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**EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY
1997**

Introduction

The Demographic and Health Survey (DHS), the primary tool for measuring fertility, family planning and maternal and child health status, is conducted every 4-5 years. A major drawback to this survey is that significant (positive or negative) changes can occur during interim years which can go undetected and unmeasured because there is no adequate alternate monitoring tool. To monitor and report on progress during the interim years, proxy indicators were developed and used, particularly for R4 reporting purposes. However, it was always recognized that proxy indicators do not adequately capture the changes in fertility and family planning practice that need to be reported against.

In 1997, for the first time, an interim DHS was conducted in Egypt to collect current information on fertility, family planning, and maternal and child health. The data from this survey were used to monitor progress toward the achievement of SO4 and 5. Data collected were more limited than in the 1995 EDHS and involved interviews with a sample of 6,000 ever-married women of reproductive age. The survey employed the household listings that were obtained in the 1995 EDHS in the selection of the sample. The survey was designed in such a way as to provide separate estimates for all major variables for: Egypt as a whole; the urban governorates; and urban and rural areas in Lower and Upper Egypt. The Frontier Governorates, covered in the 1995 EDHS, were excluded in the interim survey.

Survey Implementation

The Interim DHS (IDHS) project began in October 1997, implemented by Macro International and their local subcontractor, Zanaty and Associates. The sample was designed to provide estimates of population and health indicators for the nation as a whole and for three major geographic subdivisions within Egypt. All ever-married women 15-49 who were present in the household on the night before the interview were eligible for the survey.

Two types of questionnaires were used: household questionnaire and an individual questionnaire for women

Before fieldwork, field staff were trained for three weeks in November 1997. One week was added to the training period to allow more understanding and field testing.

Data collection was carried out by 8 teams; each team consisted of four interviewers and a field editor, who were female, and the team supervisor and his assistant, who were male. The main field work began on the 2nd of December 1997, right after the training

ended, and was completed by late December. All callbacks and re-interviews were completed by January 5, 1998.

There were 6300 households selected, and 5710 were eligible women, out of which 5625 were interviewed.

Office editing and data processing activities were initiated almost immediately after the beginning of fieldwork and were completed on January 10, 1998.

Main Results

1. Fertility

. Fertility levels have declined from the 3.59 births per woman reported in the 1995 EDHS to a current level of 3.3 births per woman.

. The fertility decline is evident in all areas. The urban fertility level is below three births while for the first time the rural level has fallen to just under four births per woman.

. By region, the total fertility rate (TFR) varies from a low of 2.42 in the urban governorates to a high of 4.52 births per woman in rural Upper Egypt. In all cases, the 1997 estimates are lower than the 1995 estimates with the decline in Upper Egypt being the most impressive (from 4.65 to 4.18 births per woman).

. Another indicator of fertility decline can be observed when comparing the mean number of children ever born to women 45-49 (past fertility) with the total fertility rate (current fertility). The comparison shows a difference of one child.

2. Contraception

. IDHS results indicate that family planning knowledge is virtually universal among married women, with almost all women having heard about both the pill and the IUD and Injectables. More than two thirds of women know of Norplant.

. Three quarters of currently married women have used a family planning method at some point in time. In general, modern methods are much more frequently adopted than traditional methods; 73.7 percent of all currently married women have used a modern method while 14 percent have used a traditional method.

. For current use, 54.5 percent of currently married women in Egypt are currently using a method of contraception (almost 6.6 percent higher than the level reported in 1995 EDHS). The use rate is highest in the urban governorates (67 percent) followed by lower Egypt (61.6 percent). There is also a marked increase in upper Egypt (37.4 percent), particularly in rural areas, where use levels have changed only very slowly in the past.

. With regard to method mix, virtually all the change in use levels in Egypt is due to increased use of the IUD (34.6 percent of currently married women are IUD users, while in 1995, 30 percent of married women were IUD users). With regard to other methods, there has been a small decline in the proportion of women using the pill. The use of injectables has almost doubled from 2.4 percent to 3.9 percent.

. Public sector provision of modern methods increased from 35.7 to 40.7 percent; private doctor/clinic remained the same at 28 percent; and PVO/NGO dropped from 9.4 to 8.7 percent. The pharmacy as a source of supply for modern methods decreased from 23 to 20.3 percent.

3. Health indicators

* Infant Mortality rate (IMR) declined from 62.2\1000 live births (1995 EDHS) to 52.7\1000 live births (LB).

* Under five mortality rate (U5MR) declined from 80.6\1000 (1995 EDHS) live births to 66.2\1000 live births.

* Around 72 percent of mothers received at least one tetanus toxoid injection during pregnancy (70% in 1995 EDHS) .

* Around 55 percent of mothers have been assisted at the delivery by a doctor or trained nurse or midwife (46 % in 1995 EDHS)

* 84 percent of children 12-23 months have received all of the recommended vaccinations (BCG, DPT 1,2,3, polio 1,2,3 and measles) the figure for fully vaccinated children was 79 in 1995 EDHS. Only 1.5 percent have never received any vaccinations at all.

* Number of antenatal care visits for more than 4 visits increased slightly from 28% in the 1995 EDHS to 31% in the 1997 EDHS. This indicator is expected to improve with the increased emphasis on maternal health programs.

* Significant residential differentials continues in several of the indicators between Rural/Urban and between Lower/Upper Egypt. Some examples are listed below:

- IMR for Lower Egypt was 55.1\1000 LB compared to 89.3\1000 LB in Upper Egypt. This figure is even more for Upper Egypt-rural being 97.5 \1000 LB (1997 EDHS).

- U5MR for Lower Egypt was 67.9\1000 LB compared to 116.5\1000 LB in Upper Egypt. This figure is even more for Upper Egypt-rural being 130.6\1000 LB (1997 EDHS)

- 86.5 percent of lower Egypt children are fully vaccinated

compared to only 79.9 percent in Upper Egypt. This figure is 75.4 in Upper Egypt-rural (1997 EDHS).

Because of the noted differences between Upper and Lower Egypt data and indicators in all previous EDHSs, USAID is focusing its new programs in Upper Egypt. The GOE agrees and endorses this policy as well.