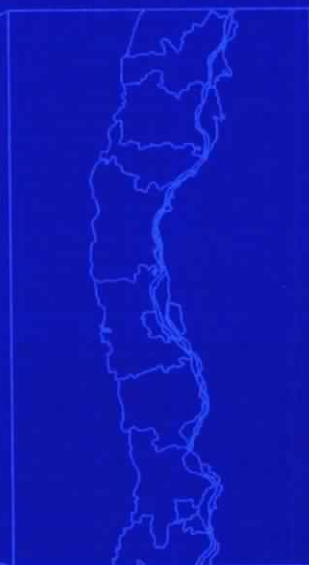


Menya Governorate

A Profile

Based on the 2003 Egypt
Demographic and Health Survey





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Menya Governorate:

A Profile

Based on the 2003 Egypt Demographic and Health Survey

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February 2004



**Ministry of Health and
Population**



**National Population
Council**



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ORC Macro

Additional information about the 2003 EIDHS may be obtained from the National Population Council, P.O. Box 1036, Cairo Egypt (Telephone: 5240425 or 5240505; Fax: 5240219). Additional information about the Measure *DHS+* project may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200; Fax: 301-572-0999).

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Menya governorate lies south of Cairo in the Nile Valley of Upper Egypt. Menya's current population of 3.7 million is primarily rural; only 19 percent lives in urban areas. The governorate ranks near the bottom on the Human Development Index, and its population has among the lowest life expectancy of any of Egypt's governorates (65.4 years).

With the support of USAID, special population and health initiatives are being undertaken in Menya. This report is intended to provide information for planning and monitoring the impact of these initiatives. The first part of the report highlights key results from the survey in providing an overall profile of the demographic and health situation in Menya governorate. More detailed information can be found in the tables included in Annex A at the end of the report.

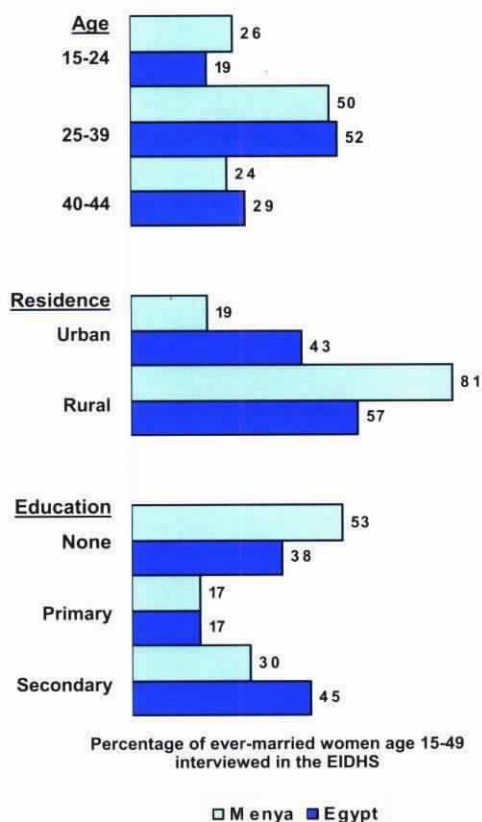
The data used in the report were collected in the 2003 Egypt Demographic and Health Survey.¹ A representative sample of 2,199 households and 2,053 ever-married women ages 15-49 from Menya were interviewed in the EIDHS in order to provide these data (Table 1.1).

Considering the profile of the EIDHS respondents from Menya (Table 1.2), 92 percent are currently married, 5 percent widowed, and 3 percent divorced or separated. Reflecting the influence of the younger age at marriage in Menya than in Egypt as a whole, EIDHS respondents from Menya are somewhat younger than the EIDHS sample as a whole; just over 25 percent of respondents from the governorate was under age 25 compared to 19 percent in the EIDHS sample as a whole.

Menya is much less urbanized than Egypt as a whole. Around two in ten ever-married women in the Menya subsample live in urban areas while a little more than four in ten women in the entire EIDHS sample are from urban areas.

The EIDHS results indicate that Menya lags behind the country as a whole in female educational achievement. For example, in Menya, 53 percent of ever-married women ages 15-49 never attended school compared to 38 percent of all Egyptian women in this age group. Slightly more than 60 percent of the ever-married women in Menya cannot read a simple sentence compared to 44 percent in Egypt as a whole.

Ever-married women from Menya are somewhat younger, less urbanized, and less likely to have attended school than all ever-married women in Egypt.



¹The 2003 Egypt Interim Demographic and Health Survey (2003 EIDHS) is the most recent of seven DHS surveys to be undertaken in Egypt. For more information on the 2003 EIDHS, see El-Zanaty and Way, 2003.

Considering the work status, 15 percent of ever-married women in Menya are working for cash. This rate is quite similar to the rate for women in the country as a whole.

Using the information the EIDHS sample from Menya, the remainder of this report examines indicators relating to the health status of women and children from Menya governorate.

Information was collected in the 2003 EIDHS on a range of indicators relating to the socio-economic status of the households and individuals interviewed in the survey. The indicators include measures of housing conditions, wealth levels, and education. Together these data contribute to an understanding of the factors that help to shape the demographic and health behaviors in Menya that are described in the subsequent sections of this report.

UNDER WHAT CONDITIONS DO HOUSEHOLDS IN MENYA LIVE?

HOUSING TENURE AND CHARACTERISTICS (Tables 2.1-2.2)

Three-quarters of Menya's households live in free-standing dwellings; this compares to 43 percent of all households in Egypt as a whole. The fact that Menya is more rural than the country as a whole helps to explain this difference.

The majority of households in Menya own the houses or apartments in which they live. Among the minority of households who rent their dwellings, most consider their tenure to be secure; less than 10 percent consider eviction to be a somewhat or very likely possibility.

Looking at key dwelling characteristics, nearly all households (97 percent) have electricity and 75 percent use gas (natural or LPG) for cooking. Kerosene is the predominant cooking fuel among households not using natural gas.

Almost half of the households (49 percent) live in dwellings that have dirt floors; this is more than three times the national figure (15 percent). Within the governorate, dirt floors are much more common in rural dwellings (58 percent) than in urban dwellings (17 percent).

DRINKING WATER AND SANITATION FACILITIES (Tables 2.3-2.5)

Drinking water and sanitation facilities directly influence the health and well-being of household residents. Menya's households are less likely to have access to piped water in their residence than households in Egypt as a whole (68 percent and 86 percent, respectively). Households in Menya that lack access to piped water within the dwelling typically obtain water from a public tap (13 percent) or a covered well (18 percent). Within Menya, urban households are much more likely than rural households to have access to piped water in the dwelling (91 percent and 61 percent, respectively).

Households in Menya are less likely than households in Egypt as a whole to have basic housing amenities.



More than 9 in 10 households in Menya have a flush toilet. This compares favorably with the national figure (97 percent) although Menya's households are more likely to have traditional (bucket) flush toilets than households in Egypt as a whole (76 percent and 55 percent, respectively). Within Menya itself, traditional (bucket or tank) toilets are more common among rural than urban households (85 percent and 59 percent, respectively). Modern flush toilets are available in over one-third of urban households in Menya and 6 percent of rural households. Around 10 percent of rural households use latrines or have no toilet facility compared with 3 percent of urban households.

Menya's households are much less likely than households in Egypt as a whole to report that their dwellings are connected to a public sewer system (6 percent and 54 percent, respectively), and virtually all dwellings that are connected to a sewer system are found in urban areas in the governorate. Among the dwellings in Menya not connected to a public sewer, roughly half are connected to a *bayara* (vault) and half to a septic system.

In Menya, less than half of all households with toilets have a place for hand washing adjacent to the toilet, and only 16 percent have all the items (water/tap, soap/ash, a basin, and towel/cloth) considered necessary for hand washing. These figures are substantially below the national averages for these indicators (75 percent and 40 percent, respectively).

Within the governorate, urban households are much more likely than rural households to have a place for hand washing near the toilet and to have the appropriate other hand washing materials. However, even among urban households around a quarter do not have a facility near the toilet, and two-thirds do not have all of hand-washing materials.

With regard to disposal of kitchen waste and trash, 22 percent of Menya's households have their waste collected from home or from a container in the street compared to 39 percent of households nationwide. Within Menya, waste collection is more common among urban households (60 percent) than rural households (11 percent). Dumping waste in the street, an empty plot, or into a drainage canal or ditch is the most common mode of waste disposal among rural households (55 percent) followed by burning (14 percent).

HOUSEHOLD POSSESSIONS (Table 2.6)

In addition to the information on basic amenities, the EIDHS collected information on household ownership of consumer durables and other property. More than 80 percent of households in Menya own a television, 70 percent a radio, more than 60 percent a washing machine (automatic/nonautomatic), and 59 percent farm animals. Somewhat less than half own a refrigerator and close to 40 percent have a stove. Around a quarter of all households own, respectively, farm or other land, a bicycle or a telephone (fixed/mobile), and 14 percent have a water heater. Less than 10 percent of the households own any of the other household possessions for which information was collected in the EIDHS (video, satellite dish, computer, sewing machine, air conditioner, dishwasher, motorcycle, or a car, van or truck).

The rates of ownership for all items are lower among households in Menya than among households in Egypt as a whole. Within the governorate, urban households are more likely than rural households to own the various items, except for land and farm animals.

One in 6 households in Menya does not own a television, 3 in 10 households do not have a radio, and 3 in 4 households do not have a telephone.

WHERE DO MENYA S HOUSEHOLDS FALL ALONG THE WEALTH INDEX? (Table 2.7)

Information collected in the EIDHS on household assets has been used to create a national-level wealth index. The wealth index ranks households into quintiles based on their possession of the various assets.² An examination of the ranking of Menya s households on the national wealth index highlights the relative poverty of households in the governorate. Close to half of households in Menya fall in the lowest quintile on the index, and 7 percent of the households in the governorate fall in the highest (fifth) quintile of wealth index.

Households in rural Menya are significantly poorer than urban households. For example, nearly 60 percent of rural households in the governorate rank in the bottom wealth index quintile compared to 16 percent of urban households.

WHAT IS THE LEVEL OF SCHOOL ATTENDANCE AMONG YOUNG CHILDREN IN MENYA? (Table 2.8)

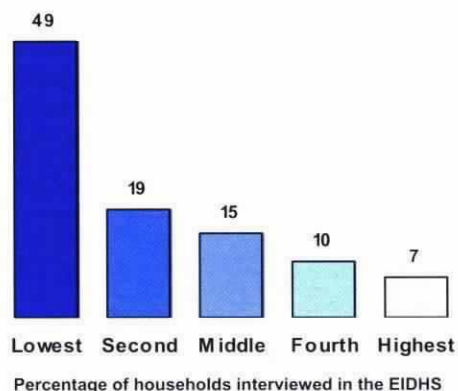
Access to education is an important measure of the social welfare of a population. In Menya, 80 percent of children in the 6-15 age group attended school during the 2002-2003 school year. This compares to a school attendance rate of 86 percent among all children in Egypt in this age group.

Gender differences in school attendance levels favor males both in Menya and in Egypt as a whole. However, the gender gap is much larger in the governorate than in the country as a whole. For example, among children ages 6-15 years, the difference in attendance rates between boys and girls during the 2002-2003 school year was 14 percentage points in Menya, more than twice the difference observed for the country as a whole (5 percentage points).

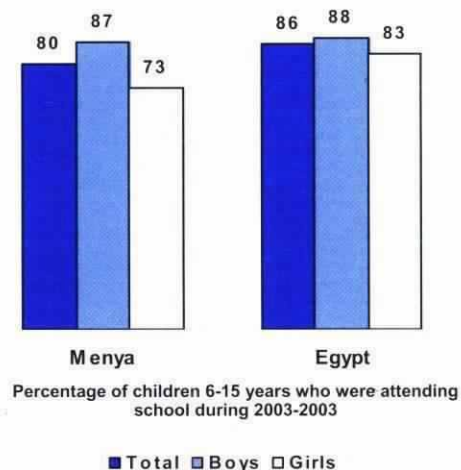
ARE WOMEN EXPOSED TO MASS MEDIA? (Table 2.9)

Mass media can be an effective tool for informing the population about maternal and child health issues. The EIDHS obtained information from ever-married women age 15-49 about their recent exposure to

Almost half of the households in Menya fall into the lowest level on the national wealth index.



Gender differences in school attendance are greater in Menya than in Egypt as a whole.



Nine in 10 women report that they are exposed to some form of mass media (primarily television) weekly.

²The wealth index serves a proxy for long-term economic status of the household. Filmer and Pritchett (1998 and 2001) and Rutstein (1999) show that this assets-based index is highly comparable to conventionally measured consumption expenditures.

various media (television, radio and newspapers/magazines). Media exposure levels are only slightly lower in Menya governorate than in all Egypt: 91 percent of women in Menya report exposure to some media weekly compared to 95 percent of women in the country as a whole.

Television reaches more women than other media: 88 percent of women in Menya report watching television weekly, compared to 56 percent who listen to the radio and 14 percent who are exposed to print media weekly.

In order to explore fertility levels and patterns, the 2003 EIDHS obtained detailed reproductive histories from respondents. In addition, questions were asked about the age at which women first marry and other key fertility determinants. Information also was collected on fertility preferences (wanted fertility) in order to gain insight into the likelihood of future fertility change.

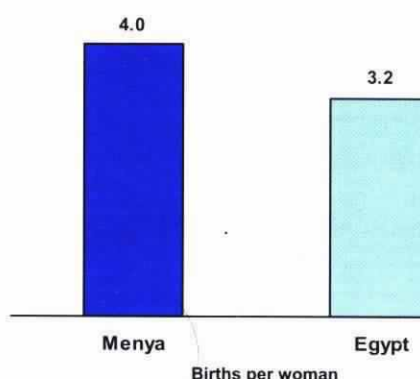
WHAT IS THE CURRENT LEVEL OF FERTILITY? (Table 3.1)

The total fertility rate (TFR) provides a measure of the number of children a woman will bear during her lifetime if she has children at the rate prevailing over the three-year period prior to the EIDHS among women in the reproductive ages.

In Menya, the total fertility rate is 4 births per woman. Fertility in Menya is around 25 percent—or an average of 0.8 births—higher than the level for the entire country.

Within the governorate, there is a marked difference in the fertility behavior of urban women—who at current levels will give birth to an average of just under 3 children in their reproductive years—and

The fertility rate in Menya is 25 percent higher than in Egypt as a whole.



Current Fertility in Menya by Residence

Age group	Urban	Rural	Total
15-19	37	97	86
20-24	157	255	231
25-29	169	235	221
30-34	113	146	139
35-39	82	90	88
40-44	31	35	34
45-49	0	6	4
TFR 15-49	2.9	4.3	4.0

rural women—who will have an average of 4.3 births before reaching their 50th birthday.

Examining the age-specific fertility rates, it is clear that the differences in rural and urban fertility are greater for women under age 35 than among older women. The differences are particularly large for women age 15-19. Rural women in that age group are giving birth at more than twice the rate of urban women in the same cohort.

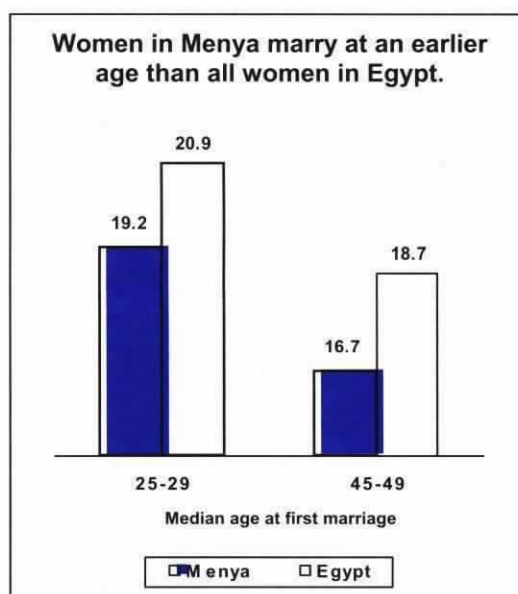
WHAT FACTORS INFLUENCE MENYA'S FERTILITY LEVELS?

AGE AT MARRIAGE (Table 3.2)

The age at which women first marry is among the most important proximate determinants of fertility. When women delay marriage, they shorten the period of exposure to pregnancy and, thus, ultimately reduce the number of children they will bear.

The chart to the right compares the median age at first marriage—the age by which 50 percent of women have married—for two cohorts of women, those 45-49 years of age who are nearing the end of their reproductive years and women 25-29 who are in the prime childbearing ages. The comparison documents a substantial change in the average age at marriage in Menya governorate. The median age at first marriage among women 25-29 is 19.2 years, 2.5 years higher than the median among the older women (16.7 years).

The comparison also highlights a narrowing of the gap in the median age at first marriage between women in Menya and other Egyptian women. The median age at first marriage among all Egyptian women ages 45-49 is two years higher than the median age for Menyan women in the same cohort. Among women age 25-29, differences in the age at first marriage are somewhat smaller. In this age group, women from Menya were an average of 1.7 years younger when they first married than women in Egypt as a whole.



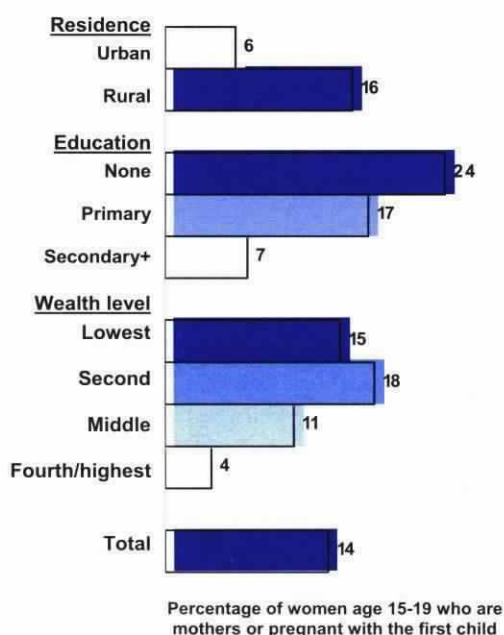
TEENAGE PREGNANCY AND MOTHERHOOD (Tables 3.3-3.4)

The trend to later marriage has resulted in an increase in the average age at which Menyan women first give birth. Among women 45-49, for example, almost 30 percent had their first child before they had reached their 18th birthday. In contrast, among women age 20-24, only 18 percent had given birth before their 18th birthday.

In addition to having a negative impact on fertility levels, the delay in the onset of childbearing has reduced the proportion of women exposed to the higher risks of morbidity and mortality associated with early childbearing. Nevertheless, in Menya, 14 percent of women in the 15-19 cohort had started childbearing at the time they were surveyed in the EIDHS. This is substantially higher than the level of teenage childbearing in Egypt as a whole (8 percent).

Teenage childbearing is more common in rural than in urban areas. Teenagers who have never been to school are more likely to get married at early age and start childbearing (24 percent have begun child bearing) than other teens. Differences across the wealth index are large,

Teenage childbearing is lowest among teens in the wealthiest households and highest among teens who never attended school.



with 15 percent of teens in the lowest quintile having started childbearing compared to 4 percent in the wealthiest quintile.

BIRTH INTERVALS (Table 3.5)

The period between two successive births is referred to as the birth interval. Shorter birth intervals are associated with higher fertility. Short birth intervals also place children and the mother at greater risk of illness and death.

Short birth intervals place both the mother and her children at increased health risk. In Menya, average birth intervals are especially short—28 months or less—among women under age 30.

In Menya, 61 percent of non-first births occurred within 3 years of a prior birth and, for a quarter of the births, the interval was less than 2 years. The median interval between successive births in Menya is 3.8 months shorter than the average birth interval among all Egyptian mothers (31.7 months and 35.5 months, respectively).

PREMARITAL EXAMINATIONS (Table 3.6)

The 2003 EIDHS was the first survey to ask women questions about the practice of seeing a medical provider for a premarital examination. Women in Menya were almost as likely as women in Egypt as a whole to have heard about the practice (79 percent and 82 percent, respectively). As is the case among all Egyptian women, few women in Menya report that they had been examined by a physician before their first marriage (1 percent).

WHAT ARE WOMEN'S CHILDBEARING GOALS?

IDEAL NUMBER OF CHILDREN (Table 3.7)

The EIDHS captured information on a woman's lifetime childbearing goals by asking about the ideal number of children. The mean ideal number of children among currently married women in Menya—3.3 children—is 0.5 children more than the ideal number reported for married women in the country as a whole.

While the mean ideal number of children among Menyan women exceeds that of the average Egyptian woman, the survey also documents considerable excess fertility. Many women are having more children than they consider ideal; in fact, among women with four or more children, the mean ideal numbers of children falls consistently below the number of children the women have had.

Mean Ideal Number of Children, Menya and All Egypt

Current family size	Menya	Egypt
None	2.6	2.6
1 child	2.7	2.4
2 children	2.9	2.5
3 children	3.3	2.8
4 children	3.5	3.2
5 children	3.7	3.4
6 children	4.0	3.8
Currently married women 15-49	3.3	2.8

WANTED FERTILITY (Table 3.8)

Wanted fertility is an estimate of the fertility rate that would be achieved if unwanted births are avoided (i.e., if all women were to achieve their childbearing goals). In Menya, the wanted fertility rate is 3 births per woman, 1 birth less than the actual fertility rate. Thus, if all unwanted births were avoided, the total fertility rate in Menya would decrease by 25 percent.

DESIRE FOR ANOTHER CHILD (Table 3.9)

In addition to the information on women's ideal fertility, the EIDHS obtained information on women's immediate childbearing preferences. More than 60 percent of currently married women would prefer not to have another birth or are sterilized, and 20 percent would like to delay any future birth for at least two years. Thus, these data also suggest a strong interest among the women in Menya in controlling fertility.

FAMILY PLANNING

4

The Egyptian government's commitment to providing widely-accessible family planning services has been a very important factor contributing to fertility decline and improved maternal and child health. The EIDHS collected information on family planning knowledge and use and on the extent to which there are opportunities for assisting nonusers to adopt family planning that are being missed.

HOW MANY WOMEN IN MENYA KNOW ABOUT AND USE FAMILY PLANNING? (Tables 4.1-4.3)

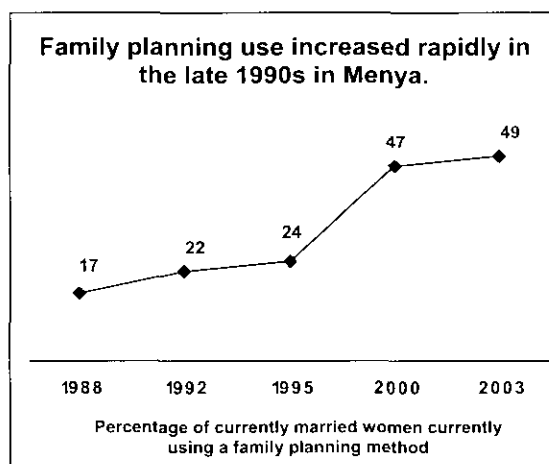
KNOWLEDGE AND EVER USE

All ever-married women in Menya report knowing about some family planning method, and virtually all (98 percent or more) have heard of the pill, IUD, injection, and implant. Three in four of women in the governorate also report some experience with using some family planning method. This compares to a national ever use rate of 81 percent. Most of the women in Menya who have ever used a method reported they have used a modern method (71 percent overall) while 15 percent had employed a traditional method (principally prolonged breastfeeding) at some point to avoid a pregnancy.

CURRENT USE

The EIDHS found that 49 percent of currently married women in Menya are currently using family planning. The level of use in the governorate is 18 percent lower than the national rate of 60 percent.

Family planning use in Menya has nearly tripled since the late 1980s, when 17 percent of married women in the governorate were using a method. Change appears to have been especially rapid in the latter part of the 1990s, with use levels almost doubling between 1995 and 2000. Since 2000, the pace of the increase has slowed substantially.



USE OF FAMILY PLANNING BY METHOD

The IUD—used by 19 percent of all married women in Menya—is the most popular method followed by the injection and the pill. The level of IUD use in Menya is roughly half the level observed in Egypt as a whole, while the level of use of the injection is nearly twice as high in Menya as it is nationally. The levels of use of other methods including the pill in Menya are generally similar to the levels observed for Egypt as a whole.

Use of Family Planning by Method, Menya and All Egypt		
Method	Menya	Egypt
Using any	49	60
IUD	19	37
Injection	14	8
Pill	10	9
Other modern	3	3
Other traditional	4	3
Not using	51	40
Total percent	100	100

DIFFERENTIALS IN USE

Marked differences in family planning use are documented within Menya in the EIDHS survey. Looking at a key demographic characteristic, no child-less women report use of a method. However, family planning methods are rapidly adopted once childbearing has begun; use levels increase from a third of women with one child to 61 percent of women with four or more children.

Urban women are around 20 percent more likely to be using a family planning method than rural women. A woman's education status is strongly related to the likelihood of use; women with a secondary or higher education are 30 percent more likely to be using contraception than women who never attended school.

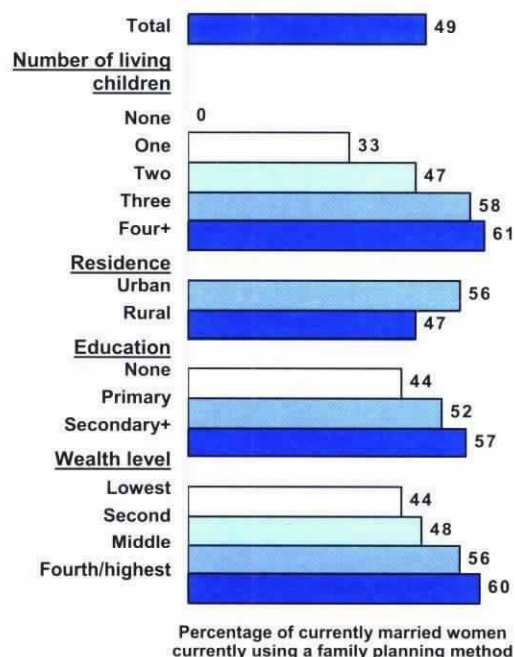
A strong relationship also exists between household wealth and family planning use. Women at the top of the wealth index are more than 35 percent more likely to be using than women at the bottom of the index.

HOW MANY WOMEN IN MENYA ARE IN NEED OF FAMILY PLANNING? (Table 4.4)

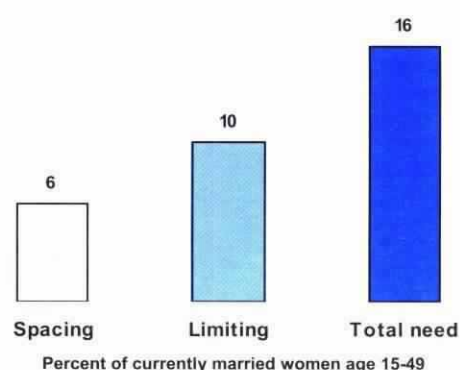
One of the major concerns of family planning programs is the identification of those women who are in need of contraceptive services but are not yet using family planning. In defining the need for family planning, both a woman's fertility preferences—that is, her desire to have no more children or her interest in delaying the next birth for at least two years—and her exposure to the risk of pregnancy are taken into account.

Using this approach, 1 in 6 currently married women in Menya is considered as in immediate need of family planning to avoid an unplanned birth. Slightly more than one-third of those in need of family planning are potential spacers, that is, they want another birth but they would like to wait two years or more before having a birth. The remaining women are potential limiters, that is, they do not want another child.

Current use is highest among women with four or more children and among the wealthiest women.



One in 6 currently married women in Menya is in need of family planning to avoid an unplanned birth.



ARE NONUSERS PLANNING TO USE FAMILY PLANNING IN THE FUTURE? (Tables 4.5-4.7)

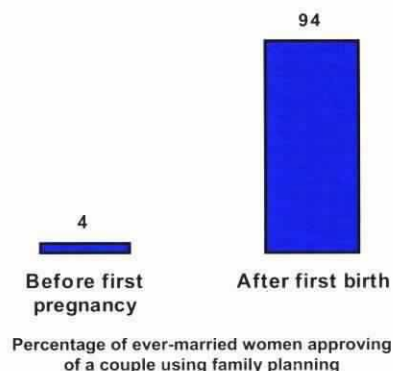
More than half of currently married nonusers—whether or not they are in immediate need of family planning—indicate that they plan to adopt a family planning method later, while 41 say they do not plan to use contraception. The IUD is the most popular method among these women intending to use contraception followed by injections and the pill.

Around half of nonusers who say that they do not plan to use contraception cite as the main reason a desire for more children. Around 40 percent of the nonusers who are not planning to use consider themselves unable or unlikely to become pregnant. Comparatively few of the nonusers (12 percent) have method-related concerns (principally health concerns or fear of side effects), and only 3 percent are opposed to family planning.

WHAT PERCEPTIONS DO WOMEN HAVE ABOUT FAMILY PLANNING? (Tables 4.8-4.9)

The positive attitudes and perceptions women in Menya have about family planning provide a supportive environment for efforts to increase family planning use in the governorate. In Menya, almost all ever-married women age 15-49 approve of a couple using family planning, although comparatively few women think that family planning is appropriate before a couple has the first child (4 percent). The majority of women (60 percent) also believe that most couples use family planning, and 71 percent say that family planning use is increasing in their communities.

Very few women approve of the use of family planning before a couple has a child.



ARE FAMILY PLANNING COMMUNICATION EFFORTS REACHING THEIR TARGETS? (Tables 4.10-4.11)

Women in Menya are receiving regular information about family planning. The EIDHS results indicate that more than 3 in 5 ever-married women in the reproductive ages in Menya reported seeing or hearing a message about family planning during the six months prior to the survey. When asked about the source from which they had recently received family planning information, women most often cited television (78 percent) followed by medical providers (16 percent).

ARE THERE MISSED OPPORTUNITIES FOR COUNSELLING ABOUT FAMILY PLANNING? (Table 4.12)

Family planning was discussed in only about 25 percent of recent contacts that nonusers had with health providers.

The EIDHS collected information on whether nonusers had any recent contact with health providers either through home visits or at health facilities. Such contacts provide an opportunity to counsel the nonuser about family planning. The results suggest that contacts with health providers are relatively common; nearly half of all nonusers in Menya had been in contact with a health provider in the six months before the survey. However, family planning was discussed during

only around 1 in 4 of these contacts. Thus, there appear to be a significant number of opportunities for talking with nonusers about their need for family planning that are currently being 'missed' by health providers in Menya.

SOURCE FOR FAMILY PLANNING METHODS

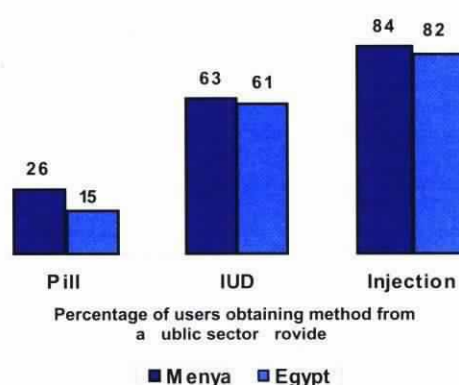
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The 2003 EIDHS obtained information on the source from which users had obtained their method and on the costs of the methods.

WHERE DO FAMILY PLANNING USERS OBTAIN THEIR METHODS? (Table 5.1)

The source from which a family planning user in Menya obtains her method varies markedly according to the method used. The majority of pill users obtain the method from a pharmacy, while IUD and injection users typically obtain those methods from a public sector provider. The proportions of IUD and injection users in Menya obtaining the methods from public sector providers are roughly similar to the proportions of all users in Egypt who get those methods from a public sector provider. In the case of the pill, however, users in Menya are notably more likely than users in Egypt to obtain the method from a public sector provider.

Pill users in Menya are more likely than all pill users in Egypt to get the method at a public sector facility.



WHAT DO FAMILY PLANNING USERS PAY FOR THEIR METHODS? (Tables 5.2-5.4)

The EIDHS collected information on the amount that a current user paid for her family planning method at the beginning of the segment of use. The median amount that pill users in Menya paid was less than a pound for a cycle. Injectable users paid roughly twice that amount for their method. Among IUD users in Menya, the median cost of an IUD insertion was 4.5 pounds. Users who had the IUD inserted by a private sector provider paid considerably more than women who obtained the method at public sector facility (median costs of 26 pounds and 3 pounds, respectively).

ARE FAMILY PLANNING USERS WILLING TO PAY MORE FOR THEIR METHODS? (Tables 5.5-5.7)

Regardless of the method used, nine in ten users in Menya reported that they were willing to pay more than the median amount currently charged for the most popular methods (i.e., the pill, IUD or the injection). More than half of IUD users expressed a willingness to pay at least 25 pounds for the method. In the case of the pill, nearly half of users indicated they were willing to pay 5 pounds for the method, and around 60 percent of injection users would pay at least 5 pounds of the method.

The majority of maternal deaths are avoidable if pregnant women receive adequate care during pregnancy, have their deliveries in hygienic conditions with the assistance of trained medical providers, and receive appropriate and timely postpartum care. Appropriate medical care during pregnancy, at delivery and in the early postpartum period also is crucial in identifying children at greater risk of mortality.

HOW MANY MOTHERS IN MENYA ARE RECEIVING ANTENATAL CARE SERVICES?

CARE DURING PREGNANCY (Tables 6.1-6.4)

Regular antenatal checkups by a medical provider are important in assessing the physical status of women during pregnancy and in preventing complications. The World Health Organization (WHO) recommends that a pregnant woman have at least four antenatal visits to ensure proper care. A woman should have the first of these checkups early in the pregnancy and, in order to detect problems that might affect the delivery, she should also see a provider late in the pregnancy. In addition, to prevent infant deaths due to neonatal tetanus, tetanus toxoid injections are a crucial element of adequate pregnancy care.

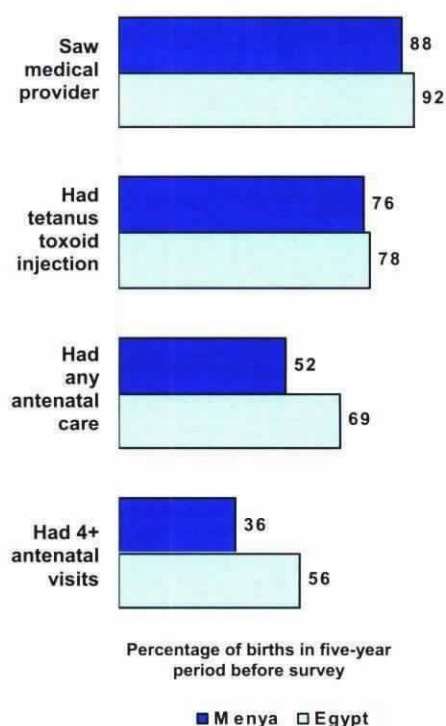
The 2003 EIDHS results indicate that 88 percent of women in Menya saw a medical provider (almost always a doctor) at some point during pregnancy. In many cases, however, women saw the provider for care for an illness unrelated to the pregnancy or only for a tetanus toxoid (TT) injection.

Women specifically sought care for their pregnancy in around half of all births, and regular antenatal care—four or more visits—was reported for 36 percent of the births. These proportions are substantially below the levels of antenatal care reported for Egypt as a whole.

Among the women in Menya who had antenatal checkups, around two-thirds received the care from a private provider. As recommended, women who had any antenatal care typically saw a provider early; 91 percent of the women reported they had consulted a medical provider before the sixth month of their pregnancy, with almost two-thirds saying they were less than four months pregnant when they consulted a provider for the first time. Care late in the pregnancy (i.e., within the two months of delivery) was somewhat less common; 2 in 10 of the women who had some antenatal care did not see a provider in the last two months of their pregnancy.

Finally, a comparison of the proportion of women who got antenatal care (52 percent) and the proportion who had at least one tetanus toxoid injection (76 percent) suggests that

Many mothers in Menya do not receive appropriate medical care during pregnancy.



around one-quarter of women in Menya obtain the tetanus injection(s) without having a comprehensive antenatal care checkup. The MOHP emphasizes the importance of using contacts that medical providers have with pregnant women during the provision of the tetanus vaccinations to encourage regular antenatal care and to discuss the use of family planning. About 4 in 10 of the woman in Menya who got a tetanus injection were advised that they should have regular antenatal checkups, and around 1 in 4 of the women receiving a tetanus injection were given advice about family planning.

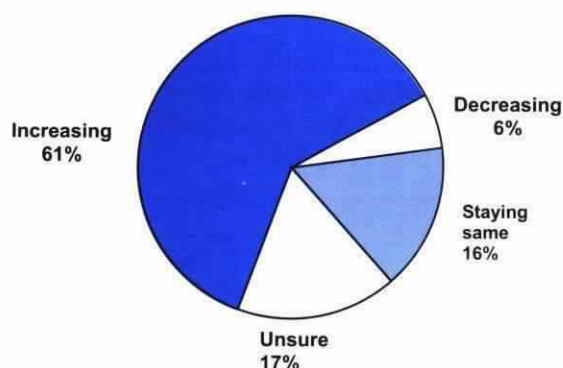
PERCEIVED COVERAGE OF ANTENATAL CARE SERVICES (Table 6.5)

The 2003 EIDHS data indicate that many women in Menya recognize that antenatal care services are not widely utilized in their communities. Slightly less than half of all ever-married women in Menya (47 percent) believe that most women are obtaining antenatal care services while an almost equal proportion think that only some (27 percent) or very few (12 percent) of the women in their communities obtain antenatal services. More positively, the majority believe that women's use of antenatal services is increasing.

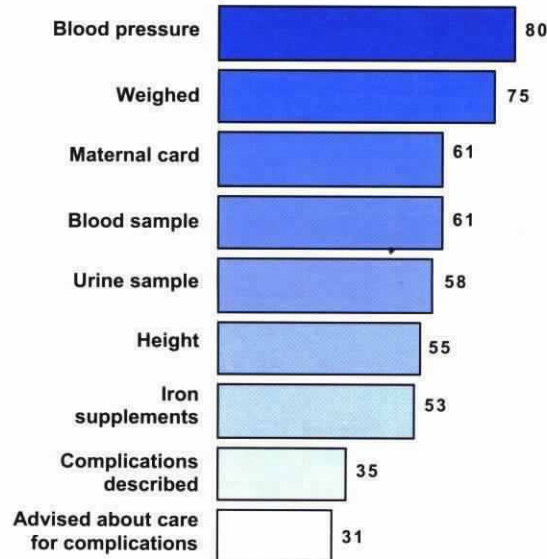
CONTENT OF CARE DURING PREGNANCY (Table 6.6)

In order for pregnancy care to be effective, providers should perform a number of routine screening procedures, and they should inform women of signs of pregnancy complications for which they should seek care. Many of the women in Menya who had regular antenatal care (i.e., women with four or more antenatal visits) did not receive many of the basic elements of good pregnancy care. Women who had regular antenatal care were most likely to report that they had had their blood pressure taken (80 percent) and that they had been weighed (75 percent). They were least likely to report receiving information from a provider about signs of pregnancy complications (35 percent) and about what action to take if they had any of those problems (31 percent).

Women in Menya believe that use of antenatal care services is increasing in their communities.



In Menya, even women who have regular antenatal care visits frequently do not receive key components of care.



Percentage of births to women receiving regular antenatal care during the five-year period before the survey

EXPOSURE TO SAFE PREGNANCY MEDIA CAMPAIGN (Table 6.7)

Media messages intended to increase awareness of the danger signs during pregnancy are part of an information, education and communication effort to promote safe pregnancy. This campaign has had some impact in Menya. Overall, more than 4 in 10 ever-married women had received information on the signs of pregnancy complications, with three-quarters most recently hearing about the danger signs through television.

HOW MANY MOTHERS IN MENYA ARE RECEIVING DELIVERY AND POSTPARUM 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. Proper care after delivery also is essential in order to detect problems that may lead to illness or death problems. It is recommended that mothers and infants receive the first postnatal checkup within two days of delivery.

The majority of women in Menya do not receive optimal maternal health care. Nearly one in two do not see a medical provider for antenatal care, two-thirds deliver at home primarily with a dayas assistance, and only around one-quarter receive any postpartum care.

DELIVERY CARE (Tables 6.8-6.9)

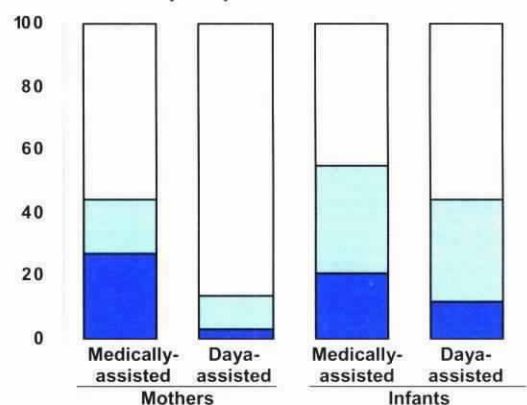
The 2003 EIDHS findings show that 44 percent of births are assisted by medical personnel in Menya compared to 69 percent nationally. Among the women in Menya who deliver in facilities, the majority (61 percent) deliver in private hospitals or clinics, which is similar to the national pattern.

POSTPARTUM CARE (Tables 6.10-6.13)

The great majority of new mothers in Menya do not receive any postpartum care. Mothers in Menya reported receiving postpartum care for 27 percent of births during the five years prior to the EIDHS. This compares to a national figure of 43 percent. Among women who do obtain postpartum care, around half go for the first checkup within the recommended two days following delivery

Women who deliver with the assistance of a medical provider are three times as likely to have postpartum care as women who are assisted by a dayas; however, even among these mothers, more than half do not have a checkup following the delivery.

In Menya, the majority of mothers and infants are not receiving adequate postpartum care.



Percentage of births in the five-year period before the survey

■ PP visit within two days □ PP visit later □ No care

Infants are more likely than their mothers to have a checkup in the postpartum period. Forty-four percent of infants in Menya are taken after delivery for a checkup and, among those who are taken to a provider, about one-quarter have a checkup within two days of the delivery.

Like their mothers, infants in Menya are more likely to have a postpartum checkup if the delivery was assisted by a medical provider.

HAVE KEY MATERNAL HEALTH CARE INDICATORS SHOWN RECENT IMPROVEMENT IN MENYA?

Earlier DHS surveys had much smaller samples from Menya governorate than the 2003 EIDHS. Nevertheless, the data from the earlier surveys can be compared to the 2003 results in order to obtain an overall perspective on the changes that have been occurring in the governorate.

These comparisons suggest that there has been a steady improvement in the maternal health situation in Menya. The proportions of births in which women have received regular antenatal care, for example, has nearly tripled since 1995, and the proportion of medically-assisted deliveries doubled during the period.

Trends in Key Maternal Health Indicators, Menya, 1995-2003

Indicator	1995	2000	2003
Antenatal care			
Any	20	33	52
Regular	13	20	36
Tetanus toxoid injection	69	63	76
Medically-assisted delivery	22	38	44

Note: Indicators refer to percentage of births during the five-year period prior to the survey.

HOW DOES USE OF MATERNAL HEALTH CARE SERVICES VARY AMONG WOMEN IN MENYA?

Utilization of maternal health care services varies substantially in Menya. For example, mothers delivering their sixth child were only half as likely as women delivering their second or third child to have had regular antenatal care. This is of concern since the likelihood of morbidity and mortality for the mother and child is greater for high parity births.

Women delivering their first child also are at greater risk of pregnancy-related complications. These women were more likely than the average pregnant woman to have used maternal health care services. However, less than half of first-time mothers saw a medical provider for regular care during the pregnancy, three in five were assisted at delivery by a medical provider, one-third had a postnatal checkup for themselves, and 59 percent reported their new baby had any postnatal care.

As expected, residence and socio-economic status are both strongly related to the likelihood of using most maternal health services. For example, regular antenatal care is almost twice as common for urban births as for rural births. Highly educated mothers are much more likely to use all maternal health services than are less educated mothers.

Differentials in Levels of Use of Maternal Health Care Services, Menya 2003						
Background characteristic	Antenatal care		One or more tetanus toxoid injections	Medically-assisted delivery	Postnatal checkup	
	Any	Regular			Mother	Child
Birth order						
1	66	49	85	60	33	59
2-3	56	40	79	41	28	42
4-5	43	27	73	38	26	43
6+	36	21	58	33	19	36
Residence						
Urban	73	58	72	64	37	59
Rural	48	32	76	40	25	41
Education						
No education	39	23	73	31	22	37
Primary	46	29	73	39	22	44
Secondary/higher	76	60	82	65	39	56
Work status						
Working for cash	63	50	74	58	44	51
Not working for cash	51	34	76	42	25	43
Wealth index						
Lowest quintile	40	24	73	32	22	37
Second quintile	56	38	79	40	26	41
Middle quintile	62	43	80	55	34	53
Fourth/highest quintiles	82	73	74	82	49	64
Total	52	36	76	44	27	44

Except for tetanus toxoid injections, the proportion of births in which the mother reported use of maternal health care services increased directly with the wealth index quintile. Differences across wealth categories in the proportions of medically-assisted deliveries births were particularly large, with more than 80 percent of the births to women in the highest wealth categories assisted by a medical provider compared to somewhat less than one-third in the lowest wealth category.

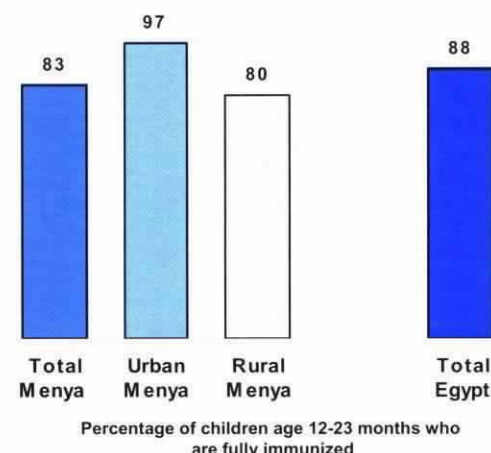
The effort to ensure that children are immunized against preventable diseases is a cornerstone of Egypt's child health programs. Encouraging parents to seek prompt treatment for acute respiratory infection and diarrhea is another key child health measure, as are programs to improve children's nutritional status.

HOW MANY YOUNG CHILDREN IN MENYA ARE FULLY IMMUNIZED? (Table 7.1)

In Egypt, guidelines for childhood immunizations call for all children to receive during the first year of life a BCG vaccination against tuberculosis; three doses of the DPT vaccine to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccination. In Menya, 83 of the children 12-23 months have received the appropriate doses of the six primary vaccines, which is somewhat lower than the national rate of 88 percent. Within Menya, coverage levels for these vaccines were substantially higher for urban children than for rural children. Boys are slightly more likely than girls to have received all of the doses of the six primary vaccines.

In addition to these standard immunizations, it is recommended that all children receive three doses of the hepatitis vaccine, booster doses for DPT and polio, and the MMR vaccine against measles, mumps and rubella. Fewer children have received these other immunizations, with children most likely to have hepatitis immunizations. Seventy percent of children are fully immunized against hepatitis, and less than half have received the other recommended immunizations.

Children in Menya are slightly less likely to be fully immunized than children in Egypt as a whole.



HOW MANY YOUNG CHILDREN IN MENYA RECEIVE APPROPRIATE TREATMENT WHEN THEY ARE ILL?

DIARRHEA (Table 7.2)

Dehydration caused by severe diarrhea is a major cause of illness and death among young children. A simple and effective response to dehydration is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT). ORT may include the use of a solution prepared from commercially produced packets of oral rehydration salts (ORS) or a recommended home solution (RHS), 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.

The EIDHS results indicate that about half of all children in Menya who the mother reported as ill with diarrhea during the two-week period before the survey received care from a health provider, with boys more likely to be taken for medical care than girls (55 percent and 46

percent, respectively). Around 7 in 10 of the children received some form of ORT, with mothers using ORS packets in 40 percent of the cases and a homemade solution in around one-quarter of the cases.

ACUTE RESPIRATORY INFECTION (Table 7.3)

Along with diarrhea, acute respiratory infections (ARI), particularly pneumonia, are a common cause of death among infants and young children. Early diagnosis and treatment with antibiotics can prevent a large proportion of the deaths due to pneumonia.

The prevalence of ARI was estimated in the 2003 EIDHS by asking mothers if their children under five years of age had been ill with coughing accompanied by short rapid breathing in the two weeks before the survey.³ Seven in 10 of the children in Menya under age five who were reported by the mother as having these symptoms during the two-week period before the EIDHS received care from a health provider, with girls much less likely than boys to be taken for medical care (58 percent and 81 percent, respectively). Mothers also reported that around three-quarters of the children with ARI-related symptoms were given an antibiotic to treat the illness.

In Menya, boys are more likely than girls to receive medical attention when they are ill with diarrhea or when they have symptoms of acute respiratory illness.

HOW MANY YOUNG CHILDREN IN MENYA ARE BEING FED APPROPRIATELY? (Table 7.4)

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

Almost all infants (96 percent) in Menya are breastfed. Although nearly universal, the EIDHS indicate that breastfeeding is initiated somewhat later in Menya than in other areas in Egypt; for example, around one-third of infants in Menya are put to the breast within one hour of delivery compared to around half of all infants in Egypt.

Related to the somewhat slower rate of breastfeeding initiation is a higher rate of prelacteal feeding in Menya than in Egypt as a whole. Prelacteal feeding is the practice of giving other liquids to a child during the period after birth before the mother's milk starts to flow. Prelacteal feeding takes place following more than 7 in 10 births in Menya compared to just over half of all births in Egypt as a whole.

HOW MANY YOUNG CHILDREN IN MENYA ARE MALNOURISHED? (Table 7.5)

Nutritional status is a primary determinant of a child's health and well-being. To assess nutritional status, the 2003 EIDHS obtained measurements of height⁴ and weight for all children living in the household who were under age 5. Using these anthropometric

³Cough and short, rapid breathing are signs and symptoms of pneumonia, and thus, the EIDHS results are less appropriate for use in assessing the presence of other ARI-related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat).

⁴Although the term "height" is used, children younger than 24 months were measured lying on a measuring board, while standing height was measured for older children. Weight data were obtained using a digital scale with an accuracy of 100 grams.

measurements as well as information on the ages of the children, three standard indices of physical growth describing the nutritional status of children were constructed:

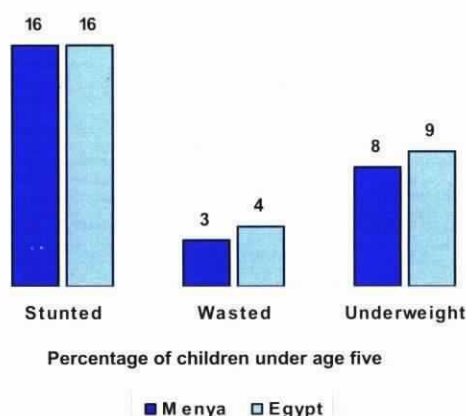
- height-for-age
- weight-for-height
- weight-for-age.

Each of the indices measures somewhat different aspects of nutritional status. The height-for-age index provides an indicator of linear growth retardation. Children whose height-for-age is below the reference standard for children of their age are considered short for their age, or *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 measure is below the reference standard are too thin for their height, or *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. If a child's weight-for-age is below the reference standard, the child is *underweight* for their age. A child can be underweight for his age, because he is stunted, because he is wasted, or because he is both stunted and wasted.

The proportion of children in Menya who are malnourished is similar to the proportion in Egypt as a whole.



The EIDHS found that one in six children under age 5 in Menya is stunted, 3 percent are wasted, and 8 percent are underweight. The proportions of children in Menya found to be malnourished based on the anthropometric indicators were similar to the rates of malnourishment found for the country as a whole.

WHAT IS THE LEVEL OF VITAMIN A SUPPLEMENTATION? (Tables 7.6-7.7)

During the 1990s, Egypt initiated vitamin A supplementation programs. As part of the program, a vitamin A capsule is given to new mothers within the first two months after delivery, with the goal being that the infant will receive an adequate quantity of the micronutrient through the mother's breast milk to ensure healthy development. The second component of the supplementation program is directed at children. Beginning at age nine months (typically at the time the child receives the measles vaccination), young children are given one vitamin A capsule (100,000 international units). Two additional capsules (200,000 units) are given to children at age 18 months with the activated polio dose.

The EIDHS results indicate that about one-third of mothers in Menya received a vitamin A capsule following delivery. The supplementation efforts targeting children were somewhat more successful; around 60 percent of children 12-23 months were reported to have

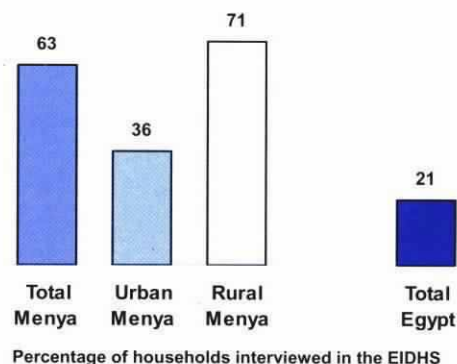
received a vitamin A capsule. The rate of supplementation among mothers in Menya is on par with the rate for Egypt as a whole (34 percent). However, among children, the rate for the governorate is below the rate observed for the country as a whole (59 percent and 65 percent, respectively).

ARE HOUSEHOLDS IN MENYA USING IODIZED SALT? (TABLE 7.8)

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

To assess the coverage of the fortification effort, the iodine content of the salt used in the household was measured during the EIDHS using a rapid-test kit provided by UNICEF. The results of the testing indicate that the proportion of households in Menya using noniodized table salt was triple the proportion using noniodized salt in Egypt as a whole (63 percent and 21 percent, respectively). Urban households in the governorate were much more likely than rural households to be using iodized salt; the salt was not iodized at all in 71 percent of rural households compared to 36 percent of urban households.

Two-thirds of households in Menya are using noniodized salt.



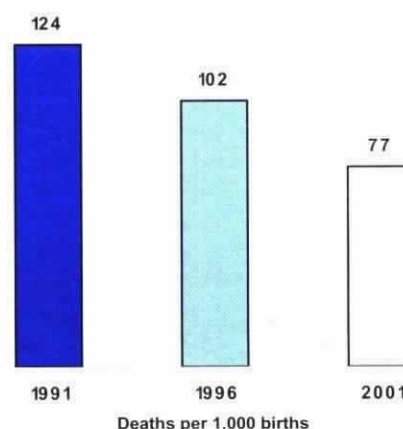
Mortality rates among young children are one of the key indicators of the health situation in a population. Information from the birth histories obtained from EIDHS respondents from Menya provide the information needed to explore levels and trends in mortality among young children in the governorate.

WHAT IS THE LEVEL OF CHILD MORTALITY AMONG YOUNG CHILDREN IN MENYA? (Tables 8.1-8.2)

The mortality rate for children under age five is 77 per thousand births. This means that around 1 in 13 babies born in Menya will die before reaching their fifth birthday. The under-five mortality rate for the governorate is nearly 70 percent higher than the rate for Egypt as a whole (46 per thousand births).

The infant mortality rate is 63 deaths per thousand births. A comparison of this rate with the under-five mortality rate indicates that more than 8 in 10 of the young children who die before age five will die during infancy, that is, before they reach their first birthday. In turn, around 40 percent of infant deaths take place during the first month of life (that is, during the neonatal period).

Mortality levels among young children have been declining steadily since the early 1990s in Menya.



An examination of trends in the EIDHS mortality data indicates that child mortality have been declining in the governorate, from a level of 124 deaths per thousand births in 1991 to the current rate of 77 deaths per thousand births in 2001. Thus, around two out of five babies who would have died at the beginning of the past decade now survive to their fifth birthday.

WHAT CHILDHOOD MORTALITY RISKS ARE AVOIDABLE? (Table 8.3)

There is a strong relationship between maternal fertility patterns and children's survival risks.

Children born to mothers who are too young or too old, children born after a too short interval, and children of birth order four and higher have a 78 percent greater chance of dying before age five than other children.

Typically, the risk of early childhood death is higher among children born to mothers who are too young or too old, children born after a too short birth interval, and among children of high birth order, than among other children. A mother is classified as "too young" if she is less than 18 years of age, and "too old" if she is over 34 years at the time of the birth. A "short birth interval" is defined by the birth occurring less than 24 months after the previous birth, and a child is of "high birth

order" if the mother had previously given birth to three or more children (i.e., the child is of birth order four or higher). Other than first births, births to women in these categories are considered to be avoidable through the use of contraception.

Forty percent of the births to women in Menya during the five-year period before the EIDHS occurred to women who were in at least one of the high-risk fertility categories; one in 6 births occurred to women who fell into two or more of the risk categories. The potential impact on mortality levels of avoiding births in these categories is substantial. Overall, children born to women in any avoidable high-risk category had a 78 percent greater chance of dying in early childhood than children born to mothers not in any of the risk categories.

KNOWLEDGE OF AIDS, HEPATITIS C, AND SAFE INJECTION PRACTICES

9

The 2003 EIDHS collected information on women's awareness of AIDS and hepatitis C and the channels through which they most recently received information on these diseases. Questions were also asked about safe injection practices in order to gauge the impact of recent campaigns to increase awareness of these issues.

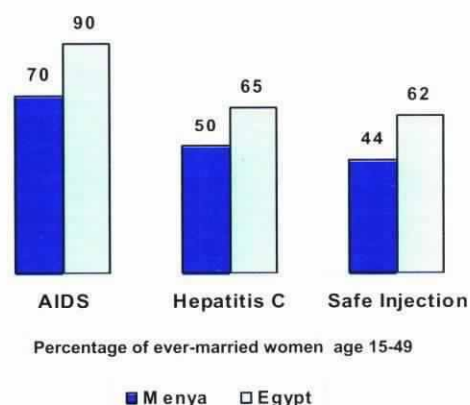
ARE WOMEN IN MENYA AWARE OF AIDS AND HEPATITIS C?

AIDS (Tables 9.1-9.2)

The level of awareness of AIDS is significantly lower in Menya Governorate than in Egypt as a whole; 7 in 10 women in Menya say they have heard about AIDS compared to 9 in 10 women in the country as a whole. Television is the most recent source of information for most women in Menya.

Around two-thirds of the women in Menya governorate who know about AIDS are able to name a way in which the HIV virus that causes AIDS can be transmitted. The most commonly mentioned mode of transmission is a blood transfusion (68 percent). The second most frequently cited mode of transmission is heterosexual sex (49 percent). Around one-third mention homosexual sex (34 percent) while slightly more than a quarter of the women (28 percent) mention unclean needles as a transmission route for AIDS. Somewhat more than 10 percent believe that AIDS can be contracted through casual physical or other contact with infected persons.

Women in Menya are less knowledgeable about AIDS, hepatitis C, and safe injection practices than women in Egypt as a whole.



HEPATITIS C (Tables 9.3-9.4)

Half of the women in Menya say they are aware of hepatitis C. As was the case with AIDS, the level of awareness of hepatitis C is much lower among women in the governorate than among women in Egypt as a whole (65 percent). Television is the principal source of information for women who know about hepatitis C.

With regard to transmission modes, 43 percent of women in Menya who know about hepatitis C are able to name a mode of transmission. Blood transfusion is the most commonly cited mode (63 percent), followed by unclean needles (29 percent). Around a quarter of the women also mention casual physical or other contact with an infected person as a means of transmission.

WHAT DO WOMEN IN MENYA KNOW ABOUT SAFE INJECTION PRACTICES? (Tables 9.5 9.6)

In order to assess the extent to which efforts to inform Egyptians about safe injection practices are succeeding, EIDHS respondents were asked if they had heard anything in the six-month period before the survey about how to be sure an injection is given safely. Somewhat more than two-fifths of ever-married women in Menya have heard something about safe injection practices compared to around three-fifths of women in Egypt as a whole. Medical providers (45 percent) are the most common source of information about safe injections for women in Menya, followed closely by television (42 percent).

With respect to safe injection practices, women are most likely to say that they have heard that the syringe and needle should come from a sealed packet; 87 percent mention this practice. One-third have heard that needles or syringes should not be shared while 6 percent have heard that needles should be boiled or otherwise sterilized before they are used again.

The vast majority of Egyptian women of reproductive age are circumcised, and many families are continuing to have their daughters circumcised. Efforts have expanded recently to change the attitudes that are supportive of the practice.

WHAT IS THE PREVALENCE OF FEMALE CIRCUMCISION IN MENYA? (Table 10.1)

As is the case throughout Egypt, female circumcision is nearly universal among women in Menya; 96 percent of the EIDHS respondents from the governorate report that they were circumcised.

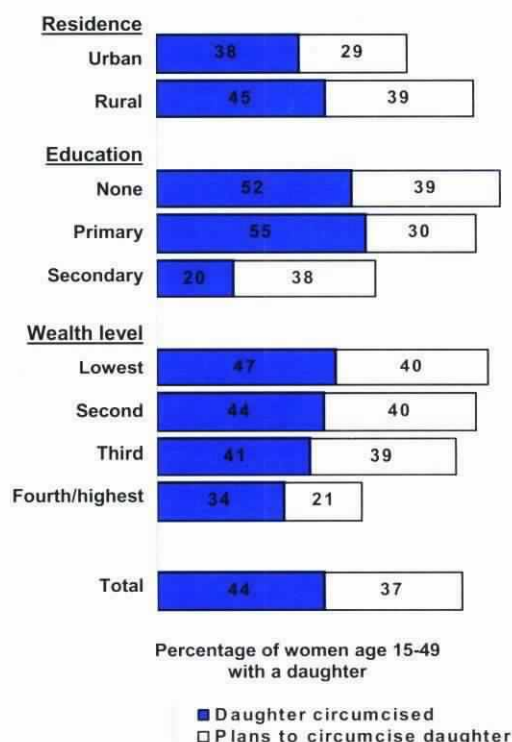
Although levels among women's daughters are lower than among women themselves, the EIDHS results indicate that circumcision continues to be widely practiced in Menya. Around 8 in 10 women with at least one daughter report that their daughter(s) has been circumcised or that they plan to have their daughter circumcised in the future. Circumcision levels among daughters are lower in urban families, families in which the mother is highly educated, and families ranked at the top of the wealth index than in other families. However, even among these groups, more than half of mothers indicate that their daughters are or will be circumcised.

The reasons that women in Menya give for not intending to have their daughter circumcised vary. Many of the mothers simply indicate that they do not believe in the practice. Roughly similar percentages of the mothers express concern about potential health complications (30 percent) or view the practice as against religion (28 percent). Other reasons that were mentioned less frequently include the belief that a girl who is not circumcised will have a better marriage prospect (5 percent) and that sexual relations with a woman who was not circumcised afforded greater pleasure for the husband (4 percent).

ARE WOMEN'S ATTITUDES AND BELIEFS ABOUT CIRCUMCISION CHANGING? (Tables 10.2-10.4)

Ever-married women in Menya generally are supportive of female circumcision, with 74 percent saying the practice should continue. This is slightly higher than the level of support for the practice among women in Egypt as a whole (71 percent).

The majority of women will continue the practice of circumcision for their daughters.



It is not surprising that a large proportion of women in Menya feel that circumcision should be continued since they are more likely to see positive aspects of the practice than they are to be aware of its negative consequences. For example, 62 percent of women believe husbands prefer their wives to be circumcised, and 58 percent view circumcision as an important religious tradition.

Trends in Key Female Circumcision Indicators. Menya 1995-2003				
Indicator	1995	2000	2003	
% ¹ whose daughters are/will be circumcised	86	71	81	
% ² saying the practice of circumcision should continue	78	74	74	
% ² agreeing that:				
Circumcision is an important part of religious tradition.	73	75	58	
A husband will prefer his wife to be circumcised.	81	64	62	
Circumcision lessens sexual satisfaction for a couple.	13	38	31	
Circumcision prevents adultery.	16	46	35	
Circumcision can cause severe complications, leading to a girl's death.	13	13	25	
Circumcision may cause a woman to have problems in getting pregnant.	8	6	12	
Childbirth is more difficult for a woman who has been circumcised.	6	4	9	
¹ Ever-married women with daughters				
² All ever-married women age 15-49				

Women in Menya generally do not recognize adverse health effects from circumcision for women. One in four women agrees with the statement that circumcision can cause severe complications that may lead to a girl's death, 9 percent believe that childbirth is more difficult for circumcised women than for other women, and 12 percent think circumcision may cause infertility.

The EIDHS collected information about women's recent sources of information about circumcision. These data can help in deciding on approaches to use in communication programs trying to change women's attitudes about circumcision. Most women received information about female circumcision from broadcast media or through other channels during the year before the survey. Television was the most common source of information (74 percent) followed by radio (17 percent). More than half of the women had talked about the practice with their family or friends at some point during the year.

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ANNEX A DETAILED TABLES

1 INTRODUCTION

Table 1.1 Sample results, Menya

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

Interview results	Urban	Rural	Total
Dwellings sampled	507	1,723	2,230
Households found	491	1,712	2,203
Households interviewed	491	1,708	2,199
HH response rate	100.0	99.8	99.8
Eligible women	399	1,660	2,059
EW interviewed	395	1,658	2,053
EW response rate	99.0	99.9	99.7

Table 1.2 Background characteristics of respondents

Percent distribution of ever-married women age 15-49 interviewed in the EIDHS by selected background characteristics, Menya and Egypt 2003

Background characteristic	Menya		Egypt	
	Percent	Number of women	Percent	Number of women
Marital status				
Married	91.3	1,874	92.2	8,445
Widowed	5.7	116	4.8	442
Divorced	2.5	52	2.2	205
Separated	0.5	11	0.7	67
Age				
15-19	7.3	150	3.7	343
20-24	18.8	386	15.0	1,372
25-29	17.0	350	19.5	1,782
30-34	15.8	324	15.4	1,415
35-39	16.7	342	17.3	1,588
40-44	12.5	257	15.1	1,380
45-49	11.9	244	14.0	1,279
Residence				
Urban	19.2	395	42.7	3,908
Rural	80.8	1,658	57.3	5,251
Education				
No education	53.2	1,092	37.7	3,452
Primary	17.1	351	17.0	1,561
Secondary/higher	29.7	610	45.3	4,146
Literacy				
Cannot read at all	61.1	1,255	43.9	4,016
Able to read only parts of sentence	6.4	131	7.5	685
Able to read whole sentence	2.7	56	3.3	304
Preparatory/higher education	29.7	610	45.3	4,146
Missing	0.0	1	0.1	7
Work status				
Working for cash	15.1	311	15.9	1,443
Not working for cash	84.9	1,742	84.1	7,714
Missing	0.0	0	0.0	2
Total	100.0	2,053	100.0	9,159

2 SOCIO-ECONOMIC INDICATORS

Table 2.1 Housing type and tenure

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

Housing type and tenure	Urban	Rural	Menya	Egypt
Type of dwelling				
Apartment	53.4	11.6	20.9	54.8
Free-standing house	43.0	83.4	74.4	42.9
Other	3.7	5.0	4.7	2.2
Total percent	100.0	100.0	100.0	100.0
Number of households	491	1,708	2,199	10,089
Dwelling owned/ rented				
Owned/Owned jointly	73.7	91.2	87.3	71.4
Rented	17.7	1.9	5.4	24.0
Other	8.6	6.9	7.3	4.6
Total percent	100.0	100.0	100.0	100.0
Number of households	491	1,708	2,199	10,089
Possibility of eviction				
Very likely	6.2	3.3	4.7	3.0
Somewhat likely	4.7	3.3	3.9	1.7
Not very likely	2.3	2.7	2.5	2.7
No possibility of eviction	85.3	88.7	87.1	89.7
Don't know/missing	1.6	2.0	1.8	2.9
Total percent	100.0	100.0	100.0	100.0
Number of households	129	150	279	2,888

Table 2.2 Housing characteristics

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

Housing characteristics	Urban	Rural	Menya	Egypt
Electricity				
Yes	98.8	96.4	97.0	98.8
No	1.2	3.6	3.0	1.2
Total percent	100.0	100.0	100.0	100.0
Average monthly electricity cost				
Free	0.6	0.8	0.8	0.2
1-9 LE	23.1	39.2	35.6	17.4
10-14 LE	23.9	23.0	23.2	24.1
15-19 LE	20.0	15.8	16.7	20.3
20+ LE	28.9	15.8	18.8	35.4
Don't know/missing	3.5	5.4	5.0	2.6
Total percent	100.0	100.0	100.0	100.0
Cooking fuel				
Electricity	0.0	0.5	0.4	0.4
LPG/ natural gas	91.9	69.7	74.7	92.6
Kerosene	7.1	26.1	21.8	6.4
Charcoal	0.0	0.1	0.0	0.0
Firewood/straw/dung	0.0	0.2	0.1	0.5
Other	0.4	2.5	2.0	0.1
Missing	0.2	0.8	0.7	0.0
Total percent	100.0	100.0	100.0	100.0
Flooring				
Earth/sand	16.7	58.0	48.7	14.5
Wood planks	0.2	0.1	0.1	0.1
Parquet/polished wood	0.2	0.1	0.1	1.0
Ceramic/marble tiles	5.3	1.0	2.0	8.3
Cement tiles	69.0	25.4	35.1	55.0
Cement	8.1	15.3	13.7	19.4
Wall-to-wall carpet	0.4	0.1	0.2	1.3
Other/missing	0.0	0.1	0.1	0.3
Total percent	100.0	100.0	100.0	100.0
Number of rooms				
1-2	16.1	19.7	18.9	9.6
3-4	68.8	47.5	52.3	69.1
5+	15.1	32.7	28.7	21.2
Don't know/missing	0.0	0.2	0.1	0.1
Total percent	100.0	100.0	100.0	100.0
Mean rooms per household	3.5	4.0	3.9	3.8
Mean persons per room	1.5	1.7	1.7	1.4
Number of households	491	1,708	2,199	10,089

Table 2.3 Drinking water facilities

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

Drinking water facilities	Urban	Rural	Menya	Egypt
Source of drinking water				
Piped into residence/plot	91.2	61.4	68.1	86.1
Public tap	3.9	15.0	12.6	3.8
Open well	0.4	1.6	1.4	0.7
Covered well	4.5	21.8	18.0	8.1
Nile/canals	0.0	0.1	0.0	0.0
Missing	0.0	0.0	0.0	1.3
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089
Time to water source				
Water within 15 minutes	96.3	87.9	89.8	97.1
Water supply interrupted				
Daily/almost daily	4.9	6.4	6.0	10.0
Few times per week	22.6	21.8	22.0	16.2
Less frequently	4.9	6.8	6.4	7.8
Not interrupted	66.8	64.5	65.0	65.6
Don't know/missing	0.8	0.5	0.5	0.5
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089
Water stored				
Yes	32.8	52.2	47.9	30.9
No	67.2	47.8	52.1	69.0
Don't know/missing	0.0	0.0	0.0	0.1
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089
Storage containers covered				
All covered	88.2	81.6	82.6	80.4
Some covered	8.7	14.7	13.8	16.3
None covered	2.5	3.3	3.1	2.8
Not able to observe/missing	0.6	0.4	0.5	0.6
Total percent	100.0	100.0	100.0	100.0
Number	161	892	1,053	3,122
Type of storage container				
Wide mouth	68.8	82.2	80.2	39.8
Narrow mouth	18.8	8.7	10.2	38.1
Both types	12.5	9.1	9.6	22.1
Total percent	100.0	100.0	100.0	100.0
Number	160	888	1,048	3,105

Table 2.4 Sanitation facilities

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

Sanitation facilities	Urban	Rural	Menya	Egypt
Toilet facility				
Modern flush toilet	38.1	5.9	13.1	40.4
Traditional tank flush	4.3	2.6	3.0	1.5
Traditional bucket flush	55.0	81.9	75.9	54.7
Pit toilet/latrine	0.8	3.0	2.5	1.9
No facility/bush	1.8	6.7	5.6	1.5
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089
Drainage system				
Public sewer	24.1	0.9	6.3	53.6
Vault (Bayara)	42.3	46.6	45.6	16.5
Septic system	31.7	51.2	46.7	27.6
Pipe to canal	0.0	0.3	0.2	0.8
Pipe to groundwater	1.9	0.2	0.6	0.2
Emptied (no connection)	0.0	0.8	0.6	1.3
Other	0.0	0.1	0.0	0.0
Total percent	100.0	100.0	100.0	100.0
Number	482	1,594	2,076	9,942
Problems with drainage system				
Yes	15.6	9.0	10.2	23.0
No	84.4	90.9	89.6	76.6
Don't know/missing	0.0	0.1	0.1	0.4
Total percent	100.0	100.0	100.0	100.0
Number	366	1,566	1,932	4,479
Toilet facility shared				
Toilet not shared	92.7	88.3	89.4	96.2
Toilet shared with:				
1 household	0.8	4.3	3.5	1.0
2 households	3.7	4.5	4.3	1.4
3+ households	2.6	2.8	2.7	1.5
Not sure/missing	0.0	0.1	0.1	0.0
Total percent	100.0	100.0	100.0	100.0
Number	482	1,594	2,076	9,942
Condition of toilet facility				
Condition observed				
Fecal matter present	2.3	5.8	5.0	6.5
No fecal matter present	90.9	86.1	87.2	90.1
Not determined	5.0	6.1	5.9	2.1
Not observed/missing	1.9	1.9	1.8	1.3
Total percent	100.0	100.0	100.0	100.0
Number	482	1,594	2,076	9,942
Place for hand washing				
Place observed				
Same area/near toilet	73.1	37.9	45.8	74.9
Area not near toilet	16.9	30.4	27.4	11.4
No toilet facility	0.0	1.8	1.4	0.2
Not able to observe	1.2	1.1	1.1	0.6
None/missing	8.8	28.7	24.3	12.8
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089
Disposal of kitchen waste/trash				
Collected from home	46.4	8.8	17.2	34.6
Collected from container in street	13.6	2.6	5.0	15.0
Dumped into street/plot	23.2	32.9	30.7	24.4
Dumped into canal/drainage	9.0	22.2	19.3	10.2
Burned	3.7	13.6	11.4	11.5
Fed to animals	0.4	5.2	4.1	2.8
Other/don't know	3.5	14.7	12.2	1.4
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089

Table 2.5 Hand-washing materials

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

Residence	Water or tap	Soap/ ash	Basin	Towel/ cloth	All items	Total
Urban	89.6	78.0	85.3	34.0	33.0	491
Rural	68.1	42.4	51.5	12.1	11.4	1,708
Menya	72.9	50.4	59.0	17.0	16.2	2,199
Egypt	85.3	71.1	79.0	41.3	40.1	10,089

Table 2.6 Household possessions

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

Possessions	Urban	Rural	Menya	Egypt
Household effects				
Radio	82.1	66.8	70.2	84.2
Television	90.8	82.0	84.0	92.7
Video	13.2	1.7	4.3	16.3
Satellite dish	10.2	2.3	4.0	7.6
Telephone	49.9	16.3	23.8	46.8
Mobile telephone	13.8	2.6	5.1	17.2
Personal home computer	4.5	0.6	1.5	7.1
Electric fan	86.4	69.8	73.5	87.2
Air conditioner	1.4	0.3	0.5	4.0
Water heater	39.5	7.0	14.3	42.3
Refrigerator	74.9	39.4	47.3	79.4
Freezer	3.1	0.8	1.3	3.6
Automatic washing machine	18.5	2.5	6.1	18.8
Other washing machine	73.3	56.6	60.3	79.9
Gas/electric stove	54.8	34.3	38.9	74.4
Dishwasher	1.2	0.1	0.3	1.3
Sewing machine	13.8	5.6	7.5	8.3
Means of transportation				
Bicycle	34.6	24.2	26.5	18.6
Motorcycle/scooter	3.7	1.4	1.9	2.0
Car/van/truck	6.7	2.5	3.4	9.2
Property				
Farm/other land	9.8	32.1	27.1	22.2
Farm animals				
Livestock/poultry	33.2	66.6	59.1	39.5
None of the above	2.2	4.4	3.9	1.1
Number of households	491	1,708	2,199	10,089

Table 2.7 Wealth index

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

Wealth index	Urban	Rural	Menya	Egypt
Lowest quintile	16.1	58.4	48.9	17.7
Second quintile	13.6	20.3	18.8	16.8
Middle quintile	23.6	12.9	15.3	18.9
Fourth quintile	24.8	5.5	9.8	21.6
Highest quintile	21.8	2.9	7.1	25.0
Total percent	100.0	100.0	100.0	100.0
Number	491	1,708	2,199	10,089

Table 2.8 School attendance

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

Age group	Urban	Rural	Menya	Egypt
MALE				
6-10	87.4	84.8	85.2	84.5
11-15	93.7	87.5	88.4	90.7
6-15	90.6	86.2	86.8	87.7
16-20	60.9	53.4	54.9	57.5
21-24	13.4	9.1	10.0	16.5
FEMALE				
6-10	86.3	70.2	73.3	83.2
11-15	93.5	68.2	72.6	83.5
6-15	89.8	69.2	72.9	83.4
16-20	51.3	25.4	30.5	46.3
21-24	11.2	1.9	4.2	9.7
TOTAL				
6-10	86.8	77.8	79.3	83.9
11-15	93.6	78.3	80.8	87.2
6-15	90.1	78.0	80.1	85.6
16-20	55.7	38.2	41.6	52.0
21-24	12.2	5.4	7.0	13.0

Table 2.9 Exposure to mass media

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

Background characteristic	Watch TV weekly	Listen to radio weekly	Read magazine/newspaper weekly	All three media	No media exposure	Number of women
Age						
15-19	92.7	49.0	5.3	4.0	4.7	150
20-24	93.5	54.0	9.8	7.0	5.7	386
25-29	93.4	61.0	16.0	12.9	4.9	350
30-34	86.4	60.0	14.2	11.1	9.3	324
35-39	85.1	54.0	18.7	15.5	12.0	342
40-44	85.6	60.0	17.5	15.2	9.3	257
45-49	80.7	48.0	8.2	7.0	15.6	244
Residence						
Urban	94.9	66.0	32.9	26.3	3.5	395
Rural	86.9	53.0	8.9	7.2	10.0	1,658
Education						
No education	83.2	49.0	0.5	0.4	13.0	1,092
Primary	89.7	54.0	4.6	3.1	7.7	351
Secondary/higher	96.9	69.0	42.0	34.1	1.6	610
Work status						
Working for cash	86.8	63.0	38.6	32.5	9.0	311
Not working for cash	88.7	54.0	9.0	7.0	8.7	1,742
Wealth index						
Lowest quintile	80.0	43.0	2.5	1.7	15.8	989
Second quintile	94.7	65.0	6.7	6.0	3.7	433
Middle quintile	96.5	63.0	20.6	15.9	1.6	315
Fourth/highest quintiles	98.1	74.0	50.0	41.1	0.6	316
Menya	88.4	56.0	13.5	10.9	8.7	2,053
Egypt	92.9	63.5	20.9	16.2	4.8	9,159

3 FERTILITY

Table 3.1 Current fertility

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

	Menya					
	Urban	Rural	Total	Urban	Rural	Total
Age-specific rates						
15-19	37	97	86	31	58	47
20-24	157	255	231	136	224	185
25-29	169	235	221	167	209	190
30-34	113	146	139	126	129	128
35-39	82	90	88	51	71	62
40-44	31	35	34	10	27	19
45-49	0	6	4	2	9	6
Fertility rates						
TFR 15-49	2.9	4.3	4.0	2.6	3.6	3.2
TFR 15-44	2.9	4.29	4.0	2.6	3.6	3.2
GFR	93.0	149.0	138.0	87	126	109
CBR	24.6	33.1	31.5	21.7	29.8	26.3

Note: Rates are for the period 1-36 months preceding the survey (approximately May 2000 - April 2003).

TFR=Total fertility rate expressed per woman

GFR=General fertility rate (births divided by number of women 15-44 and expressed per 1,000 women)

CBR=Crude birth rate (births divided by total population and expressed per 1,000)

Table 3.2 Age at first marriage

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

Current age	Percentage of women who were married by exact age:					Percentage never married	Number of women	Median age in Menya	Median age in Egypt
	15	18	20	22	25				
15-19	1.3	NA	NA	NA	NA	81.7	819	a	a
20-24	5.4	33.7	54.2	NA	NA	32.9	575	19.5	a
25-29	13.7	40.3	58.2	71.2	81.5	14.1	407	19.2	20.9
30-34	21.7	53.8	69.4	80.8	88.5	4.8	340	17.5	20.6
35-39	20.4	58.5	72.0	83.2	91.5	1.9	349	17.1	19.5
40-44	18.0	57.7	68.8	81.0	89.5	1.7	262	17.1	19.4
45-49	21.9	64.6	73.5	84.5	92.2	0.9	246	16.7	18.7
20-49	15.3	48.4	64.1	75.8	82.6	12.7	2,179	18.2	a
25-49	18.8	53.7	67.6	79.5	88.1	5.4	1,604	17.5	20.0

NA=Not applicable

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

Table 3.3 Age at first birth

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

Current age	Women with no births	Age at first birth							Number of women	Median age in Menya	Median age in Egypt
		<15	15-17	18-19	20-21	22-24	25+	Total			
15-19	91.2	0.1	4.6	a	a	0.0	0.0	100.0	819	a	a
20-24	41.1	0.9	16.9	a	a	4.0	0.0	100.0	575	a	a
25-29	18.5	3.9	21.1	21.0	22.7	15.5	8.1	100.0	407	21.0	22.7
30-34	7.1	7.6	27.6	19.7	22.4	12.9	10.6	100.0	340	19.7	22.4
35-39	6.2	4.0	27.3	19.9	21.7	14.6	10.6	100.0	349	19.9	21.7
40-44	4.0	4.6	24.8	20.7	21.9	17.6	18.7	100.0	262	20.7	21.9
45-49	4.1	4.9	24.8	20.4	21.4	17.1	17.9	100.0	246	20.4	21.4
25-49	8.8	5.0	25.0	20.3	22.1	15.3	12.4	100.0	1,604	20.3	22.1

^aOmitted because less than 50 percent of women in the age group x to x + 4 have given birth for the first time by age x

Table 3.4 Teenage pregnancy and motherhood

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

Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number of women 15-19
	Mothers	Pregnant with first child		
Age				
15-16	1.6	1.6	3.3	364
17-19	22.8	12.6	35.4	605
Residence				
Urban	3.1	3.1	6.3	160
Rural	10.2	5.5	15.6	660
Education				
No education	15.9	8.3	24.1	303
Primary	14.5	2.9	17.4	34
Secondary/higher	3.9	3.1	7.0	483
Wealth index				
Lowest quintile	10.8	4.5	15.2	427
Second quintile	10.7	7.3	18.0	177
Middle quintile	4.8	6.5	11.3	124
Fourth/highest quintiles	1.8	1.8	3.5	57
Menya	8.8	5.0	13.8	819
Egypt	5.6	2.5	8.1	3,074

Table 3.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since the previous birth for all births, Menya 2003 and Egypt 2003, and by selected background characteristics, Menya 2003

Background characteristic	Months since previous birth					Total	Number	Median
	7-17	18-23	24-35	36-47	48+			
Mother's age								
15-19	*	*	*	*	*	100.0	10	*
20-29	16.5	19.1	39.6	15.1	9.6	100.0	674	28.0
30-39	5.6	8.1	32.3	20.3	33.8	100.0	533	38.8
40+	4.3	11.2	23.3	6.9	54.3	100.0	116	50.0
Birth order								
2-3	15.6	16.8	36.5	15.0	16.2	100.0	668	29.1
4-6	7.1	11.2	33.9	20.1	27.6	100.0	463	35.3
7+	6.4	12.4	33.2	12.4	35.6	100.0	202	35.0
Sex of prior birth								
Male	9.6	14.4	33.0	17.2	25.8	100.0	675	33.3
Female	12.9	14.0	37.2	15.5	20.4	100.0	658	30.7
Survival of prior birth								
No	29.4	22.0	18.3	21.1	9.2	100.0	109	23.8
Yes	9.6	13.5	36.6	15.9	24.3	100.0	1,224	32.3
Residence								
Urban	10.2	12.1	33.0	13.0	31.6	100.0	215	33.4
Rural	11.4	14.6	35.5	17.0	21.5	100.0	1,118	31.5
Education								
No education	10.5	13.9	37.3	18.8	19.5	100.0	707	31.3
Primary	9.5	16.9	32.2	14.5	26.9	100.0	242	33.0
Secondary/higher	13.8	13.0	32.8	13.0	27.3	100.0	384	31.7
Work status								
Working for cash	10.3	11.5	29.7	13.9	34.5	100.0	165	34.8
Not working for cash	11.4	14.6	35.9	16.7	21.5	100.0	1,168	31.3
Wealth index								
Lowest quintile	10.2	14.3	38.6	17.7	19.2	100.0	678	31.1
Second quintile	13.7	15.1	33.4	16.1	21.7	100.0	299	31.9
Middle quintile	10.8	14.7	31.9	14.7	27.9	100.0	204	33.0
Fourth/highest quintiles	11.8	11.2	27.0	13.2	36.8	100.0	152	36.0
Menya	11.3	14.2	35.1	16.4	23.1	100.0	1,333	31.7
Egypt	9.3	11.1	30.7	19.3	29.6	100.0	4,417	35.5

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

Table 3.6 Premarital examination

Percentage of all ever-married women 15-49 who have heard about premarital examination and who had an examination prior to marriage, Menya 2003 and Egypt 2003, and by background characteristics, Menya 2003

Background characteristic	Percentage knowing about premarital examinations	Percentage having premarital examination before first marriage	Number of ever-married women
Age			
15-19	84.0	1.3	150
20-24	82.9	1.0	386
25-29	81.4	1.1	350
30-34	78.4	0.9	324
35-39	77.5	0.6	342
40-44	75.5	0.0	257
45-49	69.3	0.8	244
Residence			
Urban	87.6	1.3	395
Rural	76.4	0.7	1,658
Education			
No education	70.8	0.6	1,092
Primary	74.4	0.9	351
Secondary/higher	94.9	1.1	610
Work status			
Working for cash	83.9	1.0	311
Not working for cash	77.6	0.8	1,742
Wealth index			
Lowest quintile	69.1	0.9	989
Second quintile	81.5	0.7	433
Middle quintile	88.6	0.6	315
Fourth/highest quintiles	94.3	0.9	316
Menya	78.6	0.8	2,053
Egypt	81.7	1.5	7,485

Table 3.7 Ideal number of children

Percent distribution of ever-married women by ideal number of children, according to number of living children Menya 2003, and mean ideal number of children for ever-married women and currently married women, according to number of living children, Menya 2003 and Egypt 2003

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
1	5.8	1.3	1.8	0.8	0.6	0.4	1.1	1.3
2	38.8	40.9	34.7	18.2	19.5	17.6	15.8	25.2
3	18.2	26.6	32.9	37.2	18.8	20.9	16.3	25.4
4	9.1	10.4	16.6	17.6	32.1	16.0	19.7	18.2
5	3.3	0.6	0.9	4.5	3.6	10.2	4.4	3.8
6 or more	0.8	1.9	2.4	3.2	4.5	7.0	13.0	5.1
Non-numeric response	24.0	18.2	10.7	18.4	20.8	27.9	29.6	20.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	121	308	337	374	308	244	361	2,053
Mean ideal number: Menya								
Ever-married women	2.6	2.7	2.9	3.3	3.5	3.7	4.1	3.3
Number of women	92	252	301	305	244	176	254	1,624
Currently married women	2.6	2.7	2.9	3.3	3.5	3.7	4.0	3.3
Number of women	71	231	276	281	238	169	241	1,507
Mean ideal number: Egypt								
Ever-married women	2.5	2.4	2.5	2.8	3.2	3.4	3.8	2.8
Number of women	493	1,285	1,805	1,693	1,018	571	582	7,445
Currently married women	2.6	2.4	2.5	2.8	3.2	3.4	3.8	2.8
Number of women	410	1,171	1,698	1,615	950	531	539	6,914

Note: The mean excludes women who gave non-numeric answers.

¹Includes current pregnancy

Table 3.8 Wanted fertility rates

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

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.2	2.9
Rural	3.2	4.3
Education		
No education	3.3	4.3
Primary	3.4	4.5
Secondary/higher	2.8	3.6
Wealth index		
Lowest quintile	2.9	4.1
Second quintile	2.7	3.9
Middle quintile	2.8	3.7
Fourth/highest quintiles	2.3	2.8
Menya	3.0	4.0
Egypt	2.5	3.2

Table 3.9 Fertility preferences by number of living children

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

Desire for children	Number of living children ¹							Total Menya	Total Egypt
	0	1	2	3	4	5	6+		
Wants within 2 years	95.6	13.5	12.2	8.2	3.4	1.8	1.5	13.5	12.2
Wants after 2+ years	1.1	19.7	15.3	13.8	2.4	2.7	0.3	19.7	15.3
Wants, unsure of timing	0.0	0.7	0.9	0.3	0.3	0.0	0.0	0.7	0.9
Undecided	0.0	3.4	4.7	5.9	3.4	4.4	1.5	3.4	4.7
Wants no more	0.0	58.8	63.0	68.5	87.5	85.4	88.1	58.8	63.0
Sterilized	0.0	1.2	0.9	1.2	1.3	3.1	2.1	1.2	0.9
Declared infecund	3.3	2.7	3.0	2.1	1.7	2.7	6.5	2.7	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	90	1,874	8,445	340	297	226	337	1,874	8,445

¹Includes current pregnancy

4 FAMILY PLANNING

Table 4.1 Family planning knowledge and ever use

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

Method	Know method		Ever used method	
	Menya	Egypt	Menya	Egypt
Any method	100.0	100.0	74.7	81.0
Any modern method	100.0	100.0	70.7	78.5
Pill	99.9	100.0	40.2	39.7
IUD	99.8	100.0	43.5	61.4
Injection	99.7	99.6	33.2	20.2
Diaphragm/foam/jelly	23.6	34.6	0.6	0.7
Condom	39.3	58.7	2.9	4.1
Female sterilization	62.6	68.2	1.2	0.9
Male sterilization	16.3	12.0	0.0	0.0
Implant (Norplant)	97.8	93.9	1.7	1.0
Any traditional method	73.7	84.8	15.2	15.2
Periodic abstinence	22.6	34.4	1.5	2.3
Withdrawal	21.0	32.9	1.6	1.6
Prolonged breastfeeding	70.7	82.1	12.6	12.2
Other	2.0	0.7	0.5	0.3
Number of women	1,874	8,445	1,874	8,445

Table 4.2 Current use of family planning methods by residence

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

Method	Urban	Rural	Menya	Egypt
Any method	56.4	47.3	49.1	60.0
Any modern method	54.0	42.7	44.9	56.6
Pill	12.1	9.0	9.6	9.3
IUD	28.2	16.6	18.8	36.7
Injection	10.1	14.5	13.7	7.9
Diaphragm/foam/jelly	0.0	0.0	0.0	0.1
Condom	1.4	0.3	0.5	0.9
Female sterilization	1.6	1.1	1.2	0.9
Implant (Norplant)	0.5	1.1	1.0	0.9
Any traditional method	2.5	4.6	4.2	3.4
Periodic abstinence	1.1	0.1	0.3	0.8
Withdrawal	0.3	0.3	0.3	0.4
Prolonged breastfeeding	1.1	3.9	3.4	2.1
Other	0.0	0.3	0.3	0.1
Not using	43.6	52.7	50.9	40.0
Total percent	100.0	100.0	100.0	100.0
Number of women	365	1,509	1,874	8,445

Table 4.3 Current use of family planning methods by background characteristics																	
Percent distribution of currently married women age 15-49 by family planning method currently used. Menya 2003 and Egypt 2003, and by selected background characteristics, Menya 2003																	
Background characteristic	Any method	Any modern method	Pill	IUD	Injection	Dia-phragm/foam/jelly	Con-dom	Female sterilization	Implant (Nor-plant)	Any tradi-tional method	Periodic absti-nence	With-drawal	Pro-longed breast-feeding	Other	Not using	Total percent	Number of women
Age																	
15-19	18.6	15.9	6.2	6.2	2.8	0.0	0.0	0.0	0.7	2.8	0.0	0.0	2.8	0.0	81.4	100.0	145
20-24	39.1	34.0	7.5	15.3	10.7	0.0	0.0	0.0	0.5	5.1	0.3	0.0	4.8	0.0	60.9	100.0	373
25-29	50.8	43.5	10.6	14.8	17.2	0.0	0.3	0.0	0.6	7.3	0.0	0.6	6.6	0.0	49.2	100.0	331
30-34	60.3	56.7	10.2	25.6	17.7	0.0	0.0	1.6	1.6	3.6	0.3	0.0	3.3	0.0	39.7	100.0	305
35-39	61.5	58.2	11.2	27.3	14.1	0.0	1.0	2.6	2.0	3.3	0.7	0.3	2.3	0.0	38.5	100.0	304
40-44	64.1	60.4	13.4	22.6	18.9	0.0	1.8	2.8	0.9	3.7	0.5	0.9	0.9	1.4	35.9	100.0	217
45-49	34.7	33.2	7.0	14.1	8.5	0.0	1.0	2.0	0.5	1.5	0.5	0.0	0.0	1.0	65.3	100.0	199
Number of living children																	
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	160
1	33.3	28.1	12.0	12.4	3.2	0.0	0.0	0.0	0.4	5.2	0.4	0.4	4.4	0.0	66.7	100.0	249
2	46.5	40.0	9.0	17.7	11.3	0.0	0.6	0.3	1.0	6.5	0.0	0.3	6.1	0.0	53.5	100.0	310
3	57.9	52.7	11.8	23.3	14.2	0.0	1.2	1.2	0.9	5.2	0.6	0.0	4.5	0.0	42.1	100.0	330
4+	60.8	57.3	10.1	23.0	20.1	0.0	0.5	2.2	1.5	3.5	0.4	0.4	2.2	0.6	39.2	100.0	825
Education																	
No education	43.7	39.5	7.0	15.6	14.6	0.0	0.1	1.1	1.0	4.2	0.0	0.1	3.7	0.4	56.3	100.0	980
Primary	51.9	48.7	10.8	17.1	17.1	0.0	0.6	1.3	1.9	3.2	0.3	0.3	2.2	0.3	48.1	100.0	316
Secondary/higher	56.7	51.9	13.3	25.3	10.2	0.0	1.2	1.4	0.5	4.8	0.9	0.5	3.5	0.0	43.3	100.0	578
Wealth index																	
Lowest quintile	43.7	39.1	7.5	14.0	15.2	0.0	0.1	0.8	1.5	4.6	0.1	0.0	4.4	0.1	56.3	100.0	890
Second quintile	48.2	43.5	9.8	15.6	15.3	0.0	1.0	1.3	0.5	4.8	0.3	0.3	3.8	0.5	51.8	100.0	398
Middle quintile	55.8	52.7	10.2	25.2	14.6	0.0	1.0	1.0	0.7	3.1	0.0	0.3	2.0	0.7	44.2	100.0	294
Fourth/highest quintiles	59.9	56.5	15.1	31.5	5.8	0.0	0.7	2.7	0.7	3.4	1.4	1.0	1.0	0.0	40.1	100.0	292
Menya	49.1	44.9	9.6	18.8	13.7	0.0	0.5	1.2	1.0	4.2	0.3	0.3	3.4	0.3	50.9	100.0	1,874
Egypt	60.0	56.6	9.3	36.7	7.9	0.1	0.9	0.9	0.9	3.4	0.8	0.4	2.1	0.1	40.0	100.0	8,445

Table 4.4 Need for family planning

Percentage of currently married women with unmet need for family planning and with met need for family planning, and the total demand for family planning, Menya 2003 and Egypt 2003, and by selected background characteristics, Menya 2003

demand for family planning, Menya 2005 and Egypt 2005, and by selected background characteristics, Menya 2005														
Background characteristics	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Contraceptive failure ³			Total demand for family planning ⁴			Percentage of demand satisfied	Total
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age														
15-19	11.0	0.0	11.0	17.9	0.7	18.6	0.7	0.0	0.7	29.7	0.7	30.3	63.6	145
20-24	15.8	4.0	19.8	25.7	13.4	39.1	0.0	0.3	0.3	41.6	17.7	59.2	66.5	373
25-29	6.3	9.1	15.4	19.0	31.7	50.8	0.9	0.3	1.2	26.3	41.1	67.4	77.1	331
30-34	4.3	14.1	18.4	6.2	54.1	60.3	0.7	2.0	2.6	11.1	70.2	81.3	77.4	305
35-39	2.0	17.1	19.1	2.3	59.2	61.5	0.0	1.3	1.3	4.3	77.6	81.9	76.7	304
40-44	0.0	12.4	12.4	0.5	63.6	64.1	0.0	0.9	0.9	0.5	77.0	77.4	83.9	217
45-49	0.0	11.6	11.6	0.0	34.7	34.7	0.0	0.0	0.0	0.0	46.2	46.2	75.0	199
Residence														
Urban	3.6	6.6	10.1	12.1	44.4	56.4	0.8	0.8	1.6	16.4	51.8	68.2	85.1	365
Rural	6.8	11.0	17.8	11.1	36.2	47.3	0.2	0.7	0.9	18.1	47.9	66.0	73.1	1,509
Education														
No education	5.5	12.1	17.7	7.3	36.3	43.7	0.3	0.9	1.2	13.2	49.4	62.6	71.8	980
Primary	6.3	13.9	20.3	8.2	43.7	51.9	0.0	0.9	0.9	14.6	58.5	73.1	72.3	316
Secondary/higher	7.1	4.7	11.8	19.7	37.0	56.7	0.5	0.3	0.9	27.3	42.0	69.4	83.0	578
Wealth index														
Lowest quintile	6.6	13.0	19.7	9.7	34.0	43.7	0.0	0.7	0.7	16.3	47.8	64.0	69.3	890
Second quintile	7.3	10.6	17.8	12.1	36.2	48.2	1.0	0.8	1.8	20.4	47.5	67.8	73.7	398
Middle quintile	6.1	6.1	12.2	12.2	43.5	55.8	0.3	0.7	1.0	18.7	50.3	69.0	82.3	294
Fourth/highest quintiles	3.1	4.8	7.9	14.4	45.5	59.9	0.3	1.0	1.4	17.8	51.4	69.2	88.6	292
Menya	6.1	10.1	16.3	11.3	37.8	49.1	0.3	0.7	1.1	17.8	48.7	66.4	75.5	1,874
Egypt	3.5	6.0	9.5	12.9	47.1	60.0	0.6	0.4	1.0	17.1	53.5	70.6	86.5	8,445

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

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

³ Contraceptive failure includes pregnant or amenorrheic women who became pregnant while using a contraceptive method. These women are considered in need of better contraception.

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

Table 4.5 Future use of family planning

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

Future intention	Number of living children ¹					Menya	Egypt
	0	1	2	3	4+		
Intends to use	45.6	69.3	62.7	64.0	45.5	55.3	46.8
Unsure about use	0.6	2.4	3.0	4.3	4.3	3.1	3.1
Does not intend	53.8	28.3	33.7	31.7	49.8	41.3	49.9
Missing	0.0	0.0	0.6	0.0	0.3	0.2	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	160	166	166	139	323	954	3,378

¹ Includes current pregnancy.

Table 4.6 Reason for not using family planning

Percent distribution of currently married nonusers who do not intend to use in the future by main reason for not using. Menya 2003 and Egypt 2003, and according to age, Menya 2003

Reason	15-29	30-49	Menya	Egypt
Fertility-related	91.5	78.4	82.7	86.6
Not having sex	0.8	1.9	1.5	1.5
Infrequent sex	0.0	6.1	4.1	3.4
Menopausal/had hysterectomy	0.0	12.9	8.6	9.7
Subfecund/infecund	1.5	34.5	23.6	24.4
Wants more children	89.2	23.1	44.9	47.6
Opposition to use	4.6	2.3	3.0	2.4
Respondent opposed	-	-	-	0.7
Husband opposed	3.8	1.9	2.5	1.5
Others opposed	0.8	0.4	0.5	0.0
Religious prohibitions	-	-	-	0.2
Method-related	3.1	15.9	11.7	9.3
Health concerns	0.8	9.8	6.9	5.3
Fear side effects	2.3	5.7	4.6	3.7
Interfere with body	0.0	0.4	0.3	0.1
Other	-	-	-	0.3
Other	0.0	2.3	1.5	1.3
Don't know/missing	0.8	1.2	1.1	0.4
Total percent	100.0	100.0	100.0	100.0
Number of women	130	264	394	1,687

Table 4.7 Preferred family planning method

Percent distribution of currently married women who are not using a family planning method but who intend to use in the future by preferred method, Menya 2003 and Egypt 2003

Preferred method	Menya	Egypt
Pill	14.6	14.3
IUD	30.3	35.5
Injections	20.3	9.0
Female sterilization	0.9	0.6
Implant (Norplant)	2.1	1.8
Periodic abstinence	-	0.2
Withdrawal	-	0.1
Prolonged breastfeeding	0.2	0.0
Other	0.2	0.8
As doctor recommends	21.6	17.4
Suitable method	1.7	2.4
Don't know	8.1	17.8
Total percent	100.0	100.0
Number of women	528	1,581

Table 4.8 Timing of use of family planning by newly married couples

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

Background characteristics	Percentage believing family planning use is appropriate:		Number of women
	Before first pregnancy	After first birth	
Age			
15-19	3.4	92.6	148
20-24	4.5	94.7	380
25-29	6.6	95.7	347
30-34	3.8	94.6	317
35-39	5.3	93.5	338
40-44	2.0	90.3	247
45-49	3.5	93.4	228
Residence			
Urban	3.1	95.7	392
Rural	4.7	93.4	1,613
Education			
No education	4.4	91.3	1,052
Primary	3.5	95.1	345
Secondary/higher	4.9	97.4	608
Wealth index			
Lowest quintile	5.0	92.4	949
Second quintile	3.7	93.2	428
Middle quintile	3.5	95.2	312
Fourth/highest quintiles	4.4	97.5	316
Menya	4.4	93.8	2,005
Egypt	4.8	89.5	8,958

Table 4.9 Opinion about extent and trend in family planning use

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

Background characteristic	Extent of family planning use					Trend in family planning use					Total percent	Number of women
	Most	Some	Few	None	Don't know	Increasing	Decreasing	About the same	Not sure			
Age												
15-19	59.3	20.0	10.0	0.7	10.0	67.3	6.0	14.7	12.0	100.0	150	
20-24	62.2	21.0	10.9	0.5	5.4	77.2	3.9	12.2	6.7	100.0	386	
25-29	58.0	27.4	6.9	1.1	6.6	72.6	6.3	12.0	9.1	100.0	350	
30-34	60.5	19.1	10.2	1.9	8.3	72.2	4.0	12.0	11.7	100.0	324	
35-39	62.3	19.9	7.9	1.2	8.8	68.1	5.8	13.7	12.3	100.0	342	
40-44	57.6	21.8	7.4	0.8	12.1	67.7	6.2	12.1	13.6	100.0	257	
45-49	54.9	23.0	8.6	3.7	9.8	66.0	8.2	11.9	13.9	100.0	244	
Residence												
Urban	61.3	18.0	8.1	1.0	11.4	67.8	5.3	11.9	14.7	100.0	395	
Rural	59.2	22.8	9.0	1.4	7.6	71.6	5.7	12.7	10.1	100.0	1,658	
Education												
No education	55.5	23.7	8.8	1.6	10.3	68.0	5.8	13.3	12.9	100.0	1,092	
Primary	63.0	19.9	7.7	2.8	6.6	69.5	4.0	16.8	9.7	100.0	351	
Secondary/higher	64.9	19.7	9.5	0.0	5.7	76.7	6.2	8.7	8.2	100.0	610	
Wealth index												
Lowest quintile	55.4	23.5	9.2	2.1	9.8	67.4	5.3	14.8	12.5	100.0	989	
Second quintile	62.6	21.0	8.8	0.7	6.9	73.4	6.5	11.1	9.0	100.0	433	
Middle quintile	62.9	22.2	8.9	0.3	5.7	74.9	5.4	11.7	7.9	100.0	315	
Fourth/highest quintiles	65.2	17.7	7.6	0.9	8.2	74.1	5.7	8.2	11.7	100.0	316	
Menya	59.6	21.9	8.8	1.4	8.3	70.9	5.6	12.5	11.0	100.0	2,053	
Egypt	72.4	15.1	2.6	0.4	9.4	79.0	1.7	6.2	13.0	100.0	9,159	

Table 4.10 Exposure to family planning messages

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

Background characteristic	Heard/seen FP message		Total percent	Number of women
	No	Yes		
Age				
15-19	40.7	59.3	100.0	150
20-24	31.3	68.7	100.0	386
25-29	32.0	68.0	100.0	350
30-34	35.5	64.5	100.0	324
35-39	35.7	64.3	100.0	342
40-44	42.8	57.2	100.0	257
45-49	52.0	48.0	100.0	244
Residence				
Urban	30.6	69.4	100.0	395
Rural	39.0	61.0	100.0	1,658
Education				
No education	45.4	54.6	100.0	1,092
Primary	33.6	66.4	100.0	351
Secondary/higher	25.2	74.8	100.0	610
Wealth index				
Lowest quintile	44.1	55.9	100.0	989
Second quintile	36.3	63.7	100.0	433
Middle quintile	29.5	70.5	100.0	315
Fourth/highest quintiles	25.9	74.1	100.0	316
Menya	37.4	62.6	100.0	2,053
Egypt	32.8	67.2	100.0	9,159

Table 4.11 Recent source for family planning information

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

Background characteristic	TV	Radio	News-paper/ magazine	Pamphlet/ brochure	Poster	Medical provider	Hus- band	Other relatives	Friends/ neigh- bors	Other	Total per- cent	Num- ber of women
Age												
15-19	77.5	0.0	0.0	0.0	0.0	12.4	1.1	7.9	1.1	0.0	100.0	89
20-24	75.1	0.0	0.4	0.4	0.4	17.4	0.4	3.8	1.9	0.4	100.0	265
25-29	76.9	1.3	0.0	0.4	0.4	17.6	0.0	1.3	2.1	0.0	100.0	238
30-34	77.0	0.0	0.0	0.0	0.0	19.1	0.0	0.0	3.3	0.5	100.0	209
35-39	80.9	0.0	0.0	0.5	0.0	15.0	0.0	1.4	1.8	0.5	100.0	220
40-44	82.3	0.0	0.0	0.7	0.0	12.9	0.7	0.7	2.0	0.7	100.0	147
45-49	74.4	0.0	0.0	0.0	0.0	17.1	0.0	3.4	5.1	0.0	100.0	117
Residence												
Urban	78.8	0.7	0.0	0.7	0.0	15.0	0.4	1.5	2.9	0.0	100.0	274
Rural	77.3	0.1	0.1	0.2	0.2	16.8	0.2	2.4	2.3	0.4	100.0	1,011
Education												
No education	77.9	0.2	0.0	0.0	0.2	13.9	0.0	3.7	4.0	0.2	100.0	596
Primary	76.4	0.4	0.0	0.0	0.0	21.0	0.0	0.0	2.1	0.0	100.0	233
Secondary/higher	78.1	0.2	0.2	0.9	0.2	17.3	0.7	1.3	0.4	0.7	100.0	456
Wealth index												
Lowest quintile	73.8	0.2	0.0	0.0	0.2	18.8	0.2	2.9	4.0	0.0	100.0	553
Second quintile	81.9	0.4	0.0	0.4	0.0	13.4	0.0	1.8	1.8	0.4	100.0	276
Middle quintile	77.9	0.0	0.0	0.9	0.5	17.6	0.5	1.8	0.9	0.0	100.0	222
Fourth/highest quintiles	81.6	0.4	0.4	0.4	0.0	13.2	0.4	1.3	0.9	1.3	100.0	234
Menya	77.7	0.2	0.1	0.3	0.2	16.4	0.2	2.2	2.4	0.3	100.0	1,285
Egypt	87.6	0.2	0.1	0.3	0.2	8.8	0.3	1.5	1.0	0.1	100.0	6,156

Table 4.12 Contact of nonusers with family planning workers and health facilities

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

Background characteristics	Visited at home by FP worker in home	Visited public health facility (PHF)	Visited PHF, discussed FP	Visited private health facility (PrHF)	Visited PrHF, discussed FP	Had some contact with FP worker or health facility	Discussed FP with worker or staff at health facility	Number of women
Age								
15-19	3.3	36.6	6.5	38.2	4.1	57.7	8.9	123
20-24	12.5	37.9	12.5	42.5	6.3	62.1	17.1	240
25-29	7.7	37.9	12.6	39.6	9.9	57.1	18.1	182
30-34	12.9	23.6	7.1	37.1	7.9	51.4	12.9	140
35-39	4.5	25.2	7.1	27.7	5.8	40.6	11.6	155
40-44	5.1	12.7	1.7	13.6	3.4	26.3	5.1	118
45-49	5.7	13.1	2.3	15.4	0.6	27.4	2.9	175
Residence								
Urban	5.8	28.0	9.5	42.3	9.0	54.5	15.3	189
Rural	8.3	27.8	7.4	29.6	4.9	46.1	10.9	944
Education								
No education	6.5	26.1	5.7	25.8	3.2	42.0	8.0	664
Primary	9.6	24.6	5.9	29.4	9.1	43.3	13.4	187
Secondary/higher	9.9	34.0	13.8	47.2	8.9	63.1	19.1	282
Wealth index								
Lowest quintile	7.7	26.8	6.2	24.8	3.0	41.2	8.3	600
Second quintile	8.3	30.7	11.2	30.7	7.1	49.0	14.9	241
Middle quintile	9.9	31.8	11.3	45.7	10.6	60.9	18.5	151
Fourth/highest quintiles	5.7	22.7	5.0	47.5	8.5	57.4	12.8	141
Menya	7.9	27.8	7.8	31.7	5.6	47.5	11.7	1,133
Egypt	3.5	25.6	5.4	33.1	4.4	46.4	8.7	4,086

5 SOURCE FOR FAMILY PLANNING METHODS

Table 5.1 Source for modern family planning methods

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

Source	Menya				Egypt			
	Pill	IUD	Injection	Total	Pill	IUD	Injection	Total
Public sector	26.1	62.6	84.0	61.1	14.8	61.2	82.0	55.6
Urban hospital	1.1	6.2	6.6	5.9	1.8	7.5	7.7	6.9
Urban health unit	0.0	4.5	1.2	2.4	1.7	21.2	11.3	16.0
Rural hospital	0.6	1.7	6.3	2.9	1.1	4.1	8.2	4.0
Rural health unit	21.7	29.2	59.0	36.4	8.1	16.7	45.7	18.8
MCH centre	0.0	14.4	6.6	8.6	0.8	7.0	4.7	5.5
Mobile unit	2.8	6.2	3.5	4.4	1.1	3.1	3.3	2.7
Health Insurance Organization	0.0	0.0	0.8	0.4	0.0	0.6	0.3	0.4
Other governmental	0.0	0.3	0.0	0.2	0.2	1.2	0.8	1.2
Private sector	73.9	37.4	12.1	37.7	84.4	38.7	14.7	43.5
Egypt Family Planning Association	0.0	2.3	0.0	1.1	0.0	1.7	1.0	1.3
Clinical Services Improvement	0.0	2.5	0.4	1.2	0.0	2.6	0.4	1.7
Other NGO/PVO's	0.0	0.6	0.0	0.2	0.0	0.3	0.3	0.2
Mosque health unit	0.0	0.3	0.4	0.2	0.0	1.6	0.8	1.2
Church health unit	0.0	0.8	0.0	0.4	0.0	0.3	0.2	0.2
Private hospital/clinic	0.0	0.6	0.8	1.0	0.2	1.9	0.5	1.6
Private doctor	1.1	30.3	6.6	16.5	2.0	30.3	5.8	21.7
Pharmacy	72.8	0.0	3.9	17.1	82.2	0.0	5.6	15.6
Other	0.0	0.0	3.9	1.2	0.9	0.1	3.1	0.7
Friends/relative	0.0	0.0	0.8	0.2	0.8	0.0	1.1	0.3
Other	0.0	0.0	3.1	1.0	0.0	0.1	2.0	0.5
Don't know	-	-	-	-	0.0	0.0	0.3	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	180	353	256	841	786	3,095	670	4,787

Note: Total for Menya includes 10 condom users and 22 female sterilization users in addition to users of the pill, injection, and the IUD. Total for Egypt includes 75 condom users and 84 female sterilization users in addition to users of the pill, injection, and the IUD.

NGO=Nongovernmental organization

PVO=Private voluntary organization

Table 5.2 Cost of method for IUD users

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

Cost of IUD	Public health facility	Private doctor/ clinic	Total
Free	14.5	1.8	9.6
<3 pounds	31.7	0.0	19.8
3-5 pounds	43.4	2.8	29.2
6-10 pounds	5.0	3.7	5.1
11-15 pounds	0.9	5.5	4.5
16-20 pounds	0.0	12.8	5.9
21-30 pounds	1.4	24.8	8.8
31-50 pounds	0.0	29.4	9.1
51 pounds or more	0.0	6.4	2.0
Don't know/missing	3.2	12.8	5.9
Total percent	100.0	100.0	100.0
Number of women	221	109	353
Menya			
Median	3.1	26.0	4.5
Mean	3.2	30.8	11.8
Egypt			
Median	2.9	27.7	4.1
Mean	3.8	32.5	13.1

Note: Total for Menya includes 19 users obtaining the IUD from a PVO clinic and 4 users obtaining it from a mosque/church clinic. Total for Egypt includes 142 users obtaining the IUD from a PVO clinic and 60 users obtaining it from a mosque/church clinic.

Table 5.3 Cost of method for pill users

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

Cost of pill	Total
Free	2.8
Less than 50 piastres	0.0
51-75 piastres	46.7
76-100 piastres	16.1
101-200 piastres	14.4
More than 200 piastres	19.4
Don't know/missing	0.6
Total	100.0
Number of women	180
Menya	
Median	85.5
Mean	229.6
Egypt	
Median	100.4
Mean	315.5

Table 5.4 Cost of method for injectable users

Percent distribution of current users of the injectable by the cost of the method (in pounds), Menya 2003, and median and mean costs of the injectable, Menya 2003 and Egypt 2003

Cost of injectable	Total
Free	5.5
<3 pounds	77.7
3-4 pounds	4.7
5-6 pounds	5.5
7-8 pounds	2.3
9-10 pounds	1.2
11+ pounds	2.4
Don't know/missing	0.8
Total percent	100.0
Number of women	256
Menya	
Median	1.7
Mean	2.1
Egypt	
Median	1.7
Mean	2.3

Table 5.5 Amount users are willing to pay for IUD insertion

Percentage of current users of the IUD willing to pay various amounts to obtain the method, Menya 2003

Amount	Total
5 pounds	94.9
10 pounds	74.8
25 pounds	51.6
50 pounds	28.9
100 pounds	19.8
150 pounds	16.4
200 pounds	14.4
More than 200 pounds	12.2
Number of users	353

Table 5.6 Amount users are willing to pay for the pill

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

Amount	Total
50 piastres	99.4
75 piastres	97.2
1 pound	85.6
2 pounds	63.3
5 pounds	48.9
More than 5 pounds	39.4
Number of women	180

Table 5.7 Amount users are willing to pay for the injectable

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

Amount	Total
2 pounds	93.4
5 pounds	60.2
10 pounds	37.1
15 pounds	29.3
20 pounds	23.4
More than 20 pounds	16.4
Number of women	256

6 MATERNAL HEALTH

Table 6.1 Antenatal care

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

	Total
ANC provider	
Doctor	51.9
Trained nurse/midwife	0.2
Daya/missing	0.0
No care	47.9
Source for ANC	
Public sector	17.6
Hospital	4.1
Urban/rural health unit	11.5
MCH center	2.0
Private doctor/clinic	34.3
Other/missing	0.2
No care	47.9
Antenatal visits for pregnancy	
None	47.9
1	2.0
2	6.3
3	7.0
4 or more visits	36.1
Don't know/missing	0.7
Median	4.7
Timing of first antenatal check	
No antenatal care	47.9
Less than 4 months	33.4
4-5 months	14.2
6-7 months	3.6
8+ months	0.7
Don't know/missing	0.2
Months pregnant at last visit	
No antenatal care	47.9
< 4 months	0.6
4-5 months	1.8
6-7 months	7.6
8+ months	41.5
Don't know/missing	0.6
Total	100.0
Number of births	1,787

Table 6.2 Tetanus toxoid coverage

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

	Total
Tetanus injections	
None	22.8
One dose	33.9
Two doses or more	41.7
Don't know/missing	1.5
Source for TT injection	
Public sector	73.1
Hospital	15.3
Urban/rural health unit	53.3
MCH center	4.5
Private doctor/clinic	1.1
Other/missing	3.0
No TT injection	22.8
Total	100.0
Number of births	1,787
Advice about ANC/FP	
Advised to seek ANC	15.6
Told about FP	5.5
Both ANC and FP discussed	14.5
Neither ANC or FP discussed	40.6
No TT injection/missing	23.9
Total	100.0
Number of last births	1,188

Table 6.3 Medical care other than visit for antenatal care or tetanus toxoid injection during pregnancy

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

Received other medical care during pregnancy	ANC only	ANC and TT injection	TT injection only	Neither ANC nor TT injection	Total
Had other care	1.2	7.2	8.9	3.1	20.3
No other care	8.0	35.8	23.8	12.1	79.7
Total	9.2	42.9	32.7	15.2	100.0

Table 6.4 Care during pregnancy

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

Background characteristic	Antenatal care		One or more TT injections	Other medical care	Any medical care	Number of births
	Any	Regular				
Age at birth						
< 20	54.4	34.4	81.9	23.1	90.0	320
20-34	52.0	36.4	77.3	19.4	88.6	1,274
35-49	49.2	37.3	54.4	21.8	79.8	193
Birth order						
1	65.5	48.8	84.9	20.5	94.9	449
2-3	55.6	39.7	79.0	19.6	90.2	673
4-5	42.9	26.9	72.6	21.9	85.9	361
6+	35.5	20.7	58.2	19.7	75.0	304
Residence						
Urban	73.0	58.0	71.7	24.6	93.5	293
Rural	48.0	31.9	76.4	19.5	86.8	1,494
Education						
No education	38.7	23.1	72.5	18.7	83.1	902
Primary	46.1	29.3	72.7	23.9	83.8	297
Secondary/higher	75.7	59.7	82.0	20.9	97.3	588
Work status						
Working for cash	63.1	49.8	74.4	21.7	92.1	203
Not working for cash	50.7	34.4	75.8	20.1	87.4	1,584
Wealth index						
Lowest quintile	40.2	24.1	73.2	22.1	83.7	885
Second quintile	55.5	37.6	79.1	15.4	89.3	402
Middle quintile	61.5	43.2	79.5	23.4	92.1	278
Fourth/highest quintiles	81.5	73.0	74.3	18.0	96.8	222
Menya	52.1	36.1	75.7	20.3	87.9	1,787
Egypt	68.7	55.6	78.0	12.6	92.4	6,314

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

Table 6.5 Perceived coverage of antenatal care

Percentage of ever married women 15-49 by perceptions of coverage of antenatal care and trend in antenatal care coverage, Menya 2003 and Egypt 2003, and according to selected background characteristics, Menya 2003

Background characteristic	How many women seek antenatal care						Women go for prenatal care are increasing or decreasing					
	Most	Some	Very few	None	Don't know	Total	Increasing	Decreasing	Stay-ing same	Don't know	Total	Number
Antenatal care												
Had birth	46.9	29.2	12.6	1.9	9.4	100.0	62.5	5.7	17.1	14.7	100.0	1,188
Antenatal care	53.4	29.4	9.6	1.0	6.6	100.0	68.4	5.7	15.6	10.3	100.0	686
No care	38.0	28.9	16.7	3.0	13.3	100.0	54.4	5.8	19.1	20.7	100.0	502
No birth	47.9	24.9	10.2	1.3	15.8	100.0	60.1	6.1	13.6	20.1	100.0	865
Age												
15-19	48.0	26.7	10.7	1.3	13.3	100.0	64.7	4.7	14.7	16.0	100.0	150
20-24	51.8	27.2	12.7	1.8	6.5	100.0	67.4	4.4	14.5	13.7	100.0	386
25-29	50.0	25.4	13.7	1.7	9.1	100.0	63.4	7.7	17.1	11.7	100.0	350
30-34	45.7	29.0	12.3	1.2	11.7	100.0	60.5	5.2	17.0	17.3	100.0	324
35-39	43.0	28.9	12.3	2.0	13.7	100.0	56.1	5.6	19.6	18.7	100.0	342
40-44	44.4	26.8	8.9	1.2	18.7	100.0	59.9	5.4	11.7	23.0	100.0	257
45-49	47.1	27.0	8.2	1.6	16.0	100.0	57.8	8.2	12.7	21.3	100.0	244
Residence												
Urban	51.6	24.1	7.3	1.3	15.7	100.0	62.8	4.6	14.4	18.2	100.0	395
Rural	46.3	28.2	12.6	1.7	11.3	100.0	61.2	6.2	15.9	16.7	100.0	1,658
Education												
No education	43.5	29.2	12.5	1.6	13.2	100.0	59.7	6.0	15.8	18.5	100.0	1,092
Primary	46.2	25.9	12.3	2.3	13.4	100.0	55.0	6.0	19.9	19.1	100.0	351
Secondary/higher	54.8	24.9	9.7	1.1	9.5	100.0	68.4	5.6	13.0	13.1	100.0	610
Work status												
Working for cash	55.3	22.8	6.8	1.3	13.8	100.0	65.3	3.5	14.5	16.7	100.0	311
Not working for cash	45.9	28.2	12.5	1.7	11.8	100.0	60.8	6.3	15.8	17.0	100.0	1,742
Wealth index												
Lowest quintile	41.0	30.6	12.7	1.9	13.8	100.0	56.9	5.7	18.2	19.2	100.0	989
Second quintile	51.3	27.7	10.6	1.2	9.2	100.0	65.6	7.9	13.9	12.7	100.0	433
Middle quintile	53.7	25.4	11.1	1.3	8.6	100.0	65.7	5.7	14.3	14.3	100.0	315
Fourth/highest quintiles	55.4	18.7	9.8	1.6	14.6	100.0	65.8	4.1	11.4	18.7	100.0	316
Menya	47.3	27.4	11.6	1.6	12.1	100.0	61.5	5.9	15.6	17.0	100.0	2,053
Egypt	60.9	21.0	4.7	0.4	12.9	100.0	70.0	1.7	7.9	20.4	100.0	9,159

Table 6.6 Content of pregnancy care

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

Background characteristic	Given maternal card	Weighed	Height measured	BP measured	Urine sample	Blood sample	Received/bought iron tablets/syrup	Told about signs of complications	Told where to go for complications	Number of births
Medical care during pregnancy										
Had ANC	60.2	74.5	54.9	78.5	56.6	58.7	50.7	34.1	29.4	1,054
Four or more visits	60.8	74.8	55.2	80.0	58.4	60.8	53.4	35.2	30.7	730
Fewer than 4 visits	59.0	73.8	54.3	75.0	52.8	54.0	44.4	31.5	26.5	324
No ANC	33.0	51.7	28.2	51.0	31.2	31.7	22.2	13.9	10.0	733
TT or other care	33.0	51.7	28.2	51.0	31.2	31.7	22.2	13.9	10.0	733
Type of provider										
Public sector	54.9	72.9	46.7	67.9	45.5	46.9	32.0	22.8	17.7	672
Private sector	28.8	51.9	34.0	76.9	37.7	32.1	42.0	28.8	25.5	212
Both	66.1	83.2	58.8	85.6	64.8	68.9	55.7	36.1	30.8	673
No care/missing	0.9	1.7	1.7	2.6	1.7	1.7	7.8	1.7	1.3	230
Age at birth										
< 20	51.6	70.9	48.1	69.1	50.6	55.0	41.3	29.4	24.1	320
20-34	51.0	66.1	44.8	67.7	46.7	47.8	39.3	26.0	21.4	1,274
35-49	32.1	49.2	31.6	60.6	35.8	34.2	33.2	18.7	17.1	193
Birth order										
1	58.1	79.7	55.2	78.0	57.9	61.2	50.3	31.4	26.7	449
2-3	51.6	68.2	47.4	71.5	49.0	50.7	38.6	27.6	21.5	673
4-5	42.4	56.5	35.2	56.0	37.1	38.2	35.5	23.3	20.2	361
6+	38.2	47.0	30.3	55.3	33.6	31.9	27.3	16.4	14.8	304
Residence										
Urban	54.9	77.5	50.9	81.9	55.3	52.9	61.1	33.1	28.0	293
Rural	47.9	62.7	42.6	64.3	44.4	46.6	34.7	24.4	20.1	1,494
Education										
No education	42.9	56.2	34.3	57.5	36.5	38.6	29.3	21.5	17.4	902
Primary	47.1	60.6	39.4	64.6	40.1	40.1	34.3	20.2	16.2	297
Secondary/higher	59.5	81.1	61.2	83.3	64.3	65.3	56.3	35.2	30.3	588
Work status										
Working for cash	53.2	69.5	54.2	77.3	58.6	55.2	48.8	33.5	30.5	203
Not working for cash	48.5	64.6	42.7	65.9	44.6	46.7	37.8	24.8	20.3	1,584
Wealth index										
Lowest quintile	46.2	60.9	39.3	60.2	41.1	43.4	29.8	21.6	18.6	885
Second quintile	51.0	66.4	42.3	67.2	43.0	44.5	39.6	24.9	19.4	402
Middle quintile	53.2	70.5	50.7	75.2	54.0	53.2	46.4	28.8	23.7	278
Fourth/highest quintiles	51.8	73.0	57.2	85.1	62.6	63.1	65.3	40.5	33.3	222
Menya	49.1	65.1	44.0	67.2	46.2	47.6	39.0	25.8	21.4	1,787
Egypt	52.9	76.0	55.2	74.6	59.5	61.5	45.1	31.8	28.0	6,314

Table 6.7 Coverage of safe pregnancy messages

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

Background characteristics	Percentage receiving information on pregnancy danger signs	Number of women	Source of information								Total percent	Number of women receiving information
			TV	Radio	News-papers	Medical provider	Husband	Other relatives	Friends/neighbors	Other		
Antenatal care												
Had birth	48.0	1,188	76.1	0.0	0.0	15.1	0.5	5.3	2.8	0.2	100.0	570
ANC	53.8	686	73.2	0.0	0.0	19.2	0.5	5.1	1.6	0.3	100.0	369
No ANC	40.0	502	81.6	0.0	0.0	7.5	0.5	5.5	5.0	0.0	100.0	201
No birth	40.5	865	71.1	0.3	0.3	16.3	0.3	6.6	4.9	0.3	100.0	350
Age												
15-19	51.3	150	58.4	0.0	0.0	20.8	1.3	13.0	6.5	0.0	100.0	77
20-24	51.6	386	69.8	0.0	0.0	21.6	0.5	6.0	2.0	0.0	100.0	199
25-29	52.0	350	76.4	0.0	0.0	16.5	1.1	3.8	1.6	0.5	100.0	182
30-34	47.2	324	77.8	0.0	0.7	13.1	0.0	6.5	2.0	0.0	100.0	153
35-39	42.1	342	80.6	0.0	0.0	10.4	0.0	3.5	4.9	0.7	100.0	144
40-44	36.6	257	79.8	0.0	0.0	11.7	0.0	3.2	5.3	0.0	100.0	94
45-49	29.1	244	70.4	1.4	0.0	11.3	0.0	8.5	8.5	0.0	100.0	71
Residence												
Urban	50.1	395	74.7	0.5	0.0	15.7	0.0	7.1	2.0	0.0	100.0	198
Rural	43.5	1,658	74.1	0.0	0.1	15.5	0.6	5.4	4.0	0.3	100.0	722
Education												
No education	37.6	1,092	76.2	0.2	0.0	12.2	0.7	6.3	4.4	0.0	100.0	411
Primary	45.6	351	80.0	0.0	0.0	7.5	0.6	5.6	6.3	0.0	100.0	160
Secondary/higher	57.2	610	69.3	0.0	0.3	23.2	0.0	5.2	1.4	0.6	100.0	349
Work status												
Working for cash	47.9	311	70.5	0.0	0.0	20.1	0.7	4.0	3.4	1.3	100.0	149
Not working for cash	44.3	1,742	75.0	0.1	0.1	14.7	0.4	6.1	3.6	0.0	100.0	771
Wealth index												
Lowest quintile	37.0	989	75.1	0.0	0.0	13.4	0.5	6.6	4.4	0.0	100.0	366
Second quintile	47.1	433	77.9	0.0	0.0	15.2	0.0	4.9	2.0	0.0	100.0	204
Middle quintile	58.4	315	75.0	0.0	0.0	15.2	1.1	4.9	3.8	0.0	100.0	184
Fourth/highest quintiles	52.5	316	66.9	0.6	0.6	21.1	0.0	6.0	3.6	1.2	100.0	166
Menya	44.8	2,053	74.2	0.1	0.1	15.5	0.4	5.8	3.6	0.2	100.0	920
Egypt	52.1	9,159	70.7	0.2	0.3	19.7	0.3	4.7	3.3	0.8	100.0	4,767

Table 6.8 Delivery characteristics

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

	Total
Assistance during delivery	
Doctor	35.9
Trained nurse/midwife	7.8
Daya	56.0
Relative/other	
No care/missing	0.3
Place of delivery	
Health facility	31.6
Public sector	12.4
Private sector	19.2
At home	68.4
Total	100.0
Number	1,787

Table 6.9 Medically-assisted deliveries by background characteristics

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

	Percentage assisted by medical provider	Percentage delivered in health facility	Number of births
Medical care during pregnancy			
Had ANC	55.1	41.7	1,054
Four or more visits	62.3	49.3	730
Fewer than 4 visits	38.9	24.4	324
No ANC	27.3	17.2	733
TT or other care	27.3	17.2	733
Age at birth			
< 20	44.4	30.9	320
20-34	42.6	30.7	1,274
35-49	49.7	38.9	193
Birth order			
1	59.7	45.9	449
2-3	40.9	28.2	673
4-5	38.0	26.6	361
6+	33.2	24.0	304
Residence			
Urban	63.8	48.1	293
Rural	39.8	28.4	1,494
Education			
No education	31.3	22.5	902
Primary	39.4	26.3	297
Secondary/higher	65.0	48.3	588
Work status			
Working for cash	58.1	40.4	203
Not working for cash	41.9	30.5	1,584
Wealth index			
Lowest quintile	32.2	22.8	885
Second quintile	40.0	28.9	402
Middle quintile	55.0	37.1	278
Fourth/highest quintiles	82.0	64.9	222
Menya	43.7	31.6	1,787
Egypt	69.4	59.0	6,314

Table 6.10 Postnatal care for mother

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

	Type of assistance at delivery		Place of delivery		All births
	Medically- assisted delivery ¹	Delivery assisted by daya/ other	Within health facility	Outside health facility	
Postnatal care					
Timing of first postnatal checkup					
Within 2 days of birth	27.3	3.1	32.7	4.8	13.7
3-7 days of birth	9.0	7.9	9.2	7.9	8.3
8-27 days of birth	3.8	2.0	4.6	2.0	2.8
4+ weeks after birth	3.5	1.6	3.0	2.1	2.4
No care	56.1	85.5	49.9	83.1	72.6
Don't know/missing	0.4	0.0	0.5	0.0	0.2
Provider for first postnatal care checkup					
Doctor	41.4	9.2	49.0	11.4	23.3
Trained nurse/midwife	2.6	2.2	1.1	2.9	2.4
Daya	0.0	3.1	0.0	2.5	1.7
No care	56.1	85.5	49.9	83.1	72.6
Source for first postnatal checkup					
Public sector	15.4	1.7	20.0	1.9	7.7
Hospital	12.9	0.8	17.7	0.7	6.1
Health unit	2.2	0.9	2.1	1.1	1.5
MCH center	0.3	0.0	0.2	0.1	0.1
Private doctor/clinic	22.7	6.0	28.8	6.1	13.3
Home	5.2	6.0	1.2	7.7	5.7
Other location	0.6	0.9	0.0	1.1	0.8
No care	56.1	85.5	49.9	83.1	72.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of births	781	1,006	565	1,222	1,787

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

Table 6.11 Postnatal care for mother by background characteristics

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

Background characteristics	Medically-assisted delivery ¹		Delivery assisted by day/other		All births		Number of births
	Had postnatal checkup within two days of delivery	Had any postnatal care	Had postnatal checkup within two days of delivery	Had any postnatal care	Had postnatal checkup within two days of delivery	Had any postnatal care	
Age at birth							
< 20	28.2	40.1	2.8	13.5	14.1	25.3	320
20-34	27.4	45.1	3.1	14.4	13.5	27.5	1,274
35-49	25.0	42.7	3.1	17.5	14.0	30.1	193
Birth order							
1	26.9	44.4	1.7	15.5	16.7	32.7	449
2-3	28.4	46.9	3.3	15.3	13.5	28.2	673
4-5	31.4	45.3	5.4	14.7	15.2	26.3	361
6+	19.8	32.7	1.5	11.8	7.6	18.8	304
Residence							
Urban	27.3	47.6	1.9	18.9	18.1	37.2	293
Rural	27.3	42.8	3.2	14.0	12.8	25.4	1,494
Education							
No education	27.0	39.7	3.1	13.4	10.5	21.6	902
Primary	24.8	39.3	2.2	11.1	11.1	22.2	297
Secondary/higher	28.3	48.4	3.9	20.9	19.7	38.8	588
Work status							
Working for cash	28.8	56.8	5.9	27.1	19.2	44.3	203
Not working for cash	27.0	41.6	2.8	13.4	12.9	25.2	1,584
Wealth index							
Lowest quintile	24.2	37.9	2.3	12.3	9.4	20.6	885
Second quintile	30.4	43.5	4.6	14.5	14.9	26.1	402
Middle quintile	28.8	43.8	3.2	21.6	17.3	33.8	278
Fourth/highest quintiles	28.0	53.8	5.0	25.0	23.9	48.6	222
Menya	27.3	43.9	3.1	14.5	13.7	27.4	1,787
Egypt	38.8	54.2	7.1	16.4	29.1	42.7	6,314

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

Table 6.12 Postnatal care for child

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

	Type of assistance at delivery		Place of delivery		All births
	Medically- assisted delivery ¹	Delivery assisted by daya/ other	Within health facility	Outside health facility	
Postnatal care					
Timing of first postnatal checkup					
Within 2 days of birth	20.6	4.3	24.1	5.5	11.7
3-7 days of birth	16.5	17.2	17.2	16.8	16.9
8-27 days of birth	9.9	8.0	7.3	9.6	8.8
4+ weeks after birth	7.4	5.5	7.3	5.9	6.4
No care	45.2	64.6	43.5	61.9	55.8
Don't know/missing	0.4	0.3	0.5	0.3	0.3
Total	100.0	100.0	100.0	100.0	100.0
Number of births	538	650	395	793	1,188
Source for postnatal care provider					
Public sector	38.3	38.7	39.5	37.7	38.5
Hospital	16.9	7.4	18.8	8.3	12.8
Health unit	17.3	29.1	16.6	26.8	22.5
MCH center	4.1	2.2	4.0	2.6	3.2
Private doctor/clinic	52.2	32.2	54.7	35.1	43.4
Home	8.8	29.1	5.4	26.8	17.7
Own home	8.1	26.5	5.4	24.2	16.2
Other home	0.7	2.6	0.0	2.6	1.5
Don't know/missing	0.7	0.0	0.4	0.3	0.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of births with checkup	295	230	223	302	525
Blood sample from child's heel					
Sample taken	13.4	10.5	12.9	11.2	11.8
Sample not taken	83.1	88.0	82.8	87.3	85.8
Don't know/Missing	3.5	1.5	4.3	1.5	2.4
Total	100.0	100.0	100.0	100.0	100.0
Number of last births	538	650	395	793	1,188

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

Table 6.13 Postnatal care for child by background characteristics

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

Background characteristics	Medically-assisted delivery ¹			Delivery assisted by day/other			All births			Number of births
	Had post-natal check-up within two days of delivery	Blood sample taken from heel within two weeks of delivery	Had any post-natal check-up	Had post-natal check-up within two days of delivery	Blood sample taken from heel within two weeks of delivery	Had any post-natal check-up	Had post-natal check-up within two days of delivery	Blood sample taken from heel within two weeks of delivery	Had any post-natal check-up	
Age at birth										
< 20	15.8	14.5	56.6	6.2	14.8	34.6	10.8	14.6	45.2	157
20-34	21.7	13.3	55.1	3.9	10.4	35.3	11.7	11.7	44.0	873
35-49	20.3	12.7	51.9	5.1	6.3	36.7	12.7	9.5	44.3	158
Birth order										
1	21.4	21.4	63.6	9.9	23.5	50.6	17.2	22.2	58.8	221
2-3	20.2	11.3	52.2	3.2	9.2	33.6	10.8	10.2	41.9	453
4-5	22.5	9.0	55.0	3.1	8.6	35.6	10.9	8.8	43.4	274
6+	17.9	10.7	46.4	4.5	7.7	30.1	9.2	8.8	35.8	240
Residence										
Urban	30.2	11.5	64.7	5.7	10.0	47.1	22.0	11.0	58.9	209
Rural	17.3	14.0	51.4	4.1	10.5	34.0	9.5	12.0	41.1	979
Education										
No education	19.3	9.9	46.9	3.9	9.3	31.9	8.8	9.5	36.7	599
Primary	11.5	14.1	51.3	1.8	9.6	38.6	5.7	11.5	43.8	192
Secondary/higher	24.3	15.7	61.6	7.8	14.7	43.4	18.9	15.4	55.7	397
Work status										
Working for cash	25.8	11.2	57.3	3.4	5.1	40.7	16.9	8.8	50.7	148
Not working for cash	19.6	13.8	54.3	4.4	11.0	34.9	11.0	12.2	43.3	1,040
Wealth index										
Lowest quintile	19.2	8.6	50.5	3.7	8.7	30.4	9.0	8.6	37.3	579
Second quintile	15.8	16.8	48.5	3.8	13.1	36.9	8.4	14.6	41.4	261
Middle quintile	17.9	13.4	54.5	6.6	13.2	50.0	13.3	13.3	52.7	188
Fourth/highest quintiles	29.1	18.1	66.9	9.1	12.1	51.5	25.0	16.9	63.8	160
Menya	20.6	13.4	54.8	4.3	10.5	35.4	11.7	11.8	44.2	1,188
Egypt	30.3	26.1	63.9	6.9	15.4	38.1	23.5	23.0	56.5	4,574

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

7 CHILD HEALTH AND NUTRITIONAL STATUS

Table 7.1 Vaccinations by background characteristics

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

Background characteristic	Record seen	Vaccinations																Fully immunized ¹	None	Number of children
		BCG	DPT 1	DPT 2	DPT 3	ADPT	Polio 0	Polio 1	Polio 2	Polio 3	Polio 4	AP	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	MMR			
Sex																				
Male	79.9	99.4	98.2	92.1	88.4	25.0	40.9	100.0	95.7	90.2	72.0	28.7	89.0	76.2	69.5	96.3	29.3	84.1	0.0	164
Female	75.3	98.6	97.3	88.4	85.6	33.6	47.9	99.3	89.7	88.4	67.1	37.0	94.5	80.1	69.9	96.6	37.0	82.2	0.0	146
Residence																				
Urban	80.7	100.0	100.0	100.0	100.0	29.8	36.8	100.0	100.0	96.5	75.4	35.1	98.2	89.5	80.7	100.0	42.1	96.5	0.0	57
Rural	77.1	98.8	97.2	88.1	84.2	28.9	45.8	99.6	91.3	87.7	68.4	32.0	90.1	75.5	67.2	95.7	30.8	80.2	0.0	253
Menya	77.7	99.0	97.7	90.3	87.1	29.0	44.2	99.7	92.9	89.4	69.7	32.6	91.6	78.1	69.7	96.5	32.9	83.2	0.0	310
Egypt	73.8	99.1	99.6	94.6	92.6	33.3	14.5	99.7	95.0	93.3	65.5	34.7	93.6	83.9	79.0	95.6	32.1	87.5	0.1	1,192

ADPT = Activated DPT

AP = Activated polio

MMR = Measles, mumps, and rubella

¹Children are considered fully immunized have received the BCG vaccine, the DPT 1, DPT 2 and DPT 3 vaccines, the Polio 1, Polio 2, and Polio 3 vaccines, and the measles vaccines.

Table 7.2. Prevalence and treatment of diarrhea

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

Background characteristic	Percentage of children ill with diarrhea	Medical care from:			Oral rehydration therapy				ORT/ Increased fluids	Other treatments				Number of children with diarrhea	
		Any health provider	Public provider	Private provider	ORS packet	RHS at home	Either ORS or RHS	Increased fluids		Antibiotics	Other pill	IV	Home remedy/ Other		None
Child's age															
Under 6 months	26.7	50.0	13.0	37.0	37.0	19.6	50.0	8.7	54.3	2.2	43.5	4.3	4.3	15.2	46
6-11 months	48.5	61.7	12.3	50.6	55.6	25.9	65.4	34.6	79.0	19.8	32.1	13.6	7.4	4.9	81
12-23 months	42.9	54.1	24.1	30.8	45.1	19.5	53.4	44.4	76.7	20.3	32.3	9.8	6.0	7.5	133
24-35 months	28.9	45.5	21.2	25.3	30.3	26.3	43.4	47.5	71.7	13.1	33.3	2.0	8.1	10.1	99
36-47 months	17.5	45.2	17.7	27.4	30.6	25.8	45.2	38.7	72.6	17.7	21.0	4.8	8.1	12.9	62
48-59 months	9.3	43.3	16.7	26.7	30.0	36.7	46.7	43.3	76.7	13.3	20.0	3.3	6.7	3.3	30
Sex															
Male	29.8	54.8	20.3	35.6	42.5	25.3	54.0	40.2	74.3	16.1	34.1	8.4	8.0	6.9	261
Female	24.0	46.3	16.8	29.5	36.3	22.6	47.9	36.8	71.6	15.8	27.4	5.3	5.3	11.6	190
Birth order															
1	32.4	56.6	14.7	43.4	45.6	18.4	51.5	33.8	70.6	16.9	39.7	8.1	4.4	8.1	136
2-3	27.1	46.5	16.3	30.8	39.0	29.7	55.2	33.1	73.3	15.1	25.0	6.4	10.5	8.7	172
4-5	26.0	58.0	27.3	30.7	38.6	25.0	52.3	53.4	80.7	14.8	33.0	6.8	4.5	8.0	88
6+	20.1	41.8	23.6	18.2	30.9	20.0	38.2	45.5	67.3	18.2	27.3	7.3	5.5	12.7	55
Residence															
Urban	25.5	52.1	11.3	40.8	43.7	29.6	54.9	40.8	76.1	22.5	32.4	4.2	4.2	4.2	71
Rural	27.4	51.1	20.3	31.6	39.2	23.2	50.8	38.4	72.6	14.7	31.1	7.6	7.4	9.7	380
Education															
No education	26.5	51.8	21.4	30.9	41.4	25.9	53.2	36.4	75.9	11.4	30.0	8.2	5.5	10.9	220
Primary	28.2	49.4	20.3	30.4	39.2	15.2	48.1	43.0	73.4	19.0	31.6	10.1	10.1	11.4	79
Secondary/higher	27.3	51.3	14.5	37.5	38.2	26.3	50.7	40.1	69.1	21.1	32.9	3.9	7.2	4.6	152
Work status															
Working for cash	21.6	56.1	22.0	34.1	51.2	36.6	58.5	43.9	80.5	17.1	17.1	9.8	9.8	7.3	41
Not working for cash	27.8	50.7	18.5	32.9	38.8	22.9	50.7	38.3	72.4	15.9	32.7	6.8	6.6	9.0	410
Wealth index															
Lowest quintile	29.1	50.8	20.2	31.5	39.1	24.8	50.8	36.6	72.7	15.1	29.4	8.4	6.3	10.1	238
Second quintile	26.4	54.6	25.8	29.9	44.3	19.6	54.6	40.2	74.2	12.4	40.2	6.2	7.2	5.2	97
Middle quintile	24.6	40.9	16.7	24.2	33.3	25.8	43.9	40.9	69.7	18.2	21.2	6.1	10.6	15.2	66
Fourth/highest quintiles	23.5	60.0	2.0	58.0	44.0	28.0	58.0	44.0	78.0	24.0	36.0	4.0	4.0	2.0	50
Menya	27.1	51.2	18.8	33.0	39.9	24.2	51.4	38.8	73.2	16.0	31.3	7.1	6.9	8.9	451
Egypt	18.9	45.7	17.6	28.3	28.2	9.1	33.6	30.6	55.3	21.2	34.6	6.2	6.2	15.5	1,144

Table 7.3 Prevalence and treatment of acute respiratory infections

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

Background characteristic	Percentage of children ill with cough and short, rapid breathing	Among children with ARI symptoms, percentage receiving:					Number of children
		Medical care from:			Anti-biotics	No treatment	
		Any health provider	Public provider	Private provider			
Child's age							
Under 6 Months	15.7	63.0	18.5	48.1	59.3	18.5	172
6-11 Months	22.2	97.3	18.9	78.4	83.8	0.0	167
12-23 Months	18.7	70.7	24.1	46.6	77.6	13.8	310
24-35 Months	15.5	56.6	18.9	39.6	66.0	26.4	342
36-47 Months	11.3	67.5	20.0	47.5	82.5	20.0	354
48-59 Months	9.3	73.3	43.3	36.7	73.3	20.0	322
Sex							
Male	15.5	80.9	27.9	55.1	80.1	8.1	876
Female	13.8	57.8	17.4	41.3	67.0	27.5	791
Birth order							
1	14.5	78.7	11.5	67.2	77.0	9.8	420
2-3	15.0	70.5	27.4	46.3	78.9	15.8	634
4-5	13.0	70.5	34.1	38.6	65.9	18.2	339
6+	16.4	60.0	20.0	40.0	68.9	26.7	274
Residence							
Urban	13.3	73.0	21.6	51.4	81.1	5.4	278
Rural	15.0	70.2	23.6	48.6	73.1	18.8	1,389
Education							
No education	15.5	65.9	31.8	35.7	75.2	20.2	831
Primary	15.7	70.5	25.0	47.7	68.2	18.2	280
Secondary/higher	12.9	79.2	6.9	73.6	76.4	9.7	556
Work status							
Working for cash	16.3	83.9	29.0	61.3	90.3	6.5	190
Not working for cash	14.5	68.7	22.4	47.2	72.0	18.2	1,477
Wealth index							
Lowest quintile	15.8	65.1	25.6	40.3	73.6	18.6	818
Second quintile	16.3	66.7	30.0	40.0	68.3	21.7	368
Middle quintile	13.1	82.9	17.1	68.6	80.0	8.6	268
Fourth/highest quintiles	9.9	95.2	0.0	95.2	85.7	4.8	213
Menya	14.7	70.6	23.3	49.0	74.3	16.7	1,667
Egypt	10.2	70.2	23.3	47.6	73.3	17.3	6,056

Table 7.4 Initial breastfeeding

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

Background characteristic	Ever breastfed	Percentage who started breastfeeding:		Percentage who received prelacteal feeding	Number of children
		Within 1 hour	Within 1 day		
Assistance at delivery					
Medically trained provider	93.7	31.8	71.2	70.3	781
Daya	97.5	41.4	78.8	75.9	962
Other or None	88.6	33.3	71.8	72.7	44
Place of delivery					
Public health facility	89.6	32.7	66.3	64.4	222
Private health facility	93.3	29.1	73.1	68.8	343
Home/other	97.4	40.0	77.5	76.3	1,222
Sex					
Male	95.4	33.3	73.8	73.2	934
Female	95.9	41.2	77.0	73.5	853
Residence					
Urban	95.2	36.9	78.1	72.4	293
Rural	95.7	37.1	74.8	73.6	1,494
Education					
No education	96.0	36.3	70.7	76.8	902
Primary	96.0	40.7	81.1	79.8	297
Secondary/higher	94.9	36.6	79.7	64.8	588
Work status					
Working for cash	95.6	41.2	78.4	70.9	203
Not working for cash	95.6	36.6	75.0	73.7	1,584
Wealth index					
Lowest quintile	96.9	35.4	70.4	76.5	885
Second quintile	94.8	38.1	80.6	71.4	402
Middle quintile	95.0	40.2	80.7	71.9	278
Fourth/highest quintiles	92.8	38.3	79.6	66.2	222
Menya	95.6	37.1	75.4	73.4	1,787
Egypt	95.2	52.4	87.0	55.3	6,314

Table 7.5 Nutritional status of children

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

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Below -3 SD	Below -2 SD ¹	Below -3 SD	Below -2 SD ¹	Below -3 SD	Below -2 SD ¹	
Child's age							
Under 6 months	2.6	10.3	0.0	1.9	0.0	3.9	155
6-11 months	4.4	14.5	0.6	5.0	2.5	11.3	159
12-23 months	10.2	24.5	0.7	4.4	2.7	10.5	294
24-35 months	6.2	16.3	0.6	3.9	2.1	9.5	337
36-47 months	5.7	17.0	0.0	0.6	0.9	4.9	348
48-59 months	2.8	12.3	0.3	1.3	1.3	6.9	317
Sex							
Male	4.5	15.2	0.5	2.7	1.5	7.2	848
Female	7.0	17.7	0.3	2.6	1.7	8.5	762
Birth order							
1	5.6	15.9	0.5	3.4	2.2	7.3	409
2-3	4.3	13.2	0.3	3.1	1.2	7.7	608
4-5	6.4	17.5	0.6	2.1	1.8	7.7	326
6+	7.9	23.2	0.0	1.1	1.5	9.0	267
Birth interval							
First birth	5.6	15.9	0.5	3.4	2.2	7.3	410
Under 24 months	7.9	17.6	0.0	2.4	2.4	12.1	290
24-47 months	5.6	16.7	0.6	2.6	1.3	7.2	623
48+ months	3.5	15.3	0.0	2.1	0.7	5.6	287
Residence							
Urban	6.3	16.0	0.0	2.6	1.1	5.2	268
Rural	5.5	16.5	0.4	2.7	1.7	8.3	1,342
Education							
No education	6.9	17.7	0.4	2.9	2.1	9.0	802
Primary	4.8	19.6	0.7	2.6	1.5	9.3	270
Secondary/higher	4.3	12.8	0.2	2.4	0.9	5.4	538
Work status							
Working for cash	4.8	16.1	0.5	2.7	1.6	8.6	186
Not working for cash	5.8	16.4	0.4	2.7	1.6	7.7	1,424
Wealth index							
Lowest quintile	7.1	18.8	0.6	2.9	1.9	9.8	789
Second quintile	4.0	13.3	0.0	1.7	0.8	5.9	354
Middle quintile	5.7	16.1	0.0	1.5	1.5	6.1	261
Fourth/highest quintiles	2.9	13.1	0.5	4.9	1.9	5.8	206
Menya	5.7	16.4	0.4	2.7	1.6	7.8	1,610
Egypt	5.5	15.6	0.8	4.0	1.2	8.6	5,761

Note: Figures are for children of EIDHS respondents under age five. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their z-scores are below minus two or minus three standard deviations (SD) from the median.

¹ Includes children who are below -3 SD

Table 7.6 Vitamin A supplementation among postpartum mothers

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

Background characteristic	Mother received vitamin A	Number of births
Mother's age at birth		
< 20	31.9	320
20-34	36.0	1,274
35-49	23.8	193
Birth order		
1	35.9	449
2-3	36.8	673
4-5	31.9	361
6+	27.3	304
Residence		
Urban	35.8	293
Rural	33.6	1,494
Education		
No education	31.4	902
Primary	30.3	297
Secondary/higher	39.8	588
Work status		
Working for cash	32.5	203
Not working for cash	34.2	1,584
Wealth index		
Lowest quintile	32.1	885
Second quintile	37.3	402
Middle quintile	38.5	278
Fourth/highest quintiles	29.7	222
Menya	34.0	1,787
Egypt	33.7	6,314

Table 7.7 Vitamin A supplementation among children 12-23 months

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

Background characteristic	Child received vitamin A	Number of births
Sex		
Male	58.5	164
Female	59.6	146
Residence		
Urban	64.9	57
Rural	57.7	253
Menya	59.0	310
Egypt	64.8	1,192

Table 7.8 Iodized salt

Percentage of households in which salt was tested for iodine, and, among those tested, percent distribution by iodine content. Menya 2003 and Egypt 2003, and by urban-rural residence. Menya 2003

Residence	Percentage of households in which salt was tested	Iodine content			Total percent	Number of households
		0 ppm (no iodine)	<= 25 ppm	26 ppm+		
Urban	99.8	36.3	24.1	39.6	100.0	491
Rural	99.8	71.1	18.1	10.8	100.0	1,708
Menya	99.8	63.3	19.5	17.2	100.0	2,199
Egypt	99.6	20.9	22.8	56.3	100.0	10,089

8 CHILDHOOD MORTALITY

Table 8.1 Early childhood mortality rates

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

Mortality rate	Menya	Egypt
Neonatal	28.1	22.9
Postneonatal	35.3	15.1
Infant (${}_1q_0$)	63.4	38.0
Childhood (${}_4q_1$)	14.6	7.9
Under-five (${}_5q_0$)	77.1	45.7

Table 8.2 Trends in early childhood mortality rates

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

Years preceding the survey	Approximate midpoint of calendar period	Mortality rate				
		Neonatal	Post-neonatal	Infant (${}_1q_0$)	Childhood (${}_4q_1$)	Under-5 (${}_5q_0$)
0-4	2001	28.1	35.3	63.4	14.6	77.1
5-9	1996	31.3	50.5	81.8	22.3	102.3
10-14	1991	45.1	45.3	90.4	37.2	124.3
15-19	1986	47.5	55.3	102.8	59.5	156.2

Table 8.3 High-risk fertility behavior

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

Risk category	Menya			Egypt		
	Births in the five years preceding the survey		Percentage of currently married women ^a	Births in the five years preceding the survey		Percentage of currently married women ^a
	Percentage of births	Risk ratio		Percentage of births	Risk ratio	
Not in any high-risk category	24.3	1.00	14.6 ^b	32.5	1.00	19.0 ^b
Unavoidable risk category						
First births, mother age 18 to 24	20.3	1.14	6.5	26.5	1.40	7.5
Single high-risk category						
Mother's age < 18	5.0	3.17	0.6	2.9	1.77	0.3
Mother Age > 34	1.1	1.09	2.8	2.1	1.98	7.5
Birth interval < 24 months	11.6	1.46	11.6	9.7	1.30	9.3
Birth order > 3	22.0	1.21	18.7	14.2	1.34	12.9
Subtotal	39.8	1.53	33.8	28.9	1.42	30.0
Multiple high-risk category						
Age < 18 & birth interval < 24 months ^c	0.4	0.00	0.2	0.2	0.00	0.1
Age > 34 & birth interval < 24	0.1	21.70	0.1	0.2	5.06	0.3
Age > 34 & birth order > 3	8.3	2.05	34.6	7.5	1.67	35.1
Age > 34 birth interval < 24 months & birth order > 3	1.3	3.62	2.2	1.0	1.86	2.3
Birth interval < 24 months & birth order > 3	5.5	2.63	8.1	3.3	2.48	5.8
Subtotal	15.6	2.41	45.1	12.1	1.92	43.6
In any avoidable high-risk category	55.4	1.78	78.9	41.0	1.57	73.6
Total	100.0	-	100.0	100.0	-	100.0
Number of births	1,787	-	1,874	6,314	-	8,445

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births not in any high-risk category.

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

^b Includes sterilized women

^c Includes the combined categories age < 18 and birth order > 3.

9 KNOWLEDGE OF AIDS, HEPATITIS C AND SAFE INJECTION PRACTICES

Table 9.1 Knowledge of AIDS

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

Background characteristic	Ever-married women who know about AIDS	Number of women	Source from which women last saw/heard about HIV/AIDS					Total percent	Number of women who know about AIDS
			TV	Other media	Medical provider	Husband/other relative	Other/missing		
Age									
15-19	62.7	150	93.6	0.0	1.1	0.0	5.3	100.0	94
20-24	78.8	386	94.7	0.7	1.6	1.0	2.0	100.0	304
25-29	79.4	350	96.0	0.7	1.1	0.7	1.4	100.0	278
30-34	71.9	324	94.4	0.9	0.4	2.1	2.1	100.0	233
35-39	69.0	342	94.5	1.3	0.8	1.7	1.7	100.0	236
40-44	61.5	257	94.3	0.0	0.6	0.6	4.4	100.0	158
45-49	54.1	244	90.9	0.8	1.5	1.5	5.3	100.0	132
Residence									
Urban	87.3	395	94.5	1.4	1.4	1.4	1.2	100.0	345
Rural	65.7	1,658	94.4	0.5	0.9	1.1	3.1	100.0	1,090
Education									
No education	53.3	1,092	94.2	0.3	0.7	1.4	3.4	100.0	582
Primary	74.6	351	95.8	0.0	0.4	1.1	2.7	100.0	262
Secondary/higher	96.9	610	94.1	1.4	1.7	1.0	1.9	100.0	591
Work status									
Working for cash	78.5	311	91.4	1.6	3.3	1.2	2.5	100.0	244
Not working for cash	68.4	1,742	95.0	0.5	0.6	1.2	2.7	100.0	1,191
Wealth index									
Lowest quintile	54.7	989	92.2	0.2	1.1	1.5	5.0	100.0	541
Second quintile	73.4	433	97.5	0.3	0.6	0.3	1.3	100.0	318
Middle quintile	85.7	315	95.6	0.4	1.1	1.9	1.1	100.0	270
Fourth/highest quintiles	96.8	316	94.1	2.3	1.3	1.0	1.3	100.0	306
Menya	69.9	2,053	94.4	0.7	1.0	1.2	2.6	100.0	1,435
Egypt	89.6	9,159	95.5	0.7	0.7	1.1	2.0	100.0	8,209

Table 9.2 Knowledge of ways a person can contract AIDS

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

Background characteristic	Percentage of ever-married women knowing about AIDS who can name one way the virus causing AIDS can be contracted	Number of ever-married women who know about AIDS	Percentage of women naming various routes of transmission									Number of ever-married women knowing about one way the virus causing AIDS can be contracted
			Hetero-sexual relations	Homo-sexual sex	Blood trans-fusion	Un-clean needle	Other contact with infected person	Casual physical contact with infected person	Mother to child trans-mission	Mos-quito/ other insect bites	Other	
Age												
15-19	51.1	94	39.6	27.1	56.3	31.3	14.6	14.6	4.2	10.4	6.3	48
20-24	66.4	304	41.1	34.2	65.8	24.8	14.9	14.4	2.0	2.0	8.4	202
25-29	71.6	278	56.8	35.2	66.8	26.1	11.1	13.6	1.0	1.0	7.0	199
30-34	63.1	233	53.7	37.4	72.1	27.2	12.9	10.9	1.4	0.7	6.8	147
35-39	70.8	236	45.5	37.1	76.0	35.3	16.8	7.8	2.4	1.2	1.8	167
40-44	63.9	158	50.5	29.7	72.3	27.7	8.9	12.9	3.0	0.0	3.0	101
45-49	65.2	132	50.0	31.4	59.3	24.4	15.1	18.6	0.0	2.3	3.5	86
Residence												
Urban	82.3	345	55.3	40.5	76.8	34.5	15.8	7.7	1.1	1.4	4.2	284
Rural	61.1	1,090	46.1	31.7	64.9	25.1	12.5	14.9	2.1	1.8	6.2	666
Education												
No education	47.6	582	42.6	19.9	63.5	19.9	10.5	19.9	0.7	2.5	4.7	277
Primary	62.2	262	40.5	33.7	63.2	26.4	14.1	9.8	0.6	1.8	6.7	163
Secondary/higher	86.3	591	54.9	42.4	72.7	32.7	14.9	9.8	2.7	1.2	5.7	510
Work status												
Working for cash	82.0	244	57.5	40.5	84.0	37.0	17.0	7.0	3.0	0.0	3.5	200
Not working for cash	63.0	1,191	46.5	32.7	64.3	25.5	12.5	14.3	1.5	2.1	6.1	750
Wealth index												
Lowest quintile	48.4	541	36.3	25.6	58.8	17.2	14.9	17.6	1.5	2.3	6.5	262
Second quintile	65.1	318	49.8	38.2	64.3	26.1	9.2	14.0	1.0	2.4	6.8	207
Middle quintile	74.4	270	51.7	31.3	69.2	34.8	11.9	12.4	2.0	2.0	5.5	201
Fourth/highest quintiles	91.5	306	57.9	41.8	80.0	34.3	16.4	7.5	2.5	0.4	3.9	280
Menya	66.2	1,435	48.8	34.3	68.4	27.9	13.5	12.7	1.8	1.7	5.6	950
Egypt	76.2	8,209	54.7	41.2	75.7	40.3	13.0	9.8	5.2	1.5	2.4	6,256

Table 9.3 Knowledge of hepatitis C

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

Background characteristic	Percentage of ever-married women who know about hepatitis C	Number of ever-married women	Source from which women last saw/heard about hepatitis C					Total percent	Number of ever-married women who know about hepatitis C
			TV	Other media	Medical provider	Husband/other relative	Other/missing		
Age									
15-19	30.0	150	80.0	0.0	0.0	2.2	17.8	100.0	45
20-24	51.6	386	86.4	1.5	2.5	5.5	4.0	100.0	199
25-29	57.4	350	88.1	0.0	3.0	4.5	4.5	100.0	201
30-34	52.8	324	81.3	1.8	1.2	9.4	6.4	100.0	171
35-39	51.8	342	85.3	2.3	3.4	4.5	4.5	100.0	177
40-44	51.8	257	77.4	0.8	3.8	8.3	9.8	100.0	133
45-49	42.6	244	74.0	1.9	1.9	9.6	12.5	100.0	104
Residence									
Urban	68.1	395	79.6	2.2	3.3	8.6	6.3	100.0	269
Rural	45.9	1,658	84.2	0.9	2.2	5.7	7.0	100.0	761
Education									
No education	34.1	1,092	86.3	0.5	1.3	4.8	7.0	100.0	372
Primary	48.1	351	89.3	0.0	0.0	4.1	6.5	100.0	169
Secondary/higher	80.2	610	78.3	2.2	4.3	8.4	6.7	100.0	489
Work status									
Working for cash	70.1	311	74.8	3.2	7.3	6.9	7.8	100.0	218
Not working for cash	46.6	1,742	85.2	0.7	1.2	6.3	6.5	100.0	812
Wealth index									
Lowest quintile	34.6	989	83.9	0.9	2.6	4.1	8.5	100.0	342
Second quintile	49.0	433	85.4	0.5	2.4	6.6	5.2	100.0	212
Middle quintile	65.1	315	86.3	1.0	2.4	5.4	4.9	100.0	205
Fourth/highest quintiles	85.8	316	77.5	2.6	2.6	10.0	7.4	100.0	271
Menya	50.2	2,053	83.0	1.3	2.5	6.4	6.8	100.0	1,030
Egypt	65.2	9,159	81.5	1.4	4.3	6.5	6.3	100.0	5,975

Table 9.4 Knowledge of ways a person can contract hepatitis C

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

Background characteristic	Percentage of ever-married women knowing about hepatitis C who can name one way hepatitis C can be contracted	Number of ever-married women who know about hepatitis C	Percentage of women naming various routes of transmission								Number of ever-married women who know about one way hepatitis C can be contracted	
			Hetero-sexual relations	Homio-sexual sex	Blood trans-fusion	Un-clean needle	Other contact with infected person	Casual phys-ical contact with infected person	Mother to child trans-mission	Mos-quito/ other insect bites		
Age												
15-19	11.1	45	20.0	0.0	40.0	80.0	20.0	20.0	0.0	0.0	0.0	5
20-24	38.2	199	13.2	6.6	56.6	22.4	28.9	22.4	0.0	7.9	13.2	76
25-29	43.3	201	8.0	9.2	69.0	28.7	28.7	25.3	0.0	3.4	13.8	87
30-34	47.4	171	11.1	4.9	67.9	28.4	23.5	17.3	2.5	4.9	9.9	81
35-39	45.8	177	6.2	6.2	70.4	30.9	23.5	17.3	4.9	8.6	16.0	81
40-44	48.1	133	7.8	3.1	54.7	28.1	29.7	18.8	4.7	4.7	20.3	64
45-49	49.0	104	9.8	2.0	51.0	29.4	19.6	41.2	2.0	5.9	11.8	51
Residence												
Urban	63.2	269	7.1	2.4	70.0	30.0	24.1	25.3	1.8	5.3	15.9	170
Rural	36.1	761	10.9	7.6	57.8	27.6	26.9	21.1	2.5	6.2	12.7	275
Education												
No education	25.5	372	9.5	3.2	49.5	22.1	14.7	28.4	2.1	9.5	14.7	95
Primary	32.5	169	1.8	5.5	56.4	27.3	25.5	25.5	5.5	3.6	12.7	55
Secondary/higher	60.3	489	10.8	6.4	67.8	30.8	29.5	20.3	1.7	5.1	13.9	295
Work status												
Working for cash	64.2	218	9.3	4.3	75.0	32.1	27.9	21.4	2.9	4.3	13.6	140
Not working for cash	37.6	812	9.5	6.2	56.7	26.9	24.9	23.3	2.0	6.6	14.1	305
Wealth index												
Lowest quintile	23.4	342	3.8	5.0	46.3	21.3	28.8	33.8	1.3	6.3	15.0	80
Second quintile	36.3	212	13.0	6.5	58.4	28.6	13.0	22.1	1.3	9.1	16.9	77
Middle quintile	50.2	205	9.7	7.8	56.3	31.1	26.2	18.4	2.9	2.9	14.6	103
Fourth/highest quintiles	68.3	271	10.3	4.3	74.6	30.3	29.7	20.5	2.7	5.9	11.9	185
Menya	43.2	1,030	9.4	5.6	62.5	28.5	25.8	22.7	2.2	5.8	13.9	445
Egypt	55.9	5,975	19.2	10.7	73.1	46.4	31.3	24.8	5.2	5.4	11.5	3,340

Table 9.5 Knowledge about safe injection practices

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

Background characteristic	Percentage of ever-married women who know something about safe injection practices	Number of ever-married women	Source from which women last saw/heard about safe injection practices					Total percent	Number of women who know about safe injection practices	
			TV	Other media	Medical provider	Husband/other relative	Other/missing			
Age										
15-19	41.3	150	37.1	0.0	40.3	8.1	14.5	100.0	62	
20-24	43.3	386	44.3	0.0	46.7	1.8	7.2	100.0	167	
25-29	46.9	350	46.3	1.8	44.5	1.8	5.5	100.0	164	
30-34	45.1	324	41.1	0.7	45.2	6.2	6.8	100.0	146	
35-39	47.1	342	42.2	0.6	45.3	5.0	6.8	100.0	161	
40-44	46.3	257	37.0	1.7	46.2	5.9	9.2	100.0	119	
45-49	36.5	244	42.7	1.1	40.4	10.1	5.6	100.0	89	
Residence										
Urban	52.9	395	44.5	3.3	41.6	5.7	4.8	100.0	209	
Rural	42.2	1,658	41.5	0.1	45.6	4.6	8.2	100.0	699	
Education										
No education	38.7	1,092	36.9	0.2	48.7	5.4	8.7	100.0	423	
Primary	44.4	351	35.9	0.6	50.0	5.8	7.7	100.0	156	
Secondary/higher	53.9	610	52.0	1.8	37.1	3.6	5.5	100.0	329	
Work status										
Working for cash	55.6	311	45.7	2.3	41.6	5.2	5.2	100.0	173	
Not working for cash	42.2	1,742	41.4	0.5	45.4	4.8	7.9	100.0	735	
Wealth index										
Lowest quintile	39.3	989	37.5	0.0	47.0	5.7	9.8	100.0	389	
Second quintile	43.6	433	35.4	1.1	51.9	5.8	5.8	100.0	189	
Middle quintile	47.6	315	50.0	0.7	39.3	2.0	8.0	100.0	150	
Fourth/highest quintiles	57.0	316	52.8	2.8	36.7	4.4	3.3	100.0	180	
Menya	44.2	2,053	42.2	0.9	44.7	4.8	7.4	100.0	908	
Egypt	61.7	9,159	56.7	1.7	27.0	9.5	5.1	100.0	5,648	

Table 9.6 Safe injection practices

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

Background characteristic	Use syringe/ needle from sealed packet	Do not share syringe/ needle	Boil/ sterilize needle before reusing	Other	Number of ever-married women who know about safe injection practices
Age					
15-19	88.7	35.5	4.8	0.0	62
20-24	89.8	36.5	2.4	1.2	167
25-29	89.6	31.1	10.4	1.2	164
30-34	88.4	29.5	4.8	3.4	146
35-39	87.0	42.2	5.6	1.9	161
40-44	79.8	34.5	8.4	4.2	119
45-49	82.0	38.2	6.7	4.5	89
Residence					
Urban	90.0	41.6	6.2	0.5	209
Rural	86.0	33.3	6.2	2.9	699
Education					
No education	84.2	26.2	4.3	3.3	423
Primary	85.3	37.2	7.1	1.9	156
Secondary/higher	91.2	45.9	8.2	1.2	329
Work status					
Working for cash	88.4	48.0	8.7	2.3	173
Not working for cash	86.5	32.2	5.6	2.3	735
Wealth index					
Lowest quintile	84.6	29.6	5.1	2.3	389
Second quintile	86.8	36.0	3.2	3.2	189
Middle quintile	87.3	34.7	9.3	2.0	150
Fourth/highest quintiles	91.7	47.2	8.9	1.7	180
Menya	86.9	35.2	6.2	2.3	908
Egypt	83.0	62.8	14.9	1.0	5,648

10 FEMALE CIRCUMCISION

Table 10.1 Prevalence of female circumcision

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

Background characteristic	Percentage of ever-married women who have been circumcised	Number of ever-married women	Percentage with at least one daughter circumcised	Percentage with no daughters circumcised who plan to have daughter circumcised	Number of women with daughter(s)
Age					
15-19	92.0	150	3.2	58.1	31
20-24	94.3	386	0.5	75.0	220
25-29	96.6	350	6.7	71.0	252
30-34	96.0	324	36.2	42.7	279
35-39	96.2	342	59.9	20.1	299
40-44	96.9	257	75.7	8.8	226
45-49	98.4	244	87.9	2.7	223
Residence					
Urban	94.7	395	37.7	28.8	292
Rural	96.2	1,658	44.9	39.0	1,238
Education					
No education	97.4	1,092	51.5	39.2	821
Primary	98.3	351	55.2	29.5	288
Secondary/higher	91.8	610	20.0	38.0	421
Work status					
Working for cash	95.2	311	44.0	25.7	241
Not working for cash	96.0	1,742	43.4	39.2	1,289
Wealth index					
Lowest quintile	96.3	989	47.3	40.4	736
Second quintile	98.6	433	44.3	40.1	327
Middle quintile	96.5	315	40.5	38.8	232
Fourth/highest quintiles	90.5	316	33.6	20.9	235
Menya	95.9	2,053	43.5	37.1	1,530
Egypt	97.0	9,159	47.3	30.7	6,587

Table 10.2 Attitude about continuation of female circumcision

Percent distribution of ever-married women by the attitude toward the continuation of the practice of female circumcision, Menya 2003 and Egypt 2003, and by selected background characteristics, Menya 2003

Background characteristic	Female circumcision should:			Total percent	Number of ever-married women
	Continue	Be discontinued	Other/not sure		
Age					
15-19	74.7	21.3	4.0	100.0	150
20-24	72.0	21.0	7.0	100.0	386
25-29	76.0	18.0	6.0	100.0	350
30-34	72.5	20.4	7.1	100.0	324
35-39	72.8	19.6	7.6	100.0	342
40-44	73.5	18.3	8.2	100.0	257
45-49	75.4	18.0	6.6	100.0	244
Residence					
Urban	63.0	30.9	6.1	100.0	395
Rural	76.2	16.8	7.0	100.0	1,658
Education					
No education	83.2	10.1	6.8	100.0	1,092
Primary	77.8	17.1	5.1	100.0	351
Secondary/higher	54.4	37.7	7.9	100.0	610
Work status					
Working for cash	63.0	29.6	7.4	100.0	311
Not working for cash	75.6	17.7	6.7	100.0	1,742
Wealth index					
Lowest quintile	80.2	11.8	8.0	100.0	989
Second quintile	79.0	16.4	4.6	100.0	433
Middle quintile	71.7	22.5	5.7	100.0	315
Fourth/highest quintiles	48.1	44.6	7.3	100.0	316
Menya	73.7	19.5	6.8	100.0	2,053
Egypt	71.1	17.7	11.2	100.0	9,159

Table 10.3 Communication about female circumcision

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

Background characteristic	Television	Radio	News-paper/ magazine	Community meeting	Mosque/ church	Discussed with family/ friends/ neighbors	Number of ever-married women
Age							
15-19	71.3	14.0	4.7	3.3	6.7	47.3	150
20-24	78.2	16.6	8.0	1.8	6.5	57.8	386
25-29	78.0	18.0	9.7	3.1	8.0	57.7	350
30-34	74.4	18.2	9.3	2.5	5.2	58.6	324
35-39	72.2	17.8	9.9	2.0	6.7	57.9	342
40-44	70.0	17.1	7.8	2.3	6.6	55.3	257
45-49	65.2	14.3	4.9	2.9	10.2	54.5	244
Residence							
Urban	85.3	20.3	21.0	3.0	11.1	60.5	395
Rural	70.7	16.1	5.1	2.4	6.1	55.5	1,658
Education							
No education	64.3	10.9	0.5	1.2	4.4	52.7	1,092
Primary	72.6	15.7	1.7	2.0	6.6	61.3	351
Secondary/higher	90.5	28.4	25.7	5.1	12.1	60.3	610
Work status							
Working for cash	79.1	25.7	24.8	6.1	9.6	57.6	311
Not working for cash	72.5	15.3	5.2	1.8	6.6	56.3	1,742
Wealth index							
Lowest quintile	60.8	10.1	1.6	1.7	4.6	51.5	989
Second quintile	78.5	18.0	4.2	1.8	4.8	61.2	433
Middle quintile	87.0	21.6	10.2	2.9	8.6	60.3	315
Fourth/highest quintiles	93.0	32.0	32.3	5.4	16.5	61.7	316
Menya	73.5	16.9	8.2	2.5	7.1	56.5	2,053
Egypt	86.3	20.4	11.5	2.2	3.8	56.8	9,159

Table 10.4 Beliefs about female circumcision

Percentage of ever-married women who agree with various statements about female circumcision, Menya 2003 and Egypt 2003, and by selected background characteristics, Menya 2003

Background characteristic	Important religious tradition	Husband prefers	Prevents adultery	Lessens sexual satisfaction	Can lead to girl's death	Causes infertility	Makes childbirth difficult	Number of ever-married women
Age								
15-19	56.7	62.0	21.3	17.3	22.7	10.0	6.7	150
20-24	58.3	64.5	37.3	30.8	30.8	15.0	10.1	386
25-29	63.4	64.3	36.9	34.0	24.0	10.0	10.0	350
30-34	58.6	66.0	34.9	36.1	24.4	10.8	8.6	324
35-39	57.6	62.3	35.1	31.9	24.3	11.4	8.8	342
40-44	54.9	58.8	38.9	32.3	24.9	12.8	8.6	257
45-49	52.5	54.9	34.4	23.0	21.3	11.1	7.4	244
Residence								
Urban	56.2	54.4	35.9	31.9	29.9	10.9	6.3	395
Rural	58.3	64.2	35.0	30.3	23.9	12.0	9.5	1,658
Education								
No education	62.3	68.6	35.9	25.7	17.0	10.8	8.8	1,092
Primary	58.1	65.2	34.8	30.8	20.8	10.8	9.4	351
Secondary/higher	49.8	49.3	34.1	39.3	42.0	14.1	8.7	610
Work status								
Working for cash	50.2	57.9	39.2	39.2	37.6	13.5	10.6	311
Not working for cash	59.2	63.1	34.4	29.1	22.8	11.5	8.6	1,742
Wealth index								
Lowest quintile	56.6	66.8	34.0	25.9	18.7	11.3	8.5	989
Second quintile	65.8	67.2	37.4	32.3	25.4	10.9	9.2	433
Middle quintile	62.5	60.0	35.6	33.3	25.4	13.3	11.1	315
Fourth/highest quintiles	46.2	43.7	35.4	40.5	44.3	13.0	7.3	316
Menya	57.9	62.3	35.2	30.6	25.1	11.8	8.9	2,053
Egypt	72.2	64.3	46.7	32.4	28.1	7.5	5.9	9,159

ANNEX B SAMPLING ERRORS

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

Unlike nonsampling error, sampling error can be evaluated statistically. The sample of respondents selected in the 2003 EIDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of the samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

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

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

Table 1 Sampling errors for selected indicators, Menya Governorate, Egypt Interim Demographic and Health Survey 2003

Variables	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
No education	0.532	0.025	2053	2053	2.245	0.046	0.482	0.581
Ever used any contraceptive method	0.747	0.014	1874	1874	1.401	0.019	0.718	0.775
Currently using any contraceptive method	0.491	0.017	1874	1874	1.449	0.034	0.457	0.524
Currently using a modern method	0.449	0.017	1874	1874	1.464	0.037	0.415	0.482
Currently using pill	0.096	0.010	1874	1874	1.404	0.100	0.077	0.115
Currently using IUD	0.188	0.014	1874	1874	1.548	0.074	0.160	0.216
Currently using injection	0.137	0.010	1874	1874	1.235	0.072	0.117	0.156
Want no more children	0.588	0.013	1874	1874	1.105	0.021	0.562	0.613
Want to delay at least 2 years	0.197	0.011	1874	1874	1.211	0.057	0.175	0.219
Mothers received tetanus injection	0.757	0.013	1787	1787	1.080	0.017	0.730	0.783
Antenatal care	0.521	0.021	1787	1787	1.409	0.040	0.480	0.562
Regular antenatal care	0.361	0.021	1787	1787	1.563	0.059	0.319	0.404
Mothers received medical care at delivery	0.437	0.025	1787	1787	1.798	0.057	0.387	0.487
Had diarrhea in last 2 weeks	0.271	0.014	1667	1667	1.242	0.052	0.242	0.299
Treated with ORS packets	0.399	0.029	451	451	1.211	0.074	0.340	0.458
Consulted medical personal about diarrhea	0.512	0.029	451	451	1.121	0.056	0.455	0.569
Having immunization record	0.777	0.027	310	310	1.128	0.037	0.724	0.831
Received BCG vaccination	0.990	0.006	310	310	1.001	0.006	0.979	1.001
Received DPT vaccination (3 doses)	0.871	0.022	310	310	1.136	0.025	0.828	0.914
Received polio vaccination (3 doses)	0.894	0.018	310	310	1.045	0.021	0.857	0.930
Received measles vaccination	0.965	0.011	310	310	1.045	0.011	0.943	0.986
Received hepatitis vaccination (3 doses)	0.697	0.037	310	310	1.423	0.053	0.622	0.771
Fully immunized	0.832	0.026	310	310	1.237	0.032	0.780	0.885
Weight-for-height	0.027	0.004	1610	1610	0.982	0.154	0.018	0.035
Height-for-age	0.164	0.018	1610	1610	1.825	0.111	0.127	0.200
Weight-for-age	0.078	0.010	1610	1610	1.446	0.131	0.058	0.099
Total fertility rate (0-3 years)	4.062	0.152	56102	56102	1.174	0.038	3.757	4.367
Mortality rates (0-4 years)								
Neonatal	28.082	5.136	1788	1788	1.180	0.183	17.809	38.355
Postneonatal	35.295	4.306	1793	1793	0.968	0.122	26.683	43.907
Infant	63.377	6.331	1795	1795	1.064	0.100	50.716	76.038
Child	14.610	2.856	1795	1795	0.992	0.195	8.898	20.321
Under-five	77.061	6.455	1804	1804	1.013	0.084	64.152	89.970