# EGYPT HEALTH PROGRAM INTERVIEW FINDINGS

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### Some Notes to Start

### Coding Process

1. The adolescent interviews, FGDs and SP interviews were coded so that each respondent had an equal weight.

* For example, if respondent 1 mentions that she uses pills twice, it will only be coded once. However, if she says she uses pills and Egyptians in general use IUDs then they will be coded separately.
  + This prevents one ranting individual from making an issue seem disproportionately bad or good
* Given this process, some seemingly relevant lines will not be coded because they were done so previously for the respondent.
* When a respondent number wasn’t assigned in the transcripts I had to guess based on the conversation flow if it was a new comment or a repeat of what someone said earlier.
* When the transcript notes that there was a consensus (or that many respondents responded the same way) it was coded as the views of 3 individuals since the exact number of respondents who shared the idea is unknown.

### Data Notes

1. Different respondent groups provided us with different types of information because interview questions and focus differed by life stage and sex.

* Adolescents reported very little contact with RH/FP services so the information we have from them is focused more on where they get their information, what they already know, and their beliefs. They were also asked about general health behaviors.
  + Adolescents were also asked questions on puberty and early marriage, something that was not covered in the adult interviews.
* Womenhad a lot to say about general medical services, family planning and delivery services.
  + We did not get much information on postnatal (PN) care except for a few cases of badly handled postnatal complications. It is unclear whether this is because women don’t get PN check-ups or because it was not probed enough. It is likely the latter based on women’s extensive use of other health services.
* Men spoke a lot about general medical services (perhaps almost half of material is on this), but also had a lot to say about family planning and delivery services.
  + They provided very little information on pregnancy and postnatal services

### Overarching Trends

**1. In general, private care is perceived to be better than public care, mainly because public care does not meet the**

* This is true for all ethnicities and encompasses all forms of care (general health, pregnancy/delivery, FP)
* This leaves respondents with a tradeoff between the quality and cost of services
* Note: Given the nature of the interview structure it isn’t possible to tell whether public or private services were used every time service access was mentioned. However, when private/public services were explicitly mentioned, private services tended to be associated with positive qualities while public services were associated with negative qualities

2. There are some common service issues, which are highlighted across all forms of services including, but not limited to:

* Costs: Many respondents felt that services were very expensive. Cost was described as a significant barrier to using private services. Even when respondents used cheaper public services, they faced other expenses including bribes (or “tips”), medications, basic equipment rental, and other associated fees.
* Delays in service provision: Delays in service provision constituted one of the more common service issues highlighted by respondents. This including long wait times, closures, unavailability of doctors and having to visit multiple service providers to be treated.
* Ethnic-based discrimination: Discrimination based on ethnicity was reported primarily by Sudanese but Syrians experienced it as well. This included racist comments, general rudeness from staff, and having Egyptians given priority over them in line.
* Professionalism of nurses: Nurses get a lot of negative feedback directed their way from respondents. They are seen as (i) rude, uncaring, and sometimes racist, (ii) exacerbating wait times through inefficiency and (iii) caring more about soliciting bribes than doing their jobs properly.
* Unsanitary conditions: Unsanitary conditions were reported by respondents accessing general health services and delivery services.

3. The overall perception of services in Cairo comes across as quite negative but this is in large part because interviewers probed for negative experiences, and people have a habit of remembering/ voicing opinions on negative experiences.

* There are stories of good care, but focusing on the areas where there is room for improvement will help improve services.

# ADOLESCENT INTERVIEWS

### GENERAL NOTES

1. No Egyptian adolescents were interviewed. So while there is information on the behaviors, preferences, and knowledge of refugees, we cannot determine if there may be stark differences between them and native-born Egyptians.

2. Based on the service provider interviews, the sample of adolescents interviewed may not be representative of the population in the catchment area or the sub-populations who would be most likely to use SC affiliated services.

* In our sample, adolescents had little exposure to FP/RH services. In general, they did not indicate that they were sexually active (it is unclear if they aren’t sexually active or if they just didn’t bring it up since they weren’t specifically asked about it).
* Contrary to this, service providers seem to encounter a lot of adolescent patients using their RH, FP & pregnancy services.
* As a result, the adolescent perceptions of RH/FP services included in our results may be more reflective of adolescents who are not sexually active than the wider adolescent population.

3. Given that there were only 20 adolescent interviews conducted, we often cannot break down findings by ethnicity. Where it was possible to discern trends by ethnicity, it had been noted.

4. Transcription of interviews made it impossible to tell *how* a response was made. There were times where the respondent’s intention was unclear i.e. if the respondent was non-responsive because of embarrassment or lack of knowledge. This is a very important distinction when it comes to RH and FP.

5. Note that interviewee 16 (Eritrean girl) actually grew up in Sudan. As such she may reflect Sudanese trends more than Eritrean ones. Given that most of the adolescent analysis is not detailed enough to break down findings by ethnicity, this should not present too big of a problem.

### GENERAL HEALTH

#### General Health: Overview

1. Almost all adolescent respondents across ethnicities have been sick or injured and sought care (or had a relative who was sick or injured and needed care). This suggests that regardless of the many complaints lodged throughout the interviews, the barriers to accessing services are not “hard barriers” (herein used to refer to as barriers which stop an individual from accessing a service altogether).

2. The majority of adolescents who sought care went to a doctor, specialist or other official health services. If refugee adolescents have good exposure to the health system this could present an opportunity to provide them with information on FP/RH services alongside other services.

3. Only two interviewees explicitly mentioned their doctor’s ethnicity. Both Syrian girls saw a Syrian doctor. It is unclear whether this is trend reflective of the wider health-seeking preferences of Syrians or just a coincidence.

4. Most adolescents know a local service provider, especially Sudanese and Syrian adolescents. While this does not imply that the local provider offers the services needed by the respondent or his/her family, it does indicate that local health services may be a possible point of contact with adolescents for outreach activities.

5. Cost was the most commonly cited complaint about general health services. It was considered a hard barrier in some cases, especially with regards to accessing private services.

6. Adolescents have a more favorable view of private services (except for the cost) than public services. This is consistent with the views expressed in the adult FGDs.

#### General Health: Needs

1. Adolescents do not seem to have a consistent idea of what the general needs of adolescents are.

* Eritrean girls think psychological needs are important
* Other adolescents have different ideas, but nothing consistent across respondents

“F: Do young people like you need to see doctors? Do they manage to access them?

R: Yes. They need psychiatrists because it is a critical age” – Eritrean girl, Interview 15

“F: Do young people like you need to see doctors? Do they manage to access them?

R: They need psychiatrists. Only half of them can manage to see doctors” – Eritrean girl, Interview 14

#### General Health: Behaviors

1. Almost all adolescent respondents (across ethnicities) have been sick or injured and sought care or had a relative who was sick or injured and needed care. This suggests that regardless of the many complaints lodged throughout the interviews, the barriers to accessing services are not hard barriers.

* However, this just means that respondents were able to get some form of care
* It may not have been their preferred method, or up to their desired standards
* Some adolescents had good experiences and others had negative experiences
* *Note: no good summary quotes*

2. The majority of adolescents who sought care went to a doctor, specialist or other official health service. This means that refugee adolescents are exposed to the health system and could present an opportunity to provide them with information on FP/RH services.

* This was consistent across ethnicities and sex

“I went to a doctor in Tabarak Street. The clinic was inside Tabarak center. Later I went to the Islamic center.” – Sudanese boy, Interview 10

“One day when I was living in the First District, my arm got broken and I went to Dr. Soad Kafafy Hospital.” – Syrian boy, Interview 4

“Yes, my knee was aching and I visited a doctor here in this center. I had some X-rays. Also, I had a cough and the doctor prescribed syrup to me.” – Eritrean girl, Interview 17

3. There were no discernable trends in the specific clinic visited by adolescents. Overall, they mentioned visiting 9 different service providers.

* Some adolescents did not refer to the clinic/hospital visited by name so they may visit an even wider range of services.

4. Girls were generally accompanied by someone when they accessed general health services, most frequently a parent.

* There were not enough responses from boys to discern a trend.

“One day I was walking in street and was hit by an engine and my finger got broken. I went to my mother and she came with me to the doctor.” – Eritrean girl, Interview 16

“I have a colon and chronic anemia; always go for check-ups. I visit Dr. Ahmed Alharh. His clinic in Zamzam Mall. He is Syrian. My parents and my fiancé went with me.” – Syrian girl, Interview 1

5. Most boys said they would go to a clinic or go straight to a pharmacy if they were sick in the future.

* The exception is Eritrean boys, who did not indicate they would go to a pharmacy if they were sick.
* Boys noted that if they were *very* sick in the future they were much more likely to go to the hospital or see a doctor than visit a pharmacy.

“F: What will you do if you get sick again, God forbid?

R: I may go to the clinics unit near my house, a pharmacy or 6 of October hospital.” – Sudanese boy, Interview 6

“If it is a serious problem I will go to immediately to a hospital and if it is just flue or something light I will go to any pharmacy and get some medicines.” – Sudanese boy, Interview 7

6. Most girls said they would consult a parent and/or visit a doctor if they were sick in the future.

* However, they said in general, If they were *very* sick they would just go see a health professional (but only 2 girls answered this line of questioning).

“When I have cold or something similar my mum goes to buy medicine for me” – Sudanese girl, Interview 8

“F: May God forbid, if you have the same health problem what would you do?...

R: I would tell my mum, book an appointment for us to go together to any doctor because doctors don’t come over to their patient’s home. In Syria doctors do so.” – Syrian girl, Interview 3

7. Only two interviewees explicitly mentioned their doctor’s ethnicity. Both Syrian girls saw a Syrian doctor.

* It is likely that most general services accessed (especially public services) have Egyptians or naturalized foreigners as staff
* It is unclear whether this is trend reflective of the wider health-seeking preferences of Syrians or just a coincidence.

“Of course. I have a colon and chronic anemia; always go for check-ups. I visit Dr. Ahmed Alharh. His clinic in Zamzam Mall. He is Syrian.” –Syrian girl, Interview 1

“Here we just telephone the doctor to book an appointment. There is a Syrian physician in Zamzam Mall. He is from Aleppo. We like to go to him. There is another Syrian physician in the Second District in 6th of October too. We got to know him through a friend. He is Ear, Nose and Throat Doctor; we also know another Syrian dentist at 6th of October University. When we met him, he was still a student but now he graduated and opened a clinic. We also heard of a Syrian Ophthalmologist through a friend, and his clinic is in the Fifth District.” –Syrian girl, Interview 2

#### General Health: Knowledge

1. Adolescents were specifically asked about health units: whether they knew of them and/or had used them.

* Adolescents who responded to this line of questioning were more likely to have not heard of them, especially boys
* I am not sure why health units were highlighted. Depending on the reason, these findings may have further implications for SC.
* *Note: no good summary quotes*

2. Most adolescents know a local service provider, especially Sudanese and Syrians.

* Boys named a long list of local SPs by name
* Very few girls named a local SP by name, but this may be because they were not probed (they were only asked IF they knew one, not which ones they knew)
* Note that this does not imply that the local provider offers the services needed by the respondent or his/her family
* It does, however, indicate that local health services may be a possible point of contact with adolescents for outreach activities

“In the building in where I live there are doctors with different specializations and a dentist in addition to some pharmacies.” –Syrian boy, Interview 4

“F: Do you have hospitals in your neighborhood?

R: Yes, we have Tabark Hospital in Ard Ellwaa district. All specializations are available in this hospital.Whenever we need anything we can find it there.” Sudanese boy, Interview 10

#### General Health: Services

1. Adolescents did not provide much detail on the service type that they accessed but

* Girls and boys thought clinics had mainly good quality services
* Boys noted good quality services at hospitals
* SPs including emergency services, pharmacies, and specialists were not discussed in depth but no major issues emerged

“F: Where did you go?

R: I went to Alhosary clinics

F: How was the service there?

R: It was fine and the doctors were good” Sudanese boy, Interview 9

“I visit Dr. Ahmed Alharh. His clinic in Zamzam Mall. He is Syrian. My parents and my fiancé went with me. A prior appointment isn’t necessary. I just go and wait my turn. He is the best in his specialization and treats people in a decent way.” –Syrian girl, Interview 1

“When I got admitted in Dr. Souad Kafafy hospital they were so decent and received me immediately.” – Syrian boy, Interview 4

2. Cost was the most commonly cited complaint against general health services across the board and was considered a hard barrier in some cases, especially with regards to access to private services.

“F: Well. May God forbid, if you faced the same situation again, what would you do? Would you go to the same hospital or another place?

R: I think I would do the same but the problem is that this hospital is so expensive. Last time the problem was simple and I afforded it but it could be unaffordable for other people. We have some people well-off while others are poor.” – Syrian boy, Interview 4

“What kind of health problems they may face in order to go to doctors or may refuse to see doctors?

R: Yes! Of course, it is the financial situation.” – Eritrean boy, Interview 12

“R: Doctors are available, if a person couldn’t afford a private doctor, they can go to a public hospital.” – Syrian boy, Interview 4

“The medical services are available; the problem is with the money to afford the treatment needed. Here, some Syrians can’t afford the medical services they may need. In Alrahma clinics at the Seventh District, the fees are between 30 and 40 pounds. But Dr. Ahmed is 100 pounds. Other doctors are more expensive; either Syrians or Egyptians.” – Syrian girl, Interview 1

3. Other complaints were not mentioned frequently enough to constitute a trend but reflect the common complaints highlighted in the adult FGDs.

* This includes long waits, cleanliness, staff shortages and feeling uncared for

“I receive a referral note to go to Al Rahma clinics when I needed to check my eyes. I paid L.E 30 only. The doctors are good but the clinics are crowded with patients because they are very affordable even for Egyptians.” –Syrian girl, Interview 1

“R: It is cleaner (than other hospitals) but the clinics at the mosque suffer from negligence because the teamwork is under-staffed and also the medical tools are unsterilized. When someone enters the emergency room he is not given the proper attention.” – Syrian boy, Interview 4

4. Adolescents have a more favorable view of private services (except for the cost) than public services

* Private services were noted to be better in terms of medications, treatment, and cleanliness, although none were mentioned often enough to constitute a trend
* Respondents linked public providers to specific service flaws including cleanliness, misdiagnosis and being under-staffed

“F: Fine! Why do you go to a private hospital instead of the health center?

R: They say that the private hospitals are better than health centers

F: Better in term of what?

R: Medication and treatment

F: Is it not so expensive?

R: Yes, it is expensive but better than health centers

F: Better in terms of better physicians, cleaner facilities or what?

R: In terms of cleanliness and services provided” – Sudanese girl, Interview 19

“F: So why do you prefer October hospital?

R: It is cleaner (than other hospitals) but the clinics at the mosque suffer from negligence because the teamwork is under-staffed and also the medical tools are unsterilized. When someone enters the emergency room he is not given the proper attention.” – Syrian boy, Interview 4

### PUBERTY

#### Puberty: Overview

1. All participants have already reached puberty but respondents answered questions pertaining to their experiences to varying degrees. In general, girls seemed more willing to share their experiences than boys.

2. Overall adolescents seem to lack detailed information on puberty. However, it is unclear whether they don’t know much or if they were just shy to discuss some topics with the interviewers.

3. Almost half of adolescent boys and girls were not warned about puberty before they reached it. Of those that were warned, girls noted that they felt the information was insufficient or of poor quality. These two factors may explain why the majority of female respondents indicated they felt scared or panicked when they first got their period.

5. During puberty, girls tend to get their information from familiar sources, especially their mothers and sisters. They also got information from friends. Boys were most likely to get their information during puberty from friends or to not ask anyone at all.

#### Puberty: Behaviors

1. Girls overwhelmingly said that they use pads, especially Always pads. It was noted that this is likely due to them being the cheapest and most readily available option. There may be potential for these to be used as an incentive for participation.

“I went to my mum and she told me that it is a normal bleeding which comes once a month. Later, I got used to it. When it comes now I go to any shop to buy “Always pads”.” – Eritrean girl, Interview 14

“She brought “Always Pad” and showed me how to use it.” - Sudanese girl, Interview 17

2. Most female adolescent respondents noted that they were scared or panicked when they first got their period. This is likely linked to non-existent or insufficient information pre-puberty. This could represent an important outreach activity to prepare young women for puberty.

“When the first period came I didn’t tell anybody. I used the toilet tissue because I was terrified. Next time it was so much blood so I had to tell my mother. I felt that I was going through a strange stage. I was a little girl. By time the matter has become normal. My mother told the whole family about it.” -Syrian girl, Interview 2

“R: I was terrified. It was something out of the blue that happened to me. Nobody told me about it. When the menstrual cycle started I didn’t have a clue about it. I went to my mum and she told me that it is a normal bleeding which comes once a month. Later, I got used to it. When it comes now I go to any shop to buy “Always pads”.” – Eritrean girl, Interview 14

#### Puberty: Knowledge

1. Roughly half of respondents (both male and female) were not informed about puberty before it occurred.

“R: I was terrified. It was something out of the blue that happened to me. Nobody told me about it. When the menstrual cycle started I didn’t have a clue about it. I went to my mum and she told me that it is a normal bleeding which comes once a month. Later, I got used to it. When it comes now I go to any shop to buy “Always pads”.” – Eritrean girl, interview 14

2. Of those who were told about puberty before they experienced it, boys and girls got their information from different sources

* Boys got their information from school
* About half of girls got their information from school and the rest got it from familiar sources (female family, friends or neighbors)

“R: Yes, I studied it at school even before I reached the puberty age. They said that the puberty signs include voice change, body smell and wet dreams along with other signs but I don’t remember them.” – Sudanese boy, Interview 7

“When we were young, my mother told me and my sister about it. I was 10, in the fifth grade at the primary school.” - Syrian girl, Interview 1

3. Girls tended to say they got insufficient or inaccurate information before they hit puberty. Boys were either not asked or did not respond to this line of questioning so we do not know how they feel.

“R: I heard of it at school. It was a regular lesson. If the teacher was female it would be much better than having male teachers. The lesson was just theoretical but so far from real life.” – Eritrean girl, Interview 15

“F: Who should provide you with this knowledge?...

R: Their parents should educate them, but unfortunately they feel that it is embarrassing matter to be tackled with their kids. Schools also could play a role by holding seminars to raise te awareness among students. They don’t have to talk about the most sensitive matters but at least indicate the positivity and negativity of the habits. I know that there are some education programs but I feel that they aren’t well-prepared.” – Syrian girl, Interview 2

4. During puberty, girls tend to get their information from familiar sources, especially their mothers and sisters. They also got information from friends. Boys were most likely to get their information during puberty from friends or to not ask anyone at all.

“R: I was in my seventh primary school. I woke up one day and I noticed traces of blood. I thought it was something normal and went to school and spent my day there and when I came back home, I talked to my mum. I was a bit shocked but I had a friend who was older than me and she said that what happened was something normal. No. Nobody talked to me before about it, neither my mum nor even my teachers” – Syrian girl, Interview 3

5. Most boys were able to mention signs of puberty indicating that they have at least some basic knowledge. Girls were not asked this same line of questioning.

* Boys noted hair growth, wet dreams and voice changes (often with some prompting from the interviewer)

“R: Nothing! Only the puberty physical changes, such as the voice gets deeper and underarms hair grows.” – Eritrean boy, Interview 11

6. Two Syrian respondents mentioned masturbation as being a bad thing. The girl thought it was morally wrong and the boy was under the impression it could have harmful side effects. It is unclear if this aversion to masturbation is cultural or simply a coincidence. This may be a topic to discuss further as it could hinder adolescent discourse on the subject if there are cultural barriers.

“For the boys, I know that the masturbation is a very harmful habit. I watched a TV program and the doctor was talking about the negative effects on them after marriage. So, they need to learn about it because it is very common among them.” – Syrian girl, Interview 2

“F: Do you think is it right that when the person does the masturbation he can reach manhood faster than others?

R: I did it, but later regretted it. You know bad friends always drag you to do some stuff. We need to make mistakes to learn from them. Maybe I reached the puberty quickly because I did the masturbation. I know that puberty happens at age 14. Basically, I play football; nothing is in mind other than football. I used to masturbate but stopped it now. I left the wrong path, thanks to God. I don’t do any others bad behavior. I smoked for some time and quitted. I never used marijuana or anything similar. All my family members are so morally correct. I’m trying to quit this masturbation. Even it is named in Arabic as the secret habit. You know the masturbation is not an easy habit to treat. With the help of God I will quit it. Because I tried I feel this way but the person who never did it can have wet dreams as you said.” –Syrian boy, Interview 4

### EARLY MARRIAGE

#### Early Marriage: Overview/ Key Highlights

1. In our sample of adolescents, only one girl was married and one was engaged. The rest were all unmarried with no mention of a concrete prospect of marriage before the age of 20.

2. There was a consensus that girls were more likely to get married early than boys. Despite this, opinion was split as to where it was common for girls to get married early in the first place. The experience of female Syrian FGD respondents and service providers suggests that early marriage may be more common than adolescent respondents think.

3. Of those who discussed their personal views on early marriage, Sudanese girls tended to indicate they felt it was not acceptable. It is possible that there may be a cultural divide between views on early marriage for women but this would need to be investigated further.

* Girls indicated that there were multiple reasons to delay marriage, most importantly finishing her education.
* They also indicated that maturing fully and being able to work were important factors in delaying marriage.

4. We do not have much information on who makes and influences marriage decisions, whether they are arranged, and so forth.

#### Early Marriage: Prevalence

1. Most female and all male respondents did not have friends their age who are married. However, it is unclear if these respondents are representative of the wider catchment area.

“F: Do you know of any friend of you or relative in your age who got married?

R: In my age? No!” – Syrian boy, Interview 5

“F: Do you know anyone from your friends or relatives who got married? Do you know others who got married before the age of 18?

R: No. I didn’t see any case like this.” – Eritrean girl, Interview 17

2. Female and male respondents of all ethnicities agreed that early marriage was not common for boys.

“F: Do you think that early marriage is more common among girls than boys?

R: For boys, no. They always get married at age 27, 25 or 30” – Eritrean girl, Interview 16

“F: Ok! Do you know some girls or boys who get married before this age?

R: No! But girls are a bit far from the family

F: I mean in your area?

R: Boys started at 23 or 24 but girls at 13 or 14” – Syrian boy, Interview 4

3. Sudanese and Syrian respondents were split on their opinion as to whether it was common for girls to get married early. Eritrean respondents were more likely to think early marriage was common but some also thought it wasn’t.

“F: What about girls?

R: In my family, the girls should finish her university education. I mean more or less when she is 25 years. My uncle didn’t send his children to university, so they got married when they were 19 years old.” – Sudanese boy, Interview 10

4. However, boys and girls of all ethnicities seemed to agree that early marriage was more common for girls than for boys.

“F: Do you see that girls get married before boys?

R: In general, girls get married earlier than boys even before they reach 20. Boys can wait but when they choose (to marry), they prefer younger girls.” – Sudanese boy, Interview 7

“ It has become common in Syria more than any time before. Before the revolution, girls had to finish their education before getting married. However, now many young girls are married. I have a friend, she is only 16, but married. I even know many other in my age or even younger and they are married and some are pregnant. Egypt differs from Syrian. In Egypt it is illegal to marry before 18, but in Syria if a girl reaches 18 and is still single, she is considered spinster. There is no legal age for marriage in Syria. Under-age in Syria means that a girl’s destiny is determined by her family. It is enough if her father agreed. For the boys it is not acceptable to let them marry if they are minor. The minimum age for the boys is 20, and the average is 24 or 25.” – Syrian girl, Interview 1

5. When asked if early marriage for girls was more or less common in Egypt than in their home countries boys thought it was about the same and girls had a tendency to think it was less common in Egypt.

* Respondents of all ethnicities indicated that early marriage was either less common or the same as in their origin country

“Yes! My cousin’s friend No! it is not common in Egypt. Parents here in Egypt wait until their daughter finishes her high education. In Syria there no obligation on the girl to finish her education. If she wants to marry early or late, it is her decision. I have a relative who is 27 years old and she is still unmarried. Usually girls get married early but men do so when they are 22 or 23.” –Syrian girl, Interview 3

“F: Was this situation different in Syria?

R: There is no way to get married because once the young man turns 18 they take him to the military service and nobody knows when he will come back. My cousin got recruited when he was 18 and now he is 25 and still there.

F: But what about the girls?

R: For girls, the situation didn’t differ, here (in Egypt) is like in Syria.” –Syrian boy, Interview 5

#### Early Marriage: Other Findings

1. Of those who discussed their personal views on early marriage, girls tended to indicate they felt it was not acceptable. Only 2 boys answered this line of questioning. One thought it was acceptable and the other thought it depended on the circumstances.

* It was mainly Sudanese girls who thought it was not socially acceptable for girls to get married early.
* Both of the respondents who thought it was socially acceptable for girls to get married early were Syrian (one boy, one girl).
* It is possible that there may be a cultural divide between views on early marriage for women.

“In the past, during my mother’s time the girls in Syria used to get married at the age of 12 or 13. Now, a girl needs to finish her education first. She may work even before marrying. Some families are still having a backward mentality.” - Syrian girl, Interview 2

“F: Do you see that early marriage phenomenon is a good issue?

R: Of course no.

F: Ok! Why?

R: Because when we don’t finish our education we become helpless after marriage; we

can’t do anything; no work, no university and no study.” – Sudanese girl, Interview 18

“F: Do you see that there are “under 18” marriages (early marriage)?

R: Yes.

F: What do you think?

R: It’s a wrong attitude

F: Why?

R: Because the girl is still immature” – Sudanese girl, Interview 20

2. Girls indicated that there were multiple reasons to delay marriage, most importantly finishing her education. They also indicated that maturing fully and being able to work were important factors in delaying marriage.

* It was predominantly women who mentioned reasons why it would be beneficial for women to delay marriage.
* Men didn’t express opposition to early marriage for girls so it is to be expected that they don’t discuss reasons to delay marriage.

”F: Do you see that early marriage phenomenon is a good issue?

R: Of course no.

F: Ok! Why?

R: Because when we don’t finish our education we become helpless after marriage; we

can’t do anything; no work, no university and no study.” –Sudanese girl, Interview 18

“In the past, during my mother’s time the girls in Syria used to get married at the age of 12 or 13. Now, a girl needs to finish her education first. She may work even before marrying. Some families are still having a backward mentality. Nowadays, this attitude resurfaced two months ago. This is called minors’ marriage which means you can find a 15 year-old bride and an 18-year-old groom. I don’t know why. Cairo is a big city. Girls should finish their education before getting married but in villages, people have the same mentality like in Syria.” – Syrian girl, Interview 2

“I will consider the matter of marriage after having a career and house” – Sudanese girl, Interview 19

3. The few girls who discussed marriage information sources indicated that in general, people could get their information on marriage primarily from someone they trust, including family.

“I’m not trying to know specific matters. After getting married if I face any problem I will search it out on the internet. Or might go to someone I trust. If the woman is married she needs to know everything but if not she should know only what is appropriate to her. Only the general knowledge. She should not get too much into details. For instance, I’m engaged, I don’t try to know more than I need.” – Syrian girl, Interview 1

### REPRODUCTIVE HEALTH

#### Reproductive Health: Overview

1. Some boys across ethnicities were particularly silent on RH/FP issues. It is unclear if this is because they were shy/embarrassed or if they genuinely knew nothing about the subject.

2. Most girls across ethnicities expressed that they did not feel like they knew enough about RH. Half of the boys thought they knew enough about RH (mainly Sudanese boys) and half thought they needed more info (mainly Eritreans and Syrians).

* In general, given the information adolescents discussed, there is room for them to learn a lot more.

3. Boys and girls agreed that if someone has an RH issue they should see a doctor and maybe tell a family member of the same sex. This indicates good health seeking behavior even if general knowledge isn’t detailed.

4. Adolescent girls get their reproductive health information from a wide variety of sources with the most common being their mothers, other female family members, the internet, and friends. Adolescent boys also have a wide range of RH information sources with the most common being their fathers and brothers

* Some boys and girls (mainly Sudanese and Eritreans) felt that their information sources and quality are better in Egypt than in their origin country.

5. Most boys and girls (of all ethnicities) say that if a girl finds out she is pregnant she should talk to her mother and see a doctor.

#### Reproductive Health: Needs

1. Most girls (of all ethnicities) expressed that they did not feel like they knew enough about RH

* Specific topics they mentioned they should know more about differed by the individual
* It included topics such as information on menstruation, pregnancy prevention, intimate relationships, and marriage

“F: Are you content with the knowledge you have about reproductive health or is there

more information to get?

R: No. there are still some things which I don’t know” – Sudanese girl, Interview 19

2. Half of the boys thought they knew enough about RH (mainly Sudanese boys) and half thought they needed more info (mainly Eritreans and Syrians)

* Specific topics they mentioned they should know more about differed by the individual
* The boys felt that they needed to know about masturbation, marriage, and puberty
* It was also mentioned that boys should be taught that porn and early marriage are bad

“F: Are you content with the information you already have about the reproductive health?

R: No. I need to know more” – Eritrean boy, Interview 11

“F: Are you content with the information available about the reproductive health?

R: Yes! I’m happy with it. It is fine.

F: Don’t you see that you need to know about more things?

R: No!” – Syrian boy, Interview 5

#### Reproductive Health: Behaviors

1. Boys and girls agreed that if someone has an RH issue they should see a doctor and maybe tell a family member of the same sex.

“F: If you or any of your relatives feels that he / she has a reproductive health problem what would you do?

R: He needs to talk to someone from his family and see a doctor to find a solution.” – Eritrean 16

“F: If you or any of your relatives has a reproductive health problem what would you/he do?

R: I don’t know about the others but for myself I will see a doctor.” – Sudanese boy, Interview 10

“F: If one of your friends or relatives has a reproductive health problem, would she / he ask for a help?

R: Ask for a help?

F: From whom?

R: First she needs to listen to her mother’s advice then her doctor” – Sudanese girl, Interview 19

#### Reproductive Health: Knowledge

1. Adolescent girls get their reproductive health information from a wide variety of sources with the most common being their mothers, other female family members, the internet and friends

* Eritrean girls indicated they got their information from the internet and friends but didn’t mention their mother’s
* A few girls noted that they find the internet provides them with bad or confusing information on reproductive health
* Other less common sources include doctors, the media, and books
* Interviewers specifically probed to see if adolescents got RH information from the TV. Half of the girls specifically mentioned that TV was not a source of RH information for them.

“I always ask my mother. She treats us like a friend and answers all our questions. She talks to us in a way so that we can understand without exaggeration. There are some embarrassing subjects I can’t talk about them with others. Only with my mother. Sometimes I use Google to find out answers or ask my older sister. She is 21, married and has a son. I’m not a TV fan, I don’t watch it. The internet is enough. For example: I want to learn about Diabetes and how this disease affects the pregnancy. I wanted some answers but when I used the internet I found out that each website gives a different conclusion. Finally I went to my mum and got what I needed to know.” – Syrian girl, Interview 1

“Some woman asked whether having sex from behind (anal sex)could cause pregnancy. I got lost when I used Google to find the answer but Wikipedia was more helpful. I even read people’s opinions. I did not benefit so much because it wasn’t scientific or academic answers. Nothing was precise.” – Eritrean girl, Interview 15

2. Adolescent boys also have a wide range of RH information sources with the most common being their fathers and brothers

* This is closely followed by school and the internet
* Boys also mention doctors as a good source of information in general even though they personally haven’t approached them
* Boys also indicate that friends are a source of RH information even if they themselves don’t get it that way
* Interviewers specifically probed to see if adolescents got RH information from the TV. The two boys who specifically mentioned TV said that it was not a source of RH information for them.

“R: I ask my teacher or my brother and they always answer me” – Eritrean boy, Interview 12

“F: Do you resort to any other source of information to get what you need?

R: Internet. I like Wikipedia. It is for me a trustful source of information.

F: What about TV?

R: I don’t find anything on TV but when I use Google I get everything I want. On some occasions I could find someone leaving his email offering to answer our questions.” –Sudanese boy, Interview 10

3. Girls and boys think that parents of their own sex should be a source of RH information.

“For boys, they know all about the intimate relationship (sex) but girls do not know that before getting married. Mothers should teach their daughters and fathers should talk to their sons because it could be embarrassing for the boys to talk to their mothers.” – Syrian girl, Interview 3

4. When one boy asked a teacher about RH he was told not to ask questions about RH in school. While this is not a trend seen across interviews, it was an important incident.

“R: I ignore it because I feel too shy to talk to my mother. My father is not here. Nobody is here to ask.

F: Fine! Do you have any other source of information by which you can get the answers you need?

R: I can use the internet. But I said to myself when I become adult and get married. For instance, I have a work colleague who will get married these days. All the people around him tell him to get ready … be careful. He is terrified. I went to my master, he is very serious, he yelled at me and said ‘don’t ever talk about this matter again, when you grow up, you will know’. He was the first one to tell me off. So, I decided that I wouldn’t ask anymore.” – Syrian boy, Interview 14

5. Some boys and girls (mainly Sudanese and Eritreans) felt that their information sources and quality differ between Egypt and their origin country.

* For the most part, they felt that they had access to better information and a wider range of information sources in Egypt

“F: Ok! Which place has more access to information, here or in Sudan?

R: Here. Because the internet is more available” – Sudanese boy, Interview 8

“R: In Erirea, my neighbors were my source of information and I used to ask my mother. But in Egypt, I talk only to the girls who I live with. I wouldn’t ask any question If I couldn’t find anyone to talk to.” - Eritrean girl, Interview 17

“In Sudan, young people don’t know these matters so early in life, even in universities the knowledge is superficial. For example, the meaning of reproductive health could be known in Egypt but in Sudan, women get married so young and they don’t know even what is going on” – Sudanese girl, Interview 19

#### Reproductive Health: Pregnancy

1. Most boys and girls (of all ethnicities) say that if a girl finds out she is pregnant she should talk to her mother and see a doctor.

* Sudanese and Eritrean respondents also indicated she should also speak to her husband/partner
* A couple Sudanese boys and one Eritrean girl also mentioned she could consider an abortion

“R: She needs to talk to her husband and her mother and later she should go to a doctor” – Eritrean boy, Interview 12

“R: She will talk to her mother and go to a doctor with her.” – Syrian boy, Interview 6

“R: If her mother with her she can ask her, or the guy who impregnated her can find a solution” – Eritrean girl, Interview 17

“F: Fine! If a married woman found out that she is pregnant what would she do?

R: She has to tell her father

F: What would they do?

R: They need to see if they need the child or abort it” – Sudanese boy, Interview 8

### FAMILY PLANNING

#### Family Planning: Overview

1. Some boys (of all ethnicities) were particularly silent on RH/FP issues. It is unclear if this is because they were shy/embarrassed or if they genuinely knew nothing about the subject

2. Boys and girls across ethnicities largely agreed that FP decisions should be a joint decision. However, it is unclear how that would play out in practice. Adults say the same but many women complain that men or mothers-in-law have the final say.

3. A few girls specifically mentioned reasons why someone would (theoretically) not use a specific type of contraceptive. These were predominantly fear of side effects and/or infertility.

* Despite the fact that girls display minimal knowledge of FP issues, they seem to already have ideas of usage barriers for specific contraceptives
* It is unclear if they would be averse to trying contraceptives because of these views, or they are just aware that not all contraceptives work for all women
  + The former would present a challenge for SC affiliates if young girls have hesitations to using modern methods (bad)
  + The latter would indicate that they may be more receptive to SP suggestions on which methods are best suited given their personal health profile (good)

4. Roughly half of the boys couldn’t (or wouldn’t) name a modern contraceptive or only vaguely mentioned one (i.e. “use medicines”). Those that could name contraceptive methods most frequently named pills, condoms and abstinence.

5. Girls get their FP information from a wide range of sources, but mainly from family members or friends. Not enough boys answered this line of questioning to discern a trend.

6. There were not enough responses to discern any trends in FP service provision such as quality of services and costs. This is to be expected given adolescent respondent’s non-use of FP methods or services.

7. This is what the one married (and self-declared sexually active) respondent had to say about FP:

“R: I heard of the pills, condoms, IUD and suppository. I knew about them 5 months after getting married through the internet but I never used any of them. I had a friend, she used everything and has a shower after sex, all the people said that she will never get pregnant. I did the same thing but both of us got pregnant. I told her they were fooling you. I’m not using any family planning methods but I became pregnant after a year of the marriage. I would take pills. They told me that my grandmother had cancer and if I used the pills I would be susceptible to the disease. Mu mum uses the IUD After giving birth I would like to postpone the pregnancy for 3 years. Then I can have another child. I think two children are enough. I have not yet decided over the method, but will consult the doctor and I will use the method which I feel comfortable in using it. Will see Dr. Mona. She is Egyptian. The fee is L.E 100. She is good, and my mum, grand mum and other Syrian recommend her. I will give birth at her clinic also.” -Syrian girl (pregnant), Interview 3

#### Family Planning: Behaviors

1. Boys and girls across ethnicities largely agreed that FP decisions should be a joint agreement. A few boys thought the man should decide (one Sudanese, one Syrian).

* There were too few responses to see any trends in who actually decides/ has the final say

“F: Who, do you think, can decide on postponing the pregnancy in the family?

R: I believe that this decision should be taken by the couple. Marriage should be based on partnership.” – Sudanese boy, Interview 7

“F: In your opinion, who can decide on the family planning matter?

R: It could be both of them, in order to be happy with the decision” – Syrian boy, Interview 6

“Tell me, in your opinion who should decide on the pregnancy issue?

R: I feel that any couple should act like partners in all life aspects. They need to study their family situation and take the right decision.” – Syrian girl, Interview 2

2. The only respondent who indicated whether (s)he was sexually active was the one married respondent. She indicated she did/does not use and FP method and got pregnant.

“R: I heard of the pills, condoms, IUD and suppository. I knew about them 5 months after getting married through the internet but I never used any of them. I had a friend, she used everything and has a shower after sex, all the people said that she will never get pregnant. I did the same thing but both of us got pregnant. I told her they were fooling you. I’m not using any family planning methods but I became pregnant after a year of the marriage.” – Syrian girl, Interview 3

3. There are not enough responses pertaining to the preferred method to use, desired family size, or perceptions of small/big family sizes to discern any trends.

4. A few girls specifically mentioned reasons why someone would (theoretically) not use a specific type of contraceptive. These were predominantly fear of side effects and/or infertility.

* Despite the fact that girls display minimal knowledge of FP issues, they seem to already have ideas of barriers to specific contraceptives
* It is unclear if they would be averse to trying contraceptives because of these views, or they are just aware that not all contraceptives work for all women
  + The former would present a challenge for SC affiliates if young girls have hesitations to using modern methods (bad)
  + The latter would indicate that they may be more receptive to SP suggestions on which methods are best suited given their personal health profile (good)

“I heard that IUD is harmful. It causes inflammation and infection. Condom undermines the pleasure for both of them … man and woman. Pills in time cause problems such as sterility.” – Syrian girl, Interview 2

“R: Pills could have side effects. It is better to stay away from each other during the time in which they don’t have children” –Eritrean girl, Interview 15

“They use natural methods especially if they never had children before. Because if they used the pills, the pregnancy would delay too long or they may turn to barrens. The natural methods are safer.” – Syrian girl, Interview 1

#### Family Planning: Knowledge

1. Girls identified a wide range of known modern contraceptives but condoms and pills were most often identified by far.

“R: There are pills and injections. I heard of them from TV” – Eritrean girl, Interview 16

“R: I heard of the pills, condoms, IUD and suppository.” – Syrian girl, Interview 3

2. Roughly half of the boys couldn’t (or wouldn’t) name a modern contraceptive or only vaguely mentioned one (i.e. “use medicines”)

* Those that could name contraceptive methods most frequently named pills, condoms and abstinence

“F: Ok! Do you know how they can avoid pregnancy?

R: I don’t know” – Syrian boy, Interview 6

“F: Ok! What should they do to postpone the pregnancy?

R: I don’t know

F: Are there any methods to use?

R: No. but [the woman] can abort the baby if she doesn’t want him

F: Is not there any medicine or anything else which can be done?

R: I don’t know” – Sudanese boy, Interview 9

“F: Fine! How do they postpone the pregnancy?

R: “silence”

F: Don’t you have any idea?

R: No!

F: Do you know about any contraceptive?

R: “silence”.” – Eritrean boy, Interview 13

3. Of the boys that could name contraceptive method(s), the most commonly cited were pills, condoms, and abstinence.

“What do you know about family planning?

R: Women take pills for it.” – Syrian boy, Interview 4

“R: Yes! Contraceptive pills. Only that, I don’t have any more ideas.

F: Something else?

R: Yes, the condom. But it is used during the intimate relation (or sex).” – Sudanese boy, Interview 7

4. Girls get their FP information from a wide range of sources, but mainly from family members or friends. Not enough boys answered this line of questioning to discern a trend.

* Syrian girls think boys may get their info from doctors and their contraceptives from pharmacies
* However, it is unclear whether girl’s perceptions are correct
* Girls who indicated where they first heard about FP overwhelmingly indicated they heard about it at school

“The girls get their information through their mums but there is no good communication between the boys and their dads.” – Syrian girl, Interview 1

“If he is married, he can ask a doctor, but I feel that men don’t like to ask about these matters in the presence of their wives.” – Syrian girl, Interview 2

“F: If there is a boy in your age who wants to use a condom or any other means what will he do? Who will he talk to? Where will he get it? …

R: He can go to any pharmacy. It is available there.” – Syrian girl, Interview 3

5. Of those who mentioned a source of FP methods, boys and girls both mentioned pharmacies.

* A few girls who were asked this line of questioning were not able to name a source of FP methods

“F: Well! If a boy decides to use condoms what would he do?

R: It is available in pharmacies. But I don’t know even how it looks like.” – Syrian girl, Interview 1

“F: Where could we get these methods?

R: In pharmacies. You can get it upon presenting your marriage certificate.” – Sudanese boy, Interview 10

6. One Syrian girl mentioned the religious saying that children come with the necessary resources. While she was the only adolescent to mention this, it reflects what some adults said. In this case, it does not seem that the saying is an influencing factor in having a large family size so it should not represent a problem from a FP standpoint.

“There is a saying in Syria that the child comes with his daily bread but I always feel that we need to think about our present and future even if we believe that everything is predestined by God.” – Syrian girl, Interview 2

# MEN AND WOMEN’S FGDs

### GENERAL NOTES

1. Unlike the adolescent interviews, no Eritrean adults were interviewed.

2. People may have been feeding off one another in the FGDs. If one person mentions an issue, others may agree but not mention other issues. This may make certain issues look much more important than others when in reality they may both be equally relevant.

3. Questions and probing often had a negative slant, which may have elicited a disproportionate amount of bad experiences (i.e. respondent were asked “what was a bad experience you had?” not “did anyone have a good experience?”)

4. Probing was not consistent. Different interviews asked different questions. While this is the nature of interviews, consistent probing would have been especially beneficial to analyze across ethnicities.

* Additionally, questions were asked in slightly different manners, which could have different implications (i.e. preferred method vs. most common method.

### GENERAL HEALTH

#### General Health: Overview

1. There was a lot said in the interviews about general health topics. However, a lot of the information in the transcripts pertained to respondents’ specific sicknesses and injuries. Information on the services they sought, their experiences with these services, and their general impressions were coded. Information on the illnesses or injures themselves were not included as they cannot be generalized.

2. Most of the information collected on general health pertains to service provision. Respondent had a lot to say about service issues. This will help determine where there is room for improvement. As previously discussed, the design of the interviews and human nature led respondents to highlight negative experiences.

3. Most respondents (or their relatives) sought professional care when they were sick or injured mainly from doctors in clinics or hospitals. They said they would do so again if they were sick or injured in the future. This indicates that many barriers to health services may not prevent refugees from using services even if they can list areas that need improvements.

4. Most women know a local service provider but this does not imply that the local provider offers the services needed or wanted by the respondents. Of the men who answered this line of questioning, almost half said they didn’t know one.

5. Respondents noted some problems with medications. Sudanese women noted problems with expired medications, Syrian women noted inconsistent prices, and men and women across ethnicities felt that medications were expensive.

6. Sudanese and Syrians both reported receiving subsidized services. A few respondents noted that these subsidies do not apply to all services and that they had some trouble being reimbursed. It is unclear if these troubles are due to problems on the end of refugee services or because respondents were not using the system properly

* Syrian women have a negative impression of UNHCR.
  + They feel the services they access through the UNHCR are shoddy.
  + They run into trouble when they need services from providers who are not covered.
* Sudanese women have a negative impression of Caritas
  + They feel Caritas services have deteriorated
* It is unclear whether their dissatisfaction is because these organizations are making promises they can’t keep or because respondents did not understand fully how the system works.

7. Respondents accessed both private and public health services and had a mix of positive and negative interactions. The most common service issues were costs and delays in care. A slew of other issues were also commonly raised including professionalism of services, ethnic-based discrimination, cleanliness, crowded services and nurses’ attitudes.

* Cost represented a hard barrier to accessing private services
* Location or distance was not seen as significant issues by most respondents
* All other issues raised did not prevent respondents from seeking care but constituted areas of concern
  + Improvements in these aspects may help build trust in public health services

8. Private services were generally perceived as being superior to public services by Syrians and Egyptians, mainly because private services did not meet expectations. They faced a tradeoff between quality of service and cost when deciding to use private or public services.

* Despite this, respondents still had positive experiences with public services and poor experiences with private services.
* It is unclear whether the public services are inferior or whether respondent access different types of health services at public and private locations.

9. This is an interesting quote from the patient’s perspective as to why service provision may not meet the expected standards:

“In dispensaries. I don’t blame the doctors in dispensaries. This is the point that I would like you all to know. We haven’t given these doctors their rights. This is why they treat patients badly. The doctor doesn’t receive enough salary. He also doesn’t find a well-equipped dispensary. So, why should the doctor work hard? This is because of the Ministry of health. If dispensaries were well equipped... You go to the doctor and he says I don’t have this equipment. It can be found in private clinics. The doctors in EL Hosary, they don’t have enough equipment. They tell you to go to Rodina’s clinic. The fees of this clinic are LE 20 – 25. So, it should be taken into consideration that doctors need to be paid well in order to work hard.” – Syrian woman, 25+

10. The interviews did not have enough responses to discern trends in who accompanies respondents to the hospital, the prevalence of health insurance, and nuts and bolts of subsidized services.

#### General Health: Behaviors

1. Most respondents or their relatives sought professional care when they were sick or injured mainly from doctors in clinics or hospitals. They said they would do so again if they were sick/injured in the future. This indicates that many barriers to health services may not be hard barriers.

* This held true across all ethnicities.
* Respondents accessed private and public services for their general health needs

2. Respondents seek care from a wide array of facilities for their general health needs. Of those mentioned by name, the 6th of October Hospital was by far the most frequented by Syrians for general health needs. Sudanese most commonly visited Caritas (either treated there or referred onwards) and El Haram Hospital. Egyptians frequented 6th of October and Boulak Hospitals most frequently.

* This may be a reflection of where service providers are located with regard to the respondent’s home addresses.
* *Note: There is no good summary quote for this trend*

4. Most women know a local service provider but this does not imply that the local provider offers the services needed or wanted by the respondents. Of the men who answered this line of questioning, almost half said they didn’t know one.

* It is important to note that this question asked about health units and clinics, so if men took the question more literally than women (who also names local hospitals, for example) this could explain their seeming lack of knowledge.

“No, health services are available in all neighborhoods. So, if one would like to visit a health unit, it should be the closest… It could be the health unit in the first second or third settlement.” – Syrian woman, 25+

“In my area (neighborhood), there is no medical center nor hospital. If a child gets sick, I have to visit a private hospital.” – Sudnaese woman, 25+

“Not all Syrian know about these centers! There should be campaigns to tell us about it. Most Syrian don’t know that there are close centers for example.” – Syrian woman, 19-24

4. Respondents noted some problems with medications. Sudanese women noted problems with expired medications, Syrian women noted inconsistent prices, and men and women across ethnicities though medications were expensive.

“R?: Yes, doctors prescribe imported medicines, it isn’t affordable. We should look for the alternative. If there is medication, you can get expired medicines.

R9: Actually, many times the doctor prescribed medicines that we can’t find in the pharmacy. Ok, the medicine is available in pharmacies but very expensive. You find that the doctor has prescribed many medicines that you can’t afford for (many participants talk at the same time).

R1: They give you an expired medicine. When you have your baby with you, they give you expired medicines especially those for diarrhea and cough. I don’t know why. They have to give us good medicine. If it isn’t available don’t add more diseases to those that the patient already has.” – Sudanese women, 19-24

“R: It isn’t the same price… you can find something in a pharmacy with a price and with a different price in another pharmacy.

R: The same treatment is LE 10.

(Many participants talk at the same time. Words aren’t clear).

R: I would like to tell you something. Pharmacy that has two branches in different places, you can find different prices (many participants talk at the same time. Words aren’t clear). The difference may be LE 10 – 12 for the same medication.

F: Sure. This was the case long time ago or is it something that takes place recently?

R5: It happened when the prices of the drugs become high… I am pharmacist. I have noticed that most of the medications are without prices. So, the pharmacist puts the prices.” – Syrian woman, 25+

#### General Health: Services

1. Respondents accessed both private and public health services and had a mix of positive and negative interactions. The most common service issues were costs and delays in care. A slew of other issues were also commonly raised including professionalism of services, discrimination, location of services, cleanliness, crowded services and nurses’ attitudes.

2. Service issue: costs

* Cost was a hard barrier to the use of private services.
* Even if cheaper public services are accessed, the costs of medications, bribes, and other services add up.
* Sudanese and Egyptian respondents were very preoccupied by the issue of cost.

“Private is good for those who have money. Maybe, we have money but others don’t have.” – Sudanese woman, 25+

“I have visited a private doctor who told me that the gallbladder should be removed. He made the necessary tests and x-rays. However, I couldn’t undergo this surgery with him because it would be very expensive.” – Egyptian woman, 25+

“R5: I have 5 children. We have watched the war. Every now and then a bomb is exploded. So, two of my children had urinary incontinence. They visited Arab Medical Union. They didn’t accept them. Why? Because, they don’t undergo this type of operation there. For this urinary incontinence, they needed tests every day. Actually, I can’t afford for such tests. They have made the tests many times and then, I stopped because the cost is high.” – Syrian man, 19-44

“Ok, when one goes to the health unit to be examined, the fees aren’t big but one has to purchase the medication from the private pharmacy.” – Egyptian woman, 25+

*“R7: In Abo El Rish, my son was examined because he had fever. There was long line and they didn’t allow us to go in. I have given the orderly LE 20 in order to be the first one.” – Egyptian woman, 25+*

*“If you need a surgery, the surgery is undergone. The nurse who injects, should receive tips. You have to give tips for everyone. If you didn’t pay them, they would do nothing.” – Suanese woman, 25+*

3. Service issue: delays

* After costs, delays in receiving care were the second most proliferate complaint.
* This included long wait times (very common), doctor unavailability or shortages, being turned away from services, service closures, and needing to visit multiple service providers before receiving the appropriate treatment.
  + The most common issue for Egyptians was a lack of doctors and being turned away from services.
  + The most common issue by far for Sudanese and Syrians were the wait times.

“R9: Caritas doesn't distinguish the serious cases. Each one has to wait for his turn.” – Sudanese man, 19-44

“As for waiting, one can wait till after noon. One spends too much time. This is the hardest part.” – Syrian woman, 19-24

“First, we go to the pharmacy because even if you go to the hospital, you won’t be able to see the doctor! They would tell you come tomorrow. You go next day and they say come again in two days or come on Wednesday. So, one has to go to the pharmacy to get something to relief pain. If pain isn’t relieved, you go to the doctor.” – Sudanese woman, 19-24

“Four days ago, my mother in law was sick. She went to El Haram hospitals. We quarreled with the security at the gate to allow us to go in. She spent two days to be hospitalized in the ICU taking into consideration that I learnt that there was an empty bed in the ICU but one should have mediation in order to receive care. At the end, she went to Gazirat Badran Hospital.” – Egyptian man, 19-44

“Regarding providing medical aid at night, one is confused where to go. For example, in Ramadan, all of a sudden, I found that I wasn’t able to walk. I wanted medical help. I went to El Shiekh Zaid hospital. They didn’t want to receive us for more than 3 to 4 hours. I arrived there. They didn’t want to get me in. clinics are closed…. We didn’t know where to go. If you need a hospital at night, it isn’t easy. If one is exposed to anything at night, it wouldn’t be easy.” – Syrian woman, 25+

“The doctor didn’t prescribe anything. (words aren’t clear). That’s it. I didn’t get better. So, I went to a hospital in El Helmia; Helmiat El Zienton. We went to Helmiat El Zienton. Then, I became sick. On the next day (an infant voice in background). I wasn’t alert. At this time, I talk but I can’t remember anything. I had bleeding. I talked to this person in the hospital but he wasn’t focused. I ask but no reply. Then, we went to Dar El Salam (An infant was crying in the background). They can’t do anything in the hospital.” – Sudanese woman, 19-24

“When they cleaned the injury, they wrote me a wrong medication. I was cleaning the injury for myself, the injury was opened. So, I went to 8 hospitals at night and none accepted me. This is the truth but you mayn’t believe me” – Egyptian woman, 25+

4. Service issue: professionalism of services

* Respondents complained of misdiagnosis, inexperienced doctors (mainly Egyptians), and careless treatment.
* On the flip side, two respondents told particularly striking stories of doctors going out of their way to help patients that couldn’t afford services.

“R1: My friend lost his eye. It was hit by small parts of ceramic. The ambulance took him to a health center, I don’t want to mention its name. They have cleaned the injury and he lost his eye because of the bad medical status in this center. There wasn’t an ophthalmologist. So, the doctor there wasn’t supposed to remove these parts from his eye” – Syrian man, 19-44

“My leg was broken and the other one had problems but they didn’t know about it at the time of the accident. Accordingly, I spent a year in bed… After a year, when I tried to walk and get out of bed, I found that I can’t use my leg. I went back to the hospital to be examined. The doctor held my leg and said: “Your leg is over”. I replied: “How?”. He said that the ligaments are cut. So, I visited a private doctor who told me that it is over. If this was discovered on the day of the accident, it would have been put in plaster cast.” – Egyptian woman, 25+

“The emergency doctors available at night are young. We want doctors that have experience to give medication. There are doctors who don’t have experience and could cause problems.” – Egyptian woman, 19-24

“R1: Yes, the other doctor who told me, it is ok come. He said: “Do you know, your son won’t be back to normal unless (Words aren’t clear) because he is still young”. He said: “Mam, it is ok”. I said: “Fine”. He asked me to come back again for follow up after two days. I asked should I come here … He said: “No, I have a clinic in Kitkat”. His clinic is close to Ministry of Culture”. I said: “No problem, as long as you know what is the problem of my son. I would visit you in your clinic”. He said: “Don’t pay anything. Don’t pay the ticket. You won’t pay a ticket. You think that you have to pay because it is another clinic, right? No, don’t pay anything. He is still a young child. Don’t worry. He gave me his number and card. I visited him. Each time I visit him, I ask: “How is my son?” He says: “He is fine.” He prescribed treatment. I asked what about the other treatment prescribed by the other doctor?” He said: “Get rid of it as it isn’t appropriate to your son’s age”. He re-writes treatment.” – Sudanese female, age 25+

“R4: In EL Kasr El Einy, she spent a night. My husband goes to the hospital director all the time asking him for help if there is a private hospital in the upper floors within the buildings of EL Kasr El Einy namely El Maniel. My husband said: “we are poor people. I don’t have money.” He said: “take her. It is another hospital”. My husband said: “we are poor please accept her”. The director said: “Take her to another hospital”. In the morning, it was another shift. So, my husband met the director of the hospital for morning shift. He said the same thing. The director said: “Calm down. I’ll have a look on the girl. If you don’t find a place, I will let her in on my account”. The girl got in and she spent 40 days in the ICU. This was free. I want to thank this doctor. The girl had tetraplegic. She was vomiting all the time. She smelled bad. They also changed her pampers. The doctor asked her: “Does your mother work?” She said: “No”. Then, he asked: “Do you have young siblings?” She said: “no”. So, he told her if you want your mom to come and be with you it is ok. It isn’t permitted in the ICU to have someone with the patient. He gave me permission to be with her. He and the nurses cared for my daughter and she was able to stand on her feet. Then, the doctor under his supervision has presented a complaint against this doctor to mention that he doesn’t take any charge from us and that I spent time with her. So, they decided to discharge her. The problem is with the doctors not the hospitals.

You may find good doctors in hospitals. However, the bad ones are the reason behind the bad reputation of the hospital.” – Egyptian woman, 25+

5. Service issue: discrimination

* Sudanese women feel that they are discriminated against based on their ethnicity when using health services.
* Syrians also describe discrimination but to a lesser extent.

“Maybe they handle Egyptians better. in some place, you wait till the end because you are Syrian and Egyptians go first.” – Syrian woman, 19-24

“You just enter the place and they say: “What do you want oh black one?”.” – Sudanese woman, 25+

“There is an organization for refugees, namely CARITAS for Refugees. A refugee shouldn’t pay anything even the price of a syringe. Here, it isn’t the case. You have to pay. You are insulted and not respected.” – Sudanese woman, 25+

“The people who are responsible for organizing the line, they allow Egyptians to enter and not Sudanese. They say: “It isn’t your turn, have you heard your name?” I said: I want to visit the doctor. I always find that Sudanese are insulted.” – Sudnaese woman, 25+

“One may wait for a month in order to see the doctor. It takes a month. You accept this way of treatment or they would tell you that they don’t want to handle Sudanese. If they say that they don’t want to handle Sudanese, no one would go there. I think they should handle us well or they have to tell us that they don’t want to handle Sudanese at all.” – Sudanese woman, 19-24

“After I was discharged from the hospital (Child cries, can’t hear the words), I was back again for the stiches. I met the nurse who asked me: “Are you Sudanese?”. I said; “Yes”. She added: “Are you from the north or south”. Then, she talked about a political issue and why Egyptians treat Sudanese like that. They talked about things I know nothing about. She moved me to a bed and didn’t unfold the stiches. She said: “Finished”... Maybe she thought I am Sudanese, so there is a problem. I don’t know. The stiches are the same. If she was able to remove the stiches, there won’t be a problem. It was my first time to be exposed to this situation (words aren’t clear). Such political issues shouldn’t be reflected on patients. Maybe something wrong.” – Sudanese woman, 19-24

6. Other common service Issues include cleanliness, the professionalism of nurses (for taking bribes and interacting poorly with patients), and crowded services.

“Most of the public hospitals aren’t clean.” – Syrian woman, 19-24

“It is so close to me. As for the cleanliness, it is not available at all. They don’t care for patients. If someone is a little bit sick, s/he would become sicker.” – Syrian woman, 19-24

“If you need a surgery, the surgery is undergone. The nurse who injects, should receive tips. You have to give tips for everyone. If you didn’t pay them, they would do nothing.” – Sudanese woman, 25+

“The problem is the nursing. Maybe there is shortcoming in big rooms. Many patients share the same bed. These are the shortcomings.” – Sudanese woman, 19-24

“There are a lot of people waiting and there is no place for waiting.” – Egyptian woman, 19-24

7. Of respondents who indicated how far health services were, most suggested that distance was not a huge issue.

* A few individuals mentioned distance as a service issue but most felt it was not an issue or were ambivalent.
* This is a hard issue to evaluate because people may access different services in different places. A specialty clinic may be far away whereas a GP may be close by. However, it would seem that distance is not a hard barrier to accessing health services.

“When my son suffers fever or gets tired, I take him to the hospital. It is opened. They receive us well. It so close to my place… there is a dispensary near my home.” – Egyptian woman, 19-24

“F: Walking or you have to use transportation?

R6: Transportation.

F: What do you use?

R6: I use two transportation means, no problem.

F: Ok, what do you mean?

R6: It took half an hour.” – Sudanese woman, 25+

“R1: I live in October, Othman buildings. There is a health center.

F: Is it close to your home?

R1: Yes, it near my house.

F: Do you walk or use transportation?

R1: No, it isn’t far. I can walk. It is so close to my home.” – Sudanese woman 19-24

“F: Is it close to your home?

R3: No, it is not close.

F: Do you use transportation?

R3: Yes, a taxi. It takes about 45 minutes.” – Egyptian woman, 19-24

8. Sudanese and Syrians both reported receiving subsidized services. A few respondents noted that these subsidies do not apply to all services but the reason behind this is unclear.

“I have registered at UNHCR. They have referred me to the hospital at the seventh settlement. It is a university hospital. Thanks God, the doctor was so good. He cleaned the injury for me.

F: Was it expensive or cheap?

R2: It was on the cost of UNHCR.” – Syrian woman 19-24

“In our neighborhood, a boy got sick. He visited El Haram hospital. In the hospital, they opened a file for him. Everything was free.” – Sudanese woman, 25+

“Yes, it was in the same hospital… it was free of charge, not even symbolic fees.” – Sudanese woman, 25+

“You would find a public hospital. Just wait and I’ll tell you the location. When you go to the beginning of Fisal, you can take any transportation means to EL Haram… you will find EL Haram hospital, it is free. EL Harm is a big hospital. Children are examined free. You get all the services free. I follow up with my family there (More than one participants talk at the same time and words aren’t clear). It is so close. You can walk. You just go to the street of El Haram. You will find EL Haram Hospital. It is a big one. It is also free. You can open a file there. You just give them your ID and they can open a file for you. There are also medical centers in this street.” – Sudanese woman 25+

9. Syrians and Sudanese seem to have a negative impression of organizations that provide refugees with health services.

* Syrian women have a negative impression of UNHCR.
  + They feel the services they access through the UNHCR are shoddy.
  + They run into trouble when they need services from providers who are not covered.
* Sudanese women have a negative impression of Caritas
  + They feel Caritas services have deteriorated
* It is unclear whether their dissatisfaction is because these organizations are making promises they can’t keep or because respondents did not understand fully how the system works

“R4: It doesn’t provide any service. The service isn’t good. It seems that we are going to death by our own? I prefer to go to something that isn’t affiliated to UNHCR even if I will borrow money rather than going to a public hospital. I don’t have to go to these hospitals.” – Syrian woman, 19-24

“Actually, no one benefited from it. The United Nations High Commissioner for Refugees is just a title. It doesn’t care for refugee.” – Syrian woman, 19-24

“My cousin had a son who is 11 years old. Suddenly, he becomes diabetic. She is registered with UNCHR. She went to Mahmoud hospital. The measuring of his blood sugar was 500 and Mahmoud’s hospital didn’t accept him. She should be referred to another hospital. She should get paper and approval to be able to go another hospital. The boy was about to die. She returned back to 6th of October city and hospitalized him in a private hospital. She paid all the cost. When she asked if she could get part of the cost, they said: “No, this isn’t acceptable.”” – Syrian woman, 19-24

“If you want to lose your child, go to CARITAS.” – Sudanese woman, 25+

“Every time I visit CARITAS, they say: “We don’t have internal or skin doctors.” So, where to go? I have to go to the Egyptian health centers. I don’t know where are these centers… I just know CARITAS. CARITAS was better before compared with nowadays.” – Sudanese woman, 25+

“I spent good time with CARITAS. It delivers services. But when I needed them, I found that they don’t provide services. Maybe numbers increased because they help big number of people.” – Sudanese woman, 25+

10. Private services were generally perceived as being superior to public services by Syrians and Egyptians, mainly because private services did not meet expectations. They faced a tradeoff between quality of service and cost when deciding to use private or public services.

“The problem of the public hospitals is that there is no care. As for the private hospitals, it is expensive. The most significant problem we suffer is to go to a private doctor or hospital. We can’t afford for this. The problem with the public hospitals is that they are careless.” – Syrain woman, 25+

“There are negligence in hospitals especially in public hospitals.” – Egyptian woman, 19-24

“Yes, it is allowable but the services provided there are bad. You can't be confident and secure about any of your sick relatives who visit the emergency of public hospitals.” – Sudanese man, 19-44

“Private is good for those who have money. Maybe, we have money but others don’t have.” – Sudanese woman, 25+

11. Many respondents had positive experiences at public facilities and noted that service quality depends heavily on the doctor you get.

“Actually, October is good place. The centers there are ok. The public hospitals are good. They handle people equally.” – Sudanese woman, 25+

“In spite of the fact that it is a public hospital but it was good. There are good and clean departments and other departments that aren’t good. My mother also had problems in her womb. No one in Boulak hospital knows what was her problem. All the doctors, private and public, didn’t know what was her problem. A doctor in a private hospital recognized her problem. This hospital was in Lebanon square. He said that she has a tumor and it should be removed immediately. When this tumor was removed the bleeding stopped. This means that there are good doctors in public hospitals and there are bad doctors who receive money in their clinics.” – Egyptian woman, 25+

“R2: I think that doctors in public hospitals are better than private. However, we don’t know the level of services.” – Syrian man, 19-44

12. While private services are often perceived as superior to public services, those who use them still find issue with the quality, especially Syrians.

“There was a doctor in Cairo. My son fall here and he injured his head. I took him to a private doctor in Cairo. This doctor should have cleaned the injury and then put medications so that the injury is cured. However, he has taken five syringes from my son. So, the injury didn’t get well. We spent 5 days and the injury didn’t become better. The injury has increased.” – Egyptian woman, 19-24

“I got out of the operation room. They have put me on stretcher. The doctor asked for X-ray to see how was the operation. They took me down. I used the lift. There was a nurse with me to accompany me for the x ray while I am on stretcher. It wasn’t easy. They didn’t come… No doctor comes… they took me up and down, up and down. Then, I felt sick… I told them: “Please take me up”. She put me in lift alone. I was alone in the lift. My husband was downstairs to check what’s going on… I was in lift. I wasn’t able to move with the stretcher alone. I waited till my husband came, opened the lift and got me out. She left me alone in the lift. It is a private hospital… In October. It is a well- known hospital.” – Syrian woman, 19-24

### FAMILY PLANNING

#### Family Planning: Overview/Key Findings

1. Men and women across ethnicities and age groups prefer smaller family sizes of roughly 2-3 children. Some women thought men wanted larger families but most men indicated they wanted no more than 3 children. Men were also more likely than women to not want children at all. The desire for smaller families was largely attributed to economic reasons: children are expensive and they want to allocate more resources to each child

* Desired family size is consistent with actual family sizes reported. Most men and women interviewed had 3 or fewer children and thought that 2-3 was the most common range.
* Some pressure from parents or parents-in-law for more kids was noted by respondents.

2. Both men and women feel that FP is a very important issue and noted that they could use more awareness surrounding it. This suggests and openness to learning about and using FP and is likely driven by the desire for smaller families.

3. The types of contraceptive methods used vary by ethnicity but overall pills, IUDs and traditional methods are the three most commonly used methods (by the respondents and their peers). Contraceptives are widely available and for the most part price does not seem to be a hard barrier for Egyptians or refugee populations.

* Women who stopped using one type of contraceptive almost always cited side effects as the reason. However, it is unclear what caused the side effects. If it was a result of poor FP recommendations by service providers, this could constitute an important service gap.
* The most commonly cited reasons for not wanting to use a specific contraceptive method were fear of side effects or infertility and questioning the effectiveness of the method.
* The most commonly cited reasons for using NO method at all were religious and cultural ones.

4.Many respondents (both women and men) believe that IUDs, and to a lesser extent other contraceptive methods, don’t work.

* It is uncertain whether this has a medical basis or is simply due to the misuse of contraceptives or the spread of rumors.
  + If this is medically accurate, there is cause for concern because it means there are issues with contraceptive efficacy in Egypt.
  + If it has no medical basis it still presents a problem. Service providers note that many women come into their offices with preconceived notions about contraceptives that make it harder for them to recommend the appropriate contraceptive based on the woman’s personal profile (discussed in the service provider section).

5. Women and men get their FP information from a wide array of sources with some differences between ethnicities and sex. Overall these sources tend to be (i) health facilities or doctors, (ii) lectures, workshops or courses, (iii) friends and family, (iv) TV/media. There seems to be little opposition to the dissemination of FP information except that some Syrian and Sudanese men suggested that talking about FP with friends or relatives is taboo. They were still receptive to learning about FP from other sources.

6. Some Sudanese and Egyptian women indicate opposition to providing comprehensive FP information before girls reach marriage age. If this prevents adolescents and young adults from accessing FP at the time of first sexual intercourse this could jeopardize their reproductive and sexual health.

7. Men and women across ethnicities agree that both partners should decide on FP methods together. However Egyptian and Sudanese women overwhelmingly indicate that they think men have the have the final say in FP decisions. If this is indeed the case, awareness raising among men could help increase women’s role in decision making.

8. Sudanese women note that while many men do not attend FP appointments with their wives, men that do accompany them may be excluded from the family planning sessions

* Men who accompany their wives often wait outside either by personal choice or as instructed by the doctor
* This represents a lost opportunity to educate men
* FP information dissemination geared specifically towards men or couples could help narrow this gap
* It is unclear if this is common among other ethnicities as well

9.The most common complains against FP services are discrimination and long waits (including difficulties seeing a doctor), mainly among Sudanese women

#### Family Planning: Needs

1. Both men and women feel that FP is a very important issue and they could use more awareness surrounding it.

* Men and women of all ethnicities think that FP information is important for men and women.
* Many respondents of both sexes also feel that more awareness about FP is needed (in general).
* Sudanese women indicated that they think men do not know enough.
  + However, while men say that FP awareness is lacking in general, they mostly feel they know enough.

“We need awareness raising, counseling because people have a lot of children and don’t know information about family planning.” - Egyptian man, 19-44

“R4: In EL Taba, they gave advice to women who visit the place. But the information isn’t enough. There should be focus.” – Sudanese man, 19-44

“R4: It is necessary to deliver these information to people, centers or find a way to reach the community. Cooperate together in order to raise awareness in a certain area. Save the children is everywhere but awareness isn't available.” – Sudanese man, 19-44

“There should be an open day for men on Friday night at the school. Men don’t work on Friday. Some men aren’t open minded. I have seen a woman whose husband told her she should get more children. He asked her: “why do you use a contraceptive?”. She answered: “Children are still young. Both of us work and money isn’t enough”. He said: “No, this is not true”. Do you know a woman gives him a contraceptive to give it to his wife. He said: You won’t take it. You won’t get children. Such type of men needs awareness raising.” – Sudanese woman, 25+

#### Family Planning: Behaviors

1. Most men and women interviewed had 3 or fewer children and thought that 2-3 was the most common range

* Most female respondents had between 1-3 children (roughly equal distribution)
  + Sudanese female respondents 19-24 tended to have 1-2 children; women 25-44 tended to have 2-3 children
  + two Egyptian women 19-24 said they had 2 kids and two Egyptian women 25-44 said they had 3 kids
* Most male respondents had 0-4 children (roughly equal distribution)
  + Sudanese and Syrian men tended to have slightly fewer children than Egyptian men
* Only one adolescent in the sample had already borne a child. She was Syrian, 17, and married.

“F: What is the minimum and maximum number of children that Syrian women have? (Laughter). What is the minimum?

R: The maximum is 2 or 3

R: 3 or 2

R: some have 4 or 5” – Syrian women, 19-24

“F: In average, how many children do your relatives have? I mean the majority of your relative have 5 or 4 kids?

R1: Having 5 children is rare. In general, they could have 2 – 3 children.

R3: 2 – 3

(Most participants said 2 – 3)

R9: In average 2 – 3 children. When people spend like four or five years here, they may get one or two children.” – Sudanese man, 19-44

2. Methods used vary by ethnicity but overall pills, IUDs and traditional methods are the three most commonly used methods (by the respondents and their peers)

* Egyptians use a mix of all kinds of contraceptives but IUDs and pills are most common & preferred for women and men.
* Sudanese women say that pills are the most common and preferred method used but in reality they are more likely to use traditional methods than the pill.
* Sudanese men overwhelmingly prefer traditional methods to pills or other modern methods
* Syrians tend to use IUDs and the pill but women think IUDs are the most commonly used method and men think pills and traditional methods are most commonly used.
* Men mainly think the best method to use depends on the individual and/or should be determined by the health provider
* *Note: there is no good quote to succinctly sum this up*

3. Women who mentioned ceasing to use a type of contraceptive almost always cited side effects as the reason.

* The reason for side effects is uncertain, but if it is because they are not getting individualized FP recommendations this could constitute an important service gap.

“The IUD wasn’t ok with my body. So, I use pills because my husband wouldn’t use condom. He also wouldn’t use safe period. Pills also affect me.” – Syrian woman, 25+

“For me, I have tried IUD and used it for three years but it caused problems.” – Egyptian woman, 25+

“After 3 months, I took pills. It caused problems. It caused low blood pressure.” – Syrian woman, 19-24

4. The most commonly cited reasons for not wanting to use a specific contraceptive method were fear of side effects or infertility and questioning the effectiveness of the method. The most commonly cited reasons for using NO method at all were religious and cultural ones.

“I also found that many women are pregnant in spite of using the IUD. If they didn’t get pregnant, it causes problems and complications.” – Egyptian woman, 25+

“t is better to use natural methods compared with other contraceptives because it may cause problems in the future. It also may lead to sterility. I know that using pills for long times causes sterility.” – Sudanese man, 19-44

“R4: Yes, religion may also be one of the reasons that prevent people from using contraceptives.” – Sudanese man, 19-44

5. Egyptian women 25-44 were the only ones that openly talked about abortion (tactfully mentioned they wanted one but didn’t get it for varying reasons).

“I became pregnant twice while using IUD and also miscarried the child. The doctor has installed it and … became pregnant. She didn’t tell me that I’m pregnant. After she examined me by sonar she told me come after 2 or three months. She should have told me in order to… you know?” – Egyptian woman, 25+

6. Men and women overwhelmingly agreed that the best spacing between children would be 2-3 years. The main reasons for spacing children were for the mother or child’s health, child rearing and to have time to prepare financially for the next child.

* Actual spacing ranges from less than a year to over 4 years, with no discernable trend

“Is family planning necessary for the health of Mother or the health of the child or the circumstances?

R7: It is necessary for the child. It is necessary to use family planning in order to be able to raise your child in a good way.

R8: It is necessary also for the health of both the mother and the child.” – Sudanese man, 19-44

“F: We would discuss the issue of family planning in details later. So, let’s finish this point first. Are there any other elements beside finance, passion and God’s will?

R4: Raising children. If you got two children immediately namely one after the other, it is difficult. They become jealous.

R2: Each child should get enough care.” – Syrian man 19-44

#### Family Planning: Preferences

1. Men and women across ethnicities and age groups preferred smaller family sizes of generally 2-3 children

* Respondents overwhelmingly desired a small family size but they do note some pressure from parents or parents-in-law more kids.
  + It is unclear whether this effects their decisions in a significant way
  + It may simply be a reflection of the childbearing preferences of older generations
* Some women think men want big families but most men wanted no more than 3 children and more men than women didn’t want to have children at all

“Now, women learn… they go to the university. They graduate and want to work. So, it isn’t good to have three or two children… one gets a child and waits 3 or 4 years… she can have two or three children.” – Sudanese woman, 25+

“Frankly speaking, having many children isn’t good in general. The problem is that how to convey this idea to your family or the family of your husband. Their reaction will be: “How can you say such things? Children are everything?” He is the man, he can get whatsoever number of children. One can get 12 children not only one. The man can have 12 children. He is proud that he has such number of children. But he doesn’t spend enough money on them.” – Sudanese female 19-24

“...according to circumstances and money. I think two children are enough. One can’t guarantee how his life would be, maybe I won’t be able to afford” -Egyptian man, 19-44

“After the war, we want more children (laughter) to compensate. The circumstances are difficult. The best number of 3. During war, people think that we aren’t stable. We have to go back.” - Syrian woman, 25+

2. The desire for smaller families was largely attributed to economic reasons

* Either they wanted to be able to invest more resources per child or they thought having many children would be too costly
* This was consistent across ethnicities

“It was in the past… Women like to become pregnant many times, 6 – 7 but this generation has many problems; economic problems. These problems reduce the number of children to be two to three.” –Sudanese woman, 25+

“If you have 8 children, they won't receive the same type of education in case they are just 2 or 3. If I have just 2 or 3 children, I can give them better education. I won't need to borrow money from any one.” – Sudanese man, 19-44

“A man may say: “Thanks God, I would have just two or three in order to be able to educate them and make something good for them. The father who exerts efforts in life would like to have few children… you can find another man who says: Let’s not stop having children. Let’s leave it to God. This is incorrect. This is also not good for the time or the circumstances we have. If one would like to purchase a meal for the whole family, it costs at least LE 100 or 150. It is also not a good meal. So, in this time, we have to be wise instead of having 6 or 7 children, 2 or 3 are enough.” – Egyptian woman, 19-24

3. Conversely, respondents indicated that individuals might want or have a big family because they either think that children will help support the family or have religious qualms with contraceptives.

* Respondents who noted the non-use of contraceptives for religious reasons often mentioned a religious saying that “children come with the needed money”.
* Some women, mainly Egyptians, thought that some men way want larger families because they preferred boys. This was not supported in the men’s interviews but may still have some factual basis.
* Syrians did not offer reasons individuals would want a large family
  + Unclear if this is because it is less common or they weren’t probed sufficiently

“As my colleague no 6 mentioned, in rural areas they get a lot of children because they need their help.” – Egyptian man, 19-44

“My neighbor has 11 children to work and help him. They have grown up. They work and he spends all his time on the café palying Siga.” – Egyptian man, 19-44

“Some of us may say that [using modern methods] is religiously unacceptable. Children will come with the needed money.” – Syrian woman, 25+

“R5: Yes. We thought that you talk about our personal experience but actually there are some people who think that family planning isn’t religiously ok. Every child would come with the needed money.” – Egyptian woman, 25+

#### Family Planning: Knowledge & Beliefs

1. Women and men get their FP information from a wide array of sources with some differences between ethnicities and sex. Overall these sources tend to be (i) health facilities or doctors, (ii) lectures, workshops or courses, (iii) friends and family, (iv) TV/media.

2. In general, women get their information on FP services from health units/doctors, TV/media, or lectures/workshops but there are differences by ethnicity.

* Egyptian women mainly get their FP info from health facilities or TV/media.
* Syrian women tend to get it from family or friends and lectures/workshops.
* No trend for Sudanese women is discernable but they do note that they mainly learned about FP *services* through health clinics and health providers

“There is always awareness raising in TV and in health offices.” – Egyptian woman, 19-24

“Awareness is available. If you don’t want to go to the centers, there are women who attend these lectures in schools. If you don’t go, you won’t know. You have to go in order to know. In Zamalk, there are lectures on family planning. Every week, they talk about planning. It is up to you to go.” – Sudanese woman, 19-24

3. Men mainly get info from health facilities or doctors but their information sources vary depending on ethnicity.

* Sudanese tend to get their information from family, friends and health facilities or doctor
* Egyptians & Syrians tend to get their information from health facilities and doctors
* Syrian and Sudanese men indicated that it is taboo to talk about contraception with friends and family (although they were forthcoming with the interviewer).

“R6: I can discuss these issues with married fiends. I could ask what do you use? Because there are people who don't know about family planning. They don't know about pills, condom. People may visit the doctor to get advice. The doctor tells them about all the contraceptives and they could select.” – Sudanese man, 19-44

“F: Have you heard about family planning? Where?

R6: Yes, of course, We heard of family planning.

R4: We learnt about family planning in the health unit.

R10: In TV.

R7: I have heard of family planning in health unit as well.” – Egyptian men, 19-44

“F: Approximately, do you know how many people use contraceptives?

R9: No of course, we couldn't know. We discuss it here because this is a closed group but in community, no one talks about these issues. I don't mention any details. I don't give definite answers. No one discusses these personal issues. We can discuss it here because this is your field and no one would mention my name. I have received many training courses. I know a lot about child protection but I can't discuss all these issues in public.” - Sudanese man, 19-44

4. Men and women agree that the best sources of FP information are health centers or doctors and lectures, workshops and courses.

* They also feel that schools and social media or TV are particularly good methods to disseminate information but are open to a wide range of sources

“R2: First of all, awareness raising should be available first at the health unit, TVs, Shiekhs and doctors.” – Egyptian woman, 25+

“R4: We want to attend more sessions to have more awareness raising. When we attended these sessions in Women issues and learnt a lot of things. We asked them to hold sessions for our children.” – Egyptian woman, 19-44

“F: What is the best way to raise awareness?

R4: Health centers.

R8: TV programs.

R4: Sessions in centers.

R2: Schools should hold meetings with parents.

R6: Home visits for 10 – 15 minutes.

R2: In the sixth settlement, my wife is a health worker. She volunteers with center. So, mothers attend

lectures in the center and receives in-kind or cash allowance, cloths. You can find more than 200 women attend the lecture. There should be something to attract women to come to the center to attend the lectures.” –Susanese men, 19-44

“There is Syrian private school. There is a public Syrian school in 6th of October… You could make lectures to raise students and parents’ awareness once a year. There will be new girls each year.” – Syrian woman, 19-24

5.Many respondents (both women and men) believe that IUDs, and to a lesser extent other contraceptive methods, don’t work

* Syrian and Egyptian women hold this view most strongly
* It is based on personal experiences, the experience of acquaintances and “common knowledge”
* It is uncertain whether this has a medical basis or is simply due to the misuse of contraceptives or the spread of rumors
  + If it does, there is cause for concern because it means there are issues with contraceptive efficacy
  + If it has no medical basis it still presents a problem. Service providers note that many women come into their offices with preconceived notions about contraceptives that make it harder for them to recommend the appropriate contraceptive based on the woman’s personal profile (discussed in the service provider section)
* Despite this common hesitation, IUDs are still widely used, as noted previously. There is a dichotomy between widespread use of IUDs and widespread mistrust of their efficacy

“I became pregnant in spite of the fact that I am using IUD.” - Egyptian woman, 25-44

“I became pregnant twice while using IUD and also miscarried the child. The doctor has installed it and … became pregnant.” – Egyptian woman, 25+

“I also found that many women are pregnant in spite of using the IUD. If they didn’t get pregnant, it causes problems and complications.” - Egyptian woman, 25-44

“A woman may use IUD and then gets pregnant. I know many cases who experience this. At this case, where is the doctor who is responsible for following up. In most cases, the instructions of the doctor aren’t correct.” - Egyptian man 19-44

“Frankly, in Syria, every one million women who use IUD, one becomes pregnant. In Egypt, three of each ten women become pregnant. Maybe, it is put wrongly... Maybe doctors don’t know to install it… Maybe the quality isn’t good.” - Syrian women, 19-24

“This is what I heard…. Five of each ten become pregnant. It is inserted at the time before pregnancy but she fears that she will become pregnant after it is inserted.... I used IUD and then I delivered a baby.” - Syrian women, 19-24

6. Some Sudanese and Egyptian women indicate opposition to providing comprehensive FP information before girls reach marriage age

* They seem to think it could encourage bad behavior or be overwhelming
* Men by and large think that these issues should be taught in secondary school or earlier
* Syrians did not specifically answer this line of questioning

“F: But you mentioned that in Sudan, girls receive this awareness raising in a young age. Do you think this is good?

Many respondents: yes

R10: I think that would make her think about the surrounding problems and this will add to the problems so the girl won’t be able to concentrate. Also, I think that in school they give such type of information before the appropriate time. It isn’t easy to understand this issue at this age.

R: They already know. There is a family planning lesson to teach these topics. They raise their awareness gradually. If they put all information at the same time, they won’t understand.

R10: this may lead to have illegal relations. They may use a contraceptive and do whatever they want. (Participants talk at the same time. words aren’t clear). Girls may enter into illegal relationships with young men and use a family planning contraceptive to prevent pregnancy, so that people mayn’t know.” – Sudanese women, 19-24

“F: What is the appropriate age to start raising awareness?

R6: 1st preparatory and it is necessary in university.

R11: Awareness should be raised through education.

R10: Yes, starting from preparatory phase.

(Group agrees).” – Egyptian men, 19-44

#### Family planning: Decision making

1. Men and women across ethnicities agree that both partners should decide on FP methods together. However Egyptian and Sudanese women overwhelmingly indicate that they think men have the have the final say in FP decisions.

* Sudanese women indicate that their mothers in law often also have the final say
* Egyptian men believe that both partners have the final say. Other male respondents did not respond enough to see a trend.
* From our interviews it is not possible to tell if this trend is an issue.
  + Male respondents preferred traditional methods a lot more than women (which could bode ill).
  + BUT there was no specific mention that a woman or someone she knew had the decision made for her or was pressured to choose a method other than her preferred one.

“F: Who has the final word at home? Who says that you should have children? It isn’t only the husband, could it be relatives?

Many participants: The husband of course and the mother in law.” – Sudanese women, 25+

“F: Ok. Who has the final word about using family planning; husband or wife?

R1,2,10: Both.” – Syrian men, 19-44

“F: Could you tell me who has the final word regarding the usage of family planning

contraceptives?

R6, 5, 10: Husband and wife agree.” – Egyptian men, 19-44

#### Family planning: Services

1. Women use FP methods and there doesn’t seem to be any issues with the availability of contraceptives.

* Only one male Egyptian respondent mentioned a shortage of injections
* Some service providers note shortages of *specific* brands of contraceptives but FGD respondents don’t mention availability as an issue
* There wasn’t much information on specific sources of contraceptives but pharmacies, health clinics, and NGOs were mentioned.

“Contraceptives are available everywhere.” – Egyptian man, 19-44

“Has any of you, your relatives or anyone else needed a certain contraceptive and wasn’t available?

R: Thanks God. Everything is available.” – Syrian woman, 19-24

“R4: My wife is the one responsible for this issue. We discuss it together to know what she prefers in order to do it. Recently, Save the Children also made it easy for women at home. [undistinguishable sentence here] Save the Children helps them to go to hospital. NGOs made it easy for us to get contraceptives” – Sudanese man, 19-44

2. A few respondents noted that the price of contraceptives seems to depend on the method type and where it is purchased but doesn’t seem to constitute a problem in general.

* Free or cheap except sometimes at pharmacies (just relatively more)

“F: Everything is available? What about prices?

R6: it is not expensive. It is just one or two pounds.

R7: In pharmacies, you can find the pills that one should get in case of breastfeeding. It is LE 11 while you pay just LE 1.00 in the health unit.

R: in the health units, the highest price is LE 1.” – Egyptian woman, 19-24

“F: I heard that there is something namely birth control implanting … Yes.

R5: It isn’t appropriate for some women! It is excellent. One could take it from health units. It costs LE 400 if purchased. In health units, it is given freely.” – Syrian woman, 25+

“R1: There are contraceptives that become expensive and others that are the same price. For example, the injection taken quarterly or bi-annually becomes expensive. As for the monthly injection, it is the same and reasonable.” – Egyptian woman, 25+

“F: All types are available?

R9: Pills aren't affordable by all people. However, condom is available in CRS. They give you any number of condoms easily.” – Sudanese male, 19-44

4. The most common complains against FP services are discrimination and long waits (including difficulties seeing a doctor), mainly among Sudanese women

* Egyptian women also noted FP service issues but there was no real trend in their complaint

“There is a door keeper. I have seen a Sudanese woman who arrived first and Egyptian women wanted her to wait. Then, she insisted to go first. So, they waited and after she finished, they hit her on her head. She had a baby with her.” – Sudanese woman, 19-24

“You come first. They opened the door and you are the first one. Then comes the doctor. You won’t go in first. The Egyptian would enter to the doctor before you.” -Sudanese woman 19-24

“There aren’t doctors. I have read about it in the hospital and I wanted to check. When I got in, I didn’t find anyone.” – Egyptian woman, 19-24

“Last Monday, I went to the family planning at 8.30 am to take a contraceptive. There were three who should check before me. I stayed till 10.00 am.” –Sudanese woman, 19-24

5. A couple women mentioned that FP service providers sometimes didn’t answer questions completely or gave confusing answers

* There were not enough complaints to constitute a trend but it could constitute something important

“In the health unit, they don’t tell you anything. You just say what you want and they don’t tell you that this contraceptive for example isn’t ok. No, if you say you want injection, they would give you injection.” – Egyptian woman, 19-24

6. Sudanese women note that while many men do not attend FP appointments with their wives, men that do accompany them may be excluded from the family planning sessions

* Men who accompany their wives often wait outside either by personal choice or as instructed by the doctor
* This represents a lost opportunity to educate men
* FP information dissemination geared specifically towards men or couples could help narrow this gap
* It is unclear if this is common among other ethnicities as well

“Most of the time, the husband is busy with his work. May be when you visit the [FP] awareness raising centers, you are alone.” – Sudanese woman, 19-24

“If the husband is with you [at FP appointment], he can help with the baby. There is no awareness for men in general. Rarely, that the husband goes with his wife to the doctor’s room. He always stands outside.” – Sudanese woman, 19-24

“The doctor asks two or three women together to come in and says that men aren’t allowed to enter.” –Sudanese woman, 19-24

### PREGNANCY

#### Pregnancy: Overview

1. The FGDs do not provide much information on behaviors during pregnancy (except for the delivery process). There is slightly more information on the quality of services.

2. On a positive note, most women go to the hospital if they experience any complications. This indicates that any barriers to using pregnancy services are not hard barriers even if respondents fell there are issues with the service provision.

3. The issues respondents have with pregnancy services reflect the issues they have with other health services. The most common issues pertain to distance, cost, discrimination, delays in care, and misdiagnosis/ malpractice.

#### Pregnancy: Behaviors & Knowledge

1. The majority of women across all ethnicities who had a pregnancy complication went to a hospital to be treated

* This trend was the same for the wives of male respondents
* This indicated that any barriers to using pregnancy services can be overcome

“It was my sixth month. At 11 or 12 pm, I had bleeding. I visited the doctor in “El Fateh” and the new hospital.” – Sudanese woman, 19-24

2. Men of all ethnicities seem to be well informed of available pregnancy services.

“F: Are health services provided for pregnant women available in your neighborhood?

R2: We have private clinics. Many women go to El Zohour hospital in seventh settlement.

F: Is it private or public?

R5: It is public with reasonable prices. In El Shariaya, there are also clinics.

R6: There is a doctor in eighth settlement.” – Syrian men, 19-44

#### Pregnancy: Services

1. While respondents did not discuss their usage of pregnancy services in detail, they did highlight some issues they faced. The most common issues pertain to distance, cost, discrimination, delays in care, and misdiagnosis/ malpractice.

* Service issues are reflective of issues faced in other health services
* They are also closely intertwined with issues respondents have with delivery services

2. Service issue: distance

* Distance was brought up as a service issue by Sudanese respondents

“El Taba is a place similar to hill so it isn't an easy place for pregnant women. They have to walk for almost half an hour.” – Sudanese man, 19-44

“My wife was pregnant. Health workers used to give her advice at home. They advised her to go to a health center. "Why don't you go to the health center?" I asked. She said: "They treat me badly. I need to walk for long distance”.” – Sudanese man, 19-44

3. Service issue: cost (in the form of bribes)

* Sudanese in particular reported needing to pay bribes to obtain normal services

“The nurses do nothing. They don’t even say a word to you. You have to give them money or bribe.” – Sudanese woman, 19-24

“The problem is that security people want to get money in order to allow someone to associate [accompany] the sick person as if it is a supermarket.” – Egyptian man, 19-44

“In this hospital, I wasn't allowed to stay with my wife. Also, workers are so materialistic. If you pay them money, they are good with you. If not, you won't get anything. In order to know how is my wife doing, I have to pay LE 10 or 20.” – Sudanese man, 19-44

4. Service issue: discrimination

* Sudanese women described feeling discriminated against while using pregnancy services
* This reflects the experience of Sudanese women in other branches of health services

“I think that this problem is because of the staff in the hospital. The staff decides based upon the importance of the sick person. As long as you are a foreigner, they don’t care.” – Sudanese woman, 19-24

“I have lost the baby. The doctor gave me pills and I lost the baby. I am not sick any more (Children noise). I was so sick (words aren’t clear). No problem. There is no doctor. They all know. There is a health Center in El Matar (Imbaba Airport). The problem is that this place doesn’t deal with Sudanese.” – Sudanese woman, 19-24

“If I ask one request, the nurse may say: “You have asked me many requests”. No one talks to me. I can’t stand it.” – Sudanese woman, 19-24

5. Service issue: delays

* Sudanese respondents noted closures, turned away, long wait times
* Egyptian noted long waiting times

“R5: The last bleeding was in Eid. It stops for a while and then comes back. I took injections to prevent miscarriage (words aren’t clear). It was during Eid and all hospitals were closed.

F: All hospitals were closed. What about the health services centers in the neighborhood?

R5: I don’t know what about the Eid? (words aren’t clear). However, the health center was closed on Friday, Saturday and Sunday. It was Eid.” – Sudanese woman, 19-24

“The pregnant sits on chair and you know it isn't easy to sit for such long time. She may arrive at 7.00 am to spend 4 hours while being tired and exhausted because of pregnancy.” – Sudanese man, 19-44

“My wife was pregnant. Health workers used to give her advice at home. They advised her to go to a health center. "Why don't you go to the health center?" I asked. She said: "They treat me badly. I need to walk for long distance”. I can accompany her to Caritas however, I can waste the whole day there and receive nothing.” – Sudanese man, 19-44

“R4: A man sends his sick wife to the hospital because of bleeding, then the hospital rejected the case. Isn't it an emergency case?” – Sudanese man, 19-44

6. Service issue: misdiagnosis/ malpractice

* Respondents from all ethnicities reported cases of misdiagnosis during pregnancy complications

“My wife really suffered. She was following up her pregnancy with a doctor. He treated her rather badly. Her blood pressure was almost 210 and he never mentioned. one day, she was sick and visited the doctor. He measured her blood pressure but he didn't say anything and discharged her. So, she went home but still had pain. I have carried her to a hospital in Halmiat El Zieton, the doctor there said that this is preeclampsia. I was surprised that the doctor she visited earlier wasn't aware of the case.” – Sudanese man, 19-44

“When the pregnancy was 3 months, I visited the doctor. She said there is congenital anomalies. It is only 3 months what congenital anomalies? The doctor said: “Come again after three days”. She gave me (words aren’t clear). She said come after three days to abort the baby. Why? I visited another doctor. He said that there is nothing wrong. He said the pills the first one prescribed would cause abortion.” – Syrian woman, 19-24

7. Male and female Egyptian and Sudanese respondents have a slightly a better impression of private service than public services mainly because of poor experiences with public services rather than outstanding experiences with private services.

“We go to private hospital to be confident.” – Egyptian maln, 19-44

“They advised her to go to a health center. "Why don't you go to the health center?" I asked. She said: "They treat me badly. I need to walk for long distance”. I can accompany her to Caritas however, I can waste the whole day there and receive nothing. She had to visit private hospital in order to find solutions for her problems.” – Sudanese man, 19-44

### DELIVERY

#### Delivery: Overview

1. Almost all women deliver in hospitals and are attended by doctors or nurses. This is consistent across ethnicities and suggests that while services are not perfect, hard barriers to delivering in a health facility are not common. Sudanese women noted a tendency for women to deliver at home back in Sudan so their health-seeking behavior during displays a positive change.

2. I got a sense that many respondents didn’t have a “fixed” delivery plan in place. By that, I mean that they didn’t seem to have a pre-determined location and/or delivery doctor, which led to confusion, delays and stress. The reasons they may not have a birth plan in place are unclear especially since it seems as though women generally stick to one provider during pregnancy.

3. There is a long list of service issues that were brought up by respondents. Significant service issues from the perspective of clients include costs (private services, bribes, and incubator rentals), unsanitary conditions, lack of essential equipment, professionalism of nurses, and poor treatment/ discrimination.

* It is important to remember that the phrasing of questions, the way interviewers probed, and people’s natural tendency to vent about bad experiences may have led to an over-representation of bad experiences in the interviews.

4. In general, respondents perceive private services to be superior to public services and thus prefer them. Given that private services are more expensive, this leaves them with a tradeoff between quality of care and cost.

5. Private services still have their fair share of complaints despite being viewed as generally better than public services.

6. There is not enough information on postnatal services to discern any real trends since this line of questioning was not sufficiently probed. From the few responses we have it would seem that women accessed postnatal services if they had a birth complication and to vaccinate their children.

7. There were only a few references to subsidized delivery services. It is unclear if this is because women did not have access to it or because they did not specifically mention that their delivery was subsidized. This represents an important issue to look into.

#### Delivery: Behaviors

1. Almost every woman who discussed their delivery, and every man who discussed his wife’s delivery, delivered at a hospital (or planned to but didn’t make it).

* This held true regardless of ethnicity
* Syrians indicated that they also usually delivered in hospital back in Syria
* Sudanese suggested that people usually deliver at home with a midwife in Sudan but in Egypt most of them (and family, friends) delivered or planned to deliver at a hospital. This indicates that there is already a tendency towards safer births.
* Egyptian women also noted that in rural areas delivery at home is not uncommon but in urban areas it is almost exclusively at hospitals.

“Did you think or did it happen before that a woman delivered at home?

More than one participants: No, it is an old idea.” – Syrian woman, 19-24

“F: Where did you deliver your babies?

R?: In Imbaba.

R3: Me too.

R?: Demerdash.

R?: Demerdash as well.

F: No problems during, before and after labor, right?

R2: No, it was ok. They take tips.

F: Before you come to Egypt, how did you deliver your babies?

R3: At home, the midwife.

R2: You call her and she comes. She comes home. She takes all data and comes home (baby cries) (words aren’t clear).

F: For you, hospitals were new when you came here?

R?: Yes.” – Sudanese women, 19-24

“F: Do you know any midwives that deliver babies at home?

R9: No

R4: No, in Egypt, we don't know any.

F: When you were there [facilitator is referring here to Sudan]?

R4: Yes, all women deliver their babies at home (All participants agree).

R1: Here, women have to go to hospital and it is very expensive.

R9: At our places, there were midwives but in Egypt, no midwives.

R10: In Egypt women deliver c-section.” – Sudanese men, 19-44

2. Almost all women (and men) who specifically mentioned who attended them (or their wives) during delivery were attended by a doctor. A nurse attended the few who weren’t.

* While this is a positive trend, it must be noted that some women and men recounted troubling delivery stories involving poor medical care
* *Note: there were no good summary quotes for this*

3. Husbands are the most likely people to accompany women during delivery.

4. Women deliver at a wide range of hospitals

* Of those who specifically mentioned the name of the hospital where they delivered, the most frequently mentioned were
  + All ethnicities: 6th of October Hospital (all ethnicities)
  + Sudanese: Demerdash, El Galaa and Imbaba Hospitals
  + Egyptians and Syrians didn’t name drop enough to discern a trend
* However, many respondents did not mention the hospital where they delivered

“I was at the seventh month of pregnancy when I arrived. I didn’t know about the places for delivery. It wasn’t also affordable for me to go to clinic… private hospital. I asked about the cost and it was very expensive. At the end, I decided to go to the hospital of the sixth of October. I went there to deliver” – Syrian woman, 25+

“F: Where did you deliver your babies?

R?: In Imbaba.

R3: Me too.

R?: Demerdash.

R?: Demerdash as well.” – Sudanese women, 19-24

5. No one specifically mentioned this, but I got a sense that many respondents didn’t have a “fixed” delivery plan in place. By that, I mean that they didn’t seem to have a pre-determined location and/or delivery doctor, which led to confusion, delays and stress.

* I am not sure if this because of the public system set up or if it is because refugees are not melded enough into the health system
* In general, respondents seemed to have a particular clinic or doctor they visited during pregnancy but this didn’t seem to prepare them in terms of a birth plan that would reduce stress for the mother

#### Delivery: Services

1. There is a long list of service issues that were brought up by respondents. It is important to remember that the phrasing of questions, the way interviewers probed and people’s tendency to vent about bad experiences may have led to an over-representation of bad experiences in the interviews.

* Significant service issues from the perspective of clients include costs (private services, bribes, and incubator rentals), unsanitary conditions, lack of essential equipment, professionalism of nurses and poor treatment/ discrimination.

2. Service issue: cost

* The cost of the delivery itself was cited as expensive in private clinics or hospitals. The cost of delivering in public hospitals was not cited as an issue.
* Even when using cheaper public services the additional costs related to delivery were often mentioned as adding up
* This includes bribes (or “tips”), equipment rental (mainly incubators) and other fees

“Yes, It is affiliated to UN. They pay for delivery but not the incubator. The incubator is LE 400 – 600/ day.” – Sudanese man, 19-44

“I didn’t know about the places for delivery. It wasn’t also affordable for me to go to clinic… private hospital. I asked about the cost and it was very expensive. At the end, I decided to go to the hospital of the sixth of October.” – Syrian woman, 25+

“Did it cost you so much for the second delivery?

R: Each one wants to get tips, LE 20 here and there. You pay about LE 1000.” – Sudanese woman, 25+

“This hospital told us that the child will be born premature and s/he would need an incubator which isn’t available there. Actually, it wasn’t easy. We said that we may rent an incubator however, it needs a lot of money and we don’t have any.” – Sudanese man, 19-44

3. Service issue: poor treatment and discrimination

* A few women noted that they were treated in a rude or uncaring manner and faced ethnic-based discrimination
* While delivery-specific reports of poor treatment and discrimination are not as common as some other complaints, they are reflective of the behavior seen in other branches of health services

“I lay in [the delivery] bed and the worker was by my side. Then, someone said: “Why did you come to our country? Why you didn’t stay at your country?” I was laboring and crying?” – Syrian woman, 19-24

“In Imbaba, they can treat you well. But you have to give them money (tips) at delivery. This money (Tips) is more than delivery fees. If you give them tips, they handle you well. No tips, no good treatment.” – Sudanese woman, 19-24

4. Service issue: unsanitary conditions

* Syrian and Egyptian women report unsanitary delivery conditions

“I have been in Egypt for just two weeks. I didn’t know about the UNHCR. I delivered my baby in the hospital. I found that the worker swept the floor at the operation room while my womb is opened. She was by my side.” – Syrian woman, 19-24

“R5: In general, in public hospitals you find that the baby is delivered and extracted at her womb. This is normal. It happens in public hospitals. They leave the injury opened. So, it becomes polluted. They don’t clean the injury.” – Egyptian woman, 19-24

“I visited private clinics. I paid fees. It is the same. No difference. You don’t feel that the risk is less when I deliver my baby there. Anything should be clean and sterilized. People should put on gloves. You have to trust that you are in a clean place especially during delivery because during delivery the body of the woman is opened. It could host germs… When I entered, I didn’t believe it. It was terrible… As a hospital, it is not clean.” – Syrian woman, 25+

5. Service issue: badly equipped

* Men and women of all ethnicities noted that delivery services were badly equipped with a lack of incubators being the primary concern

“One should take potentials into consideration. Hospitals don’t have incubators. She has visited 8 hospitals in order to find an incubator.” – Egyptian woman, 25+

“The clinic isn’t well equipped 100% for operation. The doctor asks woman to come to the clinic. So, she may face complications because the clinic isn’t well equipped for operation.” -Syrian man, 19-44

6. Service issue: nurses

* Nurses got particular flack from Sudanese and Egyptians for taking bribes and treating patients in a rude or uncaring manner

“The nurse needs bribe in order to help. Bribe is how you get people work. If the nurse got bribe, she would come when you call her. You find that some people don’t have anyone with them not only for delivery but in general, whatever the type of problem, you have to give the nurse LE 10 to be by your side? Why is this? First of all, bribe isn’t religiously accepted. This is her job. You work in this place. One has to work for the salary received.” – Egyptian woman, 19-24

“R1: The doctor allows the nurses to take care of the sick in order to get tips. Nurses are horrible. I was in the hospital. I have seen many cases.” – Sudanese woman, 19-24

7. Respondents prefer private services to public services

* This leaves them with a tradeoff between perceived quality and cost

“F: In the places where you live, do women deliver their babies at private or public hospitals?

R9: It is risk to go to public hospital.

F: This means that you don't go to public hospitals because of the service?

R9: Yes, because of the service. I care for the safety of my wife and child. I can borrow money in order to go private hospital.” – Sudanese man, 19-44

“R4: Pregnant women are afraid to deliver their babies at public hospitals. They say that they won’t be afraid in the private hospitals. In public hospitals, they may say to the woman wait till tomorrow and the baby may die.” – Egyptian man, 19-44

“Yes, I took her to a private hospital and thanks God. I can afford for private hospital because I work but what about those who can't afford. Should they leave their wives die?” – Sudanese man, 19-44

8. Private services still have their fair share of complaints despite being viewed as generally better than public services.

“R5: I visited private clinics. I paid fees. It is the same. No difference. You don’t feel that the risk is less when I deliver my baby there. Anything should be clean and sterilized. People should put on gloves. You have to trust that you are in a clean place especially during delivery because during delivery the body of the woman is opened. It could host germs. When she sees the place. She said it is impossible to deliver here. She delivered in a hospital, in a private clinic. It was very expensive. We took the baby. When I entered, I didn’t believe it. It was terrible. When workers see someone, they say: “give me and my colleagues tips”. For what? For the cleanliness? As a hospital, it is not clean. Then we gave her. I mean that the people who work there should have (words aren’t clear). It should be easy.” – Syrian woman, 25+

9. Women did not recount their positive delivery experiences in as much detail as their negative experiences but here are some positive delivery stories:

“Actually, my experience was great in a certain hospital in October. Woman delivers her baby immediately and receives good care then she is discharged.” – Egyptian man, 19-44

“I have been pregnant two times and actually in the first time, I went to Boulak hospital. They were so careful. They took good care of me especially for the children. They surrounded me in the surgery room. May God reward them for all their care. Even the doctor of anesthetic asked me many questions...” – Egyptian woman, 25+

“Still the hospital of Imbaba is ok. When I delivered my daughter, there was good care. I delivered C-Section. When I arrived to the hospital, I learnt that I would deliver C-Section. The doctors were so careful. When I felt labor, the doctor came to examine and the nurses were around. It is Imbaba public hospital. After delivery, they examined the injury. They allowed me to stay at the hospital till I am ok. The hospital is so good and clean.” – Egyptian woman, 25+

10. Very few respondents mentioned subsidized delivery services and some Syrian women are under the impression that UNHCR subsidies are no longer available for delivery services.

* It is unclear whether most women are not receiving subsidized delivery services or if they simply did not explicitly mention it to the interviewer

“Yes, It is affiliated to UN. They pay for delivery but not the incubator. The incubator is LE 400 – 600/ day.” – Sudanese man, 19-44

“F: Was it expensive or cheap?

R2: It was on the cost of UNHCR.

R: I heard that this isn’t available anymore?

R: This system has worked for two years.

(Many participants talk at the same time, words aren’t clear).

F: What happened? What is the thing that isn’t available anymore?

R: It isn’t available anymore to deliver babies at the cost of UNHCR.” – Syrian women, 19-24

#### Delivery: Postnatal Services

1. There is not enough information on postnatal services to discern any real trends since this line of questioning was not sufficiently probed. From the few responses we have it would seem that women accessed postnatal services if they had a birth complication and to vaccinate their children.

* Those that did respond were mainly Egyptian women aged 25+
* They were most likely to access postnatal services at a hospital

“I have delivered my babies in private hospitals, but still my injury wasn’t easy. My daughter spent 4 days in the incubator. I have paid LE 6000. In addition, I couldn’t pay for more than 4 days. I have taken her of the incubator in the hospital and asked in the “Islamic Association” in Giza if there is a place for her in the incubator. They said: “Yes”. “ – Egyptian woman, 25+

2. There *may* be some follow up from doctors about vaccinations, but it is unclear if this is one provider or reflective of a wider trend.

“R: Yes, they call in order to remind me with the vaccination time when I’m late. The child is registered in the health unit of Boulak and I stay at my mother’s in law home in Ein Shames. So, they call to ask why you didn’t come for the vaccination.” – Egyptian woman, 25+

3. While postnatal services were not discussed in depth, a few bad experiences were shared.

“My wife really suffered. She was following up her pregnancy with a doctor. He treated her rather badly.” – Sudanese man, 19-44

“My daughter Gana, was newly born. She went to Tabarek Hospital. In the hospital, they said: “she had bile”. They advised me to take her to Abo El RIsh hospital. We went to Abo El RIsh hospital. The nurse didn’t care. There was another nurse who said sit aside as the girl’s face is blue. We didn’t know what to do. They have held her arms so strongly instead of holding it gently. They have injected her and took blood. Her father cried and was very upset. They told us that there is no service in this hospital. So, we took her to a private hospital near Abo El Rish namely “El Masreen or October” because in the past it was called Om El Massreen. They took LE 4000 to put her in incubator. She spent 3 or 4 days. Now, she is 5 years. This means that hospitals aren’t good. You have to pay a lot of money so that the girl may live or take her to 6th of October for care.” – Egyptian woman, 25+

### MARRIAGE

1. Syrian women aged 19-24 were the only adults to be questioned about marriage. Of those that responded, almost all indicated that they got married before the age of 20. This is in contrast to the adolescents interviewed, where only one participant was married (and one engaged) before 20.

“F: DO you think that husband or young girls may need awareness raising and education?

R1: It depends. Syrians get marry at young age. We get married from each other… We get married at a young age… If you become 20 or 25 years old, it is a problem.

F: what is the minimum and maximum age for marriage… she is spinster!

R4: There was a wedding; the bride was 15 years old and the bridegroom was 19 years old.

R: This isn’t fair!

F: I would like to ask a personal question. What was your age when you get married?

R: 16

R: 17

R: 18

R: 18

R: 19

R7: I was engaged at the age of 24. I am a hairdresser. So, I didn’t care for engagement or marriage. I have to start my business; the hairdresser. Many proposed for me but I refused. They said be engaged and get married. I said no. Let me get older… I was 14 years old. Many proposed. This is my fate. I am not happy when young girls get married.

R2: The percentage of divorce is high because girls get married at a young age. Both bride and

bridegroom don’t understand the meaning of marriage especially because you are away from your

family. This percentage of divorce….” – Syrian women, 19-24