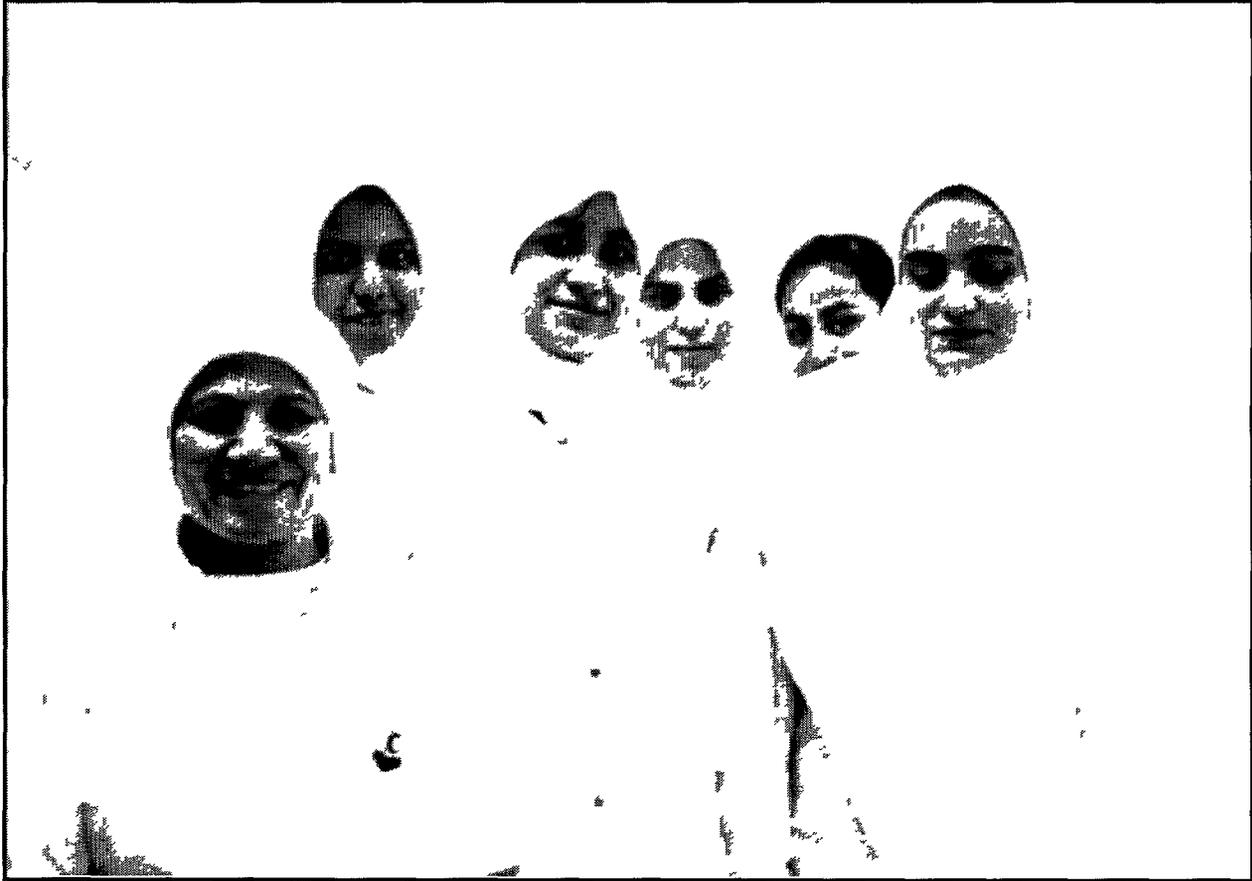


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*The Role of Women as Family Planning
Employees in Egypt*



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**FINAL REPORT
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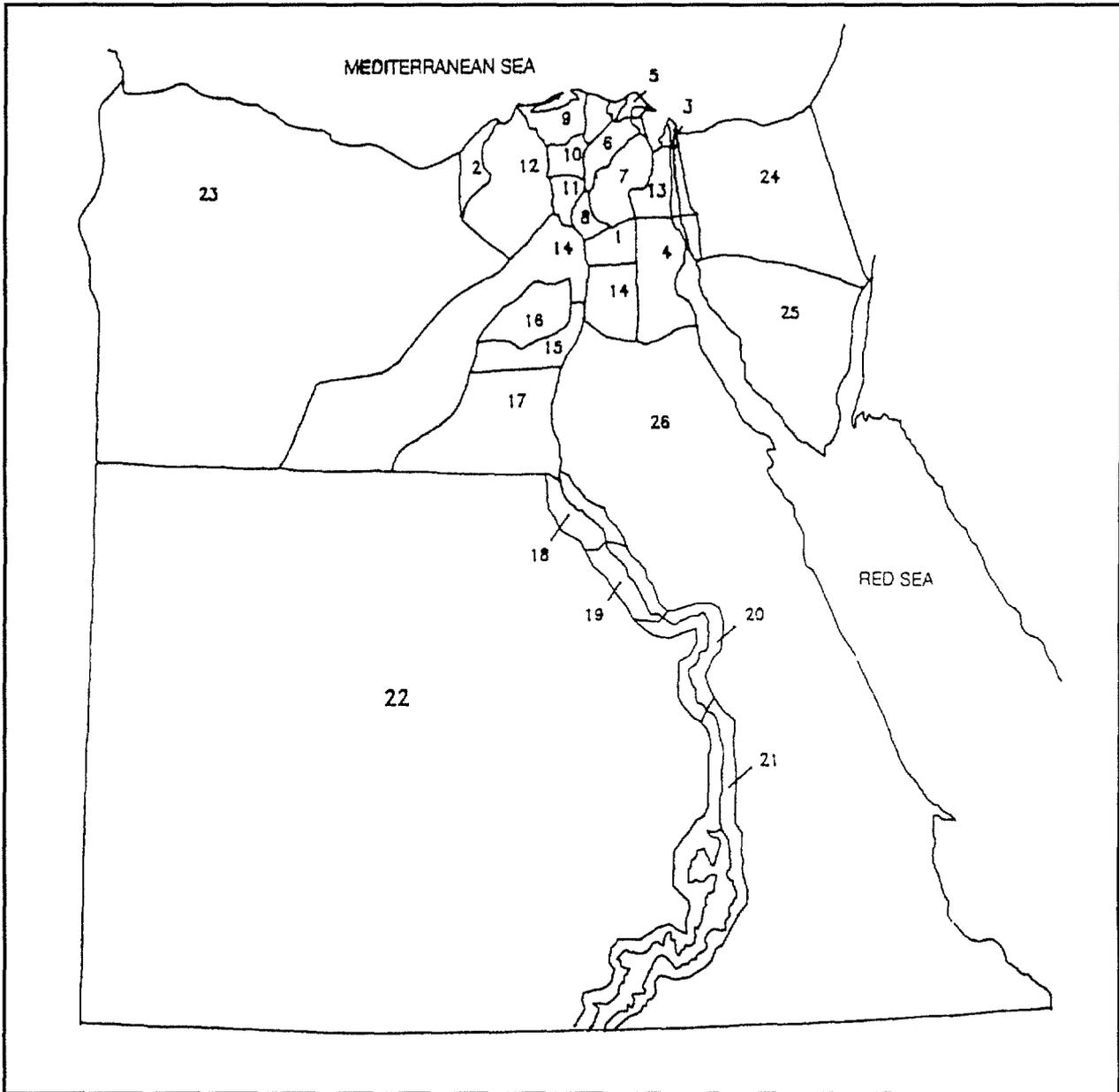
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LIST OF ACRONYMS

CAPMAS	Central Agency for Public Mobilization and Statistics
CEOSS	Coptic Evangelical Organization Social Services
CSI	Clinical Services Improvement
EFPA	Egyptian Family Planning Association
FHI	Family Health International
HIO	Health Insurance Organization
IPPF	International Planned Parenthood Federation
MOHP	Ministry of Health and Population
NGO	Nongovernmental organization
THO	Teaching Hospital Organization
UNICEF	United Nations International Children s Educational Fund
USAID	United States Agency for International Development

MAP OF EGYPT *



Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates
1 <i>Cairo</i>	5 Damietta	14 Giza	22 New Valley
2 Alexandria	6 Dakahlia	15 <i>Beni Suef</i>	23 Matrouh
3 Port Said	7 Sharkia	16 Fayoum	24 North Sinai
4 Suez	8 Kalyubia	17 Menya	25 South Sinai
	9 <i>Kafr Sheikh</i>	18 Assiut	26 Red Sea
	10 Gharbia	19 <i>Sohag</i>	
	11 Menoufia	20 Qena	
	12 Behera	21 Aswan	
	13 Ismailia		

* Focus Groups were conducted in the governorates that are *highlighted*

I EXECUTIVE SUMMARY

Eighty-two percent of the 19,610 employees of the six largest family planning programs in Egypt are female. This study describes how and where women work in Egypt's family planning programs and explores how this employment affects their lives. Both quantitative and qualitative data were collected.

Data on the percentage of female staff were collected from the Ministry of Health and Population (MOHP) and from the national offices of five other organizations that provide family planning services in Egypt. The occupations included physicians, nurses, social workers, *Raedat Refiat* (field workers) and others (administrators and orderlies). For three organizations, descriptive information on each worker's age, marital status, education and length of employment was available as well.

Though it had few employees (N=29), the Coptic Evangelical Organization Social Services had the highest percentage of female employees (93 percent); the Health Insurance Organization (HIO) employs the lowest percentage of women (42 percent). By far the largest employer of family planning workers was the MOHP, where 83 percent of the family planning workers are female (N=17,103).

The overall percentage of family planning physicians who were female in Egypt is 48 percent, but this varies widely among the organizations from 13 percent at the HIO to 93 percent at Clinical Service Improvement (CSI) clinics. At the time of this data collection all family planning nurses in the country were female as were the *Raedat Refiat*. Three-quarters of social workers were female (varying between 58 and 100 percent among organizations).

Dayas (traditional birth attendants) were not included in this analysis because although they are trained by USAID and UNICEF in family planning and make referrals to programs, they are not employed by the family planning programs themselves.

While some variations exist in the characteristics of women working as physicians, nurses and social workers in these agencies, by and large most of these women are married and of reproductive age and, therefore, many have small children. More detailed data on characteristics of women in specific occupations and at specific agencies could be useful in identifying needs of women in those workplaces. In general, the geographic distribution of female employees is similar to the geographic distribution of women of reproductive age in Egypt.

To explore how women perceive the effects of employment in family planning programs on their lives, focus groups and in-depth interviews were held with physicians, nurses, social workers, dayas and family planning leaders.

The benefits of family planning employment cited by women in these focus groups included respect in the community, ability to make a contribution to improving the lives of women, and the learning of specific skills such as IUD insertion for physicians, counseling for nurses and infection control for dayas. The negative consequences included the general stress of combining

home and work responsibilities and the difficult working conditions. In Upper Egypt especially social workers felt threatened sometimes by men who were opposed to family planning. Social workers were more likely to mention delays in getting paid and dissatisfaction with not being included in the incentive system in place for doctors and nurses. While most employees thought they got paid what other workers of their educational background did, they actually felt they did better financially in family planning because they got paid for each IUD referral.

Family planning leaders saw themselves as having been pioneers in their country. They cited opportunities for travel and training as a benefit of their jobs. Although all had had difficulties related to being working wives and mothers and working in a highly politicized environment with a lack of resources, most were very positive about their jobs. They felt these difficulties had all been challenges which built character. On the plus side, all leaders felt they had contributed to the social welfare of the country and had been given a lot of support by family and friends.

The significant proportion of family planning workers who are female indicates a need to consider gender in the employment structure of organizations providing these services. Thoughtful consideration of the results presented in this report can serve as a first step in identifying ways to improve the working conditions of family planning employees.

II INTRODUCTION

A Background

The theoretical framework upon which the WSP was originally designed suggests that family planning programs may have an impact on the lives of women as users *and as employees in family planning programs*. As employees of family planning programs, women are provided stable jobs in the formal sector and may have the opportunity to learn new skills that improve their self-confidence and provide them with economic benefits. They may also gain new respect in their communities. Negative impacts may include difficulties in overcoming misunderstandings or opposition from those who are ill-informed or suspicious. The role and characteristics of women in family planning programs in Egypt and their perceptions of the possible impact of this employment on their lives were the foci of the WSP subproject described here.

At least three studies have been conducted which examine the impact of family planning employment on the lives of women hired as field workers. One study surveyed women in seven countries and found that field workers believed that their employment had enhanced their knowledge, skills, economic resources and autonomy (Kak & Narasimhan, 1992). Many believed that this had led to improved relations with their family members and greater decision-making power in the household as well as improved public standing related to more positive attitudes in the community regarding family planning and the role of field workers and their increased mobility.

A study collecting qualitative data from field workers in the Maternal and Child Health and Family Planning Project in Matlab Bangladesh in 1987-88 focused on three variables prestige professional status and social influence (Simmons Mita & Koenig 1992) It was found that women hired as field workers initially faced hostile community attitudes because of the controversial nature of the program for which they were working as well as the need to break *purdah*¹ in order to carry out their jobs Because, however these women believed they were involved in an activity that brought about a positive change in the lives of families in their community and because they believed they could engage in an inner *purdah* and felt little guilt about their activities they became effective change agents in their communities

An earlier participant-observation study of worker-client interactions in this same program demonstrated that the field worker's job, in addition to supplying contraceptives included (1) reducing clients' fears of contraceptive technology (2) addressing attitudinal barriers to family planning use such as religious beliefs, perceptions of child mortality risks and high fertility preferences, and (3) helping mobilize male support for family planning (Simmons, Baqee Koenig & Phillips 1988)

These previous studies focus on one type of family planning employee field workers who interact in a different manner with their clients than clinic workers do The field workers included in these latter two studies were employed by a program in Bangladesh which is for its good management The field workers surveyed by Kak and Narasimhan (1992) worked for women-centered programs in which women were in leadership roles It is impossible to separate out the degree to which the positive benefits of employment noted in these studies resulted from employment versus employment in model programs They do however, demonstrate the potential impact this work can have on the lives of women

1 Egypt

While women always have comprised a large proportion of family planning workers in Egypt, the extent to which women filled various positions in each of the family planning programs in comparison to men or how characteristics of female family planning workers varied by organization and occupation was not known prior to this study Nor had information from the various organizations been compiled in a way that comparisons could be made across organizations Obtaining this information was a critical first step in trying to understand how working in family planning programs might have an impact on the lives of Egyptian women Though there are no previous studies which speak directly to the research question of interest there have been some studies on the labor force participation of women in Egypt and on the possible impact of labor force participation, which may have some relevance to the issue

¹ *Purdah* has been defined as a system of secluding women and enforcing high standards of female modesty (Papanek 1973 quoted in Simmons et al 1992)

Some general statistics on women's labor force participation in Egypt in 1993 are available Overall the percentage of women in the labor force rose from 18 percent to 24 percent in 1993 (El-Deeb, 1994) A summary of the variations of this participation among different sectors is summarized below (El-Deeb, 1995)

Table 1 Female Participation in Various Occupations in Egypt, 1993

<i>Occupation</i>	<i>Percent Women</i>
Nurses	98
Agricultural Workers	70
Pharmacists	66
Textiles	54
Teachers	44
Dentists	42
Science & technology	36
Communications	25
Industry (overall)	12
Bank employees	21

Source El-Deeb 1995

Studies exploring the effect of labor force participation on Egyptian women's lives have found that the effects of employment were not always positive in terms of women's autonomy, though generally women who are employed enjoy a greater freedom of movement than non-working women Women who work for cash have a greater say in financial decision-making, but not necessarily in reproductive decision-making (Govindasamy & Malhotra, 1994)

Another study by The Population Council (Nawar, 1994) found that Egyptian women with more education have a stronger influence within the family and have greater personal independence when they make greater economic contributions to the family and when they live in a more urban and less traditional environment The results of this study also linked greater autonomy with lower fertility goals

At least one study has been conducted in Egypt in which data on family planning staff training and conditions were assessed (CAPMAS 1992) It was found that fewer than half the doctors had received family planning training prior to beginning work in a family planning unit and very few had received training on the job Only 20 percent of the doctors were gynecologists According to this study, women comprised 65 percent of all the doctors interviewed, but only 50 percent of the gynecologists When asked about the provider factors that might affect quality of services, doctors mentioned insufficient incentives for staff and insufficient numbers of staff within a unit

2 Family Planning Programs in Egypt

Six Egyptian organizations provide most of the family planning services the Ministry of Health and Population (MOHP), the Egyptian Family Planning Association (EFPA), the Clinical Services Improvement Project (CSI), the Health Insurance Organization (HIO), the Coptic Evangelical Organization for Social Services (CEOSS) and the Teaching Hospital Organization (THO) The five occupational groups in which female workers are categorized in this study are physicians, nurses, social workers, *raedat refiat* (community field workers) and others (administrators and orderlies)

Dayas also comprise a large number of female family planning workers but they are not employed through a family planning organization Rather they have been trained through one of two development programs, USAID/Cairo or UNICEF, to incorporate family planning services into their more traditional role in birth and delivery The impact of providing family planning services on these women was explored in the qualitative study component in which female physicians, nurses, dayas and *raedat refiat* were asked to describe their perceptions on this topic

B Study Objectives

The primary objectives of this study were

- To describe *quantitatively* female labor force participation in family planning programs and compare their participation within various categories of employment in different implementing agencies and by geographic location,
- To compare *quantitatively* female participation in family planning programs versus other health services in Egypt,
- To collect *qualitative* data from female family planning workers in a limited number of sites on their perceptions of the effects of their work in this field on self-esteem, economic resources, familial relations and public standing

C Implementing Agency

The Cairo Demographic Center (CDC) conducted this study The CDC is a training and research institute established in 1963 under the joint sponsorship of the United Nations and the Government of the Arab Republic of Egypt The CDC an interregional institution, is now independent and supported through the Government of Egypt Dr Hesham Makhoulf, the Director of the CDC was one of the Principal Investigators of this study The other, Dr Bothaina El-Deeb, holds a joint appointment as the head of the Women and Child Research Division of the Central Agency for Public Mobilization and Statistics (CAPMAS) which also provided administrative and logistical support for this study

III METHODS

A Study Design

Two methods were used to achieve the study objectives. The first two research questions were investigated through a compilation of statistical information obtained from national and Governorate level family planning offices and from previously conducted studies.

The third objective required the use of focus group discussions (FGDs) and in-depth interviews to explore women's and men's perceptions of the effects of family planning employment on their lives.

B Sample

Statistical data on the MOHP workers were obtained and compiled from all 26 governorate level government offices in Egypt. Data were obtained from the national headquarters in Cairo for the following organizations: CSI, THO, EFPA, CEOS and HIO. There were variations among the organizations with regard to the variables which could be obtained. More detailed data were available (and reported) from the MOHP, CSI and EFPA than from the other three organizations.

Focus groups were held in four governorates: Cairo, Kafr Sheikh, Beni Suef and Sohag, chosen to represent a geographic diversity (see map on page vi). Women were chosen from among four occupational categories: physicians, nurses, social workers and dayas. Additional selection criteria included urban vs. rural location and length of experience (less than ten years vs. more than ten years). Thus each focus group was homogeneous with respect to governorate, occupation, urban vs. rural location and length of experience. One focus group was conducted in each governorate for each of the 16 possible category combinations, resulting in a total of 64 focus group discussions (Figure 1).

Figure 1 Focus Group Participant Characteristics

Governorate	Nurses	< 10 years experience	Rural	(1)	Urban	(2)	
		10+ years experience	Rural	(3)	Urban	(4)	
	Physicians	<10 years experience	Rural	(5)	Urban	(6)	
		10+ years experience	Rural	(7)	Urban	(8)	
	Social workers	< 10 years experience	Rural	(9)	Urban	(10)	
		10+ years experience	Rural	(11)	Urban	(12)	
	Dayas	<10 years experience	Rural	(13)	Urban	(14)	
		10+ years experience	Rural	(15)	Urban	(16)	
			X	4 Governorates =	64 Focus Groups		

In-depth interviews were held with 19 persons considered to be leaders in Egypt's family planning program. This list was originally compiled by the investigator and then later revised based upon suggestions of the technical committee (Appendix 1). Included in this sample were 14 females and five males. All but one were married or had been married. Most had one or two children, though three had none and three had more than two. Twelve of the leaders had a medical education and seven were educated in the social sciences. Their current affiliates included universities (5), NGOs (8), and the MOHP (6).

C Instruments

Dummy tables were designed for collection of statistical data from the governorate level government offices for the MOHP and the national headquarters in Cairo for the remaining organizations. Data collection included percentages of employees in various occupational categories who are female and the characteristics of female physicians, nurses, social workers, *maedat refiat* and others for three organizations (MOHP, THO, CSI) for which this information was available (Appendix 2a). These specific characteristics included age, marital status, level of education, specialization, type of contract and duration of work experience. Data were transcribed into tables describing workers for each governorate and later were aggregated to obtain national-level statistics.

Focus group guides were developed for the FGDs (Appendix 2b), and a questionnaire was developed for the in-depth interviews with leaders (Appendix 2c). The open-ended items in each of these instruments were designed to explore employees' attitudes toward family planning, to determine how employees perceived that their jobs had affected their lives in a number of domains, and to ascertain their general-level of satisfaction and dissatisfaction with their jobs.

D Field Work

Research assistants employed by CAPMAS were assigned responsibility for obtaining MOHP statistical data from the governorate government offices. Data were collected by two researchers visiting each governorate health office to transcribe employment statistics onto preconstructed dummy tables. In a few of the more remote governorates, statistics were written into the tables by local staff and sent to CAPMAS by fax. Data from other organizations were gathered from the national headquarters of each in Cairo.

Data collection assistants with previous focus group experience conducted the FGDs. Field staff visited each site to obtain the necessary approvals and to make the necessary logistical arrangements. Focus group training for moderators was conducted by FHI/Cairo staff and included training in focus group methodology generally and the use of the guides for this study specifically. Focus group guides were revised prior to study initiation on the basis of pretesting during the training sessions.

In-depth interviews with family planning leaders were conducted by Dr Bothania El-Deeb the principal investigator at the convenience of each of the interviewees usually in the office of the interviewee

E Data Analysis

Data describing female participation in family planning programs were aggregated across governorates into regional and national data. The data are descriptive and include the whole population of female family planning employees. No statistical tests were performed to compare data by profession, region or organization.

Data from focus group discussions were analyzed by Dr Mona Khalifa a consultant with focus group experience by governorate and then synthesized across governorates. Separate focus group reports for each governorate and a synthesis report were prepared by the research staff and it is these documents which were used in the preparation of this report. Interview data were analyzed separately from the focus groups and the results were summarized in a separate report, although they are also summarized in this report.

IV RESULTS

The results are organized by study objectives (see I B)

A Female Participation in Family Planning Programs

The first study objective was to describe quantitatively female labor force participation in family planning programs and compare their participation within various categories of employment in different implementing agencies and by geographic location.

The overall distributions of family planning workers by organization and profession appear in Tables 2 and 3. The largest family planning employer is the government's Ministry of Health and Population (MOHP) with over 87 percent of paid workers. The Egyptian Family Planning Association a non-governmental organization (International Planned Parenthood Federation affiliate) employs 7 percent. The remaining four organizations employ less than 3 percent each.

Table 2 Percentages of Family Planning Workers by Organization, Egypt, 1997

<i>Organization</i>	<i>Percent Women</i>
MOHP	87
EFPA	7
CSI	3
HIO	2
CEOSS	<1
THO	<1

With regard to the composition of workers by profession, nurses comprise the largest proportion overall (30 percent) while physicians and *raedat refiat* (field workers) each comprise about a quarter of the total number of workers. Those in the "other" category are primarily administrators and orderlies. All the *raedat refiat* are employed by the MOHP.

Table 3 Percentages of Family Planning Workers by Occupation, Egypt, 1996

<i>Occupation</i>	<i>Total family planning workers by percentage (N=19,610)</i>
Physician	25
Nurses	30
Social Workers	8
<i>Raedat refiat</i>	25
Others	12

1 Female Employment

Eighty-two percent of the 19,610 employees of the six family planning organizations surveyed are female. Tables 4 and 5 show female employment by organization and profession. CEOSS employs the highest percentage of females (93 percent) overall and HIO employs the lowest (42 percent). In terms of profession, all nurses and *raedat refiat* are female, three-fourths of social workers are female, and slightly fewer than half (48 percent) of physicians overall are female with some variation among organizations.

Table 4 Percentages of Employees who are Female, by Organization, Egypt, 1996

<i>Organization</i>	<i>Percent Female</i>	<i>Total N</i>
MOHP	83	17,103
EFPA	72	1,428
CSI	83	544
HIO	42	433
THO	83	73
CEOSS	93	29

Table 5 Percentages of Employees by Occupation, Egypt, 1996

<i>Occupation</i>	<i>Percent Female</i>	<i>Range among organizations</i>
Physicians	48	13-93
Nurses	100	
Social Workers	75	58-100
<i>Raedat refiat</i>	100	
Other	79	69-86

2 Characteristics of Female Workers

Data were collected on age, marital status work experience and education (where relevant) on female workers for the three largest employers -- MOHP, EFPA and CSI. These findings are organized by profession for physicians (Table 6) nurses (Table 7) social workers (Table 8) and *raedat refiat* (Table 9)

a Physicians

The percentages of physicians who are female vary between 46 to 90 percent with the highest being CSI and lowest being MOHP. The highest percentage of female gynecologists is found at CSI (56 percent) compared to 4 percent at EFPA and 27 percent at MOHP.

Ages vary somewhat with the physicians being slightly older at the EFPA and younger at CSI. This is consistent with the slightly greater experience of the physicians there as well. A greater percentage of physicians at EFPA are married as well though the percentage of married female physicians is high in all organizations.

Table 6 Characteristics of Female Physicians by Organization, Egypt, 1996

	MOHP (N = 1958)	EFPA (N=217)	CSI (N=128)
% Total Physicians	46	77	93
% Gynecologists	27	4	56
Age			
<30	32	16	27
30-44	59	45	70
45+	9	39	3
Marital Status			
Married	78	88	84
Single	20	11	13
Widowed/Divorced	2	<1	3
Employment			
Assigned	95	18	22
Contract	3	36	<1
Part-time	<1	42	40
Other	<1	4	37
Experience			
<5 years	50	43	77
5-10 years	38	54	23
10+ years	12	3	0

b Nurses

Over 5 000 nurses work for the MOHP family planning program. Nearly half are between the ages of 30 and 44 years. 80 percent are married and 46 percent have worked for less than five years at the MOHP. In comparison, a larger percentage of nurses at EFPA are older (46 percent over 44 years), more are divorced or widowed, and over half have worked there between five and ten years.

Table 7 Characteristics of Female Nurses by Organization, Egypt, 1996

AGE	MOHP (N=5402)	EFPA (N=188)	CSI (n=68)
<30	39	13	43
30-44	48	41	56
45+	13	46	<1
MARITAL STATUS			
Married	80	69	19
Single	18	15	78
Widowed/Divorced	2	16	3
EMPLOYMENT			
Assigned	99	18	85
Contract	0	36	2
Part-time	<1	42	13
Other	<1	4	0
EXPERIENCE			
<5 years	46	43	6
5-10 years	40	54	37
10+ years	14	3	0

c Social Workers

Over half the social workers in each organization are female, with the largest percentage in the MOHP. Looking across organizations, social workers appear to be older at EFPA clinics, more likely to be single at CSI, more likely to have more than a university degree at EFPA, and to have longer work experience at the MOHP.

Table 8 Characteristics of Female Social Workers by Organization, Egypt, 1996

	MOHP (N=833)	EFPA (N=190)	CSI (n=79)
% Total Social Workers	81	58	64
AGE			
<30	41	24	68
30-44	50	40	32
45+	9	36	0
MARITAL STATUS			
Married	71	72	39
Single	27	28	60
Widowed/Divorced	2	0	1
EMPLOYMENT			
Assigned	99	35	81
Contract	0	34	0
Part-time	<1	29	13
Other	1	2	6
EDUCATION			
University	66	47	66
> University	34	53	34
EXPERIENCE			
<5 years	62	78	72
5-10 years	27	22	28
10+ years	11	0	0

d Raedat Refiat

The *raedat refiat* are employed only by the MOHP and comprise a large cadre of family planning workers in Egypt. Their work is in the field, visiting women in the community to encourage them to begin or maintain family planning use. Compared to social workers in the MOHP (who work in clinics), they are younger, have less experience and have slightly more education.

Table 9 Characteristics of Female *Raedat Refiat* and Social Workers Employed by the MOHP, Egypt 1996

	<i>Raedat Refiat</i> (N=5046)	Social Workers (N = 833)
% of Total who are Female	100	81
AGE		
<30 Years	74	41
30-44 years	25	50
45+ years	1	9
MARITAL STATUS		
Married	69	71
Single	31	27
Widowed Divorced	<1	2
EMPLOYMENT		
Assigned	78	99
Part-time	14	<1
Other	8	1
EXPERIENCE		
<5 Years	94	62
5-10 years	6	27
10+ years	<1	11
EDUCATION		
University	59	65
> University	41	34

e Dayas

Over 14 000 dayas have been trained in family planning by USAID and by UNICEF in Egypt (table not shown) These women were not included in the total number of workers, because they are self-employed

3 Female Participation by Region

Data were analyzed by region to determine if female participation in family planning programs reflected the need for services in those areas (Table 10) Nearly 71 percent of married women live in Lower Egypt while 62 percent of the target group of women at risk of unwanted pregnancy live there Fifty-eight percent of the family planning units are found in Lower Egypt Sixty percent of the dayas trained in family planning work in Lower Egypt as well Sixty-two

percent of the female family planning workers overall work in Lower Egypt and the regional distribution by occupation is similar

The tables found in Appendix 3 further disaggregate several analyses by governorate

B Comparison to Female Participation in Another Health Sector

The second study objective was to compare quantitatively female participation in family planning programs versus other health services in Egypt data regarding female participation in MCH programs were collected as a means of achieving this objective

A survey was conducted in seven governorates² as part of the 1993 Child Survival Project (MOHP) which examined the gender of workers in 123 urban health units and 141 rural health facilities (Table 11) There is some overlap in the employees listed in this survey and the ones included in the above tables There is a higher percentage of physicians in these MCH units who are women compared to the family planning units overall in the MOHP (81 percent vs 48 percent) Seventy-seven percent of the gynecologists in these units were female, and 75 percent of the pediatricians were female Only 58 percent of the dentists were female, however Midwives and assistant midwives were exclusively female and 98 percent of nurses were female The only exclusively male occupation listed was "driver " As one might expect in a project focused primarily on women and their children most of the workers are female but this is a higher percentage than for family planning programs which are also very female-focused

Table 10 Regional Characteristics of Family Planning Workers, Egypt, 1997

Regions	Percent of Family Planning Workers	Percent of Married Women	Percent of Target Group	Percent of Units	Percent of Trained Dayas
Lower	62	71	62	58	60
Upper	35	28	37	48	40
Frontier	3	<1	<1	3	<1

² Cairo Port Said Kafr El Sheikh Beheira Menia Sohag and Matrouh

Table 11 Percentage of Females in Each Occupation in MCH Facilities Surveyed

Occupation	Percent Female	Total N
Gynecologist	77	57
Pediatrician	75	71
Public Health Specialist	83	12
Laboratory Specialist	75	4
Other Specialties	38	8
General Practitioner	83	423
Dentist	58	205
Pharmacist	86	29
Chemist	75	4
Nurse	98	577
Midwife	100	75
Assistant Midwife	100	269
Assistant Nurse	100	13
Social Worker	93	69
Laboratory Technician	77	82
Assistant Laboratory	57	21
Nutrition Specialist	90	21
Sanitarian	0	13
Ambulance Driver	75	4
Store Keeper	50	72
Clerk	82	290
Driver	0	3
Worker	62	435
Total	81	2757

Source MOHP Child Survival Project 1993

C The Impact of Family Planning Employment on the Lives of Egyptian Women

The third and last study objective was to collect qualitative data from female family planning workers on their perceptions of the effects of working in this field on their self-esteem health status, economic resources, familial relations and public standing. Data from focus groups and in-depth interviews were collected and analyzed to determine how women perceived the effect of family planning employment on these aspects of their lives. Family planning leaders were interviewed individually in deference to their busy schedules and because they were more dispersed geographically, but the responses from focus groups of physicians, nurses, social workers and dayas are integrated with responses from in-depth interviews of family planning leaders in this report because of the similarities in the topics covered.

In many ways, responses from women in all occupations seemed similar to what women working in all fields might identify as the effects of employment. Much of the perceived impact is related to what it means to be under time and role stress. Women in all occupations felt that they had too little time to take care of their families, not to mention their own needs. They also felt the

difficulty of trying to do a job for which there were too few material resources and too many people to be served. Yet most women were able to identify aspects of their jobs that gave them pride and satisfaction.

The aspects of their lives women discussed in relationship to their jobs included autonomy, self-image/self-esteem, family life, technical skills, financial benefits, job satisfaction and public standing.

1 Decision-making and Autonomy

Much of the focus group discussions centered on women's decision-making power vis-a-vis that of their husbands' with regard to children's education, daughter's engagement, family budget and expenditures and going to visit relatives. With regard to many of these decisions, the general consensus seemed to be that most were made jointly between the husband and the wife, though the husbands' opinion often prevailed when there was a serious disagreement. A midwife in Kafr Sheikh said,

'It is important to share the decision [the daughter's engagement] but the final decision is taken by the father or the men in the family'

Perceptions of increased credibility related to daughters' age at marriage, premarital examination and their own family planning decisions result directly from their technical expertise in reproductive health-related matters. While most women want to make these decisions with their husbands, they feel that their job gives them the knowledge to make a correct decision. A physician in rural Beni Suef added that working in family planning

' encouraged me to use contraception and made me know about the advantages and disadvantages of each method and helped me choose the right method '

In Kafr Sheikh, one woman said that because of her work in family planning

[I can] convince my husband in case of a disagreement [about family planning]

A social worker from Sohag said of decisions related to children's education

'We deal with different segments of the community and we can see by ourselves the negative results of noneducation and the low standard of some rural schools. Working in family planning gives me the confidence to share in these decisions'

In some more conservative areas, such as Sohag and Kafr Sheikh, nurses expressed the need to consult husbands because of *religious necessity*. Some of the social workers in Cairo said that their mothers-in-law insisted on sharing family decisions with them.

Social workers feel that they have increased credibility in handling the family budget because of general work skills that result from their need to organize their work lives and thus they can take greater responsibility for handling the family's money as well. Said one social worker in Sohag

The word planning does not apply to contraception only it applies to planning in every aspect of the family life. They have seen that the woman can organize the family budget with very little income

Many of these women felt that they had a lot of autonomy in how they used their own income from their job, though most used it for the house and children. This perceived autonomy varied by occupation and income. Women with more income (physicians compared to nurses or dayas) had more autonomy (which correlates with job status and class). Women in more traditional areas such as Sohag also were more likely to say that they had to consult with their husbands concerning how they used their money.

With regard to women's autonomy of movement, the practice of *pudah* though stronger in some other countries than in Egypt varies in different areas of the country itself. The degree to which women can move around has an impact on many aspects of their lives. Most focus group participants indicated that they got their husbands' permission before going somewhere outside the home, though no one mentioned that this caused any difficulty related to their job. It was mentioned by social workers and *raedat refiat* who visit women at their homes that this was a reason for criticism by some men in the communities where they work. A family planning worker from Cairo said that her relatives criticized her job because,

home visits are too much liberty for a social worker who is unmarried

This same idea was expressed by physicians in rural Beni Suef and nurses in rural Sohag

2 Self Image/Self-Esteem

Many women cited their work in family planning as a cause for gaining respect from their clients and people in their community. Often they gained self-esteem from the skills and knowledge they acquired through their jobs. A physician in Beni Suef said,

I have developed more confidence through the trust of clients in keeping their secrets

One of the family planning leaders said that her job had helped her

improve self confidence and self-esteem through my success and achievements

A nurse in Beni Suef identified *being able to travel and meet new people* as a benefit of her job that made her feel good about herself. Leaders felt they had *been introduced to an international circle*. Another said that she had *gained respect of the national and international society*

Some nurses in Beni Suef felt that their work helped them to gain the respect of doctors and to dispel negative opinions people had held about nurses in the past *It is enough to remove the bad idea of people about nurses* said one woman

Higher level policy-makers saw themselves as pioneers and leaders in their field. Women in all occupations felt that their work in family planning provided them with a concept of themselves as someone who was helpful to others and provided a social good. A social worker from Kafr Sheik said that from her job she has *gained a strong character that allows me to deal with people's problems*

On the other hand, some women felt wounded by the negative attitudes people in the community had about them because of their jobs. Some nurses in urban Sohag felt that there continues to be *'a low image of the nurse in society'*. In Upper Egypt, social workers said they were not respected in their community, husbands and mothers of clients blame them if the client experiences side effects and they are verbally abused in Cairo sometimes when they do home visits. A social worker in rural Upper Egypt said,

The main difficulty is the feeling of insecurity when visiting households we do not know. Some men say bad words and some husbands and mothers of clients do not meet us nicely and quarrel with us if anything happens as a result of using contraceptives

Another social worker from Upper Egypt said,

'women do not respect family planning staff because they know they are from the government and think that their objective is to prevent births. They think that those who do field work do not have a reputable job'

Women who are leaders in family planning also had experienced a lot of criticism and sometimes were affected by the negative political climate but in general the positive image it created for themselves outweighed the negative ones. One leader said

Working in family planning is just like swimming against the tide. This is what creates a leader and improves the qualities of leadership because it needs great effort and a strong character.'

3 Family Life

Women in all occupations (including family planning leaders) felt that their jobs had an impact on their family lives, in addition to the way in which decisions were made. In many cases this impact was negative and reflected the nearly universal difficulty experienced by women (and men) who try to juggle work and family life. Women more than men, however, are usually trying to maintain as many domestic duties as women who do not work outside the home. Some of the difficulties identified included children's illness, being late to pick up children, organizing time for work and household duties and worrying about child care.

Some women believe, also that certain aspects of family planning programs, or at least the ones they are involved in require greater amounts of effort than other jobs and thus place greater stress on their roles as wife and mother. Examples of this were described by physicians and nurses in Cairo who had to work in an afternoon clinic because of client overload for which they received no extra compensation and were criticized by their husbands and children for being away from home too long. Physicians in Beni Suef said that they often returned home late on days when they had to go out in mobile teams, with the same results. One of the leaders said that her family life had suffered because she had not given enough attention to it because of the commitment and travel in and out of the country.

On the other hand, most respondents said that their husbands did not interfere with their work and that they were even encouraged by their husbands. One leader said that her husband was a great source of support, adding, *If I had married another man he would have left me* '.

A benefit of family planning work mentioned by some women was that it was a job working primarily with women. Many women liked this themselves, but their husbands liked it as well and this made it easier for them to work for pay outside the home.

Other aspects of their jobs that their husbands liked were the respect the women got from the community, their participation in a national program and, of course the greater income provided for the family.

4 Professional and Technical Skills

Women in all occupations felt that because they worked in family planning programs they knew a great deal more about family planning than they would have in the same profession but a different kind of program. Physicians had learned IUD insertion, nurses had learned counseling skills and social workers felt their knowledge of women's health issues had broadened beyond what it would have been if they had worked for a different government program (such as education). Dayas told moderators that they had learned a great deal about infection control as a result of their training in family planning that they might not have learned otherwise. Some of the family planning leaders said that they had an increased ability to influence others and to be better advocates and to improve counseling skills. They also learned how to solve problems.

Many women in different occupations said that they increased their perspective about people's lives, learned more about their communities and were able to work with many more types of people than before they worked in family planning. Illustrative quotes follow.

I have more experience in dealing with clients of different socio-economic levels Daya

[If I had not been a family planning worker] I would not have seen the true problems of life Social worker

I gained the ability to adapt to any place and talk with people ' Daya

[Working in family planning] has helped me to know more people and participate in literacy classes and community meetings with rural women Social worker

At least one dissenting opinion from a social worker however indicated that she felt a loss of skills because she had been assigned to family planning work

[If I had not been assigned to a family planning program] I would be using what I studied and would know exactly the objective of the job

5 Financial Benefits

Most respondents working in government programs said that their salaries were about the same as those working in similar jobs in other government programs though this was not as much as they thought they should receive, given the level of effort required for their job Some physicians who worked more than ten years in rural Beni Suef said that they thought they might be earning more than women working in other jobs but with similar education and years of experience Most respondents felt that the incentives they received in addition to their salaries (based on clinic performance) were low though some nurses in Kafr Sheikh considered them suitable Social workers complained that incentives were not distributed among social workers but only to physicians and nurses

Dissatisfaction with payment was a recurring theme among social workers Many social workers mentioned that they receive their pay late or on an irregular basis This coupled with the lack of incentives seemed to strain relationships between social workers and other employees

Dayas do not distribute contraceptives and therefore do not get incentives though they do get paid 2 LE (about 60 cents) for each IUD referral For many dayas, this referral payment makes a significant contribution to their income and is perceived as a benefit of family planning work

6 Community Standing/Community Relations

Most family planning workers felt that their work boosted their standing in the community the words, "love and respect" were often used in relationship to their clients and the community at large Most women felt that reducing population growth and providing women with the means to control their fertility were worthy goals and felt pride in being part of those On the other hand there were conservative communities where family planning was criticized and the social workers felt threatened by this

With regard to political participation, this was a serious component of the job for leaders But for most other women there was no time left at the end of the day for participation in community politics Most women thought it was a good thing to participate in the community and none felt that their families would resist their participation in community affairs from a philosophical point of view It was only the logistics that prevented participation

7 Job Satisfaction

In general, job satisfaction for these family planning workers was being able to share an important service with the community. Some women particularly enjoyed working with other women. They were proud of their knowledge of family planning and felt that what they did helped families in their community. For many, the family planning program is provided in a social context that has given them a greater perspective on the lives of Egyptian women and men.

The dissatisfaction mentioned resulted primarily from not having enough time and materials to serve their clients adequately and from the stress of role conflict. Some of the leaders said they felt tired and lacked time for other activities. Others said that sometimes they felt depressed because they felt the impact of their work was small in comparison to their efforts.

It was reported that in some places there was some conflict among the workers within the clinic, primarily related to competition over incentives.

The most serious reports of dissatisfaction came from social workers. While most physicians and nurses said that they had chosen to work in family planning programs, most social workers were assigned to family planning through the Ministry of Labor. Their dissatisfaction resulted from the problems encountered in their field work, their irregular payment and their frustration from a relative lack of preparation in family planning information. Many social workers felt they would have fared better with the Ministry of Education because of better pay and less controversy surrounding their jobs.

V Discussion and Conclusions

A Limitations of the Study

The most critical limitation of this study was a lack of comparison data for men in the statistical analysis and in the focus groups. Though some data were presented on differences between family planning and other health sectors, in general not much could be said about the effects of family planning employment compared to employment in other sectors. The comparison group used to determine how family planning workers may differ from employees in other sectors was that of workers in MCH units. This is another female-oriented service which also attracts more female employees than others might. An additional comparison with a sector whose clientele is not so heavily female might have produced more of a counterpart.

These limitations resulted from a lack of available information and from decisions made about how best to use limited resources for the research project. It was acknowledged at the onset that this was groundbreaking work and additional studies would be necessary to answer remaining questions.

B Summary of Results

1 Female Participation (Quantitative data)

Over 80 percent of the 19 610 employees of Egypt's six largest family planning organizations are female. This includes all nurses, all *raedat refiat* (fieldworkers), three quarters of the social workers and nearly half of the physicians. The smallest proportion of female physicians is found in the MOHP (46 percent), the largest employer of family planning workers in Egypt. Generally, female family planning employees are distributed in the country's regions in proportions reasonable for the population. There are variations among the organizations with regard to the percentages of female physicians, social workers and others and with regard to the characteristics of the females working in various occupations as well such as age and marital status. These variations have implications for women's satisfaction with current working conditions and changes in the employment structures which might increase satisfaction. For example, female employees with school aged children might benefit from flexibility in their work schedules so they can be home when children return from school. The high percentage of female family planning workers in Egypt makes gender an important consideration in defining work roles.

2 Impact of Family Planning Employment on Women's Lives (Qualitative data)

Generally speaking, women in the focus groups and in-depth interviews who worked in family planning programs found satisfaction in providing a service they thought was appreciated by most women in Egypt. They felt their jobs gave them contact with their community that was important, though in some cases where traditional conservative values were strong, they felt criticized for their jobs in family planning. There was no evidence that family planning work provided greater benefits than other similar government jobs, nor that women working in this field suffered much greater negative consequences. Women reported the stresses and strains felt by all working women, with never enough time to take care of one's family properly, much less relax. The financial benefits were not better than for other government work, but they were not worse, either. They were just not enough given the amount of time and effort women felt they put into their jobs.

These focus group results were consistent with those reported in previous studies described in the introduction. Results from the previous studies may have described in greater detail the positive benefits and emphasized less the general difficulties faced by women in their work lives because the purpose of those studies was more focused on describing the potential benefit of certain model programs. The focus group study undertaken in Egypt included women from more diverse situations -- places, occupations, years of experience -- and thus the results may be more generalizable to family planning workers in general. Given these differences, however, the similarities across studies are striking and should be considered strong evidence for hypotheses related to the impact of family planning employment on women's lives.

VI Lessons Learned

A Program and Policy

A significant proportion of family planning employees in Egypt are female This in itself is an important fact and has implications for how the conditions under which family planning workers perform their jobs may or may not lead to job satisfaction. In nearly all societies, women more than men are expected to balance their domestic and professional roles. Women usually bear the burden of child care and housekeeping, which often strains their effectiveness in both roles. Given the highly feminine nature of these programs, services designed with the needs of women workers and clients in mind will achieve their goals more effectively. While this seems obvious, little attention has been given to gender in family planning programs worldwide until recently.

An important ongoing controversy in Egypt is whether women's preference for female physicians has an impact on women's use of family planning clinics, given the relative lack of them in some geographic areas. Those on one side of the debate feel that more women physicians would attract more family planning clients, especially in areas where fundamentalist Islamic beliefs are strong. In fact, there is a great deal of empirical evidence in the form of women's own reports to support this. On the other side of the debate, however, are those who feel that women will go to a male or female if they are perceived as competent and reliable. It is true that many women feel this way, though they tend to be those who already are using family planning. It is noteworthy, however, that the proportion of physicians who are female is higher for the MCH clinics than it is for family planning clinics in general, given that the clients for both clinics are primarily female. What attracts female physicians to the MCH clinics but not family planning clinics?

We see from these statistics that there are fewer female physicians than for any other occupation yet they are the service providers who perform the most intimate procedures. Though the percentages of female physicians vary by organization and region, the lowest percentage is in the MOHP which employs the greatest number. While it is true, that female clients are often satisfied with a well-trained physician regardless of gender, the high turnover rate in many areas leaves women without a physician of either gender they can trust. This is not news to MOHP policy-makers who have been trying to determine how to get more female physicians to work in rural areas where the need is the greatest, but the problem is a difficult one to solve.

While the number of family planning employees is small in comparison to the number of women who are users of family planning (and most of the employees fit this latter category as well) the impact on individuals is potentially dramatic. Two key questions remain:

- (1) What are the implications for what we now know about the characteristics of women working in family planning programs for management and service delivery? and

This question should be examined carefully by the organizations employing family planning workers. This could have implications for placement of employees and setting up clinic hours so that they are convenient for female employees and clients (who probably share similar

characteristics) rather than for male physicians alone. Where there are greater numbers of women employed who have small or school-aged children, this needs to be taken into consideration as well. By listening to the voices of women who work in family planning programs (and those who use them), ways may be found to improve working conditions without increasing costs.

(2) How are the effects of family planning employment different from any other type of employment (and what are the policy implications of that)?

Answers to this second question are only speculative since little comparison was made with women in other types of employment. Family planning carries with it some stigma and controversy that other employment sectors do not. On the other hand, women may feel empowered to "make a difference" in the lives of other people that women in some other fields may not. With regard to financial benefits and the effects working has on family life, these seem to be similar to other types of employment, for better or for worse. To the extent that financial benefits could be improved and working conditions made less difficult, family planning employment could yield additional benefits over other types of employment. This would require strong leadership on the part of policy-makers and managers who recognize the benefits of this for the program as a whole.

B Further Research

More definitive results concerning the effects of family planning employment might be found through a population-based survey with questions designed based on qualitative findings from this study. Women in other employment sectors should be included as a control group for this type of research. The benefit of using resources to conduct such a study depends, however, on how these results might be used. Perhaps money might be better spent to develop a mechanism to incorporate input from women and men who work in this field about ways that gender affects their work and ways in which their jobs could be modified to improve their lives. Small operations research projects could be conducted to determine whether the proposed modifications actually make a difference.

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APPENDIX 1 Family Planning Leaders Interviewed

FEMALES

- 1 Nazlı Kabil
Head of Nurse Syndicate
Member of Board of Directors of the Red Crescent

- 2 Salha Awad
Head of the Center for Family Planning Training Alexandria
Dean Institute of Training and Research in Family Planning Alexandria

- 3 Laila Kafafi
Associate Professor in the Faculty of Arts Tanta University
Resident Research Advisor Family Health International

- 4 Soad Attia
Director of Preventive Affairs and Health Care
Director of Family Planning (where?)

- 5 Karima Abdel Samie Mahmoud
Development specialist Ministry of Social Affairs (MOSA)
Executive Director EFPA
Member of national committee of NGOs
Member of the Egyptian Society for Population and Development

- 6 Azziza Hussein
Head of the National Committee of NGOs for Population and Development
Head of Egyptian Society for Population and Development
(First Director of EFPA)

- 7 Sharifa el Maraghi
Deputy Minister in Sohag
Member, Physician Syndicate
Women's Secretary in Sohag

- 8 Mawahib Tawhid el Mulhi
Reproductive Health Specialist at the National Committee for NGOs
(Former Medical Director of the Cairo Family Planning Association)

- 9 Salwa Yassin Ammar
Director of the Directorate of Family Planning Kafr El Sheikh

- 10 Sawsan Hassan el Sheikh
Director of the Center for Family Planning Services in Shodas Director of CSI in Alexandria
- 11 Amal Shabaan Hammad
Head of the Social Department of the Alexandria Model Family Planning Center
- 12 Moushira El Shafie
Deputy of the Minister of Health and Population
- 13 Sawsan el Bakli
Mass media consultant for the System Development Project (SDP) at the MOHP
- 14 Ibtesam Sakla
Director of Family Planning, Beni Suef

MALES

- 15 Hafez ali Yousif Megahid
*Medical consultant for the Family Planning Association in Alexandria
Director of the Model Center for Family Planning in Alexandria
Member of the Board of Directors Alexandria Hospital*
- 16 Mahmoud Fathallah
Professor Assuit University
- 17 Nabil Younis
Professor and Head of Ob/Gyn Department Al Azhar University
- 18 Maher Mahran
*Executive Director National Population Council
Professor of Ob/Gyn Ain Shams University
Head of the Committee of Health Environment and Population in The Assembly
Member National Council of Services*
- 19 Ezzeldin Osman Hassan
*Executive Director The Egyptian Fertility Care Society
Professor University of Mansoura
Member The Egyptian Society of Gynecology and Obstetrics*

APPENDIX 2

COPIES OF INSTRUMENTS

2a

Dummy tables

2b

Focus group guide

2c

Interview guide

2a DUMMY TABLES (1-4)

Table (1) Number of Employees in Family Planning Centers

Governorate	Center	Number of Employees							
		Doctors		Nurses	Hospital Workers	Social Workers		Others	
		Male	Female			Male	Female	Male	Female

Table (2) Distributions of Doctors by Age, Specialization, Marital Status and Type of Contract

Center	Age Group			Specialization		Type of Contract					Marital Status			Duration of Working in Family Planning		
	-30	30-45	45+	Gynecologist	Other	Permanent	Contract	Onsecandment	Part Time	By visit	Single	Married	D/W	-5	5-9	10+

Table (3) Distribution of Nurses by Age, Marital Status, and Type of Contract

Center	Age Group			Specialization		Type of Contract					Marital Status			Duration of Working in Family Planning		
	-30	30-45	45+	Gynecologist	Other	Permanent	Contract ed	Onsecand ment	Part Time	By visit	Single	Married	D/W	-5	5-9	10+

Table (4) Distribution of Social Workers by Age, Specialization, Martial Status, and Type of Contract

Center	Age Group			Specialization		Type of Contract					Marital Status			Duration of Working in Family Planning		
	-30	30-45	45+	Gynecologist	Other	Permanent	Contract ed	Onsecand ment	Part Time	By visit	Single	Married	D/W	-5	5-9	10+

Introduction**Study objectives****Permission for audio recording****Participant information**

Name

Age

Occupation

Education

Number of children

Years experience in family planning

Community context

Prices

Availability of goods and services

Availability of health facilities in general and family planning facilities in particular

Availability of work opportunities

Behavior and attitudes toward marriage and family planning

Ideal age at first marriage for daughters

Level of education desired for daughters

Using family planning methods

Ideal number of children per couple

Benefits of small families

Benefits of large families

Difficulties related to family planning usage in the community

Desire for large families

Side effects

Shortage of some methods

Negative opinions about family planning related to religious beliefs

Refusal of some husbands

Women's perceptions of the impact of working as an employee in family planning programs

1 Self confidence

Communication with husband regarding family planning use

Communication with husband regarding daughters' engagements

Communication with husband regarding children's education

Relationships with neighbors

Relationships with colleagues at work

2 Skills gained for working in family planning
Greater information
Skills related to family planning delivery systems

3 Community respect
Respect of community for family planning employees
Respect of omda (mayor)
Respect of men living in the community

4 Economic benefits
Salaries
Incentives for women

Persons supporting you (or not)

Husbands
Relatives
Supervisors
Colleagues
Others

Problems or constraints of your job

At home
At the office
In the family planning system
In the community

Recommendations for changes

2c In-Depth Interview Guidelines for Family Planning Leaders

Permission to record

Background

Name

Job

Education

Specialization

Marital status

Number of children

Family Planning Work Experience

A summary of her roles in the field of family planning

Her achievements in this field

Satisfaction with achievements

Support from husband, supervisor and others

Constraints in the family planning system and her role in particular

Recommendations for overcoming constraints

Perceived influence of her role in family planning on other females such as

Daughters

Friends

Colleagues

Relatives

Perceived impact of family planning job on herself

Self confidence

Skills

Advocacy ability

Respect of the community

Perceived negative impact

Family Planning in Egypt in the Future

Will Egypt become more successful in its family planning efforts in the future?

Will there be more involvement and participation of females in family planning programs?

How can family planning services be improved?

How can more people be persuaded to use family planning?

How can more female employees be persuaded to work in Upper Egypt or in small villages in either Upper or Lower Egypt?

APPENDIX 3 Governorate level data

Table A1 Percentage of Physicians Who are Female by Organization, Egypt, 1996

<i>Governorates</i>	<i>MOH</i>	<i>EPPA</i>	<i>CSI</i>	<i>CEOSS</i>	<i>HIO</i>	<i>TOTAL</i>
Cairo	99	71	0	100	18	75
Alexandria	85	54	100	100	10	63
Port Said	69	100	100	0	0	63
Suez	63	88	0	0	0	72
Damiette	61	100	80	0	0	63
Dakahlia	45	100	100	0	8	51
Sharkiya	30	49	100	0	17	33
Qalyoubia	53	90	89	0	13	54
Kafr ElSheikh	19	54	67	0		20
Gharbia	51	63	100	0	0	49
Menoufia	48	100	100	0	5	49
Behera	58	72	100	0	0	58
Ismailia	38	100	100	0	27	50
Giza	90	100	100	100	100	91
Beni Suef	37	73	100	100	50	42
Fayoum	55	100	100	0	0	54
Menya	30	86	78	100	0	37
Assut	44	75	83	0	14	45
Sohag	51	83	91	0	0	52
Qena	29	100	81	100	0	38
Aswan	11	80	83	50	0	17
Red Sea	43	100	0	0	0	60
Matrouh	20	100	0	0	33	24
North Sinai	29	60	0	0	0	33
South Sinai	22	0	0	0	0	22
New Valley	9	100	0	0	0	17

Table A2 Distribution of Trained Dayas by Governorate 1994/1995

<i>Governorates</i>	<i>PERCENT OF TOTAL (N=14,544)</i>
Cairo	16
Alexandria	2
Port Said	1
Suez	<1
Damiette	8
Dakahlia	4
Sharkiya	8
Qalyoubia	1
Kafr	
ElSheikh	6
Gharbia	10
Menoufia	3
Behera	3
Ismailia	1
Giza	3
Menya	9
Assut	8
Sohag	7
Qena	9
Aswan	4
Red Sea	<1
Matrouh	<1
North Sinai	<1
New Valley	0

Table A3 Percentages of Social Workers Who Are Female by Governorate and Organization

<i>Governorates</i>	<i>MOH</i>	<i>EFPA</i>	<i>CSI</i>	<i>HIO</i>	<i>University Hospitals</i>	<i>TOTAL</i>
Cairo	99	100	100	100	73	95
Alexandria	88	93	100	100	0	91
Port Said	0	75	0	100	0	50
Suez	100	82	67	0	0	87
Damiette	74	40	33	0	0	66
Dakahha	71	36	83	100	100	86
Sharkiya	59	47	60	0	0	52
Qalyoubia	71	80	33	100	0	66
Kafr			40	0	0	49
ElSheikh	67	44				
Gharbia	90	75	100	100	67	86
Menoufia	70	55	50	100	100	68
Behera	81	76	86	100	0	82
Ismailia	100	60	85	0	0	76
Giza	98	79	100	100	0	97
Beni Suef	53	40	100	0	0	48
Fayoum	23	43	100	100	0	52
Menya	100	36	100	0	0	70
Assuit	82	40	18	100	0	71
Sohag	59	36	0	0	100	55
Qena	25	20	25	0	0	23
Aswan	70	67	0	0	0	69
Red Sea	0	67	0	0	0	67
Matrouh	0	50	0	100	0	40
North Sinai	31	56	0	0	0	41
South Sinai	100	0	0	0	0	100
New Valley	0	29	0	0	0	25