

**MENYA & FAYOUM**  
**VILLAGE HEALTH SURVEY**  
**2007-2008**

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VILLAGE HEALTH SURVEY  
2008**

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The Menya and Fayoum Village Health Surveys are panel studies involving more than one round of follow-up interviews with respondents in seven focal villages. The baseline MVHS survey was conducted in 2004 and in 2005 the first follow up survey was carried out with all respondents who were interviewed in the baseline. As well, a baseline survey for Fayoum was conducted in 2005.

This study was conducted in 2007-8 as a second follow up survey for Fayoum and a third follow-up survey for Minya. This study intends to provide monitoring indicators of the Communication for Healthy Living (CHL) program in Egypt. It was conducted in seven villages of El-Menya governorate and three in Fayoum under the auspices of the Ministry of Health and Population (MOHP) with funding from the United States Agency for International Development (USAID), as part of the external evaluation of the impact of its global Health Communication Partnership (HCP).

This survey could not have been implemented without the active support and dedicated efforts of a large number of institutions and individuals. Support from the Ministry of Health and Population (MOHP) was instrumental in completing the implementation of the survey.

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## EXECUTIVE SUMMARY

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The Menya and Fayoum Village Health Surveys (MVHS & FHVS) are panel studies involving a baseline and more than one round of follow-up interviews with respondents in selected villages of the Menya and Fayoum governorates. The baseline survey for Minya and Fayoum were conducted in 2004 and 2005 respectively. In 2005 the first follow up survey for Minya was carried out with the same respondents who were interviewed in the baseline. This report presents the second follow-up survey for Fayoum and the third for Minya. The aim of the panel study is to monitor implementation of the Communication for Healthy Living (CHL) program and to provide data that can be used to modify (if needed) the design of the CHL program in the focal areas. Together, these three waves of data collection will provide an evaluation of the impact of the CHL program in Egypt. CHL is a five-year effort of the Ministry of Health and Population (MOHP) with funding from USAID.

This report presents the results of the 2007-2008 follow up survey in seven focal villages in Menya governorates. These villages are: Zohra, Saft El Khamar El Sharkia, Nazlet Hussein Ali, Monshaat El-Maghalka and Koloba in the Menya district of Menya governorate, Two control villages (Toukh El-Khail and Ebsheadat in the Malawi district of Menya governorate (which did not receive the community-based component of CHL) were also surveyed. In addition, the survey was conducted in three focal villages in Fayoum; El-Tawfikia, Tersa and Kafr Rashwan.

The study included interviews with 2073 ever married women (15-49 years), 1891 husbands, and 1716 never married youth (15-24 years) in 2,168 households.

Some key findings are summarized below.

### **Fertility Preference**

**Ideal number of children.** Respondents in the different groups were asked about the ideal number of children they would like to have. In general, husbands want on average more children (3.6 children) than women and male youth do (3.0 children), while never married female youth want the least number of children (2.5 children).

**Premarital and newly wed examination.** There were wide differences in knowledge about premarital examination and newly wed examination between the different respondent groups. Data from the 2005 MVHS show that awareness about premarital and newlywed examinations is around 70% for women and husbands, but higher among never-married female youth and lower among never-married male youth. Among women who were aware of these examinations, only a very small percentage (less than 1%) had ever had them. The same pattern was observed among husbands. Among youth who were aware of premarital examinations, about 40% of females and males intend to have a premarital examination.

**Need for family planning.** Around one-quarter of all women in the 2005 MVHS sample have an unmet need for family planning, with 11% of this need representing a need for child spacing and 13% a need for limiting family size. The total met need for family planning is 51%, consisting of 41% who are currently using contraceptives to limit their family size and 10% who report a desire to delay or space the next birth.

### **Family Planning**

Approval of family planning use. Almost all respondents (98% or more) approve of married couples using family planning with more than 90% of all respondent groups (except male youth) saying that it is appropriate to start use after having the first child. Male youth were a little less likely (83%) to agree with that timing. Female youth are more likely than other groups to approve of using family planning to delay the first birth: only about 11% of married women, husbands and male youth say it is appropriate to adopt family planning before the first birth compared to 18% of female youth.

**Knowledge of fertile period.** Knowledge about the fertile period is limited, with only 42% of all ever-married women, and 44% of husbands knowing about the fertile period. This knowledge is significantly lower among never-married youth (23% of females and 14% of males). Also, knowledge of the fertile period varies across villages.

**Ever and current use of family planning.** Among married women, 71% have used some form of contraception at some point in time. Around two-third of all women had tried a modern method, and 22% had ever used a traditional method. The most commonly used modern methods are the pill (41%) and injectables (40%), followed by the IUD (31%). Around three-quarter of husbands have ever used a method and 70% of that is modern method use.

Around half of all currently married women are using a FP method, with 46% using modern methods and 5% using traditional methods. Almost 20% of married women are currently using injectables; followed by the IUD (13%) oral pills (10%). The level of contraceptive use differs somewhat across villages. Husbands are slightly more likely than women to report current use of contraceptives: more than half of husbands (55%) report that they or their wives are using a method

**Source of family planning methods.** The data show that 64% of users obtained their method from a private sector source, while 35% obtained their method from the public sector, although this varies considerably by method with oral pills most likely to come from the private sector and IUDs and injectables to come from the public sector.

**Discontinuation rates.** Four in ten users stopped using a method within 12 months of starting use. Some of this discontinuation is for positive reasons (e.g., 4% stop because they want to become pregnant), but some is for negative reasons (e.g., about 2% of users stop due to method failure, 20% because of side effects or health concerns). About 15% stop for other reasons.

**Future use of family planning.** Never married youth were most likely to say they intend to use family planning in the future. Among non-using women and husbands, 73% and 69%, respectively say they intend to use FP in the future. Being subfecund was the most common reason for nonuse of family planning mentioned by women (34%). Being menopausal or having had a hysterectomy (28%) or fearing side effects (14%) were also common reasons.

### **Maternal Health**

**Antenatal care coverage.** Around two-thirds of mothers received at least some medical care during pregnancy, mainly from a doctor. About half of mother went for four or more antenatal checkups.

**Knowledge and intention to do antenatal care.** 80% or more of husbands, never-married female youth, and never-married male youth were aware of antenatal care for pregnant women, and roughly 90% or more of husbands and male youth say that pregnant women should obtain antenatal care during pregnancy.

**Delivery care.** Data indicated that 57% of mothers deliver their babies at home, and 35% of the deliveries were assisted by the *daya*, and 13 % of all deliveries were caesarean deliveries.

About half of all husbands thought that women should give birth in a medical facility, as did three quarters of never-married female and male youth.

**Postpartum care for the mother.** Two-third of mothers did not have any postpartum care and only 19% of mothers received a postnatal checkup within 2 days of giving birth. Almost all postnatal checkups were conducted by a doctor. Women in the control villages of Toukh El Khail and Ebshedat were less likely than women in the treatment villages to have had postpartum care.

**Postpartum care for the newborn.** Around half of newborns (51%) did not receive any care after delivery. Fewer than one fifth (16%) received postnatal care within 2 days of birth and 13% within 3-7 days of birth. Except for Koloba, treatment villages had higher rates of postpartum care for newborns compared to control villages.

### **Child Health**

**Immunization coverage.** 85% of children are considered fully immunized against all preventable childhood diseases; that is, they have received a BCG, the three doses of DPT, the three polio doses, and the measles immunizations. There are no significant differences in immunization coverage between boys and girls (84% versus 86%, respectively). Some differences in immunization coverage were associated with lower maternal education level and work status.

**Prevalence and Treatment of Diarrhea.** Around one-fifth of children were reported to have diarrhea in the 2-week period prior to the survey. Mothers sought advice or treatment from a health provider in 64% of the diarrheal episodes. Around 43% of children with diarrhea received oral rehydration therapy (either ORS packets or RHS at home) to prevent dehydration, and more than 60% received either ORT or increased fluids during diarrheal episodes

**Prevalence and Treatment of Acute Respiratory Infections.** 9% of children were reported to have a cough with short, rapid breathing during the 2-week period prior to the survey. Three-quarter of those children received some medical treatment from a health provider for this illness, while 19% of those children did not. The most common form of treatment received for respiratory illness was antibiotics (53%).

**Breastfeeding and Supplementation.** Slightly more than two-third of children were breastfed within the 1<sup>st</sup> day after birth, but exclusive breastfeeding drops off within the first two months of life: only 69% of infants under 2 months of age and 56% of those aged 2-3 months received only breast milk. Median duration of any breastfeeding is 6.9 months, while the medians for exclusive breastfeeding and predominant breastfeeding are 2.7 months and 5.4 months, respectively,

**Vitamin A Supplementation among Children.** About two-third of children aged 12-23 months had received a vitamin A capsule. Children who are later than 3<sup>rd</sup> in the birth order and those whose mothers have less than primary education and are not working are less likely to receive vitamin A than other children.

### **Knowledge and Modes of Transmission of HIV/AIDS, Hepatitis C and Safe Injection**

**Knowledge and modes of transmission of HIV/AIDS.** Awareness of HIV/AIDS is around 90% for husbands, never-married female and male youth, about 10 percentage points higher than among women (79%). Television was the most common source of knowledge by far among all groups. There is, however, a lack of sufficient knowledge about the modes of transmission, especially with regard to mother-to-fetus transmission, which was mentioned by only 3% of respondents (5% for male youth).

**Knowledge and Perceptions Related to Hepatitis C.** Television was the most commonly mentioned source of information about Hepatitis C among all groups, and about 60% or more of all respondents were aware of Hepatitis C. However, even among those who had heard of Hepatitis C a large number lack sufficient knowledge about the modes of transmission. The most commonly mentioned mode of transmission was from an infected needle, followed by blood transfusion.

**Knowledge, Attitudes, and Practices Related to Blood Borne Diseases and Safe Injections.** 56% of ever-married women and 68% of husbands had heard about blood borne diseases that can be transmitted through used syringes. The most commonly mentioned way to prevent infection from needles was “not to share or reuse needles” followed by “purchase disposable syringes for the provider to use”. About two-thirds of women and husbands and about half of never-married female and male youth had ever purchased or obtained a syringe for use at home and 15% of women, 13% of husbands, 15% of never-married male youth, and 15% of never-

married female youth reported having reused a syringe at least once. Most people simply throw away a used syringe without destroying it.

### **Community Leaders**

**Knowledge of actual community leaders.** Respondents from all groups were asked if there was someone that they considered to be a leader in their community, that is, someone people respect and who can mobilize people to do things for mutual benefit. Only 32 % of never-married male youth, 27 % of husbands, 20 % of women, and 16 % of never-married female youth said they could identify someone in the community who matched this description.

### **Female Circumcision**

**Levels and attitude.** Female circumcision remains high in Menya; 87% of women and 70% of the never-married female youth reported that they had been circumcised. But this trend may be starting to change. Only 4 in 10 husbands and women who have daughters reported that they have at least one circumcised daughter. In addition, 54% of husbands, 48% of women and 40% of never married females say that they intend to have their daughters circumcised in the future. However, 76% of never married males say they intend to have their daughters circumcised.

**Support for female circumcision.** Around two thirds of women and husbands and three quarters of, never-married male youth indicated that the practice should be continued, compared with 40% of never-married female youth. The most common reasons indicated by all respondents were that the practice is required by religion and is a good tradition.

### **Recall of Health Messages**

**Family planning messages.** Ever-married women and never-married female youth (71% and 66%) are more likely to recall having seen family planning messages in the six months before the survey than are husbands and never-married male youth (54% and 56%). Recall of messages about use of contraception after the first child was lower; about 30% of ever-married women and 32% of never-married female youth were able to recall messages about this compared to 18% for husbands and 15% for never married male youth. Only about 25% of married women and 30% of husbands reported ever talking to their spouse about family planning.

**Maternal and neonatal health messages.** Recall of maternal health messages was also limited. The results show that 30% of ever-married women and 32% of never-married female youth had seen or heard messages about optimal birth spacing in the past six months compared to 18% for husbands and 15% for never-married male youth. Only 18% of married women, 10% of husbands, 17% of never married females and 4% of never married males reported seeing or hearing any messages about safe pregnancy precautions. Similarly low percentages had seen or heard messages about postpartum and neonatal checkups for women and their newborns: 13% of married women, 8% of husbands, 15% of never married females and 6% of never married males recalled such messages.

**Health messages about passive smoking.** Roughly one quarter of all ever-married women, husbands, and never-married females reported receiving information about the health effects of passive smoking in the 6 months preceding the survey, but only 10-20% of these people talked to others about passive smoking.

**HIV/AIDS messages.** Awareness of HIV/AIDS is relatively high among all respondent groups: 79% of married women and 88% of never-married female youth had ever heard about AIDS. AIDS awareness among males is higher, reaching 92% for husbands and 91% for never-married male youth. Television is virtually the universal source of HIV/AIDS messages with over 90% of all respondents saying that they got their HIV/AIDS messages from television.

**Health messages about safe injections.** Overall, exposure to safe injection messages is relatively low. About 40% of women and about 30% of men reported receiving information about safe injections. Respondents in control villages were somewhat less likely to have seen or heard

messages on this topic compared to respondents in intervention villages.

**Female circumcision messages.** Two thirds or more of all respondents were able to recall messages about female circumcision; 72% of ever-married women, 64% of husbands, 72% of never-married female youth, and 73% of never-married male youth said they had received information about female circumcision from television.

### **Level of Comfort Discussing Health Information**

**Use of family planning and maternal health.** The majority of respondents feel comfortable discussing family planning, safe pregnancy, and how to keep babies health. For example, only 6% of ever-married women and 7% of husbands reported that they do not feel comfortable discussing family planning with anyone. The percentage of respondents who reported that they would not feel comfortable discussing safe pregnancy with anyone ranges from 9% among ever-married women to 16% among never-married female youth.

**Second hand smoking.** Roughly 80 to 90% of all respondents were also comfortable discussing the health effects of second hand smoke; 82% of ever-married women, 86% of husbands, 78% of never-married females, and 96% of never-married males said they were comfortable discussing the dangers of smoking and how to quit the habit with other people.

**HIV/AIDS prevention.** On the other hand, 36% of ever-married women and 25% of husbands reported not feeling comfortable discussing this subject with anyone. Likewise, 32% of never-married females and 13% of never-married males do not feel comfortable discussing HIV/AIDS prevention with others.

**Preventing unsafe injection.** The majority of respondents feel comfortable discussing safe injection practices (over 80% for each of the four target groups). The four target groups appear to be most comfortable discussing this subject with service providers.

### **Behavior Change Communication Activities**

**Recall of specific CHL campaign messages and learning from TV programs.** Among married women and female youth the CHL messages that were most likely to be remembered were about birth spacing, limiting childbirths and the dangers of passive smoking. Female youth also had relatively high levels of recall for messages about antenatal care. Recall of all these types of messages was somewhat higher in intervention than in control villages, Husbands and male youth were most likely to recall messages about birth limiting and passive smoking Husbands and male youth were most likely to report learning something new from the television programs about protecting non-smokers from the dangers of second hand smoke and, to a lesser extent, something about family planning methods and the importance of birth spacing. Married women were most likely to report learning about the importance of birth spacing and about contraceptive methods, while female youth were most likely to report learning something new about contraceptive methods and, to a lesser extent, about birth spacing. The self-reported effect of these television messages on male and female youth was a stronger intention to use family planning after marriage.

**Recall of CHL campaign messages from newspapers or magazines.** The data show that only a limited percentages of all respondents cite newspapers or magazines as their source of information on health topics. Female youth are most likely of all respondent groups (6%) to report reading about health issues in newspapers or magazines in the past year, followed by husbands and male youth (4%) and married women (2%).

**Recall of CHL campaign messages from posters, flyers or billboards.** Results indicate that 13% of both women and unmarried female youth, 6% of husbands and only 4% of unmarried males cite posters, flyers or billboards as a source of health information in the past year. Married women and female youth were most likely to say that they had learned about the importance of family planning and antenatal care in good health practice from these information sources, while husbands and male youth were most likely to say that they had learned about the importance of

family planning. All four respondent groups most often reported seeing these messages at a health facility.

**Recall of CHL campaign messages from seminars or community meetings.** Recall of messages from community meetings is very low overall. Only 5% of women and around 2% of all other groups of respondents had attended seminars or community meetings about family planning or reproductive health during the 12 months preceding the survey. However, respondents—especially married women—in intervention villages were more likely than respondents in control villages to report community meetings or seminars as a source of health information. As much as 16% of married women in the intervention villages of Saft Al Khamar, 12% in Nazlet Hussein Ali, 8% in Zohra and 7% in Koloba reported community meetings as a source of FP/RH information, compared to only 1% in the control villages of Toukh El Khail and Ebshedat.

**Recall of CHL campaign messages from home visits.** Overall about 8% of married women said that they were visited by a Raida Refia or a health worker, who was most likely to talk to them about family planning and antenatal care. Married women in intervention villages were more likely to report this source of health information than were women in control villages. For example, over 20% of married women in Saft Al Khamar reported a visit by a health worker compared to 1% in Toukh El Khail.

**Recall of the CHL “Mabrouk” book.** Overall only about 4% of married women, 3% of female youth, 2% of husbands and only 1% of male youth said that they had seen the “Mabrouk” book, but less than 1% of women in control villages compared to 7% in intervention villages had seen it.

**Recall of the “Your Health is Your Wealth” (Sahetak Sarwetak) television spot.** Around 40% of all respondents, except husbands (23%) reported seeing the “Your Health is Your Wealth” television spot in the 12 months preceding the survey, but recall was not appreciably different in control compared to intervention villages, as would be expected since the reach of mass media does not depend on localized outreach activity. Respondents were most likely to say that the spot was about family health care and family planning and, to a lesser extent, birth spacing and antenatal care. Respondents from all groups were most likely to report that they had learned about the importance of caring for the family’s health and were most likely to say that the spot had made them care more about caring for “my health and my spouse’s health.”

**Recall of the “Family Doctor” TV Spot.** Relatively few respondents reported seeing the “Family Doctor” TV spot during the last 12 month. Female respondents are more likely than males to report that they saw the spot. About one in five women and unmarried females (19% each), 10% of husbands and 6% of unmarried male youth said that they had seen the spot

**Recall of the “Ask Consult” (Isaal Istashir) Campaign.** Females are more likely (63% of unmarried female youth, and 55% of women) than males (42% of husbands, 47% of male youth) to recall hearing or seeing messages from the Isaal Istashir campaign. People who recalled Isaal Istashir messages were most likely to say that the campaign advised people to consult a doctor or pharmacist if they had health problems or questions about their health; 26% of married women, 18% of husbands, 35% of female youth and 19% of male youth recognized this theme. Other messages that came through from the Isaal Istashir campaign included the promotion of facilities with the Isaal Istashir logo and the promotion of family planning methods.

## 1.1 Background

Communication programs in Egypt, for many years, played a vital role in improving the health status of all Egyptians. Among those programs, the Communication for Healthy Living Program (CHL) is implemented as part of the Health Communication Partnership (HCP), which is funded by the United States Agency for International Development (USAID).

### The CHL program aims to:

- Achieve broad scale behavioral change for health at the individual, family, and community levels in Egypt by July 2008.
- Strengthen leadership around health issues.
- Improve the capacity of Egyptian health systems and organizations to conduct sustainable and strategic health communication programs.

To achieve those goals, the CHL program provides support across the following health areas: family planning and reproductive health, maternal and child health, infectious diseases control, healthy lifestyle, household preventive health, Avian Influenza and health maintenance practices.

The CHL program works at both national and local level. The program started in Menya governorate with focus of selected villages in 2004, and then expanded its activities in both Fayoum and Qena in 2005.

The village health survey is a panel study involved more than one round of follow-up interviews with respondents in the selected Menya treatment villages and Fayoum villages. A Baseline survey was conducted in Menya villages in 2004 and in 2005 the first round of follow up survey was carried out including interview all respondents that were interviewed in the baseline then in 2007/2008 the second round was carried out. As for Fayoum a baseline survey was carried out in 2005 and in 2007/2008 the first round of follow up survey took place including all respondents that were interviewed in the baseline survey.

The aim of the panel study is to serve as monitoring the program implementation and to provide data that can be used to modify (if needed) the design of the CHL program in their focal areas. Indicators derived from this round can be compared with the Baseline and from subsequent survey waves to assess the reach and impact of the program.

This report presents the results of the follow up health survey 2007/2008 that is conducted in seven villages in Menya (five of the treatment area and two control), and three villages in Fayoum which are two of the target areas for the CHL project. The follow up survey focuses almost on the same areas that were of interest in the baseline which are; respondents' knowledge and practices in areas related to family planning/reproductive health, healthy lifestyles, healthy mother/healthy child, and infectious diseases. In addition, Avian Flue was adding to survey questionnaire as one the main issues of concern these days.

## 1.2 Organization and Objectives of the 2007/2008 Village Health Survey (VHS)

The 2007/2008 Village Health Survey (VHS 2007/2008) was conducted in seven villages of the Menya governorate and three villages of Fayoum governorate under the auspices of the Ministry of Health and Population (MOHP). The survey was funded by the United States Agency for International Development (USAID), as part of the external evaluation of the impact of the Health Communication Partnership (HCP). The external evaluation of the HCP partnership will comprise indepth evaluations of a selected number of HCP programs, including the Communication for Healthy Living (CHL) program in Egypt.

The goal of research and monitoring efforts is to assess the reach and impact of the CHL program activities on the family members' values, attitudes, intentions, and health competency; to encourage life-stage appropriate health behaviors; and to increase demand for and utilization of health information and services. The VHS 2007/2008 was designed to provide estimates for key indicators such as contraceptive use, coverage of antenatal and delivery care, maternal and child health nutrition, infectious diseases, passive smoking and other aspects of healthy life. The survey results are intended to assist the technical staff at the CHL project to modify and design new communication strategies and activities for improving the health status of Egyptians. This follow up interviews was conducted at 24-month interval of the previous interviews to evaluate the reach and impact of the CHL project activities.

### **1.3 Implementation of the 2007/2008 Village Health Survey**

The VHS 2007/2008 was executed in three stages. The first stage took place from late October 2007 up to mid December, and involved the questionnaires review and finalization, training of field staff and interviewing of eligible households and individual respondents. The second stage involved all of the data processing activities necessary to produce a clean data file, including the data entry, verification of the data, editing, and coding, as well as consistency checking and tabulations. This stage started 10 days after the beginning of the fieldwork and lasted through end of February. The focus of the final stage of the survey was data analysis and report preparation. This phase began in June 2008 and took about three months.

#### **Sample**

As previously mentioned, this is a follow up survey in 10 villages in Menya treatment villages and Fayoum governorates. The survey collected data from ever-married women in the age group 15-49 years, and from husbands and never-married male and female youth aged 15-24 years. A follow up to all interviewed respondents was designed.

The following instructions were taken into consideration during data collection:

- 1- Women who were interviewed in VHS 2005 and completed 50 years in 2007 interview were excluded.
- 2- Women who were ever –married (no husband in the baseline) and got married in the follow up, their new husbands were not interviewed.
- 3- Youth who have aged beyond 24 years in the follow up and still single were interviewed.
- 4- Youth who got married in the follow up were excluded from youth and Husband/Woman questionnaire was applied.
- 5- Youth who got married their new husbands/wives were interviewed.

#### **Questionnaires**

The VHS 2007/2008 involved two types of questionnaire: a household questionnaire and an individual questionnaire. The individual questionnaire was developed in three different versions, for women, husbands, and never-married youth. The VHS 2007/2008 included same questionnaires with limited modifications.

- 1- The household questionnaire:** A new short household questionnaire included only information about the eligible persons interviewed last year was developed. However, in case, there are some one moved or changed his residence (within the same village) the full form of household questionnaire used in the 2005 survey was applied. Around 10 questions were add to the household questionnaire about breeding and handling poultry and asked.
- 2- For all household:** The individual questionnaires mainly covered the same topics; however, there were some differences according to which version was administered. The questionnaires were almost identical to the baseline questionnaires with limited changes. However, there were intensive changes in the woman's questionnaire, especially for birth

history, family planning, and child health sections. For birth history, only updates to the birth history since the last interview were included. Also, family planning use history was asked since last interview. In addition for child health, the same information asked in the 2005 survey was also asked but for newly born only. As for child immunization the data was collected for births during the last three years.

Some changes in all individual questionnaires were done, for example a new section on Avian Flu was added. Other limited questions to capture reasons for changing behavior were added (see Appendix B).

### **Data collection activities**

**Staff recruitment.** To recruit interviewers and field editors, a list of interviewers and field editors who had worked with the firm on the 2005 VHS and who worked in EDHS survey was prepared to identify those who were qualified to participate in the training. This action was taken to reduce the duration of training and to enhance the quality of the data.

All candidates for the interviewer and field editor positions were university graduates and had intensive experience in DHS surveys. Another basic qualification was the willingness to work in any village covered in the survey.

**Training materials.** A variety of materials were developed for training personnel involved in the fieldwork. A lengthy interviewer's manual was prepared and given to all field staff. The manual presented general guidelines for conducting an interview as well as specific instructions for asking each of the questions in the VHS 2007/2008 questionnaires. Other training materials, including special manuals describing the duties of the team supervisor and the rules for field editing, were prepared.

**Supervisor and interviewer training.** A special one day program for supervisors was conducted during the training and prior to the main fieldwork training. This training focused specifically on the supervisor's duties.

Interviewer training for the VHS 2007/2008 data collection began early November 2007 and lasted for more than two-weeks (ended 20<sup>th</sup> of November). Twenty-two male supervisors and interviewers and 38 female interviewers participated in the training program. The training program was held in Cairo and included:

- Lectures related to basic interviewing techniques and specific survey topics (e.g., fertility and family planning, maternal and child health, and female circumcision);
- Sessions on how to fill out the questionnaire, using visual aids;
- Opportunities for role playing and mock interviews;
- Two days of field practice in areas not covered in the survey;
- Three quizzes.

Trainees who failed to show interest in the survey, who did not attend the training program on a regular basis, or who failed in the first three tests were terminated immediately.

Each team was assigned to work in only one village. To supplement the experience gained from working in various surveys (especially DHS); a special training session focusing on field editing duties was held for the field editors.

**Fieldwork.** Fieldwork for the VHS 2007/2008 began on 21<sup>st</sup> of November and lasted for more than two weeks. A total of 60 staff was responsible for the data collection. The field staff was divided into ten teams; each team was composed of a supervisor, a field editor, and four interviewers (one of them is male). Each team worked in only one village.

As a quality control measure, the field editor was responsible to conduct a re-interview everyday for some households. A random sample of up to 5 % of the households was selected for re-interview. Shorter versions of the VHS 2007/2008 questionnaires that were prepared in the baseline were also used in the follow up for the re-interviews.

### **Data processing activities**

**Office editing.** Staff from the central El-Zanaty & Associates office was responsible for collecting questionnaires from the teams on a regular basis. Office editors reviewed questionnaires for consistency and completeness, and a few questions (e.g., occupation) were coded in the office prior to data entry. To provide feedback for the field teams, the office editors were instructed to report any problems detected while editing the questionnaires; these problems were reviewed by the senior staff.

**Machine entry and editing.** The machine entry and editing phase began while the interviewing teams were still in the field. The data from the questionnaires were entered and edited on microcomputers using the Census and Survey Processing system (CSPRO), which is a software package for entering, editing, tabulating, and disseminating data from censuses and surveys.

Ten data entry personnel with 8 microcomputers processed the VHS 2007/2008 data. During the machine entry, 100% of each segment was reentered for verification. By working one shift 5 days per week, the data processing staff completed the entry and editing of data by the end of February 2008.

### **1.4 Coverage of the Survey**

Table 1.1 summarizes the outcome of the fieldwork for the 2007/2008 Village Health Survey, by village. The table shows that, during the main fieldwork and callback phases of the survey, a total of 2238 households were interviewed in the follow up out of 2,239 households eligible in VHS 2007/2008.

A total of 2470 women were eligible in 2007 in the villages of Menya, out of those 2444 were successfully. The response rate for women is 99%. A total of 1,927 husbands were completed in VHS 2007/2008. The response rate for husbands was 93%. About 1700 youth were interviewed, out of those 869 were male youth with a response rate 95%, and 415 were female youth with a response rate of 99 %.

As for Fayoum a total of 944 households were completed (response rate 100%), 1056 eligible women were successfully interviewed out of 1077 with response rate 98%. A total of 897 household (97%) 475 never married male youth (99%) and 181 never married female youth (100%) were interviewed in the survey.

**Table Sample coverage**

Number of households and eligible respondents by the result of interviews by focal village, VHS 2007/2008.

	MENYA GOVERNORATE							FAYOUM GOVERNORATE						
	Saft El Zohra	El khamar	Nazlet Hussein Ali	Toukh El khail (C)	Monshaat El Maghalka	El Koloba	Ebshedat (C)	Total Treatment	Total Control	Total Menya (Weighted)	El Tawfikia	Kasr Tersa	Rahwan	Total Fayoum (weighted)
<b>Household</b>														
Contacted	321	317	319	352	299	309	322	1598	641	2239	302	340	302	944
Completed	321	317	318	352	299	309	322	1598	640	2238	302	340	302	944
Response rate	100.0	100.0	99.7	100.0	100.0	100.0	100.0	100.0	99.8	100.0	100.0	100.0	100.0	100.0
<b>Women</b>														
Contacted	317	339	337	394	340	337	406	1727	743	2470	340	395	342	1077
Completed	313	337	337	391	337	330	399	1708	736	2444	335	387	334	1056
Response rate	98.7	99.4	100.0	99.2	99.1	97.9	98.3	98.9	99.1	98.9	98.5	98.0	97.7	98.1
<b>Husband</b>														
Contacted	282	299	307	355	280	238	318	1454	625	2079	324	295	303	922
Completed	276	283	300	345	259	187	277	1350	577	1927	318	283	296	897
Response rate	97.9	94.6	97.7	97.2	92.5	78.6	87.1	92.8	92.3	92.7	98.1	95.9	97.7	97.3
<b>Male youth</b>														
Contacted	162	108	116	138	148	104	137	660	253	913	174	148	156	478
Completed	156	101	110	138	146	100	118	641	228	869	173	146	156	475
Response rate	96.3	93.5	94.8	100.0	98.6	96.2	86.1	97.1	90.1	95.2	99.4	98.6	100.0	99.4
<b>Female youth</b>														
Contacted	69	44	43	64	76	54	69	307	112	419	55	68	48	181
Completed	69	43	41	64	76	54	68	306	109	415	55	38	48	181
Response rate	100.0	97.7	95.3	100.0	100.0	100.0	98.6	99.7	97.3	99.0	100.0	100.0	100.0	100.0

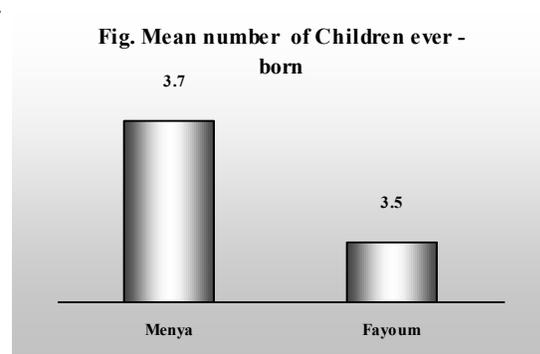
Fertility levels and preferences indicators are of the primary objectives of the VHS 2007/2008. In addition use of family planning and intention to use family planning in the future are also of great importance. Such information is valuable in addressing the contraceptive needs of nonusers who are interested in spacing or limiting their fertility.

This chapter presents the results of various fertility and family planning indicators, including fertility levels, fertility preference and need for family planning, ever and current use of family planning, reasons for discontinuation of contraceptive methods, approval of and attitudes toward family planning, source of method, and intention to use contraception in the future. These indicators are presented at the village level as well as at the total level

**2.1 Fertility Levels** (Appendix A Table 2.1)

In the VHS 2007/2008 data on childbearing patterns were collected by asking each interviewed ever-married woman about the number of sons and daughters who born during the period from the previous interview conducted in the 2005 up to the time of the VHS 2007/2008 interview. This collected data in addition to data collected in 2004 and 2005 VHS presents the overall childbearing of ever married women. The VHS 2007/2008 data show that the average number of children ever-born is 3.7 for the treatment villages.

Data in Menya shows that the mean number of children ever-born for Menya treatment villages and Fayoum. Overall, around one third of women (34%) in Menya treatment villages have 5 children or more, and about 27% of women have 3-4 children. In addition, more than one quarter of women (28%) have one or two children.



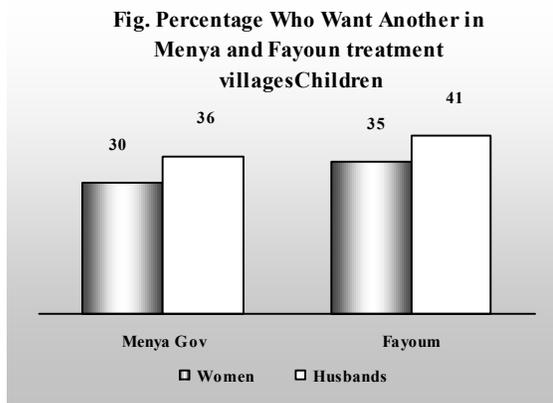
There is a clear difference in fertility indicators across villages. For Menya treatment villages and Monshaat EL-Maghalka has the highest mean number of children ever born (3.9 children), while Koloba has the lowest mean number of children (3.5). As for Fayoum El-Tawfikia has the lowest mean number of children ever born (3.4) and Kasr Rashwan has the highest mean number of children ever born (3.6).

**2.2 Fertility Preference**

Data on fertility preferences in a population are of great importance to policy makers, both estimating the potential unmet need for family planning and for predicting future fertility behavior. Currently married women and husbands in the VHS 2007/2008 were asked about their intention to have another child. In addition, all respondents were asked about the ideal number of children they would prefer. The responses to these questions are discussed below.

**Desire for more children** (Appendix A Table 2.2)

To obtain information about fertility preferences, non-sterilized currently married women and husbands were asked whether they would like to have a/another child or would prefer not to have any (more) children. Pregnant women were asked whether they would like to have a/another child or would prefer not to have any (more) children after delivering the child they were expecting.



Almost 64% of currently married women in the intervention village in Menya do not want any more children, with the highest percentage found in Zohra village (72%), and the lowest percentage in Toukh El-Khail village (57%). As for Fayoum only 59% of currently married women in the intervention villages want no more children with no differences between villages. The data show that about 30% of all currently married women in Menya want to have another child. However, the results vary by village: 34% of women in Nazlet Hussein village desire to have another child, compared to 25% among women in Zohra village. The

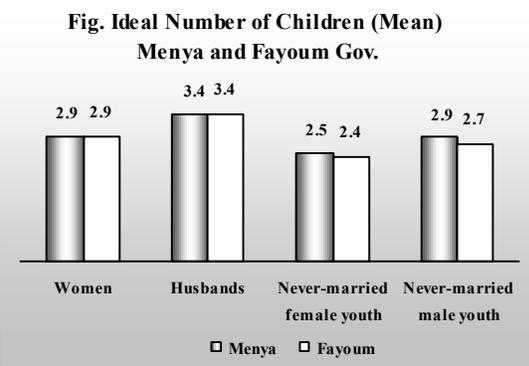
desire for more children is higher in Fayoum governorate, where 35% of currently married women in all villages want to have another child.

Husbands are more likely than wives to desire having more children in all villages. Where around 36 % of husbands in intervention villages in Menya want to have another child, while 63% do not want any more children. For example, around 44% of husbands in Nazlet Hussein Ali village desire to have more children, 10 points higher than women do. This applies for all intervention villages.

**Ideal number of children** (Appendix A Table 2.3)

The fertility preferences are obviously influenced by the number of children the women or husbands already have. The VHS 2007/2008 asked about the ideal number of children. The question about ideal family size required the respondents to consider the number of children they would choose to have in their whole life regardless of the number (if any) that they already had. However, the ideal number of children tends to be fairly closely associated with the actual number of children a respondent has. Respondents who want a large family tend to have more children than others. Respondents may also rationalize their ideal family size, so that as the actual number of children increases, their preferred family size increases as well.

Data from the VHS 2007/2008 show that women want a smaller family size than husbands do by around half child. Among those respondents who gave a numeric response to the question about the ideal number of children, women wanted an average of 2.9 children (in both Menya treatment villages and Fayoum), compared to 3.4 children for husbands. About one third (34%) of all ever-married women mentioned that they want 1 or 2 children, while 5% of them want 5 or more children. Around 9 % of women in Menya in the treatment villages and 10% in Fayoum did not mention a numeric preference.



Women in Toukh EL-khail control village reported the lowest mean ideal number of children (2.6 children); while women in Koloba (treatment village) reported the highest mean (3.1 children). Around 30% of women in Zohra village mentioned that they want 4 children or more, compared to only 12% of women in Toukh El khail village.

Data about husbands' fertility preferences show roughly almost the same pattern. Husbands in saft LE-Khamar village reported the lowest mean ideal number of children (3.0 children) and the highest observed in Koloba (3.8 children). More than half of husbands in Koloba, and Ebsheadat villages desire 4 children or more.

The data show that never-married female youth want fewer children than male youth; where on average female youth in Menya want 2.5 children compared with 3 children among male youth, and for Fayoum, 2.4 children compared with 2.7 children. Female youth in Zohra and Koloba villages reported the highest mean ideal number of children (2.6). On the other hand, 45% of never-married male youth in Koloba village reported that they want four children or more. The data also show that male youth in LE-Tawfikia have the lowest mean ideal number of children (2.6).

**Premarital and newlywed examination** (Appendix A Table 2.4)

One of the most important objectives of the CHL program is to raise awareness about the benefits of premarital and newly wed examinations. The individual questionnaires in the VHS 2007/2008 included questions about the respondents’ awareness of these two examinations. In addition, ever-married women and husbands who had heard about either examination were asked if they had ever had such a premarital or newly wed examination. Never-married male and female youth were asked about their intention to have these examinations in the future.

Around 75% of ever-married women in Menya treatment villages had heard about premarital examinations, and 41 % had heard about the newlywed examination. In Fayoum however 75% had heard about premarital examination only 13% had heard about newlywed examination. Women in Koloba (95% and 80%) village showed greater awareness of premarital examinations, than women in any other villages. The same pattern was observed among husbands. Husbands in Koloba village have the highest degree of awareness about the premarital examination (80%, 72%).

Data from the VHS 2007/2008 show that the awareness about premarital and newlywed examinations is higher among never-married female youth than among never-married male youth, with some exceptions. This is the case in all villages. Seventy eight percent of female youth had heard about premarital examinations in Menya and 88% of female youth had heard about it in Fayoum. The highest awareness was reported in EL-Tawfikia (Fayoum) (96%) and the lowest in Monshaat El Maghalka (63%). Less than one third of female youth (28%) had heard about newlywed examinations, with the highest awareness reported in Koloba village (78%) and the lowest in Tera (18%). Only 23% of male youth in Menya and 41% in Fayoum knew about newlywed examinations.

			Never-married	
	Women	Husbands	Female youth	Male youth
<b>Menya Treatment</b>				
Know about premarital examination (%)	74	65	77	59
Know about newlywed examination (%)	41	31	52	25
Had (intend to have) premarital examination (%)	0	1	42	48
Had (intend to have) newlywed examination (%)	1	1	18	7
<b>Fayoum</b>				
Know about premarital examination (%)	75	73	88	58
Know about newlywed examination (%)	13	20	28	41
Had (intend to have) premarital examination (%)	1	1	37	67
Had (intend to have) newlywed examination (%)	0	3	4	50

Although knowledge of premarital examinations is higher among female youth than among male youth, there is no clear pattern for intention to have such examination among never-married female and male youth. Among youth aware of premarital examinations, almost 32% of females in Menya intend to have a premarital examination compared with 48% of male youth, and in Fayoum same pattern was observed (36% vs. 67% respectively). Differentials by villages clear. For example, female youth in Zohra, Saft El-khamar, Nazlet Ali, and Toukh El khail are most likely to intend to have a premarital examination than male youth, while male youth are more likely to intend to have a premarital examination than female youth in the other villages. Among female and male youth, intentions to have a premarital examination are highest in Koloba (65%, and 89 % respectively).

Even among youth who know about newly-wed examinations, very few female and male youth intend to have a newlywed examination. The highest level among female youth was observed in Koloba, while among male youth the highest level was observed in Kasr Rashwan.

**Need for family planning** (Appendix A Table 2.5)

One of the major concerns of family planning programs is to identify the potential demand for contraception and to identify women who are most in need of contraceptive services.

Women with an unmet need for family planning include the following:

- Currently married women who are in need of family planning for *spacing* purposes. This group includes (1) pregnant women whose pregnancy is mistimed (i.e., who had preferred to postpone the pregnancy); (2) amenorrheic women whose last birth was mistimed; and (3) nonusers who are neither pregnant nor amenorrheic and who either want to delay the next birth at least 2 or more years, are unsure whether they want another child, or want another child but are unsure when to have the birth.
- Currently married women who are in need of family planning for *limiting* purposes. This group includes (1) pregnant women whose pregnancy is unwanted; (2) amenorrheic women whose last child was unwanted; and (3) nonusers who are neither pregnant nor amenorrheic and who want no more children.

Menopausal and in-fecund women are excluded from the unmet need category, as are pregnant or amenorrheic women who became pregnant while using a contraceptive method. The latter group is considered to be in need of better contraception.

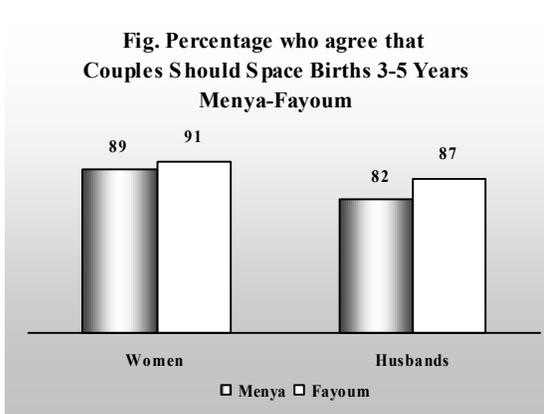
Women with a met need for family planning include women who are currently using contraception. The total demand for family planning represents the sum of unmet need and met need. The total demand also includes pregnant and amenorrheic women who became pregnant while using a family planning method.

The indicators of the total demand for family planning, the unmet need and the met need for family planning were only calculated for the total sample, not at the village level, since the sample size of each village was not sufficiently large. The total unmet need for all the treatment Menya villages is 33%, with 15% of this need representing a need for child spacing and 19% a need for limiting family size. The total met need for family planning is 50%, comprising 38% who are limiting their family size and 11% who report a desire to delay the next birth. As for Fayoum the total unmet need is 29%, with total met need is 54%. The percentage of demand satisfied is 64%.

<b>Categories</b>	<b>Menya</b>	<b>Fayoum</b>
<b>Unmet need for family planning</b>		
For spacing (%)	14.8	14.1
For limiting (%)	18.6	14.9
<b>Met need for family planning (Currently using)</b>		
For spacing (%)	11.3	14.9
For limiting (%)	38.2	39.4
<b>Contraceptive failure</b>		
For spacing (%)	3.3	5.3
For limiting (%)	6.1	4.0
<b>Total demand for family planning</b>		
For spacing (%)	29.5	34.4
For limiting (%)	62.9	58.3
Total (%)	92.4	92.7
<b>Percentage of demand satisfied</b>	59.0	63.7
<b>Total</b>	1472	916

**2.3 Attitudes toward Family Planning** (Appendix A Table 2.6)

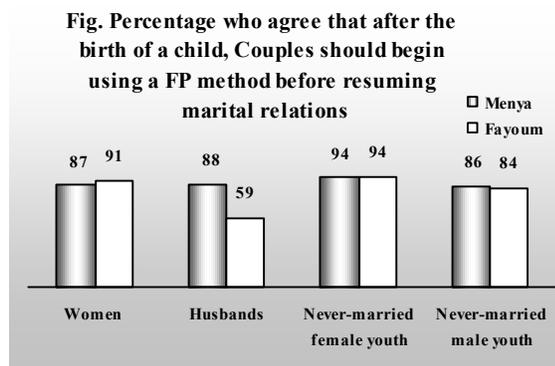
In the VHS 2007/2008, attitudes about use of family planning and about the ideal time intervals between births were measured using respondents' level of agreement with a series of statements about these topics. The responses were presented on a scale of 1-5, ranging from strongly disagree to strongly agree. During the analysis stage, the responses were recoded into three categories: agree, disagree, and neutral.



Attitudes toward birth spacing were assessed using respondents' level of agreement with the statement "Couples should space births at least 3-5 years." The VHS 2007/2008 shows that women are more likely than male respondents to agree that 3-5 years of spacing is needed as shown in Figure 2.4 than husbands. In addition, the data show that there are significant differences between villages, with no clear trend between treatment and control villages. Female respondents in Monshaat Al Maghalka village are most likely to agree that couples should space children 3-5 years, while women in Saft El khamar and female youth in

Ebshadat show the least agreement about this interval of birth spacing. On the other hand, male respondents living in Saft Al Khamar are least likely to think that 3-5 years of spacing is needed. As for youth the majority (60 % or more) of them mentioned that they don't know.

Respondents' attitude toward using a contraceptive method was assessed by asking about their agreement with the statement that after having a child, couples should begin using a family planning method before resuming marital relations. Overall, about 87% of women respondents and husbands from Menya treatment villages agreed that couples should use family planning before resuming sexual relations; compared with 91% and 59% respectively in Fayoum. For treatment villages, women and husbands in Saft El-Khamar village are most likely to agree that couples should use family planning before resuming sexual relations after having a child, while those in Zohra are least likely to agree with this statement. Regarding unmarried youth, the majority female youth in all villages are most likely to report don't know if couples should use family planning before resuming sexual relations.

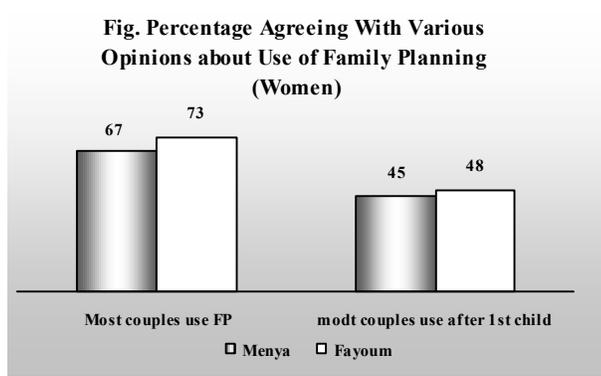


Finally, respondents were also asked whether they agreed that delaying the next child will be healthier for the child and the mother. The results show that nearly all women and husbands believed this to be true in the treatment villages, (95% for women in Menya, 98% for women in Fayoum, 91% for husbands in Menya and 92% in Fayoum). It is worth noting that all women and husbands in Koloba and all women in Saft EL-Khamar were thinking that child spacing is good for the health of the child and of the mother.

**Opinions about family planning use in the community** (Appendix A Table 2.7)

To obtain information on perceptions about the extent of family planning use in the community, women and husbands respondents in the VHS 2007/ 2008 sample were asked whether most, some, very few, or none of the couples in the reproductive ages living in their area use family planning. They were also asked if use of family planning after the first child in their community was increasing, decreasing, or staying about the same.

Overall, the results show that 67% of women in Menya treatment villages, and 73% of women in Fayoum mentioned that most couples in their community are using family planning, as shown in Figure 2.6. However, there are variations between villages. Ninety five percent of women in EL-Tawfikia (Fayoum) believe that most couples are using family planning in the community, compared to only 22% of women in Monshaat El-Maghalka (Menya).



Husbands' opinions show a similar pattern with different level of believes. Slightly more than half of all husbands (55%) in Menya treatment villages believe that most couples in their community are using family planning and 30% think that couples start family planning use after the 1st child. Husbands in Monshaat El-Maghalka are least likely to believe that most of the couples in their community are using family planning (18%), while husbands in Tawfikia village are most likely to believe this is the case (80%).

	Menya Treatment		Fayoum	
	Women	Husbands	Women	Husbands
Most couples using FP	67	55	73	58
Most couples begin using FP after first child	45	30	48	36

Sixty-seven percent of ever-married women in Menya treatment villages, and 73% in Fayoum believe that most couples in the reproductive age living in their community begin using family planning after the first child (30% and 36% respectively among husbands). However, opinions vary greatly across villages.

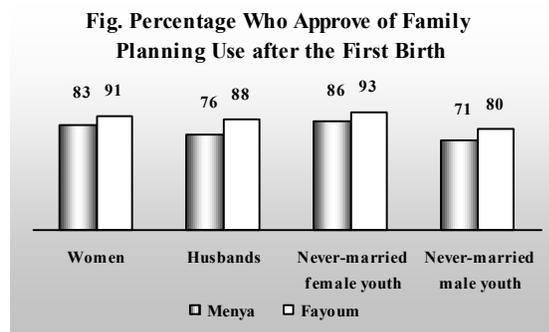
For example, while 78% of women in EL-Tawfikia believe that most women in their community begin using family planning after the first child; only 21% of women in Monshaat El-Maghalka believe this to be the case. The same variation across villages is observed for husbands.

**Approval of family planning use** (Appendix A Tables 2.8-2.9)

Having a positive attitude toward family planning is prerequisite for the adoption of family planning. Respondents were asked in 2005 whether they themselves approve of a couple's using family planning which showed that almost all respondents (98% or more) approve of a couple's using family planning. Accordingly this question was not included in 2007/2008

Respondents in 2007/2008 were asked questions about the appropriateness of a couple's use of family planning after the first birth. They were also asked about appropriate reasons for deciding to use contraception after the birth of the first child. In addition, those respondents were asked about the appropriateness for a newly married couple to begin using contraception before they have their first child and about appropriate reasons for using family planning before the first child.

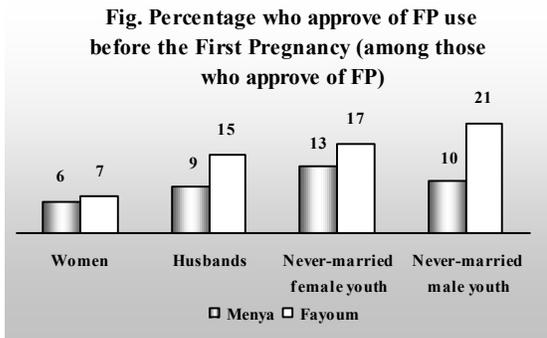
The results show that among women and female youth who approve the use of family planning, more than 80% in Menya treatment villages consider it appropriate to use family planning after the first birth. More than 70% of husbands and male youth in Menya, and 80% or more in Fayoum also believe this to be appropriate. Approval of contraceptive use after the first birth varies across villages. Only 71% of women in Monshaat El-Maghalka consider it appropriate for a couple to use family planning after the first birth increased to 98% of women in EL-Twinkie. By contrast,



only 84% of women in Monshaat El-Maghalka think that this would be appropriate. For husbands, variations across villages are similar to what observed for women. Among husbands in El-Tawfikia 96% believe it is appropriate for a couple to use contraception after the first birth, compared to only 56% of husbands in Ebshedat. Additionally, there are clear variations between villages for female and male youth regarding the appropriateness for a couple to use family planning after the first birth.

When respondents asked about the reasons for using family planning after the first child, the most commonly reported answer is that the woman should rest for some time after the first birth (67% or more among all groups). The second most common reply is that the first/next child will be healthier (26% or more), while the third one is that financial circumstances make couples use family planning after the first child to delay the next pregnancy (62% or more).

Few respondents consider it appropriate to adopt family planning before the first birth. Only around 21% of never-married male youth in Fayoum consider it appropriate for a newly married couple to adopt contraception before the birth of their first child. However, this percentage decreased to 17% among female youth and 15% among husbands. For married women this percentage very low (6%). Attitudes toward use of family planning before the first child vary across villages.



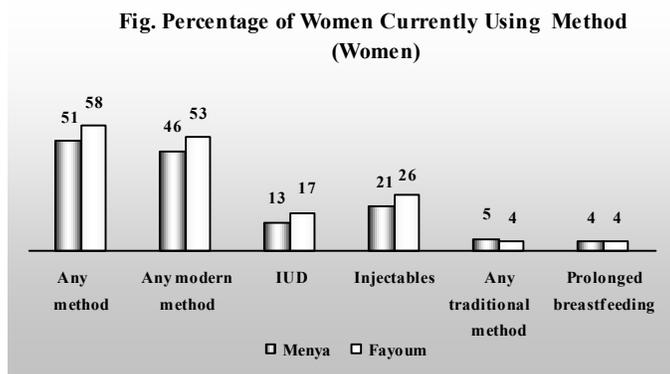
Regarding the reasons that would be appropriate for a couple to begin using contraception before they have their first child, the results of the study show that the most commonly mentioned reason by all respondents is financial circumstances. The most commonly second mentioned reason is that the husband or the wife is still studying, followed by “husband is in debt”. Due to the small number of cases these figures are not presented in the table.

## 2.4 Current Use of Family Planning

Family planning use information is very important since it provides insight into one of the main determinants of fertility and serves as a key measure for assessing the success of the national family planning program. In VHS2007/2008 currently married women of reproductive age and husbands were asked about current use of family planning. In addition, it collected detailed information about the name and the location of the most recently source from which they obtained their method.

### Levels of Current Use of Family Planning (Appendix A Table 2.11)

Overall, the VHS 2007/2008 results indicate that 51% of currently married women in Menya treatment villages are using a FP method, with 46% using modern methods and 5% using traditional methods. The most widely used methods are injectables, the IUD, and pills. Almost 21% of currently married women are using injectables, followed by the IUD (13%) and then pills (11%). Small proportions of women are using other modern methods, and 4 % using prolonged breastfeeding.



The level of contraceptive use differs across villages. Currently married women in El-Tawfikia (Fayoum) is more likely to be using a contraceptive method (65%) followed by women in Zohra and Saft El-Khamar villages (62%). Women in Koloba village were least likely to be using a contraception (34%).

The injectable is the most frequently used method in all villages, except for Ebshedat village in which the IUD is the most used method among women. Women in Kasr Rashwan (Fayoum) less likely to rely on pills than women from any other village (4%). Use of traditional methods is highest among women in Monshaat El-Maghalka (Menya) (6%), followed by El-Tawfikia and Kasr Rashwan (Fayoum) villages (5%).

Husbands are slightly more likely than women to report current use of contraceptives. More than half of husbands in Menya mentioned that they or their wives are using a method, compared to 51% among women as mentioned above. Forty-eight percent of husbands in Koloba village reported using contraception, compared to 34% of women.

**Source of Family Planning Methods** (Appendix A Tables 2.12)

Detailed information about the source from which users had obtained their method was collected in the VHS 2007/2008. Current users were asked about the name and location of the source from which they received their methods at the beginning of the current segment of use if it is during the period from the previous interview conducted in the 2004 MVHS up to the time of the 2005 MVHS interview. Otherwise, data collected in 2004 MVHS were used. Users relying on supply methods like the pill and injectables were also asked about the source from which they had most recently obtained the method. The source for family planning methods varies markedly by method.

<b>Table Percentage Distribution of Women by Source of Family Planning Methods and by Type of Method</b>			
	<b>Public sector</b>	<b>Private sector</b>	<b>NGOs, Other</b>
<b>Menya Treatment</b>			
Pill	30	68	2
IUD	74	26	0
Injectables	97	3	0
<b>Fayoum</b>			
Pill	3	97	0
IUD	82	18	1
Injectables	99	0	1

Overall, the data show that 68% of pill users in Menya treatment villages and 97% of pill users in Fayoum villages obtained their method from a private sector source, while 30% and 3% respectively obtained their method from the public sector. However, the results vary across villages. All women in Kasr Rashwan and 97 % of women in Tersa and Tawfikia received their method from the private sector, compared to only 59% in Zohra village. Conversely, the majority of the current IUD users have the device inserted at a public source (74% of women in Menya treatment and 82% of women in Fayoum), mainly at the MOHP facilities. Again, differences were observed among villages. Current users of the IUD in Monshaat El-Maghalka were least likely to rely on the public sector (42%), while those in El-Tawfikia were most likely to rely on the public sector (96%).

The data show that 97% of all injectable users in Menya and 99% of users in Fayoum rely on the public sector, mainly rural health units. No significant differences were observed between villages except for Ebshedat village. In Ebshedat, only 73% of injectable users rely on the public sector.

**Use of Pill, IUD and Injectables**

The majority of contraceptive users interviewed in the VHS 2007/2008 rely on pills, IUD, and injectables. The VHS asked several questions about the adoption and use of those methods, including questions about the cost of the method, willingness to pay, and use of specific pill brands.

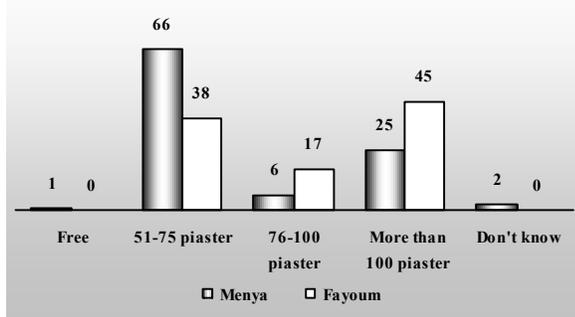
**Pill use** (Appendix A Tables 2.13-2.14)

Current users of the pill were asked about the brand of pills they used, and the cost of a pill cycle. Information about the brands used by women was collected by asking pill users to show the packet

of pills. If the packet was available, the interviewer recorded the name of the brand. If the interviewer did not see the packet, she would ask the respondent to name the brand she was using. The results of VHS 2007/2008 show that, overall, 46% in Menya treatment villages and 21% in Fayoum were using Microcept, less than 2% of current users were using the Microgynon brand in Menya, while, 5% in Menya were using the Nordette and other 3% were using the Exluton. Brand use varies by village. While around three quarters of pill users in Zohra village use Microcept, only 21% of the pill users in Saft Al Khamar are using this brand. In Fayoum significant proportion reported doesn't know the brand (40 % and more).

To obtain information on the cost of pills, current users were asked about the amount they paid for the most recent packet of pills. Women in Menya reported a median price of 65 piasters per pill cycle; while in Fayoum they reported a median price of one pound. Around two-third of the women in Menya treatment villages (66%) mentioned that they paid from 51-75 piasters, compared with 38% in Fayoum. 45% of women in Fayoum paid more than one pound compared with 25% in Menya treatment. Women in Menya control villages reported higher mean price than treatment villages in Menya. The highest mean prices reported by women in Kasr Rashwan and EL-Tawfikia (Fayoum).

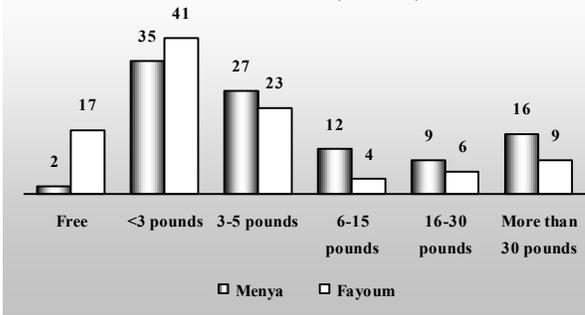
**Fig. Percentage Distribution of Pill Users by Cost of one pill cycle**



**IUD use** (Appendix A Tables 2.15)

IUD users represent 13% of all currently married women. Those users were asked for information on the actual price they paid when they obtained the IUD, as well as about their willingness to pay various amounts for an IUD. The 2007 VHS looks at the information provided by the current users about the amount that they paid for the IUD services.

**Fig. Percentage Distribution of IUD Users by Cost of Method (Women)**



Virtually all IUD users paid to obtain the method; less than 2% of women in Menya treatment villages obtained IUD for free, increased to 17% of women in Fayoum. Among those paying to obtain the IUD, the majority paid less than 5 pounds (53% in Menya and 81% in Fayoum). The mean price reported in Menya treatment is 15 pound, while in Fayoum 10 pound.

Village-level data show that none of IUD users in Nazlet Hussein Ali, Toukh El-khail, and Koloba received the IUD services for free, but 42% of IUD users in

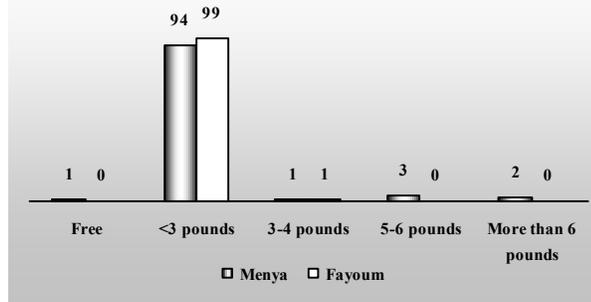
Tersa received the IUD services for free. Almost 9 in every 10 IUD users in Zohra village paid 5 pounds or less for IUD services. The same pattern was observed in Saft Al Khamar village, in which 82% of women paid less than 5 pounds for IUD services. Conversely, around 25% or more of IUD users in Koloba, Monshaat El-Maghalka villages paid 16 pounds or more for receiving the services. It is worth mentioning that almost all respondents from Monshaat El-Maghalka paid 3 pounds or more to receive the IUD services.

**Injectable use** (Appendix A Tables 2.16)

Injectables are one of the main family planning methods used by Egyptian women. As was the case with the pills and the IUD, the VHS obtained information on the actual cost of the injectables.

Data from the VHS show that all of the injectable users paid for the method. However, more than 90% paid less than 3 pounds. This was expected, considering that the MOHP fixed the cost of the injectables at 1 pound. No significant differences were observed between villages, except for the fact that 10% of users in Zohra and Ebshedat villages paid 5 pounds or more for the Injectable. The data show that the mean cost of Injectables 214 piasters in Menya treatment villages which is higher than the case of Fayoum (153 piasters).

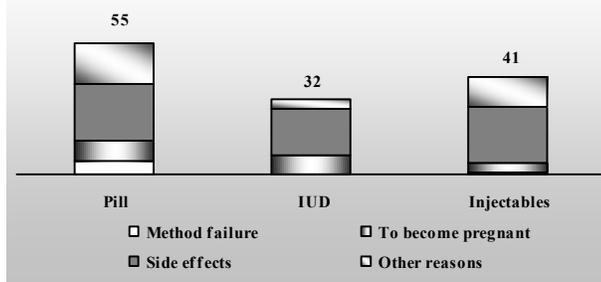
**Fig. Percentage Distribution of Injectable Users by Cost of Injectables (Women)**



## 2.5 Discontinuation Rates (Appendix A Table 2.17)

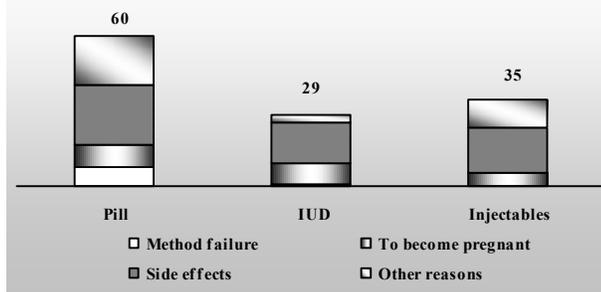
This section focuses on women not currently using family planning, and presents information on levels of family planning discontinuation, reasons for discontinuation, intention to use in the future, and the reasons for not planning to use contraception in the future. The information presented in this section is important in evaluating the prospects for family planning acceptance among women who are not currently using a family planning method.

**Fig. Contraceptive Discontinuation Rates by Method and Reasons for Stopping Use- Menya**



One of the important aspects for family planning programs is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Reasons for discontinuation may vary but usually include factors such as contraceptive failure, dissatisfaction with the method, side effects and health concerns, and the lack of availability or the cost of the methods. High rates of discontinuation indicate that a family planning program should devote more attention to counseling and follow-up, which can reduce discontinuation rates by helping women to deal with obstacles to continued use.

**Fig. Contraceptive Discontinuation Rates by Method and Reasons for Stopping Use- Fayoum**



Life table techniques were used to calculate contraceptive discontinuation rates. The rates are 1-year discontinuation rates that represent the proportion of users discontinuing within the first 12 months after beginning to use the method. The rates are calculated separately for the following methods: pills, IUD, injectables, and prolonged breastfeeding. Because very few women discontinue the use of a method in the first 12 months, data were calculated for the total sample only. In order to ensure a sufficient number of segments of use to allow calculation of the rates, the reasons for discontinuation were grouped into four specific categories: method failure (i.e., they became pregnant while using the method), desire for pregnancy, side effects/health concerns, and other reasons (including husband's disapproval, need for a more effective method, marital dissolution... etc.).

Overall, data from the VHS 2007/2008 indicate that 44% of users from Menya and 38% of users from Fayoum stopped using a method within 12 months of starting use. The most frequently mentioned reasons were side effects or health concerns (19% in Menya and 17% in Fayoum), wanted to become pregnant (6% in Menya and Fayoum), and method failure (2% in Menya and 3% in Fayoum). Other reasons were mentioned by 16 percent of users from Menya and 13 percent of users from Fayoum.

Looking at specific contraceptive methods, pills had the highest 1-year discontinuation rate (55% in Menya and 60% in Fayoum), followed by prolonged breastfeeding (53% in Menya and 52% in Fayoum) and the injectable (41% in Menya and 35% in Fayoum). The IUD had the lowest discontinuation rate (32% in Menya and 29% in Fayoum).

The data from the VHS 2007/2008 show that slightly less than one quarter of pill users reported side effects/health concerns as the main reason for discontinuation. In addition, around one-fifth (24% in Menya and 18% in Fayoum) of injectable users stopped using the method during the first 12 months of use due to side effects and health concerns. Less than 1% of IUD and injectable users stopped using the method because of method failure.

## 2.6 Intention to Use Contraception in the Future

To obtain information about the potential demand for family planning services, all currently married women and husbands who were not using contraception at the time of the survey were asked about their interest in adopting family planning in the future. Female and male youth were also asked about their intention to use contraception in the future. In addition, respondents who mentioned that they are not likely to adopt contraception in the future were asked about the reasons why they do not plan on using a method.

### **Future use of family planning** (Appendix A Table 2.18)

The data show that slightly fewer than three quarters of women (64% in Menya treatment villages, and 70% in Fayoum) mentioned that they are likely to use family planning in the future. However, only 57% of husbands in Menya treatment and 69% of husbands in Fayoum mentioned that they are likely to use contraception in the future. Differentials in intentions to use vary by village for both women and husbands.

Almost all female and male youth reported that they have the intention to use contraception in the future.

### **Reasons for nonuse** (Appendix A Table 2.19)

Understanding the reasons that people do not intend to use contraceptives can be helpful in identifying areas for potential interventions. Most of women who do not plan to use a method reported that they are menopausal or have had a hysterectomy (47% in Menya treatment, and 54% in Fayoum), subfecund was reported by 31% of women in Menya treatment and 19% in Fayoum,

	<b>Menya Treatment</b>		<b>Fayoum</b>	
	<b>Women</b>	<b>Husbands</b>	<b>Women</b>	<b>Husbands</b>
Menopausal, hysterectomy	47	54	54	57
Subfecund	31	24	19	14
Wants more children	0	1	0	2
Health concerns	6	7	4	1
Fear of side effects	6	2	0	0
Other	11	12	24	27

Fearing of side effects was reported by only 6% of women in Menya treatment villages and no one mentioned it as reason in Fayoum. Six percent of female non-users in Menya treatment, and 4% of non-users in Fayoum mentioned health concerns as the reason for not intending to use in the future. Around one-quarter of women in Fayoum reported other reasons.

The reasons for not planning to use contraceptives vary across villages. For example, 19% of women in Toukh El Khail mentioned that they do not intend to use contraception because of health

concerns, while none of the women in Zohra, Nazlet Hussein Ali, Koloba, and Ebshedat mentioned this reason. Twenty-seven percent of women in Koloba mentioned that they fear the side effects, compared to none of the women in Saft Al Khamar village.

The VHS 2007/2008 data show that 26% of husbands reported that they are not planning to use contraception because their wives are subfecund, menopausal, or have had a hysterectomy. Ten percent of husbands who do not intend to use contraception in the future mentioned that they want more children. However, while more than 14% of husbands in Zohra village mentioned this latter reason, only 3% of husbands in Koloba village did.

About 8% of husbands in Toukh El Khail mentioned that they do not plan to use contraception in the future because of health concerns, compared to none of husbands in Zohra, Nazlet Hussein Ali and Koloba villages. While 19% of husbands in Koloba reported that they fear the side effects, none of husbands in Zohra and Saft Al Khamar villages did.

## 2.7 Trend of Some Indicators Across Surveys

Table 2.6 presents data on the trend of some indicators, children ever born, Ideal no. of children, and current use of fertility planning method, across the different surveys conducted on 2004, 2005, and 2007 for Minya governorate, and 2005, and 2007 for Fayoum governorate.

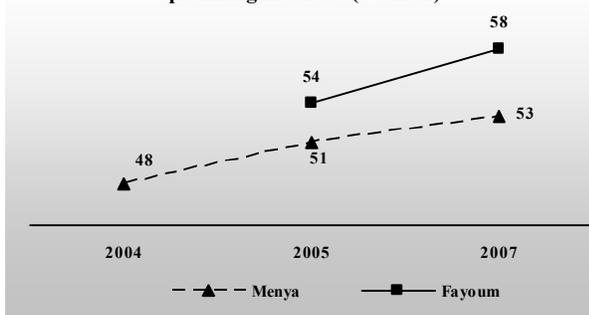
The presented data revealed that the children ever born indicator of the total group in Minya decreased slightly overtime from 3.9 in 2004 to 3.5 in 2007. Similar trend was observed in Fayoum, the values decreased from 3.7 in 2005 to 3.5 in 2007.

	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>Children ever born</b>											
Women	3.8	3.9	3.9	3.7	3.7	3.7	3.7	3.4	3.5	3.7	3.5
<b>Ideal no. of children</b>											
Women	3.1	3.2	3.1	3.0	3.0	3.0	2.92	2.84	2.88	3.0	2.94
Husband	3.7	3.9	3.8	3.6	3.6	3.6	3.42	3.4	3.41	3.5	3.35
Never married female youth	2.6	2.5	2.6	2.5	2.5	2.5	2.54	2.43	2.5	2.4	2.43
Never married male youth	3.1	3.4	3.2	3.0	3.2	3.0	2.91	3.08	3.02	2.9	2.71
<b>Current use of fertility planning method</b>											
Women	45.5	49.9	47.5	48.9	50.7	51.2	50.8	54.5	52.5	54.1	57.6
Husband	49.5	53.7	51.4	52.8	56.8	55.2	53.8	53.2	53.5	58.2	54.2

Regarding the ideal no. of children, the data for women in Minya total group also decreased overtime from 3.1 in 2004 to 2.9 in 2007. Same finding was reported among women of Fayoum, the values decreased from 3 in 2005 to 2.9 in 2007. Similar trend was demonstrated with husband, and never married female and male youth in both Minya and Fayoum.

Data on the current use of family planning method for women of Minya total group, increased overtime from 48% in 2004 to 53% in 2007. For Fayoum total group the percent for women increased also overtime from 54% in 2005, to 58% in 2007. Similar trend was observed among husbands in both Minya and Fayoum governorates

**Fig. Trend of current use of family planning methods (Women)**



Medical provider is considered tremendously important in providing adequate antenatal care to pregnant women. Provision of such services is important in monitoring women's health status during pregnancy, at delivery, and in the early postpartum period to avoid the risk of infant mortality.

The data on the use of maternity care services were collected from women through asking a series of questions relating to the types of health care services that they received during pregnancy, at delivery, and in the postnatal period. This information was collected for each birth during the period from the previous interview conducted in the 2005 VHS up to the time of the VHS 2007/2008 interview. In addition, husbands and youth were asked a series of questions to assess their knowledge and attitudes toward maternity care. This chapter presents the results of these questions.

**3.1 Care During Pregnancy**

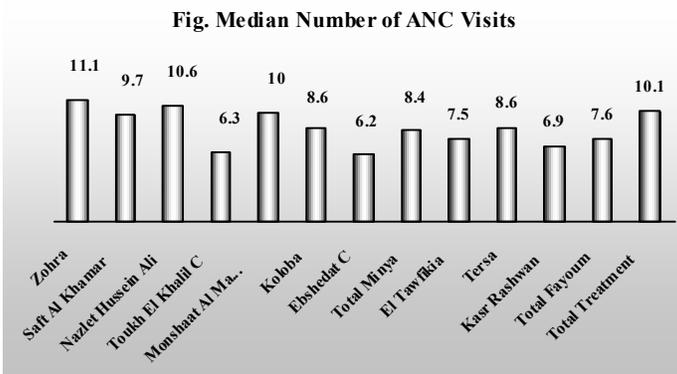
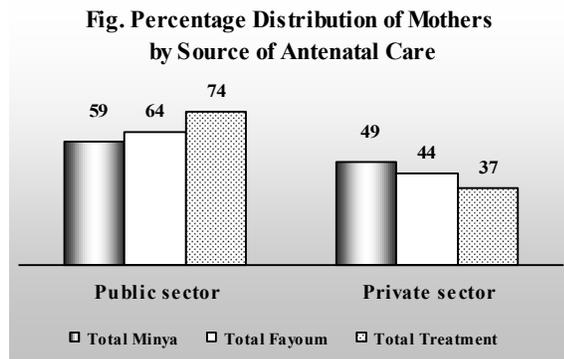
Pregnancies during the period from 2005 to 2007 were recorded, and women were asked about the antenatal care (ANC) they received, including the number of visits, the source of care, and whether they received a tetanus toxicity injection (TT). Never-married female and male youth, and husbands were asked about their knowledge about antenatal care and its importance, and about the number of visits that women should make to a health care provider during and after pregnancy.

**Antenatal care coverage** (Appendix A Table 3.1)

Recommendations of the World Health Organization (WHO) stated that a pregnant woman require at least four antenatal care visits to ensure proper health care. Tetanus toxicity injections are a crucial element of adequate pregnancy care and help prevent infant deaths from neonatal tetanus.

Table 3.1 demonstrated the percent distribution of births who born during the period from the previous interview conducted in the 2004 MVHS up to the time of the VHS 2007/2008 interview, by type of provider and source from which antenatal care was received,

number of antenatal care visits, and by the stage of pregnancy at the time of the first and last visits, by focal villages, VHS 2007/2008. The data on the provision of ANC revealed that 83% of mothers received care during pregnancy from a doctor, while 18% reported that they do not receive any ANC. Unlikely, no provision of ANC from Trained nurse/Midwife was reported among all villages.



Concerning the source of the provided antenatal care, seventy four percent of women received care from the public sector, and 37% from the private sector.

Differences regarding the source for ANC was observed across villages In Zohra village 93% of women received ANC from public sector, while 30% received it from private sector. Similar observation was reported among women of

Monshaat El-Maghalka, where 84% received ANC from private sector and only 19% from the private sector.

Almost 83% of women received ANC services during pregnancy, however, only 92% of them made four ANC visits during this period. The level of care expressed as number of ANC visits varies across villages. More than 9 out of ten mothers from Zohra, Saft El Kamar, Nazlet Hussein Ali, and Monshaat El-Maghalka were most likely to make at least 4 visits, while mothers from Ebshedat were least likely to do that (64%). Considering only those births for which the mothers received antenatal care, the data show that the median number of antenatal visits was 10 visits, and varies across villages from 11 visits in Zohra village to 6 visits in Ebshedat control.

The first antenatal checkup is considered an effective preventive measure in the early pregnancy. Among those pregnancies for which antenatal care was provided, the first visit was reported before the 6th month of pregnancy in almost all the studied cases.

### 3.2 Husbands' and Youth's Knowledge of Antenatal Care (Appendix A Tables 3.2-3.3)

The data of husbands, never-married female youth, and never-married male youth revealed that almost nine out of ten respondents have heard about antenatal care (93%, 92%, and 87%, respectively). Also, the majority of respondents (reported their belief that antenatal care should be received from a public sector (94% for husbands, 96% for male youth, and 90% for female youth). However the minor believed that it should be received from private sector.

Significant differences were observed among villages. The results shows that 98% of never-married male youth in Saft El Kamar believed that antenatal care should be received from the public sector, while only 15% said it should be received from a private provider. Similar pattern was observed among husbands of Monshaat El Maghalka village, where 97% believed that ANC should be received from public sector, and only 20% believed it should be from private ones. The same trend can be noticed among never-married female youth. In addition, the majority of respondents from the three groups confirm the importance of ANC as health measure to the pregnant women.

In the VHS 2007/2008 husbands and youth were also asked about the appropriate number of antenatal care visits during pregnancy. Twenty two percent of both husbands and never-married female youth groups mentioned that they did not know the appropriate number, while the majority of the other husbands and youth indicated that four or more visits would be appropriate (73%). A similar pattern was observed among male youth. The median number of visits that husbands thought to be appropriate was ten visits. For female youth the median was twelve visits, while for male youth the median was eleven visits.

Intention of youth to perform antenatal care was assessed by asking them, "Do you intend to (let your wife) go for antenatal care?" The results revealed that 89% of female and 96% of male youth reported that they intend to go/let their wives go for antenatal care when they get married.

### 3.3 Delivery Care

The following paragraph discuss the main topics in relation to delivery process, namely place of delivery, type of delivery, and type of assistance during delivery. The proportion of infants born in

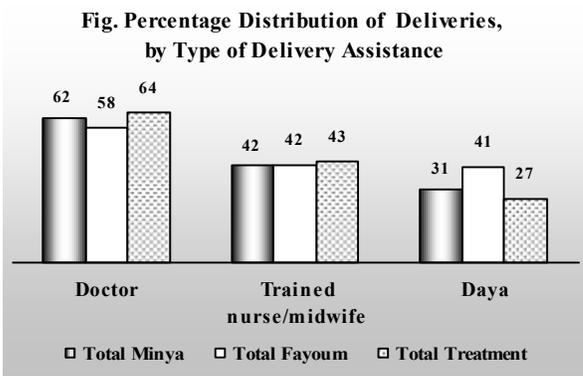
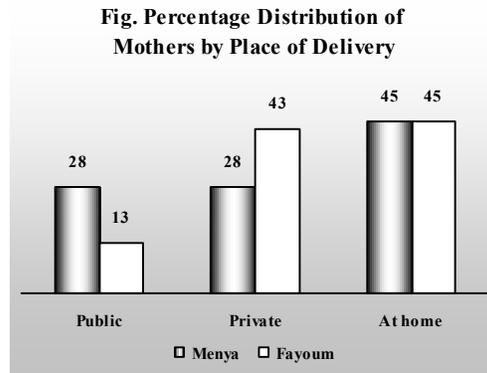
**Table Percentage Who Heard about ANC and Percentage Who Believe ANC should be Obtained from the Public/Private Sector**

	Husbands	Never-married	
		Female youth	Male youth
<b>Menya Treatment</b>			
<b>Ever heard about ANC Source for ANC</b>	93	92	87
Public sector	94	90	96
Private sector	43	60	39
<b>Fayoum</b>			
<b>Ever heard about ANC Source for ANC</b>	95	97	82
Public sector	94	85	97
Private sector	61	77	53

health facilities is considered critical indicator to the reduction of health risks to both mother and the newborn. Proper medical attention and hygienic conditions during delivery can also reduce the risk of complications and infections that can cause death or serious illness for either the mother or the baby.

**Place of delivery and assistance during delivery**  
(Appendix A Table 3.4)

Questions about the place of delivery, assistance during delivery, and whether the delivery was normal or caesarean are included in the VHS's 2007/2008 woman questionnaire. Questions were directed to women who gave birth during the period from the previous interview conducted in the 2005 MVHS up to the time of the VHS 2007/2008 interview. Forty five percent of deliveries was made at home, and 28% for both deliveries at public or private sector. Differences can be noticed among villages. While 69% of mothers from Saft El Kamar delivered at home, only 34% of mothers from Monshaat El Maghalka delivered at home. Moreover, 61% of mothers from Toukh El Khail delivered at a private health facility, while only 5% of mothers from Toukh El Khail delivered at a private health facility. In addition, 58% of mothers from Toukh El Khail delivered at public facility, where only 2% from Koloba village delivered at public facility.



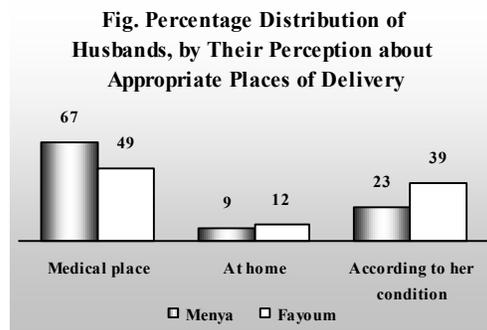
The data shows that 64% of deliveries were assisted by doctor, 43% by trained nurse/midwife, and only 27% was assisted by Daya. Differences can be clearly observed among villages. The highest percentage of deliveries assisted by Doctor was reported in Monshaat El Maghalka village (89%), where only 33% was reported in Saft El Khamar. Similar observation can be noticed with the assistance made by trained nurse/midwife. The highest percentage of deliveries assisted by trained nurse/midwife was

reported among Koloba village (74%), and the lowest was reported among Monshaat El Maghalka (17%). Almost 68% of the deliveries in Saft El Khamar were assisted by the Daya, compared to 10% of deliveries in Zohra village.

Women were asked whether the delivery was normal or caesarean section. The data show that 86% of all deliveries were normal vaginal deliveries. There are some differences between villages. In Saft El Kamar, 91% of deliveries were normal and only 9% were completed by caesarean section.

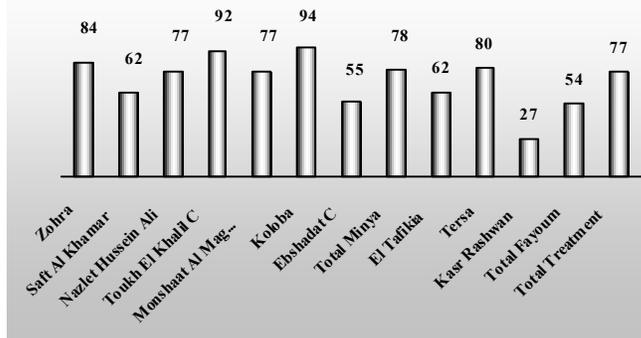
**Husbands' and youth's knowledge of delivery**  
(Appendix A Tables 3.5)

The data presented in Table 3.5 shows the percent distribution of husbands, never-married female and male youth by knowledge about the appropriate place of delivery and type of assistance during delivery, by focal village, VHS 2007/2008. Information concerning husbands and youth knowledge about the appropriate place of delivery and the person who should assist during delivery were collected accordingly. The data show that 67%



of husbands thought that women should give birth in a medical facility, while 23% of them thought that the appropriate place of delivery depends on the woman's health condition, and 9% of them prefer delivery at home. Significant difference was observed between villages. Ninety one percent of husbands in Koloba village thought that the delivery should be conducted at a medical facility, compared to only 46% of husbands in Ebshadat village. About 15% of husbands in Saft El khamar and only 1% in Koloba indicated that women should give birth at home.

**Fig. Percentage of Husbands Believing that a Doctor Should Assisting During Delivery**



It was found that 77% of husbands believed that a doctor should assist during delivery, while 15% percent believed that assistance should depend on the woman's condition during delivery.

Moreover, the data indicated that ninety four percent of husbands in Koloba believed that the doctor should assist during delivery. This response was expected since most husbands in this village mentioned that the delivery should take place at

a health facility. Husbands in Saft El khamar and Ebshadat are most likely to prefer the Daya to assist during delivery (16% & 18% respectively).

The data on female and male youth indicated that their believe that woman should deliver at medical facility is significantly high compared to husbands, 80% of females and 74% of males, responded that delivery should be conducted at a medical facility. Slightly more than 85% of female and male youth thought that women should be assisted by a doctor. Both female and male youth equally believed that the appropriate type of delivery assistance depends on the woman's condition (8%).

**Table Percentage favoring various places of delivery & various types of delivery assistance**

Place of delivery/assistance during delivery	Menya Treatment		Fayoum	
	Female youth	Male youth	Female youth	Male youth
<b>Place of delivery</b>				
In a medical place	80	74	65	70
At home	5	7	4	9
According to her condition	15	19	31	22
<b>Assistance during delivery</b>				
Doctor	85	87	67	84
Daya	2	4	5	3
According to her condition	8	8	28	12

**Knowledge of danger signs**  
(Appendix A Table 3.6)

Knowledge of the signs of the medical complications which may occur during pregnancy is considered of major importance to the health status of mothers. Respondents of the four groups were asked about their knowledge of the dangerous signs that indicate problems with a pregnancy.

Table Percentage Aware of Various Pregnancy Danger Signs	Menya Treatment		Fayoum	
	Women	Husbands	Women	Husbands
Bleeding	63	36	75	53
Edema of hands, legs, and face	23	12	37	16
High fever	21	8	18	10
Severe abdominal pain and absence of fetal movement	17	7	37	19

The most commonly danger sign reported was bleeding, (63% of women, 48% of female youth, 36% of husbands, and 29% of male youth). This data clearly indicate that the awareness of women and female youth that bleeding is a sign of danger is higher compared to husbands and male youth. Severe headache with blurred vision was reported as the next sign following bleeding in both women and female youth groups (23% and 16% respectively). The situation was different

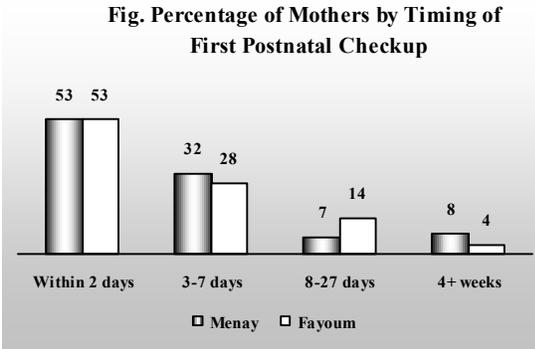
among husbands and male youth, where Edema of hands, legs, and face sign reported second to bleeding (12% and 5% respectively).

### 3.4 Postpartum Care

Postpartum maternal and child medical care is critical to the health condition of both the mother and her child. It is worth mentioning that medical care for mothers is of significant importance particularly when the birth is not assisted by a health care provider. MOHP recommends stipulated that several visits for the mother after delivery should be undertaken. The first visit should occur within 2 days after delivery. Subsequent visits should occur after 7 days, after 2 weeks, and after 40 days.

#### Care for the mother (Appendix A Table 3.7)

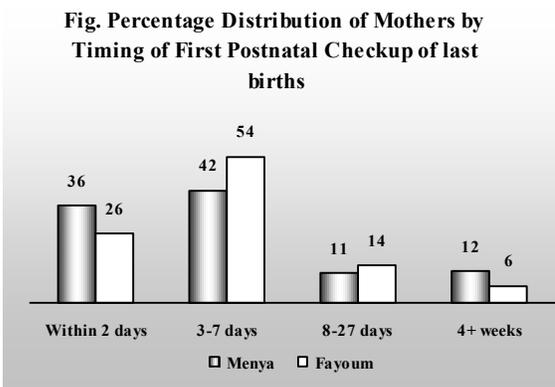
Immediately after delivery and within the first couple of days, it is recommended that mothers who deliver in either private or public health facility should have the first postnatal checkup. Bearing in mind that almost 45% of women delivered at home, it was found that 62% of mothers did not have any postpartum care. Fifty three percent of mothers received a postnatal checkup within 2 days of birth. Differences were observed across villages. Seventy eight percent of mothers in Zohra village received postnatal care within the first 2 days, compared to only 12% of mothers in Toukh El Khail village.



It was found that almost two third of the first postnatal checkups were carried out by a doctor, followed by trained nurse/midwife who provide almost one third of this medical service. Regarding the source of the first postnatal checkup, the data revealed that 67% of postnatal checkups were carried out at private doctor facility or clinic, while 17% took place at the woman's home, 11% at health unit and only 6% at hospital.

#### Care for the child (Appendix A Table 3.8)

Table 3.8 illustrates the percent distribution of last births by timing and location of the first postnatal checkup for child and mother's report as to whether sample of blood was taken from infant's heel during the first two weeks following delivery, by focal villages, VHFS 2007. Mothers were asked whether their last child received any postnatal care following delivery and if so, what the source for this postnatal care was. This information was collected only for the last birth during



the period from the previous interview conducted in the 2005 MVHS up to the time of the VHS 2007/2008 interview. Generally speaking, the data show that slightly less than half of these children (43%) did not receive any care after delivery. Thirty six percent of infants received postnatal care within 2 days of birth, and 42% within 3-7 days of birth. Differences between villages indicated that 61% of children in Zohra village received postnatal care within 2 days of birth, compared to only 8% of children in Monshaat El-Maghalka village.

As regard the source for the first postnatal checkup of last birth, it was found that 38% of infants received care at a private doctor's or clinic, 20% at health unit, and 7% at hospital. Significant differences were observed between villages. The highest percentage of children receiving postnatal care at a physician's office or clinic was recorded in Ebshedat village, and the least value was recorded in Toukh El Khail village (85% and 23% respectively).

Mothers were also asked whether a blood sample was collected from the child's heel. The data show that a blood sample was collected from 94% of last births. Insignificant differences were recorded across villages.

**Intention to have postnatal care** (Appendix A Table 3.9)

Table 3.9 demonstrates the percentage of husbands, never-married female and male youth by the likelihood of letting the wife and a newborn go for postnatal care checkup within one week of birth, by focal villages, VHS 2007/2008. Husbands were asked about their intention to seek postnatal care for both the newborn and the mother within 1 week of delivery. The likelihood of seeking care was recorded on a 5-point scale ranging from very unlikely to very likely. During the analysis stage, the responses were divided into three groups: likely, unlikely, and somewhat likely. More than 72% of husbands reported that they were likely to go for medical consultation for their newborn within one week of birth. Meanwhile, differences were observed between villages. Ninety One percent of husbands in Koloba were likely to conduct postnatal care for their newborn, compared to only 55% of husbands in Ebshedat village. Similar trend was observed for the intention to conduct postnatal care for the mother. Sixty Eight percent of husbands were likely to let their wives go for postnatal medical checkup after one week of their delivery. In Koloba village husbands were most likely to let their wives go for postnatal care (79%), compared to 58% of husbands in Zohra village.

<b>Table Intention to Have Postnatal Care for Mother and Child</b>			
	Husbands	Never-married	
		Female youth	Male youth
<b>Menya Treatment</b>			
<b>Intention to do postnatal care for the newborn</b>			
Unlikely	8	4	2
Somewhat likely	12	10	4
Likely	72	80	92
<b>Intention to do postnatal care for the wife</b>			
Unlikely	9	5	6
Somewhat likely	15	11	11
Likely	68	77	82
<b>Fayoum</b>			
<b>Intention to do postnatal care for the newborn</b>			
Unlikely	5	1	0
Somewhat likely	9	5	2
Likely	69	87	90
<b>Intention to do postnatal care for the wife</b>			
Unlikely	8	3	2
Somewhat likely	15	10	5
Likely	60	79	85

The collected data indicated that the never-married youth are more likely aware of the significance of postnatal care compared to husbands. The reported values of both female and male youth of their intention to do postnatal care for newborn were higher (80% and 92% respectively), compared to husband values. Similar pattern was observed among the youth intention to do postnatal care for wife.

The data of different villages varies significantly. All Female and male youth from Koloba village intended to permit for postnatal care for both mother and child, while only 77% female youth from Zohra reported their intention to do postnatal care for newborn, and 42% male youth from the same village intended to allow for postnatal care for wife.

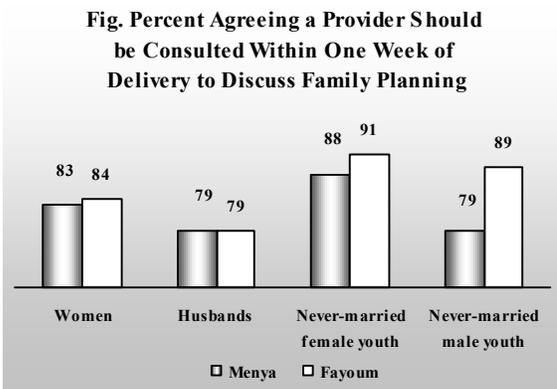
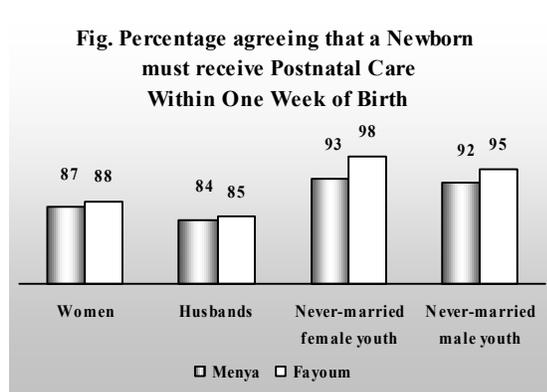
**3.5 Attitudes towards Maternal Health**

This section discusses the attitudes of respondents against postnatal care for mother and the newborn within the first week of delivery. Two statements were accordingly narrated to respondents by interviewers about their level of agreement. The responses were recorded on a 5-point scale ranging from strongly disagree to strongly agree. During the analysis stage, the responses were grouped into three categories: agree, disagree, and neutral.

Moreover, the advantages of having postnatal care for mother and newborn during the first week of delivery were obtained from respondents and recorded accordingly.

**Attitudes toward postnatal care for mother and child** (Appendix A Table 3.10)

Respondents attitude toward postnatal care for the child and toward consulting a provider about starting family planning after delivery were recorded. The individual questionnaires of VHS 2007/2008 include questions about these issues. The data show that most respondents agree that the newborn must receive a medical consultation within one week of birth (87% among women, 84% among husbands, 93% among female youth and 92% among male youth). It is interesting to mention that the never-married female and male youth are more aware of this issue compared to the married women and husbands. Remarkable differences were recorded among villages. Respondents of the four studied groups from Ebshedat village are least likely to agree that a postnatal checkup within the 1<sup>st</sup> week is necessary for the newborn (71% for women, 61% for husbands, 78% for female youth, and 48% for male youth). Meanwhile, almost all respondents of the four studied groups from Koloba village are very likely to agree that a postnatal checkup within the 1<sup>st</sup> week is necessary for the newborn (94% for women and 92% for husbands, 98% for female youth, and 100% for male youth).



In the VHS 2007/2008 respondents were requested to answer question about women must consult a health provider within one week of delivery about when to start using family planning. The collected data shows that 83% of women, 79% of husbands, 88% of female youth, and 79% of male youth agreed to the above statement. Marked differences were observed across villages. Women, husbands, and female and male youth from Koloba village are most likely to agree that it is necessary to consult a health provider within one week of delivery to start using contraception (91%, 91%, 96% and

100%, respectively). On the other hand, respondents from Ebshedat reported the least likely among all villages ( 51% for women, 45% for husbands, 57% for female youth, and 37% for male youth).

**Advantages of postnatal care** (Appendix A Table 3.11)

Data recorded the perceptions of respondents to the advantages of postnatal care for mothers and the newborn are presented in Table 3.11 of VHS 2007/2008. It was found that the majority of respondents among all groups reported that the advantage of providing postnatal care for the child is that it check's the child health. This finding is ranging between 90% and 93% among respondents of all groups. The data also indicated that early detection of childhood diseases is reported next to the advantage of check's the child health in all the studied groups (27% of women, 28% of husbands, 31% of female youth, and 35% of male youth). Some differences were observed between villages. It was found that 100% of both husbands in Koloba, and Female youth from Nazlet Hussein Ali reported that postnatal care is important to check for the child's health compared to only 64% of male youth from Ebshedat control village.

The presented results also discussed the advantages of postnatal care for mothers. The most commonly mentioned advantage is that it checks the mother's health with values ranging between 89% and 77% across groups. "Provides an opportunity to have a family planning consultation", is reported as the second most important advantage by all respondents. Significant differences were

observed within villages. Ninety nine percent of husbands from Koloba village mention that family planning consultation is one of the advantages of postnatal care, compared to only 58% of male youth from Zohra village.

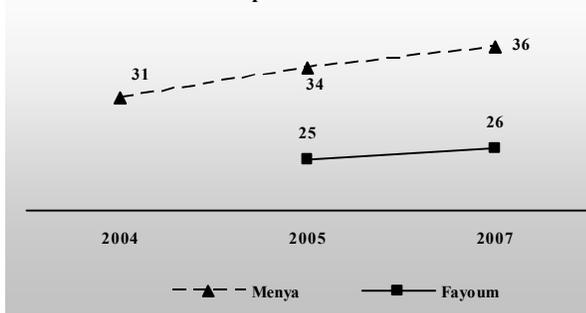
Advantage of having postnatal care	Women	Husbands	Never-married	
			Female youth	Male youth
<b>Menya Treatment</b>				
<b>Percentage mentioning specific advantages of having postnatal care for child</b>				
Check child's health	92	91	93	90
Check child's umbilicus	24	20	27	5
Early detection of any child's disease	27	28	31	35
<b>Percentage mentioning specific advantages of having postnatal care for mother</b>				
Check mother's health	89	83	25	77
Not to be pregnant/take family planning consultation	28	29	29	18
Give her tonics	8	11	11	11
Early detection of any postpartum disease	9	11	14	22
<b>Fayoum</b>				
<b>Percentage mentioning specific advantages of having postnatal care for child</b>				
Check child's health	92	92	88	94
Check child's umbilicus	32	24	36	15
Early detection of any child's disease	40	43	53	46
<b>Percentage mentioning specific advantages of having postnatal care for mother</b>				
Check mother's health	89	87	88	97
Not to be pregnant/take family planning consultation	28	23	23	9
Give her tonics	11	19	13	31
Early detection of any postpartum disease	16	20	30	25

### 3.6 Trend of Some Indicators Across Surveys

The data of husbands, never-married female youth, and never-married male youth revealed that the percent of husbands ever heard about ANC in total Minya decline from 96% in 2004 to 87% in 2005, then increased to 90% by 2007. For Fayoum, the data was available only for two consecutive surveys 2005, and 2007. It shows slight increase in the percent of husbands from 93% in 2005 to 95% in 2007. Similar trend was reported among Female and Male youth in total Fayoum and Minya.

The results on postpartum care were recorded in table 3.6. It was found that the percent of mothers who checked up one week after delivery increased progressively overtime. In 2004, the value for total Minya was 31% increased to 36% in 2007. In Fayoum, the values were 25% in 2005, increased to 27% in 2007. Similar pattern was reported among child

**Fig. Trend of timing of first postnatal check up for mother**



**Table Trend of Some Indicators Across Surveys**

	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>Antenatal Care</b>											
<b>Ever Heard about ANC</b>											
Husband	98.4	92.8	95.9	90.3	82.2	86.5	92.8	88.3	90.1	93.1	94.5
Female Youth	96.1	95.3	95.7	94.1	86.9	90.6	92.2	90.2	90.6	94.9	97.1
Male Youth	91.7	82.7	87.2	72.9	85.4	78.8	87.3	74.2	80.3	88.0	81.5
<b>Postpartum Care</b>											
<b>Timing of first postnatal check up</b>											
Mother	34.3	27.5	31.1	35.6	31.7	33.9	37.7	31.7	35.5	24.9	25.6
Child	45.3	46.7	45.9	49.5	46.2	48.1	57.1	50.0	53.3	39.5	51.7

Diarrhea and acute respiratory tract infections are considered of the most serious diseases prevailed among Egyptian children. Preventive as well as curative measures of these diseases are important aspects for infant and child health. In the 2007/2008 VHS information were collected on the prevalence and treatment of diarrhea and acute respiratory infections. In addition, the chapter examined and discusses breastfeeding data and vitamin A supplementation. The data are presented and analyzed for total Menya, treatment Menya, control, and Fayoum groups.

#### 4.1 Prevalence and Treatment of Diarrhea (Appendix A Table 4.1)

In the 2007 VHS, mothers of children born since the previous follow up in 2005 were asked whether any of their children had diarrhea during the 2-week period prior to the survey. In case the child is infected, the mother was asked about the feeding practices during the diarrheal episode and about the actions that were taken to treat the diarrhea.

The data indicated that the percentage of children of Menya, treatment, and Fayoum groups who have been infected with diarrhea in the 2-week period prior to the survey were (20%, 26%, and 20% respectively), compared to only 14% of the control group.

The data also shows that diarrhea prevalence varies among children in different age groups. The highest value was reported for the age group under 6 months in the treated group (28%), compared to only 13% of the age group 24-35 months for Fayoum group.

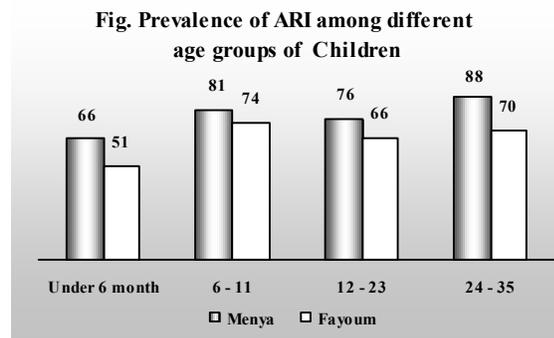
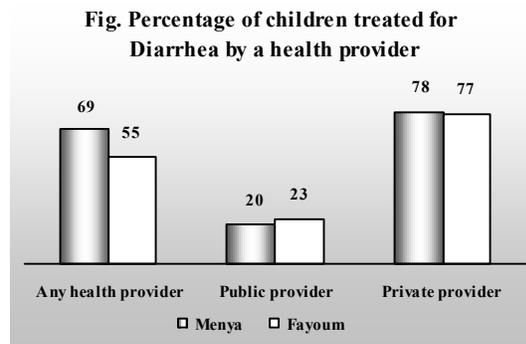
With regard to specific actions taken when a child was infected with diarrhea, mothers sought advice or treatment from a health provider in 69% of the diarrheal episodes in Menya group, and 55% in Fayoum. Percentage of medical advise given by private health provider was higher in Menya and Fayoum (78%, and 77%), compared to the low percentage of medical advise given by public provider in both Menya and Fayoum (20%, and 23% respectively).

The results also show that 38% of the children infected with diarrhea in Menya received oral dehydration therapy (either ORS packets or RHS at home) to prevent dehydration, compared to only 28% in Fayoum. Moreover, it was found that 41% of ill children, the mothers reported that they give ORT and increase the amount of fluids during diarrheal episodes in Menya, compared to Fayoum where the percentage was slightly less (33%).

#### Prevalence and Treatment of Acute Respiratory Infections (Appendix A Table 4.2)

Acute respiratory infection (ARI) is considered one of the major causes of deaths among infants and young children of the Egyptian population. Information collected in the VHS 2007 on the prevalence and treatment of acute respiratory infection is presented in table 4.2.

The percentage of children for the treated group who were infected by ARI and the disease was manifested by cough with short rapid breathing during the 2-week period prior to the survey was 75%. The results also



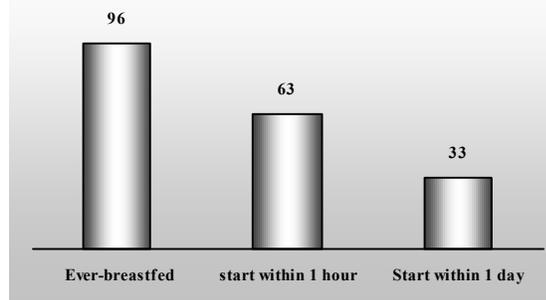
indicated that the highest rate of illness was reported among children 24-35 months (84%), followed by children under 6 months and 6-11 months (81% for both age groups), the percentage of children 12-23 months was reported as the lowest value (67%).

The majority of children with ARI were given medical treatment by private health provider (76%), compared to only 25% who was given treatment from public provider.

**4.2 Breastfeeding and Supplementation Initiation of breastfeeding (Treatment)**  
(Appendix A Table 5)

Information on breastfeeding for the 2007 VHS was collected for children born during the period between the 2004 and 2005 surveys. Figure 5.4 shows that 96% of children were consider receiving breastfeeding. Among those children who were ever breastfed, the majority began breastfeeding soon after birth, 63% of the children were put to the breast within an hour of delivery, and 33% of children were breastfed within the 1st day. It was also found that less than two almost half of the children (49 %) received prelacteal feeding during the first 3 days after birth.

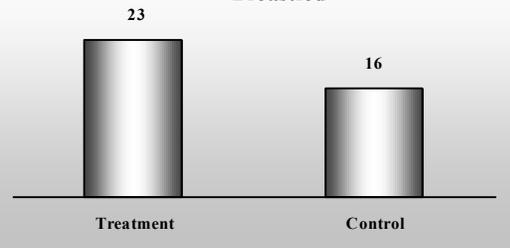
**Fig. Percentage of Children according to initial Breastfeeding**



**Introduction of complementary feeding** (Appendix A Table 4.4)

Table 4.4 presents the percent distribution of children who born during the period from the previous interview conducted in the 2004 MVHS up to the time of the 2005 MVHS interview by breastfeeding status, according to child's age in months, VHS 2007. Mothers were asked about the breastfeeding status in the 24-hour period preceding, they were also asked about other liquids or solids, if any, that had been given to their children during that 24-hour period.

**Fig. Percentage of Children Exclusively Breastfed**

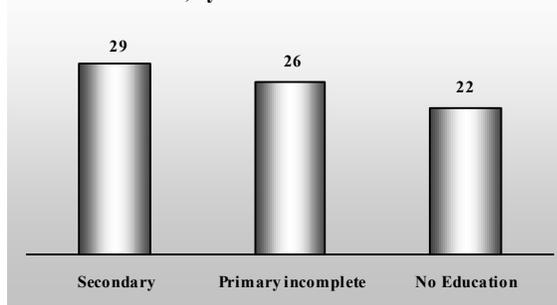


Almost all children in the age 0-13 months were reported receiving breast-feeding among all the studied groups. For the treated group the percentage of children who were exclusively breastfed was 23%, compared to only 16% of the control group. The highest percentage of children exclusively breastfed was reported among infants 4-5 months of age (28%), compared to only 15% reported among children aged 2-3 months. The data also confirm the fact that the percentage of children who received complementary feeding increases with aging among all the studied groups.

**Differentials in the duration and frequency of breastfeeding and bottle-feeding** (Appendix A Table 4.5)

In the VHS 2007, the median duration of breastfeeding and the prevalence of breast-feeding were calculated for children born during the period between the MVHS 2005 and the MVHS 2007. The collected data revealed that the VHS 2007 median duration of breastfeeding is 18 months. The data also show that the median duration of children

**Fig. Percentage of children who are Bottlefed, by Mother's Level of Education**



who received exclusive breast-feeding in treated, control, and Menya groups were similar (3months), for Fayoum group the median was one month only. Similar trend was observed among children received full breast-feeding.

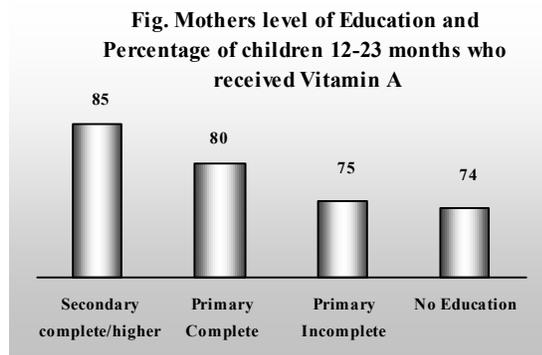
Discussion of table 4.5 results by background characteristics revealed that children of the four studied groups born in public, or private health facilities, or at home had similar breast-feeding median duration (18 months). The same observation was also reported for the relationship between assistance at delivery, and child's sex and breastfeeding durations.

The data on Bottle-feeding illustrated that for the treatment group, 23% of children are bottle-fed. Bottle-feeding is more common among children born in private health facilities compared to those born at public facilities or at home (30%, 20%, and 19% respectively). Also, bottle-feeding is more common among children whose mothers were assisted at delivery by a medical provider (24%), than among children whose mothers received assistance at delivery from a Daya (19%). In addition, children whose mothers completed secondary education are more likely to be bottle-fed (29%) than children whose mothers were not educated or did not complete primary school (22% and 26%, respectively), (Fig 4.5).

**4.3 Vitamin A Supplementation among Children 12-23 Months** (Appendix A Table 4.6)

The data presented in table 4.6 show the percentage of children 12-23 Months of age who were reported to receive vitamin A capsule, by selected background characteristics, VHS 2007/2008. The first dose of vitamin A (100,000 thousand international unit) was given to children in the form of one capsule at the same time the child receives the measles vaccination (9 months of age). The second dose composed of two additional capsules was given to children at the age of 18 months; at the time when the activated polio dose is administered.

The results obtained from the treatment group revealed that 78% of the children population aged 12-23 months received vitamin A capsule. Discussion of the results by the background characteristics revealed that children of the second and third order are more likely to receive vitamin A supplementation (80%), compared to only 72% for children born to the first order. Moreover, the results clearly indicated that children whose mothers have completed secondary education or higher (85%), are more likely to receive vitamin A supplementation compared to mothers who have lower levels of education Fig 5.7. It was also noted that children who born to mothers working for cash are more likely to receive vitamin A compared to other children who born to mothers not working for cash, (90%, and 77%, respectively).



The VHS 2007/2008 questionnaire collected information on the levels of knowledge, perception, attitudes, and practices related to AIDS, Hepatitis C, and blood borne diseases. The survey included also questions related to the awareness of safe injection practices. Program efforts are being directed at increasing the awareness about AIDS, Hepatitis C and the importance of safe injections; thus these data will be valuable in strengthening these efforts by both assessing current knowledge and providing information on the channels through which people obtain such information.

## 5.1 Knowledge and Perceptions related to HIV/AIDS

A series of questions were asked to women, husbands and youth to assess the overall level of respondents' knowledge of AIDS, the source from which information on AIDS had most recently been obtained, and knowledge of the avenues through which AIDS might be contracted. Tables 5.1 through 5.3 present these findings.

### Knowledge of HIV/AIDS

(Appendix A Table 5.1)

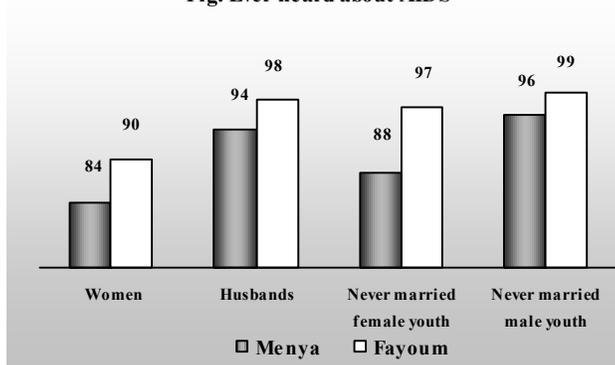
Although HIV prevalence has remained

low in Egypt during the last three decades, it is important to provide information about HIV/AIDS to prevent a future epidemic. Accordingly, respondents were asked if they had ever heard about AIDS and if so, they were asked to mention the last source of knowledge. Data of VHS 2007/2008 shows that in general the awareness among respondents in Menya treatment villages is less than that among respondents in Fayoum, as shown in Figure 5.1. The data also shows that the awareness among females is less than that among males. For example, Figure 5.1 shows that 84% of women in Menya had ever heard about AIDS, which was the lowest percentage among the different groups of respondents in both governorates.

Never married male youths' knowledge about AIDS was the highest among all groups (99 % in Fayoum and and 96% in Menya treatment villages) followed by husbands (98% in Fayoum and 94% in Menya). Differentials were observed among different villages in both governorates. In Menya, the data shows that awareness among respondents in treatment villages is higher than that of those in control villages (84% and 77%, respectively). Generally, respondents in Koloba and Zohra villages are more aware of AIDS than those in other villages. For example, 99% of never married female youth in Zohra ever heard about AIDS compared to only 75% among those in Monshaat El Maghalka. Also, more than 98% of husbands in Zohra and Koloba are aware of AIDS, compared to only 88% among those in Monshaat El Maghalka. On the other hand, the highest level of awareness in Fayoum was among respondents from El Tawfikia village for all respondents groups, while the lowest level was among respondents from Tersa.

Television was the most recent common source of knowledge by far in both governorates. More than 94% of women and never-married female youth and around 88% of husbands who were aware of AIDS in both governorates reported that the most recent source for their knowledge was the television. A lower percentage of never-married male youth reported TV as the source of knowledge for AIDS (78% in Menya and 86% in Fayoum). It is worth mentioning that friends/ neighbors are the most second recent source of knowledge for AIDS. There were very small discrepancies among the villages with regard to the source of knowledge.

Fig. Ever heard about AIDS



## Modes of transmission of HIV/AIDS (Appendix A Table 5.2)

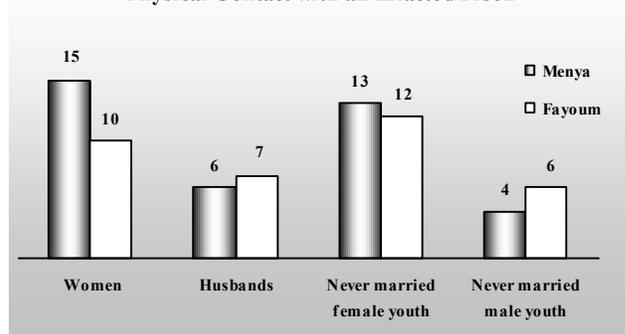
AIDS can be transmitted through several modes of transmission, e.g., blood transfusions, from mother to fetus, and sexual contact. Respondents who had heard about AIDS were asked to name at least two ways by which AIDS can be transmitted. The data reveal that even among those aware of HIV/AIDS, a significant number of respondents lack sufficient knowledge about the modes of transmission, especially with regard to mother to fetus transmission. For example, less than 3% of never-married male youth mentioned "mother to fetus" as a mode of transmission. Infected needles, blood transfusion, and Illicit sexual relations were the most mentioned transmitted mode of HIV/AIDS among all respondents in Menya treatment villages and Fayoum. As shown in Table 5.1, in Menya, around seven in ten of respondents mentioned that HIV/AIDS can be transmitted through illicit sexual relations, while in Fayoum, more than eight in ten respondents mentioned this mode of transmission. Blood transfusion was mentioned most frequently by husbands in Menya treatment villages (74%) and never-married female youth in Fayoum (86%) and mentioned least frequently by never-married male youth in both governorates (around two-third of them mentioned this mode of transmission). Women in both governorates mentioned infected needles as a mode of transmission more than other respondents did, while never-married female youth were the least to mention this mode. Few respondents in Menya treatment villages and Fayoum mentioned mother to fetus transmission. The largest proportion of respondents mentioned this mode of transmission was among never-married female youth (14% in Menya and 12% in Fayoum).

The data of VHS 2007/2008 shows that there are substantial differences in knowledge about the modes of HIV/AIDS transmission across villages in both governorates. For example, in Menya 80% of women in Saft El khamar village mentioned illicit sexual relations and blood transfusion as the modes of transmission of HIV/AIDS, compared to only 58% and 48% of women in Ebshadat village who mentioned illicit sexual relations and blood transfusion respectively. The same observation applies for villages in Fayoum. For example, while all never-married female youth in Kasr Rashwan mentioned illicit sexual relations as one of the modes of transmission, only two-third of those in El Tawfikia village mentioned this mode. In general, minor differences were observed between the knowledge level of respondents in control and treatment Menya villages.

**Table Knowledge of Modes of Transmission of HIV/AIDS (among respondents aware of AIDS)**

	Never-married			
	Women	Husbands	Female youth	Male youth
<b>Menya Treatment</b>				
<b>Modes of transmission of HIV/AIDS</b>				
Illicit sexual relations	68	70	69	68
Blood transfusion	67	74	73	64
Infected needles	69	63	78	50
<b>Number</b>	1477	1548	298	752
<b>Fayoum</b>				
<b>Modes of transmission of HIV/AIDS</b>				
Illicit sexual relations	83	83	84	89
Blood transfusion	71	72	86	65
Infected needles	54	48	66	51
<b>Number</b>	741	706	150	434

**Fig. AIDS can be Transmitted through Casual Physical Contact with an Infected Person**



The data also disclose that a significant number of respondents in all groups are under the impression that casual physical contact is a mode of transmission. However, as shown in Figure 5.2, husbands and never-married male youth in Menya treatment villages and Fayoum were least likely to mention casual physical contact as a mode of transmission (less than 7% in both governorates). By contrast, a considerable number of never-married female youth (13% in Menya and 12% in Fayoum) and women (15% in Menya and

10% in Fayoum) mentioned casual physical contact as a mode of transmission.

**Perceptions related to HIV/AIDS** (Appendix A Table 5.3)

The respondents in all target groups were read a series of statements to assess their perceptions related to HIV/AIDS. The responses were presented on a scale of 1-5 (strongly disagree, disagree, neutral, agree, and strongly agree). During the analysis stage, the responses were recoded into three categories; agree, disagree and neutral.

Almost all respondents agree that getting an HIV/AIDS infection is severe (more than 97% of all respondents agree with this statement). Perceptions about the severity of HIV/AIDS vary little across villages.

Few respondents believe that it is possible that they could be infected with HIV/AIDS (11% and 5% of women, 9% and 4% of husbands, 11% and 6% of never-married female youth, and 4% and 2% of never-married male youth in Menya treatment villages and Fayoum, respectively). However, significant differences were observed between villages, where respondents from Toukh El Khail in Menya were less likely than respondents from other villages to believe they could be infected. For example, 25% of women from Koloba village agree that they could be infected with HIV/AIDS compared to none of women in Toukh El Khail village. Same pattern was observed among all groups of respondents in Menya. In Fayoum, respondents from El Tawfikia were less likely to believe they could be infected with HIV/AIDS.

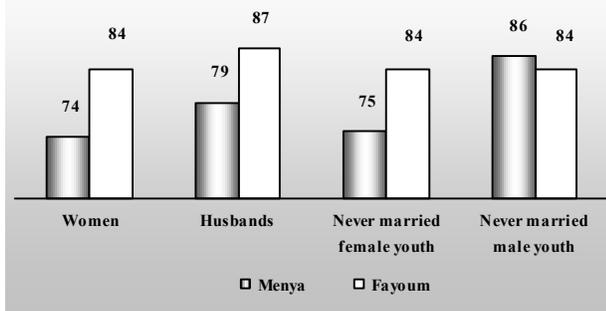
The majority of respondents in Menya treatment villages and Fayoum are not aware that using condoms is an effective way to prevent HIV/AIDS infection, and a significant number believe using condoms is ineffective. For example, more than three in five ever married women in both governorates reported not knowing whether using condoms is effective and around 12% of them state that it is ineffective. Among husbands, 33% in Menya and 44% in Fayoum do not know if condoms are effective, while 26% in Menya and 19% in Fayoum believe they are ineffective. Among never married female youth, awareness of the effectiveness of condoms for HIV prevention is the lowest among all groups of respondents. Almost two thirds of unmarried females in Fayoum and 72% in Menya reported that they do not know if condoms are effective. Slightly less than three in five never-married males in Fayoum and one third in Menya mentioned that they do not know.

The data show that around one of two respondents in Menya treatment villages and Fayoum agreed that HIV/AIDS is a serious problem in Egypt. However, significant differences were observed between villages. More than 70% of women in Koloba agreed that HIV/AIDS is a serious problem in Egypt compared to 39% of women in Zohra village. Same pattern was observed among women in Tersa and Kasr Rashwan of Fayoum (79% of women in Tersa versus 48% in Kasr Rashwan). Also same pattern was observed among respondents in other target groups. It is also observed that respondents in treatment villages are more likely to agree that HIV/AIDS is a serious problem in Egypt than respondents in control villages.

Slightly less than half of women, husbands, and never-married female youth in Fayoum and around one-quarter of those in Menya agree with the statement “The HIV/AIDS problem in Egypt will increase in the coming years”. Thirty-nine percent and 24% of never-married male youth in Menya treatment villages and Fayoum, respectively, agreed with this statement.

Respondents in treatment villages are more likely to agree with this statement than respondents in control villages. Significant differences were observed between villages. For example, while 62% of women in Tersa agree that HIV/AIDS problem will increase in the coming year, only 26% of those in Al-Tawfikia agree with this statement.

**Fig. You are confident that you can protect yourself from HIV/AIDS Infections**



The majority of respondents in both governorates are confident that they can protect themselves from HIV/AIDS (74% and 84% of women and never-married female youth, 79% and 87% of husbands, and 86% and 84% of never-married male youth in Menya treatment villages and Fayoum, respectively). Significant differences were observed among villages. For example, while almost all never-married male youth in Ebshedat agree that they could protect themselves from HIV/AIDS, only 72% of those in Monshaat El Maghalka do.

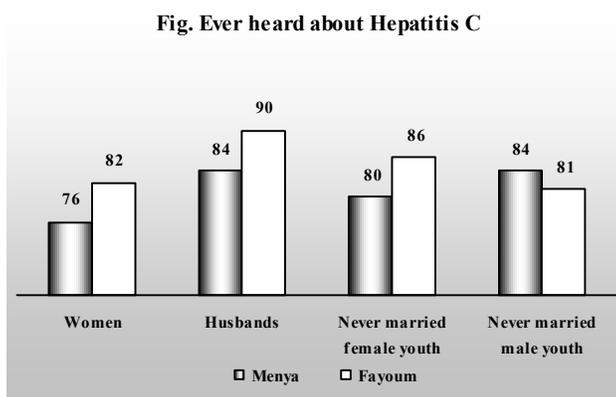
## 5.2 Knowledge and Perceptions related to Hepatitis C

A series of questions were asked to assess respondents' knowledge of Hepatitis C, the source from which information on Hepatitis C had most recently been obtained, and their perceptions about Hepatitis C.

### Knowledge of Hepatitis C (Appendix A Table 5.4)

Data of VHS 2007/2008 revealed that awareness of males about Hepatitis C are generally more than that of females.

In Menya, around 84% of husbands and never-married male youth had ever heard about Hepatitis C, while around three-quarter of women and never-married female youth had ever heard about Hepatitis C. In Fayoum, more than eight in ten respondents had ever heard about it. These findings indicated that knowledge about Hepatitis C is significantly lower than knowledge



about AIDS among all groups. Awareness of Hepatitis C was higher in treatment villages than in control villages. Significant differences in the level of awareness of Hepatitis C across the villages in Menya treatment villages and Fayoum was observed. For example, 91% of never-married female youth in Zohra are aware of Hepatitis C compared to only 65% of those in Ebshedat. Respondents in Tersa have the least knowledge about Hepatitis C among the villages in Fayoum.

Respondents who had ever heard about Hepatitis C, were asked about their last source of information about the disease. Television was the most commonly mentioned source of information among all groups, and was highly cited by women and never-married female youth in Menya (more than eight in ten). The second most commonly noted source of information was the "friends/neighbors". Slightly less than one fifth of husbands and never-married male youth and 9% of women and never-married female youth reported that they lastly heard about Hepatitis C from friends/neighbors. "Other relatives" was also mentioned by a considerable number of respondents as a source of information about Hepatitis C.

### Modes of transmission of Hepatitis C (Appendix A Table 5.5)

Respondents who had heard about Hepatitis C were asked to name at least two ways by which Hepatitis C can be transmitted.

The data reveal that even among those who had heard about Hepatitis C a significant number lack sufficient knowledge about the modes of transmission.

Among respondents aware of Hepatitis C, generally the most commonly mentioned mode of transmission was the infected needles followed by blood transfusion. However, significant differences were observed among respondents in reporting the modes of transmission. For example, while 98% of never-married female youth in Toukh El Khail who are aware of Hepatitis C mentioned blood transfusion, only 32% of those in Monshaat El Maghalka mentioned this mode of transmission.

A large percentage of respondents have the notion that Hepatitis C can be transmitted through casual physical contact with an infected person especially for women and never-married female youth. Generally, respondents in Fayoum

are more likely to have this notion than those in Menya as shown in Figure 5.5. In Menya, about two in ten women and never-married female youth mentioned that casual physical contact with an infected person is one of the modes of transmission of Hepatitis C, while 10% of husbands and 6% of never-married male youth mentioned that mode of transmission is through casual physical contact with an infected person. In Fayoum, never-married male youth were the least to mention this mode of transmission. Significant differences were observed among villages. Respondents from Saft el khamar village were generally less likely to mention casual physical contact as one of the modes of transmission than respondents in any other village.

	Women	Husbands	Never-married	
			Female youth	Male youth
<b>Menya Treatment</b>				
<b>Modes of transmission of Hepatitis C</b>				
Infected needles	77	77	78	81
Blood transfusion	62	74	62	65
Other contact with contaminated blood	14	29	21	39
<b>Number</b>	<b>845</b>	<b>880</b>	<b>176</b>	<b>433</b>
<b>Fayoum</b>				
<b>Modes of transmission of Hepatitis C</b>				
Infected needles	81	81	84	71
Blood transfusion	79	83	86	71
Other contact with contaminated blood	32	44	41	50
<b>Number</b>	<b>595</b>	<b>602</b>	<b>125</b>	<b>303</b>

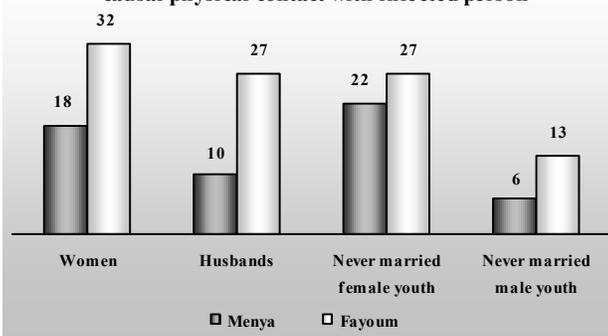
**Perceptions related to Hepatitis C** (Appendix A Table 5.6)

Respondents who had ever heard about Hepatitis C were read a series of statements to assess their perceptions related to the disease. The answers were coded on a three point scale (disagree, neutral and agree).

Ninety-eight percent or more of respondents in Menya treatment villages and Fayoum agreed that Hepatitis C infection is severe. Almost all respondents in Koloba village agreed about the severity of the disease. Minor differences in the agreement level on the severity of Hepatitis C among villages was observed. It should be noted that 93% or more of respondents in all villages agree with this statement.

The majority of respondents feel that it is not possible to contract Hepatitis C, as indicated by the high disagreement level with the statement "It is possible that you will contract Hepatitis C". More than two thirds of never-married male youth, 38% of women, around four in ten never-married female youth, and one half or more of husbands indicate that they do not think it is possible that they will contract Hepatitis C.

**Fig. Hepatitis C can be transmitted through casual physical contact with infected person**



Regarding the discrepancies between villages, the data shows that women and never-married female youth from Al-Tawfikia village and husbands and never-married male youth from Toukh El Khail are most likely to believe that they cannot contract Hepatitis C. Females in treatment villages are more

likely to believe they cannot contract the disease than those in control villages, while males in control villages are more likely to believe this than those in treatment villages.

Among respondents who had ever heard about Hepatitis C, most of respondents agreed that use of disposable syringes is an effective way to prevent Hepatitis C (more than eight in ten women, husbands and never-married female youth). Ninety-one percent of never-married male youth in Menya and two-third of those in Fayoum agreed that use of disposable syringes is an effective way to prevent Hepatitis C. Clear differences were observed among villages, where around 96% of women and husbands from Saft El Khamar village reported that the disposable syringe is an effective way to prevent the Hepatitis C infection compared to only 72% of women and 76% of husbands from Monshaat El Maghalka village. Almost same trend was observed among never-married male and female youth.

### 5.3 Knowledge, Attitudes and Practices related to Safe Injections and Blood Borne Diseases

The VHS 2007/2008 questionnaire asked respondents about their knowledge, attitudes and practices with regard to safe injections and the related blood borne diseases.

#### Knowledge of blood borne diseases and safe injections practices (Appendix A Table 5.7)

Respondents were asked if they had ever heard about blood borne diseases that can be transmitted through used needles. The results show that around eight in ten respondents (except for women in Menya) had heard about blood borne diseases that can be transmitted through syringes. About seven in ten women in Menya had heard about these diseases. In addition, women and husbands from Al-Tawfikia had higher awareness of blood borne diseases than those in other villages, while never-married male and female youth from Koloba had higher awareness of these diseases than those in other villages.

**Table Percentage aware of blood borne diseases that can be transmitted through used needles**

			Never-married	
	Women	Husbands	Female youth	Male youth
<b>Menya Treatment</b>				
Hepatitis C	70	81	75	80
HIV/AIDS	58	67	66	77
Tetanus	8	6	7	3
<b>Fayoum</b>				
Hepatitis C	73	84	79	72
HIV/AIDS	72	77	73	74
Tetanus	18	17	19	6

**Table Ways to prevent the risk of infection from infected needles**

			Never-married	
	Women	Husbands	Female youth	Male youth
<b>Menya Treatment</b>				
Don't share/reuse needles	95	84	79	59
Use oral medications instead of injections when possible	24	23	28	15
<b>Fayoum</b>				
Don't share/reuse needles	87	81	83	62
Use oral medications instead of injections when possible	46	40	46	17

Respondents who were aware of blood borne diseases were asked to mention the ones they knew. Hepatitis C was most often mentioned, followed by HIV/AIDS and Tetanus. Hepatitis C was mentioned by around eight in ten husbands and never-married female youth and seven in ten women in Menya treatment villages and Fayoum. It was also mentioned by seven in ten male youth in Fayoum and eight in ten of those in Menya. Breakdown by village shows that Hepatitis C was least often mentioned by respondents from Nazlet Hussein Ali village of Menya and most often mentioned by respondents from Kasr Rashwan of Fayoum and Zohra and Toukh El Khail of Menya.

HIV/AIDS was mentioned by around seven to eight in ten respondents from Menya treatment villages and Fayoum. However, HIV/AIDS was generally least mentioned as one of the blood borne disease that could be transferred through needles by respondents from Zohra and Monshaat El Maghalka. Tetanus was listed by less than one fifth of respondents from all target groups.

Respondents were asked to mention the methods that prevent the risk of infection from the infected needles. The most commonly mentioned method for preventing infection from infected needles was not sharing or reusing needles, which was indicated most by around nine in ten women, eight to nine in ten husbands and never married female youth, and six to seven never married female youth. The second most often mentioned method among all respondents (except for male youth in both governorates and husbands in Menya) was using oral medications instead of injections when possible. This method was mentioned by more than four in ten of these respondents in Fayoum as shown in Table 5.4. For male youth in Menya treatment villages and Fayoum and husbands in Menya, the second most often mentioned method was purchasing disposable syringes for the provider to use, which was cited by one third of male youth in Menya, three fifths of those in Fayoum, and one quarter husbands in Menya.

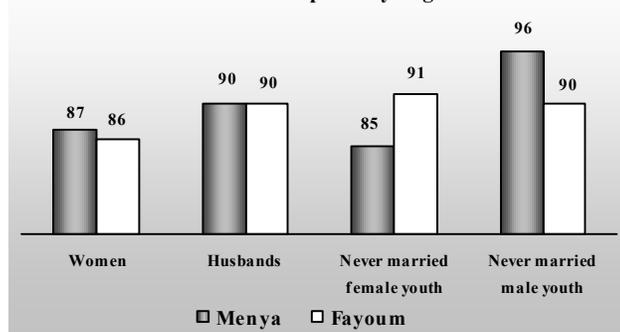
The percentage of respondents who did not know any method for preventing infection from infected needles was relatively high, ranging from less than 2% among women to 6% of never-married male youth in Menya.

### Self-efficacy with respect to safe injection practices (Appendix A Table 5.8)

Respondents were read a statement to assess their intentions with respect to safe injection practices. The responses were presented on a scale of 1-5 (very unlikely, unlikely, somewhat likely, likely, and very likely). During the analysis stage, the responses were recoded into three categories; likely, unlikely and somewhat likely. The statement asked respondents how likely they would be to ask a medical service provider to use a disposable syringe.

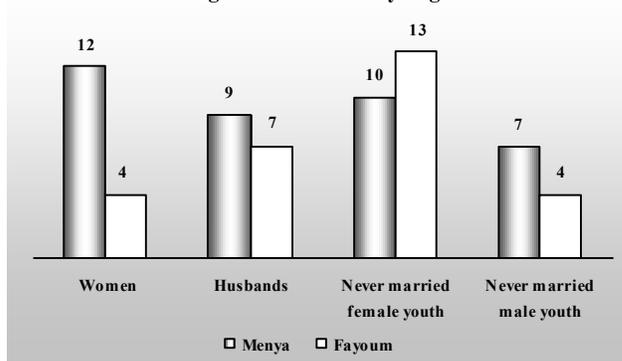
Around nine in ten of all respondents reported being likely to ask the medical service provider to use a disposable syringe (87% of women, 90% of husbands, 85% of never-married female youth, and 96% of never-married male youth in Menya, for example). Husbands and women from Monshaat El Maghlaka village, never-married male youth from Tersa village, and never married female youth from Kasr Rashwan village appear to be least likely to ask the provider for using a disposable syringe, while respondents, in general, from Al-Tawfikia and Saft El Khamar are most likely to ask the medical provider for using a disposable syringe.

Fig. Likelihood of Asking the Medical Provider to use a Disposal Syringe



### Practices related to safe injection (Appendix A Table 5.9)

Fig. Ever Reused a Syringe



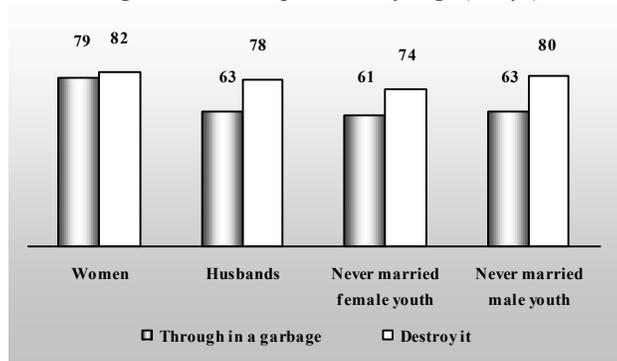
among women and husbands in Menya.

Quite a few respondents reported that they had ever asked the service provider to use a disposable syringe. The percentage of respondents who had ever asked the service provider to use disposal syringe ranges from 4% of women an female youth in Menya to 27% of never-married male youth in Fayoum. Respondents in Fayoum are more likely to ask for this than those in Menya. However, between two to three in ten respondents mentioned that they bring their own syringes with them, with the percentage ranging from 19% among never-married male youth in Menya to 32%

From 3 to 4 in 10 respondents in Minya treatment villages and Fayoum mentioned that they had ever purchased or obtained syringes for use at home. Significant differences across villages were observed, where male youth in Toukh El Khail village were least likely to report purchasing or obtaining syringes (3%) and women in Kasr Rashwan are most likely to report that (68%). The respondents who had ever purchased or obtained syringes for use at home were asked if they or any family member had ever reused a syringe; a small number of respondents had ever reused a syringe. The percentage of respondents mentioned that they reuse the syringe by themselves or by any other member at home ranges from 4% of women and never married male youth in Fayoum to 14% of women in Minya. It should also be noted that a very high percentage of male youth in Saft El Khamar reported reusing syringes (50%).

Respondents who had ever purchased or obtained syringes for use at home were asked about the method of disposal of syringes when they are no longer useful. Most respondents indicated that they throw the syringes in the garbage without destroying them. Nevertheless, there is a promising degree of awareness of the need to properly dispose used syringes, as more than three in ten respondents reported destroying the needle so that it cannot be used again. The percentage of respondents reporting destroying used syringes ranges from 30% of women in Minya to 58% of male youth in Fayoum. It also should be noted that respondents in treatment villages are much more likely to destroy used syringes than those in control villages.

**Fig. Method of Disposal of a Syringe (Minya)**

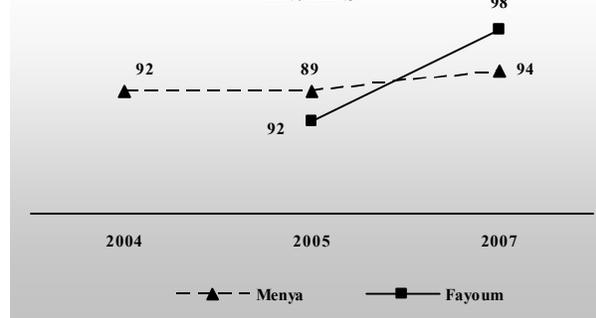


## 5.4 Trend of Some Indicators Across Surveys

### Knowledge of HIV/AIDS

The data of women, husbands, and never-married male youth of total Minya demonstrated that the percent of knowledge of HIV/AIDS slightly increased overtime, for the year 2004 the reported values were 79%, 92% and 94% respectively, increased in 2007 to 81%, 94%, and 96% respectively. Reverse pattern was observed among never married female group. The percentage decreased overtime from 88% in 2005 to 85% in 2007. The results of Fayoum showed significant difference between 2005 and 2007 results, the percentage was markedly increased for women from 72% in 2005 to 90% in 2007. Similar trend were reported among other studied groups.

**Fig. Trend of Husbands knowledge of HIV/AIDS**

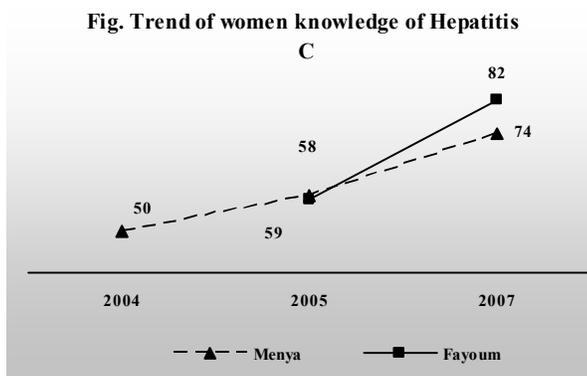


**Table Trend of Some Indicators between Surveys**

INDICATEURS	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>knowledge of HIV/AIDS</b>											
Women	76.9	81.0	78.8	83.9	73.5	79.1	83.5	77.7	80.7	71.5	89.5
Husband	92.1	91.8	92.0	93.2	90.0	91.7	93.9	94.4	94.3	89.3	97.5
Never married female youth	88.0	87.3	87.7	91.7	83.7	87.8	88.3	81.1	84.7	80.1	96.7
Never married male youth	92.5	95.5	94.0	87.8	94.9	91.1	95.8	95.7	95.7	86.9	99.1
<b>knowledge of Hepatitis C</b>											
Women	48.6	50.6	49.5	65.7	50.5	58.7	76.4	70.2	73.7	58.2	82.2
Husband	65.1	74.0	69.2	80.1	72.6	76.6	84.4	81.4	83.0	66.2	90.4
Never married female youth	51.4	56.1	53.7	73.4	54.6	64.3	80.2	69.7	75.6	66.8	85.6
Never married male youth	54.3	65.8	60.0	73.5	65.9	69.9	84.0	84.0	83.8	49.4	80.6

**Knowledge of Hepatitis C**

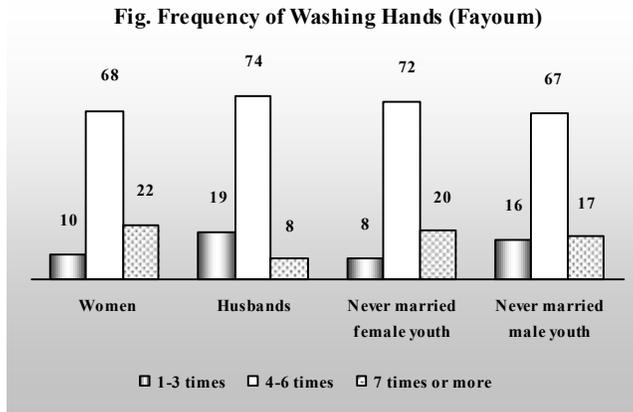
The percentage of all respondents to knowledge of hepatitis C markedly increased over time. The values for women, Husbans, male and female never married youth in 2005 of total Minya were 59%, 77%, 64%, and 70% respectively, increased to 74%, 83%, 76%, 84% respectively. Similar trend was observed among all groups of Fayoum governorate.



Promoting healthy lifestyles is one of the main objectives of the CHL program. The program aims to increase demand for health services and to stimulate the adoption of healthy behaviors and lifestyles. Keeping in mind this objective, the 2007 MFVHS collected information about attitudes and practices related to healthy lifestyles. Additionally, the survey collected information about hand washing, smoking, and passive smoking.

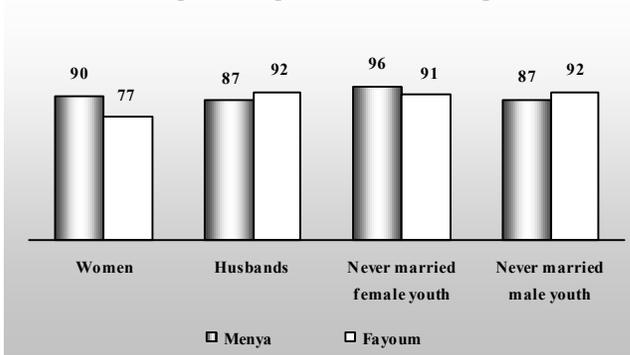
**6.1 Hand Washing Practices** (Appendix A Table 6.1)

The questionnaire included questions for respondents about their hand washing habits. Overall, 10% of women in Fayoum wash their hands 1-3 times a day, 68% wash their hands 4-6 times a day, and 22% wash their hands 7 times or more. A similar pattern was observed among husbands, female youth, and never-married male youth of Fayoum; between eight to nine in ten of respondents in these three groups washed their hands at least 4 times a day. In Menya, however, smaller frequencies of hand



washing practice were observed. Respondents who are washing hands at least 4 times a day in Menya ranges from 57% among male youth to 71% among women. There are clear differences between villages. Women, husbands, never-married female youth, and never-married male youth from Koloba village were the most likely to wash their hands at least 4 times per day (92%, 89%, 91%, and 97% respectively). By contrast, women, husbands, never-married female youth, and never-married male youth from Ebshedat village were the least likely to wash their hands at least 4 times per day (44%, 34%, 34%, and 36% respectively). Respondents in treatment villages are washing hands much more frequently than those in control villages. For example, while two thirds of husbands in treatment villages wash hands at least 4 times a day, only slightly more than one third of those in control villages do that.

**Fig. Washing Hands Before Eating**



Respondents who reported washing their hands were asked when they tend to do so. In Menya, Females are more likely to wash their hands before eating than males (90% for women and 96% for youth female compared to 87% for husbands and 87% of youth male). Respondents in treatment villages are much more likely to wash hands before eating than those in control villages. For example, while 87% of husbands in treatment villages wash hands before eating, only 45% of those in control villages do that. Respondents in

Fayoum generally tend to wash hands more frequently than those in Menya, especially male respondents, as shown in Figure 7.2. Significant differences were found between villages, where women and female youth from Ebshedat village and husbands and male youth from Toukh El Khail village are the least likely to wash their hands before eating (48%, 74%, 36%, and 35% respectively). More than nine in ten of all respondents (except for husbands in Fayoum) report washing their hands after using the bathroom. Differences exist between villages and among the four groups, where

respondents from Al Tawfikia village were the least likely to wash their hands after using bathroom (70% of women, 58% of husbands, 69% of female youth, and 91% of male youth).

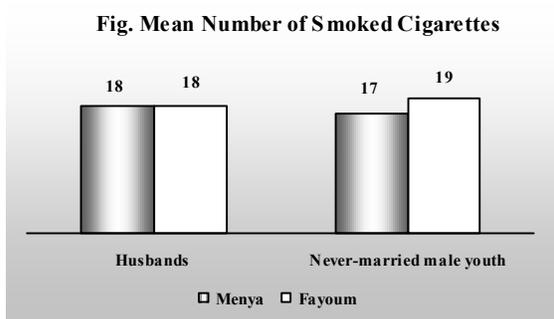
Women were also asked about washing hands with water and soap before preparing food and before feeding their kids. The results show that 69% of women in Treatment villages 87% of those in Fayoum wash their hands with water and soap before preparing food. Also about one-half of women in Treatment villages three fifths in Fayoum wash their hands before feeding children. Women in treatment villages are more likely to wash hands before preparing food and feeding children than women in control villages. For example, while 74% of women in treatment villages wash hands before preparing food, only 63% of them in control villages do that. Women from Ebshedat are least likely to do these practices ( 49% wash hands before preparing food and 22% before feeding children).

## 6.2 Knowledge, Attitudes, Practices, and Perceptions related to Smoking

### Practices related to smoking (Appendix A Table 6.2)

Respondents were asked about smoking and smoking practices. Appendix Table A7.3 represents these practices. Due to the fact that only very few numbers of ever-married women and never-married female youth reported smoking; results are shown for husbands and never-married male youth only. Smoking is a common practice among males in Treatment villages Fayoum. The data show that around one-half of husbands and one quarter of never married male youth are smoking cigarettes, measel or any kind of smoke. The most common type of smoking practice among husbands and never-married male youth is cigarette smoking. Smoking cigarettes prevalence among younger respondents is more than that among older respondents as shown in Table 6.1. Among those who are smoking, seven in ten husbands in Menya and 88% in Fayoum report that they smoke cigarettes compared to 84% and 92%, respectively, of male youth. The data also show that husbands are smoking water pipe (“shisha”) more frequently than male youth do.

Table Percentage Who Smoke Cigarettes or water Pipes			
	Menya		Fayoum
<b>Husbands</b>			
Smoke cigarettes	72		88
Water pipe “shisha”	35		17
<b>Never-married male youth</b>			
Smoke cigarettes	84		92
Water pipe “shisha”	20		11



However, smoking varies by village. Husbands from Saft El Khamar and never-married male youth from Monshaat El Maghalka reported the lowest percentage of smoking (44% and 12%, respectively), while the highest percentages were found among husbands in Nazzlet Hussain Ali and male youth in Ebshedat (68% and 32%, respectively). The mean number of cigarettes smoked per day was around 20 and 18 for husbands in Treatment villages Fayoum, respectively and 16 and 19 for never-married male youth, with slight differences among villages. The lowest mean was slightly more than 13 cigarettes for respondents in Koloba village, while the highest mean was about 24 cigarettes for male youth in Monshaat El Maghalka village. Smoking rolled cigarettes is uncommon among husbands (Less than 1%) and not practiced at all by male youth.

### Attitudes toward smoking (Appendix A Table 6.3)

Respondents were read a set of four statements about smoking in order to assess their attitudes toward smoking. Respondents’ agreement with the statement was presented on a scale of 1-5, where 5 means strongly agree and 1 strongly disagrees. For the purpose of the analysis, responses were regrouped into three categories: agree, disagree, and neutral. The data show that there is a universal agreement that smoking endangers the health of the smoker and almost a universal

Agreement that smoking endangers the health of the people around the smoker. The agreement level on these statements among Fayoum's respondents is slightly more than that among Menya's respondents. Some minor differences exist between the four target groups and between villages. The level of agreement on these statements is higher among respondents in treatment villages than among those in control villages. For example, while 93% of husbands in treatment villages agree that smoking endangers the health of people around the smoker, only 80% of those in control villages agree on the same statement.

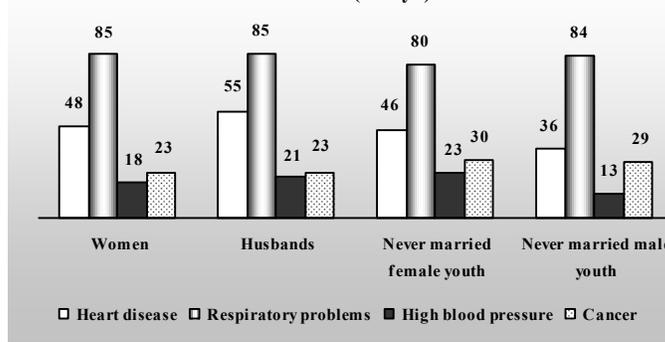
			Never-married	
			Female youth	Male youth
<b>Menya Treatment</b>				
Smoking endangers the health of smokers	98	97	97	99
Smoking endangers the health of people around smokers	93	93	92	97
Smoking reduces a person's ability to participate in sports	88	89	87	95
Creating a nonsmoking area in your home is an effective way to reduce the harmful effects of exposure to secondhand smoke	81	81	80	82
<b>Fayoum</b>				
Smoking endangers the health of smokers	100	99	100	100
Smoking endangers the health of people around smokers	97	93	98	95
Smoking reduces a person's ability to participate in sports	85	79	87	82
Creating a nonsmoking area in your home is an effective way to reduce the harmful effects of exposure to secondhand smoke	90	91	91	94

Eighty percent or more of all respondents agreed that smoking reduces a person's ability to participate in sports, with slight differences among villages. Lowest agreement was found among women and husbands in Ebshedat village (64% and 71%, respectively) and female youth from Ebshedat and El Tawfikia (75%) and male youth from Kasr Rashwan (73%). Also eight in ten or more of respondents agree that creating a nonsmoking area at home is an effective way to reduce the harmful effects of exposure to secondhand smoke, with the lowest percentage found among husbands in Fayoum (77%). Fayoum's respondents are more likely to agree on this statement than Menya's respondents. Again, higher agreement levels were found among respondents in treatment villages. The lowest agreement was found among respondents in Ebshedat village (64% of women, 69% of husbands, 69% of female youth, and 82% of male youth).

**Knowledge of the health effects of exposure to secondhand smoke** (Appendix A Table 6.4)

Respondents were asked to name some of the health effects of exposure to secondhand smoke. The data show that the main health effects cited by respondents in Menya are respiratory problems, followed by heart disease, cancer, and high blood pressure. About eight in ten respondents from Menya reported that exposure to secondhand smoke may cause respiratory problems. Almost the same pattern was observed among respondents in Fayoum, except that male respondents in this governorate mainly cited cancer as the main health effect of secondhand smoking (86%). Respondents in treatment villages cited respiratory problems and heart disease more frequently than those in control villages.

**Fig. Health Effects of Exposure to Secondhand Smoke (Minya)**



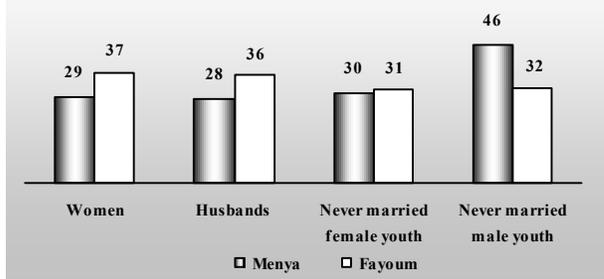
There are huge differences among villages in citing the side health effects of secondhand smoking. For example, 98% of never-married female youth from Al Tawfikia village reported that exposure to secondhand smoke may cause respiratory problems compared to only 54% of those from Tera village. More than five in ten of all respondents in Fayoum and about four in ten of women, husbands,

and female youth in Menya mentioned that secondhand smoke may cause heart disease, with strike differences among villages. For example, 95% percent of women from Al Tawfikia village reported that exposure to secondhand smoke may cause heart disease compared to only 26% of women from Ebshedat village. Cancer and high blood pressure were cited by a considerable number of respondents in both governorates, with differences among villages. For example, while 80% of male youth in Koloba cited cancer as one of the main health problems, only 3% of those in Ebshedat cited it. Other problems were mentioned rarely by respondents.

**Perceptions related to the health effects of exposure to secondhand smoke**  
(Appendix A Table 6.5)

Respondents were asked about their perceptions regarding the likelihood that the secondhand smoker will get health problems. Eight in ten of all respondents in Menya believe that secondhand smoke may cause respiratory problems. Lower percentage of respondents in Fayoum believe that secondhand smoking will cause respiratory problems, with Tersa village being reporting the lowest percentage among the four groups in both governorates. The agreement among respondents that secondhand smokers are likely to have heart disease varies from 32% among male youth in Menya to 61% among female youth in Fayoum. Significant differences exist between villages, where respondents in Ebshedat are the least likely to believe that secondhand smoking may cause heart disease. A considerable number of respondents believe that secondhand smoke may cause cancer; the percentage of respondents believes this varies from 22% among never-married female youth in Menya to 86% among those in Fayoum. Differences among villages and groups exist. For example, while 91% of male youth from Kasr Rashwan believe that secondhand smoke may cause cancer, only around 3% of those in Ebshedat believe that. Lower percentages of respondents believe that secondhand smoking cause high blood pressure. Less than 2% of respondents believe that secondhand smoking may cause low birth weight among pregnant women and low growth rate among infants and children

**Fig. Very few People are Concerned About the Health Effects of Exposure to Secondhand Smoke**



**Perceptions about people’s concern about the health effects of exposure to secondhand smoke** (Appendix A Table 6.6)

Respondents in the different groups were asked to indicate whether most, some, very few, or none of the people who are living in their area are concerned about the health effects of exposure to secondhand smoke. The most common response among females in Menya was that none of the people are concerned about the health effects of exposure to secondhand smoke (42% of women and 36% of never-married female youth).

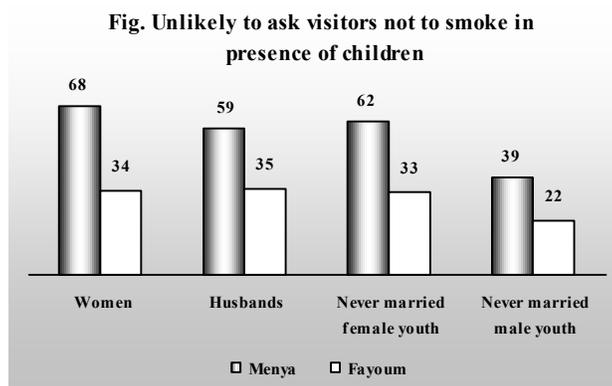
For the rest of the other target groups in Treatment villages Fayoum, the most common response was that very few people are concerned about the health effects of exposure to secondhand smoking (around one-third of respondents). Clear differences exist among respondents in the different villages. Women and never-married male and female youth from Monshaat El Maghalka village (less than 3%) and husbands from Koloba village (7%) are least likely to believe that none of the people are concerned about secondhand smoke. On the other hand, women (66%) and never-married male (54%) and female (63%) youth from Ebshedat and husbands from Monshaat El Maghalka (40%) are most likely to believe that none of the people are concerned about secondhand smoke. Respondents in treatment villages are more likely to believe that most or some people are concerned about these effects than those in control villages.

### 6.3 Attitudes Toward Passive Smoking

#### Future attitudes toward smoking in presence of children (Appendix A Table 6.7)

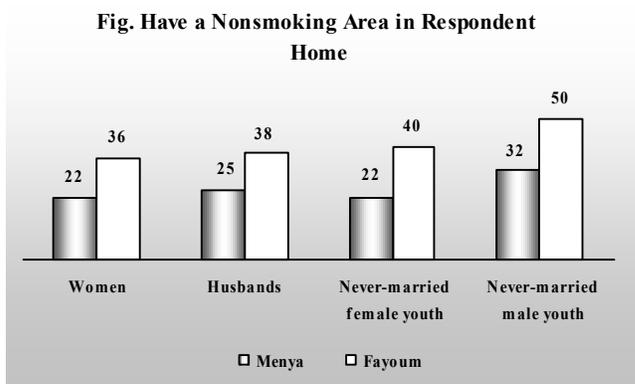
Respondents were asked about the likelihood they would ask visitors not to smoke in the presence of children. The responses were measured on a 5-point scale ranging from very unlikely to very likely. During the analysis stage, the responses were recoded into three categories: likely, unlikely, and neutral.

In Menya, respondents in each group were less likely in reporting that they would ask visitors not to smoke in the presence of children (68% of women, 62% of never-married female youth, 59% of husbands, and 39% of never-married male youth). Women, never-married female youth and never-married male youth from Toukh El Khail and husbands from Nazlet Hussain Ali are the most likely not to ask visitors to stop smoking in the presence of children. On the other hand, respondents in Fayoum



in each group were more likely in reporting that they would ask visitors not to smoke in the presence of kids (49% of women, 46% of husbands, 42% of female youth, and 58% of male youth). Women, husbands, and female youth from Torsa and male youth from Kasr Rashwan were the most likely to report that they would ask visitors not to smoke in presence of children.

#### Attitudes toward the created nonsmoking area (Appendix A Table 6.8)



Between two and three of ten respondents in Menya reported having a nonsmoking area in their home (32% of never-married male youth, 25% of husbands, 22% of never-married female youth, and 22% of women). Also between four to five of ten respondents in Fayoum reported having this area in home (50% of never-married male youth, 40% of never-married female youth, 38% of husbands, and 36% of women). Never-married female youth from Toukh El Khail village were least likely to indicate the presence of a

nonsmoking area in their home (2%), while on contrast male youth from El Tawfikia village were most likely to indicate the presence of a nonsmoking area in their home (73%).

The respondents who indicated that there was a nonsmoking area in their home were asked how various people reacted to the creation of this nonsmoking area. Almost all husbands in both governorates reported that their spouse were supportive compared to only one-half of women in Treatment villages two thirds of them in Fayoum. Children were supportive for 55% of women in Menya, 62% of women in Fayoum, and 78% of husbands in both governorates. Regarding other family members reaction, 46% and 62% of women in Treatment villages Fayoum, respectively, 68% and 76% of husbands, 86% and 95% of never-married female youth, and 96% and 99% of never-married male youth reported that they were supportive. According to never-married female youth the mother and father was supportive for about three fifths of those in Menya , while mother was supportive for about three quarters and father was supportive for about one-half of those in Fayoum. On the other hand, mother was supportive for about seven in ten of never-married male youth in both governorates, while father was supportive for around one half of them. Friends were more supportive

for never-married male youth than never-married female (87% and 65% respectively in Fayoum). The data also show that women and husbands' friends were less supportive to the creation of this nonsmoking area than any other family members (only around three in ten of husbands and women's friends were supportive of that).

**Attitudes toward creating a nonsmoking area in the future** (Appendix A Table 6.9)

Respondents who indicated that they did not have a nonsmoking area in their home were asked to predict how different people would react if they were to create such an area. The data indicate that although few homes have a nonsmoking area, the majority of respondents expect their relatives to be supportive of the creation of a nonsmoking area.

For example, in Fayoum, while all husbands believed that their spouse would be supportive, only two thirds of women believed in so. Furthermore, 62% of women and slightly more than three quarters of husbands expected other family members to be supportive. Also 38% of women and husbands expected friends to support them in this effort. Almost the same trend was observed in Menya governorate. Almost all never-married male youth believed that other family members would be supportive in creating a non smoking area at home (69% in Menya and 75% in Fayoum) compared to only around two thirds of never-married female youth in Menya. Nevertheless, less than three quarters of never-married male and female youth believed that their parents would support creating a non smoking area. Never-married male youth are generally more likely to believe that their friends would support such a zone than never-married female youth.

**Table Percentage of Respondents Believing that Various Persons Would Support Creating a Nonsmoking Area**

	Menya Treatment		Fayoum	
	Women	Husbands	Women	Husbands
Spouse's reaction	55	96	66	100
Children's reaction	61	82	62	78
Other family members' reaction	55	69	62	76
Friends' reaction	36	39	38	38
Husband's friends' reaction	12	NA	16	NA

**6.4 Trend of Some Indicators Across Surveys**

**Healthy Life Style and Passive Smoking**

The following table presents data on the trend in healthy life style and passive smoking in the VHS 2004, 2005, 2007 for Menya governorate and VHS 2005 and 2007 for Fayoum governorate.

Data showed that the percentage of respondents who wash their hands 4-6 times has increased in Fayoum between 2005 and 2007. The highest level of increase was observed among women from 44% in 2005 to 68% in 2007. In Menya treatment villages there was differentials across groups. The percentage of never married female youth and husbands who reported that they wash their hands 4-6 times has decreased between 2004-2007, while the percentage of never married male youth who reported that they wash their hands 4-6 times has increased 2004-2007. As for women the percentage remained almost the same between 2004-2007.

The percentage of husbands who smoke has declined (from 53% in Menya 2004 to 52% in 2007, and from 51% in Fayoum in 2005 to 49% in 2007). On the other hand the percentage of never married male youth who smoke has increased (from 17% in Menya 2004 to 20% in 2007, and from 16% in Fayoum in 2005 to 21% in 2007).

**Table 6 Trend of Some Indicators between Surveys  
Healthy Life Style and Passive Smoking**

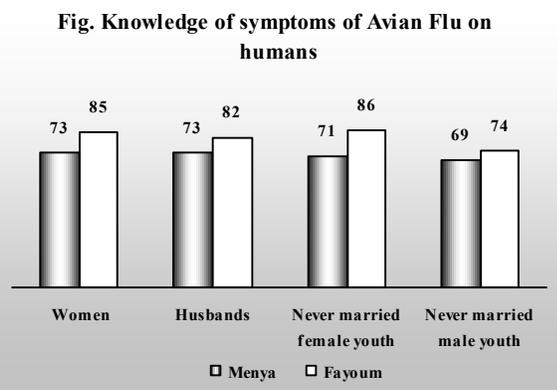
Indicators	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>wash hands 4-6 times</b>											
Women	48.7	49.1	48.9	55.0	51.5	53.4	48.5	34.1	41.2	44.4	68.4
Husband	<b>55.0</b>	51.1	53.2	51.4	43.7	47.8	51.2	34.5	43.2	55.1	73.5
Never married female youth	54.3	52.9	53.6	55.7	52.4	54.1	50.2	25.8	38.2	56.0	72.4
Never married male youth	54.5	59.1	56.8	48.1	58.4	53.0	61.2	32.8	48.4	59.5	67
<b>Smoking Percentage</b>											
Husband	53.2	58.0	55.4	54.4	60.0	57.0	52.0	57.6	55.2	50.6	48.5
Never married male youth	17.3	25.7	21.4	17.0	23.4	20.0	20.4	29.7	24.2	16.0	21.3
<b>Very few people are concerned about the health effects of exposure to secondhand smoke</b>											
Women	14.0	7.6	11.1	15.8	8.7	12.5	29.1	21.4	25.5	17.6	36.6
Husband	30.0	22.9	26.8	26.7	21.1	24.1	27.6	33.6	30.8	22.4	35.5
Never married female youth	14.7	11.2	13.0	14.5	11.6	13.1	29.7	23.5	27.3	21.8	30.6
Never married male youth	33.6	54.7	44.0	35.4	38.6	36.9	46.2	30.6	39.8	14.4	31.6
<b>Unlikely to ask visitors not to smoke in your home/in the presence of children</b>											
Women	65.7	74.4	69.7	69.1	81.8	74.9	68.2	76.2	73.2	46.1	34.1
Husband	56.4	61.8	58.9	51.4	77.1	63.4	58.9	56.3	58.3	38.6	35.1
Never married female youth	61.4	78.1	69.4	71.1	71.8	71.4	61.8	68.2	66.1	48.4	33.0
Never married male youth	56.3	33.9	45.2	33.8	62.8	47.5	39.3	60.9	48.9	26.3	21.6
<b>Having a non smoking area in the home</b>											
Women	14.6	7.2	11.2	23.2	13.0	18.5	21.9	13.8	18.6	29.4	35.8
Husband	14.9	7.6	11.5	24.0	18.4	21.4	24.7	18.4	21.2	32.5	37.5
Never married female youth	11.0	7.1	9.1	19.4	19.4	19.4	21.9	18.2	19.9	31.4	40.1
Never married male youth	8.4	1.6	5.0	10.1	20.9	15.2	32.0	35.5	31.9	34.0	49.7

Raising population awareness, knowledge, and understanding about avian influenza modes of transmission, risks, symptoms as well as protective measures is vital in the preparedness against the AI threats. As mentioned in the previous chapter, various communication materials were developed to raise population knowledge and awareness about AI including informative TV spots, radio spots, flyers were distributed, posters were developed and posted on Ask, consult pharmacies and interpersonal communication was carried out.

In this chapter, population knowledge about avian influenza, modes of transmission, systems and protective measures will be tackled. In addition, practices related to avian flu, as well as changes in behavior will be presented later in the chapter.

## 7.1 Knowledge of Symptoms of Avian Flu (Appendix A Table 7.1)

Respondents were asked questions to determine their knowledge of symptoms of avian flu among humans. Table 7.1 shows the percentage of ever-married women, husbands, female and male youth who know the symptoms of Avian Flu on humans and the symptoms reported by those who reported they know the symptoms of Avian Flu on humans, by focal village, VHS 2007/2008. Results showed that around 7 in 10 of respondents in Menya and 8 out of 10 respondents in Fayoum know symptoms of Avian Flu on humans. Results varied by group.



For example, 86% of never married female youth in Fayoum reported that they know symptoms of Avian Flu on humans compared with 74% of never married male youth. Across villages, there were marked differentials. In Menya, 90% or more from Koloba know the symptoms of Avian Flu on humans compared with around 50% from Monshaat El Maghalka (except never married male youth).

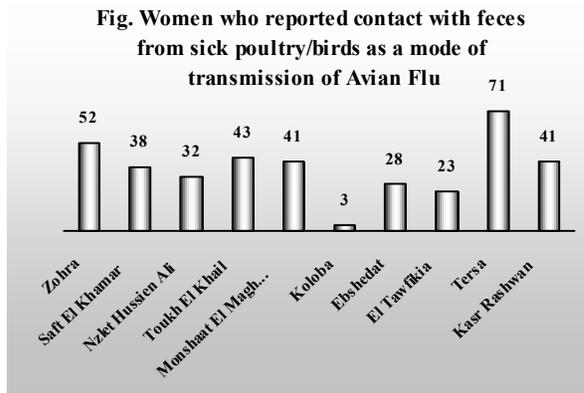
The most common symptoms of avian flu on humans reported by respondents are fever which was reported by more than 70% of respondents from Menya treatment villages and Fayoum ((except never married male youth from Fayoum). There were clear differentials by village. Ninety five percent of women from Kasr Rashwan reported fever as a symptom of Avian Flu on humans compared with 56% of women from El Tawfikia. Moreover, all never married male youth from Koloba reported fever as a symptom of Avian Flu on humans compared with only 35% of never married male youth from Saft El Khamar.

## 7.2 Modes of Transmission of Avian Flu (Appendix A Table 7.2)

In order to assess their knowledge of Avian Flu, respondents were asked if they know how Avian Flu could be transmitted. Data showed that around half the respondents from different groups know how Avian Flu could be transmitted, however results varied by group. Sixty percent of never married male youth in Menya reported that they how Avian Flu could be transmitted compared with 48% of never married female youth. Results varied across villages. In Menya, 68% of women from Ebshadat reported that they know how Avian Flu could be transmitted compared with 19% of women in Nazlet Hussein Ali. In Fayoum, differentials were much clear. Eighty two percent of never married male youth from Tersa

**Respondents from Tersa village were more likely to report that they know how Avian Flu could be transmitted.**

reported that they know how Avian Flu could be transmitted compared with only 15% of never married male youth from Kasr Rashwan.



Respondents who reported that they know how Avian Flu could be transmitted were asked about the modes of transmission of Avian Flu. The most common mode of transmission mentioned by respondents was contact with sick poultry/birds, followed by contact with feces from sick poultry/birds. There were minor differentials between groups, however there were marked differentials between villages. Fifty two percent of women from Zohra reported contact with sick poultry/birds as a mode of transmission compared with only 3% of women from Koloba. Moreover, 71% of women from Tersa reported contact with sick

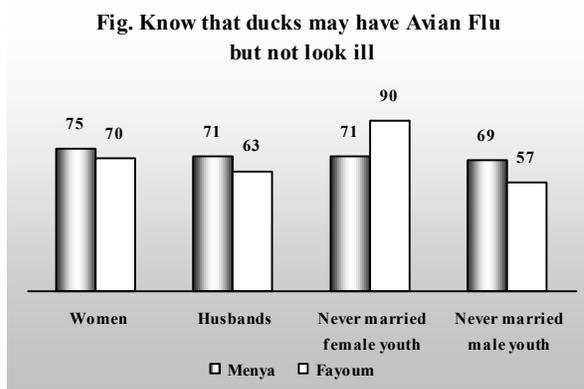
poultry/birds as a mode of transmission compared with 23% of women from El Tawfikia.

### 7.3 Knowledge of Symptoms of Avian Flu among Birds (Appendix A Table 7.3)

Respondents were asked questions to determine their knowledge of symptoms of Avian Flu among birds. Results showed that 80% or more of respondents know symptoms of Avian Flu among birds, with the percentage ranging from 97% among women in Fayoum to 83% of never married male youth in Fayoum. Results varied across villages. All of never married male youth from Koloba and Nazlet Hussein Ali know symptoms of avian flu among birds compared with 69% of never married male youth from Toukh El Khail.

***Respondents from Toukh El Khail and El Tawfikia were the likely to report that they know symptoms of Avian Flu among birds***

The most frequently reported symptoms of Avian Flu among birds for all respondents were weakness, fever, blowzy in the feathers and crest/wattle and skin blue, with marked differentials across groups and between villages. In Menya, blowzy in the feathers was reported by 35% of never married female youth, around one quarter of never married male youth and husbands, and 20% of women. In Fayoum, crest/wattle and skin blue was reported by around 6 in 10 of women and never married female youth, half of husbands, and only 29% of never married male youth. Differentials were striking across villages. Eighty six percent of never married male youth from Koloba reported fever as symptom of Avian Flu among birds compared with only 13% of never married male youth from Toukh El Khail. Moreover, two thirds of women from Kasr Rashwan reported weakness as symptom of Avian Flu among birds compared with 20% of women from El Tawfikia.



In order to assess population knowledge of the Avian Flu virus, respondents were asked whether they know if ducks may have the virus but doesn't look ill. Around two third or more of respondents in Menya know that ducks may have Avian Flu but not look ill, while in Fayoum around two third of women and husbands, 90% of never married female youth and 57% of never married male youth know that ducks may have Avian Flu but not look ill. Differentials were clear between villages. Ninety one percent of never married male youth from Monshaat El Maghalka know that ducks may have Avian Flu but not look ill

compared with only 40% of never married male youth from Toukh El Khail.

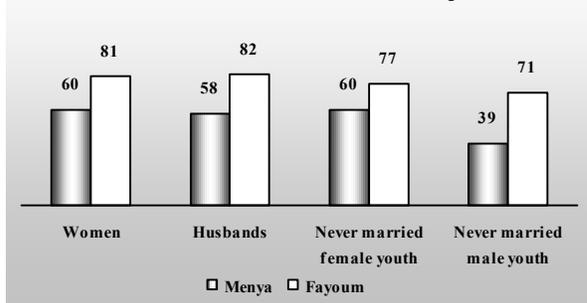
**7.4 Knowledge of Protective Measures against Avian Flu and Dealing with Sick Birds**  
(Appendix A Table 7.4 – 7.6)

**Knowledge of ways of protection from Avian Flu**

Respondents were asked a couple of questions in order to assess their knowledge of ways of protection from Avian Flu. Around 8 in 10 respondents (except never married male youth from Menya (66 percent)) know ways of protection from Avian Flu with slight differentials between villages. All never married female youth from Koloba know ways of protection from Avian Flu compared with two thirds of never married female youth from Monshaat El Maghalka.

***Respondents from Ebshedat were the least likely to know ways of protection from Avian Flu, while those from Koloba were the most likely to know ways of protection from Avian Flu***

**Fig. Respondents who reported wash hands after contact with birds/poultry as way to reduce the likelihood of Avian Flu spread**



Respondents who reported their knowledge of ways of protection of Avian Flu were asked about ways to reduce the likelihood of Avian Flu spread. The most mentioned ways mentioned by respondents were wash hands after contact with poultry/birds, change and wash clothes after contact with poultry birds, wear face mask when in contact with poultry, wear gloves/plastic bags when handling poultry, and do not eat undercooked poultry/birds. Results varied by group. In Fayoum, around 44% of women and never married female youth reported change and wash clothes after contact with poultry birds compared with 30% of husbands and only 13% of never married male youth. Results also varied by village. Sixty Seven percent of husbands from Zohra reported wear gloves/plastic bags when handling poultry compared with only 16% of husbands from Nazlet Hussein Ali.

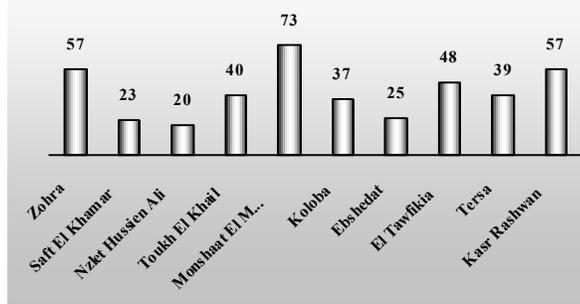
wash clothes after contact with poultry birds compared with 30% of husbands and only 13% of never married male youth. Results also varied by village. Sixty Seven percent of husbands from Zohra reported wear gloves/plastic bags when handling poultry compared with only 16% of husbands from Nazlet Hussein Ali.

**Knowledge of ways to deal with sick birds or that died suddenly**

Proper disposal and handling of sick birds or dead birds doesn't only protect the person involved with the disposal and handling activities, but it also reduces the risk of virus spread among other birds and population. Thus, Respondents were asked if they know ways to deal with sick/dead birds. Results showed that around 90% of more of respondents (except never married male youth from Fayoum (77 percent)) know ways to deal with sick/dead birds. Results varied by village. All never married female youth from Nazlet Hussein Ali know ways to deal with sick/dead birds compared with 68% of never married female youth from Monshaat El Maghalka.

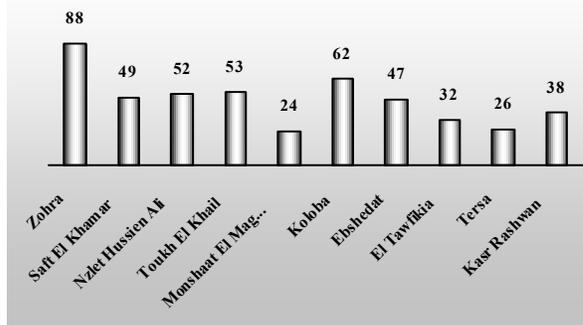
Respondents who reported their knowledge of ways to deal with sick/dead birds were asked about the ways to deal with them. The most frequently mentioned ways were throw it to the street, bury it and burn it. Results varied by group. Seventy four percent of never married female youth in Fayoum reported burying sick/dead birds as a way of dealing with them compared with 58% of never married male youth and less than half of husbands and women. Moreover, results varied by village. Seventy three percent of never married male youth from Monshaat El Maghalka reported throwing sick/dead birds in the street as a way of dealing with them compared with only 20% of never married male youth from Nazlet Hussein Ali.

**Fig. Never married male youth who reported throwing sick/dead birds as a way of dealing with them**



Seventy four percent of never married female youth in Fayoum reported burying sick/dead birds as a way of dealing with them compared with 58% of never married male youth and less than half of husbands and women. Moreover, results varied by village. Seventy three percent of never married male youth from Monshaat El Maghalka reported throwing sick/dead birds in the street as a way of dealing with them compared with only 20% of never married male youth from Nazlet Hussein Ali.

**Fig. Women who know that poultry is fully cooked by using knife incision/taste**

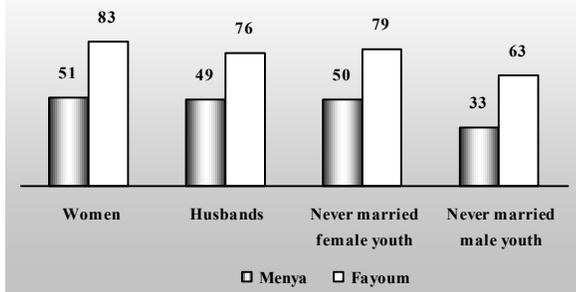


According to the WHO and FAO, it is safe to eat poultry and birds, as well as eggs if they are cooked properly. Proper cooking of poultry and birds requires that the internal temperature of all parts of the poultry is at 75°C or above. Proper cooking of both poultry and eggs inactivates the virus and thus makes no risks in consuming them. To this regard, the survey questionnaire included a question about how respondents identify that poultry or eggs are fully cooked. Results of these questions indicate that the main way respondents in Menya follow to identify a fully cooked poultry is knife incision/taste (Around half or

more of women and never married female youth), while in Fayoum no visible pink meat was the main way respondents mentioned to identify a fully cooked poultry (around half of respondents). Results varied by village. Eighty eight percent of women from Zohra reported that they use knife incision/taste to identify a fully cooked poultry compared with 24% of women from Monshaat El Maghalka.

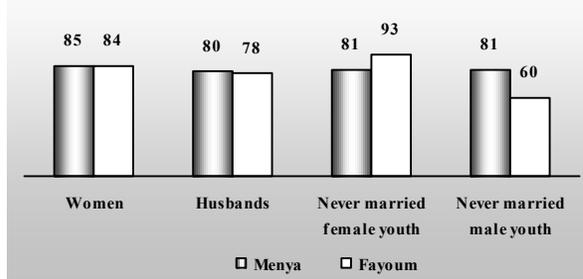
Respondents were also asked about how to know that eggs are fully cooked. For Menya, the main way reported was leave for more than 10 minutes until water decreases, while in Fayoum the main way reported was yolk no longer runny. However, results varied across groups. Around half of women, husbands, and never married female youth from Menya reported that they know that eggs are fully cooked when they leave it for more than 10 minutes until water decreases compared with less than one quarter of never married male youth. Moreover, results varied by village. Eighty eight percent of women from Monshaat El Maghalka reported that they know that eggs are fully cooked when yolk is no longer runny compared with only 10% of women from Zohra.

**Fig. Respondents who reported knowing that eggs are fully cooked when yolk no longer runny**



### 7.5 Knowledge of Birds Vaccinations (Appendix A Table 7.7)

**Fig. Respondents who heard about birds vaccinations**

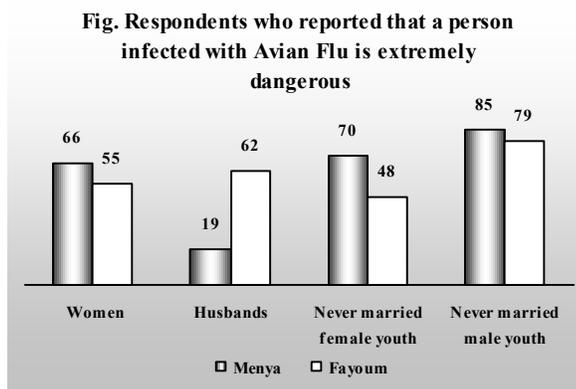


The survey has also collected information about respondents' knowledge of birds' vaccination. Overall, more than 8 in 10 of women and never married female youth, and less than two third of husbands and never married male youth from Menya heard about birds vaccinations. In Fayoum, More than 90% of never married female youth, around 8 in 10 of women and husbands and 6 in 10 never married male youth heard about birds vaccinations. Results varied by village. Ninety eight percent of never married male youth

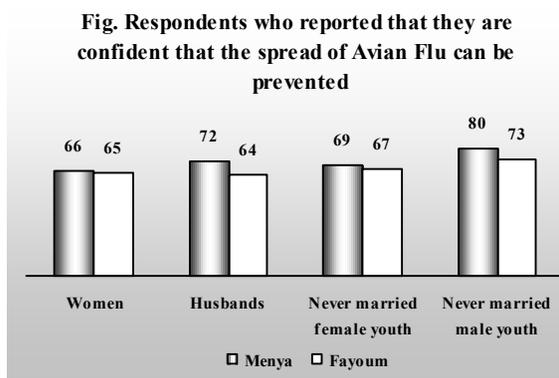
from Koloba heard about birds vaccinations compared with only 31% of never married male youth from Nazlet Hussein Ali.

## 7.6 Attitudes related to Avian Flu (Appendix A Table 7.8)

In order to investigate the attitudes related to avian flu, a series of statements were read to the respondents and they were probed about their perceived level of dangerousness about the Avian Flu infection among humans, likelihood that a family member might become infected, their confidence to protect themselves as well as their confidence that Avian Flu spread can be prevented, and their confidence that they can protect themselves and their family from Avian Flu. With regards to respondents perceived level of dangerousness of infection, the majority of respondents mentioned that infection with Avian Flu is dangerous (80% or more of respondents). Generally, husbands and never married male youth were more likely than women and never married female youth to report that a person infected with Avian Flu is extremely dangerous



When asked about the likelihood that a family member might become infected, around one quarter of respondents in Menya and one third of respondents in Fayoum (except never married male youth in both governorates (slightly less than one fifth)) reported that it is likely, with the majority being reporting somewhat likely. Results varied by village. Around 70% of husbands from Monshaat El Maghalka reported that it is likely that a family member might become infected compared with only 2% of husbands from Nazlet Hussein Ali.



Looking at respondents confident that Avian Flu spread can be prevented, around two third of respondents reported that they are confident that the spread of Avian Flu could be prevented. Results varied by village. Ninety five percent of never married male youth from Koloba reported that they are confident that the spread of Avian Flu could be prevented compared with less than half of never married male youth from Ebshadat.

Results showed that the respondents are confident that they can protect themselves and their family from Avian Flu (Around 70% of respondents or more), with the highest level of confidence being reported by never married male youth from Menya (89 percent). Results varied by village. Ninety five percent of Husbands from Nazlet Hussein Ali reported that they are confident that they can protect themselves and their family from Avian Flu compared with 69% of husbands from Ebshadat.

Results showed that the respondents are confident that they can protect themselves and their family from Avian Flu (Around 70% of respondents or more), with the highest level of confidence being reported by never married male youth from Menya (89 percent). Results varied by village. Ninety five percent of Husbands from Nazlet Hussein Ali reported that they are confident that they can protect themselves and their family from Avian Flu compared with 69% of husbands from Ebshadat.

## 7.7 Practices related to Avian Flu (Appendix A Table 7.9)

During the VHS 2007/2008 survey, all respondents were asked if they have been involved with breeding/handling birds and poultry and/or slaughtering poultry/birds during last month. Among those who reported involved with such activities, questions were addressed to identify protective measure taken by them. Results showed that around 90% of more of respondents in all groups are involved with breeding or handling poultry/birds. However, the percentage of respondents in Menya who reported that they are involved in slaughtering poultry/birds was much lower. Around three quarter of women reported that they are involved in slaughtering poultry/birds compared with around two third of never

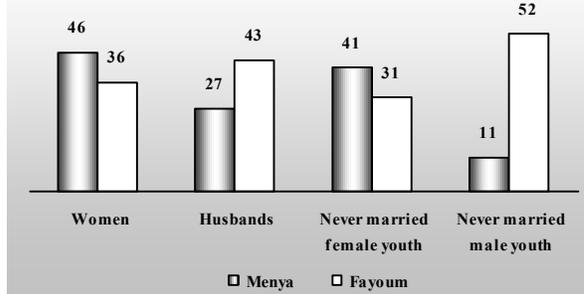
***Slaughtering is more common among women than other respondents***

married female youth and one quarter or less of husbands and never married male youth. Results varied by village. Eighty three percent of women from Zohra reported that they are involved in slaughtering poultry/birds compared with 69% of women from Monshaat El Maghalka.

When respondents, who reported involved with breeding, handling or slaughtering birds, were probed about specific protective measures taken. Washed hands with soap and water directly after involvement with poultry/birds was the most common practice reported (around half of women in Menya and 41% of never married female youth and 27% of husbands and 11% of never married male youth). Wearing anything on hands and wearing anything over nose and mouth was a practice done by

10% or less of respondents. Results varied by village. Around more than three quarter of husbands from Kasr Rashwan reported that they washed hands with soap and water directly after involvement with poultry/birds compared with only 17% of husbands from Tersa.

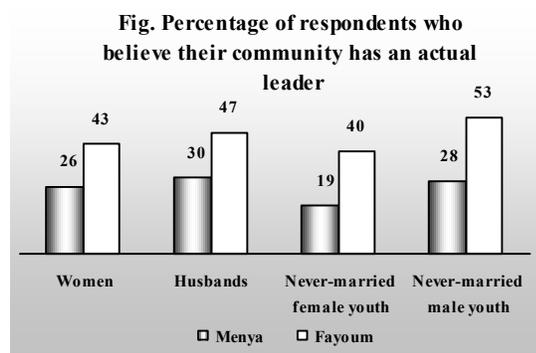
**Fig. Respondents who reported washing hands with water and soap after involvement with poultry/birds**



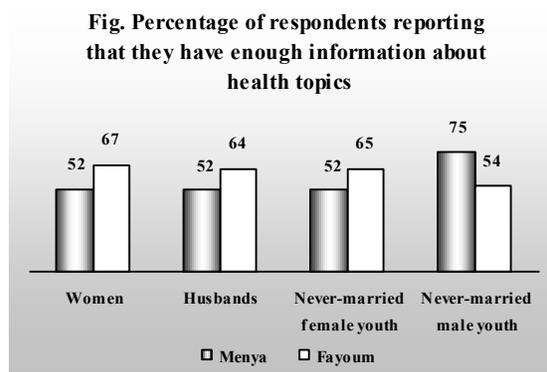
Some social and community aspects are of major significance to the individual perception of the surrounding environment. Leadership, health information, and support for health improvement are of importance to the CHL program. Individuals' behaviors and attitudes in a community can be positively affected through communication with leaders. Questions about perceptions to different leadership characteristics, access to health information, and health family issues were included in the VHS 2007/2008 . In the following sections, different topics related to the previous issues will be discussed.

**8.1 Perceptions about Actual Community Leaders** (Appendix A Table 8.1)

Table 8.2 illustrates the percentage of ever-married women, husbands, female and male youth who mentioned the availability of an actual leader in their community and the percentage of those who reported the existence of an actual leader by the level of agreement that the actual leader possesses leadership characteristics, by focal village, VHS 2007/2008. Respondents from all groups were asked if there is someone who they consider to be a leader in their community. Results show that in the groups of women, husbands, and never-married male youth almost three out of ten respondents believed in the presence of an actual leader in their community. However, in the never-married female youth group only two out of ten respondents had similar believe. Differentials were observed across villages. The highest percentage was reported among women, husbands, and never-married female and male youth from Saft El-Khamar village (74%, 78%, 72%, and 93% respectively). The least values were reported among women and husbands of Monshaat El Maghalka village (4% and 5% respectively), and among never-married female youth of Zohra village (1%).



**8.2 Access to Health Information** (Appendix A Table 8.2)



To evaluate the knowledge of respondents concerning access to health information, they were asked if they have enough information about health topics. Results show that percentages of respondents have enough information about health topics ( 75% of never-married male youth and 52% of the other three groups). Clear differentials were observed across villages. More than seventy percent of women, female and male youth from Koloba village have enough information about health topics compared with only 14% of husbands and 16% of women from Monshaat El Maghalka village.

The data on various health topics was collected through asking respondents how they are confidence to obtain information about various health topics. Responses were recoded in into three categories: not confident, neutral, and confident. Results show that almost nine out of ten respondents of all the studied groups were confident that they can obtain information about use of family planning methods, with some differentials across villages. The highest percentage was reported among women from Saft El Khamar village (99%), compared with the least percentage reported among never-married male

youth from Ebshedat village (61%).

The collected data revealed that more than eighty percent of respondents were confident that they can obtain information about keeping children healthy (91% of women, 89% of never-married male youth, 86% of husbands, and 84% of never-married female youth). Differentials were observed across villages. Almost 100% of never-married male youth from Koloba village reported that they are confident in their ability to obtain such information, compared with almost half of never-married male youth from Ebshedat village.

Information regarding respondents' confidence about preventing unsafe injection shows that around 8 out of 10

respondents were confident that they could obtain information about preventing unsafe injections. Respondents of the four studied groups from Koloba village were the most likely to report that they are confident that they can obtain such information.

Husbands and never-married male youth were more likely than women and never-married female youth to report that they are confident that they can obtain information about a healthy diet for the whole family (83%, 83%, 79%, and 74% respectively). Differentials were reported across villages. Sixty-nine percent of never-married male youth from Koloba reported that they are confident in their ability to obtain such information compared with 45% of never-married female youth from Nazlet Hussein Ali village.

Furthermore, never-married male youth and husbands were also more likely than women and never-married female youth to report that they are confident that they can obtain information about the dangers of smoking and how to stop smoking (85%, 75%, 69%, and 69% respectively). Again, respondents from Koloba were the most likely to report that they are confident that they can obtain such information.

The data revealed that the percentages of respondents among women, husbands, and never-married female youth who are confident that they could obtain information about how HIV/AIDS can be prevented are (55%, 65%, and 57% respectively). Koloba respondents were more likely to report that they are confident that they can obtain such information, compared to other villages.

The information about safe pregnancy and delivery reported that both women and men were more likely confident that they could obtain such information. The values of women and never-married female youth were (79% and 73% respectively), where the values of husbands and never-married male youth were slightly higher 80% for both. It is worth to mention that the highest percentages were reported among women and husbands of Koloba village (96% and 90% respectively).

### 8.3 Attitudes related to Maternal and Child Health (Appendix A Table 8.3)

Respondents were asked about the level of responsibility that the mother, father, whole family, health provider, and whole community have for ensuring a safe delivery for mother and child. Responses were coded as high responsibility, low responsibility, and not responsible at all.

	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Use of FP methods	94	91	86	91
Keeping children healthy	91	86	84	89
Preventing unsafe injection	81	83	80	82
Healthy diet for the whole family	79	83	74	83
Dangers of smoking and how to stop smoking	69	75	69	85
How HIV/AIDS can be prevented	55	65	57	80
Safe pregnancy and delivery	79	80	73	80
<b>Fayoum</b>				
Use of FP methods	95	87	84	79
Keeping children healthy	92	89	90	84
Preventing unsafe injection	84	84	83	74
Healthy diet for the whole family	76	67	72	67
Dangers of smoking and how to stop smoking	65	76	61	86
How HIV/AIDS can be prevented	43	60	43	62
Safe pregnancy and delivery	84	73	70	67

**Table Percentage of Respondents Believing that Various People/Groups have high Responsibility in Matters related to Maternal and Child Health**

	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Mother has high responsibility	92	87	90	91
Father has high resp.	15	80	85	90
Whole family has high resp.	61	56	65	61
Health provider has high resp.	77	2	77	71
Whole community has high resp	42	33	54	35
<b>Fayoum</b>				
Mother has high responsibility	94	89	97	94
Father has high resp.	39	50	59	78
Whole family has high resp.	35	36	47	61
Health provider has high resp.	75	71	75	66
Whole community has high resp	31	31	35	27

Among all the studied groups the collected information demonstrated that almost nine out of ten respondents among all the groups reported that the mother is highly responsible for maternal and child health. Moreover, slightly less percentage of respondents mentioned that the father is highly responsible as well (90% of never-married male youth, 85% of never-married female youth, 15% of women, and 80% of husbands). Differences were also reported among villages in all the studied groups.

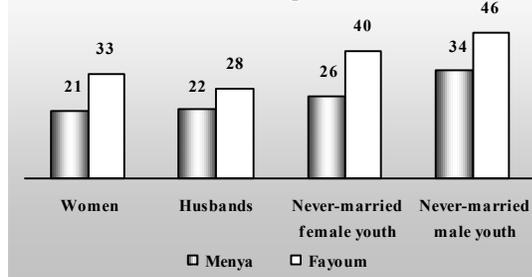
The percentages of respondents who reported that the whole family is highly responsible for ensuring maternal and child health was relatively low (61% of both women & never-married male youth, 65% of never-married female youth, and 56% of husbands). Differentials were observed across villages. While 90% of husbands from Koloba village mentioned that the whole family is highly responsible for ensuring maternal and child health, only 19% of never-married male youth from Monshaat El Maghalka reported the same opinion.

Slightly more than 7 out of 10 respondents reported that the health provider is highly responsible for maternal and child health. On the other hand, lower percentages of respondents reported that the whole community is highly responsible (54% of never-married female youth, 42% of women, 35% of never-married male youth, and 33% of husbands). Differentials were observed across villages. More than 75% of never-married male youth from Zohra village reported that the whole community is highly responsible for maternal and child health compared with only 10% of the same group from Koloba village.

**8.4 Willingness to Participate in Family Health Improvement Activities (Appendix A Table 8.4)**

In the questionnaire of VHS 2007/2008 respondents were asked about their willingness to participate in activities aimed at improving family health in their village. The data showed that never-married male and female youth are slightly more willing than husbands and women to participate in activities to improve family health in the village (34%, 26%, 22%, and 21% respectively). Significant variations were observed across villages. Fifty five percent of never-married male youth from Zohra reported that they are willing to participate in such activities compared with only 7% of women from Monshaat El Maghalka.

**Fig. Percentage willing to participate in activities to improve family health in the village**



**Table Willingness to Participate in Specific Family Health Improvement Activities (among those willing to participate)**

Percentage willing to perform various roles in those activities	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Attend meeting	99	98	99	100
Speak out in meetings	92	96	97	100
Help to assess community needs	90	93	90	97
Help to plan activities	77	85	88	91
Help implement the activities	72	84	85	92
Willing to be leader for activities	60	68	78	66
Provide resources for activities	70	80	82	87
<b>Fayoum</b>				
Attend meeting	99	98	100	98
Speak out in meetings	96	93	97	92
Help to assess community needs	91	83	94	70
Help to plan activities	68	72	88	58
Help implement the activities	68	71	87	59
Willing to be leader for activities	56	60	66	42
Provide resources for activities	71	74	79	49

Selected roles were identified and respondents who reported that they would be willing to participate in activities to improve family health in their community were asked which role they would be willing to perform for each of those activities. Almost all respondents reported that they would attend meetings. Husbands and never-married male youth were more willing than women and never-married female youth to speak out in meetings. A similar pattern was also observed among help to assess community needs activity.

### 8.5 Perceptions about Families' Ability to Avoid or Solve Health Problems

(Appendix A Table 8.5)

It was found that the percentages of respondents who agreed that the family is able to protect the health of its members among never-married male youth was slightly more than husbands, never-married female youth and women (97% in both governorates compared with around 9 in 10 respectively). Differentials were clear across villages. In Menya, 93% of women from Koloba agreed with this issue compared with 77% of women from Nazlet Hussein Ali. Almost the same pattern is observed for the statement that the family has the resources to protect the health of its members. Around 7 out of 10 respondents agreed that people in the family are aware of the most important health problems.

**Table 8.5 Perceptions about Family Health Problems**

Percentage willing to perform various roles in those activities	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Family is able to protect the health of its members	88	88	88	97
Family has the resources it needs to protect the health of its members	77	72	77	90
People in the family are aware of the most important health problems	67	68	68	83
<b>Fayoum</b>				
Family is able to protect the health of its members	88	87	94	97
Family has the resources it needs to protect the health of its members	66	69	77	87
People in the family are aware of the most important health problems	63	65	72	79

### 8.6 Trend of Some Indicators Across Surveys

#### Community Leaders

The following table presents data on the trend in the presence of actual leader, access to health information, and willingness to participate in the activities in the VHS 2004, 2005, 2007 for Menya governorate and VHS 2005 and 2007 for Fayoum governorate.

**Table Trend of Some Indicators between Surveys**

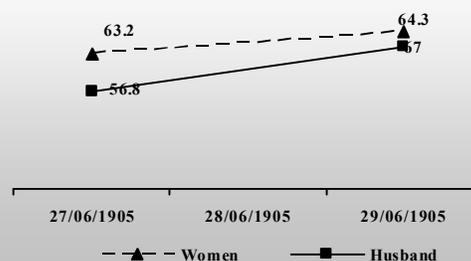
Indicators	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Contro	Total	Treatment	Contrc	Total	Treatment	Contro	Total	Total	Total
<b>Presence of actual leader in the community</b>											
/omen	25.1	11.1	18.7	15.9	25.1	20.1	26.2	42.2	34.1	26.9	43.4
usband	35.2	21.0	28.7	20.5	34.3	26.9	29.6	58.6	44.7	26.4	47.3
ever Married female Youth	19.5	10.4	15.2	11.2	21.0	16.0	19.4	43.9	31.6	26.2	40.1
ever married Male Youth	29.7	32.5	31.1	26.3	38.9	32.3	27.5	53.5	40.6	23.7	52.5
<b>Access to Health Information</b>											
/omen	62.7	67.3	64.8	33.4	59.0	45.2	51.5	61.7	57.6	63.2	67.0
usband	60.2	73.8	66.4	42.0	63.5	52.0	52.4	70.5	62.4	56.8	64.3
ever Married female Youth	66.0	63.3	64.7	38.4	59.8	48.8	51.8	53.1	52.8	62.1	64.8
ever married Male Youth	50.6	64.1	57.3	42.4	56.8	49.2	74.6	63.6	71.1	41.1	54.2
<b>Willingness to participate in the activities</b>											
/omen	47.9	29.9	39.7	33.0	26.5	30.0	20.7	17.7	19.8	40.8	32.9
usband	48.7	50.9	49.7	26.7	37.9	31.9	22.1	15.1	17.9	39.9	27.8
ever Married female Youth	66.5	49.0	58.1	40.4	40.5	40.5	25.8	29.5	27.0	52.5	39.8
ever married Male Youth	50.3	50.8	50.6	33.6	60.4	46.3	33.8	10.9	22.2	51.7	45.7

Data showed that percentage of respondents who reported the presence of actual leader in the community has increased across time in all groups. The level of increase experienced were highest among never married male youth in Fayoum (53% in 2007 compared with 24% in 2005). The highest level of increase in Menya was among never married female youth (32% in 2007 compared with 15% in 2004). Regarding the treatment villages, there was a slight decrease from 2004 to 2007 except for women where the percentage increased from 25 percent in 2004 to 26 percent in 2007.

Access to health information has increased in Fayoum from 2005 to 2007. The level of increase was highest among never married male youth (54% in 2007 compared with 41% in 2004). In Menya, access to health information has decreased across all groups (except never married male youth). The level of decrease was highest among never married female youth (from 65% in 2004 to 53% in 2007).

Respondents willingness to participate in activities has dramatically decreased in both governorates. In Fayoum the decline was between 8-16 percentage points, while in Menya the decline was between 20 -32 percentage points.

**Fig. Trend in Access to Health Information (Fayoum)**



One of the unhealthy practice prevailed in Egypt is female circumcision, especially in Rural Upper Egypt. The data included in the VHS 2007/2008 questionnaire contains several questions about knowledge, prevalence, attitudes, and practices related to female circumcision. In addition, never-married female and male youth were subjected to questions about their intention to circumcise their daughters in the future.

**9.1 Knowledge of Female Circumcision** (Appendix A Table 9.1)

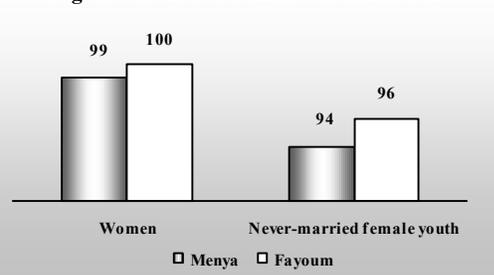
Table 9.1 demonstrates the percentage of ever-married women, husbands, and never-married female and male youth who have heard about female circumcision, by focal village, VHS 2007/2008.

In order to assess knowledge about female circumcision, respondents were asked whether they had heard about the practice. Knowledge of female circumcision was found to be universal among the respondents, as almost 100% of the respondents in all target groups indicated that they had heard about female circumcision. The lowest value was recorded among never-married male youth (96%).

**9.2 Prevalence of Female Circumcision and Intention to Circumcise Daughters** (Appendix A Table 9.2)

The data presented in table 9.2 shows the percentage of ever-married women and never-married female youth who have been circumcised, and among ever-married women and husbands who have daughters, the percentage who report that they have at least one daughter circumcised and the percentage who intent to circumcise their daughter(s), and percentage of never-married female and male youth who intent to circumcise their daughters, by focal village, VHS 2007/2008.

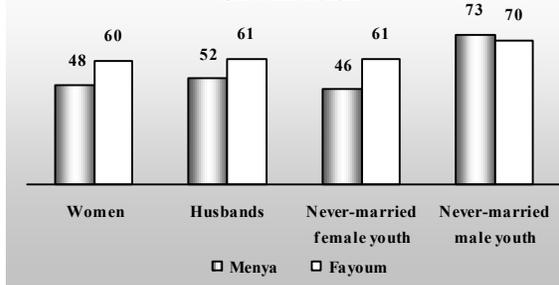
**Fig. Prevalence of Female Circumcision**



Women and never-married female youth were asked whether they had been circumcised. Moreover, never-married female and male youth were asked about their intention to circumcise their daughters in the future. Furthermore, women and husbands were asked if they have intention to circumcise other daughters in the future.

The obtained results revealed that in general, 99% of women and 94% of the never-married female youth reported that they had been circumcised. Toukh El khail village reported the least prevalence of female circumcision (68% of women and only 9% of never-married female youth). On the other hand, Zohra, Nazlet Hussein, and Koloba villages reported the highest prevalence of female circumcision among women (more than 99%).

**Fig. Future Intention toward Female Circumcision**



Women and husbands were subjected to question about whether they have at least one daughter circumcised, around 5 in 10 reported that they have at least one daughter circumcised. The highest percentages were found in Koloba village (53% of women and 58% of husbands). The least percentages were reported in Toukh El Khail village (9% and 15% for women and husbands respectively).

Regarding future intention to have any daughter circumcised, differentials were found among groups of respondents and across villages. Overall, 73% of never-married male youth intend to have daughters circumcised compared to 46% of never-married

female youth, 52% of husbands, and 48% of women. Across villages clear variations were observed. Sixty six percent of husbands from Nazlet Hussein Ali intend to have other daughters circumcised compared with 23% of husbands from Toukh El Khail village.

### 9.3 Support for Female Circumcision (Appendix A Table 9.3)

In order to assess the attitude of respondents about circumcision, they were asked whether they support or oppose the practice of female circumcision.

The data of this investigation are presented in table 9.3. It shows that around three quarter of women in Menya, husbands, and never-married male youth support continuation of the practice, while slightly less than half (47%) of the never-married female youth reported that the practice should be continued.

The highest percentage of support to the practice of female circumcision was reported among women, and husbands in Nazlet Hussein Ali village (79% and 88% respectively). Moreover, the highest support among never married-female & male youth was found in Zohra village (62% & 86% respectively). The least values of supporters to the phenomenon are reported among the four groups of Toukh el Khail village.

Respondents who indicated that female circumcision should be continued were asked to list the reasons behind their opinion (multiple reasons could be mentioned). The most common reason indicated by women were its being a good tradition (72%), followed by cleanliness (55%), and required by religion (39%). The most common reasons indicated by husbands were that it is both required by religion, and good tradition (61%), followed by cleanliness (33%). The most common reason given by never-married female youth was good tradition (68%), followed by cleanliness (51%), and required by religion (41%). Finally, the most common reason indicated by never-married male youth was that it is required by religion (66%), and it is a good tradition (48%).

Table Reasons Female Circumcision should be Continued				
Reasons	Women	Husbands	Never-married	
			Female youth	Male youth
<b>Menya Treatment</b>				
Good tradition	73	61	68	48
Required by religion	39	61	41	66
Cleanliness	55	33	51	26
<b>Fayoum</b>				
Good tradition	86	86	83	69
Required by religion	68	73	62	53
Cleanliness	52	43	48	42

Table Reasons Female Circumcision Should Be Discontinued				
Reasons	Women	Husbands	Never-married	
			Female youth	Male youth
<b>Menya Treatment</b>				
Bad tradition	44	33	51	53
Against religion	52	60	57	34
Medical complications	73	75	65	60

bad tradition as the third common reason. Reverse situation can be observed among never-married male youth where the second common reason is bad tradition followed by against religion (53% & 34% respectively).

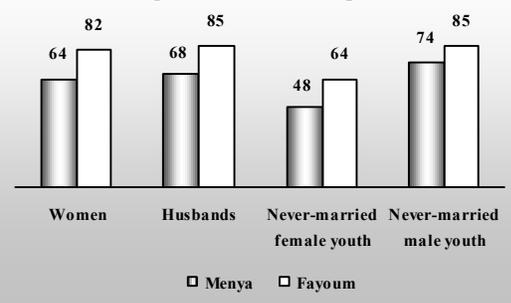
Respondents who indicated that female circumcision should be discontinued were also asked about the reasons for their believes. Multiple responses were also permitted, accordingly, percentages do not add to 100%. The most common reason provided by all of the four studied groups is causes many medical complications (Table 9.2). The second common reported reason among women, husbands, and never-married female youth, is against religion (52%, 60%, and 57% respectively), followed by

### 9.4 Perceptions about Female Circumcision (Appendix A Table 9.4)

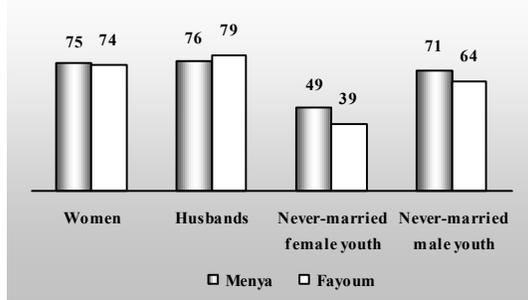
To assess respondents' perceptions about female circumcision, interviewers read a series of statements about female circumcision and asked respondents to indicate whether they agreed or disagreed with them.

When asked whether circumcision is an important part of religious tradition, 74% of never-married male youth, 68% of husbands, 64% of women and 48% of never-married female youth agreed with the statement. Women, husbands, and never-married female youth from Nazlet Hussein Ali village, and never-married male youth from Koloba village were reported the highest percentages compared to other villages.

**Fig. Opinion that Circumcision is and Important Part of Religious**



**Fig. Opinion that a Husband Prefer His Wife to be Cincumcised**



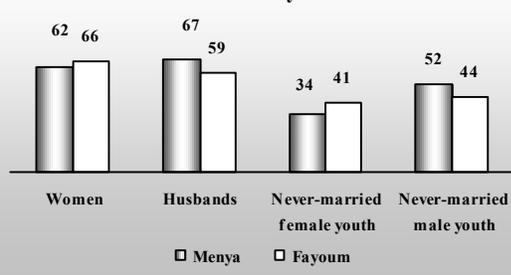
When respondents were asked whether husband prefers his wife to be circumcised, 76% of husbands, 75% of women, 71% of never-married male youth, and 49% of never-married female youth agreed with the statement. Variations were clearly observed among villages. Ninety nine percent of never-married male youth from Koloba village agree that husbands prefer their wives to be circumcised compared with only 5% of never-married female youth from Toukh el Khail village.

When respondents were addressed to the statement that circumcision can cause severe complications,

which may lead to the girl's death, low percentages agreed with the statement (40% of never-married female youth, 32% of women, 26% of husbands, and 20% of never-married male youth). Among women, husbands, and never-married female and male youth, those in Toukh El khail village were most likely to agree (72%, 75%, 86%, and 65% respectively).

Respondents were asked about their opinion whether circumcision prevents adultery. Sixty seven percent of husbands, 62% of women, 52% of never-married male youth, and 34% of never-married female youth agreed with the statement. Among women, husbands, and never-married female youth those living in Nazlet Hussein Ali village were most likely to agree that female circumcision prevents adultery (78%, 81%, and 49% respectively). However, among never-married male youth, those living in Koloba were most likely to agree with this statement (97%).

**Fig. Opinion that Circumcision prevents adultery**



Low percentages of respondents agreed that circumcision may cause a woman to have problems becoming pregnant (10% of never-married female youth, 7% of women, 5% of both husbands and never-married male youth). Respondents in Ebshedat reported the highest level of agreement with the statement (35% of never-married female youth, 25% of women, and 9% of husbands). Never-married male youth reported the highest level of agreement in Zohra village (8%).

**Fig. Opinion that Circumcision Lessens Sexual Satisfaction for a couple**



When asked whether female circumcision reduces sexual satisfaction for a couple, only 20% of women, 19% of husbands, 18% of never-married female youth, and 25% of never-married male youth believed this to be true. Among husbands and never-married male youth, those living in Koloba village were most likely to believe that female circumcision reduces sexual satisfaction (60% and 88%, respectively). Among women and never-married female and male youth, those in Zohra village were most likely to express this concern (33%, 28%, and 44% respectively).

When respondents were also asked whether childbirth is more difficult for a woman who has been circumcised only few percentages were reported (7% of never-married female youth, 7% of women, 4% of never-married male youth and 3% of husbands). Among women, and never-married female youth those living in Toukh el Khail and Saft El Khamar villages were more likely to agree that female circumcision makes childbirth more difficult (16%, and 21% respectively).

### 9.5 Trend of Some Indicators Across Surveys

The percentage of women and husbands with at least one circumcised daughter from treatment villages in Menya has declined by around 1 percent between 2004 and 2007. In Fayoum, percentage of women and husbands with at least one circumcised daughter has increased between 2005 and 2007 (2 percent and 1 percent, respectively).

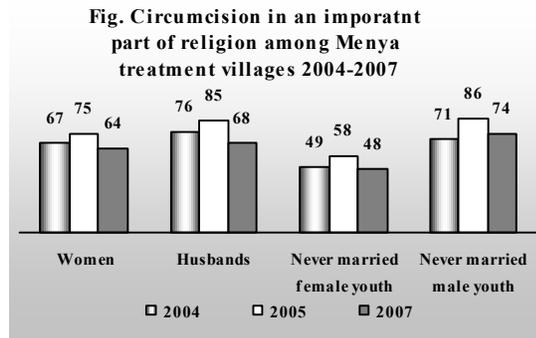
**Table Trend of Some Indicators between Surveys**

Indicators	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>Percentage with at least one daughter circumcision</b>											
Women	47.2	24.8	36.8	46.1	22.4	34.8	46.2	24.0	34.9	48.6	50.7
Husband	46.5	22.5	35.3	47.9	21.8	35.7	45.7	25.7	38.0	48.5	49.0
<b>Reason Female circumcision should be continued (Good tradition)</b>											
Women	52.5	60.5	55.0	65.3	38.7	56.8	72.7	86.3	75.1	38.3	85.8
Husband	47.3	55.3	49.8	63.1	44.6	57.1	61.3	61.9	61.1	31.4	85.9
Never Married female Youth	52.9	76.1	59.1	56.8	29.6	48.8	67.7	93.3	38.3	33.6	83.0
Never married Male Youth	43.5	51.4	46.3	52.9	34.4	45.6	48.1	40.0	46.9	26.6	68.7
<b>Reason Female circumcision should be discontinued (Bad tradition)</b>											
Women	50.6	32.6	38.0	52.6	45.3	47.2	43.9	48.3	47.7	27.7	65.0
Husband	50.0	36.0	39.3	54.3	43.8	46.3	32.7	34.0	33.1	23.6	69.2
Never Married female Youth	54.9	39.6	45.9	64.5	48.7	54.1	51.0	64.4	60.0	30.9	80.0
Never married Male Youth	45.8	46.2	46.1	39.4	36.2	37.1	53.1	23.6	34.0	22.4	62.7
<b>Circumcision is an important part of religion</b>											
Women	65.8	38.8	53.6	75.2	45.3	61.4	63.6	34.6	49.4	68.4	81.9
Husband	76.4	43.5	61.4	85.2	48.7	68.2	67.6	36.1	51.4	67.2	84.5
Never Married female Youth	49.3	27.2	38.8	58.4	24.6	42.0	47.7	27.3	37.5	58.5	63.7
Never married Male Youth	70.6	43.7	57.3	85.8	64.9	75.9	74.0	44.5	59.5	60.3	85.1

The percentage of respondents who reported that female circumcision should be continued because it's a good tradition has increased significantly (except never married female youth from Menya). In Fayoum the increase was between 42-54 percentage points, while in Menya the increase was between 1-20 percentage points.

On the other side, the percentage of respondents who reported that female circumcision should be discontinued because it's a bad tradition has also increased significantly (except husbands and never married male youth from Menya). In Fayoum the increase was between 37-49 percentage points, while in Menya the increase was between 10-14 percentage points.

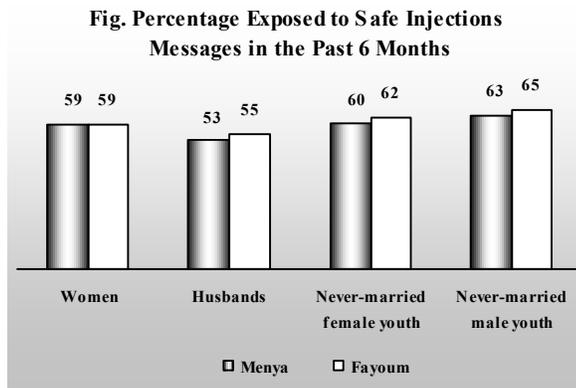
Data showed that the percentage of respondents who mentioned that circumcision is an important part of religion has declined in Menya treatment villages (except never married male youth). Husbands showed the largest decline from 76% in 2004 to 68% in 2007. In Fayoum, the opposite pattern was observed; the percentage of respondents who mentioned that circumcision is an important part of religion has increased. The highest level of increase was observed among never married male youth (85% in 2007 compared with 60% in 2005), while the lowest level of increase was observed among never married female youth (64% in 2007 compared with 59% in 2005).



Information about recent exposure to multiple sources of mass media shall be presented and discussed in this chapter of VHS 2007. The collected information on the exposure of women, husbands, and never-married female and male youth to some health practices shall be presented. These data can provide indications of the extent to which the Egyptian family members are regularly exposed to mass media, which are considered the main source of information to convey the different health messages to the population.

**10.1 Exposure To Health Messages about Safe Injections** (Appendix A Table 10.1)

Infectious hepatitis is a blood born disease transmitted through blood transfusion, and the use of contaminated personal tools. In order to reduce hepatitis infections, various communication programs were developed to provide information about safe injections. Respondents of the VHS 2007/2008 were asked if they received information about safe injections during the past six months of the survey. The percent of total respondents exposed to such message is around 60% in three of the studied groups. However the percent was slightly lower in Husbands group (53%).



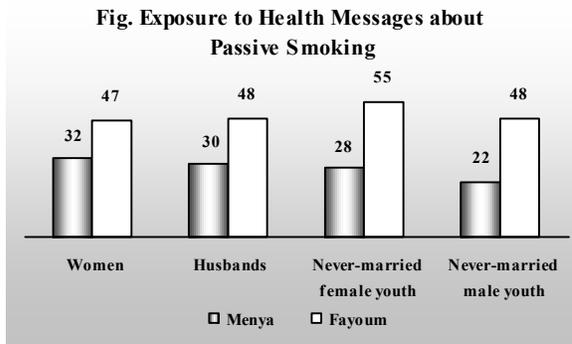
Differences were observed among villages. Ninety Six percent of women and female youth from Koloba have received information about safe injections compared to only 8% of those Husbands in Ebshedat village.

The data demonstrated that more than 93% of all respondents in the four studied groups were instructed to use only a syringe in a sealed packet. The percentage of respondents who were instructed not to share syringes varies among different groups, (61% for Women, 47% for Husbands, 63% for female youth, and 34% for Male youth). Significant differences were also recorded across villages. For example, the percent of women from Kasr Rashwan who learned not to share syringes was 93%, compared to only 13% of Male youth from Toukh El Khail village. The data on respondents knowledge of Boil/sterilize syringe before use were relatively low among all groups and for all villages (less than 5%).

The majority of Menya respondents receiving information about safe injections reported they last received this information from TV, (79% for women, 79% for husbands, 85% for never-married females, and 70% for never-married males). Comparatively speaking, lesser percentages reported medical providers as source of such information (12% for women, 8% for husbands, 5% for female youth, and 10% for male youth).

**10.2 Exposure to Health Messages related to Passive Smoking** (Appendix A Table 10.2)

Table 10.2 illustrates the percentage pf Women, Husbands, never-married female and male youth who have heard/seen or received information about the health hazards of secondary smoking during the six months preceding the survey and the percentage who have heard/seen information by source of information, by focal village, 2007 VHFS. It was found that the data on exposure to health messages about passive smoking is relatively low. Three out of ten respondents from Women, Husbands, and Female youth group reported receiving information about passive smoking. For the never-married males, only two out of ten respondents reported receiving such information.



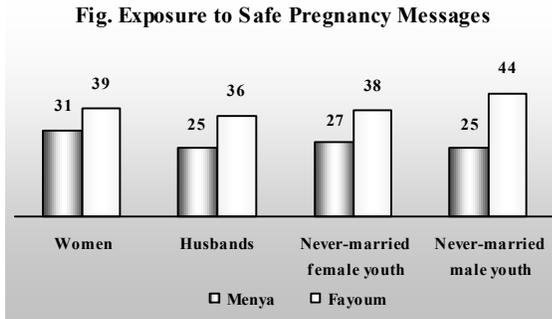
Examination of the results revealed that exposure to passive smoking was significantly different within villages. The data shows that the percentage of respondents who reported receiving such messages in the 6 months preceding the survey were 62% for husbands from Tersa village, compared to only 9% for women from Monshaat El Maghalka village. It is worth mentioning that for never-married male youth there are remarkable differences across villages, with 62% of male youth from El Tawfikia have exposed to such messages

compared to 7% only from Koloba village.

Concerning the source of the received information about passive smoking in the last six months of the survey in the four studied groups, it was found that TV is considered the main source of such information, (93% of women, 86% of husbands, 92% of female youth, and 78% of male youth).

### 10.3 Exposure to Safe Pregnancy Precautions Messages (Appendix A Table 10.3)

The data presented in Table 10.3 demonstrates the percentage of ever-married women, Husbands, and never-married Female and Male youth who have received information during the six months preceding the survey about safe pregnancy precautions and the percentage of those who have heard/seen information by the last source of information, by focal village, VHS 2007/2008. Almost three out of ten respondents in the four studied groups reported having exposed to such information. The levels of information of the subject exposure vary considerably across villages. It was found that the percentage of this level of exposure among Women from Koloba village is 63%, compared to only 2% from Ebshedat control village of the same group.



The levels of information of the subject exposure vary considerably across villages. It was found that the percentage of this level of exposure among Women from Koloba village is 63%, compared to only 2% from Ebshedat control village of the same group.

Results regarding the source of information show that respondents in the four studied groups who have exposed to information about safe pregnancy precautions reported that television is considered their main source of such information (40% of Women, 63% of Husbands, 75% of Female youth, and 61% of male youth). Considerable percentages of respondents obtained such information from Medical provider (48% of Women, 24% of Husbands, 23% of Male youth, and 7% only for Female youth).

### 10.4 Exposure to Health Messages about the Postpartum/Neonatal Medical Consultation (Appendix A Table 10.4)

The results in table 10.4 illustrated the percentage of respondents receiving messages about postpartum and neonatal consultation of the four studied groups. Recommendations of CHL stated that mothers should have postpartum and neonatal consultation within one week from the time of delivery as a preventive measure to increase the level of postnatal care. VHS 2007/2008 results revealed that exposure to these messages are significantly low. The results show that around 15% of both women and never-married female youth reported receiving information about postpartum/neonatal consultations. However, for husbands and never-married males, these values were 12% and 20%, respectively.

Table Exposure to Postnatal/Neonatal Medical Consultation Messages				
	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Percentage exposed to postnatal/neonatal consultation messages	15	12	16	20
Percentage who received this information from:				
T.V.	62	63	62	71
Medical provider	25	22	9	21
<b>Fayoum</b>				
Percentage exposed to postnatal/neonatal consultation messages	25	20	33	21
Percentage who received this information from:				
T.V.	78	84	92	55
Medical provider	26	18	13	22

Moreover the levels of exposure vary considerably within villages. It was found that 40% of never-married male youth from Zohra village have exposed to postpartum and neonatal medical consultation messages during the six months preceding the survey, while only less than one percent of Husbands from Ebshedat control village have exposed to those messages

Furthermore, the results demonstrated that six out of ten of the respondents of women, Husbands, and female youth who were exposed to information about the recommended consultations reported that they received their information from television. The value of male youth group was relatively high approaching seven out of ten respondents within this group.

Medical provider was considered as the second highest source of information reported by women. For female youth group it was found that the second highest source is other relatives (20%).

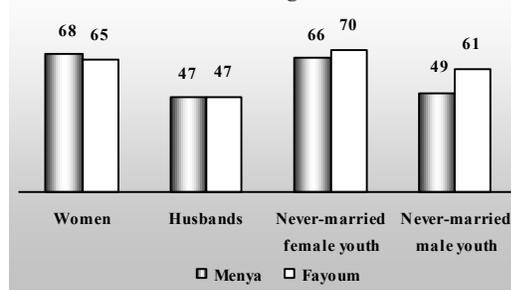
### 10.5 Exposure to Family Planning Messages (Appendix A Table 10.5)

Information about family planning was presented in table 10.5 of VHS 2007/2008. The results indicated that the level of exposure to the subject message is higher among female respondents, (68% for women, and 66% for female youth), compared to lower values reported among respondents of male groups (47% for husbands, and 49% for male youth).

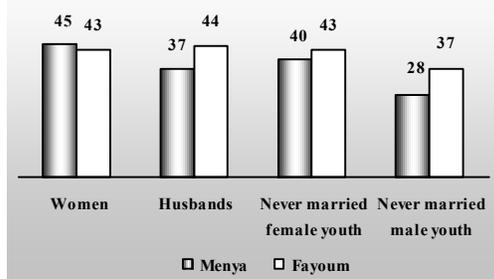
Differences among villages of the four groups and within the villages of the same group are relatively large. It was found that 93% of women from Koloba village reported exposure to family planning messages, compared to only 15% of male youth from Ebshedat control village. It was also found that 67% of husbands from Koloba village reported exposure to family planning messages, compared to only 23% from Ebshedat control village of the same group.

The highest source of information about family planning message reported among the four studied groups is TV(94% of both women and husbands, 95% of female youth, and 98% of male youth), followed by posters in three of the groups namely women, husbands, and female youth (23% women, 19% husbands, and 29% respectively). Newspapers/Magazine reported as the source next to TV among male youth group (20%). It worth mentioning that Radio and Billboards/Signboards were recorded as less significant sources of family planning messages in all the studied groups. The values of community meetings as source of family planning messages were considerably low among respondents in all the studied groups (9% of women, 5% of husbands, 6% of female youth, and 5% of male youth).

Fig. Exposure to Family Planning Messages



**Fig. Exposure to Messages about Family Planning after the First Birth**



## 10.6 Exposure to Health Messages about Family Planning after the First Child

(Appendix A Table 10.6)

Results of exposure to messages about the use of family planning after the first birth were examined in VHS 2007/2008. The results show that 45% of women and 40% of never-married female youth were recently exposed to such messages. Exposure among males is considerably lower, 37% for husbands and 28% for never-married male youth.

Observation clearly indicated the considerable differences across villages. Sixty seven percent of women in Koloba were exposed to such messages compared with only 6% of male youth in the total control group.

As usual, television was reported as the main source to obtain health messages. Among those who were recently exposed to messages about the use of family planning after the birth of the first child, television is the main source of exposure. Between 8 and 9 out of ten respondents in each of the four target groups reported that they obtained information about the use of family planning after the first birth from television. Medical provider was reported next to TV in three of the four studied groups (24% of both women and husbands, 15% of male youth, and only 9% of female youth group).

## 10.7 Trend of Some Indicators between Surveys

Table demonstrated the results concerning the trend of respondents' exposure to message about healthy practices. The data revealed that the percent of women heard/seen or received information about how injections are given safely in total Minya decreased from 65% in 2004 to 53% in 2007. Reverse finding was reported in women of total Fayoum, the percentage increased from 42% in 2005 to 59% in 2007. Similar trend was observed among Husbands, and never married female youth in both governorates. Exception was found in never married male youth of total Minya group where the percentage increased from 36% in 2004 to 44% in 2007.

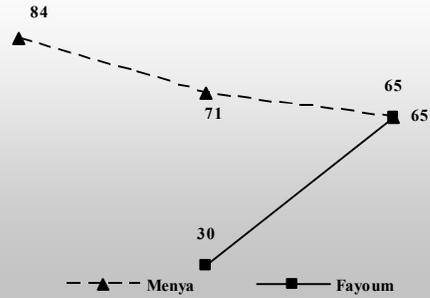
**Table Trend of Some Indicators between Surveys**

Indicators	MINYA						FAYOUM				
	2004		2005			2007			2005	2007	
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>Heard/Seen or received any information about how injections are given safely</b>											
Women	67.7	61.5	64.9	44.5	34.6	40.0	59.0	39.8	52.8	41.5	59.0
Husband	48.4	58.4	52.9	39.6	20.4	30.6	52.7	76.0	40.8	28.0	54.7
Never Married female youth	66.1	57.3	61.9	40.9	42.8	41.9	59.7	43.9	55.4	42.3	61.5
Never married male youth	35.4	35.7	35.5	38.9	13.7	27.0	62.6	23.4	43.9	18.6	65.0
<b>Heard/Seen message about FP</b>											
Women	91.7	75.7	84.4	81.0	59.5	71.1	68.3	57.8	65.1	30.0	65.4
Husband	82.3	78.0	80.3	65.2	40.2	53.5	47.0	36.0	43.4	20.1	46.5
Never Married female youth	89.0	80.6	85.0	77.4	53.7	65.9	65.7	50.0	59.6	32.0	70.3
Never married male youth	75.3	73.1	74.2	59.1	51.5	55.5	48.8	30.1	39.7	25.0	61.0
<b>Heard/Seen message about FP use after birth of 1<sup>st</sup> child</b>											
Women	60.0	49.6	55.3	29.5	30.2	29.8	45.0	22.5	36.6	55.3	42.7
Husband	35.5	25.2	30.8	18.1	11.3	24.1	36.8	40.0	40.7	41.1	43.8
Never married female youth	51.0	47.4	49.3	31.9	32.8	32.4	39.6	26.5	35.3	59.3	43.4
Never married male youth	36.9	19.2	28.1	14.1	15.9	14.9	27.7	6.2	17.1	51.4	37.1

As regard the indicator of respondents who Heard/Seen message about family planning,, the data showed progressive decrease over time in the percentage of women in total Minya, the percentage decreased from 84% in 2004 to 65% in 2007. Similar findings were reported among other groups. Reverse situation was reported in all the studied groups of Fayoum where the percentage increased over time.

The data on exposure to message about FP use after 1st child are also included in table 10. The presented data revealed that the percentage of women, and never married female and male youth decreased over time, however it increased over time in husband group. Similar trend was observed among Fayoum total group.

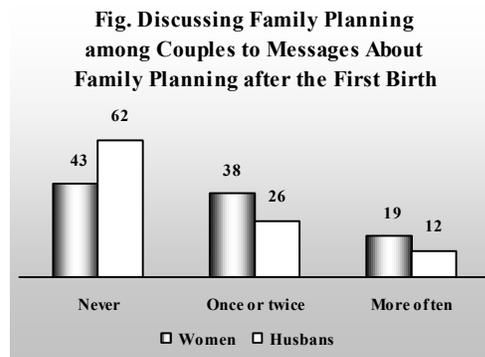
**Fig. Trend of exposure of women to Heard/Seen Message about FP**



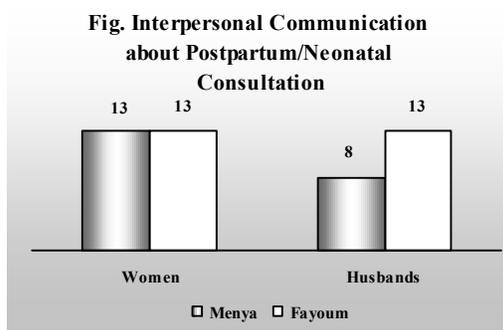
It is well known that communication interventions usually played prominent role to promote interpersonal communications and raising awareness among community population for stimulating behavior changes and for the provision of proper health information through education messages. The following chapter shall deal with some critical health aspects in relation to communication and its impact on respondents..

**11.1 Discussing Family Planning among Couples (Appendix A Table 11.1-11.2)**

In addition to mass media, interpersonal communications can also be considered as an important source of information about family planning. Currently married women, and husbands were asked if they discussed the issue of family planning methods with their couples in the six months preceding the survey, VHS 2007/2008. The results show that the majority of women, and husbands never discuss this issue with their couples during the past six months (43% and 62% respectively).Thirty eight percent of women, and twenty six percent of husbands discussed family planning only once or twice with their couples. Relatively low values were reported for respondents who more often discussed family planning with their couples (19% of women, and 12% of husbands). Variations were reported across villages. While 90% of husbands from Ebshedat control village reported they never discussed family planning with their wives, only 14% of married women reported they never discuss the issue with their husbands.



**11.2 Interpersonal Communication about Postpartum/Neonatal Medical Consultations within One Week of Delivery (Appendix A Table 11.3)**



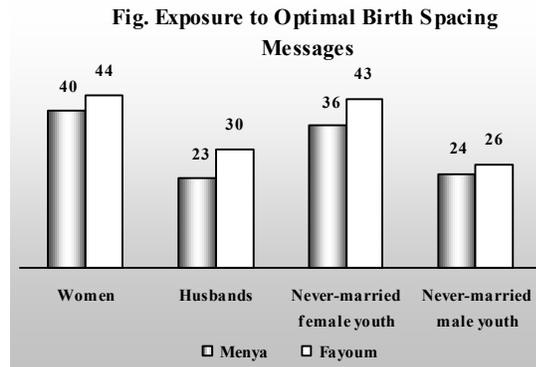
The data in Table 11.8 presented the results of the VHS 2007/2008 regarding the interpersonal communications about postpartum and neonatal medical consultations within the first week of delivery. It was found that this type of communications are limited and uncommon within the Egyptian community (only 13% of women and 8% of husbands). Considerable variations were reported across villages. Twenty six percent of women from Tera village reported they have discussed the issue with others, while only 1.3% of

the same group from Ebshedat control village discussed the subject with others. Similar observation was reported among husbands group.

Women and husbands who have talked about postpartum or neonatal medical consultation were asked about whom they talked with. The results demonstrated that the majority of women and husbands discussed the issue with medical provider (45% and 44% respectively). The percentage of friends/neighbors the women talked with them are reported next to medical provider (28%), where it was reported other relatives for husbands group (24%).

### 11.3 Exposure To Health Messages about Optimal Birth Spacing (Appendix A Table 11.4)

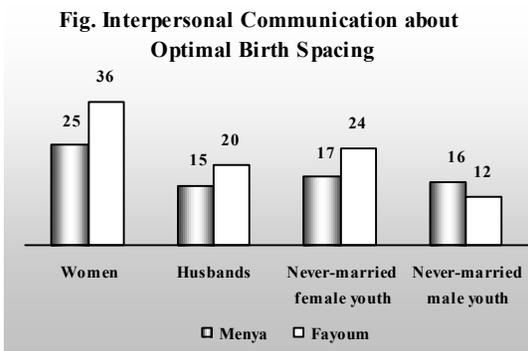
Information regarding the exposure to optimal birth spacing messages during the six months preceding the survey were collected and analyzed in the 2007 VHS. The results show significantly higher values for female groups (40% of women and 36% of female youth), compared to the lower values reported for the male groups (23% of husbands and 24% for male youth). The levels of exposure vary considerably across villages. The percentage of ever-married women receiving information about optimal birth spacing varies from 67% in Koloba to only 7% in Ebshedat control village. Similar pattern was recorded among husband group.



Television is the main source of information about optimal birth spacing. Eight out of ten respondents of both women and husbands receiving such information reported television as their source of information. Little less values were reported among youth groups (seven out of ten respondents). Twenty six percent of women mentioned medical providers and 18% of never-married male reported relatives as their source of information.

### 11.4 Interpersonal Communication about Optimal Birth Spacing (Appendix A Table 11.5)

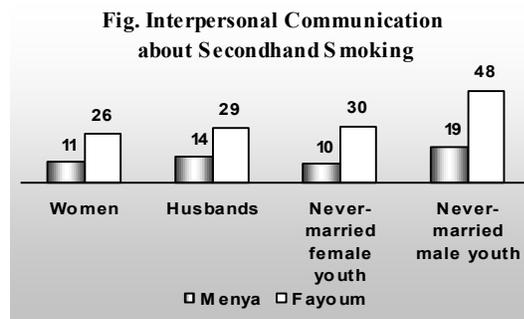
The data about the respondents' discussion of optimal spacing during the 6 months preceding the survey with other people was reported in the VHS 2007/2008. The data show that, the percentages of respondents who were recently discussed optimal birth spacing with other people are relatively small (25% of women, 15% of husbands, 17% of female youth, and 16% of male youth group).



The data also revealed that the highest percentage of women respondents who recently discussed optimal birth spacing was reported with friends/neighbors (37%), then other relatives (34%). For husbands the highest value was reported with spouse (46%), then with other relatives (28%). Finally, for female and male youth it was with other relatives (49% and 52% respectively), then with friends/neighbors (30% and 39% respectively).

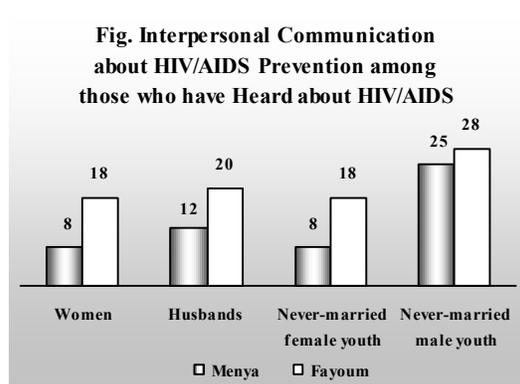
### 11.5 Interpersonal Communication about Passive Smoking (Appendix A Table 11.6)

Although the majority of respondents tend to feel comfortable discussing the dangers of smoking and how to quit it, this does not necessarily imply that such discussions actually take place. For example, the results show that only 11% of ever-married women in Menya and 14% of husbands reported having discussed passive smoking with other persons in the 6 months preceding the survey. This is the case also with young never-married respondents, as only 10% of females and 19% of males have discussed this issue with other persons during the 6 months preceding the survey.



The data also show that married women who discussed passive smoking did so mainly with their husband (73%), other relatives (22%), and friends or neighbors (15%). Husbands who discussed passive smoking, however, did so mostly with friends and neighbors (55%), their spouse (50%), and other relatives (27%). For Never-married youth, females did so mostly with other relatives (56%), their parents (41%), and friends and neighbors (25%), while males did so mainly with friends and neighbors (80%) and to some extent with relatives other than their parents (31%).

### 11.6 Interpersonal Communication about HIV/AIDS (Appendix A Table 11.7)



It is well known that HIV/AIDS is a sexual intercourse born disease. Respondents of VHS 2007/2008 who talked to anyone about the risk of contracting HIV/AIDS were asked if they have discussed the risk of contracting HIV/AIDS with other people during the six months preceding the survey. The data show that female respondents' values were considerably low compared to male respondents. It was found that only 8% of women, and female youth talked to anyone about the risk of contracting HIV/AIDS, compared to higher values reported for husbands and male youth (12% and 25% respectively).

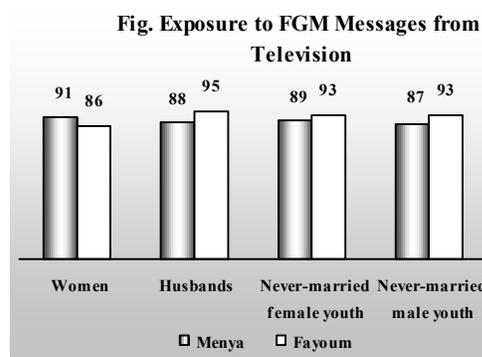
Considerable variations were reported across villages. Although 42% of male youth from Monshaat El Maghlaka, talked with anyone about the risk of contracting HIV/AIDS, none of the female youth from Saft El Kamar have done so.

Respondents of the ever-married women group who discussed the risk of contracting HIV/AIDS with others, did so mostly with their other relatives, and Friends/neighbors (35%), then with Medical provider (22%). The highest percentages of respondents discussing the matter with others were reported with friends/neighbors for husbands, female and male youth groups, (66%, 67%, and 86% respectively).

### 11.7 Exposure To Health and Interpersonal Communication about Female Circumcision (Appendix A Table 11.8)

The VHS 2007/2008 include questions about respondents who have heard information about female circumcision from Mass media, and interpersonal communication regarding this subject.

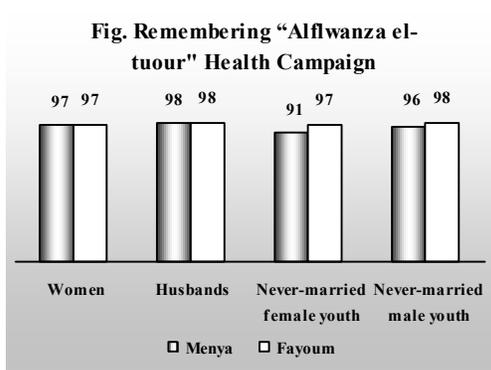
The obtained data revealed that almost nine out of ten respondents of the four studied groups received the information about female circumcision from TV. The second important source following TV for respondents of husbands, and female youth groups is Radio (9% for both). For women and male youth groups, the second reported source was the religious place, (16%, and 20% respectively). The data also show that Local meetings is considered much less important source of such information compared to TV, Radio, and religious places.



### 11.8 Interpersonal Communication about Female Circumcision

In order to find out with whom respondents discussed the subject of female Circumcision, they were asked whether they discussed the issue with relatives, friends, or neighbors. The highest value was reported among respondents of women 51%, then male youth 36%. Less result was reported for both husbands, and female youth groups (23%, and 28% respectively). Differences were clearly demonstrated across villages in all the studied groups.

### 11.9 Health Campaigns in Egypt (Appendix A Table 11.9)



Respondents of the four studied groups were asked about their knowledge about the Health campaigns in Egypt in the past years. Respondents were asked whether they remembered "Sahatak Sarwatak", "Isaal Istasher", and "Alflwanza el-tuour", and other health campaigns. The above mentioned are the titles of the most important health campaigns executed in Egypt recently, which aimed at provision the Egyptian people of the fundamental aspects of healthy life. Among these health aspects are, antenatal care, family planning, birth spacing, no for FGM, and early marriage.

Alflwanza el-tuour health campaign was considered the most popular and remembering health campaign among respondents of all the studied groups, (97% of women, 98% of husbands, 91% of female youth, and 96% of male youth). The data show also that women, and husbands remembered the health campaigns more than female and male youth. Isaal Istasher campaign reported next to Alflwanza el-tuour as the second major health campaign remembered by respondents of all the four groups, (86% of women, 74% of husbands, 74% of female youth, and 50% of male youth group). The least values were reported to Sahatak Sarwatak health campaign among women, husbands, female and male youth, (64%, 58%, 64%, and 31% respectively). The results show also significant differences among villages. While hundred percent of women, husbands, and male youth respondents from Koloba village reported that they remembered such campaign, only 16% of husbands from Toukh El Khail control reported to do so.

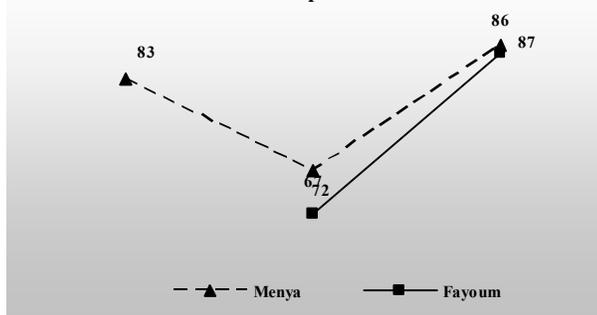
**Table Percentage Who Recall Various Health Campaigns in Egypt**

Percentage Recalling:	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Sahatak Sarwatak	64	58	64	31
Isaal Istasher	86	74	74	50
<b>Fayoum</b>				
Sahatak Sarwatak	95	71	89	21
Isaal Istasher	100	77	89	53

### 11.10 Trend of Some Indicators Across Surveys

The trend of interpersonal discussion of family planning among couples are illustrated in table 11. The presented data showed that the percentage of both women and Husbands discussed this issue increased over time in Menya, while decreased in Fayoum governorate. The data on discussing the optimal birth spacing demonstrated that this indicator decreased over time in women, husbands, and never married female youth in Menya, where it increased over time in Menya never married male youth and all the studied groups of Fayoum governorate. The trend in exposure to message and interpersonal communication about female circumcision revealed that this indicator increased overtime among women and husbands in total Menya, and decreased among never married female and male youth. For Fayoum, all the data of the four studied groups showed marked increase overtime.

**Fig. Trend of Women Discussing FP among Couples**



**Table 11 Trend Of Some Indicators Between Surveys  
Recall Message from Information, Education, and Communication Campaigns**

Indicators	MINYA									FAYOUM	
	2004			2005			2007			2005	2007
	Treatment	Control	Total	Treatment	Control	Total	Treatment	Control	Total	Total	Total
<b>Discussion of Family Planning among Couples</b>											
Women	39.6	39.1	39.4	29.3	19.8	24.9	42.9	70.0	60.3	71.6	57.7
Husband	41.8	48.7	45.0	30.5	27.3	29.4	62.0	69.2	64.5	64.7	58.5
<b>Discussed the optimal birth spacing</b>											
Women	34.9	26.8	31.3	25.6	17.2	21.8	25.3	4.5	15.4	17.8	35.8
Husband	20.8	19.4	20.1	17.1	8.6	13.1	14.7	7.8	11.6	9.7	20.0
Never Married female youth	18.3	11.8	15.2	17.3	9.2	13.3	16.6	0.8	8.6	10.5	23.6
Never married male youth	8.5	4.2	6.3	6.9	16.0	11.2	16.2	1.6	8.9	3.0	11.5
<b>Exposure to messages and Interpersonal Communication about Female Circumcision Heard about from T.V.</b>											
Women	83.5	83.1	83.3	86.0	56.5	72.4	90.5	84.2	87.4	66.9	85.9
Husband	72.5	77.5	74.8	73.9	52.2	63.8	84.7	61.7	83.3	64.4	95.0
Never Married female youth	87.6	86.7	87.2	86.3	56.3	71.7	89.4	78.8	84.4	74.9	93.3
Never married male youth	71.5	72.7	72.1	73.7	71.9	72.9	87.4	52.7	71.5	72.7	93.3

Communication plays a vital role in all health programs. In the mid-1970s, awareness and use of health information has increased dramatically, contributing to an overall improvement in the health of the population.

The Communication for Healthy Living Project is the principal vehicle for affecting broad scale behavior change and building sustained capacity within the public, private and NGO sectors to design and successfully implement strategic communication programs.

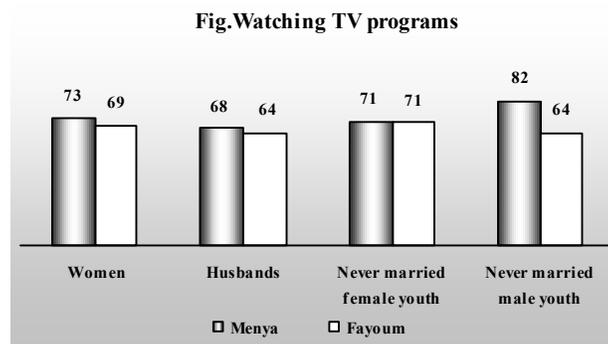
The first step in assessing the behavior changes due to different media interventions is to measure the levels of recalling the messages of the spots and the programs, the perceived benefits and to examine how these communication activities affect respondent's behaviors. Accordingly, a series of questions were asked to different groups of respondents in order to explore these topics and the answers of these questions were presented in the following sections.

## 12.1 Exposure to CHL Campaign Messages on TV

Exposure to CHL Campaign Messages through TV Programs (Appendix A Table 12.1)

One of the CHL activities is to have programs on television talking about some topics related to family planning after the first birth, family health, smoking, safe injection, child health...etc. Respondents were asked whether they saw such television programs during the past 12 months and to mention the topics of these programs.

Data of MVH 2007/2008 indicates that the exposure to the television programs during the 12 months preceding the survey was relatively high. The data shows that females are slightly less likely to see television programs than males as shown in Fig.12.1. In Menya, 71% of unmarried females, 73% of women, 82% of unmarried males and 68% of husbands saw a television program during the last 12 months talk about the previous mentioned health issues. Almost the same trend was observed among respondents from Fayoum. Male respondents from El Tawfikia village and female respondents from Toukh El Khail village are highly exposed to these programs than respondents in other villages.



	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Avian Flu	88	92	90	96
Multiple birth problems	12	6	9	9
Antenatal Care	4	3	4	3
Birth spacing	5	4	7	3
<b>Fayoum</b>				
Avian Flu	85	89	83	93
Multiple birth problems	27	17	30	15
Antenatal Care	15	10	8	6
Birth spacing	14	9	13	7

Respondents were asked to mention the topics of these programs. The most frequent topic mentioned by all groups of respondents in both governorates was "Avian Flu" which was mentioned by 93% of unmarried male youth, 89% of husbands, 85% of women and 83% of female youth in Fayoum, for example. The second most mentioned topic among the majority of respondents was "The Multiple Birth Problems", which, for example, was mentioned by three of ten female respondents in Fayoum. Antenatal care and birth spacing were two of the topics that mentioned by a considerable

number of respondents (e.g., about 15% of women in Fayoum mentioned these topics). Aids and

dangers of secondhand smoking were also frequently mentioned, especially by youth respondents (22% of male youth in Fayoum, for example, mentioned Aids as one of the topics). Differences were clear among villages regarding the recalling topics. For example, 65% of women in Tersa village mentioned the “Avian Flu” compared to 98% among women in Ebshedat village.

## 12.2 Exposure to CHL Campaign Messages through Print Media

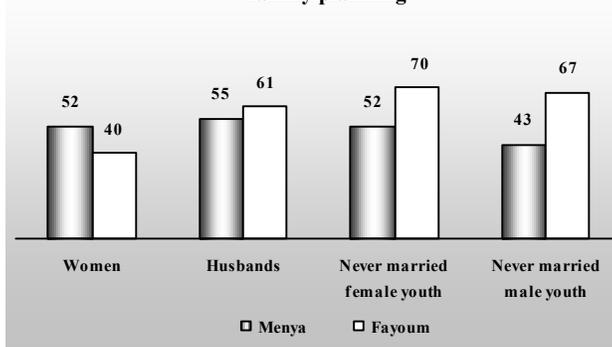
### 12.2.1 Exposure to CHL Campaign Messages through newspapers/magazines

(Appendix A Table 12.2)

The MVH 2007/2008 collected information on the exposure of respondents to printed media. The level of exposure of respondents to print materials is important to identify those who are subject to exposure to family planning and family health messages through that media. Respondents who can read were asked if they read any newspapers and/or magazines, and among those who read newspapers/magazines, they were asked whether they read any subject during the 12 months preceding the survey about family health and family planning. The data show that virtually all respondents who can read are reading newspapers and/or magazines.

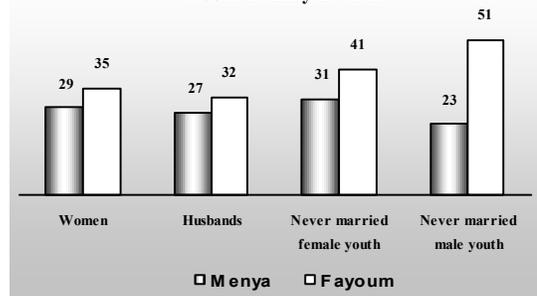
The data also show that the majority of respondents who read newspapers/magazines read a subject about family health and family planning. In Fayoum, for example, 70% of unmarried female youth, 67% of male youth, 61% of husbands, and 40% of women read a subject about family health during the reference time. Except for female youth, respondents in treatment villages are more likely to read such topics than respondents in control villages. Husbands in Al-Tawfikia are most likely to read such topics in newspapers/magazines (89%), while unmarried female youth in Saft El Khamar village are least likely to read these topics (0%).

Fig. Reading subjects about family health and family planning



### 12.2.2 Exposure to CHL Campaign Messages through Posters/flyers/billboard (Appendix A Table 12.3)

Fig. Saw posters/ flyers/billboards about family health



All respondents were asked if they have seen any posters/flyers/billboards about family planning after the first birth, family health, smoking, safe injection or child health during the 12 months preceding the survey. Of those who saw the posters/flyers/billboards they were asked about the posters/flyers/billboards messages and the place where they saw these posters.

Data of MVH 2007/2008 indicates that around one-fifth of respondents in Menya saw the posters/flyers/billboards about health issues with very minor differences among respondents categories. On the other hand, the percentage of respondents who saw these posters/flyers/billboards in Fayoum varies significantly among respondents categories. Husbands in Fayoum are least likely to see these posters/flyers/billboards (32%) while never married male youth were most likely to see them (51%). Significant differences were observed among villages, where respondents from Kasr Rashwan village are most likely to see such posters/ flyers/billboards than respondents from other villages. Also respondents in treatment villages are more likely to see these posters/flyers/billboards than those in control villages.

Respondents were asked about the topics of these posters. However posters/flyers/billboards have many messages, all groups of respondents agreed about some topics which are: “Avian Flu” that mentioned by slightly more than 90% of male respondents and between 70 to 80% of female respondents in Fayoum. The second most frequent message mentioned by all respondents in Fayoum is the “Family planning is a health essential” that mentioned by 55% of women, 40% of female youth, 28% of husbands and 38% of male youth. “Family planning and reproductive health services for all” and “Antenatal Care” are also messages recalled by considerable number of respondents. Other messages were mentioned less frequently. Significant differences were observed between villages. As for example, 94% of women in Kasr Rashwan Village recalled “Avian flu” message compared to less than 37% among women in Saft El Khamar village.

**Table Posters/flyers/billboards Messages**

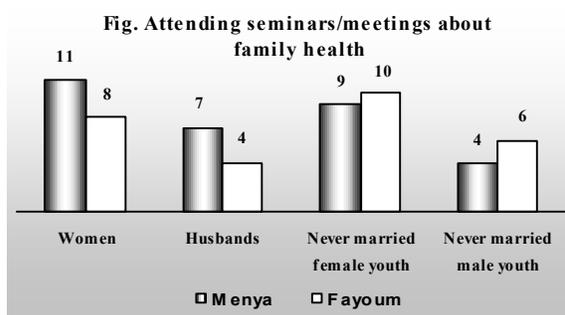
			Never-married	
	Women	Husbands	Female Youth	Male Youth
<b>Menya Treatment</b>				
Avian Flu	59	71	70	87
Family planning is a health essential	47	38	39	37
Antenatal Care FP and RH services for all	7	5	7	3
	6	4	6	12
<b>Fayoum</b>				
Avian Flu	73	91	80	92
Family planning is a health essential	55	28	40	38
Antenatal Care	20	9	25	2
FP and RH services for all	16	18	18	21

Other messages were mentioned less frequently. Significant differences were observed between villages. As for example, 94% of women in Kasr Rashwan Village recalled “Avian flu” message compared to less than 37% among women in Saft El Khamar village.

Among those recently exposed to posters/flyers/billboards, the health unit is by far the most important source of posters among all groups of respondents. The percentage of respondents who saw posters/flyers/billboards in health unit varies from 51% of husbands in Fayoum to around 85% of women and male youth in Menya. The percentage of respondents who saw these posters/flyers in the street varies from 16% among male youth in Menya to one half of female youth in Fayoum. Respondents mentioned seeing posters/flyers/billboards in pharmacy less frequently than in streets and health unit. Some differences were observed between villages. For example, while more than 95% of women in El Tawfikia village reported seeing such posters in the health unit, only two thirds of them in Ebshadat village reported the same.

### 12.3 Exposure to CHL Campaign Messages through Interpersonal Channels (Seminars/Community Meetings)

Meeting and seminars that conducted at the community level is considered one of the CHL interventions. The MVH 2007/2008 investigates to what extent respondents exposed to those activities and the main topics of these meetings. In the following a discussion of respondents exposed to such meetings is presented.



#### Exposure to Seminars/Community Meetings (Appendix A Table 12.4)

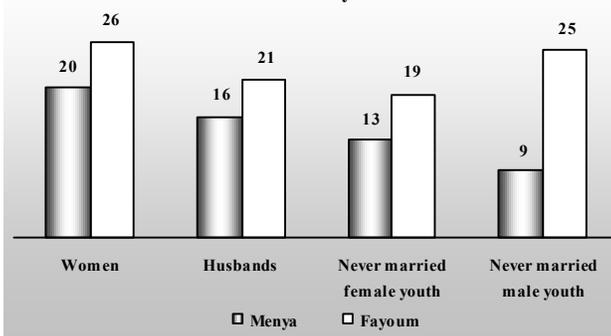
Respondents were asked whether they attended seminars or community meetings about use of family planning after the first birth, family health, smoking, safe injection or child health during the 12 months preceding the survey. As confirmed in many surveys attending community meetings is still low. Data of MVH 2007/2008 shows that in Fayoum 10% of

unmarried females, 8% of women, 6% of unmarried males, and only 4% of husbands attended seminars or community meetings during the 12 months preceding the survey. Lower percentages of respondents in Menya attended seminars and community meetings. Respondents in treatment villages are more likely to attend these seminars and meetings than those in control villages. Respondents in Toukh El Khail village are more likely to attend such seminars and meetings than respondents do in other villages. Due to the few number of cases who attend seminars/meetings, data concerning

recalling messages are not presented here.

All respondents whether attended seminars/community meetings or not were asked if they know anyone attended seminars or meetings about use of family planning after the first birth, family health, smoking, safe injection or child health during the 12 months preceding the survey. Data of MVH 2007/2008 shows that women are more likely to know anyone who attended meetings during the last 12 months more than other groups. In Fayoum, around one quarter of women and male youth and one fifth of women

**Fig. Know anyone attending seminars/meetings about family health**

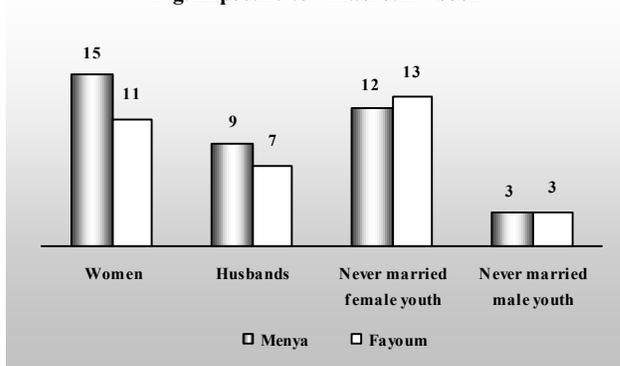


and female youth knew somebody attended meetings about family health. In Menya, less percentage of respondents than observed in Fayoum know somebody attended seminars/meetings. Respondents in treatment villages are more likely to know people attending seminars and meetings than those in control villages. Respondents in Toukh El Khail village are generally more likely to report knowing people attended seminars/meetings than respondents in other villages.

Women were asked if they were visited by a health worker/Raida Refia during the 12 months preceding the survey. Only 9% of women in Menya and 22% in Fayoum admitted that they were visited by a health worker/Raida Refia. The percentage of those women varies from 3% of women in Ebshedat to 26% of women in El Tawfikia. Women in treatment villages were more likely to receive visits by health worker/Raida Refia than those in control villages. Women who received visits by health worker/Raida Refia mentioned that this health worker/Raida Refia talked about family planning (65% in Menya and 53% in Fyoum) and reproductive health (about one fifth of women). Other topics that health worker/Raida Refia talked about with the woman were mentioned less frequently.

#### 12.4 Exposure to CHL Campaign Messages through “Mabrouk” Book (Appendix A Table 12.5)

**Fig. Exposure to “Mabrouk” book**



The CHL produce a book called “Mabrouk”, which talks about family health and happiness, pregnancy period, safe delivery, birth and child caring and child vaccination. This book distributed to newly married couples. Accordingly, one of the questions that were asked to all respondents was whether they saw “Mabrouk” book and about the topics of this book. Data of MVH 2007/2008 shows that the percentage of respondents saw “Mabrouk” book varies from 3% of never-married male youth to 13% of never-married female youth in Fayoum. Except

for male youth, all respondents in treatment villages are much more likely to see the book than those in control villages. The most frequent recalled messages from the book by the respondents were those about family health (for example 82% of women in Fayoum and 63% of them in Menya recalled these messages). The second highest message recalled by respondents in Menya treatment villages and Fayoum was about the pregnancy period. Other messages were recalled by small number of respondents (around one quarter of respondents).

## 12.5 Recall of Specific CHL Campaign Spots and Slogans

Many specific spots that talk about the health of all family members, family planning, smoking, child health...etc. were aired during the 12 months preceding the survey. This section assesses the exposure of respondent to these specific CHL campaign spots and slogans through prompted questions. Respondents were asked about specific campaign activities, such as the “Your Health is Your Wealth” and “Isaal Istashir” spots. They were then asked about the spots messages.

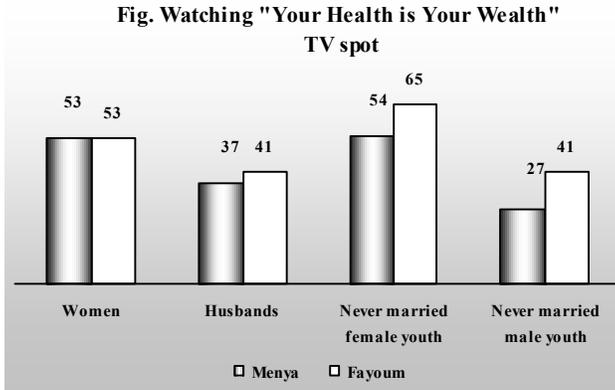
### 12.5.1 Exposure to the “Your Health is Your Wealth” Spot

#### 12.5.1.a Exposure to the “Your Health is Your Wealth” Spot through TV

(Appendix A

Table 12.6)

“Your Health is Your Wealth” spot is one of the spots that aired in the television during the 12 months preceding the survey, where this spot talks about the health care of all family members, parent’s health affect child’s health, antenatal care, birth spacing, breastfeeding, safe injection...etc. The data of MVH 2007/2008 indicated that the females watched the spot more than the males. About one half of women in Menya treatment villages and Fayoum and one half of female youth in Menya and two thirds of them in Fayoum watched the spot. On the other hand, about three in ten of husbands and male youth in Menya and four in ten of them in Fayoum watched the spot. Differences were observed among villages. For example, women in Al-



Tawfikia and Koloba villages report watching the spot more than women do in Zohra village (85% vs. 25%). Respondents in treatment villages are more likely to watch the spot than those in control villages.

**Table Recalling messages of “your health is your wealth” TV spot**

	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Family planning during 40 days after delivery	54	53	50	47
Family Health Care	29	29	39	29
Parents' health affect the child's health	26	23	28	20
Antenatal Care	13	12	14	6
Birth spacing	9	6	9	7
<b>Fayoum</b>				
Family planning during 40 days after delivery	51	56	47	72
Family Health Care	42	33	42	37
Parents' health affect the child's health	26	13	33	14
Antenatal Care	33	20	18	9
Birth spacing	14	9	16	4

Regarding recall of the messages of the “Your Health is Your Wealth” TV spot, the data revealed that the highest recall message among all respondents was “Family planning during 40 days after delivery” (e.g., slightly less than six in ten of Menya’s respondents recalled this message), followed by “Family health care” (from low of 30% among unmarried males and women and husbands to high of two third among female youth in Menya). “Parent’s health affects child’s health” was mentioned by one quarter of women,

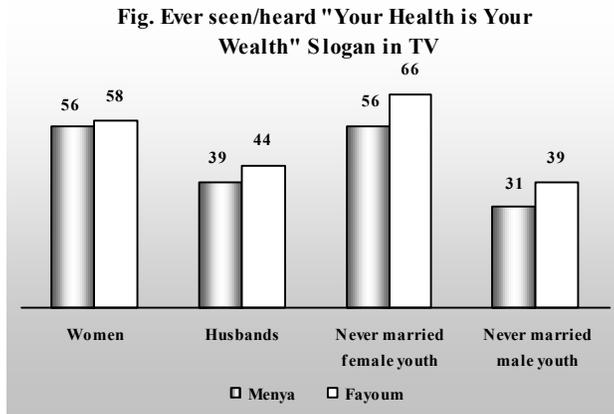
28% of female youth, 23% of husbands and 20% of male youth. “Birth spacing” and “antenatal care” were two of the messages that mentioned frequently by all respondents. Significant differences were observed among villages.

Respondents were asked whether they talked with someone about the spot, the data revealed that most respondents mentioned that they did not talk about the spot with anyone, where the percentage ranges from 61% among women in Fayoum to 91% among female youth in Menya. However, most respondents who talked about the spot talked with their friends/neighbors except for husbands, where

they talked mostly with their wives. Except for husbands, respondents in treatment villages are more likely to talk with someone about the spot than those in control villages do.

**12.5.1.b Exposure to the “Your Health is Your Wealth” Spot through Slogan** (Appendix A Table 12.7)

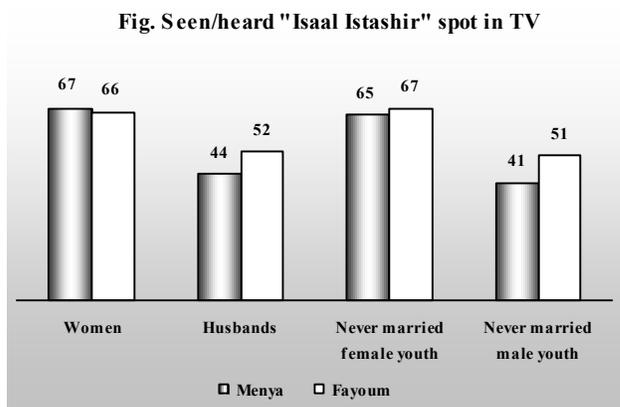
One of the questions in the individual questionnaire that was asked to all respondents is whether they saw/heard “Your Health is Your Wealth” slogan during the 12 month preceding the survey and where did they see/hear the slogan. The data of MVH 2007/2008 show that never married female youth are more likely than other groups of respondents to have seen or heard the slogan “Your Health is Your Wealth”. The most likely group to report seeing/hearing this slogan are never married female in Fayoum (66%) and the least likely group to report this is male youth in Menya (31%). TV is the main source of seeing the slogan as mentioned by the majority of respondents. Respondents in treatment villages are more likely to report seeing/hearing the slogan than those in control villages. For example, while 62% of women in treatment villages reported seeing/hearing the slogan, only 43% of those in control villages reported this.



TV is the main source of seeing the slogan as mentioned by the majority of respondents. Respondents in treatment villages are more likely to report seeing/hearing the slogan than those in control villages. For example, while 62% of women in treatment villages reported seeing/hearing the slogan, only 43% of those in control villages reported this.

**12.5.2 Exposure to “Isaal Istashir” Spot**

**12.5.2.a Exposure to “Isaal Istashir” Spot through TV, posters...etc.** (Appendix A Table 12.8)



One of the spots that MVH 2007/2008 asked about is “Isaal Istashir” spot, where this spot could be seen at the television, in posters at a pharmacy or at a health unit or clinic. However, respondents were asked about this spot without any time reference. “Isaal Istashir” spot advise people to consult a doctor in any medical center or pharmacy that has the sign of “Isaal Istashir” about any problem, promote people to use family planning methods, give information about contraceptive pills for the breastfeeding women...etc. Accordingly, respondents were asked

whether they ever seen/heard “Isaal Istashir” spot in any place. Data of MVH 2007/2008 indicated that unmarried females saw or heard the spot more than other respondents. Two third of unmarried female youth in Menya treatment villages and Fayoum mentioned that they saw the spot and the television is the main source for the spot. Same pattern was observed among all groups of respondents, where about seven in ten of women, 45% of husbands in Menya and 66% of them in fayoum, and 44% of husband in Menya and around half of them in Fayoum ever seen/heard the spot and the television is the main source for the spot, except for male youth in Fayoum, followed by a poster in a pharmacy or in a clinic. The main source for the spot among never-married male youth in Fayoum is a poster in a pharmacy or in a clinic. Differentials were observed between villages. For example, slightly more than one fifth of husbands (17%) in Nazlet Husein Ali saw the spot compared to about eight in ten of husbands (80%) in Al-Tawfikia village. In general, women and female youth from Zohra village, husbands and male youth from Nazzlet Hussain Ali, are least likely to see/hear “Isaal Istashir” spot. All respondents in treatment villages (except for female youth) are more likely to

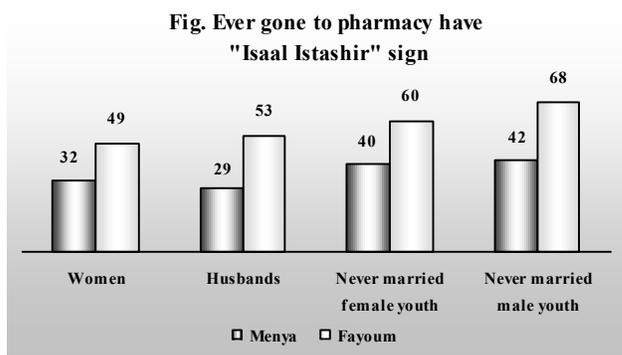
see/hear “Isaal Istashir” spot than those in control villages.

Respondents were asked to recall “Isaal Istashir” spot messages. The data reveal that the most frequent recalled message among all respondents in Menya was that the spot advise people to consult a doctor/pharmacist about problems or inquiries. Almost five of ten respondents in Menya recalled this message. The second most recalled message by all respondents in Menya, except for husbands, was that the spot talks about family planning methods, where one around one half of women, female youth and male youth mentioned this message, while only 3% of husbands recalled this message.

	Women	Husbands	Never-married	
			Female Youth	Male Youth
<b>Menya Treatment</b>				
Advise people to consult a doctor about problems	40	39	47	51
Promotes use of FP methods	30	31	33	15
Consult medical center that has (Isaal Istashir) sign	22	3	24	26
Talk about FP methods	44	40	33	52
<b>Fayoum</b>				
Advise people to consult a doctor about problems	44	39	41	45
Promotes use of FP methods	27	23	22	42
Consult medical center that has (Isaal Istashir) sign	72	77	74	83
Talk about FP methods	19	23	17	46

Other messages were reported by fewer percentages. In Fayoum, however, the most frequent recalled message among all respondents was to consult medical centers that have Isaal Istashir sign, where more than seven in ten of all respondents recalled this message.

**12.5.2.b Exposure to “Isaal Istashir” Sign through Pharmacies** (Appendix A Table 12.8)



Private sector initiative program provide training for pharmacist on interpersonal communication in order to provide advice to women when they come to get family planning method. The pharmacies in which pharmacist took training have a poster of “Isaal Istashir” sign at the pharmacy in order to be identified to people. Accordingly, respondents were asked whether they have ever gone to a pharmacy have “Isaal Istashir” sign. The data of MVH 2007/2008 revealed that respondents

from Fayoum are more likely to report that they have ever gone to a pharmacy have “Isaal Istashir” sign than those in Menya. At least one half of respondents in Fayoum reported visiting a pharmacy have “Isaal Istashir” sign compared to a 36% or less of respondents in Menya. Differences were observed between villages. Husbands in women in Torsa village (57% and 59%, respectively), unmarried males in Kasr Rashwan village (89%) and unmarried female in El Tawfikia village (73%) are more likely to mention that they went to a pharmacy with “Isaal Istashir” sign than respondents in other villages.