0.7	407	15.5	259
Rural	19.4	1.6	2.7	1,233	12.1	782
Education						
No education	19.5	1.5	3.1	1,259	13.3	770
Primary incomplete	19.2	0.9	2.2	357	22.1	231
Primary complete/some secondary	18.9	1.8	2.9	628	19.2	405
Secondary comp./higher	18.0	1.5	2.1	1,606	17.8	1,054
Work status						
Working for cash	16.9	1.3	2.3	414	21.1	249
Not working for cash	18.9	1.6	2.4	3,436	16.6	2,210
Total	18.8	1.5	2.4	3,850	17.0	2,459

[1]Either exclusively breastfed or received plain water only in addition to breastfeeding

6.5 Nutritional Status of Children

Measurement of Nutritional Status

Nutritional status is a primary determinant of a child's health and well-being. To assess nutritional status, the 2003 EIDHS obtained measurements of height[10] and weight for all children living in the household who were under age 6. Using these anthropometric measurements as well as information on the ages of the children, three standard indices of physical growth describing the nutritional status of children were constructed: (1) height-for-age; (2) weight-for height; and (3) weight-for-age.

As recommended by the World Health Organization (WHO), evaluation of nutritional status in this report is based on the comparison of the three indices for the population of children in the survey with those reported for a reference population of well-nourished children. One of the most commonly used reference populations, and the one used for this study, is the international reference population defined by the U.S. National Center for Health Statistics (NCHS) and accepted by WHO and the U.S. Centers for Disease Control.

Each of the indices measures somewhat different aspects of nutritional status. The height-for-age index provides an indicator of linear growth retardation. Children whose height-for-age is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age, or *stunted.* Children who are below minus three standard deviations (-3 SD) from the reference population are considered *severely stunted.* Stunting of a child's growth may be the result of a failure to receive adequate nutrition over a long period of time or of the effects of recurrent or chronic illness.

The weight-for-height index measures body mass in relation to body length. Children whose weight-for-height measures are below minus two standard deviations (-2 SD) from the median of the reference population are too thin for their height, or *wasted,* while those whose measures are below minus three standard deviations (-3 SD) from the reference population median are *severely wasted.* Wasting represents the failure to receive adequate nutrition during the period immediately before the survey. It may be the result of recent episodes of illness or acute food shortages.

Weight-for-age is a composite index of height-for-age and weight-for-height. Children whose weight-for-age measures are below minus two standard deviations (-2 SD) from the median of the reference population are *underweight* for their age, while those whose measures are below minus three standard deviations (-3 SD) from the reference population median are *severely underweight.* A child can be underweight for his age, because he is stunted, he is wasted, or he is both stunted and wasted.

Levels of Child Malnutrition

Table 6.7 shows the proportions of children born to EIDHS respondents and under age five who are classified as malnourished according to three measures of nutritional status, i.e., height-for-age, weight-for-height, and weight-for-age, by selected background characteristics of the child.

The data on height-for-age in Table 6.7 indicates that there is considerable chronic malnutrition among Egyptian children. Sixteen percent of children under age five are stunted, and 6 percent are severely stunted. A child's age is associated with the likelihood of stunting. Stunting increases from only 16 percent among children under six months of age to 23 percent among children 12-23 months,

[10]Although the term "height" is used, children younger than 24 months were measured lying on a measuring board, while standing height was measured for older children. Weight data were obtained using a digital scale with an accuracy of 100 grams.

before falling to 10 percent among children age four and older. Levels of stunting are slightly higher for male children than for female children.

Table 6.7 Nutritional status of children

Percentage of children under five years who are classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected background characteristics, Egypt 2003

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Below -3 SD	Below -2 SD[1]	Below -3 SD	Below -2 SD[1]	Below -3 SD	Below -2 SD[1]	
Child's age							
Under 6 months	3.9	15.8	0.8	4.6	0.2	6.4	546
6-11 months	6.3	17.3	0.0	4.4	0.5	11.0	619
12-23 months	9.7	23.0	0.5	4.0	1.9	11.2	1,118
24-35 months	6.2	13.6	1.5	4.2	2.5	9.3	1,191
36-47 months	4.2	14.8	1.4	4.7	1.1	8.7	1,159
48-59 months	2.4	10.3	0.0	2.5	0.4	4.6	1,128
Sex							
Male	6.3	16.9	0.8	4.3	1.4	9.4	3,014
Female	4.7	14.2	0.8	3.7	1.1	7.6	2,748
Birth order							
1	5.5	14.8	1.0	4.0	1.4	8.6	1,678
2-3	5.2	15.2	0.8	4.0	1.1	8.5	2,593
4-5	5.8	17.6	0.5	4.2	1.1	8.2	942
6+	6.5	17.0	0.8	3.8	1.8	9.1	549
Birth interval							
First birth	5.6	15.0	0.9	3.9	1.5	8.8	1,706
Under 24 months	6.1	16.9	0.7	5.3	1.2	10.1	823
24-47 months	5.7	15.9	0.9	4.1	1.1	8.8	2,033
48+ months	4.7	15.3	0.5	3.1	1.0	6.7	1,199
Urban-rural residence							
Urban	4.9	14.1	1.0	3.8	1.2	6.8	2,177
Rural	5.9	16.6	0.6	4.1	1.3	9.6	3,584
Place of residence							
Urban Governorates	6.1	15.6	0.7	3.1	1.5	5.7	837
Lower Egypt	3.0	10.9	0.3	3.1	0.8	6.2	2,483
Urban	2.2	10.0	0.4	2.2	0.4	4.8	700
Rural	3.3	11.3	0.2	3.4	1.0	6.8	1,783
Upper Egypt	7.9	20.4	1.3	5.3	1.5	11.9	2,442
Urban	6.3	16.7	2.0	6.3	1.5	10.5	641
Rural	8.5	21.8	1.0	4.9	1.5	12.4	1,801
Education							
No education	6.9	17.2	0.9	4.0	1.4	9.7	1,925
Primary incomplete	4.4	16.6	0.7	4.6	1.5	10.0	596
Primary comp./some secondary	3.6	14.2	0.9	3.2	1.2	7.3	920
Secondary comp./higher	5.5	14.6	0.7	4.1	1.0	7.7	2,321
Work status							
Working for cash	5.1	14.1	0.4	4.1	0.7	7.9	691
Not working for cash	5.6	15.8	0.8	4.0	1.3	8.6	5,070
Wealth index							
Lowest quintile	7.0	18.2	1.0	4.3	2.1	10.8	1,205
Second quintile	5.4	16.7	0.4	3.7	1.0	9.5	1,174
Middle quintile	4.8	15.3	0.6	3.8	0.6	6.9	1,213
Fourth quintile	4.3	13.8	0.7	4.9	1.0	8.0	1,211
Highest quintile	6.3	13.7	1.2	3.0	1.5	7.3	958
Total	5.5	15.6	0.8	4.0	1.2	8.6	5,761

Note: Figures are for children of EIDHS respondents under age five. 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 (SD) from the median.
[1]Includes children who are below -3 SD

Rural children are more likely to be stunted than urban children (17 percent and 14 percent, respectively). The percentage stunted varies by place of residence, from 10 percent in urban Lower Egypt to 22 percent in rural Upper Egypt. The educational level of the mother is inversely related to the level of stunting. Children of mothers who work for cash are somewhat less likely to be stunted than other children. Household wealth also is associated with stunting levels; the proportion stunted declines from 18 percent among children living in households in the lowest quintile on the wealth index to 14 percent among children in households in the two highest quintiles.

The weight-for-height index provides a measure of wasting, or acute malnutrition. Overall, four percent of Egyptian children are wasted. Differences in wasting levels are generally minor across the subgroups in Table 6.7.

Reflecting the effects of both chronic and short-term malnutrition, nine percent of children under age five are underweight for their age. Low weight-for-age is more common among children 6-23 months than among older or younger children. Other differentials in the proportions of children who are underweight generally parallel the patterns seen for stunting.

Trends in Child Nutrition

Table 6.8 looks at recent trends in the nutritional status of children in Egypt using anthropometric data from EDHS surveys undertaken between 1992 and 2003. There are a number of factors that should be kept in mind in looking at the trends in the indicators. First, the trends may be influenced by differences in the quality of the anthropometric data collected in the surveys or in the reporting of children's ages. Particularly where they are small, the differences in the indicators may be simply a result of sampling variability rather than of a genuine change in children's nutritional status.

Table 6.8 Trends in nutritional status of children

Percentage of children under five classified as malnourished according to selected indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, Egypt 1992-2003

Index of nutritional status	1992 EDHS	1995 EDHS	1997 Interim EDHS	1998 Interim EDHS	2000 EDHS	2003 EIDHS
Height-for-age	26.0	29.8	24.9	20.6	18.7	15.6
Weight-for-height	3.4	4.6	6.1	5.1	2.5	4.0
Weight-for-age	9.9	12.5	11.7	10.7	4.0	8.6

Note: Figures are based on children of respondents under age five.
Source: El-Zanaty and Associates and Macro International Inc., 1999, Table 9.7

The trends in the nutritional status indicators suggest that the nutritional status of young children in Egypt has improved since the early 1990s. Looking at the height-for-age measures, for example, there was a decrease in the percentage of children who were considered stunted, from 26 percent at the time of the 1992 EDHS to 16 percent in the 2003 EIDHS. The weight-for-height and weight-for-age measures also show declines, with the levels observed for the 2003 EIDHS being for the most part lower than the levels in earlier surveys.

6.6 Nutritional Status of Women

Besides measures for children under age five, the 2003 EIDHS obtained information on the height and weight of women interviewed in the survey. These measures are used to calculate the body mass index (BMI), an indicator combining height and weight data. In looking at the nutritional indicators for women, it is important to recognize that the anthropometric data are not representative of all women age 15-49 in Egypt. In particular, height and weight measures were not obtained for women who were

not married. Women who were pregnant or less than two months postpartum are also excluded from the analysis of women's body mass.

Table 6.9 presents height and BMI measures for ever-married women. Maternal height is an outcome of nutrition during childhood and adolescence. It is useful in predicting the risk of difficult delivery, since small stature is frequently associated with small pelvis size. The risk of low birth weight babies is also higher for short women. The cutoff point, i.e., the height below which a woman is considered to be at nutritional risk, is in the range of 140-150 centimeters. The mean height of mothers measured in the 2003 EIDHS was 159 centimeters. Less than one percent were shorter than 145 centimeters.

In looking at BMI levels, a cutoff of 18.5 has been recommended for assessing chronic energy deficiency among nonpregnant women. Excluding those who are pregnant or less than two months postpartum, the mean BMI of ever-married Egyptian women is 28.6. Less than 1 percent have a BMI below 18.5, the level indicating chronic energy deficiency.

Table 6.9 Nutritional status of women by background characteristics

Among ever-married women age 15-49, mean height and percentage under 145 cm, mean body mass index (BMI) and percentage whose BMI is below 18.5, by selected background characteristics, Egypt 2003

Background characteristic	Height mean	Height percent < 145	Number of women[1]	BMI mean	BMI percent < 18.5	Number of women[1]
Age						
15-19	157.2	0.5	340	23.9	2.0	227
20-24	158.4	0.3	1,357	25.5	1.3	1,024
25-29	159.2	0.2	1,763	27.1	0.8	1,434
30-34	159.5	0.4	1,401	28.1	0.4	1,260
35-39	159.8	0.5	1,577	29.0	0.7	1,510
40-44	159.9	0.5	1,367	30.7	0.3	1,355
45-49	160.0	0.9	1,273	31.3	0.2	1,269
Urban-rural residence						
Urban	159.6	0.4	3,876	29.6	0.3	3,484
Rural	159.2	0.5	5,201	27.9	0.9	4,594
Place of residence						
Urban Governorates	159.0	0.2	1,647	30.1	0.1	1,500
Lower Egypt	160.6	0.2	4,073	29.0	0.2	3,643
Urban	160.8	0.2	1,174	29.5	0.3	1,047
Rural	160.5	0.1	2,899	28.8	0.2	2,597
Upper Egypt	158.1	0.9	3,357	27.3	1.5	2,934
Urban	159.4	0.8	1,054	28.7	0.7	937
Rural	157.5	0.9	2,303	26.6	1.9	1,997
Education						
No education	159.1	0.7	3,422	28.5	0.8	3,174
Primary incomplete	159.0	0.7	1,162	29.2	0.4	1,069
Primary complete/some secondary	159.1	0.5	1,257	28.5	0.8	1,090
Secondary comp./higher	160.0	0.1	3,236	28.4	0.4	2,745
Work status						
Working for cash	160.7	0.0	1,440	29.5	0.3	1,350
Not working for cash	159.1	0.5	7,637	28.4	0.7	6,728
Total	159.4	0.4	9,077	28.6	0.6	8,078

Table 6.9 also presents differentials in the nutritional indicators for women. There is little variation in women's mean height. The mean body mass index varies directly with the woman's age and is somewhat higher among urban women than among rural women. By place of residence, the mean body mass index ranges from a low of 26.6 among ever-married women in rural Upper Egypt to a high

of 30.1 in the Urban Governorates.

6.7 Micronutrient Supplementation

Vitamin A Supplementation

Egypt has a program of vitamin A supplementation for new mothers and young children. Vitamin A is a micronutrient found in very small quantities in some foods. It is considered essential for normal sight, growth, and development. Vitamin A is important in protecting the body against some infectious illnesses such as measles and diarrheal disease. Severe vitamin A deficiency is associated with total loss of vision or with other vision impairments including night blindness.

Supplementation among Women

As part of the supplementation program, a vitamin A capsule is given to new mothers within the first two months after delivery, with the goal that the infant will receive an adequate quantity of the micronutrient through the mother's breast milk to ensure healthy development. To collect information to assess the effect of the maternal supplementation program, women who had given birth during the five-year period prior to the DHS were shown a vitamin A capsule and asked whether they had been given the capsule during the two-month period after the child's birth.

Table 6.10 presents the level and differentials in vitamin A supplementation among women for the 2003 EIDHS. The table also includes information on the levels observed in the 2000 EDHS in order to assess the trend since that survey. According to the 2003 results, mothers reported receiving a vitamin A capsule for one in three births. The largest differentials in the proportions of mothers reporting they received a vitamin A capsule are observed by residence and the household's wealth status.

A comparison of the 2000 EDHS and the 2003 EIDHS levels shows threefold increase in the proportion of mothers who received a vitamin A capsule during the two-month period after they gave birth (from 11 percent to 34 percent).

Table 6.10 Vitamin A supplementation among postpartum mothers

Percentage of births in the five years preceding the 2003 EIDHS for which mothers received vitamin A during the two-month period immediately following delivery, by selected background characteristics, and percentage of births in the five years preceding the 2000 EDHS for which mothers received vitamin A during the two-month period immediately following delivery, Egypt 2000-2003

Background characteristic	Mother received vitamin A	Number of births
Mother's age at birth		
< 20	35.5	735
20-34	34.5	4,905
35-49	26.1	674
Birth order		
1	36.4	1,858
2-3	34.8	2,816
4-5	31.2	1,038
6+	24.8	602
Urban-rural residence		
Urban	31.2	2,362
Rural	35.2	3,952
Place of residence		
Urban Governorates	33.8	911
Lower Egypt	39.4	2,688
Urban	31.2	751
Rural	42.6	1,937
Upper Egypt	28.0	2,715
Urban	27.7	700
Rural	28.1	2,015
Education		
No education	31.1	2,142
Primary incomplete	31.3	638
Primary comp./some secondary	35.2	1,023
Secondary comp./higher	36.0	2,511
Work status		
Working for cash	32.8	755
Not working for cash	33.8	5,559
Wealth index		
Lowest quintile	28.5	1,366
Second quintile	32.5	1,279
Middle quintile	40.6	1,323
Fourth quintile	33.3	1,319
Highest quintile	33.9	1,029
Total 2003 EIDHS	33.7	6,314
Total 2000 EDHS	10.9	11,361

Supplementation among Children

The second component of the supplementation program is directed at children. Beginning at age nine months (typically at the time the child receives the measles vaccination), young children are given one vitamin A capsule (100,000 international units). Two additional capsules (200,000 units) are given to children at age 18 months with the activated polio dose.

Table 6.11 looks at the coverage of vitamin A supplementation among children age 12-23 months. The rate is based on information from the vaccination record that the child had received a capsule during the six-month period before the survey or on the mother's recall that the child received a capsule when a vaccination record was not available. About 65 percent of children age 12-23 months have received a vitamin A capsule. This is nearly three times the coverage recorded in the 2000 EDHS (23 percent).

Differentials across subgroups do not show consistent patterns. Overall, children of birth order 6 or higher have the lowest level of supplementation (54 percent) and children living in urban Upper Egypt have the highest level (75 percent).

Table 6.11 Vitamin A supplementation among children 12-23 months

Percentage of children 12-23 months who were reported in the 2003 EIDHS to have received vitamin A capsule, by selected background characteristics, and percentage of children 12-23 months who were reported in the 2000 EDHS to have received vitamin A capsule, Egypt 2000-2003

Background characteristic	Child received vitamin A	Number of births
Sex		
Male	65.0	648
Female	64.6	544
Birth order		
1	67.9	381
2-3	63.4	524
4-5	67.4	197
6+	54.1	91
Urban-rural residence		
Urban	68.3	449
Rural	62.7	742
Place of residence		
Urban Governorates	68.6	185
Lower Egypt	59.0	514
Urban	62.1	140
Rural	57.9	374
Upper Egypt	69.4	493
Urban	74.7	125
Rural	67.6	368
Education		
No education	64.4	375
Primary incomplete	56.4	116
Primary comp./some secondary	67.2	199
Secondary comp/higher	66.0	502
Work status		
Working for cash	68.8	135
Not working for cash	64.3	1,057
Wealth index		
Lowest quintile	65.2	244
Second quintile	67.4	221
Middle quintile	60.0	256
Fourth quintile	66.2	281
Highest quintile	65.6	190
Total 2003 EIDHS	64.8	1,192
Total 2000 EDHS	22.7	2,170

Use of Iodized Salt

Iodine is another important micronutrient. Low levels of iodine in the diet are associated with a number of problems including miscarriages and, among children, retarded mental development. Egypt has adopted a program of fortifying salt with iodine to prevent iodine deficiency.

In the 2003 EIDHS, the iodine content of the salt used in the household was measured using a rapid-test kit provided by UNICEF. The test kit consisted of ampoules of a stabilized starch solution and a weak acid-based solution. A drop of the starch solution was squeezed onto a salt sample obtained in the household, causing the salt to change color. The EIDHS interviewer conducting the test matched the color of the salt to a color chart included with the test kit to determine the level of iodization.

Table 6.12 shows the percentage of households using iodized salt. Overall, the iodine content of the salt was 25 ppm (parts per million) or higher in 56 percent of households. This is more than twice the percentage of households in this category at the time of the 2000 EDHS. In turn, the percentage of households using noniodized salt has dropped sharply since 2000, from 44 percent to 21 percent.

Table 6.12 Iodized salt

Percentage of households in which salt was tested for iodine, and, among those tested, percent distribution by iodine content, by selected background characteristics, Egypt 2003, and percentage of households in which salt was tested for iodine, and, among those tested, percent distribution by iodine content, Egypt 2000-2003

Background characteristic	Percentage of households in which salt was tested	Iodine content			Total percent	Number of households
		0 ppm (no iodine)	<= 25 ppm	26 ppm+		
Urban-rural residence						
Urban	99.5	7.9	15.6	76.5	100.0	5,047
Rural	99.7	33.9	30.0	36.2	100.0	5,042
Place of residence						
Urban Governorates	99.3	3.3	9.1	87.6	100.0	2,319
Lower Egypt	99.6	28.7	23.5	47.8	100.0	4,259
Urban	99.6	13.3	18.6	68.1	100.0	1,451
Rural	99.7	36.7	26.1	37.3	100.0	2,808
Upper Egypt	99.8	23.0	30.9	46.1	100.0	3,511
Urban	99.7	10.0	24.0	66.0	100.0	1,278
Rural	99.8	30.4	34.8	34.8	100.0	2,233
Total 2003 EIDHS	99.6	20.9	22.8	56.3	100.0	10,089
Total 2000 EDHS	99.9	44.1	28.4	27.5	100.0	16,957

Table 6.12 also shows that there are marked residential differences in the use of iodized salt. Urban households were much more likely than rural households to be using salt considered to be adequately iodized; the salt was not iodized at all in one-third of rural households compared to 8 percent of urban households. By place of residence, the proportion of households using noniodized salt ranged from 3 percent in the Urban Governorates to 37 percent in rural Lower Egypt.

7 EARLY CHILDHOOD MORTALITY

This chapter presents information on the levels and trends, and differentials in neonatal, post-neonatal, infant and child mortality among children less than five years of age in Egypt. The 2003 EIDHS mortality estimates are calculated from information that was collected in the birth history section of the individual questionnaire. The birth history section began with questions about respondent's experience with childbearing (i.e., the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died). These questions were followed by a retrospective birth history in which the respondent was asked to list each of her births, starting with the first birth. Data were obtained in the birth history on the sex, month and year of birth, survivorship status, and current age, or age at death, of each of the respondent's live births. This information is used to directly estimate the following mortality 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 during the first year of life
Child mortality: the probability of dying between the first and fifth birthday
Under-five mortality: the probability of dying before the fifth birthday.

7.1 Levels of Early Childhood Mortality

Neonatal, postneonatal, infant, child and under-five mortality rates are shown in Table 7.1 for the 20 years preceding the 2003 EIDHS. It is important to remember that these rates are derived from retrospective data and are, thus, subject to errors of omission and misreporting of dates of birth and ages at death. These errors are usually more common for events further back in time. Therefore, the results in Table 7.1 are more likely to underestimate rather than overestimate the size of the decline in mortality over time in Egypt.

Table 7.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality for five-year periods preceding the survey, Egypt 2003

Years preceding the survey	Approximate midpoint of calendar period	Mortality rate				
		Neonatal	Post-neonatal	Infant (1q0)	Childhood (4q1)	Under-5 (5q0)
0-4	2001	22.9	15.1	38.0	7.9	45.7
5-9	1996	27.0	24.7	51.7	14.1	65.1
10-14	1991	27.4	30.3	57.7	18.6	75.2
15-19	1986	33.1	35.7	68.8	33.2	99.7

The 2003 EIDHS mortality estimates show that childhood mortality is becoming increasingly concentrated in early infancy. For the five-year period before the survey, the under-five mortality rate is 46 deaths per 1000 births while the infant mortality rate is 38 per 1,000; this indicates that more than 80 percent of early childhood deaths in Egypt are occurring before the child reaches his first birthday. In turn, an examination of the neonatal and postneonatal rates (23 per 1,000 and 15 per 1,000, respectively) show that three-fifths of infant deaths take place within the first month of life.

7.2 Trends in Early Childhood Mortality

Table 7.2 presents the trend in infant and under-five mortality rates for successive five-year periods before the three rounds of the Egypt DHS surveys and the 1980 EFS. Together the estimates cover a

thirty-year period from the late 1960s through the beginning of the current decade.

They show that childhood mortality levels decreased substantially over the period. Overall, the probability of dying before age five has fallen by around 80 percent from a level of 243 deaths per 1,000 births in the 1960s. The infant mortality rate is now only around one-fourth of the level observed in the mid-1960s.

Table 7.2 also allows for an examination of the trend in childhood mortality since the 2000 EDHS. The comparison suggests that mortality continued to decline at a relatively steady pace during the approximately three-year period between the two surveys.

Table 7.2 Trends in early childhood mortality in Egypt, 1965-2003

Trends in neonatal, infant, and under-five mortality from selected surveys, Egypt 1964-2003

Approximate reference period	Approximate midpoint	Survey	Infant mortality	Under-five mortality
1998-2003	2001	2003 EDHS	38	46
1995-2000	1998	2000 EDHS	44	54
1993-1998	1996	2003 EDHS	52	65
1990-1995	1993	2000 EDHS	66	84
1990-1995	1993	1995 EDHS	63	81
1988-1993	1991	2003 EDHS	58	75
1987-1992	1990	1992 EDHS	62	85
1985-1990	1988	2000 EDHS	74	103
1985-1990	1988	1995 EDHS	82	110
1983-1988	1986	1988 EDHS	73	102
1982-1987	1985	1992 EDHS	97	130
1980-1985	1983	2000 EDHS	98	140
1980-1985	1983	1995 EDHS	97	139
1978-1983	1981	1988 EDHS	120	167
1977-1982	1980	1992 EDHS	108	157
1974-1979	1977	1980 EFS	132	191
1973-1978	1976	1988 EDHS	124	203
1969-1974	1972	1980 EFS	146	238
1964-1969	1967	1980 EFS	141	243

Note: For the 2003 EIDHS, the fieldwork took place principally during May. Thus, the five-year reference periods for this survey can be considered to approximately represent periods starting in May of the year in which the period begins and ending in April of the year in which the period terminates. For the 2000 EDHS and the 1980 EFS, the fieldwork for the survey took place principally during February and March of the survey years. Thus, the five-year reference periods for the mortality rates from these surveys can be considered to approximately represent periods starting in March of the year in which the period begins and ending in February of the year in which the period terminates (e.g., March 1995-February 2000 for the five-year period immediately prior to the 2000 DHS). For all other DHS surveys, fieldwork took place principally during October to December of the survey years. Thus, the five-year reference periods used in calculating the mortality rates for the 1988, 1992 and 1995 DHS surveys can be considered to approximately represent periods starting in November of the year in which the period begins and ending in October of the year in which the period terminates (e.g., November 1990-October 1995).
Source: El-Zanaty et al.,1996, Table 9.2

7.3 Socio-Economic Differentials

Table 7.3 looks at how the survival of young children is related to a number of socio-economic conditions including residence, the mother's educational level, and household wealth. For these comparisons, the mortality estimates are calculated for a ten-year period before the survey so that that the rates are based on a sufficient number of cases in each category to ensure statistical significance.

Urban children have a lower probability of dying both in infancy and in the later stages of early childhood than rural children. The under-five mortality in rural areas is 63 deaths per 1,000 births, nearly 50 percent higher than the urban level of 43 per 1,000. Looking at rural mortality patterns in more detail, children in rural Upper Egypt have a much greater likelihood of dying than children in rural Lower Egypt. The under-five mortality rate in rural Upper Egypt is 73 deaths per 1,000 compared to 53 per 1,000 in rural Lower Egypt. Urban children also have a higher probability of dying in infancy if they live in Upper Egypt (45 deaths per 1,000) than if they live in Lower Egypt or in the Urban Governorates (41 per 1,000 and 26 per 1,000, respectively).

As expected, mortality levels are inversely associated with the mother's educational level. For example, the under-five mortality rate among children born to women with no education is 73 deaths per 1,000 births compared with 32 deaths per 1,000 births among children born to women who have completed secondary school or higher

Finally, as Table 7.3 shows, there is a strong negative association between household wealth and early childhood mortality rates. Children from households ranked in the bottom 20 percent on the wealth

index are more than two and one-half times as likely to die before reaching age five as children from households ranked in the highest quintile on the index. Overall, at current levels, around 1 in 12 children in the poorest households will die before the fifth birthday compared to around 1 in 31 children from the wealthiest households.

7.4 Demographic Differentials

Table 7.4 shows the relationship between early childhood mortality and various demographic variables including the sex of child, mother's age at birth, the child's birth order, and the length of the previous birth interval. Both infant and under-five mortality levels are slightly higher for girls than for boys.

The effect of young maternal age at birth on mortality is quite evident in Table 7.4. Children born to mothers who were under age 20 or age 40 and older are significantly more likely to die during both infancy and early childhood than children born to mothers in the 20-39 age cohort.

The relationship between mortality and birth order does not exhibit the expected pattern of markedly higher mortality among first births. However, mortality rises as expected with birth order among second-order and higher births, with very high order births (i.e., seventh order and higher) experiencing much higher mortality than other children. For example, under-five mortality for births of orders seven or higher is 107 per 1,000 compared to 49 per 1,000 for first-order births.

Short birth intervals are strongly associated with mortality levels. For example, the under-five mortality rate among children born less than two years after a previous birth is 85 deaths per 1,000 births, nearly 90 percent higher than the level among children born four or more years after a previous birth.

7.5 High-Risk Fertility Behavior

There is a strong relationship between maternal fertility patterns and children's survival risks. Typically, the risk of early childhood death is higher among children born to mothers who are too

Table 7.3 Early childhood mortality by socio-economic characteristics

Infant and under-five mortality for the ten-year period preceding the survey, by selected socio-economic background characteristics, Egypt 2003

Background characteristics	Infant mortality	Under-5 mortality
Urban-rural residence		
Urban	34.0	42.5
Rural	51.4	63.1
Place of residence		
Urban Governorates	26.3	33.5
Lower Egypt	41.3	49.2
Urban	33.4	40.8
Rural	44.3	52.5
Upper Egypt	54.8	68.8
Urban	45.1	56.3
Rural	58.3	73.4
Education		
No education	57.3	73.4
Some primary	52.6	62.2
Primary complete/some secondary	43.6	53.3
Secondary complete/higher	28.6	32.2
Wealth index		
Lowest quintile	65.0	83.8
Second quintile	45.3	56.9
Middle quintile	43.1	50.7
Fourth quintile	37.1	44.4
Highest quintile	27.6	32.0
Total	44.7	55.1

Table 7.4 Early childhood mortality by demographic characteristics

Infant and under-five mortality by selected demographic background characteristics for the ten-year period preceding the survey, Egypt 2003

Background characteristics	Infant mortality	Under-5 mortality
Sex of child		
Male	43.0	53.1
Female	46.5	57.4
Mother's age at birth		
Less than 20	60.4	67.7
20-29	41.0	51.1
30-39	45.1	57.7
40-49	52.4	64.9
Birth order		
1	43.4	48.9
2-3	37.2	45.3
4-6	48.2	63.4
7+	82.0	107.1
Previous birth interval		
< 2 years	65.0	84.8
2-3 years	37.6	48.3
4 years or more	37.4	45.1

young or too old, children born after too short birth interval and among children of high birth order, than among other children. For purposes of the analysis that follows, a mother is classified as "too young" if she is less than 18 years of age, and "too old" if she is over 34 years at the time of the birth. A "short birth interval" is defined by 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 children (i.e., the child is of birth order four or higher).

The data presented in the first two columns of Table 7.5 address the issue of high-risk fertility behavior from the perspective of the child. The first column shows the percentage of births in the five-year period before the survey that falls into one or more of the categories where the risk of dying is elevated. The second column presents the ratio of the proportion dead in each high-risk category to the proportion dead among children not in any high-risk category. Categories in which this risk ratio exceeds 1.0 are considered to have an elevated risk of dying. Finally, in looking at Table 7.5, it should be noted that first births, although they often at increased risk of dying, are included in the not at high-risk category. This is because it is not an avoidable fertility behavior.

Table 7.5 High-risk fertility behavior

Percentage of children born in the five years prior to the survey who are at elevated risk of mortality and percentage of currently married women at risk of conceiving a child with an elevated risk of mortality, according to category of increased risk, Egypt 2003

Risk category	Births in the five years preceding the survey		Percentage of currently married women[a]
	Percentage of births	Risk ratio	
Not in any high-risk category	32.5	1.00	19.0[b]
Unavoidable risk category			
First births, mother age 18 to 24	26.5	1.40	7.5
Single high-risk category			
Mother's age < 18	2.9	1.77	0.3
Mother Age > 34	2.1	1.98	7.5
Birth interval < 24 months	9.7	1.30	9.3
Birth order > 3	14.2	1.34	12.9
Subtotal	28.9	1.42	30.0
Multiple high-risk category			
Age<18 & birth interval <24 months[c]	0.2	0.00	0.1
Age>34 & birth interval <24	0.2	5.06	0.3
Age>34 & birth order >3	7.5	1.67	35.1
Age>34 birth interval <24 months & birth order >3	1.0	1.86	2.3
Birth interval <24 months & birth order >3	3.3	2.48	5.8
Subtotal	12.1	1.92	43.6
In any avoidable high-risk category	41.0	1.57	73.6
Total	100.0	na	100.0
Number of births	6,314	na	8,445

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.

[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.

The table shows that 41 percent of the births in the five-year period before the survey were in at least one of the high-risk categories, and 12 percent had two or more risk factors. A short birth interval and high birth order were the most common risks.

Considering the risk ratios in the second column, a child in any of the risk categories is 1.57 times as likely to die a child not in any of the categories. Among the single-risk categories, older maternal age places children at the highest risk. Risk ratios are higher for children in multiple risk categories than children in any single risk category. With regard to the specific combination of risk factors, the highest risks are found for births to older mothers after a short interval and higher order births after a short interval.

Finally, Column 3 of Table 7.5 shows the potential for high-risk births from the perspective of the woman, i.e., the proportion of currently married women who if they had become pregnant would give birth to a child who would be at elevated risk of dying. A woman's current age, time elapsed since the last birth, and parity are used to determine the risk category in which any birth a woman conceived at the time of the survey would fall. For example, if a respondent age 40 who had

four births with the last birth 18 months before the survey were to become pregnant, she would fall in a multiple-risk category of being too old, too high parity (four or more births) and giving birth too soon (less than 24 months after a previous birth).

Overall, the majority of currently married women in Egypt have the potential of giving birth to a child at elevated risk of mortality (74 percent). Thirty percent of women have the potential of having a birth in a single high-risk category (mainly high birth order), while more than 40 percent have the potential for having a birth in a multiple high-risk category (mainly old maternal age and high birth order).

8 KNOWLEDGE OF AIDS, HEPATITIS C, AND SAFE INJECTION PRACTICES

The 2003 EIDHS is the first DHS survey conducted in Egypt to collect information on the levels of knowledge of AIDS and of hepatitis C. The survey also included questions relating on the awareness of safe injection practices. Efforts are being directed at increasing awareness of AIDS and hepatitis C and of the importance of safe injection practices; these data will be useful in shaping these efforts by both assessing women's current knowledge and providing information on the channels through which they are obtaining information.

8.1 Knowledge of AIDS

The 2003 EIDHS obtained information on three aspects of AIDS knowledge: the overall level of awareness of AIDS, the source from which information on AIDS had most recently been obtained, and knowledge of the avenues through which AIDS might be contracted. Tables 8.1 and 8.2 present these findings.

Table 8.1 shows that around 9 in 10 ever-married women in Egypt have heard about AIDS. Knowledge levels are almost universal among urban and highly educated women. Although knowledge was still widespread, notably lower levels of knowledge were found among women who never attended school (79 percent) and among women living in households ranking at the bottom of the wealth index (72 percent). Women in the youngest and oldest age cohorts and rural women are also less likely to know about AIDS than women in other groups.

Table 8.1 also shows that television was the most recent source of information on AIDS for the great majority of women in all subgroups. Less than five percent of women named another information source.

Table 8.2 presents information on the avenues of transmission of the virus causing AIDS named by women who had heard about AIDS. The percentages naming various transmission routes add to more than 100 percent because women were asked to name at least two ways in which an individual might contract the virus.

The results in Table 8.2 indicate that most women who know about AIDS can name a way in which the virus that causes AIDS is transmitted; 76 percent of women who had heard about AIDS—68 percent of all women—were able to name a way an individual may be exposed to the virus causing AIDS. Three-quarters of the women knowing an avenue of transmission said that the virus causing AIDS could be contracted through a blood transfusion, and 55 percent said an individual could get the virus through heterosexual relations. Similar percentages named homosexual sex and contact with an unclean needle as potential ways to get the virus (41 percent and 40 percent, respectively). Less than 15 percent of the women mentioned any of the other transmission routes.

Although the levels vary, most subgroups have similar patterns of responses with regard to the routes through which the virus causing AIDS is contracted, e.g., transfusion is the avenue most commonly cited and mosquito or other insect bites and mother to child transmission cited least often in all groups.

Table 8.1 Knowledge of AIDS

Percentage of all ever-married women age 15-49 who know about AIDS and percent distribution of women knowing about AIDS by the source of information from which the woman last saw or heard about HIV/AIDS, according to selected background characteristics, Egypt 2003

Background characteristic	Percentage of ever-married women knowing about AIDS	Number of ever-married women	Source from which women last saw/heard about HIV/AIDS					Total percent	Number of ever-married women who had heard about AIDS
			TV	Other media	Medical provider	Husband/ other relative	Other/ missing		
Age									
15-19	83.4	343	90.9	0.0	1.5	1.1	6.5	100.0	286
20-24	93.2	1,372	95.9	0.2	0.9	1.4	1.6	100.0	1,279
25-29	92.6	1,782	96.9	0.7	0.2	0.9	1.3	100.0	1,651
30-34	92.1	1,415	96.2	0.8	0.7	0.8	1.5	100.0	1,303
35-39	88.5	1,588	95.5	0.7	0.9	0.9	1.9	100.0	1,406
40-44	88.1	1,380	94.0	1.4	1.1	1.3	2.1	100.0	1,215
45-49	83.6	1,279	94.8	0.7	0.3	1.1	3.1	100.0	1,069
Urban-rural residence									
Urban	97.3	3,908	95.7	1.1	0.8	1.0	1.4	100.0	3,802
Rural	83.9	5,251	95.3	0.4	0.7	1.1	2.5	100.0	4,407
Place of residence									
Urban Governorates	97.9	1,666	96.1	0.5	0.9	1.2	1.3	100.0	1,631
Lower Egypt	87.6	4,105	94.6	1.1	1.0	1.3	2.0	100.0	3,596
Urban	96.6	1,181	94.3	2.1	1.0	1.1	1.5	100.0	1,141
Rural	83.9	2,924	94.8	0.6	1.1	1.3	2.2	100.0	2,455
Upper Egypt	88.0	3,388	96.2	0.4	0.3	0.7	2.5	100.0	2,983
Urban	97.1	1,061	96.8	0.8	0.4	0.6	1.5	100.0	1,031
Rural	83.9	2,327	95.9	0.2	0.2	0.8	3.0	100.0	1,952
Education									
No education	78.9	3,452	94.5	0.4	0.4	1.3	3.4	100.0	2,722
Some primary	88.1	1,167	95.6	0.2	0.2	1.9	2.1	100.0	1,029
Primary complete/ some secondary	94.7	1,270	96.7	0.3	0.6	0.8	1.6	100.0	1,203
Secondary complete/higher	99.5	3,270	95.8	1.3	1.2	0.7	1.0	100.0	3,254
Work status									
Working for cash	95.1	1,455	92.9	1.7	2.6	1.0	1.9	100.0	1,384
Not working for cash	88.6	7,701	96.0	0.5	0.4	1.1	2.0	100.0	6,822
Wealth index									
Lowest quintile	72.0	1,699	91.2	0.5	0.7	2.0	5.6	100.0	1,223
Second quintile	85.0	1,769	96.4	0.2	0.5	0.9	2.0	100.0	1,503
Middle quintile	92.4	1,874	96.5	0.7	0.6	0.7	1.6	100.0	1,731
Fourth quintile	97.4	1,937	96.3	0.6	0.9	1.0	1.2	100.0	1,887
Highest quintile	99.2	1,879	95.9	1.4	0.9	0.9	0.9	100.0	1,865
Total	89.6	9,159	95.5	0.7	0.7	1.1	2.0	100.0	8,209

Table 8.2 Knowledge of ways a person can contract AIDS

Percentage of ever-married women age 15-49 knowing about AIDS who can name at least one way in which an individual can contract the virus causing AIDS and percentage of women knowing a way in which the virus causing AIDS can be contracted who named various routes of transmission, according to selected background characteristics, Egypt 2003

Background characteristic	Percentage of ever-married women knowing about AIDS who can name one way the virus AIDS can be contracted	Number of ever-married women knowing about AIDS	Percentage of women naming various routes of transmission									Number of ever-married women who know one way the virus causing AIDS can be contracted
			Hetero-sexual relations	Homo-sexual sex	Blood trans-fusion	Un-clean needle	Other contact with infected person	Casual physical contact with infected person	Mother to child trans-mission	Mos-quito/ other insect bites	Other	
Age												
15-19	61.7	286	50.1	31.3	65.6	35.9	18.6	11.2	5.8	3.4	5.0	177
20-24	77.6	1,279	49.8	40.8	73.6	39.7	13.7	14.5	6.4	1.1	3.4	992
25-29	81.8	1,651	54.0	42.9	75.9	39.5	12.2	9.8	5.4	1.8	2.9	1,350
30-34	80.3	1,303	56.9	43.0	79.7	40.9	12.8	8.8	3.7	1.3	1.9	1,047
35-39	76.4	1,406	58.0	39.3	73.8	41.0	12.9	8.1	5.5	1.3	1.9	1,075
40-44	72.8	1,215	57.9	39.7	77.7	41.1	12.7	7.9	5.3	1.1	2.1	884
45-49	68.5	1,069	52.1	43.4	75.4	40.3	12.8	9.3	4.7	2.1	1.4	732
Urban-rural residence												
Urban	86.7	3,802	61.4	41.0	81.2	42.4	10.1	8.6	5.3	0.8	1.7	3,295
Rural	67.2	4,407	47.4	41.5	69.6	37.9	16.2	11.0	5.2	2.3	3.2	2,961
Place of residence												
Urban Gover-norates	86.2	1,631	76.4	30.7	81.0	38.2	5.4	8.8	5.8	0.6	1.9	1,406
Lower Egypt	74.8	3,596	54.0	42.0	69.5	40.6	18.5	9.3	5.3	2.2	3.6	2,689
Urban	86.4	1,141	54.0	48.8	77.3	45.1	16.6	8.6	5.4	1.2	2.3	985
Rural	69.4	2,455	54.0	38.1	65.0	38.0	19.6	9.7	5.2	2.8	4.3	1,704
Upper Egypt	72.5	2,983	41.5	47.2	80.0	41.2	11.0	11.0	4.8	1.2	1.3	2,161
Urban	87.7	1,031	45.9	48.7	85.7	45.9	10.3	8.4	4.3	0.8	0.6	904
Rural	64.4	1,952	38.4	46.1	75.9	37.8	11.6	12.9	5.2	1.5	1.8	1,258
Education												
No education	57.0	2,722	46.6	37.3	65.7	34.7	14.9	11.3	2.1	1.7	2.1	1,551
Some prim.	66.9	1,029	49.5	40.1	70.7	35.8	11.3	10.7	4.2	2.0	3.1	688
Prim. comp./ some sec.	80.2	1,203	57.4	41.8	71.8	34.8	11.4	10.8	4.6	2.1	2.4	965
Sec. comp./ higher	93.8	3,254	59.2	43.3	83.2	45.8	12.9	8.5	7.2	1.1	2.5	3,052
Work status												
Working for cash	88.9	1,384	55.1	48.1	84.7	50.2	14.0	7.5	8.2	1.4	1.9	1,231
Not working for cash	73.6	6,822	54.6	39.6	73.5	37.8	12.7	10.3	4.5	1.5	2.5	5,022
Wealth index												
Lowest	47.1	1,223	41.0	38.7	62.3	32.3	14.5	14.8	2.0	3.5	4.2	576
Second	65.4	1,503	46.8	40.5	68.3	36.0	17.4	11.0	2.8	1.0	2.9	982
Middle	76.2	1,731	50.0	43.7	67.7	37.5	16.4	11.9	4.4	2.0	2.4	1,319
Fourth	85.8	1,887	58.5	40.6	78.7	41.8	11.0	9.1	5.9	1.5	2.4	1,619
Highest	94.3	1,865	63.7	41.2	87.5	45.9	9.2	6.5	7.7	0.8	1.6	1,759
Total	76.2	8,209	54.7	41.2	75.7	40.3	13.0	9.8	5.2	1.5	2.4	6,256

8.2 Knowledge of Hepatitis C

The information that was collected in the 2003 EIDHS on hepatitis C parallels that obtained with respect to AIDS: ever-married women were asked if they knew about hepatitis C, and, if so, the source from which information on hepatitis C had most recently been obtained and the avenues through which hepatitis C might be contracted. Tables 8.3 and 8.4 present these findings.

Table 8.3 shows that 65 percent of ever-married women said that they had heard about hepatitis C; this is considerably lower than the proportion who knew about AIDS. Women were most likely to say they knew about hepatitis C if they lived in an urban area, especially one of the Urban Governorates, if they had a secondary or higher education, and if they were in the highest wealth quintile. Women in the latter category were the most likely to know about hepatitis C, with 92 percent saying they had heard of the disease.

As was the case with AIDS, notably lower levels of knowledge were found among women who never attended school (45 percent), women in the youngest and oldest age cohorts, and rural women. Women living in households ranked in the bottom quintile on the wealth index were the least likely to know about hepatitis C; fewer than 2 in 5 women in this subgroup said they had heard of the disease.

Table 8.3 shows that television was again a primary most recent source of health information; slightly more than 80 percent of the women knowing about hepatitis C said that they had heard about the illness most recently on television.

Table 8.4 presents information on the avenues of transmission named by women who had heard about hepatitis C. The percentages naming various transmission routes add to more than 100 percent because women were asked to name at least two ways in which an individual might contract hepatitis C.

The results in Table 8.4 indicate, again as was the case with AIDS, most women who know about hepatitis C, can name a way in the illness is transmitted; 56 percent of the women who had heard about hepatitis C—36 percent of all ever-married women—were able to name a way an individual may be exposed to the illness. Almost three-quarters of the women able to name an avenue of transmission for hepatitis C said that it could be contracted through a blood transfusion (73 percent), and 46 percent said that contact with an unclean needle could expose an individual. Other commonly mentioned avenues of transmission for the illness included heterosexual sex (19 percent), casual physical contacts with an infected person (e.g., shaking hands) (25 percent) and other types of contact with infected persons (31 percent).

As was the case with AIDS, subgroups share similar patterns of responses with regard to the routes of transmission for the hepatitis C although the proportions citing a specific avenue vary.

Table 8.3 Knowledge of hepatitis C

Percentage of ever-married women age 15-49 knowing about hepatitis C and percent distribution of women knowing about hepatitis C by the source of information from which the woman last saw or heard about hepatitis C, according to selected background characteristics, Egypt 2003

Background characteristic	Percentage of ever-married women knowing about hepatitis C	Number of ever-married women	Source from which women last saw/heard about hepatitis C					Total percent	Number of ever-married women who had heard about hepatitis C
			TV	Other media	Medical provider	Husband/ other relative	Other/ missing		
Age									
15-19	55.2	343	81.6	1.8	1.5	7.7	7.4	100.0	189
20-24	62.7	1,372	84.3	0.9	4.4	5.5	4.9	100.0	861
25-29	68.9	1,782	83.0	1.6	4.2	5.7	5.5	100.0	1,229
30-34	69.6	1,415	83.9	0.9	5.0	4.9	5.4	100.0	984
35-39	66.2	1,588	79.7	1.7	4.3	7.4	6.9	100.0	1,051
40-44	65.7	1,380	80.7	1.1	4.6	6.7	6.8	100.0	907
45-49	59.0	1,279	76.4	1.9	3.9	9.4	8.5	100.0	754
Urban-rural residence									
Urban	81.6	3,908	82.2	1.4	5.2	5.8	5.4	100.0	3,188
Rural	53.1	5,251	80.8	1.3	3.3	7.3	7.3	100.0	2,788
Place of residence									
Urban Governorates	86.0	1,666	85.6	0.7	5.4	4.0	4.3	100.0	1,433
Lower Egypt	60.4	4,105	75.4	1.8	4.7	9.7	8.4	100.0	2,481
Urban	76.9	1,181	75.4	2.8	4.9	8.4	8.5	100.0	908
Rural	53.8	2,924	75.4	1.3	4.5	10.4	8.4	100.0	1,573
Upper Egypt	60.8	3,388	86.0	1.3	3.1	4.5	5.0	100.0	2,061
Urban	79.8	1,061	83.7	1.2	5.0	6.2	4.0	100.0	847
Rural	52.2	2,327	87.7	1.4	1.8	3.3	5.8	100.0	1,215
Education									
No education	44.5	3,452	81.9	0.7	2.8	6.7	7.8	100.0	1,536
Some primary	57.8	1,167	79.9	0.8	3.7	7.3	8.2	100.0	675
Primary comp./some secondary	69.0	1,270	84.6	1.4	2.7	5.7	5.6	100.0	876
Secondary comp./ higher	88.3	3,270	80.7	1.9	5.7	6.5	5.2	100.0	2,888
Work status									
Working for cash	81.3	1,455	75.0	1.8	7.3	7.5	8.4	100.0	1,183
Not working for cash	62.2	7,701	83.1	1.3	3.6	6.3	5.8	100.0	4,790
Wealth index									
Lowest quintile	38.2	1,699	80.2	0.9	2.1	8.3	8.5	100.0	649
Second quintile	50.2	1,769	80.4	0.9	4.2	6.2	8.3	100.0	889
Middle quintile	63.7	1,874	81.3	1.4	4.7	6.4	6.3	100.0	1,193
Fourth quintile	78.5	1,937	85.0	0.9	3.8	5.3	5.1	100.0	1,520
Highest quintile	91.8	1,879	79.7	2.2	5.4	7.2	5.5	100.0	1,725
Total	65.2	9,159	81.5	1.4	4.3	6.5	6.3	100.0	5,975

Table 8.4 Knowledge of ways a person can contract hepatitis C

Percentage of ever-married women age 15-49 knowing about hepatitis C who can name at least one way in which an individual can contract hepatitis C and percentage of women knowing about a way hepatitis C can be contracted who named various routes of transmission, according to selected background characteristics, Egypt 2003

Background characteristic	Percentage of ever-married women knowing about hepatitis C who can name one way hepatitis C can be contracted	Number of ever-married women having knowledge about hepatitis C	Percentage of women naming various routes of transmission									Number of ever-married women who know one way hepatitis C can be contracted
			Hetero-sexual relations	Homo-sexual sex	Blood trans-fusion	Unclean needle	Other contact with infected person	Casual phys-ical contact with infected person	Mother to child trans-mission	Mosquito/ other insect bites	Other	
Age												
15-19	35.0	189	17.6	9.7	72.5	47.8	33.7	22.0	6.5	8.9	4.9	66
20-24	52.6	861	23.2	13.5	71.5	45.8	32.4	22.3	4.1	6.3	10.5	453
25-29	54.3	1,229	19.0	13.5	76.3	46.4	29.5	23.6	4.9	4.2	9.9	667
30-34	60.2	984	20.8	10.4	74.3	46.5	34.5	21.9	6.8	3.7	8.7	592
35-39	57.7	1,051	18.8	8.7	73.6	44.1	30.7	23.5	4.8	5.1	14.6	607
40-44	60.5	907	17.5	9.5	71.6	47.1	30.1	29.6	5.5	5.9	13.9	549
45-49	53.9	754	15.9	8.1	69.3	48.9	30.1	30.1	4.6	7.6	12.3	407
Urban-rural residence												
Urban	64.0	3,188	19.3	10.0	76.8	46.9	31.1	27.5	5.3	5.1	11.5	2,039
Rural	46.7	2,788	19.1	11.8	67.3	45.5	31.5	20.7	5.2	5.8	11.5	1,302
Place of residence												
Urban												
Governorates	62.8	1,433	20.6	7.9	75.9	41.6	31.5	33.3	6.2	6.4	12.2	900
Lower Egypt	56.4	2,481	23.6	7.1	67.6	45.2	36.5	19.0	3.8	6.0	16.9	1,400
Urban	65.6	908	23.0	7.3	71.4	48.5	36.7	19.5	3.8	5.7	17.0	596
Rural	51.1	1,573	24.1	6.9	64.7	42.8	36.3	18.6	3.8	6.2	16.8	804
Upper Egypt	50.5	2,061	12.1	18.0	78.1	52.0	24.1	25.4	6.3	3.6	3.6	1,040
Urban	64.1	847	13.0	16.3	84.2	53.9	24.4	26.6	5.3	2.2	4.2	543
Rural	41.0	1,215	11.0	19.8	71.5	50.0	23.7	24.2	7.3	5.0	2.9	497
Education												
No education	32.3	1,536	15.4	8.6	61.3	42.9	29.4	25.5	4.9	4.9	9.3	496
Some primary	40.9	675	16.2	9.3	65.5	45.0	25.4	25.0	4.4	6.4	13.6	276
Primary comp./ some sec.	48.6	876	17.8	13.1	69.6	42.4	26.9	23.9	5.6	6.4	12.3	426
Secondary comp./higher	74.2	2,888	20.8	10.9	77.5	48.1	33.3	24.8	5.3	5.1	11.5	2,142
Work status												
Working for cash	76.2	1,183	15.9	10.2	78.3	52.8	31.7	28.4	6.1	4.5	13.4	901
Not working for cash	50.9	4,790	20.4	10.9	71.3	44.0	31.1	23.5	4.9	5.7	10.7	2,438
Wealth index												
Lowest quintile	29.3	649	7.8	14.3	57.0	38.6	27.5	30.3	4.4	4.5	11.6	190
Second quintile	37.5	889	20.2	12.0	64.2	42.6	30.9	22.0	4.4	5.8	8.9	333
Middle quintile	50.0	1,193	21.2	11.1	68.0	47.0	30.7	22.9	4.4	4.9	9.7	596
Fourth quintile	58.7	1,520	20.5	10.7	71.1	44.5	32.4	22.6	6.0	5.4	12.7	893
Highest quintile	77.0	1,725	18.8	9.6	81.3	49.4	31.4	27.2	5.4	5.6	12.1	1,328
Total	55.9	5,975	19.2	10.7	73.1	46.4	31.3	24.8	5.2	5.4	11.5	3,340

8.3 Knowledge of Safe Injection Practices

In order to assess the extent to which efforts to inform Egyptians about safe injection practices are succeeding, ever-married women were asked if they had heard anything in the six month period before the EIDHS about how to be sure an injection is given safely. If they indicated that they had heard something about safe injection practices they were asked about what they had heard and about the source from which they had last gotten information. Tables 8.5 and 8.6 present the results of these questions.

Table 8.5 Knowledge about safe injection practices

Percentage of ever-married women age 15-49 who had heard something about what people should do to ensure injections are given safely and percent distribution of women knowing about safe injection practices according to the source of information from which the woman last saw or heard about safe injection practices in the six month period before the survey, according to selected background characteristics, Egypt 2003

Background characteristic	Percentage of ever-married women having heard something about safe injection practices	Number of ever-married women	Source from which women last saw/ heard about safe injection practices						Number of ever-married women who had heard about safe injection practice
			TV	Other media	Medical provider	Husband/ other relative	Other/ missing	Total percent	
Age									
15-19	55.7	343	55.3	0.0	28.2	11.6	4.9	100.0	191
20-24	59.9	1,372	58.3	1.4	27.4	8.8	4.2	100.0	822
25-29	64.5	1,782	58.1	2.1	27.0	8.7	4.2	100.0	1,150
30-34	65.0	1,415	54.7	2.0	28.0	10.6	4.8	100.0	920
35-39	62.7	1,588	55.4	2.1	26.4	10.0	6.1	100.0	995
40-44	59.4	1,380	58.4	1.4	27.0	8.2	5.0	100.0	819
45-49	58.7	1,279	55.1	1.2	26.3	10.4	7.0	100.0	750
Urban-rural residence									
Urban	63.8	3,908	59.1	1.9	27.2	7.6	4.2	100.0	2,494
Rural	60.1	5,251	54.7	1.5	26.9	11.0	5.9	100.0	3,153
Place of residence									
Urban Governorates	52.2	1,666	62.3	2.0	22.7	7.9	5.2	100.0	870
Lower Egypt	60.8	4,105	49.7	2.1	29.2	12.7	6.2	100.0	2,497
Urban	70.3	1,181	53.4	2.8	30.0	9.1	4.7	100.0	830
Rural	57.0	2,924	47.9	1.8	28.8	14.5	7.0	100.0	1,667
Upper Egypt	67.3	3,388	62.1	1.0	26.3	6.6	3.9	100.0	2,281
Urban	74.8	1,061	61.5	0.8	29.2	5.8	2.7	100.0	794
Rural	63.9	2,327	62.5	1.2	24.8	7.0	4.6	100.0	1,487
Education									
No education	53.6	3,452	56.6	0.7	26.5	10.1	6.1	100.0	1,849
Some primary	57.6	1,167	50.3	0.4	28.6	13.1	7.5	100.0	672
Primary complete/some secondary	64.8	1,270	62.5	1.0	23.7	9.3	3.7	100.0	823
Secondary complete/higher	70.4	3,270	56.5	3.1	28.2	8.0	4.2	100.0	2,303
Work status									
Working for cash	66.4	1,455	50.4	3.4	31.6	8.9	5.7	100.0	966
Not working for cash	60.8	7,701	58.0	1.3	26.1	9.6	5.0	100.0	4,680
Wealth index									
Lowest quintile	51.0	1,699	51.9	1.1	30.7	10.0	6.3	100.0	867
Second quintile	59.4	1,769	53.8	1.4	27.7	11.0	6.1	100.0	1,052
Middle quintile	65.1	1,874	58.9	1.1	25.1	11.0	3.8	100.0	1,220
Fourth quintile	65.0	1,937	62.3	1.6	23.7	7.9	4.5	100.0	1,259
Highest quintile	66.5	1,879	54.4	2.9	29.2	8.0	5.4	100.0	1,251
Total	61.7	9,159	56.7	1.7	27.0	9.5	5.1	100.0	5,648

Table 8.5 shows that slightly more than 60 percent of ever-married women said that they had recently heard about how injections should be given to ensure safety, i.e., to avoid transmitting infection. Among the women who said they had heard about safe injection practices, television (57 percent) was cited most often as the source from which information had been received most recently followed by a medical provider (27 percent) and the husband or other relative (10 percent).

Differentials in the proportions saying they had heard about safe injections are not as large as the differentials observed with respect to awareness of AIDS or of hepatitis C. In general the differentials follow expected patterns; however, somewhat surprisingly, women in the Urban Governorates were the least likely to say they had heard anything recently (in the six-month period before the survey) about safe injection practices.

For women who said they had recently heard about safe injection practices, Table 8.6 provides information on what they reported they had heard. They were encouraged by the interviewers to give more than one response if they had heard about more than one way to ensure injections were given safely. Thus, the percentages in Table 8.6 add to more than 100 percent.

Table 8.6 Safe injection practices

Percentage of ever-married women age 15-49 who know about safe injection practices naming various practices, according to selected background characteristics, Egypt 2003

Background characteristic	Use syringe/ needle from sealed packet	Do not share syringe/ needle	Boil/sterilize needle before reusing	Other	Number of ever-married women having heard of safe injection practices
Age					
15-19	77.4	60.5	14.7	0.8	191
20-24	81.5	65.5	14.3	0.3	822
25-29	82.3	63.4	14.6	0.9	1,150
30-34	84.2	63.3	15.6	1.1	920
35-39	85.2	60.2	13.8	1.1	995
40-44	82.6	65.8	16.3	1.3	819
45-49	83.1	59.1	15.1	1.5	750
Urban-rural residence					
Urban	87.3	66.4	16.5	1.2	2,494
Rural	79.6	59.9	13.6	0.9	3,153
Place of residence					
Urban Governorates	91.3	68.7	20.3	0.3	870
Lower Egypt	88.4	54.6	10.1	2.0	2,497
Urban	91.6	56.0	10.5	3.2	830
Rural	86.9	53.9	9.8	1.4	1,667
Upper Egypt	73.9	69.5	18.1	0.2	2,281
Urban	78.3	74.8	18.7	0.0	794
Rural	71.5	66.7	17.9	0.3	1,487
Education					
No education	78.8	55.3	13.5	0.5	1,849
Some primary	80.2	61.6	15.0	1.3	672
Primary complete/some secondary	83.5	61.5	11.9	0.9	823
Secondary complete/higher	87.0	69.6	17.1	1.4	2,303
Work status					
Working for cash	87.2	68.3	18.0	2.5	966
Not working for cash	82.1	61.7	14.3	0.7	4,680
Wealth index					
Lowest quintile	77.2	57.6	12.9	0.6	867
Second quintile	80.5	55.6	12.7	0.9	1,052
Middle quintile	82.5	59.3	13.7	1.1	1,220
Fourth quintile	86.0	63.9	13.7	1.0	1,259
Highest quintile	86.7	74.8	20.4	1.2	1,251
Total	83.0	62.8	14.9	1.0	5,648

With respect to safe injection practices, women were most likely to say that they had heard that the syringe and needle should come from a sealed packet; 83 percent mentioned this practice. Slightly more than 60 percent had heard that needles or syringes should not be shared while 15 percent had heard that needles should be boiled or otherwise sterilized before they were used again.

9 FEMALE CIRCUMCISION

Female circumcision is a widespread practice in Egypt. The 2003 EIDHS collected information on the prevalence of female circumcision and attitudes about the practice in order to monitor the changes, particularly in the attitudes about female circumcision, among Egyptian women.

9.1 Prevalence of Female Circumcision

The practice of female circumcision is virtually universal among women of reproductive age in Egypt. Table 9.1 shows that 97 percent of the ever-married women interviewed in the 2003 EIDHS reported that they had been circumcised. This is the same proportion as reported in the 2000 EDHS. This is not surprising since the majority of circumcisions occur when girls are between the ages of 7 and 12; consequently, it will take a number of years before the results of the current campaign to eliminate the practice will be evident in the rates among the ever-married women age 15-49 who are DHS respondents.

To obtain insight into whether changes may be occurring in the likelihood that young girls will be circumcised, ever-married women who had living daughters were asked questions about the circumcision experience of their daughters. Overall, 6,587 EIDHS respondents had at least one living daughter. Table 9.1 shows that slightly fewer than 8 in 10 women reported that at least one of their daughters had already been circumcised (47 percent) or that they intended to have a daughter circumcised in the future (31 percent). Comparing these results to those reported in earlier DHS surveys, there have small declines since 1995 in the proportion of women reporting that their daughter had been circumcised (from 50 percent in the 1995 and 2000 surveys to 47 percent in 2003) as well as in the proportion of women intending to circumcise a daughter in the future (from 38 percent in 1995 to 31 percent in the 2000 and 2003 surveys).

Looking at the differentials, place of residence is strongly associated with the likelihood a daughter will be circumcised. The percentage of women who have at least one daughter who had been circumcised or who intend to have their daughter circumcised in the future varies from a low of 57 percent among women in the Urban Governorates to a high of 91 percent among women in rural Upper Egypt.

As expected, women with no education are the most likely to have at least one circumcised daughter or to plan to have their daughter(s) circumcised while women with a secondary or higher education are the least likely to have or to consider having their daughter(s) circumcised. Even among highly educated women, however, more than half report that they have at least one daughter who has been circumcised (20 percent) or that they plan for their daughter(s) to be circumcised in the future (33 percent). The likelihood a daughter will be circumcised also decreases with the household's rank on the wealth index. As is the case with education, however, even in households ranked in the highest wealth quintile, about half of the women have a daughter who has already been circumcised or say they plan to have a daughter circumcised in the future.

The EIDHS obtained information from women who said their daughters would not be circumcised about the reasons for their attitude. Women could give more than one reason in response to the question. The majority (61 percent) simply said that they did not believe in the practice (data not shown in table). A substantial proportion of the women expressed concern about potential health complications (42 percent) while 20 percent saw the practice as against religion. Other reasons women mentioned included the beliefs that a girl who was not circumcised would have a better marriage prospect (8 percent) and that sexual relations with a woman who was not circumcised afforded greater pleasure for the husband (5 percent).

Table 9.1 Prevalence of female circumcision

Percentage of ever-married women age 15-49 who have been circumcised and, among ever-married women with daughters, percentage with at least one daughter circumcised or who say they intend to have their daughter(s) circumcised, according to selected background characteristics, Egypt 2003

Background characteristic	Percentage of ever-married women who have been circumcised	Number of ever-married women	Percentage with at least one daughter circumcised	Percentage with no daughters circumcised who plan to have daughter circumcised	Number of women with daughter(s)
Age					
15-19	96.8	343	1.3	79.9	99
20-24	97.4	1,372	1.9	67.2	672
25-29	97.3	1,782	10.5	58.9	1,189
30-34	96.5	1,415	31.3	41.6	1,061
35-39	96.4	1,588	61.7	18.9	1,301
40-44	96.5	1,380	76.0	6.8	1,142
45-49	98.0	1,279	86.9	2.2	1,123
Urban-rural residence					
Urban	94.6	3,908	39.8	25.1	2,802
Rural	98.8	5,251	52.9	34.8	3,785
Place of residence					
Urban Governorates	91.3	1,666	37.6	19.3	1,174
Lower Egypt	98.3	4,105	47.8	32.4	2,943
Urban	96.3	1,181	39.3	28.8	856
Rural	99.1	2,924	51.2	33.9	2,087
Upper Egypt	98.3	3,388	51.4	34.0	2,470
Urban	97.8	1,061	43.6	30.0	772
Rural	98.6	2,327	55.0	35.9	1,698
Education					
No education	99.1	3,452	66.6	27.2	2,726
Some primary	98.9	1,167	61.5	26.7	889
Primary complete/some secondary	98.1	1,270	39.1	40.6	885
Secondary complete/higher	93.7	3,270	19.7	32.7	2,088
Work status					
Working for cash	94.3	1,455	42.3	22.4	1,051
Not working for cash	97.5	7,701	48.3	32.3	5,533
Wealth index					
Lowest quintile	99.0	1,699	57.5	35.1	1,310
Second quintile	99.2	1,769	55.4	34.4	1,332
Middle quintile	98.9	1,874	50.9	34.4	1,297
Fourth quintile	97.5	1,937	42.9	29.1	1,360
Highest quintile	90.8	1,879	29.7	20.2	1,288
Total 2003 EIDHS	97.0	9,159	47.3	30.7	6,587
Total 2000 EDHS	97.3	15,573	49.5	31.4	11,540
Total 1995 EDHS	97.0	14,779	49.7	37.6	10,847

9.2 Support for Female Circumcision

The 2000 EIDHS obtained additional information about women's attitudes about whether the practice of circumcision should be continued. Table 9.2 shows continuing widespread support for the practice of circumcision among women in Egypt. Overall, 71 percent of EIDHS respondents feel that the practice of circumcision should continue. This is slightly lower than the percentage of 2000 EDHS respondents who supported continuation of female circumcision (75 percent).

Table 9.2 Attitude about continuation of female circumcision

Percent distribution of ever-married women age 15-49 by the attitude toward the continuation of the practice of female circumcision, according to selected background characteristics, Egypt 2003

Background characteristic	Female circumcision should:			Total percent	Number of ever-married women
	Continue	Be discontinued	Other/ not sure		
Age					
15-19	78.5	14.7	6.8	100.0	343
20-24	70.9	16.4	12.7	100.0	1,372
25-29	68.3	18.4	13.3	100.0	1,782
30-34	68.1	19.4	12.5	100.0	1,415
35-39	72.7	17.3	10.0	100.0	1,588
40-44	69.7	19.1	11.2	100.0	1,380
45-49	75.8	15.9	8.3	100.0	1,279
Urban-rural residence					
Urban	56.7	28.2	15.1	100.0	3,908
Rural	81.8	9.8	8.4	100.0	5,251
Place of residence					
Urban Governorates	50.5	33.7	15.8	100.0	1,666
Lower Egypt	73.0	15.1	11.9	100.0	4,105
Urban	58.2	25.4	16.4	100.0	1,181
Rural	79.0	10.9	10.0	100.0	2,924
Upper Egypt	78.8	13.0	8.2	100.0	3,388
Urban	64.8	22.8	12.4	100.0	1,061
Rural	85.2	8.5	6.3	100.0	2,327
Education					
No education	87.4	5.4	7.2	100.0	3,452
Some primary	78.4	11.5	10.1	100.0	1,167
Primary complete/some secondary	73.2	16.0	10.8	100.0	1,270
Secondary complete/higher	50.5	33.5	16.0	100.0	3,270
Work status					
Working for cash	55.7	31.4	13.0	100.0	1,455
Not working for cash	74.0	15.1	10.9	100.0	7,701
Wealth index					
Lowest quintile	87.1	5.3	7.6	100.0	1,699
Second quintile	84.3	7.4	8.3	100.0	1,769
Middle quintile	78.2	11.6	10.3	100.0	1,874
Fourth quintile	63.6	21.8	14.6	100.0	1,937
Highest quintile	44.8	40.4	14.8	100.0	1,879
Total	71.1	17.7	11.2	100.0	9,159

Marked differences in attitudes about the desirability of continuing the practice of female circumcision are evident according to the woman's background characteristics. Urban residents are much less likely than rural residents to believe circumcision should be continued. Only around half of women in the Urban Governorates support continuing with the practice compared to more than 8 in 10 women in rural Upper Egypt.

There also is a marked negative relationship between a woman's educational level and the likelihood that she supports the continuation of the practice of circumcision. Looking at the relationship with the wealth index, women in the lowest wealth quintile are almost twice as likely to support continuation of the practice as women in the highest wealth quintile (87 percent and 45 percent, respectively).

9.3 Communication about Female Circumcision

To obtain information on the communication challenges through which women receive information on about female circumcision, women were asked about whether they had heard or seen anything about the practice during the year before the survey from the following sources: television, radio, newspaper/ magazine, community meeting, and mosque or church. They also were asked if they had discussed the subject with relatives, friends or neighbors at any time during the year. Table 9.3 presents the results from these questions.

Table 9.3 Communication about female circumcision

Percentage of ever-married women age 15-49 who have heard or seen information about female circumcision through various information channels and who have discussed the practice with relatives, family or friends during the year before the survey, according to selected background characteristics, Egypt 2003

Background characteristic	Television	Radio	News-paper/ magazine	Community meeting	Mosque/ church	Discussed with family/ friends/ neighbors	Number of ever-married women
Age							
15-19	80.3	21.0	6.6	3.0	4.7	50.1	343
20-24	84.8	22.1	9.5	2.1	3.4	55.6	1,372
25-29	89.4	19.7	12.2	1.5	3.5	56.9	1,782
30-34	86.8	22.5	14.3	2.6	3.8	59.6	1,415
35-39	87.4	18.9	12.9	2.4	3.7	59.0	1,588
40-44	85.6	21.0	12.5	2.7	4.6	57.1	1,380
45-49	83.7	18.2	8.3	1.9	3.4	53.5	1,279
Urban-rural residence							
Urban	93.7	21.6	19.0	2.2	5.1	60.0	3,908
Rural	80.8	19.5	6.0	2.2	2.7	54.4	5,251
Place of residence							
Urban Governorates	97.3	16.6	22.0	1.5	4.8	62.1	1,666
Lower Egypt	81.6	21.0	9.8	3.4	3.0	51.7	4,105
Urban	89.2	26.4	17.1	3.4	5.0	56.2	1,181
Rural	78.6	18.9	6.8	3.4	2.1	49.9	2,924
Upper Egypt	86.5	21.4	8.6	1.1	4.2	60.4	3,388
Urban	92.9	23.9	16.4	1.8	5.8	61.2	1,061
Rural	83.5	20.3	5.0	0.7	3.5	60.0	2,327
Education							
No education	78.7	13.8	0.6	1.2	2.6	52.5	3,452
Some primary	83.4	17.0	2.0	2.2	3.4	52.5	1,167
Primary complete/some secondary	90.1	23.6	7.4	1.8	3.4	59.6	1,270
Secondary complete/higher	93.8	27.3	28.1	3.4	5.3	61.7	3,270
Work status							
Working for cash	90.7	24.0	26.7	4.3	5.0	59.7	1,455
Not working for cash	85.4	19.7	8.7	1.8	3.5	56.2	7,701
Wealth index							
Lowest quintile	70.7	14.2	1.1	1.9	1.9	51.0	1,699
Second quintile	81.8	19.0	3.1	1.5	3.4	51.4	1,769
Middle quintile	89.0	20.5	7.6	2.0	4.1	57.4	1,874
Fourth quintile	92.9	22.7	13.6	2.3	3.9	59.9	1,937
Highest quintile	94.9	24.9	30.7	3.2	5.3	63.2	1,879
Total 2003 EIDHS	86.3	20.4	11.5	2.2	3.8	56.8	9,159
Total 2000 EDHS	72.7	36.8	20.4	3.3	3.9	33.0	15,559

The majority of women had heard or seen something about female circumcision during the year before the survey. With respect to the specific communication channels, television was the most commonly mentioned source of the information women had received; 86 percent of women said they had heard about female circumcision on TV. Radio was the second most common source (20 percent) followed by newspaper or magazines (12 percent). Comparatively few women reported that the topic had been discussed in a community meeting (2 percent) or at the mosque or church (4 percent).

Table 9.3 shows that 57 percent of EIDHS respondents had discussed female circumcision with a family member, friend or neighbor in the year prior to the survey. There was some variation in the percentage reporting discussion across subgroups. Women age 15-19 and women in rural Lower Egypt were least likely to say they had talked about circumcision (50 percent) and women in the highest wealth quintile (63 percent) were most likely to report talking about it.

Finally, the responses for the communication questions are compared with the results of the same questions in the 2000 EDHS at the bottom of the panel. The comparison indicates that substantially more women saw something on television about female circumcision on television prior to the EIDHS than prior to the 2000 EDHS (86 percent and 73 percent, respectively). On the other hand, the percentages reporting they had seen or heard information through the other media channels were uniformly somewhat lower in the EIDHS than in the 2000 EDHS.

With regard to discussion of the topic, the trend is quite positive. At the time of the 2000 EDHS, one-third of the women said they had talked about the subject with family, friends or neighbors. In the 2003 survey, this percentage was 56 percent, a more than 70 percent increase in the likelihood that the topic was discussed.

9.4 Beliefs about Circumcision

In the 2003 EIDHS, respondents were asked about whether they agreed or disagreed with a number of statements various beliefs about the practice Table 9.4 shows the proportion of women agreeing with each belief in the 2003 EIDHS and the 2000 EDHS.

Table 9.4 shows that, at the time of the EIDHS, 72 percent of ever-married women agreed that circumcision is an important part of religious tradition. Around two-thirds of the women feel that the husband prefers the wife to be circumcised. Somewhat less than half of the women agree that circumcision prevents adultery.

With regard to the potential adverse consequences of the practice for women, around one-third of the women believe that circumcision lessens sexual satisfaction for a couple, and 28 percent agreed with the statement that circumcision can cause severe complications that may lead to a girl's death. On the other hand, only small proportions believe that circumcision causes infertility or makes childbirth difficult.

Looking at the differentials, there are significant variations in the proportions who agree with many of the beliefs. In general, the variations follow expected patterns: rural, less educated and poorer women express more conservative views than other women. For example, the proportion who consider circumcision to be an important religious tradition is higher among rural than urban women (78 percent and 64 percent, respectively) and varies from a high of 82 percent among women who never attended school to 59 percent among women with a secondary or higher education.

Table 9.4 Beliefs about female circumcision

Percentage of ever-married women age 15-49 who agree with various statements about female circumcision, according to selected background characteristics, Egypt 2003

Background characteristic	Important religious tradition	Husbands prefer	Prevents adultery	Can lead to girl's death	Causes infer-tility	Makes childbirth difficult	Lessens sexual satisfaction	Number of ever-married women
Age								
15-19	74.1	68.9	41.1	25.7	8.6	4.0	25.1	343
20-24	70.2	65.5	42.7	27.8	7.3	6.3	28.0	1,372
25-29	70.9	65.1	48.0	27.8	6.9	6.0	35.9	1,782
30-34	71.5	61.5	46.2	29.6	7.9	5.5	33.1	1,415
35-39	73.4	65.1	47.7	28.8	7.8	6.3	33.0	1,588
40-44	72.6	62.9	47.1	29.4	8.8	6.6	35.6	1,380
45-49	74.9	64.4	49.7	25.7	6.0	5.3	29.4	1,279
Urban-rural residence								
Urban	64.2	55.3	46.6	38.5	9.0	6.8	41.7	3,908
Rural	78.2	71.0	46.9	20.4	6.4	5.3	25.5	5,251
Place of residence								
Urban Governorates	59.0	51.1	46.6	45.6	8.2	5.1	45.6	1,666
Lower Egypt	75.0	64.0	43.9	21.5	6.3	3.9	32.0	4,105
Urban	65.6	55.6	44.3	28.5	7.9	4.8	40.5	1,181
Rural	78.8	67.3	43.7	18.7	5.7	3.5	28.6	2,924
Upper Egypt	75.4	71.3	50.2	27.6	8.6	8.8	26.4	3,388
Urban	70.7	61.6	49.0	38.5	11.5	11.6	37.1	1,061
Rural	77.5	75.7	50.8	22.6	7.3	7.6	21.6	2,327
Education								
No education	82.1	75.4	49.8	17.3	4.7	3.6	20.4	3,452
Some primary	78.7	70.1	49.4	24.6	6.0	5.5	27.9	1,167
Primary complete/ some secondary	73.1	68.7	49.7	25.7	6.4	6.3	32.4	1,270
Secondary complete/ higher	59.2	48.9	41.3	41.8	11.4	8.4	46.7	3,270
Work status								
Working for cash	62.4	51.4	44.7	38.9	11.0	8.1	48.4	1,455
Not working for cash	74.1	66.8	47.1	26.1	6.8	5.5	29.4	7,701
Wealth index								
Lowest quintile	78.1	75.5	44.2	17.4	5.2	3.9	18.0	1,699
Second quintile	82.3	73.0	49.3	18.3	5.5	5.5	24.3	1,769
Middle quintile	78.1	71.5	50.1	23.6	6.6	5.5	28.8	1,874
Fourth quintile	70.2	60.4	50.4	32.2	7.4	5.1	38.1	1,937
Highest quintile	53.7	43.0	39.4	47.5	12.5	9.4	50.9	1,879
Total 2003 EIDHS	72.2	64.3	46.7	28.1	7.5	5.9	32.4	9,159
Total 2000 EDHS	72.6	67.1	51.4	29.1	7.8	7.5	37.0	15,559

A comparison of the EIDHS results with the 2000 EDHS findings indicates that women's beliefs about circumcision remained relatively constant during the period. In particular, Table 9.4 shows there was very little change between 2000 and 2003 in the proportions of women agreeing with two beliefs that are important to the continuing support for the practice—the belief that circumcision is a religious tradition and that husbands prefer their wives to be circumcised.

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APPENDIX A SAMPLING ERRORS

The estimates from a survey are affected by two types of error: (1) nonsampling errors and (2) sampling errors. Nonsampling errors are the result of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct households, misunderstanding of the questions on the part of the interviewer or the respondent, and data entry errors. Quality control measures during the implementation of the 2003 EIDHS were designed to minimize this type of error; however, nonsampling errors are impossible to avoid and the extent of the impact of this type of error on the survey results is difficult to evaluate statistically.

Unlike nonsampling error, sampling error can be evaluated statistically. The sample of respondents selected in the 2000 EIDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of the samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually assessed in terms of the standard error for a particular statistic. The standard error is calculated by taking the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for a population can reasonably be assumed to lie. Typically, 95 percent confidence intervals will be calculated, i.e., the range within which there is 95 percent confidence that the true value of the statistic lies. This upper boundary of this interval is calculated by adding the standard error to the statistic and the lower boundary is calculated by subtracting the standard error from the statistic.

Sampling errors are presented in Table A.1 for the key indicators from the 2003 EIDHS. For each indicator, Table A.1 presents the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard (SE/R), and the 95 percent confidence intervals (R$\pm$2SE).

Table 1 Sampling errors for selected variables: National sample, 2003 Egypt Interim Demographic and Health Survey

Variables	Value (R)	Standard error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.377	0.010	9159	9159	1.921	0.026	0.357	0.396
Ever used any contraceptive method	0.810	0.006	8430	8445	1.416	0.007	0.798	0.822
Currently using any contraceptive method	0.600	0.007	8430	8445	1.390	0.012	0.585	0.615
Currently using a modern method	0.566	0.007	8430	8445	1.383	0.013	0.551	0.581
Currently using pill	0.093	0.004	8430	8445	1.217	0.041	0.085	0.110
Currently using IUD	0.367	0.008	8430	8445	1.499	0.021	0.351	0.382
Currently using injection	0.079	0.004	8430	8445	1.267	0.047	0.072	0.087
Want no more children	0.630	0.006	8430	8445	1.192	0.010	0.617	0.642
Want to delay at least 2 years	0.153	0.005	8430	8445	1.192	0.031	0.144	0.162
Mothers received tetanus injection	0.780	0.009	6661	6314	1.422	0.011	0.763	0.798
Mothers received antenatal care	0.687	0.010	6661	6314	1.484	0.015	0.666	0.708
Mothers received regular antenatal care	0.556	0.012	6661	6314	1.622	0.022	0.532	0.580
Mothers received medical care at delivery	0.694	0.012	6661	6314	1.694	0.017	0.670	0.718
Had diarrhea in last 2 weeks	0.189	0.006	6348	6056	1.195	0.033	0.176	0.201
Treated with ORS packets	0.282	0.017	1335	1144	1.212	0.061	0.247	0.316
Consulted medical personal about diarrhea	0.457	0.018	1335	1144	1.192	0.040	0.421	0.494
Having immunization record	0.738	0.015	1230	1192	1.172	0.020	0.708	0.768
Received BCG vaccination	0.991	0.004	1230	1192	1.153	0.004	0.984	0.998
Received DPT vaccination (3 doses)	0.926	0.009	1230	1192	1.122	0.009	0.909	0.943
Received polio vaccination (3 doses)	0.933	0.009	1230	1192	1.191	0.009	0.916	0.950
Received measles vaccination	0.956	0.006	1230	1192	1.087	0.007	0.943	0.969
Received hepatitis vaccination (3 doses)	0.790	0.014	1230	1192	1.160	0.017	0.763	0.818
Fully immunized	0.875	0.012	1230	1192	1.236	0.014	0.851	0.899
Weight-for-height	0.156	0.007	6106	5766	1.292	0.042	0.143	0.169
Height-for-age	0.040	0.003	6106	5766	1.286	0.085	0.033	0.046
Weight-for-age	0.086	0.005	6065	5761	1.211	0.054	0.076	0.095
Total fertility rate (0-3 years)	3.183	0.055	NA	265502	1.182	0.017	3.073	3.292
Mortality rates (0-9 years)								
Neonatal	24.858	1.792	12912	12309	1.130	0.072	21.274	28.442
Postneonatal	19.812	1.431	12926	12320	1.085	0.072	16.950	22.674
Infant	44.670	2.398	12929	12322	1.131	0.052	40.035	49.306
Child	10.928	1.116	12953	12343	1.096	0.102	8.696	13.160
Under-five	55.110	2.649	12937	12357	1.149	0.048	49.811	60.409

APPENDIX B 2003 EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY QUESTIONNAIRES

ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
NATIONAL POPULATION COUNCIL

INTERIM EDHS

2003

HOUSEHOLD QUESTIONNAIRE

DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL AND WILL BE USED FOR SCIENTIFIC PURPOSES ONLY

EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY 2003

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE _____ PSU/ SEGMENT NO _____

KISM/ MARQAZ. _____ BUILDING NO. _____

SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____

HOUSEHOLD NO. INSIDE SEGMENT. _____

URBAN ..... 1 RURAL 2

LARGE CITY ..... 1 SMALL CITY ..... 2 TOWN ..... 3 VILLAGE 4

NOT SLUM AREA ..... 1 SLUM AREA 2

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

GOVERNORATE

PSU/ SEGMENT NO

HOUSEHOLD NO

URBAN/ RURAL

LOCALITY

NOT SLUM/SLUM

INTERVIEWER VISITS

	1	2	3
DATE			
TEAM			
INTERVIEWER			
SUPERVISOR ASSISTANT			
SUPERVISOR			
RESULT			
NEXT VISIT: DATE			
TIME			

RESULT CODES:

1 COMPLETED
2 NOT HOUSEHOLD MEMBER AT HOME/ NO COMPETENT PERSON AT HOME
3 ENTIRE HOUSEHOLD ABSENT FOR AN EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT/ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

FINAL VISIT

DAY | MONTH | YEAR: 0 | 2 0 0 3

TEAM

INTERVIEWER

SUPERVISOR ASSISTANT

SUPERVISOR

RESULT

TOTAL NUMBER OF VISITS

TOTAL IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESPONDENT FROM HH Q.

ADDRESS CHECKED YES ..... 1 NO ..... 2 BY _____

REINTERVIEW YES ..... 1 NO ..... 2 BY _____

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME				
DATE	/ / 2003	/ / 2003	/ / 2003	/ / 2003
SIGNATURE				

HOUSEHOLD SCHEDULE

We would like some information about people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	MARITAL STATUS	ELIGIBILITY	
							IF AGE 15 OR OLDER	WOMEN	CHILDREN
001	002	006	007	008	009	010	011	012	013
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.	What is the relationship of (NAME) to the head of the household? (SEE CODES BELOW).	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME) at his/her last birthday? RECORD IN COMPLET-ED YEARS.	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED/ SIGNED CONTRACT	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)	CIRCLE LINE NUMBER OF CHILD UNDER AGE 6
			YES NO	YES NO	M F	IN YEARS		LINE NO.	LINE NO.
01	_____	HEAD 0 1	1 2	1 2	1 2			01	01
02	_____		1 2	1 2	1 2			02	02
03	_____		1 2	1 2	1 2			03	03
04	_____		1 2	1 2	1 2			04	04
05	_____		1 2	1 2	1 2			05	05
06	_____		1 2	1 2	1 2			06	06
07	_____		1 2	1 2	1 2			07	07
08	_____		1 2	1 2	1 2			08	08
09	_____		1 2	1 2	1 2			09	09
10	_____		1 2	1 2	1 2			10	10

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants who are not listed?

YES ☐ → ADD TO 002 NO ☐

004 In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES ☐ → ADD TO 002 NO ☐

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ADD TO 002 NO ☐

CODES FOR Q006 RELATIONSHIP TO HOUSEHOLD HEAD:

01 = HEAD
02 = WIFE / HUSBAND
03 = SON / DAUGHTER
04 = SON-IN-LAW / DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER / SISTER
09 = BROTHER-IN-LAW / SISTER-IN-LAW
10 = OTHER RELATIVE
11 = ADOPTED / FOSTER CHILD
12 = STEP CHILD
13 = NOT RELATED
98 = DON'T KNOW

LINE NO.	EDUCATION			ATTENDANCE DURING THE 2002-2003 SCHOOL YEAR			ATTENDANCE DURING THE 2001-2002 SCHOOL YEAR		
	IF AGE 6 YEARS OR OLDER			IF AGE 3 – 24 YEARS			IF AGE 3 – 24 YEARS		
001	014	015	016	017	018	019	020	021	022
	Has (NAME) ever been to school? IF YES: ASK QUESTIONS 015-022 AS APPRO-PRIATE. IF NO: GO TO 006 FOR NEXT PERSON	IF ATTENDED SCHOOL What is the highest level of school (NAME) attended? 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY	What is the highest grade he/she successfully completed at that level?	Has (NAME) attended school at any time during the 2002-2003 school year, that is since September 2002 current (school year)? IF YES: ASK QUESTIONS 018-019. IF NO: GO TO 020	IF ATTENDED SCHOOL During this school year, what level is (NAME) been attending? 0 NURSERY/ KINDERGARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY	What grade is he/she attending?	Did (NAME) attend school at any time during the 2001-2002 school year, that is the school year beginning in September 2001(the pervious school year)? IF YES: ASK QUESTIONS 021-022. IF NO: GO TO 006	IF ATTENDED SCHOOL What level of school did (NAME) attend during the 2001- 2002 school year? 0 NURSERY/ KINDERGARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY	What grade did he/she attend during the 2001-2002 school year? GO TO 006 FOR NEXT PERSON
	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE
01	1 2			1 2			1 2		
02	1 2			1 2			1 2		
03	1 2			1 2			1 2		
04	1 2			1 2			1 2		
05	1 2			1 2			1 2		
06	1 2			1 2			1 2		
07	1 2			1 2			1 2		
08	1 2			1 2			1 2		
09	1 2			1 2			1 2		
10	1 2			1 2			1 2		

023 CHECK O12 AND ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN

024 CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE CHILDREN

025 TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
026	What type of dwelling does your household live in?	APARTMENT ..... 1 FREE STANDING HOUSE ..... 2 OTHER _____ 6 (SPECIFY)	
027	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 → 030 RENTED ..... 3 OTHER _____ 6 (SPECIFY)	
028	Is there a possibility that you could be evicted from this dwelling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 → 030	
029	How likely is it that you could be evicted, would you say very likely, somewhat likely or very little likely?	LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 VERY LITTLE LIKELY ..... 3 DON'T KNOW 8	
030	MAIN MATERIAL OF THE FLOOR. RECORD YOUR OBSERVATIONS.	NATURAL FLOOR EARTH/SAND ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 CERAMIC/MARBLE TILES ..... 32 CEMENT TILES ..... 33 CEMENT ..... 34 WALL-TO-WALL CARPET ..... 35 VINYL ..... 36 OTHER _____ 96 (SPECIFY)	
031	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	ROOMS ..... ☐☐	
032	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE ..... 11 → 034 PIPED INTO YARD/PLOT ..... 12 → 034 PUBLIC TAP ..... 13 WATER FROM OPEN WELL OPEN WELL IN RESIDENCE ..... 21 → 034 OPEN WELL IN YARD/PLOT ..... 22 → 034 OPEN PUBLIC WELL ..... 23 WATER FROM PROTECTED WELL PROTECTED WELL IN RESIDENCE ..... 31 → 034 PROTECTED WELL IN YARD/PLOT ..... 32 → 034 PROTECTED PUBLIC WELL ..... 33 SURFACE WATER NILE/CANALS ..... 41 BOTTLED WATER ..... 51 → 034 OTHER _____ 96 (SPECIFY)	
033	How long does it take to go there, get water, and come back?	MINUTES ..... ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
034	During the last two weeks, has there been any time when water was not available from (source in 032)?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 036
035	Did this happen on a daily or almost daily basis, only a few times per week, or less frequently?	DAILY/ALMOST DAILY ..... 1 FEW TIMES PER WEEK ..... 2 LESS FREQUENTLY ..... 3 DON'T KNOW 8	
036	Do you store water in the household?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 039
037	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED Could you show me in which container(s) you store water? OBSERVE: Are the container(s) covered?	ALL COVERED ..... 1 SOME COVERED ..... 2 NONE COVERED ..... 3 NOT ABLE TO OBSERVE 8	→ 039
038	OBSERVE: Do(es) the container(s) have a narrow or wide mouth (s)?	NARROW MOUTH(S) ..... 1 WIDE MOUTH(S) ..... 2 BOTH TYPES 3	
039	What kind of toilet facility do most members of your household use?	MODERN FLUSH TOILET ..... 11 TRADITIONAL WITH TANK FLUSH ..... 12 TRADITIONAL WITH BUCKET FLUSH ..... 13 PIT TOILET/LATRINE ..... 21 NO FACILITY ..... 31 OTHER _____ 96 (SPECIFY)	→ 045
040	Is this toilet in working condition at this time?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
041	Into where does this facility drain?	PUBLIC SEWER ..... 01 VAULT (BAYARA) ..... 02 SEPTIC SYSTEM ..... 03 PIPE CONNECTED TO CANAL ..... 04 PIPE CONNECTED TO GROUND WATER ..... 05 EMPTIED (NO CONNECTION) ..... 06 OTHER _____ 96 (SPECIFY)	→ 043 → 043
042	Are you or your neighbors currently experiencing any problems with this drainage system? IF YES: What type of problems?	POOLING AROUND OWN DWELLING ..... A POOLING AROUND NEIGHBOR'S DWELLING ..... B COST OF EVACUATION ..... C OTHER _____ X (SPECIFY) NO PROBLEM (S) ..... Y DON'T KNOW ..... Z	
043	Do you share this facility with other households? IF YES: How many other households sharing this facility?	NUMBER OF OTHER HOUSEHOLDS SHARING TOILET FACILITY ..... ☐☐ NOT SURE HOW MANY SHARING ..... 98 TOILET NOT SHARED 00	
044	ASK TO SEE THE TOILET FACILITY USED BY MOST HOUSEHOLD MEMBERS. OBSERVE WHETHER THERE IS FECAL MATTER INSIDE THE FACILITY ON THE FLOOR OR WALLS.	YES, MATTER PRESENT ..... 1 NO, NO MATTER ..... 2 NOT ABLE TO DETERMINE ..... 3 NOT ABLE TO OBSERVE TOILET 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
045	Does your household have any place used for hand washing?	YES ..... 1 NO ..... 2 → 048	
046	ASK TO SEE THE PLACE USED MOST OFTEN FOR HANDWASHING. INDICATE IF PLACE IS IN SAME ROOM/IN ROOM ADJACENT TO THE TOILET FACILITY USED BY HOUSEHOLD MEMBERS.	IN SAME/ADJACENT ROOM ..... 1 NOT NEAR TOILET FACILITY ..... 2 NOT ABLE TO DETERMINE/ NO TOILET FACILITY ..... 3 NOT ABLE TO OBSERVE HANDWASHING AREA ..... 8 → 048	
047	OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT IN THE AREA USED FOR HANDWASHING. Water/tap? Soap, ash or other cleansing agent? Towel or cloth? Basin?	YES NO WATER/TAP ..... 1 2 SOAP/ASH/OTHER ..... 1 2 TOWEL/CLOTH ..... 1 2 BASIN 1 2	
048	How does this household primarily dispose of kitchen waste and trash? RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUALLY, RECORD THE HIGHEST METHOD ON THE LIST.	COLLECTED FROM HOME ..... 11 FROM CONTAINER IN THE STREET ..... 12 DUMPED INTO STREET/EMPTY PLOT ..... 21 INTO CANAL/DRAINAGE ..... 22 BURNED ..... 31 FED TO ANIMALS ..... 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
049	What type of fuel does your household use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 KEROSENE ..... 03 COAL/IGNITE ..... 04 CHARCOAL ..... 05 FIREWOOD/STRAW ..... 06 DUNG ..... 07 OTHER _____ 96 (SPECIFY)	
050	Does your household have: Electricity? A radio with cassette recorder? A television? A video? A telephone? A Mobile? A personal home computer?	YES NO ELECTRICITY ..... 1 2 RADIO WITH CASSETTE ..... 1 2 TELEVISION ..... 1 2 VIDEO ..... 1 2 TELEPHONE ..... 1 2 MOBILE ..... 1 2 COMPUTER 1 2	
051	Does your household have: An electric fan? A water heater? A refrigerator? A freezer? A sewing machine? An automatic washing machine? Any other washing machine? A Gas/electric cooking stove? An air condition? A dish washer? A satallite dish?	YES NO ELECTRIC FAN ..... 1 2 WATER HEATER ..... 1 2 REFRIGERATOR ..... 1 2 FREEZER ..... 1 2 SEWING MACHINE ..... 1 2 AUTOMATIC WASHING MACHINE ..... 1 2 OTHER WASHING MACHINE ..... 1 2 GAS/ELECTRIC COOKING STOVE ..... 1 2 AIR CONDITION ..... 1 2 DISH WASHER ..... 1 2 SATALLITE DISH 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
052	Do you or any member of your household own: A bicycle? A motorcycle or motor scooter? A car/van/truck? Farm or other land? Livestock (donkeys, horses, cows, sheep, etc.)/poultry?	YES NO BICYCLE ..... 1 2 MOTORCYCLE OR MOTOR ..... 1 2 CAR/VAN/TRUCK ..... 1 2 FARM/OTHER LAND ..... 1 2 LIVESTOCK/POULTRY..... 1 2	
053	How much on average does your household pay in month for the electric bill?	IN POUNES ..... ☐☐☐ NO ELECTRICITY..... 997 DON'T KNOW 998	
054	ASK RESPONDENT FOR A TEASPON OF SALT. TEST SALT FOR IODINE RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) ..... 1 1-25 PPM ..... 2 26-50 PPM ..... 3 51-75 PPM ..... 4 76-100 PPM 5	

HEIGHT AND WEIGHT

055 CHECK QUESTIONS 012 AND 013 AND IDENTIFY ALL ELIGIBLE EVER-MARRIED WOMEN 15-49 AND CHILDREN UNDER AGE 6. RECORD THE LINE NUMBERS, NAMES AND AGES OF THE WOMEN AND CHILDREN FROM THE HOUSEHOLD SCHEDULE IN THE APPROPRIATE GRID BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES TO RECORD ALL OF THE ELIGIBLE WOMEN AND CHILDREN.

ELIGIBLE WOMEN 15 – 49				HEIGHT AND WEIGHT MEASUREMENT OF ELIGIBLE WOMEN 15 - 49			
LINE NO. CHECK COLUMN 001	NAME CHECK COLUMN 002	AGE CHECK COLUMN 010		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)		RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
056	057	058	059	060	061	062	063
☐☐	____	☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐	____	☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐	____	☐☐		☐☐☐.☐	☐☐☐.☐		☐

ELIGIBLE CHILDREN UNDER AGE 6				HEIGHT AND WEIGHT MEASUREMENT OF CHILDREN UNDER AGE 6			
LINE NO. CHECK COLUMN 001	NAME CHECK COLUMN 002	AGE CHECK COLUMN 010	DATE OF BIRTH What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED 1 LYING DOWN 2 STANDING	RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
056	057	058	059	060	061	062	063
			DAY MONTH YEAR				
☐☐	____	☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐	____	☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐	____	☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐	____	☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐	____	☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐

064 TICK IF ADDITIONAL QUESTONNAIRE USED TO RECORD MEASUREMENTS FOR:

WOMEN ☐ CHILDREN ☐

065 NAME OF MEASURER____________ ☐☐ NAME OF ASSISTANT____________ ☐☐

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 066 – 067 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNIARE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.		
066	DEGREE OF COOPERATION.	POOR ..... 1 FAIR ..... 2 GOOD ..... 3 VERY GOOD 4
067	INTERVIEWER'S COMMENTS:	
068	FIELD EDITOR'S COMMENTS:	
069	SUPERVISOR'S COMMENTS:	
070	OFFICE EDITOR'S COMMENTS:	

ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
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INTERIM EDHS

2003

WOMAN'S QUESTIONNAIRE

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EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY 2003

WOMAN'S QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE _____ KISM/ MARQAZ _____

PSU/ SEGMENT NO. _____ BUILDING NO. _____

SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____

HOUSEHOLD NO. INSIDE SEGMENT. _____

URBAN ..... 1 RURAL 2

LARGE CITY ..... 1 SMALL CITY ..... 2 TOWN ..... 3 VILLAGE 4

NOT SLUM AREA ..... 1 SLUM AREA 2

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

NAME OF WOMAN _____

LINE NUMBER OF WOMAN _____

GOVERNORATE ☐☐

PSU/ SEGMENT NO ☐☐☐☐☐☐☐

HOUSEHOLD NO ☐☐☐ URBAN/ RURAL ☐

LOCALITY ☐ NOT SLUM/SLUM ☐

LINE NUMBER ☐☐

INTERVIEWER VISITS

	1	2	3
DATE			
TEAM			
INTERVIEWER			
SUPERVISOR ASSISTANT			
SUPERVISOR			
RESULT			
NEXT VISIT: DATE			
TIME			

RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTIALLY COMPLETED
6 INCAPACITATED/NOT ELIGIBLE
7 OTHER _____ (SPECIFY)

FINAL VISIT

DAY ☐☐ MONTH 0☐ YEAR 2003

TEAM ☐☐

INTERVIEWER ☐☐

SUPERVISOR ASSISTANT ☐☐

SUPERVISOR ☐☐

RESULT ☐

TOTAL VISITS ☐

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME				
DATE	/ / 2003	/ / 2003	/ / 2003	/ / 2003
SIGNATURE				
	☐☐	☐☐	☐☐	☐☐

SECTION 1: RESPONDENT'S BACKGROUND

My name is _____ and I am working with Ministry of Health and Population. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in the survey. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. We also may return later to interview you or other members of your household again.

Participation in the survey is voluntary and you can choose not to answer any of the questions. However, we hope that you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey.

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____

RESPONDENT AGREE TO INTERVIEW ☐ ↓

RESPONDENT DOES NOT AGREE TO INTERVIEW ☐ → 1102

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR ..... ☐☐ MINUTES ..... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO / GIZA ..... 1 ALEXANDRIA ..... 2 OTHER CITY / TOWN ..... 3 VILLAGE ..... 4 OUTSIDE EGYPT _____ 5 (SPECIFY) OFFICE: GOVERNORATE'S CODE ☐☐	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR RECORD "00".	YEARS ..... ☐☐ ALWAYS ..... 95 VISITOR/ TEMPORARILY STAYING... 96	→ 105
104	Just before you moved here, did you live in Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO / GIZA ..... 1 ALEXANDRIA ..... 2 OTHER CITY / TOWN ..... 3 VILLAGE ..... 4 OUTSIDE EGYPT _____ 5 (SPECIFY) OFFICE: GOVERNORATE'S CODE ☐☐	
105	In what month and year were you born?	MONTH ..... ☐☐ DON'T KNOW MONTH ..... 98 YEAR ..... ☐☐☐☐ DON'T KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
106	How old were you at your last birthday? **COMPARE AND CORRECT 105 AND / OR 106 IF INCONSISTENT**	**AGE IN COMPLETED YEARS** ☐☐	
107	What is your current marital status?	**MARRIED** ..... 1 **WIDOWED** ..... 2 **DIVORCED** ..... 3 **SEPARATED** 4	
108	Now I would like to ask you some questions about your marriage (s). How many times have you been married?	**NUMBER OF TIMES MARRIED** ..... ☐	
109	**CHECK 108:** **MARRIED ONCE** ☐ → In what month and year did you enter into a marriage contract with your husband? **MARRIED MORE THAN ONE TIME** ☐ → Now we would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?	**MONTH** ..... ☐☐ **DON'T KNOW MONTH** ..... 98 **YEAR** ..... ☐☐☐☐ **DON'T KNOW YEAR** 9998	→ 111
110	How old were you when you entered into a marriage contract with your (first) husband?	**AGE IN COMPLETED YEARS**.. ☐☐	
111	**CHECK 108:** **MARRIED ONCE** ☐ → In what month and year did you start living with your husband? **MARRIED MORE THAN ONE TIME** ☐ → In what month and year did you start living with your first husband?	**MONTH** ..... ☐☐ **DON'T KNOW MONTH** ..... 98 **YEAR** ..... ☐☐☐☐ **DON'T KNOW YEAR** 9998	→ 113
112	How old were you when you started living together with your (first) husband?	**AGE IN COMPLETED YEARS**.. ☐☐	
113	**DETERMINE MONTHS MARRIED SINCE JANUARY 1998. ENTER "X" IN COLUMN 1 OF THE CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1998.** **FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WIDOWED, DIVORCED, OR SEPARATED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE SINCE JANUARY 1998.**		
114	Have you ever attended school?	**YES** ..... 1 **NO** 2	→ 201
115	What is the highest level of school you attended?	**PRIMARY** ..... 1 **PREPARATORY** ..... 2 **SECONDARY** ..... 3 **UPPER INTERMIDIATE** ..... 4 **UNIVERSITY** ..... 5 **MORE THAN UNIVERSITY** 6	
116	What is the highest grade which you successfully completed at that level?	**GRADE** ..... ☐	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2 →	206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2 →	204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD "00"	SONS AT HOME ..... DAUGHTERS AT HOME	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2 →	206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD "00"	SONS ELSEWHERE ..... DAUGHTERS ELSEWHERE	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES ..... 1 NO ..... 2 →	208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD "00"	BOYS DEAD ..... GIRLS DEAD	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD "00"	TOTAL	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? (Number) YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		226

211 NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET. COMPLETE 213-221 FOR EACH BIRTH. USE ADDITIONAL FORMS IF THERE ARE MORE THAN TEN BIRTHS. AFTER COMPLETING ALL BIRTHS, GO TO 222.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	**RECORD SINGLE OR MULTIPLE STATUS.**	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? **PROBE:** What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	**IF ALIVE** How old was (NAME) at his/her last birthday? **RECORD AGE IN COMPLETED YEARS.**	**IF ALIVE** Is (NAME) living with you?	**IF ALIVE** **RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE).**	**IF DEAD:** How old was (NAME) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? **RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.**	Were there any other live births between (WHEN YOU FIRST MARRIED /NAME OF PREVIOUS BIRTH) and (NAME)? **CORRECT IF NECESSARY**
01 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH
02 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH
03 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH
04 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH
05 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH
06 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH
07 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS..... 1 MONTHS.... 2 YEARS..... 3	YES ..... 1 NO ..... 2 NEXT BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	**RECORD SINGLE OR MULTIPLE STATUS.**	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? **PROBE:** What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	**IF ALIVE** How old was (NAME) at his/her last birthday? **RECORD AGE IN COMPLETED YEARS.**	**IF ALIVE** Is (NAME) living with you?	**IF ALIVE** **RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE).**	**IF DEAD:** How old was (NAME) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? **RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.**	Were there any other live births between (WHEN YOU FIRST MARRIED/NAME OF PREVIOUS BIRTH) and (NAME)? **CORRECT IF NECESSARY**
08 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 → Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS.....1 MONTHS....2 YEARS.....3	YES ..... 1 NO ..... 2 → NEXT BIRTH
09 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 → Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS.....1 MONTHS....2 YEARS.....3	YES ..... 1 NO ..... 2 → NEXT BIRTH
10 ____ (NAME)	SING ..... 1 MULT 2	BOY ..... 1 GIRL 2	MONTH YEAR	YES ..... 1 NO ..... 2 → Go to 220	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS.....1 MONTHS....2 YEARS.....3	YES ..... 1 NO ..... 2 → GO TO 222

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? **CORRECT THE BIRTH HISTORY IF NECESSARY.**	YES ..... 1 NO 2	→ ADD TO TABLE

223 **COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:**

NUMBERS ARE SAME ☐ **NUMBERS ARE DIFFERENT** ☐ → **(PROBE AND RECONCILE)**

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED ☐
FOR EACH BIRTH SINCE JANUARY 1998: MONTH AND YEAR OF BIRTH IS RECORDED ☐
FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED ☐
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED ☐
FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS ☐

224 **CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1998.**
IF NONE, RECORD "0" AND GO TO 226. ☐

225 **FOR EACH BIRTH SINCE JANUARY 1998, ENTER "B" IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. FOR EACH BIRTH ENTERED IN THE CALENDAR, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY.**
(NOTE: THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)
WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE "B" CODE.
ALSO ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 1998 (IF ANY) AT THE BOTTOM OF THE CALENDAR (1201).

226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE 8	→ 230

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
227	How many months pregnant are you? **RECORD IN COMPLETED MONTHS**	**MONTHS** ..... ☐☐	
228	**RECORD MONTHS PREGNANT IN COMPLETED MONTHS. ENTER "P" IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED PREGNANCY MONTHS, BEGINNING WITH THE MONTH OF INTERVIEW.**		
229	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	
230	Unfortunately many women have pregnancies that do not end in a live birth. Sometimes a baby is still born, that is, the baby is born who does not breathe or show any life. Other times women have a miscarriage or abortion early during a pregnancy. It is very important in our study to know about such pregnancies so health programs can be developed for women. **USING THE INFORMATION IN THE CALENDAR, PROBE TO DETERMINE IF THE WOMAN HAD ANY STILL BIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 1998.** **IF THE WOMAN REPORTS A PREGNANCY THAT DID NOT END IN A LIVE BIRTH, ASK ABOUT THE MONTH AND YEAR IN WHICH THE PREGNANCY ENDED.** **RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR: ("S" FOR STILL BIRTH, "M" FOR MISCARRIAGE AND "A" FOR ABORTION).** **THEN ASK ABOUT THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY.** **(NOTE: SINCE THE OUTCOME OF THE PREGNANCY IS RECORDED IN THE MONTH THAT PREGNANCY ENDED, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)** **ILLUSTRATIVE QUESTIONS** **TO IDENTIFY NON-LIVE BIRTH PREGNANCIES, ASK:** • **INTERVAL BETWEEN CURRENT PREGNANCY AND PRIOR BIRTH (LAST BIRTH):** Did you have any pregnancy that ended in a still birth after the birth of (NAME OF LAST BIRTH) and before your current pregnancy? Or any pregnancy that ended in a miscarriage or abortion? • **INTERVAL BETWEEN LAST AND PRIOR BIRTH:** Did you have any pregnancy that ended in a still birth between (NAME OF LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? • **INTERVAL BETWEEN NEXT-TO-LAST BIRTH AND PRIOR BIRTH:** Did you have any pregnancy that ended in a still birth between (NAME OF NEXT-TO-LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? • **WOMEN WITH NO LIVE BIRTHS BUT WITH CURRENT PREGNANCY** Before your current pregnancy, did you ever have any other pregnancy that ended in a still birth? Or any other pregnancy that ended in a miscarriage or abortion? • **WOMEN WITH NO LIVE BIRTHS AND NOT CURRENTLY PREGNANT** Have you ever had a still birth? If YES: When did the last still birth occur? Have you ever had a miscarriage or abortion? If YES: When did the last miscarriage or abortion occur? • **FOR EACH PREGNANCY TERMINATION, ASK:** How many months pregnant were you when the pregnancy ended?		
231	When did your last menstrual period start?	**DAYS AGO** ..... 1 ☐☐ **WEEKS AGO** ..... 2 ☐☐ **MONTHS AGO** ..... 3 ☐☐ **YEARS AGO** ..... 4 ☐☐ **IN MENOPAUSE/HAD HYSTERECTOMY** .. 994 **BEFORE LAST BIRTH** ..... 995 **NEVER MENSTRUATED** 996	

SECTION 3: CONTRACEPTIVE KNOWLEDGE AND USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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 1 IF METHOD IS RECOGNIZED AND CODE 2 IF NOT RECOGNIZED.** **THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.**		

	METHOD	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?
01	**PILL** A woman can take a pill every day.	YES ..... 1 NO 2	YES ..... 1 NO 2
02	**IUD** A woman can have a loop or coil placed inside her by a doctor or a nurse.	YES ..... 1 NO 2	YES ..... 1 NO 2
03	**INJECTABLES** A woman can have an injection by a doctor or a nurse which stops her from becoming pregnant for several months.	YES ..... 1 NO 2	YES ..... 1 NO 2
04	**IMPLANT** A woman can have small rod(s) placed in her arm by a doctor which stops her from becoming pregnant for several years.	YES ..... 1 NO 2	YES ..... 1 NO 2
05	**DIAPHRAGM, FOAM, JELLY** A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES ..... 1 NO 2	YES ..... 1 NO 2
06	**CONDOM** A man can use a rubber covering during sexual intercourse.	YES ..... 1 NO 2	YES ..... 1 NO 2
07	**FEMALE STERILIZATION** A woman can have an operation to avoid having any more children.	YES ..... 1 NO 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO 2
08	**MALE STERILIZATION** A man can have an operation to avoid having any more children.	YES ..... 1 NO 2	Have you ever had a husband who had an operation to avoid having children? YES ..... 1 NO 2
09	**RHYTHM OR PERIODIC ABSTINENCE** A couple can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES ..... 1 NO 2	YES ..... 1 NO 2
10	**WITHDRAWAL** A man can be careful and pull out before ejaculation.	YES ..... 1 NO 2	YES ..... 1 NO 2
11	**PROLONGED BREASTFEEDING** A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy.	YES ..... 1 NO 2	YES ..... 1 NO 2
12	Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES ..... 1 NO 2	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 YES ..... 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ ↓ AT LEAST ONE "YES" (EVER USED) ☐ →		308
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 → NO 2	307
306	ENTER "0" IN COLUMN 2 OF CALENDAR IN EACH BLANK MONTH →		344
307	What have you used or done? CORRECT 303-304 (AND 302 IF NECESSARY)	(SPECIFY)	
308	Now I would like to ask you about the first time you did something or used a method to avoid getting pregnant. How many living children did you have at that time if any? IF NONE RECORD (00)	NUMBER OF CHILDREN ..... ☐☐	
309	CHECK 303 (FEMALE STERILIZATION): WOMAN NOT STERILIZED ☐ ↓ WOMAN STERILIZED ☐ →		313A
310	CHECK 107: CURRENTLY MARRIED ☐ ↓ WIDOWED/ DIVORCED/ SEPARATED ☐ →		343
311	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		343
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2 →	343
313 313A	Which method are you using? (IF THE RESPONDENT MENTIONED MORE THAN ONE METHOD RECORD THE HIGHEST CODE) CIRCLE "7" FOR FEMALE STERILIZATION.	PILL ..... 1 IUD ..... 2 INJECTABLES ..... 3 IMPLANT ..... 4 DIAPHRAGM/ FOAM/ JELLY ..... 5 CONDOM ..... 6 FEMALE STERILIZATION ..... 7 → MALE STERILIZATION ..... 8 PERIODIC ABSTINENCE ..... 9 WITHDRAWAL ..... L PROLONGED BREASTFEEDING ..... G OTHER _____ X (SPECIFY)	314A
314 314A	CHECK 313: In what month and year did you start using (CURRENT METHOD) continuously this time? PROBE: For how long have you been using (CURRENT METHOD) now without stopping? In what month and year was the sterilization performed?	MONTH ..... ☐☐ YEAR ..... ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	IN CURRENT MONTH IN COLUMN 2 IN CALENDAR, ENTER CODE THE METHOD CIRCLED IN Q.313. THEN ENTER METHOD CODE IN EACH MONTH OF USE BACK TO THE DATE THE WOMAN BEGAN THE CURRENT SEGMENT OR TO JANUARY 1998 IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1998.		
316	CHECK 313: USING PILL ☐ → Where did you obtain the packet of pills you are using now (you used most recently)? USING INJECTABLES ☐ → Where did you go for your last injection? USING CONDOM, DIAPHRAGM, FOAM OR JELLY ☐ → From where did you obtain your most recent supply of (METHOD)? USING IUD ☐ → Where did you have the IUD inserted? USING IMPLANT ☐ → Where did you have the Implant inserted? SHE/ HE STERILIZED ☐ → Where did the sterilization take place? USING PERIODIC ABSTINENCE, WITHDRAWAL, PROLONGED BREASTFEEDING OR OTHER METHOD ☐ → Did you get advice from anyone about how to use (METHOD) at the time you began this current period of use? 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) OFFICE: SOURCE CODE ..... ☐☐☐☐☐☐☐☐	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL ..... 1 URBAN HEALTH UNIT ..... 2 RURAL HOSPITAL ..... 3 RURAL HEALTH UNIT ..... 4 MCH CENTER ..... 5 MOBILE UNIT ..... 6 OTHER MOH UNITS ..... 7 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL ..... 8 HEALTH INSURANCE ORGANIZATION..... 9 CURATIVE CARE ORGANIZATION ..... A OTHER GOVERNMENTAL ..... B NON-GOVERNMENTAL ORGANIZATIONS (NGO's) EGYPT FAMILY PLANNING ASSOCIATION ..... C CSI PROJECT ..... D OTHER NON-GOVERNMENTAL ..... E MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... F PRIVATE DOCTOR ..... G PHARMACY ..... H OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT ..... I CHURCH HEALTH UNIT ..... J OTHER VENDOR (SHOP, KIOSK, ETC.,)... K FRIENDS / RELATIVES ..... L OTHER _____ X (SPECIFY) NO ONE ..... Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317	CHECK 313 AND CALENDAR: CURRENTLY USING IUD ☐	CURRENTLY USING PILL ☐ → 323 CURRENTLY USING INJECTABLE ☐ → 327 CURRENTLY USING IMPLANT ☐ → 330 CURRENTLY USING OTHER MODERN METHOD (5 - 8) ☐ → 332 CURRENTLY USING OTHER TRADITIONAL METHOD (9, L, G, X) ☐ → 343	
318	I would like to ask about when you began using the IUD during this current period of use. First of all did you get the IUD at (SOURCE IN 316) or did you buy it from somewhere else?	YES, SAME PLACE ..... 1 → 321 NO, SOMEWHERE ELSE 2	
319	From where did you buy the IUD? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE IUD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME AND ADDRESS OF PLACE) OFFICE: CODE SOURCE ..... ☐☐☐☐☐☐☐☐	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL ..... 1 URBAN HEALTH UNIT ..... 2 RURAL HOSPITAL ..... 3 RURAL HEALTH UNIT ..... 4 MCH CENTER ..... 5 MOBILE UNIT ..... 6 OTHER MOH UNITS ..... 7 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL ..... 8 HEALTH INSURANCE ORGANIZATION..... 9 CURATIVE CARE ORGANIZATION ..... A OTHER GOVERNMENTAL ..... B NON-GOVERNMENTAL ORGANIZATIONS (NGO's) EGYPT FAMILY PLANNING ASSOCIATION ..... C CSI PROJECT ..... D OTHER NON-GOVERNMENTAL ..... E MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... F PRIVATE DOCTOR ..... G PHARMACY ..... H OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT ..... I CHURCH HEALTH UNIT ..... J OTHER VENDOR (SHOP, KIOSK, ETC.,)..... K FRIENDS / RELATIVES ..... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
320	How much did it cost to buy the IUD from that place?	COST (IN POUNDS) ..... ☐☐ FREE ..... 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	How much did it cost to have the IUD inserted (including all fees)?	COST (IN POUNDS) ..... ☐☐☐ FREE ..... 995 DON'T KNOW 998	
322	Would you be willing to pay the following for an IUD (including all costs)? **(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 338. FOR AMOUNT MORE THAN 200 POUNDS, RECORD YES OR NO AND GO TO 338.)** 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	→ 338 → 338
323	May I see the package of pills you are using now? **RECORD NAME OF BRAND**	PACKAGE SEEN ..... 1 BRAND NAME _____ ☐☐ (SPECIFY) PACKAGE NOT SEEN 2	→ 325
324	Do you know the brand name of the pill which you are using now? **RECORD NAME OF BRAND**	BRAND NAME _____ ☐☐ (SPECIFY) DON'T KNOW 98	
325	How much does one cycle of pills cost?	POUNDS PIASTERS COST ..... ☐☐ . ☐☐ FREE ..... 9995 DON'T KNOW 9998	
326	Would you be willing to pay the following for a cycle of pills? **(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 333. AFTER ASKING ABOUT AMOUNT MORE THAN 5 POUNDS, RECORD YES OR NO AND GO TO 333.)** 50 piasters? 75 piasters? 1 pound? 2 pounds? 5 pounds? More than 5 pounds?	YES NO 50 PIASTERS ..... 1 2 75 PIASTERS ..... 1 2 1 POUND ..... 1 2 2 POUNDS ..... 1 2 5 POUNDS ..... 1 2 MORE THAN 5 POUNDS 1 2	→ 333 → 333
327	How frequently do you take the injection you are using now?	EVERY MONTH ..... 1 EVERY TWO MONTHS..... 2 EVERY THREE MONTHS..... 3	
328	How much did you pay the last time you got the injection at (source in 316)?	POUNDS PT. COST ..... ☐☐ . ☐☐ FREE ..... 9995 DON'T KNOW 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
329	Would you be willing to pay the following for the injectables (including all costs)? **(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 333. AFTER ASKING ABOUT AMOUNT MORE THAN 20, RECORD YES OR NO AND GO TO 333.)** 2 pounds? 5 pounds? 10 pounds? 15 pounds? 20 pounds? More than 20 pounds?	YES NO 2 POUNDS ..... 1 2 5 POUNDS ..... 1 2 10 POUNDS ..... 1 2 → 333 15 POUND S ..... 1 2 20 POUNDS ..... 1 2 MORE THAN 20 POUNDS ..... 1 2 → 333	
330	How many implant rods were inserted?	ONE IMPLANT ROD..... 1 SIX IMPLANT RODS..... 2 OTHER _____ 6 (SPECIFY)	
331	How much did it cost you to get the implant rod(s) inserted?	POUNDS PT. COST ..... ☐☐☐☐ ☐☐ FREE ..... 999995 DON'T KNOW 999998	→ 338
332	How much did it cost you to obtain/get advice about the (METHOD IN 313) AT (SOURCE IN 316)?	POUNDS PT. COST ..... ☐☐☐☐ ☐☐ FREE ..... 999995 DON'T KNOW 999998	
333	**CHECK 316 AND RECORD SOURCE WHERE METHOD WAS OBTAINED.** PHARMACY ☐ SOURCES 1-9, A-G, I-J ☐ K / L / X / Y ☐	GO TO 338	→ 343
334	At any time when you went to the pharmacy during this current period of use, were you told about side effects or health problems you might have with the (METHOD IN 313)?	YES ..... 1 NO ..... 2 → 336 NEVER WENT TO PHARMACY..... 8 → 343	
335	Were you told at the pharmacy what to do if you experienced side effects or health problems?	YES ..... 1 NO 2	
336	Were you told at the pharmacy about other methods of family planning which you could use?	YES ..... 1 NO 2	
337	Were you told at the pharmacy how to use the (METHOD IN 313)?	YES ..... 1 NO ..... 2 → 343	
338	You obtained (METHOD IN 313) from (SOURCE IN 316). When you got the (METHOD) were you told about other methods of family planning which you could use?	YES ..... 1 → 340 NO 2	
339	At any other time, did a family planning or health worker tell you about other methods of family planning which you could use?	YES ..... 1 NO 2	
340	When you got the (METHOD IN 313) this time, were you told about side effects or problems you might have with the (METHOD)?	YES ..... 1 → 342 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
341	At any other time, did a family planning or health worker tell you about side effects or problems you might have with (METHOD IN 313)?	YES ..... 1 NO 2	→ 343
342	Were you told what to do if you experienced side effects or health problems?	YES ..... 1 NO 2	
343	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. **COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 1998** **PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1998.** **USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.** **RECORD PERIODS OF USE AND NONUSE IN COLUMN 2 OF THE CALENDAR. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED.** **ILLUSTRATIVE QUESTIONS FOR COLUMN 2 :** - 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? **IF THERE ARE NO PRIOR SEGMENTS OF USE, GO TO 344.** **COLUMN 3 -REASON FOR DISCONTINUATION** **FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 3 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE WAS TERMINATED.** **IF A PREGNANCY FOLLOWED, ASK IF SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR WHETHER SHE DELIBERATELY STOPPED USING THE METHOD TO GET PREGNANT.** **ILLUSTRATIVE QUESTIONS FOR COLUMN 3** - 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)"? **ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.** **NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN2.**		
344	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other staff as part of the preparation for marriage?	YES ..... 1 NO 2	→347
345	Before you married (for the first time) did you have a premarital examination?	YES ..... 1 NO 2	→347
346	Was family planning discussed during the premarital consultation?	YES ..... 1 NO 2	
347	In the last 6 months have you heard seen, or received any information about family planning?	YES ..... 1 NO 2	→ 401
348	What was the last source you got information from?	TELEVISION ..... 01 RADIO ..... 02 NEWSPAPER/MAGAZINE ..... 03 PAMPHLET/BROCHURE ..... 04 POSTER ..... 05 MEDICAL PROVIDER ..... 06 HUSBAND ..... 07 OTHER RELATIVES ..... 08 FRIENDS/NEIGHBORS ..... 09 OTHER _____ 96 (SPECIFY)	

SECTION 4: FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	CHECK 107: CURRENTLY MARRIED ☐	DIVORCED/ WIDOWED/ SEPARATED ☐	→ 416
402	CHECK 313: NEITHER STERILIZED ☐	SHE OR HE STERILIZED ☐	→ 416
403	CHECK 226: NOT PREGNANT OR UNSURE ☐ / PREGNANT ☐ 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? 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 SHE CAN'T GET PREGNANT ..... 3 UNDECIDED OR DON'T KNOW 8	→ 405 → 416 → 405
404	CHECK 226: NOT PREGNANT OR UNSURE ☐ / PREGNANT ☐ How long would you like to wait from now before the birth of (a / another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS ..... 1 ☐☐ YEARS ..... 2 ☐☐ SOON / NOW ..... 994 SHE CAN'T GET PREGNANT ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 416 → 410
405	CHECK 226: NOT PREGNANT OR UNSURE ☐	PREGNANT ☐	→ 411
406	CHECK 312: NOT CURRENTLY USING/ NOT ASKED ☐	CURRENTLY USING ☐	→ 416
407	CHECK 403: WANTS ANOTHER SOON ☐	WANTS NO MORE ☐ UNDECIDED/ UNSURE ☐	→ 409 → 410
408	CHECK 404: WANTS ANOTHER AFTER 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐	WANTS WITHIN 00-23 MONTHS OR 00 – 01 YEAR ☐	→ 411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
409	CHECK 403: WANTS A / ANOTHER CHILD ☐ → You have said that you do not want (a / another) child soon, but you are not using any method to delay a pregnancy. Can you tell me why? PROBE: Are there any other reasons? WANTS NO MORE CHILDREN ☐ → You have said that you do not want any (more) children, but you are not using any method to avoid a pregnancy. Can you tell me why? PROBE: Are there any other reasons? _____ _____ (RECORD ANSWER IN DETAIL)	FERTILITY-RELATED REASONS NOT HAVING SEX ..... A INFREQUENT SEX ..... B MENOPAUSAL / HYSTERECTOMY ..... C SUBFECUND ..... D INFECUND ..... E POSTPARTUM AMENORRHEIC ..... F BREASTFEEDING ..... G FATALISTIC ..... H OPPOSITION TO USE RESPONDENT OPPOSED ..... I HUSBAND OPPOSED ..... J OTHER OPPOSED ..... K RELIGIOUS PROHIBITION ..... L LACK OF KNOWLEDGE KNOWS NO METHOD ..... M KNOWS NO SOURCE ..... N METHOD RELATED REASONS HEALTH CONCERNS ..... O FEAR OF SIDE EFFECTS ..... P LACK OF ACCESS / TOO FAR ..... Q COST TOO MUCH ..... R INCONVENIENT TO USE ..... S INTERFERES WITH BODY'S NORMAL PROCESSES ..... T OTHER _____ (SPECIFY) X DON'T KNOW ..... Z	
410	CHECK 312: NOT CURRENTLY USING/ NOT ASKED ☐ ↓ CURRENTLY USING ☐ →		416
411	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2 →	413

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
412	Where is that? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL ..... 1 URBAN HEALTH UNIT ..... 2 RURAL HOSPITAL ..... 3 RURAL HEALTH UNIT ..... 4 MCH CENTER ..... 5 MOBILE UNIT ..... 6 OTHER MOH UNITS ..... 7 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL ..... 8 HEALTH INSURANCE ORGANIZATION ..... 9 CURATIVE CARE ORGANIZATION ..... A OTHER GOVERNMENTAL ..... B NON-GOVERNMENTAL ORGANIZATIONS (NGO's) EGYPT FAMILY PLANNING ASSOCIATION ..... C CSI PROJECT ..... D OTHER NGO's ..... E MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC ..... F PRIVATE DOCTOR ..... G PHARMACY ..... H OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT ..... I CHURCH HEALTH UNIT ..... J OTHER VENDOR (SHOP, KIOSK, ETC.,)..... K FRIENDS / RELATIVES ..... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
413	Do you think you will use a method at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→415
414	Which method would you prefer to use?	PILL ..... 1 IUD ..... 2 INJECTABLES ..... 3 IMRPLANT ..... 4 DIAPHRAGM/ FOAM/ JELLY ..... 5 CONDOM ..... 6 FEMALE STERILIZATION ..... 7 MALE STERILIZATION ..... 8 PERIODIC ABSTINENCE ..... 9 WITHDRAWAL ..... L PROLONGED BREASTFEEDING ..... G OTHER _____ X (SPECIFY) UNSURE ..... Z	→416

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
415	What is the main reason that you think that you will not use a method at any time in the future? (RECORD ANSWER IN DETAIL)	FERTILITY-RELATED REASONS NOT HAVING SEX ..... 21 INFREQUENT SEX ..... 22 MENOPAUSAL / HYSTERECTOMY ..... 23 SUBFECUND ..... 24 INFECUND ..... 25 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26 OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND OPPOSED ..... 32 OTHER OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34 LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42 METHOD RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS / TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
416	CHECK 203 AND 205: HAS LIVING CHILD (REN) ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life how many would that be? NO LIVING CHILD (REN) ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? (RECORD SINGLE NUMBER OR OTHER ANSWER)	NUMBER ..... ☐☐ OTHER ANSWER _____ 96 (SPECIFY) DON'T KNOW 98	→ 418
417	How many of these children would you like to be boys, how many would you like to be girls, and for how many would it not matter to be a boy or a girl?	BOYS NUMBER WANTED ..... ☐☐ GIRLS NUMBER WANTED ..... ☐☐ DOES NOT MATTER, EITHER SEX NUMBER WANTED ..... ☐☐ OTHER ANSWER _____ 96 (SPECIFY)	
418	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE ..... 1 DISAPPROVE ..... 2 NOT SURE / DON'T KNOW 8	→ 421

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
419	Would you consider it appropriate for a couple to use family planning after the first birth?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
420	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
421	Now I would like to ask about your opinion about family planning. Would you say that most, some, very few, or none of the couples use family planning in the reproductive ages living in this area?	MOST ..... 1 SOME ..... 2 VERY FEW ..... 3 NONE ..... 4 NOT SURE 8	
422	Do you think the number of couples using family planning in this area is increasing, decreasing or staying about the same?	INCREASING ..... 1 DECREASING ..... 2 STAY ABOUT THE SAME ..... 3 NOT SURE 8	
422A	CHECK 107: CURRENTLY MARRIED ☐ ↓ DIVORCED/ WIDOWED/ SEPARATED ☐ →		428
423	In the past six months did a health worker, a raida rifia, or anyone else visit you to talk about family planning? IF YES: Who visited you?	VISITED BY: HEALTH WORKER ..... A RAIDA ..... B OTHER _____ X (SPECIFY) NO ONE VISITED ..... Y	
424	Have you visited any governmental health facility for any reason during the past six months?	YES ..... 1 NO ..... 2 →	426
425	Did any staff member at this health facility speak to you about family planning methods?	YES ..... 1 NO 2	
426	Have you visited a private doctor or clinic for any reason during the past six months?	YES ..... 1 NO ..... 2 →	428
427	Did the doctor or any staff person there speak to you about family planning methods?	YES ..... 1 NO 2	
428	CHECK 302: KNOWS PILL ☐ ↓ DOESN'T KNOW PILL ☐ →		501
429	Are you aware there is a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that? _____ (MENTIONED HER EXACT WORDS)	YES, KNOW BRAND ..... 1 YES, BUT CAN'T NAME BRAND ..... 2 NOT AWARE 8	

SECTION 5: PREGNANCY AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
501	CHECK 224: ONE OR MORE BIRTHS SINCE JANUARY 1998 ☐ ↓	NO BIRTHS SINCE JANUARY 1998 ☐			→ 635
502	ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1998 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 questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.)				
503	LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐	
504	FROM Q. 212 AND Q. 216	LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	NEXT-TO-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	SECOND-FROM-LAST BIRTH NAME ______ ALIVE ☐ DEAD ☐	
505	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did not want <u>(more)</u> children at all?	THEN .... 1 (SKIP TO 507) LATER .... 2 NO MORE .... 3 (SKIP TO 507)	THEN .... 1 (SKIP TO 507) LATER .... 2 NO MORE .... 3 (SKIP TO 507)	THEN .... 1 (SKIP TO 507) LATER .... 2 NO MORE .... 3 (SKIP TO 507)	
506	How much longer would you like to have waited?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998	
507	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C OTHER ______ X (SPECIFY) NO ONE .... Y (SKIP TO 513)	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C OTHER ______ X (SPECIFY) NO ONE .... Y (SKIP TO 513)	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C OTHER ______ X (SPECIFY) NO ONE .... Y (SKIP TO 513)	
508	Where did you receive the antenatal care? RECORD ALL PLACES	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)	
509	How many months pregnant were you when you first saw someone for an antenatal care for this pregnancy?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98	
510	How many times did you receive antenatal care during this pregnancy?	NO. OF VISITS .... ☐☐ DON'T KNOW 98	NO. OF VISITS .... ☐☐ DON'T KNOW 98	NO. OF VISITS .... ☐☐ DON'T KNOW 98	

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LASTBIRTH NAME ______
511	CHECK 510: NUMBER OF RECEIVED ANTENATAL CARE	ONCE ☐ (SKIP TO 513) MORE THAN ONCE / DK ☐	ONCE ☐ (SKIP TO 513) MORE THAN ONCE / DK ☐	ONCE ☐ (SKIP TO 513) MORE THAN ONCE / DK ☐
512	How many months pregnant were you when you last saw someone for an antenatal care for this pregnancy?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
513	When you were pregnant with (NAME), were you given any injection in the arm to prevent the baby from getting tetanus, that is, convulsion after birth?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 518)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 518)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 518)
514	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
515	Where did you receive the tetanus injection (s)? RECORD ALL PLACES	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY) (SKIP TO 518)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY) (SKIP TO 518)
516	When you received the tetanus toxoid injection, did anyone tell you that you should go for (other) antenatal care?	YES .... 1 NO .... 2 DON'T KNOW 8		
517	At that time, did anyone talk to you about family planning?	YES .... 1 NO .... 2 DON'T KNOW 8		
518	When you were pregnant with (NAME), did you see a doctor, nurse or other health worker for any other reason (OTHER THAN FOR AN ANTENATAL CHECKUP OR A TETANUS INJECTION)? IF YES: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C OTHER ______ X (SPECIFY) NO ONE .... Y (SKIP TO 524)	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C OTHER ______ X (SPECIFY) NO ONE .... Y (SKIP TO 524)	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C OTHER ______ X (SPECIFY) NO ONE .... Y (SKIP TO 524)
519	Where did you go to see the doctor (nurse and / or health worker)? RECORD ALL PLACES	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C PRIVATE SECTOR PVT. HOSPITAL/CLINIC .... D PVT. DOCTOR .... E OTHER ______ X (SPECIFY)

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
520	CHECK Q 507: HAD ANTENATAL CARE	NO ANTENATAL CARE ☐ HAD ANTENATAL CARE ☐ (SKIP TO 526)	NO ANTENATAL CARE ☐ HAD ANTENATAL CARE ☐ (SKIP TO 526)	NO ANTENATAL CARE ☐ HAD ANTENATAL CARE ☐ (SKIP TO 526)
521	Did you seek this care because you thought there was a problem with the pregnancy?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 524)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 524)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 524)
522	How many times during this pregnancy, did you see a doctor, nurse, midwife or other health worker?	TIMES .... ☐ DON'T KNOW 8	TIMES .... ☐ DON'T KNOW 8	TIMES .... ☐ DON'T KNOW 8
523	How many months pregnant were you when you last saw a health worker during this pregnancy?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
524	CHECK IF THE RESPONDENT HAD: Q 507: ANY ANTENATAL CARE Q 513: TETANUS INJECTION Q 518: OTHER CARE	YES NO ANY ANTENATAL CARE... 1 2 TETANUS INJECTION...... 1 2 OTHER CARE 1 2	YES NO ANY ANTENATAL CARE.. 1 2 TETANUS INJECTION...... 1 2 OTHER CARE 1 2	YES NO ANY ANTENATAL CARE... 1 2 TETANUS INJECTION....... 1 2 OTHER CARE 1 2
525	CHECK Q 524:	AT LEAST ONE "YES" RESPONSE ☐ ALL RESPONSES "NO" ☐ (SKIP TO 529)	AT LEAST ONE "YES" RESPONSE ☐ ALL RESPONSES "NO" ☐ (SKIP TO 529)	AT LEAST ONE "YES" RESPONSE ☐ ALL RESPONSES "NO" ☐ (SKIP TO 529)
526	During the time that you were pregnant with (NAME), were any of the following done: Were you given a maternal card? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO MATERNAL CARD ...... 1 2 WEIGHT .... 1 2 HEIGHT .... 1 2 BLOOD PRESSURE.... 1 2 URINE SAMPLE .... 1 2 BLOOD SAMPLE 1 2	YES NO MATERNAL CARD ..... 1 2 WEIGHT .... 1 2 HEIGHT .... 1 2 BLOOD PRESSURE.... 1 2 URINE SAMPLE .... 1 2 BLOOD SAMPLE 1 2	YES NO MATERNAL CARD ...... 1 2 WEIGHT .... 1 2 HEIGHT .... 1 2 BLOOD PRESSURE.... 1 2 URINE SAMPLE .... 1 2 BLOOD SAMPLE 1 2
527	Were you told about the signs of pregnancy complications?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 529)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 529)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 529)
528	Were you told about where to go if you had any of those complications?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
529	During this pregnancy were you given or did you buy iron tablets or iron syrup?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 531)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 531)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 531)
530	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS .... ☐☐☐ DON'T KNOW 998	DAYS .... ☐☐☐ DON'T KNOW 998	DAYS .... ☐☐☐ DON'T KNOW 998

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LASTBIRTH NAME ________
531	Where did you give birth to (NAME)?	HOME YOUR HOME .... 11 OTHER HOME .... 12 PUBLIC SECTOR GVT. HOSPITAL .... 21 GVT. HEALTH UNIT .... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER ________ 96 (SPECIFY)	HOME YOUR HOME .... 11 OTHER HOME .... 12 PUBLIC SECTOR GVT. HOSPITAL .... 21 GVT. HEALTH UNIT .... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. 31 OTHER ________ 96 (SPECIFY)	HOME YOUR HOME .... 11 OTHER HOME .... 12 PUBLIC SECTOR GVT. HOSPITAL .... 21 GVT. HEALTH UNIT .... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. 31 OTHER ________ 96 (SPECIFY)
532	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C RELATIVES/ FRIENDS .... D OTHER ________ X (SPECIFY) NO ONE .... Y (SKIP TO 534)	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C RELATIVES/ FRIENDS .... D OTHER ________ X (SPECIFY) NO ONE .... Y (SKIP TO 534)	HEALTH PROFESSIONAL DOCTOR .... A NURSE / MIDWIFE .... B OTHER PERSON DAYA .... C RELATIVES/ FRIENDS .... D OTHER ________ X (SPECIFY) NO ONE .... Y (SKIP TO 534)
533	Was (NAME) delivered normal or caeserean?	NORMAL........ 1 CAESEREAN........ 2	NORMAL........ 1 CAESEREAN........ 2	NORMAL........ 1 CAESEREAN........ 2
534	In the first two months after (NAME) was born, did a doctor, nurse or other health worker or the daya check on your health?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 538)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 538)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 538)
535	How many days or weeks after the delivery did the first check take place?	DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW 998	DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW 998	DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW 998
536	Who checked on your health for the first time?	HEALTH PROFESSIONAL DOCTOR .... 1 NURSE / MIDWIFE .... 2 OTHER PERSON DAYA .... 3 RELATIVES/ FRIENDS .... 4 OTHER ________ 6 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR .... 1 NURSE / MIDWIFE .... 2 OTHER PERSON DAYA .... 3 RELATIVES/ FRIENDS .... 4 OTHER ________ 6 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR .... 1 NURSE / MIDWIFE .... 2 OTHER PERSON DAYA .... 3 RELATIVES/ FRIENDS .... 4 OTHER ________ 6 (SPECIFY)

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LASTBIRTH NAME ________
537	Where did this first check take place?	HOME YOUR HOME.......... 11 OTHER HOME.......... 12 PUBLIC SECTOR GVT. HOSPITAL.......... 21 GVT. HEALTH UNIT.......... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER________ 96 (SPECIFY)	HOME YOUR HOME.......... 11 OTHER HOME.......... 12 PUBLIC SECTOR GVT. HOSPITAL.......... 21 GVT. HEALTH UNIT.......... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER________ 96 (SPECIFY)	HOME YOUR HOME.......... 11 OTHER HOME.......... 12 PUBLIC SECTOR GVT. HOSPITAL.......... 21 GVT. HEALTH UNIT.......... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER________ 96 (SPECIFY)
538	In the first two months after delivery, did you receive a Vitamin A dose (red/blue copsule)? SHOW CAPSULE.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
539	In the first two months after (NAME) is delivery, did a doctor, nurse or other health worker check on his / her health?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 541A)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 544)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 544)
540	How many days or weeks after the delivery did the first check take place?	DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW 998	DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW .... 998 (SKIP TO 544)	DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW .... 998 (SKIP TO 544)
541	Where did this first check take place?	HOME YOUR HOME.......... 11 OTHER HOME.......... 12 PUBLIC SECTOR GVT. HOSPITAL.......... 21 GVT. HEALTH UNIT.......... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...... 31 OTHER________ 96 (SPECIFY)		
541A	During the two weeks after the birth was a sample of blood taken from the baby's heel?	YES .... 1 NO .... 2 DON'T KNOW 8		
541B	Where did this first check take place?	HOME YOUR HOME.......... 11 OTHER HOME.......... 12 PUBLIC SECTOR GVT. HOSPITAL.......... 21 GVT. HEALTH UNIT.......... 22 MCH CENTER .... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...... 31 OTHER________ 96 (SPECIFY)		

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LASTBIRTH NAME ________
542	Has your period returned since the birth of (NAME)?	YES........ 1 (SKIP TO 544) NO........ 2		
543	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (OR TO CURRENT PREGNANCY) (SKIP TO 545)			
544	For how many months after the birth of (NAME) did you not have a period?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD (OR UP TO THE NEXT PREGNANCY, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "O" IN COL.4 IN MONTH AFTER BIRTH.		
545	CHECK 226: RESPONDENT PREGNANT?	NOT PREGNANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 547)		
546	Have you resumed sexual relations since the birth of (NAME)?	YES........ 1 NO........ 2 (SKIP TO 548)		
547	How long after birth of (NAME) did you not have sexual relations? Record Period In Days If Less Than Month And In Months Otherwise	DAYS .... 1 ☐☐ MONTHS .... 2 ☐☐ DON'T KNOW 998	DAYS .... 1 ☐☐ MONTHS .... 2 ☐☐ DON'T KNOW 998	DAYS .... 1 ☐☐ MONTHS .... 2 ☐☐ DON'T KNOW 998
548	At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about breastfeeding?	YES........ 1 NO........ 2 (SKIP TO 550)	YES........ 1 . 2 NO........ (SKIP TO 550)	YES........ 1 NO........ 2 (SKIP TO 550)
549	Who gave you this advice? RECORD ALL MENTIONED	HEALTH PROVIDER........ A SOCIAL WORKER........ B DAYA........ C RELIGOUS LEADERS........ D NEIGHBORS/FRIENDS........ E HOUSEHOLD MEMBER........ F OTHER RELATIVES........ G OTHER ________ X (SPECIFY)	HEALTH PROVIDER........ A SOCIAL WORKER........ B DAYA........ C RELIGOUS LEADERS........ D NEIGHBORS/FRIENDS........ E HOUSEHOLD MEMBER........ F OTHER RELATIVES........ G OTHER ________ X (SPECIFY)	HEALTH PROVIDER........ A SOCIAL WORKER........ B DAYA........ C RELIGOUS LEADERS........ D NEIGHBORS/FRIENDS........ E HOUSEHOLD MEMBER........ F OTHER RELATIVES........ G OTHER ________ X (SPECIFY)
550	At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about family planning?	YES........ 1 NO........ 2 (SKIP TO 552)	YES........ 1 NO........ 2 (SKIP TO 552)	YES........ 1 NO........ 2 (SKIP TO 552)
551	Who gave you this advice? RECORD ALL MENTIONED	HEALTH PROVIDER........ A SOCIAL WORKER........ B DAYA........ C RELIGOUS LEADERS........ D NEIGHBORS/FRIENDS........ E HOUSEHOLD MEMBER........ F OTHER RELATIVES........ G OTHER ________ X (SPECIFY)	HEALTH PROVIDER........ A SOCIAL WORKER........ B DAYA........ C RELIGOUS LEADERS........ D NEIGHBORS/FRIENDS........ E HOUSEHOLD MEMBER........ F OTHER RELATIVES........ G OTHER ________ X (SPECIFY)	HEALTH PROVIDER........ A SOCIAL WORKER........ B DAYA........ C RELIGOUS LEADERS........ D NEIGHBORS/FRIENDS........ E HOUSEHOLD MEMBER........ F OTHER RELATIVES........ G OTHER ________ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LASTBIRTH NAME _____
552	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 554) ← NO 2	YES ..... 1 (SKIP TO 554) ← NO 2	YES ..... 1 (SKIP TO 554) ← NO 2
553	ENTER "N" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH. THEN GO TO 560			
554	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000 HOURS ..... 1 ☐☐ DAYS ..... 2 ☐☐	IMMEDIATELY ..... 000 HOURS ..... 1 ☐☐ DAYS ..... 2 ☐☐	IMMEDIATELY ..... 000 HOURS ..... 1 ☐☐ DAYS ..... 2 ☐☐
555	Within the first three days after delivery, before your milk began flowing regularly was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 557) ←	YES ..... 1 NO ..... 2 (SKIP TO 557) ←	YES ..... 1 NO ..... 2 (SKIP TO 557) ←
556	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED	MILK (OTHER THAN BREAST MILK) ..... A ..... B PLAIN WATER ..... C SUGARE OR GLUCOSE WATER ..... D GRIPE WATER ..... SALT AND SUGAR ..... E SOLUTION ..... F FRUIT JUICE ..... G INFANT FORMULA ..... H TEA/ INFUSIONS ..... I HONEY ..... X OTHER _____ (SPECIFY)	MILK (OTHER THAN BREAST MILK) ..... A ..... B PLAIN WATER ..... C SUGARE OR GLUCOSE WATER ..... D GRIPE WATER ..... E SALT AND SUGAR ..... F SOLUTION ..... G FRUIT JUICE ..... H INFANT FORMULA ..... I TEA/ INFUSIONS ..... X ..... HONEY ..... OTHER _____ (SPECIFY)	MILK (OTHER THAN BREAST MILK) ..... A PLAIN WATER ..... B SUGARE OR GLUCOSE WATER ..... C GRIPE WATER ..... D SALT AND SUGAR SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA ..... G TEA/ INFUSIONS ..... H HONEY ..... I OTHER _____ X (SPECIFY)
557	CHECK 504 OR 216: CHILD ALIVE?	ALIVE ☐ ↓ DEAD ☐ ↓ (SKIP TO 559)	ALIVE ☐ ↓ DEAD ☐ ↓ (SKIP TO 559)	ALIVE ☐ ↓ DEAD ☐ ↓ (SKIP TO 559)
558	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 562) ← NO 2	YES ..... 1 (SKIP TO 562) ← NO 2	YES ..... 1 (SKIP TO 562) ← NO 2
559	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. THEN GO TO 560. IF LESS THAN A MONTH ENTER "0" IN THE MONTH AFTER BIRTH.		

		LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LASTBIRTH NAME
560	Why did you (never / 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 CONTRACEPTIVE ..... 10 OTHER _____ 96 (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 CONTRACEPTIVE ..... 10 OTHER _____ 96 (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 CONTRACEPTIVE ..... 10 OTHER _____ 96 (SPECIFY)
561	CHECK 504 OR 216:	ALIVE ☐ → (SKIP TO 565) DEAD ☐ → (SKIP TO 570)	ALIVE ☐ → (SKIP TO 565) DEAD ☐ → (SKIP TO 570)	ALIVE ☐ → (SKIP TO 565) DEAD ☐ → (SKIP TO 570)
562	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.			
563	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS ☐☐	NUMBER OF NIGHTTIME FEEDINGS ☐☐	NUMBER OF NIGHTTIME FEEDINGS ☐☐
564	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS ☐☐	NUMBER OF DAYLIGHT FEEDINGS ☐☐	NUMBER OF DAYLIGHT FEEDINGS ☐☐
565	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8

		LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH NAME _____	
566	At any time yesterday or last night was (NAME), given any of the following:	YES	NO	YES	NO	YES	NO
	Plain water?	PLAIN WATER 1	2	PLAIN WATER 1	2	PLAIN WATER 1	2
	Sugar water?	SUGAR WATER 1	2	SUGAR WATER 1	2	SUGAR WATER 1	2
	Juice?	JUICE 1	2	JUICE 1	2	JUICE 1	2
	Herbal tea?	HERBAL TEA 1	2	HERBAL TEA 1	2	HERBAL TEA 1	2
	Baby formula?	BABY FORMULA 1	2	BABY FORMULA 1	2	BABY FORMULA 1	2
	Fresh milk?	FRESH MILK 1	2	FRESH MILK 1	2	FRESH MILK 1	2
	Tinned or powdered milk?	TINNED/ POWDERED MILK ... 1	2	TINNED/ POWDERED MILK ... 1	2	TINNED/ POWDERED MILK ... 1	2
	Any other liquid?	OTHER LIQUID 1	2	OTHER LIQUID 1	2	OTHER LIQUID 1	2
	Fruit?	FRUIT 1	2	FRUIT 1	2	FRUIT 1	2
	Porridge, bread, rice, macaroni, or other food made from grains?	FOOD MADE FROM GRAIN 1	2	FOOD MADE FROM GRAIN 1	2	FOOD MADE FROM GRAIN 1	2
	Sweet potatoes or other food made from tubers?	FOOD MADE FROM TUBERS 1	2	FOOD MADE FROM TUBERS 1	2	FOOD MADE FROM TUBERS 1	2
	Eggs, fish, or poultry?	EGGS/ FISH/ POULTRY 1	2	EGGS/ FISH/ POULTRY 1	2	EGGS/ FISH/ POULTRY 1	2
	Meat?	MEAT 1	2	MEAT 1	2	MEAT 1	2
	Any other solid or semi-solid food?	OTHER SOLID/ SEMI-SOLID FOOD ... 1	2	OTHER SOLID/ SEMI-SOLID FOOD... 1	2	OTHER SOLID/ SEMI-SOLID FOOD ... 1	2
567	CHECK 566: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE ☐	"NO" TO ALL ☐ (SKIP TO 569)	"YES" TO ONE OR MORE ☐	"NO" TO ALL ☐ (SKIP TO 569)	"YES" TO ONE OR MORE ☐	"NO" TO ALL ☐ (SKIP TO 569)
568	(Aside from breastfeeding and other liquids), how many times did (NAME) eat yesterday, (INCLUDING BOTH MEALS AND SNACKS)? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... ☐ DON'T KNOW 8		NUMBER OF TIMES ..... ☐ DON'T KNOW 8		NUMBER OF TIMES ..... ☐ DON'T KNOW 8	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
569	On how many days during the past seven days was (NAME) given any of the following:	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS
	Plain water?	PLAIN WATER ..... ☐	PLAIN WATER ..... ☐	PLAIN WATER ..... ☐
	Any kind of milk (other than breastmilk)?	MILK ..... ☐	MILK ..... ☐	MILK ..... ☐
	Liquids other than plain water or milk?	OTHER LIQUID ..... ☐	OTHER LIQUID ..... ☐	OTHER LIQUID ..... ☐
	Food made from gains like porridge, bread, rice and macaroni?	FOODS FROM GRAINS ... ☐	FOODS FROM GRAINS .. ☐	FOODS FROM GRAINS ... ☐
	Sweet potatoes or other foods tubers?	FOODS FROM TUBERS .. ☐	FOODS FROM TUBERS .. ☐	FOODS FROM TUBERS .. ☐
	Eggs, fish, or poultry?	EGGS/ FISH/ POULTRY .. ☐	EGGS/ FISH/ POULTRY .. ☐	EGGS/ FISH/ POULTRY .. ☐
	Meat?	MEAT ..... ☐	MEAT ..... ☐	MEAT ..... ☐
	Fruit?	FRUIT ..... ☐	FRUIT ..... ☐	FRUIT ..... ☐
	Any other solid or semi-solid food?	OTHER SOLID/ SEMI SOLID FOOD ..... ☐	OTHER SOLID/ SEMI SOLID FOOD ..... ☐	OTHER SOLID/ SEMI SOLID FOOD ..... ☐
570	RETURN TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601.			

SECTION 6: IMMUNIZATION AND HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
601	ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1998 IN THE TABLE. RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).				
602	LINE NUMBER FROM Q. 212	☐☐	☐☐	☐☐	
603	FROM Q. 212 FROM Q. 216	LAST BIRTH NAME ____________ ALIVE ☐ DEAD ☐ DEAD → GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 635	NEXT-TO-LAST BIRTH NAME ____________ ALIVE ☐ DEAD ☐ DEAD → GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634	SECOND-FROM-LAST BIRTH NAME ____________ ALIVE ☐ DEAD ☐ DEAD → GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634	
604	Do you have a birth certificate for (NAME)? IF YES: May I see it? CHECK THE CERTIFICATE AND INDICATE WHETHER VACCINATION DATES ARE RECORDED ON THE CERTIFICATE OR NOT	YES, SEEN AND VACCINATION DATES RECORDED........ 1 (SKIP TO 606) YES, SEEN BUT NO VACCINATION DATES RECORDED........ 2 YES, BUT NOT SEEN .... 3 (SKIP TO 608) NO CERTIFICATE........ 4	YES, SEEN AND VACCINATION DATES RECORDED........ 1 (SKIP TO 606) YES, SEEN BUT NO VACCINATION DATES RECORDED........ 2 YES, BUT NOT SEEN .... 3 (SKIP TO 608) NO CERTIFICATE........ 4	YES, SEEN AND VACCINATION DATES RECORDED........ 1 (SKIP TO 606) YES, SEEN BUT NO VACCINATION DATES RECORDED........ 2 YES, BUT NOT SEEN .... 3 (SKIP TO 608) NO CERTIFICATE........ 4	
605	Did you ever have a birth certificate for (NAME)? IF YES: Did the certificate include a vaccination record?	YES, HAD CERTIFICATE WITH RECORD........ 1 YES, CERTIFICATE, BUT NO RECORD........ 2 NO CERTIFICATE........ 3 (SKIP TO 608)	YES, HAD CERTIFICATE WITH RECORD........ 1 YES, CERTIFICATE, BUT NO RECORD........ 2 NO CERTIFICATE........ 3 (SKIP TO 608)	YES, HAD CERTIFICATE WITH RECORD........ 1 YES, CERTIFICATE, BUT NO RECORD........ 2 NO CERTIFICATE........ 3 (SKIP TO 608)	
606	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE. (2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.	DAY MO. YEAR	DAY MO. YEAR	DAY MO. YEAR	
	BCG	BCG ☐☐ ☐☐ ☐☐☐☐	BCG ☐☐ ☐☐ ☐☐☐☐	BCG ☐☐ ☐☐ ☐☐☐☐	
	POLIO 1	P1	P1	P1	
	POLIO 2	P2	P2	P2	
	POLIO 3	P3	P3	P3	
	ACTIVATED POLIO	AP	AP	AP	
	DPT 1	D1	D1	D1	
	DPT 2	D2	D2	D2	
	DPT 3	D3	D3	D3	
	ACTIVATED DPT	AD	AD	AD	
	MEASLES	MEA	MEA	MEA	
	HEPATITS B1	H1	H1	H1	
	HEPATITS B2	H2	H2	H2	
	HEPATITS B3	H3	H3	H3	
	VITAMIN A	VA	VA	VA	
	POLIO 0 (ZERO)	P0	P0	P0	
	POLIO 4	P4	P4	P4	
	MMR	MMR	MMR	MMR	
	OTHER (SPECIFY)	OTH	OTH	OTH	

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
607	Has (NAME) received any vaccination that is not recorded on the certificate? **RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, HEPATITIS B1-B3 AND MMR.** (IN CASE OF POLIO, DPT, HEPATITIS PROBE CAREFALLY TO BE SURE THAT THE CHULD RECEIVED THE VACCINATIONS IN FRONT OF THE VACCINATIONS WITH NO RECORD)	YES .... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO .... 2 DON'T KNOW 8	YES .... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO .... 2 DON'T KNOW 8	YES .... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO .... 2 DON'T KNOW 8
608	Do you have a health card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN .... 1 (SKIP TO 610) YES, NOT SEEN .... 2 (SKIP TO 612) NO HEALTH CARD 3	YES, SEEN .... 1 (SKIP TO 610) YES, NOT SEEN .... 2 (SKIP TO 612) NO HEALTH CARD 3	YES, SEEN .... 1 (SKIP TO 610) YES, NOT SEEN .... 2 (SKIP TO 612) NO HEALTH CARD 3
609	Did you ever have a health card for (NAME)?	YES .... 1 NO .... 2 (SKIP TO 612)	YES .... 1 NO .... 2 (SKIP TO 612)	YES .... 1 NO .... 2 (SKIP TO 612)
610	**(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.** **(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.**	DAY MO. YEAR	DAY MO. YEAR	DAY MO. YEAR
	BCG	BCG	BCG	BCG
	POLIO 1	P1	P1	P1
	DPT 1	D1	D1	D1
	HEPATITIS B1	H1	H1	H1
	POLIO 2	P2	P2	P2
	DPT 2	D2	D2	D2
	HEPATITIS B2	H2	H2	H2
	POLIO 3	P3	P3	P3
	DPT 3	D3	D3	D3
	HEPATITIS B 3	H3	H3	H3
	POLIO 4	P4	P4	P4
	MEASLES	MEA	MEA	MEA
	ACTIVATED POLIO	AP	AP	AP
	ACTIVATED DPT	AD	AD	AD
	VITAMIN A	VA	VA	VA
	POLIO 0 (ZERO)	P0	P0	P0
	MMR	MMR	MMR	MMR
	OTHER (SPECIFY)	OTH	OTH	OTH

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
611	Has (NAME) received any vaccinations that are not recorded on this health card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, HEPATITIS B1-B3 AND MMR. (IN CASE OF POLIO, DPT, HEPATITIS PROBE CAREFALLY TO BE SURE THAT THE CHULD RECEIVED THE VACCINATIONS IN FRONT OF THE VACCINATIONS WITH NO RECORD)	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 615)	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 615)	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 615)
612	CHECK 604 AND 608:	NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN ☐ CERTIFICATE OR HEALTH CARD SEEN ☐ GO TO 615	NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN ☐ CERTIFICATE OR HEALTH CARD SEEN ☐ GO TO 615	NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN ☐ CERTIFICATE OR HEALTH CARD SEEN ☐ GO TO 615
613	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 618)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 618)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 618)
614	Please tell me if (NAME) (has) received any of the following vaccinations:			
	A BCG vaccination against Tuberculosis, that is, injection in the left shoulder that 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? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX.	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? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX.	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? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX.	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 MMR injection, that is an injection against measles, memps and rubella and taken at one-half year?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
615	Did (NAME) receive a vitamin A blue capsule that is taken at 9 and 18 months ? SHOW CAPSULE.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 618)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 618)
616	At anytime when you took your child for these immunizations, did anyone talk to you about family planning?	YES .... 1 NO .... 2 STILL YOUNG/ DIDN'T GO ... 3 (SKIP TO 618) DON'T KNOW/ UNSURE 8		
617	Did anyone talk to you about any other health services (nutrition / antenatal care)?	YES .... 1 NO .... 2 DON'T KNOW/ UNSURE 8		
618	Has (NAME) been ill with a fever at any time in the last two 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
619	Has (NAME) been ill with a cough at any time in the last two weeks?	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 624)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 624)	YES .... 1 NO .... 2 DON'T KNOW .... 8 (SKIP TO 624)
620	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
621	Did you seek advice or treatment for the cough?	YES .... 1 NO .... 2 (SKIP TO 623)	YES .... 1 NO .... 2 (SKIP TO 623)	YES .... 1 NO .... 2 (SKIP TO 623)
622	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR .... E PHARMACY .... F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER .... G RELATIVES/ FRIENDS .... H OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR .... E PHARMACY .... F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER .... G RELATIVES/ FRIENDS .... H OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL .... A GVT. HEALTH UNIT .... B MCH CENTER .... C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR .... E PHARMACY .... F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER .... G RELATIVES/ FRIENDS .... H OTHER ______ X (SPECIFY)
623	Was (NAME) given antibiotic to treat the cough?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
624	Has (NAME) had diarrhea in the last two weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 633)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 633)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 633)
625	Now I would like to know how much (NAME) was offered to drink during the diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/ she offered much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW 8
626	When (NAME) had diarrhea, was he/ she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/ she offered much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW 8
627	Was (NAME) given a fluid made from a special packet called mahloul moalget el-gaffaf to drink?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
628	Did anyone advice you to give (NAME) mahloul moalget el gafaf when (he/she) had diarrhea that time? IF YES: Who? RECORD ALL MENTIONED.	PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER ..... C TRADITIONAL PRACTITIONER ..... D HUSBAND ..... E OTHER RELATIVE/FRIEND... F OTHER________ X (SPECIFY) NO ONE ..... Y	PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER ..... C TRADITIONAL PRACTITIONER ..... D HUSBAND ..... E OTHER RELATIVE/FRIEND... F OTHER________ X (SPECIFY) NO ONE ..... Y	PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER ..... C TRADITIONAL PRACTITIONER ..... D HUSBAND ..... E OTHER RELATIVE/FRIEND... F OTHER________ X (SPECIFY) NO ONE ..... Y
629	Was he/she given anything (else) to treat the diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 631)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 631)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 631)
630	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	HOMEMADE SUGAR, SALT AND WATER SOLUTION ..... A ANTIBIOTIC (PILL OR SYRUP) ..... B OTHER PILL OR SYRUP ..... C INJECTION (I.V.) INTRAVENOUS ..... D HOME REMEDIES/ HERBAL MEDICINES ..... E OTHER________ X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION ..... A ANTIBIOTIC (PILL OR SYRUP) ..... B OTHER PILL OR SYRUP ..... C INJECTION (I.V.) INTRAVENOUS ..... D HOME REMEDIES/ HERBAL MEDICINES ..... E OTHER________ X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION ..... A ANTIBIOTIC (PILL OR SYRUP) ..... B OTHER PILL OR SYRUP ..... C INJECTION (I.V.) INTRAVENOUS ..... D HOME REMEDIES/ HERBAL MEDICINES ..... E OTHER________ X (SPECIFY)

		LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME
631	Did you seek advice or treatment for the diarrhea?	YES ... 1 NO ... 2 (SKIP TO 633)	YES ... 1 NO ... 2 (SKIP TO 633)	YES ... 1 NO ... 2 (SKIP TO 633)
632	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL ... A GVT. HEALTH UNIT ... B MCH CENTER ... C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC... D PVT. DOCTOR ... E PHARMACY ... F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER ... G RELATIVES/ FRIENDS ... H OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL ... A GVT. HEALTH UNIT ... B MCH CENTER ... C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC... D PVT. DOCTOR ... E PHARMACY ... F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER ... G RELATIVES/ FRIENDS ... H OTHER ______ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL ... A GVT. HEALTH UNIT ... B MCH CENTER ... C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC... D PVT. DOCTOR ... E PHARMACY ... F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER ... G RELATIVES/ FRIENDS ... H OTHER ______ X (SPECIFY)
633	GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 634.			

634	CHECK 627, ALL COLUMNS: NO CHILD RECEIVED ORS ☐ (continue to 635) ANY CHILD RECEIVED ORS ☐ → 636		636
635	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	
636	Now I would like to ask about your opinion about how many pregnant women living in this area receive antenatal care. Would you say that most, some,very few, or none of pregnant women go for anteratal care?	MOST ... 1 SOME ... 2 VERY FEW ... 3 NONE ... 4 NOR SURE ... 8	
637	Do you think the number of women in this area receiving antenatal care is increasing, decreasing or staying about the same?	INCREASING ... 1 DECREASING ... 2 STAY ABOUT THE SAME ... 3 NOR SURE ... 8	
638	In the last 6 months have you heard,seen, or received any information about the warning or danger signs women should be aware of in order to have a safe pregnancy?	YES ... 1 NO ... 2	→ 701
639	What was the last source you got information from?	TELEVISION ... 01 RADIO ... 02 NEWSPAPER/MAGAZINE ... 03 PAMPHLET/BROCHURE ... 04 POSTER ... 05 MEDICAL PROVIDER ... 06 HUSBAND ... 07 OTHER RELATIVE ... 08 FRIENDS/NEIGHBORS ... 09 OTHER ______ 96 (SPECIFY)	

SECTION 7 INFECTIOUS DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	Now I would like to talk about something else. Have you ever heard about AIDS disease?	YES ..... 1 NO ..... 2 →	705
702	From where did you last see or hear about HIV/AIDS?	TELEVISION ..... 01 RADIO ..... 02 NEWSPAPER/MAGAZINE ..... 03 MEDICAL PROVIDER ..... 04 HUSBAND ..... 05 OTHER RELATIVES ..... 06 FRIENDS/NEIGHBORS ..... 07 OTHER _____ 96 (SPECIFY)	
703	Do you know of ways in which a person can be infected with the virus causing AIDS?	YES ..... 1 NO ..... 2 →	705
704	Please name me at least two ways in which a person can be infected with AIDS. **RECORD ALL WAYS OF INFECTION THE RESPONDENT NAMES**	SEXUAL RELATIONS ..... A HOMOSEXUAL SEX ..... B CONTACT WITH BLOOD FROM INFECTED PERSON THROUGH: TRANSFUSION ..... C UNCLEAN NEEDLES ..... D OTHER (E.G. RAZORS) ..... E CASUAL PHYSICAL CONTACT WITH INFECTED PERSON (E.G., SHAKING HANDS/SHARING FOOD/DRINK) ..... F MOTHER-TO-CHILD TRANSMISSION. G MOSQUITO/OTHER INSECT BITE ..... H OTHER _____ X (SPECIFY)	
705	Have you ever heard about Hepatitis C?	YES ..... 1 NO ..... 2 →	709
706	From where did you last see or hear about the Hepatitis C virus?	TELEVISION ..... 01 RADIO ..... 02 NEWSPAPER/MAGAZINE ..... 03 MEDICAL PROVIDER ..... 04 HUSBAND ..... 05 OTHER RELATIVES ..... 06 FRIENDS/NEIGHBORS ..... 07 OTHER _____ 96 (SPECIFY)	
707	Do you know of ways in which a person can be infected with the Hepatitis C virus?	YES ..... 1 NO ..... 2 →	709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Please name me at least two ways in which a person can be infected with the Hepatitis C virus. RECORD ALL WAYS OF INFECTION THE RESPONDENT NAMES.	SEXUAL RELATIONS ..... A HOMOSEXUAL SEX ..... B CONTACT WITH BLOOD FROM INFECTED PERSON THROUGH: TRANSFUSION ..... C UNCLEAN NEEDLES ..... D OTHER (E.G. RAZORS) ..... E CASUAL PHYSICAL CONTACT WITH INFECTED PERSON (E.G., SHAKING HANDS/SHARING FOOD/DRINK) ..... F MOTHER-TO-CHILD TRANSMISSION ..... G MOSQUITO/OTHER INSECT BITE ..... H OTHER _____ X (SPECIFY)	
709	In the last 6 months have you heard,seen, or received any information about what people should do to be sure that injection are given safely?	YES ..... 1 NO ..... 2 →	801
710	What did you hear?	USE ONLY SURING (NEEDLE) IN SEALED PACKET ..... A DO NOT SHARE SYRINGE (NEEDLE) ..... B BOIL/STERILIZE SYRINGE (NEEDLE) BEFORE EUSING ..... C OTHER _____ X (SPECIFY)	
711	What was the last source you got information from?	TELEVISION ..... 01 RADIO ..... 02 NEWSPAPER/MAGAZINE ..... 03 PAMPHLET/BROCHURE ..... 04 POSTER ..... 05 MEDICAL PROVIDER ..... 06 HUSBAND ..... 07 OTHER RELATIVES ..... 08 FRIENDS/NEIGHBORS ..... 09 OTHER _____ 96 (SPECIFY)	

SECTION 8: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Did you ever hear about female circumcision?	YES ..... 1 NO ..... 2 →	901
802	Are you yourself circumcised?	YES ..... 1 NO 2	
803	CHECK 214 AND 216: HAS ONE LIVING DAUGHTERS ☐ → (GO TO 804) HAS MORE THAN ONE LIVING DAUGHTER ☐ → (GO TO 804A) HAS NO LIVING DAUGHTER ☐ →		807
804 804A	Has your daughter been circumcised? IF YES, RECORD 01 IN THE BOXES. IF NO, CIRCLE 95. How many of your daughters have been circumcised,? RECORD NUMBER IN THE BOXES. IF NONE, CIRCLE 95.	NUMBER CIRCUMISED ..... ☐☐ NO DAUGHTERS CIRCUMISED 95	
805	Do you intend to have your daughter/any (other) of your daughters circumcised?	YES ..... 1 → 807 NO ..... 2 ALL HER DAUGHTERS CIRCUMCISED.. 3 → 807 DON'T KNOW ..... 8 → 807	
806	Why don't you intend to have your daughter (s) circumcised? Any other reasons? RECORD ALL REASONS MENTIONED	DON'T BELIEVE IN / ACCEPT IT ..... A AFRAID OF COMPLICATIONS ..... B AGAINST RELIGION ..... C BETTER MARRIAGE PROSPECTS IF NOT CIRCUMCISED..... D GREATER PLEASURE FOR HUSBAND.. E OTHER _____ X (SPECIFY)	
807	Do you think that this practice should be continued or should it be discontinued?	CONTINUED ..... 1 DISCONTINUED ..... 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
808	During the past year, have you heard or seen anything about female circumcision: On television? ..... On radio? In a newspaper or magazine? At a community meeting? At the mosque or church?	YES NO TELEVISION ..... 1 2 RADIO ..... 1 2 NEWSPAPER / MAGAZINE ..... 1 2 COMMUNITY MEETING ..... 1 2 MOSQUE / CHURCH 1 2	
809	During the past year have you discussed female circumcision with your relatives, friends or neighbours?	YES ..... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP TO
810	I will read you some statements. Please tell me if you agree or disagree:		AGREE	DIS-AGREE	DK	
	Circumcision is an important part of religious tradition	IMPORTANT PART OF RELIGIOUS TRADITION	1	2	8	
	A husband will prefer his wife to be circumcised	HUSBAND PREFER	1	2	8	
	Circumcision can cause severe complications, which may lead to the girl's death	CAN LEAD TO GIRL'S DEATH	1	2	8	
	Circumcision prevents adultery	PREVENTS ADULTERY	1	2	8	
	Circumcision may cause a woman to have problems in becoming pregnant	CAUSE PROBLEMS IN GETTING PREGNANT	1	2	8	
	Circumcision lessens sexual satisfaction for a couple	LESSENS SEXUAL SATISFACTION	1	2	8	
	Childbirth is more difficult for a woman who has been Circumcised	CHILDBIRTH MORE DIFFICULT	1	2	8	

SECTION 9: HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	CHECK 107: CURRENTLY MARRIED ☐ → (SKIP TO 903) DIVORCED / SEPARATED ☐	WIDOWED ☐ → 904	
902	RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD " 00 " .	HUSBAND'S LINE NUMBER ☐☐	
903	Now I would like to ask some questions about your (last) husband. How old was your (last) husband on his most recent birthday?	AGE IN COMPLETED YEARS ☐☐	
904	In what month and year was your (last) husband born? COMPARE AND CORRECT 903 AND / OR 904 IF INCONSISTENT.	MONTH ☐☐ DON'T KNOW MONTH 98 YEAR ☐☐☐☐ DON'T KNOW YEAR 9998	
905	Before you got married was your (last) husband related to you in anyway through blood or marriage?	YES 1 NO 2 → 907	
906	What type of relationship was it?	FIRST COUSIN ON FATHER'S SIDE 1 FIRST COUSIN ON MOTHER'S SIDE 2 SECOND COUSIN ON FATHER'S SIDE 3 SECOND COUSIN ON MOTHER'S SIDE 4 OTHER BLOOD RELATIVE 5 OTHER RELATIVE BY MARRIAGE 6	
907	Did your (last) husband ever attend school?	YES 1 NO 2 → 910	
908	What was the highest level of school he attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMIDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6 DON'T KNOW 8 → 910	
909	What was the highest grade which he completed at that level?	GRADE ☐ DON'T KNOW 8	
910	CHECK 107: CURRENTLY MARRIED ☐ WIDOWED / DIVORCED / SEPARATED ☐ → 1001		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
911	Is your husband currently employed? IF NO: Is he retired or unemployed?	YES ..... 1 NO, RETIRED ..... 2 NO, UNEMPLOYED 3	
912	CHECK 911: HUSBAND CURRENTLY EMPLOYED ☐ ↓ What kind of work does your husband mainly do? HUSBAND RETIRED OR UNEMPLOYED ☐ ↓ In the last job he had, what kind of work did your husband mainly do?	_____ _____ ☐☐ _____ _____ RECORD ANWSER IN DETAIL	
913	Does (did) your (last) husband work for a member of his family, for someone else, or is (was) he self – employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 FOR HIMSELF ..... 3 →	915
914	Does (did) he earn a regular wage or salary?	YES ..... 1 NO 2	
915	CHECK 912: WORKS (WORKED) IN AGRICULTURE ☐ ↓ DOES (DID) NOT WORK IN AGRICULTURE ☐ →		1001
916	(Does / Did) your husband mainly work on his own land or family land, or (does / did) he rent land, or (does / did) he work on someone else's land?	HIS / FAMILY LAND ..... 1 RENTED LAND ..... 2 SOMEONE ELSE'S LAND 3	

SECTION 10: WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1001	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Before you married (for the first time) did you ever do any of these things or any other work?	YES ..... 1 NO 2	
1002	Are you currently doing any of these things or any other work?	YES ..... 1 NO 2	→1004
1003	Have you done any work in the last 12 months?	YES ..... 1 NO 2	→1010
1004	What is your occupation, that is, what kind of work do you mainly do? RECORD ANSWER IN DETAIL.	_____ ☐☐ _____	
1005	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED 3	
1006	CHECK 1004: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ →		1008
1007	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND 4	
1008	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR..... 2 ONCE IN A WHILE 3	
1009	Are you paid in cash, in both cash and kind, in kind only or are you not paid at all?	CASH ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOTPAID AT ALL 4	
1010	CHECK 114 AND 115: PRIMARY OR LESS ☐ ↓ PREPARATORY OR HIGHER ☐ →		1013
1011	Have you ever participated in a literacy program or any other program that involved learning to read or write (not including primary school)?	YES ..... 1 NO 2	
1012	Now I would like you to read out loudly as much of this card as you can. SHOW CARD TO RESPONDENT.	CAN'T READ AT ALL ..... 1 ABLE TO READ ONLY PART OF SENTENCES ON CARD ..... 2 ABLE TO READ ALL OF CARD 3	→1014
1013	Do you usually read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
1014	Do you usually listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1015	Do you usually watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	
1016	THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS. WE MAY RETURN TO INTERVIEW YOU HOUSEHOLD IN TH EFUTURE AND WE HOPE YOU WILL AGREE TO PARTICPATE AGAIN AT THAT TIME.		
1017	RECORD THE TIME.	HOUR ..... ☐☐ MINUTES ..... ☐☐	

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101 – 1102 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNIARE 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:	

INSTRUCTIONS:

1. ONLY ONE CODE SHOULD APPEAR IN ANY BOX
2. FOR COLUMNS 1 AND 2 ALL MONTHS SHOULD
3. BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: MARRIAGE
- X MARRIED
- 0 NOT MARRIED

COLUMN 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE
- B BIRTHS
- P PREGNANCIES
- M MISCARRIAGE
- A ABORTION
- S STILL BIRTH
- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 NORPLANT
- 5 DIAPHRAGM / FAOM / JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION
- 8 MALE STERILIZATION
- 9 PERIODIC ABSTINENCE
- L WITHDRAWAL
- G PROLONGED BREASTFEEDING
- X OTHER

(SPECIFY)

COLUMN 3: DISCONTINUATION OF CONTRACEPTIVE USE
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS / TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- U UNABLE TO GET PREGNANT / MENOPAUSE
- D MARITAL DISSOLUTION / SEPARATION
- I INFREQUENT SEX / HUSBAND AWAY
- X OTHER

(SPECIFY)

- Z DON'T KNOW

COLUMN 4: POST PARTUM AMENORRHEA
- X PERIOD DID NOT RETURN
- 0 LESS THAN ONE MONTH

COLUMN 5: BREAST FEEDING
- X BREAST FEEDING
- 0 LESS THAN ONE MONTH
- N NEVER BREASTFED

CHILD'S NAME / METHOD

			1 2		3		4 5			
	JUN	01		01		01		01	JUN	
	MAY	02		02		02		02	MAY	
	APR	03		03		03		03	APR	
	MAR	04		04		04		04	MAR	
	FEB	05		05		05		05	FEB	
	JAN	06		06		06		06	JAN	
	DEC	07		07		07		07	DEC	
	NOV	08		08		08		08	NOV	
	OCT	09		09		09		09	OCT	
	SEP	10		10		10		10	SEP	
2	AUG	11		11		11		11	AUG	2
0	JUL	12		12		12		12	JUL	0
0	JUN	13		13		13		13	JUN	0
2	MAY	14		14		14		14	MAY	2
	APR	15		15		15		15	APR	
	MAR	16		16		16		16	MAR	
	FEB	17		17		17		17	FEB	
	JAN	18		18		18		18	JAN	
	DEC	19		19		19		19	DEC	
	NOV	20		20		20		20	NOV	
	OCT	21		21		21		21	OCT	
	SEP	22		22		22		22	SEP	
2	AUG	23		23		23		23	AUG	2
0	JUL	24		24		24		24	JUL	0
0	JUN	25		25		25		25	JUN	0
1	MAY	26		26		26		26	MAY	1
	APR	27		27		27		27	APR	
	MAR	28		28		28		28	MAR	
	FEB	29		29		29		29	FEB	
	JAN	30		30		30		30	JAN	
	DEC	31		31		31		31	DEC	
	NOV	32		32		32		32	NOV	
	OCT	33		33		33		33	OCT	
	SEP	34		34		34		34	SEP	
2	AUG	35		35		35		35	AUG	2
0	JUL	36		36		36		36	JUL	0
0	JUN	37		37		37		37	JUN	0
0	MAY	38		38		38		38	MAY	0
	APR	39		39		39		39	APR	
	MAR	40		40		40		40	MAR	
	FEB	41		41		41		41	FEB	
	JAN	42		42		42		42	JAN	
	DEC	43		43		43		43	DEC	
	NOV	44		44		44		44	NOV	
	OCT	45		45		45		45	OCT	
	SEP	46		46		46		46	SEP	
1	AUG	47		47		47		47	AUG	1
9	JUL	48		48		48		48	JUL	9
9	JUN	49		49		49		49	JUN	9
9	MAY	50		50		50		50	MAY	9
	APR	51		51		51		51	APR	
	MAR	52		52		52		52	MAR	
	FEB	53		53		53		53	FEB	
	JAN	54		54		54		54	JAN	
	DEC	55		55		55		55	DEC	
	NOV	56		56		56		56	NOV	
	OCT	57		57		57		57	OCT	
	SEP	58		58		58		58	SEP	
1	AUG	59		59		59		59	AUG	1
9	JUL	60		60		60		60	JUL	9
9	JUN	61		61		61		61	JUN	9
8	MAY	62		62		62		62	MAY	8
	APR	63		63		63		63	APR	
	MAR	64		64		64		64	MAR	
	FEB	65		65		65		65	FEB	
	JAN	66		66		66		66	JAN	

1201 LAST CHILD BORN PRIOR TO JANUARY 1998.

MONTH
YEAR

NAME: .....