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Egypt:

Family Size and Gender Equity in Childrearing

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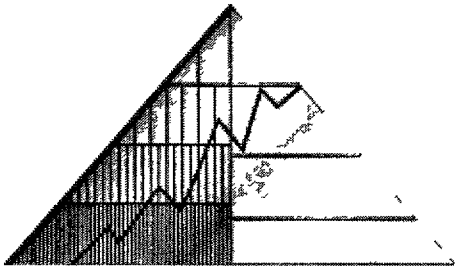

Summary of Final Report Prepared for
The Women's Studies Project
Family Health International
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A

This summary highlights findings from a larger scientific report and includes recommendations from in-country researchers

B

Egypt
Family Size and Gender Equity in Childrearing

I Introduction

Disparities exist between the way girls and boys are raised in Egypt Girls encounter many discriminatory practices as they grow up – many in childrearing practices Because they rank lower than boys in family hierarchies, they receive less food, less medical care, and are overburdened by household chores and the care of younger children and elderly family members They are also subject to marriage at an early age (UNICEF, 1990, Lane, 1991)

Smaller family sizes may, however, lead to more equitable childrearing practices, it is hypothesized, when families have a smaller number of children, parents may be more attentive to the survival and well-being of their children Therefore, girls may be more highly valued and less subject to discrimination

This study was conducted with the support of the National Population Council's Research Management Unit and technical assistance from the Women's Studies Project (WSP) at Family Health International (FHI) Focus group discussions held and surveys administered to determine whether the hypothesized differences in childrearing occurred between large families (four or more children) and small families (three or fewer children)

II Study Goals and Objectives

The primary goal of this study was to explore differences and similarities between large and small families in relation to their styles in rearing male and female children, controlling for mother's level of education

Specific objectives were to

1 Identify domains where discrimination between girls and boys is evident in relation to health and health seeking behaviors education and socialization,
2 Explore the relationship between family size and discrimination between boys and girls, and,
3 Explore the relationship between social and reproductive characteristics of women of reproductive age and discrimination towards females in childrearing practices

III Study Design

A Operational Definitions

The following operational definitions apply to this study

- **Large family** a family with four or more children
- **Small family** a family with three or fewer children
- **Childrearing gender equity** similar approaches are used in rearing children of both genders as reported in responses to study questions
- **Gender gap** discrimination against girls in childrearing practices indicated by responses to study questions
- **More educated** respondents who have completed at least a secondary education
- **Less educated** respondents who have completed less than a secondary education

B The Study Population

Six-hundred and forty-four women comprised the study's sample of convenience Respondents were recruited from among clients of health facilities in Alexandria the Ministry of Health and Population clinics (MOHP), the Health Insurance Organization (HIO) clinics, the Egyptian Family Planning Association (EFPA) clinic and the Curative Organization Women were recruited from different organizations to ensure a wider range of socioeconomic status

Among the 644 women, 292 (45 percent) were more educated, and 352 (55 percent) were less educated Large and small families were present in both education groups Selection criteria for study participants included 1) being of reproductive age, 2) having at least two children and having at least one child of each gender and 3) membership in a large family not having only one daughter or one son

The mean age of women in the sample was 36 5 years, and more than 90 percent were currently married Fifty-one percent of the respondents' husbands were more educated and 49 percent were less educated Sixty percent of the respondents did not work outside the home, 38 percent worked for cash, and 2 percent worked but not for remuneration Fifteen percent were classified as upper socioeconomic status, 46 percent were middle-class and 40 percent were lower-class The mean age at marriage was 21 6 years

C Data Collection and Analysis

Women were interviewed using a structured interview guide designed for this study Earlier exploratory focus group discussions were held to assist researchers in the development of this interview guide Questions were asked on topics related to the independent and dependent variables described below

Independent variables

- Socioeconomic status education, employment

- Family size and composition gravidity and parity, number and gender of living children

Dependent variables
- Preferred gender mix of children in family
- Contraceptive use, history and current
- Birth intervals related to gender of children born
- Number and gender of children before first contraceptive use
- Preferred age of marriage for sons and daughters
- Breastfeeding practices
- Health care practices
  - -- Timing of seeking medical care
  - -- Vaccinations
  - -- Usual source of medical care
  - -- Treatment of diarrhea
- Children's education
- Celebration of births, birthdays and toys given
- Participation of children in household chores
- Female genital mutilation (FGM)
- Responsibility of brothers for sisters

Data were collected for each of the variables for each child in the family, and cross-tabulations were done by children's sex to determine whether there was gender equity or a gender gap in each family for each variable This overall dependent variable was then compared for small and large families

IV Research Findings

A Contraceptive Behavior

Eight percent of the respondents had never used contraception Sixty-one percent had used intrauterine devices (IUDs), 24 percent had used the pill, and 1 percent had used injectables One-fifth of the sample was not using contraception at the time of the interview, and 61 percent were using IUDs, 7 percent were using the pill, and 6 percent were using injectables Less-educated women were less likely to be using contraception at the time of the interview and were less likely to be working for cash than more-educated women

Not surprisingly, women in small families were more likely to have started using a contraceptive after the first or second child than were women with larger families Within each family size category, more-educated women were more likely to have started contraception earlier than less-educated women

B Sex Preferences

Most women in all groups said they preferred a balanced mix of boys and girls (72 percent of small-family/educated, 78 percent of large-family/educated, 71 percent of small-family/less-educated and 78 percent of large-family/less-educated) The proportion of women who preferred to have children of both sexes – but more boys – exceeded the proportion of women who wanted both but wanted more girls While some women said they wanted all boys in a family, none said they had wanted all girls

Sixty-one percent of women with less education with large families started using contraception only after having children of both sexes compared to 26 percent of women with less education with small families This difference was less pronounced among more-educated women, 32 percent of the more-educated women with small families started contraception after having children of both sexes compared to 39 percent of educated women with large families

Sex of living children influenced the type of contraception used Women who had borne boys or both boys and girls were more likely to be using modern contraceptive methods than women who had borne only girls As expected, the interval between first and second births was greater for women with small families compared to women with larger families and this difference was greater for women with less education The birth interval for all women was shorter after the birth of a first girl than a first boy

C Preferred Age at Marriage

In general, women preferred daughters to marry between ages 20 and 25 and sons to marry between 25 and 30 Less-educated women with large families reported earlier preferred age at marriage for their daughters than women with more education

D Feeding Practices

Overall, more-educated women were less likely to breastfeed their children, and women with large families were less likely to breastfeed their babies than women with small families Seventy-nine percent of educated/small-family women breastfed compared to 70 percent of the educated/large-family women Eighty-three 83 percent of less-educated/small-family women breastfed compared to 80 percent of less-educated/large- family women

Researchers observed no differences in whether boys or girls were more likely to be breastfed They did find, however, that the average duration of breastfeeding was longer for boys than for girls among all families The proportion of mothers who stopped breastfeeding because they got pregnant used a contraceptive or wanted to start work was greater when the baby was a girl irrespective of mothers' education or family size

When asked about feeding older children, women in all groups reported that boys typically received a greater share of milk, eggs and chicken than girls The gender gap was greater among large families than small ones regardless of mothers' education

Twenty percent of educated women with small families offered boys younger than six years more milk, while only 8 percent offered daughters more milk On the other hand, a third of the educated women with large families offered boys more milk and only 7 percent offered their daughters more milk This gender gap between large and small families continued as children grew older, with boys getting more eggs and chicken as well

Table 1 Contraceptive Use by Family Type and Previous Fertility

	More Educated		***Less Educated***		***Total***
	Small family (N=161)	Large family (N=115)	Small family (N=163)	Large family (N=153)	(N=592)
Number of children before use					
0-2	93	82	95	52	80
3+	7	18	5	48	20
Sex of children before use					
Boys only	34	29	39	21	31
Girls only	32	33	34	18	29
Both	32	38	26	61	39
None	2	0	1	0	1
Average birth interval					
After one boy	33 7	30 9	35 7	26 1	33 0
After one girl	31 1	25 4	41 3	27 8	33 5

E Health Care

With regard to health care, there were some differences between health care for boys and girls Among less-educated mothers with small families, 48 percent said that they usually took sons to a private physician for medical care, compared 39 percent who usually took girls to a private physician A wider gap existed for less-educated women with large families 42 percent reported taking boys to a private provider, compared to 32 percent taking girls to private providers

This gap narrowed among children enrolled in schools covered by Health Insurance Nearly one-third of the less-educated women with large families reported the usual source of health care for both boys and girls was the Health Insurance clinic

Less-educated women with larger families were more likely to report that a daughter with a fever had not been taken to the doctor (9 percent versus 5 percent overall) The average numbers of doctors' visits was smaller for girls than boys among this group (1 6 for boys versus 0 9 for girls $p < 0\ 05$) Husbands of women with less education were less likely to accompany their children on doctor's visits, regardless of family size

F Education

All of the children of the educated women were enrolled in school, 91 percent of low-literate respondents' children in small families were enrolled, and 72 percent of low-literate respondents' children in large families were enrolled In these small families, 5 percent had both boys and girls not enrolled, 3 percent had boys only not enrolled, and 1 percent had girls only not enrolled Sixteen percent of the large families reported boys and girls not enrolled, 5 percent boys not enrolled and 7 percent girls not enrolled Children were kept home because school was too expensive, they had failed school, or they were needed at home or at work

G Celebration of Births and Birthdays

The proportion of families who did not celebrate the *sebou* (the birth feast) for daughters was greater than the proportion that did not celebrate for sons Also non-celebration of birthdays was more likely in large educated families (31 percent) than in small, educated families (26 percent) and more likely in the large, less-educated families (90 percent) compared to the small, less-educated families (64 percent)

Small families and higher education were positively related to buying new clothes for children for the feast Ninety-two percent of small, educated families bought new clothes for all their children, compared to 83 percent of the large, educated families This compared to 76 percent of small, less-educated families and 64 percent of the large, less-educated families

Children in large families, regardless of gender or mother's education, were less likely to receive toys as presents than children in small families Girls typically were given dolls and household toys, and boys received toy cars and toy guns

Table 2 Selected Childrearing Practices by Family Characteristics

	More Educated		Less Educated		Total
Practice	Small family (N=174)	Large family (N=118)	Small family (N=175)	Large family (N=175)	(N=644)
% of boys breastfed 21+ mos	35	26	34	32	32
% of girls breastfed 21+ mos	27	24	31	29	28
Mean duration of breastfeeding					
Boys	14 4	16 0	15 8	16 2	15 6
Girls	13 6	15 5	15 0	15 9	14 9
Mean visits to doctor in last 6 mos					
Boys	1 8	1 1	1 5	1 6	1 5
Girls	1 5	1 1	1 5	0 9	1 2
Sex of children who had a fever and did not see a doctor					
None	93	90	90	83	89
Both	0	1	5	2	2
Boys only	4	4	2	5	4
Girls only	3	5	4	9	5
Children not enrolled in school					
None	100	100	91	72	90
Both	0	0	5	16	6
Boys only	0	0	3	5	2
Girls only	0	0	1	7	2
Female circumcision of first daughter					
Done	14	42	38	76	43
Intended	10	9	28	11	15
Not intended	70	46	31	11	39
Uncertain	6	3	3	2	3

H Household Chores

Girls in small, educated families had fewer household chores than girls in large, less-educated families Girls generally performed indoor tasks such as cooking, cleaning up after meals washing dishes, cleaning house, washing and ironing clothes, and caring for younger and elderly family members Boys typically performed chores outside the house, like shopping for household

items In large, low-literate families, girls were involved in household chores even during the time they should be in school

I Female Circumcision

The practice of female circumcision was more prevalent among larger families and families with less maternal education 24 percent of small, educated families had or will have their daughters circumcised, as will 52 percent of large, educated families, 66 percent of small, less-educated families, and 87 percent of large low-literate families Among those who have or plan to have their daughters circumcised, the reasons for doing so included tradition (53 percent), religion (20 percent), decreasing daughters' sexual desire (13 percent), and hygiene (11 percent) Women who were opposed to having their daughters circumcised felt that way because they "did not believe in it" (49 percent) or were afraid of complications (29 percent)

Regardless of family size, circumcision was more likely to be performed by a physician among educated families (72 percent in both small and large families) or by a nurse, midwife or *daya* in low-literate families (54 percent of small families and 64 percent of large families) Consistent with this, female circumcision was more likely to be performed at home among families of less-educated mothers

J Status of Brother

Less than one-third of women in the educated families believed that brothers had the right to punish sisters if they misbehaved Among less-educated women, however 71 percent of those in large families and 60 percent of those in small families supported this concept

Less-educated women were more likely to believe that sisters should serve their brothers, with 87 percent in large families and 70 percent of women in small families stating that this was true Less-educated women were more likely to agree with the statement, "Boys are more readily touched by the evil eye than girls " Less-educated women also were more likely than educated women to agree that "Work is very important to females," and more likely to agree if they were in large families

V Conclusions

Clearly, mothers' educational level is associated with childrearing practices related to gender Greater education is related to more equitable treatment of girls Greater education probably promotes more equitable attitudes, though mothers' education may also have resulted from a more liberal upbringing Family size also is related to equitable treatment of girls, with more equity in smaller families There may be several factors contributing to this Large family size may be associated with more traditional values, which include clearly defined gender roles Larger families also may mean scarcer resources for children, so that when choices have to be made about resources boys may be given the larger portion The fact that, for most outcomes measured there are two main effects – family size and mothers' education – indicates that

resource issues and attitudes about gender roles both play a part in the treatment of girls and boys When discrimination occurs these data show that it usually is girls who suffer

Table 3 Percentages of Respondents Agreeing with Each Statement

	More Educated		*Less Educated*		*Total*
STATEMENT	Small family (N=174)	Large family (N=118)	Small family (N=177)	Large family (N=175)	(N=644)
Boys are more readily touched by the evil eye	32	32	47	54	42
Girls are helpless	37	23	54	66	47
Girls are obedient and easy to deal with	79	84	83	85	83
Girls have limited requests	40	37	50	54	46
Boys can go out and return home late but not girls	52	44	67	71	60
The brother has a right to punish his sister	32	31	60	71	50
The sister must serve her brother	55	41	70	87	65
Work is very important for females	28	16	42	50	36
The boy needs better nourishment than the girl	34	19	26	34	29
If the girl does not succeed in education, her husband will support the family	31	24	51	64	44
The girl tolerates illness more than the boy	25	14	24	35	25

From these data, the case can be made that larger families mean fewer resources for children in general and for girls in particular Children in big families are less likely to get new clothes for the birthday feast, celebrate birthdays or get toys as presents The mother's educational level predicts school attendance but among less-educated mothers, children in large families were less likely to be enrolled in school

Many of the findings in this study were consistent with other research in Egypt, increasing confidence in the validity of the results For example, Nawar et al reported that women who endorsed older ages at marriage for their daughters were more educated, working for cash and middle- or upper-class Other studies, too have shown that boys are more likely to be taken to private health care providers than girls (El-Zanaty, 1993, Hoodfar,1986, El-Mougi et al , 1991, Langsten and Hill, 1991)

The implications of these findings for policy rely on values placed on equity for girls and boys Providing the means for controlling fertility will help ensure that girls get more equitable

treatment because there will be less need to disproportionately divide resources In addition to reducing the need to make resource choices, promoting equitable treatment of girls is necessary for the general well-being of women in Egypt

VI Study Details

This study was conducted by Dr Seham Ragheb and Dr Wafaa Guirgis of the Faculty of Nursing at Alexandria University The study was supported by the Women's Studies Project at Family Health International and by the Research Management Unit at the National Population Council in Cairo The WSP was funded through a Cooperative Agreement to the U S Agency for International Development Dr Cynthia Wazak of FHI served as technical monitor for this study and Dr Laila Kafafi and the staff of FHI's Cairo office provided technical assistance