Egyptian Arabic Republic

الجهــــاز المركـــزي
للتعبئة العامة والإحصاء
C A P M A S

Egypt Family Health Survey 2021

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PREFACE

Health for all represents one of the most important goals of the Egyptian government, as it is one of the main pillars to ensure good quality of life, which is the ultimate goal that all government programs seek to achieve. The recent period has witnessed great interest from the political leadership in public health through many initiatives, such as the initiative to end waiting lists, the 100 million healthy lives initiative, the women's health initiative and the initiative for early examination of the health status of children and screening of school students, all of which had positive impact on enhancing the health of Egyptians.

To monitor and evaluate achievements in the health development, it was necessary to rely on updated data that are accurate and reliable, and hence the country's interest in implementing Egypt Family Health Survey 2021 (EFHS- 2021), which was carried out by the Central Agency for Public Mobilization and Statistics (CAPMAS), for the first time, commissioned by the political leadership to build an accurate database that provides evidence to crystallize and formulate appropriate policies.

The EFHS-2021 comes as a continuation of the series of the Egypt Demographic and Health Surveys (EDHS) that started since 1988 and included seven surveys. CAPMAS was keen to apply the same methodology so that the results can be compared with those issued by previous EDHS surveys.

It is worth noting that the preliminary key results were presented at the end of August 2022 to all stakeholders, and the preliminary report was made available and distributed. Also, the preliminary report was made available on the CAPMAS website to ensure that it is widely available for decision makers and academics.

This report presents the final results of the EFHS- 2021, which covers main indicators of maternal and child health and include levels of fertility, family planning and antenatal care, in addition to child mortality, vaccinations, and children nutritional status. The report also shows indicators of child labor, child discipline, and violence against women especially circumcision. In addition, the report discusses youth's attitudes towards family planning and the ideal number of children. Moreover, the report also presents in detail the demographic and health situation at the governorate level, which provides an opportunity to form the regional population plans.

The results of this survey are the basis for measuring the achievements of population health programs the government of Egypt is implementing. Results of this survey also provide an important database to identify future interventions required to meet the challenges of population growth and health challenges which will also be relied upon in the National Egyptian Family Development project, as well as in the reporting on sustainable development goals (vision Egypt 2030).

General Khayrat Mohamed Barakat

President, CAPMAS

ACKNOWLEDGMENTS

SUSTAINABLE DEVELOPMENT GOAL INDICATORS, EGYPT 2021

Indicators of Sustainable Development, Egypt-2021

Indicator	Indicator number	Urban	Rural	Total Egypt
Proportion of households that have an improved source of drinking water (%)	1.4.1a	99.2	96.2	97.5
Proportion of households with improved sanitation facility that is not share with other households (%)	1.4.1b	98.4	85.1	90.9
Proportion of households with access to electricity (%)	1.4.1c	99.8	99.7	99.8
Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	2.2.1	11.9	13.4	12.8
Prevalence of malnutrition (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, (wasting)	2.2.2a	4.1	2.4	3.1
Prevalence of malnutrition (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) among male children under 5 years of age, (wasting)	2.2.2a1	4.2	2.6	3.2
Prevalence of malnutrition (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) among female children under 5 years of age, (wasting)	2.2.2a2	3.9	2.2	2.9
Prevalence of malnutrition (weight for height >+2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, (overweight)	2.2.2b	12.8	10.8	11.5
Prevalence of malnutrition (weight for height >+2 standard deviation from the median of the WHO Child Growth Standards) among male children under 5 years of age, (overweight)	2.2.2b1	14.5	11.8	12.9
Prevalence of malnutrition (weight for height >+2 standard deviation from the median of the WHO Child Growth Standards) among female children under 5 years of age, (overweight)	2.2.2b2	11.1	9.6	10.2
Proportion of births attended by skilled health personnel (%)	3.1.2	98.5	96.4	97.1
Under-5 mortality rate per 1,000 children (during the 10 years preceding the survey)	3.2.1	24	32	28*
Neonatal mortality rate per 1,000 births (during the 10 years preceding the survey)	3.2.2	15	18	18*
Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods(%)*	3.7.1	80.5	80.8	80.7
Adolescent birth rate (aged 15–19 years) per 1,000 women in the respective age group	3.7.2	27	65	50
Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, (Early Childhood Development)	4.2.1	85.9	85.0	85.3

Indicator	Indicator number	Urban	Rural	Total Egypt
Proportion of male children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, (Early Childhood Development)	4.2.1a	84.2	85.9	85.4
Proportion of female children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, (Early Childhood Development)	4.2.1b	87.4	83.9	85.2
Male children participation rate in organized learning from (4-5) years	4.2.2a	62.8	69.5	67.1
Female children participation rate in organized learning from (4-5) years	4.2.2b	61.8	67.0	65.2
Percentage of married women aged 15-49 who were subjected to physical violence from a current or ex-husband, during the 12 months preceding the survey, classified according to the form of violence)	5.2.1a	23.7	26.7	25.5
Percentage of married women aged 15-49 who were subjected to sexual violence from a current or ex-husband, during the 12 months preceding the survey, classified according to the form of violence	5.2.1b	5.3	5.7	5.6
Percentage of married women aged 15-49 who were subjected to psychological violence from a current or ex-husband, during the 12 months preceding the survey, classified according to the form of violence	5.2.1c	20.1	23.8	22.3
Proportion of women aged 20–24 years who were married or in a union before age 15	5.3.1a	2.6	1.6	1.8
Proportion of women aged 20–24 years who were married or in a union before age 18	5.3.1b	14.9	16.1	15.8
Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age	5.3.2	79.2	89.5	85.6
Proportion of women ages 15-49 who make self-informed decisions about their health care (%)	5.6.1a	84.5	83.5	83.9
Proportion of women aged 15 to 49 years who make their own informed decisions about contraceptive use	5.6.1b	96.9	96.9	96.9
Percentage of ever-married women between the ages of 15-49 years who own a mobile phone (%)	5.B.1a	92.0	77.3	82.9
Percentage of never-married female youth in the age 15-29 years and own a mobile phone (%)	5.B.1b	92.6	76.1	83.9
Percentage of never-married male youth in the age 15-29 years and own a mobile phone (%)	5.B.1c	97.0	95.3	96.1
Proportion of population using safely managed drinking water services[1]	6.1.1	98.5	85.2	92.8
Proportion of population using safely managed sanitation services and not shared with others (%)	6.2.1	98.5	85.2	90.7
Proportion of population with access to electricity services	7.1.1	99.8	99.8	99.8
Proportion of children aged 5–17 years engaged in child labour, by sex and age	8.7.1	2.9	6.1	4.9
Percentage of males between the ages of 5 and 17 years engaged in child labour	8.7.1a	4.4	8.4	6.8
Percentage of females between the ages of 5 and 17 years engaged in child labour	8.7.1b	1.3	3.8	2.8

Indicator	Indicator number	Urban	Rural	Total Egypt
Percentage of male youth (15-29 years) who have an account with a bank or other financial institution or with a mobile money service provider	8.10.2a	11.7	6.1	8.6
Percentage of female youth (15-29 years) who have an account with a bank or other financial institution or with a mobile money service provider	8.10.2b	4.3	1.5	2.8
Proportion of children 1-14 years who experienced any psychological punishment (%)	16.2.1a	78.3	81.1	80.0
Proportion of children 1-14 years who experienced any physical punishment (%)	16.2.1b	53.7	62.0	58.9
Proportion of children 1-14 years who experienced severe physical punishment (%)	16.2.1c	23.5	30.8	28.0
Proportion of children under 5 years of age whose births have been registered with a civil authority	16.9.1	99.4	99.0	99.1
Percentage of ever-married women aged 15-49 years who use the Internet	17.8.1a	64.7	39.9	39.9
Percentage of never-married male youth in the age 15-29 years who use the Internet	17.8.1b	92.7	86.4	89.1
Percentage of never-married female youth in the age 15-29 years who use the Internet	17.8.1c	90.3	72.0	80.7

* During the five-year period preceding the survey
[1] Including water pipes in the house/yard/public tap

MAP OF EGYPT

1 INTRODUCTION

This chapter aims to provide some information about the size and structure of the population in Egypt, as well as the rates of natural increase, in addition to life expectancy data from official statistics. This introduction also aims to identify how the Egypt Family Health Survey-2021 was organized and implemented in terms of the timetable of the survey, sample design and selection, questionnaire design and preparation, the survey's pre-test, data collection and data processing activities.

1.1 GEOGRAPHY

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

Egypt is considered the largest, most densely settled population among the Arab countries. The total area of the country covers approximately one million square kilometers of which 13.7 % is inhabited. This percentage increased in the recent years due to the Egyptian government policy of land reclamation and fostering of new settlements in the desert. Despite these efforts, the majority of Egyptians live either in the Nile Delta or its Valley.

Administratively, Egypt is divided into 27 governorates (see map). The four Urban Governorates (Cairo, Alexandria[1], Port Said, and Suez) have no rural population. While each of the other governorates (23) is subdivided into urban and rural areas. Nine of these governorates are located in the Nile Delta (Lower Egypt), nine are located in the Nile Valley (Upper Egypt), and the remaining five Frontier Governorates are located on the eastern and western boundaries of Egypt.

1.2 POPULATION SIZE AND STRUCTURE

Table 1.1 presents the trend in the size of Egypt's population and the distribution of the population from 2006 to 2021 and population distribution by urban-rural residence.

According to the latest population census in Egypt that was carried out in April 2017, the *de jure* total population is 94.8 million (42.4% in urban- 57.6% in rural). In addition, the estimated number of Egyptians who were living abroad is approximately 9.4 million. The population continued to increase rapidly following the 2017 census, reaching nearly 102.1 million in mid-2021.

Table 1.1 Population of Egypt, 2006-2021

Total population in Egypt at mid-year and the percentage living in urban and rural areas, 2006-2021

Year	Total population (thousands)	Place of residence (%) Urban	Rural
2006	72009	42.5	57.5
2007	74828	43.1	56.9
2008	76651	42.9	57.1
2009	78522	43.0	57.0
2010	80443	43.0	57.0
2011	82410	42.8	57.2
2012	84418	42.9	57.1
2013	86460	42.8	57.2
2014	88530	42.7	57.3
2015	90624	42.7	57.3
2016	92737	42.7	57.3
2017	95203	42.4	57.6
2018	97147	42.6	57.4
2019	98902	42.8	57.2
2020	100617	42.9	57.1
2021	102060	42.9	57.1

Source: CAPMAS, Statistical Yearbook, 2021 page 26.

The data indicated that population distribution by urban-rural remain the same since 2006 till 2021, where the percentage of rural population remain high (57%) of total population.

1.2.1 Recent Rate of Natural Increase

The rate of natural increase represents the difference between the rates of births and deaths in a population. It indicates how fast a population will grow, taking into account these two natural events. A comparison of the crude birth rates (CBR) and crude death rates (CDR) in Figure 1.1 shows that natural increase rate between 2010 and 2014 has increased from 22.6 per 1000 to 24.7 per 1000 in 2014,

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[1] Alexandria Governorate includes a small rural area, with a population of about 2% of the total population of the governorate in 2021 (Central Agency for Public Mobilization and Statistics, Egypt in Figures 2022, p. 9).

then gradually started to decline till it reached 21.1 per 1000 in 2017, and continued to decline on accelerated pace to reach 14.1 per 1000 person in 2021.

Egypt's population growth has been mainly influenced by changes in both crude birth and death rates. The change in CBR can be classified into two periods, the first period from 2010 to 2014, where CBR increased from 28.8 per 1000 to 30.7 per 1000, while for the second period (2015-2021) the CBR decreased from 29.6 per 1000 to 21.4 per 1000 in 2021. At the same time, it was observed that CDR remained virtually stable during the period 2010-2019, where CDR fluctuating between 5.7 and 6.3 per 1000 population, while CDR increased clearly in 2020-2021 to 6.6 and 7.3 per 1000 respectively, which has its impact on the natural increase.

Figure 1.1 Trends in crude birth, death and natural increase rates, Egypt 2010-2021

Per thousand population
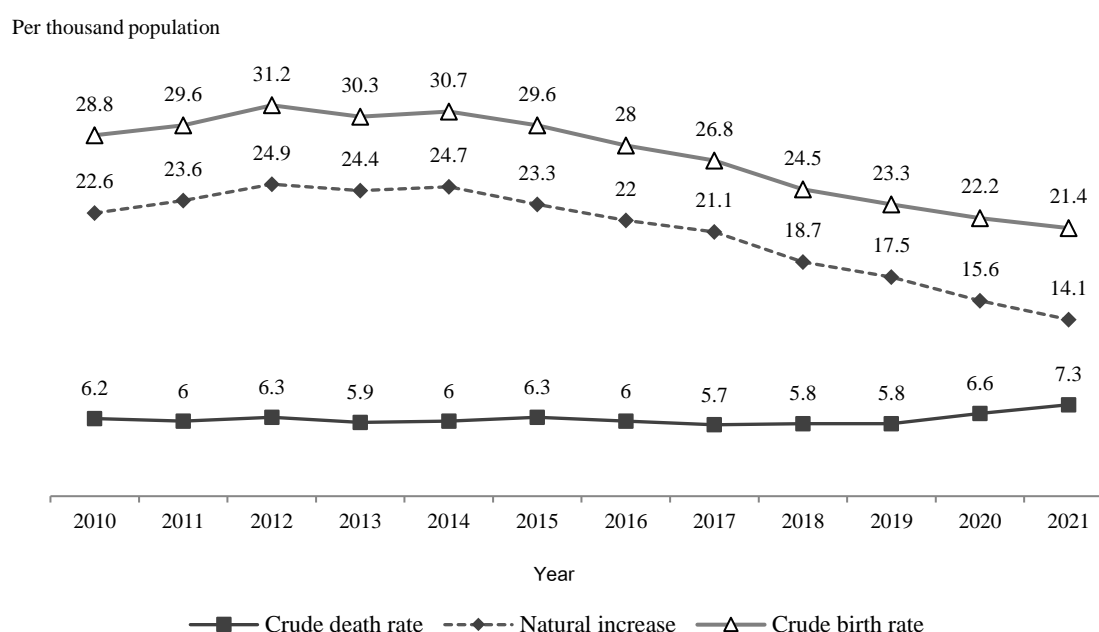
Note: Rates are per thousand population.
Source: CAPMAS, EGYPT IN FIGURES (2022), P 33.

In general, the impact of the decline in CDR was clear on the life expectancy at birth of the Egyptian population. Life expectancy at birth represents the average number of years a child born in a specific year may be expected to live during his/her lifetime. Also, Table 1.2 shows that the life expectancy of the Egyptian males increased from 52.7 years in 1976 to 60.5 years in 1986 and to 66.5 years in 2006, then it reached 68.8 years in 2017. The same increase was reported in life expectancy of females from 57.7 years in 1976 to 63.5 in 1986, and to 69.1 in 2006, then to 73.2 in 2017. This increase in life expectancy in general for both males and females is due to the improvement in the health situation that was observed in Egypt over time, which led to such decrease in mortality rates.

On the contrary to previous trends, life expectancy for males decreased to a limited extent in 2019, reaching 68.6 years, while it increased to 73.4 years for females in the same year. The life expectancy decreased for both males and females, as it decreased for males to 68.2 years in 2020, and to 67.2 years in 2021. It also decreased for females to 73.2 years in 2020 and to 72.2 years in 2021. This is due to the impact of the Coronavirus pandemic and the higher death rates in general, which increased from 5.8 per 1000 in 2019 to 6.6 per 1000 in 2020, and to 7.3 per 1000 in 2021.

Table 1.2 Life expectancy, Egypt 1976-2021

Life expectancy at birth by sex, Egypt, 1976-2021

Year	Male	Female
1976	52.7	57.7
1986	60.5	63.5
1996	65.1	69.0
2006	66.5	69.1
2017	68.8	73.2
2018	68.8	73.3
2019	68.6	73.4
2020	68.2	73.2
2021	67.2	72.2

Source: for years (1976-1996): CAPMAS, Statistical Yearbook, 2004, Page 23.
For 2006: CAPMAS, Statistical Yearbook, 2013, Page 77.
For years (2017-2021): CAPMAS, Life expectancy estimates from the projection committee calculations (2020-2070), under preparation.

1.3 ORGANIZATION OF THE EFHS-2021

The Egypt Family Health Survey- 2021 is considered a continuation of the Egypt Demographic and Health Surveys (EDHS) which was implemented in Egypt till 2014[2], to obtain indicators on key population and health indicators and determine the efficiency of the interventions and implemented programs, and also to measure the sustainable development goals indicators (Egypt vision 2030). This survey is important to fill the gap in data since the last Egypt Demographic and Health Survey in 2014.

The Central Agency for Public Mobilization and Statistics (CAPMAS) conducted the survey in collaboration with the Ministry of Health and Population (MOHP) as one of the national surveys undertaken to provide estimates for key indicators such as fertility, contraceptive use, infant and child mortality, immunization levels, coverage of antenatal and delivery care, nutrition, and prevalence of anemia. In addition, the survey was designed to provide information on the prevalence of female circumcision, domestic violence, and children's welfare. The survey results are intended to assist policymakers and planners in assessing the current health and population programs and in designing new policies and strategies for improving reproductive health and health services in Egypt.

1.3.1 Egypt Family Health Survey-2021 Timetable

The EFHS-2021 was executed in five stages. The first stage involved preparatory activities, including designing the sample and updating the sample frame. At the same time, the survey questionnaires were developed, pretested, and then finalized. This preparatory stage was initiated in August 2020, and all of the activities were completed in December 2020. The second stage, which took place from early July2021 through January10th 2022, involved preparation for fieldwork, training field staff and data collection where eligible households, eligible women, and youth(male/female) were interviewed. The third stage which started after data collection was completed by the end of March 2022, which encompassed all of the data processing activities necessary to produce a clean data file, including editing and verifying the data as well as checking it for consistency. The fourth stage, which started in parallel to the third stage, focused on data analysis and preparation of the preliminary finding report. Finally, the fifth stage included the preparation of the main report which started in early July 2022 till producing this report.

In the following, detailed information for all the activities of the survey. Table 1.3 presents the survey timetable for all survey activities[3].

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[2] EDHS (2014) is the seventh in a series of demographic and health surveys that were implemented in Egypt in the years from (1988-2014), in addition to three other follow-up surveys that were implemented on a small scale.

[3] The survey work stopped at the end of 2020 due to COVID pandemic, then the survey work was continued in August 2021.

Table 1.3 Survey timetable, EFHS – Egypt 2021

Activity	Starting date	Duration
Questionnaire design and preparation	September 2020	1 month
Preparation of questionnaire program on Tablet	October 2020	1 month
Sample selection	October 2020	3 months
Pretest	November 2020	1 month
Finalization of questionnaires and modification of program	End of November 2020	2 months
Review of final design of questionnaires and modification of program	July 2021	1 month and half
Training of data collection staff	End of August 2021	5 weeks
Fieldwork	October 2021	3 months and half
Quality control and reinterviews	October 2021	3 months and half
Data consistency	Mid-February 2022	1 month and half
Preliminary report	Beginning of April 2022	2 months
Detailed tabulations	Beginning of June 2022	3 months
Final report preparation	Beginning of July 2022	4 months
Final report review and finalization	November 2022	2 months

1.3.2 Sample Design

The sample of the Egypt Family Health Survey -2021 was designed to give estimates for population and health indicators, which include fertility, mortality and family planning rates at the level of the country as a whole as well as at the level of the six main regions (Urban Governorates - urban Lower Egypt - rural Lower Egypt - urban Upper Egypt - rural Upper Egypt- Frontier Governorates), and also the sample allows for the calculation of estimates for most of the main indicators at the level of each governorate separately. A multi-stage stratified sample was designed using the same methodology of sample design in previous Demographic and Health surveys so that the results of the Egypt Family Health Survey-2021 can be compared with previous EDHS surveys.

In order to obtain estimates at the level of the major geographical regions and governorates, the number of households that were selected from each of the major regions and governorates is not proportionate to the size of the population in these regions and governorates, so the sample of EFHS-2021 is non-self weighted sample at the national level.

There is a detailed explanation of the sample design of EFHS-2021 in Appendix B, as well as sampling errors for some selected indicators shown in Appendix C.

1.3.3 Sample Selection

The master sample units that were prepared from the primary sample units of the 2017 population census were used as the sample frame for the EFHS-2021. The master sample consists of 1734 enumeration areas from the 2017 census, representing urban, rural, different geographical areas, and all governorates (except North Sinai). The enumeration areas include a listing of households for an area of about 240 households were selected from each unit of the master sample units. The listing of the households of the enumeration areas (EAs) of the master sample began in 2020 before the start of preparations for the survey and ended in January 2021.

The sample of the Egyptian Family Health Survey-2021 was drawn from the master sample in two stages. The first stage included the selection of 1348 enumeration areas distributed among the different governorates, and proportional to the urban and rural areas distribution. (For more information on sample design, see Appendix B).

Then the households listing for each selected enumeration area (in the master sample) was used to select a systematic random sample consisting of 25 households from each EA, except for the Frontier Governorates, where 35 households were selected from each EA. A total of 34,240 households were selected nationwide, distributed by urban areas with a percentage of 46.9% (16065 households) and rural areas with a percentage of 53.1% (18175 households).

During the survey, a list of all usual residents or visitors who were present in the household during the night preceding the survey visit were identified and listed in the household questionnaire. All ever-married women in the age group of 15-49 years included in the list were considered eligible for the

individual interview. Also, all never- married youth (males and females) in the age 15-29 years were considered eligible for the interview for the youth questionnaire. A sub-sample representing half of the households was randomly selected in each EA to perform the anemia- testing component. In this subsample, anemia-testing were conducted to all eligible ever-married women in the age group 15-49 years, and individuals in the age group 6 months-19 years. In addition, one woman was chosen from each household in the subsample for the anemia testing, to be asked the domestic violence section, in addition, one child in the age of 0-17 years was chosen to be asked about the child labor and/or child discipline sections. It should be noted that weight and height were measured for all eligible ever-married women in the age group 15-49 years, and individuals in the age group 0-19 years for all households at the beginning of data collection, then after about a month of field work, height and weight measurements were measured for about 75% of the households only in each EA.

1.3.4 Questionnaire Development

The EFHS-2021 involved three questionnaires: a household questionnaire, eligible woman questionnaire, and youth questionnaire, in addition to questionnaire to record the anthropometric data.

The household questionnaire was used to enumerate all usual members and visitors of the selected households and to collect information on the socioeconomic status of the households. The first part of the household questionnaire collected information on the age, sex, marital status, educational attainment, work status and relationship to the household head for each household member or visitor. These questions were used to identify women who were eligible for the individual interview and the women and children who were eligible for anthropometric measurement and anemia testing. Also, the information was used to identify eligible youth for the individual interviews. 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.

The individual questionnaire was administered to all ever-married women aged 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, postnatal care and breastfeeding
- Child immunization and health
- Husband's background and women's work
- Attitudes towards female circumcision
- Sexually transmitted infections
- Domestic violence
- Coronavirus pandemic

The ever-married women questionnaire also included a monthly calendar covering the period between January 2016 and the time of 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.

The youth questionnaire was filled for all never-married youth (males and females) in the age group of 15-29 years, who are usual residents or were present in the household the night before the interview, and information on the following topics was obtained:

- Respondent's background
- Puberty/circumcision
- Knowledge and attitudes towards reproductive health

- Other health issues
- Coronavirus pandemic
- Socialization

A special form was completed to record anthropometric measurements (weight and height / anemia testing), where weight and height measurements were taken for: all children in the age group (0-5 years), individuals in the age group (6-19 years), as well as for all eligible women in the age group (15-49 years), and the hemoglobin in the blood was tested for half of the sample; children (6 months-59 months), individuals in the age group (6-19 years), eligible women in the age group (15-49 years).

1.3.5 Pretest

A pretest was conducted during the preparation for EFHS-2021. After a two-weeks training course, the household and individual questionnaires were pretested in mid- November 2020 for a sample of 350 households. Four teams were involved in the pretest, 3 teams using the Tablet (300 households), and one team with paper questionnaires (50 households). Each team consisted of supervisor, field editor, and 4 interviewers, in addition to two health staff specialized in the height and weight measurements and the anemia testing. The pretest was carried out in one Urban Governorate (Cairo) and two from Lower Egypt (Menoufia and Kalyubia) and one from Upper Egypt (El-Fayoum).

The data collection lasted 4 days, and a total of 297 household (84.9%) and 162 ever-married women and 144 youth questionnaires were completed.

In addition to the importance of testing the Tablet system and the efficiency of the training plan and tools in building the skills of the fieldwork teams (interviewers, editors and supervisors), some remarks were noticed during the pretest:

- Duration of household and youth questionnaire took around 20 minutes each, while eligible women questionnaire took on average 45 minutes.
- The team can accomplish one enumeration area (25 households) per day, and the importance of providing sufficient number of technical support staff to grantee continuation of fieldwork and solve any technical problem in Tablet system, was emphasized.

The questionnaires for EFHS-2021 were finalized after the pretest. Comments from interviewers and tabulations of the pretest results were reviewed during the process of finalizing the questionnaires. In addition, the results of the pretest were utilized to better plan for the main data collection stage.

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

1.3.6 Data Collection Activities

Staff recruitment. To recruit interviewers, the same methodology that was used in the EDHS surveys was adopted which is to recruit interviewers who have no previous experience as interviewers. A list was obtained from the Ministry of Social Solidarity (MOSS) of female personnel who were working to fulfil the one-year period of governmental public service that is mandatory for university graduates. All candidates were interviewed by the CAPMAS staff, and only those who were qualified were accepted into the training program.

All candidates for the interviewer positions were recent university graduates. Another basic qualification was willingness to work in any of the governorates covered in the survey. In addition, previous survey experience was a basic qualification for the candidates for the position of supervisor. It has to be mentioned here that few interviewers who had previous experience in household surveys especially Demographic and Health surveys participated in the survey.

As for the individuals nominated for anthropometric measurements (weight and height/ anemia test), they had to have a medical background. Some of them were nominated by the Ministry of Health and Population, and others were selected from among newly graduated technicians with experience in conducting lab tests.

Training materials. A variety of materials were developed for use in training personnel involved in the fieldwork. A lengthy interviewer's manual, including general guidelines for conducting an interview as well as specific instructions for asking each of the questions in the EFHS-2021 questionnaires, was prepared and given to all field staff. In addition, a calendar of well-known worldwide or local events were distributed for all field staff.

Other training materials, including special manuals describing the duties of the team supervisor were prepared. Instructions for anthropometric data collection (height, weight and anemia testing) and procedures to be followed for taking anthropometric data was also prepared.

Two main manuals for the Tablet program were developed, which was used during the EFHS-2021 implementation, one for supervisor and one for interviewers, to show how to deal with the Tablet and CAPI program to fill the questionnaires.

Main survey training. A training program has been conducted for female interviewers and supervisors who are candidates to work in EFHS-2021. Training started with about 180 trainees on survey activities. This is to give an opportunity for selection at the end of the training, after intensive training and the implementation of many tests and preparations for field work. Two groups were involved in the training, a special group for completing the household questionnaire, the eligible woman (female interviewers) questionnaire, as well as the youth questionnaire, and the second group for anthropometric measurements and anemia testing. The training was a five week program, and it took place in the Education City in 6 of October, and included the following:

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

Regular evaluation of trainees was conducted and those who had low evaluation and did not show interest throughout the training, who did not attend the training program on a regular basis, or who did not have skills of interviewing the households were terminated immediately.

At the end of the training a total of 68 female interviewers, 17 male interviewers as well as 17 supervisors were selected for the EFHS-2021 data collection stage.

Male interviewers training. Training of male interviewers was conducted for those responsible to conduct the youth questionnaire and who are candidates to work in the EFHS-2021. Training started after around two weeks from the start of the main training and continued for three weeks including training on household questionnaire and youth questionnaire as well as two field practices.

Training for health technician staff. Thirty-six personnel were recruited for the special training on conducting anemia testing and height and weight measurements. The training included both classroom lectures, practice taking measurement, and blood testing from professional specialists in the field. In addition, a field practice was conducted in a nursery in 6 of October, and as discussed earlier, most of the personnel involved in the anthropometric measurements and anemia testing had medical background.

Fieldwork. Fieldwork for EFHS-2021 began on October 3rd, 2021, and was completed on the 10th of January 2022. The field staff were divided into 17 teams; each team had 1 supervisor, 4 female interviewers and one male interviewer, and 2 health technicians assigned for height and weight measurement and anemia testing. All supervisors were males, while all interviewers were females, in addition to a male interviewer in each team to conduct the male youth interviews. At least one of the two health technicians on each team was female. Each fieldwork team worked in more than one governorate. At the beginning of field work, Cairo and Giza sample were distributed to all teams, so that the work progress could be followed up by the coordinators, those in charge of training, and data processing staff and technical support staff, to ensure that the work was completed according to the

guidelines agreed upon during the training. Also, during the follow-up, any field work or technical problems that could occur during the first days of work were resolved.

Also, during the field work, all teams were supervised by a group of coordinators and technical staff who have experience in the field of household surveys at CAPMAS. Finally, the daily achievements of the teams were monitored by the survey administrative team with daily and weekly prepared achievements reports which helped to guide field work teams whose performance needed guidance and follow-up.

As a further quality control measure, after the main data collection was completed, a random sample of around 10 % of the EA for each team was selected then 5% of households in each EA were selected. A shortened version of the questionnaires of the EFHS-2021 were used for re-interviews. Household or individual questionnaires in which there were significant errors that could not be resolved in the office (operations room) were also assigned for call-backs. Responses from the quality control interviews and main questionnaires were compared and discussed with supervisors and interviewers if there are discrepancies.

1.3.7 Data Processing Activities

Receiving data. The collected data was received daily from the field work teams, by members of the operation room for EFHS-2021 at CAPMAS. The supervisor of each team used to send the completed interviews per EA after closing it to the CAPMAS network, which was received by the operations room of the survey. Each closed EA was reviewed after checking the structure of the household's data and eligible individuals within each EA, to be sure that all households and eligible respondents in each EA were completed, and all height and weight measurements, and anemia testing were performed. In case of incomplete data, the EA was re-opened again and sent to the team supervisor to review and complete the missing data and resend it again for review.

Data processing: After accepting completed EA sent by the supervisor, a copy of the received data was saved as a precautionary measure to ensure maintaining a copy of the data at each stage so that it can be referred to in case there is a need for that.

After accepting the EA that was sent and ensuring the completion of all its required work, the stage of reviewing the consistency of the data begins adopting specially prepared programs using CSPRO. These programs ensure the consistency of the data and the absence of contradictions in the data collected where the program shows messages of inconsistent data which were being reviewed by members of the operating room under the supervision of the specialists in data processing to take the proper decision, either by sending it to field work teams to verify the data, or by calling the households via phone, or sending the data quality team to the household again to review that data, in order to make the proper decision either to modify the data or to accept it as it is. After completing the consistency review and correcting any EA, the data consistency is reviewed again to ensure that there are no further errors. The files are then saved after this stage and a new backup copy was made.

After completing the review of all EAs (cluster) in the survey, all were merged into one file. The data processing and data analysis team reviewed the open-ended responses and then added new codes accordingly. The data processing expert then calculated the incomplete data for dates such as the date of birth, death, marriage, etc., according to the agreed rules of the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) manuals. The sample weights calculated by the sampling expert were also added to the data file, so that the data would then be ready for the data analysis stage.

Data processing and weight calculation for the sample as well as some indicators for the preliminary report were completed at the end of March 2022.

1.4 SURVEY COVERAGE

Table 1.4 summarizes the outcome of the fieldwork for EFHS-2021 by place of residence. The table shows that, during the main fieldwork and call-back phases of the survey, 32,912 households were found out of 34,282 households selected for the survey, and among those households, 30,667 were successfully interviewed, which represents a response rate of 93.2%.

A total of 21,267 women were identified as eligible to be interviewed in EFHS-2021. Out of these women 20,481 were successfully interviewed, which represents a response rate of 96.3%. In addition, a total of 21,394 eligible youth (male/female) were identified to be interviewed, and a total of 17,603 female/male youth were successfully interviewed with response rate of 82.3%. Overall, the response rate is lower in urban than in rural areas.

Table 1.4 Results of the household and individual interviews

Number of households, number of eligible ever-married women, number of never-married youth aged 15-29 years by interview result, and response rates, according to urban-rural residence and place of residence (unweighted), EFHS- 2021

Result	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Gover-norates[1]	Total
Household interviews											
Households selected	16220	18062	6528	13077	4130	8947	12785	4193	8592	1892	34282
Households occupied	15371	17541	6115	12618	3949	8669	11915	3992	8361	1826	32912
Households interviewed	13867	16810	5452	11908	3588	8320	11750	3718	8034	1565	30677
Household response rate[2]	90.2	95.8	89.2	94.4	90.9	96.0	95.1	93.1	96.1	85.7	93.2
Eligible women											
Number of eligible women	8610	12657	3218	8286	2214	6072	8627	2389	6238	1136	21267
Number of eligible women interviewed	8138	12343	3007	7986	2103	5883	8399	2276	6123	1089	20481
Eligible women response rate[3]	94.5	97.5	93.4	96.4	95.0	96.9	97.4	95.3	98.2	95.9	96.3
Eligible youth											
Number of eligible youth	10182	11212	3921	7746	2546	5200	8485	2804	5681	1242	21394
Number of eligible youth interviewed	8384	9219	3222	6276	2069	4207	7091	2353	4738	1014	17603
Eligible youth response rate[4]	82.3	82.2	82.2	81.0	81.3	80.9	83.6	83.9	83.4	81.6	82.3

[1] Does not include North Sinai governorate.
[2] Households interviewed/households occupied.
[3] Eligible women interviewed/eligible women.
[4] Eligible youth interviewed/eligible youth.

2 CHARACTERISTTICS OF HOUSEHOLDS

Key Findings:

- 17% of households are headed by females, and the majority are headed by males (83%).
- 91% of Egyptian males (6 years and more) ever attended school compared to 82% of females. There are no clear differences in the enrollment rates and median years of education between males and females younger than 25 years old.
- 97% of households have safe drinking water, with mostly the source is piped connection into dwelling or plot (89%).
- 91% of households have improved not shared toilet facility (connected to public sewage system, payara, or septic system).
- Almost all households have electricity (99.8%).
- 97% of households live in house with ceramic floor /marble or cement tiles.
- 23% of households live in house with one bedroom, 60% have two bedrooms, and 18% use three bedrooms or more.
- 38% of households have one member who smoke daily, while 60% of households have no members who smoke at all.
- Almost all Egyptian households (97%) own a TV or smart TV, 75% own smart phone. Around 37% are connected to the internet, and 9 percent own a car, van or truck.
- 10% of households have a member who has a bank account reflecting the financial inclusion in Egypt.
- Two-fifth of the population in the Urban Governorates (40%) fall in highest wealth quantile, compared with only 22% of the population of Lower Egypt, while 40% of rural Upper Egypt fall in the lowest wealth quantile.
- 88% of households have ration cards, and 10% benefit from Takaful and Karama program.

This chapter aims to provide information on demographic and socioeconomic profile of Egyptian households from the sample of the EFHS-2021. In addition, this chapter provide detailed information about living environment of household members specially children and women. The chapter provide information on age, sex, educational level of household members, in addition to facilities available at household (source of water, electricity, toilet facility and other services) and household possessions. The profile of the households from the EFHS-2021 provided in this chapter will help in understanding the results presented in the following chapters and help in providing useful input for social and economic development programs.

During the survey, a question was addressed to record all household members that are usual residents, then asked for each member if he/she spent the night before the interview in the household. In addition, a question was asked to record all visitors in the household as long as they spent the night before the interview in the household. These questions allow for the possibility of relying on *de facto* or *de jure* population in preparing and presenting findings if needed. In general, the differences between these populations are very limited. The majority of results in this chapter and the report in general are based on the de facto definition, unless otherwise stated, and de jure definition was only used in some tables of characteristics of household members.

2.1 CHARACTERISTICS OF THE HOUSEHOLD POPULATION

2.1.1 Age and Sex Composition

Table 2.1 presents the percent distribution of the de facto household population by age, according to urban-rural residence and sex. Information presented in the table presents the demographic context

which shapes behaviors and decisions of individuals that is observed and documented in the following sections of this report.

Table 2.1 indicate that the population spending the night before the interview in the selected households for the survey included 120,240 individuals, with females slightly outnumbering men. The table indicated that more than half of household members (52%) were less than 25 years old, and 35 % were less than 15 years old. The proportion of individuals under age 15 was higher in the rural than in the urban areas (38% and 31% respectively).

Table 2.1 Distribution of household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and urban-rural residence, Egypt 2021

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	8.6	8.4	8.5	12.4	11.4	11.9	10.8	10.1	10.5
5-9	11.5	10.6	11.1	14.6	13.4	13.9	13.3	12.2	12.7
10-14	11.8	11.4	11.6	12.6	11.6	12.1	12.2	11.5	11.9
15-19	9.4	8.5	9.0	9.2	8.9	9.0	9.3	8.8	9.0
20-24	7.9	7.6	7.7	7.0	7.5	7.3	7.4	7.6	7.5
25-29	6.4	6.0	6.2	5.7	7.0	6.4	6.0	6.6	6.3
30-34	6.8	7.1	7.0	6.7	7.4	7.0	6.7	7.3	7.0
35-39	6.7	7.6	7.2	6.5	7.1	6.8	6.6	7.3	7.0
40-44	5.9	6.7	6.3	5.5	5.9	5.7	5.7	6.2	6.0
45-49	5.1	5.0	5.0	4.7	4.4	4.5	4.8	4.6	4.7
50-54	4.3	5.4	4.9	4.0	4.2	4.1	4.1	4.7	4.4
55-59	4.6	4.5	4.5	3.7	3.5	3.6	4.1	3.9	4.0
60-64	4.2	4.5	4.3	2.9	2.9	2.9	3.4	3.6	3.5
65-69	3.1	3.1	3.1	2.0	1.9	2.0	2.5	2.4	2.4
70-74	2.0	2.1	2.1	1.3	1.5	1.4	1.6	1.7	1.7
75-79	0.9	0.9	0.9	0.6	0.7	0.6	0.7	0.8	0.8
80 +	0.8	0.7	0.7	0.7	0.8	0.7	0.7	0.7	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	25035	25453	50488	34062	35690	69752	59097	61143	120240

Figure 2.1 presents the population pyramid for Egypt based on EFHS-2021 data, which was constructed using the sex and age distribution of household population presented in Table 2.1. Data indicated a decline in fertility during the past five years preceding the survey, which is evident by the decline in the percentage of population under the age of 5 years. This indicates, along with the data presented in chapter 4, an expected further decline in fertility levels in the future.

Figure 2.1 Population pyramid, Egypt 2021
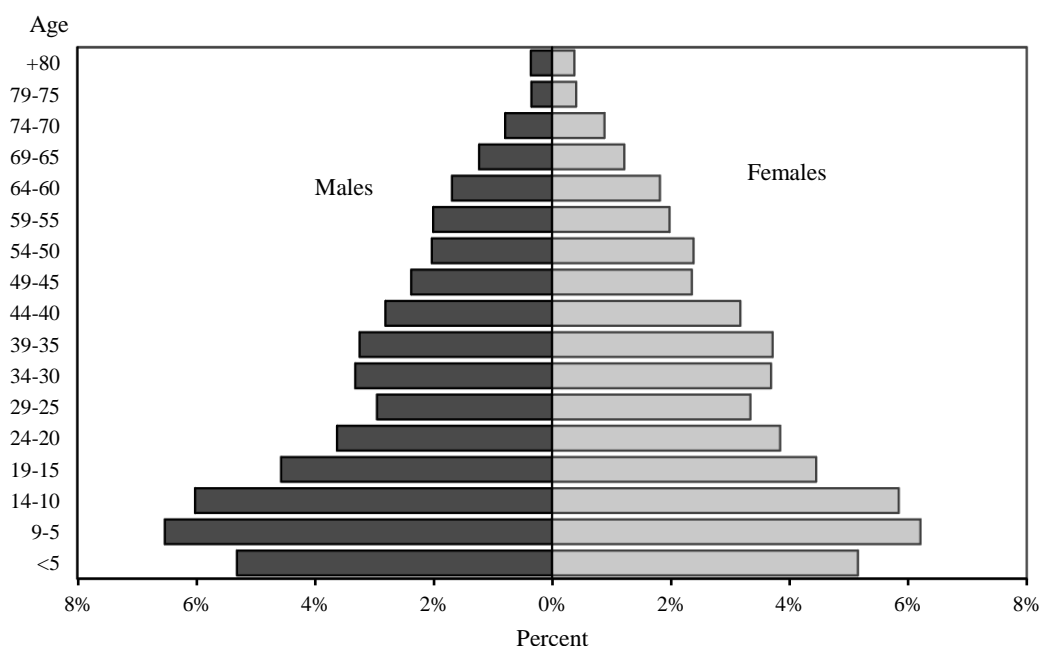
2.1.2 Household Composition

Table 2.2 presents the distribution of households by sex of the head of the household and by the number of *de jure* (usual residents) household members from the EFHS-2021. Household composition is associated with socioeconomic differences between households, which affect to a great extent the welfare and health conditions they live in. For example, female-headed households frequently are poorer than households headed by males. Household size is also associated with crowding in the dwelling, which can lead to unfavorable health conditions.

Table 2.2 shows that most Egyptian households are headed by males (83%); while female head 17% only of the households. Female-headed households are slightly more common in urban than in rural areas (19% and 16% respectively).

The average household size in EFHS-2021 is 4 members, with more than one-third of households (37%) having three members or less. In general, rural households are larger than urban households, where the average household size is 4.1 in rural areas, compared with 3.8 members in

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size; and percentage of households with orphans and foster children under 18 years of age, according to urban-rural residence, Egypt 2021

Characteristic	Urban	Rural	Total
Household headship			
Male	80.7	84.2	82.7
Female	19.3	15.8	17.3
Total	100.0	100.0	100.0
Number of usual members			
1	10.7	7.3	8.7
2	14.3	13.0	13.6
3	15.7	14.4	15.0
4	22.4	22.1	22.2
5	21.3	22.6	22.0
6	10.8	12.7	11.9
7	3.4	4.9	4.3
8	0.8	1.9	1.5
9+	0.5	1.0	0.8
Total	100.0	100.0	100.0
Mean size of households	3.8	4.1	4.0
Percentage of households with orphans and foster children under 18 years of age			
Foster children[1]	1.0	1.1	1.1
Double orphans	0.1	0.1	0.1
Single orphans[2]	3.0	2.9	2.9
Foster and/or orphan children	3.8	3.8	3.8
Number of households	13309	17358	30667

Note: Table is based on de jure household members, i.e., usual residents.
[1] Foster children are those under age 18 living in households with neither their mother nor their father present.
[2] Includes children with one dead parent and an unknown survival status of the other parent.

urban areas. The percentage of households with more than 6 members is 8% in rural areas compared with 5% in urban households.

Table 2.2 presents information about orphan and foster children in households. Children with one parent who has died are classified as single orphans while double orphans include children who have lost both parents. Foster children include children whose parents are alive, but the child is not living with either parent. Table 2.2 indicates that 4% of households include orphans and/or foster children with the majority of these households caring for single orphans.

2.2 EDUCATION OF THE HOUSEHOLD POPULATION

The educational level of household members is among the most important determinants of individual behaviors, and their economic and social and demographic behavior, such as those associated with reproductive behavior, use of contraception, and the health of children, etc. Compulsory education in Egypt starts with primary education till the end of secondary education. The government guarantees free education in its various stages in public governmental schools. Primary education starts at age 6 and consists of six years of schooling (between 1989 and 2004, primary education was five years). A further three-year period, known as the preparatory stage, is considered basic education, followed by three years compulsory of schooling called secondary stage.

During the EFHS-2021 questions were included on the highest level of schooling completed for all household members aged six and older and on current school attendance for household members aged 6-24 years. Tables 2.3 and 2.4 summaries the results related to educational attainment of all household members, females and males, respectively.

The results in Tables 2.3 and 2.4 indicate a gap in educational attainment between males and females in Egypt (particularly at the older ages, and rural areas), where 91% of males in the EFHS-2021 had ever attended school, 9 points higher than females (82%). Also, the median number of years of schooling for males is higher than females (8.1 years compared with 7.1 years, respectively). It was observed that the gap in the median number of years almost disappeared for younger age groups, where the median is almost the same for males and females among those less than 25 years.

The results in Tables 2.3 and 2.4 indicate clear improvement in the number of years of education among individuals in younger age cohorts compared with older cohorts. For example, median years of schooling is 11.8 years among males in the age 20-24 years, compared with only 7.9 years among males in the age 60-64 years (about 4 years increase). The improvement in number of years of schooling has been even more striking for females; the median number of years of schooling is 11.8 for females aged 20-24 years, more than double the median for females in the age group 50-54 years.

The results in the two tables also show that in general there has been an increase in school attendance in urban areas more than rural areas (especially among females). Also, the median number of years of schooling increase in urban than rural areas, especially for females, where the median number of years of schooling for females is 8.7 years in urban areas compared to 5.7 years in rural areas (i.e., three years more).

Gender differences in the likelihood of attending school are most evident between different places of residence. For example, male attendance in rural Upper Egypt is 88% (and median years of schooling is 6.7 years), compared with 74% only among females (and median years of schooling is 4.9 years).

Results in Tables 2.3 and 2.4, as expected, indicate that improvement is educational attainment indicators is associated with wealth index, with the largest differentials between males and females are observed in the lowest levels of wealth quintiles and almost disappear in the highest wealth quantiles. For example, the median number of years of schooling among males in the lowest wealth quintile is 5.5 years among males compared with 3.3 years among females (more than 2 years in favor of males), while there is no-clear difference in the median years of schooling between males and females in the highest wealth quintiles (11.4 years and 11.3 years, respectively).

Table 2.3 Educational attainment of the female household population

Percent distribution of the de facto female household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Egypt 2021

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Number	Median years completed
Age									
6-9[3]	3.2	96.8	0.0	0.0	0.0	0.0	100.0	6012	0.7
10-14	1.0	46.4	5.7	46.9	0.0	0.0	100.0	7026	5.1
15-19	1.6	1.6	2.1	68.0	10.7	16.2	100.0	5351	9.7
20-24	3.7	2.8	3.7	19.4	26.8	43.6	100.0	4623	11.8
25-29	6.2	4.1	3.1	18.5	33.9	34.1	100.0	4021	11.4
30-34	11.8	3.3	4.6	13.4	40.7	26.3	100.0	4438	10.4
35-39	19.4	5.1	3.6	10.1	36.6	25.2	100.0	4469	10.3
40-44	22.8	6.7	5.9	10.8	34.7	19.0	100.0	3816	10.1
45-49	31.0	7.0	4.4	11.6	29.3	16.6	100.0	2833	8.4
50-54	40.6	10.3	3.8	7.6	22.7	14.9	100.0	2868	4.7
55-59	48.7	12.8	6.5	4.1	17.7	10.2	100.0	2381	0.7
60-64	50.6	13.6	7.5	4.3	12.4	11.6	100.0	2187	0.0
65+	63.8	11.6	7.3	3.0	6.8	7.5	100.0	3466	0.0
Residence									
Urban	12.3	19.8	4.5	19.3	20.1	24.0	100.0	22808	8.7
Rural	22.0	23.1	3.8	21.1	18.8	11.2	100.0	30685	5.7
Place of residence									
Urban Governorates	12.3	19.2	5.3	19.8	18.5	25.0	100.0	9223	8.6
Lower Egypt	16.5	21.7	3.5	19.5	21.4	17.5	100.0	23149	7.5
Urban	9.9	20.1	4.0	18.2	21.9	26.0	100.0	6511	10.0
Rural	19.0	22.3	3.3	20.0	21.2	14.2	100.0	16638	6.7
Upper Egypt	22.0	22.7	4.1	21.6	17.5	12.1	100.0	20518	5.8
Urban	14.7	20.1	3.7	19.6	20.7	21.2	100.0	6653	8.2
Rural	25.5	24.0	4.4	22.5	16.0	7.7	100.0	13865	4.9
Frontier Governorates[4]	14.8	23.2	8.9	20.0	17.1	16.0	100.0	603	6.2
Wealth quintile									
Lowest	33.8	23.4	4.7	21.2	12.3	4.6	100.0	10841	3.3
Second	28.4	23.7	5.1	21.8	15.4	5.6	100.0	10698	4.4
Middle	16.0	23.3	4.8	22.2	22.8	10.9	100.0	10595	6.8
Fourth	7.9	20.8	3.8	20.8	25.9	20.8	100.0	10540	9.6
Highest	2.8	17.2	2.2	15.8	20.6	41.4	100.0	10820	11.3
Total	17.8	21.7	4.1	20.3	19.4	16.7	100.0	53494	7.1

[1] The population aged 29-43 years completed 5 years at the primary level; all others completed 6 years at the primary level.
[2] Completed the secondary level (6 years after primary).
[3] Includes some children were not eligible to attend school because their 6th birthday fell after the start of the 2021-2022 school year.
[4] Does not include North Sinai governorate

Table 2.4 Educational attainment of the male household population

Percent distribution of the de facto male household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Egypt 2021

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Number	Median years completed
Age									
6-9[3]	3.0	97.0	0.0	0.0	0.0	0.0	100.0	6300	0.8
10-14	0.5	46.6	5.7	47.2	0.0	0.0	100.0	7232	5.2
15-19	1.0	3.2	2.1	70.4	11.5	11.9	100.0	5489	9.7
20-24	2.3	4.6	2.8	12.5	33.5	44.3	100.0	4355	11.8
25-29	3.6	5.8	4.2	12.9	39.5	34.0	100.0	3546	11.5
30-34	5.9	4.9	5.7	12.5	44.3	26.6	100.0	3985	10.5
35-39	9.3	6.3	6.2	10.7	41.4	26.1	100.0	3899	10.4
40-44	10.4	7.0	8.4	11.1	39.6	23.6	100.0	3376	10.4
45-49	13.7	9.0	5.2	15.4	35.1	21.6	100.0	2853	11.2
50-54	18.2	9.1	5.3	11.7	33.0	22.7	100.0	2435	11.2
55-59	22.8	10.9	7.0	9.7	28.4	21.2	100.0	2407	10.8
60-64	28.3	10.9	8.6	9.3	20.4	22.4	100.0	2026	7.9
65+	40.0	11.7	10.2	6.5	13.8	17.7	100.0	3266	4.6
Residence									
Urban	6.8	21.1	5.0	20.5	21.1	25.5	100.0	22362	9.7
Rural	11.2	25.5	4.8	22.0	23.7	12.8	100.0	28811	7.3
Place of residence									
Urban Governorates	6.9	19.5	6.0	20.6	19.3	27.7	100.0	9084	9.9
Lower Egypt	9.0	23.6	4.9	21.1	23.3	18.2	100.0	22235	8.3
Urban	6.0	21.9	4.3	19.5	22.1	26.1	100.0	6278	10.1
Rural	10.2	24.3	5.1	21.7	23.7	15.0	100.0	15957	7.8
Upper Egypt	10.7	25.6	4.3	22.0	23.3	14.1	100.0	19267	7.4
Urban	7.3	22.6	4.2	21.4	22.5	21.9	100.0	6600	9.1
Rural	12.4	27.2	4.4	22.3	23.7	10.0	100.0	12668	6.7
Frontier Governorates[4]	7.1	22.0	8.2	21.7	23.0	18.0	100.0	586	8.2
Wealth quintile									
Lowest	18.3	26.8	6.0	23.5	19.3	6.1	100.0	10385	5.5
Second	14.5	26.5	6.7	23.5	21.6	7.2	100.0	10120	5.9
Middle	7.7	25.2	5.5	22.6	26.0	12.9	100.0	10196	7.9
Fourth	3.8	21.7	4.1	21.1	26.9	22.4	100.0	10155	10.2
Highest	1.6	17.8	2.3	16.2	19.3	42.8	100.0	10318	11.4
Total	9.2	23.6	4.9	21.4	22.6	18.3	100.0	51173	8.1

[1] The population aged 29-43 years completed 5 years at the primary level; all others completed 6 years at the primary level.
[2] Completed the secondary level (6 years after primary).
[3] Includes some children were not eligible to attend school because their 6th birthday fell after the start of the 2021-2022 school year.
[4] Does not include North Sinai governorate.

2.3 HOUSING CHARACTERISTICS

The EFHS-2021 survey collected information on some important housing characteristics. These data are presented for households and for the total household population (de jure) disaggregated by place of residence and by urban-rural residence whenever possible.

2.3.1 Drinking Water Access and Treatment

One of the Sustainable Development Goals (6-1) is to ensure availability of safe drinking water, where one of the goals is to achieve universal and equitable access to safe and affordable drinking water for all by the year 2030. Safe sources of water are defined as those sources which are likely to provide water through a piped source within the dwelling, a public tap, a tube hole or borehole, or a protected well or spring (a well or spring which is covered or otherwise 'protected' from contamination from surface water or animals). Data indicate that the majority of households in Egypt have access to safe drinking water.

Table 2.5 shows the proportion of households and all household population (de jure) who have access to improved and non-improved water sources. It was observed that the percentage of households and population who have access to improved water are almost identical. Discussion here will focus on households only to be consistent with the main focus of this chapter which is illustrating the characteristics of households interviewed in the EFHS-2021. In addition, some information about

household population is presented in the table which is important for calculating Sustainable Development indicators for source of drinking water that depend on population.

The results in Table 2.5 indicate that the majority of households in Egypt (98%) obtain drinking water from safe/improved source, and the main source for households is a piped connection in the dwelling itself or the plot (89% percent), in addition to small percentage (4%) obtain water from public tap or use bottle/ mineral water (3%). Some differentials were observed in the percentage of obtaining safe drinking water by place of residence, where the percentage is slightly higher in urban than rural areas (99% and 96%, respectively). Also, the lowest percentage is observed in rural Upper Egypt (96%), while households in the Urban Governorates and urban Upper Egypt have almost universal access to an improved drinking water source. Appendix Table A.2.1 provides additional information on the variation in use of an improved drinking water source by governorate.

The results in Table 2.5 indicate also that the majority of Egyptian households (95%) obtain the water from a source on premises, while small percentage (3%) of households fetch drinking water from a source outside the dwelling or plot within less than 30 minutes. On the other hand, few households need 30 minutes or more to get drinking water (2%).

Households were asked if they treat water before use, Table 2.5 shows that around 7 in 10 households do nothing to treat their drinking water. On the other hand, around one-quarter of households (27%) treat their water using one or more methods to treat water before drinking it (mainly depending on filter). Households that report using appropriate treatment methods is higher in urban areas than rural ones (33% and 22%, respectively), and it also increases in Frontier Governorates and urban Lower Egypt (42% and 38%, respectively) than other areas.

Table 2.5 Household access to drinking water

Percent distribution of households by source of drinking water, time to obtain drinking water (if not inside dwelling or plot), and treatment of drinking water, according to urban-rural residence and place of residence, and percent distribution of de jure population by source of drinking water, time to obtain drinking water (if not inside dwelling or plot), and treatment of drinking water, according to urban-rural residence, Egypt 2021

												Population		
					Lower Egypt			Upper Egypt							
Characteristic	Urban	Rural	Urban Gover-norates	Total	Urban	Rural	Total	Urban	Rural	Frontier Gover-norates[1]	Total	Urban	Rural	Total
Source of drinking water														
Improved source	99.2	96.2	99.9	96.9	98.3	96.4	97.0	99.2	95.9	98.6	97.5	99.1	96.1	97.3
Piped into dwelling/yard/plot	96.5	83.6	98.2	84.3	93.5	80.6	91.2	97.9	87.7	74.6	89.2	96.5	83.4	88.8
Public tap/standpipe	0.5	6.6	0.1	7.2	1.4	9.5	1.9	0.1	2.8	0.1	3.9	0.4	6.4	4.0
Tube well or borehole	0.4	1.6	0.0	2.1	1.5	2.3	0.4	0.0	0.6	0.1	1.1	0.5	1.6	1.1
Protected dug well	0.2	0.4	0.0	0.1	0.0	0.2	0.2	0.1	0.2	17.8	0.3	0.3	0.4	0.4
Protected spring	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0
Bottled water	1.6	4.1	1.6	3.2	1.8	3.7	3.4	1.1	4.6	5.4	3.0	1.4	4.2	3.0
Non-improved source	0.7	3.5	0.0	2.7	1.5	3.2	2.8	0.7	3.9	1.4	2.3	0.8	3.6	2.5
Tanker truck/cart with drum	0.7	3.5	0.0	2.7	1.5	3.1	2.8	0.7	3.9	1.3	2.2	0.8	3.6	2.4
Other Non-improved source	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Other	0.1	0.3	0.1	0.3	0.2	0.4	0.2	0.1	0.2	0.0	0.2	0.1	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)[2]														
Water on premises	99.1	90.9	99.9	91.0	97.6	88.4	96.0	99.5	94.2	98.8	94.5	99.0	91.0	94.3
Less than 30 minutes	0.6	5.4	0.1	5.5	1.5	7.0	2.4	0.5	3.4	0.6	3.3	0.7	5.3	3.4
30 minutes or longer	0.3	3.6	0.0	3.5	0.9	4.6	1.5	0.0	2.2	0.5	2.1	0.3	3.6	2.2
Don't know/missing	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.1	0.1	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[2,3]														
Boiled	0.3	0.1	0.5	0.1	0.2	0.1	0.2	0.3	0.2	0.0	0.2	0.3	0.1	0.2
Bleach/chlorine added	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Strained through cloth	0.3	0.0	0.3	0.1	0.3	0.0	0.1	0.2	0.0	0.1	0.1	0.3	0.0	0.1
Ceramic, sand or other filter	32.8	21.9	35.0	29.8	37.7	26.7	18.5	23.8	15.8	41.4	26.7	32.8	21.6	26.3
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Let it stand and settle	1.2	2.7	0.4	3.4	2.7	3.7	1.2	0.8	1.4	4.9	2.1	1.2	2.6	2.0
Other	0.1	0.3	0.1	0.3	0.1	0.4	0.1	0.2	0.1	0.2	0.2	0.1	0.2	0.2
No treatment	65.4	74.9	63.8	66.4	59.3	69.2	79.9	74.8	82.5	53.3	70.8	65.4	75.4	71.2
Percentage using an appropriate treatment method[4]	33.4	22.2	35.7	30.0	38.1	26.9	18.8	24.3	16.1	41.7	27.0	33.4	21.8	26.6
Number	13309	17358	5435	13624	3845	9779	11293	3810	7483	315	30667	51004	71930	122933

[1] Does not include North Sinai governorate.
[2] Includes households obtaining drinking water from improved and non-improved sources.
[3] Respondents were able to report more than one treatment method so the sum of the percentages in the various treatment categories may exceed 100 percent.
[4] Appropriate water treatment methods include boiling, bleaching, filtering, and solar disinfecting.

2.3.2 Sanitation Facilities

Ensuring adequate sanitation facilities is another Sustainable Development Goal (6-2). A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared) and if the facility used by the household separates the waste from human contact (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2014). Table 2.6 presents the percentage of households and population (de jure) having improved and unimproved toilets, and as in the case of drinking water the percentage of households and population that have access to improved toilet do not differ much. Discussion will focus here on households results as well as providing information on population as the household population information is useful in calculating the SDG indicators on use of improved, not shared sanitation facilities which is population-based.

Table 2.6 shows that more than 9 in 10 households (91%) have access to an improved, not shared toilet facility, 61% flushes into a public sewer, and 30% flushes into vault/bayara, or a septic system. In

contrast, 9% of households use shared un-improved toilet facilities. It is clear from the table that there are clear differentials by place of residence in the proportion of households that have improved and not shared toilet facility, where proportion clearly increases in urban than rural areas (98% and 85% respectively), and the proportion declines to reach its lowest level in rural Lower Egypt (80%). Appendix Table A 2.1 presents information on governorate-level variations in use of improved, not shared toilet facilities.

Table 2.6 Household sanitation facilities

Percent distribution of households by type of toilet/latrine facilities, according to urban-rural residence and place of residence, and percent distribution of de jure population by type of toilet/ latrine facilities, according to urban-rural residence, Egypt 2021

| | | | | Households | | | | | | | | Population | | |
| | | | Urban Gover- | Lower Egypt | | | Upper Egypt | | | Frontier Gover- | | | | | |
Characteristic	Urban	Rural	norates	Total	Urban	Rural	Total	Urban	rural	norates[1]	Total	Urban	Rural	Total
Type of toilet facilities														
Improved, not shared facility	98.4	85.1	98.7	84.8	98.2	79.5	94.2	98.0	92.2	99.2	90.9	98.5	85.2	90.7
Flush/pour flush to piped sewer system	92.8	40.1	97.8	68.7	95.3	58.3	39.2	84.1	16.3	63.7	62.9	92.1	38.1	60.5
Flush/pour flush to vault (bayara)	3.6	22.0	0.5	3.0	0.4	4.0	33.4	10.3	45.2	27.5	14.0	4.1	23.4	15.4
Flush/pour flush to septic tank	2.0	23.1	0.4	13.1	2.5	17.2	21.6	3.6	30.7	8.0	13.9	2.2	23.7	14.8
Shared facility	0.9	2.3	0.7	0.7	0.6	0.7	3.4	1.6	4.3	0.5	1.7	0.8	2.4	1.7
Flush/pour flush to piped sewer system	0.7	0.4	0.7	0.3	0.5	0.3	0.8	1.0	0.6	0.2	0.6	0.6	0.5	0.5
Flush/pour flush to vault (bayara)	0.2	1.2	0.0	0.1	0.0	0.1	1.8	0.5	2.6	0.1	0.7	0.2	1.2	0.8
Flush/pour flush to septic tank	0.1	0.7	0.0	0.3	0.1	0.3	0.8	0.1	1.1	0.2	0.4	0.1	0.7	0.4
Non-improved facility	0.6	12.4	0.5	14.3	1.2	19.5	2.2	0.2	3.2	0.2	7.3	0.7	12.2	7.4
Flush/pour flush not to sewer/vault (bayara)/ septic tank	0.6	12.2	0.5	14.3	1.1	19.4	2.0	0.2	2.9	0.2	7.2	0.6	12.0	7.3
Pit latrine without slab/ open pit	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1
Bucket	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1
No facility/bush/field	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.2	0.0	0.2	0.0	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1
Missing	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
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	13309	17358	5435	13624	3845	9779	11293	3810	7483	315	30667	51004	71930	122933

[1] Does not include North Sinai governorate

2.3.3 Other Dwelling Characteristics

Table 2.7 shows the distribution of households in EFHS-2021 according to other dwelling characteristics. The results confirm that virtually all Egyptian households (99.8%) have electricity in their dwelling, with no clear differences between regions.

With regard to flooring, Table 2.7 shows that around 96% of households live in dwellings with ceramic tile/marble or cement floors. On the other hand, 3% of households have a dirt (earth/sand) floor in their dwellings (unhealthy environment for household members). Rural households are more likely than urban households to live in dwellings with a dirt floor (5%, and 1%, respectively). Also, dirt floors are more common in rural Upper Egypt than in rural Lower Egypt (7% and 1%, respectively).

Table 2.7 Housing characteristics

Percent distribution of households by housing characteristics and by frequency of smoking in the home, according to urban-rural residence and place of residence, Egypt 2021

Housing characteristic	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Gover-norates[1]	Total
Electricity											
Yes	99.8	99.7	99.8	99.7	99.7	99.7	99.8	99.8	99.8	99.7	99.8
No	0.2	0.3	0.2	0.3	0.3	0.3	0.2	0.2	0.2	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material											
Earth/sand	0.7	4.8	0.3	0.9	0.2	1.2	6.8	1.8	9.4	2.5	3.0
Wood/planks	0.1	0.0	0.2	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1
Parquet/polished wood	0.4	0.1	0.7	0.2	0.2	0.1	0.2	0.3	0.1	0.1	0.3
Vinyl/asphalt strips	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Ceramic tiles	63.1	52.8	63.7	63.1	68.7	60.8	47.1	56.1	42.5	64.1	57.3
Cement tiles	30.8	22.5	31.6	24.3	27.1	23.2	25.9	34.3	21.6	19.7	26.1
Cement	4.4	19.4	3.1	11.2	3.4	14.3	19.6	7.1	26.0	13.6	12.9
Carpet	0.2	0.0	0.2	0.1	0.3	0.1	0.1	0.2	0.0	0.0	0.1
Other	0.1	0.3	0.0	0.1	0.0	0.1	0.3	0.1	0.5	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping											
One	21.0	24.0	20.3	21.7	20.3	22.3	25.2	23.0	26.3	14.6	22.7
Two	59.7	59.5	58.5	61.3	62.4	60.8	58.0	58.5	57.7	60.2	59.5
Three or more	19.4	16.6	21.2	17.0	17.3	16.9	16.9	18.5	16.0	25.2	17.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Frequency of smoking in the home											
Daily	37.5	38.0	37.2	37.9	37.5	38.0	37.9	37.9	38.0	37.6	37.8
Weekly	1.9	1.7	1.7	1.6	1.7	1.5	2.1	2.4	2.0	1.1	1.8
Monthly	0.5	0.6	0.7	0.3	0.5	0.3	0.8	0.4	0.9	0.2	0.6
Less than monthly	0.3	0.3	0.4	0.2	0.4	0.2	0.4	0.2	0.5	0.1	0.3
Never	59.7	59.4	60.0	59.9	59.9	59.9	58.8	59.2	58.6	60.9	59.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	13309	17358	5435	13624	3845	9779	11293	3810	7483	315	30667

[1] Does not include North Sinai governorate.

Table 2.7 also shows that 3 out of 5 Egyptian households have two rooms that is used for sleeping in their dwelling, while 23% live in a dwelling with one room for sleeping, and less than 18% had three rooms or more in which members of the household sleep. Households with three rooms or more that is used for sleeping increase slightly in urban than rural areas (19% and 17% respectively), and in rural Lower Egypt than rural Upper Egypt (17% and 16% respectively).

Smoking is considered one of the unhealthy habits, Table 2.7 presents information on the frequency of smoking in the home, to assess the extent to which household members are exposed to secondhand smoke (SHS). Secondhand smoke represents health risks to other household members who do not smoke, especially children (WHO 2022). For example, children who are exposed to SHS are at increased risk for ear infections, respiratory illnesses, and poor lung development (US Department of Health and Human Services, 2014). Table 2.7 shows exposure to SHS in Egyptian households. Household members are exposed to SHS on a daily basis in around 2 in 5 households (38%). There are clear differences observed in the level of daily SHS exposure between urban-rural and place of residence. Governorate-level variation in SHS exposure is shown in Appendix Table A.2.1.

2.4 HOUSEHOLD POSSESSIONS

Data was collected in EFHS-2021 on household ownership of durable goods, land, buildings, and some means of transportation. This information is useful in identifying the household economic level, and the extent of their exposure to media and communication channels. Table 2.8 summarizes the results of this information.

Table 2.8 shows that 97% of households have TV (colored or smart), and more than one- third (37%) of households are connected to the internet (either household's own connection or subscription

unofficial shared connection), and more than one-fifth of households (22%) have laptop, tablet or computer. The table also indicates that 96% of households has at least one phone (land line, cell phone, or smart phone) and that three-quarter of the households have at least one smart phone that provides access to the internet or mobile applications.

It is clear from the table that the majority of Egyptian households own most basic appliances. For example, 97% of households have an electric fan and a refrigerator, and 96 % own washing machine (automatic washing machine or other types). Around two-thirds of households (64%) own an electric water heater, in addition, a small percentage own air conditioner (15%), freezer (26%), or dishwasher (1%). The table also presents information about household furnishings, where almost all households (99%) own a bed, and 90 % own a sofa.

In general, percentages of households' ownership are higher in urban than in rural areas for many household appliances with exception to TV, refrigerator, electric fan, and washing machine, where ownership is almost the same in rural households and urban households. Percentages of ownership of various household effects also differ by place of residence, with households in the Urban Governorates, Lower Egypt, and the Frontier Governorates more likely than households in Upper Egypt to own most items and the percentages of ownership reach its lowest rates among households in rural Upper Egypt.

As for household ownership of means of transportation, Table 2.8 shows that 9% of households own a car, van, or truck, this percentage increases to 19% in the Frontier Governorates compared with 4% only in rural Upper Egypt. Also, TokTok or ownership of motorcycles percentage is high in rural than urban areas, especially rural Upper Egypt (4%). As expected, rural households are more often to own an animal cart than urban households (4% and 1%, respectively).

As indicated in Table 2.8, households in urban areas are more likely than rural households to own buildings and land (5% and 3%, respectively), while ownership of farm or animals for agriculture, and poultry, as expected, increases among rural households than urban households.

Despite the efforts made to have financial inclusion, Table 2.8 shows that only one in 10 households have at least one member with a bank/savings account (or post office or any other savings institutes), and this percentage increases to 14% in urban areas compared with 6% only in rural areas. Also, this percentage reaches the highest level in Urban Governorates (16%), and lowest level in rural Upper Egypt (3%).

Table 2.8 Household possessions

Percentage of households possessing various household effects and means of transportation, percentage owning agricultural land, livestock/farm animals, and poultry/birds, and percentage in which a member has a bank/savings account by urban-rural residence and place of residence, Egypt 2021

Possession	Urban	Rural	Urban Governorates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Governorates[1]	Total
Household effects											
Color television/Smart TV	97.7	96.1	97.6	97.4	98.4	97.0	95.7	97.1	95.0	96.7	96.8
Color television	74.3	81.6	72.9	75.2	68.9	77.6	85.2	81.7	87.0	71.1	78.4
Smart TV	34.5	20.2	35.5	29.9	40.1	25.8	17.5	26.9	12.7	36.9	26.4
Any telephone	97.3	95.4	97.7	96.2	97.6	95.7	95.5	96.5	94.9	98.4	96.2
Landline telephone	40.4	15.9	47.2	29.0	44.2	23.1	13.7	27.9	6.5	23.3	26.5
mobile telephone	57.9	68.8	55.5	61.8	55.4	64.3	70.6	63.2	74.5	72.6	64.0
Smart phone	82.4	69.8	84.1	75.9	83.9	72.8	70.2	78.5	66.0	78.4	75.3
Internet connection	49.7	26.5	53.1	38.0	52.9	32.1	26.9	42.0	19.1	39.4	36.6
Owns internet connection	43.8	20.6	48.7	30.9	46.0	25.0	21.5	34.9	14.7	37.1	30.7
Shared Internet (unofficial)	5.9	5.9	4.5	7.1	7.0	7.1	5.3	7.1	4.4	2.3	5.9
Computer	31.3	14.0	33.2	22.2	34.2	17.4	15.1	26.1	9.5	21.2	21.5
Electric fan	97.2	97.2	96.7	97.3	97.7	97.2	97.4	97.5	97.3	95.7	97.2
Air conditioner	23.6	7.8	23.7	10.0	21.0	5.6	15.3	25.1	10.3	35.2	14.6
Refrigerator	97.9	97.1	97.9	97.7	98.4	97.4	96.9	97.4	96.6	98.5	97.4
Freezer	28.3	24.2	27.0	33.4	35.9	32.5	16.8	23.0	13.6	17.9	26.0
Water heater	76.9	54.5	79.2	67.4	81.1	62.1	53.0	69.5	44.6	69.7	64.2
Dishwasher	2.7	0.4	3.9	1.0	2.3	0.5	0.7	1.5	0.3	2.0	1.4
Any washing machine	96.8	95.3	96.7	95.9	96.9	95.5	95.6	96.7	95.0	96.9	95.9
Automatic washing machine	53.5	25.7	57.8	39.8	56.6	33.2	25.6	44.8	15.8	38.2	37.7
Other washing machine	51.1	77.6	44.9	65.5	49.7	71.7	77.1	60.7	85.4	67.7	66.1
Water cooler	8.6	3.2	8.8	5.9	10.1	4.3	3.5	6.7	1.8	8.8	5.6
Stove(gas/electric)	88.3	82.6	88.6	84.0	88.6	82.2	84.8	87.9	83.2	77.0	85.0
Microwave/Grill	17.3	7.8	18.7	13.2	19.7	10.6	7.2	13.2	4.1	9.6	11.9
Vacuum machine	33.2	16.6	37.0	28.2	39.4	23.8	12.4	22.6	7.2	13.9	23.8
Electric Hoods	45.2	20.5	48.9	34.4	51.3	27.7	19.1	34.7	11.1	25.1	31.2
Bed	98.5	98.8	98.5	99.3	99.3	99.3	98.1	97.8	98.2	98.4	98.7
Sofa	93.7	87.4	93.2	88.9	95.5	86.2	90.6	93.3	89.2	77.3	90.2
Means of transport											
Tok-tok/Tricycle	2.0	3.8	1.3	3.2	2.1	3.7	3.5	2.7	3.9	1.5	3.0
Bicycle	2.6	3.0	1.2	3.3	3.4	3.3	3.0	3.7	2.7	1.5	2.8
Motorcycle/scooter	4.8	9.7	2.8	9.0	5.7	10.3	8.1	6.6	8.9	10.7	7.6
Animal drawn cart	0.8	4.4	0.7	4.2	0.6	5.6	2.3	1.1	2.9	1.8	2.9
Car/truck	13.4	5.5	15.6	8.5	13.8	6.4	5.9	9.4	4.1	19.1	8.9
Ownership of real estate/building land	4.5	3.3	5.2	4.0	4.0	4.0	3.1	4.2	2.5	4.1	3.9
Ownership of agricultural land	1.8	12.4	1.1	9.6	2.2	12.6	9.0	2.6	12.2	3.4	7.8
Ownership of Farming animals[2]	1.1	9.9	0.5	5.9	0.7	8.0	8.9	2.0	12.4	4.6	6.1
Ownership of poultry/birds	4.4	20.0	3.4	14.9	4.3	19.1	16.2	6.1	21.3	9.2	13.3
Any HH member has Bank/savings account	14.0	6.4	15.9	10.4	14.3	8.8	6.0	11.4	3.2	7.2	9.7
Number	13309	17358	5435	13624	3845	9779	11293	3810	7483	315	30667

[1] Does not include North Sinai governorate.
[2] Cattle, milk cows/bulls, horses/donkeys/mules, goats, and sheep.

2.5 HOUSEHOLD WEALTH

Although the EFHS-2021 did not collect data on consumption or income, the detailed information on dwelling and household characteristics and access to a variety of consumer goods and services, and assets that was collected in the survey can be used to create a wealth index. This index in effect assesses the long-term standard of living of the household (Rutstein and Johnson 2004). It has been shown to be

consistent with other measures of household wealth based on income and expenditure data (Filmer and Prichett 2001; Rutstein 1999).

In order to better take into account urban-rural differences in household and dwelling characteristic and asset measures, the wealth index in EFHS-2021 was created in three steps (Rutstein 2008). **The first step** in the creation of the wealth index employed a subset of indicators common to both urban and rural areas to create wealth scores for households in both areas. During that process, categorical variables (such as drinking water inside dwelling) were transformed into separate dichotomous (0-1) indicators. Those indicators and indicators that were continuous were then analyzed using principal components analysis to produce a common factor score for each household. **In the second step**, separate factor scores were produced for households in urban and in rural areas using area-specific indicators. **The third step** combined the separate area-specific factor scores to produce a nationally applicable wealth index by adjusting the area-specific (urban and rural) score through regression on the common factor scores. The resulting combined wealth index has a mean of zero and a standard deviation of one. Once the combined wealth index was developed, national-level wealth quintiles are obtained by assigning the household score to each de jure household member, ranking each person in the population by their score and then dividing the ranking into five equal parts, from quintile one (lowest-poorest) to quintile five (highest-wealthiest), each having approximately 20% of the population.

Table 2.9 shows the distribution of the de jure household population by wealth quintile and urban-rural and place of residence. Appendix Table A.2.2 shows the wealth index distribution of the household population according to governorate. Also included in Table 2.9 and Appendix Table A.2.2 are Gini coefficients which provide a measure of the level of concentration of wealth. A Gini coefficient of 0 indicates an equal distribution of wealth indicating that every person in the country owns the same amount of wealth . In contrast, a coefficient of 1 indicates a totally unequal distribution and this occurs if one person in the country owns all of the wealth. Usually, smaller areas are more likely to be homogeneous and more equitable in the distribution of wealth compared to larger areas, and thus, smaller areas are likely to have lower values of the Gini coefficient than larger areas (for example, Gini coefficient is less in rural than urban).

The results in Table 2.9, as expected, document considerable differences in the wealth index distributions by urban-rural residence. For example, the proportion of individuals at the highest level of wealth quintile in urban areas is four times the proportion in rural areas (36% compared with 9%, respectively). While the proportion of rural population fell in the lowest wealth index group is five times the percentage in urban population (30% and 6%, respectively).

Table 2.9 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini Coefficient, according to urban-rural residence and place of residence, Egypt 2021

Residence	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Urban-rural residence								
Urban	5.6	12.5	18.9	26.8	36.2	100.0	51004	0.20
Rural	30.2	25.3	20.8	15.2	8.5	100.0	71930	0.10
Place of residence								
Urban Governorates	3.7	11.3	17.4	27.1	40.4	100.0	20239	0.20
Lower Egypt	16.6	17.9	20.9	23.1	21.5	100.0	52959	0.09
Urban	2.8	10.4	16.8	27.5	42.4	100.0	14562	0.18
Rural	21.9	20.8	22.4	21.4	13.6	100.0	38397	0.09
Upper Egypt	30.4	26.0	20.2	13.7	9.8	100.0	48309	0.10
Urban	10.0	16.2	22.7	25.9	25.2	100.0	15222	0.22
Rural	39.7	30.6	19.0	8.0	2.7	100.0	33086	0.09
Frontier Governorates[1]	24.7	16.2	17.7	19.7	21.7	100.0	1427	0.11
Total	20.0	20.0	20.0	20.0	20.0	100.0	122933	0.09

[1] Does not include North Sinai governorate.

It is clear from Table 2.9 that there are clear differences in proportion of population in the wealth index distribution by place of residence. Where for example, around two-fifth of the population in the Urban Governorates (40%) are classified in the highest wealth quintile compared with 10% only of the population in Upper Egypt and 22% in Lower Egypt. The population in rural Upper Egypt is especially

concentrated at the lowest level of the wealth index (40%), while population in rural Lower Egypt are in better situation, where only 22% only fall into the lowest wealth quintile.

Gini coefficients in Table 2.9 indicate that wealth inequality is greater in urban than in rural areas (20% percent and 10%, respectively). It was observed that rural Lower Egypt and rural Upper Egypt are the region's most likely to have equal distribution of wealth with the lowest Gini coefficient value (9%). On the contrary, urban Upper Egypt is the least likely region to have equal distribution of wealth with the highest Gini coefficient value (22%).

2.6 GOVERNMENT SUPPORT TO HOUSEHOLDS

Egyptian government, with limited support from NGO's, provides different support services (cash and kind) for households. Table 2.10 presents the percentage of households that receive different types of support by residence and place of residence, as well as wealth quintiles. Table A.2.3 in the Annex presents results by governorate.

Table 2.10 shows that quite a large percentage of households have a ration card (88%), and 1 in 10 households receive Takaful and Karama cash transfers, and 6% of households receive social security pension, in addition to 7% of households that benefit from other government support services/programs. Also, more than 2% of households benefited from temporary workers' pension support provided by the government during coronavirus pandemic. Only less than 1% of households receive support from non -government organization (charity / NGO's).

In general, the percentage of households that receive support from government increases in rural than urban areas. For example, 12% of rural households receive Takaful and Karama cash transfer which is double the percentage reported among urban households. Also, clear differentials exist in the percentage of households that receive different types of support by place of residence, where the proportion of households that benefit from Takaful and Karama is much higher in Upper Egypt than other areas. This percentage reaches its highest level among households in rural Upper Egypt (19%) compared with 4% only in urban Lower Egypt. On the other hand, percentage of households that have ration card increase in rural Lower Egypt and rural Upper Egypt (92% and 91% respectively) compared with other areas.

Looking at the percentage of households that receive different types of support by wealth index, as expected, one can observe that the percentage of households receiving support decreases as wealth increases. For example, 20% of households in the lowest wealth quintile receive Takaful and Karama, compared with 2% of households from the highest wealth quintile. Also, 95% of households in the lowest wealth quintile have ration card, compared with 75% from households in the highest wealth (a very high percentage which need to be looked at to grantee that support is delivered to target beneficiaries).

Table 2.10 Household Support

Percentage of households receiving external assistance from government and other non-governmental organizations, according to urban-rural residence and place of residence, and wealth quintiles, Egypt 2021.

Characteristic	Takaful and Karama	Ration card	Guarantee pension	Other cash support from a government source	Pension for temporary workers during COVID pandemic	Cash support from any NGO	Number of households
Urban-rural residence							
Urban	6.4	82.5	6.4	7.3	2.2	0.7	13309
Rural	12.3	91.9	6.4	6.0	2.6	0.5	17358
Place of residence							
Urban Governorates	5.4	77.5	6.2	8.6	2.0	0.8	5435
Lower Egypt	6.2	91.0	6.7	7.0	1.7	0.4	13624
Urban	4.3	87.3	6.7	7.4	1.7	0.6	3845
Rural	7.0	92.4	6.7	6.8	1.7	0.4	9779
Upper Egypt	16.1	88.9	6.1	5.1	3.4	0.8	11293
Urban	9.9	84.4	6.5	5.4	2.9	0.8	3810
Rural	19.3	91.2	5.9	5.0	3.7	0.7	7483
Frontier Governorates[1]	5.4	88.0	3.1	4.9	1.9	0.5	315
Wealth quintile							
Lowest	20.1	95.3	8.8	7.5	3.4	0.9	5715
Second	15.5	92.7	8.8	7.5	3.3	0.8	6317
Middle	8.3	90.7	6.3	7.2	2.7	0.6	6241
Fourth	3.8	86.0	4.4	5.9	1.6	0.5	6191
Highest	1.6	74.7	3.6	4.7	1.1	0.3	6204
Total	9.7	87.8	6.4	6.6	2.4	0.6	30667

[1] Does not include North Sinai governorate.

2.7 HAND WASHING

Hand washing with water and soap is the most effective health intervention to reduce the incidence of illness, especially among children. The need for regular and proper hand washing increases during times of epidemics, such as during the spread of the COVID-19 virus. The EFHS-2021 assessed the potential for correct hand washing behavior to take place by observing if a household had a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) were present at a specific place for hand washing. Table 2.11 presents the hand washing results by urban-rural and place of residence and Appendix Table A.2.1 shows, among households in which the location most often used for hand washing was observed, the proportion that had soap and water available at the location.

Overall, the EFHS -2021 field staff were able to observe the place where hands were usually washed in 90% of the surveyed households, and in 95% of those households' soap and water were available at the hand washing location.

It was observed in Table 2.11 that there are no significant variations between urban and rural areas, or place of residence. In general, there are limited differences in the percentage of households with soap and water at the hand washing location where the percentage decreases to 94% in rural areas compared to 96% in urban areas. Also, the percentage declines among households in the lowest wealth quantile compared with higher wealth quintiles.

Table 2.11 Hand washing

Percentage of households in which the place most often used for washing hands was observed, and among households in which the place for hand washing was observed, percent distribution by availability of water, soap and other cleansing agents, according to urban-rural residence, place of residence, and wealth quintile, Egypt 2021

| Background characteristic | Percentage of households where place for washing hands was observed | Number of households | Among households where place for hand washing was observed, percentage with: | | | | | | | Number of households with place for hand washing observed |
			Soap and water[1]	Water and cleansing agent[2] other than soap only	Water only	Soap but no water[3]	Cleansing agent other than soap only[2]	No water, no soap, no other cleansing agent	Total	
Urban-rural residence										
Urban	89.5	13309	96.0	0.1	2.8	0.9	0.0	0.2	100.0	11908
Rural	91.0	17358	94.3	0.1	4.1	1.0	0.0	0.4	100.0	15789
Place of residence										
Urban Governorates	90.0	5435	96.2	0.0	2.9	0.8	0.0	0.1	100.0	4891
Lower Egypt	89.2	13624	96.0	0.1	2.7	0.8	0.0	0.4	100.0	12152
Urban	87.8	3845	96.8	0.1	2.1	0.7	0.0	0.3	100.0	3375
Rural	89.8	9779	95.7	0.1	2.9	0.8	0.0	0.4	100.0	8777
Upper Egypt	91.7	11293	93.2	0.1	5.0	1.3	0.0	0.4	100.0	10353
Urban	90.2	3810	94.7	0.1	3.6	1.3	0.0	0.3	100.0	3436
Rural	92.4	7483	92.4	0.1	5.6	1.4	0.0	0.5	100.0	6918
Frontier Governorates[4]	95.4	315	98.8	0.0	0.7	0.5	0.0	0.0	100.0	301
Wealth quintile										
Lowest	90.1	5715	89.2	0.3	8.5	1.0	0.0	1.0	100.0	5151
Second	90.1	6317	92.8	0.1	5.5	1.2	0.0	0.4	100.0	5692
Middle	91.6	6241	96.3	0.0	2.2	1.1	0.0	0.3	100.0	5719
Fourth	90.4	6191	97.6	0.0	1.3	1.1	0.0	0.1	100.0	5596
Highest	89.3	6204	98.7	0.0	0.6	0.6	0.0	0.0	100.0	5541
Total	90.3	30667	95.0	0.1	3.6	1.0	0.0	0.3	100.0	27697

[1] Soap includes soap or detergent in bar, liquid, powder or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.
[2] Cleansing agents other than soap include locally available materials such as ash, mud or sand.
[3] Includes households with soap only as well as those with soap and another cleansing agent.
[4] Does not include North Sinai governorate.

3 BACKGROUND CHARACTERISTICS OF WOMEN

Key Findings:

- Half of the respondents in the EFHS-2021 were under age 35 and 31% were age 40 or older.

- 62% of the respondents were living in rural areas compared to 38% in urban areas.

- 16% of the respondents never attended school, while 58% of the women completed the secondary level or higher.

- One-quarter of rural respondents were unable to read at all, around twice the level among urban respondents.

- 84% of respondents watch television at least once a week, 22% listen to radio on a weekly basis, and only 9% read a newspaper or magazine regularly.

- 9% of respondents use a computer, and 45% use the Internet at least once per week.

- 18% of respondents were engaged in some economic activity in the 12 months prior to the survey.

- More than half of the employed women were employed in professional, technical, and managerial positions or in clerical occupations, 25% worked in sales and services, 8% in agricultural occupation, in addition to 13% in handicraft occupation.

- About 5% of working women are not paid in any form for their work and this percentage increases to 33% among women working in agricultural activities. In addition, more than one-fifth of women working in agriculture work seasonally.

This chapter aims to provide a detailed profile of the ever-married women who were interviewed in the Egypt Family Health Survey-2021 which to a great extend shape their reproductive views and decisions. The chapter starts with presenting information on a number of basic characteristics of the EFHS-2021 respondents including age, residence, education, and distribution by wealth quintiles. Also, the chapter explores in more depth the women's educational background and literacy status (among those who had attained less than a secondary education). The chapter then presents important information on women's exposure to traditional broadcast and print media (television, radio, newspapers, or printed magazines), and the extent to which some modern technological tools such as computers, the Internet, and mobile phones are used. Finally, the chapter looks further at the women's employment status: current and previous employment, current occupation, and type of employment (agricultural or non-agricultural). The background characteristics presented in this chapter are expected to help in understanding the findings in the chapters that follow in this report.

3.1 BACKGROUND CHARACTERISTICS OF EVER-MARRIED WOMEN

During the EFHS 2021, all ever-married women in the age 15-49 years who were usual residents or present in the EFHS sample households on the night before the interviewer's visit were eligible for the individual interview (based on de facto population) that was designed to obtain information on a range of key demographic, reproductive and health indicators (for the mother and child). Table 3.1 presents the distribution of ever-married women in the age group 15-49 years sampled in the survey by marital status, age, urban-rural residence, place of residence, educational level, work status, and wealth quintile.

Table 3.1 Background characteristics of respondents

Percent distribution of ever-married women aged 15-49 by selected background characteristics, Egypt 2021

Background characteristic	Weighted percent	Weighted number	Unweighted number
Age			
15-19	1.8	397	397
20-24	10.8	2157	2220
25-29	15.9	3267	3247
30-34	20.0	4135	4091
35-39	20.6	4195	4207
40-44	17.6	3586	3595
45-49	13.3	2744	2723
Marital status			
Married	93.0	19044	19018
Divorced/separated	4.0	823	853
Widowed	3.0	614	610
Urban-rural residence			
Urban	38.1	7797	8138
Rural	61.9	12684	12343
Place of residence			
Urban Governorates	14.6	2989	3007
Lower Egypt	45.2	9266	7986
Urban	11.3	2308	2103
Rural	34.0	6958	5883
Upper Egypt	39.1	8000	8399
Urban	11.5	2346	2276
Rural	27.6	5655	6123
Frontier Governorates[1]	1.1	226	1089
Governorates			
Urban Governorates			
Cairo	8.4	1723	822
Alexandria	4.8	979	841
Port Said	0.7	144	671
Suez	0.7	143	673
Lower Egypt			
Damietta	1.6	318	733
Dakahlia	6.7	1377	824
Sharkia	8.4	1714	1096
Kalyubia	6.3	1290	942
Kafr El-Sheikh	3.7	750	874
Gharbia	5.3	1083	804
Menoufia	4.4	899	846
Behera	7.6	1549	1103
Ismailia	1.4	287	764
Upper Egypt			
Giza	9.3	1907	947
Beni Suef	3.7	757	983
Fayoum	4.0	813	991
Menya	5.8	1194	935
Assuit	4.6	947	977
Souhag	5.2	1075	1000
Qena	3.5	713	936
Aswan	1.5	306	804
Luxor	1.4	287	826
Frontier Governorates			
Red Sea	0.3	69	267
New Valley	0.2	50	291
Matrouh	0.4	86	336
South Sinai	0.1	21	195
Education			
No education	16.4	3362	3281
Some primary	5.0	1025	891
Primary complete/some secondary[2]	20.8	4258	4217
Secondary complete/higher	57.8	11837	12092
Work status			
Working for cash	16.5	3381	3258
Not working for cash	83.5	17100	17223

(Continued…)

Table 3.1 Background characteristics of respondents —*Continued*

Background characteristic	Weighted percent	Weighted number	Unweighted number
Wealth quintile			
Lowest	18.2	3727	3873
Second	19.3	3945	3880
Middle	20.5	4207	4136
Fourth	21.5	4396	4334
Highest	20.5	4206	4258
Total	**100.0**	**20481**	**20481**

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
[1] Does not include North Sinai governorate.
2 Include women who have completed the primary education or attended/completed preparatory education or attend secondary education but didn't complete it.

Looking at age distribution of women in Table 3.1, around half of the women were under age 35, and the percentage of women under 30 years of age is approximately the same as the percentage of women 40 years or older. There were fewer women in the 15-19 and 20-24 age groups added together less than in the 25-29 cohort. This pattern is the result of the inclusion of only ever-married women in the sample and the tendency to delay marriage until older ages in Egypt (Chapter 7 provides more information on marriage patterns). Table 3.1 also indicates that the vast majority of women in the EFHS 2021 sample were currently married (93%), while the remaining percentage were either divorced (4%) or widowed (3%).

Table 3.1 shows that about 3 in 5 women (62%) in the EFHS 2021 were living in rural areas compared to 38% in urban areas. Considering place of residence, 15% of the women were from the Urban Governorates, 45% living in Lower Egypt (11% in urban areas and 34% in rural areas), while 39% were living in Upper Egypt (11% in urban areas and 28% in rural areas), in addition to 1% who were living in Frontier Governorates. The largest percentages of respondents came from Giza (9%) followed by Cairo, Sharkia and Behera (8% for each). On the other hand, respondents from the following governorates: Ismailia, Luxor, Port Said, Suez, Matrouh, Red Sea, New Valley, and south Sinai represent 1% or less of the respondents.

Clear differentials in the educational level of ever-married women sampled in the EFHS-2021 are observed in Table 3.1, where 16% of women never attended school, while 58% completed the secondary level or higher (upper intermediate or university). The Table also shows that 17% of women were working for cash at the time of the survey.

Looking at women distribution by wealth quintiles, Table 3.1 demonstrates that women were fairly evenly distributed across the wealth quintiles. The smallest percentage was found in the lowest wealth quintile (18%) and the highest percentage was found in the fourth quintile (22%).

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Table 3.2 presents the percentage distribution of women in the EFHS sample by their attained educational level and selected background characteristics: age, residence (urban-rural), place of residence, and wealth quintiles. Table A-3.1 in the Appendix provides additional information on the differentials in women's educational attainment by governorate.

Results in Table 3.2 indicates that 58% of women in the survey sample have completed at least secondary level, and the median number of years of schooling was 10.4 years. Comparing those results with results from previous surveys, it is noticeable that there is a continuous improvement in the educational level attained among women in Egypt (for example, this percentage was 52% in the EDHS 2014 and the median years of schooling was 10.1). In general, one of the indications of the improvement in the educational level of women is the higher level of education among women under the age of 25 compared to women in older age groups. It should be noted that the median number of years of schooling for women aged 15-19 years was only 8.6 years, which is lower than that for women in the 25-29 age group (11.2 years).

This is because the survey sample includes women who have already been married, and women who marry younger are more likely to leave school than those who marry at an older age. Accordingly, the lower educational level of ever-married women and in the 15-19 age group should be taken into account when comparing their indicators with those of women in the older age groups in this report.

Table 3.2 Educational attainment

Percent distribution of ever-married women aged 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Egypt 2021

| Background characteristic | Highest level of schooling | | | | | | Total | Median years completed | Number of ever-married women |
	No education	Some primary	Com-pleted primary[1]	Some secon-dary	Completed secondary	More than secon-dary			
Age									
15-24	5.3	4.6	6.2	35.1	38.4	10.4	100.0	10.6	2617
15-19	4.6	7.6	5.8	51.1	27.3	3.7	100.0	8.6	397
20-24	5.5	4.0	6.3	32.3	40.4	11.6	100.0	11.1	2220
25-29	6.6	4.3	3.5	21.4	38.9	25.4	100.0	11.2	3247
30-34	123	3.1	4.3	13.8	42.5	24.0	100.0	10.4	4091
35-39	19.5	4.8	3.4	10.3	37.3	24.6	100.0	10.3	4207
40-44	23.2	6.8	5.7	11.3	35.5	176	100.0	10.1	3595
45-49	31.4	7.0	4.0	12.1	29.6	159	100.0	8.4	2723
Urban-rural residence									
Urban	10.5	4.3	4.3	14.5	37.3	29.2	100.0	10.7	7797
Rural	20.0	5.5	4.5	17.5	37.5	15.0	100.0	10.1	12684
Place of residence									
Urban Governorates	11.3	4.9	4.9	17.0	32.7	29.1	100.0	10.6	2989
Lower Egypt	12.1	4.9	4.0	14.3	42.0	22.7	100.0	10.6	9266
Urban	6.5	4.0	3.8	12.0	40.9	32.8	100.0	10.9	2308
Rural	14.0	5.2	4.0	15.1	42.4	19.3	100.0	10.5	6958
Upper Egypt	23.3	5.2	4.6	18.5	33.9	14.5	100.0	9.1	8000
Urban	13.4	3.8	3.7	13.8	39.5	25.8	100.0	10.6	2346
Rural	27.4	5.8	5.0	20.5	31.6	9.8	100.0	8.1	5655
Frontier Governorates[2]	16.7	2.8	12.2	13.6	32.6	22.0	100.0	10.2	226
Wealth quintile									
Lowest	38.8	7.3	5.8	17.3	26.9	3.9	100.0	5.2	3727
Second	26.2	7.5	6.5	21.0	33.0	5.8	100.0	7.5	3945
Middle	12.8	5.7	5.1	19.7	44.1	12.6	100.0	10.3	4207
Fourth	6.4	3.8	3.2	16.5	45.2	24.9	100.0	10.8	4396
Highest	1.4	1.2	1.8	7.7	35.9	51.9	100.0	12.3	4206
Total	16.4	5.0	4.4	16.4	37.4	20.4	100.0	10.4	20481

[1] Women aged 29-43 years completed 5 years at the primary level; all other women completed 6 years at the primary level.
[2] Does not include North Sinai governorate.

Overall, Table 3.2 shows that the educational level is higher among women from urban areas than rural areas where 67% of women from urban areas had completed secondary school or higher, compared with 53% only of rural women. Results also show that rural women were more than twice as likely as urban women to have never attended school (20% versus 11%, respectively). The table also shows that the lowest educational levels were observed in rural Upper Egypt, where more than one-quarter of the women (27%) had never attended school and their median years of schooling was 8.1 years. On the contrary, the highest educational levels were found in urban Lower Egypt; about three-quarter of women (74%) had attained secondary education or higher and 7% only had never attended school.

Table 3.2 also indicates that women educational attainment rises with the wealth quintile. Eighty-eight percent of women in the highest wealth quintile had completed secondary school or higher which is almost three times the percentage among women in the lowest wealth quintile (31%). Similarly, 39% of women in the lowest wealth quintile did not attend school, compared to only about 1% among women at the highest level of wealth.

3.3 LITERACY

During the Egypt Family Health Survey-2021, a test was conducted to measure the ability of ever-married women to read, and this test was applied to women who had never attended school or had attained less than secondary education (assuming that women who had enrolled in secondary education or higher could actually read). To perform the reading test, women were asked to read some simple

sentences from a card, and their ability to do so was observed and recorded. To avoid bias when there was more than one respondent in the same household, the survey teams used four cards each containing a different sentence. The sentences on the cards were selected from primary school Arabic textbooks. Table 3.3 presents the literacy percentages among ever-married women in the age group 15-49 years that were calculated based on the highest attained educational level and or based on the result of the reading test.

Results of the EFHS 2021 presented in Table 3.3 indicates that one-fifth of ever-married women cannot read at all. The table also shows that the proportion of women who were unable to read increased with age where this percentage is 12% among women in the age 15-19 years compared to 34% among those in the age cohort 45-49 years which reflects the lower educational attainment of older women.

Table 3.3 also shows the great differentials in literacy by urban-rural residence and place of residence. Rural women were almost twice as likely as urban women to be unable to read at all (23% versus 13%, respectively). The highest percent of women who could not read was reported among women in rural Upper Egypt (30%), and the lowest value was reported in urban Lower Egypt (9%).

Table 3.3 also shows, as expected, that the percentage of women who cannot read drops significantly with increasing wealth. The percentage drops from 42% among women in the lowest wealth quintile to only 2% among women in the highest wealth quintile.

Table 3.3 Literacy

Percent distribution of ever-married women aged 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Egypt 2021

Background characteristic	Secondary school or higher	No schooling or primary/preparatory school				Total	Percentage literate[1]	Number of ever-married women
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Blind/ visually impaired			
Age								
15-24	53.9	21.4	12.5	11.8	0.3	100.0	87.8	2617
15-19	39.9	32.0	14.4	13.4	0.3	100.0	86.4	397
20-24	56.4	19.6	12.1	11.6	0.3	100.0	88.1	2220
25-29	67.5	14.2	7.8	10.4	0.1	100.0	89.5	3247
30-34	68.7	10.2	6.7	14.3	0.1	100.0	85.6	4091
35-39	63.0	9.4	6.8	20.4	0.3	100.0	79.2	4207
40-44	54.0	10.4	7.9	27.2	0.5	100.0	72.3	3595
45-49	46.7	10.2	9.0	33.5	0.7	100.0	65.8	2723
Urban-rural residence								
Urban	68.4	11.4	6.8	13.1	0.3	100.0	86.6	7797
Rural	54.7	12.6	8.9	23.4	0.3	100.0	76.3	12684
Place of residence								
Urban Governorates	64.0	14.2	7.6	13.9	0.3	100.0	85.8	2989
Lower Egypt	66.7	9.8	7.4	15.6	0.5	100.0	83.9	9266
Urban	75.5	8.9	6.0	9.1	0.5	100.0	90.4	2308
Rural	63.7	10.1	7.9	17.8	0.5	100.0	81.7	6958
Upper Egypt	50.8	14.1	9.1	25.9	0.2	100.0	73.9	8000
Urban	67.4	10.1	6.5	15.8	0.1	100.0	84.0	2346
Rural	43.9	15.7	10.2	30.1	0.2	100.0	69.8	5655
Frontier Governorates[2]	55.2	13.4	9.8	21.7	0.0	100.0	78.3	226
Wealth quintile								
Lowest	32.6	14.5	10.8	41.6	0.5	100.0	57.9	3727
Second	41.4	14.6	11.7	31.7	0.6	100.0	67.7	3945
Middle	59.4	14.2	8.7	17.4	0.3	100.0	82.3	4207
Fourth	72.3	12.2	6.8	8.5	0.2	100.0	91.3	4396
Highest	89.3	5.7	3.3	1.7	0.0	100.0	98.2	4206
Total	59.9	12.1	8.1	19.4	0.3	100.0	80.2	20481

[1] Refers to women who had some secondary education or higher who were able to read all or part of a sentence.
[2] Does not include North Sinai governorate.

3.4 EXPOSURE TO BROADCAST, PRINT, AND DIGITAL MEDIA

Media outlets help in shaping the perceptions and attitudes of individuals. They could also be used to spread awareness and message related to family planning, reproductive health and decisions related to that as well as other topics. Accordingly, the EFHS- 2021 collected information on exposure of ever-

married women to traditional media outlets, both broadcast and print media. In addition, a series of questions were asked to assess women use of computer and internet which are increasingly seen as an alternative or complementary path for communication messages.

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

Table 3.4 shows that Television is clearly the dominant medium among women where 84% of ever-married women watch television at least once a week, while 22% listen to radio at least once a week, and only 9% read a newspaper or magazine at least once a week. A small percentage of women (4%) reported being exposed to all three media at least once a week. In contrast, 13% of women have no exposure to any of the three media on regular basis. This represents a significant increase of 10 percentage point from the results reported in 2014. This may be attributed to the higher educational level of women and thus more exposure to the Internet and social media through smart mobile phones, as shown later in Table 3.5.

Table 3.4 Exposure to broadcast and print media

Percentage of ever-married women aged 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Egypt 2021

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of ever-married women
Age						
15-19	5.1	87.8	14.2	1.5	10.9	397
20-24	6.1	87.6	13.6	1.7	11.3	2220
25-29	9.2	84.9	18.5	3.4	12.8	3247
30-34	9.6	83.3	22.2	4.1	13.2	4091
35-39	9.8	82.9	22.6	4.1	13.5	4207
40-44	9.0	83.5	25.0	4.4	13.3	3595
45-49	8.3	82.5	25.1	3.8	13.9	2723
Urban-rural residence						
Urban	13.1	83.2	25.3	5.5	12.8	7797
Rural	6.2	84.4	19.2	2.6	13.2	12684
Place of residence						
Urban Governorates	11.8	80.4	26.3	5.3	15.0	2989
Lower Egypt	9.9	83.3	22.7	4.2	13.8	9266
Urban	14.4	82.8	25.0	6.0	13.5	2308
Rural	8.3	83.4	22.0	3.6	13.9	6958
Upper Egypt	6.7	85.7	18.6	2.5	11.7	8000
Urban	13.9	86.2	25.2	5.5	10.0	2346
Rural	3.7	85.5	15.9	1.3	12.4	5655
Frontier Governorates[1]	3.9	92.8	9.6	1.5	6.2	226
Education						
No education	0.2	79.0	13.9	0.1	19.0	3362
Some primary	1.7	84.0	21.1	0.6	12.7	1025
Primary complete/some secondary	5.1	85.0	19.5	1.9	12.4	4258
Secondary complete/higher	13.3	84.9	24.4	5.6	11.6	11837
Wealth quintile						
Lowest	2.4	81.3	15.6	0.9	16.8	3727
Second	3.3	83.7	16.8	1.2	14.0	3945
Middle	5.6	85.3	21.0	2.3	12.0	4207
Fourth	10.8	85.4	24.6	4.3	11.4	4396
Highest	20.8	83.7	28.4	9.3	11.7	4206
Total	8.8	83.9	21.5	3.7	13.1	20481

[1] Does not include North Sinai governorate.

Considering the results presented in Table 3.4, there is no significant variation in the percentage of women who watch television at least once a week by selected background characteristics. As for print media, there is an observed increase in the percentage of women who read newspapers and magazines

on weekly regular basis among urban women than rural women (13% compared to 6%, respectively), especially among women living in urban Lower Egypt and Upper Egypt (14% for each), and also among women with a secondary or higher education. The percentage also increases significantly with wealth quintile increasing from 2% among women in the lowest level of wealth quintile to 21% among those in the highest quintile. Regular exposure to radio broadcasts on weekly basis was highest among women in Urban Governorates (26%) and Lower Egypt (23%) in comparison with women in Upper Egypt (19%) and Frontier Governorates (10%).

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

Table 3.5 shows that only 9% of ever-married women use a computer at least once a week, while 45% use the Internet at least once a week (a large percentage using mobile phones) which is about six times higher than the level observed in the 2014 EDHS (7.5% in 2014). Eight percent of women reported using the computer and internet at least once per week, whereas more than half of women (54%) reported that they do not use the computer nor the internet on a weekly regular basis.

Table 3.5 Use of computers and digital media (Internet)

Percentage of ever-married women aged 15-49 who use a computer, and the Internet on a weekly basis, by background characteristics, Egypt 2021

Background characteristic	Uses a computer at least once a week	Uses Internet at least once a week	Uses compute and internet at least once a week	Uses none of computer nor internet at least once a week	Number of ever-married women
Age					
15-19	2.8	40.8	2.3	58.7	397
20-24	4.6	50.3	4.1	49.2	2220
25-29	9.2	53.2	8.2	45.8	3247
30-34	8.8	47.8	8.0	51.4	4091
35-39	10.2	46.0	8.9	52.8	4207
40-44	9.4	39.4	8.1	59.2	3595
45-49	8.1	34.6	6.6	63.9	2723
Urban-rural residence					
Urban	14.7	61.4	13.4	37.3	7797
Rural	4.8	35.3	3.9	63.8	12684
Place of residence					
Urban Governorates	16.4	64.0	15.0	34.7	2989
Lower Egypt	8.0	48.4	6.9	50.6	9266
Urban	14.1	68.1	13.0	30.8	2308
Rural	5.9	41.8	4.9	57.2	6958
Upper Egypt	6.5	34.6	5.5	64.4	8000
Urban	13.7	52.1	12.1	46.2	2346
Rural	3.6	27.3	2.7	71.9	5655
Frontier Governorates[1]	5.9	44.2	5.6	55.5	226
Education					
No education	1.4	5.2	0.1	93.6	3362
Some primary	2.0	14.9	0.2	83.3	1025
Primary complete/some secondary	3.5	31.7	2.3	67.1	4258
Secondary complete/higher	13.0	64.1	12.1	35.0	11837
Wealth quintile					
Lowest	1.7	12.4	0.6	86.5	3727
Second	2.4	17.3	1.1	81.4	3945
Middle	4.3	38.2	3.2	60.7	4207
Fourth	9.4	63.8	8.4	35.1	4396
Highest	23.9	88.0	23.1	11.2	4206
Total	8.6	45.2	7.5	53.7	20481

[1] Does not include North Sinai governorate.

Table 3.5 indicates that proportion of women using the computer or internet on regular weekly basis increases considerably among women living in urban areas than those living in rural areas (15%, 61% compared to 5% and 35%, respectively). It was also observed that the highest percentage of women who use computer on regular weekly basis is among women in Urban Governorates (16%) and in Lower

Egypt (14%), while the lowest percentage is reported among women in rural Upper Egypt (4%). Also, the highest percentage of internet usage on regular weekly basis is found among women in Lower Egypt (68%), while the lowest is reported among women in rural Upper Egypt (27%).

Table 3.5 also shows that the percentage of women who use computer or internet increases dramatically with educational level and wealth quintile. For example, among women who didn't not attend school 1.4% use computer on weekly basis and 5% use the internet compared to 13% and 64% respectively among those who have completed secondary school or higher. It is also observed that the percentage of women who use computer and internet increases from 2% and 12% among women in the lowest wealth quintile to 24% and 88% respectively among women in the highest wealth quintile.

3.5   EMPLOYMENT STATUS

Like education, employment is one of the most important sources of empowerment for women, especially if it is linked to their independence through providing independent income and having control of that income. There are some difficulties faced when estimating women's employment indicators. One of those difficulties involve that a lot of women do not consider themselves to be "working" in relation to some work they do, especially agricultural work for the family, other private work for the family, or work in the informal sector; and thus, report they are not working when they are asked a direct question. Accordingly, and to avoid underestimating women's employment, women in the EFHS-2021were asked several questions to ensure complete coverage of employment for the family or in the formal or informal sectors. Those questions compromised asking about their current employment status and employment in the 12 months prior to the survey. In addition, women who were currently employed or had worked in the 12 months before the survey, were asked an additional question on the type of work they were doing, whether they worked continuously throughout the year, whom they worked for, and the form in which they received their earnings (cash or in kind). Results from those questions related to women's work are summarized below.

3.5.1 Current Employment

Table 3.6 shows the percent distribution of the EFHS-2021 respondents according to current and recent employment during the 12 months prior to the survey by background characteristics. Appendix Table A-3.4 presents these results by governorate.

Overall, results presented in Table 3.6 show that 16% of women were currently engaged in some economic activity. The level is the same as the percentage of ever-married women aged 15-49 reported as currently employed in the 2008 and 2014 EDHS. Most of the women who were not working at the time of the survey did not report recent work experience during the 12 months preceding the survey; only 1% of the respondents were not working at the time of the survey but had had a job during the 12-month period before the survey.

Table 3.6 shows that the proportion of women who were currently employed increases with age from 3% only among women in the age cohort 15-19 to reach 21% among women in the 45-49 age group. With regard to the other employment differentials presented in Table 3.6, data indicates that the percentage of women currently employed increases significantly among widowed, divorced or separated women than married women (31% women versus 15%, respectively). The percentage employed is also higher among women in urban Lower Egypt (21%) than other regions. The proportion of women who were currently employed also increases significantly with educational level (20% among those with secondary education or higher) and wealth quintile (23% among women in the highest level of wealth quintile). There are no significant variations by the number of children the woman has, although the percentage of women who work drops to 13% among women who do not have children or have 5 or more children.

Table 3.6 Employment status

Percent distribution of ever-married women aged 15-49 by employment status, according to background characteristics, Egypt 2021

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of ever-married women
	Currently employed[1]	Not currently employed			
Age					
15-19	2.8	0.4	96.8	100.0	397
20-24	5.8	1.2	93.0	100.0	2220
25-29	10.9	1.5	87.5	100.0	3247
30-34	15.6	1.3	83.1	100.0	4091
35-39	19.7	1.2	79.1	100.0	4207
40-44	22.2	1.2	76.6	100.0	3595
45-49	21.34	1.0	77.6	100.0	2723
Marital status					
Married	15.2	1.1	83.7	100.0	19044
Divorced/separated/widowed	31.4	2.9	65.7	100.0	1437
Number of living children					
0	13.0	2.0	85.0	100.0	1021
1-2	16.4	1.4	82.1	100.0	7620
3-4	17.2	1.1	81.6	100.0	9804
5+	13.1	0.6	86.4	100.0	2036
Urban-rural residence					
Urban	19.9	1.9	78.2	100.0	7797
Rural	14.1	0.8	85.1	100.0	12684
Place of residence					
Urban Governorates	19.5	2.0	78.5	100.0	2989
Lower Egypt	17.6	1.1	81.2	100.0	9266
Urban	20.8	2.0	77.3	100.0	2308
Rural	16.6	0.9	82.5	100.0	6958
Upper Egypt	13.6	1.1	85.3	100.0	8000
Urban	19.8	1.7	78.5	100.0	2346
Rural	11.1	0.8	88.1	100.0	5655
Frontier Governorates[2]	14.5	0.5	85.1	100.0	226
Education					
No education	12.9	0.9	86.1	100.0	3362
Some primary	15.1	2.5	82.4	100.0	1025
Primary complete/some secondary	9.6	1.0	89.4	100.0	4258
Secondary complete/higher	19.8	1.3	78.9	100.0	11837
Wealth quintile					
Lowest	13.6	0.7	85.8	100.0	3727
Second	13.1	1.1	85.9	100.0	3945
Middle	14.6	1.1	84.3	100.0	4207
Fourth	16.5	1.9	81.6	100.0	4396
Highest	23.3	1.4	75.3	100.0	4206
Total	16.3	1.2	82.4	100.0	20481

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

3.5.2 Occupation

During the 2021 EFHS, women who reported that they were working or had worked within the 12 months before the survey were asked about the kind of work that they did. Their response was recorded according to the main occupation classification groups: professional/technical/managerial, clerical, sales and services, skilled manual labor, unskilled manual labor, agricultural and lastly other occupations. Table 3.7 presents the percent distribution of women by occupational profile and according to some background characteristics.

In general, Table 3.7 and Figure 3.1 shows that the majority of women who currently work are employed in non-agricultural occupations. More than half of the working women (52%) were occupied in professional, technical, and managerial positions or in clerical occupations, 25% are employed in sales and services, 7% work in jobs categorized as skilled manual labor, and 8% of working women are involved in some type of agricultural activity.

Table 3.7 Occupation

Percent distribution of ever-married women aged 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Egypt 2021

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agri- culture	Mis- sing	Total	Number of ever- married women employed during the last 12 months
Age									
15-19	*	*	*	*	*	*	*	*	13
20-24	35.8	0.5	29.0	11.5	8.3	8.1	6.8	100.0	156
25-29	55.1	2.8	21.8	7.1	3.7	7.0	2.6	100.0	405
30-34	50.7	3.1	21.1	7.3	7.4	8.3	2.1	100.0	690
35-39	49.7	2.3	28.2	6.7	3.7	7.3	2.1	100.0	879
40-44	45.2	3.0	29.0	7.0	6.3	7.1	2.4	100.0	843
45-49	52.0	3.1	21.3	6.4	6.2	9.2	1.8	100.0	610
Marital status									
Married	51.1	2.8	24.1	6.7	4.7	8.5	2.0	100.0	3102
Divorced/separated/ widowed	36.4	2.1	32.0	9.5	11.7	3.5	4.8	100.0	493
Number of living children									
0	54.4	2.5	24.8	6.0	6.2	0.7	5.4	100.0	153
1-2	54.1	2.8	21.9	6.5	6.2	5.3	3.2	100.0	1363
3-4	47.9	2.8	26.3	7.5	5.2	8.7	1.6	100.0	1802
5+	29.8	1.4	34.4	8.4	5.5	18.7	1.7	100.0	278
Urban-rural residence									
Urban	55.3	3.1	25.3	7.2	5.4	0.6	3.1	100.0	1699
Rural	43.6	2.3	25.1	7.0	5.9	14.4	1.8	100.0	1896
Place of residence									
Urban Governorates	46.7	2.6	32.0	10.3	4.3	0.5	3.7	100.0	643
Lower Egypt	49.8	3.1	22.0	5.7	7.2	11.1	1.0	100.0	1740
Urban	60.3	4.3	20.0	5.4	8.1	0.7	1.2	100.0	525
Rural	45.3	2.6	22.8	5.9	6.8	15.7	0.9	100.0	1216
Upper Egypt	48.6	2.1	26.6	7.5	4.2	7.2	3.8	100.0	1177
Urban	60.1	2.7	22.8	5.4	4.1	0.6	4.4	100.0	505
Rural	39.9	1.7	29.4	9.0	4.3	12.2	3.4	100.0	672
Frontier Governorates[1]	78.8	0.8	14.4	2.7	2.3	1.0	0.0	100.0	34
Education									
No education	1.7	0.0	46.8	10.9	10.8	26.2	3.5	100.0	467
Some primary	4.3	0.0	47.2	18.6	13.4	14.4	2.1	100.0	180
Primary complete/some secondary	7.3	1.5	48.4	12.7	10.4	14.8	4.8	100.0	452
Secondary complete/higher	68.8	3.6	15.4	4.5	3.3	2.7	1.7	100.0	2496
Wealth quintile									
Lowest	13.5	0.5	33.0	6.6	4.4	38.0	4.0	100.0	530
Second	21.3	1.7	43.7	8.5	13.0	10.1	1.8	100.0	557
Middle	39.7	3.7	33.0	10.0	8.3	2.2	3.1	100.0	660
Fourth	58.6	3.5	20.6	9.3	4.4	1.0	2.6	100.0	808
Highest	80.8	3.1	9.9	3.1	1.6	0.3	1.2	100.0	1039
Total	49.1	2.7	25.2	7.1	5.6	7.9	2.4	100.0	3595

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.

As expected, Table 3.7 shows that the proportion of women involved in professional, technical and managerial occupations and in clerical positions is higher among urban women than rural women. These proportions also rise rapidly with both education and wealth. Results indicate that almost three-quarters of working women have attained a secondary or higher education and 84% of women in the highest wealth quintile are employed in professional, technical, managerial or clerical occupations. It is also noticeable that the percentage of women who work in professional, technical, and managerial jobs declines with the number of children from 54% among women with two children to 30% among women with five or more children.

Figure 3.1 Occupation among working women
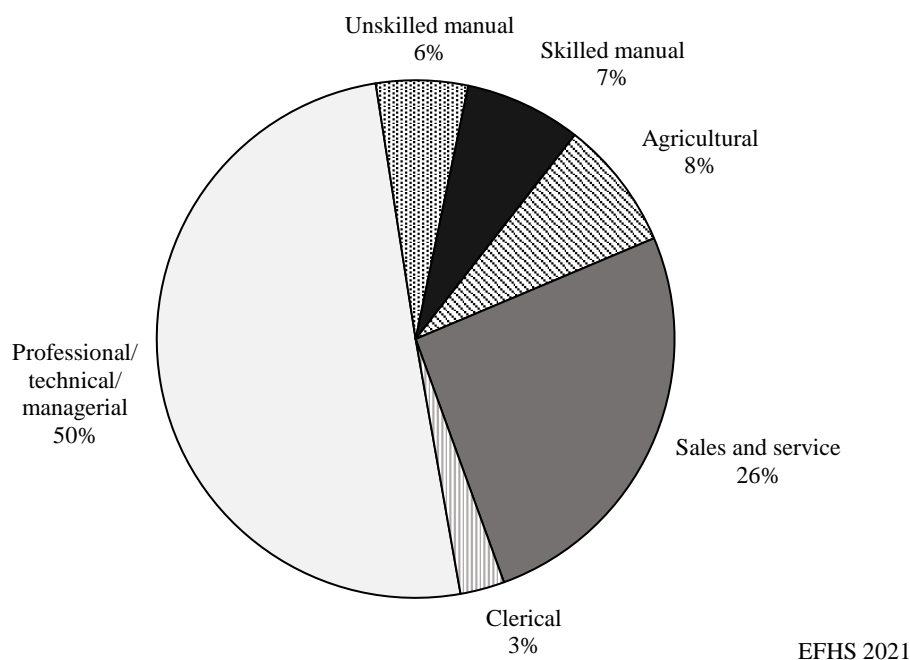
EFHS 2021

3.5.3 Type of Employment

During the EFHS-2021, women who are working or had worked within the 12 months before the survey were asked some detailed questions about the type of occupation, type of earnings they receive, and type of employer (a family member or not or self-employed), as well as whether they worked continuously throughout the year. Table 3.8 summarizes those findings.

Table 3.8 shows that the majority of working women (94%) were paid in cash while 5% of women do not receive earnings. It is also observed that 7 in 10 women worked for someone other than a relative and additionally 25% were self-employed. As for work continuity, four-fifth of women (79%) worked all year-round, 15% were employed seasonally, and 6% worked only occasionally.

Results presented in Table 3.8 shows variations in employment parameters according to whether a woman worked in an agricultural occupation or not. Women working in agricultural occupations were much more likely than other working women not to be paid for the work they do (33% versus 3%, respectively). This can be explained by the fact that 28% of the women who are employed in agricultural occupations are working for a family member compared with 4% of working women who are involved in non-agricultural occupations. As expected, seasonal work is more common among women working in agricultural occupations than among women employed in non-agricultural occupations (35% versus 13%, respectively).

Table 3.8 Type of employment

Percent distribution of ever-married women aged 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Egypt 2021

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	35.7	91.7	87.3
Cash and in-kind	28.5	4.9	6.7
In-kind only	2.7	0.5	0.7
Not paid	33.1	2.9	5.3
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	28.4	4.0	5.9
Employed by nonfamily member	41.9	71.9	69.5
Self-employed	29.7	24.1	24.5
Total	100.0	100.0	100.0
Continuity of employment			
All year	53.8	81.4	79.2
Seasonal	35.3	13.0	14.8
Occasional	10.9	5.6	6.0
Total	100.0	100.0	100.0
Number of ever-married women employed during the last 12 months	283	3313	3595

4 FERTILITY

> **Key Findings:**
>
> - The total fertility rate for the three years prior to the EFHS-2021 is 2.85 births per woman, around 0.7 births decline than the level observed in 2014.
> - The total fertility rate is 3.16 births per woman in rural areas, around 33% higher than the rate in urban areas (2.37 births).
> - Total fertility rates differ clearly by region, where TFR declines significantly in Urban Governorates to reach the lowest level of 2.18 births per woman, while the TFR reaches the highest level in rural Upper Egypt (3.63 births per woman) and Frontier Governorates (3.41 births per woman).
> - Total fertility rate has significantly dropped in rural Lower Egypt to reach 2.75 births per woman, around 0.8 births less than the level in 2014.
> - One-fifth of non-first births were born within 24 months of a prior birth, an interval which has been shown to place a child at higher risk of mortality.
> - Childbearing begins early for many Egyptian women; more than one-quarter of women in the age 25-49 years had their first birth by age 20, and 45% gave birth by age 22.
> - 5% of adolescents are already mothers, and around 1% are pregnant with their first child.

This chapter present levels, patterns, and trends in both current and cumulative fertility in Egypt. Also, this chapter provides information about the length of birth intervals; and the age at which women initiate childbearing. The data on birth intervals are important since short intervals are strongly associated with childhood mortality. Moreover, the age at which childbearing begins has a major impact on the health and well-being of both the child and the mother.

Data on childbearing patterns were collected in the EFHS-2021. Each woman was asked a series of questions on the number of her sons and daughters living with her, the number living elsewhere, and the number who may have died. Then, a complete history of all of the woman's births was obtained, including the name, sex, month and year of birth, age, and survival status for each of the births. For living children, a question was asked about whether the child was living in the household or away. For dead children, the age at death was recorded. Finally, information was collected on current pregnancies at the time of the interview.

4.1 CURRENT FERTILITY BY RESIDENCE

The level of current fertility is one of the most important topics in this report because of its direct relevance to population policies and programs. Table 4.1 presents a number of measures of current fertility including age-specific fertility rates, the total fertility rate, the general fertility rate, and the crude birth rate. The rates are generally presented for the three-year period preceding the survey, a period covering portions of the calendar years from January 2019 through December 2021. The three-year period was chosen for calculating these rates (rather than a longer or a shorter period) to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births.

Age-specific fertility rates presented in Table 4.1 are useful in understanding the age pattern of fertility. Numerators of age-specific fertility rates are calculated by identifying live births that occurred in the period 1-36 months prior to the survey (determined from the date of interview and date of birth of the child) and classifying them by the age (in five-year age groups) of the mother at the time of the child's birth. The denominators of these rates are the number of woman-years lived in each of the specified five-year age groups in the period 1-36 months prior to the survey. Although information on fertility

was obtained only for ever-married women, data from the household questionnaire on the age structure of the population of never-married women were used to calculate the all-women rates. This procedure assumes that women who have never been married have had no children.

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

Table 4.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Egypt 2021

Age group	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates[1]	Total
				Total	Urban	Rural	Total	Urban	Rural		
15-19	27	65	16	51	30	60	61	35	73	32	50
20-24	108	211	100	180	122	202	187	106	222	179	170
25-29	150	181	147	150	154	149	194	148	212	226	169
30-34	115	111	106	97	110	92	131	128	133	136	112
35-39	55	52	51	42	53	37	67	63	69	89	53
40-44	16	11	15	10	12	9	17	23	14	16	13
45-49	2	2	2	2	2	1	2	3	2	4	2
TFR (15-49)	2.37	3.16	2.18	2.66	2.41	2.75	3.30	2.52	3.63	3.41	2.85
GFR	77	109	66	89	78	93	114	84	127	113	96
CBR	16.6	24.0	14.6	19.7	17.5	20.6	25.1	18.3	28.1	23.9	21.0

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to the interview.
TFR: Total fertility rate expressed per woman.
GFR: General fertility rate expressed per 1,000 women aged 15-44.
CBR: Crude birth rate, expressed per 1,000 population.
[1] Does not include North Sinai governorate.

Table 4.1 indicates that if rates were to remain constant at the level prevailing during the three-year period before the EFHS-2021(approximately January 2019 to December 2021), an Egyptian woman would bear 2.85 children during her lifetime. In rural areas, the TFR is 3.16 births per woman, which is higher by 0.8 births than urban TFR (2.37 births). Looking at the differentials across the place of residence, the TFR in rural Lower Egypt is lower than TFR in rural Upper Egypt by around a child (2.75 births and 3.63 births per woman, respectively). Table 4.1 indicates that the highest level of TFR was observed in rural Upper Egypt (3.63 births per woman) followed by Frontier Governorates (3.41 births per woman). The lowest level of TFR is 2.18 births per woman which was observed in Urban Governorates, around 1.5 births less than rural Upper Egypt.

Egyptian women tend to give birth early in her reproductive life. According to the age-specific fertility rates shown in Table 4.1, Egyptian woman give births to around 1.1 births (more than one -third of all births during her reproductive age) by reaching age 25, and 1.95 births (more than two-third all births during her reproductive age) by age 30.

Urban-rural patterns of the age specific fertility rates can be considered similar with limited differences; where age specific fertility rate is highest among rural women aged 20-24 years (211 births per 1000 woman), while the highest age-specific fertility rate is reported among urban women in the 25-29 age group (150 births per 1000 woman). Looking at the pattern in the age-specific fertility rates by place of residence, it is found that fertility rates are very high in rural Upper Egypt compared with almost all other areas and age groups. Figure 4.1 presents age specific fertility rates by place of residence. The figure shows the differences in the age specific fertility rates where births are concentrated among women less than 35 years, however, fertility rates are clearly higher in Upper Egypt governorates compared with Lower Egypt and Urban Governorates.

Figure 4.1 Age specific fertility rates by place of residence

Births per 1000 Women
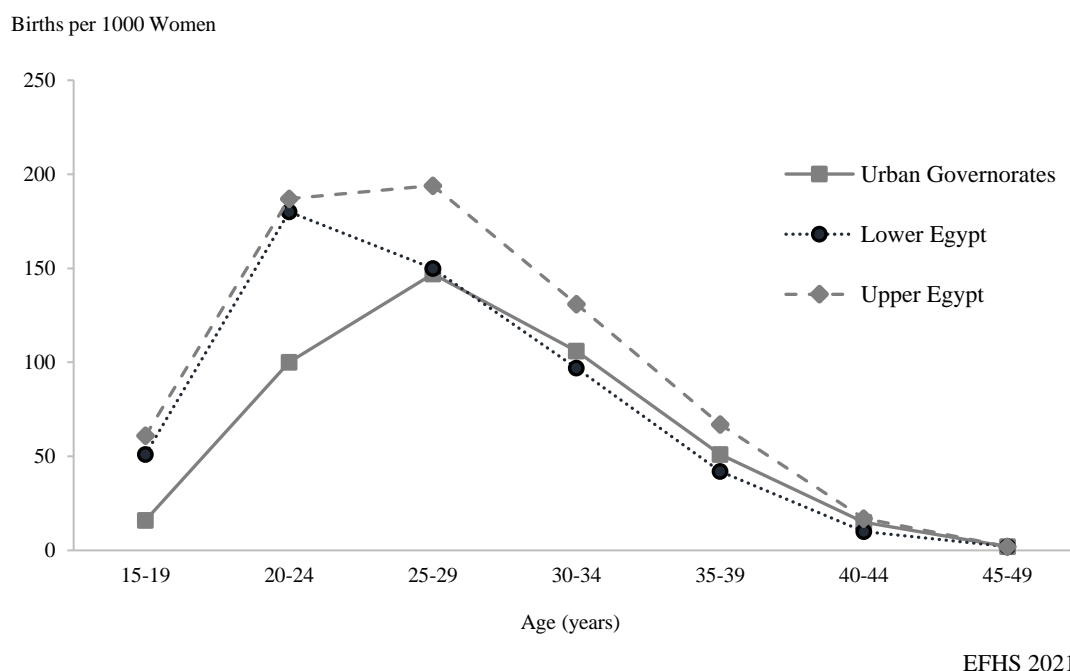
EFHS 2021

Finally, Table 4.1 presents estimates of the crude birth rate and the general fertility rate during the three years period prior to the EFHS-2021. The general fertility rate (GFR) represents the annual number of births in a population per 1,000 women aged 15-44 years. The crude birth rate (CBR) is the annual number of births in a population per 1,000 persons. Both measures are based on the birth history data for the three-year period before the survey and the age and sex distribution of the household population.

During the period 2019-2021, CBR was 21 births per 1000 population, while GFR was 96 births per 1000 women aged 15-44 years. As the case of the total fertility rate, there are clear variations by place of residence. The lowest rates are found in the Urban Governorates, where the CBR was 14.6 births per 1000 population and the GFR was 66 births per 1000 women. On the contrary, the highest rates were observed in rural Upper Egypt where the CBR was 28.1 births per 1000 population, and the GFR was 127 births per 1000 women aged 15-44 years.

Figure 4.2 shows that there is decline in TFR in EFHS-2021 compared with the reported rate in the 2014-EDHS by around 0.65 birth (around 19% decline). Also, it is clear from the figure that the highest decline in TFR was observed between 2014 and 2021 in rural Lower Egypt (from 3.6 to 2.75 births per woman, respectively), while the least decline was in Urban Governorates (from 2.5 to 2.18 births per woman, respectively).

Figure 4.2 Trends in fertility by residence, Egypt 2014-2021

Births per woman

| | 2014 EDHS | 2021 EFHS |
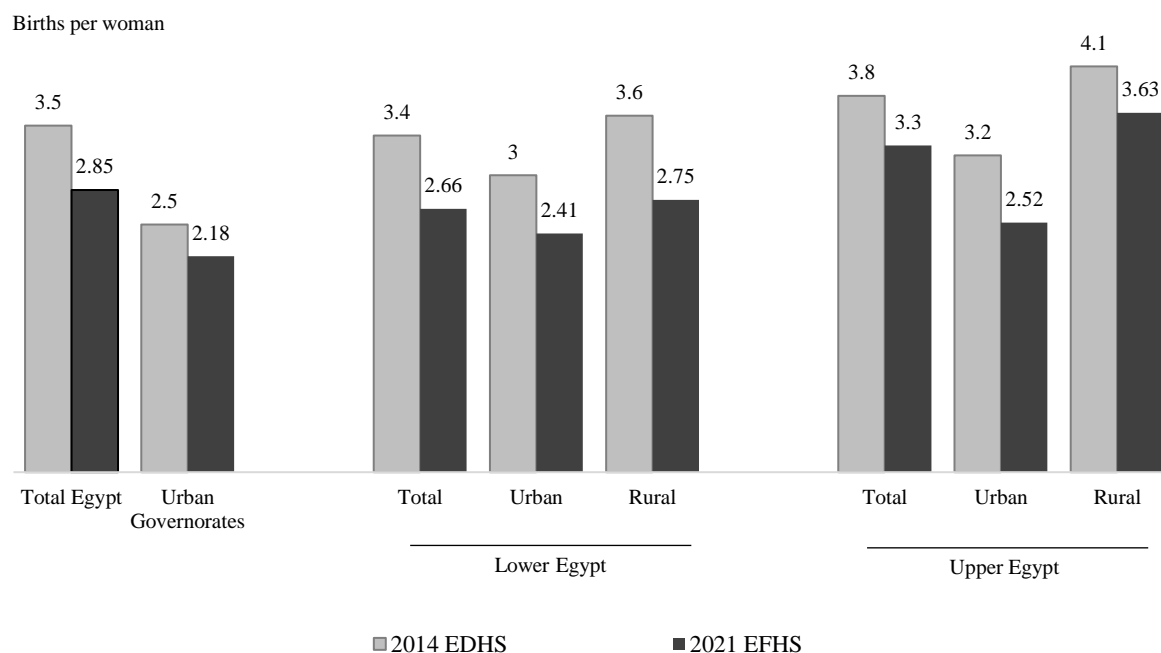
4.2 DIFFERENTIALS IN CURRENT AND CUMULATIVE FERTILITY

Table 4.2 presents differentials by selected background characteristics in the TFR and two additional fertility measures—the percentage currently pregnant and the mean number of children ever born to women aged 40-49 according to place of residence, education and wealth. In addition, differences in these fertility measures by governorate-level are provided in Appendix Table A-4.1.

Comparison between the TFR at the time of the survey with the mean number of births per woman in the age 40-49 evaluate the trend in fertility, where the mean number of children ever born (CEB) among women 40-49 serves as a measure of cumulative fertility, taking into account the past fertility behaviour of women who are nearing the end of their reproductive period. If fertility is stable over time in a population, the TFR and the mean CEB for women aged 40-49 will be similar. If fertility levels have been falling, the TFR will be lower than the mean CEB among women aged 40-49 years. Percentage of currently pregnant women serves as an indicator for measuring level of current fertility, however, it may subject to some error, where some women may not be aware or don't report during the first three month of pregnancy.

Furthermore, the differentials in the fertility measures in Table 4.2 document the strong influence of the place of residence on fertility in Egypt. The mean CEB among women aged 40-49 varies from 3.0 births in the Urban Governorates to 3.1 births in urban Lower Egypt and 4.2 births in rural Upper Egypt.

In addition, Table 4.2 indicate the strong effect of education level of women on fertility, where TFR decreases rapidly when education increases. TFR decreases from 3.4 births among women with no education to 2.64 births among women who have completed secondary education or higher. The variation in cumulative fertility across educational groups is also pronounced. The mean number of children ever born is 3.9 among women aged 40-49 with no education, compared with 3.2 among women who have completed secondary school or higher.

The fertility measures in Table 4.2 vary markedly by wealth quintile, where TFR deceases from a level of 3.12 births among women in the second level of wealth quintile to 2.66 births among women in the highest wealth quantile. It is worth noting that TFR among women in the lowest wealth quantile is the second lowest TFR (2.75 births per woman) with 0.09 birth more than the lowest level among women in the highest wealth quintile. Also, the mean CEB among women in the aged 40-49 decreases from 4.0 in the lowest wealth quintile to 3.0 in the highest wealth quintile.

A comparison of TFR and the mean CEB among women aged 40-49 provides an indication of the magnitude and direction of fertility change over the past several decades. Generally, data indicated that fertility has clearly declined. Women aged 40-49 had an average of 3.5 births over their lifetime, which is more than the current TFR by around 0.7 births. Considering the patterns for subgroups, the largest difference between current and cumulative fertility is observed in the lowest wealth quintile, where the

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women aged 15-49 currently pregnant, and mean number of children ever born to women aged 40-49 years, by background characteristics, Egypt 2021

Background characteristic	Total fertility rate	Percentage of women aged 15-49 currently pregnant	Mean number of children ever born to women aged 40-49
Urban-rural residence			
Urban	2.37	2.9	3.1
Rural	3.16	4.8	3.7
Place of residence			
Urban Governorates	2.18	2.8	3.0
Lower Egypt	2.66	3.5	3.3
Urban	2.41	2.7	3.1
Rural	2.75	3.7	3.3
Upper Egypt	3.30	5.1	3.9
Urban	2.52	3.9	3.3
Rural	3.63	5.6	4.2
Frontier Governorates[1]	3.41	4.8	3.9
Education			
No education	3.40	2.6	3.9
Some primary	3.58	4.4	3.5
Primary complete/some secondary	3.14	3.9	3.5
Secondary complete/higher	2.64	4.3	3.2
Wealth quintile			
Lowest	2.75	2.5	4.0
Second	3.12	4.3	3.6
Middle	2.92	4.2	3.4
Fourth	2.83	4.9	3.2
Highest	2.66	4.1	3.0
Total	2.85	4.0	3.5

Note: Total fertility rates are for the period 1-36 months prior to interview.
[1] Does not include North Sinai governorate.

TFR is 1.25 births lower than the mean number of children ever born to women 40-49. Notably, among women with secondary or higher education, the current TFR is less than the mean CEB among women aged 40-49 by around 0.6 births.

Finally, Table 4.2 shows that 4% of the EFHS-2021 respondents were pregnant at the time of the survey. Looking at residential differentials, the highest percentage currently pregnant was observed in rural Upper Egypt (5.6%), while the lowest percentage was observed in urban Lower Egypt, and Urban Governorates (2.7% and 2.8 %, respectively). Surprisingly, the percentage of women who were pregnant was higher among women with a secondary or higher education than among less educated women. This may be partially due to the fact that, on average, highly educated women marry at older ages than women in the other education categories and, thus, they were more likely to be in the family-building stage at the time of the survey than less educated women.

4.3 FERTILITY TRENDS

4.3.1 Retrospective Data

Table 4.3 uses information from the retrospective birth histories obtained from EFHS-2021 respondents to examine trends in age-specific fertility rates for successive five-year periods before the survey. Births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because women 50 years and over were not interviewed in the EFHS-2021, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women aged 45-49 for the periods 5-9 years and more prior to the survey, because these women were 50 years or older at the time of the EFHS-2021 and, thus, were not interviewed in the survey.

Overall, the results in Table 4-3 document a marked decline in age-specific fertility between different age groups. However, the decline was relatively faster in the age group 15-19 years during the 5-9 years prior to the survey. Generally, age-specific fertility rate in the age 15-29 decreased from 2.6 births per woman during the 5-9 years preceding the survey to 2.08 per woman during the five years preceding the survey.

4.3.2 Comparison with Previous Surveys

Table 4.4 shows TFR estimates from a series of surveys conducted in Egypt during the period from 2000 through 2021. In general, the rates calculated for three-year are subject to less sampling variability than one-year rates, where data was collected for the five years preceding the survey, then the TFR calculated using three years to avoid non-sampling errors. The size of the sample covered in a specific survey is another factor related to sampling variability. In general, rates from surveys with comparatively large samples are subject to less sampling variability than rates from surveys with smaller samples. Sampling errors for the TFRs derived from the EFHS-2021 are presented in Appendix C.

As results show in Table 4.4, fertility levels declined during the two decades, from 3.5 births per woman at the time of the 2000 EDHS to 3.0 births per woman during 2008-EDHS, then rose again in 2014-EDHS to the level observed in 2000, before falling again to reach 2.85 births per woman in EFHS-2021. The decline in fertility was rapid especially during the period 2000 and 2008 (14.3%). On the contrary, the TFR declined during the period between the EDHS-2008 and EFHS-2021 by only 0.15 births per woman representing a 5% decline only.

Results presented in Table 4.4 highlights that all age groups contributed to the recent decline in fertility rates. However, decline was more rapid among women in the 20-34 age group than younger or older women. Age specific fertility rates decreased among women 30-34 years by around 25% between the 2000 EDHS and the EFHS-2021. On the other hand, TFR declined between women in the age less than 30 years by around 11% during same period. As a result of the difference in fertility changes for different age-groups, TFR is more concentrated among women less than 30 years old. Currently, a woman will have on average around two children (2.27 births) by her 30th birthday. It is clear also from Figure 4.3 that decline is obvious for the age 20-39, however, it was more clear in the age group 20-24, and 25-29 and this is the same pattern observed in countries similar to Egypt where fertility levels decline.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Egypt 2021

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	56	74	69	54
20-24	183	231	214	190
25-29	177	211	203	198
30-34	116	145	139	[143]
35-39	57	74	[84]	-
40-44	15	[24]	-	-
45-49	[3]	-	-	-

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

Table 4.4 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rates, Egypt 2000-2021.

Age	2000* EDHS	2005* EDHS	2008* EDHS	2014* EDHS	2021 EFHS
	1997-2000	2002-2005*	2005-2008	2011-2014	2019-2021
15-19	51	48	50	56	50
20-24	196	175	169	213	170
25-29	208	194	185	200	169
30-34	147	125	122	134	112
35-39	75	63	59	69	53
40-44	24	19	17	17	13
45-49	4	2	2	4	2
TFR 15-49	3.5	3.1	3.0	3.5	2.85

Note: Rates for the age group 45-49 may be slightly biased due to truncation.
* Source: MOHP and El-Zanaty & Associates, Table 4.4.

Figure 4.3 Trends in age-specific fertility, Egypt 2014-2021

Births per 1000 Women
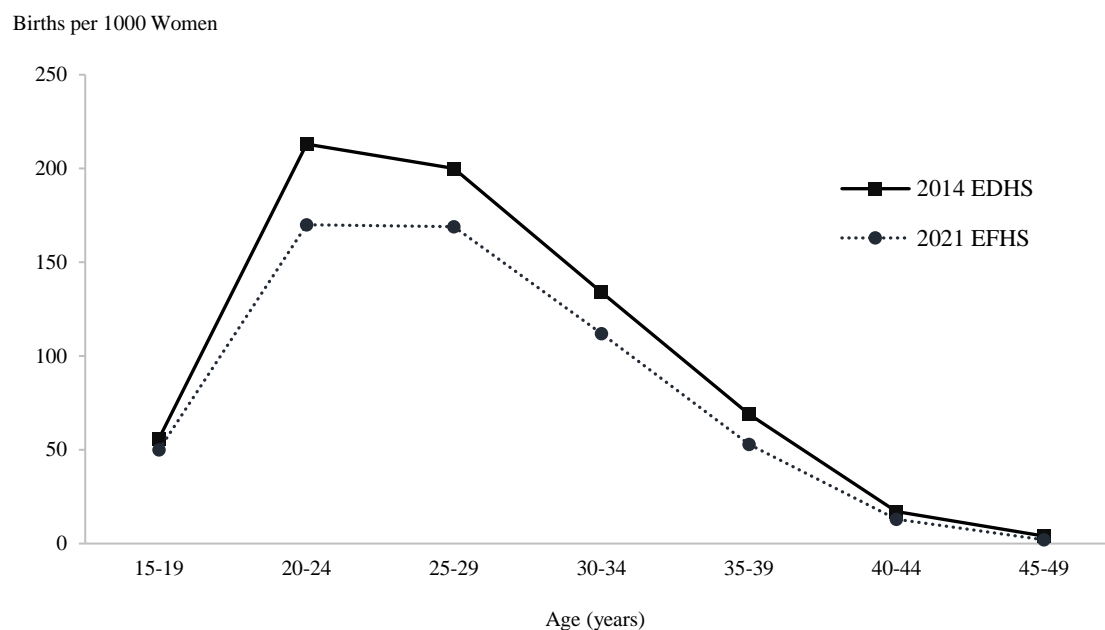
Table 4.5 highlights the trends in fertility by residence between the 2000 EDHS and the EFHS-2021, where fertility declined in urban areas between 2000 and 2008 from 3.1 births to 2.7 births, then increased again in 2014 before declining again in EFHS-2021 to 2.37 births. Similarly, in rural, TFR has declined during the last two decades from 3.9 births per woman at the time of the 2000-EDHS to 3.16 births per woman in the EFHS-2021 with same pattern that was observed in urban areas.

Looking at variations by the place of residence, declines in fertility were observed in all areas between the 2000 and 2021 surveys. The largest absolute decline in fertility was observed in rural Upper Egypt, where TFR declined from 4.7 births per woman in 2000-EDHS to 3.63 births per woman in EFHS-2021. The TFR has declined in rural Lower Egypt from 3.3 births per woman in the 2000 Survey (same fertility level in 2000 in urban Upper Egypt) to 2.75 births per woman in EFHS-2021. In general, the TFR decreased in Urban Governorates and urban Lower Egypt and Upper Egypt since 2000. However, the decline in urban areas was slower and more fluctuating than change observed in rural areas of Egypt.

Table 4.5 Trends in fertility by residence

Total fertility rates by urban-rural residence and place of residence, Egypt 2000-2021.

Residence	2000[*] EDHS 1997-2000	2005[*] EDHS 2002-2005	2008[*] EDHS 2005-2008	2014[*] EDHS 2011-2014[1]	2021 EFHS 2019-2021[2]
Urban-rural residence					
Urban	3.1	2.7	2.7	2.9	2.37
Rural	3.9	3.4	3.2	3.8	3.16
Place of residence					
Urban Governorates	2.9	2.5	2.6	2.5	2.18
Lower Egypt	3.2	2.9	2.9	3.4	2.66
Urban	3.1	2.7	2.6	3.0	2.41
Rural	3.3	3.0	3.0	3.6	2.75
Upper Egypt	4.2	3.7	3.4	3.8	3.30
Urban	3.4	3.1	3.0	3.2	2.52
Rural	4.7	3.9	3.6	4.1	3.63
Frontier Governorates[2]	3.9	3.3	3.2	3.9	3.41
TFR 15-49	3.5	3.1	3.0	3.5	2.85

Note: Rates for the age group 45-49 may be slightly biased due to truncation.
[*] Source: MOHP and El-Zanaty & Associates,2015,Table 4.5
[1] Does not include North and South Sinai governorates.
[2] Does not include North Sinai governorate.

4.4 CHILDREN EVER BORN AND LIVING

Table 4.6 presents the distributions of all women and currently married women by the total number of children ever born. These distributions reflect the accumulation of births among EFHS-2021 respondents over the past 30 years and, therefore, their relevance to the current situation is limited. However, the information is useful in looking at how the average family size varies across age groups and for looking at the level of primary infertility.

Since only ever-married women were interviewed in the EFHS-2021, information on the reproductive histories of never-married women is not available. However, virtually all births in Egypt occur within marriage; thus, in calculating these fertility measures for all women, never-married women were assumed to have had no births. The marked differences between the results for currently married women and for all women at the younger ages are due to the comparatively large numbers of never-married women in those age groups who, as noted, are assumed to have had no births.

Table 4.6 indicates that the average Egyptian woman has given birth to 2.06 children. Out of that number, 1.98 children are still alive, indicating that around 4 % of the children ever born to EFHS-2021 respondents have died. The number of children that women have borne increases directly with age reflecting the natural family-building process, from an average of less than one child among women aged 20-24 to an average of 3.51 births among women aged 45-49. As expected, the likelihood that at least one of a woman's children has died also increases with the woman's age, where from the average of 3.51 children born to women 45-49, an average of 0.17 children or around 5% are no longer alive.

Table 4.6 Children ever born and living

Percent distribution of all women and currently married women aged 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Egypt 2021

Age	\multicolumn{12}{c}{Number of children ever born}	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+	Total			
ALL WOMEN
15-19	94.7	4.1	1.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5054	0.07	0.06
20-24	57.6	17.8	18.8	5.0	0.8	0.1	0.0	0.0	0.0	0.0	0.0	100.0	4595	0.74	0.72
25-29	20.6	13.5	32.7	23.9	7.1	1.7	0.3	0.1	0.1	0.0	0.0	100.0	3897	1.91	1.84
30-34	8.9	6.2	25.5	34.5	16.9	5.9	1.6	0.4	0.1	0.0	0.0	100.0	4363	2.71	2.63
35-39	7.3	4.4	16.7	33.0	23.6	9.8	3.4	1.3	0.4	0.1	0.0	100.0	4406	3.14	3.02
40-44	6.0	4.5	14.5	28.4	25.3	12.2	5.6	2.3	0.7	0.3	0.1	100.0	3728	3.41	3.26
45-49	6.0	5.0	13.9	27.9	23.1	12.5	5.6	3.2	1.6	0.8	0.4	100.0	2798	3.51	3.34
Total	32.4	8.1	17.2	20.7	12.8	5.4	2.1	0.9	0.3	0.1	0.1	100.0	28841	2.06	1.98
CURRENTLY MARRIED WOMEN
15-19	29.6	53.7	15.1	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	377	0.89	0.85
20-24	11.5	36.6	39.7	10.4	1.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	2140	1.55	1.50
25-29	4.0	15.2	39.8	29.5	8.8	2.2	0.3	0.1	0.1	0.0	0.0	100.0	3103	2.33	2.25
30-34	2.2	5.8	26.6	38.0	18.5	6.6	1.7	0.4	0.1	0.1	0.0	100.0	3887	2.95	2.86
35-39	2.4	3.5	17.0	35.2	25.6	10.7	3.7	1.4	0.4	0.1	0.0	100.0	3951	3.35	3.23
40-44	2.1	3.7	14.1	29.7	27.2	13.4	6.0	2.5	0.7	0.4	0.2	100.0	3255	3.61	3.46
45-49	2.9	4.2	12.7	29.8	25.0	13.0	6.0	3.3	1.7	0.9	0.4	100.0	2332	3.70	3.52
Total	4.2	10.7	24.2	29.8	18.4	7.8	2.9	1.2	0.5	0.2	0.1	100.0	19044	2.94	2.83

4.5   BIRTH INTERVALS

4.5.1 Intervals between Births

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

Table 4.7 shows the percent distribution of second order and higher (non-first) births in the five years preceding the survey by length of the previous birth interval according to selected background characteristics. Information on the length of birth intervals is also presented by governorate in Appendix Table A-4.2.

Table 4.7 shows that birth intervals were relatively long. About four-fifths of births (82%) took place at least two years after a prior birth. Also, results indicates that 55% of births took place at least 3 years after a prior birth. The median interval was 37.6 months, which was slightly longer than the median interval observed at the time of the 2014- EDHS (36.7 months). Although, the majority of non-first births were born after two or more years after a prior birth, around 18% of births occurred shortly after prior birth, i.e., within 24 months of a previous birth, which need more intervention to increase spacing between births.

Table 4.7 shows that younger women have shorter birth intervals than older women. Where median interval varied from 19.4 months among the small number of births to women aged 15-19 to 69.3 months among births to women aged 40-49. The median birth interval was almost one month longer in cases where the prior birth was male than a female (38.1 months and 37.0 months, respectively). The median birth interval increases by around 14 months in case of alive birth than when that child had died (37.9 months and 23.5 months, respectively).

Table 4.7 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Egypt 2021

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	33.7	29.2	35.0	2.2	0.0	0.0	100.0	65	19.4
20-29	11.2	15.3	36.7	20.6	10.3	5.9	100.0	4115	30.4
30-39	4.8	6.9	19.4	19.0	16.7	33.1	100.0	4575	46.6
40-49	4.1	4.0	10.0	12.5	10.5	58.9	100.0	671	69.3
Sex of preceding birth									
Male	7.7	10.0	26.1	19.0	12.8	24.4	100.0	4653	38.1
Female	7.8	11.1	26.7	19.3	13.8	21.3	100.0	4774	37.0
Survival of preceding birth									
Living	7.0	10.4	26.5	19.4	13.6	23.2	100.0	9136	37.9
Dead	32.4	15.6	24.0	10.1	5.4	12.5	100.0	290	23.5
Birth order									
2-3	8.4	11.8	29.2	19.6	12.3	18.6	100.0	6635	35.2
4-6	6.1	7.3	19.6	17.9	16.0	33.1	100.0	2645	45.9
7+	10.5	10.1	20.7	20.6	10.4	27.8	100.0	147	38.0
Urban-rural residence									
Urban	7.5	9.7	22.1	18.7	14.2	27.8	100.0	3173	41.4
Rural	7.9	11.0	28.6	19.3	12.9	20.3	100.0	6253	36.2
Place of residence									
Urban Governorates	8.2	11.1	20.0	17.7	15.3	27.7	100.0	1153	41.4
Lower Egypt	6.0	9.1	26.1	20.0	13.9	25.0	100.0	3691	39.6
Urban	6.0	9.2	20.6	21.5	14.2	28.4	100.0	850	42.4
Rural	6.0	9.0	27.7	19.5	13.8	24.0	100.0	2841	38.5
Upper Egypt	9.0	11.6	28.3	18.8	12.5	19.8	100.0	4449	35.5
Urban	7.7	8.4	25.0	17.7	13.4	27.9	100.0	1081	40.6
Rural	9.5	12.6	29.3	19.2	12.2	17.2	100.0	3368	34.5
Frontier Governorates[1]	10.2	10.9	28.8	18.7	9.0	22.4	100.0	134	35.0
Education									
No education	7.3	9.5	24.2	18.4	12.3	28.3	100.0	1224	40.4
Some primary	10.1	9.7	25.4	16.2	10.8	27.8	100.0	423	38.2
Primary complete/some secondary	9.3	13.0	29.1	18.5	11.7	18.5	100.0	2325	34.2
Secondary complete/higher	7.0	9.8	25.8	19.8	14.5	23.1	100.0	5454	38.6
Work status									
Working for cash	6.4	7.4	21.1	19.3	13.9	31.8	100.0	1103	43.7
Not working for cash	7.9	10.9	27.1	19.1	13.2	21.7	100.0	8323	36.9
Wealth quintile									
Lowest	8.1	11.0	25.4	19.0	12.4	24.1	100.0	1809	37.9
Second	7.6	9.7	27.5	19.2	13.8	22.2	100.0	2027	37.1
Middle	8.3	10.9	26.3	19.0	13.8	21.7	100.0	2015	37.2
Fourth	7.2	11.1	26.4	19.3	13.6	22.4	100.0	1939	37.4
Highest	7.6	9.9	26.2	19.2	12.8	24.3	100.0	1637	38.2
Total	7.8	10.5	26.4	19.1	13.3	22.8	100.0	9426	37.6

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.
[1] Does not include North Sinai governorate.

The median birth interval in urban areas was not more than 5 months longer compared to rural areas (41.4 months and 36.2 months, respectively). Surprisingly, birth intervals in urban Lower Egypt and Urban Governorates (42.2 and 41.4 months, respectively) does not differ much than the median in urban Upper Egypt (40.6 months). As for rural areas, the median birth interval was longer in Lower Egypt by around 4 months (38.5 months) than in rural Upper Egypt (34.5 months).

Table 4.7 shows that there is no clear association observed between the woman's educational level and the medium birth interval, where the median decreases slightly from 40.4 months among those who have never attended school to 34.2 months among those who have completed primary education or attend some secondary, then increases again to 38.6 months among those who have completed secondary education. Same unclear association was noticed between wealth and the median birth interval. On the other hand, women's work clearly affect the median birth interval, where median birth

interval increases by around 7 months to women who are working for cash compared with other women (43.7 months and 36.9 months, respectively).

4.5.2 Attitudes about the Ideal Birth Interval

In the EFHS-2021, ever-married women were asked about the ideal length of time that a woman should wait between births. The responses for this question are presented in Table 4.8. In general, 46% of women believe a woman should ideally wait three years between births, 26% prefer a woman should wait two years before having another child. Only 26% of women believe that the ideal spacing between births should be at least four years. It is observed that the majority of women (72%) in all regions believe that the ideal birth interval should be three years or more (close to the actual median for the birth interval).

Table 4.8 Ideal birth interval by residence

Percentage distribution of ever-married women aged 15-49 by the length of time that a woman should wait between births by urban-rural residence and place of residence, Egypt 2021

Ideal interval between births	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Gover-norates[1]	Total
1 year	1.9	2.0	2.1	1.6	1.3	1.8	2.3	2.2	2.3	4.1	2.0
2 years	22.9	27.9	22.1	25.0	22.4	25.9	28.6	24.2	30.4	30.7	26.0
3 years	45.5	46.0	46.3	47.5	48.3	47.3	43.7	42.0	44.4	43.8	45.8
4 years	17.2	14.5	18.1	16.0	16.9	15.7	14.1	16.5	13.1	11.9	15.5
5 years	12.0	9.2	11.1	9.5	10.7	9.1	11.0	14.6	9.5	8.9	10.3
Don't know	0.4	0.4	0.3	0.4	0.4	0.3	0.4	0.4	0.4	0.7	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women	7797	12684	2989	9266	2308	6958	8000	2346	5655	226	20481

[1] Does not include North Sinai governorate.

4.6 AGE AT FIRST BIRTH

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

The results in Table 4.9 indicate that age at first birth among Egyptian women didn't increase since 2000, where probability of giving birth before age 20 years among younger women is not less than women in older age group. For example, around 25% of women in the age 40-44 become mothers by age 20, almost the same percentage reported between women in the age 20-24. Overall, Table 4.9 shows that the median age at first birth decreases one year among women in age 25-29 (21.9 years) compared with women aged 45-49 (22.9 years). These cohort changes by age group are in line with the median age at first marriage during the same period (see Chapter 7).

Table 4.9 Age at first birth

Percentage of women aged 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Egypt 2021

	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
Current age	15	18	20	22	25			
15-19	0.2	na	na	na	na	94.7	5054	a
20-24	0.5	8.7	25.9	na	na	57.6	4595	a
25-29	0.4	9.2	29.1	50.9	71.8	20.6	3897	21.9
30-34	0.6	6.9	25.1	47.1	73.1	8.9	4363	22.3
35-39	0.6	6.6	21.8	40.0	67.2	7.3	4406	23.0
40-44	1.0	9.4	24.7	44.2	68.9	6.0	3728	22.6
45-49	0.9	9.3	24.0	41.7	66.2	6.0	2798	22.9
20-49	0.6	8.2	25.1	na	na	19.1	23787	a
25-49	0.7	8.1	24.9	44.9	69.6	9.9	19193	22.5

na = Not applicable due to censoring.
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group.

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

Overall, the median age at first birth is 22.5 years for women 25-49. However, there are large differences in the age at which women first gave birth among the various subgroups. Urban women started childbearing two years later than their rural counterparts. On average, women in rural Upper Egypt had their first birth at about the same age as women in rural Lower Egypt, and two and half years earlier than women in the Urban Governorates. As for educational level for different age groups, women who have a secondary or higher education had their first birth on average by about two and half years later than women with no education. Also, the median age at first birth differs by more than three years between women in the highest and lowest wealth quintile.

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage fertility is a major health concern because teenage mothers and their children are at high risk of illness and death. Childbearing during the teenage years also frequently has adverse social consequences, particularly on female educational attainment since women who become mothers in their teens are more likely not to complete education.

Table 4.11 shows the percentage of women aged 15-19 who are mothers or who are pregnant with their first child at the time of EFHS-2021 survey. The overall level of teenage childbearing is 6.2 %, this percentage is less that what recorded in the 2014 EDHS (11%).

The proportion of women who have begun childbearing rises rapidly throughout the teenage years, from 0.1% among women 15-year-olds to 2.7% among women 17-year-olds, 10% among women 18-year-olds, and to 17% among women 19-year-olds. There are significant differences in the level of teenage childbearing by residence, where in rural areas the level of teenage fertility (8.3%) is almost three times the level in urban areas (3.0%). Also, Upper Egypt has the highest level of teenage childbearing, espe-

Table 4.10 Median age at first birth

Median age at first birth among women aged 25-49 years, according to background characteristics, Egypt 2021

Background characteristic	Women aged 25-49
Urban-rural residence	
Urban	23.9
Rural	21.7
Place of residence	
Urban Governorates	24.2
Lower Egypt	22.3
Urban	23.5
Rural	21.9
Upper Egypt	22.1
Urban	23.5
Rural	21.6
Frontier Governorates[1]	22.6
Education	
No education	21.0
Some primary	21.2
Primary complete/some secondary	20.9
Secondary complete/higher	23.5
Wealth quintile	
Lowest	21.1
Second	21.6
Middle	22.2
Fourth	23.0
Highest	24.3
Total	22.5

[1] Does not include North Sinai governorate.

cially in the rural areas (8.6%), while the lowest level of teenage childbearing is observed in Urban Governorates (2.1%).

The level of teenage fertility is strongly associated with a woman's educational level. The proportion of women aged 15-19 who are pregnant or who have already given birth decreases among women with a secondary or higher education (6.5%) and increases among women with no education (18.2%). This differ by wealth quintile where the highest level of women in the age 15-19 who have already given birth is among women in 4th and 5th quantities (9.2% and 6.1% respectively).

Table 4.11 Teenage pregnancy and motherhood

Percentage of women aged 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Egypt 2021

Background characteristic	Percentage of women aged 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.1	0.0	0.1	1085
16	1.3	0.2	1.5	917
17	1.6	1.2	2.7	1097
18	8.9	1.1	10.1	955
19	15.4	1.9	17.3	999
Urban-rural residence				
Urban	2.5	0.5	3.0	2048
Rural	7.2	1.1	8.3	3030
Place of residence				
Urban Governorates	1.9	0.2	2.1	814
Lower Egypt	6.2	1.0	7.2	2001
Urban	6.1	1.3	7.4	259
Rural	5.6	0.8	6.5	1925
Upper Egypt	6.2	1.1	7.3	2042
Urban	3.0	1.1	4.1	562
Rural	7.5	1.1	8.6	1469
Frontier Governorates[1]	3.9	1.2	5.2	63
Education				
No education	18.2	0.0	18.2	77
Some primary	21.7	2.9	24.6	103
Primary complete/some secondary	4.5	0.7	5.2	3563
Secondary complete/higher	5.4	1.1	6.5	1371
Wealth quintile				
Lowest	3.2	0.5	3.7	1043
Second	4.4	0.8	5.2	956
Middle	7.0	1.2	8.2	795
Fourth	8.0	1.2	9.2	1007
Highest	5.3	0.9	6.1	1103
Total	5.3	0.9	6.2	5054

[1] Does not include North Sinai governorate.

5 FERTILITY PREFERENCES

> **Key Findings:**
>
> - Around seven in ten currently married women do not want another birth or are sterilized, and 11 percent would like to delay the next birth for at least two years.
> - Currently married woman considers, on average, a 2.9 child family to be ideal.
> - More than one-quarter of currently married women believe that their husbands desire more children than they do.
> - One in five children in the past five years of the survey was either unwanted at that time or not wanted at all.
> - The total wanted fertility rate (2.14 births per woman) is less by around 0.7 birth than the current TFR (2.85 births per woman) and less than the wanted fertility observed in EDHS-2014 (2.4 births per woman) which indicates more decline in TFR in the future if women achieve their fertility preferences.

Studying fertility desires in some details in a population is important for estimating both the potential unmet need for family planning and for predicting future fertility. This chapter presents data from the EFHS-2021 on the fertility intentions of Egyptian women, and desired family size. It also considers the potential effect on fertility if unwanted pregnancies were prevented.

5.1 DESIRE FOR MORE CHILDREN

During the EFHS-2021, information was obtained on fertility preference by asking non-sterilized currently married women the question: "Would you like to have (a/another) child, or would you prefer not to have any (more) children?" For pregnant women, the question was prefaced by the wording, "After the child you are expecting. . ..". Women who wanted more children were then asked how long they would like to wait before the birth of their next child. Sterilized women were considered for the purposes of the fertility preference tabulations presented in this chapter, as wanting no more children.

Table 5.1 and Figure 5.1 show the reproductive intentions of currently married women interviewed in the EFHS-2021. Data indicated that the majority of married women did not want any more children (66%) or were sterilized (2%). Almost all the remaining women (28.5%) wanted another child or undecided. Among those wanting another child, data indicated that 13% of all currently married women— wanted a child soon (within two years), and 11% wanted to wait two years or more to have the next birth or were unsure of when they wanted another child. It was observed that the fertility preferences of the EFHS-2021 respondents are not very different from the preferences expressed at the time of the 2014 EDHS when 59% of currently married women did not want another child or were sterilized, 11 percent wanted to delay the next birth and 13 wanted another child soon.

Table 5.1 Fertility preferences by number of living children

Percent distribution of currently married women 15-49 by desire for children, according to number of living children, Egypt 2021

Desire for children	Number of living children[1]							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon[2]	85.3	43.2	14.0	4.8	2.0	1.6	.9	12.9
Have another later[3]	3.7	43.3	18.4	4.6	2.0	1.7	.5	11.2
Have another, undecided when	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Undecided	1.3	2.0	8.5	4.3	2.4	1.8	1.3	4.4
Want no more	.2	8.4	56.0	82.7	86.2	84.2	84.0	66.3
Sterilized	.2	.0	.2	1.1	3.9	7.4	10.5	2.0
Declared infecund	9.3	3.1	2.9	2.5	3.5	3.2	2.9	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	635	1988	4803	6069	3567	1292	691	19044

[1] The number of living children includes the current pregnancy.
[2] Wants next birth within 2 years.
[3] Wants to delay next birth for 2 or more years.

Data in Table 5.1 confirm that the desire for a child is strongly related to the number of living children the woman already had. There was very little interest in spacing the first birth, where around 3.7% only of women who had not yet begun childbearing at the time of the survey wanted to delay birth. Among women who had one, four in ten women expressed a desire to have another child but after two years or more. Among women with more than one child, the desire to cease childbearing increased rapidly with the number of children, from 56 % among women with two children to 83% among women with three children, to 86% among women with four children.

Figure 5.1 Desire for more children among currently married women

Want another later 11.2
Want another soon 12.9
Want another, unsure about timing 0.0
Undecided 4.4
Declared infecund 3.1
Want no more/sterilized 68.3
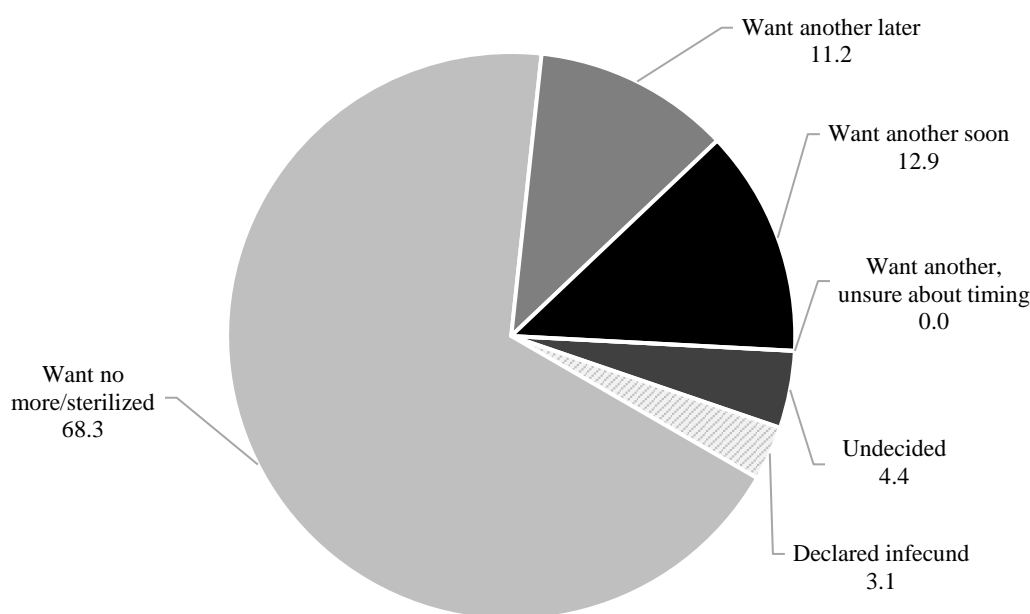
EFHS 2021

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

The results indicate that urban women express a desire to limit family size at lower parities than rural women. For example, 65% of urban women with two children want to stop childbearing, compared

with 49% of rural women with two children. The urban-rural differential in the desire for children narrows among women with three children where it reaches 86% in urban areas and 80% in rural areas, and around at least 90% of women form rural and urban areas with 5 children or more want no more children.

Looking at the differentials by place of residence, married women living in rural Upper Egypt were generally the least likely to want to limit childbearing. Results indicate that about 9 in 10 married women with three children in the Urban Governorates and urban Lower Egypt wanted no more children (or were sterilized). In contrast, 66% only of married women with three children in rural Upper Egypt wanted to limit childbearing.

Table 5.2 Desire to limit childbearing

Percentage of currently married women aged 15-49 who want no more children, by number of living children, according to background characteristics, Egypt 2021

Background characteristic	0	1	2	3	4	5	6+	Total
Urban-rural residence								
Urban	0.7	13.2	64.5	86.4	90.8	93.2	91.4	71.4
Rural	0.3	4.9	48.7	80.1	87.4	89.4	94.8	66.5
Place of residence								
Urban Governorates	1.4	16.9	70.4	88.1	91.2	93.7	91.9	74.1
Lower Egypt	0.2	6.5	58.7	87.9	91.7	93.3	96.6	70.8
Urban	0.7	9.9	65.1	89.4	92.2	95.0	98.2	(72.3)
Rural	0.0	5.2	56.4	87.5	91.6	92.9	96.1	70.4
Upper Egypt	0.3	7.1	41.5	71.2	85.1	88.7	94.1	63.4
Urban	0.0	12.5	55.3	81.4	89.7	92.3	89.9	67.4
Rural	0.5	4.6	34.5	66.1	83.5	87.7	94.8	61.7
Frontier Governorates[2]	0.0	3.3	53.0	77.3	76.3	85.3	77.4	64.2
Education								
No education	2.5	18.8	58.7	79.0	88.1	90.4	95.4	77.3
Some primary	(0.0)	14.1	62.1	80.5	82.5	86.6	93.5	71.5
Primary complete/some secondary	0.2	8.9	49.2	75.1	86.3	92.1	92.1	62.7
Secondary complete/higher	0.0	6.3	56.5	85.5	90.3	90.7	93.1	67.5
Work status								
Working for cash	1.5	12.2	67.7	88.6	91.0	89.6	93.1	75.4
Not working	0.3	7.7	52.9	81.2	88.2	90.7	94.1	67.0
Wealth quintile								
Lowest	1.1	10.2	54.2	78.5	87.2	88.4	94.1	75.1
Second	1.0	11.4	52.8	78.3	86.9	90.4	94.2	69.7
Middle	0.0	9.7	49.6	80.7	88.6	92.1	95.3	67.3
Fourth	0.3	7.6	56.3	86.3	90.7	93.1	94.7	66.4
Highest	0.0	5.9	60.5	87.2	90.4	91.4	88.3	64.0
Total	0.4	8.2	55.3	82.5	88.6	90.6	94.0	68.3

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 un-weighted cases.
[1] The number of living children includes the current pregnancy.
[2] Does not include North Sinai governorate.

Results indicated also that overall, among women with 3 children or less the proportion who want no more children generally declined as the woman's educational level increased; the gap is also narrow among women who have 4 children or more. This pattern reflects, to some extent, the interrelationships between a woman's age, education level and her fertility preferences; where educational levels are higher among younger women than older women and younger women are more likely to want another child than older women.

Women who were working for cash were consistently slightly more likely to want to limit childbearing than other women, regardless of the number of children the woman has. On the other hand, the desire to limit childbearing was positively related to wealth among those who have less than 5 living children. Among those with more children (6+), 94% of women want no more children in the lowest wealth quantile, compared with 88% among women in the highest wealth quintile.

5.2 IDEAL NUMBER OF CHILDREN

The results presented earlier in this chapter of fertility preferences and respondent's wishes for the future are influenced by the number of children she already has. Accordingly, the EFHS-2021 attempted to obtain a measure of fertility preferences that was less dependent on the woman's current family size by asking about the respondent's ideal number of children. The question about ideal family size required a woman to perform the difficult task of considering the number of children she would choose to have in her whole life regardless of the number (if any) that she had already borne.

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

Table 5.3 Ideal number of children by number of living children

Percent distribution of ever-married women 15-49 by ideal number of children, and mean ideal number of children for ever-married women and for currently married women, according to the number of living children, Egypt 2021

Ideal number of children	Number of livings children[1]							Total
	0	1	2	3	4	5	6+	
0	2.5	1.0	1.6	1.9	2.0	1.4	1.6	1.7
1	10.4	5.7	3.4	2.1	.9	.9	.3	2.8
2	61.6	62.7	56.2	34.4	28.5	20.7	15.0	41.5
3	13.8	20.2	25.3	42.0	19.0	21.9	16.7	27.8
4	9.1	8.2	11.2	16.1	43.5	34.4	41.4	20.8
5	1.3	1.2	.9	1.9	2.5	14.4	6.5	2.7
6+	1.4	1.0	1.4	1.6	3.6	6.2	18.5	2.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women	818	2286	5178	6371	3736	1360	731	20481
Mean ideal number of children for:								
Ever-married women	2.3	2.4	2.5	2.8	3.3	3.6	4.1	2.9
Number of ever-married women	818	2286	5178	6371	3736	1360	731	20481
Currently married women	2.4	2.4	2.5	2.8	3.3	3.6	4.1	2.9
Number of currently married women	635	1988	4803	6069	3567	1292	691	19044

[1] The number of living children includes any current pregnancy.

Table 5.3 shows that 4 in 10 ever-married women wanted a two-child family, while 28% considered a three-child family ideal and, 21% of women reported their preference for a four-child family. Relatively few women wanted five or more children. As expected, higher parity women prefer large number of children, where the average number of children ranges from 2.4 children among women with one child to 4.1 children among women with six or more children. Overall, the mean ideal family size is 2.9 children, which is slightly less than the average ideal number of children reported at the time of the 2014 Egypt DHS (3.0 children) and same as the figure that was reported in 2008 EDHS.

The results in Table 5.3 confirm that many higher-parity women have had more children than they would now prefer. For example, one-third of EFHS-2021 respondents with four children said that they would have preferred to have two or less children and about 82% of the women with five children considered a smaller family ideal.

Table 5.4 presents the mean ideal number of children by background characteristics, also more information about the ideal number of children by governorate is available in Appendix Table A-5.1. As expected, there is a positive association between the ideal number of children and women's age, where the mean ideal number of children increases with age. The mean ideal number of children increases from 2.7 children among women younger than 30 years old to 3.1 children among women in the age 45-49.

The mean ideal number of children is higher among women in rural areas than those in urban areas. The highest level of the mean ideal number of children is observed in rural Upper Egypt and Frontier Governorates (3.3 and 3.5, respectively) while the lowest mean was observed in Urban Governorates and urban Lower Egypt (2.7 children and 2.6, respectively).

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

Husband fertility preferences clearly affect couples' decision concerning pregnancy and giving birth. Although the EFHS-2021 didn't include interviews with husbands, a question was addressed to currently married women if husband desire more children, same number, or fewer number of children than she desired. The results in Table 5.5 shows that about half married women in EFHS-2021 (48%) believe that they and their husband agree about the number of children they want. Despite that, around one -quarter of married women believe that their husband would like to have more children than they themselves want. Women who reported their ideal family size to be two to four children were more likely to say that their husband share the same family size goal than women who wanted smaller or larger families. About 42% of women who consider 5 or more ideal believe that their husband would like fewer number of children.

Table 5.4 Mean ideal number of children

Mean ideal number of children for ever-married women aged 15-49 by background characteristics, Egypt 2021

Background characteristic	Mean	Number of women
Age		
15-19	2.6	397
20-24	2.6	2220
25-29	2.7	3247
30-34	2.8	4091
35-39	2.9	4207
40-44	3.0	3595
45-49	3.1	2723
Urban-rural residence		
Urban	2.7	7797
Rural	2.9	12684
Place of residence		
Urban Governorates	2.7	2989
Lower Egypt	2.7	9266
Urban	2.6	2308
Rural	2.7	6958
Upper Egypt	3.1	8000
Urban	2.9	2346
Rural	3.3	5655
Frontier Governorates[1]	3.5	226
Education		
No education	3.1	3362
Some primary	2.9	1026
Primary complete/some secondary	2.9	4257
Secondary complete/higher	2.8	11837
Work status		
Working for cash	2.7	3381
Not working	2.9	17100
Wealth quintile		
Lowest	3.1	3727
Second	3.0	3945
Middle	2.8	4207
Fourth	2.7	4396
Highest	2.7	4206
Total	2.9	20481

[1] Does not include North Sinai governorate.

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

Percent distribution of currently married women by husband's fertility preference as perceived by the woman, according to the woman's ideal number of children, Egypt 2021

Husband's fertility preference	Wife's ideal number of children							
	0	1	2	3	4	5	6+	Total
Wants same	73.1	21.9	51.1	47.0	50.1	32.1	31.7	48.3
Wants more	18.7	59.6	29.6	20.9	14.5	15.0	9.1	23.6
Wants fewer	0.0	11.6	12.2	23.9	26.5	41.9	45.7	20.1
Sterilized	3.2	1.2	1.4	1.9	3.1	3.6	3.9	2.0
Don't know/missing	4.9	5.8	5.7	6.3	5.9	7.3	9.5	6.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	288	483	7722	5468	4048	509	528	19044

5.3 UNPLANNED AND UNWANTED FERTILITY

The EFHS-2021 data provides an opportunity to calculate several indicators related to the level of unplanned and unwanted fertility. Responses to a question about the planning status of prior births, i.e., whether a birth was planned (wanted then), unplanned (wanted later), or not wanted at all, are used to calculate indicators on unwanted childbearing. In interpreting these data, however, it is important to remember that women may rationalize mistimed or unwanted pregnancies, declaring them as wanted after the children are born.

Table 5.6 shows the percent distribution of births in the five years preceding the EFHS-2021 by planning status of the birth. Overall, 21% of births in the five-year period were not wanted at the time of conception. This percentage is higher than what was reported in 2014-EDHS (16%). Among unwanted births, more than half (12%) of all unwanted births were unwanted at all.

Table 5.6 Fertility planning status

Percent distribution of births to women aged 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Egypt 2021

| Birth order and mother's age at birth | Planning status of birth | | | | |
	Wanted then	Wanted later	Wanted no more	Total	Number of births
Birth order					
1	95.3	2.2	2.4	100.0	3759
2	83.0	15.2	1.7	100.0	3926
3	75.8	10.7	13.5	100.0	3384
4+	59.7	5.9	34.4	100.0	3033
Mother's age at birth					
<20	93.0	6.3	0.8	100.0	1482
20-24	85.7	11.5	2.8	100.0	4217
25-29	80.1	9.9	10.0	100.0	3964
30-34	74.1	6.8	19.1	100.0	2853
35-39	61.1	3.9	34.9	100.0	1302
40-44	51.2	3.6	45.2	100.0	262
45-49	*	*	*	100.0	21
Total	79.5	8.7	11.8	100.0	14101

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

The proportion of births that were not wanted at the time of conception increases directly with birth order. Around 40% of all fourth and higher order births were unplanned, compared with only 17 percent of births with second order. The planning status of births was also affected by the age of the mother. In general, the older the mother, the larger the percentage of children that were unwanted at conception; for example, around half of the births to women aged 40-44 were unwanted.

A second approach to measuring unwanted fertility is to calculate what the fertility rate would be if all unwanted births were avoided. This *wanted fertility rate* is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those that exceed the number considered ideal by the respondent. Usually, women are unwilling to report an ideal family size that is lower than their actual family size, the wanted fertility rate may be overestimated.

Table 5.7 presents total wanted fertility rates and total fertility rates for the three-year period before the survey for various subgroups. Variations in wanted fertility findings by governorates are available in Appendix Table A-5.2.

Overall, the wanted fertility rate was 2.14 births per woman, which is less by around 0.7 birth of the total fertility rate (2.85 births). Thus, the total fertility rate in Egypt would decline by 25%, if women could achieve their fertility preferences, to reach almost replacement level.

Data in the table indicate that the wanted fertility is less than two births in urban areas (1.74 births), and also reflect the differentials in wanted fertility by place of residence were wanted fertility is highest in the Frontier Governorates (2.84), rural Upper Egypt (2.70), while it reaches lowest level in Urban Governorates (1.53).

Wanted fertility rate is less by around one birth among those with no education/ have not completed primary education than the TFR (3.40), while wanted fertility is less by only 0.6 birth among women with completed secondary education. Unexpectedly, the lowest level of wanted fertility is among women in the lowest wealth quintile compared with those in the higher quantiles.

Table 5.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Egypt 2021

Background characteristic	Total wanted fertility rates	Total fertility rate
Urban-rural residence		
Urban	1.74	2.37
Rural	2.39	3.16
Place of residence		
Urban Governorates	1.53	2.18
Lower Egypt	2.05	2.66
Urban	1.72	2.41
Rural	2.18	2.75
Upper Egypt	2.44	3.30
Urban	1.80	2.52
Rural	2.70	3.63
Frontier Governorates[1]	2.84	3.41
Education		
No education	2.41	3.40
Some primary	2.55	3.58
Primary complete/some secondary	2.23	3.14
Secondary complete/higher	2.03	2.64
Wealth quintile		
Lowest	1.77	2.75
Second	2.22	3.12
Middle	2.23	2.92
Fourth	2.22	2.83
Highest	2.16	2.66
Total	2.14	2.85

Note: Rates are calculated based on births to women aged 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2.
[1] Does not include North Sinai governorate.

6 FAMILY PLANNING

Key Findings:

- Level of current use of family planning is 66.4% among currently married women in Egypt, which represents increase of about 8% from the level observed in 2014 (58.5 %).

- The IUD remains the preferred method; however, the proportion using the IUD has dropped to 29% compared with 30% in 2014, and 36% in 2008.

- Pill use is about twice that of injectables use (20% and 10%, respectively).

- Data indicated increase in implant from 0.5% in 2014 to 2.6% in 2021.

- Use rates are higher in Lower Egypt (71.4%) and the Urban Governorates (70.5%) than in Upper Egypt (59.1%) and Frontier Governorates (65.3% percent).

- Around 3 in 10 users in Egypt stop using a method within 12 months of starting use, and side effects were the most reported reasons mentioned by women.

- 14% of currently married women in Egypt are considered as having an unmet need for family planning; around 4% of these women want to space the next birth, and the remainder are interested in limiting births.

The data on the current use of family planning is among the most important information collected in EFHS-2021 since it provides insight into one of the principal determinants of fertility and serves as a key measure for assessing the success of the national family planning program. This chapter focuses on data from EFHS-2021 on levels, differentials, and trends in current use. Information on the service providers from which users obtain their methods will also be presented. The chapter also presents levels of unmet need for family planning and factors related to discontinuation of use for the most commonly used methods.

6.1 KNOWLEDGE OF FAMILY PLANNING METHODS

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

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

Table 6.1 shows that knowledge of family planning methods is virtually universal among currently married women in Egypt. Almost all currently married women know about the pill, IUD, and injectable, and 96 % know about the implant, and around 9 in 10 know about female sterilization, and 6 out of 10 know about condoms. Data indicated that other modern methods are less widely recognized. Only 29% know about vaginal methods, 14 % know about male sterilization, and 17% know about emergency contraception. Prolonged breastfeeding is the most commonly recognized traditional method (77%).

6.2 KNOWLEDGE OF FERTILITY PERIOD

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

To investigate women's knowledge about their fertile period, EFHS-2021 respondents were asked whether there are certain days a woman is more likely to become pregnant if she has sexual intercourse. Respondents who responded affirmatively to that question were asked whether this time is just before the period begins, during the period, right after the period ends, or halfway between two periods.

Table 6.2 shows that understanding of the ovulatory cycle is limited among Egyptian women, around 29% only (i.e., less than one-third) of currently married women in the age 15-49 interviewed in the EFHS-2021 knew that a woman has a greater probability of becoming pregnant if she has sexual intercourse halfway between two periods. Around one in four respondents were either unable to say when a woman is most at risk of pregnancy or believed that a woman's risk is the same throughout the ovulatory cycle. In addition, 44% of women reported that a woman has greater probability of becoming pregnant immediately after the period.

6.3 KNOWLEDGE OF BREASTFEEDING AS A FAMILY PLANNING METHOD

Table 6.1 Knowledge of family planning methods

Percentage of currently married women aged 15-49 who know a family planning method, by specific method, Egypt 2021

Method	Percent knowing method
Any method	99.9
Any modern method	99.9
Pill	99.5
IUD	99.4
Injectables	99.3
Implants	96.0
Diaphragm/foam/jelly	29.1
Male condom	63.3
Female sterilization	87.5
Male sterilization	13.6
Emergency contraception	17.4
Any traditional method	85.4
Periodic abstinence	44.9
Withdrawal	51.1
Prolonged breastfeeding	76.8
Other	0.1
Number of currently married women	19044

Table 6.2 Knowledge of fertile period

Percent distribution of currently married women aged 15-49 by knowledge of the fertile period during the ovulatory cycle, Egypt 2021

Perceived fertile period	Percent
Just before her menstrual period begins	1.0
During her menstrual period	0.7
Right after her menstrual period has ended	43.7
Halfway between two menstrual periods	28.5
Other	0.2
No specific time	16.2
Don't know	9.8
Total	100.0
Number of currently married women	19044

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

In order to study women's awareness of these conditions, the EFHS-2021 included questions about the number of months a woman is protected from pregnancy if she breastfeeds, whether a breastfeeding mother is protected from pregnancy if her menstrual period returns, and whether the mother is still protected if the child is given other liquids or solids besides breast milk or the baby sleeps through the night without feeding and feeds only a few times during the day. These questions were directed toward women who reported

Table 6.3 Belief that breastfeeding reduces chances of pregnancy

Percent distribution of currently married women aged 15-49 by the belief that breastfeeding may help a woman avoid pregnancy, Egypt 2021.

Belief breastfeeding reduces chances of pregnancy	Percent
Considers prolonged breastfeeding as a family planning method	76.8
Believes breastfeeding may help avoid pregnancy	2.9
Does not believe breastfeeding may help avoid pregnancy	20.3
Total	100.0
Number of currently married women	19044

during the administration of the contraceptive knowledge table that they had heard of prolonged breastfeeding (77%) and an additional 3% who did not know about prolonged breastfeeding but said in response to a separate question that breastfeeding can help to avoid pregnancy (Table 6.3).

Table 6.4 shows that few women were aware of the comparatively short period after birth during which breastfeeding may provide a woman protection from pregnancy, where 9% of the women reported correctly that a woman is only protected from a pregnancy during the first 6 months that she breastfeeds her child. One-quarter of women (25%) thought that a breastfeeding mother is protected from pregnancy until her period returned, and 28% believed that a mother is protected until the child is weaned.

Data indicated that women were more knowledgeable about some of the situations in which breastfeeding does not protect a mother from pregnancy. About nine in ten currently married women knew a breastfeeding mother is not protected from pregnancy after her menstrual period returns. Eight in ten women agreed that a breastfeeding mother is not protected from pregnancy if the child is given other liquids or solids and 8 in 10 women agreed that a breastfeeding mother is not protected from pregnancy if she is breastfeeding the child only a few times during the day and not at all at night.

Table 6.4 presents differentials in women's knowledge of the conditions under which a breastfeeding mother may be protected from pregnancy by background characteristics, however, differences are not significant in most of the cases. In general, women aged 15-19 were least likely to recognize the conditions under which a breastfeeding mother would be protected from pregnancy, in addition to women in the Frontier Governorates, rural Upper Egypt, those who never went to school or in the lowest wealth quintile.

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

Percent distribution of currently married women aged 15-49 knowing about prolonged breastfeeding or agreeing that breastfeeding can help a woman avoid pregnancy by the number of months a woman is protected from pregnancy if she breastfeeds and percentage who believe that a breastfeeding mother is not protected from pregnancy if her menstrual period returns, if the child is given other liquids or solids besides breast milk, or if the baby sleeps through the night without feeding and feeds only a few times during the day, by background characteristics, Egypt 2021

Background characteristic	Number of months mother is protected from pregnancy by breastfeeding							Percentage saying mother is not protected from pregnancy if:			Number of currently married women
	0-5	6-11	12 or more	Until period returns	Until she stops/ child weaned	Other/ don't know/ missing	Total percent	Menstrual period returns	Child given other liquids/ solids	Child not breastfed at night and fed only few times during day	
Age											
15-19	7.6	7.5	13.1	19.7	36.5	15.6	100.0	84.9	68.6	68.6	247
20-24	9.0	14.7	13.9	20.6	28.5	13.3	100.0	87.7	76.8	78.0	1623
25-29	9.1	15.1	15.0	24.1	27.2	9.5	100.0	90.5	81.3	82.0	2494
30-34	8.8	13.9	13.3	26.2	28.7	9.1	100.0	90.9	82.4	82.4	3169
35-39	9.7	13.2	14.1	27.0	26.7	9.3	100.0	91.6	83.1	83.8	3147
40-44	10.1	12.2	15.9	25.5	28.8	7.4	100.0	90.7	84.1	84.2	2567
45-49	9.4	11.8	13.6	27.0	30.1	8.0	100.0	91.4	84.6	84.1	1925
Urban-rural residence											
Urban	10.3	14.0	12.9	27.5	23.7	11.5	100.0	90.4	83.7	84.0	5588
Rural	8.8	12.9	15.1	24.0	31.0	8.1	100.0	90.6	81.2	81.5	9584
Place of residence											
Urban Governorates	9.3	13.8	11.7	29.5	24.2	11.4	100.0	89.5	85.8	87.3	2066
Lower Egypt	10.2	15.3	9.7	28.7	27.6	8.5	100.0	91.1	79.8	80.3	7015
Urban	11.9	16.0	10.2	30.9	21.5	9.5	100.0	91.4	81.1	81.6	1674
Rural	9.6	15.1	9.6	28.1	29.5	8.2	100.0	91.0	79.4	79.8	5340
Upper Egypt	8.5	10.9	20.5	19.7	30.8	9.7	100.0	90.2	83.4	83.1	5913
Urban	10.2	12.6	16.5	21.8	25.2	13.7	100.0	90.3	83.5	82.2	1721
Rural	7.8	10.1	22.1	18.8	33.1	8.0	100.0	90.2	83.4	83.5	4192
Frontier Governorates[1]	5.7	13.3	19.8	27.0	26.4	7.9	100.0	93.4	87.2	87.9	179
Education											
No education	7.3	7.9	18.7	23.6	33.7	8.8	100.0	88.4	78.5	80.3	2288
Some primary	7.6	10.3	16.0	25.6	30.9	9.5	100.0	85.8	73.9	72.5	685
Primary complete/ some secondary	8.5	12.8	15.5	24.3	30.3	8.6	100.0	88.4	80.6	80.2	3029
Secondary complete/ higher	10.3	15.1	12.7	26.1	26.2	9.7	100.0	92.2	84.1	84.4	9170
Work status											
Working for cash	12.0	17.4	14.2	24.9	21.9	9.7	100.0	92.3	86.2	86.6	2404
Not working for cash	8.8	12.6	14.3	25.4	29.6	9.3	100.0	90.2	81.3	81.6	12769
Wealth quintile											
Lowest	6.7	10.3	19.1	21.9	34.2	7.8	100.0	90.4	81.1	80.8	2706
Second	8.4	10.4	16.3	24.3	32.0	8.8	100.0	89.4	80.9	81.2	2847
Middle	9.1	14.3	15.1	25.6	28.0	7.9	100.0	89.7	81.7	82.1	3064
Fourth	10.9	13.5	12.0	26.6	26.0	11.0	100.0	91.2	82.6	83.2	3284
Highest	11.0	17.4	10.2	27.5	23.0	10.9	100.0	92.0	83.8	84.4	3270
Total	9.3	13.3	14.3	25.3	28.3	9.4	100.0	90.6	82.1	82.4	15172

[1] Does not include North Sinai governorate.

6.4 CURRENT USE OF FAMILY PLANNING

Overall, EFHS-2021 results indicates that 66.4% of currently married women in Egypt are currently using a contraceptive method (Figure 6.1). IUD is considered the most widely used method followed by pills and injectables where 20% of currently married woman rely on the pill and 10% currently using injectables. Relatively small proportions of women are using other modern methods, for example, 2.6% reported currently using implant, 2% currently using female sterilization. Less than 2% of women report using traditional methods.

Figure 6.1 Current use by method

LUD
29.4

Not currently using
33.6

Any traditional
method
1.7

Impant
2.6

Other modern
methods
2.9

Injectable
10.2

Pill
19.5
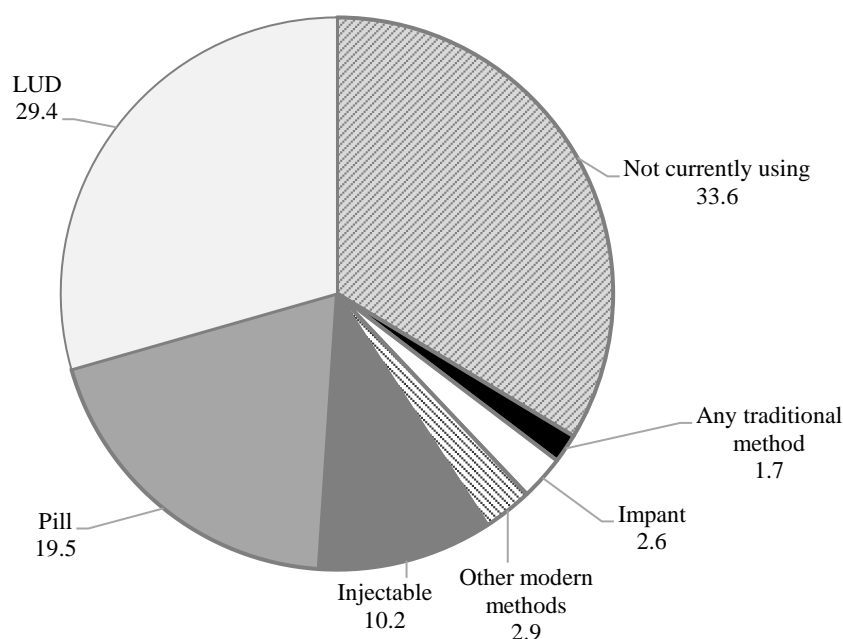
EFHS 2021

6.4.1 Differentials in Current Use of Family Planning by Residence

Table 6.5 shows that there are marked differences in the level of current use of family planning methods by urban-rural residence and place of residence. For more information about the level of current use by governorate see Appendix Table A-6.1.

As Table 6.5 indicates, urban women are more likely to be using than rural women (68.1% and 65.3%, respectively). It is worth noting that use rates are highest in Lower Egypt (71.4%) and the Urban Governorates (70.5%) than in Upper Egypt (59.1%) and Frontier Governorates (65.3%).

As for Upper Egypt, the use rate among urban women (63.1%) is markedly higher than the rate among rural women (57.4%). On the other hand, within Lower Egypt, the use rate among rural women is slightly higher than the rate among urban women (71.8% and 70.3%, respectively).

The IUD is the most frequently used method in every residential category, followed by the pill and injectables. The percentage of the IUD use varies across different regions, where percentage of women in the Urban Governorates are more than twice as likely to be using the IUD as the pill. In the other areas, however, the proportion using the IUD is higher by more than 10% than the proportion using the pill, with the exception of rural Upper Egypt, where there is no clear difference in IUD and Pill use. As for injectables, the highest use was among women in rural Upper Egypt (13.5%), followed by women in rural Lower Egypt (10.6%). On the other hand, use of implant was highest among rural Upper Egypt (4.1%).

Table 6.5 Current use of family planning methods by residence

Percent distribution of currently married women aged 15-49 by family planning method currently used according to urban-rural residence and place of residence, Egypt 2021

Method	Urban	Rural	Urban Govern- orates	Lower Egypt Total	Urban	Rural	Upper Egypt Total	Urban	Rural	Frontier Govern- orates[1]	Total
Any method	68.1	65.3	70.5	71.4	70.3	71.8	59.1	63.1	57.4	65.3	66.4
Any modern method	65.8	64.1	67.8	69.8	67.7	70.5	57.8	61.6	56.3	61.9	64.7
Female sterilization	1.8	2.2	1.9	2.1	1.8	2.2	2.0	1.6	2.2	1.2	2.0
Pill	18.6	20.0	15.6	21.0	20.9	21.1	19.1	19.9	18.7	21.7	19.5
IUD	34.2	26.6	39.3	34.3	35.0	34.0	20.4	27.5	17.6	26.4	29.4
Injectables	7.3	11.9	7.4	9.5	5.9	10.6	12.1	8.7	13.5	8.6	10.2
Implants	2.2	2.9	1.9	2.0	2.0	2.0	3.7	2.7	4.1	1.7	2.6
Male condom	1.5	0.4	1.6	0.8	1.7	0.5	0.6	1.2	0.3	1.9	0.8
Diaphragm/foam/ jelly	0.2	0.1	0.1	0.2	0.4	0.1	0.0	0.0	0.0	0.5	0.1
Any traditional method	2.3	1.3	2.7	1.6	2.5	1.3	1.3	1.5	1.2	3.4	1.7
Periodic abstinence	0.5	0.1	0.7	0.3	0.5	0.2	0.1	0.1	0.1	0.3	0.3
Withdrawal	1.0	0.2	1.5	0.5	0.9	0.4	0.2	0.6	0.1	1.5	0.5
Prolonged breastfeeding	0.8	0.9	0.4	0.8	1.1	0.7	1.0	0.8	1.0	1.6	0.8
Other	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Not currently using	31.9	34.7	29.5	28.6	29.7	28.2	40.9	36.9	42.6	34.7	33.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	7092	11953	2690	8651	2091	6560	7489	2165	5324	213	19044

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Does not include North Sinai governorate.

6.4.2 Demographic and Socioeconomic Differentials

Table 6.6 presents variations in current use levels by demographic and socioeconomic characteristics that may influence contraceptive behavior. Results indicate that current use rises rapidly with age, from a level of 39% among currently married women 15-19 to reach 75% among women 35-44 years. Use rates also are related to family size, where almost no childless women use family planning, but the use rate increases rapidly among women with at least one child, peaking at 77% among women with 3-4 children.

Differences in use levels are relatively small across education groups. Use rates are almost the same for women with no education (66%), women with less than primary (65%) and those who have a secondary or higher education (68%). Women who have completed primary or have some secondary education are the least likely to be currently using a method (62.3%). IUD is considered the most preferable method for all educational levels. For other preferable methods, women with no education are much more likely to be using injectables than women with higher educational level.

Finally, use of family planning among women employed in a job for which they are paid in cash is more than other women (71% and 66%, respectively). This is largely due to the higher rate of IUD use among women working for cash than among other women.

Table 6.6 Current use of family planning methods by selected demographic and social characteristics

Percent distribution of currently married women aged 15-49 by family planning method currently used, according to selected demographic and social characteristics, Egypt 2021

| Background characteristic | Any method | Any modern method | Modern method | | | | | | | Any traditional method | Traditional method | | | | Not currently using | Total | Number of currently married women |
			Female sterili-zation	Pill	IUD	Inject-ables	Implants	Male condom	Dia-phragm/foam/jelly		Periodic abstinence	With-drawal	Prolonged breastfeeding	Other			
Age																	
15-19	39.0	36.7	0.0	16.1	16.4	3.2	1.1	0.0	0.0	2.2	0.0	0.4	1.8	0.0	61.0	100.0	377
20-24	52.3	50.2	0.0	20.6	19.6	7.4	2.4	0.2	0.0	2.1	0.0	0.2	1.9	0.0	47.7	100.0	2140
25-29	61.9	59.1	0.2	21.2	24.7	9.5	2.8	0.6	0.0	2.8	0.1	0.5	2.1	0.0	38.1	100.0	3103
30-34	69.7	68.3	1.2	22.8	29.4	10.6	3.1	1.0	0.2	1.4	0.2	0.5	0.6	0.1	30.3	100.0	3887
35-39	75.2	73.8	3.0	20.4	34.3	11.6	3.3	1.1	0.1	1.4	0.3	0.6	0.5	0.0	24.8	100.0	3951
40-44	74.8	73.7	4.3	17.3	35.8	13.0	2.3	0.8	0.1	1.1	0.4	0.6	0.0	0.0	25.2	100.0	3255
45-49	57.4	56.0	3.2	12.8	29.7	7.8	1.5	0.8	0.3	1.3	0.5	0.8	0.0	0.1	42.6	100.0	2332
Number of living children																	
0	1.0	1.0	0.1	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.0	100.0	836
1-2	57.3	55.2	0.1	19.8	26.5	6.1	1.6	0.9	0.1	2.1	0.3	0.7	1.1	0.0	42.7	100.0	6948
3-4	77.6	76.1	2.2	21.2	35.6	12.8	3.3	0.9	0.1	1.5	0.3	0.5	0.8	0.0	22.4	100.0	9334
5+	73.1	71.9	8.7	18.1	23.0	16.5	4.7	0.7	0.2	1.2	0.5	0.2	0.5	0.1	26.9	100.0	1927
Education																	
No education	66.0	65.3	3.5	15.0	23.7	18.9	3.7	0.4	0.1	0.7	0.1	0.2	0.5	0.0	34.0	100.0	3064
Some primary	65.0	63.6	3.4	16.4	27.5	13.6	2.6	0.2	0.1	1.4	0.0	0.3	1.1	0.0	35.0	100.0	921
Primary complete/ some secondary	62.3	60.6	1.5	18.5	25.2	11.4	3.2	0.5	0.1	1.7	0.1	0.4	1.1	0.0	37.7	100.0	3947
Secondary complete/ higher	68.0	66.1	1.7	21.4	32.7	7.0	2.2	1.1	0.1	1.9	0.4	0.7	0.8	0.0	32.0	100.0	11113
Work status																	
Working for cash	70.9	69.5	2.5	17.6	36.3	9.3	2.3	1.4	0.1	1.4	0.4	0.7	0.3	0.0	29.1	100.0	2897
Not working for cash	65.6	63.8	1.9	19.8	28.2	10.3	2.7	0.7	0.1	1.7	0.2	0.5	0.9	0.0	34.4	100.0	16147
Wealth quintile																	
Lowest	67.4	66.7	2.4	18.5	23.9	17.4	3.9	0.4	0.1	0.7	0.0	0.1	0.5	0.0	32.6	100.0	3460
Second	65.1	64.0	2.6	19.0	23.4	15.2	3.6	0.3	0.0	1.1	0.1	0.2	0.9	0.0	34.9	100.0	3599
Middle	66.6	64.9	2.1	20.7	28.4	9.8	3.1	0.7	0.1	1.6	0.2	0.3	1.1	0.0	33.4	100.0	3879
Fourth	66.1	64.2	1.6	19.8	33.6	6.5	1.8	0.8	0.1	1.9	0.2	0.7	1.0	0.0	33.9	100.0	4123
Highest	66.6	63.9	1.5	19.3	36.4	3.5	1.2	1.8	0.2	2.7	0.7	1.3	0.6	0.1	33.4	100.0	3983
Total	66.4	64.7	2.0	19.5	29.4	10.2	2.6	0.8	0.1	1.7	0.3	0.5	0.8	0.0	33.6	100.0	19044

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

No clear differences are noted in current use by wealth quintile, where current use ranges from 65% among women in the second wealth quintile to 67% for other wealth quintiles. Looking at the relationship between wealth and the use of specific methods, there is a strong relationship between wealth and the level of injectable use, where injectable use decreases with increase of wealth. Among women in the highest quintile, the level of injectable use is 4% compared with 17% among women in the lowest quintile. As for the IUD, data indicated that 36% of women in the highest wealth quintile use IUD compared with 24% among women in the lowest wealth quintile. Differentials in implant use across wealth quintiles is moderate, where implant use increased from 1% among women in the highest wealth quintile to 4% among women in the lowest quintile.

6.5 TRENDS IN CURRENT USE OF FAMILY PLANNING

6.5.1 Trends in Current Use Since 2000

Using data from earlier Demographic and Health surveys since 2000 as well as EFHS-2021, Table 6.7 presents trends in the level of contraceptive use in Egypt over the past two decades. As Figure 6.2 shows, contraceptive use levels rose rapidly between 2000 and 2008 from 56.1% to 60.3%, and by the time of the 2014 EDHS, the overall use rate declined to the same level reported in 2005 (almost 58.5%). EFHS-2021 results indicates that contraceptive use has increased again to reach 66.4%.

Figure 6.2 Trends in current use of family planning, Egypt 2000-2021
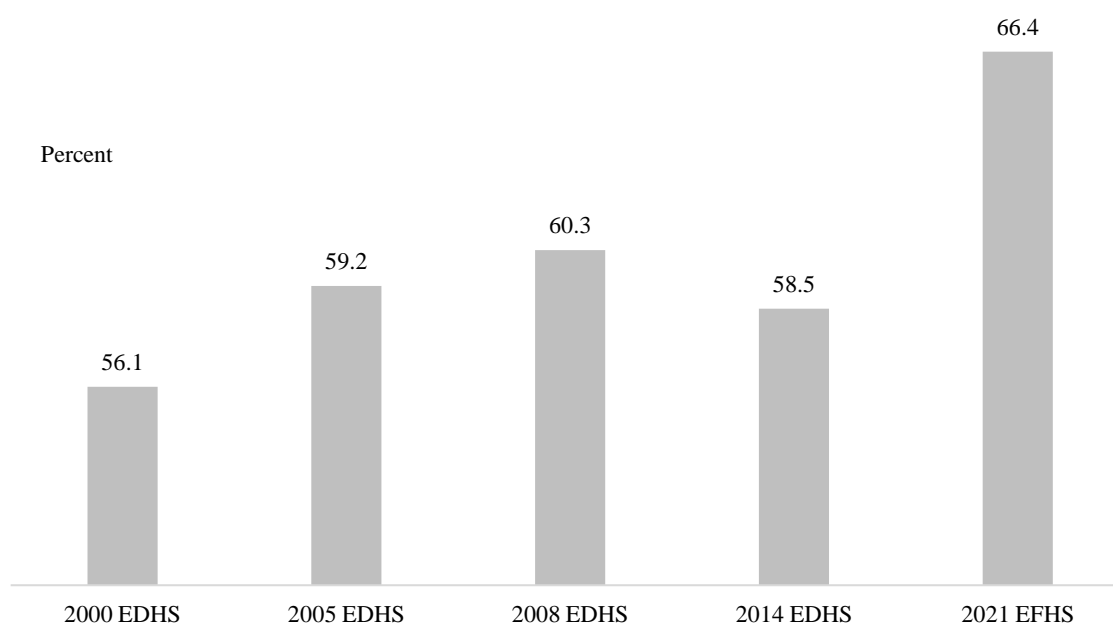
Table 6.7 shows the changes that have occurred over time in the rates of specific family planning methods. The UD was the most used method in all the surveys since 2000, however, the IUD use rate was 36% in 2000, where it remained steady through 2008, then the rate of use of the IUD dropped in 2014 EDHS to 30%, and to 29% in EFHS-2021. The decline in IUD use was largely offset by rises in the rate of use of the pill from 16% in 2014 to 20% in 2021. At the same time, injectable use increased from 6% in EDHS-2000 to 10% according to EFHS-2021 results. Implants remain the least used method until 2014 (around 0.8% or less), then increased in EFHS-2021 to reach 2.6%.

Table 6.7 Trends in current use of family planning

Percent distribution of currently married women aged 15-49 by the family planning method currently used, Egypt 2000-2021

Method	2000 EDHS*	2005 EDHS*	2008 EDHS*	2014 EDHS*	2021 EFHS
Any method	56.1	59.2	60.3	58.5	66.4
Any modern method	53.9	56.5	57.6	56.9	64.7
Female sterilization	1.4	1.3	0.1	1.2	2.0
Pill	9.5	9.9	11.9	16.0	19.5
IUD	35.5	36.5	36.1	30.1	29.4
Injectables	6.1	0.7	7.4	8.5	10.2
Implants	0.2	0.8	0.5	0.5	2.6
Condom	0.1	0.1	0.7	0.1	0.8
Diaphragm/foam/jelly	0.2	0.0	0.0	0.5	0.1
Any traditional method	2.2	2.7	2.7	1.6	1.7
Periodic abstinence	0.6	0.7	0.4	0.3	0.3
Withdrawal	0.2	0.3	0.2	0.3	0.5
Prolonged breastfeeding	1.2	1.6	2.0	1.0	0.8
Other	0.1	0.1	0.0	0.0	0.0
Not using	43.9	40.8	39.7	41.5	33.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of currently married women	14382	18187	15396	20460	19044

*Source: MOHP and El-Zanaty & Associates, 2015, Table 6.4

6.5.2 Trends in Method Mix

Table 6.8 focuses on users rather than on all currently married women and shows the changes that have occurred over time in the method mix, that is, in the distribution of *users* according to the method used. The change in IUD use that occurred during the past two decades is clear in the table. In 2000, 63% of current users relied on the IUD, around four times the percentage of users who relied on the Pill. The percentage of the IUD continued to decline over time to reach 44% according to EFHS-2021 which is less than double the percentage of pill users.

The relatively rapid expansion of the use of pills and injectables is also evident. Where 29% of current users relied on Pills in 2021 compared with 17% in 2000. The increase in injectables use was less, where injectables use was 11% in 2000 and increased to reach 15% in 2021. In spite of the recent shift away from the IUD, still IUD remains the preferred method among family planning users in Egypt.

Table 6.8 Trends in family planning method mix

Percent distribution of currently married women aged 15-49 who are currently using any family planning method by the method used, Egypt 2000-2021

Method	2000 EDHS*	2005 EDHS*	2008 EDHS*	2014 EDHS*	2021 EFHS
Pill	16.9	16.7	19.7	27.4	29.4
IUD	63.4	61.5	59.8	51.4	44.4
Injectables	10.9	11.9	12.3	14.5	15.3
Condom	1.7	1.7	1.2	0.8	1.2
Female sterilization	2.5	2.2	1.8	2.1	3.0
Other modern methods	0.7	1.5	0.8	1.1	4.2
Traditional methods	3.9	4.6	4.4	2.8	2.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of currently married women	8063	10779	9290	11974	12646

*Source: MOHP and El-Zanaty & Associates, 2015, Table 6.4

6.5.3 Trends in Current Use by Residence

Table 6.9 presents the trends in contraceptive use by residence since 2000. Appendix Table A-6.2 considers trends in contraceptive use by governorate.

Table 6.9 shows that urban prevalence rose between 2000 and 2008 before it decreased relatively in 2014, to increase again to reach its highest level of 68.2% in 2021 according to EFHS-2021. Looking at trend in details for urban areas, it is observed that the use in Urban Governorates and urban Lower Egypt and Upper Egypt have slightly declined between 2008 and 2014, then increased again according to the results of EFHS-2021.

Table 6.9 also documents a rapid increase in contraceptive use in rural areas between 2000 and 2021, where use increased from 52% to 65.4%. No change was observed in rural use between 2005 and 2014 where it was 57% in 2005 and remain almost the same till 2014, then increased again to reach 65.4% in 2021. The rise in use rates in rural areas between 2000 and 2021 was highest in rural Upper Egypt, in spite of the fact that use level is 15% less in rural Upper Egypt compared with rural Lower Egypt.

Table 6.9 Trends in family planning use by residence

Percentage of currently married women aged 15-49 currently using any family planning method by urban-rural residence and place of residence, Egypt 2000-2021

Residence	2000 EDHS	2005 EDHS	2008 EDHS	2014* EDHS[1]	2021 EFHS[2]
Urban-rural residence					
Urban	61.2	62.6	64.3	61.3	68.2
Rural	52.0	56.8	57.5	57.0	65.4
Place of residence					
Urban Governorates	62.7	63.9	65.2	62.6	70.8
Lower Egypt	62.4	65.9	64.3	63.8	71.4
Urban	64.9	64.1	65.5	62.5	70.3
Rural	61.4	66.5	63.9	64.1	71.8
Upper Egypt	45.1	49.9	52.7	50.3	59.1
Urban	55.4	60.0	62.4	58.9	63.1
Rural	40.2	45.2	48.4	46.7	57.4
Frontier Governorates	46.1	55.8	60.4	55.0[1]	65.3[2]
Total	56.1	59.2	60.3	58.5	66.4

*Source: MOHP and El-Zanaty & Associates, 2015, Table 6.5.
[1] Does not include North and South Sinai governorates.
[2] Does not include North Sinai governorate.

6.6 SOURCES FOR FAMILY PLANNING METHODS

6.6.1 Sources by Method

EFHS-2021 collected detailed information on the sources from which family planning methods were obtained. To collect these data, current users of modern methods were asked for the name and location of the source where they had gotten their method at the beginning of the current segment of use. Users relying on supply methods like the pill and the injectable were also asked about the source where they had most recently obtained the method. Table 6.10 presents the distribution of current users of modern family planning methods by the most recent source for all modern methods and separately for the IUD, pill, injectables, implants, and female sterilization.

Table 6.10 Source of modern family planning methods

Percent distribution of current users of modern family planning methods by most recent source, according to specific methods, Egypt 2021

Source	Pill	IUD	Injectable	Implants	Female sterilization	Total[1]
Public sector	54.1	62.9	83.3	95.5	17.3	62.5
Urban hospital (General/ district)	1.4	8.4	3.0	14.8	15.0	5.8
Urban health unit	6.5	14.0	9.9	15.2	0.0	10.5
Health office	4.4	4.2	4.1	5.7	0.0	4.1
Rural hospital (Central)	0.7	2.3	2.2	6.0	0.3	1.8
Rural health unit	40.2	30.8	63.2	49.6	0.0	38.2
MCH center	0.7	2.3	0.9	1.5	0.0	1.5
Mobile unit	0.0	0.7	0.0	2.1	0.0	0.4
University/teaching hospital	0.0	0.1	0.0	0.3	1.7	0.1
Health insurance organization	0.1	0.0	0.0	0.0	0.2	0.0
Curative care organization	0.0	0.0	0.0	0.0	0.0	0.0
Other governmental	0.1	0.1	0.0	0.2	0.0	0.1
Private sector	45.8	37.1	16.5	4.5	81.8	37.4
Non-governmental organization	0.0	0.7	0.0	0.1	0.0	0.3
Private medical	45.8	36.4	16.5	4.5	81.8	37.1
Private hospital/clinic	1.5	34.9	1.3	4.2	81.5	19.3
Private doctor	0.4	1.5	0.2	0.0	0.3	0.8
Pharmacy	43.8	0.0	14.9	0.0	0.0	16.9
Other private medical	0.0	0.0	0.0	0.2	0.0	0.0
Mosque health unit	0.0	0.0	0.0	0.2	0.0	0.0
Church health unit	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
Private non-medical	0.1	0.0	0.2	0.0	0.0	0.1
Vendor (shop, kiosk, etc.)	0.0	0.0	0.0	0.0	0.0	0.0
Friends/relative	0.1	0.0	0.2	0.0	0.0	0.1
Other/no one	0.0	0.0	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	0.0	0.9	0.0
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of current users	3713	5614	1944	506	385	12324

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

Overall, data indicated that family planning users in Egypt are more likely to obtain their method from a public sector (62.5%) more than private provider (37.4%). The majority of IUD, injectable and implant users rely on public sector providers for their method, while the majority of sterilized women rely on private sector (81.8%). Results indicated that in the case of the IUD, more than 6 in 10 current users had the method inserted at a public sector, mainly at urban hospital or rural health units or urban health unit. Among injectable users, 83.3% got the method from a public sector provider. Rural health units are particularly important source for injectables, supplying more than 63% of all current injectable users. In addition, 95.5% of women inserted implant by public service provider, and the rural health unit was the main source for implant users (49.6%).

In contrast to IUD and injectable users, the small number of women using female sterilization reported obtaining their method more often from a private than a public sector provider, where 4 of 5 women using sterilization reported that sterilization was done by private service provider. As for pill users, Table 6.10 shows that 54% of pill users reported obtaining their method from a public sector provider and 46% from private sector. Generally, pharmacies and rural health units are considered the principal source for the pill.

6.6.2 Sources by Method and Residence

Table 6.11 presents information on the sources for modern methods (IUD, pill and injectables) by urban-rural residence and place of residence. Appendix Table A-6.2 presents the variation in the sources from which users rely for modern methods by governorate.

In general, Table 6.11 shows that rural women are more likely to go to a public sector source to obtain contraceptive methods than urban women (67.7% and 54%, respectively). The proportion of users obtaining their method from a public health facility ranges from 49% of users in urban Lower Egypt to 71.2% of users in rural Upper Egypt.

Considering the residential differentials for specific methods users, reliance on public sector sources for the IUD is most frequent in rural areas. It was observed that 66.1% of IUD users in rural areas in Upper Egypt, obtained the IUD from a public health facility compared to 59.9% of urban users in Upper Egypt. As for Frontier Governorates, 57.7% of users obtaining the IUD from a public sector facility, according to EFHS-2021. As for pill users, the pharmacy is the principal source for pill users in all areas, with a percentage getting their method from public sector facilities. However, the size of this percentage varies by residence from 36.3% of pill users in urban Lower Egypt to 46.1% in urban Upper Egypt. Similar to the case of the pill, regardless of residence, the majority of injectable users obtained their method from a public sector source, ranging from 66.2% in Urban Governorates to 88.2% in rural Upper Egypt, and 52.7% in the Frontier Governorates.

Table 6.11 Source of modern family planning methods by residence

Percent distribution of current users of specific and of all modern family planning methods by most recent source, according to urban-rural residence and place of residence, Egypt 2021

Method and Source	Urban	Rural	Urban Govern- orates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Govern- orates[1]	Total
				IUD							
Public sector	60.0	65.0	63.0	62.4	55.8	64.6	63.7	59.9	66.1	57.7	62.9
Private sector	40.0	35.0	37.0	37.6	44.2	35.4	36.3	40.1	33.9	42.3	37.1
Nongovernmental organization	1.4	0.2	0.7	0.6	2.0	0.2	0.9	2.1	0.2	0.0	0.7
Private hospital/clinic or doctor	38.5	34.8	36.2	36.9	42.1	35.2	35.3	37.8	33.6	42.3	36.4
Pharmacy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other private medical[3]	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.0	0.0
Other non-medical/no one	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know/missing	0.0	0.2	0.0	0.1	0.0	0.2	0.2	0.1	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	2425	3189	1058	2967	732	2235	1532	596	937	56	5614
				PILL							
Public sector	40.2	61.8	38.4	53.6	36.3	59.1	59.9	46.1	65.8	38.1	54.1
Private sector	59.5	38.2	61.6	46.3	63.4	40.9	39.9	53.4	34.1	61.4	45.8
Nongovernmental organization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Private hospital/clinic or doctor	3.6	1.0	3.1	1.8	3.6	1.2	1.7	4.3	0.6	1.3	1.9
Pharmacy	55.9	37.2	58.5	44.5	59.8	39.7	38.1	49.0	33.6	60.1	43.8
Other private medical[3]	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Other non-medical/no one	0.2	0.0	0.0	0.0	0.0	0.0	0.2	0.5	0.1	0.0	0.1
Don't know/missing	0.1	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	1317	2387	418	1816	438	1378	1424	430	994	46	3704
				INJECTABLES							
Public sector	69.5	88.4	66.2	85.9	68.3	89.0	85.3	74.6	88.2	52.7	83.3
Private sector	30.2	11.5	33.8	13.9	30.2	11.0	14.4	252	11.5	47.3	16.5
Nongovernmental organization	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Private hospital/clinic or doctor	3.9	0.7	5.3	0.7	0.3	0.7	1.5	4.8	0.7	0.0	1.5
Pharmacy	26.3	10.7	28.4	13.2	29.9	10.3	12.8	20.4	10.8	47.3	14.9
Other private medical[3]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other non-medical/no one	0.3	0.1	0.0	0.2	1.5	0.0	0.2	0.0	0.3	0.0	0.2
Don't know/missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	522	1420	200	820	123	696	904	188	717	18	1942
				TOTAL[2]							
Public sector	54.0	67.7	55.9	61.7	49.0	65.6	66.9	57.0	71.2	47.9	62.5
Private sector	45.8	32.3	44.0.	38.2	50.7	34.4	33.0	42.7	28.7	51.9	37.4
Nongovernmental organization	0.8	0.1	0.4	0.3	1.1	0.1	0.4	0.9	0.1	0.0	0.3
Private hospital/clinic or doctor	23.7	17.9	24.5	21.4	25.4	20.2	16.4	21.1	14.3	20.6	20.1
Pharmacy	21.3	14.2	19.0	15.2	21.1	13.4	15.2	18.7	13.7	27.6	16.9
Other private medical[3]	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Other non-medical/no one	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.2	0.1	0.0	0.1
Don't know/missing	0.1	0.0	0.1	1.4	3.3	0.8	1.0	2.1	0.6	3.9	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	4665	7659	1825	6038	1417	4621	4329	1334	2996	132	12324

[1] Does not include North Sinai governorate.
[2] Includes users of implant, female sterilization, male condom, and vaginal methods for whom the source distribution is not shown separately.
[3] Includes Mosque clinic, church clinic, or other private medical

6.6.3 Trends in Sources of Modern Methods

Table 6.12 presents trends in the source of family planning methods during the period between the 2000 EDHS and EFHS-2021 for users of all modern methods and for IUD users. Overall, the percentage of users who obtained the modern method at a public sector provider increased from 49% in 2000 to around 63% in 2021. Considering the trends by residence, reliance on public sector providers decreased in all areas between 2008 and 2014, then increased again in 2021.

Table 6.12 Trends in reliance on public sector sources for modern family planning methods

Percentage of current users of the IUD and of all modern methods obtaining the method at a public sector source by urban-rural residence and place of residence, Egypt 2000-2021

Residence	IUD					Modern methods				
	2000* EDHS	2005* EDHS	2008* EDHS	2014* EDHS[1]	2021 EFHS[2]	2000* EDHS	2005* EDHS	2008* EDHS	2014* EDHS[1]	2021 EFHS[2]
Urban-rural residence										
Urban	48.7	54.8	58.8	57.9	60.0	42.0	48.0	50.7	47.7	54.0
Rural	59.4	67.7	73.4	66.3	64.9	54.8	63.2	66.5	61.9	67.6
Place of residence										
Urban Governorates	48.8	60.5	63.2	59.0	63.0	43.5	54.2	55.3	50.4	55.9
Lower Egypt	54.9	62.8	67.9	62.9	62.3	50.2	57.2	60.8	57.0	61.6
Urban	47.5	48.8	55.8	53.2	55.8	40.9	41.5	46.4	42.4	49.0
Rural	58.0	67.5	72.2	65.5	64.5	54.1	62.6	65.8	60.9	65.5
Upper Egypt	57.3	60.9	66.8	65.9	63.6	50.0	56.8	60.3	59.3	66.8
Urban	50.1	51.8	53.6	61.7	59.9	40.8	44.9	47.4	50.2	57.0
Rural	63.5	68.1	77.4	69.1	65.9	56.3	64.3	67.9	64.2	71.2
Frontier Governorates	44.9	61.4	61.0	44.2[1]	57.7[2]	41.0	59.6	56.1	43.1[1]	47.9[2]
Total	54.0	61.8	66.6	62.9	62.8	48.6	56.6	59.6	56.7	62.5

* Source: MOHP and El-Zanaty & Associates, 2015, Table 6.9
[1] Does not include North and South Sinai governorates.
[2] Does not include North Sinai governorate.

To some extent, the decline in reliance on public sector sources is attributable to the shift in the method mix among users to somewhat greater reliance on the pill, which is primarily obtained from pharmacies. However, Table 6.12 shows that the proportion of IUD users obtaining their method from public sector providers decreased, from 67 % at the time of the 2008 EDHS to 63 % at the time of the 2014 survey and continue with the same level in EFHS-2021.

6.7 PILL BRANDS

Several questions were included in EFHS-2021 to obtain information on women's knowledge and use of pill brands. First, pill users were asked to identify the brand of pill they were currently using. If a user could not name the brand, the interviewer asked to see the pill packet. Table 6.13 shows that 11% of pill users were not able to identify the brand they were using or show a packet.

According to the results presented in Table 6.13, Microcept is the most widely used brand of pills in Egypt. Around four in ten pill users reported they were currently taking Microcept, 19% were using Gynera.

Generally, 14% of pill users are using pill suitable for breastfeeding users (7% are using Microlut and 7% are using Levanor), and around 75% of pill users are using bands not suitable for breastfeeding users. As for those who are breastfeeding, it is clear from the Table that around 37% are using pill suitable for breastfeeding users, while 52% are using pill not suitable for them.

Combined pills or pills containing both estrogen and progestin may interfere with the production of milk among breastfeeding mothers and also may affect breast milk composition (Blackburn et al. 2000). Breastfeeding mothers are advised to take progestin-only pills in order to avoid these adverse effects. In order to look at the extent to which pill users were following this recommendation, Table 6.14 identifies pill brands according to their hormonal composition and classifies pill users according to their breastfeeding status. Among the breastfeeding mothers, 76% had heard that there was a contraceptive pill suitable for breastfeeding women, however, 7 in 10 of these women were not able to identify a specific pill brand that was appropriate for breastfeeding mothers, where only 3% mentioned correct pill brand.

Table 6.13 Brand of pill

Percent distribution of current pill users by the brand of pill used and breastfeeding status, Egypt 2021

Pill brand	Currently breast-feeding users	Non-breast-feeding users	Total
Suitable for breastfeeding users	37.1	7.8	13.7
Microlut	15.3	4.7	6.8
Levonor	21.8	3.1	6.9
Ovunhipita	0.8	0.0	0.2
Other brands	51.6	80.7	74.8
Microcept	22.6	45.5	40.8
Triocept	0.8	1.3	1.2
Gynera	14.2	19.8	18.6
Femogesal	3.1	5.6	5.1
Nordette	0.2	0.2	0.2
Marvelon	0.2	0.3	0.3
Cilest	1.1	0.4	0.6
Cotrablan	0.2	0.2	0.2
Other	8.4	7.5	7.7
Don't know/missing	11.3	11.5	11.4
Total	100.0	100.0	100.0
Number of pill users	751	2962	3713

Table 6.14 Knowledge of pill brand suitable for breastfeeding women

Percent distribution of ever-married women age 15-49 by level of knowledge of pill brand suitable for breastfeeding women, Egypt 2021

Pill brand	Percent
Knows about pill for breastfeeding women	76.1
Names correct brand	3.0
Names incorrect brand	3.7
Cannot name brand	69.4
Doesn't know about suitable pill for breastfeeding women	23.9
Total	100.0
Number of ever-married women	20481

6.8 PARTICIPATION IN FAMILY PLANNING DECISION-MAKING

Current users were asked questions about participation in the decision to use family planning. The results presented in Table 6.15 indicates that virtually all women felt that they had a main role in the decision to use a family planning method. The majority of users made the decision to use mainly on their own (21%) or jointly with their husband (76%). Only around 3% of current users said the husband was mainly responsible for the decision to adopt a method. There are no significant differences according to residence.

Table 6.15 Family planning decision-making

Percent distribution of current users by person mainly responsible for decision to use family planning, according to background characteristics, Egypt 2021

| Background characteristic | Person mainly responsible for decision to use contraception | | | | | |
	Mainly respondent	Joint decision	Mainly husband	Other/missing	Total	Number of users
Age						
15-19	13.9	81.9	3.6	0.6	100.0	147
20-24	21.2	76.7	1.8	0.3	100.0	1120
25-29	20.2	76.6	3.1	0.1	100.0	1923
30-34	20.1	76.3	3.0	0.6	100.0	2709
35-39	20.1	77.2	2.2	0.5	100.0	2972
40-44	20.9	75.8	2.5	0.7	100.0	2436
45-49	22.7	73.8	2.6	0.9	100.0	1340
Number of living children						
0	*	*	*	*	100.0	6
1	17.6	79.4	2.6	0.3	100.0	780
2	20.9	75.8	2.8	0.5	100.0	3008
3	20.6	76.8	2.0	0.6	100.0	4334
4+	20.9	75.6	3.0	0.6	100.0	4518
Urban-rural residence						
Urban	21.5	75.4	2.4	0.8	100.0	4835
Rural	20.0	76.9	2.7	0.4	100.0	7812
Place of residence						
Urban Governorates	24.0	73.0	2.3	0.7	100.0	1904
Lower Egypt	21.2	76.3	2.2	0.4	100.0	6178
Urban	21.3	75.7	2.4	0.6	100.0	1470
Rural	21.1	76.5	2.1	0.3	100.0	4708
Upper Egypt	18.4	77.7	3.2	0.7	100.0	4426
Urban	18.1	78.5	2.5	0.9	100.0	1367
Rural	18.5	77.4	3.5	0.5	100.0	3059
Frontier Governorates[1]	17.8	76.3	4.2	1.7	100.0	139
Education						
No education	20.6	76.0	3.2	0.2	100.0	2023
Some primary	25.7	69.9	3.7	0.7	100.0	598
Primary complete/some secondary	23.6	72.8	3.1	0.4	100.0	2461
Secondary complete/higher	19.2	78.0	2.1	0.7	100.0	7563
Work status						
Working for cash	24.2	72.3	2.5	1.0	100.0	2056
Not working for cash	19.9	77.1	2.6	0.5	100.0	10590
Wealth quintile						
Lowest	22.0	74.8	2.8	0.4	100.0	2333
Second	19.4	77.4	2.8	0.4	100.0	2347
Middle	22.1	74.3	3.0	0.6	100.0	2582
Fourth	20.9	75.9	2.4	0.8	100.0	2729
Highest	18.6	79.0	1.9	0.5	100.0	2656
Total	20.6	76.3	2.6	0.5	100.0	12646

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.

6.9 INFORMED CHOICE

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

EFHS-2021 included questions designed to assess whether women who were currently using family planning at the time of the survey had received sufficient information to make informed choices. Current users were asked whether they had been told about other methods, as well as side effects, or given advice about what to do about side effects by the provider from whom they obtained their method. If they were not told about other methods or about side effects during that consultation, they were asked

if they had ever received information from a provider about these topics. Caution must be exercised in interpreting the results to these questions since they are subjective. In addition, they also suffer from an unknown degree of recall error, i.e., many users had gone to the provider months or even years before the EFHS-2021 interview and may not have remembered accurately everything that took place during the consultation. Nevertheless, the results of these questions provide at least some insight into the nature of the counselling that family planning users are receiving from their providers.

Table 6.16 presents information on the informed choice indicators for current users who adopted the method in January 2016 or later. In general, the information exchange between users and their provider is fairly limited, where less than 5 in 10 users reported that the provider discussed methods other than the one the user received, and 42% of users were told about side effects and 28% were told what to do if they experienced side effects. Moreover, users who received information needed to make an informed choice, generally reported that they received the information from the provider whom they consulted at the beginning of the current segment of use.

Table 6.16 Informed choice

Percentage of current users who began the current segment of use in the 5 years preceding the survey who reported they were advised about various aspects of the method they obtained, according to type of source and method, Egypt 2021

Information provided	Public Sector	Private clinical[1]	Pharmacy	Total
PILL[2]				
Told about other methods	49.2	52.3	37.8	44.1
At start of current segment	42.0	39.4	32.2	37.6
Ever but not during current segment	7.2	12.9	5.6	6.6
Told about side effects	39.0	41.9	31.8	35.8
At start of current segment	33.0	33.5	26.7	30.1
Ever but not during current segment	6.0	8.4	5.1	5.6
Told what to do about side effects	25.9	27.0	20.2	23.3
Number of users	1405	51	1189	2648
IUD[2]				
Told about other methods	42.9	44.4	na	43.5
At start of current segment	36.6	39.1	na	37.6
Ever but not during current segment	6.3	5.3	na	5.9
Told about side effects	44.2	51.5	na	46.8
At start of current segment	38.5	46.8	na	41.6
Ever but not during current segment	5.6	4.7	na	5.3
Told what to do about side effects	30.0	38.4	na	33.1
Number of users	1748	1024	na	2774
INJECTABLES[2]				
Told about other methods	50.2	58.7	38.9	48.5
At start of current segment	45.5	42.6	31.3	43.0
Ever but not during current segment	4.7	16.0	7.6	5.4
Told about side effects	50.5	38.4	40.0	48.5
At start of current segment	46.0	38.4	33.1	43.6
Ever but not during current segment	4.5	0.0	6.9	4.8
Told what to do about side effects	32.3	26.9	19.9	30.1
Number of users	1034	25	219	1278
TOTAL[2]				
Told about other methods	47.3	43.6	35.0	44.1
At start of current segment	41.1	38.1	29.4	38.2
Ever but not during current segment	6.2	5.5	5.6	6.0
Told about side effects	44.4	48.5	30.4	42.2
At start of current segment	39.1	44.0	25.4	37.1
Ever but not during current segment	5.3	4.6	4.9	5.1
Told what to do about side effects	29.6	35.2	18.5	28.3
Number of users	4636	1273	1538	7451

Note: Table excludes users who obtained method from friends/relatives.
na = Not applicable
[1] Includes nongovernmental organizations, private hospitals/clinics, private doctors/nurses, or mosque/ church clinics.
[2] Includes only current users who began segment of use in the 5 years preceding the survey.

Table 6.16 also shows that the proportion of users receiving the information needed to make an informed choice did not vary markedly with the type of clinical providers. The largest differentials were observed in the percentages receiving information about method side effects. In spite of that, users obtaining the method from a pharmacy were much less likely than other users to have received information, especially about side effects, necessary to make an informed choice.

6.10 CONTRACEPTIVE DISCONTINUATION RATES

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

The data needed to calculate discontinuation rates were collected in the 2021 EFHS by asking respondents for information on all episodes of contraceptive use between January 2016 and the date of the interview. For each interval of use, the woman was asked the contraceptive method used and the date of use (year and month) and, if applicable, the date she stopped using and the reason for discontinuation. If a woman reported that she was using a method in January 2016, she was also asked for the date when that segment of use began.

Life-table techniques are used to calculate discontinuation rates from EFHS-2021 calendar data. Specifically, the rates are based on episodes of use that began during the period 3 to 62 months prior to the EFHS-2021. The rates are one-year discontinuation rates, i.e., they represent the proportion of users discontinuing within the first 12 months after beginning to use the method. The rates are calculated for all methods and for the following methods separately: pills, injectables, IUDs, and prolonged breastfeeding. Methods not shown separately are included in the category other and that is to ensure a sufficient number of segments of use to allow calculation of the discontinuation rates. The reasons for discontinuation were grouped into six specific categories: method failure, desire to become pregnant, other fertility-related reasons, side effects/health concerns, wanted more effective method, and other method-related reasons.

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

Overall, Table 6.17 shows that around 3 in 10 family planning users in Egypt stop using within 12 months of starting use. Side effects and health concerns are the reasons users most often cite for stopping using among users (9.8%). Four percent of users stop using due to method failure (i.e., they became pregnant while using the method), 6.1% stop using because they want to become pregnant, and 4.3% discontinue as a result of other fertility-related reasons including marital dissolution, infrequent sex, and the onset of menopause. The results indicated that discontinuation rate and reasons didn't change much than what was observed in 2014-EDHS, where discontinuation within 12 months was 30.1%, while discontinuation due to side effects was higher (10.7%), and there are no clear differences for other reasons of discontinuation.

Considering individual methods, the highest rate of discontinuation is observed for prolonged breastfeeding (53%), followed by the pill (40%) and injectables (33%). The IUD has the lowest discontinuation rate, where 15% of IUD users stop using the method during the first 12 months of use.

Table 6.17 Twelve-month contraceptive discontinuation rates

Among women aged 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, Egypt 2021

Method	Method failure	Desire to become pregnant	Other fertility related reasons[1]	Side effects/ health reasons	Wanted more effective method	Other method related reasons[2]	Other reasons[3]	Any reason[4]	Switched to another method[5]	Number of episodes of use[6]
Pill	7.3	8.5	7.4	9.6	4.1	1.4	1.4	39.7	8.9	6,592
IUD	1.2	4.6	0.7	7.4	0.2	0.2	0.2	14.5	4.2	4,712
Injectables	1.1	5.0	5.7	17.8	1.2	1.9	0.7	33.3	11.5	2,631
Prolonged breastfeeding	8.2	2.9	0.9	1.4	24.5	10.8	4.0	52.8	31.1	655
Other[7]	1.0	2.3	0.5	7.1	2.3	0.4	0.6	14.2	5.6	1,173
All methods	**4.0**	**6.1**	**4.3**	**9.8**	**3.1**	**1.4**	**1.0**	**29.8**	**8.6**	**15,779**

Note: Figures are based on life table calculations using information on episodes of use that began 3-62 months preceding the survey.
[1] Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation.
[2] Includes lack of access/too far, costs too much, and inconvenient to use.
[3] Includes fatalistic and husband disapproved.
[4] Reasons for discontinuation are mutually exclusive and add to the total given in this column.
[5] The episodes of use included in this column are a subset of the discontinued episodes included in the discontinuation rate. A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within two months of discontinuation.
[6] Number of episodes of use includes both episodes of use that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation.
[7] Includes female sterilization, implants, male condom, diaphragm/foam/jelly, withdrawal and periodic abstinence.

The reasons for discontinuation vary by method. Women using prolonged breastfeeding are the most likely to discontinue, mainly due to a desire for a more effective method (25%) and method failure (8%). The proportion of users who stop use because of method failure is higher for the pill (7%) than for the IUD and injectables (about 1% each). Pill users are more likely than users of other methods (9%) to discontinue use because they wanted to become pregnant or for other fertility-related reasons. The rate of discontinuation due to side effects or health concerns is highest among injectable users (18%).

The impact of discontinuation clearly depends on whether or not the user is left exposed to the risk of unintended pregnancy. Table 6.17 also shows the extent to which users who discontinue adopt another method immediately after they discontinue. Overall, 9% of users switch methods in the first 12 months of use. Users relying on prolonged breastfeeding are most likely to have switched methods.

6.10.1 Reasons for Discontinuation of Contraceptive Use

Table 6.18 looks in greater detail at the reasons EFHS-2021 respondents gave for discontinuing use. The table shows the percent distribution of all discontinuations in the five-year period prior to the survey by the main reason for discontinuing according to the specific method.

The desire to become pregnant was the most common reason mentioned for discontinuing use. Overall, 3 in 10 discontinuations during the five-year period before EFHS-2021 occurred because the user wanted to have a child. This reason was also the most frequently mentioned factor in discontinuations among IUD users (46%) and pill users (32%).

Around one-quarter of all discontinuations in the five-year period before the survey were due to side effects or health concerns. Side effects/health concerns were the most common reason for discontinuations among injectable users (35%), and they were the second most common cause of discontinuation among IUD and the third most common reason among pill users (24% and 15%, respectively).

Overall, 13% of discontinuations were the result of method failure, i.e., the woman became pregnant while using a method. Women using Pills and prolonged breastfeeding were most likely to report method failure as the reason they stopped using the method (20% and 17%, respectively).

Table 6.18 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Egypt 2021

Reason	Pill	IUD	Injectables	Prolonged breastfeeding	Other[1]	All methods
Became pregnant while using	19.5	7.1	4.0	17.3	11.6	12.9
Wanted to become pregnant	31.8	46.1	22.8	9.1	21.7	32.6
Husband disapproved	0.2	0.3	0.2	0.8	0.0	0.2
Wanted a more effective method	6.7	1.1	2.9	38.6	9.6	6.1
Side effects/health concerns	14.8	24.2	34.6	0.6	32.7	20.9
Lack of access/too far	0.3	0.0	2.4	0.0	0.1	0.6
Cost too much	0.3	0.0	0.3	0.0	0.3	0.2
Inconvenient to use	2.0	0.4	1.4	19.7	2.0	2.3
Up to God/fatalistic	0.4	0.2	0.2	0.6	0.1	0.3
Difficult to get pregnant/ menopausal	0.8	0.9	1.7	0.0	0.1	0.9
Infrequent sex/husband away	11.4	4.2	10.0	2.5	5.7	8.6
Marital dissolution/separation	0.9	2.4	1.7	0.2	1.9	1.5
Other	2.3	1.3	2.4	9.0	4.4	2.4
Missing	8.7	11.9	15.4	1.7	9.8	10.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	5,389	3,170	2,055	543	452	11,617

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

Nine percent of discontinuations were reported to be due to infrequent sex or the husband's absence. These reasons were cited most often by women who discontinued use of the pill or injectables. Dissatisfaction with the method was a major factor in discontinuations for users relying on prolonged breastfeeding; 58% of discontinuations of prolonged breastfeeding were because the user found the method inconvenient to use or wanted a more effective method. Finally, Table 6.18 shows that program-related factors such as the cost or access were rarely cited as a main reason for discontinuing use of contraception.

6.11 UNMET NEED FOR FAMILY PLANNING

One of the main objectives of the national program for family planning is to ensure the availability of family planning methods and to meet the needs of women who wish to use, which is one of the Sustainable Development Goals indicators (3-7-1). Unmet need for family planning is the other side of the met need, which was adopted as an important indicator and calculated in Demographic and Health Surveys as well as MICS surveys and any other surveys focusing on family planning. There was a requisite to study the progress toward reducing unmet need across countries, accordingly, it was recognized that unmet need had to be defined in a way that could be consistently measured across surveys. After a period of review by a Technical Expert Working Group, a revised unmet need definition was developed and adopted in 2012[1]. This report uses the revised, simpler definition in calculating the unmet need rates from the EFHS-2021 which was used also in 2014 EDHS.

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

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

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

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

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

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

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

Table 6.19 shows the overall level of need and demand for family planning services among currently married women and the variation in need and demand measures by key background characteristics. Appendix Table A-6.4 presents information on unmet need levels by governorate.

Considering the indicators presented in Table 6.19, unmet need, total demand, percentage of demand satisfied, and percentage of demand satisfied by modern methods are defined as follows:

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

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

Percentage of demand satisfied: total contraceptive use divided by the total demand for family planning.

Percentage of demand satisfied by modern methods: use of modern contraceptive methods divided by the total demand for family planning.

Table 6.19 shows that 14% of currently married women in Egypt are considered as having an unmet need for family planning. Around one-third of this need reflects a desire to space the next birth, and the remainder represents an interest in limiting births. Taking into account women currently using contraception, the total demand for family planning is 80% of currently married women, 83% of this demand is satisfied mainly with modern contraceptive methods (81%).

Table 6.19 Need and demand for family planning among currently married women

Percentage of currently married women aged 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Egypt 2021

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning[1]			Percentage of demand satisfied[2]	Percentage of demand satisfied by modern methods[3]	Number of currently married women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	14.9	1.3	16.2	35.7	3.2	39.0	50.6	4.6	55.2	70.6	66.5	377
20-24	11.4	4.1	15.5	33.2	19.1	52.3	44.6	23.2	67.9	77.1	74.0	2,140
25-29	8.0	7.6	15.6	24.6	37.3	62.0	32.7	44.9	77.6	79.9	76.2	3,103
30-34	4.0	9.8	13.8	12.1	57.6	69.7	16.1	67.4	83.5	83.5	81.8	3,887
35-39	1.5	10.5	12.0	5.2	70.0	75.2	6.7	80.5	87.2	86.3	84.7	3,951
40-44	0.7	10.9	11.6	1.4	73.4	74.8	2.1	84.4	86.4	86.6	85.3	3,255
45-49	0.3	15.2	15.5	0.4	57.0	57.4	0.7	72.3	73.0	78.7	76.8	2,332
Residence												
Urban	3.5	10.0	13.5	11.3	56.9	68.2	14.8	66.9	81.7	83.4	80.5	7,092
Rural	4.5	9.4	13.9	12.9	52.5	65.4	17.4	61.9	79.3	82.4	80.8	11,953
Place of residence												
Urban Governorates	3.1	9.5	12.6	11.3	59.5	70.8	14.4	68.9	83.3	84.9	81.4	2,690
Lower Egypt	3.4	8.2	11.6	12.4	59.0	71.4	15.8	67.2	83.0	86.0	84.1	8,651
Urban	3.5	9.8	13.3	11.0	59.3	70.3	14.5	69.1	83.6	84.1	81.0	2,091
Rural	3.4	7.7	11.1	12.8	59.0	71.8	16.2	66.6	82.9	86.6	85.0	6,560
Upper Egypt	5.4	11.4	16.8	12.5	46.6	59.1	17.9	58.0	75.8	77.9	76.2	7,489
Urban	4.1	10.8	14.9	11.4	51.7	63.1	15.5	62.6	78.1	80.9	78.9	2,165
Rural	5.9	11.6	17.5	12.9	44.5	57.4	18.8	56.1	74.9	76.7	75.1	5,324
Frontier Governorates[4]	3.5	8.8	12.2	15.6	49.7	65.3	19.1	58.4	77.5	84.2	79.9	213
Education												
No education	2.4	11.3	13.7	5.6	60.4	66.0	8.0	71.7	79.7	82.8	82.0	3,064
Some primary	2.7	9.4	12.0	8.9	56.1	65.0	11.5	65.5	77.0	84.4	82.6	920
Primary complete/ some secondary	5.2	9.7	14.8	14.2	48.2	62.4	19.4	57.9	77.2	80.8	78.5	3,948
Secondary complete/ higher	4.4	9.1	13.6	13.7	54.3	68.1	18.2	63.5	81.6	83.4	81.0	11,113
Wealth quintile												
Lowest	3.0	11.5	14.6	8.3	59.1	67.4	11.4	70.6	82.0	82.2	81.3	3,460
Second	3.7	10.0	13.7	10.4	54.8	65.2	14.1	64.8	78.9	82.6	81.1	3,599
Middle	4.1	9.4	13.5	12.6	54.0	66.6	16.6	63.4	80.0	83.1	81.1	3,879
Fourth	4.8	8.8	13.6	13.4	52.8	66.2	18.2	61.6	79.8	83.0	80.5	4,123
Highest	5.1	8.6	13.7	16.0	50.7	66.7	21.1	59.2	80.3	83.0	79.6	3,983
Total EFHS 2021	4.2	9.6	13.8	12.3	54.1	66.4	16.5	63.7	80.2	82.8	80.7	19,044
Total EDHS 2014	4.5	8.1	12.6	13.9	44.7	58.5	18.3	52.8	71.1	82.3	80.0	20,460

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.
[1] Total demand is the sum of unmet need and met need.
[2] Percentage of demand satisfied is met need divided by total demand.
[3] Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, and diaphragm/foam/jelly.
[4] Does not include North Sinai governorate.

In general, variations in the level of unmet need, the size of the total demand for family planning and the proportion of the satisfied demand are not large. Women in rural Upper Egypt have the highest unmet need and the lowest rate of satisfied demand for family planning (18% and 77%, respectively).

Table 6.19 also presents estimates of unmet need for 2014 -EDHS survey based on the revised unmet need definition. Those estimates are slightly higher in 2021 than the levels of unmet need reported in 2014. It is also observed that the total demand of family planning increased in EFHS-2021(80%) than what was reported in 2014 (71%).

6.12 REASONS FOR NON-USE AND INTENTION TO USE

To obtain information about demand on family planning, all currently married women and non-users at the time of the survey were asked reasons for not using and intension to use in the future. Table 6.20 presents the distribution of non-pregnant currently married nonusers who do not want another child by the reason(s) the woman gave for not using.

The results indicate that fertility related reasons (66%) are the most reported, i.e. around two-third of non-users have various fertility-related reasons for not adopting contraception. These reasons include a perceived lack of need for contraception because the woman is not sexually active or has sex infrequently (8% and 27%, respectively) or is menopausal or has had a hysterectomy (9%).

Around 27% of non-users cited method-related reasons, 24% mention fear of side effects. Opposition to use either by the woman's own attitude or that of her husband is a factor for 4% percent of the nonusers.

Table 6.20 classifies women into two age groups (under age 30 and age 30 and over) in order to consider how the reasons for nonuse are related to a woman's age. As might be expected, lack of need for contraception because of menopause or hysterectomy is cited mainly by older nonusers. The proportion reporting fear of side effects as a reason for not using is much higher among older women than younger women (26% and 9%, respectively).

Table 6.20 Reasons for not using family planning

Among currently married women aged 15-49 who are not pregnant, are not using a family planning method, and do not want another child, percentage citing various reasons not using family planning, according to age, Egypt 2021

Reason	15-29	30-49	Total
Fertility-related reasons	77.4	64.5	66.2
Not having sex	7.9	7.6	7.7
Infrequent sex	31.6	26.0	26.8
Menopausal/had hysterectomy	1.2	9.7	8.5
Subfecund/infecund	1.0	2.1	2.0
No Ability of pregnancy	0.0	2.4	2.0
Not menstruated since last birth	14.9	3.4	4.9
Breastfeeding	15.6	2.2	4.0
Fatalistic	7.7	12.7	12.0
Opposition to use	6.1	3.9	4.2
Respondent opposed	2.8	2.9	2.9
Husband opposed	3.3	1.8	2.0
Other opposed	0.0	0.0	0.0
Religious prohibition	0.0	0.1	0.1
Lack of knowledge	0.0	0.0	0.0
Knows no source	0.0	0.0	0.0
Method-related reasons	12.2	28.8	26.5
Health concerns	0.0	0.0	0.0
Fear of side effects	8.8	26.1	23.7
Lack of access/too far	0.6	0.7	0.7
Costs too much	0.8	0.4	0.5
Preferred method not available	1.0	0.6	0.6
No method available	0.3	1.1	1.0
Inconvenient to use	0.0	0.3	0.2
Interferes with body's normal processes	1.2	0.2	0.3
Other	5.0	5.5	5.4
Don't know	0.1	0.1	0.1
Number of currently married women	296	1862	2158

Currently married women who were not using contraception at the time of the survey were asked about their intention to adopt family planning methods in the future. Table 6.21 shows that 54% intent to use family planning sometime in the future, and 31% do not plan to use in the future. The intention to use in the future increases among women with 1-3 children (around 60%). The reason for low level of intend to use in the future among women with 4 children or more may be due to the fact that some have reached their menopause.

Table 6.21 Future use of family planning

Percent distribution of currently married women aged 15-49 who are not using a family planning method by intention to use in the future, according to number of living children, Egypt 2021

Intention to use in the future	Number of living children[1]					Total
	0	1	2	3	4+	
Intends to use	40.3	59.2	58.5	59.1	45.9	54.2
Unsure	14.1	7.5	6.6	5.5	5.4	7.0
Does not intend to use	36.2	28.6	27.3	26.9	37.5	30.6
Missing	9.4	4.7	7.6	8.4	11.3	8.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of currently married women	626	1184	1620	1549	1418	6398

[1] Includes current pregnancy.

6.13 CONTACT OF NONUSERS WITH OUTREACH WORKERS/ HEALTH CARE PROVIDERS

EFHS-2021 collected information about whether nonusers had any recent contact with community workers or health care provider. Such contact may provide an opportunity to council the non-users about family planning. To obtain this information, nonusers were asked whether they had been visited at home at any time during the 6 months preceding the survey by an outreach worker (e.g., a raiyda rafia) or anyone else who had talked with them about family planning. They were also asked about any visits they had made to governmental health facilities or private doctors or clinics during the six months preceding the survey and, if they had visited any of these providers, whether anyone had spoken to them about family planning during their visit(s).

Table 6.22 presents the data on both the proportion of currently married nonusers who had any contact with an outreach worker or health facility and the proportion who discussed family planning with an outreach worker or other health care provider during the 6 months prior to the survey. Appendix Table A-6.5 also presents governorate differences for these indicators.

Table 6.22 shows that relatively few women were provided family planning information during home visits; where only 4% of nonusers reported that they had been visited at home by a fieldworker who discussed family planning. Considering residential differentials, the proportion reporting outreach visits was highest in rural Lower Egypt (6%) followed by rural Upper Egypt (5%). By urban-rural residence, 6% in rural areas reported that they had been visited at home by a fieldworker who discussed family planning compared with 1% only among urban women.

Table 6.22 also looks at the extent to which nonusers had an opportunity to discuss family planning during the visits they made to health facilities. Results indicated that more than one-quarter of nonusers made at least one visit to a health facility during the 6-month period before the survey. Looking at whether family planning was discussed during those contacts, results indicate that only 7% of women who visited health facilities discussed family planning during the visit. Taking into account contacts with fieldworkers and health facilities, only 3% of nonusers reported a contact in which family planning was discussed during the six months prior to the survey.

Although the results in Table 6.22 suggest that there are many "missed" opportunities for informing and motivating nonusers about family planning, some caution must be exercised in drawing such conclusions. Not all visits to health providers present appropriate opportunities for offering family planning information or services, and not all nonusers are interested in/or in need of family planning when they visit a facility. Nevertheless, the results in Table 6.22 suggest that there is potential for taking more advantage of visits to facilities to offer family planning information to women.

Table 6.22 Contact of currently married nonusers with family planning providers

Among currently married women aged 15-49 who are not using family planning, the percentage who during the past 6 months were visited by a fieldworker (health worker or raida rafia) who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Egypt 2021

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 6 months and who:		Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of nonusers
		Discussed family planning	Did not discuss family planning		
Age					
15-19	3.5	7.2	26.8	98.4	230
20-24	5.9	8.3	25.2	95.4	1020
25-29	5.4	10.4	24.1	95.6	1180
30-34	4.1	8.6	19.6	96.9	1178
35-39	2.7	6.1	19.1	98.3	979
40-44	2.6	3.6	14.6	97.9	819
45-49	2.8	2.9	13.1	97.6	993
Unmet need status					
Unmet need	5.1	8.1	20.6	96.1	2625
Spacing	5.9	9.7	24.7	95.8	793
Limiting	4.7	7.5	18.8	96.2	1832
Not in need	3.3	6.1	19.4	97.5	3773
Residence					
Urban	1.0	6.1	18.5	99.2	2257
Rural	5.6	7.4	20.6	95.7	4141
Place of residence					
Urban Governorates	0.5	6.0	17.2	99.6	787
Lower Egypt	4.7	8.7	20.0	96.6	2474
Urban	0.4	6.3	17.7	99.9	622
Rural	6.2	9.4	20.7	95.5	1852
Upper Egypt	4.3	5.8	20.4	96.5	3064
Urban	1.9	6.2	20.0	98.3	798
Rural	5.2	5.7	20.5	95.9	2265
Frontier Governorates[1]	1.5	3.7	26.0	98.5	74
Education					
No education	3.2	4.3	12.9	97.6	1041
Some primary	4.6	3.7	22.8	96.9	322
Primary complete/some secondary	3.5	7.5	21.3	97.3	1485
Secondary complete/higher	4.4	7.8	21.1	96.6	3550
Wealth quintile					
Lowest	5.8	6.5	16.7	95.3	1128
Second	4.1	5.8	22.1	97.0	1252
Middle	3.4	6.3	19.7	97.5	1298
Fourth	4.3	8.0	21.4	96.6	1394
Highest	2.7	7.7	19.0	98.2	1327
Total	4.0	6.9	19.9	96.9	6398

[1] Does not include North Sinai governorate.

6.14 EXPOSURE TO FAMILY PLANNING MESSAGES

A question was asked in EFHS-2021 on the type of media through which women received any family planning information. This information may be useful in guiding future information and education efforts in Egypt's family planning program.

Table 6.23 presents the percentage of currently married women who heard messages about family planning on broadcast media (television or radio) and through printed materials as well as social media. The EFHS-2021 collected these data by asking respondents whether they had heard a family planning message through these channels during the 6 months before the interview.

As expected, data in Table 6.23 confirms that television is the primary source of family planning information where 43% of currently married women in the age 15-49 had seen a recent family planning message on television, compared with only 8% who had heard a message on the radio. Also, around 1 in 5 women saw a family planning message on a poster/billboard. In addition, the internet and social media have played a role in delivering family planning information (17% received information from social media). Results indicate that newspaper/magazines reach far fewer women, where less than 3% of respondents had read about family planning in a newspaper or magazine, and few women receive family planning information through community meetings and religious leaders (3% each).

Table 6.23 Exposure to family planning messages

Percentage of currently married women aged 15-49 who heard or saw a family planning message on various media in the six months prior to the interview according to background characteristics, Egypt 2021

Background characteristic	Radio	Television	News-paper/ magazine	Poster/ billboard/ sign	Com-munity meeting	Religious leader	Internet/ Social media	No exposure to family planning messages	Number of currently married women
Age									
15-19	4.5	29.7	1.1	12.8	0.5	0.2	10.3	60.8	377
20-24	4.9	35.9	2.0	16.4	3.0	1.4	15.4	53.2	2140
25-29	7.0	42.1	2.7	20.0	3.3	2.2	19.7	46.6	3103
30-34	8.5	44.1	2.8	20.1	3.2	2.7	19.1	44.5	3887
35-39	8.6	45.7	2.9	19.0	3.2	3.1	17.7	44.1	3951
40-44	9.9	45.3	2.4	15.7	3.3	2.5	15.2	45.8	3255
45-49	8.6	45.9	2.8	14.3	2.7	3.2	13.3	47.7	2332
Unmet need status									
Spacing	7.0	39.2	3.2	17.7	3.6	2.3	20.0	49.9	793
Limiting	7.9	41.6	2.5	16.9	2.1	2.3	17.5	48.5	1832
Not in need	8.1	43.7	2.6	17.9	3.2	2.5	16.8	46.3	16419
Residence									
Urban	9.3	48.2	4.0	20.7	2.5	3.3	25.4	40.7	7092
Rural	7.3	40.5	1.8	16.1	3.5	2.0	12.0	50.2	11953
Place of residence									
Urban Governorates	9.6	49.6	3.8	22.1	1.9	3.1	26.3	38.6	2690
Lower Egypt	9.3	47.1	2.4	17.2	2.9	1.6	18.0	43.3	8651
Urban	9.7	50.7	3.7	18.5	2.1	2.5	27.4	39.2	2091
Rural	9.2	45.9	2.0	16.7	3.2	1.3	15.0	44.6	6560
Upper Egypt	6.1	37.0	2.4	17.2	3.6	3.4	12.5	53.2	7489
Urban	8.7	44.8	4.6	21.7	3.4	4.4	22.9	43.6	2165
Rural	5.1	33.8	1.5	15.4	3.8	2.9	8.2	57.0	5324
Frontier Governorates[1]	3.6	36.3	1.7	12.5	5.6	2.0	13.2	58.4	213
Education									
No education	4.6	33.4	0.5	7.6	2.0	1.5	1.4	61.6	3064
Some primary	7.3	33.0	0.1	10.3	2.3	2.2	3.1	59.2	921
Primary complete/some secondary	6.8	38.7	1.3	15.9	2.4	2.4	8.2	52.8	3947
Secondary complete/higher	9.5	48.6	3.9	21.9	3.7	2.8	25.5	39.3	11113
Work status									
Working for cash	10.4	48.3	5.8	26.7	7.2	4.0	28.7	37.2	2897
Not working	7.6	42.4	2.0	16.2	2.4	2.3	14.9	48.4	16147
Wealth quintile									
Lowest	5.6	35.8	0.8	13.7	3.2	2.1	4.1	56.4	3460
Second	5.5	36.7	0.9	14.1	2.6	1.4	4.6	55.5	3599
Middle	7.2	40.2	1.9	16.0	3.6	2.3	10.0	50.3	3879
Fourth	9.9	48.2	3.0	18.5	2.8	3.0	22.6	41.7	4123
Highest	11.3	53.9	6.0	25.8	3.3	3.6	40.4	31.9	3983
Total	8.0	43.3	2.6	17.8	3.1	2.5	17.0	46.7	19044

[1] Does not include North Sinai governorate.

Less than half of women were not exposed to family planning messages from any of the sources mentioned in Table 6.23. This is close to the proportion of currently married women who had not been exposed to family planning messages in the 6 months prior to the 2014 EDHS.

Considering the differentials in Table 6.23, the proportions of currently married women who have heard a family planning message on either television or radio vary by residence, with women in Lower Egypt especially urban areas being the most likely to have been reached by these channels. As expected, exposure to family planning information through print media increases with educational level. The lowest level of exposure to family planning messages was observed in the Frontier Governorates, where 58% of women in Frontier Governorates were not exposed to family planning messages in the six months before the survey.

Comparing the levels of exposure to selected media found in EFHS-2021 with the levels observed in the 2005 and 2008, and 2014 EDHS surveys, Figure 6.3 shows decline in exposure to family planning information over the past decade in Egypt, however, there is limited increase between 2014 and 2021. For example, the proportion of women reporting exposure to family planning messages on television dropped from 89% in 2005 to 58% in 2008, then to less than 40% in 2014, then increased again to 43% in 2021. The proportion reporting hearing about family planning on the radio dropped sharply as well, from 19% of women in 2008 to 5 % in 2014, to increase again to 8% in 2021.

Figure 6.3 Trends in exposure to family planning messages, Egypt 2005-2021
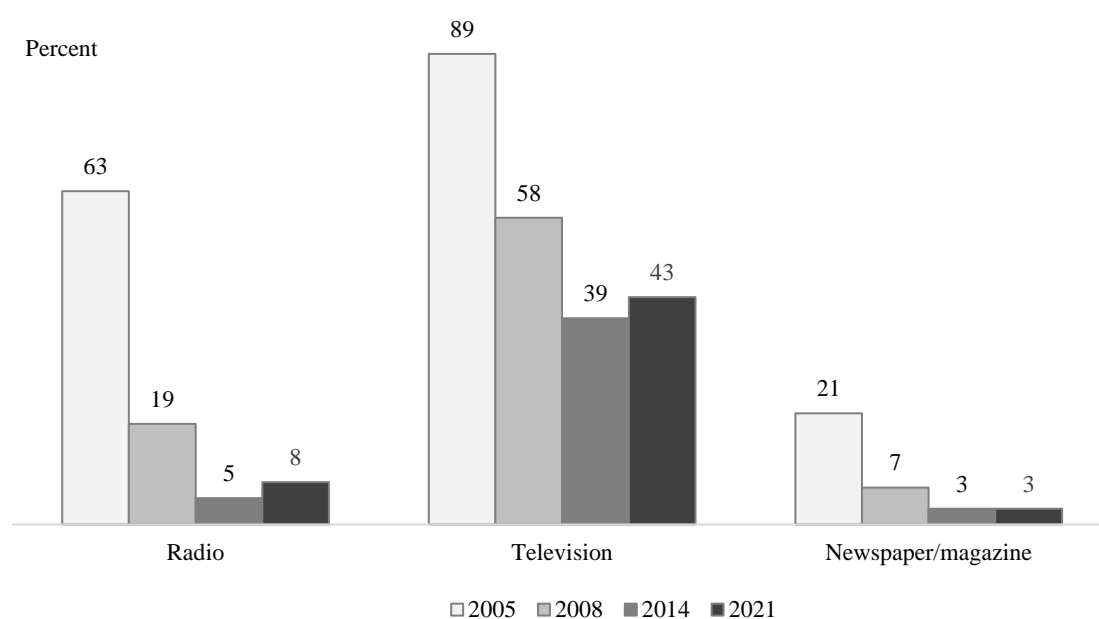
7 PROXIMATE DETERMINANTS OF FERTILITY

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Key Findings:

- Marriage is common in Egypt, where at least 93% of women aged 30 years or more are ever married.

- Median age at first marriage among women aged 25-49 years is 20.8 years.

- Women from rural Upper Egypt marry on average two years earlier than women in Urban Governorates.

- Consanguineous marriages (marriages between blood relatives) are common in Egypt, where 30% of ever-married women reported that their current or most recent husband is a blood relative.

- Insusceptibility to the risk of pregnancy due to postpartum amenorrhea and/or abstinence from sexual relations is short, where 35% only of women are insusceptible to the risk of pregnancy at 6-7 months after a birth, and around 22% only of women are insusceptible to the risk of pregnancy at 12-13 months after a birth.

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This chapter considers a number of factors other than contraception that influence fertility including marriage, postpartum amenorrhea, postpartum abstinence, and menopause. Marriage is among the most important of these proximate determinants since it is a primary indicator of women's exposure to the risk of pregnancy. Early age at first marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and thus higher fertility levels. The early initiation of childbearing associated with early marriage may also adversely affect women's and children's health. Postpartum amenorrhea and postpartum abstinence determine the length of time a woman is insusceptible to pregnancy after childbirth, affecting birth intervals and thus fertility levels. Menopause is important since it marks the end of a woman's period of exposure to the risk of pregnancy. This chapter also presents data related to polygamy and its extent, as well as the level of consanguineous marriage in Egypt, that is, marriages between the husband and wife by blood.

The EFHS-2021 woman questionnaire included questions about the proximate determinants of fertility which was administered only to ever-married women. However, a number of the tables, which examine the proximate determinants in this chapter, are based on all women, i.e., on ever-married women and never-married women. In constructing these tables, the denominators have been expanded to represent all women by multiplying the number of ever-married women by an inflation factor equal to the ratio of all women to ever-married women reported in the household questionnaire. The inflation factors are calculated by single years of age, either for the population as a whole or separately for each category of the characteristic in question if results are presented by background characteristics.

7.1 MARITAL STATUS

Table 7.1 shows the distribution of all women aged 15-49 by current marital status. Overall, 66% of women are currently married, 2% are widowed, 3% are divorced or separated (not living together), and 29% have never been married. The proportion never married decreases rapidly with age, from 92% among women aged 15-19 to 51% among women aged 20-24 and to 4% only among women aged 40-44 years. The virtual universality of marriage among women is further evidenced from the fact that among women aged 30 and over, 94% or more women either currently married or ever-married. On the other hand, the results indicate decline in marriage among women in the age 15-49 compared with the 2014-EDHS.

Table 7.1 Current marital status

Percent distribution of women aged 15-49 by current marital status, according to age, Egypt 2021

Age	Marital status					Total	Number of respondents
	Never married	Married	Divorced	Separated	Widowed		
15-19	92.4	7.3	0.2	0.1	0.0	100.0	5427
15-17	97.9	2.1	0.0	0.0	0.0	100.0	3349
18-19	83.5	15.8	0.5	0.2	0.0	100.0	2078
20-24	51.4	46.7	1.1	0.5	0.2	100.0	4746
25-29	16.5	79.8	2.7	0.7	0.4	100.0	4095
30-34	6.2	88.9	3.2	0.7	1.1	100.0	4474
35-39	4.4	89.7	2.9	0.6	2.4	100.0	4516
40-44	3.5	87.6	3.8	0.6	4.5	100.0	3843
45-49	2.6	83.6	3.6	0.6	9.5	100.0	2872
Total 15-49	29.4	65.7	2.3	0.5	2.1	100.0	29974

Data indicated that the majority of marriage dissolves due to husband death. As expected, the proportion widowed increases steadily with age, from less than 1% among women under age 30 to 10 % among women aged 45-49, also the proportion divorced and separated does not exceed 4 percent of women in any age group.

The EFHS -2021 included questions to investigate the extent to which marital unions are polygynous. Table 7.2 shows that polygynous is not common in Egypt where less than 3% of currently married women have co-wife(s), with the majority having only one co-wife (only 2.6%), which is the same level observed in the 2014-EDHS.

The table also presents information about polygynous unions by background characteristics, where the proportion of women reporting co-wives increases with age from 0.7% among currently married women in the age 20-24 to 4.3% among women 40-44. Looking at residential differences, women who reported having co-wife increases in the Frontier Governorates (5.1%) and in Upper Egypt (3.2%), especially in urban Upper Egypt (4.1%) compared to 2.3% in Lower Egypt in general. On the other hand, proportion of women reporting they are in a polygynous union decrease with increase in education and wealth, however, caution should be exercised in interpreting any of these differentials.

Table 7.2 Number of co-wives

Percent distribution of currently married women aged 15-49 by number of co-wives, according to background characteristics, Egypt 2021

Background characteristic	Number of co-wives				Total	Number of currently married women
	0	1	2+	Don't know		
Age						
15-19	97.3	2.5	0.0	0.2	100.0	377
20-24	99.2	0.6	0.1	0.1	100.0	2140
25-29	98.2	1.4	0.1	0.3	100.0	3103
30-34	97.4	2.4	0.1	0.2	100.0	3887
35-39	96.6	3.1	0.2	0.1	100.0	3951
40-44	95.6	3.9	0.4	0.1	100.0	3255
45-49	96.1	3.7	0.2	0.0	100.0	2332
Urban-rural residence						
Urban	96.6	3.0	0.2	0.2	100.0	7092
Rural	97.4	2.3	0.2	0.1	100.0	11953
Place of residence						
Urban Governorates	96.9	2.9	0.1	0.1	100.0	2690
Lower Egypt	97.6	2.2	0.1	0.1	100.0	8651
Urban	97.4	2.2	0.0	0.4	100.0	2091
Rural	97.6	2.1	0.2	0.1	100.0	6560
Upper Egypt	96.6	2.9	0.3	0.1	100.0	7489
Urban	95.6	3.7	0.4	0.2	100.0	2165
Rural	97.1	2.6	0.3	0.1	100.0	5324
Frontier Governorates[1]	94.9	4.8	0.3	0.0	100.0	213
Education						
No education	95.1	4.4	0.5	0.1	100.0	3064
Some primary	94.6	4.8	0.2	0.4	100.0	921
Primary complete/some secondary	97.3	2.5	0.2	0.0	100.0	3947
Secondary complete/higher	97.8	2.0	0.1	0.2	100.0	11113
Work status						
Working for cash	96.8	2.9	0.1	0.2	100.0	2897
Not working for cash	97.1	2.5	0.2	0.1	100.0	16147
Wealth quintile						
Lowest	96.2	3.2	0.4	0.1	100.0	3460
Second	97.1	2.7	0.2	0.0	100.0	3599
Middle	96.9	2.9	0.1	0.1	100.0	3879
Fourth	97.5	2.2	0.2	0.1	100.0	4123
Highest	97.7	2.0	0.1	0.2	100.0	3983
Total	97.1	2.6	0.2	0.1	100.0	19044

[1] Does not include North Sinai governorate.

7.2 CONSANGUINITY

Consanguineous marriages (marriages between blood relatives) are common in Egypt. Results of EFHS-2021 presented in Table 7.3 shows that around 3 of 10 ever-married women, their current (most recent) husband was relative. Data indicate that around 72% of consanguineous unions involve first or second cousins, and among those marriages the husband is more likely to be a relative from the father's side than the mother's side (14% and 9%, respectively).

As expected, consanguineous marriages are more common in rural areas than in urban areas; where more than one-quarter of consanguineous marriages in rural areas involve first or second cousins compared with 17% among marriages in urban areas. Considering place of residence, the highest rate of consanguineous marriages is found in rural Upper Egypt, where around 47% of marriages are between blood relatives. The blood relative marriage reaches the lowest level in urban Lower Egypt (18%) and Urban Governorates (20%). A woman's chance of marrying blood relatives decreases from 40% among women with no education to 26% among women with secondary education or higher. Also, the likelihood of consanguineous marriage is higher among women who are not working for cash than among women who are working for cash (32% and 21%, respectively). In addition, the proportion of women marrying blood relatives decreases with the increase of wealth from a level of 41% among women in the lowest wealth quintile to 19% among women in the highest quintile.

Table 7.3 Consanguinity

Percent distribution of ever-married women aged 15-49 by relationship to their (last) husband, according to background characteristics, Egypt 2021

Background characteristic	First cousin Father's side	First cousin Mother's side	Second cousin Father's side	Second cousin Mother's side	Other relative Father's side	Other relative Mother's side	Related by marriage	Not related	Total	Number of ever-married women
Age										
15-19	12.8	4.1	6.6	3.4	8.7	2.4	1.6	60.4	100.0	397
20-24	9.2	6.1	4.3	3.6	5.7	3.6	1.2	66.3	100.0	2220
25-29	7.9	5.5	5.0	2.9	4.8	2.4	1.3	70.2	100.0	3247
30-34	8.0	6.2	5.1	2.8	4.7	3.1	1.2	69.0	100.0	4091
35-39	8.1	6.5	4.3	3.0	4.4	3.4	0.8	69.4	100.0	4207
40-44	9.6	5.7	4.6	3.0	5.0	2.8	1.0	68.2	100.0	3595
45-49	9.6	4.8	5.2	2.5	5.2	2.6	0.9	69.1	100.0	2723
Urban-rural residence										
Urban	6.0	5.2	3.6	2.3	3.1	2.2	1.2	76.5	100.0	7797
Rural	10.4	6.3	5.5	3.3	6.2	3.5	1.0	63.9	100.0	12684
Place of residence										
Urban Governorates	5.1	4.7	4.5	1.7	2.5	1.8	1.1	78.7	100.0	2989
Lower Egypt	6.6	5.3	2.9	2.5	3.9	2.7	1.0	75.2	100.0	9266
Urban	4.4	4.7	2.1	1.9	2.4	2.0	1.0	81.6	100.0	2308
Rural	7.3	5.5	3.2	2.6	4.4	2.9	1.0	73.1	100.0	6958
Upper Egypt	12.5	6.8	7.1	4.0	7.2	3.8	1.2	57.4	100.0	8000
Urban	8.5	6.0	3.8	3.5	4.3	2.9	1.5	69.5	100.0	2346
Rural	14.2	7.1	8.5	4.1	8.3	4.2	1.0	52.4	100.0	5655
Frontier Governorates[1]	10.4	6.8	5.3	2.6	5.1	2.7	1.1	66.0	100.0	226
Education										
No education	12.5	6.4	7.2	3.6	6.5	3.7	1.3	58.8	100.0	3362
Some primary	12.3	6.8	4.8	3.8	4.4	2.5	0.2	65.1	100.0	1026
Primary complete/some secondary	10.1	5.9	5.8	3.2	6.0	3.0	1.3	64.8	100.0	4257
Secondary complete/ higher	6.8	5.6	3.8	2.6	4.2	2.8	1.0	73.2	100.0	11837
Work status										
Working for cash	5.4	4.7	3.1	2.2	3.6	2.1	0.8	78.1	100.0	3381
Not working for cash	9.4	6.1	5.1	3.1	5.2	3.2	1.1	66.8	100.0	17100
Wealth quintile										
Lowest	13.7	6.1	6.7	4.1	7.0	3.8	1.4	57.2	100.0	3727
Second	10.8	6.9	5.0	2.8	6.4	3.1	0.9	64.0	100.0	3945
Middle	8.0	5.8	5.7	3.1	5.2	3.2	1.0	68.0	100.0	4207
Fourth	7.2	5.9	4.0	2.8	4.0	2.9	1.1	72.1	100.0	4396
Highest	4.8	4.5	2.8	1.9	2.7	2.1	0.9	80.3	100.0	4206
Total	8.7	5.8	4.8	2.9	5.0	3.0	1.1	68.7	100.0	20481

[1] Does not include North Sinai governorate.

7.3 AGE AT FIRST MARRIAGE

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

Table 7.4 shows both the percentage of women who have ever been married by selected exact ages and the median age at first marriage, according to current age. The results document an increase in the age at first marriage among younger cohorts. Accompanying the overall trend to later marriage a decline in the proportion of women marrying at very young ages. The percentage of women married by exact age 15 has dropped from 5% among women aged 40-44 to 2% among women aged 20-24. The percentage of women married by exact age 18 has also fallen from 24% among women aged 45-49 to 16% among women 20-24. The median age at first marriage among women in the age group 25-49 is 20.8 years, same figure observed in the 2014- EDHS.

Table 7.4 Age at first marriage

Percentage of women aged 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Egypt 2021

Current age	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	0.9	na	na	na	na	92.1	5083	a
20-24	1.8	15.7	37.8	na	na	51.7	4595	a
25-29	2.5	18.3	46.52	64.6	79.2	16.7	3897	20.4
30-34	2.4	19.3	42.4	63.3	82.3	6.2	4363	20.7
35-39	2.7	18.7	36.80	55.8	78.8	4.5	4406	21.4
40-44	4.5	22.5	42.9	60.8	79.6	3.6	3728	20.8
45-49	5.3	23.5	41.2	58.0	77.2	2.7	2798	20.9
25-49	3.3	20.2	41.9	60.6	79.6	6.9	19193	20.8

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse.
na = Not applicable
a = Omitted because less than 50 percent of the women began living with their spouse for the first time before reaching the beginning of the age group.

Table 7.5 presents differentials in the median age at first marriage by selected background characteristics. It is clear from the table that the phenomenon of early marriage is more prevalent in rural areas than in urban areas. The median age at first marriage among women aged 25-49 in urban areas 22 years, almost two years higher than the median age at first marriage among women in rural areas (20 years).

There are marked differentials in the age of first marriage among women aged 25-49 by place of residence. Table 7.5 shows that the median age at first marriage among women in rural Upper Egypt (19.7 years) is about one year less than that in rural Lower Egypt (20.5 years). It is also observed that the median age at first marriage in Urban Governorates is 22 years which is one year lower than the median reported in the EDHS-2014 of 23 years. On the other hand, the median age in Urban Governorates in the 2021 EFHS is the same as the median in urban Lower Egypt (22 years) or urban Upper Egypt (21.8 years) which is similar to the median age reported in the 2014 EDHS.

Table 7.5 also shows large differences in age at first marriage by educational level. Results indicate that the median age at first marriage among women with a secondary education or higher is 21.8 years, three years higher than the median age among women who have no

Table 7.5 Median age at first marriage by background characteristics

Median age at first marriage among women aged 25-49, according to background characteristics, Egypt 2021

Background characteristic	Women aged 25-49
Urban-rural residence	
Urban	21.9
Rural	20.2
Place of residence	
Urban Governorates	22.0
Lower Egypt	20.8
Urban	22.0
Rural	20.5
Upper Egypt	20.3
Urban	21.8
Rural	19.7
Frontier Governorates[1]	20.9
Education	
No education	19.1
Some primary	19.2
Primary complete/some secondary	19.3
Secondary complete/higher	21.8
Wealth quintile	
Lowest	19.3
Second	20.0
Middle	20.6
Fourth	21.5
Highest	22.6
Total	20.8

[1]Does not include North Sinai governorate.

education (19.1 years) or some primary (19.2 years). However, differentials in age at first marriage are not clear across age groups (see Table 7.4), which indicate that the increase in age at first marriage in the last decade in Egypt was due to the increase in education level among women.

Also, the median age at first marriage rises with the wealth quintile. The median age at first marriage among women in the lowest wealth quintile is 19.3 years, less by more than three years than the median age at first marriage among women in the highest wealth quintiles (22.6 years).

7.4 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

Exposure to the risk of pregnancy after birth among women who are not using contraception is influenced primarily by two factors: breastfeeding and sexual abstinence. Breastfeeding prolongs

postpartum protection from conception through its effect on the length of the period of amenorrhea after a birth (the period prior to the return of menses). In addition, more frequent breastfeeding for longer durations as well as delays in the age at which supplementary foods are introduced are associated with longer periods of postpartum amenorrhea. Moreover, delaying the resumption of sexual relations after a birth also prolongs the period of postpartum protection. For the purposes of the following discussion, women are considered insusceptible to pregnancy if they are not at risk of conception, either because they are amenorrheic or abstaining after a birth.

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

Table 7.6 Postpartum amenorrhea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Egypt 2021

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible[1]	
< 2	92.8	80.3	95.4	288
2-3	53.8	20.8	59.0	399
4-5	40.1	9.0	44.3	356
6-7	29.4	7.3	35.0	330
8-9	33.5	6.0	36.6	324
10-11	21.8	6.6	27.2	359
12-13	17.7	5.3	21.7	413
14-15	14.5	4.7	18.5	416
16-17	10.5	7.2	16.0	420
18-19	8.3	3.7	11.7	411
20-21	5.5	5.8	11.1	377
22-23	5.1	5.2	10.0	426
24-25	2.9	3.1	6.0	411
26-27	4.1	2.7	6.8	447
28-29	3.4	1.8	5.1	423
30-31	3.3	5.8	8.6	388
32-33	4.5	3.3	7.2	395
34-35	3.1	4.5	7.5	426
Total	17.8	9.0	21.9	7010
Median	4.1	2.3	4.6	na
Mean	7.4	4.0	8.8	na
Prevalence/incidence mean	6.4	3.2	7.9	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable.
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth.

Overall, the period of amenorrhea after birth is not long for the average Egyptian woman. As Figure 7.1 shows, the percentage of babies whose mothers are amenorrheic declines from more than 90% in the two months immediately after birth to 54% during the period 2-3 months after birth. By 4 - 5 months after a birth, 40% of mothers are still amenorrheic, and by 12-13 months after a birth, mothers have not resumed menstruation in 18% of births. The median duration of postpartum amenorrhea is 4.1 months, and the mean duration is 7.4 months. The relatively short average duration of postpartum amenorrhea is related to breastfeeding patterns, especially the early introduction of supplemental foods (see Chapter 11).

Figure 7.1 Percentage of births whose mothers are amenorrheic, abstaining, or insusceptible to the risk of pregnancy
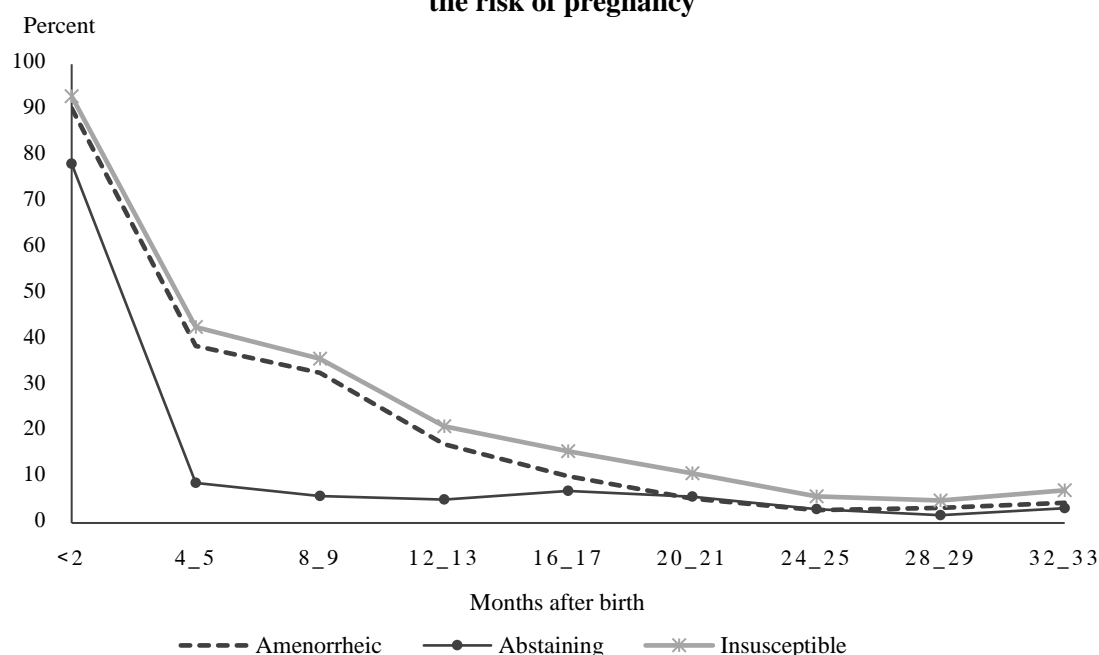
As in other Islamic countries, many couples in Egypt practice the traditional of abstaining from sexual relations for a period of 40 days after a birth. Reflecting this tradition, the percentage of births for which the mother is still abstaining decreases rapidly, from 80% in the 2-month period immediately after a birth to 21% at 2-3 months after a birth and then to 9% at 4-5 months after a birth.

The combined effects of postpartum amenorrhea and postpartum abstinence are reflected in the period of postpartum insusceptibility after a birth. Overall, around 6 in 10 women are susceptible to the risk of pregnancy at 4-5 months after a birth. The mean duration of postpartum insusceptibility is 8.8 months, and the median duration is 4.6 months.

Table 7.7 presents the median durations of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility, according to selected background characteristics. In general, the periods of insusceptibility to the risk of conception are longer for older women, rural women, women in Upper Egypt, women who didn't complete primary or higher, women in the second through the fourth wealth quintile, and women not working for cash than women in other groups, however, differentials are limited. Differentials in the durations of insusceptibility among the population subgroups are due primarily to differences in the length of the periods of postpartum amenorrhea more than differentials due to postpartum abstinence.

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

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Egypt 2021

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility[1]
Mother's age			
15-29	3.9	2.3	4.5
30-49	4.5	2.3	4.9
Urban-rural residence			
Urban	4.0	2.1	4.5
Rural	4.1	2.4	4.7
Place of residence			
Urban Governorates	2.9	1.9	3.5
Lower Egypt	4.5	2.3	5.0
Urban	5.3	(2.5)	5.6
Rural	4.3	2.3	4.8
Upper Egypt	4.0	2.3	4.6
Urban	4.0	(2.0)	4.3
Rural	4.0	2.4	4.7
Frontier Governorates[2]	3.3	*	3.3
Education			
No education	3.3	2.2	3.7
Some primary	4.0	*	4.4
Primary complete/some secondary	4.3	2.3	4.8
Secondary complete/higher	4.2	2.3	4.7
Work status			
Working for cash	3.7	(1.7)	4.3
Not working for cash	4.1	2.3	4.6
Wealth quintile			
Lowest	3.9	2.1	4.2
Second	5.4	2.2	6.6
Middle	4.3	2.3	5.0
Fourth	4.1	2.3	5.2
Highest	3.5	2.4	3.9
Total	4.1	2.3	4.6

Note: Medians are based on current status, i.e., the status at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
* = Omitted because fewer than 50 percent of the respondents abstained for a month following birth.
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth.
[2] Does not include North Sinai governorate.

7.5 TERMINATION OF EXPOSURE TO PREGNANCY

Another factor influencing the risk of pregnancy among women is menopause among older women. Table 7.8 presents data on the proportion menopausal among women aged 30 and over who are currently married, non-pregnant and non-amenorrheic. For the purposes of the table, an EFHS-2021 respondent is considered menopausal if she met one of the two following conditions: 1) she declared herself menopausal at the time of the interview, or 2) she had been menpousal for a period of six months or more before the survey and she was neither pregnant nor amenorrheic after birth.

Based on this definition, Table 7.8 shows that around 13% of respondents aged 30-34, and around 12% of respondents aged 35-39 are menopausal, which is much higher than the level observed in the 2014 EDHS. However, the proportion menopausal rises rapidly with age, from 11 % of women aged 40-41 to 29% among women in the oldest age group (48-49 years), which is much higher than what was observed in the 2014- EDHS.

Table 7.8 Menopause

Percentage of women aged 30-49 who are menopausal, by age, Egypt 2021.

Age	Percentage menopausal[1]	Number of women
30-34	13.2	4091
35-39	11.9	4207
40-41	11.1	1527
42-43	12.9	1432
44-45	13.6	1285
46-47	19.8	1092
48-49	29.3	983
Total	14.2	14617

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

8 INFANT AND CHILD MORTALITY

Key Findings:

- Results indicate that infant mortality is 25 deaths per 1000 births with the majority of deaths occurring during the first month of life (18 deaths per 1000 births).

- Under -five mortality is 28 deaths per 1000 births with some differentials between urban and rural areas (24 deaths per 1000 births and 32 deaths per 1000 births, respectively).

- Considering the place of residence, results indicated that under-five mortality is highest in rural Upper Egypt (39 deaths per 1,000 births) and lowest in the urban Lower Egypt (20 deaths per 1,000 births).

- Under -five mortality decrease with the increase of mother education to reach 23 deaths per 1000 births for women who have completed secondary education compared with 38 deaths per 1000 births for women with no education.

- Three out of four currently married women have the potential of giving birth to a child at elevated risk of mortality (mainly old age, short birth interval, and high birth order).

This chapter deals with information on the levels and trends in mortality among neonatal mortality, postnatal, infant and under five mortality in Egypt. The chapter also looks at the variation in mortality levels according to demographic and socioeconomic characteristics that have been shown to influence infant and childhood mortality (e.g., residence, young maternal age at birth, and short birth intervals). The mortality levels calculated from EFHS-2021 are central to the assessment of the current demographic and health situation in Egypt. Mortality levels are also one of the main indicators of the standard of living or development of a population. Thus, identifying segments of the child population that are at greater risk of dying contributes to efforts to improve child survival and lower the exposure of young children to risk of death.

8.1 ASSESSMENT OF DATA QUALITY

Mortality estimates in EFHS-2021 are calculated from information that was collected in the birth history section of the woman's questionnaire. The birth history section includes a set of initial questions about the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died. These questions are followed by a retrospective birth history in which a listing of all of the respondent's births is obtained, starting with the first birth. The information is collected in the birth history on the sex, month and year of birth, survivorship status, and current age, or age at death, of each of the respondent's live births. This information is used to directly estimate the mortality rates.

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

> **Neonatal mortality:** the probability of dying within the first month of life.

> **Postneonatal mortality:** the difference between infant and neonatal mortality.

> **Infant mortality:** the probability of dying during the first year of life.

> **Child mortality:** the probability of dying between the first and fifth birthday.

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

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

Omissions can be detected by examining the proportion of neonatal deaths that occur during the first week of life and the proportion of infant deaths that take place during the first month of life. If there is substantial underreporting of deaths, the results would be abnormally low ratios of deaths less than seven days to all neonatal deaths and of neonatal deaths to all infant deaths. Table D5 in Appendix D shows the ratio of deaths in the first six days of life to all neonatal deaths for the period 0-19 years before EFHS-2021, and data in the table indicates that the ratios of early neonatal deaths to all neonatal deaths is not low (67%). In addition, Table D-6 in Appendix shows the proportion of neonatal to all infant deaths for the same time period. The ratio of neonatal deaths to all infant deaths is not low during that period, where neonatal mortality is 72% to all infant deaths.

Errors in the reporting of birth dates also affect the accuracy of period mortality estimates. An examination of the distribution of children deaths according to their birth date indicates that there is an excess of deaths in calendar year 2015 (shown in Appendix Table D-4). The transference occurred in the case of both living and dead children, but they are limited. A similar pattern is evident in the data from in past DHS surveys in other countries and in Egypt; it is thought to result, at least partially, from interviewer transference of births out of the period for which health data were collected (January 2016 through the date of the survey) in order to reduce the workload.

Another problem common to the collection of birth history data is heaping of age at death, especially at age 12 months. Errors in the reporting of the age at death will bias estimates of the age pattern of mortality if the errors result in transference of deaths between the age segments for which the rates are calculated. For example, an overestimate of child mortality relative to infant mortality may result if children who died during the first year of life are reported to have died at age one year (12 months) or older. In an effort to avoid this problem, interviewers in the survey were instructed to record the age at death in months for deaths under age two years. In addition, they were asked to probe whenever the mother reported an age at death of "1 year" or "12 months". Despite these procedures, the data on age at death from EFHS-2021 exhibits some heaping at age 12 months (shown in Appendix Table D-6) where 5 deaths were reported for age 12 month and only one death at age 11months and no deaths at age 13 months. However, the heaping is less evident for deaths occurring in the five-year period before the survey than for deaths taking place further in the past.

8.2   LEVELS AND TRENDS IN EARLY CHILDHOOD MORTALITY

Table 8.1 presents neonatal, post-neonatal, infant, child, and under-five mortality rates for a 15-year period preceding the EFHS-2021. These results describe the current level of mortality in Egypt and allow an assessment of recent trends in mortality among young children.

8.2.1 Levels of Mortality

Results indicate that under-five mortality for five-year period before the survey (0-4 years) is 28 deaths per 1,000 births. At this level, about one in 36 Egyptian children will die before the fifth birthday. The infant mortality rate is 25 deaths per 1,000 births, and the neonatal mortality rate is 18 deaths per 1,000 births. This indicates that around 89% of early childhood deaths in Egypt occur before a child's first birthday, and around 64% of under-five mortality occurring during the first month of life.

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Egypt 2021

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	18	7	25	3	28
5-9	16	10	26	4	29
10-14	18	12	30	3	33

[1] Computed as the difference between the infant and neonatal mortality rates.

8.2.2 Trends in Mortality Based on Retrospective Data

Mortality estimates derived from the retrospective birth history data collected in EFHS-2021 and are used in Table 8.1 to examine the trends in early childhood mortality in Egypt over the past 15 years. Although subject to some degree of recall bias, the results suggest that early childhood mortality levels have declined steadily over the past 15 years. Infant mortality decreased by around 17%, from a level of 30 deaths per 1,000 births during the period 10-14 years before the survey (circa 2007-2011) to a level of 25 deaths per 1,000 in the five-year period preceding the EFHS-2021 (circa 2017-2021). Under-five mortality declined from 33 deaths per 1,000 births during the period 10-14 years before the survey to 28 deaths in the five-year period before the survey, which represent a decrease by around 15.2%.

8.2.3 Trends in Mortality Based on Data from Multiple Surveys

Another approach to looking at trends in mortality levels involves the comparison of estimates from surveys conducted at different points in time. Table 8.2 and Figure 8.1 present the trend in early childhood mortality rates for successive five-year periods prior to EFHS-2021 and the four Egypt DHS surveys during the last two decades (the estimates span a period of around 30 years prior to EFHS-2021).

It is important in examining the estimates to remember that the reporting of mortality events is generally better for the five-year period immediately before a survey since mothers are more likely to forget or fail to mention deaths further back in time. Thus, the estimate for the five-year period immediately prior to each of the surveys shown in Table 8.2 is likely to be the most accurate. Also, sampling errors must be taken into account when interpreting the trends in the table, which are typically fairly large for mortality rates, for all these reasons. Accordingly, one has to be caution in interpreting differential and fluctuations in mortality estimates for the same period from different surveys presented in Table 8.2, especially when these differences are limited.

The estimates presented in Table 8.2 confirm that early childhood mortality has fallen significantly in Egypt during the past three decades. An Egyptian child was around 4 times more likely to die before the fifth birthday in the early 1990s than in 2021 (Figure 8.1), however, there is plateau in the rates during the last 15 years. The trends in Table 8.2 also document the changing age pattern for death between children, where mortality rates declined in general and concentrated rapidly in the first month of life. In early nineties, 36% of children deaths occurred during the first month, and in EFHS-2021 64% of children deaths occurred in the first month.

Table 8.2 Trends in early childhood mortality

Trends in neonatal, infant, and under-five mortality from various selected surveys, Egypt 2000-2021

Reference period	Approximate midpoint	Survey	Neonatal mortality	Infant mortality	Under-five mortality
2017-2021	**2019**	**2021 EFHS**	18	25	28
2012-2016	**2014**	**2021 EFHS**	16	25	29
2010-2014	2012	2014 EDHS	14	22	27
2007-2011	**2009**	**2021 EFHS**	18	30	33
2005-2009	2007	2014 EDHS	19	30	33
2004-2008	2006	EDHS-08	16	25	28
2001-2005	2003	EDHS-05	20	33	41
2000-2004	2002	2014 EDHS	19	33	39
1999-2003	2001	EDHS-08	19	33	39
1996-2000	1998	EDHS-05	26	48	59
1996-2000	1998	EDHS-00	24	44	54
1994-1998	1996	EDHS-08	21	41	54
1991-1995	1993	EDHS-05	32	60	81
1991-1995	1993	EDHS-00	34	66	84
1986-1990	1988	EDHS-00	37	74	103

Source:
EDHS-00: El-Zanaty and Way., 2001, Table 10.1.
EDHS-05: El-Zanaty and Way., 2006, Table 10.1.
EDHS-08: El-Zanaty and Way., 2009, Table 10.1.
EDHS-14: MOHP and El-Zanaty & Associates, 2015, Table 8.1.

Figure 8.1 Trends in under-five mortality, Egypt 1988−2019

EFHS 2021
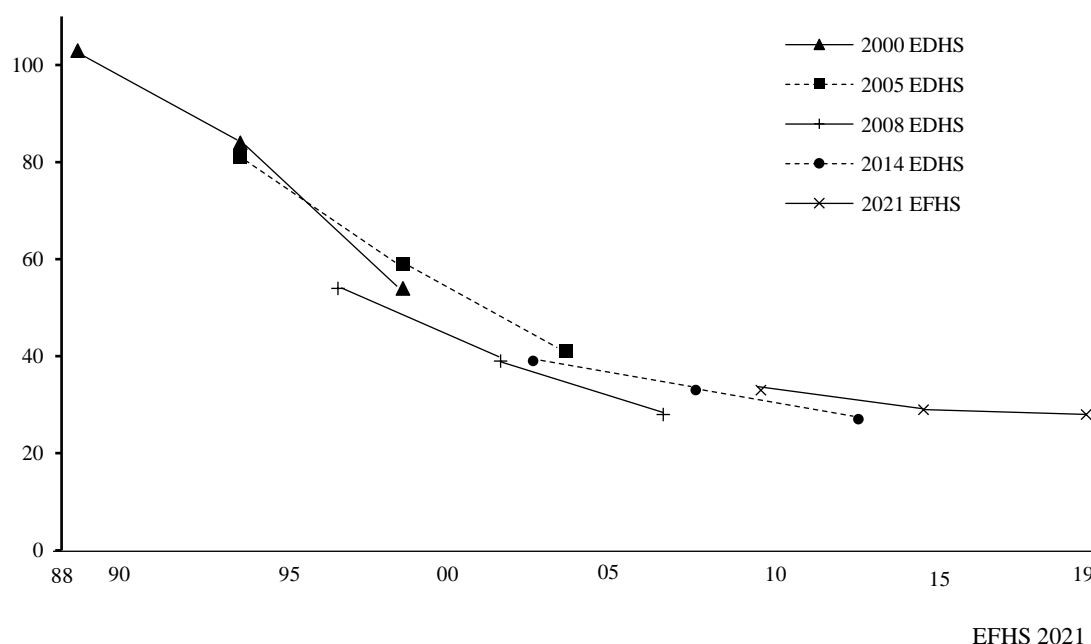
8.3   DIFFERENTIALS IN MORTALITY

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

The mortality estimates are calculated for most variables, for a ten-year period before the survey so that the rates are based on a sufficient number of cases in each category to ensure statistical significance. However, mortality rates by birth-size are calculated only for the five-year period before the EFHS-2021 because the information on birth-size in pregnancy and birth section was collected only for births in the five years period preceding the survey.

8.3.1 Socioeconomic Differentials

Table 8.3 shows that urban-rural differences in early childhood mortality was in favor of urban children, i.e., urban children have a lower probability of dying at any stage of early childhood than rural children. It is observed that under-five mortality in urban areas is 24 per 1,000 births, lower than under-five mortality in rural areas by around 25% (32 per 1,000).

Table 8.3 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by socioeconomic characteristics, Egypt 2021

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Urban-rural residence					
Urban	15	7	22	2	24
Rural	18	9	27	4	32
Place of residence					
Urban Governorates	13	6	19	2	21
Lower Egypt	14	7	21	2	23
Urban	14	5	19	1	20
Rural	14	7	21	3	24
Upper Egypt	21	11	32	5	37
Urban	18	9	27	4	31
Rural	21	12	33	6	39
Frontier Governorates[2]	10	4	14	3	17
Mother's education					
No education	23	10	33	5	38
Some primary	17	15	32	7	39
Primary complete/some secondary	21	12	33	5	38
Secondary complete/higher	14	6	21	2	23
Wealth quintile					
Lowest	20	11	30	5	36
Second	20	10	31	5	35
Middle	17	10	27	3	30
Fourth	14	6	20	2	22
Highest	13	6	19	2	21

[1] Computed as the difference between the infant and neonatal mortality rates
[2] Does not include North Sinai governorate.

Differentials are also observed by place of residence, where the lowest under-five mortality rate is found in urban Lower Egypt and the highest in rural Upper Egypt (see Figure 8.2). The under-five mortality rate in rural Upper Egypt has reached 39 deaths per 1,000 births which is about 63% higher than the level in rural Lower Egypt (24 deaths per 1,000 births). Although mortality in rural Upper Egypt is higher at all ages than mortality in rural Lower Egypt, the large relative differentials in 1-4 years child mortality are particularly noteworthy. The child mortality (1-4 years) in rural Upper Egypt is 6 deaths per 1,000 births, which is almost double the rate in rural Lower Egypt (3 deaths per 1,000 births). The infant mortality rate in rural Upper Egypt (33 deaths per 1,000 births) is also almost 58% as high as the rate in rural Lower Egypt (21 deaths per 1,000 births).

Figure 8.2 Under-five mortality by place of residence
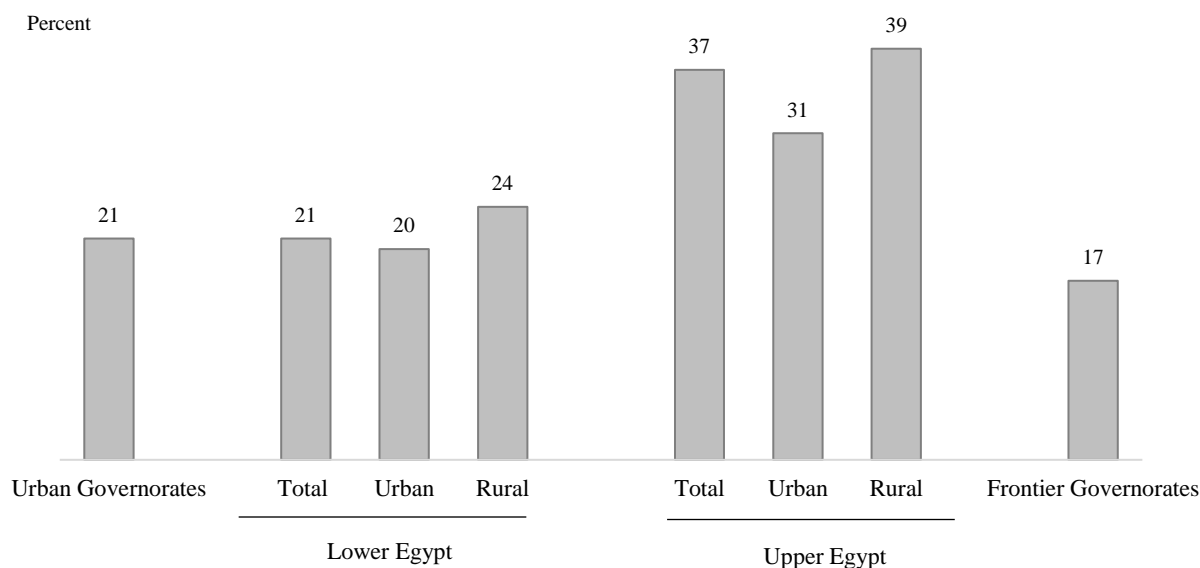
EFHS 2021

The increase in under-five mortality in Upper Egypt compared with Lower Egypt is also due to the differential and increase in infant mortality rates. Infant mortality rate in Urban Governorates and urban Lower Egypt is 19 deaths per 1000 births compared with 27 deaths per 1000 deaths in urban Upper Egypt. Child mortality levels among children 1-4 years varies from 2 deaths per 1000 births in Lower Egypt and Urban Governorates to 5 deaths per 1000 births in Upper Egypt.

Table 8.3 shows differentials in mortality by other socioeconomic characteristics. Mortality is generally inversely related to mother's education, with children born to women who never attended school being almost 65% as likely to die by the fifth birthday as children born to mothers with a secondary or higher education (38 deaths and 23 deaths per 1,000 births, respectively). Similarly, births to mothers in the lowest wealth quintile are around 71% more likely to die before the fifth birthday than children born to mothers in the highest quintile.

8.3.2 Demographic Differentials

Table 8.4 shows the relationship between early childhood mortality and selected demographic variables including the sex of the child, mother's age at birth, birth order, length of the previous birth intervals, and mother's perception concerning the size of the child at birth. As expected, the neonatal mortality is slightly higher among boys than girls (18 deaths per 1,000 and 15 deaths per 1,000, respectively). Mortality in the postneonatal period is somewhat higher for girls than for boys. Also, under-five mortality is higher for boys than and girls (30 and 28 deaths per 1,000 births, respectively).

The effect of young maternal age at birth on mortality, is evident from Table 8.4. Children born to mothers who were under age 20 at the time of the birth are more likely to die at all ages than children born to older mothers. Considering birth order, the relationship is generally clear, where the lowest child mortality level is observed for first births (18 deaths per 1000 births) and increases with higher birth orders to reach double this level for second and third order births (35 deaths per 1000 births) and increases significantly between children of birth order 4-6 (117 deaths per 1000 births).

The length of the previous birth interval is associated with mortality levels. Overall, the under-five mortality rate among children born less than two years after a previous birth is 95 deaths per 1,000 births, about 7 times the level among children born 4 or more years after a previous birth (14 deaths per 1000 births). These results are associated with the findings presented in Chapter 4 where almost one-

fifth of all non-first births occur within 24 months of the previous birth; these results indicate the importance of continuing efforts to promote the use of family planning for birth spacing.

Table 8.4 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Egypt 2021

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Child's sex					
Male	18	8	26	4	30
Female	15	9	24	3	28
Mother's age at birth					
<20	22	12	34	3	37
20-29	16	9	25	4	28
30-39	15	8	23	4	26
40-49	(24)	(2)	(26)	*	*
Birth order					
1	11	5	15	3	18
2-3	21	11	32	4	35
4-6	65	45	110	8	117
7+	(37)	(6)	(43)	(0)	(43)
Previous birth interval[2]					
<2 years	59	29	87	9	95
2 years	15	10	25	3	27
3 years	11	5	16	4	20
4+ years	6	5	12	3	14
Birth size[3]					
Small/very small	26	15	42	na	na
Average or larger	14	5	19	na	na

Note: Rates in parentheses are based on unweighted 250-499 exposed births. An asterisk indicates the rate is based on fewer than unweighted 250 exposed births and has been suppressed.
na = Not available.
[1] Computed as the difference between the infant and neonatal mortality rates.
[2] Excludes first-order births.
[3] Rates for the five-year period before the survey.

Research has shown that a child's size at birth is an important predictor of the risk of dying during early infancy. For all births in the five-year period before the EFHS-2021, mothers were asked if the child was small or very small, average or large. Table 8.4 shows that the children who were considered by their mothers to be small or very small at birth were at a much greater risk of dying than children who were described as average or larger. Infant mortality for children who were considered by their mothers to be small or very small is 42 deaths per 1,000 compared with 19 deaths per 1,000 for children regarded as average or larger.

8.4   PERINATAL MORTALITY

Perinatal deaths include deaths to live births within the first seven days of life (early neonatal deaths) and pregnancy losses occurring after seven months of gestation (stillbirths). In EFHS-2021, information on stillbirths was obtained for the five years preceding the survey and recorded in the calendar. The distinction between a stillbirth and an early neonatal death is often a fine one, depending on observing and then recalling sometimes-faint signs of life following delivery. The causes of stillbirths and early neonatal deaths are closely linked, and just examining one or the other can understate the true level of mortality around delivery.

Table 8.5 presents the number of stillbirths and early neonatal deaths and the perinatal mortality rate for the five-year period prior to EFHS-2021 by selected background characteristics. Overall, the perinatal mortality rate is 17 per 1,000 pregnancies, which is slightly higher than the level observed in 2014 (15 per 1,000 pregnancies). Prenatal mortality rate is higher in rural areas (18 per 1000 pregnancies) than urban areas (14 per 1000 pregnancies), with the highest level in rural Upper Egypt (21 per 1000 pregnancies). For other background characteristic, the highest level of perinatal mortality observed among women with no education and those in the lowest wealth quintile (23 per 1000 each).

Table 8.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Egypt 2021

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	4	17	15	1,378
20-29	35	83	16	7,389
30-39	29	42	19	3,760
40-49	2	4	22	259
Previous pregnancy interval in months[4]				
First pregnancy	12	30	14	2,934
<15	9	32	16	2,491
15-26	9	16	13	1,859
27-38	7	19	22	1,226
39 or more	33	49	19	4,275
Urban-rural residence				
Urban	22	38	14	4,285
Rural	48	107	18	8,501
Place of residence				
Urban Governorates	11	14	16	1,558
Lower Egypt	21	54	14	5,205
Urban	3	10	11	1,201
Rural	18	44	15	4,004
Upper Egypt	36	76	19	5,855
Urban	6	13	14	1,411
Rural	30	63	21	4,443
Frontier Governorates[5]	2	1	18	169
Mother's education				
No education	8	25	23	1,410
Some primary	2	5	13	538
Primary complete/some secondary	24	40	20	3223
Secondary complete/higher	36	75	15	7,615
Wealth quintile				
Lowest	13	36	23	2,134
Second	12	35	19	2,549
Middle	17	29	17	2,701
Fourth	14	25	14	2,815
Highest	14	20	13	2,587
Total	70	145	17	12,786

[1] Stillbirths are fetal deaths in pregnancies lasting seven or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1,000.
[4] Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.
[5] Does not include North Sinai governorate.

8.5 HIGH-RISK FERTILITY BEHAVIOR

Research has indicated that there is a strong relationship between maternal fertility patterns and children's survival risks. Typically, the risk of early childhood death increases among children born to mothers who are too young or too old, children born after too short birth intervals, and children of high birth order. For the purpose of this analysis, a mother is classified as "too young" if she is less than 18 years of age, and "too old" if she is over 34 years at the time of the birth. A "short birth interval" is defined by the birth occurring less than 24 months after a previous birth; and a child is of "high birth order," if the mother had previously given birth to three or more children (i.e., the child is of birth order four or higher).

Table 8.6 shows the percent distributions of births in the five-year period and of currently married women at the time of the survey according to these elevated risk factors. The table also examines the relative risk of dying for children by comparing the proportion dead in each specified high-risk category with the proportion dead among children not in any high-risk category. As for first births, although

often at increased risk, are included in the 'not in any high-risk' category in this analysis because they are not considered an avoidable risk.

Results indicate that around 39% of births in the five-year period before the survey were in at least one of the specified high-risk categories, and 10% were associated with two or more high-risk factors, which is less than what was observed in 2014. Also, short birth intervals and mothers young age were the most common single high-risk factors.

As the second column of Table 8.6 shows, the risk of dying for a child who falls into any of the high-risk categories is 2.18 times more than for a child not in any high-risk category. Considering the risk categories separately, children are at highest risk of dying if the mother is younger than 18 years at the time of the birth or if the child is born within two years of a previous birth. Generally, risk ratios were higher for children in multiple high-risk categories than for children in any single high-risk category.

The final column in Table 8.6 examines the potential for high-risk births among currently married women. A woman's current age, time elapsed since the last birth, and parity are used to determine the risk categories in which any birth she conceived at the time of the survey would fall. For example, if a respondent who is age 40, has had four births, and had her last birth 12 months ago were to become pregnant, she would fall in the multiple high-risk category of being too old, too high parity (four or more births), and giving birth too soon after a previous birth (less than 24 months).

Overall, EFHS-2021 results indicate that the majority of currently married women (77%) in Egypt have the potential of giving birth to a child at elevated risk of mortality. Results indicate that about one in three women has the potential for having a birth in a single high-risk category (mainly high birth order), while around 45% have the potential for having a birth in a multiple high-risk category (mainly older maternal age and high birth order).

Table 8.6 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Egypt 2021

| Risk category | Births in the 5 years preceding the survey | | Percentage of currently married women[1] |
	Percentage of births	Risk ratio	
Not in any high risk category	37.7	1.00	[1] 20.0
Unavoidable risk category			
First order births between ages 18 and 34 years	22.9	1.31	2.9
Single high-risk category			
Mother's age <18	2.6	2.48	0.1
Mother's age >34	3.7	1.18	11.1
Birth interval <24 months	9.9	2.23	6.6
Birth order >3	13.0	2.20	14.1
Subtotal	29.2	2.10	31.9
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.3	(2.93)	0.1
Age >34 and birth interval <24 months	0.3	(0.00)	0.4
Age >34 and birth order >3	6.6	2.08	38.3
Age >34 and birth interval <24 months and birth order >3	0.6	0.17	1.9
Birth interval <24 months and birth order >3	2.5	4.0	4.7
Subtotal	10.2	2.42	45.3
In any avoidable high-risk category	39.4	2.18	77.2
Total	100.0	na	100.0
Number of births/women	12,726	na	19,044

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age <18 and birth order >3.
[a] Includes sterilized women

9 MATERNAL HEALTH

Key Findings:

- 97% of mothers received antenatal care from a doctor during their pregnancy.

- More than 88% of mothers received antenatal care service from the private sector (hospitals or a private physician).

- 90% of mothers reported having regular antenatal care (i.e. four or more antenatal care visits) provided by a medical provider.

- The majority of births in the five-year period before the survey occurred in a private health facility (70%), whereas one-quarter of births occurred in a public health facility.

- Caesarean section deliveries had increased dramatically where 7 in 10 births were cesarean deliveries compared to 5 in 10 births were cesarean deliveries in 2014.

- Eight in 10 mothers giving birth to their last child within two years of the survey had a postnatal checkup with a medical provider within two days of delivery.

- A blood sample was taken to check for congenital hypothyroidism for more than 90% of newborns within 14 days of birth.

- More than 60% of newborns had their first bath a day or more after birth and about 28% of them had their first bath within less than 6 hours after birth.

- At least 2 of the postnatal signal care functions were conducted for more than 50% of newborns within 2 days of birth.

Proper care during pregnancy, at the time of delivery, and in the postpartum period are important to the health of both a mother and her baby. To obtain data on these issues, the 2021 Egypt Family Health Survey included a number of questions on the receipt of antenatal care, sources of care, number of antenatal care visits, vaccinations required during pregnancy, place of delivery and assistance received at delivery for births from medical service providers. In addition, the survey collected information about postnatal care that a mother and her newborn may have received, thermal care for newborns and the postnatal signal care functions performed for newborns.

9.1 ANTENATAL CARE

9.1.1 Antenatal Care Coverage

Antenatal care from a trained provider is important in order to monitor the pregnancy and reduce the risks for the mother and child of contracting infections during pregnancy and at delivery, especially during the first 3 months of pregnancy. The EFHS 2021 included questions regarding antenatal care that mothers have received during their pregnancy, the sources of care, timing and coverage of antenatal care services. The figures in the following tables are based on information for last live birth in the five-year period before the survey as similar to the calculations carried out for the EDHS 2014, which is different than calculations in prior EDHS surveys that were generally based on all live births in the five-year period before the survey. The change was made to ensure the antenatal care rates presented in this report are consistent with the indicators employed in tracking progress toward achieving Sustainable Development Goals for maternal health, which are based on information for women's last live births.

The 2021 EFHS collected information on all of the persons that women who gave birth during the five-year period before the survey saw for antenatal care. The survey also obtained information on all of the places where women received antenatal care. Table 9.1 presents the information on the providers and sources from which women received antenatal care for their last live birth. It should be noted that the total percentage in Table 9.1 add to more than the total percentage of women who received any antenatal care for the last birth than (97%) because some women reported more than one type of provider and source. With regard to the type of provider seen for antenatal care, Table 9.1 shows that almost all women saw a doctor for care (97%), less than one-quarter of women received care from a trained nurse/midwife, and none of the women received antenatal care from a Daya (i.e., traditional birth attendant). Table 9.1 also shows that 88% of women received antenatal care from a private provider, where 87% of women received care in private hospitals or clinics. On the other hand, 17% said that they had obtained care at a public facility of which half of them are from rural health units and a neglectable percentage 0.1% of women sought care from nonmedical places.

In addition, the survey included questions on the number of times a woman received antenatal care for her last live birth and the number of months that the woman was pregnant when she first received antenatal care for the pregnancy. Table 9.1 presents the number of months the woman was pregnant at the time of the first antenatal care visit. To be most effective, it is recommended that mothers see a trained provider at least four times for antenatal check-ups during pregnancy. Results indicate that 9 in 10 mothers had regular antenatal care for their last live birth, i.e., at least four antenatal visits. The table also shows that 89% of mothers reported they had their initial antenatal care visit in the first three months of pregnancy and this percentage decreases dramatically with the progression of pregnancy to reach 0.6% among women who had their first antenatal care visit during the 8th month of pregnancy.

Table 9.2 presents differentials in several antenatal care coverage indicators by selected background characteristics and information on governorate-level is shown in Appendix Table A-9.1. The table shows that younger mothers are more likely to get regular antenatal care compared to older mothers where percentage of receiving regular antenatal care decreases with mother's age. Ninety-three percent of mothers who are younger than 20 years reported getting regular antenatal care compared to 88% among women in the aged cohort 35-49. The table also shows that the percentage getting any or regular antenatal care declines directly with the child's birth order where the lowest rates of any or regular antenatal care are reported among women who had their sixth newborn or more (91% and 77%, respectively).

Considering residence, results indicate that urban mothers in Lower Egypt were the most likely to receive regular antenatal care (96%) whereas mothers from Upper Egypt and Frontier Governorates are

Table 9.1 Antenatal care

Percentage of women who had a live birth during the five years preceding the survey by type of antenatal care provider and by source of antenatal care for the last birth and the percent distribution of women by the number of antenatal care visits and the stage of pregnancy at the time of the first antenatal care visit for the last birth, Egypt 2021

	Total
Antenatal care provider	
Doctor	96.6
Trained nurse/midwife	24.3
Daya (traditional birth attendant)	0.0
Source for antenatal care	
Public sector	16.7
Urban hospital (general/district)	4.1
Urban health unit	2.4
Health office	0.6
Rural hospital (central)	0.6
Rural health unit	8.8
MCH center	0.4
Other government	0.1
Nongovernmental	0.1
Private medical	88.3
Private hospital/clinic	86.7
Private doctor	1.5
Other private medical	0.1
Other nonmedical	0.1
Number of antenatal care visits	
None	3.2
1	0.9
2	2.3
3	3.4
4+	89.9
Don't know/missing	
Total	100.0
Median number of ANC visits (for those with ANC)	9.0
Number of months pregnant at time of first antenatal care visit	
No antenatal care	3.2
<4	88.8
4-5	6.0
6-7	1.2
8+	0.6
Don't know/Missing	0.2
Total	100.0
Number of last births	9602

Note: Percentages for the type of antenatal care provider and the source for care add to more than the total percentage receiving antenatal care because women were able to name more than one provider/source from whom they received care. The figures in the table are based on information for last live births in the five-year period before the survey and, thus, may not be comparable to figures in the reports for prior EDHS surveys except EDHS-2014, which were generally based on all births in the five-year period before the survey.

the least likely to get regular antenatal care. Mother's education status and wealth were directly related to the likelihood of receiving antenatal care. For example, only 82% of mothers with no education received regular antenatal care compared with 93% of mothers who had a secondary or higher education. Despite that, the results of the Egypt Family Health Survey-2021 indicate a decrease in disparities in getting antenatal care by place of residence and educational level of mothers compared to previous EDHS surveys.

Table 9.2 Antenatal care by background characteristics

Percent distribution of women aged 15-49 who had a live birth in the five years preceding the survey by antenatal care provider during pregnancy for the most recent birth and percentage receiving any antenatal care and regular antenatal care from a skilled provider, according to background characteristics, Egypt 2021.

Background characteristic	Antenatal care provider				Percentage receiving antenatal care from a skilled provider[1]		Number of women
	Doctor	Nurse/ midwife	No ANC	Total	Any	Regular[2]	
Mother's age at birth							
<20	97.4	0.3	2.3	100.0	97.4	93.0	718
20-34	96.9	0.1	3.1	100.0	96.7	90.0	7587
35-49	95.0	0.2	4.8	100.0	94.8	87.6	1298
Birth order							
1	99.0	0.2	0.8	100.0	98.7	95.5	1793
2-3	97.2	0.1	2.8	100.0	96.9	90.8	5361
4-5	94.3	0.2	5.5	100.0	94.5	84.9	2085
6+	90.8	0.0	9.2	100.0	90.8	77.0	364
Urban-rural residence							
Urban	96.3	0.0	3.7	100.0	96.0	91.4	3319
Rural	96.8	0.1	3.0	100.0	96.7	89.1	6283
Place of residence							
Urban Governorates	95.7	0.0	4.3	100.0	95.4	91.4	1176
Lower Egypt	98.2	0.1	1.7	100.0	98.0	93.3	4056
Urban	98.7	0.0	1.2	100.0	98.7	95.6	958
Rural	98.1	0.1	1.8	100.0	97.7	92.6	3098
Upper Egypt	95.4	0.1	4.4	100.0	95.4	86.3	4253
Urban	94.7	0.1	5.2	100.0	94.2	87.9	1106
Rural	95.7	0.2	4.1	100.0	95.8	85.8	3147
Frontier Governorates[3]	95.4	0.1	4.5	100.0	95.5	84.5	118
Education							
No education	93.5	0.2	6.3	100.0	93.3	81.9	1059
Some primary	93.4	0.0	6.6	100.0	92.5	83.7	399
Primary complete/some secondary	95.5	0.1	4.3	100.0	95.5	86.2	2312
Secondary complete/ higher	97.9	0.1	2.0	100.0	97.7	93.2	5833
Work status							
Working for cash	96.6	0.0	3.4	100.0	96.2	91.8	1182
Not working for cash	96.6	0.1	3.2	100.0	96.5	89.6	8421
Wealth quintile							
Lowest	93.2	0.2	6.6	100.0	93.3	82.1	1578
Second	95.1	0.3	4.6	100.0	94.9	84.2	1852
Middle	96.2	0.1	3.7	100.0	96.2	89.0	2027
Fourth	98.4	0.0	1.6	100.0	98.1	94.8	2143
Highest	99.3	0.0	0.7	100.0	99.0	96.8	2002
Total	96.6	0.1	3.2	100.0	96.5	89.9	9602

Note: If more than one source of antenatal care was mentioned, only the provider with the highest qualifications is considered in this tabulation. The figures in the table also are based on information for the last birth in the five-year period before the survey and, thus, may not be comparable to figures in the reports for DHS surveys, prior to EDHS-2014 which were generally based on all births in the five-year period before the survey.
[1] Skilled provider includes doctor or nurse/midwife.
[2] A woman is considered to have had regular antenatal care if she had four or more visits during pregnancy.
[3] Does not include North Sinai governorate.

9.1.2 Tetanus Toxoid Coverage

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

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

Around one-fifth of mothers reported they had received two or more tetanus toxoid injections during pregnancy for the last live birth with remarkable variations by background characteristics. Considering mother's lifetime history of tetanus vaccinations, around half of last-born children were fully protected against neonatal tetanus. Results indicate that rural births were more likely to be fully protected than urban births (54% and 39%, respectively). Moreover, results show that births in rural Upper Egypt are the most likely to be fully protected against neonatal tetanus (62%) while births in the Urban and the Frontier Governorates were least likely to be fully protected (37% and 36%, respectively). It is worth noting that the percentage of births fully protected against neonatal tetanus decreases with wealth from 56% among births in the lowest wealth quintile to 42% among births in the highest quintile.

Table 9.3 Tetanus toxoid injections

Among women aged 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Egypt 2021.

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus[1]	Number of women
Mother's age at birth			
<20	49.7	60.5	718
20-34	20.0	48.5	7587
35-49	12.3	42.8	1298
Birth order			
1	61.8	62.3	1793
2-3	13.7	41.0	5361
4-5	7.8	55.1	2085
6+	7.2	56.6	364
Number of antenatal care visits			
None	10.5	41.3	308
1-3	15.5	52.1	634
4+	22.0	48.7	8630
Urban-rural residence			
Urban	18.8	38.9	3319
Rural	22.4	53.8	6283
Place of residence			
Urban Governorates	20.9	37.0	1176
Lower Egypt	22.1	43.3	4056
Urban	17.1	34.9	958
Rural	23.7	45.9	3098
Upper Egypt	20.5	57.2	4253
Urban	18.4	44.2	1106
Rural	21.3	61.8	3147
Frontier Governorates[2]	15.7	36.1	118
Education			
No education	16.9	51.2	1059
Some primary	23.4	47.5	399
Primary complete/some secondary	22.1	52.5	2312
Secondary complete/ higher	21.5	46.7	5833
Work status			
Working for cash	20.6	41.9	1182
Not working for cash	21.3	49.6	8421
Wealth quintile			
Lowest	17.0	56.0	1578
Second	19.4	53.8	1852
Middle	19.9	49.1	2027
Fourth	23.7	44.8	2143
Highest	24.8	41.6	2002
Total	21.2	48.6	9602

Note: Total includes 42 women for whom the number of antenatal care visits is missing.
[1] Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[2] Does not include North Sinai governorate.

9.1.3 Content of Pregnancy Care

The 2021 EFHS included a series of questions about the care women, who had a live birth during the five-year period prior to the survey, received during their pregnancy for their most recent birth to identify the content of care received during their last live birth. Questions included whether the mothers had been given or had bought iron tablets or syrup, if they had been weighed, had their blood pressure measured, and urine and blood samples taken during any of the visits they made to a medical provider during their pregnancy. Table 9.4 shows the proportions of women who received various components during the pregnancy for their last live birth by selected background characteristics.

Some caution must be exercised in considering the information in Table 9.4, since it depends on the mother's understanding of the questions, e.g., her understanding of what blood pressure measurement involves. It also depends on the mother's recall of events during visits to the provider that may have taken place a number of years before the 2021 EFHS interview. Nonetheless, the results are useful in providing insight into the content of the care Egyptian women receive during pregnancy.

Table 9.4 shows that 70% of mothers took iron supplements during pregnancy. Around 9 in 10 mothers who had antenatal care for the most recent birth had been weighed or their blood pressure measured, or a urine sample was taken as part of the care they received. In addition, 96% of mothers reported that blood samples were taken during their visits of antenatal care for the most recent birth.

Mothers who saw a provider for regular antenatal visits were the most likely to report that routine components of antenatal care were performed. For example, 73% of mothers who had regular care, i.e., four or more antenatal care visits, were given or bought iron supplements compared to 56% of mothers who had 1-3 visits, and 29% of mothers who had no antenatal care for the last birth. The percentage of mothers who were given or bought iron supplements decreases considerably with birth order where 58% of mothers whose most recent birth is of order six or more were given or bought iron supplements compared to 77% among mothers whose most recent birth was the first.

The content of the care women received also varies with the other demographic and socioeconomic characteristics shown in Table 9.4. The proportions receiving recommended components of pregnancy care decreased markedly with the child's birth order. This is of concern since higher parity is associated with higher risks for both a mother and her baby. In general, urban mothers were slightly more likely than rural mothers to report having had the recommended components of antenatal care. Mothers in Lower Egypt are the least likely to report taking iron supplements. In general, results indicate narrowing the gap in receiving the recommended components of antenatal care by place of residence. However, Table 9.4 indicates that mothers in rural Upper Egypt were the least likely to receive the recommended components of antenatal care during their antenatal care visits for their last birth. Data indicates that the likelihood that the routine antenatal care procedures were carried out generally increased with both education and wealth, as well as among women who worked for cash.

Table 9.4 Components of antenatal care

Among women aged 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Egypt 2021

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth took iron tablets or syrup	Number of women with a live birth in the past five years	Among women who received antenatal care for their most recent birth in the past five years, the percentage with the selected services				Number of women with ANC for their most recent birth
			Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth							
<20	74.1	718	92.6	93.7	91.3	95.3	702
20-34	70.6	7587	92.1	92.2	90.5	95.6	7356
35-49	66.3	1298	92.0	91.2	90.4	96.1	1236
Birth order							
1	77.4	1793	93.9	95.5	93.5	97.0	1778
2-3	70.3	5361	92.7	92.7	91.3	95.7	5212
4-5	66.3	2085	90.2	89.6	87.8	94.9	1974
6+	58.1	364	85.1	80.8	80.7	92.0	330
Number of antenatal care visits							
None	28.9	308	na	na	na	na	na
1-3	56.0	634	79.4	73.2	70.6	83.6	634
4+	72.8	8630	93.1	93.6	92.1	96.6	8630
Don't know/missing	(62.6)	31	(87.2)	(90.4)	(83.8)	(87.7)	31
Urban-rural residence							
Urban	72.6	3319	93.9	93.7	92.2	96.3	3199
Rural	69.1	6283	91.2	91.4	89.7	95.3	6095
Place of residence							
Urban Governorates	74.5	1176	94.7	95.5	94.7	96.0	1126
Lower Egypt	67.9	4056	95.3	95.7	94.2	97.5	3989
Urban	68.9	958	96.0	95.8	94.8	98.5	947
Rural	67.6	3098	95.1	95.6	94.0	97.2	3042
Upper Egypt	71.2	4253	88.4	87.9	85.9	93.9	4067
Urban	73.4	1106	91.2	90.0	87.2	95.0	1048
Rural	70.4	3147	87.4	87.1	85.5	93.5	3019
Frontier Governorates[1]	75.4	118	91.2	90.3	90.2	92.3	112
Education							
No education	58.2	1059	87.0	85.8	84.4	91.9	992
Some primary	60.9	399	90.2	87.8	84.1	94.1	372
Primary complete/some secondary	67.9	2312	88.9	89.5	88.0	93.7	2214
Secondary complete/higher	74.0	5833	94.4	94.6	93.1	97.2	5716
Work status							
Working for cash	73.5	1182	94.9	93.9	93.1	97.3	1142
Not working for cash	69.8	8421	91.8	91.9	90.2	95.4	8153
Wealth quintile							
Lowest	63.3	1578	87.1	86.8	84.3	92.2	1477
Second	64.9	1852	89.9	89.7	88.3	94.5	1767
Middle	69.2	2027	92.1	91.5	90.5	95.9	1953
Fourth	74.8	2143	93.7	94.0	92.6	96.7	2110
Highest	76.9	2002	96.3	97.0	95.2	97.9	1988
Total	70.3	9602	92.1	92.2	90.6	95.7	9294

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Does not include North Sinai governorate.

9.2 DELIVERY CARE

Hygienic conditions and proper medical assistance at the time of delivery can reduce the risk of complications and infection for both the mother and the child. During the 2021 EFHS, information was collected for all births in the five-year period before the survey on where the birth occurred and on whether the mother was assisted at delivery by trained medical personnel. For births occurring in health facilities, a question was also asked about the time that the mother spent in the facility following the delivery. All mothers were also asked about whether or not the birth was by caesarean section.

9.2.1 Place of Delivery

Most women reported delivering in a health facility where 95% of all live births in the five-year period before the survey took place in a health facility. Table 9.5 shows that the proportions delivering in a health facility decreased markedly with the child's birth order, from 97% among first-order births to 87% among births of order six or more. The likelihood that a birth took place in a health facility increased with the number of antenatal care visits. Health facility deliveries were slightly less common in rural areas, especially rural Upper Egypt than in other areas. Both education and wealth were directly related to the likelihood of delivering in a health facility. For example, 88% of births to mothers in the lowest wealth quintile were delivered in a health facility compared to 99% among births to mothers in the highest wealth quintile.

Table 9.5 Place of delivery

Percent distribution of live births in the five-year period before the survey by place where the mother gave birth, according to selected background characteristics, Egypt 2021

Background characteristic	Health facility		Home	Other/ missing	Total	Number of births	Percent- age delivered in a health facility
	Public	Private					
Mother's age at birth							
<20	21.5	73.1	5.4	0.0	100.0	1378	94.6
20-34	24.5	70.1	5.2	0.1	100.0	9930	94.6
35-49	27.6	67.4	4.7	0.3	100.0	1418	95.0
Birth order							
1	20.5	76.6	2.8	0.1	100.0	3300	97.1
2-3	24.8	70.5	4.6	0.1	100.0	6635	95.2
4-5	28.2	62.8	8.8	0.2	100.0	2375	91.0
6+	31.7	55.4	12.4	0.5	100.0	417	87.0
Number of antenatal care visits							
None	46.7	38.0	15.1	0.2	100.0	415	84.7
1-3	37.8	49.8	12.3	0.1	100.0	818	87.6
4+	22.8	72.8	4.3	0.1	100.0	11436	95.6
Don't know/missing	31.6	59.0	9.4	0.0	100.0	56	90.6
Urban-rural residence							
Urban	28.6	68.9	2.4	0.2	100.0	4265	97.4
Rural	22.5	70.8	6.6	0.1	100.0	8461	93.3
Place of residence							
Urban Governorates	36.3	60.9	2.7	0.1	100.0	1546	97.1
Lower Egypt	21.5	75.8	2.6	0.2	100.0	5183	97.2
Urban	20.2	78.5	1.1	0.2	100.0	1198	98.7
Rural	21.9	74.9	3.1	0.1	100.0	3985	96.8
Upper Egypt	23.4	68.3	8.1	0.1	100.0	5829	91.7
Urban	25.7	71.0	3.1	0.1	100.0	1407	96.7
Rural	22.7	67.4	9.7	0.1	100.0	4422	90.2
Frontier Governorates[1]	50.0	45.2	4.8	0.0	100.0	167	95.2
Education							
No education	35.2	52.8	11.7	0.3	100.0	1407	88.0
Some primary	33.2	60.0	6.5	0.3	100.0	538	93.2
Primary complete/some secondary	30.7	62.8	6.5	0.0	100.0	3202	93.5
Secondary complete/ higher	19.4	77.2	3.3	0.1	100.0	7579	96.5
Work status							
Working for cash	25.6	70.2	4.1	0.1	100.0	1435	95.8
Not working for cash	24.4	70.1	5.3	0.1	100.0	11291	94.5
Wealth quintile							
Lowest	32.0	55.8	11.9	0.3	100.0	2124	87.7
Second	31.0	61.1	7.8	0.1	100.0	2540	92.1
Middle	27.0	68.3	4.7	0.1	100.0	2685	95.3
Fourth	21.3	76.6	2.0	0.1	100.0	2804	97.9
Highest	12.9	85.9	1.1	0.1	100.0	2573	98.8
Total	24.5	70.1	5.2	0.1	100.0	12726	94.7

[1] Does not include North Sinai governorate.

Regarding the type of health facility, 70% of babies were delivered in a private facility while around one-quarter of the deliveries occurred in a public health facility. Births to mothers in the highest wealth quintile were most likely to have been delivered in a private facility (86%). The highest proportion of deliveries in public facilities was found in the three Frontier Governorates (50%) and among births to mothers who didn't receive any antenatal care services (47%).

Figure 9.1 shows that 90% of women had regular antenatal care and the highest percentage was observed among mothers in rural Lower Egypt (96%). The Figure shows that receiving regular antenatal care is associated with delivering in a health facility where the highest percentage of births being delivered in a health facility was observed in rural Lower Egypt (99%).

Figure 9.1 Regular pregnancy care and delivery in a health facility, by place of residence

Percent

Total Egypt: Regular pregnancy care 90, delivering in a health facility 95
Urban Governorates: 91, 97
Lower Egypt Total: 93, 97
Lower Egypt Urban: 96, 99
Lower Egypt Rural: 93, 97
Upper Egypt Total: 86, 92
Upper Egypt Urban: 88, 97
Upper Egypt Rural: 86, 90
Frontier Governorates: 85, 95

■ Regular pregnancy care   ■ delivering in a health facility   EFHS 2021
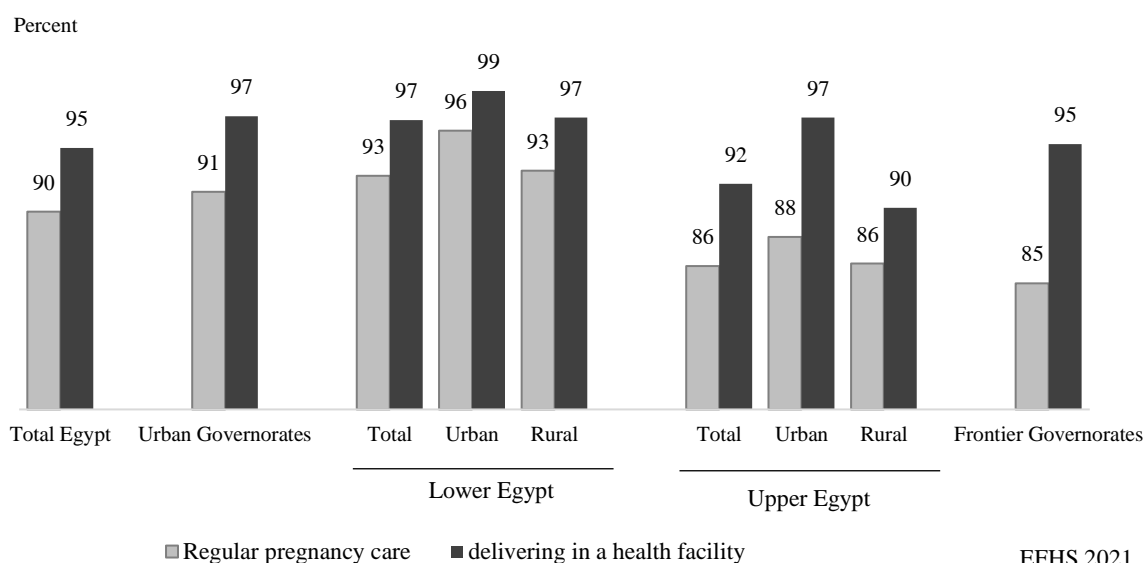
Table 9.6 shows the percent distribution of last live births in the five-year period before the survey that were delivered in health facilities according to the time the mother spent in the facility. Although most Egyptian women deliver in health facilities, the typical stay in the facility following the delivery is short. In the majority of these births (64%), mothers stayed less than 24 hours in the facility following the delivery. Mothers stayed in the facility less than 6 hours in the case of one-quarter of the facility births. Mothers were most likely to report that they stayed less than 6 hours if they had had no antenatal care during pregnancy (38%) or if they were from rural Upper Egypt (37%). The likelihood that a mother had stayed more than 24 hours in a facility following delivery was greatest in urban than rural areas (43% compared to 32%) especially Urban Governorates and urban areas of Upper Egypt.

Table 9.6 Time spent in health facility following delivery

Percent distribution of last births delivered in health facilities by time mothers spent in the facility after the delivery, according to selected background characteristics, Egypt 2021.

Background characteristic	Less than one day			3 or more days	Don't know/ missing	Total	Number of last births delivered in health facility
	0-5 hours	6-23 hours	1-2 days				
Mother's age at birth							
<20	30.7	40.2	27.0	2.0	0.1	100.0	685
20-34	27.6	36.4	33.6	2.3	0.1	100.0	7191
35-49	25.6	33.5	35.2	5.0	0.7	100.0	1233
Birth order							
1	25.1	39.1	33.3	2.3	0.2	100.0	1753
2-3	26.5	37.1	34.2	2.2	0.1	100.0	5134
4-5	31.5	32.4	31.4	4.3	0.5	100.0	1903
6+	34.5	31.7	31.4	1.8	0.6	100.0	319
Number of antenatal care visits							
None	37.8	23.8	34.4	3.9	0.2	100.0	264
1-3	35.5	34.5	28.2	1.8	0.0	100.0	556
4+	26.7	36.8	33.6	2.6	0.2	100.0	8261
Don't know/Missing	15.5	29.1	42.7	12.7	0.0	100.0	29
Urban-rural residence							
Urban	22.7	33.7	40.0	3.4	0.2	100.0	3239
Rural	30.2	37.7	29.6	2.2	0.2	100.0	5871
Place of residence							
Urban Governorates	22.4	29.2	44.7	3.6	0.2	100.0	1146
Lower Egypt	22.1	44.1	30.2	3.2	0.3	100.0	3942
Urban	18.5	43.0	33.9	4.3	0.4	100.0	944
Rural	23.3	44.4	29.1	2.9	0.3	100.0	2998
Upper Egypt	34.4	30.7	33.0	1.7	0.2	100.0	3909
Urban	26.3	30.6	40.3	2.7	0.0	100.0	1071
Rural	37.4	30.7	30.3	1.4	0.2	100.0	2838
Frontier Governorates[1]	32.3	32.1	34.2	1.0	0.2	100.0	112
Education							
No education	32.5	33.7	30.5	2.8	0.4	100.0	927
Some primary	30.4	32.0	33.1	4.4	0.1	100.0	373
Primary complete/some secondary	32.9	32.6	32.5	1.8	0.2	100.0	2172
Secondary complete/ higher	24.5	38.4	34.1	2.8	0.2	100.0	5637
Work status							
Working for cash	21.6	36.3	37.8	4.2	0.1	100.0	1124
Not working for cash	28.4	36.3	32.7	2.4	0.2	100.0	7986
Wealth quintile							
Lowest	34.6	33.1	29.6	2.8	0.0	100.0	1393
Second	32.5	34.9	29.7	2.7	0.2	100.0	1709
Middle	28.7	37.2	31.4	2.5	0.2	100.0	1937
Fourth	26.0	36.6	34.7	2.5	0.3	100.0	2095
Highest	18.9	38.6	39.4	2.7	0.3	100.0	1977
Total	27.6	36.3	33.3	2.6	0.2	100.0	9109

[1] Does not include North Sinai governorate.

9.2.2 Assistance at Delivery

Table 9.7 presents information on the person assisting with the delivery for all births during the five years before the survey by background characteristics. Doctors assisted at the delivery of 96% of the births in the five-year period before the survey, and 1% of births were assisted by nurse-midwives, while 2% of births were assisted by *dayas* (traditional birth attendants).

Table 9.7 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, Egypt 2021.

Background characteristic	Assisted by medical provider		Daya	Relative/ other	No one	Total	Number of births	Percentage delivered by a skilled provider[1]
	Doctor	Trained nurse						
Mother's age at birth								
<20	95.8	1.1	2.6	0.3	0.3	100.0	1378	96.8
20-34	95.7	1.4	2.2	0.4	0.3	100.0	9930	97.1
35-49	95.6	1.6	2.2	0.4	0.1	100.0	1418	97.2
Birth order								
1	98.0	0.8	1.0	0.2	0.1	100.0	3300	98.8
2-3	96.1	1.4	2.1	0.2	0.2	100.0	6635	97.4
4-5	92.6	2.1	3.7	0.8	0.7	100.0	2375	94.7
6+	88.4	2.8	6.0	2.0	0.9	100.0	417	91.1
Number of antenatal visits								
None	87.9	2.2	7.0	1.4	1.5	100.0	415	90.1
1-3	88.9	3.6	6.5	0.7	0.4	100.0	818	92.5
4+	96.5	1.2	1.7	0.3	0.2	100.0	11436	97.7
Don't know/missing	90.6	0.0	9.4	0.0	0.0	100.0	56	90.6
Urban-rural residence								
Urban	97.9	0.6	1.2	0.1	0.2	100.0	4265	98.5
Rural	94.5	1.8	2.8	0.5	0.3	100.0	8461	96.4
Place of residence								
Urban Governorates	97.4	0.8	1.4	0.1	0.2	100.0	1546	98.2
Lower Egypt	98.3	0.7	0.7	0.2	0.1	100.0	5183	99.0
Urban	99.1	0.0	0.5	0.0	0.4	100.0	1198	99.1
Rural	98.1	0.9	0.8	0.2	0.1	100.0	3985	99.0
Upper Egypt	92.8	2.3	3.8	0.6	0.4	100.0	5829	95.1
Urban	97.5	0.9	1.5	0.1	0.1	100.0	1407	98.4
Rural	91.4	2.7	4.6	0.8	0.6	100.0	4422	94.1
Frontier Governorates[2]	96.2	0.9	1.9	0.7	0.3	100.0	167	97.1
Education								
No education	90.1	2.0	5.6	1.4	0.9	100.0	1407	92.0
Some primary	94.5	0.7	4.8	0.0	0.0	100.0	538	95.2
Primary complete/some secondary	94.6	1.5	3.2	0.5	0.3	100.0	3202	96.0
Secondary complete/ higher	97.3	1.4	1.1	0.2	0.2	100.0	7579	98.6
Work status								
Working for cash	96.7	1.1	1.5	0.5	0.3	100.0	1435	97.8
Not working for cash	95.5	1.5	2.3	0.4	0.3	100.0	11291	97.0
Wealth quintile								
Lowest	89.7	2.7	5.9	1.0	0.6	100.0	2124	92.4
Second	93.2	1.9	3.6	0.7	0.6	100.0	2540	95.1
Middle	96.1	1.6	1.9	0.2	0.2	100.0	2685	97.7
Fourth	98.5	0.9	0.6	0.1	0.0	100.0	2804	99.4
Highest	99.5	0.3	0.1	0.0	0.1	100.0	2573	99.8
Total	95.7	1.4	2.3	0.4	0.3	100.0	12726	97.1

[1] Includes doctor and trained nurse.
[2] Does not include North Sinai governorate.

The child's birth order was negatively related to the likelihood that the birth was assisted by a trained provider. Medically assisted deliveries increased with the number of antenatal care visits. Doctors assisted in the delivery of 97% of births to mothers who had 4 or more antenatal care visits; this percentage declines to 88% among births to mothers who didn't get any antenatal care visits. The proportion of medically assisted deliveries increased with education and the wealth quintile, as well as, among women who work for cash.

9.2.3 Caesarean Deliveries

The EFHS-2021 obtained information on the frequency of caesarean sections. Results presented in Table 9.8 indicates that 7 in 10 births in the five-year period before the survey were by caesarean section. Women delivering in a private health facility were more likely than women delivering in a government facility to have a caesarean delivery (81% and 63%, respectively). Women who were less than 20 years at the time of the delivery were only slightly less likely than older women to deliver by caesarean section. Seventy-six percent of first births were delivered by caesarean section which is 13 percentage points higher than the rate among births of order six or higher. Considering variations by place of residence, urban Lower Egypt had the highest proportion of caesarean deliveries (84%) followed by the urban Upper Egypt (76%). The likelihood of a caesarean delivery increased with the mother's educational status and was slightly higher among women working for cash than among other women. Also, results show more than 80% of births among women in the highest wealth quintile were caesarean deliveries compared to 60% among women in the lowest quintile.

9.3 Trends in Antenatal and Delivery Care

Table 9.9 presents the trends in key maternal health indicators by residence for the period between the Egypt Family Health Survey 2021 and EDHS surveys 2008 and 2014. Results in Table 9.9 shows that the coverage of antenatal and delivery care services has expanded substantially in Egypt since 2008. For example, the percentage of women who received any of the antenatal care services during their pregnancy with last live births in the five-year period before the survey increased from 74% in 2008 to 97% in 2021. Also, the percentage of mothers receiving regular antenatal care during pregnancy for the last live birth during the five-year period prior to the survey increased from 67% in 2008 to 90% in 2021. Similarly, the percentage of medically assisted births increased by 18 percentage points during the period between EDHS 2008 and EFHS 2021 from 79% to 97%. Finally, the table demonstrates the continuous increase in caesarean deliveries where c-section deliveries increased from 28% in 2008 to 72% in the EFHS-2021.

Table 9.8 Caesarean deliveries

Percentage of live births in the five-year period before the survey that were delivered by caesarean section, according to selected background characteristics, Egypt 2021

Background characteristic	Caesarean delivery	Number of births
Place of delivery		
Public health facility	63.0	3123
Private health facility	80.8	8926
At home/other	na	677
Mother's age at birth		
<20	67.6	1378
20-34	72.6	9930
35-49	74.2	1418
Birth order		
1	75.8	3300
2-3	73.7	6635
4-5	64.7	2375
6+	63.0	417
Urban-rural residence		
Urban	77.4	4265
Rural	69.6	8461
Place of residence		
Urban Governorates	75.0	1546
Lower Egypt	78.5	5183
Urban	83.8	1198
Rural	76.9	3985
Upper Egypt	66.4	5829
Urban	76.2	1407
Rural	63.3	4422
Frontier Governorates[1]	53.6	167
Education		
No education	61.6	1407
Some primary	67.0	538
Primary complete/some secondary	67.3	3202
Secondary complete/ higher	76.6	7579
Work status		
Working for cash	78.0	1435
Not working for cash	71.5	11291
Wealth quintile		
Lowest	60.3	2124
Second	66.7	2540
Middle	71.2	2685
Fourth	77.9	2804
Highest	82.3	2573
Total	72.2	12726

na = Not applicable
[1] Does not include North Sinai governorate.

Table 9.9 Trends in maternal health indicators by residence

Among mothers who received any antenatal care, percentage who had regular antenatal care, and who had at least one tetanus toxoid injections prior to the last live birth during the five-year period before the survey and, among live births during the five-year period, percentage delivered with the assistance of a medical provider and percentage delivered by caesarean section, by urban-rural residence and place of residence, Egypt 2008-2021

Maternal health indicator	Urban	Rural	Urban Governor-ates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Govern-orates[2]	Total
Any antenatal care											
2008	85.1	67.5	90.1	74.7	81.7	72.6	66.9	81.7	61.0	72.9	74.2
2014	92.8	89.2	94.1	93.7	95.4	93.3	85.3	89.3	83.8	86.9	90.3
2021	96.0	96.7	95.4	98.0	98.7	97.7	95.4	94.2	95.8	95.5	96.5
Regular antenatal care[1]											
2008	80.5	57.9	85.6	67.2	78.5	63.9	57.5	75.6	50.3	66.0	66.5
2014	87.8	80.5	90.9	87.1	90.1	86.3	75.6	82.9	72.8	78.7	82.8
2021	91.4	89.1	91.4	93.3	95.6	92.6	86.3	87.9	85.8	84.5	89.9
Tetanus toxoid injection											
2008	69.8	85.9	67.1	84.1	72.2	87.6	80.4	71.7	83.9	72.1	79.8
2014	67.8	79.6	65.5	78.5	69.1	80.8	75.7	69.2	78.2	60.8	75.8
2021	59.0	76.0	57.7	72.2	60.4	75.8	72.2	59.7	76.7	48.5	70.1
Medically-assisted deliveries											
2008	90.2	72.2	92.3	85.3	92.0	83.4	66.4	85.6	59.2	79.1	78.9
2014	96.5	89.3	97.4	95.1	97.8	94.4	86.1	94.4	83.1	89.2	91.5
2021	98.5	96.4	98.2	99.0	99.1	99.0	95.1	98.4	94.1	97.1	97.1
Caesarean deliveries											
2008	37.1	22.0	38.5	30.9	43.2	27.4	19.9	30.9	15.8	20.0	27.6
2014	60.1	48.1	62.0	60.3	70.6	57.8	39.7	50.2	35.9	41.1	51.8
2021	77.4	69.6	75.0	78.5	83.8	76.9	66.4	76.2	63.3	53.6	72.2

Note: The antenatal care (ANC) indicators correspond to the Millennium Development Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits). They refer to antenatal care that the mother received during pregnancy for the last live birth. Similarly, the proportion of mothers receiving at least one tetanus toxoid (TT) injection refers to the last live birth. In published reports for EDHS surveys prior to 2014, the figures on ANC and TT coverage were in some cases based on all births during the five years before the survey and, thus, may not be comparable to the figures in this table.
[1] A woman is considered to have had regular antenatal care if she had 4 or more visits during the pregnancy.
[2] EFHS-2021 Does not include North Sinai governorate, EDHS-2014 does not include North and South Sinai governorates.

Figure 9.2 focuses on the 2008 and 2014 EDHS surveys and the EFHS 2021 in order to assess the magnitude of recent changes in key coverage indicators. Most of the maternal health indicators shown in the figure increased substantially in the past fifteen years. The percentage of mothers who reported receiving any antenatal care rose from 74% in 2008 to 97% in 2021, and the percentage of mothers having regular antenatal care (i.e., at least four visits) rose from 67% in 2008 to 90% in 2021. Seventy percent of mothers received at least one tetanus toxoid injection during pregnancy for the last live birth in 2021; however, this represented a decline from the level observed in 2008 (80%). This decline could be attributed to the increase in regular antenatal care and delivering in a health facility which decreases the probability of exposure to neonatal tetanus. The figure also shows that 97% of deliveries were assisted by medical personnel (almost always a doctor) in 2021 compared to 79% in 2008. On the other side, the caesarean delivery rate increased from 28% in 2008 to 72% in 2021.

Figure 9.2 Trends in maternal health indicators, Egypt 2008-2021

Percent

	Any antenatal care*	Regular antenatal care*	At Least one tetanus toxoid injection*	Medically assisted delivery**	Caesarean delivery**
2008 EDHS	74	67	80	79	28
2014 EDHS	90	83	76	92	52
2021 EFHS	97	90	70	97	72

* Last birth in 5-year period before survey
** All births in 5-year period before survey

☐ 2008 EDHS   ▨ 2014 EDHS   ■ 2021 EFHS
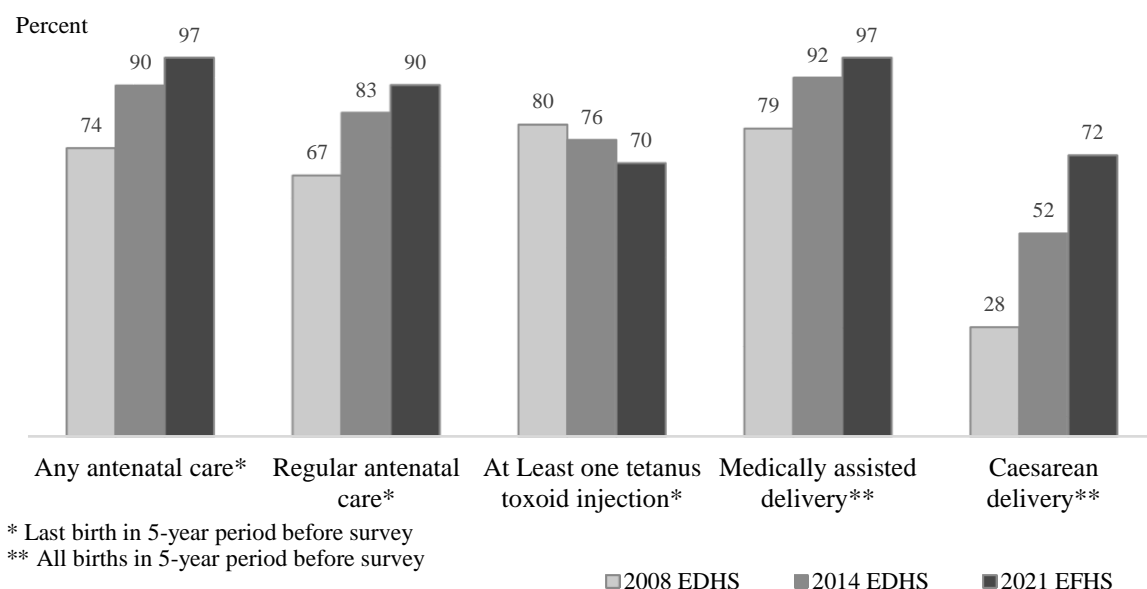
9.4   POSTNATAL CARE

Care after delivery is very important for both the mother and her child. The Ministry of Health and Population recommends that the first postnatal check-up should occur within two days of delivery and the World Health Organization recommends that both mother and newborn receive a medical checkup within 24 hours of delivery (WHO 2017). Tables 9.10-9.16 present information obtained in the 2021 EFHS relating to the coverage of postnatal care services among women and newborns. Appendix Table A-9.2 shows the variation in several key postnatal care indicators by governorate.

9.4.1 Postnatal Check-up for the Mother

Postnatal care services for mothers after delivery are preventive measures against post-delivery complications, thus, women delivering in health facilities and those delivering outside of facilities were asked questions about the receipt of postnatal care. Women giving birth in a health facility were asked if a provider checked on their health after they delivered before they were discharged and, if not, whether they had seen someone for a postnatal checkup after they were discharged from the facility. It is possible that women delivering in a facility may not have remembered or recognized that a postnatal checkup was conducted during their stay in the facility. However, it is likely that most women could accurately report on whether they were seen by a provider for a checkup before discharge and that this approach to collecting the information is preferable to an assumption that all women delivering in a health facility had a postnatal checkup.

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

Table 9.10 Timing of first postnatal checkup for the mother

Among women aged 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, Egypt 2021.

| Background characteristic | Time after delivery of mother's first postnatal checkup | | | | | | | | Percentage of women with a postnatal checkup in the first two days after birth | Number of women giving birth within two years of the survey |
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know/ missing	No post-natal checkup[1]	Total		
Mother's age at birth										
<20	73.1	6.7	1.3	0.0	0.5	0.5	17.9	100.0	81.1	445
20-34	71.2	6.3	1.1	0.3	0.6	0.3	20.2	100.0	78.6	3655
35-49	75.8	5.2	1.8	0.0	0.0	0.3	16.8	100.0	82.8	546
Birth order										
1	73.2	6.4	1.6	0.0	0.7	0.4	17.7	100.0	81.2	1170
2-3	72.7	6.7	1.3	0.3	0.4	0.4	18.3	100.0	80.7	2431
4-5	67.7	5.4	0.7	0.3	0.8	0.1	24.9	100.0	73.8	883
6+	75.3	2.0	0.6	0.0	0.0	0.0	22.1	100.0	77.9	162
Place of delivery										
Health facility	75.1	6.5	1.0	0.1	0.4	0.3	16.6	100.0	82.6	4432
Elsewhere	7.6	0.5	5.1	2.1	3.7	0.0	81.0	100.0	13.2	211
Urban-rural residence										
Urban	73.5	5.6	1.4	0.3	0.4	0.1	18.6	100.0	80.5	1541
Rural	71.2	6.6	1.1	0.2	0.6	0.4	20.0	100.0	78.8	3104
Place of residence										
Urban Governorates	70.9	7.2	1.3	0.7	0.3	0.4	19.3	100.0	79.3	574
Lower Egypt	78.1	6.2	1.0	0.0	0.4	0.4	13.9	100.0	85.3	1879
Urban	83.1	4.1	0.8	0.0	0.1	0.0	11.9	100.0	88.0	428
Rural	76.6	6.8	1.1	0.0	0.5	0.5	14.5	100.0	84.6	1451
Upper Egypt	66.5	6.1	1.4	0.3	0.7	0.2	24.7	100.0	74.0	2134
Urban	67.6	5.3	2.2	0.2	0.9	0.0	23.9	100.0	75.0	499
Rural	66.2	6.4	1.1	0.3	0.7	0.3	25.0	100.0	73.7	1635
Frontier Governorates[2]	79.3	2.6	0.0	0.3	0.3	0.0	17.6	100.0	81.9	59
Education										
No education	66.0	7.3	1.6	0.3	0.0	0.2	24.5	100.0	75.0	440
Some primary	68.1	5.0	2.5	0.2	0.0	0.6	23.7	100.0	75.5	191
Primary complete/some secondary	67.4	6.0	1.4	0.7	0.7	0.3	23.6	100.0	74.8	1220
Secondary complete/ higher	75.1	6.3	1.0	0.0	0.6	0.3	16.7	100.0	82.3	2794
Work status										
Working for cash	73.3	4.7	1.1	0.0	1.7	0.8	18.5	100.0	79.0	431
Not working for cash	71.8	6.4	1.2	0.2	0.4	0.3	19.7	100.0	79.4	4214
Wealth quintile										
Lowest	63.4	6.2	0.8	0.4	0.9	0.4	27.8	100.0	70.4	695
Second	65.9	5.6	1.2	0.3	0.6	0.2	26.1	100.0	72.8	912
Middle	71.3	7.8	1.7	0.1	0.3	0.5	18.2	100.0	80.8	941
Fourth	77.3	5.9	0.7	0.3	0.4	0.1	15.4	100.0	83.8	1058
Highest	78.1	5.7	1.5	0.0	0.6	0.3	13.7	100.0	85.3	1039
Total	71.9	6.2	1.2	0.2	0.5	0.3	19.5	100.0	79.4	4645

Note: Postnatal care providers include: doctor, nurse/midwife, daya, and other.
[1] Includes women who received a checkup after 41 days.
[2] Does not include North Sinai governorate.

Results presented in Table 10.9 indicate that 8 in 10 women who delivered during the two-year period before the survey had a postnatal checkup following the delivery, and 72% of women reported having postnatal checkup within the first 3 hours after delivery while 79% of women saw a provider within 2 days of the delivery. On the other hand, 1 in 5 women (20%) reported that they haven't had any postnatal care within the first six weeks after delivery. Postpartum care is largely confined to births that took place in health facilities where 83% of women delivering in a facility had a checkup within two days following the birth. On the contrary, only 19% of women who delivered outside a health facility had a postnatal checkup within 6 weeks of their delivery, and only 13% had a checkup within the recommended two days following the birth.

Table 9.10 shows that the likelihood of a mother receiving postnatal care within the recommended two days following delivery did not vary markedly with age, but it declined with the child's birth order (from 81% for first births to 74% among births of order four or five and 78% among new-borns of birth order six or more). Mothers living in rural Upper Egypt were less likely to report receiving postnatal care than women living elsewhere. The percentages of mothers who had postnatal care within two days of delivery increased with both education level and the wealth quintile while there are no significant variations by women work status.

Table 9.11 presents the distribution of women giving birth in the two years before the survey by whether they had a postnatal checkup for their last birth and, for those who had a checkup, the type of provider the woman saw. The results indicate that virtually all women who had a postnatal checkup within two days of birth (79.4%) saw a medical provider for the checkup, and most saw a doctor while a small percentage received care from a nurse (4.8%).

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

Among women aged 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check in the two days after the last live birth, according to background characteristics, Egypt 2021

Background characteristic	Type of health provider of mother's first postnatal checkup			No postnatal checkup in the first two days after birth	Total	Number of women giving birth within two years of the survey
	Doctor	Nurse/ midwife	Daya/other			
Mother's age at birth						
<20	73.1	8.0	0.0	18.9	100.0	445
20-34	74.5	4.1	0.0	21.4	100.0	3655
35-49	76.1	6.7	0.0	17.2	100.0	546
Birth order						
1	75.8	5.4	0.0	18.8	100.0	1170
2-3	75.9	4.7	0.1	19.3	100.0	2431
4-5	69.7	4.2	0.0	26.2	100.0	883
6+	73.4	4.5	0.0	22.1	100.0	162
Place of delivery						
Health facility	77.8	4.7	0.0	17.4	100.0	4432
Elsewhere	7.2	5.3	0.7	86.8	100.0	211
Urban-rural residence						
Urban	75.7	4.8	0.0	19.5	100.0	1541
Rural	74.0	4.7	0.0	21.2	100.0	3104
Place of residence						
Urban Governorates	75.6	3.8	0.0	20.7	100.0	574
Lower Egypt	79.6	5.7	0.1	14.7	100.0	1879
Urban	81.2	6.8	0.0	12.0	100.0	428
Rural	79.1	5.4	0.1	15.4	100.0	1451
Upper Egypt	69.9	4.1	0.0	26.0	100.0	2134
Urban	70.8	4.2	0.0	25.0	100.0	499
Rural	69.6	4.1	0.0	26.3	100.0	1635
Frontier Governorates[1]	74.8	7.1	0.0	18.1	100.0	59
Education						
No education	68.9	6.1	0.0	25.0	100.0	440
Some primary	71.3	4.2	0.0	24.5	100.0	191
Primary complete/some secondary	69.3	5.3	0.1	25.2	100.0	1220
Secondary complete/ higher	78.0	4.3	0.0	17.7	100.0	2794
Work status						
Working for cash	76.9	2.1	0.0	21.0	100.0	431
Not working for cash	74.4	5.0	0.0	20.6	100.0	4214
Wealth quintile						
Lowest	65.3	5.1	0.0	29.6	100.0	695
Second	68.1	4.6	0.0	27.2	100.0	912
Middle	76.6	4.0	0.2	19.2	100.0	941
Fourth	78.3	5.6	0.0	16.2	100.0	1058
Highest	80.9	4.5	0.0	14.7	100.0	1039
Total	74.6	4.8	0.0	20.6	100.0	4645

[1] Does not include North Sinai governorate.

Data in Table 9.11 indicate that despite the high percentage of mothers receiving postnatal care by a doctor (75%), there are variations by the different background characteristics. Receiving postnatal care by a doctor increases with the age of mother at the time of birth (76% for those aged 35-49), and by whether the birth took place in a health facility or in another place (78% compared to 7%). Also, receiving postnatal care by a doctor increases by about 10 percentage points in urban Lower Egypt (81%) compared to urban Upper Egypt (71%). The rates receiving postnatal care by a doctor are higher among mothers who have completed secondary education or higher (78%), and among those in the highest wealth quintile (81%), as well as among mothers who work for a cash (77%).

9.4.2 Postnatal Check-up for the Baby

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

Table 9.12 presents the distribution of last live births during the two years before the EFHS-2021 by whether or not the child received postnatal care and, if so, the timing of the first checkup. Some caution should be considered when using the findings in the tables since women may not have been present when a provider checked on the baby's health or may not have recognized that a provider's activities included a check on the baby's health. Table 9.12 shows that 77% of newborns were seen for the first checkup within two days following birth and 72% were checked during the first three hours after birth. On the other hand, 19% did not have any postnatal checkup at all.

Table 9.12 also indicates large differential in the likelihood that a newborn received a postnatal checkup within two days by place of delivery, where the percentage of newborns who had postnatal care checkup and born in health facilities is double the percentage reported among those born elsewhere (79% compared to 37%). The possibility of a newborn having a checkup within 2 days of birth slightly increases among those in urban areas compared to rural areas (78% compared to 76%). No significant variations were observed in the percentage of newborns who had postnatal care within two days of birth by mother's age at birth, but the percentage decreases by birth order (from 78% among first born to 72% among births of order six or higher).

Table 9.12 also shows that newborn children residing in Upper Egypt, especially rural Upper Egypt, are less likely to have postnatal checkup within two days of birth compared to children living elsewhere. The percentage of newborn children who had postnatal checkup within two days of birth increases with mother's education, among births to women who work for cash, and with increasing wealth quintile.

Table 9.12 Timing of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of births with a postnatal checkup in the first two days after birth, according to background characteristics, Egypt 2021.

Background characteristic	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know/ missing	No postnatal checkup[1]	Total	Percentage of births with a postnatal checkup in the first two days after birth	Number of births within the two years preceding the survey
Mother's age at birth										
<20	43.4	26.6	2.9	2.1	0.5	3.7	20.8	100.0	75.0	445
20-34	39.7	32.6	2.2	2.1	1.0	3.3	19.2	100.0	76.5	3655
35-49	36.8	36.8	2.5	1.9	0.4	3.7	17.9	100.0	78.0	546
Birth order										
1	42.7	31.3	2.2	1.7	1.5	3.1	17.5	100.0	77.9	1170
2-3	40.6	31.9	2.5	1.6	0.8	3.9	18.7	100.0	76.6	2431
4-5	34.8	35.2	2.0	3.6	0.3	2.0	22.1	100.0	75.6	883
6+	31.6	34.9	1.5	3.5	0.2	5.1	23.0	100.0	71.6	162
Place of delivery										
Health facility	41.3	33.7	2.2	1.3	0.6	3.5	17.4	100.0	78.5	4432
Elsewhere	6.0	8.4	4.3	18.7	6.3	1.0	55.3	100.0	37.3	211
Residence										
Urban	38.8	34.7	2.3	2.3	1.2	4.7	16.0	100.0	78.2	1541
Rural	40.1	31.4	2.3	2.0	0.7	2.7	20.8	100.0	75.8	3104
Place of residence										
Urban Governorates	30.1	40.4	2.5	2.1	2.2	6.3	16.4	100.0	75.1	574
Lower Egypt	49.6	32.5	1.8	1.3	0.5	2.4	11.8	100.0	85.3	1879
Urban	55.0	28.3	1.7	0.3	0.3	3.0	11.4	100.0	85.3	428
Rural	48.0	33.8	1.9	1.6	0.6	2.2	11.9	100.0	85.3	1451
Upper Egypt	33.1	30.5	2.7	2.8	0.8	3.4	26.7	100.0	69.1	2134
Urban	33.7	34.3	2.8	4.3	0.9	4.2	19.8	100.0	75.1	499
Rural	32.9	29.4	2.6	2.4	0.7	3.2	28.8	100.0	67.2	1635
Frontier Governorates[2]	52.1	27.7	0.0	0.4	0.3	4.4	15.1	100.0	80.2	59
Mother's education										
No education	31.6	29.7	4.3	3.5	0.4	4.6	25.9	100.0	69.1	440
Some primary	37.6	38.6	2.7	1.2	1.8	2.4	15.7	100.0	80.1	191
Primary complete/some secondary	37.2	30.5	1.8	2.6	0.9	3.9	23.1	100.0	72.0	1220
Secondary complete/ higher	42.2	33.4	2.1	1.7	0.8	3.0	16.7	100.0	79.5	2794
Work status										
Working for cash	42.0	36.6	1.2	1.7	1.1	4.0	13.4	100.0	81.5	431
Not working for cash	39.5	32.1	2.4	2.1	0.8	3.3	19.8	100.0	76.1	4214
Wealth quintile										
Lowest	34.4	27.1	2.0	4.0	0.6	3.8	28.1	100.0	67.5	695
Second	35.2	30.2	2.0	2.4	0.8	3.9	25.5	100.0	69.7	912
Middle	37.3	32.4	2.7	2.1	0.8	2.7	22.0	100.0	74.5	941
Fourth	44.0	33.3	2.6	0.8	1.0	3.1	15.1	100.0	80.7	1058
Highest	44.9	37.5	2.0	1.9	0.9	3.4	9.3	100.0	86.3	1039
Total	39.7	32.5	2.3	2.1	0.9	3.4	19.2	100.0	76.6	4645

Note: Postnatal care providers include: doctor, nurse/midwife, daya and other.
[1] Includes newborns who received a checkup after the first week.
[2] Does not include North Sinai governorate.

Table 9.13 shows the distribution of births in the two years before the survey by the type of provider who saw the baby for the first postnatal checkup. The results in Table 9.13 indicate that the majority of newborns (75%) who had a postnatal checkup within two days of birth were seen by a doctor for the checkup while a neglectable percentage (1%) were seen by a nurse or daya.

Table 9.13 also shows that the likelihood of receiving postnatal care by a doctor is significantly higher among those born in health facilities than those born elsewhere (77% compared to 31%), and among births in urban than rural areas (77% versus 74%), and also increases with mother's educational level, wealth quintiles, and among mothers working for cash.

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

Percent distribution of last births in the two years preceding the survey by type of provider of the newborn's first postnatal health check during the two days after the last live birth, according to background characteristics, Egypt 2021.

| Background characteristic | Type of health provider of newborn's first postnatal checkup | | | No postnatal checkup in the first two days after birth | Total | Number of births within the two years preceding the survey |
	Doctor	Nurse/ midwife	Daya			
Mother's age at birth						
<20	73.1	2.0	0.0	25.0	100.0	445
20-34	75.3	1.2	0.1	23.5	100.0	3655
35-49	76.0	1.7	0.3	22.0	100.0	546
Birth order						
1	76.2	1.7	0.0	22.1	100.0	1170
2-3	75.2	1.3	0.1	23.4	100.0	2431
4-5	74.4	0.9	0.3	24.4	100.0	883
6+	70.4	1.2	0.0	28.4	100.0	162
Place of delivery						
Health facility	77.3	1.1	0.1	21.5	100.0	4432
Elsewhere	30.5	5.5	1.3	62.7	100.0	211
Urban-rural residence						
Urban	77.3	0.7	0.1	21.8	100.0	1541
Rural	74.0	1.6	0.1	24.2	100.0	3104
Place of residence						
Urban Governorates	74.8	0.3	0.0	24.9	100.0	574
Lower Egypt	83.7	1.4	0.2	14.7	100.0	1879
Urban	84.4	0.4	0.4	14.7	100.0	428
Rural	83.5	1.6	0.1	14.7	100.0	1451
Upper Egypt	67.4	1.6	0.1	30.9	100.0	2134
Urban	73.6	1.5	0.0	24.9	100.0	499
Rural	65.5	1.6	0.1	32.8	100.0	1635
Frontier Governorates[1]	80.2	0.0	0.0	19.8	100.0	59
Mother's education						
No education	66.2	2.9	0.0	30.9	100.0	440
Some primary	80.1	0.0	0.0	19.9	100.0	191
Primary complete/some secondary	70.7	1.2	0.1	28.0	100.0	1220
Secondary complete/ higher	78.1	1.2	0.1	20.5	100.0	2794
Work status						
Working for cash	80.1	1.2	0.2	18.5	100.0	431
Not working for cash	74.6	1.3	0.1	23.9	100.0	4214
Wealth quintile						
Lowest	65.5	1.6	0.3	32.5	100.0	695
Second	68.0	1.5	0.2	30.3	100.0	912
Middle	73.2	1.2	0.2	25.5	100.0	941
Fourth	79.9	0.8	0.0	19.3	100.0	1058
Highest	84.7	1.6	0.0	13.7	100.0	1039
Total	75.1	1.3	0.1	23.4	100.0	4645

[1] Does not include North Sinai governorate.

Table 9.14 shows that 91% of newborns had a heel sample taken within 14 days of birth. In the case of more than 81% of babies the heel sample was taken during the week following delivery. By background characteristics, newborns of birth order six or higher are least likely to have had a heel sample taken during the week following birth (69%). Newborns in Lower Egypt were the most likely to have had a heel sample taken in the week following the birth (84%). No significant variations were observed in the percent of newborns who had a heel sample taken within 14 days of birth by mother's age at birth nor by her educational level or work status or wealth.

Table 9.14 Blood sample taken from newborn's heel

Percent distribution of last births in the two years preceding the survey by mother's report on the timing of the taking of a blood sample from the newborn's heel, according to background characteristics, Egypt 2021

Background characteristic	Taken on day child born	1-6 days after birth	7-13 days after birth	14 or more days after birth	Don't know/ missing[1]	No sample taken	Total	Percentage of births with heel sample taken within 14 days of birth	Number of births within the two years preceding the survey
Mother's age at birth									
<20	3.4	76.9	11.3	1.5	1.4	5.4	100.0	91.7	445
20-34	2.7	78.7	10.0	1.1	2.3	5.3	100.0	91.3	3655
35-49	1.9	78.6	10.6	1.4	1.1	6.4	100.0	91.1	546
Birth order									
1	3.4	78.4	9.4	0.9	2.2	5.6	100.0	91.3	1170
2-3	2.5	79.5	9.8	1.3	2.0	4.9	100.0	91.8	2431
4-5	2.2	77.9	10.7	1.3	1.9	5.9	100.0	90.9	883
6+	2.0	66.5	18.3	1.6	3.1	8.6	100.0	86.8	162
Place of delivery									
Health facility	2.7	78.4	10.0	1.3	2.1	5.6	100.0	91.0	4432
Elsewhere	1.9	81.3	14.9	0.1	0.4	1.4	100.0	98.1	211
Urban-rural residence									
Urban	2.4	78.5	9.2	1.4	2.6	6.0	100.0	90.0	1541
Rural	2.8	78.5	10.7	1.1	1.8	5.1	100.0	92.0	3104
Place of residence									
Urban Governorates	1.7	79.2	9.6	1.7	1.0	6.9	100.0	90.4	574
Lower Egypt	2.8	81.5	7.3	1.0	2.9	4.4	100.0	91.6	1879
Urban	2.2	80.0	6.0	1.9	5.0	5.0	100.0	88.1	428
Rural	3.0	81.9	7.7	0.7	2.4	4.2	100.0	92.7	1451
Upper Egypt	2.8	75.5	13.0	1.3	1.5	5.9	100.0	91.4	2134
Urban	3.5	76.1	11.5	0.8	2.1	5.9	100.0	91.2	499
Rural	2.6	75.3	13.5	1.4	1.3	5.9	100.0	91.4	1635
Frontier Governorates[2]	0.5	82.1	8.1	1.0	4.1	4.2	100.0	90.6	59
Mother's education									
No education	1.1	76.3	12.5	1.2	1.3	7.6	100.0	89.9	440
Some primary	2.7	79.6	9.5	1.1	2.1	5.0	100.0	91.8	191
Primary complete/some secondary	2.5	77.8	11.7	1.3	1.4	5.4	100.0	91.9	1220
Secondary complete/ higher	3.0	79.0	9.3	1.2	2.5	5.1	100.0	91.3	2794
Work status									
Working for cash	3.1	77.4	10.6	0.7	2.4	5.9	100.0	91.1	431
Not working for cash	2.6	78.6	10.2	1.3	2.0	5.4	100.0	91.4	4214
Wealth quintile									
Lowest	2.6	77.7	11.2	1.5	1.3	5.7	100.0	91.5	695
Second	1.6	78.1	11.3	0.9	2.1	6.0	100.0	91.0	912
Middle	1.8	81.2	9.3	0.9	1.8	5.1	100.0	92.2	941
Fourth	2.8	79.2	9.5	1.1	2.7	4.7	100.0	91.5	1058
Highest	4.2	76.1	10.2	1.6	2.1	5.7	100.0	90.5	1039
Total	2.7	78.5	10.2	1.2	2.0	5.4	100.0	91.3	4645

[1] Includes cases in which the respondent did not know if a heel sample was taken or a response to the question was not recorded.
[2] Does not include North Sinai governorate.

Skin to Skin contact of the mother and her newborn immediately after birth contributes to regulating the temperature and breathing process of the newborn, and thus reducing the risk of death. Also, skin to skin contact between mother and her newborn after birth reduces the risk of infection, increases oxygen levels, and increases the likelihood of breastfeeding. The World Health Organization also recommends delaying bathing the child until 24 hours after birth, because bathing the child immediately after birth exposes him to low body temperature and low blood sugar, and also because the child's body after birth is covered with a waxy white substance that acts as a natural moisturizer and have antibacterial properties. Also, the baby should not be immersed in water before the umbilical cord falls off, to keep this area dry (WHO 2017).

Table 9.15 shows the percentage of women in the age group 15-49 years who gave birth during the two-year period before the EFHS-2021 whose last newborn were dried after birth, percentage who were given skin to skin contact and percent distribution of births by timing of first bath by background characteristics.

Results in Table 9.15 indicate that almost 8 out of 10 last births (79%) were dried immediately after birth, while skin-to-skin contact was performed in only 13% of the last newborn. The results also show that 30% of newborns had their first bath before 24 hours after birth, while 64% were bathed 24 hours or more after birth and a small percentage of newborns were never bathed (2%).

Table 9.15 Thermal care for newborns

Percentage of women aged 15-49 years with a live birth in the last 2 years whose most recent live-born child was dried after birth and percentage given skin to skin contact and percent distribution by timing of first bath of child, according to background characteristics, Egypt 2021.

| Background characteristic | Percentage of children who were: | | Timing of first bath of child | | | | | | Number of women with a live birth in the last 2 years |
	Dried (wiped) after birth	Given skin-to-skin contact with mother	Less than 6 hours after birth	6-23 hours after birth	24 hours or more after birth	Never bathed	Don't know/Don't remember	Total	
Mother's age at birth									
<20	81.4	8.5	25.4	2.7	67.6	1.8	2.6	100.0	445
20-34	78.5	13.0	28.6	2.1	63.2	2.0	4.1	100.0	3655
35-49	76.2	14.8	28.1	1.2	63.3	0.9	6.5	100.0	546
Birth order									
1	81.4	15.5	28.3	2.0	64.1	1.6	4.1	100.0	1170
2-3	79.6	12.3	28.6	2.2	63.3	2.2	3.7	100.0	2431
4-5	75.2	11.5	28.1	1.7	63.1	1.6	5.6	100.0	883
6+	60.4	8.4	21.4	3.1	69.1	0.8	5.5	100.0	162
Urban-rural residence									
Urban	79.8	16.0	34.1	2.0	57.6	1.4	4.9	100.0	1541
Rural	77.9	11.2	25.2	2.1	66.7	2.1	3.9	100.0	3104
Place of residence									
Urban Governorates	81.1	15.0	37.7	1.2	55.0	1.0	5.1	100.0	574
Lower Egypt	80.4	15.2	34.0	1.8	56.9	1.9	5.4	100.0	1879
Urban	78.8	19.0	37.8	3.2	52.8	1.7	4.5	100.0	428
Rural	80.9	14.1	32.8	1.4	58.1	1.9	5.7	100.0	1451
Upper Egypt	75.9	10.1	20.1	2.6	72.3	2.1	2.9	100.0	2134
Urban	78.5	15.0	27.5	2.1	63.5	1.7	5.2	100.0	499
Rural	75.2	8.6	17.7	2.7	75.2	2.2	2.2	100.0	1635
Frontier Governorates[1]	86.9	9.5	27.4	0.9	70.1	0.8	0.8	100.0	59
Mother's education									
No education	72.0	9.0	19.9	1.4	71.7	3.2	3.8	100.0	440
Some primary	76.8	7.9	25.7	0.5	67.7	1.3	4.8	100.0	191
Primary complete/some secondary	75.2	8.7	25.5	2.4	66.9	1.8	3.3	100.0	1220
Secondary complete/ higher	81.1	15.5	30.7	2.1	60.8	1.7	4.6	100.0	2794
Work status									
Working for cash	81.5	19.4	31.4	2.0	62.4	0.3	3.9	100.0	431
Not working for cash	78.2	12.1	27.9	2.1	63.8	2.0	4.3	100.0	4214
Wealth quintile									
Lowest	71.2	8.0	20.5	2.3	71.3	3.0	2.9	100.0	695
Second	76.1	8.9	21.6	1.9	69.5	2.7	4.3	100.0	912
Middle	79.2	10.7	26.3	2.0	66.5	1.8	3.5	100.0	941
Fourth	80.9	12.5	30.3	2.4	61.1	0.6	5.5	100.0	1058
Highest	82.5	21.6	37.9	1.8	54.2	1.8	4.4	100.0	1039
Total	78.5	12.8	28.2	2.1	63.6	1.9	4.2	100.0	4645

[1] Does not include North Sinai governorate.

Table 9.15 shows that the percentage of newborns who were dried after birth is highest in Frontier Governorates and Urban Governorates (87% and 81%, respectively). It is also observed that the percentage of mothers who have had skin-to-skin contact with the newborn increases directly with the increase in the educational level and wealth, as well as among those who work for cash. Skin-to-skin contact was performed between the newborn and the mother in 22% of cases for mothers at the highest

wealth quintile compared to 8% among mothers in the lowest wealth quintile. On the other hand, the percentage of newborns who were bathed during the first five hours after birth increases with mother's education and wealth.

Thermal and umbilical cord care are essential components of postnatal care for newborns which contribute to keeping the newborn stable and preventing hypothermia. Proper umbilical cord care is important for preventing potentially life-threatening infections for both the mother and her newborn. The EFHS-2021 provides data related to a number of postnatal care components during the first two days after birth of the most recent live birth in the two years preceding the survey. For example, Table 9.16 shows that 8 out of 10 births were weighed within the first two days after birth, while more than half the births (51%) had their umbilical cords checked and temperature measured. Overall, 56% of babies had at least two of the preceding postnatal signal care functions within two days after birth.

Data show that there are some variations in the postnatal signal care functions performed within two days after birth according to selected background characteristics. The percentage of newborns who had at least two postnatal signal care functions within two days after birth decreases with the birth order. About 6 in 10 first births had at least two postnatal signal care functions compared to 5 in 10 last newborns of birth order 6 or higher. The percentage of last birth who had at least two postnatal signal care functions increases among mothers who work for cash and mothers in the highest wealth quintile. For example, two-thirds of births to mothers who work for cash had at least two postnatal signal care functions performed within two days after birth compared to 55% of births whose mothers did not work for cash.

Table 9.16 Content of postnatal care for newborns

Percentage of women aged 15-49 years with a live birth in the last 2 years whose most recent live-born child was dried after birth and percentage given skin to skin contact and percent distribution by timing of first bath of child, according to background characteristics, Egypt 2021

	Percentage of newborns receiving post-natal signal care function of:							Percentage of newborns who received a least 2 of the preceding post-natal signal care functions within 2 days of birth	Number of women with a live birth in the last 2 years
				Breastfeeding			Receiving information on the symptoms requiring care-seeking		
Background characteristic	Cord examin-ation	Temperature assessment	Counselling	Observation	Counselling or observation	Weight assess-ment			
Mother's age at birth									
<20	51.0	50.6	27.2	8.2	29.1	81.2	17.9	57.2	445
20-34	50.9	51.1	23.1	9.0	24.2	81.5	19.3	56.4	3655
35-49	50.4	49.8	17.9	7.9	20.0	75.6	19.3	55.4	546
Birth order									
1	54.8	55.6	29.5	10.8	30.7	85.4	22.6	59.9	1170
2-3	49.3	49.6	22.1	8.8	23.4	80.6	19.8	55.6	2431
4-5	50.9	49.3	18.5	7.1	19.5	77.4	14.2	55.4	883
6+	47.5	45.7	13.0	5.1	14.0	68.3	13.7	49.6	162
Urban-rural residence									
Urban	50.5	51.3	20.6	9.6	23.2	82.3	18.5	57.3	1541
Rural	51.1	50.7	24.0	8.5	24.6	80.0	19.5	55.9	3104
Place of residence									
Urban Governorates	50.6	51.4	19.1	10.2	24.1	84.9	19.1	57.0	574
Lower Egypt	53.8	54.7	25.0	9.1	25.9	84.0	23.8	59.4	1879
Urban	51.2	52.8	22.1	9.5	23.4	83.5	24.4	58.1	428
Rural	54.6	55.3	25.9	9.0	26.6	84.2	23.6	59.8	1451
Upper Egypt	48.4	47.4	21.8	8.3	22.4	76.5	15.3	53.7	2134
Urban	50.1	50.3	20.2	9.0	21.4	77.7	13.4	57.5	499
Rural	47.8	46.5	22.3	8.0	22.7	76.1	15.9	52.5	1635
Frontier Governorates[1]	49.2	49.8	30.1	6.5	30.8	90.8	11.8	52.1	59
Mother's education									
No education	44.1	46.4	17.0	7.0	17.8	70.4	15.0	50.2	440
Some primary	50.3	48.8	15.2	8.4	18.7	74.9	16.8	54.8	191
Primary complete/ some secondary	48.8	47.3	22.1	8.6	23.1	74.8	17.1	53.8	1220
Secondary complete/ higher	52.9	53.3	24.6	9.2	25.9	85.4	20.9	58.6	2794
Work status									
Working for cash	57.6	62.3	27.0	11.6	28.7	84.4	20.3	67.2	431
Not working for cash	50.2	49.7	22.4	8.5	23.6	80.4	19.1	55.3	4214
Wealth quintile									
Lowest	47.5	46.4	21.5	7.0	22.4	71.9	18.7	51.1	695
Second	49.5	47.0	19.4	8.0	20.5	75.5	14.7	52.3	912
Middle	50.4	50.4	21.2	9.0	22.3	79.0	17.8	56.8	941
Fourth	50.6	52.2	23.8	9.9	25.2	85.1	21.3	58.5	1058
Highest	55.1	56.4	27.3	9.5	28.9	88.5	22.5	60.9	1039
Total	50.9	50.9	22.9	8.8	24.1	80.8	19.2	56.4	4645

[1] Does not include North Sinai governorate.

10 CHILD HEALTH

Key Findings:

- 8% of babies were considered by the mother to be very small while an additional 13% were regarded as smaller than average. Among babies with a reported birth weight, 24% weighed less than 2.5 kilograms.

- Overall, 89% of children aged 18-29 months were considered fully immunized, i.e., they had received a BCG and measles vaccination and three doses of the pentavalent vaccine (DPT, hepatitis, and Hemophilus influenza type B), and polio vaccines at the specific time.

- 14% of children under five had had symptoms of an acute respiratory infection in the two weeks prior to the survey. A health provider was consulted for about two-thirds of the children who had ARI symptoms, and 57% were given antibiotics.

- Diarrhea also was a common illness, with 12% of children under age five ill with diarrhea during the two-week period before the survey. 47% of children ill with diarrhea were treated by a health provider, 26% were given antibiotics, and 41% received some form of oral rehydration therapy.

EFHS-2021 collected important information that are relevant for evaluating child health programs and identifying different diseases that children encounter which may affect the child survival. Information on birth weight and neonate size were collected in the survey which provides useful input for programs that are seeking to reduce low birth weight babies, a major risk factor for early childhood death. Many deaths in early childhood also can be prevented by immunizing children against preventable diseases and by ensuring that children receive prompt and appropriate treatment when they become ill. Accordingly, the EFHS-2021included questions on weight at birth and immunization received as well as the prevalence and treatment of a number of common childhood illnesses including diarrhea, acute respiratory infections, and fever. The data presented in this chapter is very important for decision makers in evaluating the national child health program.

10.1 CHILD SIZE AND WEIGH AT BIRTH

Women who gave birth during the five years preceding the EFHS-2021 were asked about the child's birth weight either from a written record or the mother's recall. Since birth weight is not always known for babies, a question was included to obtain the mother's estimate of the baby's size for all babies, i.e., whether the baby was very small, smaller than average, or average or larger. It is important to remember that this assessment is based on the mother's own perception of what is a small, average, or large baby and not on a uniform definition.

Table 10.1 presents information on the mother's perception concerning the child's size and on the birth weight if known for all babies born during the five years before the survey. With respect to the mother's assessment of the baby's size at birth, 8% of babies were considered by the mother to be very small while an additional 13% were regarded as smaller than average, while the majority of mothers reported that births size was average or more (78%). The data indicated that there are no wide differences by background characteristics in the percentage of women who reported that child size average or larger, with exception to Frontier Governorates where the percentage reach 88%.

Table 10.1 also shows that around 7 mothers of 10 were able to provide a birth weight of babies. Among those births, around one- quarter were classified as low birth weight, i.e., they weighed less than 2.5 kilograms at birth.

Looking at differentials by background characteristics, the differences in the child size and birth weight indicators are more clear by birth order (75% for first order births compared with 61% for births order 6 or more), while it was limited by place of residence, however, it declines to 66% in rural Upper Egypt and increase to 84% in Frontier Governorates. On the other hand, differentials were more clear by

educational level, work status, and wealth quintiles. Women in the highest wealth quintiles, who completed secondary education, those who work for cash, were more likely to report that their baby was weighted at birth. Sixty-one percent of mothers in the lowest wealth quintile reported that their babies were weighted at birth compared with 81% of those in the highest wealth quintile. Also, 70% of mothers who are not working for cash mentioned that their babies were weighted at birth compared with 76% of those who are working for cash. As for educational level, also percentage of mothers who reported that the baby was weighted at birth increased from 58% among mothers with no education to 76% among mothers with secondary education or higher.

Table 10.1 Child's size and weight at birth

Percent distribution of live births in the five years preceding the survey by mother's estimate of baby's size at birth, percentage of live births in the five years preceding the survey that have a reported birth weight, and among live births in the five years preceding the survey with a reported birth weight, percentage less than 2.5 kg, according to background characteristics, Egypt 2021

Background characteristic	Percent distribution of all live births by size of child at birth					Percentage of all births that have a reported birth weight[1]	Number of births	Births with a reported birth weight[1]	
	Very small	Smaller than average	Average or larger	Don't know/ missing	Total			Percentage less than 2.5 kg	Number of births
Mother's age at birth									
<20	8.8	13.8	75.8	1.6	100.0	69.0	1378	27.5	951
20-34	8.0	13.2	77.5	1.2	100.0	71.6	9930	23.8	7112
35-49	7.5	11.0	80.4	1.1	100.0	66.5	1418	21.4	943
Birth order									
1	7.5	13.3	78.0	1.2	100.0	74.8	3300	24.3	2468
2-3	8.6	13.7	76.7	1.0	100.0	70.6	6635	24.3	4685
4-5	7.2	11.2	79.8	1.8	100.0	67.3	2375	22.8	1598
6+	8.9	11.7	78.0	1.4	100.0	61.1	417	21.7	255
Urban-rural residence									
Urban	7.7	13.6	77.7	1.0	100.0	73.9	4265	22.8	3152
Rural	8.3	12.8	77.6	1.3	100.0	69.2	8461	24.6	5854
Place of residence									
Urban Governorates	6.1	14.3	78.8	0.9	100.0	77.2	1546	19.9	1193
Lower Egypt	7.8	12.6	78.2	1.4	100.0	72.2	5183	22.6	3741
Urban	9.0	12.4	77.2	1.4	100.0	71.9	1198	22.1	861
Rural	7.5	12.6	78.6	1.4	100.0	72.3	3985	22.7	2880
Upper Egypt	8.9	13.3	76.5	1.2	100.0	67.5	5829	26.8	3932
Urban	8.5	14.1	76.4	0.9	100.0	71.3	1407	27.3	1004
Rural	9.1	13.0	76.6	1.3	100.0	66.2	4422	26.6	2928
Frontier Governorates[2]	3.1	8.6	88.1	0.2	100.0	83.9	167	15.6	140
Mother's education									
No education	9.6	11.3	76.9	2.2	100.0	57.9	1407	26.7	815
Some primary	11.3	10.4	77.5	0.7	100.0	56.5	538	24.9	304
Primary complete/some secondary	9.6	15.9	73.2	1.3	100.0	66.9	3202	28.5	2142
Secondary complete/ higher	6.9	12.4	79.6	1.1	100.0	75.8	7579	21.8	5745
Work status									
Working for cash	7.5	13.0	79.0	0.5	100.0	75.5	1435	21.6	1084
Not working for cash	8.1	13.1	77.5	1.3	100.0	70.2	11291	24.3	7922
Wealth quintile									
Lowest	9.4	12.2	76.7	1.6	100.0	61.2	2124	25.8	1301
Second	9.4	14.5	74.4	1.8	100.0	64.8	2540	28.0	1647
Middle	8.0	12.7	78.0	1.2	100.0	69.5	2685	23.1	1867
Fourth	7.1	13.7	78.5	0.8	100.0	75.5	2804	21.1	2117
Highest	6.7	12.0	80.4	0.9	100.0	80.6	2573	23.2	2075
Total	8.1	13.1	77.6	1.2	100.0	70.8	12726	23.9	9006

[1] Based on either a written record or the mother's recall.
[2] Does not include North Sinai governorate.

10.2 IMMUNIZATION OF CHILDREN

World Health Organization guidelines for childhood immunizations call for all children during the first year of life to receive a BCG vaccination against tuberculosis; three doses of the DPT vaccine to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccination (MMR). In

addition to these standard immunizations, Egypt's childhood immunization program recommends that children receive three doses of the hepatitis vaccine. Currently, the Egyptian program include pentavalent vaccine including: DPT, hepatitis, influenza type B, in addition to polio and BCG and MMR which is given at age one year (including Measles, mumps, and rubella vaccine).

10.2.1 Collection of Immunization Data in the EFHS-2021

In Egypt, routine immunizations are recorded on a special child health card or on a child's birth record (certificate). In collecting data on immunization coverage in the EFHS-2021, mothers were asked to show the interviewer the health card and/or birth record for each child born since January 2018. If a card and/or birth record was available for a child, the dates of vaccinations were copied from the document(s) to the questionnaire. If neither a birth record nor a health card was available (or a vaccination was not recorded), mothers were asked a series of questions to determine whether the child had ever received specific vaccines and, if so, the number of doses.

10.2.2 Routine Immunization Against Common Childhood Illnesses

Table 10.2 shows information on coverage according to the source of the information, i.e., the child's birth record and/or health card or the mother's report. The vaccination table is restricted to children 18-29 months of age in order to focus on recent coverage levels. This age group differs from the 12–23-month age group for which immunization coverage figures have been presented in EDHS prior to 2014. The 18–29-month age category has been adopted for EFHS-2021 as the case of 2014 EDHS because Egypt's child immunization program since 2013 employing the combined measles, mumps and rubella vaccine (MMR) for which the first dose is not given before age 12 months.

The first three columns in Table 10.2 provide information on the proportions of children who were

Table 10.2 Vaccinations by source of information

Percentage of children aged 18-29 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 18 months of age, Egypt 2021

| Vaccination | Vaccinated at any time before survey according to: | | | Vaccinated by 18 months of age[1] |
	Vaccination card	Mother's report	Either source	
BCG	68.0	31.3	99.2	99.2
PVT 1[2]	68.0	31.1	99.1	99.1
PVT 2[2]	67.8	28.7	96.6	96.5
PVT 3[2]	67.7	27.2	94.9	94.3
Polio 0[3]	67.7	31.2	98.9	98.6
Polio 1	68.0	28.8	96.8	96.8
Polio 2	67.9	27.5	95.4	95.4
Polio 3	67.8	26.2	94.1	93.7
Measles	67.1	29.0	96.1	94.9
All basic vaccinations[4]	66.7	23.1	89.9	88.9
No vaccinations	0.0	0.7	0.7	0.7
Number of children	1703	798	2501	2501

[1] For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.
[2] Children receiving PVT include (DPT, Hepatitis, Haemophilus influenza)
[3] Polio 0 is the polio vaccination given at birth.
[4] A child is considered to be fully immunized if the child has received BCG, a measles or MMR vaccination, three DPT vaccinations, and three polio vaccinations.

immunized at any age up to the time of the survey according to the source of the vaccination information, i.e., either a written record (health card/birth certificate) or the mother's report. The fourth column presents the proportion of children who were vaccinated by age 18 months, the age at which children should have received all of the recommended vaccinations. For children with vaccination records, the percentage of children immunized by age 18 months was calculated based on the child's birth date and the dates on which specific vaccines were given as reported on the vaccination record. For children whose information was based on mother's recall, the proportion of vaccinations given during the first 18 months of life was assumed to be the same as that for children with a written vaccination record.

Health cards and/or birth records were available for 67% of the children aged 18-29 months. For the remaining children, the information on vaccinations was based solely on the mother's report.

The results in Table 10.2 indicate that the childhood immunization program in Egypt has wide coverage. Among children 18-29 months, coverage levels for BCG are virtually universal, and 95% have received a measles vaccination (MMR). The proportion receiving three doses of the pentavalent vaccine (including hepatitis) was 94% and almost same percentage received the recommended three doses of

the polio vaccine. Overall, 89% of children are considered immunized against all of these preventable diseases, i.e., they had received a BCG and MMR and three doses of the pentavalent and polio vaccines which is almost the same percentage that was observed in the 2014 EDHS.

Finally, the percentages in the third column of Table 10.2 can be compared with those in the fourth column to assess the proportion of vaccinated children who, as recommended, had received the vaccinations before reaching 18 months of age. Overall, 9 in 10 children aged 18-29 months had received all of the required vaccinations, with only 1% received the required vaccinations after age 18 months.

Table 10.3 presents immunization levels by selected background characteristics. Appendix Table A-10.1 provides governorate-level immunization rates. Given the widespread coverage of the immunization program in Egypt, differences in the immunization rates in Table 10.3 are not large. The largest differences are observed by place of residence, with the percentage receiving all basic vaccinations varying from 80% in Urban Governorates to 94% among children in rural Lower Egypt

Table 10.3 Vaccinations by background characteristics

Percentage of children aged 18-29 months with a vaccination card, and percentage who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), by background characteristics, Egypt 2021

Background characteristic	Record seen	BCG	PVT[1] 1	2	3	Activated	Polio 0	1	2	3	Measles[2]	Fully immunized[3]	No vacci-nations	Number of children
Sex														
Male	70.0	98.9	98.7	96.7	95.9	65.2	98.5	96.8	95.4	94.3	96.8	91.6	1.0	1249
Female	66.1	99.5	99.4	96.4	93.8	60.0	99.2	96.7	95.5	93.9	95.4	88.1	0.4	1252
Urban-rural residence														
Urban	61.7	98.8	98.9	95.1	92.3	56.2	98.7	97.1	94.9	92.9	93.8	85.6	1.1	886
Rural	71.6	99.5	99.1	97.4	96.3	66.1	99.0	96.5	95.7	94.7	97.4	92.2	0.5	1616
Place of residence														
Urban Governorates	57.6	97.2	97.6	93.3	88.7	51.5	97.2	96.2	94.5	91.9	90.8	80.3	2.4	318
Lower Egypt	69.3	99.2	99.0	96.5	96.1	63.3	98.6	96.7	96.2	95.6	97.1	93.2	0.8	1000
Urban	62.9	99.5	99.5	95.9	95.9	57.0	99.5	96.1	94.6	94.6	97.4	92.4	0.5	261
Rural	71.6	99.1	98.9	96.8	96.2	65.5	98.3	96.9	96.7	95.9	97.0	93.5	0.9	739
Upper Egypt	69.9	99.9	99.5	97.5	95.5	64.9	99.6	97.0	95.1	93.4	96.7	89.5	0.0	1149
Urban	64.6	100.0	100.0	96.3	92.9	60.1	99.7	99.3	96.0	92.6	93.7	84.8	0.0	285
Rural	71.6	99.8	99.3	97.9	96.4	66.5	99.6	96.3	94.8	93.6	97.7	91.0	0.0	864
Frontier Governorates[4]	68.8	97.7	98.4	97.6	95.4	67.0	97.7	96.1	93.8	93.8	96.3	92.4	1.6	34
Mother's education														
No education	65.7	98.6	98.6	96.2	92.7	60.0	98.0	96.3	95.9	94.1	94.1	86.9	1.4	247
Some primary	59.6	99.8	98.9	90.5	90.5	51.3	98.2	94.3	90.0	89.4	90.5	83.5	0.2	120
Primary complete/some secondary	72.3	99.1	98.9	96.1	94.6	65.5	98.5	96.2	95.	93.7	96.2	89.9	0.5	648
Secondary complete/ higher	67.3	99.4	99.2	97.3	95.7	62.6	99.2	97.3	96.0	94.6	96.9	90.8	0.6	1487
Work status														
Working for cash	58.9	98.9	98.9	97.1	93.4	56.5	98.9	98.4	98.4	94.8	96.7	89.0	1.1	231
Not working for cash	69.0	99.3	99.1	96.5	95.0	63.2	98.9	96.6	95.1	94.0	96.0	89.9	0.6	2270
Wealth quintile														
Lowest	68.8	99.4	99.7	96.9	95.1	62.2	98.9	97.4	95.4	94.7	97.2	91.0	0.3	402
Second	70.3	99.5	99.0	96.3	94.9	62.6	98.8	97.2	95.9	93.6	95.1	89.8	0.5	492
Middle	73.4	99.4	99.0	96.9	95.3	69.6	99.1	97.0	96.7	95.5	96.3	90.7	0.6	553
Fourth	67.3	99.4	99.1	95.9	93.7	61.8	98.9	95.7	93.4	92.8	96.6	89.2	0.4	546
Highest	60.3	98.6	98.6	97.0	95.4	56.1	98.6	96.7	95.8	93.9	95.5	88.8	1.4	509
Total	68.1	99.2	99.1	96.6	94.9	62.6	98.9	96.8	95.4	94.1	96.1	89.9	0.7	2501

Polio 0 is the polio vaccination given at birth.
[1] Children receiving PVT include (DPT, Hepatitis, Haemophilus influenza).
[2] Available only in the data collected from the vaccination card.
[3] A child is considered to be fully immunized if the child has received BCG, a measles vaccination or MMR, three DPT vaccinations, and three polio vaccinations.
[4] Does not include North Sinai governorate.

and 92% in Frontier Governorates. Surprising, immunization levels increase among children in households in the lowest wealth quintiles (91%) compared with those children in households in the highest wealth quintiles (89%). This may be due to the spread of the Coronavirus since 2019, followed by a period of lock out, which led to staying at home, with families reluctant to go to receive many services, including the health service.

Figure 10.1 shows that there was a decline in the percentage of children aged 18-29 months who have received all basic vaccinations (BCG, 3 doses of the pentavalent vaccine, 3 doses of polio and one dose of MMR) compared with 2014 EDHS (90% and 92% respectively). The results in the figure indicate an increase in the percentage of children who received all basic vaccinations in Upper Egypt in the EFHS-2021 compared to the level observed in the EDHS-2014 (90% and 89% respectively), while the percentage decreased significantly in Urban Governorates (93% and 80% respectively), and the percentage did not change in Lower Egypt between 2014 and 2021.

Figure 10.1 Trends in child immunization aged 18-29 months, Egypt 2014-2021
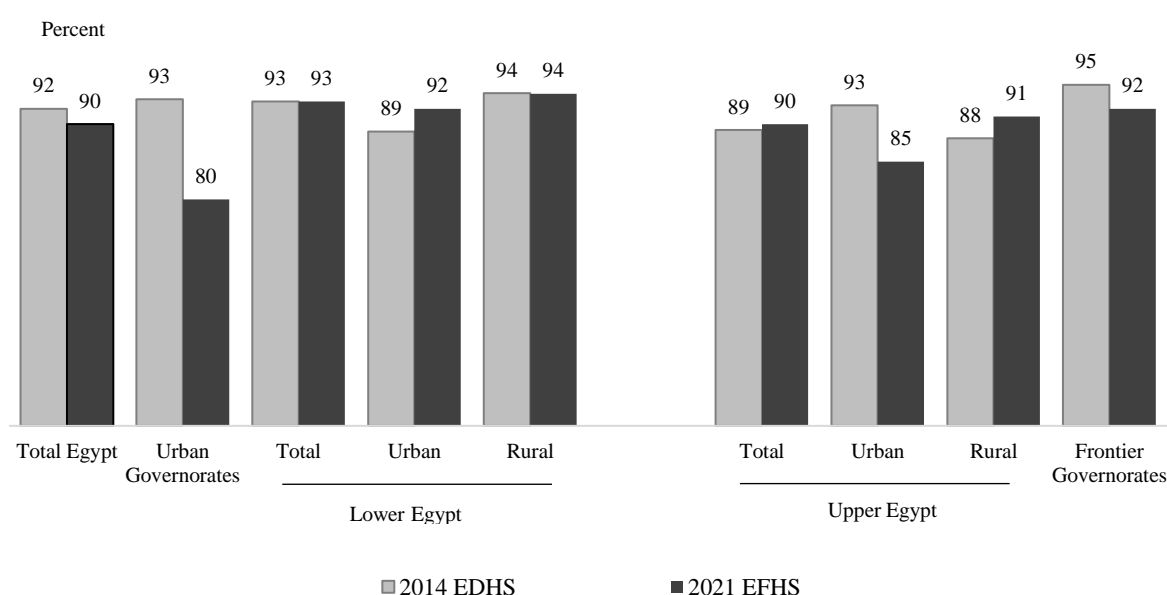
10.3 ACUTE RESPIRATORY INFECTION

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

10.3.1 Prevalence of ARI

To identify children under age five suffering from ARI, mothers were asked three questions in the EFHS-2021. The first question identified children who had been ill with a cough in the two weeks prior to the survey. Mothers of children who had had a cough were asked if the child had breathed faster than usual with short rapid breaths or had had difficulty breathing. If the mother indicated that the child had experienced fast or difficult breathing, she was asked whether it was the result of a problem in the chest, a sign of a serious infection, or simply a blocked or runny nose.

Table 10.4 indicates that 28% of children under five were reported to have had a cough in the two weeks before the survey. Around half of those children (14% of all children) had the symptoms of ARI, cough, that was accompanied by short, rapid and difficult breathing.

In considering the ARI findings, several points should be noted. First, the prevalence of ARI varies seasonally, and the EFHS-2021 results represent the situation at the time of the interview (approximately from first week of October till end of December 2022) and not any other time of the year in Egypt. Also, the data presented is exposed to an error, despite that the short reference period (two weeks) minimize such error. In addition, the symptoms for which information is collected in the EFHS-2021 —cough with fast or difficult breathing involving a chest problem—are signs of pneumonia but are less appropriate for assessing the presence of other ARI related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat). Thus, the EFHS-2021 results do not provide information on the prevalence and treatment of the full range of ARI problems children experience. Finally, the EFHS-2021 findings are not strictly comparable to 2014 EDHS survey conducted due to the difference in timing of data collection during the year.

Table 10.4 Prevalence of cough

Percent distribution of children under five years by experience of cough during the two weeks before the survey, Egypt 2021

Cough and cough symptoms	Percent
Cough	27.7
Cough with short, rapid, or difficult breathing	14.2
Blocked/runny nose only	3.3
Chest-related only	4.3
Both blocked/runny nose and chest-related	6.4
Don't know/missing	0.3
Cough without short, rapid, or difficult breathing	13.4
No cough	72.1
Don't know/missing cough	0.2
Total percent	100.0
Number of children	10753

Note: A cough accompanied by short, rapid or difficult breathing that is chest-related is symptomatic of an acute respiratory infection (ARI).

10.3.2 Consultation, Treatment, and Feeding Practices

Women whose children had ARI symptoms were asked whether they had sought advice or treatment for the illness. Overall, Table 10.5 shows that a health provider was consulted for two-thirds of the children ill with ARI symptoms. Families were around six times as likely to consult a private sector health provider as a public sector health provider (59% and 9%, respectively). Pharmacies were consulted for 29% of the children ill with ARI symptoms.

Table 10.6 present the actions that were taken to treat the infection. Ninety-five percent of children with ARI symptoms were given some type of medicine; 57% of the children received an antibiotic. Cough medicine and antipyretics (drugs to reduce fever) were also given frequently to children ill with ARI symptoms (40% and 67%, respectively).

Table 10.5 Consultation about ARI episode

Among children with ARI symptoms, percentage for whom advice or treatment was sought from specific sources during the illness, Egypt 2021

Source consulted	Percent
Any health provider	64.5
Public sector health provider	9.1
Urban hospital	3.4
Urban health unit	1.2
Health office	0.2
Rural hospital	0.5
Rural health unit	3.6
MCH center	0.2
Other government	0.1
Private sector health provider	59.4
Nongovernmental clinic	0.2
Private medical	59.2
Private hospital/ clinic	55.4
Private doctor	4.0
Pharmacy	28.6
Other non-medical	0.1
Number of ill children	**1154**

Note: Percentages do not add to total because more than one response was possible.

Table 10.6 Treatment and feeding practices for children ill with ARI symptoms

Among children under five ill with ARI symptoms, percentage given various drugs to treat the illness and percent distribution of children by feeding practices during illness, Egypt 2021

Treatment practices	Percent
Drugs given	
Given any drug(s)	94.5
Any antibiotic	57.4
Pill/syrup	37.4
Injection	31.4
Antipyretic	40.4
Cough medicine	67.3
Other/unknown drug	16.3
No drug given	5.5
Number of ill children	1154

Note: Percentages given various drugs do not add to the percentage given any drug(s) because more than one response regarding the drugs given was possible.

10.3.3 Differentials in ARI Prevalence and Responses to the Illness

Table 10.7 presents differences in the prevalence of ARI in the two-week period before the survey and in the consultation and treatment practices used to care for children ill with ARI symptoms by background characteristics. There are clear significant differences in the spread of ARI by the majority of background characteristics presented in the table. There are large differences mostly among children aged 6-11 months, 12-23 months (16% and 14% respectively). Also, large differences are clear by place of residence; the lowest prevalence was found in Urban Governorates and the highest in rural Upper Egypt (4% and 14%, respectively). ARI prevalence also decreased with the wealth quintile, from 13% among children in the lowest quintile to 8% among children in the highest quintile. There is no clear pattern of the differentials in ARI according to the educational level of the mothers. The results indicated that the lowest prevalence was observed among children of mother who didn't complete their primary education (7%) while the highest percentage was among children for mothers with completed primary up to some secondary (12%).

Residence was among the factors most closely associated with differences in the ways in which families responded when a child was ill with ARI symptoms. Table 10.7 shows that the proportion of children ill with ARI symptoms for whom advice was sought from a health provider varied from 59% in the in the Urban Governorates to 67% in Lower Egypt. The proportion using of antibiotics to treat children ill with ARI symptoms are considered high and widespread in all places of residence and range from 55% to 59%.

Table 10.7 Prevalence and treatment of ARI symptoms by background characteristics

Percentage of children under five ill with ARI symptoms in the two weeks before the survey, and, among ill children, percentage receiving medical care, given antibiotics, receiving no treatment/consultation, offered increased fluids and offered increased or same amount of food, by background characteristics, Egypt 2021

Background characteristic	Percentage ill with ARI symptoms	Number of children under 5 years	Health provider consulted			Among children with ARI symptoms, percentage:		Number of children ill with ARI symptoms
			Any[1,2]	Public[1]	Private[1,2]	Given antibiotic	No consulta-tion/ treatment	
Age in months								
<6	9.6	1061	74.2	8.1	71.4	53.2	10.7	102
6-11	16.1	999	76.0	9.3	70.9	59.2	0.8	161
12-23	13.5	2463	66.9	10.3	61.6	55.2	4.5	333
24-35	10.4	2470	60.5	8.6	57.2	59.3	2.7	258
36-47	8.6	2559	55.0	9.4	46.7	58.6	3.0	220
48-59	6.8	1201	57.9	5.6	53.7	59.0	1.4	81
Sex								
Male	11.3	5424	65.4	7.3	61.8	58.4	4.0	615
Female	10.1	5329	63.4	11.1	56.6	56.2	3.2	540
Urban-rural residence								
Urban	7.9	3570	63.8	11.4	57.3	56.9	4.6	282
Rural	12.1	7182	64.7	8.4	60.0	57.6	3.3	872
Place of residence								
Urban Governorates	4.3	1313	58.8	5.2	56.4	59.4	6.9	57
Lower Egypt	10.0	4343	66.7	10.1	59.1	57.6	3.7	435
Urban	10.1	985	66.9	14.9	56.0	58.0	2.2	99
Rural	10.0	3358	66.6	8.7	60.0	57.4	4.2	336
Upper Egypt	13.1	4950	63.5	8.9	59.7	57.1	3.3	651
Urban	10.0	1172	63.6	12.1	57.9	54.7	5.6	118
Rural	14.1	3778	63.5	8.2	60.1	57.6	2.7	533
Frontier Governorates[3]	8.1	146	63.2	4.1	65.6	59.0	4.1	12
Mother's education								
No education	11.3	1125	51.2	14.9	40.8	57.8	6.2	127
Some primary	7.3	451	(42.6)	(4.8)	(40.3)	(52.9)	(15.4)	33
Primary complete/some secondary	11.8	2762	61.7	13.4	52.1	55.4	3.4	326
Secondary complete/higher	10.4	6415	69.4	6.1	67.4	58.5	2.7	669
Work status								
Working for cash	9.6	1103	66.1	6.1	65.9	56.9	3.0	106
Not working for cash	10.9	9649	64.3	9.4	58.7	57.5	3.7	1048
Wealth quintile								
Lowest	13.1	1729	59.1	19.5	44.9	51.2	3.2	227
Second	11.4	2122	57.1	6.7	54.9	55.9	5.7	241
Middle	11.1	2282	66.0	7.8	63.3	60.8	2.8	253
Fourth	10.5	2425	70.1	7.4	63.7	60.4	3.5	256
Highest	8.1	2195	71.1	3.3	72.1	58.4	2.7	177
Total	10.7	10753	64.5	9.1	59.4	57.4	3.6	1154

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] May include more than one source as more than one response possible.
[2] Excludes pharmacy and non-medical sources.
[3] Does not include North Sinai governorate.

10.4 FEVER

Fever often accompanies various other childhood illnesses and is serious on its own. Fever contributes to high levels of malnutrition and high mortality. For children born in the five-year period before the survey, mothers were asked if the child had suffered from fever in the two-weeks before the survey. Table 10.8 presents information from the EFHS-2021 on the prevalence of fever among young children and the use of antibiotics.

Around 1 in 4 children under age five had a fever during the two-weeks before the survey. The results in Table 10.8 indicate that children who had fever differ by child age, where around 33% of children aged 6-11 months and 30% of children aged 12-23 months had fever. Rural children were slightly more likely than urban children to have had a fever (24% and 21% respectively). The prevalence of fever was highest in Upper Egypt compared to other places of residence, where it reaches 28%, while the lowest

in the Urban Governorates (16%) and the Frontier Governorates (15%). Children in the lowest wealth quintile were much more likely to have experienced fever in the two-weeks prior to the survey than children in the highest wealth quintile (25% and 20 %, respectively).

Table 10.8 shows that, for 57% of children ill with fever, advice or treatment was received from a health provider. Fifty-three percent of children ill with fever were given antibiotics. The proportions of children ill with fever for whom advice was sought from health provider or antibiotics given were lowest in the Urban governorates (51%).

Table 10.8 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey and, among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, and the percentage who received antibiotics as treatment, by background characteristics, Egypt 2021

Background characteristic	Among children under age five:		Among children under age five with fever:		
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[1]	Percentage who took antibiotic drugs	Number of children
Age in months					
<6	16.6	1061	64.2	41.2	176
6-11	32.5	999	63.6	48.7	325
12-23	29.8	2463	58.1	51.1	734
24-35	21.8	2470	56.0	55.8	540
36-47	20.9	2559	52.9	56.7	534
48-59	14.7	1201	47.7	53.5	177
Sex					
Male	23.0	5424	57.2	54.1	1246
Female	23.2	5329	56.6	50.8	1239
Urban-rural residence					
Urban	20.5	3570	55.5	51.0	731
Rural	24.4	7182	57.5	53.1	1753
Place of residence					
Urban Governorates	15.6	1313	53.6	51.3	204
Lower Egypt	19.8	4343	63.8	52.0	862
Urban	19.5	985	61.4	43.0	192
Rural	19.9	3358	64.5	54.6	670
Upper Egypt	28.2	4950	53.1	53.0	1397
Urban	27.2	1172	53.0	55.9	319
Rural	28.5	3778	53.1	52.1	1078
Frontier Governorates[2]	15.1	146	60.2	51.1	22
Mother's education					
No education	23.2	1125	44.9	52.9	261
Some primary	21.5	451	46.1	60.9	97
Primary complete/some secondary	25.5	2762	55.8	51.2	705
Secondary complete/ higher	22.2	6415	60.4	52.4	1422
Work status					
Working for cash	23.1	1103	58.3	51.3	255
Not working for cash	23.1	9649	56.8	52.6	2230
Wealth quintile					
Lowest	25.1	1729	56.1	49.7	435
Second	24.6	2122	48.8	53.1	522
Middle	24.2	2282	57.3	56.4	552
Fourth	22.3	2425	59.3	49.7	541
Highest	19.8	2195	64.1	52.9	435
Total	23.1	10753	56.9	52.5	2485

[1] Refers to first source consulted and excludes pharmacy or nonmedical providers.
[2] Does not include North Sinai governorate.

10.5 DIARRHEA

Dehydration as a result of severe diarrhea is a major cause of death among young children in 1990's, and government of Egypt at that time had extended program to eradicate diarrhea including a simple and effective response to dehydration through some form of oral rehydration therapy (ORT). ORT may include the use of a solution prepared from commercially produced packets of oral rehydration salts (ORS), a prepackaged ORS solution, or a homemade mixture usually prepared from sugar, salt, and water. Increasing the amount of any other liquids given to a child during a diarrheal episode is another mean of preventing dehydration.

In EFHS-2021, mothers were asked whether any of their children under five years of age had had diarrhea during the two-weeks preceding the survey. If the child had had diarrhea, the mother was asked about what actions were taken to treat the diarrhea and about feeding practices during the diarrheal episode.

10.5.1 Prevalence of Diarrhea

Table 10.9 shows the percentages of children under age five who had any diarrhea at some time during the two-weeks before the survey. In considering the information in Table 10.9, it is important to note that the prevalence figures may involve some reporting error since they are based on the mothers' subjective assessment of the child's illness. Since there are seasonal variations in the pattern of diarrheal illnesses, it also should be remembered that the percentages in Table 10.9 represent the prevalence of diarrhea at the time of the EFHS-2021 (circa October-December 2021) and not the situation at other times of the year in Egypt.

Among children under age five, 12% were reported by their mothers to have been ill with diarrhea during the two-weeks before EFHS-2021 interview. In general, the differences in the prevalence of diarrhea by background characteristics are minor, with very low percentage among children aged 48-59 months (4%). No clear differences by work status or wealth index, only minor differences by educational level (11% to 15%).

10.5.2 Consultation, Treatment, and Feeding Practices

Information is provided from EFHS-2021 on the actions that were taken when a child had diarrhea during the two-weeks before the survey. Table 10.10 shows that advice or treatment was sought at a health facility in the case of 47% of children ill with diarrhea, where 43% consulted a private medical provider and 7% a public health facility. Pharmacies

Table 10.9 Prevalence of diarrhea

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by background characteristics, Egypt 2021

Background characteristic	All diarrhea	Number of children
Age in months		
<6	14.6	1061
6-11	23.0	999
12-23	18.4	2463
24-35	10.7	2470
36-47	7.0	2559
48-59	3.8	1201
Sex		
Male	12.6	5424
Female	12.1	5329
Source of drinking water		
Improved[1]	12.2	10129
Not improved	14.8	356
Not de jure resident/other/missing	13.4	268
Toilet facility		
Improved[2]	12.4	9468
Non-improved	10.9	1036
Not de jure resident/other/missing	16.5	248
Urban-rural residence		
Urban	12.5	3570
Rural	12.3	7182
Place of residence		
Urban Governorates	11.4	1313
Lower Egypt	10.0	4343
Urban	12.2	985
Rural	9.4	3358
Upper Egypt	14.9	4950
Urban	14.6	1172
Rural	15.0	3778
Frontier Governorates[3]	5.7	146
Mother's education		
No education	11.6	1125
Some primary	13.6	451
Primary complete/some secondary	15.2	2762
Secondary complete/higher	11.2	6415
Work status		
Working for cash	12.7	1103
Not working for cash	12.3	9649
Wealth quintile		
Lowest	12.9	1729
Second	13.2	2122
Middle	12.1	2282
Fourth	11.9	2425
Highest	11.8	2195
Total	12.4	10753

[1] Improved sources are defined as those sources which are likely to provide safe drinking water and include water obtained from a piped source within the dwelling, a public tap, a borehole, a protected well or spring, rain water and bottled water.
[2] The household is considered to have improved sanitation facilities if the household has sole use of a modern or traditional flush toilet that empties into a public sewer, bayara (vault) or septic system.
[3] Does not include North Sinai governorate.

were consulted for treatment advice for 37% of children ill with diarrhea. It has to be mentioned that mothers may report consulting more than one source, so data presented add to more than 100%.

Table 10.11 presents information on the drugs or other treatments and feeding practices employed when a child was ill with diarrhea. Despite the fact that 9 in 10 ever-married women aged 15-49 were aware of the availability of packets of oral rehydration salts that can be used to prevent dehydration (data not shown), only 36% of children suffering from diarrhea were given a solution prepared using a packet of oral rehydration salts. In 10% of the cases, the child was given a pre-packaged ORS solution and in 4% a homemade solution (HS) of sugar and salt.

Table 10.10 Consultation about and treatment practices during a diarrheal episode

Among children with diarrhea, percentage for whom advice or treatment was from specific sources during the illness, Egypt 2021

Source consulted	Percent
Any health provider	47.2
Any public sector health provider	7.4
Urban hospital	2.5
Urban health unit	1.1
Health office	0.2
Rural hospital	0.4
Rural health unit	2.9
MCH center	0.2
Other government	0.2
Any private sector health provider	43.4
Nongovernmental	0.0
Private medical	43.4
Private hospital/clinic	40.5
Private doctor	2.7
Pharmacy	36.8
Other non-medical	0.2
Number of ill children	1328

Note: Percentages do not add to total because more than one response was possible.

Overall, some form of ORT was used in treating 41% of the children (Figure 10.2). Antibiotics and anti-diarrheal medications are generally not recommended to treat diarrhea in young children. However, Table 10.11 shows that antibiotics were given to 26% of the children ill with diarrhea, and 21% received antimotility drugs.

Table 10.11 Treatment and feeding practices for children ill with diarrhea

Among children under five ill with diarrhea, percentage given ORS packet and drugs or other remedies to treat diarrhea and percent distribution by feeding practices during illness, Egypt 2021

Treatment and feeding practices	Percent
Drugs given	
Any drug/other treatment	84.3
ORT	40.6
ORS packet	36.3
Prepackaged ORS solution	10.4
Homemade solution	3.9
Antibiotic pill/syrup/injection	26.4
Antimotility	20.6
IV	1.7
Zinc	14.4
Unknown pill/syrup/injection	3.9
Home remedy	1.1
Other treatment	32.1
No drug/other treatment given/missing	15.7
Number of ill children	1328
Amount of liquids offered	
About the same as usual	33.2
More	8.0
Somewhat less	33.1
Much less	19.2
Nothing to drink	6.3
Missing	0.2
Amount of food offered	
About the same as usual	23.9
More	0.6
Somewhat less	34.2
Much less	23.8
Stopped food	8.2
Never gave food	9.2
Total percent	100.0
Number of ill children	1328

Note: Percentages given various drugs do not add to the percentage given any drug(s) because more than one response regarding the drugs given was possible.

Figure 10.2 Treatment practices among children ill with diarrhea

Percent

EFHS 2021
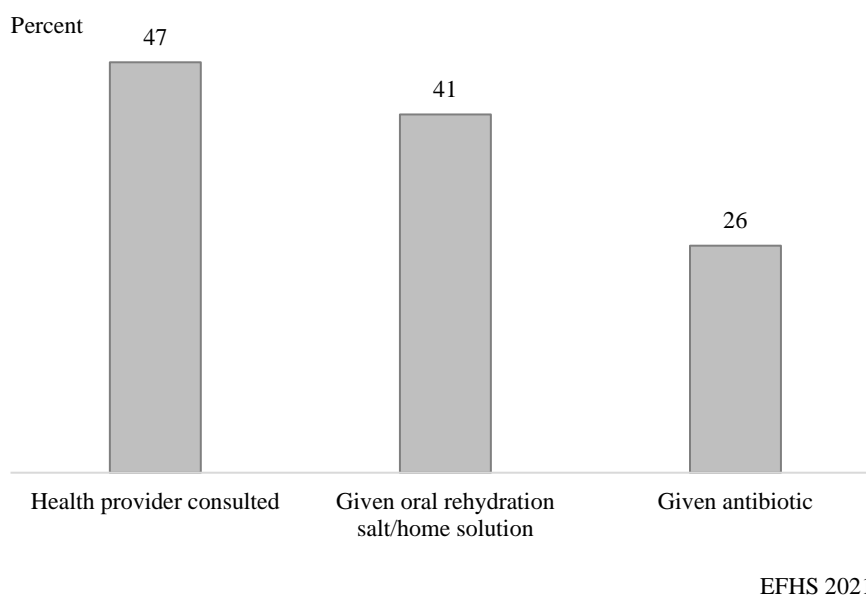
It is important that children who have diarrhea receive adequate nutrients; thus, it is recommended that a child with diarrhea should be offered increased fluids and more food than normal or at least continue to be fed the same amount as usual. Table 10.11 shows that, for the majority of children ill with diarrhea, feeding practices did not conform to the recommended practices. Fluids were increased for only 8% of the children ill with diarrhea. Mother said that the child was either given nothing to drink (6%) or much less fluid than normal (19%), while 33% of the children received somewhat less than the normal amount of liquids. Feeding practices also were not optimal. Rather than continuing to feed the child, which is the recommended practice, mothers reported that more than half of children (58%) were given less than the normal amount to eat, and 8% were not given anything to eat at all.

10.5.3 Differentials in Feeding and Treatment Practices During Diarrheal Episodes

Table 10.12 shows the variation in the approaches used for treating children ill with diarrhea. The large majority of children in all of the subgroups received some form of care or treatment for the diarrhea. However, the likelihood that a child ill with diarrhea was taken to a health provider or received specific types of treatments varies with many of the background characteristics, for example, in rural Lower Egypt health provider was consulted in 55% of children ill with diarrhea, which represent 10 points higher than rural Upper Egypt (45%). Residence is also related to the likelihood that the treatment a child who is ill with diarrhea received included actions to address the dehydration often associated with diarrhea. The proportion of children ill with diarrhea that received some form of oral rehydration therapy or increased fluids was highest among children in rural Lower Egypt and Urban Governorates (50% and 47%, respectively).

Table 10.12 Consultation with provider and treatment of diarrhea by background characteristics

Among children under age five ill with diarrhea in the two weeks preceding the survey, the percentage receiving medical care, oral rehydration therapy (ORT), other treatment and no treatment, according to background characteristics, Egypt 2021

Background characteristic	Health provider consulted Any[1]	Public	Private[1,2]	ORS packet/ pre-pack-aged liquid	Home solution (HS)	Either ORS or HS	In-crease d fluids	Given ORT/ in-crease d fluids	In-creased/ same amount of food	Anti-biotic injec-tion/ pill/ syrup	Other injec-tion/ pill/ syrup/ zinc/IV/ anti-motility	Home remedy / other	No treat-ment	Number of children with diar-rhea
Age in months														
<6	58.8	5.6	54.6	35.9	1.1	35.9	3.9	38.4	18.7	20.6	21.4	26.4	22.2	155
6-11	52.6	4.8	51.4	38.4	4.6	38.6	6.6	42.9	26.4	27.7	43.5	33.1	6.6	229
12-23	46.6	9.6	40.8	44.3	4.5	44.9	6.2	48.1	23.6	27.6	41.0	33.0	6.7	454
24-35	44.0	8.5	40.2	40.8	4.8	41.7	12.5	49.3	29.7	24.8	36.7	36.0	9.3	265
36-47	41.7	6.4	38.2	39.2	3.0	39.7	10.6	47.5	19.6	30.1	35.3	32.0	8.9	178
48-59	(26.8)	(1.7)	(30.2)	(20.3)	(0.3)	(20.3)	(10.8)	(30.6)	(31.1)	(22.8)	(32.5)	(43.7)	(10.6)	46
Sex														
Male	45.1	7.7	41.0	43.5	4.3	43.9	10.3	50.4	27.2	23.6	36.4	32.2	9.4	683
Female	49.4	7.1	45.8	36.5	3.4	37.0	5.6	40.6	21.5	29.4	38.0	34.0	9.5	645
Urban-rural residence														
Urban	44.4	9.8	37.9	36.0	4.1	36.5	9.6	43.3	24.5	22.7	33.1	35.0	10.8	446
Rural	48.6	6.2	46.2	42.2	3.7	42.6	7.2	46.8	24.4	28.3	39.3	32.1	8.7	882
Place of residence														
Urban Governorates	45.7	10.5	36.3	40.0	6.8	40.1	11.1	47.4	19.3	22.9	34.3	31.1	12.9	150
Lower Egypt	53.3	8.7	50.1	40.3	5.8	41.4	10.3	48.2	22.3	29.0	39.3	34.1	8.9	435
Urban	49.7	13.8	41.7	35.1	4.0	36.6	10.9	43.8	19.1	22.3	34.3	41.9	9.1	120
Rural	54.7	6.8	53.3	42.3	6.4	43.2	10.1	49.8	23.5	31.5	41.2	31.1	8.8	315
Upper Egypt	43.9	6.0	40.9	40.2	2.1	40.4	6.1	44.0	26.9	25.6	36.5	32.9	9.0	736
Urban	39.6	6.7	36.2	33.5	1.8	33.5	7.7	40.0	33.4	22.5	31.0	33.7	10.3	171
Rural	45.2	5.8	42.3	42.2	2.2	42.5	5.6	45.2	25.0	26.6	38.1	32.6	8.6	565
Frontier Governorates[3]	(45.3)	(7.1)	(41.3)	(21.4)	(5.1)	(21.4)	(0.0)	(21.4)	(8.7)	(24.9)	(41.6)	(28.2)	(12.7)	8
Mother's education														
No education	45.7	10.1	42.9	46.3	4.3	46.3	2.1	48.4	27.5	30.3	34.4	34.1	6.9	130
Some primary	(34.6)	(10.1)	(30.4)	(32.3)	(9.4)	(34.7)	(9.2)	(40.7)	(22.4)	(20.5)	(26.5)	(23.0)	(20.4)	61
Primary complete/ some secondary	44.7	10.7	37.0	41.7	5.2	42.4	8.7	46.8	23.9	28.8	35.4	26.6	8.4	419
Secondary complete/ higher	50.0	4.8	48.3	38.7	2.5	39.0	8.6	44.9	24.4	24.8	39.6	37.5	9.6	719
Wealth quintile														
Lowest	45.4	10.1	38.9	43.8	2.9	44.1	4.7	48.7	19.3	23.5	42.4	31.6	9.7	223
Second	42.7	9.8	36.2	48.6	6.1	48.9	6.9	51.5	28.7	28.7	30.2	32.8	6.7	279
Middle	46.6	7.1	42.9	32.5	3.1	33.1	8.3	37.9	28.6	28.2	37.7	31.4	9.5	277
Fourth	46.1	6.0	43.0	39.4	4.5	40.5	8.6	46.5	23.4	27.9	34.7	32.5	11.3	289
Highest	55.3	4.3	55.9	36.6	2.4	36.6	11.1	44.0	21.0	22.9	42.5	36.9	10.1	260
Total	47.2	7.4	43.4	40.1	3.9	40.6	8.0	45.6	24.5	26.4	37.2	33.1	9.4	1328

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] May include more than one source as more than one response possible.
[2] Excludes pharmacy and non-medical sources.
[3] Does not include North Sinai governorate.

Table 10.13 shows the differentials in feeding practices among children ill with diarrhea. Regardless of the subgroup, only a small minority of children were fed optimally when they were ill with diarrhea, i.e., the child was offered increased fluids and continued feeding (6%), it also observed that around 37% continued to be fed appropriately and receive some form of increased fluid intake. There are differences by background characteristics but limited in some cases.

Table 10.13 Feeding practices during diarrhea by background characteristics

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhea, by background characteristics, Egypt 2021

	Amount of liquids given							Amount of food given								Percentage given increased fluids and continued feeding	Percentage who continued feeding and were given ORT and/or increased fluids	Number of children with diarrhea
Background characteristic	Same as usual	More	Some-what less	Much less	None	Don't know/ missing	Total	Same as usual	More	Some-what less	Much less	None	Never gave food	Don't know	Total			
Age in months																		
<6	35.3	3.9	34.0	13.6	11.8	1.4	100.0	18.7	0.0	21.3	7.0	0.8	52.2	0.0	100.0	0.2	13.9	155
6-11	35.6	6.6	29.9	22.8	5.1	0.0	100.0	26.2	0.2	28.1	19.5	10.2	15.7	0.0	100.0	4.1	30.2	229
12-23	33.6	6.2	33.2	20.3	6.6	0.0	100.0	23.4	0.2	35.9	29.7	9.8	1.0	0.0	100.0	6.1	43.6	454
24-35	33.9	12.5	32.2	16.1	5.3	0.0	100.0	27.5	2.3	38.2	21.6	9.6	0.0	0.8	100.0	9.5	42.0	265
36-47	28.5	10.6	36.7	19.1	5.1	0.0	100.0	19.5	0.1	43.4	29.6	7.4	0.0	0.0	100.0	8.6	43.3	178
48-59	(24.3)	(10.8)	(37.0)	(28.0)	(0.0)	(0.0)	(100.0)	(29.9)	(1.2)	(33.3)	(32.7)	(2.9)	(0.0)	(0.0)	(100.0)	(10.8)	(30.6)	46
Sex																		
Male	35.0	10.3	29.9	18.0	6.5	0.4	100.0	26.3	0.9	31.5	23.6	8.0	9.5	0.1	100.0	7.9	40.7	683
Female	31.2	5.6	36.5	20.6	6.0	0.0	100.0	21.3	0.3	37.1	23.9	8.5	8.8	0.2	100.0	4.5	33.1	645
Urban-rural residence																		
Urban	33.8	9.6	31.6	17.8	6.8	0.5	100.0	23.4	1.2	34.1	25.8	8.5	7.0	0.1	100.0	7.9	36.5	446
Rural	32.9	7.2	33.9	20.0	6.0	0.0	100.0	24.1	0.3	34.3	22.7	8.1	10.2	0.2	100.0	5.4	37.3	882
Place of residence																		
Urban Governorates	29.6	11.1	30.6	23.1	5.4	0.1	100.0	18.9	0.4	26.4	39.9	5.5	8.5	0.3	100.0	8.5	40.1	150
Lower Egypt	30.7	10.3	32.4	21.5	4.7	0.4	100.0	21.3	1.1	39.3	23.0	6.9	8.1	0.4	100.0	8.4	40.2	435
Urban	31.0	10.9	32.3	16.7	7.6	1.5	100.0	17.3	1.8	45.4	19.9	9.5	6.0	0.0	100.0	9.1	37.6	120
Rural	30.6	10.1	32.4	23.3	3.6	0.0	100.0	22.8	0.8	36.9	24.2	5.9	8.9	0.5	100.0	8.1	41.2	315
Upper Egypt	35.5	6.1	34.2	16.7	7.4	0.1	100.0	26.6	0.4	33.0	20.5	9.7	9.9	0.0	100.0	4.6	34.7	736
Urban	40.0	7.7	32.2	12.6	7.5	0.0	100.0	32.0	1.4	33.4	16.1	10.7	6.5	0.0	100.0	6.8	33.0	171
Rural	34.1	5.6	34.8	18.0	7.4	0.1	100.0	24.9	0.1	32.8	21.8	9.4	10.9	0.1	100.0	3.9	35.2	565
Frontier Governorates[1]	(18.4)	(0.0)	(26.5)	(52.1)	(3.1)	(0.0)	(100.0)	(8.7)	(0.0)	(20.4)	(58.8)	(0.0)	(12.1)	(0.0)	(100.0)	(0.0)	(19.0)	8
Mother's education																		
No education	35.7	2.1	26.0	27.9	8.2	0.0	100.0	27.5	0.0	30.6	26.1	8.8	7.0	0.0	100.0	0.9	40.2	130
Some primary	(35.3)	(9.2)	(37.2)	(14.4)	(3.9)	(0.0)	(100.0)	(22.4)	(0.0)	(41.0)	(20.2)	(8.4)	(8.0)	(0.0)	(100.0)	(5.8)	(32.2)	61
Primary complete/some secondary	34.0	8.7	36.2	15.9	5.3	0.0	100.0	22.9	1.0	37.8	20.8	8.7	8.8	0.1	100.0	7.4	38.5	419
Secondary complete/ higher	32.1	8.6	32.3	20.0	6.6	0.3	100.0	23.9	0.5	32.2	25.4	7.9	9.9	0.3	100.0	6.6	36.0	719
Work status																		
Working for cash	39.0	7.6	28.9	21.3	3.3	0.0	100.0	19.1	1.6	37.6	21.5	10.6	9.5	0.0	100.0	4.3	36.2	140
Not working for cash	32.5	8.1	33.6	19.0	6.6	0.2	100.0	24.4	0.5	33.8	24.0	8.0	9.1	0.2	100.0	6.5	37.1	1189
Wealth quintile																		
Lowest	29.5	4.7	37.2	22.4	6.1	0.0	100.0	19.3	0.0	40.4	24.8	7.6	7.9	0.0	100.0	3.2	38.1	223
Second	35.0	6.9	33.2	16.6	8.2	0.1	100.0	28.2	0.5	35.0	17.9	8.1	10.2	0.0	100.0	6.2	44.6	279
Middle	37.2	8.3	31.2	19.1	4.2	0.0	100.0	27.6	1.0	30.6	21.4	7.2	12.1	0.1	100.0	4.8	29.0	277
Fourth	32.9	8.6	33.8	20.1	4.6	0.0	100.0	23.2	0.3	31.1	27.3	10.7	6.9	0.5	100.0	7.4	38.3	289
Highest	30.4	11.1	30.8	18.5	8.4	0.8	100.0	19.9	1.2	35.4	27.6	7.3	8.5	0.2	100.0	9.2	35.0	260
Total	33.2	8.0	33.1	19.2	6.3	0.2	100.0	23.9	0.6	34.2	23.8	8.2	9.2	0.2	100.0	6.3	37.0	1328

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Does not include North Sinai governorates

10.6 DISPOSAL OF CHILDREN'S STOOLS

Children's feces are often a cause of fecal contamination in the household environment since they are frequently not disposed of properly. To obtain information on this issue, mothers who had at least one child born in January 2019 or later were asked about what was done to dispose of the stools the last time their youngest child had passed stools. Table 10.14 indicate that most mothers reported that the child either used a toilet or latrine when defecating (17%) or the child's stools were thrown into the toilet or latrine (5%), while 76% of mothers reported that stools were thrown in the garbage. Overall, stools were disposed of safely in the case of less than quarter of all children. The proportion reporting safe stool disposal practices generally increased with the age of the child. Surprisingly, the proportion of those reported safe disposal of feces was lower in urban areas than in rural areas. The proportion reporting safe stool disposal practices generally decreased with the wealth quintile. These patterns may be related to the greater use of disposable diapers among the urban and wealthier households, which usually disposed in the garbage and considered unsafe.

Table 10.14 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last fecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Egypt 2021

| Background characteristic | Manner of disposal of children's stools | | | | | | | | Percentage of children whose stools are disposed of safely[1] | Number of children |
	Child used toilet or latrine	Put/ rinsed into toilet or latrine	Buried	Put/ rinsed into drain or ditch	Thrown into garbage	Left in the open	Other	Total percent		
Age in months										
<6	1.0	1.9	0.0	1.8	95.4	0.0	0.0	100.0	2.8	1031
6-11	1.5	3.9	0.0	1.6	92.8	0.1	0.2	100.0	5.4	982
12-23	9.3	6.1	0.0	1.7	82.2	0.4	0.3	100.0	15.5	2287
24-36	44.1	6.7	0.0	2.0	46.9	0.2	0.1	100.0	50.9	1821
Toilet facility										
Improved[2]	16.7	5.1	0.0	1.7	76.1	0.2	0.2	100.0	21.9	5390
Non-improved	22.1	6.1	0.0	2.6	68.9	0.3	0.0	100.0	28.3	579
Not de jure resident/ other/missing	6.9	6.5	0.0	1.3	84.0	0.0	1.3	100.0	13.4	152
Urban-rural residence										
Urban	12.6	3.7	0.0	1.6	81.9	0.0	0.2	100.0	16.3	2019
Rural	19.2	6.0	0.0	1.9	72.5	0.3	0.2	100.0	25.2	4102
Place of residence										
Urban Governorates	9.9	3.0	0.0	2.0	84.8	0.0	0.3	100.0	12.9	724
Lower Egypt	16.8	3.5	0.0	2.1	77.6	0.1	0.0	100.0	20.3	2540
Urban	12.8	4.0	0.0	2.3	80.9	0.0	0.0	100.0	16.8	575
Rural	18.0	3.3	0.0	2.0	76.6	0.1	0.0	100.0	21.3	1965
Upper Egypt	19.0	7.6	0.0	1.5	71.2	0.4	0.3	100.0	26.6	2773
Urban	15.2	4.5	0.0	0.8	79.3	0.0	0.2	100.0	19.7	663
Rural	20.3	8.5	0.0	1.7	68.6	0.5	0.3	100.0	28.8	2110
Frontier Governorates[3]	16.0	0.4	0.3	0.9	81.7	0.7	0.0	100.0	16.6	84
Mother's education										
No education	22.7	6.6	0.0	1.5	68.4	0.3	0.5	100.0	29.3	600
Some primary	13.0	7.3	0.0	2.5	75.8	1.0	0.3	100.0	20.3	262
Primary complete/some secondary	17.6	7.4	0.0	1.4	73.2	0.4	0.1	100.0	25.0	1576
Secondary complete/ higher	16.1	3.9	0.0	2.0	77.8	0.0	0.1	100.0	20.1	3683
Work status										
Working for cash	18.9	3.8	0.0	1.1	76.3	0.0	0.0	100.0	22.7	609
Not working for cash	16.8	5.4	0.0	1.9	75.5	0.2	0.2	100.0	22.2	5512
Wealth quintile										
Lowest	20.7	10.0	0.0	1.5	66.7	0.7	0.4	100.0	30.7	938
Second	19.7	7.5	0.0	1.6	70.5	0.4	0.4	100.0	27.2	1181
Middle	18.7	4.9	0.0	1.8	74.6	0.0	0.0	100.0	23.6	1289
Fourth	14.9	3.5	0.0	1.9	79.4	0.1	0.1	100.0	18.4	1387
Highest	12.5	2.0	0.0	2.0	83.4	0.0	0.0	100.0	14.6	1327
Total	17.0	5.2	0.0	1.8	75.6	0.2	17.0	100.0	22.2	6121

[1] Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the fecal matter was put/rinsed into a toilet or latrine, or if the fecal matter was buried.
[2] The household is considered to have improved sanitation facilities if the household has sole use of a modern or traditional flush toilet that empties into a public sewer, bayara (vault) or septic system.
[3] Does not include North Sinai governorate.

11 NUTRITION OF CHILDREN, YOUTH, AND WOMEN

> **Key Findings:**
>
> - Breastfeeding is almost universal in Egypt; 91% of last-born children born in the two years preceding the EFHS 2021 were ever breastfed, and the median duration of breastfeeding was 16.9 months.
> - About 6 in 10 children were reported to have received a prelacteal feed after birth, only 4 in 10 children under 6 months of age were being exclusively breastfed, and around 4 in 10 children under 6 months were being bottle fed.
> - 13% of Egyptian children under age 5 were stunted (short for their age), 4% were considered very short, while 3 % are wasted (thin for height). The percentage of children overweight or obese is 12% (weight for age), and 4% were underweight (thin for their age).
> - 21% of children aged 6-59 months suffer from mild anemia, and the same percentage were reported for having moderate anemia, and 1% suffer from severe anemia.
> - About 6 in 10 children aged 5-19 years, regardless of sex, fall within the normal BMI range for their age, and 17% or less of boys and 13% of girls are thin or severely thin. The percentage of girls 5-19 years who are overweight is higher than that among boys in the same age group where 16% of girls are overweight compared to 13% for boys. Nevertheless, the same percentage of boys and girls suffer from obesity (7%).
> - Results show that 0.7% of women aged 15-49 were classified as at nutritional risk because of short stature. Results also indicate that overweight and obesity was common among women; 40% of women aged 15-49 were considered overweight and 56% were obese.

Investing in child nutrition is key to human capital development because nutrition is a key component to children's growth, cognitive development, school performance and future productivity. To this regard, several international reports indicate that returns on investment in nutrition are high; for example, every dollar invested in reducing stunting generates an economic return equivalent to about US$18 in high-burden countries. Overall, it can be said that investing in nutrition for children and youth is considered essential investment to achieve sustainable development and prosperity of nations (UNICEF, 2019).

This chapter reviews nutrition data obtained in the EFHS-2021 for children under age 5, youth aged 5-19 years, and ever-married women aged 15-49. The chapter assesses a number of aspects of feeding practices that are important in ensuring adequate nutrition for infants and young children including early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding for up to two years of age and beyond, daily consumption of liquids solid/semi-solid foods (milk, food prepared from grains, vegetables/fruits, roots/tubers, legumes or nuts, meat/fish/poultry, any solid or semi-solid food), as well as, household use of iodized cooking salt.

The chapter also presents measures of nutritional status and anemia levels for the three groups previously noted. Height and weight data obtained in the survey for all children aged 0-19 years and for ever-married women aged 15-49 are used for the nutritional status indicators, and the anemia results are based on the results of anemia tests conducted in a subsample of households for children aged 6 months-19 years and for ever-married women aged 15-49.

11.1 BREASTFEEDING AND SUPPLEMENTATION

The WHO stresses on the importance of breastfeeding for both mothers and newborns equally and it has also indicated that breast milk raises immunity for children. Breastfeeding provides the newborn baby with several vitamins and minerals, including protein and calcium, in addition to healthy fats and vitamin A which delivers proper nutrition to the baby and accordingly contributes to better overall

development for the child. Breastfeeding also boosts the newborn's immunity system which reduces the risks of contracting diseases and mortality.

11.1.1 Initiation of Breastfeeding

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of hormones which help in the production of milk. It also stimulates the contraction of the uterus after childbirth. Colostrum, which is the thick yellowish liquid produced from the breast in the first few days after delivery and lasts for a period of 2 to 4 days, contains fats, sugars, proteins, and some salts and vitamins necessary for the child at this stage and it provides natural immunity to the infant. Prelacteal feeding, the practice of giving other liquids to a child during the period immediately after birth before the mother's milk is flowing freely, is discouraged. It limits the frequency of suckling by the infant and exposes the baby to the risk of infection.

Table 11.1 presents information on the initiation of breastfeeding among last-born children born in the two years prior to the EFHS-2021. Results indicate that almost all Egyptian children are breastfed for some period of time (91%). There are some differentials in the proportion of children ever breastfed by selected background characteristics unlike the 2014 EDHS where differentials were limited.

Table 11.1 shows that breastfeeding began soon after birth for the majority of breastfed children; 72% of the children were put to the breast within the first day after delivery, and 33% within the first hour. Although breastfeeding is initiated early for the majority of children, prelacteal feeding is common; 59% of last-born children born in the two-year period prior to the survey received a prelacteal feed during the first three days after birth.

Children born at home were more likely to have been breastfed within an hour of delivery than children born in a health facility (53% and 32%, respectively). Also, there is 7 percentage point variation in the proportion of children for whom breastfeeding was initiated within one day of birth between children born at home and those delivered in a facility (79% and 72%, respectively). Although prelacteal feeding practices were more common among children born at home than those born in a health facility, the difference was not large (59% and 54%, respectively). Urban areas of Lower Egypt in the EFHS-2021 had the highest proportion initiating breastfeeding within one hour of birth (37%) and the lowest proportion of children given a prelacteal feed (48%).

Table 11.1 also indicates that there is no specific pattern of variations by mother's educational level. The table shows that children to mothers who work for cash and those from the highest wealth quintile are less likely to receive pre-lactation nutrition (53% for each case).

Table 11.1 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth; and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, Egypt 2021

| Background characteristic | Among last-born children born in the past two years: | | | | Among last-born children born in the past two years who were ever breastfed: | |
	Percentage ever breastfed	Percentage who started breast-feeding within hour of birth[1]	Percentage who started breast-feeding within day of birth[1]	Number of last-born children	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	91.5	32.5	72.4	2237	59.2	2048
Female	91.0	33.2	72.0	2168	57.8	1974
Assistance at delivery						
Health professional[3]	91.2	32.4	72.1	4300	58.7	3921
Daya	98.6	61.5	83.7	79	51.2	78
Other	*	*	*	15	*	13
No one	*	*	*	12	*	10
Place of delivery						
Health facility	91.1	31.9	71.9	4203	58.7	3830
At home	95.1	52.9	78.8	201	54.4	191
Other	*	*	*	2	*	1
Urban-rural residence						
Urban	90.1	33.7	73.3	1471	53.6	1326
Rural	91.9	32.5	71.7	2935	60.9	2696
Place of residence						
Urban Governorates	90.2	35.0	74.0	543	52.5	490
Lower Egypt	92.5	35.4	75.7	1794	53.9	1660
Urban	91.9	37.2	75.1	411	47.5	378
Rural	92.7	34.9	75.9	1383	55.8	1282
Upper Egypt	90.6	30.2	68.4	2013	64.5	1823
Urban	88.8	29.8	70.7	479	60.0	426
Rural	91.1	30.3	67.7	1534	65.8	1397
Frontier Governorates[4]	89.4	27.7	80.8	55	53.3	50
Mother's education						
No education	90.8	34.6	68.2	408	59.4	370
Some primary	89.4	27.1	68.4	182	66.8	163
Primary complete/some secondary	91.8	32.8	71.9	1164	60.2	1069
Secondary complete/ higher	91.3	33.0	73.3	2651	57.0	2419
Work status						
Working for cash	91.1	30.1	73.2	367	52.9	334
Not working for cash	91.3	33.1	72.1	4039	59.0	3687
Wealth quintile						
Lowest	90.8	28.8	68.3	661	63.8	600
Second	91.0	31.8	68.6	857	64.3	780
Middle	90.4	30.8	70.7	898	58.6	812
Fourth	92.2	36.6	76.2	1008	55.7	929
Highest	91.8	34.5	75.4	982	52.6	901
Total	91.3	32.9	72.2	4406	58.5	4022

Note: Table is based on last-born children born in the two years preceding the survey regardless of whether the children are living or dead at the time of interview. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes children who started breastfeeding within one hour of birth.
[2] Children are given something other than breast milk during the first three days of life.
[3] Doctor or nurse/midwife.
[4] Does not include North Sinai governorate.

11.1.2 Introduction of Complementary Feeding

WHO and UNICEF recommends the early initiation for breastfeeding within the first hour of delivery, adhering to exclusive breastfeeding during the first six months of life; that is, they should be given only breast milk and not receive other complementary liquids (including plain water) or solids. Early

complementary feeding is discouraged for a number of reasons. The early introduction of other liquids or foods increases the exposure of an infant to pathogens that may cause diarrheal disease. Malnutrition is another risk. Also, complementary foods given to a child may not provide all of the calories that the infant needs, particularly if they are watered down. Since the production of breast milk is influenced by the intensity and frequency of suckling, early complementary feeding may reduce breast milk output, again increasing the risk of malnutrition. Moreover, it is also recommended that children should be offered safe complementary food from the sixth month along with breastfeeding until s/he reaches two years of age.

During the EFHS-2021, information was obtained on the current breastfeeding status of surviving children under age two who were living with the mother and on what other (if any) liquids or solids had been given to the child during the 24-hour period prior to the survey. These data are used to derive the information on the age patterns of breastfeeding and supplementation presented in Table 11.2 and Figure 11.1. The results indicate that breastfeeding continues for the majority of Egyptian children well beyond the first year of life. At age 12-17 months, about 8 in 10 children are still being breastfed, and more than one-third of children 18-23 months continue to be breastfed.

Exclusive breastfeeding is common but not universal in very early infancy in Egypt. Table 11.2 shows that, among infants under two months of age, 58% are receiving only breast milk. However, the proportion exclusively breastfed drops off rapidly among older infants. By age 4-5 months, only around 2 in 10 children were being exclusively breastfed.

In addition to information on the prevalence of exclusive breastfeeding, the EFHS- 2021 results allow an assessment of whether or not complementary feeding is being introduced on a timely basis for older babies. WHO and UNICEF recommend that all children begin to receive complementary food by age six months since, at that age, the mother's breast milk no longer provides adequate nutrition for the child. Results shown in Table 11.2 and Figure 11.1 indicate that the majority of Egyptian children aged 6 months and older (up to age 12-17 months) are receiving other foods or milk in addition to breast milk. At 6-8 months, however, 29% of babies are not being given solid or semi-solid food in addition to breast milk and, at age 9-11 months, 13% of children are not yet being fed solid or semi-solid food.

Table 11.2 Breastfeeding status by age

Percent distribution of youngest children under two years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under two years using a bottle with a nipple, according to age in months, Egypt 2021

Age in months	Not breast-feeding	Breastfeeding status					Total	Percent-age currently breast-feeding	Number of youngest child under two years living with their mother	Percent-age using a bottle with a nipple	Number of all children under two years
		Exclusively breastfed	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids[1]	Breast-feeding and consuming other milk	Breast-feeding and consuming comple-mentary foods					
0-1	1.7	57.8	7.7	3.1	19.5	10.1	100.0	98.3	286	37.5	293
2-3	5.1	45.0	11.4	5.4	25.9	7.1	100.0	94.9	395	43.5	403
4-5	7.0	20.7	18.9	4.6	16.9	31.8	100.0	93.0	354	40.7	365
6-8	8.9	6.4	13.3	3.1	5.8	62.6	100.0	91.1	487	37.6	497
9-11	6.3	2.0	6.3	1.5	3.0	81.0	100.0	93.7	498	26.5	502
12-17	21.6	0.9	1.9	1.2	0.5	73.8	100.0	78.4	1186	23.8	1231
18-23	65.2	0.3	0.6	0.0	0.3	33.6	100.0	34.8	1105	13.6	1232
0-3	3.7	50.4	9.9	4.4	23.2	8.4	100.0	96.3	681	41.0	696
0-5	4.8	40.2	13.0	4.5	21.1	16.4	100.0	95.2	1035	40.9	1061
6-9	8.9	5.5	11.8	2.8	5.5	65.5	100.0	91.1	639	34.9	651
12-15	16.4	1.3	2.2	1.3	0.7	78.0	100.0	83.6	788	25.8	813
12-23	42.6	0.6	1.3	0.6	0.4	54.4	100.0	57.4	2291	18.7	2463
20-23	73.6	0.3	0.2	0.0	0.0	25.9	100.0	26.4	724	9.4	808

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.
[1] Non-milk liquids include juice, juice drinks, clear broth or other liquids.

Figure 11.1 Infant feeding practices by age

Age group in months
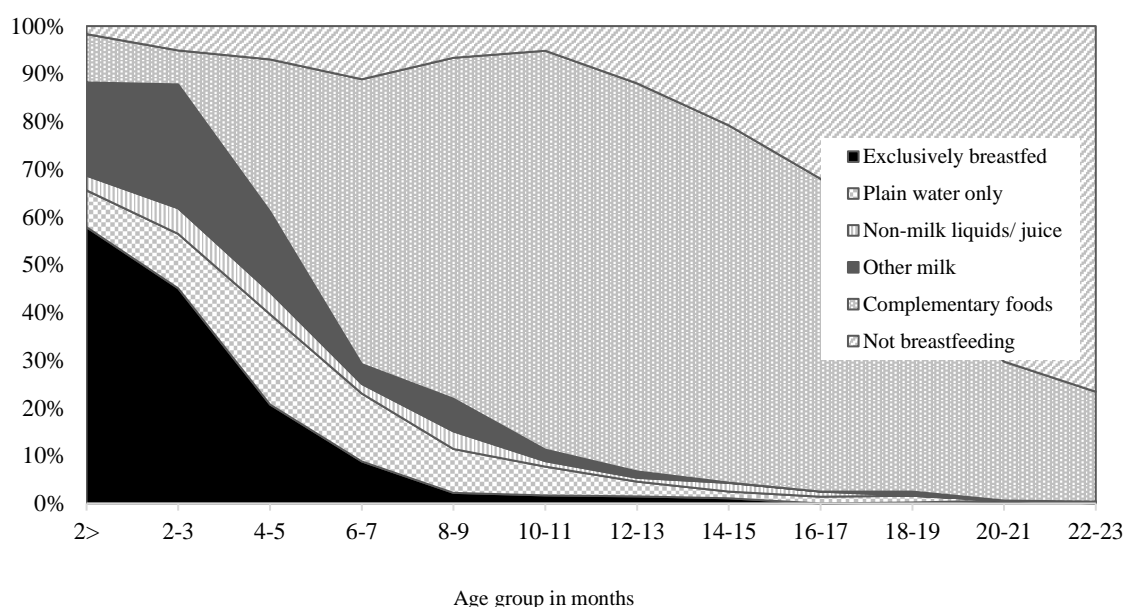
EFHS 2021

Table 11.2 also provides information on the differentials in the percentage of children under age two who are being bottle-fed. Among children under 6 months of age, around 4 in 10 children are being fed with a bottle with a nipple, and around one-quarter of children aged 12-15 months are bottle fed.

Figure 11.2 presents a number of indicators summarizing the extent to which Egyptian children are being fed according to recommended infant and young child feeding (IYCF) practices. The exclusive breastfeeding indicators included in the figure highlight the fact that the majority of children are not exclusively breastfed for the recommended 6 months. Overall, only 40% of all children under age 6 months are being exclusively breastfed which is the same percentage reported in the 2014 EDHS. As for children at age 4-5 months, only 21% of children are receiving only breast milk (i.e., exclusively breastfed).

Figure 11.2 also provides information on the prevalence of predominant breastfeeding. Fifty-eight percent of children aged 0-5 months are in this category, i.e., they are exclusively breastfed or breastfed and receiving either plain water or non-milk liquids. In addition, Figure 11.2 shows information on the timely introduction of complementary feeding; as recommended, 69% of children aged 6-8 months are being given solid, semi-solid, or soft food. The continued breastfeeding indicators in Figure 11.2 show that breastfeeding continues well into the first year of life for most children. However, by age two years, the majority of children are weaned. Additionally, about 3 in 10 children aged 0-23 months are bottle fed.

Figure 11.2 IYCF indicators on breastfeeding status

Indicator	Percent
Exclusive breastfeeding under age 6 months	40.2
Exclusive breastfeeding at age 4-5 months	20.7
Continued breastfeeding at 1 year	83.6
Introduction of solid, semi-solid, or soft foods (6-8 months)	69
Continued breastfeeding at 2 years	26.4
Age-appropriate breastfeeding (0-23 months)	50
Predominant breastfeeding (0-5 months)	58
Bottle feeding (0-23 months)	27

Percent

EFHS 2021

Finally, the age-appropriate breastfeeding indicator in Figure 11.2 provides an overall measure of the extent to which recommendations with respect to the practices of exclusive breastfeeding and the timely introduction of complementary foods are being practiced. Children are classified as receiving age-appropriate breastfeeding if they are age 0-5 months and exclusively breastfed or age 6-23 months and breastfeeding and consuming complementary foods. Results indicate that half of Egyptian children are being breastfed appropriately.

11.1.3 Median Durations and Frequency of Breastfeeding

Table 11.3 presents information on the median duration of breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years before the Egypt Family Health Survey 2021.

The median duration of breastfeeding is 16.9 months. On average, children are exclusively breastfed or predominantly breastfed for less than the recommended six months; the median duration for which children are exclusively breastfed is 1.1 months and the median duration of predominant breastfeeding, i.e., when children receive only non-milk liquids in addition to breast milk, is 3.1 months.

Overall, there are no significant differences in breastfeeding durations across subgroups in Table 11.3. The longest median breastfeeding duration is observed among children in Frontier Governorates and among those born to mothers who have never attended school (18.9 months and 18.1 months, respectively) and the shortest is found among children born to mothers who have completed primary education or some of the secondary education (16.2 months).

11.2 DIETARY DIVERSITY AMONG CHILDREN

In the EFHS-2021, women who had at least one child under the age of two living with them were asked questions about the types of foods and liquids they and their youngest child had consumed during a 24-hour period prior to the survey. Mothers were also asked about the number of times the child had eaten solid or semi-solid food during the period.

The results of these questions are subject to a number of limitations. First, the results do not apply to the full universe of young children and women. A proportion of children under age two are excluded from consideration because they were not the youngest child under age two or because they were not living with the mother. The dietary data also are subject to recall errors. In addition, the mother may not be able to report fully on the child's intake of food and liquids if the child was fed by other individuals during the period. Despite these

Table 11.3 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breast-feeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Egypt 2021

| Background characteristic | Median duration (months) of breastfeeding among children born in the past three years[1] | | |
	Any breast-feeding	Exclusive breast-feeding	Predomi-nant breast-feeding[2]
Sex			
Male	17.2	0.7	3.3
Female	16.6	1.4	3.0
Urban-rural residence			
Urban	16.6	0.7	2.6
Rural	17.0	1.3	3.4
Place of residence			
Urban Governorates	16.4	0.6	(1.0)
Lower Egypt	17.1	1.3	4.3
Urban	16.9	(1.1)	4.4
Rural	17.2	1.4	4.2
Upper Egypt	16.8	1.3	2.8
Urban	16.6	*	3.0
Rural	16.8	1.3	2.8
Frontier Governorates[3]	18.9	*	*
Mother's education			
No education	18.1	0.7	3.2
Some primary	16.8	*	(4.7)
Primary complete/ some secondary	16.2	1.1	2.2
Secondary complete/ higher	17.0	1.1	3.4
Work status			
Working for cash	16.4	*	*
Not working for cash	16.9	1.1	3.3
Wealth quintile			
Lowest	17.7	1.3	3.3
Second	16.4	1.3	3.8
Middle	17.2	0.7	3.1
Fourth	17.0	1.0	2.7
Highest	16.3	1.4	2.9
Total	16.9	1.1	3.1

Note: Median durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases in the duration category in which the median value fell. An asterisk indicates that the figure is based on fewer than 25 unweighted cases in the duration category in which the median fell and has been suppressed.
[1] It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding.
[2] Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only
[3] Does not include North Sinai governorates

problems, the information collected in the EFHS-2021 on the types of foods and liquids young children are consuming is useful in assessing dietary diversity among infants and young children.

11.2.1 Foods and Liquids Consumed by Infants and Young Children

Appropriate nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. Fruits and vegetables, especially those rich with Vitamin A should be consumed daily. Although eating a range of fruits and vegetables, especially those rich in vitamin A is important, studies

have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients (WHO/UNICEF 1998). Accordingly, it has been advised that meat, poultry, fish or eggs should be eaten daily, or as often as possible. Fat also is important in the diets of infants and young children because it provides essential fatty acids, facilitates absorption of fat-soluble vitamins (such as vitamin A), and enhances dietary energy density and palatability.

Table 11.4 presents information obtained from women about the foods and liquids consumed during the 24-hour period prior to the survey by their youngest child under age 2. As expected, except for infant formula and fortified baby foods, the proportions of children who consumed foods or liquids included in the various groups shown in the table rises with the age of the child. Children who are still breastfed are less likely to consume the various types of foods than children who are not being breastfed. In general, the most frequently consumed foods among breastfeeding and non-breastfeeding children were foods made from grains, foods made from roots and tubers and cheese, yogurt, and other milk-based foods.

Table 11.4 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under two years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Egypt 2021

	Liquids			Solid or semi-solid foods										
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Food made from grains[3]	Fruits and vegetables rich in vitamin A[4]	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry	Eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	Number of children
BREASTFEEDING CHILDREN														
0-1	18.1	4.1	10.0	0.7	4.9	5.1	3.6	4.6	3.3	6.0	2.0	3.3	10.5	267
2-3	21.4	9.1	10.8	1.5	2.8	0.5	1.7	1.6	0.9	2.2	0.3	2.2	7.7	349
4-5	18.5	8.5	13.8	4.8	13.8	5.3	4.6	7.8	4.0	5.4	4.6	16.8	32.9	297
6-8	12.1	12.2	35.4	12.2	38.9	17.7	25.4	26.6	13.2	15.8	12.7	38.0	70.2	408
9-11	8.0	12.0	50.4	5.6	67.7	29.8	40.4	39.3	26.5	36.5	24.3	52.6	87.7	443
12-17	4.5	14.9	60.2	4.5	77.4	36.5	54.6	51.0	37.8	53.7	31.1	58.9	94.6	822
18-23	3.1	19.9	65.2	2.5	89.4	45.5	63.4	56.5	39.6	59.8	32.8	57.8	96.4	295
6-23	6.7	14.4	53.6	6.0	69.0	32.5	46.7	44.1	30.4	42.9	26.0	53.0	88.2	1968
Total	10.7	12.2	40.3	4.9	49.4	23.3	32.9	31.6	21.6	30.6	18.5	38.5	65.6	2881
NON-BREASTFEEDING CHILDREN														
0-1	*	*	*	*	*	*	*	*	*	*	*	*	*	19
2-3	(41.4)	(33.2)	(27.6)	(2.6)	(2.6)	(0.2)	(0.2)	(0.0)	(0.0)	(0.0)	(0.0)	(6.9)	(7.1)	46
4-5	46.0	25.6	18.7	10.6	15.8	4.1	7.8	5.0	1.1	8.6	7.0	16.1	35.0	57
6-8	68.7	32.1	43.5	16.9	43.9	16.4	20.1	17.2	15.4	18.1	10.7	40.8	64.3	79
9-11	45.1	38.6	59.0	12.0	73.7	37.2	45.6	48.1	26.4	42.0	28.5	55.7	92.1	55
12-17	21.2	42.6	70.0	6.7	82.9	43.3	57.3	50.8	33.4	60.1	30.4	62.1	96.3	365
18-23	3.8	27.4	71.4	2.3	88.7	52.4	64.8	55.0	41.9	62.8	36.1	62.4	98.9	810
6-23	14.3	32.4	68.8	4.8	83.7	47.0	59.2	51.3	37.3	58.5	32.7	60.7	95.8	1308
Total	16.8	31.9	64.6	4.9	77.4	43.3	54.5	47.1	34.2	53.9	30.2	56.5	89.4	1430

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Other milk includes fresh, tinned and powdered cow or other animal milk.
[2] Doesn't include plain water
[3] Includes fortified baby food
[4] Includes pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside, ripe mangoes, papayas, and apricots.

Results indicate that the proportion of breastfed children and non-breastfed children who consumed solid or semisolid foods increases in the age groups 12-17 months and 18-23 months where this percentage reached 95% and 96%, respectively among breastfed children and 96% and 99% respectively among non-breastfed children.

11.2.2 Appropriate Infant and Young Child Feeding

In 2004, the WHO World Health Assembly endorsed the "WHO Global Strategy on Diet, Physical Activity and Health"[1]. This strategy called on governments, WHO, international partners, the private sector and civil society to take actions to promote healthy diets and physical activity at the global, regional and local levels.

Appropriate infant and young child feeding (IYCF) practices include the timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding. Guidelines have been established with respect to appropriate infant and young child feeding (IYCF) practices for children aged 6-23 months (WHO 2005).

In 2012, the Health Assembly adopted the "Comprehensive Implementation Plan for Maternal, Infant and Young Child Nutrition" which comprised six global nutrition targets to be achieved by 2025, including reducing stunting, wasting and overweight in children, improving breastfeeding practices, reducing anemia and low birth weight (WHO 2014).

Table 11.5 presents some indicators of appropriate feeding practices that are useful in assessing the quality of infant and young child feeding practices (IYCF) in Egypt. The indicators show the percentages of children for whom feeding practices meet minimum standards with respect to both food diversity (i.e., the number of food groups consumed) and feeding frequency (i.e., the number of times the child was fed) as well the consumption of breast milk or breast milk substitutes. Breastfed children are considered as being fed appropriately if they consume at least four food groups and receive food or liquids other than breast milk at least twice per day in the case of infants 6-8 months and at least three times in the case of children 9-23 months. Non-breastfed children are considered to be fed appropriately if they consumed milk or milk products at least twice a day, receive solid or semi-solid foods from at least four food groups excluding the milk and milk products group, and are fed at least three times per day.

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[1] Global strategy on diet, physical activity and health. Geneva: World Health Organization; 2004

Table 11.5 Infant and young child feeding (IYCF) practices

Percentage of youngest children aged 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Egypt 2021

Background characteristic	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
	4+ food groups[1]	Minimum meal fre-quency[2]	Both 4+ food groups and minimum meal frequency	Number of breastfed children 6-23 months	Milk or milk products[3]	4+ food groups[1]	Minimum meal fre-quency[4]	With 3 IYCF practices[5]	Number of non-breastfed children 6-23 months	Breast milk, milk, or milk products[6]	4+ food groups[1]	Minimum meal fre-quency[7]	With 3 IYCF practices	Number of all children 6-23 months
Age in months														
6-8	16.4	54.6	15.6	408	87.2	17.9	79.0	13.4	79	97.9	16.7	58.6	15.2	487
9-11	39.1	53.1	29.8	443	80.3	47.4	82.1	27.9	55	97.8	40.0	56.3	29.6	498
12-17	53.1	61.5	39.7	822	59.9	60.5	75.4	23.7	365	87.7	55.4	65.8	34.8	1186
18-23	63.8	64.4	50.0	295	34.5	69.3	61.7	17.2	810	52.0	67.9	62.4	25.9	1105
Sex														
Male	42.2	58.6	32.5	1017	50.5	62.1	68.9	18.7	641	80.9	49.9	62.6	27.2	1658
Female	45.8	58.6	35.7	950	43.0	63.6	66.1	19.7	667	76.5	53.1	61.7	29.1	1617
Urban-rural residence														
Urban	45.8	60.6	32.6	608	55.6	67.4	72.7	23.5	514	79.7	55.7	66.1	28.4	1122
Rural	43.1	57.7	34.6	1360	40.9	59.9	64.1	16.5	794	78.2	49.3	60.1	27.9	2154
Place of residence														
Urban Governorates	45.1	61.2	30.6	214	63.5	71.0	77.3	27.7	209	82.0	57.8	69.1	29.2	423
Lower Egypt	41.6	54.1	32.3	815	46.3	60.2	69.9	18.3	505	79.4	48.7	60.2	26.9	1320
Urban	39.9	55.8	28.1	176	44.7	66.0	72.6	19.6	129	76.6	50.9	62.9	24.5	305
Rural	42.1	53.7	33.4	639	46.8	58.2	69.0	17.9	376	80.3	48.1	59.3	27.7	1015
Upper Egypt	45.5	61.8	36.2	913	40.5	62.1	61.5	16.9	577	77.0	51.9	61.7	28.7	1490
Urban	51.0	63.3	37.8	202	53.5	64.2	66.4	21.6	164	79.2	56.9	64.7	30.6	366
Rural	44.0	61.3	35.7	711	35.3	61.2	59.5	15.0	413	76.2	50.3	60.7	28.1	1124
Frontier Governorates[8]	53.0	67.6	39.7	25	64.4	68.0	75.4	21.5	17	85.6	59.1	70.7	32.4	42
Mother's education														
No education	37.9	54.4	29.6	207	37.2	49.5	60.6	12.8	98	79.9	41.6	56.4	24.2	305
Some primary	44.5	60.1	36.9	79	(55.2)	(39.5)	(76.0)	(7.8)	52	82.3	42.5	66.4	25.3	131
Primary complete/some secondary	40.0	55.9	30.3	518	42.9	63.4	61.1	14.3	364	76.4	49.6	58.1	23.7	882
Secondary complete/ higher	46.8	60.5	36.2	1163	49.0	65.7	70.6	23.0	794	79.3	54.5	64.6	30.9	1957
Work status														
Working for cash	46.7	68.0	39.2	161	52.0	61.9	74.1	17.0	135	78.1	53.6	70.8	29.0	296
Not working for cash	43.7	57.8	33.5	1807	46.1	62.9	66.7	19.5	1173	78.8	51.3	61.3	28.0	2980
Wealth quintile														
Lowest	39.9	57.1	33.7	306	35.9	55.7	58.0	12.5	185	75.9	45.8	57.4	25.7	491
Second	43.2	59.7	34.0	390	42.0	60.5	63.6	14.6	246	77.6	49.9	61.2	26.5	637
Middle	43.7	53.8	30.7	401	40.9	59.0	65.1	13.4	261	76.7	49.7	58.2	23.9	662
Fourth	43.6	58.2	32.5	465	49.8	63.9	68.7	22.9	297	80.4	51.5	62.3	28.8	762
Highest	48.3	64.0	39.3	405	58.5	70.9	76.6	28.0	319	81.7	58.3	69.5	34.3	724
Total	44.0	58.6	34.0	1968	46.7	62.8	67.4	19.2	1308	78.7	51.5	62.1	28.1	3275

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.
[2] For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months.
[3] Includes two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt
[4] For non-breastfed children aged 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day.
[5] Non-breastfed children aged 6-23 months are considered to be fed with a minimum standard of three Infant and Young Child Feeding Practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semi-solid foods from at least four food groups not including the milk or milk products food group.
[6] Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt
[7] Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4.
[8] Does not include North Sinai governorate.

According to the results presented in Table 11.5, 79% of youngest children aged 6-23 months living with the mother received breast milk or breast milk substitutes during the 24-hour period prior to the survey, 52% had an adequately diverse diet, i.e., they had been fed foods from the appropriate number of food groups depending on their age and breastfeeding status, and 62% had been fed the minimum standard number of times appropriate for their age. Taking the three of the feeding practices together, 28% of children were being fed according to the minimum IYCF minimum standards for diet diversity and meal frequency (Figure 11.3).

Figure 11.3 IYCF indicators on minimum acceptable diet
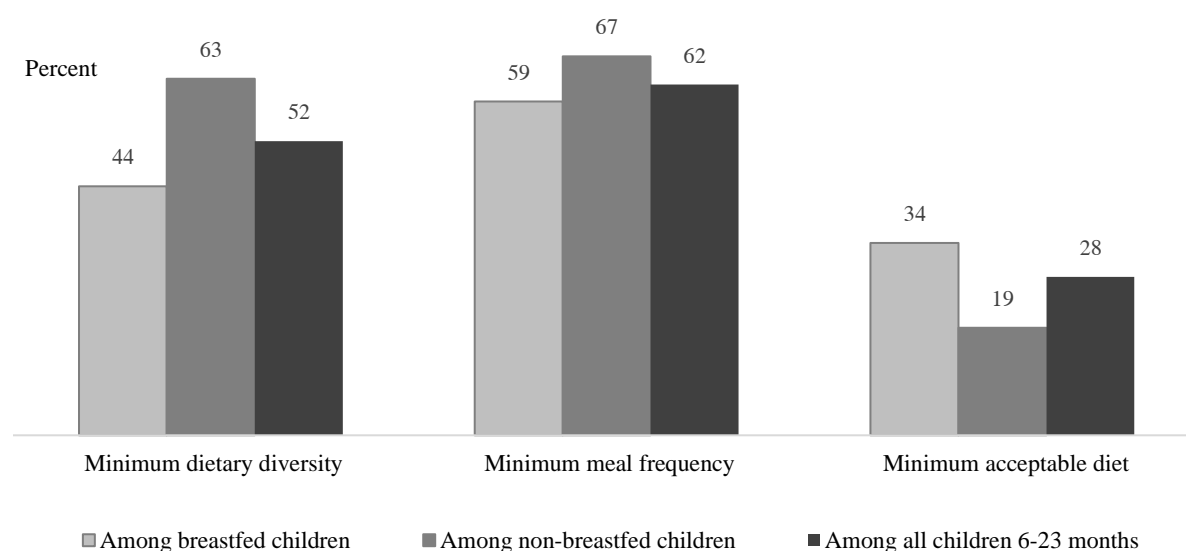
EFHS 2021

As Figure 11.3 shows, breastfed children were much less likely to be fed the minimum number of times and somewhat less likely to have received foods from the minimum number of groups compared to non-breastfed children. Nevertheless, breastfed children were more likely than non-breastfed children to have a minimum acceptable diet.

11.3 MICRONUTRIENT SUPPLEMENTATION AMONG YOUNG CHILDREN

Content of a balanced and healthy diet varies according to individual characteristics (e.g., age, gender, lifestyle), cultural context, available foods, and dietary habits as healthy diet helps individual develop and improve his overall health. Micronutrient deficiencies are a major contributor to childhood morbidity and mortality. Micronutrient deficiencies result from inadequate intake of micronutrient-rich foods and inadequate utilization of available micronutrients because of infections, parasitic infestations, or other factors in the diet. The EFHS-2021 provides data to assess a number of ongoing efforts to address micronutrient deficiencies including the use of iodized salt by households, micronutrient intake and supplementation (vitamin A and iron) among women and young children.

11.3.1 Use of Iodized Salt

Iodine is an important trace element important for the normal function of the thyroid gland. Iodine deficiency can lead to serious consequences including abortion, intrauterine growth retardation, premature and still birth, increased risk of mortality among young children, delayed puberty in adolescence, and hypothyroidism and goitre in adults. The human body generally requires small quantities of iodine; however, there is an increase in demand for iodine at certain stages of pregnancy, lactation and child development. Thus, Egypt has adopted a national program for universal salt iodization (USI) to fortify salt with iodine for the prevention of iodine deficiency.

In the EFHS-2021, a semi-quantitative rapid test was used to measure iodine content of the salt used for cooking in the households selected for the anemia testing subsample. The test kit consisted of ampoules of a stabilized starch solution and a weak acid-based solution. A drop of the starch solution was squeezed onto a salt sample obtained in the household, causing the salt to change color and the EFHS- 2021 interviewer would match the color with the color codes on the test bottle to identify iodine level.

Table 11.6 shows that salt was tested in 95% of the eligible households. Overall, 90% of households in which testing took place were using iodized salt. The percentage using iodized salt was lowest among households in the lowest wealth quintile and the second to lowest wealth quintile (83% and 86%, respectively) and highest among households in the highest wealth quintile (96%). By place of residence, the highest percentage of using iodized salt was reported among households in Frontier Governorates (97%) and the lowest percentage was reported among households in rural Lower Egypt (88%) and rural Upper Egypt (86%).

Table 11.6 Presence of iodized salt in households

Among all households eligible for salt testing, percentage of households with salt tested for iodine content, percentage with salt in household but not tested, and percentage with no salt in the household; and among households with salt tested, the percentage with iodized salt, according to background characteristics, Egypt 2021

Background characteristic	Among all households in the anemia subsample, the percentage				Among households with tested salt:	
	With salt tested	With salt not tested	With no salt in the household/ missing	Number of households	Percentage with iodized salt	Number of households
Urban-rural residence						
Urban	93.6	2.9	3.5	6690	93.6	6259
Rural	95.5	1.8	2.7	8655	86.9	8264
Place of residence						
Urban Governorates	92.7	2.8	4.6	2732	92.1	2532
Lower Egypt	95.0	2.3	2.6	6803	89.7	6466
Urban	94.1	3.4	2.5	1925	95.1	1811
Rural	95.4	1.9	2.7	4878	87.6	4655
Upper Egypt	95.1	2.0	2.9	5653	88.6	5374
Urban	94.1	2.7	3.1	1925	93.8	1812
Rural	95.5	1.7	2.8	3728	86.0	3562
Frontier Governorates[1]	96.7	1.6	1.8	158	96.8	152
Wealth quintile						
Lowest	94.6	1.8	3.6	2892	83.4	2735
Second	93.6	2.5	3.9	3117	86.1	2918
Middle	94.7	2.4	2.9	3078	90.3	2916
Fourth	95.2	2.0	2.7	3111	93.2	2963
Highest	95.1	2.7	2.2	3147	95.5	2992
Total	94.6	2.3	3.1	15345	89.8	14523

[1] Does not include North Sinai governorate.

11.3.2 Micronutrient Intake Among Young Children

In general, the World Health Organization (WHO) notes in its malnutrition reports that there are four broad sub-forms of undernutrition: wasting, stunting, underweight, and deficiencies in vitamins and minerals. Undernutrition makes children in particular much more vulnerable to disease and death. Thus, highlighting malnutrition associated with micronutrient deficiencies is important and necessary. Iodine and vitamin A are greatly important in terms of public health; and lack of access to these elements represents a great risk to human health and growth, especially in children. Vitamin A is considered essential for normal sight, growth, and development. It protects the body against some infectious illnesses such as measles and diarrheal disease. Severe vitamin A deficiency (VAD) is associated with total loss of vision or with other vision impairments including night blindness. Also, iron deficiency slows cognitive development. Data from the EFHS- 2021 could be used to assess whether young children are receiving an adequate intake of essential micronutrients such as vitamin A, iron, and iodine (WHO 2021).

Table 11.7 presents several indicators that are useful for assessing whether young children are receiving an adequate intake of vitamin A, iron, and iodine. These indicators include the percentage of youngest children less than two years of age living with their mother who consumed fruits and vegetables rich in vitamin A. The table also presents information on the percentages of children 6-59 months who received vitamin A supplements. The table also shows the percentage of children aged 6-59 months living in households that use iodized salt.

Table 11.7 Micronutrient intake among children

Among youngest children aged 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey, and among all children aged 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Egypt 2021

| Background characteristic | Among youngest children aged 6-23 months living with the mother: | | | Among all children aged 6-59 months: | | | Among children aged 6-59 months living in households tested for iodized salt | |
	Percentage who consumed foods rich in vitamin A in last 24 hours[1]	Percentage who consumed foods rich in iron in last 24 hours[2]	Number of children	Percentage given vitamin A supplements in last 6 months	Percentage given iron supplements in last 7 days	Number of children	Percentage living in households with iodized salt[4]	Number of children
Age in months								
6-8	31.0	22.5	487	9.3	5.7	497	88.1	243
9-11	56.3	47.6	498	13.5	7.8	502	85.0	238
12-17	75.6	67.0	1186	10.9	5.9	1231	88.5	567
18-23	84.5	74.8	1105	10.7	4.4	1232	89.9	590
24-35	na	na	na	5.3	2.7	2470	86.8	1186
36-47	na	na	na	2.6	1.6	2687	88.9	1275
48-59	na	na	na	0.1	0.1	5389	89.0	2610
Sex								
Male	68.2	58.5	1658	4.0	2.2	7121	88.6	3437
Female	69.9	61.7	1617	4.4	2.3	6887	88.3	3272
Breastfeeding status								
Breastfeeding	61.9	53.3	1968	10.5	5.5	2048	87.9	979
Not breastfeeding	79.7	70.2	1308	3.1	1.7	11960	88.6	5729
Mother's age at birth								
15-19	71.8	62.2	156	2.7	0.9	251	80.1	134
20-29	69.5	60.7	1845	5.6	3.2	6847	88.1	3260
30-39	68.4	58.9	1159	3.1	1.4	5967	88.9	2834
40-49	64.6	58.5	116	0.9	0.6	943	90.6	481
Urban-rural residence								
Urban	72.7	64.5	1122	4.0	2.7	4719	92.4	2230
Rural	67.1	57.7	2154	4.3	2.0	9289	86.5	4479
Place of residence								
Urban Governorates	73.1	64.5	423	4.8	3.6	1693	87.8	781
Lower Egypt	67.9	60.1	1320	3.9	2.5	5814	89.6	2777
Urban	68.8	64.4	305	3.1	2.5	1341	96.2	638
Rural	67.6	58.7	1015	4.1	2.5	4473	87.7	2139
Upper Egypt	68.7	58.6	1490	4.4	1.6	6309	87.3	3054
Urban	75.3	64.6	366	4.0	1.9	1559	93.8	747
Rural	66.6	56.6	1124	4.5	1.5	4750	85.2	2307
Frontier Governorates[4]	75.4	67.0	42	2.2	2.0	192	96.9	96

Continued…

Table 11.7—*Continued*

Background characteristic	Among youngest children aged 6-23 months living with the mother:			Among all children aged 6-59 months:			Among children aged 6-59 months living in households tested for iodized salt	
	Percentage who consumed foods rich in vitamin A in last 24 hours[1]	Percentage who consumed foods rich in iron in last 24 hours[2]	Number of children	Percentage given vitamin A supplements in last 6 months	Percentage given iron supplements in last 7 days	Number of children	Percentage living in households with iodized salt[3]	Number of children
Mother's education								
No education	63.0	53.3	305	2.8	0.9	1598	81.4	790
Some primary	62.3	50.5	131`	3.2	1.6	581	84.5	257
Primary complete/ some secondary	66.8	585	882	4.9	2.3	3464	85.7	1711
Secondary complete/ higher	71.4	62.4	1957	4.2	2.5	8366	91.3	3951
Work status								
Working for cash	71.8	65.4	296	3.6	1.9	1514	92.9	712
Not working for cash	68.8	59.5	2980	4.2	2.3	12495	87.9	5996
Wealth quintile								
Lowest	64.7	53.5	491	3.7	1.3	2386	82.5	1163
Second	65.5	54.8	637	3.9	1.6	2803	86.4	1315
Middle	66.9	57.9	662	4.4	2.1	2991	86.4	1460
Fourth	70.4	63.0	762	4.2	2.8	3073	91.5	1469
Highest	75.5	68.0	724	4.6	3.2	2755	94.8	1303
Total	69.0	60.0	3275	4.2	2.2	14009	88.5	6709

Note: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, orange or yellow sweet potatoes or squash, carrots, dark green leafy vegetables, mango, papaya, and apricots
[2] Includes meat (including organ meat), fish, poultry and eggs
[3] Children in households where salt was not tested are excluded; only households in the anemia subsample were eligible for testing.
[4] Does not include North Sinai governorates

Table 11.7 indicates that, among the youngest children aged 6-23 months living with their mother, 7 in 10 children were consuming foods rich in vitamin A and 6 in 10 children were consuming foods rich in iron on a daily basis. Consumption of both iron- and vitamin A-rich foods increased with the age of the child and was greater among not breastfeeding than breastfeeding children (80%, 70%, and 62%, 53% respectively) reflecting the increasing diversity of children's diets as they are weaned. Differentials by place of residence show that consumption of vitamin-A and iron rich foods was highest in the Frontier Governorates (75% and 67%, respectively), while the lowest percentage was reported in rural Upper Egypt: 67% for consuming vitamin A rich foods and 57% for consuming iron rich foods.

Results shown in Table 11.7 also indicates that 4% of children aged 6-59 months were reported to have taken a vitamin A capsule. The Ministry of Health and Population policy is to provide vitamin A supplementation at age 9 months and 18 months. Overall, there are no variation by urban rural residence where both reported 4% each.

Finally, Table 11.7 shows that 89% of children aged 6-59 months live in households with iodized salt, this percentage increases in Frontier Governorates (97%) and for households in the highest wealth quintiles (95%) and among women who work for cash (93%).

11.3.3 Micronutrient Intake among Mothers

Adequate micronutrient intake by women has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects against anemia, which is associated with increased risks of premature delivery and low birth weight. Finally, as noted above, iodine deficiency is related to a number of adverse pregnancy outcomes.

Table 11.8 includes a number of measures that are useful in assessing the extent to which women are receiving adequate intake of vitamin A, iron during pregnancy, and iodine. The results show that around one-third of women with a birth in the five years prior to the survey received a vitamin A dose in the first two months following the delivery of their last-born child during the period. Women living in Frontier Governorates included in the EFHS-2021 were noticeably less likely than other women to report receiving a vitamin A dose (23%).

With regard to iron supplementation during pregnancy, 41% of women who gave birth during the five-year period before the survey reported taking iron tablets or syrup for 90 days or more during the pregnancy preceding their last live birth. It is worth noting that the proportion of women taking iron tablets or syrup increase with wealth index (49% among women in the highest wealth quintile compared with 31% in the lowest quintile). The lowest proportion of women who reported they took iron supplements for 90 days or more were found among women aged 40-49 years (32%).

Table 11.8 Micronutrient intake among mothers

Among ever-married women aged 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child; and among ever-married women aged 15-49 with a child born in the past five years and who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Egypt 2021

| Background characteristic | Percentage who received vitamin A dose postpartum[1] | Number of days women took iron tablets or syrup during pregnancy of last birth | | | | | | Number of women | Among women with a child born in the last five years, who live in households that were tested for iodized salt | |
		None	<60	60-89	90+	Don't know/ missing	Total		Percentage living in households with iodized salt[2]	Number of women
Age										
15-19	40.6	20.3	15.9	13.3	46.9	3.6	100.0	270	82.0	137
20-29	35.4	26.9	17.0	11.0	41.3	3.8	100.0	4553	88.8	2180
30-39	34.6	30.3	13.9	9.7	41.5	4.7	100.0	4133	88.7	1992
40-49	34.1	36.6	15.6	10.6	31.6	5.6	100.0	646	89.4	338
Urban-rural residence										
Urban	31.5	26.7	14.0	9.5	45.3	4.6	100.0	3319	92.6	1581
Rural	37.1	29.9	16.3	11.0	38.6	4.2	100.0	6283	86.5	3066
Place of residence										
Urban Governorates	27.8	24.6	12.5	8.2	49.2	5.5	100.0	1176	87.9	550
Lower Egypt	39.9	30.5	13.4	10.6	41.0	4.5	100.0	4056	89.7	1984
Urban	37.3	29.9	12.5	9.9	43.6	4.1	100.0	958	96.4	470
Rural	40.7	30.6	13.7	10.8	40.2	4.6	100.0	3098	87.6	1513
Upper Egypt	32.9	28.5	18.5	10.9	38.3	3.8	100.0	4253	87.4	2054
Urban	30.6	26.2	17.2	10.6	42.2	3.8	100.0	1106	93.8	521
Rural	33.7	29.3	19.0	11.1	36.9	3.8	100.0	3147	85.3	1533
Frontier Governorates[3]	23.3	24.6	11.2	10.4	47.0	6.8	100.0	118	98.0	60
Education										
No education	30.1	40.9	16.6	9.6	28.8	4.1	100.0	1059	81.6	532
Some primary	29.3	38.7	15.6	11.2	30.2	4.4	100.0	399	84.8	192
Primary complete/ some secondary	33.4	31.0	17.7	11.2	36.0	4.1	100.0	2312	85.8	1131
Secondary complete/ higher	37.1	25.1	14.5	10.3	45.7	4.4	100.0	5833	91.3	2792
Work status										
Working for cash	36.8	26.2	11.8	9.7	48.0	4.2	100.0	1072	93.3	523
Not working for cash	34.9	29.1	16.0	10.6	40.0	4.3	100.0	8530	88.0	4124
Wealth quintile										
Lowest	30.9	35.3	19.0	10.5	31.2	4.1	100.0	1578	82.4	774
Second	34.3	34.1	16.7	11.4	33.4	4.4	100.0	1852	86.7	871
Middle	37.6	29.8	16.0	9.4	40.5	4.3	100.0	2027	86.3	1000
Fourth	35.4	24.6	13.3	10.8	46.9	4.4	100.0	2143	91.3	1044
Highest	36.4	22.4	13.6	10.2	49.4	4.4	100.0	2002	94.6	958
Total	35.1	28.8	15.5	10.5	40.9	4.3	100.0	9602	88.6	4647

[1] In the first two months after delivery of last birth
[2] Women in households where salt was not tested are excluded; only households in the anemia subsample were eligible for testing.
[3] Does not include North Sinai governorates

Table 11.8 indicate that most mothers live in households where iodized salt is used, around 9 in 10 women whose last-born child was delivered in the five years before the survey lived in households with iodized salt.

11.4 NUTRITIONAL STATUS OF YOUNG CHILDREN, YOUTH, AND WOMEN

Height and weight data collected in the EFHS-2021 can be used to assess the nutritional status of children under age 5, never-married youth aged 5-19 years, and ever-married women aged 15-49 in Egypt. Special trained teams were responsible for taking the height and weight measurements during the survey. The measurements were collected for eligible children and ever-married women in all households in the EFHS 2021 sample. Children younger than 24 months were measured lying on the measuring board, while standing height was measured for older children, youth, and women. Weight data were obtained using lightweight scales with a digital screen.

11.4.1 Nutritional Status Among Young Children

Nutritional status is a primary determinant of a child's health and well-being. The anthropometric data collected in the EFHS-2021 permit an assessment of the nutritional status of children under age five in Egypt. Measurements of height and weight were obtained for all children under age 5 living in the households selected for the EFHS 2021. The results include children who were not biological offspring of the women interviewed in the survey. Analysis presented in Table 11.9 focuses on children for whom complete and plausible anthropometric and age data were collected.

Table 11.9 presents the percentages of children classified as malnourished according to three anthropometric indices of nutritional status by selected background characteristics. The three standard indices shown in the table and figure are: (1) height-for-age; (2) weight-for-height; and (3) weight-for-age. To identify children considered as malnourished, the anthropometric indices derived from the EFHS-2021 were compared against growth standards generated by WHO from data collected in a Multicentre Growth Reference Study (WHO 2006). Also, Appendix A Table A-11.1 present the three indicators by governorate.

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

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

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

Adverse health consequences are also associated with overweight and obesity among young children. The percentage of children more than two standard deviations above the median for weight-for-height provides a measure of the extent of this problem in Egypt. The percentage of children more than two standard deviations above the median for weight-for-age provides another measure of the extent to which children are overweight and obese; it is useful for comparison with other data sources that did not measure height.

The mean z-scores provide a summary statistic to represent the nutritional status of children in a population. The z-scores describe the nutritional status of the survey population as a whole without the

use of a cut-off. A mean z-score of less than 0, i.e., a negative value, for stunting, wasting, or underweight, suggests the nutritional status of the entire survey population is poorer on average than that of the WHO Growth Standards population.

An examination of the height-for-age data from the EFHS-2021(Table 11.9) against the reference population indicates that 13% of children under age five were stunted, and 4% were severely stunted. When comparing results with the 2014 EDHS, it is clear that there is a decline in the proportion of children who are stunted or severely stunted where 21% of children were stunted and 10% were severely stunted during the 2014 EDHS. Considering age patterns, Figure 11.4 shows that percentage of stunting is high among children aged 1 month then it declines before it rises again to reach the highest level of stunting among children aged 12-17 months (19%). Rural children were only slightly more likely to be stunted than urban children (13% and 12%, respectively) which is contrary to the 2014 EDHS results where these percentages were 21% and 23%, respectively. Considering place of residence, the percentage stunted was markedly higher in rural Upper Egypt and Frontier Governorates (16% for each) compared to other areas. Children whose mothers had completed the secondary education level or higher were somewhat less likely to be stunted than children of less educated mothers. By wealth index, children from the highest wealth quintile were less likely to be stunted than children in the lowest wealth quintile (10% and 17% respectively).

Figure 11.4 Nutritional status of children by age

EFHS 2021
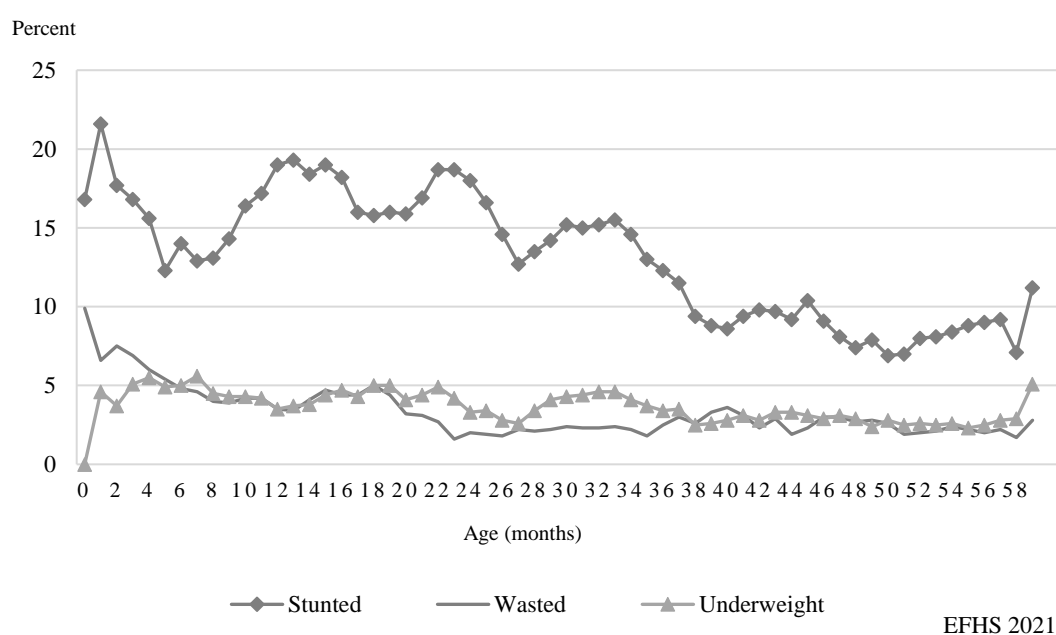
Table 11.9 also shows that 3% of children were wasted. The highest levels of wasting were found among children under 6 months of age (7%) and children in urban Upper Egypt (6%). At the other extreme, the percentage of children considered to be overweight or obese, i.e., whose weight-for-height was more than 2 standard deviations from the median of the WHO reference population was 12%. Reflecting the effects of both chronic and short-term malnutrition, 4% of children under age five were underweight for their age. Looking at residential categories, the proportion underweight was somewhat higher in Urban Governorates (6%) followed by Upper Egypt (4%) compared to Lower Egypt (2%).

Table 11.9 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Egypt 2021

	Height-for-age[1]			Weight-for-height				Weight-for-age				
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[2]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<6	7.8	16.9	(0.4)	3.2	7.0	24.8	6.5	1.1	4.8	4.8	0.3	733
6-8	3.9	12.5	(0.3)	1.1	3.3	15.4	3.1	1.7	4.6	4.8	0.5	366
9-11	6.0	16.6	(0.5)	1.2	3.7	15.8	2.3	1.7	4.7	4.5	0.1	382
12-17	5.6	18.5	(0.6)	2.3	4.8	12.7	1.5	0.7	4.3	4.4	0.3	955
18-23	4.7	17.2	(0.9)	1.5	2.9	11.9	1.1	1.1	4.4	3.4	0.2	942
24-35	4.2	14.8	(0.8)	1.0	2.1	9.6	1.3	1.0	3.8	3.8	0.5	1884
36-47	2.7	9.8	(0.6)	0.9	2.7	9.1	1.9	0.4	2.8	3.9	0.3	2079
48-59	1.9	7.9	(0.4)	0.8	2.2	9.2	2.6	0.6	3.0	4.5	0.2	2353
Sex												
Male	3.8	12.9	(0.6)	1.3	3.2	12.9	2.4	0.8	3.5	4.5	0.3	4911
Female	3.9	12.7	(0.6)	1.3	2.9	10.2	2.1	0.9	3.8	3.8	0.3	4783
Birth interval in months[3]												
First birth[4]	3.0	11.6	(0.5)	1.3	2.8	12.4	2.2	0.5	2.9	4.7	0.3	2459
<24	5.1	15.4	(0.8)	1.3	2.9	10.3	2.3	0.8	4.1	3.0	(0.1)	1321
24-47	4.3	13.3	(0.6)	1.4	3.8	11.4	1.9	0.9	3.5	3.8	0.3	3194
48+	3.6	12.3	(0.5)	1.2	2.6	11.6	2.7	1.0	4.4	4.5	0.6	2554
Size at birth[3]												
Very small	5.5	17.9	(0.9)	1.7	4.6	9.2	1.4	1.1	7.1	2.4	(0.2)	704
Small	4.2	15.0	(0.8)	1.3	3.6	9.7	1.9	1.3	5.4	3.2	(0.0)	1292
Average or larger	3.7	12.0	(0.5)	1.3	2.9	12.1	2.4	0.7	3.1	4.4	0.4	7427
Missing	3.0	12.5	(0.5)	0.2	2.2	9.9	1.6	0.7	3.1	5.8	(0.1)	105
Mother's interview status												
Interviewed	3.9	12.9	(0.6)	1.3	3.1	11.6	2.2	0.8	3.7	4.1	0.3	9528
Not interviewed but in household	1.5	7.7	(0.5)	0.2	1.6	12.7	2.1	0.3	1.2	6.1	(0.0)	137
Not interviewed and not in the household[5]	(3.3)	(11.6)	0.6	(8.3)	(8.3)	(0.7)	(0.3)	(8.3)	(8.3)	(0.0)	0.1	29
Mother's nutritional status[6]												
Thin (BMI <18.5)	5.3	18.1	(1.0)	0.0	6.4	5.2	(0.0)	3.1	12.2	0.0	(0.6)	55
Normal (BMI 18.5-24.9)	5.1	16.0	(0.7)	1.3	3.6	10.3	1.8	0.9	3.8	3.4	0.1	1792
Overweight/obese (BMI ≥25)	3.5	11.7	(0.5)	1.3	3.0	11.7	2.3	0.7	3.4	4.3	0.4	6960
Urban-rural residence												
Urban	3.9	11.9	(0.5)	1.7	4.1	12.8	2.7	1.2	4.5	5.1	0.3	3784
Rural	3.8	13.4	(0.6)	1.0	2.4	10.8	1.9	0.6	3.1	3.5	0.3	5910
Place of residence												
Urban Governorates	4.8	12.7	(0.6)	1.6	4.4	11.0	2.9	2.2	5.9	4.2	0.1	1445
Lower Egypt	3.2	10.2	(0.4)	1.1	2.1	14.6	2.7	0.3	2.1	6.1	0.8	3970
Urban	3.0	9.5	(0.3)	1.2	2.3	18.9	3.2	0.3	2.3	8.5	1.1	1071
Rural	3.3	10.4	(0.4)	1.1	2.1	13.1	2.6	0.3	2.0	5.1	0.7	2899
Upper Egypt	4.1	15.2	(0.8)	1.4	3.5	8.8	1.5	0.9	4.3	2.3	(0.1)	4155
Urban	3.6	12.8	(0.6)	2.4	5.5	9.7	2.1	0.9	4.9	3.4	(0.0)	1182
Rural	4.3	16.2	(0.8)	0.9	2.8	8.5	1.3	0.9	4.1	1.9	(0.1)	2973
Frontier Governorates[7]	4.9	16.3	(0.8)	1.3	2.0	9.8	1.1	1.0	4.3	2.5	(0.1)	123
Mother's education[8]												
No education	7.2	19.1	(0.9)	1.0	2.5	9.5	2.9	1.5	6.1	1.7	(0.2)	999
Some primary	4.6	14.0	(0.7)	1.6	4.3	9.4	1.8	0.7	4.8	3.8	1.0	388
Primary complete/some secondary	4.0	14.2	(0.7)	1.3	3.0	11.0	1.9	0.6	3.2	3.7	0.4	2352
Secondary complete/higher	3.2	11.2	(0.5)	1.3	3.1	12.3	2.3	0.8	3.4	4.7	0.3	5789
Wealth quintile												
Lowest	5.0	16.8	(0.8)	1.0	3.5	8.3	1.2	0.9	4.3	1.8	(0.0)	1482
Second	4.4	14.5	(0.8)	1.2	2.6	10.5	1.7	1.0	4.3	2.6	0.2	1847
Middle	3.5	12.9	(0.6)	1.1	2.6	11.0	2.0	0.7	3.1	3.6	0.4	2014
Fourth	3.7	11.6	(0.5)	1.5	3.3	12.4	2.3	0.9	4.0	4.4	0.2	2264
Highest	3.0	9.5	(0.3)	1.6	3.4	14.3	3.6	0.7	2.7	7.3	0.6	2088
Total	3.8	12.8	(0.6)	1.3	3.1	11.5	2.2	0.8	3.7	4.1	0.3	9694

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO reference. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on 25-49 unweighted cases.
[1] Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 centimeters; standing height is measured for all other children.
[2] Includes children who are below -3 standard deviations (SD) from the WHO Child Growth standards population median
[3] Excludes children whose mothers were not interviewed
[4] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.
[5] Includes children whose mothers are deceased
[6] Excludes children whose mothers were not weighed and measured, children whose mothers were not interviewed, and children whose mothers are pregnant or gave birth within the preceding 2 months. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.11.
[7] Does not include North Sinai governorate.
[8] For women who are not interviewed, information is taken from the Household Questionnaire. Children whose mothers were not listed in the Household Questionnaire are not included.

Figure 11.5 presents the trends in nutritional status of surveyed children under age five during the period between the 2005 EDHS and the EFHS-2021. The results show a reduction in the percentage stunted compared to the levels observed in the earlier EDHS surveys, particularly the 2008 Egypt DHS. Similarly, there is an observed decline in the proportion of children who are wasted particularly compared to the 2014 EDHS where it was 8% while it declined to 3% in the EFHS-2021.

Figure 11.5 Trends in nutritional status of children under age 5, Egypt 2005-2021
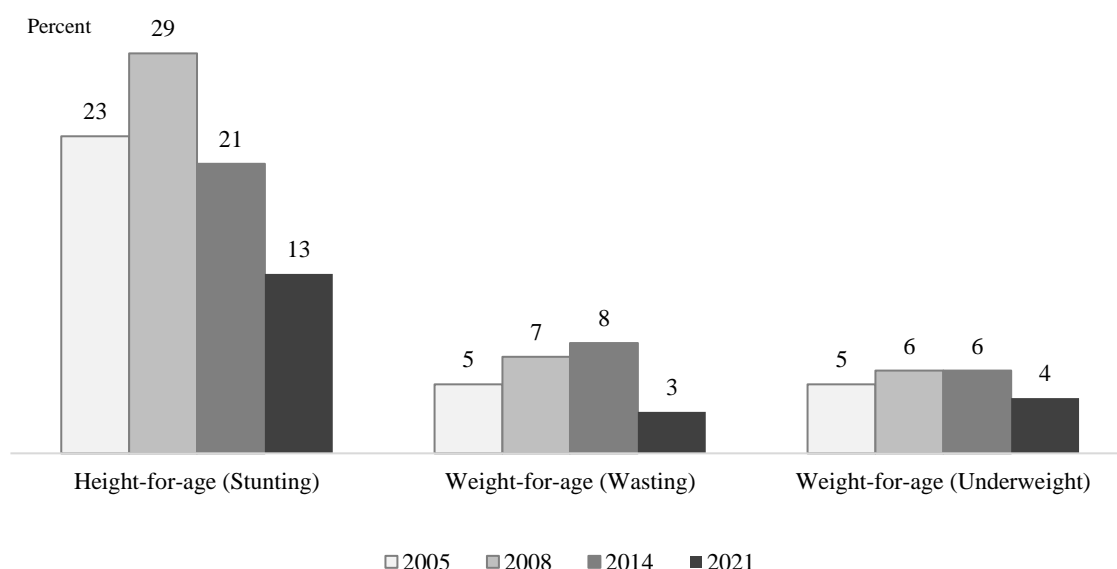
11.4.2 Nutritional Status Among Children Aged 5-19 Years

Height and weight data were obtained for never-married youth aged 5-19 years in the EFHS-2021. Table 11.10.1 shows the nutritional status of females aged 5-19 years, while Table 11.10.2 presents the findings for the same age group for males.

The measure employed for assessing nutritional status of never-married children aged 5-19 is the body mass index (BMI). The calculation of the BMI is the same for children aged 5-19 years as is used for adults. The child's weight in kilograms is divided by his or her height in meters squared (kg/m^2). However, the approach to assessing nutritional status for children/young youth using BMI values differs from the approach used with adults. For adults, the same cut-offs are used to assess nutritional status regardless of age or gender. For children/young youth aged 5-19 years, the assessment of nutritional status is age- and gender-specific, reflecting the greater age and gender differences in body mass among children.

Table 11.10.1 Nutritional status of females aged 5-19

Percent distribution of never-married females aged 5-19 years by nutrition status categories based on body mass index (BMI) levels, by background characteristics, Egypt 2021

Background characteristic	Severely thin Percentage below -3 SD	Thin Percentage below -2 SD	Normal Percentage between -2 SD and +1 SD	Overweight Percentage between +1 and +2 SD	Obese Percentage above +2 SD	Total percent	Number of girls[1]
Age							
5-9 years	9.1	23.6	57.8	6.5	3.0	100.0	2933
10-14 years	3.1	7.4	68.6	14.6	6.2	100.0	5177
15-19 years	0.0	1.1	60.3	26.6	12.0	100.0	3558
Mother's nutritional status							
Thin (BMI <18.5)	*	*	*	*	*	100.0	23
Normal (BMI 18.5-24.9)	9.4	16.8	66.6	6.7	0.6	100.0	794
Overweight/ obese (BMI ≥25)	3.7	10.2	63.7	15.6	6.8	100.0	8651
Mother in household but missing information on BMI	4.7	10.6	60.6	16.5	7.6	100.0	514
Mother not present or identified	0.6	2.7	60.4	24.3	12.0	100.0	1686
Urban-rural residence							
Urban	3.9	8.6	61.9	17.5	8.0	100.0	5435
Rural	3.5	10.4	64.6	15.1	6.4	100.0	6234
Place of residence							
Urban Governorates	3.3	7.2	64.4	16.8	8.2	100.0	2281
Lower Egypt	2.7	8.8	62.2	18.2	8.2	100.0	5001
Urban	3.0	7.8	60.7	20.1	8.2	100.0	1558
Rural	2.6	9.2	62.8	17.3	8.1	100.0	3443
Upper Egypt	4.8	11.7	64.2	13.8	5.4	100.0	4240
Urban	5.5	11.3	59.4	16.1	7.5	100.0	1491
Rural	4.4	12.0	66.8	12.6	4.3	100.0	2749
Frontier Governorates[2]	8.0	12.5	62.8	11.6	5.2	100.0	147
Mother's education[3]							
No education	3.2	9.6	64.6	16.4	6.3	100.0	1914
Some primary	4.7	11.4	59.5	15.3	9.0	100.0	795
Primary complete/some secondary	3.7	10.2	63.4	14.8	7.9	100.0	1605
Secondary complete/higher	4.4	10.9	63.9	14.8	5.9	100.0	5918
Mother not present in household/ mother not identified/missing	0.6	2.3	61.4	24.1	11.6	100.0	1437
Wealth quintile							
Lowest	3.4	10.6	64.1	16.0	5.9	100.0	2355
Second	3.9	10.4	63.3	15.1	7.3	100.0	2213
Middle	4.1	9.2	62.6	15.6	8.5	100.0	2289
Fourth	3.2	9.5	63.0	17.4	6.9	100.0	2408
Highest	3.8	8.3	63.8	17.0	7.2	100.0	2403
Total	3.7	9.6	63.4	16.2	7.1	100.0	11669

[1] Table is based on females aged 5-19 years who stayed in the household on the night before the interview. Each of the categories is expressed in standard deviation units from the median of the WHO Growth Reference for school-aged children and adolescents. Table is based on youth with valid measurement of height and weight. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[2] Does not include North Sinai governorate.
[3] For women who are not interviewed, information is taken from the Household Questionnaire.

Analogous to the approach used with children under age 5, the BMI measures derived for boys and girls using the EFHS-2021 height and weight data are compared to an international reference population, the WHO Growth Reference for School-Age Children and Adolescents (de Onis et al. 2009). The following cut-offs are used in defining boys and girls with nutritional problems:

- Obese: BMI >2 standard deviations above the WHO growth standard median
- Overweight: BMI >1 standard deviation above the WHO growth standard median
- Underweight: BMI <2 standard deviations below the WHO growth standard median

Table 11.10.2 Nutritional status of males aged 5-19

Percent distribution of never-married males aged 5-19 years by nutrition status categories based on body mass index (BMI) levels, by background characteristics, Egypt 2021

Background characteristic	Severely thin Percentage below -3 SD	Thin Percentage below -2 SD	Normal Percentage between -2 SD and +1 SD	Overweight Percentage between +1 and +2 SD	Obese Percentage above +2 SD	Total percent	Number of boys[1]
Age							
5-9 years	12.8	20.3	55.0	8.0	4.0	100.0	2312
10-14 years	5.6	13.5	63.2	12.0	5.7	100.0	5030
15-19 years	0.6	2.2	70.4	17.4	9.4	100.0	3489
Mother's nutritional status							
Thin (BMI <18.5)	(10.3)	(23.6)	(64.0)	(0.0)	(2.0)	100.0	18
Normal (BMI 18.5-24.9)	11.6	18.9	63.0	4.7	1.9	100.0	738
Overweight/obese (BMI ≥25)	5.7	12.1	62.9	12.9	6.3	100.0	7824
Mother in household but missing information on BMI	6.4	13.9	60.3	12.2	7.3	100.0	510
Mother not present in household/ mother not identified	1.6	3.6	69.0	16.6	9.2	100.0	1740
Urban-rural residence							
Urban	5.5	9.8	61.7	14.8	8.2	100.0	5140
Rural	5.5	12.7	65.7	11.2	5.0	100.0	5690
Place of residence							
Urban Governorates	6.1	9.7	60.9	14.4	8.9	100.0	2108
Lower Egypt	3.7	10.4	64.3	14.7	6.9	100.0	4615
Urban	3.4	9.0	61.5	18.0	8.2	100.0	1445
Rural	3.9	11.1	65.5	13.2	6.3	100.0	3169
Upper Egypt	7.2	13.2	64.6	10.1	4.9	100.0	3991
Urban	6.7	10.6	62.6	12.5	7.5	100.0	1510
Rural	7.5	14.7	65.8	8.7	3.3	100.0	2481
Frontier Governorates[2]	5.0	13.9	66.7	9.7	4.7	100.0	116
Mother's education[3]							
No education	7.0	12.9	64.3	10.8	4.9	100.0	1801
Some primary	5.1	12.6	63.4	12.0	6.8	100.0	626
Primary complete/some secondary	5.8	14.0	64.2	11.0	5.0	100.0	1485
Secondary complete/higher	6.0	12.1	61.9	13.1	6.8	100.0	5433
Mother not present or identified/missing	1.6	3.3	69.5	16.7	8.9	100.0	1485
Wealth quintile							
Lowest	6.1	12.2	66.7	10.6	4.3	100.0	2118
Second	6.2	13.0	64.3	11.2	5.3	100.0	2032
Middle	5.4	11.5	65.2	12.8	5.1	100.0	2169
Fourth	5.8	10.6	60.2	14.5	8.8	100.0	2221
Highest	4.1	9.5	62.6	15.0	8.8	100.0	2291
Total	5.5	11.3	63.8	12.9	6.5	100.0	10830

[1] Table is based on males who stayed in the household on the night before the interview. Each of the categories is expressed in standard deviation units from the median of the WHO Growth Reference for school-aged children and adolescents. Table is based on youth with valid measurement of height and weight. Figures in parentheses are based on 25-49 unweighted cases.
[2] Does not include North Sinai governorate.
[3] For women who are not interviewed, information is taken from the Household Questionnaire.

The results in Tables 11.10.1 and 11.10.2 show that around 6 in 10 children/youth aged 5-19 years, regardless of sex, fall within the normal BMI range for their age and 17% or less are thin or severely thin. The proportions of females aged 5-19 years found to be overweight is higher than males in the same age group where percentage is 16% among females compared to 13% among males; while the proportions of males found to be obese is the same as females (7%).

11.4.3 Nutritional Status Among Ever-married Women Aged 15-49

Height and weight data were collected for virtually all ever-married women interviewed in the EFHS 2021. Table 11.11 provides information on two indicators of women's nutritional status by key background characteristics. Pregnant women and women who gave birth in the two months preceding

the survey are not included in the table. The same measures are shown by governorate in Appendix Table A-11.1.

Table 11.11 Nutritional status of women

Among ever-married women aged 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Egypt 2021

Background characteristic	Height		Body Mass Index[1]								Number of women
	Percent-age below 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	≥25.0 (Total over-weight or obese)	25.0-29.9 (Over-weight)	≥30.0 (Obese)	
Age											
15-19	0.0	300	27.3	32.9	1.7	0.9	0.8	65.4	37.7	27.7	300
20-29	0.4	4322	28.9	25.5	1.0	0.9	0.1	73.5	35.4	38.1	4317
30-39	0.7	6665	31.6	10.9	0.3	0.2	0.1	88.9	31.1	57.8	6659
40-49	1.1	5110	33.7	6.1	0.2	0.1	0.1	93.7	23.9	69.7	5093
Urban-rural residence											
Urban	0.6	7150	32.0	11.4	0.5	0.5	0.1	88.1	29.0	59.1	7134
Rural	0.8	9248	31.1	15.4	0.4	0.3	0.1	84.2	31.0	53.2	9236
Place of residence											
Urban Governorates	0.3	2908	31.9	11.4	0.7	0.6	0.1	87.9	29.9	58.0	2904
Lower Egypt	0.5	7393	32.2	10.7	0.2	0.1	0.1	89.1	28.0	61.1	7367
Urban	0.6	2121	32.6	9.4	0.1	0.1	0.0	90.5	27.3	63.2	2113
Rural	0.5	5272	32.1	11.2	0.2	0.2	0.1	88.5	28.3	60.2	5254
Upper Egypt	1.2	5931	30.4	18.4	0.6	0.5	0.1	80.9	32.7	48.2	5933
Urban	1.0	2003	31.6	13.5	0.7	0.6	0.1	85.8	29.0	56.8	2000
Rural	1.3	3927	29.8	20.9	0.6	0.4	0.2	78.5	34.6	43.8	3933
Frontier Governorates[2]	1.3	166	30.8	12.8	1.1	1.0	0.1	86.1	35.4	50.7	166
Education											
No education	1.4	2547	32.0	12.4	0.4	0.2	0.2	87.2	27.7	59.5	2544
Some primary	1.0	828	33.0	11.7	0.5	0.5	0.1	87.8	23.8	64.0	825
Primary complete/ some secondary	0.7	3358	31.4	16.0	0.5	0.4	0.1	83.5	29.5	54.0	3344
Secondary complete/ higher	0.6	9639	31.3	13.3	0.4	0.4	0.1	86.3	31.5	54.7	9631
Work status											
Working for cash	0.7	2603	31.8	10.8	0.2	0.1	0.0	89.0	31.1	57.9	2594
Not working for cash	0.7	13795	31.4	14.2	0.5	0.4	0.1	85.3	29.9	55.4	13776
Wealth quintile											
Lowest	1.0	2774	31.2	15.3	0.3	0.2	0.1	84.4	30.1	54.3	2771
Second	1.2	3043	31.4	15.6	0.5	0.4	0.1	83.9	28.0	55.9	3034
Middle	0.8	3313	31.7	13.2	0.6	0.4	0.2	86.2	28.4	57.9	3311
Fourth	0.6	3657	31.8	12.4	0.5	0.4	0.1	87.2	30.2	57.0	3645
Highest	0.1	3612	31.3	12.5	0.4	0.4	0.0	87.1	33.5	53.6	3610
Total 2021	0.7	16398	31.5	13.7	0.5	0.4	0.1	85.9	30.1	55.8	16370
Total 2014	0.5	21576	30.3	15.2	0.2	0.2	0.1	84.6	36.5	48.1	19021
Total 2008	0.9	16404	29.2	21.5	0.5	0.4	0.1	78.0	38.4	39.6	14547
Total 2005	0.8	19308	30.1	19.7	0.5	0.4	0.1	79.8	33.2	46.6	17169
Total 2000	1.3	15354	29.3	22.3	0.5	0.5	0.0	77.2	36.4	40.8	13624

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding 2 months
[2] Does not include North Sinai governorate.

The first indicator presented in Table 11.11 is based on the height data for women and identifies women whose small stature is associated with increased health risks. In particular, small stature is frequently associated with small pelvis size and, thus, increases the risk of difficult delivery. The cutoff point, i.e., the height below which a woman is considered to be at nutritional risk, is defined as 145 centimeters. The second indicator is the body mass index. The BMI cutoff for assessing chronic energy deficiency among women is 18.5. At the other end of the BMI scale, women are considered overweight if their BMI ranges between 25.0 and 29.9 and obese if their BMI exceeds 30.0.

Table 11.11 shows that 0.7% of ever-married women aged 15-49 were classified as at nutritional risk because of short stature. On the other hand, overweight and obesity are common; the majority of women had a BMI of 25.0 or higher and were considered overweight (30%) or obese (56%).

Table 11.11 also shows differentials in the women's height and body mass index measures. The proportions classified as overweight or obese increase directly with age, from a level 65% among women aged 15-19 to 94% among women in the 40-49 age group. Urban women are slightly more likely to be overweight or obese than rural women, and the percentage classified as overweight or obese ranged from 79% in rural Upper Egypt to 91% in urban Lower Egypt.

Finally, information on the nutritional status of ever-married women aged 15-49 from the 2000 EDHS, the 2005 EDHS, the 2008 EDHS, the 2014 EDHS and the EFHS-2021 is shown at the bottom of Table 11.11. There are minor fluctuations over time in the proportions of women found to be overweight or obese in the five surveys. Overall, the highest proportion of reported overweight or obesity was shown among women in the EFHS-2021 (86%).

11.5 ANEMIA STATUS OF YOUNG CHILDREN, YOUTH, AND WOMEN

Anemia is a health condition characterized by a decrease in the number of red blood cells or in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body, thus a person who has a very low number of red blood cells or low hemoglobin will encounter reduction in the blood's ability to carry oxygen to the tissues of the body which results in reduction of oxygen available to organs and tissues leading to many of the symptoms experienced by anemic persons. The consequences of anemia include general body weakness, feeling dizzy, shortness of breath and lowered resistance to disease. It is of concern in children since anemia is associated with impaired mental and physical development. According to several reports issued by the WHO, morbidity and mortality risks increase for individuals suffering from anemia.

The 2021 EFHS included direct measurement of hemoglobin levels in a subsample of half of all households in the survey. All never-married children aged 6 months-19 years and ever-married women aged 15-49 living in the households were eligible for the anemia testing. A capillary blood sample was collected for each eligible individual after consent was obtained. In the case of children aged 0-14 years, consent was obtained from a parent or other caretaker while for children aged 15-19 years, both the consent of the parent or caretaker and assent from the child were required. The HemoCue system was used for testing the hemoglobin level in the sample. This test was voluntary, and respondents receive anemia test results instantly.

11.5.1 Anemia Levels Among Children Aged 6-59 Months

Table 11.12 presents anemia levels for children 6-59 months by selected background characteristics (age, sex, residence, place of residence, educational status, wealth index). Overall, two in five young children in Egypt suffers from some degree of anemia. Twenty-one percent were found to be mildly anemic, and the same percentage was reported to be moderately anemic, and 1% were classified as severely anemic. There are no differentials by rural and urban residence or by gender in the susceptibility to anemia. Children are more likely to suffer from anemia in the Frontier Governorate, rural Upper Egypt, and urban Lower Egypt (49%, 47%, and 44%, respectively).

With regard to trends in anemia levels among young children, there is a remarkable increase in the proportion of children under age 5 with any anemia from 27% in the 2014 EDHS to 43% in EFHS-2021. Table A-11.3 in the Appendix include Anemia levels among children by governorate.

Table 11.12 Prevalence of anemia in children aged 6-59 months

Percentage of children aged 6-59 months classified as having anemia, by background characteristics, Egypt 2021

| Background characteristic | Anemia status by hemoglobin level | | | | Number of children |
	Any anemia (<11.0 g/dl)	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9.9 g/dl)	Severe anemia (<7.0 g/dl)	
Age in months					
6-8	64.6	26.1	37.3	1.1	174
9-11	66.5	26.9	39.3	0.2	225
12-17	60.7	21.6	37.7	1.5	558
18-23	50.7	22.0	27.0	1.7	540
24-35	43.7	23.0	19.5	1.1	1098
36-47	37.1	21.4	14.3	1.3	1213
48-59	29.9	15.9	12.3	1.7	1270
Sex					
Male	43.5	20.6	21.3	1.6	2598
Female	42.5	21.1	20.2	1.2	2480
Mother's interview status					
Interviewed	43.1	21.0	20.8	1.3	4985
Not interviewed but in household	37.0	11.9	20.3	4.8	75
Not interviewed and not in the household[1]	*	*	*	*	18
Urban-rural residence					
Urban	42.6	21.1	19.5	2.1	1961
Rural	43.3	20.8	21.6	0.9	3118
Place of residence					
Urban Governorates	41.8	19.5	20.0	2.2	731
Lower Egypt	40.9	21.0	19.2	0.7	2099
Urban	44.1	22.9	19.8	1.4	575
Rural	39.7	20.3	18.9	0.4	1524
Upper Egypt	45.2	21.0	22.4	1.8	2192
Urban	41.4	21.1	17.8	2.6	609
Rural	46.7	20.9	24.2	1.5	1583
Frontier Governorates[2]	49.1	25.2	23.5	0.5	69
Mother's education[3]					
No education	47.3	21.5	24.0	1.8	554
Some primary	41.8	23.2	16.7	2.0	197
Primary complete/ some secondary	45.0	22.7	22.0	0.3	1267
Secondary complete/ higher	41.6	20.1	19.9	1.6	2968
Wealth quintile					
Lowest	46.1	21.6	23.2	1.2	836
Second	44.2	21.3	21.3	1.6	934
Middle	42.9	19.1	22.5	1.2	1083
Fourth	43.5	22.7	19.3	1.4	1215
Highest	39.0	19.5	18.0	1.4	1011
Total	43.0	20.9	20.8	1.4	5079

Note: Table is based on children who stayed in the household on the night before the interview and who were tested for anemia. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl). * : figuresare based on less than 25 unweighted cases and has been suppressed.
[1] Includes children whose mothers are deceased
[2] Does not include North Sinai governorate.
[3] For women who are not interviewed, information is taken from the Household Questionnaire. Children whose mothers were not listed in the Household Questionnaire are not included.

11.5.2 Anemia Levels Among Children Aged 5-19 Years

Tables 11.13.1 and 11.13.2 present anemia levels for never-married females and males aged 5-19 years by selected background characteristics. Results from both Tables show that girls aged 5-19 years are somewhat more likely than boys in the same age group to be anemic (34% of females and 31% of males, respectively) which is consistent with the results observed in the 2014 EDHS where females aged 5-19

years were somewhat more likely than males in the age group to be anemic. Regarding age differentials across males and females aged 5-19, results indicate that the proportion anemic is highest for females in the age 15-19 year (38%), while for males in the age 5-9 years (33%).

Table 11.13.1 Prevalence of anemia in females aged 5-19

Percentage of never-married females aged 5-19 years classified as having anemia, by background characteristics, Egypt 2021

| Background characteristic | Anemia status by hemoglobin level[1] | | | | Number of girls |
	Any anemia	Mild anemia	Moderate anemia	Severe anemia	
Age					
5-9 years	33.8	21.5	7.8	4.5	2725
10-11 years	24.9	16.8	3.6	4.5	1310
12-14 years	34.0	26.2	4.7	3.1	1844
15-19 years	38.3	26.1	6.3	5.9	2125
Urban-rural residence					
Urban	33.5	22.8	6.0	4.7	3668
Rural	33.7	23.3	6.0	4.4	4335
Place of residence					
Urban Governorates	39.2	25.9	8.4	4.8	1543
Lower Egypt	29.6	20.7	4.5	4.4	3378
Urban	24.3	18.2	2.5	3.7	1031
Rural	31.9	21.8	5.4	4.7	2347
Upper Egypt	35.2	24.1	6.5	4.6	2987
Urban	34.0	22.4	6.0	5.5	1027
Rural	35.9	25.0	6.8	4.2	1960
Frontier Governorates[2]	33.9	27.4	4.8	1.8	95
Mother's education[3]					
No education	34.2	23.7	5.9	4.6	1308
Some primary	33.2	22.6	6.8	3.8	531
Primary complete/some secondary	34.1	21.6	6.4	6.1	1206
Secondary complete/higher	32.9	23.1	5.7	4.1	4108
Mother not present or identified/missing	35.5	24.1	6.5	5.0	852
Wealth quintile					
Lowest	35.4	24.7	6.5	4.2	1616
Second	34.7	23.7	6.4	4.6	1534
Middle	35.5	24.7	5.8	5.0	1624
Fourth	27.8	18.2	4.8	4.8	1647
Highest	34.7	24.1	6.6	4.0	1584
Total	33.6	23.0	6.0	4.5	8004

Note: Table includes girls who stayed in the household on the night before the interview and who were tested for anemia. Prevalence of anemia based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl).
[1] The cutoffs used in determining anemia status varied with age as follows: (1) girls aged 5-11 years: any anemia <11.5 g/dl; mild anemia 10.0-11.4 g/dl; moderate anemia 7.0-9.9; severe anemia <7.0, and (2) girls aged 12-19 years: any anemia <12.0 g/dl; mild anemia 10.0-11.9 g/dl; moderate anemia 7.0-9.9 g/dl; severe anemia <7.0 g/dl
[2] Does not include North Sinai governorate.
[3] For women who are not interviewed, information is taken from the Household Questionnaire.

Looking at differentials by place of residence, the highest anemia rate was observed among females and males found in Urban Governorates (39% for females, 33% for males) and rural Upper Egypt (36% for females, 34% for males).

Table 11.13.2 Prevalence of anemia in males aged 5-19

Percentage of never-married males aged 5-19 years classified as having anemia, by background characteristics, Egypt 2021

Background characteristic	Anemia status by hemoglobin level[1]				Number of boys
	Any anemia	Mild anemia	Moderate anemia	Severe anemia	
Age					
5-9 years	32.9	21.6	8.0	3.3	2884
10-11 years	27.3	16.9	6.6	3.8	1330
12-14 years	28.8	20.9	4.0	3.9	1842
15-19 years	31.0	11.9	10.5	8.6	2122
Urban-rural residence					
Urban	30.1	16.8	8.0	5.3	3819
Rural	31.0	19.3	7.2	4.5	4359
Place of residence					
Urban Governorates	33.1	18.5	8.7	5.9	1604
Lower Egypt	27.7	16.0	6.3	5.5	3437
Urban	26.0	13.4	5.8	6.7	1062
Rural	28.5	17.2	6.4	4.9	2376
Upper Egypt	32.5	20.3	8.5	3.7	3050
Urban	29.7	17.5	9.2	3.0	1095
Rural	34.0	21.9	8.1	4.1	1954
Frontier Governorates[2]	27.9	20.4	3.6	3.9	86
Mother's education[3]					
No education	32.7	18.8	9.0	4.9	1301
Some primary	36.0	21.8	7.8	6.4	506
Primary complete/some secondary	35.7	21.8	10.0	3.9	1194
Secondary complete/higher	29.6	18.5	6.4	4.7	4205
Mother not present or identified/missing	22.7	9.3	7.4	6.0	973
Wealth quintile					
Lowest	32.9	20.8	7.8	4.3	1649
Second	33.0	19.6	8.7	4.7	1498
Middle	31.5	17.2	9.5	4.8	1680
Fourth	28.3	16.1	7.1	5.1	1625
Highest	27.5	17.3	4.9	5.4	1725
Total	30.6	18.2	7.5	4.9	8178

Note: Table is based on boys who stayed in the household on the night before the interview and who were tested for anemia. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl).
[1] The cutoffs used in determining anemia status varied with age as follows: (1) boys aged 5-11 years: any anemia <11.5 g/dl; mild anemia 10.0-11.4 g/dl; moderate anemia 7.0-9.9 g/dl; severe anemia <7.0 g/dl, (2) 12-14 years: any anemia <12.0 g/dl; mild anemia 10.0-11.9 g/dl; moderate anemia 7.0-9.9 g/dl; severe anemia <7.0 g/dl, and (3) 15-19 years: any anemia <13.0 g/dl; mild anemia 12.0-12.9 g/dl; moderate anemia 9.0-11.9 g/dl; severe anemia <9.0 g/dl.
[2] Does not include North Sinai governorate.
[3] For women who are not interviewed, information is taken from the Household Questionnaire.

11.5.3 Anemia Levels Among Ever-married Women Aged 15-49

Table 11.14 shows information from the EFHS-2021 on anemia levels among ever-married women aged 15-49 by selected background characteristics including age, number of living children, pregnancy status, the usage of IUD, residence, educational status, work status and wealth quintiles. Governorate-level differences in anemia levels among women are presented in Appendix Table A-11.2.

Table 11.14 Prevalence of anemia in ever-married women

Percentage of de facto ever-married women aged 15-49 with anemia, by background characteristics, Egypt 2021

Background characteristic	Any (NP <12.0 g/dl; P <11.0 g/dl)	Mild (NP 10.0-11.9 g/dl; P 10.0-10.9 g/dl)	Moderate (NP 7.0-9.9 g/dl; P 7.0-9.9 g/dl)	Severe (NP<7.0 g/dl; P <7.0 g/dl)	Number of women
Age					
15-19	33.9	29.5	3.5	0.8	198
20-29	34.7	27.2	6.7	0.8	2589
30-39	38.4	29.3	8.2	1.0	3901
40-49	40.2	30.2	9.2	0.8	2942
Number of living children					
0	38.2	29.1	8.1	1.1	420
1	37.5	28.4	8.3	0.8	1074
2-3	37.1	29.0	7.2	0.9	5187
4-5	39.7	29.3	9.6	0.8	2459
6+	37.6	28.3	7.8	1.6	491
Maternity status					
Pregnant	36.2	23.7	12.5	0.0	531
Breastfeeding	30.9	26.0	3.6	1.2	1347
Neither	39.2	29.9	8.4	0.9	7753
Using IUD					
Yes	45.0	33.8	10.3	0.9	2674
No	35.1	27.2	7.1	0.9	6956
Urban-rural residence					
Urban	41.5	30.3	10.1	1.1	4209
Rural	35.0	28.0	6.4	0.7	5421
Place of residence					
Urban Governorates	45.7	30.1	14.2	1.3	1754
Lower Egypt	34.0	27.8	5.3	0.8	4313
Urban	37.2	30.8	5.4	1.0	1237
Rural	32.7	26.7	5.3	0.8	3076
Upper Egypt	38.6	29.7	8.2	0.7	3465
Urban	39.8	29.7	9.1	1.0	1147
Rural	38.0	29.7	7.8	0.6	2317
Frontier Governorates[1]	39.7	35.2	4.4	0.1	98
Education					
No education	35.4	27.4	7.5	0.5	1461
Some primary	39.1	28.6	10.0	0.6	460
Primary complete/some secondary	39.2	29.4	8.8	1.1	2039
Secondary complete/ higher	38.0	29.4	7.7	0.9	5658
Work status					
Working for cash	40.5	32.0	8.0	0.5	1548
Not working for cash	37.4	28.4	8.0	1.0	8082
Wealth quintile					
Lowest	37.3	29.1	7.5	0.7	1665
Second	38.0	29.7	7.6	0.7	1754
Middle	37.8	28.0	9.0	0.8	1981
Fourth	37.5	29.2	7.2	1.1	2148
Highest	38.6	28.9	8.5	1.1	2083
Total 2021	37.9	29.0	8.0	0.9	9630
Total 2014	25.2	23.1	2.1	0.0	7161
Total 2005	39.4	32.7	6.5	0.3	6289
Total 2000	27.7	22.7	4.6	0.3	7575

[1] Does not include North Sinai governorate.

Overall, 38% of women were classified as anemic (i.e., 1 in 3 women is anemic). This percentage increased in comparison with the 2014 EDHS where 25% of women were anemic, and the 2000 EDHS where it was 23%, but slightly lower than the percentage reported in the 2005 EDHS where 39% of women were anemic.

Results shown in Table 11.14 indicate that the vast majority of women in the EFHS-2021 were found to be mildly anemic (29%), while 8% of women were classified as moderately anemic, and 0.9% of

women were severely anemic. This pattern is consistent with the results of previous surveys in 2000, 2005 and 2014.

Results in Table 11.14 show only minor differences across subgroups in the prevalence of anemia among women, with the largest differences observed by place of residence, where anemia was highest among women from Urban Governorates (46%), and lowest among women in rural Lower Egypt (33%). The highest level of anemia is also observed among women in the age group 40-49 (40%), while the lowest prevalence was reported among younger women in the age 15-19 years (34%). Overall, no significant differentials are observed in the prevalence of anemia among women by work status or wealth quintiles.

12 CHILD WELFARE

Key Findings:

- 99% of children under five who usually reside in the household are registered and have a birth certificate, and this percentage decline slightly to 98% in rural Upper Egypt.

- About a third of children (0-5 years old) have previously participated in some early childhood education programme, and almost a third of children in the same age group are currently enrolled in a nursery school, kindergarten, or other program to prepare a child for primary school.

- Half of the children aged 2-4 years, an adult in the household participated with them in four or more learning activities, with an average of 3 activities in which adults in the household participated with children aged 2-4 years during the 3 days preceding Interview.

- 10% of children under five years live in a household with 3 or more books dedicated for the child.

- 85% of children ages 3-4 are developmentally on track in at least three areas.

- Primary school Net Attendance Ratio (NAR) is 93% (for children aged 6-11 years), while for the preparatory and secondary stages (for children in the age of 12-17 years) the NAR is 86%.

- Overall, 5% of children were involved in child labour, meaning that they carried out economic activities and/or domestic work for a period longer than what is appropriate for their age and/or worked in hazardous conditions.

- 9% of children were disciplined using non-violent methods only to control their behaviour. The most non-violent method used to control a child's behaviour was to explain to the child the reasons why his behaviour was wrong. This method was used for about 82% of the children in this group.

- 28% of the children (1-14 years) were disciplined in the month prior to the interview using severe physical punishment, and about 8 out of 10 children were disciplined using

Information obtained in the Egyptian Family Health Survey 2021 allows for an assessment of several key aspects of the welfare of Egyptian children. Questions were included on birth registration and living arrangements and the survival status of parents. Due to the importance of children's enrolment in education, data were collected on the levels of enrolment of young children in the pre-primary stage, and the enrolment of children in all stages of basic education, primary, preparatory, and secondary. The survey was also interested in monitoring the extent of the phenomenon of child labour and shedding light on the practices adopted to discipline children's behaviour. As part of child welfare, the UNICEF Multiple Indicator Cluster Survey (MICS) child development model was included for the first time in the Egypt Family Health Survey-2021.

12.1 BIRTH REGISTRATION

Registering children at birth is critical to ensuring that they have access to all legal rights and provide them protection by the government (UNICEF 2013), where birth certificate establishes the child's legal identity, which is important not only during childhood, e.g., to receive vaccines and health services and gain access to school but also serves as proof of that identity when the child reaches adulthood and seeks to work, marry, vote, or inherit or purchase property.

For each child under 5 years listed in the household schedule, the respondents to the household questionnaire were asked if the child had a birth certificate and, if not, whether the child's birth had been registered. Table 12.1 shows that the births of virtually all the de jure children under age 5 listed in the households were reported to have been registered (99 percent), and almost all the children have

a birth certificate. There are no differentials by background characteristics except for children in rural Upper Egypt, where children are the least likely to have had their birth registered, but, even for children in that region, less than 2% were not registered. Table 12.1 also shows that the percentage of children who were registered (99%) almost did not differ by the wealth of household, and almost all registered children have a birth certificate.

Table 12.1 Birth registration of children under age five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Egypt 2021

| Background characteristic | Children whose births are registered | | Percentage registered | Number of children |
	Percentage who had a birth certificate	Percentage who did not have birth certificate		
Age				
<2	97.2	1.2	98.4	4586
2-4	99.2	0.3	99.5	7885
Sex				
Male	98.5	0.6	99.1	6325
Female	98.4	0.7	99.1	6146
Urban-rural residence				
Urban	98.9	0.5	99.4	4218
Rural	98.2	0.7	99.0	8253
Place of residence				
Urban Governorates	99.1	0.2	99.3	1479
Lower Egypt	98.9	0.6	99.4	5143
Urban	98.8	0.6	99.4	1229
Rural	98.9	0.6	99.5	3914
Upper Egypt	98.0	0.8	98.7	5680
Urban	98.9	0.6	99.5	1395
Rural	97.7	0.8	98.5	4285
Frontier Governorates[1]	99.0	0.3	99.3	170
Wealth quintile				
Lowest	98.8	0.5	99.3	2011
Second	98.3	0.7	98.9	2471
Middle	98.3	0.7	99.0	2618
Fourth	98.3	0.9	99.2	2818
Highest	98.8	0.3	99.1	2553
Total	98.5	0.6	99.1	12471

[1] Does not include North Sinai governorate.

12.2 CHILDREN'S LIVING ARRANGEMENTS AND CHILDCARE

12.2.1 Children's Living Arrangements

The EFHS-2021 included a series of questions on children's living arrangements and parental survival that provide information on the percentage of children under age 18 years who are orphans, i.e., one or both their parents had died, or fostered, i.e., they are living with someone other than their parents.

Overall, Table 12.2 shows that 9 in 10 Egyptian children under age 18 live with both parents. The table also shows that the lowest percentage of children who live with parents is 84% among children aged 15-17 years. There were very few cases of orphanhood, as only 1% of children do not live with their biological parents. There is almost no child under the age of 18 who is double orphan, and 3.3% of children are orphans by the loss of one of their parents, and most of these children have lost their father.

Most of the differentials shown in Table 12.2 are quite small. However, as expected, the proportion of children who are orphans increases with the child's age. The percentage with one or both parents' dead increases from 1% among children under age 5 to 8% of children aged 15-17 years. Also, 2.3% of children aged 15-17 years are not living with a biological parent.

Table 12.2 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Egypt 2021

		Living with mother but not with father		Living with father but not with mother		Not living with either parent								
Background characteristic	Living with both parents	Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/ mother	Total	Percent-age not living with a bio-logical parent	Percent-age with one or both parents dead[1]	Number of children
Age														
0-4	92.6	6.3	0.6	0.2	0.1	0.2	0.0	0.0	0.0	0.0	100.0	0.2	0.8	12471
<2	93.7	6.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.3	4586
2-4	91.9	6.4	0.7	0.3	0.2	0.2	0.0	0.0	0.0	0.1	100.0	0.3	1.0	7885
5-9	90.8	5.9	1.5	0.8	0.4	0.3	0.1	0.1	0.0	0.0	100.0	0.5	2.2	15290
10-14	87.4	6.1	3.4	1.0	1.0	0.8	0.1	0.1	0.1	0.0	100.0	1.1	4.7	14255
15-17	83.6	5.7	5.8	1.2	1.3	1.6	0.3	0.1	0.3	0.1	100.0	2.3	7.9	6854
Sex														
Male	89.2	6.0	2.5	0.9	0.7	0.4	0.1	0.1	0.1	0.0	100.0	0.7	3.4	24883
Female	89.4	6.0	2.3	0.6	0.6	0.8	0.1	0.1	0.1	0.0	100.0	1.0	3.3	23986
Residence														
Urban	88.4	6.4	2.7	0.8	0.8	0.6	0.1	0.1	0.1	0.1	100.0	0.9	3.7	18379
Rural	89.8	5.8	2.3	0.7	0.6	0.6	0.1	0.1	0.1	0.0	100.0	0.8	3.1	30491
Place of residence														
Urban Governorates	87.8	6.3	2.8	1.1	0.9	0.7	0.2	0.0	0.1	0.1	100.0	1.0	4.0	6782
Lower Egypt	90.0	5.6	2.2	0.8	0.5	0.6	0.1	0.1	0.1	0.0	100.0	0.9	3.0	20708
Urban	88.1	7.2	2.3	0.7	0.8	0.5	0.1	0.1	0.1	0.1	100.0	0.8	3.4	5353
Rural	90.7	5.0	2.2	0.8	0.4	0.6	0.1	0.1	0.1	0.0	100.0	0.9	2.8	15355
Upper Egypt	88.9	6.4	2.5	0.6	0.7	0.6	0.1	0.1	0.1	0.0	100.0	0.8	3.5	20740
Urban	89.1	5.8	2.8	0.7	0.6	0.7	0.1	0.0	0.1	0.0	100.0	0.9	3.8	5814
Rural	88.8	6.7	2.4	0.6	0.7	0.6	0.1	0.1	0.1	0.0	100.0	0.8	3.3	14926
Frontier Governorates[2]	92.4	3.6	2.6	0.7	0.4	0.3	0.0	0.1	0.0	0.0	100.0	0.4	3.0	640
Wealth quintile														
Lowest	90.0	4.8	2.6	0.8	0.7	0.7	0.1	0.1	0.2	0.0	100.0	1.1	3.7	10027
Second	88.5	6.0	3.0	0.8	0.7	0.7	0.2	0.1	0.0	0.0	100.0	1.0	4.1	9952
Middle	88.1	6.6	2.9	0.8	0.8	0.7	0.1	0.1	0.0	0.1	100.0	0.9	3.8	9984
Fourth	89.1	6.8	2.3	0.6	0.4	0.5	0.1	0.0	0.1	0.0	100.0	0.8	2.9	9710
Highest	90.8	6.0	1.4	0.7	0.6	0.4	0.1	0.0	0.0	0.0	100.0	0.5	2.1	9196
Total <15	90.2	6.1	1.9	0.7	0.5	0.4	0.1	0.1	0.0	0.0	100.0	0.6	2.6	42016
Total <18	89.3	6.0	2.4	0.8	0.6	0.6	0.1	0.1	0.1	0.0	100.0	0.9	3.3	48870

Note: Table is based on de jure members, i.e., usual residents.
[1] Includes children with father dead, mother dead, both dead, and one parent dead but missing information on survival status of the other parent
[2] Does not include North Sinai governorate.

12.2.2 Childcare Arrangements

It is known that leaving children alone or with other young children is known to increase the risk of the child being harmed (Grossman 2000). The EFHS-2021 included a question that was asked to the respondent in the household to find out whether children under the age of 5 years were left alone during the week preceding the interview or were left in the care of another child under 10 years without the presence of an adult watching them. By taking these two indicators together, we obtain a measure of the extent to which a child receives inappropriate care in the absence of the parents.

Table 12.3 shows that 11% of children under the age of 5 years were left alone during the week preceding the interview, 14% were left alone in the care of another child under the age of 10 years, meaning that in total 17% were left without adequate care being provided for them in the week prior to the interview (either alone or with an individual under 10 years of age). There are some differences by background characteristics, however it is limited. The percentage of children left without care during the week preceding the interview increases among mothers who work for cash, while the percentage decreases for children in the age 0-1 years.

Table 12.3 Childcare arrangements

Percentage of de jure children under five years of age left alone percentage left in the care of another child younger than 10 years for more than one hour, and percentage left alone or in the care of another child younger than 10 years for more than one hour during the week before the survey, Egypt 2021

	Percentage of children:			
Background characteristic	Left alone during the week before the survey	Left in the care of another child younger than 10 years of age during the week before the survey	Left alone or in the care of another child younger than 10 years during the week before the survey[1]	Number of children
Sex				
Male	10.8	13.6	16.6	4021
Female	11.5	13.6	17.0	3855
Age				
0-1 years	9.6	10.8	14.0	3235
2-4 years	12.2	15.6	18.8	4642
Urban-rural residence				
Urban	11.7	13.9	16.9	2675
Rural	10.9	13.4	16.7	5202
Place of residence				
Urban Governorates	10.2	10.6	14.1	954
Lower Egypt	12.1	15.0	18.1	3313
Urban	12.6	15.7	17.9	768
Rural	12.0	14.8	18.2	2545
Upper Egypt	10.4	13.1	16.3	3511
Urban	12.2	16.3	19.4	886
Rural	9.8	12.0	15.2	2626
Frontier Governorates[1]	13.9	14.0	16.3	99
Mother's education				
No education	12.3	14.7	17.6	805
Some primary	12.6	19.7	22.7	330
Primary complete/some secondary	10.1	13.1	16.2	1954
Secondary complete/higher	11.3	13.2	16.5	4788
Mother's work status				
Working for cash	14.3	16.8	21.1	876
Not working for cash/not working	10.8	13.2	16.2	7001
Wealth quintile				
Lowest	11.4	14.8	18.2	1247
Second	9.7	12.1	16.2	1500
Middle	10.0	13.3	16.2	1674
Fourth	12.1	13.9	17.5	1798
Highest	12.4	14.0	16.1	1658
Total	11.2	13.6	16.8	7877

[1] Does not include North Sinai governorate.

12.3 EDUCATION AND CHILD DEVELOPMENT

The first years of a child's life provide an opportunity for proper growth and development with the efforts of parents. Talking, singing, engaging in imaginative play, reading and many other activities that parents engage in create a home environment that promotes development and learning. Conversely, access to and participation in early childhood education programs (such as preschools and nurseries) improves learning and equips children with the skills needed to achieve better educational outcomes in the later formal primary years. This part also seeks to determine children's access to a stimulating home environment. In addition, an analysis of children's participation in early childhood education and formal education programs will be presented.

The survey also assessed the developmental status of children through the use of the Early Childhood Development Index, which consists of 10 items (questions) covering four areas of early childhood development to calculate the status of the child's development in the four specific areas.

12.3.1 Early Childhood Education

Early childhood education programs help in preparing children for elementary school. Early childhood education programs include those that contain structured learning components. The EFHS-2021 included questions to determine whether a child aged 0-5 years is currently enrolled in a nursery school, a private nursery school, or any program that qualifies him for primary education. If the child does not attend a nursery school, a question is asked to determine if the child has previously attended any type of early childhood education programme. Table 12.4 presents the results of these questions.

Overall, almost one-third of children aged 0-5 years ever participated in some form of early childhood education program, and almost one-third of the children in same age group were attending a nursery school, kindergarten, or another program designed to prepare the child for primary school at the time of the survey, which is a low percentage and far from the target at the national level (80%). The proportion currently attending some form of early childhood education program increases with age, from 35% among children 3 years old to almost the double (71%) among children aged 5. There is almost no difference in the proportion of children attending a program between males and females, while there is a slight difference in the percentage of children attending a program across urban and rural areas. Children residing in Urban Governorates, rural Upper Egypt, and Frontier Governorates were less likely than other children to be participating in any form of early childhood education. Generally, the higher the mother's level of education and wealth, the higher the percentage of children's participation in any type of early childhood program.

12.3.2 Activities to Support Learning

First years of a child's life are considered one of the most rapid periods of child growth. Several factors affect children's learning and development, including the participation of adults, especially parents in activities that enhance their learning and contribute to the positive development of children's skills, which greatly influence learning in early childhood. It helps families by energizing participation in stimulating and learning activities which facilitates the development of their children. When parents read books, tell stories, name things, count and draw with their children, they promote cognitive development by stimulating children's curiosity and understanding of their surroundings. In addition, other activities enrich children's emotional and social development including playing with children, singing songs to them, or going outside.

The participation of adults, especially parents of children, in activities to promote learning is one of the factors that positively contribute to development of children's skills, as the child's participation in activities such as reading books or telling stories and other activities has significant positive impact on

Table 12.4 Early childhood education

Percentage of de facto children aged 0-5 years of age who ever attended and who are currently attending any type of nursery, by background characteristics, Egypt 2021

Background characteristic	Percentage ever attending nursery[1]	Percentage currently attending nursery	Number of children
Age			
Less than one year	0.4	0.4	2130
1 Year	1.0	1.0	2516
2 Years	7.7	7.3	2464
3 years	36.4	35.2	2744
4 years	63.1	60.9	2728
5 years	74.5	71.0	2999
Sex			
Male	33.6	32.3	7929
Female	32.8	31.5	7652
Urban-rural residence			
Urban	31.7	30.2	5324
Rural	34.0	32.8	10257
Place of residence			
Urban governorates	31.3	29.6	1878
Lower Egypt	37.1	35.5	6497
Urban	33.0	31.6	1583
Rural	38.4	36.8	4914
Upper Egypt	30.5	29.5	6997
Urban	31.5	30.0	1725
Rural	30.2	29.3	5273
Frontier governorates[2]	22.1	21.5	209
Mother's education			
No education	25.3	24.4	1705
Some primary	26.0	24.4	678
Primary complete/ some secondary	28.9	27.9	3780
Secondary complete/ higher	36.9	35.3	9301
Mother not present in household/missing	42.5	40.8	118
Wealth quintile			
Lowest	29.5	28.2	2609
Second	31.0	30.0	3111
Middle	35.1	33.8	3291
Fourth	35.7	34.2	3436
Highest	33.9	32.4	3134
Total	33.2	31.9	15581

[1] Includes currently attending early childhood education program.
[2] Does not include North Sinai governorate.

the progress made in terms of improving reading and linguistic ability and improving speech skills among children.

In the EFHS-2021, women who have at least one child in the age group 2-4 years were asked questions about the activities that have been done with children in this age group, who was engaged in those activities with the child, and the number of activities that were done with the child during the three days prior to the interview. Table 12.5 shows information about the participation of adult household members with children in a range of activities that promote their learning and prepare them for school. The results indicate that half of the children in the age group 2-4 years were engaged with adults in the household in four or more activities, with an average of 3 activities that an adult household member was engaged in with children in this age group during the three days preceding the interview, 12% of the children had no adult household member get engaged with them in any activity.

Generally, Table 12.5 shows that there are limited differences in the percentage of children who have been engaged with an adult household member in four or more activities by gender. The percentage of children who have been engaged with an adult household member in four or more activities is higher in urban than rural areas (59% and 46%, respectively). Children in urban Lower Egypt were more likely to be engaged with an adult in four or more activities than other children in other regions (66%). As expected, the percentage of children who have been engaged with an adult household member in four or more activities generally increases with the level of education of the mother and with the wealth index (73% among those in the highest wealth quintile). The percentage also increases among children whose mothers work for cash. There is a difference in the proportions of children who have been engaged with their fathers or mothers in four activities or more. On average, it was found that the number of activities a mother got engaged in with children is higher than that among a father. Among children in the age group 2-4 years, about 4 in 10 children whose mother got engaged with them in four or more activities, compared to 1 in 10 children of whom the father got engaged with them in four or more activities.

Table 12.5 Support for early learning

Percentage of children aged 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by fathers and mothers, according to background characteristics, Egypt 2021

Background characteristic	Adult household members			Father		Mother		
	Percentage of children with whom adult household members have engaged in four or more activities	Mean number of activities with adult household members	Percentage of children with whom no adult household member has engaged in any activity	Percentage of children with whom fathers have engaged in four or more activities	Mean number of activities with fathers	Percentage of children with whom mothers have engaged in four or more activities	Mean number of activities with mothers	Number of children aged 2-4 years
Sex								
Male	49.6	3.3	12.6	4.3	0.8	37.4	2.7	2362
Female	51.0	3.4	11.9	3.7	0.8	38.8	2.7	2279
Age								
2	48.3	3.2	13.3	3.9	0.8	36.5	2.7	2242
3	52.3	3.4	11.2	4.1	0.8	39.7	2.8	2353
4	(40.0)	(3.2)	(16.0)	(6.0)	(0.7)	(33.3)	(2.7)	47
Residence								
Urban	58.5	3.7	8.5	5.2	0.9	46.7	3.1	1547
Rural	46.2	3.2	14.1	3.5	0.7	33.8	2.5	3095
Place of residence								
Urban Governorates	58.1	3.7	8.7	6.3	1.0	49.2	3.3	531
Lower Egypt	58.8	3.7	9.5	5.8	0.9	45.3	3.1	1950
Urban	65.5	4.1	7.6	5.9	1.0	52.5	3.5	443
Rural	56.8	3.6	10.0	5.8	0.9	43.2	3.0	1507
Upper Egypt	40.9	2.9	15.4	1.8	0.6	29.0	2.3	2099
Urban	54.7	3.5	8.5	3.4	0.8	40.7	2.8	531
Rural	36.2	2.7	17.7	1.2	0.5	25.1	2.1	1568
Frontier Governorates[1]	33.7	2.5	25.8	5.2	0.7	23.4	1.7	61
Mother's education								
No education	25.4	2.2	22.4	1.9	0.5	11.6	1.4	502
Some primary	34.8	2.7	17.4	2.5	0.6	19.9	1.8	200
Primary complete/some secondary	40.7	2.9	16.8	2.6	0.7	26.9	2.2	1151
Secondary complete/higher	59.8	3.8	8.2	5.1	0.9	48.8	3.2	2789
Mother's work status								
Working for cash	61.3	3.8	9.1	6.5	0.9	50.4	3.3	556
Not working for cash/not working	48.8	3.3	12.7	3.7	0.8	36.4	2.6	4086
Wealth quintile								
Lowest	32.4	2.5	19.7	2.1	0.5	21.1	1.8	772
Second	35.3	2.7	17.6	1.4	0.6	25.1	2.1	884
Middle	47.7	3.1	12.7	3.6	0.7	32.2	2.5	1028
Fourth	59.3	3.8	7.7	5.5	0.9	46.3	3.2	1072
Highest	73.0	4.4	5.5	7.1	1.1	63.0	3.9	885
Total	50.3	3.3	12.3	4.0	0.8	38.1	2.7	4642

Note: The questionnaire addressed 6 activities adult household members could get engaged with. The activities include: (A) Reading books to or looking at picture books with the child, (B) Telling stories to the child, (C) Singing songs to or with the child, including lullabies, (D) Taking the child outside the home, (E) Playing with the child, and (F) Naming, counting, or drawing things to or with the child. Figures in parentheses are based on 25-49 unweighted cases.
[1] Does not include North Sinai governorate.

Table 12.6 shows that 10% of children under the age of five live in a household with 3 or more books for children. The results also show that the percentage of children living in families with 3 or more children's books increased with age, from 6% among children in the 0-1 year to 13% among children 2-4 years old. There is almost no differentials in the percentage of children who have access to 3 books or more between males and females, while there are differences across urban and rural areas, as the percentage of children in Urban Governorates is the highest (16%) compared to the other regions, and also the percentage of children who have access to 3 or more books and whose mother work for cash is nearly twice the percentage reported among those whose mothers do not work for cash (18% and 9%,

respectively). Generally, it was found that about 54% of children under the age of five have two or more types of toys or objects used for playing. This percentage increases by about 18 percentage points with the age of the child and by about 13 points with the wealth index from the lowest level to the highest. Also, about 7 in 10 children have manufactured toys bought from a store or factory, and 60% of children play with household items or things found outside.

Table 12.6 Learning materials

Percentage of children 0- 5 by the number of children's books present in the household, and by the type and number of playthings that child plays with, by background characteristics, Egypt 2021

Background characteristic	Percentage of children living in households that have for the child:		Percentage of children who play with:				Number of children
	3 or more children's books	10 or more children's books	Homemade toys	Toys from a shop/ manufactured toys	Household objects/objects found outside	2 or more of playthings	
Sex							
Male	10.1	0.8	11.7	75.8	60.5	54.4	4021
Female	10.6	0.8	12.1	73.9	59.7	52.6	3855
Age							
0-1	6.1	0.4	9.1	66.2	47.8	42.6	3235
2-4	13.3	1.0	13.9	80.9	68.7	61.2	4642
Residence							
Urban	14.0	1.8	14.6	82.0	59.2	57.3	2675
Rural	8.5	0.3	10.5	71.2	60.5	51.6	5202
Place of residence							
Urban Governorates	16.0	2.2	17.7	84.5	61.1	59.5	954
Lower Egypt	11.1	0.4	15.1	77.5	60.2	55.7	3313
Urban	14.3	1.1	16.6	81.9	56.7	55.6	768
Rural	10.1	0.2	14.6	76.1	61.3	55.8	2545
Upper Egypt	8.3	0.8	7.5	70.1	59.5	49.8	3511
Urban	12.0	1.9	10.2	80.3	59.1	56.3	886
Rural	7.0	0.4	6.6	66.7	59.7	47.6	2626
Frontier Governorates[1]	7.5	0.7	6.8	65.7	66.2	55.4	99
Mother's education							
No education	2.6	0.4	9.8	54.7	62.9	41.1	805
Some primary	4.9	0.0	12.7	63.2	65.6	53.5	330
Primary complete/some secondary	6.3	0.4	10.2	69.2	60.8	49.1	1954
Secondary complete/higher	13.7	1.1	12.9	81.4	59.0	57.5	4788
Mother's work status							
Working for cash	18.0	1.5	13.4	83.8	58.9	58.4	876
Not working for cash/not working	9.4	0.7	11.7	73.8	60.3	52.9	7001
Wealth quintile							
Lowest	4.5	0.0	8.7	58.3	66.3	45.7	1247
Second	5.8	0.3	9.3	64.6	63.7	49.0	1500
Middle	7.7	0.6	13.3	76.0	57.2	52.8	1674
Fourth	13.1	1.0	13.9	82.2	58.1	58.2	1798
Highest	18.5	1.9	13.1	87.5	57.3	59.2	1658
Total	10.4	0.8	11.9	74.9	60.1	53.5	7877

[1] Does not include North Sinai governorate.

12.3.3 Early Child Development Indicator

The survey assessed the developmental status of children using the Early Child Development Index (ECDI). The indicator is composed of 10 items (questions) covering four areas of early childhood development: 1) language (reading and writing) and math, 2) physical development, 3) social-emotional development (communication with others), and finally, 4) approaches to learning. The EFHS-2021 adopted the early child development module included in the Multiple Indicator Cluster Survey (MICS) developed by the United Nations Children's Fund (UNICEF, MICS 2021), which is collected for only one child in the age group of 3-4 years. The results from these ten questions were used to calculate the child's development status in the four domains mentioned. The early child development indicator

(ECDI) was calculated as the percentage of children who are developmentally on track in at least three of the four fields mentioned.

Table 12.7 shows information about the early child development indicator and the percentage of children developmentally on track in reading, writing, mathematics, physical development, social-emotional development and learning. According to the results shown in the table, the data indicate that 85% of children in the age group of 3-4 years are developmentally on track in at least three domains. The ECDI score does not differ according to gender or across urban and rural areas, however children living in Urban Governorates have slightly lower EECDI score. Table 12.7 shows that the percentage of children who are on the track with respect to the social-emotional domain (communication with others) is 97%, which is the highest among the four development domains.

Table 12.7 Early child development index

Percentage of children aged 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, by background characteristics, Egypt 2021

Background characteristic	Percentage of children aged 3-4 years who are developmentally on track for indicated domains				Early child development index score	Number of children aged 3-4 years
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Sex						
Male	45.3	94.6	97.2	85.8	85.4	1251
Female	49.6	93.0	97.2	85.2	85.2	1148
Age						
3	47.1	93.8	97.2	85.7	85.4	2353
4	(58.4)	(96.2)	(95.2)	(78.0)	(80.7)	47
Urban-rural residence						
Urban	49.2	94.5	96.9	86.2	85.9	837
Rural	46.3	93.5	97.3	85.2	85.0	1562
Place of residence						
Urban Governorates	49.5	93.6	97.2	82.4	81.4	294
Lower Egypt	46.5	95.0	97.3	83.4	84.8	1014
Urban	45.7	97.5	97.9	85.4	86.6	233
Rural	46.7	94.2	97.2	82.8	84.3	782
Upper Egypt	47.8	92.9	97.0	88.4	86.8	1063
Urban	51.7	93.2	95.6	90.7	89.6	292
Rural	46.3	92.8	97.5	87.6	85.7	771
Frontier Governorates[1]	39.0	93.2	100.0	85.2	86.5	28
Mother's education						
No education	29.6	93.2	98.6	81.3	81.7	258
Some primary	36.7	89.6	95.2	79.8	75.5	86
Primary complete/some secondary	41.1	91.9	97.2	84.2	82.5	572
Secondary complete/higher	53.4	94.9	97.1	87.1	87.6	1484
Mother's work status						
Working for cash	59.7	94.3	98.1	88.0	89.4	309
Not working for cash/not working	45.5	93.8	97.1	85.2	84.7	2091
Wealth quintile						
Lowest	34.4	94.2	97.8	82.7	81.9	411
Second	43.3	92.9	97.1	83.8	82.1	448
Middle	46.6	94.1	96.4	87.2	87.0	518
Fourth	51.9	94.0	97.4	86.2	87.5	593
Highest	58.3	93.9	97.5	87.0	86.6	429
Total	47.3	93.8	97.2	85.5	85.3	2399

Note: There are 4 domains to determine whether the child is developmentally on track as follows; Literacy-numeracy: Developmentally on track if at least two of the following are true: (Can identify/name at least ten letters of the alphabet), (Can read at least four simple, popular words), (Knows the name and recognizes the symbol of all numbers from 1 to 10).
Physical: Developmentally on track if one or both of the following is true: (Can pick up a small object with two fingers, like a stick or a rock from the ground), (Is not sometimes too sick to play). Social-emotional: Developmentally on track if at least two of the following are true: (Gets along well with other children), (Does not kick, bite, or hit other children), (Does not get distracted easily). Learning: Developmentally on track if one or both of the following is true: (Follows simple directions on how to do something correctly), (When given something to do, is able to do it independently). Figures in parentheses are based on 25-49 unweighted cases.
[1] Does not include North Sinai governorate.

This percentage does not differ among children according to place of residence, mother's employment status or wealth index. As for literacy, numeracy and cognitive development, the percentage of children who are on track is only 47%.

The percentage of children developmentally on track in literacy and numeracy is somewhat higher among females than among males. The percentage of children developmentally on the track for literacy and numeracy varies by wealth (58% for the highest wealth quintile compared to 34% among the lowest) and by mother's education, as the percentage increases with the mother's level of education (53% for those who have completed secondary school and above). Surprisingly, the highest percentage of children who are developmentally on track in literacy and numeracy was found in Upper Egypt (52%), while the lowest percentage was in reported in the Frontier Governorates (39%).

12.3.4 Primary, Preparatory and Secondary School Education

The EFHS-2021 included questions to assess children 6-17 years of age enrolment in education. Table 12.8 presents several indicators useful in assessing the overall school attendance rates in the primary and preparatory/secondary levels, and comparing attendance levels by gender, residence, and wealth index.

The net attendance ratio (NAR) is an important indicator of participation in schooling among those of official school age. The gross attendance ratio (GAR) is an indicator of participation in schooling among those of any age, expressed as a percentage of the official school age population. The difference between the ratios indicates the incidence of overage and underage attendance. For purposes of calculating these ratios, children are considered to be attending school currently if they attended at any time during the school year in which the survey was conducted, i.e., the academic year 2021/2022.

Table 12.8 also includes the Gender Parity Index (GPI), or what is known as the ratio of females to males NAR/GAR at the primary and preparatory/secondary levels. The GPI indicates the magnitude of the gender gap in attendance ratios. If there is no gender difference, the GPI will be equal to one, whereas the wider the disparity in favor of males, the closer the GPI will be to Zero. If the gender gap favors females, the GPI will exceed one.

The method used to calculate the NARs and GARs in Table 12.8 employs the child's age at the time of the start of the school year. This method allows for children who were not old enough to attend school when the school year began but who reach school-going age between the start of the school year and the time of the survey to be excluded from the calculation of attendance ratios. If these children are included in the population for which the ratios are calculated, school attendance levels would be underestimated. The methodology requires information on the cut-off date for eligibility for a child to enter school. Although some variation in the age requirements for school entry may exist between public and private schools. A single cut-off date was adopted for the EFHS-2021 based on the public-school requirements.

Table 12.8 shows that the primary school NAR is 93%, which indicates that 93% of children aged 6-11 years attend school. The preparatory/secondary NAR is lower; among children aged 12-17 years, 86% are in school. The primary school NARs do not vary markedly by residence or wealth index, while the NAR for primary increases in rural areas than in urban areas. The highest preparatory/secondary NAR was observed in Lower Egypt 90%, while rural Upper Egypt and Frontier Governorates have the lowest preparatory/secondary levels of NARs. The secondary school NAR increases with the wealth quintile.

At the primary level, the GAR is 98%. This figure exceeds the primary school NAR by 5 percentage points and indicating a number of children outside the official school age are attending primary school. At the preparatory/secondary level, the GAR exceeds the NAR by 8 percentage points suggesting that attendance by children out of the official school age is slightly more common at the secondary than the primary level.

At the primary level, there is little evidence of a gender gap in attendance and educational opportunities, where GPI for the primary school NAR and GAR is almost 1 (0.99). As for the preparatory/secondary education level, the value of the GPI was close to one (0.97), according to the NAR and slightly less than one (0.93) for GAR. The lowest value for the GPI in the preparatory/secondary GAR is reported

in the Frontier Governorates (0.80). This indicate that the proportion of children outside the secondary-school age attending school is somewhat greater among boys than girls in these areas.

Table 12.8 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to background characteristics, Egypt 2021

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRIMARY SCHOOL								
Urban-rural residence								
Urban	92.7	92.2	92.4	0.99	99.0	97.4	98.2	0.98
Rural	94.3	93.1	93.7	0.99	98.5	97.4	97.9	0.99
Place of residence								
Urban Governorates	91.9	90.8	91.3	0.99	99.6	97.1	98.3	0.97
Lower Egypt	95.5	94.7	95.1	0.99	99.6	98.6	99.1	0.99
Urban	95.0	94.9	94.9	1.00	99.9	98.7	99.3	0.99
Rural	95.7	94.6	95.1	0.99	99.4	98.6	99.0	0.99
Upper Egypt	92.5	91.5	92.0	0.99	97.5	96.3	96.9	0.99
Urban	91.8	91.3	91.5	0.99	97.5	96.3	97.0	0.99
Rural	92.8	91.6	92.2	0.99	97.5	96.2	96.9	0.99
Frontier Governorates[5]	89.3	89.3	89.3	1.00	97.4	96.7	97.0	0.99
Wealth quintile								
Lowest	93.6	91.6	92.7	0.98	98.9	98.1	98.5	0.99
Second	93.5	92.3	92.9	0.99	98.7	97.0	97.9	0.98
Middle	94.4	93.3	93.8	0.99	99.3	97.3	98.3	0.98
Fourth	94.1	95.1	94.6	1.01	98.2	98.7	98.4	1.01
Highest	92.6	91.5	92.0	0.99	98.1	95.7	96.9	0.98
Total	93.7	92.7	93.2	0.99	98.7	97.4	98.0	0.99
SECONDARY SCHOOL[4]								
Urban-rural residence								
Urban	86.4	85.8	86.1	0.99	96.9	92.9	95.0	0.96
Rural	87.8	83.2	85.5	0.95	98.1	89.0	93.6	0.91
Place of residence								
Urban Governorates	84.8	84.8	84.8	1.00	95.6	93.1	94.3	0.97
Lower Egypt	90.6	88.3	89.5	0.98	99.8	93.6	96.7	0.94
Urban	90.3	89.6	89.9	0.99	97.8	95.4	96.6	0.98
Rural	90.7	87.9	89.3	0.97	100.6	93.0	96.7	0.92
Upper Egypt	84.8	80.1	82.5	0.94	96.2	86.9	91.7	0.90
Urban	84.8	84.2	84.5	0.99	97.5	91.3	94.6	0.94
Rural	84.8	78.3	81.6	0.92	95.6	84.9	90.3	0.89
Frontier Governorates[5]	83.8	72.1	77.7	0.86	95.3	76.4	85.5	0.80
Wealth quintile								
Lowest	84.2	79.2	81.7	0.94	96.1	84.6	90.3	0.88
Second	83.6	78.5	81.1	0.94	94.9	84.8	90.0	0.89
Middle	88.4	87.6	88.0	0.99	99.3	94.5	97.0	0.95
Fourth	90.3	88.6	89.5	0.98	100.0	95.3	97.6	0.95
Highest	90.5	89.6	90.1	0.99	98.2	96.1	97.2	0.98
Total	87.2	84.3	85.8	0.97	97.6	90.6	94.2	0.93

[1] The NAR for primary school is the percentage of the primary-school aged (6-11 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school aged (12-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.
[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The Gender Parity Index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.
[4] Includes the preparatory and secondary levels
[5] Does not include North Sinai governorate.

Figure 12.1 presents age-specific attendance rates (ASARs) for the population aged 6-24 years by age and gender. These rates assess participation in schooling by individuals in the specific gender and age categories without reference to the educational level. The patterns in the figure confirm high participation in schooling through age 15, with virtually no difference between boys and girls. For

individuals at age 16, the percentage attending school drops below 90% for both boys and girls. The decline in school attendance continues at the older ages, with the decline somewhat faster for girls than for boys, with exception of individuals 19 years old.

Figure 12.1 Age-specific attendance rates of the de-facto population 6 to 24 years

Percent

■Male ■Female

EFHS 2021
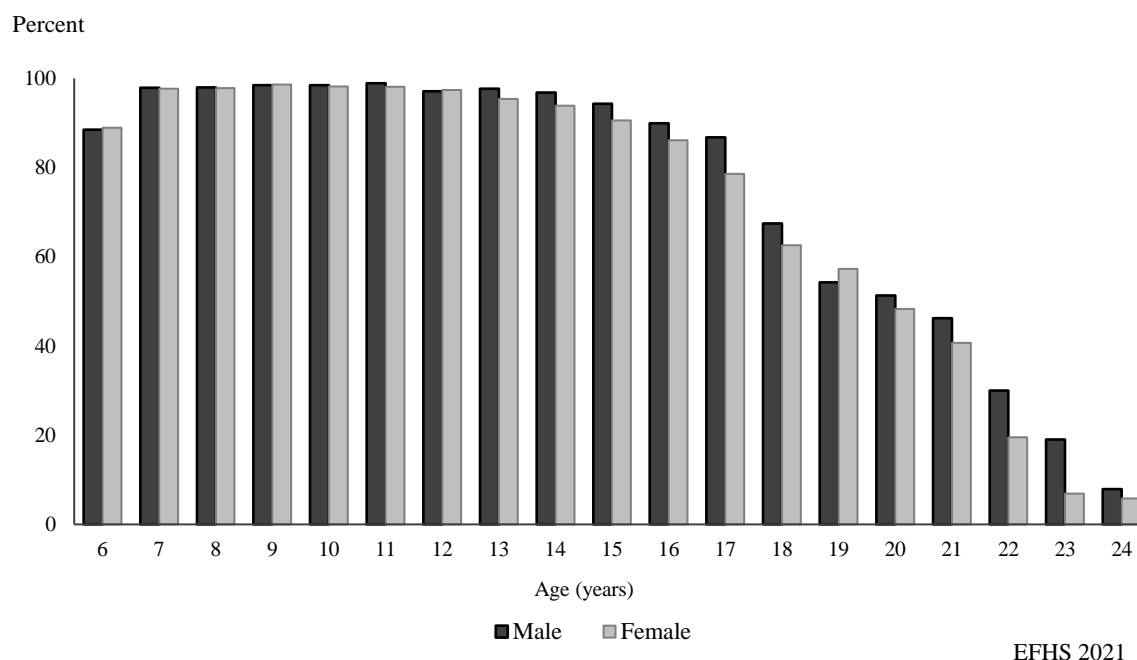
12.4 CHILD LABOR

The Egypt Family Health Survey-2021 included a special child labor module developed by UNICEF for the Multiple Indictor Cluster Survey (MICS)[1] program. The module obtained information on the type of work a child did if any and the number of hours he or she was engaged in the work during the week before the survey. Data were collected on both economic activities (paid or unpaid work for someone who is not a member of the household and/or for a family farm or business) and domestic work (household chores such as: cooking, cleaning, childcare, fetching firewood or water). The module also collected information on hazardous working conditions. Work was considered hazardous if it involved carrying heavy loads, working with dangerous tools or operating heavy equipment, working at heights, working with chemicals or explosives, exposure to dust, fumes, gas, extreme heat or humidity, loud noise or vibrations, or any other working conditions considered to be bad for the child's health and safety.

The module was administered as part of the household questionnaire in the EFHS-2021 for only one never-married individuals aged 5-17 within each household in the survey sample[2]. To the extent that the person responding to the household questionnaire (usually the household head) was not familiar

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[1] For more information on the MICS program and the Child Labor module, see http://mics.unicef.org.

[2] In the EFHS-2021, the first step in the administration of the Child Labor and Child Discipline modules involved the identification of a single child aged 1-17 years for whom the questions in the modules would be asked depending on the child's age. If the household included more than one child in the age range, the child for whom the modules were administered was selected using a Kish grid. If the selected child was 5-17 years, the Child Labor Module was administered for the child. To account for the selection of one child per household, the child labor data are weighted. The weight is based on the de jure population of children aged 1-17 years.

with the selected child's involvement in economic activities or household chores, some bias may exist in the child labor data.

Table 12.9 considers the proportion of never-married children aged 5-17 years who are involved in economic activities inside or outside the home according to the child's age and number of hours worked. The MICS program has defined thresholds based on the child's age and the number of hours a child worked during the week to classify children's involvement in economic activities:

- Aged 5-11: 1 hour or more
- Aged 12-14: 14 hours or more
- Aged 15-17: 43 hours or more

A child who performed economic activities during the week before the survey for more than the above age-specific numbers of hours is considered as involved in child labor.

Table 12.9 shows relatively small proportions of Egyptian children are reported as engaging in some type of economic activity for an employer outside the home or in a family business. The proportion rises from 2% among children aged 5-11 years to 13% among children in the aged 15-17 years.

Considering the number of hours in which the children were reported as having engaged in the activities, only 2% of children aged 5-11 years, 2% among children aged 12-14 years, and 2% of children aged 15-17 years were working longer in their jobs than is considered appropriate for their age. Differences across subgroups in the proportions engaged in child labor also are not large. The highest rate is observed among children not attending school reaching 8% among children aged 15-17 years. The rates also rose among children of both mothers and fathers who are deceased.

Table 12.10 also presents information on the participation of never-married children aged 5-17 years in household chores during the week preceding the interview. Similar to the approach used for economic activity, the methodology uses age-specific thresholds in classifying the number of hours a child performs household chores during a week as appropriate or not. The age-hour cut-offs for household chores are:

- aged 5-11 and aged 12-14: 28 hours or more
- aged 15-17: 43 hours or more.

A child who is engaged in household chores for more than the above age-specific numbers of hours during a week is considered as involved in child labor.

Table 12.9 Children's involvement in economic activities

Percentage of never-married children aged 5-17 years by involvement in economic activities during the week before the survey, according to age groups, by background characteristics, Egypt 2021

Background characteristic	Percentage of children aged 5-11 years involved in economic activity for at least one hour	Number of children aged 5-11 years	Percentage of children aged 12-14 years involved in:		Number of children aged 12-14 years	Percentage of children aged 15-17 years involved in:		Number of children aged 15-17 years
			Economic activity less than 14 hours	Economic activity for 14 hours or more		Economic activity less than 43 hours	Economic activity for 43 hours or more	
Sex								
Male	2.8	4697	5.8	3.4	2087	16.4	3.8	1606
Female	1.7	4395	2.3	0.5	2019	5.5	0.0	1569
Urban-rural residence								
Urban	1.4	3555	2.7	0.9	1643	6.6	1.7	1271
Rural	2.9	5537	5.0	2.7	2464	13.9	2.1	1904
Place of residence								
Urban Governorates	1.0	1353	2.9	0.9	665	4.1	1.3	468
Lower Egypt	2.4	3985	3.7	2.0	1709	9.2	1.8	1441
Urban	1.6	1027	1.9	0.3	459	7.1	0.3	429
Rural	2.7	2957	4.4	2.6	1251	10.1	2.5	1012
Upper Egypt	2.7	3641	4.9	2.4	1675	16.0	2.2	1235
Urban	1.8	1104	3.1	1.6	477	9.8	4.0	353
Rural	3.1	2538	5.7	2.8	1198	18.4	1.4	881
Frontier Governorates[1]	0.9	114	2.1	0.2	58	3.3	5.5	32
School attendance								
Attending school	2.3	8443	3.9	2.0	3975	10.0	1.1	2789
Not attending school	1.6	649	10.7	1.2	132	18.0	7.8	386
Mother's education								
No education	3.2	1372	5.3	3.3	968	16.6	3.0	733
Some primary	8.0	408	7.5	2.4	226	17.2	4.3	223
Primary complete/ some secondary	2.2	1659	7.3	3.1	701	9.3	2.3	538
Secondary complete/ higher	1.6	5479	2.2	0.5	2075	8.0	1.0	1541
Not determined[2]	5.5	174	2.3	8.6	136	11.9	1.4	141
Father's education								
No education	3.9	909	4.2	3.5	559	16.2	3.7	418
Some primary	4.6	629	8.8	1.3	304	13.7	6.3	264
Primary complete/ some secondary	3.6	1425	5.6	3.8	731	14.0	1.1	471
Secondary complete/ higher	1.6	5312	3.1	.90	2095	8.0	0.8	1599
Not determined[2]	1.1	818	2.9	2.4	417	12.1	2.8	423
Parental survivorship								
Both alive	2.3	8850	4.1	1.7	3874	11.0	1.9	2939
Father deceased	0.0	176	4.5	4.1	185	12.5	2.3	171
Mother deceased	*	65	*	*	40	(12.5)	(1.9)	45
Both deceased	*	1	*	*	3	1.0	5.6	*
Don't know/missing	*	0	*	*	5	0.0	0.0	*
Wealth quintile								
Lowest	5.2	1903	7.9	4.3	1004	18.9	2.3	721
Second	2.1	1830	1.8	3.3	822	12.3	3.3	657
Middle	1.1	1829	5.0	0.9	808	9.7	1.6	589
Fourth	1.3	1751	3.4	0.5	764	7.2	1.6	595
Highest	1.5	1779	1.0	0.0	707	5.4	0.6	614
Total	2.3	9093	4.1	2.0	4107	11.0	1.9	3175

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see http://mics.unicef.org. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.
[2] Not collected because individual is deceased or is not a usual member of the household or a visitor.

Table 12.10 shows that many Egyptian children are responsible for performing household chores. The level of engagement varies with the child's age; however, even among children aged 5-11 years, the majority (47%) of children were responsible for at least some household chores during the week before the survey.

Table 12.10 Children's involvement in household chores

Percentage of never-married children aged 5-17 years by involvement in household chores during the week before the survey, according to age groups, by background characteristics, Egypt 2021

Background characteristic	Percentage of children aged 5-11 years involved in:		Number of children aged 5-11 years	Percentage of children aged 12-14 years involved in:		Number of children aged 12-14 years	Percentage of children aged 15-17 years involved in:		Number of children aged 15-17 years
	Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 28 hours	Household chores for 28 hours or more		Household chores less than 43 hours	Household chores for 43 hours or more	
Sex									
Male	46.9	0.8	4697	59.5	0.8	2087	56.1	0.2	1606
Female	44.7	0.6	4395	66.8	2.7	2019	68.3	0.7	1569
Urban-rural residence									
Urban	44.0	0.9	3555	62.7	0.5	1643	62.0	0.3	1271
Rural	47.0	0.6	5537	63.3	2.5	2464	62.2	0.6	1904
Place of residence									
Urban Governorates	46.2	0.7	1353	61.7	0.0	665	60.5	0.0	468
Lower Egypt	44.2	0.2	3985	60.5	0.8	1709	58.8	0.7	1441
Urban	41.5	0.3	1027	58.0	0.2	459	61.2	0.3	429
Rural	45.1	0.1	2957	61.5	1.0	1251	57.8	0.9	1012
Upper Egypt	47.9	1.3	3641	67.0	3.4	1675	66.8	0.2	1235
Urban	44.5	1.7	1104	70.9	1.4	477	65.1	0.5	353
Rural	49.3	1.1	2538	65.4	4.1	1198	67.5	0.1	881
Frontier Governorates[1]	33.4	0.2	114	41.1	1.7	58	56.1	0.0	32
School attendance									
Attending school	47.3	0.7	8443	63.4	1.5	3975	62.5	0.2	2789
Not attending school	26.6	0.2	649	53.4	7.8	132	59.5	2.1	386
Mother's education									
No education	44.2	0.5	1372	63.0	2.1	968	59.0	1.7	733
Some primary	59.1	1.8	408	69.3	1.9	226	71.7	0.0	223
Primary complete/ some secondary	48.8	0.4	1659	67.2	2.1	701	64.4	0.0	538
Secondary complete/ higher	44.2	0.8	5479	61.5	1.0	2075	60.7	0.1	1541
Not determined[2]	50.8	0.0	174	55.5	8.6	136	69.9	0.0	141
Father's education									
No education	43.1	0.2	909	63.8	1.8	559	56.7	2.0	418
Some primary	52.0	0.3	629	68.4	3.5	304	66.3	1.2	264
Primary complete/ some secondary	49.9	1.5	1425	66.1	1.0	731	64.0	0.0	471
Secondary complete/ higher	44.4	0.6	5312	60.2	1.6	2095	62.0	0.1	1599
Not determined[2]	46.4	0.6	818	67.5	2.3	417	63.4	0.3	423
Parental survivorship									
Both alive	45.8	0.7	8850	63.0	1.7	3874	62.4	0.5	2939
Father deceased	46.7	0.7	176	64.5	2.9	185	58.2	0.0	171
Mother deceased	*	*	65	*	*	40	(62.7)	(0.0)	45
Both deceased	*	*	1	*	*	3	*	*	20
Don't know/missing	*	*	0	*	*	5	*	*	1
Wealth quintile									
Lowest	47.6	1.2	1903	63.6	3.7	1004	69.6	0.2	721
Second	47.0	0.9	1830	62.2	0.1	822	58.5	1.7	657
Middle	45.9	0.8	1829	64.6	1.9	808	57.5	0.0	589
Fourth	44.9	0.0	1751	64.8	2.2	764	67.0	0.0	595
Highest	43.5	0.5	1779	59.7	0.2	707	57.0	0.2	614
Total	45.8	0.7	9093	63.1	1.7	4107	62.1	0.4	3175

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see http://mics.unicef.org. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.
[2] Not collected because individual is deceased or is not a usual member of the household or a visitor.

However, few children exceeded the hours considered appropriate for performing household chores. Only 1% of children in age groups (5-11), 0.4% for the age group (15-17) and 2% for age group (12-14) were engaged in household chores for more hours than is considered appropriate for their age.

Table 12.11 combines information on children involved in economic activities and who perform housework, whether in the age classification categories previously mentioned in the previous tables or below or above, as well as children who work in hazardous conditions, as an overall indicator of child labor.

Table 12.11 shows that there are 2% of children aged 5-17 years involved in economic activities and are in the appropriate category for their age or older. One percent have participated in household chores and are in the appropriate category for their age or older. Also, 3% of the children were working in dangerous conditions. Overall, 5% of children have been involved in child labour, meaning that they have undertaken economic activities and/or domestic work for a period longer than appropriate for them for their age and/or have worked in hazardous conditions.

The proportion classified as engaged in child labor was higher in rural areas than in urban areas (6% and 3%, respectively). Children in rural Upper Egypt were more likely to be in the child labor category than children in other areas. The proportion in the child labor category decreases with the mother's and father's education. It was higher among children whose parents, particularly the mother, had died. Wealth was closely related to the likelihood of being in the child labor category, with the proportion declining from 10% in the lowest wealth quintile to 2% in the highest wealth quintile.

Table 12.11 Child labor

Percentage of never-married children 5-17 years by involvement in economic activities or household chores during the week before the survey, percentage working under hazardous conditions during the last week, and percentage engaged in child labor during the last week, by background characteristics, Egypt 2021

| Background characteristic | Children involved in economic activities for a total number of hours: | | Children involved in household chores for a total number of hours: | | Percentage of children working under hazardous conditions[2] | Percentage considered to be involved in child labor | Number of children aged 5-17 years |
	Below the age-specific threshold[1]	At or above the age-specific threshold	Below the age-specific threshold[1]	At or above the age-specific threshold			
Sex							
Male	96.8	3.2	99.3	0.7	5.4	6.8	8391
Female	98.9	1.1	98.9	1.1	1.1	2.8	7983
Age							
5-11	97.7	2.3	99.3	0.7	1.1	3.0	9093
12-14	98.0	2.0	98.3	1.7	3.8	5.5	4107
15-17	98.1	1.9	99.6	0.4	8.9	9.4	3175
Urban-rural residence							
Urban	98.7	1.3	99.3	0.7	1.8	2.9	6469
Rural	97.3	2.7	98.9	1.1	4.2	6.1	9905
Place of residence							
Urban Governorates	99.0	1.0	99.6	0.4	1.7	2.4	2485
Lower Egypt	97.8	2.2	99.6	0.4	2.6	4.1	7135
Urban	99.0	1.0	99.7	0.3	1.1	1.9	1915
Rural	97.3	2.7	99.5	0.5	3.2	4.9	5220
Upper Egypt	97.5	2.5	98.4	1.6	4.6	6.7	6551
Urban	97.9	2.1	98.6	1.4	2.7	4.5	1934
Rural	97.3	2.7	98.3	1.7	5.4	7.6	4617
Frontier Governorate[3]	98.6	1.4	99.4	0.6	1.2	2.2	203
School attendance							
Attending school	98.0	2.0	99.2	0.8	2.9	4.4	15207
Not attending school	96.4	3.6	98.3	1.7	7.6	10.2	1167

Continued........

Table 12.11 Child labor (Continued)

Background characteristic	Children involved in economic activities for a total number of hours:		Children involved in household chores for a total number of hours:		Percentage of children working under hazardous conditions[2]	Percentage considered to be involved in child labor	Number of children aged 5-17 years
	Below the age-specific threshold[1]	At or above the age-specific threshold	Below the age-specific threshold[1]	At or above the age-specific threshold			
Mother's education							
No education	96.8	3.2	98.7	1.3	5.9	7.7	3073
Some primary	94.5	5.5	98.7	1.3	9.2	11.8	857
Primary comp/some sec.	97.6	2.4	99.3	0.7	4.3	5.6	2898
Secondary comp./ higher	98.8	1.2	99.3	0.7	1.2	2.7	9094
Not determined[4]	94.8	5.2	97.4	2.6	8.9	10.6	451
Father's education							
No education	96.3	3.7	98.9	1.1	6.3	7.2	1886
Some primary	95.8	4.2	98.7	1.3	5.3	9.0	1198
Primary comp./some sec.	96.8	3.2	98.9	1.1	5.3	7.3	2627
Secondary comp./ higher	98.7	1.3	99.2	0.8	1.8	3.1	9006
Not determined[4]	98.2	1.8	99.0	1.0	3.2	4.8	1657
Parental survivorship							
Both alive	97.9	2.1	99.1	0.9	3.1	4.7	15662
Father deceased	97.8	2.2	98.7	1.3	5.0	6.2	532
Mother deceased	90.4	9.6	100.0	0.0	12.7	12.7	150
Both deceased	95.3	4.7	*	*	*	*	24
Don't know/missing	100.0	0.0	*	*	*	*	7
Wealth quintile							
Lowest	95.6	4.4	98.3	1.7	7.4	10.1	3628
Second	97.4	2.6	99.2	0.8	3.9	5.3	3309
Middle	98.9	1.1	99.1	0.9	2.3	3.8	3226
Fourth	98.8	1.2	99.5	0.5	1.8	2.7	3111
Highest	99.0	1.0	99.6	0.4	0.3	1.5	3100
Total	97.9	2.1	99.1	0.9	3.3	4.9	16374

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see http://mics.unicef.org. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes those not involved at all

[2] Work was considered hazardous if it involved carrying heavy loads, working with dangerous tools or operating heavy equipment, working at heights, working with chemicals or explosives, exposure to dust, fumes, gas, extreme heat or humidity, loud noise or vibrations, or any other working conditions considered to be bad for the child's health and safety.

[3] Does not include North Sinai governorate.

[4] Not collected because individual is deceased or is not a usual member of the household or a visitor

12.5 CHILD DISCIPLINE

The household questionnaire of the Egyptian Family Health Survey-2021 included the model of the Multiple Indicator Cluster Survey (MICS) program of the United Nations Children's Fund (UNICEF) to discuss the methods through which the process of controlling children's behavior is carried out, administered for one never-married child aged 1-14 years in the household.[3] The respondent to the household questionnaire (usually the household head) was asked a series of separate questions about disciplinary practices the respondent or other household members may have used with the child during the month before the interview to correct behavior problems or encourage right behavior. To the extent that the EFHS household informant was not present at or aware of all of the times a child had been disciplined during the month, the module may underestimate use of various forms of discipline.

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[3] As noted earlier, in the EFHS 2021, the first step in the administration of the Child Labor and Child Discipline modules involved the identification of a single child aged 1-17 years for whom the questions in the modules would be asked depending on the child's age. If the household included more than one child in the age range, the child for whom the modules were administered was selected using a Kish grid. If the selected child was 1-14 years, the Child Discipline module was administered for the child. To account for the selection of one child per household, the child discipline data are weighted. The weight is based on the de jure population of children aged 1-17 years.

Table 12.12 shows that there are 11 different approaches were used to discipline children aged 1-14 years during the month before the interview. The techniques are grouped into nonviolent and violent approaches.

The results showed that 9% of the children had used non-violent methods only to control their behaviour. The most non-violent method used to control a child's behavior was to explain to the child the reasons why his behavior was wrong. As 82% of the children in this group have been disciplined using this method within the process of adjusting their behavior.

As for the violent methods, it was found that 83% of the children in the age group from 1-14 years old had their behavior controlled by using any violent method during the month preceding the interview. The most used of these methods was psychological violence. As 8 out of 10 children have their behavior controlled using this method. It was noted that shouting or talking loudly to the child is one of the most used methods of psychological punishment to control the child's behavior (77%). Also, corporal punishment was widely used in the process of controlling children's behavior. Where 6 out of 10 children are exposed to it. The most common physical punishment method used in controlling children's behavior during the month preceding the interview was hitting the child on the hand, arm or leg (42%), followed by shaking the child (34%). Severe physical punishment represented in hitting the child on the face, head, leg, or ear represented 27%. Around 1 in 6 children were hit on the bottom or other part of the body with a hard object (e.g., a belt). Around 1 in 10 children were reported to have been beaten, i.e., hit over and over again as hard as possible. The table shows that about 8% of the children did not practice any method to control their behaviour, whether non-violent or violent.

Table 12.12 Child discipline

Percentage of de jure children aged 1-14 years reported as having been disciplined in specific manners during the month before the survey, Egypt 2021

Manner of discipline	Total
Nonviolent disciplinary approaches	
Taking away privileges, forbidding something the child liked, or not allowing the child to leave the house	41.4
Explaining that the child's behavior was wrong	82.0
Giving the child something else to do	37.5
Any nonviolent method	86.4
Only nonviolent methods	9.3
Violent discipline approaches	
Psychological aggression	
Shouting, yelling, or screaming at the child	76.5
Calling the child dumb, lazy, or a similar term	49.6
Any phychological	80.0
Physical punishment	
Shaking the child	33.6
Hitting the child on the hand, arm, or leg	41.9
Spanking, hitting, or slapping the child on the bottom with a bare hand	19.3
Hitting the child on the bottom or other part of the body with a belt, hairbrush, stick, or other similar hard object	15.3
Any physical punishment	58.9
Severe physical punishment	
Hitting or slapping the child on the face, head or ears	26.6
Beating up the child, that is, hitting the child over and over as hard as one can	5.8
Any severe physical punishment	28.0
Any Aggression	83.0
Not disciplined with any of the approaches/missing	7.7
Number of children	18601

Table 12-13 shows the disciplinary techniques used in the process of adjusting children's behavior according to background characteristics. In general, there are differences in the use of different behavior control techniques among the subgroups shown in Table 12.13. It is noted that female children were less likely to control their behavior using any violent means to control behavior than male children. The results also showed that there is a variation, however it is limited, in the proportions of children in the age group 1-14 years whose behavior was controlled by non-violent methods only, and the percentage of children whose behavior was controlled by violent methods decreases in general with the increase in the level of education of the mother and father and the wealth index. It was also noted that the percentage of children whose behavior was controlled using violent methods increased if the child was enrolled in education.

Table 12.13 Child discipline by background characteristics

Percentage of children aged 1-14 years by child disciplining methods experienced during the month before the survey, by background characteristics, Egypt 2021

Background characteristic	Only non-violent discipline	Any psychological aggression	Any physical punishment	Any severe physical punishment	Any violent discipline method	Number of children aged 1-14 years
Sex						
Male	7.9	81.2	62.3	31.0	84.5	9542
Female	10.8	78.8	55.2	24.9	81.4	9059
Age						
1-2	9.7	66.4	50.9	18.7	70.0	2390
3-4	7.6	83.4	68.4	32.1	86.6	2512
5-9	9.2	83.1	64.6	32.1	86.1	7138
10-14	9.9	80.4	51.9	25.4	82.9	6561
Urban-rural residence						
Urban	11.9	78.3	53.7	23.5	81.4	6999
Rural	7.7	81.1	62.0	30.8	83.9	11602
Place of residence						
Urban Governorates	12.8	78.5	49.6	19.1	80.6	2594
Lower Egypt	9.9	78.0	58.0	25.1	81.3	7838
Urban	12.4	77.2	57.2	23.5	81.2	2033
Rural	8.9	78.3	58.2	25.7	81.4	5805
Upper Egypt	7.1	83.2	63.4	34.0	86.1	7919
Urban	9.6	79.9	55.9	28.3	83.6	2208
Rural	6.1	84.5	66.4	36.2	87.0	5711
Frontier Governorates[1]	25.0	61.1	38.3	23.4	62.0	250
School attendance						
Attending school	9.4	81.9	59.1	28.7	84.7	14168
Not attending school	8.9	74.1	58.3	26.0	77.5	4433
Mother's education						
No education	6.7	80.7	61.7	33.8	83.5	2861
Some primary	5.4	82.1	63.1	32.1	84.9	828
Primary comp./some sec.	7.5	83.1	65.0	33.1	85.8	3831
Secondary comp./ higher	10.6	79.1	56.4	24.9	82.2	10733
Not determined[2]	20.8	64.3	34.7	11.0	66.0	349
Father's education						
No education	7.1	82.3	62.9	36.0	84.1	1801
Some primary	5.9	82.6	64.5	30.2	85.4	1245
Primary comp./some sec.	8.7	81.9	62.6	31.1	84.6	3027
Secondary comp./ higher	9.8	79.3	57.1	25.9	82.6	10918
Not determined[2]	11.7	77.0	54.8	26.2	79.4	1610
Parental survivorship						
Both alive	9.1	80.3	59.3	28.4	83.3	18113
Father deceased	14.2	72.6	48.8	21.6	75.8	367
Mother deceased	(27.9)	(60.5)	(20.2)	(0.0)	(60.5)	107
Both deceased	*	*	*	*	*	9
Don't know/missing	*	*	*	*	*	5
Wealth quintile						
Lowest	6.8	84.1	67.5	37.1	85.9	3764
Second	6.9	81.7	63.6	33.8	85.2	3712
Middle	8.0	81.8	58.7	28.6	83.9	3843
Fourth	10.7	77.3	55.6	23.4	81.1	3746
Highest	14.3	75.0	48.4	16.6	78.5	3535
Total	9.3	80.0	58.9	28.0	83.0	18601

Note: Nonviolent practices included one or more of the following: (1) taking away privileges, forbidding something the child liked, or not allowing the child to leave the house; (2) explaining that the child's behavior was wrong; or (3) giving the child something else to do. Psychological aggression includes one or both of the following: (1) shouting, yelling, or screaming at the child or (2) calling the child dumb, lazy or a similar term. Physical punishments included one or more of the following: (1) shaking the child; (2) spanking, hitting or slapping the child on the bottom with a bare hand; (2) hitting the child on the bottom or other part of the body with a belt, hairbrush, stick, or other similar hard object; (3) hitting or slapping the child on the face, head, or ears; (4) hitting the child on the hand, arm or leg; and (5) beating the child up, that is hitting the child over and over as hard as one can. Severe physical punishments included one or both of the following: (1) hitting or slapping the child on the face, head, or ears or (2) beating the child up, that is hitting the child over and over as hard as one can. Any violent method included using any type of psychological aggression and/or physical punishment. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.
[2] Not collected because individual is deceased or is not a usual member of the household or a visitor.

13 FEMALE CIRCUMCISION

Key Findings:

- 86% of ever-married women aged 15-49 interviewed in the EFHS-2021 had been circumcised.

- Around half of ever-married women who were circumcised were between 7 and 10 years of age when they were circumcised, and virtually all of the women were circumcised before age 15.

- Information collected on the circumcision status of EFHS-2021 daughters indicate that the practice is clearly declining, where 14% only of daughters aged 0-19 years have already been circumcised.

- Taking into consideration both the daughters current circumcision status and mothers' intentions with regard to daughters who are not yet circumcised, it is estimated that around one-quarter of daughters aged 0-19 will be circumcised in the future.

- Medical personnel were much more likely to have performed the circumcisions among daughters (83%) than among the women themselves (43%).

- Results indicate that there is increase in the percentage of women opposing FGM, where slightly more than one-quarter of women believe that female circumcision is required by religion. Only 3 in 10 women believed the practice should continue, and about quarter of women thought that men also preferred the practice continue.

Female circumcision has been a tradition in Egypt since the Pharaonic period, and adherence to the custom remains widespread although the government has banned the practice. The EFHS-2021 collected information from all ever-married women interviewed in the survey on their circumcision status. The survey also asked women about the circumcision status of their daughters less than 20 years at the time of the survey. In the case of circumcised women and daughters, additional questions were included on the age at which the circumcision took place and the person who performed the circumcision. The survey also investigated women's attitudes toward the practice.

13.1 PREVALENCE OF FEMALE CIRCUMCISION AMONG EVER-MARRIED WOMEN

Table 13.1 provides information on the prevalence of female circumcision among the ever-married women aged 15-49 interviewed in the EFHS-2021 by selected background characteristics. Appendix Table A-13.1 provides additional information on the governorate-level variation in the prevalence of female circumcision among ever-married women.

Table 13.1 confirms that the practice of female circumcision is widespread in Egypt; 86% of ever-married women aged 15-49 have been circumcised. Urban women are less likely to be circumcised than rural women (79% and 90% respectively) and increases among women in Upper Egypt, especially rural areas (93%). The practice is much less common in the Frontier Governorates (62%) than in other areas in Egypt.

Table 13.1 also shows that the likelihood that a woman is circumcised declines significantly with the woman's education level, where 82% of women with completed secondary or higher are circumcised compared with 95% among those with no education. Also, circumcision is lower among women in the highest wealth quintile than in other quintiles (72% versus 94% for the highest and lowest wealth quantiles).

13.2 WOMEN'S CIRCUMCISION EXPERIENCE

Women who were circumcised were asked how old they were when they were circumcised and about the type of person who performed the circumcision. Table 13.2 presents the distribution of ever-married women aged 15-49 who have been circumcised according to the age at circumcision. Data indicate that around half of the women were circumcised between 7 and 10 years of age, and around 25% were circumcised between 11 and 12 years, and virtually all of the women were circumcised before age 15. The median age at circumcision is 10.6 years, and this reflects the fact that, in Egypt, traditionally girls are circumcised slightly before or at puberty (El-Gibaly et al. 2002).

Table 13.1 Prevalence of female circumcision among ever-married women aged 15-49

Percentage of ever-married women 15-49 who have been circumcised, according to selected background characteristics, Egypt 2021

Background characteristic	Percentage who have been circumcised	Number of ever-married women aged 15-49
Age		
15-19	66.5	397
20-24	71.3	2220
25-29	77.5	3247
30-34	85.2	4091
35-39	89.4	4207
40-44	93.0	3595
45-49	94.4	2723
Urban-rural residence		
Urban	79.2	7797
Rural	89.5	12684
Place of residence		
Urban Governorates	75.8	2989
Lower Egypt	84.1	9266
Urban	76.7	2308
Rural	86.6	6958
Upper Egypt	91.5	8000
Urban	86.8	2346
Rural	93.4	5655
Frontier Governorates[1]	62.0	226
Education		
No education	94.9	3362
Some primary	89.8	1026
Primary complete/ some secondary	85.9	4257
Secondary complete/ higher	82.4	11837
Work status		
Working for cash	85.3	3381
Not working	85.6	17100
Wealth quintile		
Lowest	93.6	3727
Second	91.5	3945
Middle	88.1	4207
Fourth	83.7	4396
Highest	72.2	4206
Total	85.6	20481

[1] Does not include North Sinai governorate.

Table 13.2 Age at circumcision among ever-married women aged 15-49 by residence

Percent distribution of ever-married women aged 15-49 who are circumcised by age at circumcision and median age at circumcision, according to urban-rural residence and place of residence, Egypt 2021

Age at circumcision	Urban	Rural	Urban Govern-orates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Govern-orates[1]	Total
< 3	0.8	0.7	0.2	0.1	0.1	0.1	1.5	2.0	1.4	0.0	0.7
3-4	1.0	1.7	0.5	0.4	0.4	0.4	2.9	2.3	3.1	1.1	1.4
5-6	5.8	5.8	3.6	3.1	4.0	2.8	9.3	9.6	9.2	12.0	5.8
7-8	11.1	10.5	11.4	10.4	10.6	10.3	10.7	10.9	10.6	16.4	10.7
9-10	41.0	35.3	46.7	41.2	41.2	41.1	30.2	34.1	28.7	43.4	37.3
11-12	25.4	24.6	24.7	27.7	29.9	27.1	22.0	22.5	21.8	18.2	24.9
13-14	7.2	8.6	7.2	7.6	6.8	7.9	9.0	7.8	9.4	3.2	8.1
15-17	2.3	4.4	2.3	3.1	2.2	3.4	4.7	2.6	5.5	1.1	3.7
18-19	0.3	0.2	0.3	0.2	0.5	0.1	0.3	0.2	0.4	0.2	0.3
20 or older	0.0	0.1	0.0	0.1	0.0	0.2	0.1	0.0	0.1	0.0	0.1
Don't know/ Missing	5.1	8.1	3.1	6.1	4.4	6.6	9.3	7.9	9.9	4.4	7.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	6176	11348	2267	7797	1770	6028	7319	2036	5284	140	17523
Median age	10.6	10.7	10.6	10.7	10.7	10.7	10.6	10.5	10.6	10.1	10.6

[1] Does not include North Sinai governorate.

Regarding the person performing the circumcision, Table 13.3 shows that around half (47%) of the women said that a *daya* (traditional birth attendant) had been responsible for the procedure, which is almost similar to the percentage who reported that they were circumcised by medical personnel (primarily doctors) (46%). Trained medical personnel were somewhat more likely to have performed the circumcision among urban women than rural women (48% and 44% respectively).

Table 13.3 Person performing circumcision among ever-married women by residence

Percent distribution of ever-married women aged 15-49 years who are circumcised by person performing the circumcision, according to urban-rural residence and place of residence, Egypt 2021

Person performing circumcision	Urban	Rural	Urban Govern-orates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Govern-orates[1]	Total
Doctor	42.1	39.0	39.4	40.6	43.1	39.8	39.8	44.0	38.2	38.2	40.1
Nurse/other health worker	6.0	5.3	6.1	6.9	7.4	6.7	4.0	4.6	3.8	6.0	5.6
Daya	45.5	47.2	48.9	42.1	41.8	42.2	50.6	45.0	52.7	51.1	46.6
Barber	3.1	4.7	2.9	7.2	4.6	7.9	1.3	2.0	1.1	1.3	4.1
Ghagaria	0.4	0.7	0.3	0.8	0.6	0.9	0.4	0.3	0.4	0.2	0.6
Other	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.0	0.1	0.1
Don't know/missing	2.9	3.1	2.2	2.4	2.4	2.4	3.9	3.9	3.9	3.1	3.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	6176	11348	2267	7797	1770	6028	7319	2036	5284	140	17523

[1] Does not include North Sinai governorate.

13.3 PREVALENCE OF CIRCUMCISION AMONG DAUGHTERS

In addition to asking about a woman's own circumcision status, the EFHS-2021 asked ever married women aged 15-49 for a complete circumcision history for daughters under age 20 at the time of the survey, i.e., women with surviving daughters were asked about the circumcision status of each of their daughters aged 0-19 years. Women who reported that their daughter(s) was (were) not circumcised were asked about intentions to have their daughter(s) circumcised in the future.

The availability of a complete circumcision history provides the basis for an estimate of the current prevalence of circumcision among females 0-19 year, where respondents of EFHS-2021 reported on the circumcision status of 24182 daughters aged 0-19 years, which represent 99.4% of all females in the age 0-19 years and residence in EFHS-2021 households.

Using the circumcision history data, Table 13.4 presents information on the prevalence of circumcision among daughters under age 20 by the daughter's current age. The results in Table 13.4

indicate that around 1 in 7 girls aged 0-19 years have been circumcised. Data also indicate a sharp increase in the circumcision rate as girls' approach and go through puberty (see chapter 17 for puberty age). Less than one in 10 of daughters aged 9-10 years had been circumcised. However, the proportion circumcised increases rapidly among older girls, from 17% percent among girls aged 11-12 years to a peak of 46% among girls aged 18-19 years.

Many daughters aged 0-19 have not yet reached the age when girls are most commonly circumcised in Egypt, therefore, Table 13.4 also includes an estimate of the total percentage of daughters aged 0-19 years expected to be circumcised. The estimate was obtained by summing the percentage of daughters already circumcised and the percentage of daughters who were not yet circumcised but whose mothers expressed an intention to circumcise their daughter(s). The estimates indicate that 27% of daughters aged 0-19 years may be expected to be circumcise, around double the proportion that are currently circumcised. Looking at the differences in the percentage expected to be circumcised by the daughter's age, it appears that there will be a steady decline in the proportion of young women who

Table 13.4 Current and expected prevalence of female circumcision among daughters

Percentage of daughters aged 0-19 years who are reported by their mother to be currently circumcised, percentage who are not yet circumcised but whose mothers intend that the girl will be circumcised in the future, and percentage expected to be circumcised taking into account the current circumcision status and mother's intention, by daughter's age, Egypt 2021

Daughter's current age	Percentage circumcised	Percentage whose mothers intend the daughter to be circumcised in the future	Percentage expected to be circumcised	Number of daughters
0-2 years	0.4	20.4	20.8	3475
3-4 years	1.7	19.9	21.6	2635
5-6 years	3.0	20.1	23.1	2919
7-8 years	5.1	15.4	20.5	2911
9-10 years	9.4	13.8	23.3	2808
11-12 years	17.4	9.7	27.1	2551
13-14 years	27.5	4.3	31.8	2369
15-17 years	36.8	2.1	38.9	2813
18-19 years	45.8	1.1	46.8	1580
Total	14.2	12.8	27.0	24061

will be circumcised in Egypt, from 47% among girls currently aged 18-19 to around 23% among girls currently under age 9-10. These data indicate that female circumcision will decline significantly in the future.

Table 13.5 presents the daughters' circumcision indicators by selected demographic and socio-economic background characteristics and the daughter's age. Governorate-level data on the prevalence of circumcision among daughters is shown in Appendix Table A-13.1.

Overall, the results show that residence is strongly associated with the likelihood a girl will be circumcised. Where 17% of daughters aged 0-19 years in urban areas have or will be circumcised as reported by mothers compared with 33% in rural areas. Looking at the variations by place of residence, the expected prevalence of circumcision is lowest in urban Lower Egypt (10%) and Urban Governorates (11%) and highest in rural Upper Egypt (48%).

The proportion of girls who are currently circumcised or are expected to be circumcised in the future decreases with the mother's educational attainment and with wealth status and is lower among mothers who work for cash than among other mothers. Notably, 10% of daughters in the highest wealth quintile are expected to be circumcised by the time they reach age 20 compared with 44% of girls in the lowest wealth quintile.

Finally, information on daughters' current circumcision status is available for daughters aged 0-17 years from the 2005 EDHS, 2008 EDHS, and the 2014 EDHS in addition to EFHS-2021. Using the results from the four surveys, Figure 13.1 shows that the proportion of girls aged 0-17 years who are circumcised has declined steadily, from 28 % in the 2005 to 18 % in 2014, then to 12% in 2021. The downward trend in the prevalence of circumcision among daughters aged 0-17 years is observed for both urban and rural areas.

Table 13.5 Current and expected prevalence of female circumcision among daughters by background characteristics

Percentage of daughters 0-19 years who are currently circumcised and percentage expected to be circumcised taking into account the daughter's current circumcision status and mother's intention by the daughter's current age, according to selected background characteristics, Egypt 2021

Background characteristic	< 9 years Percentage circumcised	< 9 years Percentage expected to be circumcised[1]	< 9 years Number of daughters	9-12 years Percentage circumcised	9-12 years Percentage expected to be circumcised[1]	9-12 years Number of daughters	13-17 years Percentage circumcised	13-17 years Percentage expected to be circumcised[1]	13-17 years Number of daughters	18-19 years Percentage circumcised	18-19 years Percentage expected to be circumcised[1]	18-19 years Number of daughters	Total Percentage circumcised	Total Percentage expected to be circumcised[1]	Total Number of daughters
Mother's age															
15-19	0.0	29.5	153	na	na	na	na	na	na	na	na	na	0.0	29.5	153
20-24	1.2	23.4	1579	*	*	7	na	na	na	na	na	na	1.2	23.4	1586
25-29	1.9	20.6	3179	13.3	30.9	316	*	*	3	na	na	na	3.0	21.5	3499
30-34	2.9	21.4	3428	13.7	24.8	1700	37.7	45.3	568	*	*	10	9.7	24.9	5707
35-39	2.8	21.1	2381	12.4	23.9	1829	34.6	37.0	1829	56.1	56.8	323	17.4	28.3	6362
40-44	3.4	20.3	951	13.6	25.4	1055	30.9	33.8	1810	44.7	46.0	757	23.5	31.1	4573
45-49	5.1	24.1	269	13.5	26.1	451	28.7	30.6	972	39.9	40.9	490	25.2	31.2	2183
Urban-rural residence															
Urban	1.8	12.8	4122	8.3	15.5	2069	20.4	23.1	2051	30.4	31.7	591	9.5	17.1	8833
Rural	2.8	26.0	7818	16.3	31.1	3291	40.5	43.8	3132	54.9	55.8	989	16.9	32.7	15229
Place of residence															
Urban Gov.	0.3	7.3	1534	4.0	10.2	809	13.2	15.4	814	14.7	15.7	224	5.3	10.5	3380
Lower Egypt	0.1	11.6	4986	3.8	14.1	2375	20.8	23.1	2279	35.6	37.1	718	8.0	16.5	10358
Urban	0.0	7.9	1168	1.6	8.6	599	9.4	11.2	608	21.7	23.7	185	4.2	10.0	2559
Rural	0.1	12.7	3818	4.6	15.9	1777	25.0	27.4	1671	40.4	41.7	533	9.2	18.6	7799
Upper Egypt	5.4	35.3	5262	27.4	43.6	2103	53.6	58.0	2024	68.8	69.5	621	23.7	43.8	10010
Urban	4.9	23.9	1313	20.3	29.7	612	40.9	45.2	585	60.0	61.0	171	19.8	32.2	2681
Rural	5.5	39.1	3949	30.3	49.3	1491	58.7	63.2	1439	72.2	72.7	450	25.1	48.0	7329
Frontier Gov.[2]	1.5	9.7	158	10.3	13.7	72	29.7	29.7	66	39.6	39.6	17	11.5	16.4	313
Mother's education															
No education	4.0	35.8	1490	21.4	40.4	979	48.6	54.4	1247	64.0	64.6	447	27.9	45.5	4163
Some primary	1.2	26.4	516	12.7	32.9	270	36.3	39.5	326	56.9	56.9	100	17.8	33.9	1211
Primary complete/ some secondary	2.9	29.4	2837	18.1	32.8	951	38.6	41.2	876	52.7	53.1	277	15.0	33.4	4942
Secondary complete/higher	2.1	14.9	7096	9.2	17.3	3160	22.8	24.8	2733	31.0	32.7	756	9.4	18.4	13746
Mother's work status															
Working for cash	1.1	14.6	1594	7.5	16.4	955	23.2	26.0	997	36.9	36.9	292	11.2	19.7	3839
Not working	2.7	22.5	10346	14.4	27.0	4404	34.8	37.9	4185	47.8	49.1	1288	14.7	28.4	20222
Wealth quintile															
Lowest	4.3	35.4	2195	20.9	40.6	1205	49.3	53.9	1256	66.7	67.0	391	24.3	43.7	5047
Second	2.8	28.8	2398	19.1	33.3	1090	42.9	46.8	1081	59.1	60.0	329	19.1	35.9	4898
Middle	2.9	21.5	2567	13.0	24.6	1075	28.4	31.6	1005	42.0	43.6	285	12.6	25.5	4932
Fourth	1.6	13.9	2488	7.4	14.3	1039	23.1	24.7	935	29.8	30.0	299	8.9	17.1	4761
Highest	0.8	8.6	2292	3.3	8.3	950	11.3	12.6	905	21.5	24.0	276	4.8	10.3	4424
Total	2.5	21.5	11940	13.2	25.1	5359	32.5	35.6	5183	45.8	46.8	1580	14.2	27.0	24061

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Includes daughters who have already been circumcised and daughters whose mother intend the daughter to be circumcised in the future
[2] Does not include North Sinai governorates

Figure 13.1 Trends in percentage circumcised among daughters aged 0-17 years, Egypt 2005-2021
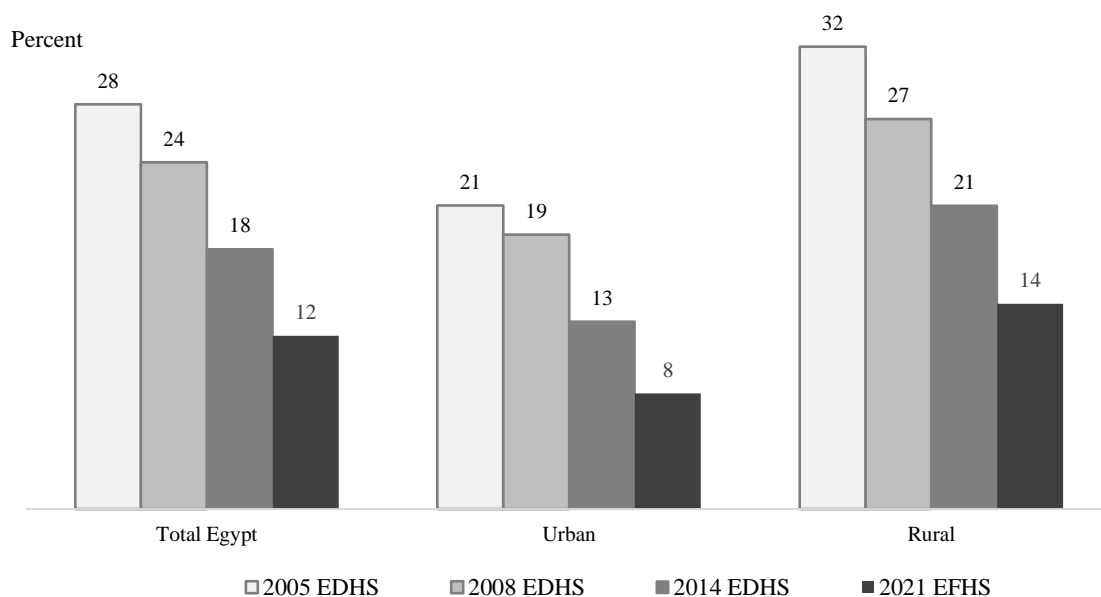
13.4 CIRCUMCISION EXPERIENCE AMONG DAUGHTERS

Respondents of EFHS-2021, as part of the circumcision history, were asked about the age at circumcision and the person who performed the procedure for each of the daughters reported as circumcised. Table 13.6 presents the distribution of circumcised daughters aged 0-19 years by the age at circumcision. Data indicated that one-quarter of daughters were between 5 and 8 years of age at the time of circumcision, and more than one-quarter were circumcised between 9 or 10 years old. Virtually almost all the daughters were circumcised before age 15. The median age at the time of the circumcision for daughters was 10.2 years, with daughters tending to be circumcised at a somewhat younger age in Upper Egypt (9.1 years) and Frontier Governorates (8.6 years) and a somewhat older age in Lower Egypt (11 years) than this average.

Table 13.6 Age at circumcision among daughters aged 0-19 by residence

Percent distribution of daughters aged 0-19 reported by their mother to have been circumcised by age at circumcision and median age at circumcision, according to background characteristics, Egypt 2021

Age at circumcision	Urban	Rural	Urban Governor-ates	Lower Egypt Total	Urban	Rural	Upper Egypt Total	Urban	Rural	Frontier Governor-ates[1]	Total
0-2	8.7	6.0	2.5	0.4	0.0	0.5	9.2	12.7	8.2	2.9	6.7
3-4	7.1	6.4	4.4	0.2	0.0	0.2	9.0	9.5	8.8	4.7	6.6
5-6	13.8	10.9	3.0	2.1	3.3	1.9	15.4	18.8	14.4	23.1	11.6
7-8	12.5	13.0	10.4	7.6	8.3	7.5	14.7	13.7	15.0	24.9	12.9
9-10	27.8	27.7	31.1	40.2	39.2	40.3	23.1	24.6	22.7	27.9	27.7
11-12	21.0	25.0	28.7	38.5	39.5	38.3	18.8	15.1	19.9	10.6	24.0
13-14	6.8	8.2	17.1	9.2	7.0	9.5	6.8	3.4	7.8	3.8	7.9
15-17	1.8	1.7	2.7	1.4	2.7	1.2	1.8	1.4	1.9	0.4	1.7
18-19	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.0	0.0	0.1
Don't know/ missing	0.2	1.1	0.0	0.5	0.0	0.6	1.0	0.4	1.2	1.7	0.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	843	2568	178	825	107	718	2371	531	1839	36	3410
Median age	9.8	10.2	10.9	11.0	11.0	11.0	9.1	8.2	9.4	8.6	10.2

[1] Does not include North Sinai governorate.

Regarding the person performing the daughter's circumcision, Table 13.7 shows that 83% of the circumcisions were performed by trained medical personnel (doctor/nurse). The majority of the

remaining circumcisions performed by Dayas (16%) with no differences by place of residence, where the majority of all circumcision were performed by medical provider.

Table 13.7 Person performing circumcision among daughters by residence

Percent distribution of daughters aged 0-19 years reported by their mother to have been circumcised by persons performing the circumcision, according to urban-rural residence and place of residence, Egypt 2021

Person performing circumcision	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates[1]	Total
				Total	Urban	Rural	Total	Urban	Rural		
Doctor	78.1	72.4	75.6	72.1	63.6	73.4	74.1	81.2	72.1	79.3	73.8
Nurse/other health worker	6.9	10.0	6.6	10.0	7.8	10.4	9.3	7.1	9.9	3.8	9.3
Daya	14.1	16.4	17.5	15.7	28.6	13.8	15.7	10.4	17.3	16.9	15.8
Barber	0.5	1.0	0.2	1.8	0.0	2.0	0.6	0.8	0.6	0.0	0.9
Ghagaria	0.0	0.1	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.1	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0
Don't know/missing	0.3	0.1	0.0	0.0	0.0	0.0	0.2	0.5	0.2	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	843	2568	178	825	107	718	2371	531	1839	36	3410

[1] Does not include North Sinai governorate.

13.5 SUPPORT FOR THE CONTINUATION OF FEMALE CIRCUMCISION

Data were collected in EFHS 2021 from women about their own attitude about whether the practice of female circumcision should continue or not. In addition, women were asked if they thought men supported continuation of the practice. Table 13.8 presents the results of these questions by selected background characteristics. Appendix Table A-13.2 provides additional detail on governorate-level variation in support for female circumcision.

Table 13.8 shows that just over one-quarter of ever-married women aged 15-49 (28%) believe that female circumcision is a religious requirement. Around 3 in 10 women feel that the practice of circumcision should continue, while 62% think it should be stopped, and 8% are not sure. Also, one-quarter of women think that men support the continuation of the practice of circumcision.

Figure 13.2 confirm clearly that there has been a downward trend in ever-married women's support for the practice during the last twenty years. The proportion of women who believe that circumcision should continue dropped from 75% in 2000 to 58 % at the time of the 2014 EDHS, then to 30% in EFHS-2021. Also, women now were much less likely to believe that men want the practice to continue compared with 2014 (25 % and 50%, respectively).

Differences in the measures of support for female circumcision are evident across the subgroups in Table 13.8. Support for the practice was more widespread among women in Upper Egypt and in particular rural areas (49%). Women in the Urban Governorates, urban Lower Egypt, and Frontier Governorates were most likely to say the practice should be stopped and least likely to think that husbands want the practice to continue. Table 13.8 shows that the proportion of women who felt that circumcision is mandated by religion generally decreases with the increase in education and the wealth quintile. These characteristics are also negatively related to the likelihood that a woman supports the continuation of the practice of circumcision or believes that men want the practice to be continued.

Table 13.8 Attitude about continuation of female circumcision

Percentage of ever-married women 15-49 who believe circumcision is required by religious precepts and percent distribution of ever-married women aged 15-49 by own attitude and perception about men's attitude toward the continuation of the practice of female circumcision, according to selected background characteristics, Egypt 2021

Background characteristic	Percentage saying circum-cision is required by religious precepts	Woman's attitude about practice				Woman's perception about men's attitudes				Number of ever-married women aged 15-49
		Continue	Be stopped	Not sure	Total percent	Continue	Be stopped	Not sure	Total percent	
Age										
15-19	28.0	30.2	61.7	8.1	100.0	26.8	42.3	30.9	100.0	397
20-24	27.8	29.8	61.4	8.8	100.0	25.1	45.9	28.9	100.0	2220
25-29	25.7	28.1	64.0	7.8	100.0	24.2	49.8	26.0	100.0	3247
30-34	26.3	29.7	62.2	8.1	100.0	23.8	50.2	26.0	100.0	4091
35-39	28.0	29.2	61.9	8.8	100.0	24.9	48.6	26.5	100.0	4207
40-44	28.6	29.4	63.5	7.1	100.0	24.4	49.4	26.2	100.0	3595
45-49	29.7	31.7	61.1	7.1	100.0	26.7	47.9	25.4	100.0	2723
Urban-rural residence										
Urban	20.8	20.0	73.3	6.7	100.0	17.7	55.8	26.5	100.0	7797
Rural	31.8	35.5	55.8	8.8	100.0	29.1	44.4	26.5	100.0	12684
Place of residence										
Urban Governorates	16.8	14.8	78.9	6.4	100.0	13.9	56.3	29.8	100.0	2989
Lower Egypt	23.5	22.4	68.9	8.7	100.0	16.6	55.4	28.0	100.0	9266
Urban	18.0	15.1	78.4	6.5	100.0	12.3	63.3	24.4	100.0	2308
Rural	25.3	24.8	65.8	9.4	100.0	18.1	52.7	29.2	100.0	6958
Upper Egypt	36.6	43.6	48.5	7.9	100.0	38.4	37.7	23.8	100.0	8000
Urban	28.6	31.3	61.2	7.6	100.0	27.9	47.1	25.0	100.0	2346
Rural	40.0	48.7	43.2	8.1	100.0	42.8	33.9	23.4	100.0	5655
Frontier Governorates[1]	21.6	23.7	73.1	3.1	100.0	19.7	66.8	13.5	100.0	226
Education										
No education	36.1	45.2	44.2	10.5	100.0	35.5	36.9	27.6	100.0	3362
Some primary	33.5	37.8	50.3	11.9	100.0	31.1	36.5	32.4	100.0	1026
Primary complete/ some secondary	31.5	35.4	56.1	8.4	100.0	30.1	41.7	28.2	100.0	4257
Secondary complete/ higher	23.3	22.3	70.9	6.8	100.0	19.3	55.7	25.0	100.0	11837
Work status										
Working for cash	23.5	24.0	68.6	7.4	100.0	20.0	53.5	26.5	100.0	3381
Not working	28.4	30.7	61.2	8.1	100.0	25.7	47.8	26.5	100.0	17100
Wealth quintile										
Lowest	35.4	43.6	47.0	9.4	100.0	35.0	38.0	27.0	100.0	3727
Second	33.6	38.2	52.1	9.7	100.0	31.6	40.8	27.6	100.0	3945
Middle	28.4	30.8	61.3	8.0	100.0	26.9	47.7	25.5	100.0	4207
Fourth	24.0	21.8	70.0	8.1	100.0	18.0	53.4	28.6	100.0	4396
Highest	18.2	16.0	79.0	4.9	100.0	14.4	61.9	23.7	100.0	4206
Total	27.6	29.6	62.4	8.0	100.0	24.8	48.7	26.5	100.0	20481

[1] Does not include North Sinai governorate.

Figure 13.2 Trends in attitudes toward female circumcision among ever-married women aged 15-49, Egypt 2000-2021
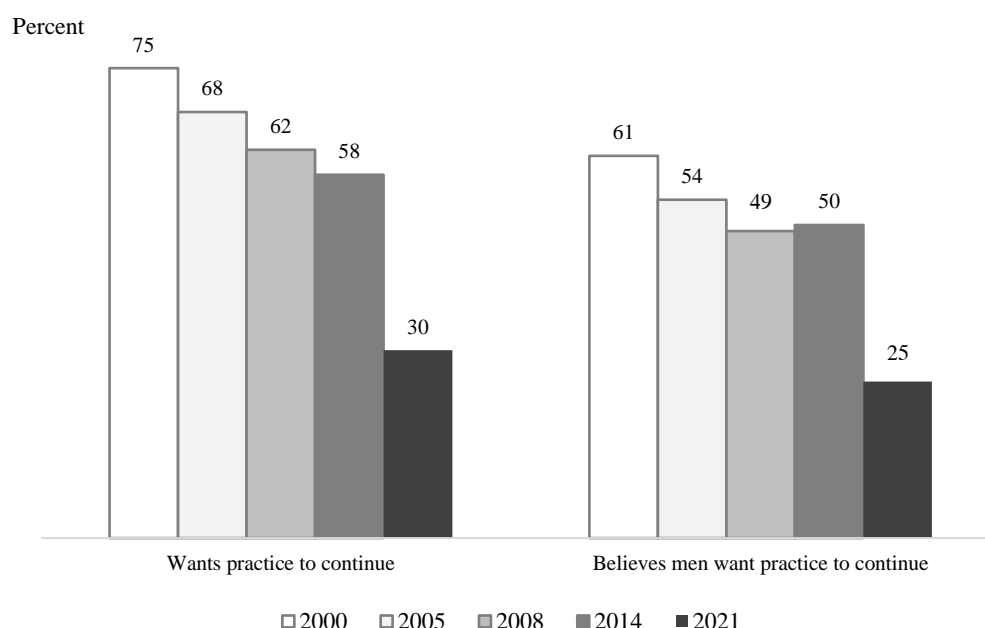
13.6 ATTITUDES ABOUT FEMALE CIRCUMCISION

To gain further insights into women's attitudes and beliefs about female circumcision, the EFHS-2021 included three statements about the practice with which women were asked to agree or disagree. Two of the statements addressed factors that are often cited as primary rationales for the practice: "A husband will prefer his wife to be circumcised" and "Circumcision prevents adultery." The other statement was related to health concerns associated with the practice: "Circumcision can cause serious consequences that can lead to a girl's death."

Table 13.9 presents the variation in the proportion of ever-married women 15-49 agreeing with each of the statements by selected background characteristics. Table A-13.2 in the Appendix shows the variation in level of agreement with the statements across governorates.

The results in Table 13.9 indicate that one-quarter of ever-married women agree that husbands prefer that their wife be circumcised, and slightly more than one-third of women believe that the practice prevent adultery (37%). The results also show that many women recognize that there is a considerable risk associated with circumcision, where 75% of women agreeing that the practice can lead to girls' deaths.

The results in Table 13.9 show that ever-married women living in urban areas and those who are highly educated or in the highest wealth quintile are less likely than other women to believe that a husband would prefer his wife be circumcised or to believe that circumcision prevents adultery. These same groups were more likely than other groups to believe that circumcision may cause series consequences that can lead to girl's death.

Table 13.9 Beliefs about female circumcision

Percentage of ever-married women 15-49 who agree with various statements about female circumcision, according to selected background characteristics, Egypt 2021

Background characteristic	Husbands prefer	Prevents adultery	Can lead to daughters' death	Number of women aged 15-49
Age				
15-19	27.0	38.8	69.5	397
20-24	26.1	36.5	72.8	2220
25-29	23.1	34.1	76.3	3247
30-34	23.0	36.2	74.9	4091
35-39	23.8	36.5	75.8	4207
40-44	23.7	38.7	73.7	3595
45-49	26.3	40.8	72.7	2723
Urban-rural residence				
Urban	17.2	26.2	82.1	7797
Rural	28.4	43.7	69.8	12684
Place of residence				
Urban Governorates	13.2	20.0	85.5	2989
Lower Egypt	16.5	29.6	77.5	9266
Urban	11.6	20.1	83.8	2308
Rural	18.2	32.7	75.4	6958
Upper Egypt	37.3	52.4	66.8	8000
Urban	28.1	40.0	76.5	2346
Rural	41.2	57.6	62.8	5655
Frontier Governorates[1]	13.7	24.1	74.6	226
Education				
No education	34.7	54.7	59.4	3362
Some primary	32.4	49.1	65.6	1026
Primary complete/ some secondary	30.2	43.5	70.6	4257
Secondary complete/ higher	18.2	28.7	80.9	11837
Work status				
Working for cash	18.4	30.0	80.3	3381
Not working	25.3	38.5	73.3	17100
Wealth quintile				
Lowest	35.5	53.8	63.4	3727
Second	31.5	46.7	67.9	3945
Middle	24.7	38.5	73.1	4207
Fourth	18.8	28.9	79.7	4396
Highest	12.2	20.1	86.2	4206
Total	24.1	37.0	74.5	20481

[1] Does not include North Sinai governorate.

13.7 EXPOSURE TO INFORMATION ABOUT CIRCUMCISION

Table 13.10 presents findings from the EFHS-2021 on whether women discussed the practice of female circumcision with their relatives, friends or neighbours during the year prior to the survey. The table also provides information on women's exposure to information about female circumcision and the channels through which they received information about circumcision during the year prior to the survey.

The results indicate that around one-quarter of ever-married women aged 15-49 discussed female circumcision with relatives, friends or neighbours and around one-third received information about female circumcision during the 12 months prior to the survey. Among women who reported that they received information about the practice, television was the primary source followed by the husband or other relatives/ friends or neighbours (81% and 26%, respectively). The internet/social media was the source of information about female circumcision for less than 10% of women.

In general, the differentials in the indicators relating to exposure to information in Table 13.10 are not large. Women in the Urban Governorates, Urban Lower Egypt and in the Frontier Governorates were least likely to have discussed female circumcision with relatives, friends or neighbours (21% for the first two areas and 18 %, respectively). Also, women in the Frontier Governorates were the least likely

to report that they had received information about female circumcision in the year prior to the survey (22%) while women in Lower Egypt were the highest to report receiving information about female circumcision in the year prior to the survey (42%).

Table 13.10 Exposure to information regarding female circumcision by background characteristics

Percentage of ever-married women 15-49 discussing female circumcision with relatives, friends, or neighbors, and receiving information about female circumcision during the year prior to the survey, and among women receiving information during the year prior to the survey, percentage of women by sources of information, according to selected background characteristics, Egypt 2021

Background characteristic	Percentage discussing female circumcision with relatives, friends or neighbors	Percentage receiving information recently about female circumcision	Number of ever-married women	TV	Other media[1]	Any medical provider contact	Home visit by medical provider	Facility visit to medical provider	Husband/ other relatives/ friends/ neighbors	Community meeting/ mosque/ church/ other	Internet/ social media	Number of ever-married women receiving information about female circumcision recently
Age												
15-19	18.1	28.5	397	71.5	6.1	3.1	0.0	3.1	28.6	2.2	9.8	113
20-24	19.0	29.7	2220	79.1	6.2	3.9	1.0	3.1	30.2	2.1	8.1	659
25-29	22.3	34.8	3247	79.7	8.4	4.7	1.1	4.0	27.7	2.7	12.3	1130
30-34	25.2	36.7	4091	82.5	9.6	5.8	1.9	4.6	25.7	2.1	10.6	1503
35-39	25.7	37.8	4207	81.9	10.3	6.2	1.5	5.2	24.7	2.9	9.4	1589
40-44	24.1	37.3	3595	81.2	10.8	6.4	2.0	5.0	25.7	3.1	6.9	1339
45-49	21.4	33.7	2723	84.0	10.7	8.0	2.0	6.6	24.4	3.5	8.5	917
Urban-rural residence												
Urban	22.5	34.8	7797	81.1	8.2	6.5	1.4	5.5	24.2	3.9	13.2	2713
Rural	23.9	35.8	12684	81.6	10.4	5.6	1.7	4.4	27.2	2.0	7.1	4538
Place of residence												
Urban Governorates	21.1	29.4	2989	81.7	6.6	6.1	0.6	5.7	21.8	4.5	14.5	880
Lower Egypt	22.2	42.3	9266	85.3	13.3	5.5	1.9	4.4	23.9	1.6	8.7	3917
Urban	20.5	41.3	2308	84.9	12.4	5.8	2.3	4.3	23.3	2.2	13.3	954
Rural	22.8	42.6	6958	85.5	13.6	5.5	1.7	4.4	24.1	1.4	7.2	2964
Upper Egypt	25.7	30.1	8000	74.9	4.6	6.4	1.5	5.2	31.2	4.0	8.8	2404
Urban	26.8	36.0	2346	76.3	5.2	7.7	1.3	6.6	27.5	5.4	12.0	845
Rural	25.2	27.6	5655	74.2	4.3	5.8	1.6	4.5	33.2	3.3	7.1	1559
Frontier Governorates[2]	17.9	21.9	226	78.2	3.9	6.2	2.0	4.3	29.7	1.5	9.6	49
Education												
No education	20.7	26.8	3362	79.5	7.6	5.8	1.8	4.0	33.1	1.9	0.8	901
Some primary	20.6	31.7	1026	77.2	10.9	3.3	1.7	1.7	31.7	1.3	3.0	326
Primary complete/ some secondary	23.1	31.8	4257	78.2	8.6	4.5	1.1	3.6	30.5	1.9	4.0	1354
Secondary complete/ higher	24.4	39.4	11837	83.0	10.1	6.5	1.7	5.5	23.1	3.3	13.1	4669
Work status												
Working for cash	28.5	42.7	3381	78.6	8.8	12.6	3.6	10.8	26.4	5.0	14.1	1445
Not working	22.3	34.0	17100	82.1	9.7	4.2	1.1	3.3	26.0	2.2	8.3	5806
Wealth quintile												
Lowest	25.6	34.0	3727	78.7	8.6	5.3	1.6	4.1	32.3	2.5	2.9	1266
Second	22.2	30.2	3945	77.5	9.9	5.8	1.8	4.6	31.8	2.4	3.5	1193
Middle	21.8	34.8	4207	85.1	9.0	5.9	1.6	4.8	23.0	2.8	5.5	1465
Fourth	23.8	38.5	4396	82.4	10.0	5.9	1.3	4.9	22.6	2.7	11.2	1692
Highest	23.6	38.9	4206	82.0	10.0	6.4	1.6	5.4	23.5	3.2	20.5	1636
Total	23.4	35.4	20481	81.4	9.5	5.9	1.6	4.8	26.1	2.8	9.4	7251

[1] Includes radio, newspaper, magazine, pamphlet, brochure or poster.
[2] Does not include North Sinai governorate.

14 OTHER HEALTH ISSUES AND WOMEN EMPOWERMENT

Key Findings:

- About 7 in 10 ever-married women report they face at least one barrier to accessing health care for themselves. The most frequent concerns women report as a big barrier are lack of drugs (54%) and lack of health providers (45%).

- Only 9% of ever-married women are covered by any type of health insurance. The highest coverage levels were found among women in the highest wealth quintile (19%) and women with a secondary or higher education (14%).

- Around half of currently married women have heard about sexually transmitted infections with only 1 percent self-reported STI/STI symptoms in the past 12 months.

- About two-thirds of ever-married women aged 15-49 and have knowledge of the emerging coronavirus reported that they use chlorine and alcohol in cleaning to protect against infection with the virus, 69% practice washing hands with soap and water regularly, and the least reported protective practice was self-isolation which was reported by 5%.

- 16% of currently married women in Egypt are currently working or were employed in the past 12 months. The majority of employed women are paid, mainly in cash; only 13% work without pay.

- Most currently married women who have cash earnings either make decisions about how their earnings are used by themselves (31%) or jointly with the husband (65%).

- Three-quarter of women are involved in decisions about how the husband's cash earnings are used, with most decisions are made jointly by the couple (72%).

- The majority of married women are involved, most often jointly, with the husband in decisions about their own health care (84%), visits to relatives or friends (82%), and major household purchases (75%).

- A small percentage of ever-married women 15-49 agree that wife beating is justified in at least one of the following circumstances: if she goes out without telling her husband (15%), neglects the children (16%), argues with him (8%), refuses to have sex with him (9%), and burns the food (4%).

- Women empowerment indicators based on the number of household decisions in which a woman participates, and the number of reasons wife beating is justified are related to a woman's current use of contraception, ideal number of children, need for family planning, and use of reproductive health care service.

This chapter presents information from the Egypt Family Health Survey-2021 on several other health issues of importance including information on various barriers that women report as potential problems for them in accessing health care and on the extent to which women are covered by health insurance. This chapter also discusses the level of awareness of sexually transmitted infections (STIs) and also covers knowledge about coronavirus. The chapter then covers data on the status and empowerment of women in Egypt, including information on gender differences in employment, access to and control over cash earnings, asset ownership, participation in household decision-making, and the relative earnings of husbands and wives. The chapter also explores how indices of women's empowerment developed from data on the number of household decisions in which the woman participates and her attitudes toward wife beating are associated with demographic and health outcomes, including contraceptive use, unmet need for family planning, and access to maternal health care.

14.1 Women's Access to Health Care

The EFHS-2021 explored an important topic about the type of barriers women may face in accessing health care for themselves. To obtain this information, the ever-married women aged 15-49 interviewed in the survey were asked whether each of the following factors would be a big problem for them in obtaining medical advice or treatment if they were sick: getting permission to go for treatment, getting money for treatment, distance to the health facility, having to take transport, not wanting to go alone, concern no female provider available, concern no provider available, and concern no drugs available.

Table 14.1 shows the percentage of EFHS-2021 respondents who agreed that the various factors might be a big problem for them in getting care. The table also shows the percentage of women who saw at least one of the factors as a barrier in obtaining health care for themselves. Appendix Table A-14.1 presents governorate-level differences in the barriers women perceived they might face in getting health care.

The most commonly reported factors by women as a big problem were concerns about a lack of drugs (54%) and the availability of a health provider (45%). Around 28% of women said that not wanting to go alone and concern no female provider would be available (24%) are barriers to obtaining care. Around 1 in 4 women reported having to take transport and the distance to a health facility as big problems. Women were least likely to see getting money or permission to go for treatment as barriers to care (18% and 8%, respectively). Seven in 10 women identified at least one major barrier to their access to health care.

Data in the table indicate that there are no significant variations by background characteristics. Women in urban Lower Egypt were the least likely and women from rural Upper Egypt were the most likely to mention at least one potential barrier to getting care (63% and 75%, respectively). As expected, highly educated women and women who work for cash were less likely than other women to perceive any big problems in accessing health care. The percentage of women who identified at least one potential problem in accessing health care also decreased with increasing wealth (59% among those in the highest wealth quintile compared to 75% among women in the lowest wealth quintile).

Table 14.1 also highlights some variations in the specific types of obstacles that women regard as big problems. For example, rural women, especially those from rural areas in Upper Egypt, were more likely than urban women to see the lack of availability of drugs and providers as potentially big problems in accessing care. Women from Frontier Governorates were also much more likely than women in other areas, especially Urban Governorates, to agree that not wanting to go alone was a problem for them in accessing care (39% versus 22%, respectively).

Table 14.1 Problems in accessing health care

Percentage of ever-married women aged 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Egypt 2021

Background characteristic	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no health provider available	Concern no drugs available	At least one problem accessing health care	Number of women
Age										
15-19	10.7	15.5	23.8	27.7	36.0	26.8	46.3	53.8	70.2	397
20-24	8.1	15.2	21.8	25.1	33.9	25.5	44.2	53.4	69.7	2220
25-29	8.3	17.9	23.9	27.5	30.0	24.1	46.6	54.8	70.7	3247
30-34	8.9	20.2	23.2	26.4	26.4	23.0	44.3	53.6	68.7	4091
35-39	8.0	18.6	22.5	27.0	25.8	24.9	47.2	55.2	69.4	4207
40-44	8.0	17.8	21.9	26.9	25.1	22.8	44.3	52.8	68.8	3595
45-49	7.3	17.4	23.4	27.7	26.3	21.3	45.1	52.6	68.0	2723
Number of living children										
0	9.6	17.8	21.8	27.1	33.6	23.9	44.3	52.1	68.3	973
1-2	7.5	16.4	22.0	25.6	28.0	23.2	43.9	52.0	68.1	7298
3-4	7.9	18.2	21.9	26.3	26.1	23.6	46.0	54.5	69.1	9644
5+	10.6	22.4	28.9	32.2	30.2	25.2	47.8	57.2	72.9	2565
Marital status										
Currently married	8.0	17.6	22.9	26.8	27.9	23.9	45.4	54.0	69.4	19044
Divorced/separated/ widowed	10.3	24.0	22.4	27.2	23.9	20.4	45.3	52.2	67.3	1437
Urban-rural residence										
Urban	7.1	17.2	19.8	24.6	24.2	25.0	45.5	52.4	68.9	7797
Rural	8.8	18.6	24.7	28.2	29.7	22.9	45.3	54.7	69.4	12684
Place of residence										
Urban Governorates	6.4	19.5	21.6	28.3	22.4	26.8	48.2	53.2	71.0	2989
Lower Egypt	7.7	17.7	19.1	21.9	25.3	21.3	39.8	48.7	64.5	9266
Urban	7.8	16.2	17.3	19.4	22.9	23.4	39.8	47.2	63.2	2308
Rural	7.7	18.1	19.7	22.8	26.1	20.6	39.7	49.2	64.9	6958
Upper Egypt	9.5	18.0	27.4	31.9	32.0	24.9	50.7	59.9	74.1	8000
Urban	7.5	15.0	19.5	25.1	26.7	23.6	47.2	56.0	71.7	2346
Rural	10.3	19.3	30.7	34.7	34.1	25.4	52.2	61.5	75.1	5655
Frontier Governorates[1]	4.8	17.3	27.7	28.7	38.6	35.8	50.8	57.9	67.5	226
Education										
No education	11.7	26.7	30.4	35.6	32.4	26.5	47.7	58.1	73.6	3362
Some primary	12.1	27.7	28.7	33.6	30.5	27.4	49.0	59.4	77.1	1026
Primary complete/ some secondary	10.2	22.7	26.9	30.8	30.4	26.1	49.4	57.3	74.0	4257
Secondary complete/ higher	6.1	13.1	18.7	22.3	25.0	21.6	43.0	50.9	65.6	11837
Work status										
Working for cash	6.7	15.2	18.2	22.2	21.0	19.8	42.0	49.9	64.2	3381
Not working for cash	8.5	18.6	23.7	27.7	29.0	24.4	46.1	54.6	70.2	17100
Wealth quintile										
Lowest	11.3	26.6	31.7	35.0	32.1	23.0	50.3	61.9	75.2	3727
Second	10.6	24.1	27.5	31.7	29.9	25.3	49.8	59.5	74.3	3945
Middle	7.6	18.8	21.8	26.1	27.1	24.1	47.5	56.3	70.7	4207
Fourth	7.5	14.7	19.0	23.3	27.0	24.2	44.0	51.0	67.9	4396
Highest	4.5	7.6	15.5	19.4	22.8	21.8	36.3	41.9	59.0	4206
Total	8.2	18.1	22.8	26.8	27.6	23.7	45.4	53.8	69.2	20481

[1] Does not include North Sinai governorate.

14.2 HEALTH INSURANCE COVERAGE

The Egypt Family Health Survey-2021 included a number of questions to assess health insurance coverage. The results in Table 14.2 indicate that only 9% of ever-married women aged 15-49 are covered by any health insurance. Among those who were insured, most had coverage from an employer (49%) or the General Insurance Agency (45%).

Insurance coverage increases with age and the percentage of coverage among women in urban areas is twice that in rural (13% compared to 7%, respectively). Coverage levels were noticeably higher for those with a secondary or higher education (14%) than for less educated women. As expected, coverage levels increased directly with wealth. As was the case with education, there was a considerably higher coverage rate among women in the highest wealth quintile than among other women (19% versus 3% in the lowest wealth quintile).

Table 14.2 Health insurance coverage

Percentage of ever-married women aged 15-49 with health insurance, and, among those with health insurance, percentage covered by various health insurance plans, Egypt 2021

| Background characteristic | Percentage covered by any health insurance | Number of respondents | Among respondents having health insurance, percentage reporting they were insured by: | | | | | Number with health insurance |
			General Insurance Agency	Employer	Syndicate	Privately purchased commercial insurance	Other	
Age								
15-19	3.4	397	*	*	*	*	*	14
20-24	3.5	2220	71.7	21.6	1.1	7.8	4.9	78
25-29	6.1	3247	47.6	45.4	4.0	2.3	6.1	199
30-34	7.7	4091	45.0	47.1	5.6	1.6	4.6	317
35-39	10.6	4207	41.8	54.8	3.2	1.5	2.3	444
40-44	11.6	3595	43.2	50.5	4.2	1.6	4.6	418
45-49	13.6	2723	44.3	51.4	4.8	0.8	3.5	372
Marital status								
Currently married	8.8	19044	45.4	49.3	3.9	1.9	4.1	1678
Divorced/separated/ widowed	11.5	1437	45.5	45.7	6.6	0.0	4.0	165
Urban-rural residence								
Urban	12.9	7797	44.4	50.3	3.5	1.6	4.4	1003
Rural	6.6	12684	46.6	47.4	4.8	1.9	3.7	839
Place of residence								
Urban Governorates	13.2	2989	45.7	46.5	2.5	1.1	7.4	394
Lower Egypt	7.7	9266	43.0	51.9	5.2	2.8	3.8	713
Urban	10.9	2308	43.3	51.2	4.4	2.9	3.6	252
Rural	6.6	6958	42.8	52.2	5.6	2.7	3.9	461
Upper Egypt	8.9	8000	48.7	46.3	4.0	1.1	2.6	713
Urban	14.5	2346	45.0	52.6	4.0	1.2	1.6	341
Rural	6.6	5655	52.1	40.6	4.0	1.0	3.4	372
Frontier Governorates[1]	9.9	226	11.6	83.7	3.6	1.2	0.6	22
Education								
No education	2.1	3362	63.3	27.4	0.0	3.6	6.2	72
Some primary	1.6	1026	(67.8)	(19.5)	(0.0)	(12.7)	(0.0)	17
Primary complete/some secondary	3.3	4257	64.9	26.8	0.0	1.3	8.6	139
Secondary complete/ higher	13.6	11837	42.7	52.1	4.7	1.6	3.6	1615
Wealth quintile								
Lowest	3.0	3727	58.8	32.2	4.1	1.1	3.8	111
Second	4.5	3945	56.0	36.2	2.5	2.1	4.7	179
Middle	6.7	4207	43.4	49.9	4.0	1.5	4.3	281
Fourth	10.6	4396	46.1	49.8	3.4	1.7	2.9	468
Highest	19.1	4206	41.5	53.3	5.0	1.8	4.5	803
Total	9.0	20481	45.4	49.0	4.1	1.7	4.1	1842

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.

14.3 SEXUALLY TRANSMITTED INFECTIONS

In the EFHS-2021, several questions were asked during ever-married women's interviews to assess awareness and recent experience with sexually transmitted infections (STI). First, women were asked if they had heard about any infections that could be transmitted by sexual contact. They were also asked if they had had an STI in the past 12 months. In addition, they were asked if they had experienced a genital sore or ulcer and if they had had any genital discharge during the past year. Women who had had an infection or experienced symptoms were asked additional questions relating to any treatment

that they may have sought for the infection or symptoms. Caution should be exercised when interpreting the results of these questions because the reporting of an abnormal discharge or genital sore or ulcer does not definitively identify women with STIs. However, the results provide some insight into the extent to which women are aware of and are seeking medical assistance for abnormal reproductive tract symptoms.

The results in Table 14.3 indicate that only half of currently married women had heard about sexually transmitted infections, which is lower than the level reported in the EDHS 2014 where the level of awareness of sexually transmitted diseases was 75%.

Knowledge of STIs varied considerably by background characteristic. For example, urban women were more likely than rural women to know about STIs (60% and 44%, respectively). Women in the Urban Governorates and in urban areas of Lower Egypt were also much more likely to know about STIs than women from Upper Egypt and the Frontier Governorates. STI awareness levels also increased substantially with education as it reached 63% among women with secondary or higher education, and it has reached the highest level among women in the highest wealth quintile (73%).

The results in Table 14.3 reveal that only 1% of women reported having had an infection which they had gotten through sexual contact during the 12 months prior to the survey. This rate is lower than the level reported in the 2014 EDHS (3%). With respect to the reporting of STI symptoms, one-quarter of the women reported having had an abnormal genital discharge and 27% of the women said they had had a genital sore or ulcer.

The rates of reporting of STI symptoms are about the same as the levels of reporting of symptoms in the 2014 EDHS. Overall, nearly one-third of the women reported having an STI or STI symptom.

Seventy-six percent of women who had experienced STI or STI symptoms sought medical treatment. Women who sought treatment were more likely to consult a private medical provider than a public health facility (69% and 9%, respectively). Differentials in the proportions seeking treatment were generally small. Women aged 15-19 were more likely than women aged 45-49 to have sought treatment (82% and 73%, respectively), and women with no education were less likely to have sought treatment than women with secondary education or higher (70% and 80%, respectively).

Table 14.3 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among currently married women aged 15-49, percentage who have heard of infections that can be transmitted through sexual contact and percentage with self-reported STI and/or symptoms of an STI in the past 12 months, and, among women with self-reported STI or STI symptoms, the percentage seeking treatment by the type of provider, according to selected background characteristics, Egypt 2021

Background characteristic	Percentage of currently married women who have heard of infections that can be transmitted through sexual contact	Percentage of currently married women with self-reported STI/STI symptoms in past 12 months				Number of currently married women	Percentage with self-reported STI/STI symptoms who sought treatment from			Number of women with STI/ STI symptoms
		STI	Abnormal genital discharge	Genital sore or ulcer	STI, genital discharge, sore or ulcer		Any provider	Any public provider	Any private provider	
Age										
15-19	24.5	1.2	25.9	32.8	36.8	377	81.5	4.9	77.8	139
20-24	38.9	1.3	28.7	31.0	38.1	2140	77.4	4.6	73.8	814
25-29	51.6	1.5	28.0	29.1	37.0	3103	77.5	6.8	72.2	1147
30-34	52.3	1.3	26.3	28.2	34.9	3887	74.4	8.7	67.8	1355
35-39	53.3	1.8	25.0	26.4	33.3	3951	78.1	11.4	68.4	1317
40-44	50.6	1.4	22.7	23.3	29.8	3255	75.8	11.5	66.3	971
45-49	51.4	1.2	18.7	20.2	25.3	2332	72.6	9.7	64.6	591
Urban-rural residence										
Urban	60.4	1.6	23.3	23.7	30.8	7092	80.1	11.9	70.1	2187
Rural	43.7	1.3	26.0	28.3	34.7	11953	74.3	7.2	68.7	4148
Place of residence										
Urban Governorates	62.0	1.6	20.6	20.8	27.2	2690	85.1	16.7	70.4	732
Lower Egypt	54.5	1.3	26.6	25.7	34.3	8651	76.7	7.6	70.6	2966
Urban	65.0	1.4	25.7	24.2	33.0	2091	78.1	8.3	71.4	690
Rural	51.2	1.3	27.0	26.2	34.7	6560	76.3	7.4	70.4	2277
Upper Egypt	40.4	1.5	24.7	29.6	34.4	7489	73.4	8.0	67.3	2574
Urban	54.9	2.0	24.2	26.4	33.3	2165	77.3	10.7	69.0	720
Rural	34.5	1.3	24.9	30.9	34.8	5324	71.8	6.9	66.6	1854
Frontier Governorates[1]	43.9	0.6	24.5	28.2	29.5	213	77.2	10.3	67.1	63
Education										
No education	22.6	0.9	20.6	24.4	28.9	3064	69.9	11.8	60.4	887
Some primary	31.8	1.3	27.5	29.4	36.5	921	72.2	13.4	61.0	336
Primary complete/some secondary	38.3	1.1	27.0	29.1	36.2	3947	72.1	10.1	63.6	1427
Secondary complete/ higher	63.1	1.7	25.3	26.0	33.2	11113	79.9	7.2	74.2	3685
Work status										
Working for cash	67.1	1.4	25.0	26.4	32.7	2897	77.5	9.2	69.8	948
Not working for cash	46.8	1.5	25.0	26.6	33.4	16147	76.1	8.8	69.1	5387
Wealth quintile										
Lowest	31.3	1.1	25.5	29.6	34.8	3460	71.3	10.6	63.1	1203
Second	35.9	1.2	24.2	27.8	32.4	3599	72.0	10.5	63.4	1165
Middle	47.3	1.5	25.3	27.9	34.5	3879	78.0	10.2	69.2	1337
Fourth	58.1	1.6	26.5	25.9	34.2	4123	77.9	8.6	71.4	1411
Highest	72.8	1.8	23.4	22.3	30.6	3983	81.7	4.3	78.1	1219
Total	49.9	1.4	25.0	26.6	33.3	19044	76.3	8.8	69.2	6335

[1] Does not include North Sinai governorates

14.4 CORONAVIRUS (COVID-19)

Novel coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The emergence of the coronavirus in China began in 2019, and the first case appeared in Egypt on February 14, 2020. Since then, the Egyptian government has imposed some precautionary measures, partial closure and curfew, and finally the Egyptian government has worked to provide safe vaccines approved by the World Health Organization. Thus, there was a need to collect information on some practices related to the Coronavirus, such as knowledge of the virus and its symptoms, precautionary measures taken, and vaccination against the emerging coronavirus.

During the survey, women were asked about knowledge of the coronavirus, some statements about specific concepts related to the virus, symptoms of the disease, and whether a family member was infected with coronavirus. Women were also asked about preventive measures used at the time of the survey. Additionally, women were asked about exposure to messages about the virus, and finally about

getting vaccinated or registering for it. The results presented should be taken with some caution as the data collection took place after a coronavirus lockdown and only a short period after the vaccine was available. It is worth noting that all the women have reported that they have heard about the coronavirus except for 12 women who have not heard about the virus (not shown in a table).

14.4.1 Practicing Necessary Measures

During the survey, questions were asked about practicing the necessary preventive measures for the emerging coronavirus, as the survey began after a lockdown period and there were restrictions on the need to wear a face mask covering nose and mouth. The data in Table 14.4 indicate that about 70% of women reported washing hands with soap and water regularly and the same percentage reported the use of chlorine and alcohol in cleaning. Forty-two percent of women reported covering the mouth and nose when going out (wearing a mask). Other measures were mentioned by 10% or less, such as, covering the nose and mouth when coughing, avoiding contact with an infected person, staying at home, maintaining social distancing, and cleaning and disinfecting purchases.

The data in Table 14.4 indicate that there are some variations according to the different characteristics. It is noted that women in urban areas, especially in urban Lower Egypt and Urban Governorates, women who have completed secondary education or higher, those who work for cash and those in the highest level of the wealth quintile are more likely to report practicing precautionary measures.

Table 14.4 Practicing preventive measures

Among ever-married women aged 15-49 years who have ever heard about COVID, the percentage of women according to preventive measures adopted to avoid contracting COVID-19, according to background characteristics, Egypt 2021

| Background characteristic | | | | | | preventive measures | | | | | | |
	Washing hands regularly with soap and water	Using alcohol and chlorine for cleaning	Cover mouth and nose when cough or sneeze	Avoid close contact with anyone with fever/ coughing	Stay at home and go out just in necessary	Self- quarantine	Be sure to be one to 2 meters apart from others in public places and markets	Cover nose and mouth when leaving house	Clean and sanitize purchases	Nothing	Other	Number of women who ever heard about COVID
Age												
15-19	62.9	67.2	6.7	3.6	12.5	3.7	3.7	30.3	7.0	11.9	3.2	397
20-24	66.0	67.1	8.5	5.4	11.7	4.6	4.5	35.9	7.6	11.0	4.4	2219
25-29	69.3	70.8	9.4	8.0	11.3	5.0	6.1	41.5	8.9	9.2	5.5	3245
30-39	70.4	71.1	11.2	6.9	10.3	4.7	5.9	43.1	9.1	9.2	6.2	8296
40-49	69.3	70.2	11.8	6.9	9.8	5.3	6.0	42.7	9.5	10.3	6.4	6311
Urban-rural residence												
Urban	74.9	75.8	12.9	8.1	11.3	6.7	7.1	53.6	9.6	6.1	6.5	7793
Rural	65.8	66.9	9.4	6.1	10.0	3.8	5.0	34.4	8.6	12.0	5.5	12675
Place of residence												
Urban												
Governorates	77.9	76.9	12.5	7.0	12.7	7.2	8.1	61.3	10.0	5.4	6.0	2989
Lower Egypt	69.0	75.2	13.4	8.4	11.6	5.4	4.9	40.9	11.0	6.8	6.3	9259
Urban	73.2	80.5	15.5	10.6	12.3	7.5	5.6	52.7	12.0	3.9	6.5	2304
Rural	67.6	73.5	12.7	7.7	11.4	4.7	4.7	37.0	10.6	7.8	6.2	6954
Upper Egypt	66.3	62.1	7.1	5.1	8.2	3.5	6.0	35.2	6.3	15.0	5.4	7995
Urban	72.7	69.9	11.1	7.3	8.6	5.5	7.3	45.0	6.9	9.2	7.3	2346
Rural	63.6	58.9	5.4	4.2	8.1	2.7	5.4	31.1	6.1	17.3	4.6	5649
Frontier												
Governorates[1]	73.8	67.8	5.5	3.8	13.5	2.5	4.0	46.2	6.2	7.5	5.0	226

Continued ....

Table 14.4 - (Continued)

Among ever-married women aged 15-49 years who have ever heard about COVID, the percentage of women according to preventive measures adopted to avoid contracting COVID-19, according to background characteristics, Egypt 2021

Background characteristic	Washing hands regularly with soap and water	Using alcohol and chlorine for cleaning	Cover mouth and nose when cough or sneeze	Avoid close contact with anyone with fever/ coughing	Stay at home and go out just in necessary	Self-quarantine	Be sure to be one to 2 meters apart from others in public places and markets	Cover nose and mouth when leaving house	Clean and sanitize purchases	Nothing	Other	Number of women who ever heard about COVID
Education												
No education	60.7	55.9	7.5	3.2	6.4	3.2	2.9	25.7	6.3	18.6	4.1	3355
Some primary	61.7	59.3	7.0	3.1	8.9	3.2	3.6	31.0	7.9	16.2	4.1	1024
Primary complete/ some secondary	66.5	64.6	8.2	5.7	10.8	4.2	4.2	34.2	7.5	11.7	5.8	4255
Secondary complete/ higher	73.3	77.3	12.9	8.6	11.6	5.8	7.3	49.9	10.3	6.1	6.6	11834
Work status												
Working for cash	72.7	75.9	13.9	10.3	6.2	4.9	8.1	53.8	10.2	8.4	7.7	3381
Not working for cash	68.6	69.1	10.1	6.2	11.3	4.9	5.3	39.3	8.7	10.1	5.5	17087
Wealth quintile												
Lowest	64.2	56.0	6.3	3.8	7.3	2.5	3.9	26.6	6.4	17.7	5.2	3724
Second	63.3	62.5	8.4	5.4	9.0	3.3	4.6	32.0	6.8	14.7	4.6	3941
Middle	67.8	70.5	10.1	6.6	10.1	4.6	5.5	39.3	9.3	9.5	6.0	4204
Fourth	72.6	76.5	12.5	8.1	11.7	5.3	6.2	47.8	9.3	5.7	5.8	4394
Highest	77.3	83.3	15.7	9.9	13.8	8.4	8.4	60.1	12.5	2.7	7.7	4205
Total	69.3	70.3	10.7	6.9	10.5	4.9	5.8	41.7	9.0	9.8	5.9	20468

[1] Does not include North Sinai governorate.

14.4.2 Knowledge of Coronavirus Symptoms

Ever-married woman were asked about their knowledge of the symptoms of coronavirus infection and the data in Table 14.5 indicate that the most commonly reported symptoms by women are: fever (90%), dry cough (64%), runny nose (46%), shortness of breath and difficulty of breathing (47%), loss of sense of smell and taste (36%), and muscle pain (36%). Women also reported other symptoms to a lesser extent, such as coughing with phlegm/discharge (20%), sore throat (30%), diarrhea (26%), and headache (21%).

Data in Table 14.5 also indicate that there are some differentials in the level of knowledge by background characteristics, although limited. The disparities were large in knowledge of "loss of sense of smell and taste" according to educational status and wealth index, where higher knowledge is observed among women from households in the highest wealth quintile (51%) than women from households in the lowest level of wealth (27%).

Table 14.5 Knowledge of COVID symptoms

Among ever-married women aged 15-49 years who have ever heard about COVID, the percentage of respondents according to their knowledge of COVID symptoms, according to background characteristics, Egypt 2021

Background characteristic	Fever or chills	Dry cough	Wet cough	Congestion or runny nose	Sore throat	Loss of taste or smell	Shortness of breath/ difficulty breathing	Muscle and body ache	Head-ache	Diarrhea	Other	Don't know/ missing[1]	Number of women who ever heard about COVID
Age													
15-19	88.1	64.7	17.0	50.0	27.1	27.8	38.0	24.9	16.1	28.0	2.8	1.5	397
20-24	90.9	63.7	18.8	45.2	30.8	32.4	44.9	31.4	20.3	30.4	2.5	0.7	2219
25-29	89.9	66.0	19.6	47.2	31.0	36.2	46.9	33.7	22.3	29.6	2.8	0.8	3245
30-39	90.2	63.7	19.7	46.5	29.9	38.0	47.5	37.3	20.2	25.5	2.7	0.8	8296
40-49	89.0	62.8	19.7	44.8	28.7	36.3	46.5	36.5	20.3	23.4	2.8	1.0	6311
Urban-rural residence													
Urban	89.2	61.3	19.2	43.3	28.8	40.2	51.9	39.4	22.2	25.8	2.8	0.7	7793
Rural	90.2	65.3	19.8	47.6	30.3	34.0	43.4	33.3	19.4	26.2	2.7	1.0	12675
Place of residence													
Urban Governorates	89.9	59.0	15.4	41.4	25.5	40.8	54.5	41.5	26.4	26.6	2.9	0.9	2989
Lower Egypt	87.7	63.4	25.3	48.0	34.6	43.8	50.4	40.0	21.2	21.9	2.0	0.6	9259
Urban	87.0	63.4	27.1	47.0	36.8	48.9	54.8	42.3	20.1	21.5	1.5	0.4	2304
Rural	88.0	63.5	24.8	48.3	33.8	42.1	49.0	39.3	21.6	22.0	2.2	0.6	6954
Upper Egypt	92.2	65.5	14.6	45.3	25.7	26.0	39.2	28.3	17.5	30.8	3.5	1.2	7995
Urban	90.3	60.6	16.7	41.7	24.7	31.0	45.4	34.1	19.0	29.1	4.0	0.7	2346
Rural	93.0	67.6	13.7	46.8	26.1	24.0	36.5	25.9	16.8	31.5	3.3	1.4	5649
Frontier Governorates[2]	90.6	80.3	11.7	47.2	32.8	39.4	51.0	33.8	19.4	23.1	1.6	0.1	226
Education													
No education	88.6	59.3	15.5	43.7	24.0	23.8	34.0	24.9	14.3	24.4	2.5	2.4	3355
Some primary	87.5	55.9	16.0	40.6	26.5	28.4	39.5	29.0	17.4	26.4	2.6	2.6	1024
Primary complete/ some secondary	89.0	62.6	17.6	46.9	27.6	30.2	41.1	28.4	18.3	25.9	3.2	0.8	4255
Secondary complete/ higher	90.7	66.2	21.7	46.8	32.5	42.9	52.8	41.8	23.3	26.6	2.6	0.3	11834
Work status													
Working for cash	90.9	68.4	20.9	47.3	33.0	43.4	53.4	44.0	26.1	28.5	2.9	0.8	3381
Not working for cash	89.6	62.9	19.3	45.7	29.1	35.0	45.3	33.9	19.4	25.6	2.7	0.9	17087
Wealth quintile													
Lowest	91.1	63.9	15.3	45.6	26.8	26.7	37.9	28.0	18.1	28.8	3.4	1.4	3724
Second	90.7	64.1	16.7	47.0	26.9	28.0	40.0	28.5	17.4	27.3	2.1	1.4	3941
Middle	89.5	62.7	18.2	47.1	28.8	34.7	45.0	35.4	20.5	26.1	3.1	0.8	4204
Fourth	89.0	63.8	22.4	46.7	30.9	40.1	50.6	38.4	21.2	23.6	2.7	0.4	4394
Highest	89.1	64.6	24.4	43.5	34.8	50.6	58.1	46.1	24.7	25.1	2.4	0.3	4205
Total	89.8	63.8	19.5	46.0	29.8	36.4	46.6	35.6	20.5	26.1	2.7	0.9	20468

[1] Includes 4 cases mentioned no symptoms.
[2] Does not include North Sinai governorate.

14.4.3 Sources of Information about Coronavirus

Women who heard about coronavirus were asked about the source of obtaining information about coronavirus. As expected, the data in Table 14.6 indicate that television is still the main source of information, with 93% of women obtaining information about coronavirus from television, with no significant differences according to background characteristics. The other most frequently reported sources of information were family members (32%), anyone from within the community (31%), friends (25%), and social media other than "WhatsApp" (25%). The Ministry of Health and Population website accounted for only 4%, health workers 8%, and community health workers 3% (e.g., Radia Refia, health educator).

Table 14.6 Exposure to messages about the Corona pandemic

Among ever-married women aged 15-49 years who have ever heard about COVID, the percentage of respondents according to sources of information, and the percentage of those who mentioned at least three sources of information, according to background characteristics, Egypt 2021

Background characteristic	TV	MoHP website	WhatsApp	Social media (excluding WhatsApp)	Health workers	Family members	Friends	Community health workers	Anyone in the area[1]	Other	Percentage who mentioned at least three sources	Number of women who ever heard about COVID
Age												
15-19	88.9	1.5	2.4	20.8	5.5	32.3	22.5	1.4	31.1	3.0	31.9	397
20-24	92.0	3.8	2.8	25.3	6.0	30.9	23.0	2.9	31.8	3.9	36.2	2219
25-29	92.3	4.8	3.1	28.5	8.6	32.4	24.5	2.8	31.9	5.0	40.6	3245
30-39	93.3	4.3	2.9	26.5	8.6	30.7	25.0	3.5	30.5	6.3	38.8	8296
40-49	92.3	4.3	2.8	22.1	8.2	32.4	25.5	3.7	30.3	6.7	38.3	6311
Urban-rural residence												
Urban	93.2	6.1	4.4	36.6	8.8	32.7	27.9	3.5	24.5	6.4	42.5	7793
Rural	92.3	3.2	2.0	18.2	7.7	30.8	22.9	3.3	34.6	5.6	36.1	12675
Place of residence												
Urban Governorates	94.1	5.3	4.2	38.9	6.9	34.0	32.2	2.9	20.7	5.6	43.7	2989
Lower Egypt	92.1	6.3	3.5	25.4	9.6	37.1	28.7	4.7	28.2	7.8	43.3	9259
Urban	91.8	10.0	5.3	38.1	11.2	36.4	27.0	5.1	21.6	7.5	44.4	2304
Rural	92.2	5.2	2.9	21.2	9.1	37.3	29.3	4.6	30.4	7.9	43.0	6954
Upper Egypt	92.6	1.6	1.6	19.6	6.8	24.2	17.6	2.0	37.6	3.9	31.1	7995
Urban	93.0	3.6	3.8	32.0	8.5	27.8	24.0	2.8	31.7	6.5	39.3	2346
Rural	92.4	0.7	0.7	14.4	6.0	22.7	15.0	1.7	40.0	2.7	27.6	5649
Frontier Governorates[2]	94.6	3.2	3.3	35.2	12.3	30.8	19.0	1.9	30.2	2.7	36.9	226
Education												
No education	89.3	0.5	0.5	2.7	3.9	26.2	17.8	1.2	42.4	3.6	26.2	3355
Some primary	90.9	0.5	0.5	7.5	5.2	28.5	20.8	2.1	34.6	6.1	27.9	1024
Primary complete/ some secondary	93.0	1.4	1.3	13.7	5.9	30.2	22.9	2.3	32.9	4.1	32.8	4255
Secondary complete/ higher	93.5	6.7	4.3	37.3	10.4	33.8	27.8	4.5	26.4	7.2	45.0	11834
Work status												
Working for cash	90.4	9.0	4.7	38.7	15.7	31.7	29.9	7.9	28.8	9.2	48.6	3381
Not working for cash	93.0	3.4	2.5	22.5	6.6	31.5	23.8	2.5	31.2	5.3	36.5	17087
Wealth quintile												
Lowest	90.4	0.6	0.8	6.3	4.9	27.9	20.0	1.6	43.6	4.3	30.4	3724
Second	92.1	0.9	0.9	8.3	6.2	27.6	20.5	2.7	36.9	4.0	30.0	3941
Middle	93.5	2.7	2.0	18.5	7.8	31.7	23.6	2.9	31.7	5.2	36.6	4204
Fourth	94.0	5.7	3.8	33.6	8.4	33.8	28.0	3.9	25.2	6.9	43.1	4394
Highest	92.7	10.8	6.5	55.7	12.8	35.8	30.9	5.4	18.7	8.8	50.8	4205
Total	92.6	4.3	2.9	25.2	8.1	31.5	24.8	3.4	30.8	5.9	38.5	20468

[1] Includes community leaders, local Attar, pharmacy workers or anyone in the area.
[2] Does not include North Sinai governorate.

Data in Table 14.6 show that 39% of women cited at least three sources of information from which they have received information about coronavirus. There are variations according to background characteristics in the proportion of women who reported at least three sources of information. As expected, women from urban areas, those residing in Lower Egypt and Urban Governorates, those with secondary education or higher, those age 25-29, and women in the highest level of wealth quintile are more likely to mention at least three sources from which they have obtained information on the coronavirus.

14.4.4 Getting COVID-19 Vaccine

In the survey, women respondents were asked about receiving the coronavirus vaccine, where they were first asked if they have registered to receive the vaccine and then if they actually received it and the reasons for not registering. Thirty-eight percent of interviewed women who are aware of the virus mentioned that they had registered to receive the vaccine. Data presented in Table 14.7 indicate that most of those who registered to receive the vaccine have received it, as 31% of women reported that they have received the vaccine. Older women, especially those in the age group 40-49 years were the

most likely to register and get the coronavirus vaccine (51% and 43% respectively), as well as women in urban Lower Egypt (48% and 41% respectively), and women who work for cash (61% and 52% respectively).

Table 14.7 also shows that the reasons for not registering to get the vaccine lies in the fear of side effects (51% of women who did not register to get the vaccine), while 17% stated that they did not know how to register,14% reported that they were pregnant/breastfeeding, and other reasons were reported but only ranging from 2% to 6%. Some variations exist by background characteristics. Older women, women in Frontier Governorates, those who have completed secondary education, those who do not work for cash, and women from the highest level of wealth quintile were more likely to report fear of the side effects of the vaccine than other women.

Table 14.7 COVID vaccination

Among ever-married women aged 15-49 years who have ever heard about COVID, percentage of women who have registered for COVID vaccine, percentage who have received vaccine, and among those who did not register for COVID vaccine, percentage of women by reasons for not registering, according to background characteristics, Egypt 2021

Background characteristic	Regist-ered for COVID vaccine	Received COVID vaccine	Number of women who ever heard about COVID	Fear of vaccine side effect	Don't know how to register	Under-age/ not applic-able for COVID vaccine	Pregnant/ currently breast-feeding	Health concerns	Want to be pregnant	Doesn't have time/ registra-tion is not necessary	Doesn't want to take vaccine/ not useful	Other	Number of women who didn't register for COVID vaccine
Age													
15-19	10.2	7.9	397	39.4	10.1	16.0	32.5	0.0	5.8	1.9	2.9	1.0	356
20-24	16.4	11.9	2219	42.6	13.1	8.3	29.5	0.6	3.3	2.7	2.7	1.7	1856
25-29	26.6	20.7	3245	46.0	15.0	5.0	23.2	1.8	2.7	4.8	4.8	2.0	2381
30-39	40.0	32.1	8296	52.2	18.4	3.1	11.5	3.0	1.5	7.0	4.5	2.4	4982
40-49	51.1	43.0	6311	57.8	21.1	1.5	1.4	5.9	0.3	7.6	4.8	2.6	3088
Urban-rural residence													
Urban	39.7	30.0	7793	53.6	18.6	2.5	12.0	2.8	1.4	5.5	4.8	2.2	4697
Rural	37.2	31.6	12675	48.9	16.7	5.2	15.9	3.2	2.1	6.3	4.0	2.2	7966
Place of residence													
Urban Governorates	37.0	25.1	2989	52.8	22.0	1.0	11.0	2.4	0.8	4.8	6.1	2.3	1883
Lower Egypt	45.6	39.5	9259	55.9	10.8	5.4	15.7	3.9	2.1	6.6	2.3	1.6	5033
Urban	47.6	41.0	2304	59.2	10.6	4.0	14.7	4.0	1.8	6.2	1.9	1.6	1207
Rural	45.0	39.0	6954	54.9	10.9	5.9	16.0	3.9	2.2	6.7	2.5	1.7	3826
Upper Egypt	29.8	23.2	7995	44.6	21.9	4.2	14.4	2.5	2.0	5.9	5.6	2.8	5610
Urban	35.3	24.9	2346	49.2	21.2	3.3	10.7	2.4	1.8	5.8	5.8	2.8	1517
Rural	27.5	22.5	5649	43.0	22.2	4.6	15.8	2.6	2.0	5.9	5.6	2.8	4093
Frontier Gov.[1]	39.6	36.5	226	71.7	9.1	0.3	18.4	1.2	0.9	2.5	1.1	0.8	136
Education													
No education	33.7	27.8	3355	48.7	27.7	2.7	6.3	4.1	1.2	6.2	4.4	2.2	2224
Some primary	27.2	23.3	1024	44.6	29.3	3.0	9.2	3.2	0.4	7.6	3.3	2.1	745
Primary complete/ some secondary	28.9	22.6	4255	47.7	20.2	4.5	15.7	2.3	1.8	4.9	4.4	2.6	3025
Secondary complete/ higher	43.7	35.6	11834	53.3	11.3	4.7	17.2	3.0	2.2	6.2	4.4	2.1	6668
Work status													
Working for cash	60.5	51.7	3381	48.6	18.9	3.0	11.4	4.6	2.1	7.6	5.4	1.8	1336
Not working for cash	33.7	26.9	17087	50.9	17.2	4.3	14.8	2.9	1.8	5.8	4.2	2.3	11327
Wealth quintile													
Lowest	34.7	29.9	3724	48.4	24.5	3.5	9.6	2.9	1.2	7.7	4.9	2.4	2431
Second	34.1	28.9	3941	45.3	22.9	3.5	14.2	3.8	1.7	5.7	4.0	2.9	2597
Middle	35.3	28.7	4204	51.3	18.3	3.4	13.7	3.1	1.7	5.7	4.7	1.7	2721
Fourth	38.7	30.6	4394	54.0	12.6	4.9	16.3	2.5	1.6	5.8	4.1	2.1	2693
Highest	47.2	36.5	4205	54.4	8.0	5.8	18.8	2.9	3.1	5.0	3.9	2.0	2220
Total	38.1	31.0	20468	50.6	17.4	4.2	14.4	3.0	1.8	6.0	4.3	2.2	12663

[1] Does not include North Sinai governorate.

14.5 WOMEN EMPOWERMENT

14.5.1 Employment and Form of Earnings

Employment, particularly employment for cash, is an important indicator of empowerment for women. Table 14.8 presents data from the EFHS 2021 on the employment status of currently married women aged 15-49 years and on the type of earnings working women receive. Sixteen percent of currently married women in Egypt are currently working or were employed in the past 12 months. The proportion employed increases with age, especially among women aged 35 and older, where around 1 in 5 women report being employed. In general, most employed women are paid for the work they do, with more than 8 in 10 earning cash in all age groups.

Table 14.8 Employment and cash earnings of currently married women

Percentage of currently married women aged 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months by type of earnings, according to age, Egypt 2021

| | Among currently married respondents: | | Percent distribution of currently married respondents employed in the past 12 months, by type of earnings | | | | | |
Age	Percentage employed in past 12 months	Number of women	Cash only	Cash and in-kind	In-kind only	Not paid	Total	Number of women
15-19	2.8	377	*	*	*	*	*	11
20-24	6.4	2140	83.1	4.7	0.0	12.2	100.0	137
25-29	11.5	3103	87.7	5.3	0.7	6.3	100.0	358
30-34	15.5	3887	86.5	6.1	0.3	7.2	100.0	603
35-39	20.1	3951	87.2	7.1	1.0	4.7	100.0	793
40-44	22.0	3255	86.3	7.9	1.1	4.6	100.0	716
45-49	20.7	2332	87.2	7.1	0.5	5.2	100.0	484
Total	16.3	19044	86.6	6.8	0.7	5.9	100.0	3102

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

14.5.2 Control Over Cash Earnings and Relative Magnitude of Earnings

The Egypt Family Health Survey-2021 included a number of questions to assess women's control over the use of their earnings, the magnitude of women's earnings relative to those of their husbands, and women's participation in decisions on how the husband's earnings are used. All these results have implications on the empowerment of women. Employment and earnings are more likely to empower women especially if women themselves control their own earnings and if their earnings are perceived as significant relative to those of their husband. Women also are clearly empowered if they have a voice in how the husband's earnings are spent.

Women's Control over her Cash Earnings

Table 14.9 shows the percent distribution of currently married women who received cash earnings in the past 12 months, according to the person who controls their earning and their perception of the magnitude of their earnings relative to those of their husband. With regard to decisions about how a woman's earnings are used, most currently married women who have cash earnings either make decisions about how their earnings are used by themselves (31%) or jointly with the husband (65%). The proportion saying, they themselves mainly make decisions about how their earnings are used has slightly increased since the EDHS 2014 where 29% of women in 2014 reported they mainly decided how their earnings would be used.

Table 14.9 Control over women's cash earnings and relative magnitude of women's cash earnings

Percent distribution of currently married women aged 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Egypt 2021

Background characteristic	Person who decides how the wife's cash earnings are used:					Wife's cash earnings compared with husband's cash earnings:						Number of currently married women
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	More	Less	About the same	Husband has no earnings	Don't know/ Missing	Total	
Age												
15-19	*	*	*	*	*	*	*	*	*	*	*	7
20-24	26.8	67.7	3.4	2.1	100.0	5.9	62.2	23.6	2.5	5.9	100.0	121
25-29	34.9	60.8	4.3	0.0	100.0	7.7	61.2	24.7	2.9	3.4	100.0	333
30-34	26.1	68.3	5.3	0.3	100.0	9.0	56.9	26.1	4.7	3.3	100.0	558
35-39	30.0	65.6	4.3	0.1	100.0	10.4	51.4	31.5	2.9	3.8	100.0	748
40-44	32.9	63.5	3.1	0.5	100.0	10.3	49.4	32.4	3.0	4.9	100.0	675
45-49	33.1	62.9	3.7	0.3	100.0	12.6	44.7	31.1	5.3	6.1	100.0	456
Number of living children												
0	33.6	64.4	0.2	1.7	100.0	9.8	54.6	27.5	2.2	5.9	100.0	99
1-2	31.7	64.1	4.0	0.1	100.0	8.8	54.1	30.0	3.4	3.7	100.0	989
3-4	31.9	63.8	3.9	0.4	100.0	11.1	51.8	28.4	4.1	4.6	100.0	1526
5+	22.0	71.0	7.0	0.0	100.0	8.0	50.9	33.2	2.7	5.3	100.0	284
Residence												
Urban	34.9	61.6	3.3	0.2	100.0	9.8	53.7	29.0	2.6	4.9	100.0	1351
Rural	27.4	67.3	4.9	0.5	100.0	10.2	51.6	29.8	4.5	4.0	100.0	1546
Place of residence												
Urban Governorates	33.9	63.0	3.2	0.0	100.0	8.0	56.5	25.2	3.6	6.8	100.0	499
Lower Egypt	30.8	64.2	4.6	0.4	100.0	10.8	50.8	31.3	3.2	4.0	100.0	1392
Urban	34.1	61.9	3.6	0.3	100.0	9.9	52.7	32.1	0.4	5.0	100.0	414
Rural	29.4	65.2	5.0	0.4	100.0	11.2	49.9	31.0	4.3	3.5	100.0	979
Upper Egypt	29.6	66.0	3.9	0.4	100.0	9.8	53.5	28.5	4.4	3.9	100.0	977
Urban	37.5	59.3	2.9	0.3	100.0	11.6	52.1	29.7	3.8	2.8	100.0	417
Rural	23.7	71.0	4.7	0.6	100.0	8.5	54.5	27.6	4.8	4.7	100.0	560
Frontier Governorates[1]	26.7	69.3	3.9	0.0	100.0	11.0	44.1	42.7	1.0	1.2	100.0	29
Education												
No education	21.6	69.5	8.3	0.6	100.0	7.8	54.1	23.6	8.0	6.5	100.0	350
Some primary	32.7	58.9	7.8	0.7	100.0	12.3	62.6	17.5	4.3	3.4	100.0	116
Primary complete/ some secondary	33.5	62.2	3.7	0.5	100.0	9.8	59.0	21.1	5.3	4.9	100.0	306
Secondary complete/higher	32.0	64.5	3.3	0.2	100.0	10.2	50.9	32.2	2.6	4.0	100.0	2125
Wealth quintile												
Lowest	22.9	67.8	8.6	0.7	100.0	5.7	58.8	25.4	5.7	4.4	100.0	382
Second	28.0	67.9	3.8	0.2	100.0	11.7	51.9	24.8	7.2	4.4	100.0	418
Middle	31.3	65.2	3.4	0.1	100.0	11.2	50.0	30.1	3.8	4.9	100.0	515
Fourth	32.0	63.7	3.9	0.5	100.0	13.1	50.0	27.8	3.3	5.8	100.0	662
Highest	34.5	62.2	3.0	0.2	100.0	8.0	53.7	33.9	1.3	3.0	100.0	921
Total	30.9	64.6	4.1	0.3	100.0	10.0	52.6	29.4	3.6	4.4	100.0	2897

Note: An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Does not include North Sinai governorate.

With regard to magnitude of women's earnings, Table 14.9 shows that more than half of employed women paid in cash earn less than their husband regardless of the subgroup to which they belong. Overall, about 4 in 10 women say that they earn around the same amount (29%) or more (10%) than their husband. The data presented in the table indicate that there are no significant differences based on the different background characteristics.

Control over Husband's Cash Earnings

The survey included a question related to currently married women participation in decisions about how the husband's cash earnings are used. Table 14.10 shows that three-quarters of women are involved in decisions about how the husband's cash earnings are spent, with most (72%) saying decisions are made jointly by the couple. Twenty-one percent of women said that the husband alone mainly made the

decisions about how to spend his earnings. There has been little change in the pattern of control over husband's earnings in comparison with the EDHS 2014 when 69% of women reported they participated in decisions about the use of the husband's earnings.

With respect to the variations by background characteristics, no significant variations were observed across the background characteristics. Women in the highest wealth quintile are most likely to say decisions about how the husband's earnings are used are made jointly or solely by her (82%). The percentage of women who reported that, they participate jointly with the husband in the decisions is lowest among women aged 15-19 years, women with 5 or more children, women living in Frontier Governorates, women who have never been to school, and women in the lowest wealth quintile. Even among these groups, however, joint decision-making is the norm.

Table 14.10 Control over husband's cash earnings

Percent distribution of currently married women aged 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, Egypt 2021

| Background characteristic | Person who decides how husband's cash earnings are used: | | | | | Number of currently married women |
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	
Age						
15-19	3.0	63.9	29.8	3.3	100.0	372
20-24	2.9	70.2	25.4	1.4	100.0	2115
25-29	4.8	71.6	22.4	1.2	100.0	3069
30-34	5.6	71.9	21.9	0.5	100.0	3828
35-39	6.9	74.3	18.4	0.4	100.0	3897
40-44	7.3	71.9	20.5	0.3	100.0	3195
45-49	8.7	70.3	20.9	0.1	100.0	2278
Number of living children						
0	2.8	71.6	24.0	1.7	100.0	785
1-2	5.7	72.2	21.1	1.0	100.0	6557
3-4	6.5	72.5	20.5	0.4	100.0	9034
5+	6.3	68.2	25.1	0.4	100.0	2377
Residence						
Urban	6.6	72.8	20.3	0.3	100.0	7011
Rural	5.7	71.2	22.1	0.9	100.0	11743
Place of residence						
Urban Governorates	7.1	72.7	20.0	0.2	100.0	2651
Lower Egypt	7.5	70.5	21.5	0.5	100.0	8546
Urban	8.4	71.4	20.0	0.2	100.0	2078
Rural	7.2	70.3	21.9	0.6	100.0	6468
Upper Egypt	4.1	73.2	21.6	1.1	100.0	7344
Urban	4.4	74.6	20.5	0.4	100.0	2138
Rural	3.9	72.6	22.1	1.4	100.0	5206
Frontier Governorates[1]	4.9	63.8	31.2	0.2	100.0	212
Education						
No education	5.4	68.1	25.9	0.7	100.0	2972
Some primary	8.3	65.3	24.6	1.8	100.0	906
Primary complete/some secondary	5.1	66.6	27.0	1.4	100.0	3885
Secondary complete/ higher	6.4	75.2	18.0	0.3	100.0	10990
Wealth quintile						
Lowest	5.0	70.7	23.2	1.1	100.0	3386
Second	5.1	71.9	22.3	0.8	100.0	3506
Middle	5.4	72.1	21.6	0.9	100.0	3825
Fourth	6.1	70.8	22.6	0.5	100.0	4073
Highest	8.4	73.5	17.9	0.2	100.0	3964
Total	6.1	71.8	21.4	0.7	100.0	18754

[1] Does not include North Sinai governorate.

14.5.3 Women's Earnings Relative to their Husband's Earnings

The level of women's earnings relative to their husband's earnings is expected to be associated with women's control over their own and their husband's earnings. To examine this association, Table 14.11

shows the percent distribution of currently married women with cash earnings by the person who has the main say in the use of their earnings and the distribution of currently married women by the person who has the main say in the use of their husband's earnings, according to women's perception of the size of their own earnings relative to their husband's earnings.

As expected, the results show that women who are employed for cash are more likely to be involved in decisions about how the husband's earnings are used than women who do not work or do not earn cash for the work they do. The majority of employed women earning cash for the work they do reported they are responsible jointly or alone for decisions on how the husband's earnings are spent: 87% among women who earn more than their husbands, 84% among women who earn less than their husbands, and 93% among women who earn about the same as their husbands. This percentage is higher than the percentage observed among women who were not paid cash for the work they did or who did not work (80% and 76%, respectively).

Table 14.11 also shows that the relative magnitude of women's earnings compared to their husbands affects how spending decisions are made, particularly with respect to the proportion reporting that spending decisions about both their earnings and their husband's earnings are made jointly. For example, employed women are more likely to report that spending decisions about the husband's earnings are made jointly if they earn about the same as their husband than if they earn less or more than the husband (86%, 77%, and 70%, respectively).

Women earning about the same as the husband are also more likely to decide jointly with the husband how to spend their own earnings than if they earn more or less than the husband (74%, 61%, and 61%, respectively).

Table 14.11 Women's control over their earnings and over those of their husbands

Percent distribution of currently married women aged 15-49 with cash earnings in the last 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women aged 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, Egypt 2021

| Women's earnings relative to husband's earnings | Person who decides how the wife's cash earnings are used: | | | | | Number of currently married women | Person who decides how husband's cash earnings are used: | | | | | Number of currently married women |
	Mainly wife	Wife and husband jointly	Mainly husband	Other/ miss-ing	Total		Mainly wife	Wife and husband jointly	Mainly husband	Other/ miss-ing	Total	
More than husband	35.9	60.8	3.3	0.0	100.0	289	17.8	69.6	12.6	0.0	100.0	287
Less than husband	33.5	60.5	5.4	0.6	100.0	1524	7.4	76.5	16.0	0.2	100.0	1523
Same as husband	23.5	74.4	2.1	0.0	100.0	852	7.1	85.8	7.1	0.0	100.0	851
Husband has no cash earnings/ does not work	41.7	57.1	1.3	0.0	100.0	105	na	na	na	na	na	0
Woman works but is not paid in cash	na	na	na	na	na	0	6.5	73.7	18.9	1.0	100.0	203
Woman does not work	na	na	na	na	na	0	5.6	70.6	23.0	0.8	100.0	15762
Don't know/Missing	29.1	64.0	6.3	0.5	100.0	127	13.5	70.2	15.0	1.3	100.0	127
Total	30.9	64.6	4.1	0.3	100.0	2897	6.1	71.8	21.4	0.7	100.0	18754

na = Not applicable

14.5.4 Women's Ownership of Selected Assets

Ownership of assets, particularly high-value assets, has many beneficial effects for households, including protection against financial crisis. For women in particular, asset ownership is a source of economic empowerment and provides protection in the case of marital dissolution or divorce. The EFHS-2021 collected information on women's ownership of land and a house (alone, and jointly for both items). Table 14.12 shows that, regardless of background characteristics, few women in Egypt own either a house or land. Overall, only 5% of ever-married women aged 15-49 own a house and about 2% own land. There are no clear variations according to different background characteristics where variations do not exceed 2% between different groups.

Table 14.12 Ownership of assets

Percent distribution of ever-married women aged 15-49 by ownership of housing and land, according to background characteristics, Egypt 2021

Background characteristic	Percentage who owns a house:			Percent-age who do not own a house	Total	Percentage who owns land:			Percent-age who do not own land	Total	Number of ever-married women
	Alone	Jointly	Alone and jointly			Alone	Jointly	Alone and jointly			
Age											
15-19	0.6	0.5	0.3	98.6	100.0	0.0	0.3	0.0	99.7	100.0	397
20-24	0.3	1.2	1.6	96.8	100.0	0.1	0.9	0.7	98.2	100.0	2220
25-29	0.7	1.5	1.1	96.6	100.0	0.1	0.7	0.6	98.6	100.0	3247
30-34	1.2	1.3	1.5	95.9	100.0	0.3	0.8	0.5	98.5	100.0	4091
35-39	1.9	1.7	1.4	94.9	100.0	0.3	0.8	0.9	98.0	100.0	4207
40-44	2.6	2.9	0.9	93.6	100.0	0.5	0.8	0.5	98.2	100.0	3595
45-49	4.6	3.9	1.6	89.9	100.0	0.9	1.4	0.8	96.8	100.0	2723
Residence											
Urban	2.4	2.4	1.9	93.4	100.0	0.2	0.7	1.1	98.0	100.0	7797
Rural	1.5	1.8	1.0	95.7	100.0	0.4	0.9	0.4	98.2	100.0	12684
Place of residence											
Urban Governorates	2.9	2.9	2.6	91.6	100.0	0.1	0.7	1.7	97.4	100.0	2989
Lower Egypt	2.1	2.3	0.9	94.7	100.0	0.5	1.0	0.5	97.9	100.0	9266
Urban	2.2	2.4	0.7	94.8	100.0	0.4	0.9	0.4	98.3	100.0	2308
Rural	2.1	2.2	1.0	94.7	100.0	0.5	1.1	0.6	97.8	100.0	6958
Upper Egypt	1.2	1.4	1.3	96.0	100.0	0.2	0.7	0.5	98.6	100.0	8000
Urban	2.1	1.7	2.1	94.2	100.0	0.1	0.6	0.9	98.4	100.0	2346
Rural	0.9	1.4	1.0	96.8	100.0	0.3	0.7	0.3	98.7	100.0	5655
Frontier Governorates[1]	1.1	1.8	2.0	95.1	100.0	0.5	0.2	0.5	98.8	100.0	226
Education											
No education	2.8	2.1	1.0	94.1	100.0	0.4	0.6	0.4	98.6	100.0	3362
Some primary	1.3	2.1	1.0	95.6	100.0	0.3	0.6	0.9	98.2	100.0	1026
Primary complete/some secondary	1.4	1.8	1.4	95.5	100.0	0.2	0.9	0.8	98.1	100.0	4257
Secondary complete/ higher	1.8	2.1	1.4	94.7	100.0	0.4	0.9	0.7	98.0	100.0	11837
Employment (last 12 months)											
Not employed	1.6	1.9	1.3	95.2	100.0	0.3	0.9	0.6	98.2	100.0	16886
Employed for cash	3.1	2.7	1.3	92.9	100.0	0.4	0.7	0.9	98.0	100.0	3381
Employed not for cash	2.6	2.2	2.3	92.9	100.0	0.8	0.8	0.7	97.7	100.0	214
Wealth quintile											
Lowest	1.9	1.7	0.8	95.6	100.0	0.6	1.0	0.5	97.9	100.0	3727
Second	1.5	1.9	0.9	95.7	100.0	0.4	0.7	0.2	98.8	100.0	3945
Middle	1.5	2.0	1.1	95.4	100.0	0.2	0.7	0.6	98.6	100.0	4207
Fourth	1.2	2.1	1.8	94.8	100.0	0.2	0.8	1.0	98.0	100.0	4396
Highest	3.2	2.3	1.9	92.6	100.0	0.4	1.1	1.1	97.5	100.0	4206
Total	1.9	2.0	1.3	94.8	100.0	0.3	0.8	0.7	98.1	100.0	20481

[1] Does not include North Sinai governorate.

14.5.5 Women's Participation in Decision-Making

The ability of women to make decisions that affect their personal circumstances is an essential element of their empowerment. To assess currently married women's decision-making autonomy, the EFHS-2021 included questions on their participation in decisions about their own health care, making major household purchases, and visits to her family or relatives. Table 14.13 presents information on women's participation in the three types of decisions by person who usually make the final decisions. Appendix Table A-14.1 provides information on differences in women's involvement in these decisions by governorate.

Table 14.13 shows that the majority of currently married women are usually involved in making each type of decision either jointly with husband or alone. Around 84% of women say they make decisions about their own health care alone (24%) or jointly with their husband (60%), and more than three-quarters make decisions about visits to relatives or friends alone (21%) or jointly with their husbands (62%). Women are somewhat less involved in decisions about major household purchases but even in

these types of decisions, 11% of the women say they make these decisions alone or jointly with their husbands (64%).

Table 14.13 Participation in decision making

Percent distribution of currently married women aged 15-49 by person who usually makes decisions about various issues, Egypt 2021

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number of currently married women
Own health care	23.5	60.4	15.3	0.7	0.1	100.0	19044
Major household purchases	10.8	64.1	23.6	1.3	0.1	100.0	19044
Visits to her family or relatives	20.8	61.6	16.6	1.0	0.1	100.0	19044

Figure 14.1 shows the percent distribution of currently married women by the number of household decisions in which they participate. Sixty-five percent of women participate in all three decisions within the household, 19% participate in two decisions, 9% are involved in just one of the decisions, and 7% did not participate in making any of the three decisions. These results represent an increase from what was observed in the EDHS-2014, where the percentage of women participating in the three types of decisions was 59%.

Figure 14.1 Number of decisions in which currently married women participate.

Percent

Number of decisions

EFHS 2021
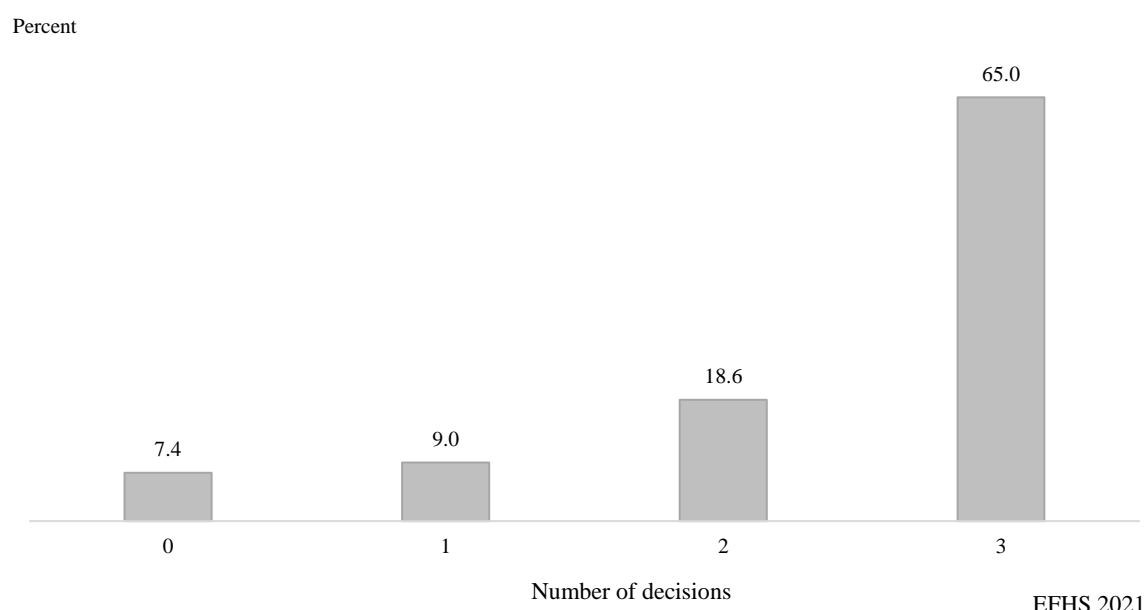
Table 14.14 presents differentials in the proportions of currently married women who reported that they alone or jointly have the final say with respect to the various household decisions. Women's participation in household decision-making generally increases with age. Rural women are slightly less involved in making these types of household decisions than urban women. The proportion of women involved in household decision-making rises with the woman's education level. Women's participation in decision making does not vary much by wealth; for example, 67% of women in the highest wealth quintile say they are involved in making all three types of household decisions compared to 64% of women in the lowest wealth quintile. Women working for cash are more likely than other women to report having a say in the various decisions (76%).

Table 14.14 Women's participation in decision making by background characteristics

Percentage of currently married women aged 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Egypt 2021

Background characteristic	Specific decisions			All three decisions	None of the three decisions	Number of currently married women
	Woman's own health care	Making major household purchases	Visits to her family or relatives			
Age						
15-19	71.8	61.5	71.7	52.5	17.7	377
20-24	80.5	70.2	75.4	58.3	10.5	2140
25-29	83.4	73.8	81.6	64.1	7.9	3103
30-34	83.9	76.0	82.6	66.0	7.0	3887
35-39	86.1	77.7	84.2	67.9	6.1	3951
40-44	85.8	76.6	85.1	67.4	6.4	3255
45-49	83.3	74.3	84.0	64.4	6.6	2332
Number of living children						
0	78.6	70.2	78.5	59.0	9.8	800
1-2	83.2	74.6	81.2	64.1	7.9	6642
3-4	85.2	76.0	83.6	66.2	6.4	9178
5+	82.9	73.3	81.9	64.8	9.2	2424
Residence						
Urban	84.5	75.2	83.6	64.6	6.1	7092
Rural	83.5	74.8	81.6	65.2	8.2	11953
Place of residence						
Urban Governorates	83.2	73.7	83.5	62.1	5.9	2690
Lower Egypt	83.1	75.5	81.5	64.0	7.6	8651
Urban	83.7	77.9	83.8	66.0	6.2	2091
Rural	82.9	74.7	80.7	63.4	8.0	6560
Upper Egypt	85.4	74.9	83.2	67.1	7.4	7489
Urban	87.3	74.4	83.8	65.8	5.3	2165
Rural	84.6	75.1	82.9	67.6	8.2	5324
Frontier Governorates[1]	75.1	70.4	74.8	67.8	21.7	213
Education						
No education	79.8	71.3	79.7	62.4	11.2	3064
Some primary	77.4	67.8	76.5	55.6	11.1	921
Primary complete/ some secondary	79.9	69.5	78.0	58.9	10.3	3947
Secondary complete/ higher	87.0	78.5	85.1	68.7	5.1	11113
Employment (last 12 months)						
Not employed	82.8	73.2	81.2	63.1	8.2	15942
Employed for cash	90.2	84.7	89.1	75.6	3.0	2897
Employed not for cash	80.0	75.5	79.3	64.4	10.6	205
Wealth quintile						
Lowest	81.5	72.5	79.8	63.5	10.5	3460
Second	84.1	74.9	83.2	66.4	8.0	3599
Middle	84.8	74.2	81.6	64.5	7.4	3879
Fourth	84.2	74.2	81.9	64.0	7.3	4123
Highest	84.7	78.5	85.0	66.6	4.4	3983
Total	83.9	74.9	82.3	65.0	7.4	19044

[1] Does not include North Sinai governorate.

14.5.6 Women's Attitude towards Wife Beating

Another indicator of women's status in a society is the level of acceptance of domestic violence. In addition to collecting information on women's actual experience of domestic violence (see Chapter 15), the Egypt Family Health Survey-2021 assessed women's acceptance of wife beating by asking respondents if a husband was justified in hitting or beating his wife in the following situations: she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, and burns the food. Information on women's attitudes toward wife beating is presented in Table 14.15 by selected background characteristics and in Appendix Table A-14.2 by governorate.

Table 14.15 Attitude toward wife beating

Percentage of ever-married women aged 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Egypt 2021

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of ever-married women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	6.3	9.5	18.2	19.9	10.4	27.4	397
20-24	4.2	9.1	17.3	19.2	9.2	24.9	2220
25-29	3.5	7.0	13.8	14.2	7.7	20.0	3247
30-34	3.6	7.1	14.0	15.5	7.7	20.8	4091
35-39	3.9	7.8	13.8	15.4	8.7	20.5	4207
40-44	3.8	7.6	14.6	16.9	8.8	22.2	3595
45-49	5.1	8.7	15.0	17.4	10.3	23.2	2723
Number of living children							
0	3.9	6.6	15.9	14.5	8.7	21.4	973
1-2	3.3	6.2	11.7	13.2	6.6	18.1	7298
3-4	3.7	7.6	14.0	16.5	8.6	21.9	9644
5+	6.9	13.5	24.6	24.6	15.0	31.8	2565
Marital status							
Married	4.0	7.8	14.7	16.3	8.6	21.8	19044
Divorced/separated/widowed	4.5	7.1	13.0	15.8	9.0	20.9	1437
Residence							
Urban	2.6	4.8	8.8	10.7	5.3	15.7	7797
Rural	4.8	9.6	18.2	19.7	10.8	25.4	12684
Place of residence							
Urban Governorates	2.4	3.8	6.7	9.3	4.0	14.2	2989
Lower Egypt	2.6	5.9	11.5	12.6	5.9	17.2	9266
Urban	1.7	3.5	7.8	8.4	4.0	12.4	2308
Rural	2.9	6.6	12.8	14.0	6.6	18.8	6958
Upper Egypt	6.2	11.6	21.4	23.4	13.8	30.2	8000
Urban	3.8	7.4	12.6	15.2	8.4	21.4	2346
Rural	7.2	13.4	25.0	26.8	16.0	33.9	5655
Frontier Governorates[1]	1.3	4.0	5.6	6.0	2.1	7.0	226
Education							
No education	10.2	18.3	31.1	31.4	20.6	39.8	3362
Some primary	6.2	12.8	23.4	26.3	14.7	33.7	1026
Primary complete/some secondary	5.1	9.8	19.0	20.8	10.4	27.6	4257
Secondary complete/higher	1.7	3.6	7.6	9.5	4.2	13.5	11837
Employment (last 12 months)							
Not employed	4.1	8.0	15.1	16.6	8.9	22.3	16886
Employed for cash	3.2	6.4	11.3	13.5	7.1	17.7	3381
Employed not for cash	8.6	11.4	25.6	30.7	18.5	38.8	214
Wealth quintile							
Lowest	8.1	15.3	27.7	28.8	16.2	35.2	3727
Second	5.8	11.0	20.4	22.2	12.1	28.9	3945
Middle	3.7	8.3	15.1	17.3	9.3	23.9	4207
Fourth	2.0	3.5	8.3	9.8	4.9	14.9	4396
Highest	1.0	2.1	3.7	5.4	2.1	8.1	4206
Total	4.0	7.8	14.6	16.3	8.7	21.7	20481

[1] Does not include North Sinai governorate.

Data presented in Table 14.15 shows that 22% of ever-married women aged 15-49 agree that wife beating is justified in at least one of the specified circumstances. Women are most likely to accept wife beating as justified if a woman neglects the children or goes out without telling the husband (16% and 15%, respectively). The data indicates a decline in attitudes towards accepting wife beating compared to what was observed in previous surveys, where the percentage was 36% in the EDHS 2014.

Ever-married women with 5 or more children, women from rural Upper Egypt, employed women who are paid in kind or not paid at all, and women in the lowest wealth quintile are more likely than other women to agree that wife beating is justified in at least one of the situations (32% or more). The proportion of women agreeing that at least one of the circumstances justifies wife beating is lowest

among women in the highest wealth quintile and women from the Frontier Governorates (8% and 7%, respectively).

14.5.7 Women's Empowerment Indicators

Data from EFHS-2021 could provide two summary indices of women's empowerment. The first index takes into account the number of household decisions which a woman says she makes alone or jointly with her husband. The index ranges from 0 to 3 and is assumed to be positively related to empowerment. The second index is based on the total number of reasons women accept as justifying wife beating. This index ranges from 0 to 5 and is negatively related to empowerment.

Table 14.16 examines the relationship between the two empowerment indices among currently married women aged 15-49. As expected, the percentage of women who disagree with all the reasons justifying wife beating increases with the number of decisions in which the woman participates to reach 81% if women participate in all three decisions. It is worth mentioning that these percentages present an increase from what was observed in the EDHS 2014, where the percentage of women who decline all reasons justifying wife beating was 43% among women who participate in 1 or 2 decisions and increased to 74% among those who participate in all 3 decisions.

Table 14.16 Indicators of women's empowerment

Percentage of currently married women aged 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women's empowerment, Egypt 2021

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife-beating	Number of currently married women
Number of decisions in which women participate[1]			
0	na	67.0	1414
1-2	na	71.6	5251
3	na	80.7	12380
Number of reasons for which wife-beating is justified[2]			
0	67.8	na	14891
1-2	54.7	na	2530
3-4	55.7	na	1231
5	55.7	na	393

na = Not applicable
[1] See Table 14.14 for the list of decisions.
[2] See Table 14.15 for the list of reasons.

Also, the percentage of women participating in all household decisions increases directly with the decline in number of reasons the woman believes justify wife beating.

Current use of Contraceptive by Women's Status

A currently married woman's ability to have only the number of children she wants, as well as her use and choice of contraceptive methods will be affected by her control over her own life. A woman who is unable to control other aspects of her life may be less able to make decisions regarding her fertility. She may also feel the need to choose contraceptive methods that she can more readily conceal or that do not need the approval or cooperation of her husband.

Table 14.17 shows the relationship between the empowerment indices and the current use of contraceptive methods among currently married women. Overall, contraceptive use rises with the number of decisions in which a woman participates from 61% among women who do not participate in any decisions to 68% among women who participate in 1 or 2 decisions. The association between the decision-making index and use of specific family planning methods is most evident for the IUD; the percentage of women using the IUD rises from 25% among women who do not participate in any of the household decisions to 32% among women participating in 1 or 2 decisions. There is only a small decline in the percentage using injections with the number of decisions in which the woman participates. In general, the use reaches its highest level among women who participate in 2 of the 3 decisions.

As expected, contraceptive use is negatively related to the number of reasons for which wife beating is justified. Table 14.17 shows the percentage using any method decreases from 67% of women who did not agree that any of the reasons justified wife-beating to 61% among women who agreed that wife beating would be justified for any of the five reasons. Similar to the pattern related of decision making

index, relation is clear between the number of reasons justified for wife -beating is clear among IUD and Pill users. On the other hand, the rate of injectable use is higher among women who accept the five reasons justified wife-beating (20%). As noted earlier, this may reflect in part a tendency for women who are less empowered to use a method which is easier to conceal from the husband.

Table 14.17 Current use of contraception by women's empowerment

Percent distribution of currently married women aged 15-49 by current contraceptive method, according to selected indicators of women's empowerment, Egypt 2021

			Modern methods							Number of currently married women
Empowerment indicator	Any method	Any modern method	Pill	IUD	Inject-ables	Other modern female methods[1]	Any traditional method	Not currently using	Total	
Number of decisions in which women participate[2]										
0	61.0	59.2	17.5	24.9	12.4	4.4	1.8	39.0	100.0	1414
1-2	67.9	66.6	18.7	31.6	10.6	5.7	1.3	32.1	100.0	5251
3	66.3	64.5	20.1	29.1	9.8	5.7	1.8	33.7	100.0	12380
Number of reasons for which wife-beating is justified[3]										
0	67.0	65.1	20.0	30.9	8.7	5.5	1.9	33.0	100.0	14891
1-2	64.1	63.4	18.2	26.2	13.2	5.7	0.7	35.9	100.0	2530
3-4	65.1	63.6	17.7	21.3	18.4	6.2	1.5	34.9	100.0	1231
5	61.4	61.2	13.7	19.9	20.1	7.5	0.2	38.6	100.0	393
Total	66.4	64.7	19.5	29.4	10.2	5.6	1.7	33.6	100.0	19044

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Implants, female sterilization, and diaphragm/foam/jelly
[2] See Table 14.14 for the list of decisions.
[3] See Table 14.15 for the list of reasons.

Ideal Family Size and Unmet Need by Women's Status

Table 14.18 shows how currently married women's mean ideal number of children and their unmet need for family planning varies by women's empowerment indices.

It is observed that the mean ideal number is not affected with women's involvement in household decisions index. Women who are involved or not involved in any of the household decisions assessed in the index want an average of 2.9 children.

Table 14.18 Ideal number of children and unmet need for family planning by women's empowerment

Mean ideal number of children for currently married women 15-49 and the percentage of currently married women aged 15-49 with an unmet need for family planning, by indicators of women's empowerment, Egypt 2021

	Mean ideal number of children[1]	Number of women	Percentage of currently married women with an unmet need for family planning[2]			Number of currently married women
Empowerment indicator			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	2.9	1414	5.0	10.5	15.4	1414
1-2	2.9	5251	4.3	7.9	12.2	5251
3	2.9	12380	4.0	10.2	14.3	12380
Number of reasons for which wife-beating is justified[4]						
0	2.8	14891	4.0	9.4	13.4	14891
1-2	3.0	2530	4.8	10.1	14.8	2530
3-4	3.1	1231	4.3	9.6	14.0	1231
5	3.1	393	5.8	14.8	20.6	393
Total	2.9	19044	4.2	9.6	13.8	19044

[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 6.19 for the definition of unmet need for family planning.
[3] See Table 14.14 for the list of decisions.
[4] See Table 14.15 for the list of reasons.

the pattern of variation in the mean ideal family size with the number of reasons wife-beating is justified suggests women who are less empowered tend to want more children. The mean ideal family size among women who agree that the husband would be justified in beating the wife for all reasons is 3.1 compared to 2.8 among women who do not agree that wife-beating is justified for any of the reasons.

Unmet need also shows the expected relationship with both empowerment indicators. Unmet need decreases from 15% among women who do not participate in any of the three household decisions to 12% among women who are involved in 1or 2 types of decisions. Differences in the level of unmet need with the number of reasons wife-beating is justified are more marked; 21% of women who agree that wife-beating is justified for the five reasons have an unmet need for family planning compared to 13% among women who do not consider wife beating justified for any of the reasons.

Reproductive Health Care and Women's Empowerment

Table 14.19 shows use of antenatal, delivery, and postnatal care services by women's scores on the empowerment indices. It is expected that empowered women will be more likely to seek health care services that better meet their reproductive health goals, including safe motherhood.

Despite the clear increase in antenatal and delivery care indicators over the past years, yet the maternal health care indicators vary as expected with the empowerment indices, with the association most evident in the case of postnatal care. The percentage of women receiving postnatal care from health personnel within two days of delivery increased in a limited way from 77% among women who are not involved in any of the three household decisions to 79% among women who participate in all of the decisions. Moreover, the postnatal care rate declines from 81% among women who say that wife-beating is not justified for any of the reasons to 75% among women who think that wife-beating is justified for all 5 reasons. Comparing these results with the EDHS 2014, it is clear that there is no change in the percentage of women who received postnatal care from a health provider within two days of delivery according to each of the two empowerment indices.

Table 14.19 Reproductive health care by women's empowerment

Percentage of currently married women aged 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Egypt 2021

Empowerment indicator	Percentage receiving antenatal care from a skilled provider[1]	Percentage receiving delivery care from a skilled provider[1]	Received postnatal care from health personnel within the first two days since delivery[2]	Number of currently married women with a child born in the last five years
Number of decisions in which women participate[3]				
0	94.1	96.0	77.1	790
1-2	96.3	96.9	79.4	2507
3	96.9	97.6	79.4	6029
Number of reasons for which wife-beating is justified[4]				
0	97.0	97.7	80.5	7296
1-2	94.7	96.1	74.7	1242
3-4	94.9	94.3	74.1	591
5	94.0	95.2	74.9	198
Total	96.5	97.2	79.2	9326

[1] 'Skilled provider' includes doctor and nurse/midwife.
[2] Includes women who received a postnatal checkup from a doctor or nurse/midwife in the first two days after the birth regardless of the place of delivery.
[3] See Table 14.14 for the list of decisions.
[4] See Table 14.15 for the list of reasons.

15 DOMESTIC VIOLENCE

Key Findings:

- Three in 10 ever-married women aged 15-49 years in Egypt have ever experienced some form of spousal violence, with 26% saying they were subjected to physical violence, 22% subjected to emotional violence, and 6% to sexual violence.

- Around one-quarter of women recently experienced an episode of spousal violence, i.e., within the last 12 months.

- More than 1 in 3 women experiencing spousal physical or sexual violence were injured as a result of the violence, and 9% have serious injuries.

- Husband is the most common perpetrator of violence; however, ever-married women also report experiencing violence since age 15 involving other perpetrators; 15% reported mother/stepmother and 16% reported fathers/stepfather.

- 6% of women report they have experienced physical violence during pregnancy.

- Around one-third of women who experienced violence since age 15 ever sought help to deal with the violence; with most of them turned to their family for assistance.

Domestic violence against women has been acknowledged worldwide as a violation of basic human rights, and an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations General Assembly,1991; WHO, 2014).

To investigate the extent to which Egyptian women experience domestic violence, the EFHS-2021 included a special module which had been developed for use in the international DHS survey program and was adapted to Egypt in the previous EDHS surveys. The module began with a series of questions intended to measure the extent to which women's husbands exhibited jealousy or attempted to control women's contacts with family or friends. For currently married women, the questions referred to woman's current husband while, for women who were widowed, divorced or separated, the questions related to the most recent husband. To assess the prevalence of spousal violence, the module then included an extensive series of questions on women's experience of physical, emotional, and sexual violence perpetrated by the current or most recent husband. Women experiencing violence were asked about any injuries they may have sustained as a result of domestic violence. Regardless of their experience of domestic violence, women were also asked if they feared their husband. Information was also obtained on several factors known to be associated with domestic violence including the husband's use of alcohol or drugs and whether the woman's father had ever beat her mother. Women were also asked about whether they had done anything to physically hurt the husband.

Although the module focused on the extent of spousal violence, information also was obtained on any physical violence involving perpetrators other than the current (last) husband that the woman experienced since her fifteenth birthday. Finally, women who reported any type of violence were asked about whether or not they had ever sought help from anyone because of the violence they experienced.

The domestic violence module was administered in interviews conducted with eligible women in the households included in the subsample selected for the anemia-testing component of the survey which is half of the sample. The procedures used for administering the module conformed to the World Health Organization's ethical and safety recommendations for research on domestic violence (WHO, 2001):

- Only one eligible woman in each household was selected to respond to the module. In households with more than one eligible woman, this woman was randomly selected using the "Kish Grid," which was incorporated into the Tablet program. This approach provides assurance to the selected respondent that other members of the household will not know the types of questions that were asked.

- Informed consent was obtained from the woman selected to be interviewed for the survey at the start of the interview. In addition, the respondent was read an additional statement at the start of the interview using the domestic violence module, informing her that the questions could be personal and reassuring her of the confidentiality of her responses.

- Interviewers were trained to administer the module only if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, provide information as to why the interview had to be terminated, thank the respondent, and end the interview.

This chapter presents findings from the 8,994 de facto women aged 15-49 who completed the domestic violence module. The majority of eligible women for whom the domestic violence module was not completed (827 women) were not interviewed because interviewers were not able to obtain the appropriate level of privacy.

Some caution should be exercised reviewing the domestic violence data from the EFHS-2021. In particular, while the contents of the domestic violence module and the procedures for its administration were designed to facilitate women's reporting of abuse, it is still likely that there was some underreporting of domestic violence in the survey. Moreover, the level of underreporting is likely to have varied with the respondent's demographic and socio-economic characteristics. It is important to keep the likelihood of underreporting in mind in interpreting the overall level of domestic violence and also the differentials in the rates of violence described in the chapter.

15.1 FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE

Data were collected in EFHS-2021 on a number of different factors that have been found to be associated with domestic violence including the husband's use of alcohol or drugs, the extent to which women expressed fear of their husbands, and women's history of family violence. The survey also obtained information on the extent to which husbands exhibited jealousy or attempted to control women's interactions with family or friends; these types of behaviors are expected to be associated with a higher likelihood of incidents of domestic violence.

Table 15.1 shows the distribution of ever-married women aged 15-49 by the women's report about whether or not their father beat their mother, if woman expressed fear of the husband, and the husband's use of alcohol or drugs, which are factors clearly associated with exposure to violence from husband. Results indicate that, it is not uncommon for the women interviewed about domestic violence in the EFHS-2021 to have a familial history of violence; where around 20% of women reported that their father beat their mother, and more than two out of 10 women also acknowledged they were sometimes afraid of their own spouse, and 7% were afraid of their spouse most of the time. On the other hand, a small percentage of women (2.6 %) reported that their spouse drank alcohol or used drugs or both together. These percentages differ much than what was reported in the

Table 15.1 Factors associated with spousal violence

Percent distribution of ever-married women aged 15-49 by awareness of father's violent behavior toward mother, reported fear of husband, and husband's use of alcohol or drugs, Egypt 2021

	Total
Woman's father beat her mother	
Yes	19.6
No	78.4
Don't know	2.0
Total	100.0
Woman afraid of husband	
Most of the time afraid	6.9
Sometimes afraid	21.6
Never afraid	71.4
Total	100.0
Husband's alcohol consumption	
Drinks alcohol only	0.1
Uses drugs only	1.8
Drinks and uses drugs	0.7
Does not drink or use drugs	97.4
Total	100.0
Total 15-49	8944

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated, or widowed women.

2014-EDHS except for the fear from husband, where 43% of women in 2014-EDHS reported that they sometimes or most of the time were afraid of their own husband compared with 29% in EFHS-2021. Table 15.2 shows the percentage of ever-married women aged 15-49 whose husband displayed jealousy and other forms of controlling behaviors by selected demographic and socioeconomic background characteristics. Table A-15.1 in the Annex present differentials at governorate level.

Table 15.2 Marital control exercised by husbands

Percentage of ever-married women aged 15-49 whose husbands have ever demonstrated specific types of controlling behaviors, by background characteristics, Egypt 2021

Background characteristic	Percentage of women whose husband							Number of ever-married women
	Is (was) jealous or angry if she talks(ed) to other men	Frequently accuses(d) her of being unfaithful	Does (did) not permit her to meet her female friends	Tries(d) to limit her contact with her family	Insists(ed) on knowing where she is at all times	Displays(ed) 3 or more of the specific behaviors	Displays(ed) none of the specific behaviors	
Age								
15-19	69.9	2.9	10.0	4.5	28.7	7.7	26.6	163
20-24	68.8	4.3	9.2	9.3	24.7	10.1	26.6	952
25-29	68.3	3.1	9.0	7.6	26.9	8.6	27.3	1393
30-39	61.8	3.8	7.4	8.5	23.6	9.0	34.2	3635
40-49	52.5	3.0	6.0	6.5	18.2	6.4	43.5	2801
Number of living children								
0	64.6	4.9	13.0	11.2	23.9	13.2	30.4	411
1-2	63.5	3.9	8.3	8.8	24.6	9.6	32.1	3319
3-4	59.7	3.1	6.7	6.7	21.3	6.8	36.5	4303
5+	54.6	3.1	5.5	7.5	21.3	7.5	41.4	909
Marital status								
Married	60.9	2.8	6.4	6.4	21.5	6.9	35.3	8348
Divorced/separated	65.6	18.7	32.8	41.1	51.9	40.0	24.0	363
Widowed	51.1	3.2	6.2	5.2	17.1	5.9	45.7	233
Urban-rural residence								
Urban	62.5	3.8	7.6	7.9	23.5	8.5	33.2	3441
Rural	59.8	3.3	7.4	7.7	22.1	8.0	36.3	5503
Place of residence								
Urban Governorates	64.4	4.2	7.4	7.3	23.9	9.4	32.2	1340
Lower Egypt	57.6	3.9	7.2	7.6	18.7	7.7	38.3	3910
Urban	60.1	3.7	7.5	8.4	18.8	7.3	36.2	1007
Rural	56.8	3.9	7.1	7.3	18.6	7.8	39.1	2903
Upper Egypt	62.8	2.8	7.9	8.3	26.4	8.5	32.6	3587
Urban	62.2	3.6	8.3	8.4	27.6	8.9	31.3	1020
Rural	63.1	2.5	7.7	8.3	26.0	8.3	33.1	2567
Frontier Governorates[1]	62.6	1.7	1.2	3.8	24.2	2.8	36.7	107
Education								
No education	54.9	3.3	7.6	8.7	21.8	9.1	40.6	1451
Some primary	62.0	5.0	7.0	10.9	25.6	10.2	32.4	432
Primary complete/some secondary	64.6	5.2	9.3	9.3	24.7	10.1	31.3	1863
Secondary complete/ higher	61.0	2.8	6.8	6.7	21.9	7.1	35.1	5198
Husband's education								
No education	57.3	5.2	9.7	11.1	23.1	10.6	38.5	1141
Some primary	57.4	3.2	8.5	9.6	24.0	9.2	36.5	637
Primary complete/some secondary	63.2	4.1	8.7	8.1	25.0	9.9	32.5	1551
Secondary complete/ higher	61.2	3.0	6.5	6.8	21.7	7.1	34.9	5615
Work status								
Working for cash	57.9	4.1	9.1	10.0	25.1	10.4	37.7	1516
Not working for cash	61.4	3.3	7.1	7.3	22.1	7.8	34.6	7428
Wealth quintile								
Lowest	57.6	3.2	8.1	8.9	22.8	9.3	38.4	1699
Second	60.8	4.1	7.5	7.9	24.3	8.7	34.8	1670
Middle	60.7	3.1	7.2	9.3	23.2	8.4	34.8	1826
Fourth	63.2	4.2	8.6	7.7	23.1	8.2	32.4	1912
Highest	61.3	2.7	5.9	5.3	19.9	6.5	35.3	1836
Woman afraid of husband								
Most of the time afraid	78.7	19.5	29.7	36.6	53.3	37.3	12.1	621
Sometimes afraid	67.2	3.9	10.2	11.0	32.6	12.1	27.8	1933
Never afraid	57.1	1.8	4.5	4.0	16.6	4.2	39.5	6390
Total	60.8	3.5	7.4	7.8	22.6	8.2	35.1	8944

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.
[1] Does not include North Sinai governorate.

Data indicate that 61% of women say their husbands were jealous or angry if they talked with other men. On the other hand, few women report that their husband frequently accused them of being unfaithful (4%). Less than a quarter of women report their husbands insisted on knowing where the woman was at all times. The other examples of controlling behaviors were less common; 8% reported their spouse tried to limit her contact with her family, and 7% said the spouse would not permit her to meet her female friends. Overall, 8% of ever-married women say their husbands display at least three of the five types of controlling behavior, while 35% reported that their husbands do not display any of the behaviors. Generally, the percentage of ever-married women who reported that their husbands do not display any controlling behavior increased compared with the 2014 EDHS, where percentage was 22%. In spite of that the percentage who reported that their husbands display at least three of the five types of controlling behavior didn't change.

Generally, differences in the proportions of women reporting that their husbands displayed the various behavior by background characteristics are not large and do not exhibit consistent patterns. However, age is directly related to controlling behaviors, with older women less likely to experience most of the behaviors than young women. Women who are divorced or separated are generally more likely to report their husband displayed controlling behavior than women who were currently married or widowed. The percentage of women reporting controlling behavior is closely related with the extent to which women say they fear from their husbands most of the time. For example, more than one third of women who report being afraid of their husband most of the time say their husbands displayed three or more types of controlling behaviors, compared with 12% of women that reported being afraid of their husband sometimes, and 4% of those never being afraid.

15.2 SPOUSAL VIOLENCE

15.2.1 Levels of Spousal Violence

The domestic violence module included detailed information on the forms of violence ever-married women had experienced in the relationships with their current husband or, in the case of widowed, divorced, or separated women, their most recent husband. Table 15.3 and Figure 15.1 show the proportions of women reporting they had ever and recently experienced episodes of emotional, physical, and sexual violence in their relationship with husband.

Physical violence is the most common form of spousal violence; where 26% of ever-married women were subjected to some form of physical violence at least once by their current or most recent husband, and 16% reported at least one episode of physical violence took place during the 12 months preceding the survey. Also, 6% of women said episodes of violence occurred often during that period.

The most common forms of physical violence included being slapped (22%), followed by being pushed or shaken or having objects thrown at her by the husband (15%) and having her arm twisted (13%). Eight percent of women reported their husband had ever punched her with a fist or an object that could hurt her, and 6% reported that their husband had ever kicked, dragged or beaten her up. Also, 2% of women were ever choked or burned, and around 1% were ever threatened or attacked with some type of weapon.

Sexual violence was less common than physical violence, where 6% of women reported their husbands had use physical force or threats to make them perform sexual acts when they did not want to.

Results reveal that less than one quarter of women had ever experienced some form of emotional violence perpetrated by their husbands, and 17% had experienced a recent episode of emotional violence (during the last 12 months). Most often the violence took the form of the husband insulting her and making her feel bad about herself (19%) or saying or doing something to humiliate her in front of others (14%). However, 6% reported the husband had threatened them or someone close to them with physical harm.

In general, 31% of ever-married women aged 15-49 reported having been ever subjected to at least one episode of physical, sexual and/or emotional violence inflicted by their current or most recent spouse. Almost one-quarter of the women were the target of an episode(s) of physical, sexual, and/or emotional violence committed by the current or most recent husband often (9%) or sometimes (15%) in the 12

months before the survey. Most of the women reporting spousal violence had been subject to an episode(s) of physical and/or sexual violence; where 26% of women had ever been subjected to an episode of physical and/or sexual violence, and 17% said they had experienced an episode of physical and/or sexual violence in 12 months before the interview.

Table 15.3 Forms of spousal violence

Percentage of ever-married women aged 15-49 who have experienced various forms of violence committed by their husbands ever or in the 12 months preceding the survey, Egypt 2021

Type of violence	Ever	In the past 12 months		
		Often	Sometimes	Often or sometimes
SPOUSAL VIOLENCE COMMITTED BY CURRENT/MOST RECENT HUSBAND				
Physical violence				
Any physical violence	25.5	5.6	10.1	15.8
Pushed her, shook her, or threw something at her	14.8	3.7	5.1	8.7
Slapped her	21.9	4.1	6.6	10.7
Twisted her arm or pulled her hair	13.2	3.1	4.1	7.2
Punched her with his fist or with something that could hurt her	8.1	2.1	2.2	4.3
Kicked her, dragged her, or beat her up	6.0	1.6	1.4	3.0
Tried to choke her or burn her on purpose	2.0	0.5	0.5	1.0
Threatened her or attacked her with a knife, gun, or other weapon	1.3	0.3	0.3	0.6
Sexual violence				
Any sexual violence	5.6	1.8	2.1	3.9
Physically forced her to have sexual intercourse with him when she did not want to	4.9	1.6	1.6	3.2
Physically forced her to perform any other sexual acts she did not want to	2.6	1.0	0.7	1.6
Forced her with threats or in any other way to perform sexual acts she did not want to	1.4	0.5	0.3	0.8
Emotional violence				
Any emotional violence	22.3	7.0	9.6	16.7
Said or did something to humiliate her in front of others	13.5	3.8	4.7	8.4
Threatened to hurt or harm her or someone she cared about	6.0	2.0	1.8	3.8
Insulted her or made her feel bad about herself	19.3	6.0	6.7	12.7
Any form of physical and/or sexual violence	26.1	6.2	10.9	17.1
Any form of emotional and/or physical and/or sexual violence	31.0	9.0	15.3	24.4
SPOUSAL VIOLENCE COMMITTED BY ANY HUSBAND				
Physical violence	26.0	na	na	15.8
Sexual violence	5.9	na	na	3.9
Physical and/or sexual violence	26.6	na	na	17.1
Number of ever-married women	8944	8944	8944	8944

Note: Detailed information on the forms of spousal violence were obtained only for violence perpetrated by the current or, in the case of women who were divorced, separated or widowed, the most recent husband. For women who married more than once, information on violence perpetrated by former husbands was limited to physical or sexual violence ever experienced and experienced at any time during the year before the survey.
na = Not applicable

Violence by husbands against wives is not the only form of spousal violence; women may sometimes be the perpetrators of violence. To measure the extent to which women may be responsible for episodes of physical violence, the EFHS-2021 asked ever-married women, "Have (did) you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband when he was not already beating or physically hurting you?" and if she said yes, a question was asked "during the last 12 months, how often have you done this to your husband: often, only sometimes or not at all?". Results show that less than 1% of ever-married women report initiating violence against their husbands (not shown in table).

Generally, the results here didn't differ much than what was observed in the 2014 EDHS regarding ever experiencing violence from husband/last husband, while there is slight increase in violence during the last 12 months preceding the survey. For example, the percentage of women exposed to any physical/ emotional/ sexual violence in the last 12 months increased from 19% in 2014 to 24% in 2021.

Figure 15.1 Percentage of ever-married women aged 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their current (last) husband
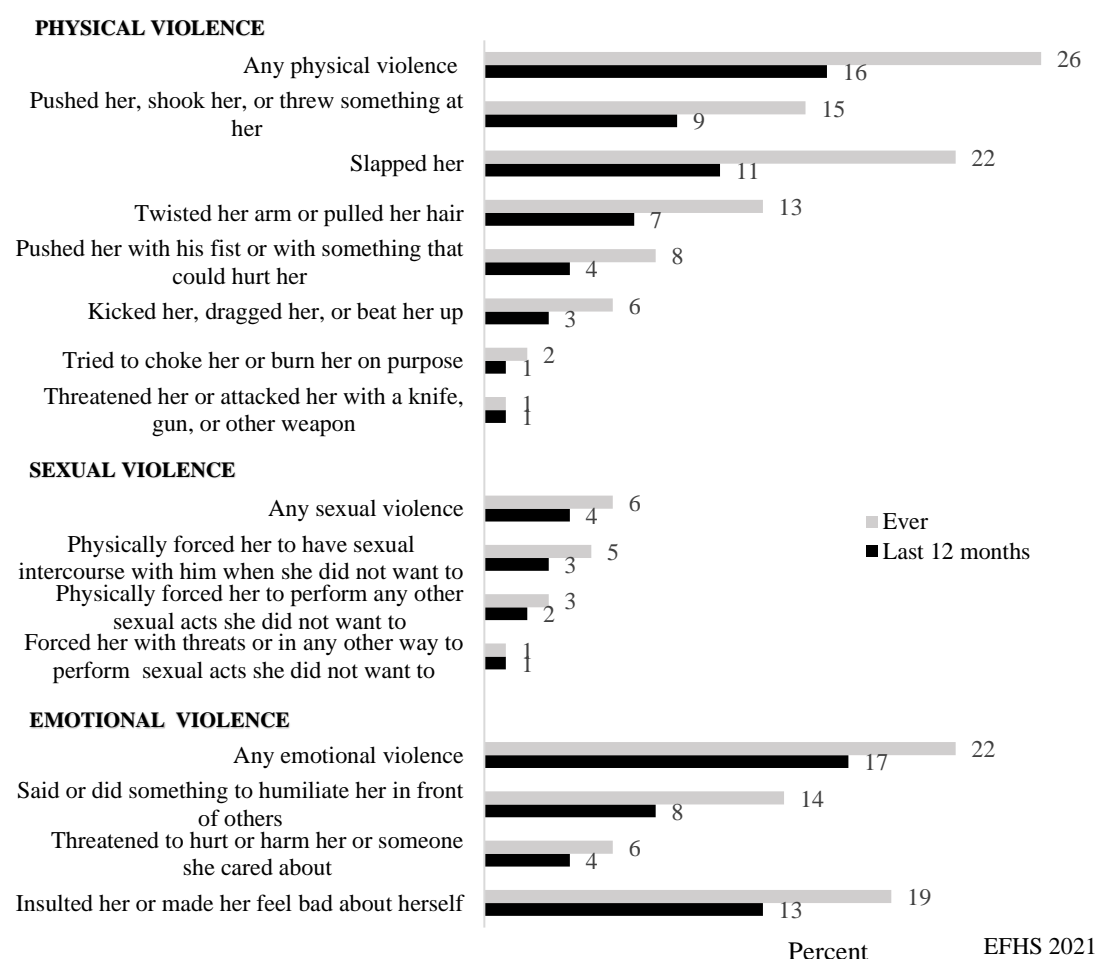
15.2.2 Variation in Spousal Violence levels

Table 15.4 presents differences in the proportions of ever-married women aged 15-49 who ever experienced various forms of spousal violence perpetrated by their current or most recent husband according to selected demographic and socioeconomic characteristics. Table A-15-1 in the Annex presents variations in spousal violence at the Governorate level.

The results in Table 15.4 indicate that women who were divorced or separated were much more likely than currently married women or widows to have experienced spousal violence. Overall, 71% of divorced or separated women experienced at least one form of violence (physical, sexual, or emotional) perpetrated by their most recent husband compared to 30% of currently married women and 22% of widows.

The proportion of women experiencing various forms of violence perpetrated by their current or most recent husband does not vary in a consistent manner with age, however, women 15-19 are less likely to experience violence from current (last) husband. Although the relationship is not uniform for all of the types of violence, Table 15.4 shows the probability of women who ever experienced spousal violence from current (last) husband tends to increase with the number of children the woman have (31% among

women who have 5+ children), while the probability of women exposure to some form of violence perpetrated by current (most recent) husband generally decreases as woman and husband education level increase (26% of women who have completed secondary or higher compared with 37-38 % for those who never attend school), and with the increase in wealth (20% for highest level compared with 39% for the lowest level). Considering residential differences, women in rural Upper Egypt are generally the most likely to have ever experienced the various forms of spousal violence.

Table 15.4 Spousal violence by background characteristics

Percentage of ever-married women aged 15-49 who have ever experienced physical, sexual, and emotional violence committed by their husband, by background characteristics, Egypt 2021

Background characteristic	Physical violence	Sexual violence	Emotional violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Age								
15-19	18.0	7.4	16.9	5.7	5.1	19.7	22.0	163
20-24	26.7	5.4	20.7	5.1	4.5	27.0	30.7	952
25-29	27.7	7.2	23.1	6.5	5.7	28.4	33.7	1393
30-39	26.3	5.8	24.0	5.0	4.5	27.1	32.2	3635
40-49	23.5	4.4	20.7	4.0	3.7	23.9	28.7	2801
Number of living children								
0	21.6	7.9	20.6	5.8	4.4	23.7	27.2	413
1-2	25.7	5.8	21.7	5.3	4.9	26.2	30.6	3319
3-4	25.6	5.0	22.7	4.4	3.9	26.1	31.5	4303
5+	26.5	6.5	23.9	6.1	5.5	26.9	31.4	1122
Marital status								
Married	24.1	4.7	20.7	4.1	3.6	24.6	29.5	8348
Divorced/separated	61.6	28.6	66.0	25.9	25.1	64.2	70.7	363
Widowed	20.3	2.7	14.9	2.7	2.7	20.3	22.1	233
Urban-rural residence								
Urban	23.7	5.3	20.1	4.7	4.3	24.3	28.4	3441
Rural	26.7	5.7	23.8	5.1	4.6	27.3	32.6	5503
Place of residence								
Urban Governorates	23.7	4.7	18.8	4.1	3.7	24.3	27.2	1340
Lower Egypt	24.7	5.2	24.1	4.7	4.4	25.3	31.3	3910
Urban	23.2	4.9	22.2	4.6	4.3	23.5	28.8	1007
Rural	25.2	5.3	24.8	4.7	4.4	25.9	32.1	2903
Upper Egypt	27.5	6.3	22.1	5.7	4.9	28.1	32.5	3587
Urban	24.7	6.6	20.1	5.8	5.0	25.5	30.2	1020
Rural	28.6	6.2	22.9	5.7	4.8	29.2	33.5	2567
Frontier Governorates[1]	12.9	3.8	10.5	3.6	3.4	13.2	14.9	107
Education								
No education	30.9	7.0	27.0	6.0	5.2	31.9	37.4	1451
Some primary	32.8	8.0	28.2	7.0	6.7	33.8	39.7	432
Primary complete/some secondary	31.4	5.9	28.0	5.6	5.2	31.7	38.1	1863
Secondary complete/higher	21.3	4.9	18.5	4.3	3.8	21.9	25.9	5198
Husband's (current/last) education								
No education	32.0	8.4	27.6	7.6	6.9	32.8	37.7	1141
Some primary	31.7	7.0	26.9	6.7	5.9	32.0	37.6	637
Primary complete/some secondary	34.6	7.0	28.8	6.5	5.8	35.1	40.6	1551
Secondary complete/higher	21.0	4.4	19.0	3.8	3.4	21.6	26.2	5615
Work status								
Working for cash	27.6	7.1	24.5	6.1	5.6	28.6	33.2	1516
Not working for cash	25.1	5.3	21.9	4.7	4.2	25.6	30.5	7428
Wealth quintile								
Lowest	32.9	7.2	29.3	6.6	6.0	33.5	39.2	1699
Second	27.8	6.7	26.4	6.0	5.4	28.4	35.0	1670
Middle	28.6	6.2	23.6	5.3	4.7	29.5	33.6	1826
Fourth	23.1	4.5	19.9	4.3	3.9	23.4	28.4	1912
Highest	16.1	3.5	13.5	2.9	2.5	16.7	19.7	1836
Total 15-49	25.5	5.6	22.3	5.0	4.5	26.1	31.0	8944

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Total includes 2 women for whom information on the husband's education is missing.
[1] Does not include North Sinai governorate.

Table 15.5 presents differences in the rates of violence by spousal characteristics and women empowerment indicators. The results show that age differences between the spouses generally are not related to the level of spousal violence except for a higher rate of violence among the few couples in which the wife was older than the husband (36%), or women who doesn't know husband age (55%). Also, violence is less common between couples who have same level of education, and more common among couples if woman has higher education (40%).

Table 15.5 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women aged 15-49 who have ever experienced physical, sexual, and emotional violence committed by their husband, by husband's characteristics and empowerment indicators, Egypt 2021

Background characteristic	Physical violence	Sexual violence	Emotional violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Spousal age difference[1]								
Wife older	29.3	8.1	26.6	7.4	7.2	29.9	35.8	400
Wife is same age	28.0	4.3	22.7	4.0	4.0	28.3	33.1	377
Wife 0-4 years younger	24.8	4.4	21.4	3.8	3.5	25.4	30.7	2444
Wife 5-9 years younger	24.8	5.5	21.7	4.8	4.2	25.5	29.9	3522
Wife 10 or more years younger	24.8	6.0	21.7	5.6	4.9	25.3	30.1	2057
Wife do not know husband's age	49.0	17.0	50.3	17.0	16.5	49.0	55.0	144
Spousal education difference								
Husband has more education	30.8	5.6	26.9	5.1	4.6	31.3	37.4	1973
Wife has more education	34.6	8.0	28.4	7.6	7.0	35.0	39.9	1446
Both have equal education	20.4	4.5	18.2	3.9	3.5	21.0	25.3	4925
Neither has any education	28.6	8.0	26.8	6.8	5.7	29.8	35.0	600
Number of marital control behaviors displayed by husband[2]								
0	13.5	1.7	11.1	1.4	1.1	13.8	16.8	3137
1-2	26.8	4.4	21.7	3.9	3.2	27.3	32.3	5072
3-4	65.9	25.2	71.8	22.5	22.1	68.5	80.0	619
5	82.7	54.3	91.7	54.0	54.0	83.1	93.0	116
Husband's alcohol consumption								
Drinks alcohol only	*	*	*	*	*	*	*	12
Uses drugs only	79.2	28.2	75.6	28.2	27.7	79.2	82.7	158
Drinks and uses drugs	(92.8)	(60.4)	(94.2)	(60.4)	(60.4)	(92.8)	(100.0)	62
Does not drink or use drugs	24.1	4.7	20.9	4.1	3.6	24.7	29.5	8711
Woman afraid of husband								
Most of the time afraid	71.5	29.6	64.7	28.4	27.2	72.6	75.3	621
Sometimes afraid	39.3	8.3	36.1	7.4	6.6	40.2	47.2	1933
Never afraid	16.9	2.4	14.1	2.0	1.6	17.3	21.7	6390
Woman's father beat her mother								
Yes	28.7	5.9	25.4	5.0	4.8	29.6	34.7	1753
No	25.0	5.5	21.7	5.0	4.4	25.5	30.3	7016
Don't know	14.4	4.5	16.0	4.4	4.3	14.5	19.6	176
Number of decisions in which women participate[3]								
0	36.4	11.1	35.4	10.4	9.4	37.2	43.7	603
1-2	30.1	5.5	25.4	4.8	4.4	30.8	35.5	2205
3	20.4	3.6	17.2	3.2	2.7	20.8	25.6	5540
Number of reasons for which wife-beating is justified[4]								
0	21.6	4.8	19.0	4.3	3.8	22.1	26.6	7038
1-2	37.6	7.6	32.2	6.5	5.9	38.6	43.9	1152
3-4	43.5	10.8	38.8	9.6	8.5	44.7	53.3	583
5	46.2	7.7	39.1	7.7	6.6	46.2	49.5	171
Total 15-49	25.5	5.6	22.3	5.0	4.5	26.1	31.0	8944

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 cases and has been suppressed.
[1] Includes only women who have been married only once
[2] According to the wife's report. See 15.2 for list of behaviors.
[3] According to the wife's report. Includes only currently married women. See Table 14.13 for list of decisions.
[4] According to the wife's report. See Table 14.15 for list of reasons.

As expected, the levels of spousal violence increased with the number of controlling behaviors exhibited by husbands and were higher among the small number of women whose husbands were reported to use drugs than among other women. For example, the percentage of women ever experiencing an episode

of physical violence increase with the increase of controlling behaviors by husband to reach 83% among women reported that husband experience 5 controlling behaviors. Also, percentage exposed to physical violence increases to 93% among the few women who reported that the husband drinks alcohol and takes drug compared with 24% among women reported that husband never drunk alcohol or took drug.

The data in Table 15.5 also indicate that there is strong relation between spousal violence and woman who reported fear from husband, where the percentage of women who reported exposure to any violence (physical/sexual, and emotional) is 22% among women who reported not being afraid from husband, compared with 47% among those who reported they are sometimes afraid from husband, to 75% among women who reported they are afraid from husband all the time.

The results in Table 15.5 show that women's experience of spousal violence is associated with a familial history of violence. It was observed that, women who said that their father beat their mother were more likely than women who said their father did not beat their mother to report ever having experienced physical, sexual, or emotional violence perpetrated by their own husband (35% and 30%, respectively). Finally, spousal violence varies as expected with the empowerment indicators included in Table 15.5, where the proportion of currently married women experiencing various forms of violence at the hands of their current (most recent) spouse generally decreases with the number of decisions in which the woman says she is involved (26% for women who participate in 3 decisions compared with 44% among those who didn't have a say in any decision). Also, the proportion of ever-married women ever experiencing spousal violence varies directly with the number of reasons that the woman agrees justify wife-beating (50 % among women reported 5 reason for justifying wife beating).

15.3 RECENT EXPERIENCE OF SPOUSAL VIOLENCE

The data available on experience of spousal violence during the 12 months before the survey provides an indication of the scope of the current problem in Egypt for use in program planning. The information presented in Table 15.6 includes all reports of physical and sexual violence during the 12 months before the survey perpetrated by any spouse including the current husband, the most recent husband if the woman is divorced, separated or widowed, and by any previous husbands a woman may have during the period if she had been married more than once.

Overall, 17% ever-married women aged 15-49 in Egypt experienced physical or sexual violence perpetrated by any husband in the 12 months before the survey, which is slightly higher than what observed in 2014-EDHS (14%). As expected, the largest variation in the reports of violence is seen with the fear of the husband, where 64% of women who were afraid of their husband most of the time had experienced spousal physical or sexual violence in the 12 months before the survey compared with only 31% among women who were only sometimes afraid of their husband and 8% among women who were never afraid.

There are variations in the proportion of women reporting recent spousal violence with the other characteristics, where the lowest proportions are found among women in the highest wealth quintile (10%) and women aged 40-49 (13%). Looking at residential differences, women in rural Upper Egypt were most likely to have experienced an episode of physical or sexual violence involving a husband in the 12 months before the survey while women in Frontier Governorates were least likely to report a recent episode of spousal violence (19% and 8%, respectively).

Table 15.6 Recent experience of physical or sexual violence

Percentage of ever-married women aged 15-49 who have experienced physical or sexual violence by any husband in the past 12 months, by background characteristics, Egypt 2021

Background characteristic	Percentage of women who have experienced physical or sexual violence in the past 12 months from any husband	Number of ever-married women
Age		
15-19	17.8	163
20-24	23.2	952
25-29	20.1	1393
30-39	17.8	3635
40-49	12.6	2801
Number of living children		
0	14.0	413
1-2	18.0	3319
3-4	16.8	4303
5+	16.8	909
Marital status		
Married	17.5	8348
Divorced/separated	18.1	363
Widowed	0.9	233
Urban-rural residence		
Urban	15.9	3441
Rural	17.9	5503
Place of residence		
Urban Governorates	15.0	1340
Lower Egypt	16.5	3910
Urban	14.7	1007
Rural	17.2	2903
Upper Egypt	18.8	3587
Urban	18.4	1020
Rural	18.9	2567
Frontier Governorates[1]	8.2	107
Education		
No education	20.8	1451
Some primary	21.7	432
Primary complete/some secondary	21.9	1863
Secondary complete/ higher	14.0	5198
Husband's (current/last) education		
No education	22.3	1141
Some primary	22.1	637
Primary complete/some secondary	23.3	1551
Secondary complete/ higher	13.8	5615
Work status		
Working for cash	14.6	1516
Not working for cash	17.6	7428
Wealth quintile		
Lowest	21.3	1699
Second	20.4	1670
Middle	19.3	1826
Fourth	15.5	1912
Highest	9.8	1836
Woman afraid of husband		
Most of the time afraid	63.8	621
Sometimes afraid	31.2	1933
Never afraid	8.3	6390
Total 15-49	17.1	8944

Note: Any husband includes all current, most recent and former husbands.
[1] Does not include North Sinai governorate.

15.4 ONSET OF SPOUSAL VIOLENCE

Table 15.7 presents information for women who were married only once on the numbers of years after marriage when the woman first experienced physical or sexual violence. The results show that violence occurs after a short period of marriage. Overall, 15% of women experienced the first episode of physical or sexual violence within the first two years of marriage, and 21 % experienced the first episode of violence within the first five years of marriage.

Table 15.7 Experience of spousal violence by duration of marriage

Among currently married women aged 15-49 who have been married only once, the percentage who first experienced physical or sexual violence committed by their current husband by specific exact years since marriage according to marital duration, Egypt 2021

Years since marriage	Percentage who first experienced spousal physical or sexual violence by exact marital duration:				Percentage who has not experienced spousal sexual or physical violence	Number of currently married women who have been married only once
	Before marriage	2 years	5 years	10 years		
<2	0.0	na	na	na	90.6	286
2-4	0.0	18.0	na	na	76.4	802
5-9	0.0	17.0	23.6	na	74.1	1605
10+	0.0	14.5	20.3	22.3	75.0	5374
Total	0.0	15.1	20.8	22.4	75.5	8067

na = Not applicable

15.5 INJURIES RESULTING FROM MARITAL VIOLENCE

Information was obtained in the EFHS-2021 on the extent to which women have ever and recently experienced injuries as a result of spousal violence. Overall, Table 15.8 shows that 36% of ever married women who ever experienced an episode of marital physical or sexual violence reported they were injured as a result of the violence they experienced. The most common injuries were cuts (33%), burns (14%); however, 9% reported they had deep wounds, broken bones or teeth, or other serious injuries. Women who ever experienced sexual violence were more likely than women who ever experienced physical violence to report they sustained any injuries (52% and 36%, respectively) and to say they had been injured seriously (21% and 9%, respectively).

Table 15.8 Injuries to women due to spousal violence

Percentage of ever-married women aged 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, Egypt 2021

Type of violence	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of ever-married women who have ever experienced any spousal physical or sexual violence
Experienced physical violence[1]					
Ever[2]	33.2	13.8	8.6	36.4	2284
In the past 12 months	37.4	17.2	10.5	41.7	1217
Experienced sexual violence					
Ever[2]	47.3	28.4	20.8	52.4	498
In the past 12 months	45.5	27.7	19.4	50.5	328
Experienced physical or sexual violence[1]					
Ever[2]	32.6	13.5	8.5	35.8	2337
In the past 12 months	36.2	16.6	10.2	40.4	1278

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.
[1] Excludes women who reported violence only in response to a direct question on violence during pregnancy
[2] Includes in the past 12 months

15.6 PHYSICAL VIOLENCE INVOLVING ANY PERPETRATOR

15.6.1 Prevalence of Physical Violence

The domestic violence module in the EFHS-2021 included a question on whether or not anyone other than the respondent's current or previous husband had hit, slapped, kicked or done anything else to physically hurt her beginning when she was 15 years old. Table 15.9 takes into account the responses to this question and information on incidents of marital physical violence in describing women's overall experience of physical violence since age 15.

Table 15.9 Experience of physical violence since age 15

Percentage of ever-married women aged 15-49 who have ever experienced physical violence perpetrated by any individual since age 15 and percentage who have experienced violence during the 12 months preceding the survey, by background characteristics, Egypt 2021

Background characteristic	Percentage who has ever experienced physical violence since age 15[1]	Percentage who has experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes[2]	
Age					
15-19	22.6	6.3	10.8	17.1	163
20-24	32.3	8.0	14.9	23.0	952
25-29	33.8	7.0	12.4	19.5	1393
30-39	32.5	5.7	11.6	17.4	3635
40-49	28.9	4.2	8.1	12.3	2801
Number of living children					
0	28.1	4.6	9.3	13.9	413
1-2	32.4	6.4	11.2	17.6	3319
3-4	31.0	5.3	11.2	16.5	4303
5+	30.8	5.3	9.8	15.1	919
Marital status					
Married	30.1	5.7	11.3	17.0	8348
Divorced/separated	64.0	9.8	9.5	19.3	363
Widowed	25.3	0.0	1.3	1.3	233
Urban-rural residence					
Urban	30.8	5.8	10.2	16.1	3441
Rural	31.7	5.6	11.5	17.1	5503
Place of residence					
Urban Governorates	29.9	6.1	10.2	16.2	1340
Lower Egypt	29.9	5.7	10.0	15.7	3910
Urban	29.5	5.8	8.8	14.6	1007
Rural	30.0	5.6	10.5	16.1	2903
Upper Egypt	33.9	5.7	12.5	18.2	3587
Urban	34.0	5.8	11.9	17.7	1020
Rural	33.9	5.7	12.7	18.4	2567
Frontier Governorates[3]	16.2	1.4	5.5	6.9	107
Education					
No education	37.2	6.5	13.0	19.5	1451
Some primary	37.5	6.5	14.6	21.1	432
Primary complete/some secondary	36.4	8.3	13.3	21.6	1863
Secondary complete/ higher	27.4	4.5	9.3	13.8	5198
Work status					
Working for cash	33.5	5.2	8.7	14.0	1516
Not working for cash	30.9	5.8	11.4	17.2	7428
Wealth quintile					
Lowest	37.5	6.7	13.7	20.3	1699
Second	33.5	6.9	12.2	19.1	1670
Middle	34.8	6.4	12.4	18.7	1826
Fourth	29.8	5.2	10.3	15.5	1912
Highest	21.9	3.6	6.7	10.3	1836
Total 15-49	31.4	5.7	11.0	16.7	8944

[1] Includes any violence in the past 12 months. For women who were married before age 15 and who reported physical violence by a spouse, the violence could have occurred before age 15.
[2] Includes women for whom frequency in the past 12 months is not known.
[3] Does not include North Sinai governorate.

Around one-third of ever-married women aged 15-49 reported that they had ever been hit, slapped, kicked, or subjected to some other form of physical violence at some point after their fifteenth birthday (31%), and this percentage is less by around 5 percentage points than what was reported in the 2014-EDHS. Also, 17% of the women reported that they had been subjected to some form of physical violence within the 12-month period before the survey interview, and 6% reported that they had often experienced physical violence during the period.

Age was not strongly related to the overall prevalence of physical violence since age 15. However, the percentage of women reporting violence often or sometimes in the 12 months prior to the survey generally declined with age, where it reached 23% between women in the age 20-24 and decreased gradually to around 12% in older age 40-49.

There is a strong relation between woman's marital status and the likelihood that she had ever experienced physical violence; where around two -third of divorced or separated women reported at least one episode of physical violence after age 15 (64%) compared to 30% of currently married women.

Women from Upper Egypt were more likely than women in other areas to have ever experienced physical violence since age 15 (34%). Women living in the Frontier Governorates were less likely than women living in other areas to report ever experiencing physical violence since age 15 (16%). The prevalence of physical violence decreases among women with a secondary or higher education to reach 27% compared to more than 36% among less-educated women. Also, women who worked for cash were slightly more likely than other women to report physical violence. The prevalence of physical violence decreases with the increase of wealth quintile.

15.6.2 Perpetrators of Physical Violence

Table 15.10 shows the proportions of women who ever experienced violence according to the persons identified as perpetrators of the violence. Women were able to cite more than one person as responsible for the physical violence they had experienced since age 15. The current husband was named most often as the perpetrator (72%), and 12% of women cited their former husband, fathers/stepfathers and mothers/step-mothers were also frequently named as perpetrators (16% and 15%, respectively). Also, 9% reported sisters/brothers as perpetrators.

Table 15.10 Persons committing physical violence

Among ever-married women aged 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, Egypt 2021

Person	Total
Current husband	72.4
Former husband	12.3
Father/step-father	15.6
Mother/step-mother	15.2
Sister/brother	9.0
Daughter/son	0.1
Other relative	1.5
Mother-in-law	0.6
Father-in-law	0.4
Other in-law	0.4
Teacher	1.8
Employer/someone at work	0.1
Other	0.5
Number women who have experienced physical violence since age 15	2804

Note: Women can report more than one person who committed the violence.

15.7 VIOLENCE DURING PREGNANCY

Violence during pregnancy may threaten not only a woman's well-being but that of her unborn child. Table 15.11 presents information on the proportion of Egyptian women who have experienced some form of physical violence during pregnancy. The results indicate that among women who had ever been pregnant, 6% were hit, slapped, kicked, or subjected to some other form of physical violence at least once during a pregnancy. Women who were divorced or separated were much more likely than other to report violence during pregnancy (23%). There are no significant differences by background characteristics, where the percentage ranges between 3% and 7%. Women living in the Frontier Governorates, women in the highest wealth quintile, and women who didn't give birth to their first child were more likely to have experienced an episode of violence when they were pregnant (7%).

15.8 HELP-SEEKING BEHAVIOR

Information was collected in the EFHS-2021 to assess the extent to which women who experience physical violence seek help to deal with violence. To obtain these data, women who had experienced an episode of physical since age 15 regardless of the perpetrator, were asked whether they had tried to seek any help at any time. If they had not sought help, they were asked if they had ever told anyone about the violence. Those women who had sought help were asked from whom they had sought help.

The results in Table 15.12 indicate that around one-third of women sought assistance to deal with the violence. The data indicate that women who had experienced physical violence only at the hands of a perpetrator other than their spouse were much more likely not to have sought help or told someone about the violence (89%) than women who had only experienced violence committed by a spouse (64%) or who had been subjected to violence by the spouse and another perpetrator (54%). Also, divorced or separated women are more likely to seek help to deal with violence with someone than other women (59%).

Table 15.11 Experience of violence during pregnancy

Among ever-married women aged 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Egypt 2021

Background characteristic	Percentage who experienced violence during pregnancy	Number of ever-married women who have ever been pregnant
Age		
15-19	5.0	139
20-24	6.8	895
25-29	6.7	1350
30-39	5.9	3558
40-49	4.1	2739
Residence		
Urban	5.4	3339
Rural	5.6	5342
Place of residence		
Urban Governorates	5.9	1292
Lower Egypt	5.0	3830
Urban	4.1	993
Rural	5.2	2837
Upper Egypt	6.0	3455
Urban	6.1	982
Rural	6.0	2473
Frontier Governorates[1]	3.2	104
Marital status		
Married or living together	4.9	8153
Divorced/separated	22.5	304
Widowed	3.9	223
Number of living children		
0	6.6	150
1-2	5.7	3119
3-4	5.3	4303
5+	5.5	909
Education		
No education	6.3	1418
Some primary	6.5	414
Primary complete/ some secondary	7.0	1796
Secondary complete/ higher	4.7	5053
Wealth quintile		
Lowest	6.7	1664
Second	6.6	1615
Middle	6.5	1771
Fourth	4.7	1855
Highest	3.3	1775
Total 15-49	5.5	8680

[1] Does not include North Sinai governorate.

Women in Urban Governorates and Lower Egypt were more likely to seek help to stop violence compared with women from Upper Egypt and Frontier Governorates (35% versus 32% respectively). Surprisingly, the proportion of women seeking help for violence increased from 31% among women in the highest wealth quintile to 36% among women in the lowest quintile.

Table 15.12 Help seeking to stop violence

Percent distribution of ever-married women aged 15-49 who have ever experienced physical violence since age 15 by their help-seeking behavior by background characteristics, Egypt 2021

Background characteristic	Sought help to stop violence	Never sought help, never told anyone	Total	Number of women who have ever experienced any physical violence
Perpetrator of physical violence				
Spousal only	35.7	64.3	100.0	1874
Other perpetrator only	10.6	89.4	100.0	458
Both spouse and other perpetrator	46.0	54.0	100.0	472
Age				
15-19	(10.7)	(89.3)	100.0	37
20-24	36.7	63.3	100.0	308
25-29	32.5	67.5	100.0	471
30-39	34.8	65.2	100.0	1180
40-49	31.4	68.6	100.0	810
Number of living children				
0	36.6	63.4	100.0	116
1-2	35.4	64.6	100.0	1076
3-4	31.4	68.6	100.0	1333
5+	33.3	66.7	100.0	280
Marital status				
Married	31.1	68.9	100.0	2513
Divorced/separated	59.3	40.7	100.0	232
Widowed	28.0	72.0	100.0	59
Urban-rural residence				
Urban	34.4	65.6	100.0	1059
Rural	32.7	67.3	100.0	1746
Place of residence				
Urban Governorates	35.0	65.0	100.0	401
Lower Egypt	34.6	65.4	100.0	1169
Urban	36.7	63.3	100.0	297
Rural	33.9	66.1	100.0	872
Upper Egypt	31.6	68.4	100.0	1217
Urban	31.6	68.4	100.0	346
Rural	31.6	68.4	100.0	870
Frontier Governorates[1]	32.0	68.0	100.0	17
Education				
No education	28.8	71.2	100.0	540
Some primary	29.5	70.5	100.0	162
Primary complete/some secondary	36.6	63.4	100.0	679
Secondary complete/ higher	33.9	66.1	100.0	1423
Work status				
Working for cash	38.5	61.5	100.0	507
Not working for cash	32.2	67.8	100.0	2297
Wealth quintile				
Lowest	36.4	63.6	100.0	636
Second	32.7	67.3	100.0	560
Middle	33.3	66.7	100.0	635
Fourth	32.4	67.6	100.0	571
Highest	30.6	69.4	100.0	402
Total 15-49	33.3	66.7	100.0	2804

Note: Figure in parentheses are based on 25-49 unweighted cases.
[1] Does not include North Sinai governorate.

Results indicated that if a woman did seek help when she experienced physical violence, she was most likely to ask her family for help. Table 15.13 shows around 8 in 10 women who sought help named their own family as a source of assistance, 43% reported seeking help from the husband's family, and less than 2% of women who asked for help sought assistance from the police or a social service organization.

Table 15.13 Sources for help to stop the violence

Percentage of ever-married women aged 15-49 who have ever experienced physical violence since age 15 and sought help by sources from which they sought help, Egypt 2021

Person	Total
Own family	78.8
Husband's family	42.8
Current/former husband	0.8
Friend	1.7
Neighbor	8.6
Religious leader	1.1
Doctor	0.2
Police	1.6
Lawyer	0.4
Social service organization	0.0
Other	0.5
DK/Missing	0.2
Number of women who have experienced violence and sought help	935

Note: Women can report more than one source from which they sought help.

16 YOUTH CHARACTERISTICS AND SOCIALIZATION

Key Findings:

- 55% of youth live in rural areas and 45% live in urban settings. Around 41% of youth reside in Lower Egypt, while 39% live in Upper Egypt and only 19% live in Urban Governorates.

- 38% of female youth respondents reached the highest educational level compared to 31% among male youth.

- 28% of youth use computer and internet at least once a week: 30% among males and 25% among females.

- More than half of youth respondents work in sales or skilled manual work.

- Female youth are exposed to violence more than males. The percentage of females who are exposed to violence increases in rural areas to 14% compared to 8% among males.

- 72% of youth females believe that married women have the same rights to work outside home as men, while only about 42% of males agree with this statement.

This chapter presents some data on the characteristics of youth (males and females) who have never been married in the age group 15-29 years and were interviewed in the survey, as well as some topics related to socialization. The Egypt Family Health Survey-2021 involved a questionnaire for youth which collected data on place of residence, educational level, socialization, exposure to violence at home, gender roles, attitudes towards family planning and their reproductive intentions, in addition to many other important issues such as female circumcision and puberty in females and its impact on their lives. Moreover, the survey collect data on youth (males and females) perception on the ideal number of children and the ideal duration of time a woman should wait between births. In the following, results of background characteristics, attitudes towards wife beating, exposure to violence and gender roles will be presented, while the next chapter examines youth attitudes towards a number of issues related to population and health.

16.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Table 16.1 shows the distribution of youth (males and females) who have never been married in the age group (15-29) years according to selected background characteristics. Results presented in the table indicate that about 55% of the youth fall in the age group 15-19 years, 13% in the age group 25-29 years, and about a third of the youth in the sample are in the age cohort 20-24 years.

Among interviewed youth, males account for about 59% of those interviewed, while females represent only 41%. This is due to the fact that a large proportion of females marry at an early age, with about 83% of females in the 25-29 age group have ever been married (see Chapter 7, Table 7.1).

About 46% of youth reside in urban areas, while about 54% reside in rural areas. About 41% of youth reside in Lower Egypt while about 39% reside in Upper Egypt, 19% live in Urban Governorates, and only 1% of youth live in Frontier Governorates. As expected, the distribution of youth (males and females) by wealth index is almost equal.

Table 16.1 Background characteristic

Percentage distribution of never married youth aged 15-29 by background characteristics, Egypt 2021

Background characteristic	Weighted percent	Weighted number	Unweighted number
Age			
15-19	54.7	9622	9389
20-24	32.3	5694	5792
25-29	13.0	2287	2422
Sex			
Male	58.6	10319	10381
Female	41.4	7284	7222
Urban-rural residence			
Urban	45.5	8007	8384
Rural	54.5	9596	9219
Place of residence			
Urban governorates	18.5	3265	3222
Lower Egypt	41.4	7281	6276
Urban	12.6	2212	2069
Rural	28.8	5070	4207
Upper Egypt	38.9	6854	7091
Urban	13.5	2385	2353
Rural	25.4	4469	4738
Frontier governorates[1]	1.1	202	1014
Wealth quintile			
Lowest	21.7	3817	3901
Second	18.6	3269	3193
Middle	19.5	3425	3260
Fourth	19.5	3436	3369
Highest	20.8	3656	3880
Total	100.0	17603	17603

[1] Does not include North Sinai governorate.

Table 16.2 presents the distribution of never married youth in the age group 15-29 years who were interviewed in the Egypt Family Health Survey - 2021 by their attained educational level and the median number of years of schooling by selected background characteristics.

Overall, data indicate that about 24% of male youth have completed secondary education (including preparatory and secondary school), which is twice the percentage among females (12%). On the contrary, 38% of females have attained higher education than the secondary education, compared to only 31% of males.

The data also show that youth from urban areas have higher education than those in rural areas, with 42% of urban youth attaining more than a secondary education compared to 27% of youth in rural areas.

It is observed from the table that educational attainment levels decline clearly with lower wealth quintiles. It was noticed that 59% of youth in the highest level of wealth quintile had attained more than a secondary education which is more than three times the percentage of youth in the lowest wealth quintile (18%).

Data presented in the table indicate that more than half of the youth are still enrolled in education (currently going to school/university 57%). There are some variations by place of residence where the percentage in rural Upper Egypt and Frontier Governorates is about 52%, increased to about 62% in Lower Egypt. Also, there are differences by gender and age. The proportion of females currently enrolled in education (65%) is higher than males (51%), while the proportion of youth currently enrolled declines among those in the age 20-24 (39%) and declines even more among those 25-29 years (only 6%) which is expected as most youth finish university by age 21 or 22. The median years of schooling is 12 years and there is no discrepancy between males and females or according to other characteristics except age. As expected, the median number of years of schooling increases with age (11 years among the age group 15-19 compared to 14 years among those 20 years or older).

Table 16.2 Education Level

Percent distribution of never married youth aged 15-29 according to the highest level of education they have attended or completed and who are currently attending school/university, and median number of years of education, according to background characteristics, Egypt 2021.

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Current School/ University attendance	Median years completed	Number of youths
Sex										
Male	0.8	3.7	1.7	39.0	24.1	30.7	100.0	51.27	12.2	10319
Female	1.1	1.3	1.6	45.7	11.8	38.4	100.0	65.13	12.0	7284
Age										
15-19	0.8	2.0	1.5	68.4	11.9	15.5	100.0	79.70	10.9	9622
20-24	0.9	3.5	1.7	10.1	26.4	57.4	100.0	39.31	13.9	5694
25-29	1.8	4.1	2.6	8.7	30.5	52.3	100.0	5.59	14.4	2287
Residence										
Urban	0.6	2.3	1.6	36.3	16.9	42.2	100.0	57.29	12.4	8007
Rural	1.2	3.1	1.8	46.3	20.7	26.9	100.0	56.77	11.8	9596
Place of residence										
Urban Governorates	0.8	2.5	1.9	35.4	15.8	43.6	100.0	55.60	12.5	3265
Lower Egypt	0.6	2.8	1.4	41.9	17.1	36.2	100.0	61.49	12.2	7281
Urban	0.7	2.2	1.4	36.3	14.5	44.9	100.0	61.58	12.5	2212
Rural	0.6	3.0	1.5	44.3	18.2	32.5	100.0	61.45	12.0	5070
Upper Egypt	1.3	2.8	1.7	44.7	22.6	26.7	100.0	53.05	12.0	6854
Urban	0.3	2.1	1.2	37.3	20.9	38.2	100.0	55.64	12.4	2385
Rural	1.9	3.2	2.0	48.6	23.6	20.7	100.0	51.68	11.5	4469
Frontier Governorates[3]	1.4	1.7	4.0	42.7	18.9	31.3	100.0	52.18	12.0	202
Wealth quintile										
Lowest	1.9	4.5	2.7	48.8	24.1	17.9	100.0	49.12	11.3	3817
Second	1.9	5.2	3.2	47.0	22.8	19.9	100.0	48.07	11.4	3269
Middle	0.6	2.2	1.5	43.6	22.3	29.8	100.0	57.12	12.1	3425
Fourth	0.2	1.5	0.8	38.8	16.8	41.9	100.0	62.49	12.4	3436
Highest	0.1	0.3	0.2	31.0	9.3	59.1	100.0	67.97	13.3	3656
Total	0.9	2.7	1.7	41.8	19.0	33.8	100.0	57.01	12.1	17603

[1] Youth age 29 years completed 5 years at the primary level; all others completed 6 years at the primary level.
[2] Completed 6 years at the secondary level.
[3] Does not include North Sinai governorate.

16.1.1 Exposure to Broadcast, Print and Digital Media

During the EFHS-2021, information was obtained about the exposure of youth to visual and audio broadcasted media and print media weekly. This information is important because it gives indicators that are usually used when developing programs and awareness messages related to family planning, reproductive health, and any other health programs. The survey also asked a series of questions to assess exposure to digital media, which is considered an alternative method for delivering media messages.

Table 16.3 shows the percentages of youth who have never been married and in the age group 15-29 who stated that they read newspapers or magazines, watch television, and listen to the radio regularly according to background characteristics. The table also includes information on the proportion of youth who reported exposure to all three media at least once a week, and the percentage of youth who were not exposed to any media.

Data presented in the table shows that television is the most preferred and followed media for the majority of respondents where 75% of males and 79% of females watch television at least once a week. This pattern did not differ by background characteristics of youth except for the educational level, where the percentage increases from 66% among those who did not attend school to 79% among those who completed primary/some secondary education. The percentage of youth who were not exposed to any of the three media at least once a week ranged from 14-28% according to different background characteristics. Nevertheless, it is remarkable that not attending school has a significant impact on exposure to different media where 32% of those who did not go to school did not access any of the three media, compared to only 22% among those who completed primary education or higher.

Similar patterns of television and radio exposure rates are observed across the different wealth quintiles as there are no substantial variations. In general, it was noted that youth in the highest wealth quintile reported the highest rates of reading newspapers and exposure to all three media at least once a week (4% among youth in the highest wealth quintile compared to 1% among those in the lowest level of wealth quintile).

Table 16.3 Exposure to broadcast and print media

Percentage of never married youth aged 15-29 who are exposed to specific media on a weekly basis, by background characteristics, Egypt 2021

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of youth
Sex						
Male	3.9	74.9	12.5	1.5	22.9	10319
Female	12.4	78.8	13.0	3.4	17.8	7284
Urban-rural residence						
Urban	8.9	75.5	12.2	2.9	212.3	8007
Rural	6.2	77.4	13.2	1.8	20.3	9596
Place of residence						
Urban Governorates	8.5	71.3	10.0	2.7	25.8	3265
Lower Egypt	8.4	77.3	16.1	2.6	19.6	7281
Urban	10.3	76.3	15.4	3.4	19.7	2212
Rural	7.6	77.7	16.4	2.3	19.6	5070
Upper Egypt	6.0	77.9	10.7	1.8	19.9	6854
Urban	8.4	79.7	12.5	2.6	17.3	2385
Rural	4.6	77.0	9.7	1.3	21.2	4469
Frontier Governorates[1]	4.1	85.0	5.0	0.7	14.0	202
Education						
No education	0.7	66.0	6.2	0.0	32.1	167
Some primary	2.6	69.3	12.9	1.1	27.8	481
Primary complete/some secondary	5.1	79.0	10.7	1.2	19.1	7650
Secondary complete/higher	9.7	75.1	14.5	3.3	21.6	9304
Wealth quintile						
Lowest	4.3	76.3	11.5	1.3	22.0	3817
Second	4.7	77.6	9.8	1.4	20.5	3269
Middle	6.6	76.1	13.2	1.9	20.9	3425
Fourth	9.3	77.2	14.4	3.0	19.7	3436
Highest	12.1	75.5	14.6	3.9	20.7	3656
Total	7.4	76.5	12.7	2.3	20.8	17603

[1] Does not include North Sinai governorate.

Table 16.4 shows the proportion of never-married youth aged 15-29 who use computers and internet weekly by background characteristics. Data shows that 83% of youth use the internet at least once a week.

Considering the place of residence, youth in urban areas were found to be more likely to use computers (39%) than youth in rural areas (21%), with youth in Urban Governorates reporting the highest level of use (44%). Among respondents who did not have access to either computer or internet at least once a week, rural Upper Egypt reported the highest rate (28%).

Exposure to digital media increases with educational level and wealth, where 92% of youth who have completed secondary education or higher are exposed to the Internet at least once a week compared to only 19% among those who have never been to school. Also, the percentage of youth who use computers and the Internet at least once a week increases to 54% among those in highest wealth quintile compared to only 12% among those in lowest wealth quintile.

Table 16.4 Use of computers and digital media

Percentage of never married youth aged 15-29 who use a computer, the Internet, and social media on a weekly basis, by background characteristics, Egypt 2021

Background characteristic	Uses a computer at least once a week	Uses Internet at least once a week	Uses computer & internet at least once a week	Doesn't use any of the digital media at least once a week	Number of youth
Sex					
Male	31.3	86.6	30.2	12.3	10319
Female	25.8	77.9	24.6	21.0	7284
Age					
15-19	25.3	78.9	24.1	19.8	9622
20-24	32.8	87.9	31.9	11.1	5694
25-29	35.2	87.7	34.1	11.1	2287
Urban-rural residence					
Urban	38.6	89.8	37.7	9.3	8007
Rural	21.1	77.3	19.7	21.4	9596
Place of residence					
Urban Governorates	43.5	89.8	42.4	9.1	3265
Lower Egypt	27.5	86.1	26.5	12.9	7281
Urban	36.0	91.9	35.4	7.4	2212
Rural	23.7	83.5	22.6	15.4	5070
Upper Egypt	23.8	76.7	22.5	22.0	6854
Urban	34.5	88.4	33.7	10.7	2385
Rural	18.1	70.4	16.5	28.0	4469
Frontier Governorates[1]	27.9	74.8	26.8	24.1	202
Education					
No education	3.2	19.1	0.0	77.7	167
Some primary	8.3	52.3	5.4	44.8	481
Primary complete/some secondary	22.2	74.9	20.7	23.7	7650
Secondary complete/higher	36.2	92.4	35.5	6.9	9304
Wealth quintile					
Lowest	13.2	66.2	11.9	32.5	3817
Second	17.5	71.8	15.9	26.7	3269
Middle	25.3	86.5	24.0	12.3	3425
Fourth	34.2	93.1	33.1	5.8	3436
Highest	54.5	97.8	54.0	1.8	3656
Total	29.0	83.0	27.9	15.9	17603

[1] Does not include North Sinai governorates

16.1.2 Employment Status

Table 16.5 shows the percent distribution of youth respondents (males and females), who have never been married and are in the age group 15-29 years, by employment status according to background characteristics. Overall, 61% of males are currently employed compared to only 12% of females, and the proportion of those currently employed increases with age reaching 86% among males and 48% among females in the age cohort 25-29 years. Variations in the employment status of males are observed across urban and rural areas or place of residence, and also some disparities among females in urban or rural areas and by place of residence are observed. For example, the proportion of male youth who are currently employed is 58% in urban areas compared to 63% in rural areas, while the percentage of females who work in urban areas is 16% compared to 9% in rural areas. Data indicate that the percentage of working male youth increases in Upper Egypt (68%) compared to other regions (about 55%), while the percentage of females who are currently employed increases in Urban Governorates and urban areas of Lower and Upper Egypt in comparison with rural Lower Egypt and Upper Egypt.

Variations are observed in the proportion of youth who are currently employed by educational level, where the percentage of those currently employed increases to 88% among males who have not completed primary education compared to 50% among those who have completed primary/some secondary education. Nearly two-thirds of males who have completed secondary education or

Table 16.5 Work status

Percentage distribution of never married youth aged 15-29 currently employed, according to background characteristics, Egypt 2021.

Background characteristic	Male	Female	Number of youth
Age			
15-19	47.0	4.3	9622
20-24	66.4	20.1	5694
25-29	86.3	47.5	2287
Urban-rural residence			
Urban	57.7	15.5	8007
Rural	62.6	8.8	9596
Place of residence			
Urban governorates	55.3	17.3	3265
Lower Egypt	55.5	10.9	7281
Urban	52.7	15.2	2212
Rural	56.7	8.9	5070
Upper Egypt	68.1	10.4	6854
Urban	65.4	13.4	2385
Rural	69.5	8.8	4469
Frontier governorates[2]	55.1	6.9	202
education			
No education	77.3	13.5	167
Some primary	88.4	18.8	481
Primary complete/ some secondary	50.4	4.1	7650
Secondary complete/ higher	65.7	19.1	9304
Wealth quintile			
Lowest	70.3	9.3	3817
Second	68.5	9.9	3269
Middle	61.7	12.6	3425
Fourth	55.5	12.5	3436
Highest	44.0	14.7	3656
Total	60.5	11.9	17603

[1]Currently working" means doing work in the past 7 days. It also includes male and female youth who are working but have been absent from work in the past 7 days due to travel, illness, vacation or for some other reason.
[2] Does not include North Sinai governorate.

higher are currently employed compared to about 19% among females. Concerning discrepancies in employment status by wealth quintile, it is observed that the probability of working increases with lower levels of wealth. The percentage of respondents who are currently employed is about 70% among males in the lowest level of wealth quintile compared to 44% among males at the highest level of wealth quintile. This may be due to the fact that a large percentage of males in the highest wealth quintiles are still in school/education and therefore have not yet entered the labor market.

Occupation

Table 16.6 shows percent distribution of youth (males and females) who have never been married and worked within the 7 days preceding the interview, by occupation and background characteristics.

About one-third of males were reported to be involved in sales and services occupations (32%), and more than half of females were engaged in professional, technical and managerial occupations (51%). It is observed that about more than half of the sample work in sales and skilled manual labor occupations (54%). This occupation pattern almost does not differ across the different background characteristics of youth, where about half of the sample in each age group are employed in sales, services or skilled manual labor occupations. Results also indicate that 37% of youth residing in urban areas were employed in sales and services compared to 27% among those living in rural areas. At least half of the respondents, at each of the five wealth quintiles are engaged in sales, services and skilled manual labor

activity. Data indicate that 29% of those who have completed secondary education or higher work in professional, technical and managerial occupations compared to 4% or less among youth who have attained lower levels of education.

Table 16.6 Occupation

Percent distribution of never married youth aged 15-29 employed during the 7 days preceding the survey, by occupation, by background characteristics, Egypt 2021.

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agri-culture	Other	Total	Number of never married youth employed during the last 7 days
Sex									
Male	14.8	0.7	32.1	24.5	14.3	9.6	4.0	100.0	10319
Female	51.4	3.7	27.8	7.8	4.0	1.8	3.4	100.0	7284
Age									
15-19	5.7	0.3	33.4	25.4	18.2	13.8	3.2	100.0	9622
20-24	21.2	1.3	32.5	22.9	11.5	6.2	4.4	100.0	5694
25-29	35.7	1.6	27.7	17.6	8.2	5.1	4.1	100.0	2287
Urban-rural residence									
Urban	25.4	1.4	37.1	21.1	9.8	1.3	3.9	100.0	8007
Rural	14.4	0.8	27.2	23.6	15.7	14.5	3.9	100.0	9596
Place of residence									
Urban Governorates	26.6	1.4	36.6	20.3	9.7	1.5	4.0	100.0	3265
Lower Egypt	21.3	1.0	25.1	25.5	11.9	9.2	6.1	100.0	7281
Urban	31.0	1.4	29.8	21.3	10.2	0.9	5.3	100.0	2212
Rural	17.2	0.8	23.1	27.3	12.6	12.6	6.3	100.0	5070
Upper Egypt	14.6	0.9	34.7	20.8	15.6	11.3	2.0	100.0	6854
Urban	20.0	1.4	42.2	22.1	9.8	1.5	2.9	100.0	2385
Rural	11.8	0.7	30.9	20.1	18.6	16.4	1.6	100.0	4469
Frontier Governorates[1]	17.1	0.4	56.6	18.6	5.3	2.0	0.0	100.0	202
Education									
No education	4.0	0.0	35.4	20.0	14.9	17.0	8.6	100.0	167
Some primary	1.7	0.0	26.5	34.0	18.2	13.6	5.9	100.0	481
Primary complete/some secondary	4.4	0.1	32.4	27.9	18.4	13.0	3.7	100.0	7650
Secondary complete/higher	28.6	1.6	31.6	18.8	9.9	5.8	3.7	100.0	9304
Wealth quintile									
Lowest	9.6	0.6	24.0	24.3	15.7	22.0	3.7	100.0	3817
Second	12.5	0.7	32.0	22.9	19.0	9.1	3.8	100.0	3269
Middle	16.9	0.7	34.9	26.2	13.0	3.7	4.5	100.0	3425
Fourth	23.3	1.1	36.7	23.3	9.7	1.8	4.1	100.0	3436
Highest	42.5	2.5	33.3	13.2	4.6	0.7	3.2	100.0	3656
Total	19.3	1.0	31.6	22.5	13.1	8.6	3.9	100.0	17603

[1] Does not include North Sinai governorate.

16.2 ATTITUDES TOWARDS WIFE BEATING

Data in Table 16.7 show the percentage of never-married youth aged 15-29 who agree that a husband had justification in hitting or beating his wife in specific circumstances. Data indicate that about one-quarter of the respondents approve of a husband beating his wife for at least one reason, with male approval rising to 30% which is almost 3 times the approval rate among females (11%). Data also indicates that youth (male and female) from rural areas are more likely than those living in urban areas to agree that a husband is justified to beat or punish his wife for at least one reason (25% versus 18%, respectively).

About 3 in 10 youth from Upper Egypt, about 5 in 10 youth who had never been to school, and about 4 in 10 youth who have not completed primary education agree that a husband is justified to beat or punish his wife in at least one of the specific circumstances. It has also been observed that youth in the lowest wealth quintile are more inclined to agree that a husband has a justification for beating or punishing his wife in at least one of the specific situations where about one-third of youth in the lowest wealth quintile

agree that there is a justification for the husband to beat his wife, which is three times the percentage among youth in the highest level of wealth quintile.

Table 16.7 Attitudes towards wife beating

Percentage of never married youth aged 15-29 who agreed that a husband has justification for beating or punishing his wife for specific reasons, according to background characteristics, Egypt 2021.

Background characteristic	The husband has justification for hitting or punishing his wife if she:					Percentage of those who approve of a husband beating his wife for at least one reason	Number of youth
	Burnt food	Argued with him	Left without his permission	Neglected children	Refused to have sex with him		
Sex							
Male	2.8	3.3	20.4	23.5	7.4	29.6	10319
Female	2.1	2.2	6.4	8.4	3.3	11.3	7284
Age							
15-19	3.1	3.5	15.0	18.0	5.6	22.8	9622
20-24	1.6	2.2	13.7	16.0	5.7	20.8	5694
25-29	2.1	1.8	14.9	17.5	6.0	21.9	2287
Residence							
Urban	1.7	2.0	10.8	14.1	4.9	18.4	8007
Rural	3.2	3.6	17.8	20.0	6.4	25.1	9596
Place of residence							
Urban Governorates	1.3	1.5	8.1	11.1	4.2	15.2	3265
Lower Egypt	1.8	2.2	12.0	14.9	4.2	18.8	7281
Urban	1.2	2.1	9.1	11.4	3.7	14.7	2212
Rural	2.0	2.2	13.2	16.5	4.5	20.6	5070
Upper Egypt	3.9	4.3	20.7	23.1	8.1	29.0	6854
Urban	2.9	2.6	16.2	21.1	7.0	26.7	2385
Rural	4.5	5.3	23.1	24.1	8.7	30.3	4469
Frontier Governorates[1]	1.6	1.2	6.4	7.2	2.8	9.2	202
Education							
No education	8.1	15.8	34.9	42.3	21.6	47.7	167
Some primary	6.0	7.6	35.8	36.6	15.4	43.7	481
Primary complete/ some secondary	3.3	3.9	17.7	20.5	6.6	26.0	7650
Secondary complete/ higher	1.6	1.5	10.5	13.2	4.2	17.2	9304
Work status							
Working for cash	2.8	3.1	20.8	24.1	8.0	30.2	6761
Not working	2.3	2.7	10.7	13.0	4.3	16.9	10842
Wealth quintile							
Lowest	4.6	5.5	23.1	25.0	8.8	31.0	3817
Second	2.9	3.4	18.6	21.2	6.8	26.5	3269
Middle	2.6	3.2	15.2	19.2	7.3	25.1	3425
Fourth	1.6	1.1	10.1	12.9	3.4	16.5	3436
Highest	0.7	1.0	5.7	8.0	2.2	10.9	3656
Total	2.5	2.9	14.6	17.3	5.7	22.0	17603

Note: The total includes missing data on the operational status of 3 cases.
[1] Does not include North Sinai governorates.

16.3 EXPOSURE TO PHYSICAL VIOLENCE SINCE AGE 15

Table 16.8 shows the proportion of youth aged 15-29 years who have experienced physical violence by anyone since the age of 15 by background characteristics.

Data indicate that exposure to violence is higher among females than males especially in the age group (15-19) (14% and 11%, respectively), and also for the age group (20-24) where the percentage is 13% among females compared to 9% for males. It is also noted that percentage of youth who have experienced violence in rural areas is significantly higher among females (14%) than male youth (8%).

Results also reveal that the proportion exposed to violence among males who have never attended school (about 24%) is higher than that among females by about 7 percentage points. On the other hand, 29% of females who have not completed primary education have experienced physical violence which is much higher than the rate of exposure among males which is 13%. Concerning wealth quintiles the data shows that males are less likely to be subject to physical violence compared with females except for the highest wealth quintile (9% for each).

Table 16.8 Exposure to physical violence from the age of 15 years

Percentage of never married youth aged 15-29 who experienced physical violence by anyone since the age of 15 years by background characteristics, Egypt 2021.

Background characteristics	Percentage of males who have been subjected to physical violence since the age of 15 years	Percentage of females who have been subjected to physical violence since the age of 15	Number of youth
Age			
15-19	10.6	14.4	9622
20-24	8.7	13.2	5694
25-29	10.0	10.2	2287
Residence			
Urban	11.6	13.7	8007
Rural	8.4	13.8	9596
Place of residence			
Urban Governorates	10.3	10.9	3265
Lower Egypt	9.7	12.5	7281
Urban	11.8	14.0	2212
Rural	8.9	11.8	5070
Upper Egypt	9.8	16.9	6854
Urban	13.3	18.0	2385
Rural	7.9	16.2	4469
Frontier Governorates[1]	7.6	4.7	202
Education			
No education	24.3	17.6	167
Some primary	13.1	28.6	481
Primary complete/ some secondary	11.5	15.0	7650
Secondary complete/ higher	8.1	12.0	9304
Work status			
Working for cash	11.5	13.2	6761
Not working	7.5	13.8	10842
Wealth quintile			
Lowest	7.8	15.0	3817
Second	10.2	18.0	3269
Middle	11.6	14.9	3425
Fourth	11.3	12.9	3436
Highest	8.6	9.3	3656
Total	9.8	13.7	17603

[1] Does not include North Sinai governorate.

16.4 GENDER ROLES AND VARIATIONS BETWEEN MEN AND WOMEN

Table 16.9 shows the proportion of never-married youth aged 15-29 who strongly agree and agree with some of the various specific statements about gender roles and the difference between men and women. Data show that there is a clear disparity between male and female youth opinions about each gender role, with 84% of males agreeing with the statement that men have the final say in decisions within the household while only 46% of females agree to that statement. Although 72% of females agree that married women have the same rights to work outside home, yet about 42% only of males agree with that. About 70% of males agreed with the statement "It is more important for a woman to get married than to be successful in her work" while only 38% of females agree to this statement. Remarkably, females agree more than males to the statement "if a woman works, she should help with househol6d expenses" (69% and 50%, respectively).

Table 16.9 Gender roles and the difference between men and women

Percentage of never married youth aged 15-29, who agree and strongly agree with some of the various specific statements about gender roles, and the difference between men and women, Egypt 2021.

	Male	Female	
Statement	Agree	Agree	Total
Gender roles			
The idea of equality between men and women is part of Egyptian customs and cultures	37.1	62.4	47.5
The man should have the final say in decisions in the home	84.0	45.7	68.2
In the case of scarcity of resources, it is more important to enroll a boy in school than a girl	15.5	8.5	12.6
The difference between a man and a woman			
Married woman should have the same rights to work outside the home	41.8	72.4	54.5
Younger girls should help out with the housework more than little boys	73.4	48.6	63.1
It is important for a woman to get married than to be successful in her work	70.2	38.0	56.9
The most important role of a woman is to take care of the house and prepare food for the family	83.6	54.2	71.4
Changing diapers, bathing children and feeding them should be a mother's responsibility	87.4	68.5	79.6
It is the duty of a man to be responsible and have authority over his female relatives	67.1	36.3	54.3
If you are not working, you are supposed to help with household expenses	50.0	69.2	58.0
I think it is shameful for a man to be involved in childcare or other household chores	21.1	12.8	17.7
Number of youth	10319	7284	17603

17 YOUTH ATTITUDES TOWARDS POPULATION AND HEALTH ISSUES

Key Findings:

- More than 89% of female youth had their first menstrual cycle between the ages of eleven and fourteen. The median age at the start of the menstrual cycle was 13.1 years.
- 40% of never-married females aged 15-29 years are circumcised.
- Half of the youth aged 15-29 years have not been exposed to any source of awareness about family planning.
- Only 18% of youth agree to use family planning methods before the first pregnancy.
- The ideal number of children as reported by youth is 2.6 children, and it increases to 2.7 children among males while it declines among females to 2.4 children.
- One-quarter of male youth are smokers versus only 0.2% among females.
- About 40% of youth registered to receive the coronavirus vaccine and 32% have received the vaccine. There are no variations between male and female youth in receiving the vaccine.

This chapter presents some data on the attitudes of never-married youth (males and females) in the age group 15-29 years toward some important issues. The Egypt Family Health Survey-2021 youth questionnaire involved collecting data on the attitudes of youth towards family planning and their reproductive intentions, in addition to many important issues such as female circumcision and puberty in females and its impact on their lives, as well as the opinions of youth (males and females) about the ideal number of children and the ideal length of time a woman should wait between births. The results of these questions are presented below according to different background characteristics.

17.1 PUBERTY AND FEMALE CIRCUMCISION

Puberty in girls represents a transitioning point from childhood to youth, and puberty is represented by the onset of menstruation. The age at which the menstrual cycle starts varies from one girl to another, although the vast majority of girls have their menstrual cycle for the first time between the ages of 11-13 years. In some communities, menstruation is associated with some symptoms that may affect the girl. Also, the practice of female circumcision is an old tradition that is associated with how close the girl is to start her first menstrual cycle. During the EFHS-2021, questions were addressed about puberty as well as circumcision, and the results of these questions are presented below.

17.1.1 Puberty

The Egypt Family Health Survey-2021 included questions addressed to never-married female youth in the age group 15-29 about their age at their first menstrual cycle. Table 17.1 presents the distribution of females in the age 15-29 years by age at which they had their first menstrual cycle according to the different geographical regions.

Data indicate that about 89% of females had their first menstrual cycle before they were 15 years old and about 11% were between the age of 15-19 years. The median age at puberty (onset of menstruation) was 13.1 years. There are no significant differences in the age at which female youth hit puberty according to the different geographical regions, although the age at puberty is slightly lower among females in Urban Governorates (12.8 years).

Table 17.1 Age at puberty among female youth aged 15-29 years by residency

Percent distribution of females aged 15-29 who reached puberty by age at first menstrual period and median age at first menstrual period, by urban-rural residence and place of residence, Egypt 2021.

Age at menstruation	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates[1]	Total
				Total	Urban	Rural	Total	Urban	Rural		
< 11	6.2	3.6	7.9	3.7	0.4	3.6	4.5	6.1	3.6	3.3	4.8
11-12	45.4	38.7	49.2	41.7	42.9	41.2	38.2	42.5	35.8	41.5	41.8
13-14	39.1	45.7	34.9	43.7	42.4	44.3	45.2	41.2	47.4	47.4	42.6
15-17	9.0	11.6	7.8	10.4	10.0	10.6	11.7	10.0	12.6	7.5	10.4
18-19	0.3	0.4	0.2	0.4	0.7	0.3	0.3	0.2	0.4	0.3	0.3
Don't know/ Missing	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3455	3829	1423	2999	986	2013	2772	979	1793	90	7784
Median age	13.0	13.3	12.8	13.2	13.1	13.2	13.3	13.1	13.4	13.2	13.1

[1] Does not include North Sinai governorate.

Table 17.2 shows the increase in the percentage of females whose menstrual cycle affected their school attendance, where data reveal that about 37% of never-married females in the age 15-29, and interviewed in the survey, reported that their menstrual cycle impacted their school attendance. This percentage increases in urban areas (40%) than in rural areas (35%). Surprisingly, the proportion of females whose menstrual cycle affects their school attendance generally increases with the educational level and wealth quintile.

Table 17.2 Menstruation and its effect on going to school

Percentage of never-married females aged 15-29 and the effect of menstruation on their school attendance by selected background characteristics, Egypt 2021.

Background characteristic	Percentage of females whose menstruation affected school attendance	Number of never-married females aged 15-29
Age		
15-19	38.0	4666
20-24	36.6	2091
25-29	34.9	527
Urban-rural residence		
Urban	39.7	3455
Rural	35.3	3829
Place of residence		
Urban Governorates	40.3	1423
Lower Egypt	39.4	2999
Urban	42.0	986
Rural	38.2	2013
Upper Egypt	33.4	2772
Urban	35.9	979
Rural	32.0	1793
Frontier Governorates[1]	44.3	90
Education		
No education	0.0	83
Some primary	10.8	95
Primary complete/ some secondary	36.3	3451
Secondary complete/ higher	39.1	3655
Work status		
Working for cash	36.2	817
Not working for cash	37.5	6467
Wealth quintile		
Lowest	29.6	1461
Second	34.5	1252
Middle	35.5	1393
Fourth	42.0	1484
Highest	43.5	1693
Total	37.4	7284

[1] Does not include North Sinai governorate.

Exposure to messages related to signs of puberty and menstruation

Table 17.3 presents the results of the EFHS-2021 on female youth exposure to information about signs of puberty, menstrual cycle (menstruation) and the source from which they obtained the information (television - radio - posters ......) by background characteristics. The results indicate that almost half of the never-married females aged 15-29 years (48%) have not been exposed to messages about puberty and menstruation. Among females who have been exposed to information about signs of puberty and menstruation, three-quarters reported that they have received those messages from their mothers and around one-third mentioned that they have received information from relatives or friends. The school was the source of information for about 29% of females. In general, the role of the various media platforms as a source of information declined, as television was the highest reported source of information among the various media outlets, however, it was mentioned by no more than 4%.

Table 17.3 Exposure to messages about signs of menstruation

Percentage of never married females aged 15-29 according to hearing or seeing messages about menstruation signs in different media by background characteristics, Egypt 2021.

Background characteristic	Not exposed to any source	Number of females	TV	Radio	News-paper /Magazine	Public-ations	Posters	Community meeting/ education-nal seminars	During home visit by health worker	Health facility by health worker	Mother	Other relatives/ friends	School	Total
Age														
15-19	48.2	4666	2.8	0.1	0.1	0.0	0.1	0.6	0.2	0.6	74.4	30.7	28.5	2419
20-24	46.3	2091	4.6	0.0	0.5	0.1	0.1	0.2	0.2	0.1	75.7	30.6	30.2	1122
25-29	46.0	527	9.5	0.1	0.0	0.4	0.2	0.8	0.0	1.5	72.6	29.5	31.2	285
Urban-rural residence														
Urban	46.3	3455	4.8	0.0	0.3	0.1	0.2	0.7	0.2	0.4	78.5	25.6	26.4	1854
Rural	48.5	3829	2.9	0.1	0.1	0.1	0.1	0.3	0.2	0.7	71.0	35.3	31.9	1972
Place of residence														
Urban Gov.	44.8	1423	6.6	0.0	0.3	0.2	0.4	0.8	0.3	0.0	79.2	20.1	23.9	785
Lower Egypt	45.5	2999	3.5	0.1	0.1	0.0	0.1	0.4	0.3	0.6	77.2	30.7	31.1	1634
Urban	45.3	986	2.5	0.1	0.2	0.0	0.0	0.2	0.3	0.3	82.5	29.1	27.5	539
Rural	45.6	2013	4.0	0.1	0.0	0.0	0.1	0.4	0.3	0.8	74.6	31.5	32.9	1095
Upper Egypt	51.0	2772	2.6	0.0	0.4	0.1	0.0	0.5	0.0	0.8	68.7	36.9	30.4	1357
Urban	49.8	979	4.7	0.0	0.4	0.2	0.0	0.9	0.0	1.2	72.7	30.6	29.8	492
Rural	51.7	1793	1.5	0.0	0.3	0.1	0.0	0.3	0.0	0.5	66.5	40.4	30.8	866
Frontier Gov.[1]	45.6	90	3.9	0.0	0.0	0.0	0.2	0.0	0.6	0.2	81.5	21.8	19.7	49
Education														
No education	71.7	83	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	80.2	38.7	0.0	24
Some primary	65.7	95	12.7	0.0	3.9	0.0	0.0	0.0	3.9	3.9	56.3	43.1	0.7	33
Primary complete/ some secondary	50.0	3451	2.9	0.1	0.0	0.1	0.1	0.3	0.1	0.6	73.4	30.3	28.4	1726
Secondary complete/ higher	44.1	3655	4.4	0.0	0.4	0.1	0.1	0.7	0.2	0.4	75.9	30.5	30.7	2043
Work status														
Working for cash	42.8	817	6.6	0.0	0.5	0.0	0.1	0.7	0.2	0.3	75.1	28.7	27.0	467
Not working for cash	48.1	6467	3.4	0.0	0.2	0.1	0.1	0.5	0.2	0.6	74.6	30.9	29.5	3359
Wealth quintile														
Lowest	1.9	1461	2.4	0.0	0.1	0.1	0.0	0.4	0.0	0.6	61.0	42.3	31.6	714
Second	2.5	1252	5.0	0.1	0.2	0.0	0.0	0.2	0.2	0.9	70.1	33.1	31.1	571
Middle	1.2	1393	3.1	0.2	0.0	0.0	0.2	0.7	0.3	0.9	74.2	30.6	28.3	677
Fourth	2.0	1484	4.4	0.0	0.3	0.0	0.2	0.4	0.3	0.4	78.9	26.1	28.9	806
Highest	1.9	1693	4.2	0.0	0.4	0.2	0.2	0.7	0.2	0.2	83.3	24.8	27.4	1057
Total	47.5	7284	3.8	0.0	0.2	0.1	0.1	0.5	0.2	0.5	74.6	30.6	29.2	3825

[1] Does not include North Sinai governorates

In general, the differences in the indicators associated with exposure to information about the menstrual cycle presented in Table 17.3 according to the different characteristics were not significant. It is noted that the percentage of knowledge about the menstrual cycle from the mother increases with wealth index (83% among those in the highest wealth quintile versus 61% among those in the lowest wealth quintile), while the percentage of knowledge through other relatives and friends decreases with wealth, which indicates a higher level of awareness among the family, especially the mother, as wealth increases.

17.1.2 Female Circumcision Among Female Youth

Female circumcision is a harmful practice against girls that has been widespread for decades. As a result of the efforts made by the government of Egypt to eradicate this practice, FGM rates have begun to clearly decline, especially among young girls.

During the EFHS- 2021, all never-married females in the age 15-29 years were asked about their circumcision status. If they were circumcised, additional questions were asked about the age at which the circumcision was performed and who performed it.

Table 17.4 presents information on the prevalence of FGM among never-married female youth in the age 15-29 years who were interviewed in the EFHS-2021 by background characteristics. The data in the table indicate that the practice of FGM, although still widespread in Egypt, is clearly declining, with only about 40% of never-married female youth in the age group 15-29 are circumcised. The proportion of female youth in rural areas who have been circumcised is almost twice the percentage of female youth in urban areas (52% and 27%, respectively). This percentage is lower in Urban Governorates (19%) than in the other regions of Egypt. Table 17.4 also shows that circumcision decreases significantly as the level of education increases. The data indicate that 39% of those who completed secondary or higher education are circumcised, compared to about 66% among those who have never been to school. Also, the percentage of female circumcision declines among those in the highest wealth quintile compares to those in the lowest wealth quintile (19% and 62%, respectively).

Data clearly indicate a decline in female circumcision during the last ten years, as the percentage of never-married female youth in the age 15-29 years who were circumcised according to the Egypt Health Issues Survey-2015 was more than 25 points (66%) higher than the

Table 17.4 Prevalence of female circumcision among female youth

Percentage of never married females aged 15-29 who have been circumcised according to selected background characteristics, Egypt 2021.

Background characteristic	Percentage circumcised	Number of never-married females aged 15-29
Age		
15-19	38.2	4666
20-24	41.3	2091
25-29	48.4	527
Urban-rural residence		
Urban	26.9	3455
Rural	51.5	3829
Place of residence		
Urban Governorates	18.6	1423
Lower Egypt	30.7	2999
Urban	19.9	986
Rural	36.0	2013
Upper Egypt	60.3	2772
Urban	44.8	979
Rural	68.8	1793
Frontier Governorates[1]	46.9	90
Education		
No education	65.9	83
Some primary	49.3	95
Primary complete/ some secondary	40.1	3451
Secondary complete/ higher	38.8	3655
Work status		
Working for cash	40.9	817
Not working for cash	39.7	6467
Wealth quintile		
Lowest	61.6	1461
Second	53.0	1252
Middle	39.1	1393
Fourth	31.8	1484
Highest	19.0	1693
Total	39.8	7284

[1] Does not include North Sinai governorate.

reported rate in this survey (calculated from 2015 data and not presented in the report). Figure 17.1 presents the prevalence of female circumcision among never-married female youth in the age cohort 15-29 years from both the Egypt Family Health Survey 2021 and the Egypt Health Issues Survey 2015. It is clear from the figure that the percentage of circumcision in all different age groups has decreased by about 25 points or more. Data indicate a decline in circumcision in urban, rural and all geographical areas, with the greater decrease noted in Urban Governorates and Lower Egypt compared to Upper in 2021 compared to 2015 (data not presented). These findings affirm the low rate of FGM among girls aged 0-19 in Chapter 13 (see Chapter 13).

Figure 17.1 Trends in percentage of circumcision among never-married.

female youth aged 15-29, Egypt 2015-2021
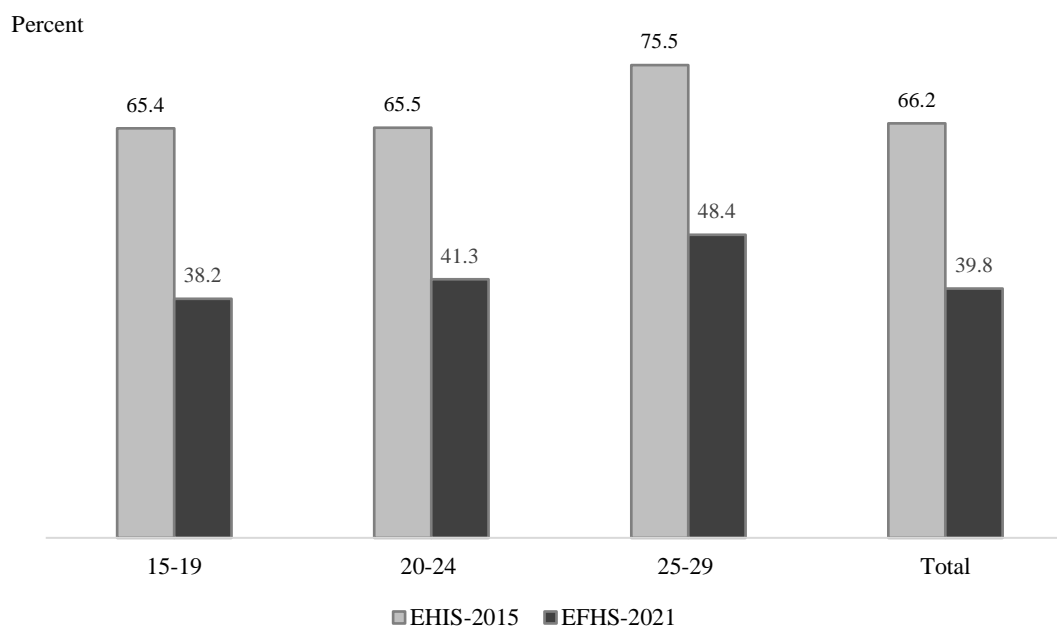
Age at Circumcision among Female Youth

Never-married female youth in the age 15-29 years were asked about their age at the time of circumcision and about the type of person who performed the circumcision. Table 17.5 shows the distribution of circumcised females by age at circumcision. The table shows that about 59% of never-married female youth were circumcised between the ages of 9 and 12, and 12% were circumcised between the ages of 13 and 14, which means that most female youth were circumcised before the age of 14. Table 17.5 shows that the proportion of female youth 11-12 years old who are circumcised is higher in rural areas than in urban areas (33% and 28%, respectively). The median age at circumcision was 11 years, noting that girls were more likely to be circumcised at a slightly younger age in Upper Egypt (10.6 years) and Frontier Governorates (10.3 years).

Table 17.5 Age at circumcision among never-married female youth aged 15-29 by residence

Percent distribution of never-married females aged 15-29 who are circumcised by age at circumcision and median age at circumcision, according to urban-rural residence and place of residence, Egypt 2021

Age at circumcision	Urban	Rural	Urban Governor-ates	Lower Egypt Total	Urban	Rural	Upper Egypt Total	Urban	Rural	Frontier Governor-ates[1]	Total
0-2	2.4	2.1	0.8	0.3	0.0	0.3	3.5	4.4	3.2	(2.0)	2.2
3-4	1.7	2.0	0.5	0.0	0.0	0.0	3.1	3.1	3.1	2.0	1.9
5-6	9.5	6.7	3.8	2.0	3.6	1.5	11.3	15.3	9.8	10.2	7.6
7-8	7.0	9.1	3.8	5.0	5.1	5.0	10.8	9.3	11.4	18.3	8.5
9-10	29.7	26.8	32.5	29.8	31.4	29.4	25.8	27.5	25.1	29.1	27.7
11-12	27.6	33.4	33.7	45.2	39.0	46.9	23.9	19.2	25.5	22.9	31.5
13-14	12.3	11.8	16.4	11.9	14.2	11.2	11.4	9.3	12.1	8.7	12.0
15-17	4.4	3.5	4.8	3.3	4.6	3.0	4.0	4.3	3.9	1.5	3.8
18-19	0.3	0.1	0.0	0.0	0.0	0.0	0.3	0.6	0.2	0.0	0.2
Don't know/ missing	5.1	4.5	3.8	2.5	2.1	2.6	6.0	7.1	5.6	5.3	4.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	930	1971	265	921	196	726	1673	439	1234	42	2901
Median age	10.9	11.1	11.6	11.7	11.8	11.7	10.6	10.2	10.7	10.3	11.0

[1] Does not include North Sinai governorate.

Person who Performed Circumcision for Female Youth

In addition to asking female youth about their circumcision status, the EFHS-2021 also asked never-married females in the age group 15-29 years about the person who performed the circumcision (doctor, nurse, midwife ......etc). Table 17.6 indicates that most never-married female youth were circumcised by a doctor (71%), about 8% by a nurse, and the Daya was responsible for circumcising only 17% of the females.

This pattern regarding the person who performed circumcision does not differ between urban and rural residence, but doctors are more likely to perform circumcision in urban areas (75%) than in rural areas (69%), and Dayas are more likely to perform female circumcision in rural areas than in urban areas (19% and 14%, respectively).

Table 17.6 Person performing circumcision among never-married female youth by residence

Percent distribution of never-married females aged 15-29 years who are circumcised by person performing the circumcision, according to urban-rural residence and place of residence, Egypt 2021

Person performing circumcision	Urban	Rural	Urban Governor-ates	Lower Egypt Total	Urban	Rural	Upper Egypt Total	Urban	Rural	Frontier Governor-ates[1]	Total
Doctor	74.8	69.2	69.8	72.0	77.0	70.7	70.7	76.7	68.5	69.1	71.0
Nurse/other health worker	7.5	7.6	5.6	7.5	5.8	8.0	7.9	9.5	7.3	6.1	7.5
Daya	14.4	18.5	20.7	14.9	15.1	14.8	17.8	10.6	20.4	18.1	17.2
Barber	1.0	1.9	2.7	3.5	1.0	4.2	0.5	0.2	0.6	0.5	1.6
Ghagaria	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0
Other	0.1	0.1	0.0	0.3	0.0	0.4	0.1	0.2	0.0	0.0	0.1
Don't know/missing	2.2	2.6	1.3	1.7	1.2	1.9	3.0	2.9	3.1	6.2	2.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	930	1971	265	921	196	726	1673	439	1234	42	2901

[1] Does not include North Sinai governorate.

Youth Attitudes towards Continuation of FGM

During the survey several questions were asked to youth (both males and females) to know their attitudes towards the continuation or ending of female circumcision. Table 17.7 presents the percentage of never-married male youth in the age 15-29 years and believe that circumcision is a religious requirement and the percent distribution of male youth according to their attitudes towards the continuation of female circumcision as well as their belief about the attitudes of women according to selected background characteristics, while Table 17.8 presents trends for female youth.

Data in Table 17.7 indicate that about 20% of male youth believe that FGM is a religious requirement, while 35% of male youth mentioned that the practice must stop, and almost half of male youth (44%) said that they do not know whether this practice should continue or stop.

As for the male youth believes regarding women's attitudes, more than half of the male youth (52%) said that they do not know whether women want the circumcision to continue or stop, while about 32% believe that women want the circumcision practice to stop, and about 16% believe that women want the circumcision practice to continue.

It is noticeable that the percentage of male youth who mentioned that circumcision is a religious requirement increases with age, where 29% of those in the age 25-29 years indicated that circumcision is a religious requirement, compared to only 15% among male youth in the age group 15-19. The percentage also rises with the educational level, and it decreases with the increase in wealth index (15% among those in the highest wealth quintile versus 20% among those in the lowest wealth quintile).

Table 17.7 Attitude of male youth about continuation of female circumcision

Percentage of never-married males aged 15-29 who believe circumcision is required by religious precepts and percent distribution of never-married males aged 15-29 by own attitude and perception about women's attitude toward the continuation of the practice of female circumcision, according to selected background characteristics, Egypt 2021

Background characteristic	Percentage saying circumcision is required by religious precepts	Young's attitude about practice				Young's perception about women's attitudes				Number of males aged 15-29
		Continue	Be stopped	DK	Total percent	Continue	Be stopped	DK	Total percent	
Age										
15-19	14.6	15.5	27.5	57.0	100.0	12.2	24.1	63.6	100.0	4956
20-24	22.9	24.9	41.3	33.8	100.0	19.7	37.3	43.0	100.0	3603
25-29	28.6	29.4	44.2	26.4	100.0	21.3	42.2	36.5	100.0	1761
Urban-rural residence										
Urban	18.2	16.7	43.5	39.9	100.0	11.8	40.6	47.7	100.0	4552
Rural	21.2	24.7	28.6	46.7	100.0	20.0	24.9	55.1	100.0	5766
Place of residence										
Urban Governorates	16.7	12.0	50.2	37.8	100.0	8.1	47.0	44.9	100.0	1843
Lower Egypt	22.3	22.9	36.6	40.5	100.0	19.5	34.0	46.4	100.0	4282
Urban	19.3	18.8	44.9	36.4	100.0	14.7	42.6	42.7	100.0	1226
Rural	23.6	24.6	33.2	42.2	100.0	21.5	30.6	47.9	100.0	3056
Upper Egypt	19.0	23.8	26.6	49.6	100.0	17.2	22.3	60.5	100.0	4082
Urban	19.4	21.5	33.5	45.0	100.0	14.5	30.6	54.9	100.0	1406
Rural	18.7	25.1	22.9	52.0	100.0	18.6	17.9	63.5	100.0	2676
Frontier Governorates[1]	15.1	6.5	48.0	45.5	100.0	4.1	44.3	51.6	100.0	113
Education										
No education	16.4	24.2	24.5	51.3	100.0	17.0	25.5	57.5	100.0	83
Some primary	18.8	24.9	20.7	54.4	100.0	19.5	18.6	61.9	100.0	386
Primary complete/ some secondary	14.9	16.7	24.4	59.0	100.0	13.3	21.6	65.2	100.0	4200
Secondary complete/ higher	23.8	24.2	44.3	31.5	100.0	18.5	40.4	41.1	100.0	5649
Work status										
Working for cash	22.6	24.2	34.2	41.6	100.0	18.7	31.0	50.3	100.0	5945
Not working for cash	16.3	17.1	36.5	46.4	100.0	13.2	32.9	53.8	100.0	4374
Wealth quintile										
Lowest	20.0	26.3	22.2	51.5	100.0	21.3	19.1	59.6	100.0	2356
Second	21.3	24.3	27.4	48.3	100.0	18.9	23.7	57.4	100.0	2018
Middle	23.1	22.8	34.4	42.8	100.0	18.3	29.9	51.8	100.0	2031
Fourth	20.4	18.7	41.6	39.8	100.0	13.7	39.7	46.7	100.0	1952
Highest	14.6	12.6	53.1	34.4	100.0	8.6	49.6	41.8	100.0	1962
Total	19.9	21.2	35.2	43.7	100.0	16.4	31.8	51.8	100.0	10319

[1] Does not include North Sinai governorate.

As for male youth attitudes towards the continuation of circumcision, the percentage of male youth who support the continuation of FGM practice increases with age. The percentage supporting the practice is about the same according to place of residence, with the exception of Urban Governorates and Frontier Governorates (12% and 7%, respectively), while the percentage of male youth supporting the continuation of the practice decreases as wealth increases. On the other hand, the percentage of male youth who believe that the circumcision practice should stop increases with wealth (53% among those in the highest wealth quintile compared to 22% among those in the lowest wealth quintile).

Concerning male youth belief about women's attitudes towards circumcision, data indicate that the percentage of males who believe that women want FGM practice to continue increases with age (21% for male youth 25-29 years compared to 12% for those age 15-19 years). This percentage decreases as wealth level increases (9% and 21% for the highest and lowest wealth quintile, respectively).

Table 17.8 shows the attitudes of never-married female youth in the age group 15-29 years towards the continuation of female circumcision. Fifteen percent of female youth indicated that they believe that the FGM practice is a religious requirement. To measure female youth attitudes towards the continuation of circumcision, 75% of them confirmed that this practice must stop, while the percentage of female youth who want the circumcision practice to continue is about 13%.

Table 17.8 Attitude of female youth about continuation of female circumcision

Percentage of never-married females aged 15-29 who believe circumcision is required by religious precepts and percent distribution of never-married females aged 15-29 by own attitude and perception about men's attitude toward the continuation of the practice of female circumcision, according to selected background characteristics, Egypt 2021

Background characteristic	Percentage saying circum-cision is required by religious precepts	Young women's attitude about practice				Young women's perception about men's attitudes				Number of females aged 15-29
		Continue	Be stopped	DK	Total percent	Continue	Be stopped	DK	Total percent	
Age										
15-19	15.9	13.8	71.7	14.5	100.0	12.1	40.7	47.2	100.0	4666
20-24	14.5	11.8	81.6	6.7	100.0	11.7	52.7	35.6	100.0	2091
25-29	13.1	12.9	82.9	4.2	100.0	14.3	51.1	34.6	100.0	527
Urban-rural residence										
Urban	9.5	6.7	82.8	10.5	100.0	8.0	48.7	43.3	100.0	3455
Rural	20.5	19.0	68.6	12.4	100.0	15.9	41.4	42.7	100.0	3829
Place of residence										
Urban Governorates	7.0	3.6	87.2	9.2	100.0	4.6	49.9	45.5	100.0	1423
Lower Egypt	11.9	7.8	80.8	11.4	100.0	7.3	49.3	43.4	100.0	2999
Urban	7.4	3.7	85.7	10.5	100.0	4.8	52.8	42.4	100.0	986
Rural	14.1	9.8	78.4	11.8	100.0	8.5	47.5	43.9	100.0	2013
Upper Egypt	23.2	24.0	63.2	12.8	100.0	21.4	37.0	41.6	100.0	2772
Urban	15.2	14.1	73.8	12.1	100.0	16.3	42.3	41.4	100.0	979
Rural	27.6	29.4	57.5	13.2	100.0	24.2	34.1	41.7	100.0	1793
Frontier Governorates[1]	12.4	10.4	79.5	10.2	100.0	7.5	61.7	30.8	100.0	90
Education										
No education	31.2	42.2	44.2	13.6	100.0	23.2	36.3	40.5	100.0	83
Some primary	20.9	22.9	57.0	20.2	100.0	11.3	34.4	54.3	100.0	95
Primary complete/ some secondary	17.6	15.0	68.0	17.0	100.0	13.0	38.4	48.7	100.0	3451
Secondary complete/ higher	12.6	10.5	83.5	6.0	100.0	11.1	51.5	37.4	100.0	3655
Work status										
Working for cash	14.4	11.2	83.4	5.3	100.0	9.9	57.2	32.9	100.0	817
Not working for cash	15.4	13.4	74.3	12.3	100.0	12.4	43.3	44.3	100.0	6467
Wealth quintile										
Lowest	23.7	24.2	60.8	15.0	100.0	20.3	33.9	45.8	100.0	1461
Second	21.0	19.0	67.2	13.8	100.0	15.1	39.1	45.8	100.0	1252
Middle	13.8	11.3	78.2	10.5	100.0	10.1	49.1	40.8	100.0	1393
Fourth	11.5	8.5	82.3	9.2	100.0	7.7	49.2	43.1	100.0	1484
Highest	8.3	5.0	85.5	9.6	100.0	8.4	51.4	40.2	100.0	1693
Total	15.3	13.2	75.3	11.5	100.0	12.1	44.9	43.0	100.0	7284

[1] Does not include North Sinai governorates

Regarding female youth beliefs about men's attitudes, it was found that only about 45% of female youth believe that men want circumcision to stop, and this percentage is close to the one reported for not knowing whether men want circumcision to continue or stop (43%). It is observed from the table that the percentage of female youth who want FGM to stop increases with age (72% among female youth in the age 15-19 years compared to 83% among those in the age 25-29, respectively). This percentage also increases clearly with educational level and wealth index to reach about 84% among female youth who have completed secondary school or higher and who work for cash and 86% among female youth in the highest wealth quintile. With regard to female youth who belief that men want circumcision to stop, the percentages were lower than the level reported among male youth.

Exposure to Information about FGM

Table 17.9 presents the percentages of never-married youth (males and females) aged 15-29 years who discussed FGM with their relatives, friends, or neighbors and obtained information about FGM and the channels through which they obtained information about FGM during the year prior to the survey according to the selected background characteristics. Data indicate that only about 16% of youth have discussed FGM with relatives and friends, with the percentage who have discussed FGM is higher among males (18%) than females (13%). Also, only 26% have received information about circumcision

during the year preceding the survey, and there were no substantial differences by gender, while some variations were observed according to other background characteristics.

Table 17.9 Exposure to information regarding female circumcision

Percentage of never-married youth aged 15-29 discussing female circumcision with relatives, friends, or neighbors, and receiving information about female circumcision during the year prior to the survey, and among youth receiving information during the year prior to the survey, percentage of youth by sources of information, according to selected background characteristics, Egypt 2021

| Background characteristic | Percent-age discussing female circum-cision with relatives, friends or neighbors | Percentage receiving information recently about female circum-cision | Number of never-married youth | Source from which men/women last saw/heard about female circumcision | | | | | | | | Number of never-married youth receiving information about female circumcision recently |
				TV	Other media[1]	Any medical provider contact	Home visit by medical provider	Facility visit to medical provider	Other relatives/ friends/ neighbors	School	Other	
Sex												
Male	18.4	25.9	10319	17.0	2.1	0.8	0.4	0.8	12.6	4.0	5.1	2669
Female	12.7	26.9	7284	18.8	2.0	0.4	0.1	0.9	8.7	2.3	3.7	1960
Age												
15-19	11.3	20.5	9622	13.4	1.3	0.2	0.1	0.3	8.5	3.1	2.9	1974
20-24	20.3	32.2	5694	21.5	2.8	1.0	0.5	1.3	13.5	3.5	6.2	1835
25-29	25.2	35.9	2287	26.5	3.3	1.4	0.7	1.9	15.1	3.8	7.1	820
Urban-rural residence												
Urban	18.8	28.3	8007	19.2	2.1	0.8	0.4	1.2	11.7	2.4	5.1	2267
Rural	13.7	24.6	9596	16.5	2.0	0.5	0.2	0.6	10.4	4.0	4.1	2362
Place of residence												
Urban Governorates	18.6	26.8	3265	19.2	1.8	0.4	0.3	1.1	10.5	1.9	5.2	876
Lower Egypt	17.1	31.9	7281	22.4	3.3	0.5	0.3	1.0	14.6	5.9	4.7	2322
Urban	18.2	32.4	2212	21.8	2.9	0.9	0.6	1.7	15.1	4.4	5.0	716
Rural	16.7	31.7	5070	22.7	3.4	0.4	0.2	0.7	14.3	6.5	4.6	1606
Upper Egypt	13.4	20.5	6854	12.3	0.9	0.8	0.2	0.6	7.6	1.3	4.1	1403
Urban	19.6	27.4	2385	17.5	1.8	1.3	0.3	0.9	10.7	1.4	5.2	653
Rural	10.2	16.8	4469	9.5	0.5	0.6	0.2	0.5	6.0	1.2	3.6	749
Frontier Governorates[2]	22.7	14.1	202	10.1	0.0	0.5	0.1	1.2	4.5	1.6	1.1	29
Education												
No education	10.1	13.3	167	7.0	0.3	0.0	0.6	0.0	9.0	0.3	1.3	22
Some primary	10.1	16.3	481	9.9	0.4	0.0	0.0	0.5	8.6	0.0	3.0	78
Primary complete/ some secondary	10.1	17.6	7650	11.3	1.0	0.1	0.1	0.2	8.0	3.1	2.2	1348
Secondary complete/ higher	21.3	34.2	9304	23.6	3.0	1.1	0.5	1.4	13.6	3.7	6.6	3180
Work status												
Working for cash	19.4	27.3	6761	18.4	2.3	0.9	0.4	1.1	12.8	3.1	5.2	1847
Not working for cash	14.0	25.7	10842	17.3	1.9	0.4	0.2	0.7	9.9	3.4	4.1	2783
Wealth quintile												
Lowest	12.1	19.5	3817	12.7	1.8	0.4	0.1	0.5	8.8	2.8	3.0	745
Second	14.7	21.7	3269	14.6	1.5	0.6	0.1	0.5	9.6	2.7	3.0	710
Middle	15.5	28.3	3425	19.4	1.7	0.6	0.2	0.8	12.0	3.4	4.3	969
Fourth	17.5	29.3	3436	20.7	2.0	0.4	0.4	1.0	12.0	4.2	5.4	1008
Highest	20.4	32.7	3656	21.5	3.1	1.1	0.6	1.4	12.6	3.3	7.0	1197
Total	16.0	26.3	17603	17.7	2.0	0.6	0.3	0.9	11.0	3.3	4.5	4629

[1] Includes radio, newspaper, magazine, pamphlet, brochure or poster
[2] Does not include North Sinai governorate.

Concerning the last source from which youth received information about FGM, television (as expected) was the primary source from which youth have obtained information about FGM (18%), followed by other relatives and friends (11%). The percentage of youth who have discussed or received information about FGM increases clearly with age, and this percentage also increases with the increase of educational level and wealth.

17.2 FAMILY PLANNING

Knowledge of family planning methods is the basis for the decision on use of contraceptives. To determine the level of youth knowledge about family planning and their attitudes towards use after marriage, youth were asked about knowledge of modern and traditional family planning methods, and the channels from which they obtained information.

To assess contraceptive knowledge, youth (males and females) were asked whether they had heard about each of the twelve methods of family planning. These methods include nine modern methods, namely pills, IUDs, injections, implants, vaginal methods (such as diaphragm and contraceptive foam or jelly), male condoms, female sterilization, male sterilization, emergency contraception and 3 traditional methods, namely periodic abstinence, withdrawal, and prolonged breastfeeding.

Table 17.10 Knowledge of family planning methods

Percentage of never married youth aged 15-29 who know specific methods of family planning by method, Egypt 2021.

Method	Male	Female	Total
Any modern method	85.0	85.2	85.0
Pill	82.7	81.9	82.3
IUD	45.8	70.0	55.8
Injectables	57.3	73.4	64.0
Implants	16.9	43.2	27.8
Diaphragm/foam/jelly	12.4	11.4	12.0
Male condom	47.3	22.6	37.1
Female sterilization	25.0	40.0	31.2
Male sterilization	11.0	10.5	10.8
Emergency contraception	8.5	6.4	7.7
Any traditional method	51.4	26.4	41.0
Periodic abstinence	15.7	12.2	14.2
Withdrawal	38.7	11.4	27.4
Prolonged breastfeeding	28.4	20.7	25.2
Other Method	0.1	0.1	0.1
Number of youth	10319	7284	17603

Table 17.10 shows the percentage of youth who know specific methods of family planning by method. It is clear from the data that 85% of male youth know any of the modern methods which is the same percentage reported among female youth, and 41% of youth know any one of the traditional methods. The most commonly known modern methods by youth were pills (82%), injections (64%), IUDs (56%), and condoms (37%).

Variations in the knowledge of contraceptives are observed by gender where the percentage of female youth who know IUD and injections (70%, 73%) is clearly higher than male youth (46%, 57%). The same pattern was observed for knowledge of implants and female sterilization. On the other hand, male youth are more likely to know about male condoms with the percentage of males who know condoms rises to 47% compared to 23% among females.

Male youth knowledge of traditional methods is 51% which is higher than the 26% level reported among female youth. Withdrawal was the most commonly known traditional method among male youth which was reported by 39% compared to 11% among female youth, and prolonging breastfeeding was the most commonly reported traditional method by female youth, where it was mentioned by 21%. Nevertheless, male youth had more knowledge of prolonged breastfeeding as a method of family planning (28%).

17.2.1 Exposure to Family Planning Messages

Table 17.11 presents the percentages of youth (males and females) according to their exposure to family planning messages from various sources during the six months prior to the survey according to the selected background characteristics.

Data indicate that the internet/social media platforms is the main source of receiving information about family planning messages with a reported percentage of 35% which is slightly higher than television, while Television is the second most commonly reported source of information about family planning with 34%, and about 10% of youth reported receiving family planning messages through posters, billboard or signs. Only 5% of youth (males and females) listened to family planning messages from the radio, and the data in the table also show that only about 6% of youth received family planning messages through religious leaders. The proportion of youth who have been exposed to family planning messages increases significantly with increasing age, educational level and wealth index.

Remarkably, half of the youth in the age group 15-29 years have not been exposed to any source of information about family planning. This percentage increases to 71% among youth who have not been to school and youth in rural Upper Egypt and Frontier Governorates (67% for each). Looking at the

differentials by place of residence, it is observed that the proportion of youth in Lower Egypt is twice as likely as youth in Upper Egypt and Frontier Governorates to be exposed to family planning messages via television.

Table 17.11 Exposure to family planning messages

Percentage of never married youth aged 15-29 according to hearing or seeing messages about family planning in the various media during the six months preceding the interview, according to background characteristics, Egypt 2021.

Background characteristic	Radio	Television	News-paper/ magazine	Poster/ billboard/ sign	Com-munity meeting	Religious leader	Internet/ Social media	No exposure to family planning messages	Number of youth
Sex									
Male	6.0	36.4	2.7	10.8	2.5	8.4	41.2	44.6	10319
Female	4.0	29.6	2.7	9.7	2.7	2.4	26.1	57.4	7284
Age									
15-19	4.2	28.9	1.9	7.9	1.8	4.2	27.5	57.3	9622
20-24	5.6	37.9	3.3	12.6	3.2	7.3	42.5	42.4	5694
25-29	8.1	42.8	5.0	14.9	4.4	9.4	47.6	37.4	2287
Residence									
Urban	5.2	34.2	3.3	12.2	2.9	6.9	39.7	46.2	8007
Rural	5.2	33.1	2.3	8.8	2.3	5.0	31.0	53.0	9596
Place of residence									
Urban Governorates	4.3	33.4	3.4	14.5	3.0	7.3	39.7	46.6	3265
Lower Egypt	7.7	43.3	3.2	11.2	2.2	5.5	42.8	38.8	7281
Urban	7.9	43.9	3.9	10.7	2.7	5.8	46.6	36.2	2212
Rural	7.6	43.1	2.9	11.4	1.9	5.4	41.1	40.0	5070
Upper Egypt	3.0	23.8	1.9	7.5	2.8	5.7	24.9	62.7	6854
Urban	4.0	27.1	2.7	10.8	3.1	7.6	34.6	53.8	2385
Rural	2.4	22.0	1.5	5.8	2.6	4.6	19.7	67.4	4469
Frontier Governorates[1]	1.8	19.9	2.2	7.9	4.0	3.4	17.3	67.3	202
Education									
No education	1.2	27.2	0.2	1.3	0.0	1.6	6.2	70.9	167
Some primary	4.2	31.3	0.7	4.6	1.4	7.0	14.7	61.7	481
Primary complete/some secondary	3.9	27.6	1.6	6.9	1.7	4.0	24.0	60.2	7650
Secondary complete/higher	6.3	38.7	3.8	13.6	3.4	7.5	45.5	40.4	9304
Work status									
Working for cash	6.2	37.2	3.2	11.0	2.9	8.1	39.9	43.8	6761
Not working for cash	4.5	31.3	2.5	9.9	2.4	4.5	31.8	53.7	10842
Wealth quintile									
Lowest	3.9	27.6	1.7	8.5	1.9	4.2	22.7	61.1	3817
Second	3.3	31.7	1.5	7.7	2.6	5.7	27.2	55.4	3269
Middle	5.5	33.5	3.0	9.8	2.4	5.5	34.6	49.2	3425
Fourth	6.1	37.9	3.2	11.7	2.0	6.5	41.8	43.6	3436
Highest	6.9	37.6	4.2	14.0	4.0	7.6	48.5	39.9	3656
Total 15-29 year	5.2	33.6	2.7	10.3	2.6	5.9	34.9	49.9	17603

[1] Does not include North Sinai governorates

17.2.2 Attitudes toward Timing of Use of Family Planning

The Egypt Family Health Survey-2021 included questions addressed to never-married youth in the age group 15-29 years about use of family planning before the first pregnancy and after the first birth. Table 17.12 presents the percentage of youth aged 15–29 years who agree to the use family planning methods before the first pregnancy and after the first birth according to the selected background characteristics. Table A-17.1 in the Annex also presents these percentages at the governorate level.

Results indicate that 70% of youth believe that it is appropriate for a couple to use family planning methods after the first birth, while only 18% believe that it is appropriate to use family planning methods before the first pregnancy. Remarkably, the percentage of female youth who agreed to use family planning methods after the first birth (78%) is higher than that of male youth (64%). The percentage of

both female and male youth who agreed to use family planning methods before the first pregnancy is quite close with the percentage ranging from 17% among females to about 19% among males.

Investigating female youth attitude towards timing of use of family planning methods indicate that the highest percentage of female youth who support the use of family planning methods before the first pregnancy was among those in Urban Governorates (20%). There are some variations in the percentage of male youth who agreed to the use of family planning methods after the first birth according to geographical areas, reaching 64% in Urban Governorates and 72% in Lower Egypt, while the percentage drops to 40% among those in Frontier Governorates. The percentage of youth who agree to the use of family planning methods after the first birth clearly increases with the educational level and among youth who work for cash.

Table 17.12 Trend toward timing of family planning use according to background characteristics

Percentage of never married youth aged 15-29 years who agreed to use family planning methods before first pregnancy and after first birth, by age and background characteristics, Egypt 2021

	Females aged 15-29			Males aged 15-29			Total		
Background characteristic	Use a method before the first pregnancy	Using a method after the first birth	Number	Use a method before the first pregnancy	Using a method after the first birth	Number	Use a method before the first pregnancy	Using a method after the first birth	Number
Residence									
Urban	19.6	79.4	3606	23.5	65.2	4778	21.9	71.3	8384
Rural	15.2	77.0	3616	14.7	62.4	5603	14.9	68.2	9219
Place of residence									
Urban Governorates	20.2	79.7	1408	26.0	63.5	1814	23.5	70.6	3222
Lower Egypt	18.3	82.0	2537	16.3	72.0	3739	17.1	76.1	6276
Urban	20.2	82.6	892	18.9	73.8	1177	19.5	77.7	2069
Rural	17.4	81.7	1645	15.2	71.2	2562	16.1	75.4	4207
Upper Egypt	14.9	73.3	2824	17.9	55.6	4267	16.7	62.8	7091
Urban	18.8	76.2	970	24.9	60.8	1383	22.4	67.1	2353
Rural	12.8	71.7	1854	14.2	52.9	2884	13.6	60.4	4738
Frontier Governorates[1]	10.9	72.2	453	11.7	40.4	561	11.3	54.5	1014
Education									
No education	14.1	63.1	83	14.3	49.0	77	14.2	56.0	160
Some primary	10.6	66.3	87	13.6	53.4	354	13.0	55.9	441
Primary complete/ some secondary	13.2	74.2	3358	14.1	55.9	4126	13.7	64.1	7484
Secondary complete/ higher	21.4	82.5	3694	22.4	70.3	5824	22.0	75.1	9518
Work status	23.0	81.4	755	19.0	65.3	6040	19.5	67.2	6795
Working for cash	16.6	77.7	6467	18.0	61.4	4341	17.2	71.1	10808
Not working for cash									
Total	17.3	78.1	7222	18.6	63.6	10381	18.1	69.6	17603

[1] Does not include North Sinai governorates

Figure 17.2 presents trends towards the timing of use of family planning from the Egypt Family Health Survey-2021 and the Egypt Health Issues Survey-2015. Results in the figure indicate an increase in the trend towards the use of family planning before first pregnancy (by more than double) compared to the level observed in the Egypt Health Issues Survey, 2015.

Figure 17.2 Youth attitudes toward timing of family planning ,

Egypt 2015-2021

Percent

85.1

69.6

18.1

7.8

Before first pregnancy   After first birth

■EHIS-2015   ■EFHS-2021
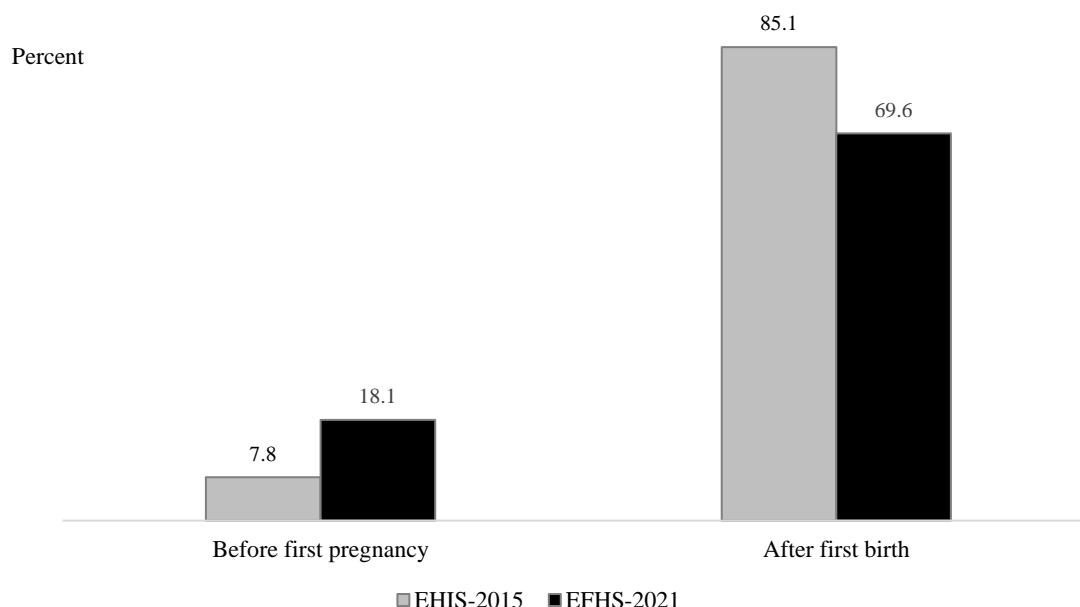
17.2.3 Attitudes about the Ideal Birth Interval by Place of Residence

Table 17.13 presents the percent distribution of never-married youth in the age group 15-29 years by the ideal length of time that a woman should wait between births according to urban-rural residence and place of residence.

The data in the table indicate that about 39% of youth believe that the appropriate period of time that a woman should wait for between births is two years and about 33% believe that a woman should wait at least 3 years before the birth of the next child. Looking at data for male youth, about 5 in 10 male youth believe that a woman should wait two years between births, and about 29% believe that the ideal length of time between births is at least 3 years. On the other hand, 3 in 10 female youth believe that the ideal period to wait between births is two years, and about 21% believe that the ideal period of time to wait between births is at least 4 or 5 years. Four in 10 female youth believe that the ideal length of time a woman should wait between births is 3 years.

The table illustrates that 8% of male youth in Frontier Governorates believe that the ideal period of time a woman should wait between births is 3 years, compared to 36% of female youth who believe that the ideal period is 3 years between births. It is also observed that the highest percentage of male youth reported that they believe the ideal length of time that a woman should wait between births is two years (45%), unlike female youth were the highest percentage of them believe that the ideal period between births is at least 3 years (39%).

Table 17.13 Ideal birth interval according to residence

Percentage distribution of never married youth aged 15-29 according to the ideal length that a woman should wait between births, by residence (urban-rural) and place of residence, Egypt 2021.

				Place of residence							
	Residence		Urban	Lower Egypt			Upper Egypt			Frontier	Total
Ideal duration	Urban	Rural	Governorates	Total	Urban	Rural	Total	Urban	Rural	Governorates[1]	
	MALES AGED 15-29										
1 year	8.0	8.2	8.2	5.6	5.6	5.6	10.7	9.7	11.2	8.7	8.1
2 year	42.2	47.5	36.1	42.5	44.1	41.9	51.5	47.7	53.5	65.1	45.2
3 year	29.4	28.6	30.2	34.8	33.4	35.3	22.9	26.1	21.3	8.2	29.0
4 year	9.4	6.0	12.0	8.8	9.4	8.6	4.2	6.2	3.2	5.7	7.5
5 year	3.1	3.0	3.3	3.9	3.9	3.9	2.2	2.3	2.1	2.5	3.1
Don't know	7.8	6.6	10.1	4.4	3.6	4.7	8.5	8.1	8.7	9.7	7.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	4552	5766	1843	4282	1226	3056	4082	1406	2676	113	10319
	FEMALES AGED 15-29										
1 year	5.4	5.8	3.7	4.4	5.2	4.0	7.8	7.9	7.7	7.6	5.6
2 year	28.4	32.1	26.7	31.3	31.0	31.5	30.9	27.3	32.9	38.5	30.4
3 year	39.7	38.9	40.0	40.8	40.8	40.7	37.4	38.5	36.8	35.9	39.3
4 year	13.8	12.6	15.4	13.5	12.3	14.0	11.8	13.2	11.0	8.6	13.1
5 year	9.0	7.2	9.5	7.5	8.3	7.2	8.0	9.5	7.2	4.8	8.1
Don't know	3.7	3.4	4.7	2.5	2.4	2.6	4.1	3.6	4.4	4.6	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3455	3829	1423	2999	986	2013	2772	979	1793	90	7284
	TOTAL										
1 year	6.9	7.3	6.3	5.1	5.5	5.0	9.5	9.0	9.8	8.2	7.1
2 year	36.3	41.4	32.0	37.9	38.2	37.8	43.2	39.3	45.2	53.3	39.1
3 year	33.9	32.7	34.4	37.2	36.7	37.5	28.8	31.2	27.5	20.5	33.2
4 year	11.3	8.6	13.5	10.7	10.7	10.8	7.3	9.1	6.3	7.0	9.8
5 year	5.7	4.7	6.0	5.4	5.8	5.2	4.5	5.2	4.2	3.5	5.1
Don't know	6.0	5.3	7.7	3.6	3.1	3.9	6.7	6.2	7.0	7.5	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	8007	9596	3265	7281	2212	5070	6854	2385	4469	202	17603

[1] Does not include North Sinai governorates

17.2.4 Ideal Number of Children

Table 17.14 presents the perception of never-married youth (males and females) in the age group 15-29 on the ideal number of children, and Table A-17.2 in the Annex presents the ideal number of children at the governorate level.

More than half of the youth believe that the ideal number of children is two, and about 28% believe that the ideal number is three. The data indicates that 6 in 10 female youth believe that the ideal number of children is two, and about 5 in 10 male youth believe that the ideal number of children is two. About one-third of male youth mentioned that the ideal number of children is 3 and only 21% of females believe that the ideal number of children is three.

Overall, the mean ideal number of children as reported by youth is 2.6 children which rises among male youth to 2.7 children and declines among females to 2.4 children. Figure 17.3 presents the mean ideal number of

Table 17.14 Ideal number of children

Relative distribution of youth aged 15-29 years according to ideal number of children, and mean ideal number of children for never married females and males , Egypt 2021

Ideal number of children	Female	Male	Total
0	1.2	0.2	0.6
1	3.5	2.4	2.9
2	61.9	46.1	52.6
3	21.3	32.3	27.7
4	8.6	12.4	10.8
5	0.8	1.8	1.4
+6	0.6	1.2	1.0
Non-numeric answer	2.1	3.6	3.0
Total	100.0	100.0	100.0
Mean number of children[1]	2.4	2.7	2.6
Number of youth	7284	10319	17603

[1] Averages do not include respondents who answered a non-numerical answer

children as reported by youth during the Egypt Family Health Survey-2021 and the Egypt Health Issues Survey-2015.

As shown in Figure 17.3, data indicate that there is a trend among youth towards having fewer children than what was reported in the Egypt Health Issues Survey-2015 as the mean ideal number of children declined from 2.9 children to 2.6 children. The data indicate a decline in the reported ideal number of children among both male and female youth.

Figure 17.3 Mean ideal number of children among youth

Egypt 2015-2021
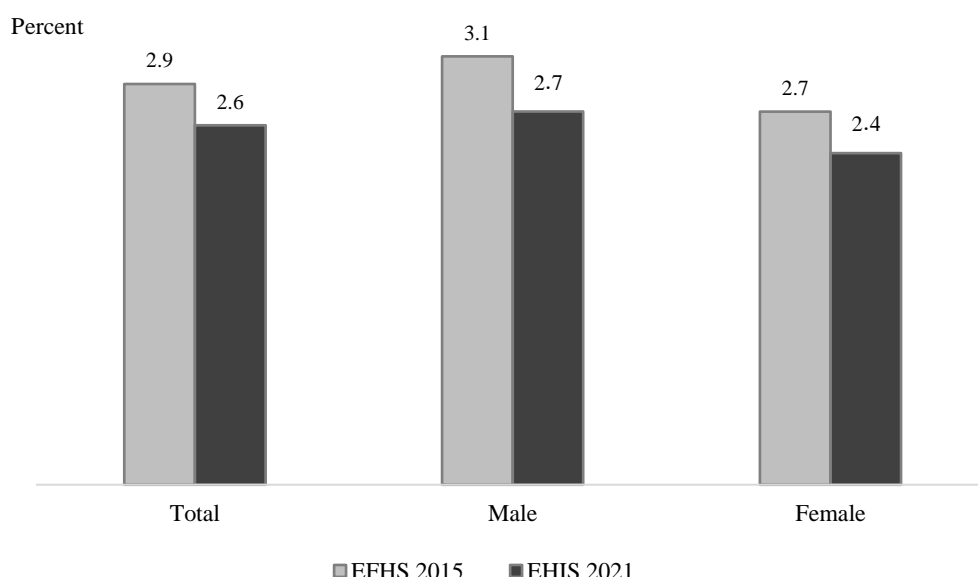
17.3 OTHER HEALTH ISSUES

This section presents data on some of the important health issues questioned during the survey (other than coronavirus) which included smoking and tobacco use in addition to exercise, and whether youth (male or female) have health insurance. In the following, the main findings of these questions are being presented.

17.3.1 Smoking

Smoking is considered a harmful habit to health. Table 17.15 shows the percentage of never-married youth (males and females) aged 15-29 years who smoke and agree with some sentences about smoking tobacco products, and engage in some behaviors to maintain health, according to the selected background characteristics. The data shows that 15% of youth smoke, and this percentage increases to 25% among male youth and declines to only 0.2% among female youth indicating that this is primarily a male habit among youth.

Table 17.15 Smoking and health-preserving behaviors

Percentage of never married youth aged 15-29 who smoke, agree with some statements about smoking tobacco products, and perform certain behaviors to maintain health, by selected background characteristics, Egypt 2021.

Background characteristic	Smoking	Attitudes towards smoking tobacco products		Healthy behaviors				Number of never married youth aged 15-29
	Percentage of smokers	Smoking tobacco products is very dangerous to the health of smokers	Smoking tobacco products has a negative effect on non-smokers	weight regulation	healthy food	Playing sports	Stop smoking	
Sex								
Male	24.9	99.2	97.8	26.1	54.5	52.2	6.2	10319
Female	0.2	96.7	96.5	22.8	32.3	16.5	0.6	7284
Age								
15-19	6.1	97.8	96.9	22.8	42.3	34.4	2.3	9622
20-24	21.8	98.5	97.7	26.6	48.5	40.8	5.3	5694
25-29	32.6	98.6	97.9	28.4	50.2	41.9	7.0	2287
Residence								
Urban	16.5	98.0	97.3	28.5	45.8	41.7	4.5	8007
Rural	13.1	98.3	97.2	21.7	45.0	33.8	3.4	9596
Place of residence								
Urban Governorates	17.2	98.1	97.2	26.7	43.3	43.3	3.2	3265
Lower Egypt	13.2	97.5	96.9	27.4	51.6	42.8	4.7	7281
Urban	15.7	97.3	97.0	32.6	53.2	46.2	6.7	2212
Rural	12.0	97.6	96.8	25.1	50.9	41.3	3.8	5070
Upper Egypt	15.0	98.8	97.8	21.1	40.0	29.1	3.4	6854
Urban	16.3	98.5	97.9	27.5	42.9	35.7	4.5	2385
Rural	14.2	99.0	97.8	17.7	38.4	25.5	2.8	4469
Frontier Governorates[1]	15.8	97.2	95.4	21.8	35.7	30.2	2.1	202
Education								
No education	21.6	96.8	94.7	6.3	29.6	11.1	4.7	167
Some primary	42.0	96.8	95.0	13.5	42.5	25.2	3.3	481
Primary complete/ some secondary	10.0	98.0	96.8	21.1	41.2	33.2	2.8	7650
Secondary complete/ higher	16.9	98.3	97.8	28.7	49.2	41.9	4.8	9304
Work status								
Working for cash	30.4	99.0	97.5	24.8	47.5	44.0	6.5	6761
Not working for cash	4.8	97.6	97.1	24.7	44.0	33.3	2.3	10842
Wealth quintile								
Lowest	14.5	98.9	97.4	16.4	41.1	27.6	3.3	3817
Second	17.5	98.1	97.1	20.6	44.8	30.9	3.8	3269
Middle	17.0	98.1	97.1	23.5	43.5	37.4	5.1	3425
Fourth	14.2	97.6	96.8	29.9	45.2	42.7	3.6	3436
Highest	10.5	98.0	97.9	33.5	52.2	48.6	3.7	3656
Total	14.6	98.1	97.3	24.8	45.4	37.4	3.9	17603

[1] Does not include North Sinai governorates

It was observed that by age, youth in the age 25-29 are the most likely to smoke where about one-third of youth in this age group are smokers. About 4 in 10 youth who have not completed primary education are smokers. Results indicate that the vast majority of youth perceive smoking tobacco products as very dangerous to the health of smokers and has a negative impact on non-smokers. Data also indicate that most male youth opinions about health-maintaining behaviors is confined in eating healthy food and exercising or doing sports.

17.3.2 Health Insurance Coverage

The data in Table 17.16 presents the percentage of never-married youth aged 15-29 years who have health insurance, and among those insured, the percentage by various types of health insurance they are covered by. Forty percent of youth are covered by health insurance.

Table 17.16 Health insurance coverage

Percentage distribution of never married youth aged 15-29 with health insurance, including the percentage who covered by different types of health insurance, Egypt 2021.

Background characteristic	Percentage who has any health insurance coverage	Number of youth	General Insurance Agency	Working treatment system	unions	commercial insurance	Other	Number who have health insurance
Sex								
Male	42.2	10319	87.5	10.2	2.2	0.9	0.5	4355
Female	36.1	7284	86.7	5.2	0.7	0.7	7.4	2631
Age								
15-19	51.4	9622	95.9	0.8	0.2	0.3	3.2	4942
20-24	26.9	5694	79.4	14.4	2.5	1.4	3.6	1531
25-29	22.4	2287	26.9	62.4	13.1	3.6	0.7	513
Residence								
Urban	42.6	8007	85.2	11.1	1.8	0.8	2.5	3408
Rural	37.3	9596	89.2	5.7	1.5	0.8	3.6	3578
Place of residence								
Urban Governorates	45.4	3265	84.7	11.1	1.4	0.4	2.8	1482
Lower Egypt	38.4	7281	88.5	8.6	2.3	0.5	2.0	2798
Urban	40.6	2212	87.7	11.1	2.7	0.4	1.2	898
Rural	37.5	5070	89.0	7.4	2.1	0.6	2.4	1900
Upper Egypt	38.3	6854	87.5	6.4	1.2	1.3	4.3	2625
Urban	40.4	2385	83.9	10.9	1.7	1.8	3.1	964
Rural	37.2	4469	89.5	3.7	0.8	1.0	5.0	1661
Frontier Governorates[1]	39.6	202	79.4	11.6	0.6	1.7	6.8	80
Education								
No education	1.0	167	*	*	*	*	*	2
Some primary	3.7	481	(33.4)	(55.4)	(0.0)	(5.2)	(6.0)	18
Primary complete/ some secondary	53.2	7650	95.9	0.8	0.2	0.3	3.2	4071
Secondary complete/ higher	31.1	9304	75.3	18.6	3.8	1.5	3.0	2895
Work status								
Working for cash	30.1	6761	70.2	26.6	3.8	1.4	0.5	2033
Not working for cash	45.7	10842	94.2	0.8	0.8	0.5	4.2	4952
Wealth quintile								
Lowest	33.3	3817	90.2	4.7	0.8	0.8	3.6	1272
Second	32.3	3269	87.6	6.5	1.0	0.8	5.3	1057
Middle	38.1	3425	90.8	6.8	0.8	0.3	1.8	1306
Fourth	42.7	3436	87.5	8.9	1.6	0.5	2.6	1466
Highest	51.6	3656	82.3	12.3	3.3	1.4	2.9	1885
Total	39.7	17603	87.2	8.3	1.7	0.8	3.1	6986

[1] Does not include North Sinai governorates

It is clear from the data that among youth who have health insurance, coverage by General Insurance Agency is the most common type of insurance reported by about 87% of youth. The data indicates that more than half of youth in the age group 15-19 years, who have completed primary/some secondary education, are covered by any health insurance which is the highest reported coverage among youth (53%). This percentage was only about 31% among youth who have completed secondary or higher education. It was also found that about 46% of those who do not work for cash are covered by any health insurance, and more than half of youth in the highest level of wealth quintile and about 43% of youth in the fourth level of the wealth quintiles are covered by any health insurance.

17.4 NOVEL CORONAVIRUS- COVID19

As mentioned earlier, the coronavirus disease (COVID-19) began to appear in 2019, and since then, many countries, including Egypt, have imposed some precautionary measures, partial closures and curfews during 2020-2021. With the advent of vaccines and becoming widely available, precautionary measures began to be reduced.

During the survey, youth (males and females) were asked about knowledge of the Coronavirus, some statements about specific concepts related to the virus, the symptoms of the disease, and if a family member was infected with coronavirus. Youth were also asked about the preventive measures used at the time of the interview. They were also asked about exposure to messages about the virus, and finally about registering for the vaccine and whether it was administered or not. The results presented should be taken with some caution, as the data collection took place after a lockdown because of Coronavirus and only a short period after the vaccine was available. It should be noted that 34 youth have not heard about the coronavirus and are therefore not included in the following tables.

17.4.1 Practicing Necessary Measures

During the survey, questions were asked about practicing the necessary preventive measures for the emerging coronavirus, as when the survey began there were restrictions on the need to wear a face mask covering nose and mouth. The data in Table 17.17 indicate that about 68% of youth reported washing hands with soap and water regularly and about 64% reported covering the mouth and nose when going out (wearing a mask), while 61% reported use of chlorine and alcohol in cleaning as preventive measure. Other measures were mentioned by 17% or less, such as, covering the nose and mouth when coughing (17%), avoiding contact with an infected person (14%). On the other hand, around 26% reported other measures such as, staying at home, maintaining social distancing, and cleaning and disinfecting purchases.

The data in Table 17.17 indicate that there are some variations by background characteristics. It is observed that youth in urban areas, especially in urban Lower Egypt and Urban Governorates, youth who have completed secondary education or higher, and those in the highest wealth quintile are more likely to report practicing precautionary measures.

Table 17.17 Practices of preventive measures

Among never married youth aged 15-29 years who have ever heard about COVID, percentage of youth according to preventive measures adopted to avoid contracting COVID-19, according to background characteristics, Egypt 2021

Background characteristic	Preventive measures							
	Washing hands regularly with soap and water	Using alcohol and chlorine for cleaning	Cover mouth and nose when cough or sneeze	Avoid close contact with anyone with fever/ coughing	Cover nose and mouth when leaving house	Nothing	Other	Number of youth
Sex								
Male	71.9	58.0	19.9	18.0	67.3	2.2	27.8	10304
Female	62.3	65.5	12.4	8.5	60.1	7.0	23.0	7269
Age								
15-19	65.6	59.0	15.0	12.3	62.7	4.9	23.4	9601
20-24	69.7	63.8	19.0	15.8	65.9	3.4	28.3	5687
25-29	73.2	63.5	18.8	16.7	66.9	2.9	30.2	2284
Residence								
Urban	69.9	63.5	17.3	12.5	65.7	3.6	69.9	8000
Rural	66.2	59.1	16.3	15.3	63.1	4.6	66.2	9572
Place of residence								
Urban Governorates	69.0	59.2	14.4	7.4	68.1	4.4	24.9	3263
Lower Egypt	61.6	63.1	14.6	14.9	66.7	3.2	24.7	7273
Urban	64.5	67.7	17.1	18.0	67.9	3.0	25.1	2211
Rural	60.4	61.1	13.5	13.6	66.2	3.3	24.5	5062
Upper Egypt	73.9	60.4	20.2	16.0	60.0	5.1	27.1	6835
Urban	75.8	66.6	21.4	13.4	60.9	3.1	26.1	2381
Rural	73.0	57.2	19.6	17.4	59.6	6.2	27.7	4454
Frontier Governorates[1]	73.3	42.5	17.2	22.2	57.9	4.7	37.3	202
Education								
No education	68.3	40.6	6.2	4.0	29.9	12.9	12.4	165
Some primary	64.6	40.6	12.7	8.4	52.4	6.3	23.8	476
Primary complete/some secondary	65.3	57.1	14.3	12.2	60.5	5.2	22.4	7635
Secondary complete/higher	70.2	65.9	19.1	16.0	68.6	3.1	29.0	9296
Work status								
Working for cash	71.6	57.2	18.9	16.7	64.4	2.6	27.1	6756
Not working	65.6	63.6	15.4	12.4	64.2	5.1	25.1	10816
Wealth quintile								
Lowest	68.7	54.3	15.8	15.2	58.4	5.7	25.3	3804
Second	64.8	56.0	16.2	14.2	60.6	5.3	24.7	3262
Middle	66.7	61.7	15.3	12.1	63.5	4.5	23.8	3421
Fourth	70.0	66.5	18.6	12.6	66.7	3.0	25.1	3435
Highest	69.1	67.2	17.9	15.8	72.1	2.4	30.0	3651
Total 15-29	67.9	61.1	16.8	14.0	64.3	4.2	25.8	17572

[1] Does not include North Sinai governorate.

17.4.2 Knowledge of Coronavirus Symptoms

Table 17.18 presents data on youth knowledge of the symptoms of coronavirus. Data in the table indicate that the most commonly reported symptoms reported by youth are fever (87%), dry cough (55%), runny noise (43%), shortness of breath and difficulty of breathing (46%), loss of sense of smell and taste (44%), and muscle pain (32%). Youth also reported other symptoms at a lower percentages, for example coughing with phlegm/discharge (20%), sore throat (30%), diarrhea (25%), and headache (27%).

Data in Table 17.18 also indicate that there are some discrepancies in the level of knowledge according to the different background characteristics, although limited. Female youth were more likely to report symptoms at a higher percentage than male youth. Disparities were more pronounced in knowledge of "loss of sense of smell and taste" by educational status and wealth index, for example higher knowledge is observed among youth from the highest wealth quintile (56%) compared to youth from the lowest wealth quintile (34%).

Table 17.18 Knowledge of COVID symptoms

Among never married youth aged 15-29 years who have ever heard about COVID, the percentage of youth according to their knowledge of COVID symptoms, according to background characteristics, Egypt 2021

Background characteristic	Fever or chills	Dry cough	Wet cough	Congestion or runny nose	Sore throat	Loss of taste or smell	Shortness of breath/ difficulty breathing	Muscle and body ache	Head-ache	Diarrhea	No-thing	Other	Don't know/ missing	Number of youth who ever heard about COVID
Sex														
Male	85.8	49.9	20.4	42.8	28.2	44.7	42.4	26.0	25.5	24.0	0.8	0.6	1.2	10304
Female	88.4	62.8	19.4	43.5	32.4	42.1	50.4	40.3	28.1	25.2	0.4	2.0	0.4	7269
Age														
15-19	86.1	54.8	19.4	42.5	28.0	39.4	42.5	28.9	25.4	23.5	0.5	1.2	1.2	9601
20-24	87.9	56.1	20.9	43.6	31.5	47.4	50.3	36.3	28.8	25.7	0.7	1.2	0.4	5687
25-29	87.5	54.6	20.3	44.1	33.8	51.6	48.0	33.4	26.2	25.5	0.6	1.1	0.8	2284
Residence														
Urban	87.6	53.4	19.1	41.0	31.6	49.1	47.7	35.7	26.8	22.1	0.6	1.1	0.6	8000
Rural	86.2	56.7	20.7	44.8	28.5	39.0	44.0	28.7	26.4	26.5	0.6	1.3	1.0	9572
Place of residence														
Urban Governorates	88.3	52.9	17.5	38.6	31.0	50.9	46.4	33.3	25.3	19.7	0.3	0.9	0.4	3263
Lower Egypt	83.5	56.0	21.9	48.2	34.3	45.9	49.5	34.4	28.4	23.6	0.7	1.3	0.7	7273
Urban	84.0	56.9	23.9	48.5	38.5	52.3	54.9	40.9	28.7	23.4	0.9	1.4	0.6	2211
Rural	83.2	55.6	21.0	48.1	32.5	43.1	47.1	31.6	28.3	23.7	0.6	1.2	0.7	5062
Upper Egypt	89.9	55.2	19.2	39.6	24.5	37.7	41.7	28.5	25.6	28.0	0.6	1.3	1.3	6835
Urban	90.2	50.0	17.1	36.9	25.7	43.9	43.6	34.3	27.6	24.6	0.6	1.2	0.9	2381
Rural	89.8	57.9	20.3	41.1	23.8	34.4	40.7	25.5	24.5	29.9	0.7	1.3	1.5	4454
Frontier Governorates[1]	82.3	64.9	18.7	48.9	39.0	44.1	35.9	30.9	15.0	13.4	0.3	0.0	1.3	202
Education														
No education	83.1	43.7	21.1	42.1	20.9	23.5	24.5	21.8	17.6	21.4	0.0	0.0	4.2	165
Some primary	85.7	47.3	14.9	39.6	22.2	29.7	33.1	18.6	18.2	21.1	0.9	0.5	1.3	476
Primary complete/some secondary	86.1	53.3	19.1	42.5	26.0	37.4	40.1	26.1	24.5	22.8	0.4	1.3	1.4	7635
Secondary complete/higher	87.6	57.4	21.0	43.8	33.6	49.8	51.4	37.5	28.9	26.1	0.8	1.2	0.3	9296
Work status														
Working for cash	86.1	51.9	19.8	42.2	29.1	44.3	42.4	28.4	25.1	24.4	0.8	0.8	1.2	6756
Not working	87.4	57.3	20.1	43.6	30.4	43.2	47.8	34.1	27.5	24.5	0.5	1.4	0.6	10816
Wealth quintile														
Lowest	86.7	55.4	20.3	44.9	25.0	33.8	39.5	24.6	24.4	28.5	0.6	1.5	1.5	3804
Second	86.1	55.4	19.4	44.1	26.8	35.3	40.8	26.7	24.9	24.9	0.9	0.7	1.0	3262
Middle	87.0	55.9	19.7	42.3	29.9	43.5	44.5	30.6	25.2	24.4	0.5	1.4	1.0	3421
Fourth	87.7	53.9	19.6	42.8	32.4	49.2	48.8	35.0	29.5	22.6	0.7	1.1	0.6	3435
Highest	86.8	55.4	20.7	41.2	35.4	56.2	54.9	42.4	29.0	21.7	0.3	1.1	0.2	3651
Total 15-29	86.9	55.2	20.0	43.1	29.9	43.6	45.7	31.9	26.6	24.5	0.6	1.2	0.9	17572

[1] Does not include North Sinai governorate.

17.4.3 Sources of Information about Coronavirus

Youth who have heard about coronavirus were asked about the source of obtaining information about coronavirus. As expected, the data in Table 17.19 indicate that television is still the main source of information, where 82% of youth received information about coronavirus from television, with no significant differences according to background characteristics. The other most frequently reported sources of information were social media applications except for "WhatsApp" (56%), friends (45%), family members (40%), people from the community (20%), and the Ministry of Health and Population website accounted for only 12%, health workers 11%, and community health workers 3% (e.g., *Raida Refia*, health educator).

Data in the table indicate that 53% of youth cited at least three sources of information from which they have received information about coronavirus. There are no variations according to the different background characteristics in the proportion of youth who reported at least three sources of information except by educational status. Only 23% of those who have never been to school cited at least three

sources from which they obtained information about the coronavirus, compared to 58% among those who had secondary education or higher.

Table 17.19 Exposure to messages about the Corona pandemic

Among never married youth aged 15-29 years who have ever heard about COVID, the percentage of youth according to sources of information, and the percentage of those who mentioned at least three sources of information, according to background characteristics, Egypt 2021

Background characteristic	TV	MoHP website	Whats-App	Social media (excluding What-sapp)	Health workers	Family mem-bers	Friends	Comm-unity health workers	Anyone in the area	Attar	Other	Percentage who mentioned at least three sources	Number of youth who ever heard about COVID
Sex													
Male	79.4	15.2	8.3	57.7	13.0	47.0	54.4	3.0	22.7	9.4	9.4	60.1	10304
Female	86.7	8.0	7.5	52.6	7.5	30.5	30.8	3.4	15.1	4.2	8.7	43.1	7269
Age													
15-19	82.8	9.3	6.7	50.8	8.0	39.6	42.6	2.3	19.5	6.8	8.2	48.8	9601
20-24	81.5	15.3	9.3	61.8	13.4	40.6	46.5	4.6	19.3	7.5	9.8	57.1	5687
25-29	83.0	17.0	10.0	60.2	15.7	41.5	48.5	3.6	20.2	8.5	11.4	61.1	2284
Residence													
Urban	81.7	12.3	9.6	62.5	11.0	38.5	43.2	3.5	13.3	5.5	8.7	53.1	8000
Rural	82.9	12.2	6.5	49.8	10.6	41.6	45.9	2.9	24.8	8.7	9.5	53.0	9572
Place of residence													
Urban Governorates	81.7	10.7	8.5	66.0	9.8	36.1	40.7	2.8	9.6	4.1	8.6	50.2	3263
Lower Egypt	82.3	15.3	9.4	55.1	11.5	42.7	43.7	3.4	12.4	4.8	9.6	54.5	7273
Urban	80.6	18.4	10.8	60.7	14.2	42.7	44.9	4.2	10.4	5.2	10.5	57.1	2211
Rural	83.1	13.9	8.7	52.6	10.4	42.6	43.2	3.1	13.3	4.6	9.3	53.4	5062
Upper Egypt	82.9	9.9	6.3	51.2	10.4	39.2	47.3	3.1	31.8	11.6	8.9	52.9	6835
Urban	82.9	9.2	10.3	59.4	9.7	37.0	44.5	3.7	20.0	7.8	7.2	53.3	2381
Rural	82.9	10.3	4.1	46.8	10.7	40.4	48.9	2.8	38.0	13.6	9.8	52.7	4454
Frontier Governorates[1]	78.4	6.0	4.2	53.8	10.7	49.4	47.7	4.9	24.0	1.9	7.4	54.7	202
Education													
No education	76.8	0.1	1.5	10.8	1.0	30.8	35.9	0.8	27.2	12.9	3.2	23.2	165
Some primary	78.9	4.1	3.7	27.9	5.0	37.4	50.0	0.9	29.4	13.0	4.6	44.3	476
Primary complete/some secondary	83.4	8.1	5.3	45.5	7.3	40.9	43.8	2.1	20.8	7.3	8.0	48.5	7635
Secondary complete/higher	81.8	16.3	10.4	66.1	14.0	39.9	45.2	4.2	17.8	6.8	10.4	57.8	9296
Work status													
Working for cash	79.8	14.0	7.8	57.1	13.5	42.8	52.0	3.5	23.4	9.1	9.6	58.5	6756
Not working	84.0	11.1	8.0	54.6	9.0	38.5	40.0	3.0	17.2	6.1	8.8	49.7	10816
Wealth quintile													
Lowest	83.4	8.9	5.1	41.6	8.9	41.6	48.9	2.9	32.2	10.4	8.2	52.4	3804
Second	82.3	9.5	6.6	45.2	9.3	38.1	44.9	2.8	25.7	9.1	8.4	48.8	3262
Middle	82.8	11.8	7.7	54.1	11.2	40.5	44.2	2.7	18.9	6.3	9.5	52.4	3421
Fourth	82.7	14.2	9.7	64.1	11.1	39.8	43.7	3.1	11.7	6.4	9.2	54.7	3435
Highest	80.8	16.6	10.7	72.8	13.3	40.5	41.2	4.4	8.8	4.0	10.5	56.8	3651
Total 15-29	82.4	12.2	7.9	55.6	10.7	40.2	44.6	3.2	19.5	7.3	9.1	53.1	17572

[1] Does not include North Sinai governorate.

17.4.4 Getting COVID-19 Vaccine

During the survey, youth were asked about receiving the coronavirus vaccine, where they were first asked if they have registered to receive the vaccine and then if they actually received it and the reasons for not registering if they have not registered. Forty percent of interviewed youth who are aware of the virus mentioned that they had registered to receive the vaccine. Data presented in Table 17.20 indicate that most of those who registered to receive the vaccine have received it, where 32% of youth reported that they have received the vaccine. Youth in the age group 20-24 years were the most likely to register and get the coronavirus vaccine (57% and 47% respectively). Also, youth in Lower Egypt and those who have completed secondary education or higher are the most likely to report registering to receive the vaccine (49% and 61% respectively).

Table 17.20 also shows that the reasons for not registering to get the vaccine (among those who have not registered) lies in the fear of side effects (29%), while 19% stated that they did not know how to

register, 42% reported that they were under the allowed age, 5% reported that they would register later, and 4% said that they did not want to get vaccinated. Some variations exist according to background characteristics. Youth in rural Lower Egypt, those who have completed primary and some secondary education, those not working for cash and youth in the lowest wealth quintile were the least likely to report fear of the side effects of the vaccine than other youth.

Table 17.20 COVID vaccination

Among never married youth aged 15-29 years who have ever heard about COVID, percentage of youth who have registered for COVID vaccine, percentage who have received vaccine, and among those who did not register for COVID vaccine, percentage of women by reasons for not registering, according to background characteristics, Egypt 2021

Background characteristic	Regist-ered for COVID vaccine	Received COVID vaccine	Number of youth who ever heard about COVID	Fear of vaccine side effects	Don't know how to register	Under-age /not applic-able of COVID vaccine	ID Problems	Waiting to receive vaccine at school/ work	Will register later/ Doesn't have time	Health concerns	getting married and want to get pregnant	Doesn't want	Other	Number of youth who didn't register for COVID vaccine
Sex														
Male	39.1	30.7	10304	27.8	23.8	37.5	0.2	2.1	6.5	0.4	0.0	4.2	0.4	6273
Female	40.2	32.9	7269	31.5	12.2	47.9	0.7	1.5	3.3	0.8	0.6	3.2	0.8	4350
Age														
15-19	26.2	20.2	9601	18.5	14.6	62.1	0.4	1.5	2.7	0.3	0.2	2.2	0.5	7088
20-24	56.5	46.8	5687	50.4	27.5	1.3	0.6	3.5	9.8	1.1	0.5	6.8	0.8	2474
25-29	53.6	41.8	2284	52.5	28.4	0.2	0.1	0.4	11.2	0.7	0.1	7.1	0.9	1060
Residence														
Urban	40.1	30.3	8000	33.9	22.0	35.2	0.4	2.0	4.3	0.5	0.2	3.7	0.6	4792
Rural	39.1	32.7	9572	25.5	16.6	47.1	0.4	1.7	5.9	0.5	0.3	3.9	0.6	5831
Place of residence														
Urban Governorates	37.7	26.3	3263	34.8	25.4	31.3	0.5	2.4	4.4	0.1	0.0	2.8	0.5	2032
Lower Egypt	48.5	40.9	7273	27.3	11.9	51.5	0.4	2.4	5.7	1.1	0.6	2.6	0.4	3746
Urban	50.8	42.0	2211	32.9	14.0	46.8	0-.3	2.1	3.6	1.3	0.6	3.2	0.6	1089
Rural	47.5	40.4	5062	25.1	11.0	53.4	0.4	2.5	6.5	1.0	0.6	2.3	0.3	2657
Upper Egypt	30.7	23.9	6835	28.1	22.1	38.7	0.4	1.2	5.2	0.3	0.1	5.2	0.8	4739
Urban	32.8	23.9	2381	33.1	23.5	31.9	0.4	1.6	4.8	0.6	0.1	5.2	0.7	1599
Rural	29.5	23.9	4454	25.5	21.3	42.1	0.5	1.0	5.4	0.1	0.1	5.2	0.9	3141
Frontier Governorates[1]	47.7	44.3	202	50.9	12.8	34.5	0.0	0.1	2.9	0.1	0.3	1.1	0.3	106
Education														
No education	12.4	7.4	165	34.4	43.4	19.7	0.0	0.0	1.4	0.0	0.7	3.2	0.0	144
Some primary	16.5	13.7	476	27.6	37.1	19.7	1.3	0.0	10.5	0.4	0.6	5.2	0.5	398
Primary complete/ some secondary	15.8	10.6	7635	17.0	15.4	63.1	0.4	1.5	2.3	0.3	0.2	2.5	0.5	6431
Secondary complete/ higher	60.7	50.2	9296	51.0	22.4	7.4	0.3	2.8	9.9	1.1	0.3	5.9	0.9	3650
Work status														
Working for cash	40.4	31.6	6756	35.1	28.8	20.9	0.4	1.7	9.2	0.3	0.1	5.6	0.6	4029
Not working	39.0	31.6	10816	25.8	13.0	54.5	0.5	1.9	2.8	0.7	0.4	2.6	0.6	6594
Wealth quintile														
Lowest	29.2	23.8	3804	25.5	20.6	41.8	0.5	1.3	7.0	0.4	0.3	4.7	0.6	2695
Second	31.1	25.2	3262	29.3	21.1	41.2	0.4	1.1	4.7	0.3	0.4	4.3	0.4	2246
Middle	39.6	31.5	3421	29.5	19.1	41.1	0.4	2.1	5.8	0.9	0.1	3.2	0.7	2067
Fourth	44.5	34.8	3435	31.2	19.4	40.1	0.4	2.5	3.7	0.5	0.2	3.4	1.0	1905
Highest	53.2	42.5	3651	33.0	13.3	45.0	0.3	2.7	4.0	0.7	0.1	2.7	0.3	1710
Total	39.5	31.6	17572	29.3	19.0	41.7	0.4	1.9	5.2	0.5	0.3	3.8	0.6	10623

[1] Does not include North Sinai governorates

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APPENDIX A: GOVERNORATE TABLES

Table A-2.1 Improved drinking water and toilet facilities, frequency of exposure to smoke in the home, and availability of soap and water at hand-washing location

Percentage of households with improved drinking water source, improved, not shared toilet facility, and in which there is smoking in the home, and, among households where the location for hand washing is observed, percentage with soap and water available at the hand washing location, according to governorate, Egypt 2021.

Governorate	Percentage of households: With improved drinking water source[1]	With improved, not shared toilet facility[2]	With smoking in home on a daily basis	Number of households	Among households where hand washing facility was observed, percentage with soap and water[3] available at hand-washing location	Number of households with hand-washing location observed
Urban Governorates	**99.9**	**98.7**	**37.2**	**5435**	**96.2**	**4891**
Cairo	99.9	99.3	36.6	3256	94.2	2873
Alexandria	100.0	98.5	36.4	1699	99.1	1579
Port Said	100.0	92.4	35.6	251	99.7	224
Suez	100.0	98.8	53.9	229	98.3	216
Lower Egypt	**96.9**	**84.8**	**37.9**	**13624**	**96.0**	**12152**
Damietta	100.0	81.8	33.5	497	98.2	460
Dakahlia	99.6	85.4	31.3	2125	92.6	1629
Sharkia	93.3	94.0	40.9	2364	96.7	2226
Kalyubia	91.9	97.1	49.8	1904	95.9	1810
Kafr El-Sheikh	99.8	63.1	33.8	1126	96.3	920
Gharbia	98.2	94.5	34.0	1712	97.0	1554
Menoufia	96.0	96.5	35.7	1376	98.4	1171
Behera	99.7	56.2	39.3	2088	95.9	1998
Ismailia	100.0	99.0	32.5	432	93.0	385
Upper Egypt	**97.0**	**94.2**	**37.9**	**11293**	**93.2**	**10353**
Giza	90.1	95.5	40.8	2803	90.5	2512
Beni Suef	98.5	97.6	37.2	1009	98.4	926
Fayoum	99.9	85.1	30.8	1092	91.4	967
Menya	99.1	97.0	40.5	1672	92.2	1419
Assuit	99.8	91.3	34.7	1369	90.3	1339
Souhag	98.5	93.8	38.6	1496	98.0	1465
Qena	99.5	95.2	40.4	995	92.6	916
Aswan	100.0	95.7	34.4	451	96.9	436
Luxor	99.8	96.5	34.6	407	94.7	374
Frontier Governorates	**98.6**	**99.2**	**37.6**	**315**	**98.8**	**301**
Red Sea	99.5	99.7	45.5	96	98.0	88
New Valley	100.0	98.1	28.1	81	98.7	79
Matroh	97.4	99.4	32.1	109	100.0	104
South Sinai	96.5	100.0	58.6	30	97.0	29
Total	**97.5**	**90.9**	**37.8**	**30667**	**95.0**	**27697**

[1] See Table 2.1 for improved drinking sources.
[2] See Table 2.2 for improved toilet/latrine facilities.
[3] Soap includes soap or detergent in bar, liquid, powder or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.

Table A-2.2 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini Coefficient, according to governorate, Egypt 2021

Governorate	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Urban Governorates	**3.7**	**11.3**	**17.4**	**27.1**	**40.4**	**100.0**	**20239**	**0.20**
Cairo	4.3	11.5	17.8	26.0	40.4	100.0	11954	0.22
Alexandria	2.7	12.4	18.7	30.5	35.8	100.0	6435	0.19
Port Said	2.3	4.0	9.5	23.6	60.7	100.0	949	0.17
Suez	5.1	8.9	12.0	22.2	51.8	100.0	901	0.20
Lower Egypt	**16.6**	**17.9**	**20.9**	**23.1**	**21.5**	**100.0**	**52959**	**0.09**
Damietta	6.1	11.4	23.9	35.1	23.6	100.0	1852	0.10
Dakahlia	17.0	17.5	19.5	24.6	21.5	100.0	7879	0.12
Sharkia	16.7	15.2	18.2	21.9	28.1	100.0	9508	0.10
Kalyubia	6.5	13.3	17.8	29.7	32.7	100.0	7484	0.08
Kafr El-Sheikh	24.0	18.7	18.3	17.2	21.8	100.0	4261	0.13
Gharbia	10.8	17.4	25.3	24.9	21.7	100.0	6348	0.11
Menoufia	14.5	19.4	25.9	26.2	14.1	100.0	5364	0.08
Behera	30.5	26.8	22.3	13.5	6.9	100.0	8505	0.11
Ismailia	11.9	14.4	19.8	25.9	28.0	100.0	1758	0.10
Upper Egypt	**30.4**	**26.0**	**20.2**	**13.7**	**9.8**	**100.0**	**48309**	**0.10**
Giza	13.4	17.4	21.8	24.0	23.4	100.0	11443	0.12
Beni Suef	35.9	27.5	22.5	10.4	3.8	100.0	4428	0.12
Fayoum	37.8	28.9	16.7	10.5	6.0	100.0	4672	0.10
Menya	38.2	32.4	18.7	6.8	3.8	100.0	7316	0.09
Assuit	33.0	31.5	20.9	9.4	5.2	100.0	5904	0.09
Souhag	39.9	28.7	18.5	8.5	4.4	100.0	6706	0.11
Qena	34.8	24.0	19.4	14.8	7.0	100.0	4210	0.11
Aswan	21.3	23.1	23.4	18.7	13.6	100.0	1908	0.10
Luxor	28.2	23.7	21.5	17.6	8.9	100.0	1720	0.11
Frontier Governorates	**24.7**	**16.2**	**17.7**	**19.7**	**21.7**	**100.0**	**1427**	**0.11**
Red Sea	5.4	7.0	16.5	25.1	46.0	100.0	413	0.22
New Valley	23.5	14.5	20.1	28.8	13.2	100.0	330	0.12
Matroh	43.1	25.2	19.0	9.9	2.8	100.0	554	0.21
South Sinai	10.6	11.5	9.7	21.5	46.7	100.0	130	0.18
Total	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**100.0**	**122933**	**0.09**

Percentage of households receiving external assistance from government and other non-governmental organizations, according to governorate, Egypt 2021.

Governorate	Takaful and Karama	Ration card	Guarantee pension	Other cash support from a government source	Pension for temporary workers during COVID pandemic	Cash support from any NGO	Number of households
Urban Governorates	**5.4**	**77.5**	**6.2**	**8.6**	**2.0**	**0.8**	**5435**
Cairo	5.8	74.3	6.8	4.4	2.8	0.8	3256
Alexandria	4.8	81.2	2.5	18.3	0.8	0.9	1699
Port Said	4.6	84.6	23.9	3.8	0.8	0.3	251
Suez	4.7	88.7	4.7	0.2	0.9	0.2	229
Lower Egypt	**6.2**	**91.0**	**6.7**	**7.0**	**1.7**	**0.4**	**13624**
Damietta	8.0	89.8	19.7	3.9	2.8	0.7	497
Dakahlia	5.7	89.5	10.7	7.7	2.2	0.4	2125
Sharkia	4.0	90.0	5.2	13.2	1.1	0.3	2364
Kalyubia	5.4	88.8	5.6	4.9	2.5	0.9	1904
Kafr El-Sheikh	7.3	89.6	5.0	0.2	0.6	0.2	1126
Gharbia	6.9	92.5	2.2	0.5	3.3	0.3	1712
Menoufia	4.9	94.1	8.1	5.5	0.5	0.4	1376
Behera	8.9	93.7	5.3	13.1	1.2	0.3	2088
Ismailia	8.0	89.2	10.9	1.2	0.5	0.4	432
Upper Egypt	**16.1**	**88.9**	**6.1**	**5.1**	**3.4**	**0.8**	**11293**
Giza	10.7	81.0	8.0	3.4	3.1	1.7	2803
Beni Suef	16.5	97.1	11.2	0.3	0.7	0.1	1009
Fayoum	17.0	93.5	13.4	1.6	4.5	0.1	1092
Menya	23.9	91.7	2.1	13.7	8.9	0.9	1672
Assuit	19.0	89.9	3.0	2.3	2.4	0.3	1369
Souhag	15.9	89.1	4.3	2.1	1.5	0.1	1496
Qena	12.9	90.2	3.9	11.5	1.5	0.6	995
Aswan	15.1	90.3	3.9	1.9	2.0	0.3	451
Luxor	18.5	90.7	2.1	11.6	3.4	1.3	407
Frontier Governorates	**5.4**	**88.0**	**3.1**	**4.9**	**1.9**	**0.5**	**315**
Red Sea	5.8	85.3	3.7	9.5	5.0	0.8	96
New Valley	4.6	95.8	1.5	0.9	1.1	0.8	81
Matroh	5.9	83.6	3.4	5.1	0.2	0.2	109
South Sinai	4.3	91.3	4.3	0.0	0.7	0.0	30
Total	**9.7**	**87.8**	**6.4**	**6.6**	**2.4**	**0.6**	**30667**

Table A-3.1 Educational attainment

Percent distribution of ever-married women aged 15-49 by highest level of schooling attended or completed, and median years completed, and percentage literate, according to governorate, Egypt 2021

| | Highest level of schooling | | | | | | | | | Number |
Governorate	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Median years completed	percentage literate[3]	of ever-married women
Urban Governorates	**11.3**	**4.9**	**4.9**	**17.0**	**32.7**	**29.1**	**100.0**	**10.6**	**85.8**	**2989**
Cairo	14.0	5.0	4.3	16.3	31.0	29.4	100.0	10.6	83.2	1723
Alexandria	7.1	5.4	6.2	20.0	33.1	28.3	100.0	10.5	89.1	979
Port Said	9.4	2.8	3.3	13.3	38.3	32.9	100.0	11.0	91.7	144
Suez	9.4	3.4	5.3	9.8	44.6	27.5	100.0	10.8	89.6	143
Lower Egypt	**12.1**	**4.9**	**4.0**	**14.3**	**42.0**	**22.7**	**100.0**	**10.6**	**83.9**	**9266**
Damietta	4.7	3.1	4.6	12.4	43.9	31.2	100.0	11.0	94.4	318
Dakahlia	8.1	6.3	3.8	19.4	41.7	20.7	100.0	10.5	85.2	1377
Sharkia	11.4	4.1	2.7	12.2	46.6	22.9	100.0	10.7	85.4	1714
Kalyubia	10.8	6.1	4.4	14.2	39.4	25.2	100.0	10.6	83.3	1290
Kafr El-Sheikh	15.6	2.8	3.6	8.3	45.7	24.0	100.0	10.7	81.2	750
Gharbia	7.1	6.0	2.5	12.6	41.3	30.6	100.0	10.8	88.5	1083
Menoufia	12.2	2.8	4.5	11.6	44.0	24.9	100.0	10.7	84.5	899
Behera	21.2	6.0	5.4	19.2	36.0	12.2	100.0	8.9	76.0	1549
Ismailia	10.5	2.0	6.3	10.1	45.8	25.5	100.0	10.8	90.1	287
Upper Egypt	**23.3**	**5.2**	**4.6**	**18.5**	**33.9**	**14.5**	**100.0**	**9.1**	**73.9**	**8000**
Giza	17.3	8.5	4.8	21.3	28.2	20.0	100.0	9.2	77.5	1907
Beni Suef	31.4	3.6	4.2	14.6	34.3	12.0	100.0	8.6	68.0	757
Fayoum	27.3	6.5	3.8	18.6	34.1	9.7	100.0	8.5	70.1	813
Menya	28.4	3.7	3.1	12.1	40.9	11.9	100.0	10.2	69.1	1194
Assuit	27.5	3.6	6.6	16.0	32.3	14.1	100.0	8.5	69.8	947
Souhag	25.0	5.2	6.9	21.2	29.9	11.8	100.0	7.9	72.8	1075
Qena	21.2	2.9	2.8	23.0	36.1	13.9	100.0	10.1	79.5	713
Aswan	6.7	2.9	3.1	21.8	45.3	20.2	100.0	10.5	88.7	306
Luxor	11.8	3.7	3.5	21.1	44.3	15.6	100.0	10.4	85.4	287
Frontier Governorates	**16.7**	**2.8**	**12.2**	**13.6**	**32.6**	**22.0**	**100.0**	**10.2**	**78.3**	**226**
Red Sea	5.6	3.0	3.4	10.9	45.7	31.5	100.0	11.0	89.9	69
New Valley	8.2	0.8	2.3	10.3	45.5	32.9	100.0	11.1	90.5	50
Matroh	31.5	4.2	26.5	17.8	13.6	6.4	100.0	5.4	59.9	86
South Sinai	12.7	1.5	6.7	13.8	36.5	28.9	100.0	10.6	86.8	21
Total	**16.4**	**5.0**	**4.4**	**16.4**	**37.4**	**20.4**	**100.0**	**10.4**	**80.2**	**20481**

[1] Women aged 29-43 years completed 5 years at the primary level; all other women completed 6 years at the primary level.
[2] Completed 6 years at the secondary level.
[3] Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence.

Table A-3.2 Exposure to traditional mass media

Percentage of ever-married women aged 15-49 who are exposed to specific media on a weekly basis, by governorate, Egypt 2021

Governorate	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of ever-married women
Urban Governorates	**11.8**	**80.4**	**26.3**	**5.3**	**15.0**	**2989**
Cairo	14.8	79.8	28.3	6.6	14.5	1723
Alexandria	5.9	80.1	21.9	2.0	16.1	979
Port Said	9.8	80.0	29.8	8.0	18.8	144
Suez	17.4	89.9	28.4	10.5	9.4	143
Lower Egypt	**9.9**	**83.3**	**22.7**	**4.2**	**13.8**	**9266**
Damietta	5.0	75.1	21.6	2.4	21.6	318
Dakahlia	15.8	86.2	29.9	5.4	8.2	1377
Sharkia	7.2	90.4	19.4	2.2	8.9	1714
Kalyubia	6.9	80.9	22.2	3.2	13.2	1290
Kafr El-Sheikh	13.1	73.8	21.0	4.6	22.0	750
Gharbia	19.6	90.2	37.3	13.1	8.0	1083
Menoufia	11.6	90.7	30.5	5.0	8.1	899
Behera	1.7	73.6	8.3	0.3	24.6	1549
Ismailia	9.2	74.6	15.1	2.5	23.8	287
Upper Egypt	**6.7**	**85.7**	**18.6**	**2.5**	**11.7**	**8000**
Giza	14.7	84.2	33.1	6.3	9.3	1907
Beni Suef	7.9	89.6	20.3	2.7	9.0	757
Fayoum	1.1	76.3	7.9	0.3	21.9	813
Menya	4.3	85.6	6.6	1.1	13.3	1194
Assuit	5.1	88.5	10.1	1.4	10.3	947
Souhag	2.8	91.3	18.2	1.5	7.8	1075
Qena	3.0	83.4	13.6	0.8	15.0	713
Aswan	6.6	88.3	32.8	2.4	9.8	306
Luxor	4.9	85.9	25.2	2.2	12.3	287
Frontier Governorates	**3.9**	**92.8**	**9.6**	**1.5**	**6.2**	**226**
Red Sea	7.1	96.6	14.2	2.2	2.2	69
New Valley	2.7	86.5	10.8	1.5	11.1	50
Matroh	0.5	92.4	3.5	0.0	7.6	86
South Sinai	9.8	96.4	16.5	5.1	1.5	21
Total	**8.8**	**83.9**	**21.5**	**3.7**	**13.1**	**20481**

Table A-3.3 Use of computers and digital media (Internet)

Percentage of ever-married women aged 15-49 who use a computer, the Internet and social media on a weekly basis, by governorate, Egypt 2021

Governorate	Uses a computer at least once a week	Uses Internet at least once a week	Uses compute and internet at least once a week	Uses none of computer nor internet at least once a week	Number of ever-married women
Urban Governorates	**16.4**	**64.0**	**15.0**	**34.7**	**2989**
Cairo	19.3	61.4	17.5	36.7	1723
Alexandria	10.7	66.7	10.3	32.9	979
Port Said	15.1	74.1	14.3	25.2	144
Suez	20.4	66.0	18.3	31.9	143
Lower Egypt	**8.0**	**48.4**	**6.9**	**50.6**	**9266**
Damietta	13.0	65.9	12.2	33.3	318
Dakahlia	4.3	54.6	3.5	44.7	1377
Sharkia	4.8	47.7	4.3	51.8	1714
Kalyubia	14.7	56.2	12.2	41.3	1290
Kafr El-Sheikh	13.1	46.6	12.1	52.3	750
Gharbia	10.6	53.7	9.7	45.4	1083
Menoufia	6.4	46.1	5.8	53.4	899
Behera	3.6	31.0	2.7	68.2	1549
Ismailia	14.0	52.8	11.2	44.3	287
Upper Egypt	**6.5**	**34.6**	**5.5**	**64.4**	**8000**
Giza	13.4	45.2	11.6	53.0	1907
Beni Suef	4.1	30.6	3.6	68.9	757
Fayoum	5.5	23.0	4.5	76.0	813
Menya	3.0	23.2	2.4	76.2	1194
Assuit	4.5	29.5	3.4	69.4	947
Souhag	4.1	38.7	3.6	60.8	1075
Qena	4.7	39.7	4.0	59.5	713
Aswan	5.2	43.2	4.3	55.9	306
Luxor	6.6	33.7	4.8	64.5	287
Frontier Governorates	**5.9**	**44.2**	**5.6**	**55.5**	**226**
Red Sea	9.4	64.8	9.4	35.2	69
New Valley	3.1	54.0	3.1	46.0	50
Matroh	2.3	14.8	1.6	84.4	86
South Sinai	15.9	73.1	15.9	26.9	21
Total	**8.6**	**45.2**	**7.5**	**53.7**	**20481**

Table A-3.4 Employment status

Percent distribution of ever-married women aged 15-49 by employment status, according to governorate, Egypt 2021

| Governorate | Employed in the 12 months preceding the survey | | Not employed in the 12 months preceding the survey | Total | Number of ever-married women |
	Currently employed[1]	Not currently employed			
Urban Governorates	**19.5**	**2.0**	**78.5**	**100.0**	**2989**
Cairo	21.4	2.6	76.0	100.0	1723
Alexandria	16.9	1.4	81.7	100.0	979
Port Said	19.8	0.9	79.3	100.0	144
Suez	14.1	0.9	85.0	100.0	143
Lower Egypt	**17.6**	**1.1**	**81.2**	**100.0**	**9266**
Damietta	18.1	0.7	81.2	100.0	318
Dakahlia	19.1	2.1	78.8	100.0	1377
Sharkia	13.9	1.3	84.8	100.0	1714
Kalyubia	18.7	1.4	79.9	100.0	1290
Kafr El-Sheikh	20.1	0.6	79.3	100.0	750
Gharbia	27.6	1.6	70.8	100.0	1083
Menoufia	18.8	0.5	80.7	100.0	899
Behera	10.2	0.4	89.5	100.0	1549
Ismailia	20.3	0.9	78.8	100.0	287
Upper Egypt	**13.6**	**1.1**	**85.3**	**100.0**	**8000**
Giza	18.1	2.6	79.2	100.0	1907
Beni Suef	13.8	0.6	85.5	100.0	757
Fayoum	14.2	1.5	84.2	100.0	813
Menya	16.0	0.5	83.5	100.0	1194
Assuit	9.7	0.7	89.6	100.0	947
Souhag	10.3	0.1	89.6	100.0	1075
Qena	8.7	0.2	91.1	100.0	713
Aswan	13.1	0.4	86.5	100.0	306
Luxor	10.3	0.6	89.1	100.0	287
Frontier Governorates	**14.5**	**0.5**	**85.1**	**100.0**	**226**
Red Sea	16.5	0.7	82.8	100.0	69
New Valley	27.4	0.4	72.2	100.0	50
Matroh	4.1	0.4	95.5	100.0	86
South Sinai	19.2	0.0	80.8	100.0	21
Total	**16.3**	**1.2**	**82.4**	**100.0**	**20481**

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

Table A-4.1 Fertility

Crude birth rate, general fertility rate for the three years preceding the survey, percentage of women aged 15-49 currently pregnant,Total fertility rate for the three years preceding the survey and mean number of children ever born to women aged 40-49 years, by governorate, Egypt 2021

Governorate	Crude birth rate (CBR)	General fertility rate (GFR)	Percentage of women aged 15-49 currently pregnant	Total fertility rate (TFR 15-49)	Mean number of children ever born to women aged 40-49
Urban Governorates	**14.6**	**66**	**2.8**	**2.18**	**3.0**
Cairo	14.9	68	4.0	2.25	3.1
Alexandria	14.1	63	3.8	2.10	2.8
Port Said	13.0	59	2.4	1.84	2.8
Suez	15.9	69	2.9	2.33	3.2
Lower Egypt	**19.7**	**89**	**3.5**	**2.66**	**3.3**
Damietta	14.8	68	3.0	2.13	2.9
Dakahlia	19.7	90	3.0	2.65	3.3
Sharkia	20.5	89	4.1	2.65	3.4
Kalyubia	17.4	71	2.8	2.42	3.2
Kafr El-Sheikh	19.1	85	3.8	2.55	3.1
Gharbia	17.8	80	2.6	2.54	3.1
Menoufia	19.1	82	3.9	2.63	3.4
Behera	22.4	103	2.8	2.99	3.3
Ismailia	18.9	85	4.4	2.63	3.4
Upper Egypt	**25.1**	**114**	**5.1**	**3.30**	**3.9**
Giza	18.6	83	4.6	2.54	3.3
Beni Suef	28.1	129	3.6	3.59	3.9
Fayoum	28.4	133	4.5	3.67	4.3
Menya	24.5	107	4.5	3.25	4.2
Assuit	28.5	126	6.1	3.77	4.3
Souhag	27.1	120	5.4	3.68	4.5
Qena	28.0	124	6.0	3.46	4.0
Aswan	21.8	98	5.8	2.92	3.4
Luxor	21.9	98	5.0	2.89	3.4
Frontier Governorates	**23.9**	**113**	**4.8**	**3.41**	**3.9**
Red Sea	23.3	94	4.9	3.14	3.6
New Valley	16.4	74	3.7	2.48	3.1
Matroh	29.6	154	4.3	4.38	4.7
South Sinai	15.9	76	2.8	2.32	3.7
Total	**21.0**	**96**	**4.0**	**2.85**	**3.5**

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

Table A-4.2 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to governorate, Egypt 2021

Governorate	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Urban Governorates	**8.2**	**11.1**	**20.0**	**17.7**	**15.3**	**27.7**	**100.0**	**1153**	**41.4**
Cairo	9.0	11.3	17.9	17.9	16.4	27.5	100.0	702	41.9
Alexandria	6.7	11.3	23.0	17.3	13.7	28.0	100.0	349	39.6
Port Said	8.1	10.0	24.3	14.8	11.4	31.4	100.0	45	41.1
Suez	7.5	7.9	24.5	19.2	15.1	25.7	100.0	56	40.6
Lower Egypt	**6.0**	**9.1**	**26.1**	**20.0**	**13.9**	**25.0**	**100.0**	**3691**	**39.6**
Damietta	5.6	9.2	25.1	20.5	13.6	26.0	100.0	109	42.3
Dakahlia	7.3	8.4	24.1	16.9	15.6	27.8	100.0	516	40.1
Sharkia	7.2	8.8	24.8	20.9	13.8	24.4	100.0	711	38.8
Kalyubia	4.0	10.4	28.5	20.4	12.0	24.7	100.0	515	39.5
Kafr El-Sheikh	6.8	11.4	22.8	19.0	15.3	24.7	100.0	302	40.8
Gharbia	5.5	8.4	26.0	22.5	12.2	25.5	100.0	419	39.8
Menoufia	5.8	7.4	26.5	17.8	12.6	29.8	100.0	346	40.7
Behera	5.2	9.1	29.1	20.9	15.3	20.5	100.0	651	38.5
Ismailia	6.5	9.3	23.8	20.4	13.0	27.0	100.0	121	40.9
Upper Egypt	**9.0**	**11.6**	**28.3**	**18.8**	**12.5**	**19.8**	**100.0**	**4449**	**35.5**
Giza	9.3	7.8	26.4	16.6	13.5	26.3	100.0	821	38.7
Beni Suef	7.7	9.2	27.9	20.7	14.7	19.9	100.0	442	37.0
Fayoum	6.0	11.4	30.0	20.0	12.2	20.5	100.0	505	36.3
Menya	9.0	10.5	26.9	19.1	13.1	21.4	100.0	663	37.2
Assuit	13.7	14.7	27.9	17.9	11.6	14.3	100.0	596	31.1
Souhag	10.3	14.2	30.2	17.1	11.4	16.8	100.0	679	32.6
Qena	7.7	14.4	30.9	21.6	11.0	14.4	100.0	444	33.5
Aswan	3.0	11.1	26.9	21.2	14.3	23.6	100.0	155	39.4
Luxor	8.3	12.4	25.4	21.3	10.6	22.1	100.0	144	36.6
Frontier Governorates	**10.2**	**10.9**	**28.8**	**18.7**	**9.0**	**22.4**	**100.0**	**134**	**35.0**
Red Sea	7.9	4.0	20.6	18.3	10.3	38.9	100.0	32	46.6
New Valley	4.1	9.7	24.6	17.8	15.2	28.6	100.0	20	42.7
Matroh	13.6	15.6	34.8	18.4	5.9	11.7	100.0	72	28.8
South Sinai	5.5	2.2	20.3	23.7	14.4	33.8	100.0	10	46.6
Total	**7.8**	**10.5**	**26.4**	**19.1**	**13.3**	**22.8**	**100.0**	**9426**	**37.6**

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

Table A-4.3 Median age at first birth

Median age at first birth among women aged 25-49 years, according to governorate, Egypt 2021

Governorate	Women aged 25-49
Urban Governorates	**24.2**
Cairo	24.0
Alexandria	24.5
Port Said	24.6
Suez	23.9
Lower Egypt	**22.3**
Damietta	22.6
Dakahlia	21.8
Sharkia	22.0
Kalyubia	22.7
Kafr El-Sheikh	22.5
Gharbia	22.6
Menoufia	22.1
Behera	22.3
Ismailia	23.3
Upper Egypt	**22.1**
Giza	22.8
Beni Suef	21.2
Fayoum	20.8
Menya	21.5
Assuit	22.3
Souhag	21.9
Qena	22.9
Aswan	24.2
Luxor	23.5
Frontier Governorates	**22.6**
Red Sea	23.2
New Valley	23.0
Matroh	21.9
South Sinai	23.0
Total	**22.5**

Table A-4.4 Teenage pregnancy and motherhood

Percentage of women aged 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by governorate, Egypt 2021

	Percentage of women aged 15-19 who:		Percentage who have begun childbearing	Number of women
Governorate	Have had a live birth	Are pregnant with first child		
Urban Governorates	**1.9**	**0.2**	**2.1**	**814**
Cairo	*	*	*	6
Alexandria	*	*	*	8
Port Said	*	*	*	3
Suez	*	*	*	2
Lower Egypt	**6.2**	**1.0**	**7.2**	**2001**
Damietta	10.8	1.4	12.2	32
Dakahlia	2.5	0.1	2.6	1266
Sharkia	3.5	0.5	4.0	854
Kalyubia	(2.7)	(0.0)	(2.7)	50
Kafr El-Sheikh	5.2	0.9	6.2	179
Gharbia	1.5	0.0	1.5	365
Menoufia	10.5	3.2	13.7	101
Behera	1.3	0.3	1.5	2447
Ismailia	(11.3)	(4.5)	(15.9)	16
Upper Egypt	**6.2**	**1.1**	**7.3**	**2042**
Giza	0.8	0.1	0.9	3652
Beni Suef	2.8	1.0	3.8	542
Fayoum	16.1	2.7	18.8	184
Menya	(25.1)	(5.0)	(30.1)	51
Assuit	4.1	0.0	4.1	379
Souhag	3.1	0.4	3.6	513
Qena	3.4	0.4	3.7	203
Aswan	2.8	1.4	4.2	54
Luxor	1.3	1.1	2.4	159
Frontier Governorates	**3.9**	**1.2**	**5.2**	**63**
Red Sea	1.3	0.0	1.3	20
New Valley	0.0	0.0	0.0	11
Matroh	9.5	3.5	13.1	22
South Sinai	1.6	0.0	1.6	7
Total	**5.3**	**0.9**	**6.2**	**5054**

Note: Figures in parentheses are based on 25-49 un-weighted cases. An asterisk indicates that a figure is based on fewer than 25 un-weighted cases and has been suppressed.

Table A-5.1 Fertility preferences

Among currently married women aged 15-49, percentage wanting no more children and, among ever-married women aged 15-49, mean ideal number of children by governorate, Egypt 2021

Governorate	Percentage wanting no more children[1]	Number of currently married women	Mean ideal number of children	Number of ever-married women
Urban Governorates	**74.1**	**2690**	**2.7**	**2989**
Cairo	74.0	1547	2.8	1723
Alexandria	74.9	891	2.5	979
Port Said	73.1	126	2.4	144
Suez	71.9	127	2.8	143
Lower Egypt	**70.8**	**8651**	**2.7**	**9266**
Damietta	73.0	297	2.5	318
Dakahlia	73.5	1254	2.5	1377
Sharkia	66.0	1618	2.8	1714
Kalyubia	71.4	1183	2.8	1290
Kafr El-Sheikh	73.0	703	2.7	750
Gharbia	72.3	1005	2.7	1083
Menoufia	74.6	857	2.9	899
Behera	68.4	1466	2.3	1549
Ismailia	73.0	269	2.7	287
Upper Egypt	**63.4**	**7489**	**3.1**	**8000**
Giza	69.5	1762	2.8	1907
Beni Suef	70.4	703	2.9	757
Fayoum	61.5	776	2.9	813
Menya	64.2	1134	3.2	1194
Assuit	60.8	902	3.4	947
Souhag	61.5	1011	3.5	1075
Qena	53.2	668	3.4	713
Aswan	57.0	278	3.3	306
Luxor	53.9	258	3.4	287
Frontier Governorates	**64.2**	**213**	**3.5**	**226**
Red Sea	73.1	64	3.0	69
New Valley	66.6	47	3.0	50
Matroh	53.1	82	4.2	86
South Sinai	75.2	20	3.5	21
Total	**68.3**	**19044**	**2.9**	**20481**

[1] Women who have been sterilized are considered to want no more children.

Table A-5.2 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by governorate, Egypt 2021

Governorate	Total wanted fertility rates	Total fertility rate
Urban Governorates	**1.53**	**2.18**
Cairo	1.54	2.25
Alexandria	1.51	2.10
Port Said	1.32	1.84
Suez	1.70	2.33
Lower Egypt	**2.05**	**2.66**
Damietta	1.50	2.13
Dakahlia	1.91	2.65
Sharkia	2.13	2.65
Kalyubia	2.03	2.42
Kafr El-Sheikh	1.97	2.55
Gharbia	2.02	2.54
Menoufia	2.23	2.63
Behera	2.02	2.99
Ismailia	2.09	2.63
Upper Egypt	**2.44**	**3.30**
Giza	1.72	2.54
Beni Suef	2.49	3.59
Fayoum	2.47	3.67
Menya	2.52	3.25
Assuit	2.88	3.77
Souhag	2.67	3.68
Qena	2.73	3.46
Aswan	2.42	2.92
Luxor	2.42	2.89
Frontier Governorates	**2.84**	**3.41**
Red Sea	2.54	3.14
New Valley	2.16	2.48
Matroh	3.59	4.38
South Sinai	2.11	2.32
Total	**2.14**	**2.85**

Note: Rates are calculated based on births to women aged 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table A-4.1.

Table A-6.1 Current use of family planning methods

Percent distribution of currently married women aged 15-49 by family planning method currently used, according to governorate, Egypt 2021

Governorate	Any method	Any modern method	Modern method							Any tradi-tional method	Traditional method				Not currently using	Total	Number of currently married women
			Female sterili-zation	Pill	IUD	Inject-ables	Implants	Male condom	Dia-phragm/foam/jelly		Periodic abstinence	With-drawal	Prolonged breastfeeding	Other			
Urban Governorates	**70.5**	**67.8**	**1.9**	**15.6**	**39.3**	**7.4**	**1.9**	**1.6**	**0.1**	**2.7**	**0.7**	**1.5**	**0.4**	**0.1**	**29.5**	**100.0**	**2690**
Cairo	68.4	66.8	1.9	14.9	39.4	8.0	1.6	0.9	0.0	1.6	0.5	0.5	0.4	0.1	31.6	100.0	1547
Alexandria	74.5	70.8	2.0	16.7	41.4	6.1	2.1	2.2	0.3	3.7	0.8	2.5	0.4	0.0	25.5	100.0	891
Port Said	66.3	60.7	2.0	12.6	29.9	8.2	3.2	4.3	0.5	5.6	0.9	3.6	1.2	0.0	33.7	100.0	126
Suez	72.4	66.0	1.0	19.6	32.5	7.4	2.7	2.2	0.7	6.4	1.7	4.2	0.5	0.0	27.6	100.0	127
Lower Egypt	**71.4**	**69.8**	**2.1**	**21.0**	**34.3**	**9.5**	**2.0**	**0.8**	**0.2**	**1.6**	**0.3**	**0.5**	**0.8**	**0.0**	**28.6**	**100.0**	**8651**
Damietta	70.4	66.5	1.2	16.7	38.1	5.7	2.9	1.6	0.3	3.9	1.2	2.0	0.7	0.0	29.6	100.0	297
Dakahlia	68.4	66.8	3.4	18.9	33.8	8.6	1.3	0.7	0.1	1.6	0.4	0.9	0.3	0.0	31.6	100.0	1254
Sharkia	69.7	68.1	1.5	27.6	23.2	12.4	2.8	0.5	0.1	1.6	0.2	0.3	1.1	0.0	30.3	100.0	1618
Kalyubia	73.9	72.6	1.7	20.3	37.3	8.9	2.2	2.0	0.2	1.3	0.2	0.6	0.5	0.0	26.1	100.0	1183
Kafr El-Sheikh	68.2	67.3	1.9	18.2	34.4	10.0	2.1	0.6	0.1	0.9	0.0	0.5	0.4	0.0	31.8	100.0	703
Gharbia	71.0	69.2	3.5	17.7	41.5	4.8	1.1	0.3	0.3	1.9	0.8	0.3	0.8	0.0	29.0	100.0	1005
Menoufia	71.4	70.2	1.7	22.0	35.0	9.7	1.6	0.1	0.1	1.1	0.1	0.2	0.7	0.0	28.6	100.0	857
Behera	76.7	74.9	1.6	19.6	39.7	11.1	2.2	0.7	0.1	1.8	0.0	0.3	1.5	0.0	23.3	100.0	1466
Ismailia	66.8	64.6	1.0	23.9	26.3	9.6	2.2	1.4	0.1	2.2	0.4	0.4	1.4	0.0	33.2	100.0	269
Upper Egypt	**59.1**	**57.8**	**2.0**	**19.1**	**20.4**	**12.1**	**3.7**	**0.6**	**0.0**	**1.3**	**0.1**	**0.2**	**1.0**	**0.0**	**40.9**	**100.0**	**7489**
Giza	67.8	66.8	1.5	20.9	32.6	8.9	1.6	1.4	0.0	1.0	0.0	0.5	0.6	0.0	32.2	100.0	1762
Beni Suef	66.9	65.9	4.5	11.7	27.7	17.7	4.0	0.2	0.0	1.0	0.2	0.1	0.7	0.0	33.1	100.0	703
Fayoum	66.3	64.9	1.9	20.9	22.1	15.8	3.8	0.3	0.1	1.5	0.0	0.1	1.4	0.0	33.7	100.0	776
Menya	60.5	60.0	3.4	18.0	17.1	17.7	3.6	0.2	0.0	0.4	0.0	0.0	0.3	0.1	39.5	100.0	1134
Assuit	52.0	50.8	1.5	17.5	16.1	10.5	5.0	0.2	0.0	1.2	0.2	0.0	1.0	0.0	48.0	100.0	902
Souhag	47.4	45.3	1.5	14.8	12.3	10.3	5.9	0.4	0.0	2.0	0.0	0.3	1.7	0.0	52.6	100.0	1011
Qena	46.9	44.8	0.9	22.9	8.3	9.0	3.0	0.5	0.1	2.2	0.2	0.1	1.8	0.0	53.1	100.0	668
Aswan	53.7	52.5	0.9	25.9	13.4	7.6	4.5	0.1	0.0	1.2	0.4	0.3	0.5	0.0	46.3	100.0	278
Luxor	57.6	56.0	0.7	30.3	12.5	7.8	4.2	0.3	0.3	1.6	0.3	0.3	1.1	0.0	42.4	100.0	258
Frontier Governorates	**65.3**	**61.9**	**1.2**	**21.7**	**26.4**	**8.6**	**1.7**	**1.9**	**0.5**	**3.4**	**0.3**	**1.5**	**1.6**	**0.0**	**34.7**	**100.0**	**213**
Red Sea	68.7	66.3	2.4	26.5	25.3	6.4	1.6	3.6	0.4	2.4	0.4	0.8	1.2	0.0	31.3	100.0	64
New Valley	69.1	67.3	0.0	15.8	40.0	7.8	2.9	0.4	0.3	1.9	0.0	0.7	1.2	0.0	30.9	100.0	47
Matroh	57.9	53.7	0.5	21.2	17.2	11.6	1.1	1.4	0.7	4.2	0.0	2.0	2.2	0.0	42.1	100.0	82
South Sinai	75.7	69.2	2.8	22.0	36.0	4.5	2.2	1.7	0.0	6.5	1.6	3.8	1.1	0.0	24.3	100.0	20
Total	**66.4**	**64.7**	**2.0**	**19.5**	**29.4**	**10.2**	**2.6**	**0.8**	**0.1**	**1.7**	**0.3**	**0.5**	**0.8**	**0.0**	**33.6**	**100.0**	**19044**

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

Table A-6.2 Trends in family planning use

Percentage of currently married women aged 15-49 currently using any family planning method by governorate, Egypt 2000-2021

Governorate	2000 EDHS*	2005 EDHS*	2008 EDHS*	2014 EDHS*	2021 EFHS
Urban Governorates	**62.7**	**63.9**	**65.2**	**62.6**	**70.5**
Cairo	62.3	63.8	66.8	64.0	68.4
Alexandria	64.7	64.5	63.7	60.2	74.5
Port Said	57.7	61.6	54.7	58.5	66.3
Suez	58.0	64.0	65.8	61.9	72.4
Lower Egypt	**62.4**	**65.9**	**64.3**	**63.8**	**71.4**
Damietta	58.8	63.9	64.2	65.8	70.4
Dakahlia	62.8	64.4	64.4	64.1	68.4
Sharkia	61.4	61.2	65.7	59.7	69.7
Kalyubia	64.0	69.4	59.9	63.1	73.9
Kafr El-Sheikh	64.2	65.8	62.1	63.3	68.2
Gharbia	65.7	69.7	67.1	63.2	71.0
Menoufia	61.3	64.2	66.3	67.1	71.4
Behera	59.8	68.7	66.1	66.4	76.7
Ismailia	58.9	59.6	56.5	61.7	66.8
Upper Egypt	**45.1**	**49.9**	**52.7**	**50.3**	**59.1**
Giza	60.5	62.1	62.4	63.9	67.8
Beni Suef	53.0	56.0	56.9	58.3	66.9
Fayoum	50.4	55.9	55.7	57.4	66.3
Menya	46.7	51.4	54.1	51.3	60.5
Assuit	32.9	37.9	47.4	41.4	52.0
Souhag	27.5	32.7	36.3	31.0	47.4
Luxor	na	na	54.5	48.4	57.6
Qena	34.6	47.2	48.0	37.8	46.9
Aswan	44.9	49.0	53.4	49.7	53.7
Frontier Governorates	**43.0**	**50.7**	**52.3**	**55.0**	**65.3**
Red Sea	50.6	59.2	54.5	57.5	68.7
New Valley	58.3	59.4	72.6	65.7	69.1
Matroh	37.5	52.6	42.4	41.0	57.9
North Sinai	38.2	37.6	35.3	na	na
South Sinai	37.4	43.0	61.5	na	75.7
Total	**56.1**	**59.2**	**60.3**	**58.5**	**66.4**

na = Information not available
*Source: MOHP and El-Zanaty & Associates, 2015, Table A-6.6

Table A-6.3 Source of modern family planning methods

Percent distribution of current users of modern family planning methods by most recent source, according to governorate, Egypt 2021

Governorate	Public sector	Private Medical[1]	Pharmacy	Other	Don't know	Missing	Total	Number of users
Urban Governorates	**55.9**	**25.0**	**19.0**	**0.0**	**0.1**	**0.0**	**100.0**	**1825**
Cairo	58.2	25.6	16.2	0.0	0.0	0.0	100.0	1033
Alexandria	54.2	23.4	22.1	0.0	0.2	0.0	100.0	631
Port Said	45.9	26.3	27.7	0.0	0.0	0.0	100.0	77
Suez	50.0	28.4	21.6	0.0	0.0	0.0	100.0	84
Lower Egypt	**61.6**	**21.8**	**16.4**	**0.0**	**0.0**	**0.1**	**100.0**	**6038**
Damietta	51.0	31.3	17.7	0.0	0.0	0.0	100.0	197
Dakahlia	48.5	34.2	17.1	0.2	0.0	0.0	100.0	838
Sharkia	65.2	16.9	17.9	0.0	0.0	0.0	100.0	1102
Kalyubia	65.7	13.9	20.2	0.0	0.0	0.2	100.0	859
Kafr El-Sheikh	59.0	26.0	14.8	0.0	0.0	0.2	100.0	473
Gharbia	59.6	24.0	16.0	0.0	0.4	0.0	100.0	695
Menoufia	61.0	25.4	13.6	0.0	0.0	0.0	100.0	602
Behera	69.8	16.8	13.2	0.0	0.0	0.1	100.0	1098
Ismailia	60.1	19.6	20.3	0.0	0.0	0.0	100.0	174
Upper Egypt	**66.8**	**16.8**	**16.2**	**0.1**	**0.0**	**0.1**	**100.0**	**4329**
Giza	58.2	22.0	19.5	0.3	0.0	0.0	100.0	1177
Beni Suef	72.6	16.1	11.3	0.0	0.0	0.0	100.0	463
Fayoum	72.4	13.5	14.0	0.0	0.0	0.0	100.0	503
Menya	69.7	16.5	13.8	0.0	0.0	0.0	100.0	681
Assuit	68.3	14.1	17.5	0.0	0.0	0.0	100.0	458
Souhag	71.8	16.2	11.5	0.0	0.2	0.2	100.0	458
Qena	63.0	13.0	23.7	0.3	0.0	0.0	100.0	299
Aswan	72.2	9.6	18.2	0.0	0.0	0.0	100.0	146
Luxor	66.7	14.4	17.6	0.0	0.0	1.2	100.0	144
Frontier Governorates	**47.9**	**20.6**	**31.3**	**0.0**	**0.2**	**0.0**	**100.0**	**132**
Red Sea	46.1	18.2	35.8	0.0	0.0	0.0	100.0	42
New Valley	59.2	29.8	11.0	0.0	0.0	0.0	100.0	32
Matroh	45.6	9.9	43.9	0.0	0.5	0.0	100.0	44
South Sinai	35.2	40.7	24.1	0.0	0.0	0.0	100.0	14
Total	**62.5**	**20.5**	**16.9**	**0.1**	**0.0**	**0.1**	**100.0**	**12324**

[1] Includes nongovernmental organization clinics; private hospitals/clinics or private doctors; mosque/church clinics; and other private medical facilities.

Table A-6.4 Need and demand for family planning among currently married women

Percentage of currently married women aged 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by governorate, Egypt 2021

Governorate	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning[1]			Percentage of demand satisfied[2]	Percentage of demand satisfied by modern methods[3]	Number of currently married women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Urban Governorates	**3.1**	**9.5**	**12.6**	**11.3**	**59.5**	**70.8**	**14.4**	**68.9**	**83.3**	**84.9**	**81.4**	**2690**
Cairo	3.7	10.6	14.2	11.7	57.2	68.8	15.3	67.8	83.1	82.9	80.4	1547
Alexandria	2.2	8.1	10.3	11.4	63.1	74.5	13.6	71.2	84.8	87.8	83.5	891
Port Said	3.1	9.5	12.6	7.8	58.5	66.3	10.9	68.0	78.9	84.1	76.9	126
Suez	2.7	5.5	8.2	9.5	62.8	72.4	12.2	68.3	80.6	89.8	81.9	127
Lower Egypt	**3.4**	**8.2**	**11.6**	**12.4**	**59.0**	**71.4**	**15.8**	**67.2**	**83.0**	**86.0**	**84.1**	**8651**
Damietta	2.5	9.2	11.7	9.7	60.7	70.4	12.2	69.9	82.1	85.7	81.0	297
Dakahlia	4.1	10.3	14.4	9.2	59.3	68.4	13.3	69.6	82.9	82.6	80.6	1254
Sharkia	4.6	7.5	12.2	15.3	54.4	69.7	19.9	61.9	81.8	85.1	83.2	1618
Kalyubia	2.5	7.0	9.6	13.9	60.0	73.9	16.4	67.0	83.5	88.5	87.0	1183
Kafr El-Sheikh	3.6	11.2	14.7	10.3	58.0	68.2	13.8	69.1	82.9	82.2	81.2	703
Gharbia	2.4	9.7	12.1	9.8	61.3	71.0	12.2	71.0	83.1	85.4	83.2	1005
Menoufia	4.2	9.5	13.8	9.8	61.6	71.4	14.0	71.1	85.1	83.8	82.5	857
Behera	2.5	4.4	6.9	16.0	60.7	76.7	18.5	65.1	83.6	91.7	89.6	1466
Ismailia	4.3	8.8	13.1	9.9	57.0	66.8	14.2	65.7	79.9	83.6	80.8	269
Upper Egypt	**5.4**	**11.4**	**16.8**	**12.5**	**46.6**	**59.1**	**17.9**	**58.0**	**75.8**	**77.9**	**76.2**	**7489**
Giza	3.9	8.0	11.9	12.1	55.8	67.8	16.0	63.8	79.8	85.1	83.8	1762
Beni Suef	4.8	9.4	14.2	11.0	55.8	66.9	15.8	65.2	81.1	82.5	81.3	703
Fayoum	5.2	8.9	14.1	17.9	48.5	66.3	23.1	57.4	80.4	82.5	80.7	776
Menya	5.4	12.1	17.5	12.7	47.9	60.6	18.1	60.0	78.1	77.6	76.8	1134
Assiut	8.4	14.0	22.4	11.3	40.7	52.0	19.7	54.7	74.4	69.9	68.3	902
Souhag	5.2	17.1	22.3	8.4	39.0	47.4	13.6	56.1	69.7	68.0	65.1	1011
Qena	7.5	12.2	19.7	13.2	33.7	46.9	20.8	45.9	66.7	70.4	67.1	668
Aswan	4.2	12.9	17.1	16.1	37.7	53.7	20.3	50.6	70.9	75.8	74.1	278
Luxor	4.1	7.7	11.8	15.8	41.8	57.6	19.9	49.5	69.3	83.0	80.7	258
Frontier Governorates	**3.5**	**8.8**	**12.2**	**15.6**	**49.7**	**65.3**	**19.1**	**58.4**	**77.5**	**84.2**	**79.9**	**213**
Red Sea	3.2	12.0	15.3	13.3	55.4	68.7	16.5	67.5	83.9	81.8	78.9	64
New Valley	3.9	10.2	14.1	17.2	51.9	69.1	21.1	62.1	83.2	83.1	80.8	47
Matroh	4.1	6.3	10.4	18.3	39.6	57.9	22.4	45.9	68.3	84.8	78.6	82
South Sinai	0.5	5.0	5.5	8.3	67.4	75.7	8.8	72.4	81.3	93.2	85.1	20
Total	**4.2**	**9.6**	**13.8**	**12.3**	**54.1**	**66.4**	**16.5**	**63.7**	**80.2**	**82.8**	**80.7**	**19044**

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.
[1] Total demand is the sum of unmet need and met need.
[2] Percentage of demand satisfied is met need divided by total demand.
[3] Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, and diaphragm/foam/jelly.

Table A-6.5 Contact of currently married nonusers with family planning providers

Among currently married women aged 15-49 who are not using family planning, the percentage who during the past 6 months were visited by a fieldworker (health worker or raida rafia) who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by governorate, Egypt 2021

Governorate	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 6 months and who:		Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of nonusers
		Discussed family planning	Did not discuss family planning		
Urban Governorates	**0.5**	**6.0**	**17.2**	**99.6**	**787**
Cairo	0.0	6.5	17.0	100.0	482
Alexandria	1.5	3.6	17.4	99.0	227
Port Said	0.5	11.1	16.2	99.5	43
Suez	1.2	8.5	19.4	98.8	35
Lower Egypt	**4.7**	**8.7**	**20.0**	**96.6**	**2474**
Damietta	3.5	5.4	21.7	97.0	88
Dakahlia	12.3	4.6	22.2	91.8	396
Sharkia	2.5	15.3	24.8	98.4	491
Kalyubia	0.9	8.0	16.3	99.1	309
Kafr El-Sheikh	1.1	6.9	20.4	99.6	223
Gharbia	6.0	7.8	25.4	94.9	291
Menoufia	6.5	10.0	12.1	95.2	245
Behera	3.7	5.8	18.1	97.1	341
Ismailia	2.1	10.1	3.8	97.9	89
Upper Egypt	**4.3**	**5.8**	**20.4**	**96.5**	**3064**
Giza	0.7	6.7	15.7	99.3	566
Beni Suef	3.9	5.3	5.6	96.1	233
Fayoum	8.5	5.3	17.9	93.1	261
Menya	10.5	6.0	17.7	91.2	447
Assuit	4.7	6.9	28.7	97.3	433
Souhag	1.8	1.8	21.8	98.8	532
Qena	3.7	4.3	22.8	96.8	354
Aswan	2.7	13.3	33.6	97.3	128
Luxor	3.8	13.8	29.0	97.1	109
Frontier Governorates	**1.5**	**3.7**	**26.0**	**98.5**	**74**
Red Sea	2.6	3.8	24.4	97.4	20
New Valley	2.4	3.7	49.0	97.6	15
Matroh	0.6	1.9	16.2	99.4	35
South Sinai	(0.0)	(16.0)	(33.9)	(100.0)	5
Total	**4.0**	**6.9**	**19.9**	**96.9**	**6398**

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

Table A-6.6 Exposure to family planning messages

Percentage of currently married women aged 15-49 who heard or saw a family planning message on various media in the six months prior to the interview according to governorate, Egypt 2021

Governorate	Radio	Television	News-paper/ magazine	Poster/ billboard/ sign	Com-munity meeting	Religious leader	Internet/ Social media	No exposure to family planning messages	Number of currently married women
Urban Governorates	**9.6**	**49.6**	**3.8**	**22.1**	**1.9**	**3.1**	**26.3**	**38.6**	**2690**
Cairo	11.2	48.8	5.7	21.1	1.2	2.8	28.2	38.6	1547
Alexandria	6.5	47.1	0.9	21.2	2.5	3.1	19.9	42.0	891
Port Said	10.0	66.8	2.7	21.6	3.9	7.0	41.2	26.2	126
Suez	11.4	59.3	2.8	40.0	4.5	2.0	34.3	27.0	127
Lower Egypt	**9.3**	**47.1**	**2.4**	**17.2**	**2.9**	**1.6**	**18.0**	**43.3**	**8651**
Damietta	12.0	69.5	2.8	22.5	4.1	3.5	35.6	23.4	297
Dakahlia	12.3	48.3	0.5	27.8	1.3	3.9	18.3	35.5	1254
Sharkia	9.8	47.9	0.4	9.9	1.5	0.5	25.8	44.1	1618
Kalyubia	8.1	34.2	4.2	9.0	4.8	1.7	7.5	56.8	1183
Kafr El-Sheikh	14.1	59.5	7.2	16.2	2.5	1.5	30.0	34.5	703
Gharbia	7.2	48.0	3.1	24.9	2.7	1.9	17.2	40.5	1005
Menoufia	6.0	37.7	2.7	6.7	2.4	0.1	11.0	57.4	857
Behera	8.0	46.0	1.7	23.1	4.4	1.1	9.6	43.5	1466
Ismailia	8.1	68.0	3.5	15.9	5.3	1.7	36.6	24.2	269
Upper Egypt	**6.1**	**37.0**	**2.4**	**17.2**	**3.6**	**3.4**	**12.5**	**53.2**	**7489**
Giza	13.6	51.0	6.3	25.3	2.8	5.6	22.2	36.7	1762
Beni Suef	1.8	23.9	0.7	6.8	2.6	1.2	11.9	68.0	703
Fayoum	3.7	34.2	0.5	18.9	3.4	0.7	5.3	55.3	776
Menya	1.9	25.7	0.2	18.7	3.1	1.6	8.2	59.2	1134
Assuit	5.5	50.1	4.8	22.2	9.4	5.9	13.9	42.5	902
Souhag	1.8	13.2	0.1	3.2	3.2	1.1	3.2	82.2	1011
Qena	8.3	51.0	0.6	10.0	2.9	5.9	16.6	41.7	668
Aswan	4.8	33.8	2.3	27.5	1.8	1.9	9.2	53.9	278
Luxor	8.0	48.6	1.0	24.6	1.4	4.5	12.1	44.0	258
Frontier Governorates	**3.6**	**36.3**	**1.7**	**12.5**	**5.6**	**2.0**	**13.2**	**58.4**	**213**
Red Sea	5.6	31.3	2.8	13.7	4.4	5.6	22.5	59.0	64
New Valley	3.4	44.1	2.6	14.2	16.3	0.4	10.0	51.6	47
Matroh	0.5	29.8	0.7	1.8	1.0	0.7	2.7	68.4	82
South Sinai	10.0	60.2	0.6	48.6	2.8	0.0	33.7	31.0	20
Total	**8.0**	**43.3**	**2.6**	**17.8**	**3.1**	**2.5**	**17.0**	**46.7**	**19044**

Table A-7.1 Consanguinity

Percent distribution of ever-married women aged 15-49 by relationship to their (last) husband, according to governorate, Egypt 2021

Governorate	First cousin		Second cousin		Other relative		Related by marriage	Not related	Total	Number of ever-married women
	Father's side	Mother's side	Father's side	Mother's side	Father's side	Mother's side				
Urban Governorates	**5.1**	**4.7**	**4.5**	**1.7**	**2.5**	**1.8**	**1.1**	**78.7**	**100.0**	**2989**
Cairo	4.4	5.2	5.6	1.6	2.2	1.7	0.6	78.7	100.0	1723
Alexandria	6.2	4.2	3.1	1.4	3.1	2.0	2.0	78.0	100.0	979
Port Said	4.8	3.6	1.8	2.7	1.8	1.5	0.7	83.2	100.0	144
Suez	5.9	4.0	4.0	3.1	2.1	1.5	0.4	78.9	100.0	143
Lower Egypt	**6.6**	**5.3**	**2.9**	**2.5**	**3.9**	**2.7**	**1.0**	**75.2**	**100.0**	**9266**
Damietta	3.9	4.4	3.4	2.6	1.9	1.6	0.4	81.7	100.0	318
Dakahlia	6.3	6.0	3.7	3.4	3.4	1.8	0.9	74.5	100.0	1377
Sharkia	7.5	5.0	2.9	2.8	5.7	4.3	1.6	70.1	100.0	1714
Kalyubia	6.1	6.2	3.0	3.3	3.6	1.9	1.0	75.0	100.0	1290
Kafr El-Sheikh	4.4	3.0	4.5	1.7	3.1	1.8	1.0	80.5	100.0	750
Gharbia	6.3	6.3	1.6	1.0	2.2	2.6	0.2	79.7	100.0	1083
Menoufia	3.8	4.7	3.1	2.4	3.6	2.4	0.4	79.8	100.0	899
Behera	10.0	5.8	1.4	1.7	5.0	3.4	1.5	71.3	100.0	1549
Ismailia	5.6	2.9	5.1	3.4	1.8	1.0	0.4	79.7	100.0	287
Upper Egypt	**12.5**	**6.8**	**7.1**	**4.0**	**7.2**	**3.8**	**1.2**	**57.4**	**100.0**	**8000**
Giza	7.3	5.4	6.3	3.4	4.7	2.6	1.6	68.7	100.0	1907
Beni Suef	6.7	3.5	11.9	5.3	6.2	3.4	0.6	62.5	100.0	757
Fayoum	15.9	6.4	6.9	3.6	5.9	3.0	0.6	57.6	100.0	813
Menya	11.7	6.7	8.6	5.3	4.7	2.9	1.3	58.8	100.0	1194
Assuit	14.2	7.6	3.8	1.5	8.6	5.0	2.2	57.0	100.0	947
Souhag	19.3	9.0	7.6	3.9	11.1	5.3	0.4	43.5	100.0	1075
Qena	17.6	9.7	8.1	4.7	9.6	4.3	1.0	45.0	100.0	713
Aswan	12.0	6.0	4.1	4.1	11.4	6.2	1.1	55.1	100.0	306
Luxor	13.3	9.7	4.3	5.7	9.8	6.1	0.6	50.6	100.0	287
Frontier Governorates	**10.4**	**6.8**	**5.3**	**2.6**	**5.1**	**2.7**	**1.1**	**66.0**	**100.0**	**226**
Red Sea	11.6	8.6	4.5	3.4	3.7	3.7	0.4	64.0	100.0	69
New Valley	10.4	8.7	2.6	2.2	7.5	3.3	1.9	63.4	100.0	50
Matroh	10.6	5.1	8.9	2.8	5.2	1.8	1.4	64.1	100.0	86
South Sinai	6.2	3.6	0.0	0.0	3.1	1.5	0.0	85.6	100.0	21
Total	**8.7**	**5.8**	**4.8**	**2.9**	**5.0**	**3.0**	**1.1**	**68.7**	**100.0**	**20481**

Table A-7.2 Median age at first marriage

Median age at first marriage among women aged 25-49, according to governorate, Egypt 2021

Governorate	Women aged 25-49
Urban Governorates	**22.0**
Cairo	21.7
Alexandria	22.4
Port Said	22.3
Suez	22.3
Lower Egypt	**20.8**
Damietta	20.7
Dakahlia	20.3
Sharkia	20.6
Kalyubia	21.2
Kafr El-Sheikh	21.1
Gharbia	21.2
Menoufia	20.8
Behera	20.8
Ismailia	21.7
Upper Egypt	**20.3**
Giza	21.0
Beni Suef	19.7
Fayoum	19.4
Menya	19.7
Assuit	20.4
Souhag	20.1
Qena	20.6
Aswan	21.9
Luxor	21.1
Frontier Governorates	**20.9**
Red Sea	21.4
New Valley	21.5
Matroh	20.0
South Sinai	21.3
Total	**20.8**

Table A-8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by governorate, Egypt 2021

Governorate	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Urban Governorates	**13**	**6**	**19**	**2**	**21**
Cairo	12	8	20	1	21
Alexandria	14	3	17	3	20
Port Said	7	9	16	1	18
Suez	17	3	20	3	23
Lower Egypt	**14**	**7**	**21**	**2**	**23**
Damietta	14	10	24	2	26
Dakahlia	20	8	28	0	28
Sharkia	12	9	21	3	23
Kalyubia	17	7	24	1	26
Kafr El-Sheikh	15	6	22	2	23
Gharbia	9	7	16	0	16
Menoufia	9	5	13	4	17
Behera	17	4	21	5	25
Ismailia	10	7	17	4	20
Upper Egypt	**21**	**11**	**32**	**5**	**37**
Giza	23	8	32	5	36
Beni Suef	18	13	32	3	35
Fayoum	20	14	34	5	38
Menya	21	9	29	6	35
Assuit	17	15	32	9	41
Souhag	28	12	39	6	45
Qena	19	12	32	5	37
Aswan	13	5	18	3	21
Luxor	12	8	20	3	23
Frontier Governorates	**10**	**4**	**14**	**3**	**17**
Red Sea	(8)	(0)	(8)	(3)	(11)
New Valley	(11)	(5)	(16)	(4)	(20)
Matroh	11	6	17	4	20
South Sinai	(11)	(7)	(18)	(0)	(18)

Note: Rates in parentheses are based on 250-499 exposed births.

Table A-9.1 Antenatal and delivery care indicators

Percentage of mothers who prior to the last live birth in the five-year period before the survey received regular antenatal care from a trained medical provider, percentage of mothers whose last live birth in the five-year period before the survey was protected from neonatal tetanus, and percentage of births in the five-year period prior to the survey who were delivered by a skilled provider and who were delivered by Caesarean section, by governorate, Egypt 2021

Governorate	Percentage of mothers who had regular antenatal care prior to the last birth[1]	Percentage of mothers whose last live birth was protected against neonatal tetanus[2]	Number of mothers	Percentage of births in the five-year period before the survey delivered by:		Number of births
				Skilled provider[3]	Caesarean section	
Urban Governorates	**91.4**	**37.0**	**1176**	**98.2**	**75.0**	**1546**
Cairo	88.2	30.8	694	97.7	73.7	918
Alexandria	97.2	46.7	374	98.8	76.1	488
Port Said	95.7	57.4	49	99.3	91.3	64
Suez	89.2	31.5	59	99.2	69.0	76
Lower Egypt	**93.3**	**43.3**	**4056**	**99.0**	**78.5**	**5183**
Damietta	96.6	32.1	117	100.0	82.5	152
Dakahlia	93.9	34.2	583	99.5	82.3	747
Sharkia	94.6	47.7	786	98.7	72.3	994
Kalyubia	94.0	42.2	546	99.0	79.5	710
Kafr El-Sheikh	88.9	44.2	330	99.4	88.4	411
Gharbia	91.6	36.6	449	99.8	84.3	583
Menoufia	94.1	55.9	398	99.4	73.0	501
Behera	92.7	44.2	714	97.6	77.8	921
Ismailia	93.2	50.5	132	99.8	64.7	165
Upper Egypt	**86.3**	**57.2**	**4253**	**95.1**	**66.4**	**5829**
Giza	86.7	33.8	862	97.8	67.3	1082
Beni Suef	89.6	58.8	421	92.9	61.5	576
Fayoum	85.5	72.7	474	89.3	67.0	648
Menya	83.8	63.5	645	95.5	68.5	882
Assuit	83.6	49.9	532	95.3	66.6	781
Souhag	84.4	69.1	594	95.4	65.1	859
Qena	88.0	68.7	418	94.3	63.3	598
Aswan	94.3	53.3	160	99.8	68.3	206
Luxor	93.6	63.1	147	99.7	77.3	196
Frontier Governorates	**84.5**	**36.1**	**118**	**97.1**	**53.6**	**167**
Red Sea	93.2	48.9	34	100.0	70.8	43
New Valley	88.3	51.9	21	97.4	66.0	27
Matroh	75.7	20.8	53	95.2	39.3	86
South Sinai	94.0	41.5	9	100.0	66.7	11
Total	**89.9**	**48.6**	**9602**	**97.1**	**72.2**	**12726**

[1] A woman is considered to have had regular antenatal care if she had four or more visits during pregnancy.
[2] Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth
[3] Skilled provider includes doctor or nurse/midwife.

Table A-9.2 Postnatal care indicators for mothers and newborns by governorate

Percentage of women aged 15-49 giving birth in the two years before the survey who had a postnatal checkup within two days of delivery and percentage of last births in the two years before the survey who had a postnatal checkup within two days of delivery and who had a heel sample taken, by governorate, Egypt 2021

Governorate	Percentage receiving postnatal care from skilled provider within two days of delivery[1]	Number of mothers giving birth in the two years before the survey	Percentage who had postnatal checkup from a skilled provider within two days of birth[1]	Percentage who had a heel sample taken	Number of births in the two years before the survey
Urban Governorates	**79.3**	**574**	**75.1**	**90.4**	**574**
Cairo	75.3	350	70.9	88.6	350
Alexandria	88.6	173	82.1	92.9	173
Port Said	88.3	21	87.2	93.6	21
Suez	66.9	29	75.7	95.6	29
Lower Egypt	**85.3**	**1879**	**85.3**	**91.6**	**1879**
Damietta	94.7	51	93.8	93.0	51
Dakahlia	90.3	296	90.2	93.2	296
Sharkia	90.9	356	90.0	90.4	356
Kalyubia	87.1	241	90.1	92.4	241
Kafr El-Sheikh	69.6	137	71.5	78.8	137
Gharbia	95.0	197	92.8	92.8	197
Menoufia	85.0	191	81.5	91.9	191
Behera	76.3	352	78.4	95.3	352
Ismailia	70.6	57	65.1	90.4	57
Upper Egypt	**74.0**	**2134**	**69.1**	**91.4**	**2134**
Giza	62.3	367	71.5	88.6	367
Beni Suef	70.7	225	66.0	95.3	225
Fayoum	69.6	240	46.3	92.9	240
Menya	76.5	336	66.1	92.9	336
Assuit	87.2	306	91.0	93.1	306
Souhag	79.2	299	70.8	91.5	299
Qena	67.9	219	60.2	84.9	219
Aswan	85.1	70	79.5	95.6	70
Luxor	79.9	73	76.9	87.8	73
Frontier Governorates	**81.9**	**59**	**80.2**	**90.6**	**59**
Red Sea	80.4	15	89.3	89.3	15
New Valley	83.8	10	89.4	95.8	10
Matroh	84.8	29	73.0	88.6	29
South Sinai	62.8	4	74.5	97.1	4
Total	**79.4**	**4645**	**76.6**	**91.3**	**4645**

[1] Postnatal care providers include doctor, nurse/midwife, daya, and other.

Table A-10.1 Vaccinations

Percentage of children aged 18-29 months with a vaccination card, and percentage who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), by governorate, Egypt 2021

Governorate	Record seen	BCG	PVT[1] 1	PVT[1] 2	PVT[1] 3	PVT[1] Activated	Polio 0	Polio 1	Polio 2	Polio 3	Measles[2]	Fully immu-nized[3]	No vacci-nations	Number of children
Urban Governorates	**57.6**	**97.2**	**97.6**	**93.3**	**88.7**	**51.5**	**97.2**	**96.2**	**94.5**	**91.9**	**90.8**	**80.3**	**2.4**	**318**
Cairo	48.4	96.8	96.8	91.4	84.9	38.7	96.8	94.6	93.5	89.2	87.1	73.1	3.2	195
Alexandria	75.0	98.8	100.0	97.6	97.6	76.2	98.8	100.0	98.8	98.8	97.6	94.0	0.0	98
Port Said	54.1	100.0	100.0	93.4	78.7	47.5	100.0	98.4	83.6	83.6	96.7	77.0	0.0	13
Suez	69.0	87.9	87.9	87.9	87.9	62.1	87.9	87.9	87.9	87.9	87.9	87.9	12.1	12
Lower Egypt	**69.3**	**99.2**	**99.0**	**96.5**	**96.1**	**63.3**	**98.6**	**96.7**	**96.2**	**95.6**	**97.1**	**93.2**	**0.8**	**1000**
Damietta	90.2	100.0	100.0	96.7	93.5	85.4	98.4	95.1	95.1	93.5	98.4	91.8	0.0	27
Dakahlia	73.6	100.0	100.0	86.6	86.6	60.6	100.0	87.8	86.6	85.6	100.0	85.6	0.0	153
Sharkia	66.9	100.0	100.0	99.2	99.2	59.5	100.0	99.2	99.2	99.2	96.7	95.0	0.0	189
Kalyubia	51.3	97.6	97.6	96.4	95.2	46.6	97.6	96.4	96.4	96.4	94.1	91.6	2.4	115
Kafr El-Sheikh	54.0	97.9	95.9	95.9	94.8	59.2	97.9	97.9	97.9	95.9	93.8	91.8	2.1	82
Gharbia	67.0	100.0	100.0	100.0	100.0	61.6	100.0	100.0	100.0	100.0	97.8	97.8	0.0	123
Menoufia	60.0	97.6	97.6	97.6	96.5	55.3	97.6	96.5	95.3	92.9	94.1	90.6	2.4	90
Behera	89.0	99.3	99.3	99.3	99.3	80.9	96.3	98.5	97.8	97.8	99.3	97.8	0.7	191
Ismailia	67.9	100.0	100.0	97.5	96.3	75.3	100.0	100.0	97.5	97.5	97.5	91.4	0.0	30
Upper Egypt	**69.9**	**99.9**	**99.5**	**97.5**	**95.5**	**64.9**	**99.6**	**97.0**	**95.1**	**93.4**	**96.7**	**89.5**	**0.0**	**1149**
Giza	55.2	100.0	100.0	94.9	91.8	55.2	99.0	97.0	93.9	91.8	91.8	82.6	0.0	198
Beni Suef	74.1	100.0	100.0	98.7	98.1	71.0	100.0	98.7	98.7	92.2	99.4	90.9	0.0	119
Fayoum	86.9	100.0	100.0	98.6	97.9	80.0	100.0	98.6	98.6	97.9	100.0	95.9	0.0	119
Menya	64.8	100.0	99.3	98.6	98.6	58.4	100.0	90.0	90.0	90.0	97.9	88.6	0.0	178
Assuit	80.8	99.4	100.0	98.8	96.3	70.3	99.4	98.8	96.3	93.2	95.0	86.3	0.0	156
Souhag	70.7	100.0	98.2	97.6	96.3	66.4	99.4	98.2	97.6	97.0	96.9	94.5	0.0	176
Qena	64.6	100.0	99.4	95.8	89.2	62.3	100.0	98.8	90.4	89.2	98.2	88.0	0.0	127
Aswan	69.4	99.1	99.1	96.4	95.6	58.9	99.1	98.2	98.2	98.2	95.6	92.1	0.9	43
Luxor	72.6	100.0	100.0	100.0	98.9	67.3	100.0	100.0	100.0	100.0	100.0	98.9	0.0	33
Frontier Governorates	**68.8**	**97.7**	**98.4**	**97.6**	**95.4**	**67.0**	**97.7**	**96.1**	**93.8**	**93.8**	**96.3**	**92.4**	**1.6**	**34**
Red Sea	(70.0)	(100.0)	(100.0)	(97.5)	(92.5)	(60.0)	(100.0)	(92.5)	(85.0)	(85.0)	(97.5)	(85.0)	(0.0)	10
New Valley	*	*	*	*	*	*	*	*	*	*	*	*	*	4
Matroh	72.1	98.7	100.0	100.0	98.7	81.7	98.7	100.0	100.0	100.0	97.3	97.3	0.0	17
South Sinai	*	*	*	*	*	*	*	*	*	*	*	*	*	3
Total	**68.1**	**99.2**	**99.1**	**96.6**	**94.9**	**62.6**	**98.9**	**96.8**	**95.4**	**94.1**	**96.1**	**89.9**	**0.7**	**2501**

Polio 0 is the polio vaccination given at birth; PVT- Activated PVT; Activated Polio; Measles or MMR.
[1] Children receiving PVT include children receiving DPT.
[2] Available only in the data collected from the vaccination card.
[3] A child is considered to be fully immunized if the child has received BCG, a measles vaccination or MMR, three DPT vaccinations, and three polio vaccinations.

Table A-11.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by governorate, Egypt 2021

Governorate	Height-for-age[1]			Weight-for-height				Weight-for-age				Number of children
	Percent-age below -3 SD	Percent-age below -2 SD[2]	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD[2]	Percent-age above +2 SD	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD[2]	Percent-age above +2 SD	Mean Z-score (SD)	
Urban Governorates	**4.8**	**12.7**	**(0.6)**	**1.6**	**4.4**	**11.0**	**2.9**	**2.2**	**5.9**	**4.2**	**0.1**	**1445**
Cairo	5.5	13.4	(0.6)	2.1	5.4	11.6	3.8	2.6	7.3	3.8	0.2	871
Alexandria	3.7	11.7	(0.6)	0.6	1.9	10.0	1.5	1.5	3.1	4.9	0.0	448
Port Said	1.8	6.7	(0.3)	0.0	1.1	13.4	1.6	0.5	2.6	5.3	0.4	59
Suez	5.0	14.3	(0.6)	3.5	10.7	7.6	1.1	2.8	9.4	3.0	(0.4)	68
Lower Egypt	**3.2**	**10.2**	**(0.4)**	**1.1**	**2.1**	**14.6**	**2.7**	**0.3**	**2.1**	**6.1**	**0.8**	**3970**
Damietta	3.1	9.4	(0.4)	0.6	0.6	15.5	2.5	0.3	1.0	5.3	0.6	123
Dakahlia	0.9	9.4	(0.3)	0.0	0.4	11.2	1.2	0.0	1.7	6.0	0.8	587
Sharkia	1.1	4.0	(0.3)	0.8	2.8	9.9	1.0	0.2	1.8	3.8	0.2	679
Kalyubia	7.5	18.6	(0.4)	4.6	6.8	24.1	7.7	0.6	3.4	12.4	1.9	572
Kafr El-Sheikh	5.6	14.2	(0.5)	0.2	0.7	17.6	3.7	0.4	1.7	6.1	0.6	304
Gharbia	3.3	8.0	(0.4)	0.3	0.3	14.9	2.1	0.3	1.4	4.4	0.4	499
Menoufia	5.4	13.6	(0.6)	0.6	1.5	19.1	2.6	0.0	1.6	7.8	0.7	441
Behera	1.2	8.2	(0.5)	1.1	1.6	10.6	2.1	0.4	2.9	3.7	1.0	648
Ismailia	1.5	7.0	(0.3)	0.6	2.7	8.9	0.9	0.2	2.5	2.7	0.1	118
Upper Egypt	**4.1**	**15.2**	**(0.8)**	**1.4**	**3.5**	**8.8**	**1.5**	**0.9**	**4.3**	**2.3**	**(0.1)**	**4155**
Giza	2.2	11.2	(0.5)	2.1	4.7	9.1	2.2	1.2	4.9	3.6	0.1	818
Beni Suef	4.4	18.4	(0.9)	0.2	2.0	10.3	1.4	0.1	2.2	1.1	(0.1)	406
Fayoum	2.6	11.1	(0.7)	1.2	2.2	7.7	1.5	0.3	3.2	2.8	0.1	459
Menya	2.9	14.9	(0.9)	0.2	0.7	8.7	1.4	0.7	3.4	2.3	0.2	615
Assuit	6.1	19.9	(0.9)	1.7	4.5	6.7	0.3	1.1	5.3	1.1	(0.3)	557
Souhag	8.6	21.9	(1.1)	0.9	2.8	13.4	2.4	1.1	4.9	2.5	(0.3)	565
Qena	3.2	13.0	(0.7)	0.9	2.8	7.7	1.5	1.0	3.6	2.5	(0.2)	447
Aswan	3.5	11.1	(0.3)	4.9	14.1	5.0	0.8	1.7	9.7	1.5	(0.5)	151
Luxor	2.5	10.1	(0.4)	4.5	8.8	5.4	1.0	1.6	5.2	2.0	(0.3)	138
Frontier Governorates	**4.9**	**16.3**	**(0.8)**	**1.3**	**2.0**	**9.8**	**1.1**	**1.0**	**4.3**	**2.5**	**(0.1)**	**123**
Red Sea	4.4	14.2	(0.7)	1.0	1.8	13.6	1.5	0.0	2.9	4.7	0.1	37
New Valley	6.6	17.2	(0.8)	0.0	0.7	5.9	1.4	0.8	1.4	0.6	(0.2)	21
Matroh	3.6	15.9	(0.8)	0.6	0.6	9.4	0.6	0.6	3.1	1.9	(0.1)	57
South Sinai	12.2	26.8	(1.3)	11.6	15.9	5.1	2.4	8.4	27.4	1.3	(1.2)	8
Total	**3.8**	**12.8**	**(0.6)**	**1.3**	**3.1**	**11.5**	**2.2**	**0.8**	**3.7**	**4.1**	**0.3**	**9694**

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO reference. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on 25-49 unweighted cases.

[1] Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 centimeters; standing height is measured for all other children.

[2] Includes children who are below -3 standard deviations (SD) from the WHO Child Growth standards population median

Table A-11.2 Nutritional status of women

Among ever-married women aged 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by governorate, Egypt 2021

Governorate	Percentage below 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	≥25.0 (Total over-weight or obese)	25.0-29.9 (Over-weight)	≥30.0 (Obese)	Number of women
Urban Governorates	**0.3**	**2908**	**31.9**	**11.4**	**0.7**	**0.6**	**0.1**	**87.9**	**29.9**	**58.0**	**2904**
Cairo	0.5	1726	31.7	11.3	0.7	0.6	0.1	88.0	30.3	57.7	1727
Alexandria	0.0	913	32.1	12.5	0.8	0.8	0.0	86.7	28.8	57.9	908
Port Said	0.2	132	32.9	9.1	0.6	0.5	0.2	90.2	27.5	62.8	132
Suez	0.5	137	31.6	7.8	0.5	0.1	0.3	91.7	35.0	56.7	137
Lower Egypt	**0.5**	**7393**	**32.2**	**10.7**	**0.2**	**0.1**	**0.1**	**89.1**	**28.0**	**61.1**	**7367**
Damietta	1.0	259	32.5	11.7	0.3	0.3	0.0	88.0	27.2	60.8	258
Dakahlia	0.6	1255	33.3	9.3	0.2	0.2	0.0	90.5	22.2	68.3	1251
Sharkia	0.1	1172	32.1	9.4	0.3	0.3	0.0	90.3	28.2	62.1	1166
Kalyubia	0.9	1044	31.3	14.7	0.3	0.1	0.2	84.9	31.5	53.4	1041
Kafr El-Sheikh	0.7	576	32.3	10.3	0.5	0.2	0.3	89.2	26.9	62.3	575
Gharbia	1.0	966	33.3	8.1	0.1	0.0	0.1	91.8	23.0	68.8	956
Menoufia	0.2	781	31.6	10.3	0.1	0.1	0.0	89.5	36.5	53.0	779
Behera	0.1	1132	31.5	11.9	0.0	0.0	0.0	88.1	30.3	57.8	1131
Ismailia	0.4	209	31.9	13.0	0.2	0.2	0.0	86.8	26.3	60.5	209
Upper Egypt	**1.2**	**5931**	**30.4**	**18.4**	**0.6**	**0.5**	**0.1**	**80.9**	**32.7**	**48.2**	**5933**
Giza	0.7	1456	31.7	14.6	0.9	0.7	0.2	84.5	28.8	55.7	1459
Beni Suef	0.2	568	29.3	18.5	0.3	0.1	0.2	81.2	41.9	39.3	568
Fayoum	2.0	606	30.3	20.1	0.9	0.8	0.1	79.0	28.2	50.8	604
Menya	1.6	860	30.4	19.3	0.2	0.2	0.0	80.5	31.6	49.0	862
Assuit	1.5	692	29.9	21.5	0.8	0.6	0.2	77.7	31.9	45.9	691
Souhag	1.5	770	29.6	23.0	0.3	0.2	0.1	76.7	34.3	42.4	769
Qena	1.0	539	30.0	17.4	1.2	0.9	0.3	81.4	35.2	46.2	539
Aswan	1.0	233	30.3	14.3	0.5	0.2	0.3	85.2	40.2	45.0	232
Luxor	1.7	209	30.0	17.2	0.3	0.3	0.0	82.6	35.5	47.1	209
Frontier Governorates	**1.3**	**166**	**30.8**	**12.8**	**1.1**	**1.0**	**0.1**	**86.1**	**35.4**	**50.7**	**166**
Red Sea	2.5	56	31.9	7.2	0.4	0.4	0.0	92.4	36.8	55.5	56
New Valley	0.9	37	30.3	16.6	1.8	1.8	0.0	81.6	30.9	50.8	37
Matroh	0.7	57	30.3	17.3	1.6	1.1	0.4	81.2	33.3	47.9	57
South Sinai	0.0	16	29.5	7.9	0.6	0.6	0.0	91.5	48.2	43.3	16
Total	**0.7**	**16398**	**31.5**	**13.7**	**0.5**	**0.4**	**0.1**	**85.9**	**30.1**	**55.8**	**16370**

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding 2 months.

Table A-11.3 Prevalence of anemia in children aged 6-59 months

Percentage of children aged 6-59 months classified as having anemia, by governorate, Egypt 2021

| | Anemia status by hemoglobin level | | | | |
Governorate	Any anemia (<11.0 g/dl)	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9.9 g/dl)	Severe anemia (<7.0 g/dl)	Number of children
Urban Governorates	**41.8**	**19.5**	**20.0**	**2.2**	**731**
Cairo	37.7	17.3	17.4	3.0	448
Alexandria	51.1	24.2	25.8	1.0	216
Port Said	36.9	18.8	16.4	1.7	32
Suez	40.8	19.5	20.3	0.9	35
Lower Egypt	**40.9**	**21.0**	**19.2**	**0.7**	**2099**
Damietta	40.6	21.0	19.6	0.0	66
Dakahlia	56.3	22.3	34.1	0.0	363
Sharkia	39.9	22.5	17.2	0.3	341
Kalyubia	32.8	16.5	13.9	2.4	299
Kafr El-Sheikh	42.5	17.7	23.9	1.0	169
Gharbia	53.3	23.3	30.0	0.0	242
Menoufia	39.6	24.9	13.3	1.4	234
Behera	23.1	18.8	3.9	0.4	328
Ismailia	41.5	25.5	16.1	0.0	58
Upper Egypt	**45.2**	**21.0**	**22.4**	**1.8**	**2192**
Giza	39.8	16.8	19.3	3.7	418
Beni Suef	42.6	25.0	15.9	1.7	216
Fayoum	36.7	18.9	16.0	1.8	233
Menya	61.6	25.9	34.5	1.1	342
Assuit	28.9	16.8	11.7	0.3	286
Souhag	51.7	22.2	27.8	1.7	311
Qena	48.8	22.9	24.3	1.6	233
Aswan	54.0	20.9	31.5	1.6	80
Luxor	49.2	21.3	27.4	0.5	73
Frontier Governorates	**49.1**	**25.2**	**23.5**	**0.5**	**69**
Red Sea	41.5	14.2	26.0	1.3	25
New Valley	26.8	18.7	8.2	0.0	11
Matroh	63.5	37.0	26.6	0.0	30
South Sinai	(49.9)	(23.2)	(26.7)	(0.0)	4
Total	43.0	20.9	20.8	1.4	5091

Note: Table is based on children who stayed in the household on the night before the interview and who were tested for anemia. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude. Hemoglobin is measured in grams per deciliter (g/dl). Figures in parentheses are based on 25-49 unweighted cases.

Table A-11.4 Prevalence of anemia in ever-married women

Percentage of de facto ever-married women aged 15-49 with anemia, by governorate, Egypt 2021

Governorate	Any (NP <12.0 g/dl; P <11.0 g/dl)	Mild (NP 10.0-11.9 g/dl; P 10.0-10.9 g/dl)	Moderate (NP 7.0-9.9 g/dl; P 7.0-9.9 g/dl)	Severe (NP<7.0 g/dl; P <7.0 g/dl)	Number of women
Urban Governorates	**45.7**	**30.1**	**14.2**	**1.3**	**1754**
Cairo	44.8	28.6	14.3	1.9	1045
Alexandria	50.8	34.3	16.0	0.6	554
Port Said	37.6	31.1	6.3	0.3	75
Suez	30.9	21.4	9.5	0.0	81
Lower Egypt	**34.0**	**27.8**	**5.3**	**0.8**	**4313**
Damietta	32.7	26.7	6.0	0.0	150
Dakahlia	40.6	32.3	6.7	1.6	731
Sharkia	24.3	20.3	3.2	0.8	684
Kalyubia	34.4	27.3	5.4	1.7	603
Kafr El-Sheikh	34.8	29.4	5.0	0.4	345
Gharbia	37.3	29.2	7.7	0.4	569
Menoufia	40.9	34.8	6.1	0.0	454
Behera	26.9	24.0	2.1	0.7	655
Ismailia	44.4	31.6	12.8	0.0	123
Upper Egypt	**38.6**	**29.7**	**8.2**	**0.7**	**3465**
Giza	38.5	28.4	8.5	1.7	852
Beni Suef	36.9	33.7	2.9	0.2	328
Fayoum	36.0	29.5	5.5	1.0	351
Menya	46.3	35.5	10.4	0.4	512
Assuit	30.3	22.0	7.8	0.4	401
Souhag	47.0	35.0	11.9	0.2	452
Qena	29.4	22.1	7.3	0.0	315
Aswan	42.1	31.1	8.9	2.0	136
Luxor	35.1	26.6	8.3	0.2	119
Frontier Governorates	**39.7**	**35.2**	**4.4**	**0.1**	**98**
Red Sea	41.8	37.3	4.4	0.0	34
New Valley	37.0	30.7	5.7	0.6	21
Matroh	43.7	39.0	4.7	0.0	33
South Sinai	24.7	24.7	0.0	0.0	9
Total	**37.9**	**29.0**	**8.0**	**0.9**	**9630**

Note: Prevalence is adjusted for altitude and for smoking status if known. Hemoglobin is measured in in grams per deciliter (g/dl).

Table A-12.1 Early child development index

Percentage of children aged 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, by governorate, Egypt 2021

Governorate	Percentage of children aged 3-4 years who are developmentally on track for indicated domains				Early child development index score	Number of children aged 3-5 years
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Urban Governorates	**49.5**	**93.6**	**97.2**	**82.4**	**81.4**	**294**
Cairo	42.5	91.8	98.6	76.7	75.3	159
Alexandria	59.3	95.6	94.5	91.2	87.9	107
Port Said	33.9	94.6	100.0	82.1	85.7	12
Suez	64.7	97.1	100.0	77.9	94.1	15
Lower Egypt	**46.5**	**95.0**	**97.3**	**83.4**	**84.8**	**1014**
Damietta	31.3	98.5	100.0	84.5	86.0	29
Dakahlia	59.4	93.4	96.1	81.3	81.3	129
Sharkia	35.1	99.1	99.1	89.8	89.8	188
Kalyubia	46.3	96.3	95.4	82.4	85.2	152
Kafr El-Sheikh	70.1	94.9	94.9	67.1	74.2	88
Gharbia	35.5	95.0	98.7	86.1	86.1	108
Menoufia	56.0	88.0	99.0	84.0	83.0	107
Behera	41.8	94.3	96.7	89.3	90.1	182
Ismailia	42.8	94.8	98.7	55.8	66.2	31
Upper Egypt	**47.8**	**92.9**	**97.0**	**88.4**	**86.8**	**1063**
Giza	56.5	96.8	94.6	88.3	91.5	204
Beni Suef	34.6	85.7	92.5	70.7	67.6	106
Fayoum	40.9	93.9	99.2	89.4	85.6	112
Menya	57.3	95.0	97.6	87.8	89.3	162
Assuit	50.4	87.8	99.2	92.3	87.8	133
Souhag	44.3	92.1	97.9	93.6	87.9	162
Qena	44.7	92.2	97.2	90.1	87.3	107
Aswan	40.4	98.0	100.0	95.0	93.9	38
Luxor	41.2	97.2	97.2	92.6	91.7	39
Frontier Governorates	**39.0**	**93.2**	**100.0**	**85.2**	**86.5**	**28**
Red Sea	(69.2)	(100.0)	(100.0)	(96.2)	(96.2)	7
New Valley	(58.2)	(90.4)	(100.0)	(96.8)	(100.0)	5
Matroh	15.6	90.1	100.0	80.1	76.0	14
South Sinai	*	*	*	*	*	1
Total	**47.3**	**93.8**	**97.2**	**85.5**	**85.3**	**2399**

Note: There are 4 domains to determine whether the child is developmentally on track as follows; Literacy-numeracy: Developmentally on track if at least two of the following are true: (Can identify/name at least ten letters of the alphabet), (Can read at least four simple, popular words), (Knows the name and recognizes the symbol of all numbers from 1 to 10).
Physical: Developmentally on track if one or both of the following is true: (Can pick up a small object with two fingers, like a stick or a rock from the ground), (Is not sometimes too sick to play). Social-emotional: Developmentally on track if at least two of the following are true: (Gets along well with other children), (Does not kick, bite, or hit other children), (Does not get distracted easily). Learning: Developmentally on track if one or both of the following is true: (Follows simple directions on how to do something correctly), (When given something to do, is able to do it independently). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 un-weighted cases and has been suppressed.

Table A-12.2 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to governorate, Egypt 2021

Governorate	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRIMARY SCHOOL								
Urban Governorates	**91.9**	**90.8**	**91.3**	**0.99**	**99.6**	**97.1**	**98.3**	**0.97**
Cairo	91.4	90.2	90.8	0.99	99.0	95.4	97.2	0.96
Alexandria	92.0	91.2	91.6	0.99	100.9	100.0	100.4	0.99
Port Said	94.9	91.4	93.3	0.96	99.6	96.1	97.9	0.96
Suez	93.2	93.9	93.6	1.01	99.2	97.8	98.5	0.99
Lower Egypt	**95.5**	**94.7**	**95.1**	**0.99**	**99.6**	**98.6**	**99.1**	**0.99**
Damietta	96.1	95.8	96.0	1.00	102.8	101.1	102.0	0.98
Dakahlia	93.8	95.3	94.5	1.02	96.6	100.0	98.3	1.03
Sharkia	97.2	95.5	96.4	0.98	99.4	98.9	99.2	1.00
Kalyubia	92.8	90.9	91.8	0.98	101.3	95.3	98.3	0.94
Kafr El-Sheikh	95.3	96.5	95.9	1.01	98.7	100.3	99.4	1.02
Gharbia	96.4	96.2	96.3	1.00	100.3	98.6	99.5	0.98
Menoufia	94.2	93.4	93.8	0.99	101.4	98.6	100.0	0.97
Behera	97.8	94.8	96.3	0.97	99.6	98.3	98.9	0.99
Ismailia	93.5	94.1	93.8	1.01	97.6	99.4	98.4	1.02
Upper Egypt	**92.5**	**91.5**	**92.0**	**0.99**	**97.5**	**96.3**	**96.9**	**0.99**
Giza	85.9	86.2	86.0	1.00	90.5	90.3	90.4	1.00
Beni Suef	96.7	92.7	94.8	0.96	99.5	100.5	100.0	1.01
Fayoum	93.6	94.7	94.1	1.01	99.8	99.8	99.8	1.00
Menya	96.5	93.8	95.1	0.97	101.8	99.3	100.6	0.98
Assuit	93.4	92.1	92.8	0.99	99.4	97.4	98.4	0.98
Souhag	93.7	92.4	93.1	0.99	98.7	97.1	98.0	0.98
Qena	93.0	91.3	92.1	0.98	98.6	94.0	96.2	0.95
Aswan	94.6	94.3	94.5	1.00	96.8	97.5	97.1	1.01
Luxor	95.3	94.1	94.7	0.99	101.1	95.6	98.4	0.95
Frontier Governorates	**89.3**	**89.3**	**89.3**	**1.00**	**97.4**	**96.7**	**97.0**	**0.99**
Red Sea	91.3	92.7	92.0	1.02	96.8	104.4	100.8	1.08
New Valley	92.9	95.5	94.1	1.03	101.5	99.3	100.5	0.98
Matroh	85.0	83.3	84.1	0.98	94.4	90.5	92.3	0.96
South Sinai	95.0	97.1	96.1	1.02	103.0	99.0	101.0	0.96
Total	**93.7**	**92.7**	**93.2**	**0.99**	**98.7**	**97.4**	**98.0**	**0.99**
SECONDARY SCHOOL[4]								
Urban Governorates	**84.8**	**84.8**	**84.8**	**1.00**	**95.6**	**93.1**	**94.3**	**0.97**
Cairo	83.6	84.3	83.9	1.01	95.3	92.5	93.9	0.97
Alexandria	85.6	84.1	84.9	0.98	95.0	92.7	93.9	0.98
Port Said	91.0	89.1	90.1	0.98	99.6	98.7	99.1	0.99
Suez	88.6	92.0	90.2	1.04	100.0	98.1	99.1	0.98
Lower Egypt	**90.6**	**88.3**	**89.5**	**0.98**	**99.8**	**93.6**	**96.7**	**0.94**
Damietta	88.6	87.6	88.1	0.99	99.7	90.7	95.4	0.91
Dakahlia	89.8	90.0	89.9	1.00	94.7	95.2	94.9	1.00
Sharkia	94.5	89.8	92.1	0.95	102.7	94.0	98.1	0.91
Kalyubia	86.0	85.7	85.9	1.00	92.2	93.9	93.0	1.02
Kafr El-Sheikh	90.9	92.3	91.6	1.02	102.6	96.0	99.3	0.94
Gharbia	91.6	88.8	90.2	0.97	102.7	95.3	99.1	0.93
Menoufia	88.3	88.3	88.3	1.00	100.9	92.7	96.7	0.92
Behera	92.6	85.4	89.0	0.92	104.7	90.3	97.4	0.86
Ismailia	91.7	88.1	89.9	0.96	101.1	95.2	98.1	0.94
Upper Egypt	**84.8**	**80.1**	**82.5**	**0.94**	**96.2**	**86.9**	**91.7**	**0.90**
Giza	80.1	76.3	78.3	0.95	89.6	81.4	85.7	0.91
Beni Suef	88.2	80.2	84.0	0.91	101.5	84.9	92.8	0.84
Fayoum	80.8	80.4	80.6	1.00	89.1	87.1	88.1	0.98
Menya	89.1	84.2	86.8	0.95	97.7	91.4	94.7	0.94
Assuit	82.9	77.5	80.3	0.93	98.9	85.3	92.3	0.86
Souhag	86.8	80.6	83.7	0.93	101.7	89.6	95.7	0.88
Qena	86.7	81.2	84.1	0.94	96.7	88.1	92.6	0.91
Aswan	91.7	86.3	89.1	0.94	102.1	93.2	97.7	0.91
Luxor	89.7	87.3	88.6	0.97	106.0	96.3	101.5	0.91

(Continued…)

Governorate	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
Frontier Governorates	**83.8**	**72.1**	**77.7**	**0.86**	**95.3**	**76.4**	**85.5**	**0.80**
Red Sea	92.5	85.0	88.2	0.92	111.8	89.8	99.1	0.80
New Valley	83.2	89.6	86.2	1.08	90.3	97.4	93.6	1.08
Matroh	77.5	47.5	61.9	0.61	87.7	49.7	67.9	0.57
South Sinai	87.7	95.5	91.4	1.09	94.7	100.1	97.2	1.06
Total	**87.2**	**84.3**	**85.8**	**0.97**	**97.6**	**90.6**	**94.2**	**0.93**

[1] The NAR for primary school is the percentage of the primary-school aged (6-11 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school aged (12-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

[3] The Gender Parity Index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

[4] Includes the preparatory and secondary levels

Table A-12.3 Child labor

Percentage of never-married children 5-17 years by involvement in economic activities or household chores during the week before the survey, percentage working under hazardous conditions during the last week, and percentage engaged in child labor during the last week, by governorate, Egypt 2021

Governorate	Children involved in economic activities for a total number of hours:		Children involved in household chores for a total number of hours:		Percentage of children working under hazardous conditions[2]	Percentage considered to be involved in child labor	Number of children aged 5-17 years
	Below the age-specific threshold[1]	At or above the age-specific threshold	Below the age-specific threshold[1]	At or above the age-specific threshold			
Urban Governorates	**99.0**	**1.0**	**99.6**	**0.4**	**1.7**	**2.4**	**2485**
Cairo	98.5	1.5	99.3	0.7	2.5	3.8	1418
Alexandria	99.6	0.4	100.0	0.0	0.7	0.7	838
Port Said	100.0	0.0	100.0	0.0	1.3	1.3	102
Suez	100.0	0.0	100.0	0.0	0.0	0.0	128
Lower Egypt	**97.8**	**2.2**	**99.6**	**0.4**	**2.6**	**4.1**	**7135**
Damietta	97.1	2.9	99.2	0.8	5.0	6.6	224
Dakahlia	94.6	5.4	99.4	0.6	5.4	8.6	1031
Sharkia	98.2	1.8	98.8	1.2	0.8	3.0	1334
Kalyubia	98.3	1.7	99.6	0.4	4.2	5.4	976
Kafr El-Sheikh	99.3	0.7	100.0	0.0	1.5	1.6	590
Gharbia	98.9	1.1	100.0	0.0	1.6	2.1	921
Menoufia	99.5	0.5	99.5	0.5	1.1	2.0	687
Behera	96.9	3.1	100.0	0.0	3.3	4.3	1150
Ismailia	99.1	0.9	99.7	0.3	0.9	1.4	222
Upper Egypt	**97.5**	**2.5**	**98.4**	**1.6**	**4.6**	**6.7**	**6551**
Giza	96.7	3.3	97.8	2.2	4.7	7.8	1586
Beni Suef	99.6	0.4	100.0	0.0	1.6	1.6	566
Fayoum	96.1	3.9	99.1	0.9	4.2	6.1	638
Menya	97.9	2.1	95.1	4.9	6.2	10.6	942
Assuit	98.9	1.1	100.0	0.0	3.6	4.1	833
Souhag	96.7	3.3	99.7	0.3	6.0	7.6	1011
Qena	97.5	2.5	97.9	2.1	4.4	5.6	545
Aswan	98.9	1.1	100.0	0.0	4.7	4.8	233
Luxor	96.5	3.5	98.3	1.7	4.8	8.3	196
Frontier Governorates	**98.6**	**1.4**	**99.4**	**0.6**	**1.2**	**2.2**	**203**
Red Sea	100.0	0.0	97.7	2.3	0.0	2.3	55
New Valley	99.0	1.0	100.0	0.0	1.9	1.9	41
Matroh	97.2	2.8	100.0	0.0	2.0	2.8	86
South Sinai	99.5	0.5	100.0	0.0	0.0	0.5	21
Total	**97.9**	**2.1**	**99.1**	**0.9**	**3.3**	**4.9**	**16374**

Note: The age-hour categories used in this table are based on the classifications developed by UNICEF in the MICS program. For more information on the MICS program and the Child Labor module, see http://mics.unicef.org.
[1] Includes those not involved at all
[2] Work was considered hazardous if it involved carrying heavy loads, working with dangerous tools or operating heavy equipment, working at heights, working with chemicals or explosives, exposure to dust, fumes, gas, extreme heat or humidity, loud noise or vibrations, or any other working conditions considered to be bad for the child's health and safety.

Table A-12.4 Child discipline by governorate

Percentage of children aged 1-14 years by child disciplining methods experienced during the month before the survey, by governorate, Egypt 2021

Governorate	Percentage of children aged 1-14 years who experienced:					Number of children aged 1-14 years
	Only non-violent discipline	Any psychological aggression	Any physical punishment	Any severe physical punishment	Any violent discipline method	
Urban Governorates	**12.8**	**78.5**	**49.6**	**19.1**	**80.6**	**2594**
Cairo	11.8	78.9	52.5	22.0	81.0	1504
Alexandria	15.2	77.8	45.0	13.4	80.0	848
Port Said	18.7	66.0	40.9	22.4	67.5	115
Suez	3.9	89.6	55.5	20.5	90.9	128
Lower Egypt	**9.9**	**78.0**	**58.0**	**25.1**	**81.3**	**7838**
Damietta	10.2	82.6	56.5	26.8	85.5	241
Dakahlia	6.5	84.4	59.8	29.6	87.0	1131
Sharkia	17.3	73.3	52.6	21.6	77.2	1497
Kalyubia	6.6	88.8	73.1	40.5	91.9	1068
Kafr El-Sheikh	16.3	51.7	33.1	24.4	54.3	653
Gharbia	6.5	90.0	62.9	20.6	90.1	963
Menoufia	10.1	75.1	58.3	21.4	77.3	737
Behera	5.1	75.4	63.0	19.6	82.3	1300
Ismailia	14.2	71.0	37.8	17.7	74.8	249
Upper Egypt	**7.1**	**83.2**	**63.4**	**34.0**	**86.1**	**7919**
Giza	11.2	81.2	53.2	26.5	84.1	1689
Beni Suef	9.0	78.3	60.1	22.4	84.6	759
Fayoum	5.5	84.4	61.5	25.1	85.1	801
Menya	3.9	89.6	75.7	61.6	92.1	1216
Assuit	10.8	76.1	56.1	28.8	79.6	1025
Souhag	0.7	90.3	71.4	35.2	91.3	1222
Qena	5.8	88.2	74.7	43.4	90.4	699
Aswan	10.2	72.4	58.6	16.2	79.0	270
Luxor	9.9	67.3	53.9	21.9	72.9	238
Frontier Governorates	**25.0**	**61.1**	**38.3**	**23.4**	**62.0**	**250**
Red Sea	5.9	88.1	67.0	50.7	88.5	68
New Valley	27.8	60.4	28.7	15.2	62.7	46
Matroh	39.3	43.8	23.6	13.0	44.4	116
South Sinai	0.5	70.0	47.6	9.4	71.6	20
Total	**9.3**	**80.0**	**58.9**	**28.0**	**83.0**	**18601**

Note: Nonviolent practices included one or more of the following: (1) taking away privileges, forbidding something the child liked, or not allowing the child to leave the house; (2) explaining that the child's behavior was wrong; or (3) giving the child something else to do. Psychological aggression included one or both of the following: (1) shouting, yelling, or screaming at the child or (2) calling the child dumb, lazy or a similar term. Physical punishments included one or more of the following: (1) shaking the child; (2) spanking, hitting or slapping the child on the bottom with a bare hand; (2) hitting the child on the bottom or other part of the body with a belt, hairbrush, stick, or other similar hard object; (3) hitting or slapping the child on the face, head, or ears; (4) hitting the child on the hand, arm or leg; and (5) beating the child up, that is hitting the child over and over as hard as one can. Severe physical punishments included one or both of the following: (1) hitting or slapping the child on the face, head, or ears or (2) beating the child up, that is hitting the child over and over as hard as one can. Any violent method included using any type of psychological aggression and/or physical punishment.

Table A-13.1 Current and expected prevalence of female circumcision

Percentage of ever-married women 15-49 who are circumcised and percentage of daughters aged 0-19 years who are reported by their mother to be currently circumcised, percentage who are not yet circumcised but whose mothers intend that the girl will be circumcised in the future, and percentage expected to be circumcised taking into account the current circumcision status and mother's intention, according to governorate, Egypt 2021

| Governorate | Ever-married women aged 15-49 | | Daughters aged 0-19 years | | | |
	Percentage circumcised	Number of women	Percentage reported to have already been circumcised	Percentage whose mothers intend the daughter to be circumcised in the future	Percentage expected to be circumcised	Number of daughters
Urban Governorates	**75.8**	**2989**	**5.3**	**5.2**	**10.5**	**3380**
Cairo	80.3	1723	6.7	6.1	12.8	2002
Alexandria	69.1	979	2.6	3.4	6.0	1069
Port Said	59.6	144	2.4	1.2	3.6	141
Suez	85.0	143	7.7	9.9	17.6	169
Lower Egypt	**84.1**	**9266**	**8.0**	**8.5**	**16.5**	**10358**
Damietta	58.6	318	1.0	0.8	1.8	316
Dakahlia	78.2	1377	5.2	7.1	12.4	1477
Sharkia	91.1	1714	11.6	15.3	26.8	1995
Kalyubia	91.7	1290	14.4	9.7	24.1	1448
Kafr El-Sheikh	85.7	750	7.1	9.5	16.6	829
Gharbia	86.6	1083	4.7	8.7	13.3	1212
Menoufia	92.8	899	10.8	7.4	18.2	1011
Behera	72.7	1549	2.0	2.4	4.4	1733
Ismailia	87.0	287	13.4	7.9	21.2	336
Upper Egypt	**91.5**	**8000**	**23.7**	**20.1**	**43.8**	**10010**
Giza	86.1	1907	13.4	17.3	30.8	2147
Beni Suef	95.8	757	17.0	27.2	44.2	964
Fayoum	89.4	813	6.6	14.7	21.4	1036
Menya	86.8	1194	12.9	14.2	27.1	1566
Assuit	89.1	947	25.0	14.2	39.2	1279
Souhag	98.3	1075	43.5	23.8	67.3	1441
Qena	98.9	713	39.3	35.9	75.2	901
Aswan	98.0	306	46.8	26.0	72.8	362
Luxor	98.0	287	56.7	18.3	75.1	313
Frontier Governorates	**62.0**	**226**	**11.5**	**4.9**	**16.4**	**313**
Red Sea	90.3	69	21.8	7.4	29.2	91
New Valley	92.7	50	21.6	9.7	31.3	55
Matroh	15.2	86	0.2	0.5	0.6	140
South Sinai	87.1	21	15.4	10.0	25.4	26
Total	**85.6**	**20481**	**14.2**	**12.8**	**27.0**	**24061**

Table A-13.2 Attitudes and beliefs about female circumcision

Percentage of ever-married women 15-49 who believe the practice is required by religious precepts, who say the practice should continue, who believe men want the practice to continue, and who agree with various statements about female circumcision, according to governorate, Egypt 2021

Governorate	Believes circumcision is required by religious precepts	Says the practice should continue	Believes men want the practice to continue	Agrees that: Husbands prefer	Agrees that: Prevents adultery	Agrees that: Can lead to daughters' death	Number of women aged 15-49
Urban Governorates	**16.8**	**14.8**	**13.9**	**13.2**	**20.0**	**85.5**	**2989**
Cairo	18.5	17.0	15.8	14.4	24.2	82.0	1723
Alexandria	13.7	9.6	7.0	9.2	12.2	90.7	979
Port Said	13.6	7.9	6.0	4.8	10.7	90.5	144
Suez	21.2	29.7	45.8	35.4	32.7	86.2	143
Lower Egypt	**23.5**	**22.4**	**16.6**	**16.5**	**29.6**	**77.5**	**9266**
Damietta	12.6	7.5	9.6	4.6	12.4	89.5	318
Dakahlia	24.3	21.5	17.3	15.8	31.7	80.1	1377
Sharkia	36.3	34.6	20.9	21.1	45.2	68.6	1714
Kalyubia	28.5	26.8	20.5	22.8	34.2	80.9	1290
Kafr El-Sheikh	19.6	19.6	16.7	17.5	22.9	60.3	750
Gharbia	19.4	22.0	18.5	19.9	27.6	82.3	1083
Menoufia	21.8	24.1	19.9	14.0	25.7	71.1	899
Behera	11.9	9.9	5.9	8.1	17.0	87.8	1549
Ismailia	25.9	21.0	19.2	17.2	29.1	80.8	287
Upper Egypt	**36.6**	**43.6**	**38.4**	**37.3**	**52.4**	**66.8**	**8000**
Giza	27.5	31.5	27.0	30.6	42.5	72.4	1907
Beni Suef	34.4	48.8	43.1	29.5	52.1	64.3	757
Fayoum	23.0	26.1	17.8	23.3	40.8	82.8	813
Menya	28.6	32.1	17.9	21.9	48.4	70.6	1194
Assuit	38.1	37.0	34.5	35.9	42.5	77.3	947
Souhag	48.0	62.4	60.7	51.3	72.0	53.7	1075
Qena	60.6	72.9	73.8	67.8	72.9	39.7	713
Aswan	51.7	66.6	64.0	61.2	64.9	62.2	306
Luxor	52.3	62.1	59.4	58.8	64.2	61.2	287
Frontier Governorates	**21.6**	**23.7**	**19.7**	**13.7**	**24.1**	**74.6**	**226**
Red Sea	30.7	33.7	24.3	19.1	41.9	74.9	69
New Valley	38.1	37.1	26.9	18.1	33.3	87.2	50
Matroh	2.2	1.0	1.6	0.3	1.0	67.3	86
South Sinai	31.8	51.6	61.0	39.7	37.8	73.1	21
Total	**27.6**	**29.6**	**24.8**	**24.1**	**37.0**	**74.5**	**20481**

Percentage of ever-married women aged 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to governorate, Egypt 2021

Governorate	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no health provider available	Concern no drugs available	At least one problem accessing health care	Number of women
Urban Governorates	**6.4**	**19.5**	**21.6**	**28.3**	**22.4**	**26.8**	**48.2**	**53.2**	**71.0**	**2989**
Cairo	8.2	15.5	18.4	26.5	23.2	28.6	42.3	52.2	68.7	1723
Alexandria	3.6	27.1	27.3	33.3	22.5	26.2	64.0	59.3	79.7	979
Port Said	2.5	15.1	20.9	18.3	18.9	18.0	39.6	51.0	60.4	144
Suez	9.1	20.8	21.7	25.3	16.0	18.4	18.6	26.6	48.6	143
Lower Egypt	**7.7**	**17.7**	**19.1**	**21.9**	**25.3**	**21.3**	**39.8**	**48.7**	**64.5**	**9266**
Damietta	2.9	11.6	21.8	22.7	26.3	24.2	37.4	48.7	63.5	318
Dakahlia	8.0	11.2	13.9	9.6	25.7	14.4	31.9	36.6	62.0	1377
Sharkia	3.4	7.4	5.0	9.2	20.2	9.6	39.4	50.9	57.4	1714
Kalyubia	20.1	27.9	41.8	47.9	38.4	53.2	54.4	62.2	88.2	1290
Kafr El-Sheikh	6.6	24.7	21.7	24.4	21.0	10.8	30.6	34.9	43.2	750
Gharbia	6.0	20.6	11.7	11.2	24.7	19.6	38.2	44.3	63.7	1083
Menoufia	3.4	11.7	12.7	13.0	17.5	16.7	38.7	41.5	51.1	899
Behera	8.2	27.7	27.6	36.5	27.8	23.9	44.8	63.7	77.6	1549
Ismailia	2.2	5.4	19.7	23.2	18.3	12.2	22.7	26.9	42.6	287
Upper Egypt	**9.5**	**18.0**	**27.4**	**31.9**	**32.0**	**24.9**	**50.7**	**59.9**	**74.1**	**8000**
Giza	7.8	15.7	21.0	30.1	27.4	29.3	43.2	51.7	72.0	1907
Beni Suef	3.3	4.2	9.5	10.6	9.6	5.6	13.2	16.5	29.3	757
Fayoum	10.6	14.4	21.0	22.8	26.2	29.8	63.4	69.1	74.3	813
Menya	13.8	23.9	26.4	30.1	43.7	21.0	43.7	64.3	80.7	1194
Assuit	5.7	8.8	17.0	22.2	24.0	33.8	55.9	63.0	77.6	947
Souhag	14.5	28.3	49.1	55.1	40.5	23.2	66.5	67.2	84.1	1075
Qena	14.6	36.3	52.9	51.2	58.3	29.5	63.0	81.7	90.3	713
Aswan	2.1	7.5	28.0	31.9	21.4	16.7	66.0	71.6	78.9	306
Luxor	4.1	13.8	29.1	29.1	28.7	22.6	70.5	80.0	84.8	287
Frontier Governorates	**4.8**	**17.3**	**27.7**	**28.7**	**38.6**	**35.8**	**50.8**	**57.9**	**67.5**	**226**
Red Sea	7.9	16.1	28.1	28.5	53.2	33.0	50.2	65.9	81.6	69
New Valley	0.0	2.2	15.1	17.6	20.8	28.4	42.2	44.9	54.1	50
Matroh	6.2	30.0	39.3	39.9	46.4	50.8	67.9	72.4	77.9	86
South Sinai	1.0	5.1	9.6	10.7	2.5	2.5	4.0	5.0	11.7	21
Total	**8.2**	**18.1**	**22.8**	**26.8**	**27.6**	**23.7**	**45.4**	**53.8**	**69.2**	**20481**

Table A-14.2 Practices of preventive measures

Among ever-married women aged 15-49 years who have ever heard about COVID, the percentage of women according to preventive measures have been used in the past days to avoid contracting COVID-19, according to governorate, Egypt 2021

	preventive measures											
Governorate	Washing hands regularly with soap and water	Using alcohol and chlorine for cleaning	Cover mouth and nose when cough or sneeze	Avoid close contact with anyone with fever/ coughing	Stay at home and go out just in necessary	Self-quarantine	Be sure to be one to 2 meters apart from others in public places and markets	Cover nose and mouth when leaving house	Clean and sanitize purchases	Nothing	Other	Number of women who ever heard about COVID
Urban Governorates	**77.9**	**76.9**	**12.5**	**7.0**	**12.7**	**7.2**	**8.1**	**61.3**	**10.0**	**5.4**	**6.0**	**2989**
Cairo	76.7	72.5	13.4	8.9	7.2	5.0	7.3	51.0	7.7	6.3	7.1	1723
Alexandria	83.8	87.8	8.7	4.0	23.1	11.8	9.9	76.5	12.5	3.0	4.3	979
Port Said	75.2	78.7	30.1	8.2	7.2	7.8	6.9	66.7	19.9	3.3	5.8	144
Suez	53.3	53.2	9.1	3.7	13.2	2.4	6.1	76.2	11.0	12.8	5.9	143
Lower Egypt	**69.0**	**75.2**	**13.4**	**8.4**	**11.6**	**5.4**	**4.9**	**40.9**	**11.0**	**6.8**	**6.3**	**9259**
Damietta	83.0	87.1	23.7	24.7	17.4	4.6	3.0	68.6	9.4	5.6	7.2	318
Dakahlia	63.9	73.8	2.5	14.0	19.6	1.3	9.4	43.3	16.1	11.5	7.3	1372
Sharkia	73.1	86.0	10.1	5.1	13.6	2.2	5.0	32.4	11.6	1.0	2.1	1714
Kalyubia	66.2	70.7	10.3	7.8	2.8	15.1	1.3	56.2	1.8	0.3	6.2	1290
Kafr El-Sheikh	67.0	49.7	16.0	9.9	7.6	6.4	8.8	41.9	13.5	15.4	4.0	748
Gharbia	54.8	78.0	15.6	13.7	9.0	1.9	4.5	29.6	8.3	8.9	14.3	1083
Menoufia	59.9	74.5	9.0	4.3	7.3	3.0	5.9	34.4	7.9	8.9	3.7	899
Behera	80.6	75.4	25.2	3.6	17.0	8.0	2.4	42.4	16.5	9.1	7.7	1549
Ismailia	89.8	82.2	23.3	1.1	0.4	5.0	2.7	32.6	8.1	0.0	2.1	287
Upper Egypt	**66.3**	**62.1**	**7.1**	**5.1**	**8.2**	**3.5**	**6.0**	**35.2**	**6.3**	**15.0**	**5.4**	**7995**
Giza	67.0	63.1	12.0	7.7	7.7	6.4	5.2	40.3	6.9	11.4	8.0	1905
Beni Suef	39.1	69.6	0.1	0.8	4.4	5.4	0.1	26.7	17.8	19.6	2.1	755
Fayoum	58.4	57.5	2.1	1.9	5.5	1.6	11.4	40.2	3.1	28.4	4.6	813
Menya	72.6	61.9	1.0	1.9	1.1	6.3	4.2	33.5	6.7	22.3	5.4	1194
Assuit	57.1	66.5	1.8	9.3	8.8	1.6	3.9	48.6	2.9	16.8	6.1	947
Souhag	73.9	51.7	4.4	1.3	7.9	0.5	3.8	23.9	5.2	6.9	4.2	1074
Qena	75.6	65.4	10.1	3.4	12.3	0.0	1.7	30.1	2.5	10.6	2.5	713
Aswan	90.8	67.4	36.7	18.5	35.0	1.7	28.3	28.7	6.8	3.4	8.3	306
Luxor	79.7	60.9	21.2	11.2	20.6	2.3	20.6	33.9	6.1	5.4	5.6	287
Frontier Governorates	**73.8**	**67.8**	**5.5**	**3.8**	**13.5**	**2.5**	**4.0**	**46.2**	**6.2**	**7.5**	**5.0**	**226**
Red Sea	86.5	78.7	9.0	1.1	0.4	3.0	5.2	44.2	15.7	10.5	3.0	69
New Valley	72.1	76.8	2.1	9.1	11.5	5.8	4.6	61.8	1.4	9.2	4.0	50
Matroh	74.9	62.0	4.5	3.8	25.8	0.8	0.8	34.1	1.8	0.0	8.3	86
South Sinai	32.4	35.0	5.7	0.5	10.8	0.0	11.3	64.6	4.6	23.5	1.0	21
Total	**69.3**	**70.3**	**10.7**	**6.9**	**10.5**	**4.9**	**5.8**	**41.7**	**9.0**	**9.8**	**5.9**	**20468**

Table A-14.3 Women's participation in decision making by governorate

Percentage of currently married women aged 15-49 who usually make specific decisions either by themselves or jointly with their husband, by governorate, Egypt 2021

Governorate	Specific decisions			All three decisions	None of the three decisions	Number of currently married women
	Woman's own health care	Making major household purchases	Visits to her family or relatives			
Urban Governorates	**83.2**	**73.7**	**83.5**	**62.1**	**5.9**	**2690**
Cairo	84.0	69.4	82.9	60.7	7.2	1547
Alexandria	81.4	80.1	82.5	63.1	4.6	891
Port Said	84.2	76.2	93.0	63.6	1.4	126
Suez	84.1	79.1	87.4	69.8	4.4	127
Lower Egypt	**83.1**	**75.5**	**81.5**	**64.0**	**7.6**	**8651**
Damietta	81.6	59.0	84.5	47.2	6.1	297
Dakahlia	79.0	73.6	76.3	57.2	8.5	1254
Sharkia	88.3	75.7	79.1	61.9	4.5	1618
Kalyubia	62.6	58.4	68.0	35.9	14.1	1183
Kafr El-Sheikh	81.8	80.9	84.4	75.4	11.6	703
Gharbia	87.0	86.9	89.6	80.6	6.9	1005
Menoufia	89.7	87.0	88.0	79.8	5.3	857
Behera	90.6	74.7	86.1	69.3	5.9	1466
Ismailia	89.1	88.2	91.4	81.1	2.9	269
Upper Egypt	**85.4**	**74.9**	**83.2**	**67.1**	**7.4**	**7489**
Giza	84.9	67.1	76.8	53.6	5.7	1762
Beni Suef	90.1	87.7	91.2	82.4	4.7	703
Fayoum	84.8	80.8	85.5	71.1	5.5	776
Menya	90.2	83.0	93.6	78.6	2.8	1134
Assuit	89.2	73.4	84.2	66.3	5.1	902
Souhag	81.3	74.8	83.3	71.1	12.7	1011
Qena	74.2	64.0	71.7	57.6	18.9	668
Aswan	90.1	79.5	83.0	71.4	4.6	278
Luxor	81.9	68.3	77.2	61.5	11.5	258
Frontier Governorates	**75.1**	**70.4**	**74.8**	**67.8**	**21.7**	**213**
Red Sea	98.4	92.0	94.8	89.2	0.4	64
New Valley	93.5	88.6	93.7	86.9	4.4	47
Matroh	42.1	38.9	44.6	36.2	52.7	82
South Sinai	92.4	87.4	90.2	83.6	3.3	20
Total	**83.9**	**74.9**	**82.3**	**65.0**	**7.4**	**19044**

Table A-14.4 Attitude toward wife beating

Percentage of ever-married women aged 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by governorate, Egypt 2021

Governorate	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of ever-married women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Urban Governorates	**2.4**	**3.8**	**6.7**	**9.3**	**4.0**	**14.2**	**2989**
Cairo	3.4	5.1	9.0	13.3	5.8	20.1	1723
Alexandria	1.0	1.8	3.4	3.7	1.2	5.9	979
Port Said	1.2	2.4	3.0	2.7	1.5	5.5	144
Suez	1.5	2.7	5.5	5.9	3.6	8.8	143
Lower Egypt	**2.6**	**5.9**	**11.5**	**12.6**	**5.9**	**17.2**	**9266**
Damietta	1.8	5.1	5.5	6.4	4.5	12.7	318
Dakahlia	5.6	10.4	17.1	21.2	10.4	28.2	1377
Sharkia	1.8	4.8	12.2	14.0	6.6	17.9	1714
Kalyubia	2.3	3.3	9.9	11.2	5.2	15.1	1290
Kafr El-Sheikh	4.8	6.6	7.5	7.4	4.5	9.1	750
Gharbia	0.5	3.4	9.4	12.3	6.1	14.7	1083
Menoufia	1.1	3.1	6.4	6.5	2.5	8.3	899
Behera	3.0	9.0	16.2	13.9	5.5	22.0	1549
Ismailia	1.2	1.7	3.9	4.3	1.6	6.8	287
Upper Egypt	**6.2**	**11.6**	**21.4**	**23.4**	**13.8**	**30.2**	**8000**
Giza	5.5	11.8	16.7	20.8	14.1	31.4	1907
Beni Suef	4.6	6.3	13.0	14.6	4.7	19.3	757
Fayoum	6.9	11.8	15.7	15.4	10.2	18.8	813
Menya	9.5	23.9	32.9	35.6	20.9	42.4	1194
Assuit	5.7	11.3	21.6	20.4	11.1	26.3	947
Souhag	6.2	6.3	30.0	30.1	20.9	38.1	1075
Qena	7.2	9.9	23.7	25.1	14.0	30.5	713
Aswan	2.4	4.6	13.3	21.4	5.2	24.2	306
Luxor	4.0	6.2	13.3	17.6	7.5	23.2	287
Frontier Governorates	**1.3**	**4.0**	**5.6**	**6.0**	**2.1**	**7.0**	**226**
Red Sea	3.4	8.6	10.1	12.4	4.5	13.5	69
New Valley	0.7	1.1	2.9	2.9	1.1	3.3	50
Matroh	0.0	2.2	3.3	3.0	0.8	3.8	86
South Sinai	1.0	2.6	7.1	5.0	2.0	8.1	21
Total	**4.0**	**7.8**	**14.6**	**16.3**	**8.7**	**21.7**	**20481**

Table A-15.1 Spousal violence by governorate

Percentage of ever-married women aged 15-49 who have ever experienced physical, sexual, and emotional violence committed by their husband, by governorate, Egypt 2021

Governorate	Physical violence	Sexual violence	Emotional violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Urban Governorates	**23.7**	**4.7**	**18.8**	**4.1**	**3.7**	**24.3**	**27.2**	**1340**
Cairo	29.1	6.6	24.6	5.5	5.0	30.2	34.2	750
Alexandria	15.7	1.6	10.2	1.6	1.4	15.7	16.6	466
Port Said	14.2	2.1	12.8	1.7	1.3	14.5	18.1	61
Suez	27.8	8.4	18.2	8.1	7.4	28.1	29.8	63
Lower Egypt	**24.7**	**5.2**	**24.1**	**4.7**	**4.4**	**25.3**	**31.3**	**3910**
Damietta	18.4	5.5	16.1	4.5	3.5	19.4	23.8	120
Dakahlia	33.1	10.1	31.4	9.3	8.9	33.9	40.1	405
Sharkia	24.7	2.4	22.2	1.9	1.9	25.2	29.4	804
Kalyubia	39.5	7.4	29.4	6.9	6.2	40.0	44.3	557
Kafr El-Sheikh	14.3	1.2	8.4	1.2	1.2	14.3	15.5	337
Gharbia	23.3	6.3	25.7	5.8	5.8	23.7	30.7	522
Menoufia	17.4	3.4	19.4	3.4	3.1	17.4	23.3	410
Behera	22.1	6.6	31.1	5.4	5.1	23.3	35.3	633
Ismailia	8.8	2.1	13.5	2.1	1.8	8.8	14.1	123
Upper Egypt	**27.5**	**6.3**	**22.1**	**5.7**	**4.9**	**28.1**	**32.5**	**3587**
Giza	29.5	6.4	20.0	5.7	5.1	30.3	35.0	758
Beni Suef	22.1	2.2	26.1	2.2	2.2	22.1	31.5	335
Fayoum	24.7	9.3	22.3	8.0	6.4	25.9	30.5	384
Menya	34.7	10.8	30.3	9.7	8.3	35.8	39.2	589
Assuit	22.5	4.3	15.4	3.7	3.3	23.1	25.7	409
Souhag	30.4	6.3	21.6	5.7	4.7	31.0	34.5	511
Qena	25.0	4.3	23.4	4.3	3.6	25.0	29.1	331
Aswan	26.3	3.1	14.0	3.1	2.4	26.3	29.4	140
Luxor	17.2	2.6	14.3	2.6	2.1	17.2	22.4	130
Frontier Governorates	**12.9**	**3.8**	**10.5**	**3.6**	**3.4**	**13.2**	**14.9**	**107**
Red Sea	23.6	9.2	24.6	8.5	7.8	24.4	29.7	34
New Valley	10.4	1.1	6.0	1.1	1.1	10.4	10.4	24
Matroh	0.5	0.0	0.5	0.0	0.0	0.5	0.5	39
South Sinai	32.6	7.0	13.0	7.0	7.0	32.6	32.6	9
Total	**25.5**	**5.6**	**22.3**	**5.0**	**4.5**	**26.1**	**31.0**	**8944**

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women. Total includes 2 women for whom information on the husband's education is missing.

Table A-17.1 Attitude toward timing of family planning use according to governorate

Percentage of never married youth aged 15-29 years who agreed to use family planning methods before first pregnancy and after first birth, by gender and governorate, Egypt 2021

Governorate	Females aged 15-29			Males aged 15-29			Total		
	Use FP before the first pregnancy	Using a FP after the first birth	Number	Use FP before the first pregnancy	Using a FP after the first birth	Number	Use FP before the first pregnancy	Using a FP after the first birth	Number
Urban Governorates	**20.2**	**79.7**	**1423**	**26.0**	**63.5**	**1843**	**23.5**	**70.6**	**3265**
Cairo	24.1	75.4	876	28.7	63.1	1096	26.7	68.6	1972
Alexandria	12.4	91.2	417	25.3	67.5	586	19.9	77.4	1003
Port Said	29.9	84.9	64	19.2	62.5	80	24.0	72.4	144
Suez	9.0	59.5	66	1.4	40.0	80	4.8	48.8	146
Lower Egypt	**18.3**	**82.0**	**2999**	**16.3**	**72.0**	**4282**	**17.1**	**76.1**	**7281**
Damietta	11.2	81.9	109	28.8	55.7	177	22.1	65.7	285
Dakahlia	16.8	78.7	497	8.2	91.8	572	12.2	85.7	1069
Sharkia	20.3	83.6	494	39.3	95.8	710	31.5	90.8	1204
Kalyubia	28.4	75.3	495	17.4	60.7	615	22.3	67.2	1110
Kafr El-Sheikh	12.2	64.0	216	16.4	72.6	341	14.8	69.3	556
Gharbia	10.2	96.8	348	12.0	52.2	540	11.3	69.7	888
Menoufia	23.2	77.9	300	12.5	60.7	530	16.4	67.0	830
Behera	16.6	90.7	438	1.2	63.6	647	7.5	74.6	1084
Ismailia	9.2	85.5	102	11.6	93.8	151	10.6	90.5	254
Upper Egypt	**14.9**	**73.3**	**2772**	**17.9**	**55.6**	**4082**	**16.7**	**62.8**	**6854**
Giza	21.0	72.5	708	22.6	63.6	1030	21.9	67.2	1737
Beni Suef	42.0	84.4	205	8.5	96.6	341	21.1	92.0	546
Fayoum	13.4	73.7	214	29.6	57.7	332	23.2	64.0	545
Menya	8.5	79.1	429	2.9	88.9	578	5.3	84.7	1007
Assuit	9.8	75.7	364	48.8	42.5	481	32.0	56.8	845
Souhag	5.5	67.4	423	0.5	3.8	609	2.6	29.9	1032
Qena	10.9	50.4	222	20.1	53.7	375	16.6	52.5	597
Aswan	17.8	91.7	118	6.9	41.2	171	11.4	61.8	289
Luxor	11.0	75.1	90	16.7	49.3	166	14.7	58.4	256
Frontier Governorates	**10.9**	**72.2**	**90**	**11.7**	**40.4**	**113**	**11.3**	**54.5**	**202**
Red Sea	9.0	66.7	31	0.0	94.7	32	4.5	80.8	63
New Valley	8.5	90.1	27	28.5	7.0	32	19.2	45.6	59
Matroh	17.8	64.6	22	11.0	28.8	38	13.5	41.7	60
South Sinai	7.9	56.6	10	0.0	20.9	11	3.6	37.3	21
Total	**17.3**	**78.1**	**7284**	**18.6**	**63.6**	**10319**	**18.1**	**69.6**	**17603**

<u>**Table A-17.2 Ideal number of children by governorate**</u>

Mean ideal number of children for never married females and males aged 15-29, by gender and governorate, Egypt 2021

Governorate	Females aged 15-29		Males aged 15-29		Total	
	Mean ideal number of children	Number	Mean ideal number of children	Number	Mean ideal number of children	Number
Urban Governorates	**2.3**	**1423**	**2.6**	**1843**	**2.5**	**3265**
Cairo	2.4	876	2.6	1096	2.5	1972
Alexandria	2.1	417	2.9	586	2.6	1003
Port Said	2.2	64	2.4	80	2.3	144
Suez	2.5	66	2.4	80	2.4	146
Lower Egypt	**2.3**	**2999**	**2.5**	**4282**	**2.4**	**7281**
Damietta	2.2	109	2.4	177	2.3	285
Dakahlia	2.3	497	2.6	572	2.5	1069
Sharkia	2.2	494	2.7	710	2.5	1204
Kalyubia	2.5	495	2.6	615	2.5	1110
Kafr El-Sheikh	2.3	216	2.4	341	2.4	556
Gharbia	2.4	348	2.5	540	2.4	888
Menoufia	2.2	300	2.5	530	2.4	830
Behera	2.3	438	2.4	647	2.3	1084
Ismailia	2.3	102	2.8	151	2.6	254
Upper Egypt	**2.5**	**2772**	**2.8**	**4082**	**2.7**	**6854**
Giza	2.4	708	2.8	1030	2.6	1737
Beni Suef	2.4	205	2.7	341	2.6	546
Fayoum	2.4	214	2.9	332	2.7	545
Menya	2.5	429	2.7	578	2.6	1007
Assuit	2.6	364	2.9	481	2.8	845
Souhag	2.9	423	3.2	609	3.1	1032
Qena	2.8	222	2.7	375	2.7	597
Aswan	2.6	118	2.7	171	2.7	289
Luxor	2.6	90	2.7	166	2.7	256
Frontier Governorates	**2.6**	**90**	**3.4**	**113**	**3.0**	**202**
Red Sea	2.3	31	2.5	32	2.4	63
New Valley	2.2	27	2.6	32	2.4	59
Matroh	3.4	22	4.6	38	4.2	60
South Sinai	2.6	10	3.0	11	2.8	21
Total	**2.4**	**7284**	**2.7**	**10319**	**2.6**	**17603**

APPENDIX B: SAMPLE DESIGN

B.1 INTRODUCTION

The Egypt Family Health Survey-2021 (EFHS-2021) is the first survey conducted by the Central Agency for Public Mobilization and Statistics (CAPMAS) as a continuation of the series of Demographic and Health Surveys that were carried out in Egypt until 2014. This survey has several main objectives represented in providing recent data on fertility rates; fertility preferences; child and infant mortality rates; knowledge of family planning methods and their current and future use; maternal and child health and nutrition; The survey also covers several special topics including domestic violence, child labor and child disciplinary practices. In addition, the survey also aims to study knowledge and precautionary measures for the emerging corona virus. Achieving the main objectives of the EFHS-2021 required interviewing a randomly selected sample of households and eligible women (currently married and ever married woman in age group 15-49 years). The survey also included interviews with never-married youth (males/females) in age group 15-29 years. As mentioned in chapter one, the sample for the survey was designed to provide estimates of population and health indicators at the national level as well as the main six-regions (Urban governorates, urban Lower Egypt, rural Lower Egypt, urban Upper Egypt, rural Upper Egypt, Frontier Governorates[1]). Also, the sample allows for the calculation of estimates of most key indicators at the governorate level, similar to the sample of the 2014 EDHS.

The sample of EFHS-2021 was designed as a stratified, multi-stage cluster sample. This appendix includes a description of the sample frame, the procedures used at each stage of sample selection, and the response rates for each of the households, eligible women, and young men. Finally, the sample weights and the procedures used in calculating these weights are presented. **Appendix C** presents the estimates of sampling errors for key indicators of the survey by residence and governorates.

B.2 SAMPLING FRAME

The sample of EFHS-2021 was withdrawn from the enumeration areas (EAs) of the master sample, which was prepared by CAPMAS in 2020, where the master sample is considered the frame for selecting the sample of household surveys implemented by CAPMAS. The master sample - 2020 is a large sample consisting of 1734 Enumeration Areas (AEs), including more than 427 thousand households covering all governorates of Egypt except North Sinai. The basic sample includes information about the name and address of the head of the household as well as information about the housing unit of the household, the household size, in addition to some characteristics of the household.

The master sample - 2020 was designed as a multi-stage stratified sample. The stratification was based on the governorate as the main administrative division of Egypt as the main stratum. It also reflects geographical and social differentials, which represents the various groups of Egyptian society to a large extent. Then, a stratification was used in dividing the governorates into urban and rural areas, to reflect the differences between each of the rural and urban areas in each governorate. The master sample was distributed proportionately to the number of households in each stratum (urban/rural) according to the 2017 population census data. However, the representation of the master sample was increased in different governorates to calculate indicators at the governorate level.

Table B.1 presents the percent distribution of households by governorate and residence according to the sampling framework for the master sample that was updated in 2020. The proportions of households vary by governorate from 0.6% (South Sinai, which is the smallest) to 8.3% (Cairo, which is the largest). 46% of households are in urban areas, while about 54% of households are in rural areas.

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[1] Does not include North Sinai governorate.

Table B.1 Percent distribution of households in sample frame

Percent distribution of households in sample frame by governorate, and according to residence, Egypt 2021

Governorate	Urban	Rural	Total	Percentage of all households
Urban Governorates				
Cairo	100.0	na	100.0	8.3
Alexandria	100.0	0	100.0	5.1
Port Said	100.0	na	100.0	3.1
Suez	100.0	na	100.0	3.0
Lower Egypt				
Damietta	41.4	58.6	100.0	3.0
Dakahlia	28.7	71.3	100.0	6.0
Sharkia	25.4	74.6	100.0	6.1
Kalyubia	43.4	56.6	100.0	5.3
Kafr El-Sheikh	24.9	75.1	100.0	3.5
Gharbia	28.5	71.5	100.0	4.8
Menoufia	20.7	79.3	100.0	4.1
Behera	18.5	81.5	100.0	5.6
Ismailia	47.2	52.8	100.0	2.8
Upper Egypt				
Giza	64.6	35.4	100.0	7.3
Beni Suef	23.7	76.3	100.0	3.2
Fayoum	23.2	76.8	100.0	3.4
Menya	19.8	80.2	100.0	4.9
Assuit	25.8	74.2	100.0	4.0
Souhag	21.1	78.9	100.0	4.4
Qena	19.9	80.1	100.0	3.2
Aswan	44.5	55.5	100.0	2.9
Luxor	43.0	57.0	100.0	2.8
Frontier Governorates				
Red Sea	100.0	0.0	100.0	0.9
New Valley	57.4	42.6	100.0	0.8
Matroh	73.3	26.7	100.0	0.9
South Sinai	50.1	49.9	100.0	0.6
Total	46.3	53.7	100.0	100.0

na = Not applicable
Source: Sampling frame prepared by the Central Agency for Public Mobilization and Statistics (CAPMAS)

B.3 SAMPLE DESIGN AND SELECTION

The sample of 2021 EFHS was designed as a stratified, multi-stage cluster sample (in two stages) similar to the samples of previous Demographic and Health surveys. The 26 governorates (not including North Sinai governorate) were divided into urban and rural areas to reflect the difference in the survey indicators between each of the rural and urban areas in each governorate. Noting that 4 governorates are mainly urban (not including rural areas); these governorates are (Cairo, Alexandria[2], Port said, Suez), Also, Red Sea has few rural areas and these rural areas are not included in the sample frame. The other governorates were divided into urban and rural areas, so that the number of survey stratum is 47.

The first stage: (selection of enumeration areas) In this stage, as shown in **Table B.2**, 1348 enumeration areas were selected out of 1734 enumeration areas in the master sample using systematic random sample technique to ensure wide geographical coverage for EFHS-2021,where, 627 enumeration area were selected from urban areas represent about 46.5%, while 721 enumeration areas were selected from rural areas representing about 53.5%.

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[2] Alexandria has small rural area which represents only 2% of total governorate population in 2021 (CAPMAS, Egypt in Figures 2022, page 9).

Table B.2 Sample allocation of clusters

Allocation of sample clusters by governorate and urban-rural residence, Egypt 2021

Governorate	Urban	Rural	Total
Urban Governorates			
Cairo	80	na	80
Alexandria	73	na	73
Port Said	54	na	54
Suez	54	na	54
Lower Egypt			
Damietta	21	30	51
Dakahlia	18	44	62
Sharkia	16	47	63
Kalyubia	27	34	61
Kafr El-Sheikh	14	42	56
Gharbia	18	42	60
Menoufia	13	46	59
Behera	12	50	62
Ismailia	23	26	49
Upper Egypt			
Giza	43	23	66
Beni Suef	13	42	55
Fayoum	14	43	57
Menya	12	48	60
Assuit	16	42	58
Souhag	13	46	59
Qena	11	45	56
Aswan	22	28	50
Luxor	21	28	49
Frontier Governorates			
Red Sea	15	na	15
New Valley	8	6	14
Matroh	11	4	15
South Sinai	5	5	10
Total	627	721	1348

na = Not applicable

The second stage: (selection of households) During this stage, as shown in **Table B.3**, the household listing for the numeration area (that was updated in the housed listing stage) was utilized in each EA in the master sample as a framework for the household's selection. The size of segment in selected enumeration area is about 240 households. A total of 34,240 households were selected covering 1,348 EAs distributed over the different governorates and representing both urban and rural area, where 25 households were selected from each EA in all governorates except for the Frontier Governorates. Where 35 households were selected in each EA, this is due to the geographical wide spread of households in those governorates and the small number of enumeration areas selected there. The sample was distributed proportionate to urban and rural with a percentage of 46.9% for urban areas (16,065 selected households), and 53.1% for rural areas (18,175 selected households).

It is worth noting that the households within the numeration area were randomly selected after arranging the list of households in the numeration area according to the building numbers, the floor numbers inside the buildings, and finally the number of the housing unit per floor to ensure the spread of households over the EA.

Field work procedures

During the fieldwork phase, all individuals who are usually residents and visitors who were staying during the night preceding the survey were listed in the household questionnaire, and all ever- married women in the age group of 15-49 years were considered eligible for the individual interview. In order to avoid bias, the interviewers were not allowed to replace the pre-selected households in the sample with other households if access to the household was not possible, or when the household refused to respond to the survey, or for any other reason that prevented the completion of the household form.

Sub-Sample

A sub-sample representing half of the households in each numeration area was selected to perform the anemia test. An anemia test was conducted for all eligible ever-married women aged 15-49, and children and young youth in the age group of 6 months -19 years.

In addition, one woman in each household in this sub-sample was selected for domestic violence section. In addition, in the subsample, data on child labor as well as child discipline, were administered, using a special module, for only one randomly selected child in each household in which children aged 1-17 years were found. Note that households where the selected child was age 15-17 years, only the child labor module was administered. Moreover, in households where the selected child was age 1-4 years, only child discipline module was administered. If the selected child was age 5-14 years, data on both child labor and child discipline were collected.

Table B.3 shows the allocation of households according to governorate and by urban-rural residence. **Table B.4** shows the expected number of eligible women by urban-rural residence and by governorate. In order to ensure the

Table B.3 Sample allocation of household sample

Allocation of households by governorate and urban-rural residence, Egypt 2021

Governorate	Urban	Rural	Total
Urban Governorates			
Cairo	2000	na	2000
Alexandria	1825	0	1825
Port Said	1350	na	1350
Suez	1350	na	1350
Lower Egypt			
Damietta	525	750	1275
Dakahlia	450	1100	1550
Sharkia	400	1175	1575
Kalyubia	675	850	1525
Kafr El-Sheikh	350	1050	1400
Gharbia	450	1050	1500
Menoufia	325	1150	1475
Behera	300	1250	1550
Ismailia	575	650	1225
Upper Egypt			
Giza	1075	575	1650
Beni Suef	325	1050	1375
Fayoum	350	1075	1425
Menya	300	1200	1500
Assuit	400	1050	1450
Souhag	325	1150	1475
Qena	275	1125	1400
Aswan	550	700	1250
Luxor	525	700	1225
Frontier Governorates			
Red Sea	525	0	525
New Valley	280	210	490
Matroh	385	140	525
South Sinai	175	175	350
Total	16065	18175	34240

na = Not applicable

accuracy of the survey data and that it can be compared across governorates, the sample allocation present the power of sample between the governorates and between the place of residence within each governorate. Based on the size of the numeration area, 25 households in the different governorates, and 35 households in the Frontier Governorates. The survey was expected to be conducted with 34,240 resident households, of which 16,065 were urban and 18,175 were rural. It was expected that this sample would result in about 24,285 eligible women (ever-married women in the age group 15-49 years), with 13,476 eligible women in rural areas, and 10,809 eligible women in urban areas. The allocation of the household sample was obtained in Table (B-3). and the sample of women expected to be interviewed in Table (B-4) based on CAPMAS data and the response rates of previous Demographic and Health surveys.

Table B.4 Sample allocation of women's interviews

Allocation of expected women interviews by governorate and urban-rural residence, Egypt 2021

Governorate	Urban	Rural	Total
Urban Governorates			
Cairo	1216	na	1216
Alexandria	1109	na	1109
Port Said	821	na	821
Suez	821	na	821
Lower Egypt			
Damietta	372	555	927
Dakahlia	320	814	1134
Sharkia	283	869	1152
Kalyubia	479	629	1108
Kafr El-Sheikh	248	777	1025
Gharbia	320	777	1097
Menoufia	231	850	1081
Behera	213	925	1138
Ismailia	408	481	889
Upper Egypt			
Giza	762	426	1188
Beni Suef	231	777	1008
Fayoum	248	795	1043
Menya	213	887	1100
Assuit	283	777	1060
Souhag	231	850	1081
Qena	195	832	1027
Aswan	390	518	908
Luxor	372	518	890
Frontier Governorates			
Red Sea	401	na	401
New Valley	214	167	381
Matroh	294	112	406
South Sinai	134	140	274
Total	10809	13476	24285

na = Not applicable

B.4 SAMPLE RESULTS

Tables (B-6, B-7, and B-8) present the outcome of the survey interviews for households, eligible women, and youth by place of residence and at the governorate level, while Table (B-5) presents the percent distribution of completed cases of the household questionnaire, the eligible woman questionnaire, and the eligible youth questionnaire by the place of residence at the national level and according to the six geographical areas. Figures in the Table reflect high response rates for both households and eligible women, especially in rural compared to urban. However, the response rates among youth are relatively low compared to eligible women, as a large percentage of the non-completed questionnaires of eligible youth are due to their lack of presence at home during the survey period. It worth noting that however the response rates of youth in 2021 EFHS are higher than the rates in many previous youth surveys. The response rates are used to correct the design weights, as mentioned later.

Table B.5 Sample implementation by residence

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women, youth and overall response rates, according to urban-rural residence and place of residence (unweighted), Egypt 2021

Result	Urban	Rural	Urban Gover-norates	Lower Egypt Total	Lower Egypt Urban	Lower Egypt Rural	Upper Egypt Total	Upper Egypt Urban	Upper Egypt Rural	Frontier Gover-norates[6]	Total
Selected households											
Completed (C)	85.5	93.1	83.5	91.0	86.8	93.0	91.9	88.6	93.5	82.7	89.5
Household present but no competent respondent at home (HP)	1.0	0.6	1.0	0.9	1.3	0.7	0.5	0.8	0.4	0.4	0.8
Postponed (P)	0.2	0.0	0.3	0.0	0.1	0.0	0.1	0.3	0.1	0.2	0.1
Refused (R)	3.1	0.7	4.0	1.3	2.8	0.6	1.1	2.2	0.6	2.5	1.8
Dwelling not found (DNF)	0.2	0.0	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1
Household absent (HA)	5.0	2.8	4.9	3.2	4.6	2.5	2.9	3.3	2.8	10.6	3.8
Dwelling vacant/address not a dwelling (DV)	4.9	2.8	5.8	3.4	4.3	2.9	3.3	4.6	2.6	3.5	3.8
Dwelling destroyed (DD)	0.1	0.1	0.2	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1
Other (O)	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	16,220	18,062	6,528	13,077	4,130	8,947	12,785	4,193	8,592	1,892	34,282
Household response rate (HRR)[1]	95.0	98.6	93.7	97.5	95.4	98.5	98.0	96.3	98.9	96.3	97.0
Eligible women											
Completed (EWC)	94.6	97.5	93.5	96.4	95.0	96.9	97.3	95.3	98.1	95.9	96.3
Not at home (EWNH)	2.8	1.7	2.7	2.4	3.0	2.2	1.6	2.6	1.2	2.8	2.1
Postponed (EWP)	0.3	0.1	0.5	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.2
Refused (EWR)	1.8	0.4	2.6	0.8	1.3	0.6	0.6	1.4	0.3	0.9	1.0
Partly completed (EWPC)	0.2	0.0	0.4	0.0	0.1	0.0	0.1	0.2	0.0	0.0	0.1
Incapacitated (EWI)	0.3	0.2	0.3	0.3	0.5	0.2	0.2	0.2	0.2	0.4	0.3
Other (EWO)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	8,722	12,545	3,215	8,288	2,281	6,007	8,628	2,435	6,193	1,136	21,267
Eligible women response rate (EWRR)[2]	94.6	97.5	93.5	96.4	95.0	96.9	97.3	95.3	98.1	95.9	96.3
Overall women response rate (ORR)[3]	89.9	96.1	87.7	94.0	90.6	95.4	95.4	91.8	97.0	92.3	93.4
Eligible youth											
Completed (YC)	84.5	85.3	84.3	83.4	83.4	83.5	86.6	85.6	87.1	85.1	84.9
Not at home (YNH)	10.2	11.8	9.1	13.1	12.0	13.6	9.9	9.4	10.1	11.9	11.0
Postponed (YP)	0.5	0.2	0.6	0.3	0.4	0.2	0.2	0.3	0.2	0.1	0.3
Refused (YPR)	3.7	1.1	4.6	1.8	3.0	1.1	1.9	3.6	1.1	1.7	2.4
Partly completed (YPC)	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1
Incapacitated (YI)	1.1	1.5	1.3	1.5	1.2	1.6	1.3	1.0	1.4	1.2	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of youth	9,766	10,106	3,790	7,262	2,456	4,806	7,662	2,675	4,987	1,158	19,872
Eligible youth response rate (YRR)[4]	84.5	85.3	84.3	83.4	83.4	83.5	86.6	85.6	87.1	85.1	84.9
Overall youth response rate (OYRR)[5]	80.3	84.1	79.0	81.4	79.5	82.2	84.9	82.5	86.1	81.9	82.3

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC).
[3] The overall women response rate (OWRR) is calculated as:

$$ORR = HRR * EWRR /100$$

[4] The eligible youth response rate (YRR) is equivalent to the percentage of interviews completed (YC).
[5] The overall youth response rate (OYRR) is calculated as:

$$OYRR = HRR * YRR /100$$

[6] Does not include North Sinai governorate.

Table B.6 Selected and interviewed households by governorate and residence

Number of selected and interviewed households by governorate and type of residence (unweighted), Egypt 2021

Governorate	Selected households			Number of interviewed households		
	Urban	Rural	Total	Urban	Rural	Total
Urban Governorates						
Cairo	2,000	na	2,000	1,630	na	1,630
Alexandria	1,825	0	1,825	1,515	0	1,515
Port Said	1,353	na	1,353	1,185	na	1,185
Suez	1,350	na	1,350	1,118	na	1,118
Lower Egypt						
Damietta	527	748	1,275	479	670	1,149
Dakahlia	455	1,096	1,551	374	966	1,340
Sharkia	427	1,148	1,575	379	1,107	1,486
Kalyubia	679	846	1,525	589	796	1,385
Kafr El-Sheikh	362	1,038	1,400	314	1,000	1,314
Gharbia	458	1,043	1,501	371	943	1,314
Menoufia	346	1,129	1,475	289	1,037	1,326
Behera	300	1,250	1,550	270	1,185	1,455
Ismailia	576	649	1,225	521	614	1,135
Upper Egypt						
Giza	1,086	564	1,650	917	526	1,443
Beni Suef	335	1,040	1,375	307	992	1,299
Fayoum	357	1,069	1,426	311	1,007	1,318
Menya	308	1,192	1,500	250	1,045	1,295
Assuit	404	1,046	1,450	372	1,010	1,382
Souhag	331	1,144	1,475	281	1,079	1,360
Qena	293	1,111	1,404	264	1,035	1,299
Aswan	550	703	1,253	519	661	1,180
Luxor	529	723	1,252	496	678	1,174
Frontier Governorates						
Red Sea	525	0	525	380	0	380
New Valley	283	209	492	268	205	473
Matroh	385	140	525	319	112	431
South Sinai	176	174	350	142	139	281
Egypt	16,220	18,062	34,282	13,860	16,807	30,667

na = Not applicable

Table B.7 Eligible women found and interviewed by governorate and residence

Number of eligible ever-married women aged 15-49 found in selected households and number interviewed by governorate and type of residence (unweighted), Egypt 2021

	Eligible women in selected households			Eligible women interviewed		
Governorate	Urban	Rural	Total	Urban	Rural	Total
Urban Governorates						
Cairo	891	na	891	822	na	822
Alexandria	902	na	902	841	na	841
Port Said	702	na	702	671	na	671
Suez	720	na	720	673	na	673
Lower Egypt						
Damietta	301	458	759	291	442	733
Dakahlia	235	662	897	200	624	824
Sharkia	261	852	1,113	257	839	1,096
Kalyubia	397	572	969	388	554	942
Kafr El-Sheikh	197	707	904	182	692	874
Gharbia	209	650	859	192	612	804
Menoufia	178	717	895	169	677	846
Behera	182	933	1,115	175	928	1,103
Ismailia	321	456	777	313	451	764
Upper Egypt						
Giza	579	433	1,012	527	420	947
Beni Suef	207	801	1,008	201	782	983
Fayoum	208	805	1,013	198	793	991
Menya	159	797	956	150	785	935
Assuit	242	745	987	237	740	977
Souhag	194	816	1,010	192	808	1,000
Qena	174	788	962	167	769	936
Aswan	331	494	825	320	484	804
Luxor	341	514	855	329	497	826
Frontier Governorates						
Red Sea	282	na	282	267	na	267
New Valley	152	143	295	148	143	291
Matroh	255	94	349	244	92	336
South Sinai	101	109	210	94	101	195
Egypt	8,722	12,545	21,267	8,249	12,232	20,481

na = Not applicable

Table B.8 Eligible youth found and interviewed by governorate and residence

Number of eligible never-married youth aged 15-29 found in selected households and number interviewed by governorate and type of residence (unweighted), Egypt 2021

Governorate	Eligible youth in selected households			Eligible youth interviewed		
	Urban	Rural	Total	Urban	Rural	Total
Urban Governorates						
Cairo	1,182	na	1,182	878	na	878
Alexandria	1,071	na	1,071	933	na	933
Port Said	810	na	810	747	na	747
Suez	856	na	856	664	na	664
Lower Egypt						
Damietta	355	436	791	304	375	679
Dakahlia	247	560	807	129	306	435
Sharkia	249	657	906	225	591	816
Kalyubia	408	559	967	361	485	846
Kafr El-Sheikh	231	546	777	207	511	718
Gharbia	236	580	816	136	342	478
Menoufia	239	719	958	181	570	751
Behera	207	698	905	186	613	799
Ismailia	390	407	797	368	386	754
Upper Egypt						
Giza	707	365	1,072	533	275	808
Beni Suef	188	654	842	163	553	716
Fayoum	208	580	788	156	407	563
Menya	172	762	934	146	607	753
Assuit	299	723	1,022	249	596	845
Souhag	223	900	1,123	194	780	974
Qena	219	715	934	189	629	818
Aswan	439	468	907	406	426	832
Luxor	385	499	884	349	433	782
Frontier Governorates						
Red Sea	298	na	298	224	na	224
New Valley	267	156	423	219	122	341
Matroh	215	70	285	198	61	259
South Sinai	131	105	236	99	91	190
Egypt	10,234	11,160	21,394	8,445	9,158	17,603

na = Not applicable

B.5 SAMPLING WEIGHTS

Due to the non-proportionate sample allocation to the sample size from the different governorates, it is necessary to use weights when conducting any analysis using the survey data to ensure the actual representation of the survey results at the national level and the level of different geographical regions. Given that the sample of 2021 EFHS was drawn in two stages, weights were calculated based on sampling probabilities separately for each sampling stage and for each enumeration area. The following are the procedures for calculating the weights.

Design weights

Probability samples are characterized by the fact that the sampling units at the stages of sampling design have a known probability of selection and differs from zero. The design weight or sampling weight is known as the inverse of the probability of the sampling unit selection at each stage of the sampling design. Therefore, the probability of selection at the different stages will be discussed first:

1- The probability of selecting segment(EA)k of 2021 EFHS, in stratum h

$$p_{1hk} = \frac{a_h}{A_h}$$

Where;

a_h refers to number of selected segments (EA) for 2021 EFHS after updating segments data .

A_h refers too total number of EA in Stratum h in sampling frame.

The Probability of selecting household L in segment k in Stratum h is:

$$p_{2hkL} = \frac{g_{hk}}{M_{hk}}$$

Where:

g_{hk} is number of selected households in the survey in segment(EA) k in class h. As mentioned before, 25 households were selected from each EA in governorates except for Frontier Governorates, while 35 households in frontier governorates, due to the geographical wide spread of households in those governorates and the small number of numeration area in the sampling framework.

M_{hk} is the total number of households in segment(EA) k in stratum h according to sampling frame.

Therefore, the overall probability of household selection in the survey is the multiplication of probabilities in several selection stages.

$$p_{hkL} = p_{1hk} \times p_{2hkL}$$

Therefore, the household sampling weight is the inverse of the probability as follows:

$$W_{hkL} = 1/p_{hkL=}$$

A spreadsheet containing all sampling parameters and selection probabilities was prepared to facilitate the calculation of the sample weight. The sample weights were further adjusted for household non-response as well as for women and youth non-response to get the adjusted sampling weights for households, women and youth.

The final sampling weights were **normalized** so that the total number of weighted cases at national level, for both household and women, respectively, is equal to the number of unweighted cases. The normalized weights are used in calculating any indicator or table from the survey data.

Finally, a separate weights were calculated for different categories included in the sub-sample: the sample that were selected for anemia testing, sample of selected women for domestic violence module; the sample to administer child labor and child discipline modules…etc.

APPENDIX C: ESTIMATES OF SAMPLING ERRORS

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 Egypt Family and Health Survey -2021 (EFHS-2021) 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 EFHS-2021 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 EFHS-2021 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 SPSS or R, using programs developed by the data expert at El-Zanaty & Associates. These programs use the Taylor linearization method of variance estimation for survey estimates that are means, proportions or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^z(r) = \quad var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_h-1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

Where $z_h = y_h - rx_h$ and $z_{hi} = y_{hi} - rx_{n_i}$,

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the EFHS-2021, there were 1097 non-empty Primary Sampling Unit (PSU) (1348 EA). Hence, 1097 replications were created. The variance of a rate r is calculated as follows:

$$SE^z(r) = \quad \text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 1097 PSUs,

$r_{(i)}$ is the estimate computed from the reduced sample of 1096 PSUs (i^{th} PSU excluded), and

k is the total number of PSUs.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated The design effect is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Relative standard errors and confidence limits for the estimates are also calculated.

Sampling errors for the EFHS-2021 are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for Egypt as a whole and for various residential categories: urban-rural, place of residence, and governorate. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table C.1. Tables C.2 through C.37 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The sampling errors for mortality rates are presented for the five year period preceding the survey for the whole country and for the ten year period preceding the survey by residence, region, and governorate. The DEFT is considered undefined when the standard error considering a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for *currently using any modern family planning method*) can be interpreted as follows: the overall proportion from the national sample is 0.647 and its standard error is 0.0044. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate. As Table C.2 shows, there is a high probability (95 percent) that the *true* proportion of currently married women aged 15-49 currently using any modern family planning method is between 0.638 and 0.656. For the total sample, the value of the DEFT, averaged over all variables, is 1.275. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.275 over that in an equivalent simple random sample.

A review of the sampling error tables shows that standard errors for indicators are larger for subpopulations than for the national population. For example, the standard error for the proportion of currently married women using any modern family planning method in Post Said governorate is almost five times the SE for the indicator for the country as a whole (0.026 versus 0.0044). Also, the confidence limits in which there is a 95% probability that the true proportion using any family planning method in Cairo governorate lies is between 0.556 and 0.659, which is considerably wider than the limits for indicator at the national level.

Table C.1 List of selected variables for sampling errors, Egypt 2021

Variable	Estimate	Base population
Urban residence	Proportion	Ever-married women aged 15-49
Literacy	Proportion	Ever-married women aged 15-49
No education	Proportion	Ever-married women aged 15-49
Secondary or higher education	Proportion	Ever-married women aged 15-49
Currently married	Proportion	Ever-married women aged 15-49
Children ever born	Mean	All women aged 15-49
Children surviving	Mean	All women aged 15-49
Children ever born to women aged 40-49	Mean	All women aged 15-49
Currently using any family planning method	Proportion	Currently married women aged 15-49
Currently using a modern family planning method	Proportion	Currently married women aged 15-49
Currently using pill	Proportion	Currently married women aged 15-49
Currently using IUD	Proportion	Currently married women aged 15-49
Currently using condoms	Proportion	Currently married women aged 15-49
Currently using injectables	Proportion	Currently married women aged 15-49
Currently using female sterilization	Proportion	Currently married women aged 15-49
Currently using rhythm	Proportion	Currently married women aged 15-49
Obtained modern family planning method from public sector source	Proportion	Current users of modern family planning methods
Want no more children	Proportion	Currently married women aged 15-49
Want to delay birth at least 2 years	Proportion	Currently married women aged 15-49
Ideal number of children	Mean	Ever-married women aged 15-49 giving a numeric response
Last birth protected against neonatal tetanus	Proportion	Women with a live birth in 5 years preceding the survey
Births with skilled attendant at delivery	Proportion	Births occurring 1-59 months before survey
Had diarrhea in the last 2 weeks	Proportion	Children under age 5
Treated with oral rehydration solution (ORS)	Proportion	Children under age 5 with diarrhea in last two weeks
Sought medical treatment for diarrhea	Proportion	Children under age 5 with diarrhea in last two weeks
Vaccination card seen	Proportion	Children aged 18-29 months
Received BCG vaccination	Proportion	Children aged 18-29 months
Received DPT vaccination (3 doses)	Proportion	Children aged 18-29 months
Received polio vaccination (3 doses)	Proportion	Children aged 18-29 months
Received measles vaccination	Proportion	Children aged 18-29 months
Received all vaccinations	Proportion	Children aged 18-29 months
Height-for-age (-2SD)	Proportion	Children under age 5 who were measured
Weight-for-height (-2SD)	Proportion	Children under age 5 who were measured
Weight-for-age (-2SD)	Proportion	Children under age 5 who were measured
Body Mass Index (BMI) < 18.5	Proportion	Ever-married women aged 15-49 who were measured
Overweight ever-married women BMI ≥ 25.0	Proportion	Ever-married women aged 15-49 who were measured
Prevalence of anemia (children under age 5)	Proportion	Children aged 6-59 months who were tested
Prevalence of anemia (ever-married women)	Proportion	Ever-married women aged 15-49 who were tested
Ever experienced any physical violence since age 15	Proportion	Ever-married women aged 15-49
Ever experienced any physical or sexual violence by current/most recent husband	Proportion	Ever-married women aged 15-49
Experienced any physical or sexual violence by current/ most recent husband in the last 12 months	Proportion	Ever-married women aged 15-49
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Post-neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Infant mortality rate[1]	Rate	Children exposed to the risk of mortality
Child mortality rate[1]	Rate	Children exposed to the risk of mortality
Under five mortality rate[1]	Rate	Children exposed to the risk of mortality
Youth: Literacy	Proportion	Youth (male and female) from 15-29 years
Youth: Ideal number of children	Mean	Youth from 15-29 years

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and regional samples, respectively .

The wider confidence intervals associated with indicators at the subnational level make it important to exercise caution in interpreting differences that are not very large and the samples for the subpopulations in question are relatively small. For example, the proportion using any family planning method among currently married women interviewed in the EFHS-2021 in Damietta was 0.704 is more than 3 percentage points higher than the proportion using among currently married women interviewed in Beni-Suef (0.669). However, the upper and lower limits within which there is a high degree (95 %) of confidence that the *true* proportion using any family planning method in Damietta (0.674 and 0.735) lies overlap substantially with the upper and lower confidence limits which the *true* proportion using in Beni-Suef lies (0.637 and 0.701). Thus, it is not possible to say with great confidence that the level of family planning use in these two governorates is truly different.

Table C.2 Sampling errors for National sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.381	0.0041	20481	20481	1.194	0.011	0.373	0.389
Literacy	0.802	0.0042	20481	20481	1.492	0.005	0.794	0.810
No Education	0.164	0.0040	20481	20481	1.537	0.024	0.156	0.172
Secondary or Heigher	0.578	0.0062	20481	20481	1.791	0.011	0.566	0.590
Currently married	0.930	0.0022	20481	20481	1.205	0.002	0.926	0.934
Children ever born	2.057	0.0485	40962	28841	5.367	0.024	1.962	2.152
Children surviving	1.979	0.0467	40962	28841	5.431	0.024	1.888	2.071
Children ever born to women aged 40-49	3.451	0.0251	12622	6503	1.653	0.007	3.401	3.500
Currently using any Family planning method	0.664	0.0044	19018	19044	1.271	0.007	0.655	0.673
Currently using a modern family planning method	0.647	0.0044	19018	19044	1.275	0.007	0.638	0.656
Currently using pill	0.195	0.0037	19018	19044	1.277	0.019	0.187	0.202
Currently using IUD	0.295	0.0045	19018	19044	1.358	0.015	0.286	0.304
Currently using condoms	0.008	0.0008	19018	19044	1.205	0.097	0.007	0.010
Currently using injectables	0.102	0.0029	19018	19044	1.339	0.029	0.096	0.108
Currently using female sterilization	0.020	0.0012	19018	19044	1.202	0.061	0.018	0.023
Currently using rhythm	0.003	0.0004	19018	19044	1.089	0.153	0.002	0.003
Obtained modern family planning method from public sector source	0.625	0.0066	12021	12324	1.503	0.011	0.612	0.638
Want no more children	0.663	0.0041	19018	19044	1.190	0.006	0.655	0.671
Want to delay birth at least 2 years	0.112	0.0026	19018	19044	1.119	0.023	0.107	0.117
Ideal number of children	2.856	0.0114	20481	20481	1.280	0.004	2.833	2.878
Last birth protected against neonatal tetanus	0.486	0.0066	9728	9602	1.310	0.014	0.473	0.499
Births with skilled attendant at delivery	0.971	0.0024	12967	12726	1.646	0.003	0.966	0.976
Had diarrhea in the last 2 weeks	0.124	0.0041	11015	10753	1.311	0.033	0.115	0.132
Treated with oral rehydration solution (ORS)	0.406	0.0156	1255	1328	1.128	0.039	0.375	0.436
Sought medical treatment for diarrhea	0.472	0.0162	1255	1328	1.147	0.034	0.440	0.504
Vaccination card seen	0.681	0.0108	2529	2501	1.164	0.016	0.660	0.702
Received BCG Vaccination	0.992	0.0020	2529	2501	1.146	0.002	0.989	0.996
Received pentavalent Vaccination (3doses)	0.949	0.0052	2529	2501	1.181	0.005	0.938	0.959
Received POLIO Vaccination (3doses)	0.941	0.0062	2529	2501	1.328	0.007	0.928	0.953
Received measles Vaccination	0.961	0.0049	2529	2501	1.264	0.005	0.951	0.971
Received all Vaccination	0.899	0.0076	2529	2501	1.258	0.008	0.884	0.913
Height-for-age (-2SD)	0.128	0.0042	10052	9736	1.259	0.033	0.120	0.136
Weight-for-height (-2SD)	0.031	0.0022	10052	9736	1.260	0.071	0.027	0.035
Weight-for-age (-2SD)	0.036	0.0022	10052	9736	1.170	0.060	0.032	0.041
Body Mass Index (BMI < 18.5)	0.005	0.0006	16204	16406	1.139	0.131	0.003	0.006
Overweight evev-married women (BMI >= 25)	0.859	0.0034	16204	16406	1.228	0.004	0.853	0.866
Prevalence of anemia (children under 5)	0.430	0.0087	5334	5091	1.279	0.020	0.413	0.447
Prevalence of anemia (ever married women)	0.379	0.0066	9528	9630	1.325	0.017	0.366	0.392
Ever experienced any physical violence since age 15	0.255	0.0055	9062	8944	1.206	0.022	0.244	0.266
Ever experienced any physical or sexual violence by current/most recent husband	0.261	0.0056	9062	8944	1.207	0.021	0.250	0.272
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.143	0.0045	9062	8944	1.232	0.032	0.134	0.152
Total fertility rate (3 years)	2.849	0.043	81868	na	1.317	0.015	2.765	2.933
Neonatal mortality rate	17.871	0.749	13108	12881	1.37	0.09	14.752	20.99
Post-neonatal mortality rate	7.324	0.381	13056	12809	1.1	0.11	5.698	8.95
Infant mortality rate	25.195	12.171	13264	13017	1.28	0.07	21.63	28.76
Child mortality rate	3.218	1.248	7848	7667	1.15	0.23	0.696	5.74
Under five mortality rate	28.332	1.139	7853	7693	1.28	0.07	23.614	33.05
Youth: Literacy	0.849	0.0045	17603	17603	1.665	0.005	0.840	0.858
Youth: Ideal number of children	2.563	0.0107	17021	17079	1.438	0.004	2.542	2.584

na = Not applicable

Table C.3 Sampling errors for urban sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	8138	7797	na	0.000	1.000	1.000
Literacy	0.866	0.006	8138	7797	1.719	0.007	0.853	0.879
No Education	0.105	0.006	8138	7797	1.630	0.053	0.094	0.116
Secondary or Heigher	0.664	0.010	8138	7797	1.985	0.016	0.644	0.684
Currently married	0.910	0.004	8138	7797	1.344	0.005	0.901	0.918
Children ever born	2.158	0.075	16276	9958	5.675	0.035	2.011	2.305
Children surviving	2.091	0.073	16276	9958	5.742	0.035	1.949	2.234
Children ever born to women aged 40-49	3.123	0.037	5784	2868	1.780	0.012	3.051	3.194
Currently using any Family planning method	0.682	0.007	7403	7092	1.303	0.010	0.668	0.696
Currently using a modern family planning method	0.658	0.007	7403	7092	1.318	0.011	0.644	0.672
Currently using pill	0.186	0.006	7403	7092	1.323	0.032	0.174	0.198
Currently using IUD	0.342	0.008	7403	7092	1.386	0.022	0.327	0.357
Currently using condoms	0.015	0.002	7403	7092	1.269	0.119	0.012	0.019
Currently using injectables	0.074	0.004	7403	7092	1.347	0.056	0.066	0.082
Currently using female sterilization	0.018	0.002	7403	7092	1.288	0.111	0.014	0.022
Currently using rhythm	0.005	0.001	7403	7092	1.142	0.193	0.003	0.006
Obtained modern family planning method from public sector source	0.540	0.012	4766	4665	1.700	0.023	0.516	0.564
Want no more children	0.696	0.007	7403	7092	1.272	0.010	0.683	0.710
Want to delay birth at least 2 years	0.102	0.004	7403	7092	1.134	0.039	0.094	0.110
Ideal number of children	2.715	0.019	8138	7797	1.353	0.007	2.679	2.752
Last birth protected against neonatal tetanus	0.389	0.011	3487	3319	1.385	0.029	0.366	0.411
Births with skilled attendant at delivery	0.985	0.003	4528	4265	1.461	0.003	0.980	0.990
Had diarrhea in the last 2 weeks	0.125	0.007	3818	3570	1.390	0.060	0.110	0.140
Treated with oral rehydration solution (ORS)	0.365	0.030	407	446	1.249	0.082	0.306	0.423
Sought medical treatment for diarrhea	0.444	0.030	407	446	1.214	0.067	0.385	0.503
Vaccination card seen	0.617	0.019	895	886	1.191	0.031	0.579	0.655
Received BCG Vaccination	0.988	0.004	895	886	1.224	0.005	0.979	0.997
Received pentavalent Vaccination (3doses)	0.923	0.011	895	886	1.273	0.012	0.901	0.945
Received POLIO Vaccination (3doses)	0.929	0.013	895	886	1.558	0.014	0.903	0.955
Received measles Vaccination	0.938	0.011	895	886	1.398	0.012	0.916	0.960
Received all Vaccination	0.856	0.016	895	886	1.398	0.019	0.823	0.888
Height-for-age (-2SD)	0.119	0.007	3611	3802	1.357	0.062	0.104	0.133
Weight-for-height (-2SD)	0.041	0.004	3611	3802	1.213	0.098	0.033	0.049
Weight-for-age (-2SD)	0.045	0.004	3611	3802	1.223	0.094	0.037	0.053
Body Mass Index (BMI < 18.5)	0.005	0.001	6515	7153	1.244	0.210	0.003	0.008
Overweight evev-married women (BMI >= 25)	0.881	0.005	6515	7153	1.293	0.006	0.871	0.891
Prevalence of anemia (children under 5)	0.425	0.016	1861	1964	1.409	0.038	0.393	0.457
Prevalence of anemia (ever married women)	0.415	0.012	3759	4209	1.475	0.029	0.392	0.439
Ever experienced any physical violence since age 15	0.237	0.009	3642	3441	1.292	0.038	0.219	0.255
Ever experienced any physical or sexual violence by current/most recent husband	0.243	0.009	3642	3441	1.278	0.037	0.225	0.260
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.129	0.007	3642	3441	1.284	0.055	0.115	0.143
Total fertility rate (3 years)	2.366	0.049	35524	na	1.460	0.021	2.269	2.463
Neonatal mortality rate	15.075	0.332	4580	4318	1.170	0.120	13.670	16.480
Post-neonatal mortality rate	6.493	0.272	4597	4328	1.240	0.180	5.346	7.640
Infant mortality rate	21.567	10.624	4653	4380	1.180	0.100	21.474	21.660
Child mortality rate	2.146	2.338	2777	2584	1.230	0.320	0.000	6.870
Under five mortality rate	23.667	0.702	2745	2565	1.180	0.100	20.684	26.650
Youth: Literacy	0.862	0.007	8384	8007	1.876	0.008	0.849	0.876
Youth: Ideal number of children	2.495	0.016	8163	7828	1.537	0.006	2.464	2.526

na = Not applicable

Table C.4 Sampling errors for Rural sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	R+2SE
Urban residence	0.000	0.000	12343	12684	na	na	0.000	0.000
Literacy	0.763	0.005	12343	12684	1.415	0.007	0.752	0.774
No Education	0.200	0.005	12343	12684	1.514	0.027	0.190	0.211
Secondary or Heigher	0.525	0.008	12343	12684	1.731	0.015	0.510	0.540
Currently married	0.942	0.002	12343	12684	1.081	0.002	0.938	0.947
Children ever born	2.004	0.062	24686	18883	5.136	0.031	1.882	2.126
Children surviving	1.920	0.059	24686	18883	5.194	0.031	1.804	2.037
Children ever born to women aged 40-49	3.710	0.034	6838	3635	1.570	0.009	3.644	3.776
Currently using any Family planning method	0.654	0.006	11615	11953	1.250	0.008	0.643	0.664
Currently using a modern family planning method	0.641	0.006	11615	11953	1.248	0.009	0.630	0.652
Currently using pill	0.200	0.005	11615	11953	1.251	0.023	0.191	0.209
Currently using IUD	0.267	0.005	11615	11953	1.338	0.021	0.256	0.278
Currently using condoms	0.004	0.001	11615	11953	1.113	0.166	0.003	0.005
Currently using injectables	0.119	0.004	11615	11953	1.333	0.034	0.111	0.127
Currently using female sterilization	0.022	0.002	11615	11953	1.156	0.072	0.019	0.025
Currently using rhythm	0.001	0.000	11615	11953	1.029	0.250	0.001	0.002
Obtained modern family planning method from public sector source	0.677	0.008	7255	7659	1.401	0.011	0.661	0.692
Want no more children	0.643	0.005	11615	11953	1.142	0.008	0.633	0.653
Want to delay birth at least 2 years	0.118	0.003	11615	11953	1.110	0.028	0.112	0.125
Ideal number of children	2.942	0.014	12343	12684	1.255	0.005	2.913	2.970
Last birth protected against neonatal tetanus	0.538	0.008	6241	6283	1.290	0.015	0.522	0.554
Births with skilled attendant at delivery	0.964	0.003	8439	8461	1.669	0.004	0.957	0.970
Had diarrhea in the last 2 weeks	0.123	0.005	7197	7182	1.271	0.040	0.113	0.132
Treated with oral rehydration solution (ORS)	0.426	0.018	848	882	1.057	0.042	0.391	0.462
Sought medical treatment for diarrhea	0.486	0.019	848	882	1.110	0.039	0.448	0.523
Vaccination card seen	0.716	0.013	1634	1616	1.148	0.018	0.691	0.741
Received BCG Vaccination	0.995	0.002	1634	1616	1.030	0.002	0.991	0.998
Received pentavalent Vaccination (3doses)	0.963	0.005	1634	1616	1.071	0.005	0.953	0.973
Received POLIO Vaccination (3doses)	0.947	0.006	1634	1616	1.126	0.007	0.935	0.959
Received measles Vaccination	0.974	0.004	1634	1616	1.049	0.004	0.966	0.982
Received all Vaccination	0.922	0.007	1634	1616	1.084	0.008	0.908	0.936
Height-for-age (-2SD)	0.134	0.005	6441	5934	1.181	0.037	0.124	0.144
Weight-for-height (-2SD)	0.024	0.002	6441	5934	1.271	0.100	0.020	0.029
Weight-for-age (-2SD)	0.031	0.002	6441	5934	1.090	0.076	0.026	0.036
Body Mass Index (BMI < 18.5)	0.004	0.001	9689	9253	0.985	0.157	0.003	0.005
Overweight evev-married women (BMI >= 25)	0.842	0.004	9689	9253	1.180	0.005	0.833	0.851
Prevalence of anemia (children under 5)	0.433	0.010	3473	3127	1.179	0.023	0.414	0.453
Prevalence of anemia (ever married women)	0.350	0.007	5769	5421	1.146	0.021	0.336	0.364
Ever experienced any physical violence since age 15	0.267	0.007	5420	5503	1.158	0.026	0.253	0.281
Ever experienced any physical or sexual violence by current/most recent husband	0.273	0.007	5420	5503	1.168	0.026	0.259	0.287
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.152	0.006	5420	5503	1.205	0.039	0.140	0.163
Total fertility rate (3 years)	3.160	0.035	46344	na	1.241	0.011	3.092	3.228
Neonatal mortality rate	17.791	1.357	8528	8563	1.410	0.070	12.222	23.360
Post-neonatal mortality rate	9.651	1.126	8460	8481	1.040	0.070	4.892	14.410
Infant mortality rate	27.442	13.451	8611	8637	1.300	0.050	23.024	31.860
Child mortality rate	4.283	0.879	5071	5083	1.070	0.160	2.506	6.060
Under five mortality rate	31.608	1.018	5108	5129	1.300	0.050	27.326	35.890
Youth: Literacy	0.838	0.006	9219	9596	1.508	0.007	0.827	0.849
Youth: Ideal number of children	2.621	0.015	8858	9251	1.367	0.006	2.592	2.650

na = Not applicable

Table C.5 Sampling errors for Urban Governorates sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	0.000	3007	2989	na	0.000	1.000	1.000
Literacy	0.858	0.011	3007	2989	1.777	0.013	0.836	0.881
No Education	0.113	0.010	3007	2989	1.799	0.092	0.093	0.133
Secondary or Heigher	0.618	0.019	3007	2989	2.117	0.030	0.581	0.655
Currently married	0.900	0.008	3007	2989	1.407	0.009	0.885	0.915
Children ever born	2.304	0.059	6014	3541	2.852	0.026	2.187	2.420
Children surviving	2.242	0.057	6014	3541	2.847	0.025	2.130	2.353
Children ever born to women aged 40-49	3.019	0.064	2262	1173	1.993	0.021	2.894	3.145
Currently using any Family planning method	0.708	0.012	2688	2690	1.339	0.017	0.684	0.731
Currently using a modern family planning method	0.678	0.012	2688	2690	1.352	0.018	0.654	0.702
Currently using pill	0.155	0.009	2688	2690	1.220	0.055	0.139	0.172
Currently using IUD	0.393	0.012	2688	2690	1.263	0.030	0.370	0.417
Currently using condoms	0.016	0.003	2688	2690	1.277	0.194	0.010	0.022
Currently using injectables	0.074	0.007	2688	2690	1.381	0.094	0.061	0.088
Currently using female sterilization	0.019	0.004	2688	2690	1.443	0.201	0.011	0.026
Currently using rhythm	0.007	0.002	2688	2690	1.188	0.275	0.003	0.011
Obtained modern family planning method from public sector source	0.559	0.022	1786	1825	1.847	0.039	0.516	0.602
Want no more children	0.723	0.011	2688	2690	1.278	0.015	0.701	0.744
Want to delay birth at least 2 years	0.095	0.007	2688	2690	1.152	0.069	0.082	0.107
Ideal number of children	2.659	0.033	3007	2989	1.413	0.012	2.594	2.724
Last birth protected against neonatal tetanus	0.370	0.019	1161	1176	1.343	0.051	0.333	0.408
Births with skilled attendant at delivery	0.982	0.005	1515	1546	1.537	0.005	0.972	0.992
Had diarrhea in the last 2 weeks	0.114	0.011	1283	1313	1.202	0.094	0.093	0.135
Treated with oral rehydration solution (ORS)	0.401	0.060	130	150	1.386	0.149	0.282	0.520
Sought medical treatment for diarrhea	0.457	0.062	130	150	1.422	0.137	0.333	0.581
Vaccination card seen	0.576	0.037	296	318	1.274	0.064	0.504	0.648
Received BCG Vaccination	0.972	0.012	296	318	1.200	0.012	0.949	0.995
Received pentavalent Vaccination (3doses)	0.887	0.022	296	318	1.195	0.025	0.844	0.930
Received POLIO Vaccination (3doses)	0.919	0.025	296	318	1.592	0.028	0.869	0.969
Received measles Vaccination	0.908	0.023	296	318	1.393	0.026	0.861	0.954
Received all Vaccination	0.803	0.030	296	318	1.285	0.037	0.744	0.862
Height-for-age (-2SD)	0.127	0.013	1201	1453	1.390	0.105	0.101	0.154
Weight-for-height (-2SD)	0.044	0.008	1201	1453	1.285	0.173	0.029	0.059
Weight-for-age (-2SD)	0.059	0.008	1201	1453	1.242	0.143	0.042	0.076
Body Mass Index (BMI < 18.5)	0.007	0.002	2356	2909	1.275	0.312	0.003	0.011
Overweight evev-married women (BMI >= 25)	0.879	0.009	2356	2909	1.288	0.010	0.862	0.896
Prevalence of anemia (children under 5)	0.418	0.029	580	731	1.408	0.069	0.361	0.475
Prevalence of anemia (ever married women)	0.457	0.021	1352	1754	1.539	0.046	0.416	0.498
Ever experienced any physical violence since age 15	0.237	0.017	1328	1340	1.439	0.071	0.204	0.270
Ever experienced any physical or sexual violence by current/most recent husband	0.243	0.017	1328	1340	1.416	0.069	0.210	0.276
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.126	0.012	1328	1340	1.368	0.099	0.101	0.150
Total fertility rate (3 years)	2.185	0.108	13517	na	1.501	0.049	1.974	2.396
Neonatal mortality rate	12.926	0.971	1534	1566	1.190	0.280	8.842	17.010
Post-neonatal mortality rate	5.958	0.245	1540	1558	1.340	0.580	4.946	6.970
Infant mortality rate	18.884	9.211	1558	1577	1.180	0.250	16.588	21.180
Child mortality rate	1.664	5.988	928	914	1.310	0.620	0.000	13.760
Under five mortality rate	20.516	2.339	918	919	1.190	0.250	10.682	30.350
Youth: Literacy	0.847	0.013	3222	3265	2.033	0.015	0.822	0.873
Youth: Ideal number of children	2.496	0.029	3177	3223	1.706	0.012	2.438	2.554

na = Not applicable

Table C.6 Sampling errors for Lower Egypt sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.249	0.005	7986	9266	0.953	0.019	0.240	0.258
Literacy	0.839	0.006	7986	9266	1.419	0.007	0.828	0.850
No Education	0.121	0.005	7986	9266	1.461	0.044	0.111	0.132
Secondary or Heigher	0.647	0.009	7986	9266	1.676	0.014	0.629	0.664
Currently married	0.934	0.003	7986	9266	1.072	0.003	0.928	0.940
Children ever born	1.913	0.074	15972	13210	5.724	0.039	1.767	2.059
Children surviving	1.853	0.072	15972	13210	5.770	0.039	1.712	1.994
Children ever born to women aged 40-49	3.240	0.031	5002	2931	1.545	0.009	3.180	3.300
Currently using any Family planning method	0.714	0.006	7467	8651	1.198	0.009	0.702	0.726
Currently using a modern family planning method	0.698	0.006	7467	8651	1.176	0.009	0.686	0.710
Currently using pill	0.210	0.006	7467	8651	1.210	0.027	0.199	0.221
Currently using IUD	0.343	0.007	7467	8651	1.316	0.021	0.329	0.357
Currently using condoms	0.008	0.001	7467	8651	1.083	0.143	0.005	0.010
Currently using injectables	0.095	0.005	7467	8651	1.343	0.048	0.086	0.104
Currently using female sterilization	0.021	0.002	7467	8651	1.135	0.090	0.017	0.025
Currently using rhythm	0.003	0.001	7467	8651	1.020	0.220	0.002	0.004
Obtained modern family planning method from public sector source	0.616	0.010	5168	6038	1.474	0.016	0.597	0.636
Want no more children	0.687	0.006	7467	8651	1.161	0.009	0.675	0.700
Want to delay birth at least 2 years	0.103	0.004	7467	8651	1.104	0.038	0.096	0.111
Ideal number of children	2.652	0.015	7986	9266	1.227	0.006	2.623	2.681
Last birth protected against neonatal tetanus	0.433	0.010	3472	4056	1.225	0.024	0.413	0.453
Births with skilled attendant at delivery	0.990	0.002	4429	5183	1.631	0.002	0.985	0.995
Had diarrhea in the last 2 weeks	0.100	0.006	3715	4343	1.167	0.057	0.089	0.111
Treated with oral rehydration solution (ORS)	0.414	0.028	358	435	1.059	0.067	0.359	0.468
Sought medical treatment for diarrhea	0.533	0.028	358	435	1.074	0.053	0.477	0.589
Vaccination card seen	0.693	0.017	847	1000	1.087	0.025	0.660	0.727
Received BCG Vaccination	0.992	0.003	847	1000	0.993	0.003	0.986	0.998
Received pentavalent Vaccination (3doses)	0.961	0.007	847	1000	1.067	0.007	0.947	0.975
Received POLIO Vaccination (3doses)	0.956	0.008	847	1000	1.107	0.008	0.940	0.971
Received measles Vaccination	0.971	0.006	847	1000	1.050	0.006	0.959	0.983
Received all Vaccination	0.932	0.009	847	1000	1.094	0.010	0.913	0.951
Height-for-age (-2SD)	0.102	0.006	3392	3979	1.163	0.059	0.090	0.114
Weight-for-height (-2SD)	0.021	0.003	3392	3979	1.333	0.155	0.015	0.028
Weight-for-age (-2SD)	0.021	0.003	3392	3979	1.143	0.134	0.016	0.027
Body Mass Index (BMI < 18.5)	0.002	0.001	6249	7388	1.025	0.284	0.001	0.003
Overweight evev-married women (BMI >= 25)	0.891	0.005	6249	7388	1.182	0.005	0.882	0.900
Prevalence of anemia (children under 5)	0.409	0.013	1811	2099	1.149	0.032	0.383	0.435
Prevalence of anemia (ever married women)	0.340	0.009	3703	4313	1.169	0.027	0.322	0.358
Ever experienced any physical violence since age 15	0.247	0.008	3391	3910	1.101	0.033	0.231	0.263
Ever experienced any physical or sexual violence by current/most recent husband	0.253	0.008	3391	3910	1.104	0.033	0.236	0.269
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.136	0.007	3391	3910	1.161	0.050	0.122	0.149
Total fertility rate (3 years)	2.655	0.042	30859	na	1.193	0.015	2.574	2.736
Neonatal mortality rate	14.207	1.213	4475	5240	1.400	0.120	9.084	19.330
Post-neonatal mortality rate	6.785	0.214	4504	5261	1.060	0.160	5.890	7.680
Infant mortality rate	20.993	10.190	4565	5331	1.280	0.100	16.416	25.570
Child mortality rate	2.204	0.988	2772	3221	0.880	0.660	0.208	4.200
Under five mortality rate	23.151	1.025	2726	3179	1.310	0.100	18.842	27.460
Youth: Literacy	0.881	0.006	6276	7281	1.366	0.006	0.870	0.892
Youth: Ideal number of children	2.438	0.014	6141	7125	1.263	0.006	2.411	2.465

na = Not applicable

Table C.7 Sampling errors for Lower Egypt Urban sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	0.000	2103	2308	na	0.000	1.000	1.000
Literacy	0.904	0.008	2103	2308	1.278	0.009	0.888	0.920
No Education	0.065	0.007	2103	2308	1.297	0.108	0.051	0.078
Secondary or Heigher	0.737	0.016	2103	2308	1.717	0.022	0.704	0.770
Currently married	0.906	0.007	2103	2308	1.175	0.008	0.891	0.921
Children ever born	2.138	0.086	4206	2869	3.611	0.040	1.968	2.308
Children surviving	2.080	0.083	4206	2869	3.635	0.040	1.915	2.244
Children ever born to women aged 40-49	3.058	0.055	1540	849	1.562	0.018	2.949	3.168
Currently using any Family planning method	0.703	0.013	1915	2091	1.237	0.018	0.677	0.728
Currently using a modern family planning method	0.677	0.013	1915	2091	1.231	0.019	0.651	0.703
Currently using pill	0.209	0.012	1915	2091	1.274	0.057	0.186	0.233
Currently using IUD	0.350	0.016	1915	2091	1.446	0.045	0.319	0.381
Currently using condoms	0.017	0.003	1915	2091	1.131	0.195	0.011	0.024
Currently using injectables	0.059	0.006	1915	2091	1.157	0.106	0.047	0.071
Currently using female sterilization	0.018	0.004	1915	2091	1.189	0.200	0.011	0.025
Currently using rhythm	0.005	0.002	1915	2091	1.058	0.326	0.002	0.009
Obtained modern family planning method from public sector source	0.490	0.021	1276	1417	1.530	0.044	0.448	0.532
Want no more children	0.705	0.012	1915	2091	1.145	0.017	0.682	0.729
Want to delay birth at least 2 years	0.097	0.007	1915	2091	1.029	0.072	0.083	0.110
Ideal number of children	2.580	0.029	2103	2308	1.265	0.011	2.522	2.637
Last birth protected against neonatal tetanus	0.349	0.021	848	958	1.304	0.061	0.307	0.392
Births with skilled attendant at delivery	0.991	0.004	1060	1198	1.444	0.004	0.982	0.999
Had diarrhea in the last 2 weeks	0.122	0.013	880	985	1.204	0.109	0.095	0.148
Treated with oral rehydration solution (ORS)	0.366	0.054	96	120	1.088	0.147	0.258	0.474
Sought medical treatment for diarrhea	0.497	0.046	96	120	0.895	0.092	0.405	0.589
Vaccination card seen	0.629	0.034	222	261	1.042	0.054	0.562	0.696
Received BCG Vaccination	0.995	0.005	222	261	1.062	0.005	0.985	1.005
Received pentavalent Vaccination (3doses)	0.959	0.014	222	261	1.056	0.015	0.931	0.987
Received POLIO Vaccination (3doses)	0.946	0.016	222	261	1.073	0.017	0.913	0.978
Received measles Vaccination	0.974	0.013	222	261	1.238	0.013	0.948	1.000
Received all Vaccination	0.924	0.020	222	261	1.118	0.022	0.884	0.963
Height-for-age (-2SD)	0.095	0.012	864	1073	1.200	0.126	0.072	0.119
Weight-for-height (-2SD)	0.023	0.005	864	1073	1.021	0.226	0.013	0.034
Weight-for-age (-2SD)	0.023	0.005	864	1073	1.040	0.232	0.012	0.033
Body Mass Index (BMI < 18.5)	0.001	0.001	1700	2119	1.213	0.864	-0.001	0.003
Overweight evev-married women (BMI >= 25)	0.905	0.009	1700	2119	1.226	0.010	0.888	0.922
Prevalence of anemia (children under 5)	0.441	0.028	453	575	1.181	0.063	0.387	0.496
Prevalence of anemia (ever married women)	0.372	0.018	989	1237	1.153	0.048	0.337	0.407
Ever experienced any physical violence since age 15	0.232	0.015	904	1007	1.055	0.064	0.203	0.262
Ever experienced any physical or sexual violence by current/most recent husband	0.235	0.015	904	1007	1.045	0.063	0.206	0.264
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.116	0.012	904	1007	1.171	0.108	0.091	0.140
Total fertility rate (3 years)	2.411	0.092	8993	na	1.190	0.083	2.228	2.594
Neonatal mortality rate	14.635	0.283	1068	1204	1.070	0.348	13.450	15.820
Post-neonatal mortality rate	4.661	0.762	1088	1220	1.130	0.451	1.502	7.820
Infant mortality rate	19.296	9.505	1102	1238	1.110	0.180	17.952	20.640
Child mortality rate	0.551	0.553	676	747	0.570	0.120	0.000	1.670
Under five mortality rate	19.836	0.348	653	729	1.110	0.392	18.372	21.300
Youth: Literacy	0.885	0.010	2069	2212	1.481	0.012	0.864	0.905
Youth: Ideal number of children	2.394	0.023	2030	2166	1.203	0.009	2.349	2.438

na = Not applicable

Table C.8 Sampling errors for Lower Egypt Rural sample , Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.000	0.0000	5883	6958	na	na	0.000	0.000
Literacy	0.817	0.0072	5883	6958	1.434	0.009	0.803	0.832
No Education	0.140	0.0067	5883	6958	1.476	0.048	0.127	0.153
Secondary or Heigher	0.617	0.0106	5883	6958	1.665	0.017	0.596	0.638
Currently married	0.943	0.0031	5883	6958	1.021	0.003	0.937	0.949
Children ever born	1.850	0.0894	11766	10341	5.842	0.048	1.675	2.026
Children surviving	1.790	0.0865	11766	10341	5.882	0.048	1.620	1.960
Children ever born to women aged 40-49	3.314	0.0364	3462	2082	1.535	0.011	3.242	3.385
Currently using any Family planning method	0.718	0.0072	5552	6560	1.186	0.010	0.704	0.732
Currently using a modern family planning method	0.705	0.0071	5552	6560	1.158	0.010	0.691	0.718
Currently using pill	0.210	0.0065	5552	6560	1.189	0.031	0.197	0.223
Currently using IUD	0.341	0.0081	5552	6560	1.273	0.024	0.325	0.357
Currently using condoms	0.005	0.0010	5552	6560	1.066	0.212	0.003	0.006
Currently using injectables	0.106	0.0056	5552	6560	1.364	0.053	0.095	0.117
Currently using female sterilization	0.022	0.0022	5552	6560	1.118	0.100	0.018	0.026
Currently using rhythm	0.002	0.0006	5552	6560	1.001	0.298	0.001	0.003
Obtained modern family planning method from public sector source	0.655	0.0112	3892	4621	1.470	0.017	0.633	0.677
Want no more children	0.682	0.0073	5552	6560	1.166	0.011	0.667	0.696
Want to delay birth at least 2 years	0.105	0.0046	5552	6560	1.122	0.044	0.096	0.115
Ideal number of children	2.676	0.0171	5883	6958	1.217	0.006	2.642	2.710
Last birth protected against neonatal tetanus	0.459	0.0118	2624	3098	1.215	0.026	0.436	0.482
Births with skilled attendant at delivery	0.990	0.0029	3369	3985	1.673	0.003	0.984	0.995
Had diarrhea in the last 2 weeks	0.094	0.0063	2835	3358	1.153	0.067	0.081	0.106
Treated with oral rehydration solution (ORS)	0.432	0.0317	262	315	1.033	0.073	0.370	0.495
Sought medical treatment for diarrhea	0.547	0.0350	262	315	1.137	0.064	0.478	0.616
Vaccination card seen	0.716	0.0198	625	739	1.096	0.028	0.677	0.755
Received BCG Vaccination	0.991	0.0037	625	739	0.978	0.004	0.984	0.998
Received pentavalent Vaccination (3doses)	0.962	0.0082	625	739	1.070	0.009	0.945	0.978
Received POLIO Vaccination (3doses)	0.959	0.0089	625	739	1.121	0.009	0.942	0.977
Received measles Vaccination	0.970	0.0067	625	739	0.987	0.007	0.957	0.983
Received all Vaccination	0.935	0.0107	625	739	1.082	0.011	0.914	0.956
Height-for-age (-2SD)	0.104	0.0070	2528	2906	1.147	0.067	0.091	0.118
Weight-for-height (-2SD)	0.021	0.0041	2528	2906	1.445	0.197	0.013	0.029
Weight-for-age (-2SD)	0.020	0.0033	2528	2906	1.182	0.163	0.014	0.027
Body Mass Index (BMI < 18.5)	0.002	0.0007	4549	5268	0.988	0.296	0.001	0.004
Overweight evev-married women (BMI >= 25)	0.885	0.0055	4549	5268	1.167	0.006	0.875	0.896
Prevalence of anemia (children under 5)	0.397	0.0152	1358	1524	1.148	0.038	0.367	0.427
Prevalence of anemia (ever married women)	0.327	0.0106	2714	3076	1.181	0.032	0.306	0.348
Ever experienced any physical violence since age 15	0.252	0.0097	2487	2903	1.114	0.038	0.233	0.271
Ever experienced any physical or sexual violence by current/most recent husband	0.259	0.0098	2487	2903	1.121	0.038	0.239	0.278
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.143	0.0081	2487	2903	1.157	0.057	0.127	0.159
Total fertility rate (3 years)	2.748	0.022	21866	na	1.187	0.008	2.705	2.791
Neonatal mortality rate	14.078	1.311	3407	4036	1.46	0.1	8.566	19.59
Post-neonatal mortality rate	7.433	0.391	3416	4042	1.03	0.07	5.826	9.04
Infant mortality rate	21.51	10.391	3464	4093	1.32	0.08	18.11	24.91
Child mortality rate	2.736	0.957	2096	2473	1.02	0.02	0.802	4.67
Under five mortality rate	24.187	0.55	2073	2450	1.35	0.07	21.884	26.49
Youth: Literacy	0.879	0.0066	4207	5070	1.317	0.008	0.866	0.892
Youth: Ideal number of children	2.457	0.0168	4111	4959	1.274	0.007	2.424	2.490

na = Not applicable

Table C.9 Sampling errors for Upper Egypt sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
			Number of cases				Confidence limits	
Urban residence	0.293	0.006	8399	8000	1.191	0.020	0.282	0.305
Literacy	0.739	0.007	8399	8000	1.474	0.010	0.726	0.753
No Education	0.233	0.007	8399	8000	1.550	0.031	0.219	0.247
Secondary or Heigher	0.484	0.010	8399	8000	1.798	0.020	0.465	0.503
Currently married	0.936	0.003	8399	8000	1.194	0.003	0.930	0.942
Children ever born	2.147	0.079	16798	11724	4.947	0.037	1.993	2.302
Children surviving	2.044	0.075	16798	11724	5.010	0.037	1.897	2.191
Children ever born to women aged 40-49	3.922	0.048	4672	2328	1.643	0.012	3.827	4.016
Currently using any Family planning method	0.591	0.007	7837	7489	1.307	0.012	0.577	0.605
Currently using a modern family planning method	0.578	0.007	7837	7489	1.332	0.013	0.563	0.593
Currently using pill	0.190	0.006	7837	7489	1.313	0.031	0.179	0.202
Currently using IUD	0.205	0.006	7837	7489	1.418	0.032	0.192	0.217
Currently using condoms	0.006	0.001	7837	7489	1.281	0.194	0.003	0.008
Currently using injectables	0.121	0.005	7837	7489	1.275	0.039	0.112	0.130
Currently using female sterilization	0.020	0.002	7837	7489	1.120	0.089	0.017	0.023
Currently using rhythm	0.001	0.000	7837	7489	0.864	0.323	0.000	0.001
Obtained modern family planning method from public sector source	0.669	0.009	4421	4329	1.256	0.013	0.651	0.686
Want no more children	0.614	0.006	7837	7489	1.142	0.010	0.602	0.626
Want to delay birth at least 2 years	0.128	0.004	7837	7489	1.086	0.032	0.120	0.136
Ideal number of children	3.147	0.020	8399	8000	1.289	0.006	3.108	3.186
Last birth protected against neonatal tetanus	0.572	0.010	4550	4253	1.346	0.017	0.553	0.592
Births with skilled attendant at delivery	0.951	0.005	6261	5829	1.674	0.005	0.942	0.960
Had diarrhea in the last 2 weeks	0.149	0.007	5355	4950	1.377	0.045	0.136	0.162
Treated with oral rehydration solution (ORS)	0.404	0.020	730	736	1.076	0.048	0.365	0.442
Sought medical treatment for diarrhea	0.439	0.020	730	736	1.076	0.045	0.400	0.478
Vaccination card seen	0.699	0.015	1237	1149	1.149	0.021	0.669	0.728
Received BCG Vaccination	0.999	0.001	1237	1149	0.934	0.001	0.997	1.001
Received pentavalent Vaccination (3doses)	0.955	0.007	1237	1149	1.182	0.007	0.941	0.969
Received POLIO Vaccination (3doses)	0.934	0.009	1237	1149	1.311	0.010	0.915	0.952
Received measles Vaccination	0.967	0.006	1237	1149	1.242	0.007	0.954	0.979
Received all Vaccination	0.895	0.011	1237	1149	1.262	0.012	0.873	0.917
Height-for-age (-2SD)	0.152	0.006	4926	4181	1.226	0.041	0.140	0.164
Weight-for-height (-2SD)	0.035	0.003	4926	4181	1.112	0.083	0.030	0.041
Weight-for-age (-2SD)	0.043	0.003	4926	4181	1.083	0.073	0.037	0.049
Body Mass Index (BMI < 18.5)	0.006	0.001	6849	5943	1.092	0.164	0.004	0.009
Overweight evev-married women (BMI >= 25)	0.809	0.006	6849	5943	1.230	0.007	0.798	0.821
Prevalence of anemia (children under 5)	0.452	0.012	2608	2192	1.255	0.027	0.428	0.476
Prevalence of anemia (ever married women)	0.386	0.010	3967	3465	1.241	0.025	0.367	0.405
Ever experienced any physical violence since age 15	0.275	0.008	3824	3587	1.171	0.031	0.258	0.291
Ever experienced any physical or sexual violence by current/most recent husband	0.281	0.009	3824	3587	1.180	0.031	0.264	0.298
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.160	0.007	3824	3587	1.206	0.045	0.146	0.174
Total fertility rate (3 years)	3.305	0.022	33017	na	1.362	0.052	3.262	3.348
Neonatal mortality rate	20.688	0.285	6326	5905	1.320	0.491	19.486	21.890
Post-neonatal mortality rate	11.118	0.673	6232	5819	1.060	0.141	8.246	13.990
Infant mortality rate	31.806	15.591	6352	5936	1.250	0.690	31.732	31.880
Child mortality rate	5.396	0.719	3661	3426	1.140	0.860	3.942	6.850
Under five mortality rate	37.031	0.120	3734	3491	1.230	0.158	36.522	37.540
Youth: Literacy	0.817	0.008	7091	6854	1.690	0.009	0.802	0.833
Youth: Ideal number of children	2.720	0.018	6757	6541	1.422	0.007	2.684	2.756

na = Not applicable

Table C.10 Sampling errors for Upper Egypt Urban sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
			Number of cases				Confidence limits	
Urban residence	1.000	0.000	2276	2346	na	0.000	1.000	1.000
Literacy	0.840	0.014	2276	2346	1.761	0.016	0.813	0.867
No Education	0.134	0.011	2276	2346	1.475	0.079	0.113	0.155
Secondary or Heigher	0.654	0.018	2276	2346	1.772	0.027	0.619	0.689
Currently married	0.923	0.007	2276	2346	1.288	0.008	0.909	0.937
Children ever born	2.049	0.191	4552	3276	6.992	0.093	1.672	2.426
Children surviving	1.968	0.184	4552	3276	7.098	0.093	1.606	2.331
Children ever born to women aged 40-49	3.306	0.071	1490	795	1.574	0.021	3.166	3.446
Currently using any Family planning method	0.631	0.013	2096	2165	1.242	0.021	0.605	0.657
Currently using a modern family planning method	0.616	0.013	2096	2165	1.264	0.022	0.589	0.642
Currently using pill	0.199	0.012	2096	2165	1.342	0.059	0.175	0.222
Currently using IUD	0.275	0.013	2096	2165	1.347	0.048	0.249	0.301
Currently using condoms	0.012	0.003	2096	2165	1.303	0.258	0.006	0.018
Currently using injectables	0.087	0.008	2096	2165	1.323	0.094	0.071	0.103
Currently using female sterilization	0.016	0.003	2096	2165	0.990	0.169	0.011	0.022
Currently using rhythm	0.001	0.001	2096	2165	0.745	0.438	0.000	0.003
Obtained modern family planning method from public sector source	0.570	0.020	1261	1334	1.467	0.036	0.530	0.611
Want no more children	0.658	0.013	2096	2165	1.267	0.020	0.632	0.684
Want to delay birth at least 2 years	0.115	0.008	2096	2165	1.119	0.068	0.100	0.131
Ideal number of children	2.874	0.034	2276	2346	1.261	0.012	2.806	2.942
Last birth protected against neonatal tetanus	0.442	0.021	1098	1106	1.367	0.046	0.402	0.483
Births with skilled attendant at delivery	0.984	0.004	1413	1407	1.204	0.004	0.976	0.992
Had diarrhea in the last 2 weeks	0.146	0.015	1185	1172	1.497	0.105	0.115	0.176
Treated with oral rehydration solution (ORS)	0.335	0.043	153	171	1.118	0.128	0.250	0.421
Sought medical treatment for diarrhea	0.396	0.045	153	171	1.131	0.113	0.307	0.485
Vaccination card seen	0.646	0.032	277	285	1.101	0.049	0.583	0.709
Received BCG Vaccination	1.000	0.000	277	285	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.929	0.021	277	285	1.354	0.023	0.887	0.970
Received POLIO Vaccination (3doses)	0.926	0.026	277	285	1.664	0.028	0.874	0.978
Received measles Vaccination	0.937	0.020	277	285	1.336	0.021	0.898	0.976
Received all Vaccination	0.848	0.033	277	285	1.513	0.038	0.784	0.913
Height-for-age (-2SD)	0.127	0.012	1176	1191	1.285	0.098	0.102	0.152
Weight-for-height (-2SD)	0.054	0.007	1176	1191	1.107	0.135	0.040	0.069
Weight-for-age (-2SD)	0.048	0.007	1176	1191	1.153	0.149	0.034	0.063
Body Mass Index (BMI < 18.5)	0.007	0.002	1941	2007	1.142	0.303	0.003	0.012
Overweight evev-married women (BMI >= 25)	0.858	0.010	1941	2007	1.261	0.012	0.838	0.878
Prevalence of anemia (children under 5)	0.414	0.029	598	609	1.420	0.069	0.358	0.471
Prevalence of anemia (ever married women)	0.398	0.022	1071	1147	1.491	0.056	0.354	0.442
Ever experienced any physical violence since age 15	0.247	0.015	1042	1020	1.155	0.062	0.217	0.278
Ever experienced any physical or sexual violence by current/most recent husband	0.255	0.016	1042	1020	1.152	0.061	0.224	0.286
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.148	0.013	1042	1020	1.145	0.085	0.123	0.173
Total fertility rate (3 years)	2.524	0.069	9832	na	1.547	0.068	2.387	2.661
Neonatal mortality rate	18.145	0.483	1436	1434	1.100	0.335	16.130	20.160
Post-neonatal mortality rate	8.852	0.451	1434	1438	1.130	0.433	6.964	10.740
Infant mortality rate	26.997	13.364	1450	1451	1.080	0.480	24.094	29.900
Child mortality rate	3.913	0.582	849	854	1.180	0.860	2.736	5.090
Under five mortality rate	30.804	0.734	846	847	1.110	0.387	27.718	33.890
Youth: Literacy	0.864	0.012	2353	2385	1.745	0.014	0.839	0.888
Youth: Ideal number of children	2.571	0.025	2261	2301	1.336	0.010	2.521	2.621

na = Not applicable

Table C.11 Sampling errors for Upper Egypt Rural sample , Egypt 2021

			Number of cases				Confidence limits	
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
Urban residence	0.000	0.000	6123	5655	na	na	0.000	0.000
Literacy	0.698	0.008	6123	5655	1.415	0.012	0.681	0.714
No Education	0.274	0.009	6123	5655	1.595	0.033	0.256	0.292
Secondary or Heigher	0.414	0.012	6123	5655	1.867	0.028	0.390	0.437
Currently married	0.942	0.003	6123	5655	1.126	0.004	0.935	0.948
Children ever born	2.186	0.078	12246	8448	4.048	0.036	2.032	2.339
Children surviving	2.073	0.074	12246	8448	4.092	0.036	1.927	2.219
Children ever born to women aged 40-49	4.242	0.060	3182	1532	1.657	0.014	4.123	4.360
Currently using any Family planning method	0.574	0.009	5741	5324	1.321	0.015	0.558	0.591
Currently using a modern family planning method	0.563	0.009	5741	5324	1.348	0.016	0.545	0.580
Currently using pill	0.187	0.007	5741	5324	1.294	0.036	0.174	0.200
Currently using IUD	0.176	0.007	5741	5324	1.441	0.041	0.162	0.190
Currently using condoms	0.003	0.001	5741	5324	1.144	0.282	0.001	0.004
Currently using injectables	0.135	0.006	5741	5324	1.276	0.043	0.123	0.146
Currently using female sterilization	0.022	0.002	5741	5324	1.161	0.103	0.017	0.026
Currently using rhythm	0.001	0.000	5741	5324	0.941	0.461	0.000	0.001
Obtained modern family planning method from public sector source	0.712	0.009	3160	2996	1.176	0.013	0.694	0.731
Want no more children	0.596	0.007	5741	5324	1.075	0.012	0.582	0.609
Want to delay birth at least 2 years	0.134	0.005	5741	5324	1.071	0.036	0.124	0.143
Ideal number of children	3.260	0.024	6123	5655	1.309	0.007	3.213	3.307
Last birth protected against neonatal tetanus	0.618	0.011	3452	3147	1.346	0.018	0.596	0.640
Births with skilled attendant at delivery	0.941	0.006	4848	4422	1.722	0.006	0.929	0.952
Had diarrhea in the last 2 weeks	0.150	0.007	4170	3778	1.335	0.049	0.135	0.164
Treated with oral rehydration solution (ORS)	0.425	0.022	577	565	1.056	0.051	0.382	0.468
Sought medical treatment for diarrhea	0.452	0.022	577	565	1.057	0.049	0.409	0.495
Vaccination card seen	0.716	0.017	960	864	1.164	0.024	0.683	0.749
Received BCG Vaccination	0.998	0.001	960	864	0.950	0.001	0.996	1.001
Received pentavalent Vaccination (3doses)	0.964	0.006	960	864	1.023	0.006	0.951	0.976
Received POLIO Vaccination (3doses)	0.936	0.009	960	864	1.113	0.009	0.919	0.954
Received measles Vaccination	0.977	0.005	960	864	1.072	0.005	0.966	0.987
Received all Vaccination	0.910	0.010	960	864	1.059	0.011	0.891	0.930
Height-for-age (-2SD)	0.162	0.007	3750	2990	1.188	0.044	0.148	0.176
Weight-for-height (-2SD)	0.028	0.003	3750	2990	1.031	0.099	0.022	0.033
Weight-for-age (-2SD)	0.041	0.003	3750	2990	1.031	0.082	0.034	0.047
Body Mass Index (BMI < 18.5)	0.006	0.001	4908	3936	1.028	0.189	0.004	0.008
Overweight evev-married women (BMI >= 25)	0.785	0.007	4908	3936	1.216	0.009	0.771	0.799
Prevalence of anemia (children under 5)	0.467	0.013	2010	1583	1.168	0.028	0.441	0.492
Prevalence of anemia (ever married women)	0.380	0.009	2896	2317	1.008	0.024	0.362	0.398
Ever experienced any physical violence since age 15	0.286	0.010	2782	2567	1.180	0.035	0.266	0.306
Ever experienced any physical or sexual violence by current/most recent husband	0.292	0.010	2782	2567	1.193	0.035	0.271	0.312
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.164	0.009	2782	2567	1.230	0.053	0.147	0.181
Total fertility rate (3 years)	3.630	0.003	23186	na	1.289	0.041	3.624	3.636
Neonatal mortality rate	21.562	0.672	4890	4471	1.360	0.419	18.764	24.360
Post-neonatal mortality rate	11.907	0.500	4798	4381	1.050	0.222	9.774	14.040
Infant mortality rate	33.469	16.326	4902	4485	1.280	0.940	31.528	35.410
Child mortality rate	5.963	0.602	2812	2572	1.120	0.760	4.746	7.180
Under five mortality rate	39.232	0.477	2888	2644	1.260	0.430	37.194	41.270
Youth: Literacy	0.793	0.010	4738	4469	1.675	0.012	0.773	0.812
Youth: Ideal number of children	2.802	0.025	4496	4240	1.476	0.009	2.753	2.850

na = Not applicable

Table C.12 Sampling errors for Frontier Governorates sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
Urban residence	0.683	0.011	1089	226	0.778	0.016	0.661	0.705
Literacy	0.783	0.020	1089	226	1.585	0.025	0.744	0.823
No Education	0.167	0.016	1089	226	1.430	0.097	0.135	0.200
Secondary or Heigher	0.546	0.030	1089	226	1.978	0.055	0.486	0.606
Currently married	0.945	0.007	1089	226	1.048	0.008	0.931	0.960
Children ever born	1.978	0.391	2178	366	8.795	0.198	1.190	2.765
Children surviving	1.937	0.383	2178	366	8.779	0.198	1.167	2.706
Children ever born to women aged 40-49	3.839	0.122	686	71	1.586	0.032	3.593	4.085
Currently using any Family planning method	0.653	0.017	1026	213	1.138	0.026	0.619	0.687
Currently using a modern family planning method	0.619	0.017	1026	213	1.110	0.027	0.585	0.653
Currently using pill	0.217	0.014	1026	213	1.075	0.064	0.189	0.245
Currently using IUD	0.264	0.017	1026	213	1.219	0.064	0.231	0.298
Currently using condoms	0.019	0.005	1026	213	1.103	0.250	0.009	0.028
Currently using injectables	0.086	0.010	1026	213	1.089	0.111	0.066	0.105
Currently using female sterilization	0.012	0.004	1026	213	1.047	0.298	0.005	0.019
Currently using rhythm	0.003	0.001	1026	213	0.881	0.524	0.000	0.006
Obtained modern family planning method from public sector source	0.479	0.025	646	132	1.283	0.053	0.429	0.530
Want no more children	0.630	0.025	1026	213	1.634	0.039	0.580	0.679
Want to delay birth at least 2 years	0.132	0.012	1026	213	1.151	0.092	0.108	0.157
Ideal number of children	3.488	0.103	1089	226	2.115	0.029	3.282	3.695
Last birth protected against neonatal tetanus	0.361	0.030	545	118	1.464	0.083	0.301	0.422
Births with skilled attendant at delivery	0.971	0.010	762	167	1.580	0.010	0.952	0.991
Had diarrhea in the last 2 weeks	0.057	0.011	662	146	1.170	0.185	0.036	0.078
Treated with oral rehydration solution (ORS)	0.214	0.080	37	8	1.176	0.376	0.044	0.383
Sought medical treatment for diarrhea	0.453	0.073	37	8	0.885	0.162	0.299	0.608
Vaccination card seen	0.688	0.031	149	34	0.816	0.045	0.625	0.750
Received BCG Vaccination	0.977	0.012	149	34	1.004	0.013	0.952	1.002
Received pentavalent Vaccination (3doses)	0.954	0.020	149	34	1.160	0.021	0.914	0.994
Received POLIO Vaccination (3doses)	0.938	0.020	149	34	0.988	0.021	0.898	0.977
Received measles Vaccination	0.963	0.015	149	34	0.991	0.016	0.932	0.994
Received all Vaccination	0.924	0.022	149	34	0.990	0.023	0.881	0.968
Height-for-age (-2SD)	0.163	0.020	533	123	1.226	0.121	0.123	0.202
Weight-for-height (-2SD)	0.020	0.006	533	123	0.946	0.291	0.008	0.031
Weight-for-age (-2SD)	0.043	0.010	533	123	1.144	0.235	0.022	0.063
Body Mass Index (BMI < 18.5)	0.011	0.004	750	167	0.922	0.315	0.004	0.018
Overweight evev-married women (BMI >= 25)	0.861	0.012	750	167	0.976	0.014	0.836	0.886
Prevalence of anemia (children under 5)	0.491	0.032	335	69	1.186	0.066	0.426	0.556
Prevalence of anemia (ever married women)	0.397	0.023	506	98	1.073	0.059	0.350	0.444
Ever experienced any physical violence since age 15	0.129	0.014	519	107	0.930	0.106	0.102	0.157
Ever experienced any physical or sexual violence by current/most recent husband	0.132	0.014	519	107	0.926	0.105	0.104	0.159
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.067	0.009	519	107	0.792	0.130	0.050	0.085
Total fertility rate (3 years)	3.407	0.081	4475	na	1.352	0.310	3.246	3.568
Neonatal mortality rate	10.114	0.801	773	169	1.380	0.162	6.808	13.420
Post-neonatal mortality rate	4.268	0.940	782	171	*	0.560	0.316	8.220
Infant mortality rate	14.382	7.015	790	173	1.230	0.590	10.344	18.420
Child mortality rate	3.272	0.875	487	106	0.910	0.480	1.504	5.040
Under five mortality rate	17.606	0.434	474	104	1.470	0.450	15.822	19.390
Youth: Literacy	0.811	0.017	1014	202	1.384	0.021	0.777	0.845
Youth: Ideal number of children	3.011	0.111	946	191	2.146	0.037	2.789	3.234

na = Not applicable - (*)The calculation is not possible due to the small sample size

Table C.13 Sampling errors for Cairo sample, Egypt 2021

			Number of cases				Confidence limits	
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
Urban residence	1.000	0.000	822	1723	na	0.000	1.000	1.000
Literacy	0.832	0.017	822	1723	1.273	0.020	0.799	0.865
No Education	0.140	0.016	822	1723	1.285	0.111	0.109	0.171
Secondary or Heigher	0.605	0.026	822	1723	1.542	0.044	0.552	0.657
Currently married	0.898	0.012	822	1723	1.130	0.013	0.874	0.922
Children ever born	2.484	0.059	1644	1970	1.451	0.024	2.368	2.601
Children surviving	2.413	0.055	1644	1970	1.432	0.023	2.303	2.523
Children ever born to women aged 40-49	3.139	0.098	632	684	1.565	0.031	2.943	3.335
Currently using any Family planning method	0.688	0.018	738	1547	1.060	0.026	0.652	0.724
Currently using a modern family planning method	0.668	0.019	738	1547	1.080	0.028	0.631	0.705
Currently using pill	0.148	0.012	738	1547	0.955	0.084	0.123	0.173
Currently using IUD	0.394	0.018	738	1547	0.984	0.045	0.359	0.430
Currently using condoms	0.009	0.004	738	1547	1.105	0.416	0.002	0.017
Currently using injectables	0.081	0.010	738	1547	1.032	0.128	0.061	0.102
Currently using female sterilization	0.019	0.006	738	1547	1.141	0.302	0.008	0.030
Currently using rhythm	0.005	0.003	738	1547	0.998	0.498	0.000	0.011
Obtained modern family planning method from public sector source	0.582	0.035	493	1033	1.575	0.060	0.512	0.652
Want no more children	0.721	0.016	738	1547	0.986	0.023	0.688	0.753
Want to delay birth at least 2 years	0.104	0.009	738	1547	0.828	0.089	0.086	0.123
Ideal number of children	2.764	0.048	822	1723	0.999	0.017	2.668	2.860
Last birth protected against neonatal tetanus	0.308	0.029	331	694	1.157	0.095	0.250	0.367
Births with skilled attendant at delivery	0.977	0.008	438	918	1.106	0.008	0.961	0.993
Had diarrhea in the last 2 weeks	0.127	0.016	371	778	0.905	0.123	0.095	0.158
Treated with oral rehydration solution (ORS)	0.404	0.082	47	99	1.139	0.204	0.237	0.572
Sought medical treatment for diarrhea	0.489	0.086	47	99	1.161	0.175	0.316	0.663
Vaccination card seen	0.484	0.054	93	195	1.040	0.112	0.375	0.593
Received BCG Vaccination	0.968	0.018	93	195	0.962	0.018	0.932	1.003
Received pentavalent Vaccination (3doses)	0.849	0.034	93	195	0.912	0.040	0.781	0.918
Received POLIO Vaccination (3doses)	0.892	0.040	93	195	1.229	0.044	0.813	0.972
Received measles Vaccination	0.871	0.037	93	195	1.046	0.042	0.797	0.944
Received all Vaccination	0.731	0.044	93	195	0.953	0.060	0.643	0.820
Height-for-age (-2SD)	0.135	0.018	398	878	1.065	0.135	0.099	0.172
Weight-for-height (-2SD)	0.054	0.012	398	878	1.035	0.217	0.031	0.077
Weight-for-age (-2SD)	0.073	0.012	398	878	0.935	0.168	0.048	0.097
Body Mass Index (BMI < 18.5)	0.007	0.003	758	1733	1.043	0.460	0.001	0.013
Overweight evev-married women (BMI >= 25)	0.881	0.011	758	1733	0.974	0.013	0.858	0.904
Prevalence of anemia (children under 5)	0.377	0.040	170	448	1.072	0.106	0.297	0.457
Prevalence of anemia (ever married women)	0.448	0.031	373	1045	1.184	0.068	0.387	0.508
Ever experienced any physical violence since age 15	0.291	0.027	360	750	1.115	0.092	0.237	0.344
Ever experienced any physical or sexual violence by current/most recent husband	0.302	0.027	360	750	1.096	0.088	0.249	0.354
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.158	0.020	360	750	1.019	0.124	0.119	0.197
Total fertility rate (3 years)	2.248	0.160	3815	na	1.158	0.071	1.934	2.562
Neonatal mortality rate	12.261	1.305	443	929	0.990	0.490	6.772	17.750
Post-neonatal mortality rate	7.779	0.724	436	913	0.990	0.700	4.748	10.810
Infant mortality rate	20.040	9.823	440	922	0.960	0.400	15.970	24.110
Child mortality rate	0.911	6.791	246	516	1.010	0.930	0.000	14.630
Under five mortality rate	20.933	2.803	253	530	0.960	0.390	9.266	32.600
Youth: Literacy	0.839	0.020	878	1972	1.584	0.023	0.800	0.878
Youth: Ideal number of children	2.483	0.043	865	1943	1.309	0.017	2.398	2.569

na = Not applicable

Table C.14 Sampling errors for Alexandria sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	0.000	841	979	na	0.000	1.000	1.000
Literacy	0.891	0.017	841	979	1.588	0.019	0.857	0.925
No Education	0.071	0.014	841	979	1.628	0.203	0.043	0.100
Secondary or Heigher	0.614	0.032	841	979	1.903	0.052	0.550	0.677
Currently married	0.910	0.010	841	979	1.012	0.011	0.890	0.930
Children ever born	2.198	0.055	1682	1139	1.535	0.025	2.088	2.307
Children surviving	2.144	0.053	1682	1139	1.525	0.025	2.038	2.250
Children ever born to women aged 40-49	2.810	0.081	630	379	1.442	0.029	2.649	2.971
Currently using any Family planning method	0.745	0.016	765	891	1.003	0.021	0.714	0.777
Currently using a modern family planning method	0.708	0.017	765	891	1.007	0.023	0.675	0.742
Currently using pill	0.167	0.013	765	891	0.992	0.080	0.141	0.194
Currently using IUD	0.414	0.018	765	891	1.025	0.044	0.378	0.451
Currently using condoms	0.022	0.006	765	891	1.139	0.273	0.010	0.034
Currently using injectables	0.061	0.011	765	891	1.225	0.173	0.040	0.083
Currently using female sterilization	0.020	0.006	765	891	1.103	0.282	0.009	0.031
Currently using rhythm	0.008	0.003	765	891	0.981	0.399	0.002	0.014
Obtained modern family planning method from public sector source	0.541	0.024	542	631	1.109	0.044	0.493	0.588
Want no more children	0.729	0.017	765	891	1.075	0.024	0.695	0.764
Want to delay birth at least 2 years	0.080	0.011	765	891	1.073	0.132	0.059	0.101
Ideal number of children	2.493	0.050	841	979	1.288	0.020	2.393	2.594
Last birth protected against neonatal tetanus	0.467	0.024	321	374	0.847	0.051	0.420	0.514
Births with skilled attendant at delivery	0.988	0.007	419	488	1.405	0.008	0.973	1.003
Had diarrhea in the last 2 weeks	0.097	0.016	359	418	1.029	0.165	0.065	0.130
Treated with oral rehydration solution (ORS)	0.343	0.090	35	41	1.103	0.262	0.157	0.529
Sought medical treatment for diarrhea	0.314	0.090	35	41	1.136	0.288	0.127	0.501
Vaccination card seen	0.750	0.049	84	98	1.025	0.065	0.652	0.848
Received BCG Vaccination	0.988	0.012	84	98	0.977	0.012	0.965	1.012
Received pentavalent Vaccination (3doses)	0.976	0.016	84	98	0.985	0.017	0.943	1.009
Received POLIO Vaccination (3doses)	0.988	0.012	84	98	1.002	0.012	0.964	1.012
Received measles Vaccination	0.976	0.017	84	98	1.010	0.017	0.942	1.010
Received all Vaccination	0.940	0.025	84	98	0.959	0.026	0.890	0.991
Height-for-age (-2SD)	0.117	0.024	325	448	1.341	0.205	0.069	0.165
Weight-for-height (-2SD)	0.019	0.008	325	448	1.066	0.425	0.003	0.035
Weight-for-age (-2SD)	0.031	0.013	325	448	1.324	0.410	0.006	0.057
Body Mass Index (BMI < 18.5)	0.008	0.004	628	908	1.031	0.459	0.001	0.015
Overweight evev-married women (BMI >= 25)	0.867	0.017	628	908	1.232	0.019	0.834	0.901
Prevalence of anemia (children under 5)	0.511	0.047	159	216	1.171	0.091	0.417	0.604
Prevalence of anemia (ever married women)	0.508	0.031	389	554	1.241	0.062	0.446	0.571
Ever experienced any physical violence since age 15	0.157	0.020	400	466	1.071	0.124	0.118	0.196
Ever experienced any physical or sexual violence by current/most recent husband	0.157	0.020	400	466	1.071	0.124	0.118	0.196
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.085	0.015	400	466	1.084	0.178	0.055	0.116
Total fertility rate (3 years)	2.101	0.026	3727	na	1.227	0.104	2.050	2.152
Neonatal mortality rate	14.359	0.372	426	496	0.910	0.234	12.808	15.910
Post-neonatal mortality rate	2.524	0.611	430	501	*	0.340	0.000	5.070
Infant mortality rate	16.883	8.357	438	509	0.880	0.350	13.856	19.910
Child mortality rate	2.870	3.391	266	310	0.970	0.300	0.000	9.720
Under five mortality rate	19.704	0.667	260	303	0.940	0.499	16.898	22.510
Youth: Literacy	0.853	0.016	933	1003	1.349	0.018	0.822	0.884
Youth: Ideal number of children	2.557	0.043	926	996	1.309	0.017	2.471	2.644

na = Not applicable - (*)The calculation is not possible due to the small sample size

Table C.15 Sampling errors for Port Said sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	671	144	na	0.000	1.000	1.000
Literacy	0.917	0.016	671	144	1.529	0.018	0.884	0.949
No Education	0.094	0.021	671	144	1.861	0.223	0.052	0.136
Secondary or Heigher	0.712	0.042	671	144	2.389	0.059	0.629	0.796
Currently married	0.876	0.015	671	144	1.215	0.018	0.845	0.907
Children ever born	1.372	0.374	1342	259	8.986	0.273	0.622	2.123
Children surviving	1.344	0.366	1342	259	9.013	0.272	0.610	2.078
Children ever born to women aged 40-49	2.802	0.098	500	55	1.723	0.035	2.605	2.999
Currently using any Family planning method	0.663	0.023	588	126	1.173	0.034	0.617	0.709
Currently using a modern family planning method	0.607	0.026	588	126	1.271	0.042	0.556	0.659
Currently using pill	0.126	0.018	588	126	1.304	0.142	0.090	0.162
Currently using IUD	0.299	0.021	588	126	1.088	0.069	0.258	0.341
Currently using condoms	0.043	0.009	588	126	1.041	0.204	0.025	0.060
Currently using injectables	0.082	0.017	588	126	1.466	0.203	0.048	0.115
Currently using female sterilization	0.020	0.006	588	126	1.036	0.296	0.008	0.033
Currently using rhythm	0.009	0.004	588	126	0.974	0.434	0.001	0.016
Obtained modern family planning method from public sector source	0.459	0.038	357	77	1.428	0.082	0.384	0.535
Want no more children	0.711	0.018	588	126	0.973	0.026	0.674	0.747
Want to delay birth at least 2 years	0.083	0.012	588	126	1.044	0.143	0.059	0.107
Ideal number of children	2.386	0.032	671	144	1.010	0.014	2.321	2.451
Last birth protected against neonatal tetanus	0.574	0.037	230	49	1.132	0.064	0.500	0.648
Births with skilled attendant at delivery	0.993	0.005	300	64	0.978	0.005	0.984	1.003
Had diarrhea in the last 2 weeks	0.132	0.028	250	54	1.323	0.215	0.075	0.189
Treated with oral rehydration solution (ORS)	0.667	0.102	33	7	1.220	0.153	0.453	0.880
Sought medical treatment for diarrhea	0.667	0.084	33	7	1.012	0.126	0.490	0.844
Vaccination card seen	0.541	0.068	61	13	1.056	0.126	0.403	0.679
Received BCG Vaccination	1.000	0.000	61	13	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.787	0.053	61	13	0.995	0.067	0.680	0.894
Received POLIO Vaccination (3doses)	0.836	0.050	61	13	1.052	0.060	0.734	0.938
Received measles Vaccination	0.967	0.023	61	13	0.993	0.024	0.921	1.013
Received all Vaccination	0.770	0.052	61	13	0.949	0.067	0.666	0.875
Height-for-age (-2SD)	0.066	0.017	213	59	0.990	0.255	0.032	0.100
Weight-for-height (-2SD)	0.011	0.008	213	59	1.109	0.715	-0.005	0.027
Weight-for-age (-2SD)	0.026	0.011	213	59	1.026	0.429	0.004	0.049
Body Mass Index (BMI < 18.5)	0.006	0.005	461	132	1.336	0.776	-0.004	0.016
Overweight evev-married women (BMI >= 25)	0.903	0.015	461	132	1.090	0.017	0.872	0.933
Prevalence of anemia (children under 5)	0.369	0.055	121	32	1.254	0.150	0.258	0.481
Prevalence of anemia (ever married women)	0.376	0.034	289	75	1.205	0.091	0.307	0.445
Ever experienced any physical violence since age 15	0.142	0.021	278	61	1.004	0.148	0.100	0.184
Ever experienced any physical or sexual violence by current/most recent husband	0.145	0.022	278	61	1.043	0.152	0.101	0.190
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.052	0.015	278	61	1.092	0.279	0.023	0.082
Total fertility rate (3 years)	1.836	0.001	3018	na	1.357	0.210	1.835	1.837
Neonatal mortality rate	6.854	1.050	308	66	0.980	0.299	2.458	11.250
Post-neonatal mortality rate	9.464	0.458	324	69	0.970	0.111	7.528	11.400
Infant mortality rate	16.318	7.883	320	69	0.930	0.500	11.976	20.660
Child mortality rate	1.244	1.220	207	44	0.930	0.080	0.000	3.710
Under five mortality rate	17.542	0.756	192	41	0.950	0.117	14.424	20.660
Youth: Literacy	0.912	0.015	747	144	1.414	0.016	0.882	0.941
Youth: Ideal number of children	2.303	0.032	736	141	1.234	0.014	2.239	2.367

na = Not applicable

Table C.16 Sampling errors for Suez sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	0.000	673	143	na	0.000	1.000	1.000
Literacy	0.896	0.019	673	143	1.622	0.021	0.858	0.934
No Education	0.094	0.020	673	143	1.747	0.210	0.054	0.133
Secondary or Heigher	0.721	0.031	673	143	1.796	0.043	0.658	0.783
Currently married	0.887	0.013	673	143	1.099	0.015	0.860	0.914
Children ever born	2.339	0.110	1346	173	2.398	0.047	2.118	2.560
Children surviving	2.275	0.109	1346	173	2.469	0.048	2.056	2.494
Children ever born to women aged 40-49	3.196	0.098	500	55	1.411	0.031	2.999	3.393
Currently using any Family planning method	0.724	0.019	597	127	1.035	0.026	0.686	0.762
Currently using a modern family planning method	0.660	0.022	597	127	1.129	0.033	0.616	0.704
Currently using pill	0.196	0.018	597	127	1.125	0.093	0.159	0.233
Currently using IUD	0.325	0.022	597	127	1.130	0.067	0.281	0.368
Currently using condoms	0.022	0.005	597	127	0.914	0.251	0.011	0.033
Currently using injectables	0.074	0.013	597	127	1.234	0.179	0.047	0.100
Currently using female sterilization	0.010	0.004	597	127	0.927	0.377	0.002	0.018
Currently using rhythm	0.017	0.005	597	127	1.030	0.323	0.006	0.028
Obtained modern family planning method from public sector source	0.500	0.042	394	84	1.655	0.083	0.416	0.584
Want no more children	0.709	0.017	597	127	0.900	0.024	0.675	0.742
Want to delay birth at least 2 years	0.092	0.012	597	127	1.054	0.136	0.067	0.117
Ideal number of children	2.813	0.046	673	143	1.113	0.016	2.720	2.906
Last birth protected against neonatal tetanus	0.315	0.033	279	59	1.181	0.104	0.249	0.381
Births with skilled attendant at delivery	0.992	0.006	358	76	1.261	0.006	0.979	1.004
Had diarrhea in the last 2 weeks	0.050	0.015	303	64	1.167	0.294	0.020	0.079
Treated with oral rehydration solution (ORS)	0.467	0.092	15	3	0.692	0.198	0.261	0.672
Sought medical treatment for diarrhea	0.800	0.097	15	3	0.906	0.121	0.584	1.016
Vaccination card seen	0.690	0.065	58	12	1.060	0.094	0.557	0.822
Received BCG Vaccination	0.879	0.041	58	12	0.960	0.047	0.795	0.964
Received pentavalent Vaccination (3doses)	0.879	0.041	58	12	0.960	0.047	0.795	0.964
Received POLIO Vaccination (3doses)	0.879	0.041	58	12	0.960	0.047	0.795	0.964
Received measles Vaccination	0.879	0.041	58	12	0.960	0.047	0.795	0.964
Received all Vaccination	0.879	0.041	58	12	0.960	0.047	0.795	0.964
Height-for-age (-2SD)	0.143	0.025	265	68	1.154	0.174	0.093	0.193
Weight-for-height (-2SD)	0.106	0.028	265	68	1.489	0.266	0.050	0.163
Weight-for-age (-2SD)	0.094	0.021	265	68	1.152	0.220	0.052	0.135
Body Mass Index (BMI < 18.5)	0.005	0.004	509	137	1.171	0.750	-0.002	0.012
Overweight evev-married women (BMI >= 25)	0.917	0.014	509	137	1.122	0.015	0.890	0.945
Prevalence of anemia (children under 5)	0.408	0.052	130	35	1.207	0.128	0.302	0.513
Prevalence of anemia (ever married women)	0.309	0.029	301	81	1.077	0.093	0.251	0.366
Ever experienced any physical violence since age 15	0.278	0.028	290	63	1.072	0.102	0.221	0.334
Ever experienced any physical or sexual violence by current/most recent husband	0.281	0.028	290	63	1.066	0.100	0.224	0.338
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.106	0.020	290	63	1.117	0.191	0.066	0.147
Total fertility rate (3 years)	2.334	0.055	2957	na	1.180	0.006	2.224	2.444
Neonatal mortality rate	16.892	2.623	358	76	1.100	0.412	5.814	27.970
Post-neonatal mortality rate	3.294	0.199	350	74	0.980	0.125	2.468	4.120
Infant mortality rate	20.185	9.943	361	77	1.030	0.320	8.280	32.090
Child mortality rate	3.239	0.980	209	44	2.130	0.050	1.258	5.220
Under five mortality rate	23.359	2.037	214	45	1.000	0.215	14.628	32.090
Youth: Literacy	0.848	0.019	664	146	1.329	0.022	0.811	0.885
Youth: Ideal number of children	2.432	0.039	650	143	1.100	0.016	2.354	2.511

na = Not applicable

Table C.17 Sampling errors for Damietta sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.384	0.014	733	318	0.806	0.038	0.355	0.413
Literacy	0.944	0.009	733	318	1.092	0.010	0.925	0.963
No Education	0.047	0.008	733	318	1.069	0.179	0.030	0.063
Secondary or Heigher	0.751	0.019	733	318	1.207	0.026	0.712	0.790
Currently married	0.933	0.010	733	318	1.069	0.011	0.914	0.953
Children ever born	2.153	0.063	1466	383	1.652	0.029	2.026	2.280
Children surviving	2.103	0.062	1466	383	1.669	0.029	1.979	2.227
Children ever born to women aged 40-49	2.904	0.076	536	120	1.350	0.026	2.752	3.056
Currently using any Family planning method	0.704	0.015	684	297	0.876	0.022	0.674	0.735
Currently using a modern family planning method	0.665	0.016	684	297	0.884	0.024	0.633	0.697
Currently using pill	0.167	0.014	684	297	1.013	0.087	0.138	0.196
Currently using IUD	0.381	0.018	684	297	0.981	0.048	0.345	0.418
Currently using condoms	0.016	0.008	684	297	1.604	0.484	0.000	0.031
Currently using injectables	0.057	0.008	684	297	0.895	0.140	0.041	0.073
Currently using female sterilization	0.012	0.004	684	297	0.935	0.328	0.004	0.020
Currently using rhythm	0.012	0.004	684	297	0.944	0.332	0.004	0.020
Obtained modern family planning method from public sector source	0.510	0.033	455	197	1.401	0.064	0.444	0.576
Want no more children	0.719	0.015	684	297	0.876	0.021	0.688	0.749
Want to delay birth at least 2 years	0.100	0.010	684	297	0.907	0.104	0.079	0.121
Ideal number of children	2.471	0.039	733	318	0.971	0.016	2.393	2.549
Last birth protected against neonatal tetanus	0.321	0.030	269	117	1.062	0.094	0.260	0.382
Births with skilled attendant at delivery	1.000	0.000	350	152	na	0.000	1.000	1.000
Had diarrhea in the last 2 weeks	0.095	0.021	283	123	1.179	0.216	0.054	0.137
Treated with oral rehydration solution (ORS)	0.551	0.090	27	12	0.921	0.163	0.361	0.741
Sought medical treatment for diarrhea	0.516	0.099	27	12	1.013	0.192	0.307	0.726
Vaccination card seen	0.902	0.042	62	27	1.095	0.046	0.818	0.987
Received BCG Vaccination	1.000	0.000	62	27	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.935	0.037	62	27	1.183	0.040	0.859	1.011
Received POLIO Vaccination (3doses)	0.935	0.037	62	27	1.183	0.040	0.859	1.011
Received measles Vaccination	0.984	0.016	62	27	1.004	0.017	0.951	1.017
Received all Vaccination	0.918	0.039	62	27	1.124	0.043	0.838	0.998
Height-for-age (-2SD)	0.094	0.016	280	123	0.913	0.170	0.062	0.126
Weight-for-height (-2SD)	0.006	0.006	280	123	1.322	0.995	-0.006	0.019
Weight-for-age (-2SD)	0.010	0.006	280	123	0.966	0.576	-0.002	0.022
Body Mass Index (BMI < 18.5)	0.003	0.002	598	259	0.971	0.712	-0.001	0.008
Overweight evev-married women (BMI >= 25)	0.880	0.015	598	259	1.113	0.017	0.850	0.910
Prevalence of anemia (children under 5)	0.406	0.044	145	66	1.074	0.108	0.318	0.494
Prevalence of anemia (ever married women)	0.327	0.027	327	150	1.032	0.082	0.273	0.381
Ever experienced any physical violence since age 15	0.184	0.020	280	120	0.872	0.110	0.143	0.225
Ever experienced any physical or sexual violence by current/most recent husband	0.194	0.021	280	120	0.891	0.109	0.152	0.237
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.075	0.015	280	120	0.974	0.205	0.044	0.106
Total fertility rate (3 years)	2.131	0.054	2850	na	1.008	0.035	2.023	2.239
Neonatal mortality rate	13.754	0.856	350	152	1.400	0.257	10.118	17.390
Post-neonatal mortality rate	9.900	0.850	360	156	*	0.220	6.360	13.440
Infant mortality rate	23.654	11.482	369	160	1.420	0.800	17.918	29.390
Child mortality rate	2.220	0.896	232	101	1.630	0.280	0.410	4.030
Under five mortality rate	25.822	0.874	220	96	1.360	0.465	22.254	29.390
Youth: Literacy	0.852	0.016	679	285	1.210	0.019	0.819	0.885
Youth: Ideal number of children	2.307	0.029	671	282	1.019	0.013	2.249	2.366

na = Not applicable - (*)The calculation is not possible due to the small sample size

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.259	0.013	824	1377	0.836	0.049	0.233	0.284
Literacy	0.852	0.016	824	1377	1.320	0.019	0.819	0.885
No Education	0.081	0.012	824	1377	1.253	0.147	0.058	0.105
Secondary or Heigher	0.624	0.027	824	1377	1.577	0.043	0.571	0.677
Currently married	0.911	0.009	824	1377	0.927	0.010	0.892	0.929
Children ever born	1.828	0.138	1648	2033	3.464	0.076	1.552	2.105
Children surviving	1.741	0.131	1648	2033	3.520	0.075	1.478	2.004
Children ever born to women aged 40-49	3.293	0.090	490	423	1.432	0.027	3.112	3.473
Currently using any Family planning method	0.684	0.019	751	1254	1.139	0.028	0.646	0.723
Currently using a modern family planning method	0.668	0.019	751	1254	1.129	0.029	0.630	0.707
Currently using pill	0.189	0.017	751	1254	1.206	0.091	0.155	0.224
Currently using IUD	0.338	0.022	751	1254	1.290	0.066	0.293	0.382
Currently using condoms	0.007	0.003	751	1254	0.986	0.441	0.001	0.012
Currently using injectables	0.086	0.013	751	1254	1.247	0.149	0.060	0.111
Currently using female sterilization	0.034	0.007	751	1254	1.031	0.200	0.021	0.048
Currently using rhythm	0.004	0.002	751	1254	0.993	0.569	-0.001	0.009
Obtained modern family planning method from public sector source	0.485	0.034	501	838	1.501	0.069	0.418	0.552
Want no more children	0.701	0.021	751	1254	1.285	0.031	0.658	0.744
Want to delay birth at least 2 years	0.088	0.012	751	1254	1.179	0.139	0.064	0.113
Ideal number of children	2.540	0.047	824	1377	1.136	0.018	2.446	2.633
Last birth protected against neonatal tetanus	0.342	0.029	348	583	1.143	0.085	0.283	0.400
Births with skilled attendant at delivery	0.995	0.005	446	747	1.468	0.005	0.985	1.005
Had diarrhea in the last 2 weeks	0.228	0.022	372	622	1.005	0.096	0.184	0.272
Treated with oral rehydration solution (ORS)	0.297	0.047	84	142	0.938	0.158	0.202	0.392
Sought medical treatment for diarrhea	0.592	0.053	84	142	0.983	0.090	0.485	0.699
Vaccination card seen	0.736	0.051	91	153	1.099	0.069	0.633	0.839
Received BCG Vaccination	1.000	0.000	91	153	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.866	0.038	91	153	1.057	0.044	0.790	0.943
Received POLIO Vaccination (3doses)	0.856	0.039	91	153	1.064	0.046	0.776	0.935
Received measles Vaccination	1.000	0.000	91	153	na	0.000	1.000	1.000
Received all Vaccination	0.856	0.039	91	153	1.064	0.046	0.776	0.935
Height-for-age (-2SD)	0.094	0.017	300	591	1.031	0.186	0.059	0.128
Weight-for-height (-2SD)	0.004	0.004	300	591	1.149	1.001	-0.004	0.013
Weight-for-age (-2SD)	0.016	0.007	300	591	0.958	0.429	0.002	0.031
Body Mass Index (BMI < 18.5)	0.002	0.002	628	1253	1.022	0.997	-0.002	0.005
Overweight evev-married women (BMI >= 25)	0.905	0.012	628	1253	1.020	0.013	0.881	0.929
Prevalence of anemia (children under 5)	0.563	0.036	183	363	0.992	0.065	0.490	0.637
Prevalence of anemia (ever married women)	0.406	0.024	370	731	0.954	0.060	0.357	0.454
Ever experienced any physical violence since age 15	0.331	0.032	251	405	1.072	0.096	0.267	0.395
Ever experienced any physical or sexual violence by current/most recent husband	0.339	0.032	251	405	1.060	0.094	0.276	0.403
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.209	0.027	251	405	1.035	0.127	0.156	0.263
Total fertility rate (3 years)	2.649	0.041	3102	na	1.062	0.087	2.568	2.730
Neonatal mortality rate	19.800	0.522	448	750	1.540	0.417	17.580	22.020
Post-neonatal mortality rate	7.720	0.444	442	738	1.030	0.498	5.870	9.570
Infant mortality rate	27.519	13.623	450	753	1.410	0.740	26.448	28.590
Child mortality rate	0.476	1.259	263	439	1.590	0.670	0.000	3.020
Under five mortality rate	27.983	0.384	266	444	1.430	0.208	26.376	29.590
Youth: Literacy	0.868	0.016	435	1069	1.003	0.019	0.835	0.901
Youth: Ideal number of children	2.451	0.058	427	1050	1.164	0.024	2.335	2.567

na = Not applicable

Table C.19 Sampling errors for Sharkia sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.214	0.015	1096	1714	1.171	0.068	0.185	0.243
Literacy	0.854	0.014	1096	1714	1.308	0.016	0.826	0.882
No Education	0.114	0.014	1096	1714	1.497	0.126	0.085	0.143
Secondary or Heigher	0.695	0.023	1096	1714	1.637	0.033	0.650	0.741
Currently married	0.944	0.007	1096	1714	1.022	0.008	0.930	0.958
Children ever born	1.954	0.110	2192	2407	3.046	0.056	1.735	2.173
Children surviving	1.902	0.106	2192	2407	3.030	0.056	1.691	2.113
Children ever born to women aged 40-49	3.353	0.093	598	483	1.586	0.028	3.166	3.539
Currently using any Family planning method	0.697	0.015	1035	1618	1.070	0.022	0.666	0.727
Currently using a modern family planning method	0.681	0.015	1035	1618	1.067	0.023	0.650	0.712
Currently using pill	0.276	0.017	1035	1618	1.203	0.061	0.243	0.310
Currently using IUD	0.232	0.016	1035	1618	1.189	0.067	0.201	0.263
Currently using condoms	0.005	0.002	1035	1618	0.959	0.427	0.001	0.009
Currently using injectables	0.124	0.013	1035	1618	1.309	0.108	0.097	0.150
Currently using female sterilization	0.015	0.004	1035	1618	1.030	0.256	0.008	0.023
Currently using rhythm	0.002	0.001	1035	1618	0.975	0.685	-0.001	0.005
Obtained modern family planning method from public sector source	0.652	0.026	705	1102	1.442	0.040	0.600	0.704
Want no more children	0.645	0.017	1035	1618	1.164	0.027	0.610	0.679
Want to delay birth at least 2 years	0.120	0.010	1035	1618	1.009	0.085	0.099	0.140
Ideal number of children	2.770	0.040	1096	1714	1.370	0.014	2.691	2.849
Last birth protected against neonatal tetanus	0.477	0.026	503	786	1.156	0.054	0.426	0.529
Births with skilled attendant at delivery	0.987	0.005	636	994	1.062	0.005	0.978	0.997
Had diarrhea in the last 2 weeks	0.084	0.015	523	818	1.205	0.174	0.055	0.113
Treated with oral rehydration solution (ORS)	0.409	0.080	44	69	1.063	0.195	0.245	0.572
Sought medical treatment for diarrhea	0.432	0.074	44	69	0.974	0.170	0.281	0.583
Vaccination card seen	0.669	0.038	121	189	0.880	0.056	0.593	0.745
Received BCG Vaccination	1.000	0.000	121	189	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.992	0.008	121	189	0.986	0.008	0.975	1.008
Received POLIO Vaccination (3doses)	0.992	0.008	121	189	0.995	0.008	0.975	1.008
Received measles Vaccination	0.967	0.017	121	189	1.013	0.017	0.934	1.000
Received all Vaccination	0.950	0.019	121	189	0.978	0.020	0.911	0.989
Height-for-age (-2SD)	0.040	0.009	531	680	1.040	0.221	0.022	0.058
Weight-for-height (-2SD)	0.028	0.008	531	680	1.191	0.308	0.011	0.044
Weight-for-age (-2SD)	0.018	0.005	531	680	0.929	0.298	0.007	0.029
Body Mass Index (BMI < 18.5)	0.003	0.002	899	1167	0.988	0.584	-0.001	0.007
Overweight evev-married women (BMI >= 25)	0.903	0.010	899	1167	1.063	0.012	0.882	0.924
Prevalence of anemia (children under 5)	0.399	0.029	275	341	0.970	0.072	0.342	0.457
Prevalence of anemia (ever married women)	0.243	0.017	537	684	0.924	0.070	0.209	0.277
Ever experienced any physical violence since age 15	0.247	0.018	506	804	0.964	0.075	0.210	0.284
Ever experienced any physical or sexual violence by current/most recent husband	0.252	0.019	506	804	1.005	0.077	0.213	0.291
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.124	0.015	506	804	1.018	0.120	0.094	0.154
Total fertility rate (3 years)	2.646	0.094	4112	na	1.232	0.078	2.458	2.834
Neonatal mortality rate	12.129	0.727	648	1014	1.240	0.127	9.028	15.230
Post-neonatal mortality rate	8.699	0.358	662	1034	0.980	0.452	7.218	10.180
Infant mortality rate	20.827	10.259	666	1041	1.150	0.860	19.244	22.410
Child mortality rate	2.682	0.880	411	643	2.410	0.320	0.904	4.460
Under five mortality rate	23.454	0.553	399	624	1.170	0.125	21.118	25.790
Youth: Literacy	0.919	0.011	816	1204	1.108	0.012	0.898	0.940
Youth: Ideal number of children	2.474	0.030	812	1198	1.107	0.012	2.413	2.535

na = Not applicable

Table C.20 Sampling errors for Kalyubia sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.403	0.012	942	1290	0.768	0.030	0.379	0.428
Literacy	0.833	0.015	942	1290	1.228	0.018	0.803	0.863
No Education	0.108	0.012	942	1290	1.204	0.113	0.084	0.133
Secondary or Heigher	0.646	0.023	942	1290	1.444	0.035	0.601	0.691
Currently married	0.917	0.009	942	1290	1.015	0.010	0.899	0.936
Children ever born	2.302	0.056	1884	1546	1.537	0.024	2.191	2.414
Children surviving	2.211	0.053	1884	1546	1.555	0.024	2.105	2.317
Children ever born to women aged 40-49	3.160	0.079	604	427	1.358	0.025	3.001	3.318
Currently using any Family planning method	0.739	0.017	864	1183	1.166	0.024	0.704	0.774
Currently using a modern family planning method	0.726	0.017	864	1183	1.136	0.024	0.692	0.761
Currently using pill	0.202	0.013	864	1183	0.943	0.064	0.176	0.227
Currently using IUD	0.374	0.019	864	1183	1.150	0.051	0.336	0.412
Currently using condoms	0.020	0.005	864	1183	1.090	0.263	0.009	0.030
Currently using injectables	0.089	0.012	864	1183	1.213	0.132	0.066	0.113
Currently using female sterilization	0.017	0.004	864	1183	0.864	0.221	0.010	0.025
Currently using rhythm	0.002	0.002	864	1183	0.997	0.705	-0.001	0.006
Obtained modern family planning method from public sector source	0.659	0.025	627	859	1.295	0.037	0.610	0.708
Want no more children	0.697	0.015	864	1183	0.966	0.022	0.667	0.727
Want to delay birth at least 2 years	0.118	0.012	864	1183	1.064	0.099	0.095	0.141
Ideal number of children	2.761	0.032	942	1290	0.961	0.012	2.697	2.825
Last birth protected against neonatal tetanus	0.422	0.029	399	546	1.163	0.068	0.364	0.479
Births with skilled attendant at delivery	0.990	0.005	518	710	1.145	0.005	0.981	1.000
Had diarrhea in the last 2 weeks	0.121	0.014	439	601	0.890	0.115	0.093	0.149
Treated with oral rehydration solution (ORS)	0.377	0.067	53	73	0.999	0.178	0.241	0.514
Sought medical treatment for diarrhea	0.415	0.063	53	73	0.925	0.152	0.287	0.544
Vaccination card seen	0.513	0.057	84	115	1.042	0.111	0.398	0.628
Received BCG Vaccination	0.976	0.016	84	115	0.967	0.017	0.944	1.009
Received pentavalent Vaccination (3doses)	0.952	0.022	84	115	0.926	0.023	0.908	0.996
Received POLIO Vaccination (3doses)	0.964	0.020	84	115	0.970	0.021	0.924	1.004
Received measles Vaccination	0.941	0.029	84	115	1.116	0.031	0.882	0.999
Received all Vaccination	0.916	0.032	84	115	1.048	0.035	0.852	0.981
Height-for-age (-2SD)	0.186	0.025	378	572	1.242	0.134	0.136	0.235
Weight-for-height (-2SD)	0.068	0.017	378	572	1.306	0.248	0.034	0.102
Weight-for-age (-2SD)	0.034	0.011	378	572	1.165	0.319	0.012	0.056
Body Mass Index (BMI < 18.5)	0.003	0.002	695	1046	1.020	0.699	-0.001	0.007
Overweight evev-married women (BMI >= 25)	0.850	0.016	695	1046	1.194	0.019	0.818	0.883
Prevalence of anemia (children under 5)	0.328	0.042	206	299	1.288	0.129	0.244	0.413
Prevalence of anemia (ever married women)	0.344	0.028	409	603	1.210	0.083	0.287	0.401
Ever experienced any physical violence since age 15	0.395	0.027	412	557	1.109	0.068	0.342	0.449
Ever experienced any physical or sexual violence by current/most recent husband	0.400	0.027	412	557	1.109	0.067	0.346	0.453
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.220	0.022	412	557	1.087	0.101	0.175	0.264
Total fertility rate (3 years)	2.416	0.021	3783	na	1.056	0.025	2.375	2.457
Neonatal mortality rate	17.124	0.794	519	711	0.950	0.252	13.818	20.430
Post-neonatal mortality rate	7.281	1.590	518	709	0.990	0.346	0.692	13.870
Infant mortality rate	24.406	12.082	524	718	0.990	0.240	19.512	29.300
Child mortality rate	1.240	1.193	312	427	0.930	0.720	0.000	3.650
Under five mortality rate	25.616	0.641	311	426	1.030	0.494	22.932	28.300
Youth: Literacy	0.883	0.015	846	1110	1.344	0.017	0.853	0.913
Youth: Ideal number of children	2.547	0.034	842	1105	1.078	0.013	2.480	2.615

na = Not applicable

Table C.21 Sampling errors for Kafr El-Sheikh sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.206	0.010	874	750	0.729	0.048	0.186	0.226
Literacy	0.812	0.019	874	750	1.442	0.023	0.774	0.851
No Education	0.156	0.018	874	750	1.433	0.113	0.121	0.191
Secondary or Heigher	0.696	0.026	874	750	1.670	0.037	0.644	0.749
Currently married	0.937	0.009	874	750	1.043	0.009	0.920	0.954
Children ever born	1.953	0.132	1748	1032	3.484	0.068	1.688	2.219
Children surviving	1.904	0.128	1748	1032	3.492	0.067	1.648	2.161
Children ever born to women aged 40-49	3.115	0.085	540	240	1.445	0.027	2.945	3.285
Currently using any Family planning method	0.682	0.017	819	703	1.058	0.025	0.648	0.717
Currently using a modern family planning method	0.673	0.017	819	703	1.057	0.026	0.639	0.708
Currently using pill	0.181	0.017	819	703	1.263	0.094	0.147	0.215
Currently using IUD	0.345	0.022	819	703	1.301	0.063	0.302	0.389
Currently using condoms	0.006	0.003	819	703	0.970	0.426	0.001	0.012
Currently using injectables	0.100	0.014	819	703	1.332	0.140	0.072	0.128
Currently using female sterilization	0.019	0.005	819	703	0.982	0.244	0.010	0.029
Currently using rhythm	0.000	0.000	819	703	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.590	0.027	552	473	1.307	0.046	0.535	0.644
Want no more children	0.711	0.017	819	703	1.053	0.023	0.677	0.744
Want to delay birth at least 2 years	0.072	0.008	819	703	0.862	0.108	0.056	0.087
Ideal number of children	2.746	0.038	874	750	1.174	0.014	2.669	2.823
Last birth protected against neonatal tetanus	0.442	0.025	385	330	0.989	0.057	0.392	0.492
Births with skilled attendant at delivery	0.994	0.004	480	411	0.990	0.004	0.987	1.001
Had diarrhea in the last 2 weeks	0.067	0.013	401	344	1.055	0.197	0.041	0.094
Treated with oral rehydration solution (ORS)	0.814	0.081	27	23	1.059	0.099	0.646	0.983
Sought medical treatment for diarrhea	0.817	0.078	27	23	1.027	0.095	0.654	0.979
Vaccination card seen	0.540	0.062	96	82	1.205	0.114	0.416	0.665
Received BCG Vaccination	0.979	0.015	96	82	1.012	0.015	0.950	1.009
Received pentavalent Vaccination (3doses)	0.948	0.022	96	82	0.976	0.023	0.904	0.993
Received POLIO Vaccination (3doses)	0.959	0.026	96	82	1.252	0.027	0.907	1.010
Received measles Vaccination	0.938	0.023	96	82	0.928	0.024	0.892	0.984
Received all Vaccination	0.918	0.030	96	82	1.051	0.032	0.858	0.977
Height-for-age (-2SD)	0.142	0.023	374	304	1.248	0.159	0.097	0.188
Weight-for-height (-2SD)	0.007	0.004	374	304	0.912	0.551	-0.001	0.015
Weight-for-age (-2SD)	0.017	0.007	374	304	1.079	0.420	0.003	0.032
Body Mass Index (BMI < 18.5)	0.005	0.003	717	582	0.943	0.494	0.000	0.010
Overweight evev-married women (BMI >= 25)	0.894	0.014	717	582	1.196	0.015	0.866	0.921
Prevalence of anemia (children under 5)	0.425	0.030	198	169	0.860	0.071	0.364	0.486
Prevalence of anemia (ever married women)	0.348	0.026	407	345	1.081	0.073	0.297	0.399
Ever experienced any physical violence since age 15	0.143	0.019	396	337	1.084	0.134	0.105	0.181
Ever experienced any physical or sexual violence by current/most recent husband	0.143	0.019	396	337	1.084	0.134	0.105	0.181
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.065	0.015	396	337	1.216	0.232	0.035	0.095
Total fertility rate (3 years)	2.547	0.085	3374	na	1.143	0.016	2.377	2.717
Neonatal mortality rate	15.295	0.258	492	421	1.250	0.201	14.230	16.360
Post-neonatal mortality rate	6.211	0.913	502	429	0.980	0.452	2.372	10.050
Infant mortality rate	21.506	10.490	507	434	1.130	0.590	16.602	26.410
Child mortality rate	1.738	0.629	310	266	1.710	0.320	0.466	3.010
Under five mortality rate	23.207	0.754	300	256	1.170	0.429	20.004	26.410
Youth: Literacy	0.939	0.012	718	556	1.303	0.012	0.915	0.962
Youth: Ideal number of children	2.355	0.030	689	534	0.977	0.013	2.295	2.414

na = Not applicable

Table C.22 Sampling errors for Gharbia sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.241	0.016	804	1083	1.090	0.068	0.208	0.273
Literacy	0.885	0.011	804	1083	0.999	0.013	0.862	0.907
No Education	0.071	0.010	804	1083	1.138	0.146	0.050	0.091
Secondary or Heigher	0.719	0.023	804	1083	1.423	0.031	0.674	0.764
Currently married	0.928	0.010	804	1083	1.135	0.011	0.907	0.948
Children ever born	2.202	0.077	1608	1327	2.064	0.035	2.047	2.356
Children surviving	2.154	0.076	1608	1327	2.128	0.036	2.001	2.307
Children ever born to women aged 40-49	3.107	0.077	512	356	1.293	0.025	2.953	3.260
Currently using any Family planning method	0.710	0.020	746	1005	1.179	0.028	0.671	0.750
Currently using a modern family planning method	0.692	0.019	746	1005	1.142	0.028	0.653	0.730
Currently using pill	0.177	0.016	746	1005	1.135	0.090	0.145	0.209
Currently using IUD	0.415	0.024	746	1005	1.344	0.058	0.367	0.464
Currently using condoms	0.003	0.002	746	1005	0.986	0.688	-0.001	0.007
Currently using injectables	0.048	0.008	746	1005	0.989	0.161	0.033	0.064
Currently using female sterilization	0.035	0.008	746	1005	1.163	0.224	0.019	0.050
Currently using rhythm	0.008	0.003	746	1005	0.957	0.389	0.002	0.014
Obtained modern family planning method from public sector source	0.594	0.030	516	695	1.396	0.051	0.534	0.655
Want no more children	0.688	0.017	746	1005	0.992	0.024	0.654	0.722
Want to delay birth at least 2 years	0.088	0.011	746	1005	1.019	0.120	0.067	0.109
Ideal number of children	2.698	0.050	804	1083	1.291	0.018	2.599	2.798
Last birth protected against neonatal tetanus	0.366	0.029	333	449	1.089	0.079	0.308	0.424
Births with skilled attendant at delivery	0.998	0.002	433	583	1.000	0.002	0.993	1.002
Had diarrhea in the last 2 weeks	0.072	0.017	359	484	1.223	0.231	0.039	0.106
Treated with oral rehydration solution (ORS)	0.346	0.090	26	35	0.948	0.260	0.154	0.539
Sought medical treatment for diarrhea	0.539	0.096	26	35	0.963	0.178	0.334	0.743
Vaccination card seen	0.670	0.048	91	123	0.975	0.072	0.572	0.768
Received BCG Vaccination	1.000	0.000	91	123	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	1.000	0.000	91	123	na	0.000	1.000	1.000
Received POLIO Vaccination (3doses)	1.000	0.000	91	123	na	0.000	1.000	1.000
Received measles Vaccination	0.978	0.016	91	123	1.013	0.016	0.947	1.010
Received all Vaccination	0.978	0.016	91	123	1.013	0.016	0.947	1.010
Height-for-age (-2SD)	0.080	0.015	329	499	0.991	0.185	0.051	0.110
Weight-for-height (-2SD)	0.003	0.003	329	499	0.980	1.002	-0.003	0.009
Weight-for-age (-2SD)	0.014	0.006	329	499	0.933	0.434	0.002	0.026
Body Mass Index (BMI < 18.5)	0.001	0.001	620	958	0.837	1.001	-0.001	0.003
Overweight evev-married women (BMI >= 25)	0.918	0.012	620	958	1.047	0.013	0.895	0.941
Prevalence of anemia (children under 5)	0.533	0.043	164	242	1.090	0.080	0.447	0.618
Prevalence of anemia (ever married women)	0.373	0.033	384	569	1.340	0.089	0.307	0.440
Ever experienced any physical violence since age 15	0.233	0.024	392	522	1.107	0.102	0.185	0.280
Ever experienced any physical or sexual violence by current/most recent husband	0.237	0.023	392	522	1.087	0.099	0.191	0.284
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.140	0.019	392	522	1.110	0.139	0.101	0.179
Total fertility rate (3 years)	2.544	0.044	3092	na	0.963	0.084	2.456	2.632
Neonatal mortality rate	9.043	0.569	440	592	1.470	0.205	6.716	11.370
Post-neonatal mortality rate	6.953	0.671	445	600	1.010	0.454	4.116	9.790
Infant mortality rate	15.995	7.840	450	606	1.300	0.450	13.840	18.150
Child mortality rate	*	*	272	367	*	*	*	*
Under five mortality rate	15.995	0.512	266	358	1.320	0.374	13.840	18.150
Youth: Literacy	0.876	0.017	478	888	1.138	0.020	0.842	0.911
Youth: Ideal number of children	2.439	0.039	458	851	1.016	0.016	2.362	2.516

na = Not applicable - (*)The calculation is not possible due to the small sample size

Table C.23 Sampling errors for Menoufia sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.180	0.008	846	899	0.608	0.045	0.164	0.196
Literacy	0.845	0.017	846	899	1.392	0.020	0.810	0.880
No Education	0.122	0.015	846	899	1.346	0.124	0.092	0.152
Secondary or Heigher	0.689	0.025	846	899	1.562	0.036	0.639	0.739
Currently married	0.953	0.007	846	899	0.945	0.007	0.939	0.967
Children ever born	2.201	0.073	1692	1162	1.805	0.033	2.056	2.346
Children surviving	2.155	0.070	1692	1162	1.779	0.032	2.015	2.295
Children ever born to women aged 40-49	3.386	0.081	572	313	1.342	0.024	3.225	3.548
Currently using any Family planning method	0.714	0.015	806	857	0.953	0.021	0.683	0.744
Currently using a modern family planning method	0.702	0.015	806	857	0.940	0.022	0.672	0.733
Currently using pill	0.220	0.016	806	857	1.080	0.072	0.188	0.251
Currently using IUD	0.350	0.019	806	857	1.133	0.054	0.312	0.388
Currently using condoms	0.001	0.001	806	857	0.996	0.994	-0.001	0.004
Currently using injectables	0.097	0.011	806	857	1.073	0.116	0.074	0.119
Currently using female sterilization	0.017	0.004	806	857	0.972	0.258	0.008	0.026
Currently using rhythm	0.001	0.001	806	857	0.998	0.997	-0.001	0.004
Obtained modern family planning method from public sector source	0.610	0.031	566	602	1.528	0.051	0.547	0.672
Want no more children	0.728	0.015	806	857	0.965	0.021	0.698	0.759
Want to delay birth at least 2 years	0.099	0.011	806	857	1.052	0.112	0.077	0.122
Ideal number of children	2.902	0.033	846	899	1.003	0.011	2.836	2.968
Last birth protected against neonatal tetanus	0.559	0.028	374	398	1.070	0.049	0.504	0.614
Births with skilled attendant at delivery	0.994	0.004	471	501	0.963	0.004	0.987	1.001
Had diarrhea in the last 2 weeks	0.044	0.012	412	438	1.199	0.277	0.019	0.068
Treated with oral rehydration solution (ORS)	0.500	0.126	18	19	1.038	0.252	0.223	0.777
Sought medical treatment for diarrhea	0.778	0.101	18	19	1.005	0.130	0.555	1.001
Vaccination card seen	0.600	0.051	85	90	0.957	0.085	0.496	0.703
Received BCG Vaccination	0.976	0.016	85	90	0.988	0.017	0.943	1.009
Received pentavalent Vaccination (3doses)	0.965	0.020	85	90	0.970	0.020	0.925	1.004
Received POLIO Vaccination (3doses)	0.929	0.030	85	90	1.071	0.032	0.869	0.990
Received measles Vaccination	0.941	0.025	85	90	0.958	0.026	0.892	0.991
Received all Vaccination	0.906	0.032	85	90	1.020	0.036	0.840	0.971
Height-for-age (-2SD)	0.136	0.019	330	441	0.991	0.138	0.098	0.174
Weight-for-height (-2SD)	0.015	0.006	330	441	0.967	0.432	0.002	0.028
Weight-for-age (-2SD)	0.016	0.008	330	441	1.227	0.532	-0.001	0.033
Body Mass Index (BMI < 18.5)	0.001	0.001	581	781	0.900	0.998	-0.001	0.004
Overweight evev-married women (BMI >= 25)	0.895	0.013	581	781	1.055	0.015	0.869	0.922
Prevalence of anemia (children under 5)	0.396	0.035	198	234	0.995	0.088	0.326	0.465
Prevalence of anemia (ever married women)	0.409	0.029	384	454	1.151	0.071	0.351	0.467
Ever experienced any physical violence since age 15	0.174	0.016	380	410	0.822	0.092	0.142	0.207
Ever experienced any physical or sexual violence by current/most recent husband	0.174	0.016	380	410	0.822	0.092	0.142	0.207
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.072	0.012	380	410	0.937	0.173	0.047	0.096
Total fertility rate (3 years)	2.631	0.029	3387	na	0.964	0.022	2.574	2.688
Neonatal mortality rate	8.588	0.478	473	503	0.980	0.431	6.616	10.560
Post-neonatal mortality rate	4.767	0.699	476	506	0.990	*	1.814	7.720
Infant mortality rate	13.354	6.546	482	512	1.080	0.190	12.148	14.560
Child mortality rate	3.765	1.863	296	315	0.990	0.030	1.250	6.280
Under five mortality rate	17.069	0.410	294	312	1.130	0.309	15.318	18.820
Youth: Literacy	0.884	0.017	751	830	1.424	0.019	0.851	0.917
Youth: Ideal number of children	2.385	0.032	705	779	1.200	0.013	2.322	2.449

na = Not applicable   - (*)The calculation is not possible due to the small sample size

Table C.24 Sampling errors for Behera sample, Egypt 2021

			Number of cases				Confidence limits	
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
Urban residence	0.160	0.007	1103	1549	0.628	0.043	0.147	0.174
Literacy	0.760	0.018	1103	1549	1.420	0.024	0.724	0.797
No Education	0.212	0.018	1103	1549	1.430	0.083	0.177	0.247
Secondary or Heigher	0.482	0.025	1103	1549	1.654	0.052	0.432	0.532
Currently married	0.946	0.006	1103	1549	0.915	0.007	0.934	0.959
Children ever born	1.398	0.213	2206	2982	6.205	0.152	0.972	1.823
Children surviving	1.352	0.206	2206	2982	6.213	0.153	0.939	1.764
Children ever born to women aged 40-49	3.276	0.076	650	472	1.464	0.023	3.124	3.427
Currently using any Family planning method	0.767	0.016	1044	1466	1.215	0.021	0.735	0.799
Currently using a modern family planning method	0.749	0.016	1044	1466	1.163	0.021	0.718	0.780
Currently using pill	0.195	0.013	1044	1466	1.074	0.068	0.168	0.221
Currently using IUD	0.397	0.018	1044	1466	1.204	0.046	0.361	0.434
Currently using condoms	0.007	0.002	1044	1466	0.967	0.364	0.002	0.012
Currently using injectables	0.111	0.013	1044	1466	1.312	0.115	0.085	0.136
Currently using female sterilization	0.016	0.004	1044	1466	1.121	0.270	0.008	0.025
Currently using rhythm	0.000	0.000	1044	1466	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.698	0.021	782	1098	1.260	0.030	0.657	0.740
Want no more children	0.668	0.014	1044	1466	0.981	0.021	0.639	0.696
Want to delay birth at least 2 years	0.117	0.009	1044	1466	0.923	0.079	0.099	0.135
Ideal number of children	2.329	0.034	1103	1549	0.982	0.014	2.261	2.396
Last birth protected against neonatal tetanus	0.442	0.029	509	714	1.293	0.064	0.385	0.499
Births with skilled attendant at delivery	0.976	0.011	656	921	1.865	0.012	0.953	0.998
Had diarrhea in the last 2 weeks	0.058	0.011	551	773	1.083	0.186	0.036	0.080
Treated with oral rehydration solution (ORS)	0.594	0.092	32	45	1.040	0.155	0.403	0.784
Sought medical treatment for diarrhea	0.469	0.094	32	45	1.049	0.201	0.274	0.664
Vaccination card seen	0.890	0.030	136	191	1.094	0.033	0.830	0.949
Received BCG Vaccination	0.993	0.007	136	191	0.991	0.007	0.978	1.007
Received pentavalent Vaccination (3doses)	0.993	0.007	136	191	0.991	0.007	0.978	1.007
Received POLIO Vaccination (3doses)	0.978	0.013	136	191	1.020	0.013	0.952	1.004
Received measles Vaccination	0.993	0.007	136	191	0.991	0.007	0.978	1.007
Received all Vaccination	0.978	0.013	136	191	1.020	0.013	0.952	1.004
Height-for-age (-2SD)	0.083	0.012	506	651	0.997	0.148	0.058	0.107
Weight-for-height (-2SD)	0.016	0.008	506	651	1.341	0.465	0.001	0.031
Weight-for-age (-2SD)	0.029	0.008	506	651	1.069	0.276	0.013	0.045
Body Mass Index (BMI < 18.5)	0.000	0.000	873	1132	na	na	0.000	0.000
Overweight evev-married women (BMI >= 25)	0.881	0.013	873	1132	1.153	0.014	0.856	0.906
Prevalence of anemia (children under 5)	0.231	0.026	260	328	0.984	0.112	0.179	0.283
Prevalence of anemia (ever married women)	0.269	0.020	515	655	1.026	0.075	0.228	0.309
Ever experienced any physical violence since age 15	0.221	0.020	448	633	1.018	0.090	0.181	0.261
Ever experienced any physical or sexual violence by current/most recent husband	0.233	0.020	448	633	1.010	0.087	0.193	0.274
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.130	0.018	448	633	1.159	0.142	0.094	0.167
Total fertility rate (3 years)	2.989	0.005	4059	na	1.202	0.057	2.980	2.998
Neonatal mortality rate	16.586	2.148	664	932	1.280	0.311	7.602	25.570
Post-neonatal mortality rate	4.099	0.430	658	923	0.990	0.232	2.288	5.910
Infant mortality rate	20.685	9.992	669	939	1.120	0.930	9.880	31.490
Child mortality rate	4.517	2.236	400	561	1.040	0.930	0.824	8.210
Under five mortality rate	25.108	1.533	400	561	1.200	0.429	18.726	31.490
Youth: Literacy	0.822	0.019	799	1084	1.376	0.023	0.785	0.859
Youth: Ideal number of children	2.350	0.028	792	1075	1.083	0.012	2.293	2.406

na = Not applicable

Table C.25 Sampling errors for Ismailia sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.413	0.016	764	287	0.892	0.039	0.381	0.445
Literacy	0.901	0.012	764	287	1.078	0.013	0.877	0.924
No Education	0.105	0.012	764	287	1.066	0.113	0.081	0.128
Secondary or Heigher	0.713	0.021	764	287	1.293	0.030	0.670	0.755
Currently married	0.940	0.010	764	287	1.132	0.010	0.920	0.959
Children ever born	2.371	0.072	1528	339	1.753	0.030	2.226	2.516
Children surviving	2.309	0.071	1528	339	1.776	0.031	2.166	2.452
Children ever born to women aged 40-49	3.359	0.110	500	97	1.564	0.033	3.137	3.581
Currently using any Family planning method	0.668	0.017	718	269	0.967	0.025	0.634	0.703
Currently using a modern family planning method	0.646	0.018	718	269	1.009	0.028	0.610	0.682
Currently using pill	0.239	0.016	718	269	0.976	0.065	0.208	0.271
Currently using IUD	0.263	0.019	718	269	1.174	0.073	0.225	0.302
Currently using condoms	0.014	0.004	718	269	0.905	0.284	0.006	0.022
Currently using injectables	0.096	0.013	718	269	1.179	0.135	0.070	0.122
Currently using female sterilization	0.010	0.004	718	269	1.081	0.407	0.002	0.018
Currently using rhythm	0.004	0.002	718	269	0.961	0.552	0.000	0.009
Obtained modern family planning method from public sector source	0.601	0.033	464	174	1.442	0.055	0.535	0.667
Want no more children	0.720	0.015	718	269	0.872	0.020	0.691	0.750
Want to delay birth at least 2 years	0.093	0.011	718	269	0.970	0.113	0.072	0.114
Ideal number of children	2.738	0.043	764	287	1.090	0.016	2.652	2.824
Last birth protected against neonatal tetanus	0.505	0.028	352	132	1.060	0.056	0.448	0.562
Births with skilled attendant at delivery	0.998	0.002	439	165	0.993	0.002	0.993	1.002
Had diarrhea in the last 2 weeks	0.125	0.019	375	141	1.130	0.155	0.086	0.164
Treated with oral rehydration solution (ORS)	0.490	0.085	47	18	1.155	0.174	0.314	0.666
Sought medical treatment for diarrhea	0.468	0.096	47	18	1.300	0.204	0.270	0.666
Vaccination card seen	0.679	0.065	81	30	1.253	0.096	0.546	0.811
Received BCG Vaccination	1.000	0.000	81	30	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.963	0.021	81	30	0.997	0.022	0.920	1.006
Received POLIO Vaccination (3doses)	0.975	0.017	81	30	0.985	0.018	0.940	1.010
Received measles Vaccination	0.975	0.017	81	30	0.990	0.018	0.941	1.010
Received all Vaccination	0.914	0.031	81	30	0.988	0.034	0.851	0.977
Height-for-age (-2SD)	0.070	0.015	364	118	1.091	0.209	0.040	0.099
Weight-for-height (-2SD)	0.027	0.009	364	118	1.077	0.341	0.008	0.045
Weight-for-age (-2SD)	0.025	0.008	364	118	0.938	0.310	0.009	0.040
Body Mass Index (BMI < 18.5)	0.002	0.002	638	210	1.135	1.003	-0.002	0.006
Overweight evev-married women (BMI >= 25)	0.868	0.015	638	210	1.123	0.017	0.838	0.899
Prevalence of anemia (children under 5)	0.415	0.037	182	58	1.003	0.088	0.341	0.489
Prevalence of anemia (ever married women)	0.444	0.028	370	123	1.073	0.062	0.388	0.500
Ever experienced any physical violence since age 15	0.088	0.018	326	123	1.117	0.200	0.052	0.123
Ever experienced any physical or sexual violence by current/most recent husband	0.088	0.018	326	123	1.117	0.200	0.052	0.123
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.060	0.014	326	123	1.039	0.229	0.032	0.087
Total fertility rate (3 years)	2.633	0.062	3100	na	1.086	0.026	2.510	2.756
Neonatal mortality rate	9.532	0.981	441	165	0.930	0.377	5.464	13.600
Post-neonatal mortality rate	7.126	0.421	443	166	0.900	0.440	5.352	8.900
Infant mortality rate	16.659	8.086	448	168	0.810	0.150	10.818	22.500
Child mortality rate	3.751	1.856	276	103	0.980	0.260	0.000	7.900
Under five mortality rate	20.347	2.360	272	102	0.800	0.178	10.474	30.220
Youth: Literacy	0.901	0.010	754	254	0.963	0.012	0.879	0.922
Youth: Ideal number of children	2.586	0.035	745	251	0.913	0.014	2.515	2.657

na = Not applicable

Table C.26 Sampling errors for Giza sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.558	0.014	947	1907	0.852	0.025	0.531	0.586
Literacy	0.775	0.017	947	1907	1.258	0.022	0.741	0.809
No Education	0.173	0.015	947	1907	1.222	0.087	0.143	0.203
Secondary or Heigher	0.481	0.025	947	1907	1.513	0.051	0.432	0.531
Currently married	0.924	0.010	947	1907	1.122	0.010	0.905	0.943
Children ever born	2.168	0.120	1894	2552	2.833	0.055	1.928	2.408
Children surviving	2.065	0.113	1894	2552	2.874	0.055	1.838	2.291
Children ever born to women aged 40-49	3.339	0.096	612	638	1.379	0.029	3.147	3.530
Currently using any Family planning method	0.678	0.019	875	1762	1.216	0.028	0.640	0.717
Currently using a modern family planning method	0.668	0.019	875	1762	1.223	0.029	0.629	0.707
Currently using pill	0.209	0.018	875	1762	1.318	0.087	0.172	0.245
Currently using IUD	0.326	0.019	875	1762	1.198	0.058	0.288	0.364
Currently using condoms	0.014	0.004	875	1762	0.986	0.282	0.006	0.022
Currently using injectables	0.089	0.011	875	1762	1.192	0.129	0.066	0.112
Currently using female sterilization	0.015	0.003	875	1762	0.814	0.225	0.008	0.021
Currently using rhythm	0.000	0.000	875	1762	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.582	0.022	585	1177	1.064	0.037	0.539	0.625
Want no more children	0.680	0.017	875	1762	1.052	0.024	0.647	0.713
Want to delay birth at least 2 years	0.103	0.010	875	1762	0.962	0.096	0.083	0.123
Ideal number of children	2.817	0.050	947	1907	1.064	0.018	2.716	2.917
Last birth protected against neonatal tetanus	0.338	0.025	428	862	1.101	0.075	0.288	0.389
Births with skilled attendant at delivery	0.978	0.008	538	1082	1.209	0.008	0.963	0.993
Had diarrhea in the last 2 weeks	0.225	0.026	434	873	1.281	0.114	0.174	0.276
Treated with oral rehydration solution (ORS)	0.366	0.046	98	197	0.936	0.125	0.273	0.458
Sought medical treatment for diarrhea	0.306	0.038	98	197	0.814	0.125	0.229	0.383
Vaccination card seen	0.552	0.044	98	198	0.876	0.080	0.463	0.641
Received BCG Vaccination	1.000	0.000	98	198	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.918	0.029	98	198	1.051	0.032	0.859	0.977
Received POLIO Vaccination (3doses)	0.918	0.036	98	198	1.293	0.039	0.846	0.991
Received measles Vaccination	0.918	0.028	98	198	1.017	0.031	0.861	0.975
Received all Vaccination	0.826	0.044	98	198	1.133	0.053	0.738	0.914
Height-for-age (-2SD)	0.112	0.017	520	831	1.229	0.152	0.078	0.146
Weight-for-height (-2SD)	0.047	0.009	520	831	1.009	0.199	0.029	0.066
Weight-for-age (-2SD)	0.048	0.009	520	831	0.965	0.189	0.030	0.066
Body Mass Index (BMI < 18.5)	0.009	0.003	907	1462	0.954	0.340	0.003	0.014
Overweight evev-married women (BMI >= 25)	0.845	0.012	907	1462	0.997	0.014	0.822	0.869
Prevalence of anemia (children under 5)	0.398	0.043	221	418	1.297	0.108	0.312	0.484
Prevalence of anemia (ever married women)	0.385	0.028	431	852	1.204	0.073	0.329	0.442
Ever experienced any physical violence since age 15	0.295	0.025	378	758	1.052	0.084	0.246	0.344
Ever experienced any physical or sexual violence by current/most recent husband	0.303	0.025	378	758	1.065	0.083	0.252	0.353
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.162	0.021	378	758	1.086	0.127	0.120	0.203
Total fertility rate (3 years)	2.537	0.033	3820	na	1.353	0.490	2.472	2.602
Neonatal mortality rate	23.097	0.540	556	1117	1.390	0.466	20.814	25.380
Post-neonatal mortality rate	8.442	0.680	552	1110	0.980	0.153	5.554	11.330
Infant mortality rate	31.539	15.236	560	1128	1.200	0.120	23.368	39.710
Child mortality rate	4.560	2.257	330	663	0.990	0.880	2.760	6.360
Under five mortality rate	35.955	0.473	330	665	1.160	0.197	34.010	37.900
Youth: Literacy	0.804	0.020	808	1737	1.425	0.025	0.765	0.844
Youth: Ideal number of children	2.628	0.048	804	1729	1.350	0.018	2.532	2.724

na = Not applicable

Table C.27 Sampling errors for Beni Suef sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.203	0.013	983	757	1.030	0.065	0.176	0.229
Literacy	0.680	0.024	983	757	1.588	0.035	0.633	0.728
No Education	0.314	0.024	983	757	1.634	0.077	0.265	0.362
Secondary or Heigher	0.463	0.030	983	757	1.857	0.064	0.403	0.522
Currently married	0.929	0.008	983	757	0.998	0.009	0.912	0.945
Children ever born	1.557	0.297	1966	1516	6.826	0.191	0.961	2.153
Children surviving	1.480	0.284	1966	1516	6.905	0.192	0.910	2.049
Children ever born to women aged 40-49	3.899	0.121	498	198	1.421	0.031	3.656	4.141
Currently using any Family planning method	0.669	0.016	913	703	1.028	0.024	0.637	0.701
Currently using a modern family planning method	0.659	0.017	913	703	1.090	0.026	0.624	0.693
Currently using pill	0.117	0.013	913	703	1.186	0.108	0.092	0.143
Currently using IUD	0.277	0.020	913	703	1.332	0.071	0.237	0.316
Currently using condoms	0.002	0.002	913	703	0.996	0.701	-0.001	0.005
Currently using injectables	0.177	0.018	913	703	1.453	0.104	0.140	0.214
Currently using female sterilization	0.045	0.007	913	703	0.967	0.147	0.032	0.058
Currently using rhythm	0.002	0.002	913	703	1.004	0.706	-0.001	0.005
Obtained modern family planning method from public sector source	0.726	0.022	601	463	1.182	0.030	0.682	0.769
Want no more children	0.659	0.015	913	703	0.961	0.023	0.628	0.689
Want to delay birth at least 2 years	0.120	0.012	913	703	1.115	0.100	0.096	0.145
Ideal number of children	2.901	0.049	983	757	1.150	0.017	2.803	2.998
Last birth protected against neonatal tetanus	0.588	0.031	547	421	1.456	0.052	0.527	0.650
Births with skilled attendant at delivery	0.929	0.015	749	576	1.558	0.016	0.900	0.959
Had diarrhea in the last 2 weeks	0.162	0.015	650	500	1.066	0.095	0.131	0.193
Treated with oral rehydration solution (ORS)	0.437	0.047	105	81	0.966	0.108	0.342	0.532
Sought medical treatment for diarrhea	0.542	0.060	105	81	1.221	0.110	0.421	0.663
Vaccination card seen	0.741	0.039	155	119	1.095	0.052	0.664	0.819
Received BCG Vaccination	1.000	0.000	155	119	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.981	0.011	155	119	1.018	0.012	0.958	1.003
Received POLIO Vaccination (3doses)	0.922	0.026	155	119	1.193	0.028	0.870	0.974
Received measles Vaccination	0.994	0.006	155	119	0.994	0.006	0.981	1.006
Received all Vaccination	0.909	0.027	155	119	1.167	0.030	0.855	0.963
Height-for-age (-2SD)	0.183	0.016	572	407	0.998	0.088	0.151	0.216
Weight-for-height (-2SD)	0.020	0.005	572	407	0.919	0.271	0.009	0.031
Weight-for-age (-2SD)	0.022	0.007	572	407	1.076	0.298	0.009	0.036
Body Mass Index (BMI < 18.5)	0.003	0.002	792	568	0.907	0.567	0.000	0.007
Overweight evev-married women (BMI >= 25)	0.812	0.017	792	568	1.224	0.021	0.778	0.846
Prevalence of anemia (children under 5)	0.426	0.029	321	216	1.035	0.067	0.369	0.483
Prevalence of anemia (ever married women)	0.369	0.025	485	328	1.135	0.067	0.319	0.419
Ever experienced any physical violence since age 15	0.221	0.022	441	335	1.121	0.100	0.176	0.265
Ever experienced any physical or sexual violence by current/most recent husband	0.221	0.022	441	335	1.121	0.100	0.176	0.265
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.106	0.014	441	335	0.923	0.128	0.079	0.133
Total fertility rate (3 years)	3.585	0.090	3615	na	1.287	0.015	3.405	3.765
Neonatal mortality rate	18.333	0.372	754	581	1.070	0.419	16.766	19.900
Post-neonatal mortality rate	13.238	0.373	742	571	1.000	0.251	11.646	14.830
Infant mortality rate	31.570	15.325	758	583	1.040	0.190	28.420	34.720
Child mortality rate	3.085	1.527	440	338	1.010	0.810	1.470	4.700
Under five mortality rate	34.558	0.648	449	346	1.060	0.246	31.776	37.340
Youth: Literacy	0.846	0.019	716	546	1.401	0.022	0.809	0.884
Youth: Ideal number of children	2.592	0.040	698	532	1.071	0.016	2.511	2.673

na = Not applicable

Table C.28 Sampling errors for Fayoum sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.196	0.014	991	813	1.116	0.072	0.168	0.224
Literacy	0.701	0.019	991	813	1.281	0.027	0.663	0.738
No Education	0.273	0.018	991	813	1.272	0.066	0.237	0.309
Secondary or Heigher	0.438	0.026	991	813	1.646	0.059	0.386	0.490
Currently married	0.954	0.007	991	813	1.070	0.008	0.939	0.968
Children ever born	1.911	0.133	1982	1363	2.921	0.070	1.644	2.177
Children surviving	1.802	0.125	1982	1363	2.948	0.069	1.552	2.052
Children ever born to women aged 40-49	4.271	0.136	446	189	1.420	0.032	3.998	4.545
Currently using any Family planning method	0.663	0.017	945	776	1.119	0.026	0.629	0.698
Currently using a modern family planning method	0.649	0.018	945	776	1.174	0.028	0.612	0.685
Currently using pill	0.209	0.013	945	776	1.011	0.064	0.182	0.235
Currently using IUD	0.221	0.018	945	776	1.297	0.079	0.186	0.256
Currently using condoms	0.003	0.002	945	776	1.000	0.576	0.000	0.007
Currently using injectables	0.158	0.012	945	776	1.048	0.079	0.133	0.183
Currently using female sterilization	0.019	0.005	945	776	1.032	0.241	0.010	0.028
Currently using rhythm	0.000	0.000	945	776	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.724	0.022	613	503	1.237	0.031	0.679	0.769
Want no more children	0.596	0.017	945	776	1.054	0.028	0.562	0.630
Want to delay birth at least 2 years	0.131	0.009	945	776	0.843	0.071	0.113	0.150
Ideal number of children	2.929	0.048	991	813	1.236	0.016	2.833	3.025
Last birth protected against neonatal tetanus	0.727	0.022	578	474	1.164	0.030	0.683	0.770
Births with skilled attendant at delivery	0.893	0.018	790	648	1.659	0.020	0.856	0.929
Had diarrhea in the last 2 weeks	0.114	0.013	659	541	1.048	0.114	0.088	0.140
Treated with oral rehydration solution (ORS)	0.360	0.054	75	62	0.977	0.151	0.250	0.470
Sought medical treatment for diarrhea	0.453	0.055	75	62	0.950	0.121	0.342	0.565
Vaccination card seen	0.869	0.027	145	119	0.954	0.031	0.815	0.923
Received BCG Vaccination	1.000	0.000	145	119	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.979	0.012	145	119	0.972	0.012	0.956	1.002
Received POLIO Vaccination (3doses)	0.979	0.012	145	119	0.994	0.012	0.956	1.003
Received measles Vaccination	1.000	0.000	145	119	na	0.000	1.000	1.000
Received all Vaccination	0.959	0.016	145	119	0.986	0.017	0.926	0.991
Height-for-age (-2SD)	0.110	0.013	623	460	0.997	0.113	0.085	0.136
Weight-for-height (-2SD)	0.022	0.007	623	460	1.250	0.337	0.007	0.036
Weight-for-age (-2SD)	0.032	0.007	623	460	1.035	0.228	0.017	0.047
Body Mass Index (BMI < 18.5)	0.009	0.004	804	606	1.114	0.419	0.001	0.016
Overweight evev-married women (BMI >= 25)	0.791	0.019	804	606	1.324	0.024	0.753	0.829
Prevalence of anemia (children under 5)	0.367	0.027	312	233	0.993	0.074	0.313	0.422
Prevalence of anemia (ever married women)	0.360	0.025	464	351	1.109	0.069	0.311	0.410
Ever experienced any physical violence since age 15	0.247	0.020	474	384	0.995	0.080	0.207	0.286
Ever experienced any physical or sexual violence by current/most recent husband	0.259	0.020	474	384	0.990	0.077	0.219	0.299
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.133	0.018	474	384	1.157	0.136	0.097	0.170
Total fertility rate (3 years)	3.672	0.035	3520	na	1.151	0.029	3.603	3.741
Neonatal mortality rate	19.672	0.668	800	656	1.110	0.395	16.834	22.510
Post-neonatal mortality rate	14.032	0.400	788	646	0.890	0.163	12.314	15.750
Infant mortality rate	33.704	16.602	806	661	1.060	0.300	32.138	35.270
Child mortality rate	4.943	2.447	466	383	1.010	0.350	3.096	6.790
Under five mortality rate	38.481	0.361	474	389	1.040	0.405	36.982	39.980
Youth: Literacy	0.819	0.022	563	545	1.381	0.027	0.774	0.864
Youth: Ideal number of children	2.714	0.051	559	541	1.290	0.019	2.611	2.817

na = Not applicable

Table C.29 Sampling errors for Menya sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
			Number of cases				Confidence limits	
Urban residence	0.162	0.014	935	1194	1.158	0.086	0.134	0.190
Literacy	0.691	0.015	935	1194	1.010	0.022	0.660	0.722
No Education	0.284	0.018	935	1194	1.239	0.064	0.247	0.320
Secondary or Heigher	0.528	0.023	935	1194	1.379	0.043	0.483	0.573
Currently married	0.949	0.007	935	1194	1.042	0.008	0.935	0.964
Children ever born	2.475	0.108	1870	1571	2.272	0.044	2.259	2.691
Children surviving	2.351	0.100	1870	1571	2.255	0.043	2.151	2.551
Children ever born to women aged 40-49	4.232	0.136	508	335	1.540	0.032	3.959	4.505
Currently using any Family planning method	0.606	0.019	888	1134	1.154	0.031	0.568	0.644
Currently using a modern family planning method	0.600	0.019	888	1134	1.178	0.032	0.562	0.639
Currently using pill	0.180	0.014	888	1134	1.065	0.076	0.153	0.208
Currently using IUD	0.171	0.014	888	1134	1.120	0.083	0.143	0.200
Currently using condoms	0.002	0.002	888	1134	0.985	0.699	-0.001	0.005
Currently using injectables	0.177	0.013	888	1134	1.036	0.075	0.150	0.203
Currently using female sterilization	0.034	0.008	888	1134	1.244	0.223	0.019	0.049
Currently using rhythm	0.000	0.000	888	1134	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.697	0.020	533	681	1.015	0.029	0.656	0.737
Want no more children	0.608	0.013	888	1134	0.800	0.022	0.582	0.635
Want to delay birth at least 2 years	0.128	0.011	888	1134	1.010	0.088	0.106	0.151
Ideal number of children	3.210	0.050	935	1194	1.126	0.016	3.109	3.310
Last birth protected against neonatal tetanus	0.635	0.029	505	645	1.341	0.045	0.577	0.693
Births with skilled attendant at delivery	0.955	0.010	691	882	1.253	0.010	0.935	0.975
Had diarrhea in the last 2 weeks	0.169	0.017	586	747	1.106	0.101	0.135	0.203
Treated with oral rehydration solution (ORS)	0.394	0.054	99	126	1.103	0.138	0.284	0.504
Sought medical treatment for diarrhea	0.384	0.051	99	126	1.028	0.131	0.282	0.486
Vaccination card seen	0.648	0.047	139	178	1.146	0.072	0.555	0.742
Received BCG Vaccination	1.000	0.000	139	178	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.986	0.010	139	178	0.974	0.010	0.966	1.005
Received POLIO Vaccination (3doses)	0.900	0.025	139	178	0.993	0.028	0.849	0.951
Received measles Vaccination	0.979	0.012	139	178	0.951	0.012	0.955	1.002
Received all Vaccination	0.886	0.025	139	178	0.920	0.028	0.836	0.936
Height-for-age (-2SD)	0.150	0.019	558	619	1.230	0.124	0.113	0.187
Weight-for-height (-2SD)	0.007	0.003	558	619	0.942	0.491	0.000	0.013
Weight-for-age (-2SD)	0.034	0.007	558	619	0.960	0.217	0.019	0.049
Body Mass Index (BMI < 18.5)	0.002	0.002	763	862	1.081	1.001	-0.002	0.005
Overweight evev-married women (BMI >= 25)	0.805	0.017	763	862	1.156	0.021	0.772	0.839
Prevalence of anemia (children under 5)	0.616	0.028	311	342	1.014	0.046	0.560	0.672
Prevalence of anemia (ever married women)	0.463	0.022	461	512	0.937	0.047	0.419	0.506
Ever experienced any physical violence since age 15	0.347	0.024	462	589	1.079	0.069	0.299	0.395
Ever experienced any physical or sexual violence by current/most recent husband	0.358	0.025	462	589	1.100	0.069	0.309	0.407
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.247	0.021	462	589	1.043	0.085	0.205	0.288
Total fertility rate (3 years)	3.250	0.084	3739	na	1.186	0.019	3.082	3.418
Neonatal mortality rate	20.591	0.236	696	887	1.060	0.304	19.612	21.570
Post-neonatal mortality rate	8.895	0.388	689	879	0.920	0.404	7.260	10.530
Infant mortality rate	29.486	14.313	704	898	1.030	0.130	28.862	30.110
Child mortality rate	5.676	2.809	412	526	0.980	0.870	0.222	11.130
Under five mortality rate	34.995	1.439	415	530	0.920	0.438	29.090	40.900
Youth: Literacy	0.856	0.019	753	1007	1.454	0.022	0.819	0.893
Youth: Ideal number of children	2.631	0.045	751	1004	1.150	0.017	2.541	2.721

na= Not applicable

Table C.30 Sampling errors for Assuit sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.236	0.011	977	947	0.813	0.047	0.214	0.258
Literacy	0.698	0.020	977	947	1.343	0.028	0.659	0.738
No Education	0.275	0.021	977	947	1.477	0.077	0.233	0.317
Secondary or Heigher	0.463	0.027	977	947	1.717	0.059	0.409	0.518
Currently married	0.952	0.006	977	947	0.934	0.007	0.939	0.965
Children ever born	2.539	0.100	1954	1270	2.015	0.040	2.338	2.740
Children surviving	2.413	0.093	1954	1270	1.983	0.039	2.226	2.599
Children ever born to women aged 40-49	4.314	0.118	566	283	1.357	0.027	4.078	4.551
Currently using any Family planning method	0.520	0.019	930	902	1.185	0.037	0.481	0.559
Currently using a modern family planning method	0.508	0.019	930	902	1.182	0.038	0.469	0.547
Currently using pill	0.175	0.014	930	902	1.089	0.078	0.148	0.202
Currently using IUD	0.161	0.013	930	902	1.119	0.084	0.134	0.188
Currently using condoms	0.002	0.002	930	902	0.995	0.701	-0.001	0.005
Currently using injectables	0.105	0.011	930	902	1.067	0.102	0.084	0.127
Currently using female sterilization	0.015	0.004	930	902	1.096	0.291	0.006	0.024
Currently using rhythm	0.002	0.002	930	902	0.991	0.699	-0.001	0.005
Obtained modern family planning method from public sector source	0.683	0.028	473	458	1.317	0.041	0.627	0.740
Want no more children	0.593	0.018	930	902	1.144	0.031	0.556	0.630
Want to delay birth at least 2 years	0.133	0.012	930	902	1.034	0.087	0.109	0.156
Ideal number of children	3.430	0.067	977	947	1.391	0.020	3.296	3.565
Last birth protected against neonatal tetanus	0.499	0.028	548	532	1.311	0.056	0.442	0.555
Births with skilled attendant at delivery	0.953	0.019	805	781	2.574	0.020	0.914	0.991
Had diarrhea in the last 2 weeks	0.152	0.014	696	676	1.060	0.095	0.123	0.181
Treated with oral rehydration solution (ORS)	0.604	0.041	106	103	0.850	0.067	0.522	0.685
Sought medical treatment for diarrhea	0.613	0.047	106	103	0.981	0.076	0.519	0.707
Vaccination card seen	0.808	0.037	161	156	1.184	0.046	0.734	0.882
Received BCG Vaccination	0.994	0.006	161	156	1.011	0.006	0.981	1.006
Received pentavalent Vaccination (3doses)	0.963	0.017	161	156	1.106	0.017	0.929	0.996
Received POLIO Vaccination (3doses)	0.932	0.025	161	156	1.247	0.027	0.882	0.982
Received measles Vaccination	0.950	0.017	161	156	0.979	0.018	0.917	0.984
Received all Vaccination	0.863	0.034	161	156	1.239	0.039	0.796	0.931
Height-for-age (-2SD)	0.199	0.017	630	557	1.088	0.087	0.164	0.233
Weight-for-height (-2SD)	0.045	0.008	630	557	0.951	0.176	0.029	0.060
Weight-for-age (-2SD)	0.053	0.011	630	557	1.182	0.200	0.032	0.074
Body Mass Index (BMI < 18.5)	0.008	0.003	777	692	0.987	0.399	0.002	0.014
Overweight evev-married women (BMI >= 25)	0.778	0.017	777	692	1.117	0.021	0.744	0.811
Prevalence of anemia (children under 5)	0.289	0.026	336	286	1.044	0.090	0.237	0.340
Prevalence of anemia (ever married women)	0.303	0.022	471	401	1.020	0.071	0.259	0.346
Ever experienced any physical violence since age 15	0.225	0.018	426	409	0.883	0.079	0.189	0.261
Ever experienced any physical or sexual violence by current/most recent husband	0.231	0.017	426	409	0.842	0.075	0.196	0.265
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.141	0.016	426	409	0.942	0.113	0.110	0.173
Total fertility rate (3 years)	3.773	0.078	3870	na	1.204	0.022	3.617	3.929
Neonatal mortality rate	16.875	0.998	810	786	1.200	0.415	12.740	21.010
Post-neonatal mortality rate	15.091	1.094	793	769	1.000	0.364	10.492	19.690
Infant mortality rate	31.966	15.593	810	786	1.300	0.580	23.232	40.700
Child mortality rate	9.269	4.588	462	448	0.970	0.340	6.888	11.650
Under five mortality rate	40.939	2.146	480	466	1.330	0.224	31.918	49.960
Youth: Literacy	0.730	0.021	845	845	1.392	0.029	0.688	0.773
Youth: Ideal number of children	2.751	0.058	703	703	1.151	0.021	2.636	2.867

na = Not applicable

Table C.31 Sampling errors for Souhag sample, Egypt 2021

			Number of cases				Confidence limits	
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
Urban residence	0.190	0.013	1000	1075	1.080	0.071	0.163	0.217
Literacy	0.728	0.023	1000	1075	1.599	0.031	0.683	0.774
No Education	0.250	0.024	1000	1075	1.729	0.095	0.203	0.298
Secondary or Heigher	0.417	0.029	1000	1075	1.853	0.069	0.359	0.475
Currently married	0.940	0.006	1000	1075	0.846	0.007	0.927	0.953
Children ever born	2.479	0.128	2000	1505	2.488	0.052	2.222	2.736
Children surviving	2.364	0.125	2000	1505	2.545	0.053	2.114	2.614
Children ever born to women aged 40-49	4.496	0.146	566	314	1.633	0.032	4.204	4.788
Currently using any Family planning method	0.474	0.020	940	1011	1.211	0.042	0.434	0.513
Currently using a modern family planning method	0.453	0.021	940	1011	1.288	0.046	0.412	0.495
Currently using pill	0.147	0.011	940	1011	0.971	0.076	0.125	0.169
Currently using IUD	0.125	0.015	940	1011	1.427	0.123	0.094	0.155
Currently using condoms	0.004	0.002	940	1011	0.984	0.491	0.000	0.008
Currently using injectables	0.103	0.012	940	1011	1.202	0.116	0.079	0.127
Currently using female sterilization	0.015	0.004	940	1011	0.939	0.249	0.007	0.022
Currently using rhythm	0.000	0.000	940	1011	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.720	0.030	426	458	1.364	0.041	0.661	0.780
Want no more children	0.601	0.018	940	1011	1.102	0.029	0.566	0.636
Want to delay birth at least 2 years	0.102	0.011	940	1011	1.104	0.107	0.080	0.124
Ideal number of children	3.471	0.051	1000	1075	1.259	0.015	3.368	3.574
Last birth protected against neonatal tetanus	0.691	0.025	553	594	1.282	0.037	0.640	0.741
Births with skilled attendant at delivery	0.954	0.009	800	859	1.235	0.010	0.935	0.972
Had diarrhea in the last 2 weeks	0.091	0.014	693	744	1.251	0.150	0.063	0.118
Treated with oral rehydration solution (ORS)	0.429	0.059	63	68	0.942	0.138	0.308	0.550
Sought medical treatment for diarrhea	0.524	0.080	63	68	1.262	0.153	0.361	0.688
Vaccination card seen	0.707	0.039	164	176	1.086	0.055	0.629	0.785
Received BCG Vaccination	1.000	0.000	164	176	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.963	0.013	164	176	0.916	0.014	0.936	0.990
Received POLIO Vaccination (3doses)	0.970	0.012	164	176	0.926	0.013	0.945	0.995
Received measles Vaccination	0.969	0.013	164	176	0.984	0.014	0.943	0.996
Received all Vaccination	0.945	0.016	164	176	0.910	0.017	0.913	0.978
Height-for-age (-2SD)	0.221	0.019	586	567	1.091	0.085	0.184	0.259
Weight-for-height (-2SD)	0.028	0.006	586	567	0.937	0.230	0.015	0.040
Weight-for-age (-2SD)	0.049	0.008	586	567	0.926	0.168	0.033	0.066
Body Mass Index (BMI < 18.5)	0.005	0.002	792	772	0.939	0.494	0.000	0.009
Overweight evev-married women (BMI >= 25)	0.767	0.018	792	772	1.228	0.024	0.730	0.804
Prevalence of anemia (children under 5)	0.517	0.028	333	311	1.025	0.054	0.461	0.573
Prevalence of anemia (ever married women)	0.470	0.024	479	452	1.041	0.051	0.423	0.518
Ever experienced any physical violence since age 15	0.304	0.023	483	511	1.103	0.076	0.258	0.350
Ever experienced any physical or sexual violence by current/most recent husband	0.310	0.023	483	511	1.115	0.076	0.263	0.357
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.159	0.019	483	511	1.170	0.122	0.120	0.198
Total fertility rate (3 years)	3.680	0.071	3946	na	1.137	0.089	3.539	3.821
Neonatal mortality rate	27.543	0.479	812	872	0.980	0.118	25.546	29.540
Post-neonatal mortality rate	11.530	0.477	798	857	1.080	0.260	9.560	13.500
Infant mortality rate	39.073	19.343	819	880	1.070	0.370	37.106	41.040
Child mortality rate	6.097	3.018	466	500	1.000	0.360	2.804	9.390
Under five mortality rate	44.932	0.579	477	512	1.090	0.180	42.494	47.370
Youth: Literacy	0.813	0.021	974	1032	1.643	0.025	0.772	0.854
Youth: Ideal number of children	3.075	0.044	874	926	1.321	0.014	2.987	3.163

na = Not applicable

Table C.32 Sampling errors for Qena sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.165	0.007	936	713	0.538	0.040	0.152	0.178
Literacy	0.795	0.023	936	713	1.768	0.029	0.748	0.842
No Education	0.212	0.026	936	713	1.914	0.121	0.161	0.264
Secondary or Heigher	0.501	0.031	936	713	1.889	0.062	0.439	0.563
Currently married	0.936	0.010	936	713	1.197	0.010	0.917	0.955
Children ever born	1.835	0.365	1872	1185	7.592	0.199	1.104	2.566
Children surviving	1.755	0.350	1872	1185	7.704	0.199	1.053	2.456
Children ever born to women aged 40-49	4.010	0.145	448	176	1.405	0.036	3.719	4.301
Currently using any Family planning method	0.469	0.018	876	668	1.057	0.038	0.434	0.505
Currently using a modern family planning method	0.448	0.018	876	668	1.055	0.040	0.412	0.483
Currently using pill	0.229	0.015	876	668	1.045	0.065	0.200	0.259
Currently using IUD	0.083	0.010	876	668	1.031	0.116	0.064	0.103
Currently using condoms	0.005	0.003	876	668	1.199	0.596	-0.001	0.010
Currently using injectables	0.090	0.013	876	668	1.375	0.148	0.063	0.117
Currently using female sterilization	0.009	0.003	876	668	0.940	0.331	0.003	0.015
Currently using rhythm	0.002	0.002	876	668	1.011	0.712	-0.001	0.006
Obtained modern family planning method from public sector source	0.630	0.028	392	299	1.165	0.045	0.573	0.687
Want no more children	0.523	0.018	876	668	1.039	0.034	0.488	0.558
Want to delay birth at least 2 years	0.196	0.014	876	668	1.012	0.069	0.169	0.224
Ideal number of children	3.396	0.044	936	713	0.961	0.013	3.308	3.484
Last birth protected against neonatal tetanus	0.687	0.020	549	418	1.013	0.029	0.646	0.727
Births with skilled attendant at delivery	0.943	0.013	785	598	1.519	0.013	0.917	0.968
Had diarrhea in the last 2 weeks	0.124	0.014	683	520	1.098	0.112	0.096	0.152
Treated with oral rehydration solution (ORS)	0.294	0.058	85	65	1.171	0.198	0.176	0.412
Sought medical treatment for diarrhea	0.483	0.052	85	65	0.947	0.107	0.378	0.587
Vaccination card seen	0.646	0.041	167	127	1.116	0.064	0.563	0.729
Received BCG Vaccination	1.000	0.000	167	127	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.892	0.025	167	127	1.025	0.028	0.843	0.942
Received POLIO Vaccination (3doses)	0.892	0.025	167	127	1.025	0.028	0.843	0.942
Received measles Vaccination	0.982	0.010	167	127	0.990	0.010	0.962	1.003
Received all Vaccination	0.880	0.025	167	127	0.996	0.029	0.830	0.931
Height-for-age (-2SD)	0.129	0.017	563	449	1.191	0.131	0.095	0.163
Weight-for-height (-2SD)	0.028	0.009	563	449	1.228	0.306	0.011	0.045
Weight-for-age (-2SD)	0.036	0.007	563	449	0.878	0.193	0.022	0.049
Body Mass Index (BMI < 18.5)	0.012	0.004	672	539	0.978	0.339	0.004	0.021
Overweight evev-married women (BMI >= 25)	0.814	0.017	672	539	1.133	0.021	0.780	0.848
Prevalence of anemia (children under 5)	0.488	0.028	326	233	1.004	0.057	0.432	0.544
Prevalence of anemia (ever married women)	0.294	0.023	437	315	1.060	0.079	0.247	0.340
Ever experienced any physical violence since age 15	0.250	0.019	439	331	0.917	0.076	0.212	0.288
Ever experienced any physical or sexual violence by current/most recent husband	0.250	0.019	439	331	0.917	0.076	0.212	0.288
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.156	0.018	439	331	1.034	0.115	0.120	0.192
Total fertility rate (3 years)	3.463	0.091	3670	na	1.067	0.075	3.281	3.645
Neonatal mortality rate	19.434	0.505	789	601	1.150	0.422	17.328	21.540
Post-neonatal mortality rate	12.400	0.388	765	583	0.930	0.354	10.790	14.010
Infant mortality rate	31.834	15.759	780	594	1.080	0.390	30.118	33.550
Child mortality rate	5.122	2.535	433	330	0.970	0.630	1.884	8.360
Under five mortality rate	36.793	0.457	454	345	1.100	0.195	34.926	38.660
Youth: Literacy	0.838	0.024	818	597	1.830	0.028	0.790	0.885
Youth: Ideal number of children	2.723	0.042	779	569	1.174	0.016	2.639	2.808

na = Not applicable

Table C.33 Sampling errors for Aswan sample, Egypt 2021

Variable	Value® (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.390	0.013	804	306	0.749	0.033	0.364	0.416
Literacy	0.887	0.015	804	306	1.339	0.017	0.856	0.917
No Education	0.067	0.013	804	306	1.492	0.196	0.041	0.094
Secondary or Heigher	0.655	0.032	804	306	1.932	0.049	0.590	0.720
Currently married	0.907	0.011	804	306	1.096	0.012	0.884	0.929
Children ever born	2.295	0.099	1608	380	2.090	0.043	2.096	2.493
Children surviving	2.210	0.094	1608	380	2.105	0.043	2.021	2.400
Children ever born to women aged 40-49	3.432	0.127	542	106	1.602	0.037	3.175	3.688
Currently using any Family planning method	0.537	0.021	729	278	1.128	0.039	0.495	0.579
Currently using a modern family planning method	0.525	0.021	729	278	1.114	0.039	0.484	0.566
Currently using pill	0.259	0.019	729	278	1.158	0.073	0.221	0.297
Currently using IUD	0.134	0.013	729	278	1.007	0.095	0.108	0.159
Currently using condoms	0.001	0.001	729	278	1.004	0.997	-0.001	0.004
Currently using injectables	0.076	0.010	729	278	1.043	0.135	0.055	0.096
Currently using female sterilization	0.009	0.003	729	278	0.927	0.351	0.003	0.016
Currently using rhythm	0.004	0.002	729	278	0.974	0.564	-0.001	0.009
Obtained modern family planning method from public sector source	0.722	0.026	383	146	1.119	0.036	0.670	0.774
Want no more children	0.561	0.026	729	278	1.395	0.046	0.509	0.612
Want to delay birth at least 2 years	0.177	0.015	729	278	1.083	0.087	0.146	0.208
Ideal number of children	3.322	0.054	804	306	1.198	0.016	3.214	3.430
Last birth protected against neonatal tetanus	0.533	0.029	421	160	1.208	0.055	0.473	0.592
Births with skilled attendant at delivery	0.998	0.002	541	206	1.007	0.002	0.994	1.002
Had diarrhea in the last 2 weeks	0.069	0.012	478	182	1.028	0.172	0.045	0.093
Treated with oral rehydration solution (ORS)	0.396	0.082	33	13	0.946	0.207	0.226	0.566
Sought medical treatment for diarrhea	0.335	0.108	33	13	1.290	0.321	0.111	0.558
Vaccination card seen	0.694	0.046	114	43	1.052	0.066	0.602	0.786
Received BCG Vaccination	0.991	0.009	114	43	1.009	0.009	0.973	1.009
Received pentavalent Vaccination (3doses)	0.956	0.019	114	43	0.983	0.020	0.918	0.994
Received POLIO Vaccination (3doses)	0.982	0.012	114	43	0.994	0.013	0.957	1.007
Received measles Vaccination	0.956	0.020	114	43	1.018	0.020	0.917	0.996
Received all Vaccination	0.921	0.025	114	43	0.995	0.027	0.870	0.972
Height-for-age (-2SD)	0.110	0.013	421	152	0.847	0.117	0.084	0.136
Weight-for-height (-2SD)	0.142	0.024	421	152	1.408	0.169	0.094	0.191
Weight-for-age (-2SD)	0.099	0.017	421	152	1.142	0.168	0.066	0.133
Body Mass Index (BMI < 18.5)	0.005	0.003	653	233	1.018	0.567	-0.001	0.011
Overweight evev-married women (BMI >= 25)	0.852	0.017	653	233	1.216	0.020	0.818	0.886
Prevalence of anemia (children under 5)	0.540	0.046	217	80	1.365	0.086	0.447	0.633
Prevalence of anemia (ever married women)	0.421	0.026	356	136	0.997	0.062	0.368	0.473
Ever experienced any physical violence since age 15	0.263	0.024	366	140	1.026	0.090	0.215	0.310
Ever experienced any physical or sexual violence by current/most recent husband	0.263	0.024	366	140	1.026	0.090	0.215	0.310
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.129	0.021	366	140	1.175	0.160	0.087	0.170
Total fertility rate (3 years)	2.915	0.065	3494	na	1.495	0.083	2.785	3.045
Neonatal mortality rate	12.842	0.775	547	208	0.970	0.280	9.614	16.070
Post-neonatal mortality rate	5.140	0.560	548	209	1.170	0.378	2.820	7.460
Infant mortality rate	17.982	8.771	553	211	0.990	0.500	16.444	19.520
Child mortality rate	3.475	1.720	326	124	1.000	0.980	1.920	5.030
Under five mortality rate	21.395	0.754	323	123	0.980	0.377	18.270	24.520
Youth: Literacy	0.887	0.020	832	289	1.811	0.022	0.847	0.927
Youth: Ideal number of children	2.661	0.034	828	288	1.058	0.013	2.593	2.728

na = Not applicable

Table C.34 Sampling errors for Luxor sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.384	0.014	826	287	0.855	0.038	0.355	0.413
Literacy	0.854	0.014	826	287	1.158	0.017	0.825	0.882
No Education	0.118	0.012	826	287	1.028	0.098	0.095	0.142
Secondary or Heigher	0.599	0.024	826	287	1.420	0.040	0.550	0.647
Currently married	0.898	0.013	826	287	1.204	0.014	0.872	0.923
Children ever born	2.063	0.105	1652	382	2.313	0.051	1.853	2.274
Children surviving	1.989	0.101	1652	382	2.339	0.051	1.786	2.192
Children ever born to women aged 40-49	3.367	0.130	486	87	1.533	0.039	3.105	3.628
Currently using any Family planning method	0.576	0.026	741	258	1.449	0.046	0.523	0.629
Currently using a modern family planning method	0.560	0.025	741	258	1.385	0.045	0.509	0.610
Currently using pill	0.295	0.022	741	258	1.306	0.074	0.251	0.339
Currently using IUD	0.130	0.016	741	258	1.267	0.120	0.099	0.162
Currently using condoms	0.003	0.002	741	258	0.959	0.690	-0.001	0.006
Currently using injectables	0.079	0.009	741	258	0.899	0.113	0.061	0.097
Currently using female sterilization	0.007	0.003	741	258	0.981	0.440	0.001	0.013
Currently using rhythm	0.003	0.002	741	258	0.959	0.690	-0.001	0.006
Obtained modern family planning method from public sector source	0.679	0.025	415	144	1.068	0.036	0.630	0.729
Want no more children	0.533	0.020	741	258	1.087	0.037	0.493	0.573
Want to delay birth at least 2 years	0.177	0.017	741	258	1.210	0.096	0.143	0.211
Ideal number of children	3.391	0.068	826	287	1.399	0.020	3.255	3.526
Last birth protected against neonatal tetanus	0.631	0.025	421	147	1.066	0.040	0.580	0.681
Births with skilled attendant at delivery	0.997	0.002	562	196	0.940	0.002	0.992	1.001
Had diarrhea in the last 2 weeks	0.138	0.024	476	166	1.545	0.177	0.089	0.187
Treated with oral rehydration solution (ORS)	0.133	0.031	66	23	0.745	0.235	0.069	0.198
Sought medical treatment for diarrhea	0.379	0.068	66	23	1.136	0.180	0.238	0.519
Vaccination card seen	0.726	0.053	94	33	1.145	0.073	0.618	0.833
Received BCG Vaccination	1.000	0.000	94	33	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.989	0.011	94	33	0.996	0.011	0.968	1.011
Received POLIO Vaccination (3doses)	1.000	0.000	94	33	na	0.000	1.000	1.000
Received measles Vaccination	1.000	0.000	94	33	na	0.000	1.000	1.000
Received all Vaccination	0.989	0.011	94	33	0.996	0.011	0.968	1.011
Height-for-age (-2SD)	0.100	0.017	453	138	1.168	0.164	0.067	0.134
Weight-for-height (-2SD)	0.088	0.021	453	138	1.597	0.243	0.045	0.130
Weight-for-age (-2SD)	0.052	0.012	453	138	1.137	0.229	0.028	0.075
Body Mass Index (BMI < 18.5)	0.003	0.002	689	209	0.972	0.710	-0.001	0.007
Overweight evev-married women (BMI >= 25)	0.826	0.020	689	209	1.362	0.024	0.786	0.866
Prevalence of anemia (children under 5)	0.492	0.032	231	73	0.958	0.064	0.428	0.555
Prevalence of anemia (ever married women)	0.351	0.026	383	119	1.052	0.073	0.300	0.403
Ever experienced any physical violence since age 15	0.172	0.020	355	130	1.007	0.118	0.131	0.212
Ever experienced any physical or sexual violence by current/most recent husband	0.172	0.020	355	130	1.007	0.118	0.131	0.212
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.073	0.014	355	130	1.038	0.196	0.044	0.102
Total fertility rate (3 years)	2.888	0.078	3342	na	1.040	0.014	2.732	3.044
Neonatal mortality rate	12.331	0.428	564	197	0.930	0.314	10.502	14.160
Post-neonatal mortality rate	8.036	0.258	558	195	0.970	0.374	6.932	9.140
Infant mortality rate	20.368	9.839	563	196	0.870	0.180	19.426	21.310
Child mortality rate	2.678	1.325	328	114	1.010	0.580	0.000	5.520
Under five mortality rate	22.992	0.419	332	116	0.850	0.391	21.244	24.740
Youth: Literacy	0.866	0.015	782	256	1.204	0.017	0.837	0.896
Youth: Ideal number of children	2.666	0.046	761	249	1.184	0.017	2.575	2.758

na = Not applicable

Table C.35 Sampling errors for Red Sea sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	267	69	na	0.000	1.000	1.000
Literacy	0.899	0.027	267	69	1.476	0.030	0.840	0.957
No Education	0.056	0.016	267	69	1.142	0.287	0.022	0.091
Secondary or Heigher	0.772	0.043	267	69	1.679	0.056	0.679	0.864
Currently married	0.933	0.016	267	69	1.036	0.017	0.898	0.967
Children ever born	2.604	0.097	534	79	1.334	0.037	2.397	2.812
Children surviving	2.565	0.098	534	79	1.386	0.038	2.355	2.776
Children ever born to women aged 40-49	3.639	0.163	172	23	1.268	0.045	3.290	3.988
Currently using any Family planning method	0.687	0.020	249	64	0.694	0.030	0.643	0.731
Currently using a modern family planning method	0.663	0.021	249	64	0.694	0.031	0.618	0.707
Currently using pill	0.265	0.029	249	64	1.029	0.109	0.203	0.327
Currently using IUD	0.253	0.033	249	64	1.211	0.132	0.181	0.325
Currently using condoms	0.036	0.013	249	64	1.089	0.357	0.008	0.064
Currently using injectables	0.064	0.013	249	64	0.811	0.197	0.037	0.091
Currently using female sterilization	0.024	0.010	249	64	1.037	0.419	0.002	0.046
Currently using rhythm	0.004	0.004	249	64	0.978	0.978	-0.004	0.012
Obtained modern family planning method from public sector source	0.461	0.041	165	42	1.057	0.089	0.372	0.549
Want no more children	0.707	0.031	249	64	1.074	0.044	0.640	0.773
Want to delay birth at least 2 years	0.120	0.022	249	64	1.084	0.186	0.072	0.169
Ideal number of children	2.981	0.084	267	69	1.302	0.028	2.801	3.161
Last birth protected against neonatal tetanus	0.489	0.037	133	34	0.844	0.075	0.410	0.567
Births with skilled attendant at delivery	1.000	0.000	168	43	na	0.000	1.000	1.000
Had diarrhea in the last 2 weeks	0.106	0.028	151	39	1.112	0.264	0.046	0.166
Treated with oral rehydration solution (ORS)	0.125	0.097	16	4	1.141	0.779	-0.105	0.355
Sought medical treatment for diarrhea	0.438	0.126	16	4	0.980	0.287	0.141	0.734
Vaccination card seen	0.700	0.055	40	10	0.750	0.079	0.581	0.819
Received BCG Vaccination	1.000	0.000	40	10	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	0.925	0.050	40	10	1.184	0.054	0.817	1.033
Received POLIO Vaccination (3doses)	0.850	0.048	40	10	0.840	0.056	0.746	0.954
Received measles Vaccination	0.975	0.023	40	10	0.932	0.024	0.925	1.025
Received all Vaccination	0.850	0.048	40	10	0.840	0.056	0.746	0.954
Height-for-age (-2SD)	0.142	0.045	112	37	1.350	0.315	0.046	0.238
Weight-for-height (-2SD)	0.018	0.012	112	37	0.981	0.690	-0.009	0.044
Weight-for-age (-2SD)	0.029	0.021	112	37	1.309	0.721	-0.016	0.073
Body Mass Index (BMI < 18.5)	0.004	0.004	166	56	0.848	0.999	-0.005	0.014
Overweight evev-married women (BMI >= 25)	0.924	0.019	166	56	0.899	0.020	0.884	0.964
Prevalence of anemia (children under 5)	0.415	0.077	80	25	1.381	0.185	0.250	0.579
Prevalence of anemia (ever married women)	0.418	0.037	110	34	0.782	0.088	0.339	0.497
Ever experienced any physical violence since age 15	0.236	0.038	134	34	1.027	0.160	0.155	0.317
Ever experienced any physical or sexual violence by current/most recent husband	0.244	0.038	134	34	1.013	0.155	0.163	0.325
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.166	0.024	134	34	0.744	0.144	0.115	0.218
Total fertility rate (3 years)	3.137	0.016	1140	na	1.119	0.068	3.105	3.169
Neonatal mortality rate	*	*	167	43	*	*	*	*
Post-neonatal mortality rate	*	*	167	43	*	*	*	*
Infant mortality rate	*	*	170	44	*	*	*	*
Child mortality rate	*	*	104	27	*	*	*	*
Under five mortality rate	*	*	104	27	*	*	*	*
Youth: Literacy	0.875	0.024	224	63	1.098	0.028	0.823	0.927
Youth: Ideal number of children	2.406	0.092	219	61	1.413	0.038	2.210	2.603

na = Not applicable - (*)The calculation is not possible due to the small sample size

Table C.36 Sampling errors for New Valley sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases		Design Effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.414	0.028	291	50	0.972	0.068	0.353	0.476
Literacy	0.905	0.032	291	50	1.845	0.035	0.836	0.975
No Education	0.082	0.033	291	50	2.038	0.401	0.010	0.154
Secondary or Heigher	0.784	0.071	291	50	2.930	0.090	0.630	0.938
Currently married	0.947	0.015	291	50	1.155	0.016	0.914	0.980
Children ever born	2.436	0.130	582	57	1.955	0.053	2.153	2.718
Children surviving	2.369	0.121	582	57	1.905	0.051	2.105	2.633
Children ever born to women aged 40-49	3.145	0.227	224	19	2.088	0.072	2.650	3.639
Currently using any Family planning method	0.691	0.033	275	47	1.169	0.047	0.620	0.763
Currently using a modern family planning method	0.673	0.036	275	47	1.265	0.053	0.594	0.751
Currently using pill	0.158	0.030	275	47	1.381	0.193	0.092	0.224
Currently using IUD	0.400	0.025	275	47	0.839	0.062	0.346	0.455
Currently using condoms	0.004	0.004	275	47	1.083	0.997	-0.005	0.014
Currently using injectables	0.078	0.026	275	47	1.575	0.327	0.022	0.134
Currently using female sterilization	0.000	0.000	275	47	na	na	0.000	0.000
Currently using rhythm	0.000	0.000	275	47	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.592	0.047	184	32	1.286	0.079	0.490	0.694
Want no more children	0.666	0.028	275	47	0.993	0.042	0.605	0.728
Want to delay birth at least 2 years	0.150	0.010	275	47	0.474	0.068	0.127	0.172
Ideal number of children	2.980	0.151	291	50	1.548	0.051	2.651	3.310
Last birth protected against neonatal tetanus	0.519	0.050	124	21	1.120	0.097	0.409	0.629
Births with skilled attendant at delivery	0.974	0.015	159	27	1.190	0.015	0.942	1.007
Had diarrhea in the last 2 weeks	0.092	0.036	133	23	1.446	0.395	0.013	0.172
Treated with oral rehydration solution (ORS)	0.504	0.135	13	2	0.934	0.268	0.174	0.834
Sought medical treatment for diarrhea	0.572	0.046	13	2	0.323	0.081	0.459	0.684
Vaccination card seen	0.705	0.091	24	4	0.959	0.129	0.502	0.908
Received BCG Vaccination	1.000	0.000	24	4	na	0.000	1.000	1.000
Received pentavalent Vaccination (3doses)	1.000	0.000	24	4	na	0.000	1.000	1.000
Received POLIO Vaccination (3doses)	1.000	0.000	24	4	na	0.000	1.000	1.000
Received measles Vaccination	1.000	0.000	24	4	na	0.000	1.000	1.000
Received all Vaccination	1.000	0.000	24	4	na	0.000	1.000	1.000
Height-for-age (-2SD)	0.172	0.045	121	21	1.293	0.259	0.075	0.269
Weight-for-height (-2SD)	0.007	0.007	121	21	0.899	0.967	-0.008	0.022
Weight-for-age (-2SD)	0.014	0.010	121	21	0.929	0.710	-0.008	0.036
Body Mass Index (BMI < 18.5)	0.018	0.008	213	37	0.890	0.455	0.000	0.035
Overweight evev-married women (BMI >= 25)	0.816	0.037	213	37	1.398	0.046	0.735	0.897
Prevalence of anemia (children under 5)	0.268	0.064	74	11	1.232	0.238	0.128	0.409
Prevalence of anemia (ever married women)	0.370	0.031	147	21	0.769	0.083	0.303	0.437
Ever experienced any physical violence since age 15	0.104	0.026	147	24	1.013	0.247	0.048	0.159
Ever experienced any physical or sexual violence by current/most recent husband	0.104	0.026	147	24	1.013	0.247	0.048	0.159
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.036	0.014	147	24	0.893	0.382	0.006	0.066
Total fertility rate (3 years)	2.475	0.090	1288	na	1.351	0.060	2.295	2.655
Neonatal mortality rate	*	*	164	28	*	*	*	*
Post-neonatal mortality rate	*	*	167	28	*	*	*	*
Infant mortality rate	*	*	166	28	*	*	*	*
Child mortality rate	*	*	104	18	*	*	*	*
Under five mortality rate	*	*	101	17	*	*	*	*
Youth: Literacy	0.896	0.040	341	59	2.438	0.045	0.808	0.984
Youth: Ideal number of children	2.408	0.054	282	49	1.126	0.023	2.290	2.526

na = Not applicable - (*)The calculation is not possible due to the small sample size

Table C.37 Sampling errors for Matroh sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.633	0.016	336	86	0.618	0.026	0.598	0.668
Literacy	0.599	0.041	336	86	1.549	0.069	0.509	0.688
No Education	0.315	0.033	336	86	1.293	0.104	0.245	0.386
Secondary or Heigher	0.200	0.042	336	86	1.940	0.212	0.108	0.292
Currently married	0.958	0.010	336	86	0.931	0.011	0.936	0.980
Children ever born	1.513	0.534	672	206	6.160	0.353	0.359	2.667
Children surviving	1.481	0.522	672	206	6.126	0.352	0.353	2.608
Children ever born to women aged 40-49	4.737	0.304	164	21	1.586	0.064	4.081	5.393
Currently using any Family planning method	0.579	0.032	321	82	1.158	0.055	0.510	0.648
Currently using a modern family planning method	0.537	0.031	321	82	1.094	0.057	0.471	0.603
Currently using pill	0.212	0.021	321	82	0.921	0.099	0.167	0.257
Currently using IUD	0.172	0.027	321	82	1.292	0.159	0.113	0.231
Currently using condoms	0.014	0.006	321	82	0.915	0.433	0.001	0.027
Currently using injectables	0.116	0.018	321	82	0.985	0.152	0.078	0.155
Currently using female sterilization	0.005	0.004	321	82	0.901	0.683	-0.003	0.013
Currently using rhythm	0.000	0.000	321	82	na	na	0.000	0.000
Obtained modern family planning method from public sector source	0.456	0.048	172	44	1.269	0.106	0.352	0.561
Want no more children	0.526	0.055	321	82	1.972	0.105	0.407	0.645
Want to delay birth at least 2 years	0.146	0.025	321	82	1.274	0.172	0.092	0.201
Ideal number of children	4.191	0.234	336	86	2.486	0.056	3.686	4.697
Last birth protected against neonatal tetanus	0.208	0.047	206	53	1.668	0.227	0.106	0.310
Births with skilled attendant at delivery	0.952	0.017	333	86	1.459	0.018	0.916	0.989
Had diarrhea in the last 2 weeks	0.027	0.008	292	75	0.880	0.309	0.009	0.045
Treated with oral rehydration solution (ORS)	0.109	0.111	7	2	0.870	1.014	-0.198	0.417
Sought medical treatment for diarrhea	0.336	0.148	7	2	0.768	0.441	-0.075	0.748
Vaccination card seen	0.721	0.042	62	17	0.729	0.058	0.630	0.812
Received BCG Vaccination	0.987	0.014	62	17	0.917	0.014	0.957	1.016
Received pentavalent Vaccination (3doses)	0.987	0.014	62	17	0.917	0.014	0.957	1.016
Received POLIO Vaccination (3doses)	1.000	0.000	62	17	na	0.000	1.000	1.000
Received measles Vaccination	0.973	0.018	62	17	0.891	0.019	0.933	1.013
Received all Vaccination	0.973	0.018	62	17	0.891	0.019	0.933	1.013
Height-for-age (-2SD)	0.158	0.024	238	58	1.024	0.153	0.106	0.211
Weight-for-height (-2SD)	0.006	0.006	238	58	1.221	0.983	-0.007	0.020
Weight-for-age (-2SD)	0.031	0.014	238	58	1.212	0.441	0.001	0.060
Body Mass Index (BMI < 18.5)	0.016	0.008	240	57	0.957	0.492	-0.001	0.032
Overweight evev-married women (BMI >= 25)	0.812	0.020	240	57	0.776	0.024	0.769	0.854
Prevalence of anemia (children under 5)	0.635	0.038	141	30	0.937	0.060	0.553	0.718
Prevalence of anemia (ever married women)	0.437	0.052	158	33	1.326	0.120	0.323	0.550
Ever experienced any physical violence since age 15	0.005	0.005	154	39	0.901	0.986	-0.006	0.017
Ever experienced any physical or sexual violence by current/most recent husband	0.005	0.005	154	39	0.901	0.986	-0.006	0.017
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.000	0.000	154	39	na	na	0.000	0.000
Total fertility rate (3 years)	4.383	0.016	1249	na	1.493	0.060	4.351	4.415
Neonatal mortality rate	10.847	1.701	339	87	1.420	0.237	3.764	17.930
Post-neonatal mortality rate	5.728	0.969	339	88	0.820	0.476	1.731	9.725
Infant mortality rate	16.575	8.125	344	89	1.260	0.670	15.220	17.930
Child mortality rate	3.864	1.912	206	54	0.850	0.260	0.000	8.130
Under five mortality rate	20.375	1.303	203	52	1.550	0.439	14.840	25.910
Youth: Literacy	0.655	0.034	259	60	1.143	0.052	0.582	0.728
Youth: Ideal number of children	4.186	0.337	259	60	2.665	0.081	3.458	4.915

na = Not applicable

Table C.38 Sampling errors for South Sinai sample, Egypt 2021

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	0.493	0.024	195	21	0.666	0.049	0.438	0.548
Literacy	0.868	0.052	195	21	2.138	0.060	0.748	0.988
No Education	0.127	0.054	195	21	2.251	0.424	0.003	0.251
Secondary or Heigher	0.654	0.115	195	21	3.358	0.175	0.389	0.918
Currently married	0.928	0.015	195	21	0.783	0.016	0.895	0.962
Children ever born	2.823	0.192	390	24	2.283	0.068	2.379	3.266
Children surviving	2.761	0.187	390	24	2.267	0.068	2.329	3.193
Children ever born to women aged 40-49	3.662	0.200	126	7	1.409	0.055	3.202	4.123
Currently using any Family planning method	0.757	0 .061	181	20	1.911	0.081	0.617	0.898
Currently using a modern family planning method	0.692	0.058	181	20	1.679	0.084	0.559	0.825
Currently using pill	0.220	0.030	181	20	0.981	0.138	0.150	0.290
Currently using IUD	0.360	0.045	181	20	1.269	0.126	0.256	0.465
Currently using condoms	0.017	0.009	181	20	0.930	0.532	-0.004	0.037
Currently using injectables	0.045	0.012	181	20	0.805	0.276	0.016	0.074
Currently using female sterilization	0.028	0.013	181	20	1.087	0.479	-0.003	0.058
Currently using rhythm	0.016	0.009	181	20	0.905	0.521	-0.003	0.036
Obtained modern family planning method from public sector source	0.352	0.073	125	14	1.708	0.208	0.183	0.521
Want no more children	0.724	0.043	181	20	1.290	0.059	0.625	0.823
Want to delay birth at least 2 years	0.072	0.021	181	20	1.082	0.289	0.024	0.120
Ideal number of children	3.483	0.183	195	21	1.935	0.053	3.061	3.905
Last birth protected against neonatal tetanus	0.415	0.066	82	9	1.196	0.158	0.264	0.566
Births with skilled attendant at delivery	1.000	0.000	102	11	na	0.000	1.000	1.000
Had diarrhea in the last 2 weeks	0.011	0.012	86	9	0.999	1.009	-0.015	0.038
Treated with oral rehydration solution (ORS)	0.000	0.000	1	0	na	na	0.000	0.000
Sought medical treatment for diarrhea	1.000	0.000	1	0	na	0.000	1.000	1.000
Vaccination card seen	0.391	0.127	23	3	1.223	0.325	0.098	0.685
Received BCG Vaccination	0.783	0.112	23	3	1.277	0.143	0.524	1.042
Received pentavalent Vaccination (3doses)	0.783	0.112	23	3	1.277	0.143	0.524	1.042
Received POLIO Vaccination (3doses)	0.783	0.112	23	3	1.277	0.143	0.524	1.042
Received measles Vaccination	0.783	0.112	23	3	1.277	0.143	0.524	1.042
Received all VaccinationS	0.783	0.112	23	3	1.277	0.143	0.524	1.042
Height-for-age (-2SD)	0.268	0.072	62	8	1.267	0.268	0.102	0.434
Weight-for-height (-2SD)	0.159	0.042	62	8	0.890	0.262	0.063	0.255
Weight-for-age (-2SD)	0.274	0.066	62	8	1.152	0.240	0.122	0.426
Body Mass Index (BMI < 18.5)	0.006	0.006	131	16	0.863	0.984	-0.007	0.019
Overweight evev-married women (BMI >= 25)	0.915	0.026	131	16	1.081	0.029	0.854	0.976
Prevalence of anemia (children under 5)	0.499	0.060	40	4	0.748	0.120	0.361	0.637
Prevalence of anemia (ever married women)	0.247	0.039	91	9	0.851	0.156	0.158	0.337
Ever experienced any physical violence since age 15	0.326	0.034	84	9	0.664	0.105	0.247	0.404
Ever experienced any physical or sexual violence by current/most recent husband	0.326	0.034	84	9	0.664	0.105	0.247	0.404
Experienced any physical or sexual violence by current/most recent husband in the last 12 months	0.068	0.041	84	9	1.486	0.604	-0.027	0.162
Total fertility rate (3 years)	2.321	0.025	798	na	0.829	0.062	2.271	2.371
Neonatal mortality rate	*	*	102	11	*	*	*	*
Post-neonatal mortality rate	*	*	108	12	*	*	*	*
Infant mortality rate	*	*	108	12	*	*	*	*
Child mortality rate	*	*	73	8	*	*	*	*
Under five mortality rate	*	*	66	7	*	*	*	*
Youth: Literacy	0.824	0.047	190	21	1.706	0.057	0.716	0.933
Youth: Ideal number of children	2.836	0.041	186	21	0.570	0.014	2.742	2.931

na = Not applicable   - (*)The calculation is not possible due to the small sample size

APPENDIX D: DATA QUALITY TABLES

Table D.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Egypt 2021.

	Male		Female			Male		Female	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	1052	1.7	1078	1.8	37	861	1.4	768	1.3
1	1248	2.0	1268	2.1	38	880	1.4	785	1.3
2	1226	2.0	1238	2.1	39	771	1.3	712	1.2
3	1326	2.2	1418	2.4	40	905	1.5	810	1.4
4	1346	2.2	1382	2.3	41	769	1.3	659	1.1
5	1454	2.4	1545	2.6	42	804	1.3	773	1.3
6	1535	2.5	1547	2.6	43	725	1.2	621	1.1
7	1550	2.5	1579	2.7	44	612	1.0	512	0.9
8	1477	2.4	1595	2.7	45	739	1.2	717	1.2
9	1450	2.4	1579	2.7	46	548	0.9	535	0.9
10	1468	2.4	1481	2.5	47	574	0.9	551	0.9
11	1448	2.4	1508	2.6	48	569	0.9	576	1.0
12	1366	2.2	1445	2.4	49	402	0.7	474	0.8
13	1309	2.1	1337	2.3	50	636	1.0	521	0.9
14	1434	2.3	1462	2.5	51	583	1.0	461	0.8
15	1099	1.8	1094	1.9	52	604	1.0	543	0.9
16	1128	1.8	1248	2.1	53	561	0.9	475	0.8
17	1101	1.8	1091	1.8	54	484	0.8	435	0.7
18	1060	1.7	1094	1.9	55	760	1.2	585	1.0
19	964	1.6	963	1.6	56	425	0.7	481	0.8
20	953	1.6	1032	1.7	57	423	0.7	441	0.7
21	1017	1.7	929	1.6	58	431	0.7	475	0.8
22	929	1.5	820	1.4	59	342	0.6	424	0.7
23	886	1.4	839	1.4	60	822	1.3	561	0.9
24	837	1.4	735	1.2	61	307	0.5	341	0.6
25	843	1.4	787	1.3	62	460	0.8	449	0.8
26	840	1.4	757	1.3	63	346	0.6	379	0.6
27	794	1.3	738	1.2	64	251	0.4	296	0.5
28	790	1.3	703	1.2	65	729	1.2	521	0.9
29	755	1.2	560	0.9	66	209	0.3	265	0.4
30	967	1.6	875	1.5	67	230	0.4	292	0.5
31	770	1.3	722	1.2	68	168	0.3	218	0.4
32	873	1.4	810	1.4	69	127	0.2	181	0.3
33	970	1.6	810	1.4	+70	2003	3.3	1790	3.0
34	858	1.4	768	1.3					
35	1019	1.7	877	1.5	Don't know/ missing	1	0.0	2	0.0
36	938	1.5	757	1.3	Total	61144	100.0	59099	100.0

Note: The de facto population includes all residents and non-residents who stayed in the household the night before the interview.

Table D.2 Age distribution of eligible and interviewed women

Distribution of women in De facto household population aged 10-54, ever-married women aged 15-49; and percentage of eligible women who were interviewed (weighted), by five-year age groups, Egypt 2021

Age group	Household population of women aged 10-54		Interviewed women aged 15-49		Percentage of eligible women interviewed
	All women aged 10-54	Ever-married women aged 10-54	Number	Percentage	
10-14	7026	0	na	na	na
15-19	5351	408	399	2.0	98.0
20-24	4623	2261	2194	10.9	97.0
25-29	4021	3367	3258	16.1	96.8
30-34	4438	4164	4022	19.9	96.6
35-39	4469	4273	4146	20.5	97.0
40-44	3816	3682	3554	17.6	96.5
45-49	2833	2757	2616	13.0	94.9
50-54	2868	2807	na	na	na
15-49	29551	20913	20189	100.0	96.5

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household questionnaire.
na = Not applicable

Table D.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health results (weighted) , Egypt 2021.

Subject	Reference group	Percentage with information missing	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		1.1	41251
Month and year		0.6	41251
Age at death	Deceased children born in the 15 years preceding the survey	0.0	1252
Age/date at first union[1]	Ever-married women aged 15-49	0.0	20481
Respondent's education	Ever-married women aged 15-49	0.0	20481
Diarrhea in last 2 weeks	Living children aged 0-59 months	0.3	12079
Anthropometry for children	Children aged 0-59 months		
Height		7.8	13269
Weight		7.5	13269
Height or weight		8.0	13269
Anthropometry for women	Ever-married women aged 15-49		
Height		8.4	17844
Weight		8.5	17844
Height or weight		8.6	17844
Anthropometry for female youth	Never-married females aged 5-19 years		
Height		11.8	15421
Weight		11.8	15421
Height or weight		11.9	15421
Anthropometry for male youth	Never-married males aged 5-19 years		
Height		16.6	16564
Weight		16.6	16564
Height or weight		16.6	16564
Anemia			
Children	Children aged 0-59 months	3.2	7222
Women	Ever-married women aged 15-49	0.2	10463
Female youth	Never-married females aged 5-19 years	4.4	9075
Male youth	Never-married males age 5-19 years	4.1	9859

[1]Both year and age missing

Table D.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Egypt 2021

Calendar years	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	L	D	T	L	D	T	L	D	T	L	D	T
2021	1910	41	1951	99.8	99.1	99.7	106.7	157.8	107.5	na	na	na
2020	2433	75	2507	99.4	89.2	99.1	100.7	125.9	101.3	na	na	na
2019	2474	80	2554	99.4	78.6	98.8	98.9	161.2	100.4	97.0	120.5	97.6
2018	2666	58	2724	99.3	72.0	98.7	108.9	89.1	108.5	102.7	73.1	101.9
2017	2716	79	2794	99.0	80.4	98.5	98.9	125.2	99.5	98.6	129.1	99.3
2016	2842	64	2,906	98.4	77.5	97.9	108.4	144.2	109.1	98.3	74.5	97.6
2015	3064	93	3157	98.7	76.2	98.1	102.4	103.5	102.5	104.2	126.7	104.7
2014	3040	83	3123	98.5	71.2	97.8	99.5	57.0	98.1	101.8	94.1	101.6
2013	2909	84	2993	97.7	63.8	96.8	110.4	138.3	111.1	98.9	96.9	98.9
2012	2841	89	2930	97.8	70.4	97.0	107.8	87.5	107.1	99.3	104.8	99.4
0-4	12198	332	12530	99.4	82.8	98.9	102.6	128.9	103.2	na	na	na
5-9	14695	414	15109	98.3	71.6	97.5	105.5	99.0	105.3	na	na	na
10-14	12733	416	13149	97.0	59.5	95.8	102.1	124.8	102.8	na	na	na
15-19	8795	363	9158	96.6	54.3	95.0	103.5	129.5	104.4	na	na	na
20+	7893	495	8388	90.3	47.9	87.8	109.0	131.1	110.1	na	na	na
Total	56314	2020	58333	96.9	62.0	95.6	104.2	121.8	104.8	na	na	na

na = Not applicable
[1] Both year and month of birth given
[2] (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively
[3] [2Bx÷(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x

Table D.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Egypt 2021

| Age at death (days) | Number of years preceding the survey | | | | Total |
	0-4	5-9	10-14	15-19	0-19
<1[1]	46	56	51	56	210
1	37	41	54	48	178
2	10	32	14	9	65
3	31	27	36	19	113
4	8	6	9	6	29
5	7	8	6	6	28
6	6	8	0	3	17
7	19	25	20	27	91
8	5	1	1	1	9
9	6	4	2	0	12
10	7	6	11	4	28
11	1	1	0	2	4
12	1	1	5	0	8
13	6	7	2	1	17
14	2	2	1	1	6
15	10	5	10	10	35
16	0	4	0	0	4
17	0	1	2	0	3
18	0	0	0	0	0
19	3	0	0	0	3
20	5	4	3	1	13
21	2	2	2	2	8
22	1	0	0	0	1
23	2	1	2	0	5
24	3	1	0	0	4
25	5	1	1	4	11
26	0	0	1	1	3
27	1	0	0	0	2
28	0	2	2	0	4
29	2	0	0	0	2
30	0	2	1	0	4
Total 0-30	226	248	239	201	914
Percentage early neonatal[1]	64	71	71	73	70

[1] (0-6 days/0-30 days)*100

Table D.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods of birth preceding the survey (weighted), Egypt 2021

| Age at death (months) | Number of years preceding the survey | | | | Total |
	0-4	5-9	10-14	15-19	0-19
<1[1]	226	248	239	201	914
1	20	30	31	23	103
2	21	30	31	15	97
3	10	13	22	19	64
4	13	14	21	9	57
5	2	7	7	1	16
6	4	13	8	11	37
7	5	10	8	7	29
8	4	3	10	9	27
9	5	5	15	13	38
10	3	4	1	4	11
11	1	4	4	2	10
12	5	9	8	8	30
13	0	0	1	0	1
14	0	4	2	1	8
15	0	3	1	3	7
16	0	1	1	1	3
17	0	0	1	1	2
18	4	2	3	3	12
19	1	0	1	0	2
20	0	0	1	0	1
21	0	3	0	1	5
22	0	0	0	0	0
23	0	1	0	0	1
Total 0-23	314	380	397	313	1403
Percentage neonatal[2]	72	65	60	64	65

[1] Includes deaths under one month reported in days
[2] Under one month/under one year

APPENDIX E: PERSONS INVOLVED IN THE 2021 EGYPT FAMILY HEALTH SURVEY

TECHNICAL AND ADMINISTRATIVE STAFF

Fatma Hassan El-Zanaty

General Supervisor of the survey

Abdul Hamid Sharaf Al-Din	**Rashad Hamed**
Advisor to the Head of CAPMAS – Executive Manager of the survey	Data Processing Expert

Noha El-Ghazaly

Review survey instruments and Report Preparation

Heads of sectors of CAPMAS

Concerned central departments

Anthropometric Consultants

Magdy Mohamed Sayed	El-Sayed Mahmoud El-Sayed

Data Processing and Data Analysis Staff

Mohamed Abouelela Abdo	Asmaa Essam Ali
Abdel-Hamid Saeed Mahmoud Saleh	

Sampling Staff

Shaker Ahmed Lotfy Al-Najjar	Mahmoud Al-Qasabi
Mohamed Mostafa	Iman Taha

Operations Room Team

Abouelela Turky Abouelela	Hanan Hassan Hussein Attia
Shereen Obaid Mohamed Hassan	Ahmed Lotfy Abdel-Hamid
Amira Shaher Abdel-Hamid	Walaa Mohamed Kamel Al-Abbasi
Ali Habeeshi Kamel	Mohamed Sayed Abdel-Hamid
Mohamed Adly	Aya Allah Sayed Amen
Abdel Hamid Ahmed Attia	

Field work supervision

Ahmed Maher Amin	Mostafa Younis Youssef
Safwat Sayed Hajjaj	Fares Ibrahim Abdel-Al Moussa

Support Staff

Rehab Fawzy Mahmoud (Check Data Consistency)

Mohamed Jamal Abdel-Elhady	Fatma Al-Zahraa Mohamed Al-Sayed
Ahmed Khaled Mohamed	Alaa Emad El-Din Abbas

Technical Support Staff

Roaya Hassanein Bayoumi	Mostafa Abdel-Rahman

Mohamed Abdel Fattah Mahmoud   Hani Abdel Maqsoud Abdullah
Jamil Samir Mahmoud   Amr Abdel-Rahman Ibrahim

Tables review staff

Heba Mogahed Ahmed   Wafaa Yahia Ahmed
Walaa Ibrahim Al-Sharkawy   Ahmed Gamal Mohammed
Israa Abdel Naser Bahnasy   Amira Shaher Abdel-Hamid

Administrative Staff

Mohamed Farouk Ali   Ayman Ahmed Shehata
Mohamed Ragab Ramadan   Sayed Mohamed Arafa

Field work Teams

Supervisors

Anwar Mahmoud Ibrahim   Ehab Ali Mohamed Hussein
Ahmed Khashaba Mohamed   AL-Moatasem Billah Saeed Ghanem
Ahmed Abdel Salam Abdel Karim   Amr Abdel-Aty Abdel-Latif
Ashraf Sabah Ali Ashmawy   Mohamed Mahrous Mahrous
Ahmed Hassan Ali Hassan   Saad Mohamed Saad Mohamed
Islam Samir Osama El Geyoushy   Amr Abdel Salam Abdel Karim
Ahmed Sobhi Mohamed Abdel Ghaffar   Atef Abdo Sedeek Eleiw
Saeed Ahmed Saeed   Mahmoud Ali Mayhoub
Ahmed Mohamed Hassan Al-Najjar

Female Interviewers

Samah El-Sayed Moussa   Nermin Adel Abdel-Moneim Mohamed
Fatma Adel Abdel Azim   Doaa Ibrahim Abdel Moneim Ibrahim
Hanan Abu Bakr Rateb Abu Bakr   Ibtsam Hassan Ahmed Faris
Nahla Mohamed Abdel Moneim Abbas   Esraa Ahmed Hilali Ibrahim
Wissam Hassan Ali Ahmed Mohamed   Rehab Jamal Hassan Suleiman Allam
Rasha Shaaban Abdel Tawab Ibrahim   Rana Jamal Al-Din Mohamed Farid
Rania Shaaban Abdul Latif   Shaimaa Magdy Ragab Mohamed
Samaa Emad Mohamed Al-Sayed   Rehab Refaat Ahmed
Hala Saeed Abdel Hamid Gomaa   Amira Fathy Moussa Gad
Fayza Ahmed Ahmed Al Mahdy   Alaa Hassan Owais Hussein
Sarah Atef Hassan Abdel Hafeez   Eman Eid Helmy
Amira Ali Mahmoud Ali   Sahar Nady Ibrahim
Amira Ibrahim Mohamed Al-Haroun   Fathya Mohamed Fahmy
Aya Khaled Mahmoud Ali Mohsen   Rehab Ahmed Rabie
Rufaida Mohamed Salam Salim   Shorouq Ezzat Khalil Ali Khalil
Nada Samir Abdel Razek Zarzour   Rania Khaled Shaaban Khalifa
Madeleine Atef Moussa Barsoum   Esraa Sabry Ibrahim
Reem Sedky Mohamed Hazima   Seham Hamdi Mohamed Talaat

Amira Khalid Hamida Sayed Ahmed Badr

Abrar Mohamed Ahmed Mostafa

Nada Magdy Abdel Hamid Hussein

Amira Ali Attia El-Shafei

Mariam El-Sayed Abu El-Enein El-Sayed

Dina Abdel-Hamid Ahmed El-Badawi

Shaima Abdel-Haq Abdel-Haq

Marwa Ahmed Hamouda Makkawi Al-Najjar

Hala Mohb Abdel-Muttalib El-Ashmawy

Sherihan Abdullah Mohamed Talaat

Zainab Ibrahim Ali Mohamed Al-Badrawi

Aya Saad Mohamed Fouad

Asmaa Fouad Ahmed Mohamed

Esraa Mostafa Ismail

Samar Eid Abdel-Fattah Mahmoud

Aya Jamal Kamel Ibrahim

Zainab Jalal Ismail Amer

Maha Refaat Abdel-Wahab Abdel-Salam

Mariam Mahmoud Mohamed Mahmoud

Ola Abdel-Rahim Ahmed Mohamed

Heba El-Sayed Farghal Arif

Alaa Helmy Abdel Sadeq Abdullah

Salma El-Sayed Kamel

Karima Abdel-Warith Hafez

Hasnaa Mohamed Abdel Halim Ali

Ebtesam Abu Deif

Hanan Abdel-Azeem

Nahed Abdo Mohamed

Tayseer Hassan Abul-Majd Ahmed

Reham Saad Mohamed Hassan

Amany Zidan Mohamed Zidan

Samar Gamal Othman Abdel-Gawad

Male Interviewers

Mohamed Talaat Jad Abdel-Khaleq

Mohamed Ragab Mubarak Barghash

Mahmoud Mohamed Mahmoud Al-Shuwaihi

Mahmoud Mohamed Al-Molakab

Ahmed Fahmy Sabry

Ahmed Mohamed Mostafa

Soliman Farouk Mahmoud Zaky

Mohamed Abdel-Moneim Abdel-Raouf

Hany Ahmed Seddeq Ahmed

Ahmed Abdel-Nabi Mohamed

Mohamed Said Mahmoud

Ahmed Mahmoud Ahmed Saleh

Ahmed Khaled Abdel-Rahman Abdullah

Mohamed Abdel-Rahman Abdel-Wahhab

Bassem Ahmed Abdel-Latif

Ahmed Atef Mohamed Abdel-Hamid

Abdel-Rahman Mohamed Mahmoud El-Sayed

Anthropometric Staff (Height and Weight/Anemia Testing)

Al-Zahraa Ahmed Abdullah

Elham Youssef Abdel Salam Al-Ibiary

Seham Abdel Aziz Khalil Al-Fahham

Lobna Abdel Aziz Al-Desouki Bakr

Gihad Jamal Hamed Sayed

Samar Rashid Abu Deif

Marwa Gomaa Abdo

Mariam Ahmed Hillel

Dina Ahmed Abdel Aziz

Ammah-Rahman Mahmoud Mustafa

Hassan Ahmed Hassan Ibrahim

Shaaban Emara Mohamed Emara

Ahmed Shaker Hemaya Mohamed Salama

Raghad Abdel Wahab Sayed

Rawda Hassan Diab Hassan

Ahmed El-Sayed Hussein Abdel-Hamid

Mostafa Mohamed Abdel Aziz Mohamed

Mukhtar Saeed Ali Badawi

Abdul Rahman Ahmed Hassan Ibrahim

Ahmed Al-Saeed Salah Ibrahim

Gihad Khairy Soliman Shehata

Mohamed Rasmi Fouad

Abdel-Rahman Ibrahim Mossad

Saeed Hassan Mohamed Hassan

Romesaa Ahmed Labib

Gihad Salah Mohamed

Ahmed Mohamed Abdel-Khalek

Mokhtar Ahmed Mohamed Abdel-Karim

Mohamed Magdy Hassan Ibrahim

Marilyn Shawky

Hala Haridi Ahmed Khalil

Rehab Hosny Shehata

Mohamed Ibrahim Hussein Abu-Zaid Hassan

Ahmed Waheed

Quality Control Staff

Mohamed Saad Mohamed

Dina El-Sayed Ibrahim

Ayman Youssef Ahmed Mohamed

Mohamed Abdullah

Mostafa Abdel Sattar

Naglaa Mahmoud Sharaf

APPENDIX F: QUESTIONNAIRES

ARAB REPUBLIC OF EGYPT

CAPMAS

EGYPT FAMILY HEALTH SURVEY

2021

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE _____	PSU/SEGMENT NO. _____
KISM/MARKAZ _____	BUILDING NO. _____
SHIAKHA/VILLAGE _____	HOUSING UNIT NO. _____
URBAN 1	RURAL 2

GOVERNORATE ☐☐

PSU/SEGMENT NO. ☐☐☐☐☐

URBAN/RURAL ☐ ☐☐☐

HOUSEHOLD SUBSAMPLE: YES 1   NO 2

HOUSEHOLD SUBSAMPLE ☐

HOUSEHOLD NUMBER _____

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

CELLULAR ☐☐☐☐☐☐☐☐☐☐

TELEPHONE: CELLULAR _____   LANDLINE _____

LANDLINE ☐☐☐☐☐☐☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
				DAY MONTH YEAR
DATE	_____	_____	_____	☐☐ ☐☐ ☐☐
TEAM	_____	_____	_____	TEAM .... ☐☐
INTERVIEWER	_____	_____	_____	INT. NUMBER ... ☐☐
SUPERVISOR	_____	_____	_____	SUP. NUMBER . ☐☐
RESULT	_____	_____	_____	RESULT .... ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____
(SPECIFY)

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐

FOR ALL HOUSEHOLDS
TOTAL OF PERSONS IN HOUSEHOLD ☐☐
TOTAL ELIGIBLE WOMEN AGE 15-49 ☐☐
TOTAL ELIGIBLE YOUTH AGE 15-29 ☐☐
TOTAL ELIGIBLE FOR HEIGT AND WEIGHT MEASUREMENT ☐☐
FOR HOUSEHOLDS IN SUBSAMPLE
TOTAL ELIGIBLE FOR ANEMIA TESTING ☐☐

	YES	NO
ADDRESSED CHECKED BY: _____	1	2
REINTERVIEW:	1	2

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BACK OF IDENTIFICATION (COVER) PAGE INTENTIONALLY LEFT BLANK

Hello. My name is _____.From CAPMAS (Show the identification card).

We are conducting a national survey on general health on all over Egypt. The information we collect will help the government to plan health services.

Your household was selected randomly for the survey.

I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential.
No one will know that you are a participant in the study and will not know anything about your answers. We combine the information we learned from you with the information we took from other participants we interviewed. we hope you will agree to answer the questions since your views are important.
Please answer the questions accurately and honestly, as this will help the government develop a plan to

  In case you need more information about the survey, contact Mr./.................... Phone numper:.................
  Do you have any questions?
  Did you understood all the things I explained to you?
  Do you agree to participate in the survey?

RESPONDENT AGREES TO BE INTER... 1   RESPONDENT DOES NOT AGREE TO BE INTE... 2 → END

100	RECORD THE TIME.	HOURS		
		MINUTES		

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HOUSEHOLD HEAD	SEX	RESIDENCE		AGE	MARITAL STATUS
							IF AGE 15 OR OLDER
001	002	003	004	005	006	007	008
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. **AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, GO TO QUESTIONS 2A-2E TO BE SURE THAT THE LISTING IS COMPLETE AND RECORD THE TOTAL PERSONS LISTED. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 005-031 FOR EACH PERSON.**	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old was (NAME) at his/her last birthday? **RECORD IN COMPLETED YEARS.** **IF 95 OR MORE, RECORD '95'.**	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 SIGNED CONTRACT 6 NEVER MARRIED
			M F	YES NO	YES NO	IN YEARS	
01		HEAD `0` `1`	1 2	1 2	1 2	☐☐	☐
02		☐☐	1 2	1 2	1 2	☐☐	☐
03		☐☐	1 2	1 2	1 2	☐☐	☐
04		☐☐	1 2	1 2	1 2	☐☐	☐
05		☐☐	1 2	1 2	1 2	☐☐	☐
06		☐☐	1 2	1 2	1 2	☐☐	☐
07		☐☐	1 2	1 2	1 2	☐☐	☐
08		☐☐	1 2	1 2	1 2	☐☐	☐
09		☐☐	1 2	1 2	1 2	☐☐	☐
10		☐☐	1 2	1 2	1 2	☐☐	☐
11		☐☐	1 2	1 2	1 2	☐☐	☐
12		☐☐	1 2	1 2	1 2	☐☐	☐

Just to make sure that I have a complete household listing:

2A Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO 002   NO ☐

2B In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ADD TO 002   NO ☐

2C Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ → ADD TO 002   NO ☐

CODES FOR 003: RELATIONSHIP TO HEAD OF HOUSEHOLD
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

2E RECORD TOTAL PERSONS ☐☐

LINE NO.	ELIGIBILITY FOR WOMAN INTERVIEW AND BIOMARKERS			ELIGIBILITY		SURVIVORSHIP AND RESIDENCEOF BIOLOGICAL PARENTS			
	THE WOMAN	CHECK AGE 0-5 YEARS	FOR PERSONS IN AGE 6-19 YEARS	CHILDREN AGE 1-17 YEARS CHILD LABOR AND DISCIPLINE MODULE	YOUTH AGE 15-29 YEARS YOUTH QUESTIONNAIRE	IF AGE 0-17 YEARS			
	009	010	011	012	013	014	015	016	017
	CIRCLE LINE NUMBER OF EVER-MARRIED AGE 15-49.	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS	CIRCLE LINE NUMBER OF NEVER-MARRIED PERSONS AGE 6-19	CIRCLE LINE NUMBER OF NEVER-MARRIED CHILDREN AGE 1-17 YEARS	CIRCLE LINE NUMBER OF NEVER-MARRIED YOUTH AGE 15-29 YEARS	Is (NAME)'s natural mother alive? QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO: RECORD '00'.	Is (NAME)'s natural father alive? QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO: RECORD '00'.
						YES NO DK		YES NO DK	
01	01	01	01	01	01	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
02	02	02	02	02	02	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
03	03	03	03	03	03	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
04	04	04	04	04	04	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
05	05	05	05	05	05	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
06	06	,06	,06	,06	,06	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
07	07	.07	.07	.07	.07	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
08	08	08	08	08	08	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
09	09	09	09	09	09	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
10	10	10	10	10	10	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
11	11	11	11	11	11	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐
12	12	12	12	12	12	1 2 → 8 GO TO 016	☐☐	1 2 → 8 GO TO 018	☐☐

LINE NO.	EDUCATION							
	EVER ATTENDED SCHOOL		**ATTENDANCE DURING CURRENT (2021/2022) SCHOOL YEAR**		**ATTENDANCE DURING PREVIOUS (2020/2021) SCHOOL YEAR**		**EARLY CHILDHOOD EDUCATION**	
	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 6-24 YEARS		IF AGE 0-5 YEARS	
	018	019	020	021	022	023	024	025
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? **SEE CODES BELOW**	Did (NAME) attend school at any time during the curent school year, that is, the 2021/2022 school year?	During this school year, what level and grade [is/was] (NAME) attending? **SEE CODES BELOW**	Did (NAME) attend school at any time during the previous school year, that is, the 2020/2021 school year?	During this school year 2020/2021 what level and grade was (NAME) attending? **SEE CODES BELOW**	Is (NAME) currently attending or ever attended any nursery school, a private nursery school, or any type of nursery? 1 = YES, CURRENTLY 2 = YES, IN PAST, 3 = NO	In total, how many years has (NAME) attended? **IF ATTENDED LESS THAN ONE YEAR, RECORD '0'.**
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE		
01	1 2 ↓ GO TO 030	☐ ☐	1 2 ↓ GO TO 022	☐ ☐	1 2 ↓ GO TO 030	☐ ☐	1 2 3 ↓ GO TO 028	☐
02	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
03	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
04	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
05	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
06	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
07	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
08	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
09	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
10	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
11	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐
12	1 2 ▼ GO TO 030	☐ ☐	1 2 ▼ GO TO 022	☐ ☐	1 2 ▼ GO TO 030	☐ ☐	1 2 3 ▼ GO TO 028	☐

CODES FOR COLUMNS 019, 021, AND 023.

0 = NURSERY SCHOOL
1 = PRIMARY
2 = PREPARATORY
3 = SECONDARY
4 = UPPER INTERMEDIATE
5 = UNIVERSITY
6 = MORE THAN UNIVERSITY

EDUCATION GRADE THAT HE SUCCESSFULLY COMPLETED CORRSPONDING TO THE EDUCATION LEVEL, 0 = IF HE DID NOT COMPLETED THE SCHOOL YEAR AT THE LEVEL.

0 = LESS THAN 1 YEAR COMPLETED (USE FOR Q. 019 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 021.)

8 = DON'T KNOW

LINE NO.	EDUCATION			BIRTH CERTIFICATE	WORK	
	EARLY CHILDHOOD EDUCATION					
	IF AGE 0-5 YAERS			IF AGE 0-4 YAERS	IF AGE 6 YEARS OR OLDER	
	026	027	028	029	030	031
	What nursery (NAME) currently attending or ever attended? 1= ARABIC GOVERNMENTAL SCHOOL . 2= LANGUAGES EXPERIMENTAL SCHOOL. 3= ARABIC PRIVATE SCHOOL. 4= LANGUAGES PRIVATE SCHOOL 5= INTERNATIONAL SCHOOL. 6= GOVERNMENTAL NURSERY. 7= NURSERY ASSOCIATION. 8= PRIVATE NURSERY INDIVIUALS. 9= PRIVATE NURSERY COMPANIES/FACTORIES.	How many hours a day does (NEAM) spend in the nursery? **IF LESS THAN ONE HOUE, RECORD '00'**	Why didn't (NEAM) go to a nursery? A= THERE IS NO NURSERY NEARBY. B= EXPENSES NURSERY ARE HIGH. C= IT IS BETTER FOR A CHILD AT THIS YOUNG AGE TO STAY AT HOME X= OTHER _____ (SPECIFY)	Does (NAME) have a birth certificate? **IF NO, PROBE:** Has (NAME'S) birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	What is working status For (NEAM)? 01= CURRENTLY WORKING 02= ALREADY WOEKED AND IS NOT CURRENTLY WORKING. 03= LOOKING FOR A JOB 04= DOESN'T WORK OR STUDY. 05= HOUSE WIFE 06= STUDENT 07= ON RETIRENMENT 96= OTHER _____ (SPECIFY) **IF THE ANSWER IS "CURRENTLY WORKING 01" ASK 031, OTHER GO TO 101.**	Is (NEAM) paid in cash or kind for this work or Is (NEAM) not paid at all? 1= YES, CASH ONLY 2= YES IN KIND ONLY 3= YES, CASH AND KIND 4= NOT PAID
		NO. OF HOURS				
01	☐	☐☐	A B C X	☐	☐	☐
02	☐	☐☐	A B C X	☐	☐	☐
03	☐	☐☐	A B C X	☐	☐	☐
04	☐	☐☐	A B C X	☐	☐	☐
05	☐	☐☐	A B C X	☐	☐	☐
06	☐	☐☐	A B C X	☐	☐	☐
07	☐	☐☐	A B C X	☐	☐	☐
08	☐	☐☐	A B C X	☐	☐	☐
09	☐	☐☐	A B C X	☐	☐	☐
10	☐	☐☐	A B C X	☐	☐	☐
11	☐	☐☐	A B C X	☐	☐	☐
12	☐	☐☐	A B C X	☐	☐	☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	FREE STANDING HOUSE/VILLA ....01 APARTMENT .... 02 ONE OR MORE ROOMS IN A APARTMENT03 ONE OR MORE SEPARATE ROOM ....04 WHOLE FLOOR .... 05 STORE .... 06 KIOSK OR TENT OR NEST ....07 OTHER _____96 (SPECIFY)	
102	Is your dwelling owned or rented by your household? IF OWNED: Is it owned solely by your household or jointly with someone else?	OLD RENTE .... 01 NEW RENT .... 02 FURNISHED RENT .... 03 OWNED .... 04 OWNED JOINTLY .... 05 GIFT .... 06 IN-KIND ADVANTAGE .... 07 OTHER _____96 (SPECIFY)	
103	**MAIN MATERIAL OF THE FLOOR.** **RECORD OBSERVATION.**	**NATURAL FLOOR** EARTH/SAND ....11 **RUDIMENTARY FLOOR** WOOD PLANKS ....21 **FINISHED FLOOR** PARQUET OR POLISHED WOOD ....31 CERAMIC/MARBLE TILES ....32 CEMENT TILES ....33 CEMENT ....34 WALL-TO-WALL CARPET ....35 VINYL .... 36 OTHER _____ 96 (SPECIFY)	
104	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING ....11 PIPED TO YARD/PLOT................ 12 PIPED TO NEIGHBOR ....13 PUBLIC TAP/STANDPIPE .... 14 **TUBE WELL OR BOREHOL** .... 21 **DUG WELL** PROTECTED WELL .... 31 UNPROTECTED WELL ....32 **WATER FROM SPRING** PROTECTED SPRING ....41 UNPROTECTED SPRING ....42 **TANKER TRUCK** .... 61 **CART WITH SMALL TANK** 71 **SURFACE WATER** (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNE ....81 **BOTTLED WATER** ....91 **OTHER** _____ 96 (SPECIFY)	→ 108 → 106 → 108
105	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** PIPED INTO DWELLING ....11 PIPED TO YARD/PLOT.......................12 PIPED TO NEIGHBOR ....13 PUBLIC TAP/STANDPIPE ....14 **TUBE WELL OR BOREHOL** ....21 **DUG WELL** PROTECTED WELL ....31 UNPROTECTED WELL ....32 **WATER FROM SPRING** PROTECTED SPRING ....41 UNPROTECTED SPRING ....42 **TANKER TRUCK** ....61 **CART WITH SMALL TANK** ....71 **SURFACE WATER** (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNE ....81 **OTHER** _____ 96 (SPECIFY)	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Where is that water source located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 108
107	How long does it take to go there, get water, and come back?	MINUTES .... ☐☐☐ DON'T KNOW 998	
108	In the last two weeks, was water from this source not available for at least one full day?	YES .... 1 NO .... 2 DON'T KNOW 8	
109	Do you treat your water in any way to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 111

110	What do you usually do to the water to make it safer to drink?
	
	 PROBE:
	 Anything else?
	
	 RECORD ALL MENTIONED.
		BOIL .... A
		 ADD BLEACH/CHLORINE .... B
		 STRAIN THROUGH A CLOTH/COTTO C
		 USE WATER FILTER (CERAMIC/
		    SAND/COMPOSITE/ETC. .... D
		 SOLAR DISINFECTION .... E
		 LET IT STAND AND SETTLE .... F
		
		 OTHER _____ X
		            (SPECIFY)
		 DON'T KNOW .... Z	

111	What kind of toilet facility do members of your household usually use?
	
	 IF FLUSH OR POUR FLUSH, PROBE:
	 Where does it flush to?
		FLUSH OR POUR FLUSH TOILET
		   FLUSH TO PIPED SEWER
		     SYSTEM 11
		   FLUSH TO VAULT (BAYARA) 12
		   FLUSH TO SEPTIC SYSTEM 13
		   FLUSH TO PIPE CONNECTED
		     TO CANAL 14
		   FLUSH TO PIPE CONNECTED
		     TO GROUND WATER 15
		   FLUSH TO SOMEWHERE ELSE 16
		   FLUSH, DON'T KNOW WHERE 17
		 PIT TOILET/LATRINE TOILET
		   VENTILATED IMPROVED PIT
		     LATRINE 21
		   PIT LATRINE WITH SLAB 22
		   PIT LATRINE WITHOUT SLAB/
		     OPEN PIT 23
		 COMPOSTING TOILET 31
		 BUCKET TOILET 41
		 HANGING TOILET/HANGING
		     LATRINE 51
		 NO FACILITY/FIELD 61
		 OTHER _____ 96
		          (SPECIFY)
			→ 114
			
			 → 114
			
			 → 114
			
			 → 114
			 → 114
			
			 117

112	Have you ever been emptied (answer to question 111)?	YES, EMPTIED .... 1 NO, EMPTIED .... 2 DON'T KNOW 8	→ 114
113	Last time it was emptied, where was it emptied?	**REMOVED BY A SERVICE PROVIDER** TO A TREATMENT LAND .... 1 IT WAS BURIED IN A COVERED HOL .... 2 I DON'T KNOW WHERE IT EMPIETED .... 3 **THE FAMILY EMPTIED IT** IT WAS BURIED IN A COVERED HOL .... 4 TO UNCOVERED HOLE/OPEN GROUND/ WATER PLACE/OTHER PLAC .... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Where is this toilet facility located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	
115	Do you share this facility with other households?	YES .... 1 NO 2	→ 117
116	Including your own household, how many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... ☐☐ DON'T KNOW 98	
117	Is there anyone smoke inside the house? **IF YES:** Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY .... 1 WEEKLY .... 2 MONTHLY .... 3 LESS OFTEN THAN ONCE A MONTH .... 4 NEVER 5	
118	Does your household have: a) Electricity? b) A color television? c) A smart television? d) A smart phone (a phone on which the internet can be accessed)? e) Other mobile phone? f) A telephone (land line)? g) A personal home computer (laptop, notebook. tablet, etc.)? h) An electric fan? i) An air conditioner?	YES NO ELECTRICITY .... 1 2 COLOR TV .... 1 2 SMART YV .... 1 2 SMART PHONE .... 1 2 OTHER MOBILE PHONE .... 1 2 NON-MOBILE TELEPHONE .... 1 2 COMPUTER .... 1 2 ELECTRIC FAN .... 1 2 AIR CONDITIONER 1 2	
119	Does your household own internet? **IF NO**: In your home, are you connected to internet?	YES, OWNS INTERNET .... 1 NO, CONNECTED ONLY .... 2 NO 3	
120	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE .... 1 LPG STOVE .... 2 NATURAL GAS STOVE .... 3 KERSOSENE STOVE .... 4 BIOGAS .... 5 OTHER _____ 6 (SPECIFY)	
121	Does your household have: a) A refrigerator? b) A freezer? c) A water heater? d) A dishwasher? e) An automatic washing machine? f) Any other washing machine? g) A bed? h) A sofa? i) A water Dispenser? j) A oven(cooker/electric)? k) A microwave/Grill? l) A vacuum cleaner? m) A hood?	YES NO REFRIGERATOR .... 1 2 FREEZER .... 1 2 WATER HEATER .... 1 2 DISHWASHER .... 1 2 AUTOMATIC WASHER .... 1 2 OTHER WASHER .... 1 2 BED .... 1 2 SOFA .... 1 2 WATER DISPENSER .... 1 2 OVEN .... 1 2 MICROWAVE .... 1 2 VACUUM CLWANER .... 1 2 HOOD 1 2	
122	How many rooms in your household including the hall (excluding the kitchen and the hall)?	ROOMS .... ☐☐	
123	How many rooms does your household use for sleeping?	ROOMS .... ☐☐	
124	Does any member of this household own: a) A toktok/trocycle? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A private car or truck? f) A real estate or building land?	YES NO TOKTOK .... 1 2 BICYCLE .... 1 2 MOTORCYCLE/SCOOTE .... 1 2 ANIMAL-DRAWN CART .... 1 2 PRIVATE CAR/TRUCK .... 1 2 REAL ESTATE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Does any member of your household have an account in a bank or post office or any saving institution?	YES, BANK .... A YEAS, POST OFFICE .... B YEAS, ANY SAVING INSTITUTION .... C NO .... Y	
126	Does any member of this household own any land that can be used for agriculture?	YES .... 1 NO .... 2 →	128
127	How many feddans or kirates of agricultural land do members of this household own? **IF MORE THAN 95 FEDDAN, ENTER '99.95'.**	FEDDAN KIRATE LAND AREA ☐☐ . ☐☐ DON'T KNOW 99.98	
128	Does your household own any livestock, herds, or farm animals?	YES .... 1 NO .... 2 →	130
129	How many of the following does your household own? a) Cattle (buffalo, calf)? b) Milk cows or bulls? c) Horses, donkeys, or mules? d) Goats? e) Sheep? **IF NONE, ENTER '00'.** **IF MORE THAN 95, ENTER '95'.** **IF UNKNOWN, ENTER '98'.**	CATTLE .... ☐☐ COWS/BULLS .... ☐☐ HORSES/DONKEYS/MULES .... ☐☐ GOATS .... ☐☐ SHEEP .... ☐☐	
130	Does your household own any poultry or birds?	YES .... 1 NO .... 2 →	132
131	How many of the following does your household have? a) Chickens? b) Geese? c) Ducks? d) Pigeons? e) Quail? f) Turkey? g) Ornamental/song birds? h) Any other birds? **IF NONE, ENTER '00'.** **IF MORE THAN 95, ENTER '95'.** **IF UNKNOWN, ENTER '98'.**	CHICKENS .... ☐☐ GEESE .... ☐☐ DUCKS .... ☐☐ PIGEONS .... ☐☐ QUAIL .... ☐☐ TURKEY .... ☐☐ ORNAMENTAL/SONG BIRDS ... ☐☐ OTHER .... ☐☐	
132	Now I would like to talk with you about external assistance programs provided to households. By external assistance I mean support that comes from the government or nongovernmental organizations such as religious, charitable or community-based programs. Is your household or anyone in your household receiving any of the following types of support: a) Assistance from the Karama and Takaful program? b) A family ration card? c) Social Solidarity pension? d) Other government program giving monetary support? **IF YES, SPECIFY:** _____ e) Temporary Employment Pension During COVID-19? f) Monetary support from any non-governmental organization?	YES NO KARAMA AND TAKAFUL .... 1 2 FAMILY RATION CARD .... 1 2 SOCIAL SOLIDARITY PENSION 1 2 OTHER GOVERNMEN .... 1 2 TEMPORARY EMPLOYMENT . 1 2 NGO SUPPORT 1 2	

133	**CHECK IDENTIFICATION PAGE:**
	
	    IN SALT TESTING ☐ NOT IN SALT TESTING
	    SUBSAMPLE ↓ SUBSAMPLE ☐ →
		135

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
134	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household? **TEST SALT FOR IODINE.**	IODINE PRESENT .... 1 NO IODINE .... 2 NO SALT IN HOUSEHOLD .... 3 SALT NOT TESTED 6 (SPECIFY REASON)	

135	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED 1
		 NOT OBSERVED,
		   NOT IN DWELLING/YARD/PLOT 2
		 NOT OBSERVED,
		   NO PERMISSION TO SEE 3
		 NOT OBSERVED, OTHER REASON 4
			→ 138

136	**OBSERVATION ONLY:** **OBSERVE PRESENCE OF WATER AT THE** **PLACE FOR HANDWASHING.**	WATER IS AVAILABLE .... 1 WATER IS NOT AVAILABLE 2	
137	**OBSERVATION ONLY:** **OBSERVE PRESENCE OF SOAP, DETERGENT, OR** **OTHER CLEANSING AGENT.** **CHECK COVER PAGE:**	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE .... A ASH, MUD, SAND .... B NONE .... Y	
138	**CHECK IDENTIFICATION PAGE:** IN ☐ NOT IN ☐ SUBSAMPLE ↓ SUBSAMPLE		→ 601
139	CHECK THE NUMBER OF HOUSEHOLD MEMBERS AGE 1-17 YEARS RECORDED IN 012.	NO MEMBERS .... 1 ONE MEMBER .... 2 TWO OR MORE MEMBERS 3	→ 601 → 301

Child Welfare Modules

201 **FOLLOW INSTRUCTIONS AND COMPLETE COLUMNS 1-5 IN TABLE 1**

(a) *Check Q.012 in the household listing then list each of the* <u>*never-married children aged 1-17 years*</u> *below in the order they appear in the Household Listing Form. Do not include other household* members outside of the age range 1-17 years

(b) *Record the line number from 001, name from 002, sex from 004, and age from 007 for each child.*

(c) *Then record the total number of children aged 1-17 in Q202; if more than 9 children, record 9.*

Table 1

Never-married Persons Aged 1-17 Years Eligible for Child Welfare Modules

1	2	3	4		5
Rank Number	Line Number	Name	Sex		Age
			M	F	
1	☐☐	_____	1	2	☐☐
2	☐☐	_____	1	2	☐☐
3	☐☐	_____	1	2	☐☐
4	☐☐	_____	1	2	☐☐
5	☐☐	_____	1	2	☐☐
6	☐☐	_____	1	2	☐☐
7	☐☐	_____	1	2	☐☐
8	☐☐	_____	1	2	☐☐
9	☐☐	_____	1	2	☐☐

202 RECORD THE TOTAL NUMBER OF CHILDREN IN TABLE 1 ☐☐

203 FOLLOW INSTRUCTIONS AND COMPLETE TABLE 2 IN ORDER TO IDENTIFY THE CHILD
FOR WHOM THE CHILD WELFARE MODULES WILL BE ADMINISTERED.

(b) Check the last digit from the right of the household questionnaire serial number on the cover page. This is the number of the **row** you should go to in the table below.

(c) Check the total number of eligible children age 1-17 in Question 202 above. This is the number of the column you should go to.

(d) *Find the box where the row and the column meet and circle the number that appears in the box. Circle that number in Column 1 of Table 1. This is the rank number of the child about whom the questions in the child welfare modules, i.e., the child labor, child discipline, and child development and education mosules, may be asked, depending*

TABLE 2
Selection of Random Child for Child Welfare Module Questions

Last Digit From the right of Household Number	Total Number of Eligible Children in the Household								
	1	2	3	4	5	6	7	8	9
0	1	2	2	4	3	6	5	4	3
1	1	1	3	1	4	1	6	5	4
2	1	2	1	2	5	2	7	6	5
3	1	1	2	3	1	3	1	7	6
4	1	2	3	4	2	4	2	8	7
5	1	1	1	1	3	5	3	1	8
6	1	2	2	2	4	6	4	2	9
7	1	1	3	3	5	1	5	3	1
8	1	2	1	4	1	2	6	4	2
9	1	1	2	1	2	3	7	5	3

CHILD LABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 012: ☐ ONE CHILD AGE 1-17 CHECK 012 TO IDENTIFY CHILD. THEN RECORD CHILD'S LINE NUMBER FROM 001, NAME FROM 002 AND AGE FROM 007 ☐ 2 OR MORE CHILDREN AGE 1-17 CHECK TABLE 2 IN 203 TO IDENTIFY SELECTED CHILD. RECORD RANK NUMBER FROM 203, LINE NUMBER FROM 001, NAME FROM 002 AND AGE OF CHILD FROM 007.	RANK NUMBER ☐ LINE NUMBER ☐☐ NAME: _____ AGE . . . . ☐☐	
302	CHECK 007 AND 301: 5 - 17 YEARS ☐ 1 - 4 YEARS ☐		401
	Now I would like to ask about any work children in the household may do. Since last (DAY OF THE WEEK), did (NAME) do any of the following activities, even for only one hour?		
303	Did (NAME) do any work or help on his/her own or the household's plot/farm/food garden or look after animals? For example, growing farm produce, harvesting or feeding, grazing, or milking animals?	YES .... 1 NO 2	
304	Did (NAME) help in family business or relative's business with or without pay, or run his/her business?	YES .... 1 NO 2	
305	Did (NAME) produce or sell articles, handicrafts, clothes, food or agricultural products?	YES .... 1 NO 2	
306	Since last (DAY OF THE WEEK), did (NAME) engage in any other activity in return for income in cash or in kind, even for only one hour? **IF NO:** Please include any activity (NAME) performed as a regular or casual employee, self-employed, or employer, or as an unpaid family worker helping in household business or farm.	YES .... 1 NO 2	
307	**CHECK 303-306.** AT LEAST ONE 'YES' ☐ ALL 'NO' ☐		317
308	Since last (DAY OF THE WEEK), about how many hours did (NAME) engage in this activity (these activities), in total? **IF LESS THAN ONE HOUR, RECORD 00.** **IF MORE THAN 95, RECORD 95.**	HOURS .... ☐☐	
309	Does this activity (Do these activities) require carrying heavy loads?	YES .... 1 NO 2	
310	Does this activity (Do these activities) require working with dangerous tools (knives, etc.) or operating heavy equipment?	YES .... 1 NO 2	
311	How would you describe the work environment of (NAME)? Is (NAME) exposed to dust, fumes, or gas?	YES .... 1 NO 2	

CHILD LABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	Is (NAME) exposed to extreme cold, heat, or humidity?	YES .... 1 NO 2	
313	Is (NAME) exposed to loud noise or vibration?	YES .... 1 NO 2	
314	Is (NAME) require to work at heights?	YES .... 1 NO 2	
315	Is (NAME) required to work with chemicals (pesticides, glues, etc.) or explosives?	YES .... 1 NO 2	
316	Is (NAME) exposed to other things, processes or conditions bad for (NAME's) health or safety?	YES .... 1 NO 2	
317	Since last (DAY OF THE WEEK), did (NAME) fetch water or collect firewood for the household?	YES .... 1 NO 2	→319
318	In total, how many hours, did (NAME) spend on fetching water or collecting firewood for household use, since last (DAY OF THE WEEK)? **IF LESS THAN ONE HOUR, RECORD 00.** **IF MORE THAN 95, RECORD 95.**	HOURS .... ☐☐	
319	Since last (DAY OF THE WEEK), did (NAME) do any of the following for the household: Shopping for the household?	YES .... 1 NO 2	
320	Fixes any household items?	YES .... 1 NO 2	
321	Cooking or Washing dishes or cleaning around the house?	YES .... 1 NO 2	
322	Washing clothes?	YES .... 1 NO 2	
323	Caring for children?	YES .... 1 NO 2	
324	Caring for the old or sick?	YES .... 1 NO 2	
325	Other household tasks?	YES .... 1 NO 2	
326	**CHECK Q319-325:**	AT LEAST ONE 'YES' .... 1 ALL "NO" 2	→ 328
327	Since last (DAY OF THE WEEK), how many hours, did (NAME) engage in this activity (these activities), in total? **IF LESS THAN ONE HOUR, RECORD 00.** IF MORE THAN 95, RECORD 95.	HOURS .... ☐☐	
328	**CHECK AGE Q007 AND 301:** 1-14 YEARS ☐ 401 15 - 17 YEARS ☐		→ 501

CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	**CHECK 301 AND RECORD NAME OF CHILD AGE 1-14 YEARS ELIGIBLE FOR THE CHILD DISCIPLINE MODULE**	NAME: _____	
402	Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with (NAME) <u>in the past month</u>.		
	a) Took away privileges, forbade something (NAME) liked, or did not allow (him/her) to leave house?	YES .... 1 NO 2	
	b) Explained why (NAME)'s behavior was wrong?	YES .... 1 NO 2	
	c) Shook (him/her)?	YES .... 1 NO 2	
	d) Shouted, yelled at or screamed at (him/her)?	YES .... 1 NO 2	
	e) Gave (him/her) something else to do?	YES .... 1 NO 2	
	f) Spanked, hit or slapped (him/her) on the bottom with bare hand?	YES .... 1 NO 2	
	g) Hit (him/her on) the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object?	YES .... 1 NO 2	
	h) Called (him/her) dumb, lazy, or another name like that?	YES .... 1 NO 2	
	i) Hit or slapped (him/her) on the face, head or ears?	YES .... 1 NO 2	
	j) Hit or slapped (him/her) on the hand, arm, or leg?	YES .... 1 NO 2	
	k) Beat (him/her) up, that is hit him/her over and over as hard as one could?	YES .... 1 NO 2	
403	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES .... 1 NO .... 2 DON'T KNOW/NO OPINION 8	

501	**CHECK IF HOUSEHOLD IS IN THE DOMESTIC VIOLENCE SUBSAMPLE ON THE COVER SHEET**

IN THE SUBSAMPLE ☐ ↓　　　　NOT IN THE SUBSAMPLE ☐ → GO TO QUESTION 601

TABLE FOR SELECTION OF THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

IF THERE IS NO ELIGIBLE WOMAN, RECORD '00' IN BOXES ASSIGNED FOR RECORDING LINE NUMBER OF ELIGIBLE WOMAN. THEN GO TO QUESTION 601.

IF ONLY ONE ELIGIBLE WOMAN WRITE THE NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LOOK AT THE LAST DIGIT FROM THE RIGHT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PA͟
 THIS IS THE ROW NUMBER YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 009) IN THE HOUSEHOLD SCHEDULE. CIRCLE THIS NUMBER AT THE TOP OF THE TABLE TO DETERMINE THE COLUMN NUMBER YOU SHOULD USE.

FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

LAST DIGIT FROM THE RIGHTOF THE QUESTIONNAIRE NUMBER (ROW)	**TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 014**							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF WOMAN ....

LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION ☐☐

601	**COMPLETE THE BIOMARKER QUESTIONNAIRE COVER PAGE AND THEN GO TO 701**

<u>INTERVIEWER OBSERVATIONS</u>
TO BE FILLED IN AFTER COMPLETING INTERVIEW

701 COMMENTS ABOUT RESPONDENT:

702 COMMENTS ON SPECIFIC QUESTIONS:

703 ANY OTHER COMMENTS:

<u>704 SUPERVISOR'S OBSERVATIONS</u>

NAME OF SUPERVISOR: _____   DATE: _____

ARAB REPUBLIC OF EGYPT

CAPMAS

EGYPT FAMILY HEALTH SURVEY (EFHS)

2021

ELIGIBILITY WOMAN QUESTIONNAIRE
EVER-MARRIED WOMAN
AGED 15-49 YEARS

WOMAN QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE _____   PSU/SEGMENT NO. _____

KISM/MARKAZ _____   BUILDING NO. _____

SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____

URBAN _____ 1   RURAL _____ 2

HOUSEHOLD NUMBER _____

HOUSEHOLD SUBSAMPLE: YEAS _____ 1   No _____ 2

NAME OF HOUSEHOLD HEAD _____

NAME OF WOMAN _____

LINE NUMBER OF WOMAN _____

TELEPHONE: _____

GOVERNORATE

PSU/SEGMENT NO.

URBAN/RURAL

HOUSEHOLD NO.

HOUSEHOLD SUBSAMPLE

LINE NUMBER

NUMBER

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
				DAY MONTH YEAR
DATE	_____	_____	_____	
TEAM	_____	_____	_____	TEAM . . . .
INTERVIEWER	_____	_____	_____	INT. NUMBER . . .
SUPERVISOR	_____	_____	_____	SUP. NUMBER . .
RESULT	_____	_____	_____	RESULT . . . .
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

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

INTRODUCTION AND CONSENT

Hello. My name is _____.From CAPMAC (Show him the identification card).].

We are conducting a national survey about the Public Health and health of women and children. We will be very appreciative that you

participate with us.I want to ask you about your health (and the health of your children).

The information we collect will help the government to plan health services. The questions usually take about 30 to 45 minutes.

All of the answers you give will be confidential.However, we would like to participate with us because your participation is a very important.

Do you have any questions in the survey?

May I begin the interview now?

In case you need more information about the survey, contact Mr./.. Phone numper:..............................

RESPONDENT AGREES TO BE INTERVIEWED . . . 1   **RESPONDENT DOES NOT AGREE TO BE INTERVIEWED** . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	**RECORD THE TIME.**	HOUR .... □□ MINUTES .... □□	
102	In what month and year were you born?	MONTH .... □□ DON'T KNOW MONTH ....98 YEAR .... □□□□ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? **COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.**	AGE IN COMPLETED YEARS . □□	
104	What is your current marital status?	MARRIED .... 1 WIDOWED .... 2 DIVORCED .... 3 SEPARATED 4	
105	Now I would like to ask you some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED .... □	
106	**CHECK 105:** MARRIED ONLY ONCE □ MARRIED MORE THAN ONCE □ a) In what month and year did you enter into a marriage contract with your husband? b) Now I would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?	MONTH .... □□ DON'T KNOW MONTH .... 98 YEAR .... □□□□ DON'T KNOW YEAR 9998	→ 108
107	How old were you when you entered into a marriage contract with your (first) husband?	AGE IN COMPLETED YEARS . □□	
108	**CHECK 105:** MARRIED ONLY ONCE □ MARRIED MORE THAN ONCE □ a) In what month and year did you start living together with your husband? b) Now I would like to ask about your first husband. In what month and year did you start living together with your first husband?	MONTH .... □□ DON'T KNOW MONTH .... 98 YEAR .... □□□□ DON'T KNOW YEAR 9998	→ 109A
109	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEARS . □□	
109A	**CHECK 105:** MARRIED ONLY ONCE □ MARRIED MORE THAN ONCE □		→ 109D
109B	**CHECK 104:** WIDOWED/ DIVORCED/ SEPARATED □ CURRENTLY MARRIED □		→ 109L

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES	SKIP
109C	**CHECK 104:** WIDOWED ☐ a) In what month and year your husband died?	DIVORCED/SEPARATED ☐ b) In what month and year divorced (separated) from your husband?		MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	109L
109D	**NOW I WOULD LIKE TO TALK WITH YOU ABOUT DATES OF THE OTHER MARRIAGS. I'M INTERESTED TO KNOW DATES OF BEGINING OF LIFE WITH YOUR HUSBAND(S) NOT DATE OF THE SIGNED CONTRACT.COMPLETE QUESTIONS 109E TO 109K IN THE APPRORIATE WAY FOR EACH MARRIAGE BY NUMBER OF WOMEN MARRIAGES, STARTING WITH THE CURRENT (LAST) HUSBAND.**				
109E	RECORD NEAM OF HUSPAND	NEAM OF CURRENT HUSPAND (LAST ONE) ____	NEAM OF NEXT-TO-LAST HUSPAND ____	NEAM OF SECOND-FROM-LAST HUSPAND ____	
109F	In what month and year did you start living with (NEAM)?	MONTH .... ☐☐ YEAR .... ☐☐	MONTH .... ☐☐ YEAR .... ☐☐	MONTH .... ☐☐ YEAR .... ☐☐	
109G	**CHECK 104:**	MARRIED .... 1 (SKIP TO 109I) WIDOWED/DIVORCED/ SEPARATED 2			
109H	In what month and year did your Marriage ended with (NEAM)?	MONTH .... ☐☐ YEAR .... ☐☐	MONTH .... ☐☐ YEAR .... ☐☐	MONTH .... ☐☐ YEAR .... ☐☐	
109I	**CHECK 109F:** YEAR OF MARRIAGE	2016 OR AFTER .... 1 2015 OR BEFOR .... 2 (SKIP TO 109L)	2016 OR AFTER .... 1 2015 OR BEFOR .... 2 (SKIP TO 109L)	2016 OR AFTER .... 1 2015 OR BEFOR .... 2 (SKIP TO 109L)	
109J	**CHECK 105:** NUMBER OF MARRIAGE	NO OTHER MARRIAGE ... 1 (SKIP TO 109L) OTHER MARRIAGE 2	NO OTHER MARRIAGE 1 (SKIP TO 109L) OTHER MARRIAGE ... 2	NO OTHER MARRIAGE 1 (SKIP TO 109L) OTHER MARRIAGE ... 2	
109K	**CHECK 105:**	SKIP TO 109E IN THE NEXT COLUMN	SKIP TO 109E IN THE NEXT COLUMN	SKIP TO 109L	
109L	DETERMINE ALL OF THE MONTHS SINCE JANUARY 2016 THAT THE RESPONDENT WAS MARRIED. ENTER 'X' IN COLUMN 1 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2016. FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS SINCE JANUARY 2016.				
110	Have you ever attended school?	YES .... 1 NO 2		→ 114
111	What is the highest level of school you attended?	PRIMARY .... 1 PREPARATORY .... 2 SECONDARY .... 3 UPPER INTERMEDIATE .... 4 UNIVERSITY .... 5 MORE THAN UNIVERSITY 6		
112	What is the highest grade you successfully completed at that level? **IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.**	GRADE .... ☐		
113	**CHECK 111:** PRIMARY OR ☐ PREPARATORY	SECONDARY OR HIGHER ☐		→ 115
114	Now I would like you to read this sentence to me. **SHOW CARD TO RESPONDENT.** **IF RESPONDENT CANNOT READ A WHOLE SENTENCE, PROBE:** Can you read any part of the sentence to me?	CANNOT READ AT ALL .... 1 ABLE TO READ ONLY PARTS OF SENTENCE .... 2 ABLE TO READ WHOLE SENTENCE ... 3 NO CARD WITH REQUIRED BLIND/VISUALLY IMPAIRED 5		→ 116 → 116

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
116	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
117	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
118	During the last three months, did you use a computer at least once a week, less than once a week or not at all? **IF 'AT LEAST ONCE PER WEEK',** **PROBE: Would you say this happens almost every day?** **IF 'YES', RECORD 1; IF 'NO', RECORD 2.**	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL 4	
119	Have you ever used the internet from any location or any device?	YES .... 1 NO 2	→ 121
120	During the last three months, did you use the internet at least once a week, less than once a week or not at all? **IF 'AT LEAST ONCE PER WEEK',** **PROBE: Would you say this happens almost every day?** **IF 'YES', RECORD 1; IF 'NO', RECORD 2.**	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL 4	
121	During the last three months, did you use a mobile telephone at least once a week, less than once a week or not at all? **IF 'AT LEAST ONCE PER WEEK',** **PROBE: Would you say this happens almost every day?** **IF 'YES', RECORD 1; IF 'NO', RECORD 2.**	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL 4	
122	Do you own a smart phone or any mobile phone?	YES, SMART .... 1 YES, MOBAIL PHONE .... 2 BOTH OF THEM .... 3 NO 4	
123	Do you yourself have an account in a bank or post office or any saving institution?	YES, BANK .... A YEA, POST OFFICE .... B ANY SAVING INSTIT UTION .... C NO .... Y	
124	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?	YEARS .... ☐☐ ALWAYS .... 95 VISITOR 96	→ 201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
125	Before you moved here, which governorate did you live in?	CAIRO	01	
		ALEXANDRIA	02	→ 201
		SUEZ	03	
		PORT SAID	04	
		DAMIETTA	11	
		DAKHALIA	12	
		SHARKIA	13	
		KALYUBIA	14	
		KAFR EL-SHIEKH	15	
		GHARBIA	16	
		MENOUFIA	17	
		BEHERA	18	
		ISMAILIA	19	
		GIZA	21	
		BENI SUEF	22	
		FAYOUM	23	
		MENYA	24	
		ASSUIT	25	
		SOUHAG	26	
		QENA	27	
		ASWAN	28	
		LUXOR	29	
		RED SEA	31	
		NEW VALLEY	32	
		MATROH	33	
		NORTH SINAI	34	
		SOUTH SINAI	35	
		OUTSIDE EGYPT	97	→ 201
126	Is this place urban or rural? ?	URBAN	1	
		RURAL	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES .... 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES .... 1 NO 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? **IF NONE, RECORD '00'.**	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME .... ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES .... 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? **IF NONE, RECORD '00'.**	SONS ELSEWHERE .... ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? **IF NO, PROBE:** Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES .... 1 NO 2	→ 208
207	a) How many boys have died? b) And how many girls have died? **IF NONE, RECORD '00'.**	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .... ☐☐	
209	**CHECK 208:** Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-209 AS NECESSARY.		
210	**CHECK 208:** ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 227

211	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
	RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES
	IF THERE ARE MORE THAN 6 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217	218	219	220	220a	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Was (NAME) a twin or triplet?	On what day, month, and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at (his/her) last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	IF DEAD: How old was (NAME) when he/she died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	You gave birth (name) after how many months of pregnancy? FOR ONLY BIRTHS SINCE 2016 OR AFTER	Were there any other live births between (WHEN YOU FIRST MARRIED/ NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01 (NAME)	BOY . . 1 GIRL . . 2	SING . 1 MULT . 2	DAY □□ MONTH □□ YEAR □□□□	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS □□	YES . . 1 NO . . . 2	HH LINE NO. □□ ↓ (GO TO 220a)	DAYS . . 1 □□ MONTHS 2 □□ YEARS . 3 □□	MONTHS □□	YES . . . . 1 ADD BIRTH ↲ NO . . . . . 2 NEXT BIRTH ↲
02 (NAME)	BOY . . 1 GIRL . . 2	SING . 1 MULT . 2	DAY □□ MONTH □□ YEAR □□□□	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS □□	YES . . 1 NO . . . 2	HH LINE NO. □□ ↓ (GO TO 220a)	DAYS . . 1 □□ MONTHS 2 □□ YEARS . 3 □□	MONTHS □□	YES . . . . 1 ADD BIRTH ↲ NO . . . . . 2 NEXT BIRTH ↲
03 (NAME)	BOY . . 1 GIRL . . 2	SING . 1 MULT . 2	DAY □□ MONTH □□ YEAR □□□□	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS □□	YES . . 1 NO . . . 2	HH LINE NO. □□ ↓ (GO TO 220a)	DAYS . . 1 □□ MONTHS 2 □□ YEARS . 3 □□	MONTHS □□	YES . . . . 1 ADD BIRTH ↲ NO . . . . . 2 NEXT BIRTH ↲
04 (NAME)	BOY . . 1 GIRL . . 2	SING . 1 MULT . 2	DAY □□ MONTH □□ YEAR □□□□	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS □□	YES . . 1 NO . . . 2	HH LINE NO. □□ ↓ (GO TO 220a)	DAYS . . 1 □□ MONTHS 2 □□ YEARS . 3 □□	MONTHS □□	YES . . . . 1 ADD BIRTH ↲ NO . . . . . 2 NEXT BIRTH ↲
05 (NAME)	BOY . . 1 GIRL . . 2	SING . 1 MULT . 2	DAY □□ MONTH □□ YEAR □□□□	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS □□	YES . . 1 NO . . . 2	HH LINE NO. □□ ↓ (GO TO 220a)	DAYS . . 1 □□ MONTHS 2 □□ YEARS . 3 □□	MONTHS □□	YES . . . . 1 ADD BIRTH ↲ NO . . . . . 2 NEXT BIRTH ↲
06 (NAME)	BOY . . 1 GIRL . . 2	SING . 1 MULT . 2	DAY □□ MONTH □□ YEAR □□□□	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS □□	YES . . 1 NO . . . 2	HH LINE NO. □□ ↓ (GO TO 220a)	DAYS . . 1 □□ MONTHS 2 □□ YEARS . 3 □□	MONTHS □□	YES . . . . 1 ADD BIRTH ↲ NO . . . . . 2 NEXT BIRTH ↲

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES .... 1 'RECORD BIRTH(S) IN TABLE NO 2	
223	**COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:** NUMBERS ☐ NUMBERS ARE ARE SAME ↓ DIFFERENT ☐ → (PROBE AND RECONCILE)		
224	**CHECK 215 AND ENTER THE NUMBER OF BIRTHS** IN 2016 OR LATER	NUMBER OF BIRTHS .... ☐ NONE .... 0 →	227
225	**FOR EACH BIRTH IN JUNUARY 2016, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE.** **FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY.** **NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.**		
226	**ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO 2016 IN THE BOXES AT THE BOTTOM OF THE CALENDAR.**		
227	Are you pregnant now?	YES .... 1 NO .... 2 UNSURE .... 8 →	232
228	How many months pregnant are you? **RECORD NUMBER OF COMPLETED MONTHS.**	MONTHS .... ☐☐	
229	**RECORD NUMBER OF COMPLETED MONTHS.** **ENTER 'P's IN COLUMN 2 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS PREGNANT.**		
230	When you got pregnant, did you want to get pregnant at that time?	YES .... 1 → NO 2	232
231	**CHECK 208: TOTAL NUMBER OF BIRTHS.** ONE OR MORE NONE a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER .... 1 NO MORE/NONE 2	
232	Have you ever had a pregnancy that ended in a miscarriage, abortion, or still birth?	YES .... 1 NO .... 2 →	242
233	When did the last such pregnancy end?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	
234	**CHECK 233** LAST PREGNANCY ENDED IN 2016 OR LATER ☐ ────────────→ ENDED IN 2015 OR EARLIER ☐ ────────────→		236 242

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
	235	236	237	238	
Line No.	In what month and year did this pregnancy end?	Did that pregnancy end in a miscarriage, an abortion, or a still birth?	How many months pregnant were you when that pregnancy ended?	Since January 2016, have you any other pregnancies that did not result in a live birth?	
01		Miscarriage .... M Abortion .... A Still birth .... S	☐ NUMBER OF MONTHS	YES .... 1 NO 2	T → LINE → 239
02	☐☐ ☐☐☐☐ MONTH YEAR	Miscarriage .... M Abortion .... A Still birth .... S	☐ NUMBER OF MONTHS	YES .... 1 NO 2	T → LINE → 239
03	☐☐ ☐☐☐☐	Miscarriage .... M Abortion .... A Still birth .... S	☐ NUMBER OF MONTHS	YES .... 1 NO 2	T → LINE → 239
04	☐☐ ☐☐☐☐	Miscarriage .... M Abortion .... A Still birth .... S	☐ NUMBER OF MONTHS	YES .... 1 NO 2	→ 239
239	**FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN JANUARY 2016, ENTER 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILL BIRTH IN COLUMN 2 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY ENDED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.** **IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE, STARTING ON THE SECOND LINE.**				
240	Did you have any (other) pregnancies before 2016 that ended in a stillbirth, miscarriage or abortion)?		YES .... 1 NO 2		→ 242
241	When did the last such pregnancy that terminated before 2016 end?		MONTH .... ☐☐ YEAR .... ☐☐☐☐		
242	When did your last menstrual period start? _____ (DATE, IF GIVEN)		DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY .... 994 BEFORE LAST BIRTH .... 995 NEVER MENSTRUATED 996		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
243	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 245

244	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		   BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		   PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		   TWO PERIODS 4
		
		OTHER _____ 6
		                (SPECIFY)
		DON'T KNOW 8	

245	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES .... 1 NO .... 2 DON'T KNOW 8	

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES .... 1 NO 2	
02	**Male Sterilization.** PROBE: Men can have an operation to avoid having any more children.	YES .... 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES .... 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES .... 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES .... 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES .... 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES .... 1 NO 2	
08	**Diaphragm, Foam, Jelly.** PROBE: A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES .... 1 NO 2	
09	**Emergency Contraception** PROBE: As an emergency measure, within five days after they have sexual intercourse without using a family planning methods , women can take special pills to prevent pregnancy.	YES .... 1 NO 2	
10	**Rhythm Method**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES .... 1 NO 2	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES .... 1 NO 2	
12	**Prolonged Breastfeeding.**	YES .... 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES MODERN .... A _____ (SPECIFY) YES TRADITIONAL .... B _____ (SPECIFY) NO .... Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 104: CURRENTLY MARRIED □ WIDOWED/ DIVORCED/ SEPARATED □		→ 312
303	CHECK 227: NOT PREGNANT OR UNSURE □ PREGNANT □		→ 312
304	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 312
305	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION .... A MALE STERILIZATION .... B IUD .... C MONTHLY INJECTION (MESOCEPT) .... D 3-MONTH INJECTION (DEPO-PROVERA) .... E IMPLANTS .... F PILL .... G CONDOM .... H DIAPHRAGM/FOAM/JELLY .... I RHYTHM METHOD .... J WITHDRAWAL .... K PROLONGED BREASTFEEDING .... L OTHER MODERN METHOD .... X OTHER TRADITIONAL METHOD .... Y	→ 307 → 309 309
306	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGENIST .... 01 MICROLOT .... 02 LACTIFINOR .... 03 GINOCEPT .... 04 GENERA .... 05 NORDETTE .... 06 JASMINE .... 07 MARVELON .... 08 CELESTE .... 09 CONTRAPLAN 2 .... 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**MINISTRY OF HEALTH AND POPULATION** URBAN HOSP'L (GENERAL/DISTRICT) ... 11 URBAN HEALTH UNIT .... 12 RURAL HOSP'L (CENTRAL) .... 14 **OTHER GOVERNMENTAL** UNIVERSITY/TEACHING HOSPITAL .... 21 HEALTH INSURANCE ORG .... 22 CURATIVE CARE ORGANIZATION .... 23 OTHER GOVERNMENTAL .... 26 **NON-GOVERNMENTAL ORGANIZATION** OTHER NON-GOVERNMENTAL .... 36 **PRIVATE MEDICAL** PRIVATE HOSPITAL/ CLINIC .... 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?	MONTH .... [ ][ ] YEAR .... [ ][ ][ ][ ]	→ 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH .... [ ][ ] YEAR .... [ ][ ][ ][ ]	
310	**CHECK 308, 309, 215, 233 AND THE CALENDAR:** **ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309** YES ☐ NO ☐ **GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD** **(MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).**		
	CALENDAR CONTRACEPTIVE HISTORY (CAPI USE) .		
311	**CHECK 308 AND 309:** YEAR IS 2016 OR LATER ☐ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE YEAR IS 2015 OR EARLIER ☐ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY THEN (SKIP TO 315)		

		COLUMN 1	COLUMN 2	COLUMN 3
312	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE/ NONUSE, BACK TO JANUARY 2016 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.			
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	YES .... 1 NO .... 2 ¬ (SKIP TO 312I) ←	YES .... 1 NO .... 2 ¬ (SKIP TO 312I) ←	YES .... 1 NO .... 2 ¬ (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE ..... ☐	METHOD CODE ..... ☐	METHOD CODE ..... ☐
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY .... 00 ¬ MONTHS ..... ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY .... 00 ¬ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY .... 00 ¬ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS ..... ☐☐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS ..... ☐☐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS ..... ☐☐ (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR
312H	Why did you stop using (METHOD)?	REASON STOPPED .... ☐	REASON STOPPED .... ☐	REASON STOPPED .... ☐
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

313 — CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH:

NO METHOD USED   ANY METHOD USED → 315

314 — Have you/ or your husband ever used anything or tried in any way to delay or avoid getting pregnant?

YES 1
NO .... 2 → 326

315 — **CHECK 305:**

CIRCLE METHOD CODE.

IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.

NO CODE CIRCLED .... 00 → 326
FEMALE STERILIZATION .... 01 → 319
MALE STERILIZATION .... 02 → 328
IUD 03
MONTHLY INJECTION (MESOCEPT 04
3-MONTH INJECTION
   (DEPO-PROVERA) 05
IMPLANTS 06
PILL 07
CONDOM 08
DIAPHRAGM/FOAM/JELLY 09
RHYTHM METHOD 10
WITHDRAWAL .... 11 → 323
PROLONGED BREASTFEEDING 12
OTHER MODERN METHOD 95
OTHER TRADITIONAL METHOD .... 96 → 323

316 — You started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.

_____
(NAME OF PLACE)

MINISTRY OF HEALTH AND POPULATION
URBAN HOSP'L (GENERAL/DISTRICT) . 11
URBAN HEALTH UNIT 12
HEALTH OFFICE 13
RURAL HOSP'L (CENTRAL) 14
RURAL HEALTH UNIT 15
MCH CENTER 16
MOBILE UNIT 17
OTHER GOVERNMENTAL
UNIVERSITY/TEACHING HOSPITAL 21
HEALTH INSURANCE ORG. 22
CURATIVE CARE ORGANIZATION 23
OTHER GOVERNMENTAL 26
NON-GOVERNMENTAL ORGANIZATION
EGYPT FAMILY PLANNING ASSOC. ... 31
CSI PROJECT 32
OTHER NON-GOVERNMENTAL 36
PRIVATE MEDICAL
PRIVATE HOSPITAL/ CLINIC 41
PRIVATE DOCTOR 42
PHARMACY 43
OTHER PRIVATE MEDICAL
MOSQUE HEALTH UNIT 44
CHURCH HEALTH UNIT 45
OTHER PRIVATE MEDICAL
   SECTOR _____ 46
                (SPECIFY)
OTHER NON-MEDICAL
VENDOR (SHOP, KIOSK, ...ETC) 61
FRIEND/RELATIVE 62
OTHER _____ 66
                (SPECIFY)
NO ONE 94
DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD .... 03 MONTHLY INJECTION (MESOCEPT .... 04 3-MONTH INJECTION (DEPO-PROVERA) .... 05 IMPLANTS .... 06 PILL .... 07 CONDOM .... 08 DIAPHRAGM/FOAM/JELLY .... 09 OTHER MODERN METHOD 95	→ 323
318	At that time, were you told about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or health problems you might have with the method?	YES .... 1 NO 2	→ 321
320	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 322
321	Were you told what to do if you experienced side effects or health problems?	YES .... 1 NO 2	
322	CHECK 318 AND 319: CODE '1' CIRCLED CODE '1' NOT CIRCLED At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?	YES .... 1 NO 2	→ 324
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES .... 1 NO 2	
324	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION .... 01 IUD .... 03 MONTHLY INJECTION (MESOCEI .... 04 3-MONTH INJECTION (DEPO-PROVERA .... 05 IMPLANTS .... 06 PILL .... 07 CONDOM .... 08 DIAPHRAGM/FOAM/JELLY .... 09 RHYTHM METHOD .... 10 WITHDRAWAL .... 11 PROLONGED BREASTFEEDIN . 12 OTHER MODERN METHC 95	→ 328 → 328 → 328 → 328

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

325	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		MINISTRY OF HEALTH AND POPULATION
		URBAN HOSP'L (GENERAL/DISTRICT) ... 11
		URBAN HEALTH UNIT 12
		HEALTH OFFICE 13
		RURAL HOSP'L (CENTRAL) 14
		RURAL HEALTH UNIT 15
		MCH CENTER 16
		MOBILE UNIT 17
		OTHER GOVERNMENTAL
		UNIVERSITY/TEACHING HOSPITAL 21
		HEALTH INSURANCE ORG. 22
		CURATIVE CARE ORGANIZATION 23
		OTHER GOVERNMENTAL 26
		NON-GOVERNMENTAL ORGANIZATION
		EGYPT FAMILY PLANNING ASSOC. ... 31
		CSI PROJECT 32
		OTHER NON-GOVERNMENTAL 36
		PRIVATE MEDICAL
		PRIVATE HOSPITAL/ CLINIC 41
		PRIVATE DOCTOR 42
		PHARMACY 43
		OTHER PRIVATE MEDICAL
		MOSQUE HEALTH UNIT 44
		CHURCH HEALTH UNIT 45
		OTHER PRIVATE MEDICAL
		   SECTOR _____ 46
		         (SPECIFY)
		OTHER NON-MEDICAL
		VENDOR (SHOP, KIOSK, ...ETC) 61
		FRIEND/RELATIVE 62
		OTHER _____ 66
		        (SPECIFY)
		DON'T KNOW 98
			→328

326	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	→328

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

327	Where is that?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		MINISTRY OF HEALTH AND POPULATION
		URBAN HOSP'L (GENERAL/DISTRICT) . 11
		URBAN HEALTH UNIT 12
		HEALTH OFFICE 13
		RURAL HOSP'L (CENTRAL) 14
		RURAL HEALTH UNIT 15
		MCH CENTER 16
		MOBILE UNIT 17
		OTHER GOVERNMENTAL
		UNIVERSITY/TEACHING HOSPITAL 21
		HEALTH INSURANCE ORG. 22
		CURATIVE CARE ORGANIZATION 23
		OTHER GOVERNMENTAL 26
		NON-GOVERNMENTAL ORGANIZATION
		EGYPT FAMILY PLANNING ASSOC. ... 31
		CSI PROJECT 32
		OTHER NON-GOVERNMENTAL 36
		PRIVATE MEDICAL
		PRIVATE HOSPITAL/ CLINIC 41
		PRIVATE DOCTOR 42
		PHARMACY 43
		OTHER PRIVATE MEDICAL
		MOSQUE HEALTH UNIT 44
		CHURCH HEALTH UNIT 45
		OTHER PRIVATE MEDICAL
		   SECTOR _____ 46
		         (SPECIFY)
		OTHER NON-MEDICAL
		VENDOR (SHOP, KIOSK, ...ETC) 61
		FRIEND/RELATIVE 62
		OTHER _____ 66
		         (SPECIFY)	

328	Did a health worker, a raida rifia or anyone else visit you during the past 6 months?
	
	IF YES: Who visited you?
		VISITED BY:
		   HEALTH WORKER .... A
		   RAIDA RIFIA .... B
		   OTHER _____ X
		         (SPECIFY)
		NOT VISITED .... Y
			→ 330

329	Did this person (any of these persons) talk to you about family planning?
	
	IF YES: Who talked with you about family planning?
		PERSON TALKING ABOUT FAMILY PLANNING
		   HEALTH WORKER .... A
		   RAIDA RIFIA .... B
		   OTHER _____ X
		         (SPECIFY)
		NO ONE .... Y	

330	Have you visited a governmental health facility for any reason during the past 6 months?	YES .... 1 NO 2	→ 332
331	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	
332	Have you visited a private doctor or clinic for any reason during the past 6 months?	YES .... 1 NO 2	→ 401
333	Did the doctor or any other staff member there speak to you about family planning methods?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	**CHECK 104: MARITAL STATUS** CURRENTLY ☐ WIDOWED/ ☐ MARRIED ↓ DIVORCED/ SEPARATED		413
402	**CHECK 305: USING STERILIZATION** NEITHER ☐ HE OR SHE ☐ STERILIZED ↓ STERILIZED		413
403	**CHECK 227: CURRENTLY PREGNANT** PREGNANT ☐ NOT PREGNANT/ ☐ ↓ UNSURE		405
404	Now I have some questions about the future After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD .... 1 NO MORE/NONE .... 2 UNDECIDED/DON'T KNOW 8	→ 406 → 412
405	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD .... 1 NO MORE/NONE .... 2 SAYS SHE CAN'T GET PREGNANT ... 3 UNDECIDED/DON'T KNOW 8	 → 408 → 413 → 411
406	**CHECK 227: CURRENTLY PREGNANT** NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓ ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ SOON/NOW .... 994 SAYS SHE CAN'T GET PREGNANT 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 411 → 413 → 413
407	**CHECK 227: CURRENTLY PREGNANT** NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓		412
408	**CHECK 304: USING A CONTRACEPTIVE METHOD?** NOT ☐ CURRENTLY ☐ CURRENTLY ↓ USING USING		413
409	**CHECK 406: PREFERRED TIME BEFORE NEXT BIRTH** NOT ☐ 24 OR MORE MONTHS ☐ 00-23 MONTHS ☐ ASKED ↓ OR 02 OR MORE YEARS ↓ OR 00-01 YEAR		412

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

| 410 | **CHECK 404: DESIRE FOR A(NOTHER) CHILD** | **FERTILITY-RELATED REASONS** | |

WANTS TO HAVE A/(ANOTHER) CHILD ☐   WANTS NO MORE/ NONE ☐

a) You have said that you do not want a(/another) child soon. Can you tell me why you are not using a method to avoid pregnancy?

Any other reason?

b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?

Any other reason?

RECORD ALL REASONS MENTIONED.

FERTILITY-RELATED REASONS
NOT HAVING SEX .... A
INFREQUENT SEX .... B
MENOPAUSAL/HYSTERECTOMY . C
SUBFECUND/INFECUND .... D
CAN'T GET PREGNANT .... E
NOT MENSTRUATED SINCE
   LAST BIRTH .... F
BREASTFEEDING .... G
UP TO GOD/FATALISTIC .... H
OPPOSITION TO USE
RESPONDENT OPPOSED I
HUSBAND OPPOSED .... J
MOTHER / IN-LAW OPPOSED .... K
RELIGIOUS PROHIBITION L
LACK OF KNOWLEDGE
KNOWS NO METHOD .... M
KNOWS NO SOURCE .... N
METHOD-RELATED REASONS
SIDE EFFECTS .... O
 HEALTH CONCERNS .... P
LACK OF ACCESS/TOO FAR .... Q
COSTS TOO MUCH .... R
PREFERRED METHOD NOT
   AVAILABLE .... S
NO METHOD AVAILABLE .... T
INCONVENIENT TO USE .... U
INTERFERES WITH BODY'S
   NORMAL PROCESSES V
OTHER _____ X
       (SPECIFY)
DON'T KNOW .... Z

→ 413

| 411 | **CHECK 304: USING A CONTRACEPTIVE METHOD?** | | |

NOT ASKED ☐   NO, NOT CURRENTLY USING ☐   YES, CURRENTLY USING ☐

→ 413

| 412 | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? | YES 1
 NO 2
 DON'T KNOW .... 8 | |

| 413 | **CHECK 216:** | | |

HAS LIVING CHILDREN ☐   NO LIVING CHILDREN ☐

a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

b) If you could choose exactly the number of children to have in your whole life, how many would that be?

PROBE FOR A NUMERIC RESPONSE.

NONE .... 00 → 415

NUMBER .... ☐☐

OTHER _____ 96 → 415
      (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
415	In your opinion, what is the ideal length of time that a woman should wait between births? RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS .... 1 ☐☐ YEARS .... 2 DON'T KNOW 998	
416	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other health staff as part of the preparation for marriage?	YES .... 1 NO 2	→ 418
417	Did you have a premarital examination before you got married? IF NO: Did you have an consultation within two months after you married?	HAD EXAM BEFORE MARRIAGE .... 1 HAD EXAM WITHIN TWO MONTHS AFTER MARRIAGE . ... 2 DID NOT HAVE EXAMINATION 3	
418	In the last 6 months have you Heard about family planning : a) on the radio? b) on the television? c) a newspaper or magazine? d) Saw a poster, billboard, or sign about family planning? e) At a community meeting? f) From a religious leader? g) Internet/Social Media?	YES NO RADIO .... 1 2 TELEVISION .... 1 2 NEWSPAPER/MAGAZINE .... 1 2 POSTER/BILLBOARD/SIGN .... 1 2 COMMUNITY MEETING .... 1 2 RELIGIOUS LEADERS .... 1 2 INTERNET/SOCIAL MEDIA 1 2	
419	CHECK 301: METHOD 12 PROLONGED ☐ BREASTFEEDING NOT MENTIONED ↓ — PROLONGED ☐ BREASTFEEDING MENTIONED ——————→		421
420	Do you believe that breastfeeding can be a family planning method, that is, that breastfeeding can help a woman avoid becoming pregnant?	YES .... 1 NO 2	→ 424
421	Now I would like to ask some questions about the use of breastfeeding as a family planning method. For how many months after a baby is born is a woman protected from pregnancy if she breastfeeds?	NUMBER OF MONTHS .... ☐☐ UNTIL PERIOD RETURNS .... 93 UNTIL SHE STOPS/CHILD WEANED 94 OTHER_____ 96 (SPECIFY) DON'T KNOW 98	
422	If a breastfeeding mother's menstrual period returns, is she protected from pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8	
423	If the child is given other liquids or solids, is a breastfeeding mother protected from pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8	
423a	If her baby sleeps through the night without feeding or feeds on only a few times during the day, is a breastfeeding mother protected from pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
424	Is there a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that?	YES AND NAMED .... 1 BRAND NAME _____ □□ (SPECIFY) YES BUT DO NOT KNOW BRAND .... 2 DON'T KNOW 8	
425	CHECK 104: MARITAL STATUS CURRENTLY □ WIDOWED/ □ MARRIED DIVORCED/ SEPARATED		501

426	**CHECK 304: USING A CONTRACEPTIVE METHOD?**
	
	                      CURRENTLY □
	                      USING
	NOT □
	CURRENTLY USING
	                      NOT ASKED □
			428
			
			430

427	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT .... 1 MAINLY HUSBAND .... 2 JOINT DECISION .... 3 OTHER _____ 6 (SPECIFY)	430
428	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT .... 1 MAINLY HUSBAND .... 2 JOINT DECISION .... 3 OTHER _____ 6 (SPECIFY)	
429	CHECK 305: NEITHER □ HE OR SHE □ STERILIZED STERILIZED		501
430	How many children do you think your husband wants?	NONE ....00 NUMBER .... □□ OTHER _____ 96 (SPECIFY)	501 501
431	How many of these children would your husband like to be boys, how many like to be girls and for how many would it not matter if it's a boy or girl?	BOYS GIRLS EITHER NUMBER □□ □□ □□ OTHER _____ 96 (SPECIFY)	

501	**CHECK 224:**			
	ONE OR MORE BIRTHS IN 2016 OR LATER ▢	NO BIRTHS IN 2016 OR AFTER ▢		→ 651

502	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2016 OR AFTER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES. Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

No.	Question	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
503	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER ▢▢	BIRTH HISTORY NUMBER ▢▢	BIRTH HISTORY NUMBER ▢▢
504	FROM 212 AND 216	NAME _____ LIVING ▢ DEAD ▢	NAME _____ LIVING ▢ DEAD ▢	NAME _____ LIVING ▢ DEAD ▢
505	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1 (SKIP TO 508)← NO 2	YES . . . . 1 (SKIP TO 508)← NO 2	YES . . . . 1 (SKIP TO 508)← NO 2
506	Did you want to have a baby later on, or did you not want any children?	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 508)←	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 508)←	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 508)←
507	How much longer did you want to wait?	MONTHS . . 1 ▢▢ YEARS . . 2 ▢▢ DON'T KNOW . . . 998	MONTHS . . 1 ▢▢ YEARS . . 2 ▢▢ DON'T KNOW . . . 998	MONTHS . . 1 ▢▢ YEARS . . 2 ▢▢ DON'T KNOW . . . 998
508	Did you see anyone for antenatal care for your pregnancy in (NEAM)?	YES . . . . 1 NO . . . . 2 (SKIP TO 514)←	YES . . . . 1 NO . . . . 2 (SKIP TO 522)←	YES . . . . 1 NO . . . . 2 (SKIP TO 522)←
509	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . A NURSE/MIDWIFE . B **OTHER PERSON** DAYA . . . . C OTHER _____ X (SPECIFY)	**HEALTH PERSONNEL** DOCTOR . . . . A NURSE/MIDWIFE . B **OTHER PERSON** DAYA . . . . C OTHER _____ X (SPECIFY)	**HEALTH PERSONNEL** DOCTOR . . . . A NURSE/MIDWIFE . B **OTHER PERSON** DAYA . . . . C OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

510	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  HER HOME ...... A
		  OTHER HOME ...... B
		GOVERNMENT
		  URBAN HOSPITAL
		    (GNRL/DSTRCT) . C
		  URBAN H'LTH UNIT . D
		  HEALTH OFFICE ... E
		  RURAL HOSPITAL
		    (CENTRAL) ...... F
		  RURAL HEALITH
		    UNIT .... G
		  MCH CENTER ...... H
		  OTHER GOV'T
		  _____ . I
		    (SPECIFY)
		NONGOVERNMENTAL
		  EGYPTIAN FP
		    ASSOC .... J
		  CSI PROJECT ...... K
		  OTHER NGO
		  _____ . L
		    (SPECIFY)
		PRIVATE MEDICAL
		  PVT. HOSPITAL/
		    CLINIC .... M
		  PVT. DOCTOR ... N
		  OTHER PVT.
		    MED. _____ . P
		
		  OTHER NON-MEDICAL X
			HOME
			  HER HOME ...... A
			  OTHER HOME ...... B
			GOVERNMENT
			  URBAN HOSPITAL
			    (GNRL/DSTRCT) . C
			  URBAN H'LTH UNIT . D
			  HEALTH OFFICE ... E
			  RURAL HOSPITAL
			    (CENTRAL) ...... F
			  RURAL HEALITH
			    UNIT .... G
			  MCH CENTER ...... H
			  OTHER GOV'T
			  _____ . I
			    (SPECIFY)
			NONGOVERNMENTAL
			  EGYPTIAN FP
			    ASSOC .... J
			  CSI PROJECT ...... K
			  OTHER NGO
			  _____ . L
			    (SPECIFY)
			PRIVATE MEDICAL
			  PVT. HOSPITAL/
			    CLINIC .... M
			  PVT. DOCTOR ... N
			  OTHER PVT.
			    MED. _____ . P
			
			  OTHER NON-MEDICAL X
				HOME
				  HER HOME ...... A
				  OTHER HOME ...... B
				GOVERNMENT
				  URBAN HOSPITAL
				    (GNRL/DSTRCT) . C
				  URBAN H'LTH UNIT . D
				  HEALTH OFFICE ... E
				  RURAL HOSPITAL
				    (CENTRAL) ...... F
				  RURAL HEALITH
				    UNIT .... G
				  MCH CENTER ...... H
				  OTHER GOV'T
				  _____ . I
				    (SPECIFY)
				NONGOVERNMENTAL
				  EGYPTIAN FP
				    ASSOC .... J
				  CSI PROJECT ...... K
				  OTHER NGO
				  _____ . L
				    (SPECIFY)
				PRIVATE MEDICAL
				  PVT. HOSPITAL/
				    CLINIC .... M
				  PVT. DOCTOR ... N
				  OTHER PVT.
				    MED. _____ . P
				
				  OTHER NON-MEDICAL X

511	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ☐☐ DON'T KNOW 98	NUMBER OF TIMES ☐☐ DON'T KNOW 98	NUMBER OF TIMES ☐☐ DON'T KNOW 98
512	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS .... ☐☐ DON'T KNOW 98		
513	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample? d) Were you weighed?	YES NO BP .... 1 2 URINE .... 1 2 BLOOD .... 1 2 WEIGHED ... 1 2		
514	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2 (SKIP TO 517) ← DON'T KNOW 8		
515	During this pregnancy, how many times did you get a tetanus injection?	TIMES .... ☐ DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516	CHECK 515:	2 OR MORE TIMES ☐ OTHER ☐ ↓ ↓ (SKIP TO 520)		
517	At any time before your pregnancy with (NAME), did you receive any tetanus injection either to protect yourself or another baby?	YES . . . . 1 NO . . . . 2 (SKIP TO 520) ← DON'T KNOW . . . 8		
518	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . ☐ DON'T KNOW 8		
519	CHECK 518: ☐ ONLY ONE a) How many years ago did you receive that tetanus injection? . . . . ☐ MORE THAN ONE/ DON'T KNOW b) How many years ago did you recive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . . ☐☐		
520	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ← DON'T KNOW 8		
521	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ☐☐☐ DON'T KNOW . . . 998		

522	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL PERSONS ASSISTING.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR . . . . . . A
		  NURSE/MIDWIFE . B
		OTHER PERSON
		  DAYA C
		  RELATIVE/FRIEND . D
		  OTHER _____ X
		    (SPECIFY)
		
		NO ONE ASSISTED Y
			HEALTH PERSONNEL
			  DOCTOR . . . . . . A
			  NURSE/MIDWIFE . B
			OTHER PERSON
			  DAYA C
			  RELATIVE/FRIEND . D
			  OTHER _____ X
			    (SPECIFY)
			
			NO ONE ASSISTED Y
				HEALTH PERSONNEL
				  DOCTOR . . . . . . A
				  NURSE/MIDWIFE . B
				OTHER PERSON
				  DAYA C
				  RELATIVE/FRIEND . D
				  OTHER _____ X
				    (SPECIFY)
				
				NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (1) _____ (NAME OF PLACE(S)) (2) _____ (NAME OF PLACE(S)) (3) _____ (NAME OF PLACE(S))	HOME 　HER HOME . . . . . . 11 ⌐ 　(SKIP TO 527) ◄ 　OTHER HOME . . . 12 ⌐ **GOVERNMENT** 　URBAN HOSPITAL 　(GNRAL/DSTRCT) 21 　URBAN HLTH UNIT 22 　HEALTH OFFICE . 23 　RURAL HOSPITAL 　(CENTRAL) . . . . . . 24 　RURAL HLTH UNIT 25 　MCH CENTER . . . 26 　OTHER GOV'T 　_____ 27 　(SPECIFY) **NONGOVERNMENTAL** 　EGYPTIAN FP 　ASSOC . . . . . . 31 　CSI PROJECT . . . 32 　OTHER NGO 　_____ 36 　(SPECIFY) **PRIVATE MEDICAL** 　PVT. HOSPITAL/ 　CLINIC . . . . 41 　PVT. DOCTOR . 42 　OTHER PVT. 　MED. ____ 46 　(SPECIFY) **PRIVATE NON-MEDICAL** 　_____ 96 　(SPECIFY) 　(SKIP TO 527) ◄	HOME 　HER HOME . . . . . . 11 ⌐ 　(SKIP TO 527) ◄ 　OTHER HOME . . . 12 ⌐ **GOVERNMENT** 　URBAN HOSPITAL 21 　(GNRAL/DSTRCT) 　URBAN HLTH UNIT 22 　HEALTH OFFICE . 23 　RURAL HOSPITAL 24 　(CENTRAL) . . . . . . 24 　RURAL HLTH UNIT 25 　MCH CENTER . . . 26 　OTHER GOV'T 　_____ 27 　(SPECIFY) **NONGOVERNMENTAL** 　EGYPTIAN FP 　ASSOC . . . . . . 31 　CSI PROJECT . . . 32 　OTHER NGO 　_____ 36 　(SPECIFY) **PRIVATE MEDICAL** 　PVT. HOSPITAL/ 　CLINIC . . . . 41 　PVT. DOCTOR . 42 　OTHER PVT. 　MED. ____ 46 　(SPECIFY) **PRIVATE NON-MEDICAL** 　_____ 96 　(SPECIFY) 　(SKIP TO 527) ◄	HOME 　HER HOME . . . . . . 11 ⌐ 　(SKIP TO 527) ◄ 　OTHER HOME . . . 12 ⌐ **GOVERNMENT** 　URBAN HOSPITAL 21 　(GNRAL/DSTRCT) 　URBAN HLTH UNIT 22 　HEALTH OFFICE . 23 　RURAL HOSPITAL 24 　(CENTRAL) . . . . . . 24 　RURAL HLTH UNIT 25 　MCH CENTER . . . 26 　OTHER GOV'T 　_____ 27 　(SPECIFY) **NONGOVERNMENTAL** 　EGYPTIAN FP 　ASSOC . . . . . . 31 　CSI PROJECT . . . 32 　OTHER NGO 　_____ 36 　(SPECIFY) **PRIVATE MEDICAL** 　PVT. HOSPITAL/ 　CLINIC . . . . 41 　PVT. DOCTOR . 42 　OTHER PVT. 　MED. ____ 46 　(SPECIFY) **PRIVATE NON-MEDICAL** 　_____ 96 　(SPECIFY) 　(SKIP TO 527) ◄
524	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS　1 ☐☐ DAYS　2 ☐☐ WEEKS　3 ☐☐ DON'T KNOW . . . 998		
525	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO . . . . 2 　(SKIP TO 527) ◄	YES . . . . 1 NO . . . . 2 　(SKIP TO 527) ◄	YES . . . . 1 NO . . . . 2 　(SKIP TO 527) ◄
526	When was the decision made to have the caesarean section? Was it before or after your labor pains	BEFORE . . . . 1 AFTER LABOR 　START 2	BEFORE . . . . 1 AFTER LABOR 　START 2	BEFORE . . . . 1 AFTER LABOR 　START 2
526a	Who decided that you give birth by caesarean section?	DOCTOR . . . . 1 MY SELF . . . . 2 OTHER _____ 6 　(SPECIFY)	DOCTOR . . . . 1 MY SELF . . . . 2 OTHER _____ 6 　(SPECIFY)	DOCTOR . . . . 1 MY SELF . . . . 2 OTHER _____ 6 　(SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

526b	Why was the give birth by caesarean section?	**BECAUSE I GIVE BIRTH
		  BEFORE BY CAESAREAN
		  SECTION** .... A
		**PROBLEMS DURING
		  PREGNANCY**
		PREECLAMPSIAL .... B
		THE PLACENTA IS OUT
		  OF NATURAL PLACE C
		OTHER PROBLEMS WITH
		  PREGNANCY .... D
		**PROBLEMS DURING
		  GIVE BIRTH:**
		OBSTRUCTED GIVE BIRTH E
		THE BIRTH LASTED A
		  LONG TIME .... F
		PULSE DISORDER/
		MOVEMENT DISTURBED ... G
		OTHER PROBLEMS DURING
		  GIVE BIRTH .... H
		TWINS/3 TWINS I
		I ASKED FOR IT/I DON'T WANT
		  A NATURAL BIRTH .... J
		OTHER _____ X
		  (SPECIFY)
		DON'T KNOW .... Z
			**BECAUSE I GIVE BIRTH
			  BEFORE BY CAESAREAN
			  SECTION** .... A
			**PROBLEMS DURING
			  PREGNANCY**
			PREECLAMPSIAL .... B
			THE PLACENTA IS OUT
			  OF NATURAL PLACE C
			OTHER PROBLEMS WITH
			  PREGNANCY .... D
			**PROBLEMS DURING
			  GIVE BIRTH:**
			OBSTRUCTED GIVE BIRTH E
			THE BIRTH LASTED A
			  LONG TIME .... F
			PULSE DISORDER/
			MOVEMENT DISTURBED ... G
			OTHER PROBLEMS DURING
			  GIVE BIRTH .... H
			TWINS/3 TWINS I
			I ASKED FOR IT/I DON'T WANT
			  A NATURAL BIRTH .... J
			OTHER _____ X
			  (SPECIFY)
			DON'T KNOW .... Z
				**BECAUSE I GIVE BIRTH
				  BEFORE BY CAESAREAN
				  SECTION** .... A
				**PROBLEMS DURING
				  PREGNANCY**
				PREECLAMPSIAL .... B
				THE PLACENTA IS OUT
				  OF NATURAL PLACE C
				OTHER PROBLEMS WITH
				  PREGNANCY .... D
				**PROBLEMS DURING
				  GIVE BIRTH:**
				OBSTRUCTED GIVE BIRTH E
				THE BIRTH LASTED A
				  LONG TIME .... F
				PULSE DISORDER/
				MOVEMENT DISTURBED ... G
				OTHER PROBLEMS DURING
				  GIVE BIRTH .... H
				TWINS/3 TWINS I
				I ASKED FOR IT/I DON'T WANT
				  A NATURAL BIRTH .... J
				OTHER _____ X
				  (SPECIFY)
				DON'T KNOW .... Z

527	Immediately after the birth, was (NAME) put on your chest?	YES .... 1 NO .... 2 (SKIP TO 530) ◄— DON'T KNOW 8		
528	Was (NAME)'s bare skin touching your bare skin?	YES .... 1 NO .... 2 DON'T KNOW 8		
529	Before being placed on the bare skin of your chest, was (NAME) wrapped up?	YES .... 1 NO .... 2 DON'T KNOW 8		
530	Was (NAME) dried or wiped soon after birth?	YES .... 1 NO .... 2 DON'T KNOW 8		
531	How long after birth was (NAME) bathed for the first time? IF "IMMEDIATELY" OR LESS THAN 1 HOUR, RECORD IF LESS THAN 24 HOURS, RECORD HOURS. IF MORE THAN 24 HOURS, RECORD DAYS. IF "1 DAY" OR "NEXT DAY", PROBE: About how many hours after the delivery? IF "24 HOURS", PROBE TO OBTAIN BEST ESTIMATE OF TIME.	IMMEDIATELY/LESS THAN 1 HOUR . 000 HOURS 1 ☐☐ DAYS 2 ☐☐ NEVER BATHED . 997 DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

532	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1
		LARGER THAN
		   AVERAGE 2
		AVERAGE 3
		SMALLER THAN
		   AVERAGE 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY LARGE 1
			LARGER THAN
			   AVERAGE 2
			AVERAGE 3
			SMALLER THAN
			   AVERAGE 4
			VERY SMALL 5
			DON'T KNOW 8
				VERY LARGE 1
				LARGER THAN
				   AVERAGE 2
				AVERAGE 3
				SMALLER THAN
				   AVERAGE 4
				VERY SMALL 5
				DON'T KNOW 8

533	Was (NAME) weighed at birth?	YES 1
		NO .... 2 ⌐
		  (SKIP TO 535) ←
		DON'T KNOW .... 8 ⌐
			YES 1
			NO .... 2 ⌐
			  (SKIP TO 565) ←
			DON'T KNOW .... 8 ⌐
				YES 1
				NO .... 2 ⌐
				  (SKIP TO 565) ←
				DON'T KNOW .... 8 ⌐

534	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . . 99.998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . . 99.998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . . 99.998
535	CHECK 523: PLACE OF DELIVERY?	CODE ☐ OTHER ☐ 11, 12 OR 96 CIRCLED (SKIP TO 550) ←		
536	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES .... 1 NO .... 2 (SKIP TO 539) ←		
537	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW 998		

538	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE ... 12
		OTHER PERSON
		  DAYA 21
		  OTHER _____ 96
		      (SPECIFY)		

539	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the **(FACILITY IN 523)**?	YES .... 1 NO .... 2 ⌐ (SKIP TO 542) ← DON'T KNOW .... 8 ⌐		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . 1 ☐☐ DAYS AFTER BIRTH .. 2 ☐☐ WKS AFTER BIRTH . 3 ☐☐ DON'T KNOW 998		

541	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE ... 12
		OTHER PERSON
		  DAYA 21
		  OTHER_____ 96
		        (SPECIFY)		

542	Now I would like to talk with you about what happened after you left the facility. Did anyone check on your health after you left the **(FACILITY IN 523)**?	YES .... 1 NO .... 2 (SKIP TO 546) ◄——┘		
543	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

544	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE ... 12
		OTHER PERSON
		  DAYA 21
		  OTHER_____ 96
		        (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

545	Where did the check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  HER HOME 11
		  OTHER HOME 12
		
		GOVERNMENT
		  URBAN HOSPITAL
		   (GNRL/DSTRCT). . 21
		  URBAN HLTH UNIT 22
		  HEALTH OFFICE ... 23
		  RURAL HOSPITAL
		   (CENTRAL) 24
		  RURAL HLTH UNIT 25
		  MCH CENTER 26
		  OTHER GOV'T
		   _____ 27
		   (SPECIFY)
		NONGOVERNMENT
		  EGYPTIAN FP
		   ASSOC 31
		  CSI PROJECT 32
		  OTHER NGO
		   _____ 36
		   (SPECIFY)
		PRIVATE MEDICAL
		  PVT. HOSPITAL/
		   CLINIC 41
		  PVT. DOCTOR ... 42
		  OTHER PVT.
		   MED. _____ 46
		   (SPECIFY)
		OTHER NON-MEDICAL
		   _____ 96
		   (SPECIFY)		

546	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 523). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left?	YES .... 1 NO .... 2 (SKIP TO 558) ⟵		
547	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW 998		

548	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE ... 12
		OTHER PERSON
		  DAYA 21
		  OTHER_____ 96
		   (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

549	Where did this check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  HER HOME .... 11￢
		  OTHER HOME .... 12￩
		
		GOVERNMENT
		  URBAN HOSPITAL
		   (GNRL/DSTRCT).. 21￢
		  URBAN HLTH UN ... 22￢
		  HEALTH OFFICE ... 23￢
		  RURAL HOSPITAL
		   (CENTRAL) .... 24￢
		  RURAL HLTH UNIT 25￢
		  MCH CENTER .... 26￢
		  OTHER GOV'T
		   _____ 27￢
		   (SPECIFY)
		NONGOVERNMENT
		  EGYPTIAN FP
		   ASSOC .... 31￢
		  CSI PROJECT .... 32￢
		  OTHER NGO
		   _____ 36￢
		   (SPECIFY)
		PRIVATE MEDICAL
		  PVT. HOSPITAL/
		   CLINIC .... 41￢
		  PVT. DOCTOR ... 42￢
		  OTHER PVT.
		   MED. _____ 46￢
		   (SPECIFY)
		OTHER NON-MEDICAL
		  _____ 96￢
		  (SPECIFY)
		(SKIP TO 558) ￩		

550	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES .... 1 NO .... 2 (SKIP TO 554) ￩		
551	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW 998		

552	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE . 12
		OTHER PERSON
		  DAYA 21
		  OTHER_____ 96
		   (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
NO.	QUESTIONS AND FILTERS			

553	Where did the check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  HER HOME 11
		  OTHER HOME 12
		
		GOVERNMENT
		  URBAN HOSPITAL
		   (GNRL/DSTRCT). . 21
		  URBAN HLTH UNIT 22
		  HEALTH OFFICE ... 23
		  RURAL HOSPITAL
		   (CENTRAL) 24
		  RURAL HLTH UNIT 25
		  MCH CENTER 26
		  OTHER GOV'T
		   _____ 27
		    (SPECIFY)
		NONGOVERNMENT
		  EGYPTIAN FP
		   ASSOC 31
		  CSI PROJECT 32
		  OTHER NGO
		   _____ 36
		    (SPECIFY)
		PRIVATE MEDICAL
		  PVT. HOSPITAL/
		   CLINIC 41
		  PVT. DOCTOR ... 42
		  OTHER PVT.
		   MED. _____ 46
		    (SPECIFY)
		OTHER NON-MEDICAL
		   _____ 96
		    (SPECIFY)		

554	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES .... 1 NO .... 2 (SKIP TO 558) ◄———		
555	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW 998		

556	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE ... 12
		OTHER PERSON
		  DAYA 21
		  OTHER_____ 96
		    (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

557	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  HER HOME 11
		  OTHER HOME 12
		
		GOVERNMENT
		  URBAN HOSPITAL
		   (GNRL/DSTRCT).. 21
		  URBAN HLTH UNIT 22
		  HEALTH OFFICE ... 23
		  RURAL HOSPITAL
		   (CENTRAL) 24
		  RURAL HLTH UNIT 25
		  MCH CENTER 26
		  OTHER GOV'T
		  _____ 27
		  (SPECIFY)
		NONGOVERNMENT
		  EGYPTIAN FP
		   ASSOC 31
		  CSI PROJECT 32
		  OTHER NGO
		  _____ 36
		  (SPECIFY)
		PRIVATE MEDICAL
		  PVT. HOSPITAL/
		   CLINIC 41
		  PVT. DOCTOR ... 42
		  OTHER PVT.
		   MED. _____ 46
		  (SPECIFY)
		OTHER NON-MEDICAL
		  _____ 96
		  (SPECIFY)		

558	During the first two days after (NAME)'s birth, did any health care provider do the following:
	
	a) Examine the cord?
	b) Measure (NAME)'s temperature?
	c) Counsel you on breastfeeding?
	
	d) Observe (NAME) breastfeeding?
		YES NO
		
		CORD 1 2
		TEMP 1 2
		COUNSEL ON
		  BF 1 2
		OBSERVE
		  BF 1 2		

559	During the first two days after (name)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?	YES .... 1 NO .... 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
560	CHECK 533: ☐ CHILD WEIGHED AT BIRTH a) You mentioned that (NAME) was weighed at birth. After that, was (NAME) weighed again by a health care provider within two days? ┈┈┈┈┈┈┈┈┈┈┈┈┈┈ ☐ CHILD NOT WEIGHED b) You mentioned that (NAME) was not weighed at birth. Was (NAME) weighed at all by a health care provider within two days after birth? ┈┈┈┈┈┈┈┈┈┈┈┈┈┈ ☐ DON'T KNOW IF CHILD WEIGHED c) You mentioned that you do not know if (NAME) was weighed at birth. Was (NAME) weighed at all by a health care provider within two days after birth?	YES .... 1 NO 2		
561	During the two weeks after birth, was a blood sample taken from (NAME)'S heel?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 562a) ◄—┘ DON'T KNOW . . . . . . 8 ┘		
562	How many days after birth was the blood sample taken from (NAME)'s heel?	NUMBER OF DAYS . . . . . . ☐☐ DON'T KNOW 98		
562a	Was an ear test for (the name)?	YES .... 1 NO .... 2┐ (SKIP TO 563) ◄—┘ DON'T KNOW .... 8┘		
562b	How many days after birth was the ear test done from (NAME)'s heel?	NUMBER OF DAYS . . . . . . ☐☐ DON'T KNOW 98		
563	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES .... 1 NO .... 2 DON'T KNOW 8		

564	Has your menstrual period returned since the birth of (NAME)?	YES 1
		   (SKIP TO 566) ◄——┐
		NO 2
		   (SKIP TO 567) ◄——┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
565	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 569) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 569) ◄——┘
566	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
567	CHECK 227: IS RESPONDENT PREGNANT?	NOT [ ] PREGNANT PREG- OR [ ] NANT UNSURE ↓ (SKIP TO 569) ◄		
568	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 570) ◄——┘		
569	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
570	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 572) ◄——┘ NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
571	CHECK 504: IS CHILD LIVING?	LIVING DEAD [ ] [ ] ↓ ↓ (SKIP TO (SKIP TO 577) 578)		
572	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 [ ][ ] DAYS 2 [ ][ ]		
573	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 575) ◄——┘		

574	What was (NAME) given to drink?
	
	Anything else?
	
	RECORD ALL LIQUIDS MENTIONED.
		MILK (OTHER THAN
		  BREAST MILK) A
		PLAIN WATER . . . B
		SUGAR OR GLU-
		  COSE WATER . . . C
		GRIPE WATER . . . D
		SUGAR-SALT-WATER
		  SOLUTION . . . . . . E
		FRUIT JUICE . . . . . . F
		INFANT FORMULA G
		TEA/INFUSIONS . . . H
		COFFEE I
		HONEY . . . . J
		
		OTHER _____ X
		  (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
575	CHECK 504: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 578)	LIVING ☐ DEAD ☐ (SKIP TO 578)	LIVING ☐ DEAD ☐ (SKIP TO 578)
576	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2		
577	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
578		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

601	**CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2018 OR LATER.**		
	ONE OR MORE BIRTHS IN JANUARY 2018 ☐	NO BIRTHS IN JANUARY 2018 ☐ → 621	

602	RECORD THE NAME AND BIRTH HISTORY NUMBER IN JANUARY 2018 FROM 212	LAST BIRTH BIRTH HISTORY NUMBER .... ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER .... ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER .... ☐☐
603	**CHECK 216 FOR CHILD**	NAME _____ LIVING ☐ DEAD ☐ (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 621)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 621)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 621)
604	Now I would like to ask you some questions about the vaccinations your children born in the last three years have had. Do you have a card where (NAME)'s vaccinations are written down?	YES, SEEN AND VACCINATION RECORDED .... 1 YES, SEEN AND VACCINATION NOT RECORDED .... 2 YES, NOT SEEN .... 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED .... 1 YES, SEEN AND VACCINATION NOT RECORDED .... 2 YES, NOT SEEN .... 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED .... 1 YES, SEEN AND VACCINATION NOT RECORDED .... 2 YES, NOT SEEN .... 3 (SKIP TO 605A) ← NO CARD 4
605	Did you ever have a vaccination card for (NAME)?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
605A	Do you have a birth certificate where (NAME)'s vaccinations are written down? **IF YES:** May I see it please?	YES, SEEN AND VACCINATION RECORDED .... 1 YES, SEEN AND VACCINATION NOT RECORDED .... 2 YES, NOT SEEN .... 3 (SKIP TO 606) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED .... 1 YES, SEEN AND VACCINATION NOT RECORDED .... 2 YES, NOT SEEN .... 3 (SKIP TO 606) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED .... 1 YES, SEEN AND VACCINATION NOT RECORDED .... 2 YES, NOT SEEN .... 3 (SKIP TO 606) ← NO CARD 4
605B	Did you ever have a birth certificate for (NAME) where vaccinations were written down?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
606	RECORD AVAILABILITY OF CARD AND/OR CERTIFICATE WITH VACCINATION DATES.	CARD AND CERTIFICATE SEEN AND DATES RECORDED .... 1 ONLY CARD SEEN AND DATES RECORDED .... 2 ONLY CERTIFICATE SEEN AND ...... DATES RECORDED .... 3 NEITHER NOT SEEN/ VACCINATION VOT RECORDED . 4 (SKIP TO 610) ←	CARD AND CERTIFICATE SEEN AND DATES RECORDED .... 1 ONLY CARD SEEN AND DATES RECORDED .... 2 ONLY CERTIFICATE SEEN AND ...... DATES RECORDED .... 3 NEITHER NOT SEEN/ VACCINATION VOT RECORDED . 4 (SKIP TO 610) ←	CARD AND CERTIFICATE SEEN AND DATES RECORDED ...... 1 ONLY CARD SEEN AND DATES RECORDED .... 2 ONLY CERTIFICATE SEEN AND ... DATES RECORDED .... 3 NEITHER NOT SEEN/ VACCINATION VOT RECORDED 4 (SKIP TO 610) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		BIRTH HISTORY NUMBER .... ⬚⬚	BIRTH HISTORY NUMBER .... ⬚⬚	BIRTH HISTORY NUMBER .... ⬚⬚

607

(1) COPY DATES FROM THE CARD.

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG	⬚⬚	⬚⬚	⬚⬚⬚⬚	BCG	⬚⬚	⬚⬚	⬚⬚⬚⬚	BCG	⬚⬚	⬚⬚	⬚⬚⬚⬚

	DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR
HEPATITIS 0	⬚⬚	⬚⬚	⬚⬚⬚⬚	H0	⬚⬚	⬚⬚	⬚⬚⬚⬚	H0	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO 0 (POLIO GIVEN AT BIRTH)	⬚⬚	⬚⬚	⬚⬚⬚⬚	P0	⬚⬚	⬚⬚	⬚⬚⬚⬚	P0	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO1	⬚⬚	⬚⬚	⬚⬚⬚⬚	P1	⬚⬚	⬚⬚	⬚⬚⬚⬚	P1	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO 2	⬚⬚	⬚⬚	⬚⬚⬚⬚	P2	⬚⬚	⬚⬚	⬚⬚⬚⬚	P2	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO 3	⬚⬚	⬚⬚	⬚⬚⬚⬚	P3	⬚⬚	⬚⬚	⬚⬚⬚⬚	P3	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO 4	⬚⬚	⬚⬚	⬚⬚⬚⬚	P4	⬚⬚	⬚⬚	⬚⬚⬚⬚	P4	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO 5	⬚⬚	⬚⬚	⬚⬚⬚⬚	P5	⬚⬚	⬚⬚	⬚⬚⬚⬚	P5	⬚⬚	⬚⬚	⬚⬚⬚⬚
ACTIVATED POLIO DOSE	⬚⬚	⬚⬚	⬚⬚⬚⬚	AP	⬚⬚	⬚⬚	⬚⬚⬚⬚	AP	⬚⬚	⬚⬚	⬚⬚⬚⬚
POLIO INJECTION	⬚⬚	⬚⬚	⬚⬚⬚⬚	PI	⬚⬚	⬚⬚	⬚⬚⬚⬚	PI	⬚⬚	⬚⬚	⬚⬚⬚⬚
PENTAVALENT 1	⬚⬚	⬚⬚	⬚⬚⬚⬚	PVT1	⬚⬚	⬚⬚	⬚⬚⬚⬚	PVT1	⬚⬚	⬚⬚	⬚⬚⬚⬚
PENTAVALENT 2	⬚⬚	⬚⬚	⬚⬚⬚⬚	PVT2	⬚⬚	⬚⬚	⬚⬚⬚⬚	PVT2	⬚⬚	⬚⬚	⬚⬚⬚⬚
PENTAVALENT 3	⬚⬚	⬚⬚	⬚⬚⬚⬚	PVT3	⬚⬚	⬚⬚	⬚⬚⬚⬚	PVT3	⬚⬚	⬚⬚	⬚⬚⬚⬚
ACTIVATED DPT DOSE	⬚⬚	⬚⬚	⬚⬚⬚⬚	AD	⬚⬚	⬚⬚	⬚⬚⬚⬚	AD	⬚⬚	⬚⬚	⬚⬚⬚⬚
MMR 1	⬚⬚	⬚⬚	⬚⬚⬚⬚	M1	⬚⬚	⬚⬚	⬚⬚⬚⬚	M1	⬚⬚	⬚⬚	⬚⬚⬚⬚
MMR 2	⬚⬚	⬚⬚	⬚⬚⬚⬚	M2	⬚⬚	⬚⬚	⬚⬚⬚⬚	M2	⬚⬚	⬚⬚	⬚⬚⬚⬚
OTHER (SPECIFY)	⬚⬚	⬚⬚	⬚⬚⬚⬚	OTH	⬚⬚	⬚⬚	⬚⬚⬚⬚	OTH	⬚⬚	⬚⬚	⬚⬚⬚⬚

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
608	**CHECK 607: 'BCG' TO 'MMR 2' ALL RECORDED?**	YES NO ☐ ☐ ↓(GO TO 620) ↓	YES NO ☐ ☐ ↓(GO TO 620) ↓	YES NO ☐ ☐ ↓(GO TO 620) ↓
609	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? **RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS**	YES .... 1 **(PROBE FOR** ←┐ **VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 607 THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) THEN SKIP TO 620)** NO .... 2┐ DON'T KNOW .... 8 **(WRITE '55' IN THE** ←┘ **CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT CONFIRMED AS GIVEN), THEN SKIP TO 620**	YES .... 1 **(PROBE FOR** ←┐ **VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 607 THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) THEN SKIP TO 620)** NO .... 2┐ DON'T KNOW .... 8 **(WRITE '55' IN THE** ←┘ **CORRESPONDING DAY COLUMN FOR ALL CONFIRMED AS GIVEN), THEN SKIP TO 620**	YES .... 1 **(PROBE FOR** ←┐ **VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 607 THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) THEN SKIP TO 620)** NO .... 2┐ DON'T KNOW .... 8 **(WRITE '55' IN THE** ←┘ **CORRESPONDING DAY COLUMN FOR ALL CONFIRMED AS GIVEN), THEN SKIP TO 620**

610	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns?	YES 1
		NO 2
		     (SKIP TO 620) ←┤
		DON'T KNOW 8
			YES 1
			NO 2
			     (SKIP TO 620) ←┤
			DON'T KNOW 8
				YES 1
				NO 2
				     (SKIP TO 620) ←┤
				DON'T KNOW 8

611	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
612	Has (NAME) ever received vaccination against DPT, that is, an injection in the thigh?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

613	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1
		NO 2
		    (SKIP TO 615a) ←┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 615a) ←┤
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 615a) ←┤
				DON'T KNOW 8

614	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS .... 1 LATER 2	FIRST 2 WEEKS .... 1 LATER 2	FIRST 2 WEEKS .... 1 LATER 2
615	How many times was the polio vaccine given?	NUMBER OF TIMES ....☐	NUMBER OF TIMES ....☐	NUMBER OF TIMES ....☐
615a	Has (NAME) ever received injection against polio Usually taken in the 4 months?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
616	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh or buttocks sometimes at the same time as polio drops, which protects the child against diptheria, tetanus, pertussis, hepatitis B and haemophilus influenza?	YES .... 1 NO .... 2 (SKIP TO 618) ◄─┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 618) ◄─┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 618) ◄─┤ DON'T KNOW 8
617	How many times was the pentavalent vaccination given?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES ...... ☐	NUMBER OF TIMES ...... ☐
618	Has (NAME) ever received an MMR vaccination, that is, an injection in the arm to prevent measles, mumps and rubella?	YES .... 1 NO .... 2 (SKIP TO 620) ◄─┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 620) ◄─┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 620) ◄─┤ DON'T KNOW 8
619	How many times did (NAME) receive the MMR vaccine?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
620		**GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 621.**	**GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 621.**	**IF NO MORE BIRTHS, GO TO 621.**
621	**CHECK 224:** 0NE OR MORE BIRTHS ☐ SINCE JANUARY 2016	NO BIRTHS SINCE 2016 ☐		651

622	**CHECK 215: RECORD THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE 2016, IN THE TABLE, BEGINNING WITH THE LAST BIRTH.**
	IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES.
	Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
623	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐
624	**FROM 212**	NAME _____ LIVING ☐ DEAD ☐ (SKIP TO 649) ←	NAME _____ LIVING ☐ DEAD ☐ (SKIP TO 649) ←	NAME _____ LIVING ☐ DEAD ☐ (SKIP TO 649) ←
625	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
626	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
627	Has (NAME) had diarrhea in the last two weeks?	YES .... 1 NO .... 2 ⌐ (SKIP TO 637) ← DON'T KNOW .... 8 ⌐	YES .... 1 NO .... 2 ⌐ (SKIP TO 637) ← DON'T KNOW .... 8 ⌐	YES .... 1 NO .... 2 ⌐ (SKIP TO 637) ← DON'T KNOW .... 8 ⌐
628	Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? **IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?**	MUCH LESS .... 1 SOMEWHAT LESS. 2 ABOUT THE SAME 3 MORE .... 4 NOTHING TO DRINK ... 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS. 2 ABOUT THE SAME 3 MORE .... 4 NOTHING TO DRINK ... 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS. 2 ABOUT THE SAME 3 MORE .... 4 NOTHING TO DRINK ... 5 DON'T KNOW 8
629	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? **IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?**	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 STOPPED FOOD .... 5 NEVER GAVE FOOD ... 6 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 STOPPED FOOD .... 5 NEVER GAVE FOOD ... 6 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE .... 4 STOPPED FOOD .... 5 NEVER GAVE FOOD ... 6 DON'T KNOW 8
630	Did you seek advice or treatment for the diarrhea from any source?	YES .... 1 NO .... 2 (SKIP TO 634) ←	YES .... 1 NO .... 2 (SKIP TO 634) ←	YES .... 1 NO .... 2 (SKIP TO 634) ←

631	Where did you seek advice or treatment?
	
	Anywhere else?
	IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	Anywhere else?
	RECORD ALL PLACES MENTIONED.
	
	(1) _____
	(NAME OF PLACE(S))
	
	(2) _____
	(NAME OF PLACE(S))
	
	(3) _____
	(NAME OF PLACE(S))
		GOVERNMENT
		URBAN HOSPITAL
		  (GNRL/DSTCT) ... C
		URBAN HLTH UNIT.. D
		HEALTH OFFIC .... E
		RURAL HOSPITAL
		  (CENTRAL) .... F
		RURAL HLTH UNIT G
		MCH CENTER .... H
		OTHER GOV'T
		_____ I
		(SPECIFY)
		NONGOVERNMENTAL
		EGYPTIAN FP
		  ASSOC .... J
		CSI PROJECT .... K
		OTHER NGO____ L
		(SPECIFY)
		PRIVATE MEDICAL
		PVT. HOSPITAL/
		  CLINIC .... M
		PVT. DOCTOR .... N
		PHARMACY ...... O
		OTHER PVT.
		  MED. _____ P
		(SPECIFY)
		OTHER NON-MEDICAL
		_____ X
			GOVERNMENT
			URBAN HOSPITAL
			  (GNRL/DSTCT) ... C
			URBAN HLTH UNIT.. D
			HEALTH OFFIC .... E
			RURAL HOSPITAL
			  (CENTRAL) .... F
			RURAL HLTH UNIT G
			MCH CENTER .... H
			OTHER GOV'T
			_____ I
			(SPECIFY)
			NONGOVERNMENTAL
			EGYPTIAN FP
			  ASSOC .... J
			CSI PROJECT .... K
			OTHER NGO____ L
			(SPECIFY)
			PRIVATE MEDICAL
			PVT. HOSPITAL/
			  CLINIC .... M
			PVT. DOCTOR .... N
			PHARMACY ...... O
			OTHER PVT.
			  MED. _____ P
			(SPECIFY)
			OTHER NON-MEDICAL
			_____ X
				GOVERNMENT
				URBAN HOSPITAL
				  (GNRL/DSTCT) ... C
				URBAN HLTH UNIT.. D
				HEALTH OFFIC .... E
				RURAL HOSPITAL
				  (CENTRAL) .... F
				RURAL HLTH UNIT G
				MCH CENTER .... H
				OTHER GOV'T
				_____ I
				(SPECIFY)
				NONGOVERNMENTAL
				EGYPTIAN FP
				  ASSOC .... J
				CSI PROJECT .... K
				OTHER NGO____ L
				(SPECIFY)
				PRIVATE MEDICAL
				PVT. HOSPITAL/
				  CLINIC .... M
				PVT. DOCTOR .... N
				PHARMACY ...... O
				OTHER PVT.
				  MED. _____ P
				(SPECIFY)
				OTHER NON-MEDICAL
				_____ X

632	**CHECK 631:**	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED ↓ (SKIP TO 634) ←	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED ↓ (SKIP TO 634) ←	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED ↓ (SKIP TO 634) ←
633	Where did you first seek advice or treatment? **USE LETTER CODE FROM 631.**	FIRST PLACE ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐
634	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called *mahloul moalget el gafaf*? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid? d) Zinc tablets or syrup?	YES NO DK MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8 ZINC ... 1 2 8	YES NO DK MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8 ZINC ... 1 2 8	YES NO DK MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8 ZINC ... 1 2 8

635	**CHECK 634:**
	☐ ANY 'YES'
	a) Was anything else given to treat the diarrhea?
	┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄
	☐ ALL 'NO' OR 'DK'
	b) Was anything given to treat the diarrhea?
		YES 1
		NO 2
		    (SKIP TO 637) ◄
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 637) ◄
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 637) ◄
				DON'T KNOW 8

636	**CHECK 634:**
	☐ ANY 'YES'
	a) What else was given to treat the diarrhea?
	Anything else?
	┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄
	☐ ALL 'NO' OR 'DK'
	b) What was given to treat the diarrhea?
	Anything else?
		PILL OR SYRUP
		  ANTIBIOTIC ...... A
		  ANTIMOTILITY B
		  ZINC C
		  OTHER (NOT ANTI-
		    BIOTIC, ANTI-
		    MOTILITY, OR
		    ZINC) .... D
		  UNKNOWN PILL
		    OR SYRUP ... E
		INJECTION
		  ANTIBIOTIC ...... F
		  NON-ANTIBIOTIC ... G
		  UNKNOWN
		    INJECTION ... H
		(IV) INTRAVENOUS I
		HOME REMEDY
		  HERBAL MED-
		    ICINE .... J
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC ...... A
			  ANTIMOTILITY B
			  ZINC C
			  OTHER (NOT ANTI-
			    BIOTIC, ANTI-
			    MOTILITY, OR
			    ZINC) .... D
			  UNKNOWN PILL
			    OR SYRUP ... E
			INJECTION
			  ANTIBIOTIC ...... F
			  NON-ANTIBIOTIC G
			  UNKNOWN
			    INJECTION ... H
			(IV) INTRAVENOUS I
			HOME REMEDY/
			  HERBAL MED-
			    ICINE .... J
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC ...... A
				  ANTIMOTILITY B
				  ZINC C
				  OTHER (NOT ANTI-
				    BIOTIC, ANTI-
				    MOTILITY, OR
				    ZINC) .... D
				  UNKNOWN PILL
				    OR SYRUP ... E
				INJECTION
				  ANTIBIOTIC ...... F
				  NON-ANTIBIOTIC G
				  UNKNOWN
				    INJECTION ... H
				(IV) INTRAVENOUS I
				HOME REMEDY/
				  HERBAL MED-
				    ICINE .... J
				OTHER _____ X
				    (SPECIFY)

637	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

638	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		  (SKIP TO 641) ◄
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 641) ◄
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 641) ◄
				DON'T KNOW 8

639	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1
		NO 2
		  (SKIP TO 642) ◄
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 642) ◄
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 642) ◄
				DON'T KNOW 8

640	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1
		NOSE ONLY 2
		BOTH 3
		OTHER _____ 6
		   (SPECIFY)
		DON'T KNOW 8
		(SKIP TO 642) ◄
			CHEST ONLY ... 1
			NOSE ONLY 2
			BOTH 3
			OTHER _____ 6
			   (SPECIFY)
			DON'T KNOW 8
			(SKIP TO 642) ◄
				CHEST ONLY ... 1
				NOSE ONLY 2
				BOTH 3
				OTHER _____ 6
				   (SPECIFY)
				DON'T KNOW 8
				(SKIP TO 642) ◄

641	**CHECK 637:**
	HAD FEVER?
		YES NO OR DK
		☐ ☐
		     (SKIP TO 649) ◄
			YES NO OR DK
			☐ ☐
			     (SKIP TO 649) ◄
				YES NO OR DK
				☐ ☐
				     (SKIP TO 649) ◄

642	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 647) ◄────	YES . . . . 1 NO . . . . 2 (SKIP TO 647) ◄────	YES . . . . 1 NO . . . . 2 (SKIP TO 647) ◄────

643	Where did you seek advice or treatment?
	
	Anywhere else?
	IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	Anywhere else?
	RECORD ALL PLACES MENTIONED.
	
	(1) _____
	
	(NAME OF PLACE(S))
	
	(2) _____
	
	(NAME OF PLACE(S))
	
	(3) _____
	
	(NAME OF PLACE(S))
		GOVERNMENT
		URBAN HOSPITAL
		   (GNRL/DSTCT) . C
		URB HLTH UNI˙ . . . D
		HEALTH OFFIC . . . E
		RURAL HOSPITAL
		   (CENTRAL) . . . F
		RURAL HLTH UNIT G
		MCH CENTER . . . H
		OTHER GOV'T
		_____ I
		(SPECIFY)
		NONGOVERNMENTAL
		EGYPTIAN FP
		   ASSOC . . . . . . J
		CSI PROJECT . . . K
		OTHER NGO
		_____ L
		(SPECIFY)
		PRIVATE MEDICAL
		PVT. HOSPITAL/
		   CLINIC . . . . M
		PVT. DOCTOR . . . N
		PHARMACY . . . . . . O
		OTHER PVT.
		   MED. P
		(SPECIFY)
		OTHER NON-MEDICAL
		_____ X
			GOVERNMENT
			URBAN HOSPITAL
			   (GNRL/DSTCT) . C
			URB HLTH UNI˙ . . . D
			HEALTH OFFIC . . . E
			RURAL HOSPITAL
			   (CENTRAL) . . . F
			RURAL HLTH UNIT G
			MCH CENTER . . . H
			OTHER GOV'T
			_____ I
			(SPECIFY)
			NONGOVERNMENTAL
			EGYPTIAN FP
			   ASSOC . . . . . . J
			CSI PROJECT . . . K
			OTHER NGO
			_____ L
			(SPECIFY)
			PRIVATE MEDICAL
			PVT. HOSPITAL/
			   CLINIC . . . . M
			PVT. DOCTOR . . . N
			PHARMACY . . . . . . O
			OTHER PVT.
			   MED. P
			(SPECIFY)
			OTHER NON-MEDICAL
			_____ X
				GOVERNMENT
				URBAN HOSPITAL
				   (GNRL/DSTCT) . C
				URB HLTH UNI˙ . . . D
				HEALTH OFFIC . . . E
				RURAL HOSPITAL
				   (CENTRAL) . . . F
				RURAL HLTH UNIT G
				MCH CENTER . . . H
				OTHER GOV'T
				_____ I
				(SPECIFY)
				NONGOVERNMENTAL
				EGYPTIAN FP
				   ASSOC . . . . . . J
				CSI PROJECT . . . K
				OTHER NGO
				_____ L
				(SPECIFY)
				PRIVATE MEDICAL
				PVT. HOSPITAL/
				   CLINIC . . . . M
				PVT. DOCTOR . . . N
				PHARMACY . . . . . . O
				OTHER PVT.
				   MED. P
				(SPECIFY)
				OTHER NON-MEDICAL
				_____ X

644	**CHECK 643:**	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED │ (SKIP TO 646) ◄────	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED │ (SKIP TO 646) ◄────	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED │ (SKIP TO 646) ◄────
645	Where did you first seek advice or treatment? USE LETTER CODE FROM 643.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
646	How many days after the illness began, did you first seek advice or treatment for (NAME)?	DAYS . . . . . . ☐	DAYS . . . . . . ☐	DAYS . . . . . . ☐
647	At any time during the fever /cough, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 649) ◄────	YES . . . . 1 NO . . . . 2 (SKIP TO 649) ◄────	YES . . . . 1 NO . . . . 2 (SKIP TO 649) ◄────

648	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIBIOTIC DRUGS
		 PILL/SYRUP ... A
		 INJECTION ... B
		
		OTHER DRUGS
		 ASPIRIN C
		 ACETA-
		  MINOPHEN ... D
		 IBUPROFEN ... E
		 OTHER ANTI
		 PYRETIC_____ F
		  (SPECIFY)
		
		 COUGH DRUG ... G
		 OTHER _____ X
		  (SPECIFY)
		 DON'T KNOW ...... Z
			ANTIBIOTIC DRUGS
			 PILL/SYRUP ... A
			 INJECTION ... B
			
			OTHER DRUGS
			 ASPIRIN C
			 ACETA-
			  MINOPHEN ... D
			 IBUPROFEN ... E
			 OTHER ANTI
			 PYRETIC_____ F
			  (SPECIFY)
			
			 COUGH DRUG ... G
			 OTHER _____ X
			  (SPECIFY)
			 DON'T KNOW ...... Z
				ANTIBIOTIC DRUGS
				 PILL/SYRUP ... A
				 INJECTION ... B
				
				OTHER DRUGS
				 ASPIRIN C
				 ACETA-
				  MINOPHEN ... D
				 IBUPROFEN ... E
				 OTHER ANTI
				 PYRETIC_____ F
				  (SPECIFY)
				
				 COUGH DRUG ... G
				 OTHER _____ X
				  (SPECIFY)
				 DON'T KNOW ...... Z

649		**GO BACK TO 623 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 650.**	**GO BACK TO 623 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 650.**	**GO BACK TO 623 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 650.**

650	**CHECK 634 (ITEMS (a) AND (b)), ALL COLUMNS:**		
	NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ↓	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID	→ 701
651	Have you ever heard of a special product called mahloul moalget el gafaf you can get for the treatment of diarrhea?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	**CHECK 215 AND 216:** ONE OR MORE IN JANUARY 2017 ☐ NONE ☐		→ 801
702	**THE CHILD WILL BE RANDOMLY SELECTED** BIRTH HISTORY NUMBER .... ☐☐ NAME OF CHILD _____ (NAME)		
703	How many books and picture books for children do you have in the house, And can (name) use?	NON ANY BOOKS .... 97 NUMBER OF CHILDREN BOOKS ☐☐ 10 OR MORE BOOKS 95	

704	I'm interested in learning about the things that (name)
	 Plays with when he/she is at home
	   Does he/she play with:
	 a) Homemade toys (sush as dolls, cars,or other toys made at home?
	
	 b) Toys from a shop or manufactured?
	
	) Household objects (such as bowls or pots) or objects found
	   outside (such as sticks, rocks, animal shells or leaves)?
		YES NO DK
		 HOMEMADE TOYS ... 1 2 8
		
		 TOYS FROM A SHOP 1 2 8
		
		 HOUSEHOLD OBJECTS 1 2 8	

705	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week, was (NAME) left alone : a) for more than one hour? b) in the care of another child, that is, someone less than 10 years old, for more than one hour? **IF NONE, RECORD '0'. IF 'DON'T KNOW', RECORD '8'.**	DAYS LEFT ALONE FOR MORE THAN ONE HOUR ………… ☐ LEFT ALONE WITH ANOTHER CHILD FOR MORE THAN ONE HOUR .... ☐	
706	**CHECK 217:**	0- 1 YEAR .... 1 2 OR 3 OR 4 YEARS 2	→ 710
707	**In the past 3 days**, did you or any household member age 15 and older engage in any of the following activities with (NAME)? **IF YES, ASK:** Who engaged in this activity with name? step-mother/ step-father who living within the household recored mother or father **The code "NO ONE" cannot be recorded if there is a family member aged 15 years and over doing activities with the child** a) Read books or looked at picture books? b) Told stories to (NAME)? c) Sang songs to or with (NAME) including lullabies? d) Took (NAME) outside the home? e) Played with (NAME)? f) Named, counted or drew things for or with (NAME)?	NO MOTHER FATHER OTHER ONE BOOKS . A B X Y STORIES . . A B X Y SONGS . A B X Y OUTSIDE A B X Y PLAYED A B X Y NAMED A B X Y	
708	**CHECK 217:**	2 YEAR OLD .... 1 3 OR 4 YEARS 2	→ 710

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	I would like to ask you some questions about the health and development of (name). children do not all develop and learn at the same rate. for example, some walk earlier than others. these questions are related to several aspects of (name)'s development.		
A	can (name) identify or name at least ten letters of the alphabet?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
B	can (name) read at least four simple, popular words?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
C	does (name) know the name and recognize the symbol of all numbers from 1 to 10?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
D	can (name) pick up a small object with two fingers, like a stick or a rock from the ground?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
E	is (name) sometimes too sick to play?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
F	does (name) follow simple directions on how to do something correctly?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
G	when given something to do, is (name) able to do it independently? I mean, he can sit and do something on his own, like he paints or builds a house without asking for help from anyone?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
H	does (name) get along well with other children?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
I	does (name) kick, bite, or hit other children or adults?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
J	does (name) get distracted easily?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
710	**CHECK 215 AND 218, ALL ROWS:** NUMBER OF CHILDREN BORN IN JANUARY 2019 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER _____ (NAME)		801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Now I would like to ask you about liquids or foods that (NAME FROM 710) had yesterday during the day or at night. Did (NAME FROM 710) drink or eat:	YES NO DK	
	a) Plain water?	**a)** 1 2 8	
	b) Juice?	**b)** 1 2 8	
	c) Clear broth?	**c)** 1 2 8	
	d) Any Milk such as tinned, powdered, or fresh animal milk? **IF 7 OR MORE TIMES, RECORD '7'.**	**d)** . . . . . 1 2 8 NUMBER OF TIMES DRANK MILK ☐	
	e) Infant formula, that is, a special commercially produced breastmilk substitutes such as Similac, Bebelack and Biomeal? **IF 7 OR MORE TIMES, RECORD '7'.**	**e)** . . . . . 1 2 8 NUMBER OF TIMES DRANK FORMULA ☐	
	f) Any other liquids?	**f)** 1 2 8	
	g) Yogurt? **IF 7 OR MORE TIMES, RECORD '7'.**	**g)** . . . . . 1 2 8 NUMBER OF TIMES ATE YOGURT ☐	
	h) Any fortified baby cereal, e.g., Cerelac, that you buy from a store or other place?	**h)** 1 2 8	

NO.	QUESTIONS AND FILTERS						
711a	Now I would like to ask you about liquids or foods(OTHER) that (NAME FROM 710) or you had yesterday during the day or at night. I am interested in whether your child or you had the item I mention even if it was combined with other foods. Did (NAME/ you) drink or eat:	CHILD			MOTHER		
		YES	NO	DK	YES	NO	DK
	a) Bread, rice, noodles, porridge, or other foods made from grains?	1	2	8	1	2	8
	b) Pumpkin, carrots, squash or potatoes that are yellow or orange inside?	1	2	8	1	2	8
	c) potatoes/White potatoes, white yams, or any other foods made from	1	2	8	1	2	8
	d) Any dark green, leafy vegetables?	1	2	8	1	2	8
	e) Ripe mangoes, papayas (yellow) or apricots?	1	2	8	1	2	8
	f) Any other fruits or vegetables?	1	2	8	1	2	8
	g) Liver, kidney, heart or other organ meats?	1	2	8	1	2	8
	h) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	8	1	2	8
	i) Eggs?	1	2	8	1	2	8
	j) Fresh or dried fish or shellfish?	1	2	8	1	2	8
	k) Any foods made from beans, peas, lentils, or nuts?	1	2	8	1	2	8
	l) Cheese or other food made from milk?	1	2	8	1	2	8
	m) Fast food that is spicy or fried like chips or karate or Crackers and snacks?	1	2	8	1	2	8
	n) Sweets like chocolate, biscuits, and bonbons...... Etc?	1	2	8	1	2	8
	o) Drinks like Pepsi and Tang or any sugar-sweetened juices?	1	2	8	1	2	8
	p) Nuts like pulp, peanuts, hummus, sesame paste and peanut butter?				1	2	8
	q) Milk, cheese, yogurt or any other dairy products?				1	2	8
	r) Seasonings, spices, sauce or any other seasoning blends				1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	s) Tea or coffee without sugar?		1 2 8	
	t) Any other solid, semi-solid, or soft food?	1 . 2 8	1 2 8	
712	**CHECK 711 (CATEGORIES "h,g" and 711a for child :** NOT A SINGLE ☐ AT LEAST ONE ☐ "YES" ↓ "YES"			→ 714

713	Did (NAME FROM 710) eat any solid, semi-solid, or soft foods yesterday during the day or at night?
	
	IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?
		YES . . . . 1 ⌐
		(GO BACK TO 711, 711A TO RECORD ←┘
		      FOOD EATEN YESTERDAY) ⌐
		   (THEN CONTINUE TO 714) ←┘
		
		NO . . . . 2 → 715		

714	How many times did (NAME FROM 710) eat solid, semi-solid, or soft foods yesterday during the day or at night? **IF 7 OR MORE TIMES, RECORD '7'.**	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8		
715	**CHECK 711 INFANT FORMULA (CATEGORY "e"):** NO/DON'T KNOW ☐ YES ☐ ↓			→ 717
716	You told me that you did not give (NAME FROM 710) infant formula yesterday during the day or night. Are you giving (NAME) infant formula at all now?	YES . . . . 1 NO . . . . 2 → 719		
717	Is the infant formula you are giving (NAME) subsidized by the government?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
718	Is the infant formula you are giving (NAME) available at your local primary health care clinic?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

719	The last time (NAME FROM 710) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		OTHER _____ 96
		                    (SPECIFY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	**CHECK 104: MARITAL STATUS** CURRENTLY MARRIED WIDOWED/ DIVORCED/ SEPARATED		→ 804
802	**RECORD LINE NUMBER OF HUSBAND FROM HOUSEHOLD SCHEDULE. IF HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.**	HUSBAND'S LINE NUMBER . .	
803	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS	
804	In what month and year was your (last) husband born? **FOR CURRENTLY MARRIED WOMEN COMPARE AND CORRECT 803 AND/OR 804 IF INCONSISTENT.**	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
805	Before you got married, was your (last) husband related to you in anyway through blood or marriage?	YES . . . . 1 NO 2	→ 806A
806	What type of relationship was it?	FIRST COUSIN FATHER'S SIDE . . . 1 FIRST COUSIN MOTHER'S SIDE . . . 2 SECOND COUSIN FATHER'S SIDE. . . 3 SECOND COUSIN MOTHER'S SIDE. . 4 OTHER RELATIVE FATHER'S SIDE. . . 5 OTHER RELATIVE MOTHER'S SIDE. . . 6 RELATIVE BY MARRIAGE. 7	
806A	Does your husband (did your last husbnd) have other wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 807
806B	Including yourself, in total, how many wives does (did) he have?	TOTAL NUMBER OF WIVES . . . . . . DON'T KNOW 98	
806C	Are you the first, second, … wife?	RANK	
807	Did your (last) husband ever attend school?	YES . . . . 1 NO 2	→ 810
808	What is the highest level of school he attended?	PRIMARY . . . . 1 PREPARATORY . . . . 2 SECONDARY . . . . 3 UPPER INTERMEDIATE . . . . 4 UNIVERSITY . . . . 5 MORE THAN UNIVERSITY 6	
809	What was the highest grade he completed at that level? **IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.**	GRADE . . . . DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	**CHECK 104: MARITAL STATUS** CURRENTLY MARRIED ☐ WIDOWED/ DIVORCED/ SEPARATED ☐		813
811	Has your husband done any work in the past seven days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 813
812	Has your husband done any work in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 814

813	**CHECK 104:**
	
	CURRENTLY MARRIED ☐ WIDOWED/DIVORCED/ SEPARATED ☐
	
	a) What is your husband's occupation? That is, what kind of work does he mainly do? b) What was your (last) husband's occupation? That is, what kind of work did he mainly do?
		PROFESSIONAL/ TECHNICAL/
		    MANAGERIAL 01
		CLERICAL 02
		SALES AND SERVICES 03
		SKILLED SERVICES 04
		UN SKILLED MANUAL 05
		AGRICULTURAL 06
		OTHER _____ 96
		       (SPECIFY)	

814	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 818
815	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 818
816	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . 1 NO 2	→ 818
817	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 823

818	What is your occupation, that is, what kind of work do you mainly do?	PROFESSIONAL/ TECHNICAL/
		    MANAGERIAL 01
		CLERICAL 02
		SALES AND SERVICES 03
		SKILLED SERVICES 04
		UN SKILLED MANUAL 05
		AGRICULTURAL 06
		OTHER _____ 96
		       (SPECIFY)	

819	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
820	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
821	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Is this work outside the home or inside the home?	OUTSIDE THE HOME .... 1 INSIDE THE HOME 2	
823	**CHECK 104: MARITAL STATUS** CURRENTLY WIDOWED/ MARRIED DIVORCED/ SEPARATED		➤ 831
824	**CHECK 821:** CODE 1 OR 2 CIRCLED OTHER		➤ 827

825	Who decides how the money you earn will be used:
	you, your husband, or you and your
	husband jointly?
		RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		OTHER _____ 6
		              (SPECIFY)	

826	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM .... 1 LESS THAN HIM .... 2 ABOUT THE SAME .... 3 HUSBAND HAS NO EARNINGS ...... 4 DON'T KNOW 8	➤ 828

827	Who decides how your husband's earnings will be used:
	you, your husband, or you and your
	husband jointly?
		RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		HUSBAND HAS NO EARNINGS 4
		OTHER _____ 6
		              (SPECIFY)	

828	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		              (SPECIFY)	

829	Who usually makes decisions about making major household purchases?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		              (SPECIFY)	

830	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		              (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
831	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
832	Do you own any agricultural or nonagricultural land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	

833	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT
		   LISTEN. NOT PRES
		            LISTEN.
		CHILDREN < 10 . . . . . . 1 2 3
		HUSBAND 1 2 3
		OTHER MALES 1 2 3
		OTHER FEMALES . . . 1 2 3	

834	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK GOES OUT . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . 1 2 8 REFUSES SEX . . . . . . 1 2 8 BURNS FOOD 1 2 8	

835	Now I would like to ask you some questions about medical care for yourself.
	
	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?
	
	a) Getting permission to go to the doctor?
	
	b) Getting money needed for advice or treatment?
	
	c) The distance to the health facility?
	
	d) Having to take transportation?
	
	e) Not wanting to go alone?
	
	f) Concern that there may not be a female health provider?
	
	g) Concern that there may not be any health provider?
	
	h) Concern that there may be no drugs available?
		BIG NOT A BIG
		        PROB- PROB-
		        LEM LEM
		
		PERMISSION TO GO . . 1 2
		
		GETTING MONEY . . . 1 2
		
		DISTANCE 1 2
		
		TAKING TRANSPORT . . 1 2
		
		GO ALONE 1 2
		
		NO FEMALE PROV. . . . 1 2
		
		NO PROVIDER 1 2
		
		NO DRUGS 1 2	

836	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 901

837	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		HEALTH INSURANCE THROUGH
		  THE GENERAL AGENCY OF
		  HEALTH INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		  EMPLOYER . . . . B
		HEALTH INSURANCE THROUGH
		  ANY OF THE SYNDICATES C
		OTHER PRIVATELY PURCHASED
		  COMMERCIAL HEALTH INSURANCE D
		OTHER _____ X
		        (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	INTERVIEWER:CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY		
901	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES . . . . 1 NO 2	→ 904
902	How old were you when you were circumcised? **RECORD '00' FOR RESPONSE 'AS A BABY/DURING INFANCY'.**	AGE IN COMPLETED YEARS [ ][ ] DON'T KNOW 98	
903	Who performed the circumcision?	DOCTOR . . . . 1 NURSE/OTHER HLTH PROVIDER . 2 DAYA . . . . 3 BARBER . . . . 4 GHAGARIA . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

904	**CHECK 213, 216, AND 217**
	
	    AT LEAST ONE NO SURVIVING
	SURVIVING DAUGHTER [ ] DAUGHTERS [ ]
	   AGE 0-19 YEARS↓ 0-19 YEARS
			→ 915

905	**CHECK QUESTIONS 213 AND 217 AND IDENTIFY ALL OF THE WOMAN'S SURVIVING DAUGHTERS AGES 0-19 YEARS. ENTER THE NAME, AND LINE NUMBER FOR EACH DAUGHTER IN 906 BELOW BEGINNING WITH THE YOUNGEST DAUGHTER. USE AN ADDITIONAL QUESTIONNAIRE IF MORE THAN FOUR DAUGHTERS.** Now I would like to ask you some questions about your (daughter/daughters).		

906	**CHECK 212:** **RECORD NAME(S) AND LINE NUMBER(S) FOR DAUGHTERS**	[ ][ ] LINE NO. _____ (NAME)	[ ][ ] LINE NO. _____ (NAME)	[ ][ ] LINE NO. _____ (NAME)	[ ][ ] LINE NO. _____ (NAME)	

907	**CHECK 217:**	AGE
		15-19 0-14
		YRS YRS
		[ ]↓ (GO TO [ ]
		    909)←
			AGE
			15-19 0-14
			YRS YRS
			[ ]↓ (GO TO [ ]
			    909)←
				AGE
				15-19 0-14
				YRS YRS
				[ ]↓ (GO TO [ ]
				    909)←
					AGE
					15-19 0-14
					YRS YRS
					[ ]↓ (GO TO [ ]
					    909)←	

908	What is (NAME'S) marital status?	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED . 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	

909	Is (NAME) circumcised?	YES 1
		NO 2
		DK 8
		(GO TO NEXT
		  DAUGHTER
		  OR TO 912)
			YES 1
			NO 2
			DK 8
			(GO TO NEXT
			  DAUGHTER
			  OR TO 912)
				YES 1
				NO 2
				DK 8
				(GO TO NEXT
				  DAUGHTER
				  OR TO 912)
					YES 1
					NO 2
					DK 8
					(GO TO 906
					  IN NEW
					QUESTIONNAIRE
					OR IF NO MORE
					DAUGHTERS,
					GO TO 912)	

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES			SKIP

NO.	QUESTIONS AND FILTERS	_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)	
910	How old was (NAME) when she was circumcised?	AGE ☐☐ DK 98	AGE ☐☐ DK 98	AGE ☐☐ DK 98	AGE ☐☐ DK 98	
911	Who performed the circumcision to (NAME)?	DOCTOR . . 1 NURSE/ OTHER HLTH PRV. 2 DAYA . . . . 3 BARBER . 4 GHAGARIA 5 OTHER 6 ‾‾‾‾‾‾‾ (SPECIFY) DK 8	DOCTOR . . 1 NURSE/ OTHER HLTH PRV. 2 DAYA . . . . 3 BARBER . 4 GHAGARIA 5 OTHER 6 ‾‾‾‾‾‾‾ (SPECIFY) DK 8	DOCTOR . . 1 NURSE/ OTHER HLTH PRV. 2 DAYA . . . . 3 BARBER . 4 GHAGARIA 5 OTHER 6 ‾‾‾‾‾‾‾ (SPECIFY) DK 8	DOCTOR . . 1 NURSE/ OTHER HLTH PRV. 2 DAYA . . . . 3 BARBER . 4 GHAGARIA 5 OTHER 6 ‾‾‾‾‾‾‾ (SPECIFY) DK 8	
911A		(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	**CHECK 909 AND RECORD THE NUMBER OF DAUGHTERS AGE 0-19 YEARS WHO HAVE NOT BEEN CIRCUMCISED.**	NUMBER . . . . ☐☐	
913	**CHECK 912:** AT LEAST ONE ☐ DAUGHTER NOT CIRCUMCISED ↓ ALL ☐ DAUGHTERS CIRCUMCISED		→ 915
914	You have (NUMBER IN 912) daughter(s) who (has/have) not been circumcised. Do you intend that (she/they) will be circumcised in the future?	YES . . . . 1 NO . . . . 2 HAVE NOT DECIDED/UNSURE . . . 8	
915	During the past year have you discussed female circumcision with your relatives, friends, or neighbors?	YES . . . . 1 NO 2	
916	During the past year have you heard, seen or received any information about female circumcision?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 918

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED	TELEVISION . . . . A RADIO . . . . B NEWSPAPER/MAGAZINE . . . . C PAMPHLET/BROCHURE . . . . D POSTER . . . . E COMMUNITY MEETING . . . . F EDUCATIONAL SEMINAR . . . . G HOME VISIT BY HEALTH WORKER . . H FACILITY-BASED HEALTH WORKER . . I HUSBAND . . . . J OTHER RELATIVE/FRIENDS . . . . K INTERNET/SOCIAL MEDIA . . . . L OTHER _____ X (SPECIFY)	
918	Do you believe that the practice of female circumcision is required by religious precepts?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
919	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED . . . . 1 STOPPED . . . . 2 DON'T KNOW 8	
920	Do you think that men want this practice to continue or to stop?	CONTINUED . . . . 1 STOPPED . . . . 2 DON'T KNOW 8	
921	Who in your family has the final say on whether a girl is circumcised? Is the women in the family or the men?	MOTHER . . . . 1 FATHER . . . . 2 ANOTHER FAMILY MEMBERS . . . . 3 OTHER _____ 4 (SPECIFY) DON'T KNOW 8	
922	Is there a law in Egypt that criminalizes female circumcision?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
923	I will read you some statements about circumcision. Please tell me if you agree or disagree. a) A husband will prefer his wife to be circumcised. b) Circumcision prevents adultery. c) Circumcision can cause severe consequences that can lead to a girl's death.	DIS- AGREE AGREE DK HUSBAND PREFER. . 1 2 8 PREVENTS ADULTERY . . . . . . 1 2 8 MAY LEAD TO GIRL'S DEATH . . . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	**CHECK 104: MARITAL STATUS** CURRENTLY ☐ WIDOWED/ ☐ MARRIED ↓ DIVORCED/ SEPARATED		→ 1010
	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY		
1002	Now I would like to ask you some questions about other health services you may have received. Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	→ 1005

1003	What infections have you heard about?
	
	PROBE:
	    what else?
		GON0RRHEA . . . . A
		SYPHILIS . . . . B
		PAPILLOMA C
		GENITAL HERPES . . . . D
		HEPATITIS B . . . . E
		HIV . . . . F
		TRYPKOMONAS PARASITE . . . . G
		SOFT ULCERS . . . . H
		OTHER _____ X
		                (SPECIFY)	

1004	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1005	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1007	**CHECK 1004, 1005, AND 1006:** HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION ↓ INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 1010
1008	The last time you had (PROBLEM FROM 1004/1005/1006), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 1010

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1009	Where did you go?
	
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		MINISTRY OF HEALTH AND POPULATION
		    URBAN HOSPITAL (GNRL/DSTRCT) A
		    URBAN HEALTH UNIT . . . . B
		    HEALTH OFFICE C
		    RURAL HOSPITAL (CENTRAL) . . . . . . D
		    RURAL HEALTH UNIT . . . . E
		    MCH CENTER . . . . F
		    MOBILE UNIT . . . . G
		OTHER GOVERNMENTAL
		    UNIVERSITY/TEACHING HOSPITAL H
		    HEALTH INSURANCE ORG. . . . I
		    CURATIVE CARE ORGANIZATION . J
		    OTHER GOVERNMENTAL . . . . K
		NON-GOVERNMENTAL
		    EGYPT FAMILY PLANNING ASSOC. . L
		    CSI PROJECT . . . . M
		    OTHER NON-GOVERNMENTAL . . . N
		PRIVATE MEDICAL
		    PRIVATE HOSPITAL/ CLINIC . . . . . . O
		    PRIVATE DOCTOR . . . . P
		    PHARMACY . . . . Q
		    MOSQUE HEALTH UNIT . . . . R
		    CHURCH HEALTH UNIT . . . . S
		OTHER NON-MEDICAL
		    VENDOR (SHOP, KIOSK,
		        ETC.) . . . . T
		    FRIEND/RELATIVE . . . . U
		    OTHER _____ X
		                          (SPECIFY)	

1010	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1011	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

1012	**CHECK 104: MARITAL STATUS**
	
	        CURRENTLY WIDOWED/
	        MARRIED ⬒ DIVORCED/ ⬓ ⟶
	             ⬇ SEPARATED
			1100

1013	Can you say no to your husband if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1014	Could you ask your husband to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1100	**CHECK HOUSEHOLD QUESTIONNAIRE: IDENTIFICATION PAGE FOR SUB-SAMPLE AND Q001 FOR LINE NUMBER:** WOMAN SELECTED □ WOMAN □ FOR THIS SECTION NOT SELECTED		→ 1201
1101	**CHECK FOR PRESENCE OF OTHERS:** **DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.** PRIVACY PRIVACY OBTAINED . . . . 1 NOT POSSIBLE . . . . 2 ———		→ 1127
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Egypt. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		

1102	**CHECK 104:**
	
	CURRENTLY □ FORMERLY
	MARRIED MARRIED □
	             (READ IN PAST TENSE
	             AND USE 'LAST' WITH
	             HUSBAND')		

1103	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	YES NO DK JEALOUS . . . . 1 2 8 ACCUSES . . . . 1 2 8 NOT MEET FRIENDS . . . 1 2 8 NO FAMILY . . . . 1 2 8 WHERE YOU ARE 1 2 8	

1104	Now I need to ask some more questions about your relationship with your (last) husband. A Did your (last) husband ever:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?	

		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	say or do something to humiliate you in front of others?	YES 1 → NO 2	1	2	3
b)	threaten to hurt or harm you or someone you care about?	YES 1 → NO 2	1	2	3
c)	insult you or make you feel bad about yourself?	YES 1 → NO 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1105	A Did your (last) husband ever do any of the following things to you:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?				

		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	
	b) slap you?	YES 1 → NO 2 ↓	1	2	3	
	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 → NO 2 ↓	1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 → NO 2 ↓	1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 → NO 2 ↓	1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	

| 1106 | **CHECK 1105A:**

AT LEAST ONE ☐   NOT A SINGLE ☐
'YES' ↓   'YES' | | | | | → 1109 |

| 1107 | How long after you first got married to your (last) husband did (this/any of these things) first happen? | MONTHS . . . . 1 ☐☐

YEARS 2

BEFORE MARRIAGE . . . . 995 | | | | |

1108	Did the following ever happen as a result of what your (last) husband did to you:					
	a) You had cuts, bruises, or aches?	YES . . . . 1 NO 2				
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . 1 NO 2				
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . 1 NO 2				

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES . . . . 1 NO 2	→ 1111
1110	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1111	Does (did) your (last) husband drink alcohol or use drugs?	YES, DRINKS . . . . A YES, USES DRUGS . . . . B DOES NOT DRINK OR USE DRUGS . . . C	→ 1113
1112	How often does (did) he do this: often, sometimes, or very rarely?	OFTEN . . . . 1 SOMETIMES . . . . 2 RARELY 3	
1113	Are (were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . 1 SOMETIMES AFRAID . . . . 2 NEVER AFRAID 3	
1114	**CHECK 105:** MARRIED MORE ☐ MARRIED ONLY ☐ THAN ONCE ↓ ONCE		→ 1116
1115	A So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband. B How long ago did this last happen?		

		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
1115	a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → NO 2 ↓	1	2	3
	b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 → NO 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1116	From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1119
1117	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHER . . . . C DAUGHTER/SON . . . . D OTHER RELATIVE . . . . E MOTHER-IN-LAW . . . . H FATHER-IN-LAW . . . . I OTHER IN-LAW . . . . J TEACHER . . . . K EMPLOYER/SOMEONE AT WORK . . . . . . L POLICE/SOLDIER . . . . M OTHER _____ X (SPECIFY)	
1118	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	**CHECK CALENDAR AND BOTTOM OF CALENDAR:** EVER BEEN ☐ NEVER BEEN ☐ PREGNANT PREGNANT		→ 1122
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . 1 NO 2	→ 1122
1121	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND . . . . . . A MOTHER/STEP-MOTHER . . . . B FATHER/STEP-FATHER . . . . C SISTER/BROTHER . . . . D DAUGHTER/SON . . . . E OTHER RELATIVE . . . . F FORMER HUSBAND. . . . . G MOTHER-IN-LAW . . . . J FATHER-IN-LAW . . . . K OTHER IN-LAW . . . . L TEACHER . . . . M EMPLOYER/SOMI. . . . . N POLICE/SOL . . . . O OTHER _____ X (SPECIFY)	
1122	**CHECK 1105A (a-j), 1115, 1116, AND 1120:** AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' 'YES'		→ 1125
1123	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . 1 NO 2	→ 1125

1124	From whom have you sought help?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		HUSBAND'S FAMILY. . . . . B
		CURRENT/FORMER
		   HUSBAND C
		FRIEND . . . . E
		NEIGHBOR . . . . F
		RELIGIOUS LEADER . . . . G
		DOCTOR/MEDICAL PERSONNEL. . . . . H
		POLICE I
		LAWYER . . . . J
		SOCIAL SERVICE ORGANIZATION . . . . . . K
		OTHER _____ X
		                   (SPECIFY)	

1125	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

NO.	QUESTIONS AND FILTERS					SKIP
1126	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES ONCE	YES, MORE THAN ONCE	NO	
		HUSBAND	1	2	3	
		OTHER MALE ADULT . . .	1	2	3	
		FEMALE ADULT	1	2	3	
1127	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Have you ever heard about coronavirus (COVID-19)?	YES . . . . 1 NO 2	→ 1217

1202	What have you heard or what information have you received about the virus?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		PREVENTIVE MEASURES AGAINST
		    COVID . . . . A
		COVID SYMPTOMS . . . . B
		MODES OF TRANSMISION C
		SELF-CARE AND PROTECTIVE
		    MEASURES . . . . D
		RISKS AND COMPLICATIONS RELATED
		    TO COVID . . . . E
		CALLING COVID-19 HOTLINE IN CASE OF
		    FEELING ANY SYMPTOMS . . . . F
		OTHER _____ X
		                        (SPECIFY)	

1203	Where did you receive information about COVID-19?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		RADIO . . . . A
		TELEVISION . . . . B
		WHATSAPP C
		MOHP WEBSITE . . . . D
		SOCIAL MEDIA (EXCLUDING
		    WHATSAPP) . . . . E
		HEALTH WORKER . . . . F
		FAMILY MEMBERS . . . . G
		FRIENDS . . . . H
		COMMUNITY HEALTH WORKERS I
		OTHER ORGANIZATIONS WORKING IN
		    COMMUNITY MOBILIZATION . . . . J
		COMMUNITY LEADERS . . . . K
		MARKET L
		WORKERS IN PHARMACIES . . . . M
		ANYONE IN THE COMMUNITY . . . . N
		WORLD HEALTH ORG. (WHO) . . . . O
		OTHER _____ X
		                        (SPECIFY)	

1204	To your information, What are the main symptoms of COVID-19?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		FEVER OR CHILLS . . . . A
		DRY COUGH . . . . B
		COUGH WITH PHLEGM/MUCUS C
		CONGESTION OR RUNNY NOSE . . . . . . D
		SORE THROAT . . . . E
		LOSS OF TASTE OR SMELL . . . . F
		SHORTNESS OF BREATH / DIFFICULTY
		    BREATHING . . . . G
		MUSCLE AND BODY ACHE . . . . H
		HEADACHE I
		DIARRHEA . . . . J
		OTHER _____ X
		                        (SPECIFY)
		DON'T KNOW . . . . Z
		NO SYMPTOMS . . . . Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1205	Is the following statements true or false?		
	a) A person can be infected with COVID-19 without showing any symptoms	TRUE . . . . 1 FALSE 2	
	b) Infected person with COVID-19 does not transmit the virus if he/she doesn't have fever/chills	TRUE . . . . 1 FALSE 2	
	c) Eating contaminated foods causes infection with COVID-19	TRUE . . . . 1 FALSE 2	
	d) Dealing with animals does not cause infection of COVID-19	TRUE . . . . 1 FALSE 2	
	e) Transporting and burying the bodies of those who died due to COVID doesn't transmit the infection during this procedure	TRUE . . . . 1 FALSE 2	
	f) A very small percentage of people infected with the COVID-19 develop severe symptoms that threaten their lives	TRUE . . . . 1 FALSE 2	
	g) Recovery rate of COVID-19 is high	TRUE . . . . 1 FALSE 2	

1206	How does COVID-19 infection spread?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		BLOOD TRANSFUSION . . . . A
		DROPLETS (COUGH AND SNEEZE) OF
		   INFECTED PERSONS . . . . B
		AIRBORNE C
		DEALING DIRECTLY WITH INFECTED
		   PERSON . . . . D
		TOUCHING CONTAMINATED OBJECTS/
		   SURFACES . . . . E
		SEXUAL INTERCOURSE . . . . F
		CONTACT WITH ANIMALS . . . . G
		MOSQUITO BITES . . . . H
		EATING CONTAMINATED FOODS I
		DRINKING UNCLEAN WATER . . . . J
		OTHER _____ X
		             (SPECIFY)
		DON'T KNOW . . . . Z	

1207	Who are the high-risk groups for COVID-19?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		YOUNG CHILDREN . . . . A
		ADOLESCENTS . . . . B
		ADULTS C
		ELDERLY . . . . D
		PREGNANT WOMEN . . . . E
		HEALTH CARE WORKERS . . . . F
		SMOKERS . . . . G
		PEOPLE WITH IMMUNODEFICIENCY . . . . H
		PEOPLE WITH HEART DISEASE I
		PEOPLE SUFFERING FROM CHEST
		   DISEASES . . . . J
		PEOPLE WITH DIABETES . . . . K
		OTHER _____ X
		             (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	Do you worry about getting infected with COVID-19?	YES . . . . 1 NO 2	
1209	What are the preventive measures have you and your household members adopted to avoid getting infected with COVID_19 during last days? **(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)**	WASHING HANDS REGULARLY WITH SOAP AND WATER . . . . A USING ALCOHOL AND CHLORINE FOR CLEANING . . . . B COVER MOUTH AND NOSE WHEN COUGH OR SNEEZE . . . . C AVOID CLOSE CONTACT WITH ANYONE WITH FEVER/ COUGHING . . . . D GET RID OF STANDING WATER . . . . . . E COOKING MEAT AND EGGS WELL . . . . F AVOID UNPROTECTED DIRECT CONTACT WITH LIVE ANIMALS . . . . G STAY AT HOME AND GO OUT WHEN NECESSARY . . . . H SELF-QUARANTINE . . . . I BE SURE TO BE AT LEAST 2 METERS APART FROM OTHERS IN PUBLIC PLACES AND MARKET . . . . J COVER NOSE AND MOUTH WHEN LEAVING HOUSE . . . . K CLEAN AND SANITIZE PURCHASES . . . . L CONSUME RECIPES FOR IMMUNITY FROM LOCAL SPICE DEALER (ATAR) . . . . . . M EATING GARLIC . . . . N TAKE SESAME OIL . . . . O ALWAYS GARGLE WITH WATER & SALT . . . . P KEEP DRINKING HOT DRINKS . . . . Q OTHER _____ X (SPECIFY)	
1210	Have you or any of your household members been infected with COVID-19?	YES, ME ONLY . . . . 1 YES, HH MEMBER . . . . 2 YES, ME AND HH MEMBER . . . . 3 NO . . . . 7 →	1212
1211	What did you do when you or anyone of your household members contracted COVID-19? **(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)**	ASKED ONE OF THE MORE EXPERIENCED RELATIVES FOR ADVICE . . . . A CALLED MOHP COVID-19 HOTLINE . . . . B WENT TO HOSPITAL/ HEALTH UNIT . . . . C WENT TO A NURSE IN NEIGHBOURHOOD D BOUGHT MEDICINES FROM PHARMACY E STAYED IN SELF-QUARANTINE . . . . . . F DID A COVID TEST . . . . G DID LAB WORK . . . . H OTHER _____ X (SPECIFY)	
1212	Did COVID-19 affect your visits to health unit or any health facility to take the health care you need (antenatal and postnatal care, consultation, vaccination of children...)?	YES, VISIT LESS . . . . 1 YES, VISIT MORE . . . . 2 I DIDN'T NEED SERVICE . . . . 3 NON 4	
1213	Do you think that COVID-19 impacted the quality of health care services? **IF YES,** Was the service improved or offended?	YES, IMPROVED . . . . 1 GOT WORSE . . . . 2 NO IMPACT . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1214	Have you registered to take COVID vaccine?	YES . . . . 1 NO . . . . 2 →	1216
1215	Have you took the vaccine?	YES . . . . 1 NO . . . . 2 I HAVE A SCHEDULED APPOINTMENT 3 →	1217

1216	Why have not you registered?
	
	PROBE:
	    Why else?
		AFRAID OF SIDE EFFECTS . . . . A
		DON'T KNOW HOW TO REGISTER . . . . B
		UNDER AGE/ NOT ELIGIBLE FOR TAKING
		    VACCINE C
		OTHER _____ X
		                    (SPECIFY)	

1217	**RECORD THE TIME.**	HOUR .... ☐☐ MINUTES .... ☐☐	

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

<u>1301 INTERVIEWER'S OBSERVATIONS</u>

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

<u>1302 SUPERVISOR'S OBSERVATIONS</u>

_____

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____   DATE: _____

CHILD'S NAME

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1, 2 ALL MONTHS SHOULD BE FILLED.

COL. 1: MARRIAGE/UNION
    X IN UNION (MARRIED OR LIVING TOGETHER)
    0 NOT IN UNION

COL. 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
    B BIRTHS
    P PREGNANCIES
    M MISCARRIAGE
    A ABORTION
    S STILL BIRTH
    0 NO METHOD
    1 FEMALE STERILIZATION
    2 MALE STERILIZATION
    3 IUD
    4 MONTHLY INJECTION
    5 THREE-MONTH INJECTION
    6 IMPLANTS
    7 PILL
    8 CONDOM
    9 EMERGENCY CONTRACEPTION
    D DIAPHRAGM/FOAM OR JELLY
    R RHYTHM METHOD
    W WITHDRAWAL
    U PROLONGED BREASTFEEDING
    X OTHER MODERN _____
                  (SPECIFY)
    Y OTHER TRADITIONAL _____
                  (SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE
    0 INFREQUENT SEX/HUSBAND AWAY
    1 BECAME PREGNANT WHILE USING
    2 WANTED TO BECOME PREGNANT
    3 HUSBAND DISAPPROVED
    4 WANTED MORE EFFECTIVE METHOD
    5 HEALTH CONCERNS
    6 SIDE EFFECTS
    7 LACK OF ACCESS/TOO FAR
    8 COSTS TOO MUCH
    9 INCONVENIENT TO USE
    F FATALISTIC
    A DIFFICULT TO GET PREGNANT/MENOPAUSAL
    D MARITAL DISSOLUTION/SEPARATION
    X OTHER _____
                  (SPECIFY)
    Z DON'T KNOW

Calendar grid (Child's Name columns 1, 2, 3):

Left code	Mo	Month	No.	Col 1	Col 2	Col 3	No.	Month	Right code
2	04	APR	01				01	APR	2
0	03	MAR	02				02	MAR	0
2	02	FEB	03				03	FEB	2
2	01	JAN	04				04	JAN	2
	12	DEC	05				05	DEC	
	11	NOV	06				06	NOV	
	10	OCT	07				07	OCT	
	09	SEP	08				08	SEP	
2	08	AUG	09				09	AUG	2
0	07	JUL	10				10	JUL	0
2	06	JUN	11				11	JUN	2
1	05	MAY	12				12	MAY	1
	04	APR	13				13	APR	
	03	MAR	14				14	MAR	
	02	FEB	15				15	FEB	
	01	JAN	16				16	JAN	
	12	DEC	17				17	DEC	
	11	NOV	18				18	NOV	
	10	OCT	19				19	OCT	
	09	SEP	20				20	SEP	
2	08	AUG	21				21	AUG	2
0	07	JUL	22				22	JUL	0
2	06	JUN	23				23	JUN	2
0	05	MAY	24				24	MAY	0
	04	APR	25				25	APR	
	03	MAR	26				26	MAR	
	02	FEB	27				27	FEB	
	01	JAN	28				28	JAN	
	12	DEC	29				29	DEC	
	11	NOV	30				30	NOV	
	10	OCT	31				31	OCT	
	09	SEP	32				32	SEP	
2	08	AUG	33				33	AUG	2
0	07	JUL	34				34	JUL	0
1	06	JUN	35				35	JUN	1
9	05	MAY	36				36	MAY	9
	04	APR	37				37	APR	
	03	MAR	38				38	MAR	
	02	FEB	39				39	FEB	
	01	JAN	40				40	JAN	
	12	DEC	41				41	DEC	
	11	NOV	42				42	NOV	
	10	OCT	43				43	OCT	
	09	SEP	44				44	SEP	
2	08	AUG	45				45	AUG	2
0	07	JUL	46				46	JUL	0
1	06	JUN	47				47	JUN	1
8	05	MAY	48				48	MAY	8
	04	APR	49				49	APR	
	03	MAR	50				50	MAR	
	02	FEB	51				51	FEB	
	01	JAN	52				52	JAN	
	12	DEC	53				53	DEC	
	11	NOV	54				54	NOV	
	10	OCT	55				55	OCT	
	09	SEP	56				56	SEP	
2	08	AUG	57				57	AUG	2
0	07	JUL	58				58	JUL	0
1	06	JUN	59				59	JUN	1
7	05	MAY	60				60	MAY	7
	04	APR	61				61	APR	
	03	MAR	62				62	MAR	
	02	FEB	63				63	FEB	
	01	JAN	64				64	JAN	
	12	DEC	65				65	DEC	
	11	NOV	66				66	NOV	
	10	OCT	67				67	OCT	
	09	SEP	68				68	SEP	
2	08	AUG	69				69	AUG	2
0	07	JUL	70				70	JUL	0
1	06	JUN	71				71	JUN	1
6	05	MAY	72				72	MAY	6
	04	APR	73				73	APR	
	03	MAR	74				74	MAR	
	02	FEB	75				75	FEB	
	01	JAN	76				76	JAN	

BIRTH DATE OF LAST CHILD BORN   MONTH □□
PRIOR TO 2016   YEAR □□□□

**ARAB REPUBLIC OF EGYPT
CAPMAS**

EGYPT FAMILY HEALTH SURVEY
2021

NEVER-MARRIED YOUTH QUESTIONNAIRE
AGED 15-29 YEARS

IDENTIFICATION

GOVERNORATE _____ PSU/SEGMENT NO. _____

KISM/MARKAZ _____ BUILDING NO. _____

SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____

URBAN _____ 1 RURAL _____ 2

HOUSEHOLD NUMBER _____

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

NAME OF YOUTH _____

GENDER: MALE _____ 1 FEMALE _____ 2

LINE NUMBER OF YOUTH _____

PHONE NO.: CELL PHONE ☐☐☐☐☐☐☐☐☐☐☐

GOVERNORATE ☐☐

PSU/SEGMENT NO. ☐☐☐☐☐☐

URBAN/RURAL ☐

HOUSEHOLD NO. ☐☐☐

GENDER ☐

LINE NUMBER ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
				DAY MONTH YEAR ☐☐ ☐☐ ☐☐
DATE	_____	_____	_____	
TEAM	_____	_____	_____	TEAM .... ☐☐
INTERVIEWER	_____	_____	_____	INT. NO. .... ☐☐
SUPERVISOR	_____	_____	_____	SUP. NO .... ☐☐
RESULT	_____	_____	_____	RESULT .... ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

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

INFORMED CONSENT OF PARENT/CAREGIVER OF YOUTH AGE 15-17 YEARS

Hello. My name is _____ and I am working with CAPMAS (SHOW YOUR IDENTIFICATION CARD).
We are conducting a national survey about the public health and the health of women and children. This information
will help the government to plan improve health services.

As a part of our survey, we are conducting interviews with youth in the selected households, and we ask for your
agreement to conduct an interview with …...(NAME OF YOUTH). The interview usually takes about 10 to 15 minutes.

We hope you agree to the interview as his/her views are important. All of the answers (NAME) gives will be
confidential and will not be shared with anyone other than members of our survey team.

In case you need more information about the survey, you may contact Mr.:…..................... Phone:…..................

Do you have any questions?

PARENT/CAREGIVER AGREES   1   PARENT/CAREGIVER DOES NOT AGREE   . . . . 2 → END
                                                     ↓

INFORMED CONSENT FROM YOUTH

Hello. My name is _____ and I am working with CAPMAS (SHOW YOUR IDENTIFICATION CARD).
We are conducting a national survey about the public health and the health of youth, and we would greatly appreciate
that you participate with us

I want to aask you some questions about your health. This information will help the government to plan improve health services.
The interview usually takes about 10 to 15 minutes.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.
We hope you will agree to answer the questions since your views are important.

Do you have any questions? May I begin the interview now?

In case you need more information about the survey, you may contact Mr.:…..................... Phone:…..................

RESPONDENT AGREES TO BE INTERVIEWE 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END
                                                ↓

100	RECORD THE TIME.		
		HOUR	⊞
		MINUTES	⊞

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS . ☐☐	
103	What is your current marital status?	MARRIED . . . . 1 WIDOWED . . . . 2 DIVORCED . . . . 3 SEPARATED . . . . 4 SIGNED CONTRACT . . . . 5 NEVER-MARRIED 6	→ END
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 110
105	What is the highest level of school you attended?	PRIMARY . . . . 1 PREPARATORY . . . . 2 SECONDARY . . . . 3 UPPER INTERMEDIATE . . . . 4 UNIVERSITY . . . . 5 MORE THAN UNIVERSITY 6	
106	What is the highest grade you successfully completed at that level?	GRADE . . . . ☐	
107	Are you currently attending school/university?	YES . . . . 1 NO 2	→ 109
108	What is the highest level of school you want to complete?	PREPARATORY . . . . 2 SECONDARY . . . . 3 UPPER INTERMEDIATE . . . . 4 UNIVERSITY . . . . 5 MORE THAN UNIVERSITY 6	
109	**CHECK 105:** PRIMARY ☐ PREPARATORY ☐ OR HIGHER		111
110	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ A WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . 2 ABLE TO READ WHOLE SENTENCE 3 BLIND/VISUALLY IMPAIRED 5	→ 112 → 112
111	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
114	During the last three months, did you use a computer at least once a week, less than once a week or not at all? IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
115	Have you ever used the internet from any location or any device (even from smart phone)?	YES . . . . 1 NO 2	→ 117
116	During the last three months, did you use the internet at least once a week, less than once a week or not at all? IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
117	During the last three months, did you use a mobile telephone at least once a week, less than once a week or not at all? IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	Do you own a a smart or regular mobile phone?	YES, SMART . . . . 1 YES, REGULAR . . . . 2 YES, BOTH . . . . 3 NO 4	
119	Do you yourself have an account in a bank, post office or any saving institution?	YES, IN BANK . . . . A YES, IN POST OFFICE . . . . B YES, IN ANY SAVING INSTITUTION . C NO . . . . Y	
120	Have you done any work in the last seven days even if for a short time?	YES . . . . 1 NO 2	→ 122
121	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . 1 NO 2	→ 201

122	What is your occupation, that is, what kind of work do you mainly do?	PROFESSIONAL/TECHNICAL/
		  MANAGERIAL 1
		CLERICAL 2
		SALES AND SERVICE 3
		SKILLED MANUAL 4
		UNSKILLED MANUAL 5
		AGRICULTURAL 6
		OTHER _____ 7
		              (SPECIFY)	

123	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
124	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK GENDER FEMALE ☐　　　　　　　MALE ☐ ─────────────────→		212
202	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY		
203	How old were you when you had your first menstrual period?	AGE IN COMPLETED YEARS ☐☐ DON'T KNOW 98	
204	Have you ever heard, seen or received any information about about signs of menstrual period and puberty before first menstrual period?	YES . . . . 1 NO 2	→ 206
205	Where did you hear or see that information? PROBE: 　　Anywhere else?	TELEVISION . . . . A RADIO. . . . . B NEWSPAPER/MAGAZIN . . . . C PAMPHLET/BROCHURE . . . . D POSTER . . . . E COMMUNITY MEETING . . . . F EDUCATIONAL SEMINAR . . . . G HOME VISIT BY HEALTH WORKER . . H FACILITY-BASED HEALTH WORKER . . I MOTHER . . . . J OTHER RELATIVE/FRIENDS . . . . K SCHOOL . . . . L OTHER _____ X 　　　　　　　　(SPECIFY)	
206	CHECK 104 EVER ATTENDED　　NEVER ATTENDED 　　SCHOOL ☐　　　　　SCHOOL ☐ ───────────→		208
207	Have you ever been absent from school due to your menstrual period?	YES . . . . 1 NO 2	
208	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES . . . . 1 NO 2	→ 212
209	How old were you when you were circumcised?	AGE IN COMPLETED YEARS ☐☐ DON'T KNOW 98	
210	Who performed the circumcision?	DOCTOR . . . . 1 NURSE/OTHER HLTH PROVIDER . 2 DAYA . . . . 3 BARBER . . . . 4 GHAGARIA . . . . 5 OTHER _____ 6 　　　　　　　(SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211	Where did the circumcision take place?	HOME . . . . 01 OTHER HOME . . . . 02 PRIVATE CLINIC/HOSPITAL . . . . 03 PUBLIC CLINIC/HOSPITAL . . . . 04 BAEBER'S KIOSK . . . . 05 MARKET . . . . 06 LOCAL CARNIVAL (*Moled*) . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
212	Now I would like to ask you some (other) questions about female circumcision. During the past year have you discussed female circumcision with your relatives, friends, or neighbors?	YES . . . . 1 NO 2	
213	During the past year have you heard, seen or received any information about female circumcision?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 215
214	Where did you hear or see that information? PROBE: Anywhere else? RECORD ALL MENTIONED	TELEVISION . . . . A RADIO . . . . B NEWSPAPER/MAGAZIN . . . . C PAMPHLET/BROCHURE . . . . D POSTER . . . . E COMMUNITY MEETING . . . . F EDUCATIONAL SEMINAR . . . . G HOME VISIT BY HEALTH WORKER . . H FACILITY-BASED HEALTH WORKER . . I OTHER RELATIVE/FRIENDS . . . . K SCHOOL . . . . L OTHER _____ X (SPECIFY)	
215	Do you believe that the practice of female circumcision is required by religious precepts?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
216	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED . . . . 1 STOPPED . . . . 2 DON'T KNOW 8	
217	MALE [ ] FEMALE [ ] Do you think that women want this practice to continue or to stop? | Do you think that men want this practice to continue or to stop?	CONTINUED . . . . 1 STOPPED . . . . 2 DON'T KNOW 8	
218	I will read you some statements about circumcision. Please tell me if you agree or disagree. a) A husband will prefer his wife to be circumcised. b) Circumcision prevents adultery. c) Circumcision can cause severe consequences that can lead to a girl's death.	AGREE DIS-AGREE DK HUSBAND PREFER. . 1 2 8 PREVENTS ADULTERY . . . . . 1 2 8 MAY LEAD TO GIRL'S DEATH . . . 1 2 8	

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization.** PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
06	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Diaphragm, Foam, Jelly.** PROBE: A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES . . . . 1 NO 2	
09	**Rhythm Method**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . 1 NO 2	
10	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
11	**Prolonged Breastfeeding.** As a family planning method**.**	YES . . . . 1 NO 2	
12	**Emergency Contraception** PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	Do you know of a place where someone can obtain a method of family planning?	YES . . . . 1 NO 2	→ 304
303	Where is that? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE(S))	**GOVERNMENTAL** PUBLIC HOSPITAL . . . . A UNIVERSITY/TEACHING HOSPITAL . . . B HEALTH UNIT . . . . C FAMILY PLANNING CLINIC . . . . D MOBILE UNIT . . . . E FIELD HEALTH WORKER . . . . F OTHER GOVERNMENTAL _____ G (SPECIFY) **PRIVATE MEDICAL** PRIVATE HOSPITAL/ CLINIC . . . . H PHARMACY . . . . I PRIVATE DOCTOR . . . . J MOBILE UNIT . . . . K FIELD HEALTH WORKER . . . . L OTHER PRIVATE MEDICAL _____ M (SPECIFY) **OTHER SOURCE** SHOP . . . . N MOSQUE/ CHURCH . . . . O FRIEND/RELATIVE . . . . P OTHER _____ X (SPECIFY)	
304	In the last 6 months have you heard about family planning on: a) Radio? b) Television? c) Newspaper or magazine? d) Poster, billboard, or sign about family planning? e) Community meeting? f) Religious leaders? g) Internet or social media?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER/MAGAZINE . . . 1 2 POSTER/BILLBOARD/SIGN . . . 1 2 COMMUNITY MEETING . . . . 1 2 RELIGIOUS LEADERS . . . . 1 2 INTERNET/SOCIAL MEDIA 1 2	
305	Would you consider it appropriate for a couple to use family planning after the first birth?	YES . . . . 1 NO 2	
306	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	YES . . . . 1 NO 2	
307	Do you think you and your spouse will use a contraceptive method to delay or avoid pregnancy when you get married?	YES . . . . 1 NO 2	
308	Now I would like you to think about what age is best for a person to marry What is the ideal age for a girl to marry?	IDEAL AGE FOR GIRL TO MARRY . . . . [ ][ ] AGE DOES NOT MATTER . . . . 95 DON'T KNOW/UNSURE 98	
309	What is the ideal age for a boy to marry?	IDEAL AGE FOR BOY TO MARRY . . . . [ ][ ] AGE DOES NOT MATTER . . . . 95 DON'T KNOW/UNSURE 98	
310	In your opinion, what is the ideal length of time that a woman should wait between births? RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS . . . . 1 [ ][ ] YEARS . . . . 2 [ ][ ] DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	If you get married and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE .... 00 → 401 NUMBER .... ☐☐ OTHER _____ 96 → 401 (SPECIFY)	
312	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Do you currently smoke cigarettes or other tobacco products every day, on some days, or not at all?	EVERY DAY .... 1 SOME DAYS .... 2 NOT AT ALL 3	→ 404 → 403
402	Was there ever a time in your life when you smoked cigarettes or other tobacco products every day?	YES .... 1 NO 2	→ 404 → 405
403	In the past, did you smoke cigarettes or other tobacco products every day, on some days, or not at all?	EVERY DAY .... 1 SOME DAYS .... 2 NOT AT ALL 3	 → 405 → 406
404	For how many years in total, would you say you smoked every day? IF LESS THAN ONE YEAR, WRITE '00'.	NUMBER OF YEARS .... ☐☐	
405	On average, How many (number) products do you smoke in a week? Please also tell me if you are using any of the products, but not weekly. IF RESPONDENT MENTIONED: HE/SHE USE THE PRODUCT BUT NOT WEEKLY, RECODE "888". IF HE/SHE DOESN'T USE THE PRODUCT AT ALL, RECORD "000". a) Cigarettes b) Rolled cigarettes c) Hooka/Shisha/waterpipe (days x stone) d) Smoking pipe e) Cigars, cherries, small cigarettes f) Elecronic cigarettes g) Other _____ (SPECIFY)	NUMBER OF YEARS .... ☐☐ CIGARETTES .... ☐☐☐ ROLLED CIGARETTES . ☐☐☐ SHISHA .... ☐☐☐ PIPE .... ☐☐☐ SMALL CIGARATTES ... ☐☐☐ ELECRONIC CIGARETTI . ☐☐☐ OTHER .... ☐☐☐	
406	Do you agree or disagree with the following: 1) Smoking tobacco products is very risky for the smoker's health? 2) Smoke from persons using tobacco products also poses health risks for nonsmokers?	DIS- AGREE AGREE DK BAD FOR SMOKER . 1 2 8 HEALTH RISKS FOR NONSMOKERS ... 1 2 8	
407	In order to maintain your health, do you do any of following actions: a) Controlling your weight or losing weight b) Eating a healthy diet c) Exercising? d) Stoped smoking?	YES NO N/A CONTROL WEIGHT ... 1 2 5 HEALTHY DIET ..... 1 2 5 EXERCISE .... 1 2 5 STOP SMOKING 1 2 5	
408	Are you covered by any health insurance?	YES .... 1 NO 2	 → 410

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

409	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		HEALTH INSURANCE THROUGH
		   THE GENERAL AGENCY OF
		     HEALTH INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		    EMPLOYER . . . . B
		HEALTH INSURANCE THROUGH
		   ANY OF THE SYNDICATES C
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE D
		OTHER _____ X
		         (SPECIFY)	

410	Who usually makes decisions about health care for yourself: you, or someone else?	RESPONDENT . . . . 1 FATHER . . . . 2 MOTHER . . . . 3 SOMEONE ELSE . . . . 4 OTHER _____ 6 (SPECIFY)	
411	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK GOES OUT . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 BURNS FOOD 1 2 8	
412	Have your ever saw your father beat your mother? .	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
413	From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 501
414	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHER . . . . C OTHER RELATIVE . . . . D TEACHER . . . . E EMPLOYER/SOMEONE AT WORK . . . F POLICE OFFICER/SOLDIER . . . . G OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard about coronavirus (COVID-19)?	YES . . . . 1 NO 2	→ 601

502	What have you heard or what information have you received about the virus?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		PREVENTIVE MEASURES AGAINST
		    COVID . . . . A
		COVID SYMPTOMS . . . . B
		MODES OF TRANSMISION C
		SELF-CARE AND PROTECTIVE
		    MEASURES . . . . D
		RISKS AND COMPLICATIONS RELATED
		    TO COVID . . . . E
		CALLING COVID-19 HOTLINE IN CASE OF
		    FEELING ANY SYMPTOMS . . . . F
		OTHER _____ X
		                    (SPECIFY)	

503	Where did you receive information about COVID-19?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		RADIO . . . . A
		TELEVISION . . . . B
		WHATSAPP C
		MOHP WEBSITE . . . . D
		SOCIAL MEDIA (EXCLUDING
		    WHATSAPP) . . . . E
		HEALTH WORKER . . . . F
		FAMILY MEMBERS . . . . G
		FRIENDS . . . . H
		COMMUNITY HEALTH WORKERS I
		OTHER ORGANIZATIONS WORKING IN
		    COMMUNITY MOBILIZATION . . . . J
		COMMUNITY LEADERS . . . . K
		MARKET L
		WORKERS IN PHARMACIES . . . . M
		ANYONE IN THE COMMUNITY . . . . N
		WORLD HEALTH ORG. (WHO) . . . . O
		OTHER _____ X
		                    (SPECIFY)	

504	To your information, What are the main symptoms of COVID-19?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		FEVER OR CHILLS . . . . A
		DRY COUGH . . . . B
		COUGH WITH PHLEGM/MUCUS C
		CONGESTION OR RUNNY NOSE . . . . . . D
		SORE THROAT . . . . E
		LOSS OF TASTE OR SMELL . . . . F
		SHORTNESS OF BREATH / DIFFICULTY
		    BREATHING . . . . G
		MUSCLE AND BODY ACHE . . . . H
		HEADACHE I
		DIARRHEA . . . . J
		OTHER _____ X
		                    (SPECIFY)
		NO SYMPTOMS . . . . Y
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	Is the following statements true or false?		
	a) A person can be infected with COVID-19 without showing any symptoms	TRUE . . . . 1 FALSE 2	
	b) Infected person with COVID-19 does not transmit the virus if he/she doesn't have fever/chills	TRUE . . . . 1 FALSE 2	
	c) Eating contaminated foods causes infection with COVID-19	TRUE . . . . 1 FALSE 2	
	d) Dealing with animals does not cause infection of COVID-19	TRUE . . . . 1 FALSE 2	
	e) Transporting and burying the bodies of those who died due to COVID doesn't transmit the infection during this procedure	TRUE . . . . 1 FALSE 2	
	f) A very small percentage of people infected with the COVID-19 develop severe symptoms that threaten their lives	TRUE . . . . 1 FALSE 2	
	g) Recovery rate of COVID-19 is high	TRUE . . . . 1 FALSE 2	

506	How does COVID-19 infection spread?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		BLOOD TRANSFUSION . . . . A
		DROPLETS (COUGH AND SNEEZE) OF
		   INFECTED PERSONS . . . . B
		AIRBORNE C
		DEALING DIRECTLY WITH INFECTED
		   PERSON . . . . D
		TOUCHING CONTAMINATED OBJECTS/
		   SURFACES . . . . E
		SEXUAL INTERCOURSE . . . . F
		CONTACT WITH ANIMALS . . . . G
		MOSQUITO BITES . . . . H
		EATING CONTAMINATED FOODS I
		DRINKING UNCLEAN WATER . . . . J
		OTHER _____ X
		             (SPECIFY)
		DON'T KNOW . . . . Z	

507	Who are the high-risk groups for COVID-19?
	
	(RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)
		YOUNG CHILDREN . . . . A
		ADOLESCENTS . . . . B
		ADULTS C
		ELDERLY . . . . D
		PREGNANT WOMEN . . . . E
		HEALTH CARE WORKERS . . . . F
		SMOKERS . . . . G
		PEOPLE WITH IMMUNODEFICIENCY . . . . H
		PEOPLE WITH HEART DISEASE I
		PEOPLE SUFFERING FROM CHEST
		   DISEASES . . . . J
		PEOPLE WITH DIABETES . . . . K
		OTHER _____ X
		             (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Do you worry about getting infected with COVID-19?	YES . . . . 1 NO 2	
509	What are the preventive measures have you and your household members adopted to avoid getting infected with COVID_19 during last days? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	WASHING HANDS REGULARLY WITH SOAP AND WATER . . . . A USING ALCOHOL AND CHLORINE FOR CLEANING . . . . B COVER MOUTH AND NOSE WHEN COUGH OR SNEEZE . . . . C AVOID CLOSE CONTACT WITH ANYONE WITH FEVER/ COUGHING . . . . D GET RID OF STANDING WATER . . . . . . E COOKING MEAT AND EGGS WELL . . . . F AVOID UNPROTECTED DIRECT CONTACT WITH LIVE ANIMALS . . . . G STAY AT HOME AND GO OUT WHEN NECESSARY . . . . H SELF-QUARANTINE . . . . I BE SURE TO BE AT LEAST 2 METERS APART FROM OTHERS IN PUBLIC PLACES AND MARKET . . . . J COVER NOSE AND MOUTH WHEN LEAVING HOUSE . . . . K CLEAN AND SANITIZE PURCHASES . . . . L CONSUME RECIPES FOR IMMUNITY FROM LOCAL SPICE DEALER (ATAR) . . . . . . M EATING GARLIC . . . . N TAKE SESAME OIL . . . . O ALWAYS GARGLE WITH WATER & SALT . . . . P KEEP DRINKING HOT DRINKS . . . . Q OTHER _____ X (SPECIFY)	
510	Have you or any of your household members been infected with COVID-19?	YES, ME ONLY . . . . 1 YES, HH MEMBER . . . . 2 YES, ME AND HH MEMBER . . . . 3 NO . . . . 7 →	512
511	What did you do when you or anyone of your household members contracted COVID-19? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	ASKED ONE OF THE MORE EXPERIENCED RELATIVES FOR ADVICE . . . . A CALLED MOHP COVID-19 HOTLINE . . . . B WENT TO HOSPITAL/ HEALTH UNIT . . . . C WENT TO A NURSE IN NEIGHBOURHOOD D BOUGHT MEDICINES FROM PHARMACY E STAYED IN SELF-QUARANTINE . . . . . . F DID A COVID TEST . . . . G DID LAB WORK . . . . H OTHER _____ X (SPECIFY)	
512	Did COVID-19 affect your visits to health unit or any health facility to take the health care you need?	YES, AFFECTED . . . . 1 NO EFFECT . . . . 2 I DIDN'T NEED SERVICE 3	
513	Do you think that COVID-19 impacted the quality of health care services? IF YES, Was the service improved or offended?	YES, IMPROVED . . . . 1 GOT WORSE . . . . 2 NO IMPACT . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	Have you registered to take COVID vaccine?	YES . . . . 1 NO . . . . 2 →	516
515	Have you took the vaccine?	YES . . . . 1 NO . . . . 2 I HAVE A SCHEDULED APPOINTMENT 3 →	601

516	Why have not you registered?
	
	PROBE:
	         Why else?
		AFRAID OF SIDE EFFECTS . . . . A
		DON'T KNOW HOW TO REGISTER . . . . B
		UNDER AGE/ NOT ELIGIBLE FOR TAKING
		    VACCINE C
		OTHER _____ X
		                       (SPECIFY)	

SECTION 6. SOCIALIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
601	Now I will read you some statements about perception on gender role. Please feel free to answer in a way that reflects what you truly believe, there are no right or wrong answers. For the following statements, please state whether you strongly agree, agree, neutral, disagree or strongly disagree.							
		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	
	A) The idea that men and women are equal is a part of our traditions and culture in Egypt	5	4	3	2	1	8	
	B) The man should have the final say about decisions in the home.	5	4	3	2	1	8	
	E) If resources are scares, It is important to send a boy to school than to send a girl to school	5	4	3	2	1	8	
602	Now I will read some statements about the differnces between men and women. Please feel free to answer in a way that reflects what you truly believe, there are no right or wrong answers. For the following statements, please state whether you strongly agree, agree, neutral, disagree or strongly disagree.							
		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	
	A) A married woman should have the same rights to work outside the home as her husband.	5	4	3	2	1	8	
	B) Young girls should be involved to help in a house work more than young boys.	5	4	3	2	1	8	
	C) It is more important for a woman to marry than for her to have a career.	5	4	3	2	1	8	
	D) A woman's most important role is to take care of the home and cook for the family.	5	4	3	2	1	8	
	E) Changing diapers, giving baths to children, and feeding children should all be the mother's responsibility.	5	4	3	2	1	8	
	F) It's a man's duty to exercise guardianship over his female relatives.	5	4	3	2	1	8	
	G) If a woman is working, she should help in household expenses	5	4	3	2	1	8	
	H) I think it is shameful for men to engage in child care or household chores work	5	4	3	2	1	8	
603	RECORD THE TIME.	HOUR .... □□ MINUTES .... □□						

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

<u>701 INTERVIEWER'S OBSERVATIONS</u>

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

<u>702 SUPERVISOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____   DATE: _____