Overview

Identification

**ID NUMBER**
egy-npc-dhs-1992-93-v1

Version

**VERSION DESCRIPTION**
v1: Edited, anonymised dataset for public distribution.

This version refers to the dataset available from the MeasureDHS website referred to as DHS Egypt 1992.

DataFirst has included both years of data collection in their study title.

Overview

**ABSTRACT**
The 1992-1993 Egypt Demographic and Health Survey (EDHS) is the most recent in a series of surveys carried out in Egypt to provide information on fertility and child mortality levels, family planning awareness, approval and use and basic indicators of maternal and child health. The EDHS findings are important in monitoring trends in these variables and in understanding the factors which contribute to differentials in fertility and contraceptive use among various population subgroups. The EDHS also provides a wealth of health-related information for mothers and their children. These data are especially important for understanding the factors that influence the health and survival of infants and young children. In addition to providing insights into population and health issues in Egypt, the EDHS also hopefully will lead to an improved global understanding of population and health problems as it is one of more than 50 surveys implemented through the Demographic and Health Surveys program.

The primary objective of the EDHS is to provide data on fertility and mortality, family planning and maternal and child health. The survey obtained detailed information on these issues from a sample of ever-married women in the reproductive ages. In addition, a subsample of husbands was interviewed in an effort to obtain information on their fertility preferences and the role which they play in family planning decision making.

The EDHS information is intended to assist policymakers and administrators to evaluate existing programs and to design new strategies for improving family planning and health services in Egypt. A secondary objective is to enhance the capabilities of institutions in Egypt to collect process and analyze population and health data so as to facilitate the implementation of future surveys of this type.

**KIND OF DATA**
Sample survey data

**UNITS OF ANALYSIS**
- Household
  - Children under five years
  - Women age 15-49
  - Men

Scope

**NOTES**
The 1992-1993 Egypt Demographic and Health Survey covers the following topics:

- Anthropometry
- GPS/Georeferenced—Global Positioning System or Georeferenced Data
- Husband’s Survey
- Men’s Survey
- Reproductive Calendar
- Social Marketing

**Coverage**

**GEOGRAPHIC COVERAGE**

National

**Producers and Sponsors**

**PRIMARY INVESTIGATOR(S)**

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**OTHER PRODUCER(S)**

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**Metadata Production**

**METADATA PRODUCED BY**

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**DATE OF METADATA PRODUCTION**

2011-02-24

**DDI DOCUMENT VERSION**

Version 1

**DDI DOCUMENT ID**

ddi-egy-datafirst-dhs-1992-93-v1
Sampling

Sampling Procedure

Sample Design

The 1992-1993 Egypt Demographic and Health Survey covered over 11,000 households, which were scattered in 21 governorates. One of the key concerns in the design of the sample was the need to provide reliable estimates of fertility levels and contraceptive use for Egypt as a whole, and for urban and rural areas separately. Other domains for which reliable estimates were desired included the Urban Governorates, Upper Egypt, and Lower Egypt. In addition, estimates of key indicators for the women's sample were needed at governorate level. In order to allow for the governorate-level estimates, the number of households selected from each governorate is disproportionate to the size of the population in the governorate; thus, the EDHS sample is not self-weighting at the national level.

The 1992-1993 EDHS sample was selected in three stages. The sampling units at the first stage were shiakhas/towns in urban areas and villages in rural areas. The frame for the selection of these primary sampling units (PSUs) was based on 1986 census data, which were provided by the Central Agency for Public Mobilization and Statistics (CAPMAS). During the first stage selection, 377 PSUs were sampled (169 in urban areas and 208 in rural areas).

The second stage of selection involved several steps. First, maps were obtained for each shiakha and village that had been selected at the first stage and divided into a number of roughly equal-sized parts. One of the pans was then selected from each PSU. In both urban and rural PSUs, a quick-count operation was carried out in the field to provide the information which was used to divide the selected pan into a number of segments of roughly equal size. Two segments from urban areas and one segment from rural areas were then chosen as the secondary sampling units.

After the secondary sampling units (SSUs) were selected, a household listing was obtained for each SSU. Using the household listing, a systematic random sample of households was chosen for the EDHS. A subsample of one-third of the households in every segment was selected for the husband survey. All ever-married women 15-49 who were present in the household on the night before the interview were eligible for the survey. The husbands' sample covered men who were currently married to eligible women.

Sample Implementation

Two different field operations were conducted during the sample implementation phase of the 1992-1993 EDHS. A quick count for the PSUs selected in shiakhas/towns and villages was the first field operation. The objective of the quick count was to obtain an estimate of the number of households in the part to serve as the measure of size for the second stage selection.

Experience in the 1988-1989 EDHS, in which a quick-count operation was carried out in only the urban PSUs, indicated that there was frequently significant variation between the target and the actual number of households in rural areas. This variation was largely due to the imprecision in assigning measures of size in some rural PSUs, which involved measuring the residential area on a map, many of which were out of date. Therefore, it was decided to carry out a quick count in both urban and rural areas. Prior to the quick-count operation, maps were obtained for each shiakha or town selected for the urban sample and for villages included in the rural sample that had more than 20,000 populations. These maps were divided into approximately equal-sized parts, and one part was randomly selected for the quick-count operation. For villages with less than 20,000 populations, the quick count was carried out for the entire village. It should be noted that the quick count for a rural area covered both the main village and all associated hamlets.

The one-week training course held prior to the quick-count field operation included both classroom instruction and practical training in shiakhas and villages not covered in the survey. The quick-count operation, which covered all 377 PSUs, was carried out between mid-May and mid-July 1993. A group of 52 field staff participated in the quick-count operation. The staff was divided into 15 teams, each composed of one supervisor, one cartographer and one counter.

As a quality control measure, 10 percent of the parts were selected, and a second count obtained. If the difference between the first and second counts was within 2 percent, the first count was accepted; otherwise, another visit was made to the field to resolve the discrepancy between the two counts. There were only a few cases in which a third visit was required.

The second field operation during the sample implementation phase involved a complete listing of all of the households living in the 546 segments chosen during the second stage of the sample selection. Prior to the household listing, 38 listing staff attended a one week training course, which involved both classroom lectures and field practice. After the training, 11 listing teams were formed. Each team consisted of a supervisor and two listers.
The listing operation started on September 10th and was completed by mid-October. Segments were relisted when the number of household in the listing differed markedly from that expected based on the quick count figures.

Note: See detailed description of sample design in APPENDIX B of the report which is presented in this documentation.

Response Rate

A total of 11,304 households were selected; of these households, 10,760 were successfully interviewed. As noted, an eligible respondent for the women’s survey was defined as ever-married women between the age of 15 and 49 years present in the household on the night before the interview. A total of 9,978 eligible respondents were identified, and of these women, 9,864 (99 percent) were interviewed.

A total of 3,027 men were identified as eligible for the husbands’ survey, i.e., they were resident in a household selected for the husband subsample and married to a woman between the ages of 15 and 49. Of the eligible men, 2,466 were successfully interviewed (82 percent).

Note: See summarized response rates by place of residence in Table 1.2 of the report which is presented in this documentation.
Questionnaires

Overview

The questionnaire for each DHS can be found as an appendix in the final report for each study.

The 1992-1993 EDHS involved three types of questionnaires: a household questionnaire, an individual questionnaire for women, and an individual questionnaire for husbands. These questionnaires were based on the model survey instruments developed for the international Demographic and Health Surveys program. In particular, the household and women’s questionnaires were built on the DHS model "A" questionnaire for high contraceptive prevalence countries. Additional questions on a number of topics not covered in the DHS model questionnaire were included in both the household and individual questionnaires.

The questionnaires were pretested in May 1992, following a two-week training course for supervisors and interviewers. Two supervisors, two field editors and ten interviewers participated in the pretest. Interviewer comments and tabulations of the pretest results were reviewed during the process of modifying the questionnaires.

The household questionnaire obtained a listing of all usual household members and visitors and identified those present in the household during the night before the interviewer’s visit. For each of the individuals included in the listing, information was collected on the relationship to the household head, age, sex, marital status, educational level, occupation and work status. Finally, the household questionnaire also included questions on characteristics of the physical and social environment of the household (e.g., availability of electricity, source of drinking water, household possessions, etc.), which are assumed to be related to the health and socioeconomic status of the household.

The individual questionnaire for women was administered to all ever-married women age 15-49. It obtained information on the following topics:
- Background characteristics
- Reproduction
- Knowledge and use of family planning
- Other issues relating to contraception
- Fertility preferences
- Maternal care and breastfeeding
- Immunization and health
- Marriage
- Husband’s background, residence and women’s work

The women’s questionnaire included a monthly calendar, which was used to record fertility, contraceptive use, marriage, spousal absence, migration, and employment histories for a nearly six-year period beginning in January 1987. In addition, the interviewing teams measured the height and weight of all children who were born since January 1987 and of their mothers.
Data Collection

Data Collection Dates

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Data Collection Mode

Face-to-face

Data Collection Notes

Staff Recruitment

Candidates for the positions of interviewer and field editor were identified in two ways. First, advertisements in newspapers attracted a number of applicants. Second, the Ministry of Social Affairs (MOSA) nominated a number of its female personnel, who were working to fulfill the mandatory one year period of governmental service for university graduates. All candidates for the field staff positions were interviewed, and only those who were qualified were accepted in the training program.

All candidates for the interviewer and field editor positions were recent university graduates. Another basic qualification was a willingness to work in any of the governorates covered in the survey. With few exceptions, interviewers who had previous experience in surveys were not accepted in the training program. This decision was taken to reduce any bias that might result from their previous experience and to ensure that all trainees had a similar background. However, previous survey experience was a basic qualification for the candidates for the positions of supervisor and assistant supervisor.

Training Materials

A variety of materials were developed for use in training personnel involved in the fieldwork. A lengthy interviewer's manual giving general guidelines to follow in conducting an interview, as well as specific instructions for asking particular questions in the questionnaire, was prepared and given to all field staff. In addition, a chart to convert months from the Islamic calendar to the Gregorian calendar was designed for the 74 months before the EDHS and distributed to all field workers.

Other training materials included special manuals describing the duties of the team supervisors and the rules for field editing. Instructions regarding the anthropometric data collection were included in a manual that was made available to the interviewers who were trained as measurers and team supervisors.

Supervisor and Interviewer Training

Interviewer training for the 1992-1993 EDHS data collection began in the first week of October 1992. Seventeen supervisors, 14 assistant supervisors, plus 97 interviewers participated in the training program. A special training program for supervisors and assistant supervisors was conducted during a three-day period prior to the main fieldwork training. This training focused specifically on the supervisor’s duties, but also covered the questionnaire in order to give supervisors a head start prior to the main training program.

The training program, which was held in Cairo for four weeks, included:
- general lectures related to family planning and public health;
- specific sessions with visual aids on how to fill out the questionnaire;
- opportunities for role playing and mock interviews;
- four days of field practice in areas not covered in the survey; and
- five quizzes.

Trainees who failed to show interest in the survey, did not attend the training program on a regular basis, or failed the first three tests were disqualified immediately. The training was originally planned for three weeks, but because of disruptions due to the October 12 earthquake, the training program was extended for an additional week.

At the beginning of the third week of the training, a preliminary list was compiled of the 20 trainees who had performed best during both the classroom and field exercises. Those trainees were further examined in order to select 12 field editors. A special training session was held for the field editors following their selection.

About 45 trainees plus all assistant supervisors were selected to anthropometric training. This training included both
classroom lectures and practice measurement in a nursery school. At the end of the program, the 36 best trainees were selected to serve as measurers during the EDHS fieldwork. At the end of the training course, 63 of the 97 candidates originally recruited for the interviewer training were selected to work as field editors, interviewers and measure– in the EDHS fieldwork.

Fieldwork: Fieldwork for the survey including initial interviews, callbacks, and re-interviews began on November 7, 1992 and was completed on February 8, 1993. A total of 91 staff, including one fieldwork coordinator, one assistant fieldwork coordinator, 13 supervisors, 13 assistant supervisors, 12 field editors and 51 interviewers were responsible for the data collection. All supervisors and assistant supervisors were male, while field editors and interviewers were female. The field staff was divided into 12 teams; each team had a supervisor, assistant supervisor, a field editor and four or five interviewers. Usually two of the interviewers in the team and the field editor plus the assistant supervisor were specially trained to collect the height and weight measurements. During the fieldwork, each team worked in two governorates, except Cairo and Ismailia.

At the beginning of the fieldwork, visits were made to all of the areas in which earthquake damage had occurred in order to check and, if necessary, update the original household listings. Listings were checked in Cairo, Giza, Kalyubia, Fayoum, Menya, Beni Suef and Ismailia. Only a few segments had experienced significant damage, and, even in those segments, 70 percent or more of the households listed initially were found at their original addresses. Thus, the earthquake did not adversely affect the EDHS sample.

After the initial fieldwork was completed, random sample of up to 10 percent of the interviews were re-interviewed as a quality control measure. In the re-interview, a shorter version of the questionnaires was used. Household and individual questionnaires which were incomplete or had errors that could not be corrected in the office were also assigned for callbacks. Special teams were organized to handle callbacks and re-interviews. During the re-interview and callback phase of the survey, interviewers were not allowed to work in the governorates in which they had participated in the initial fieldwork.

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spousal absence, migration, and employment histories for a nearly six-year period beginning in January 1987. In addition, the interviewing teams measured the height and weight of all children who were born since January 1987 and of their mothers.
Data Processing

Data Editing

Office Editing

The central office of the EDHS was responsible for collecting questionnaires from supervisors as soon as a cluster was completed. Questionnaires were coded and reviewed for consistency and completeness by office editors. To provide feedback for the field teams, the office editors were asked to write a summary report of problems for each PSU. The report was then reviewed by one of the two senior staff assigned to supervise the work of the office editors. When there were serious errors found in one or more questionnaires from a cluster, the team supervisor was contacted in order to ensure that the problem would not occur in other clusters in which the team was working.

Machine Entry and Editing

The data were entered and edited on microcomputers using the Integrated System for Survey Analysis (ISSA), a package program specially developed to process DHS data. ISSA allows range, skip and most consistency errors to be detected and corrected at the entry stage, substantially reducing the time required for the processing of data. The machine entry and editing phase began while interviewing teams were still in the field. The data entry personnel used eight IBM-compatible microcomputers to process the EDHS questionnaires. During the machine entry 20 percent of each segment was reentered for verification. One of the computers was assigned for this process. Working six days per week in two shifts, the data entry personnel completed the machine entry and editing of the data in three months.
Data Appraisal

Estimates of Sampling Error

The results from sample surveys are affected by two types of errors, non-sampling error and sampling error. Non-sampling error is due to mistakes made in carrying out field activities, such as failure to locate and interview the correct household, errors in the way the questions are asked, misunderstanding on the part of either the interviewer or the respondent, data entry errors, etc. Although efforts were made during the design and implementation of the EDHS to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be measured statistically. The sample of women selected in the EDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each one would have yielded results that differed somewhat from the actual sample selected. The sampling error is a measure of the variability between all possible samples; although it is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of standard error of a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which, apart from non-sampling errors, the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that same statistic as measured in 95 percent of all possible samples with the same design (and expected size) will fall within a range of plus or minus two times the standard error of that statistic.

If the sample of women had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the EDHS sample design depended on stratification, stages and clusters. Consequently, it was necessary to utilize more complex formulas. The computer package CLUSTERS, developed for the World Fertility Survey program by the International Statistical Institute, was used to assist in computing the sampling errors with the proper statistical methodology.

Note: See detailed estimate of sampling error calculation in APPENDIX C of the report which is presented in this documentation.

Other forms of Data Appraisal

Data Quality Tables
- Household age distribution
- Age distribution of eligible and interviewed women
- Completeness of reporting
- Births by calendar year since birth
- Reporting of age at death in days
- Reporting of age at death in months

Note: See detailed tables in APPENDIX D of the report which is presented in this documentation.
File Description
Variable List
Documentation

Reports

Egypt Demographic and Health Survey 1992

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<td>This report summarizes basic information on fertility levels, childbearing intentions, and contraceptive knowledge and use in Egypt. It also looks at key maternal and child health indicators including the extent to which mothers receive trained medical care during pregnancy and at the time of delivery and, for young children, the extent of immunization coverage and the prevalence and treatment of diarrheal disease. Survey questionnaires are in Appendix E.</td>
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Egypt Demographic and Health Survey 1992 Summary Report

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Other materials

DHS-II Recode Manual

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<td>The Recode Manual provides the information necessary to understand these datasets. It describes each data file and contains its associated dictionary and documentation. Each data file and its associated dictionary and documentation are distributed in archived ZIP files, for all available formats (hierarchical and flat). ASCII data and System data files are available for CSPro, SAS, SPSS, and STATA. Users are strongly encouraged to download the DHS recode manual for use with all recode files.</td>
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