

**EMPOWERMENT OF WOMEN AND LINKS TO THE CHILD'S  
HEALTH IN EGYPT**

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**Background:** Egyptian women, as their counterparts in the Arab countries, have suffered for a long time from rigid gender norms and gender discrimination. However, in response to the social and economic changes in Egypt as well as the dramatic advancement in the communication and media, the Egyptian culture has been adopted new norms concerning social behaviors and believes. For example, family structures which are relatively changed in favor of nuclear families and female education in which the majority of Egyptian families realize the importance of education for their children. As a result of these changes, the traditional role behaviors among women and men becomes slightly different, such as women's participation in labour market is increased in the last two decades and they are getting more committed financially to their family's needs. Yet, some of traditional role patterns are still rigid in particular gender wise. That is, Egyptian women are deferent from their spouses with respect to personal and family decision making as shown from the findings of Demographic and Health Survey (DHS) in 2010. At the same time, women are extraordinarily devoted to their families in terms of the amount of domestic responsibility.

On the other hand, many of the key strategies and activities for empowering women are developed in the communities in response to the recommendations of the ICPD- 1994 and the fourth world conference for women (FWCW) in Beijing in 1995 concerning women's autonomy. Both national and international NGOs and governmental organizations have been established numerous projects that aim to empower women wither in urban or rural areas. These efforts which have been exerted since 1994 have got some fruitful impacts although there is still a lot to do regarding empowering Egyptian women.

Women's autonomy has been receiving considerable attention as a significant factor in demographic behaviors. Indeed, several studies carried out in developing countries support

the claim that women's healthcare seeking behaviors generally varies across communities and geographic areas that differ in gender systems. Some of these studies successfully confirm the significant association between dimensions of women's autonomy in particular women's education and employment and child's health although they differ in determining which dimensions are the most effective ones based on the type of the study community.

Child health situation has gained significant improvement particularly in last two decades, in a sense that child health indicators (i.e., immunization coverage, malnutrition prevalence..etc) exceed the averages of the other countries in the lower middle income group which Egypt belongs to. Surprisingly, Egypt Demographic and Health Survey (DHS) in 2010 provide evidence that child health indicators have been significantly deteriorated with respect to child's nutritional status and vaccination coverage comparing to the results came from DHS in 2000 although Egyptian governments has given attention to implementing some health programs with respect to child healthcare by introducing new maternal and child health programs and providing good coverage of health units especially in urban areas. Moreover, some integrated development programs are provided to women in order to increase their health awareness as well as empower them.

**Objective:** The purpose of this paper is to both quantify women's autonomy in Egyptian context and examine whether any significant improvement in their situation has been achieved since 1995. Further, the association between women's autonomy and child health will be examined. It is argued that women with higher status are better able to make positive investments in their children's chances of living in better health. Child health will be measured using three indicators: child's nutritional status, complete immunization of infants, and children who have been received proper healthcare services as soon as they need it.

**Data:** Data used in the current study come from the women's status module of the 1995 and 2010 Egypt Demographic and health surveys (EDHS95, EDHS05). This module provides information on the following topics for ever married women aged 15-49 yrs: the spouse selection process, spouse's age, post- marriage residential arrangements, intra-household relationships and decision-making, education, past and current labour force participation and earning control, freedom of movement, ownership and control of assets, current and alternative sources of financial support, domestic violence, respondents' attitudes on several aspects including why women and men's right to seek divorce, circumstances under which husbands are justified in beating their wives, and why daughters and sons should be educated. Other variables from DHS will be used with respect to women's education, media exposure, age at first marriage, age at first birth, birth history, immunization, health seeking behavior for children, child nutrition, and details about household sanitary and water facilities and durable possession.

**Methods:** the women's autonomy concept needs to be operationalized. Thus, the question of what to measure and how to design the indicators that can sensitively measure women's autonomy in Arab context will be addressed in the analysis. Further, bivariate analysis will be applied to assess the improvement that may be happened in women's autonomy between 1995 and 2010. Also, a number of logistic regression models will be run to assess the impact of women's autonomy on their child's health in 2010 after adjusting for other independent variables.

**Significance:** The paper provides insights into the multidimensional nature of women's autonomy in Arab context and its influence on child health. Further, it fills a current gap in research with respect to assessing the improvement of women's status that expected to be happened in Egypt