

CHILD WELL-BEING IN EGYPT

*Results of Egypt's
Multiple Indicator Cluster Survey*

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SUMMARY OF FINDINGS

EMICS provides estimates of priority indicators on the situation of children in Egypt, disaggregated by type of place of residence. Survey activities resulted in a sample design and listings of housing units that can be used periodically to monitor changes in the levels of these indicators. The survey instrument comprises three modules: the household module, children under-five module and the disability module. Survey instruments were easily administered in the field. Major findings can be summarized as follows.

- 1 The design and selection of the national sample of random housing areas (unplanned urban areas) in EMICS was based on the frame of these areas compiled in 1993 by the Ministry of Local Administration. The criteria for inclusion in the frame combined legal status and tenure, together with lack of involvement of local authorities in planning and supplying basic infrastructures. Hence, some urban slums where residents have legal rights to the land were left out of the frame while other areas were included, despite the fact that these residents were relatively better-off and could afford to move and settle in unplanned areas. Also, by virtue of proximity to other planned areas, the population in these communities seem to have easy access to services available in neighbouring districts. As a result, the health indicators of children under-five in random housing areas are comparable to indicators in urban areas in general. The results support the belief that children in these communities are better off than children in rural areas. Programmes geared towards developing unplanned urban areas should be very specific when targeting communities and considering the type of intervention needed. Variations between these communities are larger than those within them, and subsequently their needs are different.
- 2 The levels of almost all indicators of children's well-being in the two governorates of Assiut and Sohag are well below targeted or even practically acceptable levels. The two governorates are likely candidates for intensive developmental efforts in the fields of health, education and infrastructure.
- 3 In Aswan, the levels of most indicators are well above estimated levels anywhere else in Upper Egypt. Alexandria is another good example of successful achievement of pre-set goals. The conditions underlying such differentials - in terms of programme efforts, appropriation of resources and channels of communication - should be investigated.
- 4 One of Egypt's mid-decade goals was to raise the proportion of couples using family planning methods to more than 50 per cent. The results of this survey indicate that

contraceptive prevalence in urban Egypt is indeed around 60 per cent, while in rural areas and Upper Egypt it has not yet reached the pre-set level of 50 per cent.

- 5 In regard to immunization coverage of the seven antigens, 80 per cent coverage or more has been realized for BCG. Measles vaccination coverage has also reached the threshold of 80 per cent, except in Sohag. Coverage of triple-dose vaccines remains below targeted levels in rural areas and Upper Egypt, particularly in Assiut and Sohag.
- 6 Results of immunization coverage were based on information obtained from birth certificates or mothers' reports if the birth certificate was not seen by the interviewer. While data obtained from birth certificates may underestimate coverage on one hand, mothers' reports may overestimate coverage on the other. Improvement of the recording system is essential for monitoring purposes.
- 7 Tetanus toxoid vaccination coverage is higher in rural than urban areas and is relatively high in Upper Egypt. The level of coverage in Greater Cairo is very low compared to all other provinces.
- 8 Over half of all infants under four months of age are exclusively breast-fed and two-thirds continue to receive breast milk after nine months and up to two years. However, only one-third of infants aged six to nine months receive both breast milk and complementary feeding.
- 9 Levels of all anthropometric indicators are not satisfactory. A medium level of low nutritional status prevails in general while a high level of low nutritional status is estimated in Upper Egypt. Health education programmes focusing on the dietary habits of infants and children under five are needed. The issue is not only the availability and affordability of food. The importance of a balanced, healthy diet should be addressed in view of the contextual factors specific to every region, Upper Egypt in particular. Also, messages on supplementary feeding after six months are not sufficiently addressed.
- 10 EMICS was carried out during May, a high season for diarrhoea. One fourth of children under five had suffered from diarrhoea during the two weeks preceding the survey. In Upper Egypt, one third of under-fives had had diarrhoea during the reference period. When mothers of sick children were asked about oral rehydration therapy, only a quarter of them reported offering more fluids and continued feeding of their children during the diarrhoeal episode. One of Egypt's mid-decade goals was to raise ORT use to 80 per cent. The survey results are indicative of a major communication problem. Moreover, they are supported by evidence of a lack of awareness among mothers concerning the signs of pneumonia. Less than one fifth of mothers of children under

five correctly identified short or rapid breathing as a serious sign that may accompany a cough. In fact, only mothers in Upper Egypt - where the prevalence of potentially serious episodes of acute respiratory infections is high and a large proportion of cases are not seen at health facilities but left to suffer - were better able to identify these signs.

- 11 A higher prevalence of disability conditions among children under 15 has been detected by this survey compared to other national surveys and the census. Information available from the results of EMICS can be combined with projections for the population in this age-group to estimate the total number of disabled children by type of disability and place of residence. The design of special programmes and estimates of rehabilitation facilities and trained personnel are usually based on these projections. The prevalence of disability conditions among children aged 5-14 years is 35 per thousand. This is a high level comparable to the infant mortality rate; it calls for the attention of the medical community and interested researchers to study the phenomenon in depth.
- 12 Universal primary education enrolment among children of primary school age has not been achieved. One third of girls aged 6-14 years have never attended school. Large proportions of boys and girls aged 6-7 years are not enrolled in primary school. The target level of primary school enrolment among girls (88 percent) has not been realized. Overall, 72 per cent of girls and 83 per cent of boys in the 6-10 year age-group are currently enrolled in primary school. The gender gap in primary school enrolment is evident in rural areas only (66 and 81 per cent among girls and boys respectively). In general, boys are more likely to attend school than girls; however, in urban areas, they are also more likely to drop out of school. In rural areas, girls are more likely to drop out of school, particularly in the preparatory level. Once attending school (grade one), boys and girls are very highly likely to reach grade five. Significant drop-out rates and repeat rates do not emerge until the end of the primary phase of education (completion of grade five). School enrolment rates in Assiut and Sohag are lower than those in any of the other regions covered by the study.
- 13 Early child labour is confined only to unpaid employment. From the age of 12, the levels of both paid and unpaid employment increase significantly. Unpaid employment among children aged 12-14 years is not correlated with school enrolment but rather with type of place of residence. These rates are higher in rural areas, random housing communities, Assiut and Sohag than any other area. On the other hand, paid employment among children in this age range is highly correlated with school enrolment. The majority of these children have either never attended school or, more likely, have dropped out. The inter-relationship between school enrolment and child labour requires further investigation. It is not clear whether children start to work

because they have already dropped out of school, due to their poor academic achievement, or whether they drop out because their families lack sufficient resources for them to continue school or need their contribution to the household income. Overall, 19 per cent of children aged 12-14 years are engaged in paid or unpaid employment (27 per cent of boys and 12 per cent of girls).

- 14 Recent efforts by the Ministry of Local Administration to develop the infrastructure in random housing areas is highly acknowledged. Overall levels of accessibility to safe water and sanitary excreta disposal in these communities are approaching levels found in total urban areas. Rural areas in general and Upper Egypt in particular are still lagging behind in this respect. The only exception is Aswan, where levels of accessibility to safe water are comparable to urban areas in general.