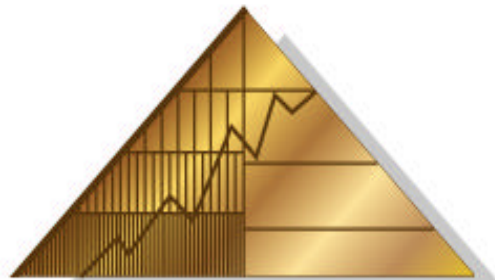


***Egypt:***

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***Reproductive Health of Adolescent Married Women in Squatter Areas in Alexandria***

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**Summary of Final Report Prepared for  
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**This summary highlights findings from a larger scientific report  
and includes recommendations from in-country researchers.**

# **Egypt: Reproductive Health of Adolescent Married Women in Squatter Areas in Alexandria**

## **I. Introduction**

In many parts of the developing world, girls marry shortly after puberty and sometimes even before. Because of societal pressures to prove fertility and the increased status that motherhood brings, many young women want to become pregnant soon after marriage. Teenage pregnancy is perceived in western countries as a problem leading to adverse social and medical consequences. However, good prenatal care can reduce the risks.

Studies in developing countries show that the current use of contraception among married adolescents is low compared with adults. The reasons include sociocultural and economic conditions, plus misperceptions and concerns about safety and side effects.

The 1995 Egyptian Demographic and Health Survey (DHS) found that 25 percent of the female population under age 20 had begun childbearing. Data on reproductive health, including family planning use, among adolescent married women in squatter areas are scarce. This study, supported by the Women's Studies Project (WSP) at Family Health International and the Research Management Unit of the National Population Council, was conducted to provide information which could be useful in designing programs to meet the needs of adolescent married women in these areas.

Four-hundred and fifty adolescent married women and 450 older married women from 80 squatter areas in Alexandria, Egypt, were interviewed during the last months of 1997 to compare their knowledge, attitudes and practices related to reproductive health care. Formative qualitative data were collected to provide information critical to questionnaire design.

Alexandria, with a population of 4.2 million, lies in northwestern the coast of Egypt. It extends from the fertile land west of the Nile Delta northward to the Mediterranean Sea. The city was founded by Alexander the Great almost 25 centuries ago. As is the case in other areas of Egypt, Alexandria's unplanned population growth has led to the creation of several urban squatter settlements, characterized by inferior housing, inadequate sanitation, poor domestic and personal hygiene, unemployment and poverty. Eighty-one squatter settlements are scattered throughout Alexandria and are inhabited by more than one million people.

Most of these areas were originally established by the government in the late 1960s as modern houses and were equipped with running water, piped sewage systems and electricity. As time passed, families randomly built extensions to their houses in any unoccupied land spaces, including adjacent streets. (Most streets in these areas are less than two meters wide.)

## **II. Study Goals and Objectives**

The goals of this Women's Studies Project (WSP) subproject, conducted by the High Institute of Public Health, Alexandria University, were:

1. To study reproductive health and perceptions of family planning among adolescent married women, compared with older married women in squatter areas in Alexandria.
2. To study their male partners' perceptions of reproductive health and family planning.
3. To study actual experience with family planning programs and methods and study participants' assessments of quality of services and need for improvements.
4. To study factors that are associated with early age at marriage.

## **III. Study Design**

Both qualitative and quantitative data were collected for this study. Qualitative data were used to design survey questions and response codes.

Four focus group discussions (FGDs) were conducted. Male and female participants were recruited from a randomly chosen squatter area in Alexandria. They were contacted and asked to share in a friendly discussion. The FGDs were held in the nearby "Youth Club." Each of the four FGDs included eight to 10 persons. Participants were encouraged to talk about their expectations, concerns, and beliefs concerning reproductive health issues in general. Same sex moderators led the FGDs using standardized guides. Each group had a different age and gender composition, as follows:

- Group 1: adolescent married women (younger than 20 years)
- Group 2: husbands of Group 1 participants
- Group 3: older married women (20 years or older)
- Group 4: husbands of Group 3 participants

Investigators obtained study participants' consent for recording the FGDs. Audiotapes were transcribed in Arabic. Participants were assured of confidentiality.

A community-based cross-sectional survey was conducted after the FGDs to obtain population-based data on the reproductive health perceptions and practices of adolescent married women compared with older married women. Questions from this survey were designed using data collected from the FGD component of the study.

A sample of 30 clusters (with widespread distribution) was selected from the 81 squatter areas in the six official districts of Alexandria. Researchers constructed a frame of all squatter areas and their populations using data from the Ministry of Health and Population. They computed corresponding cumulative populations for each area, then calculated the sampling interval (total population size divided by the number of clusters). A random number composed of 5 digits (less

than or equal to the computed sample interval) was chosen using tables of random numbers. The random number was compared to the cumulative population. The squatter area whose cumulative population corresponded to the sampling interval was chosen as the first study site (cluster 1). The random number was added to the sampling interval and the same procedure was repeated until 30 clusters were identified.

Using the estimate of 48 percent of women using contraception in Egypt (DHS, 1995), the minimal sample size was calculated as:

$$n = Z^2 pq / a^2 \text{ (where } Z = 1.96, p = \text{proportion of users, } q = 1 - p, a = 5\%)$$
$$n = (1.96)^2 * (0.48) * (0.52) / (0.05)^2$$
$$n = 384 \text{ women}$$

To compensate for refusals, a sample of 450 adolescent married women (< 20 years) and their husbands was selected and a sample of 450 older married women (20 to 45 years) and their husbands was selected. From each cluster, investigators identified and interviewed 30 women (15 adolescent women and 15 older women) and their husbands (n=30).

Male and female university graduates with previous field experience were trained as interviewers for the survey. Community health workers visited houses in the chosen squatter areas to select study participants using the cluster sampling techniques. The team started at the center of the target cluster area and randomly selected a direction. The team started at the nearest dwelling and visited each house consecutively to reach the target population of adolescent married women. On average, 30 to 50 families were contacted to reach one family eligible for the target group. For each adolescent married woman and her husband, an older married woman and her husband were selected from the same household or from adjacent households. Each team included a male and female interviewer. The male interviewer contacted the husband and collected the data while the female interviewer interviewed the wife. A faculty staff member supervised the survey on a day-to-day basis.

The survey instrument included questions about reproductive health, perceptions of family planning, actual experience with family planning programs and methods, availability and knowledge of services, fertility intentions, unintended pregnancy, maternal biological data, and social and environmental backgrounds. The questionnaire was pretested before the survey was initiated.

Data collected for the precoded structured questionnaire were sorted, coded and analyzed using SPSS for Windows statistical software package. Proportions, means and standard deviations were calculated for all data. Quantitative variables were compared using independent sample student's t-test. Categorical variables, including reproductive health and family planning knowledge, attitude and practice, were compared between adolescent and older women using Pearson chi-square tests of significance. The chosen level of significance was 5 percent. Multivariate analyses were used to test the association between some potential risk factors related to early age at marriage, unintended pregnancy and noncurrent use of family planning. Maximum likelihood

estimates of combined odds ratios and their attendant confidence intervals (95 percent CIs) adjusted for confounders were obtained by using multiple logistic regression.

#### **IV. Results**

Qualitative FGD results were generally consistent with statistical results from the survey. The results presented here are primarily those from the survey, although illustrative quotes from the FGDs are included.

##### **A. *Characteristics of Survey Respondents***

The mean age of the adolescent married women was 18.6 years, and the mean age of the older women was 29.9 years. Forty-one percent of the adolescent women had lived in the same area before marriage, compared with 31 percent of the older women. The two populations reflect increases in education for women over time; only 37 percent of the adolescent women compared with 48 percent of the older women were illiterate, and the mean number of years of education for adolescent women was 6.7 compared with 3.8 for the older women. Nearly all the women in both groups were housewives. Only about one-fifth of the women in both groups worked for pay before marriage. Adolescent women were more likely to live in an extended family (20 percent) compared with older women (11 percent). While mothers' educational levels were equally low for both groups, adolescent women were more likely to have literate fathers than were the older women.

The mean age of husbands of adolescent women was 28 years compared with 37 for the husbands of older women. Husbands of adolescent women were more educated than husbands of older women, with 5.6 years of education compared with 4.2 years, respectively. Husbands' occupations included manual work, technical work, private trade work and clerical jobs.

##### **B. *Living Conditions***

Adolescents were more likely to live in a smaller but less crowded dwelling than older women. Twenty-three percent of adolescents, compared with 17 percent of older women, lived in a single room with a shared toilet, but the crowding index was smaller for the adolescent women. The mean number of rooms was 2.4 for adolescents and 2.7 for older women. Nearly 90 percent of women in both groups had separate tap water inside the dwelling. More than 50 percent of the families used nonflush latrines, though nearly all of the rest used flush latrines. Almost all families had access to electricity, either in their own houses or from neighbors' houses. Older women's families had an average of 2.1 pieces of media equipment in their dwellings compared with 1.8 for adolescents.

##### **C. *Reproductive Health Knowledge***

Fewer than 30 percent of the women surveyed were familiar with the term "reproductive health." Of the 19 percent of adolescent women and 27 percent of older women who were, the majority

thought it meant reducing fertility or family planning. A few others associated it with prenatal and postnatal care.

#### ***D. Attitudes About Marriage***

The mean ideal age at marriage cited by all women was about 20 years. Reasons for this age were “to be sensible and mature enough,” and “to withstand the burden of pregnancy.” Ideal age for men (according to women) was 25 to 26 years, and reasons were “to face responsibility” and “to be sensible and mature.”

Investigators examined factors related to marriage before age 20 and found the following variables: consanguinity (blood relationships between spouses), wife’s illiteracy, husband’s illiteracy, other girls marrying early in wife’s family, and wife being unaware of the term “reproductive health.”

Egypt has a high rate of consanguineous marriages compared to most countries. A slightly higher percentage of adolescent wives (21 percent) compared with older wives (19 percent) said they preferred marriage to cousins. Reasons for this preference (among both groups) included: “increase family links,” “they knew each other and everything would be clear before marriage,” “customs and traditions,” and “less cost.” Reasons for not wanting this type of marriage included “leads to conflicts in the family,” “leads to weak offspring and deformities of children.” About one-fifth of the women in both groups were actually married to a first cousin.

#### ***E. Female Circumcision***

Nearly all the women in this sample had been circumcised (94 percent of adolescent wives and 98 percent of older wives). The mean age of circumcision was 9.2 for adolescents and 9.3 for older women. *Dayas* (traditional birth attendants) performed the circumcision for 49 percent of the adolescents and 60 percent of the older women; 29 percent of adolescents and 19 percent of the older women were circumcised by physicians. Eleven percent of the women in both groups experienced difficulties, such as excessive bleeding, severe pain and fear.

Seventy-seven percent of adolescents and 81 percent of older women agreed that “it is important for a girl to be circumcised.” Reasons included “as our parents did before,” “tradition,” “to protect the girl,” “religion” and “cleanliness.” Sixty-six percent of adolescents and 72 percent of older women said they would have their daughters circumcised.

#### ***F. Fertility Behavior and Beliefs***

As expected, older wives had experienced more pregnancies than the adolescent wives. The mean number of live births was .91 for adolescents and 2.6 for older women. A third of the adolescent wives were pregnant at the time of the interview compared with 10 percent of the older women.

The mean age at first pregnancy was 17.6 years for adolescent wives and 19.3 years for older women. Most women in both groups had gotten pregnant within the first six months of marriage. The mean ideal spacing period reported by adolescents was 2.6 years, and 2.5 years for older wives.

With regard to perceptions of the ideal time between marriage and first pregnancy, differences between males and females were stronger in the FGDs than in the survey. Males preferred a child as soon after marriage as possible. People living in squatter areas are most often working in unstable jobs. They are looking for children to help them when they are too old to work themselves. Children may be their only investment and represent some kind of security. Females, on the other hand, seemed to feel more insecure and preferred to postpone a pregnancy to be sure of their “destiny (future).”

Typical male responses were:

“Soon after marriage or else, why does the girl get married? And also [we want] to see our grandchildren.” (literate husband of older wife)

“Educated people consider first to establish themselves, but for us, we like to have children soon after marriage.” (Illiterate husband of adolescent wife, fisherman)

But women were more likely to say:

“After two years as marriage is exhausting, and when she gets pregnant this is an overload, and she is not yet ready for the child.” (Illiterate, younger mother of two children)

“Two years to be sure that the relation between her and her husband will continue.” (Illiterate older mother of two children)

Current and previous pregnancies were less likely to be unintended among adolescent wives than among older wives. Twenty-seven percent of currently pregnant older women, compared with 4 percent of currently pregnant adolescents, reported that their pregnancy was unintended. Forty percent of older wives who had had a previous pregnancy reported that it was unintended, compared with 10 percent of adolescent wives.

When asked about the optimal number of children for a family, 48 percent of adolescent women and 40 percent of older wives said two children, while 37 percent of adolescent wives and 47 percent of older wives said three or more children. Approximately 10 percent of each group said the number should be “as God wishes.” Most women in both groups thought age 30 was the optimal age to finish childbearing.

In FGDs, women identified over 40 years as a high-risk age group.

“Above 40, the woman is old enough and her health is not as before. Also, she is weak and complications occur during pregnancy.” (Illiterate older wife)

### **G. Reproductive Health Care**

While more than 90 percent of all the women in the survey said antenatal care was important, 22 percent of currently pregnant adolescents and 40 percent of the currently pregnant older women had not received any antenatal care. These percentages were similar for women’s previous pregnancies as well. Among those who did receive care, the maternal-child health (MCH) unit was the most common source of care, followed by the government hospital.

Over three-fourths of the women in both groups reported that the hospital was the best place for delivery. One FGD respondent explained her reason for wanting to deliver in a hospital:

“Of course, *not* at home because it is polluted.” (Illiterate, older woman)

However, about half of the women had delivered at home during their last pregnancy. Possible reasons may be explained by strong traditions, a preference for being near children and family members, and a lack of monetary resources.

With regard to reproductive tract infections (RTIs), more than 70 percent of the women in this sample reported vaginal discharge. In many cases this discharge was yellowish, smelled bad or caused itching. Approximately one-fifth of the women did nothing to treat the discharge, most used vaginal douches or warm water douches, and fewer than five percent sought medical treatment. Over half the women knew about sexually transmitted diseases (STDs), including AIDS, syphilis and gonorrhea. Suggested methods of protection against these diseases included “faithfulness,” “sticking to religious instructions,” and “periodic examination.”

### **H. Breastfeeding**

More than 97 percent of women in the sample said that breastmilk was the ideal food for the newborn, and more than 93 percent breastfed their babies. Most women said that babies should be breastfed until they are about two years old, but the average breastfeeding period was 11.3 months for adolescent wives and 12.6 months for older wives. Most women say they wean their children because of the age of the child or because of ill health of the mother.

### **I. Family Planning**

All women knew about family planning methods, though older women knew about more methods than adolescent women. When asked where they learned about family planning, television ranked first for both groups (90 percent). Ninety-five percent of the women in both groups approved the use of family planning, recommending it because, “life is expensive,” and “women who have many children suffer from bad health.” The few who were opposed to family planning were so because,

“it is against religious instructions,” “children are gifts from God not to be rejected,” and “many children give good status to their families.”

Both groups of women and men surveyed felt that family planning was primarily a joint decision between the husband and wife. However, in FGDs, men often suggested it was the husband’s decision.

“It is the husband’s decision. Of course, he is the one who cares for the family and knows everything about them.”

Women generally thought it was a joint decision or the wife’s purview.

“The husband and wife together should agree, decide and go together.” (Educated older wife)

“The wife, because she is the one who would take responsibility and suffer.” (Educated older wife)

Thirty-nine percent of adolescent wives, compared with 63 percent of older wives, were using contraception at the time of the survey. Among those using contraception, adolescent wives were more likely than older women to be using the intrauterine device or IUD (81 percent versus 71 percent). Older women were more likely to be using pills (14 percent) compared to adolescents (6 percent). In a multivariate regression analysis, researchers found that determinants of nonuse of contraception included being an adolescent wife, being illiterate, having an illiterate mother, having no radio or television in the house, and a previous pregnancy that ended in stillbirth or miscarriage.

Governmental organizations were the main providers of family planning services to women in this study, with 59 percent of the adolescent wives and 37 percent of older wives attending MCH units. Eighty percent of adolescent wives and 87 percent of older wives said they were satisfied with family planning services, primarily because of the “good care” they received. Those reporting dissatisfaction did so because “there is no care there at all.” When asked how services could be improved, women suggested “more working staff,” and “more working hours.”

## ***J. Husbands***

Husbands’ responses to questions about reproductive health were generally similar to those given by wives with regard to ideal age at marriage and first birth, the need for spacing between births, prenatal and postnatal care, hospital delivery, breastfeeding, knowledge and sources of family planning information, attitudes toward contraceptive use, satisfaction with family planning services and optimal age to end childbearing. Husbands generally reported a preference that physicians providing any services for their wives be female. Husbands also reported a stronger preference for more children than their wives. Eighteen to 19 percent of the husbands knew about a family planning method that could be used by men and identified this method as the condom. Less than 3 percent had actually used this method.

<b>Comparison of Adolescents and Older Women in Alexandria</b>		
Characteristic	Women under age 20	Women age 20 and older
Knowledge of term “reproductive health”	19 %	27 %
Ideal age for marriage	20 years	20 years
Undergone female circumcision	94 %	98 %
Mean number of live births	0.91	2.60
Currently pregnant	33 %	10 %
Mean age of first pregnancy	17.6 %	19.3 %
Currently pregnant women who received prenatal care	22 %	40 %
Approve of family planning	95 %	95 %
Currently using family planning	39 %	63 %

## **V. Conclusions and Recommendations**

The results of this study reflect reproductive health attitudes and practices of women in poor living conditions. There were few differences between adolescents and older married women that could not be explained by the age difference or were not a consequence of the age difference. The younger women seemed to be slightly better educated, possibly because of educational opportunities available to them. As expected, the older wives had more children and were more likely to be using family planning methods than younger women. Egyptian women were unlikely to use family planning until they had at least one child and possibly more.

There was a high degree of consistency between husbands’ and wives’ responses to questions related to actual behavior, such as family planning use and health care, which increases confidence in the validity of the data. Husbands and wives differed in some ways with regard to attitudes and beliefs, probably reflecting different gender roles. Husbands generally agreed with their wives about most reproductive health issues. However, they tended to want children more quickly once married and often to want more children than their wives.

Based on study findings, researchers made the following recommendations:

- Both younger and older women, and men, need to be educated about the concept of reproductive health. Women and men in squatter areas need to be informed that reproductive health is a life-long process than extends beyond maternal and child health care.
- Adolescent men and women need to be educated about the types of contraceptive methods available and where and how to obtain these methods.

- Adolescent couples need to be educated about the health benefits to mother and child when pregnancy is delayed until age 20 or later.
- Women understand the benefits of delivering their babies in a hospital and the importance of antenatal care, yet not all women obtain these services. Additional research needs to be conducted to learn why women do not go to hospitals to give birth and how access to antenatal care can be increased.
- While women and men shared similar views in many aspects of life, they often differed in terms of who was responsible for decision-making about family size. Family planning programs should counsel couples about the importance of communication and help couples develop skills to effectively communicate with each other.
- Because of the high percentage of unintended pregnancies among older women – and the potential for unintended pregnancies among younger women – family planning programs should pay special attention to providing information on effective use of contraceptive methods.

## **VI. Study Details**

This study was conducted by Sunny Abdou Sallam, Ahmed A.R. Mahfouz and Nihad I. Dabbous of the High Institute of Public Health, Alexandria University. The study was supported by the Women’s Studies Project at Family Health International and by the Research Management Unit of the National Population Council in Cairo. The WSP was funded through a Cooperative Agreement from the U.S. Agency for International Development. Dr. Cynthia Waszak of FHI served as technical monitor, and Dr. Laila Kafafi and the staff of FHI’s Cairo office offered technical assistance.