

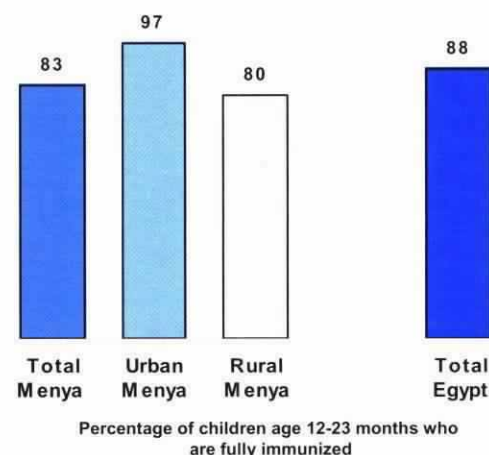
The effort to ensure that children are immunized against preventable diseases is a cornerstone of Egypt's child health programs. Encouraging parents to seek prompt treatment for acute respiratory infection and diarrhea is another key child health measure, as are programs to improve children's nutritional status.

HOW MANY YOUNG CHILDREN IN MENYA ARE FULLY IMMUNIZED? (Table 7.1)

In Egypt, guidelines for childhood immunizations call for all children to receive during the first year of life a BCG vaccination against tuberculosis; three doses of the DPT vaccine to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccination. In Menya, 83 of the children 12-23 months have received the appropriate doses of the six primary vaccines, which is somewhat lower than the national rate of 88 percent. Within Menya, coverage levels for these vaccines were substantially higher for urban children than for rural children. Boys are slightly more likely than girls to have received all of the doses of the six primary vaccines.

In addition to these standard immunizations, it is recommended that all children receive three doses of the hepatitis vaccine, booster doses for DPT and polio, and the MMR vaccine against measles, mumps and rubella. Fewer children have received these other immunizations, with children most likely to have hepatitis immunizations. Seventy percent of children are fully immunized against hepatitis, and less than half have received the other recommended immunizations.

Children in Menya are slightly less likely to be fully immunized than children in Egypt as a whole.



HOW MANY YOUNG CHILDREN IN MENYA RECEIVE APPROPRIATE TREATMENT WHEN THEY ARE ILL?

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 recommended home solution (RHS), usually prepared from sugar, salt and water. Increasing the amount of any other liquids given to a child during a diarrheal episode is another means of preventing dehydration.

The EIDHS results indicate that about half of all children in Menya who the mother reported as ill with diarrhea during the two-week period before the survey received care from a health provider, with boys more likely to be taken for medical care than girls (55 percent and 46

percent, respectively). Around 7 in 10 of the children received some form of ORT, with mothers using ORS packets in 40 percent of the cases and a homemade solution in around one-quarter of the cases.

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 in the 2003 EIDHS 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.³ Seven in 10 of the

children in Menya under age five who were reported by the mother as having these symptoms during the two-week period before the EIDHS received care from a health provider, with girls much less likely than boys to be taken for medical care (58 percent and 81 percent, respectively). Mothers also reported that around three-quarters of the children with ARI-related symptoms were given an antibiotic to treat the illness.

In Menya, boys are more likely than girls to receive medical attention when they are ill with diarrhea or when they have symptoms of acute respiratory illness.

HOW MANY YOUNG CHILDREN IN MENYA ARE BEING FED APPROPRIATELY? (Table 7.4)

Early initiation of breastfeeding is beneficial for a number of reasons. For the mother, early suckling promotes the release of a hormone that helps the uterus achieve a contracted state and reduces the risk of postpartum hemorrhage. For the child, it is important to receive the colostrum, which is contained in the first breast milk after delivery and is rich in antibodies.

Almost all infants (96 percent) in Menya are breastfed. Although nearly universal, the EIDHS indicate that breastfeeding is initiated somewhat later in Menya than in other areas in Egypt; for example, around one-third of infants in Menya are put to the breast within one hour of delivery compared to around half of all infants in Egypt.

Related to the somewhat slower rate of breastfeeding initiation is a higher rate of prelacteal feeding in Menya than in Egypt as a whole. Prelacteal feeding is the practice of giving other liquids to a child during the period after birth before the mother's milk starts to flow. Prelacteal feeding takes place following more than 7 in 10 births in Menya compared to just over half of all births in Egypt as a whole.

HOW MANY YOUNG CHILDREN IN MENYA ARE MALNOURISHED? (Table 7.5)

Nutritional status is a primary determinant of a child's health and well-being. To assess nutritional status, the 2003 EIDHS obtained measurements of height⁴ and weight for all children living in the household who were under age 5. Using these anthropometric

³Cough 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).

⁴Although 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.

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:

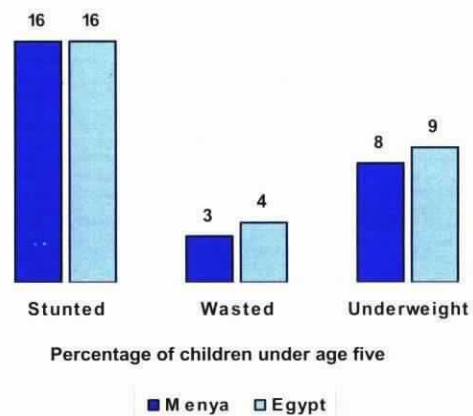
- height-for-age
- weight-for-height
- weight-for-age.

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 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 measure is 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. If 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 proportion of children in Menya who are malnourished is similar to the proportion in Egypt as a whole.



The EIDHS found that one in six children under age 5 in Menya is stunted, 3 percent are wasted, and 8 percent are underweight. The proportions of children in Menya found to be malnourished based on the anthropometric indicators were similar to the rates of malnourishment found for the country as a whole.

WHAT IS THE LEVEL OF VITAMIN A SUPPLEMENTATION? (Tables 7.6-7.7)

During the 1990s, Egypt initiated vitamin A supplementation programs. As part of the program, a vitamin A capsule is given to new mothers within the first two months after delivery, with the goal being that the infant will receive an adequate quantity of the micronutrient through the mother's breast milk to ensure healthy development. The 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 one-third of mothers in Menya received a vitamin A capsule following delivery. The supplementation efforts targeting children were somewhat more successful; around 60 percent of children 12-23 months were reported to have

received a vitamin A capsule. The rate of supplementation among mothers in Menya is on par with the rate for Egypt as a whole (34 percent). However, among children, the rate for the governorate is below the rate observed for the country as a whole (59 percent and 65 percent, respectively).

ARE HOUSEHOLDS IN MENYA USING IODIZED SALT? (TABLE 7.8)

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 salt with iodine to prevent iodine deficiency.

To assess the coverage of the fortification effort, 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 the proportion of households in Menya using noniodized table salt was triple the proportion using noniodized salt in Egypt as a whole (63 percent and 21 percent, respectively). Urban households in the governorate were much more likely than rural households to be using iodized salt; the salt was not iodized at all in 71 percent of rural households compared to 36 percent of urban households.

Two-thirds of households in Menya are using noniodized salt.

