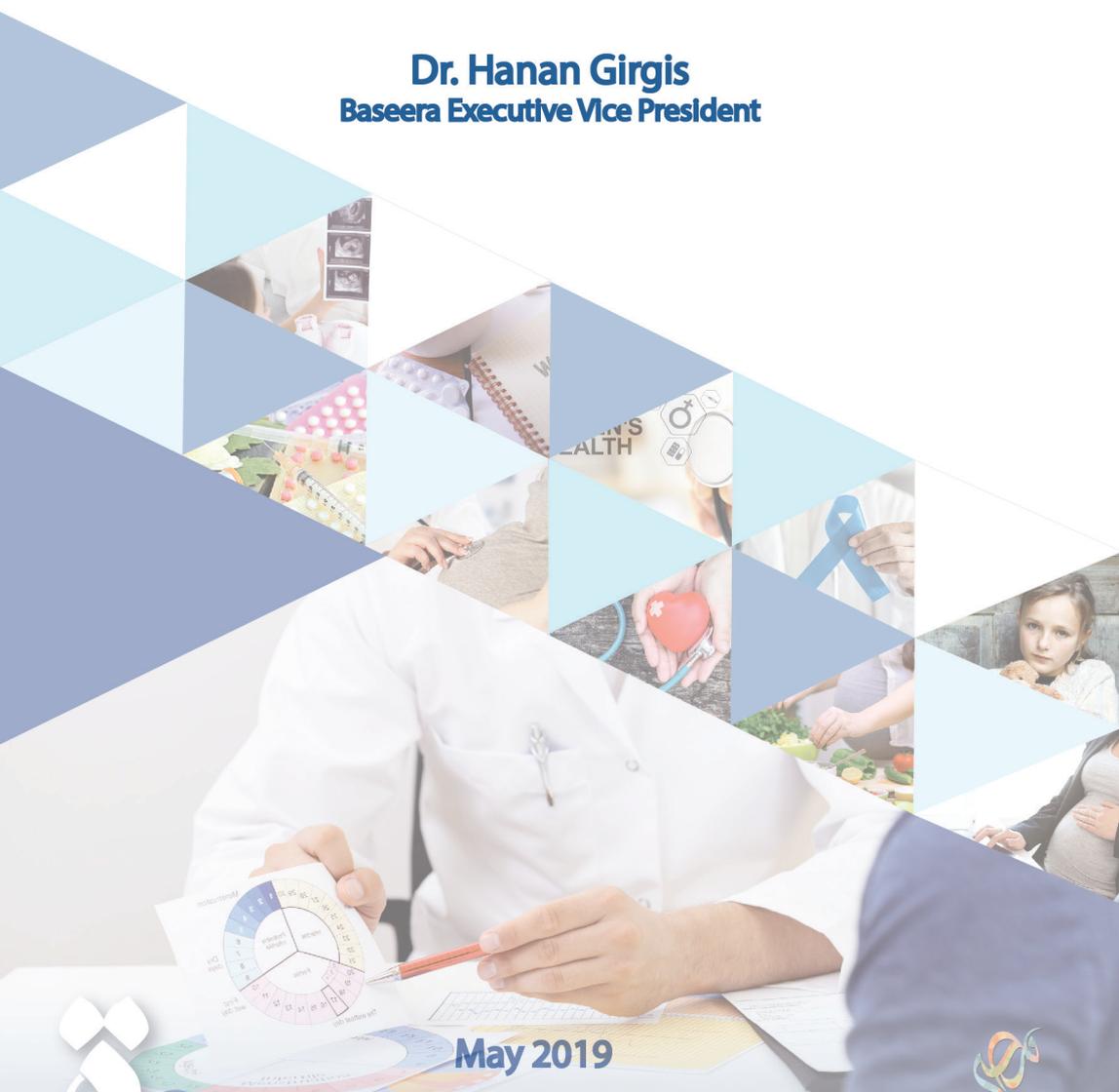




Egyptian women's Perceptions regarding health and reproductive health related issues

Dr. Hanan Girgis
Baseera Executive Vice President



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I- Introduction

The correlation between reproductive health and economic development is evident. On the country level, improved reproductive health will lead to a lower total fertility rate in Egypt which in return will change the age structure of the population and accelerate Egypt demographic opportunity. Moreover, many studies show that Women who have better reproductive health status tend to invest more resources in their own and their children's health, education, and future productivity. Lower number of births resulted from better reproductive health allow women to get better education and job training and allow her to control her time so she can participate in labour force and turn to an economically productive person¹. A similar relation was found between better overall health and economic productivity. The time lost due to illness negatively affect the productivity of any country. On the other hand, working women usually have a better economic status that help her and her children to get better services especially health and education services.

The relation between better health status and economic productivity raised the interest of the international community in improving women's health and reproductive health services. In 1994, the International Conference for Population and Development (ICPD) discussed different population and development issues. Women health and reproductive health were among the core issues that the ICPD

Shareen Joshi, Reproductive health and economic development: what connections should we focus on?, population reference bureau, 2012



program of action tackled. The Sustainable Development Goals (SDGs) give women health and their reproductive health a high priority as an important factor in women empowerment.

On the national level, the NCW launched the national strategy for women empowerment in 2017. One of the strategy pillars was women social empowerment that focused on women health and education. the 4th pillar of the strategy, women protection, focused on protecting women from early marriage, FGM and all types of violence against women. The strategy aims to decrease the maternal mortality ratio, increase women's life expectancy, eliminating early marriage and FGM.

Society culture, values and preferences and the available services are the most factors that affect women's health and reproductive health. The objective of this paper is to explore women rating for the health and reproductive health services they get and the values that control their attitudes towards a set of reproductive health issues.

II- Methodology

Baseera conducted a survey on Egyptian women's Perceptions regarding health and reproductive health related issues during the period from November 3th to November 7th, 2018. The data were collected from a random sample of 1,120 respondents aged 15+. Respondents were accessed through their landlines and mobile phones. The data



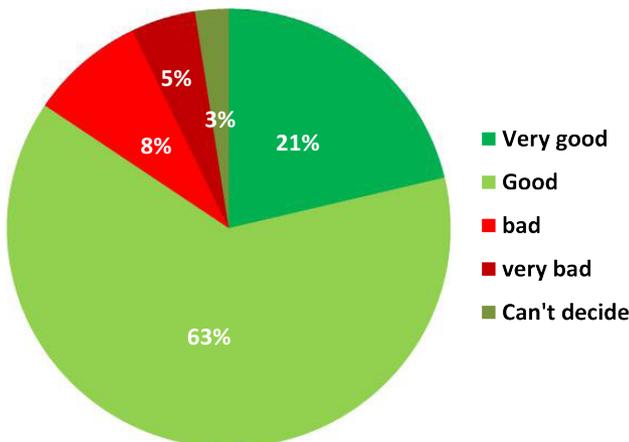
were weighted to represent population distribution by region, age, and education level. All estimates in this paper are subject to a less than 3%- margin of error.

III- Main Results

III-1 Women self-rating for their health

One of every 5 women rated their health as very good and 3 rated it as good. Only 13% of the Egyptian women rated their health as bad or very bad. The percentage of those who rated their health as bad or very bad increases from 9% among youths less than 30 to 21% among those who aged 50+. The results indicate that women tends to rate their health status positively.

Figure (1): Distribution of women by their self-rating to their health status





The respondents were asked about the health examinations they went through during the 3 months prior to the survey. Around 43% of the Egyptian women reported that they measured their blood pressure, 29% performed diabetes test, 10% performed Vitamin D test and 26% performed other diseases tests such as HCV.

Around one quarter of the women reported having chronic diseases. The most widespread disease is high blood pressure as 11% of the Egyptian women reported having it followed by diabetes with 4%, cartilage disease with 2% and asthma with 2%. Less than 1% reported having HCV. Worth noting that the self-reporting percentage is usually less than the actual prevalence so it is expected that the actual prevalence rates of these diseases is higher than these reported rates.

III-2 Health care and health services

Only 20% of Egyptian women are covered by medical insurance, while 79% are not covered and 1% are not sure. Around 60% of those who are covered by medical insurance have public medical insurance, 25% have medical insurance from their workplace and 14% have medical insurance from the work place of one of their family members. Around 70% of the women who are covered by medical insurance feel that this insurance is useful, 24% feel it is not useful and 6% didn't use it so they are not able to judge it.



Despite all the discussions of the new comprehensive health insurance system, only 30% of the Egyptian women heard about it and one quarter of them just heard about it but don't know any information about it.

When they need health care, 64% of women seek health care from private health facilities, 22% seek health care from public hospital or public health center, 5% seek it from public health unit, 2% from the health insurance, 2% get treatment from a pharmacy, less than 1% seek health care from a health unit affiliated to a mosque or church, and 3% don't seek health care.

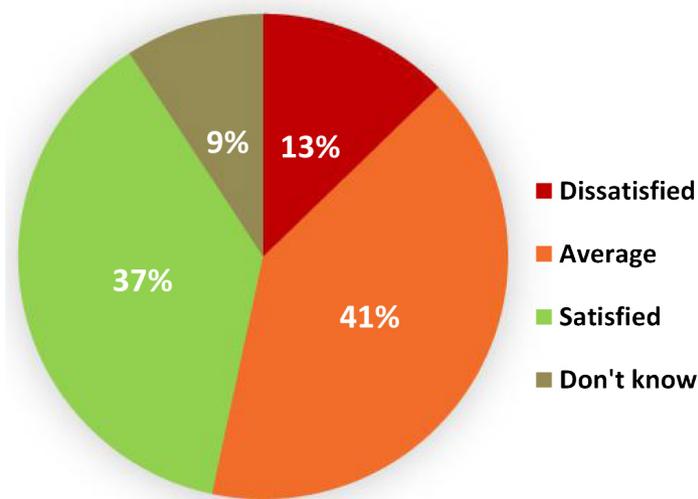
Health care units are not far from the residence of most of the respondents as 22% of the women take less than 15 minutes to reach the health facility they usually do, 27% take from 15 minutes to less than 30 minutes and 27% take 30 minutes and 23% take more than 30 minutes.

When asked to rate the quality of health service the women get from the health care facility they usually seek health care from, 13% of the women were dissatisfied about the quality, 41% think the quality is average as they and 37% were satisfied. These results reveal that health care quality still a challenge that faces improving women health in Egypt.

The average of the rating of the service quality differs according to the type of the health facility. It increases from 2.8 for public hospitals and health care centers to 3.2 for private health care facilities.



Figure (2): Distribution of women by their satisfaction about the quality of the health services they got



The women who seek treatment from health service facilities were asked about their recommendations to improve health services. One quarter of them suggested the need to provide treatment, 11% mentioned providing training for health services providers, 11% mentioned decreasing the cost, 9% suggested improving the way the doctors deal with the patients, 6% mentioned doctors' availability at the health facilities and 6% cleanness of the health facilities.



III-3 Reproductive health

The national strategy for population and development raise the slogan of “2 children are enough”. Ever married women in the age 15-49 years were asked about the ideal number of children the couples should have, 54% mentioned 2 children or less, 34% mentioned 3 children, 9% mentioned 4 or more children and 4% mentioned as the family can bear and as God’s will. The percentage of those who prefer 2 children or less increases from 52% among those who have less than intermediate education to 58% among those who have university or higher education. The percentage of those who prefer 4 or more children decrease from 14% among those who have less than intermediate education to 4% among those who have university or higher education.

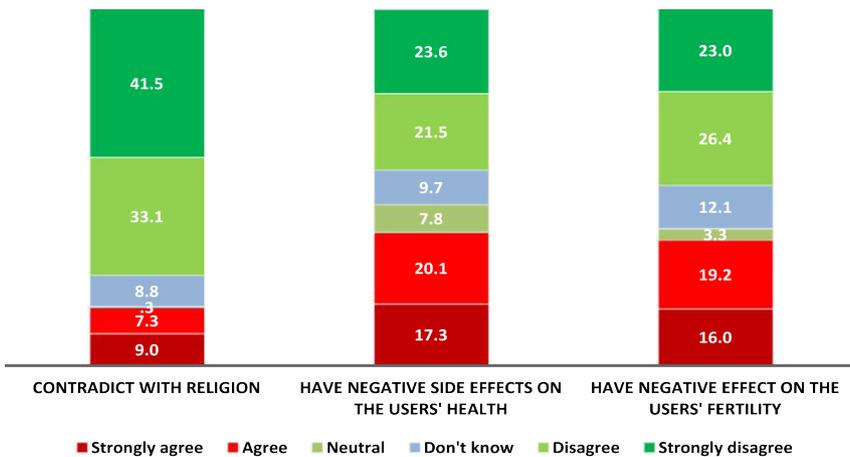
These results show some improvement if compared to the results of 2014 EDHS which shows that 40% mentioned 2 children or less, 29% mentioned 3 children, 27% mentioned 4 or more children and 4% mentioned non-numeric answer.

Women’s Perceptions about contraceptives were explored through a set of questions. The first question showed that only 16% of the women agree that using contraceptives contradicts with religion while 75% disagree with that and 9% said that they don’t know.



Around 37% of the women agree that contraceptives have side effects on the users' health while 45% disagree with that and 18% are neutral or couldn't decide about that statement. A similar trend was observed when asked about the contraceptives negative effects on the users' fertility as 35% agree that contraceptives have negative effect on fertility while 49% disagree and 15% were neutral or couldn't decide.

Figure (3): Women distribution by perceptions about contraceptives



Moreover, only 13% believe that women shouldn't use contraceptives before they have a boy while 84% refuse that. However, women have been divided evenly about the necessity of getting pregnant once the women got married and before starting using contraceptives as 46% agreed with that and 44% refused that.



Around 30% of the women were exposed to information related to family planning during the 6 months prior to the survey. Around half of them got this information from the television, 15% from a health unit, and 10% from internet.

III-4 Knowledge and attitudes towards FGM

Around 46% of the Egyptian women were exposed to information about the FGM during the year prior to the survey, two thirds of them got this information from the TV, 16% from their friends, 15% from their relatives, 6% from health care facilities, 3% from workshops and seminars, 2% from flyers, 1% from radio and less than 1% from posters. One third of the respondents discussed FGM with their relatives, friends or neighbors.

The survey reveals that 74% of women know that FGM may cause serious complications for the girl and may cause death. Of every ten women, two women think that religion imposes FGM, five think religion doesn't impose FGM and three said that they don't know.

Around 65% of the respondents think that FGM must be stopped, 18% believe that girls should be circumcised and 17% said that they don't know. One third of those who believe that girls should be circumcised believe that it is not a religion imposition or they don't know whether it is religion imposition or not.



The results reflect that women are not sure if men would like to marry uncircumcised girl as only 42% of Egyptian women think that men don't prefer to marry a circumcised girl, 21% think that men prefer that, and 37% said they don't know.

III-5 Policy implications and recommendations

Women's health and reproductive health are closely related to their economic participation, so improving women's health and reproductive health is a key factor in raising women's economic participation and productivity and hence Egypt economic development. This baseline survey provides data on the perceptions and values that govern women's general and reproductive health. Repeating this survey on regular basis and link its findings with the available information on women's economic participation will allow to analyze the impact of changing these values on the trend of women's economic participation and productivity.

As mentioned before, improving health status through better health services will have positive impact on women productivity. Most of the Egyptian women have high access to health services, but these health services lack quality. Improving the quality of health services should be the main objective of Egypt health policies and programs. Improving the quality should rely on 5 main pillars:



- Providing training for health care providers and qualifying them to provide high quality services,
- Increasing the salaries of health care providers who work in the public health care facilities to encourage them to continue in these facilities.
- Providing the public health facilities with the needed equipment and treatment to offer higher quality services,
- Tightening the control over the health facilities and developing a moral charter to deal with patients.
- Developing a communication strategy to communicate information about the new comprehensive health insurance system to prepare the population to deal with it and widen its impact.

Low fertility rates will accelerate the occurrence of demographic opportunity in Egypt. It is also associated with higher women employment and productivity. There is a clear improvement in the fertility preferences of the women. The tendency to have 2 children or less is higher than what was observed in 2014. However, the high fertility rate and the high unmet need suggests that more efforts should be done to increase the contraceptives prevalence rates (CPR). For years many of the awareness campaigns that aimed at raising the CPR focused on assuring that using contraceptives doesn't contradict with



religion. This survey reveals that now using contraceptives is controlled by perceptions regarding health aspects not religious aspects. A high percentage of women suspect the negative effect of using contraceptives on women's health and fertility. Avoiding the impact of these perceptions on reducing CPR requires the following:

- Raising women awareness of different contraception methods and the side effects of each of them and how to deal with these side effects,
- Increase the availability and the variety of contraception methods in Egypt,
- Training the health care providers and widening their knowledge about the new contraception methods.

There is a decline in exposure to the messages about different reproductive health issues including family planning and FGM. TV is still the main source of information for most of the Egyptian women. However, the impact of word of mouth from relatives and friends is also high. Getting messages from the health care providers is very limited. These results suggest the following:

- It is essential to reform the television role in raising the population awareness about reproductive health issues.
- Health care providers should be trained on the importance to deliver messages to the health care seekers and to be trained on how to do that.



- Utilizing technology in health care units is a must to deliver right messages to health care seekers. One of the methods that may be of a great impact is to use TV monitors in the health care units to broadcast videos that include information about different health and reproductive health issues and to develop a YouTube channel to broadcast these materials too.