

# Egypt



World Health Organization

Department of Making Pregnancy Safer



## COUNTRY PROFILE

### List of indicators

Proportion of births occurring in urban and rural areas	✗ Perinatal mortality rate by subregion
Continuum of care	✗ Perinatal mortality rate by wealth quintile
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✗ Access to the contents of care	✗ Anaemia in pregnancy
Skilled Birth Attendant at delivery	Low Birth Weight
✗ Utilization of services	✗ Low Birth Weight
✗ Utilization of services by subregion	Malaria in pregnancy
■ Utilization of services by subregion (map)	■ Use of ITN
✗ Utilization of services by wealth quintile	HIV in pregnancy
Place of delivery	■ HIV counselling for pregnant women in ANC visits
✗ Place of delivery	Fertility
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Reason for not giving births in health facilities	Teenage pregnancy
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✗ Utilization of services by subregion	✗ Teenage pregnancy by subregion
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✗ Utilization of services by wealth quintile	✗ Contraceptive use
Postnatal care visits and type of provider	✗ Contraceptive use by age
Perinatal mortality rate	✗ Contraceptive use by subregion
✗ Total perinatal mortality rate	

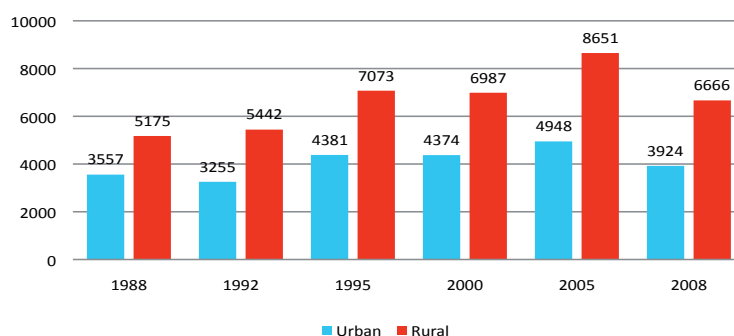
## ANALYSIS OF DEMOGRAPHIC AND HEALTH SURVEYS

For data from the Demographic and Health Surveys, years refer to the years surveys were conducted. Estimates are based on data referring to five years preceding the surveys.

Coverage of interventions (DHS Egypt, 1988 - 2008)

### Proportion of births occurring in urban and rural areas

(2008)

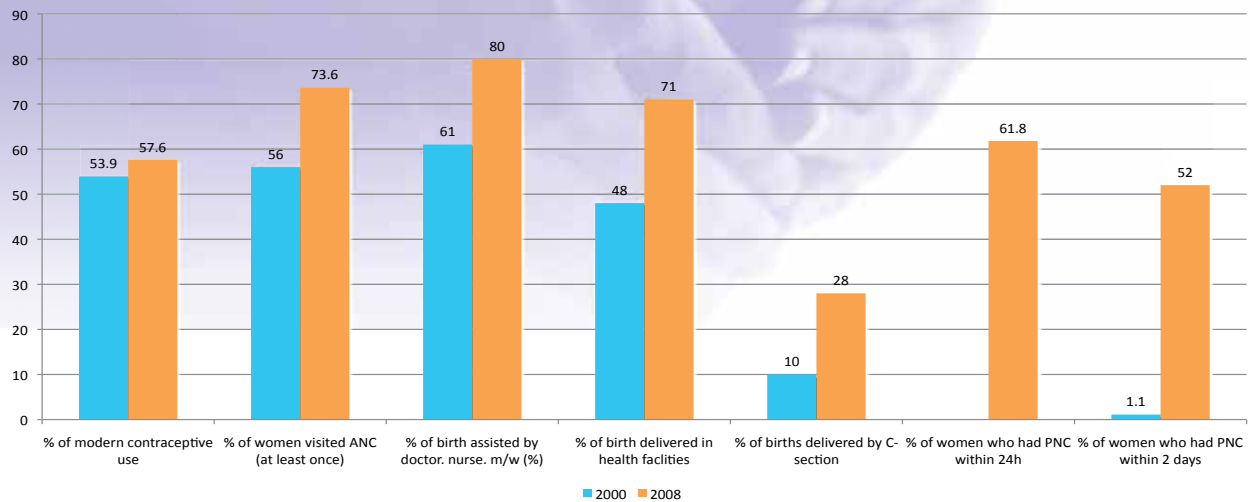


Among women interviewed in the survey in 2008, approximately 62% of births occurred in rural areas.

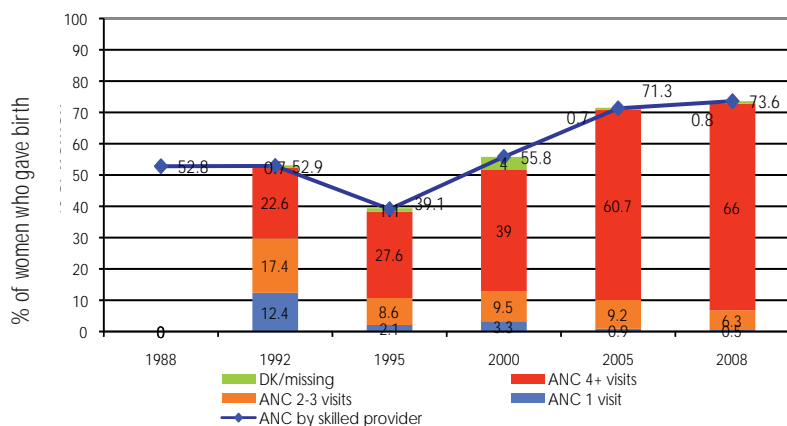
Estimated total number of births (in thousands) : 2029 (2009)

United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2008 Revision, New York, 2009 (advanced Excel tables).

## Continuum of care



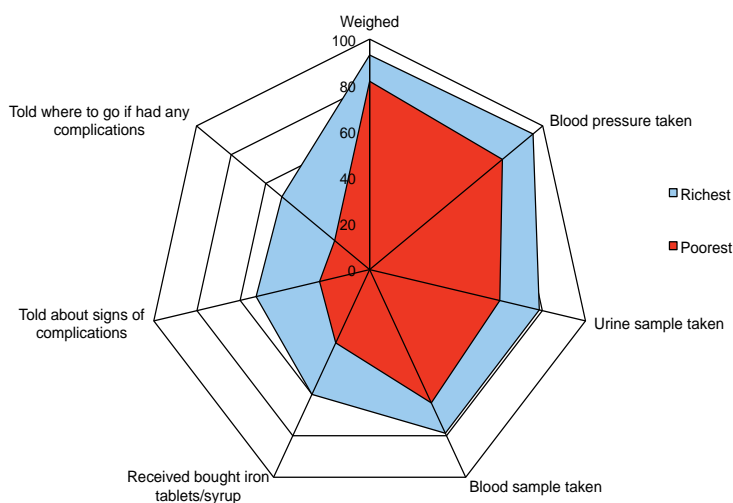
## Number of antenatal care (ANC) visits



The survey in 2008 showed that approximately 73% of women who gave at least a live birth received ANC, and the same proportion of women did so from a skilled provider.

NB: Gap to 100% refers to the proportion of women who did not receive ANC.

## Access to the contents of ANC

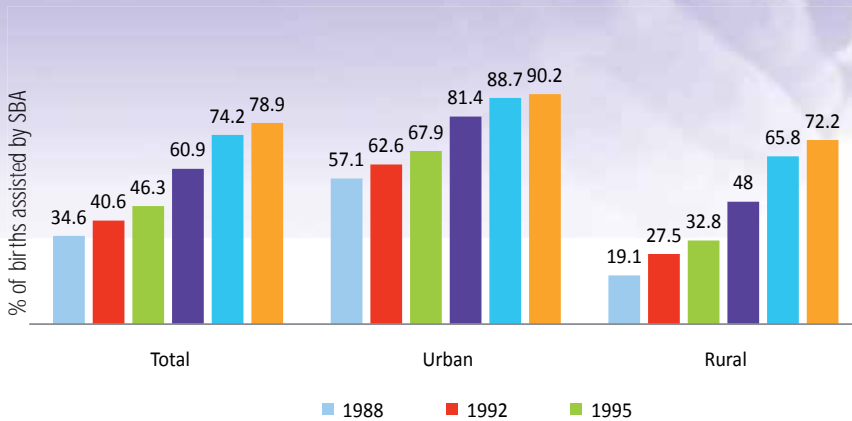


Contents of ANC can be an important indicator for accessing the quality of ANC services that pregnant women receive in order to be prepared for complications and any danger signs associated with pregnancy and childbirth.

Quality of ANC was likely to be related to mother's wealth quintile. According to the survey in 2008, among women who received ANC, less than one in four poorest women was informed about signs of complications as to one in two richest women. The minimal differences were observed in accessing to other services such as measuring blood pressure and taking urine and blood sample.

## ■ Skilled Birth Attendant (SBA) at delivery

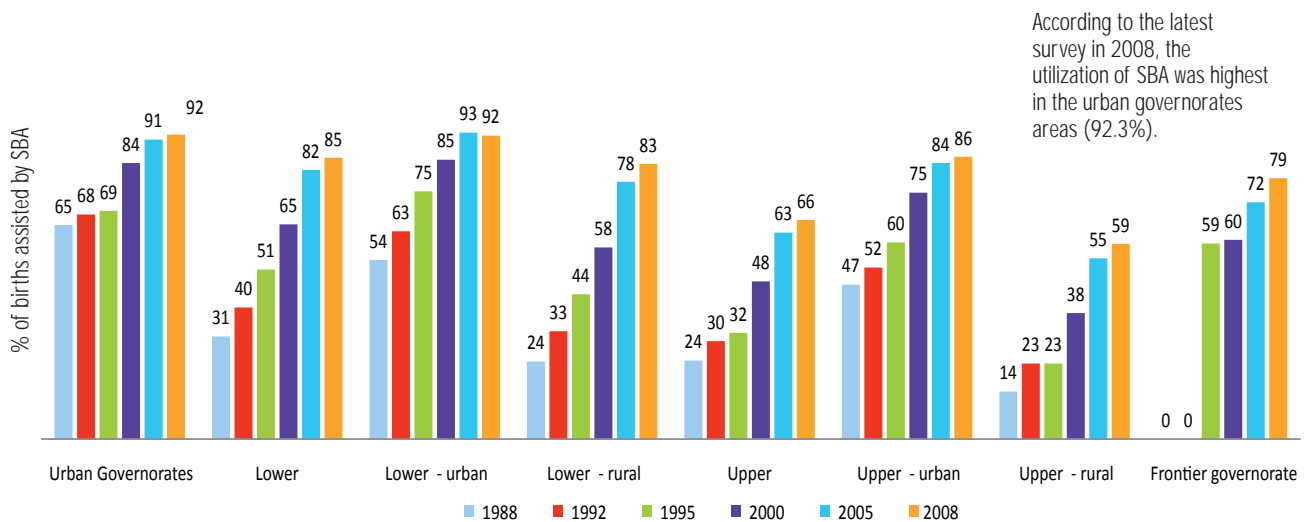
### Utilization of services



Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. One of the most critical interventions for safe motherhood is to ensure skilled care provided by skilled professionals during pregnancy and childbirth.

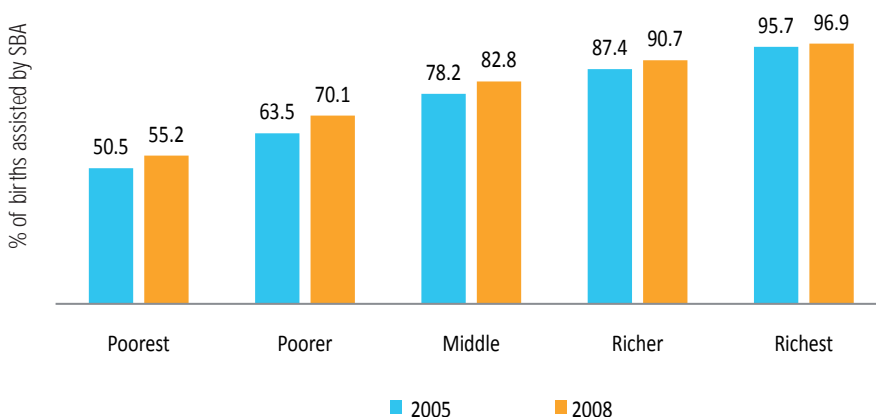
In Egypt, the latest survey in 2008 showed that approximately 79% of births were assisted by SBA, showing constant increase over the past few surveys.

### Utilization of services by subregion



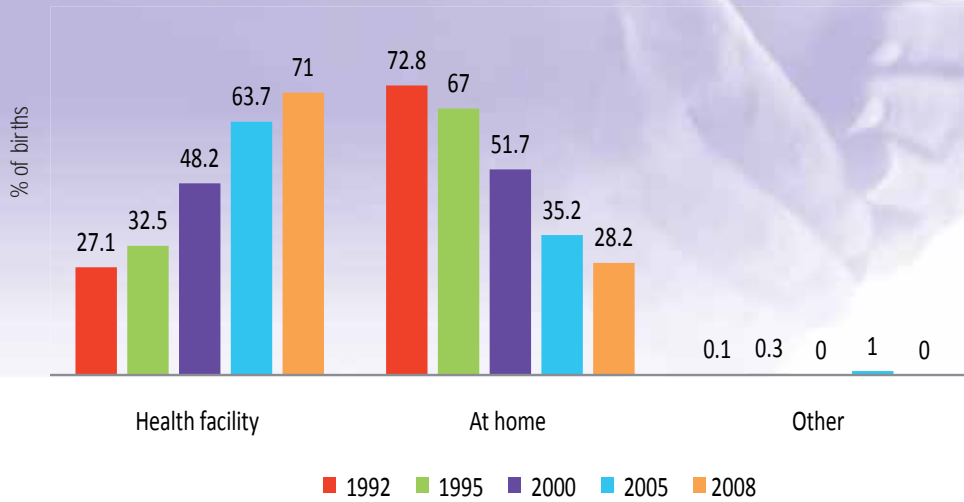
According to the latest survey in 2008, the utilization of SBA was highest in the urban governorates areas (92.3%).

### Utilization of services by wealth quintile



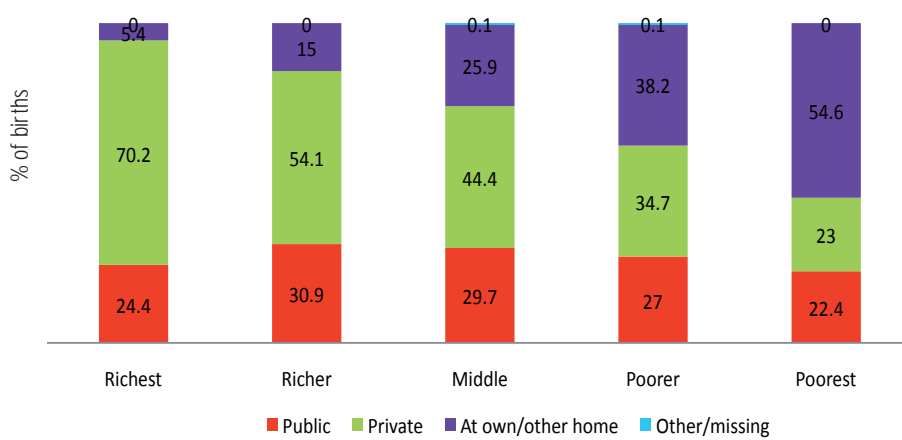
Women's wealth status is one of the determinants of receiving skilled care. In 2008, at national level, 79% of births received skilled assistance however births to women in the poorest quintile had approximately 1.7 times less access to skilled care compared to their richest counterparts. Coverage gap in accessing to skilled care by the poorest and the richest remained wide.

## ■ Place of delivery



The latest data in 2008 showed approximately 71% of births in the five years preceding the survey took place in health facilities.

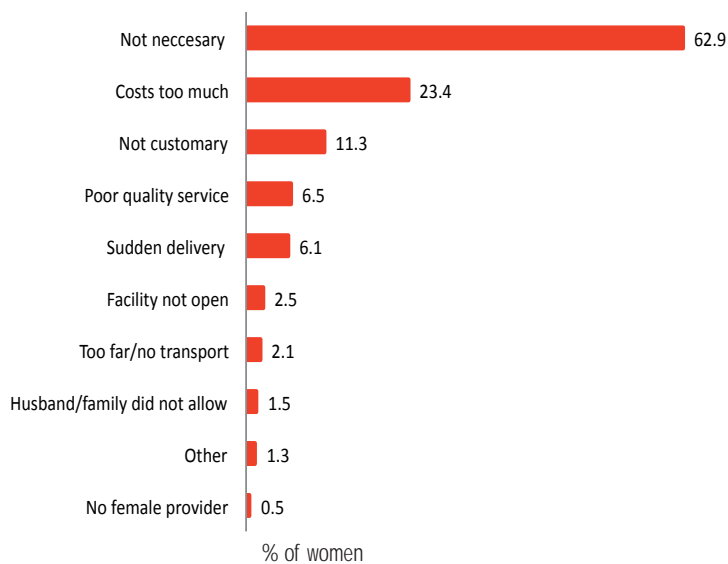
## ■ Delivery in health facilities by wealth quintile



According to the survey in 2008, use of public health facilities remained at the same level across all wealth quintile groups, while use of private health facilities increased with the women's socioeconomic status.

Women in the lowest wealth quintile were most likely to have had a home delivery; fewer than half of the births to women in the quintile took place in a health facility.

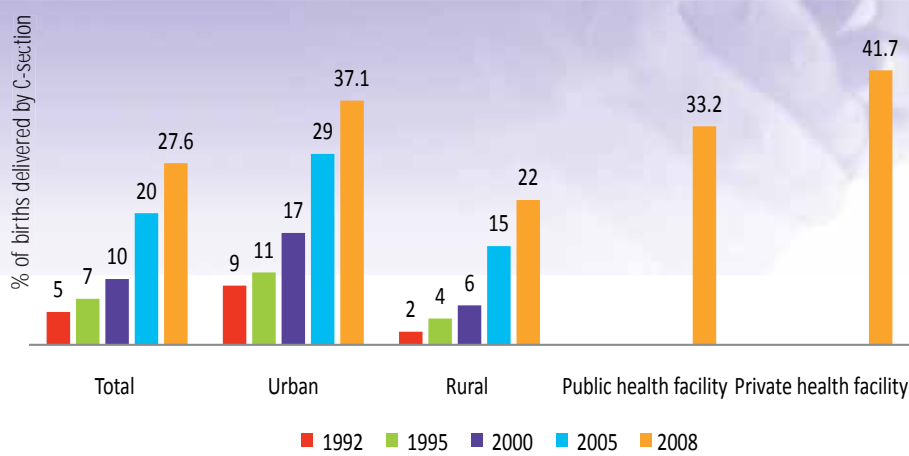
## ■ Reason for not giving births in health facilities



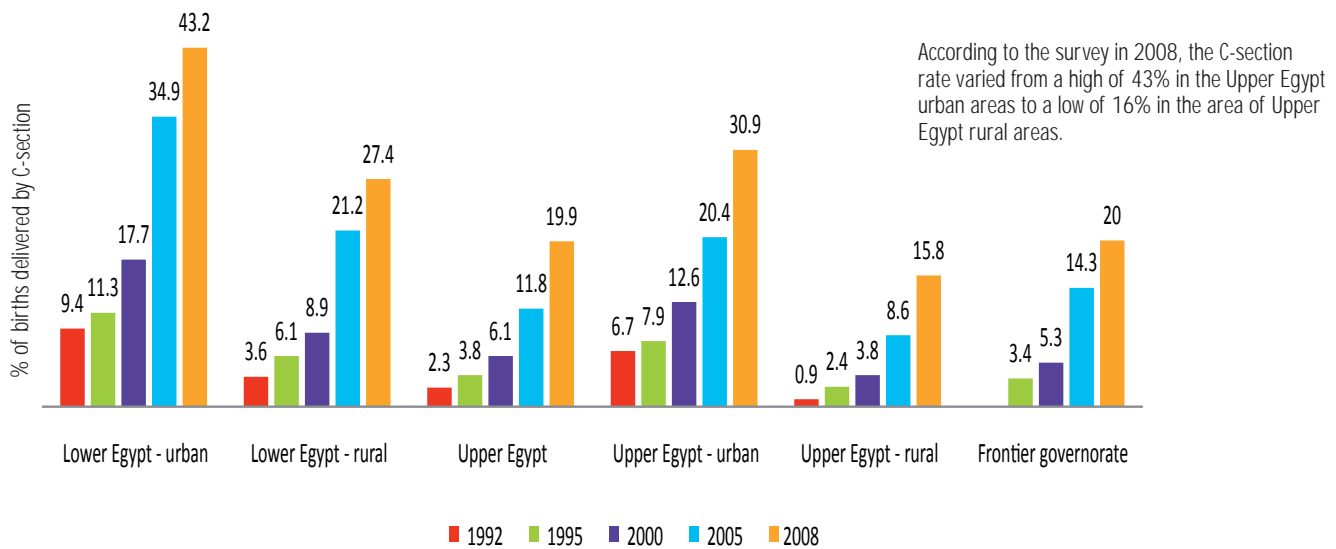
Women who did not deliver the last birth in a health facility were asked about the reason(s) for not going to a facility for the delivery. More than half of women thought it was not necessary to go to health facilities, and 23% cited cost as a problem for not giving births in health facility.

## ■ Caesarean section (C-section)

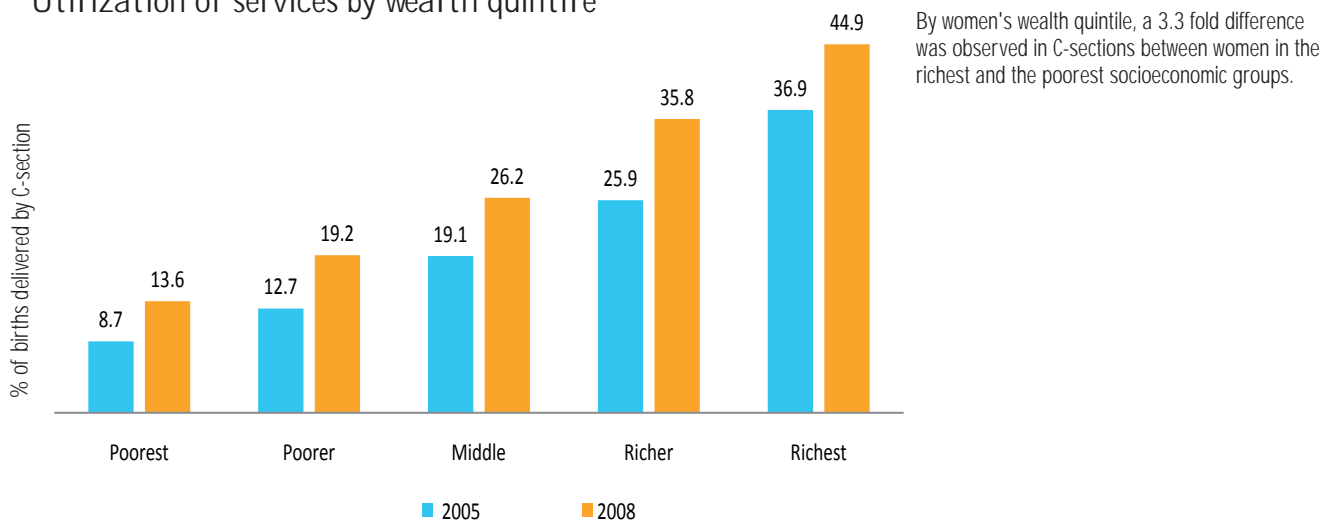
### Utilization of services



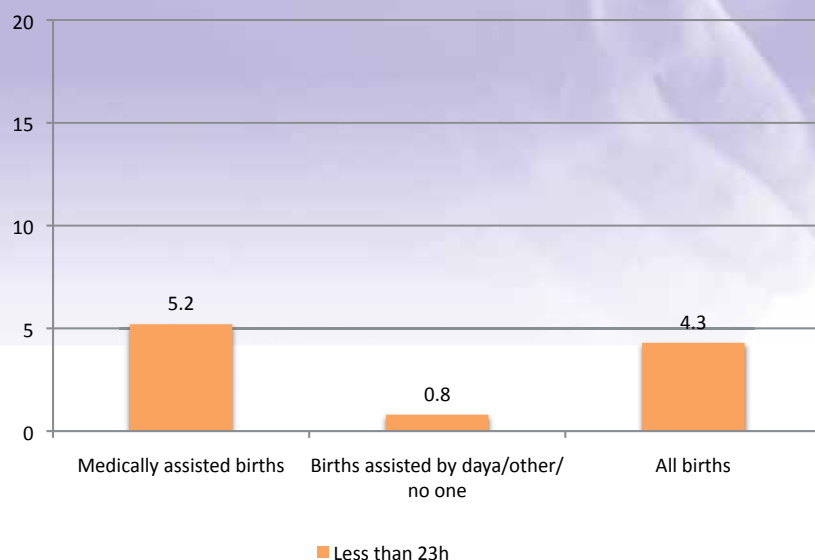
### Utilization of services by subregion



### Utilization of services by wealth quintile

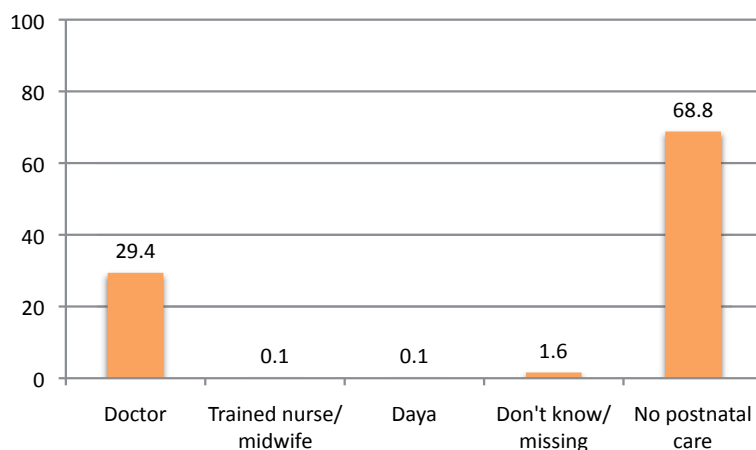


## ■ Postnatal care visits (newborn)



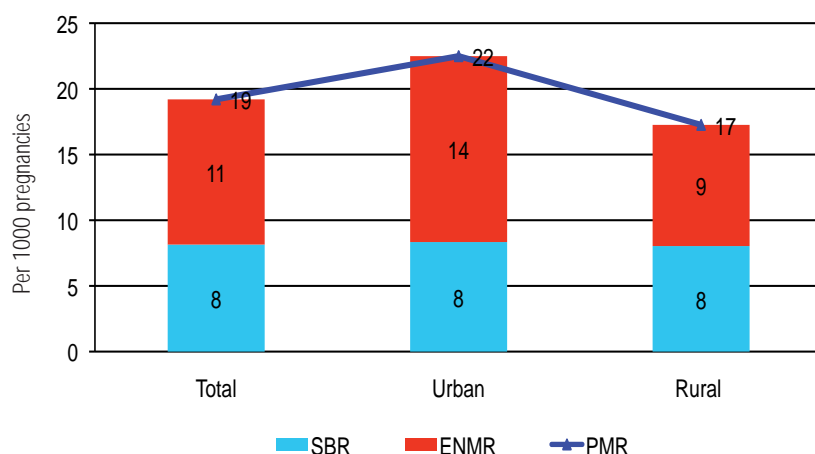
It is critical for the postnatal check up to take place soon after the delivery in order to screen for conditions that may threaten an infant's survival. According to the latest survey in 2008, 5.2% of newborn (medically assisted births) were seen for the first check up within 23h after the delivery, less than 1% of newborn (assisted by daya/other/no one) were seen for the postnatal check up.

## ■ Postnatal care visits by type of provider



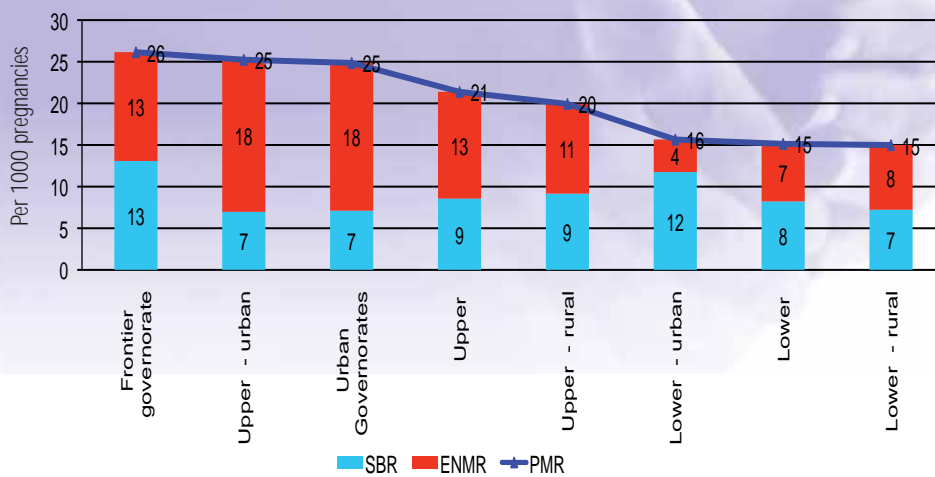
Approximately 32% of all births were seen for the postnatal check up. Of those infants, 29% were seen by doctor, 0.1% were by trained nurse/midwife or daya.

## ■ Perinatal mortality rate



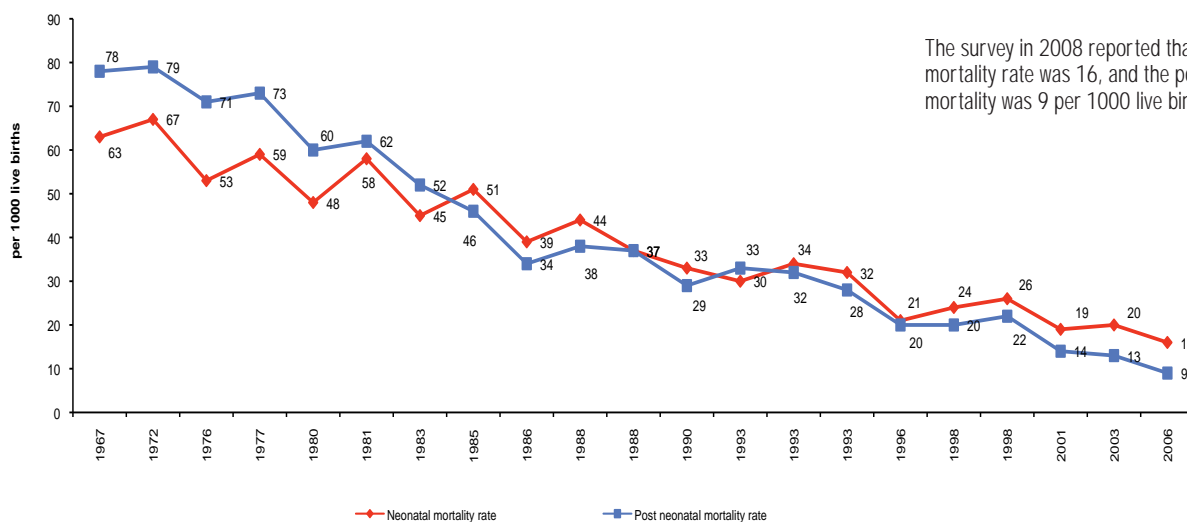
Perinatal mortality rate consists of stillbirth rate and early neonatal mortality rate. The survey in 2008 reported that perinatal mortality rate was 19 per 1000 pregnancies in total. Minimal differences were seen in the rate between urban and rural areas, however, a 1.2-fold difference was found in stillbirth rates between these areas.

## Perinatal mortality rate by subregion (2008)



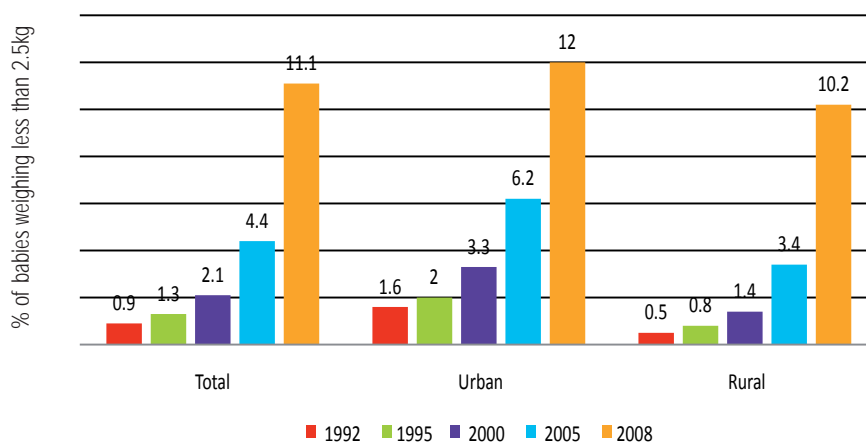
At subregional level, the PMR varied from 26 per 1000 pregnancies in frontier governorate to 15 per 1000 pregnancies in the lower Egypt rural areas.

## Neonatal (NN) and post-neonatal (PNN) mortality rate



The survey in 2008 reported that the neonatal mortality rate was 16, and the post neonatal mortality was 9 per 1000 live births.

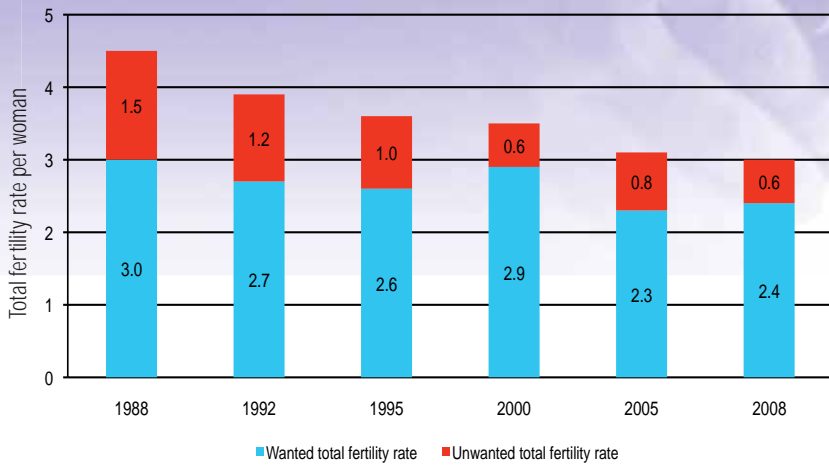
## Low Birth Weight



The survey in 2008 indicated that, of those who were weighed, 11% were reported to weigh less than 2.5 kg at birth.

## Fertility

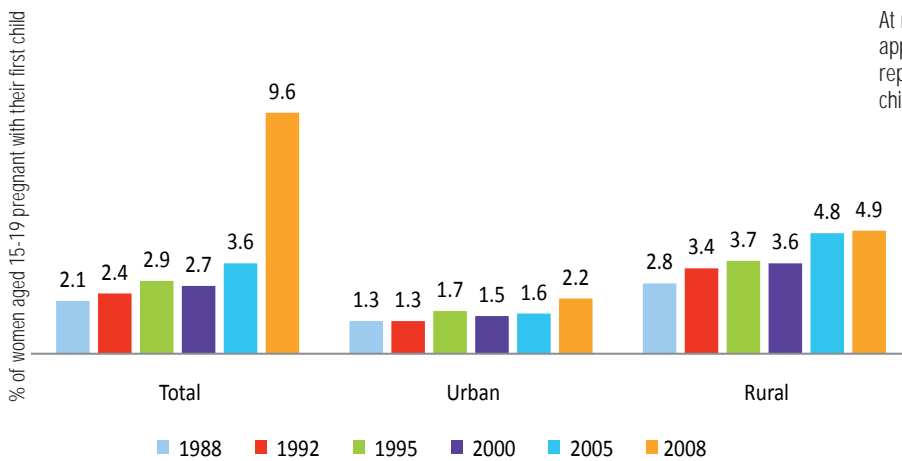
### Total fertility rate



Total fertility rate consists of wanted total fertility rate and unwanted total fertility rate. The average women in Egypt would have approximately 3 children by the end of her reproductive age. Of those, according to the survey in 2008, approximately 2 were reported to be wanted fertility.

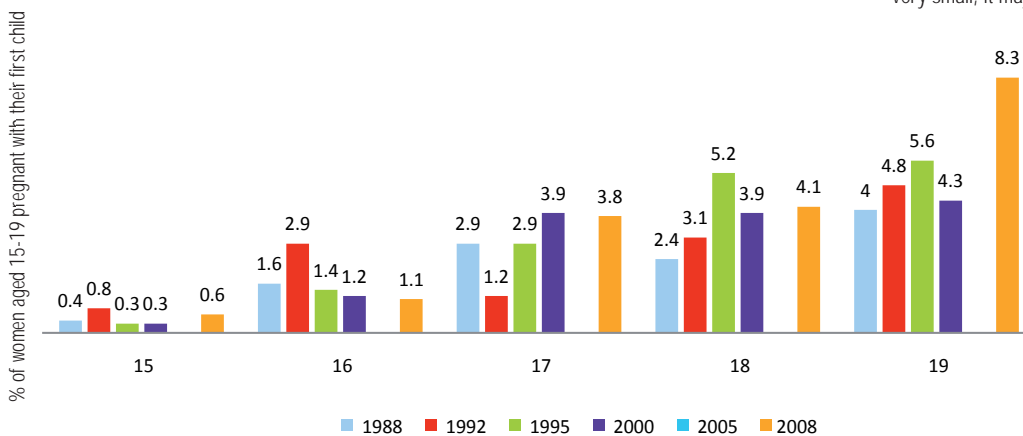
## Teenage pregnancy

### Teenage pregnancy



At national level, the latest survey indicated that approximately 10% of women aged 15–19 were reported to be currently pregnant with their first child.

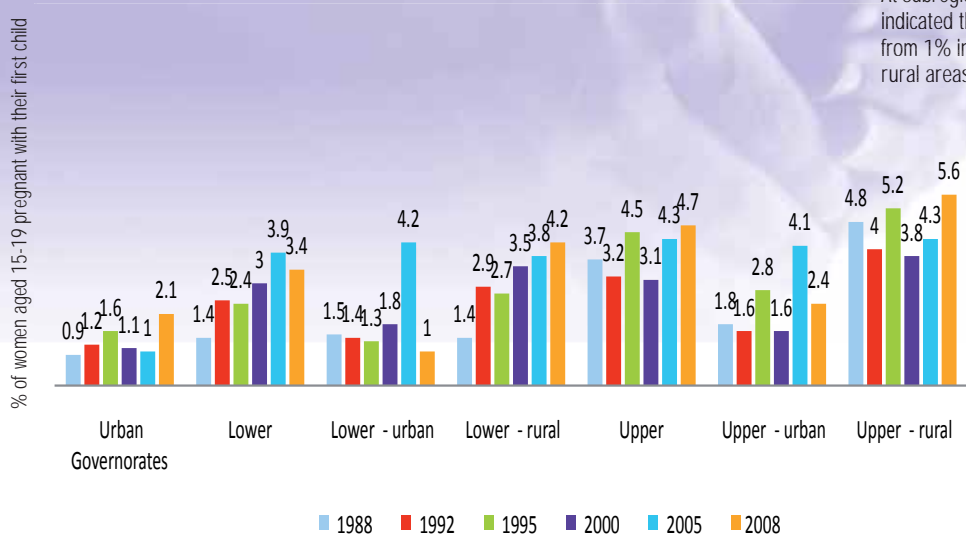
### Teenage pregnancy by age



Because the absolute number in each category are very small, it may be difficult to interpret trends.

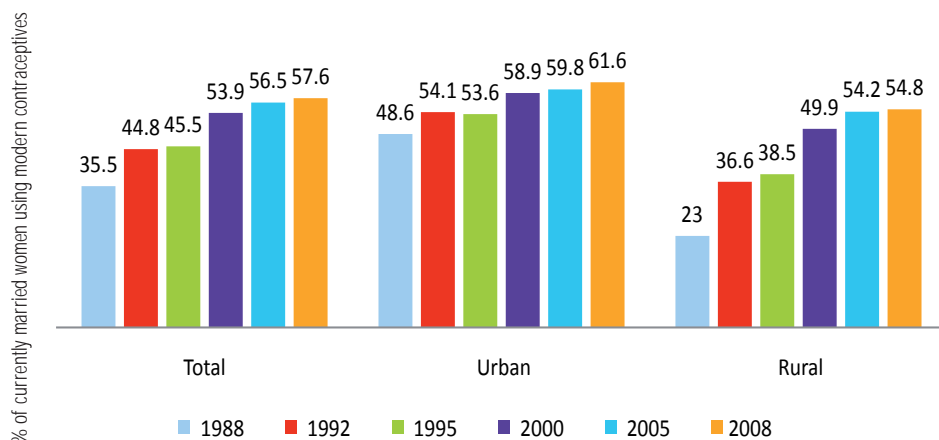


## Teenage pregnancy by subregion

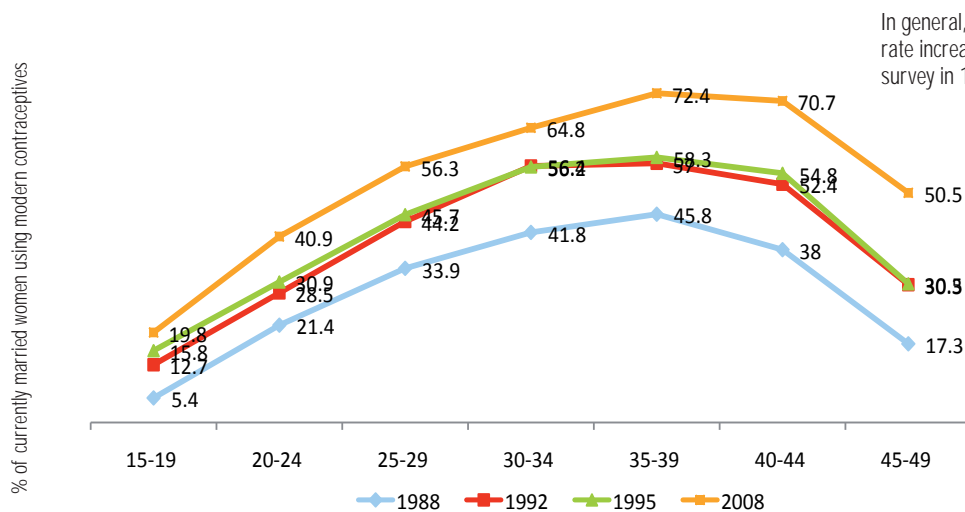


## Family planning

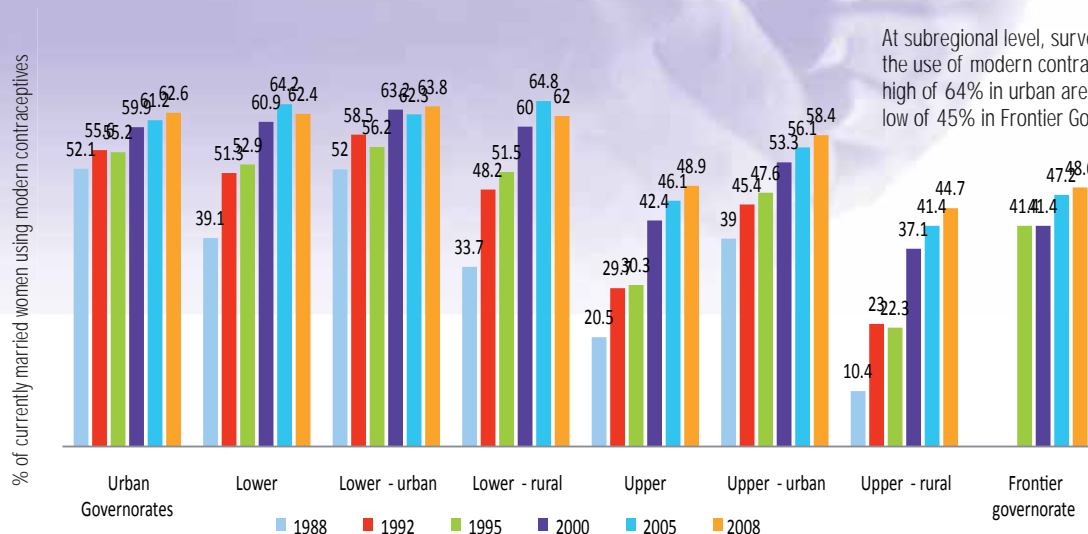
### Modern contraceptive use



### Modern contraceptive use by age



## Modern contraceptive use by subregion



## References

El-Zanaty, Fatma and Ann Way. 2009. Egypt Demographic and Health Survey 2008. Cairo, Egypt: Ministry of Health, El-Zanaty and Associates, and Macro International.

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