

43%

of urban Lower Egypt births
are caesarean

9.6%

of ever married 15-19 year olds are
pregnant or have had their first child



Reproductive Health

30%

of marriages are consanguineous



5

IMPROVE MATERNAL HEALTH

MDG Indicators

- Adolescent birth rate (per 1000 women) 50

Introduction

Egypt Demographic and Health Surveys (EDHS) have been conducted in Egypt since 1988 to provide information to policy makers and researchers about the health situation in the country. The EDHS is repeated regularly (every 3-5 years) and it offers useful information while also monitoring and evaluating changes in maternal and child health indicators. Policy makers; therefore, can use data from the EDHS series to monitor and evaluate current family planning and health programmes, and also plan future health-related strategies.

In order to facilitate the use of the EDHS amongst policy makers and health providers, and to highlight important information in the report, UNICEF and UNFPA produced materials for dissemination that simplify the EDHS findings in the form of booklets and brochures. These materials will be distributed to policy makers, health providers and social workers and aim to increase the awareness of interested stakeholders in EDHS data and to help in the monitoring and evaluation of current activities and programmes.

This booklet is one of the dissemination materials used to highlight data from the EDHS 2008, and it will provide readers with the latest information, published in 2008, about Reproductive Health of Egyptian Women.

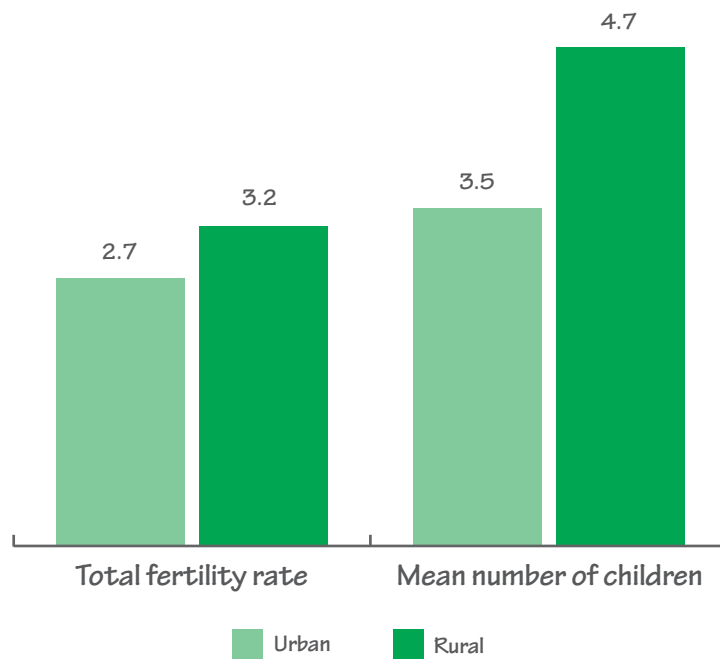
Women's fertility is an important factor that affects not only maternal and child health, but also has a big impact on Egyptian development as a whole. Information on the length of the interval between births, the age at which the average Egyptian woman bears her first child and the desired number of children, are all important facts that will help decision makers develop future development strategies.

The EDHS 2008 collected information on levels, patterns and trends of current and cumulative fertility levels in Egypt, including information on the length of the interval between births, fertility intentions, need for family planning services and desired family.

Current fertility levels

The level of current fertility is one of the most important topics because of its direct relevance to population policies and programming. The total fertility rate (TFR) is a useful measure for examining the overall level of fertility in the country, and TFR is interpreted as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at currently observed rates. According to EDHS 2008 data, the total fertility rate for the average Egyptian woman is 3 children between her 15th and 50th birthday. As shown in Figure 1, the TFR varied from urban to rural areas (2.7 and 3.2 respectively).

Figure 1: Total fertility rate for women aged 15-49 years and mean number of children according to urban/rural residence (births per woman)



The highest fertility rates were found in Upper Egypt (3.3), Lower Egypt governorates (2.9) and urban governorates (3.4) followed by frontier governorates (2.6) as shown in Figure 2.

Figure 2: Total fertility rate for women aged 15-49 years according to place of residence (births per woman)

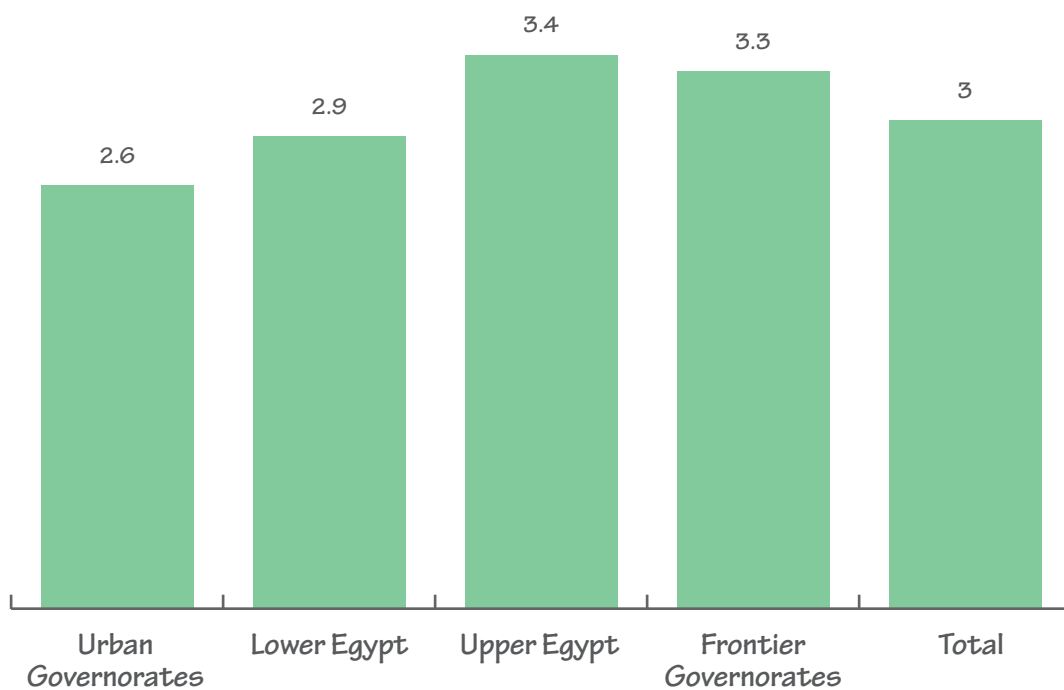


Table 1 shows the age-specific fertility rates per 1000 women according to place of residence. The age group fertility rates are useful in understanding the age pattern of fertility, and numerators of

age-specific fertility rates are calculated by identifying the number of live births that occurred in the 1-36 months prior to the survey.

Table 1: Current fertility by age and place of residence

Age group	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates	Total
				Total	Urban	Rural	Total	Urban	Rural		
15-19	32	64	24	52	25	60	60	41	68	55	50
20-24	132	196	127	180	142	191	179	130	204	160	169
25-29	175	193	166	183	173	188	197	191	201	201	185
30-34	127	117	119	105	114	101	145	154	140	147	122
35-39	61	58	61	49	58	46	71	65	74	73	59
40-44	15	19	23	8	5	10	24	10	32	23	17
45-49	2	2	2	0	0	0	5	4	6	6	2
TFR											
15-49	2.7	3.2	2.6	2.9	2.6	3.0	3.4	3.0	3.6	3.3	3.0
TFR											
15-44	2.7	3.2	2.6	2.9	2.6	3.0	3.4	3.0	3.6	3.3	3.0
GFR	93	117	87	104	88	110	118	100	127	116	106
CBR	23.3	29.1	22.3	26.7	22.5	28.1	28.7	25.2	30.5	27.8	26.6

Note: Age-specific rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation.

TFR: Total fertility rate for ages 15-49, expressed per woman

GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women

CBR: Crude birth rate, expressed per 1,000 population

Women residing in rural Upper Egypt have the highest TFR.

Conclusion

While there are differentials in fertility between Lower and Upper Egypt, the urban / rural differentials are larger than the Lower / Upper Egypt ones.

The age-specific fertility data show that Egyptian women tend to have children early in the reproductive cycle. Most will give birth to their first child by the age of 25, and will have given birth twice by the age of 30. Looking at the variations in age-specific fertility according to place of residence, the rates are generally higher in rural Upper Egypt than other areas with

the exception of the 30-34 age group, where the highest rates are in urban areas of Upper Egypt.

The total fertility rates vary according to educational levels, as shown in Table 2. A woman's education has shown to have a strong influence on fertility behaviour, with the TFR decreasing as education levels increase: examples include the rise from 3.4 in women with no education, to 3 births for women who completed their primary (or higher) education. The average number of children born to women between the ages of 40-49 with no education was 4.8 compared to 3.1 of women with secondary education or higher.

Age specific fertility is higher in rural Upper Egypt for all age brackets except for the bracket for women 30-34 years.

Table 2: Fertility rate according to background characteristics

Background Characteristic	TFR per woman (15-49 yrs)	Percent of women currently pregnant (15-49 yrs)	Mean number of children ever born to women (40-49 yrs)
Urban/Rural residence			
Urban	2.7	5.7	3.5
Rural	3.2	7.3	4.7
Place of residence			
Urban Governorates	2.6	6.1	3.3
Lower Egypt	2.9	6.4	3.9
Urban	2.6	5.0	3.3
Rural	3.0	6.9	4.2
Upper Egypt	3.4	6.9	4.9
Urban	3.0	5.1	3.9
Rural	3.6	7.8	5.5
Frontier Governorates	3.3	8.4	4.7
Education			
No education	3.4	5.8	4.8
Some primary	3.2	5.3	4.6
Primary complete/ Some secondary	3.0	4.9	3.9
Secondary complete/Higher	3.0	7.8	3.1
Wealth quintile			
Lowest	3.4	5.7	5.2
Second	3.1	6.9	4.9
Middle	3.0	7.2	4.2
Fourth	2.9	7.1	3.6
Highest	2.7	5.7	3.1
Total	3.0	6.5	4.2

Conclusion

Educational trends are highly correlated with lower fertility rates. Investing in education empowers women and affects their fertility.

As shown in Table 2, fertility measures vary by wealth

quintile. The TFR decreases from a level of 3.4 births amongst women in the lowest wealth quintile, to 2.7 births for women in the highest wealth quintile. Similarly, the number of children born to women in the 40-49 age group is 5.2 in the lowest wealth quintile compared to 3.1 births amongst women in the highest wealth quintile.

Fertility trends

The results shown in Figure 3 confirm that fertility rates have fallen substantially across all age groups, with the most rapid decline occurring amongst 20-24 year olds.

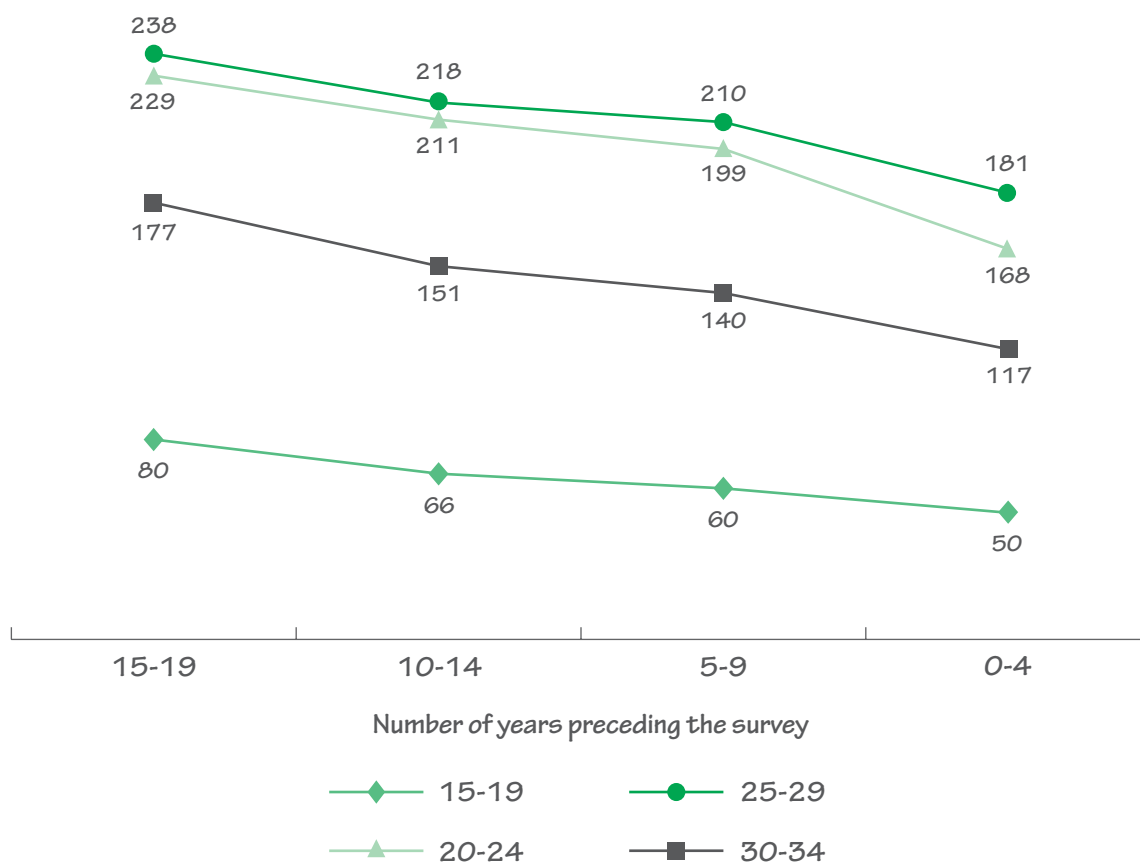
Overall, the cumulative fertility rate for women aged 15-29 decreased from 2.7 births per woman in the

15-19 years before the survey, to two births per woman in the five year period preceding the survey.

Conclusion

Although there has been a decline in fertility among population age groups, the decline in fertility rates overall has been slow.

Figure 3: Trends in age-specific fertility rates (per 1,000 women)



Birth intervals

Short birth intervals affect both the mother's welfare and child's health. Research has shown that children born too soon after a previous birth (i.e. within 24 months) are at a greater risk of illness and death than those born after a longer interval. In addition, short birth intervals may have direct consequences on the mothers' welfare. The duration of breastfeeding for older children may also be shortened if the mother becomes pregnant again.

Closely spaced births do not provide the mother with sufficient time to restore her health, which may limit her ability to enjoy her personal life or career and will also affect her ability to take care of her children.

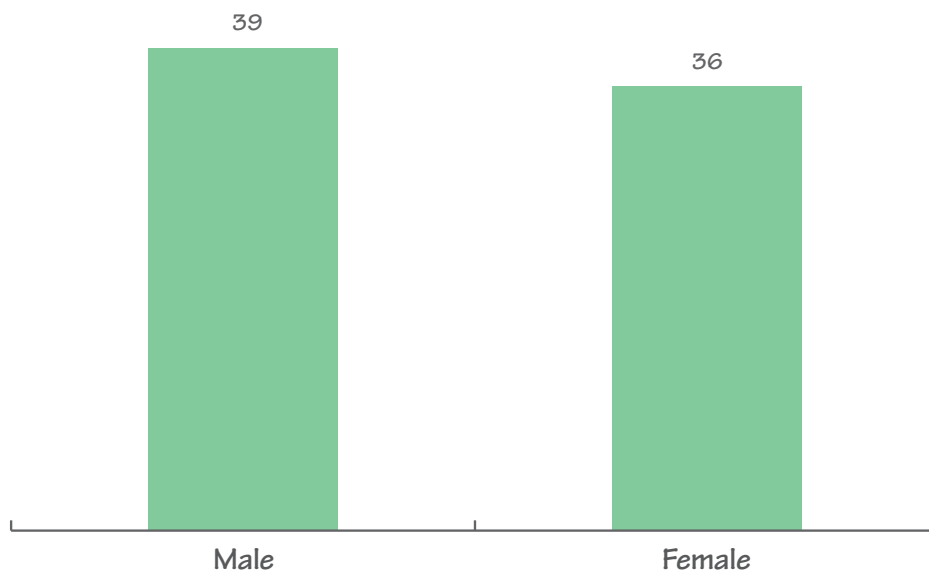


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Data from the EDHS 2008 show the percent distribution of second birth order and higher (not first) births in the five years preceding the survey (according to the previous birth interval). One out of five of non-first births were born within 24 months of a previous birth, indicating there is a need to reduce this percentage for the overall welfare of mothers and children.

Birth intervals vary according to many factors, one of which is the sex of the previous child (Figure 4). If the preceding birth was male, it was found that the birth interval was about 39 months compared to only 36 months if the preceding child was female.

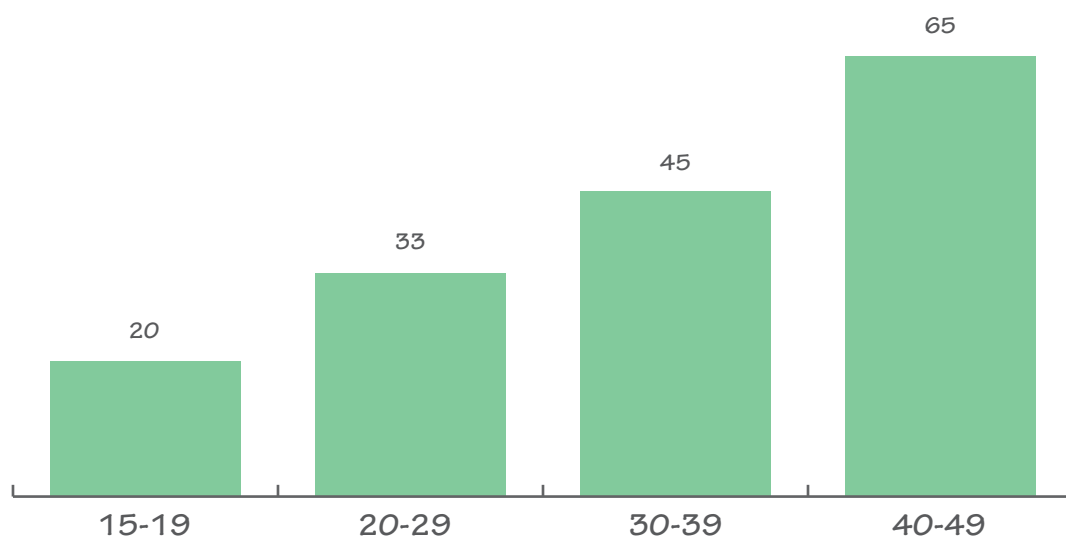
Figure 4: Births interval according to sex of the preceding child (months)



Birth intervals varied according to the mother's age. The smallest interval, around 20 months, was recorded amongst mothers in the 15-19 age group, and

followed by 33 months for mothers in the 20-29 age bracket. The highest birth interval (65 months) was recorded amongst mothers aged 40-49 (Figure 5).

Figure 5: Birth interval according to mother's age (months)



As mentioned above, EDHS 2008 data showed that younger mothers are likely to have shorter birth intervals than mothers from older age groups. Those aged 15-19 had about 40% of their pregnancies within 7-17 months of their preceding birth. This short interval between births can adversely affect the health of both mother and children, but this was not the case with older mothers, where only 10% of those aged 20-29 had their births within 7-17 months of the preceding

one. For 45% of children born to mothers in the 30-39 age group, the birth interval was more than 48 months (Table 3).

Conclusion

Child spacing continues to be a challenge especially among young mothers, overall about 20% births occurring within 24 months of the previous one.

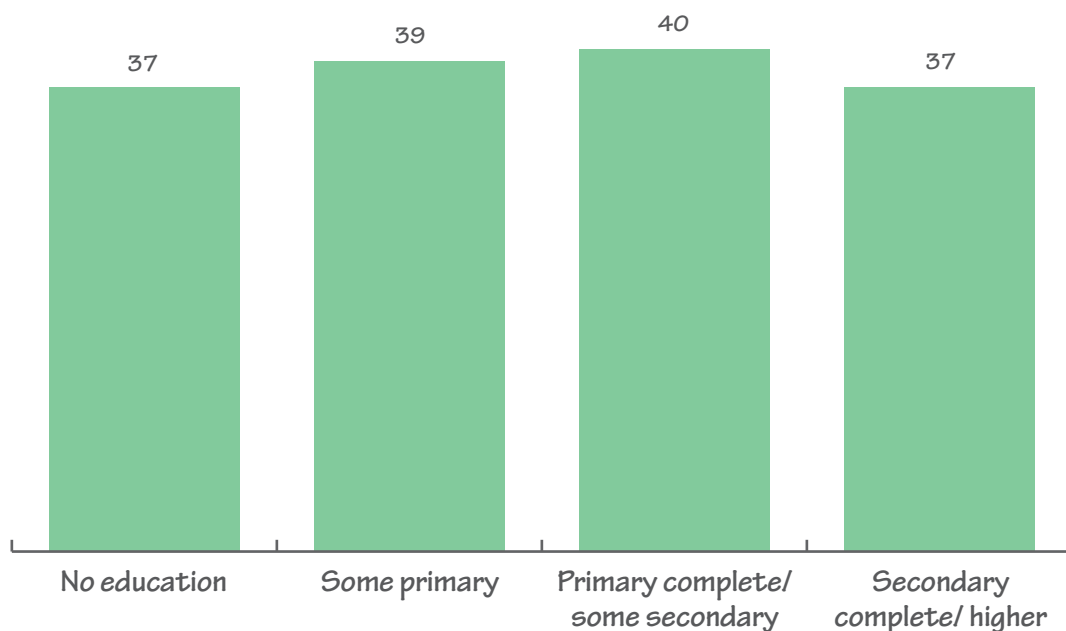
Table 3: Birth interval according to mother's age residence (months)

Mother's age group	Months since preceding birth					Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+	
15-19	39	27	33	2	0.0	20
20-29	10	13	33	23	18	33
30-39	5	8	22	20	45	45
40-49	3	5	13	13	66	65

Figure 6 shows the effect of the educational level on the birth interval. The longest birth interval recorded amongst mothers with complete primary /some secondary education is 40 months. It was surprising to find that the birth interval amongst

uneducated mothers and those with a higher level of education (secondary complete and higher) was the same (37 months); therefore, indicating that a mother's educational level did not have much effect on the birth interval (Figure 6).

Figure 6: Birth interval according to mother's education (months)



While increased educational level of the mother has a strong association with lower fertility – it has little impact on birth intervals.

Figure 7: Median birth interval according to urban/rural residence (months)

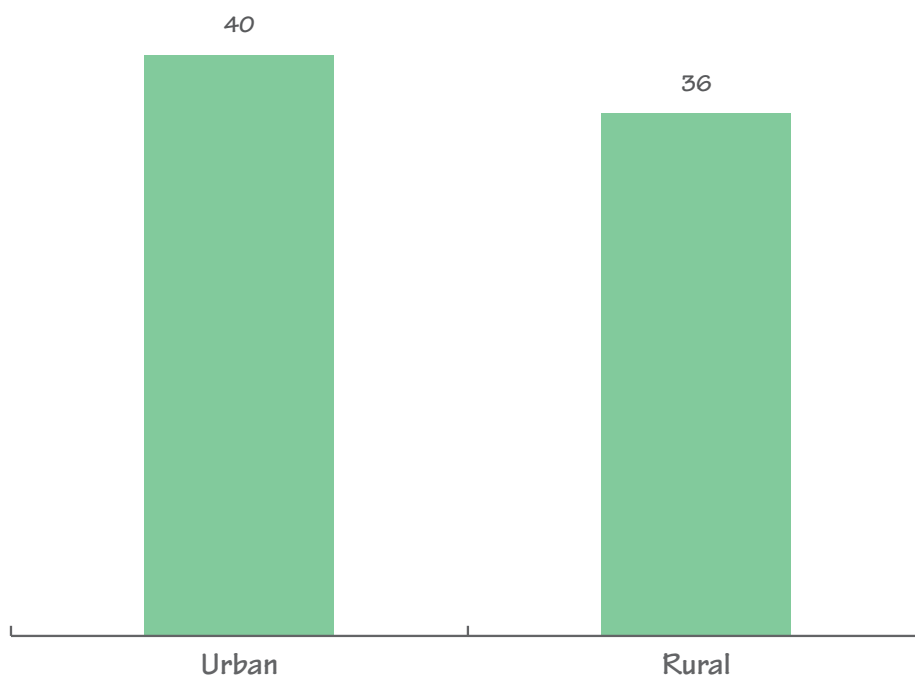


Table 4 shows the birth interval according to place of residence. The lowest median birth interval was seen in rural areas of Upper Egypt Governorates (34 months), followed by urban areas of Upper Egypt

and Frontier governorates (38 months), and rural areas of Lower Egypt (39 months). The highest birth interval was recorded in urban areas of Lower Egypt (44 months) and urban governorates (40 months).

Table 4: Birth interval according to place of residence (months)

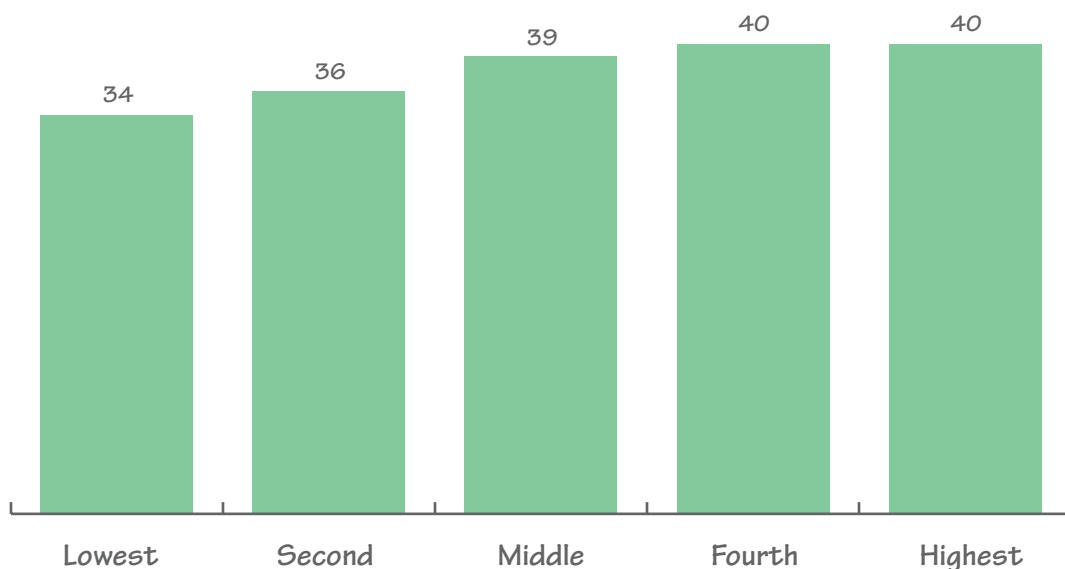
Place of Residence	Months since preceding birth					Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+	
Urban Governorates	8	9	26	18	39	40
Lower Egypt						
Urban	6	10	21	24	40	44
Rural	7	10	28	23	33	39
Upper Egypt						
Urban	9	12	25	20	35	38
Rural	9	12	34	20	25	34
Frontier Governorates	10	9	28	19	35	38

EDHS 2008 data showed that the wealth quintile affected the birth interval; with the median number of months between births was 34 months in the

lowest wealth quintile and increased to 40 months amongst the fourth and highest wealth quintiles (Figure 8).

Place of residence and wealth are associated with birth intervals, with urban Lower Egypt highest wealth quintile associated with higher birth intervals.

Figure 8: Births interval according to wealth quintile (months)

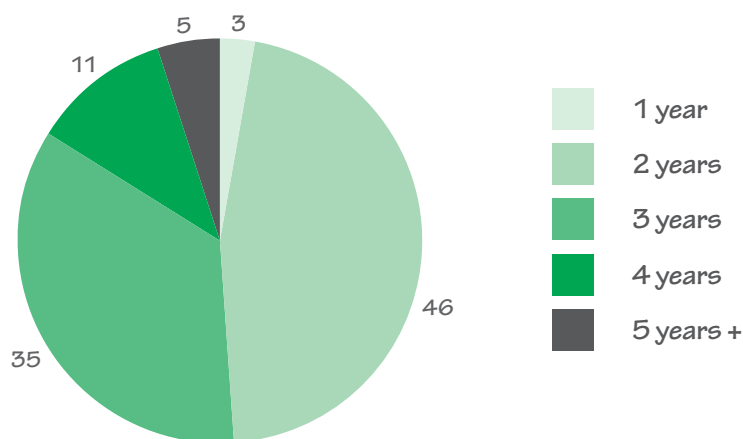


Attitudes regarding the ideal birth interval

Overall, 46% of married women felt that births should

ideally be spaced two years apart and 35% favoured a three-year interval between births. Only 16% of women believed that births should be spaced at least four years apart (Figure 9).

Figure 9: Attitudes about ideal birth intervals (%)



Women in urban areas, particularly in urban governorates, were less likely than rural women to think births should be spaced less than three years apart (Table 5).

Table 5: Attitudes about ideal birth intervals according to urban/rural areas (%)

Birth intervals	Urban	Rural
1 year	2	4
2 years	42	49
3 years	37	34
4 years	12	10
5 years+	7	3

Conclusion

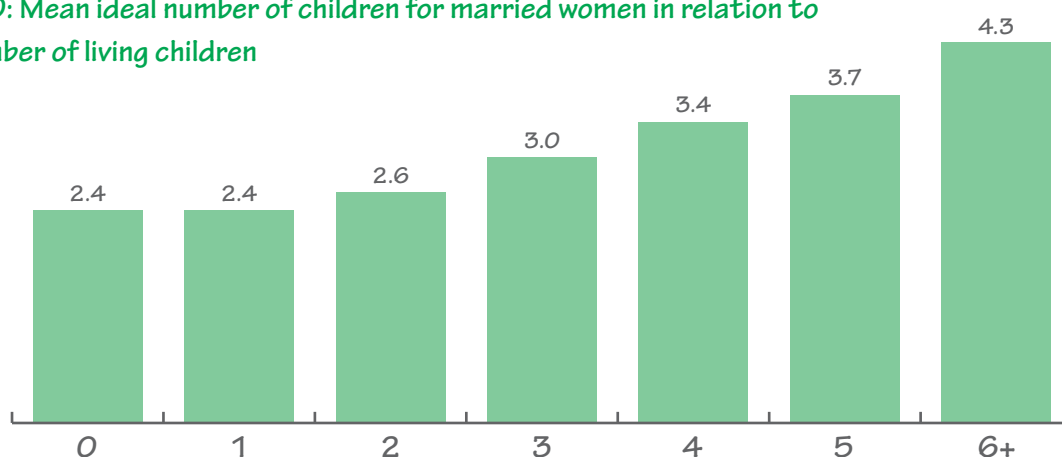
There is a gap between women’s desire to space their births and actually spacing them.

Ideal number of children

In addition to other information, the EDHS 2008

collected data about the ideal number of children that married women wanted. Overall, married women who expressed a numeric preference wanted an average of 3 children. There were many factors that affected the desired number of children, including a woman’s age, the number of living children she had, her level of education, and the number of members in her family.

Figure 10: Mean ideal number of children for married women in relation to their number of living children



There was no considerable difference between the mean ideal numbers of children according to place of residence (2.8 for urban areas vs. 3 for rural). The mother's educational level; however, greatly affected her decision about the ideal number of children she wanted, with the average being 3.3

amongst uneducated mothers and 2.7 for highly educated mothers. The conditions were similar when comparing wealth quintiles where the ideal number of children for mothers living in the lowest wealth quintiles was 3.3 compared to only 2.7 for mothers in the highest.

There is a notable differential between educated women vs. uneducated women in terms of the ideal number of children they would like to have.

Teenage pregnancy and motherhood

Teenage fertility is a major health concern because teenage mothers and their children are at high risk of illness and death. Childbearing during teenage years also has adverse social consequences, particularly on the possibilities for female educational attainment.

EDHS 2008 data showed that the percentage of women aged 15-19 who were already mothers or pregnant with their first child at the time of survey, was 9.6%. This percentage was nearly the same in 2005 (9.4%), and has risen from 8.5% in 2000.

The proportion of women who gave birth increased rapidly throughout the teenage years, from less than

About 10% of 15-19 years old are either pregnant or have had their first child.

1% amongst 15 year olds to roughly 7% of 17 year olds, 12.5% of 18 year olds and 24% of 19 year olds. Looking at Table 6, it is clear that the prevalence of teenage pregnancy is on the rise.

Conclusion

Early marriage and early pregnancy continue to be a challenge.

Table 6: Teenage pregnancy and motherhood according to age and urban/rural residence (%)

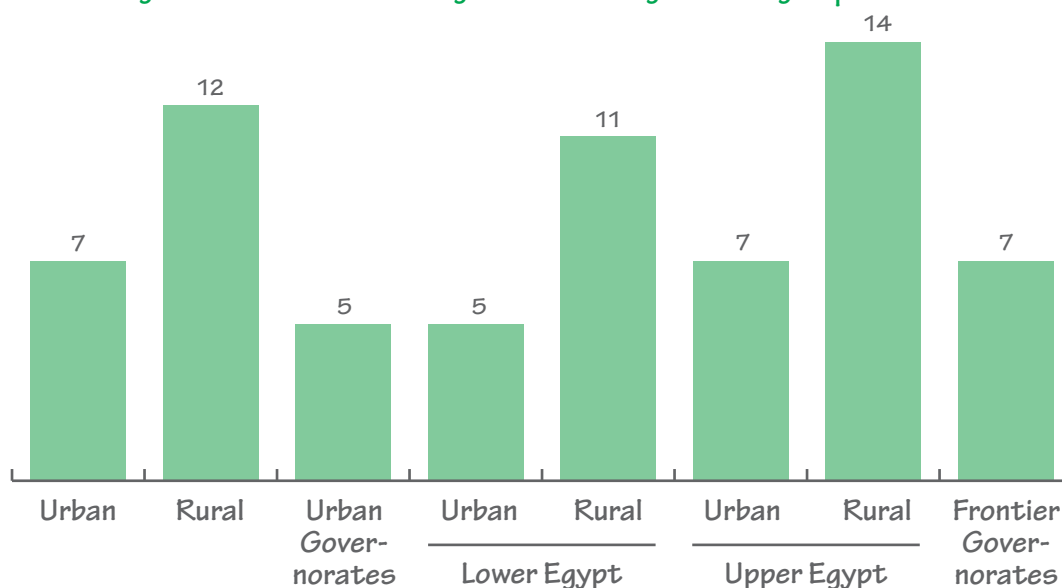
	Percentage who have begun childbearing EDHS 2000	Percentage who have begun childbearing EDHS 2005	Percentage who have begun childbearing EDHS 2008
Age			
15 Year	0.6	0.5	0.8
16 Year	2.7	2.2	2.2
17 Year	7.3	6.5	7.4
18 Year	12.3	15.0	12.5
19 Year	20.4	22.7	23.9
Urban/Rural residence			
Urban	5.3	6.0	6.5
Rural	10.9	11.7	12.3
Total	8.5	9.4	9.6

EDHS 2008 shows that in rural areas, the percentage of pregnant teenagers (12%) was almost twice the percentage in urban areas (7%). According to the place of residence, the highest number of women who began childbearing at an early age was in rural areas of Upper Egypt (14%), followed by rural areas of Lower Egypt (11%). The lowest percentage was found in urban governorates and urban areas of Lower Egypt (5%).

Table 6 also shows the percentage of teenage pregnancies is increasing over the years both in urban and rural areas.

The percentage of teenage pregnancies in rural areas is almost twice that in urban areas.

Figure 11: Percentage of women who have begun childbearing according to place of residence (%)



The number of teenage pregnancies was strongly affected by a women's educational level. The proportion of women aged 15-19 who were pregnant or who gave birth during their teenage years was highest

amongst women with no education (26%). Teenagers in the three lowest wealth quintiles were more than twice as likely as women in the highest wealth quintile to begin having children at a young age (Table 7).

Table 7: Teenage (15-19 years) pregnancy and motherhood by background characteristics (%)

	Percentage who are:		Percentage who have begun childbearing
	Mothers	Pregnant with first child	
Education			
No education	17	10	26
Some primary	11	3	14
Primary complete/ Some secondary	4	2	6
Secondary complete/ Higher	6	5	11
Wealth quintile			
Lowest	8	4	12
Second	7	5	12
Middle	6	4	10
Fourth	5	4	9
Highest	3	2	5

Consanguinity

Marriages between relatives are common in Egypt, and according to EDHS 2008 data, around three in ten ever-married women reported that their current (or in the case of widowed or divorced women, their previous) husband is a relative. Most consanguineous marriages involved first or second cousins, and in such marriages, the husband was more likely to be a relative from the father's

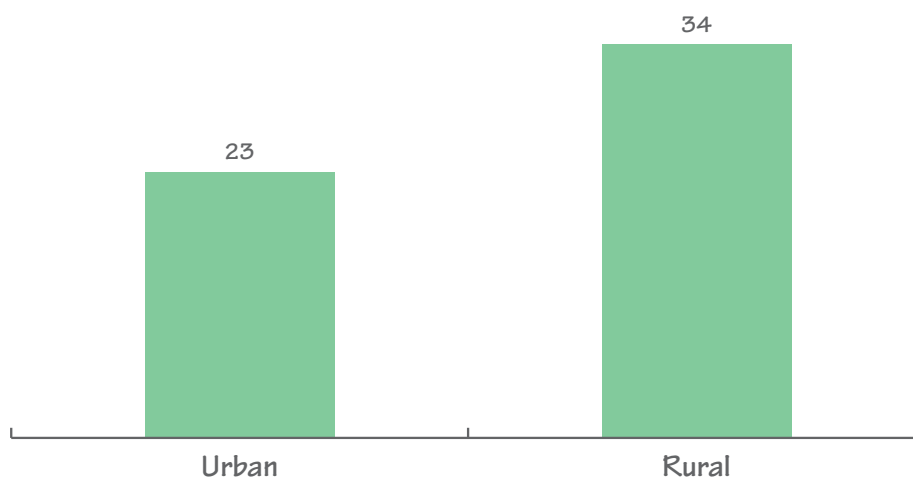
side than the mother's (14% vs. 8% respectively). Table 8 shows the percentage of consanguineous marriages according to a woman's age. It is clear that consanguineous marriages are more common amongst the younger age-groups (15-19 and 20-24) than the older ones.

About 30% of marriages are between first and second cousins.

Table 8: Incidences of consanguinity according to age (%)

Woman's Age	First Cousin		Second cousin		Other blood relatives	Not related
	Father's side	Mother's side	Father's side	Mother's side		
15-19	13	6	8	3	8	63
20-24	10	7	6	3	8	67
25-29	9	6	4	2	7	72
30-34	10	5	5	2	7	71
35-39	9	5	4	3	7	72
40-44	11	6	4	3	7	70
45-49	11	5	4	2	6	72
Total	10	6	5	2	7	70

Figure 12: Consanguinity according to urban/rural (%)



As expected, consanguineous marriages were more common in rural areas and, where one-third of the marriages involved relatives (34%) compared to less than one-quarter of marriages in urban areas (23%).

The highest rates of consanguineous marriages are found in rural areas of Upper Egypt, where nearly half of all marriages are between relatives. The rate of consanguineous marriages was lowest in urban

areas of Lower Egypt (18%) and Urban Governorates (23%) (Table 9).

Conclusion

Marriages between relatives is still common and it is more prevalent among younger couples and in rural areas of Upper Egypt.

Table 9: Percentage of consanguineous marriages by place of residence (%)

	Place of Residence					
	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		U	R	U	R	
Percentage of consanguineous marriages	23	18	25	28	47	34

The educational level of a woman positively affects the number of consanguineous marriages and a woman's chance of marrying a relative decreased from 35% (for women who had never attended school) to 23% of women with a secondary education or higher.

Consanguineous marriages also decreased according to wealth quintile from a level of 41% for women in the lowest wealth quintile to 18% of women in the highest quintile.

Figure 13: Consanguinity according to educational level (%)

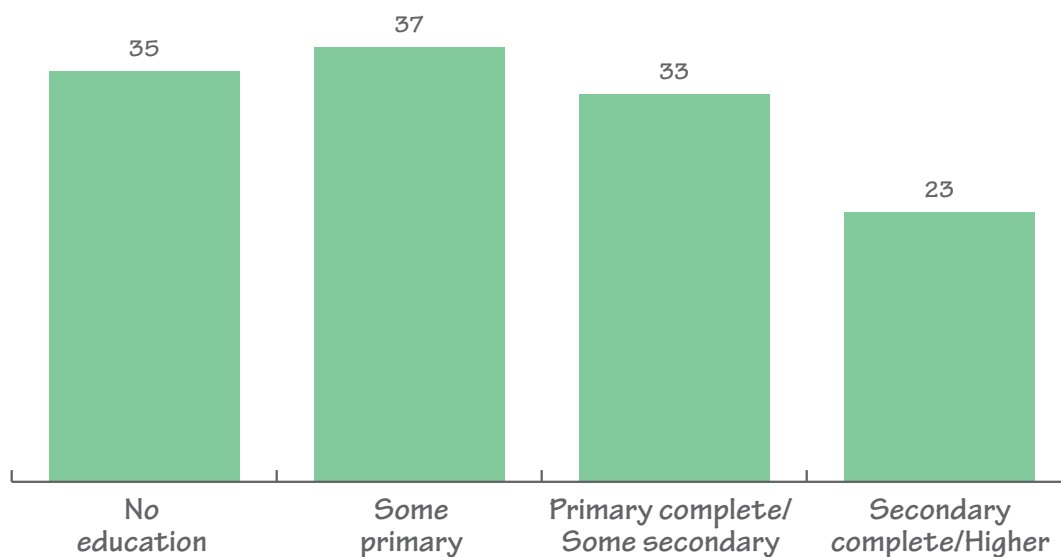
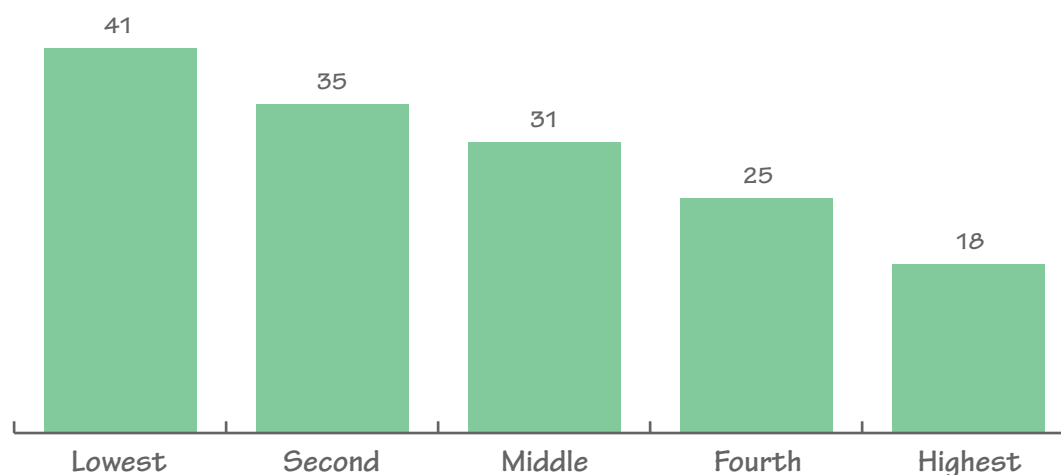


Figure 14: Consanguinity according to wealth quintile (%)



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