Egypt, Arab Rep. - Demographic and Health Survey 2014

Ministry of Health and Population - Government of Arab Republic of Egypt, El-Zanaty and Associates

Report generated on: June 1, 2017

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Sampling

Sampling Procedure

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

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

A more detailed description of the 2014 EDHS sample design is included in Appendix B of the final report.

Response Rate

A total of 29,471 households selected for the 2014 EDHS, 28,630 households were found. Among those households, 28,175 were successfully interviewed, which represents a response rate of 98.4 percent.

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

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

Questionnaires

Overview

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

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

The individual questionnaire was administered to all ever-married women age 15-49 who were usual residents or who were present in the household during the night before the interviewer’s visit. It obtained information on the following topics: respondent’s background, reproduction, contraceptive knowledge and use, fertility preferences and attitudes about family planning, pregnancy and breastfeeding, child immunization and health, child nutrition, husband’s background, women’s work, and health care, Female circumcision, and HIV/AIDS and other sexually transmitted infections.

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

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

Data Collection

Data Collection Dates

Start	End	Cycle
2014-04	2014-06	N/A

Data Collection Mode

Face-to-face [f2f]

DATA COLLECTION NOTES

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

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

Data Processing

Data Editing

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

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

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

Data Appraisal

Estimates of Sampling Error

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2014 Egypt Demographic and Health Survey (2014 EDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2014 EDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2014 EDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. Sampling errors are computed in either ISSA or SAS, using programs developed by ICF Macro. These programs use the Taylor linearization method of variance estimation for survey estimates that are means, proportions or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration.

Note: A more detailed description of estimate of sampling error is presented in APPENDIX C of the survey report.

Other forms of Data Appraisal

Data Quality Tables
- Household age distribution
- Age distribution of eligible and interviewed women
- Completeness of reporting
- Births by calendar years
- Reporting of age at death in days
- Reporting of age at death in months
- Nutritional status of children based on the NCHS/CDC/WHO International Reference Population

Note: See detailed data quality tables in APPENDIX D of the report.

Related Materials

Questionnaires

Egypt Demographic and Health Survey 2014, Household Questionnaire

Title	Egypt Demographic and Health Survey 2014, Household Questionnaire
Author(s)	Ministry of Health and Population El-Zanaty and Associates
Country	Egypt
Language	English
Filename	Egypt_2014_DHS_hh_questionnaire_EN.pdf

Egypt Demographic and Health Survey 2014, Woman's Questionnaire

Title	Egypt Demographic and Health Survey 2014, Woman's Questionnaire
Author(s)	Ministry of Health and Population El-Zanaty and Associates
Country	Egypt
Language	English
Filename	Egypt_2014_DHS_women_questionnaire_EN.pdf

Reports

Egypt Demographic and Health Survey 2014 Report

Title	Egypt Demographic and Health Survey 2014 Report
Author(s)	Ministry of Health and Population, Cairo, Egypt El-Zanaty and Associates, Cairo, Egypt The DHS Program, ICF International, Rockville, Maryland
Date	2015-05-01
Country	Egypt
Language	English

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Filename http://dhsprogram.com/pubs/pdf/FR302/FR302.pdf

Egypt Demographic and Health Survey 2014 Report (in Arabic)

Title	Egypt Demographic and Health Survey 2014 Report (in Arabic)
Author(s)	Ministry of Health and Population, Cairo, Egypt El-Zanaty and Associates, Cairo, Egypt The DHS Program, ICF International, Rockville, Maryland
Date	2015-05-01
Country	Egypt
Language	Arabic
Filename	http://dhsprogram.com/pubs/pdf/FR306/FR306.pdf

Egypt Demographic and Health Survey 2014, Survey Presentations

Title	Egypt Demographic and Health Survey 2014, Survey Presentations
Author(s)	The DHS Program
Date	2015-05-01
Country	Egypt
Language	English
Filename	http://dhsprogram.com/pubs/pdf/PPT40/PPT40.zip

Other materials

Reading and Understanding Tables from the 2014 Egypt DHS

Title	Reading and Understanding Tables from the 2014 Egypt DHS
Author(s)	The DHS Program
Date	2015-05-01
Country	Egypt
Language	English
Filename	http://dhsprogram.com/pubs/pdf/DM65/DM65.pdf

Standard Recode Manual for DHS 6

Title	Standard Recode Manual for DHS 6
subtitle	Version 1.0
Author(s)	MEASURE DHS
Date	2013-03-22
Language	English
Filename	http://www.dhsprogram.com/pubs/pdf/DHSG4/Recode6_DHS_22March2013_DHSG4.pdf

Standard Recode Map DHS-VI - Data Dictionary

Title	Standard Recode Map DHS-VI - Data Dictionary
Author(s)	MEASURE DHS
Date	2012-01-26
Language	English
Filename	http://www.dhsprogram.com/pubs/pdf/DHSG4/Recode6_Map_22March2013_DHSG4.pdf