Greater Cairo Slums

A Profile

Based on the 2003 Egypt Demographic and Health Survey

The special survey of slum areas in Greater Cairo was undertaken as part of the 2003 Egypt Interim Demographic and Health Survey (EIDHS) activities. The survey and this publication were made possible through support provided by the Office of Population and Health, U.S. Agency for International Development, under the terms of the contract No. HRN-C-00-97-00190-00 for the MEASURE *DHS+* project and the cooperative agreement No. HRN-A-00-97-00018-00 for MEASURE *Evaluation* project. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

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Fatma El-Zanaty

Ann A. Way

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Ministry of Health and Population

National Population Council

El-Zanaty and Associates

MEASURE DHS+

ORC Macro

MEASURE Evaluation

Carolina Population Center University of North Carolina at Chapel Hill

Additional information about the 2003 EIDHS may be obtained from the National Population Council, P.O. Box 1036, Cairo Egypt (Telephone: 5240425 or 5240505; Fax: 5240219). Additional information about the MEASURE *DHS+* project may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@orcmacro.com). Information about the MEASURE *Evaluation* project may be obtained from the Carolina Population Center, University of North Carolina at Chapel Hill, 123 West Franklin Street, Suite 304, Chapel Hill, North Carolina 27516 (Telephone: 919-966-7482, Fax. 919-966-2391; and E-mail: measure@unc.edu).

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1 INTRODUCTION

The 2003 Egypt Interim Demographic and Health Survey (2003 EIDHS) is the most recent of seven DHS surveys to be undertaken in Egypt.[1] The 2003 EIDHS was conducted by El-Zanaty and Associates under the auspices of the Ministry of Health and Population and the National Population Council. ORC Macro provided technical support for the survey through the MEASURE *DHS*+ project. USAID/Cairo provided funding for the survey under its bilateral population and health projects.

As part of the EIDHS, slum areas in Greater Cairo were oversampled in order to provide more detailed information on the demographic and health situation of the population living in those areas. This report summarizes the key findings from this special survey of the slum population.

Survey Design and Implementation

The focus for the slum area survey was on Greater Cairo slums, i.e., the urban population living in slum areas within Cairo, Giza and Kalyubia governorates. The first step in the process of selecting the sample for the slum survey was to develop a frame (listing) of all slum areas within these three governorates from which the sample would be drawn. The basic challenge in constructing the frame was the fact that there is no commonly accepted operational definition of what constitutes a slum area.

Slums are typically defined in terms of characteristics of the physical and social environment, i.e., as unplanned areas in which the population is densely settled, households live in substandard housing with poor sanitation facilities, adverse social conditions crime and poverty are widespread, and residents lack access to basic services. Although there is fairly broad agreement about the characteristics that define an area as a slum, the exact proportions of housing and/or residents that must exhibit these characteristics in order for an area to qualify as a slum are not well defined. Thus, identifying slum areas and determining their boundaries, which are the key steps for establishing a frame for sampling slum areas, is basically an arbitrary process.

For purposes of selecting the slum sample for the EIDHS, consideration was given to the three existing lists of slum (poor) communities within urban Greater Cairo. These lists were developed by the Ministry of Health and Population, the Ministry of Local Communities, and the Central Agency for Public Mobilization and Statistics (CAPMAS). These agencies employed elements similar to those described above high density, substandard housing, social disorganization, etc. in identifying the slum communities on their lists, and their lists overlap to a large degree although not completely. After examining the three lists, it was decided to use the list compiled by CAPMAS since the frame of the main sample was obtained from CAPMAS, and this would permit a more unified approach to the EIDHS sample selection.

The CAPMAS frame consisted of 174 slum areas within Greater Cairo. An area was included on the CAPMAS list if it was unplanned and lacking basic services including health and sanitation services, the majority of the buildings were constructed without permits, streets were unstructured, and the population was poor and uneducated.

Prior to the selection of PSUs, areas in the CAPMAS list which had very small populations were grouped with other slum areas that were in close geographic proximity in order to form larger units to

[1]Earlier full-scale DHS surveys were conducted in 1988, 1992, 1995 and 2000. In addition, interim DHS surveys were conducted in 1997 and 1998.

facilitate sampling. The final frame included 140 units. Using systematic random sampling, a total of 30 primary sampling units were selected from this frame.

A quick count was conducted in each of the selected PSUs to obtain a better estimate of the population in the selected areas and to segment the areas. Five segments were selected from Ezbat El-Nawar, an area targeted in a special USAID-funded urban child health initiative, in order to provide baseline data to monitor that initiative. In addition, 66 segments were selected from the other 29 PSUs, ten segments from one of the areas (Ezbat El-Nakhl, which was initially erroneously identified as the area to be oversampled for the USAID initiative) and two segments from each of the other 28 PSUs.

Separate household listings were carried out in all of the selected clusters. The target sample size was 50 households from each segment, except in Ezbat El-Nakhl, where 25 households were selected from each segment. Thus, the final number of households selected from each slum area was disproportionate to the size of the population in the area. For purposes of the analysis undertaken in this report, the slum sample data is weighted to take into account the disproportionate sampling.

The household and individual questionnaires from the main EIDHS survey were used in surveying slum area households. The field staff involved in the conduct of the main EIDHS was employed in the slum survey, and the procedures followed in collecting and processing the data were identical to those used in the main EIDHS data collection. The report on the 2003 EIDHS includes additional information on the survey implementation (El-Zanaty and Way 2004).

Survey Coverage

The coverage of the sample selected for the Greater Cairo slum survey was nearly universal. Out of the 4,024 households selected in the Greater Cairo slum sample, 3,951 were found and 3,888 were successfully interviewed (Table 1). This represents a household response rate of 98.4 percent. A total of 3,197 ever-married women 15-49 were identified in the surveyed households as eligible for the individual interviews. Questionnaires were completed for 3,180 of these women, which represents a response rate of 99.5 percent.

Survey Report

This report summarizes key findings from the survey of slum areas in Greater Cairo. Detailed tabulations of the survey results are presented in Annex A, and sampling errors for key indicators are included in Appendix B. The contents of the report provide a profile of the demographic and health situation in the slum areas.

For purposes of comparison, the report also includes results for the [number] urban clusters sampled for the main DHS survey from the Greater Cairo governorates (Cairo, Giza, and Kalyubia). A total of 1,328 households and 982 ever-married women[2] were interviewed in those clusters in the main survey. The inclusion of the results for these households allows for comparisons of the situation of slum residents to that of all residents of urban Greater Cairo.

[2]This is the unweighted number of cases. In weighting the sample for this report, the weights from the main EIDHS sample for the urban clusters from the three governorates comprising Greater Cairo (Cairo, Giza and Kalyubia) were used without normalization.. As a result, the total weighted number of ever-married women (1,014) deviates slightly from the unweighted number (982). The weighted number of women is shown in all tables.

2 SOCIO-ECONOMIC INDICATORS

Information was collected on a range of indicators relating to the socio-economic status of the households and individuals interviewed in the survey, including measures of housing conditions, household possessions, wealth levels, and education. Together these data contribute to an understanding of the factors that help to shape the demographic and health indicators discussed in the subsequent sections of this report.

Housing Conditions and Household Possessions (Tables 2.1-2.6)

The EIDHS collected information on a number of aspects of the housing environment of residents of slum areas in Greater Cairo including housing tenure and characteristics and sanitary facilities. The key results include:

- **Housing type and tenure**. Households in slum areas in Greater Cairo typically live in apartments (84 percent), and the majority (51 percent) rent their dwellings. Housing tenure is not a major concern for renters. Among renters in slum areas, 89 percent do not consider eviction to be a possibility, and only 3 percent consider eviction to be very likely. These results are generally comparable to those for all urban households in Greater Cairo, except that slum households are somewhat more likely than all urban households in Greater Cairo to live in a free-standing dwelling (10 percent and 5 percent, respectively).

- **Housing characteristics**. Virtually all households in slum areas in Greater Cairo (99 percent) have electricity. Half of households in slum areas pay less than 15 pounds per month for the electricity they consume while slightly more than a quarter pay 20 pounds or more. Possibly reflecting higher electrical usage, the households living in slum areas typically pay lower amounts for electricity than all urban households in Greater Cairo.

Gas (98 percent) is the principal fuel used for cooking among both slum and all urban households.

Cement tiles (81 percent) and cement (8 percent) were the most common flooring in dwellings in slum areas. Less than two percent of the dwellings in slum areas had dirt floors.

On average, slum households appear to be living in somewhat more crowded conditions than urban households in Greater Cairo as a whole. This is reflected in both the average number of rooms per household 3.3 for slum households and 3.6 for all urban households and the average number of persons per room 1.5 for slum households and 1.3 for all urban households.

- **Drinking water**. Households living in slum areas in Greater Cairo have almost universal access to piped water. Ninety-seven percent have piped water in their residence, and the remaining households obtain water either from a public tap (2 percent) or a covered well (1 percent).

Virtually all households in slum areas in Greater Cairo have electricity, piped drinking water, and flush toilets.

Interruptions in the water supply can cause households to turn to unsafe sources. Households living in slum areas are somewhat more likely than all urban households in Greater Cairo to report that their drinking water supply is sometimes interrupted (40 percent and 35 percent, respectively).

Finally, drinking water that is stored may become contaminated if the storage container is not clean or covered. Overall, households living in slum areas in Greater Cairo are somewhat more likely to store at least some of the water that they use for drinking purposes than all urban households (32 percent and 24 percent, respectively). Whether they reside in slum areas or not, the majority of households that store water consistently cover the opening of the storage containers; however, the proportion in which containers used to store water are covered is somewhat higher among all urban households than among slum households (93 percent and 82 percent, respectively).

- **Toilet facilities**. Virtually all households living in slum areas have a flush toilet. Modern flush toilets are less common among slum households than among all urban households in Greater Cairo (57 percent and 73 percent, respectively). Among households in slum areas that have flush toilets the vast majority (97 percent) say they are connected to the public sewer system.

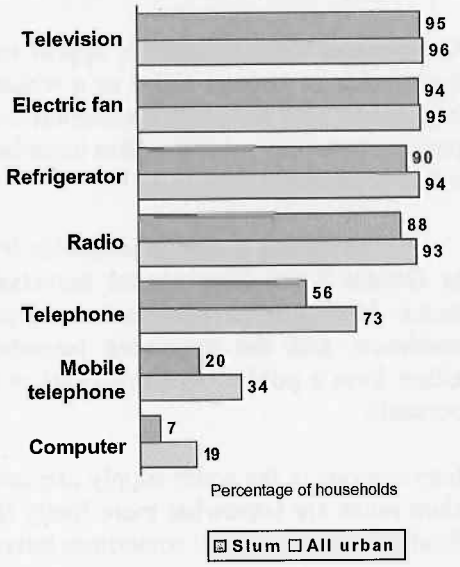
Comparatively few households from slum areas share their toilet facilities (6 percent), and the EIDHS interviewers found most of the toilets used by households in slum areas to be clean (i.e., free of fecal matter).

- **Place for hand washing**. The washing of hands after urination and defecation and before food preparation is one of the most important ways of preventing the spread of disease. In order to facilitate hand washing, a household should have a dedicated place with the appropriate materials (a supply of water, a basin, cleansing agents, and cloth/towel). Most households (87 percent) in slum areas in Greater Cairo have a place for hand washing adjacent to toilet. However, only 41 percent of the slum households were observed to have all the items considered necessary for washing hands. This compares to 53 percent of all urban households in Greater Cairo. Slum households are least likely to have a towel/cloth for drying the hands (45 percent) and a cleansing agent (73 percent).

- **Waste disposal**. With regard to disposal of kitchen waste and trash, 68 percent of the households in slum areas reported that waste and trash were collected from home, and 13 percent said that it was collected from a container in the street. Among the remaining households, most reported that they disposed of waste or trash by dumping it in the street or in an empty plot. The waste disposal practices reported by slum households are virtually identical to those among all urban households in Greater Cairo.

- **Household possessions.** The EIDHS collected information on household ownership of consumer durables and other property. Ninety percent or more of households in slum areas in Greater Cairo own a television and an electric fan, and just under 90 percent have a refrigerator and a radio. Around 80 percent own a washing machine (nonautomatic) and a stove. More than half have a telephone, and 20 percent a mobile phone. Around one-fifth of the households had a video, 7 percent a personal computer, and 3 percent a satellite dish. Few households own a bicycle (7 percent), motor-cycle (2 percent), or car (6 percent), and most households do not own farm land or animals (2 percent and 8 percent, respectively).

Differences in the rates of ownership of telephones and computers are marked between slum and all urban households in Greater Cairo.



In general, households in slum areas are slightly less

likely than all urban households in Greater Cairo to own many consumer durables. However, differences in the rates of ownership of telephones and computers are marked between slum households and and all urban households.

Household Wealth (Table 2.7)

Information collected in the EIDHS on household assets has been used to create a wealth index. The wealth index ranks households into quintiles based on their possession of the various assets.[3] The table shows the distributions of households on the wealth index for all urban households and for slum households in Greater Cairo and for all households in Egypt as a whole.

Households in slum areas in Greater Cairo are clearly better off than other households in Egypt. For example, 13 percent of the households from slum areas are ranked in the two lowest quintiles of the wealth index compared to around one-third of all Egyptian households. However, households from the slum areas are generally poorer than all urban households in Greater Cairo. For example, 52 percent of households in Greater Cairo ranked in the highest quintile on the wealth index compared to 32 percent of the households living in slum areas in Greater Cairo.

Wealth Levels, Greater Cairo and All Egypt

	Greater Cairo		
Wealth index level	Slum	All urban	All Egypt
Lowest quintile	5.7	2.7	17.7
Second quintile	7.7	4.8	16.8
Middle quintile	19.2	11.5	18.9
Fourth quintile	35.9	28.9	21.6
Highest quintile	31.5	52.1	25.0
Total percent	100.0	100.0	100.0

Education (Tables 2.8-2.9)

Access to education is an important measure of the social welfare of a population. The EIDHS results indicate that the level of educational attainment among female population living in slum areas is lower than that observed among women living in other urban areas in Greater Cairo. For example, women from the slum areas are somewhat less likely to have ever attended school than urban women in general in Greater Cairo (73 percent and 78 percent, respectively), and they are markedly less likely to have completed secondary school (37 percent and 51 percent, respectively). The percentage of women who were unable to read a simple sentence during the survey interview was slightly higher in slum areas (31 percent) than all urban areas (25 percent) in Greater Cairo.

Women from slum areas are markedly less likely than other urban women in Greater Cairo to have completed secondary school.

A gap in educational achievement between slum areas and all urban areas in Greater Cairo is also evident in the data on current school attendance. For example, 87 percent of children in the 6-15 age group from slum areas attended school during the 2002-2003 school year compared to 91 percent of children from the all urban areas in Greater Cairo. The gap is wider in older age groups, for example, 52 percent of youth age 16-20 from slum areas attended in the 2002-2003 school year compared to 64 percent of youth 16-20 from other urban areas in Greater Cairo.

Within slum areas in Greater Cairo, there is little evidence of gender differences in school attendance levels among the children 6-15 years. There is, however, gap in the school attendance rates for boys

[3]The wealth index serves a proxy for long-term economic status of the household. Evidence from Rutstein (1999) shows that the assets index is highly comparable to conventionally measured consumption expenditures.

and girls age 16-20 (53 percent and 50 percent, respectively) and boys age 21-24 are two times more likely to be attending school than girls in the same age group (18 percent and 9 percent, respectively).

Migration status (Table 2.10)

The EIDHS obtained information on the lifetime and recent migration status of respondents. The results indicate that the majority (84 percent) of women living in slum areas in Greater Cairo had spent most of their childhood in an urban area. Women living in slum areas are, however, slightly more likely to have been lived in rural areas during childhood than all urban women (16 percent and 12 percent, respectively).

Three-fifths of women from slum areas were born in the locality in which they lived at the time of the interview. Among those who were not lifetime residents of the locality, around one-third had moved to the locality from the rural area.

With respect to more recent mobility, 57 percent of women in slum areas had always lived in the locality in which they were interviewed, and, although they had come to the locality from elsewhere, an additional 17 percent had lived at least 15 years in their current place of residence. The proportion living in the current locality for less than 5 years is only slightly higher for slum residents than for all urban women in Greater Cairo (9 percent and 7 percent, respectively). The majority of women (65 percent) from slum areas who had not always lived in the current place of residence had moved to the locality from another urban area. However, the proportion of women who had moved from a rural community was somewhat greater among slum residents than among all urban women (34 percent and 25 percent, respectively).

Mass Media Exposure (Table 2.11)

Mass media can be an effective tool for informing the population about maternal and child health issues. The EIDHS obtained information from ever-married women age 15-49 about their recent exposure to various media (television, radio and newspapers/magazines). Almost all the respondents from the slum areas in Greater Cairo (98 percent) report that they are exposed to at least one of media channel weekly. With respect to specific media, 96 percent of the respondents from slum areas report watching television weekly, 72 percent say they listen to the radio on a weekly basis, and slightly more than one-fifth read a newspaper or magazine weekly.

3 FERTILITY

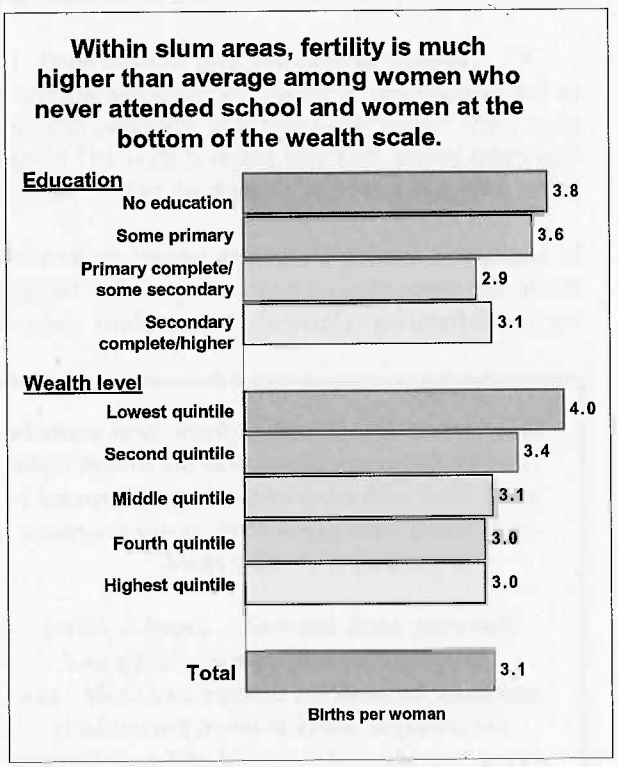
This chapter reviews information on fertility behavior and attitudes for the slum areas in Greater Cairo. The current fertility level and differentials by selected background characteristics are presented first. The chapter then looks at data on the age at first marriage, the age at which women initiate childbearing, and the length of interval between births. Finally, the chapter considers women's fertility preferences and assesses the level of wanted fertility.

Fertility Level and Differentials (Table 3.1)

The total fertility rate (TFR) provides a measure of the number of children a woman will bear during her lifetime if she has children at the rates prevailing among women in the reproductive ages over the three-year period prior to the EIDHS. The information used in calculating the TFR was obtained through the collection of retrospective birth histories from the survey respondents.

Within slum areas in Greater Cairo, the total fertility rate is 3.1 births per woman. This rate is close to the rate found for the entire country as a whole (3.2 births per woman) and is nearly one child higher than the rate found among all urban women in Greater Cairo (2.3 births per woman).

Within slum areas, the TFR is markedly higher among women with less than a primary education and among women at the bottom of the wealth scale than among other women.



Proximate Determinants of Fertility (Tables 3.2-3.7)

The use of contraception is among the most important determinants of the fertility level in a population. Information from the EIDHS on the level of contraceptive use in slum areas is reviewed in the next chapter. This section of the report explores the results of the survey relating to a number of factors other than contraception which affect a woman's chances of becoming pregnant and, thus, help to determine fertility levels in Egypt. The factors which are considered include: age at first marriage, age at first birth, length of the birth interval, and teenage pregnancy.

- **Age at first marriage**. The age at which women first marry is among the most important proximate determinants of fertility. When women delay marriage, they shorten the period of exposure to pregnancy and, thus, ultimately the number of children they will bear. The median age at first marriage among women from slum areas is somewhat lower than among all urban women in Greater Cairo (20.6 years and 21.5 years, respectively).

The trend in the age at marriage within slum areas can be examined by looking at the variation in the median age at first marriage (i.e., the age by which 50 percent of women first marry) across age

groups. Within slum areas, the median age at marriage among women age 25-29 (which is the youngest cohort in which 50 percent of women have married) is 21.9 years, two years older than the median age at marriage among women age 45-49.

Within slum areas, differentials in the median age at first marriage are comparatively large across education and wealth categories. For example, the median age at first marriage among women age 25-29 who had a secondary or higher education is 23.3 years, more than four years older than the median age at marriage among women in the 25-29 age group who had never attended school (19.2 years). The median age at first marriage increases directly with wealth, from 20.6 years among the poorest women to 23.3 years among women in the highest wealth quintile.

- **Teenage pregnancy and motherhood**. The trend to later marriage has resulted in an increase in the average age at which all Egyptian women are having the first birth. The patterns for women in slum areas reflect this trend. For example, among women 45-49 from slum areas, 17 percent had their first child before they had reached their 18th birthday. In contrast, among women age 20-24 from slum areas, only 5 percent had given birth before their 18th birthday.

In addition to having a negative impact on fertility levels, the delay in the onset of childbearing has reduced the proportion of women exposed to the higher risks of morbidity and mortality associated with early childbearing. Currently in the slum areas in Greater Cairo, 6 percent of women in the 15-19 cohort have started childbearing, i.e., they have given birth or are pregnant with their first child. This is slightly higher than the level of teenage childbearing among all urban teens in Greater Cairo (4 percent).

Comparatively few women from slum areas in Greater Cairo are exposed to the health risks associated with early childbearing; around 1 in 18 teens have given birth or are pregnant with their first child.

However, birth intervals another factor associated with higher morbidity and mortality for both the mother and child are too short for many women, particularly among women under age 30 and poor women.

- **Birth intervals**. The period between two successive births is referred to as the birth interval. Shorter birth intervals are associated with higher fertility. Short birth intervals also place children and the mother at greater risk of illness and death.

Significant proportions of nonfirst births in slum areas are taking place at less than an optimal interval; 18 percent of births in the five years before the EIDHS took place less than two years after a previous birth, and 45 percent of all non-first births occurred less than three years after a prior birth. The median interval was 38.2 months.

The median interval between births is comparatively short among women in the lowest two quintiles on the wealth index (32.9 months, and 32.3 months, respectively), and somewhat more than a quarter of births to women in these groups took place less than two years after a previous birth.

Premarital Examination: Knowledge and Practice (Table 3.8)

The 2003 EIDHS survey was the first DHS survey to ask women questions about the practice of seeing a medical provider for a premarital examination. More than eight in ten women living in slum areas in Greater Cairo have heard about premarital examinations. Women in the lowest quintile of wealth index (66 percent) are least likely and women in the highest quintile on the index (96 percent) are most likely to have heard about premarital examinations.

Despite the high levels of knowledge, only two percent of women had an exam before first marriage.

Fertility Preferences (Tables 3.9-3.12)

An in-depth understanding of fertility preferences in a population is important for predicting future fertility behavior. Women were asked in the 2003 EIDHS about their intention to have another child in the future and about the family size they consider ideal. Their responses to these questions are used to explore the level of wanted fertility in Egypt.

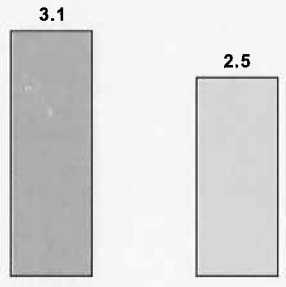
- **Desire for more children**. In order to obtain information on fertility preferences, currently married women who were not using female sterilization[4] were asked the following question: "Would you like to have (another) child or would you prefer not have any (more) children? For pregnant women, the question was prefaced by the wording, "After the child you are expecting…." Women who wanted additional children were then asked about the timing of the next child. The results of these questions indicate a strong interest in controlling future childbearing. Among currently married women who are living in slum areas in Greater Cairo, 62 percent do not want any more children or are sterilized, and 17 percent want to wait at least two years before their next birth. Among all urban currently married women in the Greater Cairo areas, the proportion interested in limiting childbearing is slightly higher (66 percent) than that found for women in slum areas while the proportion interested in spacing the next birth is slightly lower (15 percent).

- **Ideal number of children**. Another question in the 2003 EIDHS attempted to capture information on a woman's lifetime childbearing goals by asking about the ideal number of children the woman would choose to have in her life if she were to begin childbearing again, regardless the number she already had borne. The mean ideal number of children among ever-married women in living in slum areas is 2.8 children, slightly higher than the mean among all ever-married women (2.6 children) in urban Greater Cairo. The responses to the question on the ideal number of children also document considerable excess fertility. Many women in slum areas have had more children than they consider ideal; in fact, among women with three or more children, the mean ideal number of children is consistently lower than the number of children the women have had.

- **Wanted fertility**. Data from the EIDHS can be used to estimate what the fertility rate would be if Egyptian women were to achieve the childbearing goals they reported in the survey. The wanted fertility rate is calculated in the same manner as the total fertility rate, but unwanted births, i.e. births that exceed the number considered ideal by the respondent, are excluded from the numerator.

The wanted fertility rate in slum areas 2.5 births per woman is 20 percent lower than the actual TFR (3.1 births). Among all urban women in Greater Cairo, the gap between the actual fertility rate (2.3 births) and wanted fertility rate (1.9 births) is somewhat less than that observed for slum women.

If women were to have only the number of births they consider ideal, the fertility rate in slum areas in Greater Cairo would decrease by 20 percent.



[4] Sterilized women were considered to want no more children.

4 FAMILY PLANNING

The commitment of the Egyptian government to providing family planning services has been important both in lowering fertility levels and in improving maternal and child health in the country. This chapter considers a number of indicators that document the success of these family planning efforts, including the level of family planning knowledge and use and exposure to media messages about family planning. The chapter also looks at the level of unmet need for family planning and attitudes toward family planning use.

Family Planning Knowledge and Use (Tables 4.1-4.3)

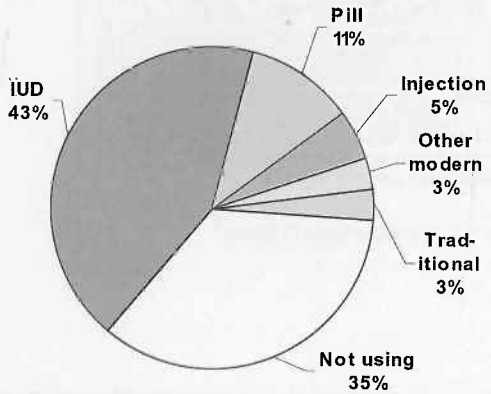
The data on the current use of family planning is among the most important data collected in the EIDHS since it provides insight into one of the key determinants of fertility and serves as a central measure for assessing the success of the coverage of the national family planning program.

▪▪ **Knowledge and ever use**. As is the case in Egypt as a whole, knowledge of at least one family planning method is universal among ever-married women living in slum areas in Greater Cairo, and all or virtually all (97 percent or more) of these women have heard of the pill, injection, IUD and implant. Although female sterilization and the condom are somewhat less widely recognized, the majority of women also are familiar with these methods (83 percent and 64 percent, respectively). Prolonged breastfeeding is the most commonly recognized traditional method (91 percent).

Eighty-six percent of ever-married women in slum areas report some experience with using some family planning method, which is the same level found among all urban women in Greater Cairo. More than 80 percent of women in slum areas have used a modern method (83 percent) while 17 percent have employed a traditional method (principally prolonged breastfeeding) at some point to avoid a pregnancy.

▪▪ **Current use**. Sixty-five percent of currently married women from slum areas in Greater Cairo are using contraception, with 62 percent depending on modern methods and 3 percent using traditional methods. The current use rate in slum areas is higher than the level recorded in Egypt as a whole in the EIDHS survey (60 percent) and only slightly lower than the level among all urban women in Greater Cairo (68 percent).

Sixty-five percent of currently married women from slum areas in Greater Cairo are using family planning, primarily the IUD.

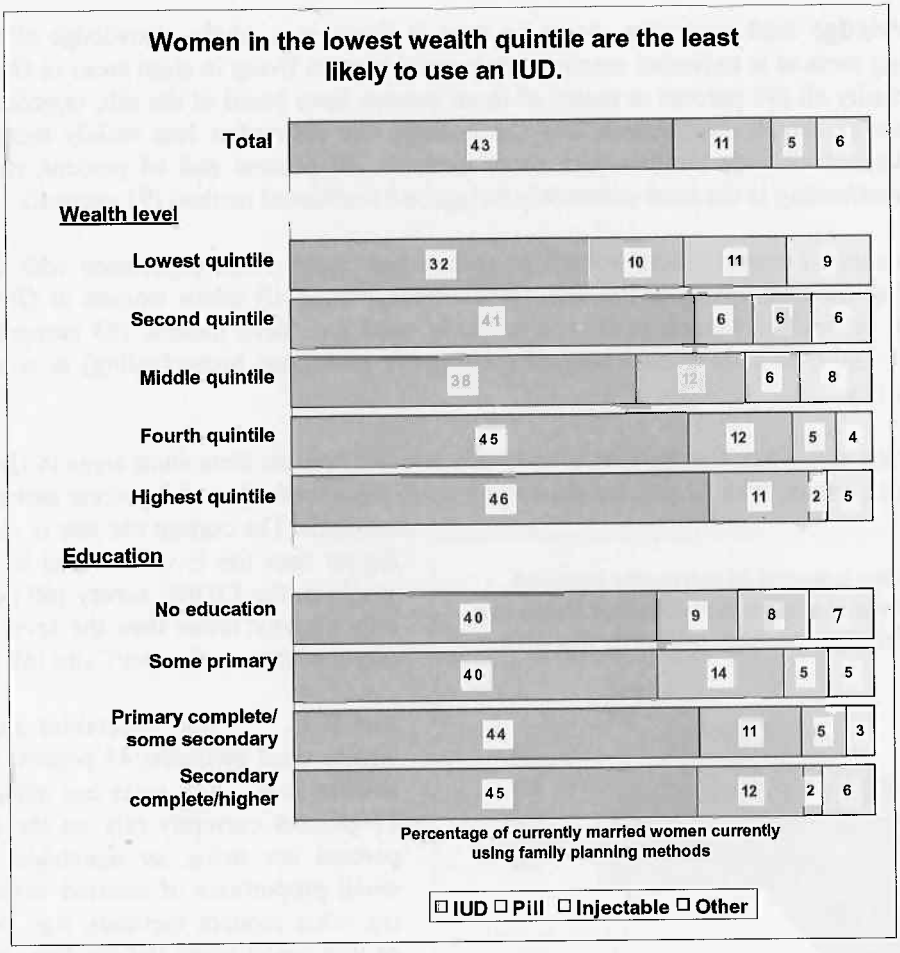


The IUD, pill, and injectables are the most widely used methods: 43 percent of married women from slum areas are using the IUD, 11 percent currently rely on the pill, and 5 percent are using an injectable. Relatively small proportions of married women are using other modern methods, e.g., one percent or less report using the condom, female sterilization or the implant. Prolonged breastfeeding is used by two percent of married women.

Use levels varied markedly according to key demographic and socio-economic characteristics. For example, there was a strong relationship between parity and use levels. No childless women are using a method. However, family planning is rapidly adopted once childbearing has begun; use levels increase from 48 percent of women with one child of women to three-quarters or more of women with three or more children.

Surprisingly, there is comparatively little association between current use and the woman's education. There is only a one percentage point difference in the use rate between women with no education and those with secondary or higher education (64 percent and 65 percent, respectively). The method mix among users exhibits greater variability, with women who have never attended school being somewhat less likely to use the pill and IUD and more likely to use the injectable than better educated women.

Use levels also do not vary directly as expected across wealth quintiles. One notable pattern is markedly lower use of the IUD and higher use of the injection among women in the lowest wealth quintile in contrast to the levels among women in the other quintile groups.



Need for Family Planning (Table 4.4)

One of the major concerns of family planning programs is to identify those women who are in need of contraceptive services but are not yet using family planning. In defining the need for family planning,

both a woman's fertility preferences—that is her desire to have no more children or her interest in delaying the next birth and her exposure to the risk of pregnancy are taken into account.

Using this approach, 7 percent of currently married women living in slum areas may be considered as in immediate need of family planning to avoid an unplanned birth. This is slightly higher than the level among all urban women in Greater Cairo (5 percent) but lower than the level of unmet need among all Egyptian women (10 percent) (El-Zanaty and Way 2004).

Among the women in slum areas in need of family planning, about one-third (2 percent of all married women) are potential spacers, that is, they want another birth but they would like to wait two years or more before having their next child.

Intention to Use Family Planning in the Future (Tables 4.5-4.7)

Less than half (45 percent) of currently married nonusers in slum areas indicate that they plan to adopt a family planning method. This proportion is nearly identical to that found among all nonusers in urban areas in Greater Cairo (44 percent).

Among nonusers in slum areas who say that they do not plan to use contraception, 53 percent cite as the main reason a desire for more children, while 38 percent of the nonusers consider themselves unable or unlikely to become pregnant. Comparatively few of the nonusers (7 percent) have method-related concerns (principally health concerns or fear of side effects), and only 1 percent are opposed to family planning.

Among nonusers intending to use family planning in the future, the IUD is the most popular method followed by the pill and the injection, regardless of residence.

Exposure to Family Planning Information (Tables 4.8-4.9)

Since the mid-1980s, a strong mass media public information and education program conducted by the State Information Service with technical assistance from USAID has been one of the main components of the Egyptian family planning program. After focusing initially on general "population awareness" messages, the education and communication effort has increasingly moved to providing more specific advice and information on family planning. The 2003 EIDHS obtained information on the proportion of women who have been recently exposed to family planning information and the channels through which they are receiving the information.

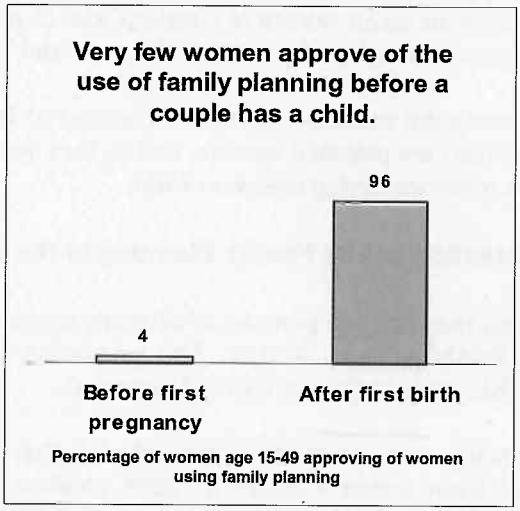
Seventy percent of ever-married women living in slum areas in Greater Cairo heard or saw some type of family planning message during the six-month period prior the EIDHS interview. Groups in which the level of exposure was lowest include women with no education (60 percent) and women in the lowest wealth quintile (57 percent). Television is the recent source of family planning information for the majority of women followed medical providers (90 percent and 7 percent, respectively).

Attitudes and Perceptions about Family Planning

- **Opinion about family planning use in the community** (Table 4.10). The public information campaigns relating to family planning are intended to create positive perceptions about family planning use. To obtain information on the attitudes of these women about family planning, the 2003 EIDHS included questions relating to their perceptions about the extent of contraceptive use in their community and their attitudes about the appropriate timing to begin contraceptive use. To obtain

information on perceptions concerning the extent of family planning use in the community, all women in the EIDHS sample were asked: "Would you say that most, some, very few or none of the couples in the reproductive ages living in this area are using family planning?". They were also asked if the use of family planning was increasing, decreasing, or staying the same in their community.

The results indicate that 7 in 10 ever-married women from slum areas in Greater Cairo believe that most women in their communities are using family planning, and a similar proportion (72 percent) think that family planning use is increasing in their community.



- **Attitude about timing of use** (Table 4.11). Virtually all women from the slum areas in Greater Cairo approve of a couple using family planning, and almost all of the those approving of family planning consider it appropriate for a couple to start using family planning after the first child. However, only 4 percent consider use before the first pregnancy as appropriate.

Contact of Nonusers with Family Planning Providers (Table 4.12)

The EIDHS collected information on whether nonusers had any recent contact with health providers either through home visits or health facilities visits. Such contacts provide an opportunity to counsel the nonuser about family planning. The results suggest that contacts with health providers are relatively common. Around half of nonusers in slum areas (52 percent) had been in contact with a health provider in the six months before the survey. However, family planning was discussed with only about 1 in 5 of these contacts. Thus, a relatively small proportion of nonusers in slum areas (10 percent) received information about family planning in an encounter with a health provider in the six month period prior to the DHS survey. These results suggest that there are a significant number of opportunities for talking with nonusers about their potential need for family planning that are being 'missed'

Only one in 10 nonusers in slum areas had a recent encounter with staff at a health facility or with a family planning worker in their home in which family planning was discussed.

5 SOURCE FOR FAMILY PLANNING METHODS

The 2003 EIDHS obtained information on a number of aspects of the family planning service delivery including the source from which users had obtained their method, the cost of obtaining services, and the willingness to pay. This information is presented in this chapter.

Sources for Family Planning Methods (Table 5.1)

The majority of users living in slum areas in Greater Cairo obtain their methods from the public sector facilities. Overall, within Greater Cairo, family planning users from slum areas are generally more likely to rely on public sector facilities for services than are all urban areas (57 percent and 50 percent, respectively).

The greater degree of reliance on public sector facilities is most evident in the case of the IUD; 69 percent of IUD users from slum areas obtain the method from a public facility compared to 57 percent of all urban users within Greater Cairo. For the most part, users from slum areas who rely on a government source for the IUD get the device inserted at a static facility, principally urban health units; only 1 percent of IUD users reported having the IUD inserted at a mobile unit. Among the IUD users from slum areas who rely on private providers, the majority (23 percent) go to private physicians, hospitals or clinics for the method, while an additional 6 percent obtain the method at clinics operated by mosques or churches and 2 percent are served by clinics run by nongovernmental private voluntary organizations including those of the Egyptian Family Planning Association.

Family planning users from slum areas are more likely to rely on public sector facilities, particularly for the IUD, than are all urban users within Greater Cairo.

The public sector is the main source for injectables, with 63 percent of injectable users in slum areas obtaining the method from governmental sources. As was the case with the IUD, most injectable users obtain their method at a static facility, principally urban health units (53 percent); however, five percent get the injectable from a mobile clinic. With regard to the sources for the pill, users mainly get their method from a pharmacy (89 percent).

Cost of Methods (Tables 5.2-5.4)

The EIDHS collected information on the amount that a current user paid for her family planning method at the beginning of the segment of use. Almost all users paid for their method; only 7 percent of injectable users, 3 percent of IUD users, and less than 1 percent of pill users reported that they did not pay for the method.

The median amount that pill users from slum areas paid for the method is 111 piastres, or a little more than one pound, while the median cost of the injectable is 2 pounds. The median cost of an IUD insertion is 3.7 pounds for users from slum areas. Users from slum areas who had the IUD inserted by a private sector provider paid considerably more on average than women who obtained the method at public sector facility (median costs of 35 pounds and 3.2 pounds, respectively).

The median amounts all urban users paid for the method are higher than the amounts slum users paid in the case of the IUD (10 pounds) and the injectable (1 pound) but slightly lower (by 10 piastres) in the case of the pill.

Willingness to Pay (Tables 5.5-5.7)

Many users in slum areas are willing to pay considerably more than the median amount currently charged for their method. For example, half of IUD users expressed a willingness to pay at least 25 pounds for the method. In the case of the pill, slightly more than one-third of users in slum areas indicated they were willing to pay 5 pounds for the method, and 70 percent of injection users would pay at least 5 pounds of the method.

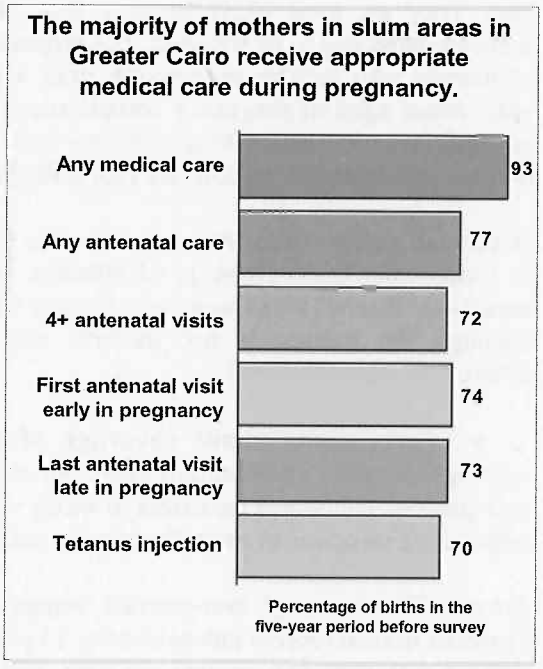
6 MATERNAL HEALTH

Both mother and child benefit when a woman receives proper medical care during pregnancy and childbirth. To obtain data on women's utilization of maternity care services, EIDHS respondents were asked a series of questions relating to the types of health care services that they received during pregnancy, at delivery and in the postnatal period for each birth during the five-year period before the survey. This chapter reviews the extent to which maternal health services are used by women living in slum areas in Greater Cairo.

Care during Pregnancy (Tables 6.1-6.7)

Regular antenatal checkups by a medical provider are important in assessing the physical status of women during pregnancy and in preventing complications.

- **Antenatal care**. The 2003 EIDHS results indicate that more than 9 in 10 women from slum areas in Greater Cairo see a medical provider (almost always a doctor) at some point during pregnancy. In many cases, however, women see the provider for care for an illness unrelated to the pregnancy or only for a tetanus toxoid (TT) injection. Women specifically seek care for the pregnancy in the case of a little more than three-quarters of all births, and regular antenatal care four or more visits is obtained for 72 percent of the births. These levels are slightly lower than the levels of antenatal care reported among mothers from all urban areas in Greater Cairo (81 percent and 76 percent, respectively).



Among the women in slum areas who go for antenatal care, most see a provider for care early in the pregnancy. Women have the first visit during the first six months of the pregnancy for the majority of births in which any care is received. As recommended, most women also see a provider late in the pregnancy (i.e., within the last two months of pregnancy). Only 5 percent of the women who have some antenatal care fail to see a provider in the last two months of their pregnancy.

- **Tetanus toxoid injection(s)**. Tetanus toxoid injections are a crucial element of adequate pregnancy care to prevent infant deaths due to neonatal tetanus. Women from slum areas in Greater Cairo report receiving a tetanus toxoid injection prior to 7 in 10 of the births. This level is somewhat higher than that for all urban births in Greater Cairo (63 percent).

Women in Egypt often obtain only tetanus toxoid injections without seeking comprehensive antenatal care. In slum areas, mothers report receiving at least one tetanus toxoid injection but no other pregnancy care in the case of 13 percent of all births.

The Ministry of Health and Population emphasizes that medical providers should use the contact that they have with pregnant women during the provision of the tetanus toxoid vaccinations to encourage

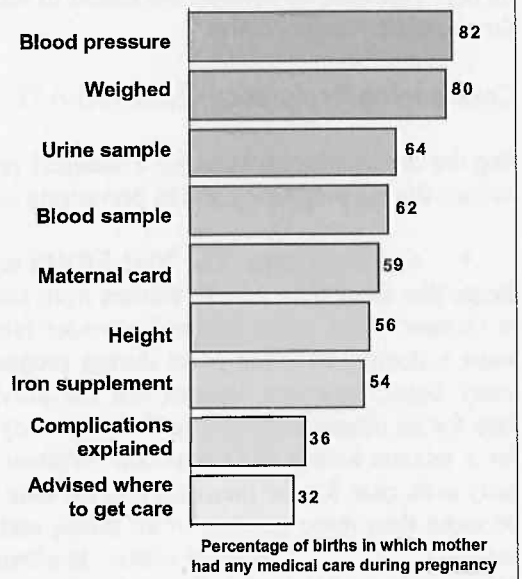
regular antenatal care and to discuss the use of family planning. About 1 in 4 of the woman in slum areas who get a tetanus toxoid injection during pregnancy are advised that they should have regular antenatal checkups, and around 1 in 9 of these women are given advice about family planning.

- **Content of pregnancy care**. In order for pregnancy care to be effective, providers should perform a number of routine screening procedures and inform women of signs of complications during for which medical advice should be sought.

Many of the women in slum areas of Cairo seeing a medical provider for any type care during pregnancy (i.e., for an antenatal checkup, a tetanus toxoid injection, or other care) are not receiving many of the basic elements of good pregnancy care. They are most likely to have their blood pressure taken and to be weighed. The proportions of women who receive information from a provider about signs of pregnancy complications (36 percent) and what action to take if they have any of those problems (32 percent) are especially low.

In general, women from slum areas are less likely to receive the basic elements of effective pregnancy care than all urban women in Greater Cairo, although the pattern is not uniform and the differences relatively small.

Women in slum areas frequently do not receive basic components of effective pregnancy care.



- **Perceptions about coverage of antenatal care**. The EIDHS included two questions relating to women's perceptions about the coverage antenatal care services in their communities. The first question concerned the extent to which women seek antenatal care. The second question obtained information on opinions about the trend in antenatal care in Egypt.

Around 60 percent of ever-married women from slum areas in Greater Cairo believe that most Egyptian women receive antenatal care, 15 percent believe at least some seek care, 4 percent are of the opinion that very few women get care, and 20 percent were unsure about the coverage of ANC services. With regard to the trend in the use of antenatal care services, 7 in 10 women in slum areas say that it is increasing in their community, 5 percent think it is remaining at the same level, and less than one percent feel it is declining. Nearly a quarter of the women are unsure about trend.

Around half of ever-married women 15-49 from slum areas in Greater Cairo have recently received information on the signs of pregnancy complications, primarily through television and medical providers.

- **Coverage of safe pregnancy campaign**. Media messages designed to make women more aware of the danger signs during pregnancy are part of an information, education and communication effort to promote safe pregnancy. This campaign has had some impact among women in slum areas in Greater Cairo. Overall, 46 percent of ever-married women in slum areas have received information on the signs of pregnancy complications during the six months prior to the survey, a level that is slightly higher than that observed among all urban women in Greater Cairo (42 percent). With respect to the most recent

source of safe pregnancy information, two-thirds heard about the danger signs most recently through television, and 23 percent had gotten the information through a medical provider.

Delivery Care (Tables 6.8-6.9)

Hygienic conditions and proper medical assistance at the time of delivery can reduce the risk of complications and infection for both the mother and the child. The majority of births in slum areas in Greater Cairo are delivered with the assistance of a medical provider; doctors assist at 81 percent of births and nurse midwives assist at 3 percent of births. Almost all of the remaining births (15 percent) are assisted by a daya (traditional birth attendant), with less than one percent of mothers saying relatives or friends assisted with the delivery or that no one had helped the mother.

With respect to the place of delivery, around four-fifths of births to women in slum areas are delivered in a health facility, with women being somewhat more likely to deliver in a private than in a public sector facility (42 percent and 37 percent, respectively). Both the proportions of medically assisted-deliveries and of births in facilities are slightly lower among women living in slum areas than among all urban women in Greater Cairo.

Postpartum Care (Tables 6.10-6.13)

Both the mother and her child should receive postpartum care from a medical provider to detect complications and maternal or early neonatal deaths. A postpartum checkup is especially important if the delivery is not assisted by a medical provider. It is generally recommended that the first postnatal checkups occur within two days of delivery.

Overall, the majority (61 percent) of mothers in slum areas receive at least some postnatal care from a medical provider. Among women who obtain postpartum care, 77 percent go for the first checkup within the recommended two days following delivery. These figures are comparable to those for mothers in urban areas in Greater Cairo (63 percent and 78 percent, respectively). With respect to the source for the postnatal care, 47 percent of the mothers who obtained care went to a public health facility for the first checkup, 46 percent went to a private doctor or clinic, while 7 percent reported receiving the first postnatal checkup outside a medical facility, principally in their own home.

Within slum areas, postnatal care levels are substantially lower among mothers who are not assisted at delivery by medical personnel, i.e., mothers who delivered with the help of a daya, a relative or friend or on their own. Only around one-quarter of mothers in slum areas delivering without medical assistance have any postnatal care, and only 10 percent see a medical provider for a postnatal checkup within two days of the delivery.

Infants are more likely than their mothers to have a checkup in the postpartum period, with more than three-quarters of infants in slum areas taken after delivery for a checkup. Around one-third of all infants (47 percent of infants getting any postnatal care) are seen by the medical provider for the first postnatal checkup within two days of the delivery, and more than 40 percent of all infants (55 percent of those receiving any postnatal care) have a blood sample taken from the heel within two weeks of delivery.

Like their mothers, infants in slum areas are more likely to have a postpartum checkup if the delivery is assisted by a medical provider.

Differentials in Maternal Care Services Utilization

Utilization of maternal health care services varies with the demographic and socio-economic characteristics. Of particular concern is the variation in the likelihood of care with the woman's parity. The EIDHS results indicate that around one-fifth of mothers in slum areas giving birth for the first time do not have regular antenatal care and 10 percent delivered without medical assistance. Among births of order 6 or higher, 40 percent are not receiving regular antenatal checkups, and 30 percent deliver without medical assistance.

Differentials in Levels of Use of Maternal Health Care within Slum Areas, Greater Cairo 2003

Background characteristic	Antenatal care		One or more tetanus toxoid injections	Medically-assisted delivery	Postnatal checkup	
	Any	Regular			Mother	Child
Birth order						
1	86	81	79	90	63	63
2-3	75	69	69	84	61	61
4-5	67	63	56	79	61	61
6+	64	58	63	70	49	49
Education						
No education	61	56	67	70	52	52
Some primary	69	61	71	74	53	53
Primary complete/ some secondary	76	69	74	85	56	56
Secondary//higher	87	83	70	93	70	70
Work status						
Working for cash	82	78	61	89	64	64
Not working for cash	76	71	72	83	61	61
Wealth level						
Lowest quintile	63	54	65	63	44	44
Second quintile	58	53	73	65	61	61
Middle quintile	66	58	75	80	57	57
Fourth quintile	79	74	75	85	64	64
Highest quintile	89	85	62	96	76	76
Slum areas	77	71	70	84	61	61

As expected, socio-economic status is strongly related to the likelihood of using most maternal health services. For example, except for tetanus toxoid injections, highly educated mothers are much more likely to report all maternal health services than are less educated mothers and the use of maternal health services generally increases across wealth quintiles.

7 CHILD HEALTH AND NUTRITIONAL STATUS

Increasing the proportion of children who are vaccinated against the major preventable diseases of childhood is a cornerstone of Egypt's child survival programs. This chapter presents information from the 2003 EIDHS on the level of immunization among young children. The chapter also considers information from the EIDHS on the prevalence and treatment of diarrhea and acute respiratory infections, illnesses that are among the most common causes of childhood deaths in Egypt. Finally, the chapter also looks at several important aspects of the nutritional status of children under age five.

Immunizations (Table 7.1)

Immunization information was collected in the EIDHS from the birth record and/or health card if the document(s) were available for a child. For children who did not have a record, the information on vaccinations was based on the mother's report.[5]

In Egypt, guidelines for childhood immunizations call for children to receive during the first year of life a BCG vaccination against tuberculosis, three doses of the DPT vaccine (DPT 1, DPT 2, and DPT 3) to prevent diphtheria, pertussis and tetanus, three doses of the polio vaccine (Polio 1, Polio 2, and Polio 3), and a measles vaccination. In addition to these standard immunizations, Egypt's childhood immunization program recommends that children receive three doses of the hepatitis vaccine, booster doses for DPT and polio, and the MMR vaccine against measles, mumps and rubella.

Key Child Health Indicators by Residence, Greater Cairo 2003

Indicator	Slum areas	All urban areas
Immunization		
% of children 12-23 months fully immunized	93	88
Treatment of diarrhea		
% of children under age five ill with diarrhea	24	19
% of children with diarrhea:		
Taken to a health provider	47	43
Given ORS or RHS	22	21
Given ORT/increased fluids	54	55
Given antibiotics	22	25
Treatment of acute respiratory infection (ARI)		
% of children under age five ill with ARI symptoms	15	11
% of children with ARI symptoms		
Taken to a health provider	75	64
Given antibiotics	74	75

The EIDHS results indicate that, in slum areas in Greater Cairo, 93 percent of children age 12-23 months have received the appropriate doses of the six primary vaccines (BCG, DPT 1-3, Polio 1-3, and measles). Coverage levels in slum areas are above the national average and the average among all children from urban areas in Greater Cairo (88 percent in both populations).

Coverage levels among children in slum areas are relatively high for the hepatitis vaccine, with 80 percent of children reported as having received the third dose of this vaccine. Levels are lower for the other vaccines (10 percent for Polio 0; 29 percent for activated DPT (ADPT); 30 percent for activated Polio (AP), and 33 percent for measles, mumps and rubella (MMR)).

[5]In Egypt, immunizations may be recorded on a child's birth record (certificate) or on a special health card. In collecting data on immunization coverage in the 2003 EIDHS, mothers were asked to show the interviewer the birth record and/or health card for each child born since January 1998. When the mother was able to show the birth record and/or health card, the dates of vaccinations were copied from the document(s) to the questionnaire. If neither a birth record nor a health card was available (or a vaccination was not recorded), mothers were asked a series of questions to determine whether the child had ever received specific vaccines and, if so, the number of doses.

Diarrhea (Table 7.2)

Dehydration caused by severe diarrhea is a major cause of illness and death among young children. A simple and effective response to dehydration is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT). ORT may include the use of a solution prepared from commercially produced packets of oral rehydration salts (ORS) or a homemade mixture usually prepared from sugar, salt and water (RHS). Increasing the amount of any other liquids given a child during a diarrheal episode is another means of preventing dehydration.

Women in slum areas reported that 24 percent of their children under age five had been ill with diarrhea during the two-week period before the survey. This was somewhat higher than the prevalence of diarrhea among all urban children in Greater Cairo (19 percent).

Somewhat fewer than half of the children whom the mother reported as ill with diarrhea during the two-week period before the survey received care from a health provider. Slightly more than half of these children (54 percent) received some form of ORT to treat the diarrhea. Mothers used ORS packets in 17 percent of the cases, gave a homemade solution in 6 percent of the cases, and increased the fluids given to the child in 42 percent of the cases. Antibiotics were given to 22 percent of the children who had diarrhea, and 38 percent received some other type of medication. For 17 percent of the children with diarrhea, mothers did nothing to treat the illness.

The approaches that are taken to treating diarrheal episodes among children in slum areas are similar to those used when treating diarrheal cases among all urban children.

Acute Respiratory Infection (Table 7.3)

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

The prevalence of ARI was estimated by asking mothers if their children under five years of age had been ill with coughing accompanied by short rapid breathing in the two weeks before the survey.[6] In slum areas, 15 percent of children under five were reported as having those symptoms during the two-week period before the EIDHS, a rate slightly above the level found for all urban children in Greater Cairo (11 percent).

Three-quarters of the children who were reported by the mother as having these symptoms received care from a health provider, a level that was substantially higher that the proportion of all children in urban Greater Cairo who saw a medical provider for treatment (64 percent). In both slum areas and in all urban, mothers reported that around three-quarters of the children with ARI-related symptoms were given an antibiotic to treat the illness.

[6]Cough and short, rapid breathing are signs and symptoms of pneumonia, and thus, the EIDHS results are less appropriate for use in assessing the presence of other ARI-related conditions (coughs and colds, wheezing, ear infection, and streptococcal sore throat).

Infant Feeding Practices (Tables 7.4-7.5)

The pattern of infant feeding has an important influence on the health of children. Feeding practices are the principal determinant of a young child s nutritional status, and poor nutritional status has been shown to increase the risk of illness and death among children. Breastfeeding practices also have an effect on the mother s fertility. Frequent breastfeeding for long durations is associated with longer periods of post-partum amenorrhea and thus longer birth intervals and lower fertility.

Almost all infants (96 percent) born to mothers living in slum areas in Greater Cairo are breastfed, and the median duration of breastfeeding is relatively long (18 months). However, the median period during which infants given breast milk exclusively (0.7 months) is much shorter than the recommended sixth-month period.

Similar to the pattern for Egypt as a whole, almost all infants born to mothers living in slum areas in Greater Cairo (96 percent) are breastfed. Breastfeeding is initiated within an hour of birth for around half of these infants, and 84 percent are put to the breast within one day of delivery. The majority of infants (58 percent) receive other fluids during the period before the mother's milk flow, a practice referred to as prelacteal feeding.

Complementary feeding is discouraged during the first six months of life because the early introduction of other liquids or foods may increase the exposure of an infant to pathogens that may cause diarrheal disease. Malnutrition is another risk. The complementary foods given to a child may not provide all of the calories that the infant needs, particularly if they are watered down. Since the production of breast milk is influenced by the intensity and frequency of suckling, early complementary feeding may reduce breast milk output, further increasing the risk of malnutrition.

In slum areas in Greater Cairo, the median duration that a child is breastfed is 18 months. However, children begin receiving other liquids early; the median duration of exclusive breastfeeding is 0.7 months, and the median duration of full breastfeeding (when a child is exclusively breastfed or given only plain water) is 1.6 months.

Nutritional Status (Table 7.6)

Nutritional status is a primary determinant of a child's health and well-being. To assess nutritional status, the 2003 EIDHS obtained measurements of height[7] and weight for all children living in the household who were under age five. Using these anthropometric measurements as well as information on the ages of the children, three standard indices of physical growth describing the nutritional status of children were constructed:

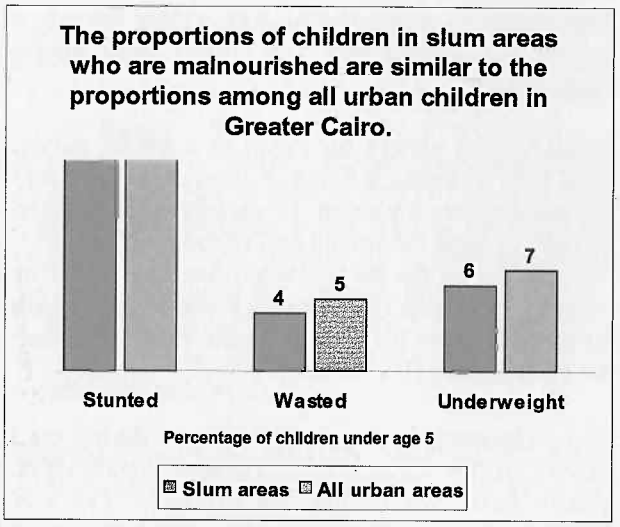
- height-for-age
- weight-for height
- weight-for-age.

Each of the indices measures somewhat different aspects of nutritional status. The height-for-age index provides an indicator of linear growth retardation. Children whose height-for-age is below the reference standard for children of their age are considered short for their age, or *stunted*. Stunting of a

[7]Although the term "height" is used, children younger than 24 months were measured lying on a measuring board, while standing height was measured for older children. Weight data were obtained using a digital scale with an accuracy of 100 grams.

child's growth may be the result of a failure to receive adequate nutrition over a long period of time or of the effects of recurrent or chronic illness.

The weight-for-height index measures body mass in relation to body length. Children whose weight-for-height measures are below the reference standard are too thin for their height, or *wasted,* Wasting represents the failure to receive adequate nutrition during the period immediately before the survey. It may be the result of recent episodes of illness or acute food shortages.



Weight-for-age is a composite index of height-for-age and weight-for- height. When a child's weight-for-age is below the reference standard, the child is *underweight* for their age. A child can be underweight for his age, because he is stunted, because he is wasted, or because he is both stunted and wasted.

The EIDHS found that 15 percent of children under age 5 in slum areas in Greater Cairo are stunted, 4 percent are wasted, and 6 percent are underweight. These proportions are generally similar to the rates of malnourishment found among all children under age five living in urban areas in Greater Cairo.

Vitamin A Supplementation (Tables 7.7-7.8)

Egypt initiated a vitamin A supplementation program during the 1990s. As part of the program, a vitamin A capsule is given to new mothers within the first two months after delivery, with the goal that the infant will receive an adequate quantity of the micronutrient through the mother's breast milk to ensure healthy development. A second component of the supplementation program is directed at children. Beginning at age nine months (typically at the time the child receives the measles vaccination), young children are given one vitamin A capsule (100,000 international units). Two additional capsules (200,000 units) are given to children at age 18 months with the activated polio dose.

The EIDHS results indicate that about 32 percent of mothers in slum areas in Greater Cairo received a vitamin A capsule following delivery. The supplementation efforts targeting children are more widespread; around 67 percent of children 12-23 months were reported to have received a vitamin A capsule. The vitamin A supplementation rates in slum areas are somewhat lower than the rates observed for all urban areas in Greater Cairo (33 percent for mothers and 71 percent for children).

Use of Iodized Salt (Table 7.9)

Iodine is another important micronutrient. Low levels of iodine in the diet are associated with a number of problems including miscarriages and, among children, retarded mental development. Egypt has adopted a program of fortifying table salt with iodine to prevent iodine deficiency. To assess the coverage of the fortification efforts, the iodine content of the salt used in the household was measured during the EIDHS using a rapid-test kit provided by UNICEF. The results of the testing indicate that 14 percent of households in slum areas were using noniodized table salt compared with 8 percent among all urban households in Greater Cairo.

8 CHILD MORTALITY

Mortality rates among young children are one of the key indicators of the health situation in a population. Information from the 2003 EIDHS is used to explore levels and trends in mortality among young children in slum areas in Greater Cairo in this chapter. Research has shown is a strong relationship between maternal fertility patterns and children's survival risks. Thus, the chapter also looks at the prevalence in slum areas of patterns of maternal fertility behavior that have been shown to place children at higher mortality risk.

Child Mortality Levels and Trends (Tables 8.1-8.2)

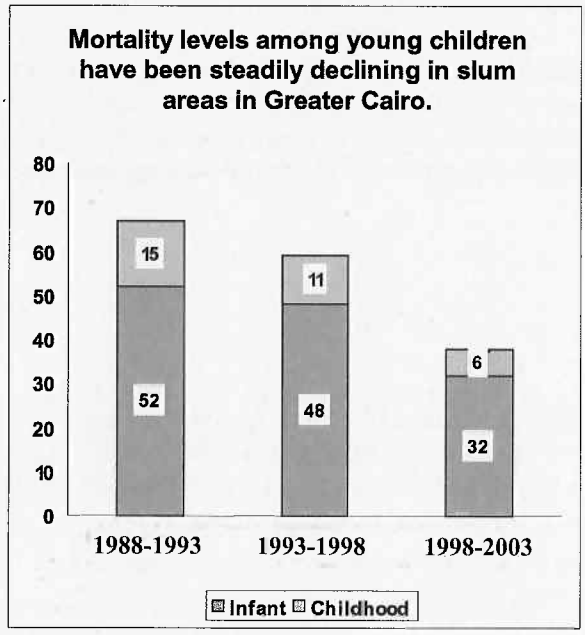
Information collected in the birth history section of the individual questionnaire on the survival status of a woman's children is used to directly estimate the following mortality rates for young children:

Neonatal mortality: the probability of dying within the first month of life;
Postneonatal mortality: the difference between infant and neonatal mortality;
Infant mortality: the probability of dying during the first year of life;
Child mortality: the probability of dying between the first and fifth birthday;
Under-five mortality: the probability of dying before the fifth birthday.

These estimates allow an examination of the current level and age pattern of mortality among young children and also trends in child mortality over a 15-year period prior to the survey.

- **Current level of child mortality.** The mortality rate for children under age five from slum areas in Greater Cairo during the five-year period prior to the EIDHS was 38 per thousand births. Thus, around 1 in 26 babies born in slum areas during that period (approximately 1998-2003) died before reaching their fifth birthday.

The infant mortality rate was 32 deaths per thousand births. A comparison of this rate with the under-five mortality rate indicates that more than 8 in 10 of the young children who died before age five died during infancy, that is, before they reach their first birthday. In turn, the neonatal mortality rate was 22 per thousand, indicating that around two-thirds of all infant deaths took place during the first month of life (that is, during the neonatal period).



Although some caution must be used in interpreting the results because the sampling variability is relatively large (see Appendix B), the level of under-five mortality in slum areas is around 20 percent higher than the level found for all urban areas in Greater Cairo (31 deaths per thousand births).

- **Trends in child mortality.** An examination of trends in the EIDHS mortality data indicates that child mortality levels have decreased in slum areas over the past 15 years, from a level of 66 deaths per thousand births during the period 1988-1993 to the rate of 38 deaths per

thousand births during the period 1998-2003. Thus, around two in five of the young babies who would have died in the late 1980s and early 1990s now survive to their fifth birthday. As expected, childhood mortality in slum areas has become somewhat more concentrated in early infancy over time.

High-Risk Fertility Behavior (Table 8.3)

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

Around one-third of recent births in slum areas in Greater Cairo occurred to women who were in at least one of the high fertility-risk categories. Children born to women in these categories had an 84 percent greater chance of dying in early childhood than children born to mothers not in any of the risk categories.

The potential impact on mortality levels of avoiding births in these categories is substantial. Around one-third of the births in slum areas in Greater Cairo during the five-year period before the EIDHS occurred to women who were in at least one of the high fertility-risk categories, and 11 percent occurred to women who fell into two or more of the risk categories. Overall, children born to women in these categories had an 84 percent greater chance of dying in early childhood than children born to mothers not in any of the risk categories.

9 KNOWLEDGE OF AIDS, HEPATITIS C, AND SAFE INJECTION PRACTICES

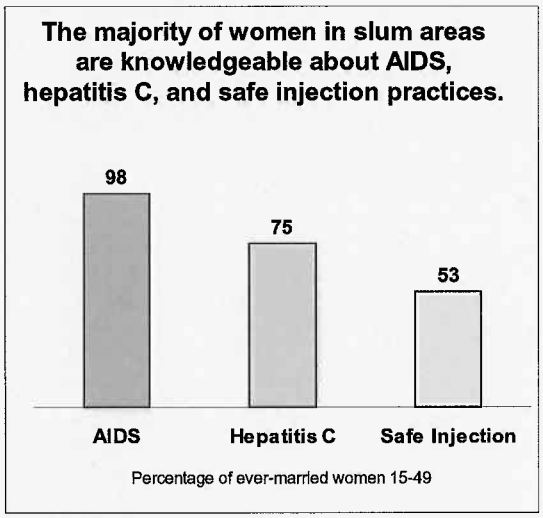
The 2003 EIDHS is the first DHS survey conducted in Egypt to collect information on the levels of knowledge of AIDS and of hepatitis C. The survey also included questions relating on the awareness of safe injection practices. These data will be useful in planning programs to increase awareness of these diseases and of safe injection practices.

Knowledge of AIDS (Tables 9.1-9.2)

Nearly all ever-married women 15-49 (98 percent) in slum areas in Greater Cairo know about AIDS. Television was the most recent source of information for most of the women who had heard about AIDS (97 percent).

Among the women in slum areas who know about AIDS, 84 percent are able to name a way in which the HIV virus that causes AIDS can be transmitted. This is only slightly lower than the level of awareness among all women from urban Greater Cairo of ways the virus causing AIDS is transmitted (87 percent).

Among slum residents who were able to name a means through which AIDS is contracted, the most commonly mentioned mode of transmission is a blood transfusion (81 percent). Around half mention heterosexual (50 percent) or homosexual (48 percent) sex as modes of transmission. Around two-fifths of the women (43 percent) mentioned unclean needles as a transmission route for AIDS. Ten percent or less of the women cite other transmission modes such as casual physical (10 percent) or other contact (8 percent) with infected persons, mother-to-child transmission (7 percent) or insect bites (less than 1 percent).



Hepatitis C (Tables 9.3-9.4)

Three-quarters of ever-married women age 15-49 in slum areas know about hepatitis C, a level that is somewhat lower than that among all ever-married women in urban Greater Cairo (85 percent). Again as with AIDS, television is the principal source of information for the women in slum areas who are aware about hepatitis C (82 percent).

With regard to transmission modes, 53 percent of women in slum areas who knew about the hepatitis C were able to name a mode of transmission, a level which is again somewhat lower than that found for all urban women (60 percent).

Among the women in slum areas knowing about a transmission route, blood transfusion was the most commonly cited mode (66 percent) followed by unclean needles (44 percent). Around one-third of the women mentioned casual physical contact with infected person as a means of transmission, and two-

fifths cited other types of physical contact. Relatively few women thought individuals could contract hepatitis C through sexual relations; only 8 percent mentioned heterosexual relations and 6 percent homosexual sex as modes of transmission.

Safe Injection Practices (Tables 9.5-9.6)

A majority of ever-married women in slum areas (59 percent) said that they had received information about safe injection practices in the six-month period before the survey. This was somewhat higher than the percentage of all urban women in Greater Cairo who reported that they had heard or seen something about safe injection practices recently (49 percent).

Among women in slum areas who had received information recently, television was the most commonly cited source of information (63 percent) followed by medical providers (22 percent).

Women who said they had heard about safe injection practices were asked to name the practices about which they were aware. Eighty-six percent reported that, for an injection to be given safely, the syringe and needle should come from a sealed packet. Three-fourths had heard that needles or syringes should not be shared while around one-quarter (24 percent) had heard that needles should be boiled or otherwise sterilized before they were used again. The percentages of women in slum areas mentioning these various practices are very similar to the percentages of all urban women reporting these practices.

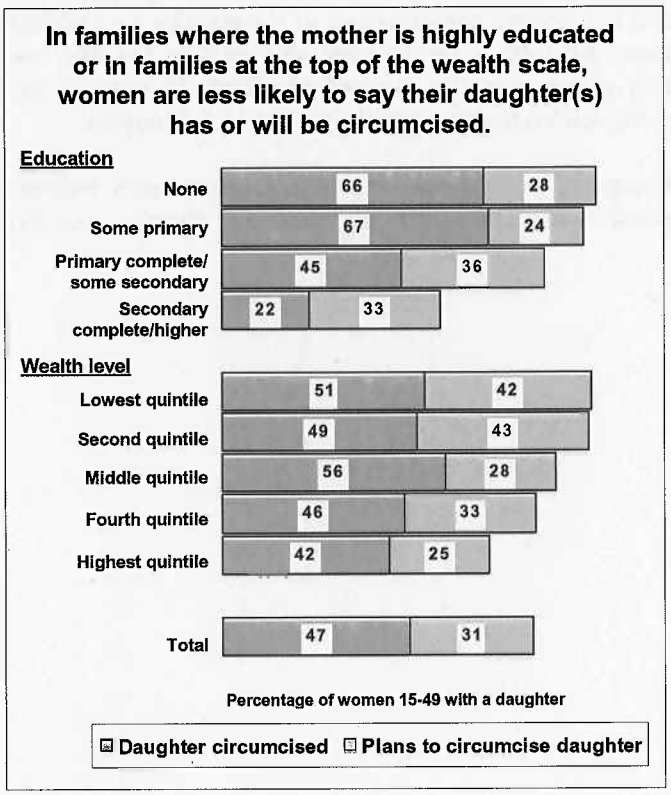
10 FEMALE CIRCUMCISION

Female circumcision is a widespread practice in Egypt. The 2003 EIDHS collected information on the prevalence of female circumcision and attitudes about the practice in order to monitor the changes, particularly in the attitudes about female circumcision, among Egyptian women.

Prevalence of Female Circumcision (Table 10.1)

As is the case throughout Egypt, female circumcision is nearly universal among women in slum areas in Greater Cairo; 98 percent of the EIDHS respondents report that they were circumcised.

Moreover, the EIDHS results indicate that circumcision continues to be widely practiced. More than three-quarters of women who have at least one daughter report that their daughter(s) has been circumcised (47 percent) or that they plan to have their daughter circumcised in the future (31 percent). This is substantially higher than the figure for all urban women in Greater Cairo (65 percent).



Within slum areas, the circumcision rate among daughters (including already performed circumcision and expressed intentions) is lower in families in which the mother is highly educated and in families ranked at the top of the wealth index than in other families. However, even among these groups, more than half of mothers indicate that their daughters are or will be circumcised.

Attitudes about Circumcision (Tables 10.2 and 10.3)

The majority of ever-married women in slum areas in Greater Cairo are supportive of female circumcision, with around 70 percent saying the practice should continue. This is substantially higher than the percentage of all urban women who support continuation of the practice (58 percent).

A number of efforts are underway to promote further change in attitudes about circumcision. To look at the coverage of these efforts, the EIDHS collected information about women's recent sources of information about circumcision. Most women received information about female circumcision from broadcast media or through other channels during the year before the survey. Television was the most common source of information (96 percent) followed by radio (17 percent). More than half of the women had talked about the practice with their family or friends at some point during the year.

Beliefs about Circumcision (Table 10.4)

It is not surprising that a large proportion of women in slum areas feel that circumcision should be continued since they are more likely to see that positive aspects of the practice than they are to be aware its negative consequences. For example, 74 percent of ever-married women in slum areas believe that circumcision is an important religious tradition, and 60 percent agree with the statement that husbands prefer their wives to be circumcised.

Comparatively few ever-married women in slum areas recognize harmful aspect of circumcision. Somewhat more one-third (37 percent) accept that circumcision can lead to a girl's death. However, few see adverse consequences of the practice for childbearing; only 5 percent believe that childbirth is more difficult for circumcised women than for other women, and only 6 percent think circumcision may cause infertility. Around one-third (35 percent) of the women in slum areas acknowledge that circumcision lessens sexual satisfaction for couples.

Compared to all urban women in Greater Cairo, women in slum areas are slightly more likely to see positive aspects of circumcision and slightly less likely to consider its negative consequences.

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ANNEX A DETAILED TABLES

1 INTRODUCTION

Table 1 Sample results, Greater Cairo Slums

Distribution of households (HH) and eligible women (EW) by the result of the interview, and response rates, Greater Cairo slum area sample, 2003 Egypt Interim Demographic and Health Survey

Interview results	Total
Dwellings sampled	4,024
Households found	3,951
Households interviewed	3,888
HH response rate	98.4
Eligible women	3,197
EW interviewed	3,180
EW response rate	99.5

2 SOCIO-ECONOMIC INDICATORS

Table 2.1 Housing type and tenure

Percent distribution of households according to residence, Greater Cairo 2003

Housing type and tenure	Slum areas	All urban areas
Type of dwelling		
Apartment	83.9	91.6
Free-standing house	10.3	5.3
Other	5.9	3.0
Total percent	100.0	100.0
Number	3,888	1,328
Dwelling owned/rented		
Owned/Owned jointly	43.7	42.0
Rented	51.0	53.7
Other	5.3	4.3
Total percent	100.0	100.0
Number	3,888	1,328
Possibility of eviction		
Very likely	2.7	2.3
Somewhat likely	2.0	1.5
Not very likely	3.3	2.3
No possibility of eviction	89.0	90.6
Don't know/missing	3.0	3.3
Total percent	100.0	100.0
Number	2,190	771

Note: The question on possibility of eviction was asked only of households who did not own or jointly own their dwelling.

Table 2.2 Housing characteristics

Percent distribution of households by housing characteristics, according to residence, Greater Cairo 2003

Housing characteristics	Slum areas	All urban areas
Electricity		
Yes	99.1	99.8
No/missing	0.9	0.2
Total percent	100.0	100.0
Average monthly electricity cost (in Egyptian pounds)		
Free	0.4	0.3
1-9 pounds	17.9	14.3
10-14 pounds	31.7	20.6
15-19 pounds	21.9	20.2
20+ pounds	26.2	42.8
Don't know/missing	1.8	1.7
Total percent	100.0	100.0
Cooking fuel		
Electricity	0.5	0.7
LPG, natural gas	96.9	97.7
Kerosene	2.4	1.5
Other/missing	0.1	0.2
Total percent	100.0	100.0
Flooring		
Earth/sand	1.6	1.1
Wood planks	0.0	0.0
Parquet/polished wood	0.0	1.1
Ceramic/marble tiles	7.8	17.6
Cement tiles	81.2	73.9
Cement	7.9	4.1
Wall-to-wall carpet	1.0	1.4
Other	0.3	0.7
Missing	0.1	0.0
Total percent	100.0	100.0
Number of rooms		
1-2	15.1	11.2
3-4	79.8	74.7
5+	5.0	13.8
	0.1	0.3
Total percent	100.0	100.0
Mean rooms per household	3.3	3.6
Mean persons per room	1.5	1.3
Number of households	3,888	1,328

Table 2.3 Drinking water facilities

Percent distribution of households by drinking water facility according to residence, Greater Cairo 2003

Drinking water facilities	Slum areas	All urban areas
Source of drinking water		
Piped into residence/plot	97.2	99.2
Public tap	2.2	0.6
Open well	0.0	0.2
Covered well	0.6	0.0
Nile/canals	0.0	0.0
Total percent	100.0	100.0
Number	3,888	1,328
Time to water source		
Water within 15 minutes	98.8	99.6
Water supply interrupted		
Daily/almost daily	16.0	12.8
Few times per week	16.4	13.8
Less frequently	7.6	8.2
Not interrupted	58.9	64.6
Don't know/missing	1.1	0.6
Total percent	100.0	100.0
Number	3,888	1,328
Water stored		
Yes	31.9	24.0
No	68.1	75.7
Missing	0.0	0.2
Total percent	100.0	100.0
Number	3,888	1,328
Storage containers covered		
All covered	81.5	92.8
Some covered	14.8	6.3
None covered	2.5	0.0
Not able to observe/missing	1.3	0.9
Total percent	100.0	100.0
Number	1,242	319
Type of storage container		
Wide mouth	25.2	21.5
Narrow mouth	41.2	38.6
Both types	33.6	39.9
Total percent	100.0	100.0
Number	1,226	316

Table 2.4 Sanitation facilities

Percent distribution of households by sanitation facilities, according to residence, Greater Cairo 2003

Sanitation facilities	Slum areas	All urban areas
Toilet facility		
Modern flush toilet	56.8	73.3
Traditional with tank flush	2.4	1.2
Traditional with bucket flush	40.4	25.4
Pit toilet/latrine	0.2	0.1
No facility/bush	0.2	0.1
Total percent	100.0	100.0
Number	3,888	1,328
Drainage system		
Public sewer	96.9	96.8
Vault (Bayara)	0.1	0.1
Septic system	2.7	3.2
Pipe to canal	0.3	0.0
Total percent	100.0	100.0
Number	3,880	1,328
Problems with drainage system		
Yes	34.3	38.4
No	64.6	59.1
Don't know/missing	1.1	2.5
Total percent	100.0	100.0
Number	120	44
Toilet facility shared		
Toilet not shared	93.7	97.3
Toilet shared with:		
1 household	0.9	1.1
2 households	1.9	0.5
3+ households	3.0	0.6
Not sure/missing	0.4	0.3
Total percent	100.0	100.0
Number	3,880	1,328
Condition of toilet facility		
Condition observed	98.4	1.8
Fecal matter present	3.1	95.8
No fecal matter present	94.2	0.9
Not determined	1.1	1.5
Not observed/missing	1.7	0.1
Total percent	100.0	100.0
Number	3,880	1,328
Place for hand washing		
Place observed	94.3	96.1
Same area/adjacent to toilet	87.0	93.2
Area not near toilet	7.2	2.9
No toilet facility	0.1	0.0
Not able to observe	1.2	1.3
None/missing	4.6	2.6
Total percent	100.0	100.0
Number	3,888	1,328
Disposal of kitchen waste/trash		
Collected from home	67.7	67.2
Collected from container in street	13.2	15.5
Dumped into street/empty plot	16.7	15.7
Dumped into canal/drainage	1.9	0.5
Burned	0.2	0.4
Fed to animals/	0.1	0.4
Other/don't know	0.1	0.3
Total percent	100.0	100.0
Number	3,888	1,328

Table 2.5 Hand-washing materials

Percentage of households with hand-washing materials according to residence, Greater Cairo 2003

Residence	Water/ tap	Soap/ ash	Basin	Towel/ cloth	All items	Total
Slum areas	90.9	73.4	87.8	44.5	41.2	3,888
All urban areas	93.7	82.9	93.9	55.5	53.0	1,328

Table 2.6 Household possessions

Percentage of households possessing various household effects, means of transportation, property and farm animals, according to residence, Greater Cairo 2003

Possessions	Slum areas	All urban areas
Household effects		
Radio	88.2	92.7
Television	94.7	96.3
Video	18.7	35.1
Telephone	56.2	72.7
Mobile telephone	19.6	34.1
Personal home computer	6.7	18.5
Electric fan	94.0	95.1
Water heater	56.2	73.4
Refrigerator	89.8	94.2
Freezer	3.0	8.5
Sewing machine	7.2	8.0
Automatic washing machine	23.0	40.2
Other washing machine	82.4	78.6
Gas/electric stove	78.2	83.6
Air conditioner	1.9	11.7
Dishwasher	0.2	3.7
Satellite dish	2.8	14.8
Means of transportation		
Bicycle	7.4	5.8
Motorcycle/scooter	1.5	1.4
Car/van/truck	5.5	17.8
Property		
Farm/other land	2.1	3.2
Farm animals		
Livestock/poultry	7.8	5.0
None of the above	1.3	0.5
Number of households	3,888	1,328

Table 2.7 Wealth index

Percent distribution of households by wealth level, according to residence, Greater Cairo 2003

Wealth level	Slum areas	All urban areas
Lowest quintile	5.7	2.7
Second quintile	7.7	4.8
Middle quintile	19.2	11.6
Fourth quintile	35.9	28.9
Highest quintile	31.5	52.1
Total percent	100.0	100.0
Number	3,888	1,328

Table 2.8 Background characteristics of respondents

Percent distribution of ever married women 15-49 by selected background characteristics, according to residence, Greater Cairo 2003

Background characteristic	Slum areas			All urban areas		
	Weighted percent	Weighted number of women	Unweighted number of women	Weighted percent	Weighted number of women	Unweighted number of women
Current marital status						
Married	93.2	2,963	2,979	90.4	917	886
Widowed	3.8	121	112	5.8	59	58
Divorced	2.3	74	70	2.8	28	28
Separated	0.7	21	19	1.0	10	10
Age						
15-19	2.6	83	86	1.8	18	17
20-24	15.6	497	509	10.9	111	107
25-29	19.2	611	646	19.0	193	188
30-34	16.1	512	531	16.0	162	155
35-39	16.8	536	521	16.5	168	162
40-44	15.7	498	470	20.1	204	200
45-49	13.9	443	417	15.7	159	153
Education						
No education	26.8	852	845	21.8	221	213
Some primary	13.1	417	413	10.7	109	107
Primary complete/ some secondary	23.2	738	709	16.4	167	162
Secondary complete/higher	36.9	1,172	1,213	51.1	518	500
Literacy						
Cannot read at all	30.6	973	965	25.3	256	252
Able to read only parts of sentence	10.7	340	332	7.8	80	77
Able to read whole sentence	5.9	187	185	4.4	45	42
Preparatory/higher education	52.8	1,678	1,697	62.2	631	609
Missing	0.0	1	1	0.2	2	2
Work status						
Working for cash	15.7	500	491	21.6	219	213
Not working for cash	84.3	2,680	2,689	78.2	794	768
Missing	0.0	–	–	0.1	1	1
Wealth level						
Lowest quintile	4.5	144	137	2.2	23	22
Second quintile	7.2	228	252	5.1	52	52
Middle quintile	18.9	602	626	11.8	120	119
Fourth quintile	37.1	1,180	1,188	30.8	313	304
Highest quintile	32.3	1,026	977	50.0	507	485
Total	100.0	3,180	3,180	100.0	1,014	982

Table 2.9 School attendance

Percentage of the de-facto household population age 6-24 years who were attending school during the 2002-2003 school year by sex and age group, according to residence, Greater Cairo 2003

Age group	Slum areas	All urban areas
	MALES	
6-10	85.1	88.1
11-15	87.7	94.1
6-15	86.4	91.1
16-20	53.1	67.8
21-24	18.0	24.2
	FEMALES	
6-10	87.3	88.5
11-15	88.7	92.4
6-15	88.0	90.5
16-20	49.8	59.1
21-24	8.9	15.9
	TOTAL	
6-10	86.2	88.3
11-15	88.2	93.3
6-15	87.2	90.9
16-20	51.5	63.6
21-24	13.1	19.9

Table 2.10 Migration status

Percent distribution of ever-married women age 15-49 by the childhood place or residence, time lived in current locality and, for women who have lived elsewhere, the prior place of residence, according to current residence, Greater Cairo 2003

Migration status	Slum areas	All urban areas
Childhood place of residence		
Cairo/Alexandria	68.4	66.5
Other city/town	15.8	21.0
Village	15.7	12.2
Outside Egypt	0.1	0.3
Total percent	100.0	100.0
Number	3,180	1,014
Time lived in current locality		
Less than 1 year	2.0	1.1
1-4 years	7.1	5.6
5-9 years	7.8	7.5
10-14 years	7.1	6.9
15+ years	16.9	16.6
Always	57.2	57.9
Visitor	1.9	4.5
Total percent	100.0	100.0
Number	3,180	1,014
Prior place of residence		
Cairo/Alexandria	41.3	41.6
Other city/town	24.0	31.9
Village	34.4	24.8
Outside Egypt	0.4	1.6
Total percent	100.0	100.0
Number	1,302	382

Table 2.11 Exposure to mass media

Percentage of ever-married women age 15-49 who watch television weekly, listen to radio weekly, read newspapers/ magazines weekly, by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Watch TV weekly	Listen to radio weekly	Read magazine/ newspaper weekly	All three media	No media exposure	Number of women
Age						
15-19	94.7	73.0	20.9	16.8	4.2	83
20-24	96.6	74.0	20.7	17.2	2.1	497
25-29	96.4	71.0	24.2	19.2	2.3	611
30-34	98.1	75.0	27.2	21.8	0.6	512
35-39	96.7	69.0	22.9	19.2	1.8	536
40-44	94.8	75.0	22.2	19.5	2.9	498
45-49	93.6	71.0	19.2	14.8	3.9	443
Education						
No education	93.6	63.0	0.5	0.3	4.5	852
Some primary	94.2	67.0	4.9	4.0	3.9	417
Primary complete/some secondary	97.2	77.0	19.2	15.6	1.6	738
Secondary complete/higher	97.8	78.0	47.6	39.2	0.5	1,172
Work status						
Working for cash	93.7	68.0	42.3	33.3	3.9	500
Not working for cash	96.5	73.0	19.2	16.0	2.0	2,680
Wealth level						
Lowest quintile	76.4	43.0	0.6	0.6	17.7	144
Second quintile	94.3	58.0	6.3	4.3	4.4	228
Middle quintile	95.9	69.0	9.0	7.4	2.4	602
Fourth quintile	97.2	74.0	18.0	14.5	1.5	1,180
Highest quintile	98.1	80.0	43.2	35.9	0.4	1,026
Slum areas	96.1	72.0	22.8	18.7	2.3	3,180
All urban areas	95.8	70.0	37.0	26.8	1.6	1,014

3 FERTILITY

Table 3.1 Current fertility

Age-specific and total fertility rates and the crude birth rate for the three years preceding the survey by residence, Greater Cairo 2003

	Slum areas	All urban areas
Age-specific rates		
15-19	39	27
20-24	155	118
25-29	194	155
30-34	144	122
35-39	76	37
40-44	17	9
45-49	2	0
Fertility rates		
TFR 15-49	3.1	2.3
TFR 15-44	3.1	2.3
GFR	106	77
CBR	27.0	19.3

Note: Rates are for the period 1-36 months preceding the survey (approximately May 2000 April 2003).
TFR=Total fertility rate expressed per woman
GFR=General fertility rate (births divided by number of women 15-44 and expressed per 1,000 women)
CBR=Crude birth rate (births divided by total population and expressed per 1,000)

Table 3.2 Age at first marriage

Percentage of women who were first married by exact age 15, 18, 20, 22, and 25 and median age at first marriage by residence and, for slum residents, according to current age, Greater Cairo 2003

	Percentage of women who were married by exact age:					Percentage never		
Current age	15	18	20	22	25	married	Number	Median
15-19	0.5	na	na	na	na	91.7	1,004	a
20-24	0.8	12.2	28.9	na	na	50.4	1,002	a
25-29	1.8	18.4	34.7	54.1	77.1	15.3	722	21.6
30-34	6.8	24.4*	39.6	59.5	76.6	4.9	538	21.2
35-39	9.1	32.5	49.1	62.3	79.9	1.8	546	20.1
40-44	9.9	33.5	53.0	69.2	84.3	1.5	506	19.7
45-49	11.9	35.1	52.5	65.2	82.5	1.4	449	19.6
Total 25-49								
Slum areas	7.3	27.9	44.8	61.4	79.8	5.8	2,761	20.6
All urban areas	5.8	22.5	37.5	53.5	74.6	7.7	959	21.5

na=not applicable

[a] Omitted because less than 50 percent of women in the age group x to x + 4 married for the first time by age x

Table 3.3 Median age at first marriage

Median age at first marriage among women age 25-49 years by current age and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background	Current age					Women age
characteristic	25-29	30-34	35-39	40-44	45-49	25-49
Education						
No education	19.2	17.7	17.2	18.3	18.1	18.0
Some primary	20.3	19.2	18.7	18.7	18.8	19.1
Primary complete/some secondary	19.9	20.0	19.0	19.1	20.4	19.7
Secondary complete/higher	23.3	22.8	23.2	23.6	24.0	23.2
Wealth level						
Lowest quintile	20.6	18.3	16.5	16.8	15.2	17.3
Second quintile	20.4	19.4	17.9	18.5	17.3	18.6
Middle quintile	20.2	19.6	17.6	19.0	20.4	19.3
Fourth quintile	21.7	21.1	20.2	18.9	18.8	20.3
Highest quintile	23.3	22.7	22.5	21.7	21.4	22.4
Slum areas	21.6	21.2	20.1	19.7	19.6	20.6
All urban areas	21.9	22.4	21.0	21.2	20.6	21.5

Table 3.4 Age at first birth

Percent distribution of women age 15-49 years by age at first birth and residence and, for slum residents, according to current age, Greater Cairo 2003

Current age	Women with no births	Age at first birth							Number of women	Median
		<15	15-17	18-19	20-21	22-24	25+	Total		
15-19	96.4	0.0	1.8	1.8	0.0	0.0	0.0	100.0	1,004	a
20-24	62.1	0.2	4.6	11.1	13.5	8.5	0.0	100.0	1,002	a
25-29	22.1	0.7	7.5	14.5	17.5	25.1	12.7	100.0	722	22.9
30-34	9.7	1.3	12.1	13.3	16.0	24.8	22.8	100.0	538	22.8
35-39	3.4	2.1	12.7	20.9	16.4	18.3	26.2	100.0	545	21.8
40-44	5.4	2.2	13.3	17.0	21.9	20.6	19.6	100.0	506	21.6
45-49	3.6	2.4	14.3	16.3	17.2	20.2	26.0	100.0	449	22.0
Total 25-49										
Slum areas	9.9	1 7	11.6	16.3	17.8	22.1	20.8	100.0	2,761	22.3
All urban areas	12.8	1.7	10.2	11.8	14.8	23.9	24.8	100.0	959	23.5

[a] Omitted because less than 50 percent of women in the age group x to x + 4 have married for the first time by age x

Table 3.5 Median age at first birth

Median age at first birth among women age 25-49 years by current age and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	25-29	30-34	35-39	40-44	45-49	25-49
Education						
No education	21.2	19.8	19.3	20.4	20.7	20.2
Some primary	21.9	21.5	20.1	20.6	21.1	21.0
Primary complete/ some secondary	21.5	21.6	20.6	21.2	22.0	21.4
Secondary complete/higher	24.5	24.5	25.1	25.6	26.1	24.9
Wealth level						
Lowest quintile	22.4	19.8	18.5	18.7	18.4	19.1
Second quintile	22.2	20.7	21.0	21.4	19.5	20.7
Middle quintile	21.6	21.4	19.2	20.9	23.0	21.2
Fourth quintile	23.0	22.6	21.7	20.8	21.0	22.0
Highest quintile	24.5	24.4	24.1	23.6	23.6	24.0
Slum areas	22.9	22.8	21.8	21.6	22.0	22.3
All urban areas	23.4	24.0	23.2	23.4	23.3	23.5

Table 3.6 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number of women 15-19
	Mothers	Pregnant with first child		
Age				
15-16	0.6	0.3	1.0	431
17-19	5.8	3.0	8.9	573
Education				
No education	18.8	0.0	18.8	57
Some primary	(5.9)	(3.5)	(9.4)	40
Primary complete/some sec.	2.2	1.6	3.8	639
Secondary complete/higher	3.2	2.6	5.8	281
Wealth level				
Lowest quintile	*	*	*	24
Second quintile	3.1	0.0	6.2	141
Middle quintile	5.1	3.0	16.3	191
Fourth quintile	3.8	2.6	12.9	358
Highest quintile	1.5	1.2	5.3	291
Slum areas	3.6	1.9	5.5	1,004
All urban areas	2.6	1.0	3.6	321

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Any figure in parentheses is based on 25-49 unweighted cases.

Table 3.7 Birth intervals

Percent distribution of nonfirst births in the five years preceding the survey to women by number of months since the previous birth and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Months since previous birth					Total	Number	Median
	7-17	18-23	24-35	36-47	48+			
Mother's age								
15-19	*	*	*	*	*	*	8	*
20-29	9.2	14.5	36.2	24.0	16.2	100.0	639	33.4
30-39	6.6	6.7	21.0	14.6	51.2	100.0	633	48.9
40+	2.4	4.4	12.6	11.3	69.3	100.0	116	72.1
Birth order								
2-3	8.0	11.1	30.4	21.7	28.8	100.0	959	36.2
4-6	7.2	8.5	20.4	10.9	53.0	100.0	367	49.6
7+	6.9	6.9	19.9	14.2	52.1	100.0	71	52.1
Sex of prior birth								
Male	6.8	10.6	27.5	19.8	35.2	100.0	702	38.3
Female	8.7	9.8	26.9	17.2	37.4	100.0	695	38.0
Survival of prior birth								
No	29.0	13.9	23.5	16.8	16.8	100.0	64	25.0
Yes	6.7	10.0	27.4	18.6	37.3	100.0	1,333	38.8
Education								
No education	8.6	9.5	24.0	14.5	43.4	100.0	375	41.0
Some primary	9.1	11.9	18.5	13.6	47.0	100.0	154	45.6
Primary complete/ some secondary	9.3	9.7	29.6	21.4	30.0	100.0	338	36.8
Secondary complete/higher	5.8	10.5	30.6	20.9	32.3	100.0	530	37.4
Work status								
Working for cash	6.3	7.0	22.3	21.1	43.4	100.0	184	43.7
Not working for cash	8.0	10.7	28.0	18.1	35.2	100.0	1,212	37.5
Wealth level								
Lowest quintile	15.4	12.2	27.9	17.7	26.8	100.0	84	32.9
Second quintile	12.4	17.9	27.2	5.5	37.0	100.0	119	32.3
Middle quintile	7.8	9.7	28.0	15.8	38.7	100.0	292	39.1
Fourth quintile	7.2	10.2	26.5	21.2	35.0	100.0	544	37.9
Highest quintile	5.2	7.5	27.6	21.2	38.5	100.0	357	41.0
Slum areas	7.7	10.2	27.2	18.5	36.3	100.0	1,397	38.2
All urban areas	8.4	10.1	24.8	18.7	38.1	100.0	386	40.0

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

Table 3.8 Premarital examination

Percentage of all ever-married women 15-49 who have heard about premarital examination and who had an examination prior to marriage by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage knowing about premarital examinations*	Percentage having premarital examination before first marriage	Number of ever-married women
Age			
15-19	81.9	0.3	83
20-24	91.7	5.1	497
25-29	87.4	2.6	611
30-34	88.5	0.9	512
35-39	84.7	1.5	536
40-44	86.3	0.9	498
45-49	78.6	1.1	443
Education			
No education	72.1	0.5	852
Some primary	78.9	2.0	417
Primary complete/ some secondary	89.6	1.3	738
Secondary complete/higher	97.0	3.3	1,172
Work status			
Working for cash	87.9	3.1	500
Not working for cash	85.9	1.8	2,680
Wealth level			
Lowest quintile	65.9	0.2	144
Second quintile	72.6	0.9	228
Middle quintile	76.1	0.5	602
Fourth quintile	88.5	1.2	1,180
Highest quintile	95.5	4.0	1,026
Slum areas	86.3	2.0	3,180
All urban areas	91.2	2.4	1,014

Table 3.9 Fertility preferences by number of living children

Percent distribution of currently married women resident in slum areas by desire for children, according to number of living children, Greater Cairo 2003

Desire for children	Number of living children[1]							Total in slum areas	Total in all urban areas
	0	1	2	3	4	5	6+		
Wants within 2 years	96.6	28.9	9.6	2.5	1.1	0.7	0.0	13.3	12.0
Wants after 2+ years	1.7	59.7	23.1	4.4	1.3	0.1	1.5	16.9	14.6
Wants, unsure timing	0.1	1.3	1.5	0.1	1.0	0.0	0.1	0.8	0.1
Undecided	0.0	2.1	8.4	2.7	2.1	2.9	0.8	3.8	4.0
Wants no more	0.0	7.0	54.9	87.2	90.3	86.3	84.0	61.3	64.5
Sterilized	0.0	0.0	0.4	0.9	0.7	2.1	8.3	1.1	1.3
Declared infecund	1.7	1.0	2.1	2.1	3.5	7.9	5.4	2.8	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	167	467	783	699	428	214	206	2,963	917

Note: Women who have been sterilized are considered to want no more children.
[1]Includes current pregnancy

Table 3.10 Ideal number of children

Percent distribution of ever-married women age 15-49 by ideal number of children and mean ideal number of children, according to residence, and, for slum residents, according to number of living children, Greater Cairo 2003

Background characteristic	Number of living children[1]							Total in slum areas	Total in all urban areas
	0	1	2	3	4	5	6+		
1	12.4	2.9	1.9	1	0.3	1.3	2	2.2	2.8
2	51.6	61.8	52	32.9	25.3	25.2	19.3	40.9	44.8
3	13.4	20	27.1	43.7	14.3	22.8	22.6	26.5	23.8
4	8.3	4.6	8.1	9.7	34.3	11.1	17.2	12.6	10.4
5	1.6	1.1	1	1.6	2.1	11.1	4.1	2.3	1.4
6	0.9	1.3	1.3	0.5	1.5	3.6	8.4	1.8	1.3
Non-numeric response	11.8	8.3	8.6	10.7	22.2	24.9	26.4	13.7	15.4
Total percent	100	100	100	100	100	100	100	100	100.0
Number of women	189	498	833	735	462	239	224	3,180	1,014
Mean ideal number									
Ever-married women in slum areas	2.3	2.4	2.6	2.8	3.3	3.4	3.6	2.8	-
Number of women	167	457	762	656	359	180	165	2,745	-
Ever-married women in all urban areas	2.3	2.2	2.4	2.8	3.0	3.4	(4.3)	-	2.6
Number of women	43	152	254	215	117	44	32	-	858

Note: The mean excludes women who gave non-numeric answers. Any figure in parentheses is based on 25-49 unweighted cases.
[1]Includes current pregnancy

3.11 Mean ideal number of children by background characteristics

Mean ideal number of children among ever married women by current age and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Current age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Education								
No education	2.2	2.3	2.6	3.1	3.0	3.0	3.5	3.0
Some primary	2.5	2.4	2.8	2.8	3.0	2.9	3.7	3.0
Primary complete/ some secondary	2.6	2.6	2.7	2.7	2.6	3.1	2.9	2.7
Secondary complete/higher	2.2	2.5	2.6	2.8	2.8	2.7	2.7	2.7
Working Status								
Working for cash	2.0	2.4	2.8	3.1	2.7	2.9	2.9	2.8
Not working for cash	2.6	2.5	2.7	2.8	2.9	2.9	3.3	2.8
Wealth level								
Lowest quintile	2.3	2.5	2.7	3.8	2.9	3.1	2.9	2.9
Second quintile	2.2	2.3	2.8	2.8	2.9	3.2	3.8	2.8
Middle quintile	2.2	2.5	3.0	2.9	2.8	3.1	3.4	2.9
Fourth quintile	2.7	2.5	2.6	2.7	2.9	3.1	3.3	2.8
Highest quintile	2.2	2.5	2.6	2.7	2.8	2.7	3.0	2.7
Slum areas	2.4	2.5	2.7	2.8	2.8	2.9	3.2	2.8
All urban areas	2.2	2.5	2.5	2.6	2.8	2.8	2.8	2.6

Table 3.12 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey for slum areas by selected background characteristics and residence, Greater Cairo 2003

Background characteristic	Total wanted fertility rate	Total fertility rate
Education		
No education	2.9	3.8
Primary	2.9	3.6
Primary complete/some secondary	2.3	2.9
Secondary/higher	2.6	3.1
Wealth level		
Lowest quintile	2.8	4.0
Second quintile	2.2	3.4
Middle quintile	2.4	3.1
Fourth quintile	2.5	3.0
Highest quintile	2.5	3.0
Slum areas	2.5	3.1
All urban areas	1.9	2.3

4 FAMILY PLANNING

Table 4.1 Family planning knowledge and ever use

Percentages of currently married women age 15-49 who know about a family planning method and who have ever used a family planning method by method and residence, Greater Cairo 2003

	Know method		Ever used method	
	Slum areas	All urban areas	Slum areas	All urban areas
Any method	100.0	100.0	85.6	85.6
Any modern method	100.0	100.0	83.2	83.7
Pill	99.9	99.9	40.4	35.0
IUD	100.0	100.0	70.2	73.9
Injection	99.8	99.3	15.4	13.6
Diaphragm/foam/jelly	38.5	46.4	0.7	0.8
Condom	64.0	70.9	5.0	4.4
Female sterilization	82.5	85.0	1.1	1.3
Male sterilization	14.1	22.1	0.0	0.0
Implant	96.8	97.3	0.8	0.7
Any traditional method	92.9	93.4	16.9	15.4
Periodic abstinence	45.1	49.3	2.1	3.5
Withdrawal	35.0	46.0	2.1	1.0
Prolonged breastfeeding	90.7	91.5	14.2	11.8
Other	0.8	0.7	0.2	0.3
Number of women	2,963	917	2,963	917

Table 4.2 Current use of family planning methods by residence

Percent distribution of currently married women age 15-49 by family planning method currently used and residence, Greater Cairo 2003

Method	Slum areas	All urban areas
Any method	64.5	67.6
Any modern method	61.6	64.0
Pill	11.0	8.5
IUD	42.9	47.8
Injection	4.8	4.8
Diaphragm/foam/jelly	0.1	0.2
Condom	1.3	0.7
Female sterilization	1.1	1.3
Implant (Norplant)	0.4	0.6
Any traditional method	2.8	3.6
Periodic abstinence	0.8	1.7
Withdrawal	0.5	0.6
Prolonged breastfeeding	1.5	1.3
Not using	35.5	32.4
Total percent	100.0	100.0
Number of women	2,963	917

Table 4.3 Current use of family planning methods by background characteristics

Percent distribution of currently married women age 15-49 by family planning method currently used and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Any method	Any modern method	Pill	IUD	Injec-tion	Dia-phragm/ foam/ jelly	Con-dom	Female sterili-zation	Implant (Nor-plant)	Any tradi-tional method	Periodic absti-nence	With-drawal	Pro-longed breast-feeding	Not Using	Total percent	Number of women
Age																
15-19	24.6	22.8	1.5	21.3	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	1.8	75.4	100.0	79
20-24	48.1	46.7	7.9	35.6	3.1	0.0	0.0	0.0	0.1	1.4	0.0	0.0	1.4	51.9	100.0	486
25-29	64.4	60.8	11.7	43.5	3.9	0.2	0.7	0.0	0.8	3.6	0.7	0.5	2.3	35.6	100.0	596
30-34	73.0	69.2	12.7	48.7	5.7	0.0	1.2	0.3	0.7	3.8	1.2	0.1	2.6	27.0	100.0	487
35-39	80.1	76.7	16.0	49.4	8.2	0.0	1.7	1.3	0.2	3.4	0.6	1.3	1.5	19.9	100.0	500
40-44	71.9	70.4	10.3	49.6	4.6	0.2	2.3	2.8	0.6	1.6	0.9	0.6	0.0	28.1	100.0	447
45-49	53.2	49.8	8.0	31.8	3.8	0.0	2.5	3.6	0.0	3.4	2.1	0.8	0.4	46.8	100.0	368
Number of living children																
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	267
1	47.9	45.2	8.8	35.6	0.4	0.0	0.1	0.0	0.3	2.7	0.7	0.9	1.1	52.1	100.0	466
2	73.8	70.6	13.2	51.1	4.3	0.2	0.9	0.4	0.4	3.2	0.8	0.5	1.8	26.2	100.0	739
3	78.2	75.1	13.1	51.6	7.2	0.0	2.0	0.9	0.3	3.2	1.7	0.8	0.7	21.8	100.0	662
4+	75.2	71.8	12.1	46.7	7.2	0.1	2.2	3.0	0.7	3.3	0.6	0.3	2.4	24.8	100.0	829
Education																
No education	64.4	61.8	8.8	39.7	8.3	0.0	1.7	2.7	0.6	2.7	0.2	0.6	1.9	35.6	100.0	768
Some primary	64.0	61.2	13.5	40.1	4.8	0.0	1.9	0.8	0.1	2.8	0.0	0.6	2.2	36.0	100.0	378
Primary complete/ some secondary	63.4	61.8	10.8	44.3	4.7	0.1	0.5	0.8	0.5	1.5	0.0	0.2	1.3	36.6	100.0	688
Secondary complete/higher	65.3	61.5	11.8	45.3	2.4	0.1	1.3	0.4	0.3	3.8	2.1	0.7	1.0	34.7	100.0	1,130
Wealth level																
Lowest quintile	62.2	57.7	9.9	31.9	11.2	0.0	1.1	3.3	0.2	4.6	0.0	0.0	4.6	37.8	100.0	125
Second quintile	59.3	55.9	5.8	40.9	6.4	0.0	1.4	0.8	0.7	3.3	0.0	0.0	3.3	40.7	100.0	203
Middle quintile	63.5	60.5	12.0	38.1	6.3	0.0	1.5	1.8	0.7	3.0	0.4	0.4	2.2	36.5	100.0	551
Fourth quintile	66.2	64.0	12.0	44.7	5.0	0.0	1.2	0.8	0.2	2.2	0.7	0.4	1.1	33.8	100.0	1,107
Highest quintile	64.4	61.2	10.5	45.5	2.4	0.2	1.3	0.9	0.4	3.2	1.6	0.9	0.7	35.6	100.0	978
Slum areas	64.5	61.6	11.0	42.9	4.8	0.1	1.3	1.1	0.4	2.8	0.8	0.5	1.5	35.5	100.0	2,963
All urban areas	67.6	64.0	8.5	47.8	4.8	0.2	0.7	1.3	0.6	3.6	1.7	0.6	1.3	32.4	100.0	917

Table 4.4 Need for family planning

Percentage of currently married women age 15-49 in various categories of need for family planning and percentage of total demand for family planning satisfied by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristics	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Contraceptive failure[3]			Total demand for family planning[4]			Percentage of demand satisfied	Total
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age														
15-19	5.3	2.1	7.4	22.8	1.8	24.6	0.0	0.0	0.0	28.1	3.9	32.0	76.8	79
20-24	5.6	1.7	7.3	33.8	14.3	48.1	1.5	0.1	1.5	40.8	16.0	56.9	87.2	486
25-29	4.1	2.0	6.1	30.9	33.5	64.4	1.1	0.5	1.6	36.1	36.0	72.1	91.5	596
30-34	1.7	5.2	6.9	15.1	57.8	73.0	0.9	1.3	2.1	17.7	64.4	82.1	91.5	487
35-39	0.9	5.3	6.3	5.4	74.7	80.1	0.3	1.0	1.3	6.6	81.1	87.7	92.9	500
40-44	0.8	7.5	8.3	1.4	70.6	71.9	0.3	0.3	0.6	2.5	78.4	80.9	89.7	447
45-49	0.0	7.9	7.9	0.8	52.4	53.2	0.0	0.0	0.0	0.8	60.3	61.1	87.0	368
Education														
No education	1.0	8.0	9.1	6.4	58.1	64.4	0.3	0.6	0.9	7.7	66.7	74.4	87.8	768
Some primary	3.4	3.7	7.2	11.0	53.0	64.0	1.1	0.0	1.1	15.6	56.8	72.4	90.1	378
Primary complete/ some secondary	2.3	5.0	7.3	18.6	44.7	63.4	0.7	1.0	1.7	21.7	50.7	72.4	89.9	688
Secondary complete/higher	3.1	2.4	5.5	22.8	42.5	65.3	0.8	0.4	1.2	26.7	45.3	71.9	92.4	1,130
Wealth level														
Lowest quintile	2.5	9.3	11.8	10.8	51.4	62.2	1.7	0.2	1.9	15.0	60.9	75.9	84.4	125
Second quintile	3.3	4.8	8.2	17.8	41.4	59.3	2.1	1.5	3.5	23.2	47.7	71.0	88.5	203
Middle quintile	3.4	5.0	8.4	12.7	50.8	63.5	0.5	0.5	1.0	16.6	56.4	73.0	88.5	551
Fourth quintile	1.8	4.7	6.5	18.0	48.1	66.2	0.4	0.4	0.8	20.2	53.3	73.5	91.2	1,107
Highest quintile	2.4	3.7	6.1	16.0	48.3	64.4	0.8	0.5	1.3	19.2	52.6	71.8	91.5	978
Slum areas	2.4	4.6	7.1	16.1	48.4	64.5	0.7	0.5	1.2	19.2	53.6	72.8	90.3	2,963
All urban areas	1.7	3.3	5.0	14.2	53.3	67.6	0.4	0.2	0.7	16.4	56.8	73.2	93.2	917

[1]Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of better contraception). Also excluded are menopausal or infecund women.

[2]Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children.
Note that the specific methods used are not taken into account here.

[3]Contraceptive failure includes pregnant or amenorrheic women who became pregnant while using a contraceptive method. These women are considered in need of better contraception.

[4] Total demand includes pregnant or amenorrheic women who became pregnant while using a method (contraceptive failure) in addition to women with unmet and met need for family planning.

Table 4.5 Future use of family planning

Percent distribution of currently married women who are not using a family planning method by intention to use in the future and residence and, for slum residents, according to number of living children, Greater Cairo 2003

	Number of living children[1]					Slum	All urban
Future intention	0	1	2	3	4+	areas	areas
Intends to use	38.1	57.4	55.1	45.2	28.2	44.7	43.9
Unsure about use	0.0	0.9	8.5	4.6	4.5	3.3	1.3
Does not intend	61.9	41.7	36.4	50.2	67.3	52.0	54.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	267	243	194	144	206	1,053	297

[1] Includes current pregnancy

Table 4.6 Reason for not using family planning

Percent distribution of currently married nonusers who do not intend to use in the future by main reason for not using by residence and, for slum residents, according to age, Greater Cairo 2003

	Age		Slum	All urban
Reason	15-29	30-49	areas	areas
Fertility-related	98.6	86.4	90.4	91.7
Not having sex	0.0	1.0	0.7	0.7
Infrequent sex	1.7	5.0	3.9	1.8
Menopausal/had hysterectomy	0.0	10.1	6.8	10.0
Subfecund/infecund	4.2	37.3	26.4	30.5
Wants more children	92.7	33.0	52.6	48.7
Opposition to use	1.3	1.4	1.3	2.0
Respondent opposed	0.4	0.0	0.1	0.7
Husband opposed	0.9	0.9	0.9	1.3
Religious prohibitions	0.0	0.5	0.3	0.0
Method-related	0.1	10.8	7.3	5.8
Health concerns	0.1	6.9	4.7	3.1
Fear side effects	0.0	3.8	2.5	2.6
Interfere with body	0.0	0.1	0.0	0.0
Other	0.0	0.9	0.6	0.5
Don't know/missing	0.0	0.6	0.4	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women	180	368	548	163

Table 4.7 Preferred family planning method

Percent distribution of currently married nonusers who intend to use in the future by preferred method and residence, Greater Cairo 2003

Preferred method	Slum areas	All urban areas
Pill	10.4	12.1
IUD	44.2	45.9
Injections	6.5	3.1
Condom	0.6	0.0
Implant (Norplant)	1.2	0.8
Withdrawal	0.0	0.8
As doctor recommends	23.1	17.0
Suitable method	2.4	3.8
Don't know	11.5	16.4
Total percent	100.0	100.0
Number of women	471	131

Table 4.8 Recent exposure to family planning messages

Percent distribution of ever-married women age 15-49 by whether they have heard or seen any message about family planning in the six months preceding the interview and residence and, for slum residents, according to selected background characteristics and use status, Greater Cairo 2003

Background characteristic	Heard/seen FP message		Total percent	Number of women
	No	Yes		
Age				
15-19	32.6	67.4	100.0	83
20-24	28.6	71.4	100.0	497
25-29	26.2	73.8	100.0	611
30-34	25.9	74.1	100.0	512
35-39	29.9	70.1	100.0	536
40-44	34.5	65.5	100.0	498
45-49	35.9	64.1	100.0	443
Education				
No education	40.2	59.8	100.0	852
Some primary	35.4	64.6	100.0	417
Primary complete/ some secondary	30.7	69.3	100.0	738
Secondary complete/higher	20.2	79.8	100.0	1,172
Wealth level				
Lowest quintile	43.4	56.6	100.0	144
Second quintile	35.4	64.6	100.0	228
Middle quintile	41.7	58.3	100.0	602
Fourth quintile	30.5	69.5	100.0	1,180
Highest quintile	19.3	80.7	100.0	1,026
Slum areas	30.0	70.0	100.0	3,180
All urban areas	23.9	76.1	100.0	1,014

Table 4.9 Most recent source of family planning information

Percent distribution of ever-married women who heard about FP within the six months before the survey by most recent source of family planning information and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

	TV	Radio	Newspaper/ magazine	Pamphlet/ brochure	Poster	Medical provider	Husband	Other relatives	Friends/ neighbors	Other	Total percent	Number of women
Age												
15-19	84.9	0.5	0.0	0.0	0.0	12.1	0.0	2.5	0.0	0.0	100.0	56
20-24	84.8	0.2	0.4	0.0	0.4	11.0	0.8	1.2	1.6	0.1	100.0	355
25-29	88.5	0.0	0.0	0.0	0.3	8.8	0.2	0.5	1.7	0.0	100.0	451
30-34	92.1	0.0	0.0	0.2	0.0	6.4	0.0	0.0	1.1	0.1	100.0	379
35-39	93.3	0.0	0.0	0.1	0.0	5.1	0.4	0.7	0.0	0.4	100.0	375
40-44	90.2	0.0	0.0	0.1	0.9	6.3	0.4	0.5	1.7	0.0	100.0	326
45-49	94.3	0.0	0.0	0.5	0.0	3.2	0.0	1.0	1.0	0.0	100.0	284
Education												
No education	91.8	0.1	0.0	0.1	0.3	6.2	0.3	0.7	0.6	0.0	100.0	510
Some primary	89.4	0.3	0.0	0.1	0.0	4.4	0.0	1.1	4.7	0.0	100.0	270
Primary comp./ some sec.	89.3	0.1		0.0	0.8	7.5	0.8	0.5	0.9	0.0	100.0	512
Secondary comp/higher	90.1	0.0	0.2	0.2	0.0	8.2	0.1	0.6	0.6	0.2	100.0	935
Wealth level												
Lowest quintile	91.9	0.0	0.0	0.0	0.0	3.6	1.7	0.8	1.9	0.0	100.0	82
Second quintile	91.6	0.1	0.0	0.5	0.0	6.9	0.9	0.0	0.0	0.0	100.0	147
Middle quintile	92.1	0.1	0.0	0.0	0.0	3.9	0.4	0.8	2.6	0.0	100.0	351
Fourth quintile	90.5	0.0	0.4	0.0	0.5	7.4	0.0	0.7	0.9	0.0	100.0	820
Highest quintile	88.7	0.1		0.2	0.2	8.6	0.3	0.7	1.0	0.2	100.0	828
Slum areas	90.2	0.1	0.1	0.1	0.2	7.1	0.3	0.7	1.2	0.1	100.0	2,227
All urban areas	93.0	0.0	0.3	0.0	0.0	5.3	0.3	0.5	0.4	0.3	100.0	772

Table 4.10 Opinion about extent and trend in family planning use

Percent distribution of ever-married women age 15-49 by opinions about the extent of family planning use and about the trend in family planning in their area and residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Extent of family planning use					Trend in family planning use					
	Most	Some	Few	None	Don't know	Increa-sing	Decrea-sing	About the same	Not sure	Total percent	Number of women
Age											
15-19	66.2	4.4	4.4	0.0	25.0	62.5	1.1	0.8	35.6	100.0	83
20-24	67.0	7.5	3.3	0.2	21.7	67.9	2.1	4.4	25.4	100.0	497
25-29	73.0	8.2	2.1	0.5	16.2	70.7	2.1	4.9	22.3	100.0	611
30-34	75.0	6.8	2.0	0.0	16.2	72.7	3.5	3.0	20.8	100.0	512
35-39	73.9	6.9	3.1	0.0	16.2	73.8	1.4	4.2	20.6	100.0	536
40-44	76.5	7.7	1.8	0.3	13.8	74.8	2.5	3.5	19.2	100.0	498
45-49	69.6	10.9	1.8	0.0	17.6	70.4	1.6	3.9	24.0	100.0	443
Education											
No education	75.5	9.2	2.4	0.0	12.9	71.5	2.2	4.1	22.2	100.0	852
Some primary	71.9	9.1	3.0	0.2	15.9	73.0	1.7	4.4	21.0	100.0	417
Primary complete/ some secondary	74.5	7.5	2.2	0.4	15.4	74.4	1.3	5.1	19.2	100.0	738
Secondary complete/higher	69.1	6.6	2.3	0.1	21.7	69.1	2.9	3.0	25.0	100.0	1,172
Wealth level											
Lowest quintile	63.1	11.8	2.9	0.0	22.2	61.7	3.7	6.0	28.5	100.0	144
Second quintile	73.7	7.4	3.5	0.3	15.2	69.9	1.6	5.8	22.7	100.0	228
Middle quintile	78.2	7.2	2.4	0.0	12.3	73.3	1.8	4.6	20.3	100.0	602
Fourth quintile	75.5	8.4	1.9	0.3	13.8	73.8	3.0	3.9	19.2	100.0	1,180
Highest quintile	66.5	7.1	2.7	0.2	23.5	69.4	1.4	2.9	26.3	100.0	1,026
Slum areas	72.4	7.8	2.4	0.2	17.1	71.5	2.2	3.9	22.4	100.0	3,180
All urban areas	69.2	6.2	1.7	0.0	22.8	72.4	0.9	2.9	23.9	100.0	1,014

Table 4.11 Timing of use of family planning by newly married couples

Percentage of ever-married women who do not disapprove of family planning use by attitude about appropriateness of a couple's using family planning before the first pregnancy and after the first birth by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristics	Percentage believing family planning use is appropriate: Before first pregnancy	After first birth	Number of women
Age			
15-19	3.9	93.1	83
20-24	5.1	96.4	494
25-29	3.7	96.3	609
30-34	4.2	97.5	509
35-39	4.9	97.0	530
40-44	3.6	94.9	492
45-49	5.0	94.7	441
Education			
No education	3.2	94.4	847
Some primary	4.2	93.6	413
Primary complete/ some secondary	3.8	97.4	737
Secondary complete/higher	5.8	97.4	1,162
Wealth level			
Lowest quintile	1.0	95.0	143
Second quintile	1.5	97.9	225
Middle quintile	4.3	93.9	594
Fourth quintile	4.3	95.5	1,175
Highest quintile	5.7	97.8	1,020
Slum areas	4.4	96.1	3,158
All urban areas	5.0	97.6	1,006

Table 4.12 Contact of nonusers with family planning workers and health facilities

Percentages of nonusers of family planning who were visited at home by a family planning worker, who visited a public health facility, who visited a private health facility and who discussed family planning at a health facility, during the 6 months preceding the survey by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristics	Visited at home by FP worker	Visited public health facility (PHF)	Visited PHF, discussed FP	Visited private health facility (PrHF)	Visited PrHF, discussed FP	Had some contact with FP worker or health facility	Discussed FP with FP worker or staff at health facility	Total
Age								
15-19	0.0	41.3	4.8	48.4	0.4	60.4	4.8	64
20-24	0.5	40.0	7.3	58.7	8.4	71.0	13.7	263
25-29	0.9	49.0	11.8	50.1	9.5	71.0	18.1	227
30-34	0.0	35.3	8.9	40.3	4.9	54.3	11.7	156
35-39	0.5	28.6	6.7	33.6	7.4	45.9	10.6	135
40-44	0.0	16.1	4.1	19.1	1.2	28.9	5.3	176
45-49	0.1	17.0	1.7	17.5	1.8	28.7	2.9	247
Education								
No education	0.1	26.6	6.0	20.7	2.5	38.5	7.8	357
Some primary	0.0	30.3	8.4	30.9	7.9	46.4	12.9	175
Primary complete/ some secondary	0.2	33.6	4.6	44.6	5.6	55.0	8.5	302
Secondary complete/higher	0.8	36.2	7.7	51.0	6.5	62.3	12.2	435
Wealth level								
Lowest quintile	0.3	32.4	8.8	11.8	0.7	37.2	9.0	66
Second quintile	0.0	29.7	4.4	21.8	3.9	39.7	8.2	108
Middle quintile	0.8	29.6	7.0	30.4	3.9	47.6	9.7	252
Fourth quintile	0.5	30.0	6.6	42.5	6.6	52.5	11.1	446
Highest quintile	0.0	36.5	6.5	47.1	6.1	59.0	10.2	396
Slum areas	0.3	32.1	6.6	38.2	5.4	51.7	10.2	1,269
All urban areas	0.0	22.9	4.8	36.8	5.0	44.8	7.6	394

5 SOURCE FOR FAMILY PLANNING METHODS

Table 5.1 Source for modern family planning methods

Percent distribution of current users of modern family planning methods by most recent source, according to specific methods and residence, Greater Cairo 2003

	Pill		IUD		Injectables		Total	
	Slum	All urban	Slum	All urban	Slum	All urban	Slum	All urban
Public sector	9.4	5.2	69.2	56.5	63.2	61.3	56.8	49.7
Urban hospital	1.1	2.4	4.9	2.5	2.9	1.8	4.6	2.9
Urban health unit	6.9	2.8	54.8	41.7	53.0	44.5	43.9	35.2
Rural hospital	0.0	0.0	0.2	1.7	0.0	0.0	0.2	1.2
Rural health unit	0.0	0.0	0.5	0.9	0.0	4.1	0.3	1.0
MCH centre	1.3	0.0	5.1	5.7	1.0	1.8	4.0	4.4
Mobile unit	0.1	0.0	1.3	0.8	5.0	6.7	1.4	1.1
Other MOHP unit	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.4
Teaching hospital	0.0	0.0	1.0	0.3	1.0	2.5	1.0	0.7
Health Insurance Organization	0.0	0.0	0.3	0.9	0.3	0.0	0.3	0.7
Curative Care Association	0.0	0.0	0.0	0.2	0.0	0.0	0.1	0.1
Other governmental	0.0	0.0	1.0	1.5	0.0	0.0	0.9	2.0
Private sector	90.4	90.6	30.5	43.2	35.6	36.2	42.7	49.4
Egypt Family Planning Association	0.0	0.0	1.1	0.7	1.0	4.9	0.8	0.9
Curative Care Organization	0.0	0.0	0.1	1.1	1.0	1.8	0.2	1.0
Other NGO/PVO's	0.6	0.0	0.7	0.8	1.0	0.0	0.6	0.6
Mosque health unit	0.0	0.0	4.9	3.9	2.0	2.5	3.6	3.1
Church health unit	0.0	0.0	0.8	0.5	0.1	0.0	0.7	0.4
Private hospital/clinic	0.0	0.0	1.9	1.7	2.1	0.0	1.7	1.8
Private doctor	0.5	1.4	21.0	34.6	4.6	7.4	15.8	26.9
Pharmacy	89.3	89.2	0.0	0.0	23.0	19.6	19.3	14.8
Other	0.2	4.2	0.2	0.2	1.1	2.5	0.5	0.7
Friends/relative	0.2	4.2	0.0	0.0	0.0	0.0	0.2	0.6
Other	0.0	0.0	0.2	0.2	1.1	0.0	0.3	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	326	78	1,273	438	141	44	1,827	588

Note: Total for slum areas includes 38 condom users and 35 female sterilization users. Total for other areas includes 10 condom users and 21 female sterilization users.
NGO=Nongovernmental organization
PVO=Private voluntary organization

Table 5.2 Cost of method for IUD users

Percent distribution of current users of IUD resident in slum areas by cost of the method (in pounds), according to the type of provider, and median and mean cost of the IUD by residence, Greater Cairo 2003

Cost of IUD	Public health facility	Private doctor/ clinic	Total
Free	4.1	0.8	3.2
<3 pounds	38.7	0.1	27.7
3-5 pounds	48.5	0.7	35.3
6-10 pounds	4.5	1.0	3.9
11-15 pounds	0.8	3.3	1.8
16-20 pounds	0.8	10.4	4.1
21-30 pounds	0.4	26.9	8.1
31-50 pounds	0.6	34.0	9.2
51 pounds or more	0.0	11.0	2.6
Don't know/missing	1.6	11.9	4.0
Total	100.0	100.0	100.0
Number of women	881	292	1,273
Slum			
Median	3.2	35.0	3.7
Mean	3.5	36.0	11.4
All urban areas			
Median	3.3	45.0	4.7
Mean	4.4	45.8	18.1

Note: Total includes 24 users obtaining the IUD from a PVO clinic and 76 users obtaining it from a mosque/church clinic.

Table 5.3 Cost of method for pill users

Percent distribution of current users of the pill resident in slum areas by cost of a cycle of pills (in piastres) and median and mean cost of a pill cycle by residence, Greater Cairo 2003

Cost of pill	Total
Free	0.1
Less than 50 piastres	0.4
51-75 piastres	36.6
76-100 piastres	11.5
101-200 piastres	24.9
More than 200 piastres	25.0
Don't know/missing	1.5
Total	100.0
Number of women	326.0
Slum areas	
Median	111.0
Mean	307.5
All urban areas	
Median	100.9
Mean	379.7

Table 5.4 Cost of method for injectable users

Percent distribution of current users of injectables resident in slum areas by the cost of the method (in pounds) and median and mean cost of the injectable by residence, Greater Cairo 2003

Cost of injectable	Total
Free	7.3
<3 pounds	48.2
3-4 pounds	8.0
5-6 pounds	10.3
7-8 pounds	13.5
9-10 pounds	9.5
11+ pounds	3.2
Total percent	100.0
Number of women	141
Slum areas	
Median	2.0
Mean	3.8
All urban areas	
Median	3.1
Mean	3.9

Table 5.5 Amount users are willing to pay for an IUD insertion

Percentage of current users of the IUD willing to pay various amounts for the IUD by residence, Greater Cairo 2003

Amount	Slum areas	All urban areas
5 pounds	94.6	96.3
10 pounds	76.7	86.8
25 pounds	50.0	64.6
50 pounds	24.9	37.4
100 pounds	8.3	19.7
150 pounds	3.2	11.4
200 pounds	1.9	7.7
More than 200 pounds	1.5	6.3
Number of users	1,273	438

Table 5.6 Amount users are willing to pay for the pill

Percentage of current users of pill willing to pay various amounts to obtain the method by residence, Greater Cairo 2003

Amount	Slum areas	All urban areas
50 piastres	100.0	100.0
75 piastres	99.6	99.0
1 pound	93.7	93.2
2 pounds	75.4	79.5
5 pounds	37.6	49.0
More than 5 pounds	27.5	43.8
Number of women	326	78

Table 5.7 Amount users are willing to pay for the injectable

Percentage of current users of injectables willing to pay various amounts to obtain the method, according to residence, Greater Cairo 2003

Amount willing to pay for an injectable	Slum areas	All urban areas
2 pounds	97.5	92.6
5 pounds	70.3	83.4
10 pounds	38.2	36.5
15 pounds	15.3	13.8
20 pounds	8.2	9.1
More than 20 pounds	5.2	6.6
Number of women	141	44

6 MATERNAL HEALTH CARE

6.1 Antenatal care

Percent distribution of births to women during the five-year period before the survey by type of provider for antenatal care (ANC), the type of facility where ANC care was sought, the number of antenatal care visits, and the stage of pregnancy at the time of the first and last visits, according to residence, Greater Cairo 2003

Antenatal care	Slum areas	All urban areas
ANC provider		
Doctor	76.7	80.9
Trained nurse/midwife	0.1	0.0
Other/missing	0.3	0.0
No care	22.9	19.1
Source for ANC		
Only public sector	28.2	20.5
Only private sector	47.3	59.3
Both public and private sector	1.4	0.7
Other/missing	0.2	0.4
No care	22.9	19.1
Antenatal visits for pregnancy		
None	22.9	19.1
1	0.8	0.4
2	1.0	1.6
3	2.0	2.2
4 or more visits	71.6	75.9
DK/missing	1.7	0.8
Median	9.1	9.2
Timing of 1st antenatal check		
No antenatal care	22.9	19.1
Less than 4 months	57.9	64.0
4-5 months	15.9	13.6
6-7 months	2.6	2.4
8+ months	0.3	0.6
DK/missing	0.4	0.4
Months pregnant at last ANC visit		
No antenatal care	22.9	19.1
< 4 months	0.3	0.3
4-5 months	0.5	0.1
6-7 months	3.3	1.9
8+ months	72.6	78.5
DK/missing	0.4	0.0
Total	100.0	100.0
Number of births	2,102	566

6.2 Tetanus toxoid coverage

Percent distribution of births to mothers during the five-year period before the survey by the number of tetanus toxoid injections, source for injections and advice given about antenatal care (ANC) or family planning when tetanus injections were given for the last birth, according to residence, Greater Cairo 2003

Tetanus toxoid	Slum areas	All urban areas
Tetanus injections before birth		
None	28.4	35.9
One dose	39.2	36.3
Two doses or more	31.1	27.1
DK/missing	1.3	0.7
Total	100.0	100.0
Number of births	2,102	566
Source for tetanus toxoid injection		
Only public sector	58.7	53.1
Only private sector	11.3	10.3
Both public and private sector	0.2	0.2
Other/missing	1.3	0.5
No care	28.4	35.9
Total	100.0	100.0
Number of births	2,102	566
Advice about ANC/FP		
Advised to seek ANC	12.1	9.7
Told about FP	2.7	1.6
Both ANC and FP discussed	5.2	4.7
Neither ANC or FP discussed	51.0	47.1
No TT injection	29.0	37.0
Total	100.0	100.0
Number of last births	1,590	440

Table 6.3 Medical care other than visit for antenatal care or tetanus toxoid injection during pregnancy

Percent distribution of births to mothers during the five-year period before the survey by mother's report of seeing doctor or other health worker at any time during the pregnancy for care other than antenatal care (ANC) checkup or tetanus toxoid (TT) injection by residence and, for births to slum residents, according to mother's ANC and TT status, Greater Cairo 2003

Received other medical care during pregnancy	ANC only	ANC and TT injection	TT injection only	Neither ANC nor TT injection	Total
Had other care	3.8	10.1	4.4	2.9	21.1
No other care	16.0	46.9	8.9	7.0	78.9
Slum areas	19.8	57.0	13.3	9.9	100.0
All urban areas	29.3	51.6	11.8	7.3	100.0

Table 6.4 Care during pregnancy

Percentage of births to mothers in the five-year period before the survey whose mother received any antenatal care and regular antenatal care from a trained medical provider, one or more tetanus toxoid injections other medical care and any medical care during the pregnancy by residence and, for births to slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristics	Any ANC	Regular ANC	One or more TT injection(s)	Other medical care	Any medical care	Number of births
Age at Birth						
< 20	72.6	65.1	79.2	19.8	90.4	192
20-34	77.5	72.0	71.1	21.1	93.6	1,668
35-49	75.7	72.5	58.0	22.1	91.1	242
Birth Order						
1	86.2	80.9	79.4	18.8	96.7	694
2-3	74.8	69.3	69.3	22.5	92.8	971
4-5	67.3	62.7	56.3	22.5	88.8	305
6+	63.7	57.9	62.9	19.9	84.9	132
Education						
No education	61.1	56.3	67.0	20.7	84.6	464
Some primary	69.3	61.1	70.5	24.2	88.9	211
Primary complete/ some secondary	76.1	69.2	74.1	20.5	93.9	515
Secondary complete/higher	87.0	82.8	69.9	21.0	97.7	911
Work status						
Working for cash	82.3	78.2	60.7	21.4	94.7	263
Not working for cash	76.0	70.5	71.7	21.1	92.8	1,839
Wealth level						
Lowest quintile	62.9	54.3	64.9	19.1	79.0	119
Second quintile	57.7	53.2	72.7	22.3	85.0	177
Middle quintile	65.6	58.3	74.6	18.1	87.8	390
Fourth quintile	79.0	73.9	74.8	19.5	95.4	806
Highest quintile	89.4	85.2	62.2	25.2	98.2	610
Slum areas	76.8	71.4	70.4	21.1	93.0	2,102
All urban areas	80.9	75.9	63.4	19.2	95.5	566

Table 6.5 Content of pregnancy care

Percentage of births to women in the five-year period before the survey whose mothers received any care during the pregnancy by content of the care and residence, and, for births to slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Given maternal card	*Weighed	Height measured	Blood pressure measured	Urine sample	Blood sample	Received/ bought iron tablets/ syrup	Told about signs of complications	Told where to go for complications	Number of births
Medical care during pregnancy										
Had ANC	73.4	94.0	66.6	94.8	76.3	73.9	63.5	42.9	38.2	1,617
Four or more visits	74.5	94.3	67.5	95.3	77.4	75.0	64.7	42.5	37.7	1,504
Fewer than 4 visits	58.3	89.4	54.3	88.3	61.2	59.6	48.4	47.3	44.5	113
No ANC	9.6	35.0	18.6	40.7	21.3	23.1	23.3	14.1	11.3	485
TT or other care	13.7	49.5	26.2	57.7	30.5	33.1	24.7	19.7	15.8	339
No medical care	0.0	1.2	1.0	1.1	0.0	0.0	20.1	1.0	1.0	146
Type of provider										
Public sector	63.0	79.2	55.9	80.1	62.2	60.9	46.6	30.2	25.7	759
Private sector	62.9	89.2	60.7	92.4	69.6	68.9	67.8	44.7	40.3	586
Both	63.3	92.3	63.1	94.9	74.5	71.9	59.0	43.9	39.3	610
No care/missing	0.5	1.4	1.4	1.4	1.4	1.4	20.0	1.4	1.4	147
Age at birth										
< 20	54.5	75.4	48.9	78.4	61.5	60.8	47.2	35.9	32.1	192
20-34	59.5	81.6	56.6	82.9	64.1	62.7	55.3	37.1	33.0	1,668
35-49	56.2	75.9	53.7	81.4	61.8	59.5	52.6	30.3	25.2	242
Birth order										
1	65.0	86.9	60.2	89.5	72.5	73.1	60.2	47.2	43.9	694
2-3	57.5	78.7	55.1	80.6	61.4	59.0	54.4	31.5	26.9	971
4-5	51.4	74.7	51.3	76.4	56.0	53.5	45.8	29.4	24.3	305
6+	51.1	71.8	43.4	71.0	50.2	48.7	41.7	29.4	24.8	132
Education										
No education	49.8	69.0	43.6	70.4	51.6	48.9	37.2	24.1	20.5	464
Some primary	50.4	74.4	47.7	74.1	59.5	55.3	44.8	35.7	30.8	211
Primary complete/ some secondary	57.4	77.5	53.3	81.2	62.1	62.1	52.9	35.2	30.9	515
Secondary complete/higher	65.9	89.2	64.6	91.0	71.5	70.6	65.9	43.1	38.8	911
Work status										
Working for cash	59.0	84.9	67.6	86.3	68.7	65.2	59.5	41.8	38.3	263
Not working for cash	58.6	79.7	53.8	81.8	62.9	61.8	53.5	35.4	31.1	1,839
Wealth level										
Lowest quintile	48.1	68.0	47.3	68.3	62.4	57.9	43.3	36.6	32.9	119
Second quintile	46.3	67.7	43.8	68.8	52.0	50.0	32.8	19.6	16.3	177
Middle quintile	56.2	70.6	46.7	72.6	53.2	51.4	43.0	30.9	25.7	390
Fourth quintile	61.5	82.3	53.7	84.0	60.6	60.0	56.1	33.0	28.6	806
Highest quintile	62.2	90.2	68.7	93.1	77.9	76.4	67.4	48.6	44.9	610
Slum areas	58.7	80.4	55.5	82.3	63.6	62.2	54.3	36.2	32.0	2,102
All urban areas	59.0	85.6	68.3	87.1	71.9	72.9	54.7	33.5	30.5	566

Table 6.6 Perceived coverage of antenatal care

Percentage of ever married women 15-49 by perceptions of coverage of antenatal care and of the trend in antenatal care coverage by residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	How many women seek antenatal care: Most	Some	Very few	None	Don't know	Total	Women go for prenatal care are increasing or decreasing: Increa-sing	Decrea-sing	Stay-ing same	Don't know	Total	Number
Antenatal care												
Had birth	63.2	14.4	3.9	0.0	18.5	100.0	71.8	0.7	4.6	22.9	100.0	1,590
Antenatal care	65.3	12.4	3.2	0.0	19.1	100.0	73.2	0.5	3.5	22.7	100.0	1,292
No care	53.8	23.0	6.9	0.0	16.3	100.0	65.7	1.4	9.4	23.4	100.0	298
No birth	57.7	15.7	4.1	0.4	22.0	100.0	69.0	0.9	4.5	25.6	100.0	1,590
Age												
15-19	54.5	11.4	8.4	0.0	25.7	100.0	70.7	1.9	2.5	24.9	100.0	83
20-24	59.7	14.8	2.5	0.0	23.0	100.0	70.2	0.5	3.9	25.3	100.0	497
25-29	61.8	15.3	4.7	0.2	18.0	100.0	71.4	0.4	5.8	22.4	100.0	611
30-34	61.3	15.1	4.2	0.0	19.3	100.0	71.3	1.4	2.8	24.5	100.0	512
35-39	63.2	14.3	4.3	0.0	18.2	100.0	70.3	0.8	5.1	23.8	100.0	536
40-44	63.1	14.0	3.5	0.6	18.9	100.0	73.5	0.5	4.6	21.4	100.0	498
45-49	53.2	17.7	4.1	0.6	24.4	100.0	64.9	1.0	5.4	28.7	100.0	443
Education												
No education	60.1	16.7	5.2	0.2	17.8	100.0	67.3	1.2	6.4	25.1	100.0	852
Some primary	56.0	18.8	5.4	0.3	19.5	100.0	71.6	0.7	6.1	21.5	100.0	417
Primary complete/ some secondary	62.5	15.4	2.9	0.4	18.9	100.0	73.0	0.9	4.1	22.0	100.0	738
Secondary complete/higher	61.0	12.3	3.4	0.1	23.2	100.0	70.7	0.4	3.0	25.9	100.0	1,172
Work status												
Working for cash	55.2	14.2	4.8	0.3	25.5	100.0	67.2	0.9	4.9	27.0	100.0	500
Not working for cash	61.4	15.2	3.9	0.2	19.3	100.0	71.0	0.8	4.5	23.7	100.0	2,680
Wealth level												
Lowest quintile	49.0	20.0	7.3	0.0	23.7	100.0	59.6	1.2	6.3	33.0	100.0	144
Second quintile	59.3	17.5	4.4	0.6	18.2	100.0	69.0	0.8	9.3	21.0	100.0	228
Middle quintile	67.7	14.1	5.3	0.0	12.9	100.0	75.2	1.2	5.8	17.8	100.0	602
Fourth quintile	61.2	16.3	4.4	0.2	17.9	100.0	72.6	0.9	4.5	22.0	100.0	1,180
Highest quintile	57.2	12.9	2.3	0.3	27.3	100.0	66.9	0.3	2.7	30.0	100.0	1,026
Slum areas	60.5	15.1	4.0	0.2	20.3	100.0	70.4	0.8	4.6	24.2	100.0	3,180
All urban areas	57.6	11.5	3.0	0.3	27.6	100.0	68.5	0.6	2.6	28.2	100.0	1,014

Table 6.7 Coverage of safe pregnancy messages

Percentage of ever-married women reporting they had received information about danger signs women must be aware of to have a safe pregnancy during the six months prior to the survey and, among women receiving information, the percent distribution by the last source from which they received information by residence, and, for slum residents, according to background characteristics, Greater Cairo 2003

Background characteristics	Percentage receiving information on pregnancy danger signs	Number of women	Source of information									Number of women receiving information
			TV	Radio	Newspapers	Medical provider	Husband	Other relatives	Friends/ neighbors	Other	Total percent	
Antenatal care												
Had birth	49.9	1,590	66.6	0.1	0.0	25.4	0.6	3.8	2.4	1.1	100.0	794
ANC	51.3	1,292	65.7	0.1	0.0	25.8	0.7	3.8	2.7	1.3	100.0	663
No ANC	44.0	298	71.3	0.0	0.0	23.4	0.2	3.5	1.1	0.5	100.0	131
No birth	42.4	1,590	69.0	0.2	0.2	20.8	0.1	5.2	4.0	0.4	100.0	675
Age												
15-19	56.6	83	44.3	0.0	0.0	50.5	0.0	5.2	0.0	0.0	100.0	47
20-24	56.3	497	56.6	0.0	0.0	37.7	0.5	4.0	1.1	0.2	100.0	280
25-29	54.9	611	64.9	0.0	0.0	26.6	0.6	3.5	2.1	2.2	100.0	336
30-34	47.1	512	72.0	0.2	0.1	19.1	0.8	3.2	4.3	0.4	100.0	241
35-39	41.8	536	74.0	0.1	0.1	14.2	0.0	6.0	4.4	1.2	100.0	224
40-44	37.2	498	74.0	0.7	0.7	12.3	0.0	5.8	6.4	0.0	100.0	185
45-49	35.2	443	77.7	0.0	0.0	14.9	0.0	4.8	2.7	0.0	100.0	156
Education												
No education	34.8	852	72.1	0.1	0.0	21.9	0.2	3.3	2.4	0.0	100.0	296
Some primary	38.2	417	72.0	0.0	0.0	18.0	0.0	5.7	3.5	0.9	100.0	160
Primary complete/ some secondary	47.2	738	68.1	0.0	0.0	22.7	0.9	5.2	2.5	0.6	100.0	348
Secondary complete/higher	56.7	1,172	64.5	0.3	0.3	25.5	0.2	4.2	3.7	1.3	100.0	665
Work status												
Working for cash	47.3	500	72.5	0.1	0.1	18.7	0.0	2.3	4.5	1.4	100.0	236
Not working for cash	46.0	2,680	66.8	0.1	0.1	24.2	0.4	4.8	2.9	0.6	100.0	1,233
Wealth level												
Lowest quintile	29.1	144	72.8	0.0	0.0	21.8	1.7	0.4	3.3	0.0	100.0	42
Second quintile	43.7	228	66.3	0.0	0.0	24.5	1.4	3.9	3.2	0.7	100.0	100
Middle quintile	39.4	602	69.5	0.0	0.0	22.8	0.0	3.6	1.8	2.4	100.0	237
Fourth quintile	46.9	1,180	68.2	0.1	0.0	22.7	0.3	6.4	1.6	0.7	100.0	553
Highest quintile	52.4	1,026	66.3	0.3	0.4	24.0	0.3	3.1	5.3	0.3	100.0	537
Slum areas	46.2	3,180	67.7	0.1	0.1	23.3	0.4	4.4	3.2	0.8	100.0	1,469
All urban areas	42.0	1,014	63.9	0.4	0.0	25.6	0.5	2.6	4.5	1.0	100.0	425

Table 6.8 Delivery characteristics

Percent distribution of births to mothers in the five-year period before the survey by the type of person assisting at the delivery and the place of delivery by residence, Greater Cairo 2003

Delivery	Slum areas	All urban areas
Assistance during delivery		
Doctor	81.3	87.2
Trained nurse/midwife	2.7	2.5
Daya	14.8	10.3
Relative/other	0.8	0.0
No one/missing	0.4	0.0
Place of delivery		
Health facility	79.3	82.6
Public sector	41.9	38.9
Private sector	37.4	43.7
At home	20.6	17.4
Don't know/missing	0.1	0.0
Total	100.0	100.0
Number	2,102	566

Table 6.9 Medically-assisted deliveries by background characteristics

Among births in the five-year period before the survey, percentage whose mothers were assisted at delivery by trained medical provider and whose mother delivered in a health facility by residence, and, for births in slum areas, according to selected background characteristics, Greater Cairo 2003

	Percentage assisted by medical provider	Percentage delivered in health facility	Number of births
Medical care during pregnancy			
Had ANC	89.3	85.0	1,617
Four or more visits	90.3	86.0	1,504
Fewer than 4 visits	76.4	72.0	113
No ANC	66.3	60.3	485
TT or other care	69.0	63.0	339
No medical care	60.0	54.1	146
Age at birth			
< 20	80.4	77.0	192
20-34	84.5	79.4	1,668
35-49	83.6	80.6	242
Birth order			
1	89.6	85.4	694
2-3	83.7	79.0	971
4-5	78.5	72.3	305
6+	69.8	66.2	132
Education			
No education	69.9	65.1	464
Some primary	73.8	71.8	211
Primary complete/ some secondary	84.5	78.8	515
Secondary complete/higher	93.3	88.6	911
Work status			
Working for cash	89.2	85.7	263
Not working for cash	83.3	78.4	1,839
Wealth level			
Lowest quintile	63.3	59.9	119
Second quintile	65.1	61.8	177
Middle quintile	79.8	75.6	390
Fourth quintile	84.5	78.7	806
Highest quintile	95.5	91.5	610
Slum areas	84.0	79.3	2,102
All urban areas	89.7	82.6	566

Table 6.10 Postnatal care for mother

Percent distribution of births to mothers from slum areas during the five-year period before the survey, by timing, type of provider and location of the first postnatal checkup for mother, according to the type of assistance at delivery, Greater Cairo 2003

	Type of assistance at delivery		Place of delivery		
	Medically-assisted delivery[1]	Delivery assisted by daya/ other	Within health facility	Outside health facility	All births
Timing of first postnatal checkup					
Within 2 days of birth	54.2	9.9	55.5	14.8	47.1
3-7 days of birth	7.8	12.9	7.5	13.1	8.6
8-27 days of birth	3.2	2.0	3.4	1.7	3.0
4+ weeks after birth	2.3	2.0	2.3	2.0	2.3
No care	32.4	73.2	31.3	68.4	38.9
Don't know/missing	0.1	0.0	0.1	0.0	0.1
Provider for first postnatal care checkup					
Doctor	66.3	14.0	68.2	18.1	57.9
Trained nurse/midwife	1.3	1.2	0.5	4.5	1.3
Daya	0.0	11.1	0.0	8.6	1.8
No care	32.4	73.6	31.3	68.7	39.0
Source for first postnatal checkup					
Public sector	33.0	7.6	34.6	6.8	28.9
Hospital	30.8	5.1	32.5	4.3	26.7
Health unit	1.7	2.5	1.6	2.5	1.8
MCH center	0.5	0.0	0.5	0.0	0.4
Private doctor/clinic	32.0	5.4	33.6	5.1	27.8
Own Home	2.2	12.7	0.5	16.7	3.9
Other home	0.3	0.5	0.0	1.4	0.3
Other location	0.3	0.1	0.0	1.2	0.2
No care	32.4	73.6	31.3	68.7	39.0
Total percent	100.0	100.0	100	100	100
Number of births	1,766	336	1,669	433	2,102

[1]Delivery was assisted by doctor or trained nurse/midwife.

Table 6.11 Postnatal care for mother by background characteristics

Percentage of births to mothers resident in slum areas in the five-year period before the survey for which the mother received at least one postnatal care checkup from a medical provider and for which the mother had the first checkup within two days of the delivery by type of delivery assistance, according to selected background characteristics, Greater Cairo 2003

Background characteristics	Medically-assisted delivery[1]		Delivery assisted by daya/other		All births		Number of births
	Had postnatal checkup within two days of delivery	Had any postnatal care	Had postnatal checkup within two days of delivery	Had any postnatal care	Had postnatal checkup within two days of delivery	Had any postnatal care	
Age at birth							
< 20	47.6	63.4	3.7	7.8	39.0	52.5	192
20-34	53.6	67.1	11.3	29.5	47.1	61.3	1,668
35-49	62.8	74.4	7.0	27.2	53.7	66.6	242
Birth order							
1	50.4	67.8	12.2	23.7	46.4	63.2	694
2-3	55.2	67.8	9.4	28.3	47.7	61.4	971
4-5	60.6	69.0	10.6	29.9	49.8	60.6	305
6+	54.4	61.0	7.0	21.3	40.1	49.0	132
Education							
No education	54.7	63.3	9.9	25.5	41.2	51.9	464
Some primary	53.5	63.0	15.0	24.3	43.4	52.9	211
Primary complete/ some secondary	49.9	62.8	4.1	21.7	42.8	56.4	515
Secondary complete/higher	56.3	72.6	12.9	38.6	53.4	70.3	911
Work status							
Working for cash	53.9	66.8	25.3	38.1	50.8	63.7	263
Not working for cash	54.2	67.7	8.5	25.7	46.6	60.7	1,839
Wealth level							
Lowest quintile	54.1	65.9	9.5	29.8	37.7	52.6	119
Second quintile	33.3	42.5	19.8	34.3	28.6	39.6	177
Middle quintile	50.5	64.2	7.1	26.2	41.7	56.6	390
Fourth quintile	52.7	65.2	5.8	20.2	45.5	58.3	806
Highest quintile	62.0	77.4	15.3	36.3	59.9	75.6	610
Slum areas	54.2	67.6	9.9	26.8	47.1	61.1	2,102
All urban areas	52.9	66.4	16.1	31.7	49.1	62.8	566

[1]Delivery was assisted by doctor or trained nurse/midwife.

Table 6.12 Postnatal care for child

Percent distribution of the last birth to women in slum areas during the five-year period before the survey, by timing and location of the first postnatal checkup for child and mother's report as to whether sample of blood was taken from baby's heel during the first 2 weeks following delivery, according to the type of assistance at delivery, Greater Cairo 2003

	Type of assistance at delivery		Place of delivery		
Postnatal care	Medically-assisted delivery[1]	Delivery assisted by daya/ other	Within health facility	Outside health facility	All births
Timing of first postnatal checkup					
Within 2 days of birth	40.4	14.4	40.7	18.9	36.6
3-7 days of birth	25.2	32.4	25.1	31.2	26.3
8-27 days of birth	8.1	11.3	8.4	9.1	8.5
4+ weeks after birth	5.2	9.7	5.2	8.5	5.8
No care	20.8	32.1	20.1	32.3	22.5
Don't know/missing	0.4	0.0	0.4	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0
Number of births	1,356	234	1,285	305	1,590
Source for postnatal care provider					
Public sector	46.7	61.2	46.6	58.5	48.6
Hospital	30.8	18.2	31.6	17.3	29.2
Health unit	14.5	40.4	13.5	39.3	17.8
MCH center	1.5	2.6	1.6	2.0	1.7
Private doctor/clinic	50.7	29.8	52.3	26.4	48.0
Home	2.3	9.0	0.9	14.7	3.2
Own home	2.0	8.9	0.8	12.8	2.9
Other home	0.4	0.1	0.0	1.9	0.3
Other	0.1	0.0	0.0	0.3	0.1
Don't know/missing	0.2	0.0	0.2	0.0	0.2
Total	100.0	100.0	100	100	100.0
Number of births with checkup	1,074	159	1026	207	1,233
Blood sample from child's heel					
Sample taken	42.4	42.2	42.5	41.9	42.4
Sample not taken	51.9	53.1	51.9	53.0	52.1
Don't know/missing	5.6	4.8	5.6	5.2	5.5
Total	100.0	100.0	100.0	100.0	100.0
Number of last births	1,356	234	1285	305	1,590

[1]Delivery was assisted by doctor or trained nurse/midwife.

Table 6.13 Postnatal care for child by background characteristics

Percentage of last births in the five-year period before the survey for which the child received postnatal care checkup and for which the mother reported a blood sample was taken from the child's leg by type of delivery assistance, by residence, and, for births in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristics	Medically-assisted delivery[1]			Delivery assisted by daya/other			All births			Number of births
	Had postnatal check-up within two days of delivery	Blood sample taken from heel within two weeks of delivery	Had any postnatal checkup	Had postnatal check-up within two days of delivery	Blood sample taken from heel within two weeks of delivery	Had any postnatal check-up	Had postnatal check-up within two days of delivery	Blood sample taken from heel within two weeks of delivery	Had any postnatal check-up	
Age at birth										
< 20	39.7	52.2	80.8	19.2	52.8	81.8	36.8	52.3	80.9	101
20-34	39.7	43.1	79.6	14.5	41.4	69.3	36.0	42.8	78.1	1,267
35-49	44.8	34.2	75.9	11.9	41.7	54.5	39.6	35.4	72.6	222
Birth order										
1	41.2	51.4	82.5	23.8	53.1	85.0	39.9	51.6	82.7	417
2-3	39.9	39.4	80.0	13.8	39.3	63.7	36.1	39.4	77.6	785
4-5	42.7	38.0	76.2	9.1	42.1	74.4	35.9	38.9	75.8	274
6+	34.1	36.5	65.2	17.1	41.9	55.0	29.3	38.1	62.3	115
Education										
No education	39.3	36.4	73.4	14.2	36.0	62.1	32.7	36.3	70.5	344
Some primary	42.6	48.1	76.7	23.1	45.4	63.9	37.7	47.4	73.4	161
Primary complete/ some secondary	36.2	41.9	75.7	9.5	42.3	74.7	31.9	41.9	75.6	380
Secondary complete/higher	42.4	44.0	83.6	13.6	51.5	74.0	40.7	44.5	83.0	706
Work status										
Working for cash	44.8	38.8	82.7	14.6	48.8	59.3	42.1	39.7	80.5	210
Not working for cash	39.6	43.0	78.6	14.4	41.6	68.6	35.7	42.8	77.1	1,381
Wealth level										
Lowest quintile	38.6	54.8	86.5	15.5	27.0	59.9	30.5	45.0	77.1	80
Second quintile	27.8	45.1	64.5	24.8	51.5	72.4	26.7	47.3	67.3	126
Middle quintile	32.2	43.7	69.7	12.2	41.1	61.8	28.3	43.2	68.2	291
Fourth quintile	39.9	42.4	81.2	10.1	40.6	68.1	35.5	42.1	79.3	609
Highest quintile	47.4	40.1	83.5	16.5	55.1	88.0	46.3	40.6	83.6	485
Slum areas	40.4	42.4	79.2	14.4	42.2	67.9	36.6	42.4	77.5	1,590
All urban areas	48.7	35.3	83.8	9.5	30.0	49.7	45.2	34.8	80.6	440

[1]Delivery was assisted by doctor or trained nurse/midwife.

7 CHILD HEALTH AND NUTRITIONAL STATUS

Table 7.1 Vaccinations by background characteristics

Among children 12-23 months, percentage who had vaccination records seen and percentage who received each vaccine (according to the vaccination cards or the mother's report by residence, and, for children in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Record seen	Vaccinations																		
		BCG	DPT 1	DPT 2	DPT 3	ADPT	Polio 0	Polio 1	Polio 2	Polio 3	Polio 4	AP	Hepa-titis 1	Hepa-titis 2	Hepa-titis 3	Measles	MMR	Fully immu-nized[1]	None	Number of children
Sex																				
Male	72.1	98.8	98.6	97.7	95.1	30.2	11.7	99.4	98.5	97.2	64.3	27.9	94.0	86.7	79.0	96.3	30.4	92.7	0.6	230
Female	69.2	99.3	100.0	97.7	96.0	27.7	8.5	100.0	98.4	97.2	61.3	31.7	92.4	85.4	81.8	97.0	35.8	93.4	0.0	189
Education																				
No education	77.0	98.1	100.0	94.1	90.3	26.6	7.6	100.0	96.2	94.3	66.2	31.1	97.9	85.3	79.6	95.7	25.7	87.9	0.0	74
Some primary	71.7	96.8	96.4	92.9	91.8	15.9	12.6	96.8	92.9	92.2	65.3	23.8	72.8	69.2	65.0	90.5	21.9	88.7	3.2	44
Primary complete/ some secondary	76.4	98.6	98.4	98.1	94.4	26.4	11.2	100.0	99.6	95.9	56.2	25.0	93.0	80.0	74.4	94.9	26.5	88.9	0.0	101
Secondary complete/higher	65.5	100.0	100.0	99.9	98.8	34.1	10.2	100.0	99.9	99.9	64.6	32.7	96.3	93.2	86.8	99.1	41.1	97.9	0.0	200
Work status																				
Working for cash[a]	43.8	100.0	100.0	96.6	96.0	21.9	6.4	100.0	96.6	96.0	52.4	16.3	88.1	83.7	77.2	93.6	38.2	89.7	0.0	46
Not working for cash	74.2	98.9	99.2	97.8	95.4	29.9	10.7	99.6	98.7	97.3	64.3	31.3	94.0	86.4	80.6	97.0	32.2	93.4	0.4	372
Wealth level																				
Lowest quintile[a]	58.4	100.0	100.0	88.4	82.9	25.2	1.4	100.0	88.4	82.9	46.8	26.3	89.1	73.7	68.2	94.6	29.4	82.9	0.0	25
Second quintile[a]	77.9	92.4	100.0	94.7	93.4	24.9	17.7	100.0	98.5	97.8	72.1	28.7	90.0	74.6	73.4	94.7	29.0	80.5	0.0	36
Middle quintile	81.7	98.0	97.5	97.5	96.3	32.1	16.1	98.0	98.0	97.1	66.3	33.1	97.0	91.1	83.4	95.1	37.9	94.3	2.0	71
Fourth quintile	73.2	100.0	100.0	99.0	94.8	30.5	8.5	100.0	99.0	97.0	60.0	30.1	92.7	87.9	81.2	95.2	29.7	91.9	0.0	154
Highest quintile	62.6	100.0	98.9	98.9	98.9	27.6	8.6	100.0	100.0	100.0	65.2	28.1	93.8	86.9	81.6	100.0	35.6	98.9	0.0	132
Slum areas	70.8	99.0	99.3	97.7	95.5	29.0	10.2	99.7	98.5	97.2	62.9	29.6	93.3	86.1	80.2	96.6	32.8	93.0	0.3	419
All urban areas	63.1	100.0	100.0	95.9	92.2	28.7	8.7	100.0	96.8	95.0	58.8	26.2	93.0	82.9	77.6	96.3	38.0	87.6	0.0	118

ADPT = Activated DPT AP = Activated polio MMR = Measles, mumps, and rubella

[1]Children are considered fully immunized have received the BCG vaccine, the DPT 1, DPT 2 and DPT 3,vaccines, the Polio 1, Polio 2, and Polio 3 vaccines, and the measles vaccines.

[a]Figures for this category are based on 25-49 cases.

Table 7.2 Prevalence and treatment of diarrhea

Percentage of children under five years ill with diarrhea in the two weeks before the survey and, among ill children, the percentage receiving medical care, oral rehydration therapy (ORT), other treatment and no treatment, by residence, and, for children in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of children ill with diarrhea	Medical care from:			Oral rehydration therapy					Other treatments					Number of children with diarrhea
		Any health provider	Public provider	Private provider	ORS packet	RHS at home	Either ORS or RHS	Increased fluids	ORT/ Increased fluids	Antibiotics	Other pill	IV	Home remedy/ Other	None	
Child's age															
Under 6 months	28.4	60.7	13.1	47.6	10.7	7.7	18.4	8.5	23.6	18.0	47.5	16.5	7.4	23.9	56
6-11 months	38.2	43.9	19.0	26.6	21.3	2.1	21.5	41.3	55.4	21.5	29.8	1.7	20.5	17.8	84
12-23 months	34.3	49.0	12.4	37.7	19.6	7.4	25.0	50.3	60.1	21.9	43.3	4.0	8.4	17.0	144
24-35 months	22.0	44.1	15.9	28.2	18.8	8.5	24.2	43.7	55.4	24.5	38.3	0.2	11.6	13.6	94
36-47 months	16.3	44.2	24.9	19.2	12.7	5.0	17.8	49.6	61.9	18.0	35.5	0.0	12.7	15.4	68
48-59 months	(11.7)	(40.90)	(16.7)	(24.2)	(15.0)	(3.3)	(18.3)	(42.1)	(55.5)	(28.4)	(28.2)	(3.3)	(13.3)	(20.1)	42
Sex															
Male	24.2	49.5	13.5	36.0	18.9	4.5	23.3	41.8	54.8	25.7	36.6	4.2	14.3	15.6	257
Female	23.6	44.5	19.6	26.2	15.6	7.7	20.3	42.0	53.1	17.6	39.8	3.1	9.4	19.3	231
Birth order															
1	24.2	49.5	16.4	34.1	18.5	4.3	21.6	38.4	53.8	23.5	34.4	1.4	12.5	19.2	162
2-3	25.0	46.0	15.2	31.3	15.9	5.6	20.9	44.6	54.3	21.9	41.2	4.8	13.2	15.1	237
4-5	19.8	46.6	13.2	33.4	18.8	7.2	21.2	35.0	48.6	17.2	36.9	5.2	11.9	22.7	58
6+	(24.2)	(45.0)	(31.5)	(13.5)	(20.3)	(16.3)	(32.2)	(52.1)	(62.6)	(22.5)	(36.6)	(4.50	(0.0)	(15.0)	31
Education															
No education	20.4	45.2	23.3	23.4	22.5	10.0	28.0	50.1	63.5	12.7	39.0	1.8	16.6	16.7	92
Some primary	25.7	53.1	17.2	35.9	18.6	9.0	24.9	36.4	51.5	28.5	42.2	5.5	2.8	7.5	50
Primary comp./some sec.	24.7	48.6	22.4	26.2	26.6	4.4	29.8	44.5	62.7	24.2	31.6	4.5	12.5	16.9	123
Secondary complete/higher	25.0	45.9	10.1	36.5	9.8	4.7	14.3	38.2	45.9	22.9	40.4	3.6	11.9	20.1	223
Work status															
Working for cash	19.9	47.1	16.0	31.1	17.0	8.2	25.2	57.9	66.6	28.8	36.1	5.8	8.2	15.1	51
Not working for cash	24.5	47.2	16.4	31.4	17.4	5.8	21.5	40.0	52.5	21.1	38.4	3.4	12.4	17.6	437
Wealth level															
Lowest quintile	(23.0)	(39.8)	(20.9)	(19.0)	(29.4)	(11.1)	(39.8)	(81.6)	(92.7)	(7.8)	(43.8)	(0.0)	(0.0)	(5.2)	27
Second quintile	(28.8)	(52.9)	(31.6)	(21.3)	(32.8)	(9.6)	(39.6)	(37.1)	(64.4)	(17.1)	(35.3)	(5.7)	(17.0)	(16.7)	49
Middle quintile	18.1	35.4	13.7	21.7	11.9	4.9	15.5	37.8	45.8	14.6	42.3	2.1	6.6	25.8	67
Fourth quintile	26.4	44.2	15.5	30.0	18.0	4.4	20.7	38.7	51.2	22.3	37.5	4.2	17.9	17.9	207
Highest quintile	23.1	56.7	12.8	44.1	11.2	6.9	17.1	42.7	51.1	29.2	36.9	3.7	6.3	14.9	138
Slum areas	23.9	47.2	16.4	31.4	17.4	6.0	21.9	41.9	54.0	21.9	38.1	3.7	12.0	17.3	487
All urban areas	18.6	43.1	17.2	25.9	16.8	4.9	20.9	41.9	54.9	25.0	44.6	3.1	9.1	15.1	102

Note: Oral rehydration therapy (ORT) includes use of solutions prepared from oral rehydration salt (ORS) packets and of recommended home fluids (RHS), e.g., sugar-salt-water solutions. Increased fluids include increased frequency of breastfeeding. Public sector providers include government hospitals and health units. Private sector providers include private hospitals/clinics and private doctors. The percentage consulting a public sector provider and the percentage consulting a private sector provider do not sum to the total percentage consulting any health provider because, in a small proportion of cases, more than one type of provider was consulted. IV refers to intravenous fluids. Parentheses around a figure indicates that it is based on 25-49 cases.

Table 7.3 Prevalence and treatment of acute respiratory infection

Percentage of children under five with symptoms of acute respiratory infection (ARI) in the two weeks before the survey and, among ill children, percentage receiving medical care, antibiotics, and no treatment by residence, and, for children in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of children ill with cough and short, rapid breathing	Among children with ARI symptoms, percentage receiving:					Number of children
		Medical care from:					
		Any health provider	Public provider	Private provider	Anti-biotics	No treatment	
Child's age							
Under 6 Months	9.5	*	*	*	*	*	199
6-11 Months	18.1	(81.7)	(27.4)	(54.3)	(75.5)	(8.8)	219
12-23 Months	17.1	81.8	23.5	58.6	74.1	11.6	419
24-35 Months	15.5	67.9	34.0	33.8	75.4	20.5	429
36-47 Months	14.7	78.3	33.0	45.2	74.6	12.1	414
48-59 Months	11.5	(63.4)	(24.5)	(42.7)	(70.2)	(24.1)	356
Sex							
Male	15.7	81.4	31.0	51.3	73.9	10.7	1,059
Female	13.5	67.9	25.0	43.1	74.1	21.5	977
Birth order							
1	16.7	77.4	25.2	52.4	74.0	14.5	669
2-3	13.2	73.5	33.2	41.5	74.4	13.4	945
4-5	14.9	79.5	19.1	60.4	73.5	16.3	294
6+	15.0	*	*	*	*	*	128
Education							
No education	12.9	68.7	41.9	26.8	65.6	25.1	451
Some primary	20.6	(73.0)	(27.7)	(45.3)	(76.7)	(11.3)	194
Primary complete/ some secondary	16.2	75.2	25.0	52.2	74.1	15.0	497
Secondary complete/higher	13.4	79.6	24.3	55.5	77.0	12.5	893
Work status							
Working for cash	12.0	(71.9)	(22.7)	(49.2)	(79.6)	(19.0)	254
Not working for cash	15.1	75.8	29.0	47.5	73.3	15.1	1,782
Wealth level							
Lowest quintile	11.6	*	*	*	*	*	116
Second quintile	20.0	(75.5)	(26.5)	(49.0)	(79.1)	(10.7)	170
Middle quintile	16.8	69.0	24.9	44.5	68.0	16.6	372
Fourth quintile	13.7	79.9	38.1	43.3	77.2	13.9	781
Highest quintile	13.7	78.1	20.4	57.7	73.5	15.8	597
Slum areas	14.7	75.4	28.4	47.7	74.0	15.5	2,036
All urban areas	11.3	63.9	24.5	39.5	75.1	26.7	552

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed. Any figure in parentheses is based on 25-49 unweighted cases.

Table 7.4 Initial breastfeeding

Among children born in the five years preceding the survey, percentage who were ever breastfed, percentage who started breastfeeding within one hour and within one day of birth, and the percentage who received prelacteal feeding, by residence and, for children in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Ever breastfed	Percentage who started breastfeeding: Within 1 hour	Within 1 day	Percentage who received prelacteal feeding	Number of children
Assistance at delivery					
Medically trained provider	95.4	41.7	81.8	59.2	1,766
Daya	97.3	68.8	92.2	54.0	311
Other or None	(100.0)	(63.2)	(91.6)	(60.4)	25
Place of delivery					
Public health facility	94.7	46.5	84.5	57.2	881
Private health facility	95.7	33.3	77.4	62.7	787
Home/other	97.7	67.5	92.2	53.1	434
Sex					
Male	95.6	45.8	82.5	57.4	1,097
Female	95.8	46.3	84.5	59.5	1,005
Education					
No education	96.9	54.8	86.1	56.9	464
Some primary	94.5	48.7	84.0	59.1	211
Primary complete/ some secondary	94.9	41.7	84.4	53.9	515
Secondary complete/higher	95.8	43.3	81.5	61.6	911
Work status					
Working for cash	95.9	47.0	83.0	60.3	263
Not working for cash	95.7	45.9	83.5	58.2	1,839
Wealth level					
Lowest quintile	97.5	65.1	95.2	60.9	119
Second quintile	94.8	51.4	84.3	54.3	177
Middle quintile	95.0	45.7	80.9	58.5	390
Fourth quintile	95.9	47.9	86.6	55.1	806
Highest quintile	95.7	38.5	78.3	63.5	610
Slum areas	95.7	46.0	83.5	58.4	2,102
All urban areas	96.2	43.8	89.3	55.0	566

Note: Any figure in parentheses is based on 25-49 unweighted cases.

Table 7.5 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under age 3, and percentage of children under age 2 who were bottlefed, by residence and, for children in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Among children under age three, median duration in months			Number of children under age 3	Percentage under age two who are bottlefed	Number of children under age 2
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding[1]			
Place of delivery						
Public health facility	18.1	1.5	2.1	556	19.4	366
Private health facility	17.3	0.5	0.7	522	22.2	345
Home/other	20.5	0.6	2.3	223	16.0	127
Assistance at delivery						
Medical provider	17.8	0.7	1.4	1,131	20.6	741
Daya	20.7	0.6	2.6	161	16.1	89
Sex						
Male	18.2	0.6	0.7	676	18.1	443
Female	17.8	0.7	1.8	625	22.2	394
Education						
No education	20.4	1.0	2.2	263	15.7	159
Some primary	17.5	1.8	2.2	136	11.7	81
Primary complete/ some secondary	18.0	0.6	1.3	298	25.3	197
Secondary complete/higher	17.5	0.6	1.6	604	20.8	400
Work status						
Working for cash	18.1	0.6	2.2	162	34.7	96
Not working for cash	18.0	0.7	1.4	1,139	18.1	740
Wealth level						
Lowest quintile	17.8	0.6	0.6	74	(16.7)	47
Second quintile	20.5	0.4	2.5	107	12.7	72
Middle quintile	19.9	0.5	0.5	233	19.6	139
Fourth quintile	17.6	0.6	1.5	484	16.7	312
Highest quintile	17.9	0.9	2.3	404	26.7	266
Slum areas	18.0	0.7	1.6	1,301	20.0	837
All urban areas	18.6	2.0	2.5	323	17.9	216

[1]Either exclusively breastfed or received plain water only in addition to breastfeeding
Note: Any figure in parentheses is based on 25-49 unweighted cases.

Table 7.6 Nutritional status of children

Percentage of children under five years malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by residence, and, for children in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Below -3 SD	Below -2 SD[1]	Below -3 SD	Below -2 SD[1]	Below -3 SD	Below -2 SD[1]	
Child's age							
Under 6 months	6.5	18.2	0.8	7.0	1.0	8.6	178
6-11 months	3.3	12.6	3.0	8.5	1.4	6.9	211
12-23 months	10.2	23.9	1.9	7.2	1.9	12.0	388
24-35 months	6.8	14.5	0.7	3.5	1.0	5.0	424
36-47 months	3.7	11.4	0.0	1.4	0.0	3.5	410
48-59 months	1.1	8.8	0.0	1.7	0.1	3.2	344
Sex							
Male	6.1	16.0	0.7	4.2	0.9	7.4	1,013
Female	4.7	13.6	1.1	4.5	0.8	5.1	941
Birth order							
1	4.5	14.2	1.0	4.8	1.1	5.0	649
2-3	5.3	14.3	0.9	4.6	0.7	7.1	905
4-5	8.1	17.4	1.0	2.9	1.0	7.0	276
6+	4.5	16.4	0.0	3.0	0.2	5.8	123
Birth interval							
First birth	4.5	14.0	1.0	5.0	1.2	5.0	658
Under 24 months	10.3	20.6	1.9	4.7	0.7	8.3	226
24-47 months	6.1	15.1	0.7	3.9	0.7	7.5	592
48+ months	3.5	13.0	0.6	3.8	0.6	5.6	477
Education							
No education	6.0	15.7	0.0	3.2	0.4	5.4	433
Some primary	6.0	16.8	4.0	7.2	2.3	13.0	189
Primary complete/ some secondary	4.9	11.6	0.3	4.2	0.3	6.3	476
Secondary complete/higher	5.3	15.8	1.0	4.4	1.0	5.3	856
Work status							
Working for cash	4.5	11.9	0.6	4.7	0.2	6.7	237
Not working for cash	5.5	15.3	1.0	4.3	0.9	6.3	1,717
Wealth level							
Lowest quintile	7.8	16.5	2.5	5.2	1.2	7.6	111
Second quintile	3.9	17.3	1.7	5.2	0.8	9.4	166
Middle quintile	7.2	17.3	0.6	3.8	0.5	6.6	352
Fourth quintile	6.4	14.7	0.7	3.9	0.8	5.7	750
Highest quintile	3.0	12.5	0.8	4.9	1.1	5.8	574
Slum areas	5.4	14.8	0.9	4.3	0.8	6.3	1,954
All urban areas	5.3	15.2	1.0	4.6	1.8	7.2	526

Note: Figures are for children of EIDHS respondents under age five. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their z-scores are below minus two or minus three standard deviations (SD) from the median.
[1]Includes children who are below -3 SD

Table 7.7 Vitamin A supplementation among postpartum mothers

Percentage of births to mothers in the five years preceding survey in which the mothers received vitamin A during the two-month period immediately following delivery, by residence and, for mothers in slum areas, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Mother received vitamin A	Number of births
Mother's age at birth		
< 20	31.8	192
20-34	31.0	1,668
35-49	36.7	242
Birth order		
1	30.4	694
2-3	32.9	971
4-5	30.1	305
6+	34.6	132
Education		
No education	30.1	464
Some primary	32.1	211
Primary complete/ some secondary	29.5	515
Secondary complete/higher	33.8	911
Work status		
Working for cash	33.2	263
Not working for cash	31.5	1,839
Wealth level		
Lowest quintile	41.4	119
Second quintile	34.3	177
Middle quintile	32.7	390
Fourth quintile	32.3	806
Highest quintile	27.9	610
Slum areas	31.8	2,102
All urban areas	33.1	566

Table 7.8 Vitamin A supplementation among children age 12-23 months

Percentage of children age 12-23 months who were reported in the 2003 EIDHS to have received vitamin A capsule, by residence and sex, Greater Cairo 2003

Sex	Child received vitamin A	Number of births
Slum areas		
Male	66.5	230
Female	66.5	189
Total	66.5	419
All urban areas		
Male	71.2	68
Female	71.1	50
Total	71.2	118

Table 7.9 Iodized salt

Percentage of households in which salt was tested for iodine, and, among those tested, percent distribution by iodine content, by residence, Greater Cairo 2003

Residence	Percentage of households in which salt was tested	Iodine content			Total percent	Number of households
		0 ppm (no iodine)	<= 25 ppm	26 ppm+		
Slum areas	99.8	14.3	16.9	68.8	100.0	3,888
All urban areas	99.5	7.6	13.4	79.0	100.0	1,328

8 CHILD MORTALITY

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality for five-year periods preceding the survey, by residence, Greater Cairo 2003

Mortality rate	Slums	All urban areas
Neonatal	21.8	17.6
Postneonatal	10.0	5.5
Infant ($_1q_0$)	31.8	23.1
Childhood ($_4q_1$)	5.9	8.3
Under-five ($_5q_0$)	37.5	31.2

Table 8.2 Trend in early childhood mortality rates in slum areas

Neonatal, postneonatal, infant, child, and under-five mortality in the slum areas for five-year periods preceding the survey, Greater Cairo 2003

Years preceding the survey	Approximate midpoint of calendar period	Mortality rate				
		Neonatal	Post-neonatal	Infant ($_1q_0$)	Childhood ($_4q_1$)	Under-5($_5q_0$)
0-4	2001	21.8	10.0	31.8	5.9	37.5
5-9	1996	27.9	19.9	47.8	11.4	58.6
10-14	1991	27.4	24.5	51.8	15.3	66.4

Table 8.3 High-risk fertility behavior

Percentage of children born in the five years prior to the survey in slum areas at elevated risk of mortality and percentage of currently married women in slum areas at risk of conceiving a child with an elevated risk of mortality, according to category of increased risk, Greater Cairo 2003

Risk category	Births in the five years preceding the survey		Percentage of currently married women[a]
	Percentage of births	Risk ratio	
Not in any high-risk category	34.7	1.00	22.0[b]
Unavoidable risk category			
First births, mother age 18 to 24	30.5	1.30	7.2
Single high-risk category			
Mother's age < 18	1.9	4.53	0.1
Mother age > 34	3.4	1.81	8.2
Birth interval < 24 months	8.6	1.86	10.2
Birth order > 3	10.4	1.17	10.0
Subtotal	24.4	1.76	28.5
Multiple high-risk category			
Age<18 & birth interval <24 months	0.0	0.00	0.1
Age>34 & birth interval <24	0.1	0.00	0.3
Age>34 & birth order >3	7.2	2.02	35.0
Age>34 birth interval <24 months & birth order >3	0.9	3.38	2.5
Birth interval <24 months & birth order >3	2.3	1.64	4.5
Subtotal	10.5	2.02	42.4
In any avoidable high-risk category	34.8	1.84	70.8
Total	100.00	-	100.0
Number of births	2,102	-	2,963

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births not in any high-risk category.

[a] Women were assigned to risk categories according to the status they would have at the birth of a child, if the child were conceived at the time of the survey: age less than 17 years and 3 months, age older than 34 years and 2 months, latest birth less than 15 months ago, and latest birth of order 3 or higher.

[b] Includes sterilized women

9 KNOWLEDGE OF AIDS, HEPATITIS C, AND SAFE INJECTION PRACTICES

Table 9.1 Knowledge of AIDS

Percentage of all ever-married women age 15-49 who know about AIDS and percent distribution of women knowing about AIDS by the source of information from which the woman last saw or heard about HIV/AIDS by residence and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of ever-married women knowing about AIDS	Number of ever-married women	Source from which women last saw/heard about HIV/AIDS						Number of ever-married women who had heard about AIDS
			TV	Other media	Medical provider	Husband/ other relative	Other/ missing	Total percent	
Age									
15-19	95.6	83	99.1	0.0	0.9	0.0	0.0	100.0	79
20-24	98.1	497	97.7	1.0	0.6	0.4	0.3	100.0	487
25-29	98.7	611	97.3	1.0	0.5	0.1	1.1	100.0	603
30-34	98.5	512	98.2	0.6	0.5	0.3	0.4	100.0	504
35-39	97.8	536	97.3	1.0	0.8	0.0	0.9	100.0	524
40-44	97.1	498	97.7	0.9	0.4	0.1	1.0	100.0	484
45-49	97.0	443	95.3	0.7	0.0	1.0	3.0	100.0	430
Education									
No education	94.0	852	98.3	0.0	0.1	0.4	1.2	100.0	801
Some primary	97.8	417	96.7	0.2	0.1	0.6	2.4	100.0	408
Primary complete/ some secondary	99.2	738	97.5	1.1	0.0	0.4	1.0	100.0	733
Secondary complete/higher	99.8	1,172	96.8	1.5	1.2	0.0	0.5	100.0	1,170
Work status									
Working for cash	98.7	500	93.9	1.7	1.7	0.6	2.2	100.0	493
Not working for cash	97.7	2,680	98.0	0.7	0.3	0.2	0.8	100.0	2,619
Wealth level									
Lowest quintile	89.8	144	91.7	0.1	0.2	0.1	7.8	100.0	129
Second quintile	91.8	228	98.7	0.7	0.0	0.0	0.7	100.0	209
Middle quintile	97.2	602	97.4	0.7	0.6	0.1	1.2	100.0	585
Fourth quintile	98.9	1,180	97.7	0.6	0.5	0.6	0.7	100.0	1,167
Highest quintile	99.6	1,026	97.4	1.3	0.6	0.1	0.6	100.0	1,022
Slum areas	97.9	3,180	97.3	0.8	0.5	0.3	1.1	100.0	3,112
All urban areas	98.6	1,014	97.3	0.5	0.7	0.5	1.1	100.0	1,000

Table 9.2 Knowledge of ways a person can contract AIDS

Percentage of ever-married women age 15-49 knowing about AIDS who can name at least one way in which an individual can contract the virus causing AIDS and percentage of women knowing a way in which the virus causing AIDS can be contracted who named various routes of transmission by residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of ever-married women knowing about AIDS who can name one way the virus AIDS can be contracted	Number of ever-married women knowing about AIDS	Percentage of women naming various routes of transmission									Number of ever-married women who know one way the virus causing AIDS can be contracted
			Hetero-sexual relations	Homo-sexual sex	Blood trans-fusion	Un-clean nee-dles	Other contact with infected person	Casual physical contact with infected person	Mother to child trans-mission	Mos-quito/ other insect bites	Other	
Age												
15-19	76.1	79	33.1	53.4	88.4	40.0	5.0	8.8	5.9	0.0	4.6	60
20-24	83.3	487	46.4	46.9	80.0	40.0	9.2	13.7	9.2	0.7	4.0	406
25-29	87.8	603	50.3	47.9	81.9	45.2	7.8	8.8	7.6	0.6	3.2	530
30-34	89.1	504	53.7	47.7	80.2	44.3	8.4	9.8	4.3	0.7	2.6	449
35-39	84.3	524	48.4	49.3	83.3	42.4	6.3	8.7	7.1	0.8	2.3	442
40-44	78.5	484	48.8	48.8	81.5	39.0	8.3	9.8	6.6	0.4	1.7	380
45-49	77.5	430	51.7	44.0	79.8	46.3	5.7	8.3	3.7	0.4	3.3	333
Education												
No education	67.6	801	45.4	44.3	76.3	42.0	5.8	9.3	1.4	0.9	2.3	542
Some primary	76.8	408	40.8	52.2	78.5	39.8	4.8	14.0	3.1	0.6	3.4	314
Primary comp./ some sec.	84.6	733	49.4	46.1	77.4	37.2	9.4	12.4	6.0	0.9	3.4	620
Sec. comp./ higher	96.1	1,170	54.0	48.9	86.8	47.2	8.3	7.4	10.2	0.3	2.8	1,125
Work status												
Working for cash	88.1	493	53.1	48.3	89.9	47.4	7.0	7.8	11.4	0.7	1.9	434
Not working for cash	82.7	2,619	48.8	47.6	79.7	41.9	7.7	10.2	5.5	0.6	3.1	2,166
Wealth level												
Lowest	63.7	129	55.8	27.7	80.2	26.8	7.5	17.1	0.0	0.8	0.8	82
Second	68.8	209	39.0	53.8	78.0	36.4	5.9	11.7	1.9	1.1	3.4	144
Middle	75.2	585	37.6	61.0	75.9	37.9	5.9	12.5	3.2	0.7	2.9	440
Fourth	84.1	1,167	50.9	43.7	80.3	44.4	7.6	9.0	6.4	0.7	3.1	981
Highest	93.2	1,022	54.6	46.5	85.6	45.9	8.7	8.4	9.4	0.3	2.8	953
Slum areas	83.5	3,112	49.5	47.7	81.4	42.9	7.6	9.8	6.5	0.6	2.9	2,600
All urban areas	86.9	1,000	62.5	37.3	87.8	45.8	6.5	7.1	6.7	0.4	1.2	869

Table 9.3 Knowledge of hepatitis C

Percentage of ever-married women age 15-49 knowing about hepatitis C and percent distribution of women knowing about hepatitis C by the source of information from which the woman last saw or heard about hepatitis C by residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of ever-married women knowing about hepatitis C	Number of ever-married women	Source from which women last saw/heard about hepatitis C					Total percent	Number of ever-married women who had heard about hepatitis C
			TV	Other media	Medical provider	Husband/ other relative	Other/ missing		
Age									
15-19	54.5	83	90.4	0.4	4.6	1.5	3.1	100.0	45
20-24	69.0	497	82.5	1.3	2.8	5.3	8.2	100.0	343
25-29	77.1	611	81.7	1.2	4.1	4.7	8.3	100.0	471
30-34	79.8	512	83.3	1.4	2.0	4.8	8.5	100.0	409
35-39	80.5	536	81.8	0.1	3.5	7.2	7.4	100.0	431
40-44	76.6	498	82.8	0.9	3.5	4.7	8.1	100.0	382
45-49	69.3	443	78.9	0.9	5.6	5.1	9.6	100.0	307
Education									
No education	57.5	852	85.7	0.1	1.9	4.3	8.0	100.0	490
Some primary	67.4	417	79.7	0.0	3.5	6.3	10.5	100.0	282
Primary complete/ some secondary	78.1	738	83.3	0.6	2.7	6.4	6.9	100.0	577
Secondary complete/higher	88.7	1,172	80.4	1.8	4.8	4.7	8.3	100.0	1,039
Work status									
Working for cash	82.7	500	71.1	1.9	8.7	5.6	12.8	100.0	413
Not working for cash	73.7	2,680	84.4	0.8	2.5	5.2	7.2	100.0	1,974
Wealth level									
Lowest quintile	49.6	144	81.6	0.0	4.3	2.4	11.6	100.0	72
Second quintile	50.3	228	82.8	0.0	1.4	5.0	10.8	100.0	115
Middle quintile	67.4	602	84.1	0.6	1.7	4.7	8.9	100.0	405
Fourth quintile	76.3	1,180	82.5	0.5	3.3	5.7	8.0	100.0	900
Highest quintile	87.2	1,026	80.7	1.8	4.9	5.3	7.4	100.0	895
Slum areas	75.1	3,180	82.1	0.9	3.5	5.2	8.2	100.0	2,387
All urban areas	84.7	1,014	84.2	1.1	4.3	5.2	5.1	100.0	859

Table 9.4 Knowledge of ways a person can contract hepatitis C

Percentage of ever-married women age 15-49 knowing about hepatitis C who can name at least one way in which an individual can contract hepatitis C and percentage of women knowing about a way hepatitis C can be contracted who named various routes of transmission by residence, and, among slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of ever-married women knowing about hepatitis C who can name one way hepatitis C can be contracted	Number of ever-married women having knowledge about hepatitis C	Percentage of women naming various routes of transmission									Number of ever-married women who know one way heaptitis C can be contracted
			Hetro-sexual relations	Homo-sexual sex	Blood Trans-fusion	Un-clean needle	Other contact with in-fected person	Casual physic-cal contact with in-fected person	Mother to child trans-mis-sion	Mos-quito/ other insect bites	Other	
Age												
15-19	41.0	45	7.5	18.7	61.6	48.4	49.3	24.9	7.5	7.5	0.0	19
20-24	46.8	343	7.0	7.9	62.9	40.9	45.9	34.1	10.2	6.9	8.2	161
25-29	52.9	471	11.6	5.7	69.7	46.3	41.1	31.1	8.0	3.8	14.9	249
30-34	55.5	409	9.9	7.3	69.1	45.4	39.9	31.9	6.0	3.8	14.2	227
35-39	54.7	431	4.7	4.2	64.3	43.6	36.6	38.2	7.8	5.3	18.4	236
40-44	56.9	382	6.0	5.6	65.9	42.4	40.6	36.6	2.3	4.6	19.3	217
45-49	54.3	307	6.5	6.1	60.8	47.1	36.8	39.5	11.4	9.3	15.5	167
Education												
No education	33.1	490	4.8	4.2	50.1	44.4	40.1	39.2	6.2	5.1	13.3	162
Some primary	40.7	282	2.4	7.0	62.8	53.1	32.1	38.0	6.8	8.5	17.5	114
Primary comp. some sec.	49.4	577	7.9	5.8	61.5	38.4	41.9	39.5	7.8	6.8	15.2	285
Sec. comp./ higher	68.6	1,039	9.2	6.7	71.5	45.5	40.7	31.6	7.5	4.3	15.3	713
Work status												
Working for cash	71.7	413	10.1	7.3	71.6	44.6	39.4	32.4	7.3	5.2	18.6	296
Not working for cash	49.5	1,974	7.1	5.9	64.0	44.4	40.3	35.6	7.4	5.4	14.2	978
Wealth level												
Lowest	23.1	72	9.5	0.0	45.5	27.4	32.7	54.5	0.0	0.0	21.0	17
Second	31.3	115	9.0	3.9	56.5	61.0	34.6	48.9	7.7	1.9	4.4	36
Middle	41.6	405	5.9	8.6	58.3	41.5	34.4	36.5	9.2	6.6	15.5	169
Fourth	49.3	900	8.7	6.8	63.6	48.2	42.3	31.1	6.1	4.0	14.9	444
Highest	68.1	895	7.5	5.4	70.5	42.0	40.7	35.8	7.9	6.4	15.9	610
Slum areas	53.4	2,387	7.8	6.2	65.8	44.4	40.1	34.9	7.4	5.4	15.2	1,274
All urban areas	60.3	859	10.8	5.5	78.7	51.1	38.8	37.5	7.5	7.1	12.8	518

Table 9.5 Knowledge about safe injection practices

Percentage of ever-married women age 15-49 who had heard something about what people should do to ensure injections are given safely and percent distribution of women knowing about safe injection practices according to the source of information from which the woman last saw or heard about safe injection practices in the six month period before the survey by residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of ever-married women having heard something about safe injection practices	Number of ever-married women	Source from which women last saw/ heard about safe injection practices						Number of women who had heard about safe injection practice
			TV	Other media	Medical provider	Husband/ other relative	Other/ missing	Total percent	
Age									
15-19	56.3	83	61.5	1.5	21.9	8.0	7.1	100.0	47
20-24	60.0	497	56.8	1.1	28.5	7.0	6.6	100.0	298
25-29	58.5	611	60.7	1.9	24.1	7.4	5.9	100.0	357
30-34	59.4	512	69.7	2.4	13.7	5.5	8.8	100.0	304
35-39	58.6	536	63.1	3.7	19.5	7.7	6.0	100.0	314
40-44	59.6	498	64.0	1.1	20.7	8.2	6.0	100.0	297
45-49	60.0	443	61.1	1.6	22.3	9.9	5.2	100.0	266
Education									
No education	48.7	852	61.4	1.1	21.7	10.1	5.7	100.0	415
Some primary	53.1	417	67.1	0.2	16.1	7.3	9.2	100.0	222
Primary complete/ some secondary	61.7	738	63.4	1.2	22.5	7.6	5.2	100.0	455
Secondary complete/higher	67.5	1,172	61.3	3.3	22.3	6.3	6.8	100.0	791
Work status									
Working for cash	61.7	500	57.2	4.0	24.1	2.5	12.2	100.0	308
Not working for cash	58.7	2,680	63.6	1.6	21.0	8.6	5.3	100.0	1,575
Wealth level									
Lowest quintile	29.1	144	46.2	2.5	34.7	6.6	9.9	100.0	42
Second quintile	41.8	228	55.3	1.6	21.9	8.5	12.6	100.0	95
Middle quintile	57.3	602	63.9	1.1	17.8	9.0	8.2	100.0	345
Fourth quintile	62.7	1,180	67.1	0.8	21.0	6.2	4.9	100.0	740
Highest quintile	64.4	1,026	58.8	3.7	23.0	8.3	6.1	100.0	660
Slum areas	59.2	3,180	62.5	2.0	21.5	7.6	6.4	100.0	1,883
All urban areas	49.4	1,014	58.9	1.6	28.3	5.7	5.6	100.0	501

Table 9.6 Safe injection practices

Percentage of ever-married women age 15-49 who know about safe injection practices naming various practices, according to selected background characteristics by residence, and, among according to selected background characteristics, Greater Cairo 2003

Background characteristic	Use syringe/ needle from a sealed packet	Do not share syringe/ needle	Boil/ sterilize needle before reusing	Other	Number of ever-married women having heard of safe injection practices
Age					
15-19	89.0	63.8	27.3	0.0	47
20-24	85.2	76.4	24.3	0.1	298
25-29	86.0	80.2	23.7	0.4	357
30-34	84.8	73.4	23.2	0.8	304
35-39	86.0	73.4	24.9	1.3	314
40-44	85.4	74.0	26.2	0.9	297
45-49	89.5	69.8	22.8	0.3	266
Education					
No education	84.1	65.3	21.5	0.0	415
Some primary	82.1	74.2	30.3	0.0	222
Primary complete/ some secondary	84.1	76.6	19.5	0.9	455
Secondary complete/higher	89.6	78.3	26.8	0.9	791
Work status					
Working for cash	90.7	77.8	28.6	0.5	308
Not working for cash	85.3	73.9	23.4	0.7	1,575
Wealth level					
Lowest quintile	89.7	52.5	16.5	0.0	42
Second quintile	76.4	63.8	29.8	0.0	95
Middle quintile	84.2	71.2	27.7	0.4	345
Fourth quintile	85.4	74.9	22.4	0.4	740
Highest quintile	89.3	78.7	24.3	1.1	660
Slum areas	86.2	74.5	24.3	0.6	1,883
All urban areas	86.2	87.2	22.7	0.3	501

10 FEMALE CIRCUMCISION

Table 10.1 Prevalence of female circumcision

Percentage of all ever-married women 15-49 who have been circumcised and, among ever-married women with daughters, percentage with at least one daughter circumcised or who say they intend to have their daughter(s) circumcised by residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Percentage of ever-married women who have been circumcised	Number of ever-married women	Percentage with at least one daughter circumcised	Percentage with no daughters circumcised who plan to have daughter circumcised	Number of women with daughter(s)
Age					
15-19	97.5	83	*	*	24
20-24	97.3	497	0.3	64.0	211
25-29	98.7	611	6.2	61.0	381
30-34	98.1	512	24.5	47.3	387
35-39	97.7	536	60.2	18.6	454
40-44	98.2	498	80.6	5.9	423
45-49	98.6	443	88.0	3.8	374
Education					
No education	98.0	852	65.7	27.5	698
Some primary	99.0	417	66.7	24.0	326
Primary complete/ some secondary	98.1	738	44.9	36.2	498
Secondary complete/higher	97.8	1,172	22.3	32.7	732
Work status					
Working for cash	97.9	500	47.9	21.3	371
Not working for cash	98.1	2,680	47.0	32.4	1,882
Wealth level					
Lowest quintile	95.2	144	51.0	42.3	119
Second quintile	98.4	228	48.6	43.0	158
Middle quintile	98.5	602	55.9	28.3	441
Fourth quintile	98.5	1,180	46.3	32.8	845
Highest quintile	97.7	1,026	41.5	24.6	690
Slum areas	98.1	3,180	47.1	30.6	2,253
All urban areas	95.9	1,014	40.7	24.3	721

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

Table 10.2 Attitude about continuation of female circumcision

Percent distribution of ever-married women by the attitude toward the continuation of the practice of female circumcision by residence, and, for slum residents, according to selected background characteristics, Greaterr Cairo 2003

Background characteristic	Continue	Dis-continue	Other/ Not sure	Total percent	Number of ever-married women
Age					
15-19	62.7	19.6	17.7	100.0	83
20-24	67.3	18.1	14.6	100.0	497
25-29	66.8	17.3	15.9	100.0	611
30-34	68.3	15.5	16.2	100.0	512
35-39	70.5	16.4	13.1	100.0	536
40-44	72.8	14.9	12.3	100.0	498
45-49	75.0	14.0	11.0	100.0	443
Education					
No education	84.9	6.3	8.8	100.0	852
Some primary	78.1	10.3	11.6	100.0	417
Primary complete/ some secondary	72.2	14.1	13.7	100.0	738
Secondary complete/higher	54.1	26.9	19.0	100.0	1,172
Work status					
Working for cash	58.9	22.6	18.5	100.0	500
Not working for cash	71.7	15.0	13.2	100.0	2,680
Wealth level					
Lowest quintile	88.8	4.7	6.5	100.0	144
Second quintile	82.8	5.6	11.6	100.0	228
Middle quintile	80.3	9.9	9.8	100.0	602
Fourth quintile	72.1	14.8	13.1	100.0	1,180
Highest quintile	55.2	25.5	19.4	100.0	1,026
Slum areas	69.7	16.2	14.1	100.0	3,180
All urban areas	57.8	23.7	18.4	100.0	1,014

Table 10.3 Communication about female circumcision

Percentage of ever-married women who have heard or seen information about female circumcision through various information channels and who have discussed the practice with relatives, family or friends during the year before the survey residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Television	Radio	News-paper/ magazine	Community meeting	Mosque/ church	Discussed with family/ friends/ neighbors	Number of ever-married women
Age							
15-19	97.9	15.8	6.9	0.0	7.0	35.9	83
20-24	94.8	16.4	10.1	1.5	7.9	50.8	497
25-29	97.0	16.9	11.7	1.1	8.3	53.2	611
30-34	97.2	15.9	12.8	2.0	7.0	53.0	512
35-39	96.9	19.1	12.9	2.2	10.6	55.4	536
40-44	96.0	16.0	10.0	1.2	6.8	51.2	498
45-49	94.6	16.8	9.4	1.1	7.0	51.6	443
Education							
No education	93.2	8.6	0.7	0.1	7.4	44.8	852
Some primary	95.1	17.8	2.7	0.0	6.5	50.9	417
Primary complete/ some secondary	96.3	14.7	7.0	0.8	7.7	48.6	738
Secondary complete/higher	98.7	23.8	24.3	3.4	9.1	60.2	1,172
Work status							
Working for cash	96.7	22.7	23.1	4.3	7.6	64.9	500
Not working for cash	96.1	15.8	8.9	0.9	8.0	49.8	2,680
Wealth level							
Lowest quintile	85.9	5.8	0.3	0.0	3.2	53.0	144
Second quintile	93.6	9.4	2.2	0.0	6.3	50.4	228
Middle quintile	94.7	12.7	4.8	0.3	9.4	42.5	602
Fourth quintile	97.2	16.6	8.5	1.1	8.6	50.2	1,180
Highest quintile	97.8	22.7	21.3	3.1	7.4	60.4	1,026
Slum areas	96.2	16.8	11.1	1.5	8.0	52.2	3,180
All urban areas	97.3	12.3	16.2	1.6	6.1	54.0	1,014

Table 10.4 Beliefs about female circumcision

Percentage of ever-married women who agree with various statements about female circumcision by residence, and, for slum residents, according to selected background characteristics, Greater Cairo 2003

Background characteristic	Important religious tradition	Husbands prefer	Prevents adultery	Can lead to girl's death	Causes infertility	Makes childbirth difficult	Lessens sexual satisfaction	Number of ever-married women
Age								
15-19	70.3	58.9	55.3	42.0	4.2	2.2	38.3	83
20-24	67.3	60.0	58.1	39.0	4.3	5.1	35.7	497
25-29	71.7	56.7	56.0	38.2	7.6	5.9	34.4	611
30-34	73.6	57.8	59.8	36.9	6.4	5.0	42.0	512
35-39	76.1	61.8	63.9	36.8	6.9	4.8	30.8	536
40-44	78.5	61.8	67.7	37.4	6.2	6.6	32.5	498
45-49	77.8	62.2	67.7	33.5	4.8	4.5	35.1	443
Education								
No education	83.8	71.1	71.2	26.8	4.7	3.9	27.0	852
Some primary	81.6	68.4	67.4	26.9	3.8	5.0	28.4	417
Primary complete/ some secondary	76.9	60.6	60.6	36.2	5.9	4.2	34.3	738
Secondary complete/higher	62.1	48.1	53.5	49.1	8.1	7.1	43.9	1,172
Work status								
Working for cash	67.2	51.8	60.3	42.9	6.8	5.6	42.1	500
Not working for cash	75.2	61.4	62.0	36.1	5.9	5.2	33.8	2,680
Wealth level								
Lowest quintile	87.2	72.4	69.7	18.6	5.7	3.5	26.0	144
Second quintile	81.3	67.5	68.7	29.4	5.0	6.4	26.0	228
Middle quintile	80.5	64.4	65.3	37.5	5.1	4.2	29.7	602
Fourth quintile	75.3	62.1	63.1	35.4	6.5	5.1	33.5	1,180
Highest quintile	64.9	51.2	55.3	43.5	6.5	6.1	43.5	1,026
Slum areas	73.9	59.9	61.7	37.2	6.1	5.3	35.1	3,180
All urban areas	65.3	54.0	55.4	43.1	7.3	5.5	45.0	1,014

ANNEX B SAMPLING ERRORS

The estimates from a survey are affected by two types of error: (1) nonsampling errors and (2) sampling errors. Nonsampling errors are the result of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct households, misunderstanding of the questions on the part of the interviewer or the respondent, and data entry errors. Quality control measures during the implementation of the 2003 EIDHS were designed to minimize this type of error; however, nonsampling errors are impossible to avoid and the extent of the impact of this type of error on the survey results is difficult to evaluate statistically.

Unlike nonsampling error, sampling error can be evaluated statistically. The sample of respondents selected in the 2003 EIDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of the samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually assessed in terms of the standard error for a particular statistic. The standard error is calculated by taking the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for a population can reasonably be assumed to lie. Typically, 95 percent confidence intervals will be calculated, i.e., the range within which there is 95 percent confidence that the true value of the statistic lies. This upper boundary of this interval is calculated by adding the standard error to the statistic and the lower boundary is calculated by subtracting the standard error from the statistic.

Sampling errors are presented for the key indicators from the 2003 EIDHS for the Greater Cairo slum area sample in Table B.1 and for the sample from the main EIDHS from urban Greater Cairo in Table B.2. For each indicator, the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard (SE/R), and the 95 percent confidence intervals ($R \pm 2SE$) are shown in the tables.

Table B.1 Sampling errors for slum areas, Greater Cairo

Sampling errors for selected indicators, Greater Cairo slum areas, Egypt Interim Demographic and Health Survey 2003

Variables	Value (R)	Standard error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
No education	0.268	0.016	3180	3180	2.005	0.059	0.237	0.300
Ever used any contraceptive method	0.856	0.008	2979	2963	1.310	0.010	0.839	0.873
Currently using any contraceptive method	0.645	0.009	2979	2963	1.058	0.014	0.626	0.663
Currently using a modern method	0.616	0.01	2979	2963	1.085	0.016	0.597	0.635
Currently using pill	0.110	0.007	2979	2963	1.175	0.061	0.097	0.123
Currently using IUD	0.429	0.011	2979	2963	1.246	0.026	0.407	0.452
Currently using injection	0.048	0.005	2979	2963	1.213	0.099	0.038	0.057
Want no more children	0.613	0.014	2979	2963	1.536	0.022	0.585	0.640
Want to delay at least 2 years	0.169	0.009	2979	2963	1.305	0.053	0.152	0.187
Mothers received tetanus injection	0.704	0.017	2176	2102	1.457	0.024	0.67	0.737
Mothers received medical care at delivery	0.768	0.013	2176	2102	1.245	0.017	0.742	0.794
Mothers received antenatal care	0.716	0.014	2176	2102	1.226	0.019	0.688	0.743
Mothers received regular antenatal care	0.840	0.017	2176	2102	1.838	0.020	0.806	0.874
Had diarrhea in last 2 weeks	0.239	0.015	2116	2036	1.518	0.063	0.209	0.269
Treated with ORS packets	0.174	0.020	501	487	1.106	0.113	0.134	0.213
Consulted medical personal about diarrhea	0.472	0.031	501	487	1.263	0.065	0.410	0.533
Having immunization record	0.708	0.034	439	419	1.484	0.048	0.640	0.776
Received BCG vaccination	0.990	0.006	439	419	1.155	0.006	0.979	1.001
Received DPT vaccination (3 doses)	0.955	0.013	439	419	1.235	0.013	0.930	0.980
Received polio vaccination (3 doses)	0.972	0.010	439	419	1.187	0.010	0.952	0.991
Received measles vaccination	0.966	0.010	439	419	1.161	0.011	0.946	0.987
Received hepatitis vaccination (3 doses)	0.802	0.027	439	419	1.338	0.033	0.749	0.856
Fully immunized	0.930	0.016	439	419	1.287	0.017	0.898	0.962
Weight-for-height	0.043	0.007	2038	1954	1.394	0.151	0.03	0.056
Height-for-age	0.148	0.013	2038	1954	1.631	0.091	0.122	0.175
Weight-for-age	0.063	0.009	2038	1954	1.590	0.141	0.045	0.081
Total fertility rate (0-3 years)	3.132	0.141	91812	92146	1.499	0.044	2.94	3.503
Mortality rates (0-4 years)								
Neonatal	21.795	3.025	4127	4021	1.096	0.123	18.589	30.688
Postneonatal	9.972	2.360	4131	4027	1.212	0.163	9.741	19.181
Infant	31.767	3.614	4131	4027	1.083	0.093	31.838	46.294
Child	5.940	1.533	4137	4032	1.100	0.209	4.281	10.413
Under-five	37.518	4.106	4141	4038	1.115	0.089	38.080	54.506

Table B.2 Sampling errors for all urban areas, Greater Cairo

Sampling errors for selected indicators, All urban clusters from Greater Cairo from main EIDHS sample, Egypt Interim Demographic and Health Survey 2003

			Number of cases				Confidence limits	
Variables	Value (R)	Standard error (SE)	Un-weighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	R-2SE	R+2SE
No education	0.218	0.017	982	1014	1.313	0.079	0.183	0.253
Ever used any contraceptive method	0.856	0.012	886	917	0.986	0.014	0.833	0.88
Currently using any contraceptive method	0.676	0.015	886	917	0.947	0.022	0.646	0.705
Currently using a modern method	0.64	0.015	886	917	0.927	0.023	0.61	0.67
Currently using pill	0.085	0.009	886	917	0.974	0.107	0.067	0.104
Currently using IUD	0.478	0.015	886	917	0.907	0.032	0.448	0.509
Currently using injection	0.048	0.008	886	917	1.063	0.158	0.033	0.064
Want no more children	0.645	0.016	886	917	1.025	0.026	0.612	0.678
Want to delay at least 2 years	0.146	0.013	886	917	1.134	0.092	0.119	0.173
Mothers received tetanus injection	0.634	0.026	550	566	1.123	0.041	0.582	0.686
Mothers received medical care at delivery	0.809	0.019	550	566	0.979	0.024	0.771	0.847
Mothers received antenatal care	0.759	0.021	550	566	1.016	0.028	0.716	0.801
Mothers received regular antenatal care	0.897	0.014	550	566	0.939	0.016	0.868	0.926
Had diarrhea in last 2 weeks	0.186	0.017	536	552	1.056	0.094	0.151	0.22
Treated with ORS packets	0.168	0.042	101	102	1.063	0.248	0.085	0.251
Consulted medical personal about diarrhea	0.431	0.057	101	102	1.144	0.132	0.317	0.544
Having immunization record	0.631	0.048	115	118	1.049	0.075	0.536	0.726
Received BCG vaccination	1.000	0.000	115	118	NA	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.922	0.025	115	118	0.993	0.027	0.872	0.972
Received polio vaccination (3 doses)	0.95	0.02	115	118	0.987	0.021	0.909	0.99
Received measles vaccination	0.963	0.018	115	118	0.999	0.018	0.928	0.998
Received hepatitis vaccination (3 doses)	0.776	0.039	115	118	1.005	0.051	0.697	0.855
Fully immunized	0.876	0.035	115	118	1.119	0.039	0.807	0.945
Weight-for-height	0.046	0.011	512	526	1.2	0.239	0.024	0.068
Height-for-age	0.152	0.018	512	526	1.041	0.117	0.116	0.187
Weight-for-age	0.072	0.011	512	526	0.991	0.158	0.049	0.094
Total fertility rate (0-3 years)	2.31	0.119	30321	31364	0.867	0.051	2.072	2.547
Mortality rates (0-4 years)								
Neonatal	17.598	4.448	1136	1171	0.95	0.209	12.371	30.164
Postneonatal	5.509	3.598	1136	1171	1.055	0.301	4.771	19.163
Infant	23.107	5.465	1136	1171	0.948	0.164	22.305	44.164
Child	8.323	2.572	1137	1172	0.98	0.319	2.931	13.217
Under-five	31.238	5.992	1137	1172	0.951	0.145	29.294	53.263