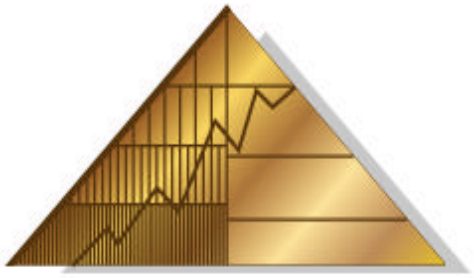
Egypt:

KAP Study on Reproductive Health Among Adolescents and Youth in Assiut Governorate, Egypt

Mohammad H. Qayed



Summary of Final Report Prepared for
The Women's Studies Project
Family Health International

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This summary highlights findings from a larger scientific report and includes recommendations from in-country researchers.

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I. Introduction

Young people face a variety of reproductive health risks: sexually transmitted diseases (STDs), including AIDS; too-early pregnancy and childbearing with an increased risk of injury, illness and death for mother and infant; and unintended pregnancy, often leading to unsafe abortion and its complications. Young people may know little about reproductive health, have incorrect information about fertility and contraception, have heard rumors, or have received misleading information about contraception. Many have negative attitudes about contraceptives. Thus, meeting the reproductive health needs of youth requires, not only providing services, but also changing attitudes, overcoming community opposition, building understanding and educating adults about young people's reproductive health needs.

In Egypt, marriage before age 20 is a common practice, especially in Assuit and other parts of Upper Egypt. The 1995 Demographic and Health Survey (DHS) found that nearly 12 percent of women living in Upper Egypt, ages 15 to 19, had already given birth while 4.5 percent were pregnant with their first child. More than 25 percent of all Egyptian women reported giving birth by age 19. In rural Naga Hammady (Qena Governorate), 95 percent of the women were married before they were 20, as were 67 percent of women in rural El-Ghanayem, Assiut. In addition, 85 percent and 50 percent of women in Naga Hammady and El-Ghanayem had their first child before age 20, respectively.

While the majority of adolescent women approve of family planning and say their husband approves, few use contraception, according to the 1995 DHS. Less than one-fourth of ever-married women, ages 15 to 19, use any method of contraception.

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Most research and services are directed toward women when they are in their late twenties or older – women who have already completed childbearing. Young people typically are left out of family planning services. A variety of traditional, institutional and political barriers and myths about sexuality have made it difficult to develop effective programs that provide accurate reproductive health information to adolescents and young people. In addition, many people believe that providing family planning services to youth will promote promiscuity, or that discouraging adolescent sexual activity while making reproductive health services available will send conflicting messages. Programs should give young people accurate information that provides a basis for making responsible decisions. Successful programs should reach out to adolescents and youth in their own environment – schools, recreation centers and work sites.

There is a pressing need to conduct research focusing on adolescents and youth, especially in the rural areas since most will marry and begin families in their teen years. In Egypt, 9.7 percent of 15- to 19-year-olds have given birth, and 24.4 percent of women ages 20 to 24. Among rural residents, the percentages are 11.2 and 26.8, respectively. It is essential to explore adolescents'

sources of information on reproductive health since incorrect information is difficult to correct and may require changes in the educational curricula at schools, as well as the development of effective messages for the mass media. Collecting data on desired age at marriage, birth intervals, desired and optimal family size and sources of information can guide planners to meet the needs of this target population. Moreover, early age at marriage (15 to 19 years) is associated with the highest risk of poor reproductive health outcomes, while the next age group (20 to 24 years) is associated with the highest age-specific fertility rates. In addition, young people who are about to marry, or have just married in rural communities, are likely to be misinformed, to hear rumors or get bad advice, which presents a difficult challenge for health providers**.**

II. Study Goals and Objectives

The goals of this WSP subproject, conducted by the Community Medicine Department of Assiut University, were to study:

1. the reproductive health and family planning knowledge and attitudes of adolescents and youth (15 to 24 years old) in Assiut.
2. the utilization of reproductive health services, including family planning, by married youth.
3. association between knowledge, attitudes and practices of target populations and socioeconomic and demographic characteristics of adolescents and youth.

III. Study Design

Both qualitative and quantitative data were collected for this study. Qualitative data were collected through eight focus group discussion (FGDs) comprised of a representative sample of eligible participants ages 15 to 24 years. There were three classification variables for the FGDs – gender, education and marital status -- resulting in eight groups, each with a unique combination of characteristics. The groups included:

- educated, married females
- educated, single females
- less-educated married females
- less-educated single females
- educated married males
- educated single males
- less-educated married males
- less-educated single males.

Participants were considered educated if they had a preparatory school certificate or above.

Findings from these FGDs were used to design the questionnaire for the quantitative component of the study. Illustrative quotes from the FGDs are presented as part of the "Researching Findings" section of this document.

Quantitative data were collected through a cross-sectional community-based survey in four areas (two rural and two urban). The four study areas were assigned as follows: two areas (one rural and one urban) on the western side of the Nile River and two areas (one rural and one urban) on the eastern side of the Nile River.

Study sites included: Elwan village (rural/west side) is located six kilometers north of Assiut City with a population of 5,886. El Assara village (rural/east side) is located 10 kilometers northeast of Assiut. It has a population of 7,139 and a relatively lower socioeconomic standard than Elwan. El Fateh town is three kilometers southeast of Assiut, relatively poor, with a population of 8,597. Naila Khatoun suburb (urban/west side) is less poor and has a population of 2,660.

With a confidence level of 95 percent, the necessary sample size was calculated as 1,536; a sample of 1,660 was drawn to allow for study dropouts. The sample was 70 percent rural and 30 percent urban residents, reflecting the proportions in Egypt's overall population. The numbers of respondents interviewed from each site were as follows:

Elwan village	736
El Assara village	415
Assiut city (Naila Khatoun)	258
El Fateh town	251

The quantitative data were collected using a standardized questionnaire that included items on sociodemographic characteristics of respondents and knowledge, attitudes and practices (KAP) related to reproductive health services.

IV. Results

A. Characteristics of the Population

The eight focus group discussions included a total of 25 women and 24 men. Except for illustrative quotes, however, the results presented in this report are based on data from the survey. The total number of survey respondents was 1660; 55 percent were female. Sixty percent were ages 15 and 19, and 40 percent were ages 20 to 24. Eighty percent were single. Approximately 15 percent were illiterate; some 9 percent had university degrees. The mean family size among respondents was 7.6 children.

B. Knowledge of the Term "Reproductive Health"

Only one-quarter of the respondents was familiar with the term "reproductive health." Educated respondents, older respondents, single respondents and those from urban areas were more likely to be familiar with the term. Among those who knew the term, about 60 percent associated it with family planning.

C. Ideal Age and Age at Marriage

Respondents' ideal age at marriage varied according to gender. The mean "ideal age at marriage" was 21.2 years for females and 25.6 for males. Urban residents had higher ideal ages at marriage for boys than did rural residents, but not higher ideal ages for girls.

In FGDs, some women who had gotten married early expressed regret.

"I got married when I was 16 years old and got pregnant soon afterward, and now I have two children. But I'm not happy with my husband because when I married I did not know the meaning of marriage."

Other reported more favorable opinions of early marriage for women.

"The female is able to have children and raise them up properly while she is still young and of good health."

Many said that a pregnancy early in the marriage is important "because it is better for the woman to test herself if she is fertile or not."

Among the respondents who were married themselves, more were female than male, more lived in rural not urban areas, and most were considered "less educated." Among the 135 who had had a child, more than 70 percent were "less educated" and nearly a quarter were from rural areas. A greater proportion of the less-educated married respondents had three or more children compared with the educated married women.

D. Antenatal Care

Almost all respondents knew the importance of antenatal care; this varied little by gender, education, marital status or residence. Nearly all respondents thought a physician should provide antenatal care, though they were almost evenly split with regard to whether they preferred a female or male physician. In actual practice, urban residents were slightly more likely to obtain antenatal care than rural residents and slightly more likely to obtain antenatal care in the private hospitals. Rural residents were more likely to seek care in maternal-child health (MCH) centers. Consistent with this, educated respondents were more likely to have *obtained* antenatal care than were less-educated respondents and more likely to have obtained it from a private hospital, while a greater percentage of less- educated women went to MCH centers than to government or private hospitals.

E. Delivery and Postpartum Care

When the total sample was asked about their *attitudes* toward the appropriate place of delivery, more than 80 percent preferred the government hospital. The actual place of delivery for respondents who had given birth was most likely to have been a government hospital (50 percent) or home (42 percent). Sixty-six percent of the total sample agreed that postpartum care is important. Approximately 43 percent of those who had children had actually received postpartum care. With regard to well-baby care, 98 percent of the total sample identified breastmilk as the ideal food for babies.

F. Family Planning

More than 95 percent of the sample knew the term "family planning." Knowledge of specific methods varied by sociodemographic characteristics. Seventy-seven percent of respondents knew about pills (oral contraceptives) regardless of age, gender or educational level. However, only 21 percent of the older respondents knew about injectables compared with 53 percent of the younger ones. The same percentage of older respondents knew about implants (Norplant) but only 9 percent of the younger respondents did. Nearly nine percent of the older group knew about condoms compared with only four percent of younger ones.

Ninety-two percent of females compared with 79 percent of males knew about intrauterine devices (IUDs); 62 percent of females knew about injectables compared with 54 percent of males; and 18 percent of females compared with 9 percent of males knew about implants. Eight percent of males compared with five percent of females knew about condoms, however – a low percentage for both groups. Greater education was associated with greater knowledge of all specific methods. Ninety percent of educated respondents compared with 82 percent of less-educated respondents knew about IUDs; 61 percent of the educated compared with 55 percent of the educated knew about injectables; and 9 percent of the educated compared with 2 percent of the less-educated knew about condoms.

Urban/rural residency had a less consistent relationship with types of methods known. Eighty-seven percent of rural residents compared with 77 percent of urban residents knew about IUDs, and 16 percent of rural residents compared with 8 percent of urban residents knew about Norplant. Four to five percent of respondents from both groups knew about condoms.

Nearly 95 percent of all respondents had favorable attitudes toward family planning and nearly 99 percent of all respondents had favorable attitudes toward child spacing. This varied little by any sociodemographic characteristics. FGD participants cited health and economic reasons for child spacing. Said one participant, "Life became very expensive and many children need a lot of money, and from where can we get money in this hard time?"

Among respondents who had children, 27 percent were using contraceptives at the time of the survey. This percentage increased as the number of children increased. That is, respondents with more children were more likely to be currently using a contraceptive method than those with

fewer children. Fifteen percent of those with one child were contracepting, 26 percent of those with two children, 39 percent of those with three children, and 79 percent with four or more children were contracepting.

Sixty-seven percent of the respondents who were using contraception were using an IUD, 19 percent were using pills, and 14 percent were using injectables. This did not vary by educational level. The mean duration of use was nine months for pill users, 12 months for IUD users and 10 months for injectable users.

G. Sexually Transmitted Diseases (STDs)

Forty-eight percent of less educated respondents had heard of STDs. Of these, more than 90 percent had heard of AIDS, but only 2 percent had heard of syphilis and 3 percent had heard of other STDs. Sixty percent of those who had heard of STDs said "following religious teaching" was the way to protect oneself; 17 percent said premarital exams were the best protection, while 17 percent said periodic checkups.

H. Traditional Practices

Seventy-nine percent of the respondents reported favorable attitudes toward female circumcision. This varied from 89 percent among less-educated respondents to 69 percent among educated respondents. Eighty-six percent of rural resident compared with 63 percent of urban residents had favorable attitudes toward female circumcision. Eighty-six percent of less-educated respondents said they intended to circumcise their daughters, compared with 67 percent of educated respondents; 82 percent of rural respondents and 62 percent of urban respondents said they intended to do so. Among female respondents, 99.8 percent of the less-educated and 97 percent of the educated respondents had been circumcised themselves. Ninety-nine percent of Muslims compared with 90 percent of Christians had been circumcised, and nearly 100 percent of respondents from rural areas had been circumcised compared with 96 percent from urban areas. The mean age at circumcision was 8.8 years.

Some FGD participants defended female circumcision; one educated married female said, "There is no relationship between circumcision and sexual satisfaction." Those in the minority cited physical and psychological harm as the reason for their opposition. Said one educated single female, "I had experienced a nervous shock and severe fear as a result of circumcision, and still remember this bad event."

Thirty-eight percent of respondents reported favorable attitudes toward consanguineous marriages. This varied by education and residence. Forty-five percent of less-educated respondents compared with 32 percent of educated respondents had favorable attitudes. Forty-three percent of rural residents compared with 26 percent of urban residents had favorable attitudes.

I. Gender Roles and Childrearing

Male attitudes toward helping with childrearing were more favorable among educated respondents. Ninety-five percent of educated males compared with 79 percent of less- educated males agreed that they should help with childrearing; the differences were less pronounced between urban (91 percent) and rural (89 percent) residents.

V. Conclusions

These results are from one of the first studies in Egypt on the reproductive health knowledge, attitudes and practices of persons under the age of 25 years and, as such, provide information useful to policy-makers concerned with making family planning accessible to the next generation of users. For most issues, education and residence (which probably are not independent variables) are associated with greater knowledge of healthy practices, more favorable attitudes and the greater use of health services. This means that respondents who were more educated and living in urban areas were more likely to wait longer to marry and have children, more likely to seek appropriate health care, more likely to use private hospitals, and more likely to use family planning methods to control their fertility. They also were less likely to hold favorable attitudes toward female circumcision and consanguineous marriages.

Findings relevant to health policies and programs include:

- The lack of use of maternal care by a significant percentage of pregnant women;
- The relative lack of knowledge of certain kinds of family planning methods, especially condoms, which can be used as a way of involving men in family planning;
- The relative lack of knowledge of STDs and the focus of knowledge on AIDS;
- The lack of knowledge about STD prevention; and,
- The high percentages of respondents who have favorable attitudes toward female circumcision.

These findings can not be generalized beyond Assiut governorate. However, the decentralization of health services in Egypt allows for the use of research findings by program planners in this governorate, to justify greater health education efforts and the promotion of maternal care, family planning and STDs services. The study itself could serve as a pilot study for subsequent surveys in other areas of Egypt.

VI. Study Details

Dr. Mohammad Qayed of the Community Medicine Department of Assiut University was the principal investigator for this study. Dr. Cynthia Waszak of Family Health International (FHI) served as technical monitor, and Dr. Laila Kafafi and the staff of FHI's Cairo office offered technical assistance. The study was supported by FHI's Women's Studies Project and by the

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