



IMPACT STUDY OF THE NEW HORIZONS PROGRAM IN EGYPT

Towards New Horizons Project 1999 – 2002

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Final Report**

27 Yahia Ibrahim St., Apt. 4, Zamalek, Cairo, Egypt
E-mail: nscelocal@nsce-inter.com
Home Page: <http://www.nsce-inter.com>
Tel: +20 (02) 735 1045, 736 4823, 737 0673, Fax: +20 (02) 738 3091

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASCE	Adolescence and Social Change in Egypt
ANC	Antenatal Care
BF	Breastfeeding
CDA	Community Development Association
FGM	Female Genital Mutilation
FP	Family Planning
ITRF	Institute of Training and Research for Family Planning
MCH	Maternal and Child Health
MP	Menstrual Period
NH	New Horizons
NGO	Non-Governmental Organization
ORT	Oral Rehydration Therapy
RH	Reproductive Health
SOW	Scope of Work
STI	Sexually Transmitted Infection
TB	Tuberculosis
TNH	Towards New Horizons
USAID	United States Agency for International Development

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Impact Study of the New Horizons Program in Egypt

1. EXECUTIVE SUMMARY

This report summarizes the findings of an impact study of the New Horizons (NH) program (11/1999-07/2002), a project undertaken by the Centre for Development and Population Activities (CEDPA)/Egypt with funding from the United States Agency for International Development (USAID). Its goal is to improve the lives of girls and young women through education and development strategies to empower females and to broaden their life options. Through its network of 144 non-governmental organizations (NGOs), the NH program reached 28,251 girls and young women in 16 governorates.

The Towards New Horizons project is Phase Two of the USAID grant to support the New Horizons program, which began with The Partnership Project for Girls and Young Women (PPGYW 10/1994-10/1999) and was continued with Towards New Horizons (TNH 11/1999-07/2002). A follow-on project, TNH II, is planned for 8/2002-8/2004. The goal of these grants has been to combine national-level advocacy with community-level education and action programs to improve the education, health, literacy, and life skills of girls and young women in Egypt.

New Horizons is a non-formal education program designed to explain and communicate essential information in the areas of basic life skills and reproductive health. The NH curriculum is comprised of two manuals with 102 sessions. The program was developed for disadvantaged girls and young women, ages nine to 20. Its messages are simple and direct and can be used with both an illiterate or literate population.

This study assesses the changes that have resulted from NH interventions in program participants, in their families, and in the community. The main conclusions of this study are:

- The findings indicate that the NH program has a positive impact on the knowledge, attitudes, perceptions, and behaviors of the beneficiaries of the program. Relative to the non-beneficiaries, the beneficiaries have more positive attitudes and behaviors toward the education, health, and the status of women in the community, as well as greater self-confidence.
- Parents of participants have generally more positive attitudes toward the education of girls, the health and status of girls and women, and in regard to life options for their children.
- For the majority of beneficiaries, learning enhances school performance and social skills, as confirmed by their parents.
- For many participants, exposure to an undiscovered world and the acquisition of knowledge on previously unknown issues was an awakening experience, as they

never had this opportunity before. This exposure gave them not only increased control over resources and decision making, but also tremendous self-confidence. Compared with non-beneficiaries, they are better able to analyze problems, find solutions and take responsibility for them.

- The most noteworthy and recurring benefit from the NH program appeared to be improved and more open communication with family members, especially with male members. This indicated increased self-confidence, as gender barriers had heretofore inhibited open communication with males. This change was disclosed by many of the unmarried and married female participants and their parents.
- The program has served as a vehicle for overcoming the unconscious bias of the beneficiaries and, to a certain extent, of the families and the community towards the status of women. Obvious differences in gender sensitivity between the beneficiaries and non-beneficiaries were found. The findings show that for both the married and unmarried women the New Horizons program has, for the first time in their lives, raised their awareness of gender issues and discrimination.
- Many beneficiaries of the program relied on traditional remedies and had no knowledge of health matters. The reproductive health (RH) education provided by the program has contributed to a better understanding and to better practices. Following training, participants openly discussed these issues, while non-beneficiaries were more self-conscious and perceived these issues to be too sensitive to talk about.

The following main recommendations are offered:

- Many parents of the younger girls (ages 9-12) did not allow their daughters to participate in the reproductive health component of the curriculum, since they felt that it was not age appropriate. Therefore a reorientation with respect to the age group or to the curriculum is required.¹
- Although most beneficiaries are opposed to female genital mutilation (FGM), many find it difficult to talk about this deeply rooted tradition or to persuade others not to circumcise girls. Therefore it is recommended that CEDPA link with other community programs, focusing specifically on this issue, to help overcome this problem and to reinforce the New Horizons program.
- As skills training has not increased the beneficiaries' opportunities for employment, further support of income-generating activities is recommended.
- The facilitators indicated that they had difficulty in obtaining the participants' attention and that they had to exclude more complex subjects. Therefore more

¹ Given the problems in regard to teaching the reproductive health section to younger girls (ages 9-12) during the initial period of the Towards New Horizons implementation, it was decided that the families of the younger girls could choose to not let their daughters attend the RH section of the program.

attention should be given to strengthening the skills of the facilitators as moderators and more background information on various topics should be provided.

- Some of the Community Development Associations (CDAs) implementing the program need to be monitored by the larger non-governmental organizations. The institutional/organizational capacities of these small local organizations should be developed to enable them to carry out alone and sustain the program after the termination of support.

2. INTRODUCTION

Egyptian society can be described as a highly segregated society that assigns different duties and responsibilities to males and females. As a result, boys and girls are already socialized in their early childhood in regard to their different roles. In Egypt this separation of the female and male domains is based on the modesty code of women, which can be traced back to pre-Islamic times, and which is strongly present in current Islamic norms. It requires that women cover much of their body and that they exhibit the behaviors of bashfulness, humility, diffidence, chastity, fidelity, and seclusion. In practice this means that women are expected to interact as little as possible with males outside of their home and instead must concentrate on their domestic duties as wives and mothers. Although western influence has had an effect on lifestyle in many ways, the traditional separation of men's and women's domains strongly prevails.

Recently in Egypt, a number of mechanisms have been put in place to develop policies aimed at enhancing the status of women. As early as January 1993, the National Women's Committee (now a Council) was established by a ministerial decree. Mrs. Suzanne Mubarak, the First Lady, has been elected as head of the Council. This indicates the commitment of the Egyptian Government to pay close attention to women's issues and to women's roles in furthering sustainable development.

The existing gender gap,² i.e. the generally disadvantaged social, economic, and legal status of females in relation to their male peers in society, is shown in the enrollment rates of girls and boys in Egypt. The rates differ slightly from one source to another, but they all indicate that a gender gap exists. For example, a national survey of adolescents shows that during the school year 1996/1997 only 76 girls with low socio-economic status enrolled per 100 boys; in the higher socio-economic levels, 94 girls were enrolled per 100 boys.³ Illiteracy is widespread in Egypt, especially among females and particularly among rural females: 39.4% of the population (29% males and 50.2% females) that are ten years of age or older are illiterate. Rural females have the highest rate of illiteracy, 63% versus 34% for urban females⁴. Even though there has been a decline in illiteracy; the girls have not caught up with the boys. Of the population over ten years old, male illiteracy rates have dropped from 42.6% in 1967 to 29% in 1996, versus a drop in the girls' illiteracy rate from 57.2% to 39.4% during the same period.⁵

² For more detailed information, see Volume II, Annex II, Literature Review.

³ El Tawila et al 2000.

⁴ Egypt Gender Indicators, National Council 2002.

⁵ Egypt Gender Indicators 2002, ref. Population Census 1996.

As a result of these gender gaps, many international organizations have focused on girls' empowerment through schooling. The programs have aimed at increasing girls' enrollment rates and at reducing the number of girls dropping out of school. Special attention has been paid to previously identified constraints for girls, such as the distance of their homes from the school and the costs of schooling.⁶

Although enrollment rates and drop out rates are important indicators for successful programs, they tell little about the actual benefits or changes in girls' lives. Too often the benefits of education are taken for granted, and the context and culture into which the schooling is integrated, are not taken into consideration.

Education creates opportunities for young people. However, as many studies show in Egypt, it doesn't address traditional attitudes or encourage new horizons for girls.⁷

In general Egyptian women often have limited control over important aspects of their lives, including marriage and household decision-making. The Adolescence and Social Change in Egypt (ASCE) study⁸ showed that adolescents have not changed their gender role expectations, and opinions regarding the traditional division of roles between husband and wife remain the same. However, in another study⁹ women frequently mentioned that they participated jointly with their husband in many decisions. Violent treatment of women within marriage also appears not to be uncommon, and a relatively high proportion of female respondents justified their husbands beating them.¹⁰

The age of girls' marriage and spouse selection are other important areas in studying the status of Egyptian women, particularly in rural Upper Egypt. Statistics uphold the premise that, the more education women obtain, the later they marry. In 1995, 25% of women with over seven years of education married before they were 20 years old, whereas 60% married after 20 years of age.¹¹

Another gender concern relates to the impact of education and the dissemination of information on women's reproductive roles and health.

⁶ Zaalook. 1995. CARE Egypt; 1996 *World Bank Staff Appraisal Report*; 1993 *World Bank Staff Appraisal Report*. USAID Egypt. www.usaid-eg.org.

⁷ El Gabaly et al. 1999.

⁸ *National Survey of Adolescents* (9,128 adolescents and their parents) in Egypt. 1997. ASCE Study.

⁹ *1995 Demographic and Health Survey*. Egypt.

¹⁰ *1995 Demographic and Health Survey*. Egypt.

¹¹ Innocent Digest. 2000. ref. Alan Guttmacher Institute.

Female circumcision is common in Egypt¹² and there is still widespread support of the practice.¹³ The 2000 Egypt Demographic and Health Survey (EDHS) found that the female genital mutilation (FGM) prevalence rate was over 90% among all groups of women and in all regions of Egypt, except in the Frontier Governorates (76%). Female circumcision or FGM is considered by the Egyptian Government to be violence committed against female children without their consent.

Research indicates that support of the practice is related to educational and regional factors; girls who attended school and those that live in urban areas had a more negative attitude towards FGM.¹⁴ The same survey found a connection between parental education and attitudes toward FGM.

Survey findings give only a limited indication of knowledge by Egyptian females of sexually transmitted infections (STIs). The Adolescence and Social Change in Egypt (ASCE) Survey indicates that HIV/AIDS is the most widely known sexually transmitted infection. The amount of education of an adolescent was related to the extent of her knowledge.¹⁵

Research findings also show that female education has a positive impact on nutrition and childcare. Both inadequate or unbalanced diets and chronic illnesses are associated with poor nutritional status; hence the importance of nutritional education of females. Varying factors appear to influence the nutritional status of females in Egypt. The EDHS and ASCE Surveys¹⁶ reveal that girls that have reached intermediate or university level education are less likely to be classified as stunted or thin, compared to girls with no schooling or with only primary school education. Moreover, education also increases health-seeking behavior during pregnancy¹⁷ and is of potential benefit for the future care of the children.¹⁸ A strong connection was also found between a child's nutritional status and the educational level of the mother.

Survey data¹⁹ from rural Egypt indicate that educational levels as well as multiple socio-economic variables are related to contraceptive behavior. Most respondents in the ASCE Survey had heard the word "family planning". However the study does not disclose family planning knowledge or practices of the adolescents.

Various studies indicate existing poor sanitation practices and the importance of hygiene education²⁰ and of proper use of available resources to prevent diseases and infections in

¹² 2001 Demographic and Health Survey Egypt. Ministry of Health and National Population Council.

¹³ Egypt Gender Indicators. 2002. National Council of Child and Motherhood, Egypt.

¹⁴ El Tawila. et al. 2001.

¹⁵ El Tawila. et al. 2000.

¹⁶ National Survey of Adolescents (9,128 adolescents and their parents) in Egypt. 1997. ASCE Study.

¹⁷ 2001 Demographic and Health Survey-Egypt. Ministry of Health and National Population Council.

¹⁸ Von der Lippe. 1999; Kemprecos. et al. 1996. A Community-Based Survey in Upper Egypt

¹⁹ Enwisle. 1989.

²⁰ Susan Watts et al. 1998. Integrated Hygiene Education in a Water Supply and Sanitation Program. AUC; Weidner, BL. 1985; Mahmoud. et al. 1995; Hegazy, AA. 1999; Galal. et al. 2001.

order to improve the general health status of families. Therefore, informal education on these topics is important.

The above observations²¹ show the need for the non-formal education of females to address issues that may impede equal opportunities.

New Horizons is a program implemented by CEDPA/Cairo and funded by USAID/Cairo. Its goal is to improve the lives of girls and young women through education and development strategies, to empower females, and to broaden their life options. Girls and young women between the ages of nine and twenty are the beneficiaries.

The New Horizons curriculum used in NH is comprised of two manuals with 102 sessions that cover:

- 1) Basic life skills including girls' identity, rights, and responsibilities; nutrition, health, first aid, child development and rights; and environment and small projects.
- 2) Reproductive health in adolescence, violence against women, marriage, pregnancy and delivery, family planning, and sexually transmitted infections.

This document is an impact study of the effects of the New Horizons program. This study assesses the changes that have resulted from the project interventions on beneficiaries, their families, and the community.

Section 3 "The New Horizons Program" of the impact study will give an overview of the NH program, its history, and contents. Section 4 "Qualitative Assessment" contains the rationale for the study. The methodology is described in Section 5 "Methodology", while Section 6 "Key Findings" gives the findings according to the key research questions listed in Section 4. Section 7 "Findings and Girls' Empowerment in Egypt" will further elaborate on and discuss the findings of the group discussions held with beneficiaries and non-beneficiaries, as well as the findings of interviews with parents, male siblings, facilitators, and community leaders.

²¹ For cited research findings see the Literature Review in Volume II, Annex II.

3. THE TOWARDS NEW HORIZONS GRANT

In October 1994, the Centre for Development and Population Activities (CEDPA) received a five-year grant (10/1994-10/1999) from the United States Agency for International Development (USAID) to implement the Partnership Projects for Girls and Young Women (PPGYW), in collaboration with selected Egyptian NGOs. This was followed by a 33-month grant (11/1999-07/2002) to implement Towards New Horizons (TNH). The goal of these two grants was to combine national-level advocacy with community level education and action programs to improve the education, health, literacy, and life skills of girls and young women in Egypt. These two grants funded the New Horizons (NH) program

To achieve this, CEDPA/Egypt chose a participatory development approach using Egyptian community members to develop a curriculum based on an innovative non-formal education and training program, originally used for adolescent girls in South Asia, Latin America, and Africa. This approach embodies several key principles of the United Nations Convention on the Rights of the Child (CRC), ratified by Egypt, and signed into law by the United Nations in 1990:

- The Child shall have the right to freedom of expression; this right shall include freedom to seek, receive, and impart information and ideas of all kinds.
- States Parties recognize the right of the child to education.
- States Parties shall ensure that the child has access to information and material... especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.
- Parents and children (shall) have access to education and (be) supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation, and the prevention of accidents.

The resulting New Horizons program is a non-formal education program, designed to explain and communicate essential information in the areas of basic life skills and reproductive health. The program was developed for disadvantaged girls and young women, ages nine to 20. Its messages are simple and direct and can be used with both an illiterate or literate population. Currently, about 20 percent of the girls enrolled in the program are out of school.

Its practical aim is to empower girls and young women to make informed life choices through a carefully designed program providing information and raising awareness. It is a practical and effective intervention, wherever girls and young women lack access to basic information that limits their ability to make informed life choices. The program can be implemented wherever a group of 20 to 25 girls and young women can gather comfortably for open and informal discussion: in a school, mosque, church, NGO center, or private home or even under a tree in a courtyard. It is both replicable and sustainable.

The New Horizons curriculum is comprised of 102 carefully designed and structured sessions, and includes a kit of colorfully illustrated posters, two instructor’s manuals, and audiotapes with songs, poetry, and drama. New Horizons is comprehensive in scope and covers every major area of a young girl’s life. Manual One introduces identity, family roles, rights, and responsibilities, and provides important information on nutrition, health, first aid, child development, and the environment. Manual Two focuses on reproductive health and covers topics such as adolescence, traditional harmful practices, pregnancy, family planning, and protection against dangerous diseases such as AIDS.

The program is an integrated approach to community awareness. The success of an information-sharing program such as New Horizons depends on parental and community acceptance and support. To build this support, facilitators hold introductory sessions to show parents how their daughter’s possession of accurate information in the areas of health, reproduction, and child care can result in concrete benefits to the family, such as healthier babies, reduction in intra-family conflict, and reduced risk of disease. In order to secure these benefits, participants are strongly encouraged to share information with family members and friends throughout the life cycle of the program.

This curriculum allows facilitators with a secondary school level of education to easily and effectively implement the program. The manuals are written in simple Arabic, and the information is presented in a coherent and accessible format. The colorful posters reinforce session themes, and clearly communicate the intended messages. Training is practical and straightforward, and facilitators can generally be field ready within weeks.

A *Partnership Network* of Egyptian and international NGOs was organized in October 1997 to implement the New Horizons program. This network provides both capacity-building assistance and exchange opportunities to ensure the effectiveness of the management and implementation of the program.

To date, the New Horizons Program has served:

	PPGYW 10/94-10/99	TNH 11/99-7/02
Governorates	11	16
NGOs	73	144
Facilitators	599	785
Beneficiaries	14,998	28,251

4. QUALITATIVE ASSESSMENT

As specified in the various Terms of Reference, the purpose of this impact study of NH is to test the following research hypotheses.

- Girls and young women who participated in project activities are likely to demonstrate more positive attitudes and behaviors toward education, health, and the status of women in the community.
- Girls and young women who have participated in the program are likely to demonstrate greater self-confidence and increased communication with parents, family members, and others in the community.
- Families of program participants are likely to demonstrate a more positive attitude and behavior towards education for girls, the health of girls and women, health in general, the status of girls, and the life options of their children.

According to the original Terms of Reference (May 2001), the study was to be carried out on the basis of a combination of group discussions and a structured questionnaire survey with a sample of 1,604 project participants, non-participants, parents or heads of households of participants, parents or heads of households of non-participants, and facilitators. To gain information for drafting questionnaires, 20 in-depth group discussions were carried out with beneficiaries, facilitators, parents of beneficiaries, and key community members in two NGO communities.

The research plan and instruments were developed by experts in close cooperation with CEDPA and the Ministry of Education and were subsequently reviewed, translated, and tested by the consultants before their field implementation was to take place in five governorates of Egypt.

Unfortunately, there was undue delay in obtaining governmental clearance for conducting the quantitative survey. Finally after almost a one-year delay, it was decided that other research methods for the impact study would be explored. The research methodology of focus group discussions and in-depth interviews was selected.

As it turned out, the study would test three research questions focusing on greater self-confidence, increased communication, and the demonstration of more positive attitudes towards the education, health, and so forth of the program participants. The study took place in three governorates. The findings of the focus group discussions with participants needed to be validated against the perceptions and views of girls and young women who were not exposed to the New Horizons program or to a similar program. These control groups are not only important for assessing the impact of the NH program on the participants, but also for interpreting and analyzing the findings, based on the three hypotheses.

Therefore, purposeful focus group discussions with both participants and non-participants took place. In addition, in-depth interviews were conducted with facilitators of the NH

program and with parents and male siblings. Interviews with community board members were also conducted to assess the NGOs' organizational sustainability for implementing similar programs in the future.

The research components were organized into structured and non-structured questions and translated into Arabic. As much as possible the moderator of the focus group discussions and the three interviewers in charge of the in-depth interviews probed for details of the motivation behind respondents' statements and opinions. The study team consisted of a female moderator with an assistant for the focus group discussions and two female interviewers for the in-depth interviews with facilitators, mothers, and community leaders. A male interviewer conducted the in-depth interviews with fathers and male siblings.

The topics of investigation for the different groups are as follows.

Focus group discussions with married and unmarried beneficiaries and non-beneficiaries included:

- (1) education, (2) self-esteem/confidence, (3) parent-child communication, (4) decision making, (5) physical mobility, (6) nutrition, (7) health and hygiene, (8) reproductive health, (9) gender, and (10) marital attitude and reproductive health.

In-depth interviews with parents included:

- (1) perceptions and attitudes towards girls and young women, (2) parent-child communication, (3) decision making, (4) nutrition, and (5) education of girls.

In-depth interviews with male siblings included:

- (1) communication with siblings who participated in the NH, (2) perceptions and attitudes towards the education of girls, and (3) gender roles within the household.

In-depth interviews with facilitators included:

- (1) self-esteem/confidence, (2) parent-child communication, (3) decision making, (4) physical mobility, (5) nutrition, (6) health and hygiene, (7) reproductive health, (8) gender, and (9) marital attitude and reproductive health.

In-depth interviews with key community members included:

- (1) organizational strategies for expanding programs overall, (2) organizational sustainability plans for girls' programming, and (3) changes in perceptions and attitudes of community leaders towards the status of girls and young women in the community.

5. METHODOLOGY

5.1 Questionnaire Design and Measures

The research questions in conformity with the mutually adopted Scope of Work (SOW)²² were given in the previous section. Based on the detailed contents of the qualitative questionnaires²³, guidelines were prepared to direct the discussions with each focus group and for the in-depth interviews with facilitators. Additional guidelines for in-depth interviews with parents, facilitators, male siblings, and key community leaders were developed in line with the requirements of the draft SOW.²⁴ Reporting sheets for the researchers were developed to facilitate the compiling and analyzing of the findings.

The guidelines are a mixture of quantitative and qualitative investigation, so as to provide both a quantitative representation of the responses as well as to present qualitative perceptions and views. All instruments were discussed and refined in collaboration with CEDPA.

Pilot focus group discussions took place in September 2002 in Cairo. The outcome indicated that the existing focus group guidelines were too comprehensive to retain the participants' attendance. Hence the number of questions on general health and nutrition issues was reduced, while those questions more related to the testing of the three research questions were kept intact. Questions on economic skills were also deleted, due to the length of the guidelines, as well as due to the fact that earlier group discussions showed that most skills acquired are only used at home because of the absence of employment opportunities and small loan schemes in the various communities.²⁵

Although the draft SOW does not explicitly call for questions on female genital mutilation, for the purpose of future programming a few FGM-related questions were included in the in-depth interview questionnaires and the guidelines for the focus group discussions.

Focus Group Discussions

To obtain background characteristics of the various focus group participants, each respondent filled out pre-designed forms prior to the start of the group discussion. To gain as much quantitative information as possible, as requested in the SOW, the guidelines were designed in such a way that opinions could be classified by their frequency and marked down on standardized scales by the investigator.²⁶

²² Draft of the SOW prepared by CEDPA in June 2002, and mutually adapted. Volume II, Annex I.

²³ Questionnaires for participants, non-participants, parents, and facilitators. July 2001. Both in Arabic and English languages.

²⁴ Draft of the SOW prepared by CEDPA in June 2002, and mutually adapted. See Volume II, Annex I.

²⁵ See Volume II, Annex XII, Section II, in which the community leaders confirm that beneficiaries gained skills that are mainly used at home; therefore the provision of loans and the addressing of marketing possibilities would facilitate income to the girls.

²⁶ See Volume II, Annexes IV-VIII.

Also, in order to measure individual knowledge and awareness, the participants were provided with pre-printed sheets of True/False statements in regard to some of the gender, nutrition and health issues; these questionnaires were to be filled out by each participant.

For the illiterate respondents, the moderator read out the statements. Moreover, to ensure accuracy, the facilitator used a tape recorder to record the respondents' perceptions and views.

In-depth Interviews

For the various in-depth interviews, structured questionnaires were developed in line with the draft SOW. However, the SOW only called for getting responses from community leaders in regard to the organizational stability of the NH program. But given the significance of the opinions and experiences of both parents and facilitators in this respect, related questions were also included for these respondents. To facilitate cross-checking with knowledge, perceptions, and opinions of the beneficiaries and non-beneficiaries, the questions for the facilitators were synchronized with the guidelines of respective focus group discussions.

5.2 Sample Selection

To ensure adherence to the design of the sample, a meeting with representatives of the concerned NGOs was organized by CEDPA. In the meeting representatives of the different NGOs and Community Development Associations (CDAs) were briefed about the procedures, including the detailed selection criteria, as they had to select the various respondents.

Table 5.2 Proposed Sample Selection

GOVERNORATE	FOCUS GROUPS				INTERVIEWS			
	Unmar. Ben	Married Ben	Unmarried. Non-Ben	Married Non-Ben	Parents	Male Siblings	Facilitators	Key Com Leaders
Beni Suef	2	2	2	1	5	5	5	3
Qena	2	2	2	1	5	5	5	3
Alexandria	2	2	2	1	5	5	5	3
Total	6	6	6	3	15	15	15	9

5.2.1 Beneficiaries and Non-beneficiaries Focus Groups

There were 6 to 8 participants in each of the different focus groups, e.g., unmarried beneficiaries, married beneficiaries, unmarried non-beneficiaries, and married non-beneficiaries. Experiences with previous focus group discussions in regard to assessments of the NH program have shown that, within a larger group, individual statements and perceptions are influenced by the other group members. Thus, larger group settings will not mirror the range of changed/actual perceptions. Moreover, the different investigation techniques and methods used do not allow for a large group of participants.

In each of the three Egyptian governorates in this impact study, the aim was to have the following groups:

- Two focus groups with eight unmarried girls of whom four had not finished school and four had, but where all had completed the second manual of the New Horizons curriculum over the period 1997-98.
- Two focus groups with eight married girls of whom four had not finished school and four had, but all of whom had completed the second manual of the NH curriculum over the period 1997-98.
- Two focus groups with eight unmarried non-beneficiaries of whom four had not finished school and four had, none of whom were exposed to the NH program or to other similar programs.
- One focus group with eight married non-beneficiaries of whom four had not finished school and four had, but none of whom were exposed to the NH program or to other similar programs.

5.2.2. Interviews with Parents of Beneficiaries

One of the target groups mandated in the CEDPA SOW was parents of beneficiaries. Due to the reasons cited below, this target group was divided into fathers and mothers of unmarried beneficiaries.

Parents of unmarried girls were considered to be the most important informants because:

- a) Married beneficiaries mainly lived with their in-laws and had to deal with many restrictions regarding communication with their in-laws as was found in group discussions for the preparation of the qualitative survey in 2001.
- b) Findings of the previous group discussions showed that fathers and mothers of unmarried daughters living with them have different respective attitudes and perceptions, and communicate differently with their daughters. Therefore the sample has been adapted to take father/mother variations into account.

The sample of this target group was aimed to be alternatively three mothers and two fathers, or two mothers and three fathers of different unmarried participants, per governorate.

5.2.3 Interviews with Male Siblings

Another target group of investigation is 'male siblings of beneficiaries,' as called for in the CEDPA SOW. To assess the extent to which their attitude towards their sisters/girls might have been influenced by the NH program, only male siblings of unmarried

beneficiaries over 16 years of age were interviewed. These male siblings still lived with their sisters; thus an assessment of communication and gender roles in the household could be made, in contrast to male siblings of married beneficiaries. Moreover, many married beneficiaries lived with their in-laws, and male siblings consequently only had a distant relationship with their sisters. In each governorate, five male siblings were to be interviewed, according to the above criteria.

5.2.4 Interviews with Community Leaders

In each of these governorates, the aim was to interview three key community leaders. These community leaders were principally selected from board members and other officers of NGOs that were implementing the New Horizons program in the late 1990s.

5.2.5 Interviews with Facilitators

In each governorate, five NH program facilitators, who were teaching the first and second manual of the NH curriculum in the period 1997-98, were to be interviewed.

5.3 Field Work and Final Samples

As explained in the section above “Sample Selection,” the concerned CDAs and NGOs had to select the respondents according to the sample criteria as discussed in the preparatory meeting. When selected respondents did not meet the sample criteria, they were replaced by the moderator in consultation with the CDAs.

The fieldwork was implemented in accordance with the following limitations and constraints:

In Alexandria, the Institute for Training and Research for Family Planning (ITRFP), in charge of monitoring the implementation of the NH program by local CDAs, had given directions to the various CDAs to organize the meetings with the different respondents. Due to internal communication gaps, the CDAs involved were not fully made aware of the sample selection criteria decided by ITRFP. Consequently, two participants selected for the unmarried non-beneficiaries focus group were found to be facilitators in other ‘empowerment programs.’ The CDA selected them as non-beneficiaries of the NH program. The moderator thanked them for their willingness to participate in the discussion group and did not include them in the discussion as their perceptions and knowledge may have been shaped by other programs. They were also not representative of a control group for which no exposure to the NH program or to other similar programs was a sampling criteria.

Furthermore only five of the seven focus groups took place; one group of unmarried and one group of married beneficiaries could not be held. However, the sample for the unmarried beneficiaries was larger than intended. Per group, the number of participants was as follows: one group with five beneficiary married women, one group with ten

beneficiary unmarried girls, one group with six non-beneficiary married girls, and two groups each with eight non-beneficiary unmarried girls.

Unfortunately, no interviews with mothers could be held. Mothers, although contacted by the moderator, refused consistently to come. Furthermore only two fathers and four siblings could be interviewed.

CEDPA/Cairo was informed of the situation, but, given the circumstances, could not rectify the situation.

In Beni Suef: the number of facilitators, male siblings, and fathers interviewed was more than anticipated. The two CDAs had each selected four facilitators, five male siblings, two fathers, and three community leaders according to the instructions on sample numbers for the entire governorate.

One of the local CDAs selected a non-representative group of unmarried beneficiaries that appeared not to be exposed to the NH program. However, they were replaced by a genuinely representative group.

Per group, the total number of participants was as follows: two groups with seven and eight married girls respectively, one group with eight married non-beneficiaries, and two groups with respectively eight and nine unmarried non-beneficiaries.

In Qena: one focus group of the non-beneficiary unmarried girls, selected by the CDA, included three participants that were moderators in literacy classes, and thus may have had a better understanding of gender roles. This fact has most likely influenced the findings in the Qena Governorate; these findings show less significant differences in opinions in some areas between unmarried beneficiaries and non-beneficiaries. The group of married non-beneficiaries selected by the CDA, needed to be replaced, as at the time of the group discussion the participants appeared to be mothers or close relatives of the girls that attended the NH classes, and thus did not conform to the set selection criteria.

Per group, the total number of participants was as follows: two groups with seven and eight beneficiary married women respectively; two groups each with seven unmarried beneficiaries, one group with eight married non-beneficiaries, and two groups with eight unmarried non-beneficiaries.

The final sample actually included in the study, given the above mentioned constraints, was as follows:

Table 5.3 Final Sample

GOVERNORATE	FOCUS GROUPS				INTERVIEWS			
	Unmar Ben	Mar Ben	Unmar Non-Ben	Married Non-Ben	Parents	Male Siblings	Facilitators	Key Com Leaders
Beni Suef	2	2	2	1	3M&4F	10	8	6
Qena	2	2	2	1	3M&2F	5	5	3
Alexandria	1 large group	1	2	1	2M	4	5	3
Total	5	5	6	3	8M&6F	19	18	12

5.4 Data Processing

The researchers transcribed and summarized all findings obtained from the focus group discussions and interviews.

6. KEY FINDINGS

This section will summarize the key findings of the discussions and interviews, resulting from the three research hypotheses.

Girls and young women who participated in project activities are likely to have more positive attitudes and behaviors toward education, health, and the status of women in the community:

- The findings of the focus group discussions in the three governorates indicated that the majority of participants considered education to be very important. However, beneficiaries had a more comprehensive view of why education was important.
- The beneficiaries showed an increased awareness of the importance of education in bringing about changes at a personal level, in terms of broadening the mind, increasing self-esteem, gaining the respect of others, and obtaining better job opportunities.
- The beneficiaries' opinion about education changed positively, and their school performance was improved. Among those girls who had dropped out of school, many had restarted studying. The beneficiaries' mothers became more interested in their daughters' education.
- While both the majority of beneficiaries and non-beneficiaries felt that university level education was important, a larger number of beneficiaries thought that girls should have a university-level education.

- A greater number of married beneficiaries felt that their husbands should seek their advice in family matters, than did married non-beneficiaries; however, in matters such as child rearing, both groups reported that decision making was shared.
- Most of the unmarried beneficiaries appeared to be very determined in wanting to have a say in the selection of husbands, the number of children to have, and the intended use of family planning methods.
- Most beneficiaries had an ID card and understood its importance, while only few non-beneficiaries had obtained an ID card.
- Increased physical mobility was a major attainment for all beneficiaries, contrary to all non-beneficiaries.
- The beneficiaries gained necessary knowledge in self-care and medical care for the family. The gained skills have given them increased access to the community. Building on existing values and beliefs, the information given in the NH program was useful in making participants aware of various health issues.
- Most beneficiaries of the program appeared to be slightly more gender aware than the non-beneficiaries. The beneficiaries believed that equal opportunities needed to be given to boys and girls, contrary to most non-beneficiaries whose responses supported the preferential treatment of boys.
- The non-beneficiaries underestimated their daughters' potential and focused on their daughters' future domestic roles as wives and mothers.
- The families of the beneficiaries treated them and their brothers equally, as opposed to the non-beneficiaries who felt that they were subordinated to the boys in the family.²⁷
- In contrast to most non-beneficiaries, all beneficiaries wanted to raise their children equally, whether boys or girls.
- After the classes, all beneficiaries showed a better understanding of their bodies and gave more priority to their health concerns.
- All beneficiaries were very interested in the classes on menstruation and personal hygiene. The knowledge gained not only removed communication barriers, but also contributed to more self-awareness and confidence. The unmarried beneficiaries said that they were more courageous in initiating discussions on such issues with their mothers.

²⁷ The phrasing of the translated Arabic questions is different from the English as given in Volume II, Annex III, Section 8. The Arabic question showing this finding was: "In your family do parents treat boys and girls equally?"

- As a result of the New Horizons program, the beneficiaries received information for the first time on female circumcision or female genital mutilation.
- There were minor differences between the unmarried beneficiaries and the control group with respect to disapproval of the practice of FGM.²⁸
- All facilitators were more persistent in their statements to abolish FGM.
- More unmarried beneficiaries than non-beneficiaries felt that they should have a say in selecting their future husbands and that they should share in the decision making in all family matters with their husbands.
- The vast majority of the non-beneficiaries justified beatings by husbands, in contrast to the beneficiaries who only justified beating as a last resort, after discussion of the discord.²⁹
- The unmarried beneficiaries, in contrast to the unmarried non-beneficiaries, were more decisive and confident in their authority to decide the number of their future children.
- In general, the desired number of children for unmarried beneficiaries was less than for the number desired by the control group.
- Beneficiaries were more knowledgeable about family planning methods and the importance of their use than were non-beneficiaries.
- Girls and young women who participated in project activities were likely to have greater self-confidence and better communication with parents and family members and others in the community.
- The focus group discussions disclosed increased self-esteem for both the married and unmarried beneficiaries. The beneficiaries' self-esteem and confidence were not only reflected in the quantitative findings, but were noticed throughout the discussions as they expressed their opinions with confidence and clarity and in a convincing manner.
- The beneficiaries in general felt free to express themselves confidently in the presence of men or mixed groups, as opposed to the majority of the non-beneficiaries who did not dare to talk in the presence of men.³⁰

²⁸ Fifteen of 39 of the unmarried beneficiary group vs. 22 of 49 of the control group thought FGM to be appropriate.

²⁹ The quantitative findings in Volume II, Annexes VI and VII, Section 10 are different from the probing in the focus group discussions.

³⁰ See Volume II, Annex III, Chapter I.2.

- The majority of the married beneficiaries could always express themselves before elders in the family and in-laws, contrary to the married non-beneficiaries who only could do so ‘sometimes.’
- Contrary to the control groups, the majority of both married and non-married beneficiaries expressed confidence in convincing others of their point of view.
- There was a significant difference in family communications between the beneficiaries and non-beneficiaries of the program. There was better communication with beneficiaries’ in sharing personal opinions and thoughts, especially with husbands, than was the case in the control group.
- All beneficiaries had a better relationship with their in-laws than did the non-beneficiaries.
- The beneficiaries hardly experienced any hindrance in expressing ideas and were even being consulted by most family members.
- Contrary to the non-beneficiaries, the unmarried beneficiary girls had a better relationship with their elder brothers.
- The community leaders found that the beneficiaries had better communication skills than their peers, which improved their interaction with others.
- Families of beneficiaries were likely to have more positive attitudes and behaviors toward education, health, and the status of girls and women, as well as toward the life options of their children.
- Parents came to appreciate the important role of education in girls’ lives, by noticing the changes in their daughters.
- The beneficiaries’ mothers became more interested in their daughters' education. They followed up with their daughters’ studies, a fact that may be reflected in their daughters' improved monthly grades.
- Parents of beneficiaries encouraged their children to make independent decisions. Some fathers stated that they would now give their daughters the final say in selecting their future husbands. Other parents revealed that they would allow their daughters the right to refuse the proposed husband.³¹
- The families of the unmarried beneficiaries treated them equally with their brothers.

³¹ The indicator used in Section 4, Questionnaire for Parents: “Do you allow your daughter to set money aside?” has proven to be an incorrect indicator for measuring the willingness of parents to have daughters make independent decisions, because the low income levels of the families did not permit them to save money.

- Mothers of the unmarried beneficiaries said that their daughters discussed the issues of marriage and reproductive health in an understanding way, demonstrating an open mind and a wider scope of knowledge.
- Parents, community leaders, and other people who interacted with the beneficiaries, discerned the distinct personalities of the beneficiaries and appreciated their mature behavior and respect for customs in the community.
- Parents started to realize that their daughters had other capabilities beyond getting married.
- The beneficiaries became role models in their community as confirmed by others³²; in fact, all the fathers expressed their desire that their other daughters could join the NH classes.
- The brothers of the unmarried beneficiaries acknowledged the changes in their sisters' personalities, by stating that their sisters were more mature and knowledgeable and had valuable opinions as a result of attending the NH classes.
- Parents and people in the community appreciated the communication skills that the beneficiaries had mastered.
- The married beneficiaries had a better relationship with their husbands who granted them freedom of movement, which is uncommon in most communities.
- Most parents of the beneficiary girls gained confidence in their daughters; many of them found their daughters capable of properly handling different situations, and hence gave them more freedom.
- Parents of beneficiaries benefited from discussing with their daughters' nutritive food values and proper and unhealthy nutrition habits.
- Acquired skills in first aid increased the rapport between the beneficiaries and community members. The community members benefited from the beneficiaries' knowledge of first aid, and the skills gained have given the beneficiaries increased access to the community.
- The beneficiaries' mothers felt more comfortable discussing reproductive health issues with their daughters.
- Family members, especially brothers, found it important that the girls received information on reproductive health. They also expressed the necessity to disseminate that knowledge throughout the community.

³² See Volume II, Annex III, Chapter II.

7. FINDINGS AND GIRLS EMPOWERMENT IN EGYPT

The detailed descriptive and quantitative findings of each focus group and of the interviews are presented in annexes. Unlike a statistical analysis of only quantitative data, the trustworthiness of all the information gathered is difficult to express quantitatively; therefore the findings in this section will be mainly given in terms of representing a small majority/vast majority/minority and so forth. The paragraphs below correspond with the relevant sections of the guidelines for the focus group discussions, as well as with the relevant sections of transcribed focus group findings.³³

7.1 Findings

This section will further elaborate on and discuss the outcome of the focus group discussions held with the beneficiaries and non-beneficiaries, as well as findings of the interviews with the parents of beneficiaries, facilitators, and community leaders.

7.1.1 Background of Respondents

The following tables present background information on the various respondents. The first two tables give a comparison of the distribution of the participants in the focus groups by age, educational background and educational levels of the husband for the married respondents, and of fathers for the unmarried respondents. Looking at the age distribution, the actual range of beneficiaries was broader than the intended program age range of 9-20. However for the purposes of this study, the age ranges between the beneficiaries and non-beneficiaries corresponded. The educational levels of husbands/fathers between the beneficiary and non-beneficiary groups did not vary considerably.

Table 7.1.1 Married Beneficiaries and Non-Beneficiaries

	Married Beneficiaries	Married Non-Beneficiaries
Number	35	22
Age	16-35	15-35
Education	The majority received medium education	The majority received medium education, 2 high education
Additional Skills	All received additional skills	1/3 of the sample received additional skills
Husband's Education	3 high education 23 medium education 9 non-educated	3 high education 13 medium education 6 non-educated

³³ See Volume II, Annexes III-XII transcribed findings of focus group discussions.

Table 7.1.2 Unmarried Beneficiaries and Non-Beneficiaries

	Unmarried Beneficiaries	Unmarried Non-Beneficiaries
Number	40	49
Age	13-23	13-26
Education & additional skills	The majority received medium education and additional skills	The majority received medium education and additional skills
Father's Education	1 high education 22 medium education 15 uneducated 2 don't know	1 high education 27 medium education 15 uneducated 6 don't know
Father's Employment	26 working 2 unemployed 4 retired 8 dead	31 working 7 unemployed 6 retired 5 dead
Mother's Education	26 non educated 13 medium education 1 don't know	35 non educated 11 medium education 3 don't know
Mother's Employment	4 working 34 unemployed 2 dead	2 working 43 unemployed 4 dead

Table 7.1.3 Facilitators

Number:	18
Age	21-32
Educational level:	8 vocational school
Marital Status:	9 unmarried 8 married 1 divorced
Father's Education	1 high education 12 medium education 5 uneducated
Father's Employment:	7 working 1 unemployed 4 retired 6 dead
Mother's Education:	2 high education 5 medium education 11 uneducated
Mother's Employment:	5 working 13 not working

Table 7.1.4 Fathers

Number:	8
Age:	50 to 52 years old
Educational Level	7 have been to school and received intermediate education.
Wife's Education	2 intermediate education, 2 literacy classes and 4 uneducated
Working Status:	7 are working and 1 is retired.
Wife's Working Status	3 wives are working and 5 are not.

7.1.2 Findings on Perceptions of Education

Perceptions of the importance of education for girls were primarily measured by questions addressing whether and how education affected a girl's life/future and what level of education girls should have versus boys in the community. The findings of the focus group discussions in the three governorates indicate that all married and unmarried beneficiaries³⁴ of the program considered education to be very important for girls.

While the non-beneficiaries found it difficult to express the advantages of education, the majority of the beneficiaries appeared to be very outspoken, showing an increased awareness of the importance of education. While the primary advantage of education indicated by the majority of non-beneficiaries was limited to improved guidance of their children as part of their roles as mothers, both the beneficiaries and facilitators of the program affirmed that education will also bring about changes at a personal level, in terms of broadening the mind, increasing self-esteem, gaining respect from others, and better advanced educational and job opportunities.³⁵

As one participant from Alexandria stated:

"Education is not limited; it is not only schooling but gives you the motivation to stay always updated such as wanting to learn computer skills and explore the internet."

Another unmarried beneficiary from Qena commented,

"Educated women think in a different way and are more ambitious. Educated women can read the letters from migrant husbands thus can keep secrets, can read prescriptions, and can find their way in other cities, if divorced can rely on themselves. They are more understanding to their husbands and children and ensure better life and future for the

³⁴ Only two of the 22 married non-beneficiaries and 31 of the 49 unmarried non-beneficiaries affirmed that if a girl didn't get an education it would affect her life.

³⁵ See Volume II, Annex III, Chapters I.1.1, I.1.2 and I.1.3 for details.

family. They will feel equal to their husbands so their husbands will treat them with respect."

Other participants cited various problems resulting from being illiterate, e.g. throwing an old paper away to later discover it was a son's birth certificate; buying expired household goods, etc. In addition, the unmarried beneficiaries stated that education would increase their chances of finding a good husband.

All beneficiaries expressed the belief that they came to realize the importance of education while attending the NH classes. The majority of girls who attended school confirmed an increased interest in education, as confirmed by their improved school attendance, increased motivation in doing homework, and improved performance. Some of the girls who had dropped out of school started studying again and re-enrolled and obtained certificates.

One example is Soad, a beneficiary in Alexandria, who had stopped going to school before attending NH classes. After realizing the importance of education, she studied from home, joined an institution for computer studies, and became certified. She was working, studying, and doing household chores all at the same time.

Another indicator of the increased importance accorded to education was the desire for higher education. In response to how much education a girl should have, no strong differences between the beneficiaries and non-beneficiaries of the program were found.³⁶ Both groups considered higher education for girls to be important. Thirty-one of the 35 participants in the married beneficiaries group, and 17 of the 22 participants in the married non-beneficiaries group stated that girls should have a university education, or as much education as they wanted. The majority of respondents in the unmarried focus groups agreed as well (32 of 40 beneficiaries and 32 of 49 non-beneficiaries). While both the majority of beneficiaries and non-beneficiaries felt that university level education was important, a larger number of beneficiaries thought that girls should have a university level education (71% vs. 54%).

However, only the beneficiaries were able to express their belief in the great importance of education by stating that, regardless of any constraints, they would give their children better educational opportunities than they themselves had experienced. The importance given to education was also proven by the fact that some beneficiaries started teaching in the "Literacy Classes."

Parents realized the important role of education in girls' lives, and noticed the changes in their daughters as a result of the NH classes. Parents said that they expected their daughters to become valuable community members.³⁷

³⁶ See Volume II, Annexes IV-VII, Section I.

³⁷ See Volume II, Annex III, Section II paragraph II.1.3, II.2.3, and II.3.3 on perceptions and attitudes in the transcript of interviews.

Also, the beneficiaries' mothers became more interested in their daughters' education; they monitored their studies, which may have been reflected in their daughters' improved grades. The majority of parents surveyed felt that secondary or university education should be the minimum level of education that should be given to girls. Secondary education was considered to be the minimum requirement for all but three of the respondents (Table 7.1.5).

Table 7.1.5 Minimal Level of Education for Girls

	Fathers N=8	Mothers N=6
Read & write		
Primary	1	
Preparatory	1	
Secondary	3	4
University	3	1
Don't know		1

The brothers of the beneficiaries also felt that education was important for their sisters. All 19 respondents answered “yes” to the question of whether education was important for their sisters. They cited reasons, including the widening of their sisters' scope of knowledge, their being better mothers, it being their right, improving their social status and future, and so on. Fourteen of the brothers felt that secondary (9) or university education (5) was the minimal education that girls should receive. This was only a slightly lower number than the number of boys that felt that secondary (9) or university (8) was the minimal education that should be given to boys.

The NH classes have contributed to an increased realization of the importance of education by beneficiaries, their parents and brothers.

7.1.3 Findings on Self-Esteem/Confidence

The focus group discussions disclosed increased self-esteem of both the married and unmarried beneficiaries. Beneficiaries' self-esteem and confidence were not only reflected in the quantitative findings, but were noticed throughout the discussions; opinions were expressed confidently, clearly, and in a convincing manner. Self-confidence was measured by the ability to express oneself in front of beneficiaries' peers of the same and opposite sex, elders in their family and in-law family (if married), ability to persuade others, and having future plans/goals.

The beneficiaries had an easier time expressing themselves in front of a group of their peers. In response to how easy it was to express themselves, 72% (54 of 75) of beneficiaries stated that it was easy most of the time vs. only 34% (24 of 71) of non-beneficiaries. Married beneficiaries were particularly noteworthy in their reported ease in expressing themselves in front of their peers; 33 of the 35 respondents expressed ease. In

addition the discussions revealed that a greater number of the beneficiaries felt freer to express themselves in the presence of men or in mixed groups than did non-beneficiaries.³⁸

Contrary to most of the unmarried non-beneficiaries,³⁹ the beneficiaries found it easier to express themselves to the elders in their family. About 60% of the married beneficiaries could express themselves 'always' to the elders in the family and to their in-laws, while the vast majority of the married non-beneficiaries only 'sometimes' dared to speak in the presence of their families. However, the expression of non-beneficiaries' views within the in-law family circle was restricted to accepted family codes.

As Affaf, a married participant from Qena, explained: "If I cannot express myself freely, I won't be a role model for my daughter."

As mentioned above, other indicators to assess increased self-esteem were the perceived ability to persuade others, and the ability to do things that others of their age could not do. Contrary to the control groups, the majority of both married and unmarried beneficiaries felt that they were able to convince others of their point of view;⁴⁰ they did not feel powerless or subordinated to circumstances, but were able to set individual goals. While a number of participants in the non-beneficiary groups responded that they did not feel that they had the ability to persuade people at all, all of the participants in the beneficiary group, with the exception of one, felt that they could persuade others, either sometimes or most of the time. As for being able to do things that other girls of their age could not do, only a minority of girls in any of the focus groups responded positively. However, those married beneficiaries that did express this confidence cited their ability to discuss the new things that they learned in NH classes, such as needlework, designing and sewing clothes, talking in the presence of men, and going out to the Community Development Association. Unmarried participants cited getting high marks at school, good communication skills, being neat and nice looking, among other things.

The last indicator used to assess increased self-esteem is having a life plan. In contrast to the non-beneficiaries, most unmarried beneficiaries knew what they would like to be in the future.⁴¹ Fifteen of the 40 unmarried beneficiaries would like to be both mothers and to have jobs.

³⁸ See Volume II, Annex III, Chapter I.2.

³⁹ Of the 49 unmarried non-beneficiaries, 25 could not express themselves to the elders in their family at all; 17 could sometimes, and only six could most of the time. Of the 40 unmarried beneficiaries, two could not at all; 22 could sometimes and 16 most of the time express themselves in front of elders in the family.

⁴⁰ Of the 49 unmarried non-beneficiaries, only six thought that they could persuade people most of the time, and 30 thought that they could only sometimes, and the balance not at all. Of the 40 unmarried beneficiaries, 16 thought that they could persuade people most of the time, while 24 responded sometimes.

⁴¹ Of the 49 unmarried non-beneficiaries, 31 did not know exactly, three wanted a job, and 11 wanted to be mothers. Of the 40 unmarried beneficiaries, one did not know, four wanted a job, 20 wanted to be mothers and 15 wanted both to be mothers and to have jobs.

Parents, community leaders, and people who interacted with beneficiaries discerned a difference in the beneficiaries and in their mature behavior while respecting the customs of the community. Parents came to realize that their daughters had other capabilities beyond getting married. The majority of parents (seven of the eight fathers and four of the six mothers) felt that their daughters were more outspoken after participating in NH.

As one mother explained: "NH is like good seeds and now we enjoy the results."

The interviews revealed that the beneficiaries became role models in their community. In response to the question of whether the community respected that girls made their own decisions after the NH classes, 10 of the 12 key community leaders said "yes." All of the leaders felt that the girls had changed after attending NH classes.

As one community leader said:

"After the NH, girls change for the better, they are supported by their fathers, and are honored with their success. The change is clearly seen by all the community members and also by some parents that now encourage their daughters to join the NH classes."

The NH program has contributed to increased self-esteem in beneficiaries. This enables them to communicate clearly and confidently with others 'most of the time.' They are also able to persuade others of their opinions. Their mature and more confident personalities are well accepted by the community.

7.1.4. Findings on Family Relations

The nature, intensity and frequency of communication with various family members were used as indicators in assessing family relationships. Most questions focused on facing difficulties, or in not communicating with the husband or in-laws.

The findings reveal significant differences in family relations between the beneficiaries and non-beneficiaries of the program. Though the quantitative data show that the majority of married women in the non-beneficiary group reported that they did not have any difficulties in communicating with their husbands, the transcript of the focus group discussions⁴² indicates that most married beneficiaries appeared to have a better relationship in sharing personal opinions and thoughts with their husbands than did the control group. The married beneficiaries faced some marked relational restrictions with their husbands, illustrated by the fact that these women felt powerless to deal with a rejection of their opinions. With respect to relationships with their in-laws, the findings show that all beneficiaries had a better relationship than did the non-beneficiaries with their in-laws.

⁴² See Volume II, Annex III, Chapter I.3.

The findings also demonstrate that unmarried beneficiaries had better family relations than did the control group, which was confirmed by the facts that these beneficiaries stated that they hardly experienced any hindrance in expressing themselves, in being listened to, and in even being consulted by most of their family members.⁴³

The findings of the focus groups⁴⁴ also reveal that contrary to the non-beneficiaries, the unmarried beneficiaries had a better relationship with their elder brothers, when ‘discussing personal issues,’ which is taken as an indicator. In Alexandria and Qena Governorates, half of the beneficiary unmarried girls versus only a few of the non-beneficiary group talked with their brothers about personal matters.

The brothers of the beneficiaries⁴⁵ acknowledged the change in their sisters’ personalities claiming that their sisters were more mature and knowledgeable and had valuable opinions after attending the NH classes. Also the interviews with community leaders and parents confirmed more valuable interactions; they appreciated the communication skills that the beneficiaries had mastered.

The NH program has contributed to better communication with their families and also to beneficiaries’ increased self-confidence in expressing their opinions. Moreover, parental remarks indicated appreciation of the gained skills and the acknowledgement of a more open social relationship with their daughters.

7.1.5. Findings on Decision Making

The indicators associated with decision making include amongst others: whether the girls/young women determine what they wear; whether they feel that their parents/husbands seek their advice; whether they feel that they have a say in decisions on personal and family matters, and whether they have identity cards.

The overwhelming majority of the married beneficiaries reported having sole control in choosing the clothes that they bought, versus married non-beneficiaries (eight chose alone, 12 jointly with others; and for two women, others decided).

⁴³ Of the 49 unmarried non-beneficiaries, 17 had difficulties in communicating with their parents; 17 did not; seven did sometimes, and 10 gave unclear responses. Of the 40 unmarried beneficiaries, eight had difficulties, 25 had no difficulties, and seven had difficulties sometimes.

⁴⁴ See Volume II, Annex II Chapter I.3 for more in depth information. After probing questions, these findings are different from the quantitative findings that showed that of the 49 unmarried non-beneficiaries 11 talked to brothers; 17 not at all; and 21 gave unclear answers. Of the 40 unmarried beneficiaries, 10 talked to brothers, 11 not; and 19 gave unclear answers; but probing the unclear answers revealed that contrary to the non-beneficiaries, the beneficiaries did talk more with their brothers.

⁴⁵ See Volume II; Annex III, Chapters I.1.3, I.2.3, and I.3.3.

There are also other findings that support the hypothesis that the beneficiaries are more decisive individuals than those in the control group. In terms of wanting to be consulted by family members, a greater number of the married beneficiaries vs. married non-beneficiaries felt that their husbands should seek their advice in family matters. Of the 22 married non-beneficiaries who responded, eight said that their 'husbands should always seek their advice,' one said 'no,' seven said 'sometimes,' and six 'did not know.' In contrast, of the 35 married beneficiaries who responded, 24 said that 'their husbands should always seek their advice,' and the remainder said 'sometimes.'

Similarly, a greater percentage of unmarried beneficiaries than unmarried non-beneficiaries felt that their families should seek their advice on family matters. Of the 25 beneficiaries who responded clearly, all said that their families should seek their advice, while only half of those unmarried non-beneficiaries that responded agreed (15 yes, 14 no). Moreover, when asked how to involve girls in decision making in the family, nine of the unmarried non-beneficiaries responded that there was no need to involve girls in family decision making.

The majority of the unmarried beneficiaries reported receiving positive responses in sharing their opinions with their parents, contrary to most non-beneficiaries who claimed 'not to be heard' by family members. The desire to be involved in decision making and the feeling that one's opinion was worthy may indicate increased assertiveness in communication, rather than passivity and dependence on the judgment of others.

In addition, contrary to the non-beneficiaries, most unmarried beneficiaries appeared to be very determined in having a say in the selection of husbands and in the number of children that they would have.

Marked differences can be seen between unmarried beneficiaries and non-beneficiaries as to whether they can influence some decisions that affect their lives, notably marriage and childbearing. Thirty-nine of the 40 unmarried beneficiaries believed that they could influence the choice of their future husbands, versus only 31 of the 49 unmarried non-beneficiaries. The difference was greater with respect to childbearing. Only two of the unmarried beneficiaries felt that they could not influence the decision as to the number of children that they would have, versus 20 of the unmarried non-beneficiaries.

'Having an ID card' serves to support the aim of being able to make independent decisions. While most beneficiaries had an ID card⁴⁶ and understood the importance of it, fewer of the non-beneficiaries had obtained an ID card.

⁴⁶ Of the 49 unmarried non-beneficiaries, only three had an ID card, 25 did not; and 11 were unclear on the subject; while of the 40 unmarried beneficiaries, 16 had an ID card, 14 did not; and of the 10 unclear answers, most were in the process of getting such card.

Beneficiaries cited similar advantages of having an ID: “Without the presence of husband or father we can open bank accounts and vote.”

In Alexandria, for example, whereas 90% of unmarried beneficiaries had or were in the process of getting an ID card, none of the unmarried non-beneficiaries had an ID card -- though they acknowledged the importance of such a document. Many stated that their parents were only willing to pay for an ID card for their brothers.

The NH program has contributed to an increased ability of the beneficiaries to decide independently in personal matters, a fact supported by many parents. Some fathers even stated that they would now give their daughters the final say in selecting future husbands; and other parents revealed that they would allow their daughters the right to refuse the proposed husband.

7.1.6. Findings on Physical Mobility

The freedom to move about and the places women are allowed to go and how leisure time is being spent were used as indicators in assessing the physical mobility of the beneficiaries. According to the transcript of the focus group discussions, increased physical mobility was a major attainment for many beneficiaries.⁴⁷

Freedom of movement did vary between the focus groups in the three governorates. In Alexandria, married women, whether beneficiaries or not, were free to move about everywhere, usually to accomplish their household needs, but sometimes also to visit friends or parents. In Beni Suef all married beneficiaries reported moving about freely, because their husbands had confidence in them. Married non-beneficiaries seemed to have more restrictions; they could go out alone to visit parents, to the market, to Maternal and Child Health centers, but were otherwise more confined to the home. Similarly in Qena, married beneficiaries had more freedom of movement. Married non-beneficiaries could go freely to health centers, to visit parents or sick relatives, and to weddings, but could not visit friends or neighbors; half of these women were not allowed to go to the market.

In considering freedom of movement as a dimension reflecting decision-making power, the increased mobility of many married beneficiaries is evidence of increased decision making power and of a better relationship with their husbands as the traditional primary decision makers.

When comparing the unmarried groups, many beneficiaries seemed to enjoy more freedom in movement than did non-beneficiaries, who often had to be accompanied by relatives. Beneficiaries explained that because their parents had gained confidence in their daughters' ability to properly manage different situations, they were granted more autonomy to visit friends or to join school or other trips.

⁴⁷ See Volume II, Annex III, Chapter I.5; this transcript gives more specific findings, contrary to the quantitative outcomes.

Half of both unmarried beneficiaries and non-beneficiaries did not have any leisure time, and with respect to how they spent their leisure time, both groups tended to stay indoors.

The majority of both married beneficiaries and non-beneficiaries did not have any leisure time at all.

The transcript of the focus group discussions indicates that participating in the NH program not only provided an opportunity to escape their socially restricted environment, but also contributed to greater freedom of movement for many beneficiaries.

7.1.7 Findings on Nutrition

The outcomes of the discussions and the assessment form filled out by the participants themselves do not show differences in eating habits between the beneficiaries and the control group. However, further questioning revealed that the beneficiaries were more knowledgeable than non-beneficiaries regarding healthy foods and their nutritive value.

In Beni Suef and Qena, food intake seemed to depend on whether the family had cattle and chickens, how often the local market was held, and household income.

Parents stated that their daughters shared information on nutrition with them.

This finding indicates that having nutrition knowledge does not necessarily mean practicing good eating habits, as eating patterns appear to have socio-economic dimensions.

7.1.8. Findings on Health/Hygiene

The focus group discussions reveal that both married and unmarried beneficiaries of the program, as well as the facilitators themselves, have learned a great deal in regard to health issues, such as, menstruation, nutrition, circumcision, reproductive health, first aid, and hygiene. The gained knowledge appears to be instrumental in self-care and medical care for the family; i.e. women with menstrual pain recognized the pain and its origins and took remedial action.

As a result of their newly acquired first aid skills, the girls have gained increased access to the community.⁴⁸ In addition, many beneficiaries stated that their perceptions of health issues have changed.⁴⁹

⁴⁸ Most community leaders stated that the community has benefited in particular from the first aid skills acquired by the girls.

⁴⁹ See Volume II, Annex III, Chapters I.9 and I.10.

In regard to the True/False statements used to assess health knowledge on some issues,⁵⁰ no remarkable differences between the beneficiaries and non-beneficiaries of the program were found. However, the beneficiaries appeared to be somewhat more aware of hygienic practices.⁵¹

The facilitators mentioned that during classes, it became clear that cultural values and practical understanding greatly influenced the adoption of new ideas. Building on existing values and beliefs, the information given in the NH program was useful in making participants aware of the various health issues.

7.1.9. Findings on Gender

In order to assess changes concerning beneficiaries' opinions on gender roles, some of the indicators used included: the treatment of girls and boys and its causes, the motivation in raising children differently, and True/False statements on the equality of boys and girls in terms of capability.

For most beneficiaries as well as for non-beneficiaries, the main reason for the different treatment of boys and girls was cultural influences. Fewer respondents found ignorance or illiteracy to be a cause.

Except for the outcome of the True/False section, the discussions disclosed differences between the perceptions of the beneficiaries and non-beneficiaries. Most beneficiaries appeared to be slightly more gender aware, or at least more outspoken, than were the non-beneficiaries.⁵²

In contrast to most non-beneficiaries, all beneficiaries wanted to raise their children, whether boys or girls, equally and differently from the way that they had been raised.⁵³ Among the non-beneficiaries group, some respondents wanted to raise their children equally, but felt restricted by traditions and thus felt incapable of doing so.

The majority of both married and unmarried beneficiaries stated that equal opportunities need to be given to boys and girls concerning: freedom to move around at any time and anywhere, education, jobs, selection of clothes, ways of spending leisure time, age of marriage, and sharing their opinions in family matters.

⁵⁰ See Volume II, Annexes IV-VII, Section 7.

⁵¹ More beneficiaries agreed with the statements that washing hands before eating and after toilet use and flies caused infectious diseases. More beneficiaries than non-beneficiaries disagreed with the statement: 'skin infections can be prevented by avoiding eating lemon.'

⁵² See Volume II, Annex III, Chapter I.8.

⁵³ Only two of the 22 married non-beneficiaries, half of the 49 unmarried non-beneficiaries, 20 of the 35 married beneficiaries and 35 of the 40 unmarried beneficiaries stated that they would like to raise their children differently from the way that they had been raised.

It is noteworthy that the discussions revealed that for the married non-beneficiaries it became clear that they underestimated the capabilities of their daughters, and that they had heretofore focused on their daughters' domestic roles as wives and mothers.

Another key finding which is interesting to note is that most unmarried beneficiaries mentioned that their families treated them equally to their brothers, while the non-beneficiaries felt that they were subordinated to the boys in their families.

In the discussions it became clear that the beneficiaries mainly reflected on their own early socialization, being programmed to perform certain roles such as household chores, as these were still considered to be the woman's responsibility. However, the NH program has given them the opportunity to rethink their social roles.

7.1.10. Findings on Reproductive Health and Marital Attitudes

Questions guiding the discussions on reproductive health issues included: knowledge of reproductive health, persons from which information is received, with whom particular RH issues are discussed, contraceptive use, opinion on female circumcision, desired age of female marriage, influencing one's own marriage age, future husband, and desired number of children.

For the married groups additional questions were included on wife beating and on husbands sharing in household chores and child-rearing.

The discussions revealed that the pain and discomfort originating from women's reproductive and sexual roles were -- before the NH classes -- accepted as the very essence of womanhood. After the classes, all beneficiaries said that they understood their bodies better and gave more priority to their health concerns. However, a number of beneficiaries, both married and unmarried, were still unable to explain what was meant by reproductive health when asked during the focus group (five of the married and 18 of the unmarried beneficiaries).

A key finding of the group discussions was the importance given by all beneficiaries to the classes on the menstrual cycle and personal hygiene. Notably, although most unmarried beneficiaries had heard about menstruation from their mother, the facilitators at the NH gave them the information that they really wanted. All married beneficiaries stated that they would discuss the particulars of menstruation with their daughters, while the non-beneficiaries found it difficult to do so.⁵⁴

⁵⁴ See Volume II, Annex III, Chapter I.9.

About half of the married beneficiaries and also the same number of married non-beneficiaries reported using family planning methods. But in contrast to the non-beneficiaries, the vast majority of the married beneficiaries discussed reproductive health issues with their husbands.⁵⁵

Contrary to the unmarried non-beneficiaries, almost all of the unmarried beneficiaries intended to use contraceptives when they got married (39 of the beneficiaries and 20 of the non-beneficiaries).⁵⁶

During the discussions the unmarried beneficiaries were more open in talking about reproductive health issues. The unmarried beneficiaries appeared to be more knowledgeable than the control group on family planning methods and the importance of their use. Also, in contrast to the non-beneficiaries, the unmarried beneficiaries seemed to be more courageous in initiating discussions on reproductive health issues with their mothers. Although the quantitative findings show hardly any difference between the two groups in discussing the various RH issues with mothers,⁵⁷ further probing revealed that the non-beneficiary groups felt that communication on these issues with mothers was restricted and they could not openly express their feelings.

The beneficiaries' readiness to discuss these sensitive issues showed that the knowledge gained not only removed communication barriers, but also contributed to more self-awareness and confidence.

Female circumcision appeared to be a deeply rooted tradition. For many beneficiaries it was the first time that they received information on circumcision. The facilitators discovered that beliefs concerning the basis of this practice were difficult to change.

The findings of the discussions revealed that, in contrast to only a few married beneficiaries (8 of 35), many unmarried beneficiaries (24 of 40) believed that the practice of female circumcision should be ended, as it was painful for women and caused psychological problems. Almost half of the unmarried non-beneficiaries believed circumcision to be inappropriate, but most married non-beneficiaries (17 of 22) believed that it was a good practice.

However, in the Qena Governorate, far less than half of both unmarried and married beneficiaries were convinced that circumcision/FGM should be ended; they believed that it was a good practice that needed to be preserved.

Of the beneficiaries opposed to FGM, a large portion, especially those who were unmarried, still thought that their daughters needed to be circumcised. Community and family pressure to conform to behaviors that characterized womanhood were given as reasons.

⁵⁵ Twenty-nine of the 35 married beneficiaries versus 14 of the 22 married non-beneficiaries discussed these issues with their husbands.

⁵⁶ Thirty-nine of the 40 unmarried beneficiaries and 20 of the 49 unmarried non-beneficiaries.

⁵⁷ See Volume II, Annexes IV and V, Section 9, findings of questionnaire filled out by each individual.

Moreover, some of those beneficiaries opposed to female circumcision still found it difficult to convince their families not to circumcise their younger sisters or cousins. But if these women were supported by campaigns/programs directed towards the community and parents, they said that they could contribute in preventing circumcision at least for their younger sisters or neighbors' girls. On the other hand, half of the unmarried non-beneficiaries believed that circumcision was important and necessary for girls and would like to have their daughters circumcised.

All facilitators are more adamant in their desire to abolish FGM. None of them will allow their daughters to be circumcised.

Family members, especially brothers, think that it is important that girls receive information on reproductive health. They also expressed the necessity of disseminating that knowledge in the community.

There is no difference between the beneficiary groups and non-beneficiary groups in regard to the girls' preference for the ideal age of marriage.

However, unmarried beneficiaries are more adamant about whether they could influence the choice of their future husbands than are the non-beneficiaries. Moreover, less than half of the non-beneficiaries, but all of the unmarried beneficiaries, consider that they have the authority to decide on the number of their future children.

There is a difference⁵⁸ between the beneficiaries and the non-beneficiaries with respect to defending being beaten by husbands. The vast majority of the non-beneficiaries justified beatings by husbands, in contrast to the beneficiaries who only justified beating as a last resort after discussion of the dispute. Both groups cited various justifications for beating: refusing to have intercourse, neglecting children, talking to other men. However, the reasons given varied between the focus groups in the three governorates. In Alexandria all group members said that husbands should not beat their wives for burning food or talking to other men, while in Qena and Beni Suef talking to other men was considered to be a justified reason for being beaten by husbands.

On the question of sharing household chores with the husband, there was hardly any difference of opinion between the beneficiaries and the non-beneficiaries; both groups considered this to be important.

⁵⁸ See cross tabulation in Section 6 of this report.

Classes on reproductive health were appreciated by the beneficiaries and their families and led to increased awareness of female health concerns and personal hygiene. The increased awareness has contributed to the removal of communication barriers related to issues of family planning between married beneficiaries and their husbands, as well as between unmarried beneficiaries and their mothers.

FGM proved to be a complicated issue, since it was an ingrained tradition. While all facilitators expressed their disagreement with the practice, around half of the beneficiaries experienced difficulties in confronting and or convincing community members of its harmful effects.

Unmarried beneficiaries were more determined to pursue their right to select their own husband. Beneficiaries proved to be more informed about family planning methods.

7.2. Organizational Capacity of NGOs

Launching the program through Community Development Associations (CDAs) has contributed to the program's success. CDAs are logical partners because many of them work directly with the poor sections of society.

The findings of the interviews with community board members revealed that the majority had been contacted by a larger NGO. All stated that they needed additional support. They expected the larger NGOs to extend their assistance in building their capacity to effectively implement the NH program.

All Community Development Associations interviewed expressed their need to meet other CDAs, in order to exchange experiences with the NH program. They found it necessary to meet others to discuss constraints and achievements. In addition, they expressed the need to promote the program to other CDAs.

7.3. Recommendations for Program Planning

- Except for the first aid skills, most skills acquired are only used at home due to the lack of employment opportunities or income-generating schemes in the various communities. Therefore, efforts to integrate facilitating mechanisms for income-generating activities into NH are recommended.
- Many parents of young girls did not allow their daughters to participate in the RH component of the curriculum, since they felt that reproductive health topics were not culturally accepted and that they were inappropriate. The findings of the discussions with parents and community members illustrate that education by facilitators on reproductive health issues is perceived as problematic. In particular the 'sexual organs and circumcision' are considered to be too sensitive and shameful to be discussed prior to marriage. However, menstruation and puberty are acceptable

topics. Consequently, adaptations of the reproductive health module may be required or a reorientation of the age group.⁵⁹

- The opinions of beneficiaries regarding the tools and communication methods used by the program should be assessed to make further adaptations and improvements.
- As ‘keeping the girls’ attention’ and ‘skipping topics with which the facilitators did not feel comfortable’ were given as major constraints, more attention should be given to the capacity building of facilitators, mainly in terms of moderation skills and more background information on various topics.
- Not only gender-based but also other multi-factorial determinants that affect participation in NH were at stake at the start of the program. Since the demand for continuation of the NH is high, it is recommended that the new program be launched through a community meeting, in which beneficiaries and facilitators can participate to prevent possible dropouts. In addition, orientation evenings with parents and community leaders should be held throughout the program area to overcome major impediments to the full involvement of girls.
- A necessary but complicating factor is that often the small local associations need to be coordinated by larger NGOs. The institutional/organizational capacities of small CDAs should be developed to make them capable of carrying out and sustaining NH by themselves in the future, after the termination of support.
- A SWOT (strengths, weaknesses, opportunities, and threats) analysis together with the local CDAs and NGOs is recommended as a first step in this process.
- Coordination with other local NGOs that are working on issues similar to those of NH, such as the Egyptian Association for the Prevention of Harmful Practices, or the FGM Committee, would be very useful. The Egyptian Association has vast experience in communicating its information and possesses simple tools for that purpose.
- The intervention could be expanded to boys/brothers, as the findings indicate a tremendous demand expressed by this group.

⁵⁹ See footnote 1.

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* Available from CEDPA/Egypt