

Egypt

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Health Survey**

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PREFACE

Health for all is the main health objective of the Egyptian government. To monitor and evaluate progress toward the achievement of this goal, reliable data are needed. These data can be obtained from service administration (service-based data) and collected directly from the community (household-based data). The two types of data complement each other in enhancing the information available to monitor progress in the health sector.

Since 1980, a number of surveys have been carried out in Egypt to obtain data from the community on the current health situation including the series of Demographic and Health Surveys of which 2014 EDHS is the most recent. The 2014 EDHS is of special importance as it is the first national health survey since 2008. The results of the 2014 EDHS show that key maternal and child health indicators, including antenatal care coverage and medical assistance at delivery, have improved. However, the survey also documents a number of critical challenges, particularly relating to fertility and family planning.

The findings of the 2014 EDHS together with the service-based data are very important for measuring the achievements of health and population programs. Based on the above-mentioned considerations, the results of the 2014 EDHS should be widely disseminated at different levels of health management, in the central offices as well as local governments, and to the community at large.

Dr. Adel Adawy
Minister of Health and Population

ACKNOWLEDGMENTS

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

This important survey could not have been implemented without the active support and dedicated efforts of a large number of institutions and individuals. The support and approval of the Ministry of Health and Population (MOHP) under the leadership of H.E. Dr. Adel Adawy was instrumental in securing the implementation of the EDHS.

USAID/Cairo was the main contributor of funding for the survey. UNICEF and UNFPA also provided financial support. Technical assistance came from the USAID-sponsored DHS Program.

I am deeply grateful to the Ministry of Health and Population staff who contributed to the successful completion of this project, especially Dr. Atef El-Shitany, Head of the Population and Family Planning Sector and Dr. Seham El-Sherif, Director of the Information Center for the Population and Family Planning Sector, for their continuous help and support during the survey implementation.

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I also recognize with gratitude the contributions of Dr. Leonardo Menchini, Chief of Social Policy, Monitoring and Evaluation, and Ms. Manar Soliman, Knowledge Management and Statistics Officer, UNICEF, and Dr. Magdy Khalid, Assistant Representative, UNFPA, in facilitating the successful implementation of the survey.

Dr. Ann Way of ICF International, who worked closely with us on all phases of the 2014 EDHS, deserves special thanks for all her efforts throughout the survey and during the preparation of this report. My thanks also are extended to Dr. Mahmoud Elkasabi for his advice and guidance in designing the sample. Ms. Jeanne Cushing deserves my deepest thanks for her assistance in data processing and tabulation required for this report. Ms. Monica Kothari provided invaluable assistance with the training and organization of the anemia-testing and anthropometry component of the survey.

I would like to express my appreciation to all the senior office staff at El-Zanaty and Associates for the dedication and skill with which they performed their tasks. Special thanks also go to the EDHS field staff for the efficiency which they performed their work in a sometimes very difficult environment.

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

Dr. Fatma El-Zanaty
Technical Director

MILLENNIUM DEVELOPMENT GOAL INDICATORS

Millennium Development Goal Indicators Egypt 2014

Goal	Indicator	Value		
		Male	Female	Total
1. Eradicate extreme poverty and hunger				
1.8	Prevalence of underweight children under five years of age	5.9	5.1	5.5
2. Achieve universal primary education				
2.1	Net attendance ratio in primary education ¹	95.8	95.5	95.7
3. Promote gender equality and empower women				
3.1a	Ratio of girls to boys in primary education ²	na	na	1.0
3.1b	Ratio of girls to boys in secondary education ²	na	na	1.0
3.1c	Ratio of girls to boys in tertiary education ²	na	na	0.9
4. Reduce child mortality				
4.1	Under five mortality rate ³	30	30	27
4.2	Infant mortality rate ³	25	27	22
4.3	Proportion of children age 18-29 months immunized against measles	95.5	96.2	95.8
5. Improve maternal health				
5.2	Percentage of births attended by skilled health personnel ⁴	na	na	91.5
5.3	Contraceptive prevalence rate ⁵	na	58.5	na
5.4	Adolescent birth rate ⁶	na	56.5	na
5.5a	Antenatal care coverage: at least one visit ⁷	na	90.3	na
5.5b	Antenatal care coverage: four or more visits ⁸	na	82.8	na
5.6	Unmet need for family planning	na	12.6	na
Goal	Indicator	Urban	Rural	Total
7. Ensure environmental sustainability				
7.8	Percentage of population using an improved drinking water source ⁹	98.7	97.1	97.7
7.9	Percentage of population with access to improved sanitation ¹⁰	98.9	84.9	90.1

na = Not applicable

¹ The ratio is based on reported attendance, not enrollment, in primary education among defacto primary school age children (6-11 year-olds). The rate also includes children of primary school age enrolled in secondary education. This is a proxy for MDG indicator 2.1, Net enrollment ratio.

² Based on reported net attendance, not gross enrollment, among defacto 6-11 year-olds for primary, 12-17 year-olds for secondary and 18-24 year-olds for tertiary education

³ Expressed in terms of deaths per 1,000 live births. Mortality by sex refers to a 10-year reference period preceding the survey. Mortality rates for males and females combined refer to the 5-year period preceding the survey.

⁴ Among births in the five years preceding the survey

⁵ Percentage of currently married women age 15-49 using any method of contraception

⁶ Equivalent to the age-specific fertility rate for women age 15-19 for the 3-year preceding the survey, expressed in terms of births per 1,000 women age 15-19

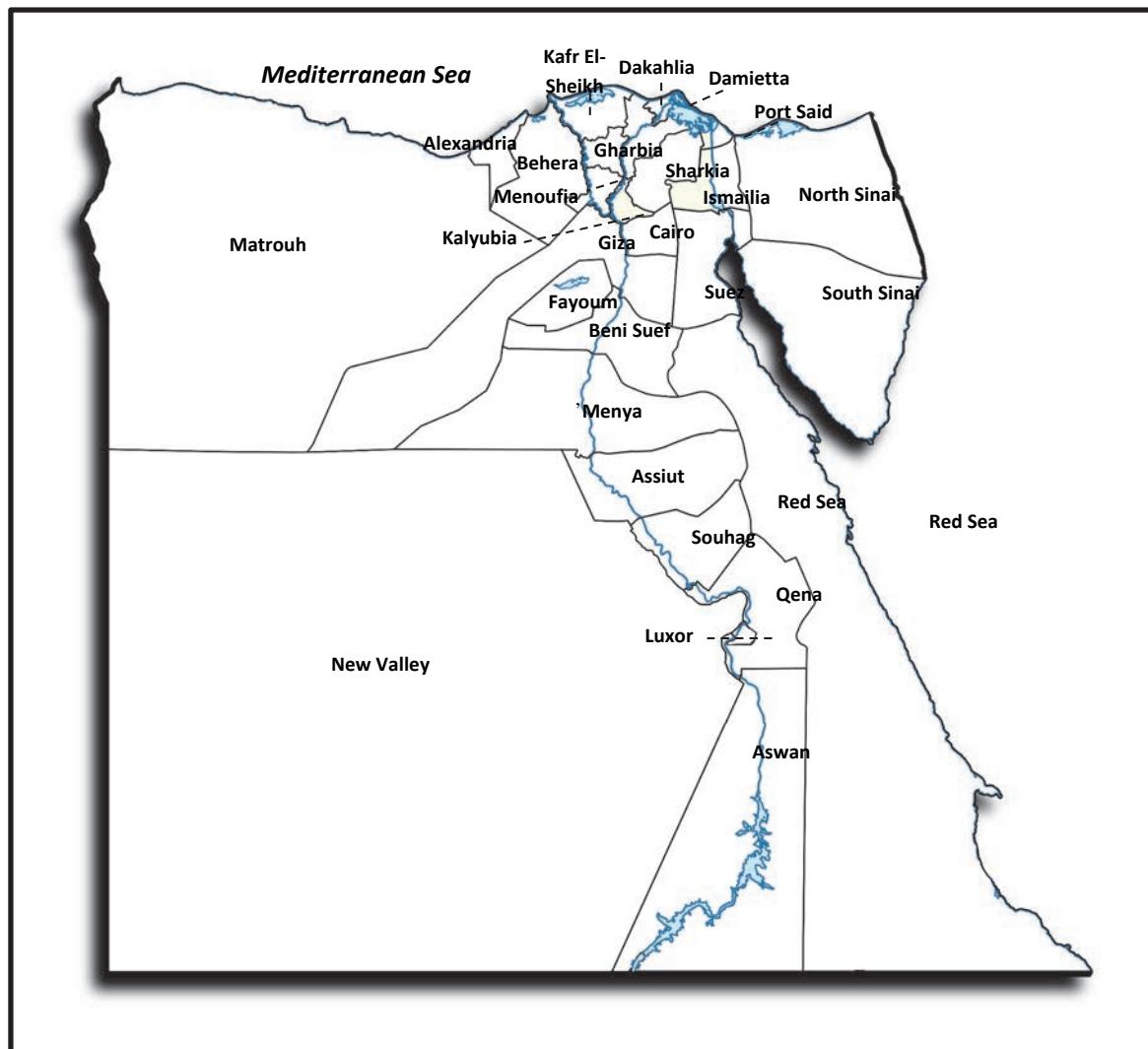
⁷ Percentage of women age 15-49 with live birth in the five years before the survey who received antenatal care at least once from a skilled provider prior to the last birth

⁸ Percentage of women age 15-49 with live birth in the five years before the survey who had four or more antenatal care visits with any health care provider prior to the last birth

⁹ Proportion whose main source of drinking water is a household connection (piped), public standpipe, borehole, protected dug well or spring, or bottled water.

¹⁰ Improved sanitation technologies are: flush toilet to sewer system, vault (Bayara), or septic tank; ventilated improved pit latrine; traditional pit latrine with a slab; or composting toilet.

MAP OF EGYPT



INTRODUCTION

1.1 GEOGRAPHY

Egypt is located on the northeast corner of the African continent. It is bordered by Libya to the west, Sudan to the south, the Red Sea to the east, and the Mediterranean Sea to the north.

Egypt has the largest, most densely settled population among the Arab countries. The total area of the country covers approximately one million square kilometers. However, much of the land is desert, and only 7.7 percent of Egypt's area is inhabited. The Egyptian government has a policy of land reclamation and fostering of new settlements in the desert. Despite these efforts, the majority of Egyptians live either in the Nile Delta located in the north of the country or in the narrow Nile Valley south of Cairo.

Administratively, Egypt is divided into 27 governorates (see map). The four Urban Governorates (Cairo, Alexandria, Port Said, and Suez) have no rural population. Each of the other 23 governorates is subdivided into urban and rural areas. Nine of these governorates are located in the Nile Delta (Lower Egypt), nine are located in the Nile Valley (Upper Egypt), and the remaining five Frontier Governorates are located on the eastern and western boundaries of Egypt.

1.2 POPULATION SIZE AND STRUCTURE

Table 1.1 presents the trend between 1996 and 2013 in the size of Egypt's population and the distribution of the population by urban-rural residence. The latest population census in Egypt was carried out in November 2006. According to the results, Egypt had a de facto population of 72 million. This number excluded the roughly 2.2 million Egyptians who were living abroad. The population continued to increase rapidly following the census, reaching nearly 84 million by 2013.

In 2013, the majority (57 percent) of the Egyptian population lived in rural areas. The distribution of the population by urban-rural residence has remained virtually unchanged since the mid-1990s.

1.3 RECENT RATE OF NATURAL INCREASE

The rate of natural increase represents the difference between the rates of births and deaths in a population. It indicates how fast a population will grow, taking into account these two natural events. A comparison of the crude birth rates (CBR) and crude death rates (CDR) in Figure 1.1 shows that the rate of natural increase declined in Egypt between 2000 and 2005. The downward trend was reversed in 2006, and the rate of natural increase rose to a peak of 25.5 per thousand in 2012, before declining slightly in 2013.

Egypt's population growth has been mainly influenced by changes in fertility behavior. As Figure 1.1 shows, the CDR remained virtually stable during the period 2000-2013, fluctuating

Table 1.1 Population of Egypt, 1996-2013

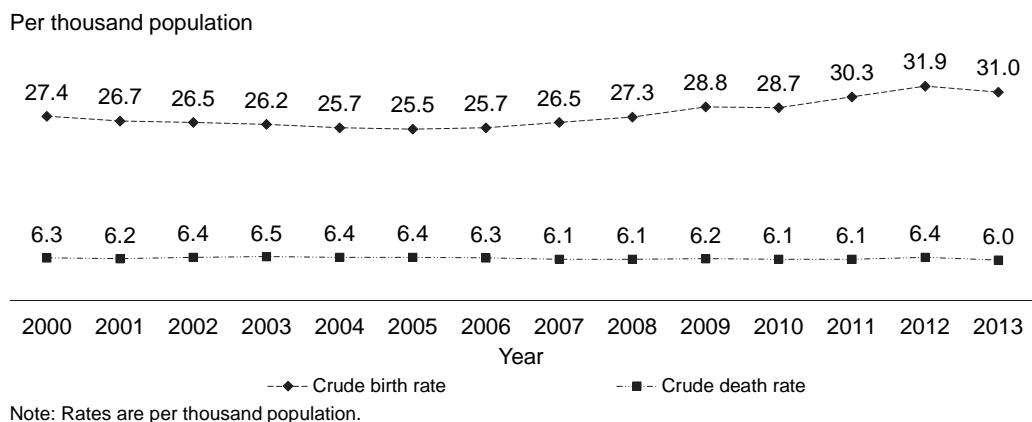
Total population in Egypt and the percentage living in urban and rural areas, 1996-2013

Year	Total population (thousands)	Place of residence	
		Urban	Rural
1996	58,835	42.6	57.4
1997	60,053	42.6	57.4
1998	61,296	42.6	57.4
1999	62,565	42.5	57.5
2000	63,860	42.5	57.5
2001	65,182	43.1	56.9
2002	66,531	42.9	57.1
2003	67,908	42.9	57.1
2004	69,313	42.8	57.2
2005	70,748	42.7	57.3
2006	72,212	42.5	57.5
2007	73,608	43.1	56.9
2008	75,194	42.9	57.1
2009	76,925	43.0	57.0
2010	78,685	43.0	57.0
2011	80,530	42.8	57.2
2012	82,550	42.9	57.1
2013	83,667	42.8	57.2

Source: CAPMAS 2014, Table 2.3

between 6.0 and 6.5 per thousand population. At the beginning of the period, the CBR dropped, from 27.4 per thousand population in 2000 to 25.5 per thousand in 2005. At that point, the trend was reversed, and the CBR increased by 25 percent to a level of 31.9 births per thousand in 2012 before declining slightly to 31 births per thousand in 2013.

Figure 1.1 Trends in crude birth and death rates, Egypt 2000-2013



The decline in mortality over time in Egypt has had a demonstrable effect on the life expectancy at birth of the Egyptian population. Life expectancy at birth represents the average number of years a child born in a specific year may be expected to live during his/her lifetime. As Table 1.2 shows the life expectancy of the Egyptian population increased from 52.7 years in 1976 to 70.2 years in 2009 for males and from 57.7 years to 74.8 for females. Life expectancy decreased for both males and females in 2010 and then rose again reaching 72.5 years for females and 69.7 years for males by 2014.

1.4 ORGANIZATION OF THE 2014 EDHS

The Egypt Demographic and Health Survey is the latest in a series of nationally representative population and health surveys conducted in Egypt.¹ The survey was conducted under the auspices of the Ministry of Health and Population (MOHP) and implemented by El-Zanaty & Associates. Technical support for the survey was provided by ICF International through The DHS Program. The DHS Program is sponsored by the United States Agency for International Development (USAID) to assist countries worldwide in conducting surveys to obtain information on key population and health indicators. USAID/Cairo provided the main funding to support the implementation of the survey. The United Nations Children's Fund (UNICEF) and United Nation Population Fund (UNFPA) also contributed to the funding of the survey.

Table 1.2 Life expectancy, Egypt 1976-2014

Life expectancy at birth by sex, Egypt 1976-2014

Year	Male	Female
1976	52.7	57.7
1986	60.5	63.0
1996	65.1	69.0
2000	66.7	71.0
2001	67.1	71.5
2002	67.5	71.9
2003	67.9	72.3
2004	68.4	72.8
2005	68.8	73.5
2006	69.2	73.6
2007	69.5	74.0
2008	69.9	74.4
2009	70.2	74.8
2010	68.2	70.9
2011	68.6	71.4
2012	69.0	71.7
2013	69.4	72.1
2014	69.7	72.5

Source: CAPMAS 2014, Table 3.9

¹ The 2014 EDHS is the seventh full-scale Demographic and Health Survey implemented in Egypt; earlier surveys were conducted in 1988, 1992, 1995, 2000, 2005, and 2008. Three interim DHS surveys were carried out in 1997, 1998, and 2003. Other national-level surveys for which results are shown in this report include the 1980 Egyptian Fertility Survey (EFS), the 1984 Egypt Contraceptive Prevalence Survey (ECPS), and the 1991 Egypt Maternal and Child Health Survey (EMCHS).

The EDHS includes two components: a survey of ever-married women age 15-49 to update key health and population indicators covered in past Egypt DHS surveys and a separate survey of the general population to obtain updated information on other critical health problems facing Egypt including the prevalence of hepatitis B and C and the population's experience with non-communicable diseases. This report presents findings from the ever-married women component of the EDHS (hereafter referred to as the 2014 EDHS). The results of the Egypt Health Issues Survey which is being implemented in 2015 will be presented in a separate report.

The 2014 EDHS was undertaken to provide estimates for key indicators such as fertility, contraceptive use, infant and child mortality, immunization levels, coverage of antenatal and delivery care, nutrition, and prevalence of anemia. In addition, the survey was designed to provide information on the prevalence of female circumcision, domestic violence, and children's welfare. The survey results are intended to assist policymakers and planners in assessing the current health and population programs and in designing new strategies for improving health services for women and children in Egypt.

1.4.1 2014 EDHS Timetable

The 2014 EDHS was executed in four stages. The first stage involved preparatory activities, including designing the sample and updating the sample frame. At the same time, the survey questionnaires were developed, pretested, and finalized. The preparatory stage was initiated in September 2013, and all of the activities were completed by mid-February 2014. The second stage, which took place from March through June 2014, involved training field staff and interviewing eligible households and individual respondents. The third stage encompassed all of the data processing activities necessary to produce a clean data file, including editing, coding, entering and verifying the data as well as checking it for consistency. This stage started soon after the beginning of the fieldwork and lasted until early August 2014. The focus of the final stage of the survey was analyzing the data and preparing the report. This phase began in October 2014 with the publication of the preliminary report, which presented the main findings from the survey.

The activities involved in each of the stages are described in more detail below. The survey timetable is presented in Table 1.3.

Table 1.3 Survey timetable, 2014 Egypt DHS

Activity	Starting date	Duration
Updating the sample frame	September 2013	1 month
Mapping	October 2013	6 weeks
Quick-count operation	November 2013	3 months
Recruitment and training of listing staff	January 2014	1 week
Listing and re-listing	January 2014	6 weeks
Sample selection	February 2014	6 weeks
Questionnaire design	December 2013	3 months
Preparation of training materials	December 2013	2 months
Pretest	January 2014	2 weeks
Finalization of questionnaires	February 2014	1 month
Training of data collection staff	March 2014	5 weeks
Printing survey materials	April 2014	2 weeks
Fieldwork	April 2014	3 months
Reinterviews	June 2014	3 weeks
Office editing and coding	April 2014	10 weeks
Data entry	April 2014	10 weeks
Computer editing	June 2014	2 months
Preliminary report	September 2014	1 month
Detailed tabulations	October 2014	2 months
Final report preparation	October 2014	5 months
Final report review and finalization	March 2015	2 months

1.4.2 Sample Design

The sample for the 2014 EDHS was designed to provide estimates of population and health indicators including fertility and mortality rates for the country as a whole and for six major subdivisions (Urban Governorates, urban Lower Egypt, rural Lower Egypt, urban Upper Egypt, rural Upper Egypt, and the Frontier Governorates). The sample also allows for estimates of most key indicators at the governorate level.

In order to allow for separate estimates for the major geographic subdivisions and the governorates, the number of households selected from each of the major subdivisions and each governorate was disproportionate to the size of the population in the units. Thus, the 2014 EDHS sample is not self-weighting at the national level.

A more detailed description of the 2014 EDHS sample design is included in Appendix B. Sampling errors for selected variables are presented in Appendix C.

1.4.3 Sample Selection

The sample for the 2014 EDHS was selected in four stages. A list of shiakhas/towns constituted the primary sampling frame for urban areas, and a list of villages served as the frame for rural areas. The Central Agency of Public Mobilization and Statistics (CAPMAS) updated these lists, which had been originally prepared for the 2006 census, to reflect the situation in 2013.

In order to provide for implicit geographic stratification, the lists of shiakhas/towns and villages in each governorate were arranged in serpentine order according to their location from north to south within the governorate. During the first stage selection, a total of 926 primary sampling units (481 shiakhas/towns and 445 villages) were chosen for the 2014 EDHS sample with probability proportional to size.

The second stage of selection involved several steps. First, for each of the primary sampling units (PSU), maps were obtained and divided into parts of roughly equal size, with the number of parts determined by dividing the population in the shiakha or village by 5,000. One to three parts were then selected systematically from each PSU, depending on the size of the shiakha or village. Three parts were selected in shiakhas/villages with a population of 100,000 or more, and two parts were selected in shiakhas/villages with populations between 20,000 and 100,000. In the remaining smaller shiakhas/villages, one part was selected.

A quick count was carried out in the selected parts in each PSU to provide the information needed to divide the parts into a number of segments of roughly equal size. Due to security issues, the quick count operation could not be undertaken in North and South Sinai, and, thus, the 42 clusters selected in those governorates were not included in the 2014 Egypt DHS. Because the populations of those governorates comprise less than 1 percent of Egypt's total population, their exclusion does not affect national estimates. However, because they comprise two of the five Frontier Governorates, information that is presented in this report for the Frontier Governorates is not comparable to results in prior EDHS surveys in which all five Frontier Governorates were surveyed.

After the quick count was completed, two to three segments were selected from each PSU. In large shiakhas/towns and villages where there were two or three parts, one segment was chosen from each part. In small shiakhas/towns and villages where only one part had been selected, two segments were chosen from that part.

A household listing was obtained for each segment. Using the household lists, a systematic random sample of 29,471 households was chosen for the 2014 EDHS. During the survey, usual household members and visitors who were present in the household during the night before the survey visit were identified and listed in the household questionnaire. All ever-married women 15-49 included in that list were eligible for the individual survey interview. A subsample of one-third of all households in each segment was selected for the anemia-testing component. In this subsample, ever-married women age 15-49 and children age 0-19 years were eligible for the testing. One woman in each household in the subsample in which anemia testing was carried out was also selected to be asked questions about domestic violence.

1.4.4 Questionnaire Development

The 2014 EDHS involved two questionnaires: a household questionnaire and an individual questionnaire. The questionnaires were based on the model survey instruments developed by the MEASURE DHS Phase III project. Questions on a number of topics not covered in the DHS model questionnaires were also included in the 2014 EDHS questionnaires. In some cases, those items were drawn from the questionnaires used for earlier rounds of the DHS in Egypt. In other cases, the questions were intended to collect information on new topics recommended by data users.

The EDHS household questionnaire was used to enumerate all usual members of and visitors to the selected households and to collect information on the socioeconomic status of the households as well as on the nutritional status and anemia levels among women and children. The first part of the household questionnaire collected information on the age, sex, marital status, educational attainment, and relationship to the household head of each household member or visitor. These questions were included in order to provide basic demographic data for the EDHS households. They also served to identify the women who were eligible for the individual interview and the women and children who were eligible for anthropometric measurement and anemia testing. In the second part of the household questionnaire, there were questions on housing characteristics (e.g., the number of rooms, the flooring material, the source of water, and the type of toilet facilities) and on ownership of a variety of consumer goods. Special modules collecting information relating to child labor and discipline were also administered in the household questionnaire. Finally, the height and weight measurements and the results of anemia testing among women and children were recorded in the household questionnaire.

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

- Respondent's background
- Reproduction
- Contraceptive knowledge and use
- Fertility preferences and attitudes about family planning
- Pregnancy and breastfeeding
- Child immunization and health
- Child nutrition
- Husband's background, women's work, and health care
- Female circumcision
- HIV/AIDS and other sexually transmitted infections

In addition, a domestic violence section was administered to women in the subsample of households selected for the anemia testing. One eligible woman was selected randomly from each of the households in the subsample to be asked the domestic violence section.

The individual questionnaire also included a monthly calendar covering the period between January 2009 and the interview. A history of the respondent's marital, fertility, and contraceptive use status during each month in the period was recorded in the calendar. If the respondent reported discontinuing a segment of contraceptive use during a month, the main reason for the discontinuation was noted in the calendar.

1.4.5 Pretest

A pretest was conducted during the preparation for the 2014 EDHS. After a two-week training course, the household and individual questionnaires were pretested in January 2014. Two supervisors, two field editors, and 8 interviewers participated in the pretest. In addition, two health staff (technicians/ nurses) collected the height and weight measures and conducted the anemia testing. The pretest was carried out in one Upper Egypt governorate (Beni Suef) and one Lower Egypt governorate (Menoufia). A sample of 250 households was selected for the pretest: 125 households in each governorate. The data collection took about five days. A total of 249 household and 181 individual interviews were completed during the pretest.

The questionnaires for the 2014 EDHS were finalized after the pretest. Both comments from interviewers and tabulations of the pretest results were reviewed during the process of finalizing the questionnaires.

English versions of the final Arabic language questionnaires are included in Appendix F.

1.4.6 Data Collection Activities

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

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

All of the staff recruited for the anemia testing had a medical background, and some had worked in previous EDHS surveys.

Training materials. A variety of materials were developed for use in training personnel involved in the fieldwork. A lengthy interviewer's manual, including general guidelines for conducting an interview as well as specific instructions for asking each of the questions in the EDHS questionnaires, was prepared and given to all field staff. In addition, a chart for converting months from the Islamic calendar to the Gregorian calendar was designed for the 60 months before the 2014 EDHS and distributed to all field staff along with a calendar of well-known worldwide or local events.

Other training materials, including special manuals describing the duties of the team supervisor and the rules for field editing, were prepared. Instructions for anthropometric data collection were included in a manual for the staff trained to collect height and weight data. A special manual covering the procedures to be followed in the anemia testing was also prepared.

Main survey training. Training for the 16 candidates for the team supervisor positions was conducted during a one-day period prior to the main fieldwork training. This training focused specifically on the supervisor's duties, but it also covered the 2014 EDHS questionnaires in order to give supervisors a basic understanding of the content of the survey prior to the main training program.

Training for 103 candidates for interviewers for the 2014 EDHS data collection began by the beginning of the second week of March 2014. This five-week training program, which was held in Cairo, included the following:

- Lectures related to basic interview techniques and to specific survey topics (e.g., fertility and family planning, maternal and child health, and child immunization)
- Sessions on how to fill out the questionnaire, using visual aids
- Role playing and mock interviews
- Five days of field practice in areas not covered in the survey
- Four quizzes

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

Before the fourth field practice, a list was prepared of the 20 trainees who had performed best during both the classroom and field practices. Following the fourth field practice, 14 of these trainees were chosen to be field editors. A special training session was held for the field editors after their selection. By the end of the training course, 67 of the 103 candidates originally recruited for interviewer positions training were selected to work as interviewers or field editors in the EDHS fieldwork.

Training for health technician staff. Thirty-six personnel were recruited for the health technician training. The training included both classroom lectures and practice measurement and blood testing in a nursery school and in households contacted during field practice sessions. At the end of the program, the 28 most-qualified trainees (11 males and 17 females) were selected for the anthropometric data collection and anemia testing. As discussed earlier, most of the personnel involved in the anemia testing had a medical background.

Fieldwork. Fieldwork for the 2014 EDHS began on April 10, 2014 and was completed in late June 2014. The field staff was divided into 14 teams; each team had 1 supervisor, 1 field editor, 3 to 4 interviewers, and 2 health technicians assigned to height and weight measurement and anemia testing. All supervisors were males, while the field editors and interviewers were females. At least one of the two health technicians on each team was female. During the fieldwork, the 14 field teams worked in separate governorates; the number of governorates assigned to a team varied from one to three, according to the sample size in the governorates. As a quality control measure, field editors regularly conducted re-interviews using a shortened version of the EDHS questionnaire during the fieldwork. The results of the re-interview were compared to the responses in the original interviews and errors were discussed with the interviewer. The teams were closely supervised throughout the fieldwork by a fieldwork coordinator, two assistant fieldwork coordinators, two anthropometric consultants, and other senior staff. Finally, the results of special tabulations, i.e., field check tables, prepared on a weekly basis throughout the data entry and editing of the questionnaires helped to

identify field staff whose performance was below expectation. They were the target of immediate feedback and more intensive monitoring.

As a further quality control measure, after the main data collection was completed, a random sample of around 10 percent of the households was selected for re-interview using the shortened version of the questionnaire. The visits to PSUs to conduct re-interviews also afforded an opportunity to make callbacks to complete interviews with households or individuals who were not available at the time of the original visit by the 2014 EDHS interviewers. Household or individual questionnaires in which there were significant errors that could not be corrected in the office were also assigned for callbacks. Special teams including staff who had worked in the main survey were organized to handle the callbacks and re-interviews. During this phase of the survey, interviewers were not allowed to work in the governorate in which they had worked in the initial fieldwork. Callbacks and re-interviews began in early June 2014 and took more than three weeks to complete.

1.4.7 Data Processing Activities

Office editing. Staff from the central office were responsible for collecting questionnaires from the teams as soon as interviewing in a cluster was completed. Limited office editing took place by office editors for consistency and completeness, and a few questions (e.g., occupation) were coded in the office prior to data entry. To provide feedback for the field teams, the office editors were instructed to note any problems detected while editing the questionnaires; the problems were reviewed by the senior staff and communicated to the field staff. If serious errors were found in one or more questionnaires from a cluster, the supervisor of the team working in that cluster was notified and advised of the steps to be taken to avoid these problems in the future.

Machine entry and editing. Machine entry and editing began while interviewing teams were still in the field. The data from the questionnaires were entered and edited on microcomputers using the Census and Survey Processing System (CSPro), a software package for entering, editing, tabulating, and disseminating data from censuses and surveys.

Fifteen data entry personnel used twelve microcomputers to process the 2014 EDHS survey data. During the data processing, questionnaires were entered twice and the entries were compared to detect and correct keying errors. The data processing staff completed the entry and editing of data by the end of July 2014.

1.5 SURVEY COVERAGE

Table 1.4 summarizes the outcome of the fieldwork for the 2014 EDHS by place of residence. The table shows that, during the main fieldwork and callback phases of the survey, out of 29,471 households selected for the 2014 EDHS, 28,630 households were found. Among those households, 28,175 were successfully interviewed, which represents a response rate of 98.4 percent.

A total of 21,903 women were identified as eligible to be interviewed in 2014 EDHS. Out of these women 21,762 were successfully interviewed, which represents a response rate of 99.4 percent.

The household response rate exceeded 97 percent in all residential categories, and the response rate for eligible women exceeded 98 percent in all areas.

Table 1.4 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to urban-rural residence and place of residence (unweighted), Egypt 2014

Result	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
Household interviews											
Households selected	14,893	14,578	6,068	10,903	3,735	7,168	10,845	3,966	6,879	1,655	29,471
Households occupied	14,305	14,325	5,796	10,643	3,597	7,046	10,552	3,800	6,752	1,639	28,630
Households interviewed	13,962	14,213	5,639	10,533	3,523	7,010	10,373	3,691	6,682	1,630	28,175
Household response rate ²	97.6	99.2	97.3	99.0	97.9	99.5	98.3	97.1	99.0	99.5	98.4
Interviews with women age 15-49											
Number of eligible women	9,711	12,192	3,702	8,413	2,504	5,909	8,436	2,612	5,824	1,352	21,903
Number of eligible women interviewed	9,628	12,134	3,667	8,384	2,492	5,892	8,376	2,593	5,783	1,335	21,762
Eligible women response rate ³	99.1	99.5	99.1	99.7	99.5	99.7	99.3	99.3	99.3	98.7	99.4

¹ Does not include North and South Sinai governorates

² Households interviewed/households occupied

³ Respondents interviewed/eligible respondents

CHARACTERISTICS OF HOUSEHOLDS

2

Key Findings:

- Almost all households (98 percent) in Egypt obtain drinking water from an improved source. The source for most households is a piped connection in the dwelling or plot (91 percent).
- Overall, 16 percent of households do something to treat the water they drink, and 11 percent use an appropriate method, primarily filtering the water.
- Ninety-one percent of Egyptian households have sole use of an improved toilet, i.e., a toilet that flushes into a sewer, bayara or septic system.
- More than 9 in 10 Egyptian households own a television connected to a satellite dish, a cell phone, and a refrigerator. Around one-third of households own a computer, and 9 percent own a car, van or truck.
- Around two-thirds of the population in the Urban Governorates is in the highest wealth quintile compared with 12 percent of the population in Lower Egypt and 14 percent in Upper Egypt.
- The population in rural Upper Egypt is especially concentrated at the lower end of the wealth index, with 41 percent falling into the lowest wealth quintile. In rural Lower Egypt, in contrast, 22 percent of the population falls in the lowest wealth quintile.
- Most households are headed by males; the head is female in only 13 percent of households.
- Overall, 86 percent of Egyptian males age 6 and over have attended school compared to 75 percent of females. Among men and women under age 25, however, there is virtually no difference in educational attainment.

The chapter uses information from the 2014 EDHS sample to provide a demographic and socioeconomic profile of Egyptian households. Information is presented on housing facilities and household possessions, as well as the age, sex, and education of the household population. The profile of the households provided in this chapter will help in understanding the results of the 2014 EDHS presented in the following chapters. In addition, it may provide useful input for social and economic development planning.

In reviewing the information presented for the household population in the chapter, distinctions will sometimes be made between de jure and de facto populations. The de jure household population refers to all persons who usually live in the household while the de facto population refers to the persons who spent the night before the interview in the household. The de facto population includes any visitor(s) who may have spent the night before the interview in the household, and it excludes any usual household members who may have been away on the night before the survey. Differences between the de jure and the de facto household populations are small, and past surveys and censuses have generally been reported for de facto populations. Therefore, the tabulations of the EDHS household and individual data presented in this report are based on the de facto definition, unless otherwise stated.

2.1 HOUSING CHARACTERISTICS

The 2014 EDHS survey collected information on a range of housing characteristics. These data are presented for households and for the total de jure household population. The results for households are further disaggregated by residence.

2.1.1 Drinking Water Access and Treatment

Increasing access to improved drinking water is one of the Millennium Development Goals (MDG) that Egypt along with other nations worldwide adopted (United Nations General Assembly 2001). Improved sources are defined as those sources which are likely to provide safe drinking water (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation 2014). Improved sources include a piped source within the dwelling, a public tap, a tube hole or borehole, a protected well or spring¹, and bottled water. Table 2.1 shows the proportions obtaining drinking water from improved and non-improved sources for both households and the de jure household population. The proportions of households and of the household population with access to an improved drinking water source are virtually identical. The discussion in this section of the report focuses on the information for households in keeping with the chapter's purpose of describing the characteristics of the households in the 2014 EDHS sample. The information for the household population included in the table is useful for reporting on the MDG indicator on use of an improved water source which is population-based.

Table 2.1 shows that the vast majority (98 percent of households) in Egypt have access to drinking water from an improved source. In most cases, the source is a piped connection in the dwelling itself or the plot (91 percent). Households in the three Frontier Governorates that were covered in the survey are least likely to obtain water from an improved source (85 percent) while households in the Urban Governorates and urban Upper Egypt have almost universal access to an improved drinking water source. Appendix Table A-2.1 provides information on governorate-level variation in household access to an improved drinking water source.

Few Egyptian households are far from the source from which they obtain drinking water. Most households (93 percent) obtain the water from a source on premises. The majority of households fetching drinking water from a source outside the dwelling or plot were within 30 minutes of this source.

Table 2.1 also provides information on the extent to which Egyptian households treat the water they use for drinking. More than 8 in 10 households do nothing to treat their drinking water. Households that treat their water generally use an appropriate method. Overall, 16 percent of households report using one or more methods to treat the water they drink. Eleven percent of households employ an appropriate treatment method, primarily filtering the water. Households in the three Frontier Governorates and urban Lower Egypt are most likely to report using appropriate treatment methods (19 percent and 17 percent, respectively).

¹ A well or spring which is covered or otherwise ‘protected’ from contamination from surface water or animals.

Table 2.1 Household drinking water

Percent distribution of households by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to urban-rural residence and place of residence and percent distribution of de jure population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to urban-rural residence, Egypt 2014

² Includes hospitals obtaining drinking water from imports.

< Includes households obtaining drinking water from improved and non-improved sources

Respondents were able to report more than one treatment method so the sum of the percentages in the various treatment categories may exceed 100 percent.

⁴ Appropriate water treatment methods include boiling, bleaching, filtering, and solar disinfecting.

2.1.2 Sanitation Facilities and Waste Disposal

Ensuring adequate sanitation facilities is another Millennium Development Goal. A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared) and if the facility used by the household separates the waste from human contact (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation 2014). Table 2.2 provides information on access to improved sanitation facilities for both households and the de jure household population. As was the case with access to an improved water source, there is virtually no difference between the proportions of households and of the household population with access to an improved, not shared toilet. The discussion of the results in Table 2.2 below reviews the information relating to households since the focus of the chapter is on the characteristics of the households in the EDHS sample. The information for the household population included in the table is useful for reporting on the MDG indicator on use of improved, not shared sanitation facilities which is population-based.

Table 2.2 shows that 91 percent of the Egyptian households have access to an improved, not shared toilet facility, that is, they have sole use of a toilet that flushes or pour flushes into a sewer, bayara (vault), or a septic system. Considering residential differentials, the proportion of households who have sole use of an improved facility is lowest in rural Lower Egypt (80 percent). Information on the governorate-level variation in the proportion of households using improved, not shared toilet facilities is presented in Appendix Table A-2.1.

Table 2.2 also presents information on waste disposal practices. More than half of households (54 percent) report kitchen waste or trash is collected, either at the dwelling or from a container in the street (i.e., a container shared with others). Thirty-seven percent of households dump waste or trash into the street, an empty plot or a canal or drainage ditch, 8 percent burn waste or trash, and less than one percent feed it to animals. Dumping or burning waste or trash is much more common in rural than in urban areas (54 percent and 33 percent, respectively). Around 7 in 10 households in rural Upper Egypt dispose of trash by dumping (45 percent) or burning (24 percent).

Table 2.2 Household sanitation facilities and waste disposal practices

Percent distribution of households by type of toilet/latrine facilities and method of disposal of kitchen waste and trash, according to urban-rural residence and place of residence, and percent distribution of de jure population by type of toilet/ latrine facilities and method of disposal of kitchen waste and trash, according to urban-rural residence, Egypt 2014

Characteristic	Urban	Rural	Households			Population						
			Lower Egypt		Total	Upper Egypt		Frontier Governorates	Total	Urban	Rural	Total
			Urban	Governorates		Urban	Rural					
Type of toilet facilities												
Improved, not shared facility	98.8	84.8	98.7	84.4	99.0	79.6	94.6	98.7	92.5	99.1	90.5	
Flush/pour flush to piped sewer system	92.0	36.6	97.0	62.5	95.9	51.5	37.8	82.5	14.3	52.4	90.9	
Flush/pour flush to vault (bayara)	4.4	20.4	1.0	0.8	0.0	1.1	36.5	12.5	49.1	32.7	5.4	
Shared facility ²	2.3	27.9	0.7	21.0	3.0	20.3	3.7	29.1	13.9	17.4	2.5	
Flush/pour flush to piped sewer system	1.0	2.8	1.2	1.3	0.6	1.5	3.5	1.3	4.7	2.1	0.9	
Flush/pour flush to vault (bayara)	0.8	0.7	1.2	0.8	0.6	0.8	0.5	0.7	0.4	0.0	0.7	
Flush/pour flush to septic tank	0.1	1.3	0.0	0.0	0.0	0.0	2.3	0.5	3.2	0.0	0.8	
Non-improved facility	0.2	12.4	0.2	14.3	0.4	18.9	1.9	0.0	2.8	7.4	0.2	
Flush/pour flush not to sewer/vault (bayara)/septic tank	0.1	12.1	0.1	14.1	0.3	18.7	1.6	0.0	2.4	0.2	7.2	
Pit latrine without slab/open pit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	
Bucket	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	
No facility/bush/field	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.2	0.6	0.1	
Other	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	
Missing	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	
Disposal of kitchen waste and trash												
Collected	67.0	44.2	69.1	57.5	64.5	41.1	66.2	27.9	56.2	53.5	65.8	
From home	39.4	39.8	37.0	50.8	45.1	52.6	26.9	38.3	20.9	12.9	39.6	
From container in street	27.6	4.4	32.1	6.7	19.3	2.6	14.2	27.9	7.0	43.3	13.9	
Dumped into	32.0	40.2	30.7	36.3	35.0	36.7	40.3	31.1	45.1	42.7	36.9	
Street/empty plot	29.8	24.3	30.0	22.3	32.7	18.8	30.3	27.2	31.9	42.7	26.6	
Canal/drainage	2.1	15.9	0.7	14.0	2.3	17.9	10.0	3.9	13.2	0.0	30.7	
Burned	0.9	13.6	0.1	5.3	0.3	6.9	16.3	2.3	23.7	0.9	10.3	
Fed to animals	0.1	1.0	0.0	0.5	0.1	0.6	1.1	0.2	1.6	0.2	8.4	
Other	0.1	1.0	0.0	0.4	0.1	0.5	1.2	0.1	1.7	0.0	1.0	
Missing	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.1	
Total Number	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	11,514	16,661	4,599	13,243	3,293	9,950	10,101	3,480	6,621	231	28,175	

¹ Does not include North and South Sinai governorates

² Includes facilities that would be considered improved except they are shared by two or more households

2.1.3 Other Dwelling Characteristics

Table 2.3 shows the distribution of households according to other dwelling characteristics for which information was obtained in the 2014 EDHS. The results confirm that virtually all Egyptian households have electricity.

With regard to flooring, more than nine in ten households (94 percent) live in dwellings with ceramic tile or cement floors. Only 5 percent have dirt (earth/sand) floors in their dwellings. Rural households are more likely than urban households to live in dwellings with a dirt floor (7 percent and less than 1 percent, respectively). Dirt floors are more common in rural Upper Egypt than in rural Lower Egypt (14 percent and 3 percent, respectively).

Table 2.3 also shows that 22 percent of Egyptian households have only one room that is used for sleeping in their dwelling, 60 percent live in a dwelling with 2 rooms for sleeping, and 18 percent had three rooms or more in which members of the household sleep.

Table 2.3 Household characteristics

Percent distribution of households by housing characteristics and by frequency of smoking in the home, according to urban-rural residence and place of residence, Egypt 2014

Housing characteristic	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
Electricity											
Yes	99.9	99.8	100.0	99.9	100.0	99.8	99.7	99.7	99.6	99.9	99.8
No	0.1	0.2	0.0	0.1	0.0	0.2	0.3	0.2	0.4	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material											
Earth/sand	0.8	7.3	0.2	2.1	0.5	2.6	10.1	1.8	14.4	4.4	4.7
Wood/planks	0.2	0.0	0.3	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1
Parquet/polished wood	0.6	0.0	0.7	0.1	0.3	0.0	0.3	0.8	0.0	0.1	0.3
Vinyl/asphalt strips	0.2	0.0	0.2	0.1	0.2	0.1	0.0	0.1	0.0	0.0	0.1
Ceramic tiles	44.7	27.4	47.7	37.6	45.9	34.9	23.8	38.6	16.1	50.3	34.4
Cement tiles	47.3	33.7	47.2	37.5	45.7	34.7	38.2	49.9	32.0	29.3	39.2
Cement	5.7	30.8	3.1	21.6	6.4	26.7	27.1	8.4	37.0	15.6	20.5
Carpet	0.4	0.3	0.3	0.4	0.7	0.4	0.2	0.2	0.2	0.2	0.3
Other	0.1	0.2	0.1	0.3	0.1	0.4	0.0	0.0	0.0	0.1	0.2
Missing	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping											
One	21.5	22.3	24.2	17.0	16.2	17.2	27.4	22.7	29.9	24.5	21.9
Two	61.8	58.9	59.8	65.1	67.2	64.4	53.8	59.6	50.8	49.3	60.1
Three or more	16.7	18.9	15.9	18.0	16.6	18.4	18.7	17.7	19.3	26.2	18.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Frequency of smoking in the home											
Daily	43.3	45.3	42.6	44.4	42.0	45.2	45.6	45.3	45.8	41.3	44.5
Weekly	0.9	1.5	0.7	1.5	0.8	1.7	1.1	1.0	1.1	0.8	1.2
Monthly	0.3	0.8	0.3	0.6	0.5	0.7	0.7	0.2	1.0	0.7	0.6
Less than monthly	0.1	0.3	0.1	0.2	0.2	0.2	0.3	0.1	0.4	0.1	0.2
Never	55.4	52.0	56.2	53.2	56.4	52.2	52.2	53.4	51.6	57.1	53.4
Missing	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	11,514	16,661	4,599	13,243	3,293	9,950	10,101	3,480	6,621	231	28,175

¹ Does not include North and South Sinai governorates

Finally, Table 2.3 includes information on the frequency of smoking in the home. This information is included to assess the extent to which household members are exposed to secondhand smoke (SHS). Secondhand smoke represents health risks for children and adults who do not smoke (WHO 2013). For example, children who are exposed to SHS are at increased risk for ear infections, respiratory illnesses, and poor lung development (US Department of Health and Human Services 2006). Table 2.3 shows that exposure to SHS is common in Egyptian households. Household members are exposed to SHS on a daily basis in more than 4 in 10 households. Only minor differences are observed in the level of daily SHS exposure by urban-rural residence and place of residence. Governorate-level variation in SHS exposure is shown in Appendix Table A-2.1.

2.2 HOUSEHOLD POSSESSIONS

Table 2.4 provides information on household ownership of durable goods and other possessions. Ninety-eight percent of EDHS households own a television (color or black and white). Ninety-seven percent of households are connected to a satellite dish, with most households owning the dish. With regard to other electronic equipment, 31 percent own a radio with a cassette player, and 3 percent of households have a video or DVD player. Around one-third of households own a computer.

Ninety-two percent of households have a phone; most (90 percent) own cell phones, with only 20 percent saying they have a traditional landline phone. Twenty percent of households own smart phones, a device that allows the owner access to a range of uses beyond basic phone calls, including potential access to the internet.

The majority of Egyptian households own most basic appliances. Ninety-seven percent of households have an electric fan and a refrigerator, and 96 percent own washing machine. More than half own a water heater. Much smaller proportions of households possess the other appliances and electric goods in Table 2.4; 10 percent have a freezer, 7 percent have an air conditioner, and less than one percent owns a dishwasher.

Considering household furnishings, almost all households own a bed (99 percent), 91 percent own a sofa, and more than 8 in 10 households own a table and a chair. More than 6 in 10 households have a hanging lamp and 56 percent own a *tablia*. In around two-thirds of the households, at least one household member owns a watch.

Rates of ownership are higher in urban than in rural areas for many household effects. Notably, however, rural households are almost as likely as urban households to have a phone, a television, a satellite dish, refrigerator, washing machine, and electric fan. Rates of ownership of various household effects also differ by place of residence, with households in the Urban Governorates, Lower Egypt, and the three surveyed Frontier Governorates more likely than households in Upper Egypt to own most items. In general, households in rural Upper Egypt have the lowest rates of ownership of the items in Table 2.4.

Table 2.4 also includes information on household ownership of a means of transportation. Overall, 9 percent of households own a car, van, or truck, with the highest rate of ownership in the Frontier Governorates (20 percent) and Urban Governorates (16 percent) and the lowest rate in rural Upper Egypt (4 percent). Rates of ownership of motorcycles vary from 2 percent in the Urban Governorates to 12 percent in rural Lower Egypt. The bicycle ownership rate is also highest in rural Lower Egypt (8 percent). As expected, rural households more often own an animal cart than urban households (8 percent and less than 1 percent, respectively).

Table 2.4 Household possessions

Percentage of households possessing various household effects and means of transportation, percentage owning agricultural land, livestock/farm animals, and poultry/birds, and percentage in which a member has a bank/savings account by urban-rural residence and place of residence, Egypt 2014

Possession	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
Household effects											
Radio with cassette recorder	31.9	30.6	25.4	39.2	40.1	38.9	23.6	33.3	18.4	13.2	31.1
Any television	98.7	96.6	99.1	98.0	98.8	97.7	96.1	98.3	95.0	98.2	97.5
Black and white television	0.7	1.6	0.6	1.2	0.6	1.4	1.6	0.9	1.9	0.2	1.2
Color television	98.4	95.8	98.7	97.5	98.5	97.1	95.3	97.9	93.9	98.1	96.9
Video/DVD player	4.2	1.7	4.8	2.3	4.0	1.8	2.2	3.6	1.5	2.1	2.7
Any telephone	93.6	90.2	93.6	91.8	93.6	91.2	90.3	93.5	88.7	93.6	91.6
Landline telephone	30.2	12.8	34.0	20.1	32.2	16.1	13.2	23.7	7.7	21.7	19.9
Any mobile telephone	91.9	89.1	92.1	90.3	91.9	89.8	89.3	91.6	88.1	92.5	90.3
Smart phone	30.2	12.6	31.6	17.1	28.6	13.3	17.6	29.1	11.6	31.6	19.8
Other cell phone	86.6	87.1	84.8	87.7	87.8	87.6	86.8	87.5	86.3	89.7	86.9
Satellite dish	98.3	95.4	98.6	97.6	98.3	97.3	94.3	98.0	92.4	97.7	96.6
Owns satellite dish	97.3	94.0	97.7	95.8	96.6	95.6	93.5	97.3	91.6	97.6	95.3
Connected only	1.1	1.4	0.9	1.7	1.7	1.8	0.8	0.7	0.8	0.1	1.3
Computer	46.8	22.9	49.4	32.3	48.5	27.0	25.3	41.5	16.7	40.2	32.6
Sewing machine	4.2	4.4	2.4	5.2	6.3	4.9	3.9	4.6	3.6	1.8	4.3
Electric fan	97.4	96.4	96.6	96.6	97.3	96.3	97.2	98.6	96.5	96.3	96.8
Air conditioner	12.7	2.3	13.8	3.1	8.6	1.3	7.4	14.3	3.8	23.8	6.6
Refrigerator	98.6	95.7	98.9	97.6	98.4	97.4	95.0	98.4	93.3	97.5	96.9
Freezer	12.7	7.4	11.2	11.9	17.4	10.0	5.9	10.3	3.5	7.0	9.6
Water heater	75.2	39.4	80.8	52.0	72.9	45.0	44.4	69.9	31.0	59.8	54.0
Dishwasher	1.5	0.3	2.2	0.5	1.0	0.3	0.5	1.0	0.2	0.8	0.8
Any washing machine	97.4	94.9	97.7	96.9	97.7	96.7	93.8	96.9	92.2	92.9	95.9
Automatic washing machine	50.8	18.1	58.1	29.0	47.9	22.8	22.5	44.1	11.1	36.3	31.5
Other washing machine	56.7	83.6	48.8	77.5	61.6	82.8	77.1	62.3	84.8	68.8	72.6
Bed	99.4	98.5	99.5	99.6	99.6	99.5	97.7	98.9	97.0	99.1	98.9
Sofa	94.2	88.0	94.8	89.4	95.2	87.5	90.4	92.9	89.0	81.8	90.6
Hanging lamp	48.9	70.1	47.5	66.5	53.6	70.7	61.1	45.7	69.2	67.7	61.5
Table	93.0	81.1	95.1	85.7	92.2	83.6	82.1	91.1	77.4	83.4	86.0
Tablia	36.8	69.5	25.8	62.1	44.7	67.8	62.3	43.8	72.0	50.8	56.1
Chair	93.7	79.7	96.1	87.0	93.8	84.7	78.5	90.6	72.2	86.2	85.4
Kolla/zeer	4.8	23.8	2.2	16.9	5.7	20.6	21.4	7.5	28.7	8.8	16.1
Watch	76.8	57.8	81.2	71.2	78.9	68.7	51.2	69.2	41.7	59.6	65.6
Means of transport											
Bicycle	4.1	7.4	1.4	7.5	6.2	8.0	6.3	5.8	6.6	3.6	6.1
Motorcycle/scooter	4.4	10.7	1.9	9.9	5.3	11.5	8.6	7.0	9.4	8.0	8.1
Animal drawn cart	0.7	7.6	0.3	7.5	1.2	9.6	3.3	0.8	4.6	0.5	4.8
Car/truck	13.7	5.2	16.3	7.6	12.8	5.9	6.3	10.8	4.0	20.2	8.7
Ownership of agricultural land											
2.7	20.4	0.8	16.8	4.6	20.9	14.0	3.3	19.7	12.3	13.2	
Ownership of farm animals²											
1.3	17.2	0.4	12.2	1.5	15.7	13.5	2.1	19.5	8.9	10.7	
Ownership of poultry/birds											
6.5	37.1	2.0	31.6	11.1	38.4	25.9	8.2	35.3	12.5	24.6	
Bank/savings account											
12.4	5.1	13.2	7.7	12.9	6.0	6.0	10.2	3.8	17.0	8.1	
Number	11,514	16,661	4,599	13,243	3,293	9,950	10,101	3,480	6,621	231	28,175

¹ Does not include North and South Sinai governorates

² Cattle, milk cows/bulls, horses/donkeys/mules, goats, and sheep

Households in rural areas are more likely than urban households to own agricultural land. Twenty percent of rural households own agricultural land, compared with only 3 percent of urban households. There is considerable variation in the proportion of households reporting that they own farm animals, from a high of 20 percent of households in rural Upper Egypt to less than 1 percent of households in the Urban Governorates. The proportion of households owning poultry or birds ranges from 2 percent in the Urban Governorates to 38 percent in rural Lower Egypt. Overall, 11 percent of Egyptian households own farm animals, and one-quarter own poultry or birds.

Table 2.4 also shows that comparatively few Egyptian households have at least one member with a bank/savings account (8 percent). Urban households are more than two times as likely as rural households to have an account.

2.3 HOUSEHOLD WEALTH

Although the 2014 EDHS did not collect data on consumption or income, the detailed information on dwelling and household characteristics and household assets that was collected in the survey was used to create a wealth index. The wealth index assesses the long-term standard of living of the household (Rutstein and Johnson 2004). It has been shown to be consistent with measures of household wealth based on income and expenditure data (Filmer and Prichett 2001; Rutstein 1999).

In prior EDHS surveys, data on housing characteristics and household assets were also used to create a wealth index. However, the approach taken in creating the wealth index in the 2014 EDHS differs somewhat from the procedure used in earlier surveys in that the index is created in three steps in order to better take into account urban-rural differences in household and dwelling characteristic and asset measures (Rutstein 2008). The first step in the creation of the wealth index from the 2014 EDHS data employed a subset of indicators common to both urban and rural areas to create wealth scores for households in both areas. In that process, categorical variables were transformed into separate dichotomous (0-1) indicators. Those indicators and indicators that were continuous were then analyzed using principal components analysis to produce a common factor score for each household. In a second step, separate factor scores were produced for households in urban and in rural areas using the area-specific indicators. The third step combined the separate area-specific factor scores to produce a nationally applicable wealth index by adjusting the area-specific score through regression on the common factor scores. The resulting combined wealth index had a mean of zero and a standard deviation of one. After the wealth index was finalized, each member of a household was assigned the score for their household. The de jure household population was then divided into five equal parts, from quintile one (lowest-poorest) to quintile five (highest-wealthiest).

Table 2.5 shows the distribution of the de jure EDHS household population by wealth quintile and urban-rural and place of residence. Appendix Table A-2.2 shows the wealth index distribution of the household population according to governorate. Also included in Table 2.5 and Appendix Table A-2.2 are Gini coefficients, which provide a measure of the level of concentration of wealth. A Gini coefficient of 0 indicates an equal distribution of wealth and a coefficient of 1, a totally unequal distribution. In other words, if every person in the country owns the same amount of wealth, the Gini coefficient would be 0. If one person in the country owns all of the wealth, then the Gini coefficient would be 1. Because of its nature, smaller areas are more likely to have lower values of the Gini coefficient because they are more likely to be homogeneous than are larger areas. Thus, the values of the coefficient for residential categories are often lower than the value of the nation as a whole.

Table 2.5 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini Coefficient, according to urban-rural residence and place of residence, Egypt 2014

Residence	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Urban-rural residence								
Urban	3.1	2.8	4.6	35.8	53.7	100.0	43,325	0.06
Rural	30.0	30.2	29.2	10.6	0.0	100.0	73,022	0.17
Place of residence								
Urban Governorates	0.5	1.1	2.1	31.5	64.8	100.0	16,262	0.02
Lower Egypt	17.5	21.1	29.2	20.4	11.8	100.0	54,210	0.13
Urban	2.7	2.5	4.4	39.6	50.8	100.0	12,563	0.07
Rural	22.0	26.7	36.7	14.6	0.0	100.0	41,648	0.15
Upper Egypt	30.0	25.6	15.5	15.4	13.5	100.0	44,864	0.15
Urban	6.1	5.2	7.7	37.6	43.4	100.0	13,945	0.10
Rural	40.8	34.8	19.0	5.4	0.0	100.0	30,919	0.20
Frontier Governorates ¹	21.9	18.3	13.7	17.7	28.5	100.0	1,010	0.17
Total	20.0	20.0	20.0	20.0	20.0	100.0	116,347	0.13

¹ Does not include North and South Sinai governorates

As expected, the results in Table 2.5 document considerable differences in the wealth index distributions by residence. For example, a much larger proportion of the urban population than the rural population in Egypt is found in the two highest wealth quintiles (90 percent and 11 percent, respectively). In turn, more of the rural than urban population are in the two lowest wealth index groups (60 percent and 6 percent, respectively).

Considering place of residence, there are also marked differences. Around two-thirds (65 percent) of the population in the Urban Governorates is in the highest wealth quintile compared with 14 percent of the population in Upper Egypt and 12 percent in Lower Egypt. The population in rural Upper Egypt is especially concentrated at the lower end of the wealth index, with 41 percent falling into the lowest wealth quintile. In rural Lower Egypt, in contrast, 22 percent of the population falls in the lowest wealth quintile.

With regard to the concentration of wealth, an examination of the Gini coefficients in Table 2.5 indicates that wealth inequality is greater in rural than in urban areas (17 percent and 6 percent, respectively). Inequality in the distribution of wealth is greatest in rural Upper Egypt (20 percent).

2.4 HAND WASHING

Hand washing with water and soap is one of the most effective health interventions to reduce the incidence of illness especially among children. Monitoring correct hand washing behavior is challenging. The 2014 EDHS assessed the potential for correct hand washing behavior to take place by observing if a household had a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) were present at a specific place for hand washing. Table 2.6 presents the hand washing results by urban-rural residence and place of residence and Appendix Table A-2.1 shows the results by governorate.

Table 2.6 Hand washing

Percentage of households in which the place most often used for washing hands was observed, and among households in which the place for hand washing was observed, percent distribution by availability of water, soap and other cleansing agents, according to urban-rural residence, place of residence, and wealth quintile, Egypt 2014

Background characteristic	Percent-age of households where place for washing hands was observed	Number of households	Among households where place for hand washing was observed, percentage with:									Number of households with place for hand washing observed	
			Water and cleansing agent ²			Cleansing agent other than soap only ²			No water, no soap, no other cleansing agent				
			Soap and water ¹	Soap only	Water only	Soap but no water ³	Water only	Soap only ²	No water, no soap, no other cleansing agent	Missing	Total		
Urban-rural residence													
Urban	96.0	11,514	94.5	0.1	4.0	1.0	0.0	0.4	0.0	100.0	11,052		
Rural	96.3	16,661	86.4	0.1	11.1	1.2	0.0	1.3	0.0	100.0	16,050		
Place of residence													
Urban Governorates	95.4	4,599	95.1	0.1	3.2	1.4	0.0	0.2	0.1	100.0	4,388		
Lower Egypt	96.0	13,243	92.7	0.0	5.1	1.2	0.0	1.0	0.0	100.0	12,716		
Urban	96.4	3,293	95.1	0.0	3.6	0.7	0.0	0.6	0.0	100.0	3,175		
Rural	95.9	9,950	92.0	0.0	5.6	1.3	0.0	1.1	0.0	100.0	9,541		
Upper Egypt	96.9	10,101	83.2	0.2	14.5	0.8	0.0	1.2	0.0	100.0	9,788		
Urban	96.7	3,480	93.0	0.2	5.5	0.7	0.0	0.6	0.0	100.0	3,366		
Rural	97.0	6,621	78.1	0.1	19.3	0.9	0.0	1.6	0.0	100.0	6,422		
Frontier Governorates ⁴	90.8	231	91.4	0.0	6.0	0.6	0.0	2.1	0.0	100.0	210		
Wealth quintile													
Lowest	96.8	4,685	74.8	0.1	21.5	1.2	0.0	2.4	0.0	100.0	4,534		
Second	96.6	5,324	84.3	0.1	13.0	1.2	0.0	1.4	0.0	100.0	5,144		
Middle	96.0	5,682	92.8	0.1	5.3	1.0	0.0	0.7	0.0	100.0	5,457		
Fourth	95.3	6,163	94.2	0.1	4.0	1.2	0.0	0.5	0.0	100.0	5,877		
Highest	96.4	6,321	98.1	0.1	0.9	0.8	0.0	0.1	0.0	100.0	6,091		
Total	96.2	28,175	89.7	0.1	8.2	1.1	0.0	0.9	0.0	100.0	27,102		

¹ Soap includes soap or detergent in bar, liquid, powder or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.

² Cleansing agents other than soap include locally available materials such as ash, mud or sand

³ Includes households with soap only as well as those with soap and another cleansing agent

⁴ Does not include North and South Sinai governorates

Overall, the EDHS interviewers were able to observe the place where hands were usually washed in the case of 96 percent of the survey households. Ninety percent of these households had soap and water available at the observed hand washing location. Households from rural areas, Upper Egypt, and the two lowest quintiles were least likely to have soap and water in the place where hand washing occurs.

2.5 CHARACTERISTICS OF THE HOUSEHOLD POPULATION

2.5.1 Age and Sex Composition

Table 2.7 presents the percent distribution of the de facto household population by age, according to urban-rural residence and sex. The table describes the demographic context in which behaviors examined later in the report occur.

The population spending the night before the interview in the households selected for the survey included 114,428 individuals, with females slightly outnumbering men. The age structure of the de facto household population reflects the effects of past demographic trends in Egypt, particularly high fertility. The majority of the household population (53 percent) was less than 25 years old, and 35 percent were less than 15 years old. The proportion under age 15 was greater in the rural

population (38 percent) than in the urban population (31 percent). This difference is an outcome of lower fertility over the past several decades in urban areas compared with rural areas.

Table 2.7 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and urban-rural residence, Egypt 2014

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	11.7	10.3	11.0	15.6	14.0	14.8	14.1	12.6	13.4
5-9	10.7	10.2	10.4	13.0	11.7	12.3	12.1	11.1	11.6
10-14	10.1	9.1	9.6	11.1	10.4	10.7	10.7	9.9	10.3
15-19	8.8	8.6	8.7	9.3	9.3	9.3	9.1	9.0	9.1
20-24	8.0	8.0	8.0	7.7	9.0	8.4	7.8	8.6	8.2
25-29	8.4	9.0	8.7	8.0	9.6	8.8	8.2	9.4	8.8
30-34	7.2	7.6	7.4	6.9	7.7	7.3	7.0	7.7	7.3
35-39	5.9	6.6	6.3	5.8	5.9	5.9	5.9	6.2	6.0
40-44	5.1	5.5	5.3	4.7	4.8	4.7	4.8	5.1	4.9
45-49	5.2	5.3	5.2	4.5	4.3	4.4	4.7	4.7	4.7
50-54	4.9	5.5	5.2	3.8	4.0	3.9	4.2	4.5	4.4
55-59	4.1	4.9	4.5	2.9	2.9	2.9	3.4	3.7	3.5
60-64	4.3	4.2	4.3	2.8	2.8	2.8	3.4	3.3	3.4
65-69	2.6	2.6	2.6	1.6	1.4	1.5	2.0	1.9	1.9
70-74	1.6	1.5	1.6	1.2	1.1	1.2	1.4	1.3	1.3
75-79	0.6	0.6	0.6	0.6	0.4	0.5	0.6	0.5	0.5
80 +	0.6	0.6	0.6	0.5	0.7	0.6	0.5	0.6	0.6
Total Number	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	21,709	21,671	43,380	35,217	35,830	71,048	56,926	57,501	114,428

The population pyramid shown in Figure 2.1 was constructed using the sex and age distribution of the 2014 EDHS household population. The pyramid has a wide base. This pattern is typical of countries that have experienced relatively high fertility in the recent past.

Figure 2.1 Population pyramid



2.5.2 Household Composition

Table 2.8 presents information from the 2014 EDHS on the distribution of households by sex of the head of the household and by the number of *de jure* household members. These characteristics are important because they are often associated with socioeconomic differences between households. For example, female-headed households frequently are poorer than households headed by males. In addition, the size and composition of the household affects the allocation of financial and other resources among household members, which in turn influences the overall well-being of these individuals. Household size is also associated with crowding in the dwelling, which can lead to unfavorable health conditions.

The EDHS results show that most Egyptian households are headed by males; the head is female in only 13 percent of the households. Female-headed households are somewhat more common in urban than in rural areas; 16 percent of urban households have a female head compared with 11 percent of the rural households.

The average household has 4.1 members. Thirty-seven percent of the households had three or fewer members, while 8 percent of the households have seven or more members. For example, only 5 percent of urban households have seven or more members, compared with 11 percent of rural households. The average urban household has 3.8 persons compared with 4.4 persons in rural areas.

The EDHS data also can be used to look at the extent to which Egyptian households are caring for orphan and foster children. Children with one parent who has died are classified as single orphans while double orphans are defined as children who have lost both parents. Foster children include children whose parents are alive but the child is not living with either parent. Overall, Table 2.8 shows that 4 percent of households in Egypt include orphan and/or foster children, with most of these households caring for single orphans.

2.6 EDUCATION OF THE HOUSEHOLD POPULATION

The educational level of household members is among the most important characteristics of the household because it is associated with many phenomena including reproductive behavior, use of contraception, and children's health. Primary education in Egypt starts at age 6 and consists of six

Table 2.8 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of households, and percentage of households with orphans and foster children under 18 years of age, according to urban-rural residence, Egypt 2014

Characteristic	Urban	Rural	Total
Household headship			
Male	83.6	89.5	87.1
Female	16.4	10.5	12.9
Total	100.0	100.0	100.0
Number of usual members			
1	9.6	4.3	6.5
2	16.2	12.8	14.2
3	17.1	15.6	16.2
4	23.7	22.1	22.8
5	19.4	21.0	20.3
6	9.2	13.3	11.6
7	3.0	6.1	4.8
8	1.0	2.4	1.9
9+	0.6	2.4	1.7
Total	100.0	100.0	100.0
Mean size of households	3.8	4.4	4.1
Percentage of households with orphans and foster children under 18 years of age			
Foster children ¹	0.9	1.6	1.3
Double orphans	0.1	0.1	0.1
Single orphans ²	3.3	3.3	3.3
Foster and/or orphan children	4.0	4.7	4.4
Number of households	11,514	16,661	28,175

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

¹ Foster children are those under age 18 living in households with neither their mother nor their father present.

² Includes children with one dead parent and an unknown survival status of the other parent.

In general, rural households are larger than urban households. The average urban household has 3.8 persons compared with 4.4 persons in rural areas.

years of is schooling.² Secondary education currently involves six years of schooling of which the first three years—the preparatory level—are considered basic education and are compulsory. The final three years of secondary education is not compulsory.

During the 2014 EDHS household interviews, questions were included on the highest level of schooling completed for all household members age six and older and on recent school attendance for household members age 6-24 years. The information collected in response to the questions on the educational attainment is presented for female and male household members in Tables 2.9.1 and 2.9.2, respectively.

A comparison of Tables 2.9.1 and 2.9.2 highlights the gap in educational attainment between males and females in Egypt, particularly at the older ages. Overall, 86 percent of males had ever attended school, compared with 75 percent of females. The median number of years of schooling for men is 7.4, which is 1.6 years higher than the median for women (5.8 years).

Table 2.9.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Egypt 2014

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Total	Number	Median years completed
Age									
6-9 ³	16.0	83.9	0.0	0.1	0.0	0.0	100.0	4,889	0.5
10-14	2.0	53.6	1.6	42.8	0.0	0.0	100.0	5,683	4.7
15-19	3.9	4.6	2.5	71.4	9.4	8.1	100.0	5,189	8.9
20-24	9.1	2.7	2.8	15.6	41.0	28.7	100.0	4,974	10.8
25-29	15.8	3.7	2.7	11.4	43.8	22.5	100.0	5,384	10.4
30-34	20.7	6.5	5.6	9.8	38.8	18.6	100.0	4,408	10.2
35-39	25.8	7.1	6.2	12.0	34.9	14.0	100.0	3,549	8.8
40-44	36.3	8.1	2.4	11.4	31.6	10.0	100.0	2,907	7.4
45-49	45.2	9.7	4.2	5.8	25.6	9.5	100.0	2,700	3.1
50-54	51.7	12.1	5.3	4.8	15.9	10.2	100.0	2,600	0.0
55-59	55.3	11.2	8.1	3.4	12.3	9.8	100.0	2,103	0.0
60-64	64.6	9.6	6.8	3.1	7.9	7.9	100.0	1,903	0.0
65+	73.8	9.6	5.8	2.4	4.5	3.8	100.0	2,446	0.0
Residence									
Urban	17.3	17.3	4.3	18.5	23.4	19.1	100.0	18,918	8.2
Rural	29.5	21.6	3.1	19.1	19.9	6.8	100.0	29,818	4.6
Place of residence									
Urban Governorates	16.7	16.4	5.4	18.1	22.2	21.2	100.0	7,291	8.4
Lower Egypt	23.6	20.5	3.0	18.2	23.5	11.2	100.0	22,575	5.9
Urban	15.8	18.3	3.2	18.0	24.9	19.9	100.0	5,466	8.9
Rural	26.1	21.2	3.0	18.2	23.1	8.4	100.0	17,110	5.3
Upper Egypt	29.3	20.8	3.4	20.0	18.3	8.2	100.0	18,464	4.8
Urban	19.5	17.7	3.9	19.3	23.6	16.0	100.0	5,941	7.5
Rural	34.0	22.3	3.2	20.4	15.7	4.5	100.0	12,523	3.4
Frontier Governorates ⁴	23.5	18.1	6.1	20.0	20.0	12.3	100.0	406	6.0
Wealth quintile									
Lowest	40.2	22.0	2.9	20.1	11.8	3.0	100.0	9,684	2.1
Second	34.5	23.0	3.4	19.8	15.9	3.4	100.0	9,862	3.3
Middle	21.4	21.3	3.4	18.5	27.1	8.3	100.0	9,256	6.2
Fourth	19.4	19.5	4.4	19.1	25.1	12.4	100.0	9,689	7.0
Highest	8.9	14.4	3.7	17.0	26.5	29.6	100.0	10,246	10.7
Total	24.7	20.0	3.6	18.9	21.3	11.6	100.0	48,737	5.8

Note: Total includes one case for whom age is missing.

¹ The population age 22-36 years completed 5 years at the primary level; all others completed 6 years at the primary level.

² Completed 6 years at the secondary level

³ Includes some children were not eligible to attend school because their 6th birthday fell after the start of the 2014-2015 school year.

⁴ Does not include North and South Sinai governorates

² Between 1989 and 2004, primary education was five years.

Table 2.9.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Egypt 2014

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Total	Number	Median years completed
Age									
6-9 ³	16.0	84.0	0.0	0.0	0.0	0.0	100.0	5,313	0.4
10-14	1.5	54.3	2.0	42.2	0.0	0.0	100.0	6,111	4.7
15-19	2.6	7.1	2.2	72.3	8.7	7.0	100.0	5,187	8.9
20-24	4.1	5.0	3.8	17.4	40.2	29.5	100.0	4,437	10.8
25-29	7.5	5.0	5.0	12.3	45.2	25.1	100.0	4,657	10.5
30-34	10.0	7.5	5.2	11.4	44.8	21.1	100.0	3,967	10.4
35-39	10.9	8.5	7.2	12.8	41.7	18.9	100.0	3,338	10.7
40-44	16.0	9.7	4.9	16.1	37.6	15.8	100.0	2,752	11.1
45-49	19.9	11.2	5.7	11.3	37.8	14.1	100.0	2,699	11.1
50-54	25.7	11.1	6.8	8.5	29.8	18.1	100.0	2,417	8.7
55-59	31.9	12.7	8.1	8.5	21.7	17.0	100.0	1,929	5.6
60-64	37.5	10.7	9.3	7.1	18.0	17.4	100.0	1,938	5.2
65+	51.8	9.7	8.8	5.0	12.8	11.9	100.0	2,562	0.0
Residence									
Urban	10.4	19.1	5.0	19.6	24.5	21.4	100.0	18,676	9.2
Rural	16.4	25.0	4.1	21.9	23.7	8.9	100.0	28,632	6.2
Place of residence									
Urban Governorates	9.7	17.1	6.6	19.7	24.3	22.5	100.0	7,211	9.6
Lower Egypt	14.0	23.4	4.1	20.9	24.4	13.1	100.0	22,292	7.3
Urban	10.3	20.1	3.7	19.5	24.2	22.2	100.0	5,383	9.5
Rural	15.2	24.4	4.2	21.4	24.5	10.2	100.0	16,909	6.7
Upper Egypt	15.8	24.2	3.9	21.6	23.4	11.1	100.0	17,387	6.5
Urban	11.3	20.7	4.1	19.7	24.8	19.4	100.0	5,848	8.7
Rural	18.1	25.9	3.8	22.6	22.7	6.9	100.0	11,539	5.7
Frontier Governorates ⁴	13.9	19.1	5.5	19.5	27.0	14.9	100.0	418	7.9
Wealth quintile									
Lowest	22.8	26.4	4.6	22.8	18.8	4.7	100.0	9,485	4.9
Second	19.2	26.0	4.2	22.9	21.7	5.9	100.0	9,279	5.5
Middle	11.7	24.5	4.3	20.7	27.6	11.2	100.0	8,970	7.6
Fourth	11.9	21.6	5.5	20.8	26.7	13.5	100.0	9,451	7.8
Highest	5.2	15.5	3.7	17.9	25.5	32.2	100.0	10,123	11.0
Total	14.0	22.7	4.4	21.0	24.1	13.8	100.0	47,308	7.4

Note: Total includes one case for whom age is missing.

¹ The population age 22-36 years completed 5 years at the primary level; all others completed 6 years at the primary level

² Completed 6 years at the secondary level

³ Includes some children were not eligible to attend school because their 6th birthday fell after the start of the 2014-2015 school year.

⁴ Does not include North and South Sinai governorates

An examination of the education distributions for successive cohorts indicates that there have been changes over time in the educational attainment of both men and women. For example, the median number of years of schooling is 10.8 for males age 20-24 years, nearly double the median for males in the 55-59 age group (5.6 years). The improvement in educational attainment has been even more striking for females; the median number of years of schooling is 10.8 for females age 20-24 years, more than three times the median for females in the age group 45-49 (3.1 years).

As a result of the gains in female education, the gap in the educational attainment between males and females has almost disappeared among younger cohorts. For example, there is almost no differential in the median number of years of schooling between men and women who are under age 25.

Urban residents are more likely to have attended school and to have remained in school for a longer period than rural residents. The results in Tables 2.9.1 and 2.9.2 also show that gender differences in educational attainment are less evident in urban than in rural areas. For example, the median number of years of schooling is 6.2 years among rural men, 1.6 years greater than the median

among rural women (4.6 years). The difference is smaller in urban areas, where the median number of years of schooling is 9.2 years for men, compared with 8.2 years for women.

By place of residence, gender differences in the likelihood of attending school are most evident in rural Upper Egypt where 82 percent of men have ever attended school, compared with 66 percent of women. The gender gap is least apparent in urban Lower Egypt where 84 percent of women have some education, compared with 90 percent of men.

Educational attainment is associated with wealth index, with the largest differentials between males and females observed in the lowest two wealth quintiles. For example, the median number of years of schooling among males in the lowest wealth quintile is more than double the median years among females (4.9 years and 2.1 years, respectively). In contrast, the difference in the median years of schooling is only 0.3 years between males and females in the highest wealth quintiles (11 years and 10.7 years, respectively).

Key Findings:

- Around two-fifths of the 2014 EDHS respondents were under age 30 and slightly more than one-quarter were age 40 and over.
- The majority of respondents (65 percent) were living in rural areas.
- Around one-quarter of the respondents never attended school, while slightly more than half of the women completed at least the secondary level.
- One-third of rural respondents were unable to read at all, around twice the level among urban respondents.
- The vast majority of respondents (97 percent) watch television at least once a week, 17 percent listen to radio on a weekly basis, and only 6 percent read a newspaper or magazine regularly.
- Fourteen percent of respondents use a computer, 8 percent surf the Internet, and 9 percent use social media at least once per week.
- Overall, 16 percent of respondents were engaged in some economic activity in the 12 months prior to the survey.
- Among employed respondents, more than half were employed in professional, technical, and managerial positions or in clerical occupations, and 21 percent worked in sales and services.

This chapter provides a detailed profile of the ever-married women who were interviewed in the 2014 Egypt DHS. First, the chapter presents information on a number of basic characteristics of the EDHS respondents including age, residence, education, and work status. Next the chapter explores in more depth the women's educational background and literacy status. The chapter then presents information on the women's exposure to traditional mass media and use of computers and digital media. Finally, the chapter looks further at the women's employment status. The background characteristics presented in this chapter are expected to help in understanding the findings in the chapters that follow.

3.1 BACKGROUND CHARACTERISTICS OF EVER-MARRIED WOMEN

All ever-married women age 15-49 who were usual residents or present in the EDHS sample households on the night before the interviewer's visit were eligible for a detailed interview that was designed to obtain information on a range of key demographic and health indicators. Table 3.1 presents the distribution of the women interviewed in the EDHS by marital status, age, urban-rural residence, place of residence, educational level, work status, and wealth quintile.

Among the ever-married women in the EDHS sample, 94 percent were currently married, 3 percent widowed, and 3 percent divorced or separated. Looking at the age distribution in Table 3.1, around two-fifths of the women were under age 30, and slightly more than one-quarter were age 40 and over. There were fewer women in the 15-19 and 20-24 age groups than in the 25-29 cohort. This pattern is the result of the inclusion of only ever-married women in the sample and the tendency to delay marriage until older ages in Egypt. More information is presented on marriage patterns in Chapter 7.

Table 3.1 Background characteristics of respondents

Percent distribution of ever-married women age 15-49 by selected background characteristics, Egypt 2014

Background characteristic	Weighted percent	Weighted number	Unweighted number
Age			
15-19	3.5	764	738
20-24	14.0	3,055	3,051
25-29	21.8	4,753	4,718
30-34	19.0	4,127	4,133
35-39	16.1	3,495	3,473
40-44	13.2	2,864	2,902
45-49	12.4	2,705	2,747
Marital status			
Married	94.0	20,460	20,430
Divorced/separated	2.9	633	662
Widowed	3.1	669	670
Urban-rural residence			
Urban	35.0	7,623	9,628
Rural	65.0	14,139	12,134
Place of residence			
Urban Governorates	12.7	2,774	3,667
Lower Egypt	49.0	10,664	8,384
Urban	10.7	2,319	2,492
Rural	38.3	8,346	5,892
Upper Egypt	37.4	8,130	8,376
Urban	11.1	2,421	2,593
Rural	26.2	5,708	5,783
Frontier Governorates ¹	0.9	194	1,335
Governorates			
<u>Urban Governorates</u>			
Cairo	8.3	1,811	1,189
Alexandria	3.9	857	737
Port Said	0.4	86	800
Suez	0.1	19	941
<u>Lower Egypt</u>			
Damietta	2.0	433	986
Dakahlia	8.0	1,740	955
Sharkia	9.0	1,956	1,011
Kalyubia	4.7	1,033	850
Kafr El-Sheikh	4.4	957	945
Gharbia	6.3	1,370	835
Menoufia	4.8	1,045	855
Behera	9.0	1,959	1,088
Ismailia	0.8	172	859
<u>Upper Egypt</u>			
Giza	9.4	2,040	1,076
Beni Suef	3.5	770	875
Fayoum	3.3	721	843
Menya	5.1	1,107	858
Assuit	5.0	1,085	965
Souhag	4.8	1,039	913
Qena	3.6	776	1,055
Aswan	1.7	368	886
Luxor	1.0	224	905
<u>Frontier Governorates</u>			
Red Sea	0.4	83	387
New Valley	0.2	54	443
Matroh	0.3	58	505
Education			
No education	24.0	5,232	4,861
Some primary	6.1	1,334	1,239
Primary complete/some secondary	17.4	3,796	3,875
Secondary complete/higher	52.4	11,400	11,787
Work status			
Working for cash	13.6	2,964	3,064
Not working for cash	86.4	18,798	18,698

(Continued...)

Table 3.1—Continued

Background characteristic	Weighted percent	Weighted number	Unweighted number
Wealth quintile			
Lowest	17.9	3,887	3,960
Second	19.7	4,277	4,011
Middle	22.2	4,839	4,048
Fourth	20.9	4,542	4,482
Highest	19.4	4,217	5,261
Total 15-49	100.0	21,762	21,762

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

¹ Does not include North and South Sinai governorates

The majority of the ever-married women in the EDHS 2014 (65 percent) were living in rural areas. Considering place of residence, 13 percent of the women were from the Urban Governorates, 49 percent from Lower Egypt, 37 percent from Upper Egypt, and 1 percent from the three Frontier Governorates covered in the survey. The largest percentages of respondents come from Giza, Behera, and Sharkia governorates each with 9 percent, and Cairo and Dakahlia, each with 8 percent. Port Said, Suez, Ismailia, Luxor, Red Sea, New Valley, and Matroh governorates each have 1 percent or less of respondents.

The educational level of the 2014 EDHS respondents varied considerably. Around one-quarter of the women never attended school, while slightly more than half of the women completed at least the secondary level.

Table 3.1 shows that 14 percent of ever-married women were working for cash at the time of the survey.

Looking at the wealth quintiles, the women were fairly evenly distributed across the wealth quintiles. The smallest percentage was found in the lowest wealth quintile (18 percent) and the highest percentage was found in the middle quintile (22 percent).

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Table 3.2 provides information on the relationship between the educational level of EDHS respondents and selected background characteristics. Additional information on the differentials in women's educational attainment by governorate is available in Appendix Table A-3.1.

Overall, more than half of respondents have completed the secondary level or higher, reflecting the long-term trend toward increasing educational attainment among women in Egypt. As expected, the level of education decreases with increasing age among women age 25 and over. However, the table also shows that respondents age 15-19 had an average of only 8.6 years of schooling, much lower than the average among women age 20-29 years (10.4 years). The explanation lies in the fact that women who marry early typically leave school at a younger age than women who marry later. The lower educational attainment of ever-married women age 15-19 should be kept in mind when looking at the differences between respondents age 15-19 and older respondents throughout the report.

Urban respondents were more highly educated than those from rural areas. Among urban women, 65 percent had completed secondary school or higher, compared with 46 percent of rural women. On the other hand, rural women were more than twice as likely as urban women to have never attended school. Educational levels were lowest in rural Upper Egypt, where 39 percent of the women had never attended school. The highest educational levels were found in urban Lower Egypt

and the Urban Governorates; only 12 percent of EDHS respondents from these areas had never attended school, and 25 percent of women had more than secondary education.

Educational attainment rises with the wealth quintile. More than eight in ten women in the highest wealth quintile had completed secondary school or higher, while about half of the women in the lowest quintile had never attended school.

Table 3.2 Educational attainment

Percent distribution of ever-married women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Egypt 2014

Background characteristic	Highest level of schooling						Total	Median years completed	Number of ever-married women
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-24	10.9	4.2	3.8	25.7	45.2	10.2	100.0	10.3	3,819
15-19	8.7	8.3	5.5	50.0	26.5	0.9	100.0	8.6	764
20-24	11.5	3.2	3.4	19.7	49.8	12.5	100.0	10.4	3,055
25-29	16.5	3.7	2.8	12.4	45.8	18.9	100.0	10.4	4,753
30-34	21.2	6.6	5.4	9.8	39.7	17.3	100.0	10.2	4,127
35-39	25.9	6.7	6.2	12.1	35.2	13.8	100.0	8.9	3,495
40-44	35.7	8.3	2.4	11.7	31.9	9.8	100.0	7.5	2,864
45-49	45.3	9.3	4.2	6.0	25.7	9.4	100.0	3.1	2,705
Urban-rural residence									
Urban	13.8	4.6	4.6	12.2	42.1	22.7	100.0	10.7	7,623
Rural	29.6	7.0	3.9	13.9	36.6	9.1	100.0	8.2	14,139
Place of residence									
Urban									
Governorates	11.9	5.2	5.7	13.5	39.1	24.5	100.0	10.7	2,774
Lower Egypt	20.8	6.3	3.7	11.8	43.2	14.3	100.0	10.3	10,664
Urban	11.9	3.9	3.8	10.2	45.5	24.7	100.0	10.9	2,319
Rural	23.3	6.9	3.7	12.2	42.5	11.4	100.0	10.2	8,346
Upper Egypt	32.4	6.3	4.1	15.3	32.3	9.6	100.0	7.5	8,130
Urban	17.8	4.6	4.0	12.5	42.4	18.7	100.0	10.5	2,421
Rural	38.6	7.1	4.1	16.5	28.0	5.7	100.0	5.5	5,708
Frontier Governorates ³	22.9	4.2	7.3	12.3	35.0	18.4	100.0	10.2	194
Wealth quintile									
Lowest	47.7	8.6	4.3	13.8	22.7	3.0	100.0	1.5	3,887
Second	37.4	8.9	4.9	14.8	30.4	3.6	100.0	5.2	4,277
Middle	18.9	6.1	3.7	14.6	46.5	10.2	100.0	10.2	4,839
Fourth	14.0	5.1	5.0	13.8	44.8	17.3	100.0	10.5	4,542
Highest	5.4	2.3	2.8	9.4	45.3	34.8	100.0	11.6	4,217
Total	24.0	6.1	4.1	13.3	38.5	13.9	100.0	10.1	21,762

¹ Women age 22-36 years completed 5 years at the primary level; all other women completed 6 years at the primary level.

² Completed 6 years at the secondary level

³ Does not include North and South Sinai governorates

3.3 LITERACY

In the 2014 EDHS, respondents who had some secondary or higher education were assumed to be able to read. Among the remaining women i.e., those who had never been to school or who had attended only the primary level, literacy was directly assessed by asking the women to read two simple sentences from a card. To avoid possible bias within the same household where more than one eligible woman was interviewed, the EDHS teams used four cards, each with a different set of sentences. The sentences on the cards were selected from primary school Arabic text books.

Table 3.3 presents literacy rates among ever-married women age 15-49 based on the combination of educational attainment and the literacy assessment. Very few women who had less

than a preparatory education were able to read. Overall, the EDHS results indicate that more than one-quarter of ever-married women cannot read at all.

The proportion of EDHS respondents who were unable to read increased with age, reflecting the lower educational attainment of older women. The strong association between residence and literacy is also clearly related to residential differences in educational levels. Rural respondents were more than twice as likely as urban women to be unable to read at all. The proportion of women unable to read at all was highest in rural Upper Egypt (41 percent).

Table 3.3 also shows that the level of illiteracy decreased with increasing wealth. Six percent of women in the highest wealth quintile were not able to read at all compared to 51 percent of women in the lowest quintile.

Table 3.3 Literacy

Percent distribution of ever-married women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Egypt 2014

Background characteristic	Second- ary school or higher	No schooling or primary school					Percent- age literate ¹	Number of ever- married women
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Blind/ visually impaired	Missing		
Age								
15-24	81.1	2.2	3.2	13.4	0.0	0.0	100.0	86.5
15-19	77.4	3.4	4.3	14.9	0.0	0.0	100.0	85.1
20-24	82.0	1.9	2.9	13.1	0.1	0.0	100.0	86.8
25-29	77.1	1.8	3.7	17.4	0.0	0.0	100.0	82.6
30-34	66.7	3.6	5.2	24.3	0.1	0.0	100.0	75.5
35-39	61.2	2.9	6.0	29.8	0.1	0.1	100.0	70.1
40-44	53.5	2.9	4.8	38.7	0.1	0.0	100.0	61.2
45-49	41.2	3.2	6.6	48.9	0.1	0.0	100.0	50.9
Urban-rural residence								
Urban	77.0	2.6	4.6	15.7	0.0	0.0	100.0	84.3
Rural	59.6	2.8	4.9	32.7	0.1	0.0	100.0	67.2
Place of residence								
Urban								
Governorates	77.1	3.2	5.6	14.0	0.0	0.1	100.0	85.9
Lower Egypt	69.2	2.3	4.3	24.1	0.1	0.1	100.0	75.8
Urban	80.4	2.1	3.9	13.5	0.1	0.0	100.0	86.4
Rural	66.1	2.3	4.4	27.0	0.1	0.1	100.0	72.9
Upper Egypt	57.2	3.1	5.1	34.6	0.1	0.0	100.0	65.3
Urban	73.6	2.3	4.2	19.9	0.0	0.0	100.0	80.1
Rural	50.2	3.4	5.4	40.8	0.1	0.0	100.0	59.1
Frontier								
Governorates ²	65.7	3.0	6.1	25.2	0.0	0.0	100.0	74.8
Wealth quintile								
Lowest	39.4	3.5	5.9	50.9	0.2	0.1	100.0	48.8
Second	48.8	3.2	6.1	41.7	0.1	0.0	100.0	58.1
Middle	71.3	2.4	4.3	21.8	0.1	0.0	100.0	78.1
Fourth	75.9	2.7	5.2	16.3	0.0	0.0	100.0	83.7
Highest	89.6	1.8	2.5	6.1	0.0	0.0	100.0	93.9
Total	65.7	2.7	4.8	26.7	0.1	0.0	100.0	73.2
								21,762

¹ Includes women who had some secondary education or higher and women who had never been to school or attended only the primary level who were able to read all or part of a sentence

² Does not include North and South Sinai governorates

3.4 EXPOSURE TO BROADCAST, PRINT, AND DIGITAL MEDIA

The 2014 EDHS collected information on exposure to broadcast and print media. These data are important because they provide some indication of the extent to which Egyptian women are regularly exposed to the mass media that have been traditionally used to convey family planning and

health messages to the population. In addition, a series of questions were asked in the EDHS to assess exposure to digital media, which are increasingly seen as an alternative path for communication messages.

Table 3.4 presents the proportions of ever-married women age 15-49 that reported they watch television, listen to the radio, or read a newspaper or magazine regularly by background characteristics. The table also includes information on the proportions of women accessing all three media at least once per week and the proportion not exposed to any media on a weekly basis. Appendix Table A-3.2 shows the governorate-level variations in these indicators.

Television is clearly the dominant medium. The vast majority of ever-married women (97 percent) watch television at least once a week, 17 percent listen to radio at least once a week, and only 6 percent read a newspaper or magazine at least once a week. Two percent of women report regular exposure to all three media, and 3 percent have no exposure to broadcast or print media.

Table 3.4 Exposure to broadcast and print media

Percentage of ever-married women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Egypt 2014

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of ever-married women
Age						
15-19	2.5	96.5	11.4	0.6	3.0	764
20-24	3.4	97.2	13.6	0.9	2.2	3,055
25-29	5.6	96.8	16.2	2.5	2.6	4,753
30-34	6.0	96.6	16.8	2.3	2.8	4,127
35-39	6.4	96.4	16.0	2.6	3.0	3,495
40-44	7.4	96.9	19.0	3.0	2.5	2,864
45-49	6.8	95.7	19.3	3.3	3.6	2,705
Urban-rural residence						
Urban	9.5	97.2	15.1	3.9	2.3	7,623
Rural	3.8	96.3	17.2	1.5	3.0	14,139
Place of residence						
Urban Governorates	12.3	98.2	16.1	5.5	1.4	2,774
Lower Egypt	6.2	96.6	23.2	2.6	2.5	10,664
Urban	10.1	95.8	21.0	4.1	3.3	2,319
Rural	5.1	96.8	23.8	2.2	2.3	8,346
Upper Egypt	3.1	96.1	8.0	1.0	3.6	8,130
Urban	5.7	97.2	8.7	1.9	2.5	2,421
Rural	2.0	95.6	7.7	0.5	4.0	5,708
Frontier Governorates ¹	4.6	96.1	6.8	1.2	3.5	194
Education						
No education	0.2	95.1	12.1	0.1	4.5	5,232
Some primary	1.1	95.7	15.0	0.3	3.7	1,334
Primary complete/some secondary	3.3	97.2	13.6	1.0	2.4	3,796
Secondary complete/higher	9.7	97.2	19.7	4.1	2.0	11,400
Wealth quintile						
Lowest	1.7	93.8	13.3	0.6	5.4	3,887
Second	2.7	96.8	13.5	0.6	2.8	4,277
Middle	4.3	96.9	19.5	1.8	2.2	4,839
Fourth	6.2	97.3	16.6	2.6	2.2	4,542
Highest	13.9	97.9	18.9	6.0	1.6	4,217
Total	5.8	96.6	16.5	2.3	2.8	21,762

¹ Does not include North and South Sinai governorates

Considering differentials in Table 3.4, there is almost no variation in the percentage of women who watch television. Considering print media, urban women, especially those living in the Urban Governorates and urban Lower Egypt, women with a secondary or higher education, and

women in the highest wealth quintile were most likely to report reading a newspaper or magazine on a weekly basis. Regular exposure to radio broadcasts was highest in Lower Egypt and lowest in Upper Egypt and the three Frontier Governorates included in the survey.

Table 3.5 presents information on the variation in use of computers and exposure to digital media among ever-married women age 15-49. Governorate-level differences in these indicators are presented in Appendix Table A-3.3.

Overall, 14 percent of ever-married women use a computer, 8 percent go on the Internet, and 9 percent use social media at least once per week. Seven percent of women report regular exposure to all three digital media, and 85 percent have no exposure to any digital media.

Women living in urban areas are much more likely to use a computer at least once per week than rural women (23 percent and 9 percent, respectively). They are also more likely than rural women to regularly access the Internet (14 percent and 4 percent, respectively) and social media (17 percent and 5 percent respectively).

Table 3.5 Use of computers and digital media

Percentage of ever-married women age 15-49 who use a computer, the Internet, and social media on a weekly basis, by background characteristics, Egypt 2014

Background characteristic	Uses a computer at least once a week	Uses Internet at least once a week	Uses social media at least once a week	Uses all three digital media at least once a week	Uses none of the three digital media at least once a week	Number of ever-married women
Age						
15-19	7.7	2.5	3.7	1.8	90.9	764
20-24	14.2	8.3	10.5	7.6	84.7	3,055
25-29	17.0	9.9	11.9	8.6	81.6	4,753
30-34	16.2	8.8	10.8	8.3	82.9	4,127
35-39	13.7	6.9	9.0	6.5	85.7	3,495
40-44	11.7	5.5	7.9	5.3	87.9	2,864
45-49	8.4	4.3	5.7	4.0	91.3	2,705
Urban-rural residence						
Urban	22.9	14.1	17.1	13.3	76.0	7,623
Rural	8.9	3.9	5.3	3.3	90.3	14,139
Place of residence						
Urban Governorates	25.7	17.2	19.6	16.7	73.8	2,774
Lower Egypt	13.7	6.7	8.8	5.9	85.2	10,664
Urban	23.4	14.0	17.8	12.7	74.7	2,319
Rural	11.0	4.7	6.3	4.1	88.2	8,346
Upper Egypt	9.8	5.0	6.8	4.6	89.5	8,130
Urban	19.0	10.6	13.5	9.9	80.1	2,421
Rural	6.0	2.6	3.9	2.3	93.4	5,708
Frontier Governorates ¹	19.8	10.8	14.0	10.2	79.2	194
Education						
No education	0.5	0.1	0.4	0.1	99.1	5,232
Some primary	1.7	0.3	0.8	0.3	98.0	1,334
Primary complete/some secondary	5.8	1.9	2.5	1.6	93.8	3,796
Secondary complete/higher	24.0	13.5	16.9	12.4	74.6	11,400
Wealth quintile						
Lowest	2.6	0.9	1.7	0.7	96.8	3,887
Second	4.4	1.5	2.3	1.3	95.1	4,277
Middle	10.2	4.0	5.9	3.5	89.1	4,839
Fourth	16.4	8.4	10.2	7.5	82.5	4,542
Highest	35.1	22.4	26.9	21.2	63.5	4,217
Total	13.8	7.5	9.4	6.8	85.3	21,762

¹ Does not include North and South Sinai governorates

Slightly more than one-quarter of women from Urban Governorates and almost one-fifth of women in the three Frontier Governorates surveyed in the EDHS use a computer at least once a week compared to 14 percent among women from Lower Egypt and 10 percent among women in Upper Egypt. Similar patterns are observed with respect to the use of the Internet and social media.

A woman's education level is related to the likelihood of computer use and also to her level of exposure to digital media, with a clear divide between women who completed secondary school or higher and other women. There also is a strong association between wealth and use of a computer and exposure to digital media. Looking at women reporting use of all three media, for example, 21 percent of women in the highest wealth quintile report used all three media at least once a week compared with 1 percent among women in the lowest two wealth quintiles.

3.5 EMPLOYMENT STATUS

Like education, employment can be a source of empowerment for women, especially if it puts them in control of income. The measurement of women's employment, however, can be difficult. The difficulty arises largely because some of the work that women do, especially work on family farms, family businesses or in the informal sector is often not perceived by women themselves as employment, and hence not reported as such. To avoid underestimating women's employment, the 2014 EDHS interviewers asked respondents several questions to ensure complete coverage of employment in both the formal or informal sectors. Respondents also were asked a number of questions about their current employment status and employment in the 12 months prior to the survey. For women who were currently employed or had worked in the 12 months before the survey, additional information was obtained on the type of work women were doing, whether they worked continuously throughout the year, whom they worked for, and the form in which they received their earnings (cash or in kind).

3.5.1 Current Employment

Table 3.6 shows the percent distribution of 2014 EDHS respondents according to current and recent employment. Appendix Table A-3.4 presents these results by governorate.

Overall, 16 percent of women were currently engaged in some economic activity. The rate is the same as the percentage of ever-married women age 15-49 reported as currently employed in the 2008 EDHS. Most of the women who were not working at the time of the survey did not report recent work experience; only 1 percent of the respondents were not working at the time of EDHS interview but had had a job during the 12-month period before the survey.

Table 3.6 shows that the proportion of women who were currently employed increased with age, peaking in the 45-49 age group. With regard to the other employment differentials presented in Table 3.6, women living in urban Lower Egypt, women who completed secondary school or higher, and women in the highest wealth quintile were much more likely to be currently employed than other women.

Table 3.6 Employment status

Percent distribution of ever-married women age 15-49 by employment status, according to background characteristics, Egypt 2014

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Don't know/missing	Total	Number of ever-married women
	Currently employed ¹	Not currently employed				
Age						
15-19	3.1	0.5	96.4	0.0	100.0	764
20-24	5.1	0.4	94.5	0.0	100.0	3,055
25-29	12.5	0.9	86.6	0.0	100.0	4,753
30-34	17.1	0.5	82.3	0.0	100.0	4,127
35-39	20.0	0.6	79.4	0.0	100.0	3,495
40-44	20.3	0.6	79.1	0.0	100.0	2,864
45-49	22.8	0.6	76.6	0.0	100.0	2,705
Marital status						
Married	14.9	0.6	84.6	0.0	100.0	20,460
Divorced/separated/widowed	25.8	1.4	72.8	0.0	100.0	1,302
Number of living children						
0	10.4	1.2	88.5	0.0	100.0	1,948
1-2	14.8	0.5	84.7	0.0	100.0	8,848
3-4	17.9	0.7	81.4	0.0	100.0	8,673
5+	13.6	0.3	86.1	0.0	100.0	2,293
Urban-rural residence						
Urban	18.4	0.6	81.0	0.0	100.0	7,623
Rural	14.0	0.6	85.4	0.0	100.0	14,139
Place of residence						
Urban Governorates	16.2	0.4	83.4	0.0	100.0	2,774
Lower Egypt	17.6	0.8	81.6	0.0	100.0	10,664
Urban	22.1	0.7	77.1	0.1	100.0	2,319
Rural	16.3	0.9	82.8	0.0	100.0	8,346
Upper Egypt	12.5	0.4	87.1	0.0	100.0	8,130
Urban	17.2	0.6	82.2	0.0	100.0	2,421
Rural	10.6	0.3	89.1	0.0	100.0	5,708
Frontier Governorates ²	16.8	1.7	81.4	0.0	100.0	194
Education						
No education	11.2	0.6	88.2	0.0	100.0	5,232
Some primary	12.9	1.3	85.8	0.0	100.0	1,334
Primary complete/some secondary	7.5	0.6	91.9	0.0	100.0	3,796
Secondary complete/higher	20.5	0.6	78.9	0.0	100.0	11,400
Wealth quintile						
Lowest	13.2	0.6	86.2	0.0	100.0	3,887
Second	11.8	0.8	87.4	0.0	100.0	4,277
Middle	14.0	0.5	85.5	0.0	100.0	4,839
Fourth	16.4	0.7	82.9	0.0	100.0	4,542
Highest	22.2	0.6	77.2	0.0	100.0	4,217
Total	15.5	0.6	83.9	0.0	100.0	21,762

¹ "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

² Does not include North and South Sinai governorates

3.5.2 Occupation

During the 2014 EDHS, women who indicated that they were working or had worked within the year before the survey were asked about the kind of work that they did. Their response was recorded exactly as they gave it and was the basis for the coding of occupation that occurred after the survey in the central office.

Table 3.7 looks at the differences in the occupational profile among women who were employed at any time during the 12 months before the survey. The majority of women who worked were employed in non-agricultural occupations (Figure 3.1). More than half of the working women were occupied in professional, technical, and managerial positions or in clerical occupations. An

additional 21 percent were employed in sales and services, and 7 percent worked in jobs categorized as skilled manual labor. Sixteen percent of working women were involved in some type of agricultural activity.

Table 3.7 Occupation

Percent distribution of ever-married women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Egypt 2014

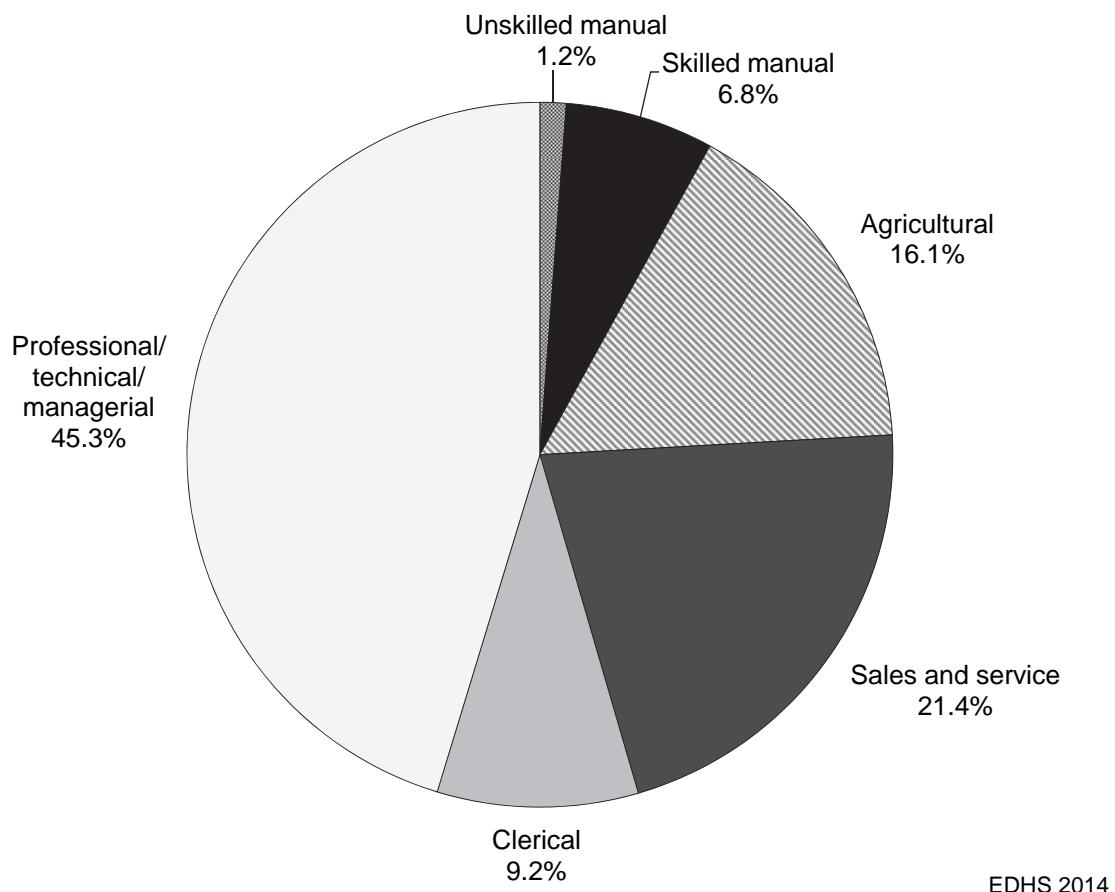
Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agri- culture	Mis- sing	Total	Number of ever- married women employed during the last 12 months
Age									
15-19	*	*	*	*	*	*	*	100.0	28
20-24	34.5	5.2	15.6	14.3	0.0	30.1	0.3	100.0	167
25-29	52.6	6.2	19.8	6.9	0.4	14.1	0.0	100.0	639
30-34	48.8	9.1	22.3	5.7	0.5	13.5	0.0	100.0	729
35-39	45.8	7.7	21.5	6.0	1.7	17.1	0.2	100.0	720
40-44	45.4	8.1	21.7	7.4	1.8	15.6	0.0	100.0	598
45-49	37.8	16.7	22.9	6.1	1.6	14.9	0.0	100.0	632
Marital status									
Married	46.6	9.1	20.0	6.2	1.2	16.7	0.1	100.0	3,158
Divorced/separated/ widowed	33.2	9.9	33.5	12.4	0.8	10.0	0.1	100.0	355
Number of living children									
0	48.3	7.9	20.2	14.0	0.9	8.7	0.0	100.0	225
1-2	52.4	10.0	18.6	7.3	0.9	10.8	0.0	100.0	1,354
3-4	42.8	9.0	22.8	5.2	1.4	18.7	0.1	100.0	1,615
5+	25.3	8.3	26.9	7.8	1.4	30.2	0.0	100.0	319
Urban-rural residence									
Urban	54.6	13.0	21.9	7.9	1.7	0.8	0.1	100.0	1,446
Rural	38.8	6.6	21.0	6.1	0.8	26.7	0.0	100.0	2,067
Place of residence									
Urban Governorates	46.7	11.9	26.6	10.6	3.8	0.0	0.4	100.0	460
Lower Egypt	44.5	9.1	20.1	6.0	0.9	19.4	0.0	100.0	1,965
Urban	58.7	14.4	17.2	7.2	0.7	1.9	0.0	100.0	529
Rural	39.3	7.1	21.2	5.6	0.9	25.8	0.0	100.0	1,435
Upper Egypt	45.7	8.4	21.3	6.8	0.6	17.2	0.0	100.0	1,053
Urban	57.7	12.6	22.5	6.1	0.6	0.4	0.0	100.0	432
Rural	37.3	5.4	20.5	7.2	0.6	28.9	0.0	100.0	621
Frontier Governorates ¹	57.1	7.8	23.6	3.7	0.1	7.7	0.0	100.0	36
Education									
No education	5.2	0.3	32.1	8.8	5.0	48.6	0.0	100.0	618
Some primary	8.7	0.0	35.7	15.8	1.3	38.2	0.4	100.0	190
Primary complete/some secondary	7.1	1.8	37.6	19.4	2.4	31.2	0.5	100.0	304
Secondary complete/higher	63.3	13.2	15.4	4.0	0.0	4.0	0.0	100.0	2,401
Wealth quintile									
Lowest	13.6	3.9	13.0	4.7	0.9	63.9	0.0	100.0	536
Second	26.6	5.9	28.6	8.3	2.4	28.1	0.1	100.0	540
Middle	47.4	8.5	26.6	7.4	1.0	9.0	0.0	100.0	700
Fourth	54.9	10.8	24.3	7.4	1.8	0.7	0.0	100.0	776
Highest	64.1	13.3	15.8	6.3	0.2	0.2	0.2	100.0	961
Total	45.3	9.2	21.4	6.8	1.2	16.1	0.1	100.0	3,513

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

¹ Does not include North and South Sinai governorates

As expected, the proportion involved in professional, technical and managerial occupations and in clerical positions is higher among urban women than rural women. These proportions also rise rapidly with both education and wealth. Overall, more than three-quarters of working women who have attained a secondary or higher education or fall in the highest wealth quintile are employed in professional, technical, managerial or clerical occupations.

Figure 3.1 Occupation among working women



3.5.3 Type of Employment

Table 3.8 examines several aspects of women's employment according to the type of occupation (agricultural or non-agricultural). The table shows that the majority of employed women (88 percent) were paid in cash or in cash and kind. Seven in 10 of the women worked for someone other than a relative, 13 percent worked for a family member while 17 percent were self-employed. Most of the women (87 percent) worked year-round, 10 percent were employed seasonally, and 3 percent worked only occasionally.

The employment parameters in Table 3.8 varied according to whether a woman worked in an agricultural occupation or not. Women working in agricultural occupations were much more likely than other working women not to be paid for the work they do (56 percent and 4 percent, respectively). This can be explained by the fact that more than half of the women who are employed in agricultural occupations are working for a family member compared with 5 percent of working women who are involved in non-agricultural occupations. As expected, seasonal work is more common among women working in agricultural occupations than among women employed in non-agricultural occupations (38 percent and 5 percent, respectively).

Table 3.8 Type of employment

Percent distribution of ever-married women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Egypt 2014

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	34.2	94.8	85.1
Cash and in-kind	7.9	1.3	2.4
In-kind only	2.4	0.3	0.6
Not paid	55.5	3.5	11.9
Missing	0.0	0.1	0.0
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	53.5	4.7	12.6
Employed by nonfamily member	33.8	77.3	70.3
Self-employed	12.7	17.8	17.0
Missing	0.0	0.2	0.1
Total	100.0	100.0	100.0
Continuity of employment			
All year	56.1	92.8	86.9
Seasonal	38.0	4.6	9.9
Occasional	5.9	2.6	3.1
Missing	0.0	0.1	0.0
Total	100.0	100.0	100.0
Number of ever-married women employed during the last 12 months	564	2,946	3,513

Note: Total includes women with missing information on type of employment who are not shown separately.

Key Findings:

- The total fertility rate for the three years prior to the 2014 EDHS is 3.5 births.
- In rural areas, the total fertility rate is 3.8 births per woman, around 30 percent higher than the rate in urban areas (2.9 births).
- Reversing a more than 25-year pattern of declining fertility, the total fertility rate rose substantially during the six-year period between the 2008 and 2014 surveys, from a level of 3.0 births per woman to 3.5 births per woman.
- All geographic areas shared in the rise in fertility that occurred between the 2008 and 2014 EDHS surveys except the Urban Governorates where the rate dropped from 2.6 births in 2008 to 2.5 births in 2014.
- One-fifth of non-first births were born within 24 months of a prior birth, an interval which has been shown to place a child at higher risk of mortality.
- Childbearing begins early for many Egyptian women; more than one-quarter of women age 25–49 had their first birth by age 20, and 45 percent gave birth by age 22.
- Seven percent of adolescents are already mothers, and 4 percent are pregnant with their first child.

This chapter investigates a number of fertility indicators including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women initiate childbearing. Information on current and cumulative fertility is essential in monitoring the progress and evaluating the impact of the population program in Egypt. The data on birth intervals are important since short intervals are strongly associated with childhood mortality. The age at which childbearing begins also has a major impact on the health and well-being of both the child and the mother.

Data on childbearing patterns were collected in the 2014 EDHS in several ways. First, each woman was asked a series of questions on the number of her sons and daughters living with her, the number living elsewhere, and the number who may have died. Next, a complete history of all of the woman's births was obtained, including the name, sex, month and year of birth, age, and survival status for each of the births. For living children, a question was asked about whether the child was living in the household or away. For dead children, the age at death was recorded. Finally, information was collected on current pregnancies.

4.1 CURRENT FERTILITY LEVELS

The level of current fertility is one of the most important topics in this report because of its direct relevance to population policies and programs. A number of measures of current fertility are discussed including age-specific fertility rates, the total fertility rate, the general fertility rate, and the crude birth rate. The rates are generally presented for the three-year period preceding the survey, a period covering portions of the calendar years 2011 through 2014. The three-year period was chosen for calculating these rates (rather than a longer or a shorter period) to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births.

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

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

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

Table 4.1 presents estimates of current fertility levels by residence. The total fertility rate indicates that if fertility rates were to remain constant at the level prevailing during the three-year period before the 2014 EDHS (approximately May 2011 to April 2014), an Egyptian woman would bear 3.5 children during her lifetime. In rural areas, the TFR is 3.8 births per woman, around 30 percent higher than the rate in urban areas (2.9 births).

Table 4.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Egypt 2014

Age group	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
15-19	24	75	23	58	19	71	65	28	79	62	56
20-24	160	243	130	230	174	246	222	176	240	213	213
25-29	182	211	156	205	208	205	210	191	219	230	200
30-34	126	139	111	123	120	125	155	146	160	165	134
35-39	70	68	72	56	60	56	85	77	88	83	69
40-44	18	16	13	11	14	10	25	26	25	27	17
45-49	3	4	2	2	2	3	6	4	7	0	4
TFR(15-49)	2.9	3.8	2.5	3.4	3.0	3.6	3.8	3.2	4.1	3.9	3.5
GFR	103	142	90	128	104	135	139	114	151	141	127
CBR	23.3	32.7	20.2	29.0	23.7	30.7	32.5	26.3	35.4	33.0	29.1

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.

TFR: Total fertility rate expressed per woman

GFR: General fertility rate expressed per 1,000 women age 15-44

CBR: Crude birth rate, expressed per 1,000 population

¹ Does not include North and South Sinai governorates

Looking at the differentials across the place of residence, the highest TFR is observed in rural Upper Egypt (4.1 births per woman), followed by the rates in the three Frontier Governorates covered in the survey (3.9 births per woman) and rural Lower Egypt (3.6 births per woman). The TFR rates in urban Lower Egypt and urban Upper Egypt (3.0 and 3.2 births per woman, respectively) are lower than the TFR for the country as a whole. The TFR in the Urban Governorates (2.5 births per woman) is almost 40 percent lower than the rate in rural Upper Egypt.

According to the age-specific fertility rates shown in Table 4.1, fertility is concentrated among women age 20-34 years, with the highest rate observed in the 20-24 age group (213 births per thousand). Fertility peaks later among urban women than rural women; the highest age-specific fertility among urban women is in the 25-29 age group (182 births per thousand) while fertility peaks among rural women in the age group 20-24 (243 births per thousand). Urban-rural differences in age-specific fertility are particularly marked among women in their teens. The age-specific fertility rate among rural women age 15-19 years is 75 per thousand, more than three times the rate among urban women age 15-19 years.

Estimates of the crude birth rate and the general fertility rate also are presented in Table 4.1. For the period 2011-2014, the crude birth rate was 29 births per thousand population, and the general fertility rate was 127 births per thousand women. Variations are observed in both the CBR and GFR by residence. In general, there is a wide gap between urban and rural areas, with women in rural areas tending to have a much higher CBR and GBR than women in urban areas. By far the lowest rates are found in the Urban Governorates, where the CBR was 20 births per thousand population and the GFR was 90 births per thousand women. The highest rates were observed in rural Upper Egypt where the CBR was 35 births per thousand population, and the GFR was 151 births per thousand women.

4.2 DIFFERENTIALS IN CURRENT AND CUMULATIVE FERTILITY

Table 4.2 presents differentials by selected background characteristics in the TFR and two additional fertility measures—the percentage currently pregnant and the mean number of children ever born to women age 40-49. Appendix Table A-4.1 provides information on governorate-level differences in these fertility measures.

The percentage of women who were pregnant at the time of the survey provides a measure of current fertility, although it is subject to some degree of error as women may not recognize or report all first trimester pregnancies. The mean number of children ever born (CEB) among women 40-49 serves as a measure of cumulative fertility, taking into account the past fertility behavior of women who are nearing the end of the reproductive period. If fertility is stable over time in a population, the TFR and the mean CEB for women 40-49 will be similar.

The differentials in the fertility measures in Table 4.2 further

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Egypt 2014

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Urban-rural residence			
Urban	2.9	5.9	3.3
Rural	3.8	8.3	4.2
Place of residence			
Urban Governorates	2.5	5.2	2.9
Lower Egypt	3.4	7.0	3.6
Urban	3.0	5.7	3.2
Rural	3.6	7.4	3.7
Upper Egypt	3.8	8.6	4.5
Urban	3.2	6.8	3.7
Rural	4.1	9.5	4.9
Frontier Governorates ¹	3.9	9.3	4.0
Education			
No education	3.8	5.9	4.3
Some primary	3.5	6.4	4.2
Primary complete/some secondary	3.5	6.3	3.8
Secondary complete/higher	3.5	8.6	3.2
Wealth quintile			
Lowest	3.6	6.4	4.7
Second	3.6	7.6	4.1
Middle	3.9	8.5	3.7
Fourth	3.5	8.3	3.4
Highest	2.8	6.1	2.9
Total	3.5	7.4	3.8

Note: Total fertility rates are for the period 1-36 months prior to interview.

¹ Does not include North and South Sinai governorates

document the strong influence of residence on fertility in Egypt. For example, the mean CEB among women age 40-49 varies from 2.9 births in the Urban Governorates to 4.9 births in rural Upper Egypt.

The current fertility measures in Table 4.2 vary only modestly with education. For example, the TFR decreases from 3.8 children among women with no education to 3.5 among women with some primary education and remains at that level among women with higher education. The variation in completed fertility across educational groups is more pronounced; the mean number of children ever born is 4.3 among women age 40-49 with no education, compared with 3.2 among women who have completed secondary school.

The fertility measures in Table 4.2 vary markedly by wealth quintile. The TFR decreases from a level of 3.6 births among women in the lowest wealth quintile to 2.8 births among women in the highest wealth quintile. The highest TFR was reported among women in the middle wealth quintile (3.9 children). The mean number of children ever born among women 40-49 also decreases with wealth, from 4.7 in the lowest quintile to 2.9 in the highest quintile.

A comparison of TFR and the mean CEB among women age 40-49 provides an indication of the magnitude and direction of fertility change over the past several decades in Egypt. The recent increase in current fertility has reduced the gap between these two measures. Women age 40-49 had an average of 3.8 births over their lifetime, only 0.3 births more than the current TFR. Considering the patterns for subgroups, the largest difference between current and cumulative fertility is observed in the lowest wealth quintile, where the TFR is 1.1 births lower than the mean number of children ever born to women 40-49. Notably, among women with secondary or higher education, the current TFR is higher than the mean CEB among women age 40-49. A similar pattern is observed among women in middle and fourth wealth quintiles. Among women in the highest wealth quintile, the TFR is only slightly lower than the mean CEB among women age 40-49, suggesting that fertility has remained virtually stable among women in the quintile over the past several decades.

Finally, Table 4.2 shows that 7 percent of the 2014 EDHS respondents were pregnant at the time of the survey. Looking at residential differentials, the highest percentage currently pregnant (10 percent) was observed in rural Upper Egypt, while the percentage was lowest in the Urban Governorates (5 percent). Surprisingly, the percentage of women who were pregnant was higher among women with a secondary or higher education than among less educated women. This is due at least in part to the fact that, on average, highly-educated women married at older ages than women in the other education categories and, thus, they were more likely to be in the family-building stage at the time of the survey than less educated women.

4.3 FERTILITY TRENDS

4.3.1 Retrospective Data

Table 4.3 uses information from the retrospective birth histories obtained from EDHS respondents to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because women 50 years and over were not interviewed in the 2014 EDHS, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the periods 5-9 years and more prior to the survey, because these women were 50 years or older at the time of the EDHS and, thus, were not interviewed in the survey.

Overall, the results document a marked decline in age-specific fertility over the 20-year period for which the rates are presented. However, most of the changes occurred at the beginning of the period. Only very modest changes were recorded in the past decade, and age-specific rates for the 20-24 and 25-29 age groups actually rose slightly during the period.

4.3.2 Comparison with Previous Surveys

Table 4.4 shows TFR estimates from a series of surveys conducted in Egypt during the period 1979 through 2014. The surveys vary in the timeframes for which the TFR estimates are available. For example, the rates from the EFS, ECPS and the EMCHS are based on births in a one-year period before the survey, while the rates for the DHS surveys are based on a three-year period before the interview date. In general, three-year rates are subject to less sampling variability than one-year rates. The size of the sample covered in a specific survey is another factor related to sampling variability. In general, rates from surveys with comparatively large samples are subject to less sampling variability than rates from surveys with smaller samples. Thus, the TFR for the 2003 Interim DHS has a somewhat greater margin of error than the full scale DHS surveys (i.e., the surveys conducted in 1988, 1992, 1995, 2000, 2005, 2008 and 2014). Sampling errors for the TFRs derived from the 2014 EDHS are presented in Appendix C.

As Table 4.4 shows, the results from the various surveys indicate that fertility levels declined almost continuously in Egypt between the 1980 EFS and the 2008 EDHS. The decline in fertility was especially rapid during the period between the mid-1980s and the mid-1990s. During the period between the 1995 and 2008 EDHS surveys, the downward trend in the TFR continued but at a much slower pace, especially in the period between the 2003 and 2008 EDHS surveys. Reversing the long-term pattern of declining fertility, the TFR rose substantially during the six-year period between the 2008 and 2014 surveys, from a level of 3.0 births per woman to 3.5 births per woman.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Egypt 2014

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	57	58	59	69
20-24	204	201	201	206
25-29	198	197	206	224
30-34	130	131	141	[163]
35-39	66	68	[88]	-
40-44	17	[26]	-	-
45-49	[3]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

Table 4.4 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rates, Egypt 1980-2014

Age	EFS	ECPS	1988 EDHS	1991 EMCHS	1992 EDHS	1995 EDHS	2000 EDHS	2003 Interim EDHS	2005 EDHS	2008 EDHS	2014 EDHS
	1979- 1980 ¹	1983- 1984 ¹	1986- 1988 ²	1990- 1991 ¹	1990- 1992 ²	1993- 1995 ²	1997- 2000 ²	2000- 2003 ²	2002- 2005 ²	2005- 2008 ²	2011- 2014 ²
15-19	78	73	72	73	63	61	51	47	48	50	56
20-24	256	205	220	207	208	200	196	185	175	169	213
25-29	280	265	243	235	222	210	208	190	194	185	200
30-34	239	223	182	158	155	140	147	128	125	122	134
35-39	139	151	118	97	89	81	75	62	63	59	69
40-44	53	42	41	41	43	27	24	19	19	17	17
45-49	12	13	6	14	6	7	4	6	2	2	4
TFR											
15-49	5.3	4.9	4.4	4.1	3.9	3.6	3.5	3.2	3.1	3.0	3.5

Note: Rates for the age group 45-49 may be slightly biased due to truncation.

Source: El-Zanaty and Way, 2009, Table 4.4

¹Rates are for the 12-month period preceding the survey.

²Rates are for the 36-month period preceding the survey.

Figure 4.1 highlights that all age groups shared in the recent rise in fertility rates except women age 40-49 years. The increase was highest among women in the 20-24 age group; fertility rose by 26 percent in this age group between the 2008 EDHS and the 2014 EDHS. As a result of the differences in the pace of fertility change across various age groups, childbearing has become somewhat more concentrated among women under age 30. Currently, a woman will have an average of 2.3 births by her 30th birthday, roughly two-thirds of her lifetime births.

Figure 4.1 Trends in age-specific fertility, Egypt 2008-2014

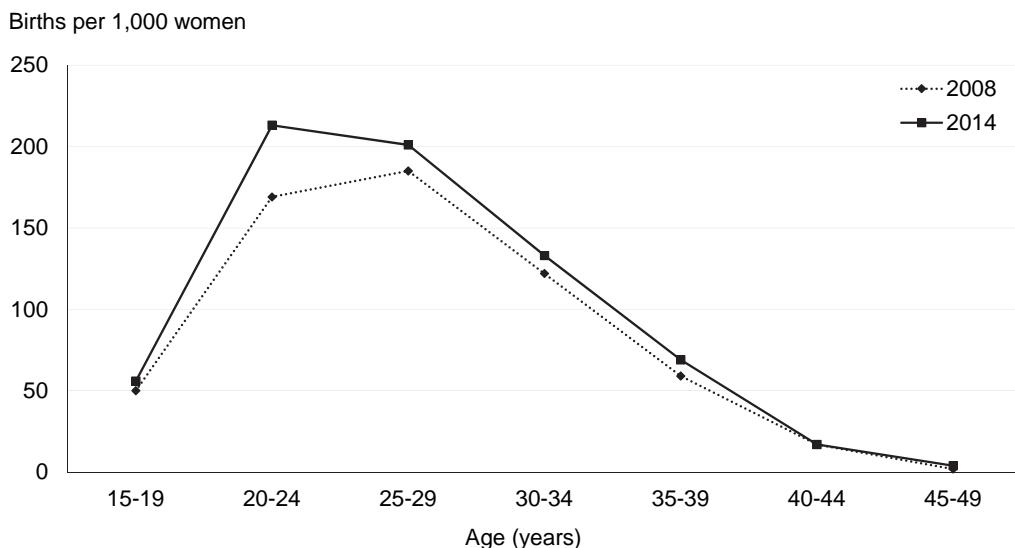


Table 4.5 highlights the trends in fertility by residence between the 1988 EDHS and the 2014 EDHS.¹ Urban fertility declined between the 1988 and 1992 surveys, from 3.5 to 2.9 births. The decline levelled off early in the 1990s, with the urban TFR fluctuating around three births throughout the remainder of the decade, before falling to a level of 2.6 births in 2003. During the period between the 2003 and 2014 EDHS surveys, urban fertility increased to 2.9 births, a level last recorded in the urban areas more than 20 years earlier in the 1992 EDHS. In rural areas, fertility levels declined from 5.4 births per woman at the time of the 1988 EDHS to 3.2 births per woman at the time of the 2008 EDHS before increasing by 19 percent to 3.8 births per woman in 2014. The absolute increase in the rural TFR between 2008 and 2014 was three times that observed in urban areas during the period (0.6 births per woman and 0.2 births per woman, respectively).

Looking at variations by the place of residence, declines in fertility were observed in all areas between the 1988 and 2008 surveys. Figure 4.2 shows that all areas shared in the rise in fertility that occurred between the 2008 and 2014 EDHS surveys except the Urban Governorates where the TFR decreased slightly from 2.6 births in 2008 to 2.5 births in 2014. The largest absolute increases in the TFR were observed in the three surveyed Frontier Governorates and rural Lower Egypt.

¹ Residential differentials in the TFR are not available for the 1980 EFS and the 1984 ECPS surveys.

Table 4.5 Trends in fertility by residence

Total fertility rates by urban-rural residence and place of residence, Egypt 1988-2014

Residence	1988 EDHS	1991 EMCHS	1992 EDHS	1995 EDHS	2000 EDHS	2003 Interim EDHS	2005 EDHS	2008 EDHS	2014 EDHS
	1986- 1988 ²	1990- 1991 ¹	1990- 1992 ²	1993- 1995 ²	1997- 2000 ²	2000- 2003 ²	2002- 2005 ²	2005- 2008 ²	2011- 2014 ²
Urban-rural residence									
Urban	3.5	3.3	2.9	3.0	3.1	2.6	2.7	2.7	2.9
Rural	5.4	5.6	4.9	4.2	3.9	3.6	3.4	3.2	3.8
Place of residence									
Urban Governorates	3.0	2.9	2.7	2.8	2.9	2.3	2.5	2.6	2.5
Lower Egypt	4.5	U	3.7	3.2	3.2	3.1	2.9	2.9	3.4
Urban	3.8	3.5	2.8	2.7	3.1	2.8	2.7	2.6	3.0
Rural	4.7	4.9	4.1	3.5	3.3	3.2	3.0	3.0	3.6
Upper Egypt	5.4	U	5.2	4.7	4.2	3.8	3.7	3.4	3.8
Urban	4.2	3.9	3.6	3.8	3.4	2.9	3.1	3.0	3.2
Rural	6.2	6.7	6.0	5.2	4.7	4.2	3.9	3.6	4.1
Frontier Governorates ³	U	U	U	4.1	3.9	U	3.3	3.2	3.9
TFR 15-49	4.4	4.1	3.9	3.6	3.5	3.2	3.1	3.0	3.5

Note: Rates for the age group 45-49 may be slightly biased due to truncation.

U = Unavailable

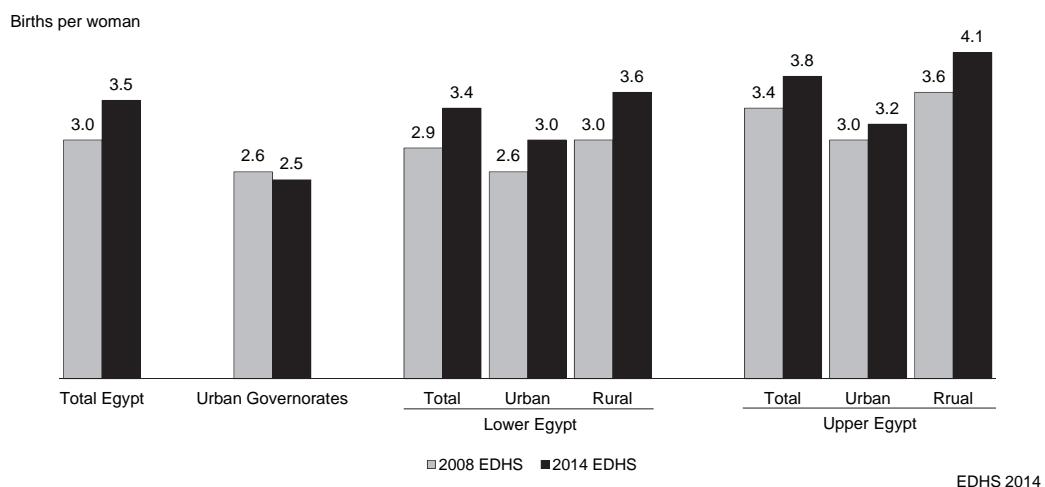
Source: El-Zanaty and Way, 2009, Table 4.5

¹ Rates are for the 12-month period preceding the survey.

² Rates are for the 36-month period preceding the survey.

³ Does not include North and South Sinai governorates

Figure 4.2 Trends in fertility by residence, Egypt 2008-2014



4.4 CHILDREN EVER BORN AND LIVING

Table 4.6 presents the distributions of all women and currently married women by the total number of children ever born. These distributions reflect the accumulation of births among EDHS respondents over the past 30 years and, therefore, their relevance to the current situation is limited. However, the information is useful in looking at how the average family size varies across age groups and for looking at the level of primary infertility.

Since only ever-married women were interviewed in the 2014 EDHS, information on the reproductive histories of never-married women is not available. However, virtually all births in Egypt

occur within marriage; thus, in calculating these fertility measures for all women, never-married women were assumed to have had no births. The marked differences between the results for currently married women and for all women at the younger ages are due to the comparatively large numbers of never-married women in those age groups who, as noted, are assumed to have had no births.

Table 4.6 indicates that the average Egyptian woman has given birth to 2 children. Out of that number, 1.9 children are still alive, indicating that around 5 percent of the children ever born to EDHS respondents have died.

Reflecting the natural family-building process, the number of children that women have borne increases directly with age from an average of less than one child among women age 20-24 to an average of 4.0 births among women 45-49. As expected, the likelihood that at least one of a woman's children has died also increases with the woman's age. Out of the average of 4.0 children born to women 45-49, an average of 0.3 children or 8 percent are no longer alive.

Table 4.6 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Egypt 2014

Age	Number of children ever born											Number of women	Mean number of children ever born	Mean number of living children	
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	93.3	5.8	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,185	0.08	0.07
20-24	50.9	24.5	19.2	4.4	1.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,003	0.80	0.78
25-29	19.8	16.6	35.1	20.7	6.1	1.5	0.2	0.0	0.0	0.0	0.0	100.0	5,455	1.82	1.77
30-34	11.0	6.9	24.4	33.0	16.2	6.1	1.8	0.5	0.1	0.1	0.0	100.0	4,429	2.66	2.57
35-39	6.0	4.1	18.4	30.5	23.0	10.7	4.6	1.9	0.5	0.3	0.1	100.0	3,605	3.26	3.13
40-44	5.3	4.1	14.2	27.2	24.2	13.1	6.0	3.0	1.5	1.1	0.5	100.0	2,921	3.59	3.40
45-49	5.5	3.2	12.6	21.6	22.2	15.4	7.3	5.8	3.6	1.6	1.1	100.0	2,751	4.00	3.69
Total	32.3	10.6	18.5	18.1	11.1	5.3	2.2	1.2	0.6	0.3	0.2	100.0	29,349	2.02	1.93
CURRENTLY MARRIED WOMEN															
15-19	53.8	39.9	6.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	746	0.53	0.51
20-24	19.3	40.0	31.9	7.0	1.7	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,980	1.32	1.28
25-29	7.7	18.5	40.6	24.2	7.1	1.7	0.2	0.0	0.0	0.0	0.0	100.0	4,610	2.11	2.05
30-34	3.9	6.5	26.2	35.9	17.8	6.7	2.0	0.6	0.1	0.1	0.0	100.0	3,981	2.90	2.80
35-39	2.5	3.4	18.2	32.3	24.3	11.5	4.9	2.1	0.6	0.3	0.1	100.0	3,282	3.43	3.29
40-44	3.0	2.8	13.7	28.4	25.3	14.0	6.4	3.1	1.6	1.1	0.5	100.0	2,579	3.75	3.56
45-49	3.6	2.2	12.6	22.3	22.4	16.0	8.0	5.9	4.1	1.8	1.2	100.0	2,282	4.15	3.82
Total	8.5	13.9	25.2	24.7	14.9	7.1	2.9	1.5	0.8	0.4	0.2	100.0	20,460	2.74	2.61

4.5 BIRTH INTERVALS

4.5.1 Intervals between Births

A child's health status is closely related to the length of preceding birth interval. Research has shown that children born too soon after a previous birth (i.e., within 24 months) are at greater risk of illness and death than those born after a longer interval. In addition, short birth intervals may have consequences for other children in the family. The occurrence of closely spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of her children. The duration of breastfeeding for the older child may also be shortened if the mother becomes pregnant.

Table 4.7 shows the percent distributions of second order and higher (non-first) births in the five years preceding the survey by length of the previous birth interval according to selected

background characteristics. Information on the length of birth intervals is also presented by governorate in Appendix Table A-4.2.

Table 4.7 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Egypt 2014

Background characteristic	Months since preceding birth						Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+		
Age								
15-19	43.4	25.1	27.4	3.7	0.4	0.0	100.0	49
20-29	11.4	14.9	36.6	21.6	9.2	6.3	100.0	5,271
30-39	5.2	8.5	22.0	17.8	14.9	31.6	100.0	4,783
40-49	1.1	3.4	11.0	13.1	9.1	62.4	100.0	604
								18.8
Sex of preceding birth								
Male	7.6	11.4	27.7	19.1	11.6	22.5	100.0	5,473
Female	8.9	11.4	29.5	19.6	11.8	18.8	100.0	5,233
								37.5
Survival of preceding birth								
Living	7.4	11.2	28.7	19.6	11.9	21.1	100.0	10,333
Dead	30.7	17.2	24.6	11.8	7.5	8.2	100.0	373
								37.1
Birth order								
2-3	9.6	12.4	31.4	19.7	11.1	15.8	100.0	7,731
4-6	4.6	9.0	21.2	18.2	13.5	33.5	100.0	2,731
7+	5.8	6.9	21.4	20.9	12.8	32.3	100.0	245
								45.3
Urban-rural residence								
Urban	7.7	10.1	26.6	19.1	12.2	24.2	100.0	3,289
Rural	8.4	12.0	29.5	19.5	11.5	19.1	100.0	7,417
								38.6
Place of residence								
Urban Governorates	7.8	9.8	26.0	20.0	13.0	23.5	100.0	1,059
Lower Egypt	6.9	10.7	29.2	19.9	11.8	21.5	100.0	4,898
Urban	7.5	8.9	28.8	18.3	12.2	24.3	100.0	952
Rural	6.7	11.1	29.3	20.3	11.7	20.8	100.0	3,946
Upper Egypt	9.6	12.4	28.5	18.7	11.4	19.3	100.0	4,642
Urban	7.7	11.2	25.2	19.0	11.8	25.1	100.0	1,224
Rural	10.3	12.9	29.7	18.6	11.3	17.3	100.0	3,418
Frontier Governorates ¹	12.1	15.5	27.5	17.9	9.6	17.3	100.0	107
								34.9
								34.1
Education								
No education	7.5	9.9	27.7	19.1	11.3	24.6	100.0	2,291
Some primary	7.9	8.9	22.9	18.8	14.7	26.7	100.0	581
Primary complete/some secondary	9.8	12.0	27.0	20.1	11.5	19.7	100.0	1,872
Secondary complete/higher	8.0	12.1	30.0	19.3	11.7	18.9	100.0	5,963
								36.5
Work status								
Working for cash	7.4	9.8	25.9	20.4	11.5	25.1	100.0	1,206
Not working for cash	8.3	11.6	28.9	19.2	11.7	20.1	100.0	9,500
								39.3
								36.5
Wealth quintile								
Lowest	9.9	13.0	27.3	19.3	11.1	19.3	100.0	2,128
Second	9.0	10.2	28.3	19.9	12.9	19.8	100.0	2,259
Middle	6.8	11.8	31.1	19.0	11.7	19.6	100.0	2,589
Fourth	7.8	11.5	28.8	19.6	10.4	22.0	100.0	2,085
Highest	7.7	10.4	26.6	18.8	12.7	23.8	100.0	1,644
Total	8.2	11.4	28.6	19.4	11.7	20.7	100.0	10,706
								36.7

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

¹ Does not include North and South Sinai governorates

Birth intervals during the period were relatively long. About four-fifths of births took place at least two years after a prior birth and more than half of the births took place at least 3 years after a

prior birth. The median interval was 36.7 months, which was slightly shorter than the median interval observed at the time of the 2008 EDHS (37.5 months). Overall, one-fifth of non-first births were born too soon after a prior birth, i.e., within 24 months of a previous birth.

Table 4.7 shows that younger women have shorter birth intervals than older women. The median interval varied from 18.8 months among the small number of births to women age 15-19 to 75.8 months among births to women age 40-49. The median birth interval was almost 13 months longer in cases where the prior birth was alive than when that child had died (37.1 months and 24.4 months, respectively).

The median birth interval in urban areas was 38.6 months, compared with 36 months in rural areas. Birth intervals were longer in urban Upper Egypt (39 months) than in Urban Governorates and urban Lower Egypt (38.8 and 38.1 months, respectively). In rural areas, the median birth interval was longer in Lower Egypt (37 months) than in Upper Egypt (34.9 months). The median birth interval was shortest in the three surveyed Frontier Governorates (34.1 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 were working for cash than for births to other women (39.3 months and 36.5 months, respectively). Also, the median birth interval among women in the highest wealth quintile was around 2 months longer than that observed among women in the lowest quintile.

4.5.2 Attitudes about the Ideal Birth Interval

Ever-married women were asked about the ideal length of time that a woman should wait between births. The responses for this question are presented in Table 4.8. Almost six in ten women believe a woman should wait three or more years between births and 14 percent think that ideally a woman should wait at least four years before having another child. Although these attitudes are encouraging, it also must be noted that around two-fifths of the women think that the ideal spacing between births should be less than three years. Women in urban areas, particularly in the Urban Governorates, are much less likely than rural women to think births should be spaced less than three years apart.

Table 4.8 Ideal birth interval by residence

Percentage distribution of ever-married women age 15-49 by the length of time that a woman should wait between births by urban-rural residence and place of residence, Egypt 2014

Ideal interval between births	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
1 year	1.8	3.3	1.4	1.9	1.4	2.0	4.3	2.4	5.1	7.0	2.8
2 years	33.3	40.9	31.8	37.6	32.6	39.0	40.9	34.9	43.4	56.0	38.3
3 years	47.3	42.7	47.7	47.0	49.4	46.3	40.1	45.5	37.8	24.6	44.3
4 years	11.8	8.7	12.7	9.2	11.4	8.6	9.6	11.4	8.8	6.9	9.8
5 years	5.2	3.4	5.8	3.7	4.6	3.5	3.9	5.1	3.4	3.5	4.0
Don't know	0.5	0.8	0.5	0.5	0.5	0.5	1.0	0.4	1.3	2.1	0.7
Missing	0.1	0.1	0.1	0.1	0.0	0.2	0.2	0.3	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women	7,623	14,139	2,774	10,664	2,319	8,346	8,130	2,421	5,708	194	21,762

¹ Does not include North and South Sinai governorates

4.6 AGE AT FIRST BIRTH

The age at which childbearing begins has important demographic consequences for society as a whole as well as for the health and welfare of mother and child. In many countries, postponement of first births has contributed greatly to overall fertility decline. Table 4.9 presents the distribution of women by age at first birth, according to their current age. For women under age 25, the median age at first birth is not shown because less than 50 percent of women in those ages had given birth at the time of the survey.

Table 4.9 Age at first birth

Percentage of women age 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Egypt 2014

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.3	na	na	na	na	93.3	5,185	a
20-24	0.5	6.7	24.4	na	na	50.9	5,003	a
25-29	0.8	7.6	23.4	43.5	69.4	19.8	5,455	22.7
30-34	1.2	10.5	24.9	43.4	67.4	11.0	4,429	22.7
35-39	1.5	11.3	26.6	45.1	68.4	6.0	3,605	22.6
40-44	1.7	11.9	27.6	47.2	69.3	5.3	2,921	22.3
45-49	1.9	14.6	31.3	48.6	70.1	5.5	2,751	22.2
20-49	1.1	9.8	25.8	na	na	19.2	24,164	a
25-49	1.3	10.6	26.1	45.0	68.8	10.9	19,161	22.6

na = Not applicable due to censoring

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

The results in Table 4.9 indicate that childbearing begins early for many Egyptian women. More than one-quarter of women age 25-49 had their first birth by age 20 and 45 percent gave birth by age 22. Women in younger cohorts are less likely than older women to have given birth to their first child while they were in their teens. For example, among women age 45-49, 31 percent had become a mother by age 20, while only 24 percent of women age 20-24 had given birth to their first child by age 20. Overall, Table 4.9 shows that the median age at first birth ranges from a low of 22.2 years among women age 45-49 to 22.7 years among women age 25-29. These cohort changes parallel increases in the median age at first marriage during the same period (see Chapter 7).

Table 4.10 presents differentials in the median age at first birth across age cohorts for key background characteristics. Governorate-level differentials are presented in Appendix Table A-4.3. The measures are presented for women age 25-49 years to ensure that half of the women have already had a birth.

Overall, the median age at first birth is 22.6 years for women 25-49. However, there are large differences in the age at which women first gave birth among the various subgroups. Urban women started childbearing 2.3 years later than their

Table 4.10 Median age at first birth

Median age at first birth among women age 25-49 years, according to background characteristics, Egypt 2014

Background characteristic	Women age 25-49
Urban-rural residence	
Urban	24.0
Rural	21.7
Place of residence	
Urban Governorates	24.6
Lower Egypt	22.4
Urban	23.6
Rural	22.1
Upper Egypt	21.8
Urban	23.5
Rural	21.1
Frontier Governorates ¹	22.9
Education	
No education	20.7
Some primary	20.7
Primary complete/some secondary	21.1
Secondary complete/higher	23.8
Wealth quintile	
Lowest	21.0
Second	21.4
Middle	22.1
Fourth	23.1
Highest	24.7
Total	22.6

¹ Does not include North and South Sinai governorates

rural counterparts. On average, women in rural Upper Egypt had their first birth one year earlier than women in rural Lower Egypt and 3.5 years earlier than women in the Urban Governorates.

There is a clear association between women's education and age at which they start childbearing. Women who have a secondary or higher education had their first birth an average of about three years later than women with no education. The median age at first birth is also strongly associated with the wealth quintile. There is a difference of 3.7 years in the median age at first birth between women in the highest wealth quintile and women in the lowest wealth quintile.

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage fertility is a major health concern because teenage mothers and their children are at high risk of illness and death. Childbearing during the teenage years also frequently has other adverse social consequences, particularly for female educational attainment, as women who become mothers in their teens are more likely to curtail education.

Table 4.11 highlights the percentage of women age 15-19 who are mothers or who are pregnant with their first child. Information on governorate-level variation in the level of teenage pregnancy and motherhood are shown in Appendix Table A-4.4.

The overall level of teenage childbearing is 11 percent. Comparing the 2014 data with results from the previous EDHS surveys, a slow but steady upward trend is observed, from 9 percent in 2005 to 10 percent in 2008 and finally 11 percent in 2014.

Table 4.11 shows that the proportion of women who have begun childbearing rises rapidly throughout the teenage years, from less one percent among 15-year-olds to 8 percent among 17-year-olds, 16 percent among 18-year-olds, and 27 percent among 19-year-olds. There are significant residential differences in the level of teenage childbearing. In rural areas, the level of teenage fertility (14 percent) is almost three times the level in urban areas (5 percent). Considering place of residence, the highest levels of teenage childbearing are found in rural Lower Egypt and rural Upper Egypt (14 percent each) and the lowest in the Urban Governorates (4 percent). The level of teenage fertility does not vary in a consistent direction with education or wealth.

Table 4.11 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Egypt 2014

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.6	0.7	1.3	1,055
16	1.6	1.6	3.2	1,069
17	4.7	3.3	7.9	1,043
18	9.5	6.8	16.3	1,045
19	18.3	9.1	27.4	973
Urban-rural residence				
Urban	2.9	2.1	5.0	1,905
Rural	8.9	5.4	14.3	3,304
Place of residence				
Urban Governorates	2.0	1.5	3.6	689
Lower Egypt	7.6	4.8	12.4	2,338
Urban	3.6	2.9	6.5	573
Rural	8.9	5.4	14.3	1,763
Upper Egypt	7.3	4.4	11.6	2,131
Urban	3.1	1.9	5.1	618
Rural	8.9	5.4	14.2	1,523
Frontier Governorates ¹	6.5	4.5	11.0	44
Education				
No education	11.7	6.4	18.1	204
Some primary	12.2	4.3	16.5	270
Primary complete/some secondary	5.3	3.1	8.4	3,817
Secondary complete/higher	10.2	8.5	18.7	886
Wealth quintile				
Lowest	6.8	2.4	9.2	1,203
Second	6.3	4.5	10.8	1,107
Middle	11.5	7.5	19.0	873
Fourth	8.0	5.1	13.1	1,005
Highest	1.8	2.2	4.0	1,004
Total	6.7	4.2	10.9	5,185

¹ Does not include North and South Sinai governorates

FERTILITY PREFERENCES

Key Findings:

- Six in ten currently married women do not want another birth or are sterilized, and 17 percent would like to delay the next birth for at least two years.
- The average married woman considers a three-child family to be ideal.
- More than one-fifth of married women believe their husband wants more children than they do.
- One in 6 births in the five-year period before the EDHS was either not wanted at the time or not wanted at all.
- The total wanted fertility (2.8 births per woman) is lower than the current TFR (3.5 births per woman) but higher than the wanted fertility rate at the time of the 2008 EDHS (2.4 births per woman).

Detailed investigation of the fertility desires in a population is important, both for estimating the potential unmet need for family planning and for predicting future fertility. This chapter presents data from the 2014 EDHS on the fertility intentions and desired family size among Egyptian women. Also, the chapter considers the potential effect on fertility if unwanted pregnancies were prevented.

5.1 DESIRE FOR MORE CHILDREN

The 2014 EDHS obtained information on fertility preference by asking non-sterilized currently married women the question: “Would you like to have (a/another) child or would you prefer not to have any (more) children?” For pregnant women, the question was prefaced by the wording, “After the child you are expecting. . . .” Women who wanted more children were then asked how long they would like to wait before the birth of their next child. Sterilized women were considered to want no more children for the purposes of the fertility preference tabulations presented in this chapter.

Table 5.1 and Figure 5.1 show the reproductive intentions of currently married women interviewed in the 2014 EDHS. The majority of married women did not want any more children (59 percent) or were sterilized (1 percent). Almost all of the remaining women (33 percent) wanted another child. Among those wanting another child, the majority—18 percent of all currently married women—either wanted to wait two years or more to have the next birth or were unsure of when they wanted another child. Less than half of the women who wanted another child—15 percent of all currently married women—wanted a child soon (within two years). The fertility preferences of the 2014 EDHS respondents are not very different from the preferences expressed at the time of the 2008 EDHS when 62 percent of currently married women did not want another child or were sterilized, 17 percent wanted to delay the next birth, and 14 wanted another child soon.

Table 5.1 Fertility preferences by number of living children

Percent distribution of currently married women 15-49 by desire for children, according to number of living children, Egypt 2014

Desire for children	Number of living children ¹							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon ²	90.4	31.0	13.5	5.0	2.3	1.9	0.4	14.9
Have another later ³	0.5	57.3	23.2	6.6	2.4	1.4	1.5	17.1
Have another, undecided when	1.0	3.8	1.8	0.7	0.2	0.3	0.0	1.3
Undecided	0.4	1.4	7.2	4.5	2.8	1.7	1.2	4.0
Want no more	0.9	5.3	52.5	79.9	86.4	88.0	87.4	59.1
Sterilized	0.0	0.0	0.2	1.0	2.9	3.5	4.9	1.2
Declared infecund	6.7	1.2	1.5	2.2	3.0	3.1	4.5	2.4
Missing	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,089	3,056	5,465	5,469	3,132	1,364	885	20,460

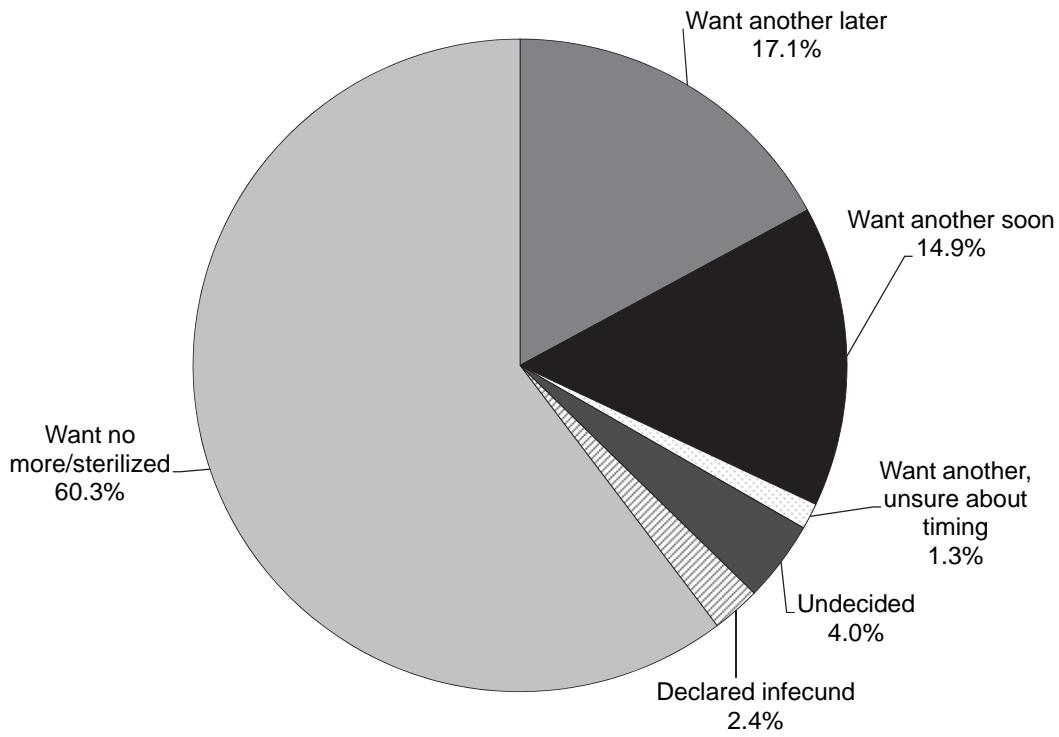
¹ The number of living children includes the current pregnancy.

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

As expected, Table 5.1 shows that the desire for a child is strongly related to the number of living children the woman already had. There was very little interest in spacing the first birth. Nine in ten women who had not yet begun childbearing at the time of the survey wanted a birth soon. More than 9 in 10 women who had one child expressed a desire to have another child. However, the majority (57 percent) of women with one child wanted to wait two years or more to have the next birth. Among women with more than one child, the desire to cease childbearing increased rapidly with the number of children, from 53 percent among women with two children to 80 percent among women with three children.

Figure 5.1 Desire for more children among currently married women



Egypt 2014

Table 5.2 presents the variation in the percentage of currently married women who wanted no more children or who were sterilized with the number of living children (including any current pregnancy) for various subgroups. Governorate-level variations in the percentage of women wanting no more children are found in Appendix Table A-5.1.

Table 5.2 Desire to limit childbearing

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Egypt 2014

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Urban-rural residence								
Urban	1.6	7.7	60.9	85.4	92.5	91.3	94.9	63.6
Rural	0.5	4.1	47.4	78.3	87.8	91.6	91.8	58.6
Place of residence								
Urban Governorates	1.0	8.0	68.8	88.3	95.0	93.0	(82.5)	64.9
Lower Egypt	1.2	5.6	58.2	87.3	92.8	93.3	92.2	63.8
Urban	3.3	9.2	61.5	86.8	92.8	88.7	(97.8)	65.0
Rural	0.6	4.7	57.2	87.5	92.8	94.2	91.2	63.5
Upper Egypt	0.6	3.9	34.4	66.6	83.9	90.4	92.9	54.3
Urban	1.0	6.0	48.8	81.0	90.2	91.4	97.8	61.3
Rural	0.4	3.1	26.3	58.4	81.7	90.1	92.0	51.3
Frontier Governorates ²	0.0	4.4	40.4	75.1	86.0	85.2	87.1	54.0
Education								
No education	1.8	11.4	57.5	79.5	87.5	90.8	91.5	72.0
Some primary	0.0	6.2	51.1	81.2	88.2	91.5	91.8	68.8
Primary complete/some secondary	0.2	3.4	49.2	79.3	90.6	91.3	91.9	55.4
Secondary complete/higher	0.9	4.8	52.7	82.0	90.2	92.8	97.1	55.9
Work status								
Working for cash	1.5	9.6	60.2	84.2	91.6	95.8	98.5	67.9
Not working	0.8	4.8	51.6	80.3	88.9	91.0	91.8	59.2
Wealth quintile								
Lowest	1.5	5.2	42.7	73.3	86.4	93.1	90.6	64.4
Second	0.1	4.4	43.7	77.7	86.5	90.2	93.7	61.4
Middle	0.8	3.8	49.9	80.9	90.7	90.0	94.0	57.3
Fourth	1.2	4.8	56.5	83.0	91.3	89.6	96.5	57.9
Highest	0.8	8.2	63.1	87.5	93.4	95.6	90.3	61.7
Total	0.9	5.3	52.8	80.9	89.2	91.5	92.4	60.3

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases.

¹ The number of living children includes the current pregnancy

² Does not include North and South Sinai governorates

Table 5.2 shows that urban women express a desire to limit family size at lower parities than rural women. For example, 61 percent of urban women with two children wanted to stop childbearing, compared with 47 percent of rural women with two children. The urban-rural differential in the desire for children narrows at higher parities; more than 90 percent of urban and rural residents with five or more children wanted no more children.

Looking at the differentials by place of residence, married women living in rural Upper Egypt and the Frontier Governorates were generally the least likely to want to limit childbearing. For example, more than 8 in 10 married women with three children in the Urban Governorates and in both urban and rural areas in Lower Egypt wanted no more children (or were sterilized). In contrast, 58 percent of married women with three children in rural Upper Egypt and 75 percent in the three Frontier Governorates wanted to limit childbearing.

Results also show that, overall, the proportion wanting no more children generally declined as the woman's educational level increased. To some extent, this pattern reflects the interrelationships between a woman's age, education level and her fertility preferences; educational levels are higher

among younger women than older women and younger women are more likely to want another child than older women.

Women who were working for cash were slightly more likely to want to limit childbearing than other women, regardless of the number of children the woman had. The desire to limit childbearing was positively related to wealth among women who had between two and four children. At higher parities, 90 percent or more of women wanted no more children, regardless of the wealth quintile.

5.2 IDEAL NUMBER OF CHILDREN

The discussion of fertility preferences earlier in this chapter focused on the respondent's wishes for the future. A woman's preferences obviously are influenced by the number of children she already has. The 2014 EDHS attempted to obtain a measure of fertility preferences that was less dependent on the woman's current family size by asking about the respondent's ideal number of children. The question about ideal family size required a woman to perform the difficult task of considering the number of children she would choose to have in her whole life regardless of the number (if any) that she had already borne. Four percent of women gave a nonnumeric response to the question about ideal family size, reflecting the difficulty that these respondents had with the abstract nature of the question.

Table 5.3 shows the distribution of ever-married women by their ideal number of children, according to number of living children. In considering the results in Table 5.3, it is important to remember that for several reasons, the ideal number of children tends to be fairly closely associated with the actual number of children a woman has. First, women who want a large family tend to have more children than other women. Second, women may rationalize their ideal family size so that as the actual number of children increases, their preferred family size also increases. Furthermore, women with a larger family—being on average older than women with small families—may prefer a larger ideal family size because of attitudes that they acquired 20 to 30 years ago.

Table 5.3 shows that 37 percent of ever-married women wanted a two-child family, while 29 percent considered a three-child family ideal and another 19 percent expressed their preference for a four-child family. Relatively few women wanted five or more children. As expected, higher parity women showed a preference for more children; the mean ideal number of children ranged from 2.7 children among women with one child to 4.4 children among women with six or more children. Overall, the mean ideal family size was 3.0 children, which is slightly higher than the average ideal number of children reported at the time of the 2008 Egypt DHS (2.9 children).

The results in Table 5.3 also indicate that many higher-parity women have had more children than they would now prefer. For example, 46 percent of EDHS respondents with four children said that they would have preferred to have three or fewer children. About two-thirds of the women with five children considered a smaller family ideal.

Table 5.3 Ideal number of children by number of living children

Percent distribution of ever-married women 15-49 by ideal number of children, and mean ideal number of children for ever-married women and for currently married women, according to the number of living children, Egypt 2014

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
0	0.7	0.2	0.6	0.3	0.5	0.3	0.6	0.4
1	11.8	3.1	1.9	1.6	0.7	0.4	0.6	2.2
2	44.3	51.2	52.1	29.2	24.2	17.2	9.0	37.0
3	18.2	28.0	26.8	42.7	20.9	23.2	18.1	29.1
4	14.8	11.0	13.2	17.5	38.7	26.0	26.0	19.4
5	3.0	1.5	1.6	2.9	5.5	15.6	11.0	4.0
6+	2.8	2.4	1.5	2.2	4.8	9.3	21.4	3.8
Non-numeric responses	4.3	2.7	2.3	3.6	4.7	7.9	13.4	4.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women	1,242	3,330	5,755	5,727	3,314	1,444	949	21,762
Mean ideal number of children for:²								
Ever-married women	2.6	2.7	2.6	3.0	3.5	3.8	4.4	3.0
Number of ever-married women	1,189	3,241	5,623	5,520	3,158	1,330	822	20,883
Currently married women	2.7	2.7	2.7	3.0	3.5	3.8	4.4	3.0
Number of currently married women	1,046	2,977	5,340	5,281	2,988	1,255	763	19,651

¹ The number of living children includes any current pregnancy.

² Means are calculated excluding respondents who gave non-numeric responses.

The mean ideal number of children is presented by background characteristics in Table 5.4 and by governorate in Appendix Table A-5.1. As expected, there is a positive association between the ideal number of children and women's age. The mean ideal number of children increases from 2.8 children among women younger than 30 years old to 3.3 children among women in the age cohort 45-49.

The mean ideal number of children is higher among women in rural areas than those in urban areas. The highest level of the mean ideal number of children is observed in rural Upper Egypt and the three surveyed Frontier Governorates (3.6 and 3.4 respectively) while the lowest mean was observed in Urban Governorates and urban Lower Egypt (2.7 children for each).

Table 5.4 also indicates that, on average, women who had completed at least a secondary education, women working for cash and women in the middle through highest wealth quintiles wanted fewer than three children.

The husband's fertility preferences obviously influence a couple's childbearing decisions. The EDHS did not interview men directly. However, currently married respondents were asked if their husband wanted more, the same, or fewer children than they themselves wanted. The results in Table 5.5 show that the majority of currently married women (66 percent) believed that they and their

Table 5.4 Mean ideal number of children

Mean ideal number of children for ever-married women age 15-49 by background characteristics, Egypt 2014

Background characteristic	Mean	Number of women ¹
Age		
15-19	2.8	740
20-24	2.8	2,982
25-29	2.8	4,598
30-34	3.0	3,969
35-39	3.1	3,358
40-44	3.2	2,709
45-49	3.3	2,527
Urban-rural residence		
Urban	2.9	7,319
Rural	3.1	13,564
Place of residence		
Urban Governorates	2.7	2,655
Lower Egypt	2.8	10,382
Urban	2.7	2,236
Rural	2.8	8,146
Upper Egypt	3.4	7,682
Urban	3.1	2,334
Rural	3.6	5,348
Frontier Governorates ²	3.4	165
Education		
No education	3.3	4,867
Some primary	3.2	1,251
Primary complete/some secondary	3.0	3,663
Secondary complete/higher	2.8	11,103
Work status		
Working for cash	2.9	2,888
Not working	3.0	17,996
Wealth quintile		
Lowest	3.4	3,616
Second	3.2	4,115
Middle	2.9	4,689
Fourth	2.8	4,397
Highest	2.7	4,066
Total	3.0	20,883

¹ Number of women who gave a numeric response

² Does not include North and South Sinai governorates

husband agree about the number of children they want. However, more than one-fifth of married women indicated that their husband would like to have more children than they themselves want. Women whose ideal family size was two or three children were more likely to say that their husband shared the same family size goal than women who wanted smaller or larger families. About one-quarter of women who considered at least five children to be the ideal family size believed that their husband would like an even larger number.

Table 5.5 Husband's fertility preference by wife's ideal number of children

Percent distribution of currently married women by husband's fertility preference as perceived by the woman, according to the woman's ideal number of children, Egypt 2014

Husband's fertility preference	Wife's ideal number of children							Non-numeric response	Total
	0	1	2	3	4	5	6+		
Wants same	51.7	56.8	68.9	69.8	62.1	60.0	50.0	51.1	65.8
Wants more	29.7	32.7	22.9	21.0	25.9	25.0	27.0	18.6	23.2
Wants fewer	1.9	2.4	3.5	4.4	7.1	8.8	14.4	4.8	5.1
Sterilized	3.0	0.4	0.9	1.4	1.2	1.8	2.7	1.0	1.2
Don't know/missing	13.7	7.7	3.7	3.4	3.7	4.4	5.9	24.5	4.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	65	418	7,531	6,079	3,974	813	772	808	20,460

5.3 UNPLANNED AND UNWANTED FERTILITY

Several indicators of the level of unwanted fertility can be derived from the 2014 EDHS data. First, responses to a question about the planning status of prior births, i.e., whether a birth was planned (wanted then), unplanned (wanted later), or not wanted at all, provide some indication of the extent of unwanted childbearing. In interpreting these data, however, it is important to remember that women may rationalize mistimed or unwanted pregnancies, declaring them as wanted after the children are born.

Table 5.6 shows the percent distribution of births in the five years preceding the 2014 EDHS by planning status of the birth. Overall, 16 percent of births in the five-year period were not wanted at the time of conception. This percentage is slightly higher than the percentage of women who reported an unwanted birth in the 2008 EDHS (14 percent). Among the births not wanted at the time of conception, just over half (8 percent of all births) were not wanted at all.

The proportion of births that were not wanted at the time of conception increases directly with birth order. Somewhat more than one-third of all fourth and higher order births were unplanned, compared with only 14 percent of second order births. The planning status of births was also affected by the age of the mother. In general, the older the mother, the larger the percentage of children that were unwanted at conception; for example, 47 percent of the births to women age 40-44 were unwanted.

A second approach to measuring unwanted fertility is to calculate what the fertility rate would be if all unwanted births were avoided. This *wanted fertility rate* is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those that exceed the number considered ideal by the respondent. Women who did not report a numeric ideal family size are assumed to have wanted all their births. To the extent that women are unwilling to report an ideal family size that is lower than their actual family size, the wanted fertility rate may be overestimated.

Table 5.6 Fertility planning status

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Egypt 2014

Birth order and mother's age at birth	Planning status of birth					Number of births
	Wanted then	Wanted later	Wanted no more	Missing	Total	
Birth order						
1	98.3	1.5	0.2	0.0	100.0	5,652
2	85.6	13.1	1.2	0.1	100.0	5,045
3	80.2	9.5	10.3	0.0	100.0	3,724
4+	63.2	6.4	30.3	0.1	100.0	3,415
Mother's age at birth						
<20	93.2	6.3	0.4	0.1	100.0	1,709
20-24	90.6	8.0	1.4	0.0	100.0	6,057
25-29	84.7	8.7	6.5	0.0	100.0	5,555
30-34	75.3	6.3	18.2	0.1	100.0	2,993
35-39	67.6	3.4	28.9	0.1	100.0	1,228
40-44	53.2	1.3	45.2	0.3	100.0	269
45-49	*	*	*	*	100.0	25
Total	84.2	7.4	8.3	0.1	100.0	17,837

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

Table 5.7 presents total wanted fertility rates and total fertility rates for the three-year period before the survey for various subgroups. Appendix Table A-5.2 presents the wanted fertility rates by governorate.

Overall, the wanted fertility rate was 2.8 births per women. Thus, if unwanted births could be eliminated, the total fertility rate in Egypt would decline by 20 percent. Women from the Urban Governorates are closest to achieving their ideal fertility; however, even among these women, the total fertility rate exceeds the wanted fertility rate by 0.4 births. The gap between the total fertility rate and the wanted fertility rate is 0.8 births or more among rural women, women who have not completed at least secondary school, and women in the three lowest wealth quintiles.

The substantial gap between the total wanted fertility rate and the total fertility rate suggests that fertility in Egypt will decline in the future if women are able to achieve their fertility preferences. However, the fact that the total wanted fertility rate in 2014 is higher than the total wanted fertility rate at the time of the 2008 EDHS (2.4 births) is less encouraging.

Table 5.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Egypt 2014

Background characteristic	Total wanted fertility rates	Total fertility rate
Urban-rural residence		
Urban	2.4	2.9
Rural	3.0	3.8
Place of residence		
Urban Governorates	2.1	2.5
Lower Egypt	2.7	3.4
Urban	2.4	3.0
Rural	2.8	3.6
Upper Egypt	3.1	3.8
Urban	2.7	3.2
Rural	3.3	4.1
Frontier Governorates ¹	3.4	3.9
Education		
No education	3.0	3.8
Some primary	2.7	3.5
Primary complete/some secondary	2.6	3.5
Secondary complete/higher	2.8	3.5
Wealth quintile		
Lowest	2.8	3.6
Second	2.7	3.6
Middle	3.1	3.9
Fourth	2.9	3.5
Highest	2.3	2.8
Total	2.8	3.5

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2.

¹ Does not include North and South Sinai governorates

Key Findings:

- Fifty-nine percent of currently married women in Egypt are currently using a family planning method, which represents a slight drop from the level in 2008 (60 percent).
- The IUD remains the preferred method; however, the proportion using the IUD has dropped from 36 percent in 2008 to 30 percent.
- Pills are about twice as popular as injectables (16 percent and 9 percent, respectively).
- Use rates are higher in Lower Egypt (64 percent) and the Urban Governorates (63 percent) than in Upper Egypt (50 percent) and the three Frontier Governorates surveyed in the EDHS (55 percent).
- Around 3 in 10 users in Egypt stop using a method within 12 months of starting use.
- Thirteen percent of currently married women in Egypt are considered as having an unmet need for family planning; around one-third of these women want to space the next birth, and the remainder are interested in limiting births.

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

6.1 KNOWLEDGE OF FAMILY PLANNING METHODS

Awareness of family planning methods is crucial in decisions on whether to use a contraceptive method and which method to use. One of the objectives of the 2014 EDHS was to determine the level of knowledge of contraceptive methods. To assess contraceptive knowledge, respondents were asked separately if they had ever heard about each of 12 contraceptive methods. These methods included 9 modern methods (pill, IUD, injectable, implant, vaginal methods (diaphragm and contraceptive foam or jelly), male condom, female sterilization, male sterilization, and emergency contraception) and 3 traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding). If a respondent did not recognize a method, the interviewer would describe the method and ask again whether the respondent had heard about it. Methods recognized by the respondent either by name or after the description was read were recorded as known. Finally, provision was made in the questionnaire to record other methods that respondents mentioned spontaneously.

No questions were asked to elicit information on depth of knowledge of the methods (e.g., on the respondent's understanding of how to use a specific method). Therefore, knowledge of a family planning method is defined in the 2014 EDHS simply as having heard of a method.

Table 6.1 shows that knowledge of family planning methods is virtually universal among currently married women in Egypt. Almost all currently married women know about the pill, IUD, and injectable, and 90 percent know about the implant. Around three in four know about female sterilization, and half know about condoms. Other modern methods are less widely recognized. Only 20 percent know about vaginal methods, 14 percent know about male sterilization, and emergency contraception is recognized by only 7 percent. Prolonged breastfeeding is the most commonly recognized traditional method (72 percent).

6.2 KNOWLEDGE OF FERTILE PERIOD

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

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

Table 6.2 shows that understanding of the ovulatory cycle is limited among Egyptian women. Less than one-third of currently-married women age 15-49 interviewed in the EDHS knew that a woman has a greater probability of becoming pregnant if she has sexual intercourse halfway between two periods. Around three in ten respondents either were unable to say when a woman is most at risk of pregnancy or believed that a woman's risk is the same throughout the ovulatory cycle.

6.3 KNOWLEDGE OF BREASTFEEDING AS A FAMILY PLANNING METHOD

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

Table 6.1 Knowledge of family planning methods

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

Method	Percent knowing method
Any method	99.9
Any modern method	99.9
Pill	99.6
IUD	99.4
Injectables	99.3
Implants	90.4
Diaphragm/foam/jelly	19.6
Male condom	49.7
Female sterilization	73.8
Male sterilization	14.3
Emergency contraception	7.1
Any traditional method	80.8
Periodic abstinence	30.9
Withdrawal	39.0
Prolonged breastfeeding	71.7
Other	0.5
Number of currently married women	20,460

Table 6.2 Knowledge of fertile period

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

Perceived fertile period	Percent
Just before her menstrual period begins	3.2
During her menstrual period	0.7
Right after her menstrual period has ended	32.4
Halfway between two menstrual periods	30.4
Other	0.5
No specific time	17.4
Don't know	15.4
Total	100.0
Number of currently married women	20,460

To explore women's awareness of these conditions, the 2014 EDHS included questions about the number of months a woman is protected from pregnancy if she breastfeeds, whether a breastfeeding mother is protected from pregnancy if her menstrual period returns, and whether the mother is still protected if the child is given other liquids or solids besides breast milk or the baby sleeps through the night without feeding and feeds only a few times during the day. The questions were directed toward women who reported during the administration of the contraceptive knowledge table that they had heard of prolonged breastfeeding (72 percent) and an additional 3 percent who did not know about prolonged breastfeeding but said in response to a separate question that breastfeeding can help to avoid pregnancy (Table 6.3).

Table 6.3 Belief that breastfeeding reduces chances of pregnancy

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

Belief breastfeeding reduces chances of pregnancy	
Considers prolonged breastfeeding as a family planning method	71.7
Believes breastfeeding may help avoid pregnancy	2.5
Does not believe breastfeeding may help avoid pregnancy	25.8
Total	100.0
Number of currently married women	20,460

Table 6.4 shows that few women were aware of the comparatively short period after birth during which breastfeeding may afford a woman protection from pregnancy. Only 7 percent of the women reported correctly that a woman is only protected from a pregnancy during the first 6 months that she breastfeeds her child. More than one-quarter of women (28 percent) thought that a breastfeeding mother is protected from pregnancy until her period returned, and slightly less than 30 percent believed that a mother is protected until the child is weaned.

Women were more knowledgeable about some of the situations in which breastfeeding does not protect a mother from pregnancy. About nine in ten currently married women knew a breastfeeding mother is not protected from pregnancy after her menstrual period returns. Around 8 in ten women agreed that a breastfeeding mother is not protected from pregnancy if the child is given other liquids or solids and three-quarters of women agreed that a breastfeeding mother is not protected from pregnancy if she is breastfeeding the child only a few times during the day and not at all at night.

Table 6.4 presents differentials in women's knowledge of the conditions under which a breastfeeding mother may be protected from pregnancy by background characteristics. In general, women age 15-19 were least likely and women in the urban Governorates and in the highest wealth quintile were most likely to recognize the conditions under which a breastfeeding mother would not be protected from pregnancy.

Table 6.4 Beliefs concerning breastfeeding and a woman's protection from pregnancy

Percent distribution of currently married women age 15-49 knowing about prolonged breastfeeding or agreeing that breastfeeding can help a woman avoid pregnancy by the number of months a woman is protected from pregnancy if she breastfeeds and percentage who believe that a breastfeeding mother is not protected from pregnancy if her menstrual period returns, if the child is given other liquids or solids besides breast milk, or if the baby sleeps through the night without feeding and feeds only a few times during the day, by background characteristics, Egypt 2014

Background characteristic	Number of months mother is protected from pregnancy by breastfeeding							Percentage saying mother is not protected from pregnancy if:			Number of currently married women
	Until period returns			Until she stops/ child weaned	Other/ don't know/ missing	Total percent	Menstrual period returns	Child given other liquids/ solids	Child not breastfed at night and fed only few times during day		
	0-5	6-11	12 or more								
Age											
15-19	5.8	10.4	13.8	25.5	25.5	19.0	100.0	83.5	62.9	63.4	426
20-24	8.2	13.1	15.1	27.1	27.0	9.5	100.0	86.0	74.3	72.1	2,060
25-29	6.7	13.5	16.7	28.7	27.0	7.3	100.0	88.4	77.3	75.6	3,475
30-34	6.7	12.9	17.7	28.0	28.1	6.6	100.0	89.8	79.7	78.9	3,042
35-39	6.0	12.8	17.3	27.5	30.2	6.2	100.0	91.1	80.6	77.7	2,495
40-44	5.8	11.0	19.5	27.9	29.7	6.2	100.0	89.9	79.7	77.8	1,966
45-49	5.4	8.2	19.7	27.6	33.8	5.3	100.0	90.3	79.8	78.8	1,716
Urban-rural residence											
Urban	7.5	14.4	17.5	25.8	26.5	8.3	100.0	92.3	80.1	78.2	5,283
Rural	6.0	11.0	17.4	28.9	30.0	6.7	100.0	87.3	77.0	75.5	9,897
Place of residence											
Urban Governorates	6.6	15.8	17.4	25.4	25.4	9.4	100.0	94.7	85.5	84.5	2,013
Lower Egypt	7.2	11.0	14.1	28.3	32.6	6.7	100.0	86.6	79.0	78.3	7,310
Urban	8.1	13.2	14.5	26.1	31.4	6.6	100.0	89.9	80.8	79.5	1,590
Rural	7.0	10.4	14.0	29.0	32.9	6.8	100.0	85.6	78.6	78.0	5,720
Upper Egypt	5.4	12.4	21.7	28.2	25.3	7.0	100.0	90.2	74.4	71.3	5,740
Urban	7.8	13.7	20.7	26.6	23.3	7.9	100.0	91.8	73.0	69.3	1,608
Rural	4.5	11.9	22.0	28.8	26.1	6.6	100.0	89.6	74.9	72.1	4,132
Frontier Governorates ¹	12.0	13.7	14.2	20.2	26.0	14.0	100.0	91.5	77.5	77.4	117
Education											
No education	4.6	7.9	20.0	27.3	35.3	4.9	100.0	87.3	75.3	72.4	3,434
Some primary	8.0	8.9	20.9	28.7	27.3	6.3	100.0	84.4	68.1	68.7	838
Primary complete/ some secondary	6.0	11.2	20.0	27.3	27.8	7.7	100.0	87.0	72.0	70.3	2,569
Secondary complete/ higher	7.3	14.6	15.2	28.1	26.6	8.2	100.0	90.9	82.2	80.9	8,338
Work status											
Working for cash	6.6	14.9	15.5	31.4	25.0	6.6	100.0	92.1	82.7	80.6	2,104
Not working for cash	6.5	11.8	17.7	27.2	29.4	7.3	100.0	88.6	77.4	75.8	13,076
Wealth quintile											
Lowest	5.3	8.9	21.1	25.9	33.0	5.8	100.0	86.8	77.1	75.7	2,808
Second	4.7	10.0	18.8	29.6	31.1	5.8	100.0	86.4	76.1	74.2	2,998
Middle	7.3	11.9	15.0	30.1	28.8	6.9	100.0	87.6	76.5	74.7	3,313
Fourth	8.3	14.6	15.3	27.2	26.5	8.2	100.0	90.4	79.6	77.7	3,032
Highest	6.9	15.4	17.4	26.0	24.9	9.4	100.0	94.1	81.4	80.2	3,028
Total	6.5	12.2	17.4	27.8	28.8	7.2	100.0	89.1	78.1	76.5	15,180

¹ Does not include North and South Sinai governorates

6.4 ATTITUDES TOWARD TIMING OF USE OF FAMILY PLANNING

The EDHS included questions about the appropriateness of a couple's use of family planning before the first pregnancy and after the first birth. Most ever-married women (92 percent) in Egypt consider it appropriate for a couple to begin using family planning after the first birth. In contrast, only 2 percent regard use before the first pregnancy as appropriate.

Although few women in any subgroup consider it appropriate to adopt family planning before the first birth, the results in Table 6.5 shows some variability across subgroups with regard to the acceptability of family planning use after the first birth. The groups with the highest proportions considering use after the first birth as appropriate include women in the highest wealth quintile (96 percent), women from urban areas of Lower Egypt and the Urban Governorates (95 percent each), and women with a secondary or higher education (94 percent). The groups with the lowest proportions considering use after the first birth as appropriate are women from the lowest wealth quintiles (83 percent), rural Upper Egypt (85 percent), and women with no education (88 percent).

6.5 CURRENT USE OF FAMILY PLANNING

Overall, the 2014 EDHS findings revealed that 59 percent of currently married women in Egypt are currently using a contraceptive method (Figure 6.1). The most widely used method is the IUD, followed by the pill and injectables. Thirty percent of currently married women are using the IUD, 16 percent are relying on the pill, and 9 percent are employing injectables. Relatively small proportions of women are using other modern methods; e.g., 1 percent reported currently using female sterilization. Two percent of women report use of traditional methods.

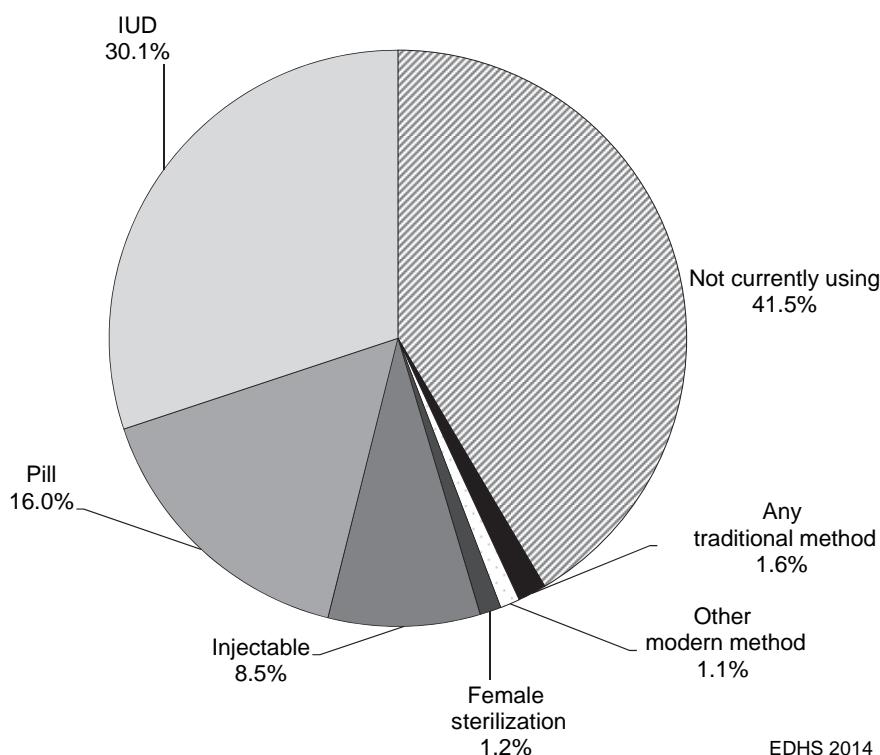
Table 6.5 Attitudes toward timing of use of family planning among newly married couples

Percentage of ever-married women age 15-49 who believe it is appropriate for a couple to use family planning before the first pregnancy and after the first birth, according to background characteristics, Egypt 2014

Background characteristic	Family planning use appropriate		Number of women
	Before first pregnancy	After first birth	
Age			
15-19	1.8	89.7	764
20-24	2.3	91.9	3,055
25-29	1.9	93.1	4,753
30-34	3.1	92.4	4,127
35-39	2.5	92.3	3,495
40-44	1.6	90.5	2,864
45-49	2.7	89.5	2,705
Urban-rural residence			
Urban	3.1	94.5	7,623
Rural	1.9	90.3	14,139
Place of residence			
Urban Governorates	4.2	94.7	2,774
Lower Egypt	2.4	94.0	10,664
Urban	3.1	95.1	2,319
Rural	2.2	93.7	8,346
Upper Egypt	1.7	87.9	8,130
Urban	2.0	94.1	2,421
Rural	1.6	85.3	5,708
Frontier Governorates ¹	1.3	89.3	194
Education			
No education	1.9	87.5	5,232
Some primary	2.6	88.7	1,334
Primary complete/ some secondary	2.1	90.8	3,796
Secondary complete/higher	2.6	94.4	11,400
Work status			
Working for cash	3.0	93.2	2,964
Not working for cash	2.3	91.6	18,798
Wealth quintile			
Lowest	1.9	83.4	3,887
Second	2.1	90.6	4,277
Middle	1.9	93.5	4,839
Fourth	2.1	94.8	4,542
Highest	3.8	95.5	4,217
Total	2.3	91.8	21,762

¹ Does not include North and South Sinai governorates

Figure 6.1 Current use by method



6.5.1 Differentials in Current Use of Family Planning by Residence

Table 6.6 shows that there are marked differences in the level of current use of family planning methods by urban-rural residence and place of residence. Appendix Table A-6.1 presents differentials in the level of current use by governorate.

As Table 6.6 indicates, urban women are more likely to be using than rural women (61 percent and 57 percent, respectively). Use rates are higher in Lower Egypt (64 percent) and the Urban Governorates (63 percent) than in Upper Egypt (50 percent) and the three Frontier Governorates surveyed in the EDHS (55 percent).

Within Upper Egypt, the use rate among urban women (59 percent) is markedly higher than the rate among rural women (47 percent). On the other hand, within Lower Egypt, the use rate among rural women is slightly higher than the rate among urban women (64 percent and 63 percent, respectively).

The IUD is the most frequently used method in every residential category, followed by the pill and injectables. The extent to which the IUD dominates the method mix, however, varies across residential subgroups. For example, women in the Urban Governorates are almost three times as likely to be using the IUD as the pill. In both urban and rural areas in Lower Egypt and in urban areas in Upper Egypt, there are around two times as many IUD users as pill users. On the other hand, the proportion using the IUD is only slightly higher than the proportion using the pill in rural Upper Egypt (18 percent and 15 percent, respectively) and in the three surveyed Frontier Governorates (25 percent and 20 percent, respectively). With regard to injectable use, the highest level is found in rural Upper Egypt (11 percent), followed closely by rural Lower Egypt (9 percent).

Table 6.6 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 2014

Method	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
Any method	61.3	57.0	62.6	63.8	62.5	64.1	50.3	58.9	46.7	55.0	58.5
Any modern method	59.5	55.5	60.7	62.4	60.9	62.8	48.5	57.1	44.8	53.5	56.9
Female sterilization	1.2	1.2	0.7	1.5	1.8	1.4	1.1	1.2	1.0	0.7	1.2
Pill	16.5	15.8	13.8	16.9	18.4	16.4	15.5	17.3	14.8	20.1	16.0
IUD	34.5	27.8	38.6	34.6	34.0	34.7	21.5	30.7	17.6	24.6	30.1
Injectables	5.8	9.9	5.3	8.5	5.2	9.4	9.5	6.9	10.6	5.8	8.5
Implants	0.6	0.5	0.6	0.5	0.7	0.5	0.5	0.6	0.5	1.0	0.5
Male condom	0.8	0.3	1.3	0.4	0.7	0.3	0.3	0.3	0.3	1.2	0.5
Diaphragm/foam/jelly	0.2	0.0	0.3	0.1	0.1	0.0	0.0	0.1	0.0	0.1	0.1
Any traditional method	1.8	1.6	2.0	1.4	1.6	1.3	1.9	1.8	1.9	1.5	1.6
Periodic abstinence	0.7	0.1	1.1	0.2	0.6	0.1	0.2	0.4	0.1	0.2	0.3
Withdrawal	0.4	0.2	0.3	0.4	0.4	0.3	0.2	0.3	0.1	0.3	0.3
Prolonged breastfeeding	0.7	1.2	0.5	0.8	0.6	0.9	1.5	1.1	1.6	1.1	1.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Not currently using	38.7	43.0	37.4	36.2	37.5	35.9	49.7	41.1	53.3	45.0	41.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	7,084	13,375	2,547	10,098	2,179	7,919	7,629	2,254	5,375	185	20,460

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Does not include North and South Sinai governorates

6.5.2 Demographic and Socioeconomic Differentials

Table 6.7 presents variations in current use levels with several demographic and socioeconomic characteristics that influence contraceptive behavior. Current use rises rapidly with age, from a level of 21 percent among currently married women 15-19 to a peak of 73 percent among women 35-39. Use rates also are related to family size. Almost no childless women use family planning, but the use rate increases rapidly among women with at least one child, peaking at 74 percent among women with 3-4 children.

Differences in use levels are relatively small across education groups. Use rates are almost the same for women with no education (59 percent) and those who have a secondary or higher education (60 percent). Women who have completed primary or have some secondary education are the least likely to be currently using a method (55 percent). With respect to method preferences, women with no education are much more likely to be using injectables than more educated women.

Women employed in a job for which they are paid in cash are more likely to use a method than other women (67 percent and 57 percent, respectively). This is largely due to the higher rate of IUD use among women working for cash than among other women.

Table 6.7 Current use of family planning methods by selected demographic and social characteristics

Percent distribution of currently married women age 15-49 by family planning method currently used, according to selected demographic and social characteristics, Egypt 2014

Background characteristic	Any modern method	Modern method				Traditional method				Number of currently married women			
		Female sterilization	Pill	IUD	Injectables	Male condom	Dia-phragm/ foam/jelly	Any traditional method	Periodic abstinence	Prolonged withdrawal	Other	Not currently using	Total
Age													
15-19	20.5	18.9	0.0	7.1	9.8	1.7	0.3	0.0	1.6	0.0	0.0	79.5	100.0
20-24	42.3	40.5	0.0	15.4	19.2	5.4	0.3	0.1	1.7	0.0	0.1	57.7	100.0
25-29	55.2	53.5	0.1	18.3	26.5	7.6	0.6	0.3	1.8	0.1	0.1	44.8	100.0
30-34	64.6	62.8	0.8	17.5	32.9	10.3	0.6	0.5	1.8	0.3	0.3	35.4	100.0
35-39	72.6	71.0	2.2	18.2	37.8	11.0	1.0	0.7	1.6	0.5	0.3	27.4	100.0
40-44	71.0	69.9	2.9	14.6	40.4	10.9	0.3	0.8	1.1	0.5	0.4	29.0	100.0
45-49	54.0	52.3	2.8	11.1	30.4	6.8	0.4	0.5	1.6	0.9	0.7	46.0	100.0
Number of living children													
0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	100.0
1-2	54.3	52.5	0.1	17.1	29.4	4.9	0.3	0.5	1.9	0.4	0.2	45.7	100.0
3-4	73.6	72.0	1.8	18.5	38.2	12.0	0.8	0.6	1.7	0.4	0.3	26.4	100.0
5+	65.6	63.6	4.3	15.4	26.8	15.5	1.0	0.4	2.0	0.2	0.5	34.4	100.0
Education													
No education	59.2	57.9	1.8	13.2	26.8	15.2	0.5	0.3	1.3	0.0	0.2	1.1	100.0
Some primary	57.7	56.8	2.0	14.8	29.5	9.8	0.5	0.1	0.9	0.1	0.2	0.5	100.0
Primary complete/ some secondary	54.7	53.1	1.2	14.5	27.7	8.7	0.8	0.2	0.0	1.7	0.0	0.2	100.0
Secondary complete/ higher	59.6	57.7	0.9	17.9	32.4	5.3	0.5	0.7	0.1	1.9	0.6	0.3	100.0
Work status													
Working for cash	66.6	63.9	1.4	17.3	36.9	6.6	0.6	1.0	0.1	2.7	1.1	1.1	100.0
Not working for cash	57.3	55.9	1.2	15.8	29.1	8.7	0.5	0.4	0.1	1.5	0.2	1.0	100.0
Wealth quintile													
Lowest	55.9	54.2	1.7	14.0	23.8	13.8	0.6	0.3	0.1	1.7	0.0	1.5	100.0
Second	55.7	54.3	1.4	14.9	26.2	11.1	0.6	0.2	0.0	1.4	0.1	1.1	100.0
Middle	59.4	58.0	0.9	17.0	30.6	8.7	0.4	0.3	0.1	1.4	0.0	1.0	100.0
Fourth	59.8	58.1	1.0	17.6	31.9	6.3	0.8	0.5	0.0	1.7	0.4	0.3	100.0
Highest	61.4	59.3	1.2	16.1	37.2	3.0	0.4	1.1	0.2	2.1	0.4	0.6	100.0
Total	58.5	56.9	1.2	16.0	30.1	8.5	0.5	0.1	1.6	0.3	1.0	0.0	100.0

Note: If more than one method is used, only the most effective method is considered in this tabulation.

As expected, contraceptive use increases with the wealth quintile. Current use is 5 percentage points higher among women in the highest wealth quintile than among women in the lowest quintile (61 percent and 56 percent, respectively). Looking at the relationship between wealth and the use of specific methods, there is a direct relationship between wealth and the level of IUD use. Among women in the highest quintile, the level of IUD use is 37 percent compared with 24 percent among women in the lowest quintile. Differentials in pill use across wealth quintiles are modest, with the proportion using the pill rising from 14 percent in the lowest wealth quintile to a high of 18 percent among women in the fourth quintile. Unlike IUD and pill use, use of injectables decreases with the wealth quintile, from 14 percent among women in the lowest quintile to 3 percent among women in the highest quintile.

6.6 TRENDS IN CURRENT USE OF FAMILY PLANNING

6.6.1 Trends in Current Use Since 1980

Using data from earlier surveys as well as the 2014 EDHS, Figure 6.2 and Table 6.8 present trends in the level of contraceptive use over the past several decades. As Figure 6.2 shows, contraceptive use levels rose rapidly in the 1980s, and, by the time of the 1992 EDHS, the overall use rate was 47 percent, almost twice the rate reported in the 1980 Egypt Fertility Survey (24 percent). The use rate continued to rise—although at a more moderate rate—reaching 60 percent at the time of the 2003 EIDHS. Since 2003, the use rate has not changed significantly, fluctuating between 59 and 60 percent.

Figure 6.2 Trends in current use of family planning, Egypt 1980-2014

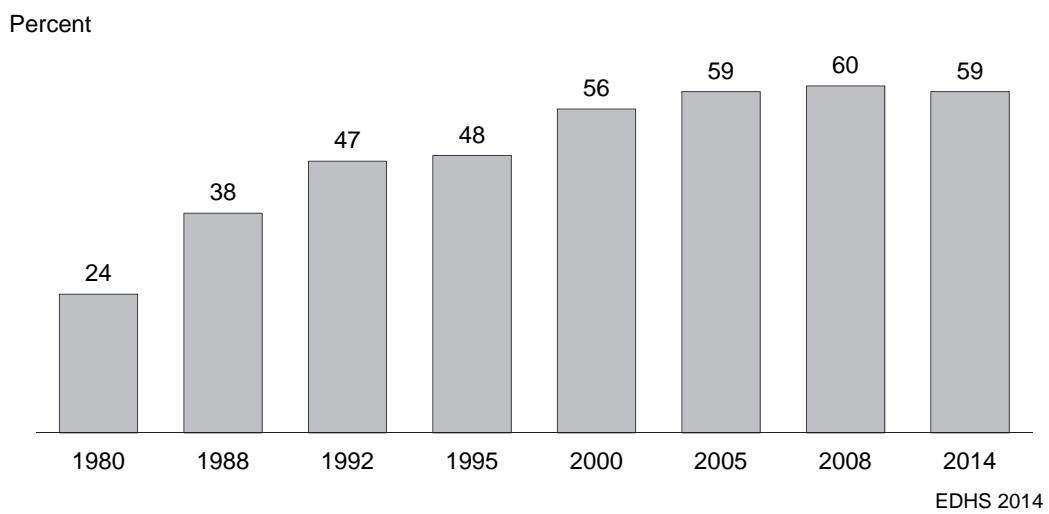


Table 6.8 shows the changes that have occurred over time in the rates of use of specific family planning methods. The most dramatic change was the rapid adoption of the IUD in the 1980s. IUD use almost quadrupled in the 1980s, and more than doubled again in the 1990s, reaching a level of 36 percent in 2000, where it remained essentially stable through 2008. The EDHS results show the rate of use of the IUD dropped by 17 percent between the 2008 EDHS and the 2014 EDHS, from 36 percent to 30 percent. The decline in IUD use was largely offset by rises in the rate of use of the pill—from 12 percent in 2008 to 16 percent in 2014—and, to a lesser extent, by a rise in use of the injectable from 7 percent in 2008 to 9 percent in 2014.

Table 6.8 Trends in current use of family planning

Percent distribution of currently married women age 15-49 by the family planning method currently used, Egypt 1980-2014

Method	1980 EFS	1984 ECPS	1988 EDHS	1991 EMCHS	1992 EDHS	1995 EDHS	2000 EDHS	2003 EIDHS	2005 EDHS	2008 EDHS	2014 EDHS
Any method	24.2	30.3	37.8	47.6	47.1	47.9	56.1	60.0	59.2	60.3	58.5
Any modern method	22.8	28.7	35.4	44.3	44.8	45.5	53.9	56.6	56.5	57.6	56.9
Female sterilization	0.7	1.5	1.5	na	1.1	1.1	1.4	0.9	1.3	1.0	1.2
Pill	16.6	16.5	15.3	15.9	12.9	10.4	9.5	9.3	9.9	11.9	16.0
IUD	4.1	8.4	15.7	24.2	27.9	30.0	35.5	36.7	36.5	36.1	30.1
Injectables	na	0.3	0.1	na	0.5	2.4	6.1	7.9	7.0	7.4	8.5
Implants	na	na	na	na	0.0	0.0	0.2	0.9	0.8	0.5	0.5
Diaphragm/foam/jelly	0.3	0.7	0.4	na	0.4	0.1	0.2	0.1	0.0	0.0	0.5
Condom	1.1	1.3	2.4	na	2.0	1.4	1.0	0.9	1.0	0.7	0.1
Any traditional method	1.4	1.6	2.4	3.3	2.3	2.4	2.2	3.4	2.7	2.7	1.6
Periodic abstinence	0.5	0.6	0.6	na	0.7	0.8	0.6	0.8	0.7	0.4	0.3
Withdrawal	0.4	0.3	0.5	na	0.7	0.5	0.2	0.4	0.3	0.2	0.3
Prolonged breastfeeding	na	0.6	1.1	na	0.9	1.0	1.2	2.1	1.6	2.0	1.0
Other	0.3	0.1	0.2	na	0.1	0.1	0.1	0.1	0.1	0.0	0.0
Not using	75.8	69.7	62.2	62.2	52.9	52.1	43.9	40.0	40.8	39.7	41.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	8,012	9,158	8,221	8,406	9,153	13,710	14,382	8,445	18,187	15,396	20,460

na = Information on the method was not collected or was not reported.

Source: El-Zanaty and Way, 2009, Table 6.4

6.6.2 Trends in Method Mix

Table 6.9 focuses on users rather than on all currently married women and shows the changes that have occurred over time in the method mix, that is, in the distribution of *users* according to the method used. The effect of the shift from pill to IUD use that occurred during the past two decades is clear in the table. In 1980, almost 70 percent of current users relied on the pill, more than four times the percentage of users who relied on the IUD. In 2008, 60 percent of current users relied on the IUD compared to 20 percent who employed the pill. The relatively rapid expansion of the use of injectables is also evident. Twelve percent of current users relied on injectables in 2008, compared with 5 percent in 1995 and only 1 percent in 1992.

Table 6.9 Trends in family planning method mix

Percent distribution of currently married women age 15-49 who are currently using any family planning method by the method used, Egypt 1980-2014

Method	1980 EFS	1984 ECPS	1988 EDHS	1992 EDHS	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS
Pill	68.6	54.4	40.5	27.4	21.7	16.9	16.7	19.7	27.4
IUD	15.9	27.7	41.6	59.2	62.6	63.4	61.5	59.8	51.4
Injectables	0.0	1.0	0.3	1.1	5.0	10.9	11.9	12.3	14.5
Condom	4.5	4.3	6.3	4.2	2.9	1.7	1.7	1.2	0.8
Female sterilization	2.9	5.0	4.0	2.3	2.3	2.5	2.2	1.8	2.1
Other modern methods	1.3	2.3	1.0	0.9	0.5	0.7	1.5	0.8	1.1
Traditional methods	5.8	5.3	6.3	4.9	5.0	3.9	4.6	4.4	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	1,939	2,775	3,108	4,311	6,567	8,063	10,779	9,290	11,974

Source: El-Zanaty and Way, 2009, Table 6.5

The IUD remains the preferred method among family planning users in Egypt. However, Table 6.9 documents a recent shift away from the IUD to the pill and injectables. The proportion of users relying on the IUD declined from 60 percent to 51 percent between the 2008 and 2014 EDHS surveys. At the same time, the proportion of users relying on the pill increased from 20 to 27 percent. A smaller increase in the proportion of users relying on injectables was also observed, from 12 percent to 15 percent.

6.6.3 Trends by Residence

Table 6.10 presents the trends in contraceptive use by residence since 1984. Appendix Table A-6.2 considers trends in contraceptive use by governorate.

Table 6.10 shows that urban prevalence rose steadily during the 1980s, appeared to plateau in the early 1990s, and then resumed a steady pattern of growth, peaking at 66 percent in 2003. The urban use rate declined by three percentage points in 2005 (63 percent) and then rose slightly in 2008 (64 percent), before dropping again to 61 percent in 2014. Looking in more detail at the most recent trend in urban areas, the Urban Governorates, urban Lower Egypt, and urban Upper Egypt all experienced small declines in the rate of family planning use between 2008 and 2014.

Table 6.10 also documents a rapid increase in contraceptive use in rural Egypt between 1984 and 2000, from 19 percent to 52 percent. After 2000, the rural use rate increased much more slowly, rising to 56 percent in 2003 and reaching 58 percent in 2008. The rural use rate showed virtually no change between 2008 and 2014.

Table 6.10 Trends in family planning use by residence

Percentage of currently married women age 15-49 currently using any family planning method by urban-rural residence and place of residence, Egypt 1984-2014

Residence	1984 ECPS	1988 EDHS	1992 EDHS	1995 EDHS	2000 EDHS	2003 EIDHS	2005 EDHS	2008 EDHS	2014 EDHS
Urban-rural residence									
Urban	45.1	51.8	57.0	56.4	61.2	65.5	62.6	64.3	61.3
Rural	19.2	24.5	38.4	40.5	52.0	55.9	56.8	57.5	57.0
Place of residence									
Urban Governorates	49.6	56.0	59.1	58.1	62.7	68.5	63.9	65.2	62.6
Lower Egypt	34.1	41.2	53.5	55.4	62.4	65.2	65.9	64.3	63.8
Urban	47.6	54.5	60.5	59.1	64.9	66.3	64.1	65.5	62.5
Rural	28.5	35.6	50.5	53.8	61.4	64.8	66.5	63.9	64.1
Upper Egypt	17.3	22.1	31.4	32.1	45.1	49.4	49.9	52.7	50.3
Urban	36.8	41.5	48.1	49.9	55.4	59.8	60.0	62.4	58.9
Rural	7.9	11.5	24.3	24.0	40.2	44.7	45.2	48.4	46.7
Frontier Governorates	na	na	na	44.1	46.1	na	55.8	60.4	55.0 ¹
Total	30.3	37.8	47.1	47.9	56.1	60.0	59.2	60.3	58.5

na = Information on the method was not collected or was not reported

Source: El-Zanaty and Way, 2009, Table 6.6

¹ Does not include North and South Sinai governorates

6.7 SOURCES FOR MODERN FAMILY PLANNING METHODS

6.7.1 Sources by Method

The 2014 EDHS collected information on the sources from which family planning methods were obtained. To collect these data, current users of modern methods were asked for the name and location of the source where they had gotten their method at the beginning of the current segment of use. Users relying on supply methods like the pill and the injectable were also asked about the source where they had most recently obtained the method. Table 6.11 presents the distribution of current

users of modern family planning methods by the most recent source for all modern methods and separately for the IUD, pill, injectables, male condom, and female sterilization.

Table 6.11 Source of modern family planning methods

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

Source	Pill	IUD	Injectable	Male condom	Female sterilization	Total ¹
Public sector	34.4	62.9	83.1	23.3	21.3	56.7
Urban hospital (General/district)	1.3	8.3	3.2	0.0	13.9	5.8
Urban health unit	3.8	13.6	8.6	11.7	0.0	9.8
Health office	1.1	3.1	1.6	0.0	0.0	2.2
Rural hospital (Central)	1.1	2.3	3.4	0.0	2.2	2.1
Rural health unit	25.5	26.5	62.3	11.6	1.6	30.8
MCH center	1.0	5.8	3.1	0.0	0.0	3.8
Mobile unit	0.5	2.5	0.6	0.0	0.0	1.6
University/teaching hospital	0.0	0.0	0.0	0.0	0.8	0.0
Health insurance organization	0.0	0.1	0.0	0.0	0.0	0.1
Curative care organization	0.1	0.1	0.0	0.0	0.0	0.1
Other governmental	0.0	0.6	0.4	0.0	2.7	0.5
Private sector	64.9	37.1	16.4	75.2	78.7	43.1
Non-governmental organization	0.0	1.0	0.1	0.0	0.0	0.6
Private medical	64.9	36.1	16.3	75.2	78.7	42.5
Private hospital/clinic	0.0	3.0	0.5	0.0	20.4	2.1
Private doctor	1.5	32.3	1.6	1.4	57.7	19.3
Pharmacy	63.1	0.1	13.1	73.8	0.0	20.5
Other private medical	0.1	0.4	0.1	0.0	0.6	0.3
Mosque health unit	0.0	0.2	0.1	0.0	0.4	0.2
Church health unit	0.1	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.1	0.0	0.0	0.3	0.1
Private non-medical	0.2	0.3	1.0	0.0	0.0	0.3
Vendor (shop, kiosk, etc.)	0.0	0.1	0.0	0.0	0.0	0.0
Friends/relative	0.2	0.1	0.9	0.0	0.0	0.2
Other/no one	0.0	0.1	0.1	0.0	0.0	0.1
Don't know	0.4	0.0	0.0	1.5	0.0	0.1
Missing	0.2	0.0	0.5	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	3,278	6,156	1,733	95	248	11,638

¹ Includes users of implants and vaginal methods (diaphragm/foam/jelly) for whom the source distribution is not shown separately

Overall, family planning users in Egypt are more likely to obtain their method from a public sector (57 percent) source than a private provider (43 percent). The majority of both IUD and injectable users rely on public sector providers for their method. In the case of the IUD, more than 6 in 10 current users had the method inserted at a public sector provider, principally at urban and rural health units. Among injectable users, 83 percent got the method from a public sector provider. Rural health units are a particularly important source for injectables, supplying 62 percent of all current injectable users.

In contrast to IUD and injectable users, pill users and the small number of users of the condom and female sterilization reported obtaining their method more often from a private than a public sector provider. Pharmacies were the principal source for the pill and condoms. More than three-quarters of women using female sterilization reported the procedure was performed by a private medical provider.

6.7.2 Sources by Method and Residence

Table 6.12 presents information on the sources for 1 modern methods and for the IUD, pill and injectables by urban-rural residence and place of residence. Appendix Table A-6.4 presents the variation in the sources on which users rely for modern methods by governorate.

In general, Table 6.12 shows rural women are more likely to go to a public sector source to obtain contraceptive methods than urban women (62 percent and 48 percent, respectively). The proportion of users obtaining their method from a public health facility ranges from 42 percent of users in urban Lower Egypt to 64 percent of users in rural Upper Egypt.

Table 6.12 Source of modern family planning methods by residence

Percent distribution of current users of specific and of all modern family planning methods by most recent source, according to urban-rural residence and place of residence, Egypt 2014

Method and Source	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
				Total	Urban	Rural	Total	Urban	Rural		
IUD											
Public sector	57.9	66.3	59.0	62.9	53.2	65.5	65.9	61.7	69.1	44.2	62.9
Private sector	42.0	33.3	41.0	36.8	46.6	34.2	33.6	38.2	30.1	55.8	37.1
Nongovernmental organization	1.3	0.9	0.9	1.3	1.9	1.1	0.6	1.1	0.2	1.1	1.0
Private hospital/clinic or doctor	40.2	32.0	39.4	35.0	44.0	32.6	32.7	36.7	29.8	54.7	35.3
Other private medical ³	0.6	0.3	0.6	0.4	0.7	0.3	0.2	0.4	0.1	0.0	0.4
Pharmacy	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1
Other non-medical/no one	0.0	0.3	0.0	0.2	0.0	0.2	0.3	0.1	0.5	0.0	0.3
Don't know/missing	0.1	0.2	0.0	0.1	0.2	0.1	0.2	0.0	0.3	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	2,442	3,714	984	3,489	742	2,747	1,638	691	946	45	6,156
PILL											
Public sector	20.2	42.3	20.3	35.7	18.7	40.9	37.0	21.5	44.6	30.8	34.4
Private sector	78.6	57.1	79.3	63.7	80.2	58.7	61.8	76.4	54.6	69.2	64.9
Nongovernmental organization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private hospital/clinic or doctor	2.4	1.1	4.2	1.2	1.5	1.1	1.4	1.8	1.2	0.6	1.5
Other private medical ³	0.1	0.0	0.0	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.1
Pharmacy	76.1	56.0	75.0	62.5	78.3	57.6	60.4	74.6	53.4	68.6	63.1
Other non-medical/no one	0.2	0.1	0.0	0.2	0.5	0.2	0.1	0.0	0.1	0.0	0.2
Don't know/missing	1.0	0.4	0.4	0.4	0.6	0.3	1.1	2.1	0.6	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	1,167	2,111	351	1,704	401	1,303	1,186	391	795	37	3,278
INJECTABLES											
Public sector	70.4	87.0	72.0	83.6	65.4	86.4	84.5	72.3	87.8	87.9	83.1
Private sector	27.9	11.6	28.0	15.4	33.2	12.7	13.3	24.3	10.3	12.1	16.4
Nongovernmental organization	0.4	0.0	0.1	0.2	1.3	0.0	0.0	0.0	0.0	0.0	0.1
Private hospital/clinic or doctor	4.5	1.4	4.8	2.4	5.6	1.9	1.4	3.4	0.8	0.7	2.1
Other private medical ³	0.6	0.0	1.1	0.0	0.0	0.0	0.1	0.5	0.0	0.0	0.1
Pharmacy	22.5	10.2	21.9	12.9	26.3	10.8	11.8	20.4	9.5	11.4	13.1
Other non-medical/no one	1.6	0.7	0.0	0.5	1.4	0.4	1.5	3.1	1.1	0.0	1.0
Don't know/missing	0.1	0.6	0.0	0.5	0.0	0.5	0.7	0.2	0.8	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	408	1,325	135	859	113	746	727	155	572	11	1,733
TOTAL ²											
Public sector	47.7	61.9	50.4	57.0	42.4	60.9	59.3	50.2	64.2	43.1	56.7
Private sector	51.8	37.5	49.5	42.6	57.0	38.7	39.6	48.7	34.8	56.9	43.1
Nongovernmental organization	0.8	0.4	0.6	0.7	1.2	0.6	0.3	0.6	0.1	0.5	0.6
Private hospital/clinic or doctor	26.1	18.7	27.6	22.3	28.2	20.8	17.0	22.1	14.3	26.8	21.4
Other private medical ³	0.4	0.2	0.5	0.3	0.6	0.2	0.2	0.3	0.2	0.0	0.3
Pharmacy	24.5	18.1	20.8	19.2	27.1	17.1	22.1	25.7	20.2	29.6	20.5
Other non-medical/no one	0.2	0.3	0.0	0.2	0.3	0.2	0.5	0.4	0.5	0.0	0.3
Don't know/missing	0.3	0.3	0.1	0.2	0.3	0.2	0.6	0.7	0.5	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	4,218	7,420	1,546	6,297	1,328	4,969	3,697	1,288	2,409	99	11,638

¹ Does not include North and South Sinai governorates

² Includes users of implant, female sterilization, male condom, and vaginal methods for whom the source distribution is not shown

³ Includes mosque clinic, church clinic, or other private medical

Considering the residential differentials for specific methods, reliance on public sector sources for the IUD is most frequent in rural areas. In Upper Egypt, for example, 69 percent of users in rural areas obtained the IUD from a public health facility compared to 62 percent of urban users. The three Frontier Governorates surveyed in the 2014 EDHS had the lowest proportion of users obtaining the IUD from a public sector facility (44 percent). In all areas, the pharmacy is the principal source for pill users, with only a minority getting their method from public sector facilities. However, the size of this minority varies by residence from 19 percent of pill users in urban Lower Egypt to 45 percent in rural Upper Egypt. Similar to the case of the IUD, regardless of residence, the majority of injectable users obtained their method from a public sector source, from 65 percent in urban Lower Egypt to 88 percent in rural Upper Egypt and the Frontier Governorates.

6.7.3 Trends in Sources of Modern Methods

Trends in the source of family planning methods during the period between the 1995 EDHS and the 2014 EDHS are presented in Table 6.13 for users of all modern methods and for IUD users. Overall, the percentage of users who obtained the modern method at a public sector provider increased from 36 percent in 1995 to 60 percent in 2008 then declined to 57 percent in 2014. Considering the trends by residence, reliance on public sector providers decreased in all areas between 2008 and 2014.

To some extent, the decline in reliance on public sector sources is attributable to the shift in the method mix among users to somewhat greater reliance on the pill, which is primarily obtained from pharmacies. However, Table 6.13 also shows that the proportion of IUD users obtaining their method from public sector providers decreased, from 67 percent at the time of the 2008 EDHS to 63 percent at the time of the 2014 survey.

Table 6.13 Trends in reliance on public sector sources for modern family planning methods

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

Residence	IUD					Modern methods				
	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS
Urban-rural residence										
Urban	42.8	48.7	54.8	58.8	57.9	34.0	42.0	48.0	50.7	47.7
Rural	46.7	59.4	67.7	73.4	66.3	37.7	54.8	63.2	66.5	61.9
Place of residence										
Urban Governorates	46.5	48.8	60.5	63.2	59.0	39.7	43.5	54.2	55.3	50.4
Lower Egypt	44.4	54.9	62.8	67.9	62.9	35.2	50.2	57.2	60.8	57.0
Urban	37.4	47.5	48.8	55.8	53.2	27.5	40.9	41.5	46.4	42.4
Rural	47.3	58.0	67.5	72.2	65.5	38.6	54.1	62.6	65.8	60.9
Upper Egypt	42.1	57.3	60.9	66.8	65.9	32.3	50.0	56.8	60.3	59.3
Urban	39.9	50.1	51.8	53.6	61.7	29.6	40.8	44.9	47.4	50.2
Rural	44.5	63.5	68.1	77.4	69.1	34.8	56.3	64.3	67.9	64.2
Frontier Governorates	31.3	44.9	61.4	61.0	44.2 ¹	25.2	41.0	59.6	56.1	43.1 ¹
Total	44.5	54.0	61.8	66.6	62.9	35.7	48.6	56.6	59.6	56.7

Source: El-Zanaty and Way, 2009, Table 6.10

¹ Does not include North and South Sinai governorates

6.8 PILL BRANDS

Several questions were included in the 2014 EDHS to obtain information on women's knowledge and use of specific pill brands. First, pill users were asked to identify the brand of pill they were currently using. If a user could not name the brand, the interviewer asked to see the pill packet. Table 6.14 shows that 8 percent of pill users were not able to identify the brand they were using or show a packet.

According to the results in Table 6.14, Microcept is the most widely used brand of pills in Egypt. Four in ten pill users reported they were currently taking Microcept, 16 percent were using Triocept, and 14 percent were using Gynera.

Combined pills or pills containing both estrogen and progestin may interfere with the production of milk among breastfeeding mothers and also may affect breast milk composition (Blackburn et al. 2000). Breastfeeding mothers are advised to take progestin-only pills in order to avoid these adverse effects. In order to look at the extent to which pill users were following this recommendation, Table 6.14 identifies pill brands according to their hormonal composition and classifies pill users according to their breastfeeding status. Among the breastfeeding mothers, 38 percent were employing brands of pills regarded as suitable for breastfeeding users. Among the brands recommended for breastfeeding mothers, Microlut was used most frequently, followed by Levanor (19 percent and 15 percent, respectively).

An additional question was included in the 2014 EDHS to ascertain the extent to which women in Egypt are aware of the availability of pill brands that are suitable for use by breastfeeding mothers. Overall, Table 6.15 shows that more than 7 in 10 ever-married women age 15-49 had heard that there was a contraceptive pill suitable for breastfeeding women. However, most of these women were not able to identify a specific pill brand that was appropriate for breastfeeding mothers.

6.9 PARTICIPATION IN FAMILY PLANNING DECISION-MAKING

Current users were asked questions about participation in the decision to use family planning. The results presented in Table 6.16 indicated that virtually all women felt that they had a main role in the decision to use a family planning method. The majority of users made the decision to use mainly on their own (23 percent) or jointly with their husband (75 percent). Only 2 percent said the husband was mainly responsible for the decision to adopt a method.

Table 6.14 Brand of pill

Percent distribution of current pill users by the brand of pill used and breastfeeding status, Egypt 2014

Pill brand	Currently breast- feeding users	Non-breast- feeding users	Total
Suitable for breastfeeding users			
Microlut	19.2	4.4	9.2
Exlutan	4.3	0.9	2.0
Levanor	14.8	1.5	5.8
Other brands			
Microcept	27.8	46.0	40.1
Triocept	9.9	18.8	15.9
Gynera	12.2	15.5	14.4
Nordette	0.1	0.2	0.2
Marvelon	0.0	0.2	0.1
Cilest	2.4	2.5	2.5
CotraBlan	0.3	0.3	0.3
Other			
Don't know/missing	1.5	2.0	1.8
Total	100.0	100.0	100.0
Number of pill users	1,068	2,209	3,278

Table 6.15 Knowledge of pill brand suitable for breastfeeding women

Percent distribution of ever-married women age 15-49 by level of knowledge of pill brand suitable for breastfeeding women, Egypt 2014

Pill brand	Percent
Knows about pill for breastfeeding women	71.7
Names correct brand	4.6
Names incorrect brand	3.1
Cannot name brand	64.1
Doesn't know about suitable pill	28.3
Total	100.0
Number of ever-married women	21,762

Table 6.16 Family planning decision-making

Percent distribution of current users by person mainly responsible for decision to use family planning, according to background characteristics, Egypt 2014

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

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

¹ Does not include North and South Sinai governorates

6.10 INFORMED CHOICE

Ensuring that potential users have the information they need to make informed choices is a vital component of family planning programs. Users should be informed of the range of methods that are available so they can make decisions about the contraceptive method that is most appropriate for their situations. Family planning providers should also inform potential users of the side effects that they may experience when using specific methods and what they should do if they encounter any of the effects. This information both assists the user in coping with side effects and decreases unnecessary discontinuation of temporary methods.

The 2014 EDHS included a number of questions designed to assess whether women who were currently using family planning at the time of the survey had received sufficient information to make informed choices. Current users were asked whether they had been told about other methods, told about side effects, or given advice about what to do about side effects by the provider from whom they obtained their method. If they were not told about other methods or about side effects during that consultation, they were asked if they had ever received information from a provider about these topics. Caution must be exercised in interpreting the responses to these questions since they are subjective. In addition, they also suffer from an unknown degree of recall error, i.e., many users had gone to the provider months or even years before the EDHS interview and may not have remembered accurately everything that took place during the encounter. Nevertheless, the results of these questions provide at least some insight into the nature of the counseling that family planning users are receiving for their providers.

Table 6.17 presents information on the informed choice indicators for current users who adopted the method in January 2009 or later. In general, the information exchange between users and their provider is fairly limited. Six in 10 users reported that the provider discussed methods other than the one the user received. Forty-eight percent of users were told about side effects and 35 percent were told what to do if they experienced side effects. In cases where the users received information needed to make an informed choice, they generally reported that they received the information from the provider whom they consulted at the beginning of the current segment of use.

Table 6.17 also shows that the proportion of users receiving the information needed to make an informed choice did not vary markedly with the type of clinical providers. The largest differentials were observed in the percentages receiving information about method side effects. Users obtaining the method from a pharmacy were much less likely than other users to have received information, especially about side effects, necessary to make an informed choice.

Table 6.17 Informed choice

Percentage of current users who began the current segment of use in the 5 years preceding the survey who reported they were advised about various aspects of the method they obtained, according to type of source and method, Egypt 2014

Information provided	Public sector	Private clinical ¹	Pharmacy	Total
PILL ²				
Told about other methods	66.5	67.3	46.1	61.5
At start of current segment	61.2	63.3	39.8	56.4
Ever but not during current segment	5.2	4.0	6.4	5.2
Told about side effects	44.6	50.5	27.1	41.9
At start of current segment	42.6	48.5	24.6	39.8
Ever but not during current segment	2.0	2.0	2.5	2.1
Told what to do about side effects	31.0	38.9	16.3	29.6
Number of users	1,075	692	603	2,370
IUD ²				
Told about other methods	60.6	60.6	na	60.6
At start of current segment	56.7	55.3	na	56.2
Ever but not during current segment	3.9	5.3	na	4.4
Told about side effects	47.7	53.6	na	50.0
At start of current segment	45.5	52.2	na	48.1
Ever but not during current segment	2.3	1.4	na	1.9
Told what to do about side effects	35.5	42.5	na	38.2
Number of users	2,162	1,332	na	3,496
INJECTABLES ²				
Told about other methods	66.2	65.0	63.6	65.9
At start of current segment	61.3	60.9	49.1	60.5
Ever but not during current segment	4.9	4.0	14.5	5.4
Told about side effects	55.2	56.5	41.2	54.4
At start of current segment	51.6	56.5	36.4	51.1
Ever but not during current segment	3.6	0.0	4.8	3.4
Told what to do about side effects	36.7	42.4	22.4	36.2
Number of users	999	105	78	1,182
TOTAL ²				
Told about other methods	63.3	63.0	46.9	61.6
At start of current segment	58.8	57.9	39.8	56.7
Ever but not during current segment	4.5	5.1	7.1	4.9
Told about side effects	48.5	52.4	28.1	47.8
At start of current segment	46.0	51.0	25.4	45.6
Ever but not during current segment	2.5	1.4	2.7	2.2
Told what to do about side effects	34.3	40.7	16.7	34.6
Number of users	4,334	2,277	703	7,315

Note: Table excludes users who obtained method from friends/relatives.

na = Not applicable

¹ Includes nongovernmental organizations, private hospitals/clinics, private doctors/nurses, or mosque/ church clinics

² Includes only current users who began segment of use in the 5 years preceding the survey

6.11 CONTRACEPTIVE DISCONTINUATION RATES

A key concern for family planning programs is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Reasons for discontinuation may vary among couples but usually include factors such as contraceptive failure, dissatisfaction with the method, and health concerns as well as the lack of availability or the cost of contraceptive methods. If the rates of discontinuation are high, greater attention should be focused on counselling and follow-up, to help users to deal with the various obstacles to continued use.

The data needed to calculate discontinuation rates were collected in the 2014 EDHS by asking respondents for information on all episodes of contraceptive use between January 2009 and the date of the interview. For each interval of use, the woman was asked the contraceptive method used and the date of use (year and month) and, if applicable, the date she stopped using and the reason for discontinuation. If a woman reported that she was using a method in January 2009, she was also asked for the date when that segment of use began.

Life-table techniques are used to calculate discontinuation rates from the 2014 EDHS calendar data. Specifically, the rates are based on episodes of use that began during the period 3 to 62 months prior to the 2014 EDHS. The rates are one-year discontinuation rates; i.e., they represent the proportion of users discontinuing within the first 12 months after beginning to use the method. The rates are calculated for all methods and for the following methods separately: pills, injectables, IUDs, and prolonged breastfeeding. Methods not shown separately are included in the category other. To ensure a sufficient number of segments of use to allow calculation of the rates, the reasons for discontinuation were grouped into six specific categories: method failure, desire to become pregnant, other fertility-related reasons, side effects/health concerns, wanted more effective method, and other method-related reasons.

In calculating the rates, the month of interview and the two preceding months were dropped to avoid any bias that might be introduced by an unrecognized pregnancy. The rates are cumulative, i.e., they were obtained by dividing the number of discontinuations at each duration of use (in single months) by the number of months of exposure at that duration. The single-month rates were then cumulated to produce a one-year rate. In deriving these rates, the reasons for discontinuation are treated as competing risks; thus, the rates are additive across the reasons for discontinuation.

Overall, Table 6.18 shows that around 3 in 10 family planning users in Egypt stop using within 12 months of starting use. Side effects and health concerns are the reasons users most often cite for stopping using (11 percent). Four percent of users stop using due to method failure (i.e., they became pregnant while using the method), 6 percent stop using because they want to become pregnant, and 5 percent discontinue as a result of other fertility-related reasons including marital dissolution, infrequent sex, and the onset of menopause. Considering individual methods, the highest rate of discontinuation is observed for prolonged breastfeeding (44 percent), followed by the pill (42 percent) and injectables (38 percent). The IUD has the lowest discontinuation rate; 14 percent of IUD users stop using the method during the first 12 months of use.

Table 6.18 Twelve-month contraceptive discontinuation rates

Among women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, Egypt 2014

Method	Method failure	Desire to become pregnant	Other fertility related reasons ¹	Side effects/ health reasons	Wanted more effective method	Other method related reasons ²	Other reasons ³	Any reason ⁴	Switched to another method ⁵	Number of episodes of use ⁶
Pill	7.6	8.7	9.7	11.0	3.0	1.0	0.7	41.5	8.9	6,232
IUD	1.2	4.3	1.0	7.5	0.0	0.1	0.1	14.3	4.6	5,757
Injectables	1.5	6.5	7.1	20.8	0.7	0.7	0.4	37.9	11.3	2,589
Prolonged breastfeeding	12.7	3.8	0.9	1.0	16.3	8.9	0.9	44.3	21.3	660
Other ⁷	2.2	5.7	0.4	4.6	3.3	0.2	1.3	17.7	7.2	554
All methods	4.3	6.4	5.4	10.7	2.1	0.9	0.4	30.1	8.1	15,793

Note: Figures are based on life table calculations using information on episodes of use that began 3-62 months preceding the survey.

¹ Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation

² Includes lack of access/too far, costs too much, and inconvenient to use

³ Includes fatalistic and husband disapproved

⁴ Reasons for discontinuation are mutually exclusive and add to the total given in this column.

⁵ The episodes of use included in this column are a subset of the discontinued episodes included in the discontinuation rate. A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within two months of discontinuation.

⁶ Number of episodes of use includes both episodes of use that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation.

⁷ Includes female sterilization, implants, male condom, diaphragm/foam/jelly, withdrawal and periodic abstinence

The reasons for discontinuation vary by method. Women using prolonged breastfeeding are the most likely to discontinue, mainly due to a desire for a more effective method (16 percent) and method failure (13 percent). The proportion of users who stop use because of method failure is higher for the pill (8 percent) than for the IUD and injectables (about 1 percent each). Pill users are more likely than users of other methods to discontinue use because they wanted to become pregnant or for other fertility-related reasons. The rate of discontinuation due to side effects or health concerns is greatest among injectable users (21 percent).

The impact of discontinuation clearly depends on whether or not the user is left exposed to the risk of unintended pregnancy. Table 6.18 also shows the extent to which users who discontinue adopt another method immediately after they discontinue. Overall, 8 percent of users switch methods in the first 12 months of use. Users relying on prolonged breastfeeding are most likely to have switched methods.

6.12 REASONS FOR DISCONTINUATION OF CONTRACEPTIVE USE

Table 6.19 looks in greater detail at the reasons the 2014 EDHS respondents gave for discontinuing use. The table shows the percent distribution of all discontinuations in the five-year period prior to the survey by the main reason for discontinuing according to the specific method.

The desire to become pregnant was the most common reason mentioned for discontinuing use. Overall, 4 in 10 discontinuations during the five-year period before the 2014 EDHS occurred because the user wanted to have a child. This reason was the most frequently mentioned factor in discontinuations among IUD users (54 percent) and pill users (35 percent).

Around one-quarter of all discontinuations in the five-year period before the survey were due to side effects or health concerns. Side effects/health concerns were the most common reason for discontinuations among injectable users, and they were the second most common cause of discontinuation among IUD and pill users.

Overall, 11 percent of discontinuations were the result of method failure; i.e., the woman became pregnant while using a method. Women using prolonged breastfeeding were most likely to report method failure (26 percent) as the reason they stopped using the method.

Table 6.19 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Egypt 2014

Reason	Pill	IUD	Injectables	Prolonged breastfeeding	Other ¹	All methods
Became pregnant while using	17.9	5.9	3.6	25.9	16.0	11.2
Wanted to become pregnant	35.4	53.7	26.1	13.3	29.9	39.6
Husband disapproved	0.6	0.3	0.7	0.0	4.0	0.6
Wanted a more effective method	4.7	0.1	1.0	30.7	7.8	3.4
Side effects/health concerns	19.2	26.8	45.0	1.4	24.1	26.0
Lack of access/too far	0.3	0.0	0.3	0.1	1.4	0.2
Cost too much	0.2	0.0	0.1	0.0	0.4	0.1
Inconvenient to use	1.3	0.6	1.0	22.3	1.6	1.8
Up to God/fatalistic	0.3	0.0	0.3	0.1	0.0	0.2
Difficult to get pregnant/ menopausal	0.7	0.9	1.4	0.0	1.4	0.9
Infrequent sex/husband away	14.4	3.1	10.2	1.5	4.4	8.8
Marital dissolution/separation	0.7	2.1	1.5	0.0	1.8	1.4
Other	0.3	0.4	0.5	2.8	0.2	0.5
Missing	4.0	6.0	8.3	1.9	6.9	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	5,417	5,009	2,387	493	331	13,636

¹ Includes female sterilization, implants, male condom, diaphragm/foam/jelly, withdrawal and periodic abstinence

Nine percent of discontinuations were due to infrequent sex or the husband's absence. These reasons were cited most often by women who discontinued use of the pill or injectables. Dissatisfaction with the method was a major factor in discontinuations for users relying on prolonged breastfeeding; 53 percent of discontinuations of prolonged breastfeeding were because the user found the method inconvenient to use or wanted a more effective method. Finally, Table 6.19 shows that program-related factors such as cost or access were rarely cited as a main reason for discontinuing use of contraception.

6.13 UNMET NEED FOR FAMILY PLANNING

Unmet need for family planning was adopted as a Millennium Development Goal (MDG) indicator in 2008. At the time unmet need became an MDG, there was concern that the unmet need definition had become increasingly complex over time and was not always calculated in the same manner across DHS, MICS, and other reproductive health surveys. If progress toward reducing unmet need was to be compared across countries, it was recognized that unmet need had to be defined in a way that could be consistently measured across surveys. After a period of review by a Technical Expert Working Group, a revised unmet need definition was developed and adopted in 2012.¹ This report uses the revised, simpler definition in calculating the unmet need rates for the 2014 EDHS.

According to the revised definition, unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

¹ For a detailed discussion of the rationale for the changes in the definition, see Bradley et al., 2012. The report details six changes in the way in which unmet need is calculated.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant;
- Pregnant with a mistimed pregnancy; or
- Postpartum amenorrheic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children;
- Pregnant with an unwanted pregnancy; or
- Postpartum amenorrheic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant.

Women using contraception are considered to have met need. Women using contraception who say they want no (more) children are considered to have met need for limiting, and women who are using contraception and say they want to delay having a child, or are unsure if or when they want a/another child, are considered to have met need for spacing.

Table 6.20 shows the overall level of need and demand for family planning services among currently married women and the variation in need and demand measures by key background characteristics. Appendix Table A-6.4 presents information on unmet need levels by governorate.

Considering the indicators presented in Table 6.20, unmet need, total demand, percentage of demand satisfied, and percentage of demand satisfied by modern methods are defined as follows:

Unmet need: the sum of unmet need for spacing plus unmet need for limiting

Total demand for family planning: the sum of unmet need plus total contraceptive use

Percentage of demand satisfied: total contraceptive use divided by the sum of unmet need plus total contraceptive use

Percentage of demand satisfied by modern methods: use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

Table 6.20 shows that 13 percent of currently married women in Egypt are considered as having an unmet need for family planning. Around one-third of this need reflects a desire to space the next birth, and the remainder represents an interest in limiting births. Taking into account the women currently using contraception, the total demand for family planning is 71 percent. Eighty-two percent of that demand is satisfied, mainly with modern contraceptive methods. In general, variations in the level of unmet need, the size of the total demand for family planning and the proportion of the satisfied demand are not large. Women in rural Upper Egypt have the highest unmet need and the lowest rate of satisfied demand for family planning (17 percent and 73 percent, respectively).

Table 6.20 also presents estimates of unmet need for the 2005 and 2008 EDHS surveys based on the revised unmet need definition. Those estimates are slightly higher than the levels of unmet need reported at the time of the two surveys. The differences are largely due to the fact that calendar data are not used in determining infecundity in the revised approach to calculating unmet need.

Table 6.20 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Egypt 2014

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning ¹			Percentage of demand satisfied ²	Percentage of demand satisfied by modern methods ³	Number of currently married women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	8.7	0.3	9.0	19.2	1.3	20.5	28.0	1.6	29.6	69.4	63.9	746
20-24	9.4	1.6	11.0	31.1	11.1	42.3	40.5	12.8	53.3	79.4	76.1	2,980
25-29	7.1	4.8	11.9	23.2	32.1	55.2	30.3	36.8	67.1	82.3	79.6	4,610
30-34	4.1	9.3	13.4	12.5	52.1	64.6	16.6	61.4	78.0	82.8	80.5	3,981
35-39	1.8	10.9	12.6	5.0	67.6	72.6	6.8	78.4	85.2	85.2	83.3	3,282
40-44	0.4	12.1	12.5	1.2	69.8	71.0	1.6	81.9	83.5	85.0	83.7	2,579
45-49	0.2	15.7	15.9	0.2	53.8	54.0	0.4	69.4	69.9	77.2	74.9	2,282
Residence												
Urban	3.3	8.5	11.8	13.6	47.7	61.3	16.9	56.2	73.2	83.8	81.4	7,084
Rural	5.1	8.0	13.0	14.0	43.1	57.0	19.0	51.0	70.1	81.4	79.2	13,375
Place of residence												
Urban												
Governorates	2.7	8.4	11.1	13.4	49.2	62.6	16.2	57.6	73.7	84.9	82.3	2,547
Lower Egypt	3.5	7.0	10.4	13.8	50.0	63.8	17.3	56.9	74.2	85.9	84.0	10,098
Urban	2.9	8.0	10.9	12.8	49.7	62.5	15.7	57.7	73.4	85.1	83.0	2,179
Rural	3.6	6.7	10.3	14.1	50.0	64.1	17.7	56.7	74.4	86.2	84.3	7,919
Upper Egypt	6.4	9.6	16.0	14.0	36.3	50.3	20.4	46.0	66.3	75.9	73.1	7,629
Urban	4.3	9.3	13.5	14.4	44.6	58.9	18.7	53.8	72.5	81.3	78.8	2,254
Rural	7.2	9.8	17.0	13.8	32.9	46.7	21.1	42.7	63.7	73.3	70.3	5,375
Frontier												
Governorates ⁴	3.5	7.6	11.0	17.2	37.8	55.0	20.7	45.4	66.0	83.3	80.9	185
Education												
No education	3.2	10.7	13.9	6.9	52.3	59.2	10.1	63.0	73.1	81.0	79.2	4,778
Some primary	3.0	11.3	14.3	8.2	49.5	57.7	11.2	60.8	72.0	80.2	78.9	1,207
Primary complete/some secondary	5.4	7.5	12.9	14.1	40.7	54.7	19.5	48.1	67.6	80.9	78.4	3,572
Secondary complete/ higher	4.9	6.9	11.8	17.5	42.1	59.6	22.3	49.0	71.3	83.5	80.9	10,902
Wealth quintile												
Lowest	5.6	9.8	15.4	10.5	45.4	55.9	16.1	55.2	71.3	78.4	76.1	3,625
Second	5.6	9.4	15.0	11.5	44.2	55.7	17.0	53.6	70.7	78.8	76.8	3,976
Middle	4.6	6.5	11.1	15.4	44.0	59.4	20.0	50.5	70.5	84.3	82.3	4,603
Fourth	3.4	7.7	11.1	16.4	43.4	59.8	19.8	51.1	70.9	84.3	81.9	4,268
Highest	3.3	7.7	11.0	14.7	46.6	61.4	18.1	54.3	72.4	84.8	81.9	3,987
Total EDHS 2014	4.5	8.1	12.6	13.9	44.7	58.5	18.3	52.8	71.1	82.3	80.0	20,460
Total EDHS 2008	3.4	8.2	11.6	13.2	47.1	60.3	16.6	55.3	71.9	83.9	80.1	15,396
Total EDHS 2005	3.5	8.8	12.3	12.4	46.8	59.2	15.9	55.7	71.5	82.8	79.0	18,187

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.

¹ Total demand is the sum of unmet need and met need.

² Percentage of demand satisfied is met need divided by total demand.

³ Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, and diaphragm/foam/jelly.

⁴ Does not include North and South Sinai governorates

6.14 REASONS FOR NONUSE

Table 6.21 presents the distribution of non-pregnant currently married nonusers who do not want another child by the reason(s) the woman gave for not using. The reasons for nonuse given by women are of interest to the family planning program since they help to identify areas for potential interventions to support the adoption of contraception by nonusers. Around two-thirds of nonusers have various fertility-related reasons for not adopting contraception. These reasons include a perceived lack of need for contraception because the woman is subfecund or infecund (10 percent), is menopausal or has had a hysterectomy (11 percent), or is not sexually active or has sex infrequently (5 percent and 20 percent, respectively).

Method-related reasons are cited by 33 percent of nonusers; 12 percent mention fear of side effects and 21 percent have health concerns. Opposition to use—either the woman's own attitude or that of her husband—is a factor for 5 percent of the nonusers.

Table 6.21 classifies women into two age groups (under age 30 and age 30 and over) in order to consider how the reasons for nonuse are related to a woman's age. As might be expected, lack of need for contraception because of menopause or hysterectomy is cited mainly by older nonusers. Health concerns are reported around twice as often among older women as among younger women (23 percent and 10 percent, respectively). The proportion reporting fear of side effects as a reason for not using is only slightly higher among older women than younger women (12 percent and 10 percent, respectively).

6.15 INTENTION TO USE CONTRACEPTION IN THE FUTURE AND PREFERRED METHOD

To obtain information about potential demand for family planning services, currently married women who were not using contraception at the time of the survey were asked about their intention to adopt family planning methods in the future. Table 6.22 shows the percent distribution of nonusers by their intention to use in the future, according to number of living children.

Table 6.21 Reasons for not using family planning

Among currently married women age 15-49 who are not pregnant, are not using a family planning method, and do not want another child, percentage citing various reasons not using family planning, according to age, Egypt 2014

Reason	15-29	30-49	Total
Fertility-related reasons	71.2	62.3	63.8
Not having sex	4.7	5.2	5.1
Infrequent sex/no sex	22.9	19.6	20.2
Menopausal/had hysterectomy	1.1	12.4	10.5
Subfecund/infecund	2.9	11.6	10.1
Not menstruated since last birth	34.7	6.2	11.0
Breastfeeding	5.3	1.1	1.8
Up to God/fatalistic	3.2	8.9	7.9
Opposition to use	7.0	4.6	5.0
Respondent opposed	1.5	1.8	1.7
Husband opposed	4.9	2.6	3.0
Other opposed	0.5	0.1	0.1
Religious prohibition	0.0	0.2	0.1
Lack of knowledge	0.3	0.1	0.1
Knows no source	0.3	0.1	0.1
Method-related reasons	22.1	35.1	32.9
Health concerns	10.4	22.9	20.8
Fear of side effects	10.1	12.3	11.9
Lack of access/too far	0.0	0.4	0.3
Costs too much	0.0	0.1	0.1
Preferred method not available	0.0	0.1	0.1
No method available	0.0	0.1	0.1
Inconvenient to use	1.5	0.7	0.8
Interferes with body's normal processes	0.1	1.1	1.0
Other	1.3	1.5	1.4
Missing	1.0	0.8	0.9
Number of women	393	1,921	2,314

Table 6.22 Future use of family planning

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

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

¹ Includes current pregnancy.

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

represents a substantial decline from the proportion of childless women saying they intended to use in the future at the time of the 2008 EDHS (60 percent).

Nonusers who planned to use family planning in the future were asked about the method they would prefer to use. Table 6.23 shows 34 percent of all nonusers who plan to use prefer the IUD. The remaining nonusers are mainly divided between those who prefer the pill (28 percent) and those who prefer injectables (11 percent). Around one-fifth of the nonusers intending to use a method in the future indicate that they are unsure which method they prefer.

6.16 CONTACT OF NONUSERS WITH OUTREACH WORKERS/HEALTH CARE PROVIDERS

The 2014 EDHS collected information on whether nonusers had any recent contact with community workers or health care providers. Such contacts provide an opportunity to counsel the nonuser about family planning. To obtain this information, nonusers were asked whether they had been visited at home at any time during the 6 months preceding the survey by an outreach worker (e.g., a raiyda rafia) 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 6.24 presents the data on both the proportion of currently married nonusers who had any contact with an outreach worker or health facility and the proportion who discussed family planning with an outreach worker or other health care provider during the 6 months prior to the EDHS interview. Appendix Table A-6.5 presents governorate differences in these indicators.

As Table 6.24 shows, relatively few women were provided family planning information during home visits; only 7 percent of nonusers reported that they had been visited at home by a fieldworker who discussed family planning. Considering residential differentials, the proportion reporting outreach visits was highest in rural Upper Egypt (12 percent) followed by rural Lower Egypt (7 percent).

Table 6.24 also looks at the extent to which nonusers had an opportunity to discuss family planning during the visits they made to health facilities. Around one-quarter of nonusers made at least one visit to a health facility during the 6-month period before the survey. Looking at whether family planning was discussed during those contacts, the results indicate that only 7 percent of women visited health facilities and discussed family planning during the period. Taking into account contacts with fieldworkers and health facilities, around 1 in 8 nonusers reported a contact in which family planning was discussed during the six months prior to the survey.

Although the results in Table 6.24 suggest that there are many “missed” opportunities for informing and motivating nonusers about family planning, some caution must be exercised in drawing such conclusions. Not all visits to health providers present appropriate opportunities for offering family planning information or services, and not all nonusers are interested in/or in need of family planning when they visit a facility. Nevertheless, the results in Table 6.24 suggest that there is

Table 6.23 Preferred family planning method

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

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

potential for taking more advantage of visits to facilities to offer family planning information to women.

Table 6.24 Contact of currently married nonusers with family planning providers

Among currently married women age 15-49 who are not using family planning, the percentage who during the past 6 months were visited by a fieldworker (health worker or raifa rafia) who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Egypt 2014

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 6 months and who:	Did not discuss family planning	Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of nonusers
Age					
15-19	6.4	4.6	20.1	90.1	593
20-24	7.8	9.2	22.0	84.8	1,721
25-29	9.0	10.3	17.6	82.6	2,063
30-34	8.7	7.3	15.4	85.3	1,410
35-39	7.1	7.5	10.6	87.8	899
40-44	5.2	3.8	8.6	91.6	748
45-49	3.2	1.8	7.0	95.4	1,051
Unmet need status					
Unmet need	9.4	8.7	14.4	84.0	2,579
Limiting	8.9	8.3	11.1	84.9	1,667
Spacing	10.5	9.5	20.5	82.3	911
Not in need	6.3	6.6	15.9	88.2	5,907
Residence					
Urban	2.0	5.0	13.2	93.4	2,739
Rural	9.8	8.4	16.5	83.8	5,747
Place of residence					
Urban Governorates	0.5	4.2	11.8	95.3	952
Lower Egypt	6.1	10.0	14.7	85.9	3,660
Urban	1.8	6.6	11.9	92.6	817
Rural	7.4	10.9	15.5	83.9	2,843
Upper Egypt	10.2	5.5	17.1	85.7	3,790
Urban	3.8	4.2	15.7	92.1	926
Rural	12.2	5.9	17.5	83.6	2,865
Frontier Governorates ¹	0.3	4.2	17.6	95.5	83
Education					
No education	7.6	5.5	13.8	87.6	1,950
Some primary	6.1	6.2	15.1	88.3	510
Primary complete/some secondary	7.7	5.5	17.4	88.5	1,618
Secondary complete/higher	7.1	8.8	15.5	85.9	4,408
Wealth quintile					
Lowest	9.9	7.5	14.7	84.6	1,599
Second	10.0	7.3	16.6	84.2	1,761
Middle	9.0	9.2	16.5	83.8	1,868
Fourth	5.5	7.3	15.7	88.8	1,717
Highest	1.2	4.8	13.2	94.1	1,540
Total	7.3	7.3	15.4	86.9	8,486

¹ Does not include North and South Sinai governorates

6.17 EXPOSURE TO FAMILY PLANNING MESSAGES

The 2014 EDHS obtained information on the types of media through which women received any family planning information. This information may be useful in guiding future information and education efforts in Egypt's family planning program.

Table 6.25 presents the percentage of currently married women who heard messages about family planning on broadcast media (television or radio) and through printed materials as well as at community meetings or from religious leaders. The 2014 EDHS collected these data by asking respondents whether they had heard a family planning message through these channels during the 6 months before the interview.

Table 6.25 Exposure to family planning messages

Percentage of currently married women age 15-49 who heard or saw a family planning message on various media in the six months prior to the interview according to background characteristics, Egypt 2014

Background characteristic	Radio	Television	News-paper/ magazine	Poster/ billboard/ sign	Com- munity meeting	Religious leader	No exposure to family planning messages	Number of currently married women
Age								
15-19	4.5	38.3	1.4	16.8	0.0	0.9	53.7	746
20-24	4.0	39.8	1.6	20.5	1.0	1.3	50.0	2,980
25-29	5.0	40.1	3.1	21.3	1.3	1.4	50.6	4,610
30-34	5.0	40.3	3.2	18.0	1.8	1.3	52.0	3,981
35-39	4.8	40.3	3.3	15.3	1.5	1.1	53.0	3,282
40-44	5.8	37.2	3.5	14.6	1.7	1.5	57.1	2,579
45-49	5.0	36.6	3.2	12.0	1.1	1.0	59.1	2,282
Unmet need status								
Limiting	5.3	38.3	2.3	15.5	1.7	1.4	55.1	1,667
Spacing	5.3	37.7	3.6	23.5	1.0	1.5	50.0	911
Not in need	4.8	39.5	3.0	17.4	1.4	1.2	53.0	17,881
Residence								
Urban	3.4	37.1	3.6	14.9	1.1	0.8	57.0	7,084
Rural	5.7	40.5	2.6	18.9	1.5	1.5	51.0	13,375
Place of residence								
Urban Governorates	2.1	37.6	3.4	11.3	0.9	0.5	57.5	2,547
Lower Egypt	7.3	43.3	3.8	19.7	1.3	1.5	48.6	10,098
Urban	6.3	42.5	5.8	18.9	1.4	1.1	51.5	2,179
Rural	7.6	43.5	3.3	20.0	1.3	1.5	47.8	7,919
Upper Egypt	2.7	35.1	1.7	16.9	1.6	1.3	57.0	7,629
Urban	2.1	32.1	1.9	15.4	1.1	0.7	61.0	2,254
Rural	2.9	36.3	1.6	17.6	1.8	1.5	55.3	5,375
Frontier Governorates ¹	0.7	19.4	0.7	7.8	1.4	0.2	73.5	185
Education								
No education	3.3	31.8	0.5	10.8	0.9	1.2	62.3	4,778
Some primary	3.5	34.8	0.8	14.5	1.1	1.0	57.9	1,207
Primary complete/some secondary	3.6	39.4	1.3	15.8	0.7	0.8	53.4	3,572
Secondary complete/higher	6.2	43.1	4.8	21.4	1.8	1.5	48.4	10,902
Work status								
Working for cash	7.2	44.1	7.6	23.8	3.9	2.1	47.3	2,640
Not working	4.5	38.6	2.2	16.6	1.0	1.1	53.9	17,820
Wealth quintile								
Lowest	4.8	37.9	1.1	16.8	1.3	1.2	53.6	3,625
Second	3.9	40.1	1.9	17.1	1.3	1.8	52.2	3,976
Middle	5.8	41.4	2.8	19.3	1.6	1.3	50.6	4,603
Fourth	5.8	39.6	3.5	18.5	1.3	1.2	52.8	4,268
Highest	3.8	37.1	5.1	15.6	1.3	0.8	56.5	3,987
Total	4.9	39.3	2.9	17.5	1.4	1.3	53.1	20,460

¹ Does not include North and South Sinai governorates

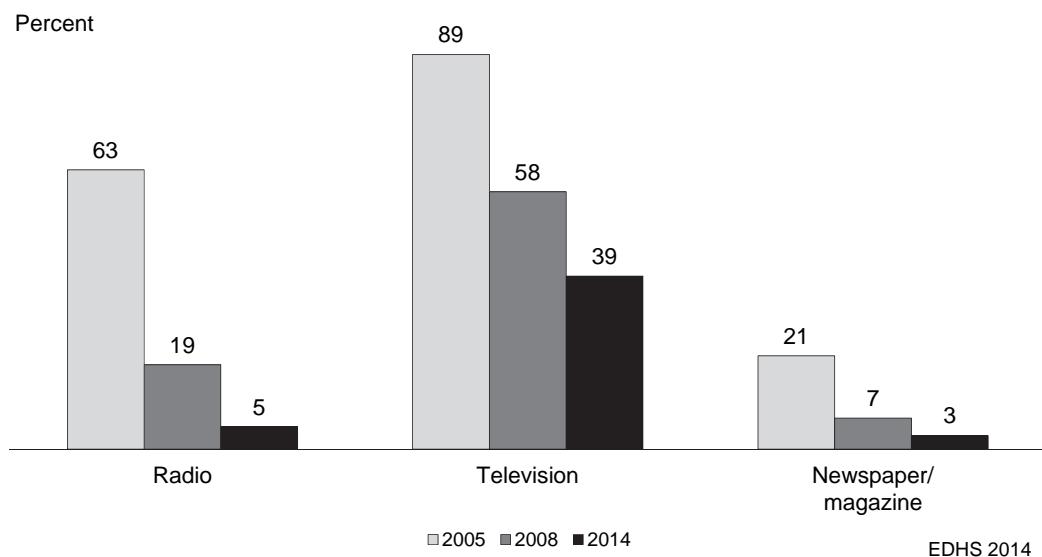
As expected, Table 6.25 confirms that television is the primary source of family planning information. Around 40 percent of women had seen a recent family planning message on television, compared with only 5 percent who had heard a message on the radio. Around 1 in 5 women saw a family planning message on a poster/billboard. Newspaper/magazines reach far fewer women; 3 percent of EDHS respondents had read about family planning in a newspaper or magazine. Few women receive family planning information through community meetings and religious leaders

(1 percent each). More than half of women were not exposed to family planning messages from any of the sources in Table 6.25. This is substantially higher than the proportion of currently married women who had not been exposed to family planning messages in the 6 months before the 2008 EDHS (33 percent).

Considering the differentials in Table 6.25, the proportions of currently married women who have heard a family planning message on either television or radio vary by residence, with women in Lower Egypt being the most likely to have been reached by these channels. As expected, exposure to family planning information through print media increases with educational level. The lowest level of exposure to family planning messages was observed in the three surveyed Frontier governorates; 74 percent of women in Frontier Governorates were not exposed to family planning messages in the six months before the survey.

Comparing the levels of exposure to selected media found in the 2014 EDHS with the levels observed in the 2005 and 2008 surveys, Figure 6.3 shows sharp declines in exposure to family planning information over the past decade in Egypt. For example, the proportion of women reporting exposure to family planning messages on television dropped from almost 90 percent in 2005 to less than 40 percent in 2014. The proportion reporting hearing about family planning on the radio dropped sharply as well, from 63 percent of women in 2005 to 5 percent in 2014.

Figure 6.3 Trends in exposure to family planning messages, Egypt 2005-2014



PROXIMATE DETERMINANTS OF FERTILITY

Key Findings:

- Marriage is nearly universal in Egypt; among women age 30 and older, 93 percent or more have ever married.
- The median age at first marriage among women age 25-49 years is 20.8 years.
- Women in rural Upper Egypt marry on average nearly 4 years earlier than women in the Urban Governorates.
- Consanguineous unions are common; overall, 31 percent of ever-married women report their current or most recent husband was a blood relative.
- Insusceptibility to the risk of pregnancy due to postpartum amenorrhea and/or abstinence from sexual relations is short; 60 percent of women are susceptible to the risk of pregnancy at 4-5 months after a birth, and around 75 percent are susceptible at 8 to 9 months after a birth.

This chapter considers a number of factors other than contraception that influence fertility. Marriage is among the most important of these proximate determinants since it is a primary indicator of women's exposure to the risk of pregnancy. Early age at first marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and thus higher fertility levels. The early initiation of childbearing associated with early marriage may also adversely affect women's and children's health.

With regard to marriage, this chapter also looks at the prevalence of polygyny, the practice where a man has more than one wife, and the extent of consanguineous marriages.

Finally, this chapter explores several other factors that influence fertility, including postpartum amenorrhea, postpartum abstinence, and menopause. Postpartum amenorrhea and postpartum abstinence determine the length of time a woman is insusceptible to pregnancy after childbirth, affecting birth intervals and thus fertility levels. Menopause is important since it marks the end of a woman's period of exposure to the risk of pregnancy.

In the 2014 EDHS, questions about the proximate determinants of fertility were included in the individual questionnaire, which was administered only to ever-married women. However, a number of tables which examine the proximate determinants in this chapter are based on all women, i.e., on ever-married women and never-married women. In constructing these tables, the denominators have been expanded to represent all women by multiplying the number of ever-married women by an inflation factor equal to the ratio of all women to ever-married women reported in the household questionnaire. The inflation factors are calculated by single years of age, either for the population as a whole or, in cases where the results are presented by background characteristics, separately for each category of the characteristic in question.

7.1 MARITAL STATUS

Table 7.1 presents the distribution of all women age 15-49 by current marital status. Overall, 70 percent of women are currently married, 2 percent are widowed, 2 percent are divorced or separated (not living together), and 26 percent have never been married. The proportion never married decreases rapidly with age, from 85 percent among women age 15-19 to 39 percent among women age 20-24. The virtual universality of marriage among women is further evidenced from the fact that 93 percent or more of women age 30 and older have married at least once.

Table 7.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, Egypt 2014

Age	Marital status					Total	Number of respondents
	Never married	Married	Divorced	Separated	Widowed		
15-19	85.3	14.4	0.2	0.2	0.0	100.0	5,185
15-17	93.6	6.2	0.1	0.1	0.0	100.0	3,167
18-19	72.2	27.2	0.3	0.3	0.0	100.0	2,018
20-24	38.9	59.6	0.9	0.4	0.1	100.0	5,003
25-29	12.9	84.5	1.5	0.8	0.3	100.0	5,455
30-34	6.8	89.9	1.9	0.5	1.0	100.0	4,429
35-39	3.1	91.0	2.5	0.8	2.6	100.0	3,605
40-44	2.0	88.3	2.5	0.7	6.6	100.0	2,921
45-49	1.7	83.0	2.9	1.1	11.3	100.0	2,751
Total 15-49	25.9	69.7	1.6	0.6	2.3	100.0	29,349

Table 7.1 shows that, as expected, the proportion widowed increases steadily with age, from less than 1 percent among women under age 30 to 11 percent among women age 45-49. The proportion divorced and separated does not exceed 4 percent of women in any age group.

The legal age at marriage for women in Egypt is 18 years. While not common, Table 7.1 shows some women are marrying before this age. Overall, 6 percent of women age 15-17 had ever married before their 18th birthday.

The 2014 EDHS included questions to investigate the extent to which current marital unions are polygynous. Table 7.2 shows that around 3 percent of currently married women have co-wives, with the majority having only one co-wife.

The table also presents information about polygynous unions by background characteristics. The proportion of women reporting co-wives increases with age and decreases with education and the wealth quintile. Looking at residential differences, women in the three Frontier Governorates surveyed in the EDHS reported they had co-wives slightly more often than women in other areas. Given the small proportion of women reporting they are in a polygynous union, caution should be exercised in interpreting any of these differentials.

Table 7.2 Number of co-wives

Percent distribution of currently married women age 15-49 by number of co-wives, according to background characteristics, Egypt 2014

Background characteristic	Number of co-wives				Total	Number of currently married women
	0	1	2+	Don't know		
Age						
15-19	98.8	0.7	0.0	0.5	100.0	746
20-24	99.1	0.9	0.0	0.0	100.0	2,980
25-29	98.3	1.4	0.2	0.0	100.0	4,610
30-34	97.5	2.2	0.2	0.0	100.0	3,981
35-39	96.0	3.7	0.2	0.1	100.0	3,282
40-44	96.2	3.3	0.4	0.1	100.0	2,579
45-49	95.4	4.2	0.2	0.1	100.0	2,282
Urban-rural residence						
Urban	97.5	2.3	0.1	0.1	100.0	7,084
Rural	97.3	2.4	0.2	0.1	100.0	13,375
Place of residence						
Urban Governorates	97.7	2.2	0.1	0.0	100.0	2,547
Lower Egypt	97.6	2.2	0.1	0.1	100.0	10,098
Urban	97.5	2.4	0.1	0.0	100.0	2,179
Rural	97.6	2.1	0.1	0.1	100.0	7,919
Upper Egypt	97.0	2.7	0.3	0.1	100.0	7,629
Urban	97.4	2.4	0.1	0.2	100.0	2,254
Rural	96.8	2.8	0.3	0.0	100.0	5,375
Frontier Governorates ¹	95.4	3.9	0.6	0.0	100.0	185
Education						
No education	95.2	4.3	0.4	0.1	100.0	4,778
Some primary	96.4	3.3	0.3	0.0	100.0	1,207
Primary complete/some secondary	97.0	2.7	0.1	0.1	100.0	3,572
Secondary complete/higher	98.5	1.4	0.1	0.0	100.0	10,902
Work status						
Working for cash	97.3	2.2	0.4	0.1	100.0	2,640
Not working	97.3	2.4	0.1	0.1	100.0	17,820
Wealth quintile						
Lowest	95.6	3.9	0.4	0.1	100.0	3,625
Second	96.9	2.9	0.1	0.0	100.0	3,976
Middle	97.8	1.9	0.2	0.1	100.0	4,603
Fourth	98.0	1.8	0.1	0.1	100.0	4,268
Highest	98.2	1.7	0.1	0.0	100.0	3,987
Total	97.3	2.4	0.2	0.1	100.0	20,460

¹ Does not include North and South Sinai governorates

7.2 CONSANGUINITY

Marriages between blood relatives (consanguineous marriages) are common in Egypt. Table 7.3 presents information on the extent of consanguineous unions by selected background characteristics. Appendix Table A-7.1 shows the variation in the prevalence of consanguineous unions by governorate.

As shown in Table 7.3, 31 percent of ever-married women report that their current or, in the case of widowed or divorced women, their most recent husband was a blood relative. More than half of consanguineous marriages involve first cousins. In consanguineous marriages, the husband is more likely to be a relative from the father's side than the mother's side.

As expected, consanguineous marriages are more common in rural than in urban areas; more than one-third of the marriages in rural areas involve blood relatives. Even in urban areas, however, just under one-quarter of women marry a blood relative. Considering place of residence, the highest rate of consanguineous marriages is found in rural Upper Egypt, where close to half of marriages are

between blood relatives. The rate of consanguineous marriage is lowest in urban Lower Egypt (18 percent) and the Urban Governorates (20 percent).

Table 7.3 Consanguinity

Percent distribution of ever-married women age 15-49 by relationship to their (last) husband, according to background characteristics, Egypt 2014

Background characteristic	First cousin		Second cousin		Other relative		Related by marriage	Not related	Total	Number of ever-married women
	Father's side	Mother's side	Father's side	Mother's side	Father's side	Mother's side				
Age										
15-19	13.1	6.8	7.3	2.7	6.2	2.2	1.6	60.1	100.0	764
20-24	10.9	6.8	4.9	2.6	4.3	3.3	0.9	66.2	100.0	3,055
25-29	10.5	6.3	3.4	2.0	4.3	3.0	1.4	69.0	100.0	4,753
30-34	10.0	6.4	3.7	3.2	4.2	2.6	1.1	68.8	100.0	4,127
35-39	9.9	5.1	4.7	2.8	3.7	2.5	1.0	70.3	100.0	3,495
40-44	10.0	5.7	4.0	2.7	4.6	2.9	1.1	68.9	100.0	2,864
45-49	10.8	5.7	3.8	2.8	3.8	2.9	1.3	68.9	100.0	2,705
Urban-rural residence										
Urban	7.0	5.6	2.9	2.1	2.6	2.2	1.0	76.6	100.0	7,623
Rural	12.3	6.3	4.8	2.9	5.1	3.2	1.3	64.0	100.0	14,139
Place of residence										
Urban Governorates	5.5	5.1	2.8	2.6	1.9	1.7	1.0	79.3	100.0	2,774
Lower Egypt	7.8	5.2	3.7	2.4	3.2	2.4	1.2	74.1	100.0	10,664
Urban	5.1	4.3	2.7	1.7	2.8	1.5	1.1	80.8	100.0	2,319
Rural	8.5	5.4	3.9	2.6	3.3	2.7	1.2	72.3	100.0	8,346
Upper Egypt	15.5	7.5	5.2	3.0	6.3	3.8	1.2	57.4	100.0	8,130
Urban	10.3	7.3	3.1	2.1	2.9	3.4	0.8	70.0	100.0	2,421
Rural	17.7	7.6	6.1	3.4	7.8	4.0	1.3	52.1	100.0	5,708
Frontier Governorates ¹	14.1	6.3	4.0	2.0	5.5	2.6	2.7	62.8	100.0	194
Education										
No education	14.4	6.6	4.3	2.7	5.3	3.3	1.2	62.2	100.0	5,232
Some primary	11.2	7.0	7.5	2.9	4.5	4.3	0.9	61.8	100.0	1,334
Primary complete/some secondary	11.6	6.4	4.7	2.8	4.3	2.4	1.5	66.2	100.0	3,796
Secondary complete/higher	8.1	5.6	3.5	2.5	3.7	2.7	1.1	72.8	100.0	11,400
Work status										
Working for cash	7.3	4.5	3.0	2.1	3.3	2.2	1.0	76.8	100.0	2,964
Not working	10.9	6.3	4.3	2.7	4.4	3.0	1.2	67.1	100.0	18,798
Wealth quintile										
Lowest	16.0	7.0	6.2	3.3	6.6	3.6	1.8	55.4	100.0	3,887
Second	13.0	6.7	4.7	3.3	5.1	3.4	1.2	62.5	100.0	4,277
Middle	10.1	5.9	4.5	2.6	4.4	3.1	1.1	68.3	100.0	4,839
Fourth	8.2	6.0	3.2	1.9	3.1	2.6	1.0	74.0	100.0	4,542
Highest	5.4	4.7	2.3	2.2	2.2	1.6	0.9	80.7	100.0	4,217
Total	10.4	6.1	4.2	2.7	4.2	2.9	1.2	68.5	100.0	21,762

¹ Does not include North and South Sinai governorates

A woman's chance of marrying a blood relative varies from a high of 37 percent among women with no education to 26 percent among women with secondary or higher education. The likelihood of consanguineous marriage is higher among women who are not working for cash than among women who are working for cash. The proportion of women marrying blood relatives decreases with the wealth quintile, from a level of 43 percent among women in the lowest wealth quintile to 18 percent of women in the highest quintile.

7.3 AGE AT FIRST MARRIAGE

The duration of exposure to the risk of pregnancy in a society is closely associated with the age at which women first marry. Thus, trends in age at first marriage can help explain changes in fertility levels in Egypt.

Table 7.4 shows both the percentage of women who have ever been married by selected exact ages and the median age at first marriage, according to current age. The results document an increase in the age at first marriage among younger cohorts. Accompanying the overall trend to later marriage is an especially marked decline in the proportion of women marrying at very young ages. The percentage of women married by exact age 15 has dropped from 11 percent among women age 45-49 to 2 percent among women age 20-24. The percentage of women married by exact age 18 has fallen from 33 percent among women age 45-49 to 17 percent among women age 20-24.

Table 7.4 Age at first marriage

Percentage of women age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Egypt 2014

Current age	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	1.2	na	na	na	na	85.3	5,185	a
20-24	2.0	17.4	39.8	na	na	38.9	5,003	a
25-29	3.0	18.3	38.5	57.4	80.1	12.9	5,455	21.3
30-34	4.3	21.7	39.4	57.2	77.4	6.8	4,429	21.1
35-39	5.8	24.3	41.9	59.0	78.5	3.1	3,605	20.8
40-44	7.7	27.3	46.3	63.4	80.4	2.0	2,921	20.4
45-49	11.1	33.3	50.4	66.5	81.0	1.7	2,751	20.0
25-49	5.7	23.8	42.2	59.9	79.4	6.4	19,161	20.8

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse.

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the women began living with their spouse for the first time before reaching the beginning of the age group

The median age at first marriage increased from 20 years among women in the age group 45-49 to 21.3 years among women in the age group 25-29.

Table 7.5 presents differentials in the median age at first marriage among women age 25-49 by selected background characteristics. As expected, rural women tend to marry at a younger age than urban women. The median age at first marriage among urban women (22.4 years), is more than two years higher than the median age at first marriage among rural women (20.0 years).

There are marked differentials in the age of first marriage by place of residence. Table 7.5 shows that the median age at first marriage in the Urban Governorates (23 years) is higher than in either urban Lower Egypt (22.1 years) or urban Upper Egypt (21.9 years). Women living in rural Lower Egypt also married more than one year later than women in rural Upper Egypt (20.5 years and 19.1 years, respectively).

Table 7.5 shows large differences in the age at first marriage by educational level. The median age at first marriage among women with a secondary education is 22.3 years, more than three years and a half higher than the median age among women who have no

Table 7.5 Median age at first marriage by background characteristics

Median age at first marriage among women age 25-49, according to background characteristics, Egypt 2014

Background characteristic	Women age 25-49
Urban-rural residence	
Urban	22.4
Rural	20.0
Place of residence	
Urban Governorates	23.0
Lower Egypt	20.8
Urban	22.1
Rural	20.5
Upper Egypt	19.9
Urban	21.9
Rural	19.1
Frontier Governorates ¹	21.0
Education	
No education	18.6
Some primary	18.7
Primary complete/some secondary	19.4
Secondary complete/higher	22.3
Wealth quintile	
Lowest	18.9
Second	19.6
Middle	20.5
Fourth	21.5
Highest	23.2
Total	20.8

¹Does not include North and South Sinai governorates

education (18.6 years) or some primary (18.7 years) and about 3 years higher than among women who completed primary or had attended some secondary school (19.4 years).

The median age at first marriage also rises with the wealth quintile. Among women in the lowest wealth quintile, the median age at first marriage is 18.9 years compared to 23.2 years among women in the highest quintile.

7.4 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

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

The percentages of births occurring during the three years preceding the survey for which mothers are postpartum amenorrheic, postpartum abstaining, and postpartum insusceptible are shown in Table 7.6 and Figure 7.1, according to the number of months since the birth. These distributions are derived from current status information, i.e., on the proportion of births occurring x months before the survey for which mothers were still amenorrheic, abstaining, or insusceptible at the time of the survey. Thus, the results presented in the table are cross-sectional in nature, representing the experience of mothers of all births at a single point in time rather than showing the experience of a cohort of mothers over time. The data are grouped in two-month intervals to minimize the fluctuations in the estimates. The median- and mean-duration estimates shown at the bottom of Table 7.6 were calculated from the current status distributions presented in the table. The prevalence/incidence mean which also is shown in Table 7.6 was obtained by dividing the number of mothers who are amenorrheic, abstaining, or insusceptible by the average number of births per month over the 36-month period.

Overall, the period of amenorrhea after birth is not long for the average Egyptian woman. As Figure 7.1 shows, the percentage of babies whose mothers are amenorrheic declines from over 95 percent in the two months immediately after a birth to 52 percent during the period two to three months after birth. By 4 to 5 months after a birth, mothers of only 36 percent of births are still amenorrheic, and by 12 to 13 months after a birth, mothers have not resumed menstruation in the case of only 16 percent of births. The median duration of postpartum amenorrhea is 3.4 months. The relatively short average duration of postpartum amenorrhea is related to breastfeeding patterns, especially the early introduction of supplemental foods (see Chapter 12).

As in other Islamic countries, many couples in Egypt observe the traditional practice of abstaining from sexual relations for a period of 40 days after a birth. Reflecting this tradition, the percentage of births for which the mother is still abstaining decreases rapidly, from 77 percent immediately (0-1 months) after a birth to 16 percent at 2 to 3 months after a birth.

Table 7.6 Postpartum amenorrhea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Egypt 2014

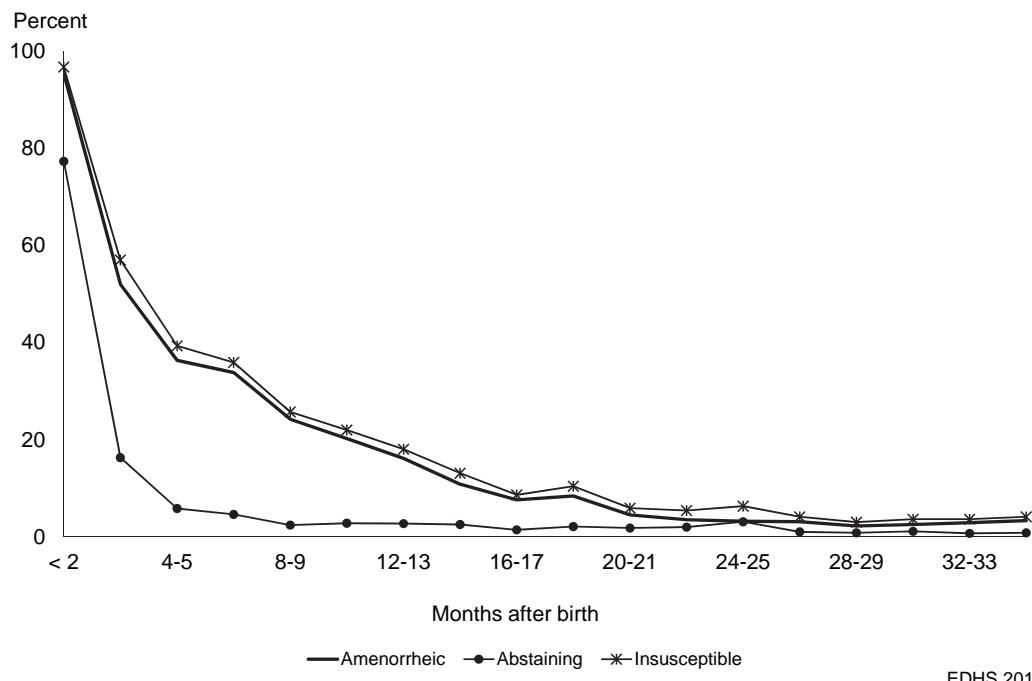
Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible ¹	
< 2	95.4	77.3	96.7	403
2-3	52.0	16.3	57.0	534
4-5	36.3	5.8	39.3	546
6-7	33.8	4.6	35.9	633
8-9	24.2	2.4	25.7	666
10-11	20.2	2.8	22.0	525
12-13	16.1	2.7	18.0	494
14-15	10.8	2.5	13.1	551
16-17	7.6	1.4	8.6	535
18-19	8.4	2.1	10.4	504
20-21	4.5	1.8	5.9	581
22-23	3.5	2.0	5.4	534
24-25	3.2	3.1	6.3	467
26-27	3.1	1.0	4.1	520
28-29	2.2	0.8	3.0	526
30-31	2.5	1.1	3.6	511
32-33	2.9	0.7	3.6	577
34-35	3.3	0.8	4.1	493
Total	17.7	6.2	19.5	9,600
Median	3.4	1.7	3.8	na
Mean	6.9	2.9	7.5	na
Prevalence/incidence mean	6.4	2.2	7.0	na

Note: Estimates are based on status at the time of the survey.

na = Not applicable

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

Figure 7.1 Percentage of births whose mothers are amenorrheic, abstaining, or insusceptible to the risk of pregnancy



EDHS 2014

The combined effects of postpartum amenorrhea and postpartum abstinence are reflected in the period of postpartum insusceptibility after a birth. Overall, 60 percent of women are susceptible to the risk of pregnancy at 4-5 months after a birth, and around 75 percent are susceptible at 8 to 9 months after a birth.

The median durations of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility are presented in Table 7.7, according to selected background characteristics. The period of insusceptibility to the risk of conception following a birth is longest among women in the lowest wealth quintile and women in rural Upper Egypt (4.5 months and 4.4 months, respectively) and shortest among women in the highest wealth quintile and the Frontier Governorates (3.2 months each). Differentials in the durations of insusceptibility are owed primarily to differences in the length of the periods of postpartum amenorrhea, since the average duration of postpartum abstinence does not vary greatly among the population subgroups.

Table 7.7 Median duration of amenorrhea, postpartum abstinence, and postpartum insusceptibility

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Egypt 2014

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility ¹
Mother's age			
15-29	3.3	1.7	3.7
30-49	3.7	1.8	4.1
Urban-rural residence			
Urban	3.2	1.6	3.4
Rural	3.5	1.8	3.9
Place of residence			
Urban Governorates	3.1	1.8	3.4
Lower Egypt	3.2	1.8	3.6
Urban	2.9	(1.9)	3.4
Rural	3.3	1.8	3.6
Upper Egypt	3.7	1.6	4.1
Urban	3.5	(1.3)	3.5
Rural	3.8	1.7	4.4
Frontier Governorates ²	3.2	a	3.2
Education			
No education	3.9	1.8	4.2
Some primary	3.2	*	3.4
Primary complete/some secondary	3.8	1.8	4.2
Secondary complete/higher	3.2	1.7	3.6
Work status			
Working for cash	3.5	(1.8)	3.8
Not working	3.4	1.7	3.8
Wealth quintile			
Lowest	4.0	1.8	4.5
Second	3.6	1.8	3.9
Middle	2.9	1.7	3.4
Fourth	3.5	1.8	3.8
Highest	3.0	1.6	3.2
Total	3.4	1.7	3.8

Note: Medians are based on current status, i.e., the status at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

a = Omitted because fewer than 50 percent of the respondents abstained for a month following birth.

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

² Does not include North and South Sinai governorates

7.5 TERMINATION OF EXPOSURE TO PREGNANCY

Another factor influencing the risk of pregnancy among women is menopause among older women. Table 7.8 presents data on the proportion menopausal among women age 30 and over. For the purposes of the table, an EDHS respondent is considered menopausal if she met one of the two following conditions: (1) she declared herself menopausal at the time of the interview, or (2) she had not had a period for six months or more before the survey and was neither pregnant nor amenorrheic.

Based on this definition, Table 7.8 shows that few respondents under age 40 are menopausal. However, after age 40, the proportion menopausal rises rapidly, from 8 percent of women age 40-41 to 31 percent of women in the oldest age group (48-49 years).

Table 7.8 Menopause

Percentage of women age 30-49 who are menopausal, by age, Egypt 2014

Age	Percentage menopausal ¹	Number of women
30-34	3.1	4,127
35-39	5.5	3,495
40-41	8.1	1,229
42-43	8.5	1,103
44-45	12.5	1,176
46-47	19.3	1,004
48-49	31.0	1,057
Total	8.9	13,190

¹ Includes women who are not pregnant, who are not postpartum amenorrheic, and whose last menstrual period occurred six or more months preceding the survey and women who declared themselves to be menopausal.

INFANT AND CHILD MORTALITY

Key Findings:

- Under-five mortality for the five-year period before the survey was 27 deaths per 1,000 births; at this level, about one in thirty-seven Egyptian children will die before the fifth birthday.
- Around 8 in 10 early childhood deaths in Egypt take place before a child's first birthday; slightly more than half (52 percent) occur during the first month of life.
- Under-five mortality in urban areas is 23 per 1,000 births, around 30 percent lower than under-five mortality in rural areas (34 per 1,000).
- Considering the place of residence, under-five mortality is highest in Upper Egypt (38 deaths per 1,000 births) and lowest in the Urban Governorates (20 deaths per 1,000 births).
- Short birth intervals are associated with higher mortality; the under-five mortality rate among children born less than two years after a previous birth is 56 deaths per 1,000 births, about three times the level among children born four or more years after a previous birth.

This chapter presents information on the levels and trends in mortality among children under five years of age in Egypt and looks at the variation in mortality levels according to demographic and socioeconomic characteristics that have been shown to influence infant and childhood mortality (e.g., residence, young maternal age at birth, and short birth intervals). The mortality levels from the 2014 EDHS are central to the assessment of the current demographic situation in Egypt. Mortality levels are also one of the main indicators of the standard of living or development of a population. Thus, identifying segments of the child population that are at greater risk of dying contributes to efforts to improve child survival and lower the exposure of young children to risk.

8.1 ASSESSMENT OF DATA QUALITY

The 2014 EDHS mortality estimates are calculated from information that was collected in the birth history section of the woman's questionnaire. The birth history section includes a set of initial questions about the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died. These questions are followed by a retrospective birth history in which a listing of all of the respondent's births is obtained, starting with the first birth. For each birth, information is collected 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 mortality rates.

In this chapter, the following rates are used to assess and measure infant and child mortality:

Neonatal mortality: the probability of dying within the first month of life;

Postneonatal mortality: the difference between infant and neonatal mortality;

Infant mortality: the probability of dying during the first year of life;

Child mortality: the probability of dying between the first and fifth birthday;

Under-five mortality: the probability of dying before the fifth birthday.

The reliability of mortality estimates derived from birth history data is affected by a number of factors. These factors include the completeness with which deaths of children are reported, and the extent to which birth dates and ages at death are accurately reported. Omissions of either births or deaths are a more serious problem since they affect the level of the mortality estimates. Errors in reporting of birth dates may cause a distortion of trends over time, while errors in reporting of age at death can distort the age pattern of mortality.

Omissions can be detected by examining the proportion of neonatal deaths that occur during the first week of life and the proportion of infant deaths that take place during the first month of life. If there is substantial underreporting of deaths, the results would be abnormally low ratios of deaths under seven days to all neonatal deaths and of neonatal deaths to all infant deaths. Appendix Table D-5 shows the ratio of deaths in the first six days of life to all neonatal deaths for the period 0-19 years before the 2014 EDHS, and Appendix Table D-6 shows the proportion of neonatal to all infant deaths for the same time period. The ratios of early neonatal deaths to all neonatal deaths and the ratio of neonatal deaths to all infant deaths are within the acceptable limits for the level of mortality observed during the period.

Errors in the reporting of birth dates also affect the accuracy of period mortality estimates. An examination of the distribution of deceased children according to their birth date indicates that there is an excess of deaths in calendar year 2008 (shown in Appendix Table D-4). The transference occurred in the case of both living and dead children. A similar pattern is evident in the data from Demographic and Health Surveys in other countries and in past DHS surveys in Egypt; it is thought to result, at least partially, from interviewer transference of births out of the period for which health data were collected (January 2009 through the date of the survey) in order to reduce the workload. The effect of the transference is a slight underestimate of mortality in the five-year period prior to the survey and an overestimate of mortality in the period 5-9 years prior to the survey. Results from a simulation study conducted with a number of DHS countries suggests the error introduced in the mortality estimates is typically less than 5 percent (Macro International Inc., 1993).

Another problem common to the collection of birth history data is heaping of age at death, especially at age 12 months. Errors in the reporting of the age at death will bias estimates of the age pattern of mortality if the errors result in transference of deaths between the age segments for which the rates are calculated. For example, an overestimate of child mortality relative to infant mortality may result if children who died during the first year of life are reported to have died at age one year (12 months) or older. In an effort to avoid this problem, EDHS interviewers were instructed to record the age at death in months for deaths under age two years. In addition, they were asked to probe whenever the mother reported an age at death of "1 year" or "12 months." Despite these procedures, the data on age at death from the 2014 EDHS exhibits some heaping at age 12 months (shown in Appendix Table D-6). The heaping is less evident for deaths occurring in the five-year period before the survey than for deaths taking place further in the past.

8.2 LEVELS AND TRENDS IN EARLY CHILDHOOD MORTALITY

Table 8.1 presents neonatal, postneonatal, infant, child, and under-five mortality rates for a fifteen-year period preceding the 2014 EDHS. These results describe the current level of mortality in Egypt and allow an assessment of recent trends in mortality among young children.

8.2.1 Levels of Mortality

Under-five mortality for five-year period before the survey was 27 deaths per 1,000 births (Table 8.1). At this level, about one in thirty-seven Egyptian children will die before the fifth birthday. The infant mortality rate was 22 deaths per 1,000 births, and the neonatal mortality rate was 14 deaths per 1,000 births. This indicates that around 80 percent of early childhood deaths in Egypt are taking place before a child's first birthday, with slightly more than half (52 percent) occurring during the first month of life.

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Egypt 2014

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_aq_1$)	Under-five mortality (${}_5q_0$)
0-4	14	8	22	5	27
5-9	19	11	30	3	33
10-14	19	13	33	7	39

¹ Computed as the difference between the infant and neonatal mortality rates

8.2.2 Trends in Mortality Based on Retrospective Data

Mortality estimates derived from the retrospective birth history data collected in the 2014 EDHS are used in Table 8.1 to examine the trends in early childhood mortality in Egypt over the past 15 years. Although subject to some degree of recall bias, the results suggest that early childhood mortality levels have declined steadily over the past 15 years. Infant mortality decreased by around 33 percent, from a level of 33 deaths per 1,000 births during the period 10-14 years before the survey (circa 2000-2004) to a level of 22 deaths per 1,000 in the five-year period preceding the EDHS (circa 2010-2014). Under-five mortality declined from 39 deaths per 1,000 births during the period 10-14 years before the survey to 27 deaths in the five-year period before the survey.

8.2.3 Trends in Mortality Based on Data from Multiple Surveys

Another approach to looking at trends in mortality levels involves the comparison of estimates from surveys conducted at different points in time. Table 8.2 and Figure 8.1 present the trend in early childhood mortality rates for successive five-year periods before the five rounds of the Egypt DHS surveys and the 1980 Egypt Fertility Survey. Together, the estimates span a period of more than 40 years since the mid-1960s.

In examining the estimates, it is important to remember that the reporting of mortality events is generally better for the five-year period immediately before a survey since mothers are more likely to forget or fail to mention deaths further back in time. Thus, the estimate for the five-year period immediately prior to each of the surveys shown in Table 8.2 is likely to be the most accurate. Sampling errors, which are typically fairly large for mortality rates, also must be taken into account when interpreting the trends in the table.

The estimates presented in Table 8.2 confirm that early childhood mortality has fallen significantly in Egypt during the past four decades. An Egyptian child was around nine times more likely to die before the fifth birthday in the mid-1960s than in 2014. The trends in Table 8.2 also document the changing age pattern of deaths among young children. As the overall rates decreased, mortality has become increasingly concentrated in the earliest months of life. In the mid-1960s, around 40 percent of deaths occurred after the child's first birthday; by the time of the 2014 EDHS, only 19 percent of all deaths under age five took place after the first 12 months of life.

Table 8.2 Trends in early childhood mortality

Trends in neonatal, infant, and under-five mortality from various selected surveys, Egypt 1965-2014

Reference period	Approximate midpoint	Survey	Neonatal mortality	Infant mortality	Under-five mortality
2010-2014	2012	2014 EDHS	14	22	27
2005-2009	2007	2014 EDHS	19	30	33
2004-2008	2006	EDHS-08	16	25	28
2001-2005	2003	EDHS-05	20	33	41
2000-2004	2002	2014 EDHS	19	33	39
1999-2003	2001	EDHS-08	19	33	39
1996-2000	1998	EDHS-05	26	48	59
1996-2000	1998	EDHS-00	24	44	54
1994-1998	1996	EDHS-08	21	41	54
1991-1995	1993	EDHS-05	32	60	81
1991-1995	1993	EDHS-00	34	66	84
1991-1995	1993	EDHS-95	30	63	81
1988-1992	1990	EDHS-92	33	62	85
1986-1990	1988	EDHS-00	37	74	103
1986-1990	1988	EDHS-95	44	82	110
1984-1988	1986	EDHS-88	39	73	102
1983-1987	1985	EDHS-92	51	97	130
1981-1985	1983	EDHS-95	45	97	139
1979-1983	1981	EDHS-88	58	120	167
1978-1982	1980	EDHS-92	48	108	157
1975-1979	1977	EFS-80	59	132	191
1974-1978	1976	EDHS-88	53	124	203
1970-1974	1972	EFS-80	67	146	238
1965-1969	1967	EFS-80	63	141	243

Source: EFS-80: Abdel-Azeem et al., 1993, Table 10.4

EDHS-88: Sayed et al., 1989, Table 8.3 and 8.4

EDHS-92: El-Zanaty et al., 1993, Table 10.1

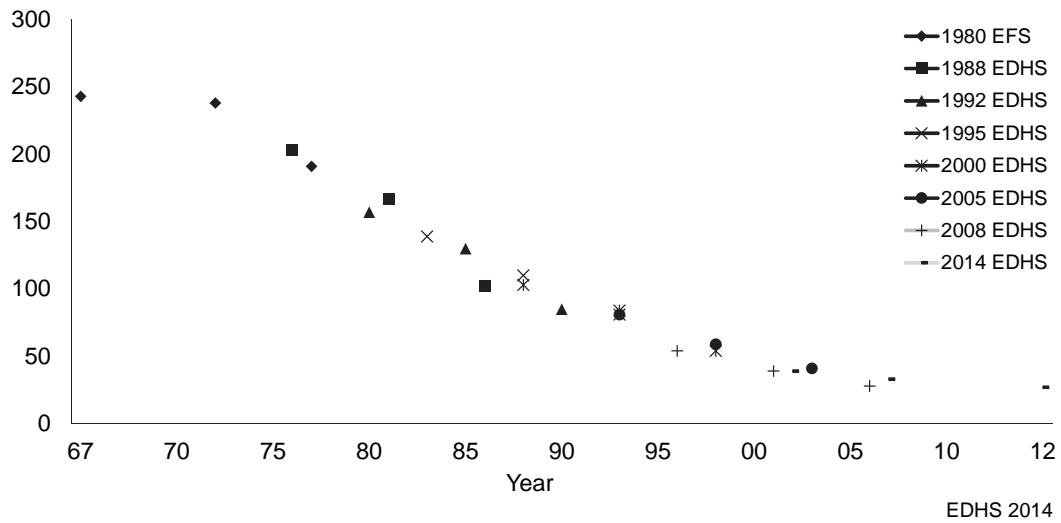
EDHS-95: El-Zanaty et al., 1996, Table 9.1

EDHS-00: El-Zanaty and Way., 2001, Table 10.1

EDHS-05: El-Zanaty and Way., 2006, Table 10.1

EDHS-08: El-Zanaty and Way., 2009, Table 10.1

Figure 8.1 Trends in under-five mortality, Egypt 1967-2012



8.3 DIFFERENTIALS IN MORTALITY

Selected socioeconomic and demographic differentials in early childhood mortality are presented in Tables 8.3 and 8.4, respectively. Governorate-level differentials are presented in Appendix Table A-8.1.

For most variables, the mortality estimates are calculated for a ten-year period before the survey so that the rates are based on a sufficient number of cases in each category to ensure statistical significance. However, because the information on birth-size was collected only for recent births, the mortality rates for this variable relate to only the five-year period before the EDHS.

8.3.1 Socioeconomic Differentials

Table 8.3 shows that urban-rural differences in early childhood mortality favor urban children, i.e., urban children have a lower probability of dying at any stage of early childhood than rural children. For example, under-five mortality in urban areas is 23 per 1,000 births, 32 percent lower than under-five mortality in rural areas (34 per 1,000). Looking at the age pattern of mortality, the urban-rural gap in neonatal mortality rates is substantial, but not as large in relative terms as the gap in the postneonatal and child mortality rates.

Table 8.3 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Egypt 2014

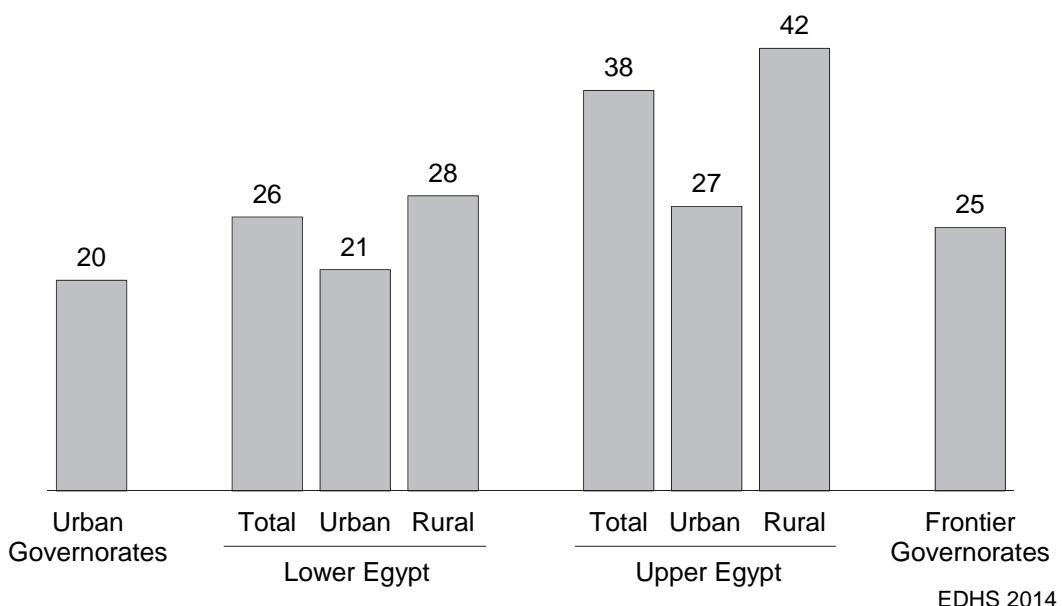
Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Urban-rural residence					
Urban	13	7	20	3	23
Rural	18	11	29	5	34
Place of residence					
Urban Governorates	14	4	17	2	20
Lower Egypt	14	9	23	3	26
Urban	10	9	19	2	21
Rural	16	8	24	4	28
Upper Egypt	19	13	32	6	38
Urban	14	8	23	5	27
Rural	21	14	35	7	42
Frontier Governorates ²	12	7	19	6	25
Mother's education					
No education	21	13	34	7	41
Some primary	21	17	38	4	42
Primary complete/some secondary	17	9	27	4	31
Secondary complete/higher	14	8	21	3	25
Wealth quintile					
Lowest	23	13	36	6	42
Second	16	12	28	6	34
Middle	16	10	25	4	29
Fourth	15	7	22	4	26
Highest	11	6	18	2	19

¹ Computed as the difference between the infant and neonatal mortality rates

² Does not include North and South Sinai governorates

Considering place of residence, the under-five mortality rate is highest in Upper Egypt (38 deaths per 1,000 births) and lowest in the Urban Governorates (20 deaths per 1,000 births) (see Figure 8.2). Table 8.3 shows mortality levels are most elevated in rural areas in Upper Egypt. Under-five mortality in rural Upper Egypt is 42 deaths per 1,000 births, 50 percent higher than under-five mortality in rural Lower Egypt (28 deaths per 1,000 births). Mortality in rural Upper Egypt is higher at all ages than mortality in rural Lower Egypt. The large relative differentials in postneonatal mortality and child mortality are particularly noteworthy. The postneonatal mortality rate in rural Upper Egypt is 14 deaths per 1,000 births, which is almost double the rate in rural Lower Egypt (8 deaths per 1,000 births). The child mortality rate in rural Upper Egypt (7 deaths per 1,000) is also almost twice as high as the rate in rural Lower Egypt (4 deaths per 1,000).

Figure 8.2 Under-five mortality by place of residence



Although narrower than the rural gap, there is also a substantial differential in mortality between urban Lower Egypt and urban Upper Egypt. Under-five mortality in urban Lower Egypt (21 deaths per 1,000 births) is similar to the level in the Urban Governorates and 22 percent lower than the rate in urban Upper Egypt (27 deaths per 1,000 births).

Looking at the other socioeconomic characteristics in Table 8.3, mortality is generally inversely related to mother's education, with children born to women who never attended school being almost twice as likely to die by the fifth birthday as children born to mothers with a secondary or higher education (41 deaths per 1,000 births versus 25 deaths per 1,000 births, respectively). Similarly, births to mothers in the lowest wealth quintile are more than two times as likely to die before the fifth birthday as children born to mothers in the highest quintile.

8.3.2 Demographic Differentials

Table 8.4 shows the relationship between early childhood mortality and selected demographic variables including the sex of the child, mother's age at birth, birth order, length of the previous birth intervals, and mother's perception concerning the size of the child at birth. As expected, the neonatal mortality is slightly higher among boys than girls (17 deaths per 1,000 and 15 deaths per 1,000, respectively). Mortality in the postneonatal period is somewhat higher for girls than for boys. Under-five mortality is, however, the same for boys and girls (30 deaths per 1,000 births).

The effect of young maternal age at birth on mortality is evident in Table 8.4. Children born to mothers who were under age 20 at the time of the birth are more likely to die at all ages than children born to older mothers. Considering birth order, the relationship is generally but not uniformly curvilinear, with first births and seventh order and higher births having the highest mortality. Mortality is especially elevated among births of order seven or higher. Overall, under-five mortality among order seven and higher births is 55 deaths compared with 26-34 deaths per 1,000 among lower order births.

The length of the previous birth interval is associated with mortality levels. Overall, the under-five mortality rate among children born less than two years after a previous birth is 56 deaths

per 1,000 births, about three times the level among children born four or more years after a previous birth. Coupled with the finding in Chapter 4 that almost one-fifth of all non-first births occur within 24 months of the previous birth, these results indicate the importance of continuing efforts to promote the use of family planning for birth spacing.

Table 8.4 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Egypt 2014

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Child's sex					
Male	17	8	25	5	30
Female	15	12	27	4	30
Mother's age at birth					
<20	17	18	35	7	41
20-29	16	10	26	3	29
30-39	16	6	22	6	28
40-49	(12)	(6)	(19)	*	*
Birth order					
1	18	11	29	4	33
2-3	14	9	23	3	26
4-6	19	9	28	6	34
7+	26	18	44	12	55
Previous birth interval²					
<2 years	31	20	51	6	56
2 years	14	9	23	5	28
3 years	9	6	15	3	18
4+ years	11	4	15	4	19
Birth size³					
Small/very small	43	8	51	na	na
Average or larger	8	9	16	na	na

Note: Rates in parentheses are based on unweighted 250-499 exposed births. An asterisk indicates the rate is based on fewer than 250 unweighted exposed births and has been suppressed.

na = Not available

¹ Computed as the difference between the infant and neonatal mortality rates

² Excludes first-order births

³ Rates for the five-year period before the survey

Research has shown that a child's size at birth is an important predictor of the risk of dying during early infancy. For all births in the five-year period before the 2014 EDHS, mothers were asked if the child was small or very small, average or large. Table 8.4 shows that the children who were considered by their mothers to be small or very small at birth were at a much greater risk of dying than children who were described as average or larger. Infant mortality for children who were considered by their mothers to be small or very small is 51 deaths per 1,000 compared with 16 deaths per 1,000 for children regarded as average or larger. As expected, much of this gap appears to be due to much higher neonatal mortality among small/very small children.

8.4 PERINATAL MORTALITY

Perinatal deaths include deaths to live births within the first seven days of life (early neonatal deaths) and pregnancy losses occurring after seven months of gestation (stillbirths). In the 2014 EDHS, information on stillbirths was obtained for the five years preceding the survey and recorded in the calendar. The distinction between a stillbirth and an early neonatal death is often a fine one, depending on observing and then recalling sometimes-faint signs of life following delivery. The causes of stillbirths and early neonatal deaths are closely linked, and just examining one or the other can underestimate the true level of mortality around delivery.

Table 8.5 presents the number of stillbirths and early neonatal deaths and the perinatal mortality rate for the five-year period prior to the 2014 EDHS by selected background characteristics. Overall, the perinatal mortality rate is 15 per 1,000 pregnancies, which is slightly lower than the level observed in 2008 (19 per 1,000 pregnancies).

Table 8.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Egypt 2014

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	9	21	20	1,477
20-29	54	93	14	10,317
30-39	36	21	16	3,717
40-49	5	0	23	261
Previous pregnancy interval in months⁴				
First pregnancy	28	48	17	4,541
<15	13	26	15	2,635
15-26	14	28	16	2,582
27-38	9	12	10	2,127
39 or more	40	22	16	3,887
Urban-rural residence				
Urban	28	32	12	4,874
Rural	76	103	16	10,899
Place of residence				
Urban Governorates	10	6	10	1,609
Lower Egypt	55	58	15	7,486
Urban	8	7	11	1,439
Rural	47	51	16	6,048
Upper Egypt	38	70	17	6,522
Urban	10	19	16	1,742
Rural	28	51	17	4,780
Frontier Governorates ⁵	1	1	9	154
Mother's education				
No education	22	27	17	2,820
Some primary	4	5	12	738
Primary complete/some secondary	23	35	20	2,870
Secondary complete/higher	55	69	13	9,344
Wealth quintile				
Lowest	19	35	19	2,839
Second	23	27	16	3,097
Middle	32	40	18	3,938
Fourth	12	21	10	3,291
Highest	19	13	12	2,607
Total	104	135	15	15,772

¹ Stillbirths are fetal deaths in pregnancies lasting seven or more months.

² Early neonatal deaths are deaths at age 0-6 days among live-born children.

³ The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1,000.

⁴ Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.

⁵ Does not include North and South Sinai governorates

8.5 HIGH-RISK FERTILITY BEHAVIOR

Research has indicated that there is a strong relationship between maternal fertility patterns and children's survival risks. Typically, the risk of early childhood death increases among children born to mothers who are too young or too old, children born after too short birth intervals, and children of high birth order. For the purpose of this analysis, a mother is classified as "too young" if she is less than 18 years of age, and "too old" if she is over 34 years at the time of the birth. A "short

birth interval” is defined by the birth occurring less than 24 months after a previous birth; and a child is of “high birth order,” if the mother had previously given birth to three or more children (i.e., the child is of birth order four or higher).

Table 8.6 shows the percent distributions of births in the five-year period and of currently married women at the time of the survey according to these elevated risk factors. The table also examines the relative risk of dying for children by comparing the proportion dead in each specified high-risk category with the proportion dead among children not in any high-risk category. First births, although often at increased risk, are included in the ‘not in any high-risk’ category in this analysis because they are not considered an avoidable risk.

Table 8.6 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Egypt 2014

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high risk category	36.2	1.00	21.4 ^a
Unavoidable risk category			
First order births between ages 18 and 34 years	29.3	1.69	6.8
Single high-risk category			
Mother's age <18	2.1	2.59	0.4
Mother's age >34	2.7	1.46	8.9
Birth interval <24 months	10.4	2.29	10.7
Birth order >3	11.2	0.77	12.7
Subtotal	26.3	1.58	32.7
Multiple high-risk category			
Age <18 and birth interval <24 months ²	0.2	(2.34)	0.1
Age >34 and birth interval <24 months	0.3	(0.00)	0.4
Age >34 and birth order >3	5.2	1.47	30.4
Age >34 and birth interval <24 months and birth order >3	0.4	4.05	2.1
Birth interval <24 months and birth order >3	2.2	2.87	6.1
Subtotal	8.2	1.94	39.1
In any avoidable high-risk category	34.5	1.67	71.8
Total	100.0	na	100.0
Number of births/women	15,668	na	20,460

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3

^a Includes sterilized women

Thirty-five percent of births in the five-year period before the survey were in at least one of the specified high-risk categories, and 8 percent were associated with two or more high-risk factors. A short birth interval and high birth order were the most common single high-risk factors.

As the second column of Table 8.6 shows, the risk of dying for a child who falls into any of the high-risk categories is 1.67 times that for a child not in any high-risk category. Considering the

risk categories separately, children are at highest risk of dying if the mother is younger than 18 years at the time of the birth or if the child is born within two years of a previous birth. Generally, risk ratios were higher for children in multiple high-risk categories than for children in any single high-risk category.

The final column in Table 8.6 examines the potential for high-risk births among currently married women. A woman's current age, time elapsed since the last birth, and parity are used to determine the risk categories in which any birth she conceived at the time of the survey would fall. For example, if a respondent who is age 40, has had four births, and had her last birth 12 months ago were to become pregnant, she would fall in the multiple high-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 EDHS results indicate that the majority of currently married women (72 percent) in Egypt have the potential of giving birth to a child at elevated risk of mortality. About one in three women has the potential for having a birth in a single high-risk category (mainly high birth order), while 39 percent have the potential for having a birth in a multiple high-risk category (mainly older maternal age and high birth order).

Key Findings:

- Mothers saw a medical provider for antenatal care in the case of 90 percent of last births, and 83 percent reported having the recommended four or more antenatal care visits during the pregnancy.
- Three in four last-born children were fully protected against neonatal tetanus.
- Eighty-seven percent of births in the five-year period before the survey occurred in a health facility.
- Slightly more than half of births in the five-year period before the EDHS were by caesarean section; this represented a sharp increase from 2008 when 28 percent of births were caesarean deliveries.
- More than 8 in 10 mothers giving birth to their last child within two years of the survey had a postnatal checkup with a medical provider within two days of delivery.
- Postnatal checkups for newborns were much less common; only 14 percent of newborns were seen for a postnatal checkup within two days following birth.
- A blood sample was taken to check for congenital hypothyroidism for 95 percent of newborns within 14 days of birth.

Proper care during pregnancy, at the time of delivery, and in the postpartum period are important to the health of both a mother and her baby. To obtain data on these issues, the 2014 EDHS obtained information on the receipt of antenatal care, tetanus toxoid vaccinations, and assistance received at delivery for births that a woman reported during the five-year period before the survey. The survey also asked about postnatal care that a woman and her newborn may have received.

9.1 ANTENATAL CARE

9.1.1 Antenatal Care Coverage

Antenatal care from a trained provider is important in order to monitor the pregnancy and reduce the risks for the mother and child during pregnancy and at delivery. Table 9.1 presents information from the 2014 EDHS on the source and the timing of the receipt of antenatal care services and Table 9.2 shows the variation in several key antenatal care coverage indicators by selected background characteristics. The figures in these tables are based on information for last live births in the five-year period before the survey and, thus, may not be comparable to figures in the reports for prior EDHS surveys, which were generally based on all births in the five-year period before the survey. The change was made to ensure the antenatal care rates presented in this report are consistent with the indicators employed in tracking progress toward achieving Millennium Development Goals for maternal health, which are based on information for women's last live births.

The 2014 EDHS collected information on all of the persons that women who gave birth during the five-year period before the survey saw for antenatal care. The survey also obtained information on all of the places where women received antenatal care. Table 9.1 presents the information on the providers and sources from which women received antenatal care for their last live birth. Because women were able to name more than one type of provider and source, the provider and

source percentages in Table 9.1 add to more than the total percentage of women who received any antenatal care for the last birth (90 percent).

With regard to the type of provider seen for antenatal care, Table 9.1 shows that 9 in 10 women saw a doctor for care. Additionally, more than one-third of women saw a trained nurse/midwife for antenatal care. Private sector providers were the principal source of antenatal care. Eight in 10 women received antenatal care from a private provider. Fourteen percent said that they had obtained care at a public facility, primarily rural health units.

In addition to question on the type of provider and place from which antenatal care was obtained, the 2014 EDHS included questions on the number of times a woman received antenatal care prior for her last live birth and the number of months that the woman was pregnant when she first received antenatal care for the pregnancy. To be most effective, it is recommended that mothers see a trained provider at least four times for antenatal checkups during pregnancy. To ensure that conditions which may adversely affect the pregnancy are detected early, a woman should begin receiving care as early as possible in the pregnancy, preferably in the first trimester. More than eight in ten mothers had regular antenatal care for their last live birth, i.e., at least four antenatal visits. Three-quarters of mothers reported they had their initial antenatal care visit in the first three months of pregnancy.

Table 9.2 presents differentials in several antenatal care coverage indicators including the type of provider seen for antenatal care and the receipt of any and regular antenatal care, by selected background characteristics. Information on governorate-level differentials in the percentages receiving regular antenatal care is shown in Appendix Table A-9.1.

Table 9.2 shows that virtually all women receiving any antenatal care for their last live birth saw a doctor at least once for care.¹ Mothers age 35 and older are slightly less likely than younger mothers to get any antenatal care (85 percent and 91-93 percent, respectively), and only around three-quarters of older mothers had regular care. The percentage getting any and regular antenatal care declined directly with the child's birth order. The lower rates of antenatal care among older, high parity women are of considerable concern since pregnancies among these women are considered high risk.

Table 9.1 Antenatal care

Percentage of women who had a live birth during the five years preceding the survey by type of antenatal care provider and by source of antenatal care for the last birth and the percent distribution of women by the number of antenatal care visits and the stage of pregnancy at the time of the first antenatal care visit for the last birth, Egypt 2014

	Total
Antenatal care provider	
Doctor	90.0
Trained nurse/midwife	35.8
Daya (traditional birth attendant)	0.0
Source for antenatal care	
Public sector	14.4
Urban hospital (general/district)	1.6
Urban health unit	2.5
Health office	0.4
Rural hospital (central)	0.5
Rural health unit	8.1
MCH center	1.0
Other government	0.4
Nongovernmental	0.3
Private medical	80.0
Private hospital/clinic	2.9
Private doctor	77.2
Other private medical	0.1
Other nonmedical	0.1
Number of antenatal care visits	
None	9.7
1	0.6
2	2.5
3	4.1
4+	82.8
Don't know/missing	0.4
Total	100.0
Median number of ANC visits (for those with ANC)	9.3
Number of months pregnant at time of first antenatal care visit	
No antenatal care	9.7
<4	75.0
4-5	11.4
6-7	2.7
8+	0.9
Don't know/Missing	0.3
Total	100.0
Number of last births	11,391

Note: Percentages for the type of antenatal care provider and the source for care add to more than the total percentage receiving antenatal care because women were able to name more than one provider/source from whom they received care. The figures in the table are based on information for last live births in the five-year period before the survey and, thus, may not be comparable to figures in the reports for prior EDHS surveys, which were generally based on all births in the five-year period before the survey.

¹ For women who saw more than one type of provider for antenatal care, only the provider with the highest qualification is shown in Table 9.2.

Considering residence, urban mothers were somewhat more likely to receive antenatal care, especially regular care, than rural mothers. Antenatal care coverage was substantially lower in Upper Egypt and in the three Frontier Governorates surveyed in the EDHS than in the Urban Governorates and Lower Egypt. Education status and wealth were directly related to the likelihood of receiving antenatal care. For example, only 69 percent of mothers with no education received regular antenatal care compared with 88 percent of mothers who had a secondary or higher education.

Table 9.2 Antenatal care by background characteristics

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care provider during pregnancy for the most recent birth and percentage receiving any antenatal care and regular antenatal care from a skilled provider, according to background characteristics, Egypt 2014

Background characteristic	Antenatal care provider			Percentage receiving antenatal care from a skilled provider ¹		Number of women
	Doctor	Nurse/midwife	No ANC	Total	Any	
Mother's age at birth						
<20	92.7	0.6	6.7	100.0	93.3	87.1
20-34	90.5	0.3	9.2	100.0	90.8	83.3
35-49	84.6	0.1	15.3	100.0	84.7	76.6
Birth order						
1	96.4	0.2	3.4	100.0	96.6	93.2
2-3	90.4	0.3	9.2	100.0	90.8	82.8
4-5	84.2	0.4	15.3	100.0	84.6	74.6
6+	74.1	0.0	25.9	100.0	74.1	60.7
Urban-rural residence						
Urban	92.7	0.1	7.2	100.0	92.8	87.8
Rural	88.8	0.4	10.8	100.0	89.2	80.5
Place of residence						
Urban Governorates	94.1	0.0	5.9	100.0	94.1	90.9
Lower Egypt	93.4	0.3	6.3	100.0	93.7	87.1
Urban	95.4	0.0	4.6	100.0	95.4	90.1
Rural	92.9	0.4	6.7	100.0	93.3	86.3
Upper Egypt	85.0	0.4	14.7	100.0	85.3	75.6
Urban	89.1	0.2	10.7	100.0	89.3	82.9
Rural	83.4	0.4	16.2	100.0	83.8	72.8
Frontier Governorates ³	86.9	0.0	12.9	100.0	86.9	78.7
Education						
No education	79.6	0.5	19.8	100.0	80.1	68.8
Some primary	82.4	0.5	17.1	100.0	82.9	75.3
Primary complete/some secondary	88.9	0.4	10.7	100.0	89.3	80.5
Secondary complete/higher	94.2	0.2	5.7	100.0	94.3	88.4
Work status						
Working for cash	94.3	0.2	5.6	100.0	94.4	88.0
Not working for cash	89.5	0.3	10.2	100.0	89.8	82.2
Wealth quintile						
Lowest	83.2	0.7	16.2	100.0	83.8	72.0
Second	86.7	0.4	12.9	100.0	87.1	76.7
Middle	90.6	0.3	9.1	100.0	90.9	83.5
Fourth	93.1	0.1	6.8	100.0	93.2	88.1
Highest	96.0	0.1	3.9	100.0	96.1	93.1
Total	90.0	0.3	9.7	100.0	90.3	82.8
						11,391

Note: If more than one source of antenatal care was mentioned, only the provider with the highest qualifications is considered in this tabulation. The figures in the table also are based on information for the last birth in the five-year period before the survey and, thus, may not be comparable to figures in the reports for prior DHS surveys, which were generally based on all births in the five-year period before the survey.

¹ Skilled provider includes doctor or nurse/midwife.

² A woman is considered to have had regular antenatal care if she had four or more visits during pregnancy.

³ Does not include North or South Sinai governorates

9.1.2 Tetanus Toxoid Coverage

Tetanus toxoid injections are given to women during pregnancy to prevent deaths from neonatal tetanus. Neonatal tetanus can result when sterile procedures are not followed in cutting the umbilical cord after delivery. The last birth was considered to be fully protected if the mother had: (1) two injections during the pregnancy of her last live birth; (2) two or more injections with the last injection received within 3 years of the last live birth; (3) three or more injections, with the last injection received within 5 years of the last live birth; (4) four or more injections, with the last injection received within ten years of the last live birth; or (5) five or more injections at any time prior to the last live birth.

Table 9.3 shows the variation by key background characteristics in two measures of tetanus toxoid coverage: (1) the proportion of mothers receiving two or more tetanus toxoid injections during the pregnancy of her last birth, which ensured her baby would be fully protected from neonatal tetanus and (2) the proportion of mothers whose last birth was fully protected either because of the tetanus toxoid injections the woman received during that pregnancy or injections she had earlier in her lifetime. Governorate-level differences in the proportion of women whose last live birth was protected against neonatal tetanus are presented in Appendix Table A-9.1.

Around three in 10 mothers reported they had received two or more tetanus toxoid injections during pregnancy for the last live birth. Taking into account the mother's lifetime history of tetanus vaccinations, around three in four of last-born children were fully protected against neonatal tetanus. The percentage of fully protected births decreased with the mother's age and the child's birth order. Rural births were more likely to be fully protected than urban births (77 percent and 68 percent, respectively). Births in the Urban Governorates and in the three Frontier Governorates included in the survey were less likely than births in Lower Egypt and Upper Egypt to be fully protected.

Table 9.3 Tetanus toxoid injections

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Egypt 2014

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus ¹	Number of women
Mother's age at birth			
<20	67.0	80.0	822
20-34	27.8	75.3	9,371
35-49	15.4	63.5	1,197
Birth order			
1	75.6	76.3	2,677
2-3	16.3	75.4	6,132
4-5	12.4	72.0	2,135
6+	11.8	60.3	447
Number of antenatal care visits			
None	18.5	63.5	1,099
1-3	21.2	74.3	812
4+	31.3	75.7	9,437
Urban-rural residence			
Urban	26.8	67.9	3,625
Rural	30.5	77.4	7,766
Place of residence			
Urban Governorates	25.3	63.8	1,231
Lower Egypt	30.9	75.1	5,513
Urban	26.1	66.8	1,071
Rural	32.0	77.1	4,442
Upper Egypt	28.7	76.6	4,540
Urban	29.1	72.9	1,263
Rural	28.6	78.0	3,277
Frontier Governorates ²	18.0	64.6	107
Education			
No education	24.9	75.1	2,027
Some primary	24.7	71.2	554
Primary complete/some secondary	32.2	74.1	2,076
Secondary complete/higher	30.1	74.5	6,733
Work status			
Working for cash	27.8	72.3	1,256
Not working for cash	29.5	74.6	10,134
Wealth quintile			
Lowest	25.8	74.0	1,959
Second	28.6	79.1	2,201
Middle	32.1	78.0	2,831
Fourth	31.3	75.5	2,446
Highest	27.0	62.7	1,954
Total	29.3	74.4	11,391

Note: Total includes 42 women for whom the number of antenatal care visits is missing.

¹ Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last birth), or five or more injections at any time prior to the last birth.

² Does not include North or South Sinai governorates

9.1.3 Content of Pregnancy Care

In the 2014 EDHS, women who had a live birth during the five-year period prior to the EDHS were asked a series of questions about the care they received during their pregnancy for their most recent birth. Questions included whether the mothers had been given or had bought iron tablets or syrup, taken drugs for intestinal worms, and were informed about pregnancy complications. They were also asked if they had been weighed, had their blood pressure measured, and urine and blood samples taken during any of the visits they made to a medical provider during their pregnancy. Table 9.4 shows the proportions of women who received various components during the pregnancy for their last live birth.

Some caution must be exercised in considering the information in Table 9.4, since it depends on the mother's understanding of the questions, e.g., her understanding of what blood pressure measurement involves. It also depends on the mother's recall of events during visits to the provider that may have taken place a number of years before the 2014 EDHS interview. Nonetheless, the results are useful in providing insight into the content of the care Egyptian women receive during pregnancy.

Table 9.4 shows that two-thirds of mothers took iron supplements during pregnancy. On the other hand, the provision of drugs for intestinal parasites was not common; only 3 percent of mothers took these drugs. Around 9 in 10 mothers who had antenatal care for the most recent birth had been weighed or their blood pressure measured as part of the care they received. Around 8 in 10 mothers reported that urine and blood samples were taken. Of special concern is the fact that somewhat less than half of the mothers (46 percent) were told about things that they should look out for that might suggest problems with the pregnancy.

Mothers who saw a provider for regular antenatal visits were the most likely to report that routine components of antenatal care were performed. For example, 72 percent of mothers who had regular care, i.e., four or more antenatal care visits, were given or bought iron supplements compared to 54 percent of mothers who had 1-3 visits, and 26 percent of mothers who had no antenatal care prior to the last birth. It is noteworthy that only 30 percent of mothers who had 1-3 antenatal visits were informed about pregnancy complications they should watch for. Even among mothers receiving regular antenatal care (four or more visits), fewer than half were informed about signs of pregnancy complications.

The content of the care women received also varies with the other demographic and socioeconomic characteristics shown in Table 9.4. The proportions receiving recommended components of pregnancy care decreased markedly with the child's birth order. This is of concern since higher-parity is associated with higher risks for both a mother and her baby. In general, urban mothers were more likely than rural mothers to report having had the recommended components of antenatal care. The proportions of mothers reporting they had received the recommended components of care were generally higher in the Urban Governorates and Lower Egypt than in Upper Egypt and the three surveyed Frontier Governorates. Compared to other geographic areas, mothers in rural Upper Egypt were the least likely to receive the recommended antenatal care. The likelihood that the routine antenatal care procedures shown in Table 9.4 were carried out generally increased with both education and wealth. The procedures were also more common among births to women who worked for cash than for births to other women.

Table 9.4 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Egypt 2014

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent birth in the past five years, the percentage with the selected services					Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in the past five years	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth									
<20	67.8	4.5	822	46.4	87.5	91.9	78.9	81.4	768
20-34	66.9	3.4	9,371	46.7	88.7	93.7	78.1	80.7	8,510
35-49	58.8	2.2	1,197	44.0	85.9	92.5	76.4	78.4	1,014
Birth order									
1	73.4	3.7	2,677	50.8	91.6	95.3	84.7	87.7	2,586
2-3	67.4	3.5	6,132	46.4	88.5	93.5	78.0	80.5	5,567
4-5	58.5	2.3	2,135	41.9	84.9	91.7	71.4	73.6	1,807
6+	43.0	3.0	447	37.9	79.2	87.2	62.0	63.1	331
Number of antenatal care visits									
None	25.5	1.2	1,099	na	na	na	na	na	na
1-3	54.2	2.9	812	29.9	76.6	82.1	57.8	60.5	812
4+	71.9	3.6	9,437	47.8	89.3	94.4	79.7	82.3	9,437
Don't know/missing	(62.1)	(0.0)	42	(62.2)	(95.3)	(100.0)	(86.3)	(83.6)	42
Urban-rural residence									
Urban	67.7	3.1	3,625	49.2	91.9	96.2	86.1	86.7	3,362
Rural	65.5	3.4	7,766	45.1	86.6	92.1	74.0	77.6	6,929
Place of residence									
Urban Governorates	70.8	4.3	1,231	46.5	97.4	98.6	93.6	93.8	1,158
Lower Egypt	72.7	3.8	5,513	48.1	90.8	94.0	78.9	83.0	5,166
Urban	73.8	2.6	1,071	48.7	91.2	96.4	85.0	87.4	1,022
Rural	72.4	4.1	4,442	48.0	90.7	93.4	77.4	81.9	4,144
Upper Egypt	57.0	2.5	4,540	44.3	82.3	91.1	72.0	73.3	3,874
Urban	59.3	2.4	1,263	52.2	87.1	93.5	79.7	78.9	1,128
Rural	56.1	2.5	3,277	41.0	80.4	90.1	68.9	71.0	2,746
Frontier Governorates ¹	64.3	1.3	107	39.4	87.0	93.9	80.6	81.8	93
Education									
No education	52.1	3.0	2,027	37.1	81.8	88.6	69.2	72.6	1,626
Some primary	51.2	4.2	554	44.6	82.8	93.3	74.5	75.6	460
Primary complete/some secondary	63.3	3.1	2,076	44.4	85.8	91.3	75.4	79.1	1,854
Secondary complete/higher	72.5	3.4	6,733	49.5	91.1	95.3	81.2	83.4	6,352
Work status									
Working for cash	72.9	3.3	1,256	53.1	91.5	95.8	84.7	86.6	1,186
Not working for cash	65.3	3.3	10,134	45.5	87.9	93.1	77.1	79.8	9,105
Wealth quintile									
Lowest	55.4	3.3	1,959	39.2	78.8	88.2	67.8	71.9	1,642
Second	62.1	3.3	2,201	43.0	85.6	90.9	72.9	75.6	1,917
Middle	68.1	3.3	2,831	44.8	88.9	93.8	76.8	79.1	2,573
Fourth	70.4	3.4	2,446	50.2	91.2	95.2	81.0	84.9	2,280
Highest	73.5	3.2	1,954	53.9	95.2	98.0	90.1	89.9	1,878
Total	66.2	3.3	11,391	46.4	88.3	93.4	78.0	80.6	10,291

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

na = Not applicable

¹ Does not include North or South Sinai governorates

9.2 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 child. For all births in the five-year period before the survey, the 2014 EDHS collected information on where the birth occurred and on whether the mother was assisted at delivery by trained medical personnel. For births occurring in health facilities, a question was also asked about the time that the mother spent in the facility following the delivery. All mothers were also asked about whether or not the birth was by caesarean section.

9.2.1 Place of Delivery

Most women reported delivering in a health facility; overall 87 percent of all live births in the five-year period before the 2014 EDHS took place in a health facility. Table 9.5 shows that the proportions delivering in a health facility did not vary consistently with the age of the mother. However, the proportion of births occurring in a health facility decreased markedly with the child's birth order, from 93 percent among first-order births to 68 percent among births of order six or more. The likelihood that a birth took place in a health facility increased with the number of antenatal care visits. Facility deliveries were less common in rural areas, especially rural Upper Egypt, and in the three Frontier Governorates surveyed in the 2014 EDHS, than in other areas. Both education and wealth were directly related to the likelihood of delivering in a health facility.

Regarding the type of health facility, slightly more than 60 percent of the babies were delivered in a private facility while around one-quarter of the deliveries occurred in a public facility. Births to mothers in the highest wealth quintile were most likely to have been delivered in a private facility (73 percent). The highest proportion of deliveries in public facilities was found in the three Frontier Governorates (40 percent).

Table 9.5 Place of delivery

Percent distribution of live births in the five-year period before the survey by place where the mother gave birth, according to selected background characteristics, Egypt 2014

Background characteristic	Health facility				Total	Number of births	Percent-age delivered in a health facility
	Public	Private	Home	Other/missing			
Mother's age at birth							
<20	23.6	61.1	15.0	0.3	100.0	1,468	84.7
20-34	25.5	61.7	12.8	0.1	100.0	12,868	87.2
35-49	28.6	55.8	15.5	0.1	100.0	1,332	84.4
Birth order							
1	25.1	67.3	7.5	0.1	100.0	4,962	92.5
2-3	25.8	61.2	12.9	0.1	100.0	7,731	87.0
4-5	25.5	52.5	21.9	0.1	100.0	2,452	78.0
6+	27.5	40.6	31.7	0.2	100.0	524	68.1
Number of antenatal care visits							
None	32.8	32.4	34.7	0.1	100.0	1,534	65.2
1-3	29.9	44.9	24.9	0.3	100.0	1,165	74.8
4+	24.4	66.0	9.6	0.1	100.0	12,873	90.3
Don't know/missing	20.8	66.0	9.1	4.2	100.0	96	86.7
Urban-rural residence							
Urban	31.6	62.1	6.3	0.0	100.0	4,845	93.7
Rural	22.9	60.7	16.3	0.2	100.0	10,823	83.5
Place of residence							
Urban Governorates	37.1	57.9	5.0	0.0	100.0	1,599	95.0
Lower Egypt	20.9	70.1	8.9	0.1	100.0	7,431	91.0
Urban	24.9	71.5	3.5	0.0	100.0	1,430	96.4
Rural	19.9	69.8	10.2	0.1	100.0	6,001	89.7
Upper Egypt	27.8	52.0	20.0	0.2	100.0	6,484	79.8
Urban	32.2	58.3	9.5	0.0	100.0	1,733	90.5
Rural	26.1	49.7	23.9	0.2	100.0	4,751	75.9
Frontier Governorates ¹	40.0	44.1	15.7	0.1	100.0	154	84.1
Education							
No education	28.4	42.7	28.8	0.2	100.0	2,798	71.1
Some primary	31.8	50.1	18.1	0.0	100.0	734	81.9
Primary complete/some secondary	29.9	55.7	14.3	0.1	100.0	2,847	85.6
Secondary complete/higher	22.9	69.2	7.8	0.1	100.0	9,289	92.1
Work status							
Working for cash	25.9	64.7	9.0	0.3	100.0	1,681	90.7
Not working for cash	25.5	60.7	13.7	0.1	100.0	13,987	86.2
Wealth quintile							
Lowest	25.7	49.4	24.7	0.1	100.0	2,820	75.1
Second	25.8	53.3	20.8	0.2	100.0	3,074	79.1
Middle	22.7	65.7	11.5	0.1	100.0	3,906	88.4
Fourth	29.6	63.5	6.8	0.1	100.0	3,279	93.1
Highest	24.4	73.3	2.3	0.0	100.0	2,588	97.7
Total	25.6	61.1	13.2	0.1	100.0	15,668	86.7

¹ Does not include North or South Sinai governorates

Although most Egyptian women deliver in health facilities, the typical stay in the facility following the delivery is short. Table 9.6 shows the percent distribution of last live births in the five-year period before the survey that were delivered in health facilities according to the time the mother spent in the facility. In the case of the majority (57 percent) of these births, mothers stayed less than 24 hours in the facility following the delivery. Mothers stayed in the facility less than 6 hours in the case of one-third of the facility births. Mothers were most likely to report that they stayed less than 6 hours if they had no antenatal care during pregnancy (54 percent). The likelihood that a mother had stayed more than 24 hours in a facility following delivery was greatest in the highest wealth quintile and urban Lower Egypt (50 percent each).

Table 9.6 Time spent in health facility following delivery

Percent distribution of last births delivered in health facilities by time mothers spent in the facility after the delivery, according to selected background characteristics, Egypt 2014

Background characteristic	Less than one day					Don't know/missing	Total	Number of last births delivered in health facility
	0-5 hours	6-23 hours	1-2 days	3 or more days				
Mother's age at birth								
<20	35.2	25.0	37.9	1.9	0.0	100.0	716	
20-34	33.2	24.3	40.0	2.3	0.2	100.0	8,229	
35-49	31.3	23.0	39.4	6.1	0.2	100.0	1,014	
Birth order								
1	26.3	26.8	44.6	2.2	0.1	100.0	2,514	
2-3	33.5	23.8	40.0	2.5	0.2	100.0	5,435	
4-5	40.8	22.7	33.0	3.4	0.0	100.0	1,704	
6+	41.4	19.3	33.9	5.3	0.0	100.0	306	
Number of antenatal care visits								
None	53.6	16.6	27.2	2.7	0.0	100.0	728	
1-3	43.7	19.0	34.4	2.8	0.1	100.0	606	
4+	30.7	25.3	41.2	2.6	0.2	100.0	8,588	
Don't know/Missing	38.6	14.4	41.2	5.7	0.1	100.0	36	
Urban-rural residence								
Urban	28.7	24.6	43.2	3.3	0.2	100.0	3,413	
Rural	35.5	24.0	38.0	2.3	0.2	100.0	6,546	
Place of residence								
Urban Governorates	26.7	25.2	45.2	2.8	0.1	100.0	1,176	
Lower Egypt	28.8	26.5	41.8	2.7	0.2	100.0	5,034	
Urban	23.3	27.0	45.8	3.9	0.0	100.0	1,034	
Rural	30.2	26.4	40.8	2.3	0.3	100.0	4,000	
Upper Egypt	41.1	20.8	35.4	2.7	0.1	100.0	3,657	
Urban	35.0	21.9	39.4	3.4	0.3	100.0	1,148	
Rural	43.8	20.3	33.6	2.3	0.0	100.0	2,509	
Frontier Governorates ¹	43.3	22.5	32.8	1.4	0.0	100.0	91	
Education								
No education	38.6	23.7	34.1	3.4	0.1	100.0	1,476	
Some primary	41.5	22.4	32.4	3.3	0.4	100.0	456	
Primary complete/some secondary	38.3	23.5	35.7	2.4	0.1	100.0	1,800	
Secondary complete/higher	29.8	24.7	42.8	2.5	0.2	100.0	6,227	
Work status								
Working for cash	29.6	23.4	43.6	3.0	0.3	100.0	1,141	
Not working for cash	33.6	24.3	39.3	2.6	0.1	100.0	8,818	
Wealth quintile								
Lowest	40.0	23.1	33.2	3.6	0.0	100.0	1,496	
Second	38.8	21.5	37.4	2.2	0.1	100.0	1,758	
Middle	33.9	26.4	37.5	2.0	0.2	100.0	2,508	
Fourth	31.0	23.0	42.8	2.9	0.3	100.0	2,289	
Highest	24.3	26.0	46.6	3.0	0.1	100.0	1,906	
Total	33.2	24.2	39.8	2.7	0.2	100.0	9,958	

¹ Does not include North or South Sinai governorates

9.2.2 Assistance at Delivery

Table 9.7 presents information on the person assisting with the delivery for all births during the five years before the survey by background characteristics. Appendix Table A-9.1 details the variation in the percentage of births delivered by a skilled provider by governorate. If the mother was assisted at delivery by more than one individual, only the most qualified is shown in the tables.

Doctors assisted at the delivery of 88 percent of the births in the five-year period before the survey, and 3 percent of births were assisted by nurse-midwives. Most of the remaining births were assisted by *dayas* (traditional birth attendants).

The child's birth order was negatively related to the likelihood that the birth was assisted by a doctor or nurse/midwife. Medically-assisted deliveries increased with the number of antenatal care visits. Considering residence, the lowest proportion of medically assisted deliveries was observed in rural Upper Egypt (83 percent) and the highest proportion was found in urban Lower Egypt (98 percent). The proportion of medically-assisted deliveries increased with education and the wealth quintile.

Table 9.7 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, Egypt 2014

Background characteristic	Assisted by medical provider					Number of births	Percentage delivered by a skilled provider ¹
	Doctor	Trained nurse/midwife	Daya	Relative/other	No one		
Mother's age at birth							
<20	86.2	4.5	7.6	1.0	0.8	100.0	1,468 90.7
20-34	88.7	3.0	7.4	0.7	0.2	100.0	12,868 91.7
35-49	86.9	3.9	7.9	0.9	0.4	100.0	1,332 90.8
Birth order							
1	93.5	2.4	3.6	0.4	0.2	100.0	4,962 95.9
2-3	88.6	3.0	7.4	0.8	0.2	100.0	7,731 91.6
4-5	80.5	5.3	12.6	1.2	0.4	100.0	2,452 85.8
6+	70.7	5.7	21.8	1.2	0.6	100.0	524 76.4
Number of antenatal visits							
None	66.9	5.6	24.0	2.6	0.8	100.0	1,534 72.5
1-3	77.1	4.5	15.9	2.1	0.3	100.0	1,165 81.7
4+	91.9	2.9	4.7	0.4	0.1	100.0	12,873 94.7
Don't know/missing	89.8	0.0	5.9	0.0	4.2	100.0	96 89.8
Urban-rural residence							
Urban	94.8	1.6	3.1	0.2	0.2	100.0	4,845 96.5
Rural	85.4	4.0	9.4	1.0	0.3	100.0	10,823 89.3
Place of residence							
Urban Governorates	96.0	1.4	2.1	0.5	0.0	100.0	1,599 97.4
Lower Egypt	92.6	2.5	4.3	0.4	0.2	100.0	7,431 95.1
Urban	97.5	0.6	1.5	0.1	0.2	100.0	1,430 98.1
Rural	91.5	2.9	5.0	0.5	0.1	100.0	6,001 94.4
Upper Egypt	81.5	4.6	12.4	1.1	0.4	100.0	6,484 86.1
Urban	91.7	2.7	5.3	0.1	0.3	100.0	1,733 94.4
Rural	77.8	5.3	15.0	1.5	0.4	100.0	4,751 83.1
Frontier Governorates ²	85.7	3.5	7.6	2.6	0.7	100.0	154 89.2
Education							
No education	74.0	5.3	18.4	2.1	0.3	100.0	2,798 79.2
Some primary	83.4	3.4	12.0	0.8	0.3	100.0	734 86.8
Primary complete/some secondary	87.8	3.4	7.6	0.8	0.5	100.0	2,847 91.1
Secondary complete/higher	93.2	2.6	3.8	0.3	0.1	100.0	9,289 95.8
Work status							
Working for cash	91.6	2.9	4.9	0.4	0.1	100.0	1,681 94.6
Not working for cash	87.9	3.3	7.8	0.8	0.2	100.0	13,987 91.2
Wealth quintile							
Lowest	77.6	4.8	15.1	2.0	0.5	100.0	2,820 82.4
Second	80.5	5.3	12.6	1.2	0.4	100.0	3,074 85.9
Middle	90.3	3.2	5.9	0.5	0.0	100.0	3,906 93.5
Fourth	94.5	2.0	3.1	0.1	0.3	100.0	3,279 96.5
Highest	98.3	0.7	0.9	0.1	0.0	100.0	2,588 99.0
Total	88.3	3.2	7.5	0.8	0.2	100.0	15,668 91.5

¹ Includes doctor and trained nurse/midwife

² Does not include North or South Sinai governorates

9.2.3 Caesarean Deliveries

The 2014 EDHS obtained information on the frequency of caesarean sections. The data on caesarean deliveries are presented in Table 9.8 by key background characteristics and in Appendix Table A-9.1 by governorate.

Slightly more than half of the live births in the five-year period before the 2014 EDHS were by caesarean section. Women delivering in a private health facility were more likely than women delivering in a government facility to have a caesarean delivery (66 percent and 45 percent, respectively). Women who were less than 20 years at the time of the delivery were only slightly less likely than older women to deliver by caesarean section. Sixty percent of first births were delivered by caesarean section, almost twice the rate among births of order six or higher. Six in 10 urban births were caesarean deliveries compared to 48 percent of rural births. Considering place of residence, urban Lower Egypt had the highest proportion of caesarean deliveries (71 percent) followed by the Urban Governorates (62 percent). The likelihood of a caesarean delivery increased with the mother's educational status and was slightly greater among women working for cash than among other women. Two-thirds of births among women in the highest wealth quintile were caesarean deliveries compared to 38 percent among women in the lowest quintile.

9.3 TRENDS IN ANTENATAL AND DELIVERY CARE

Table 9.9 presents the trends in key maternal health indicators by residence for the period between the 1988 and 2014 EDHS surveys. The values for the antenatal care and tetanus toxoid rates in the table differ somewhat from figures published in earlier DHS reports because they are based on last live births in the five-year period before the survey while figures in earlier reports were generally based on all births in the five-year period before the survey. The change was made to ensure the antenatal care rates presented in Table 9.9 are consistent with the indicators employed in tracking progress toward achieving Millennium Development Goals in the area of maternal health, which are based on women's last live births.

The results in Table 9.9 show that the coverage of antenatal and delivery care services has expanded substantially in Egypt since the late 1980s. For example, the percentage of mothers receiving any antenatal care during pregnancy for the last live birth during the five-year period prior to the survey increased from 57 percent in 1988 to 90 percent in 2014. Similarly, the percentage of medically-assisted births almost tripled between the 1988 and 2014 DHS surveys, from 35 percent to 92 percent.

Table 9.8 Caesarean deliveries

Percentage of live births in the five-year period before the survey that were delivered by caesarean section, according to selected background characteristics, Egypt 2014

Background characteristic	Caesarean delivery	Number of births
Place of delivery		
Public health facility	45.3	4,007
Private health facility	65.7	9,576
At home/other	na	2,085
Mother's age at birth		
<20	45.7	1,468
20-34	52.4	12,868
35-49	52.7	1,332
Birth order		
1	60.0	4,962
2-3	51.9	7,731
4-5	38.8	2,452
6+	33.0	524
Urban-rural residence		
Urban	60.1	4,845
Rural	48.1	10,823
Place of residence		
Urban Governorates	62.0	1,599
Lower Egypt	60.3	7,431
Urban	70.6	1,430
Rural	57.8	6,001
Upper Egypt	39.7	6,484
Urban	50.2	1,733
Rural	35.9	4,751
Frontier Governorates ¹	41.1	154
Education		
No education	37.0	2,798
Some primary	43.5	734
Primary complete/some secondary	46.4	2,847
Secondary complete/higher	58.5	9,289
Work status		
Working for cash	55.9	1,681
Not working for cash	51.3	13,987
Wealth quintile		
Lowest	38.0	2,820
Second	41.8	3,074
Middle	52.9	3,906
Fourth	59.4	3,279
Highest	67.2	2,588
Total	51.8	15,668

na = Not applicable

¹ Does not include North or South Sinai governorates

Table 9.9 Trends in maternal health indicators by residence

Among mothers who received any antenatal care, percentage who had regular antenatal care, and who had at least one tetanus toxoid injections prior to the last live birth during the five-year period before the survey and, among births during the five-year period, percentage delivered with the assistance of a medical provider and percentage delivered by caesarean section, by urban-rural residence and place of residence, Egypt 1988-2014

Maternal health indicator	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates ²	Total
				Total	Urban	Rural	Total	Urban	Rural		
Any antenatal care											
1988	71.5	45.6	76.6	49.1	65.8	43.1	54.7	67.8	48.6	na	57.0
1992	72.7	46.4	78.2	53.2	69.2	47.5	50.6	65.5	45.4	na	57.1
1995	60.6	29.8	60.8	44.8	67.3	36.9	31.5	54.2	22.8	na	43.2
2000	71.9	44.7	75.9	55.2	70.9	49.2	48.0	68.2	39.9	36.4	55.7
2005	83.6	63.8	85.5	78.4	89.3	74.9	59.7	77.4	52.4	65.6	71.4
2008	85.1	67.5	90.1	74.7	81.7	72.6	66.9	81.7	61.0	72.9	74.2
2014	92.8	89.2	94.1	93.7	95.4	93.3	85.3	89.3	83.8	86.9 ²	90.3
Regular antenatal care¹											
1988	na	na	na	na	na	na	na	na	na	na	na
1992	43.3	12.0	51.3	20.1	37.8	13.7	16.1	33.3	10.2	na	24.7
1995	50.8	16.1	55.4	29.7	53.2	21.5	19.2	41.1	10.8	29.5	30.4
2000	54.8	28.3	56.9	40.7	56.0	34.9	29.8	51.7	21.1	23.7	39.0
2005	76.3	51.0	80.1	66.9	81.3	62.2	47.8	68.3	39.3	54.6	60.6
2008	80.5	57.9	85.6	67.2	78.5	63.9	57.5	75.6	50.3	66.0	66.5
2014	87.8	80.5	90.9	87.1	90.1	86.3	75.6	82.9	72.8	78.7 ²	82.8
Tetanus toxoid injection											
1988	na	na	na	na	na	na	na	na	na	na	na
1992	61.5	62.1	55.9	68.4	72.3	67.0	58.1	61.1	57.1	na	61.9
1995	65.3	71.4	63.0	75.0	69.4	77.0	65.9	65.1	66.2	59.1	68.9
2000	68.8	74.3	61.5	78.1	73.2	80.0	70.3	74.7	68.5	65.0	72.1
2005	68.4	82.8	63.9	81.4	72.2	84.3	78.2	70.8	81.3	69.0	77.3
2008	69.8	85.9	67.1	84.1	72.2	87.6	80.4	71.7	83.9	72.1	79.8
2014	67.8	79.6	65.5	78.5	69.1	80.8	75.7	69.2	78.2	60.8 ²	75.8
Medically-assisted deliveries											
1988	57.0	19.1	64.9	31.1	54.4	23.3	23.9	46.9	14.4	na	34.6
1992	62.5	27.5	68.3	39.7	62.9	32.5	29.7	51.8	23.0	na	40.7
1995	67.9	32.8	69.2	51.4	75.1	43.9	32.2	59.6	22.9	59.3	46.3
2000	81.4	48.0	83.7	65.1	84.7	58.1	47.8	74.7	38.2	60.4	60.9
2005	88.7	65.8	90.7	81.6	92.9	78.0	62.6	83.8	54.8	71.8	74.2
2008	90.2	72.2	92.3	85.3	92.0	83.4	66.4	85.6	59.2	79.1	78.9
2014	96.5	89.3	97.4	95.1	97.8	94.4	86.1	94.4	83.1	89.2 ²	91.5
Caesarean deliveries											
1988	na	na	na	na	na	na	na	na	na	na	na
1992	na	na	na	na	na	na	na	na	na	na	na
1995	10.7	4.2	12.3	7.3	11.3	6.1	3.8	7.9	2.4	3.4	6.6
2000	16.7	6.3	19.3	11.2	17.7	8.9	6.1	12.6	3.8	5.3	10.3
2005	29.2	14.6	33.8	24.5	34.9	21.2	11.8	20.4	8.6	14.3	19.9
2008	37.1	22.0	38.5	30.9	43.2	27.4	19.9	30.9	15.8	20.0	27.6
2014	60.1	48.1	62.0	60.3	70.6	57.8	39.7	50.2	35.9	41.1 ²	51.8

Note: The antenatal care (ANC) indicators correspond to the Millennium Development Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits). They refer to antenatal care that the mother received during pregnancy for the last live birth. Similarly, the proportion of mothers receiving at least one tetanus toxoid (TT) injection refers to the last live birth. In published reports for EDHS surveys prior to 2014, the figures on ANC and TT coverage were in some cases based on all births during the five years before the survey and, thus, may not be comparable to the figures in this table.

na = Not available

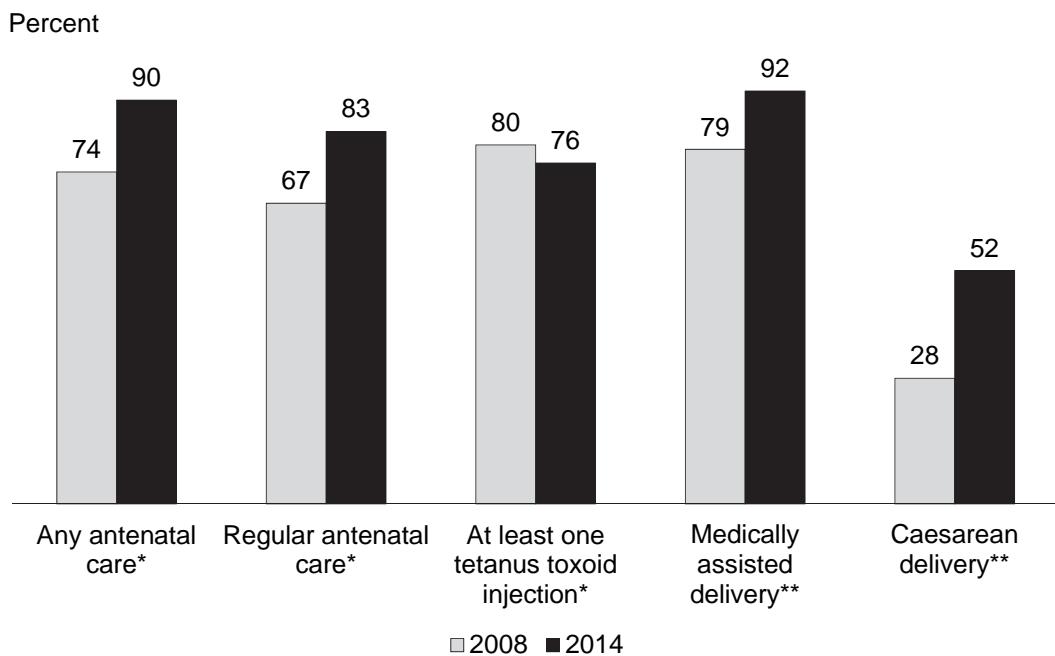
¹ A woman is considered to have had regular antenatal care if she had 4 or more visits during the pregnancy.

² Does not include North or South Sinai governorates

Figure 9.1 focuses on the 2008 and 2014 EDHS surveys in order to assess the magnitude of recent changes in key coverage indicators. Most of the maternal health indicators shown in the figure increased substantially in the six years between the surveys. The percentage of mothers who reported receiving any antenatal care rose from 74 percent in 2008 to 90 percent in 2014, and the percentage of mothers having regular antenatal care (i.e., at least four visits) rose from 67 percent in 2008 to 83 percent in 2014. Seventy-six percent of mothers received at least one tetanus toxoid injection during

pregnancy for the last live birth in 2014; however, this represented a small decline from the level in 2008 (80 percent). More than 90 percent of deliveries were assisted by medical personnel (almost always a doctor) in 2014 compared to 79 percent in 2008. The caesarean delivery rate increased from 28 percent in 2008 to 52 percent in 2014.

Figure 9.1 Trends in maternal health indicators, Egypt 2008-2014



* Last birth in 5-year period before survey

** All births in 5-year period before survey

Table 9.9 shows that all residential categories shared in the improvements in maternal health indicators between the 2008 and 2014 surveys. Rural areas, however, continue to have lower coverage rates than urban areas, and Upper Egypt continues to lag behind other areas.

9.4 POSTNATAL CARE

Care after delivery is very important for both the mother and her child. The Ministry of Health and Population recommends that the first postnatal checkup should occur within two days of delivery. Tables 9.10-9.14 present information obtained in the 2014 EDHS relating to the coverage of postnatal care services among women and newborns. Appendix Table A-9.2 shows the variation in several key postnatal care indicators by governorate.

9.4.1 Postnatal Checkup for the Mother

Both women delivering in health facilities and those delivering outside of facilities were asked questions about the receipt of postnatal care. Women giving birth in a health facility were asked if a provider checked on their health after they delivered before they were discharged and, if not, whether they had seen someone for a postnatal checkup after they were discharged from the facility. It is possible that women delivering in a facility may not have remembered or recognized that a postnatal checkup was conducted during their stay in the facility. However, it is felt that most women could accurately report on whether they were seen by a provider for a checkup before discharge and

that this approach to collecting the information is preferable to an assumption that all women delivering in a health facility had a postnatal checkup.²

Table 9.10 presents the percent distribution of women who gave birth during the two-year period before the survey by whether or not the mother received postnatal care for her last live birth and, if so, the time after delivery of the first postnatal checkup. Women who reported seeing a provider for the first postnatal care checkup more than 41 days after birth were categorized as having no postnatal care.

The EDHS results indicate that more than 8 in 10 women who delivered during the two-year period before the survey had a postnatal checkup following the delivery, and that almost all of these women saw a provider within 2 days of the delivery. Postpartum care is largely confined to births that took place in health facilities. Only 11 percent of mothers who delivered outside a health facility had a postnatal checkup within 6 weeks of their delivery, and only 7 percent had a checkup within the recommended two days following the birth. Among women delivering in a facility, 91 percent had a postnatal checkup, either inside or outside the facility where they delivered, in the two days immediately after delivery.

Table 9.10 shows that the likelihood of a mother receiving postnatal care within the recommended two days following delivery did not vary markedly with age, but declined with the child's birth order. Postnatal care was more common for urban than rural mothers, with mothers living in rural Upper Egypt least likely to report receiving postnatal care. The percentages of mothers who had postnatal care within two days of delivery increased with both education level and the wealth quintile. Mothers working for cash were somewhat more likely than other mothers to have had a postnatal checkup within two days after they delivered.

Table 9.11 presents the distribution of women giving birth in the two years before the survey by whether they had a postnatal checkup for their last birth and, for those who had a checkup, the type of provider the woman saw. The results indicate that virtually all women who had a postnatal checkup within two days of birth saw a medical provider for the checkup, and most saw a doctor.

² The latter assumption was made in the 2000 EDHS and 2003 EIDHS surveys and, thus, the results of the current survey are not comparable to the information collected in those surveys.

Table 9.10 Timing of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, Egypt 2014

Background characteristic	Time after delivery of mother's first postnatal checkup						Total	Percentage of women with a postnatal checkup in the first two days after birth	Number of women giving birth within two years of the survey
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know/missing			
Mother's age at birth									
<20	65.1	13.4	0.5	0.4	1.5	0.7	18.5	100.0	78.9 546
20-34	69.0	11.3	1.7	0.5	1.1	0.3	16.2	100.0	81.9 5,189
35-49	70.0	8.0	2.1	1.5	0.5	0.7	17.2	100.0	80.1 561
Birth order									
1	72.1	13.4	1.7	0.2	1.3	0.5	10.8	100.0	87.2 1,840
2-3	69.3	11.0	1.7	0.5	1.2	0.3	15.9	100.0	82.1 3,201
4-5	64.4	8.6	1.3	1.2	0.2	0.4	23.9	100.0	74.4 1,051
6+	51.1	5.7	1.1	0.9	1.9	0.0	39.3	100.0	57.9 205
Place of delivery									
Health facility	77.2	12.5	1.6	0.3	0.9	0.4	7.1	100.0	91.3 5,570
Elsewhere	4.1	0.5	1.9	2.1	2.5	0.2	88.6	100.0	6.5 727
Urban-rural residence									
Urban	78.2	9.7	1.2	0.5	0.8	0.5	9.2	100.0	89.1 1,930
Rural	64.6	11.8	1.8	0.6	1.2	0.3	19.8	100.0	78.2 4,367
Place of residence									
Urban Governorates	85.1	7.6	1.2	0.2	0.5	0.5	4.8	100.0	94.0 627
Lower Egypt	69.1	15.4	1.4	0.8	1.2	0.5	11.6	100.0	85.9 2,962
Urban	73.4	15.8	0.7	1.2	1.0	0.9	7.0	100.0	89.9 562
Rural	68.2	15.3	1.6	0.7	1.2	0.5	12.7	100.0	85.0 2,400
Upper Egypt	64.4	7.3	1.9	0.4	1.1	0.1	24.7	100.0	73.7 2,648
Urban	76.2	6.6	1.5	0.2	0.8	0.1	14.5	100.0	84.3 709
Rural	60.1	7.6	2.0	0.4	1.3	0.1	28.4	100.0	69.8 1,939
Frontier Governorates ²	67.9	7.2	3.5	0.0	1.2	0.0	20.1	100.0	78.7 60
Education									
No education	57.4	6.9	1.8	0.7	1.1	0.3	31.8	100.0	66.1 994
Some primary	63.3	11.9	1.1	1.2	0.7	0.0	21.8	100.0	76.3 284
Primary complete/some secondary	67.3	11.2	1.7	0.5	1.1	0.3	17.8	100.0	80.2 1,200
Secondary complete/higher	72.5	12.2	1.6	0.5	1.1	0.4	11.7	100.0	86.3 3,819
Work status									
Working for cash	75.7	9.2	2.6	1.3	0.3	0.3	10.7	100.0	87.4 623
Not working for cash	68.0	11.4	1.5	0.5	1.2	0.3	17.2	100.0	80.9 5,674
Wealth quintile									
Lowest	57.7	10.7	1.7	0.7	1.8	0.2	27.2	100.0	70.1 1,061
Second	60.8	10.0	1.5	0.7	1.0	0.0	26.1	100.0	72.2 1,197
Middle	68.3	12.6	1.7	0.5	0.5	0.4	15.9	100.0	82.6 1,566
Fourth	73.1	11.7	1.8	0.5	1.6	0.7	10.6	100.0	86.6 1,410
Highest	83.6	10.1	1.2	0.3	0.6	0.3	3.8	100.0	95.0 1,063
Total	68.7	11.2	1.6	0.5	1.1	0.3	16.5	100.0	81.5 6,297

Note: Postnatal care providers include: doctor, nurse/midwife, daya, and other.

¹ Includes women who received a checkup after 41 days

² Does not include North or South Sinai governorates

Table 9.11 Type of provider of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check in the two days after the last live birth, according to background characteristics, Egypt 2014

Background characteristic	Type of health provider of mother's first postnatal checkup			No postnatal checkup in the first two days after birth	Total	Number of women giving birth within two years of the survey
	Doctor	Nurse/midwife	Daya/other			
Mother's age at birth						
<20	76.0	2.4	0.5	21.1	100.0	546
20-34	79.1	2.8	0.0	18.1	100.0	5,189
35-49	77.2	2.8	0.1	19.9	100.0	561
Birth order						
1	84.0	3.2	0.0	12.8	100.0	1,840
2-3	79.4	2.5	0.1	17.9	100.0	3,201
4-5	72.0	2.4	0.0	25.6	100.0	1,051
6+	54.0	3.9	0.0	42.1	100.0	205
Place of delivery						
Health facility	88.4	2.9	0.0	8.7	100.0	5,570
Elsewhere	4.3	1.7	0.5	93.5	100.0	727
Urban-rural residence						
Urban	86.7	2.4	0.0	10.9	100.0	1,930
Rural	75.1	2.9	0.1	21.8	100.0	4,367
Place of residence						
Urban Governorates	91.2	2.7	0.0	6.0	100.0	627
Lower Egypt	83.6	2.2	0.1	14.1	100.0	2,962
Urban	88.0	2.0	0.0	10.1	100.0	562
Rural	82.6	2.3	0.1	15.0	100.0	2,400
Upper Egypt	70.5	3.2	0.0	26.3	100.0	2,648
Urban	82.5	1.9	0.0	15.7	100.0	709
Rural	66.1	3.6	0.0	30.2	100.0	1,939
Frontier Governorates ¹	66.0	12.6	0.1	21.3	100.0	60
Education						
No education	63.6	2.5	0.0	33.9	100.0	994
Some primary	70.9	5.4	0.0	23.7	100.0	284
Primary complete/some secondary	76.8	3.2	0.2	19.8	100.0	1,200
Secondary complete/higher	83.8	2.5	0.0	13.7	100.0	3,819
Work status						
Working for cash	84.0	3.4	0.0	12.6	100.0	623
Not working for cash	78.1	2.7	0.1	19.1	100.0	5,674
Wealth quintile						
Lowest	66.2	3.8	0.1	29.9	100.0	1,061
Second	69.3	2.7	0.2	27.8	100.0	1,197
Middle	79.9	2.7	0.0	17.4	100.0	1,566
Fourth	84.2	2.4	0.0	13.4	100.0	1,410
Highest	92.7	2.2	0.0	5.0	100.0	1,063
Total	78.7	2.8	0.1	18.5	100.0	6,297

¹ Does not include North or South Sinai governorates

9.4.2 Postnatal Checkup for the Baby

Women giving birth during the two-year period before the survey were asked whether or not the child had had a postnatal checkup for the last birth they had during the period. If the mother reported the baby had received a postnatal checkup, information was collected on the timing of the first checkup and the provider. A question was also included for all last-born children about whether or not a blood sample had been taken from the child's heel. The MOHP recommends that blood sample be collected immediately following a child's birth to screen for congenital hypothyroidism, a condition which results from the failure of the thyroid gland to function properly. If this condition is not treated soon after birth, the long-term consequences can be severe for the child including stunted physical growth and learning disabilities.

Table 9.12 presents the distribution of last live births during the two years before the EDHS by whether or not the child received postnatal care and, if so, the timing of the first checkup. Some caution should be used in considering the findings in the tables since women may not have been present when a provider checked on the baby's health or may not have recognized that a provider's activities included a check on the baby's health.

Table 9.12 shows that 78 percent of newborns do not have a postnatal checkup at all, and only 14 percent were seen for the first checkup within two days following birth. The largest differential in the likelihood that a newborn received a postnatal checkup within two days was observed by birth order. Seventeen percent of first births had a checkup within 2 days of birth compared to 6 percent of births of order six or higher.

Table 9.12 Timing of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of births with a postnatal checkup in the first two days after birth, according to background characteristics, Egypt 2014

Background characteristic	Time after birth of newborn's first postnatal checkup						Total	Percentage of births with a postnatal checkup in the first two days after birth	Number of births within the two years preceding the survey
	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know/missing			
Mother's age at birth									
<20	0.0	6.1	1.1	6.7	7.1	0.0	79.1	100.0	13.8
20-34	0.9	4.8	1.3	7.4	7.6	0.3	77.7	100.0	14.4
35-49	0.5	5.0	0.7	6.7	7.2	0.0	79.8	100.0	12.9
Birth order									
1	0.7	5.8	1.6	8.7	8.9	0.3	74.0	100.0	16.9
2-3	0.7	4.9	1.4	7.2	7.2	0.3	78.3	100.0	14.2
4-5	1.0	4.3	0.5	5.3	6.2	0.3	82.5	100.0	11.1
6+	0.2	1.6	0.4	4.2	7.4	0.0	86.2	100.0	6.4
Place of delivery									
Health facility	0.9	5.5	1.3	7.3	7.6	0.3	77.2	100.0	14.9
Elsewhere	0.0	0.8	0.8	6.9	7.1	0.0	84.3	100.0	8.5
Residence									
Urban	1.2	5.5	1.4	7.0	6.5	0.4	78.1	100.0	15.1
Rural	0.6	4.7	1.2	7.3	8.0	0.2	78.0	100.0	13.8
Place of residence									
Urban Governorates	1.7	5.1	0.8	5.7	5.0	0.8	80.9	100.0	13.3
Lower Egypt	0.7	5.7	1.3	9.3	9.3	0.2	73.5	100.0	17.0
Urban	0.8	6.9	1.8	10.0	9.8	0.2	70.6	100.0	19.4
Rural	0.6	5.5	1.2	9.1	9.2	0.2	74.2	100.0	16.4
Upper Egypt	0.6	4.1	1.3	5.4	6.3	0.2	82.2	100.0	11.4
Urban	0.8	4.9	1.4	5.9	5.1	0.2	81.7	100.0	13.0
Rural	0.5	3.9	1.3	5.2	6.7	0.1	82.3	100.0	10.8
Frontier Governorates ²	3.8	1.9	0.8	4.1	4.3	0.4	84.7	100.0	10.6
Mother's education									
No education	0.7	3.2	0.8	4.3	7.4	0.1	83.5	100.0	9.0
Some primary	0.6	5.1	0.5	4.2	6.0	0.0	83.6	100.0	10.4
Primary complete/some secondary	0.9	5.3	1.8	5.8	7.5	0.5	78.3	100.0	13.7
Secondary complete/higher	0.7	5.3	1.2	8.7	7.7	0.2	76.1	100.0	16.0
Work status									
Working for cash	0.6	6.4	1.7	7.3	8.8	0.0	75.2	100.0	15.9
Not working for cash	0.8	4.8	1.2	7.2	7.4	0.3	78.3	100.0	14.0
Wealth quintile									
Lowest	0.6	4.3	1.6	5.3	7.5	0.3	80.4	100.0	11.7
Second	0.3	4.6	0.8	7.2	8.9	0.2	78.0	100.0	12.9
Middle	0.7	4.4	1.2	7.4	7.1	0.1	79.1	100.0	13.6
Fourth	0.6	5.5	1.0	7.9	7.4	0.3	77.4	100.0	14.9
Highest	1.7	6.2	1.8	8.3	6.9	0.5	74.5	100.0	18.0
Total	0.8	5.0	1.2	7.3	7.5	0.3	78.0	100.0	14.2

Note: Postnatal care providers include: doctor, nurse/midwife, daya and other.

¹ Includes newborns who received a checkup after the first week

² Does not include North or South Sinai governorates

Table 9.13 shows the distribution of births in the two years before the survey by the type of provider who saw the baby for the first postnatal checkup. The results indicate that virtually all newborns who had a postnatal checkup within two days of birth were seen by a doctor for the checkup.

Table 9.13 Type of provider of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by type of provider of the newborn's first postnatal health check during the two days after the last live birth, according to background characteristics, Egypt 2014

Background characteristic	Type of health provider of newborn's first postnatal checkup			No postnatal checkup in the first two days after birth	Total	Number of births within the two years preceding the survey
	Doctor	Nurse/midwife	Daya			
Mother's age at birth						
<20	13.8	0.0	0.0	86.2	100.0	546
20-34	14.1	0.3	0.0	85.6	100.0	5,189
35-49	12.9	0.0	0.0	87.1	100.0	561
Birth order						
1	16.6	0.2	0.1	83.1	100.0	1,840
2-3	14.0	0.2	0.0	85.8	100.0	3,201
4-5	10.9	0.2	0.0	88.9	100.0	1,051
6+	6.4	0.0	0.0	93.6	100.0	205
Place of delivery						
Health facility	14.7	0.2	0.0	85.1	100.0	5,570
Elsewhere	8.0	0.3	0.2	91.5	100.0	727
Urban-rural residence						
Urban	14.9	0.1	0.0	84.9	100.0	1,930
Rural	13.5	0.3	0.0	86.2	100.0	4,367
Place of residence						
Urban Governorates	13.3	0.0	0.0	86.7	100.0	627
Lower Egypt	16.5	0.4	0.1	83.0	100.0	2,962
Urban	19.1	0.3	0.0	80.6	100.0	562
Rural	15.9	0.4	0.1	83.6	100.0	2,400
Upper Egypt	11.3	0.1	0.0	88.6	100.0	2,648
Urban	12.9	0.1	0.0	87.0	100.0	709
Rural	10.7	0.1	0.0	89.2	100.0	1,939
Frontier Governorates ¹	10.6	0.0	0.0	89.4	100.0	60
Mother's education						
No education	9.0	0.0	0.0	91.0	100.0	994
Some primary	9.7	0.7	0.0	89.6	100.0	284
Primary complete/some secondary	13.7	0.0	0.0	86.3	100.0	1,200
Secondary complete/higher	15.7	0.3	0.0	84.0	100.0	3,819
Work status						
Working for cash	15.4	0.6	0.0	84.1	100.0	623
Not working for cash	13.8	0.2	0.0	86.0	100.0	5,674
Wealth quintile						
Lowest	11.4	0.3	0.0	88.3	100.0	1,061
Second	12.7	0.2	0.0	87.1	100.0	1,197
Middle	13.3	0.3	0.1	86.4	100.0	1,566
Fourth	14.7	0.2	0.0	85.1	100.0	1,410
Highest	17.9	0.2	0.0	82.0	100.0	1,063
Total	14.0	0.2	0.0	85.8	100.0	6,297

¹ Does not include North or South Sinai governorates

Although only a minority of newborns have a postnatal checkup, Table 9.14 shows that 95 percent had a heel sample taken within 14 days of birth. In the case of more than 8 in 10 babies the heel sample was taken during the week following delivery. Newborns of birth order six or higher are least likely to have had a heel sample taken during the week following birth (74 percent). Newborns in Lower Egypt were the most likely to have had a heel sample taken in the week following the birth (88 percent).

Table 9.14 Blood sample taken from newborn's heel

Percent distribution of last births in the two years preceding the survey by mother's report on the timing of the taking of a blood sample from the newborn's heel, according to background characteristics, Egypt 2014

Background characteristic	Time blood sample taken from newborn's heel						Percentage of births with heel sample taken within 14 days of birth	Number of births within the two years preceding the survey
	Taken on day child born	1-6 days after birth	7-13 days after birth	14 or more days after birth	Don't know/missing ¹	No sample taken		
Mother's age at birth								
<20	0.0	83.1	11.5	0.0	0.5	4.9	100.0	94.7
20-34	0.0	83.4	11.4	0.6	0.6	4.0	100.0	94.8
35-49	0.0	82.1	11.7	0.5	0.5	5.3	100.0	93.7
Birth order								
1	0.0	83.6	11.1	0.5	0.7	4.1	100.0	94.7
2-3	0.1	84.5	11.2	0.5	0.5	3.3	100.0	95.8
4-5	0.0	80.7	12.0	0.5	0.6	6.2	100.0	92.8
6+	0.0	74.4	14.2	1.2	0.0	10.2	100.0	88.6
Place of delivery								
Health facility	0.0	83.8	11.1	0.5	0.6	3.9	100.0	94.9
Elsewhere	0.0	79.1	14.0	0.2	0.2	6.6	100.0	93.0
Urban-rural residence								
Urban	0.0	83.7	10.5	0.6	0.7	4.5	100.0	94.3
Rural	0.0	83.1	11.8	0.5	0.5	4.1	100.0	94.9
Place of residence								
Urban Governorates	0.0	81.2	10.4	1.4	0.7	6.3	100.0	91.5
Lower Egypt	0.1	88.1	8.3	0.3	0.7	2.6	100.0	96.5
Urban	0.0	87.0	8.2	0.0	1.2	3.6	100.0	95.2
Rural	0.1	88.3	8.4	0.4	0.6	2.3	100.0	96.7
Upper Egypt	0.0	78.6	15.0	0.5	0.4	5.5	100.0	93.6
Urban	0.0	83.9	12.1	0.3	0.2	3.5	100.0	96.0
Rural	0.0	76.6	16.1	0.6	0.4	6.3	100.0	92.7
Frontier Governorates ²	0.0	77.3	15.4	0.8	0.5	6.0	100.0	92.7
Mother's education								
No education	0.0	79.9	12.5	0.6	0.7	6.3	100.0	92.4
Some primary	0.0	80.5	11.0	0.7	1.5	6.3	100.0	91.5
Primary complete/some secondary	0.1	80.8	13.3	0.5	0.5	4.8	100.0	94.2
Secondary complete/higher	0.0	85.1	10.6	0.5	0.5	3.4	100.0	95.7
Work status								
Working for cash	0.1	84.3	12.1	0.5	0.3	2.7	100.0	96.5
Not working for cash	0.0	83.2	11.3	0.5	0.6	4.4	100.0	94.5
Wealth quintile								
Lowest	0.0	75.7	15.5	0.8	0.9	7.1	100.0	91.2
Second	0.2	83.1	12.4	0.1	0.5	3.7	100.0	95.7
Middle	0.0	86.0	9.7	0.5	0.3	3.5	100.0	95.7
Fourth	0.0	85.0	10.6	0.2	0.6	3.6	100.0	95.6
Highest	0.0	84.8	9.7	1.0	0.6	3.9	100.0	94.5
Total	0.0	83.3	11.4	0.5	0.6	4.2	100.0	94.7

¹ Includes cases in which the respondent did not know if a heel sample was taken or a response to the question was not recorded

² Does not include North or South Sinai governorates

Key Findings:

- Two-thirds of ever-married women report at least one barrier to accessing health care for themselves that they consider to be a big barrier. The most frequent concerns women report are a lack of drugs (54 percent) and a lack of health providers (48 percent).
- Few women (8 percent) are covered by health insurance. The highest coverage levels were found among women with a secondary or higher education (14 percent) and women in the highest wealth quintile (18 percent).
- Seven in 10 ever-married women age 15-49 have heard about HIV/AIDS. However, only 4 percent of women have comprehensive correct knowledge about AIDS.

This chapter presents information from the 2014 EDHS on several other health issues of importance including information on various barriers that women report as potential problems for them in accessing health care and on the extent to which women are covered by health insurance. Data from the EDHS on the level of awareness of sexually transmitted infections (STIs) and the self-reported prevalence of STIs and STI symptoms are also considered. Finally, acquired immunodeficiency syndrome (AIDS) is one of the most serious public health and development challenges facing the world today. The disease is caused by the human immunodeficiency virus (HIV). Although the HIV infection rate is low in Egypt, there is a need to ensure that Egyptians have a correct understanding of the modes of HIV transmission and prevention. The 2014 EDHS included questions to assess the level of respondent knowledge of HIV/AIDS and attitudes towards persons living with AIDS.

10.1 WOMEN'S ACCESS TO HEALTH CARE

An important topic explored in the 2014 EDHS was the type of barriers women may face in accessing health care for themselves. To obtain this information, the ever-married women age 15-49 interviewed in the survey were asked whether each of the following factors would be a big problem for them in obtaining medical advice or treatment if they were sick: getting permission to go for treatment, getting money for treatment, distance to the health facility, having to take transport, not wanting to go alone, concern no female provider available, concern no provider available, and concern no drugs available.

Table 10.1 shows the percentage of EDHS respondents who agreed that the various factors might be a problem for them in getting care. The table also shows the percentage of women who saw at least one of the factors as a barrier to obtaining health care for themselves. Appendix Table A-10.1 presents governorate-level differences in the barriers women perceived they might face in getting health care.

The most frequent worries women reported were concerns about a lack of drugs (54 percent) and the availability of a health provider (48 percent). Around 3 in 10 women said that not wanting to go alone (31 percent) and concern no female provider would be available (29 percent) were barriers to getting care. Around 1 in 5 women reported having to take transport and the distance to a health facility as potential problems. Women were least likely to see getting money or permission to go for treatment as barriers to care (11 percent and 7 percent, respectively). Two-thirds of women identified at least one of the obstacles in Table 10.1 as potentially a big problem for them in getting care.

Table 10.1 Problems in accessing health care

Percentage of ever-married women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Egypt 2014

Background characteristic	Problems in accessing health care									Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no health provider available	Concern no drugs available	At least one problem accessing health care	
Age										
15-19	9.5	9.2	21.5	23.8	45.9	34.8	54.9	61.1	73.7	764
20-24	8.5	9.9	17.3	20.6	37.7	31.8	49.9	56.2	70.9	3,055
25-29	8.0	10.5	18.6	21.5	33.4	29.2	48.2	54.5	69.2	4,753
30-34	7.6	10.8	18.9	22.0	30.8	30.9	47.0	53.1	68.4	4,127
35-39	6.6	11.0	17.6	19.7	26.5	26.6	46.9	53.7	66.3	3,495
40-44	6.3	9.9	16.6	18.5	26.5	25.6	44.8	51.1	64.2	2,864
45-49	6.0	10.9	18.6	22.1	28.0	26.6	45.5	53.3	67.6	2,705
Number of living children										
0	7.9	9.0	18.1	20.2	36.4	29.7	50.7	54.5	69.2	1,948
1-2	6.8	9.5	16.6	19.9	30.1	27.6	46.3	52.7	66.7	8,848
3-4	6.9	10.9	18.3	20.6	30.1	29.2	46.4	53.7	68.0	8,673
5+	10.5	14.2	23.7	27.1	35.6	31.9	53.5	59.7	73.4	2,293
Marital status										
Currently married	7.4	10.2	18.1	20.9	31.5	29.0	47.5	53.9	68.2	20,460
Divorced/separated/widowed	6.4	15.4	18.4	21.8	27.1	26.5	46.8	56.0	67.5	1,302
Urban-rural residence										
Urban	4.6	8.9	13.8	16.2	23.6	22.9	42.3	49.6	63.0	7,623
Rural	8.8	11.3	20.5	23.5	35.4	32.1	50.3	56.4	70.9	14,139
Place of residence										
Urban Governorates	3.5	6.1	11.4	13.1	16.6	20.7	36.9	43.6	56.9	2,774
Lower Egypt	5.2	8.0	16.1	18.9	27.4	28.4	42.7	49.6	64.0	10,664
Urban	4.2	7.6	12.6	15.0	23.3	23.5	37.9	45.7	59.3	2,319
Rural	5.5	8.1	17.1	20.0	28.6	29.7	44.1	50.6	65.3	8,346
Upper Egypt	11.5	15.3	23.0	26.1	41.2	32.4	57.2	63.2	77.1	8,130
Urban	6.1	13.3	17.4	20.6	31.2	24.9	51.7	59.3	72.7	2,421
Rural	13.7	16.2	25.3	28.4	45.5	35.6	59.5	64.8	79.0	5,708
Frontier Governorates ¹	4.9	6.6	24.0	29.1	32.9	25.7	51.8	60.6	78.3	194
Education										
No education	11.3	16.6	23.3	27.0	36.4	33.9	51.3	57.8	72.7	5,232
Some primary	10.6	17.6	24.1	26.4	36.5	32.9	52.7	59.7	76.3	1,334
Primary complete/some secondary	7.7	11.4	20.8	23.7	36.4	30.6	52.0	61.3	74.5	3,796
Secondary complete/higher	5.0	6.5	14.3	16.6	26.6	25.5	43.6	49.1	62.9	11,400
Work status										
Working for cash	4.0	8.3	13.3	15.7	20.8	21.5	40.0	45.7	58.4	2,964
Not working for cash	7.9	10.8	18.9	21.8	32.9	30.0	48.6	55.3	69.7	18,798
Wealth quintile										
Lowest	13.6	17.6	25.9	29.6	41.6	33.5	52.5	58.9	75.1	3,887
Second	9.7	12.8	20.3	22.8	33.6	31.0	53.5	59.4	72.2	4,277
Middle	6.5	9.0	18.4	21.4	34.2	32.2	46.6	53.8	68.6	4,839
Fourth	4.8	8.5	16.0	18.7	27.2	26.8	45.8	53.7	67.1	4,542
Highest	2.9	5.5	11.0	13.0	20.4	21.0	39.5	44.5	58.2	4,217
Total	7.3	10.5	18.2	20.9	31.3	28.9	47.5	54.0	68.1	21,762

¹ Does not include North and South Sinai governorates

Urban women were somewhat less likely than rural women to report at least one problem. Women from the Urban Governorates were the least likely and women from rural Upper Egypt the most likely to mention at least one potential barrier to getting care. As expected, highly educated women and women who work for cash were less likely than other women to perceive any big problems in accessing health care. The percentage of women who identified at least one potential problem in accessing health care also decreased with increasing wealth.

Table 10.1 also highlights some differences in the specific types of obstacles that women regard as big problems. For example, rural women, especially those from rural areas in Upper Egypt, were more likely than urban women to see the lack of availability of drugs and providers as potentially big problems in accessing care. Women in rural Upper Egypt were also much more likely than women in other areas to agree that not wanting to go alone was a problem for them in accessing care.

10.2 HEALTH INSURANCE COVERAGE

The 2014 EDHS included questions to assess insurance coverage. The results in Table 10.2 indicate that only 8 percent of ever-married women age 15-49 are covered by any insurance. Among those who were insured, most had coverage from an employer (55 percent) or the General Insurance Agency (41 percent).

Table 10.2 Health insurance coverage

Percentage of ever-married women age 15-49 with health insurance, and, among those with health insurance, percentage covered by various health insurance plans, Egypt 2014

Background characteristic	Percentage covered by any health insurance	Number of respondents	Among respondents having health insurance, percentage reporting they were insured by:					Number with health insurance
			General Insurance Agency	Employer	Syndicate	Privately purchased commercial insurance	Other	
Age								
15-19	2.3	764	*	*	*	*	*	17
20-24	2.5	3,055	56.7	37.8	7.2	0.3	0.0	75
25-29	6.3	4,753	38.9	54.1	7.8	2.1	1.4	301
30-34	8.7	4,127	36.0	59.8	4.7	0.9	1.3	359
35-39	10.1	3,495	41.5	55.7	4.5	0.8	2.8	351
40-44	10.3	2,864	44.7	52.8	4.9	0.1	0.7	295
45-49	13.7	2,705	37.7	56.4	6.0	1.2	0.8	371
Marital status								
Currently married	8.0	20,460	40.2	55.0	5.6	1.2	1.3	1,641
Divorced/separated/widowed	10.0	1,302	46.4	51.6	5.5	0.0	2.1	130
Urban-rural residence								
Urban	12.5	7,623	37.1	58.5	6.7	1.5	1.2	949
Rural	5.8	14,139	44.7	50.4	4.3	0.6	1.6	822
Place of residence								
Urban Governorates	11.5	2,774	36.3	61.0	6.0	1.8	2.2	318
Lower Egypt	8.3	10,664	45.7	49.0	5.0	0.5	1.4	886
Urban	14.0	2,319	41.6	53.4	6.8	0.7	0.5	325
Rural	6.7	8,346	48.1	46.4	4.0	0.3	1.8	562
Upper Egypt	6.6	8,130	35.1	60.2	6.0	1.5	1.0	539
Urban	11.8	2,421	33.2	61.6	7.0	1.8	0.9	286
Rural	4.4	5,708	37.2	58.6	4.9	1.3	1.2	253
Frontier Governorates ¹	14.1	194	34.6	64.1	7.9	3.5	0.0	27
Education								
No education	0.9	5,232	35.3	55.1	0.0	2.3	9.1	47
Some primary	1.8	1,334	*	*	*	*	*	24
Primary complete/some secondary	2.3	3,796	53.5	39.7	1.8	1.4	3.8	86
Secondary complete/higher	14.2	11,400	40.2	55.7	5.9	0.9	1.0	1,614
Wealth quintile								
Lowest	2.7	3,887	41.0	53.8	1.8	3.1	4.1	106
Second	3.3	4,277	43.3	50.8	7.1	0.0	1.3	141
Middle	7.0	4,839	42.3	53.4	3.9	0.5	1.7	339
Fourth	9.8	4,542	44.6	52.0	4.4	0.4	0.6	446
Highest	17.5	4,217	36.9	57.9	7.2	1.7	1.3	739
Total	8.1	21,762	40.6	54.8	5.5	1.1	1.4	1,771

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

¹ Does not include North and South Sinai governorates

Insurance coverage increased with age and was higher among urban than rural women. Coverage levels were noticeably higher for those with a secondary or higher education than for less educated women. As expected, coverage levels increased directly with the wealth quintile. As was the case with education, there was a considerably higher coverage rate among women in the highest wealth quintile than among other women.

10.3 SEXUALLY TRANSMITTED INFECTIONS

In the 2014 EDHS, several questions were asked during the ever-married women's interviews to assess awareness and recent experience with sexually transmitted infections (STI). First, women were asked if they had heard about any infections that could be transmitted by sexual contact. They were also asked if they had had an STI in the past 12 months. In addition, they were asked if, in the past year, they had experienced a genital sore or ulcer and if they had had any genital discharge. Women who had had an infection or experienced symptoms were asked additional questions relating to any treatment that they may have sought for the infection or symptoms. In interpreting the results of these questions, the reporting of an abnormal discharge or genital sore or ulcer does not definitively identify women with STIs. However, the results provide some insight into the extent to which women are aware of and are seeking medical assistance for abnormal reproductive tract symptoms.

The results in Table 10.3 indicate that 75 percent of currently married women had heard about sexually transmitted infections. The level of awareness of STIs is higher than at the time of the 2008 EDHS (59 percent).

Knowledge of STIs varied considerably by background characteristic. For example, urban women were more likely than rural women to know about STIs (84 percent and 70 percent, respectively). Women in the Urban Governorates and Lower Egypt were also much more likely to know about STIs than women from Upper Egypt and the Frontier Governorates. STI awareness levels also increased substantially with education and wealth.

According to the results in Table 10.3, only 3 percent of women reported having had an infection which they had gotten through sexual contact during the 12 months prior to the survey. This rate is similar to the level reported in the 2008 EDHS (2 percent). With respect to the reporting of STI symptoms, slightly more than one-fifth of the women reported having had an abnormal genital discharge and one-quarter of the women said they had had a genital sore or ulcer. The rates of reporting of STI symptoms are considerably higher than the levels of reporting of symptoms in the 2008 EDHS and earlier DHS surveys and may reflect some misunderstanding of the questions. Overall, nearly one-third of the women reported having an STI or STI symptom.

Around two-thirds of women experiencing an STI or STI symptoms sought medical treatment. Women who sought treatment were more likely to consult a private medical provider than a public health facility (55 percent and 13 percent, respectively). Differentials in the proportions seeking treatment were generally small. Women age 15-19 were most likely and women age 45-49 and women with no education were least likely to have sought treatment (76 percent and 61 percent, respectively).

Table 10.3 Self-reported prevalence of sexually-transmitted infections (STIs) and STI symptoms

Among currently married women age 15-49, percentage who have heard of infections that can be transmitted through sexual contact and percentage with self-reported STI and/or symptoms of an STI in the past 12 months, and, among women with self-reported STI or STI symptoms, the percentage seeking treatment by the type of provider, according to selected background characteristics, Egypt 2014

Background characteristic	Percentage of currently married women who have heard of infections that can be transmitted through sexual contact	Percentage of currently married women with self-reported STI/STI symptoms in past 12 months				Number of currently married women	Percentage with self-reported STI/STI symptoms who sought treatment from			Number of women with STI/STI symptoms
		STI	Abnormal genital discharge	Genital sore or ulcer	STI, genital discharge, sore or ulcer		Any provider	Any public provider	Any private provider	
Age										
15-19	58.4	2.9	24.9	31.9	37.6	746	75.6	3.2	71.7	280
20-24	74.1	3.1	27.1	30.6	38.1	2,980	72.5	11.0	61.6	1,137
25-29	78.3	3.2	24.5	26.9	34.6	4,610	70.6	14.0	57.5	1,593
30-34	78.8	3.0	23.0	25.4	32.7	3,981	67.8	12.1	55.6	1,302
35-39	77.7	2.3	21.5	23.6	30.3	3,282	65.5	17.0	49.2	995
40-44	72.9	1.9	18.3	21.1	27.4	2,579	61.8	15.1	47.0	706
45-49	68.0	2.2	15.3	17.9	23.5	2,282	61.4	16.9	45.1	535
Urban-rural residence										
Urban	84.2	2.8	21.2	24.5	30.2	7,084	69.5	14.7	55.1	2,137
Rural	70.3	2.6	22.9	25.3	33.0	13,375	67.4	12.9	55.0	4,411
Place of residence										
Urban Governorates	82.8	1.8	19.5	22.8	27.1	2,547	66.9	16.8	49.9	690
Lower Egypt	79.1	4.0	23.4	22.4	31.6	10,098	66.2	14.8	52.1	3,193
Urban	88.4	4.5	22.3	21.4	30.2	2,179	67.7	12.7	55.8	658
Rural	76.5	3.9	23.7	22.6	32.0	7,919	65.8	15.3	51.1	2,535
Upper Egypt	67.7	1.3	21.8	29.4	34.3	7,629	70.7	10.9	60.0	2,614
Urban	81.9	2.5	21.6	29.1	33.3	2,254	73.1	14.3	58.9	751
Rural	61.8	0.8	21.9	29.5	34.7	5,375	69.8	9.5	60.4	1,863
Frontier Governorates ¹	59.2	0.4	20.6	23.9	27.6	185	71.8	16.1	56.2	51
Education										
No education	46.2	1.5	17.1	21.7	26.7	4,778	61.0	14.1	47.1	1,277
Some primary	60.6	3.6	24.1	29.0	35.8	1,207	63.4	20.1	44.2	432
Primary complete/some secondary	70.7	2.8	25.7	30.1	37.2	3,572	69.1	14.4	54.8	1,330
Secondary complete/higher	90.9	3.2	23.3	24.4	32.2	10,902	70.9	12.0	59.3	3,510
Work status										
Working for cash	88.6	4.2	22.1	24.2	32.0	2,640	65.4	11.2	54.1	845
Not working for cash	73.1	2.5	22.3	25.2	32.0	17,820	68.5	13.8	55.1	5,703
Wealth quintile										
Lowest	58.0	1.4	21.5	25.9	32.6	3,625	66.1	11.8	54.5	1,183
Second	64.0	2.2	22.3	26.1	32.9	3,976	66.7	14.8	52.2	1,309
Middle	76.9	3.3	23.8	24.9	33.1	4,603	69.1	13.5	56.0	1,524
Fourth	81.6	3.2	23.6	25.5	32.8	4,268	68.0	14.7	54.1	1,399
Highest	92.9	3.3	19.9	23.0	28.4	3,987	70.5	12.0	58.6	1,132
Total	75.1	2.7	22.3	25.0	32.0	20,460	68.1	13.4	55.0	6,548

¹ Does not include North and South Sinai governorates

10.4 KNOWLEDGE OF HIV/AIDS

To obtain information on the extent of HIV/AIDS knowledge, EDHS respondents were asked a general question about whether they had heard of the illness. Those who knew about HIV/AIDS were asked additional questions about modes of prevention including whether it is possible to reduce the chance of getting the AIDS virus by having just one faithful sexual partner, using a condom at every sexual encounter, and abstaining from sex. To get at possible misconceptions, respondents also were asked whether they think it is possible for a healthy-looking person to have the AIDS virus and whether a person can get AIDS from mosquito bites or sharing food with a person who has AIDS. The responses to these questions are used to assess the extent to which EDHS respondents had

comprehensive knowledge of HIV/AIDS. Comprehensive knowledge of HIV/AIDS is defined as knowing that use of condoms and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the misconceptions that HIV/AIDS can be transmitted through mosquito bites and by sharing food.

Table 10.4 presents information on the level of awareness of HIV/AIDS and the extent of comprehensive knowledge about AIDS by selected background characteristics. Governorate-level differences in these indicators are shown in Appendix Table A-10.2.

The results in Tables 10.4 show that 69 percent of ever-married women age 15-49 have heard about HIV/AIDS. Although many women have a basic awareness of AIDS, the proportions knowing about ways in which the risk of infection can be reduced are generally low. Women are most likely to see limiting sex to one uninfected partner as a means of reducing the risk of transmission (58 percent). Only around 4 in 10 women are aware that a healthy-looking person can have AIDS. Similar proportions of women reject each of two common misconceptions about how the AIDS virus can be transmitted, i.e., through mosquito bites (38 percent) or sharing food with an infected person (39 percent). Overall, only 4 percent of women are classified as having comprehensive correct knowledge about AIDS.

Table 10.4 also presents differentials in the levels of the various AIDS knowledge indicators by background characteristics. AIDS awareness is lower among rural than urban women (64 percent and 80 percent, respectively). Looking at the variation by place of residence, AIDS awareness is generally lowest among women in rural Upper Egypt and in the three Frontier Governorates included in the survey than in other regions. As expected, the level of AIDS awareness increases with education and the wealth quintile.

Table 10.4 Knowledge of AIDS

Percentage of ever-married women age 15-49 who have heard of AIDS, percentage who responded to prompted questions by saying that people can reduce the risk of getting the AIDS virus by using condoms and by having sex with just one uninfected, faithful partner, percentage who responded to a prompted question by saying that a healthy-looking person can have the AIDS virus, percentage who know the AIDS virus cannot be transmitted by mosquito bites or sharing food with an infected person, and percentage with comprehensive knowledge about AIDS, by background characteristics, Egypt 2014

Background characteristic	Percentage who say people can reduce the risk of getting the AIDS virus by:				Percentage who know the AIDS virus cannot be transmitted by:		Percentage who reject two common misconceptions and know that a healthy-looking person can have the AIDS virus		Percentage with a comprehensive knowledge about AIDS ¹	Number of women		
	Percentage who have heard of AIDS	Using a condom and having one uninfected faithful partner			Percentage who know a healthy-looking person can have AIDS	Mosquito bites	Sharing food with an infected person	Healthy-looking person can have the AIDS virus				
		Using a condom every time they have sex	Limiting sex to one uninfected partner	Having one uninfected faithful partner								
Age												
15-19	49.9	15.9	38.1	13.7	27.6	23.1	23.0	8.6	2.8	764		
20-24	68.4	19.4	56.5	18.2	37.2	34.2	32.0	11.5	2.9	3,055		
25-29	72.9	21.0	61.7	19.7	39.3	39.5	40.6	14.6	3.5	4,753		
30-34	73.7	20.8	62.6	19.7	41.2	41.2	42.0	16.3	4.3	4,127		
35-39	72.3	20.2	60.2	18.9	37.8	40.9	42.9	16.4	4.3	3,495		
40-44	67.4	19.8	56.4	18.3	36.5	37.6	40.7	15.9	4.8	2,864		
45-49	61.6	18.2	51.5	16.8	34.0	35.1	36.4	13.9	3.4	2,705		
Marital status												
Currently married	69.7	20.0	58.4	18.7	38.1	38.1	39.1	14.7	3.8	20,460		
Divorced/separated/widowed	65.2	18.8	53.1	16.9	31.6	35.9	36.1	13.2	3.4	1,302		
Urban-rural residence												
Urban	79.7	25.1	67.9	23.6	42.1	48.0	51.5	19.8	5.6	7,623		
Rural	63.8	17.2	52.8	15.9	35.3	32.5	32.1	11.9	2.9	14,139		
Place of residence												
Urban Governorates	80.2	29.9	66.2	27.9	43.1	45.3	54.2	20.3	6.3	2,774		
Lower Egypt	72.7	16.7	59.4	15.4	39.1	39.9	40.0	15.1	3.1	10,664		
Urban	83.3	19.1	69.9	17.9	44.5	51.6	53.4	20.6	4.1	2,319		
Rural	69.7	16.0	56.5	14.7	37.6	36.7	36.3	13.6	2.8	8,346		
Upper Egypt	61.7	20.8	53.8	19.6	34.1	32.9	32.3	12.1	3.9	8,130		
Urban	75.9	25.3	67.6	24.2	38.3	47.9	46.8	18.6	6.2	2,421		
Rural	55.7	18.9	47.9	17.6	32.3	26.6	26.1	9.4	3.0	5,708		
Frontier Governorates ²	56.8	20.5	51.6	19.2	33.6	30.8	35.2	12.6	4.8	194		
Education												
No education	37.1	10.1	28.9	9.1	20.1	14.4	13.5	4.2	0.8	5,232		
Some primary	52.4	13.9	44.2	13.0	31.0	22.0	22.1	8.0	2.2	1,334		
Primary complete/some secondary	63.5	17.4	51.8	15.9	35.3	29.8	29.8	10.8	2.6	3,796		
Secondary complete/higher	88.2	26.0	75.3	24.5	47.4	53.3	55.5	21.5	5.8	11,400		
Work status												
Working for cash	85.2	26.8	74.0	25.3	47.5	54.5	58.2	24.9	7.2	2,964		
Not working for cash	66.9	18.8	55.6	17.5	36.2	35.3	35.9	13.0	3.3	18,798		
Wealth quintile												
Lowest	50.1	14.6	40.7	13.3	29.4	23.0	22.2	8.1	1.7	3,887		
Second	57.4	16.9	47.4	15.7	33.1	27.7	26.8	10.1	2.7	4,277		
Middle	70.9	17.7	58.4	16.5	36.7	37.6	36.5	13.0	3.3	4,839		
Fourth	76.2	21.2	65.3	19.7	41.2	43.2	45.1	17.1	4.5	4,542		
Highest	90.4	29.2	76.9	27.6	47.5	56.8	62.6	24.5	6.8	4,217		
Total 15-49	69.4	19.9	58.1	18.6	37.7	37.9	38.9	14.6	3.8	21,762		

¹ Comprehensive knowledge means knowing that use of condoms and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common misconceptions.

² Does not include North and South Sinai governorates

10.5 KNOWLEDGE OF MOTHER-TO-CHILD TRANSMISSION OF HIV

To assess the extent to which women were aware of the ways in which AIDS can be transmitted from a mother to her child, EDHS respondents were asked if the virus that causes AIDS can be transmitted by breastfeeding. As Table 10.5 shows, only about one-third of ever-married women age 15-49 know that the HIV virus can be transmitted by breastfeeding. Even smaller proportions are aware that the risk of mother-to-child transmission (MTCT) of the HIV virus can be reduced by special drugs a mother can take during pregnancy. Overall, 15 percent are aware that the HIV virus can be transmitted during pregnancy and that it is possible to prevent MTCT by providing the mother with special drugs during pregnancy. In general, differences in the levels of knowledge about MTCT and its prevention are small.

Table 10.5 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of ever-married women age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Egypt 2014

Background characteristic	Percentage who know that:				Number of women
	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy		
Age					
15-19	26.7	17.4	15.0		764
20-24	31.8	23.3	17.2		3,055
25-29	33.4	23.0	15.7		4,753
30-34	34.1	22.2	14.9		4,127
35-39	33.3	20.2	13.6		3,495
40-44	30.4	18.7	12.9		2,864
45-49	28.5	19.7	13.6		2,705
Marital status					
Currently married	32.3	21.4	14.9		20,460
Divorced/separated/widowed	28.3	18.7	12.8		1,302
Urban-rural residence					
Urban	34.1	20.4	13.5		7,623
Rural	31.0	21.7	15.4		14,139
Place of residence					
Urban Governorates	32.0	17.3	11.9		2,774
Lower Egypt	34.9	21.7	14.9		10,664
Urban	41.0	22.9	15.9		2,319
Rural	33.2	21.3	14.6		8,346
Upper Egypt	28.7	22.2	15.7		8,130
Urban	30.3	21.5	13.1		2,421
Rural	28.0	22.4	16.8		5,708
Frontier Governorates ¹	19.2	19.3	10.3		194
Education					
No education	19.8	14.5	11.7		5,232
Some primary	24.7	17.3	12.5		1,334
Primary complete/some secondary	30.8	20.4	15.2		3,796
Secondary complete/higher	39.0	25.1	16.3		11,400
Work status					
Working for cash	38.6	25.6	16.1		2,964
Not working for cash	31.0	20.6	14.6		18,798
Wealth quintile					
Lowest	25.8	20.5	15.5		3,887
Second	28.9	20.9	15.4		4,277
Middle	33.8	22.2	15.5		4,839
Fourth	34.1	22.1	14.9		4,542
Highest	37.0	20.4	12.6		4,217
Total 15-49	32.1	21.3	14.8		21,762

¹ Does not include North and South Sinai governorates

10.6 ACCEPTING ATTITUDES TOWARDS PEOPLE LIVING WITH AIDS

Women who had heard of AIDS were asked questions in the 2014 EDHS to assess the extent of stigma associated with HIV/AIDS. The results shown in Table 10.6 show that half of ever-married women age 15-49 would be willing to care for a relative with AIDS at home. The proportions who express willingness to buy fresh vegetables from a shopkeeper with AIDS or allow a female teacher with AIDS to keep teaching are much lower (19 percent and 17 percent, respectively). One in 5 women would be open about having an HIV-positive family member. Accepting attitudes were expressed on all four indicators by only 2 percent of women, indicating that some degree of stigma is almost universally associated with HIV/AIDS within Egyptian society.

Table 10.6 Accepting attitudes toward those living with HIV

Among ever-married women age 15-49 who have heard of HIV/AIDS, percentage expressing accepting attitudes toward people with HIV, by background characteristics, Egypt 2014

Background characteristic	Percentage of respondents who:				Percentage expressing accepting attitudes on all four indicators	Number of respondents who have heard of AIDS
	Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus		
Age						
15-19	56.7	22.4	16.7	24.3	1.8	381
20-24	52.3	19.1	14.5	19.6	1.0	2,090
25-29	51.4	19.9	16.7	20.4	1.7	3,466
30-34	49.4	17.8	16.7	18.8	1.2	3,042
35-39	49.3	19.1	18.5	20.5	2.0	2,526
40-44	49.6	20.2	20.9	20.4	1.6	1,931
45-49	52.3	19.2	18.1	19.3	1.1	1,667
Marital status						
Currently married	50.8	19.4	17.4	19.8	1.5	14,254
Divorced/separated/widowed	50.3	16.8	17.3	22.7	1.4	849
Urban-rural residence						
Urban	44.6	19.0	18.4	20.6	1.6	6,079
Rural	54.9	19.4	16.7	19.6	1.4	9,024
Place of residence						
Urban Governorates	45.0	19.1	20.0	25.4	2.4	2,224
Lower Egypt	53.1	20.5	16.3	15.0	1.3	7,749
Urban	47.1	19.5	16.6	14.3	1.1	1,931
Rural	55.0	20.9	16.2	15.2	1.3	5,818
Upper Egypt	50.1	17.4	17.8	25.0	1.4	5,020
Urban	41.8	18.6	18.0	20.9	1.2	1,837
Rural	54.9	16.8	17.7	27.4	1.5	3,182
Frontier Governorates ¹	38.2	15.5	20.1	29.3	2.2	110
Education						
No education	56.7	14.9	12.9	24.2	1.4	1,941
Some primary	51.6	17.2	16.4	24.5	2.9	699
Primary complete/some secondary	47.4	17.8	14.4	21.0	1.5	2,411
Secondary complete/higher	50.4	20.6	19.0	18.6	1.4	10,052
Work status						
Working for cash	50.6	22.6	24.8	19.2	1.7	2,526
Not working for cash	50.8	18.6	15.9	20.1	1.4	12,577
Wealth quintile						
Lowest	57.7	18.8	17.6	23.6	1.7	1,947
Second	56.0	18.5	14.1	23.4	1.6	2,453
Middle	53.5	20.9	16.1	17.0	1.3	3,430
Fourth	49.2	18.1	18.3	18.0	1.3	3,462
Highest	43.0	19.5	19.7	20.3	1.6	3,811
Total 15-49	50.8	19.2	17.4	20.0	1.5	15,103

¹ Does not include North and South Sinai governorates

10.7 KNOWLEDGE OF A SOURCE FOR HIV TESTING

Another important aspect of AIDS awareness which was assessed in the 2014 EDHS is the level of knowledge of a place where HIV testing is available. Table 10.7 shows that 12 percent of ever-married women age 15-49 know where to go for an HIV test. Knowledge of a source where HIV testing is available is highest among women working for cash (22 percent) and women in the highest wealth quintile (18 percent).

Table 10.7 Knowledge of a place where HIV testing is available

Percentage of ever-married women age 15-49 who know a place where HIV testing is available by background characteristics, Egypt 2014

Background characteristic	Percentage of women knowing place where HIV testing is available	Number of women
Age		
15-19	8.7	764
20-24	11.4	3,055
25-29	12.2	4,753
30-34	12.3	4,127
35-39	13.9	3,495
40-44	12.8	2,864
45-49	11.3	2,705
Marital status		
Currently married	12.3	20,460
Divorced/separated/widowed	11.5	1,302
Urban-rural residence		
Urban	13.8	7,623
Rural	11.4	14,139
Place of residence		
Urban Governorates	16.3	2,774
Lower Egypt	12.5	10,664
Urban	13.5	2,319
Rural	12.2	8,346
Upper Egypt	10.5	8,130
Urban	10.9	2,421
Rural	10.3	5,708
Frontier Governorates ¹	11.7	194
Education		
No education	5.0	5,232
Some primary	7.5	1,334
Primary complete/some secondary	10.9	3,796
Secondary complete/higher	16.5	11,400
Work status		
Working for cash	21.8	2,964
Not working for cash	10.7	18,798
Wealth quintile		
Lowest	10.2	3,887
Second	9.1	4,277
Middle	12.0	4,839
Fourth	12.2	4,542
Highest	17.5	4,217
Total 15-49	12.2	21,762

¹ Does not include North and South Sinai governorates

10.8 SOURCES OF INFORMATION ABOUT AIDS

EDHS respondents reporting that they had heard about AIDS were asked whether they had received any information about AIDS during the six months prior to the EDHS. Table 10.8 shows that 22 percent of the women received information about AIDS during the period. When asked about the source(s) from which they had obtained information during the period, more than 90 percent of women cited television broadcasts. Eleven percent mentioned the husband, other relatives or neighbors as a source of information about AIDS while 4 percent or less reported getting information from the other sources in Table 10.8.

Table 10.8 Sources of information about AIDS

Percentage of ever-married women age 15-49 knowing about AIDS who heard, saw or received any information about AIDS in the six months prior to the survey and percentage of women receiving information about AIDS within the last six months, naming various sources of information, according to background characteristics, Egypt 2014

Background characteristic	Percentage of women knowing about AIDS saying they had received information about AIDS recently	Number of women knowing about AIDS	Percentage of women who saw/heard/received information about AIDS from:							Number of women receiving information about AIDS recently
			TV	Other media ¹	Contact with health worker			Husband/other relatives/friends/neighbors	Community meeting/other	
Age										
15-19	14.9	381	86.4	6.8	2.4	0.0	2.4	13.3	7.7	57
20-24	20.7	2,090	90.9	2.9	2.1	0.2	1.9	14.5	2.3	433
25-29	20.5	3,466	94.5	3.9	4.4	0.0	4.4	9.9	2.7	709
30-34	21.9	3,042	93.6	3.3	2.5	0.0	2.5	12.2	2.8	667
35-39	22.3	2,526	96.3	3.6	3.6	0.7	3.6	7.7	1.5	564
40-44	22.2	1,931	93.5	4.3	1.4	0.1	1.4	9.7	2.9	429
45-49	24.2	1,667	94.7	5.3	2.6	0.0	2.6	9.4	1.2	403
Marital status										
Currently married	21.6	14,254	93.9	3.9	3.0	0.2	2.9	10.8	2.3	3,085
Divorced/separated/widowed	20.9	849	93.6	3.1	1.6	0.0	1.6	7.2	2.9	178
Urban-rural residence										
Urban	22.7	6,079	95.6	4.8	2.3	0.0	2.2	7.8	2.6	1,382
Rural	20.8	9,024	92.7	3.2	3.4	0.2	3.3	12.6	2.2	1,881
Place of residence										
Urban Governorates	23.3	2,224	96.9	4.6	1.3	0.0	1.3	8.0	2.7	517
Lower Egypt	22.8	7,749	93.1	4.2	3.9	0.2	3.9	10.2	2.1	1,768
Urban	24.0	1,931	93.2	6.6	3.8	0.1	3.7	8.9	2.6	464
Rural	22.4	5,818	93.1	3.3	4.0	0.2	4.0	10.6	2.0	1,304
Upper Egypt	19.0	5,020	93.6	2.9	1.9	0.2	1.8	12.9	2.7	952
Urban	20.6	1,837	96.7	3.1	1.6	0.0	1.6	6.3	2.9	379
Rural	18.0	3,182	91.6	2.7	2.1	0.4	1.9	17.2	2.7	574
Frontier Governorates ²	21.9	110	96.8	1.3	1.3	0.0	1.3	2.3	0.0	24
Education										
No education	18.5	1,941	91.9	1.3	0.9	0.0	0.9	16.1	1.2	359
Some primary	19.0	699	96.5	0.8	0.0	0.0	0.0	11.4	0.4	133
Primary complete/some secondary	17.5	2,411	93.8	1.4	1.5	0.1	1.3	11.0	0.6	421
Secondary complete/higher	23.4	10,052	94.1	4.9	3.6	0.2	3.6	9.6	3.0	2,350
Work status										
Working for cash	26.6	2,526	90.9	8.2	8.0	0.6	7.8	8.9	4.6	671
Not working for cash	20.6	12,577	94.7	2.7	1.6	0.0	1.6	11.0	1.8	2,591
Wealth quintile										
Lowest	21.0	1,947	88.8	2.8	3.5	0.1	3.4	17.2	1.6	409
Second	17.9	2,453	94.2	2.4	2.4	0.2	2.4	12.3	1.1	438
Middle	20.7	3,430	93.8	4.0	4.0	0.4	3.9	10.6	1.3	711
Fourth	21.2	3,462	94.3	2.8	2.4	0.0	2.4	10.2	3.6	735
Highest	25.4	3,811	95.7	5.7	2.6	0.0	2.5	7.3	3.1	969
Total 15-49	21.6	15,103	93.9	3.9	2.9	0.1	2.9	10.6	2.4	3,262

¹ Includes radio, newspaper, magazine, pamphlet/brochure, or poster

² Does not include North and South Sinai governorates

Key Findings:

- Five percent of babies were considered by the mother to be very small while an additional 12 percent were regarded as smaller than average. Among babies with a reported birth weight, 16 percent weighed less than 2.5 kilograms.
- Overall, 91 percent of children were considered fully immunized, i.e., they had received a BCG and measles vaccination and three doses of the DPT and polio vaccines.
- Fourteen percent of children under five had had symptoms of an acute respiratory infection in the two weeks before the survey. A health provider was consulted for about two-thirds of the children who had ARI symptoms, and 63 percent were given antibiotics.
- Diarrhea also was a common illness, with 14 percent of children under age five ill with diarrhea during the two-week period before the survey. Fifty-five percent children ill with diarrhea were treated by a health provider, 37 percent were given antibiotics, and 30 percent received some form of oral rehydration therapy.

This chapter reviews results from the 2014 Egypt DHS that are relevant for planning and evaluating child health programs. Information on birth weight and neonate size provides useful input for programs that are seeking to reduce low birth weight babies, a major risk factor for early childhood death. Many deaths in early childhood also can be prevented by immunizing children against preventable diseases and by ensuring that children receive prompt and appropriate treatment when they become ill. The information on the level of immunization among young children included in this chapter is useful in assessing the coverage of Egypt's immunization program. Finally, the chapter considers information from the EDHS on the prevalence and treatment of a number of common childhood illnesses including diarrhea, acute respiratory infections, and fever.

11.1 CHILD SIZE AND WEIGHT AT BIRTH

For all children born since January 2009, the 2014 EDHS obtained information on the child's birth weight either from a written record or the mother's recall. Since birth weight is not always known for babies, a question was included to obtain the mother's estimate of the baby's size for all babies, i.e., whether the baby was very small, smaller than average, or average or larger. It is important to remember that this assessment is based on the mother's own perception of what is a small, average, or large baby and not on a uniform definition.

Table 11.1 presents information on the mother's perception concerning the child's size and on the birth weight if known for all babies born during the five years before the survey. With respect to the mother's assessment of the baby's size at birth, 5 percent of babies were considered by the mother to be very small while an additional 12 percent were regarded as smaller than average. Table 11.1 also shows that mothers were able to provide a birth weight for 61 percent of babies. Among those births, 16 percent were classified as low birth weight; i.e., they weighed less than 2.5 kilograms at birth.

Table 11.1 Child's size and weight at birth

Percent distribution of live births in the five years preceding the survey by mother's estimate of baby's size at birth, percentage of live births in the five years preceding the survey that have a reported birth weight, and among live births in the five years preceding the survey with a reported birth weight, percentage less than 2.5 kg, according to background characteristics, Egypt 2014

Background characteristic	Percent distribution of all live births by size of child at birth					Percentage of all births that have a reported birth weight ¹	Births with a reported birth weight ¹	
	Very small	Smaller than average	Average or larger	Don't know/missing	Total		Number of births	Percentage less than 2.5 kg
Mother's age at birth								
<20	6.0	13.3	80.2	0.5	100.0	56.1	1,468	16.3
20-34	4.7	11.7	83.2	0.3	100.0	62.2	12,868	15.5
35-49	4.0	10.3	85.4	0.3	100.0	59.0	1,332	15.1
Birth order								
1	4.8	13.6	81.2	0.4	100.0	66.9	4,962	16.2
2-3	4.6	11.1	83.9	0.3	100.0	61.4	7,731	15.1
4-5	4.8	10.9	83.9	0.5	100.0	54.2	2,452	15.7
6+	5.1	8.4	86.6	0.0	100.0	42.0	524	13.8
Urban-rural residence								
Urban	3.9	10.4	85.3	0.5	100.0	69.8	4,845	14.5
Rural	5.1	12.4	82.2	0.3	100.0	57.6	10,823	16.0
Place of residence								
Urban Governorates	3.6	9.0	87.4	0.0	100.0	75.0	1,599	14.5
Lower Egypt	4.7	13.1	81.9	0.4	100.0	67.6	7,431	14.3
Urban	3.7	12.7	82.7	0.8	100.0	74.0	1,430	11.7
Rural	4.9	13.2	81.7	0.3	100.0	66.0	6,001	15.0
Upper Egypt	5.1	11.0	83.5	0.4	100.0	51.3	6,484	17.6
Urban	4.1	9.7	85.6	0.6	100.0	62.1	1,733	17.3
Rural	5.4	11.5	82.7	0.3	100.0	47.4	4,751	17.7
Frontier Governorates ²	6.3	7.1	86.3	0.3	100.0	46.4	154	19.1
Mother's education								
No education	5.6	12.0	82.1	0.4	100.0	44.0	2,798	19.6
Some primary	5.3	13.2	81.4	0.1	100.0	51.9	734	18.4
Primary complete/some secondary	6.2	13.3	80.0	0.5	100.0	56.4	2,847	18.5
Secondary complete/higher	4.0	11.1	84.5	0.3	100.0	68.9	9,289	13.8
Work status								
Working for cash	3.6	11.4	84.5	0.5	100.0	71.0	1,681	11.8
Not working for cash	4.9	11.8	83.0	0.3	100.0	60.2	13,987	16.0
Wealth quintile								
Lowest	7.3	12.7	79.5	0.6	100.0	47.0	2,820	18.7
Second	5.0	12.0	82.8	0.2	100.0	52.9	3,074	17.3
Middle	4.4	13.1	82.2	0.3	100.0	62.4	3,906	15.9
Fourth	4.3	10.7	84.5	0.5	100.0	68.6	3,279	14.2
Highest	2.7	9.9	87.2	0.2	100.0	76.5	2,588	12.8
Total	4.7	11.8	83.1	0.4	100.0	61.4	15,668	15.5
								9,618

¹ Based on either a written record or the mother's recall

² Does not include North and South Sinai governorates

Across subgroups in Table 11.1, the largest differences in the child size and birth weight indicators are by the wealth quintile. Twenty percent of babies in the lowest wealth quintile were perceived by their mother to be small or smaller than average compared to 13 percent of babies in the highest wealth quintile. Among babies for whom a birth weight was known, the proportion weighing less than 2.5 kilograms decreased from 19 percent in the lowest wealth quintile to 13 percent in the highest quintile.

11.2 IMMUNIZATION OF CHILDREN

World Health Organization guidelines for childhood immunizations call for all children to receive a BCG vaccination against tuberculosis; three doses of the DPT vaccine to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccination during the first year of

life. In addition to these standard immunizations, Egypt's childhood immunization program recommends that children receive three doses of the hepatitis vaccine.

11.2.1 Collection of Immunization Data in the 2014 EDHS

In Egypt, routine immunizations are recorded on a special child health card or on a child's birth record (certificate). In collecting data on immunization coverage in the 2014 EDHS, mothers were asked to show the interviewer the health card and/or birth record for each child born since January 2009. If a card and/or birth record was available for a child, 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.

11.2.2 Routine Immunization against Common Childhood Illnesses

Table 11.2 shows information on vaccination coverage according to the source of the information, i.e., the child's birth record and/or health card or the mother's report. The table is restricted to children 18-29 months of age in order to focus on recent coverage levels. This age group differs from the 12-23 month age group for which immunization coverage figures have been presented in prior EDHS surveys. The 18-29 month age category has been adopted for the 2014 EDHS because Egypt's child immunization program is now employing the combined measles, mumps and rubella vaccine (MMR) vaccine for which the first dose is not given before age 12 months.

Table 11.2 Vaccinations by source of information

Percentage of children age 18-29 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 18 months of age, Egypt 2014

Vaccination	Vaccinated at any time before survey according to:			Vaccinated by 18 months of age ¹
	Vaccination card	Mother's report	Either source	
BCG	58.1	41.0	99.1	99.1
DPT 1 ²	58.2	41.2	99.4	99.4
DPT 2 ²	58.0	40.8	98.8	98.7
DPT 3 ²	57.5	39.6	97.1	96.2
Polio 0 ³	57.7	36.8	94.4	94.4
Polio 1	58.6	39.4	98.0	98.0
Polio 2	58.5	38.9	97.4	97.3
Polio 3	58.2	38.4	96.6	95.8
Hepatitis 1	58.1	40.7	98.8	98.7
Hepatitis 2	57.8	40.1	97.9	97.8
Hepatitis 3	56.5	38.4	94.9	94.1
Measles	56.4	39.5	95.8	82.0
All basic vaccinations ⁴	55.4	35.7	91.0	80.2
All basic vaccinations and 3 hepatitis vaccine doses	54.4	34.3	88.7	78.0
No vaccinations	0.0	0.0	0.0	0.5
Number of children	1,829	1,292	3,121	3,121

¹ For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.

² Children receiving DPT include children given pentavalent vaccine.

³ Polio 0 is the polio vaccination given at birth.

⁴ A child is considered to be fully immunized if the child has received BCG, a measles or MMR vaccination, three DPT vaccinations, and three polio vaccinations.

The first three columns in Table 11.2 provide information on the proportions of children who were immunized at any age up to the time of the survey according to the source of the vaccination information, i.e., either a written record (health card/birth certificate) or the mother's report. The fourth column presents the proportion of children who were vaccinated by age 18 months, the age at which children should have received all of the recommended vaccinations. For children with vaccination records, the percentage of children immunized by age 18 months was calculated based on the child's birth date and the dates on which specific vaccines were given as reported on the vaccination record. For children whose information was based on mother's recall, the proportion of vaccinations given during the first 18 months of life was assumed to be the same as that for children with a written vaccination record.

Health cards and/or birth records were available for 59 percent of the children age 18-29 months. For the remaining children, the information on vaccinations was based solely on the mother's report.

The results in Table 11.2 indicate that the childhood immunization program in Egypt has wide coverage. Among children 18-29 months, coverage levels for BCG are virtually universal, and 96 percent have received a measles vaccination. The proportion receiving three doses of the DPT vaccine was 97 percent. The same percentage received the recommended three doses of the polio vaccine. Overall, 91 percent of children are considered immunized against all of these preventable diseases, i.e., they had received a BCG and measles vaccination and three doses of the DPT and polio vaccines.

Hepatitis vaccinations were introduced into Egypt's childhood immunization program in the mid-1990s. Table 11.2 shows that coverage levels were high for the hepatitis vaccine, with 95 percent of children reported as having received the third dose of this vaccine. Overall, 89 percent of children 18-29 months were fully immunized against hepatitis and the other six preventable illnesses.

Finally, the percentages in the third column of Table 11.2 can be compared with those in the fourth column to assess the proportion of vaccinated children who, as recommended, had received the vaccinations before reaching 18 months of age. Overall, 8 in 10 children age 18-29 months had received all of the required vaccinations (excluding hepatitis) by age 18 months.

Table 11.3 presents immunization levels by selected background characteristics. Appendix Table A-11.1 provides governorate-level immunization rates. Given the widespread coverage of the immunization program in Egypt, differences in the immunization rates in Table 11.3 are small. The largest differences are observed by place of residence, with the percentage receiving all basic vaccinations varying from 87 percent in rural Upper Egypt to 95 percent in the three surveyed Frontier Governorates.

Table 11.3 Vaccinations by background characteristics

Percentage of children age 18–29 months with a vaccination card, and percentage who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), by background characteristics, Egypt 2014

Background characteristic	Record seen	BCG	DPT ¹			Polio			Hepatitis			Measles ²			Fully immunized ³			Fully immunized and 3 hepatitis vaccine doses		No vaccinations		Number of children	
			1	2	3	0	1	2	3	1	2	3	Measles ²	3	Measles ²	3	Measles ²	3	Measles ²	3	Measles ²	3	
Sex																							
Male	60.6	99.2	99.4	99.1	97.1	94.5	98.2	97.5	96.4	99.0	98.3	95.4	95.5	90.9	89.0	0.0	1,580	0.0	0.0	0.0	0.0	1,541	
Female	56.5	99.0	99.4	98.5	97.2	94.4	97.8	97.3	96.7	98.6	97.5	94.4	96.2	91.2	88.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Birth order																							
1	58.5	98.9	99.7	98.8	97.5	95.5	98.3	97.5	97.1	98.5	97.9	95.4	96.3	92.6	90.5	0.0	1,011	0.0	0.0	0.0	0.0	1,532	
2-3	57.8	99.2	98.8	98.6	97.0	93.6	98.0	97.5	96.4	98.7	97.9	94.7	96.0	90.4	87.8	0.0	0.0	0.0	0.0	0.0	0.0	481	
4-5	61.0	99.3	99.3	98.6	96.5	94.2	97.1	96.6	95.6	99.3	97.5	94.9	94.7	90.4	87.9	0.1	0.1	0.1	0.1	0.1	0.1	96	
6+	61.4	100.0	100.0	99.9	98.7	97.5	99.2	99.1	99.1	99.2	99.1	94.3	93.6	91.7	87.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Urban-rural residence																							
Urban	53.7	99.6	99.7	99.4	98.2	93.7	98.0	97.4	96.8	99.0	98.6	96.3	95.2	91.4	89.7	0.1	938	0.0	0.0	0.0	0.0	2,183	
Rural	60.7	98.9	99.3	98.6	96.6	94.7	98.0	97.4	96.5	98.7	97.6	94.4	96.1	90.9	88.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Place of residence																							
Urban Governorates	51.6	100.0	100.0	99.1	97.5	94.0	99.4	98.4	97.5	98.6	97.5	98.6	97.7	95.6	95.3	93.3	91.3	0.0	301	0.0	0.0	0.0	
Lower Egypt	61.8	99.1	99.6	99.4	98.3	97.7	98.6	98.3	97.8	98.9	98.2	95.9	96.2	92.8	90.1	0.0	1,520	0.0	0.0	0.0	0.0	0.0	
Urban	58.3	98.8	99.4	99.4	98.4	97.1	96.8	96.1	95.7	98.3	98.3	95.9	94.0	88.5	86.4	0.2	309	0.0	0.0	0.0	0.0	0.0	
Rural	62.7	99.2	99.6	99.5	98.3	94.2	99.0	98.8	98.4	99.0	98.2	95.9	96.8	93.9	91.0	0.0	1,211	0.0	0.0	0.0	0.0	0.0	
Upper Egypt	56.6	98.9	99.1	99.0	98.0	95.5	95.4	96.9	96.1	94.8	98.6	93.6	95.5	88.3	86.4	0.0	1,268	0.0	0.0	0.0	0.0	0.0	
Urban	51.0	100.0	99.9	99.8	97.7	95.4	97.8	97.3	96.1	97.3	96.0	99.8	97.2	92.2	91.1	0.0	311	0.0	0.0	0.0	0.0	0.0	
Rural	58.4	98.6	98.8	97.4	94.5	95.4	96.6	95.7	94.0	98.2	96.8	92.5	95.3	87.0	84.9	0.0	957	0.0	0.0	0.0	0.0	0.0	
Frontier Governorates ⁴	53.5	99.2	98.8	98.6	96.9	94.9	98.9	98.2	97.0	99.0	98.8	93.8	97.4	95.2	90.4	0.1	31	0.1	0.0	0.0	0.0	0.0	
Mother's education																							
No education	60.9	99.2	98.3	96.4	93.0	94.3	98.1	97.3	96.0	98.0	96.2	91.8	94.3	87.5	85.7	0.1	533	0.0	0.0	0.0	0.0	0.0	
Some primary	58.1	98.6	99.9	98.4	94.0	92.8	95.7	94.6	93.5	98.4	96.3	93.4	96.3	85.8	83.1	0.0	126	0.0	0.0	0.0	0.0	0.0	
Primary complete/some secondary	61.3	98.4	99.3	98.5	96.0	92.1	97.3	96.7	95.8	97.9	97.2	94.3	93.3	88.2	86.6	0.0	569	0.0	0.0	0.0	0.0	0.0	
Secondary complete/ higher	57.2	99.3	99.7	99.6	98.8	95.3	98.3	97.9	97.2	99.3	98.7	96.1	97.0	93.2	90.6	0.0	1,894	0.0	0.0	0.0	0.0	0.0	
Work status																							
Working for cash	53.9	98.6	99.1	99.1	97.4	94.1	98.3	98.0	97.7	99.1	97.7	99.1	98.5	97.0	91.8	90.3	0.2	337	0.0	0.0	0.0	0.0	
Not working for cash	59.2	99.2	99.4	98.8	97.1	94.5	97.9	97.3	96.4	98.7	97.8	94.7	95.7	90.9	88.5	0.0	2,784	0.0	0.0	0.0	0.0	0.0	
Wealth quintile																							
Lowest	60.1	98.6	98.8	96.8	93.2	94.1	97.9	96.7	95.7	97.3	97.3	94.7	94.7	89.7	85.7	0.0	527	0.0	0.0	0.0	0.0	0.0	
Second	63.3	99.5	99.3	98.9	96.5	94.3	98.8	98.5	97.3	98.8	98.8	94.9	94.9	92.1	90.1	0.0	628	0.0	0.0	0.0	0.0	0.0	
Middle	58.9	99.5	99.2	98.0	97.7	94.0	97.7	97.2	96.5	99.2	98.4	95.5	96.9	92.0	89.1	0.0	795	0.0	0.0	0.0	0.0	0.0	
Fourth	57.1	98.5	99.7	99.2	98.3	95.4	97.4	97.0	96.2	98.7	98.7	98.3	96.3	92.3	90.3	0.1	669	0.0	0.0	0.0	0.0	0.0	
Highest	52.8	99.4	99.7	99.1	99.1	94.5	98.2	97.7	97.3	99.4	98.9	97.6	95.4	92.1	90.9	0.0	503	0.0	0.0	0.0	0.0	0.0	
Total	58.6	99.1	99.4	98.8	97.1	94.4	98.0	97.4	96.6	98.8	97.9	94.9	95.8	91.0	88.7	0.0	3,121	0.0	0.0	0.0	0.0	0.0	

Polio 0 is the polio vaccination given at birth.

¹ Children receiving DPT include children given pentavalent vaccine.

² Children receiving a measles vaccination include children given the measles, mumps and rubella (MMR) vaccine.

³ A child is considered to be fully immunized if the child has received BCG, a measles vaccination, three DPT vaccinations, and three polio vaccinations.

⁴ Does not include North and South Sinai governorates

11.3 ACUTE RESPIRATORY INFECTION

Acute respiratory infections (ARI), particularly pneumonia, are a common cause of death among infants and young children in Egypt. Early diagnosis and treatment with antibiotics can prevent a large proportion of the deaths due to pneumonia.

11.3.1 Prevalence of ARI

To identify children under age five suffering from ARI, mothers were asked three questions in the EDHS. The first question identified children who had been ill with a cough in the two weeks before the survey. Mothers of children who had had a cough were asked if the child had breathed faster than usual with short rapid breaths or had had difficulty breathing. If the mother indicated that the child had experienced fast or difficult breathing, she was asked whether it was the result of a problem in the chest, a sign of a serious infection, or simply a blocked or runny nose.

Table 11.4 shows that 27 percent of children under five were reported to have had a cough in the two weeks before the survey (Table 11.4). For the majority of these children, the cough was accompanied by short, rapid or difficult breathing. Around half of the children with a cough—14 percent of all children—had symptoms of an acute respiratory infection (ARI) in the two weeks before the survey, i.e., they had a cough accompanied by fast or difficult breathing that was chest-related.

In considering the ARI findings, several points should be noted. First, the prevalence of ARI varies seasonally, and the EDHS results represent the situation at the time of the interview (circa mid-April-June 2014) and not the situation at other times of the year in Egypt. The data also are subject to reporting error although the short reference period (two weeks) reduces the likelihood of such error. In addition, the symptoms for which information is collected in the EDHS—cough with fast or difficult breathing involving a chest problem—are signs of pneumonia but are less appropriate for assessing the presence of other ARI-related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat). Thus, the EDHS results do not provide information on the prevalence and treatment of the full range of ARI problems children experience. Finally, the 2014 EDHS findings are not strictly comparable to EDHS surveys conducted in 2000 or earlier since those surveys did not ask if the mother considered the child's cough and rapid or difficult breathing to be chest-related.

Table 11.4 Prevalence of cough

Percent distribution of children under five years by experience of cough during the two weeks before the survey, Egypt 2014

Cough and cough symptoms	Percent
Any cough	27.3
Cough with short, rapid, or difficult breathing	18.1
Blocked/runny nose only	4.3
Chest-related only	6.3
Both blocked/runny nose and chest-related	7.3
Don't know/missing	0.2
Cough without short, rapid, or difficult breathing	9.2
No cough	72.6
Don't know/missing cough	0.1
Total percent	100.0
Number of children	15,293

Note: A cough accompanied by short, rapid or difficult breathing that is chest-related is symptomatic of an acute respiratory infection (ARI).

11.3.2 Consultation, Treatment, and Feeding Practices

Women whose children had ARI symptoms were asked whether they had sought advice or treatment for the illness. Overall, Table 11.5 shows that a health provider was consulted for two-thirds of the children ill with ARI symptoms. Families were around three times as likely to consult a private sector health provider as a public sector health provider (52 percent and 17 percent, respectively). Pharmacies were consulted for 10 percent of the children ill with ARI symptoms.

Table 11.6 considers the actions that were taken to treat the infection. Ninety-two percent of children with ARI symptoms were given some type of medicine. More than 6 in 10 of the children received an antibiotic. Cough medicine and antipyretics (drugs to reduce fever) were also given frequently to children ill with ARI symptoms (62 percent and 54 percent, respectively).

Questions were also asked about feeding practices during the child's illness. Recommended practices are to increase the liquids a child receives when they are ill and not reduce the food that the child is given. The results in Table 11.6 indicate the actions taken when the child had ARI symptoms were often counter to this advice. Children ill with chest-related ARI symptoms were most often given either less fluids than normal (58 percent) or nothing to drink (5 percent). There also was a clear tendency for children to receive less food than normal; only 15 percent the children ill with ARI symptoms were given the same or more food than normal.

Table 11.5 Consultation about ARI episode

Among children with ARI symptoms, percentage for whom advice or treatment was sought from specific sources during the illness, Egypt 2014

Source consulted	Percent
Any health provider	68.1
Public sector health provider	17.2
Urban hospital	6.6
Urban health unit	1.2
Health office	0.2
Rural hospital	1.3
Rural health unit	7.0
MCH center	0.4
Other government	0.8
Private sector health provider	52.0
Nongovernmental clinic	0.4
Private medical	51.7
Private hospital/ clinic	1.9
Private doctor	49.8
Pharmacy	10.0
Other non-medical	0.1
Number of ill children	2,079

Note: Percentages do not add to total because more than one response was possible.

Table 11.6 Treatment and feeding practices for children ill with ARI symptoms

Among children under five ill with ARI symptoms, percentage given various drugs to treat the illness and percent distribution by feeding practices during illness, Egypt 2014

Treatment practices	Percent
Drugs given	
Given any drug(s)	92.4
Any antibiotic	62.8
Pill/syrup	43.5
Injection	30.5
Antipyretic	53.7
Cough medicine	61.5
Other/unknown drug	5.9
No drug given	7.6
Number of ill children	2,079
Amount of liquids offered	
About the same as usual	19.2
More	17.5
Somewhat less	36.7
Much less	20.9
Nothing to drink	5.2
Missing	0.5
Amount of food offered	
About the same as usual	14.4
More	0.5
Somewhat less	38.0
Much less	28.2
Stopped food	9.6
Never gave food	8.9
Missing	0.4
Total percent	100.0
Number of ill children	2,079

Note: Percentages given various drugs do not add to the percentage given any drug(s) because more than one response regarding the drugs given was possible.

11.3.3 Differentials in ARI Prevalence and Responses to the Illness

Table 11.7 presents differences in the prevalence of ARI in the two-week period before the survey and in the consultation and treatment practices used to care for children ill with ARI symptoms by background characteristics. The largest differences are by place of residence; the lowest prevalence was found in three Frontier Governorates included in the survey and the highest in rural Upper Egypt (5 and 15 percent, respectively). ARI prevalence also decreased with the wealth quintile, from 16 percent among children in the lowest quintile to 9 percent among children in the highest quintile.

Table 11.7 Prevalence and treatment of ARI symptoms by background characteristics

Percentage of children under five ill with ARI symptoms in the two weeks before the survey, and, among ill children, percentage receiving medical care, given antibiotics, receiving no treatment/consultation, offered increased fluids and offered increased or same amount of food, by selected background characteristics, Egypt 2014

Background characteristic	Percentage ill with ARI symptoms	Number of children	Health provider consulted			Among children with ARI symptoms, percentage:				Offered increased/ same amount of food	Number of children ill with ARI symptoms
			Any ^{1,2}	Public ¹	Private ^{1,2}	Given antibiotic	No consulta-tion/treatment	Offered increased fluids			
Age in months											
<6	12.5	1,982	66.3	15.2	51.3	61.6	19.7	13.3	13.0	248	
6-11	15.0	2,434	67.0	19.3	49.0	63.0	23.7	18.6	15.2	365	
12-23	13.7	4,040	70.1	17.9	53.1	63.5	17.5	18.7	16.4	554	
24-35	12.9	3,052	71.8	16.3	57.2	63.8	16.9	20.4	15.2	393	
36-47	13.2	2,257	60.7	13.4	48.9	59.2	24.2	16.4	12.8	297	
48-59	14.7	1,528	70.4	20.9	50.1	65.0	20.3	14.2	15.2	224	
Sex											
Male	14.9	8,038	69.6	16.2	54.5	63.5	19.2	17.3	16.7	1,195	
Female	12.2	7,255	66.1	18.6	48.7	61.8	21.0	17.9	12.6	885	
Urban-rural residence											
Urban	11.7	4,755	68.9	21.5	48.3	63.8	17.7	22.8	11.6	555	
Rural	14.5	10,538	67.8	15.7	53.4	62.4	20.8	15.6	16.1	1,525	
Place of residence											
Urban Governorates	11.2	1,571	72.5	24.3	48.9	59.7	18.3	27.2	9.8	176	
Lower Egypt	14.1	7,278	69.4	14.0	56.4	66.5	18.4	14.7	16.4	1,029	
Urban	14.1	1,408	65.7	20.5	45.9	66.2	19.2	13.2	14.0	199	
Rural	14.1	5,870	70.3	12.4	58.9	66.6	18.2	15.0	17.0	830	
Upper Egypt	13.8	6,292	65.8	19.6	47.6	59.2	22.2	19.0	14.2	866	
Urban	10.3	1,693	69.5	19.6	51.1	65.4	15.2	28.7	10.8	175	
Rural	15.0	4,599	64.8	19.6	46.8	57.6	23.9	16.5	15.1	691	
Frontier Governorates ³	5.1	151	(60.4)	(24.4)	(38.8)	(47.6)	(21.9)	(23.0)	(9.5)	8	
Mother's education											
No education	14.2	2,710	63.6	21.5	43.3	59.0	23.5	18.1	12.8	386	
Some primary	13.6	716	65.7	14.8	50.9	46.4	29.2	20.3	15.6	98	
Primary complete/some secondary	16.9	2,760	68.8	23.0	48.0	58.4	22.7	15.3	11.8	466	
Secondary complete/higher	12.4	9,107	69.6	13.6	56.8	67.3	16.8	18.0	16.8	1,130	
Work status											
Working for cash	13.0	1,646	68.4	18.4	51.2	65.2	18.5	25.7	15.5	215	
Not working for cash	13.7	13,647	68.1	17.1	52.1	62.5	20.1	16.6	14.8	1,865	
Wealth quintile											
Lowest	15.7	2,732	63.9	17.8	47.1	53.0	25.5	17.3	12.6	429	
Second	14.6	2,994	62.6	18.0	46.4	60.1	25.0	12.8	14.4	436	
Middle	13.8	3,808	72.8	16.2	57.5	69.1	16.8	18.2	17.5	525	
Fourth	14.4	3,207	72.4	18.7	54.6	67.4	15.3	20.8	15.1	461	
Highest	8.9	2,552	67.1	14.0	54.4	62.6	16.6	19.1	14.0	228	
Total	13.6	15,293	68.1	17.2	52.0	62.8	20.0	17.5	14.9	2,079	

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

¹ May include more than one source as more than one response possible

² Excludes pharmacy and non-medical sources

³ Does not include North and South Sinai governorates

Residence was among the factors most closely associated with differences in the ways in which families responded when a child was ill with ARI symptoms. Table 11.7 shows that the proportion of children ill with ARI symptoms for whom advice was sought from a health provider varied from 60 percent in the three surveyed Frontier Governorates to 73 percent in the Urban Governorates. The proportion reporting use of antibiotics to treat children ill with ARI symptoms ranged from 48 percent in the Frontier Governorates to 67 percent in rural Lower Egypt.

With regard to feeding practices during ARI episodes, some of the largest differences were again by place of residence. Mothers in the Urban Governorates and urban Upper Egypt were most likely to report giving a child ill with ARI increased fluids (27 percent and 29 percent, respectively). On the other hand, children living in those areas were among the least likely to have been given the same amount or increased food.

11.4 FEVER

Fever often accompanies various other childhood illnesses and is serious on its own. Fever contributes to high levels of malnutrition and high mortality. For children born in the five-year period before the survey, mothers were asked if the child had suffered from fever in the two-week period before the survey. Table 11.8 presents information from the EDHS on the prevalence of fever among young children and the use of antibiotics.

Around 1 in 4 children under age five had a fever during the two-week period before the survey. Around half of the children with fever were reported to have had ARI symptoms and/or diarrhea (data not shown). Table 11.8 shows that the proportion of children who had a fever did not vary with the age or sex of the child. Rural children were slightly more likely than urban children to have had a fever. The prevalence of fever was lower in the Urban Governorates (19 percent) and the three Frontier Governorates (16 percent) than in Lower Egypt or Upper Egypt (27 percent each). Children in the lowest wealth quintile were much more likely to have experienced fever in the two-week period prior to the EDHS than children in the highest wealth quintile (30 percent and 20 percent, respectively).

Table 11.8 shows that, for 68 percent of children ill with fever, advice or treatment was received from a health provider. Sixty-five percent of children ill with fever were given antibiotics. The proportions of children ill with fever for whom advice was sought from health provider or antibiotics given were lowest in the Frontier Governorates.

Table 11.8 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey and, among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, and the percentage who received antibiotics as treatment, by background characteristics, Egypt 2014

Background characteristic	Among children under age five:		Among children under age five with fever:		
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider ¹	Percentage who took antibiotic drugs	Number of children
Age in months					
<6	26.2	1,982	69.0	64.3	520
6-11	26.5	2,434	69.6	68.3	644
12-23	25.5	4,040	68.2	66.0	1,029
24-35	25.8	3,052	68.7	62.4	788
36-47	26.0	2,257	65.9	66.1	587
48-59	26.5	1,528	64.7	63.5	406
Sex					
Male	26.3	8,038	71.3	67.5	2,111
Female	25.7	7,255	64.1	62.6	1,862
Urban-rural residence					
Urban	23.2	4,755	67.6	64.4	1,105
Rural	27.2	10,538	68.1	65.5	2,868
Place of residence					
Urban Governorates	19.3	1,571	69.7	64.1	304
Lower Egypt	26.5	7,278	71.8	71.2	1,929
Urban	26.8	1,408	69.8	65.8	378
Rural	26.4	5,870	72.2	72.5	1,551
Upper Egypt	27.3	6,292	63.5	58.8	1,717
Urban	24.0	1,693	64.2	63.8	406
Rural	28.5	4,599	63.2	57.3	1,311
Frontier Governorates ²	15.5	151	57.5	50.6	24
Mother's education					
No education	28.1	2,710	65.1	60.9	762
Some primary	27.7	716	61.3	53.3	198
Primary complete/some secondary	28.2	2,760	66.2	63.5	779
Secondary complete/higher	24.5	9,107	70.1	68.3	2,234
Work status					
Working for cash	24.3	1,646	66.8	72.6	400
Not working for cash	26.2	13,647	68.1	64.4	3,573
Wealth quintile					
Lowest	30.3	2,732	61.6	58.0	829
Second	26.5	2,994	68.4	68.0	794
Middle	26.2	3,808	70.7	66.7	998
Fourth	26.4	3,207	72.8	68.6	847
Highest	19.8	2,552	63.9	64.1	506
Total	26.0	15,293	67.9	65.2	3,973

¹ Refers to first source consulted and excludes pharmacy or nonmedical providers

² Does not include North and South Sinai governorates

11.5 DIARRHEA

Dehydration as a result of severe diarrhea is a major cause of 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), a prepackaged ORS solution, or a homemade mixture usually prepared from sugar, salt, and water. Increasing the amount of any other liquids given to a child during a diarrheal episode is another means of preventing dehydration.

In the 2014 EDHS, mothers were asked whether any of their children under five years of age had had diarrhea during the two-week period preceding the survey. If the child had had diarrhea, the mother was asked about what actions were taken to treat the diarrhea and about feeding practices during the diarrheal episode.

11.5.1 Prevalence of Diarrhea

Table 11.9 shows the percentages of children under age five who had any diarrhea and who had diarrhea with blood in the feces, at some time during the two-week period before the survey. Blood in the stools is a symptom of dysentery. In considering the information in Table 11.9, it is important to note that the prevalence figures may involve some reporting error since they are based on the mothers' subjective assessment of the child's illness. Since there are seasonal variations in the pattern of diarrheal illnesses, it also should be remembered that the percentages in Table 11.9 represent the prevalence of diarrhea at the time of the 2014 EDHS (circa April-June 2014) and not the situation at other times of the year in Egypt.

Among children under age five, 14 percent were reported by their mothers to have been ill with diarrhea during the two-week period before the EDHS interview. Few of the ill children had diarrhea with bloody stools. In general, the differences in the prevalence of diarrhea by background characteristics are minor. The highest rates were reported among children in rural Upper Egypt and in the lowest wealth quintile (18 percent and 17 percent, respectively).

11.5.2 Consultation, Treatment, and Feeding Practices

Information is available from the 2014 EDHS on the actions that were taken when a child had diarrhea during the two-week period before the survey. Table 11.10 shows that advice or treatment was sought at a health facility in the case of 55 percent of children ill with diarrhea, with 42 percent consulting a private medical provider and 14 percent a public health facility. Pharmacies were consulted for treatment advice for 12 percent of children ill with diarrhea.

Table 11.9 Prevalence of diarrhea

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by background characteristics, Egypt 2014

Background characteristic	All diarrhea	Diarrhea with blood	Number of children
Age in months			
<6	15.4	0.6	1,982
6-11	13.6	0.6	2,434
12-23	14.1	0.8	4,040
24-35	14.2	1.0	3,052
36-47	12.1	0.6	2,257
48-59	15.5	1.1	1,528
Sex			
Male	14.4	0.8	8,038
Female	13.6	0.8	7,255
Source of drinking water			
Improved ¹	14.2	0.8	14,269
Not improved	15.6	0.5	369
Not de jure resident/other/missing	10.0	0.1	656
Toilet facility			
Improved ²	13.9	0.8	13,049
Non-improved	16.4	0.9	1,589
Not de jure resident/other/missing	10.0	0.1	656
Urban-rural residence			
Urban	12.2	0.7	4,755
Rural	14.9	0.8	10,538
Place of residence			
Urban Governorates	11.1	0.5	1,571
Lower Egypt	12.7	0.7	7,278
Urban	12.7	0.7	1,408
Rural	12.8	0.7	5,870
Upper Egypt	16.3	1.0	6,292
Urban	12.7	0.9	1,693
Rural	17.7	1.0	4,599
Frontier Governorates ³	10.1	0.7	151
Mother's education			
No education	16.4	1.3	2,710
Some primary	15.5	1.0	716
Primary complete/some secondary	16.0	1.0	2,760
Secondary complete/higher	12.6	0.6	9,107
Work status			
Working for cash	12.1	1.0	1,646
Not working for cash	14.3	0.8	13,647
Wealth quintile			
Lowest	17.1	1.2	2,732
Second	15.6	0.5	2,994
Middle	13.3	1.1	3,808
Fourth	13.8	0.6	3,207
Highest	10.3	0.6	2,552
Total	14.0	0.8	15,293

¹ Improved sources are defined as those sources which are likely to provide safe drinking water and include water obtained from a piped source within the dwelling, a public tap, a borehole, a protected well or spring, rain water and bottled water.

² The household is considered to have improved sanitation facilities if the household has sole use of a modern or traditional flush toilet that empties into a public sewer, bayara (vault) or septic system.

³ Does not include North and South Sinai governorates

Table 11.11 presents information on the drugs or other treatments and feeding practices employed when a child was ill with diarrhea. Despite the fact that 9 in 10 ever-married women age 15-49 were aware of the availability of packets of oral rehydration salts that can be used to prevent dehydration (data not shown), only 28 percent of children suffering from diarrhea were given a solution prepared using a packet of oral rehydration salts. In 6 percent of the cases, the child was given a prepackaged ORS solution and in 2 percent a homemade solution (HS) of sugar and salt. Overall, some form of ORT was used in treating 30 percent of the children (Figure 11.1).

Antibiotics and anti-diarrheal medications are generally not recommended to treat diarrhea in young children. However, Table 11.11 shows that antibiotics were given to 37 percent of the children ill with diarrhea, and 17 percent received antimotility drugs.

Table 11.10 Consultation about and treatment practices during a diarrheal episode

Among children with diarrhea, percentage for whom advice or treatment was from specific sources during the illness, Egypt 2014

Source consulted	Percent
Any health provider	55.3
Any public sector health provider	14.3
Urban hospital	5.1
Urban health unit	1.0
Health office	0.2
Rural hospital	0.8
Rural health unit	6.2
MCH center	0.4
Other government	0.6
Any private sector health provider	42.2
Nongovernmental	0.3
Private medical	41.9
Private hospital/clinic	2.4
Private doctor	39.8
Pharmacy	11.8
Other non-medical	0.5
Number of ill children	2,147

Note: Percentages do not add to total because more than one response was possible.

Table 11.11 Treatment and feeding practices for children ill with diarrhea

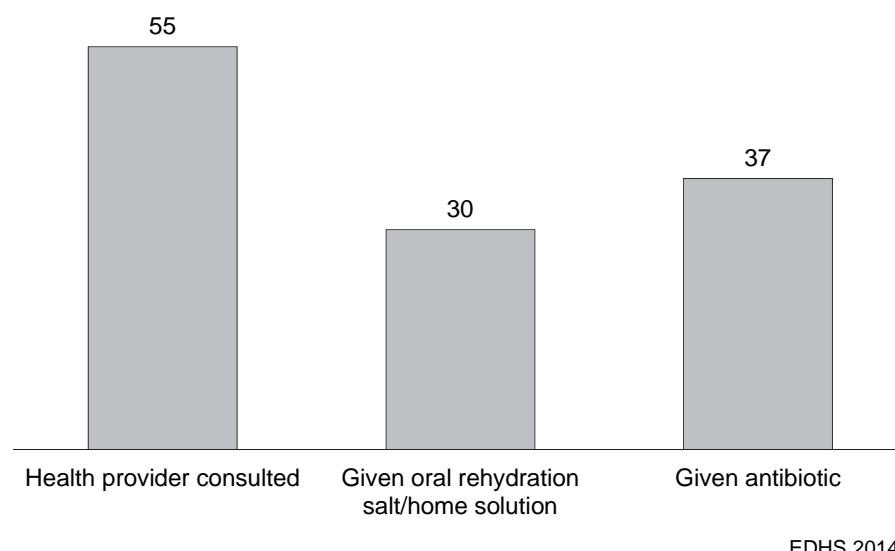
Among children under five ill with diarrhea, percentage given ORS packet and drugs or other remedies to treat diarrhea and percent distribution by feeding practices during illness, Egypt 2014

Treatment and feeding practices	Percent
Drugs given	
Any drug/other treatment	82.8
ORT	29.8
ORS packet	28.4
Prepackaged ORS solution	5.8
Homemade solution	2.2
Antibiotic pill/syrup/injection	36.9
Antimotility	16.7
IV	0.7
Zinc	1.7
Unknown pill/syrup/injection	6.4
Home remedy	2.5
Other treatment	33.2
No drug/other treatment given/missing	17.2
Number of ill children	2,147
Amount of liquids offered	
About the same as usual	29.1
More	23.6
Somewhat less	27.9
Much less	14.2
Nothing to drink	5.2
Missing	0.1
Amount of food offered	
About the same as usual	19.2
More	1.0
Somewhat less	32.9
Much less	23.7
Stopped food	9.2
Never gave food	14.0
Total percent	100.0
Number of ill children	2,147

Note: Percentages given various drugs do not add to the percentage given any drug(s) because more than one response regarding the drugs given was possible.

Figure 11.1 Treatment practices among children ill with diarrhea

Percent



It is important that children who have diarrhea receive adequate nutrients; thus, it is recommended that a child with diarrhea should be offered increased fluids and more food than normal or at least continue to be fed the same amount as usual. Table 11.11 shows that, for the majority of children ill with diarrhea, feeding practices did not conform to the recommended practices. Fluids were increased for only around one-quarter of the children ill with diarrhea. In about one-fifth of the cases, the mother said that the child was either given nothing to drink (5 percent) or much less fluid than normal (14 percent), while 28 percent of the children received somewhat less than the normal amount of liquids. Feeding practices also were not optimal. Rather than continuing to feed the child, which is the recommended practice, mothers reported that more than half of children (57 percent) were given less than the normal amount to eat, and 9 percent were not given anything to eat at all.

11.5.3 Differentials in Feeding and Treatment Practices during Diarrheal Episodes

Table 11.12 shows the variation in the approaches used for treating children ill with diarrhea. The large majority of children in all of the subgroups received some form of care or treatment for the diarrhea. However, the likelihood that a child ill with diarrhea was taken to a health provider or received specific types of treatments varies with many of the background characteristics. The largest differences tend to be by place of residence. For example, in the Urban Governorates, a provider was consulted for almost two-thirds of children ill with diarrhea compared to 43 percent in the three Frontier Governorates. Residence is also related to the likelihood that the treatment a child who is ill with diarrhea received included actions to address the dehydration often associated with diarrhea. The proportion of children ill with diarrhea that received some form of oral rehydration therapy or increased fluids was highest among children in urban Lower Egypt and urban Upper Egypt (52 percent and 54 percent, respectively). These treatment approaches were least common in the Urban Governorates and in the three Frontier Governorates (39 percent and 38 percent, respectively).

Table 11.12 Consultation with provider and treatment of diarrhea by background characteristics

Among children under age five ill with diarrhea in the two weeks preceding the survey, the percentage receiving medical care, oral rehydration therapy (ORT), other treatment and no treatment, according to background characteristics, Egypt 2014

Background characteristic	Health provider consulted			Oral rehydration therapy (ORT)					Other treatments					Number of children with diarrhea
	Any ¹	Public	Private ^{1,2}	ORS packet/pre-packaged liquid	Home solution (HS)	Either ORS or HS	Increased fluids	Given ORT/increased fluids	Increased/same amount of food	Antibiotic injection/pill/syrup	Other injection/pill/syrup/zinc/IV/anti-motility	Home remedy/other	No treatment	
Age in months														
<6	55.2	12.1	44.0	26.6	1.8	27.9	18.5	39.7	21.1	38.8	22.5	32.4	9.9	306
6-11	58.4	15.6	44.3	31.8	2.2	32.7	23.2	47.7	21.2	35.7	29.5	36.0	8.3	331
12-23	53.6	14.5	40.2	27.1	2.3	28.0	23.1	43.7	18.1	35.2	25.1	36.0	11.9	568
24-35	53.7	10.3	44.9	31.0	2.2	33.0	26.8	49.4	20.9	35.2	19.9	32.8	13.0	432
36-47	55.6	18.0	39.1	24.9	2.4	27.2	24.8	44.4	20.2	44.8	23.9	37.9	7.7	272
48-59	57.8	17.6	40.3	27.9	1.9	29.3	24.3	45.3	21.5	34.5	20.4	40.5	8.3	237
Sex														
Male	57.3	13.9	44.6	29.8	2.8	31.4	23.3	46.1	20.3	38.0	24.7	35.8	8.7	1,159
Female	53.0	14.7	39.3	26.7	1.5	27.8	23.8	44.1	20.1	35.7	22.5	35.3	12.3	987
Urban-rural residence														
Urban	58.7	16.2	43.0	26.1	2.4	27.8	30.6	48.7	17.5	34.3	23.1	44.4	9.8	579
Rural	54.0	13.5	41.9	29.2	2.1	30.5	21.0	43.9	21.2	37.9	23.9	32.3	10.6	1,568
Place of residence														
Urban Governorates	65.5	13.9	51.5	22.4	1.7	22.7	25.1	38.8	15.4	33.3	25.7	51.5	7.4	175
Lower Egypt	53.7	13.8	41.3	33.1	1.8	34.0	22.2	46.3	21.4	34.5	20.2	32.5	11.2	928
Urban	53.1	15.4	38.6	34.8	2.3	37.1	26.5	52.0	18.0	31.6	21.5	37.4	13.2	179
Rural	53.8	13.4	42.0	32.7	1.7	33.2	21.1	45.0	22.2	35.2	19.9	31.4	10.7	749
Upper Egypt	55.2	14.7	41.6	25.3	2.6	27.3	24.6	45.3	20.0	39.8	26.5	35.6	10.1	1,029
Urban	58.6	18.8	40.4	22.5	2.8	24.3	38.8	54.3	18.5	37.5	22.0	45.1	8.9	216
Rural	54.3	13.6	41.9	26.0	2.5	28.0	20.8	42.9	20.3	40.4	27.7	33.1	10.5	813
Frontier Governorates ³	42.9	14.3	31.7	16.2	6.3	22.5	25.0	38.2	19.5	31.0	26.5	38.2	9.9	15
Mother's education														
No education	51.1	18.2	34.2	26.6	1.6	28.0	22.0	42.8	22.5	35.3	25.4	32.2	14.4	445
Some primary	48.3	13.6	34.7	24.6	2.0	25.6	22.8	44.5	27.8	33.7	29.2	36.1	9.9	111
Primary complete/some secondary	59.4	18.3	42.4	29.2	3.0	30.7	20.8	44.7	17.6	38.2	19.8	33.2	11.1	442
Secondary complete/higher	56.0	11.2	46.0	29.1	2.1	30.5	25.3	46.3	19.6	37.3	24.0	37.7	8.5	1,148
Wealth quintile														
Lowest	52.1	12.7	40.2	27.0	3.1	29.4	15.3	38.7	22.5	36.0	24.1	30.0	10.4	468
Second	56.1	16.1	42.5	31.6	1.6	32.7	24.0	49.8	21.9	36.9	25.8	34.5	10.9	468
Middle	50.9	14.7	37.1	29.6	2.4	30.9	24.8	46.5	22.2	34.5	22.9	32.1	10.8	507
Fourth	61.8	15.7	46.8	28.1	1.9	28.6	27.7	46.8	14.3	42.9	21.1	39.4	7.6	442
Highest	57.1	10.4	47.3	23.1	1.8	24.8	28.2	43.1	19.3	33.0	25.0	47.8	13.2	262
Total	55.3	14.3	42.2	28.4	2.2	29.8	23.6	45.2	20.2	36.9	23.7	35.6	10.4	2,147

¹ May include more than one source as more than one response possible

² Excludes pharmacy and non-medical sources

³ Does not include North and South Sinai governorates

Table 11.13 shows the differentials in feeding practices among children ill with diarrhea. Regardless of the subgroup, only a small minority of children—averaging 4 percent—was fed optimally when they were ill with diarrhea, i.e., the child was offered increased fluids and continued feeding. If ORT is taken into account as well as increased fluids, 8 percent of children ill with diarrhea were being fed appropriately and receiving some form of increased fluid intake.

Table 11.13 Feeding practices during diarrhea by background characteristics

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhea, by background characteristics, Egypt 2014

Background characteristic	Amount of liquids given						Amount of food given				Percentage who continued feeding and were given ORT and/or increased fluids ¹	Number of children with diarrhea					
	Same as usual	More	Some-what less	Much less	None	Don't know/missing	Total	Same as usual	More	Some-what less	Much less	Never gave food	Total				
Age in months																	
<6	33.8	18.5	27.8	12.5	6.9	0.6	100.0	19.6	1.5	32.9	19.7	9.7	16.6	100.0	3.6	8.6	306
6-11	27.6	23.2	28.3	13.9	7.0	0.0	100.0	20.7	0.5	31.5	24.2	7.7	15.4	100.0	4.2	9.1	331
12-23	27.7	23.1	29.7	15.5	4.0	0.0	100.0	16.8	1.2	34.8	24.5	8.2	14.4	100.0	4.6	7.1	568
24-35	27.2	26.8	28.3	11.3	6.3	0.0	100.0	20.3	0.6	33.3	22.1	9.9	13.8	100.0	3.1	9.1	432
36-47	28.7	24.8	27.3	15.3	3.9	0.0	100.0	19.0	1.2	33.0	25.3	10.0	11.5	100.0	5.9	7.4	272
48-59	32.3	24.3	22.9	17.4	3.1	0.0	100.0	20.7	0.8	29.4	27.5	10.4	11.2	100.0	4.9	8.4	237
Sex																	
Male	29.5	23.3	27.2	15.1	4.9	0.0	100.0	19.5	0.8	31.9	23.9	9.5	14.3	100.0	4.5	8.6	1,159
Female	28.6	23.8	28.7	13.1	5.6	0.2	100.0	18.9	1.2	34.1	23.4	8.8	13.7	100.0	4.0	7.7	987
Type of diarrhea																	
Non-bloody	29.6	23.0	28.2	13.8	5.3	0.1	100.0	19.5	1.0	33.3	23.4	8.4	14.4	100.0	4.3	8.2	2,025
Bloody	20.6	32.6	23.1	20.3	3.5	0.0	100.0	14.2	0.4	25.9	29.5	22.5	7.4	100.0	4.3	9.1	122
Urban-rural residence																	
Urban	23.7	30.6	27.2	13.1	5.4	0.0	100.0	16.1	1.3	30.2	27.9	11.6	13.0	100.0	5.0	8.7	579
Rural	31.1	21.0	28.1	14.5	5.2	0.1	100.0	20.4	0.9	33.9	22.2	8.3	14.4	100.0	4.0	8.0	1,568
Place of residence																	
Urban Governorates	21.0	25.1	31.9	11.6	10.4	0.0	100.0	14.7	0.7	31.9	28.2	16.1	8.3	100.0	2.5	5.8	175
Lower Egypt	28.2	22.2	31.5	12.4	5.6	0.2	100.0	20.5	0.9	37.6	19.3	8.2	13.5	100.0	4.1	9.7	928
Urban	24.5	26.5	33.7	10.9	4.4	0.0	100.0	16.4	1.6	34.9	21.8	12.7	12.7	100.0	5.4	11.2	179
Rural	29.1	21.1	31.0	12.7	5.9	0.2	100.0	21.5	0.7	38.2	18.7	7.1	13.5	100.0	3.8	9.4	749
Upper Egypt	31.3	24.6	24.0	16.2	4.0	0.0	100.0	18.9	1.1	28.8	26.9	8.9	15.5	100.0	4.8	7.3	1,029
Urban	25.0	38.8	18.3	15.8	2.1	0.0	100.0	17.0	1.5	24.7	32.7	7.0	17.0	100.0	6.9	9.2	216
Rural	32.9	20.8	25.5	16.3	4.5	0.0	100.0	19.4	1.0	29.9	25.3	9.3	15.1	100.0	4.2	6.8	813
Frontier Governorates ¹	30.7	25.0	23.8	16.0	4.5	0.0	100.0	17.9	1.6	37.1	24.9	10.0	8.7	100.0	0.0	2.6	15
Mother's education																	
No education	28.4	22.0	31.1	13.0	5.6	0.0	100.0	21.8	0.7	35.4	21.2	8.8	12.2	100.0	3.4	9.2	445
Some primary	39.1	22.8	20.7	13.0	4.4	0.0	100.0	26.1	1.7	34.4	19.8	7.4	10.6	100.0	5.9	9.6	111
Primary complete/some secondary	28.1	20.8	27.3	17.7	6.2	0.0	100.0	17.6	0.0	28.3	24.6	10.9	18.6	100.0	3.4	7.6	442
Secondary complete/higher	28.8	25.3	27.5	13.4	4.8	0.2	100.0	18.2	1.4	33.6	24.7	8.8	13.3	100.0	4.8	7.9	1,148
Work status																	
Working for cash	26.5	33.4	21.3	16.2	2.6	0.0	100.0	19.0	1.3	34.4	29.0	9.4	6.9	100.0	4.4	7.6	199
Not working for cash	29.4	22.6	28.5	14.0	5.5	0.1	100.0	19.3	0.9	32.7	23.2	9.1	14.7	100.0	4.3	8.3	1,948
Wealth quintile																	
Lowest	36.4	15.3	27.3	15.7	5.3	0.0	100.0	21.8	0.8	29.1	22.3	9.2	16.8	100.0	4.1	6.0	468
Second	28.6	24.0	31.6	11.4	4.5	0.0	100.0	20.7	1.3	33.6	23.1	9.3	12.1	100.0	5.4	11.2	507
Middle	29.8	24.8	27.1	14.1	4.0	0.3	100.0	21.4	0.8	36.5	18.9	8.7	13.7	100.0	4.0	9.1	442
Fourth	23.5	27.7	24.3	17.4	7.0	0.0	100.0	13.4	0.9	31.6	29.2	10.3	14.6	100.0	3.4	7.0	262
Highest	25.1	28.2	29.8	11.0	5.8	0.0	100.0	17.8	1.4	33.5	27.3	7.9	11.9	100.0	4.5	7.1	237
Total	29.1	23.6	27.9	14.2	5.2	0.1	100.0	19.2	1.0	32.9	23.7	9.2	14.0	100.0	4.3	8.2	2,147

¹ Does not include North and South Sinai governorates

11.6 DISPOSAL OF CHILDREN'S STOOLS

Children's feces are often a cause of fecal contamination in the household environment since they are frequently not disposed of properly. To obtain information on this issue, mothers who had at least one child born in January 2009 or later were asked about what was done to dispose of the stools the last time their youngest child had passed stools.

Table 11.14 shows that most mothers reported that the child either used a toilet or latrine when defecating (45 percent) or the child's stools were thrown into the toilet or latrine (16 percent). Mothers reporting other means of stool disposal generally said the stools were thrown in the garbage (37 percent). Overall, stools were disposed of safely in the case of 61 percent of all children. The proportion reporting safe stool disposal practices generally increased with the age of the child. Somewhat surprisingly, the proportion was lower in urban areas than in rural areas. The proportion reporting safe stool disposal practices generally decreased with the wealth quintile. These patterns may be related to the greater use of disposable diapers among the urban and wealthier households.

Table 11.14 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last fecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Egypt 2014

Background characteristic	Manner of disposal of children's stools							Total percent	Percentage of children whose stools are disposed of safely ¹	Number of children
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other			
Age in months										
<6	1.3	19.2	0.0	2.7	76.4	0.3	0.1	0.0	100.0	20.5
6-11	2.7	25.1	0.0	4.4	67.2	0.3	0.3	0.0	100.0	27.9
12-23	23.0	25.0	0.2	2.8	48.5	0.3	0.1	0.1	100.0	48.1
24-35	74.2	10.9	0.0	0.7	13.9	0.2	0.0	0.0	100.0	85.1
36-47	91.8	3.9	0.0	0.4	3.4	0.6	0.0	0.0	100.0	95.7
48-59	96.2	1.6	0.0	0.2	1.8	0.2	0.0	0.0	100.0	97.8
Toilet facility										
Improved ²	45.1	15.8	0.0	1.7	37.1	0.2	0.1	0.0	100.0	60.9
Non-improved	47.1	16.7	0.2	4.1	30.2	1.1	0.6	0.0	100.0	64.0
Not de jure resident/other/missing	33.9	16.6	0.0	3.1	46.4	0.0	0.0	0.0	100.0	50.5
Urban-rural residence										
Urban	44.0	12.5	0.0	1.2	42.1	0.2	0.0	0.1	100.0	56.4
Rural	45.2	17.6	0.1	2.3	34.3	0.4	0.1	0.0	100.0	62.9
Place of residence										
Urban Governorates	44.4	13.0	0.0	1.9	40.5	0.2	0.0	0.0	100.0	57.4
Lower Egypt	47.5	9.0	0.1	2.3	40.8	0.2	0.1	0.1	100.0	56.5
Urban	45.4	6.7	0.0	0.8	46.9	0.0	0.1	0.2	100.0	52.0
Rural	48.0	9.6	0.1	2.7	39.3	0.3	0.1	0.0	100.0	57.6
Upper Egypt	41.7	24.9	0.0	1.6	31.2	0.4	0.2	0.0	100.0	66.6
Urban	42.3	16.1	0.0	1.0	40.4	0.2	0.0	0.0	100.0	58.4
Rural	41.5	28.3	0.1	1.9	27.6	0.5	0.2	0.0	100.0	69.8
Frontier Governorates ³	43.9	31.2	0.3	0.2	24.1	0.1	0.0	0.2	100.0	75.4
Mother's education										
No education	49.7	22.4	0.1	2.8	24.4	0.6	0.1	0.0	100.0	72.2
Some primary	48.6	16.6	0.0	2.3	31.6	0.9	0.0	0.0	100.0	65.3
Primary complete/some secondary	42.4	17.7	0.0	2.1	37.2	0.3	0.2	0.1	100.0	60.1
Secondary complete/higher	43.8	13.4	0.1	1.7	40.7	0.2	0.1	0.0	100.0	57.3
Work status										
Working for cash	48.8	11.4	0.0	1.0	38.4	0.3	0.0	0.0	100.0	60.2
Not working for cash	44.3	16.5	0.1	2.1	36.6	0.3	0.1	0.0	100.0	60.9
Wealth quintile										
Lowest	45.9	25.4	0.3	3.8	23.2	1.1	0.2	0.0	100.0	71.6
Second	48.2	20.3	0.0	2.2	28.7	0.3	0.3	0.0	100.0	68.5
Middle	45.8	14.4	0.0	1.6	38.0	0.2	0.0	0.0	100.0	60.2
Fourth	42.3	11.4	0.0	1.5	44.7	0.1	0.0	0.0	100.0	53.7
Highest	41.7	9.5	0.0	1.2	47.5	0.0	0.0	0.1	100.0	51.2
Total	44.8	15.9	0.1	2.0	36.8	0.3	0.1	0.0	100.0	60.8
										11,272

¹ Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecal matter was put/rinsed into a toilet or latrine, or if the fecal matter was buried.

² The household is considered to have improved sanitation facilities if the household has sole use of a modern or traditional flush toilet that empties into a public sewer, bayara (vault) or septic system.

³ Does not include North and South Sinai governorates

Key Findings:

- Breastfeeding is almost universal in Egypt; 96 percent of last born children born in two years preceding the EDHS were ever breastfed and the median duration of breastfeeding was 17 months.
- Breastfeeding practices are not always optimal; 6 in 10 children were reported to have received a prelacteal feed after birth, only 4 in 10 children under 6 months of age were being exclusively breastfed, and around 3 in 10 children under 6 months were being bottle fed.
- Less than one-quarter of children age 6-23 months were being fed according to minimum Infant and Young Child Feeding standards for diet diversity and meal frequency.
- One in five Egyptian children under age 5 was stunted (short for their age), 8 percent were wasted (thin for their height), and 6 percent were underweight (thin for their age). Fifteen percent of children were overweight (heavy for their age). Slightly more than one-quarter of children age 6-59 months were anemic.
- More than one-third of girls and boys age 5-19 years were overweight or obese. Girls age 5-19 years are somewhat more likely than boys in the age group to be anemic (21 percent and 18 percent, respectively).
- Obesity was common among ever-married women age 15-49; 48 percent were considered obese and 37 percent were overweight.
- Around 1 in 4 ever-married women were anemic.

This chapter reviews nutrition data obtained in the 2014 Egypt DHS for children under age 5, youth age 5-19 years, and ever-married women age 15-49. The chapter first assesses a number of aspects of feeding practices that are important in ensuring adequate nutrition for infants and young children including early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding for up to two years of age and beyond, timely introduction of complementary feeding at six months of age, frequency of feeding solid/semi-solid foods, and diet diversity. The chapter also considers the consumption of vitamin A-rich and iron-rich foods by young children, micronutrient supplementation for iron and vitamin A among young children and women, and household use of iodized household cooking salt.

The chapter next presents measures of nutritional status and anemia levels for the three groups. Height and weight data obtained in the survey for all children age 0-19 years and for ever-married women age 15-49 are used for the nutritional status indicators and the anemia results are based on the results of anemia tests conducted in a subsample of households for children age 6 months-19 years and for ever-married women age 15-49.

12.1 BREASTFEEDING AND SUPPLEMENTATION

The pattern of infant feeding has an important influence on the health of children. Feeding practices are the principal determinant of a young child's nutritional status, and optimal nutritional status lowers the risk of morbidity and mortality and contributes to better overall development for the child. 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.

12.1.1 Initiation of Breastfeeding

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of hormones which help in the production of milk. It also stimulates the contraction of the uterus after childbirth. Colostrum, which is the liquid produced from the breast in the first few days after delivery, provides natural immunity to the infant. Prelacteal feeding, the practice of giving other liquids to a child during the period immediately after birth before the mother's milk is flowing freely, is discouraged. It limits the frequency of suckling by the infant and exposes the baby to the risk of infection.

Table 12.1 presents information on the initiation of breastfeeding among last-born children born in the two years prior to the EDHS. The results show that almost all Egyptian children are breastfed for some period of time. Differentials in the proportion of children ever breastfed are small, with 94 percent or more of children in every subgroup reported as ever breastfed.

Table 12.1 shows that breastfeeding began soon after birth for the majority of breastfed children; 79 percent of the children were put to the breast within the first day after delivery, and 27 percent within the first hour. Although breastfeeding is initiated early for the majority of children, prelacteal feeding is common; 61 percent of last born children born in the two-year period prior to the survey received a prelacteal feed during the first three days after birth.

Children born at home were twice as likely to have been breastfed within an hour of delivery as children born in a health facility (48 percent and 24 percent, respectively). However, there was only a minor difference in the proportion for whom breastfeeding was initiated within one day of birth between children born at home and those delivered in a facility. Although prelacteal feeding practices were less common among children born at home than those born in a health facility, the difference was not large (56 percent and 62 percent, respectively). The three Frontier Governorates surveyed in the EDHS had the highest proportion initiating breastfeeding within one hour of birth (36 percent) and the lowest proportion of children given a prelacteal feed (50 percent).

Table 12.1 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth; and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, Egypt 2014

Background characteristic	Among last-born children born in the past two years:				Among last-born children born in the past two years who were ever breastfed:	
	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Number of last-born children	Percentage who received a prelacteal feed ²	Number of last-born children ever breastfed
Sex						
Male	95.6	26.7	77.9	3,338	60.6	3,190
Female	95.9	27.5	79.4	2,959	61.8	2,838
Assistance at delivery						
Health professional ³	95.7	25.5	78.4	5,855	61.6	5,602
Daya	96.0	50.3	82.3	384	55.0	368
Other	97.2	41.1	74.3	48	(57.1)	46
No one	*	*	*	8	*	8
Missing	*	*	*	3	*	3
Place of delivery						
Health facility	95.6	24.4	78.1	5,550	61.8	5,303
At home	96.9	47.8	81.7	724	56.2	702
Other	(99.9)	(20.4)	(88.3)	23	(64.0)	23
Urban-rural residence						
Urban	94.0	24.4	80.1	1,930	61.2	1,814
Rural	96.5	28.3	77.9	4,367	61.1	4,213
Place of residence						
Urban Governorates	93.7	16.4	78.7	627	64.9	588
Lower Egypt	95.7	26.6	78.0	2,962	58.6	2,835
Urban	93.9	24.8	78.6	562	58.6	527
Rural	96.1	27.0	77.9	2,400	58.6	2,308
Upper Egypt	96.2	30.0	79.0	2,648	63.4	2,546
Urban	94.3	30.6	82.5	709	59.9	668
Rural	96.9	29.7	77.7	1,939	64.7	1,878
Frontier Governorates ⁴	97.2	36.0	86.9	60	49.6	58
Mother's education						
No education	96.2	30.7	78.5	994	59.4	956
Some primary	98.3	28.8	75.5	284	62.8	279
Primary complete/some secondary	94.8	28.3	76.0	1,200	59.3	1,138
Secondary complete/higher	95.7	25.7	79.6	3,819	62.1	3,654
Work status						
Working for cash	95.8	29.5	82.6	623	59.4	597
Not working for cash	95.7	26.8	78.1	5,674	61.4	5,431
Wealth quintile						
Lowest	95.9	27.9	77.4	1,061	66.3	1,017
Second	96.3	28.5	76.2	1,197	64.2	1,152
Middle	96.4	30.9	80.4	1,566	57.8	1,511
Fourth	95.4	24.8	79.4	1,410	57.0	1,345
Highest	94.3	22.3	78.7	1,063	63.1	1,002
Total	95.7	27.1	78.6	6,297	61.2	6,028

Note: Table is based on last-born children born in the two years preceding the survey regardless of whether the children are living or dead at the time of interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life

³ Doctor or nurse/midwife

⁴ Does not include North and South Sinai governorates

12.1.2 Introduction of Complementary Feeding

During the first six months of life, it is recommended that 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 for a number of reasons. The early introduction of other liquids or foods increases 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, again increasing the risk of malnutrition.

Information was obtained in the 2014 EDHS on the current breastfeeding status of surviving children under age two who were living with the mother and on what other (if any) liquids or solids had been given to the child during the 24-hour period prior to the survey. These data are used to derive the information on the age patterns of breastfeeding and supplementation presented in Table 12.2 and Figure 12.1. The results indicate that breastfeeding continues for the majority of Egyptian children well beyond the first year of life. At age 12-17 months, more than 7 in 10 children are still being breastfed, and more than one-quarter of children 18-23 months continue to be breastfed.

Exclusive breastfeeding is common but not universal in very early infancy in Egypt. Table 12.2 shows that, among infants under two months of age, 71 percent are receiving only breast milk. However, the proportion exclusively breastfed drops off rapidly among older infants. By age 4-5 months, only around 1 in 8 children were being exclusively breastfed.

In addition to information on the prevalence of exclusive breastfeeding, the EDHS results allow an assessment of whether or not complementary feeding is being introduced on a timely basis for older babies. WHO and UNICEF recommend that all children begin to receive complementary food by age six months since, at that age, the mother's breast milk no longer provides adequate nutrition for the child. Table 12.2 and Figure 12.1 show that the majority of Egyptian children age 6 months and older are receiving other foods or milk in addition to breast milk. At 6-8 months, however, 23 percent of babies are not being given solid or semi-solid food in addition to breast milk and, at age 9-11 months, 8 percent of children are not yet being fed solid or semi-solid food.

Table 12.2 Breastfeeding status by age

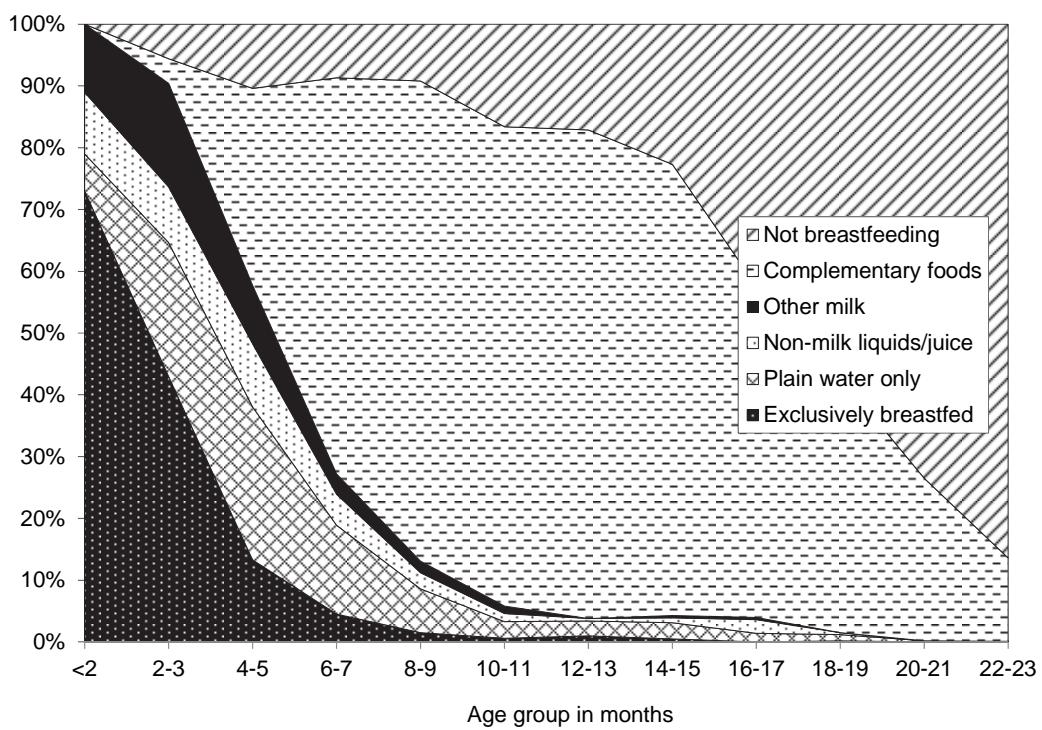
Percent distribution of youngest children under two years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under two years using a bottle with a nipple, according to age in months, Egypt 2014

Age in months	Not breast-feeding	Breastfeeding status					Percent-age currently breast-feeding	Number of youngest child under two years living with their mother	Percent-age using a bottle with a nipple	Number of all children under two years	
		Exclusively breastfed	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids ¹	Breast-feeding and consuming other milk	Breast-feeding and consuming complementary foods					
0-1	3.4	70.6	5.8	9.6	10.7	0.0	100.0	96.6	397	28.3	401
2-3	5.6	43.0	21.7	9.0	16.8	4.0	100.0	94.4	531	30.1	538
4-5	10.4	13.3	24.8	10.2	9.5	31.9	100.0	89.6	532	35.8	550
6-8	9.1	3.2	12.4	4.2	3.0	68.1	100.0	90.9	960	25.7	964
9-11	13.6	1.3	3.6	1.8	1.2	78.5	100.0	86.4	836	23.2	852
12-17	27.5	0.5	2.1	1.1	0.3	68.4	100.0	72.5	1,500	14.3	1,581
18-23	72.3	0.1	0.4	0.1	0.0	27.1	100.0	27.7	1,448	8.0	1,615
0-3	4.6	54.8	14.9	9.2	14.2	2.3	100.0	95.4	928	29.3	939
0-5	6.7	39.7	18.5	9.6	12.5	13.1	100.0	93.3	1,460	31.7	1,489
6-9	9.0	3.0	10.6	3.7	2.6	71.1	100.0	91.0	1,281	24.7	1,291
12-15	20.0	0.7	2.5	0.6	0.2	75.9	100.0	80.0	996	15.2	1,038
12-23	49.5	0.3	1.3	0.6	0.2	48.1	100.0	50.5	2,948	11.1	3,197
20-23	79.6	0.0	0.1	0.0	0.0	20.3	100.0	20.4	982	6.8	1,113

Note: Breastfeeding status refers to a “24-hour” period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Non-milk liquids include juice, juice drinks, clear broth or other liquids.

Figure 12.1 Infant feeding practices by age



EDHS 2014

Table 12.2 also provides information on the differentials in the percentage of children under age two who are being bottle-fed. Among children under 6 months of age, around 3 in 10 are being fed with a bottle with a nipple, and around one-quarter of children age 6-11months are bottle fed.

Figure 12.2 presents a number of indicators summarizing the extent to which Egyptian children are being fed according to recommended infant and young child feeding (IYCF) practices. The exclusive breastfeeding indicators included in the figure highlight the fact that the majority of children are not exclusively breastfed for the recommended 6 months. Overall, only 40 percent of all children under age 6 months are being exclusively breastfed, and at age 4-5 months only 13 percent of children are receiving only breast milk.

Figure 12.2 IYCF indicators on breastfeeding status

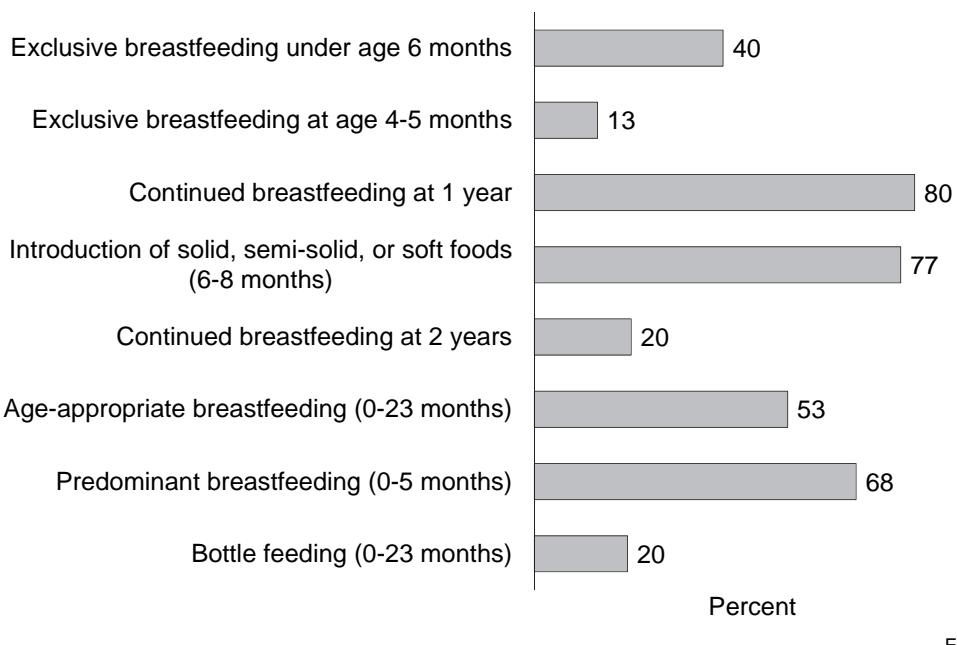


Figure 12.2 also provides information on the prevalence of predominant breastfeeding. Two-thirds of children under age 6 months are in this category, i.e., they are exclusively breastfed or breastfed and receiving either plain water or non-milk liquids. In addition, Figure 12.2 considers the timely introduction of complementary feeding; as recommended, 77 percent of children age 6-8 months are being given solid, semi-solid, or soft food. The continued breastfeeding indicators in Figure 12.2 show that breastfeeding continues well into the first year of life for most children. However, by age two years, the majority of children are weaned. Although bottle feeding is discouraged, one in five Egyptian children age 0-23 months is bottle fed.

Finally, the age-appropriate breastfeeding indicator in Figure 12.2 provides an overall measure of the extent to which recommendations with respect to the practices of exclusive breastfeeding and the timely introduction of complementary foods are being observed. Children are classified as receiving age-appropriate breastfeeding if they are age 0-5 months and exclusively breastfed or age 6-23 months and breastfeeding and consuming complementary foods. Around half of Egyptian children are being breastfed appropriately.

12.1.3 Median Durations and Frequency of Breastfeeding

Table 12.3 presents information on the median duration of breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years before the EDHS survey.

The median duration of breastfeeding is 17.1 months. On average, children are exclusively breastfed or predominantly breastfed for less than the recommended six months; the median duration for which children are exclusively breastfed is 1.8 months and the median duration of predominant breastfeeding, i.e., when children receive only non-milk liquids in addition to breast milk, is 4.1 months.

Overall, there are not large differences in breastfeeding durations across subgroups in Table 12.3. The longest median breastfeeding duration is observed among children born to mothers who have never attended school (18.3 months) and the shortest is found among children in the three surveyed Frontier Governorates (15.9 months). With regard to exclusive breastfeeding the shortest duration is observed in the Urban Governorates.

12.2 DIETARY DIVERSITY AMONG CHILDREN

In the 2014 EDHS, women who had at least one child under the age of two living with them were asked questions about the types of foods and liquids they and their youngest child had consumed during a 24-hour period prior to the survey. Mothers were also asked about the number of times the child had eaten solid or semi-solid food during the period.

The results of these questions are subject to a number of limitations. First, the results do not apply to the full universe of young children and women. Approximately 25 percent of all children under age two are excluded from consideration because they were not the youngest child under age two or because they were not living with the mother. The dietary data also are subject to recall errors. In addition, the mother may not be able to report fully on the child's intake of food and liquids if the child was fed by other individuals during the period. Despite these problems, the information collected in the 2014 EDHS on the types of foods

Table 12.3 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Egypt 2014

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years ¹		
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding ²
Sex			
Male	17.5	1.8	4.1
Female	16.8	1.9	4.0
Urban-rural residence			
Urban	16.6	1.6	3.7
Rural	17.4	1.9	4.2
Place of residence			
Urban Governorates	16.0	1.2	3.7
Lower Egypt	17.0	1.8	3.9
Urban	16.7	(1.9)	3.5
Rural	17.1	1.8	4.0
Upper Egypt	17.6	1.9	4.3
Urban	16.9	(1.6)	3.9
Rural	17.8	2.0	4.5
Frontier Governorates ³	15.9	*	4.2
Mother's education			
No education	18.3	1.8	5.4
Some primary	16.6	*	3.2
Primary complete/some secondary	17.5	1.9	4.1
Secondary complete/higher	17.0	1.8	3.9
Work status			
Working for cash	17.7	(1.8)	3.1
Not working for cash	17.1	1.8	4.2
Wealth quintile			
Lowest	17.6	1.9	4.6
Second	17.6	2.1	4.8
Middle	17.3	1.6	3.9
Fourth	17.0	1.9	3.9
Highest	16.0	1.6	3.2
Total	17.1	1.8	4.1

Note: Median durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases in the duration category in which the median value fell. An asterisk indicates that the figure is based on fewer than 25 unweighted cases in the duration category in which the median fell and has been suppressed.

¹ It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding.

² Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

³ Does not include North and South Sinai governorates

and liquids young children are consuming is useful in assessing dietary diversity among infants and young children.

12.2.1 Foods and Liquids Consumed by Infants and Young Children

Appropriate nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. Vitamin-A rich fruits and vegetables should be consumed daily. Although eating a range of fruits and vegetables, especially those rich in vitamin A is important, studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients (WHO/UNICEF 1998). Therefore, it has been advised that meat, poultry, fish or eggs should be eaten daily, or as often as possible. Fat also is important in the diets of infants and young children because it provides essential fatty acids, facilitates absorption of fat-soluble vitamins (such as vitamin A), and enhances dietary energy density and palatability.

Table 12.4 is based on information from women about the foods and liquids consumed during the 24-hour period prior to the survey by their youngest child under age 2. As expected, except for infant formula and fortified baby foods, the proportions of children who consumed foods or liquids included in the various groups shown in the table rises with the age of the child. Children who are still breastfed are less likely to consume the various types of foods than children who are not being breastfed. In general, the most frequently consumed foods among breastfeeding and non-breastfeeding children were foods made from grains, foods made from roots and tubers and cheese, yogurt, and other milk-based foods.

Table 12.4 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under two years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Egypt 2014

Age in months	Liquids				Solid or semi-solid foods									Number of children
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby foods	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry	Eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	
BREASTFEEDING CHILDREN														
0-1	9.4	1.7	11.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	383
2-3	14.6	6.3	14.2	0.0	0.6	0.3	0.4	0.6	0.2	0.3	0.6	2.4	4.2	502
4-5	11.8	7.1	28.8	6.6	11.4	3.4	4.1	6.1	0.8	1.7	1.8	23.6	35.6	476
6-8	6.8	13.3	46.5	10.9	40.4	13.1	20.2	28.4	8.5	8.8	16.0	50.1	74.9	873
9-11	3.4	16.5	59.8	6.2	60.8	22.0	35.6	43.0	16.9	24.9	24.1	59.1	90.8	723
12-17	1.7	20.2	70.8	3.8	78.5	32.3	43.9	54.0	26.0	39.1	33.3	58.5	94.4	1,087
18-23	0.8	24.4	73.1	1.7	84.8	34.5	56.3	62.5	35.7	47.3	39.7	58.7	97.9	400
6-23	3.4	18.0	61.6	6.1	64.4	24.8	36.9	45.3	20.2	28.3	27.1	56.3	88.5	3,083
Total	6.1	14.1	48.4	4.9	45.9	17.6	26.0	32.1	14.1	19.8	19.0	41.9	65.7	4,445
NON-BREASTFEEDING CHILDREN														
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	13
2-3	(60.1)	(24.0)	(15.9)	(9.8)	(9.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(10.5)	(10.5)	30
4-5	67.7	20.1	25.0	11.2	16.1	3.5	4.5	11.1	2.6	6.3	10.6	21.4	42.9	55
6-8	45.2	37.5	42.3	20.5	36.4	7.2	20.9	18.6	5.4	10.5	12.4	51.0	77.9	87
9-11	31.3	46.8	65.7	10.8	65.3	21.2	28.6	54.9	20.9	23.4	31.3	63.2	87.6	113
12-17	7.5	34.2	76.7	7.5	85.4	38.0	53.0	59.3	26.7	49.9	33.9	62.4	97.5	413
18-23	0.9	34.1	81.0	2.2	89.8	48.0	61.9	63.8	34.5	58.3	41.0	64.8	99.6	1,047
6-23	6.9	35.2	76.9	5.1	84.2	41.5	55.3	59.7	30.1	51.3	37.1	63.3	97.1	1,661
Total	10.1	34.2	73.7	5.3	80.2	39.3	52.3	56.7	28.5	48.7	35.3	60.7	93.2	1,759

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Other milk includes fresh, tinned and powdered cow or other animal milk.

² Doesn't include plain water

³ Includes fortified baby food

⁴ Includes pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside, ripe mangoes, papayas, and apricots.

12.2.2 Appropriate Infant and Young Child Feeding

Appropriate infant and young child feeding (IYCF) practices include the timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding. Guidelines have been established with respect to appropriate infant and young child feeding (IYCF) practices for children age 6-23 months (PAHO/WHO 2003 and WHO 2005).

Table 12.5 presents summary indicators of appropriate feeding practices that are useful in assessing the quality of infant and young child feeding practices (IYCF) in Egypt. The indicators show the percentages of children for whom feeding practices meet minimum standards with respect to both food diversity (i.e., the number of food groups consumed) and feeding frequency (i.e., the number of times the child was fed) as well the consumption of breast milk or breast milk substitutes. Breastfed children are considered as being fed appropriately if they consume at least four food groups and receive food or liquids other than breast milk at least twice per day in the case of infants 6-8 months and at least three times in the case of children 9-23 months. Non-breastfed children are considered to be fed appropriately if they consumed milk or milk products at least twice a day, receive solid or semi-solid foods from at least four food groups excluding the milk and milk products group, and are fed at least three times per day.

Table 12.5 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Egypt 2014

Background characteristic	4+ food groups ¹	Among breastfed children 6-23 months, percentage fed:			Among non-breastfed children 6-23 months, percentage fed:			Among all children 6-23 months, percentage fed:		
		Number of breastfed children 6-23 months	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Number of non-breastfed children 6-23 months	Breast milk, milk, or milk products ⁶	4+ food groups ¹	Minimum meal frequency ⁷
Age in months		Both 4+ food groups and minimum meal frequency	Number of breastfed children 6-23 months	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Number of non-breastfed children 6-23 months	Breast milk, milk, or milk products ⁶	4+ food groups ¹
6-8	13.4	59.4	13.4	873	75.8	11.6	73.4	4.0	87	13.3
9-11	30.1	48.1	24.2	723	77.9	33.1	76.8	10.3	113	97.0
12-17	45.2	59.1	36.1	1,087	45.1	58.1	63.1	13.0	413	84.9
18-23	58.7	66.4	46.3	400	34.2	66.8	64.1	16.0	1,047	52.4
Sex										
Male	33.9	58.1	28.1	1,662	41.1	59.6	67.4	14.3	833	80.3
Female	35.0	56.9	28.3	1,421	43.1	59.3	63.0	14.1	827	79.1
Urban-rural residence										
Urban	34.9	60.6	28.5	908	50.3	56.7	70.0	15.6	583	80.6
Rural	34.2	56.3	28.1	2,175	37.6	60.9	62.6	13.4	1,077	79.3
Place of residence										
Urban Governorates	41.8	67.0	33.9	283	56.9	54.3	73.3	18.8	206	81.8
Lower Egypt	34.1	59.3	27.7	1,432	44.2	62.0	71.1	15.5	816	79.7
Urban	31.2	56.8	25.1	286	53.0	62.7	76.4	15.4	175	81.3
Rural	34.8	59.8	28.3	1,166	41.8	61.8	69.7	15.5	641	79.4
Upper Egypt	33.0	53.8	27.5	1,342	34.3	57.2	55.0	10.7	620	79.2
Urban	31.5	58.7	26.4	345	40.9	52.6	61.1	11.7	193	78.8
Rural	33.5	52.1	27.8	997	31.4	59.3	52.3	10.3	427	79.4
Frontier Governorates ⁸	44.2	51.3	32.5	26	44.8	77.6	56.9	23.1	19	77.0
Mother's education										
No education	35.0	53.5	29.0	502	29.8	62.4	56.3	11.2	225	78.3
Some primary	29.7	52.0	22.0	149	42.9	49.5	55.7	11.0	64	82.8
Primary complete/some secondary	29.6	53.9	23.0	603	43.0	52.0	64.5	10.7	295	81.3
Secondary complete/ higher	36.2	60.4	30.2	1,829	44.4	61.4	67.9	16.0	1,076	79.4
Work status										
Working for cash	36.5	60.7	32.3	314	38.1	68.8	66.6	17.0	178	77.6
Not working for cash	34.2	57.2	27.7	2,769	42.6	58.3	65.0	13.9	1,483	80.0
Wealth quintile										
Lowest	36.5	55.0	29.4	535	36.8	60.9	64.2	15.0	232	80.9
Second	30.6	51.9	24.8	620	35.0	60.2	60.4	14.0	301	78.8
Middle	33.6	59.0	27.8	775	37.4	62.5	60.9	12.5	383	79.3
Fourth	36.1	56.2	30.0	662	39.7	56.3	64.1	9.9	397	77.4
Highest	35.8	67.0	29.3	492	59.7	58.0	76.1	20.8	346	83.3
Total	34.4	57.6	28.2	3,083	42.1	59.4	65.2	14.2	1,661	79.7

¹ Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.

² For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months.

³ Includes two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt

⁴ For non-breastfed children age 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day.

⁵ Non-breastfed children age 6-23 months are considered to be fed with a minimum standard of three Infant and Young Child Feeding Practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semi-solid foods from at least four food groups not including the milk or milk products food group.

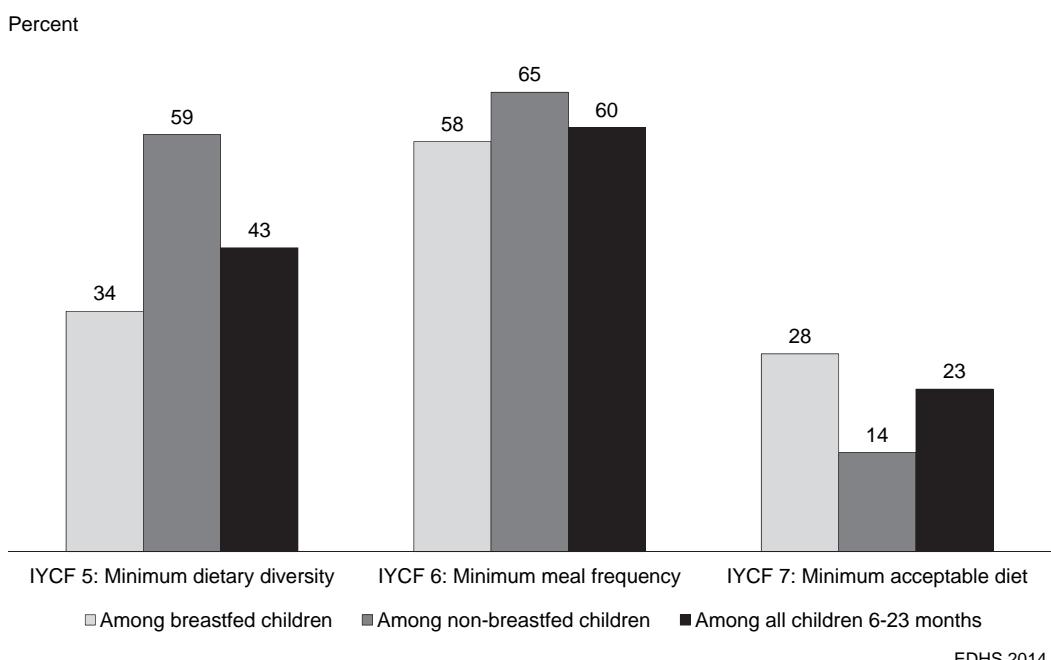
⁶ Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt

⁷ Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4.

⁸ Does not include North and South Sinai governorates

According to the results presented in Table 12.5, 80 percent of youngest children age 6-23 months living with the mother received breast milk or breast milk substitutes during the 24-hour period prior to the survey, 43 percent had an adequately diverse diet, i.e., they had been fed foods from the appropriate number of food groups depending on their age and breastfeeding status, and 60 percent had been fed the minimum standard number of times appropriate for their age. Overall, taking the three of the feeding practices together, 23 percent of children were being fed according to the minimum IYCF minimum standards for diet diversity and meal frequency (Figure 12.3).

Figure 12.3 IYCF indicators on minimum acceptable diet



As Figure 12.3 shows, breastfed children were much less likely to be fed the minimum number of times and somewhat less likely to have received foods from the minimum number of groups compared to non-breastfed children. Overall, however, breastfed children were more likely than non-breastfed children to have a minimum acceptable diet.

With respect to differences in feeding practices by background characteristics, the proportion of children for whom feeding practices complied with minimum standards increase with the child's age peaking at 30 percent among children age 12-17 months. Variations in feeding practices with the other characteristics shown in Table 12.5 do not show consistent patterns.

12.3 MICRONUTRIENT SUPPLEMENTATION AMONG YOUNG CHILDREN

Micronutrient deficiencies are a major contributor to childhood morbidity and mortality. Micronutrient deficiencies result from inadequate intake of micronutrient-rich foods and inadequate utilization of available micronutrients because of infections, parasitic infestations, or other factors in the diet. The 2014 EDHS provides data to assess a number of ongoing efforts to address micronutrient deficiencies including the use of iodized salt by households, micronutrient intake and supplementation (vitamin A and iron) and the use of deworming medication among women and young children.

12.3.1 Use of Iodized Salt

Iodine is an important trace element important for the normal function of the thyroid gland. Iodine deficiency is the leading cause of preventable mental impairment worldwide. During pregnancy iodine

deficiency can lead to spontaneous abortion, intrauterine growth retardation, premature and still birth. It leads to cretinism and increased risk of mortality among young children, delayed puberty in adolescence, and hypothyroidism and goitre in adults. The human body generally requires minute quantities of iodine; however there is an increase in demand for iodine at certain stages pregnancy, lactation and child development. Egypt has adopted a national program for universal salt iodization (USI) to fortify salt with iodine for the prevention of iodine deficiency.

In the 2014 EDHS, a semi-quantitative rapid test was used to measure iodine content of the salt used for cooking in the households selected for the anemia testing subsample. 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, indicating the salt was iodized.

Table 12.6 shows that salt was tested in 96 percent of the eligible households. Overall, 91 percent of households in which testing took place were using iodized salt. The percentage using iodized salt was lowest among households in the lowest wealth quintile (81 percent) and highest among households in the highest wealth quintile and households in the Urban Governorates (98 percent each).

Table 12.6 Presence of iodized salt in households

Among all households eligible for salt testing, percentage of households with salt tested for iodine content, percentage with salt in household but not tested, and percentage with no salt in the household; and among households with salt tested, the percentage with iodized salt, according to background characteristics, Egypt 2014

Background characteristic	Among all households in the anemia subsample, the percentage			Among households with tested salt:	
	With no salt in the household/missing			Percentage with iodized salt	Number of households
	With salt tested	With salt not tested	Number of households		
Urban-rural residence					
Urban	96.2	1.1	2.7	96.3	3,744
Rural	96.1	1.0	3.0	87.1	5,356
Place of residence					
Urban Governorates	96.8	0.5	2.7	97.8	1,511
Lower Egypt	95.4	1.1	3.5	89.5	4,240
Urban	95.6	1.4	3.0	95.4	1,066
Rural	95.3	1.0	3.7	87.5	3,174
Upper Egypt	96.8	1.1	2.0	89.3	3,274
Urban	96.1	1.7	2.2	94.9	1,122
Rural	97.2	0.9	1.9	86.4	2,152
Frontier Governorates ¹	95.5	0.9	3.6	94.6	75
Wealth quintile					
Lowest	96.1	0.7	3.2	80.7	1,472
Second	95.3	1.1	3.7	85.0	1,708
Middle	96.6	0.9	2.5	90.8	1,872
Fourth	95.8	1.2	2.9	95.7	2,015
Highest	96.8	1.1	2.1	98.4	2,032
Total	96.1	1.0	2.9	90.9	9,099

¹ Does not include North and South Sinai governorates

12.3.2 Micronutrient Intake among Young Children

Data from the 2014 EDHS can be used to assess the extent to which young children are likely to be consuming adequate amounts of several important micronutrients including vitamin A, iron, and iodine. Vitamin A is considered essential for normal sight, growth, and development. It protects the body against some infectious illnesses such as measles and diarrheal disease. Severe vitamin A deficiency (VAD) is associated with total loss of vision or with other vision impairments including night blindness. Iron deficiency is one of the most prevalent nutrient deficiencies in the world

affecting an estimated two billion people. It slows cognitive development and is associated with increased morbidity and mortality. As discussed above, adequate levels of iodine also are important to prevent mental retardation and to reduce child mortality. Finally, deworming medications provide a tool for improving child nutrition by addressing intestinal parasites, which are a common cause of micronutrient deficiencies.

Table 12.7 presents several indicators that are useful for assessing whether young children are receiving an adequate intake of vitamin A, iron, and iodine. They include the percentage of youngest children less than two years of age living with their mother who consumed fruits and vegetables rich in vitamin A. The table also presents information on the percentages of children 6-59 months who received vitamin A supplementation and deworming medication in the six-month period prior to the survey and iron supplements during the seven days before the survey. The table also shows the percentage of children age 6-59 months living in households that use iodized salt.

Table 12.7 Micronutrient intake among children

Among youngest children age 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey, and among all children age 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Egypt 2014

Background characteristic	Among youngest children age 6-23 months living with the mother:			Among all children age 6-59 months:			Among children age 6-59 months living in households tested for iodized salt		
	Percentage who consumed foods rich in vitamin A in last 24 hours ¹	Percentage who consumed foods rich in iron in last 24 hours ²	Number of children	Percentage given vitamin A supplements in last 6 months	Percentage given iron supplements in last 7 days	Percentage given deworming medication in last 6 months ³	Number of children	Percentage living in households with iodized salt ⁴	Number of children
Age in months									
6-8	27.9	20.9	960	15.9	10.0	1.5	964	87.0	281
9-11	48.6	41.5	836	23.0	9.6	4.1	852	90.8	298
12-17	69.6	60.7	1,500	20.6	9.0	5.0	1,581	91.2	508
18-23	81.6	73.3	1,448	20.3	8.5	7.7	1,615	91.1	580
24-35	na	na	na	16.1	7.1	11.4	3,089	90.3	999
36-47	na	na	na	14.8	7.0	14.9	3,079	89.7	972
48-59	na	na	na	13.6	6.0	16.1	2,623	89.6	906
Sex									
Male	60.9	52.9	2,495	16.8	8.0	11.0	7,226	89.9	2,395
Female	61.3	53.3	2,249	16.7	7.2	10.6	6,579	90.4	2,149
Breastfeeding status									
Breastfeeding	53.3	45.3	3,083	20.2	9.3	4.6	3,228	90.4	1,032
Not breastfeeding	75.6	67.6	1,661	15.6	7.1	12.6	10,548	90.0	3,506
Missing	*	*	0	*	*	*	28	*	6
Mother's age at birth									
15-19	56.8	51.3	191	19.2	7.5	3.7	263	89.2	85
20-29	61.7	53.6	2,996	16.4	7.3	10.8	8,046	89.5	2,669
30-39	60.6	52.6	1,429	17.3	8.0	10.8	4,907	91.5	1,588
40-49	60.3	49.5	127	15.4	8.1	12.9	589	87.4	203
Urban-rural residence									
Urban	60.4	52.7	1,492	17.0	9.2	8.7	4,331	96.4	1,488
Rural	61.4	53.3	3,252	16.6	6.9	11.8	9,474	87.0	3,056
Place of residence									
Urban Governorates	62.4	53.2	489	15.9	10.4	7.4	1,435	98.1	484
Lower Egypt	63.7	57.8	2,248	18.7	8.1	13.1	6,597	89.3	2,190
Urban	60.8	56.6	441	20.2	9.2	11.0	1,293	97.2	463
Rural	64.4	58.0	1,807	18.4	7.9	13.6	5,304	87.2	1,727
Upper Egypt	57.5	47.4	1,961	14.7	6.4	9.0	5,636	88.7	1,821
Urban	57.5	48.3	538	15.7	8.2	7.8	1,528	93.8	515
Rural	57.5	47.1	1,424	14.4	5.7	9.4	4,108	86.7	1,306
Frontier Governorates ⁵	73.1	66.3	45	12.7	3.8	7.8	137	96.7	48

Continued...

Table 12.7—Continued

Background characteristic	Among youngest children age 6-23 months living with the mother:			Among all children age 6-59 months:			Among children age 6-59 months living in households tested for iodized salt		
	Percentage who consumed foods rich in vitamin A in last 24 hours ¹	Percentage who consumed foods rich in iron in last 24 hours ²	Number of children	Percentage given vitamin A supplements in last 6 months	Percentage given iron supplements in last 7 days	Percentage given deworming medication in last 6 months ³	Number of children	Percentage living in households with iodized salt ⁴	Number of children
Mother's education									
No education	61.5	52.6	726	14.8	5.0	8.2	2,451	82.0	767
Some primary	47.4	44.1	213	18.4	4.4	9.8	648	83.8	222
Primary complete/ some secondary	57.0	47.2	898	15.3	6.2	9.6	2,469	89.2	826
Secondary complete/ higher	63.3	55.7	2,905	17.6	9.1	12.0	8,237	93.1	2,728
Work status									
Working for cash	66.7	58.6	492	18.5	9.9	11.3	1,525	93.3	520
Not working for cash	60.4	52.5	4,252	16.5	7.3	10.7	12,279	89.7	4,024
Wealth quintile									
Lowest	60.0	52.0	767	14.5	5.2	10.7	2,450	79.3	795
Second	58.2	50.9	921	15.5	5.7	10.7	2,732	86.1	853
Middle	63.4	53.8	1,158	17.0	7.2	13.8	3,420	88.8	1,131
Fourth	60.1	53.0	1,059	17.2	8.6	9.1	2,871	96.9	987
Highest	63.4	55.5	839	19.6	11.8	8.7	2,331	98.6	777
Total	61.1	53.1	4,744	16.7	7.6	10.8	13,805	90.1	4,544

Note: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, orange or yellow sweet potatoes or squash, carrots, dark green leafy vegetables, mango, papaya, and apricots

² Includes meat (including organ meat), fish, poultry and eggs

³ Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

⁴ Children in households where salt was not tested are excluded; only households in the anemia subsample were eligible for testing.

⁵ Does not include North and South Sinai governorates

Table 12.7 indicates that, among the youngest children age 6-23 months living with their mother, 6 in 10 children were consuming foods rich in vitamin A and just over half were consuming foods rich in iron on a daily basis. Consumption of both iron- and vitamin A-rich foods increased with the age of the child and was greater among not breastfeeding than breastfeeding children, reflecting the increasing diversity of children's diets as they are weaned. Consumption of vitamin-A and iron-rich foods was highest in the three Frontier Governorates surveyed in the EDHS and lowest in Upper Egypt.

Overall, Table 12.7 shows that 17 percent of children age 6-59 months were reported to have taken a vitamin A capsule. The Ministry of Health and Population policy is to provide vitamin A supplementation at age 9 months and 18 months. However, the proportions of children age 9-24 months who would have been eligible to receive a vitamin A supplement in the six months before the EDHS are only slightly higher than proportions among younger and older children.

Eleven percent were reported to have received a drug for intestinal worms during the six-month period prior to the EDHS, and 8 percent of children were reported to have been given some form of iron supplement (pills, syrup or sprinkles) during the week prior to the survey. Iron supplementation declined with the child's age while the proportion of children receiving deworming medications increased with the child's age. In general, the differences in the rates of iron supplementation or in the receipt of deworming medication between other demographic and socioeconomic subgroups were not large.

Finally, Table 12.7 shows that the vast majority of children age 6-59 months who lived in households in which salt was tested were in households with iodized salt.

12.3.3 Micronutrient Intake among Mothers

Adequate micronutrient intake by women has important benefits for both the women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects against anemia, which is associated with increased risks of premature delivery and low birth weight. Finally, as noted above, iodine deficiency is related to a number of adverse pregnancy outcomes.

Table 12.8 includes a number of measures that are useful in assessing the extent to which women are receiving adequate intake of vitamin A, iron during pregnancy, and iodine. The results show that around 3 in 10 women with a birth in the five years prior to the EDHS received a vitamin A dose in the first two months following the delivery of their last-born child during the period. Women living in the three Frontier Governorates included in the 2014 EDHS were noticeably less likely than other women to report receiving a vitamin A dose.

With regard to iron supplementation during pregnancy, around two-thirds of women who gave birth during the five-year period before the survey reported taking iron tablets or syrup during the pregnancy preceding their last live birth and one-third took iron supplements for 90 days or more. Women living in Lower Egypt, women with a secondary or higher education, women working for cash, and women in the highest wealth quintile were more likely to have taken iron tablets or syrup during pregnancy than other women. The lowest proportions reporting they took iron supplements were found among women with no or only some primary education and women age 40-49 years.

Table 12.8 shows that few women took deworming medications during pregnancy (3 percent). On the other hand, most mothers live in households where iodized salt is used; 9 in 10 women whose last-born child was delivered in the five years before the survey lived in households with iodized salt.

Table 12.8 Micronutrient intake among mothers

Among ever-married women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child; and among ever-married women age 15-49 with a child born in the past five years and who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Egypt 2014

Background characteristic	Percentage who received vitamin A dose postpartum ¹	Number of days women took iron tablets or syrup during pregnancy of last birth						Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Among women with a child born in the last five years, who live in households that were tested for iodized salt	
		None	<60	60-89	90+	Don't know/missing	Total			Percentage living in households with iodized salt ²	Number of women
Age											
15-19	26.0	31.6	25.5	7.2	34.0	1.7	100.0	5.4	348	87.1	118
20-29	30.3	31.8	20.8	7.8	38.1	1.6	100.0	3.6	6,288	89.7	2,074
30-39	33.3	34.5	20.5	8.1	34.5	2.5	100.0	3.0	4,189	91.6	1,359
40-49	30.3	44.4	19.1	6.7	26.5	3.3	100.0	1.8	566	88.0	195
Urban-rural residence											
Urban	27.9	31.9	15.9	7.3	43.2	1.7	100.0	3.1	3,625	96.5	1,232
Rural	32.8	34.1	23.0	8.1	32.8	2.1	100.0	3.4	7,766	87.1	2,515
Place of residence											
Urban Governorates	27.1	29.0	15.0	7.1	47.8	1.2	100.0	4.3	1,231	98.1	412
Lower Egypt	32.3	26.8	21.7	8.8	40.3	2.4	100.0	3.8	5,513	89.7	1,815
Urban	29.1	25.7	16.7	8.7	46.8	2.2	100.0	2.6	1,071	96.8	376
Rural	33.0	27.1	22.9	8.8	38.8	2.5	100.0	4.1	4,442	87.8	1,440
Upper Egypt	31.4	42.5	21.3	6.9	27.6	1.7	100.0	2.5	4,540	88.6	1,481
Urban	27.9	40.2	16.2	6.3	35.6	1.7	100.0	2.4	1,263	94.6	423
Rural	32.7	43.4	23.3	7.1	24.5	1.7	100.0	2.5	3,277	86.1	1,057
Frontier Governorates ³	22.2	35.0	13.2	6.8	42.1	2.9	100.0	1.3	107	95.9	39
Education											
No education	30.9	47.5	21.6	7.8	21.8	1.2	100.0	3.0	2,027	82.2	628
Some primary	28.4	47.8	19.6	5.4	25.4	1.8	100.0	4.2	554	82.8	196
Primary complete/some secondary	32.1	36.4	22.4	6.4	33.0	1.7	100.0	3.1	2,076	89.0	691
Secondary complete/higher	31.3	27.0	20.0	8.5	42.2	2.3	100.0	3.4	6,733	93.5	2,231
Work status											
Working for cash	36.2	26.7	22.6	7.9	40.1	2.7	100.0	3.3	1,256	93.2	428
Not working for cash	30.6	34.2	20.5	7.8	35.6	1.9	100.0	3.3	10,134	89.8	3,319
Wealth quintile											
Lowest	30.8	43.9	22.1	8.3	23.5	2.2	100.0	3.3	1,959	79.1	628
Second	33.5	37.6	24.5	7.9	28.4	1.6	100.0	3.3	2,201	85.6	708
Middle	33.0	31.5	22.7	7.4	36.3	2.2	100.0	3.3	2,831	89.5	939
Fourth	30.0	29.2	19.4	7.8	41.6	2.0	100.0	3.4	2,446	97.0	829
Highest	28.3	26.0	13.8	8.1	50.2	1.8	100.0	3.2	1,954	98.5	642
Total	31.3	33.4	20.7	7.8	36.1	2.0	100.0	3.3	11,391	90.2	3,747

¹ In the first two months after delivery of last birth

² Women in households where salt was not tested are excluded; only households in the anemia subsample were eligible for testing.

³ Does not include North and South Sinai governorates

12.4 NUTRITIONAL STATUS OF YOUNG CHILDREN, YOUTH, AND WOMEN

Height and weight data collected in the 2014 EDHS can be used to assess the nutritional status of children under age 5, never-married youth age 5-19 years, and ever-married women age 15-49 in Egypt. Specially trained teams were responsible for taking the height and weight measurements during the survey. The measurements were collected for eligible children and ever-married women in all households in the EDHS sample. The measuring boards used for the collection of the height data are specially produced by Shorr Productions for use in survey settings. Children younger than 24 months were measured lying on the measuring board, while standing height was measured for older children, youth, and women. Weight data were obtained using lightweight scales with a digital screen produced by SECA.

12.4.1 Nutritional Status among Young Children

Nutritional status is a primary determinant of a child's health and well-being. The anthropometric data collected in the 2014 EDHS permit an assessment of the nutritional status of children under age five in Egypt. Measurements of height and weight were obtained for all children under age 5 living in the households selected for the EDHS. The results include children who were not biological offspring of the women interviewed in the survey. Height and weight measurements were obtained for 99 percent of the 15,565 children (unweighted number) in that age range present in EDHS households at the time of the survey. Age data were missing only for a few children (0.1 percent). Anthropometric indicators could not be calculated for one in ten children, mainly because the height or weight measures were considered to be implausibly high or low or age data was missing.¹ The proportion of children for whom the height or weight measures were considered implausible in the 2014 EDHS is similar to the proportion of children found to have implausible measures in the 2008 EDHS and somewhat higher than the proportion with implausible measures in the 2005 EDHS (10 percent and 6 percent, respectively). The following analysis focuses on children for whom complete and plausible anthropometric and age data were collected in the 2014 EDHS.

Using the anthropometric data from the 2014 EDHS, Figure 12.4 and Table 12.9 present the percentages of children classified as malnourished according to three anthropometric indices of nutritional status by selected background characteristics. The three standard indices shown in the table and figure are: (1) height-for-age; (2) weight-for-height; and (3) weight-for-age. To identify children considered as malnourished, the anthropometric indices derived from 2014 EDHS were compared against growth standards generated by WHO from data collected in a Multicentre Growth Reference Study (WHO 2006). It should be noted that the 2014 EDHS results cannot be compared to information published in reports for DHS surveys conducted in 2005 and earlier because those surveys employed a different reference population.²

Each of the indices measures somewhat different aspects of nutritional status. The height-for-age index provides an indicator of linear growth. Children whose height-for-age measures are 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

¹ It should be noted that three technicians involved in collection of anthropometric measures in the 2014 EDHS had substantially higher numbers of children with implausible measures than the other 26 technicians on the EDHS teams.

² An 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 was used in assessing children's nutritional status in the reports for DHS surveys conducted in 2005 and earlier. Table D.7 in Appendix D includes the three nutritional status indices calculated using the NCHS/CDC/WHO reference population.

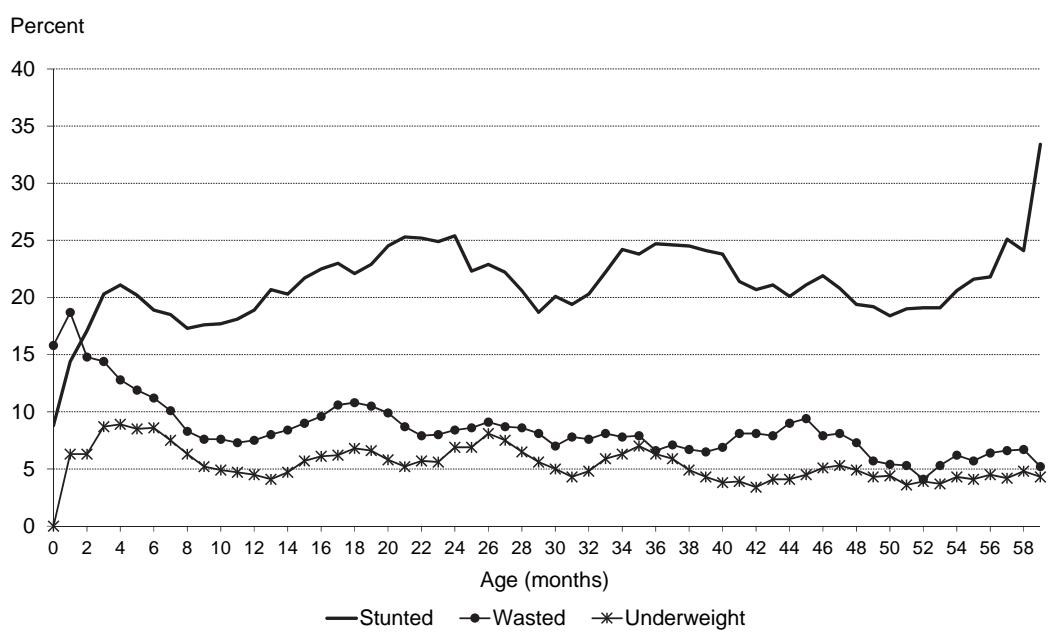
reference population are *underweight* for their age, while those whose measures are below minus three standard deviations (-3 SD) from the reference population median are *severely underweight*. A child can be underweight for his age, because he is stunted, wasted, or both stunted and wasted.

Adverse health consequences are also associated with overweight and obesity among young children. The percentage of children more than two standard deviations above the median for weight-for-height provides a measure of the extent of this problem in Egypt. The percentage of children more than two standard deviations above the median for weight-for-age provides another measure of the extent to which children are overweight and obese; it is useful for comparison with other data sources that did not measure height.

Finally, mean z-scores provide a summary statistic to represent the nutritional status of children in a population. The z-scores describe the nutritional status of the survey population as a whole without the use of a cut-off. A mean z-score of less than 0, i.e., a negative value, for stunting, wasting, or underweight, suggests the nutritional status of the entire survey population is poorer on average than that of the WHO Growth Standards population.

An examination of the height-for-age data from the 2014 EDHS indicates that there is considerable chronic malnutrition among Egyptian children. Overall, based on comparisons with the WHO Child Growth Standards population, Table 12.9 shows that 21 percent of children under age five were stunted, and 10 percent were severely stunted. Considering age patterns, stunting peaked among children age 18-23 months (25 percent). However, as Figure 12.4 shows, stunting was apparent even among children under six months of age. Urban children were only slightly more likely to be stunted than rural children (23 percent and 21 percent, respectively). Considering place of residence, the percentage stunted was markedly higher in Upper Egypt (26 percent) compared to other areas. Children whose mothers had completed the secondary level or higher were somewhat less likely to be stunted than children of less educated mothers. Stunting did not vary in clear fashion with wealth.

Figure 12.4 Nutritional status of children by age



Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a five-month moving average.

EDHS 2014

Table 12.9 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Egypt 2014

Background characteristic	Height-for-age ¹			Weight-for-height				Weight-for-age				Number of children
	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean Z-score (SD)	
Age in months												
<6	8.7	19.6	-0.4	7.9	14.4	19.5	0.3	2.6	8.2	5.6	-0.2	1,198
6-8	7.7	16.4	-0.0	4.6	9.6	13.9	0.2	1.4	6.1	4.7	-0.0	822
9-11	10.2	18.9	-0.2	2.9	6.6	13.9	0.3	0.8	5.1	3.5	0.0	734
12-17	9.8	21.3	-0.4	2.8	9.0	12.9	0.3	0.9	5.5	4.7	0.0	1,402
18-23	12.9	24.6	-0.7	3.9	9.1	15.6	0.4	1.4	5.4	4.5	-0.0	1,470
24-35	11.1	21.6	-0.6	4.0	8.4	15.6	0.4	1.6	6.4	4.7	-0.0	2,810
36-47	8.7	22.5	-0.7	3.4	7.7	13.9	0.4	1.2	4.5	3.2	-0.1	2,826
48-59	8.6	21.5	-0.8	2.5	5.7	14.2	0.4	1.0	4.3	3.3	-0.2	2,340
Sex												
Male	10.7	22.8	-0.6	3.8	8.4	15.3	0.4	1.3	5.9	4.2	-0.1	7,034
Female	8.8	19.9	-0.5	3.8	8.5	14.3	0.4	1.3	5.1	4.0	-0.0	6,567
Birth interval in months³												
First birth ⁴	10.7	21.2	-0.6	3.5	7.9	15.6	0.4	1.3	5.2	4.8	-0.0	4,201
<24	11.0	23.1	-0.7	4.4	9.9	13.5	0.3	1.8	7.0	3.0	-0.2	1,766
24-47	8.9	21.6	-0.6	3.8	8.9	14.7	0.4	1.4	5.1	3.3	-0.1	4,472
48+	9.1	20.7	-0.5	4.0	7.9	15.0	0.4	1.0	5.6	4.7	-0.0	3,029
Size at birth³												
Very small	13.4	29.6	-0.9	3.4	9.2	16.7	0.3	2.1	8.2	3.3	-0.4	583
Small	12.9	26.3	-0.7	4.4	8.8	13.6	0.3	1.5	7.1	4.5	-0.2	1,535
Average or larger	9.1	20.4	-0.5	3.8	8.4	15.0	0.4	1.3	5.1	4.1	-0.0	11,309
Missing	(26.4)	(40.2)	(1.5)	(0.1)	(0.7)	(5.9)	(0.4)	(0.1)	(9.7)	(0.0)	(-0.5)	39
Mother's interview status												
Interviewed	9.8	21.5	-0.6	3.8	8.5	14.9	0.4	1.3	5.5	4.1	-0.1	13,469
Not interviewed but in household	12.7	22.2	-0.6	5.7	7.4	15.2	0.2	5.3	13.4	8.6	-0.2	60
Not interviewed and not in the household ⁵	10.6	12.6	-0.4	0.4	1.2	11.8	0.8	0.4	4.3	11.3	0.3	72
Mother's nutritional status⁶												
Thin (BMI <18.5)	(5.1)	(9.9)	(0.6)	(0.0)	(0.2)	(0.0)	0.1	(0.0)	(4.3)	(0.0)	(0.4)	39
Normal (BMI 18.5-24.9)	10.4	23.5	-0.7	4.2	9.7	13.0	0.3	1.9	7.2	3.0	-0.3	2,409
Overweight/obese (BMI ≥25)	9.5	21.0	-0.5	3.6	8.0	15.2	0.4	1.2	5.1	4.2	-0.0	9,224
Urban-rural residence												
Urban	10.9	23.0	-0.6	3.9	8.8	16.1	0.4	1.4	5.7	4.9	-0.1	4,181
Rural	9.3	20.7	-0.6	3.7	8.2	14.3	0.4	1.3	5.4	3.8	-0.1	9,420
Place of residence												
Urban Governorates	8.1	19.0	-0.3	3.6	8.6	14.7	0.3	0.7	4.3	5.9	0.0	1,376
Lower Egypt	8.3	17.9	-0.3	3.9	8.4	16.5	0.5	1.2	4.2	5.6	0.1	6,444
Urban	9.0	19.3	-0.4	4.7	8.9	17.3	0.4	1.8	4.3	7.1	0.1	1,209
Rural	8.1	17.6	-0.3	3.7	8.3	16.3	0.5	1.0	4.2	5.3	0.1	5,236
Upper Egypt	12.0	26.2	-1.0	3.7	8.3	13.2	0.3	1.7	7.3	1.9	-0.3	5,650
Urban	15.0	29.8	-1.0	3.6	9.0	16.8	0.4	1.8	8.1	2.4	-0.3	1,523
Rural	10.9	24.8	-1.0	3.8	8.0	11.9	0.3	1.6	6.9	1.8	-0.4	4,127
Frontier Governorates ⁷	6.0	15.1	0.1	5.9	14.1	8.3	(0.2)	0.9	6.7	5.0	-0.1	131
Mother's education⁸												
No education	10.8	24.5	-0.7	4.3	9.4	13.3	0.3	1.1	6.5	2.9	-0.2	2,424
Some primary	10.9	25.7	-0.8	2.7	7.3	12.7	0.4	1.8	7.1	3.8	-0.2	658
Primary complete/some secondary	11.9	24.2	-0.7	3.8	8.4	15.7	0.4	1.7	6.9	3.9	-0.2	2,422
Secondary complete/higher	8.7	19.4	-0.5	3.8	8.3	15.3	0.4	1.3	4.7	4.5	-0.0	8,027
Wealth quintile												
Lowest	11.1	24.1	-0.8	3.6	7.4	15.6	0.4	1.3	5.9	3.0	-0.2	2,454
Second	9.8	23.1	-0.7	3.2	8.1	12.8	0.4	1.2	5.6	3.1	-0.1	2,660
Middle	8.0	18.1	-0.4	4.0	8.8	13.9	0.3	1.2	5.3	4.0	-0.0	3,384
Fourth	9.5	20.0	-0.5	4.3	9.3	15.0	0.4	1.4	5.7	5.1	-0.0	2,866
Highest	11.3	23.4	-0.6	3.6	8.2	17.7	0.5	1.6	5.0	5.4	-0.0	2,237
Total	9.8	21.4	-0.6	3.8	8.4	14.9	0.4	1.3	5.5	4.1	-0.1	13,601

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO reference. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on 25-49 unweighted cases.

¹ Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 centimeters; standing height is measured for all other children.

² Includes children who are below -3 standard deviations (SD) from the WHO Child Growth standards population median

³ Excludes children whose mothers were not interviewed

⁴ First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁵ Includes children whose mothers are deceased

⁶ Excludes children whose mothers were not weighed and measured, children whose mothers were not interviewed, and children whose mothers are pregnant or gave birth within the preceding 2 months. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 12.11.

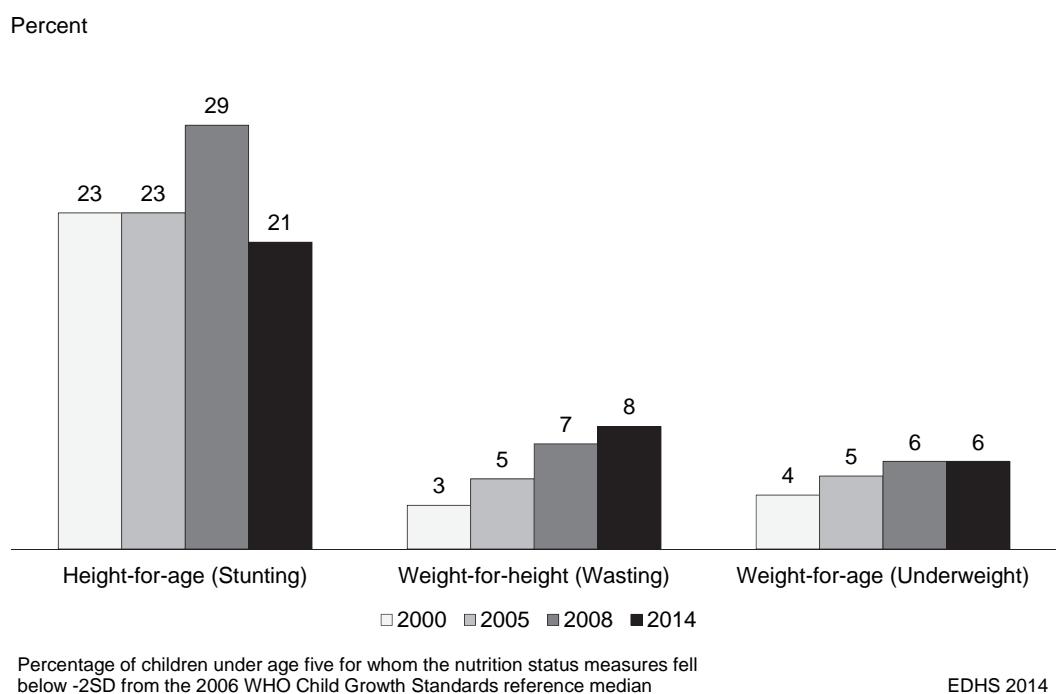
⁷ Does not include North and South Sinai governorates

⁸ For women who are not interviewed, information is taken from the Household Questionnaire. Children whose mothers were not listed in the Household Questionnaire are not included.

Table 12.9 also shows that 8 percent were wasted. The highest levels of wasting were found among children under 6 months of age and children in the three Frontier Governorates (14 percent each). At the other extreme, the percentage of children considered to be overweight or obese, i.e., whose weight-for-height was more than 2 standard deviations from the median of the WHO reference population was 15 percent. Reflecting the effects of both chronic and short-term malnutrition, 6 percent of children under age five were underweight for their age. Looking at residential categories, the proportion underweight was somewhat higher in Upper Egypt and in the Frontier Governorates than in the Urban Governorates and Lower Egypt.

Figure 12.5 presents the trends in nutritional status during the period between the 2000 and 2014 EDHS surveys among children under age five. The results show a reduction in the percentage stunted compared to the levels observed in the earlier EDHS surveys, particularly the 2008 Egypt DHS. However, the proportion of children who are wasted has increased gradually over time, from 3 percent in 2000 to 8 percent in 2014. Caution must be used in interpreting the trends, particularly the trends in wasting and underweight among subpopulations, since differences are often small and likely to reflect sampling variability. The increase in stunting in 2008 and the subsequent decline in 2014 also merit further investigation to determine what factors may be involved.

Figure 12.5 Trends in nutritional status of children under age 5, Egypt 2000-2014



12.4.2 Nutritional Status among Children Age 5-19 Years

Height and weight data were obtained for never-married youth age 5-19 years in the 2014 EDHS. Overall, valid height and weight measures and age information are available for 95 percent of girls and 94 percent of boys who were eligible for the anthropometric measurement (data not shown).

Table 12.10.1 shows the nutritional status of girls age 5-19 years, while Table 12.10.2 presents the findings for the same age group for boys. Ever-married adolescents are excluded from the tables.

The measure employed for assessing nutritional status of never-married children age 5-19 is the body mass index (BMI). The calculation of the BMI is the same for children age 5-19 years as is

Table 12.10.1 Nutritional status of girls age 5-19

Percent distribution of girls age 5-19 years by nutrition status categories based on body mass index (BMI) levels, by background characteristics, Egypt 2014

Background characteristic	Severely thin	Thin	Normal	Overweight	Obese	Total percent	Number of girls ¹
	Percentage below -3 SD	Percentage below -2 SD	Percentage between -2 SD and +1 SD	Percentage between +1 and +2 SD	Percentage above +2 SD		
Age							
5-9 years	1.0	1.5	64.7	21.8	11.0	100.0	6,141
10-14 years	0.4	1.5	62.2	27.4	8.5	100.0	5,470
15-19 years	0.1	0.3	57.3	33.6	8.7	100.0	4,214
Mother's nutritional status							
Thin (BMI <18.5)	*	*	*	*	*	100.0	12
Normal (BMI 18.5-24.9)	1.2	2.1	72.6	19.5	4.7	100.0	1,295
Overweight/ obese (BMI ≥25)	0.6	1.2	61.1	26.7	10.4	100.0	11,119
Mother in household but missing information on BMI	0.4	1.1	64.1	27.3	7.1	100.0	1,762
Mother not present or identified	0.1	0.3	56.2	33.6	9.9	100.0	1,638
Urban-rural residence							
Urban	0.5	1.2	60.1	28.5	9.7	100.0	5,684
Rural	0.6	1.1	62.8	26.0	9.4	100.0	10,140
Place of residence							
Urban Governorates	0.3	0.9	65.2	25.8	7.8	100.0	1,972
Lower Egypt	0.6	0.8	55.0	30.5	13.0	100.0	7,295
Urban	0.8	1.0	54.6	30.8	12.8	100.0	1,748
Rural	0.6	0.7	55.1	30.5	13.1	100.0	5,548
Upper Egypt	0.6	1.7	68.5	23.1	6.1	100.0	6,415
Urban	0.3	1.8	59.6	29.4	8.8	100.0	1,889
Rural	0.6	1.7	72.3	20.5	5.0	100.0	4,526
Frontier Governorates ²	0.8	1.3	68.0	24.7	5.1	100.0	141
Mother's education³							
No education	0.6	1.4	64.2	26.1	7.7	100.0	4,600
Some primary	0.3	0.9	63.8	26.6	8.6	100.0	1,183
Primary complete/some secondary	0.7	1.3	62.4	25.7	10.0	100.0	2,422
Secondary complete/higher	0.6	1.1	60.6	27.1	10.5	100.0	6,917
Mother not present in household/mother not identified/missing	0.0	0.3	53.9	35.1	10.7	100.0	702
Wealth quintile							
Lowest	0.7	1.1	65.3	25.6	7.3	100.0	3,406
Second	0.4	1.5	64.8	24.2	9.2	100.0	3,482
Middle	0.8	1.0	61.0	26.3	10.9	100.0	3,003
Fourth	0.5	1.1	57.4	30.1	10.9	100.0	3,049
Highest	0.5	1.1	60.0	28.9	9.5	100.0	2,884
Total	0.6	1.2	61.9	26.9	9.5	100.0	15,825

¹ Table is based on girls age 5-19 years who stayed in the household on the night before the interview. Adolescent girls who were married at the time of the survey are not included in the table. Each of the categories is expressed in standard deviation units from the median of the WHO Growth Reference for school-aged children and adolescents. Table is based on youth with valid measurement of height and weight. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

² Does not include North and South Sinai governorates

³ For women who are not interviewed, information is taken from the Household Questionnaire.

used for adults. The child's weight in kilograms is divided by his or her height in meters squared (kg/m^2). However, the approach to assessing nutritional status for children using BMI values differs from the approach used with adults. For adults, the same cutoffs are used to assess nutritional status regardless of age or gender. For children age 5-19 years, the assessment of nutritional status is age- and gender-specific, reflecting the greater age and gender differences in body mass among children.

Analogous to the approach used with children under age 5, the BMI measures derived for boys and girls using the EDHS height and weight data are compared to an international reference population, the WHO Growth Reference for School-Aged Children and Adolescents (de Onis et al. 2009). The following cutoffs are used in defining boys and girls with nutritional problems:

- Obese:** BMI >2 standard deviations above the WHO growth standard median
- Overweight:** BMI >1 standard deviation above the WHO growth standard median
- Underweight:** BMI <2 standard deviations below the WHO growth standard median

Table 12.10.2 Nutritional status of boys age 5-19

Percent distribution of never-married boys age 5-19 years by nutrition status categories based on body mass index (BMI) levels, by background characteristics, Egypt 2014

Background characteristic	Severely thin	Thin	Normal	Overweight	Obese	Total percent	Number of boys ¹
	Percentage below -3 SD	Percentage below -2 SD	Percentage between -2 SD and +1 SD	Percentage between +1 and +2 SD	Percentage above +2 SD		
Age							
5-9 years	1.1	2.6	60.7	20.5	15.1	100.0	6,556
10-14 years	0.6	1.8	59.3	28.4	9.9	100.0	5,820
15-19 years	0.3	0.5	69.0	25.2	4.9	100.0	4,789
Mother's nutritional status							
Thin (BMI <18.5)	(4.1)	(2.6)	(73.3)	(17.7)	(2.3)	100.0	30
Normal (BMI 18.5-24.9)	1.4	3.1	66.1	21.1	8.3	100.0	1,358
Overweight/obese (BMI ≥25)	0.7	1.7	60.5	25.3	11.8	100.0	11,936
Mother in household but missing information on BMI	1.1	2.3	63.7	23.2	9.7	100.0	1,793
Mother not present in household/mother not identified	0.0	0.5	70.9	23.4	5.2	100.0	2,048
Urban-rural residence							
Urban	0.6	1.7	60.6	25.7	11.3	100.0	6,085
Rural	0.7	1.8	63.6	23.8	10.1	100.0	11,081
Place of residence							
Urban Governorates	0.5	1.0	64.9	23.9	9.7	100.0	2,130
Lower Egypt	0.6	1.5	55.8	28.1	13.9	100.0	7,997
Urban	0.6	1.5	54.4	28.8	14.7	100.0	1,823
Rural	0.6	1.5	56.3	27.9	13.7	100.0	6,174
Upper Egypt	0.9	2.2	69.6	20.4	6.9	100.0	6,897
Urban	0.7	2.7	61.5	25.0	10.0	100.0	2,060
Rural	0.9	2.0	73.1	18.5	5.5	100.0	4,838
Frontier Governorates ²	0.9	2.3	62.4	27.2	7.2	100.0	141
Mother's education³							
No education	0.7	1.9	65.4	24.0	8.0	100.0	5,174
Some primary	0.5	1.8	64.5	24.2	9.1	100.0	1,232
Primary complete/some secondary	0.8	1.7	63.5	23.0	11.0	100.0	2,619
Secondary complete/higher	0.8	1.7	59.2	25.5	12.7	100.0	7,317
Mother not present or identified/missing	0.0	0.8	68.1	23.9	7.1	100.0	823
Wealth quintile							
Lowest	1.0	1.7	67.4	22.1	7.8	100.0	3,709
Second	0.5	1.9	64.4	23.5	9.7	100.0	3,669
Middle	0.7	2.0	60.3	25.6	11.4	100.0	3,440
Fourth	0.6	1.7	59.7	26.3	11.8	100.0	3,221
Highest	0.6	1.4	60.1	25.5	12.3	100.0	3,127
Total	0.7	1.7	62.5	24.5	10.5	100.0	17,165

¹ Table is based on boys who stayed in the household on the night before the interview. Adolescent boys who were married at the time of the survey are not included in the table. Each of the categories is expressed in standard deviation units from the median of the WHO Growth Reference for school-aged children and adolescents. Table is based on youth with valid measurement of height and weight. Figures in parentheses are based on 25-49 unweighted cases.

² Does not include North and South Sinai governorates

³ For women who are not interviewed, information is taken from the Household Questionnaire.

The results in Tables 12.10.1 and 12.10.2 show that around 6 in 10 children age 5-19 years, regardless of sex, fall within the normal BMI range for their age. Two percent or less of children are thin or severely thin. At the other extreme, one-quarter of girls age 5-19 years are overweight, and 10 percent are obese. The proportions of boys found to be overweight (25 percent) or obese (11 percent) are very similar to the levels found among girls. Among girls, the proportion who are overweight or obese rises with age. The opposite pattern is observed for boys. Children whose mothers have a normal BMI level and children living in rural Upper Egypt are the least likely to be overweight or obese.

12.4.3 Nutritional Status among Ever-married Women Age 15-49

Height and weight data were collected for virtually all ever-married women (99 percent) interviewed in the 2014 EDHS. Table 12.11 provides information on two indicators of women's nutritional status by key background characteristics. The same measures are shown by governorate in Appendix Table A-12.1. Pregnant women and women who gave birth in the two months preceding the survey are not included in the table.

Table 12.11 Nutritional status of women

Among ever-married women age 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Egypt 2014

Background characteristic	Height		Body Mass Index ¹								Number of women
	Percent-age below 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	≥25.0 (Total over-weight or obese)	25.0-29.9 (Over-weight)	≥30.0 (Obese)	
Age											
15-19	0.6	755	26.2	47.1	0.6	0.5	0.1	52.3	34.7	17.6	441
20-29	0.4	7,740	28.2	24.6	0.4	0.3	0.1	74.9	43.2	31.8	6,129
30-39	0.5	7,559	30.6	11.6	0.1	0.0	0.1	88.3	37.3	50.9	6,976
40-49	0.5	5,521	32.4	6.6	0.1	0.1	0.1	93.3	28.0	65.3	5,474
Urban-rural residence											
Urban	0.3	7,549	30.5	11.8	0.0	0.0	0.0	88.2	38.5	49.7	6,790
Rural	0.5	14,027	30.2	17.1	0.4	0.2	0.1	82.6	35.3	47.2	12,231
Place of residence											
Urban Governorates	0.3	2,741	30.1	12.9	0.1	0.0	0.1	87.0	39.7	47.3	2,496
Lower Egypt	0.4	10,594	31.0	12.9	0.2	0.1	0.1	86.9	32.9	54.0	9,438
Urban	0.3	2,306	31.1	9.2	0.0	0.0	0.0	90.8	35.8	55.0	2,083
Rural	0.4	8,288	31.0	14.0	0.2	0.1	0.1	85.8	32.1	53.7	7,355
Upper Egypt	0.7	8,050	29.3	19.0	0.4	0.3	0.1	80.6	40.0	40.6	6,923
Urban	0.4	2,395	30.2	12.7	0.1	0.1	0.0	87.2	39.5	47.7	2,116
Rural	0.8	5,655	28.9	21.7	0.6	0.4	0.2	77.7	40.2	37.5	4,806
Frontier Governorates ²	0.4	190	29.3	18.4	0.2	0.0	0.1	81.5	39.5	42.0	164
Education											
No education	0.6	5,187	30.7	14.6	0.3	0.1	0.2	85.0	33.1	52.0	4,792
Some primary	1.3	1,329	31.1	12.7	0.1	0.0	0.1	87.2	33.8	53.4	1,203
Primary complete/some secondary	0.4	3,759	30.1	17.3	0.3	0.3	0.1	82.3	36.3	46.0	3,209
Secondary complete/ higher	0.3	11,300	30.0	15.0	0.2	0.2	0.0	84.8	38.5	46.3	9,816
Work status											
Working for cash	0.3	2,943	30.6	10.8	0.3	0.2	0.1	88.9	37.6	51.3	2,752
Not working for cash	0.5	18,633	30.2	15.9	0.2	0.1	0.1	83.8	36.3	47.6	16,268
Wealth quintile											
Lowest	0.6	3,844	29.8	19.4	0.5	0.3	0.2	80.1	35.3	44.8	3,427
Second	0.7	4,243	30.2	16.9	0.3	0.2	0.1	82.9	35.4	47.5	3,728
Middle	0.4	4,801	30.3	16.4	0.4	0.3	0.1	83.2	34.8	48.4	4,207
Fourth	0.4	4,516	30.8	11.9	0.0	0.0	0.0	88.1	36.5	51.6	3,917
Highest	0.2	4,171	30.2	11.7	0.0	0.0	0.0	88.3	40.5	47.8	3,742
Total 2014	0.5	21,576	30.3	15.2	0.2	0.2	0.1	84.6	36.5	48.1	19,021
Total 2008	0.9	16,404	29.2	21.5	0.5	0.4	0.1	78.0	38.4	39.6	14,547
Total 2005	0.8	19,308	30.1	19.7	0.5	0.4	0.1	79.8	33.2	46.6	17,169
Total 2000	1.3	15,354	29.3	22.3	0.5	0.5	0.0	77.2	36.4	40.8	13,624

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).

¹ Excludes pregnant women and women with a birth in the preceding 2 months

² Does not include North and South Sinai governorates

The first indicator presented in Table 12.11 is based on the height data for women and identifies women whose small stature is associated with increased health risks. In particular, small stature is frequently associated with small pelvis size and, thus, increases the risk of difficult delivery. The cutoff point, i.e., the height below which a woman is considered to be at nutritional risk, is

defined as 145 centimeters. The second indicator is the body mass index. The BMI cutoff for assessing chronic energy deficiency among women is 18.5. At the other end of the BMI scale, women are considered overweight if their BMI ranges between 25.0 and 29.9 and obese if their BMI exceeds 30.0.

Table 12.11 shows that less than one percent of ever-married women age 15-49 were classified as at nutritional risk because of short stature. On the other hand, overweight and obesity are common; the majority of women had a BMI of 25.0 or higher and were considered overweight (37 percent) or obese (48 percent).

Differentials in the women's height and body mass index measures are also shown in Table 12.11. The proportions classified as overweight or obese increase directly with age, from a level 52 percent among women age 15-19 to 93 percent among women in the 40-49 age group. Urban women are slightly more likely to be overweight or obese than rural women, and the percentage classified as overweight or obese ranged from 78 percent in rural Upper Egypt to 91 percent in urban Lower Egypt.

Finally information on the nutritional status of ever-married women age 15-49 from the 2000 EDHS, the 2005 EDHS, and the 2008 EDHS is shown at the bottom of Table 12.11. There are minor fluctuations over time in the proportions of women found to be overweight or obese in the three surveys. Overall, however, the results show that three-quarters or more of women in Egypt have been overweight or obese throughout the period covered by the surveys (2000-2014).

12.5 ANEMIA STATUS OF YOUNG CHILDREN, YOUTH, AND WOMEN

Anemia is a condition characterized by a decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. The reduction in oxygen available to organs and tissues when hemoglobin levels are low is responsible for many of the symptoms experienced by anemic persons. The consequences of anemia include general body weakness, frequent tiredness, and lowered resistance to disease. It is of concern in children since anemia is associated with impaired mental and physical development. Overall, morbidity and mortality risks increase for individuals suffering from anemia.

The 2014 EDHS included direct measurement of hemoglobin levels in a subsample of one-third of all EDHS households. All never-married children age 6 months-19 years and ever-married women age 15-49 living in the households were eligible for the anemia testing. A capillary blood sample was collected for each eligible individual after consent was obtained. In the case of children age 0-14 years, consent was requested from a parent or other caretaker while for children age 15-19 years, both the consent of the parent or caretaker and assent from the child were required. The HemoCue system was used for testing the hemoglobin level in the sample.

12.5.1 Anemia Levels among Children Age 6-59 Months

Table 12.12 presents anemia levels for children 6-59 months by selected background characteristics. Overall, more than one in four young children in Egypt suffers from some degree of anemia. Ten percent were found to be moderately anemic, with the remainder classified as mildly anemic. Rural children are more likely to be anemic than urban children (29 percent and 23 percent, respectively). Children in the three Frontier Governorates and in rural Upper Egypt are more likely than children in other areas to be anemic (45 percent and 30 percent, respectively).

With regard to trends in anemia levels among young children, the proportion of children under age 5 with any anemia in the 2014 EDHS is similar to the level at the time of the 2000 EDHS (30 percent), but considerably lower than the level reported in the 2005 EDHS (49 percent).

Table 12.12 Prevalence of anemia in children age 6-59 months

Percentage of children age 6-59 months classified as having anemia, by background characteristics, Egypt 2014

Background characteristic	Anemia status by hemoglobin level				Number of children
	Any anemia (<11.0 g/dl)	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9.9 g/dl)	Severe anemia (<7.0 g/dl)	
Age in months					
6-8	41.6	24.6	17.0	0.0	256
9-11	49.2	28.2	21.0	0.0	291
12-17	41.4	19.5	21.8	0.1	497
18-23	34.5	23.1	11.3	0.0	572
24-35	24.7	17.3	7.4	0.0	1,009
36-47	18.5	13.3	5.2	0.0	995
48-59	16.1	13.6	2.5	0.0	898
Sex					
Male	27.2	16.7	10.4	0.0	2,377
Female	27.3	18.9	8.4	0.0	2,140
Mother's interview status					
Interviewed	27.4	17.8	9.6	0.0	4,460
Not interviewed but in household	(21.0)	(21.0)	(0.0)	(0.0)	29
Not interviewed and not in the household ¹	(10.7)	(8.3)	(2.4)	(0.0)	29
Urban-rural residence					
Urban	23.1	16.8	6.3	0.0	1,460
Rural	29.2	18.2	11.0	0.0	3,057
Place of residence					
Urban Governorates	21.4	17.5	3.9	0.0	450
Lower Egypt	27.5	16.4	11.2	0.0	2,201
Urban	25.1	15.6	9.5	0.0	461
Rural	28.1	16.6	11.6	0.0	1,740
Upper Egypt	27.9	19.2	8.6	0.0	1,818
Urban	22.0	16.9	5.2	0.0	524
Rural	30.2	20.2	10.0	0.0	1,294
Frontier Governorates ²	44.5	29.9	14.7	0.0	48
Mother's education³					
No education	27.8	17.9	9.9	0.0	769
Some primary	28.8	21.3	7.5	0.0	223
Primary complete/some secondary	29.9	19.5	10.4	0.0	818
Secondary complete/higher	26.3	17.0	9.3	0.0	2,679
Wealth quintile					
Lowest	34.0	21.2	12.8	0.0	805
Second	32.9	21.5	11.4	0.0	853
Middle	23.8	15.0	8.7	0.0	1,120
Fourth	25.3	16.5	8.7	0.0	984
Highest	21.3	15.6	5.7	0.0	755
Total	27.2	17.8	9.5	0.0	4,517

Note: Table is based on children who stayed in the household on the night before the interview and who were tested for anemia. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl). Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes children whose mothers are deceased

² Does not include North and South Sinai governorates

³ For women who are not interviewed, information is taken from the Household Questionnaire. Children whose mothers were not listed in the Household Questionnaire are not included.

12.5.2 Anemia Levels among Children Age 5-19 Years

Tables 12.13.1 and 12.13.2 present anemia levels for never-married girls and boys age 5-19 years by selected background characteristics. Girls age 5-19 years are somewhat more likely than boys in the age group to be anemic (21 percent and 18 percent, respectively). Regardless of sex, the majority of anemic children age 5-19 years are only mildly anemic. Age is related to the likelihood of a child being anemic. Among girls, the proportion anemic is highest in the 12-14 year age group (25 percent) and lowest among children in the 10-11 age group (14 percent). Among boys, the anemia level is highest in the 15-19 age group (22 percent) and, similar to the pattern for girls, lowest in the 10-11 age group (10 percent). Looking at the residential differences, the highest anemia rate among both girls and boys is found in the three Frontier Governorates included in the survey.

Table 12.13.1 Prevalence of anemia in girls age 5-19

Percentage of never-married girls age 5-19 years classified as having anemia, by background characteristics, Egypt 2014

Background characteristic	Anemia status by hemoglobin level ¹				Number of girls
	Any anemia	Mild anemia	Moderate anemia	Severe anemia	
Age					
5-9 years	21.4	19.2	2.2	0.0	2,037
10-11 years	13.9	13.1	0.8	0.0	753
12-14 years	24.5	24.1	0.4	0.0	1,053
15-19 years	21.0	20.1	0.8	0.1	1,341
Urban-rural residence					
Urban	18.7	17.5	1.1	0.0	1,901
Rural	22.1	20.7	1.3	0.1	3,282
Place of residence					
Urban Governorates	20.0	18.2	1.8	0.0	627
Lower Egypt	17.8	16.9	0.8	0.1	2,369
Urban	13.2	12.4	0.9	0.0	590
Rural	19.3	18.3	0.8	0.1	1,779
Upper Egypt	24.4	22.8	1.5	0.0	2,135
Urban	21.7	21.1	0.7	0.0	657
Rural	25.5	23.6	1.9	0.0	1,479
Frontier Governorates ²	28.2	26.2	2.0	0.0	52
Mother's education³					
No education	22.8	21.4	1.3	0.1	1,423
Some primary	20.5	19.0	1.4	0.0	377
Primary complete/some secondary	21.4	20.1	1.3	0.0	820
Secondary complete/higher	19.0	18.0	1.0	0.0	2,312
Mother not present or identified/missing	25.7	23.3	2.4	0.0	251
Wealth quintile					
Lowest	26.5	24.6	1.9	0.0	1,073
Second	23.1	21.4	1.5	0.2	1,137
Middle	19.8	18.8	1.0	0.0	1,000
Fourth	16.8	16.0	0.9	0.0	992
Highest	17.3	16.4	0.9	0.0	982
Total	20.9	19.6	1.3	0.0	5,183

Note: Table includes girls who stayed in the household on the night before the interview and who were tested for anemia. Adolescent girls who were married at the time of the survey are not included in the table. Prevalence of anemia based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl).

¹ The cutoffs used in determining anemia status varied with age as follows: (1) girls age 5-11 years: any anemia <11.5 g/dl; mild anemia 10.0-11.4 g/dl; moderate anemia 7.0-9.9; severe anemia <7.0, and (2) girls age 12-19 years: any anemia <12.0 g/dl; mild anemia 10.0-11.9 g/dl; moderate anemia 7.0-9.9 g/dl; severe anemia <7.0 g/dl

² Does not include North and South Sinai governorates

³ For women who are not interviewed, information is taken from the Household Questionnaire.

Table 12.13.2 Prevalence of anemia in boys age 5-19

Percentage of never-married boys age 5-19 years classified as having anemia, by background characteristics, Egypt 2014

Background characteristic	Anemia status by hemoglobin level ¹			Number of boys
	Any anemia	Mild anemia	Moderate anemia	
Age				
5-9 years	17.0	16.2	0.9	2,208
10-11 years	10.2	9.4	0.8	819
12-14 years	17.6	17.1	0.6	1,166
15-19 years	21.7	15.2	6.6	1,675
Urban-rural residence				
Urban	16.9	14.7	2.2	2,087
Rural	17.9	15.3	2.6	3,782
Place of residence				
Urban Governorates	19.7	17.1	2.6	700
Lower Egypt	15.3	13.5	1.9	2,661
Urban	14.7	12.9	1.8	612
Rural	15.5	13.6	1.9	2,049
Upper Egypt	19.2	16.2	3.0	2,459
Urban	15.5	13.5	2.0	748
Rural	20.8	17.4	3.4	1,711
Frontier Governorates ²	26.0	22.1	3.9	49
Mother's education³				
No education	20.8	16.6	4.2	1,794
Some primary	17.6	15.1	2.6	430
Primary complete/some secondary	19.4	17.6	1.8	880
Secondary complete/higher	15.2	13.9	1.4	2,490
Mother not present or identified/missing	11.0	8.7	2.3	275
Wealth quintile				
Lowest	23.9	19.4	4.5	1,278
Second	16.4	14.5	1.9	1,240
Middle	15.1	13.4	1.8	1,178
Fourth	17.5	15.9	1.6	1,141
Highest	13.8	11.7	2.1	1,032
Total	17.5	15.1	2.4	5,869

Note: Table is based on boys who stayed in the household on the night before the interview and who were tested for anemia. Adolescent boys who were married at the time of the survey are not included in the table. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl).

¹ The cutoffs used in determining anemia status varied with age as follows: (1) boys age 5-11 years: any anemia <11.5 g/dl; mild anemia 10.0-11.4 g/dl; moderate anemia 7.0-9.9 g/dl; severe anemia <7.0 g/dl, (2) 12-14 years: any anemia <12.0 g/dl; mild anemia 10.0-11.9 g/dl; moderate anemia 7.0-9.9 g/dl; severe anemia <7.0 g/dl, and (3) 15-19 years: any anemia <13.0 g/dl; mild anemia 12.0-12.9 g/dl; moderate anemia 9.0-11.9 g/dl; severe anemia <9.0 g/dl.

² Does not include North and South Sinai governorates

³ For women who are not interviewed, information is taken from the Household Questionnaire.

12.5.3 Anemia Levels among Ever-married Women Age 15-49

Table 12.14 shows information from the 2014 EDHS on anemia levels among ever-married women age 15-49 by selected background characteristics. Governorate-level differences in anemia levels among women are presented in Appendix Table A-12.2.

Overall, 25 percent of women were classified as anemic. As was the case with children, the vast majority of women were found to be mildly anemic. Only 2 percent of women were classified as moderately anemic. The results in Table 12.14 show only minor differences across subgroups in the prevalence of anemia among women, with the largest differences observed by place of residence. The anemia rate is highest among women living in rural Upper Egypt (31 percent) and lowest among women from the three Frontier Governorates surveyed in the 2014 EDHS (20 percent).

Table 12.14 Prevalence of anemia in ever-married women

Percentage of de facto ever-married women age 15-49 with anemia, by background characteristics, Egypt 2014

Background characteristic	Anemia status by hemoglobin level				Number of women
	Any (NP <12.0 g/dl; P <11.0 g/dl)	Mild (NP 10.0-11.9 g/dl; P 10.0-10.9 g/dl)	Moderate (NP 7.0-9.9 g/dl; P 7.0-9.9 g/dl)	Severe (NP<7.0 g/dl; P <7.0 g/dl)	
Age					
15-19	24.8	22.9	1.9	0.0	256
20-29	24.6	23.0	1.6	0.0	2,578
30-39	26.6	24.6	2.1	0.0	2,497
40-49	24.2	21.3	2.8	0.1	1,831
Number of children ever born					
0	23.3	20.9	2.4	0.0	599
1	24.7	22.9	1.9	0.0	1,057
2-3	24.5	23.0	1.6	0.0	3,507
4-5	26.5	23.7	2.8	0.0	1,597
6+	30.3	26.1	4.1	0.1	401
Maternity status					
Pregnant	20.6	16.3	4.3	0.0	727
Breastfeeding	28.2	27.4	0.9	0.0	1,448
Neither	25.0	22.9	2.1	0.0	4,986
Using IUD					
Yes	27.3	25.3	1.9	0.1	1,962
No	24.4	22.3	2.2	0.0	5,199
Urban-rural residence					
Urban	24.7	23.3	1.4	0.0	2,501
Rural	25.5	23.0	2.5	0.0	4,660
Place of residence					
Urban Governorates	21.2	20.5	0.6	0.0	870
Lower Egypt	22.1	19.4	2.7	0.0	3,508
Urban	23.9	22.1	1.8	0.0	765
Rural	21.6	18.6	2.9	0.0	2,743
Upper Egypt	30.7	28.9	1.8	0.1	2,715
Urban	28.9	27.4	1.6	0.0	829
Rural	31.4	29.5	1.8	0.1	1,886
Frontier Governorates ¹	20.2	17.2	3.0	0.0	68
Education					
No education	24.6	22.3	2.3	0.0	1,700
Some primary	21.2	18.8	2.4	0.0	452
Primary complete/some secondary	26.7	23.7	3.0	0.0	1,261
Secondary complete/higher	25.5	23.8	1.6	0.0	3,748
Work status					
Working for cash	24.0	22.4	1.7	0.0	957
Not working for cash/not working	25.4	23.2	2.2	0.0	6,204
Wealth quintile					
Lowest	29.6	26.0	3.6	0.0	1,258
Second	26.3	24.0	2.3	0.0	1,414
Middle	23.4	20.9	2.4	0.1	1,628
Fourth	21.8	20.5	1.2	0.0	1,515
Highest	26.0	25.0	1.0	0.0	1,347
Total 2014	25.2	23.1	2.1	0.0	7,161
Total 2005	39.4	32.7	6.5	0.3	6,289
Total 2000	27.7	22.7	4.6	0.3	7,575

Note: Prevalence is adjusted for altitude and for smoking status if known. Hemoglobin is measured in grams per deciliter (g/dl).

¹ Does not include North and South Sinai governorates

Key Findings:

- Ninety-two percent of the ever-married women age 15-49 interviewed in the EDHS had been circumcised.
- More than half of the women who were circumcised were between seven and ten years of age when they were circumcised, and virtually all of the women were circumcised before age 15.
- Information collected on the circumcision status of EDHS daughters suggest that the practice is declining. However, more than one-fifth of daughters age 0-19 years have already been circumcised.
- Taking into account both the daughters current circumcision status and mothers' intentions with regard to daughters who are not yet circumcised, it is estimated that more than half of daughters age 0-19 will be circumcised in the future.
- Medical personnel were much more likely to have performed the circumcisions among daughters (82 percent) than among the women themselves (38 percent).
- Slightly more than half of women believed that female circumcision is required by religion, around 6 in 10 women believed the practice should continue, and about half of women thought that men also preferred the practice continue.

Female circumcision (also referred to as female genital cutting) has been a tradition in Egypt since the Pharonic period, and adherence to the custom remains widespread although the government has banned the practice. The 2014 EDHS obtained information from all survey respondents on their circumcision status. The survey also asked women about the circumcision status of their daughters age 19 and younger. In the case of circumcised women and daughters, additional questions were included on the age at which the circumcision took place and the person who performed the circumcision. The survey also investigated women's attitudes toward the practice.

13.1 PREVALENCE OF FEMALE CIRCUMCISION AMONG EVER-MARRIED WOMEN

Table 13.1 provides information on the prevalence of female circumcision among the ever-married women age 15-49 interviewed in the 2014 EDHS by selected background characteristics. Appendix Table A-13.1 provides additional information on the governorate-level variation in the prevalence of female circumcision among ever-married women.

Table 13.1 confirms that the practice of female circumcision is widespread in Egypt; 92 percent of ever-married women age 15-49 have been circumcised. Urban women are less likely to be circumcised than rural women (86 percent and 95 percent, respectively). The practice is much less common in the three Frontier Governorates surveyed in the EDHS (70 percent) than in other areas in Egypt.

Table 13.1 also shows that the likelihood that a woman is circumcised declines with the woman's education level and is lower among women in the highest wealth quintile than in other quintiles (81 percent versus 92 percent or higher).

13.2 WOMEN'S CIRCUMCISION EXPERIENCE

Women who were circumcised were asked how old they were when they were circumcised and about the type of person who performed the circumcision. Table 13.2 presents the distribution of ever-married women age 15-49 who have been circumcised according to the age at circumcision. More than half of the women were between seven and ten years of age at the time they were circumcised, and virtually all of the women were circumcised before age 15. The median age at circumcision was 10.5 years. This reflects the fact that, in Egypt, traditionally girls are circumcised slightly before or at puberty (El-Gibaly et al. 2002).

Regarding the person performing the circumcision, Table 13.3 shows that slightly more than half (52 percent) of the women said that a *daya* (traditional birth attendant) had been responsible for the procedure. Most of the remaining women said that they were circumcised by medical personnel (primarily doctors). Trained medical personnel were somewhat more likely to have performed the circumcision among urban women than rural women (44 percent and 35 percent respectively).

Table 13.1 Prevalence of female circumcision among ever-married women age 15-49

Percentage of ever-married women 15-49 who have been circumcised, according to selected background characteristics, Egypt 2014

Background characteristic	Percentage who have been circumcised	Number of ever-married women age 15-49
Age		
15-19	87.6	764
20-24	87.5	3,055
25-29	90.0	4,753
30-34	93.3	4,127
35-39	94.8	3,495
40-44	95.1	2,864
45-49	95.0	2,705
Urban-rural residence		
Urban	86.3	7,623
Rural	95.4	14,139
Place of residence		
Urban Governorates	81.7	2,774
Lower Egypt	92.9	10,664
Urban	86.4	2,319
Rural	94.7	8,346
Upper Egypt	95.5	8,130
Urban	92.1	2,421
Rural	97.0	5,708
Frontier Governorates ¹	69.5	194
Education		
No education	97.2	5,232
Some primary	97.3	1,334
Primary complete/some secondary	94.0	3,796
Secondary complete/higher	88.8	11,400
Work status		
Working for cash	90.3	2,964
Not working	92.6	18,798
Wealth quintile		
Lowest	97.0	3,887
Second	97.0	4,277
Middle	94.4	4,839
Fourth	91.5	4,542
Highest	81.4	4,217
Total	92.3	21,762

¹ Does not include North and South Sinai governorates

Table 13.2 Age at circumcision among ever-married women age 15-49 by residence

Percent distribution of ever-married women age 15-49 who are circumcised by age at circumcision and median age at circumcision, according to urban-rural residence and place of residence, Egypt 2014

Age at circumcision	Urban Governorates			Lower Egypt			Upper Egypt			Frontier Governorates ¹		Total
	Urban	Rural		Urban	Rural		Urban	Rural		Frontier Governorates ¹		
< 3	0.6	0.6	0.2	0.1	0.1	0.1	1.4	1.4	1.4	1.6	0.6	0.6
3-4	1.0	0.9	1.4	0.3	0.3	0.3	1.7	1.2	1.9	1.4	1.0	1.0
5-6	7.3	7.4	8.9	4.1	3.3	4.3	11.0	8.8	12.0	11.4	7.4	7.4
7-8	13.5	13.3	15.0	11.4	10.5	11.7	15.4	14.6	15.7	13.4	13.4	13.4
9-10	40.7	41.0	37.9	45.7	44.7	46.0	35.8	40.3	33.9	39.5	40.9	40.9
11-12	25.2	24.3	24.5	27.3	29.3	26.9	21.3	22.8	20.7	19.1	24.6	24.6
13-14	4.8	5.5	4.4	5.4	6.0	5.3	5.4	4.1	5.9	2.9	5.3	5.3
15-17	2.0	2.9	1.7	2.6	3.0	2.5	2.9	1.5	3.4	0.8	2.6	2.6
18-19	0.1	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.2	0.2	0.1	0.1
20 or older	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Don't know/missing	4.7	3.9	5.8	3.0	2.7	3.1	5.1	5.3	5.0	9.7	4.2	4.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	6,582	13,493	2,267	9,909	2,003	7,906	7,765	2,229	5,536	135	20,076	
Median age	10.4	10.5	10.3	10.6	10.7	10.6	10.3	10.3	10.3	10.3	10.5	10.5

¹ Does not include North and South Sinai governorates

Table 13.3 Person performing circumcision among ever-married women by residence

Percent distribution of ever-married women age 15-49 years who are circumcised by person performing the circumcision, according to urban-rural residence and place of residence, Egypt 2014

Person performing circumcision	Urban Governorates			Lower Egypt			Upper Egypt			Frontier Governorates ¹		Total
	Urban	Rural		Total	Urban	Rural	Total	Urban	Rural	Frontier Governorates ¹		
Doctor	35.0	29.3	38.2	31.9	33.9	31.4	28.3	32.4	26.6	29.8	31.2	31.2
Nurse/other health worker	8.7	5.8	8.5	7.2	9.6	6.5	5.7	8.0	4.8	6.4	6.7	6.7
Daya	49.6	52.9	48.2	44.7	45.3	44.6	61.8	55.2	64.5	60.4	51.8	51.8
Barber	3.2	6.8	1.9	8.7	5.7	9.5	2.8	2.4	2.9	0.8	5.6	5.6
Ghagaria	1.6	3.8	1.4	5.8	3.7	6.4	0.1	0.1	0.1	0.2	3.1	3.1
Other	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1
Don't know/missing	1.8	1.4	1.7	1.6	1.7	1.6	1.3	1.8	1.0	2.4	1.5	1.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	6,582	13,493	2,267	9,909	2,003	7,906	7,765	2,229	5,536	135	20,076	

¹ Does not include North and South Sinai governorates

13.3 PREVALENCE OF CIRCUMCISION AMONG DAUGHTERS

In addition to asking about a woman's own circumcision status, the 2014 EDHS asked ever-married women age 15-49 for a complete circumcision history for daughters under age 20 at the time of the survey, i.e., women with surviving daughters were asked about the circumcision status of each of their daughters age 0-19 years. Women who reported that their daughter(s) was (were) not circumcised were asked about intentions to have their daughter(s) circumcised in the future.

The inclusion of a complete circumcision history provides the basis for an estimate of the current prevalence of circumcision among females 0-19 years. Overall, EDHS respondents reported on the circumcision status of 23,090 daughters age 0-19 years; this represents 94 percent of the de facto population of 24,525 girls age 0-19 age range living in EDHS households (data not shown).¹

¹ The estimate excludes a small number of females age 0-19 years for whom information could not be collected because their mothers were age 50 and older or had died.

Using the circumcision history data, Table 13.4 first presents information on the prevalence of circumcision among daughters under age 20 by the daughter's current age. The results in Table 13.4 indicate that around 1 in 5 girls age 0-19 years have been circumcised. A sharp increase in the circumcision rate as girls approach and go through puberty is evident in the data. Only 14 percent of daughters age 9-10 years had been circumcised. However, the proportion circumcised increased rapidly among older girls, from 32 percent among girls age 11-12 years to a peak of 68 percent among girls age 18-19 years.

Many daughters age 0-19 have not yet reached the age when girls are most commonly circumcised in Egypt. Therefore, Table 13.4 also includes an estimate of the total proportion of daughters age 0-19 years who it is expected will be circumcised. The estimate was obtained by summing the percentage of daughters already circumcised and the percentage of daughters who were not yet circumcised but whose mothers expressed an intention to circumcise their daughter(s). The estimate suggests that 56 percent of daughters age 0-19 years may be expected to be circumcised, more than double the proportion that are currently circumcised. Looking at the differences in the percentage expected to be circumcised by the daughter's age, it appears that there will be a steady decline in the proportion of young women who will be circumcised in Egypt, from 70 percent among girls currently age 18-19 to around 50 percent among girls currently under age five.

Table 13.5 presents the daughters' circumcision indicators by selected demographic and socio-economic background characteristics and the daughter's age. Governorate-level data on the prevalence of circumcision among daughters is shown in Appendix Table A-13.1.

Overall, the results show that residence is strongly associated with the likelihood a girl will be circumcised. Thirty-nine percent of daughters age 0-19 years in urban areas have or will be circumcised according to the mother's report compared with 65 percent in rural areas. Looking at the variations by place of residence, the expected prevalence of circumcision is lowest in the Urban Governorates (31 percent) and highest in rural Upper Egypt (75 percent).

Table 13.4 Current and expected prevalence of female circumcision among daughters

Percentage of daughters age 0-19 years who are reported by their mother to be currently circumcised, percentage who are not yet circumcised but whose mothers intend that the girl will be circumcised in the future, and percentage expected to be circumcised taking into account the current circumcision status and mother's intention, by daughter's age, Egypt 2014

Daughter's current age	Percentage circumcised	Percentage whose mothers intend the daughter to be circumcised in the future	Percentage expected to be circumcised	Number of daughters
0-2 years	0.4	50.7	51.1	4,548
3-4 years	1.2	48.5	49.7	2,707
5-6 years	2.8	46.3	49.1	2,873
7-8 years	6.9	46.6	53.5	2,363
9-10 years	14.1	43.1	57.2	2,275
11-12 years	32.0	26.5	58.5	2,188
13-14 years	50.3	13.1	63.4	2,031
15-17 years	61.1	5.7	66.8	2,628
18-19 years	67.9	1.8	69.6	1,478
Total	21.4	34.9	56.3	23,090

Table 13.5 Current and expected prevalence of female circumcision among daughters by background characteristics

Percentage of daughters 0-19 years who are currently circumcised and percentage expected to be circumcised taking into account the daughter's current circumcision status and mother's intention by the daughter's current age, according to selected background characteristics, Egypt 2014

Background characteristic	< 9 years						9-12 years						13-17 years						18-19 years						Total		
	Percent-age expected to be circumcised		Percent-age circumcised ¹		Percent-age expected to be circumcised ¹		Percent-age circumcised		Percent-age expected to be circumcised ¹		Percent-age circumcised		Percent-age expected to be circumcised ¹		Percent-age circumcised		Percent-age expected to be circumcised ¹		Percent-age circumcised		Percent-age expected to be circumcised ¹		Percent-age circumcised				
	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹	Number of daughters	Number of circumcised ¹			
Mother's age																											
15-19	0.5	61.2	175	na	na	*	5	na	na	na	na	na	na	na	na	na	na	na	0.5	61.2	175	na	na	na	na		
20-24	0.8	56.3	1,831	17.5	66.0	387	(38.1)	na	na	na	na	na	na	na	na	na	na	na	0.9	56.4	1,836	*	*	*	*		
25-29	1.5	48.5	4,094	17.5	58.2	1,455	57.8	70.6	557	74.4	76.2	313	27	13.5	53.9	53.9	27	13.1	50.2	4,511	5,475	*	*	*	*		
30-34	2.5	49.1	3,437	21.0	58.1	1,408	57.6	67.6	1,625	67.8	69.2	591	29.2	15.5	58.6	58.6	29.2	15.5	15.5	53.9	5,312	40.8	40.8	3,615	3,615		
35-39	3.6	50.8	1,966	22.1	55.1	783	55.2	63.1	1,476	63.2	65.4	546	47.2	23.5	61.5	61.5	47.2	23.5	23.5	59.1	5,111	2,165	2,165	2,165	2,165		
40-44	6.2	52.5	764	27.3	58.1	783	55.9	61.5	972	63.2	65.4	546	47.2	23.5	61.5	61.5	47.2	23.5	23.5	59.1	5,111	2,165	2,165	2,165	2,165		
45-49	6.2	58.7	223	28.5	57.7	425	55.9	61.5	972	63.2	65.4	546	47.2	23.5	61.5	61.5	47.2	23.5	23.5	59.1	5,111	2,165	2,165	2,165	2,165		
Urban-rural residence																											
Urban	1.8	34.8	4,058	15.9	39.8	1,492	37.7	45.9	1,635	48.0	50.6	520	15.3	39.2	64.8	64.8	15.3	39.2	39.2	7,705	7,705	15.3	15.3	15.3	15.3		
Rural	2.6	58.4	8,433	26.4	66.9	2,970	66.5	75.8	3,023	78.6	79.9	958	24.5	39.2	64.8	64.8	24.5	39.2	39.2	15,385	15,385	24.5	24.5	24.5	24.5		
Place of residence																											
Urban Gov.	0.6	29.4	1,395	10.2	27.7	523	27.9	34.7	550	40.1	42.8	171	10.8	31.0	2,639	2,639	10.8	31.0	31.0	10,659	10,659	10.8	10.8	10.8	10.8		
Lower Egypt	0.3	45.3	5,785	14.7	53.9	2,046	50.1	61.1	2,127	64.8	67.2	701	17.2	51.6	2,326	2,326	17.2	51.6	51.6	34.2	34.2	8,333	8,333	17.2	17.2	17.2	17.2
Urban	0.3	28.4	1,198	8.3	40.2	472	27.7	38.1	491	44.0	47.7	477	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	
Rural	0.3	49.7	4,587	16.7	58.1	1,574	56.8	68.1	1,636	71.2	73.2	536	19.0	56.4	9,566	9,566	19.0	56.4	56.4	8,333	8,333	19.0	19.0	19.0	19.0		
Upper Egypt	5.1	63.0	5,181	35.4	71.2	1,857	71.7	79.0	1,935	80.0	80.7	593	29.1	68.9	2,623	2,623	29.1	68.9	68.9	5,111	5,111	29.1	29.1	29.1	29.1		
Urban	4.3	45.8	1,396	29.1	52.7	480	55.2	62.9	570	59.7	61.1	177	17.7	23.6	31.2	31.2	17.7	23.6	23.6	2,623	2,623	17.7	17.7	17.7	17.7		
Rural	5.5	69.4	3,784	37.6	77.6	1,377	78.6	85.7	1,366	88.6	89.1	465	14.6	31.2	6,943	6,943	14.6	31.2	31.2	3,615	3,615	14.6	14.6	14.6	14.6		
Frontier Gov. ²	3.8	34.9	1,131	21.2	33.8	463	46.3	50.2	50.2	46	45.9	465	14.6	22.6	3,223	3,223	14.6	22.6	22.6	19,857	19,857	14.6	14.6	14.6	14.6		
Mother's education																											
No education	3.5	70.2	2,514	30.5	73.6	1,344	68.5	79.0	1,659	79.0	81.0	81.0	81.0	81.0	81.0	81.0	81.0	81.0	81.0	6,160	6,160	81.0	81.0	81.0	81.0		
Some primary	3.4	61.3	665	26.6	72.7	360	67.7	75.3	411	80.1	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	1,568	1,568	81.9	81.9	81.9	81.9		
Primary complete/ some secondary	3.1	61.0	2,192	28.4	62.7	776	56.5	65.4	707	70.0	71.3	71.3	71.3	71.3	71.3	71.3	71.3	71.3	71.3	62.8	62.8	62.8	62.8	62.8	62.8		
Secondary complete/higher	1.6	39.8	7,119	14.9	42.6	1,982	43.2	51.0	1,882	47.5	49.2	458	12.6	42.5	11,442	11,442	12.6	42.5	42.5	11,442	11,442	12.6	12.6	12.6	12.6		
Mother's work status																											
Working for cash	2.0	38.8	1,497	18.5	48.2	689	47.9	54.6	795	60.4	62.9	252	21.3	46.6	3,233	3,233	21.3	46.6	46.6	57.9	57.9	21.3	21.3	21.3	21.3		
Not working	2.4	52.4	10,994	23.7	59.6	3,773	58.1	67.5	3,863	69.4	71.0	1,226	21.4	57.9	19,857	19,857	21.4	57.9	57.9	19,857	19,857	21.4	21.4	21.4	21.4		
Wealth quintile																											
Lowest	4.9	70.1	2,261	34.3	76.5	1,001	73.6	82.9	1,154	84.7	86.7	415	34.2	75.9	4,832	4,832	34.2	75.9	75.9	4,832	4,832	34.2	34.2	34.2	34.2		
Second	3.6	64.7	2,536	27.5	70.6	1,009	66.5	77.1	1,077	79.1	79.9	304	26.9	69.6	4,926	4,926	26.9	69.6	69.6	4,926	4,926	26.9	26.9	26.9	26.9		
Middle	1.5	51.2	2,993	21.8	60.3	886	61.3	69.8	796	71.5	72.6	235	18.2	56.9	4,911	4,911	18.2	56.9	56.9	4,911	4,911	18.2	18.2	18.2	18.2		
Fourth	1.2	42.5	2,571	16.4	44.9	806	46.0	55.4	830	55.2	57.0	270	15.5	46.2	4,476	4,476	15.5	46.2	46.2	4,476	4,476	15.5	15.5	15.5	15.5		
Highest	0.8	23.1	2,131	9.7	27.3	760	23.9	29.9	801	36.9	39.9	254	9.5	26.4	3,946	3,946	9.5	26.4	26.4	3,946	3,946	9.5	9.5	9.5	9.5		
Total	2.4	50.8	12,491	22.9	57.9	4,462	56.4	65.3	4,658	67.9	69.6	1,478	21.4	56.3	23,090	23,090	21.4	56.3	56.3	23,090	23,090	21.4	21.4	21.4	21.4		

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

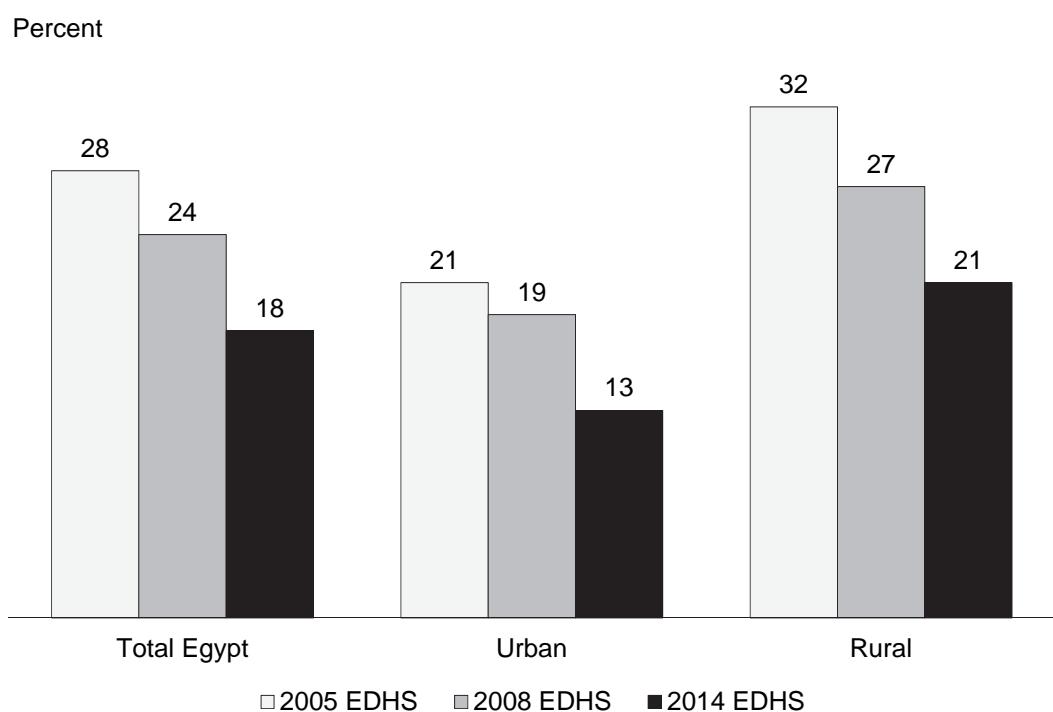
¹ Includes daughters who have already been circumcised and daughters whose mother intend the daughter to be circumcised in the future

² Does not include North and South Sinai governorates

The proportion of girls who are currently circumcised or are expected to be circumcised in the future decreases with the mother's educational attainment and with wealth status and is lower among mothers who work and are paid in cash than among other mothers. Notably, 26 percent of daughters in the highest wealth quintile are expected to be circumcised by the time they reach age 20 compared with 76 percent of girls in the lowest wealth quintile.

Finally, information on daughters' current circumcision status is available for daughters age 0-17 years from the 2005 EDHS, 2008 EDHS, and the 2014 EDHS. Using the results from the three surveys, Figure 13.1 shows that the proportion of girls age 0-17 years who are circumcised has declined steadily, from 28 percent in the 2005 to 18 percent in 2014. The downward trend in the prevalence of circumcision among daughters age 0-17 years is observed for both urban and rural areas.

Figure 13.1 Trends in percentage circumcised among daughters age 0-17 years, Egypt 2005-2014



13.4 CIRCUMCISION EXPERIENCE AMONG DAUGHTERS

As part of the circumcision history, EDHS respondents were asked about the age at circumcision and the person who performed the procedure for each of the daughters reported as circumcised. Table 13.6 presents the distribution of the circumcised daughters age 0-19 years by the age at circumcision. One-quarter of daughters were between five and eight years of age at the time of circumcision, and one-third were 9 or 10 years old when they were circumcised. Virtually all of the daughters were circumcised before age 15. The median age at the time of the circumcision for daughters was 10.4 years, with daughters tending to be circumcised at a somewhat younger age in Upper Egypt and the three Frontier Governorates surveyed in the EDHS and a somewhat older age in Lower Egypt than this average.

Table 13.6 Age at circumcision among daughters age 0-19 by residence

Percent distribution of daughters age 0-19 reported by their mother to have been circumcised by age at circumcision and median age at circumcision, according to background characteristics, Egypt 2014

Age at circumcision	Urban Governorates			Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural			
0-2	3.2	3.6	0.5	0.1	0.1	5.9	5.5	6.0	14.1	3.5	
3-4	3.0	3.5	0.6	0.5	0.7	5.6	4.8	5.8	5.2	3.4	
5-6	11.7	9.6	12.2	2.7	2.4	14.6	14.7	14.6	16.1	10.1	
7-8	13.6	14.3	10.7	7.6	3.9	18.7	18.4	18.8	15.9	14.1	
9-10	34.1	32.4	42.1	38.4	33.3	39.2	28.2	31.0	27.4	30.3	32.8
11-12	28.4	28.7	28.9	40.1	46.2	39.2	21.2	21.8	21.1	14.2	28.6
13-14	4.2	5.8	3.0	8.0	8.7	7.8	4.1	3.1	4.3	3.3	5.4
15-17	1.2	1.3	1.4	1.6	3.3	1.3	1.1	0.3	1.3	0.0	1.3
18-19	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Don't know/missing	0.7	0.8	0.5	0.9	1.5	0.8	0.6	0.4	0.7	0.9	0.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,178	3,768	284	1,836	251	1,585	2,786	619	2,167	40	4,946
Median age	10.3	10.4	10.4	11.0	11.4	11.0	9.5	9.6	9.4	8.8	10.4

¹ Does not include North and South Sinai governorates

Regarding the person performing the daughter's circumcision, Table 13.7 shows that trained medical personnel performed 82 percent of the circumcisions. Dayas performed the majority of the remaining circumcisions. Dayas performed more circumcisions in the three Frontier Governorates covered in the EDHS and in rural Upper Egypt than in other areas; however, even in these areas, the majority of circumcisions were performed by medical personnel.

Table 13.7 Person performing circumcision among daughters by residence

Percent distribution of daughters age 0-19 years reported by their mother to have been circumcised by persons performing the circumcision, according to urban-rural residence and place of residence, Egypt 2014

Person performing circumcision	Urban Governorates			Lower Egypt			Upper Egypt			Frontier Governorates ¹	Total
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural			
Doctor	78.3	72.7	85.4	80.5	81.5	80.4	68.7	73.7	67.2	66.9	74.0
Nurse/other health worker	9.1	7.5	6.8	7.2	10.5	6.7	8.5	9.8	8.1	8.1	7.9
Daya	11.5	17.6	6.3	8.9	6.4	9.3	21.8	15.8	23.5	25.0	16.1
Barber	0.9	1.6	1.1	2.5	1.1	2.7	0.8	0.7	0.8	0.0	1.4
Ghagaria	0.1	0.2	0.4	0.4	0.0	0.5	0.0	0.0	0.0	0.0	0.2
Don't know/missing	0.2	0.4	0.0	0.4	0.5	0.4	0.3	0.1	0.4	0.0	0.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,178	3,768	284	1,836	251	1,585	2,786	619	2,167	40	4,946

¹ Does not include North and South Sinai governorates

13.5 SUPPORT FOR THE CONTINUATION OF FEMALE CIRCUMCISION

The 2014 EDHS obtained information on the extent to which Egyptian women believe religion is supportive of the practice of circumcision and their own attitude about whether the practice of female circumcision should continue or not. In addition, women were asked if they thought men supported continuation of the practice. Table 13.8 presents the results of these questions by selected background characteristics. Appendix Table A-13.2 provides additional detail on governorate-level variation in support for female circumcision.

Table 13.8 shows that just over half of ever-married women age 15-49 (52 percent) believe that female circumcision is a religious requirement. Around 6 in 10 women feel that the practice of circumcision should continue, 31 percent think it should be stopped, and 11 percent are not sure. About half of women think that men support the continuation of the practice of circumcision.

Table 13.8 Attitude about continuation of female circumcision

Percentage of ever-married women 15-49 who believe circumcision is required by religious precepts and percent distribution of ever-married women age 15-49 by own attitude and perception about men's attitude toward the continuation of the practice of female circumcision, according to selected background characteristics, Egypt 2014

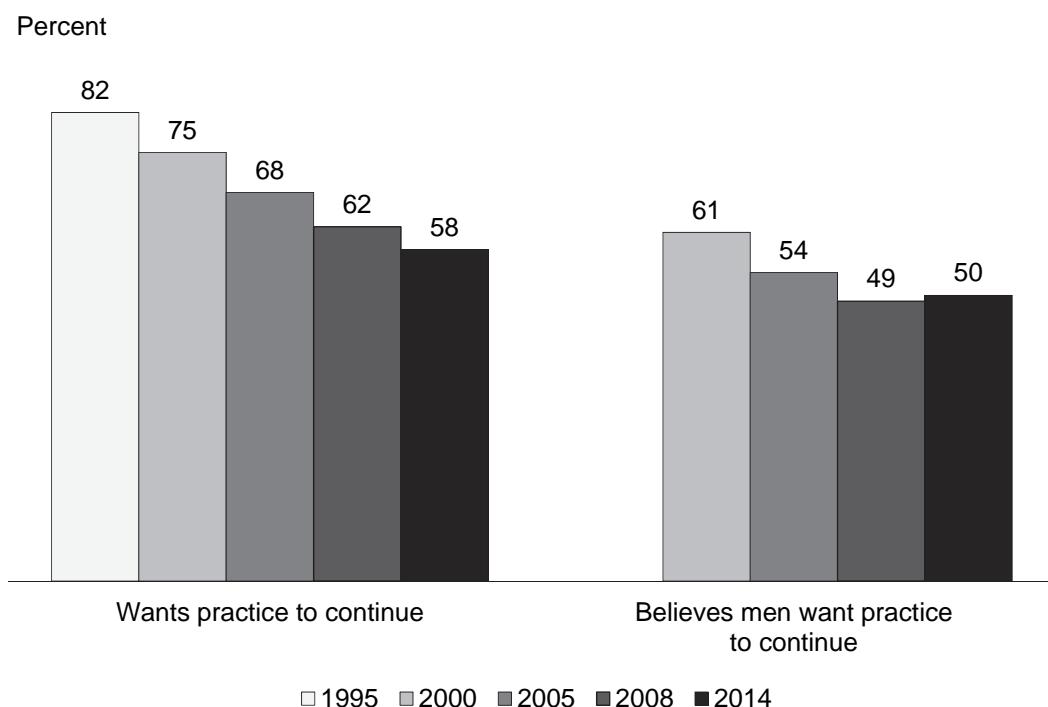
Background characteristic	Percentage saying circumcision is required by religious precepts	Woman's attitude about practice			Woman's perception about men's attitudes			Number of ever-married women age 15-49		
		Continue	Be stopped	Not sure	Total percent	Continue	Be stopped	Not sure		
Age										
15-19	53.0	59.1	26.7	14.2	100.0	52.1	18.3	29.6	100.0	764
20-24	48.2	55.6	31.8	12.5	100.0	50.5	22.2	27.3	100.0	3,055
25-29	49.1	53.8	34.5	11.7	100.0	47.7	26.9	25.4	100.0	4,753
30-34	50.9	57.2	32.2	10.7	100.0	48.6	27.7	23.7	100.0	4,127
35-39	52.9	60.2	29.2	10.6	100.0	50.6	25.2	24.2	100.0	3,495
40-44	54.9	61.2	29.2	9.6	100.0	51.9	24.6	23.5	100.0	2,864
45-49	56.2	61.1	29.9	9.1	100.0	50.8	26.3	22.8	100.0	2,705
Urban-rural residence										
Urban	41.8	43.9	45.7	10.4	100.0	38.0	37.7	24.3	100.0	7,623
Rural	57.1	65.3	23.5	11.2	100.0	56.2	18.8	25.0	100.0	14,139
Place of residence										
Urban Governorates	38.4	38.3	52.4	9.3	100.0	31.9	41.9	26.2	100.0	2,774
Lower Egypt	53.8	55.6	30.4	13.9	100.0	46.8	24.9	28.3	100.0	10,664
Urban	43.2	40.2	46.4	13.4	100.0	34.9	37.8	27.3	100.0	2,319
Rural	56.8	59.9	26.0	14.1	100.0	50.1	21.4	28.6	100.0	8,346
Upper Egypt	53.8	67.7	24.8	7.5	100.0	60.2	20.2	19.5	100.0	8,130
Urban	44.8	54.2	37.2	8.6	100.0	48.2	32.9	19.0	100.0	2,421
Rural	57.7	73.4	19.5	7.1	100.0	65.4	14.9	19.8	100.0	5,708
Frontier Governorates ¹	33.5	42.0	46.9	11.1	100.0	37.9	36.4	25.6	100.0	194
Education										
No education	59.7	72.6	17.1	10.3	100.0	61.5	15.5	23.1	100.0	5,232
Some primary	60.7	70.2	18.9	10.9	100.0	58.1	18.4	23.5	100.0	1,334
Primary complete/some secondary	55.0	62.3	26.0	11.8	100.0	54.9	20.3	24.8	100.0	3,796
Secondary complete/higher	45.9	48.0	41.0	11.0	100.0	41.8	32.6	25.6	100.0	11,400
Work status										
Working for cash	47.4	51.7	38.7	9.6	100.0	43.3	33.9	22.9	100.0	2,964
Not working	52.4	58.7	30.1	11.1	100.0	50.9	24.1	25.0	100.0	18,798
Wealth quintile										
Lowest	60.5	74.4	16.7	9.0	100.0	63.5	14.6	21.9	100.0	3,887
Second	59.4	69.4	20.6	9.9	100.0	60.8	15.9	23.3	100.0	4,277
Middle	55.3	60.4	26.7	12.9	100.0	51.6	21.5	26.9	100.0	4,839
Fourth	47.8	50.3	37.1	12.6	100.0	43.2	29.9	26.9	100.0	4,542
Highest	35.8	35.7	54.5	9.7	100.0	31.2	44.8	24.0	100.0	4,217
Total	51.7	57.8	31.3	10.9	100.0	49.8	25.4	24.7	100.0	21,762

¹ Does not include North and South Sinai governorates

Figure 13.2 shows that there has been a downward trend in ever-married women's support for the practice since the mid-1990s. The proportion of women who believe that circumcision should continue dropped from 82 percent in 1995 to 58 percent at the time of the 2014 EDHS. Also women were much less likely to believe that men want the practice to continue in 2014 than in 2000 (50 percent and 61 percent, respectively). Although the long-term decline in women's support for the practice is encouraging, the drop in support for the practice between the 2008 and 2014 surveys was modest. In 2014, 58 percent of ever-married women who said the practice of female circumcision should continue, down from a level of 63 percent in 2008.

Differences in the measures of support for female circumcision are evident across the subgroups in Table 13.8. Support for the practice was more widespread among rural than urban women. Women in the Urban Governorates, urban Lower Egypt, and the three Frontier Governorates were most likely to say the practice should be stopped and least likely to think that husbands want the practice to continue. Table 13.8 shows that the proportion of women who felt that circumcision is mandated by religion generally decreases with education and the wealth quintile. These characteristics are also negatively related to the likelihood that a woman supports the continuation of the practice of circumcision or believes that men want the practice to be continued.

Figure 13.2 Trends in attitudes toward female circumcision among ever-married women age 15-49, Egypt 1995-2014



13.6 ATTITUDES ABOUT FEMALE CIRCUMCISION

To gain further insights into women's attitudes and beliefs about female circumcision, the 2014 EDHS included several statements about the practice with which women were asked to agree or disagree. Two of the statements addressed factors that are often cited as primary rationales for the practice: "A husband will prefer his wife to be circumcised" and "Circumcision prevents adultery." The other statements were related to health concerns associated with the practice: "Childbirth is more difficult for a woman who has been circumcised" and "Circumcision can cause serious consequences that can lead to a girl's death."

Table 13.9 presents the variation in the proportion of ever-married women 15-49 agreeing with each of the statements by selected background characteristics. Table A.13.2 shows the variation in level of agreement with the statements across governorates.

The results in Table 13.9 indicate that half of ever-married women agree that husbands prefer that their wife be circumcised, and just under half of women (46 percent) believe that the practice deters adultery. The results also show that many women recognize that there is a considerable risk associated with circumcision, with 54 percent agreeing that the practice can lead to girls' deaths. Relatively few women (9 percent) agreed that childbirth is more difficult for circumcised women than for other women.

The results in Table 13.9 show that ever-married women living in urban areas and those who were highly educated or in the highest wealth quintile are less likely than other women believe that a husband would prefer his wife to be circumcised or to believe that circumcision prevents adultery. These same groups were more likely than other groups to believe that circumcision may have fatal health consequences for a girl.

Table 13.9 Beliefs about female circumcision

Percentage of ever-married women 15-49 who agree with various statements about female circumcision, according to selected background characteristics, Egypt 2014

Background characteristic	Husbands prefer	Prevents adultery	Can lead to daughters' death	Makes childbirth difficult	Number of women age 15-49
Age					
15-19	53.5	43.7	50.6	9.7	764
20-24	51.8	44.4	51.6	9.0	3,055
25-29	46.2	43.9	55.5	9.1	4,753
30-34	48.7	44.8	55.1	9.6	4,127
35-39	48.9	47.9	54.2	9.5	3,495
40-44	51.6	49.1	52.5	9.2	2,864
45-49	52.9	50.3	53.6	10.4	2,705
Urban-rural residence					
Urban	36.7	36.2	64.8	9.0	7,623
Rural	56.7	51.7	48.0	9.7	14,139
Place of residence					
Urban Governorates	31.2	35.8	68.3	9.6	2,774
Lower Egypt	46.5	44.1	50.4	6.9	10,664
Urban	33.5	32.8	62.7	6.2	2,319
Rural	50.1	47.2	46.9	7.1	8,346
Upper Egypt	60.5	53.2	53.5	12.8	8,130
Urban	46.3	40.8	62.8	11.0	2,421
Rural	66.5	58.4	49.5	13.6	5,708
Frontier Governorates ¹	38.8	26.1	54.8	6.2	194
Education					
No education	62.9	56.8	41.5	10.8	5,232
Some primary	62.0	56.3	44.8	10.8	1,334
Primary complete/some secondary	53.8	49.3	51.2	10.4	3,796
Secondary complete/higher	40.8	39.3	61.5	8.4	11,400
Work status					
Working for cash	41.6	41.3	61.4	7.9	2,964
Not working	51.0	47.1	52.7	9.7	18,798
Wealth quintile					
Lowest	65.3	56.3	41.1	11.8	3,887
Second	61.5	56.9	44.8	10.5	4,277
Middle	50.3	47.8	51.1	9.0	4,839
Fourth	43.4	41.6	60.4	8.1	4,542
Highest	29.4	29.4	71.0	8.2	4,217
Total	49.7	46.3	53.9	9.4	21,762

¹ Does not include North and South Sinai governorates

13.7 EXPOSURE TO INFORMATION ABOUT CIRCUMCISION

Table 13.10 presents findings from the 2014 EDHS on whether women discussed the practice of female circumcision with their relatives, friends or neighbors during the year prior to the survey. The table also provides information on women's exposure to information about female circumcision and the channels through which they received information about circumcision during the year prior to the survey.

Table 13.10 Exposure to information regarding female circumcision

Percentage of ever-married women 15-49 discussing female circumcision with relatives, friends, or neighbors, and receiving information about female circumcision during the year prior to the survey, and among women receiving information during the year prior to the survey, percentage of women by sources of information, according to selected background characteristics, Egypt 2014

Background characteristic	Percentage discussing female circumcision with relatives, friends or neighbors	Percentage receiving information recently about female circumcision	Number of ever-married women	Source from which women last saw/heard about female circumcision							Number of ever-married women receiving information about female circumcision recently
				TV	Other media ¹	Any medical provider contact	Home visit by medical provider	Facility visit to medical provider	Husband/other relatives/friends/neighbors	Community meeting/mosque/church/other	
Age											
15-19	19.4	23.7	764	65.0	1.3	4.3	1.2	3.1	51.0	2.7	181
20-24	22.6	30.0	3,055	74.5	2.3	4.0	1.4	2.6	38.4	2.7	916
25-29	26.2	34.7	4,753	74.2	2.4	5.6	2.4	3.2	41.0	2.0	1,651
30-34	31.8	38.6	4,127	73.3	2.1	7.1	2.2	5.0	44.6	2.7	1,591
35-39	33.3	39.4	3,495	72.2	3.1	9.1	3.2	6.1	43.2	3.7	1,378
40-44	29.5	35.9	2,864	76.7	2.5	9.0	3.5	5.6	38.6	3.4	1,029
45-49	23.3	32.5	2,705	77.0	3.4	5.9	1.6	4.5	34.4	3.4	880
Urban-rural residence											
Urban	24.6	35.8	7,623	79.4	2.9	6.4	1.9	4.6	33.5	2.5	2,727
Rural	29.4	34.7	14,139	71.2	2.4	7.0	2.7	4.5	45.1	3.2	4,900
Place of residence											
Urban Governorates	17.2	30.2	2,774	79.9	4.5	6.0	1.5	4.8	31.8	1.4	839
Lower Egypt	30.8	37.6	10,664	76.3	3.1	7.3	2.2	5.3	39.5	2.6	4,008
Urban	29.2	40.8	2,319	81.5	3.5	6.9	2.0	5.2	34.2	2.5	946
Rural	31.3	36.7	8,346	74.7	2.9	7.5	2.3	5.3	41.2	2.6	3,062
Upper Egypt	27.5	33.6	8,130	69.2	1.2	6.2	3.0	3.4	46.0	3.9	2,735
Urban	28.7	37.5	2,421	77.4	0.8	6.2	2.3	3.9	33.9	3.4	908
Rural	27.0	32.0	5,708	65.1	1.4	6.2	3.3	3.1	52.0	4.1	1,827
Frontier Governorates ²	17.8	23.7	194	69.6	1.5	6.7	2.2	4.4	39.3	2.8	46
Education											
No education	25.6	28.6	5,232	67.0	0.8	5.9	2.4	3.6	50.0	2.7	1,495
Some primary	29.4	33.9	1,334	66.2	1.3	5.1	0.8	4.3	48.8	1.9	452
Primary complete/some secondary	27.0	33.9	3,796	71.2	1.9	7.3	2.5	4.9	42.2	2.1	1,287
Secondary complete/higher	28.8	38.5	11,400	78.2	3.5	7.1	2.6	4.7	36.8	3.3	4,393
Work status											
Working for cash	33.2	43.1	2,964	72.9	5.8	11.4	3.9	8.1	39.4	5.7	1,278
Not working	26.9	33.8	18,798	74.4	1.9	5.8	2.1	3.8	41.3	2.4	6,350
Wealth quintile											
Lowest	31.1	34.7	3,887	67.2	1.9	6.0	2.3	3.8	49.7	3.3	1,349
Second	28.2	33.7	4,277	72.1	1.4	6.3	2.6	3.8	45.9	2.6	1,441
Middle	28.6	34.3	4,839	72.2	3.1	6.9	2.6	4.3	43.8	2.9	1,661
Fourth	25.5	35.5	4,542	77.5	2.6	8.2	2.8	5.6	36.3	3.3	1,610
Highest	25.7	37.1	4,217	80.5	3.5	6.3	1.6	4.8	30.7	2.5	1,565
Total	27.7	35.0	21,762	74.1	2.5	6.8	2.4	4.5	41.0	2.9	7,627

¹ Includes radio, newspaper, magazine, pamphlet, brochure or poster

² Does not include North and South Sinai governorates

Just over one-quarter of ever-married women age 15-49 discussed female circumcision with relatives, friends or neighbors and around one-third received information about female circumcision during the 12 months prior to the survey. Among women who reported that they received information about the practice, television was the primary source followed by the husband, other relatives, friends or neighbors (74 percent and 41 percent, respectively).

In general, the differentials in the indicators relating to exposure to information in Table 13.10 are not large. Women in the Urban Governorates and in the three Frontier Governorates surveyed in the EDHS were least likely to have discussed female circumcision with relatives, friends or neighbors (17 percent and 18 percent, respectively). Women age 15-19 years and women in the Frontier Governorates were the least likely to report that they had received information about female circumcision in the year prior to the survey (24 percent each).

Key Findings:

- Net attendance ratios show that 92 percent of primary school age children are in school and 78 percent of secondary school age children are in school.
- Among children under age 15, there is virtually no gender gap in the proportions attending school, with more than 9 in 10 boys and girls attending school; at older ages, the proportions of children attending school declines, with the decline somewhat faster among girls than boys.
- Seven percent of children age 5-17 were involved in economic activities or household chores for longer hours than are considered appropriate and/or worked under hazardous conditions.
- Ninety-three percent of children age 1-14 years were disciplined using some violent method in the month before the survey; around 1 in 9 children were reported to have been beaten, i.e., hit over and over again as hard as possible.

Information obtained in the 2014 EDHS allows for an assessment of several key aspects of the welfare of Egypt's children. Questions were included on birth registration and living arrangements and the survival status of parents. Data also were collected on the prevalence of injuries and accidents and disabilities among young children. A child's access to education is critical, and the EDHS obtained information on both the level of pre-school education among young children and children's participation in primary and secondary school. The survey also looked at the extent of child labor and at the practices used in disciplining children.

14.1 BIRTH REGISTRATION

Registering children at birth is critical to ensuring that they have access to all legal rights and protection of the State (UNICEF 2013). A birth certificate establishes the child's legal identity, which is important not only during childhood, e.g., to gain access to school, but serves as proof of that identity when the child reaches adulthood and seeks to work, marry, vote, or inherit or purchase property.

For each child under age 5 listed in the household schedule, the household informant was asked if the child had a birth certificate and, if not, whether the child's birth had been registered. Table 14.1 shows that the births of virtually all of the de jure children under age 5 listed in the EDHS households were reported to have been registered (99 percent). Moreover, almost all of the children were reported to have a birth certificate. Children in rural Upper Egypt are the least likely to have had their birth registered, but, even for children in that region, less than 2 percent were not registered.

Table 14.1 Birth registration of children under age five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Egypt 2014

Background characteristic	Children whose births are registered			
	Percentage who had a birth certificate	Percentage who did not have birth certificate	Percentage registered	Number of children
Age				
<2	98.2	0.7	98.9	6,289
2-4	99.7	0.0	99.7	8,567
Sex				
Male	99.2	0.3	99.5	7,817
Female	98.9	0.4	99.3	7,039
Urban-rural residence				
Urban	99.4	0.2	99.7	4,583
Rural	98.9	0.3	99.3	10,273
Place of residence				
Urban Governorates	99.7	0.0	99.7	1,495
Lower Egypt	99.3	0.3	99.5	7,092
Urban	99.2	0.3	99.5	1,356
Rural	99.3	0.2	99.5	5,737
Upper Egypt	98.7	0.5	99.1	6,117
Urban	99.3	0.4	99.7	1,649
Rural	98.4	0.5	98.9	4,468
Frontier Governorates ¹	99.4	0.1	99.5	152
Wealth quintile				
Lowest	98.3	0.2	98.5	2,612
Second	99.1	0.4	99.5	2,891
Middle	99.2	0.5	99.6	3,758
Fourth	99.1	0.3	99.4	3,165
Highest	99.7	0.1	99.8	2,429
Total	99.1	0.3	99.4	14,856

¹ Does not include North and South Sinai governorates

14.2 CHILDREN'S LIVING ARRANGEMENTS AND ORPHANHOOD

The 2014 Egypt DHS included a series of questions on children's living arrangements and parental survival that provide information on the extent to which children under age 18 years are orphaned, i.e., one or both their parents had died, or fostered, i.e., they are living with someone other than their parents even though one or both parents is alive.

Overall, Table 14.2 shows that more than 9 in 10 Egyptian children under age 18 live with both parents. Fosterhood is minimal; only one percent of children do not live with a biological parent. Virtually no children under age 18 are double orphans. Four percent of children are single orphans, with most of these children having lost their fathers.

Most of the differentials shown in Table 14.2 are quite small. However, as expected, the proportion of children who are orphans increases with the child's age. The percentage with one or both parents dead increases from less than one percent of children under age 5 to 10 percent of children age 15-17 years. Four percent of children age 15-17 years are not living with a biological parent.

Table 14.2 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Egypt 2014

Background characteristic	Living with mother but not with father		Living with father but not with mother		Not living with either parent					Missing information on father/mother	Percentage not living with a biological parent	Percentage with one or both parents dead ¹	Number of children
	Living with both parents	Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead				
Age													
0-4	96.7	2.3	0.5	0.2	0.1	0.2	0.0	0.0	0.0	100.0	0.2	0.6	14,856
<2	97.1	2.3	0.3	0.2	0.1	0.1	0.0	0.0	0.0	100.0	0.1	0.3	6,289
2-4	96.4	2.3	0.6	0.2	0.2	0.2	0.0	0.0	0.0	100.0	0.3	0.9	8,567
5-9	94.3	2.4	1.8	0.5	0.4	0.3	0.1	0.0	0.0	100.0	0.4	2.4	13,130
10-14	90.7	2.4	4.5	0.8	0.8	0.5	0.1	0.2	0.1	100.0	0.8	5.5	11,773
15-17	84.3	2.0	7.6	0.8	1.3	3.2	0.2	0.2	0.3	100.0	3.9	9.5	6,540
Sex													
Male	93.3	2.2	2.9	0.5	0.6	0.4	0.0	0.1	0.0	100.0	0.5	3.6	24,063
Female	92.2	2.4	2.9	0.5	0.5	1.1	0.1	0.1	0.1	100.0	1.4	3.7	22,236
Residence													
Urban	91.8	2.8	3.2	0.7	0.7	0.6	0.1	0.1	0.1	100.0	0.7	4.1	15,514
Rural	93.2	2.0	2.7	0.5	0.4	0.8	0.1	0.1	0.1	100.0	1.0	3.4	30,785
Place of residence													
Urban Governorates	91.5	4.0	2.7	0.6	0.5	0.6	0.1	0.0	0.1	100.0	0.7	3.3	5,264
Lower Egypt	93.0	2.1	2.6	0.6	0.7	0.8	0.1	0.1	0.0	100.0	1.0	3.5	21,518
Urban	91.6	2.2	3.2	0.9	1.2	0.6	0.0	0.1	0.0	100.0	0.8	4.7	4,623
Rural	93.4	2.1	2.4	0.5	0.5	0.8	0.1	0.1	0.0	100.0	1.0	3.2	16,895
Upper Egypt	92.8	2.1	3.3	0.5	0.4	0.7	0.1	0.1	0.1	100.0	0.9	3.9	19,075
Urban	92.2	2.2	3.6	0.7	0.6	0.5	0.1	0.1	0.1	100.0	0.7	4.4	5,394
Rural	93.0	2.0	3.1	0.4	0.3	0.8	0.1	0.0	0.1	100.0	1.0	3.7	13,682
Frontier Governorates ²	94.9	1.2	2.4	0.4	0.7	0.3	0.0	0.0	0.1	100.0	0.4	3.1	441
Wealth quintile													
Lowest	92.8	1.9	3.2	0.5	0.5	0.7	0.1	0.1	0.1	100.0	1.0	4.0	9,589
Second	92.1	2.6	3.4	0.5	0.4	0.7	0.0	0.0	0.1	100.0	0.9	4.0	9,674
Middle	93.5	2.0	2.5	0.4	0.5	0.8	0.1	0.2	0.1	100.0	1.2	3.3	9,981
Fourth	92.0	2.5	2.9	0.8	0.6	1.0	0.1	0.1	0.1	100.0	1.2	3.8	9,134
Highest	93.5	2.6	2.3	0.5	0.7	0.3	0.0	0.0	0.0	100.0	0.4	3.0	7,921
Total <15	94.2	2.4	2.1	0.5	0.4	0.3	0.0	0.1	0.0	100.0	0.4	2.7	39,759
Total <18	92.8	2.3	2.9	0.5	0.5	0.7	0.1	0.1	0.1	100.0	0.9	3.6	46,299

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

¹ Includes children with father dead, mother dead, both dead, and one parent dead but missing information on survival status of the other parent

² Does not include North and South Sinai governorates

14.3 INJURIES AND ACCIDENTS AND DISABILITIES AMONG YOUNG CHILDREN

The 2014 EDHS included several questions to investigate the extent to which children under age 5 ever suffered injuries or were involved in accidents. The survey also included questions about disabilities among children under age 10.

Table 14.3 shows the percentage of children under age 5 who were reported to have ever suffered an injury or been involved in an accident and, among children ever injured or involved in an accident, the percentage who required medical care. Although these data provide some insight into the extent of injuries or accidents among young Egyptian children, caution must be exercised in interpreting the findings. The respondent for the EDHS household questionnaire may not always have been the person most familiar with the history of injuries and accidents among young children in the household. Recall error also may affect the injury and accident data, with respondents likely to remember and report the most recent or most serious injuries and accidents.

Table 14.3 Injuries and accidents

Percentage of de jure children under five years of age ever injured or involved in an accident, and, among children who were injured or involved in an accident, percentage who required medical care as a result of the accident, Egypt 2014

Background characteristic	Percentage of children ever injured or involved in an accident	Number of children	Percentage of children ever injured or involved in an accident that required medical care	Number of children
Age				
<2 years	1.8	6,289	77.6	111
2-4 years	6.1	8,567	83.1	522
Sex				
Male	5.0	7,817	83.2	390
Female	3.5	7,039	80.5	243
Urban-rural residence				
Urban	3.5	4,583	78.2	159
Rural	4.6	10,273	83.5	474
Place of residence				
Urban Governorates	3.8	1,495	63.4	56
Lower Egypt	5.3	7,092	79.2	378
Urban	4.3	1,356	82.4	58
Rural	5.6	5,737	78.7	319
Upper Egypt	3.2	6,117	93.2	196
Urban	2.5	1,649	(92.3)	41
Rural	3.5	4,468	93.5	155
Frontier Governorates ¹	2.3	152	*	4
Mother's education				
No education	3.5	2,674	77.7	95
Some primary	7.0	718	(82.5)	50
Primary complete/ some secondary	4.3	2,676	85.1	116
Secondary complete/ higher	4.2	8,710	82.1	369
Not determined ²	4.2	78	*	3
Wealth quintile				
Lowest	5.2	2,612	81.7	135
Second	4.8	2,891	80.7	139
Middle	4.1	3,758	88.9	155
Fourth	4.2	3,165	83.1	132
Highest	3.0	2,429	69.9	73
Total	4.3	14,856	82.1	634

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates an estimate is based on fewer than 25 unweighted cases and has been suppressed.

¹ Does not include North and South Sinai governorates

² Not collected because individual is deceased or is not a usual member of the household or a visitor

Overall, Table 14.3 shows that household informants reported 4 percent of children under age 5 were ever injured or involved in an accident. More than 8 in 10 of the children who were reported to have ever been injured or involved in an accident required medical care. The proportion of young children ever injured or involved in an accident did not vary much by background characteristics. The percentage of injured children reported to have required medical care was highest in rural Upper Egypt (94 percent) and lowest in the Urban Governorates (63 percent).

The high proportion of injured children reported to have required medical care suggests that informants tended to focus on more serious accidents in responding to the question on injuries or accidents. The responses to a question as to the types of injuries children suffered also indicate that household informants may have focused on more serious problems. Among children injured or in an

accident, the most commonly reported injuries were open wounds (46 percent), fractures (36 percent), and burns (20 percent); 2 percent or less of children were reported by household informants to have suffered other types of injuries (data not shown).

To obtain information on disabilities among children, the household informant was asked for each child age 0-9 years listed in the household schedule if the child had a physical, mental, or other condition or disability that made it difficult for the child to carry out daily activities in the same manner as others. Less than one percent of children age 0-9 years were reported to have any disability or other condition limiting their ability to carry out daily activities (data not shown). The types of disabilities or conditions these children had included autism or other mental conditions (40 percent), motor problems (28 percent), speech disabilities (32 percent), auditory problems (9 percent), and vision issues (8 percent).

14.4 EDUCATION

Attendance at school throughout childhood is critical to ensuring that children are able to reach their full potential. The 2014 EDHS included questions on the participation of children age 3-5 years in pre-school programs and on school attendance among children age 6-17 years.

14.4.1 Early Childhood Education

Early childhood education programs are important in preparing children for school. The 2014 EDHS included questions to determine if children age 3-5 years were currently attending kindergarten, nursery school, or some other program to prepare them for school. If a child was not attending nursery school at the time of the survey, an additional question was asked to determine if they had ever attended any type of early childhood education program. Table 14.4 presents the results from these questions.

Overall, almost two-thirds of children age 3-5 years ever participated in some form of early childhood education program, and almost half of the children in the age group were attending a nursery school, kindergarten, or another program designed to prepare the child for primary school at the time of the survey. The proportion currently attending some form of early childhood education program increased with age, from 32 percent among children age 3 to 59 percent among children age 5. There is almost no difference in the proportion of children attending a program between urban and rural areas. However, children living in Upper Egypt, especially rural areas, and in the three Frontier Governorates were less likely

Table 14.4 Early childhood education

Percentage of de facto children age 3-5 years of age who ever attended and who are currently attending an organized early childhood education program, by background characteristics, Egypt 2014

Background characteristic	Percentage ever attending early childhood education ¹	Percentage currently attending early childhood education	Number of children
Age			
3 years	50.6	32.1	3,041
4 years	68.0	51.7	2,633
5 years	77.8	58.8	3,086
Sex			
Male	66.0	47.5	4,572
Female	64.7	47.3	4,188
Urban-rural residence			
Urban	66.2	46.3	2,838
Rural	65.0	47.9	5,922
Place of residence			
Urban governorates	66.6	45.8	951
Lower Egypt	80.9	59.6	4,200
Urban	79.8	53.2	858
Rural	81.1	61.2	3,342
Upper Egypt	47.1	33.8	3,519
Urban	54.8	41.7	981
Rural	44.1	30.8	2,538
Frontier governorates ²	47.6	27.1	90
Mother's education			
No education	48.9	29.8	1,813
Some primary	60.1	40.4	478
Primary complete/some secondary	60.6	43.3	1,458
Secondary complete/higher	73.2	55.8	4,930
Mother not present in household/missing	76.8	46.3	81
Wealth quintile			
Lowest	47.8	33.6	1,616
Second	58.1	41.2	1,741
Middle	74.7	56.9	2,130
Fourth	72.1	52.4	1,799
Highest	71.6	50.1	1,474
Total	65.4	47.4	8,760

¹ Includes currently attending early childhood education program

² Does not include North and South Sinai governorates

to be participating in some form of early childhood education than other children. As expected, children's participation in early childhood education generally increased with the mother's educational level and the wealth quintile although the pattern was not uniform.

14.4.2 Primary and Secondary School Education

Table 14.5 presents several indicators that are useful in assessing overall school attendance at the primary and secondary levels and in comparing attendance levels by sex, residence and wealth. Appendix Table A-14.1 presents these indicators for governorates.

The net attendance ratio (NAR) is an indicator of participation in schooling among those of official school age. The gross attendance ratio (GAR) is an indicator of participation in schooling among those of any age, expressed as a percentage of the official school age population. The difference between the ratios indicates the incidence of overage and underage attendance. For purposes of calculating these ratios, children are considered to be attending school currently if they attended at any time during the school year in which the survey was conducted, i.e., the 2013-2014 school year.

Table 14.5 also includes the Gender Parity Index (GPI), or the ratio of the female to the male NAR/GAR at the primary and secondary levels. The GPI indicates the magnitude of the gender gap in attendance ratios. If there is no gender difference, the GPI will be equal to one, whereas the wider the disparity in favor of males, the closer the GPI will be to 0. If the gender gap favors females, the GPI will exceed one.

The method used for calculating the NARs and GARs in Table 14.5 employs the child's age at the time of the start of the school year. This method allows for children who were not old enough to attend school when the school year began but who achieve school-going age between the start of the school year and the time of the survey to be excluded from the calculation of attendance ratios. If these children are included in the population for which the ratios are calculated, school attendance levels would be underestimated. The methodology requires information on the cut-off date for eligibility for a child to enter school. Although some variation in the age requirements for school entry may exist between public and private schools, a single cut-off date was adopted for the EDHS based on the public school requirements.

Table 14.5 shows that the primary school NAR is 92 percent, indicating that 92 percent of children age 6-11 years attend school. The secondary school NAR is lower; among children age 12-17 years, 78 percent are in school. The primary school NARs do not vary markedly by residence or wealth. The secondary school NAR is, however, higher in urban than rural areas. The highest secondary school NAR is observed in urban Lower Egypt (86 percent). Rural Upper Egypt and the three Frontier Governorates surveyed in the EDHS have the lowest secondary school NARs. The secondary school NAR increases with the wealth quintile.

At the primary level, the GAR is 101. This figure exceeds the primary school NAR by 8 percentage points, indicating a number of children outside the official school age are attending primary school. At the secondary level, the GAR exceeds the NAR by 11 percentage points, suggesting that attendance by children out of the official school age is slightly more common at the secondary than the primary level.

Table 14.5 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to background characteristics, Egypt 2014

Background characteristic	Net attendance ratio ¹				Gross attendance ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
	PRIMARY SCHOOL							
Urban-rural residence								
Urban	91.3	91.9	91.6	1.01	99.6	98.6	99.2	0.99
Rural	93.3	92.3	92.8	0.99	102.9	99.6	101.3	0.97
Place of residence								
Urban Governorates	90.8	90.7	90.8	1.00	99.7	97.0	98.4	0.97
Lower Egypt	93.6	93.7	93.6	1.00	102.5	100.5	101.5	0.98
Urban	92.5	93.8	93.1	1.01	99.7	100.5	100.1	1.01
Rural	93.9	93.6	93.8	1.00	103.3	100.6	102.0	0.97
Upper Egypt	92.0	90.9	91.5	0.99	101.6	98.6	100.1	0.97
Urban	90.6	91.7	91.1	1.01	99.5	98.8	99.2	0.99
Rural	92.6	90.7	91.6	0.98	102.4	98.5	100.5	0.96
Frontier Governorates ⁴	93.0	88.3	90.8	0.95	100.8	97.5	99.2	0.97
Wealth quintile								
Lowest	91.8	90.5	91.2	0.99	102.3	97.3	99.8	0.95
Second	92.3	90.7	91.5	0.98	100.6	97.9	99.3	0.97
Middle	94.7	94.7	94.7	1.00	105.5	102.7	104.1	0.97
Fourth	92.2	93.4	92.7	1.01	100.5	100.5	100.5	1.00
Highest	92.0	91.8	91.9	1.00	99.6	98.2	98.9	0.99
Total	92.6	92.2	92.4	1.00	101.8	99.3	100.6	0.98
SECONDARY SCHOOL⁴								
Urban-rural residence								
Urban	80.5	82.6	81.5	1.03	93.2	93.4	93.3	1.00
Rural	77.5	73.4	75.5	0.95	89.6	81.0	85.4	0.90
Place of residence								
Urban Governorates	80.8	80.9	80.8	1.00	93.6	94.0	93.8	1.01
Lower Egypt	81.1	81.2	81.1	1.00	92.6	89.6	91.1	0.97
Urban	84.5	86.8	85.6	1.03	96.0	95.8	95.9	1.00
Rural	80.0	79.4	79.7	0.99	91.6	87.6	89.6	0.96
Upper Egypt	75.3	70.8	73.1	0.94	88.3	78.9	83.6	0.89
Urban	76.7	80.8	78.7	1.05	90.2	91.1	90.7	1.01
Rural	74.7	66.7	70.7	0.89	87.4	73.8	80.6	0.84
Frontier Governorates ⁵	78.3	66.6	72.2	0.85	87.4	74.1	80.5	0.85
Wealth quintile								
Lowest	73.1	68.7	70.9	0.94	83.8	75.4	79.6	0.90
Second	74.8	74.0	74.4	0.99	87.6	81.2	84.4	0.93
Middle	79.7	76.8	78.3	0.96	91.0	85.9	88.6	0.94
Fourth	78.3	77.7	78.0	0.99	91.0	87.7	89.4	0.96
Highest	89.4	89.9	89.6	1.01	103.6	102.0	102.8	0.99
Total	78.6	76.7	77.7	0.98	90.9	85.5	88.3	0.94

¹ The NAR for primary school is the percentage of the primary-school age (6-11 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (12-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

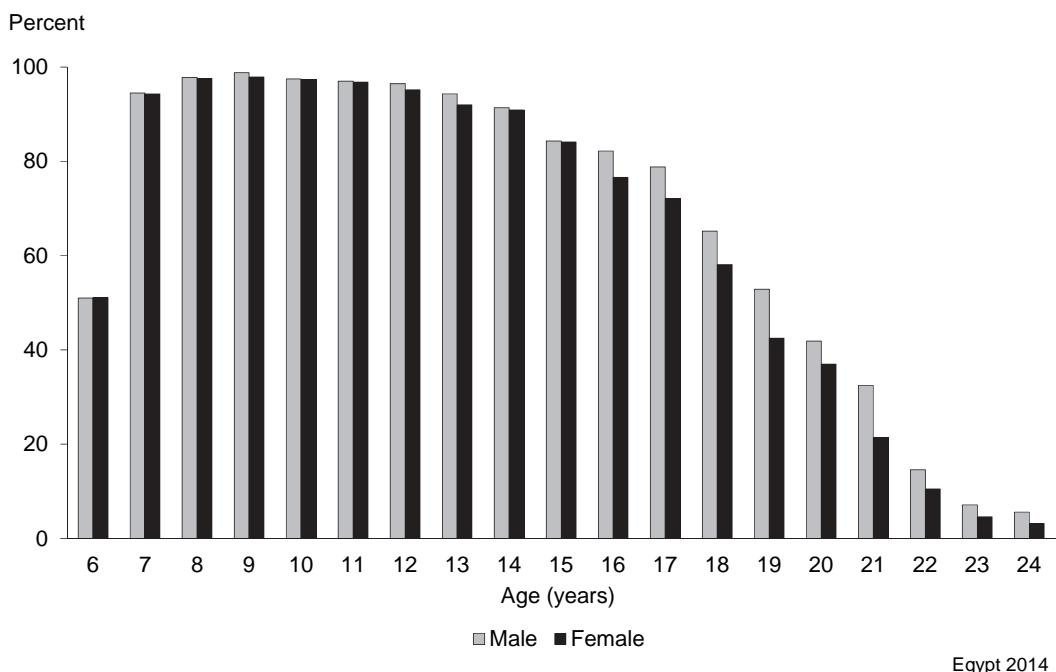
⁴ Includes the preparatory and secondary levels

⁵ Does not include North and South Sinai governorates

At the primary level, there is little evidence of a gender gap in attendance. The GPI for the primary school NAR is 1 and the GPI for the GAR is close to 1 (0.98). At the secondary level, the GPI for the NAR is also close to 1, while the GPI for the GAR is only slightly lower (0.94). Most notable are the GPIs for the secondary school GARs in rural Upper Egypt and the three Frontier Governorates (0.84, and 0.85, respectively). They indicate that the proportion of children outside the secondary-school age attending school is somewhat greater among boys than girls in these areas.

Age-specific attendance rates (ASARs) for the population age 6-24 years are shown in Figure 14.1 by age and sex. These rates assess participation in schooling by individuals in the specific gender and age categories without reference to the educational level. The patterns confirm high participation in schooling through age 14, with virtually no difference between boys and girls. At age 15, the percentage attending school drops below 90 percent for both boys and girls. The decline in school attendance continues at the older ages, with the decline somewhat faster for girls than for boys.

Figure 14.1 Age-specific attendance rates of the de-facto population 6 to 24 years



14.5 CHILD LABOR

The 2014 Egypt DHS included a special child labor module developed by UNICEF for the Multiple Indictor Cluster Survey (MICS) program.¹ The module obtained information on the type of work a child did if any and the number of hours he or she was engaged in the work during the week before the survey. Data were collected on both economic activities (paid or unpaid work for someone who is not a member of the household and/or for a family farm or business) and domestic work (household chores such as cooking, cleaning or caring for children). The module also collected information on hazardous working conditions. Work was considered hazardous if it involved carrying heavy loads, working with dangerous tools or operating heavy equipment, working at heights, working with chemicals or explosives, exposure to dust, fumes, gas, extreme heat or humidity, loud noise or vibrations, or any other working conditions considered to be bad for the child's health and safety.

The module was administered as part of the EDHS household questionnaire for one never-married child age 5-17 years.² To the extent that the person responding to the EDHS household

¹ For more information on the MICS program and the Child Labor module, see <http://mics.unicef.org>.

² In the 2014 Egypt DHS, the first step in the administration of the Child Labor and Child Discipline modules involved the identification of a single child age 1-17 years for whom the questions in the modules would be asked depending on the child's age. If the household included more than one child in the age range, the child for whom the modules were administered was selected using a Kish grid. If the selected child was 5-17 years, the Child Labor Module was administered for the child. To account for the selection of one child per household, the child labor data are weighted. The weight is based on the de jure population of children age 1-17 years.

questionnaire (usually the household head) was not familiar with the selected child's involvement in economic activities or household chores, some bias may exist in the child labor data.

Table 14.6 considers the proportion of never-married children age 5-17 years who are involved in economic activities inside or outside the home according to the child's age and number of hours worked. The MICS program has defined thresholds based on the child's age and the number of hours a child worked during the week to classify children's involvement in economic activities:

- age 5-11: 1 hour or more
- age 12-14: 14 hours or more
- age 15-17: 43 hours or more

A child who performed economic activities during the week before the survey for more than the above age-specific numbers of hours is considered as involved in child labor.

Table 14.6 shows relatively small proportions of Egyptian children are reported as engaging in some type of economic activity for an employer outside the home or in a family business; the proportion rises from 3 percent among children age 5-11 to 15 percent among children age 15-17 years.

Considering the number of hours in which the children were reported as having engaged in the activities, only 3 percent of children age 5-11 years, 4 percent of children age 12-14 years, and 3 percent of children age 15-17 years were working longer in their jobs than is considered appropriate for their age. Differences across subgroups in the proportions engaged in child labor also are not large. Not surprisingly, some of the highest rates are observed among children not attending school (18 percent among children age 12-14 years and 11 percent among children age 15-17 years, respectively).

Table 14.7 presents information on the involvement of never-married children age 5-17 years in household chores during the week before the survey. Similar to the approach used for economic activity, the methodology uses age-specific thresholds in classifying the number of hours a child performs household chores during a week as appropriate or not. The age-hour cut-offs for household chores are:

- age 5-11 and age 12-14: 28 hours or more
- age 15-17: 43 hours or more.

A child who is engaged in household chores for more than the above age-specific numbers of hours during a week is considered as involved in child labor.

Table 14.7 shows that many Egyptian children are responsible for performing household chores. The level of engagement varies with the child's age; however, even among children age 5-11 years, the majority (54 percent) were responsible for at least some household chores during the week before the survey. However, few children exceeded the hours considered appropriate for performing household chores. Only 1 percent of children in each of the three age groups were engaged in household chores for more hours than is considered appropriate for their age.

Table 14.6 Children's involvement in economic activities

Percentage of never-married children 5-17 years by involvement in economic activities during the week before the survey, according to age groups, by background characteristics, Egypt 2014

Background characteristic	Percentage of children age 5-11 years involved in economic activity for at least one hour	Number of children age 5-11 years	Percentage of children age 12-14 years involved in:		Number of children age 12-14 years	Percentage of children age 15-17 years involved in:		Number of children age 15-17 years
			Economic activity less than 14 hours	Economic activity for 14 hours or more		Economic activity less than 43 hours	Economic activity for 43 hours or more	
Sex								
Male	3.9	8,930	4.9	4.7	3,574	13.8	4.5	3,351
Female	2.7	8,687	3.7	3.9	3,429	9.7	2.2	3,130
Urban-rural residence								
Urban	0.4	5,935	1.1	2.0	2,545	5.4	2.9	2,245
Rural	4.8	11,682	6.2	5.7	4,457	15.2	3.7	4,236
Place of residence								
Urban Governorates	0.1	2,084	0.6	0.9	860	3.1	3.5	793
Lower Egypt	3.9	8,246	5.0	3.8	3,122	11.8	2.8	2,884
Urban	0.0	1,714	1.8	1.5	755	5.2	2.3	663
Rural	5.0	6,532	6.1	4.5	2,367	13.7	3.0	2,221
Upper Egypt	3.6	7,112	4.8	5.8	2,956	14.4	4.1	2,754
Urban	1.1	2,051	1.0	3.3	897	8.1	3.1	763
Rural	4.6	5,061	6.5	7.0	2,059	16.9	4.5	1,991
Frontier Governorates ¹	0.3	175	0.2	5.6	64	2.6	0.7	50
School attendance								
Attending school	4.0	13,074	4.3	3.4	6,532	9.8	1.6	5,271
Not attending school	1.4	4,544	5.6	17.7	471	20.2	11.1	1,210
Mother's education								
No education	6.1	4,641	6.6	5.3	2,440	17.6	5.5	2,500
Some primary	3.3	1,252	5.9	8.2	547	16.5	5.4	543
Primary complete/ some secondary	3.1	2,864	3.3	5.4	1,028	11.2	3.7	874
Secondary complete/ higher	2.0	8,580	2.3	2.0	2,800	4.8	0.4	2,358
Not determined ²	1.3	281	6.6	9.2	187	11.0	6.2	205
Father's education								
No education	6.5	2,872	7.2	7.3	1,365	19.5	6.1	1,433
Some primary	3.5	1,702	10.0	6.0	608	19.2	3.9	623
Primary complete/ some secondary	3.5	3,201	3.8	4.5	1,233	10.0	5.3	1,001
Secondary complete/ higher	2.4	8,925	2.7	2.6	3,172	6.7	0.9	2,763
Not determined ²	1.7	917	2.2	4.6	624	11.9	4.6	661
Parental survivorship								
Both alive	3.3	17,131	4.4	4.3	6,505	11.7	3.2	5,908
Father deceased	2.1	406	1.7	5.3	409	13.6	4.3	459
Mother deceased	3.3	76	11.9	0.0	77	10.6	7.6	103
Both deceased	*	1	*	*	6	*	*	10
Don't know/missing	*	3	*	*	6	*	*	2
Wealth quintile								
Lowest	11.7	3,478	12.1	9.7	1,732	27.1	4.9	1,641
Second	2.8	3,811	4.3	3.9	1,488	10.8	3.9	1,538
Middle	1.0	3,936	1.1	2.6	1,133	7.4	3.7	1,088
Fourth	0.8	3,451	1.2	1.7	1,362	4.5	1.9	1,031
Highest	0.2	2,941	0.1	1.9	1,287	2.1	1.8	1,183
Total	3.3	17,618	4.3	4.3	7,002	11.8	3.4	6,481

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see <http://mics.unicef.org>. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Does not include North and South Sinai governorates

² Not collected because individual is deceased or is not a usual member of the household or a visitor

Table 14.7 Children's involvement in household chores

Percentage of never-married children age 5-17 years by involvement in household chores during the week before the survey, according to age groups, by background characteristics, Egypt 2014

Background characteristic	Percentage of children age 5-11 years involved in:			Percentage of children age 12-14 years involved in:			Percentage of children age 15-17 years involved in:		
	Household chores less than 28 hours	Household chores for 28 hours or more	Number of children age 5-11 years	Household chores less than 28 hours	Household chores for 28 hours or more	Number of children age 12-14 years	Household chores less than 43 hours	Household chores for 43 hours or more	Number of children age 15-17 years
Sex									
Male	53.0	0.5	8,930	67.7	1.6	3,574	61.8	0.7	3,351
Female	53.9	0.5	8,687	68.2	1.3	3,429	64.8	1.2	3,130
Urban-rural residence									
Urban	48.2	0.2	5,935	69.2	1.3	2,545	64.3	0.7	2,245
Rural	56.1	0.7	11,682	67.2	1.5	4,457	62.6	1.0	4,236
Place of residence									
Urban Governorates	45.7	0.2	2,084	67.5	0.5	860	64.1	0.2	793
Lower Egypt	57.2	0.3	8,246	68.2	0.7	3,122	64.2	0.7	2,884
Urban	51.8	0.0	1,714	69.2	0.2	755	66.2	0.7	663
Rural	58.6	0.4	6,532	67.9	0.8	2,367	63.7	0.7	2,221
Upper Egypt	51.7	0.9	7,112	68.1	2.4	2,956	61.7	1.4	2,754
Urban	47.3	0.2	2,051	71.2	2.6	897	62.5	1.4	763
Rural	53.4	1.2	5,061	66.8	2.3	2,059	61.5	1.4	1,991
Frontier Governorates ¹	40.7	0.2	175	54.5	7.5	64	69.1	0.0	50
School attendance									
Attending school	58.6	0.6	13,074	68.8	1.2	6,532	63.8	0.8	5,271
Not attending school	38.6	0.3	4,544	55.8	4.0	471	60.5	1.7	1,210
Mother's education									
No education	54.7	0.9	4,641	63.6	1.6	2,440	61.0	0.6	2,500
Some primary	67.3	0.5	1,252	70.6	1.9	547	68.8	1.2	543
Primary complete/ some secondary	54.1	0.9	2,864	72.3	1.1	1,028	68.6	1.4	874
Secondary complete/ higher	50.7	0.2	8,580	69.4	1.0	2,800	62.6	0.9	2,358
Not determined ²	49.6	0.4	281	72.1	5.6	187	59.2	2.7	205
Father's education									
No education	51.4	0.3	2,872	62.1	0.4	1,365	61.5	0.6	1,433
Some primary	64.3	0.4	1,702	72.5	4.6	608	66.6	0.5	623
Primary complete/ some secondary	58.5	0.8	3,201	71.6	1.4	1,233	62.7	1.8	1,001
Secondary complete/ higher	50.7	0.5	8,925	67.8	1.3	3,172	63.2	1.0	2,763
Not determined ²	48.1	0.1	917	70.3	1.4	624	64.9	0.6	661
Parental survivorship									
Both alive	53.5	0.5	17,131	68.0	1.3	6,505	63.2	0.9	5,908
Father deceased	54.1	0.0	406	67.3	2.0	409	64.1	0.8	459
Mother deceased	46.3	0.0	76	63.5	7.8	77	59.5	3.3	103
Both deceased	*	*	1	*	*	6	*	*	10
Don't know/missing	*	*	3	*	*	6	*	*	2
Wealth quintile									
Lowest	60.4	0.9	3,478	67.3	3.1	1,732	59.6	0.6	1,641
Second	53.6	0.9	3,811	69.4	1.0	1,488	66.0	1.8	1,538
Middle	55.0	0.3	3,936	65.4	0.2	1,133	62.3	0.6	1,088
Fourth	50.9	0.3	3,451	67.0	1.7	1,362	62.4	0.5	1,031
Highest	45.8	0.2	2,941	70.5	0.5	1,287	66.1	0.9	1,183
Total	53.4	0.5	17,618	68.0	1.4	7,002	63.2	0.9	6,481

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see <http://mics.unicef.org>. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Does not include North and South Sinai governorates

² Not collected because individual is deceased or is not a usual member of the household or a visitor

Table 14.8 combines the information on children involved in economic activities or performing household chores at or above and below the age-specific thresholds as detailed in the previous tables, as well as those children reported working under hazardous conditions, into a total child labor indicator. Appendix Table A-14.2 presents the child labor results by governorate.

Table 14.8 shows that 4 percent of children age 5-17 years were engaged in economic activities at or above the threshold for their age. One percent were engaged in household chores at or above the age-specific limit. Six percent of children worked in a hazardous environment. Overall, 7 percent of children were involved in child labor, i.e., they were involved in economic activities or household chores for longer hours than are considered appropriate or worked under hazardous conditions.

The proportion classified as engaged in child labor was higher in rural areas than in urban areas (9 percent and 3 percent, respectively). Children in rural Upper Egypt were more likely to be in the child labor category than children in other areas. The proportion in the child labor category decreased with the mother's and father's education. It was higher among children whose parents, particularly the mother, had died. Wealth was closely related to the likelihood of being in the child labor category, with the proportion declining from 18 percent in the lowest quintile to 2 percent in the highest quintile.

Table 14.8 Child labor

Percentage of never-married children 5-17 years by involvement in economic activities or household chores during the week before the survey, percentage working under hazardous conditions during the last week, and percentage engaged in child labor during the last week, by background characteristics, Egypt 2014

Background characteristic	Children involved in economic activities for a total number of hours:		Children involved in household chores for a total number of hours:		Percentage of children working under hazardous conditions ²	Percentage considered to be involved in child labor	Number of children age 5-17 years
	Below the age-specific threshold ¹	At or above the age-specific threshold	Below the age-specific threshold ¹	At or above the age-specific threshold			
Sex							
Male	95.8	4.2	99.2	0.8	6.8	8.1	15,855
Female	97.1	2.9	99.2	0.8	4.4	5.8	15,246
Age							
5-11	96.7	3.3	99.5	0.5	2.6	3.9	17,618
12-14	95.7	4.3	98.6	1.4	6.7	8.5	7,002
15-17	96.6	3.4	99.1	0.9	12.7	13.8	6,481
Urban-rural residence							
Urban	98.7	1.3	99.5	0.5	2.2	2.9	10,725
Rural	95.3	4.7	99.0	1.0	7.4	9.1	20,376
Place of residence							
Urban Governorates	99.0	1.0	99.8	0.2	1.4	1.8	3,738
Lower Egypt	96.3	3.7	99.5	0.5	5.7	6.8	14,252
Urban	99.1	0.9	99.8	0.2	2.1	2.3	3,132
Rural	95.5	4.5	99.5	0.5	6.8	8.1	11,120
Upper Egypt	95.8	4.2	98.6	1.4	6.8	8.7	12,822
Urban	98.0	2.0	99.0	1.0	3.0	4.5	3,711
Rural	94.9	5.1	98.5	1.5	8.3	10.4	9,111
Frontier Governorate ³	98.5	1.5	98.2	1.8	1.5	3.6	289
School attendance							
Attending school	96.7	3.3	99.2	0.8	5.1	6.5	24,876
Not attending school	95.5	4.5	99.2	0.8	7.6	8.8	6,225
Mother's education							
No education	94.3	5.7	99.0	1.0	9.8	11.6	9,581
Some primary	95.0	5.0	99.0	1.0	7.7	9.4	2,342
Primary comp./some sec.	96.3	3.7	99.0	1.0	5.5	6.8	4,766
Secondary comp./ higher	98.3	1.7	99.5	0.5	2.2	3.2	13,738
Not determined ⁴	95.0	5.0	97.5	2.5	9.0	11.2	674
Father's education							
No education	93.4	6.6	99.6	0.4	10.2	11.7	5,670
Some primary	95.9	4.1	98.7	1.3	8.3	9.8	2,934
Primary comp./some sec.	96.0	4.0	98.9	1.1	5.9	7.6	5,435
Secondary comp./ higher	97.8	2.2	99.2	0.8	3.2	4.3	14,860
Not determined ⁴	96.6	3.4	99.4	0.6	6.2	7.2	2,202
Parental survivorship							
Both alive	96.5	3.5	99.2	0.8	5.5	6.8	29,543
Father deceased	96.0	4.0	99.1	0.9	8.1	9.0	1,274
Mother deceased	96.0	4.0	96.3	3.7	8.9	12.5	256
Both deceased	*	*	*	*	*	*	16
Don't know/missing	*	*	*	*	*	*	12
Wealth quintile							
Lowest	90.5	9.5	98.7	1.3	14.9	18.0	6,851
Second	96.7	3.3	98.8	1.2	5.6	7.1	6,837
Middle	98.2	1.8	99.6	0.4	2.9	3.5	6,157
Fourth	98.8	1.2	99.4	0.6	1.8	2.5	5,844
Highest	99.1	0.9	99.6	0.4	1.1	1.7	5,412
Total	96.4	3.6	99.2	0.8	5.6	7.0	31,101

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see <http://mics.unicef.org>. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes those not involved at all

² Work was considered hazardous if it involved carrying heavy loads, working with dangerous tools or operating heavy equipment, working at heights, working with chemicals or explosives, exposure to dust, fumes, gas, extreme heat or humidity, loud noise or vibrations, or any other working conditions considered to be bad for the child's health and safety.

³ Does not include North and South Sinai governorates

⁴ Not collected because individual is deceased or is not a usual member of the household or a visitor

14.6 CHILD DISCIPLINE

The 2014 Egypt DHS household questionnaire included another module developed for the UNICEF MICS program to investigate ways in which children are disciplined. The module was administered for one never-married child age 1-14 years in the household.³ The respondent to the household questionnaire (usually the household head) was asked a series of separate questions about disciplinary practices the respondent or other household members may have used with the child during the month before the interview to correct behavior problems or encourage right behavior. To the extent that the EDHS household informant was not present at or aware of all of the times a child had been disciplined during the month, the module may underestimate use of various forms of discipline.

Table 14.9 shows the extent to which eleven different approaches were used to discipline children age 1-14 years during the month before the interview. The techniques are grouped into nonviolent and violent approaches. The most commonly used nonviolent approach to disciplining involved explaining to the child that the behavior was wrong; 85 percent of children were reported to have been disciplined using this approach.

With respect to violent disciplinary approaches, the most common approach was to shout, yell, or scream at the child; around 9 in 10 children were disciplined in this manner in the month before the interview. Physical punishment was also widely used in disciplining children. The most commonly reported form of physical punishments involved hitting the child on the hand, arm, or leg (55 percent) followed by shaking the child (46 percent) and hitting the child on the face, head, or ears (41 percent). Around 1 in 4 children were hit on the bottom or other part of the body with a hard object (e.g., a belt). Around 1 in 9 children were reported to have been beaten, i.e., hit over and over again as hard as possible.

Table 14.10 considers how use various categories of disciplinary techniques differed by background characteristics. Appendix Table A-14.3 presents differentials in the use of the various disciplinary practices by governorate.

Table 14.9 Child discipline

Percentage of de jure children age 1-14 years reported as having been disciplined in specific manners during the month before the survey, Egypt 2014

Manner of discipline	Total
Nonviolent disciplinary approaches	
Taking away privileges, forbidding something the child liked, or not allowing the child to leave the house	45.5
Explaining that the child's behavior was wrong	84.8
Giving the child something else to do	37.8
Violent discipline approaches	
<i>Psychological aggression</i>	
Shouting, yelling, or screaming at the child	88.0
Calling the child dumb, lazy, or a similar term	63.0
<i>Physical punishment</i>	
Shaking the child	46.1
Hitting the child on the hand, arm, or leg	54.8
Spanking, hitting, or slapping the child on the bottom with a bare hand	36.8
Hitting the child on the bottom or other part of the body with a belt, hairbrush, stick, or other similar hard object	23.4
<i>Severe physical punishment</i>	
Hitting or slapping the child on the face, head or ears	41.2
Beating up the child, that is, hitting the child over and over as hard as one can	11.1
Not disciplined with any of the approaches/missing	2.9
Number of children	36,216

³ As noted earlier, in the 2014 Egypt DHS, the first step in the administration of the Child Labor and Child Discipline modules involved the identification of a single child age 1-17 years for whom the questions in the modules would be asked depending on the child's age. If the household included more than one child in the age range, the child for whom the modules were administered was selected using a Kish grid. If the selected child was 1-14 years, the Child Discipline module was administered for the child. To account for the selection of one child per household, the child discipline data are weighted. The weight is based on the de jure population of children age 1-17 years.

Table 14.10 Child discipline by background characteristics

Percentage of children age 1-14 years by child disciplining methods experienced during the month before the survey, by background characteristics, Egypt 2014

Background characteristic	Percentage of children age 1-14 years who experienced:					Number of children age 1-14 years
	Only non-violent discipline	Any psychological aggression	Any physical punishment	Any severe physical punishment	Any violent discipline method	
Sex						
Male	3.8	91.6	78.2	43.4	93.4	18,504
Female	4.4	90.6	77.8	43.0	92.6	17,711
Age						
1-2	4.5	85.6	76.3	33.4	89.4	6,113
3-4	2.2	94.3	87.5	48.8	96.2	5,483
5-9	3.1	93.5	83.5	47.5	95.1	12,849
10-14	5.8	89.8	68.5	41.1	91.1	11,771
Urban-rural residence						
Urban	4.8	90.9	75.0	36.9	92.4	12,208
Rural	3.7	91.2	79.5	46.5	93.3	24,008
Place of residence						
Urban Governorates	4.7	91.7	74.6	33.9	93.0	4,116
Lower Egypt	3.6	91.4	78.4	45.1	93.4	16,970
Urban	4.5	91.5	74.9	37.7	93.1	3,674
Rural	3.4	91.4	79.4	47.2	93.5	13,297
Upper Egypt	4.5	90.6	78.5	43.9	92.5	14,773
Urban	5.4	89.6	75.3	39.3	90.9	4,230
Rural	4.1	91.0	79.8	45.8	93.1	10,543
Frontier Governorates ¹	1.2	91.8	75.8	33.2	93.8	357
School attendance						
Attending school	4.7	91.6	74.9	43.4	93.0	19,606
Not attending school	3.3	90.5	81.7	43.0	93.0	16,610
Mother's education						
No education	3.5	91.4	79.8	48.2	93.3	9,270
Some primary	5.5	90.8	79.2	51.0	92.5	2,323
Primary comp./some sec.	3.3	91.8	82.2	51.4	93.8	5,951
Secondary comp./ higher	4.3	91.0	76.0	37.3	92.9	18,156
Not determined ²	9.8	82.7	60.9	32.5	85.3	517
Father's education						
No education	3.3	91.2	80.0	48.4	93.4	5,611
Some primary	2.6	93.8	82.1	53.0	95.3	3,280
Primary comp./some sec.	3.7	91.8	82.2	49.9	93.7	6,548
Secondary comp./ higher	4.5	90.8	75.8	38.3	92.5	18,876
Not determined ²	6.0	87.3	71.6	37.5	89.8	1,901
Parental survivorship						
Both alive	4.0	91.3	78.4	43.5	93.2	35,139
Father deceased	7.0	85.0	68.5	37.7	87.6	890
Mother deceased	14.6	79.0	46.8	24.0	79.0	170
Both deceased	*	*	*	*	*	7
Don't know/missing	*	*	*	*	*	10
Wealth quintile						
Lowest	4.1	90.6	79.3	49.2	92.6	7,300
Second	3.6	91.8	81.4	50.7	93.8	7,468
Middle	3.4	91.6	79.8	44.7	93.6	8,001
Fourth	4.0	91.8	77.4	38.9	93.6	7,282
Highest	5.6	89.4	70.7	30.4	91.0	6,164
Total	4.1	91.1	78.0	43.2	93.0	36,216

Note: Nonviolent practices included one or more of the following: (1) taking away privileges, forbidding something the child liked, or not allowing the child to leave the house; (2) explaining that the child's behavior was wrong; or (3) giving the child something else to do. Psychological aggression included one or both of the following: (1) shouting, yelling, or screaming at the child or (2) calling the child dumb, lazy or a similar term. Physical punishments included one or more of the following: (1) shaking the child; (2) spanking, hitting or slapping the child on the bottom with a bare hand; (2) hitting the child on the bottom or other part of the body with a belt, hairbrush, stick, or other similar hard object; (3) hitting or slapping the child on the face, head, or ears; (4) hitting the child on the hand, arm or leg; and (5) beating the child up, that is hitting the child over and over as hard as one can. Severe physical punishments included one or both of the following: (1) hitting or slapping the child on the face, head, or ears or (2) beating the child up, that is hitting the child over and over as hard as one can. Any violent method included using any type of psychological aggression and/or physical punishment.

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

¹ Does not include North and South Sinai governorates

² Not collected because individual is deceased or is not a usual member of the household or a visitor

The results in Table 14.10 show that most parents use a combination of disciplinary techniques; only 4 percent of children were disciplined in the month before the survey using only nonviolent methods. Both psychological aggression and physical punishment were commonly used. Nine in 10 children age 1-14 years were disciplined with some form of psychological aggression during the month prior to the survey. Around 8 in 10 children were physically punished, and a severe form of physical punishment was used to discipline more than 4 in 10 children. Ninety-three percent of children age 1-14 years were disciplined using some violent method, either psychological aggression or physical punishment. In general, disciplinary methods do not vary markedly among the subgroups shown in Table 14.10. Particularly notable is the fact that the use of physical punishment does not vary with the sex of the child.

14.7 CHILD CARE ARRANGEMENTS

Leaving children alone or in the presence of other young children is known to increase the risk of the child being harmed (Grossman 2000). In the 2014 EDHS, two questions were asked to find out whether children under age 5 were left alone during the week preceding the interview or left in the care of another child under 10 years of age without adult supervision. Taken together, these two indicators provide a measure of the extent to which children may be receiving inadequate care when parents are away. Table 14.11 shows that overall, 4 percent of children under age 5 were reported to have been left alone or in the care of another child under age 10 years for more than one hour during the week before the interview. The highest proportion of children reported to have been left alone or under the supervision only of another young child for more than one hour was found in the lowest wealth quintile (7 percent).

Table 14.11 Child care arrangements

Percentage of de jure children under five years of age left alone, percentage left in the care of another child younger than 10 years for more than one hour, and percentage left alone or in the care of another child younger than 10 years for more than one hour during the week before the survey, Egypt 2014

Background characteristic	Left alone during the week	Left in the care of another child younger than 10 years of age for more than one hour during the week	Left alone or in the care of another child younger than 10 years for more than one hour the week ¹	Number of children
Age	2.6	1.7	3.4	6,289
<2 years	3.6	2.2	4.6	8,567
2-4 years				
Sex	3.3	2.0	4.3	7,817
Male	3.0	2.0	4.0	7,039
Female				
Urban-rural residence	2.1	1.3	2.7	4,583
Urban	3.6	2.3	4.8	10,273
Rural				
Place of residence				
Urban Governorates	1.3	1.0	1.7	1,495
Lower Egypt	3.4	2.6	4.5	7,092
Urban	2.7	2.7	3.9	1,356
Rural	3.5	2.6	4.7	5,737
Upper Egypt	3.4	1.6	4.3	6,117
Urban	2.3	0.4	2.5	1,649
Rural	3.8	2.1	4.9	4,468
Frontier Governorates ¹	1.8	0.1	1.8	152
Mother's education				
No education	4.1	3.4	5.8	2,674
Some primary	4.2	3.2	5.9	718
Primary complete/some secondary	3.4	1.1	3.6	2,676
Secondary complete/higher	2.7	1.8	3.6	8,710
Not determined ²	1.8	1.8	1.8	78
Wealth quintile				
Lowest	5.3	3.3	7.0	2,612
Second	3.7	2.4	4.9	2,891
Middle	3.1	1.9	3.9	3,758
Fourth	2.1	1.4	2.8	3,165
Highest	1.6	1.1	2.2	2,429
Total	3.2	2.0	4.1	14,856

¹ Does not include North and South Sinai governorates

² Not collected because individual is deceased or is not a usual member of the household or a visitor

Key Findings:

- Fifteen percent of currently married women in Egypt are currently working or were employed in the past 12 months. The majority of employed women are paid, mainly in cash; only 13 percent work without pay.
- Most currently married women who have cash earnings either make decisions about how their earnings are used by themselves (29 percent) or jointly with the husband (63 percent).
- Three-quarters of married women are involved in decisions about how the husband's cash earnings are used, with most (69 percent) saying decisions are made jointly by the couple.
- The majority of married women are involved, most often jointly, with the husband in decisions about their own health care (83 percent), visits to relatives or friends (76 percent), and major household purchases (67 percent).
- Around one-third of ever-married women age 15-49 agree that wife beating is justified in at least one of the following circumstances: if she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, and burns the food.
- Empowerment indicators based on the number of household decisions in which a woman participates and the number of reasons wife beating is justified are related to a woman's current use of contraception, ideal family size, need for family planning, and use of reproductive health care services.

This chapter presents data on the status of women in Egypt, including information on gender differences in employment, access to and control over cash earnings, asset ownership, participation in household decision-making, and the relative earnings of husbands and wives. The chapter also explores how indices of women's empowerment developed from data on the number of household decisions in which the woman participates and her attitudes toward wife beating are associated with demographic and health outcomes, including contraceptive use, unmet need for family planning, and access to maternal health care.

15.1 EMPLOYMENT AND FORM OF EARNINGS

Employment, particularly employment for cash, is an important indicator of empowerment for women. Table 15.1 presents data from the 2014 EDHS on the employment status of currently married women age 15-49 years and on the type of earnings working women receive. Fifteen percent of currently married women in Egypt are currently working or were employed in the past 12 months. The proportion employed increases with age, but even among women age 35 and older, only around 1 in 5 women report employment. In general, employed women are paid for the work they do, with more than 8 in 10 earning cash. Women age 20-24 are least likely to be paid in cash for work they do.

Table 15.1 Employment and cash earnings of currently married women

Percentage of currently married women age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months by type of earnings, according to age, Egypt 2014

Age	Among currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings						Number of women
	Percentage employed in past 12 months	Number of women	Cash only	Cash and in-kind	In-kind only	Not paid	Missing/don't know	Total	
15-19	3.1	746	*	*	*	*	*	100.0	23
20-24	5.3	2,980	67.1	2.8	0.7	29.3	0.0	100.0	157
25-29	13.0	4,610	87.6	1.1	0.5	10.8	0.0	100.0	600
30-34	17.1	3,981	86.7	1.7	0.3	11.2	0.0	100.0	682
35-39	19.6	3,282	83.2	2.9	0.4	13.3	0.2	100.0	642
40-44	20.6	2,579	82.8	4.1	0.8	12.3	0.0	100.0	532
45-49	22.9	2,282	85.7	1.7	0.7	11.9	0.0	100.0	522
Total	15.4	20,460	84.1	2.3	0.5	13.0	0.0	100.0	3,158

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

15.2 CONTROL OVER CASH EARNINGS AND RELATIVE MAGNITUDE OF EARNINGS

The 2014 EDHS included a number of questions to assess women's control over the use of their earnings, the magnitude of women's earnings relative to those of their husbands, and women's participation in decisions on how the husband's earnings are used. These results all have implications for the empowerment of women. Employment and earnings are more likely to empower women if women themselves control their own earnings and if their earnings are perceived as significant relative to those of their husband. Women also are clearly empowered if they have a voice in how the husband's earnings are spent.

15.2.1 Women's Control over Her Cash Earnings

Table 15.2 shows the percent distribution of currently married women who received cash earnings in the past 12 months, according to the person who controls their earning and their perception of the magnitude of their earnings relative to those of their husband. With regard to decisions about how a woman's earnings are used, most currently married women who have cash earnings either make decisions about how their earnings are used by themselves (29 percent) or jointly with the husband (63 percent). The proportion saying they themselves mainly make decisions about how their earnings are used has increased since the 2008 EDHS when 20 percent of women reported they mainly decided how their earnings would be used.

With regard to magnitude of women's earnings, Table 15.2 shows that the majority of employed women paid in cash earn less than their husband regardless of the subgroup to which they belong. Overall, only around one in three women say that they earn around the same amount (23 percent) or more (9 percent) than their husband.

Table 15.2 Control over women's cash earnings and relative magnitude of women's cash earnings

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Egypt 2014

Background characteristic	Person who decides how the wife's cash earnings are used:					Wife's cash earnings compared with husband's cash earnings:					Number of currently married women
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband has no earnings	
Age											
15-19	*	*	*	*	*	100.0	*	*	*	*	100.0
20-24	33.9	58.3	5.3	2.5	0.0	100.0	7.3	67.8	15.6	3.0	6.3
25-29	25.2	64.7	9.3	0.5	0.3	100.0	9.6	61.1	25.1	0.8	3.4
30-34	29.0	63.9	5.2	0.0	1.9	100.0	7.9	62.1	23.5	2.4	4.1
35-39	33.2	61.0	4.1	0.0	1.7	100.0	8.0	66.0	19.8	2.3	3.9
40-44	30.3	62.9	5.9	0.0	0.9	100.0	11.5	59.6	23.6	1.7	3.6
45-49	28.5	64.0	5.5	0.0	2.0	100.0	9.7	58.7	24.6	2.0	4.9
Number of living children											
0	35.5	56.8	4.9	2.7	0.0	100.0	8.3	66.1	20.9	0.1	4.7
1-2	28.3	63.9	6.6	0.4	0.8	100.0	8.6	61.0	25.2	1.6	3.6
3-4	28.7	63.7	5.7	0.0	1.9	100.0	9.7	61.7	22.0	2.2	4.4
5+	33.9	59.2	6.0	0.0	0.9	100.0	8.5	66.4	18.3	3.2	3.6
Residence											
Urban	33.7	60.9	4.2	0.1	1.0	100.0	8.0	61.7	24.8	2.3	3.3
Rural	25.8	64.7	7.5	0.5	1.5	100.0	10.1	62.3	21.4	1.6	4.7
Place of residence											
Urban Governorates	38.8	58.1	3.1	0.0	0.0	100.0	7.6	65.8	22.7	2.8	1.0
Lower Egypt	22.2	67.6	8.0	0.4	1.8	100.0	9.8	57.6	25.0	2.0	5.6
Urban	24.2	68.0	5.9	0.1	1.8	100.0	8.1	54.6	28.8	2.7	5.7
Rural	21.4	67.4	8.9	0.5	1.9	100.0	10.5	58.8	23.4	1.8	5.5
Upper Egypt	39.1	56.1	3.6	0.3	0.9	100.0	8.6	68.9	18.9	1.2	2.4
Urban	39.8	55.4	3.6	0.0	1.2	100.0	8.2	65.4	22.6	1.3	2.6
Rural	38.4	56.8	3.6	0.6	0.6	100.0	9.1	72.3	15.3	1.1	2.3
Frontier Governorates ¹	37.3	61.1	0.8	0.8	0.0	100.0	5.2	71.5	20.0	1.5	1.8
Education											
No education	31.3	60.4	7.1	0.0	1.1	100.0	8.2	63.7	18.2	3.8	6.2
Some primary	36.6	54.9	6.7	0.0	1.8	100.0	8.2	69.8	11.5	4.9	5.6
Primary complete/some secondary	28.4	62.3	6.7	2.7	0.0	100.0	10.9	60.7	21.0	6.3	1.1
Secondary complete/higher	28.8	63.9	5.7	0.2	1.4	100.0	9.1	61.5	24.5	1.0	3.9
Wealth quintile											
Lowest	32.7	56.1	9.7	0.0	1.5	100.0	12.5	63.4	17.7	1.5	5.0
Second	29.2	64.9	4.9	0.0	1.0	100.0	7.7	65.7	20.1	2.2	4.3
Middle	25.6	62.4	9.3	0.8	1.9	100.0	8.2	62.3	23.2	2.4	4.0
Fourth	25.4	67.6	4.8	0.6	1.6	100.0	10.5	59.8	21.8	2.5	5.4
Highest	34.1	61.0	4.2	0.0	0.7	100.0	8.3	61.7	26.4	1.0	2.6
Total	29.4	63.0	6.0	0.3	1.3	100.0	9.1	62.0	22.9	1.9	4.0
											100.0
											2,728

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

¹ Does not include North and South Sinai governorates

15.2.2 Control over Husband's Cash Earnings

The 2014 EDHS looked not only at the woman's control over her cash earnings but also at the extent to which currently married women participate in decisions about how the husband's cash earnings are used. Table 15.3 shows that three-quarters of women are involved in decisions about how the husband's cash earnings are spent, with most (69 percent) saying decisions are made jointly by the couple. There has been little change in the pattern of control over husband's earnings since 2008 when 71 percent of women reported they participated jointly in decisions about the use of the husband's earnings and 22 percent said the husband alone mainly made the decisions.

With respect to the variation by background characteristics, women in the highest wealth quintile are most likely to say decisions about how the husband's earnings are used are made jointly (80 percent). The percentage reporting they participate jointly with the husband in the decisions is lowest among women age 15-19 years, women with 5 or more children, women living in rural Upper Egypt, women with no education, and women in the lowest wealth quintile. Even among these groups, however, joint decision-making is the norm.

Table 15.3 Control over husband's cash earnings

Percent distribution of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, Egypt 2014

Background characteristic	Person who decides how husband's cash earnings are used:					Number of currently married women
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	
Age						
15-19	2.9	56.4	32.6	8.1	0.0	100.0 737
20-24	4.6	66.7	24.5	4.2	0.1	100.0 2,953
25-29	5.6	69.1	22.5	2.8	0.0	100.0 4,581
30-34	6.6	69.8	22.1	1.5	0.0	100.0 3,944
35-39	8.3	70.0	20.7	0.9	0.0	100.0 3,249
40-44	8.3	69.3	21.9	0.5	0.0	100.0 2,554
45-49	7.8	69.5	22.4	0.2	0.1	100.0 2,236
Number of living children						
0	4.5	64.6	27.0	3.8	0.1	100.0 1,769
1-2	5.4	70.8	21.1	2.6	0.0	100.0 8,215
3-4	7.4	69.8	21.4	1.4	0.0	100.0 8,161
5+	9.6	59.1	30.3	1.0	0.0	100.0 2,110
Residence						
Urban	6.9	73.8	18.6	0.7	0.0	100.0 7,013
Rural	6.4	65.9	24.9	2.8	0.0	100.0 13,241
Place of residence						
Urban Governorates	2.9	79.0	17.8	0.2	0.1	100.0 2,519
Lower Egypt	5.7	72.3	19.8	2.0	0.0	100.0 10,027
Urban	7.2	74.7	17.0	1.0	0.0	100.0 2,160
Rural	5.3	71.7	20.6	2.3	0.0	100.0 7,866
Upper Egypt	9.0	60.2	28.1	2.7	0.0	100.0 7,526
Urban	11.2	67.1	20.8	0.8	0.0	100.0 2,231
Rural	8.1	57.2	31.2	3.6	0.0	100.0 5,295
Frontier Governorates ¹	1.3	71.9	25.8	0.9	0.1	100.0 182
Education						
No education	8.0	58.5	30.9	2.5	0.0	100.0 4,697
Some primary	7.3	62.7	27.0	2.8	0.2	100.0 1,185
Primary complete/some secondary	7.5	63.5	25.5	3.5	0.0	100.0 3,533
Secondary complete/higher	5.6	75.3	17.8	1.3	0.0	100.0 10,840
Wealth quintile						
Lowest	6.4	57.8	31.4	4.4	0.0	100.0 3,577
Second	6.7	62.6	27.8	2.8	0.0	100.0 3,933
Middle	6.6	70.1	21.5	1.8	0.1	100.0 4,555
Fourth	6.7	71.4	20.5	1.4	0.0	100.0 4,221
Highest	6.4	79.7	13.6	0.3	0.0	100.0 3,967
Total	6.6	68.6	22.7	2.1	0.0	100.0 20,254

¹ Does not include North and South Sinai governorates

15.2.3 Women's Earnings Relative to Their Husband's Earnings

The level of women's earnings relative to their husband's earnings is expected to be associated with women's control over their own and their husband's earnings. To examine this association, Table 15.4 shows the percent distribution of currently married women with cash earnings by the person who has the main say in the use of their earnings and the distribution of currently

married women by the person who has the main say in the use of their husband's earnings, according to women's perception of the size of their own earnings relative to their husband's earnings.

As expected, the results show that women who are employed for cash are more likely to be involved in decisions about how the husband's earnings are used than women who do not work or do not earn cash for the work they do. Eighty-five percent or more of employed women earning cash for the work they do report they are responsible jointly or alone for decisions on how the husband's earnings are spent compared to just over 70 percent of women who did not work or were not paid for the work they did.

Table 15.4 Women's control over their earnings and over those of their husbands

Percent distribution of currently married women age 15-49 with cash earnings in the last 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, Egypt 2014

Women's earnings relative to husband's earnings	Person who decides how the wife's cash earnings are used:				Number of currently married women	Person who decides how husband's cash earnings are used:				Number of currently married women		
	Mainly wife	Wife and husband jointly	Mainly husband	Other/missing		Mainly wife	Wife and husband jointly	Mainly husband	Other/missing			
More than husband	32.4	60.3	6.4	0.9	100.0	248	14.3	70.2	15.1	0.4	100.0	248
Less than husband	34.0	58.3	7.1	0.5	100.0	1,693	6.3	79.5	13.9	0.3	100.0	1,693
Same as husband	16.1	80.4	3.4	0.1	100.0	625	2.5	90.4	6.4	0.7	100.0	625
Husband has no cash earnings/ does not work	38.5	57.3	4.2	0.0	100.0	52	na	na	na	na	na	0
Woman works but is not paid in cash	na	na	na	na	na	0	8.9	64.1	19.1	7.9	100.0	429
Woman does not work	na	na	na	na	na	0	6.5	66.8	24.5	2.2	100.0	17,149
Don't know/Missing	22.4	45.3	3.7	28.5	100.0	110	9.0	78.0	10.4	2.6	100.0	110
Total	29.4	63.0	6.0	1.6	100.0	2,728	6.6	68.6	22.7	2.1	100.0	20,254

na = Not applicable

Table 15.4 also shows that the relative magnitude of women's earnings compared to their husbands affects how spending decisions are made, particularly with respect to the proportion reporting that spending decisions about both their earnings and their husband's earnings are made jointly. For example, employed women are more likely to report that spending decisions about the husband's earnings are made jointly if they earn about the same as their husband than if they earn less or more than the husband (90 percent, 80 percent, and 70 percent, respectively). Women earning about the same as the husband are also more likely to decide jointly with the husband how to spend their own earnings than if they earn more or less than the husband (80 percent, 60 percent, and 58 percent, respectively).

15.3 WOMEN'S OWNERSHIP OF SELECTED ASSETS

Ownership of assets, particularly high-value assets, has many beneficial effects for households, including protection against financial ruin. For women in particular, asset ownership is a source of economic empowerment and provides protection in the case of marital dissolution or abandonment. The 2014 EDHS collected information on women's ownership (alone, jointly, and alone and jointly) of land and a house. Table 15.5 shows that, regardless of background characteristics, few women in Egypt own either a house or land. Overall, only 5 percent of ever-married women age 15-49 own a house and 2 percent own land.

Table 15.5 Ownership of assets

Percent distribution of ever-married women age 15-49 by ownership of housing and land, according to background characteristics, Egypt 2014

Background characteristic	Percentage who own a house:			Total	Percentage who own land:			Percent-age who do not own land	Total	Number of ever-married women
	Alone	Jointly	Alone and jointly		Alone	Jointly	Alone and jointly			
Age										
15-19	2.4	1.6	0.2	95.8	100.0	0.9	1.1	0.0	98.0	100.0
20-24	1.1	1.1	0.6	97.2	100.0	0.3	0.8	0.1	98.8	100.0
25-29	0.9	1.4	0.4	97.2	100.0	0.6	0.6	0.1	98.8	100.0
30-34	1.6	1.6	0.5	96.3	100.0	0.5	0.6	0.1	98.8	100.0
35-39	2.1	2.5	0.4	94.9	100.0	0.5	1.5	0.0	97.9	100.0
40-44	2.8	3.6	0.5	93.1	100.0	1.3	1.1	0.1	97.5	100.0
45-49	4.0	4.8	0.8	90.4	100.0	1.6	1.5	0.4	96.5	100.0
Residence										
Urban	2.2	2.2	0.5	95.1	100.0	0.5	0.7	0.1	98.8	100.0
Rural	1.8	2.4	0.5	95.3	100.0	0.9	1.1	0.1	97.9	100.0
Place of residence										
Urban Governorates	2.0	2.1	0.4	95.4	100.0	0.2	0.6	0.0	99.3	100.0
Lower Egypt	2.7	2.7	0.5	94.2	100.0	1.0	1.1	0.2	97.7	100.0
Urban	3.7	2.8	0.6	92.8	100.0	1.0	1.0	0.3	97.6	100.0
Rural	2.4	2.6	0.4	94.5	100.0	1.0	1.2	0.1	97.7	100.0
Upper Egypt	0.9	1.9	0.6	96.6	100.0	0.6	0.9	0.1	98.4	100.0
Urban	0.9	1.8	0.5	96.9	100.0	0.2	0.5	0.0	99.2	100.0
Rural	0.9	2.0	0.6	96.5	100.0	0.7	1.1	0.1	98.1	100.0
Frontier Governorates ¹	2.2	1.2	0.3	96.4	100.0	0.2	0.5	0.0	99.3	100.0
Education										
No education	1.8	2.9	0.6	94.7	100.0	0.8	0.9	0.1	98.2	100.0
Some primary	2.5	3.3	0.6	93.5	100.0	0.9	1.0	0.2	97.9	100.0
Primary complete/some secondary	1.5	1.8	0.4	96.3	100.0	0.7	1.0	0.1	98.3	100.0
Secondary complete/higher	2.1	2.1	0.5	95.3	100.0	0.7	1.0	0.1	98.1	100.0
Employment (last 12 months)										
Not employed	1.7	2.0	0.5	95.8	100.0	0.7	0.8	0.1	98.4	100.0
Employed for cash	3.5	3.8	0.8	91.9	100.0	1.0	1.4	0.2	97.5	100.0
Employed not for cash	2.4	2.9	0.7	94.1	100.0	1.8	3.7	0.4	94.1	100.0
Wealth quintile										
Lowest	2.4	2.9	0.4	94.3	100.0	1.8	1.9	0.1	96.2	100.0
Second	1.8	2.7	0.5	95.0	100.0	0.8	1.0	0.0	98.2	100.0
Middle	1.7	1.8	0.6	95.9	100.0	0.5	0.8	0.2	98.5	100.0
Fourth	1.5	2.2	0.3	95.9	100.0	0.4	0.6	0.1	98.9	100.0
Highest	2.3	2.1	0.7	94.9	100.0	0.3	0.8	0.1	98.8	100.0
Total	1.9	2.3	0.5	95.2	100.0	0.7	1.0	0.1	98.2	100.0
21,762										

Note: Total includes 3 cases for which information on employment status is missing.

¹ Does not include North and South Sinai governorates

15.4 WOMEN'S PARTICIPATION IN DECISION-MAKING

The ability of women to make decisions that affect their personal circumstances is an essential element of their empowerment. To assess currently married women's decision-making autonomy, the 2014 EDHS included questions on their participation in decisions about their own health care, making major household purchases, and visits to her family or relatives. Table 15.6 presents information on women's participation in the three types of decisions by selected background characteristics. Appendix Table A-15.1 provides information on differences in women's involvement in these decisions by governorate.

Table 15.6 shows that the majority of currently married women are usually involved in making each type of decision. More than 80 percent say they make decisions about their own health care alone (15 percent) or jointly with their husband (68 percent), and three-quarters make decisions about visits to relatives or friends alone (11 percent) or jointly with their husbands (64 percent). Women are somewhat less involved in decisions about major household purchases but even in these types of decisions, two-thirds of the women say they make these decisions alone (6 percent) or jointly with their husbands (61 percent).

Table 15.6 Participation in decision making

Percent distribution of currently married women age 15-49 by person who usually makes decisions about various issues, Egypt 2014

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number of currently married women
Own health care	14.6	68.1	16.2	0.9	0.1	100.0	20,460
Major household purchases	6.4	61.0	29.9	2.3	0.3	100.0	20,460
Visits to her family or relatives	11.3	64.4	22.8	1.3	0.2	100.0	20,460

Figure 15.1 shows the percent distribution of currently married women by the number of household decisions in which they participate. Fifty-nine percent participate in all three decisions, 19 participate in two decisions, and 12 percent are involved in just one of the decisions. Ten percent of women are not involved in making any of the three types of decisions.

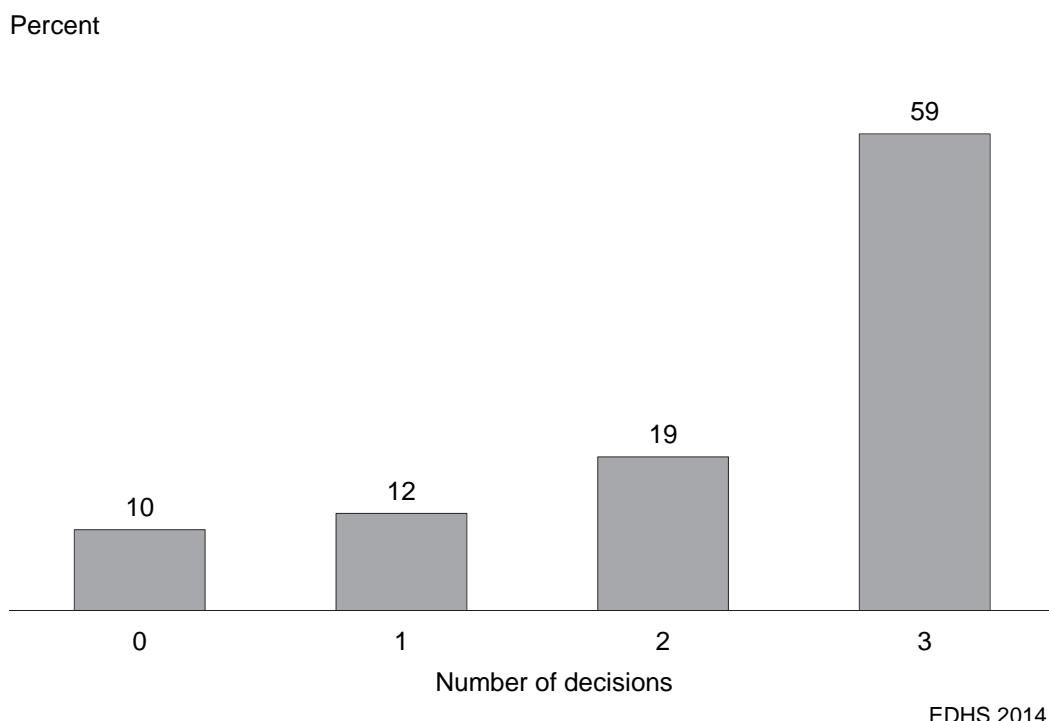
Figure 15.1 Number of decisions in which currently married women participate

Table 15.7 presents differentials in the proportions of currently married women who reported that they alone or jointly have the final say with respect to the various household decisions. Women's participation in household decision-making generally increases with age. Rural women, especially those living in Upper Egypt, and women from the three Frontier Governorates, are generally less involved in making these types of household decisions than other women. The proportion of women involved in household decision-making rises with the woman's education level. It also varies markedly with wealth; for example, 74 percent of women in the highest wealth quintile say they are involved in making all three types of household decisions compared to 44 percent of women in the lowest wealth quintile. Women working for cash are more likely than other women to report having a say in the various decisions.

Table 15.7 Women's participation in decision making by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Egypt 2014

Background characteristic	Specific decisions				Number of currently married women	
	Woman's own health care	Making major household purchases	Visits to her family or relatives	All three decisions	None of the three decisions	
Age						
15-19	73.0	53.2	64.3	44.6	18.7	746
20-24	81.5	63.2	70.8	54.4	12.4	2,980
25-29	82.2	66.3	74.6	57.8	10.8	4,610
30-34	83.4	67.8	76.1	59.8	10.0	3,981
35-39	85.0	71.0	79.6	61.8	8.2	3,282
40-44	83.4	69.8	78.3	61.5	9.3	2,579
45-49	83.7	71.2	78.7	62.2	9.3	2,282
Number of living children						
0	79.2	60.9	72.5	53.7	14.1	1,791
1-2	83.5	69.0	75.9	59.9	9.7	8,287
3-4	84.3	69.1	77.4	60.9	9.0	8,232
5+	76.8	60.1	71.0	51.1	15.4	2,149
Residence						
Urban	88.3	75.0	82.7	67.3	6.4	7,084
Rural	79.8	63.4	72.0	54.4	12.5	13,375
Place of residence						
Urban Governorates	89.3	76.1	84.2	68.4	5.8	2,547
Lower Egypt	83.4	70.5	77.0	61.4	8.9	10,098
Urban	88.2	75.5	83.5	68.0	5.8	2,179
Rural	82.0	69.1	75.2	59.6	9.7	7,919
Upper Egypt	79.8	60.6	71.2	52.3	13.8	7,629
Urban	87.5	74.2	80.5	66.2	7.5	2,254
Rural	76.6	54.9	67.3	46.5	16.4	5,375
Frontier Governorates ¹	79.3	61.9	73.4	55.1	15.1	185
Education						
No education	74.0	57.8	67.9	48.8	17.0	4,778
Some primary	79.4	62.6	68.6	54.3	14.8	1,207
Primary complete/ some secondary	79.6	63.1	71.4	53.4	12.4	3,572
Secondary complete/ higher	88.0	73.6	81.3	65.5	6.3	10,902
Employment (last 12 months)						
Not employed	81.5	65.4	74.1	56.7	11.4	17,300
Employed for cash	91.9	81.5	87.1	74.1	3.4	2,728
Employed not for cash	76.2	58.4	67.7	47.7	13.1	428
Wealth quintile						
Lowest	71.9	53.4	64.9	43.6	18.3	3,625
Second	77.3	60.2	70.4	51.1	14.5	3,976
Middle	83.5	68.6	75.1	59.6	9.5	4,603
Fourth	87.4	72.2	78.9	63.8	7.1	4,268
Highest	92.1	80.9	88.0	74.2	3.6	3,987
Total	82.7	67.4	75.7	58.8	10.4	20,460

Note: Total includes 3 cases for which information on employment status is missing.

¹ Does not include North and South Sinai governorates

15.5 ATTITUDE TOWARDS WIFE BEATING

Another indicator of women's status in a society is the level of acceptance of domestic violence. In addition to collecting information on women's actual experience of domestic violence (see Chapter 16), the 2014 EDHS assessed women's acceptance of wife beating by asking respondents if a husband was justified in hitting or beating his wife in the following situations: she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, and burns the food. Information on women's attitudes toward wife beating is presented in Table 15.8 by selected background characteristics and in Appendix Table A-15.2 by governorate.

Table 15.8 shows that 36 percent of ever-married women age 15-49 agree that wife beating is justified in at least one of the specified circumstances. Women are most likely to accept wife beating

as justified if a woman goes out without telling the husband or neglects the children; around 1 in 4 women think that a husband is justified to hit or beat his wife in either of these situations.

Half or more of ever-married women with 5 or more children, women from rural Upper Egypt, employed women who are paid in kind or not paid at all, women who did not attend school or have only some primary education, and women in the lowest wealth quintile agree that wife beating is justified in at least one of the situations. The proportion of women agreeing that at least one of the circumstances justifies wife beating is lowest among women in the highest wealth quintile and women from the Urban Governorates (12 percent and 14 percent, respectively).

Table 15.8 Attitude toward wife beating

Percentage of ever-married women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Egypt 2014

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of ever-married women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	10.2	17.6	33.5	32.8	25.0	46.1	764
20-24	6.6	13.6	28.1	26.3	19.5	39.1	3,055
25-29	6.4	11.0	22.5	21.0	17.0	32.7	4,753
30-34	6.6	12.0	24.6	23.5	19.7	34.8	4,127
35-39	7.0	12.6	25.0	23.1	19.4	34.6	3,495
40-44	7.0	12.0	25.4	24.8	19.5	34.7	2,864
45-49	8.1	15.7	27.9	26.3	25.2	37.7	2,705
Number of living children							
0	7.0	11.4	26.3	23.7	19.5	36.4	1,948
1-2	5.3	10.6	21.1	20.1	16.2	30.8	8,848
3-4	7.3	12.5	25.6	24.3	20.6	36.0	8,673
5+	12.5	23.0	41.6	39.5	31.5	52.4	2,293
Marital status							
Married	6.9	12.8	25.6	24.2	19.9	35.8	20,460
Divorced/separated/widowed	8.1	12.0	24.0	23.1	20.2	33.2	1,302
Residence							
Urban	3.2	6.2	14.0	13.0	10.2	20.3	7,623
Rural	9.0	16.3	31.7	30.1	25.1	43.9	14,139
Place of residence							
Urban Governorates	2.5	4.5	9.5	8.6	8.4	14.0	2,774
Lower Egypt	5.2	9.9	20.3	20.7	18.5	32.5	10,664
Urban	2.6	5.6	12.8	12.6	11.0	21.3	2,319
Rural	6.0	11.1	22.4	23.0	20.6	35.6	8,346
Upper Egypt	10.9	19.5	37.9	34.1	25.8	47.4	8,130
Urban	4.5	8.9	20.4	18.5	11.8	26.7	2,421
Rural	13.6	23.9	45.4	40.8	31.7	56.2	5,708
Frontier Governorates ¹	2.1	7.5	20.2	13.4	10.2	26.3	194
Education							
No education	13.1	23.4	41.8	38.6	33.4	53.1	5,232
Some primary	12.2	23.3	40.1	39.0	31.8	50.2	1,334
Primary complete/some secondary	8.6	15.0	30.7	29.1	21.6	41.7	3,796
Secondary complete/higher	3.0	5.9	14.7	14.1	11.7	24.0	11,400
Employment (last 12 months)							
Not employed	7.1	13.4	26.8	25.3	20.5	37.0	18,248
Employed for cash	4.4	6.6	15.1	14.7	13.2	24.1	3,071
Employed not for cash	20.8	30.3	45.4	43.0	39.4	62.3	440
Wealth quintile							
Lowest	15.6	27.5	47.1	43.8	37.4	59.6	3,887
Second	9.7	17.8	37.0	34.3	27.9	49.3	4,277
Middle	5.7	10.6	23.2	23.6	19.3	36.3	4,839
Fourth	3.7	7.0	16.2	15.2	11.3	24.1	4,542
Highest	1.4	2.7	6.8	6.0	5.5	11.5	4,217
Total	7.0	12.8	25.5	24.1	19.9	35.7	21,762

Note: Total includes 3 cases for which information on employment status is missing.

¹ Does not include North and South Sinai governorates

15.6 WOMEN'S EMPOWERMENT INDICATORS

Two summary indices of women's empowerment may be derived from EDHS data. The first index takes into account the number of household decisions which a woman says she makes alone or jointly with her husband. The index ranges from 0 to 3 and is assumed to be positively related to empowerment. The second index is based on the total number of reasons women accept as justifying wife beating. It ranges from 0 to 5 and is negatively related to empowerment.

Table 15.9 examines the relationship between the two empowerment indices among currently married women age 15-49. As expected, the percentage of women who disagree with all the reasons justifying wife beating increases with the number of decisions in which the woman participates. Also as expected, the percentage of women participating in all household decisions declines directly with the number of reasons the woman believes justify wife beating.

Table 15.9 Indicators of women's empowerment

Percentage of currently married women age 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women's empowerment, Egypt 2014

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife-beating	Number of currently married women
Number of decisions in which women participate¹			
0	na	42.9	2,126
1-2	na	53.4	6,298
3	na	73.6	12,035
Number of reasons for which wife-beating is justified²			
0	67.5	na	13,132
1-2	45.6	na	4,067
3-4	41.0	na	2,409
5	39.3	na	852

na = Not applicable

¹ See Table 15.7 for the list of decisions.

² See Table 15.8 for the list of reasons.

15.7 CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

A currently married woman's ability to have only the number of children she wants, as well as her use and choice of contraceptive methods will be affected by her control over her own life. A woman who is unable to control other aspects of her life may be less able to make decisions regarding her fertility. She may also feel the need to choose contraceptive methods that she can more readily conceal or that do not need the approval or cooperation of her husband.

Table 15.10 shows the relationship between the empowerment indices and the current use of contraceptive methods among currently married women. Overall, contraceptive use rises with the number of decisions in which a woman participates from 49 percent among those who do not participate in any decisions to 61 percent among women who participate in 3 decisions. The association between the decision-making index and use of specific family planning methods is most evident for the IUD; the percentage of women using the IUD rises from 21 percent among women who do not participate in any of the household decisions to 32 percent among women participating in 3 decisions. There is only a small increase in the percentage using the pill with the number of decisions in which the woman participates and the use of injectables actually declines slightly with the number of decisions in which the woman is involved.

Table 15.10 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Egypt 2014

Empowerment indicator	Any method	Any modern method	Modern methods					Not currently using	Total	Number of currently married women
			Pill	IUD	Injectables	Other modern female methods ¹	Any traditional method			
Number of decisions in which women participate²										
0	48.6	46.7	14.0	21.0	10.0	1.7	1.8	51.4	100.0	2,126
1-2	56.9	55.5	15.7	28.7	8.6	2.4	1.5	43.1	100.0	6,298
3	61.1	59.4	16.5	32.4	8.1	2.3	1.7	38.9	100.0	12,035
Number of reasons for which wife-beating is justified³										
0	60.7	59.0	16.5	32.9	7.1	2.4	1.7	39.3	100.0	13,132
1-2	56.7	55.3	15.8	27.0	10.2	2.3	1.4	43.3	100.0	4,067
3-4	54.0	52.3	15.5	23.7	11.4	1.8	1.6	46.0	100.0	2,409
5	46.3	44.9	10.6	19.0	13.6	1.8	1.3	53.7	100.0	852
Total	58.5	56.9	16.0	30.1	8.5	2.3	1.6	41.5	100.0	20,460

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Implants, female sterilization, and diaphragm/foam/jelly

² See Table 15.7 for the list of decisions.

³ See Table 15.8 for the list of reasons.

As expected, contraceptive use is negatively related to the number of reasons for which wife beating is justified. Table 15.10 shows the percentage using any method decreases from 61 percent of women who did not agree that any of the reasons justified wife-beating to 46 percent among women who agreed that wife beating would be justified for any of the five reasons. The proportions using the IUD and the pill decrease with the number of reasons for which wife beating is accepted. On the other hand, the rate of injectable use increases with the wife-beating index. As noted earlier, this may reflect in part a tendency for women who are less empowered to use a method which is easier to conceal from the husband.

15.8 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

Table 15.11 shows how currently married women's mean ideal number of children and their unmet need for family planning varies by women's empowerment indices.

The mean ideal number of children decreases directly as the measure of women's involvement in household decisions rises. Women who are not involved in any of the household decisions assessed in the index want an average of 3.3 children while women who participate in all three decisions want an average of 2.9 children. The pattern of variation in the mean ideal family size with the number of reasons wife-beating is justified also suggests women who are less empowered tend to want more children. The mean ideal family size among women who agree that the husband would be justified in beating the wife for all five reasons is 3.6 compared to 2.9 among women who do not agree that wife-beating is justified for any of the reasons.

Table 15.11 Ideal number of children and unmet need for family planning by women's empowerment

Mean ideal number of children for currently married women 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Egypt 2014

Empowerment indicator	Mean ideal number of children ¹	Number of women	Percentage of currently married women with an unmet need for family planning ²			Number of currently married women
			For spacing	For limiting	Total	
Number of decisions in which women participate³						
0	3.3	1,997	5.9	8.4	14.3	2,126
1-2	3.1	6,032	4.9	8.5	13.5	6,298
3	2.9	11,622	3.9	7.9	11.9	12,035
Number of reasons for which wife-beating is justified⁴						
0	2.9	12,682	4.1	7.5	11.6	13,132
1-2	3.2	3,895	4.9	8.2	13.1	4,067
3-4	3.3	2,290	4.9	10.0	14.9	2,409
5	3.6	784	6.6	12.3	18.9	852
Total	3.0	19,651	4.5	8.1	12.6	20,460

¹ Mean excludes respondents who gave non-numeric responses.

² See Table 6.20 for the definition of unmet need for family planning.

³ See Table 15.7 for the list of decisions.

⁴ See Table 15.8 for the list of reasons.

Unmet need also shows the expected relationship with both empowerment indicators. Unmet need decreases from 14 percent among women who do not participate in any of the household decisions to 12 percent among women who are involved in all three types of decisions. Differences in the level of unmet need with the number of reasons wife-beating is justified are more marked; 19 percent of women who agree that wife-beating is justified have an unmet need for family planning compared to 11 percent of women who do not consider wife beating justified for any of the reasons.

15.9 REPRODUCTIVE HEALTH CARE AND WOMEN'S EMPOWERMENT

Table 15.12 shows use of antenatal, delivery, and postnatal care services by women's scores on the empowerment indices. It is expected that empowered women will be more likely to seek health care services that better meet their reproductive health goals, including safe motherhood. All of the maternal health care indicators vary as expected with the empowerment indices, with the association most evident in the case of postnatal care. The percentage of women receiving postnatal care from health personnel within two days of delivery increases from 71 percent among women who are not involved in any of the household decisions to 84 percent among women who participate in all of the decisions. Moreover, the postnatal care rate declines from 85 percent among women who say that wife-beating is not justified for any of the reasons to 65 among women who think that wife-beating is justified for all 5 reasons.

Table 15.12 Reproductive health care by women's empowerment

Percentage of currently married women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Egypt 2014

Empowerment indicator	Percentage receiving antenatal care from a skilled provider ¹	Percentage receiving delivery care from a skilled provider ¹	Received postnatal care from health personnel within the first two days since delivery ²	Number of currently married women with a child born in the last five years
Number of decisions in which women participate³				
0	85.2	86.1	70.7	1,248
1-2	89.0	90.2	76.6	3,526
3	92.2	94.2	83.9	6,411
Total	90.4	92.1	80.2	11,184
Number of reasons for which wife-beating is justified⁴				
0	93.0	94.8	84.7	7,181
1-2	87.6	88.6	74.2	2,282
3-4	84.7	86.6	70.7	1,274
5	79.1	82.1	64.6	447

¹ 'Skilled provider' includes doctor and nurse/midwife.

² Includes women who received a postnatal checkup from a doctor or nurse/midwife in the first two days after the birth regardless of the place of delivery.

³ See Table 15.7 for the list of decisions.

⁴ See Table 15.8 for the list of reasons.

Key Findings:

- Three in 10 ever-married women age 15-49 years in Egypt have ever experienced some form of spousal violence, with 25 percent saying they were subjected to physical violence, 19 percent emotional violence, and 4 percent sexual violence.
- Almost one-fifth of women were the target of an episode of spousal violence recently, i.e., within the last 12 months.
- More than 1 in 3 women experiencing spousal physical or sexual violence are injured as a result of the violence, and 7 percent have serious injuries.
- Husbands are the most common perpetrators of violence, but ever-married women also report experiencing violence since age 15 involving other perpetrators; the most commonly cited perpetrators other than the spouse were mothers/stepmothers (31 percent) and fathers/stepfather (26 percent).
- Seven percent of women report they have experienced physical violence during pregnancy.
- One-third of women who experienced violence since age 15 ever sought help to deal with the violence; among those who did seek help, most turned to their family for assistance.

Domestic violence against women has been acknowledged worldwide as a violation of basic human rights, and an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations General Assembly, 1991; WHO, 2014).

To investigate the extent to which Egyptian women experience domestic violence, the 2014 EDHS included a special module which had been developed for use in the international DHS survey program and was adapted to Egypt. The module began with a series of questions intended to measure the extent to which women's husbands exhibited jealousy or attempted to control women's contacts with family or friends. For currently married women, the questions referred to woman's current husband while, for women who were widowed, divorced or separated, the questions related to the most recent husband. To assess the prevalence of spousal violence, the module then included an extensive series of questions on women's experience of physical, emotional, and sexual violence perpetrated by the current or most recent husband. Women experiencing violence were asked about any injuries they may have sustained as a result of domestic violence. Regardless of their experience of domestic violence, women were also asked if they feared their husband. Information was also obtained on several factors known to be associated with domestic violence including the husband's use of alcohol or drugs and whether the woman's father had ever beat her mother. Women were also asked about whether they had done anything to physically hurt the husband.

Although the module focused on the extent of spousal violence, information also was obtained on any physical violence involving perpetrators other than the current (last) husband that the woman experienced since her fifteenth birthday. Finally, women who reported any type violence were

asked about whether or not they had ever sought help from anyone because of the violence they experienced.

The domestic violence module was administered in interviews conducted with eligible women in the households included in the subsample selected for the anemia-testing component of the survey. The procedures used for administering the module conformed to the World Health Organization's ethical and safety recommendations for research on domestic violence (WHO, 2001):

- Only one eligible woman in each household was selected to respond to the module. In households with more than one eligible woman, this woman was randomly selected using the "Kish Grid," a specially designed simple selection procedure which was incorporated into the Household Questionnaire. This approach provides assurance to the selected respondent that other members of the household will not know the types of questions that were asked.
- Informed consent was obtained from the woman selected to be interviewed for the survey at the start of the interview. In addition, the respondent was read an additional statement at the start of the interview using the domestic violence module, informing her that the questions could be personal and reassuring her of the confidentiality of her responses.
- Interviewers were trained to administer the module only if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, provide information as to why the interview had to be terminated, thank the respondent, and end the interview.

This chapter presents findings from the 6,693 de facto women age 15-49 who completed the domestic violence module. This represented 97 percent of the women selected to be interviewed about domestic violence. The majority of eligible women for whom the domestic violence module was not completed (182 women) were not interviewed because interviewers were not able to obtain the appropriate level of privacy.

Some caution should be exercised reviewing the domestic violence data from the 2014 EDHS. In particular, while the contents of the domestic violence module and the procedures for its administration were designed to facilitate women's reporting of abuse, it is still likely that there was some underreporting of domestic violence in the survey. Moreover, the level of underreporting is likely to have varied with the respondent's demographic and socio-economic characteristics. It is important to keep the likelihood of underreporting in mind in interpreting the overall level of domestic violence and also the differentials in the rates of violence described in the chapter.

16.1 FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE

The 2014 EDHS collected information on a number of different factors that have been found to be associated with domestic violence including the husband's use of alcohol or drugs, the extent to which women expressed fear of their husbands, and women's history of family violence. The survey also obtained information on the extent to which husbands exhibited jealousy or attempted to control women's interactions with family or friends; these types of behaviors are expected to be associated with a higher likelihood of incidents of domestic violence.

Table 16.1 shows the distribution of ever-married women age 15-49 by the women's report about whether or not their father beat their mother, the woman's expressed fear of the husband, and the husband's use of alcohol or drugs. It was not uncommon for the women interviewed about domestic violence in the EDHS to have a familial history of violence; 18 percent of women reported that their father beat their mother. More than a third of the women also acknowledged they were sometimes afraid of their own spouse, and 9 percent were afraid of their spouse most of the time. On the other hand, only a small percentage of women (3 percent) reported that their spouse drank alcohol or used drugs.

Table 16.2 shows the percentage of ever-married women age 15-49 whose husband displayed jealousy and other forms of controlling behaviors by selected demographic and socioeconomic background characteristics.

Nearly three-quarters of women say their husbands were jealous or angry if they talked with other men. On the other hand, few women report that their husband frequently accused them of being unfaithful (2 percent). Slightly more than a third of women report their husbands insisted on knowing where the woman was at all times. The other examples of controlling behaviors were less common; 7 percent reported their spouse tried to limit her contact with her family, and 6 percent said the spouse would not permit her to meet her female friends. Overall, 8 percent of ever-married women say their husbands display at least three of the five types of controlling behavior, while 22 percent say their husbands do not display any of the behaviors.

In general, differences in the proportions of women reporting that their husbands displayed the various behaviors by background characteristics are not large and do not exhibit consistent patterns. However, age is directly related to controlling behaviors, with older women less likely to experience most of the behaviors than younger women. Women who are divorced or separated are generally more likely to report their husband displayed controlling behaviors than the women who were currently married or widowed. The percentages of women reporting controlling behaviors is closely related with the extent to which women say they fear their husbands most of the time. For example, around a quarter of women who report being afraid of their husband most of the time say their husbands displayed three or more types of controlling behaviors, compared with 9 percent of women who say they are sometimes afraid of their husbands and 4 percent who are never afraid.

Table 16.1 Factors associated with spousal violence

Percent distribution of ever-married women age 15-49 by awareness of father's violent behavior toward mother, reported fear of husband, and husband's use of alcohol or drugs, Egypt 2014

	Total
Woman's father beat her mother	
Yes	18.2
No	76.5
Don't know	5.3
Missing	0.1
Total	100.0
Woman afraid of husband	
Most of the time afraid	8.5
Sometimes afraid	34.7
Never afraid	56.5
Missing	0.4
Total	100.0
Husband's alcohol consumption	
Drinks alcohol only	0.2
Uses drugs only	2.0
Drinks and uses drugs	0.4
Does not drink or use drugs	97.3
Total	100.0
Total 15-49	6,693

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated, or widowed women.

Table 16.2 Marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husbands have ever demonstrated specific types of controlling behaviors, by background characteristics, Egypt 2014

Background characteristic	Percentage of women whose husband								Number of ever-married women
	Is (was) jealous or angry if she talks(ed) to other men	Frequently accuses(d) her of being unfaithful	Does (did) not permit her to meet her female friends	Tries(d) to limit her contact with her family	Insists(ed) on knowing where she is at all times	Displays(ed) 3 or more of the specific behaviors	Displays(ed) none of the specific behaviors		
Age									
15-19	87.2	2.4	9.1	8.2	42.7	9.3	7.6	240	
20-24	83.5	1.8	9.5	7.2	40.9	10.5	13.3	980	
25-29	76.6	1.5	7.7	7.8	38.1	8.4	18.6	1,422	
30-39	71.6	1.5	6.1	6.2	34.8	7.5	23.3	2,332	
40-49	63.6	1.8	2.9	5.6	31.9	4.5	29.9	1,718	
Number of living children									
0	79.2	1.3	7.1	7.5	39.2	8.3	16.9	556	
1-2	75.6	1.8	8.5	7.5	37.5	9.0	19.7	2,819	
3-4	70.9	1.6	4.4	5.9	33.7	6.2	23.7	2,618	
5+	64.3	1.5	3.5	5.2	35.5	5.3	28.8	700	
Marital status									
Married	73.7	1.4	5.6	5.6	36.1	6.7	21.3	6,272	
Divorced/separated	68.0	9.5	29.4	39.4	46.4	32.5	20.7	204	
Widowed	55.5	1.5	3.4	6.1	22.0	6.2	40.8	217	
Urban-rural residence									
Urban	72.7	1.3	5.0	5.9	34.6	6.4	22.8	2,356	
Rural	73.0	1.9	6.9	7.0	36.6	8.0	21.5	4,337	
Place of residence									
Urban Governorates	71.1	1.4	2.8	4.3	32.5	4.6	25.8	840	
Lower Egypt	71.7	1.7	7.2	6.9	33.7	8.3	23.1	3,271	
Urban	72.0	0.9	7.1	7.4	34.3	8.1	21.8	709	
Rural	71.6	1.9	7.2	6.8	33.5	8.4	23.4	2,562	
Upper Egypt	75.1	1.8	6.1	7.0	40.1	7.3	19.2	2,519	
Urban	75.2	1.5	5.2	6.1	37.3	6.6	20.1	772	
Rural	75.1	1.9	6.6	7.4	41.3	7.7	18.8	1,747	
Frontier Governorates ¹	73.5	0.4	5.4	3.8	31.9	5.6	23.7	63	
Education									
No education	67.8	2.1	5.7	8.3	34.1	7.7	26.2	1,585	
Some primary	66.4	1.5	4.7	7.7	37.5	8.7	26.3	405	
Primary complete/some secondary	73.9	2.3	8.5	7.9	38.2	9.8	20.6	1,163	
Secondary complete/higher	75.6	1.2	5.9	5.3	35.8	6.5	20.0	3,540	
Husband's education									
No education	68.9	2.0	7.9	8.6	36.9	8.7	24.2	1,086	
Some primary	68.9	2.0	8.0	7.6	33.5	8.1	26.1	574	
Primary complete/some secondary	70.8	1.8	5.2	7.5	35.7	7.7	23.2	1,222	
Secondary complete/higher	75.4	1.5	5.8	5.6	36.1	6.9	20.3	3,810	
Don't know/Missing	*	*	*	*	*	*	*	2	
Work status									
Working for cash	71.0	2.7	7.1	8.3	33.2	8.8	23.9	897	
Not working for cash	73.2	1.5	6.1	6.3	36.3	7.3	21.7	5,796	
Wealth quintile									
Lowest	68.5	2.4	7.3	8.6	37.1	8.5	24.6	1,162	
Second	72.6	1.6	6.9	7.5	36.2	7.7	22.1	1,306	
Middle	72.8	2.0	7.0	6.3	33.1	8.3	23.0	1,526	
Fourth	76.1	1.4	5.9	6.6	39.1	7.9	19.0	1,420	
Highest	73.9	0.9	4.1	4.3	34.5	4.8	21.5	1,279	
Woman afraid of husband									
Most of the time afraid	76.1	7.9	18.9	22.4	51.5	24.6	16.8	566	
Sometimes afraid	80.1	1.3	7.1	7.6	36.6	9.1	15.4	2,322	
Never afraid	67.9	0.9	3.8	3.7	33.4	3.9	26.8	3,779	
Missing	*	*	*	*	*	*	*	26	
Total	72.9	1.7	6.2	6.6	35.9	7.5	22.0	6,693	

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Does not include North and South Sinai governorates

16.2 SPOUSAL VIOLENCE

16.2.1 Levels of Spousal Violence

The domestic violence module obtained detailed information on the forms of violence ever-married women had experienced in the relationships with their current husband or, in the case of widowed, divorced, or separated women, their most recent husband. Table 16.3 and Figure 16.1 show the proportions of women reporting they had ever and recently experienced episodes of emotional, physical, and sexual violence in their relationship with husband.

Table 16.3 Forms of spousal violence

Percentage of ever-married women age 15-49 who have experienced various forms of violence committed by their husbands ever or in the 12 months preceding the survey, Egypt 2014

Type of violence	In the past 12 months			
	Ever	Often	Sometimes	Often or sometimes
SPOUSAL VIOLENCE COMMITTED BY CURRENT/MOST RECENT HUSBAND				
Physical violence				
Any physical violence	25.2	4.0	9.5	13.5
Pushed her, shook her, or threw something at her	17.1	2.4	6.5	8.9
Slapped her	22.0	2.7	8.1	10.9
Twisted her arm or pulled her hair	12.2	2.0	4.6	6.6
Punched her with his fist or with something that could hurt her	7.0	1.5	1.9	3.4
Kicked her, dragged her, or beat her up	4.6	1.4	1.3	2.7
Tried to choke her or burn her on purpose	1.3	0.4	0.3	0.7
Threatened her or attacked her with a knife, gun, or other weapon	0.7	0.1	0.3	0.4
Sexual violence				
Any sexual violence	4.1	1.0	1.7	2.7
Physically forced her to have sexual intercourse with him when she did not want to	3.6	1.0	1.4	2.4
Physically forced her to perform any other sexual acts she did not want to	1.7	0.4	0.8	1.2
Forced her with threats or in any other way to perform sexual acts she did not want to	0.9	0.2	0.3	0.5
Emotional violence				
Any emotional violence	18.8	5.1	8.0	13.1
Said or did something to humiliate her in front of others	11.1	2.8	4.4	7.2
Threatened to hurt or harm her or someone she cared about	5.2	1.5	1.9	3.3
Insulted her or made her feel bad about herself	16.2	4.2	6.9	11.2
Any form of physical and/or sexual violence	25.6	4.3	9.7	14.0
Any form of emotional and/or physical and/or sexual violence	30.3	6.8	11.8	18.6
SPOUSAL VIOLENCE COMMITTED BY ANY HUSBAND				
Physical violence	25.7	na	na	13.5
Sexual violence	4.5	na	na	2.7
Physical and/or sexual violence	26.0	na	na	14.0
Number of ever-married women	6,693	6,693	6,693	6,693

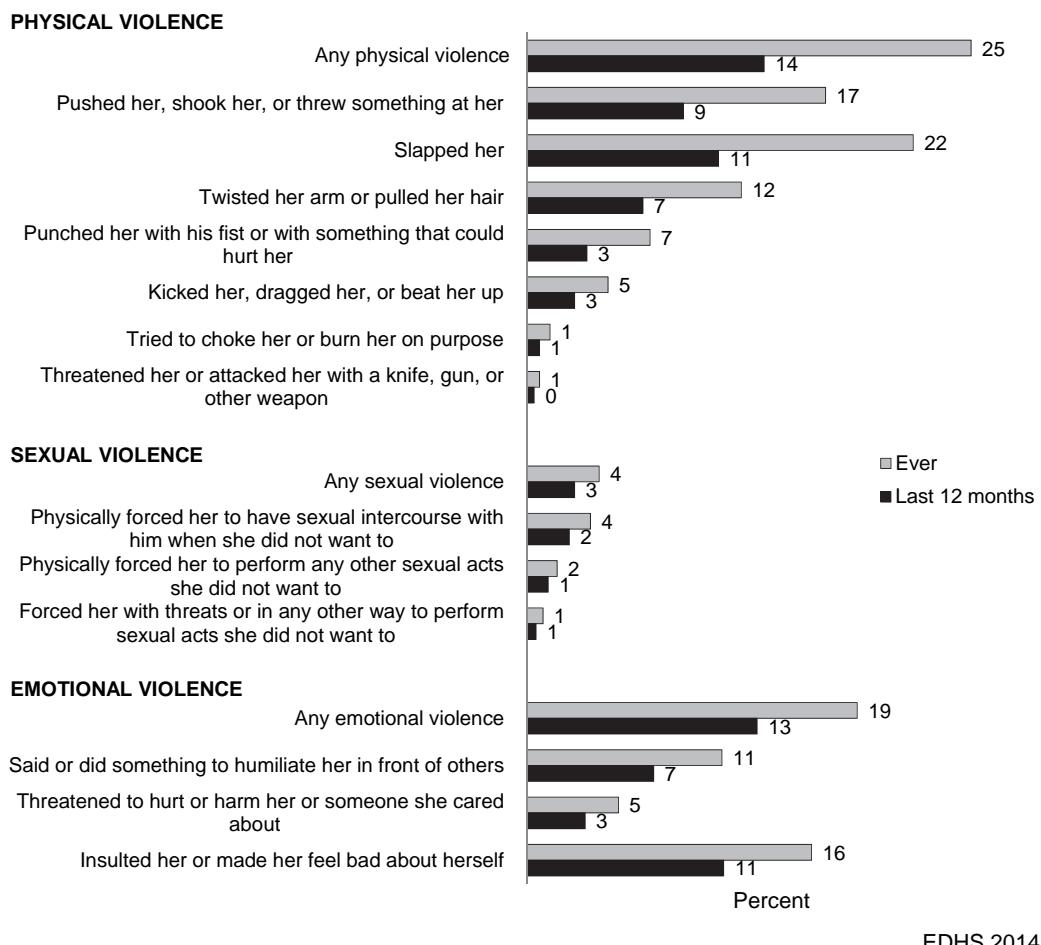
Note: Detailed information on the forms of spousal violence were obtained only for violence perpetrated by the current or, in the case of women who were divorced, separated or widowed, the most recent husband. For women who married more than once, information on violence perpetrated by former husbands was limited to physical or sexual violence ever experienced and experienced at any time during the year before the survey.

na = Not applicable

Physical violence is the most common form of spousal violence; 25 percent of ever-married women were subjected to some form of physical violence at least once by their current or most recent husband, and 14 percent reported at least one episode of physical violence took place during the 12 months preceding the survey. Four percent of women said episodes of violence occurred often during that period.

The most common forms of physical violence included being slapped (22 percent), being pushed or shaken or having objects thrown at her by the husband (17 percent), and having her arm twisted (12 percent). Seven percent of women reported their husband had ever punched her with a fist or an object that could hurt her, and 5 percent reported that their husband had ever kicked, dragged or beaten her up. One percent of women were ever choked or burned, and a similar percentage were ever threatened or attacked with some type of weapon.

Figure 16.1 Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their current (last) husband



EDHS 2014

Sexual violence was less common than physical violence. Four percent of women reported their husbands had used physical force or threats to make them perform sexual acts when they did not want to.

Nineteen percent of women had ever experienced some form of emotional violence perpetrated by their husbands, and 13 percent had experienced a recent episode of emotional violence. Most often the violence took the form of the husband insulting her making her feel bad about herself

(16 percent) or saying or doing something to humiliate her (11 percent). However, 5 percent reported the husband had threatened them or someone close to them with physical harm.

Overall, 30 percent of ever-married women age 15-49 reported having been ever subjected to at least one episode of physical, sexual and/or emotional violence inflicted by their current or most recent spouse. Almost one-fifth of the women were the target of an episode(s) of physical, sexual, and/or emotional violence committed by the current or most recent husband often (7 percent) or sometimes (12 percent) in the 12 months before the survey. Most of the women reporting spousal violence had been subject to an episode(s) of physical and/or sexual violence; 26 percent of women had ever been subjected to an episode of physical and/or sexual violence, and 14 percent said they had experienced an episode of physical and/or sexual violence in 12 months before the interview.

Violence by husbands against wives is not the only form of spousal violence; women may sometimes be the perpetrators of violence. To measure the extent to which women may be responsible for episodes of physical violence, the 2014 EDHS asked ever-married women, “Have (did) you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband when he was not already beating or physically hurting you?” Results show that less than one percent of ever-married women report initiating violence against their husbands (not shown in table).

16.2.2 Spousal Violence by Background Characteristics

Table 16.4 presents differences in the proportions of ever-married women age 15-49 who ever experienced various forms of spousal violence perpetrated by their current or most recent husband according to selected demographic and socioeconomic characteristics.

The results in Table 16.4 indicate that women who were divorced or separated were much more likely than currently married women or widows to have experienced spousal violence. Overall, 70 percent of divorced or separated women experienced at least one form of violence (physical, sexual, or emotional) perpetrated by their most recent husband compared to 29 percent of currently married women and 26 percent of widows.

The proportion of women experiencing various forms of violence perpetrated by their current or most recent husband does not vary in a consistent manner with age. Although the relationship is not uniform for all of the types of violence, Table 16.4 shows the percentage of women who ever experienced spousal violence tends to increase with the number of children the woman had. The likelihood that a woman experienced some form of violence perpetrated by her current (most recent) husband generally declines with the level of the woman’s and the husband’s education. Spousal violence is least common among couples who have the same level of education and most common among couples where both the husband and the wife never attended school.

Considering residential differences, women in rural Upper Egypt are generally the most likely to have ever experienced the various forms of spousal violence. The proportions of women who ever experienced various forms of spousal violence at the hands of their current or most recent husband also generally decline with the wealth quintile.

Table 16.4 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, and emotional violence committed by their husband, by background characteristics, Egypt 2014

Background characteristic	Physical violence	Sexual violence	Emotional violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Age								
15-19	18.2	5.5	20.6	4.8	3.9	19.0	25.7	240
20-24	27.8	4.3	18.1	4.0	3.0	28.1	31.7	980
25-29	25.3	4.5	18.8	4.0	3.5	25.8	31.3	1,422
30-39	25.7	4.2	19.6	3.9	3.2	26.0	30.7	2,332
40-49	24.1	3.4	17.8	3.1	2.5	24.4	28.9	1,718
Number of living children								
0	18.6	4.2	12.7	3.7	3.1	19.1	21.4	556
1-2	24.9	4.8	19.9	4.4	3.5	25.3	30.6	2,819
3-4	25.6	3.6	18.6	3.3	2.7	25.9	30.6	2,618
5+	30.8	3.5	20.0	3.2	2.5	31.1	35.3	700
Marital status								
Married	24.0	3.4	17.4	3.0	2.4	24.4	29.2	6,272
Divorced/separated	63.3	23.5	64.0	23.4	22.8	63.4	70.3	204
Widowed	24.7	6.4	17.7	6.3	4.7	24.9	25.7	217
Urban-rural residence								
Urban	23.4	3.8	19.8	3.6	2.9	23.6	29.5	2,356
Rural	26.2	4.3	18.3	3.9	3.1	26.6	30.8	4,337
Place of residence								
Urban Governorates	23.1	3.8	18.2	3.6	2.6	23.3	29.0	840
Lower Egypt	24.1	3.6	17.6	3.3	2.7	24.5	29.1	3,271
Urban	23.2	3.4	21.2	3.0	2.8	23.6	30.1	709
Rural	24.4	3.6	16.6	3.3	2.6	24.7	28.8	2,562
Upper Egypt	27.6	5.0	20.6	4.5	3.7	28.0	32.4	2,519
Urban	24.1	4.2	19.9	4.1	3.3	24.3	29.5	772
Rural	29.1	5.3	20.9	4.7	3.9	29.7	33.8	1,747
Frontier Governorates ¹	17.2	2.2	19.9	2.2	2.1	17.2	25.5	63
Education								
No education	32.0	5.6	21.3	5.2	4.3	32.4	36.2	1,585
Some primary	34.3	7.0	26.2	6.6	6.0	34.6	39.5	405
Primary complete/some secondary	29.5	5.3	22.0	4.8	4.0	29.9	35.2	1,163
Secondary complete/higher	19.8	2.8	15.8	2.5	1.8	20.1	25.0	3,540
Husband's (current/last) education								
No education	33.0	5.9	24.4	5.4	4.8	33.6	38.8	1,086
Some primary	33.4	4.1	22.4	3.5	3.4	33.9	38.1	574
Primary complete/some secondary	28.5	5.6	21.6	5.4	4.3	28.8	34.2	1,222
Secondary complete/higher	20.7	3.1	15.7	2.9	2.1	21.0	25.5	3,810
Work status								
Working for cash	24.9	4.7	21.0	4.5	3.6	25.1	30.6	897
Not working for cash	25.3	4.0	18.5	3.7	3.0	25.7	30.3	5,796
Wealth quintile								
Lowest	31.3	5.0	22.0	4.8	3.4	31.5	36.7	1,162
Second	28.4	4.4	19.6	4.0	3.3	28.9	32.0	1,306
Middle	24.5	4.3	17.6	3.8	3.2	25.0	29.6	1,526
Fourth	24.3	3.7	19.0	3.4	3.0	24.6	30.0	1,420
Highest	18.3	3.3	16.4	3.1	2.3	18.6	24.1	1,279
Total 15-49	25.2	4.1	18.8	3.8	3.1	25.6	30.3	6,693

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Total includes 2 women for whom information on the husband's education is missing.

¹ Does not include North and South Sinai governorates

Table 16.5 presents differences in the rates of violence by spousal characteristics and empowerment indicators. The results show that age differences between the spouses generally are not related to the level of spousal violence except for a higher rate of violence among the few couples in which the wife was older than the husband.

As expected, the levels of spousal violence increased with the number of controlling behaviors exhibited by husbands and were higher among the small number of women whose husbands were reported to use drugs than among other women. Also as expected, a strong relationship is observed in Table 16.5 between spousal violence and a woman's admission that she fears the husband. For example, the percentage of women ever experiencing an episode of physical, sexual or emotional violence is 20 percent among women who say they are never afraid of their husband compared to 37 percent among women who are sometimes afraid and 71 percent among women who admit being afraid of their husband most of the time.

The results in Table 16.5 also suggest that women's experience of spousal violence is associated with a familial history of violence. For example, women who said that their father beat their mother were more than twice as likely as women who said their father did not beat their mother to report ever having experienced physical, sexual, or emotional violence perpetrated by their own husband (53 percent and 24 percent, respectively). Finally, spousal violence varies as expected with the empowerment indicators included in Table 16.5. The proportion of currently married women experiencing various forms of violence at the hands of their current (most recent) spouse generally decreases with the number of decisions in which the woman says she is involved. The proportion of ever-married women ever experiencing spousal violence also varies directly with the number of reasons that the woman agrees justify wife-beating.

Table 16.5 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, and emotional violence committed by their husband, by husband's characteristics and empowerment indicators, Egypt 2014

Background characteristic	Physical violence	Sexual violence	Emotional violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Spousal age difference¹								
Wife older	37.4	8.3	26.5	7.7	5.0	37.9	43.8	320
Wife is same age	27.0	3.3	22.4	3.3	2.7	27.0	31.0	299
Wife 0-4 years younger	26.3	3.8	18.5	3.4	2.8	26.8	31.1	1,807
Wife 5-9 years younger	23.5	3.8	16.6	3.7	2.9	23.7	28.1	2,592
Wife 10 or more years younger	24.1	4.3	20.4	3.7	3.2	24.6	30.2	1,676
Spousal education difference								
Husband has more education	25.9	4.4	18.8	4.1	3.3	26.2	30.6	2,760
Wife has more education	26.8	4.5	22.0	4.1	3.5	27.2	32.6	1,645
Both have equal education	18.8	2.6	13.7	2.2	1.5	19.2	23.8	1,557
Neither has any education	32.7	5.3	22.3	4.9	4.3	33.1	37.6	726
Don't know/Missing	*	*	*	*	*	*	*	5
Number of marital control behaviors displayed by husband²								
0	19.1	2.1	11.1	2.0	1.3	19.2	22.4	1,470
1-2	22.9	3.1	17.2	2.7	2.1	23.3	28.4	4,724
3-4	64.4	19.3	55.5	18.8	16.4	65.0	71.1	478
5	(94.6)	(41.4)	(84.7)	(40.0)	(34.6)	(96.1)	(96.1)	21
Husband's alcohol consumption								
Drinks alcohol only	*	*	*	*	*	*	*	16
Uses drugs only	81.4	26.9	64.8	26.9	25.5	81.4	86.4	132
Drinks and uses drugs	(100.0)	(61.4)	(76.2)	(61.4)	(57.1)	(100.0)	(100.0)	28
Does not drink or use drugs	23.7	3.3	17.5	3.0	2.3	24.0	28.7	6,515
Don't know/Missing	*	*	*	*	*	*	*	2
Woman afraid of husband								
Most of the time afraid	65.3	18.4	50.5	18.2	16.6	65.5	71.2	566
Sometimes afraid	31.0	4.2	23.4	3.8	3.1	31.5	36.8	2,322
Never afraid	15.8	2.0	11.2	1.6	1.0	16.1	20.3	3,779
Missing	*	*	*	*	*	*	*	26
Woman's father beat her mother								
Yes	46.6	9.8	33.2	9.2	7.6	47.1	53.2	1,218
No	19.7	2.7	14.9	2.4	2.0	20.0	24.4	5,118
Don't know/Missing	31.2	4.7	25.4	4.3	3.0	31.6	37.4	357
Number of decisions in which women participate³								
0	30.6	4.7	23.9	4.0	3.0	31.4	36.8	645
1-2	29.0	4.6	20.6	4.4	3.2	29.3	34.6	1,924
3	20.2	2.6	14.5	2.2	1.8	20.6	25.0	3,703
Number of reasons for which wife-beating is justified⁴								
0	19.9	3.1	14.9	2.9	2.4	20.2	24.5	4,325
1-2	31.2	4.5	23.0	4.1	3.1	31.6	35.9	1,306
3-4	36.7	6.5	28.6	6.0	4.8	37.3	43.8	789
5	47.8	10.7	31.5	9.8	7.8	48.8	56.1	274
Total 15-49	25.2	4.1	18.8	3.8	3.1	25.6	30.3	6,693

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. An asterisk indicates a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes only women who have been married only once

² According to the wife's report. See 16.2 for list of behaviors.

³ According to the wife's report. Includes only currently married women. See Table 15.7 for list of decisions.

⁴ According to the wife's report. See Table 15.8 for list of reasons.

16.3 RECENT EXPERIENCE OF SPOUSAL VIOLENCE

Experience of spousal violence during the 12 months before the survey provides an indication of the scope of the current problem in Egypt for use in program planning. The information presented in Table 16.6 includes all reports of physical and sexual violence during the 12 months before the survey perpetrated by any spouse including the current husband, the most recent husband if the woman is divorced, separated or widowed, and by any previous husbands a woman may have during the period if she had been married more than once.

Overall, 1 in 7 ever-married women in Egypt experienced physical or sexual violence perpetrated by any husband in the 12 months before the survey. As expected, the largest variation in the reports of violence is seen with the fear of the husband. Four in 10 women who were afraid of their husband most of the time had experienced spousal physical or sexual violence in the 12 months before the survey compared with only 19 percent among women who were only sometimes afraid of their husband and 7 percent among women who were never afraid.

The variations in the proportion of women reporting recent spousal violence with the other characteristics in Table 16.6 are generally not large. The lowest proportions are found among women age 40-49 and women in the highest wealth quintile (9 and 10 percent, respectively). The highest proportion of women experiencing physical or sexual violence perpetrated recently by any spouse is found among divorced or separated women (27 percent). Looking at residential differences, women in rural Upper Egypt were most likely to have experienced an episode of physical or sexual violence involving a husband in the 12 months before the survey while women in the three Frontier Governorates surveyed in the EDHS were least likely to report a recent episode of spousal violence (17 percent and 11 percent, respectively).

Table 16.6 Recent experience of physical or sexual violence

Percentage of ever-married women age 15-49 who have experienced physical or sexual violence by any husband in the past 12 months, by background characteristics, Egypt 2014

Background characteristic	Percentage of women who have experienced physical or sexual violence in the past 12 months from any husband	Number of ever-married women
Age		
15-19	16.5	240
20-24	20.3	980
25-29	15.6	1,422
30-39	13.7	2,332
40-49	9.2	1,718
Number of living children		
0	14.2	556
1-2	15.1	2,819
3-4	13.4	2,618
5+	11.7	700
Marital status		
Married	13.9	6,272
Divorced/separated	26.9	204
Widowed	5.5	217
Urban-rural residence		
Urban	12.6	2,356
Rural	14.8	4,337
Place of residence		
Urban Governorates	11.6	840
Lower Egypt	13.7	3,271
Urban	13.7	709
Rural	13.7	2,562
Upper Egypt	15.2	2,519
Urban	12.5	772
Rural	16.5	1,747
Frontier Governorates ¹	10.5	63
Education		
No education	15.6	1,585
Some primary	18.3	405
Primary complete/some secondary	19.2	1,163
Secondary complete/higher	11.1	3,540
Husband's (current/last) education		
No education	16.9	1,086
Some primary	19.7	574
Primary complete/some secondary	15.9	1,222
Secondary complete/higher	11.7	3,810
Don't know/Missing	*	2
Work status		
Working for cash	11.7	897
Not working for cash	14.4	5,796
Wealth quintile		
Lowest	16.6	1,162
Second	14.8	1,306
Middle	14.7	1,526
Fourth	14.1	1,420
Highest	9.9	1,279
Woman afraid of husband		
Most of the time afraid	39.6	566
Sometimes afraid	18.6	2,322
Never afraid	7.4	3,779
Missing	*	26
Total 15-49	14.0	6,693

Note: Any husband includes all current, most recent and former husbands. An asterisk indicates a figure is based on fewer than 25 cases and has been suppressed.

¹ Does not include North and South Sinai governorates

16.4 ONSET OF SPOUSAL VIOLENCE

Table 16.7 presents information for women who were married only once on the numbers of years after marriage when the woman first experienced physical or sexual violence. The results show that very few women say the violence began before marriage. However, the onset of violence occurs for many women soon after marriage. Overall, 17 percent of women experienced the first episode of physical or sexual violence within the first two years of marriage, and 21 percent experienced the first episode of violence within the first five years of marriage.

Table 16.7 Experience of spousal violence by duration of marriage

Among currently married women age 15-49 who have been married only once, the percentage who first experienced physical or sexual violence committed by their current husband by specific exact years since marriage according to marital duration, Egypt 2014

Years since marriage	Percentage who first experienced spousal physical or sexual violence by exact marital duration:				Percentage who have not experienced spousal sexual or physical violence	Number of currently married women who have been married only once
	Before marriage	2 years	5 years	10 years		
<2	0.1	na	na	na	86.1	521
2-4	0.0	20.6	na	na	74.1	949
5-9	0.1	15.2	21.4	na	76.1	1,380
10+	0.1	16.4	21.2	23.8	74.5	3,284
Total	0.1	16.6	21.4	23.3	75.8	6,135

na = Not applicable

16.5 INJURIES RESULTING FROM MARITAL VIOLENCE

The 2014 EDHS obtained information on the extent to which women ever and recently experienced injuries as a result of spousal violence. Overall, Table 16.8 shows that 37 percent of ever-married women who ever experienced an episode of marital physical or sexual violence reported they were injured as a result of the violence they experienced. The most common injuries were cuts, bruises, and aches; however, 7 percent reported they had deep wounds, broken bones or teeth, or other serious injuries. Women who ever experienced sexual violence were more likely than women who ever experienced physical violence to report they sustained any injuries (59 percent and 37 percent respectively) and to say they had been injured seriously (18 percent and 7 percent, respectively).

Table 16.8 Injuries to women due to spousal violence

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, Egypt 2014

Type of violence	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of ever-married women who have ever experienced any spousal physical or sexual violence
Experienced physical violence¹					
Ever ²	34.9	11.5	7.0	37.4	1,689
In the past 12 months	41.2	13.2	9.7	43.8	905
Experienced sexual violence					
Ever ²	55.9	25.6	18.3	59.2	276
In the past 12 months	59.3	25.0	18.9	63.1	182
Experienced physical or sexual violence¹					
Ever ²	34.7	11.4	6.9	37.3	1,712
In the past 12 months	41.2	13.0	9.5	43.8	937

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

¹ Excludes women who reported violence only in response to a direct question on violence during pregnancy

² Includes in the past 12 months

16.6 PHYSICAL VIOLENCE INVOLVING ANY PERPETRATOR

16.6.1 Prevalence of Physical Violence

The domestic violence module in the 2014 EDHS included a question on whether or not anyone other than the respondent's current or previous husband had hit, slapped, kicked or done anything else to physically hurt her beginning when she was 15 years old. Table 16.9 takes into account the responses to this question and information on incidents of marital physical violence in describing women's overall experience of physical violence since age 15.

Table 16.9 Experience of physical violence since age 15

Percentage of ever-married women age 15-49 who have ever experienced physical violence perpetrated by any individual since age 15 and percentage who have experienced violence during the 12 months preceding the survey, by background characteristics, Egypt 2014

Background characteristic	Percentage who have ever experienced physical violence since age 15 ¹	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes ²	
Age					
15-19	35.3	5.4	13.8	19.3	240
20-24	39.9	5.5	16.3	21.7	980
25-29	35.3	4.5	10.9	15.5	1,422
30-39	35.1	4.0	10.2	14.2	2,332
40-49	33.8	3.0	5.9	9.0	1,718
Number of living children					
0	31.7	3.9	11.9	15.8	556
1-2	35.9	4.5	11.0	15.6	2,819
3-4	35.1	4.1	9.5	13.6	2,618
5+	38.7	3.1	8.7	11.8	700
Marital status					
Married	34.5	3.8	10.5	14.3	6,272
Divorced/separated	68.6	17.3	9.5	27.3	204
Widowed	34.6	1.9	4.7	6.6	217
Urban-rural residence					
Urban	31.7	4.3	8.4	12.6	2,356
Rural	37.6	4.1	11.3	15.4	4,337
Place of residence					
Urban Governorates	30.9	4.1	7.7	11.8	840
Lower Egypt	36.3	3.7	10.4	14.2	3,271
Urban	32.9	4.5	8.5	13.0	709
Rural	37.2	3.5	10.9	14.5	2,562
Upper Egypt	36.3	4.7	11.0	15.7	2,519
Urban	31.4	4.3	8.8	13.1	772
Rural	38.4	4.9	12.0	16.9	1,747
Frontier Governorates ³	26.9	2.2	9.2	11.4	63
Education					
No education	42.2	5.0	11.2	16.2	1,585
Some primary	46.8	6.6	12.7	19.3	405
Primary complete/some secondary	43.9	5.9	13.5	19.5	1,163
Secondary complete/higher	28.5	2.9	8.6	11.4	3,540
Work status					
Working for cash	32.9	4.0	8.5	12.4	897
Not working for cash	35.9	4.2	10.6	14.7	5,796
Wealth quintile					
Lowest	42.0	6.0	11.2	17.2	1,162
Second	39.0	3.7	11.7	15.5	1,306
Middle	37.1	4.2	11.1	15.3	1,526
Fourth	34.3	3.7	10.8	14.5	1,420
Highest	25.5	3.3	6.5	9.7	1,279
Total 15-49	35.5	4.1	10.3	14.4	6,693

¹ Includes any violence in the past 12 months. For women who were married before age 15 and who reported physical violence by a spouse, the violence could have occurred before age 15.

² Includes women for whom frequency in the past 12 months is not known.

³ Does not include North and South Sinai governorates

Thirty-six percent of ever-married women age 15-49 reported that they had ever been hit, slapped, kicked, or subjected to some other form of physical violence at some point after their fifteenth birthday. Fourteen percent of the women reported that they had been subjected to some form of physical violence within the 12-month period before the survey interview, including 4 percent who reported that they had often experienced physical violence during the period.

Age was not strongly related to the overall prevalence of physical violence since age 15. However, the percentage of women reporting violence often or sometimes in the 12 months prior to the survey generally declined with age, with women age 40-49 about half as likely as women under age 25 to report that they had recently experienced some form of physical violence.

A woman's marital status was strongly related to the likelihood that she had ever experienced physical violence; 69 percent of divorced or separated women reported at least one episode of physical violence after age 15 compared to 35 percent of currently married or widowed women.

Rural women were more likely than urban women to have ever experienced physical violence since age 15 (38 percent and 32 percent, respectively). Women living in the three Frontier Governorates included in the EDHS were less likely than women living in other areas to report experiencing physical violence since age 15. The prevalence of physical violence was just under 30 percent among women with a secondary or higher education compared to more than 40 percent among less-educated women. Women who worked for cash were slightly less likely than other women to report physical violence. The prevalence of physical violence decreased with the wealth quintile.

16.6.2 Perpetrators of Physical Violence

Table 16.10 shows the proportions of women who ever experienced violence according to the persons identified as perpetrators of the violence. Women were able to cite more than one person as responsible for the physical violence they had experienced since age 15. The current husband was named most often as the perpetrator (64 percent), and 10 percent of the women cited their former husband. Mothers/step-mothers and fathers/step-fathers were also frequently named as perpetrators (31 percent and 26 percent, respectively). Thirteen percent named sisters/brothers as perpetrators.

Table 16.10 Persons committing physical violence

Among ever-married women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, Egypt 2014

Person	Total
Current husband	64.0
Former husband	10.2
Father/step-father	26.3
Mother/step-mother	30.8
Sister/brother	12.6
Daughter/son	0.5
Other relative	1.1
Mother-in-law	0.9
Father-in-law	0.2
Other in-law	0.3
Teacher	1.1
Employer/someone at work	0.0
Other	0.4
Number women who have experienced physical violence since age 15	2,377

Note: Women can report more than one person who committed the violence.

16.7 VIOLENCE DURING PREGNANCY

Violence during pregnancy may threaten not only a woman's well-being but that of her unborn child. Table 16.11 presents information on the proportion of Egyptian women who have experienced some form of physical violence during pregnancy. Among women who had ever been pregnant, the table shows that 7 percent were hit, slapped, kicked, or subjected to some other form of physical violence at least once during a pregnancy. Women who were divorced or separated were much more likely than other to report violence during pregnancy; nearly one-third had been beaten or otherwise physically attacked during pregnancy. Women living in the three Frontier Governorates surveyed in the EDHS, women with a secondary or higher education, and women in the highest wealth quintile were least likely to have experienced an episode of violence when they were pregnant.

16.8 HELP-SEEKING BEHAVIOR

The 2014 EDHS collected information to assess the extent to which women who experience physical violence seek help to deal with violence. To obtain these data, women who had experienced an episode of physical violence since age 15 regardless of the perpetrator, were asked whether they had tried to seek any help at any time. If they had not sought help, they were asked if they had ever told anyone about the violence. Those women who had sought help were asked from whom they had sought help.

The results in Table 16.12 indicate that around one-third of women sought assistance to deal with the violence and that an additional 18 percent had told someone about the violence although they had not sought help. Women who had experienced physical violence only at the hands of a perpetrator other than their spouse were much more likely not to have sought help or told someone about the violence than women who had only experienced violence committed by a spouse or who had been subjected to violence by the spouse and another perpetrator. Women who were divorced or separated were much more likely than other women to have sought help or discussed the violence with someone.

Urban residence and wealth were strongly associated with the likelihood that women sought help to stop violence. Forty-two percent of women living in urban areas said they had sought help compared to 29 percent of rural women. The proportion of women seeking help for violence increased from 28 percent among women in the lowest wealth quintile to 45 percent among women in the highest quintile.

Table 16.11 Experience of violence during pregnancy

Among ever-married women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Egypt 2014

Background characteristic	Percentage who experienced violence during pregnancy	Number of ever-married women who have ever been pregnant
Age		
15-19	7.2	193
20-24	8.5	901
25-29	6.3	1,367
30-39	6.1	2,273
40-49	6.4	1,673
Residence		
Urban	6.7	2,251
Rural	6.5	4,156
Place of residence		
Urban Governorates	7.5	786
Lower Egypt	5.8	3,155
Urban	6.5	686
Rural	5.5	2,469
Upper Egypt	7.4	2,406
Urban	6.1	746
Rural	8.0	1,660
Frontier Governorates ¹	3.6	60
Marital status		
Married or living together	5.7	6,019
Divorced/separated	31.7	172
Widowed	10.3	215
Number of living children		
0	3.0	269
1-2	6.8	2,819
3-4	6.6	2,618
5+	6.9	700
Education		
No education	9.2	1,520
Some primary	10.5	389
Primary complete/ some secondary	9.8	1,097
Secondary complete/ higher	3.9	3,400
Wealth quintile		
Lowest	7.7	1,117
Second	7.4	1,253
Middle	6.1	1,465
Fourth	7.2	1,360
Highest	4.6	1,213
Total 15-49	6.6	6,406

¹ Does not include North and South Sinai governorates

Table 16.12 Help seeking to stop violence

Percent distribution of ever-married women age 15-49 who have ever experienced physical violence since age 15 by their help-seeking behavior by background characteristics, Egypt 2014

Background characteristic	Sought help to stop violence	Never sought help but told someone	Never sought help, never told anyone	Missing/don't know	Total	Number of women who have ever experienced any physical violence
Perpetrator of physical violence						
Spousal only	39.4	18.1	41.5	1.0	100.0	1,124
Other perpetrator only	9.1	16.3	71.0	3.6	100.0	641
Both spouse and other perpetrator	46.1	18.4	35.4	0.1	100.0	612
Age						
15-19	29.7	18.7	50.8	0.7	100.0	84
20-24	33.3	17.2	49.1	0.4	100.0	392
25-29	30.7	22.5	45.5	1.3	100.0	501
30-39	35.3	15.5	47.4	1.8	100.0	818
40-49	31.9	16.9	49.3	2.0	100.0	581
Number of living children						
0	29.1	19.7	47.3	3.9	100.0	176
1-2	35.7	19.0	44.3	0.9	100.0	1,012
3-4	32.0	15.5	50.5	2.0	100.0	919
5+	28.4	19.0	52.5	0.1	100.0	271
Marital status						
Married	30.3	18.2	49.9	1.6	100.0	2,162
Divorced/separated	66.7	17.6	15.7	0.0	100.0	140
Widowed	45.4	4.2	50.4	0.0	100.0	75
Urban-rural residence						
Urban	42.0	14.7	42.4	0.8	100.0	747
Rural	28.8	19.1	50.4	1.8	100.0	1,630
Place of residence						
Urban governorates	49.3	11.7	38.6	0.5	100.0	260
Lower Egypt	26.9	20.7	50.4	2.0	100.0	1,187
Urban	34.0	21.5	43.0	1.5	100.0	234
Rural	25.2	20.5	52.2	2.1	100.0	953
Upper Egypt	36.0	15.4	47.4	1.1	100.0	914
Urban	41.9	10.8	46.6	0.7	100.0	243
Rural	33.9	17.1	47.7	1.3	100.0	671
Frontier governorates ¹	39.4	19.9	40.4	0.4	100.0	17
Education						
No education	33.4	16.0	48.9	1.8	100.0	669
Some primary	32.3	22.1	44.5	1.1	100.0	190
Primary complete/some secondary	35.4	17.4	46.2	1.0	100.0	510
Secondary complete/higher	31.6	18.2	48.7	1.6	100.0	1,008
Work status						
Working for cash	41.7	13.3	43.8	1.1	100.0	295
Not working for cash	31.7	18.3	48.4	1.5	100.0	2,082
Wealth quintile						
Lowest	27.8	21.7	50.2	0.4	100.0	488
Second	31.7	15.8	51.1	1.3	100.0	510
Middle	28.6	19.5	49.3	2.6	100.0	567
Fourth	36.8	15.8	45.6	1.8	100.0	488
Highest	44.5	14.4	40.2	0.9	100.0	326
Total 15-49	33.0	17.7	47.9	1.5	100.0	2,377

¹ Does not include North and South Sinai governorates

If a woman did seek help when she experienced physical violence, she was most likely to ask her family for help. Table 16.13 shows around 8 in 10 women who sought help named their own family as a source of assistance. Thirty-one percent reported seeking help from the husband's family. Less than one percent of women who asked for help sought assistance from the police or a social service organization.

Table 16.13 Sources for help to stop the violence

Percentage of ever-married women age 15-49 who have ever experienced physical violence since age 15 and sought help by sources from which they sought help, Egypt 2014

Person	Total
Own family	79.3
Husband's family	31.0
Current/former husband	0.2
Friend	3.8
Neighbor	6.9
Religious leader	0.4
Police	0.7
Lawyer	0.5
Social service organization	0.0
Other	0.1
Number of women who have experienced violence and sought help	784

Note: Women can report more than one source from which they sought help.

REFERENCES

- Abdel-Azeem, F., S. Farid, and A.M. Khalifa. 1993. *Egypt Maternal and Child Health Survey*. Cairo, Egypt: Central Agency for Public Mobilization and Statistics [Arab Republic of Egypt] and the Pan Arab Program for Child Development [Arab League].
- Arimond, M., and M.T. Ruel. 2004. Dietary diversity is associated with child nutritional status: Evidence from 11 Demographic and Health Surveys. *Journal of Nutrition* 134: 2579.
- Blackburn, R.D., J.A. Cunkelman, and V.M. Zlidar. 2000. *Oral contraceptives—An update*. Population Reports, Series A, No. 9. Baltimore, Maryland, USA: Johns Hopkins University School of Public Health, Population Information Program.
- Bradley, Sarah E.K., Trevor N. Croft, Joy D. Fishele, and Charles F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International.
- Central Agency of Public Mobilization and Statistics (CAPMAS) [Egypt]. 2014. *Statistical Yearbook*. Cairo: CAPMAS.
- De Onis, Mercedes, A.W. Onyango, E. Borghi, A. Siyam, C. Nishida, and J. Siekmann. 2007. Development of a WHO Growth Reference for School-Aged Children and Adolescents. *Bulletin of the World Health Organization* 85: 660-667.
- El-Gibaly, O., B. Ibrahim, B.S. Mensch, and W.H. Clark. 2002. The decline of female circumcision in Egypt: Evidence and Interpretation. *Social Science & Medicine* 54: 205–220.
- El-Zanaty, F., and A.A. Way. 2001. *Egypt Demographic and Health Survey 2000*. Calverton, Maryland, USA: Ministry of Health and Population [Arab Republic of Egypt], National Population Council [Arab Republic of Egypt], and ORC Macro.
- El-Zanaty, F., and A.A. Way. 2004. *2003 Egypt Interim Demographic and Health Survey*. Cairo, Egypt: Ministry of Health and Population [Arab Republic of Egypt], National Population Council [Arab Republic of Egypt], El-Zanaty and Associates, and ORC Macro.
- El-Zanaty, F., and A.A. Way. 2006. *2005 Egypt Demographic and Health Survey*. Cairo, Egypt: Ministry of Health and Population [Arab Republic of Egypt], National Population Council [Arab Republic of Egypt], El-Zanaty and Associates, and ORC Macro.
- El-Zanaty, F., and A.A. Way. 2006. *2005 Egypt Demographic and Health Survey*. Cairo, Egypt: Ministry of Health [Arab Republic of Egypt], El-Zanaty and Associates, and Macro International.
- El-Zanaty and Associates and Macro International Inc. 1998. *Egypt Demographic and Health Survey 1997*. Cairo, Egypt: El-Zanaty and Associates [Arab Republic of Egypt] and Macro International Inc.
- El-Zanaty and Associates and Macro International Inc. 1999. *Egypt Demographic and Health Survey 1998*. Cairo, Egypt: El-Zanaty and Associates [Arab Republic of Egypt] and Macro International Inc.
- El-Zanaty, F., E.M. Hussein, G.A. Shawky, A. Way, and S. Kishor. 1996. *Egypt Demographic and Health Survey 1995*. Calverton, Maryland, USA: National Population Council [Arab Republic of Egypt] and Macro International Inc.

- El-Zanaty, F., H.A.A. Sayed, H. Zaky, and A. Way. 1993. *Egypt Demographic and Health Survey 1992*. Calverton, Maryland, USA: National Population Council [Arab Republic of Egypt] and Macro International Inc.
- Filmer, D. and L. Pritchett, 2001. Estimating Wealth Effects without Expenditure—or Tears: An Application to Educational Enrollments in States of India. *Demography* 38: 115-32.
- Grossman, David C. 2000. The History of Injury Control and the Epidemiology of Child and Adolescent Injuries, *The Future of Children* 10(1): 23-52.
- Hallouda, A.M., S.Z. Amin, and S. Farid, eds. 1983. *The Egyptian Fertility Survey*. 4 vols. Cairo, Egypt: Central Agency for Public Mobilization and Statistics.
- Ibrahim, S. 1995. State, Women, and Civil Society: An Evaluation of Egypt's Population Policy. In *Family, Gender and Population in the Middle East: Policies in Context*, ed. C.M. Obermeyer. Cairo, Egypt: American University Press.
- Macro International Inc. 1993. *An Assessment of the Quality of Health Data in DHS-I Surveys*. Methodological Report No. 2. Calverton, Maryland, USA: Macro International Inc.
- Martorell, R., and J.P. Habicht. 1986. Growth in Early Childhood in Developing Countries. In *Human Growth: A Comprehensive Treatise*, ed. F. Falkner and J. M. Tanner, Vol.3. New York: Plenum Press. 241-262.
- National Center for Health Statistics (NCHS) [USA]. 2000. *CDC Growth Charts: United States*. Advance Data No. 314, Vital and Health Statistics of the Centers for Disease Control and Prevention. Hyattsville, Maryland: National Center for Health Statistics.
- Pan American Health Organization and World Health Organization (PAHO/WHO). 2003. *Guiding Principles for Complementary Feeding of the Breastfed Child*. Washington, D.C./Geneva, Switzerland: PAHO/WHO.
- Rutstein, S. 1999. *Wealth versus Expenditure: Comparison between the DHS Wealth Index and Household Expenditures in Four Departments of Guatemala*. Unpublished.
- Rutstein, S.O., and K. Johnson. 2004. *The DHS Wealth Index*. DHS Comparative Reports No. 6. Calverton, Maryland, USA: ORC Macro.
- Rutstein, S. 2008. *The DHS Wealth Index: Approaches for Rural and Urban Areas*. DHS Working Papers. Calverton, Maryland: Macro International.
- Sayed, H.A.A., M. Osman, F. El-Zanaty, and A. Way. 1989. *Egypt Demographic and Health Survey 1988*. Columbia, Maryland, USA: National Population Council [Arab Republic of Egypt] and Institute for Resource Development/Macro Systems Inc.
- Setty, V. 2006. *Better Breastfeeding, Healthier Lives*. Population Reports, Series L, No. 14. Baltimore, Maryland, USA: Johns Hopkins Bloomberg School of Public Health, The INFO Project.
- United Nations Children's Fund (UNICEF). 2013. *Every Child's Birth Right: Inequities and Trends in Birth Registration*. UNICEF.
- United Nations Children's Fund (UNICEF). 2014. Multiple Indicator Cluster Survey. Available online at <http://www.childinfo.org/mics.html>.

United Nations Development Group (UNDG). 2003. *Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts and Sources*. New York: United Nations.

United Nations General Assembly. 1991. *Advancement of Women: Convention on the Elimination of All Forms of Discrimination against Women, Report of the Secretary-General*. New York: United Nations.

United Nations General Assembly. 2001. *Road Map towards the Implementation of the United Nations Millennium Declaration: Report of the Secretary-General*. New York: United Nations General Assembly.

United States Department of Health and Human Services. 2006. *The Health Consequences of Involuntary Exposure to Tobacco Smoke. A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General.

World Health Organization (WHO). 1995. *Physical Status: The Use and Interpretation of Anthropometry, Report of a WHO Expert Committee*. Geneva: WHO.

World Health Organization. 2001. *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women*. Geneva, Switzerland: Department of Gender and Women's Health.

World Health Organization (WHO). 2005. *Guiding Principles for Feeding Nonbreastfed Children 6 to 24 Months of Age*. Geneva: WHO.

World Health Organization (WHO). 2006. *WHO Child Growth Standards: Length/height-for-age, Weight-for-age, Weight-for-length, Weight-for-height and Body Mass Index-for-age: Methods and Development*. Geneva: WHO.

World Health Organization (WHO). 2007. *Assessment of Iodine Deficiency Disorders and Monitoring their Elimination: A Guide for Programme Managers*. Geneva: WHO.

World Health Organization (WHO). 2013. *Enforcing Ban on Tobacco Advertising, Promotion and Sponsorship*. Geneva: WHO.

World Health Organization (WHO). 2014. *Violence against Women: Intimate Partner and Sexual Violence against Women*. Factsheet No. 239. Geneva: WHO.

World Health Organization and United Nations Children's Fund (WHO/UNICEF). 1998. *Complementary Feeding of Young Children in Developing Countries: A Review of Current Scientific Knowledge*. Geneva: World Health Organization.

World Health Organization and United Nations Children's Fund (WHO/UNICEF) Joint Monitoring Programme for Water Supply and Sanitation. 2014. *Progress on Water and Sanitation – 2014 Update*. New York: World Health Organization and UNICEF.

GOVERNORATE TABLES

Appendix A

Table A-2.1 Improved drinking water and toilet facilities, frequency of exposure to smoke in the home, and availability of soap and water at hand-washing location

Percentage of households with improved drinking water source, improved, not shared toilet facility, and in which there is smoking in the home, and, among households where the location for hand washing is observed, percentage with soap and water available at the hand washing location, according to governorate, Egypt 2014

Governorate	Percentage of households:			Number of households	Among households where hand washing facility was observed, percentage with soap and water ³ available at hand-washing location	Number of households with hand-washing location observed
	With improved drinking water source ¹	With improved, not shared toilet facility ²	With smoking in home on a daily basis			
Urban Governorates						
Cairo	100.0	98.4	44.0	2,979	95.1	2,828
Alexandria	100.0	99.4	40.1	1,472	95.1	1,417
Port Said	96.9	94.5	37.7	123	96.0	119
Suez	99.8	99.7	43.2	25	98.1	24
Lower Egypt	96.4	84.4	44.4	13,243	92.7	12,716
Damietta	100.0	65.9	30.1	488	98.8	484
Dakahlia	99.9	91.3	37.0	2,133	92.3	2,005
Sharkia	83.1	77.1	44.8	2,414	91.1	2,255
Kalyubia	96.4	92.9	45.9	1,408	82.1	1,244
Kafr El-Sheikh	100.0	92.9	46.1	1,096	94.9	1,090
Gharbia	100.0	96.8	42.5	1,889	95.5	1,868
Menoufia	99.0	95.3	48.2	1,304	97.3	1,302
Behera	100.0	63.0	51.7	2,299	93.5	2,264
Ismailia	99.7	95.8	42.5	214	90.3	205
Upper Egypt	99.0	94.6	45.6	10,101	83.2	9,788
Giza	98.0	94.8	47.4	2,748	93.3	2,679
Beni Suef	99.7	99.2	49.4	935	82.0	929
Fayoum	99.9	92.3	40.1	874	73.4	825
Menya	99.7	96.4	43.6	1,469	73.5	1,456
Assuit	99.9	92.7	44.2	1,332	86.6	1,282
Souhag	99.8	91.1	43.3	1,185	76.3	1,102
Qena	96.0	94.0	50.3	866	84.2	844
Aswan	100.0	98.7	45.2	434	80.6	420
Luxor	100.0	95.1	45.7	258	82.1	251
Frontier Governorates						
Red Sea	85.0	99.1	41.3	231	91.4	210
New Valley	88.5	99.2	48.1	114	91.9	94
Matroh	100.0	98.2	20.8	61	86.5	60
Total	97.8	90.5	44.5	28,175	89.7	27,102

¹ See Table 2.1 for improved drinking sources.

² See Table 2.2 for improved toilet/latrine facilities.

³ Soap includes soap or detergent in bar, liquid, powder or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.

Table A-2.2 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini Coefficient, according to governorate, Egypt 2014

Governorate	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Urban Governorates								
Cairo	0.0	0.6	1.9	31.0	66.5	100.0	10,464	0.13
Alexandria	0.9	2.0	2.6	34.6	59.9	100.0	5,231	0.06
Port Said	7.7	1.3	1.0	10.6	79.4	100.0	469	0.05
Suez	1.3	1.1	2.2	20.0	75.5	100.0	99	0.06
Lower Egypt								
Damietta	3.0	9.6	41.9	34.8	10.7	100.0	1,984	0.13
Dakahlia	14.8	17.0	28.5	25.7	14.0	100.0	8,474	0.12
Sharkia	23.8	23.5	23.7	18.5	10.5	100.0	10,193	0.18
Kalyubia	9.0	15.3	35.5	25.7	14.6	100.0	5,478	0.14
Kafr El-Sheikh	18.4	26.6	28.1	17.2	9.7	100.0	4,492	0.21
Gharbia	13.3	17.7	29.5	23.0	16.5	100.0	7,308	0.15
Menoufia	19.3	19.4	34.4	15.5	11.4	100.0	5,478	0.22
Behera	22.6	28.7	28.5	14.0	6.1	100.0	9,921	0.15
Ismailia	20.3	18.8	11.3	22.7	26.8	100.0	881	0.22
Upper Egypt								
Giza	4.4	13.9	20.0	29.5	32.2	100.0	11,092	0.16
Beni Suef	27.9	33.1	16.7	13.5	8.8	100.0	3,986	0.15
Fayoum	31.8	33.2	18.7	9.9	6.3	100.0	3,868	0.15
Menya	41.9	32.4	11.3	8.6	5.8	100.0	6,492	0.15
Assuit	36.4	29.9	15.2	12.7	5.8	100.0	6,397	0.23
Souhag	52.5	19.1	10.0	9.3	9.1	100.0	5,860	0.24
Qena	32.1	32.7	17.8	9.8	7.7	100.0	3,943	0.22
Aswan	37.6	26.5	8.4	14.3	13.2	100.0	2,055	0.18
Luxor	39.6	32.0	15.4	10.1	2.8	100.0	1,172	0.11
Frontier Governorates								
Red Sea	9.7	3.4	2.1	22.5	62.2	100.0	412	0.08
New Valley	21.0	28.8	26.8	17.6	5.9	100.0	270	0.17
Matroh	37.9	28.3	17.4	11.7	4.7	100.0	328	0.15
Total	20.0	20.0	20.0	20.0	20.0	100.0	116,347	0.13

Table A-3.1 Educational attainment

Percent distribution of ever-married women age 15-49 by highest level of schooling attended or completed, and median years completed and percentage literate, according to governorate, Egypt 2014

Governorate	Highest level of schooling						Median years completed	Percent-age literate ³	Number of ever-married women
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Urban Governorates									
Cairo	12.6	4.9	5.1	13.1	40.4	23.9	100.0	10.7	84.9
Alexandria	11.0	6.2	7.3	14.9	34.7	25.9	100.0	10.6	87.4
Port Said	8.0	1.6	4.0	8.7	52.0	25.6	100.0	11.1	90.5
Suez	7.8	4.1	3.3	10.9	53.5	20.4	100.0	10.9	91.3
Lower Egypt									
Damietta	9.8	7.0	3.3	13.5	49.3	17.0	100.0	10.6	90.2
Dakahlia	14.2	4.5	3.2	11.1	53.1	13.9	100.0	10.5	82.2
Sharkia	21.3	7.1	4.1	10.6	41.3	15.6	100.0	10.3	75.0
Kalyubia	15.9	8.4	2.6	16.7	40.0	16.2	100.0	10.3	80.2
Kafr El-Sheikh	27.6	5.8	2.8	7.4	43.1	13.4	100.0	10.3	70.4
Gharbia	16.0	4.8	5.1	12.3	44.9	16.8	100.0	10.4	80.9
Menoufia	22.6	4.9	4.3	9.7	41.6	16.9	100.0	10.4	73.0
Behera	30.9	7.6	3.5	13.2	36.1	8.7	100.0	7.7	65.2
Ismailia	14.7	6.4	4.1	14.6	43.5	16.7	100.0	10.4	83.7
Upper Egypt									
Giza	26.7	5.5	5.4	16.4	33.1	12.8	100.0	8.3	69.9
Beni Suef	34.8	5.6	3.3	10.6	34.6	11.0	100.0	7.9	64.1
Fayoum	38.4	7.3	2.3	11.9	32.1	8.0	100.0	5.9	60.4
Menya	41.2	6.5	2.6	11.7	31.0	7.0	100.0	5.3	59.2
Assuit	37.3	6.7	3.4	13.8	30.3	8.5	100.0	5.9	59.4
Souhag	34.1	7.6	5.2	18.1	26.3	8.7	100.0	5.9	62.6
Qena	25.2	7.8	3.7	20.2	35.7	7.4	100.0	8.0	70.6
Aswan	20.3	3.0	4.9	20.2	40.4	11.1	100.0	10.1	80.1
Luxor	26.5	4.9	5.3	18.5	37.1	7.6	100.0	8.3	72.2
Frontier Governorates									
Red Sea	9.7	4.3	2.7	11.2	44.7	27.4	100.0	10.9	90.8
New Valley	20.7	1.4	4.6	8.7	46.3	18.3	100.0	10.5	78.3
Matroh	43.9	6.5	16.3	17.4	10.4	5.6	100.0	4.0	48.5
Total	24.0	6.1	4.1	13.3	38.5	13.9	100.0	10.1	73.2

¹ Women aged 22-36 years completed 5 years of primary education; all other women completed 6 years at the primary level.

² Completed 6 years at the secondary level

³ Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

Table A-3.2 Exposure to traditional mass media

Percentage of ever-married women age 15-49 who are exposed to specific media on a weekly basis, by governorate, Egypt 2014

Governorate	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of ever-married women
Urban Governorates						
Cairo	10.2	98.6	12.6	4.3	1.1	1,811
Alexandria	17.1	97.8	22.1	8.0	1.8	857
Port Said	9.5	94.5	28.0	4.6	4.4	86
Suez	7.9	98.0	18.6	3.0	1.5	19
Lower Egypt						
Damietta	1.5	97.5	12.3	0.6	2.2	433
Dakahlia	7.3	92.1	23.3	3.7	5.7	1,740
Sharkia	12.0	97.7	19.1	4.5	1.6	1,956
Kalyubia	6.3	97.0	28.7	3.0	1.9	1,033
Kafr El-Sheikh	2.5	99.4	9.1	1.2	0.6	957
Gharbia	4.1	95.4	12.6	1.2	4.1	1,370
Menoufia	2.4	97.9	50.1	1.8	1.5	1,045
Behera	4.9	97.6	27.8	2.2	1.6	1,959
Ismailia	13.8	98.1	10.7	2.2	1.2	172
Upper Egypt						
Giza	3.6	96.6	6.5	1.3	3.2	2,040
Beni Suef	2.1	96.4	4.6	0.4	3.3	770
Fayoum	2.0	92.4	8.9	0.8	7.3	721
Menya	3.6	97.2	5.6	0.5	2.4	1,107
Assuit	2.8	98.3	8.1	0.6	1.7	1,085
Souhag	3.6	91.6	17.7	1.7	7.1	1,039
Qena	2.4	97.1	3.5	0.7	2.7	776
Aswan	3.8	99.0	12.3	1.0	0.4	368
Luxor	3.3	97.9	5.6	1.3	2.0	224
Frontier Governorates						
Red Sea	8.5	98.6	9.9	2.3	1.1	83
New Valley	0.1	99.4	3.3	0.1	0.1	54
Matroh	3.2	89.5	5.7	0.8	10.1	58
Total	5.8	96.6	16.5	2.3	2.8	21,762

Table A-3.3 Use of digital media

Percentage of ever-married women age 15-49 who use a computer, the internet, and social media on a weekly basis, by governorate, Egypt 2014

Governorate	Uses a computer at least once a week	Uses internet at least once a week	Uses social media at least once a week	Uses all three digital media at least once a week	Uses none of the three digital media at least once a week	Number of ever-married women
Urban Governorates						
Cairo	18.5	13.7	15.1	13.2	81.0	1,811
Alexandria	40.1	23.4	28.1	23.1	59.3	857
Port Said	32.0	27.4	28.2	26.2	66.5	86
Suez	26.9	16.2	17.7	15.2	72.1	19
Lower Egypt						
Damietta	14.0	5.0	6.1	4.5	85.0	433
Dakahlia	15.4	7.8	10.0	6.3	82.7	1,740
Sharkia	13.7	6.9	9.8	5.4	84.9	1,956
Kalyubia	15.6	7.5	10.0	7.0	83.3	1,033
Kafr El-Sheikh	14.8	7.8	9.0	7.3	84.6	957
Gharbia	14.9	6.3	9.4	5.9	84.2	1,370
Menoufia	11.2	5.3	6.4	4.8	87.9	1,045
Behera	10.1	5.5	6.6	5.3	89.5	1,959
Ismailia	24.4	14.1	15.8	12.2	74.2	172
Upper Egypt						
Giza	15.3	6.9	9.6	6.7	84.5	2,040
Beni Suef	6.6	4.2	5.2	3.7	93.0	770
Fayoum	6.5	2.8	3.8	2.5	93.0	721
Menya	9.9	5.5	6.9	5.5	89.5	1,107
Assuit	7.7	3.6	5.6	3.1	91.4	1,085
Souhag	7.8	4.1	6.5	3.2	91.0	1,039
Qena	7.1	5.2	5.9	4.1	91.7	776
Aswan	12.0	6.3	7.1	5.5	87.1	368
Luxor	7.6	3.9	4.5	3.3	91.0	224
Frontier						
Red Sea	34.1	19.5	25.4	18.4	63.6	83
New Valley	10.3	3.0	5.5	3.0	89.7	54
Matroh	8.1	5.4	5.7	5.3	91.9	58
Total	13.8	7.5	9.4	6.8	85.3	21,762

Table A-3.4 Employment status

Percent distribution of ever-married women age 15-49 by employment status, according to governorate, Egypt 2014

Governorate	Employed in the 12 months preceding the survey			Not employed in the 12 months preceding the survey	Number of ever-married women
	Currently employed ¹	Not currently employed	Total		
Urban Governorates					
Cairo	16.6	0.4	83.0	100.0	1,811
Alexandria	14.8	0.3	84.9	100.0	857
Port Said	21.4	0.2	78.4	100.0	86
Suez	17.6	0.4	81.9	100.0	19
Lower Egypt					
Damietta	13.8	0.2	86.1	100.0	433
Dakahlia	17.0	1.4	81.5	100.0	1,740
Sharkia	19.9	1.2	78.9	100.0	1,956
Kalyubia	19.9	1.1	79.0	100.0	1,033
Kafr El-Sheikh	19.4	0.0	80.6	100.0	957
Gharbia	22.0	1.2	76.8	100.0	1,370
Menoufia	18.0	0.5	81.5	100.0	1,045
Behera	10.5	0.4	89.2	100.0	1,959
Ismailia	25.6	0.7	73.7	100.0	172
Upper Egypt					
Giza	11.3	0.7	88.0	100.0	2,040
Beni Suef	17.8	0.0	82.2	100.0	770
Fayoum	20.4	0.2	79.4	100.0	721
Menya	10.3	0.7	89.0	100.0	1,107
Assuit	10.9	0.3	88.8	100.0	1,085
Souhag	15.4	0.4	84.1	100.0	1,039
Qena	7.9	0.0	92.1	100.0	776
Aswan	10.2	0.1	89.6	100.0	368
Luxor	6.4	0.4	93.2	100.0	224
Frontier Governorates					
Red Sea	21.5	3.8	74.7	100.0	83
New Valley	21.9	0.0	78.1	100.0	54
Matroh	5.4	0.4	94.3	100.0	58
Total	15.5	0.6	83.9	100.0	21,762

¹ "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table A-4.1 Fertility

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by governorate, Egypt 2014

Governorate	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Urban Governorates			
Cairo	2.6	4.7	3.0
Alexandria	2.2	6.0	2.7
Port Said	3.0	5.6	2.9
Suez	3.2	5.5	3.4
Lower Egypt			
Damietta	3.0	7.2	3.2
Dakahlia	3.1	6.4	3.3
Sharkia	3.6	8.1	4.0
Kalyubia	3.8	6.5	3.5
Kafr El-Sheikh	3.4	7.7	3.3
Gharbia	3.1	6.1	3.4
Menoufia	3.5	6.8	3.6
Behera	3.5	7.0	3.8
Ismailia	3.7	8.1	3.5
Upper Egypt			
Giza	3.3	7.1	3.7
Beni Suef	3.9	9.4	4.6
Fayoum	4.6	7.8	4.8
Menya	3.9	9.3	5.1
Assuit	4.2	8.5	5.0
Souhag	4.3	11.2	4.6
Qena	3.7	8.4	4.7
Aswan	3.6	8.3	4.2
Luxor	3.4	9.6	4.3
Frontier Governorates			
Red Sea	3.4	7.0	3.7
New Valley	3.7	7.5	3.7
Matroh	4.8	14.2	5.1
Total	3.5	7.4	3.8

Note: Total fertility rates are for the period 1-36 months prior to interview.

Table A-4.2 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to governorate, Egypt 2014

Governorate	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Urban Governorates									
Cairo	7.4	9.1	25.4	18.9	13.9	25.2	100.0	701	39.8
Alexandria	8.4	11.1	27.2	22.9	11.2	19.1	100.0	318	37.3
Port Said	9.2	11.6	25.7	14.4	10.6	28.4	100.0	31	39.5
Suez	7.6	7.4	31.0	20.7	9.7	23.7	100.0	9	37.7
Lower Egypt									
Damietta	10.3	10.1	24.8	21.7	13.5	19.6	100.0	181	37.6
Dakahlia	6.4	14.0	26.2	17.3	10.8	25.3	100.0	725	37.2
Sharkia	7.4	8.5	29.1	22.1	13.8	19.1	100.0	927	37.8
Kalyubia	6.6	12.4	28.7	16.9	12.6	22.8	100.0	520	36.6
Kafr El-Sheikh	7.6	13.9	27.3	16.6	9.0	25.5	100.0	423	36.6
Gharbia	7.5	7.1	31.0	22.1	10.7	21.7	100.0	602	38.0
Menoufia	7.8	11.4	31.0	19.1	9.8	20.9	100.0	492	35.9
Behera	5.0	10.4	31.8	21.2	12.8	18.8	100.0	941	37.3
Ismailia	8.8	7.7	27.5	23.3	10.9	21.9	100.0	87	38.4
Upper Egypt									
Giza	7.0	9.3	27.7	19.7	11.0	25.3	100.0	992	38.3
Beni Suef	9.3	10.2	29.1	19.1	11.0	21.3	100.0	400	36.7
Fayoum	6.9	10.8	31.2	20.5	12.8	17.8	100.0	504	36.5
Menya	10.2	13.0	27.1	18.5	13.0	18.2	100.0	631	35.9
Assuit	13.1	17.1	27.5	15.7	10.2	16.3	100.0	715	31.9
Souhag	13.1	14.4	30.8	18.3	9.2	14.1	100.0	664	31.5
Qena	9.3	14.0	30.3	17.6	11.9	16.9	100.0	437	34.4
Aswan	6.3	8.1	23.2	22.5	14.6	25.3	100.0	188	43.3
Luxor	7.5	10.8	25.5	20.0	14.5	21.6	100.0	111	39.0
Frontier Governorates									
Red Sea	9.0	12.4	33.2	20.0	5.7	19.7	100.0	39	34.3
New Valley	5.6	10.4	19.1	22.3	13.2	29.4	100.0	25	41.6
Matroh	18.6	21.4	27.2	13.5	11.1	8.1	100.0	43	28.4
Total	8.2	11.4	28.6	19.4	11.7	20.7	100.0	10,706	36.7

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

Table A-4.3 Median age at first birth

Median age at first birth among women age 25-49 years, according to governorate, Egypt 2014

Governorate	Women age 25-49
Urban Governorates	
Cairo	24.4
Alexandria	a
Port Said	24.6
Suez	24.2
Lower Egypt	
Damietta	22.4
Dakahlia	21.9
Sharkia	22.2
Kalyubia	22.4
Kafr El-Sheikh	22.7
Gharbia	22.9
Menoufia	22.7
Behera	22.3
Ismailia	23.6
Upper Egypt	
Giza	22.0
Beni Suef	21.3
Fayoum	21.1
Menya	20.7
Assuit	22.4
Souhag	22.9
Qena	22.0
Aswan	23.0
Luxor	22.5
Frontier Governorates	
Red Sea	23.7
New Valley	22.7
Matroh	21.4
Total	22.6

a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

Table A-4.4 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by governorate, Egypt 2014

Governorate	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Urban Governorates				
Cairo	2.1	1.4	3.5	429
Alexandria	1.8	1.6	3.4	236
Port Said	3.4	3.4	6.9	19
Suez	1.7	1.3	3.0	5
Lower Egypt				
Damietta	8.3	1.8	10.0	91
Dakahlia	6.4	7.5	14.0	344
Sharkia	10.8	6.0	16.9	460
Kalyubia	8.1	4.4	12.5	230
Kafr El-Sheikh	5.5	4.9	10.4	194
Gharbia	4.7	2.1	6.8	288
Menoufia	5.5	3.6	9.1	244
Behera	9.0	4.6	13.6	443
Ismailia	5.7	4.5	10.1	40
Upper Egypt				
Giza	6.9	2.2	9.1	436
Beni Suef	9.6	4.8	14.4	202
Fayoum	11.3	4.5	15.9	159
Menya	11.2	5.8	17.0	326
Assuit	3.4	4.6	8.0	366
Souhag	6.0	5.2	11.2	273
Qena	7.1	4.9	12.0	205
Aswan	5.1	3.7	8.7	95
Luxor	4.1	6.1	10.2	59
Frontier Governorates				
Red Sea	1.2	4.6	5.8	21
New Valley	5.5	2.4	7.9	13
Matroh	12.2	4.5	16.7	16
Total	6.7	4.2	10.9	5,185

Table A-5.1 Fertility preferences

Among currently married women age 15-49, percentage wanting no more children and, among ever-married women age 15-49, mean ideal number of children by governorate, Egypt 2014

Governorate	Percentage wanting no more children ¹	Number of currently married women	Mean ideal number of children ²	Number of ever-married women giving numeric response
Urban Governorates				
Cairo	63.6	1,655	2.7	1,773
Alexandria	68.4	793	2.7	780
Port Said	61.3	81	2.7	84
Suez	53.5	18	2.8	18
Lower Egypt				
Damietta	65.2	411	2.7	426
Dakahlia	65.6	1,645	2.6	1,686
Sharkia	62.1	1,866	2.8	1,858
Kalyubia	58.7	976	2.9	952
Kafr El-Sheikh	63.8	892	2.6	955
Gharbia	65.2	1,282	2.7	1,367
Menoufia	67.7	1,006	2.8	1,040
Behera	63.8	1,860	2.8	1,930
Ismailia	58.8	160	2.9	167
Upper Egypt				
Giza	64.5	1,904	2.9	1,945
Beni Suef	52.9	721	3.3	769
Fayoum	51.3	694	3.6	709
Minya	51.8	1,044	3.5	1,024
Assuit	54.6	1,018	3.6	1,009
Souhag	47.4	972	3.8	877
Qena	48.5	723	3.9	771
Aswan	48.7	344	3.6	360
Luxor	47.9	209	3.7	218
Frontier Governorates				
Red Sea	47.5	78	3.0	72
New Valley	62.1	53	3.2	54
Matroh	55.6	54	4.6	39
Total	60.3	20,460	3.0	20,883

¹ Women who have been sterilized are considered to want no more children.

² Mean is calculated excluding respondents who gave non-numeric responses.

Table A-5.2 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by governorate, Egypt 2014

Governorate	Total wanted fertility rates	Total fertility rate
Urban Governorates		
Cairo	2.2	2.6
Alexandria	1.7	2.2
Port Said	2.4	3.0
Suez	2.7	3.2
Lower Egypt		
Damietta	2.7	3.0
Dakahlia	2.3	3.1
Sharkia	2.9	3.6
Kalyubia	2.8	3.8
Kafr El-Sheikh	2.7	3.4
Gharbia	2.4	3.1
Menoufia	2.8	3.5
Behera	2.7	3.5
Ismailia	2.9	3.7
Upper Egypt		
Giza	2.7	3.3
Beni Suef	3.1	3.9
Fayoum	3.6	4.6
Menya	3.0	3.9
Assuit	3.3	4.2
Souhag	3.5	4.3
Qena	3.1	3.7
Aswan	2.9	3.6
Luxor	3.1	3.4
Frontier Governorates		
Red Sea	2.8	3.4
New Valley	3.1	3.7
Matroh	4.4	4.8
Total	2.8	3.5

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table A-4.1.

Table A-6.1 Current use of family planning methods

Percent distribution of currently married women age 15-49 by family planning method currently used, according to governorate, Egypt 2014

Governorate	Any modern method	Modern method					Traditional method					Number of currently married women
		Female sterilization	Pill	IUD	Injectables	Male implants	Diaphragm	Periodic abstinence	With-drawal	Prolonged breastfeeding	Other	
Urban Governorates												
Cairo	61.7	0.7	15.6	37.6	5.7	0.6	1.0	0.4	2.3	1.5	0.1	36.0
Alexandria	58.9	0.6	9.8	41.3	4.7	0.5	1.3	0.3	0.8	0.2	0.0	39.8
Port Said	56.7	1.2	14.3	33.9	3.9	1.5	0.3	1.7	0.5	1.1	0.1	41.5
Suez	60.1	0.2	17.5	35.7	4.6	0.6	1.5	0.0	1.7	0.7	0.2	38.1
Lower Egypt												
Damietta	65.8	1.1	19.5	37.1	5.2	0.4	0.9	0.0	1.6	0.1	0.4	34.2
Dakahlia	64.1	2.4	12.8	39.7	7.5	0.4	0.2	0.0	0.9	0.0	0.6	35.9
Sharkia	59.7	1.6	23.0	21.6	10.0	0.4	0.7	0.1	2.3	0.4	0.8	40.3
Kalyubia	63.1	0.5	18.3	33.1	8.7	0.6	0.6	0.0	1.4	0.2	0.4	36.9
Kafr El-Sheikh	63.3	2.0	15.1	35.0	9.6	0.2	0.1	0.0	1.2	0.1	0.2	1.0
Gharbia	62.0	1.3	15.3	39.6	5.4	0.2	0.2	0.0	1.3	0.6	0.1	0.5
Menoufia	67.1	65.6	1.0	18.9	35.7	9.3	0.6	0.2	1.5	0.2	0.1	0.0
Behera	66.4	65.5	1.3	13.6	39.4	9.6	1.1	0.3	0.2	0.9	0.0	0.3
Ismailia	61.7	58.8	1.3	18.9	27.6	9.5	1.0	0.6	0.0	2.9	0.5	0.1
Upper Egypt												
Giza	63.9	62.4	1.4	15.8	37.5	7.3	0.3	0.1	1.5	0.4	0.1	1.0
Beni Suef	58.3	55.3	1.7	12.1	29.1	11.6	0.4	0.2	3.1	0.2	0.1	2.7
Fayoum	57.4	55.5	1.1	15.5	23.7	14.8	0.2	0.1	1.9	0.0	0.2	1.7
Menya	51.3	48.5	1.7	14.6	14.3	17.1	0.4	0.4	2.8	0.3	0.4	2.1
Assuit	41.4	39.5	0.9	14.5	14.3	8.8	0.9	0.1	1.9	0.4	0.1	1.3
Souhag	31.0	29.4	0.5	10.7	11.1	5.7	0.5	0.9	0.0	1.6	0.0	1.5
Qena	37.8	37.1	0.3	20.5	10.6	4.5	1.0	0.2	0.0	0.8	0.1	0.6
Aswan	49.7	47.8	0.5	24.2	12.9	9.1	0.6	0.5	0.1	1.9	0.0	1.6
Luxor	48.4	47.2	0.4	26.3	12.0	6.5	1.0	0.7	0.4	1.2	0.0	1.2
Frontier Governorates												
Red Sea	57.5	55.3	0.6	24.9	23.6	2.8	0.9	2.5	0.0	2.2	0.3	0.6
New Valley	65.7	64.5	1.1	16.2	38.5	7.2	1.0	0.0	0.4	1.2	0.1	1.2
Matiroh	41.0	40.0	0.3	16.9	12.5	8.7	0.9	0.7	0.0	0.9	0.1	0.8
Total	58.5	56.9	1.2	16.0	30.1	8.5	0.5	0.1	1.6	0.3	0.3	1.0

Note: If more than one method is used, only the most effective method is considered in this tabulation.

Table A-6.2 Trends in current use of family planning methods

Percentage of currently married women 15-49 currently using any family planning method by governorate, Egypt 1988-2014

Governorate	1988 EDHS	1992 EDHS	1995 EDHS	2000 EDHS	2005 EDHS	2008 EDHS	2014 EDHS
Urban							
Governorates							
Cairo	58.9	58.1	56.9	62.3	63.8	66.8	64.0
Alexandria	51.6	62.1	59.8	64.7	64.5	63.7	60.2
Port Said	48.2	60.5	59.7	57.7	61.6	54.7	58.5
Suez	50.3	57.3	62.4	58.0	64.0	65.8	61.9
Lower Egypt							
Damietta	54.1	53.4	57.4	58.8	63.9	64.2	65.8
Dakahlia	41.3	52.8	54.9	62.8	64.4	64.4	64.1
Sharkia	35.2	49.2	53.1	61.4	61.2	65.7	59.7
Kalyubia	42.3	57.9	55.6	64.0	69.4	59.9	63.1
Kafr-El-Sheikh	41.7	47.2	54.4	64.2	65.8	62.1	63.3
Gharbia	50.1	55.9	55.9	65.7	69.7	67.1	63.2
Menoufia	43.9	55.7	54.3	61.3	64.2	66.3	67.1
Behera	32.5	54.7	58.7	59.8	68.7	66.1	66.4
Ismailia	41.0	50.2	58.5	58.9	59.6	56.5	61.7
Upper Egypt							
Giza	45.7	49.9	50.9	60.5	62.1	62.4	63.9
Beni-Suef	15.3	29.2	30.4	53.0	56.0	56.9	58.3
Fayoum	20.2	33.3	34.0	50.4	55.9	55.7	57.4
Menya	16.6	21.9	24.3	46.7	51.4	54.1	51.3
Assuit	12.7	28.2	22.1	32.9	37.9	47.4	41.4
Souhag	16.2	19.8	21.7	27.5	32.7	36.3	31.0
Luxor	na	na	na	na	na	54.5	48.4
Qena	12.2	24.7	26.3	34.6	47.2	48.0	37.8
Aswan	18.6	31.9	36.0	44.9	49.0	53.4	49.7
Total	37.8	47.1	47.9	56.1	59.2	60.3	58.5

na = Information not available

Source: El-Zanaty and Way, 2009, Table 6.7

Table A-6.3 Source of modern family planning methods by governorate

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

Governorate	Public sector	Private			Don't know	Missing	Total	Number of users
		Medical ¹	Pharmacy	Other				
Urban Governorates								
Cairo	52.5	25.5	21.9	0.0	0.0	0.1	100.0	1,022
Alexandria	46.7	35.1	18.2	0.0	0.0	0.0	100.0	467
Port Said	43.1	33.4	23.1	0.2	0.2	0.0	100.0	46
Suez	45.4	29.3	25.1	0.2	0.0	0.0	100.0	11
Lower Egypt								
Damietta	53.8	29.2	16.9	0.1	0.0	0.0	100.0	264
Dakahlia	54.0	29.2	16.0	0.7	0.0	0.2	100.0	1,040
Sharkia	52.4	21.0	26.3	0.2	0.0	0.2	100.0	1,071
Kalyubia	49.6	22.8	26.5	0.7	0.4	0.0	100.0	602
Kafr El-Sheikh	52.6	29.7	17.3	0.2	0.1	0.0	100.0	554
Gharbia	57.6	21.3	21.1	0.0	0.0	0.0	100.0	794
Menoufia	61.2	22.7	15.9	0.0	0.0	0.2	100.0	660
Behera	66.7	18.8	14.1	0.3	0.0	0.2	100.0	1,218
Ismailia	63.7	15.5	19.5	0.4	0.6	0.2	100.0	94
Upper Egypt								
Giza	57.7	20.0	20.0	1.0	0.9	0.3	100.0	1,188
Beni Suef	68.8	16.1	15.1	0.0	0.0	0.0	100.0	399
Fayoum	62.3	16.0	20.6	0.9	0.0	0.2	100.0	385
Menya	59.8	17.5	21.8	0.5	0.0	0.3	100.0	506
Assuit	59.2	18.4	22.1	0.3	0.0	0.0	100.0	402
Souhag	52.3	18.8	28.2	0.4	0.4	0.0	100.0	285
Qena	54.7	12.4	32.9	0.0	0.0	0.0	100.0	268
Aswan	55.9	12.5	31.4	0.0	0.0	0.2	100.0	165
Luxor	64.2	13.3	22.2	0.0	0.0	0.3	100.0	99
Frontier Governorates								
Red Sea	35.1	23.7	41.2	0.0	0.0	0.0	100.0	43
New Valley	47.6	40.3	12.2	0.0	0.0	0.0	100.0	34
Matroh	52.1	14.1	33.7	0.0	0.0	0.0	100.0	22
Total	56.7	22.2	20.5	0.3	0.1	0.1	100.0	11,638

¹ Includes nongovernmental organization clinics; private hospitals/clinics or private doctors; mosque/church clinics; and other private medical facilities.

Table A-6.4 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by governorate, Egypt 2014

Governorate	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning ¹			Percentage of demand satisfied ²	Percentage of demand satisfied by modern methods ³	Number of currently married women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Urban Governorates												
Cairo	2.1	7.2	9.3	15.0	49.0	64.0	17.1	56.2	73.3	87.3	84.2	1,655
Alexandria	4.0	10.6	14.7	9.9	50.3	60.2	13.9	60.9	74.8	80.4	78.7	793
Port Said	2.8	10.8	13.6	15.2	43.3	58.5	18.0	54.1	72.1	81.1	78.7	81
Suez	3.0	7.0	10.0	20.0	41.8	61.9	23.0	48.8	71.9	86.1	83.7	18
Lower Egypt												
Damietta	2.0	7.6	9.6	15.0	50.8	65.8	17.1	58.3	75.4	87.2	85.1	411
Dakahlia	2.8	7.6	10.4	13.4	50.7	64.1	16.2	58.3	74.4	86.1	84.9	1,645
Sharkia	4.9	9.5	14.4	14.6	45.1	59.7	19.5	54.6	74.1	80.6	77.4	1,866
Kalyubia	2.8	5.7	8.5	13.9	49.2	63.1	16.7	54.9	71.6	88.1	86.2	976
Kafr El-Sheikh	3.8	7.0	10.8	12.4	50.8	63.3	16.2	57.9	74.1	85.4	83.8	892
Gharbia	3.4	8.7	12.1	13.1	50.1	63.2	16.5	58.8	75.3	84.0	82.3	1,282
Menoufia	2.2	4.8	6.9	12.1	55.0	67.1	14.3	59.8	74.0	90.6	88.6	1,006
Behera	3.9	4.4	8.2	14.7	51.7	66.4	18.6	56.0	74.6	89.0	87.8	1,860
Ismailia	3.5	8.0	11.5	18.0	43.7	61.7	21.5	51.7	73.2	84.3	80.4	160
Upper Egypt												
Giza	3.1	7.6	10.7	13.7	50.2	63.9	16.8	57.7	74.6	85.7	83.7	1,904
Beni Suef	4.8	4.9	9.6	17.7	40.6	58.3	22.5	45.5	68.0	85.8	81.3	721
Fayoum	6.1	8.8	14.9	21.3	36.1	57.4	27.4	44.9	72.3	79.3	76.7	694
Menya	8.3	9.0	17.2	15.8	35.5	51.3	24.1	44.4	68.5	74.8	70.8	1,044
Assuit	6.4	12.4	18.8	9.4	32.0	41.4	15.8	44.4	60.1	68.8	65.7	1,018
Souhag	11.5	14.4	25.9	8.2	22.8	31.0	19.7	37.2	56.9	54.5	51.6	972
Qena	8.3	12.0	20.2	11.7	26.1	37.8	20.0	38.1	58.1	65.2	63.9	723
Aswan	4.3	9.2	13.5	19.4	30.3	49.7	23.7	39.5	63.2	78.7	75.6	344
Luxor	5.7	8.4	14.1	19.0	29.5	48.4	24.6	37.9	62.5	77.4	75.5	209
Frontier Governorates												
Red Sea	4.8	6.7	11.5	21.8	35.7	57.5	26.6	42.4	69.0	83.3	80.2	78
New Valley	0.9	5.6	6.5	16.5	49.2	65.7	17.4	54.9	72.2	91.0	89.3	53
Matroh	4.0	10.8	14.8	11.2	29.7	41.0	15.3	40.5	55.7	73.5	71.8	54
Total	4.5	8.1	12.6	13.9	44.7	58.5	18.3	52.8	71.1	82.3	80.0	20,460

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.

¹ Total demand is the sum of unmet need and met need.

² Percentage of demand satisfied is met need divided by total demand.

³ Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, and diaphragm/foam/jelly.

Table A-6.5 Contact of nonusers with family planning providers

Among currently married women age 15-49 who are not using family planning, the percentage who during the past 6 months were visited by a fieldworker (health worker or raida rafia) who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by governorate, Egypt 2014

Governorate	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:	Discussed family planning	Did not discuss family planning	Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of nonusers
Urban Governorates						
Cairo	0.8	3.6	15.9	95.7	595	
Alexandria	0.0	5.6	2.8	94.4	316	
Port Said	0.3	2.6	22.2	97.1	34	
Suez	0.3	5.1	18.4	94.9	7	
Lower Egypt						
Damietta	10.2	17.0	10.7	76.0	141	
Dakahlia	10.3	10.2	16.3	83.4	591	
Sharkia	7.3	6.0	9.1	88.3	751	
Kalyubia	2.4	4.7	10.0	93.8	360	
Kafr El-Sheikh	0.0	8.5	29.9	91.5	328	
Gharbia	6.8	9.9	7.6	86.1	471	
Menoufia	4.6	15.1	15.7	81.4	331	
Behera	5.8	14.4	19.1	81.8	625	
Ismailia	3.8	7.1	24.7	89.4	61	
Upper Egypt						
Giza	3.7	2.7	9.2	93.9	688	
Beni Suef	8.0	6.7	28.2	85.6	301	
Fayoum	22.0	8.4	38.9	74.1	296	
Menya	11.6	10.0	7.8	80.3	508	
Assuit	6.8	3.6	29.9	90.0	597	
Souhag	13.5	7.4	17.8	81.8	670	
Qena	12.7	2.6	4.9	85.3	449	
Aswan	6.6	3.5	7.0	90.5	173	
Luxor	12.1	5.2	11.4	84.1	108	
Frontier Governorates						
Red Sea	0.0	7.5	19.5	92.5	33	
New Valley	0.2	0.7	33.5	99.1	18	
Matroh	0.7	2.7	6.6	96.6	32	
Total	7.3	7.3	15.4	86.9	8,486	

Table A-6.6 Exposure to family planning messages

Percentage of currently married women who heard or saw a family planning message on various media in the six months prior to the interview according to governorate, Egypt 2014

Governorate	Radio	Television	News-paper/ magazine	Poster/ billboard/ sign	Community meeting	Religious leader	No exposure to family planning messages	Number of currently married women
Urban Governorates								
Cairo	1.7	35.8	3.8	13.3	1.1	0.6	57.9	1,655
Alexandria	3.0	43.3	3.0	7.3	0.5	0.5	55.0	793
Port Said	2.1	21.0	1.3	8.8	0.5	0.0	74.2	81
Suez	0.6	29.7	1.2	11.8	0.1	0.2	65.6	18
Lower Egypt								
Damietta	7.8	69.1	7.9	45.6	2.5	1.3	25.1	411
Dakahlia	14.7	41.8	5.4	11.7	1.3	2.2	52.9	1,645
Sharkia	7.6	53.3	5.8	24.2	1.0	1.1	38.7	1,866
Kalyubia	7.2	30.6	2.9	17.8	1.6	2.3	61.2	976
Kafr El-Sheikh	0.2	15.0	1.5	29.0	0.2	0.1	62.5	892
Gharbia	5.3	51.0	2.5	20.7	1.5	1.0	46.7	1,282
Menoufia	9.8	40.6	1.7	14.6	0.4	0.1	49.2	1,006
Behera	4.2	46.0	2.9	14.9	2.2	2.4	47.1	1,860
Ismailia	2.6	36.4	5.8	24.8	1.3	1.1	55.4	160
Upper Egypt								
Giza	0.6	15.9	0.8	11.1	1.1	0.0	76.7	1,904
Beni Suef	3.1	38.4	1.7	22.6	2.0	2.3	49.0	721
Fayoum	4.9	38.0	2.8	11.0	3.3	3.0	56.5	694
Menya	4.3	41.4	2.4	30.2	1.0	1.6	46.9	1,044
Assuit	2.8	40.3	2.1	11.6	1.2	2.1	52.9	1,018
Souhag	4.5	34.4	1.3	12.6	1.7	1.5	56.4	972
Qena	1.0	45.8	0.8	17.2	2.2	0.2	50.6	723
Aswan	2.5	61.4	2.9	28.1	1.6	0.6	34.0	344
Luxor	2.4	54.3	3.2	30.1	1.3	1.8	39.8	209
Frontier Governorates								
Red Sea	0.3	25.2	0.9	8.3	2.8	0.3	66.5	78
New Valley	1.8	18.2	0.4	2.9	0.0	0.0	80.6	53
Matroh	0.3	12.1	0.6	12.0	0.8	0.1	76.8	54
Total	4.9	39.3	2.9	17.5	1.4	1.3	53.1	20,460

Table A-7.1 Consanguinity

Percent distribution of ever-married women by relationship to their (last) husband, according to governorate, Egypt 2014

Governorate	First cousin		Second cousin		Other relative		Related by marriage	Not related	Total	Number of ever-married women
	Father's side	Mother's side	Father's side	Mother's side	Father's side	Mother's side				
Urban Governorates										
Cairo	5.3	5.4	2.5	2.9	2.3	1.4	0.7	79.5	100.0	1,811
Alexandria	6.0	4.7	3.5	1.9	1.2	2.3	1.8	78.5	100.0	857
Port Said	3.9	3.9	2.4	1.0	1.6	2.4	0.9	84.0	100.0	86
Suez	6.2	5.5	3.3	1.6	1.9	2.4	1.2	77.9	100.0	19
Lower Egypt										
Damietta	4.7	4.0	2.8	1.9	2.2	1.3	0.3	82.8	100.0	433
Dakahlia	4.8	6.1	3.9	2.1	4.5	3.1	0.4	75.0	100.0	1,740
Sharkia	7.0	4.5	5.6	3.7	3.2	3.2	0.9	71.9	100.0	1,956
Kalyubia	10.7	7.3	4.3	2.3	1.9	2.4	1.0	70.0	100.0	1,033
Kafr El-Sheikh	9.6	5.4	2.8	2.5	4.5	2.4	1.3	71.5	100.0	957
Gharbia	6.9	4.6	2.7	2.5	2.3	1.8	2.9	76.3	100.0	1,370
Menoufia	7.3	4.1	2.0	1.9	3.5	2.6	0.8	77.7	100.0	1,045
Behera	10.2	4.9	3.5	1.9	2.7	1.5	1.6	73.8	100.0	1,959
Ismailia	9.1	6.0	1.7	2.0	4.0	2.0	1.2	74.1	100.0	172
Upper Egypt										
Giza	11.5	5.8	3.4	1.9	2.8	2.1	1.4	71.0	100.0	2,040
Beni Suef	14.7	6.8	4.2	2.6	7.9	3.2	0.2	60.3	100.0	770
Fayoum	15.5	6.3	6.3	1.3	6.6	4.2	0.4	59.3	100.0	721
Menya	16.8	6.9	2.2	1.5	11.5	5.6	1.1	54.4	100.0	1,107
Assuit	16.5	8.9	5.5	4.3	6.9	5.7	1.1	51.1	100.0	1,085
Souhag	16.4	8.5	7.4	4.2	4.2	3.4	2.1	53.6	100.0	1,039
Qena	20.3	10.3	8.8	5.5	8.2	3.8	1.7	41.4	100.0	776
Aswan	18.9	8.2	6.5	4.0	6.8	3.9	0.5	51.4	100.0	368
Luxor	15.4	10.8	11.5	5.0	6.8	4.4	0.3	45.9	100.0	224
Frontier Governorates										
Red Sea	12.4	7.9	3.1	2.4	5.2	2.6	4.2	62.1	100.0	83
New Valley	9.0	5.1	4.0	1.6	7.4	3.9	1.9	67.2	100.0	54
Matroh	21.2	4.9	5.3	1.8	4.3	1.5	1.3	59.7	100.0	58
Total	10.4	6.1	4.2	2.7	4.2	2.9	1.2	68.5	100.0	21,762

Table A-7.2 Median age at first marriage

Median age at first marriage among women age 20-49 and age 25-49, according to governorate, Egypt 2014

Governorate	Women age 25-49
Urban Governorates	
Cairo	22.8
Alexandria	23.4
Port Said	23.2
Suez	22.5
Lower Egypt	
Damietta	21.0
Dakahlia	20.4
Sharkia	20.5
Kalyubia	20.9
Kafr El-Sheikh	21.0
Gharbia	21.4
Menoufia	21.2
Behera	20.6
Ismailia	22.2
Upper Egypt	
Giza	20.3
Beni Suef	19.5
Fayoum	19.3
Menya	19.0
Assuit	20.2
Souhag	20.4
Qena	19.9
Aswan	20.8
Luxor	20.4
Frontier Governorates	
Red Sea	22.1
New Valley	20.9
Matroh	19.7
Total	20.8

Table A-8.1 Early childhood mortality rates by governorate

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by governorate, Egypt 2014

Governorate	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Urban Governorates					
Cairo	11	4	15	2	17
Alexandria	19	4	23	4	27
Port Said	11	4	16	6	22
Suez	16	3	19	3	21
Lower Egypt					
Damietta	8	4	12	4	15
Dakahlia	13	6	18	4	22
Sharkia	21	12	34	2	35
Kalyubia	19	14	33	6	39
Kafr El-Sheikh	9	9	18	4	22
Gharbia	17	9	26	3	29
Menoufia	9	5	13	3	17
Behera	11	6	16	3	19
Ismailia	22	11	33	5	38
Upper Egypt					
Giza	10	11	20	4	25
Beni Suef	26	12	37	6	43
Fayoum	14	5	19	6	25
Menya	17	21	38	5	42
Assuit	28	12	41	10	50
Souhag	27	13	40	7	47
Qena	16	15	31	7	38
Aswan	26	5	31	4	35
Luxor	25	15	41	8	48
Frontier Governorates					
Red Sea	17	4	21	(7)	(28)
New Valley	8	17	25	(4)	(28)
Matroh	9	5	14	7	21

Note: Rates in parentheses are based on 250-499 exposed births.

¹ Computed as the difference between the infant and neonatal mortality rates

Table A-9.1 Antenatal and delivery care indicators

Percentage of mothers who prior to the last live birth in the five-year period before the survey received regular antenatal care from a trained medical provider, percentage of mothers whose last live birth in the five-year period before the survey was protected from neonatal tetanus, and percentage of births in the five-year period prior to the survey who were delivered by a skilled provider and who were delivered by Caesarean section, by governorate, Egypt 2014

Governorate	Percentage of mothers who had regular antenatal care prior to the last birth ¹	Percentage of mothers whose last live birth was protected against neonatal tetanus ²	Number of mothers	Percentage of births in the five-year period before the survey delivered by:		
				Skilled provider ³	Caesarean section	Number of births
Urban Governorates						
Cairo	89.9	64.4	825	97.8	58.6	1,060
Alexandria	92.7	62.0	354	96.0	68.0	472
Port Said	96.8	77.5	41	99.6	76.6	53
Suez	89.0	30.9	10	99.3	59.0	14
Lower Egypt						
Damietta	94.6	57.8	216	98.9	76.0	284
Dakahlia	93.1	69.2	814	98.9	65.5	1,088
Sharkia	83.5	68.9	1,036	92.2	53.1	1,390
Kalyubia	80.1	64.0	547	94.2	57.0	749
Kafr El-Sheikh	91.0	89.4	476	98.5	70.4	648
Gharbia	83.3	67.1	704	95.7	65.0	924
Menoufia	89.0	93.9	542	95.1	59.1	757
Behera	88.0	83.7	1,082	92.8	56.0	1,459
Ismailia	85.3	79.9	95	95.7	50.4	132
Upper Egypt						
Giza	79.6	71.0	1,029	93.1	43.1	1,396
Beni Suef	74.8	85.9	418	80.7	44.3	581
Fayoum	75.6	88.4	468	84.5	38.9	671
Menya	70.2	76.1	631	73.5	41.8	869
Assuit	76.7	76.0	628	82.4	34.8	981
Souhag	70.3	69.3	610	87.3	35.6	935
Qena	73.2	79.2	421	90.6	39.7	617
Aswan	85.7	71.4	210	98.1	39.7	270
Luxor	83.7	86.6	125	97.9	40.2	165
Frontier Governorates						
Red Sea	86.0	67.1	46	94.0	50.9	61
New Valley	90.2	96.9	27	98.3	47.7	37
Matroh	59.9	35.9	34	78.0	26.2	56
Total	82.8	74.4	11,391	91.5	51.8	15,668

¹ A woman is considered to have had regular antenatal care if she had four or more visits during pregnancy.

² Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth

³ Skilled provider includes doctor or nurse/midwife.

Table A-9.2 Postnatal care indicators for mothers and newborns by governorate

Percentage of women age 15-49 giving birth in the two years before the survey who had a postnatal checkup within two days of delivery and percentage of last births in the two years before the survey who had a postnatal checkup within two days of delivery and who had a heel sample taken within 14 days of birth, by governorate, Egypt 2014

Governorate	Percentage receiving postnatal care from skilled provider within two days of delivery ¹	Number of mothers giving birth in the two years before the survey	Percentage who had postnatal checkup from a skilled provider within two days of birth ¹	Percentage who had a heel sample taken within 14 days of birth	Number of births in the two years before the survey
Urban Governorates					
Cairo	94.2	422	17.3	90.6	422
Alexandria	93.3	177	3.5	93.4	177
Port Said	94.9	23	13.0	93.5	23
Suez	94.4	5	23.2	94.0	5
Lower Egypt					
Damietta	94.9	114	19.7	98.4	114
Dakahlia	84.2	414	19.7	95.0	414
Sharkia	82.7	549	26.2	93.6	549
Kalyubia	76.9	305	11.7	96.1	305
Kafr El-Sheikh	95.3	262	16.2	97.5	262
Gharbia	89.5	356	5.7	96.3	356
Menoufia	92.0	294	10.9	99.6	294
Behera	84.0	611	19.5	97.9	611
Ismailia	82.7	55	8.5	97.1	55
Upper Egypt					
Giza	90.3	568	9.5	99.3	568
Beni Suef	71.7	252	14.9	95.8	252
Fayoum	63.2	265	11.9	96.4	265
Menya	62.8	365	11.6	95.5	365
Assuit	65.4	383	6.2	95.0	383
Souhag	64.5	373	20.1	77.1	373
Qena	77.2	258	8.7	94.9	258
Aswan	93.9	119	10.6	94.6	119
Luxor	90.6	66	5.3	92.2	66
Frontier Governorates					
Red Sea	84.0	22	26.3	87.3	22
New Valley	79.5	15	2.9	98.5	15
Matroh	73.2	23	1.0	94.1	23
Total	81.5	6,297	14.2	94.7	6,297

¹ Postnatal care providers include doctor, nurse/midwife, daya, and other.

Table A-10.1 Problems in accessing health care

Percentage of ever-married women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to governorate, Egypt 2014

Governorate	Problems in accessing health care									At least one problem accessing health care	Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no health provider available	Concern no drugs available	Concern health care		
Urban Governorates											
Cairo	3.8	6.1	12.7	14.0	17.3	15.7	37.8	45.8	55.8	1,811	
Alexandria	3.1	5.6	7.6	10.1	13.0	31.3	33.1	37.0	57.4	857	
Port Said	2.7	11.9	20.4	23.5	33.4	19.0	50.5	60.5	71.1	86	
Suez	1.7	10.2	20.4	20.8	31.3	23.7	51.3	61.4	68.2	19	
Lower Egypt											
Damietta	4.6	9.6	26.5	24.3	30.5	24.4	56.5	62.9	75.4	433	
Dakahlia	8.9	13.0	23.9	30.1	40.5	27.4	55.2	62.8	78.7	1,740	
Sharkia	7.8	9.2	18.2	18.8	25.5	30.5	30.7	50.0	61.2	1,956	
Kalyubia	6.6	7.7	20.7	26.6	40.6	35.2	49.4	57.4	81.6	1,033	
Kafr El-Sheikh	0.7	1.6	5.5	7.0	9.4	31.1	49.3	53.2	54.6	957	
Gharbia	3.3	8.4	14.9	19.0	21.7	30.4	57.2	58.8	75.9	1,370	
Menoufia	0.6	3.9	8.4	10.4	25.0	15.6	16.4	17.0	33.8	1,045	
Behera	4.8	7.1	12.7	14.3	24.6	27.6	36.1	37.8	53.4	1,959	
Ismailia	6.5	8.8	14.9	17.6	23.7	36.2	61.6	67.2	75.9	172	
Upper Egypt											
Giza	1.7	12.2	21.9	25.8	41.0	37.2	53.8	63.0	81.4	2,040	
Beni Suef	15.4	14.9	20.9	22.2	35.5	28.2	41.1	45.7	58.2	770	
Fayoum	5.1	6.9	16.0	16.5	29.1	32.1	51.2	58.5	75.0	721	
Menya	23.9	21.1	25.9	31.8	47.5	52.7	65.7	65.5	74.2	1,107	
Assuit	9.1	14.1	11.9	14.7	28.9	22.0	43.7	51.2	64.6	1,085	
Souhag	17.2	22.4	29.4	34.7	64.9	26.0	72.5	76.7	93.4	1,039	
Qena	20.2	19.0	33.7	33.9	36.4	28.1	79.7	83.8	89.3	776	
Aswan	3.9	7.9	26.5	27.2	38.0	17.3	38.4	47.5	63.9	368	
Luxor	12.5	16.3	28.3	29.6	42.9	24.0	67.0	77.6	88.9	224	
Frontier Governorates											
Red Sea	6.4	11.2	18.5	25.5	42.9	24.8	72.2	75.8	87.1	83	
New Valley	6.1	5.1	39.5	41.9	25.8	10.3	31.9	57.8	75.7	54	
Matroh	1.5	1.5	17.6	22.5	25.0	41.5	41.0	41.5	68.1	58	
Total	7.3	10.5	18.2	20.9	31.3	28.9	47.5	54.0	68.1	21,762	

Table A-10.2 Knowledge of AIDS

Percentage of ever-married women age 15-49 who have heard of AIDS, percentage who responded to prompted questions by saying that people can reduce the risk of getting the AIDS virus by using condom, by having sex with just one uninfected, faithful partner, and by abstaining from sex, percentage who responded to prompted question by saying that a healthy-looking person can have the AIDS virus, percentage who know the AIDS virus cannot be transmitted by mosquito bites or sharing food with an infected person, and percentage with comprehensive knowledge about AIDS by governorate, Egypt 2014

Background characteristic	Percentage who say people can reduce the risk of getting the AIDS virus by:				Percentage who know the AIDS virus cannot be transmitted by:			Percentage who reject two common misconceptions and know that a healthy looking person can have the AIDS virus	Percentage with a comprehensive knowledge about AIDS ¹	Number of women
	Percentage who have heard of AIDS	Using a condom every time they have sex	Limiting sex to one uninfected partner	Using a condom and having one uninfected faithful partner	Percentage who know a healthy-looking person can have AIDS	Mosquito bites	Sharing food with an infected person			
Urban Governorates										
Cairo	78.6	29.8	66.0	28.5	38.7	43.1	49.3	17.2	4.8	1,811
Alexandria	83.1	31.8	68.1	28.1	52.2	50.0	64.5	27.2	9.9	857
Port Said	83.9	15.5	54.1	14.7	47.2	46.0	56.9	19.7	2.9	86
Suez	82.7	19.9	57.8	16.7	36.1	48.7	46.4	14.0	3.0	19
Lower Egypt										
Damietta	78.1	16.1	58.3	14.9	37.1	43.8	39.9	12.9	1.1	433
Dakahlia	77.9	17.1	61.3	14.9	51.6	41.7	39.1	18.0	4.3	1,740
Sharkia	80.6	20.9	73.5	20.2	58.2	34.0	41.7	20.2	5.5	1,956
Kalyubia	77.2	18.4	70.0	17.2	47.2	47.1	44.6	22.4	3.5	1,033
Kafr El-Sheikh	63.4	23.8	56.8	22.6	30.7	37.0	39.8	16.1	3.2	957
Gharbia	66.9	16.1	52.3	14.8	25.7	35.3	30.7	10.6	2.0	1,370
Menoufia	68.8	9.3	50.8	9.0	12.1	43.8	46.1	5.5	0.2	1,045
Behera	66.7	10.9	48.5	9.4	32.3	42.9	39.7	12.1	1.8	1,959
Ismailia	76.9	30.5	67.5	28.7	47.7	32.1	43.3	13.9	5.2	172
Upper Egypt										
Giza	69.6	12.7	61.3	12.3	31.6	38.6	38.6	12.4	2.5	2,040
Beni Suef	63.2	24.0	56.8	21.7	21.2	37.8	33.4	6.3	1.4	770
Fayoum	70.0	34.5	62.7	31.7	40.1	27.5	27.0	10.5	3.8	721
Menya	49.4	17.2	41.2	16.7	34.1	23.6	28.3	10.6	3.7	1,107
Assuit	42.2	24.1	37.5	23.7	29.9	28.6	21.8	11.6	6.9	1,085
Souhag	66.7	16.3	57.2	14.7	44.0	31.2	30.3	13.8	3.9	1,039
Qena	64.4	28.1	54.4	26.7	32.7	37.7	39.0	15.5	5.8	776
Aswan	67.9	22.0	57.9	19.9	48.5	38.6	35.7	20.3	5.8	368
Luxor	72.4	35.4	62.8	32.0	39.4	32.5	39.1	11.7	3.3	224
Frontier Governorates										
Red Sea	86.1	26.9	83.6	26.3	56.5	40.3	50.2	18.1	7.0	83
New Valley	30.0	19.6	28.4	18.8	16.3	23.5	20.9	7.2	1.9	54
Matroh	39.8	12.1	27.5	9.5	16.7	24.1	27.1	9.9	4.2	58
Total 15-49	69.4	19.9	58.1	18.6	37.7	37.9	38.9	14.6	3.8	21,762

¹ Comprehensive knowledge means knowing that use of condoms and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common misconceptions.

Table A-11.1 Vaccinations

Percentage of children age 18-29 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), by governorate, Egypt 2014

Governorate	Record seen	BCG	DPT ¹			Polio			Hepatitis			Fully immunized and 3 hepatitis vaccine doses			No vaccinations	Number of children	
			1	2	3	0	1	2	3	1	2	3	Measles ²	Fully immunized ³			
Urban Governorates																	
Cairo	46.4	100.0	100.0	99.2	96.8	95.2	99.2	97.6	96.8	98.4	97.6	94.4	92.8	90.4	88.0	0.0	190
Alexandria	61.0	100.0	100.0	98.7	98.7	91.0	100.0	98.7	98.7	97.4	97.3	100.0	97.3	98.7	97.3	0.0	97
Port Said	58.8	100.0	100.0	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	100.0	95.9	95.9	95.9	0.0	10
Suez	50.3	100.0	100.0	100.0	98.7	94.8	94.8	93.5	92.8	100.0	100.0	96.7	97.4	90.2	88.9	0.0	3
Lower Egypt																	
Damietta	59.8	100.0	100.0	100.0	100.0	100.0	90.2	95.8	94.4	94.4	94.4	100.0	99.1	98.2	96.4	91.7	89.9
Dakahlia	61.1	98.2	100.0	100.0	99.1	95.8	96.9	96.9	96.9	96.9	96.9	100.0	98.4	94.2	92.5	92.5	0.0
Sharkia	68.5	99.4	100.0	99.3	96.5	96.2	99.4	99.4	99.4	98.8	98.8	95.9	89.7	93.1	89.2	82.3	213
Kalyubia	66.9	98.5	98.8	98.8	98.8	98.8	96.2	95.1	94.0	96.6	96.6	94.4	95.3	90.4	87.2	87.2	280
Kafr El-Sheikh	51.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	160
Gharbia	56.5	98.5	100.0	100.0	100.0	100.0	86.0	100.0	100.0	99.2	100.0	100.0	98.5	92.3	91.4	90.6	204
Menoufia	64.9	98.3	98.3	98.3	97.6	95.1	99.2	97.8	96.3	98.3	98.3	96.8	97.6	93.9	93.0	93.0	151
Behera	60.0	100.0	99.4	99.4	97.5	90.6	99.4	98.8	98.8	98.1	97.5	96.3	97.0	93.9	90.8	0.0	301
Ismailia	61.8	99.3	100.0	100.0	97.9	99.3	100.0	100.0	97.9	100.0	100.0	98.7	97.3	93.8	93.8	0.0	28
Upper Egypt																	
Giza	38.2	98.1	98.1	97.1	96.1	93.4	95.0	94.1	93.1	98.1	97.1	94.8	95.3	87.5	86.1	0.0	239
Beni Suef	58.6	100.0	100.0	100.0	100.0	100.0	98.4	94.2	93.4	93.4	93.4	100.0	100.0	98.4	91.8	91.8	108
Fayoum	76.6	99.3	100.0	100.0	100.0	100.0	96.7	99.3	98.8	98.8	98.8	100.0	99.3	99.3	96.8	96.8	128
Minya	56.7	100.0	99.1	99.1	97.7	96.6	96.8	95.1	94.3	100.0	100.0	95.1	98.3	92.0	88.5	88.5	161
Assuit	62.4	99.4	100.0	99.4	97.1	96.0	98.8	98.8	97.7	100.0	100.0	99.4	96.5	96.5	91.9	91.9	194
Souhag	53.6	97.3	98.4	95.7	89.3	94.4	96.3	95.7	94.7	96.8	94.1	85.6	86.4	77.9	75.2	0.0	205
Qena	65.9	99.5	99.5	96.6	91.1	94.9	97.0	95.5	92.1	97.1	95.1	87.7	96.6	82.7	78.3	0.0	146
Aswan	49.6	99.2	100.0	99.3	99.3	96.8	100.0	99.3	96.1	100.0	99.3	96.8	100.0	95.3	92.8	0.0	53
Luxor	58.8	99.6	93.9	93.9	91.1	91.7	97.5	97.0	93.4	94.3	93.2	88.6	100.0	88.2	85.2	0.0	32
Frontier Governorates																	
Red Sea	63.4	98.9	98.9	97.9	97.3	98.4	98.0	96.4	93.9	98.4	97.9	95.3	98.4	93.3	91.3	0.0	12
New Valley	52.6	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	94.2	99.5	84.2	0.5	8
Matroh	43.5	99.3	99.3	99.3	93.7	99.3	99.3	98.7	99.3	98.7	99.3	98.7	95.0	94.3	93.7	0.0	11
Total	58.6	99.1	99.4	98.8	97.1	94.4	98.0	97.4	96.6	98.8	97.9	94.9	95.8	91.0	88.7	0.0	3,121

Polio 0 is the polio vaccination given at birth.

¹ Children receiving DPT include children given the pentavalent vaccine.² Children receiving measles include children given the measles, mumps and rubella (MMR) vaccine.³ A child is considered to be fully immunized if the child has received BCG, a measles vaccination, three DPT vaccinations, and three polio vaccinations.

Table A-12.1 Nutritional status of ever-married women age 15-49 years

Among women age 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by governorate, Egypt 2014

Governorate	Height		Body Mass Index ¹								Number of women		
	Percent-age below 145 cm	Number of women	Mean Body Mass Index (BMI)	<17 (Moderately and severely thin)		≥25.0 (Total overweight or obese)		25.0-29.9 (Overweight)		≥30.0 (Obese)			
				18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	severely thin)	25.0-29.9 (Overweight)	≥30.0 (Obese)	Number of women			
Urban Governorates													
Cairo	0.3	1,788	29.8	12.9	0.0	0.0	0.0	87.1	40.8	46.3	1,640		
Alexandria	0.3	849	30.8	13.8	0.2	0.0	0.2	86.0	35.7	50.4	761		
Port Said	0.3	86	30.0	4.6	0.1	0.0	0.1	95.3	53.7	41.6	77		
Suez	0.1	19	28.8	11.3	0.1	0.0	0.1	88.6	59.1	29.4	17		
Lower Egypt													
Damietta	0.0	433	28.2	6.2	0.0	0.0	0.0	93.8	71.5	22.2	386		
Dakahlia	0.1	1,716	32.3	6.9	0.1	0.1	0.0	93.0	28.7	64.3	1,552		
Sharkia	0.5	1,956	31.2	13.0	0.1	0.1	0.0	86.9	32.8	54.1	1,718		
Kalyubia	0.9	1,012	31.8	12.9	0.4	0.4	0.0	86.7	31.8	54.9	914		
Kafr El-Sheikh	0.3	952	30.7	15.6	0.3	0.3	0.0	84.2	33.1	51.1	842		
Gharbia	0.9	1,366	31.4	11.7	0.0	0.0	0.0	88.3	33.6	54.7	1,227		
Menoufia	0.1	1,042	29.6	18.4	0.0	0.0	0.0	81.6	33.0	48.6	931		
Behera	0.0	1,947	30.6	16.0	0.3	0.0	0.3	83.7	28.4	55.3	1,717		
Ismailia	0.2	171	30.2	18.2	0.3	0.3	0.0	81.5	32.2	49.3	149		
Upper Egypt													
Giza	0.1	2,030	31.1	7.0	0.1	0.1	0.0	92.9	36.2	56.7	1,809		
Beni Suef	0.0	768	28.8	18.6	0.0	0.0	0.0	81.4	43.2	38.2	654		
Fayoum	0.8	720	28.8	27.4	0.6	0.4	0.1	72.0	35.6	36.4	630		
Menya	0.9	1,100	27.6	25.4	0.1	0.0	0.1	74.4	52.1	22.4	938		
Assuit	1.5	1,051	28.8	20.0	0.9	0.4	0.5	79.1	42.3	36.7	881		
Souhag	1.0	1,024	29.0	24.0	0.4	0.4	0.0	75.6	38.9	36.7	844		
Qena	0.8	771	28.9	27.5	1.0	0.9	0.1	71.5	32.4	39.1	666		
Aswan	0.6	364	29.6	16.1	1.0	0.4	0.6	82.9	41.7	41.2	313		
Luxor	1.2	222	29.1	22.1	0.5	0.4	0.1	77.4	38.0	39.4	188		
Frontier Governorates													
Red Sea	0.6	80	29.3	20.1	0.1	0.1	0.0	79.8	39.9	40.0	72		
New Valley	0.6	53	29.5	13.6	0.5	0.0	0.5	85.9	36.5	49.4	47		
Matroh	0.0	57	29.0	20.5	0.0	0.0	0.0	79.5	42.0	37.5	45		
Total	0.5	21,576	30.3	15.2	0.2	0.2	0.1	84.6	36.5	48.1	19,021		

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).

¹ Excludes pregnant women and women with a birth in the preceding 2 months

Table A-12.2 Prevalence of anemia in ever-married women by governorate

Percentage of de facto ever-married women age 15-49 with anemia, by governorate, Egypt 2014

Governorate	Anemia status by hemoglobin level				
	Any (NP <12.0 g/dl; P <11.0 g/dl)	Mild (NP 10.0-11.9 g/dl; P 10.0-10.9 g/dl)	Moderate (NP 7.0-9.9 g/dl; P 7.0-9.9 g/dl)	Severe (NP <7.0 g/dl; P <7.0 g/dl)	Number of women
Urban Governorates					
Cairo	28.5	28.3	0.3	0.0	550
Alexandria	8.0	6.7	1.3	0.0	286
Port Said	9.7	9.3	0.4	0.0	28
Suez	25.2	24.3	1.0	0.0	6
Lower Egypt					
Damietta	23.4	23.4	0.0	0.0	143
Dakahlia	37.4	31.7	5.7	0.0	556
Sharkia	23.2	20.8	2.4	0.0	645
Kalyubia	23.3	20.9	2.4	0.0	330
Kafr El-Sheikh	12.7	12.0	0.7	0.0	325
Gharbia	19.8	16.2	3.6	0.0	470
Menoufia	16.9	14.8	2.1	0.0	347
Behera	16.3	14.6	1.8	0.0	637
Ismailia	19.0	16.5	2.6	0.0	56
Upper Egypt					
Giza	25.3	25.1	0.2	0.0	680
Beni Suef	45.1	44.4	0.7	0.0	269
Fayoum	23.9	21.0	2.9	0.0	248
Menya	52.7	51.9	0.7	0.0	369
Assuit	21.7	19.8	1.9	0.0	363
Souhag	34.1	28.9	5.2	0.0	330
Qena	16.2	14.9	1.1	0.3	261
Aswan	29.2	25.0	4.3	0.0	117
Luxor	23.2	18.9	3.4	0.9	78
Frontier Governorates					
Red Sea	35.1	29.1	6.0	0.0	29
New Valley	12.3	10.8	1.6	0.0	19
Matroh	5.7	5.7	0.0	0.0	20
Total	25.2	23.1	2.1	0.0	7,161

Note: Prevalence is adjusted for altitude and for smoking status if known.

Table A-13.1 Current and expected prevalence of female circumcision by governorate

Percentage of ever-married women 15-49 by circumcision status and percentage of daughters age 0-19 years who are reported by their mother to be currently circumcised, percentage who are not yet circumcised but whose mothers intend that the girl will be circumcised in the future, and percentage expected to be circumcised taking into account the current circumcision status and mother's intention, according to governorate, Egypt 2014

Governorate	Ever-married women age 15-49		Daughters age 0-19 years			
	Percentage circumcised	Number of women	Percentage reported to have already been circumcised	Percentage whose mothers intend the daughter to be circumcised in the future	Percentage expected to be circumcised ¹	Number of daughters
Urban Governorates						
Cairo	83.3	1,811	12.9	22.7	35.7	1,721
Alexandria	79.2	857	6.8	16.3	23.1	821
Port Said	72.7	86	3.7	8.1	11.7	76
Suez	83.6	19	13.6	17.9	31.5	21
Lower Egypt						
Damietta	76.9	433	3.9	7.0	10.9	440
Dakahlia	90.4	1,740	11.7	31.4	43.0	1,583
Sharkia	94.3	1,956	22.2	44.1	66.3	1,992
Kalyubia	96.4	1,033	26.5	42.7	69.2	1,064
Kafr El-Sheikh	96.2	957	20.6	34.9	55.5	916
Gharbia	95.2	1,370	17.6	33.8	51.4	1,408
Menoufia	94.9	1,045	23.5	35.2	58.7	1,116
Behera	91.1	1,959	8.9	27.8	36.7	1,968
Ismailia	93.3	172	20.9	37.1	58.0	172
Upper Egypt						
Giza	93.8	2,040	19.3	34.9	54.3	2,233
Beni Suef	97.5	770	25.9	44.4	70.3	887
Fayoum	93.9	721	13.2	47.2	60.3	861
Menya	93.2	1,107	18.5	41.5	59.9	1,436
Assuit	93.7	1,085	34.9	38.4	73.3	1,415
Souhag	98.4	1,039	38.7	41.5	80.2	1,212
Qena	99.1	776	46.9	44.5	91.5	881
Aswan	98.1	368	57.6	29.0	86.6	416
Luxor	99.7	224	57.8	32.9	90.7	225
Frontier Governorates						
Red Sea	89.2	83	30.1	22.8	52.9	87
New Valley	97.4	54	25.0	46.0	71.0	54
Matroh	15.3	58	0.5	2.8	3.3	85
Total	92.3	21,762	21.4	34.9	56.3	23,090

¹ Includes daughters who have already been circumcised and daughters whose mothers intend the daughters to be circumcised

Table A-13.2 Attitudes and beliefs about female circumcision by governorate

Percentage of ever-married women 15-49 who believe the practice is required by religious precepts, who say the practice should continue, who believe men want the practice to continue, and who agree with various statements about female circumcision, according to governorate, Egypt 2014

Governorate	Believes circumcision is required by religious precepts	Says the practice should continue	Believes men want the practice to continue	Agrees that:				Number of women age 15-49
				Husbands prefer	Prevents adultery	Can lead to girl's death	Makes childbirth difficult	
Urban Governorates								
Cairo	41.4	42.1	36.7	35.0	38.9	63.2	10.2	1,811
Alexandria	32.3	31.6	23.3	23.9	30.7	79.3	9.0	857
Port Said	38.5	27.9	15.9	23.5	22.9	66.7	3.2	86
Suez	36.7	37.5	32.4	27.6	23.1	62.5	6.3	19
Lower Egypt								
Damietta	23.9	17.9	18.0	18.0	14.4	82.3	9.7	433
Dakahlia	55.4	47.6	29.8	41.6	36.3	60.8	7.9	1,740
Sharkia	77.7	74.5	67.2	64.1	64.2	43.3	4.3	1,956
Kalyubia	59.7	66.4	59.2	58.4	55.7	46.1	13.4	1,033
Kafr El-Sheikh	57.4	62.3	55.1	55.2	56.3	60.6	2.5	957
Gharbia	38.4	52.3	39.5	42.0	44.1	53.4	10.7	1,370
Menoufia	53.6	62.4	54.0	36.1	34.1	42.1	1.6	1,045
Behera	41.4	42.3	39.8	37.6	30.4	39.2	6.7	1,959
Ismailia	52.7	52.8	32.3	45.5	47.8	66.6	11.4	172
Upper Egypt								
Giza	48.5	58.1	52.6	50.2	47.2	64.5	10.7	2,040
Beni Suef	53.8	72.7	59.7	59.3	67.6	57.6	8.7	770
Fayoum	49.6	69.4	54.0	64.9	59.5	47.1	10.4	721
Menya	44.3	60.6	56.1	62.0	57.1	56.7	12.6	1,107
Assuit	54.1	66.4	59.5	63.0	53.4	38.3	3.6	1,085
Souhag	50.6	67.2	57.2	57.9	29.6	46.1	16.3	1,039
Qena	78.7	87.5	87.7	75.0	72.1	55.6	24.1	776
Aswan	61.1	79.0	69.4	64.2	52.5	46.5	25.3	368
Luxor	79.4	86.9	80.1	80.4	62.1	56.5	22.8	224
Frontier Governorates								
Red Sea	28.8	43.8	36.3	37.9	16.5	67.0	12.3	83
New Valley	72.3	80.0	77.9	77.9	64.9	23.7	0.4	54
Matroh	4.1	3.9	2.9	3.6	3.9	66.3	2.8	58
Total	51.7	57.8	49.8	49.7	46.3	53.9	9.4	21,762

Table A-14.1 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to governorate, Egypt 2014

Governorate	Net attendance ratio ¹			Gender Parity Index ³	Gross attendance ratio ²			Gender Parity Index ³		
	Male	Female	Total		Male	Female	Total			
PRIMARY SCHOOL										
Urban Governorates										
Cairo	89.9	89.8	89.9	1.00	99.2	95.4	97.4	0.96		
Alexandria	92.3	92.0	92.1	1.00	100.5	99.6	100.1	0.99		
Port Said	95.0	97.2	96.1	1.02	100.4	106.0	103.1	1.06		
Suez	94.6	93.4	94.0	0.99	99.3	101.4	100.3	1.02		
Lower Egypt										
Damietta	91.9	91.5	91.7	1.00	99.6	96.1	97.9	0.96		
Dakahlia	95.3	94.1	94.8	0.99	104.7	101.9	103.4	0.97		
Sharkia	94.0	92.6	93.3	0.98	101.8	97.8	99.9	0.96		
Kalyubia	92.8	91.4	92.1	0.98	103.0	100.1	101.6	0.97		
Kafr El-Sheikh	91.5	92.7	92.1	1.01	102.2	96.4	99.4	0.94		
Gharbia	92.3	94.2	93.2	1.02	99.6	99.7	99.6	1.00		
Menoufia	95.4	94.2	94.8	0.99	103.1	102.2	102.7	0.99		
Behera	93.2	96.3	94.7	1.03	103.4	106.0	104.7	1.03		
Ismailia	94.1	92.6	93.3	0.98	103.5	94.9	99.3	0.92		
Upper Egypt										
Giza	89.4	87.1	88.3	0.97	99.6	94.7	97.2	0.95		
Beni Suef	93.1	93.4	93.3	1.00	102.3	100.0	101.2	0.98		
Fayoum	94.9	93.7	94.3	0.99	101.0	100.5	100.8	1.00		
Menya	94.0	90.8	92.4	0.97	105.9	102.9	104.4	0.97		
Assuit	89.4	89.5	89.5	1.00	98.7	96.5	97.7	0.98		
Souhag	92.5	91.7	92.1	0.99	100.8	97.6	99.3	0.97		
Qena	94.4	94.4	94.4	1.00	106.6	101.6	104.1	0.95		
Aswan	92.2	95.2	93.7	1.03	99.0	100.0	99.5	1.01		
Luxor	94.0	96.6	95.3	1.03	104.5	103.3	103.9	0.99		
Frontier Governorates										
Red Sea	93.4	91.1	92.4	0.98	99.7	100.1	99.9	1.00		
New Valley	96.7	94.3	95.7	0.98	102.1	101.7	101.9	1.00		
Matroh	89.3	83.0	85.9	0.93	100.9	93.1	96.7	0.92		
Total	92.6	92.2	92.4	1.00	101.8	99.3	100.6	0.98		
SECONDARY SCHOOL										
Urban Governorates										
Cairo	80.8	80.3	80.6	0.99	95.6	96.5	96.0	1.01		
Alexandria	79.8	81.2	80.5	1.02	88.9	90.2	89.6	1.01		
Port Said	88.6	85.7	87.3	0.97	97.6	94.8	96.3	0.97		
Suez	84.8	83.5	84.1	0.98	96.9	92.4	94.3	0.95		
Lower Egypt										
Damietta	78.3	84.2	81.3	1.08	89.5	91.6	90.6	1.02		
Dakahlia	81.5	85.9	83.6	1.05	93.0	93.5	93.2	1.01		
Sharkia	82.7	82.5	82.6	1.00	90.9	92.1	91.5	1.01		
Kalyubia	81.6	81.1	81.4	0.99	96.8	90.4	93.7	0.93		
Kafr El-Sheikh	80.4	90.7	85.4	1.13	93.4	102.3	97.8	1.09		
Gharbia	77.6	86.0	82.0	1.11	87.2	91.2	89.3	1.05		
Menoufia	85.3	83.2	84.3	0.97	94.3	93.1	93.7	0.99		
Behera	78.7	65.6	72.1	0.83	94.7	72.6	83.6	0.77		
Ismailia	84.0	84.9	84.4	1.01	93.8	95.3	94.5	1.02		
Upper Egypt										
Giza	71.1	73.0	72.0	1.03	87.3	85.1	86.3	0.98		
Beni Suef	65.9	70.1	68.0	1.06	75.9	77.0	76.4	1.02		
Fayoum	79.3	70.2	74.8	0.89	90.1	75.2	82.7	0.83		
Menya	80.2	75.1	77.7	0.94	91.8	84.0	87.9	0.91		
Assuit	72.7	68.8	70.7	0.95	84.1	74.7	79.3	0.89		
Souhag	76.7	64.4	70.5	0.84	90.1	70.8	80.3	0.79		
Qena	84.7	71.0	77.8	0.84	98.2	77.4	87.6	0.79		
Aswan	77.5	74.3	76.0	0.96	87.6	81.7	84.8	0.93		
Luxor	81.8	70.5	76.4	0.86	98.9	79.8	89.8	0.81		

(Continued...)

Table A-14.1—Continued

Governorate	Net attendance ratio ¹			Gender Parity Index ³	Gross attendance ratio ²			Gender Parity Index ³		
	Male	Female	Total		Male	Female	Total			
SECONDARY SCHOOL										
Frontier Governorates										
Red Sea	86.6	82.0	84.0	0.95	97.5	88.9	92.7	0.91		
New Valley	85.6	86.1	85.8	1.01	93.2	94.1	93.7	1.01		
Matroh	65.7	33.6	49.9	0.51	74.4	41.6	58.3	0.56		
Total	78.6	76.7	77.7	0.98	90.9	85.5	88.3	0.94		

¹ The NAR for primary school is the percentage of the primary-school age (6-11 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (12-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

⁴ Does not include North and South Sinai governorates.

Table A-14.2 Child labor

Percentage of children 5-17 years by involvement in economic activities or household chores during the last week, percentage working under hazardous conditions during the last week, and percentage engaged in child labor during the last week, by governorate, Egypt 2014

Governorate	Children involved in economic activities for a total number of hours during last week:		Children involved in household chores for a total number of hours during last week		Children working under hazardous conditions	Total child labor	Number of children age 5-17 years
	Below the age-specific threshold	At or above the age-specific threshold	Below the age-specific threshold	At or above the age-specific threshold			
Urban Governorates							
Cairo	98.8	1.2	100.0	0.0	1.2	1.4	2,432
Alexandria	99.3	0.7	99.3	0.7	1.9	2.6	1,172
Port Said	99.8	0.2	99.9	0.1	0.9	1.0	105
Suez	99.7	0.3	98.4	1.6	0.7	2.1	25
Lower Egypt							
Damietta	97.6	2.4	99.7	0.3	3.6	3.8	551
Dakahlia	95.5	4.5	99.3	0.7	7.7	9.1	2,261
Sharkia	95.3	4.7	100.0	0.0	6.7	8.1	2,888
Kalyubia	95.8	4.2	98.6	1.4	5.4	6.9	1,468
Kafr El-Sheikh	96.1	3.9	99.3	0.7	5.3	6.3	1,155
Gharbia	98.0	2.0	99.6	0.4	2.9	4.2	1,836
Menoufia	98.5	1.5	99.8	0.2	2.5	2.7	1,394
Behera	95.9	4.1	99.7	0.3	7.2	8.1	2,473
Ismailia	96.4	3.6	98.7	1.3	9.4	10.6	224
Upper Egypt							
Giza	97.8	2.2	99.3	0.7	2.9	4.0	3,103
Beni Suef	96.5	3.5	97.3	2.7	6.5	10.2	1,187
Fayoum	92.8	7.2	99.8	0.2	9.4	11.9	1,122
Menya	95.0	5.0	98.5	1.5	9.1	11.0	1,997
Assuit	97.9	2.1	99.6	0.4	3.8	4.8	1,919
Souhag	89.1	10.9	95.8	4.2	16.8	20.7	1,638
Qena	98.2	1.8	99.4	0.6	4.2	5.0	1,008
Aswan	99.0	1.0	98.8	1.2	3.1	4.3	551
Luxor	97.6	2.4	100.0	0.0	2.9	4.2	294
Frontier Governorates							
Red Sea	98.1	1.9	97.1	2.9	1.8	5.4	102
New Valley	98.2	1.8	100.0	0.0	2.1	2.1	75
Matroh	99.0	1.0	98.1	1.9	0.8	3.0	111
Total	96.4	3.6	99.2	0.8	5.6	7.0	31,101

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see <http://mics.unicef.org>.

Table A-14.3 Child discipline

Percentage of children age 1-14 years by child disciplining methods experienced during the last one month, by governorate, Egypt 2014

Governorate	Percentage of children age 1-14 years who experienced:					
	Only non-violent discipline	Psychological aggression	Any physical punishment	Severe physical punishment	Any violent discipline method	Number of children age 1-14 years
Urban						
Governorates						
Cairo	5.9	90.7	74.0	30.1	92.3	2,679
Alexandria	2.4	94.8	76.7	43.1	95.6	1,289
Port Said	2.1	81.4	65.2	20.0	82.4	113
Suez	4.4	84.3	64.1	25.5	85.8	30
Lower Egypt						
Damietta	2.7	93.2	59.2	23.4	95.5	618
Dakahlia	5.0	88.4	72.1	39.1	91.3	2,643
Sharkia	1.3	96.5	84.0	51.0	97.6	3,316
Kalyubia	2.8	94.0	81.0	56.2	95.6	1,736
Kafr El-Sheikh	7.5	85.2	73.0	41.9	89.3	1,366
Gharbia	5.2	88.7	74.2	36.6	90.1	2,201
Menoufia	3.5	91.7	84.9	40.8	94.2	1,730
Behera	2.8	91.1	82.5	51.5	92.9	3,097
Ismailia	4.1	93.2	74.4	50.9	94.3	264
Upper Egypt						
Giza	4.7	89.3	76.1	38.0	91.2	3,632
Beni Suef	5.9	90.0	74.7	32.4	92.1	1,321
Fayoum	4.8	89.5	80.4	41.2	94.1	1,414
Menya	5.5	91.9	76.6	39.0	93.2	2,108
Assuit	2.6	91.6	77.4	53.5	92.7	2,156
Souhag	3.9	93.6	84.6	50.7	95.1	1,949
Qena	3.1	89.5	83.5	63.6	90.7	1,212
Aswan	6.7	86.4	77.8	33.4	88.7	636
Luxor	5.7	90.8	77.3	43.5	92.2	341
Frontier						
Governorates						
Red Sea	1.5	95.4	83.4	35.0	97.5	140
New Valley	0.6	94.0	70.0	27.0	95.0	88
Matroh	1.3	86.5	71.3	35.3	88.9	129
Total	4.1	91.1	78.0	43.2	93.0	36,216

Note: Nonviolent disciplinary practices included one or more of the following: (1) taking away privileges, forbidding something the child liked, or not allowing the child to leave the house; (2) explaining that the child's behavior was wrong; or (3) giving the child something else to do. Psychological aggression included one or both of the following: (1) shouting, yelling, or screaming at the child or (2) calling the child dumb, lazy or a similar term. Physical punishments included one or more of the following: (1) shaking the child; (2) spanking, hitting or slapping the child on the bottom with a bare hand; (2) hitting the child on the bottom or other part of the body with a belt, hairbrush, stick or other similar hard object; (3) hitting or slapping the child on the face, head, or ears; (4) hitting the child on the hand, arm or leg; and (5) beating the child up, that is hitting the child over and over as hard as one can. Severe physical punishments included one or both of the following: (1) hitting or slapping the child on the face, head, or ears or (2) beating the child up, that is hitting the child over and over as hard as one can. Any violent discipline method included the use any type of psychological aggression and/or any type of physical punishment.

Table A-15.1 Women's participation in decision making

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by governorate, Egypt 2014

Governorate	Specific decisions					Number of currently married women
	Woman's own health care	Making major household purchases	Visits to her family or relatives	All three decisions	None of the three decisions	
Urban Governorates						
Cairo	90.2	75.1	83.3	68.3	6.2	1,655
Alexandria	88.2	79.3	86.3	69.6	4.7	793
Port Said	82.0	65.8	81.3	57.9	9.1	81
Suez	90.9	77.1	87.0	71.0	3.7	18
Lower Egypt						
Damietta	93.6	78.4	84.1	72.4	4.1	411
Dakahlia	80.0	61.5	71.5	49.8	9.4	1,645
Sharkia	80.5	67.1	74.0	58.1	12.9	1,866
Kalyubia	78.3	71.6	74.3	59.3	10.6	976
Kafr El-Sheikh	96.6	72.5	68.2	64.6	2.4	892
Gharbia	92.5	70.3	84.6	65.0	4.5	1,282
Menoufia	88.3	83.9	89.3	79.6	6.5	1,006
Behera	74.1	71.7	77.5	60.4	12.3	1,860
Ismailia	85.9	66.6	69.9	53.5	5.9	160
Upper Egypt						
Giza	93.0	83.1	81.5	73.1	4.0	1,904
Beni Suef	89.6	64.4	84.8	62.2	8.1	721
Fayoum	83.9	66.3	78.7	58.5	7.6	694
Menya	82.6	58.7	78.1	54.9	12.4	1,044
Assuit	61.1	45.1	52.9	39.4	33.5	1,018
Souhag	69.8	36.0	52.3	26.1	22.2	972
Qena	66.9	47.2	65.7	33.6	17.4	723
Aswan	80.3	68.0	70.1	54.2	9.7	344
Luxor	79.9	56.3	68.8	42.5	9.2	209
Frontier Governorates						
Red Sea	81.3	52.0	73.8	41.6	10.2	78
New Valley	84.6	75.8	78.8	72.1	14.5	53
Matroh	71.2	62.5	67.4	58.0	22.8	54
Total	82.7	67.4	75.7	58.8	10.4	20,460

Table A-15.2 Attitude toward wife beating

Percentage of ever-married women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by governorate, Egypt 2014

Governorate	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of ever-married women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Urban Governorates							
Cairo	1.9	4.5	9.6	7.8	7.9	13.9	1,811
Alexandria	4.1	4.6	9.7	10.7	10.0	14.9	857
Port Said	0.7	1.6	5.4	5.4	4.0	10.1	86
Suez	1.0	1.7	5.1	4.7	3.3	6.8	19
Lower Egypt							
Damietta	1.0	0.5	9.5	10.0	5.5	15.5	433
Dakahlia	6.2	8.7	21.0	22.7	17.4	36.9	1,740
Sharkia	7.0	11.6	28.0	29.4	23.8	36.6	1,956
Kalyubia	8.7	13.4	22.3	29.7	20.7	39.3	1,033
Kafr El-Sheikh	0.0	0.3	7.6	8.6	0.3	10.9	957
Gharbia	7.2	17.5	26.3	25.8	17.4	38.0	1,370
Menoufia	1.5	2.6	6.9	4.6	21.3	25.0	1,045
Behera	5.0	12.9	22.8	19.0	25.0	35.8	1,959
Ismailia	3.8	6.7	18.5	19.9	8.6	27.6	172
Upper Egypt							
Giza	3.6	7.0	14.8	13.6	9.8	19.2	2,040
Beni Suef	4.9	12.1	26.7	26.0	17.3	36.6	770
Fayoum	9.3	24.0	30.3	34.1	38.9	49.8	721
Menya	17.8	25.1	50.5	46.0	27.3	58.2	1,107
Assuit	6.6	18.3	60.3	40.2	22.5	67.8	1,085
Souhag	22.5	33.0	50.1	46.9	31.9	59.2	1,039
Qena	19.3	33.0	58.8	57.6	59.4	76.6	776
Aswan	6.0	11.6	21.0	21.6	15.9	29.3	368
Luxor	15.3	24.6	40.8	40.7	39.8	55.9	224
Frontier Governorates							
Red Sea	1.6	4.8	13.4	8.7	3.4	15.9	83
New Valley	0.8	6.4	29.8	21.8	4.1	31.4	54
Matroh	4.2	12.2	21.1	12.4	25.8	36.6	58
Total	7.0	12.8	25.5	24.1	19.9	35.7	21,762

B.1 INTRODUCTION

The 2014 Egypt Demographic and Health Survey (2014 EDHS) is the tenth in a series of Demographic and Health Surveys conducted in Egypt. As with the prior surveys, the main objective of the 2014 EDHS is to provide up-to-date information on fertility and childhood mortality levels; fertility preferences; awareness, approval, and use of family planning methods; and maternal and child health and nutrition. The survey also covers several special topics including domestic violence and child labor and child disciplinary practices. All ever-married women age 15-49 who were usual members of the selected households and those who spent the night before the survey in the selected households were eligible to be interviewed in the survey. The sample for the 2014 EDHS was designed to provide estimates of population and health indicators including fertility and mortality rates for the country as a whole and for six major subdivisions (Urban Governorates, urban Lower Egypt, rural Lower Egypt, urban Upper Egypt, rural Upper Egypt, and the Frontier Governorates). Unlike earlier EDHS surveys, the sample for the 2014 EDHS was explicitly designed to allow for separate estimates of most key indicators at the governorate level.

The 2014 Egypt DHS involved a multi-stage sample design. This appendix includes a description of the sampling frame used for the survey and the procedures used at each stage of the sample selection. Household and individual woman response rates are presented by residence. Finally, the necessity for sample weights and the procedures followed in calculating the weights are reviewed. Appendix C presents estimates of sampling errors for key indicators by residence.

B.2 SAMPLING FRAME

Administratively, Egypt is divided into 27 governorates. Table B.1 gives the percentage distribution of households by governorate and by type of residence. The proportion of households varies by governorate from 0.1 percent (South Sinai, the smallest) to 12 percent (Cairo, the largest). In Egypt, 46 percent of the households reside in urban areas, and 54 percent are found in rural areas.

Each governorate is further sub-divided into shiakhas and villages. A complete list of all shiakhas (urban administrative units) and villages in Egypt served as the sampling frame for the 2014 EDHS. The list was prepared by the Central Agency for Public Mobilization and Statistics (CAPMAS) based upon the 2006 Egypt Population Census; it was updated by CAPMAS to reflect the situation in 2013. The list included 1,185 shiakhas and 5,104 villages. The EDHS sampling frame contained information about the shiakha/village location and the estimated number of residential households.

The number of households in the shiakhas in the EDHS frame ranged between 325 and 25,664 households, with an average of 7,553 households per shiakha. The number of households in villages ranged between 37 and 3,701 households with an average of 2,090 households per village. In general, shiakhas and villages in the Frontier Governorates tended to be smaller in population size, whereas shiakhas and villages in the governorates in Lower Egypt and Upper Egypt tended to be larger in population size.

Table B.1 Distribution of households by residence

Percent distribution of households by type of residence, according to governorate, and percent distribution of households by governorate, Egypt 2014

Governorate	Urban	Rural	Total	Percentage of all households
Urban Governorates				
Cairo	100.0	na	100.0	11.9
Alexandria	99.2	0.8	100.0	6.0
Port Said	100.0	na	100.0	0.8
Suez	100.0	na	100.0	0.7
Lower Egypt				
Damietta	39.1	60.9	100.0	1.7
Dakahlia	28.8	71.2	100.0	7.3
Sharkia	24.0	76.0	100.0	7.3
Kalyubia	45.6	54.4	100.0	6.0
Kafr El-Sheikh	24.1	75.9	100.0	3.6
Gharbia	31.6	68.4	100.0	5.7
Menoufia	21.1	78.9	100.0	4.4
Behera	20.4	79.6	100.0	6.4
Ismailia	46.4	53.6	100.0	1.3
Upper Egypt				
Giza	64.6	35.4	100.0	8.9
Beni Suef	25.1	74.9	100.0	2.9
Fayoum	24.1	75.9	100.0	3.3
Menya	20.1	79.9	100.0	5.3
Assuit	27.6	72.4	100.0	4.3
Souhag	21.5	78.5	100.0	4.8
Qena	20.6	79.4	100.0	3.1
Aswan	42.9	57.1	100.0	1.6
Luxor	44.1	55.9	100.0	1.2
Frontier Governorates				
Red Sea	94.6	5.4	100.0	0.4
New Valley	47.3	52.7	100.0	0.2
Matroh	74.1	25.9	100.0	0.4
North Sinai	61.4	38.6	100.0	0.4
South Sinai	58.1	41.9	100.0	0.1
Total	45.6	54.4	100.0	100.0

na = Not applicable

Source: Sampling frame prepared by the Central Agency for Public Mobilization and Statistics (CAPMAS)

B.3 SAMPLE DESIGN AND SELECTION

Since most shiakhas/villages were too large in population size to be used as sampling clusters (which ideally should include 200-300 households), the 2014 EDHS sample was selected in four stages. Prior to the first stage of selection, each of the 27 governorates was first stratified into urban and rural areas, yielding a total of 51 sampling strata since Cairo, Suez and Port Said do not have rural areas. In addition, to provide for implicit geographic stratification, the list of shiakhas/villages in each governorate was sorted in serpentine order according to their location from north to south within the governorate.

The first sampling stage involved the selection of 926 shiakhas/villages, as the Primary Sampling Units (PSUs); the PSUs were selected according to the sample allocation given in Table B.2, with probability proportional to the PSU size and with independent selection in each sampling stratum. In the second stage, a detailed map for each of the selected PSUs was divided into equal parts; each part included about 1,000 households. One to three parts were then systematically selected from each PSU. In PSUs with a household population of 20,000 households or more, three parts were selected. In PSUs with a household population between 4,000 and 20,000 households, two parts were

selected. In the remaining smaller shiakhas/villages (less than 4,000 households), one part was selected.

Table B.2 Sample allocation of clusters

Allocation of sample clusters by governorate and urban-rural residence, Egypt 2014

Governorate	Urban	Rural	Total
Urban Governorates			
Cairo	66	na	66
Alexandria	42	2	44
Port Said	38	na	38
Suez	38	na	38
Lower Egypt			
Damietta	14	20	34
Dakahlia	13	25	38
Sharkia	11	28	39
Kalyubia	20	19	39
Kafr El-Sheikh	9	25	34
Gharbia	13	23	36
Menoufia	9	25	34
Behera	9	28	37
Ismailia	16	18	34
Upper Egypt			
Giza	32	14	46
Beni Suef	9	25	34
Fayoum	9	25	34
Menya	9	27	36
Assuit	11	23	34
Souhag	9	26	35
Qena	8	27	35
Aswan	16	18	34
Luxor	16	18	34
Frontier Governorates			
Red Sea	15	3	18
New Valley	10	6	16
Matroh	13	4	17
North Sinai	14	7	21
South Sinai	12	9	21
Total (including North and South Sinai)	481	445	926
Total (excluding North and South Sinai)	429	429	884

na = Not applicable

The parts chosen at the second stage in each PSU were too large to serve as sampling clusters for the EDHS. Therefore, prior to the third stage, a quick count operation was carried out in all the selected parts to provide the estimates needed to divide each part into segments of approximately 200 households. During the third stage of selection, two to three segments were selected with probability proportional to the segment size from each PSU. In large shiakhas/villages where there were two or three parts, one segment was chosen from each part. In small shiakhas/villages where only one part had been selected, two segments were chosen from that part.

Because of security issues, the quick count operation could not be undertaken in North and South Sinai. Thus, the 42 shiakhas/villages selected in those governorates for the 2014 EDHS sample were not included in the survey. This reduced the total number of sampling PSUs in the 2014 EDHS from 926 to 884 PSUs. Because the populations of those governorates comprise less than 1 percent of Egypt's total population, their exclusion does not affect national estimates. However, because they comprise two of the five Frontier Governorates, information that is presented in this report for the Frontier Governorates is not comparable to results in prior EDHS surveys in which all five Frontier Governorates were surveyed.

Overall, a total of 1,838 segments were selected from the 884 PSUs that remained in the 2014 EDHS after the decision was made to drop North and South Sinai from the sample. In the fourth stage, a household listing operation was carried out in each of the selected segments. The resulting lists of households served as sampling frame for the selection of households in the fourth stage. In each segment, an average of 15 households was chosen from the newly created household listing, using a systematic random sampling procedure. The survey interviewer was instructed to interview only the pre-selected households. No replacements and no changes of the pre-selected households were allowed in order to prevent bias. All ever-married women aged 15-49 who were usual members of the selected households or who spent the night before the survey in the selected households were eligible for the women interview. A subsample of one-third of all households in each segment was selected for the anemia testing component. In this subsample, ever-married women age 15-49 and children age 0-19 years were eligible for the testing. One woman in each household in the subsample in which anemia testing was carried out was also selected to be asked questions about domestic violence. Finally, child discipline and child labor modules were administered for one randomly selected child in all EDHS households in which children age 1-17 years were found. In households where the selected child was age 15-17 years, only the child labor module was administered. In households where the selected child was age 1-4 years, only the child discipline module was administered. If the selected child was age 5-14 years, both modules were administered.

Table B.3 shows the allocation of households according to governorate and urban-rural areas, and Table B.4 shows the expected number of completed women interviews according to governorate and urban-rural areas. To ensure that the survey precision was comparable across governorates, the sample allocation figures a power allocation between governorates and between urban and rural areas within each governorate. Based on about 15 households per cluster (segment), the survey was expected to be conducted in a sample of about 29,172 residential households, 15,015 in urban areas and 14,157 in rural areas. The sample was expected to result in about 24,158 completed interviews with ever-married women age 15-49, 10,671 in urban areas and 13,487 in rural areas.

The sample allocations in Tables B.3 and B.4 were derived using assumptions with respect to response rates and the average number of ever-married women per household. Those assumptions took into account both the experience in the 2008 Egypt DHS and in a number of smaller surveys undertaken after 2008. The multistage sampling approach described earlier was expected to result in about 33 households per PSU, slightly larger than the average in the 2008 EDHS (32 households per PSU).

Table B.3 Sample allocation of household sample

Allocation of households by governorate and urban-rural residence, Egypt 2014

Governorate	Urban	Rural	Total
Urban Governorates			
Cairo	2,178	na	2,178
Alexandria	1,386	66	1,452
Port Said	1,254	na	1,254
Suez	1,254	na	1,254
Lower Egypt			
Damietta	462	660	1,122
Dakahlia	429	825	1,254
Sharkia	363	924	1,287
Kalyubia	660	627	1,287
Kafr El-Sheikh	297	825	1,122
Gharbia	429	759	1,188
Menoufia	297	825	1,122
Behera	297	924	1,221
Ismailia	528	594	1,122
Upper Egypt			
Giza	1,056	462	1,518
Beni Suef	297	825	1,122
Fayoum	297	825	1,122
Menya	297	891	1,188
Assuit	363	759	1,122
Souhag	297	858	1,155
Qena	264	891	1,155
Aswan	528	594	1,122
Luxor	528	594	1,122
Frontier Governorates			
Red Sea	495	99	594
New Valley	330	198	528
Matroh	429	132	561
Total	15,015	14,157	29,172

na = Not applicable

Table B.4 Sample allocation of women's interviews

Allocation of completed women interviews by governorate and urban-rural residence, Egypt 2014

Governorate	Urban	Rural	Total
Urban Governorates			
Cairo	1,548	na	1,548
Alexandria	985	63	1,048
Port Said	891	na	891
Suez	891	na	891
Lower Egypt			
Damietta	328	629	957
Dakahlia	305	786	1,091
Sharkia	258	880	1,138
Kalyubia	469	597	1,066
Kafr El-Sheikh	211	786	997
Gharbia	305	723	1,028
Menoufia	211	786	997
Behera	211	880	1,091
Ismailia	375	566	941
Upper Egypt			
Giza	751	440	1,191
Beni Suef	211	786	997
Fayoum	211	786	997
Menya	211	849	1,060
Assuit	258	723	981
Souhag	211	817	1,028
Qena	188	849	1,037
Aswan	375	566	941
Luxor	375	566	941
Frontier Governorates			
Red Sea	352	94	446
New Valley	235	189	424
Matroh	305	126	431
Total	10,671	13,487	24,158

na = Not applicable

The allocation of the sample households in Table B.3 and the household population in the sampling frame have been used to produce the sampling fractions, f_h , in Table B.5; these sampling fractions were used to determine the number of households to be selected from each segment as follows:

$$g_{hijk} = \frac{f_h \times L_{hijk}}{P_{1hi} \times P_{2hij} \times P_{3hijk}}$$

where g_{hijk} denotes the number of households selected in the segment k selected from part j in PSU i in stratum h and L_{hijk} denotes the number of households listed in the household listing operation in the same segment k . The following notations denote the sampling probabilities for the different section stages:

P_{1hi} : first-stage sampling probability of the i^{th} PSU in stratum h

P_{2hij} : second-stage sampling probability of the j^{th} part within the i^{th} PSU in stratum h

P_{3hijk} : third-stage sampling probability of the k^{th} segment in the j^{th} part within the i^{th} PSU in stratum h

P_{4hijk} : fourth-stage sampling probability of the households selected in the k^{th} segment in the j^{th} part within the i^{th} PSU in stratum h

Table B.5 Sampling fractions

Sampling fractions by governorate and urban-rural residence, Egypt 2014

Governorate	Urban	Rural
Urban Governorates		
Cairo	0.0009	na
Alexandria	0.0015	0.0155
Port Said	0.0163	na
Suez	0.0699	na
Lower Egypt		
Damietta	0.0062	0.0033
Dakahlia	0.0011	0.0009
Sharkia	0.0011	0.0008
Kalyubia	0.0027	0.0010
Kafr El-Sheikh	0.0018	0.0016
Gharbia	0.0012	0.0010
Menoufia	0.0016	0.0012
Behera	0.0012	0.0009
Ismailia	0.0080	0.0091
Upper Egypt		
Giza	0.0009	0.0007
Beni Suef	0.0021	0.0019
Fayoum	0.0026	0.0019
Menya	0.0018	0.0012
Assuit	0.0016	0.0015
Souhag	0.0015	0.0017
Qena	0.0022	0.0024
Aswan	0.0047	0.0040
Luxor	0.0134	0.0052
Frontier Governorates		
Red Sea	0.0076	0.0264
New Valley	0.0407	0.0078
Matroh	0.0078	0.0069

na = Not applicable

B.4 SAMPLE IMPLEMENTATION

Tables B.6, B.7, and B.8 present the outcome of the survey interviews by residence. Regardless of residence, response rates were high for both the households selected for 2014 EDHS sample and for eligible women found in those households.

Table B.6 Sample implementation by residence

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women, and overall women response rates, according to urban-rural residence and place of residence (unweighted), Egypt 2014

Result	Residence		Urban Governorates	Place of residence						Frontier Governorates ¹	Total			
	Urban	Rural		Lower Egypt			Upper Egypt							
				Total	Urban	Rural	Total	Urban	Rural					
Selected households														
Completed (C)	93.7	97.5	92.9	96.6	94.3	97.8	95.6	93.1	97.1	98.5	95.6			
Household present but no competent respondent at home (HP)	0.5	0.3	0.5	0.2	0.5	0.1	0.6	0.7	0.5	0.0	0.4			
Postponed (P)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Refused (R)	1.8	0.5	2.1	0.8	1.5	0.4	1.1	2.0	0.5	0.5	1.1			
Dwelling not found (DNF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Household absent (HA)	1.7	0.7	2.4	1.1	1.5	0.9	0.8	1.3	0.5	0.2	1.2			
Dwelling vacant/address not a dwelling (DV)	2.2	1.0	1.9	1.2	2.1	0.8	1.9	2.8	1.3	0.8	1.6			
Dwelling destroyed (DD)	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Other (O)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			
Number of sampled households	14,893	14,578	6,068	10,903	3,735	7,168	10,845	3,966	6,879	1,655	29,471			
Household response rate (HRR) ²	97.6	99.2	97.3	99.0	97.9	99.5	98.3	97.1	99.0	99.5	98.4			
Eligible women														
Completed (EWC)	99.1	99.5	99.1	99.7	99.5	99.7	99.3	99.3	99.3	98.7	99.4			
Not at home (EWNH)	0.4	0.2	0.7	0.1	0.1	0.1	0.3	0.3	0.3	0.6	0.3			
Postponed (EWP)	0.1	0.1	0.1	0.1	0.3	0.0	0.1	0.1	0.1	0.0	0.1			
Refused (EWR)	0.1	0.1	0.2	0.1	0.0	0.1	0.2	0.2	0.2	0.1	0.1			
Partly completed (EWPC)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0			
Incapacitated (EWI)	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.4	0.1			
Other (EWO)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			
Number of women	9,711	12,192	3,702	8,413	2,504	5,909	8,436	2,612	5,824	1,352	21,903			
Eligible women response rate (EWRR) ³	99.1	99.5	99.1	99.7	99.5	99.7	99.3	99.3	99.3	98.7	99.4			
Overall women response rate (OWRR) ⁴	96.8	98.7	96.4	98.6	97.5	99.2	97.6	96.4	98.3	98.2	97.8			

¹ Does not include North and South Sinai governorates

² Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

³ The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC).

⁴ The overall women response rate (OWRR) is calculated as:

$$OWRR = HRR * EWRR/100$$

Table B.7 Selected and interviewed households by governorate and residence

Number of selected and interviewed households by governorate and type of residence (unweighted), Egypt 2014

Governorate	Selected households			Number of interviewed households		
	Urban	Rural	Total	Urban	Rural	Total
Urban Governorates						
Cairo	2,175	na	2,175	1,988	na	1,988
Alexandria	1,374	65	1,439	1,217	57	1,274
Port Said	1,212	na	1,212	1,154	na	1,154
Suez	1,242	na	1,242	1,223	na	1,223
Lower Egypt						
Damietta	449	733	1,182	412	726	1,138
Dakahlia	431	826	1,257	393	797	1,190
Sharkia	382	926	1,308	369	897	1,266
Kalyubia	631	629	1,260	597	599	1,196
Kafr El-Sheikh	291	835	1,126	279	832	1,111
Gharbia	435	788	1,223	406	764	1,170
Menoufia	296	828	1,124	280	807	1,087
Behera	304	1,031	1,335	288	1,018	1,306
Ismailia	516	572	1,088	499	570	1,069
Upper Egypt						
Giza	1,044	522	1,566	981	506	1,487
Beni Suef	319	794	1,113	297	777	1,074
Fayoum	294	828	1,122	259	784	1,043
Menya	299	888	1,187	293	870	1,163
Assuit	396	840	1,236	374	824	1,198
Souhag	298	853	1,151	270	808	1,078
Qena	269	956	1,225	237	941	1,178
Aswan	529	601	1,130	487	585	1,072
Luxor	518	597	1,115	493	587	1,080
Frontier Governorates						
Red Sea	477	114	591	467	114	581
New Valley	313	219	532	307	217	524
Matroh	399	133	532	392	133	525
Egypt	14,893	14,578	29,471	13,962	14,213	28,175

na = Not applicable

Table B.8 Eligible women found and interviewed by governorate and residence

Number of eligible ever-married women age 15-49 women found in selected households and number interviewed by governorate and type of residence (unweighted), Egypt 2014

Governorate	Eligible women in selected households			Eligible women interviewed		
	Urban	Rural	Total	Urban	Rural	Total
Urban Governorates						
Cairo	1,199	na	1,199	1,189	na	1,189
Alexandria	701	59	760	678	59	737
Port Said	801	na	801	800	na	800
Suez	942	na	942	941	na	941
Lower Egypt						
Damietta	327	659	986	327	659	986
Dakahlia	293	666	959	293	662	955
Sharkia	271	742	1,013	271	740	1,011
Kalyubia	422	441	863	413	437	850
Kafr El-Sheikh	199	747	946	199	746	945
Gharbia	251	584	835	251	584	835
Menoufia	189	669	858	188	667	855
Behera	190	904	1,094	188	900	1,088
Ismailia	362	497	859	362	497	859
Upper Egypt						
Giza	664	414	1,078	662	414	1,076
Beni Suef	221	655	876	221	654	875
Fayoum	173	672	845	173	670	843
Menya	184	675	859	184	674	858
Assuit	273	695	968	273	692	965
Souhag	191	755	946	181	732	913
Qena	156	904	1,060	156	899	1,055
Aswan	356	538	894	352	534	886
Luxor	394	516	910	391	514	905
Frontier Governorates						
Red Sea	344	60	404	327	60	387
New Valley	248	195	443	248	195	443
Matroh	360	145	505	360	145	505
Egypt	9,711	12,192	21,903	9,628	12,134	21,762

na = Not applicable

B.5 SAMPLING WEIGHTS

Due to the non-proportional allocation of the 2014 EDHS sample to different governorates and to urban and rural areas as well as to the differences in response rates, sampling weights are required for any analysis using the survey data to ensure the actual representativeness of the survey results at national level as well as at the domain level. Since the 2014 EDHS sample is a four-stage stratified cluster sample, the sampling weights were calculated based on sampling probabilities separately for each sampling stage and for each cluster (segment). The following details the procedure for calculating weights.

Let a_h be the number of PSUs selected in stratum h , M_{hi} the number of households according to the sampling frame in PSU i , and $\sum M_{hi}$ the total number of households in the stratum. The probability of selecting PSU i in the 2014 EDHS sample is calculated as follows:

$$P_{1hi} = \frac{a_h M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the number of parts selected from PSU i in stratum h , and B_{hi} the total number of parts in PSU i . The probability of selecting part j from the PSU i in the 2014 EDHS sample is calculated as:

$$P_{2hij} = \frac{b_{hi}}{B_{hi}}$$

Let c_{hij} be the number of segments selected from part j in PSU i in stratum h , Q_{hijk} the number of households in segment k according to the quick count operation, and $\sum_k Q_{hijk}$ the total number of households in part j . The probability of selecting segment k in the 2014 EDHS sample is calculated as follows:

$$P_{3hijk} = \frac{c_{hij} Q_{hijk}}{\sum_k Q_{hijk}}$$

Where g_{hijk} , the number of households selected in the segment k , is determined as explained earlier, the fourth-stage selection probability for all segments selected in stratum h should equal the stratum sampling fraction, $P_{4hijk} = f_h$. The last stage's selection probability for each household in the segment is calculated as follows:

$$P_{4hijk} = \frac{g_{hijk}}{L_{hijk}}$$

The overall selection probability of each household in segment k selected from part j in PSU i in stratum h is therefore the product of the four stages selection probabilities:

$$P_{hijk} = P_{1hi} \times P_{2hij} \times P_{3hijk} \times P_{4hijk}$$

Therefore the sampling weight for each household in segment k selected from part j in PSU i in stratum h is the inverse of its overall selection probability:

$$W_{hijk} = 1 / P_{hijk}$$

A spreadsheet containing all sampling parameters and selection probabilities was prepared to facilitate the calculation of the design weight. The design weights were further adjusted for household non-response as well as for individual non-response to get the sampling weights for households and women.

The final sampling weights were normalized so that the total number of weighted cases at national level, for both household and women, respectively, is equal to the number of unweighted cases. The normalized weights are relative weights which are valid for estimating means, proportions and ratios, but not valid for estimating population totals and for pooled data.

Finally, because anemia testing was conducted in a subsample of the households and the domestic violence module and the child modules were administered to only one woman and one child in each household in the anemia subsample, separate weights were calculated for use with these data.

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2014 Egypt Demographic and Health Survey (2014 EDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2014 EDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2014 EDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. Sampling errors are computed in either ISSA or SAS, using programs developed by ICF Macro. These programs use the Taylor linearization method of variance estimation for survey estimates that are means, proportions or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{\bar{z}_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } \bar{z}_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2014 EDHS, there were 884 non-empty Primary Sampling Unit (PSU). Hence, 884 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = \text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 884 PSUs,
 $r_{(i)}$ is the estimate computed from the reduced sample of 883 PSUs (i^{th} PSU excluded),
and
 k is the total number of PSUs.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated. The design effect is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Relative standard errors and confidence limits for the estimates are also calculated.

Sampling errors for the 2014 EDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for Egypt as a whole and for various residential categories: urban-rural, place of residence, and governorate. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table C.1. Tables C.2 through C.37 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The sampling errors for mortality rates are presented for the five year period preceding the survey for the whole country and for the ten year period preceding the survey by residence, region, and governorate. The DEFT is considered undefined when the standard error considering a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for *currently using any family planning method*) can be interpreted as follows: the overall proportion from the national sample is .0585 and its standard error is 0.005. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate. As Table C.2 shows, there is a high probability (95 percent) that

the *true* proportion of currently married women age 15-49 currently using any family planning method is between 0.574 and 0.596.

Table C.1 List of selected variables for sampling errors, Egypt 2014

Variable	Estimate	Base population
Urban residence	Proportion	Ever-married women age 15-49
Literacy	Proportion	Ever-married women age 15-49
No education	Proportion	Ever-married women age 15-49
Secondary or higher education	Proportion	Ever-married women age 15-49
Currently married	Proportion	Ever-married women age 15-49
Children ever born	Mean	All women age 15-49
Children surviving	Mean	All women age 15-49
Children ever born to women age 40-49	Mean	All women age 15-49
Currently using any family planning method	Proportion	Currently married women age 15-49
Currently using a modern family planning method	Proportion	Currently married women age 15-49
Currently using pill	Proportion	Currently married women age 15-49
Currently using IUD	Proportion	Currently married women age 15-49
Currently using condoms	Proportion	Currently married women age 15-49
Currently using injectables	Proportion	Currently married women age 15-49
Currently using female sterilization	Proportion	Currently married women age 15-49
Currently using rhythm	Proportion	Currently married women age 15-49
Obtained modern family planning method from public sector source	Proportion	Current users of modern family planning methods
Want no more children	Proportion	Currently married women age 15-49
Want to delay birth at least 2 years	Proportion	Currently married women age 15-49
Ideal number of children	Mean	Ever-married women age 15-49 giving a numeric response
Last birth protected against neonatal tetanus	Proportion	Women with a live birth in 5 years preceding the survey
Births with skilled attendant at delivery	Proportion	Births occurring 1-59 months before survey
Had diarrhea in the last 2 weeks	Proportion	Children under age 5
Treated with oral rehydration solution (ORS)	Proportion	Children under age 5 with diarrhea in last two weeks
Sought medical treatment for diarrhea	Proportion	Children under age 5 with diarrhea in last two weeks
Vaccination card seen	Proportion	Children age 18-29 months
Received BCG vaccination	Proportion	Children age 18-29 months
Received DPT vaccination (3 doses)	Proportion	Children age 18-29 months
Received polio vaccination (3 doses)	Proportion	Children age 18-29 months
Received measles vaccination	Proportion	Children age 18-29 months
Received all vaccinations	Proportion	Children age 18-29 months
Height-for-age (-2SD)	Proportion	Children under age 5 who were measured
Weight-for-height (-2SD)	Proportion	Children under age 5 who were measured
Weight-for-age (-2SD)	Proportion	Children under age 5 who were measured
Body Mass Index (BMI) < 18.5	Proportion	Ever-married women age 15-49 who were measured
Overweight ever-married women BMI ≥ 25.0	Proportion	Ever-married women age 15-49 who were measured
Prevalence of anemia (children under age 5)	Proportion	Children age 6-59 months who were tested
Prevalence of anemia (ever-married women)	Proportion	Ever-married women age 15-49 who were tested
Ever experienced any physical violence since age 15	Proportion	Ever-married women age 15-49
Ever experienced any physical or sexual violence by current/most recent husband	Proportion	Ever-married women age 15-49
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	Proportion	Ever-married women age 15-49
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate ¹	Rate	Children exposed to the risk of mortality
Post-neonatal mortality rate ¹	Rate	Children exposed to the risk of mortality
Infant mortality rate ¹	Rate	Children exposed to the risk of mortality
Child mortality rate ¹	Rate	Children exposed to the risk of mortality
Under five mortality rate ¹	Rate	Children exposed to the risk of mortality

¹ The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and regional samples, respectively.

For the total sample, the value of the DEFT, averaged over all variables, is 1.44. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.44 over that in an equivalent simple random sample.

A review of the sampling error tables shows that standard errors for indicators are larger for subpopulations than for the national population. For example, the standard error for the proportion of currently married women using any family planning method in Cairo governorate is almost three times the SE for the indicator for the country as a whole (0.015 versus 0.005). Thus, the confidence limits in which there is a 95 probability that the true proportion using any family planning method in Cairo governorate lies is between 0.610 and 0.671, which is considerably wider than the limits for indicator at the national level.

The wider confidence intervals associated with indicators at the subnational level make it important to exercise caution in interpreting differences that are not very large and the samples for the subpopulations in question are relatively small. For example, the proportion using any family planning method among currently married women interviewed in the EDHS in Alexandria (0.602) is nearly 3 percentage points higher than the proportion using among currently married women interviewed in Fayoum (0.574). However, the upper and lower limits within which there is a high degree (95 percent) of confidence that the *true* proportion using any family planning method in Alexandria (0.557 and 0.646) lies overlap substantially with the upper and lower confidence limits which the *true* proportion using in Fayoum lies (0.524 and 0.624). Thus, it is not possible to say with great confidence that the level of family planning use in these two governorates is truly different.

Table C.2 Sampling errors for National sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.350	0.008	21762	21762	2.532	0.023	0.334	0.367
Literacy	0.732	0.006	21762	21762	1.951	0.008	0.720	0.743
No education	0.240	0.006	21762	21762	1.969	0.024	0.229	0.252
Secondary or higher education	0.657	0.007	21762	21762	2.085	0.010	0.644	0.670
Currently married	0.940	0.002	21762	21762	1.219	0.002	0.936	0.944
Children ever born	2.022	0.029	29213	29349	1.338	0.014	1.964	2.080
Children surviving	1.930	0.027	29213	29349	1.337	0.014	1.875	1.984
Children ever born to women age 40-49	3.789	0.035	5756	5672	1.417	0.009	3.719	3.860
Currently using any family planning method	0.585	0.005	20430	20460	1.564	0.009	0.574	0.596
Currently using a modern family planning method	0.569	0.005	20430	20460	1.558	0.009	0.558	0.580
Currently using pill	0.160	0.003	20430	20460	1.328	0.021	0.153	0.167
Currently using IUD	0.301	0.005	20430	20460	1.594	0.017	0.291	0.311
Currently using condoms	0.005	0.001	20430	20460	1.209	0.124	0.004	0.006
Currently using injectables	0.085	0.003	20430	20460	1.518	0.035	0.079	0.091
Currently using female sterilization	0.012	0.001	20430	20460	1.246	0.079	0.010	0.014
Currently using rhythm	0.003	0.001	20430	20460	1.261	0.155	0.002	0.004
Obtained modern family planning method from public sector source	0.567	0.007	11329	11638	1.513	0.012	0.553	0.581
Want no more children	0.603	0.004	20430	20460	1.236	0.007	0.595	0.612
Want to delay birth at least 2 years	0.171	0.003	20430	20460	1.278	0.020	0.164	0.178
Ideal number of children	3.006	0.015	20749	20883	1.647	0.005	2.976	3.037
Last birth protected against neonatal tetanus	0.744	0.007	11495	11391	1.624	0.009	0.730	0.757
Births with skilled attendant at delivery	0.915	0.005	15848	15668	1.792	0.005	0.906	0.925
Had diarrhea in the last 2 weeks	0.140	0.004	15466	15293	1.257	0.027	0.133	0.148
Treated with oral rehydration solution (ORS)	0.284	0.013	2010	2147	1.255	0.045	0.258	0.309
Sought medical treatment for diarrhea	0.553	0.014	2010	2147	1.250	0.026	0.524	0.581
Vaccination card seen	0.586	0.011	3204	3121	1.197	0.018	0.564	0.608
Received BCG vaccination	0.991	0.002	3204	3121	1.286	0.002	0.987	0.996
Received DPT vaccination (3 doses)	0.971	0.004	3204	3121	1.442	0.005	0.962	0.980
Received polio vaccination (3 doses)	0.966	0.004	3204	3121	1.162	0.004	0.958	0.973
Received measles vaccination	0.958	0.005	3204	3121	1.342	0.005	0.948	0.969
Received all vaccinations	0.910	0.007	3204	3121	1.276	0.007	0.897	0.924
Height-for-age (-2SD)	0.214	0.007	13802	13601	1.878	0.033	0.200	0.229
Weight-for-height (-2SD)	0.084	0.004	13802	13601	1.616	0.048	0.076	0.092
Weight-for-age (-2SD)	0.055	0.003	13802	13601	1.502	0.055	0.049	0.061
Body Mass Index (BMI) < 18.5	0.002	0.000	18960	19021	1.113	0.163	0.002	0.003
Overweight ever-married women BMI ≥ 25.0	0.846	0.004	18960	19021	1.452	0.004	0.838	0.853
Prevalence of anemia (children under age 5)	0.272	0.009	4651	4517	1.322	0.033	0.254	0.290
Prevalence of anemia (ever-married women)	0.252	0.007	7189	7161	1.388	0.028	0.238	0.266
Ever experienced any physical violence since age 15	0.355	0.008	6693	6693	1.394	0.023	0.339	0.372
Ever experienced any physical or sexual violence by current/most recent husband	0.256	0.007	6693	6693	1.312	0.027	0.242	0.270
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.140	0.005	6693	6693	1.259	0.038	0.129	0.151
Total fertility rate (3 years)	3.466	0.039	na	83455	1.263	0.011	3.389	3.544
Neonatal mortality rate	13.758	1.221	15932	15749	1.187	0.089	11.317	16.199
Post-neonatal mortality rate	8.485	0.900	15869	15677	1.149	0.106	6.686	10.284
Infant mortality rate	22.244	1.626	15939	15755	1.221	0.073	18.992	25.495
Child mortality rate	5.337	0.708	15561	15451	1.156	0.133	3.921	6.753
Under five mortality rate	27.462	1.753	15973	15792	1.204	0.064	23.956	30.968

na = Not applicable

Table C.3 Sampling errors for Urban sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	9628	7623	na	0.000	1.000	1.000
Literacy	0.843	0.008	9628	7623	2.044	0.009	0.827	0.858
No education	0.138	0.007	9628	7623	1.995	0.051	0.124	0.152
Secondary or higher education	0.770	0.010	9628	7623	2.222	0.012	0.751	0.789
Currently married	0.929	0.004	9628	7623	1.406	0.004	0.922	0.937
Children ever born	1.752	0.046	14367	11074	1.258	0.026	1.661	1.844
Children surviving	1.693	0.045	14367	11074	1.270	0.026	1.604	1.782
Children ever born to women age 40-49	3.257	0.046	2891	2357	1.544	0.014	3.165	3.349
Currently using any family planning method	0.613	0.007	8971	7084	1.280	0.011	0.600	0.627
Currently using a modern family planning method	0.595	0.007	8971	7084	1.297	0.011	0.582	0.609
Currently using pill	0.165	0.005	8971	7084	1.292	0.031	0.155	0.175
Currently using IUD	0.345	0.008	8971	7084	1.552	0.023	0.329	0.360
Currently using condoms	0.008	0.001	8971	7084	1.297	0.151	0.006	0.011
Currently using injectables	0.058	0.004	8971	7084	1.697	0.072	0.049	0.066
Currently using female sterilization	0.012	0.002	8971	7084	1.334	0.127	0.009	0.015
Currently using rhythm	0.007	0.001	8971	7084	1.441	0.182	0.004	0.009
Obtained modern family planning method from public sector source	0.477	0.012	5265	4218	1.721	0.025	0.453	0.500
Want no more children	0.636	0.006	8971	7084	1.247	0.010	0.623	0.649
Want to delay birth at least 2 years	0.153	0.005	8971	7084	1.424	0.035	0.143	0.164
Ideal number of children	2.858	0.021	9150	7319	1.585	0.007	2.816	2.899
Last birth protected against neonatal tetanus	0.679	0.012	4769	3625	1.685	0.017	0.655	0.702
Births with skilled attendant at delivery	0.965	0.004	6399	4845	1.544	0.005	0.956	0.973
Had diarrhea in the last 2 weeks	0.122	0.006	6278	4755	1.323	0.049	0.110	0.134
Treated with oral rehydration solution (ORS)	0.261	0.023	698	579	1.351	0.087	0.216	0.307
Sought medical treatment for diarrhea	0.587	0.022	698	579	1.144	0.038	0.543	0.631
Vaccination card seen	0.537	0.020	1279	938	1.320	0.037	0.498	0.576
Received BCG vaccination	0.996	0.002	1279	938	1.265	0.002	0.991	1.001
Received DPT vaccination (3 doses)	0.982	0.005	1279	938	1.151	0.005	0.973	0.992
Received polio vaccination (3 doses)	0.968	0.007	1279	938	1.307	0.007	0.954	0.982
Received measles vaccination	0.952	0.010	1279	938	1.387	0.010	0.933	0.971
Received all vaccinations	0.914	0.012	1279	938	1.337	0.013	0.890	0.938
Height-for-age (-2SD)	0.230	0.014	5546	4181	2.129	0.059	0.203	0.258
Weight-for-height (-2SD)	0.088	0.007	5546	4181	1.762	0.082	0.074	0.103
Weight-for-age (-2SD)	0.057	0.006	5546	4181	1.664	0.097	0.046	0.069
Body Mass Index (BMI) < 18.5	0.000	0.000	8529	6790	1.114	0.574	0.000	0.001
Overweight ever-married women BMI ≥ 25.0	0.882	0.006	8529	6790	1.636	0.006	0.870	0.893
Prevalence of anemia (children under age 5)	0.231	0.015	1929	1460	1.479	0.067	0.200	0.262
Prevalence of anemia (ever-married women)	0.247	0.012	3156	2501	1.564	0.049	0.223	0.271
Ever experienced any physical violence since age 15	0.317	0.012	2989	2356	1.443	0.039	0.293	0.342
Ever experienced any physical or sexual violence by current/most recent husband	0.236	0.010	2989	2356	1.340	0.044	0.216	0.257
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.126	0.008	2989	2356	1.335	0.064	0.110	0.142
Total fertility rate (3 years)	2.907	0.052	na	31627	1.263	0.018	2.804	3.011
Neonatal mortality rate	12.889	1.415	12259	9531	1.276	0.11	10.058	15.72
Post-neonatal mortality rate	6.812	1.055	12252	9541	1.328	0.155	4.702	8.923
Infant mortality rate	19.701	1.865	12266	9537	1.349	0.095	15.971	23.431
Child mortality rate	3.180	0.696	11867	9299	1.250	0.219	1.788	4.573
Under five mortality rate	22.819	1.984	12271	9540	1.327	0.087	18.852	26.786

na = Not applicable

Table C.4 Sampling errors for Rural sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.000	0.000	12134	14139	na	na	0.000	0.000
Literacy	0.672	0.008	12134	14139	1.823	0.012	0.656	0.688
No education	0.296	0.008	12134	14139	1.853	0.026	0.280	0.311
Secondary or higher education	0.596	0.009	12134	14139	1.968	0.015	0.578	0.613
Currently married	0.946	0.002	12134	14139	1.095	0.002	0.941	0.950
Children ever born	2.186	0.037	15785	18274	1.267	0.017	2.112	2.260
Children surviving	2.073	0.035	15785	18274	1.264	0.017	2.004	2.143
Children ever born to women age 40-49	4.163	0.050	2871	3320	1.339	0.012	4.064	4.262
Currently using any family planning method	0.570	0.007	11459	13375	1.607	0.013	0.555	0.585
Currently using a modern family planning method	0.555	0.007	11459	13375	1.597	0.013	0.540	0.570
Currently using pill	0.158	0.004	11459	13375	1.310	0.028	0.149	0.167
Currently using IUD	0.278	0.007	11459	13375	1.601	0.024	0.264	0.291
Currently using condoms	0.003	0.001	11459	13375	1.175	0.206	0.002	0.004
Currently using injectables	0.099	0.004	11459	13375	1.435	0.040	0.091	0.107
Currently using female sterilization	0.012	0.001	11459	13375	1.183	0.100	0.010	0.015
Currently using rhythm	0.001	0.000	11459	13375	1.165	0.305	0.000	0.002
Obtained modern family planning method from public sector source	0.619	0.009	6064	7420	1.399	0.014	0.601	0.636
Want no more children	0.586	0.006	11459	13375	1.206	0.009	0.575	0.597
Want to delay birth at least 2 years	0.180	0.004	11459	13375	1.196	0.024	0.171	0.189
Ideal number of children	3.086	0.020	11599	13564	1.610	0.007	3.045	3.127
Last birth protected against neonatal tetanus	0.774	0.008	6726	7766	1.573	0.010	0.758	0.790
Births with skilled attendant at delivery	0.893	0.007	9449	10823	1.702	0.007	0.880	0.907
Had diarrhea in the last 2 weeks	0.149	0.005	9188	10538	1.183	0.032	0.139	0.158
Treated with oral rehydration solution (ORS)	0.292	0.015	1312	1568	1.183	0.052	0.261	0.322
Sought medical treatment for diarrhea	0.540	0.018	1312	1568	1.219	0.033	0.505	0.576
Vaccination card seen	0.607	0.013	1925	2183	1.123	0.021	0.581	0.633
Received BCG vaccination	0.989	0.003	1925	2183	1.213	0.003	0.983	0.995
Received DPT vaccination (3 doses)	0.966	0.006	1925	2183	1.409	0.006	0.954	0.978
Received polio vaccination (3 doses)	0.965	0.005	1925	2183	1.075	0.005	0.956	0.974
Received measles vaccination	0.961	0.006	1925	2183	1.301	0.006	0.949	0.973
Received all vaccinations	0.909	0.008	1925	2183	1.217	0.009	0.892	0.925
Height-for-age (-2SD)	0.207	0.008	8256	9420	1.709	0.040	0.191	0.224
Weight-for-height (-2SD)	0.082	0.005	8256	9420	1.496	0.060	0.073	0.092
Weight-for-age (-2SD)	0.054	0.004	8256	9420	1.381	0.067	0.047	0.062
Body Mass Index (BMI) < 18.5	0.004	0.001	10431	12231	1.038	0.170	0.002	0.005
Overweight ever-married women BMI ≥ 25.0	0.826	0.005	10431	12231	1.352	0.006	0.816	0.836
Prevalence of anemia (children under age 5)	0.292	0.011	2722	3057	1.212	0.038	0.269	0.314
Prevalence of anemia (ever-married women)	0.255	0.009	4033	4660	1.284	0.035	0.237	0.273
Ever experienced any physical violence since age 15	0.376	0.011	3704	4337	1.322	0.028	0.355	0.397
Ever experienced any physical or sexual violence by current/most recent husband	0.266	0.009	3704	4337	1.260	0.034	0.248	0.285
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.148	0.007	3704	4337	1.192	0.047	0.134	0.161
Total fertility rate (3 years)	3.785	0.054	na	51839	1.226	0.014	3.678	3.893
Neonatal mortality rate	17.918	1.300	17309	19950	1.113	0.073	15.318	20.519
Post-neonatal mortality rate	11.02	0.884	17268	19910	1.048	0.080	9.253	12.788
Infant mortality rate	28.939	1.685	17314	19956	1.120	0.058	25.568	32.309
Child mortality rate	5.062	0.620	16567	19143	1.064	0.123	3.821	6.303
Under five mortality rate	33.854	1.771	17326	19965	1.104	0.052	30.312	37.397

na = Not applicable

Table C.5 Sampling errors for Urban Governorates sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.997	0.001	3667	2774	1.002	0.001	0.996	0.999
Literacy	0.859	0.015	3667	2774	2.560	0.017	0.830	0.889
No education	0.119	0.012	3667	2774	2.320	0.104	0.095	0.144
Secondary or higher education	0.771	0.019	3667	2774	2.735	0.025	0.733	0.809
Currently married	0.918	0.007	3667	2774	1.469	0.007	0.905	0.932
Children ever born	1.583	0.074	5698	4142	1.398	0.046	1.436	1.730
Children surviving	1.533	0.072	5698	4142	1.411	0.047	1.390	1.677
Children ever born to women age 40-49	2.896	0.075	1116	887	1.728	0.026	2.747	3.046
Currently using any family planning method	0.626	0.012	3388	2547	1.445	0.019	0.602	0.650
Currently using a modern family planning method	0.607	0.013	3388	2547	1.498	0.021	0.582	0.632
Currently using pill	0.138	0.009	3388	2547	1.546	0.066	0.120	0.156
Currently using IUD	0.386	0.014	3388	2547	1.649	0.036	0.359	0.414
Currently using condoms	0.013	0.003	3388	2547	1.388	0.211	0.007	0.018
Currently using injectables	0.053	0.007	3388	2547	1.784	0.129	0.039	0.067
Currently using female sterilization	0.007	0.002	3388	2547	1.335	0.270	0.003	0.011
Currently using rhythm	0.011	0.003	3388	2547	1.420	0.234	0.006	0.016
Obtained modern family planning method from public sector source	0.504	0.024	2023	1546	2.129	0.047	0.457	0.551
Want no more children	0.649	0.012	3388	2547	1.468	0.019	0.625	0.673
Want to delay birth at least 2 years	0.146	0.010	3388	2547	1.602	0.067	0.126	0.165
Ideal number of children	2.728	0.035	3487	2655	1.757	0.013	2.658	2.798
Last birth protected against neonatal tetanus	0.638	0.023	1734	1231	1.952	0.036	0.592	0.685
Births with skilled attendant at delivery	0.974	0.007	2278	1599	1.640	0.007	0.960	0.987
Had diarrhea in the last 2 weeks	0.111	0.011	2235	1571	1.472	0.095	0.090	0.132
Treated with oral rehydration solution (ORS)	0.224	0.036	232	175	1.278	0.159	0.153	0.296
Sought medical treatment for diarrhea	0.655	0.038	232	175	1.154	0.058	0.579	0.730
Vaccination card seen	0.516	0.034	458	301	1.327	0.066	0.448	0.583
Received BCG vaccination	1.000	0.000	458	301	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.975	0.010	458	301	1.312	0.010	0.955	0.996
Received polio vaccination (3 doses)	0.975	0.011	458	301	1.367	0.011	0.953	0.996
Received measles vaccination	0.953	0.018	458	301	1.697	0.019	0.916	0.989
Received all vaccinations	0.933	0.019	458	301	1.535	0.021	0.894	0.972
Height-for-age (-2SD)	0.190	0.021	1969	1376	2.073	0.113	0.147	0.232
Weight-for-height (-2SD)	0.086	0.016	1969	1376	2.328	0.189	0.053	0.118
Weight-for-age (-2SD)	0.043	0.006	1969	1376	1.156	0.131	0.032	0.054
Body Mass Index (BMI) < 18.5	0.001	0.001	3289	2496	1.237	0.915	0.000	0.002
Overweight ever-married women BMI ≥ 25.0	0.870	0.011	3289	2496	1.917	0.013	0.848	0.893
Prevalence of anemia (children under age 5)	0.214	0.031	646	450	1.731	0.147	0.151	0.277
Prevalence of anemia (ever-married women)	0.212	0.022	1167	870	1.861	0.106	0.167	0.256
Ever experienced any physical violence since age 15	0.309	0.022	1117	840	1.622	0.073	0.264	0.354
Ever experienced any physical or sexual violence by current/most recent husband	0.233	0.017	1117	840	1.382	0.075	0.198	0.268
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.116	0.014	1117	840	1.453	0.120	0.088	0.144
Total fertility rate (3 years)	2.539	0.082	na	11790	1.545	0.032	2.374	2.703
Neonatal mortality rate	13.775	2.748	4394	3243	1.397	0.199	8.279	19.272
Post-neonatal mortality rate	3.662	1.215	4393	3258	1.321	0.332	1.231	6.093
Infant mortality rate	17.438	3.062	4395	3245	1.370	0.176	11.314	23.561
Child mortality rate	2.408	0.993	4259	3188	1.292	0.412	0.422	4.395
Under five mortality rate	19.804	3.377	4396	3245	1.392	0.171	13.050	26.558

na = Not applicable

Table C.6 Sampling errors for Lower Egypt sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.217	0.009	8384	10664	1.936	0.040	0.200	0.235
Literacy	0.758	0.008	8384	10664	1.661	0.010	0.742	0.774
No education	0.208	0.008	8384	10664	1.729	0.037	0.193	0.223
Secondary or higher education	0.692	0.009	8384	10664	1.755	0.013	0.675	0.710
Currently married	0.947	0.003	8384	10664	1.096	0.003	0.942	0.952
Children ever born	2.005	0.041	10603	13773	1.199	0.021	1.922	2.087
Children surviving	1.927	0.039	10603	13773	1.191	0.020	1.848	2.005
Children ever born to women age 40-49	3.570	0.046	2237	2756	1.417	0.013	3.477	3.663
Currently using any family planning method	0.638	0.007	7919	10098	1.308	0.011	0.623	0.652
Currently using a modern family planning method	0.624	0.007	7919	10098	1.300	0.011	0.609	0.638
Currently using pill	0.169	0.005	7919	10098	1.250	0.031	0.158	0.179
Currently using IUD	0.346	0.008	7919	10098	1.451	0.022	0.330	0.361
Currently using condoms	0.004	0.001	7919	10098	1.128	0.206	0.002	0.005
Currently using injectables	0.085	0.004	7919	10098	1.395	0.051	0.076	0.094
Currently using female sterilization	0.015	0.002	7919	10098	1.169	0.108	0.011	0.018
Currently using rhythm	0.002	0.001	7919	10098	1.206	0.295	0.001	0.003
Obtained modern family planning method from public sector source	0.570	0.010	4937	6297	1.383	0.017	0.550	0.589
Want no more children	0.638	0.006	7919	10098	1.065	0.009	0.627	0.650
Want to delay birth at least 2 years	0.151	0.005	7919	10098	1.240	0.033	0.141	0.160
Ideal number of children	2.751	0.016	8167	10382	1.288	0.006	2.719	2.783
Last birth protected against neonatal tetanus	0.751	0.010	4312	5513	1.546	0.014	0.731	0.771
Births with skilled attendant at delivery	0.951	0.005	5823	7431	1.532	0.005	0.941	0.961
Had diarrhea in the last 2 weeks	0.127	0.006	5700	7278	1.175	0.043	0.116	0.138
Treated with oral rehydration solution (ORS)	0.331	0.023	689	928	1.256	0.068	0.286	0.376
Sought medical treatment for diarrhea	0.537	0.023	689	928	1.204	0.044	0.490	0.584
Vaccination card seen	0.618	0.017	1197	1520	1.185	0.028	0.584	0.652
Received BCG vaccination	0.991	0.003	1197	1520	1.106	0.003	0.985	0.997
Received DPT vaccination (3 doses)	0.983	0.004	1197	1520	1.175	0.005	0.974	0.992
Received polio vaccination (3 doses)	0.978	0.004	1197	1520	1.010	0.005	0.970	0.987
Received measles vaccination	0.962	0.007	1197	1520	1.095	0.007	0.949	0.975
Received all vaccinations	0.928	0.009	1197	1520	1.128	0.010	0.910	0.946
Height-for-age (-2SD)	0.179	0.009	4981	6444	1.565	0.050	0.161	0.197
Weight-for-height (-2SD)	0.084	0.005	4981	6444	1.308	0.063	0.073	0.095
Weight-for-age (-2SD)	0.042	0.003	4981	6444	1.188	0.082	0.035	0.049
Body Mass Index (BMI) < 18.5	0.002	0.001	7426	9438	1.137	0.324	0.001	0.003
Overweight ever-married women BMI ≥ 25.0	0.869	0.005	7426	9438	1.265	0.006	0.859	0.879
Prevalence of anemia (children under age 5)	0.275	0.013	1740	2201	1.215	0.048	0.249	0.302
Prevalence of anemia (ever-married women)	0.221	0.010	2753	3508	1.278	0.046	0.201	0.241
Ever experienced any physical violence since age 15	0.363	0.012	2595	3271	1.292	0.034	0.338	0.387
Ever experienced any physical or sexual violence by current/most recent husband	0.245	0.011	2595	3271	1.261	0.044	0.223	0.266
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.137	0.008	2595	3271	1.207	0.059	0.121	0.153
Total fertility rate (3 years)	3.434	0.057	na	39259	1.157	0.017	3.319	3.548
Neonatal mortality rate	14.445	1.479	10758	13776	1.149	0.102	11.488	17.402
Post-neonatal mortality rate	8.528	1.044	10751	13767	1.133	0.122	6.439	10.616
Infant mortality rate	22.973	1.963	10761	13781	1.179	0.085	19.047	26.899
Child mortality rate	3.352	0.657	10399	13314	1.133	0.196	2.038	4.667
Under five mortality rate	26.248	2.027	10765	13785	1.159	0.077	22.193	30.303

na = Not applicable

Table C.7 Sampling errors for Lower Egypt Urban sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	2492	2319	na	0.000	1.000	1.000
Literacy	0.864	0.012	2492	2319	1.756	0.014	0.840	0.888
No education	0.119	0.012	2492	2319	1.810	0.099	0.095	0.142
Secondary or higher education	0.804	0.014	2492	2319	1.780	0.018	0.775	0.832
Currently married	0.940	0.006	2492	2319	1.180	0.006	0.929	0.951
Children ever born	1.790	0.087	3436	3246	1.231	0.049	1.615	1.965
Children surviving	1.741	0.086	3436	3246	1.245	0.049	1.569	1.912
Children ever born to women age 40-49	3.220	0.075	795	733	1.582	0.023	3.069	3.370
Currently using any family planning method	0.625	0.011	2335	2179	1.077	0.017	0.603	0.646
Currently using a modern family planning method	0.609	0.011	2335	2179	1.083	0.018	0.587	0.631
Currently using pill	0.184	0.010	2335	2179	1.262	0.055	0.164	0.204
Currently using IUD	0.340	0.015	2335	2179	1.513	0.044	0.311	0.370
Currently using condoms	0.007	0.002	2335	2179	1.111	0.271	0.003	0.011
Currently using injectables	0.052	0.009	2335	2179	1.885	0.167	0.035	0.069
Currently using female sterilization	0.018	0.004	2335	2179	1.284	0.198	0.011	0.025
Currently using rhythm	0.006	0.002	2335	2179	1.459	0.401	0.001	0.010
Obtained modern family planning method from public sector source	0.424	0.018	1430	1328	1.342	0.041	0.389	0.459
Want no more children	0.650	0.010	2335	2179	1.046	0.016	0.629	0.671
Want to delay birth at least 2 years	0.136	0.010	2335	2179	1.353	0.071	0.117	0.156
Ideal number of children	2.735	0.031	2402	2236	1.251	0.011	2.673	2.797
Last birth protected against neonatal tetanus	0.668	0.023	1175	1071	1.652	0.034	0.622	0.714
Births with skilled attendant at delivery	0.981	0.005	1572	1430	1.440	0.006	0.970	0.992
Had diarrhea in the last 2 weeks	0.127	0.010	1543	1408	1.096	0.077	0.107	0.146
Treated with oral rehydration solution (ORS)	0.348	0.047	185	179	1.342	0.135	0.254	0.443
Sought medical treatment for diarrhea	0.531	0.038	185	179	1.010	0.072	0.454	0.608
Vaccination card seen	0.583	0.038	328	309	1.358	0.065	0.507	0.659
Received BCG vaccination	0.988	0.007	328	309	1.169	0.007	0.974	1.002
Received DPT vaccination (3 doses)	0.984	0.008	328	309	1.010	0.008	0.969	1.000
Received polio vaccination (3 doses)	0.957	0.014	328	309	1.093	0.014	0.930	0.984
Received measles vaccination	0.940	0.018	328	309	1.139	0.019	0.904	0.976
Received all vaccinations	0.885	0.024	328	309	1.184	0.027	0.837	0.933
Height-for-age (-2SD)	0.193	0.016	1316	1209	1.357	0.082	0.162	0.225
Weight-for-height (-2SD)	0.089	0.012	1316	1209	1.471	0.137	0.065	0.114
Weight-for-age (-2SD)	0.043	0.007	1316	1209	1.232	0.169	0.028	0.058
Body Mass Index (BMI) < 18.5	0.000	0.000	2234	2083	0.482	1.000	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.908	0.008	2234	2083	1.270	0.009	0.892	0.923
Prevalence of anemia (children under age 5)	0.251	0.028	494	461	1.363	0.110	0.195	0.306
Prevalence of anemia (ever-married women)	0.239	0.021	809	765	1.395	0.087	0.198	0.281
Ever experienced any physical violence since age 15	0.329	0.023	767	709	1.363	0.070	0.283	0.376
Ever experienced any physical or sexual violence by current/most recent husband	0.236	0.018	767	709	1.194	0.078	0.199	0.273
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.137	0.015	767	709	1.202	0.109	0.107	0.167
Total fertility rate (3 years)	2.981	0.103	na	9309	1.014	0.034	2.775	3.186
Neonatal mortality rate	9.934	1.930	3024	2814	1.062	0.194	6.074	13.794
Post-neonatal mortality rate	8.861	2.265	3018	2811	1.198	0.256	4.332	13.390
Infant mortality rate	18.795	3.338	3024	2814	1.219	0.178	12.120	25.471
Child mortality rate	2.095	1.077	2952	2776	1.246	0.514	0.000	4.248
Under five mortality rate	20.85	3.378	3025	2816	1.185	0.162	14.095	27.606

na = Not applicable

Table C.8 Sampling errors for Lower Egypt Rural sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.000	0.000	5892	8346	na	na	0.000	0.000
Literacy	0.729	0.009	5892	8346	1.599	0.013	0.710	0.747
No education	0.233	0.009	5892	8346	1.669	0.039	0.215	0.251
Secondary or higher education	0.661	0.011	5892	8346	1.705	0.016	0.640	0.682
Currently married	0.949	0.003	5892	8346	1.061	0.003	0.943	0.955
Children ever born	2.073	0.048	7358	10516	1.164	0.023	1.978	2.169
Children surviving	1.986	0.045	7358	10516	1.152	0.023	1.896	2.076
Children ever born to women age 40-49	3.701	0.056	1440	2022	1.340	0.015	3.588	3.813
Currently using any family planning method	0.641	0.008	5584	7919	1.324	0.013	0.624	0.658
Currently using a modern family planning method	0.628	0.008	5584	7919	1.312	0.014	0.611	0.645
Currently using pill	0.164	0.006	5584	7919	1.225	0.037	0.152	0.177
Currently using IUD	0.347	0.009	5584	7919	1.412	0.026	0.329	0.365
Currently using condoms	0.003	0.001	5584	7919	1.173	0.294	0.001	0.005
Currently using injectables	0.094	0.005	5584	7919	1.297	0.054	0.084	0.104
Currently using female sterilization	0.014	0.002	5584	7919	1.133	0.129	0.010	0.017
Currently using rhythm	0.001	0.001	5584	7919	1.108	0.439	0.000	0.002
Obtained modern family planning method from public sector source	0.609	0.011	3507	4969	1.369	0.019	0.586	0.631
Want no more children	0.635	0.007	5584	7919	1.050	0.011	0.622	0.649
Want to delay birth at least 2 years	0.154	0.006	5584	7919	1.199	0.038	0.143	0.166
Ideal number of children	2.756	0.018	5765	8146	1.286	0.007	2.719	2.792
Last birth protected against neonatal tetanus	0.771	0.011	3137	4442	1.484	0.014	0.749	0.793
Births with skilled attendant at delivery	0.944	0.006	4251	6001	1.471	0.007	0.931	0.956
Had diarrhea in the last 2 weeks	0.128	0.006	4157	5870	1.159	0.050	0.115	0.140
Treated with oral rehydration solution (ORS)	0.327	0.026	504	749	1.213	0.078	0.276	0.378
Sought medical treatment for diarrhea	0.538	0.028	504	749	1.206	0.051	0.483	0.593
Vaccination card seen	0.627	0.019	869	1211	1.133	0.031	0.588	0.665
Received BCG vaccination	0.992	0.003	869	1211	1.079	0.003	0.985	0.998
Received DPT vaccination (3 doses)	0.983	0.005	869	1211	1.189	0.005	0.973	0.994
Received polio vaccination (3 doses)	0.984	0.004	869	1211	1.009	0.004	0.975	0.993
Received measles vaccination	0.968	0.007	869	1211	1.100	0.007	0.954	0.981
Received all vaccinations	0.939	0.009	869	1211	1.126	0.010	0.920	0.958
Height-for-age (-2SD)	0.176	0.010	3665	5236	1.551	0.059	0.155	0.197
Weight-for-height (-2SD)	0.083	0.006	3665	5236	1.238	0.071	0.071	0.095
Weight-for-age (-2SD)	0.042	0.004	3665	5236	1.144	0.093	0.034	0.050
Body Mass Index (BMI) < 18.5	0.002	0.001	5192	7355	1.084	0.328	0.001	0.003
Overweight ever-married women BMI ≥ 25.0	0.858	0.006	5192	7355	1.220	0.007	0.846	0.870
Prevalence of anemia (children under age 5)	0.281	0.015	1246	1740	1.159	0.054	0.251	0.312
Prevalence of anemia (ever-married women)	0.216	0.012	1944	2743	1.234	0.053	0.193	0.239
Ever experienced any physical violence since age 15	0.372	0.014	1828	2562	1.250	0.038	0.344	0.400
Ever experienced any physical or sexual violence by current/most recent husband	0.247	0.013	1828	2562	1.248	0.051	0.222	0.272
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.137	0.010	1828	2562	1.187	0.070	0.118	0.156
Total fertility rate (3 years)	3.573	0.069	21030	29935	1.145	0.019	3.436	3.710
Neonatal mortality rate	15.603	1.784	7734	10962	1.112	0.114	12.035	19.171
Post-neonatal mortality rate	8.437	1.178	7733	10957	1.105	0.140	6.080	10.794
Infant mortality rate	24.040	2.310	7737	10967	1.138	0.096	19.42	28.661
Child mortality rate	3.686	0.782	7447	10538	1.084	0.212	2.122	5.250
Under five mortality rate	27.638	2.392	7740	10970	1.120	0.087	22.854	32.421

na = Not applicable

Table C.9 Sampling errors for Upper Egypt sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.298	0.013	8376	8130	2.565	0.043	0.272	0.323
Literacy	0.653	0.010	8376	8130	1.974	0.016	0.633	0.674
No education	0.324	0.010	8376	8130	1.974	0.031	0.304	0.344
Secondary or higher education	0.572	0.012	8376	8130	2.163	0.020	0.548	0.595
Currently married	0.938	0.003	8376	8130	1.188	0.003	0.932	0.945
Children ever born	2.205	0.051	11559	11175	1.379	0.023	2.102	2.308
Children surviving	2.078	0.048	11559	11175	1.380	0.023	1.982	2.174
Children ever born to women age 40-49	4.482	0.067	2070	1985	1.380	0.015	4.348	4.616
Currently using any family planning method	0.503	0.009	7852	7629	1.665	0.019	0.484	0.522
Currently using a modern family planning method	0.485	0.009	7852	7629	1.658	0.019	0.466	0.503
Currently using pill	0.155	0.005	7852	7629	1.242	0.033	0.145	0.166
Currently using IUD	0.215	0.008	7852	7629	1.674	0.036	0.199	0.230
Currently using condoms	0.003	0.001	7852	7629	1.065	0.220	0.002	0.004
Currently using injectables	0.095	0.005	7852	7629	1.506	0.052	0.085	0.105
Currently using female sterilization	0.011	0.001	7852	7629	1.154	0.125	0.008	0.013
Currently using rhythm	0.002	0.001	7852	7629	1.228	0.292	0.001	0.004
Obtained modern family planning method from public sector source	0.593	0.011	3702	3697	1.333	0.018	0.572	0.615
Want no more children	0.543	0.007	7852	7629	1.307	0.014	0.528	0.557
Want to delay birth at least 2 years	0.206	0.005	7852	7629	1.189	0.026	0.195	0.217
Ideal number of children	3.438	0.031	7995	7682	1.814	0.009	3.376	3.499
Last birth protected against neonatal tetanus	0.766	0.009	4716	4540	1.506	0.012	0.747	0.784
Births with skilled attendant at delivery	0.861	0.010	6685	6484	1.859	0.011	0.842	0.880
Had diarrhea in the last 2 weeks	0.163	0.006	6488	6292	1.186	0.035	0.152	0.175
Treated with oral rehydration solution (ORS)	0.253	0.015	998	1029	1.083	0.060	0.223	0.283
Sought medical treatment for diarrhea	0.552	0.020	998	1029	1.214	0.036	0.512	0.592
Vaccination card seen	0.566	0.015	1328	1268	1.061	0.026	0.536	0.595
Received BCG vaccination	0.989	0.004	1328	1268	1.349	0.004	0.982	0.997
Received DPT vaccination (3 doses)	0.955	0.009	1328	1268	1.533	0.009	0.937	0.973
Received polio vaccination (3 doses)	0.948	0.007	1328	1268	1.197	0.008	0.933	0.963
Received measles vaccination	0.955	0.009	1328	1268	1.446	0.009	0.938	0.972
Received all vaccinations	0.883	0.012	1328	1268	1.276	0.013	0.860	0.906
Height-for-age (-2SD)	0.262	0.013	5951	5650	2.047	0.049	0.236	0.288
Weight-for-height (-2SD)	0.083	0.007	5951	5650	1.694	0.080	0.070	0.096
Weight-for-age (-2SD)	0.073	0.006	5951	5650	1.688	0.083	0.060	0.085
Body Mass Index (BMI) < 18.5	0.004	0.001	7112	6923	1.034	0.189	0.003	0.006
Overweight ever-married women BMI ≥ 25.0	0.806	0.007	7112	6923	1.543	0.009	0.792	0.820
Prevalence of anemia (children under age 5)	0.279	0.014	1942	1818	1.250	0.049	0.251	0.306
Prevalence of anemia (ever-married women)	0.307	0.011	2811	2715	1.308	0.037	0.284	0.330
Ever experienced any physical violence since age 15	0.363	0.013	2573	2519	1.322	0.035	0.338	0.388
Ever experienced any physical or sexual violence by current/most recent husband	0.280	0.011	2573	2519	1.231	0.039	0.259	0.302
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.152	0.008	2573	2519	1.151	0.053	0.136	0.169
Total fertility rate (3 years)	3.838	0.065	32589	31655	1.286	0.017	3.708	3.969
Neonatal mortality rate	19.16	1.571	12404	12175	1.110	0.082	16.018	22.303
Post-neonatal mortality rate	12.607	1.111	12371	12140	1.047	0.088	10.384	14.830
Infant mortality rate	31.767	2.037	12412	12180	1.125	0.064	27.693	35.841
Child mortality rate	6.214	0.830	11869	11667	1.076	0.134	4.553	7.875
Under five mortality rate	37.784	2.162	12422	12188	1.108	0.057	33.460	42.108

na = Not applicable

Table C.10 Sampling errors for Upper Egypt Urban sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	2593	2421	na	0.000	1.000	1.000
Literacy	0.801	0.012	2593	2421	1.570	0.015	0.776	0.826
No education	0.178	0.013	2593	2421	1.677	0.071	0.153	0.203
Secondary or higher education	0.736	0.015	2593	2421	1.763	0.021	0.705	0.766
Currently married	0.931	0.007	2593	2421	1.370	0.007	0.917	0.945
Children ever born	1.914	0.079	3907	3534	0.936	0.041	1.756	2.072
Children surviving	1.834	0.076	3907	3534	0.948	0.042	1.681	1.987
Children ever born to women age 40-49	3.735	0.086	760	711	1.268	0.023	3.564	3.907
Currently using any family planning method	0.589	0.011	2416	2254	1.139	0.019	0.567	0.612
Currently using a modern family planning method	0.571	0.011	2416	2254	1.118	0.020	0.549	0.594
Currently using pill	0.173	0.007	2416	2254	0.962	0.043	0.159	0.188
Currently using IUD	0.307	0.013	2416	2254	1.378	0.042	0.281	0.333
Currently using condoms	0.003	0.001	2416	2254	1.075	0.383	0.001	0.006
Currently using injectables	0.069	0.006	2416	2254	1.260	0.094	0.056	0.082
Currently using female sterilization	0.012	0.003	2416	2254	1.189	0.216	0.007	0.018
Currently using rhythm	0.004	0.002	2416	2254	1.304	0.416	0.001	0.007
Obtained modern family planning method from public sector source	0.502	0.018	1356	1288	1.330	0.036	0.466	0.538
Want no more children	0.613	0.010	2416	2254	1.033	0.017	0.592	0.633
Want to delay birth at least 2 years	0.178	0.009	2416	2254	1.170	0.051	0.159	0.196
Ideal number of children	3.111	0.040	2513	2334	1.521	0.013	3.032	3.190
Last birth protected against neonatal tetanus	0.729	0.015	1382	1263	1.203	0.020	0.700	0.758
Births with skilled attendant at delivery	0.944	0.009	1873	1733	1.414	0.010	0.925	0.962
Had diarrhea in the last 2 weeks	0.127	0.011	1833	1693	1.227	0.083	0.106	0.148
Treated with oral rehydration solution (ORS)	0.225	0.034	222	216	1.169	0.153	0.156	0.293
Sought medical treatment for diarrhea	0.586	0.039	222	216	1.133	0.066	0.508	0.664
Vaccination card seen	0.510	0.031	346	311	1.096	0.061	0.448	0.572
Received BCG vaccination	1.000	0.000	346	311	0.374	0.000	0.999	1.000
Received DPT vaccination (3 doses)	0.987	0.006	346	311	0.894	0.006	0.975	0.998
Received polio vaccination (3 doses)	0.973	0.013	346	311	1.388	0.013	0.947	0.998
Received measles vaccination	0.961	0.015	346	311	1.260	0.016	0.931	0.991
Received all vaccinations	0.922	0.019	346	311	1.225	0.021	0.884	0.960
Height-for-age (-2SD)	0.298	0.029	1681	1523	2.296	0.097	0.241	0.356
Weight-for-height (-2SD)	0.090	0.010	1681	1523	1.294	0.106	0.071	0.109
Weight-for-age (-2SD)	0.081	0.013	1681	1523	1.864	0.162	0.055	0.107
Body Mass Index (BMI) < 18.5	0.001	0.001	2257	2116	0.998	0.819	0.000	0.002
Overweight ever-married women BMI ≥ 25.0	0.872	0.010	2257	2116	1.392	0.011	0.853	0.892
Prevalence of anemia (children under age 5)	0.220	0.022	585	524	1.211	0.100	0.176	0.264
Prevalence of anemia (ever-married women)	0.289	0.019	886	829	1.263	0.066	0.251	0.328
Ever experienced any physical violence since age 15	0.314	0.019	829	772	1.157	0.059	0.277	0.352
Ever experienced any physical or sexual violence by current/most recent husband	0.243	0.019	829	772	1.274	0.078	0.205	0.281
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.125	0.014	829	772	1.195	0.110	0.097	0.152
Total fertility rate (3 years)	3.243	0.091	11038	10096	1.106	0.028	3.061	3.425
Neonatal mortality rate	14.398	2.571	3570	3323	1.165	0.179	9.257	19.539
Post-neonatal mortality rate	8.298	1.998	3571	3321	1.263	0.241	4.303	12.293
Infant mortality rate	22.696	3.434	3576	3327	1.289	0.151	15.828	29.563
Child mortality rate	4.815	1.488	3448	3190	1.136	0.309	1.840	7.791
Under five mortality rate	27.402	3.625	3578	3329	1.238	0.132	20.152	34.651

na = Not applicable

Table C.11 Sampling errors for Upper Egypt Rural sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.000	0.000	5783	5708	na	na	0.000	0.000
Literacy	0.591	0.013	5783	5708	2.018	0.022	0.565	0.617
No education	0.386	0.013	5783	5708	1.990	0.033	0.361	0.412
Secondary or higher education	0.502	0.015	5783	5708	2.250	0.029	0.473	0.532
Currently married	0.942	0.003	5783	5708	1.080	0.004	0.935	0.948
Children ever born	2.339	0.062	7764	7645	1.383	0.026	2.215	2.462
Children surviving	2.190	0.057	7764	7645	1.380	0.026	2.076	2.305
Children ever born to women age 40-49	4.906	0.094	1308	1272	1.490	0.019	4.718	5.094
Currently using any family planning method	0.467	0.012	5436	5375	1.791	0.026	0.443	0.491
Currently using a modern family planning method	0.448	0.012	5436	5375	1.799	0.027	0.424	0.472
Currently using pill	0.148	0.006	5436	5375	1.346	0.044	0.135	0.161
Currently using IUD	0.176	0.010	5436	5375	1.847	0.054	0.157	0.195
Currently using condoms	0.003	0.001	5436	5375	1.061	0.268	0.001	0.004
Currently using injectables	0.106	0.007	5436	5375	1.595	0.063	0.093	0.120
Currently using female sterilization	0.010	0.002	5436	5375	1.148	0.154	0.007	0.013
Currently using rhythm	0.001	0.001	5436	5375	1.188	0.417	0.000	0.003
Obtained modern family planning method from public sector source	0.642	0.013	2346	2409	1.342	0.021	0.615	0.668
Want no more children	0.513	0.010	5436	5375	1.420	0.019	0.494	0.533
Want to delay birth at least 2 years	0.218	0.007	5436	5375	1.221	0.031	0.204	0.232
Ideal number of children	3.580	0.041	5482	5348	1.904	0.011	3.499	3.662
Last birth protected against neonatal tetanus	0.780	0.012	3334	3277	1.632	0.015	0.756	0.803
Births with skilled attendant at delivery	0.831	0.013	4812	4751	1.894	0.015	0.806	0.856
Had diarrhea in the last 2 weeks	0.177	0.007	4655	4599	1.142	0.038	0.163	0.190
Treated with oral rehydration solution (ORS)	0.260	0.017	776	813	1.065	0.065	0.226	0.294
Sought medical treatment for diarrhea	0.543	0.023	776	813	1.217	0.042	0.498	0.589
Vaccination card seen	0.584	0.017	982	957	1.047	0.029	0.550	0.617
Received BCG vaccination	0.986	0.005	982	957	1.332	0.005	0.976	0.996
Received DPT vaccination (3 doses)	0.945	0.012	982	957	1.546	0.012	0.922	0.968
Received polio vaccination (3 doses)	0.940	0.009	982	957	1.158	0.009	0.923	0.958
Received measles vaccination	0.953	0.010	982	957	1.495	0.011	0.933	0.974
Received all vaccinations	0.870	0.014	982	957	1.269	0.016	0.842	0.898
Height-for-age (-2SD)	0.248	0.014	4270	4127	1.918	0.056	0.221	0.276
Weight-for-height (-2SD)	0.080	0.008	4270	4127	1.809	0.103	0.064	0.097
Weight-for-age (-2SD)	0.069	0.007	4270	4127	1.604	0.096	0.056	0.083
Body Mass Index (BMI) < 18.5	0.006	0.001	4855	4806	1.032	0.195	0.003	0.008
Overweight ever-married women BMI ≥ 25.0	0.777	0.010	4855	4806	1.598	0.012	0.758	0.796
Prevalence of anemia (children under age 5)	0.302	0.017	1357	1294	1.244	0.056	0.269	0.336
Prevalence of anemia (ever-married women)	0.314	0.014	1925	1886	1.327	0.045	0.286	0.343
Ever experienced any physical violence since age 15	0.384	0.016	1744	1747	1.357	0.041	0.353	0.416
Ever experienced any physical or sexual violence by current/most recent husband	0.297	0.013	1744	1747	1.214	0.045	0.270	0.324
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.165	0.010	1744	1747	1.137	0.061	0.144	0.185
Total fertility rate (3 years)	4.094	0.087	21820	21587	1.339	0.021	3.921	4.268
Neonatal mortality rate	20.950	1.932	8834	8852	1.092	0.092	17.087	24.813
Post-neonatal mortality rate	14.237	1.331	8800	8819	0.993	0.093	11.575	16.898
Infant mortality rate	35.187	2.479	8836	8853	1.084	0.070	30.229	40.144
Child mortality rate	6.760	1.004	8421	8477	1.058	0.149	4.751	8.768
Under five mortality rate	41.709	2.642	8844	8860	1.077	0.063	36.425	46.992

na = Not applicable

Table C.12 Sampling errors for Frontier Governorates sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.599	0.067	1335	194	4.958	0.112	0.465	0.733
Literacy	0.748	0.041	1335	194	3.448	0.055	0.665	0.830
No education	0.229	0.038	1335	194	3.268	0.165	0.154	0.305
Secondary or higher education	0.657	0.045	1335	194	3.435	0.068	0.567	0.746
Currently married	0.951	0.009	1335	194	1.573	0.010	0.933	0.970
Children ever born	2.076	0.122	1886	261	1.032	0.059	1.832	2.320
Children surviving	1.999	0.114	1886	261	1.003	0.057	1.771	2.227
Children ever born to women age 40-49	4.041	0.110	342	46	0.987	0.027	3.821	4.262
Currently using any family planning method	0.550	0.027	1271	185	1.925	0.049	0.496	0.604
Currently using a modern family planning method	0.535	0.027	1271	185	1.904	0.050	0.481	0.588
Currently using pill	0.201	0.014	1271	185	1.236	0.069	0.173	0.229
Currently using IUD	0.246	0.023	1271	185	1.939	0.095	0.199	0.293
Currently using condoms	0.012	0.005	1271	185	1.623	0.405	0.002	0.023
Currently using injectables	0.058	0.013	1271	185	2.027	0.230	0.031	0.084
Currently using female sterilization	0.007	0.003	1271	185	1.114	0.386	0.001	0.012
Currently using rhythm	0.002	0.001	1271	185	1.153	0.734	0.000	0.005
Obtained modern family planning method from public sector source	0.431	0.032	667	99	1.646	0.073	0.368	0.494
Want no more children	0.540	0.023	1271	185	1.629	0.042	0.495	0.586
Want to delay birth at least 2 years	0.173	0.018	1271	185	1.715	0.105	0.136	0.209
Ideal number of children	3.433	0.168	1100	165	3.269	0.049	3.097	3.770
Last birth protected against neonatal tetanus	0.646	0.040	733	107	2.278	0.062	0.566	0.726
Births with skilled attendant at delivery	0.892	0.030	1062	154	2.361	0.033	0.832	0.951
Had diarrhea in the last 2 weeks	0.101	0.011	1043	151	1.132	0.110	0.079	0.123
Treated with oral rehydration solution (ORS)	0.162	0.044	91	15	1.152	0.273	0.074	0.251
Sought medical treatment for diarrhea	0.429	0.065	91	15	1.295	0.153	0.298	0.560
Vaccination card seen	0.535	0.034	221	31	0.982	0.063	0.467	0.602
Received BCG vaccination	0.992	0.004	221	31	0.603	0.004	0.985	0.999
Received DPT vaccination (3 doses)	0.986	0.006	221	31	0.799	0.006	0.973	0.999
Received polio vaccination (3 doses)	0.970	0.011	221	31	0.924	0.011	0.949	0.992
Received measles vaccination	0.974	0.011	221	31	0.995	0.011	0.953	0.996
Received all vaccinations	0.952	0.014	221	31	0.960	0.015	0.924	0.980
Height-for-age (-2SD)	0.151	0.013	901	131	1.093	0.088	0.125	0.178
Weight-for-height (-2SD)	0.141	0.018	901	131	1.505	0.131	0.104	0.178
Weight-for-age (-2SD)	0.067	0.010	901	131	1.153	0.145	0.048	0.087
Body Mass Index (BMI) < 18.5	0.002	0.001	1133	164	1.129	0.804	0.000	0.005
Overweight ever-married women BMI ≥ 25.0	0.815	0.014	1133	164	1.218	0.017	0.787	0.843
Prevalence of anemia (children under age 5)	0.445	0.033	323	48	1.220	0.074	0.379	0.511
Prevalence of anemia (ever-married women)	0.202	0.027	458	68	1.446	0.133	0.148	0.256
Ever experienced any physical violence since age 15	0.269	0.037	408	63	1.681	0.138	0.195	0.343
Ever experienced any physical or sexual violence by current/most recent husband	0.172	0.024	408	63	1.302	0.142	0.123	0.220
Experienced any physical or sexual violence by current/most recent husband in last 12 months	0.105	0.019	408	63	1.269	0.184	0.066	0.143
Total fertility rate (3 years)	3.905	0.202	5358	745	1.131	0.052	3.502	4.308
Neonatal mortality rate	11.795	2.847	2012	287	1.050	0.241	6.100	17.489
Post-neonatal mortality rate	7.474	2.535	2005	286	1.132	0.339	2.405	12.544
Infant mortality rate	19.269	4.222	2012	287	1.185	0.219	10.824	27.714
Child mortality rate	6.241	2.886	1907	272	1.349	0.462	0.468	12.013
Under five mortality rate	25.389	5.059	2014	288	1.252	0.199	15.271	35.507

na = Not applicable

Table C.13 Sampling errors for Cairo sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	1189	1811	na	0.000	1.000	1.000
Literacy	0.849	0.021	1189	1811	1.994	0.024	0.808	0.891
No education	0.126	0.018	1189	1811	1.835	0.140	0.091	0.162
Secondary or higher education	0.774	0.027	1189	1811	2.227	0.035	0.720	0.828
Currently married	0.914	0.009	1189	1811	1.128	0.010	0.896	0.933
Children ever born	1.642	0.091	1738	2647	1.092	0.056	1.459	1.825
Children surviving	1.589	0.090	1738	2647	1.113	0.057	1.409	1.769
Children ever born to women age 40-49	3.005	0.104	378	576	1.325	0.035	2.797	3.214
Currently using any family planning method	0.640	0.015	1087	1655	1.045	0.024	0.610	0.671
Currently using a modern family planning method	0.617	0.016	1087	1655	1.098	0.026	0.585	0.650
Currently using pill	0.156	0.012	1087	1655	1.108	0.078	0.132	0.181
Currently using IUD	0.376	0.018	1087	1655	1.246	0.049	0.340	0.413
Currently using condoms	0.010	0.003	1087	1655	1.034	0.310	0.004	0.016
Currently using injectables	0.057	0.010	1087	1655	1.363	0.168	0.038	0.076
Currently using female sterilization	0.007	0.002	1087	1655	0.938	0.331	0.002	0.012
Currently using rhythm	0.015	0.004	1087	1655	1.029	0.256	0.007	0.022
Obtained modern family planning method from public sector source	0.525	0.031	671	1022	1.596	0.059	0.463	0.586
Want no more children	0.636	0.017	1087	1655	1.141	0.026	0.602	0.669
Want to delay birth at least 2 years	0.171	0.014	1087	1655	1.197	0.080	0.144	0.198
Ideal number of children	2.746	0.043	1164	1773	1.466	0.016	2.659	2.832
Last birth protected against neonatal tetanus	0.644	0.032	542	825	1.538	0.049	0.581	0.707
Births with skilled attendant at delivery	0.978	0.007	696	1060	1.224	0.007	0.964	0.993
Had diarrhea in the last 2 weeks	0.086	0.013	687	1046	1.200	0.147	0.061	0.111
Vaccination card seen	0.464	0.048	125	190	1.060	0.104	0.368	0.560
Received BCG vaccination	1.000	0.000	125	190	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.968	0.014	125	190	0.907	0.015	0.939	0.997
Received polio vaccination (3 doses)	0.968	0.016	125	190	0.987	0.016	0.937	0.999
Received measles vaccination	0.928	0.027	125	190	1.170	0.029	0.874	0.982
Received all vaccinations	0.904	0.028	125	190	1.062	0.031	0.848	0.960
Body Mass Index (BMI) < 18.5	0.000	0.000	1077	1640	na	na	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.871	0.016	1077	1640	1.549	0.018	0.839	0.903
Prevalence of anemia (ever-married women)	0.285	0.035	361	550	1.469	0.122	0.215	0.355
Total fertility rate (3 years)	2.650	0.106	5039	7674	1.151	0.040	2.439	2.861
Neonatal mortality rate	11.433	2.853	1397	2127	0.950	0.250	5.726	17.139
Post-neonatal mortality rate	3.589	1.575	1403	2137	0.982	0.439	0.439	6.739
Infant mortality rate	15.021	3.077	1398	2129	0.911	0.205	8.868	21.174
Child mortality rate	1.504	1.064	1367	2082	0.999	0.707	0.000	3.632
Under five mortality rate	16.503	3.178	1398	2129	0.904	0.193	10.147	22.859

na = Not applicable

Table C.14 Sampling errors for Alexandria sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.992	0.003	737	857	0.815	0.003	0.986	0.997
Literacy	0.874	0.017	737	857	1.390	0.019	0.840	0.908
No education	0.110	0.014	737	857	1.185	0.124	0.083	0.138
Secondary or higher education	0.755	0.022	737	857	1.416	0.030	0.710	0.800
Currently married	0.925	0.009	737	857	0.940	0.010	0.907	0.943
Children ever born	1.463	0.117	1214	1346	1.123	0.080	1.229	1.697
Children surviving	1.420	0.113	1214	1346	1.115	0.079	1.194	1.646
Children ever born to women age 40-49	2.665	0.089	238	280	1.078	0.033	2.488	2.842
Currently using any family planning method	0.602	0.022	684	793	1.182	0.037	0.557	0.646
Currently using a modern family planning method	0.589	0.022	684	793	1.179	0.038	0.544	0.633
Currently using pill	0.098	0.011	684	793	0.962	0.112	0.076	0.120
Currently using IUD	0.413	0.021	684	793	1.104	0.050	0.371	0.454
Currently using condoms	0.017	0.005	684	793	1.073	0.308	0.007	0.028
Currently using injectables	0.047	0.009	684	793	1.102	0.191	0.029	0.064
Currently using female sterilization	0.006	0.004	684	793	1.179	0.566	0.000	0.013
Currently using rhythm	0.003	0.002	684	793	1.026	0.697	0.000	0.008
Obtained modern family planning method from public sector source	0.467	0.038	405	467	1.526	0.081	0.391	0.543
Want no more children	0.684	0.017	684	793	0.955	0.025	0.650	0.718
Want to delay birth at least 2 years	0.088	0.011	684	793	1.019	0.125	0.066	0.110
Ideal number of children	2.688	0.065	660	780	1.117	0.024	2.558	2.818
Last birth protected against neonatal tetanus	0.620	0.032	316	354	1.157	0.052	0.555	0.684
Births with skilled attendant at delivery	0.960	0.016	421	472	1.267	0.017	0.928	0.991
Had diarrhea in the last 2 weeks	0.172	0.018	410	460	0.884	0.106	0.136	0.209
Vaccination card seen	0.610	0.043	83	97	0.801	0.071	0.523	0.696
Received BCG vaccination	1.000	0.000	83	97	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.987	0.013	83	97	1.071	0.013	0.961	1.014
Received polio vaccination (3 doses)	0.987	0.013	83	97	1.071	0.013	0.961	1.014
Received measles vaccination	1.000	0.000	83	97	na	0.000	1.000	1.000
Received all vaccinations	0.987	0.013	83	97	1.071	0.013	0.961	1.014
Body Mass Index (BMI) < 18.5	0.002	0.002	654	761	1.051	1.012	0.000	0.005
Overweight ever-married women BMI ≥ 25.0	0.860	0.014	654	761	1.022	0.016	0.833	0.888
Prevalence of anemia (ever-married women)	0.080	0.015	246	286	0.867	0.187	0.050	0.110
Total fertility rate (3 years)	2.235	0.148	3387	3809	1.178	0.066	1.939	2.531
Neonatal mortality rate	18.998	6.545	878	993	1.196	0.345	5.907	32.089
Post-neonatal mortality rate	3.769	2.116	883	1000	1.003	0.561	0.000	8.000
Infant mortality rate	22.767	7.490	878	993	1.187	0.329	7.786	37.748
Child mortality rate	3.973	2.277	866	991	1.029	0.573	0.000	8.526
Under five mortality rate	26.649	8.609	878	993	1.218	0.323	9.432	43.866

na = Not applicable

Table C.15 Sampling errors for Port Said sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	800	86	na	0.000	1.000	1.000
Literacy	0.905	0.021	800	86	1.991	0.023	0.864	0.946
No education	0.080	0.019	800	86	1.990	0.239	0.042	0.118
Secondary or higher education	0.864	0.030	800	86	2.455	0.035	0.804	0.924
Currently married	0.936	0.013	800	86	1.485	0.014	0.911	0.962
Children ever born	1.570	0.129	1142	123	1.453	0.082	1.313	1.828
Children surviving	1.519	0.128	1142	123	1.501	0.084	1.262	1.775
Children ever born to women age 40-49	2.859	0.108	236	25	1.318	0.038	2.644	3.075
Currently using any family planning method	0.585	0.017	749	81	0.967	0.030	0.550	0.620
Currently using a modern family planning method	0.567	0.018	749	81	0.980	0.031	0.532	0.603
Currently using pill	0.143	0.014	749	81	1.119	0.100	0.114	0.172
Currently using IUD	0.339	0.016	749	81	0.940	0.048	0.307	0.372
Currently using condoms	0.017	0.007	749	81	1.385	0.381	0.004	0.031
Currently using injectables	0.039	0.008	749	81	1.165	0.212	0.022	0.055
Currently using female sterilization	0.012	0.004	749	81	0.882	0.292	0.005	0.019
Currently using rhythm	0.005	0.002	749	81	0.937	0.468	0.000	0.010
Obtained modern family planning method from public sector source	0.431	0.039	425	46	1.603	0.090	0.353	0.508
Want no more children	0.613	0.019	749	81	1.071	0.031	0.575	0.651
Want to delay birth at least 2 years	0.178	0.019	749	81	1.363	0.107	0.139	0.216
Ideal number of children	2.699	0.049	778	84	1.058	0.018	2.602	2.796
Last birth protected against neonatal tetanus	0.775	0.019	378	41	0.882	0.024	0.737	0.813
Births with skilled attendant at delivery	0.996	0.003	492	53	0.986	0.003	0.990	1.002
Had diarrhea in the last 2 weeks	0.085	0.010	481	52	0.693	0.117	0.065	0.105
Vaccination card seen	0.588	0.042	97	10	0.822	0.072	0.503	0.672
Received BCG vaccination	1.000	0.000	97	10	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	1.000	0.000	97	10	na	0.000	1.000	1.000
Received polio vaccination (3 doses)	1.000	0.000	97	10	na	0.000	1.000	1.000
Received measles vaccination	0.959	0.021	97	10	0.842	0.022	0.917	1.000
Received all vaccinations	0.959	0.021	97	10	0.842	0.022	0.917	1.000
Body Mass Index (BMI) < 18.5	0.001	0.001	719	77	0.970	0.970	0.000	0.004
Overweight ever-married women BMI ≥ 25.0	0.953	0.009	719	77	1.127	0.009	0.935	0.971
Prevalence of anemia (ever-married women)	0.097	0.019	259	28	1.012	0.193	0.059	0.134
Total fertility rate (3 years)	2.992	0.127	3221	347	1.111	0.042	2.738	3.246
Neonatal mortality rate	11.105	3.706	902	97	0.891	0.334	3.692	18.517
Post-neonatal mortality rate	4.492	2.130	899	97	0.939	0.474	0.231	8.752
Infant mortality rate	15.597	4.469	902	97	0.950	0.287	6.659	24.534
Child mortality rate	6.162	2.484	849	91	0.900	0.403	1.193	11.130
Under five mortality rate	21.662	4.967	902	97	0.917	0.229	11.728	31.597

na = Not applicable

Table C.16 Sampling errors for Suez sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	941	19	na	0.000	1.000	1.000
Literacy	0.913	0.017	941	19	1.817	0.018	0.879	0.946
No education	0.078	0.015	941	19	1.709	0.192	0.048	0.107
Secondary or higher education	0.848	0.022	941	19	1.886	0.026	0.804	0.892
Currently married	0.922	0.011	941	19	1.307	0.012	0.900	0.945
Children ever born	1.716	0.145	1348	28	0.995	0.085	1.426	2.006
Children surviving	1.661	0.139	1348	28	0.988	0.084	1.383	1.940
Children ever born to women age 40-49	3.382	0.125	264	5	1.273	0.037	3.132	3.632
Currently using any family planning method	0.619	0.017	868	18	1.023	0.027	0.585	0.652
Currently using a modern family planning method	0.601	0.017	868	18	1.021	0.028	0.567	0.635
Currently using pill	0.175	0.013	868	18	1.030	0.076	0.149	0.202
Currently using IUD	0.357	0.020	868	18	1.203	0.055	0.318	0.396
Currently using condoms	0.015	0.004	868	18	0.946	0.260	0.007	0.023
Currently using injectables	0.046	0.008	868	18	1.119	0.173	0.030	0.062
Currently using female sterilization	0.002	0.001	868	18	0.902	0.637	0.000	0.005
Currently using rhythm	0.007	0.002	868	18	0.873	0.355	0.002	0.012
Obtained modern family planning method from public sector source	0.454	0.034	522	11	1.570	0.076	0.385	0.523
Want no more children	0.535	0.024	868	18	1.439	0.046	0.486	0.583
Want to delay birth at least 2 years	0.172	0.027	868	18	2.141	0.160	0.117	0.227
Ideal number of children	2.845	0.043	885	18	1.148	0.015	2.760	2.930
Last birth protected against neonatal tetanus	0.309	0.031	498	10	1.493	0.100	0.247	0.371
Births with skilled attendant at delivery	0.993	0.003	669	14	0.932	0.003	0.986	0.999
Had diarrhea in the last 2 weeks	0.088	0.015	657	14	1.248	0.165	0.059	0.117
Vaccination card seen	0.503	0.049	153	3	1.188	0.097	0.406	0.601
Received BCG vaccination	1.000	0.000	153	3	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.987	0.010	153	3	1.050	0.010	0.968	1.006
Received polio vaccination (3 doses)	0.928	0.029	153	3	1.389	0.031	0.870	0.986
Received measles vaccination	0.974	0.011	153	3	0.820	0.011	0.953	0.995
Received all vaccinations	0.902	0.029	153	3	1.187	0.032	0.845	0.959
Body Mass Index (BMI) < 18.5	0.001	0.001	839	17	1.020	1.020	0.000	0.004
Overweight ever-married women BMI ≥ 25.0	0.886	0.016	839	17	1.441	0.018	0.854	0.917
Prevalence of anemia (ever-married women)	0.252	0.027	301	6	1.083	0.107	0.198	0.307
Total fertility rate (3 years)	3.226	0.168	3862	79	1.355	0.052	2.890	3.562
Neonatal mortality rate	15.670	3.058	1217	25	0.787	0.195	9.555	21.785
Post-neonatal mortality rate	2.927	1.526	1208	25	1.009	0.521	0.000	5.980
Infant mortality rate	18.598	3.292	1217	25	0.774	0.177	12.014	25.181
Child mortality rate	2.745	1.592	1177	24	1.007	0.580	0.000	5.929
Under five mortality rate	21.291	3.756	1218	25	0.781	0.176	13.780	28.803

na = Not applicable

Table C.17 Sampling errors for Damietta sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.215	0.032	986	433	2.466	0.151	0.150	0.280
Literacy	0.902	0.014	986	433	1.502	0.016	0.874	0.930
No education	0.098	0.013	986	433	1.318	0.127	0.073	0.123
Secondary or higher education	0.798	0.021	986	433	1.633	0.026	0.756	0.840
Currently married	0.950	0.008	986	433	1.075	0.008	0.935	0.965
Children ever born	1.932	0.112	1250	556	1.045	0.058	1.708	2.155
Children surviving	1.895	0.110	1250	556	1.050	0.058	1.675	2.115
Children ever born to women age 40-49	3.155	0.079	265	111	1.005	0.025	2.997	3.312
Currently using any family planning method	0.658	0.020	936	411	1.276	0.030	0.618	0.697
Currently using a modern family planning method	0.642	0.021	936	411	1.346	0.033	0.599	0.684
Currently using pill	0.195	0.010	936	411	0.775	0.052	0.175	0.215
Currently using IUD	0.371	0.019	936	411	1.209	0.052	0.333	0.409
Currently using condoms	0.009	0.005	936	411	1.619	0.542	0.000	0.020
Currently using injectables	0.052	0.007	936	411	1.028	0.144	0.037	0.067
Currently using female sterilization	0.011	0.003	936	411	1.027	0.321	0.004	0.018
Currently using rhythm	0.001	0.001	936	411	0.806	1.001	0.000	0.002
Obtained modern family planning method from public sector source	0.538	0.030	601	264	1.456	0.055	0.478	0.597
Want no more children	0.652	0.019	936	411	1.200	0.029	0.615	0.690
Want to delay birth at least 2 years	0.139	0.016	936	411	1.375	0.112	0.108	0.170
Ideal number of children	2.711	0.037	971	426	1.230	0.014	2.638	2.784
Last birth protected against neonatal tetanus	0.578	0.051	486	216	2.274	0.088	0.477	0.680
Births with skilled attendant at delivery	0.989	0.006	639	284	1.061	0.006	0.977	1.001
Sought medical treatment for diarrhea	0.699	0.054	67	31	0.930	0.077	0.592	0.807
Vaccination card seen	0.598	0.051	128	57	1.187	0.085	0.496	0.700
Received BCG vaccination	1.000	0.000	128	57	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	1.000	0.000	128	57	na	0.000	1.000	1.000
Received polio vaccination (3 doses)	0.944	0.023	128	57	1.120	0.024	0.899	0.989
Received measles vaccination	0.964	0.016	128	57	0.994	0.017	0.931	0.996
Received all vaccinations	0.917	0.030	128	57	1.257	0.033	0.856	0.978
Body Mass Index (BMI) < 18.5	0.000	0.000	883	386	na	na	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.938	0.010	883	386	1.280	0.011	0.917	0.958
Prevalence of anemia (ever-married women)	0.234	0.030	323	143	1.279	0.128	0.174	0.294
Total fertility rate (3 years)	3.040	0.144	3615	1603	0.936	0.047	2.752	3.328
Neonatal mortality rate	7.809	2.334	1220	543	0.937	0.299	3.142	12.477
Post-neonatal mortality rate	3.829	2.319	1214	541	1.316	0.606	0.000	8.467
Infant mortality rate	11.639	3.390	1220	543	1.121	0.291	4.859	18.418
Child mortality rate	3.742	1.805	1189	529	1.030	0.482	0.133	7.351
Under five mortality rate	15.338	3.476	1221	543	1.030	0.227	8.386	22.289

na = Not applicable

Table C.18 Sampling errors for Dakahlia sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.264	0.024	955	1740	1.698	0.092	0.216	0.313
Literacy	0.822	0.015	955	1740	1.226	0.018	0.792	0.853
No education	0.142	0.013	955	1740	1.137	0.090	0.116	0.168
Secondary or higher education	0.781	0.015	955	1740	1.150	0.020	0.750	0.811
Currently married	0.946	0.007	955	1740	0.942	0.007	0.932	0.959
Children ever born	2.001	0.151	1177	2157	1.031	0.075	1.699	2.303
Children surviving	1.930	0.145	1177	2157	1.028	0.075	1.640	2.220
Children ever born to women age 40-49	3.300	0.118	258	464	1.324	0.036	3.064	3.536
Currently using any family planning method	0.641	0.019	903	1645	1.178	0.029	0.603	0.678
Currently using a modern family planning method	0.632	0.019	903	1645	1.159	0.029	0.595	0.669
Currently using pill	0.128	0.012	903	1645	1.082	0.094	0.104	0.153
Currently using IUD	0.397	0.022	903	1645	1.371	0.056	0.353	0.442
Currently using condoms	0.002	0.001	903	1645	0.968	0.697	0.000	0.005
Currently using injectables	0.075	0.008	903	1645	0.942	0.110	0.059	0.092
Currently using female sterilization	0.024	0.005	903	1645	1.015	0.215	0.014	0.034
Currently using rhythm	0.000	0.000	903	1645	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.540	0.025	571	1040	1.193	0.046	0.490	0.589
Want no more children	0.656	0.014	903	1645	0.864	0.021	0.629	0.683
Want to delay birth at least 2 years	0.158	0.014	903	1645	1.180	0.091	0.129	0.186
Ideal number of children	2.619	0.052	925	1686	1.320	0.020	2.516	2.722
Last birth protected against neonatal tetanus	0.692	0.028	444	814	1.267	0.040	0.636	0.747
Births with skilled attendant at delivery	0.989	0.006	593	1088	1.276	0.006	0.977	1.000
Had diarrhea in the last 2 weeks	0.149	0.016	586	1075	1.001	0.105	0.118	0.180
Vaccination card seen	0.611	0.055	117	213	1.167	0.089	0.502	0.720
Received BCG vaccination	0.982	0.013	117	213	1.012	0.013	0.957	1.007
Received DPT vaccination (3 doses)	0.991	0.009	117	213	1.051	0.009	0.972	1.009
Received polio vaccination (3 doses)	0.969	0.018	117	213	0.919	0.018	0.933	1.005
Received measles vaccination	1.000	0.000	117	213	na	0.000	1.000	1.000
Received all vaccinations	0.942	0.023	117	213	0.947	0.024	0.896	0.987
Body Mass Index (BMI) < 18.5	0.001	0.001	852	1552	1.029	0.998	0.000	0.004
Overweight ever-married women BMI ≥ 25.0	0.930	0.010	852	1552	1.092	0.010	0.910	0.949
Prevalence of anemia (ever-married women)	0.374	0.033	306	556	1.176	0.087	0.309	0.439
Total fertility rate (3 years)	3.092	0.135	3381	6183	0.905	0.044	2.822	3.361
Neonatal mortality rate	12.674	3.176	1126	2052	0.970	0.251	6.321	19.026
Post-neonatal mortality rate	5.742	2.600	1123	2047	0.921	0.453	0.542	10.942
Infant mortality rate	18.416	4.394	1126	2052	0.968	0.239	9.629	27.203
Child mortality rate	3.974	1.925	1102	2005	0.977	0.484	0.124	7.825
Under five mortality rate	22.317	4.453	1126	2052	0.924	0.200	13.412	31.222

na = Not applicable

Table C.19 Sampling errors for Sharkia sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.228	0.027	1011	1956	2.037	0.118	0.174	0.282
Literacy	0.750	0.022	1011	1956	1.608	0.029	0.706	0.794
No education	0.213	0.024	1011	1956	1.886	0.114	0.164	0.261
Secondary or higher education	0.675	0.023	1011	1956	1.549	0.034	0.630	0.721
Currently married	0.954	0.006	1011	1956	0.969	0.007	0.941	0.967
Children ever born	2.170	0.087	1295	2513	1.059	0.040	1.996	2.344
Children surviving	2.061	0.082	1295	2513	1.063	0.040	1.896	2.226
Children ever born to women age 40-49	4.039	0.126	261	501	1.218	0.031	3.786	4.292
Currently using any family planning method	0.597	0.018	964	1866	1.148	0.030	0.561	0.634
Currently using a modern family planning method	0.574	0.019	964	1866	1.176	0.033	0.536	0.611
Currently using pill	0.230	0.016	964	1866	1.197	0.071	0.198	0.262
Currently using IUD	0.216	0.019	964	1866	1.437	0.088	0.178	0.254
Currently using condoms	0.007	0.002	964	1866	0.929	0.356	0.002	0.012
Currently using injectables	0.100	0.014	964	1866	1.450	0.140	0.072	0.128
Currently using female sterilization	0.016	0.004	964	1866	0.932	0.239	0.008	0.023
Currently using rhythm	0.004	0.002	964	1866	1.152	0.589	0.000	0.009
Obtained modern family planning method from public sector source	0.524	0.030	552	1071	1.422	0.058	0.463	0.584
Want no more children	0.621	0.015	964	1866	0.944	0.024	0.592	0.651
Want to delay birth at least 2 years	0.174	0.012	964	1866	0.991	0.070	0.150	0.198
Ideal number of children	2.823	0.041	960	1858	1.154	0.015	2.741	2.905
Last birth protected against neonatal tetanus	0.689	0.028	534	1036	1.380	0.040	0.634	0.745
Births with skilled attendant at delivery	0.922	0.016	717	1390	1.271	0.017	0.891	0.954
Had diarrhea in the last 2 weeks	0.165	0.015	697	1351	1.041	0.089	0.136	0.195
Vaccination card seen	0.685	0.039	145	280	1.000	0.056	0.608	0.762
Received BCG vaccination	0.994	0.006	145	280	0.909	0.006	0.983	1.006
Received DPT vaccination (3 doses)	0.965	0.014	145	280	0.912	0.014	0.937	0.993
Received polio vaccination (3 doses)	0.994	0.006	145	280	0.933	0.006	0.982	1.006
Received measles vaccination	0.931	0.021	145	280	0.987	0.022	0.890	0.973
Received all vaccinations	0.892	0.028	145	280	1.072	0.031	0.837	0.947
Body Mass Index (BMI) < 18.5	0.001	0.001	889	1718	1.037	1.010	0.000	0.004
Overweight ever-married women BMI ≥ 25.0	0.869	0.013	889	1718	1.110	0.014	0.844	0.894
Prevalence of anemia (ever-married women)	0.232	0.025	333	645	1.083	0.108	0.182	0.282
Total fertility rate (3 years)	3.613	0.154	3682	7148	0.978	0.042	3.306	3.920
Neonatal mortality rate	21.345	4.871	1374	2666	1.057	0.228	11.604	31.086
Post-neonatal mortality rate	12.469	3.175	1368	2655	1.078	0.255	6.118	18.819
Infant mortality rate	33.814	5.931	1375	2668	1.051	0.175	21.951	45.676
Child mortality rate	1.561	1.096	1346	2608	0.970	0.702	0.000	3.754
Under five mortality rate	35.322	6.059	1376	2670	1.058	0.172	23.205	47.439

na = Not applicable

Table C.20 Sampling errors for Kalyubia sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.262	0.041	850	1033	2.720	0.157	0.180	0.345
Literacy	0.802	0.028	850	1033	2.016	0.034	0.747	0.857
No education	0.159	0.021	850	1033	1.674	0.132	0.117	0.202
Secondary or higher education	0.730	0.030	850	1033	1.966	0.041	0.670	0.790
Currently married	0.945	0.011	850	1033	1.417	0.012	0.922	0.967
Children ever born	2.058	0.166	1061	1347	1.207	0.081	1.725	2.391
Children surviving	1.959	0.154	1061	1347	1.178	0.079	1.650	2.267
Children ever born to women age 40-49	3.483	0.135	244	282	1.350	0.039	3.214	3.752
Currently using any family planning method	0.631	0.022	796	976	1.267	0.034	0.588	0.674
Currently using a modern family planning method	0.617	0.022	796	976	1.298	0.036	0.572	0.662
Currently using pill	0.183	0.012	796	976	0.902	0.068	0.158	0.208
Currently using IUD	0.331	0.021	796	976	1.265	0.064	0.289	0.374
Currently using condoms	0.006	0.003	796	976	1.013	0.479	0.000	0.011
Currently using injectables	0.087	0.013	796	976	1.266	0.146	0.061	0.112
Currently using female sterilization	0.005	0.002	796	976	0.905	0.466	0.000	0.009
Currently using rhythm	0.002	0.002	796	976	1.093	0.781	0.000	0.006
Obtained modern family planning method from public sector source	0.496	0.018	495	602	0.815	0.037	0.460	0.533
Want no more children	0.587	0.018	796	976	1.018	0.030	0.552	0.623
Want to delay birth at least 2 years	0.135	0.017	796	976	1.383	0.124	0.101	0.168
Ideal number of children	2.906	0.047	778	952	1.001	0.016	2.812	3.001
Last birth protected against neonatal tetanus	0.640	0.025	438	547	1.090	0.039	0.590	0.689
Births with skilled attendant at delivery	0.942	0.013	599	749	1.099	0.013	0.917	0.967
Had diarrhea in the last 2 weeks	0.160	0.017	577	720	1.002	0.106	0.126	0.194
Vaccination card seen	0.669	0.047	129	160	1.126	0.070	0.576	0.763
Received BCG vaccination	0.985	0.012	129	160	1.102	0.012	0.962	1.008
Received DPT vaccination (3 doses)	0.988	0.009	129	160	0.718	0.009	0.970	1.005
Received polio vaccination (3 doses)	0.940	0.020	129	160	0.981	0.022	0.899	0.981
Received measles vaccination	0.953	0.018	129	160	0.987	0.019	0.917	0.990
Received all vaccinations	0.904	0.026	129	160	0.965	0.028	0.853	0.956
Body Mass Index (BMI) < 18.5	0.004	0.003	760	914	1.175	0.693	0.000	0.009
Overweight ever-married women BMI ≥ 25.0	0.867	0.014	760	914	1.129	0.016	0.839	0.895
Prevalence of anemia (ever-married women)	0.233	0.036	270	330	1.407	0.156	0.160	0.305
Total fertility rate (3 years)	3.753	0.234	3089	3878	1.260	0.062	3.285	4.222
Neonatal mortality rate	19.055	5.577	1138	1407	1.136	0.293	7.900	30.209
Post-neonatal mortality rate	13.623	3.981	1148	1420	1.173	0.292	5.661	21.585
Infant mortality rate	32.678	7.465	1138	1407	1.147	0.228	17.747	47.608
Child mortality rate	6.069	3.321	1098	1360	1.375	0.547	0.000	12.711
Under five mortality rate	38.549	7.343	1138	1407	1.078	0.190	23.862	53.236

na = Not applicable

Table C.21 Sampling errors for Kafr-El-Sheikh sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.140	0.011	945	957	0.939	0.076	0.119	0.161
Literacy	0.704	0.021	945	957	1.412	0.030	0.662	0.746
No education	0.276	0.023	945	957	1.574	0.083	0.230	0.321
Secondary or higher education	0.639	0.026	945	957	1.663	0.041	0.587	0.691
Currently married	0.932	0.007	945	957	0.796	0.007	0.919	0.945
Children ever born	1.939	0.172	1197	1225	1.297	0.089	1.596	2.283
Children surviving	1.874	0.165	1197	1225	1.294	0.088	1.543	2.205
Children ever born to women age 40-49	3.342	0.096	268	266	1.107	0.029	3.150	3.534
Currently using any family planning method	0.633	0.023	882	892	1.392	0.036	0.587	0.678
Currently using a modern family planning method	0.621	0.022	882	892	1.318	0.035	0.577	0.664
Currently using pill	0.151	0.013	882	892	1.046	0.084	0.126	0.176
Currently using IUD	0.350	0.024	882	892	1.497	0.069	0.302	0.398
Currently using condoms	0.001	0.001	882	892	1.046	1.002	0.000	0.004
Currently using injectables	0.096	0.015	882	892	1.469	0.152	0.067	0.125
Currently using female sterilization	0.020	0.006	882	892	1.191	0.284	0.008	0.031
Currently using rhythm	0.001	0.001	882	892	0.814	0.998	0.000	0.002
Obtained modern family planning method from public sector source	0.526	0.026	549	554	1.239	0.050	0.473	0.579
Want no more children	0.638	0.014	882	892	0.877	0.022	0.609	0.666
Want to delay birth at least 2 years	0.137	0.011	882	892	0.985	0.083	0.114	0.160
Ideal number of children	2.572	0.038	943	955	1.484	0.015	2.495	2.648
Last birth protected against neonatal tetanus	0.894	0.019	468	476	1.326	0.021	0.856	0.931
Births with skilled attendant at delivery	0.985	0.007	635	648	1.162	0.007	0.971	0.998
Had diarrhea in the last 2 weeks	0.049	0.008	619	631	0.902	0.159	0.033	0.064
Vaccination card seen	0.514	0.055	123	127	1.237	0.108	0.404	0.625
Received BCG vaccination	1.000	0.000	123	127	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	1.000	0.000	123	127	na	0.000	1.000	1.000
Received polio vaccination (3 doses)	1.000	0.000	123	127	na	0.000	1.000	1.000
Received measles vaccination	1.000	0.000	123	127	na	0.000	1.000	1.000
Received all vaccinations	1.000	0.000	123	127	na	0.000	1.000	1.000
Body Mass Index (BMI) < 18.5	0.003	0.002	832	842	1.024	0.693	0.000	0.006
Overweight ever-married women BMI ≥ 25.0	0.842	0.011	832	842	0.865	0.013	0.820	0.864
Prevalence of anemia (ever-married women)	0.127	0.019	318	325	1.012	0.149	0.089	0.164
Total fertility rate (3 years)	3.450	0.221	3496	3572	1.390	0.064	3.007	3.892
Neonatal mortality rate	9.122	2.889	1150	1164	1.031	0.317	3.344	14.900
Post-neonatal mortality rate	9.290	2.639	1148	1162	0.929	0.284	4.012	14.568
Infant mortality rate	18.412	4.313	1150	1164	1.094	0.234	9.786	27.038
Child mortality rate	4.096	1.984	1108	1121	1.012	0.484	0.127	8.065
Under five mortality rate	22.433	4.570	1150	1164	1.054	0.204	13.293	31.573

na = Not applicable

Table C.22 Sampling errors for Gharbia sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.263	0.016	835	1370	1.023	0.059	0.231	0.294
Literacy	0.809	0.015	835	1370	1.137	0.019	0.778	0.840
No education	0.160	0.015	835	1370	1.185	0.094	0.130	0.190
Secondary or higher education	0.741	0.018	835	1370	1.166	0.024	0.706	0.776
Currently married	0.936	0.008	835	1370	0.909	0.008	0.920	0.951
Children ever born	1.893	0.152	1102	1817	0.992	0.080	1.590	2.197
Children surviving	1.824	0.147	1102	1817	0.998	0.081	1.530	2.118
Children ever born to women age 40-49	3.368	0.122	215	348	1.345	0.036	3.124	3.612
Currently using any family planning method	0.632	0.019	782	1282	1.092	0.030	0.595	0.670
Currently using a modern family planning method	0.620	0.020	782	1282	1.125	0.032	0.581	0.659
Currently using pill	0.153	0.015	782	1282	1.166	0.098	0.123	0.183
Currently using IUD	0.396	0.023	782	1282	1.289	0.057	0.351	0.441
Currently using condoms	0.002	0.002	782	1282	0.898	0.679	0.000	0.005
Currently using injectables	0.054	0.011	782	1282	1.387	0.208	0.031	0.076
Currently using female sterilization	0.013	0.005	782	1282	1.189	0.377	0.003	0.022
Currently using rhythm	0.006	0.003	782	1282	1.072	0.501	0.000	0.012
Obtained modern family planning method from public sector source	0.576	0.028	483	794	1.249	0.049	0.520	0.632
Want no more children	0.652	0.016	782	1282	0.923	0.024	0.620	0.683
Want to delay birth at least 2 years	0.125	0.012	782	1282	1.017	0.096	0.101	0.149
Ideal number of children	2.705	0.037	833	1367	1.019	0.014	2.631	2.778
Last birth protected against neonatal tetanus	0.671	0.029	426	704	1.257	0.043	0.614	0.728
Births with skilled attendant at delivery	0.957	0.016	559	924	1.580	0.016	0.926	0.988
Had diarrhea in the last 2 weeks	0.100	0.012	550	909	0.884	0.121	0.076	0.124
Vaccination card seen	0.565	0.045	123	204	0.918	0.080	0.475	0.656
Received BCG vaccination	0.985	0.011	123	204	0.958	0.011	0.963	1.006
Received DPT vaccination (3 doses)	1.000	0.000	123	204	na	0.000	1.000	1.000
Received polio vaccination (3 doses)	0.992	0.009	123	204	1.043	0.009	0.975	1.009
Received measles vaccination	0.923	0.030	123	204	0.949	0.032	0.863	0.982
Received all vaccinations	0.914	0.030	123	204	0.940	0.033	0.853	0.975
Body Mass Index (BMI) < 18.5	0.000	0.000	748	1227	na	na	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.883	0.013	748	1227	1.135	0.015	0.856	0.910
Prevalence of anemia (ever-married women)	0.198	0.020	287	470	0.848	0.101	0.158	0.238
Total fertility rate (3 years)	3.147	0.161	3163	5205	1.078	0.051	2.825	3.470
Neonatal mortality rate	16.874	3.854	1085	1790	0.952	0.228	9.165	24.582
Post-neonatal mortality rate	9.159	2.699	1089	1797	0.948	0.295	3.760	14.558
Infant mortality rate	26.032	4.945	1086	1791	1.020	0.190	16.143	35.922
Child mortality rate	3.309	1.872	1061	1750	1.005	0.566	0.000	7.054
Under five mortality rate	29.256	5.388	1087	1793	1.042	0.184	18.480	40.031

na = Not applicable

Table C.23 Sampling errors for Menoufia sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.183	0.019	855	1045	1.397	0.101	0.146	0.220
Literacy	0.730	0.022	855	1045	1.476	0.031	0.685	0.775
No education	0.226	0.022	855	1045	1.525	0.097	0.182	0.270
Secondary or higher education	0.682	0.026	855	1045	1.609	0.038	0.631	0.734
Currently married	0.963	0.006	855	1045	0.974	0.007	0.950	0.975
Children ever born	1.972	0.115	1123	1377	0.924	0.058	1.741	2.202
Children surviving	1.907	0.110	1123	1377	0.915	0.058	1.687	2.127
Children ever born to women age 40-49	3.563	0.124	233	282	1.233	0.035	3.316	3.811
Currently using any family planning method	0.671	0.020	823	1006	1.192	0.029	0.632	0.710
Currently using a modern family planning method	0.656	0.019	823	1006	1.162	0.029	0.618	0.695
Currently using pill	0.189	0.014	823	1006	1.023	0.074	0.161	0.217
Currently using IUD	0.357	0.018	823	1006	1.102	0.052	0.320	0.394
Currently using condoms	0.002	0.001	823	1006	0.855	0.662	0.000	0.005
Currently using injectables	0.093	0.012	823	1006	1.229	0.134	0.068	0.118
Currently using female sterilization	0.010	0.004	823	1006	1.151	0.407	0.002	0.018
Currently using rhythm	0.002	0.002	823	1006	0.973	0.709	0.000	0.006
Obtained modern family planning method from public sector source	0.612	0.021	538	660	0.987	0.034	0.571	0.654
Want no more children	0.677	0.013	823	1006	0.773	0.019	0.652	0.703
Want to delay birth at least 2 years	0.115	0.011	823	1006	0.958	0.093	0.094	0.136
Ideal number of children	2.785	0.032	851	1040	1.038	0.012	2.720	2.849
Last birth protected against neonatal tetanus	0.939	0.013	441	542	1.108	0.013	0.914	0.964
Births with skilled attendant at delivery	0.951	0.014	614	757	1.312	0.015	0.923	0.978
Had diarrhea in the last 2 weeks	0.085	0.013	608	749	1.083	0.157	0.059	0.112
Vaccination card seen	0.649	0.059	123	151	1.356	0.090	0.531	0.766
Received BCG vaccination	0.983	0.012	123	151	1.052	0.012	0.958	1.008
Received DPT vaccination (3 doses)	0.976	0.014	123	151	0.997	0.014	0.949	1.004
Received polio vaccination (3 doses)	0.963	0.014	123	151	0.845	0.015	0.934	0.992
Received measles vaccination	0.976	0.014	123	151	1.041	0.015	0.948	1.005
Received all vaccinations	0.939	0.022	123	151	1.002	0.023	0.896	0.982
Body Mass Index (BMI) < 18.5	0.000	0.000	762	931	na	na	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.816	0.019	762	931	1.320	0.023	0.779	0.853
Prevalence of anemia (ever-married women)	0.169	0.023	284	347	1.046	0.138	0.122	0.216
Total fertility rate (3 years)	3.521	0.159	3200	3916	0.878	0.045	3.202	3.840
Neonatal mortality rate	8.544	2.897	1073	1320	1.042	0.339	2.749	14.339
Post-neonatal mortality rate	4.887	2.073	1071	1317	0.970	0.424	0.740	9.033
Infant mortality rate	13.430	3.795	1074	1321	1.093	0.283	5.839	21.021
Child mortality rate	3.142	1.773	1039	1275	0.998	0.564	0.000	6.688
Under five mortality rate	16.530	4.420	1074	1321	1.149	0.267	7.690	25.370

na = Not applicable

Table C.24 Sampling errors for Behera sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.145	0.014	1088	1959	1.299	0.096	0.117	0.173
Literacy	0.652	0.022	1088	1959	1.524	0.034	0.608	0.696
No education	0.309	0.022	1088	1959	1.583	0.072	0.265	0.354
Secondary or higher education	0.579	0.028	1088	1959	1.850	0.048	0.524	0.635
Currently married	0.949	0.007	1088	1959	1.027	0.007	0.936	0.963
Children ever born	1.977	0.088	1403	2540	1.085	0.045	1.801	2.153
Children surviving	1.905	0.085	1403	2540	1.089	0.044	1.735	2.074
Children ever born to women age 40-49	3.780	0.125	254	454	1.190	0.033	3.529	4.030
Currently using any family planning method	0.664	0.018	1032	1860	1.209	0.027	0.628	0.699
Currently using a modern family planning method	0.655	0.017	1032	1860	1.157	0.026	0.621	0.689
Currently using pill	0.136	0.011	1032	1860	1.040	0.081	0.114	0.159
Currently using IUD	0.394	0.017	1032	1860	1.129	0.044	0.360	0.429
Currently using condoms	0.003	0.002	1032	1860	1.293	0.759	0.000	0.007
Currently using injectables	0.096	0.010	1032	1860	1.123	0.107	0.076	0.117
Currently using female sterilization	0.013	0.004	1032	1860	1.049	0.289	0.005	0.020
Currently using rhythm	0.000	0.000	1032	1860	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.667	0.025	676	1218	1.389	0.038	0.616	0.717
Want no more children	0.638	0.017	1032	1860	1.115	0.026	0.604	0.671
Want to delay birth at least 2 years	0.170	0.014	1032	1860	1.174	0.081	0.143	0.198
Ideal number of children	2.818	0.039	1072	1930	1.043	0.014	2.741	2.895
Last birth protected against neonatal tetanus	0.837	0.024	598	1082	1.619	0.029	0.788	0.886
Births with skilled attendant at delivery	0.928	0.015	807	1459	1.427	0.016	0.899	0.957
Had diarrhea in the last 2 weeks	0.138	0.015	794	1435	1.152	0.109	0.108	0.168
Vaccination card seen	0.600	0.040	167	301	1.027	0.067	0.520	0.680
Received BCG vaccination	1.000	0.000	167	301	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.975	0.015	167	301	1.216	0.015	0.946	1.005
Received polio vaccination (3 doses)	0.988	0.009	167	301	1.001	0.009	0.970	1.005
Received measles vaccination	0.970	0.013	167	301	0.958	0.013	0.945	0.995
Received all vaccinations	0.939	0.019	167	301	1.004	0.020	0.902	0.976
Body Mass Index (BMI) < 18.5	0.003	0.002	955	1717	0.969	0.550	0.000	0.007
Overweight ever-married women BMI ≥ 25.0	0.837	0.014	955	1717	1.161	0.017	0.809	0.865
Prevalence of anemia (ever-married women)	0.163	0.022	354	637	1.129	0.136	0.119	0.208
Total fertility rate (3 years)	3.539	0.128	4019	7264	1.064	0.036	3.282	3.795
Neonatal mortality rate	10.720	2.932	1445	2606	0.962	0.273	4.857	16.583
Post-neonatal mortality rate	5.704	2.139	1442	2600	0.961	0.375	1.425	9.982
Infant mortality rate	16.424	4.381	1445	2606	1.033	0.267	7.661	25.186
Child mortality rate	2.746	1.380	1358	2448	0.986	0.502	0.000	5.506
Under five mortality rate	19.125	4.582	1445	2606	1.010	0.240	9.960	28.289

na = Not applicable

Table C.25 Sampling errors for Ismailia sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.455	0.034	859	172	1.974	0.074	0.387	0.522
Literacy	0.837	0.018	859	172	1.414	0.021	0.801	0.872
No education	0.147	0.014	859	172	1.140	0.094	0.120	0.175
Secondary or higher education	0.748	0.019	859	172	1.301	0.026	0.709	0.787
Currently married	0.932	0.012	859	172	1.399	0.013	0.908	0.956
Children ever born	1.882	0.100	1184	236	0.976	0.053	1.681	2.082
Children surviving	1.806	0.100	1184	236	1.017	0.055	1.606	2.005
Children ever born to women age 40-49	3.484	0.116	242	49	1.175	0.033	3.253	3.715
Currently using any family planning method	0.617	0.020	801	160	1.163	0.032	0.577	0.657
Currently using a modern family planning method	0.588	0.020	801	160	1.147	0.034	0.548	0.628
Currently using pill	0.189	0.019	801	160	1.345	0.099	0.151	0.226
Currently using IUD	0.276	0.013	801	160	0.803	0.046	0.250	0.301
Currently using condoms	0.006	0.003	801	160	0.944	0.421	0.001	0.011
Currently using injectables	0.095	0.012	801	160	1.178	0.129	0.070	0.119
Currently using female sterilization	0.013	0.004	801	160	0.933	0.292	0.005	0.020
Currently using rhythm	0.005	0.003	801	160	0.992	0.484	0.000	0.010
Obtained modern family planning method from public sector source	0.637	0.030	472	94	1.334	0.046	0.577	0.696
Want no more children	0.588	0.015	801	160	0.880	0.026	0.557	0.618
Want to delay birth at least 2 years	0.206	0.014	801	160	0.947	0.066	0.179	0.233
Ideal number of children	2.928	0.050	834	167	1.005	0.017	2.828	3.028
Last birth protected against neonatal tetanus	0.799	0.016	477	95	0.872	0.020	0.767	0.831
Births with skilled attendant at delivery	0.957	0.015	660	132	1.589	0.016	0.926	0.987
Had diarrhea in the last 2 weeks	0.118	0.013	639	128	0.936	0.108	0.092	0.143
Vaccination card seen	0.618	0.034	142	28	0.808	0.055	0.550	0.686
Received BCG vaccination	0.993	0.007	142	28	0.979	0.007	0.980	1.007
Received DPT vaccination (3 doses)	0.979	0.011	142	28	0.936	0.012	0.956	1.002
Received polio vaccination (3 doses)	0.979	0.012	142	28	0.997	0.012	0.955	1.003
Received measles vaccination	0.973	0.016	142	28	1.179	0.017	0.941	1.005
Received all vaccinations	0.938	0.020	142	28	0.992	0.022	0.897	0.978
Body Mass Index (BMI) < 18.5	0.003	0.002	745	149	0.989	0.695	0.000	0.006
Overweight ever-married women BMI ≥ 25.0	0.815	0.014	745	149	0.968	0.017	0.788	0.843
Prevalence of anemia (ever-married women)	0.190	0.026	278	56	1.096	0.136	0.139	0.242
Total fertility rate (3 years)	3.714	0.124	3395	678	0.971	0.033	3.465	3.962
Neonatal mortality rate	21.693	6.242	1147	229	0.951	0.288	9.209	34.178
Post-neonatal mortality rate	11.354	3.688	1148	229	1.087	0.325	3.977	18.730
Infant mortality rate	33.047	6.742	1147	229	0.924	0.204	19.563	46.532
Child mortality rate	4.931	2.123	1098	219	0.915	0.430	0.686	9.177
Under five mortality rate	37.816	7.180	1148	229	0.942	0.190	23.455	52.176

na = Not applicable

Table C.26 Sampling errors for Giza sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.529	0.048	1076	2040	3.123	0.090	0.433	0.624
Literacy	0.699	0.021	1076	2040	1.512	0.030	0.657	0.742
No education	0.267	0.022	1076	2040	1.660	0.084	0.222	0.312
Secondary or higher education	0.624	0.027	1076	2040	1.822	0.043	0.570	0.677
Currently married	0.933	0.008	1076	2040	1.027	0.008	0.918	0.949
Children ever born	2.075	0.113	1430	2769	0.995	0.055	1.848	2.302
Children surviving	2.000	0.107	1430	2769	0.978	0.054	1.786	2.215
Children ever born to women age 40-49	3.717	0.139	286	524	1.317	0.037	3.438	3.995
Currently using any family planning method	0.639	0.018	1002	1904	1.215	0.029	0.602	0.676
Currently using a modern family planning method	0.624	0.019	1002	1904	1.243	0.030	0.586	0.662
Currently using pill	0.158	0.011	1002	1904	0.958	0.070	0.136	0.180
Currently using IUD	0.375	0.020	1002	1904	1.331	0.054	0.334	0.416
Currently using condoms	0.001	0.001	1002	1904	0.937	1.011	0.000	0.003
Currently using injectables	0.073	0.012	1002	1904	1.501	0.169	0.049	0.098
Currently using female sterilization	0.014	0.004	1002	1904	1.013	0.271	0.006	0.021
Currently using rhythm	0.004	0.002	1002	1904	0.916	0.469	0.000	0.007
Obtained modern family planning method from public sector source	0.577	0.023	626	1188	1.160	0.040	0.532	0.623
Want no more children	0.645	0.012	1002	1904	0.793	0.019	0.621	0.669
Want to delay birth at least 2 years	0.130	0.011	1002	1904	1.039	0.085	0.108	0.152
Ideal number of children	2.938	0.050	1030	1945	1.422	0.017	2.837	3.039
Last birth protected against neonatal tetanus	0.710	0.022	539	1029	1.125	0.031	0.667	0.754
Births with skilled attendant at delivery	0.931	0.014	732	1396	1.194	0.015	0.904	0.958
Had diarrhea in the last 2 weeks	0.114	0.013	715	1362	1.050	0.114	0.088	0.140
Vaccination card seen	0.382	0.041	124	239	0.940	0.108	0.299	0.464
Received BCG vaccination	0.981	0.013	124	239	1.023	0.013	0.955	1.006
Received DPT vaccination (3 doses)	0.961	0.017	124	239	1.002	0.018	0.927	0.996
Received polio vaccination (3 doses)	0.931	0.027	124	239	1.183	0.029	0.878	0.985
Received measles vaccination	0.953	0.021	124	239	0.971	0.022	0.912	0.995
Received all vaccinations	0.875	0.028	124	239	0.921	0.032	0.818	0.932
Body Mass Index (BMI) < 18.5	0.001	0.001	954	1809	1.113	1.006	0.000	0.004
Overweight ever-married women BMI ≥ 25.0	0.929	0.012	954	1809	1.481	0.013	0.904	0.954
Prevalence of anemia (ever-married women)	0.253	0.021	363	680	0.929	0.084	0.211	0.296
Total fertility rate (3 years)	3.319	0.136	4132	7948	1.003	0.041	3.046	3.591
Neonatal mortality rate	9.508	2.646	1482	2834	1.062	0.278	4.216	14.801
Post-neonatal mortality rate	10.976	2.840	1484	2838	0.988	0.259	5.296	16.656
Infant mortality rate	20.485	4.510	1482	2834	1.120	0.220	11.465	29.504
Child mortality rate	4.389	1.888	1434	2751	0.973	0.430	0.613	8.164
Under five mortality rate	24.783	4.664	1482	2834	1.073	0.188	15.454	34.112

na = Not applicable

Table C.27 Sampling errors for Beni Suef sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.241	0.032	875	770	2.180	0.131	0.177	0.304
Literacy	0.641	0.035	875	770	2.181	0.055	0.570	0.712
No education	0.348	0.034	875	770	2.084	0.097	0.281	0.416
Secondary or higher education	0.563	0.040	875	770	2.353	0.070	0.484	0.642
Currently married	0.937	0.009	875	770	1.131	0.010	0.919	0.956
Children ever born	2.250	0.170	1157	1019	0.989	0.076	1.909	2.591
Children surviving	2.121	0.164	1157	1019	1.014	0.077	1.793	2.449
Children ever born to women age 40-49	4.615	0.180	210	184	1.225	0.039	4.256	4.975
Currently using any family planning method	0.583	0.019	820	721	1.098	0.032	0.545	0.621
Currently using a modern family planning method	0.553	0.021	820	721	1.202	0.038	0.511	0.594
Currently using pill	0.121	0.013	820	721	1.133	0.107	0.095	0.146
Currently using IUD	0.291	0.024	820	721	1.492	0.081	0.244	0.339
Currently using condoms	0.002	0.002	820	721	0.970	0.691	0.000	0.006
Currently using injectables	0.116	0.015	820	721	1.371	0.132	0.086	0.147
Currently using female sterilization	0.017	0.004	820	721	0.980	0.260	0.008	0.026
Currently using rhythm	0.002	0.002	820	721	1.009	0.708	0.000	0.006
Obtained modern family planning method from public sector source	0.688	0.022	453	399	1.025	0.032	0.643	0.732
Want no more children	0.529	0.016	820	721	0.942	0.031	0.496	0.562
Want to delay birth at least 2 years	0.250	0.015	820	721	0.970	0.059	0.220	0.279
Ideal number of children	3.300	0.060	874	769	1.569	0.018	3.180	3.420
Last birth protected against neonatal tetanus	0.859	0.023	475	418	1.464	0.027	0.812	0.906
Births with skilled attendant at delivery	0.807	0.032	660	581	1.717	0.039	0.744	0.870
Sought medical treatment for diarrhea	0.598	0.057	97	85	1.154	0.095	0.484	0.711
Vaccination card seen	0.586	0.034	123	108	0.740	0.057	0.518	0.653
Received BCG vaccination	1.000	0.000	123	108	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	1.000	0.000	123	108	na	0.000	1.000	1.000
Received polio vaccination (3 doses)	0.934	0.026	123	108	1.162	0.028	0.882	0.986
Received measles vaccination	0.984	0.011	123	108	0.992	0.012	0.961	1.006
Received all vaccinations	0.918	0.027	123	108	1.079	0.029	0.864	0.971
Body Mass Index (BMI) < 18.5	0.000	0.000	744	654	na	na	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.814	0.020	744	654	1.412	0.025	0.773	0.854
Prevalence of anemia (ever-married women)	0.451	0.046	306	269	1.629	0.103	0.358	0.544
Total fertility rate (3 years)	3.872	0.177	3239	2852	0.966	0.046	3.518	4.226
Neonatal mortality rate	25.544	5.850	1236	1089	1.074	0.229	13.844	37.243
Post-neonatal mortality rate	11.605	2.921	1233	1087	0.890	0.252	5.764	17.446
Infant mortality rate	37.149	7.002	1236	1089	1.059	0.188	23.144	51.153
Child mortality rate	6.122	2.257	1184	1044	0.967	0.369	1.607	10.636
Under five mortality rate	43.043	7.209	1238	1091	1.045	0.167	28.625	57.461

na = Not applicable

Table C.28 Sampling errors for Fayoum sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.164	0.018	843	721	1.374	0.107	0.129	0.199
Literacy	0.604	0.023	843	721	1.366	0.038	0.558	0.650
No education	0.384	0.026	843	721	1.562	0.068	0.332	0.436
Secondary or higher education	0.519	0.028	843	721	1.612	0.054	0.464	0.575
Currently married	0.962	0.008	843	721	1.176	0.008	0.947	0.978
Children ever born	2.526	0.131	1041	896	0.999	0.052	2.263	2.788
Children surviving	2.398	0.123	1041	896	0.992	0.051	2.152	2.644
Children ever born to women age 40-49	4.762	0.207	181	153	1.336	0.043	4.348	5.176
Currently using any family planning method	0.574	0.025	811	694	1.431	0.043	0.524	0.624
Currently using a modern family planning method	0.555	0.023	811	694	1.331	0.042	0.508	0.601
Currently using pill	0.155	0.013	811	694	1.010	0.083	0.129	0.180
Currently using IUD	0.237	0.016	811	694	1.093	0.069	0.204	0.269
Currently using condoms	0.001	0.001	811	694	1.043	1.018	0.000	0.004
Currently using injectables	0.148	0.018	811	694	1.469	0.124	0.112	0.185
Currently using female sterilization	0.011	0.004	811	694	0.995	0.336	0.004	0.018
Currently using rhythm	0.000	0.000	811	694	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.623	0.033	454	385	1.444	0.053	0.557	0.689
Want no more children	0.513	0.018	811	694	1.013	0.035	0.477	0.549
Want to delay birth at least 2 years	0.225	0.015	811	694	0.994	0.065	0.196	0.254
Ideal number of children	3.575	0.074	829	709	1.281	0.021	3.428	3.722
Last birth protected against neonatal tetanus	0.884	0.019	545	468	1.368	0.021	0.846	0.921
Births with skilled attendant at delivery	0.845	0.022	779	671	1.390	0.025	0.802	0.888
Had diarrhea in the last 2 weeks	0.213	0.016	759	654	1.011	0.074	0.182	0.244
Vaccination card seen	0.766	0.036	148	128	1.006	0.047	0.695	0.838
Received BCG vaccination	0.993	0.007	148	128	0.988	0.007	0.979	1.006
Received DPT vaccination (3 doses)	1.000	0.000	148	128	na	0.000	1.000	1.000
Received polio vaccination (3 doses)	0.988	0.009	148	128	0.992	0.009	0.970	1.006
Received measles vaccination	0.988	0.008	148	128	0.930	0.008	0.971	1.004
Received all vaccinations	0.968	0.016	148	128	1.121	0.017	0.936	1.000
Body Mass Index (BMI) < 18.5	0.006	0.003	738	630	0.966	0.470	0.000	0.011
Overweight ever-married women BMI ≥ 25.0	0.720	0.019	738	630	1.171	0.027	0.681	0.759
Prevalence of anemia (ever-married women)	0.239	0.023	291	248	0.921	0.097	0.193	0.285
Total fertility rate (3 years)	4.634	0.199	2958	2540	1.180	0.043	4.236	5.033
Neonatal mortality rate	14.109	3.321	1377	1185	0.999	0.235	7.467	20.752
Post-neonatal mortality rate	5.380	2.181	1368	1177	0.973	0.405	1.018	9.741
Infant mortality rate	19.489	3.656	1377	1185	0.921	0.188	12.177	26.801
Child mortality rate	5.557	2.011	1322	1136	0.987	0.362	1.536	9.578
Under five mortality rate	24.938	3.982	1378	1186	0.908	0.160	16.973	32.902

na = Not applicable

Table C.29 Sampling errors for Menya sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.159	0.020	858	1107	1.563	0.123	0.120	0.198
Literacy	0.592	0.027	858	1107	1.626	0.046	0.538	0.647
No education	0.412	0.027	858	1107	1.612	0.066	0.358	0.467
Secondary or higher education	0.497	0.025	858	1107	1.484	0.051	0.446	0.548
Currently married	0.943	0.007	858	1107	0.913	0.008	0.928	0.957
Children ever born	2.401	0.117	1170	1507	0.954	0.049	2.167	2.634
Children surviving	2.241	0.106	1170	1507	0.937	0.047	2.029	2.452
Children ever born to women age 40-49	5.132	0.187	192	247	1.121	0.036	4.758	5.506
Currently using any family planning method	0.513	0.022	807	1044	1.239	0.043	0.469	0.556
Currently using a modern family planning method	0.485	0.023	807	1044	1.279	0.046	0.440	0.530
Currently using pill	0.146	0.016	807	1044	1.322	0.112	0.113	0.179
Currently using IUD	0.143	0.015	807	1044	1.217	0.105	0.113	0.173
Currently using condoms	0.004	0.002	807	1044	0.972	0.573	0.000	0.008
Currently using injectables	0.171	0.016	807	1044	1.229	0.095	0.138	0.203
Currently using female sterilization	0.017	0.004	807	1044	0.827	0.219	0.010	0.025
Currently using rhythm	0.003	0.002	807	1044	1.015	0.693	0.000	0.006
Obtained modern family planning method from public sector source	0.598	0.033	397	506	1.342	0.055	0.532	0.665
Want no more children	0.518	0.021	807	1044	1.187	0.040	0.476	0.560
Want to delay birth at least 2 years	0.241	0.016	807	1044	1.068	0.067	0.209	0.273
Ideal number of children	3.487	0.074	795	1024	1.376	0.021	3.340	3.635
Last birth protected against neonatal tetanus	0.761	0.025	487	631	1.311	0.033	0.711	0.812
Births with skilled attendant at delivery	0.735	0.036	668	869	1.778	0.049	0.663	0.806
Had diarrhea in the last 2 weeks	0.168	0.016	647	840	1.087	0.097	0.135	0.200
Vaccination card seen	0.567	0.041	123	161	0.908	0.072	0.486	0.648
Received BCG vaccination	1.000	0.000	123	161	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.977	0.013	123	161	0.934	0.013	0.952	1.002
Received polio vaccination (3 doses)	0.943	0.020	123	161	0.939	0.021	0.904	0.982
Received measles vaccination	0.983	0.011	123	161	0.991	0.012	0.960	1.006
Received all vaccinations	0.920	0.024	123	161	0.976	0.026	0.872	0.967
Body Mass Index (BMI) < 18.5	0.001	0.001	730	938	1.014	0.979	0.000	0.004
Overweight ever-married women BMI ≥ 25.0	0.744	0.024	730	938	1.462	0.032	0.697	0.792
Prevalence of anemia (ever-married women)	0.527	0.038	286	369	1.282	0.072	0.451	0.602
Total fertility rate (3 years)	3.882	0.149	3267	4223	0.951	0.038	3.585	4.180
Neonatal mortality rate	16.583	4.105	1324	1727	1.080	0.248	8.373	24.793
Post-neonatal mortality rate	21.041	3.475	1321	1722	0.845	0.165	14.091	27.991
Infant mortality rate	37.624	5.402	1324	1727	0.897	0.144	26.821	48.427
Child mortality rate	4.803	2.288	1290	1686	1.147	0.476	0.228	9.379
Under five mortality rate	42.247	5.313	1324	1727	0.851	0.126	31.621	52.872

na = Not applicable

Table C.30 Sampling errors for Assuit sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.282	0.025	965	1085	1.715	0.088	0.233	0.332
Literacy	0.594	0.023	965	1085	1.457	0.039	0.548	0.640
No education	0.373	0.027	965	1085	1.702	0.071	0.320	0.426
Secondary or higher education	0.525	0.026	965	1085	1.627	0.050	0.473	0.578
Currently married	0.939	0.010	965	1085	1.250	0.010	0.920	0.958
Children ever born	2.218	0.171	1431	1608	1.111	0.077	1.877	2.559
Children surviving	2.061	0.160	1431	1608	1.128	0.078	1.740	2.381
Children ever born to women age 40-49	5.021	0.158	248	279	1.026	0.031	4.705	5.336
Currently using any family planning method	0.414	0.022	906	1018	1.345	0.053	0.370	0.458
Currently using a modern family planning method	0.395	0.021	906	1018	1.281	0.053	0.353	0.437
Currently using pill	0.145	0.011	906	1018	0.949	0.077	0.122	0.167
Currently using IUD	0.143	0.013	906	1018	1.076	0.087	0.118	0.169
Currently using condoms	0.001	0.001	906	1018	1.004	1.004	0.000	0.003
Currently using injectables	0.088	0.012	906	1018	1.240	0.133	0.065	0.112
Currently using female sterilization	0.009	0.003	906	1018	1.016	0.358	0.003	0.015
Currently using rhythm	0.004	0.003	906	1018	1.186	0.592	0.000	0.010
Obtained modern family planning method from public sector source	0.592	0.031	358	402	1.177	0.052	0.531	0.654
Want no more children	0.546	0.016	906	1018	0.994	0.030	0.513	0.579
Want to delay birth at least 2 years	0.213	0.012	906	1018	0.909	0.058	0.188	0.238
Ideal number of children	3.609	0.057	898	1009	1.245	0.016	3.495	3.723
Last birth protected against neonatal tetanus	0.760	0.028	559	628	1.565	0.037	0.704	0.817
Births with skilled attendant at delivery	0.824	0.022	873	981	1.325	0.027	0.779	0.868
Had diarrhea in the last 2 weeks	0.162	0.011	845	950	0.894	0.071	0.139	0.185
Vaccination card seen	0.624	0.032	173	194	0.853	0.051	0.561	0.688
Received BCG vaccination	0.994	0.006	173	194	1.017	0.006	0.982	1.006
Received DPT vaccination (3 doses)	0.971	0.012	173	194	0.979	0.013	0.946	0.996
Received polio vaccination (3 doses)	0.977	0.014	173	194	1.216	0.014	0.949	1.005
Received measles vaccination	0.965	0.017	173	194	1.231	0.018	0.931	1.000
Received all vaccinations	0.919	0.022	173	194	1.067	0.024	0.875	0.963
Body Mass Index (BMI) < 18.5	0.009	0.003	784	881	0.911	0.343	0.003	0.015
Overweight ever-married women BMI ≥ 25.0	0.791	0.014	784	881	0.941	0.017	0.763	0.818
Prevalence of anemia (ever-married women)	0.217	0.023	323	363	1.016	0.108	0.170	0.263
Total fertility rate (3 years)	4.175	0.153	4017	4515	1.162	0.037	3.870	4.480
Neonatal mortality rate	28.353	6.028	1560	1753	1.150	0.213	16.297	40.408
Post-neonatal mortality rate	12.217	2.801	1547	1739	0.951	0.229	6.615	17.819
Infant mortality rate	40.570	7.001	1563	1757	1.163	0.173	26.568	54.572
Child mortality rate	10.275	2.755	1476	1659	0.922	0.268	4.766	15.785
Under five mortality rate	50.428	7.509	1566	1760	1.134	0.149	35.409	65.447

na = Not applicable

Table C.31 Sampling errors for Souhag sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.229	0.026	913	1039	1.882	0.114	0.177	0.282
Literacy	0.626	0.043	913	1039	2.689	0.069	0.540	0.713
No education	0.341	0.039	913	1039	2.456	0.113	0.264	0.418
Secondary or higher education	0.532	0.048	913	1039	2.866	0.089	0.437	0.627
Currently married	0.935	0.009	913	1039	1.081	0.009	0.917	0.953
Children ever born	2.212	0.201	1260	1424	1.724	0.091	1.809	2.614
Children surviving	2.066	0.184	1260	1424	1.698	0.089	1.698	2.434
Children ever born to women age 40-49	4.584	0.232	216	248	1.463	0.051	4.119	5.049
Currently using any family planning method	0.310	0.032	853	972	2.038	0.104	0.245	0.375
Currently using a modern family planning method	0.294	0.031	853	972	1.962	0.104	0.232	0.355
Currently using pill	0.107	0.015	853	972	1.388	0.138	0.077	0.136
Currently using IUD	0.111	0.018	853	972	1.656	0.161	0.075	0.147
Currently using condoms	0.009	0.004	853	972	1.114	0.390	0.002	0.017
Currently using injectables	0.057	0.007	853	972	0.940	0.131	0.042	0.072
Currently using female sterilization	0.005	0.003	853	972	1.185	0.589	0.000	0.010
Currently using rhythm	0.000	0.000	853	972	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.523	0.031	246	285	0.957	0.058	0.462	0.584
Want no more children	0.474	0.025	853	972	1.439	0.052	0.425	0.523
Want to delay birth at least 2 years	0.192	0.013	853	972	0.958	0.067	0.167	0.218
Ideal number of children	3.793	0.129	770	877	1.705	0.034	3.535	4.051
Last birth protected against neonatal tetanus	0.693	0.029	538	610	1.467	0.042	0.635	0.752
Births with skilled attendant at delivery	0.873	0.039	826	935	2.735	0.045	0.795	0.950
Had diarrhea in the last 2 weeks	0.311	0.016	796	900	0.888	0.052	0.279	0.344
Vaccination card seen	0.536	0.044	180	205	1.170	0.083	0.447	0.625
Received BCG vaccination	0.973	0.016	180	205	1.295	0.016	0.942	1.004
Received DPT vaccination (3 doses)	0.893	0.041	180	205	1.762	0.046	0.812	0.975
Received polio vaccination (3 doses)	0.947	0.014	180	205	0.849	0.015	0.918	0.975
Received measles vaccination	0.864	0.034	180	205	1.343	0.040	0.796	0.933
Received all vaccinations	0.779	0.042	180	205	1.358	0.054	0.695	0.863
Body Mass Index (BMI) < 18.5	0.004	0.002	741	844	0.942	0.554	0.000	0.008
Overweight ever-married women BMI ≥ 25.0	0.756	0.019	741	844	1.181	0.025	0.718	0.793
Prevalence of anemia (ever-married women)	0.341	0.034	291	330	1.231	0.101	0.272	0.409
Total fertility rate (3 years)	4.257	0.163	3567	4040	1.239	0.038	3.931	4.583
Neonatal mortality rate	26.689	4.322	1465	1663	0.925	0.162	18.046	35.332
Post-neonatal mortality rate	13.270	2.798	1455	1652	0.885	0.211	7.674	18.865
Infant mortality rate	39.959	5.369	1465	1663	0.957	0.134	29.221	50.697
Child mortality rate	7.479	2.274	1367	1554	0.929	0.304	2.931	12.028
Under five mortality rate	47.140	6.113	1466	1664	1.010	0.130	34.913	59.366

na = Not applicable

Table C.32 Sampling errors for Qena sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.174	0.025	1055	776	2.106	0.142	0.124	0.223
Literacy	0.706	0.023	1055	776	1.648	0.033	0.660	0.752
No education	0.252	0.022	1055	776	1.620	0.086	0.209	0.296
Secondary or higher education	0.633	0.022	1055	776	1.501	0.035	0.588	0.677
Currently married	0.932	0.007	1055	776	0.906	0.008	0.918	0.946
Children ever born	2.092	0.099	1511	1106	1.142	0.047	1.895	2.290
Children surviving	1.944	0.092	1511	1106	1.166	0.047	1.760	2.129
Children ever born to women age 40-49	4.696	0.140	263	194	1.033	0.030	4.417	4.975
Currently using any family planning method	0.378	0.026	983	723	1.676	0.069	0.327	0.430
Currently using a modern family planning method	0.371	0.026	983	723	1.679	0.070	0.319	0.423
Currently using pill	0.205	0.015	983	723	1.188	0.075	0.174	0.235
Currently using IUD	0.106	0.011	983	723	1.162	0.108	0.083	0.129
Currently using condoms	0.002	0.001	983	723	0.969	0.695	0.000	0.005
Currently using injectables	0.045	0.007	983	723	1.133	0.167	0.030	0.060
Currently using female sterilization	0.003	0.002	983	723	0.964	0.565	0.000	0.006
Currently using rhythm	0.001	0.001	983	723	1.087	1.003	0.000	0.004
Obtained modern family planning method from public sector source	0.547	0.034	360	268	1.306	0.063	0.478	0.615
Want no more children	0.485	0.022	983	723	1.409	0.046	0.440	0.530
Want to delay birth at least 2 years	0.268	0.014	983	723	1.017	0.054	0.239	0.296
Ideal number of children	3.869	0.059	1048	771	1.185	0.015	3.750	3.987
Last birth protected against neonatal tetanus	0.792	0.022	573	421	1.303	0.028	0.747	0.836
Births with skilled attendant at delivery	0.906	0.017	842	617	1.398	0.019	0.872	0.940
Had diarrhea in the last 2 weeks	0.045	0.013	822	602	1.630	0.283	0.019	0.070
Vaccination card seen	0.659	0.044	201	146	1.282	0.066	0.571	0.747
Received BCG vaccination	0.995	0.005	201	146	0.983	0.005	0.985	1.005
Received DPT vaccination (3 doses)	0.911	0.022	201	146	1.060	0.025	0.866	0.956
Received polio vaccination (3 doses)	0.921	0.022	201	146	1.130	0.024	0.878	0.964
Received measles vaccination	0.966	0.014	201	146	1.085	0.014	0.938	0.994
Received all vaccinations	0.827	0.028	201	146	1.006	0.033	0.772	0.883
Body Mass Index (BMI) < 18.5	0.010	0.004	904	666	1.081	0.364	0.003	0.017
Overweight ever-married women BMI ≥ 25.0	0.715	0.016	904	666	1.053	0.022	0.684	0.747
Prevalence of anemia (ever-married women)	0.162	0.025	355	261	1.291	0.156	0.112	0.213
Total fertility rate (3 years)	3.696	0.163	4273	3134	1.252	0.044	3.370	4.022
Neonatal mortality rate	16.205	3.433	1509	1109	0.951	0.212	9.338	23.072
Post-neonatal mortality rate	14.945	3.115	1512	1111	0.937	0.208	8.715	21.175
Infant mortality rate	31.150	4.512	1510	1110	0.926	0.145	22.126	40.175
Child mortality rate	6.885	2.013	1437	1056	0.943	0.292	2.859	10.911
Under five mortality rate	37.821	4.721	1511	1110	0.892	0.125	28.378	47.264

na = Not applicable

Table C.33 Sampling errors for Aswan sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.360	0.025	886	368	1.568	0.070	0.310	0.411
Literacy	0.801	0.021	886	368	1.572	0.026	0.758	0.843
No education	0.203	0.023	886	368	1.728	0.115	0.156	0.250
Secondary or higher education	0.717	0.029	886	368	1.889	0.040	0.660	0.775
Currently married	0.935	0.008	886	368	1.018	0.009	0.918	0.952
Children ever born	2.056	0.129	1250	523	1.015	0.063	1.798	2.314
Children surviving	1.943	0.114	1250	523	0.953	0.058	1.716	2.170
Children ever born to women age 40-49	4.235	0.237	250	104	1.571	0.056	3.761	4.708
Currently using any family planning method	0.497	0.020	829	344	1.133	0.040	0.458	0.537
Currently using a modern family planning method	0.478	0.021	829	344	1.194	0.043	0.437	0.519
Currently using pill	0.242	0.017	829	344	1.112	0.068	0.209	0.275
Currently using IUD	0.129	0.018	829	344	1.540	0.139	0.093	0.165
Currently using condoms	0.005	0.002	829	344	0.925	0.475	0.000	0.009
Currently using injectables	0.091	0.013	829	344	1.254	0.138	0.066	0.116
Currently using female sterilization	0.005	0.002	829	344	0.921	0.472	0.000	0.009
Currently using rhythm	0.000	0.000	829	344	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.559	0.025	401	165	0.999	0.044	0.509	0.609
Want no more children	0.487	0.019	829	344	1.114	0.040	0.448	0.526
Want to delay birth at least 2 years	0.247	0.016	829	344	1.074	0.065	0.215	0.279
Ideal number of children	3.570	0.076	867	360	1.379	0.021	3.419	3.722
Last birth protected against neonatal tetanus	0.714	0.028	507	210	1.404	0.040	0.658	0.770
Births with skilled attendant at delivery	0.981	0.006	651	270	1.117	0.007	0.968	0.994
Had diarrhea in the last 2 weeks	0.120	0.012	633	262	0.923	0.101	0.096	0.144
Vaccination card seen	0.496	0.047	129	53	1.040	0.094	0.402	0.590
Received BCG vaccination	0.992	0.008	129	53	0.997	0.008	0.976	1.008
Received DPT vaccination (3 doses)	0.993	0.007	129	53	0.957	0.007	0.979	1.007
Received polio vaccination (3 doses)	0.961	0.019	129	53	0.963	0.020	0.922	1.000
Received measles vaccination	1.000	0.000	129	53	na	0.000	1.000	1.000
Received all vaccinations	0.953	0.020	129	53	0.911	0.021	0.914	0.992
Body Mass Index (BMI) < 18.5	0.010	0.006	754	313	1.591	0.582	0.000	0.021
Overweight ever-married women BMI ≥ 25.0	0.829	0.015	754	313	1.086	0.018	0.799	0.859
Prevalence of anemia (ever-married women)	0.292	0.027	282	117	1.005	0.093	0.238	0.347
Total fertility rate (3 years)	3.562	0.168	3530	1476	1.091	0.047	3.226	3.897
Neonatal mortality rate	26.389	6.494	1241	514	1.147	0.246	13.402	39.376
Post-neonatal mortality rate	4.943	2.277	1236	512	1.141	0.461	0.389	9.497
Infant mortality rate	31.332	7.280	1241	514	1.157	0.232	16.773	45.892
Child mortality rate	3.513	2.476	1196	495	1.132	0.705	0.000	8.466
Under five mortality rate	34.736	7.999	1241	514	1.212	0.230	18.739	50.733

na = Not applicable

Table C.34 Sampling errors for Luxor sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.231	0.036	905	224	2.578	0.157	0.158	0.303
Literacy	0.722	0.026	905	224	1.772	0.037	0.669	0.775
No education	0.265	0.029	905	224	1.999	0.111	0.207	0.324
Secondary or higher education	0.632	0.028	905	224	1.743	0.044	0.576	0.688
Currently married	0.933	0.010	905	224	1.211	0.011	0.913	0.953
Children ever born	1.914	0.099	1284	322	1.197	0.052	1.716	2.113
Children surviving	1.796	0.094	1284	322	1.213	0.052	1.609	1.983
Children ever born to women age 40-49	4.321	0.217	224	50	1.483	0.050	3.887	4.756
Currently using any family planning method	0.484	0.022	841	209	1.251	0.045	0.441	0.527
Currently using a modern family planning method	0.472	0.021	841	209	1.230	0.045	0.430	0.514
Currently using pill	0.263	0.022	841	209	1.424	0.082	0.220	0.307
Currently using IUD	0.120	0.018	841	209	1.620	0.151	0.084	0.156
Currently using condoms	0.007	0.004	841	209	1.341	0.549	0.000	0.015
Currently using injectables	0.065	0.010	841	209	1.186	0.156	0.044	0.085
Currently using female sterilization	0.004	0.002	841	209	1.069	0.594	0.000	0.008
Currently using rhythm	0.000	0.000	841	209	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.642	0.024	407	99	0.992	0.037	0.594	0.689
Want no more children	0.479	0.023	841	209	1.318	0.047	0.433	0.524
Want to delay birth at least 2 years	0.265	0.015	841	209	0.982	0.056	0.235	0.295
Ideal number of children	3.736	0.063	884	218	1.354	0.017	3.609	3.863
Last birth protected against neonatal tetanus	0.866	0.026	493	125	1.732	0.030	0.813	0.918
Births with skilled attendant at delivery	0.979	0.006	654	165	1.050	0.006	0.966	0.991
Had diarrhea in the last 2 weeks	0.098	0.022	631	158	1.830	0.221	0.055	0.142
Vaccination card seen	0.588	0.049	127	32	1.114	0.083	0.490	0.685
Received BCG vaccination	0.996	0.004	127	32	0.718	0.004	0.988	1.004
Received DPT vaccination (3 doses)	0.911	0.030	127	32	1.163	0.033	0.850	0.972
Received polio vaccination (3 doses)	0.934	0.026	127	32	1.105	0.027	0.883	0.986
Received measles vaccination	1.000	0.000	127	32	na	0.000	1.000	1.000
Received all vaccinations	0.882	0.033	127	32	1.134	0.038	0.815	0.949
Body Mass Index (BMI) < 18.5	0.005	0.003	763	188	0.994	0.510	0.000	0.010
Overweight ever-married women BMI ≥ 25.0	0.774	0.022	763	188	1.473	0.029	0.729	0.819
Prevalence of anemia (ever-married women)	0.232	0.044	314	78	1.832	0.189	0.144	0.319
Total fertility rate (3 years)	3.430	0.109	3697	917	0.873	0.032	3.212	3.648
Neonatal mortality rate	25.471	5.515	1210	301	1.130	0.217	14.441	36.500
Post-neonatal mortality rate	15.176	4.895	1215	302	1.355	0.323	5.386	24.965
Infant mortality rate	40.647	8.006	1214	301	1.268	0.197	24.634	56.659
Child mortality rate	7.535	2.756	1163	287	1.036	0.366	2.022	13.048
Under five mortality rate	47.875	8.198	1216	302	1.236	0.171	31.480	64.270

na = Not applicable

Table C.35 Sampling errors for Red Sea sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.953	0.022	387	83	1.988	0.023	0.910	0.996
Literacy	0.908	0.018	387	83	1.214	0.020	0.872	0.944
No education	0.097	0.020	387	83	1.350	0.210	0.057	0.138
Secondary or higher education	0.833	0.027	387	83	1.439	0.033	0.778	0.887
Currently married	0.944	0.014	387	83	1.199	0.015	0.916	0.972
Children ever born	1.793	0.290	516	112	1.089	0.162	1.212	2.373
Children surviving	1.713	0.278	516	112	1.094	0.162	1.157	2.269
Children ever born to women age 40-49	3.728	0.196	89	18	1.071	0.053	3.336	4.120
Currently using any family planning method	0.575	0.034	365	78	1.300	0.059	0.508	0.642
Currently using a modern family planning method	0.553	0.032	365	78	1.219	0.057	0.490	0.617
Currently using pill	0.249	0.016	365	78	0.726	0.066	0.216	0.282
Currently using IUD	0.236	0.025	365	78	1.138	0.107	0.185	0.287
Currently using condoms	0.025	0.007	365	78	0.892	0.294	0.010	0.039
Currently using injectables	0.028	0.010	365	78	1.111	0.345	0.009	0.047
Currently using female sterilization	0.006	0.005	365	78	1.119	0.745	0.000	0.015
Currently using rhythm	0.003	0.003	365	78	1.131	1.066	0.000	0.010
Obtained modern family planning method from public sector source	0.351	0.026	183	43	0.739	0.074	0.299	0.404
Want no more children	0.475	0.023	365	78	0.888	0.049	0.429	0.522
Want to delay birth at least 2 years	0.199	0.024	365	78	1.168	0.123	0.150	0.248
Ideal number of children	2.972	0.208	316	72	2.673	0.070	2.557	3.388
Last birth protected against neonatal tetanus	0.671	0.033	211	46	1.022	0.049	0.605	0.737
Births with skilled attendant at delivery	0.940	0.023	291	61	1.278	0.024	0.895	0.985
Had diarrhea in the last 2 weeks	0.144	0.022	287	61	1.048	0.155	0.100	0.189
Vaccination card seen	0.634	0.054	56	12	0.832	0.085	0.526	0.742
Received BCG vaccination	0.989	0.007	56	12	0.487	0.007	0.976	1.003
Received DPT vaccination (3 doses)	0.973	0.017	56	12	0.804	0.018	0.939	1.008
Received polio vaccination (3 doses)	0.939	0.027	56	12	0.829	0.028	0.886	0.992
Received measles vaccination	0.984	0.011	56	12	0.659	0.011	0.962	1.006
Received all vaccinations	0.933	0.027	56	12	0.813	0.029	0.879	0.987
Body Mass Index (BMI) < 18.5	0.001	0.001	340	72	0.582	1.056	0.000	0.003
Overweight ever-married women BMI ≥ 25.0	0.798	0.028	340	72	1.297	0.036	0.742	0.855
Prevalence of anemia (ever-married women)	0.351	0.031	137	29	0.756	0.088	0.289	0.413
Total fertility rate (3 years)	3.369	0.205	1549	337	1.198	0.061	2.959	3.780
Neonatal mortality rate	17.235	6.704	531	110	1.053	0.389	3.828	30.643
Post-neonatal mortality rate	3.995	2.880	533	111	0.983	0.721	0.000	9.756
Infant mortality rate	21.231	9.152	531	110	1.202	0.431	2.927	39.535
Child mortality rate	7.322	5.498	516	106	1.063	0.751	0.000	18.319
Under five mortality rate	28.397	11.045	532	110	1.207	0.389	6.306	50.488

na = Not applicable

Table C.36 Sampling errors for New Valley sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.194	0.046	443	54	2.413	0.235	0.103	0.286
Literacy	0.783	0.078	443	54	3.922	0.100	0.627	0.939
No education	0.207	0.075	443	54	3.805	0.360	0.058	0.356
Secondary or higher education	0.733	0.079	443	54	3.680	0.107	0.576	0.890
Currently married	0.977	0.009	443	54	1.206	0.009	0.960	0.994
Children ever born	2.013	0.166	655	73	0.633	0.083	1.680	2.345
Children surviving	1.940	0.158	655	73	0.622	0.081	1.625	2.255
Children ever born to women age 40-49	3.663	0.162	148	17	1.133	0.044	3.339	3.987
Currently using any family planning method	0.657	0.057	431	53	2.490	0.087	0.543	0.772
Currently using a modern family planning method	0.645	0.061	431	53	2.616	0.094	0.523	0.767
Currently using pill	0.162	0.030	431	53	1.667	0.183	0.103	0.222
Currently using IUD	0.385	0.074	431	53	3.110	0.192	0.238	0.532
Currently using condoms	0.000	0.000	431	53	na	na	0.000	0.000
Currently using injectables	0.072	0.032	431	53	2.577	0.448	0.008	0.137
Currently using female sterilization	0.011	0.005	431	53	1.008	0.464	0.001	0.021
Currently using rhythm	0.001	0.001	431	53	0.595	1.011	0.000	0.002
Obtained modern family planning method from public sector source	0.476	0.065	283	34	2.172	0.137	0.346	0.606
Want no more children	0.621	0.039	431	53	1.643	0.062	0.544	0.698
Want to delay birth at least 2 years	0.216	0.037	431	53	1.865	0.172	0.142	0.291
Ideal number of children	3.185	0.103	442	54	2.004	0.032	2.979	3.392
Last birth protected against neonatal tetanus	0.969	0.011	226	27	0.970	0.011	0.947	0.991
Births with skilled attendant at delivery	0.983	0.009	297	37	1.092	0.009	0.966	1.000
Had diarrhea in the last 2 weeks	0.056	0.021	290	35	1.555	0.366	0.015	0.097
Vaccination card seen	0.526	0.076	75	8	1.192	0.144	0.374	0.677
Received BCG vaccination	0.995	0.005	75	8	0.601	0.005	0.984	1.005
Received DPT vaccination (3 doses)	0.995	0.005	75	8	0.601	0.005	0.984	1.005
Received polio vaccination (3 doses)	0.995	0.005	75	8	0.601	0.005	0.984	1.005
Received measles vaccination	0.995	0.005	75	8	0.601	0.005	0.984	1.005
Received all vaccinations	0.995	0.005	75	8	0.601	0.005	0.984	1.005
Body Mass Index (BMI) < 18.5	0.005	0.004	382	47	1.268	0.936	0.000	0.014
Overweight ever-married women BMI ≥ 25.0	0.859	0.016	382	47	0.929	0.019	0.826	0.892
Prevalence of anemia (ever-married women)	0.123	0.041	154	19	1.552	0.329	0.042	0.205
Total fertility rate (3 years)	3.748	0.353	1644	202	2.067	0.094	3.042	4.455
Neonatal mortality rate	7.510	3.931	581	69	0.986	0.523	0.000	15.371
Post-neonatal mortality rate	17.058	7.631	578	69	1.165	0.447	1.796	32.320
Infant mortality rate	24.567	7.989	581	69	1.072	0.325	8.589	40.545
Child mortality rate	3.565	3.616	556	65	1.345	1.014	0.000	10.797
Under five mortality rate	28.045	9.456	581	69	1.190	0.337	9.132	46.957

na = Not applicable

Table C.37 Sampling errors for Matroh sample, Egypt 2014

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.469	0.054	505	58	2.411	0.115	0.361	0.576
Literacy	0.485	0.055	505	58	2.442	0.113	0.376	0.594
No education	0.439	0.054	505	58	2.446	0.124	0.330	0.547
Secondary or higher education	0.333	0.037	505	58	1.754	0.111	0.260	0.407
Currently married	0.937	0.024	505	58	2.206	0.026	0.889	0.985
Children ever born	2.527	0.203	692	77	1.321	0.080	2.121	2.933
Children surviving	2.452	0.189	692	77	1.271	0.077	2.074	2.830
Children ever born to women age 40-49	5.136	0.155	107	11	0.595	0.030	4.827	5.445
Currently using any family planning method	0.410	0.049	475	54	2.179	0.121	0.311	0.508
Currently using a modern family planning method	0.400	0.049	475	54	2.181	0.123	0.302	0.499
Currently using pill	0.169	0.015	475	54	0.880	0.090	0.139	0.199
Currently using IUD	0.125	0.035	475	54	2.271	0.278	0.055	0.194
Currently using condoms	0.007	0.004	475	54	1.085	0.596	0.000	0.015
Currently using injectables	0.087	0.021	475	54	1.581	0.235	0.046	0.128
Currently using female sterilization	0.003	0.002	475	54	0.721	0.627	0.000	0.006
Currently using rhythm	0.001	0.001	475	54	0.835	1.028	0.000	0.004
Obtained modern family planning method from public sector source	0.521	0.067	201	22	1.880	0.128	0.388	0.655
Want no more children	0.556	0.039	475	54	1.708	0.070	0.478	0.634
Want to delay birth at least 2 years	0.092	0.022	475	54	1.641	0.237	0.048	0.135
Ideal number of children	4.642	0.193	342	39	1.555	0.042	4.255	5.028
Last birth protected against neonatal tetanus	0.359	0.086	296	34	3.083	0.239	0.187	0.530
Births with skilled attendant at delivery	0.780	0.061	474	56	2.438	0.079	0.657	0.903
Had diarrhea in the last 2 weeks	0.083	0.015	466	55	1.076	0.183	0.052	0.113
Vaccination card seen	0.435	0.050	90	11	0.995	0.114	0.336	0.535
Received BCG vaccination	0.993	0.007	90	11	0.810	0.007	0.980	1.007
Received DPT vaccination (3 doses)	0.993	0.006	90	11	0.787	0.006	0.981	1.006
Received polio vaccination (3 doses)	0.987	0.009	90	11	0.749	0.009	0.970	1.004
Received measles vaccination	0.950	0.026	90	11	1.198	0.028	0.897	1.002
Received all vaccinations	0.943	0.027	90	11	1.157	0.028	0.889	0.997
Body Mass Index (BMI) < 18.5	0.000	0.000	411	45	na	na	0.000	0.000
Overweight ever-married women BMI ≥ 25.0	0.795	0.028	411	45	1.391	0.036	0.738	0.851
Prevalence of anemia (ever-married women)	0.057	0.025	167	20	1.421	0.443	0.006	0.107
Total fertility rate (3 years)	4.818	0.414	1995	220	1.419	0.086	3.989	5.647
Neonatal mortality rate	8.957	3.605	900	108	0.964	0.403	1.746	16.168
Post-neonatal mortality rate	4.939	2.722	894	107	1.176	0.551	0.000	10.383
Infant mortality rate	13.896	4.754	900	108	1.073	0.342	4.388	23.404
Child mortality rate	6.805	5.038	835	101	1.711	0.740	0.000	16.881
Under five mortality rate	20.607	6.209	901	108	1.215	0.301	8.189	33.025

na = Not applicable

DATA QUALITY TABLES

Appendix D

Table D.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Egypt 2014

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	1,797	3.2	1,589	2.8	37	646	1.1	665	1.2
1	1,631	2.9	1,507	2.6	38	682	1.2	701	1.2
2	1,619	2.8	1,481	2.6	39	572	1.0	585	1.0
3	1,612	2.8	1,429	2.5	40	779	1.4	776	1.3
4	1,373	2.4	1,260	2.2	41	487	0.9	507	0.9
5	1,587	2.8	1,499	2.6	42	537	0.9	569	1.0
6	1,531	2.7	1,372	2.4	43	485	0.9	548	1.0
7	1,329	2.3	1,192	2.1	44	464	0.8	507	0.9
8	1,227	2.2	1,182	2.1	45	669	1.2	670	1.2
9	1,226	2.2	1,144	2.0	46	526	0.9	551	1.0
10	1,344	2.4	1,143	2.0	47	466	0.8	456	0.8
11	1,153	2.0	1,177	2.0	48	558	1.0	536	0.9
12	1,249	2.2	1,175	2.0	49	479	0.8	486	0.8
13	1,238	2.2	1,083	1.9	50	681	1.2	547	1.0
14	1,126	2.0	1,104	1.9	51	423	0.7	540	0.9
15	1,140	2.0	1,046	1.8	52	517	0.9	571	1.0
16	1,066	1.9	1,104	1.9	53	424	0.7	530	0.9
17	1,059	1.9	1,072	1.9	54	373	0.7	413	0.7
18	1,071	1.9	1,030	1.8	55	540	0.9	789	1.4
19	851	1.5	936	1.6	56	349	0.6	321	0.6
20	951	1.7	1,065	1.9	57	324	0.6	331	0.6
21	821	1.4	889	1.5	58	392	0.7	385	0.7
22	858	1.5	1,020	1.8	59	323	0.6	277	0.5
23	926	1.6	1,048	1.8	60	653	1.1	911	1.6
24	880	1.5	952	1.7	61	270	0.5	207	0.4
25	1,019	1.8	1,178	2.0	62	382	0.7	335	0.6
26	955	1.7	1,107	1.9	63	338	0.6	244	0.4
27	995	1.7	1,095	1.9	64	294	0.5	205	0.4
28	879	1.5	1,068	1.9	65	526	0.9	579	1.0
29	809	1.4	937	1.6	66	156	0.3	140	0.2
30	1,012	1.8	1,073	1.9	67	227	0.4	153	0.3
31	702	1.2	822	1.4	68	141	0.2	118	0.2
32	811	1.4	923	1.6	69	91	0.2	79	0.1
33	723	1.3	734	1.3	70+	1,421	2.5	1,378	2.4
34	718	1.3	855	1.5		Don't know/missing			
35	838	1.5	876	1.5		0	0.0	1	0.0
36	601	1.1	721	1.3	Total	56,926	100.0	57,501	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table D.2 Age distribution of eligible and interviewed women

De facto household population of ever-married women age 10-54, interviewed ever-married women age 15-49; and percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, Egypt 2014

Age group	Household population of women age 10-54	Ever-married women age 10-54	Interviewed women age 15-49		Percent-age of eligible women interviewed
			Number	Percent-age	
10-14	5,683	0	na	na	na
15-19	5,189	767	764	3.6	99.7
20-24	4,974	3,069	3,045	14.2	99.2
25-29	5,384	4,701	4,675	21.8	99.5
30-34	4,408	4,115	4,080	19.0	99.1
35-39	3,549	3,442	3,422	15.9	99.4
40-44	2,907	2,848	2,829	13.2	99.3
45-49	2,700	2,655	2,640	12.3	99.4
50-54	2,600	2,566	na	na	na
15-49	29,110	21,597	21,456	100.0	99.3

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household questionnaire.

na = Not applicable

Table D.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health results (weighted), Egypt 2014

Subject	Reference group	Percentage with information missing	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		1.2	40,918
Month and year		<0.1	40,918
Age at death	Deceased children born in the 15 years preceding the survey	0.0	1,322
Age/date at first union¹	Ever-married women age 15-49	0.9	21,762
Respondent's education	Ever-married women age 15-49	<0.1	21,762
Diarrhea in last 2 weeks	Living children age 0-59 months	<0.1	15,293
Anthropometry for children	Children age 0-59 months (from household questionnaire)		
Height		1.2	15,198
Weight		1.2	15,198
Height or weight		1.2	15,198
Anthropometry for women	Ever-married women age 15-49 (from household questionnaire)		
Height		1.2	21,597
Weight		1.2	21,597
Height or weight		1.2	21,597
Anthropometry for female youth	Never-married females age 5-19 years (from household questionnaire)		
Height		1.7	16,515
Weight		1.7	16,515
Height or weight		1.7	16,515
Anthropometry for male youth	Never-married males age 5-19 years (from household questionnaire)		
Height		2.7	18,220
Weight		2.7	18,220
Height or weight		2.7	18,220
Anemia			
Children	Children age 0-59 months (from household questionnaire)	3.0	4,656
Women	Ever-married women age 15-49 (from household questionnaire)	2.1	7,223
Female youth	Never-married females age 5-19 years (from household questionnaire)	2.6	5,322
Male youth	Never-married males age 5-19 years (from household questionnaire)	3.4	6,077

¹ Both year and age missing

Table D.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Egypt 2014

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	L	D	T	L	D	T	L	D	T	L	D	T
2014	1,235	15	1,250	100.0	100.0	100.0	121.0	214.6	121.8	na	na	na
2013	3,354	74	3,428	100.0	100.0	100.0	112.0	134.8	112.5	na	na	na
2012	3,130	73	3,203	100.0	100.0	100.0	102.1	129.1	102.6	97.4	98.8	97.4
2011	3,073	74	3,147	100.0	100.0	100.0	114.8	94.6	114.2	100.6	87.9	100.3
2010	2,979	96	3,075	100.0	98.9	100.0	112.0	137.8	112.7	107.7	141.1	108.5
2009	2,459	62	2,521	100.0	100.0	100.0	110.1	136.7	110.7	77.5	55.0	76.7
2008	3,367	128	3,495	99.1	89.4	98.8	105.1	86.4	104.3	130.6	163.2	131.6
2007	2,696	96	2,792	99.1	85.4	98.6	111.8	128.3	112.3	93.2	86.5	93.0
2006	2,418	93	2,511	99.1	82.2	98.5	108.6	109.3	108.6	93.8	91.1	93.7
2005	2,461	108	2,569	98.9	87.6	98.4	105.5	57.6	102.9	101.3	125.2	102.1
0-4	13,770	332	14,102	100.0	99.7	100.0	111.0	126.5	111.4	na	na	na
5-9	13,401	487	13,888	99.2	88.2	98.8	108.0	94.8	107.5	na	na	na
10-14	11,333	436	11,768	98.2	86.1	97.8	107.2	128.7	107.9	na	na	na
15-19	8,754	534	9,287	97.3	75.6	96.0	105.2	122.0	106.1	na	na	na
20+	9,376	932	10,308	92.4	71.1	90.5	105.2	113.6	106.0	na	na	na
All	56,633	2,721	59,354	97.8	80.9	97.0	107.7	115.2	108.0	na	na	na

na = Not applicable

¹ Both year and month of birth given

² (Bm/Bf)×100, where Bm and Bf are the numbers of male and female births, respectively

³ [2Bx/(Bx-1+Bx+1)]×100, where Bx is the number of births in calendar year x

Table D.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Egypt 2014

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	32	22	35	27	116
1	38	92	60	70	260
2	16	16	11	16	59
3	19	30	21	18	88
4	12	10	5	11	37
5	6	8	9	4	27
6	11	4	1	12	28
7	26	35	33	28	122
8	3	4	1	6	13
9	2	4	1	2	9
10	5	8	5	3	21
11	1	7	3	0	10
12	2	3	4	4	13
13	0	0	3	0	3
14	2	0	1	4	7
15	15	6	5	10	37
16	2	0	0	1	3
17	4	3	3	1	12
18	1	3	0	0	4
19	2	1	1	0	4
20	9	2	4	7	21
21	3	0	2	2	7
22	0	4	0	1	5
25	5	1	3	5	13
26	0	1	0	0	1
27	0	0	1	0	1
28	0	0	0	0	0
31+	4	0	1	0	5
Total 0-30	216	263	213	229	921
Percentage early neonatal ¹	62.6	69.1	66.5	68.4	66.8

¹ 0-6 days/0-30 days

Table D.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Egypt 2014

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ¹	216	263	213	229	921
1	29	34	28	27	120
2	20	20	20	20	80
3	17	12	14	17	60
4	18	12	18	30	77
5	4	16	9	14	44
6	16	25	21	21	82
7	2	6	11	14	33
8	7	5	17	4	32
9	6	5	13	8	32
10	1	2	1	3	8
11	2	2	4	6	13
12	7	7	10	12	37
13	3	0	0	0	3
14	0	0	1	3	4
15	2	1	0	0	3
16	1	1	0	0	2
18	5	6	9	9	29
19	0	0	0	0	0
20	0	2	0	0	2
21	0	0	2	0	2
22	1	0	0	0	1
23	0	0	0	1	1
1 Year	3	6	2	17	28
Total 0-23	338	402	370	393	1,502
Percentage neonatal ²	64.0	65.4	57.6	58.4	61.3

¹ Includes deaths under one month reported in days

² Under one month/under one year

Table D.7 Nutritional status of children based on the NCHS/CDC/WHO International Reference Population

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, based on the NCHS/CDC/WHO International Reference Population, Egypt 2014

Background characteristic	Height-for-age ¹			Weight-for-height				Weight-for-age				Number of children
	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean Z-score (SD)	
Age in months												
<6	2.6	11.0	(0.1)	3.3	9.7	16.7	0.5	0.6	2.5	10.2	0.4	1,178
6-8	3.3	11.3	(0.0)	1.2	8.9	12.5	0.2	0.7	5.0	6.7	0.0	806
9-11	5.1	14.5	(0.0)	2.4	11.0	9.7	(0.0)	1.0	7.6	4.1	(0.2)	727
12-17	7.1	18.9	(0.4)	2.1	10.4	10.0	0.0	1.7	9.6	4.7	(0.4)	1,380
18-23	9.7	21.5	(0.7)	3.3	10.3	11.4	0.1	1.3	8.7	4.3	(0.3)	1,424
24-35	8.8	17.2	(0.3)	2.1	7.3	8.0	0.1	1.7	9.1	5.1	(0.2)	2,833
36-47	7.2	19.1	(0.4)	1.5	5.7	8.3	0.2	1.1	6.3	4.7	(0.2)	2,845
48-59	7.1	19.1	(0.5)	1.2	4.5	10.8	0.3	0.7	4.6	7.2	(0.1)	2,418
Sex												
Male	7.6	18.5	(0.4)	2.0	7.8	9.6	0.1	1.1	7.0	5.5	(0.2)	7,109
Female	6.4	16.4	(0.3)	2.0	7.4	10.9	0.2	1.2	6.7	6.0	(0.1)	6,500
Birth interval in months³												
First birth ⁴	7.6	17.5	(0.3)	1.9	7.2	10.8	0.2	1.1	6.3	6.4	(0.1)	4,206
<24	8.4	18.9	(0.5)	2.6	9.0	8.9	0.1	1.6	9.0	4.4	(0.3)	1,764
24-47	6.5	17.7	(0.4)	2.0	8.0	10.1	0.2	1.1	6.3	4.8	(0.2)	4,478
48+	6.2	16.7	(0.3)	1.7	6.8	10.4	0.2	1.0	7.0	6.9	(0.1)	3,027
Size at birth³												
Very small	9.9	25.2	(0.8)	2.3	8.8	10.3	0.1	2.0	11.4	5.1	(0.5)	587
Small	9.2	21.5	(0.6)	2.4	9.1	10.7	0.1	1.4	9.4	6.3	(0.3)	1,536
Average or larger	6.5	16.6	(0.3)	1.9	7.4	10.2	0.2	1.1	6.1	5.7	(0.1)	11,308
Missing	(25.3)	(29.7)	1.2	(0.0)	(3.6)	(2.2)	(0.0)	(3.5)	(26.8)	(0.7)	0.8	41
Mother's interview status												
Interviewed	7.0	17.6	(0.4)	2.0	7.6	10.2	0.2	1.1	6.8	5.7	(0.2)	13,475
Not interviewed but in household	7.9	22.7	(0.2)	3.8	9.9	12.7	0.1	4.8	13.1	8.2	(0.2)	63
Not interviewed and not in the household ⁵	7.7	9.7	(0.2)	1.1	1.2	9.9	0.5	0.4	8.6	13.8	0.2	71
Mother's nutritional status⁶												
Thin (BMI <18.5)	3.8	7.9	(0.3)	0.0	4.5	0.0	(0.5)	0.0	4.2	0.5	(0.7)	40
Normal (BMI 18.5-24.9)	6.7	19.1	(0.6)	2.2	8.5	9.5	0.1	1.4	8.1	3.9	(0.3)	2,391
Overweight/obese (BMI ≥25)	7.0	17.1	(0.3)	1.9	7.3	10.4	0.2	1.1	6.4	6.0	(0.1)	9,270
Urban-rural residence												
Urban	8.5	18.9	(0.4)	1.6	7.8	11.0	0.2	1.3	6.7	6.7	(0.1)	4,172
Rural	6.4	16.9	(0.4)	2.2	7.5	9.9	0.2	1.1	6.9	5.4	(0.2)	9,438
Place of residence												
Urban Governorates	6.3	15.6	(0.1)	1.0	7.0	9.6	0.1	0.1	4.8	7.5	(0.0)	1,369
Lower Egypt	5.3	14.3	(0.1)	2.4	8.1	11.7	0.3	1.0	5.3	7.9	0.1	6,490
Urban	6.2	14.8	(0.1)	2.3	8.5	12.8	0.3	1.6	5.3	10.4	0.1	1,220
Rural	5.2	14.2	(0.1)	2.4	8.0	11.5	0.3	0.9	5.3	7.4	0.1	5,271
Upper Egypt	9.2	21.9	(0.8)	1.8	7.1	8.8	0.1	1.6	9.1	2.8	(0.5)	5,617
Urban	12.6	25.4	(0.8)	1.7	7.8	11.1	0.2	2.0	9.5	3.1	(0.4)	1,509
Rural	8.0	20.6	(0.8)	1.8	6.9	8.0	0.1	1.4	8.9	2.7	(0.5)	4,108
Frontier Governorates ⁸	4.5	11.3	0.4	2.2	10.9	5.4	(0.3)	1.4	7.7	7.5	(0.1)	133

(Continued...)

Table D.7—Continued

Background characteristic	Height-for-age ¹			Weight-for-height			Weight-for-age					
	Percent-age below -3 SD	Percent-age below -2 SD ²	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD ²	Percent-age above +2 SD	Mean Z-score (SD)	Number of children
Mother's education												
No education	8.1	20.0	(0.5)	1.9	7.8	8.5	0.1	1.1	8.1	4.5	(0.3)	2,389
Some primary	6.4	20.5	(0.6)	1.8	5.8	6.6	0.1	1.3	8.2	4.5	(0.3)	651
Primary complete/ some secondary	8.5	20.0	(0.5)	1.9	7.7	10.4	0.2	1.3	8.5	5.4	(0.2)	2,422
Secondary complete/ higher	6.3	15.9	(0.3)	2.1	7.7	11.0	0.2	1.1	5.9	6.3	(0.1)	8,076
Wealth quintile												
Lowest	7.7	19.6	(0.6)	1.6	6.6	10.4	0.2	1.1	7.0	4.5	(0.3)	2,435
Second	6.9	19.1	(0.5)	1.8	7.1	8.7	0.1	1.0	7.3	4.7	(0.2)	2,678
Middle	5.4	14.8	(0.2)	2.3	8.5	9.6	0.1	1.1	6.5	5.5	(0.1)	3,391
Fourth	7.2	16.2	(0.3)	2.8	8.8	10.7	0.2	1.4	7.4	6.7	(0.1)	2,867
Highest	8.7	19.4	(0.4)	1.3	6.5	12.1	0.3	1.2	5.9	7.6	(0.1)	2,239
Total	7.0	17.5	(0.4)	2.0	7.6	10.2	0.2	1.2	6.8	5.8	(0.1)	13,609

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

¹ Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 centimeters; standing height is measured for all other children.

² Includes children who are below -3 standard deviations (SD) from the International Reference Population median

³ Excludes children whose mothers were not interviewed

⁴ First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁵ Includes children whose mothers are deceased

⁶ Excludes children whose mothers were not interviewed, children whose mothers were not weighed and measured, and children whose mothers are pregnant or gave birth within the preceding 2 months. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 12.11.

⁷ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

⁸ Does not include North and South Sinai governorates

PERSONS INVOLVED IN THE 2014 EGYPT DEMOGRAPHIC AND HEALTH SURVEY

Appendix E

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Emad El Deen Mostafa Hussein
 Amr Abd El Salam Abdel Kerim
 Mohamed Adel Abdel Moneim Abdo
 Mohamed Abdel Reheem Hassan
 Mohamed Abdel Naby Mohamed
 Mohamed Abdel Hady Amer
 Mohamed Mahrous Mahrous Hassan

Counters

Ahmed Abo-Seif Yasseen Hassan
 Ahmed Gomaa Ahmad Abdel Maged
 Ahmed Hegazy Noaman Hegazy
 Ahmed Hassan Ali Hassan
 Ahmed Saad Ahmad Gad El Mawla
 Ahmed Sharoum Mahmoud Ali
 Ahmed Abdel Nabi Mohammed Osman
 Ahmed Yousry Hassan Shaltout
 Osama Mohamed Abdel Hameed Hussein
 Islam Samir Osama El Geyoushy
 Ahmed Sabet Hefny Khalil
 Hassan Ali Hasanein Mohamed
 Shady Mostafa Ali Mostafa
 Atef Abdo Sedeek Eleiw
 Abdel Hameed Said Mahmoud
 Abdel Rahman Ahmed Hassan

Abdel Rahman Mohamed Abdel Rahman
 Karim Sedeek Sadek Soltan
 Mohsen Said Abdel Rahman Mohamed
 Mohamed Hassan Abo El Magd Hassan
 Mohamed Soliman Hassan Zughby
 Mohamed Adel Mohamed Ahmed
 Mohamed Osman Mohamed Osman
 Mohamed Ali Abdel Aziz Hagag
 Mohamed Ali Hassan Ali
 Mohamed Fathy Frahat Badr
 Mohamed Magdy Hassan Ibrahim
 Mahmoud Ahmad Ali Abdel Reheem
 Mostafa Hosny Anwar Senousy
 Mostafa Mohamed El Taher Ahmed
 Yasser Salah Sawy Ibrahim

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 Ahmed Mohamed Mohamed Hassan El Nagar
 Islam Hashim Abdel Khaleq Ali
 AL-Moatasem Billah Said Mohamed
 Anwar Mahmoud Ibrahim Sayed
 Hussein Faragallah Zughby Soliman
 Hamdy Faragallah Zughby Soliman
 Saad Mohamed Saad Mohamed

Emad El Deen Mostafa Hussein
 Amr Abdel Salam Abdel Kerim
 Mohamed Ahmed El Sayed Ahmed
 Mohamed Adel Abdel Moneim Abdo
 Mohamed Abdel Nabi Mohammed
 Mohamed Abdel Hadi Amer
 Mohamed Mahrous Mahrous Hassan

Listers

Ahmed Abo-Seif Yasseen Hassan
 Ahmed Gomaa Ahmad Abdel Maged
 Ahmed Hegazy Noaman Hegazy
 Ahmed Hassan Ali Hassan
 Ahmed Saad Ahmad Gad El Mawla
 Ahmed Abdel Nabi Mohammed Osman
 Ahmed Yousry Hassan Shaltout
 Osama Mohamed Abdel Hameed Hussein
 Islam Samir Osama El Geyoushy
 Ahmed Sabet Hefny Khalil
 Hassan Ali Hasanein Mohamed
 Shady Mostafa Ali Mostafa
 Atef Abdo Sedeek Eleiw
 Abdel Hameed Said Mahmoud Saleh
 Abdel Rahman Ahmed Hassan Ahmed
 Abdel Rahman Mohamed Abdel Rahman
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 Karim Sedeek Sadek Soltan
 Kamal Samir Mohamed Mostafa
 Mohsen Said Abdel Rahman Mohamed
 Mohamed Ibrahim Hussein Abo Zeid
 Mohamed Hassan Abou El Magd Hassan
 Mohamed Soliman Hassan Zughby
 Mohamed Adel Mohamed Ahmed
 Mohamed Osman Mohamed Osman
 Mohamed Ali Abdel Aziz Hagag
 Mohamed Ali Hassan Ali
 Mohamed Fathy Farahat Badr
 Mohamed Fouad Faragallah Ahmed
 Mohamed Magdy Hassan Ibrahim
 Mostafa Hosney Anwar Senousy
 Mostafa Mohamed El Tahir Ahmed

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 Islam Hashim Abdel Khaliq
 AL-Moatasem Billah Said Mohamed
 Anwar Mahmoud Ibrahim Sayed
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 Hamdy Faragallah Zughby Soliman
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 Osman Awad Mohamed Osman

Amr Abdel Salam Abdel Karim
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 Mohamed Abdel Hadi Amer
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 Roufeya Abdel Hameed Mohamed
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 Aya Mohamed Attia Abdel Wahab
 Eman Ahmad Hassan Mostafa
 Eman Gamal Fadl El Karim
 Eman Ali Zahran El Bastawy
 Eman Mahdy Bakr Ahmed
 Areej Mohamed Mahmoud
 Gehad Gamal Hamid Sayed
 Khadega Sayed Shaker Abdel Tawab

Safinaz Mohamed Ghanem Khafaga
 Madlen Khaled Mohamed Abdel Aziz
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 Marwa Gomaa Abdo Ibrahim
 Marwa Hamdy Mohamed El Wakeel
 Mona Mahmoud Abdel Hafez
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Sahar Mohamed Abdallah Mahmoud
Sama Mamdouh Mohamed
Samah Abo Zeid Mohamed
Samar Abo El Makarem Mossaad Gad
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Mahmoud Sayed Darweesh Sayed
Mahmoud Abdel Monem Hussein Allam
Nasr Mohamed Nasr Sallam
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Menna Ahmed Ali Mohamed
Mona Mahmoud Moawad Ahmed
Nagwa Metwally Fahmy Mostafa
Nora Ashraf Osman
Hend Gamal Kamel Mohamed Khalil
Hayam Ibrahim Sakran sharawy
Yehia Samy Abdo Hussein

QUESTIONNAIRES

Appendix **F**

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EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2014

HOUSEHOLD QUESTIONNAIRE

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

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____	PSU SEGMENT NO. _____
KISM/MARKAZ _____	BUILDING NO. _____
SHIAKHA/VILLAGE _____	HOUSING UNIT NO. _____
URBAN 1	RURAL 2
HOUSEHOLD NUMBER _____	
ANEMIA TESTING SUBSAMPLE YES 1 NO 2	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
TELEPHONE:	CELLULAR _____ LANDLINE _____
GOVERNORATE <input type="checkbox"/> <input type="checkbox"/>	
PSU SEGMENT NO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
URBAN/RURAL <input type="checkbox"/>	
HOUSEHOLD NO. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ANEMIA SUBSAMPLE <input type="checkbox"/>	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> TEAM <input type="text"/> <input type="text"/> INT. NUMBER ... <input type="text"/> <input type="text"/> SUP. NUMBER .. <input type="text"/> <input type="text"/> RESULT <input type="text"/>
TEAM				
INTERVIEWER				
SUPERVISOR				
RESULT				
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <input type="text"/>
TIME				
RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)		LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE FOR ALL HOUSEHOLDS TOTAL PERSONS IN HOUSEHOLD <input type="text"/> <input type="text"/> TOTAL ELIGIBLE WOMEN AGE 15-49 <input type="text"/> <input type="text"/> TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT <input type="text"/> <input type="text"/> FOR HOUSEHOLDS IN ANEMIA TESTING SUBSAMPLE TOTAL ELIGIBLE FOR ANEMIA TESTING <input type="text"/> <input type="text"/>		
ADDRESSED CHECKED BY: _____ REINTERVIEW:			YES 1	NO 2
NAME <hr/> DATE <hr/> SIGNATURE	FIELD EDITOR <hr/> / / /	OFFICE EDITOR <hr/> / / /	CODER <hr/> / / /	KEYER <hr/> / / /
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

BACK OF IDENTIFICATION (COVER) PAGE INTENTIONALLY LEFT BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____.

We are conducting a national survey for the Ministry of Health and population about health of women and children in Egypt. The information we collect will help the government to plan health services.

Your household was selected for the survey.

I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____

DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED... 2 → END



HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HOUSEHOLD HEAD	SEX	RESIDENCE		AGE	MARITAL STATUS		
							IF AGE 15 OR OLDER		
001	002	003	004	010	011	012	013		
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, GO TO QUESTIONS 005-009 TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 010-039 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) sleep here last night?</p>	<p>How old was (NAME) at his/her last birthday?</p> <p>RECORD IN COMPLETED YEARS.</p> <p>IF 95 OR MORE, RECORD '95.</p>	<p>What is (NAME'S) current marital status?</p> <p>1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 SIGNED CONTRACT 6 NEVER MARRIED</p>		
				M F	YES NO	YES NO	IN YEARS		
01		HEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>1</td></tr></table>	0	1	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
0	1								
02		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
03		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
04		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
05		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
06		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
07		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
08		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
09		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
10		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
11		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
12		<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	1 2	1 2	1 2	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>		
<p>005 Just to make sure that I have a complete household listing: Are there any other persons such as small children or infants that we have not listed?</p> <p>006 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?</p> <p>007 Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?</p> <p>008 TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED</p>				YES <input type="checkbox"/>	ADD TO 002	NO <input type="checkbox"/>	CODES FOR 003: RELATIONSHIP TO HEAD OF HOUSEHOLD		
				YES <input type="checkbox"/>	ADD TO 002	NO <input type="checkbox"/>	01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = PARENT 07 = PARENT-IN-LAW	08 = BROTHER OR SISTER 09 = OTHER RELATIVE 10 = ADOPTED/FOSTER STEPCHILD 11 = NOT RELATED 98 = DON'T KNOW	
				YES <input type="checkbox"/>	ADD TO 002	NO <input type="checkbox"/>	009 RECORD TOTAL PERSONS	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	

LINE NO.	ELIGIBILITY				SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				
	WOMEN	PERSONS AGE 0 - 19		CHILDREN AGE 1-17					
		ALL MALES	FEMALES	CHILD LABOR AND DISCIPLINE MODULE					
001	014	015	015A	016	017	018	019	020	
	CIRCLE LINE NUMBER OF EVER-MARRIED FEMALES AGE 15-49.	CIRCLE LINE NUMBER OF ALL MALES AGE 0-19.	CIRCLE LINE NUMBER OF ALL NEVER-MARRIED FEMALES AGE 0-19	CIRCLE LINE NUMBER OF NEVER-MARRIED PERSONS AGE 1-17.	Is (NAME)'s natural mother alive? QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO: RECORD '00'.	Is (NAME)'s natural father alive? QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO: RECORD '00'.	
					YES NO DK		YES NO DK		
01	01	01	01	01	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
02	02	02	02	02	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
03	03	03	03	03	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
04	04	04	04	04	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
05	05	05	05	05	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
06	06	,06	,06	,06	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
07	07	.07	.07	.07	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
08	08	08	08	08	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
09	09	09	09	09	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
10	10	10	10	10	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
11	11	11	11	11	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
12	12	12	12	12	1 2 — 8 ↓ GO TO 019	<input type="checkbox"/> <input type="checkbox"/>	1 2 — 8 ↓ GO TO 025	<input type="checkbox"/> <input type="checkbox"/>	
COMPLETE FOR ALL HOUSEHOLDS:									
021 CHECK 014 AND RECORD NUMBER ELIGIBLE FOR EVER-MARRIED WOMAN INTERVIEW.							<input type="checkbox"/> <input type="checkbox"/>		
022 CHECK 014, 015, AND 015A AND RECORD NUMBER ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT.							<input type="checkbox"/> <input type="checkbox"/>		
COMPLETE FOR HOUSEHOLDS IN ANEMIA TESTING SUBSAMPLE:									
023 CHECK 014, 015, AND 015A AND RECORD NUMBER ELIGIBLE FOR ANEMIA TESTING.							<input type="checkbox"/> <input type="checkbox"/>		
024 CHECK 016 AND RECORD NUMBER ELIGIBLE FOR CHILD LABOR AND/OR DISCIPLINE MODULE.							<input type="checkbox"/> <input type="checkbox"/>		

LINE NO.	EDUCATION						BIRTH REGISTRATION	CHILD CARE	
	EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		EARLY CHILDHOOD EDUCATION PROGRAM ATTENDANCE				
	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 3-5 YEARS		IF AGE 0-4 YEARS	IF AGE 0-4 YEARS	
	025	026	027	028	029	030	031	032	033
	Has (NAME) ever attended school? SEE CODES BELOW What is the highest grade (NAME) completed at that level? SEE CODES BELOW	What is the highest level of school (NAME) has attended? SEE CODES BELOW	Did (NAME) attend school at any time during the current school year, that is, the 2013/2014 school year?	During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently attending kindergarten, a private nursery school, or other program to prepare him/her for primary school? IF NO: Has (NAME) ever attended any type of program to prepare him/her for school? 1 = YES, CURRENTLY 2 = YES, IN PAST, NOT CURRENTLY 3 = NO	Within the last seven days, how many hours did (NAME) attend kindergarten, a private nursery school, or any other program to prepare him/her for primary school? IF DID NOT ATTEND IN LAST SEVEN DAYS, RECORD '0'. 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'S birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week, was (NAME) left alone for more than one IF NEVER LEFT ALONE, RECORD '0'.	On how many days in the past week, was (NAME) left in the care of another child, that is, someone less than 10 years old, for more than one IF NEVER LEFT IN THE CARE OF ANOTHER CHILD,
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE				DAYS	DAYS
01	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 037	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 031	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODES FOR COLUMNS 026 AND 028

EDUCATION LEVEL:

0 = NURSERY SCHOOL

1 = PRIMARY

2 = PREPARATORY

3 = SECONDARY

4 = UPPER INTERMEDIATE

5 = UNIVERSITY

6 = MORE THAN UNIVERSITY

EDUCATION GRADE:

0 = LESS THAN 1 YEAR COMPLETED

(USE FOR Q. 026 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 028.)

8 = DON'T KNOW

LINE NO.	HOME INJURY AND ACCIDENTS				DISABILITY			
	IF AGE 0-4 YEARS				IF AGE 0-9 YEARS			
1	034	035	036	037	038			039
	Has (NAME) ever been injured or involved in an accident at home?	What type of injury(ies) or accident(s) did (NAME) have? CIRCLE CODE FOR EACH TYPE OF INJURY OR ACCIDENT MENTIONED. A = BURN B = FRACTURE C = OPEN WOUND D = ELECTRIC SHOCK X = OTHER	Did the injury or accident (NAME) had at home require medical care?	Does (NAME) have any physical, mental or other condition(s) or disability(ies) that make(s) it difficult for (him/her) to carry out daily activities in the same manner as other children in his/her age?	What type of disability(ies) does (NAME) have? CIRCLE CODE FOR EACH TYPE OF DISABILITY MENTIONED. A = AUTISM/OTHER MENTAL B = VISUAL C = MOTOR D = AUDITORY E = SPEECH X = OTHER			How old was (NAME) when he first showed signs of a disability? RECORD AGE WHEN DISABILITY STARTED. IF CHILD WAS BORN WITH A DISABILITY, RECORD 94. IF CHILD WAS LESS THAN ONE YEAR OLD WHEN A DISABILITY FIRST OCCURRED, RECORD '00'.
	YES NO		YES NO	YES NO				
01	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
02	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
03	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
04	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
05	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
06	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
07	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
08	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
09	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
10	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
11	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>
12	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 ↓ GO TO NEXT PERSON/101	A B C D E X	(SPECIFY)		<input type="checkbox"/> <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	APARTMENT 1 FREE STANDING HOUSE 2 OTHER 6 (SPECIFY)	
102	Is your dwelling owned or rented by your household? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED 1 OWNED JOINTLY 2 RENTED 3 OTHER 6 (SPECIFY)	
103	What kind of toilet facility do members of your household usually use? IF FLUSH OR POUR FLUSH, PROBE: Where does it flush to?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO VAULT (BAYARA) ... 12 FLUSH TO SEPTIC SYSTEM 13 FLUSH TO PIPE CONNECTED TO CANAL 14 FLUSH TO PIPE CONNECTED TO GROUND WATER 15 FLUSH TO SOMEWHERE ELSE 16 FLUSH, DON'T KNOW WHERE 17 PIT TOILET/LATRINE TOILET VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/FIELD 61 OTHER 96 (SPECIFY)	→106
104	Do you share this facility with other households?	YES 1 NO 2	→106
105	How many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW 98	
106	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/ POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 109

NO.	QUESTIONS AND FILTERS	HOUSEHOLD ENVIRONMENT AND POSSESSIONS			SKIP
		CODING CATEGORIES			
107	Where is (SOURCE IN 106) located?	IN OWN DWELLING	1		
		IN OWN YARD/PLOT	2	→ 109	
		ELSEWHERE	3		
108	How long does it take to go there, get water, and come back?	MINUTES.....	<input type="text"/> <input type="text"/> <input type="text"/>		
		DON'T KNOW	998		
109	Do you treat your water in any way to make it safer to drink?	YES	1		
		NO	2		
		DON'T KNOW	8	→ 111	
110	What do you usually do to the water to make it safer to drink? PROBE: Anything else? RECORD ALL MENTIONED.	BOIL	A		
		ADD BLEACH/CHLORINE	B		
		STRAIN THROUGH A CLOTH/COTTON	C		
		USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.)	D		
		SOLAR DISINFECTION	E		
		LET IT STAND AND SETTLE	F		
		OTHER _____	X		
		(SPECIFY)			
		DON'T KNOW	Z		
111	Does your household have: Electricity? A radio with cassette recorder? A color television? A black and white television? A video or DVD player? A smart phone, i.e., a phone on which the internet can be accessed? Other mobile phone? A telephone (land line)? A personal home computer (laptop, notebook, tablet, etc.)? A sewing machine? An electric fan? An air conditioner?	ELECTRICITY	1	2	
		RADIO	1	2	
		COLOR TV	1	2	
		BLACK AND WHITE TV	1	2	
		VIDEO/DVD	1	2	
		SMART PHONE	1	2	
		OTHER MOBILE PHONE	1	2	
		NON-MOBILE TELEPHONE	1	2	
		COMPUTER	1	2	
		SEWING MACHINE	1	2	
		ELECTRIC FAN	1	2	
		AIR CONDITIONER	1	2	
112	Does your household own a satellite dish? IF NO: In your home, are you connected to satellite from elsewhere?	YES, OWNS DISH	1		
		NO, CONNECTED ONLY	2		
		NO	3		
113	How does your household mainly dispose of kitchen waste and trash? RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUIALLY, RECORD THE METHOD HIGHEST ON THE LIST.	COLLECTED FROM HOME	11		
		FROM CONTAINER IN STREET	12		
		DUMPED INTO STREET/EMPTY PLOT	21		
		INTO CANAL/DRAINAGE	22		
		BURNED	31		
		FED TO ANIMALS	41		
		OTHER _____	96		
		(SPECIFY)			

NO.	QUESTIONS AND FILTERS	HOUSEHOLD ENVIRONMENT AND POSSESSIONS		SKIP
		CODING CATEGORIES		
114	Does your household have: A refrigerator? A freezer? A water heater? A dishwasher? An automatic washing machine? Any other washing machine? A bed? A sofa? A hanging lamp (yellow with no cover)? A table? A tablia (very low round table)? A chair? Kolla/Zeer (a container for reserving water)?	YES NO REFRIGERATOR 1 2 FREEZER 1 2 WATER HEATER 1 2 DISHWASHER 1 2 AUTOMATIC WASHER 1 2 OTHER WASHER 1 2 BED 1 2 SOFA 1 2 HANGING LAMP 1 2 TABLE 1 2 TABLIA 1 2 CHAIR 1 2 KOLLA/ZEER 1 2		
115	How many rooms does your household use for sleeping?	ROOMS	<input type="checkbox"/> <input type="checkbox"/>	
116	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	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)		
117	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	YES NO WATCH 1 2 BICYCLE 1 2 MOTORCYCLE/SCOOTER ... 1 2 ANIMAL-DRAWN CART 1 2 CAR/TRUCK 1 2		
118	Does any member of your household have an account in a bank or any saving institution?	YES 1 NO 2		
119	Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2		→ 121
120	How many feddans or kirates of agricultural land do members of this household own? IF MORE THAN 95 FEDDAN, ENTER '99.95'.	FEDDAN KIRATE LAND AREA <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 99.98		
121	Does your household own any livestock, herds, or farm animals?	YES 1 NO 2		→ 123
122	How many of the following does your household own? Cattle (buffalo, calf)? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CATTLE COWS/BULLS HORSES/DONKEYS/MULES .. GOATS SHEEP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does your household own any poultry or birds?	YES 1 NO 2	→ 125
124	How many of the following does your household have: Chickens? Geese? Ducks? Pigeons? Quail? Turkey? Ornamental/song birds? Any other birds? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CHICKENS GEESE DUCKS PIGEONS QUAIL TURKEY ORNAMENTAL/SONG BIRDS OTHER	
125	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5	
126	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ... 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON .. 4	→ 129
127	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
128	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ... A ASH, MUD, SAND B NONE Y	
129	CHECK IDENTIFICATION PAGE: IN ANEMIA TESTING SUBSAMPLE <input type="checkbox"/> ↓ NOT IN ANEMIA TESTING SUBSAMPLE <input type="checkbox"/>		→ 131
130	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON)	
131	CHECK THE NUMBER OF HOUSEHOLD MEMBERS AGE 1-17 YEARS RECORDED IN 016.	NO MEMBERS 1 ONE MEMBER 2 TWO OR MORE MEMBERS 3	→ 300 → 204

Child Labor and Discipline Module

201 FOLLOW INSTRUCTIONS AND COMPLETE COLUMNS 1-5 IN TABLE 1

- (a) Check Q.016 in the household listing then list each of the never-married children aged 1-17 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 1-17 years
- (b) Record the line number, name, sex, and age for each child.
- (c) Then record the total number of children aged 1-17 in Q202; if more than 9 children, record 9.

TABLE 1
Children Aged 1-17 Years Eligible for Child Labor and Discipline Questions

1	2	3	4	5				
Rank Number	Line Number	Name	Sex	Age				
			M					
1	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
3	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
4	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
5	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
6	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
7	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
8	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
9	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			<hr/>	1 2	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		

202 RECORD THE TOTAL NUMBER OF CHILDREN IN TABLE 1

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203 FOLLOW INSTRUCTIONS AND COMPLETE TABLE 2 IN ORDER TO IDENTIFY THE CHILD FOR WHOM THE CHILD LABOR AND DISCIPLINE MODULE WILL BE ADMINISTERED.

- (b) Check the last digit of the household questionnaire serial number on the cover page. This is the number of the row you should go to in the table below.
- (c) Check the total number of eligible children age 1-17 in Question 202 above. This is the number of the column you should go to.
- (d) *Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (see Column 1 in Table 1) about whom the questions on child labor and/or child discipline may be asked, depending on the child's age.*

TABLE 2
Selection of Random Child for Child Labor and Discipline Questions

Last Digit of Household Number	Total Number of Eligible Children in the Household								
	1	2	3	4	5	6	7	8	9
0	1	2	2	4	3	6	5	4	3
1	1	1	3	1	4	1	6	5	4
2	1	2	1	2	5	2	7	6	5
3	1	1	2	3	1	3	1	7	6
4	1	2	3	4	2	4	2	8	7
5	1	1	1	1	3	5	3	1	8
6	1	2	2	2	4	6	4	2	9
7	1	1	3	3	5	1	5	3	1
8	1	2	1	4	1	2	6	4	2
9	1	1	2	1	2	3	7	5	3

CHILD LABOR MODULE.			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204	CHECK AGE Q012: 5 - 17 YEARS <input type="checkbox"/> 1 - 4 YEARS <input type="checkbox"/> ↓		→ 231
205	CHECK TABLE 2 AND RECORD THE RANK NUMBER SELECTED FOR THE MODULE. THEN CHECK TABLE 1 AND RECORD THE NAME OF THE CHILD CORRESPONDING TO THE RANK NUMBER. ASK QUESTIONS 206 TO 229 AS APPROPRIATE FOR THIS CHILD .	RANK NUMBER <input type="checkbox"/> NAME: _____	
	Now I would like to ask about any work children in the household may do. Since last (DAY OF THE WEEK), did (NAME) do any of the following activities, even for only one hour?		
206	Did (NAME) do any work or help on his/her own or the household's plot/farm/food garden or look after animals? For example, growing farm produce, harvesting or feeding, grazing, or milking animals?	YES 1 NO 2	
207	Did (NAME) help in family business or relative's business with or without pay, or run his/her business?	YES 1 NO 2	
208	Did (NAME) produce or sell articles, handicrafts, clothes, food or agricultural products?	YES 1 NO 2	
209	Since last (DAY OF THE WEEK), did (NAME) engage in any other activity in return for income in cash or in kind, even for only one hour? IF NO: Please include any activity (NAME) performed as a regular or casual employee, self-employed, or employer, or as an unpaid family worker helping in household business or farm.	YES 1 NO 2	
210	CHECK 206-209. AT LEAST ONE 'YES' <input type="checkbox"/> ↓ ALL 'NO' <input type="checkbox"/>		→ 220
211	Since last (DAY OF THE WEEK), about how many hours did (NAME) engage in this activity (these activities), in total? IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.	HOURS <input type="checkbox"/> <input type="checkbox"/>	
212	Does this activity (Do these activities) require carrying heavy loads?	YES 1 NO 2	→ 220
213	Does this activity (Do these activities) require working with dangerous tools (knives, etc.) or operating heavy equipment?	YES 1 NO 2	→ 220
	How would you describe the work environment of (NAME)?		
214	Is (NAME) exposed to dust, fumes, or gas?	YES 1 NO 2	→ 220
215	Is (NAME) exposed to extreme cold, heat, or humidity?	YES 1 NO 2	→ 220
216	Is (NAME) exposed to loud noise or vibration?	YES 1 NO 2	→ 220
217	Is (NAME) required to work at heights?	YES 1 NO 2	→ 220
218	Is (NAME) required to work with chemicals (pesticides, glues, etc.) or explosives?	YES 1 NO 2	→ 220
219	Is (NAME) exposed to other things, processes or conditions bad for (NAME's) health or safety?	YES 1 NO 2	
220	Since last (DAY OF THE WEEK), did (NAME) fetch water or collect firewood for the household?	YES 1 NO 2	→ 222

CHILD LABOR MODULE.			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	In total, how many hours, did (NAME) spend on fetching water or collecting firewood for household use, since last (DAY OF THE WEEK)? IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.	HOURS <input type="text"/> <input type="text"/>	
222	Since last (DAY OF THE WEEK), did (NAME) do any of the following for the household: Shopping for the household?	YES 1 NO 2	
223	Repair any household equipment?	YES 1 NO 2	
224	Cooking or cleaning utensils for the household?	YES 1 NO 2	
225	Washing clothes?	YES 1 NO 2	
226	Caring for children?	YES 1 NO 2	
227	Caring for the old or sick?	YES 1 NO 2	
228	Other household tasks?	YES 1 NO 2	
228A	CHECK Q222-Q228: AT LEAST <input type="checkbox"/> ONE 'YES'  ALL "NO" <input type="checkbox"/>		→ 230
229	Since last (DAY OF THE WEEK), how many hours, did (NAME) engage in this activity (these activities), in total? IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.	HOURS <input type="text"/> <input type="text"/>	
230	CHECK AGE Q012: 5 - 14 YEARS <input type="checkbox"/> 232 15 - 17 YEARS <input type="checkbox"/>		→ 300

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
231	CHECK TABLE 2 AND RECORD THE RANK NUMBER SELECTED FOR THE MODULE. THEN CHECK TABLE 1 AND RECORD THE NAME OF THE CHILD CORRESPONDING TO THE RANK NUMBER. ASK QUESTIONS 232 AND 233 FOR THIS CHILD.	RANK NUMBER <input type="text"/> NAME: _____	
232	Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or anyone else in your household</u> has used this method with (NAME) <u>in the past month</u> .		
	a) Took away privileges, forbade something (NAME) liked, or did not allow him/her to leave house?	YES 1 NO 2	
	b) Explained why (NAME)'s behavior was wrong?	YES 1 NO 2	
	c) Shook him/her?	YES 1 NO 2	
	d) Shouted, yelled at or screamed at him/her?	YES 1 NO 2	
	e) Gave him/her something else to do?	YES 1 NO 2	
	f) Spanked, hit or slapped him/her on the bottom with bare hand?	YES 1 NO 2	
	g) Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object?	YES 1 NO 2	
	h) Called him/her dumb, lazy, or another name like that?	YES 1 NO 2	
	i) Hit or slapped him/her on the face, head or ears?	YES 1 NO 2	
	j) Hit or slapped him/her on the hand, arm, or leg?	YES 1 NO 2	
	k) Beat him/her up, that is hit him/her over and over as hard as one could?	YES 1 NO 2	
233	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DON'T KNOW/NO OPINION 8	

300

CHECK IF HOUSEHOLD IS IN THE ANEMIA SUBSAMPLE ON THE IDENTIFICATION SHEETIN THE SUBSAMPLE

↓

NOT IN THE SUBSAMPLE

GO TO QUESTION 301

TABLE FOR SELECTION OF THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

IF THERE IS NO ELIGIBLE WOMAN, RECORD '00' IN BOXES ASSIGNED FOR RECORDING LINE NUMBER OF ELIGIBLE WOMAN. THEN GO TO QUESTION 301.

IF ONLY ONE ELIGIBLE WOMAN WRITE THE NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN QUESTION 21/IDENTIFICATION PAGE. CIRCLE THIS NUMBER AT THE TOP OF THE TABLE TO DETERMINE THE COLUMN NUMBER YOU SHOULD USE.

FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 014							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF WOMAN

LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC
VIOLENCE SECTION

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

WEIGHT AND HEIGHT MEASUREMENT

301	CHECK COLUMNS 014 , 015 AND 015A IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL PERSONS ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT. BEGIN WITH EVER-MARRIED WOMEN AGE 15-49 WHOSE LINE NUMBER IS CIRCLED IN COLUMN 014 CONTINUE WITH ALL MALES AGE 0-19 WHOSE LINE NUMBER IS CIRCLED IN COLUMN 015. THEN RECORD INFORMATION FOR ALL NEVER-MARRIED FEMALES AGE 0-19 YEARS WHOSE LINE NUMBER IS CIRCLED IN COLUMN 015A. IF MORE THAN NINE PERSONS, USE AN ADDITIONAL QUESTIONNAIRE.																								
		PERSON 1	PERSON 2	PERSON 3																					
302	LINE NUMBER FROM COLUMN 014-015 or 015A NAME FROM COLUMN 002	LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME _____			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME _____			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME _____																	
302A	CHECK COLUMN 012 AND RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2																					
303	What is (NAME's) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>								DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>								DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>							
304	CHECK 303 MONTH AND YEAR OF BIRTH: IS THE YEAR OF BIRTH 1994 OR LATER?	YES 1 NO 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)	YES 1 NO 2 (GO TO 303A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)	YES 1 NO 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)																					
305	WEIGHT IN KILOGRAMS	KG <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> .					KG <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> .					KG <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> .													
		NOT PRESENT ... 999.94 REFUSED 999.95 OTHER 999.96	NOT PRESENT ... 999.94 REFUSED 999.95 OTHER 999.96	NOT PRESENT ... 999.94 REFUSED 999.95 OTHER 999.96																					
306	HEIGHT IN CENTIMETERS	CM. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> .					CM. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> .					CM. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> .													
		NOT PRESENT ... 999.4 REFUSED 999.5 OTHER 999.6	NOT PRESENT ... 999.4 REFUSED 999.5 OTHER 999.6	NOT PRESENT ... 999.4 REFUSED 999.5 OTHER 999.6																					
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3																					
308	GO BACK TO 302A IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ELIGIBLE PERSONS, GO TO 309.																								

		PERSON 4	PERSON 5	PERSON 6																																	
302	LINE NUMBER FROM COLUMN 014- 015 or 015A NAME FROM COLUMN 002	LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NAME _____			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NAME _____			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NAME _____																													
302A	CHECK COLUMN 012 AND RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2																																	
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304	CHECK 303 MONTH AND YEAR OF BIRTH: IS THE YEAR OF BIRTH 1994 OR LATER?	YES 1 NO 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)	YES 1 NO 2 (GO TO 303A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)	YES 1 NO 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)																																	
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307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP..... 2 NOT MEASURED.... 3	LYING DOWN 1 STANDING UP..... 2 NOT MEASURED.... 3	LYING DOWN 1 STANDING UP..... 2 NOT MEASURED.... 3																																	
308	GO BACK TO 302A IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ELIGIBLE PERSONS, GO TO 309.																																				

		PERSON 7	PERSON 8	PERSON 9
302	LINE NUMBER FROM COLUMN 014- 015 or 015A NAME FROM COLUMN 002	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
302A	CHECK COLUMN 012 AND RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ← AGE 0-19 2
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304	CHECK 303 MONTH AND YEAR OF BIRTH: IS THE YEAR OF BIRTH 1994 OR LATER?	YES 1 NO 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)	YES 1 NO 2 (GO TO 303A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)	YES 1 NO 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 400)
305	WEIGHT IN KILOGRAMS	KG <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 999.94 REFUSED 999.95 OTHER 999.96	KG <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 999.94 REFUSED 999.95 OTHER 999.96	KG <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 999.94 REFUSED 999.95 OTHER 999.96
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307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP..... 2 NOT MEASURED.... 3	LYING DOWN 1 STANDING UP..... 2 NOT MEASURED.... 3	LYING DOWN 1 STANDING UP..... 2 NOT MEASURED.... 3
308	GO BACK TO 302A IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN IN THE ADDITIONAL QUESTIONNAIRE; IF NO MORE ELIGIBLE PERSONS, GO TO 309.			

309 NAME OF MEASURER

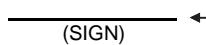
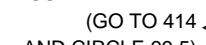
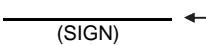
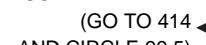
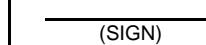
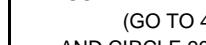
NAME OF ASSISTANT

HEMOGLOBIN MEASUREMENT

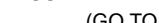
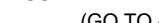
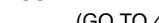
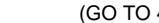
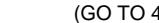
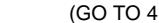
400	CHECK : IF HOUSEHOLD IN THE ANEMIA SUBSAMPLE IN ANEMIA TESTING SUBSAMPLE <input type="checkbox"/> NOT IN ANEMIA SUBSAMPLE <input type="checkbox"/> 501																																				
401	RECORD NAMES OF ALL ELIGIBLE PERSONS WHO ARE RECORDED IN SECTION 3 IN THE SAME ORDER AS 302 IN THE APPROPRIATE CLOUMNS.																																				
	PERSON 1	PERSON 2	PERSON 3																																		
402	CHECK 302 RECORD NAME AND LINE NUMBER. NAME _____	LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NAME _____			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NAME _____																																
403	FROM 302 RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) <input type="checkbox"/> AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) <input type="checkbox"/> AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) <input type="checkbox"/> AGE 0-19 2																																	
404	RECORD FROMM QUESTION 303 DATE OF BIRTH.	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>												DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>												DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>											
405	CHECK 404: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 402 FOR NEXT PERSON OR, IF NO MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2	0-5 MONTHS 1 (GO TO 402 FOR NEXT PERSON OR, IF NO MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2	0-5 MONTHS 1 (GO TO 402 FOR NEXT PERSON OR, IF NO MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2																																	
406	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD IN HOUSEHOLD SCHEDULE.	LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																													
407	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE CHILD OR ADOLESCENT FROM ADULT IDENTIFIED IN 406 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 1994 or later take part in anemia testing in this survey and take a sample from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p>																																			

		PERSON 1	PERSON 2	PERSON 3
408	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (GO TO 414 ← AND CIRCLE 99.5)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (GO TO 414 ← AND CIRCLE 99.5)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (GO TO 414 ← AND CIRCLE 99.5)
409	CHECK COLUMN 012 AND RECORD AGE.	AGE 15-19 1 AGE 6 MONTH-14 YEAR 2 (GO TO 414) ←	AGE 15-19 1 AGE 6 MONTH-14 YEAR 2 (GO TO 414) ←	AGE 15-19 1 AGE 6 MON 2 (GO TO 414) ←
410	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will take a sample from the finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you (and your parent/guardian) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you take the anemia test?</p>		
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (GO TO 414 ← AND CIRCLE 99.5)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (GO TO 414 ← AND CIRCLE 99.5)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (GO TO 414 ← AND CIRCLE 99.5)
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416 NAME OF TECHNICIAN	 	NAME OF ASSISTANT	 
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INTERVIEWER OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

501 COMMENTS ABOUT RESPONDENT:

502 COMMENTS ON SPECIFIC QUESTIONS:

503 ANY OTHER COMMENTS:

504 TECHNICIAN'S OBSERVATIONS

NAME OF TECHNICIAN: _____ DATE: _____

505 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

506 EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
EL- ZANATY & ASSOCIATES

EGYPT DEMOGRAPHIC AND HEALTH SURVEY

2014

EVER-MARRIED WOMAN QUESTIONNAIRE

**DATA COLLECTED FROM THIS STUDY ARE CONFIDENTIAL AND WILL
BE USED FOR SCIENTIFIC PURPOSES ONLY.**

WOMAN QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____	PSU/SEGMENT NO. _____
KISM/MARKAZ _____	BUILDING NO. _____
SHIAKHA/VILLAGE _____	HOUSING UNIT NO. _____
URBAN _____ 1	RURAL _____ 2
HOUSEHOLD NUMBER _____	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
NAME OF WOMAN _____	
LINE NUMBER OF WOMAN _____	
GOVERNORATE <input type="text"/> <input type="text"/>	
PSU/SEGMENT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
URBAN/RURAL <input type="text"/>	
HOUSEHOLD NO. <input type="text"/> <input type="text"/> <input type="text"/>	
LINE NUMBER <input type="text"/> <input type="text"/>	

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	<hr/>	<hr/>	<hr/>	<table border="1"> <tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr> <tr><td><hr/></td><td><hr/></td><td><hr/></td></tr> <tr><td><hr/></td><td><hr/></td><td><hr/></td></tr> <tr><td><hr/></td><td><hr/></td><td><hr/></td></tr> </table>	DAY	MONTH	YEAR	<hr/>								
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NEXT VISIT: DATE	<hr/>	<hr/>		TOTAL NUMBER OF VISITS <input type="text"/>												
TIME	<hr/>	<hr/>														
RESULT CODES:																
1 COMPLETED	4 REFUSED															
2 NOT AT HOME	5 PARTLY COMPLETED															
3 POSTPONED	6 INCAPACITATED	7 OTHER	<hr/>													
(SPECIFY) _____																

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	<hr/>	<hr/>	<hr/>	<hr/>
DATE	/ /	/ /	/ /	/ /
SIGNATURE	<hr/>	<hr/>	<hr/>	<hr/>
				

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Population. We are conducting a national survey about the health of women and children. This information will help the government to plan health services.

Your household was selected for the survey. The questions usually take 30 to 60 minutes.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 2 → 1201
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
102	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	<input type="checkbox"/> <input type="checkbox"/>
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
104	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
105	Now I would like to ask you some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED	<input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	<p>CHECK 105:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you enter into a marriage contract with your husband?</p> <p>Now I would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?</p>	<p>MONTH <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 108
107	How old were you when you entered into a marriage contract with your (first) husband?	AGE IN COMPLETED YEAR: <input type="checkbox"/> <input type="checkbox"/>	
108	<p>CHECK 105:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you start living together with your husband?</p> <p>Now I would like to ask about your first husband. In what month and year did you start living together with your first husband?</p>	<p>MONTH <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 110
109	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEAR: <input type="checkbox"/> <input type="checkbox"/>	
110	<p>DETERMINE ALL OF THE MONTHS SINCE JANUARY 2009 THAT THE RESPONDENT WAS MARRIED. ENTER 'X' IN COLUMN 1 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2009.</p> <p>FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS SINCE JANUARY 2009.</p>		
111	Have you ever attended school?	YES 1 NO 2	→ 115
112	What is the highest level of school you attended?	PRIMAR\ 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
113	<p>What is the highest grade you successfully completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.</p>	GRADE <input type="checkbox"/>	

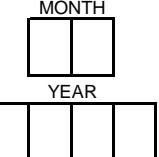
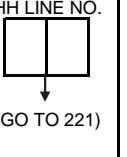
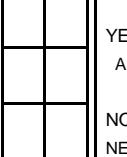
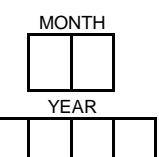
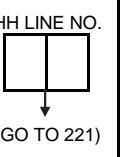
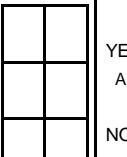
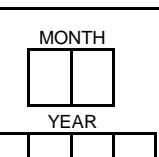
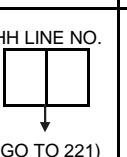
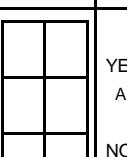
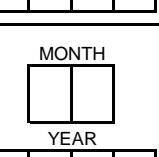
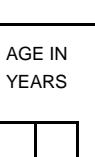
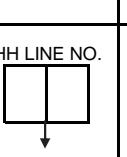
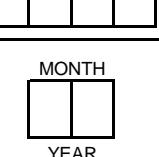
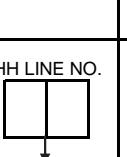
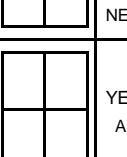
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	CHECK 112: PRIMARY <input type="checkbox"/> ↓ PREPARATORY OR HIGHER <input type="checkbox"/>		116
115	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ A WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	117
116	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
117	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118A	Do you use a computer at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118B	Do you use social media like Facebook or Twitter at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118C	Do you access the internet at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
119	What is your religion?	MUSLIM 1 CHRISTIAN 2 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
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	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
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	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208				
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD GIRLS DEAD	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL					
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY.						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 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.(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

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

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Was (NAME) a twin or triplet?	In what month and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	IF ALIVE:			IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME) when he/she died? 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), including any children who died after birth?
					How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).		
08 (NAME)	BOY... 1 GIRL... 2	SING... 1 MULT... 2	MONTH YEAR 	YES 1 NO 2 (GO TO 220)	AGE IN YEARS 	YES ... 1 NO ... 2 (GO TO 221)	HH LINE NO. 	DAYS ... 1 MONTHS . 2 YEARS .. 3 	YES 1 ADD BIRTH ↳ NO 2 NEXT BIRTH ↳
09 (NAME)	BOY... 1 GIRL... 2	SING... 1 MULT... 2	MONTH YEAR 	YES 1 NO 2 (GO TO 220)	AGE IN YEARS 	YES ... 1 NO ... 2 (GO TO 221)	HH LINE NO. 	DAYS ... 1 MONTHS . 2 YEARS .. 3 	YES 1 ADD BIRTH ↳ NO 2 NEXT BIRTH ↳
10 (NAME)	BOY... 1 GIRL... 2	SING... 1 MULT... 2	MONTH YEAR 	YES 1 NO 2 (GO TO 220)	AGE IN YEARS 	YES ... 1 NO ... 2 (GO TO 221)	HH LINE NO. 	DAYS ... 1 MONTHS . 2 YEARS .. 3 	YES 1 ADD BIRTH ↳ NO 2 NEXT BIRTH ↳
11 (NAME)	BOY... 1 GIRL... 2	SING... 1 MULT... 2	MONTH YEAR 	YES 1 NO 2 (GO TO 220)	AGE IN YEARS 	YES ... 1 NO ... 2 (GO TO 221)	HH LINE NO. 	DAYS ... 1 MONTHS . 2 YEARS .. 3 	YES 1 ADD BIRTH ↳ NO 2 NEXT BIRTH ↳
12 (NAME)	BOY... 1 GIRL... 2	SING... 1 MULT... 2	MONTH YEAR 	YES 1 NO 2 (GO TO 220)	AGE IN YEARS 	YES ... 1 NO ... 2 (GO TO 221)	HH LINE NO. 	DAYS ... 1 MONTHS . 2 YEARS .. 3 	YES 1 ADD BIRTH ↳ NO 2 GO TO 222 ↳
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					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)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2009 OR LATER. IF NONE, RECORD '0' AND GO TO 225A.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>FOR EACH BIRTH SINCE JANUARY 2009, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE.</p> <p>FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY.</p> <p>NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.</p>		
225a	ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 2009 IN THE BOXES AT THE BOTTOM OF THE CALENDAR.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
228	RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED MONTHS PREGNANT, BEGINNING WITH THE MONTH OF INTERVIEW.		
229	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	<input type="checkbox"/> → 230
229a	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	<p>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 breath or show any other signs of 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.</p> <p>USING THE INFORMATION IN THE CALENDAR, PROBE TO DETERMINE IF THE WOMAN HAD ANY STILLBIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 2009.</p> <p>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.</p> <p>RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR ("S" FOR STILLBIRTH, "M" FOR MISCARRIAGE AND "A" FOR ABORTION).</p> <p>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.</p> <p>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.</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>TO IDENTIFY NON-LIVE BIRTH PREGNANCIES, ASK:</p> <ul style="list-style-type: none"> • INTERVAL BETWEEN CURRENT PREGNANCY AND PRIOR BIRTH (LAST BIRTH) Did you have any pregnancy that ended in a stillbirth 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 stillbirth 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 stillbirth 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 stillbirth? 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 stillbirth occur? Have you ever had a miscarriage or abortion? If YES: When did the last miscarriage or abortion occur? <p>FOR EACH PREGNANCY TERMINATION, ASK How many months pregnant were you when the pregnancy ended?</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
231	Did you have any (other) pregnancies before January 2009 that did not result in a live birth (pregnancy that ended in a stillbirth, miscarriage or abortion)?	YES 1 NO 2	
232	RECORD IN THE BOXES AT THE BOTTOM OF THE CALENDAR THE OUTCOME ("M", "A" OR "S") AND MONTH AND YEAR THAT THE PREGNANCY TERMINATED FOR THE LAST PREGNANCY THAT ENDED IN A STILLBIRTH, MISCARRIAGE, OR ABORTION PRIOR TO JANUARY 2009. IF NONE RECODE '0' IN OUTCOME.		
232A	CHECK THE CALENDAR: ONE OR MORE ABORTIONS/ MISCARRIAGES ("A" AND/OR "M") SINCE JANUARY 2009	NO ABORTIONS/ MISCARRIAGES ("A" AND/OR "M") SINCE JANUARY 2009	→ 233
232B	CHECK THE CALENDAR FOR THE MOST RECENT PREGNANCY ENDING IN AN ABORTION OR MISCARRIAGE AND ASK: Did you have any complications following with the miscarriage (abortion) you had in (DATE FROM CALENDAR)?	YES 1 NO 2 DON'T KNOW 8	→ 233
232C	What type of complication(s) did you have? POBE: Anything else? RECORD ALL MENTIONED.	BLEEDING A INFECTION B OTHER _____ X (SPECIFY)	
233	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
234	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 301
235	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
06	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Diaphragm, Foam, Jelly. A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES 1 NO 2	
09	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
10	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
11	Prolonged Breastfeeding. As a family planning method.	YES 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/> → 311		
303	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> → 311		
304	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION C MALE STERILIZATION D PILL E IUD F MONTHLY INJECTION (MESOCEPT) G 3-MONTH INJECTION (DEPO-PROVERA) H IMPLANTS I CONDOM K DIAPHRAGM/FOAM/JELLY N RHYTHM METHOD R WITHDRAWAL T PROLONGED BREASTFEEDING U OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	307 308A
306	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROCEP1..... 01 MICROLUT 02 LEVONOR 03 TRIOCEPT 04 GYNERA 05 NORDETTE 06 EXLUTON 07 MARVELON 08 CILEST 09 COTRABLAN 10 OTHER 96 (SPECIFY) DON'T KNOW 98	308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 11 URBAN HEALTH UNIT 12 HEALTH OFFICE 13 RURAL HOSP'L (CENTRAL) 14 RURAL HEALTH UNIT 15 MCH CENTER 16 MOBILE UNIT 17 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL... 21 HEALTH INSURANCE ORG..... 22 CURATIVE CARE ORGANIZATION ... 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC. .. 31 CSI PROJECT 32 OTHER NON-GOVERNMENTA..... 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC..... 41 PRIVATE DOCTOR 42 OTHER PRIVATE MEDICAL MOSQUE HEALTH UNIT 44 CHURCH HEALTH UNIT 45 OTHER 46 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
308	In what month and year was the sterilization performed?																				
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																			
309	CHECK 308/308A, 215 AND THE CALENDAR: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>																			
310	CHECK 308/308A: YEAR IS 2009 OR LATER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 2 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2008 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 2 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009.	THEN SKIP TO → 314																		
311	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 delay or avoid getting pregnant. COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 2009 PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 2009. 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 <ul style="list-style-type: none">- 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? 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. THE NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2. ILLUSTRATIVE QUESTIONS FOR COLUMN 3 <ul style="list-style-type: none">- 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: <ul style="list-style-type: none">- How many months did it take you to get pregnant after you stopped using (method)? ENTER "0" IN EACH SUCH MONTH IN COLUMN 2. AFTER COMPLETING COLUMNS 2 AND 3 AS APPROPRIATE, GO TO 312.																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH: NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	324
314	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 MONTHLY INJECTION (MESOCEPT) 05 3-MONTH INJECTION (DEPO-PROVERA) 06 IMPLANTS 07 CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 PROLONGED BREASTFEEDING 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	324 317A 401 315A 315B 315C 315C
315	You started using (CURRENT METHOD) in (DATE FROM 308A). Where did you get it at that time?		
315A	Where did you have the IUD inserted when you started using it in (DATE FROM 308A)?		
315B	Where did you have the implant inserted when you started using it in (DATE FROM 308A)?		
315C	Did you obtain advice about how to use (CURRENT METHOD) when you started using it in (DATE FROM 308A)? IF YES: from where did you get the advice? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. <hr style="width: 20%; margin-left: 0; border: 0.5px solid black;"/> (NAME OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 11 URBAN HEALTH UNIT 12 HEALTH OFFICE 13 RURAL HOSP'L (CENTRAL) 14 RURAL HEALTH UNIT 15 MCH CENTER 16 MOBILE UNIT 17 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL 21 HEALTH INSURANCE ORG 22 CURATIVE CARE ORGANIZATION 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC. 31 CSI PROJECT 32 OTHER NON-GOVERNMENTA 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC 41 PRIVATE DOCTOR 42 PHARMACY 43 OTHER PRIVATE MEDICAL MOSQUE HEALTH UNIT 44 CHURCH HEALTH UNIT 45 OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY) OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ...ETC) 61 FRIEND/RELATIVE 62 OTHER 66 (SPECIFY) NO ONE 94 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 MONTHLY INJECTION (MESOCEPT) 05 3-MONTH INJECTION (DEPO-PROVERA) 06 IMPLANTS 07 CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 PROLONGED BREASTFEEDING 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: CODE '1' CIRCLED <input type="checkbox"/> ↓ At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED <input type="checkbox"/> ↓ When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 PILL 03 IUD 04 MONTHLY INJECTION (MESOCE) 05 3-MONTH INJECTION (DEPO-PROVERA) 06 IMPLANTS 07 CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 OTHER MODERN METHOD 95	→ 401 → 401 → 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	MINISTRY OF HEALTH AND POPULATION URBAN HOSPL (GENERAL/DISTRICT 11 URBAN HEALTH UNIT 12 HEALTH OFFICE 13 RURAL HOSPL (CENTRAL) 14 RURAL HEALTH UNIT 15 MCH CENTER 16 MOBILE UNIT 17 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL 21 HEALTH INSURANCE ORG 22 CURATIVE CARE ORGANIZATION 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC 31 CSI PROJECT 32 OTHER NON-GOVERNMENTA 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC 41 PRIVATE DOCTOR 42 PHARMACY 43 OTHER PRIVATE MEDICAL MOSQUE HEALTH UNIT 44 CHURCH HEALTH UNIT 45 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ...ETC) 61 FRIEND/RELATIVE 62 OTHER _____ 66 (SPECIFY) DON'T KNOW 98	→ 401
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 401
325	<p>Where is that?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	MINISTRY OF HEALTH AND POPULATION URBAN HOSPL (GENERAL/DISTRICT 11 URBAN HEALTH UNIT 12 HEALTH OFFICE 13 RURAL HOSPL (CENTRAL) 14 RURAL HEALTH UNIT 15 MCH CENTER 16 MOBILE UNIT 17 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL 21 HEALTH INSURANCE ORG 22 CURATIVE CARE ORGANIZATION 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC 31 CSI PROJECT 32 OTHER NON-GOVERNMENTA 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC 41 PRIVATE DOCTOR 42 PHARMACY 43 OTHER PRIVATE MEDICAL MOSQUE HEALTH UNIT 44 CHURCH HEALTH UNIT 45 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ...ETC) 61 FRIEND/RELATIVE 62 OTHER _____ 66 (SPECIFY)	

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		412
402	CHECK 305: USING STERILIZATION NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		412
402B	CHECK 226: CURRENTLY PREGNANT PREGNANT <input type="checkbox"/> NOT PREGNANT/UNSURE <input type="checkbox"/>		403B
403	Now I have some questions about the future. After the child you are expecting now, 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 UNDECIDED/DON'T KNOW 8	404 410
403B	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT. 3 UNDECIDED/DON'T KNOW 8	406 412 409
404	CHECK 226: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 994 SAYS SHE CAN'T GET PREGNANT 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	409
405	CHECK 226: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		410
406	CHECK 304: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		412
407	CHECK 404: PREFERRED TIME BEFORE NEXT BIRTH NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		410

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	<p>CHECK 403B: DESIRE FOR A(NOTHER) CHILD</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <hr/> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A INFREQUENT SEX B MENOPAUSAL/HYSTERECTOMY. C SUBFECUND/INFECUND D NOT MENSTRUATED SINCE LAST BIRTH E BREASTFEEDING F UP TO GOD/FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H HUSBAND OPPOSED I OTHERS OPPOSED J RELIGIOUS PROHIBITION..... K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD L KNOWS NO SOURCE M</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS N FEAR OF SIDE EFFECTS O LACK OF ACCESS/TOO FAR P COSTS TOO MUCH Q PREFERRED METHOD NOT AVAILABLE R NO METHOD AVAILABLE S INCONVENIENT TO USE T INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
409	<p>CHECK 304: USING A CONTRACEPTIVE METHOD?</p> <p>NO, NOT CURRENTLY USING, NOT ASKED <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		412
410	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	412
411	<p>Which contraceptive method would you prefer to use?</p> <p>RECORD ONE METHOD ONLY</p>	<p>FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 07 CONDOM 08 DIAPHRAGM/FOAM/JELL' 09 RHYTHM METHOD 10 WITHDRAWAL 11 PROLONGED BREASTFEEDING .. 12 OTHER MODERN METHOD 94 OTHER TRADITIONAL METH... 95 OTHER _____ 96 (SPECIFY) DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	413A
413	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 if it's a boy or girl?	<p>BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> EITHER <input type="checkbox"/></p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
413A	Now I would like you to think about what age is best for a person to marry What is the ideal age for a girl to marry?	<p>IDEAL AGE FOR GIRL TO MARRY <input type="text"/> <input type="text"/></p> <p>AGE DOES NOT MATTER 95</p> <p>DON'T KNOW/NOT SURE 98</p>	
413B	What is the ideal age for a boy to marry?	<p>IDEAL AGE FOR BOY TO MARRY <input type="text"/> <input type="text"/></p> <p>AGE DOES NOT MATTER 95</p> <p>DON'T KNOW/NOT SURE 98</p>	
414	Would you consider it appropriate for a couple to use family planning after the first birth?	<p>YES 1</p> <p>NO 2</p>	
415	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	<p>YES 1</p> <p>NO 2</p>	
416	In your opinion, what is the ideal length of time that a woman should wait between births? RECORD RESPONSE EXACTLY AS GIVEN.	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
417	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other health staff as part of the preparation for marriage?	<p>YES 1</p> <p>NO 2</p>	419
418	Did you have a premarital examination before you got married? IF NO: Did you have a consultation within two months after you married?	<p>HAD EXAM BEFORE MARRIAGE 1</p> <p>HAD EXAM WITHIN TWO MONTHS AFTER MARRIAGE 2</p> <p>DID NOT HAVE EXAMINATION 3</p>	
419	Did a health worker, a raida rifia or anyone else visit you to talk about family planning during the past 6 months? IF YES: Who visited you?	<p>VISITED BY: HEALTH WORKER A RAIDA RIFIA B OTHER X (SPECIFY)</p> <p>NOT VISITED Y</p>	
420	Have you visited a governmental health facility for any reason during the past 6 months?	<p>YES 1</p> <p>NO 2</p>	422
421	Did any staff member at the health facility speak to you about family planning methods during any of your visits?	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	Have you visited a private doctor or clinic for any reason during the past 6 months?	YES 1 NO 2	→ 424
423	Did the doctor or any other staff member there speak to you about family planning methods during any of your visits?	YES 1 NO 2	
424	During the past 6 months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? On a poster, billboard, or sign? At a community meeting? From a religious leader?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER/MAGAZINE 1 2 POSTER/BILLBOARD/SIGN 1 2 COMMUNITY MEETING 1 2 RELIGIOUS LEADER 1 2	
424A	CHECK 301: METHOD 11 PROLONGED BREASTFEEDING <input type="checkbox"/> NOT MENTIONED <input type="checkbox"/>	PROLONGED BREASTFEEDING <input type="checkbox"/> MENTIONED <input type="checkbox"/>	→ 424C
424B	Do you believe that breastfeeding can be a family planning method, that is, that breastfeeding can help a woman avoid becoming pregnant?	YES 1 NO 2	→ 425
424C	Now I would like to ask some questions about the use of breastfeeding as a family planning method. For how many months after a baby is born is a woman protected from pregnancy if she breastfeeds?	NUMBER OF MONTHS <input type="checkbox"/> <input type="checkbox"/> UNTIL PERIOD RETUR 93 UNTIL SHE STOPS/CHILD WEANED 94 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
424D	If a breastfeeding mother's menstrual period returns, is she protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
424E	If the child is given other liquids or solids, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
424F	If her baby sleeps through the night without feeding or feeds only a few times during the day, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
425	Is there a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that?	YES AND NAMED 1 BRAND NAME _____ (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> YES BUT DO NOT KNOW BRAND .. 2 DON'T KNOW 8	
426	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>	→ 501
427	CHECK 304: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/>	NOT CURRENTLY USING <input type="checkbox"/>	→ 430

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
429	CHECK 305: NEITHER STERILIZED <input data-bbox="520 384 568 444" type="checkbox"/> HE OR SHE STERILIZED <input data-bbox="901 384 949 444" type="checkbox"/>		→501
430	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 5. PREGNANCY, POSTNATAL CARE, AND BREASTFEEDING

501	CHECK 224: ONE OR MORE BIRTHS IN 2009 OR LATER <input type="checkbox"/> NO BIRTHS IN 2009 OR LATER <input type="checkbox"/>			704
502	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
<p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>				
503	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="checkbox"/> <input type="checkbox"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="checkbox"/> <input type="checkbox"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="checkbox"/> <input type="checkbox"/>
504	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓
505	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2
506	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 508) ←	LATER 1 NO MORE 2 (SKIP TO 508) ←	LATER 1 NO MORE 2 (SKIP TO 508) ←
507	How much longer did you want to wait?	MONTHS ..1 <input type="checkbox"/> <input type="checkbox"/> YEARS ..2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ... 998	MONTHS ..1 <input type="checkbox"/> <input type="checkbox"/> YEARS ..2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ... 998	MONTHS ..1 <input type="checkbox"/> <input type="checkbox"/> YEARS ..2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ... 998
508	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←
509	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
510	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>(NAME OF PLACE(S))</p>	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . C URBAN HLTH UNIT . D HEALTH OFFICE ... E RURAL HOSPITAL (CENTRAL) F RURAL HEALTH UNIT G MCH CENTER H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N OTHER PVT. MED. _____ P OTHER NON-MEDICAL X	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . C URBAN HLTH UNIT . D HEALTH OFFICE ... E RURAL HOSPITAL (CENTRAL) F RURAL HEALTH UNIT G MCH CENTER H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N OTHER PVT. MED. _____ P OTHER NON-MEDICAL X	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . C URBAN HLTH UNIT . D HEALTH OFFICE ... E RURAL HOSPITAL (CENTRAL) F RURAL HEALTH UNIT G MCH CENTER H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N OTHER PVT. MED. _____ P OTHER NON-MEDICAL X						
511	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			NUMBER OF TIMES <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			NUMBER OF TIMES <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98		
512	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98								
513	As part of your antenatal care during this pregnancy, were any of the following done at least once:	YES NO								
	Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	WEIGHED .. 1 2 BP 1 2 URINE 1 2 BLOOD ... 1 2								
514	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 DON'T KNOW 8								
515	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 518) ← DON'T KNOW 8								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
515A	CHECK 508:	NO ANC <input type="checkbox"/> HAD ANC <input type="checkbox"/> ↓ (SKIP TO 516)		
515B	Did any of the persons you saw for the tetanus injection(s) advise you that you should go for antenatal care?	YES 1 NO 2 DON'T KNOW 8		
516	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="checkbox"/> DON'T KNOW 8		
517	CHECK 516:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ (SKIP TO 521)		
518	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 521) ← DON'T KNOW ... 8		
519	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="checkbox"/> DON'T KNOW 8		
520	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="checkbox"/> <input type="checkbox"/>		
521	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8		
522	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ... 998		
523	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
524	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
525	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998
527	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (1) _____ (NAME OF PLACE(S)) (2) _____ (NAME OF PLACE(S)) (3) _____ (NAME OF PLACE(S))	HOME YOUR HOME ... 11 (SKIP TO 533) ← OTHER HOME ... 12 GOVERNMENT URBAN HOSPITAL (GNRAL/DSTRCT) 21 URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOVT _____ 27 (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY) PRIVATE NON-MEDICAL 96 _____ (SPECIFY) (SKIP TO 533) ←	HOME YOUR HOME ... 11 (SKIP TO 546) ← OTHER HOME ... 12 GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOVT _____ 27 (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY) PRIVATE NON-MEDICAL 96 _____ (SPECIFY) (SKIP TO 546) ←	HOME YOUR HOME ... 11 (SKIP TO 546) ← OTHER HOME ... 12 GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOVT _____ 27 (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY) PRIVATE NON-MEDICAL 96 _____ (SPECIFY) (SKIP TO 546) ←
529	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW ... 998		
530	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
531	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 534) ← NO 2		
532	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 534) ← NO 2 (SKIP TO 536) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
533	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 536) ←														
534	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWI 12 OTHER PERSON DAYA 21 OTHER _____ 96 (SPECIFY)														
535	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
536	At any time during the two months after (NAME)'s delivery, did a doctor or nurse/midwife ever visit your home to check on your health?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW ... 8														
537	How many times after delivery did a health professional visit your home to check on your health?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . 98														
538	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 542) ← DON'T KNOW 8														
539	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
540	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON DAYA 21 OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT)... 21 URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T _____ 27 (SPECIFY)</p> <p>NONGOVERNMENT EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR .. 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ 96 (SPECIFY)</p>		
542	During the two weeks after birth, was a blood sample taken from (NAME'S) heel?	YES 1 NO 2 (SKIP TO 544) ← DON'T KNOW 8		
543	How many days after birth was the blood sample taken from (NAME"S) heel?	NUMBER OF DAYS . <input type="text"/> <input type="text"/> DON'T KNOW 98		
544	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		
545	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 547) ← NO 2 (SKIP TO 548) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
546	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 550) ←	YES 1 NO 2 (SKIP TO 550) ←						
547	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98		
548	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><input type="checkbox"/></td><td>PREGNANT</td></tr><tr><td><input type="checkbox"/></td><td>OR</td></tr><tr><td><input type="checkbox"/></td><td>UNSURE</td></tr></table> (SKIP TO 550) ←	<input type="checkbox"/>	PREGNANT	<input type="checkbox"/>	OR	<input type="checkbox"/>	UNSURE		
<input type="checkbox"/>	PREGNANT									
<input type="checkbox"/>	OR									
<input type="checkbox"/>	UNSURE									
549	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 551) ←								
550	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98		
551	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 553) ← NO 2	YES 1 NO 2	YES 1 NO 2						
552	CHECK 504: IS CHILD LIVING?	LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><input type="checkbox"/></td></tr></table> (SKIP TO 558) DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><input type="checkbox"/></td></tr></table> (GO BACK TO 505 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601)	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>										
<input type="checkbox"/>										
553	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
554	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 556) ←								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
555	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLU- COSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
556	CHECK 504: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601)
557	Are you still breastfeeding (NAME)?	YES 1 NO 2		
558	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
559		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

SECTION 6. CHILD IMMUNIZATION AND TREATMENT OF CHILD ILLNESSES

601	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).						
602	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	<input type="checkbox"/> <input type="checkbox"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	<input type="checkbox"/> <input type="checkbox"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER	<input type="checkbox"/> <input type="checkbox"/>
603	FROM 212 AND 216	NAME _____ LIVING DEAD <input type="checkbox"/> ↓ (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 701)	NAME _____ LIVING DEAD <input type="checkbox"/> ↓ (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 701)	NAME _____ LIVING DEAD <input type="checkbox"/> ↓ (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 701)			
604	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4			
605	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2			
605A	Do you have a birth certificate where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605C) ← NO CERTIFICATE 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605C) ← NO CERTIFICATE 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605C) ← NO CERTIFICATE 4			
605B	Did you ever have a birth certificate for (NAME) where vaccinations were written down?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2			
605C	RECORD AVAILABILITY OF CARD AND/OR CERTIFICATE WITH VACCINATION DATES.	BOTH CARD AND CERTIFICATE WITH ... 1 DATES SEEN ONLY CARD WITH DATES SEEN 2 ONLY CERTIFICATE WITH DATES SEE 3 NEITHER WITH DATES SEEN 4 (SKIP TO 609) ←	BOTH CARD AND CERTIFICATE WITH ... 1 DATES SEEN ONLY CARD WITH DATES SEEN 2 ONLY CERTIFICATE WITH DATES SEE 3 NEITHER WITH DATES SEEN 4 (SKIP TO 609) ←	BOTH CARD AND CERTIFICATE WITH ... 1 DATES SEEN ONLY CARD WITH DATES SEEN 2 ONLY CERTIFICATE WITH DATES SEE 3 NEITHER WITH DATES SEEN 4 (SKIP TO 609) ←			

		LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER																																																																					
606	(1) COPY DATES FROM THE CARD OR CERTIFICATE. THE ORDER OF THE VACCINATIONS ON THE CARD AND CERTIFICATE MAY DIFFER FROM THE ORDER IN THE GRID SO MAKE SURE TO COPY THE CORRECT DATE FOR THE SPECIFIC VACCINATION. (2) WRITE '44' IN 'DAY' COLUMN IF CARD OR CERTIFICATE SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">LAST BIRTH DAY MONTH YEAR</th> <th style="text-align: center; width: 33.33%;">NEXT-TO-LAST BIRTH DAY MONTH YEAR</th> <th style="text-align: center; width: 33.33%;">SECOND-FROM-LAST BIRTH DAY MONTH YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td><td>BCG</td><td>BCG</td></tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td>P0</td><td>P0</td></tr> <tr> <td>POLIO 1</td><td>P1</td><td>P1</td></tr> <tr> <td>POLIO 2</td><td>P2</td><td>P2</td></tr> <tr> <td>POLIO 3</td><td>P3</td><td>P3</td></tr> <tr> <td>POLIO 4</td><td>P4</td><td>P4</td></tr> <tr> <td>POLIO 5</td><td>P5</td><td>P5</td></tr> <tr> <td>ACTIVATED POLIO DOSE</td><td>AP</td><td>AP</td></tr> <tr> <td>DPT 1</td><td>D1</td><td>D1</td></tr> <tr> <td>DPT 2</td><td>D2</td><td>D2</td></tr> <tr> <td>DPT 3</td><td>D3</td><td>D3</td></tr> <tr> <td>ACTIVATED DPT DOSE</td><td>AD</td><td>AD</td></tr> <tr> <td>HEPATITIS 1</td><td>H1</td><td>H1</td></tr> <tr> <td>HEPATITIS 2</td><td>H2</td><td>H2</td></tr> <tr> <td>HEPATITIS 3</td><td>H3</td><td>H3</td></tr> <tr> <td>MEASLES</td><td>MEA</td><td>MEA</td></tr> <tr> <td>MMR 1</td><td>M1</td><td>M1</td></tr> <tr> <td>ACTIVATED MMR2</td><td>AM2</td><td>AM2</td></tr> <tr> <td>PVT 1</td><td>PVT1</td><td>PVT1</td></tr> <tr> <td>PVT 2</td><td>PVT2</td><td>PVT2</td></tr> <tr> <td>PVT 3</td><td>PVT3</td><td>PVT3</td></tr> <tr> <td>OTHER (SPECIFY)</td><td>OTH</td><td>OTH</td></tr> </tbody> </table>			LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR	BCG	BCG	BCG	POLIO 0 (POLIO GIVEN AT BIRTH)	P0	P0	POLIO 1	P1	P1	POLIO 2	P2	P2	POLIO 3	P3	P3	POLIO 4	P4	P4	POLIO 5	P5	P5	ACTIVATED POLIO DOSE	AP	AP	DPT 1	D1	D1	DPT 2	D2	D2	DPT 3	D3	D3	ACTIVATED DPT DOSE	AD	AD	HEPATITIS 1	H1	H1	HEPATITIS 2	H2	H2	HEPATITIS 3	H3	H3	MEASLES	MEA	MEA	MMR 1	M1	M1	ACTIVATED MMR2	AM2	AM2	PVT 1	PVT1	PVT1	PVT 2	PVT2	PVT2	PVT 3	PVT3	PVT3	OTHER (SPECIFY)	OTH	OTH
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607	CHECK 606:	BCG TO MMR 2 ALL RECORDED ↓ (GO TO 611)	OTHER ↓	BCG TO MMR 2 ALL RECORDED ↓ (GO TO 611)	OTHER ↓	BCG TO MMR 2 ALL RECORDED ↓ (GO TO 611)	OTHER ↓																																																																		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
608	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 606 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	<p>YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 606) (SKIP TO 611) ←</p> <p>NO 2 (SKIP TO 611) ← DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 606) (SKIP TO 611) ←</p> <p>NO 2 (SKIP TO 611) ← DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 606) (SKIP TO 611) ←</p> <p>NO 2 (SKIP TO 611) ← DON'T KNOW 8</p>
609	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	<p>YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8</p>
610	Please tell me if (NAME) had any of the following vaccinations:			
610A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
610B	Polio vaccine, that is, drops in the mouth?	<p>YES 1 NO 2 (SKIP TO 610E) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 610E) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 610E) ← DON'T KNOW 8</p>
610C	Was the first polio vaccine given in the first two weeks after birth or	<p>FIRST 2 WEEKS ... 1 LATER 2</p>	<p>FIRST 2 WEEKS ... 1 LATER 2</p>	<p>FIRST 2 WEEKS ... 1 LATER 2</p>
610D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610E	A DPT vaccination, that is, an injection given in the thigh or buttocks, often at the same time as polio drops?	<p>YES 1 NO 2 (SKIP TO 610G) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 610G) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 610G) ← DON'T KNOW 8</p>
610F	How many times was the DPT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610G	A hepatitis injection - that is, a shot to prevent him/her from getting hepatitis B often at the same time as DPT?	<p>YES 1 NO 2 (SKIP TO 610I) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 610I) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 610I) ← DON'T KNOW 8</p>
610H	How many times was the hepatitis vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610I	CHECK 215 AND RECORD YEAR OF BIRTH	<p><input type="checkbox"/> YEAR 2014 <input type="checkbox"/> YEAR 2013 OR BEFORE (SKIP TO 610L) ←</p>	<p><input type="checkbox"/> YEAR 2014 <input type="checkbox"/> YEAR 2013 OR BEFORE (SKIP TO 610L) ←</p>	<p><input type="checkbox"/> YEAR 2014 <input type="checkbox"/> YEAR 2013 OR BEFORE (SKIP TO 610L) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
610J	A pentavalent vaccination- that is, a new type of vaccine given at the same time as polio drops that prevents five diseases including diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b?	YES 1 NO 2 (SKIP TO 610L) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610L) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610L) ← DON'T KNOW 8
610K	How many times was the pentavalent vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610L	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8
610M	How many times was the measles or MMR vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
611	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
612	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
613	Was (NAME) given any drug for intestinal worms in the last six 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
614	Has (NAME) had diarrhea in the last month?	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8
614A	How many times has (NAME) had diarrhea in the last month?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
614B	Now I have some questions about the last time (NAME) had diarrhea. The last time (NAME) have diarrhea, was it in the last two weeks?	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8
615	Was there any blood in the stools that time?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
616	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
617	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given 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
618	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 622) ←	YES 1 NO 2 (SKIP TO 622) ←	YES 1 NO 2 (SKIP TO 622) ←
619	Where did you seek advice or treatment? Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. Anywhere else? RECORD ALL PLACES MENTIONED. (1) _____ (NAME OF PLACE(S)) (2) _____ (NAME OF PLACE(S)) (3) _____ (NAME OF PLACE(S))	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL) ... F RURAL HLTH UNIT G MCH CENTER ... H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL _____ X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL) ... F RURAL HLTH UNIT G MCH CENTER ... H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL _____ X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL) ... F RURAL HLTH UNIT G MCH CENTER ... H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL _____ X
620	CHECK 619:	TWO OR ONLY <input type="checkbox"/> MORE CODES CIRCLED <input type="checkbox"/> ONE CODE CIRCLED ↓ (SKIP TO 622) ←	TWO OR ONLY <input type="checkbox"/> MORE CODES CIRCLED <input type="checkbox"/> ONE CODE CIRCLED ↓ (SKIP TO 622) ←	TWO OR ONLY <input type="checkbox"/> MORE CODES CIRCLED <input type="checkbox"/> ONE CODE CIRCLED ↓ (SKIP TO 622) ←
621	Where did you first seek advice or treatment? USE LETTER CODE FROM 619.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
622	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called <i>mahloul moalget el gafaf</i> ? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	YES NO DK MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8
623	Was anything (else) given to treat the diarrhea? YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8
624	What (else) was given to treat the diarrhea? ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E Anything else? RECORD ALL TREATMENTS GIVEN. INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
625	Has (NAME) been ill with a fever at any time in the last 2 weeks? YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
627	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 630) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 630) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 630) ← DON'T KNOW 8
628	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 631) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 631) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 631) ← DON'T KNOW 8
629	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 631) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 631) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 631) ←
630	CHECK 625: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 639)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 639)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 639)
631	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given 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
632	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given 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
633	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 637) ←	YES 1 NO 2 (SKIP TO 637) ←	YES 1 NO 2 (SKIP TO 637) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
634	<p>Where did you seek advice or treatment? Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Anywhere else? RECORD ALL PLACES MENTIONED.</p> <p>(1) _____ (NAME OF PLACE(S)) (2) _____ (NAME OF PLACE(S)) (3) _____ (NAME OF PLACE(S))</p>	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL) ... F RURAL HLTH UNIT G MCH CENTER ... H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL _____ X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL) ... F RURAL HLTH UNIT G MCH CENTER ... H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL _____ X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL) ... F RURAL HLTH UNIT G MCH CENTER ... H OTHER GOVT _____ I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR ... N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL _____ X
635	CHECK 634:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 637) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 637) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 637) ←
636	Where did you first seek advice or treatment? USE LETTER CODE FROM 634.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
637	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701) DON'T KNOW 8	YES 1 NO 2 (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 701) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
638	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC <u>F</u> (SPECIFY) COUGH DRUG..... G OTHER <u>X</u> (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC <u>F</u> (SPECIFY) COUGH DRUG..... G OTHER <u>X</u> (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC <u>F</u> (SPECIFY) COUGH DRUG..... G OTHER <u>X</u> (SPECIFY) DON'T KNOW Z
639		GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701.	GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701.	GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 701.

SECTION 7. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 702</p> <hr/> <p>(NAME)</p>		704
702	The last time (NAME FROM 701) passed stools, what was done to dispose of the stools?	<p>CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96</p> <p>(SPECIFY)</p>	
703	CHECK 622 (ITEMS (a) AND (b)), ALL COLUMNS:	<p>NO CHILD RECEIVED FLUID <input type="checkbox"/> FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID <input type="checkbox"/> FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p>	705
704	Have you ever heard of a special product called <i>mahloul moalget el gafaf</i> you can get for the treatment of diarrhea?	<p>YES 1 NO 2</p>	
705	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 706</p> <hr/> <p>(NAME)</p>		801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706	Now I would like to ask you about liquids or foods that (NAME FROM 705) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.		
	Did (NAME FROM 705) (drink/eat):	YES NO DK	
a)	Plain water?	a) 1 2 8	
b)	Juice or juice drinks?	b) 1 2 8	
c)	Clear broth?	c) 1 2 8	
d)	Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1 2 8 NUMBER OF TIMES DRANK MILK <input type="text"/>	
e)	Infant formula, that is, a special commercially produced breastmilk substitutes such as Similac, Bebelack and Biomeal? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1 2 8 NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
f)	Any other liquids?	f) 1 2 8	
g)	Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1 2 8 NUMBER OF TIMES ATE YOGURT <input type="text"/>	
h)	Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]?	h) 1 2 8	
i)	Bread, rice, noodles, porridge, or other foods made from grains?	i) 1 2 8	
j)	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1 2 8	
k)	Potatoes, white potatoes, white yams, or any other foods made from roots?	k) 1 2 8	
l)	Any dark green, leafy vegetables?	l) 1 2 8	
m)	Ripe mangoes, papayas (yellow) or apricots?	m) 1 2 8	
n)	Any other fruits or vegetables?	n) 1 2 8	
o)	Liver, kidney, heart or other organ meats?	o) 1 2 8	
p)	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
q)	Eggs?	q) 1 2 8	
r)	Fresh or dried fish or shellfish?	r) 1 2 8	
s)	Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
t)	Cheese or other food made from milk?	t) 1 2 8	
u)	Any other solid, semi-solid, or soft food?	u) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 706 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/>		709
708	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 706 TO RECORD FOOD EATEN YESTERDAY) NO 2	710
709	How many times did (NAME FROM 705) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	
710	CHECK 706 INFANT FORMULA (CATEGORY "e"): NO/DON'T KNOW <input type="checkbox"/> YES <input type="checkbox"/>		712
711	You told me that you did not give (NAME) infant formula yesterday during the day or night. Are you giving (NAME) infant formula at all now?	YES 1 NO 2	801
712	Is the infant formula you are giving (NAME) subsidized by the government?	YES 1 NO 2 DON'T KNOW 8	
713	Is the infant formula you are giving (NAME) available at your local primary health care clinic?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		804
802	RECORD LINE NUMBER OF HUSBAND FROM HOUSEHOLD SCHEDULE. IF HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.	HUSBAND'S LINE NUMBER .. <input type="checkbox"/> <input type="checkbox"/>	
803	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
804	In what month and year was your (last) husband born? FOR CURRENTLY MARRIED WOMEN COMPARE AND CORRECT 803 AND/OR 804 IF INCONSISTENT.	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998	
805	Before you got married, was your (last) husband related to you in anyway through blood or marriage?	YES 1 NO 2	→ 806A
806	What type of relationship was it?	FIRST COUSIN FATHER'S SIDE ... 1 FIRST COUSIN MOTHER'S SIDE ... 2 SECOND COUSIN FATHER'S SIDE.. 3 SECOND COUSIN MOTHER'S SIDE.. 4 OTHER RELATIVE FATHER'S SIDE.. 5 OTHER RELATIVE MOTHER'S SIDE.. 6 RELATIVE BY MARRIAGE..... 7	
806A	Does your (last) husband have other wives?	YES 1 NO 2 DON'T KNOW 8	807
806B	Including yourself, in total, how many wives does (did) he have?	TOTAL NUMBER OF WIVES .. <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	
806C	Are you the first, second, ... wife?	RANK <input type="checkbox"/> <input type="checkbox"/>	
807	Did your (last) husband ever attend school?	YES 1 NO 2	→ 810
808	What is the highest level of school he attended?	PRIMARY 1 PREPARATORY..... 2 SECONDARY..... 3 UPPER INTERMEDIATE..... 4 UNIVERSITY 5 MORE THAN UNIVERSITY..... 6	
809	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.	GRADE <input type="checkbox"/> DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 801:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/ SEPARATED <input type="checkbox"/></p> <p>What is your husband's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's occupation? That is, what kind of work did he mainly do?</p>	<hr/> <hr/> <hr/> <p>(RECORD ANSWER IN DETAIL)</p>	<input type="checkbox"/> <input type="checkbox"/>
811	Aside from your own housework, have you done any work in the last seven days even if it was only for a short period of time?	YES 1 NO 2	→ 815
812	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. In the last seven days, have you done any of these things or any other work even if it was only for a short period of time?	YES 1 NO 2	→ 815
813	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 815
814	Have you done any work in the last 12 months even if it was only for a short period of time?	YES 1 NO 2	→ 822
815	What is your occupation, that is, what kind of work do you mainly do?	<hr/> <hr/> <hr/> <p>(RECORD ANSWER IN DETAIL)</p>	<input type="checkbox"/> <input type="checkbox"/>
816	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	
817	Do you usually work at home or away from home?	HOME 1 AWAY 2	
818	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	
819	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
820	<p>CHECK 815:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→ 822
821	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> ↓ WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→ 827D
823	CHECK 819: CODE 1 OR 2 CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 826
824	Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER _____ 6 (SPECIFY)	
825	Would you say that the money that you bring into the household is more than what your husband brings in, less than what he brings in, or about the same?	MORE THAN HIS 1 LESS THAN HIS 2 ABOUT THE SAME 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 827A
826	Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 OTHER _____ 6 (SPECIFY)	
827A	Who usually makes decisions about health care for yourself: you, your (husband), you and your (husband) jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
827B	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
827C	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
827D	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
827E	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
828	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
829	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD..... 1 2 8	
830	Now I would like to ask you some questions about medical care for yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go to the doctor? Getting money needed for advice or treatment? The distance to the health facility? Having to take transportation? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available?	BIG NOT A BIG PROB- PROB- LEM LEM PERMISSION TO GO .. 1 2 GETTING MONEY ... 1 2 DISTANCE 1 2 TAKING TRANSPOR' .. 1 2 GO ALONE 1 2 NO FEMALE PRO\... 1 2 NO PROVIDER 1 2 NO DRUGS..... 1 2	
831`	Are you covered by any health insurance?	YES 1 NO 2	→ 901
832	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH THE GENERAL AGENCY OF HEALTH INSURANCE..... A HEALTH INSURANCE THROUGH EMPLOYEE B HEALTH INSURANCE THROUGH ANY OF THE SYNDICATE C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANC D OTHER _____ X (SPECIFY)	

SECTION 9: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY				
901	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES 1 NO 2	→ 904		
902	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98			
903	Who performed the circumcision?	DOCTOR 1 NURSE/OTHER HLTH PROVIDER 2 DAYA 3 BARBER 4 GHAGARIA 5 OTHER _____ (SPECIFY) DON'T KNOW 8			
904	CHECK 213, 216, AND 217 AT LEAST ONE SURVIVING DAUGHTER AGE 0-19 YEARS <input type="checkbox"/> NO SURVIVING DAUGHTERS AGE 0-19 YEARS <input type="checkbox"/>		→ 915		
905	CHECK QUESTIONS 213 AND 217 AND IDENTIFY ALL OF THE WOMAN'S SURVIVING DAUGHTERS AGES 0-19 YEARS. ENTER THE NAME, AND LINE NUMBER FOR EACH DAUGHTER IN 906 BELOW BEGINNING WITH THE YOUNGEST DAUGHTER. USE AN ADDITIONAL QUESTIONNAIRE IF MORE THAN FOUR DAUGHTERS. Now I would like to ask you some questions about your daughters.				
906	CHECK 212: RECORD NAME(S) AND LINE NUMBER(S) FOR DAUGHTERS	<input type="text"/> <input type="text"/> LINE NO. <hr/> (NAME)	<input type="text"/> <input type="text"/> LINE NO. <hr/> (NAME)	<input type="text"/> <input type="text"/> LINE NO. <hr/> (NAME)	<input type="text"/> <input type="text"/> LINE NO. <hr/> (NAME)
907	CHECK 217:	AGE 15-19 0-14 YRS <input type="checkbox"/> (GO TO 909) ←	AGE 15-19 0-14 YRS <input type="checkbox"/> (GO TO 909) ←	AGE 15-19 0-14 YRS <input type="checkbox"/> (GO TO 909) ←	AGE 15-19 0-14 YRS <input type="checkbox"/> (GO TO 909) ←
908	What is (NAME'S) marital status?	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2
909	Is (NAME) circumcised?	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO 906) ← IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES		SKIP
NO.	QUESTIONS AND FILTERS	(NAME)	(NAME)	(NAME)	(NAME)	
910	Who performed the circumcision to (NAME)?	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA ... 3 BARBER . 4 GHAGARIA 5 OTHER 6 <u>(SPECIFY)</u> DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA ... 3 BARBER . 4 GHAGARIA 5 OTHER 6 <u>(SPECIFY)</u> DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA ... 3 BARBER . 4 GHAGARIA 5 OTHER 6 <u>(SPECIFY)</u> DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA ... 3 BARBER . 4 GHAGARIA 5 OTHER 6 <u>(SPECIFY)</u> DK 8	
911	How old was (NAME) when she was circumcised?	AGE <input type="text"/> <input type="text"/> DK 98 (GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	AGE <input type="text"/> <input type="text"/> DK 98 (GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	AGE <input type="text"/> <input type="text"/> DK 98 (GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	AGE <input type="text"/> <input type="text"/> DK 98 (GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	
912	CHECK 909 AND RECORD THE NUMBER OF DAUGHTERS AGE 0-19 YEARS WHO HAVE NOT BEEN CIRCUMCISED.			NUMBER	<input type="text"/> <input type="text"/>	
913	CHECK 912: AT LEAST ONE DAUGHTER NOT CIRCUMCISED <input type="checkbox"/> ALL DAUGHTERS CIRCUMCISED <input type="checkbox"/>					
914	You have (NUMBER IN 912) daughter(s) who (has/have) not been circumcised. Do you intend that (she/they) will be circumcised in the future?			YES..... 1 NO 2 HAVE NOT DECIDED/UNSURE ... 8		
915	During the past year have you discussed female circumcision with your relatives, friends, or neighbors?			YES..... 1 NO 2		
916	During the past year have you heard, seen or received any information about female circumcision?			YES..... 1 NO 2 UNSURE 8	<input type="checkbox"/>	918

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED	TELEVISION A RADIO B NEWSPAPER/MAGAZIN C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F EDUCATIONAL SEMINAR G HOME VISIT BY HEALTH WORKER .. H FACILITY-BASED HEALTH WORKER .. I HUSBAND J OTHER RELATIVE/FRIENDS K OTHER _____ X (SPECIFY)	
918	Do you believe that the practice of female circumcision is required by religious precepts?	YES 1 NO 2 DON'T KNOW 8	
919	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
920	Do you think that men want this practice to continue or to stop?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
921	I will read you some statements about circumcision. Please tell me if you agree or disagree. A husband will prefer his wife to be circumcised. Circumcision prevents adultery. Childbirth is more difficult for a woman who has been circumcised. Circumcision can cause severe consequences that can lead to a girl's death.	DIS- AGREE AGREE DK HUSBAND PREFER.. 1 2 8 PREVENTS ADULTERY 1 2 8 CHILDBIRTH DIFFICULT 1 2 8 MAY LEAD TO GIRL'S DEATH ... 1 2 8	

SECTION 10. KNOWLEDGE OF HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 1019
1002	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
1003	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
1007	Can the HIV virus be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK PREGNANCY 1 2 8 DELIVERY 1 2 8 BREASTFEEDING .. 1 2 8	
1008	CHECK 1007: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 1010
1009	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1010	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
1011	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>PROBE: Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <hr/> <p>(NAME AND ADDRESS OF PLACE)</p>	GOVERNMENT GOVERNMENT HOSPITA A GOVT. HEALTH UNIT B VCT CENTER C FAMILY PLANNING CLINI D MOBILE CLINIC E STANDALONE GOVT. LABORATO F OTHER GOVT. _____ G (SPECIFY) NON GOVERNMENTAL _____ H (SPECIFY) PRIVATE MEDICAL PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I PHARMACY J STANDALONE PRIVATE LABORAT K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER NON-MEDICAL _____ X (SPECIFY)	
1013	Would you buy fresh vegetables from a shopkeeper or vendor YES if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
1014	If a member of your family became sick with the virus, that causes AIDS would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
1015	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
1016	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWE 2 DK/NOT SURE/DEPENDS 8	
1017	In the last 6 months have you heard, seen, or received any information about HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 1019
1018	<p>Where did you hear or see that information?</p> <p>PROBE: Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND I OTHER RELATIVE/FRIENDS/ NEIGHBORS J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1019	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→ 1100
INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY			
1020	Now I would like to ask you some questions about other health services you may have received. Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 1022
1021	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1022	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1023	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1024	CHECK 1021, 1022, AND 1023: HAS HAD AN INFECTION <input type="checkbox"/> (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1100
1025	The last time you had (PROBLEM FROM 1021/1022/1023), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1100
1026	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	MINISTRY OF HEALTH AND POPULATION URBAN HOSPITAL (GNRL/DSTRCT A A URBAN HEALTH UNIT B HEALTH OFFICE C RURAL HOSPITAL (CENTRA..... D RURAL HEALTH UNIT..... E MCH CENTER F MOBILE UNIT G OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL H HEALTH INSURANCE ORG. I CURATIVE CARE ORGANIZATIO . J OTHER GOVERNMENTAL..... K NON-GOVERNMENTAL EGYPT FAMILY PLANNING ASSC. L CSI PROJECT M OTHER NON-GOVERNMENTAI.... N PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC..... O PRIVATE DOCTOR P PHARMACY Q MOSQUE HEALTH UNIT..... R CHURCH HEALTH UNIT..... S OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ETC.) T FRIEND/RELATIVE U OTHER X (SPECIFY)	

SECTION 11 DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1100	CHECK HOUSEHOLD QUESTIONNAIRE: IDENTIFICATION PAGE FOR SUB-SAMPLE AND Q300 FOR LINE NUMBER OF SELECTED WOMAN: WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1129																																				
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 NOT POSSIBLE 2		1128																																				
1102	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Egypt. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/> (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND')																																						
1103	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	<table> <thead> <tr> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td align="center">JEALOUS 1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">ACCUSES 1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">NOT MEET FRIENDS ... 1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">NO FAMILY 1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">WHERE YOU ARE 1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>	YES	NO	DK	JEALOUS 1	2	8	ACCUSES 1	2	8	NOT MEET FRIENDS ... 1	2	8	NO FAMILY 1	2	8	WHERE YOU ARE 1	2	8																			
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NOT MEET FRIENDS ... 1	2	8																																					
NO FAMILY 1	2	8																																					
WHERE YOU ARE 1	2	8																																					
1104	A Did your (last) husband ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	<table> <tr> <td align="center" colspan="2"></td> <th align="center">EVER</th> <th align="center">OFTEN</th> <th align="center">SOME-TIMES</th> <th align="center">NOT IN LAST 12 MONTHS</th> </tr> <tr> <td align="center">YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td align="center">NO</td> <td align="center">2</td> <td align="center">↓</td> <td align="center"></td> <td align="center"></td> </tr> <tr> <td align="center">YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td align="center">NO</td> <td align="center">2</td> <td align="center">↓</td> <td align="center"></td> <td align="center"></td> </tr> <tr> <td align="center">YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td align="center">NO</td> <td align="center">2</td> <td align="center">↓</td> <td align="center"></td> <td align="center"></td> </tr> </table>			EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2	↓			YES	1 →	1	2	3	NO	2	↓			YES	1 →	1	2	3	NO	2	↓			B How often did this happen during the last 12 months: often, only sometimes, or not at all?
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																		
YES	1 →	1	2	3																																			
NO	2	↓																																					
YES	1 →	1	2	3																																			
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1105	<p>A Did your (last) husband ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">EVER</th> <th style="text-align: center;">OFTEN</th> <th style="text-align: center;">SOME-TIMES</th> <th style="text-align: center;">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> <tr><td>YES</td><td>1 →</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NO</td><td>2</td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td>↓</td><td></td><td></td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			YES	1 →	1	2	NO	2	3			↓			
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1106	CHECK 1105A: AT LEAST ONE 'YES' <input type="checkbox"/> ↓ NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1109																																																																																																																
1107	How long after you first got married with your (last) husband did (this/any of these things) first happen?	<p>MONTHS 1 <input type="checkbox"/> <input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>BEFORE MARRIAGE 995</p>																																																																																																																	
1108	<p>Did the following ever happen as a result of what your (last) husband did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																																																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1111																								
1110	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																									
1111	Does (did) your (last) husband drink alcohol or use drugs?	YES, DRINKS A YES, USES DRUGS B DOES NOT DRINK OR USE DRUGS ... C	→ 1113																								
1112	How often does (did) he do this: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2																									
1113	Are (were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																									
1114	CHECK 105: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1116																								
1115	A So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband. a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? <table border="1"> <thead> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES	1 →	1	2	NO	2				↓			YES	1 →	1	2	NO	2			
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1116	From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1119																								
1117	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER _____ X (SPECIFY)																									
1118	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	CHECK CALENDAR AND BOTTOM OF CALENDAR: EVER BEEN PREGNANT <input type="checkbox"/> ↓ NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1122
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1122
1121	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND G MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOM N POLICE/SOL O OTHER _____ X (SPECIFY)	
1122	CHECK 1105A (a-j), 1115, 1116, AND 1120: AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1126
1123	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1125
1124	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ 1126
1125	Have you ever told any one about this?	YES 1 NO 2	
1126	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1127	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
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1128	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
1129	RECORD THE TIME.	<p>HOUR</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>MINUTES</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1201 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

1202 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

1203 EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

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

COL. 1: MARRIAGE/UNION

X IN UNION (MARRIED OR LIVING TOGETHER)

0 NOT IN UNION

COL. 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS

P PREGNANCIES

M MISCARRIAGE

A ABORTION

S STILL BIRTH

0 NO METHOD

C FEMALE STERILIZATION

D MALE STERILIZATION

E PILL

F IUD

G MONTHLY INJECTION

H THREE-MONTH INJECTION

I IMPLANTS

K CONDOM

N DIAPHRAGM/FOAM OR JELLY

R RHYTHM METHOD

T WITHDRAWAL

U PROLONGED BREASTFEEDING

X OTHER _____ (SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY

1 BECAME PREGNANT WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 HEALTH CONCERN

6 SIDE EFFECTS

7 LACK OF ACCESS/TOO FAR

8 COSTS TOO MUCH

9 INCONVENIENT TO USE

F FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSAL

D MARITAL DISSOLUTION/SEPARATION

X OTHER _____ (SPECIFY)

Z DON'T KNOW

			CHILD'S NAME		
1	2		3		
12	DEC	01			01 DEC
11	NOV	02			02 NOV
10	OCT	03			03 OCT
09	SEP	04			04 SEP
2	08	AUG	05		05 AUG
0	07	JUL	06		06 JUL
1	06	JUN	07		07 JUN
4	05	MAY	08		08 MAY
	04	APR	09		09 APR
	03	MAR	10		10 MAR
	02	FEB	11		11 FEB
	01	JAN	12		12 JAN
12	DEC	13			13 DEC
11	NOV	14			14 NOV
10	OCT	15			15 OCT
09	SEP	16			16 SEP
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	04	APR	21		21 APR
	03	MAR	22		22 MAR
	02	FEB	23		23 FEB
	01	JAN	24		24 JAN
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	04	APR	69		69 APR
	03	MAR	70		70 MAR
	02	FEB	71		71 FEB
	01	JAN	72		72 JAN

OUTCOME ("M", "A" OR "S") AND DATE OF LAST
PREGNANCY TERMINATION PRIOR TO
JANUARY 2009
IF NONE, RECORD '0' IN OUTCOME

OUTCOME
MONTH
YEAR

BIRTH DATE OF LAST CHILD BORN
PRIOR TO JANUARY 2009

MONTH
YEAR

