



UNICEF



El- Zanaty & Associates

**SUPPORT TO NATIONAL
COMMUNICATION POLIO PLAN
POST SURVEY**

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Carried Out By:

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LIST OF INDICATORS

<u>Main Indicators</u>		
Percentage of caretakers for some indicators according to baseline survey and the Post Survey 2002.		
Indicators	Baseline Survey	Post Survey
Polio vaccine has side effects	26.9	12.3
NID doses don't differ from routine doses	82.2	91.4
No harm from extra doses	63.9	83.1
The child could be immunised while having fever	36.0	75.5
The child could be immunised if he ate before it	85.9	94.5
Polio is a serious disease	17.0	33.0
The family should inform a health unit when a polio case appears	55.5	93.7
Minimum age for receiving polio dose is one day	46.0	86.7
Importance of receiving the vaccine at a specific date	96.3	98.6
Polio vaccine won't harm the child	89.3	99.8

EXECUTIVE SUMMARY

The eradication of polio is a cornerstone of Egypt's child survival programmes since Egypt is one of seven countries in the world that is not yet free of the disease. The Demographic and Health Survey- Egypt 2000 showed that polio immunisation coverage among children under five has reached 95 per cent. Maintaining this coverage is important to reduce morbidity and mortality from polio disease. In Egypt, the number of reported polio cases has dropped dramatically from hundreds at the beginning of the 1990s to only five 5 cases last year. Although there are few polio cases, the Ministry of Health and Population's goal is to announce Egypt as free of polio at the end of 2003. Effective communication strategies can contribute substantially to maintain high immunisation coverage. Accordingly, the need to conduct a strong public mobilisation campaign at various levels is critical to fulfill the aforementioned objective.

The Ministry of Health and Population Expanded Programme for Immunisation (MOHP) is the key implementing agency of polio activities in Egypt. MOHP is supported by WHO, UNICEF, USAID, and Rotary International in its effort to free Egypt from Polio.

In this regard, UNICEF, in collaboration with the Ministry of Health, initiated a strong national communication campaign to support the National Immunisation Days (NIDs) with the aim of immunising all children under five. These three NIDs were conducted in September, October and December 2002. Accordingly, a Baseline Survey was conducted to highlight the design and implementation of communication strategies and the social mobilisation campaign and to assess its outcomes. Thereafter, a Snapshot Survey was conducted to provide quick assessment of the outcome of the immunisation of children in the first NID, as well as the results of a polio campaign on knowledge, attitudes, and practices regarding routine and NID polio immunisation. Finally a Post Survey was conducted to evaluate the changes in public awareness, knowledge, attitudes and practices regarding public participation in the National Immunisation Days.

The same sample design and selection methodology of the Baseline Survey was also applied for the Post Survey. The same methodology was employed for the two surveys to allow for a comparison between the Baseline and Post Survey results. The ten governorates that were selected for the Baseline Survey were also selected for the Post Survey. Overall, two urban governorates, four governorates from Lower Egypt and four governorates from Upper Egypt were selected for the Post Survey. The Post Survey study included interviews with 2021 households and 792 caretakers.

The main results out of the study as well as the impact of the level of exposure to the communication campaign on knowledge, attitudes and practices, are presented briefly in the following:

Exposure to Media Campaign

The results indicate that 98 per cent of caretakers from those who watch TV reported that they saw one of the spots that talk about polio immunisation. 73 per cent of caretakers recalled "*immunisation protects children from polio*", and 61 per cent recalled "*polio is a dangerous disease*" as key messages they remember as a result of watching TV spots. Meanwhile, around 40 per cent of caretakers reported both, "*there are 3 NID campaigns*" and "*NID campaign comes to the home*".

Only 11 per cent of caretakers who watched TV mentioned that they saw a TV programme about polio immunisation, while 35 per cent of caretakers who watched TV reported watching the NID polio song with clear variation among urban and rural residence (49 per cent and 26 per cent respectively).

The data shows that around three-quarters of caretakers recalled "*Immunisation is from important to protect children from polio,*" and almost two-third of caretakers recognized the message of "*polio is a dangerous disease*".

Around one third of caretakers who listen to the radio heard spot about the NID Polio campaign. 63% per cent mentioned that the radio spots talked about "*immunisation is important to protect children from polio*" and 52 per cent remember that "*polio is a dangerous disease*". However, very few caretakers heard a radio programme or the song.

The data showed that 60 per cent of caretakers (who read newspapers/magazines) read something about NID polio immunisation in newspapers/magazines. *Al-Akhbar* newspaper was the main source for caretakers' information about NID polio immunisation followed by *Al-Ahram*.

Overall, more than two-fifths of caretakers saw printed materials such as posters and balloons) about NID polio immunisation with clear variation among urban/ rural residence. In addition, around two-fifths of caretakers reported hearing megaphones talking about NID polio immunisation and around two thirds of them mentioned that "There are 3 NID campaigns" and "Immunisation is important to protect children from polio" as the main messages.

Impact of Communication Campaign on Child Immunisation

Data indicates a positive impact on practices as a result of exposure to the media campaign. 68 per cent and 56 per cent of caretakers went to immunise their children as a result of watching the "Dream Spot" and "El-Sahha Spot" respectively. 48 per cent immunised their children as a result of watching a television programme with no differences between urban and rural residence. Regarding the radio spots, 55 per cent of caretakers who listen to radio mentioned that they were motivated by the spots, while 38 per cent of caretakers were motivated by the articles in the newspapers.

Knowledge of Polio Immunisation

Almost all caretakers heard about the NIDs and around 90 per cent of caretakers were able to mention the correct date of the last NID (previous week).

Slightly less than two-thirds of caretakers indicated that the number of polio doses is five with clear differences between urban and rural areas. Data in Post Survey shows also that caretakers became more knowledgeable of the safety of the polio vaccine. Only 12 per cent mentioned that the vaccine has a side effect with some differences between regions, while this figure in the Baseline Survey reached 27 per cent.

The data shows also the increase of correct information where 91 per cent of caretakers mentioned that the polio vaccine administered during NID is the same as that used during routine immunisation, while this figure reached 82 per cent in the Baseline Survey. Around 85 per cent of caretakers in both Upper and Lower Egypt reported that NID cannot

replace the main doses compared to 78 per cent in urban governorates. Highly educated caretakers and those working for cash are more aware that the main doses cannot be replaced by NID doses, than less educated caretakers and those who are not working for cash.

83 per cent of all caretakers mentioned that extra doses will not harm the child compared to 64 per cent in the Baseline Survey. As a consequence of not receiving all doses of the polio vaccine, data shows that about 60 per cent mentioned that the child "*surely will have polio*" with some differentials between regions. Data in Post Survey shows that slightly more than three quarter of caretakers mentioned that child could be immunised while having fever, compared to 36 per cent only in the Baseline Survey.

58 per cent of caretakers mentioned that there is no maximum number of doses of polio vaccine and 87 per cent reported that the child from the first day of delivery can receive a polio dose, while 98 per cent reported that children less than five years of age should be brought for immunisation.

Attitudes towards Polio Immunisation

Positive attitudes towards polio immunisation was observed where 97 per cent of the study sample mentioned that the child have to take all main and NID doses. 86 per cent of caretakers indicated that they are willing to advise their neighbors to immunise their own children, so as "not to have polio" as the only reason mentioned by almost all caretakers.

Overall, 95 per cent of caretakers mentioned that it is important for the child to take all NID doses until age five, while 5 per cent of caretakers mentioned that it is important for the child to take some NID doses.

The impact of the polio campaign on caretakers' attitudes was very noticeable, where all caretakers indicated that polio immunisation would harm the child compared to 89 per cent among caretakers in the Baseline Survey.

Public Participation in the NIDs

Coverage of NIDs was universal among children under five years. The results show that almost all children received dose at the last NID (December, 2002), with slight differentials between urban and rural areas. Regarding the reasons for immunising the children at the last NID, 62 per cent of caretakers mentioned that "*we must immunise our children at the NID*", while 60 per cent mentioned "*NID is important*". 85 per cent mentioned that the last NID campaign came at home, 8 per cent took the vaccine at the health facility, and 3 per cent took the vaccine at the Mobile NID units. Similar results were observed for the participation of the public in the second NID of October 2002.

In the meantime, 96 per cent of the children under five were immunised in the first NID (September 2002). 82 per cent of the children under five were immunised at the first NID at their homes, 9 per cent mentioned that immunisation took place at the health unit and 4 per cent mentioned the mobile NID units.

CHAPTER 1

INTRODUCTION AND METHODOLOGY

1.1 Background

The eradication of polio is a cornerstone of Egypt's child survival programmes since Egypt is one of seven countries in the world that is not yet rid of the disease. Consequently, Egypt's Ministry of Health and Population has adopted the World Health Organization (WHO) guidelines for childhood immunisation that call for full immunisation of all children against the polio disease.

Effective communication strategies can contribute substantially to maintaining high immunisation coverage. Maintaining this coverage is important to reduce morbidity and mortality from vaccine preventive diseases. Looking at the past few years, the results of the Demographic and Health Survey-Egypt 2000 (EDHS) showed there are no major differentials in immunisation coverage between regions. The EDHS also shows that Polio Immunisation coverage among children under five has reached 95 per cent. In addition, it was also recognized that the number of reported polio cases has dropped dramatically from hundreds at the beginning of the 1990s to 7 cases last year. The Ministry of Health and Population's goal is to announce Egypt as free of Polio by the end of 2003. Accordingly, the need to conduct a strong public mobilisation campaign at various levels was critical to fulfilling the aforementioned objective.

The Ministry of Health with the support of UNICEF, WHO, USAID and Rotary International initiated three National Immunisation days to immunise all children under five children. The first NID started end of September, the second was conducted in October and the last NID was in December 2002. Dates of the NIDs were announced on TV via a media campaign to reach all caretakers.

In this regard, UNICEF conducted a Baseline Survey to provide sound information to enlighten the design and implementation of the national communication strategies and social mobilisation campaign. The Baseline Survey provides data on public awareness, knowledge, attitudes, and practices of polio immunisation, including rumours and misperceptions about the vaccine. It was undertaken prior to the mass media campaign. Overall, the Baseline Survey was implemented in ten governorates. Thereafter, a Snapshot Survey was conducted to provide quick assessment of the outcome of the immunisation of children after the first NID. Overall, the Snapshot Survey was implemented in five governorates to see if there are certain corrective actions used to be taken in the course of the media campaign regarding implementation. The Post Survey was conducted at the end of the year and after the third round to assess the outcome of the whole social mobilisation effort on the knowledge, attitudes and practices of caretakers.

1.2 Objectives

The goal of this Post Survey is to evaluate the changes in the public awareness, knowledge, attitudes and practices regarding public participation in the NID. Thus, the Post Survey objective was to assess the impact of the NID that could have resulted from direct exposure to the communication campaign. The impact will be measured based on comparing the main indicators that were calculated in the Baseline Survey to that of the Post Survey.

1.3 Sample Design and Selection

The same design and selection of the Baseline Survey was applied for the Post Survey to allow for comparability.

Ten governorates were randomly selected for the Baseline Survey and were also used for the Post Survey. There were two urban governorates, four governorates from Lower Egypt and four from Upper Egypt. The number of households in each governorate was determined in proportion to the size of the selected governorate (self-weighted sample). The selected governorates were namely:

- Cairo
- Dakahlia
- Gharbia
- Giza
- Assuit
- Suez
- Kaluybia
- Beheria
- El-Menya
- Qena

The Population Sample Unit (PSUs) of the EDHS of the randomly selected governorates were used as a frame for the survey. 98 PSUs were randomly selected from the governorates from both urban and rural areas. In the EDHS, two segments were selected from each PSU for listing, one was used for the Baseline Survey and the second was used for the Post Survey.

Using the household listing in these segments, a systematic random sample of about 20 households was chosen from each segment (98 PSU). A total of 2,038 households were selected for the Post Survey.

Since the urban areas were over sampled¹ in the Baseline Survey, it was also over sampled in the Post Survey by selecting a number of households from Lower and Upper Egypt equally divided between Urban and Rural areas. In addition, 400 households were selected from urban governorates (Cairo and Suez).

1.4 Survey Instruments

In order to collect information needed for the Post Survey, two instruments were developed: the household questionnaire and the caretaker (usually the mother of the child) questionnaire. These questionnaires were based on the research needs as well as the questionnaires that were used in the Baseline Survey and the Snapshot Survey.

• Household Questionnaire

The household questionnaire included two parts: a household schedule, and a series of questions related to the socio-economic characteristics of the household. The household schedule was used to list all usual household members. For each individual in the household, information was collected on the relationship to the household head, age, sex, marital status, and educational level. The second part of the household questionnaire obtained information on the characteristics of the physical and social environment of the household (e.g., type of dwelling, availability of electricity, source of drinking water, household possessions...etc). Also, the household questionnaire was used to identify all caretakers of children under five.

¹ The urban areas were over sampled due to the fact that field reports have showed that there are some negative attitudes and behavioural shortcomings that have been strongly evidenced in poor urban areas. (National Communication Polio Plan, MOHP and UNICEF 2002)

• Caretaker Questionnaire

The caretaker is defined as the person responsible for a child whose age is less than five years and taking decisions concerning the child's immunisation.

This questionnaire included questions on the background characteristics of the respondent (i.e., caretaker). Questions related to exposure to the media campaign were included in order to know the main messages recalled out of each campaign and whether it has influenced the caretakers' decision regarding polio immunisation of their children.

In addition, the questionnaire included separate sections about:

- Knowledge of polio immunisation and NID in specific.
- Attitudes toward polio immunisation.
- Practices of the last three NIDs of polio vaccination.

1.5 Data Collection Activities

Training of Field Staff. A total of five supervisors and 25 interviewers participated in the training sessions. The training programme included sessions for explaining survey questions, role-playing, and mock interviews. Final selection of supervisors and fieldwork staff was based on their skills in leading the questions, communication skills and their performance during the training sessions and those who showed interest in the survey and attended the training programme regularly. All supervisors and interviewers selected for the Post Survey had previous experience in the data collection.

Data Collection. Four teams were recruited by El-Zanaty & Associates for the data collection of the Post Survey after a three-day training course. It should be mentioned that the training was scheduled for three days only because interviewers who worked in Baseline Survey were recruited to participate in the Post Survey. Each team consisted of one supervisor (male), four female interviewers and one female interviewer who serves as a field editor. The supervisor was responsible for organizing the teamwork and at the same time reviewing a sample of the questionnaires in the field for quality control. The field editor was reviewing the questionnaires in the field to ensure completeness and consistency. Each team was assigned to work in two or three governorates at most. The data collection started on December 20th and lasted for one week.

Throughout the fieldwork, continuous and close communication was maintained between the central office and fieldwork teams. The completed questionnaires were revised twice once by the supervisor and again by the field editor, while giving their feedback directly to the interviewer(s) during the data collection phase. The completed questionnaires were sent from the field as soon as possible, and then reviewed by the office editors.

1.6 Sample Coverage

A summary of the Post Survey sample is presented in table 1.1 by region. The table shows that during the fieldwork and callback phase, 2021 households were successfully interviewed, which represent a response rate of 99 per cent. There were slight differences between the response rate in urban and rural areas, as well as by region. A total of 1,207 urban households, and 814 rural households were successfully interviewed with a response rate of 98.7 per cent and 99.6 per cent respectively. A total of 794 caretakers were found in the interviewed households and 792 caretakers were successfully interviewed.

Table 1.1 Survey Sample						
Number of eligible households, caretakers and response rate, by region and urban/rural residence, Post Survey 2002.						
Interview Result	Urban Gov.	Lower Egypt	Upper Egypt	U	R	T
				n	a	o
No. of Households				1	2	
			7	28		0
	400	87	6	2	1	4
Households Interviewed		1	9	3	7	0
				1	2	
			7	28		0
	391	87	5	0	1	2
Households Response Rate		1	9	7	4	1
		10	9	9	9	9
	97.	0	8	8	9	9
	8	0	7	7	6	1
No. of Eligible Caretakers			3	3	7	
		32	6	9	9	9
	104	3	7	6	8	4
No. of Eligible Caretakers Interviewed			3	3	7	
		32	6	9	9	9
	104	2	6	6	6	2
Caretakers Response Rate				1		
		99	9	0	9	9
	100	.	9	0	9	9
	0	6	.	.	.	.
		9	7	0	5	8

1.7 Organisation of the Report

This report is organized in seven chapters. This Chapter, “introduction and methodology” is followed by chapter two which presents the characteristics of households and caretakers (respondents) interviewed in the survey. Exposure of caretakers to a media campaign; TV, radio, printed materials, and newspaper and magazines are highlighted in chapter three. Chapter four assesses the knowledge of polio immunisation in general and immunisation during NIDs in particular. Chapter five presents the attitudes of caretakers towards the polio vaccine, while the practice of immunisation of children in the last three NIDs will be presented in chapter six. Finally, the main conclusions and recommendations, derived from the Post Survey will be discussed in chapter seven.

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS AND CARETAKERS

The objective of this chapter is to provide a demographic and socio-economic profile of the households and caretakers interviewed in the Post Survey 2002. This goal is accomplished by examining the general characteristics of the households in the sample. The household characteristics give a descriptive assessment of the environment in which caretakers and children live in. Information is presented on the age, sex, and education of the household population, as well as facilities and household possessions. For caretakers, a basic profile including age, educational level, and work status is presented in the second part of this chapter. The profile of the households and caretakers provided in this chapter will help in understanding the results presented in the following chapters.

2.1 Characteristics of the Household Population

The household questionnaire of the Post Survey included questions to examine the general characteristics of households and its members who are usually living in the interviewed households (*dejure* population). Table 2.1 presents the per cent distribution of the households by sex, age, marital status, educational level, and residence. The table shows that 51 per cent of the household members are males and 49 per cent are females. Almost 36 per cent of the household population is under 16, while about 60 per cent of the population is in the labour force, with a dependency ratio of 0.67 (i.e. each member in the labour force is supporting 0.67 older and younger household members). Only 4 per cent are 65+ years.

Table 2.1 also shows the education levels of household members for those who are 6 and more years. About one-quarter of household population has secondary certificate or higher, and about 53 per cent of the population never went to school. This high percentage of never having attended school is due to the fact that it is calculated for the 6 and more years bracket.

Regarding the distribution of households among regions, the table shows that 41 per cent of household population lives in urban areas, while 59 per cent lives in rural areas. About 18 per cent of the population lives in urban governorates, 40 per cent lives in Lower Egypt, and 41 per cent lives in Upper Egypt.

2.2 Household Environment

2.2.1 Housing Characteristics

Housing characteristics are considered the indicators of the socio-economic status of households, and also the important determinants of the health status of the household members, particularly children. Table 2.2 presents the distribution of households by basic characteristics of the dwellings in which households' members were resident at the time of the Post Survey. The selected housing characteristics include the availability of electricity, the source of drinking water, type of toilet facility, type of flooring, and number of rooms in the dwelling. Data indicated that almost all households

Table 2.1 Households Characteristics
Percentage distribution of household members by background characteristics, Post Survey 2002.

Background Characteristics	Percentage	Number
Sex		
Male	51.3	5047
Female	48.7	4834
Age		
Less than 16	36.2	3566
16-64	59.8	5918
65 +	4.1	397
Marital Status		
Married	38.1	3778
Widowed	4.5	433
Divorced	0.5	43
Separated	0.2	14
Never married/ signed marriage contract	23.6	2342
Education		
Never Been To School/ Primary Incomplete	53.4	5120
Primary Complete	12.8	1240
Preparatory Complete	8.7	873
Secondary Complete	17.9	1852
University and Higher	7.3	796
Urban/Rural Residence		
Urban	41.5	5267
Rural	58.5	4614
Region		
Urban Government	18.3	1573
Lower Egypt	40.8	4198
Upper Egypt	40.9	4110
Number of Households	988	9881

live in dwellings with electricity. 92 per cent of households have access to piped water mainly in their dwellings with 96 per cent in urban areas, and 88 per cent in rural areas. Households in urban governorates are more likely to have access to piped water than households in Upper Egypt.

Table 2.2 Housing Characteristics						
Percentage distribution of households by housing characteristics by region and urban/rural residence, Post Survey 2002.						
Housing Characteristics	Urban Gov.	Lower Egypt	Upper Egypt	U	R	Total
				n	a	
Electricity	100	99.9	99.4	99.7	99.7	99.7
Source of Drinking Water						
Piped water						
Piped into residence	96.4	93.7	86.8	95.6	88.1	91.7
Piped into yard/ plot	0.0	0.6	0.4	0.3	1.0	0.4
Public tap	3.6	1.1	10.2	0.9	6.1	5.0
Open well water	0.0	0.2	0.0	0.0	0.1	0.1
Well into yard/ plot	0.0	0.2	0.2	0.1	0.1	0.1
Protected into residence	0.0	2.7	1.5	0.2	3.0	1.6
Protected into yard/ plot	0.0	0.2	0.1	0.0	0.2	0.1
Protected public well	0.0	1.5	0.6	0.1	1.6	0.8
Other	0.0	0.0	0.1	0.0	0.1	0.1
Sanitation Facility						
Modern flush toilet	69.3	31.4	28.2	66.6	12.4	38.7
Traditional w/tank flush	1.0	1.0	0.2	1.0	0.5	0.7
Traditional w/bucket flush	29.7	67.1	67.5	32.0	84.0	58.8
Pit toilet/latrine	0.0	0.6	4.0	0.2	3.2	1.7
Flooring						
Earth/sand	1.5	8.9	24.5	2.9	22.6	13.0
Wood planks	0.0	0.2	1.4	0.2	0.9	0.6
Parquet/polished wood	1.3	0.2	0.5	1.1	0.0	0.6

Ceramic/marble tiles	15.			12	2		
	1	4.1	3.3		3	0.7	6.3
Cement tiles	65.			66			
	4	57.5	44.8		8	43.	54.
Cement	9.0	24.7	21.1	7.	31.	19.	6
Wall-to-wall carpet	7.2	4.1	4.2	8.	1	8	8
Vinyl	0.5	0.3	0.2	0.	9	1.0	4.8
Persons Per Sleeping Room					6	0.0	0.3
Less than 3	94.			95			
	1	97.4	93.4		7	94.	95.
3- less than 5	3.8	2.2	6.2	3.	2	4.9	4.1
5+	2.1	0.4	0.4	1.	1	0.4	0.8
Mean Rooms per Household				3.			
	3.4	4.0	3.7		5	4.0	3.8
Mean Persons per Household				4.			
	4.0	5.0	5.5		2	5.6	4.9
Mean Persons per Room				1.			
	1.2	1.2	1.5		2	1.4	1.3
Number of Households				12			20
	39				0	81	2
	1	871	759		7	4	1

Urban-rural differences in type of toilet facility are clear in table 2.2. Households in urban areas are more likely to have a modern flush toilet than households in rural areas. 67 per cent of urban households have modern flush toilets, while this decreases to 12 per cent only in rural areas. Almost 59 per cent of all households have traditional toilets without bucket flush; 84 per cent in rural areas and 32 per cent in urban areas.

Regarding the type of floor, Table 2.2 indicates that almost 55 per cent of interviewed households live in dwellings with cement tile floors, and about one-fifth of households live in dwellings with cement flooring. Around 13 per cent of households have a dirt (earth/sand) floor in their dwellings. There are clear differences in the flooring materials in urban and rural dwellings observed in the table.

Table 2.2 presents information on the number of persons in the household per room; the results provide a measure of crowding. The table shows that 95 per cent of the households have one or two persons per room and 4 per cent only have 3 to 5 persons per room. Overall, the mean number of persons per room is 1.3 with limited differences between urban and rural areas. The table shows also that the mean number of rooms per households is 3.8 and the mean number of persons per households is 4.2 in urban households compared with 5.6 in rural households.

2.2.2 Household Possessions

Table 2.3 provides information on household ownership of durable goods, possessions and ownership of a means of transportation. With regard to durable goods, more than 90 per

cent own television, and electric fan, while more than 80 per cent of households own a radio, refrigerator, washing machine and stove. Around two-fifths of households own a telephone and heater, while all other durable goods were owned by less than 7 per cent of households except for videos, cellar phones, and automatic washers (around 17 per cent).

Urban households are more likely to have the convenience of all these items than rural households. For example, 67 per cent of urban households own a telephone, compared with 26 per cent of rural households. Table 2.3 also shows that the ownership of various household possessions differ by place of residence, with a higher percentage of ownership for most items observed among households in urban governorates followed by Lower Egypt then Upper Egypt. With regard to the means of transportation, Table 2.3 indicates that 17 per cent of all households own a bicycle, with 11 per cent in urban areas and 23 per cent in rural areas. In general, only 9 per cent of the households own a car, van or truck; 14 per cent in urban areas and 4 per cent in rural areas, with the highest percentage observed in urban governorates (21 per cent), and the lowest rate in Upper Egypt (4 per cent). Only one per cent of all households owned a motorcycle.

As expected, households in rural areas are more likely to own a farm/other land than households in urban areas. More than 40 per cent of rural households own a farm or other land, compared with only 6 per cent of urban households. Clear differences are observed between urban and rural areas in table 2.3 regarding the ownership of livestock or poultry. About 70 per cent in rural households owns livestock or poultry compared to 12 per cent in urban households.

Table 2.3 Household Possessions						
Percentage of households possessing various household effects, means of transportation, property and farm animals, by region and urban/rural residence, Post Survey 2002.						
Possessions	Urban Gov.	Lower Egypt	Upper Egypt	U	R	Tot a l
				a n	u r l	
Durable Goods						
Radio	93.6	85.6	83.9	93.6	80.3	86.8
Television	97.0	96.2	92.8	97.4	92.9	95.1
Video	37.1	11.2	13.0	37.1	3.2	17.7
Satellite	13.6	4.7	5.6	13.7	1.7	7.1
Computer	17.4	3.9	3.5	17.2	0.8	6.8
Telephone	69.4	40.4	36.3	66.6	25.2	45.4

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	2				. 6	
Mobile				30	3	
	37.				. 5	16.2
Electric fan	4	10.5	9.5	95	2.8	
	95.				. 85.	
Water heater	4	89.1	88.7	67	5	6 90.4
	74.				. 14.	
Refrigerator	0	34.3	26.3	95	7	3 40.2
	97.				. 74.	
Deep freezer	0	87.4	74.6	4.	4	9 84.8
	6.7	1.9	0.5		6	0.4 2.4
Sewing machine				5.		
	2.3	8.8	4.9		7	6.1 5.9
Automatic washer				31		
	38.				. 8	1.3 16.1
Dishwasher	2	10.2	9.2	4.		
	8.0	0.4	0.8		6	0.1 2.3
Other washer				78		
	74.9	90.4	82.0		. 89.	
Air conditioner				11	2	1 83.8
	15.6	2.7	4.2		. 9	0.7 6.2
Stove				95		
	97.7	91.0	84.8		. 85.	
					6	1 90.2
Means of Transportation						
Bicycle				10		
					. 23.	
Motorcycle	8.4	19.2	20.2	1.	6	3 17.1
	1.0	0.8	2.1		6	1.1 1.3
Car				14		
	20.				. 0	3.8 8.7
	8	6.6	3.8			
Property						
Farm/other land				6.	43.	
	2.8	32.7	31.5		0	9 25.5
Farm Animals						
Livestock/poultry				12		
					. 70.	
	6.6	49.5	55.6		0	5 42.1
None of the Above				0.		
	0.3	0.3	0.8		1	0.9 0.5
Number of Households				12		
	39				0	81
	1	871	759		7	4
						202
						1

2.3 Caretakers' Characteristics

This section provides a profile of the caretakers interviewed in the Post Survey. Table 2.4 presents the distribution of those caretakers by selected background characteristics. 23 per cent are less than 25 years, while more than two-thirds of the caretakers are in the age group of 25-39 and only 9 per cent are found to be more than 40 years old. Table 2.4 shows the educational level of the interviewed caretakers. The results show that about 46 per cent of caretakers never attended school, while about 40 per cent completed secondary school or higher. Regarding the work status of caretakers, table 2.4 shows that 88 per cent of caretakers are not working for cash and the remaining work for cash. The table also shows that two-thirds of the caretakers are from rural areas and one-third from urban areas. The highest percentage of caretakers are from Upper Egypt.

Table 2.4 Caretakers' Characteristics		
Percentage distribution of caretakers by background characteristics, Post Survey 2002.		
Background characteristics	Per cent	Number
Age		
Less than 25	23.2	172
25-39	68.1	549
40 +	8.7	71
Education		
Never Been To School/ Primary Incomplete	45.8	337
Primary Complete	9.0	69
Preparatory Complete	6.9	53
Secondary Complete	26.2	219
University and Higher	12.2	114
Working		
Working for Cash	11.6	113
Not Working for Cash	88.4	679
Urban/Rural Residence		
Urban	37.6	396
Rural	62.4	396
Region		
Urban Governorates	15.0	104
Lower Egypt	38.8	322
Upper Egypt	46.2	366
Number of Caretakers	792	792

CHAPTER 3

EXPOSURE TO MEDIA CAMPAIGN

As mentioned before, communication strategies were designed prior to the Baseline Survey in order to maintain high immunisation coverage. The social mobilisation polio campaign included many aspects to reach as many audiences as possible. The mass media campaign included TV, radio spots, printed materials in newspaper/magazine articles in addition to other means like flyer and posters.

The campaign aimed at increasing caretakers' knowledge and awareness about NID in order to support the MOHP objective, to announcing Egypt polio free by the end of 2003.

In order to assess the success of the NID social mobilisation campaign, the Post Survey included questions related to exposure to different media channels. This chapter is organised to identify the level of exposure of caretakers to the various mass media channels, whether visual, audio, or print materials, and their motivation to immunise their children through NIDs and the messages they learned.

3.1 Exposure to TV Campaign

Information about polio immunisation was expressed in the form of TV spots, in which two spots were produced (The Dream and El-Sahha), and the others were TV programmes (Kelmet hak, Maspeero and Hadeeth El-Madina). Other types of TV spots were a celebrity song by Mohamed Mounir. Caretakers were asked about the TV spots and programmes, that they watched during the last four months, which were addressing the NIDs Polio campaign. Additional to the spots, the questions asked by exposure to the celebrity song and to the media programmes that discussed the polio issue in general or the NID in particular.

3.1.1 TV Spots

Data indicated that 97 per cent of interviewed caretakers watch TV either regularly or sometimes (not shown in table). Table 3.1 shows that 98 per cent of caretakers reported that they saw spots talking about polio immunisation, with slight differences between urban and rural residence.

As for specific spots, "Dream Spot" was seen by around 42 per cent of caretakers with clear variation among urban and rural residence. 99 per cent of those who watched the "Dream Spot" watched it on Channel 1 with no variation between urban and rural residence. The second highest ranked channel for watching "Dream Spot" was Channel 2 (95 per cent) with slight variation among urban and rural residence. The per centage of caretakers who watched the "Dream Spot" on other channels was generally low

Table 3.1 Exposure to TV Spots
Percentage distribution of caretakers who watched the spots on TV by channel and by urban/rural residence, Post Survey 2002

Variable & Category	Dream Spot			(El-Sahha) Spot			Other			Don't Know			Seen any Spot		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Saw the Spot	48.8	37.3	42.0	69.8	68.7	69.1	20.2	14.2	16.5	1.3	3.1	2.4	99.6	96.6	97.8
Channel 1	99.4	99.3	99.3	99.2	98.9	99.0	100.0	98.0	98.9	100.0	90.1	92.1	99.2	98.4	98.7
Channel 2	96.0	93.5	94.6	95.7	93.4	94.3	88.7	91.9	90.4	84.2	71.5	74.1	93.2	92.0	92.5
Channel 3	53.2	29.6	40.2	50.7	27.7	36.6	47.2	34.1	40.3	20.3	6.5	9.3	46.9	26.6	34.4
Channel 4	20.4	7.4	13.2	20.6	6.5	12.0	21.2	9.5	15.0	0.0	15.3	12.2	17.4	7.0	11.0
Channel 5	18.7	6.6	12.0	17.8	5.8	10.4	25.0	2.2	13.0	0.0	6.5	5.2	15.1	5.4	9.1
Channel 6	26.7	14.5	19.9	24.3	12.6	17.1	16.5	25.4	21.2	10.1	6.5	7.3	19.3	13.9	16.0
Channel 7	18.5	16.5	17.4	22.0	11.4	15.5	15.2	8.0	11.4	0.0	10.0	7.9	18.3	11.4	14.1
Channel 8	7.8	10.4	9.2	11.1	12.3	11.9	15.0	8.6	11.6	0.0	0.0	0.0	9.5	9.7	9.6
Nile TV	17.3	0.5	8.1	12.1	0.3	4.9	15.7	0.0	7.4	0.0	0.0	0.0	8.6	0.2	3.4
Dream TV	8.4	0.5	4.1	6.2	0.3	2.6	11.1	0.0	5.2	0.0	0.0	0.0	4.3	0.2	1.8
The spot motivated caretakers to immunise their children	70.1	66.8	68.3	60.3	53.1	55.9	48.4	39.5	43.7	20.3	31.7	29.4	54.8	53.5	54.0

The same pattern observed for “Dream Spot”, was also observed for “El-Sahha Spot”. “El-Sahha Spot” was seen by 69 per cent of caretakers who mentioned watching TV spots about polio immunisation. 99 per cent of those who watched “El-Sahha Spot” watched it on Channel 1, with no differences between urban and rural residence, while 94 per cent saw the spot on Channel 2. Other channels reported by caretakers were: channel 3 (37 per cent), Channel 6 (17 per cent) and Channel 7 (16 per cent).

Other TV spots about polio immunisation were mentioned by 17 per cent of caretakers. The majority of those who mentioned other spots watched them mainly on Channels 1 and 2 (99 per cent and 90 per cent respectively). Also, few numbers of caretakers reported that they watched a TV spot talking about polio immunisation, but they were not able to identify the spot. Most of them watched these spots on Channel 1 (92 per cent) and 74 per cent of them watched these spots on Channel 2.

Measuring the impact of watching TV spots on caretakers’ attitudes and practices is an important issue to assess the success of the social mobilisation polio campaign. Accordingly, all caretakers were asked if they were motivated to immunise their children as a result of watching these spots. Data in table 3.1 shows that 54 per cent of caretakers who watched any TV spot indicated that they went to immunise the children at NID as a result of watching these spots, while 68 per cent of caretakers who watched “Dream Spot” went to immunise their children at NID as a result, with slight variation between urban and rural residence (70 per cent and 67 per cent respectively). Regarding “El-Sahha Spot” 56 per cent of those who watched this spot mentioned that they immunised their children at NID as a result of watching this spot with significant differences between urban and rural residences (60 per cent and 53 per cent respectively). Also, 44 per cent and 32 per cent of caretakers who watched other spots or those who watched a spot but couldn’t identify it, went for immunizing their children as a result of watching that spot.

Table 3.2 Recalling Messages of the TV Spots						
Percentage of caretakers by recalling messages of the TV spots by region and urban/rural residence, Post Survey 2002.						
Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
There are 3 NID Campaigns	53.6	41.5	36.0	48.1	36.3	40.8
Polio is a Dangerous Disease	71.3	62.9	56.8	66.9	58.0	61.4
Immunisation is Important to Protect Children from Polio	70.3	73.1	74.4	72.5	73.7	73.2
Polio Vaccine is by Oral Drops	23.8	15.0	11.3	16.9	13.3	14.7
Children Must be Immunised Even if They Received the Main Doses	8.9	11.2	12.2	15.6	11.8	11.3
Polio Vaccine has no Side Effects	21.8	3.6	5.2	12.6	3.7	7.2
Polio Vaccine has no Restrictions	35.8	13.7	5.5	23.5	7.0	13.4
Child Must be Immunised Until Age 5	48.4	41.3	25.5	39.0	32.8	35.2
Polio Vaccine is Free of Charge	18.9	8.9	5.1	13.3	5.8	8.7
We Must Inform our Relatives and Neighbours about the NID Campaigns	9.9	11.8	4.9	9.2	7.8	8.3
The Vaccine is 2 Drops and the Child Should Swallow it Well	13.9	6.3	6.8	10.2	6.1	7.7
NID Campaigns Come to the Home	33.6	43.7	40.1	37.6	42.3	40.5
Number of Caretakers	101	308	345	384	370	754

Caretakers were asked to recall the messages of TV spots. Results in table 3.2 show that 73 per cent of caretakers mentioned, “*immunisation is important to protect children from polio*”, and 61 per cent mentioned “*polio is a dangerous disease*” as two of the messages received from different TV spots. 41 per cent of caretakers reported both “*there are 3 NID campaigns*”, and “*NID campaigns come to the home*” as one of the messages. Also, 35 per cent recalled “*the child must be immunised until age 5*”.

3.1.2 TV Programmes

Data in table 3.3 indicated that only 11 per cent of caretakers who reported watching TV mentioned that they saw a TV programme about polio immunisation during the last four months, with clear differences in the level of exposure between urban and rural residence (17 per cent and 7 per cent respectively). The most viewed Programme was “Maspeero” (30 per cent) followed by “Hadith El-Madina” (8 per cent) and finally “Kelmet Hak (6 per cent).

Table 3.3 Exposure to TV Programmes						
Percentage of caretakers who watched TV programmes by region and urban/rural residence, Post Survey 2002.						
Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
Saw the Programme	22.8	9.2	8.2	17.4	6.8	10.8
Kelmet Hak	13.0	4.1	1.6	10.0	0.0	6.1
Maspeero	39.1	43.3	11.0	29.9	31.9	30.7
Hadith El-Madina	4.4	9.2	10.6	5.6	12.0	8.1
Other	52.2	46.2	76.8	60.5	56.1	58.8
The Programme motivated caretakers to immunise their children Immunisation	43.5	34.0	64.7	47.6	47.9	47.7

There is no difference in the impact of the programme between urban and rural residence on caretakers' behaviours. Overall, 48 per cent of caretakers mentioned that they immunise their children as a result of watching a TV programme talking about polio immunisation. As presented in table 3.4 "*polio is a dangerous disease*" was the message reported more than any other message by caretakers (79 per cent). However, recalling of this message is highest in urban governorates (91 per cent) compared with 76 per cent and 69 per cent in Upper Egypt and Lower Egypt respectively (see Table 3.4).

Table 3.4 Recalling Messages of the TV Programmes						
Percentage of caretakers recalling messages of the TV programmes by region and urban/rural residence, Post Survey 2002.						
Variable &Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
There are 3 NID Campaigns	56.5	41.7	18.2	42.2	32.1	38.2
Polio is a Dangerous Disease	91.3	69.3	76.2	82.5	72.9	78.7
Immunisation is Important to Protect Children from Polio	73.9	75.9	66.9	70.2	75.2	72.2
Polio Vaccine is by Oral Drops	21.7	6.7	20.2	22.5	6.3	16.2
Children Must Immunised Even if They Received the Main Doses	8.7	8.9	9.1	12.8	2.9	8.9
Polio Vaccine has no Side Effects	52.2	10.7	18.2	32.1	17.8	26.5
Polio Vaccine has no Restrictions	52.2	9.3	12.9	30.8	13.9	24.2
Child Must be Immunised Until Age 5	39.1	31.3	20.2	35.3	21.6	29.9
Polio Vaccine is Free of Charge	8.7	2.7	30.2	21.5	2.9	14.2
We Must Inform Our Relatives and Neighbours about the NIDs Campaign	0.0	5.2	15.5	2.4	14.4	7.1
The Vaccine is 2 Drops and Child Should Swallow it Well	13.0	5.5	12.2	12.2	7.1	10.2
NIDs Campaigns Come to the Home	4.4	24.9	42.4	16.3	37.2	24.5
Other	0.0	0.0	3.3	0.0	2.9	1.1
Don't Know	0.0	2.0	0.0	1.1	0.0	0.7
Number of Caretakers	23	32	28	57	26	83

3.1.3 Exposure to Celebrity Song

The social mobilisation Polio campaign on TV included a celebrity song by Egypt's famous singer "Mohamed Mounir". As Table 3.5 shows 35 per cent of caretakers who watch TV reported watching the NIDs polio song with clear variation between urban and rural residence (49 per cent and 26 per cent respectively). Channel 1 is reported by 91 per cent of caretakers as their source of the song, followed by Channel 2 (68 per cent). Local channels were reported by a lower percentage (21 per cent).

A direct question was addressed to caretakers who watched the song to assess the campaign impact on children immunisation at NIDs. Overall, 39 per cent among those who saw the song mentioned that they were motivated by the song to immunise their children, with less impact in urban governorates than other areas.

Table 3.5 Exposure to TV or Radio Song							
Percentage of caretakers who listened or watched the song, by channel, by region and urban/rural residence, Post Survey 2002.							
Variable & Category	Urban	Lower	Upper	U	R	T	
	Gov.	Egypt	Egypt	r	u	o	
				a	a	t	
				n	l	a	
						l	
Saw the Song		3	2	4	2	3	
	48.	6	8	9	5	4	
		9	3	4	8	7	
Channels							
Channel 1		9	9	8	9	9	
	75.	3	6	8	4	1	
		5	7	8	2	3	0
Channel 2		5	7	7	6	6	
	75.	9	3	3	2	8	
		6	9	2	4	1	2
Local Channels		1	2	2	1	2	
	32.	6	0	7	4	1	
		7	1	8	7	0	4
Nile TV		1.	1.	1	0	1	
	2.0	0	2	7	9	3	
Singer							
Mohamed Mounir		2	2	4	1	2	
	45.	8	2	3	8	8	
		7	8	1	9	8	3
Other		2.	3.	2	3	2	
	2.0	8	1	0	3	8	
Don't Know		5.	3.	4	4	4	
	2.9	6	6	3	3	3	
The song motivated caretakers to immunise their children		4	4	3	4	3	
	28.	0	4	5	4	9	
		6	1	6	2	2	4

Caretakers who had ever seen the song were asked about the main information they got out of it. Table 3.6 presents the percentages of those caretakers according to the recalled messages. The results indicated that 73 per cent of caretakers recalled the message of “*immunisation is important to protect children from polio*”, two-thirds of caretakers recognised the message of “*polio is a dangerous disease*” and 35 per cent recalled the message of “*there is 3 NID campaigns*”. Table 3.6 also shows that caretakers recalled other messages with lower percentages.

Table 3.6 Recalling Messages of the TV Song	
Percentage of caretakers by recalling messages of the TV song, by region and urban/rural residence,	

Post Survey 2002						
Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
There are 3 NID Campaigns	44.9	44.5	18.4	39.7	29.1	34.8
Polio is a Dangerous Disease	85.8	62.3	60.0	74.4	57.1	66.4
Immunisation is Important to Protect Children from Polio	75.5	66.2	79.1	74.1	71.7	73.0
Polio Vaccine is by Oral Drops	2.0	5.0	13.5	9.6	5.2	7.6
Children Must be Immunised Even if They Received the Main Doses	10.2	9.1	6.0	8.4	7.9	8.2
Polio Vaccine has no Side Effects	6.0	4.9	3.2	5.9	2.9	4.5
Polio Vaccine has no Restrictions	10.2	4.3	3.4	7.3	2.9	5.2
Child Must be Immunised Until Age 5	24.4	19.4	13.7	19.8	16.6	18.3
Polio Vaccine is Free of Charge	2.0	0.5	5.0	4.0	0.8	2.5
We Must Inform our Relatives and Neighbours about the NID Campaigns	4.1	5.2	10.4	8.5	5.1	6.9
The Vaccine is 2 Drops and the Child Should Swallow it Well	2.0	1.3	4.7	3.1	2.3	2.7
NID Campaign Come to the Home	0.0	17.9	32.0	17.2	21.9	19.4
Don't Know	0.0	0.0	1.4	0.0	1.1	0.5
Number of Caretakers	49	129	109	188	99	287

3.2 Exposure to Radio Campaign

Previous media habit surveys showed that exposure to radio is much less than exposure to TV. The following discussion presents the exposure among caretakers to the radio campaign by region. However, due to the small number of cases in some of the tables, results must be taken with caution.

Caretakers were asked about the radio spots and programmes that they listened to during the last four months. The survey looked for those channels that were most widely listened to and the level of reactions they generated. Examples of such channels include, El-Shabab wa El-Riada, El-Bernameg El-Aam, and El-Shark El-Awsat.

3.2.1 Radio Spots

Table 3.7 presents caretakers exposure to the radio campaign by channel and by region. The results show that around 48 per cent of interviewed caretakers reported that they listen to the radio regularly or sometimes with no significant differences between urban and rural residence. Figures in table 3.7 show that caretakers in Lower Egypt are more likely to listen to the radio (58 per cent) compared with caretakers in urban governorates or Upper Egypt (42 per cent and 43 per cent respectively).

Caretakers who mentioned that they listen to the radio regularly or from time to time, were asked if they have heard any spot about NID polio campaigns during the last four months and the message and the implications of these spots on their behaviour.

Table 3.7 indicates that 31 per cent of caretakers who listen to the radio heard spots about NID polio campaigns during the last four months. Caretakers in urban areas were more likely to hear a spot about NID polio campaigns than caretakers in rural areas (37 per cent and 28 per cent respectively) with significant differentials between urban governorates (50

per cent) and Lower Egypt and Upper Egypt (28 per cent and 30 per cent respectively). On recalling the radio channels, 57 per cent mentioned El-Bernameg El-Aam, 51 per cent mentioned El-Shark El-Awsat, and 13 per cent mentioned El-Shabab we El-Riada with significant differences according to region and urban and rural residence.

Variable & Category	Urban	Lower	Upper	Urban	Rural	Total
	Gov.	Egypt	Egypt			
Listen to Radio	42.2	57.5	42.8	48.5	48.4	48.4
Listen to the Spots	50.1	27.6	29.5	36.9	28.0	31.3
Radio Channel						
El-Shabab wa El-Riada	8.7	15.2	13.1	10.0	15.5	13.0
El-Bernameg El-Aam	50.0	44.7	73.4	47.5	64.3	56.8
El-Shark El-Awsat	63.7	60.9	33.6	63.6	41.0	51.0
The Radio Spot motivated caretakers to immunise their children	54.3	41.5	70.3	60.1	51.4	55.2

Around 55 per cent of caretakers who listened to the spots mentioned that they went to immunise their children as a result of the information they heard. Caretakers in urban areas are more likely to be affected by the information provided in these spots than caretakers in rural areas (60 per cent and 51 per cent respectively).

Caretakers were asked to recall the spots messages, 63 per cent mentioned that the radio spots talked about “*immunisation is important to protect children from polio*”, 52 per cent recalled “*polio is a dangerous disease*”, 35 per cent recalled “*children must immunise until age 5*”, and 32 per cent recalled “*there are 3 NID campaigns*” as the main messages with significant differentials by region (see Table 3.8).

Variable & Category	Urban	Lower	Upper	Urban	Rural	Total
	Gov.	Egypt	Egypt			
There are 3 NID Campaigns	27.4	39.9	27.0	35.2	30.1	32.3
Polio is a Dangerous Disease	45.6	49.8	57.7	47.1	55.8	51.9
Immunisation is Important to Protect Children from Polio	63.5	61.8	64.6	67.9	59.5	63.2
Polio Vaccine is by Oral Drops	27.4	6.9	7.8	16.6	7.5	11.6
Children Must be Immunised Even if They Received the Main Doses	18.3	8.7	6.8	13.8	6.9	9.9
Polio Vaccine has no Side Effects	9.1	1.0	8.7	9.6	9.0	9.3
Polio Vaccine has no Restrictions	31.9	13.7	4.8	19.9	9.5	14.1
Child Must be Immunised Until Age 5	58.9	31.9	24.4	46.5	25.3	34.7
Polio Vaccine is Free of Charge	13.7	5.1	2.1	8.7	3.4	5.7
We Must Inform our Relatives and Neighbours about the NID Campaigns	0.0	3.4	2.1	0.7	3.3	2.2
The Vaccine is 2 Drops and the Child Should Swallow It Well	18.3	9.7	4.1	10.4	8.5	9.3
NID Campaigns Come to the Home	13.5	37.5	27.6	20.2	35.5	28.7
Other	0.0	0.8	0.0	0.7	0.0	0.3
Number of Caretakers	22	48	47	64	53	117

3.2.2 Radio Programmes

Educational radio programmes were one of the other forms that were used in the Radio campaigns. Only 7 cases indicated that they heard a radio programme “Agmal Dehka” about NIDs polio immunisation. So, as a result of the few number of cases data can’t be analyzed. The same applies to the song.

3.3 Exposure to Printed Materials

The Post Survey also collected information on the exposure of caretakers to printed materials, in addition to broadcast media, which have been discussed previously. Printed materials included: newspaper/magazine articles, inserts, posters, and flyers.

During the Post Survey caretakers were also asked if they have ever seen and/or have ever taken any of these printed materials. Results of these questions are presented in Tables 3.9 and 3.10 in the following sections.

3.3.1 Newspaper/Magazine inserts and Articles

Caretakers who can read were asked if they read any newspapers/magazines. Among those who reported reading newspapers/magazines, they were asked about the subjects of polio immunisation, the benefits of these subjects and the impact of the subjects.

Table 3.9 presents percentage of caretakers who read about polio and NIDs in newspapers/magazines by region and by urban and rural residence. Data indicated that 51 per cent of caretakers mentioned that they could read and understand a letter or newspaper easily with clear differences between urban and rural residence (71 per cent and 39 per cent respectively). 45 per cent of caretakers who mentioned that they could read easily reported that they read newspapers/magazines regularly or sometimes.

Overall, 60 per cent of caretakers (who read newspapers/magazines) read subjects about NIDs polio immunisation in newspapers/magazines. Al-Akhbar newspaper was the main source for caretakers’ information about NIDs polio immunisation (55 per cent) followed by Al-Ahram (46 per cent).

Around 38 per cent of caretakers immunised their children as a result of reading these articles with clear variation between urban and rural residence (39 per cent and 34 per cent respectively).

<p>Table 3.9 Exposure to Magazines and Newspapers</p>
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<p>Percentage of caretakers who read any NID related topics in newspapers, by region and urban/rural residence, Post Survey 2002.</p>

<p><u>Urban</u> <u>Lower</u> <u>Upper</u></p>

<p><u>T</u></p>

Variable & Category	Gov.	Egypt	Egypt	U	R	o	t	a	l
					r	u			
					b	r			
					a	a			
					n	l			
Able to Read		5	3	7	3	5			
	73.	7	8		1	8			0
	1	.	.		.	.			.
		7	0		4	6			9
Reading Newspapers/Magazines		3	4	5	3	4			
		9	5		2	6			5
	55.	.	.		.	.			.
	8	3	5		9	7			0
Read any NID Subject in Magazines/Newspapers		5	5	5	8	5			
		8	4		5	0			9
	66.	.	.		.	.			.
	7	6	4		3	5			9
Newspaper/Magazine									
Akhbar newspaper		6	6	5	5	5			
		2	1		5	4			5
	40.	.	.		.	.			.
	0	7	9		4	8			2
Ahram newspaper		2	4	5	2	4			
		3	7		6	0			6
	73.	.	.		.	.			.
	3	7	2		7	7			2
Gomhoria newspaper		3	2		4	1			
		0	0	6		4			7
	
	0.0	4	3		7	9			9
Rose El-Youssef magazine		0.	2.	1	0	0			
		0	6		0	0			7
	0.0	0		3	0	2			.
Nesef El-Donia magazine		0.	8.		.	.			.
		0	1		2	0			3
	0.0	0			.	.			.
Reading subjects motivated caretakers to immunise their children		2	4	3	3	3			
		8	8		9	3			7
	40.	.	.		.	.			.
	0	1	6		3	5			6

Caretakers were also asked about the main messages they received from newspaper/magazine articles. Data in table 3.10 shows that more than two-third of caretakers mentioned that “*Polio is a dangerous disease*” as the main message. More than half of the caretakers mentioned, “*immunisation is important to protect children from polio*” and “*There are 3 NID campaigns*” (58 per cent and 54 per cent respectively). All other messages were mentioned by less than 25 per cent with some differentials between regions.

Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
There are 3 NID Campaigns	53.3	76.9	21.5	44.9	75.7	53.9
Polio is a Dangerous Disease	86.7	45.4	82.0	72.6	59.6	68.8
Immunisation is Important to Protect Children from Polio	66.7	33.5	81.7	65.0	39.8	57.6
Polio Vaccine is by Oral Drops	20.0	2.7	14.5	13.8	6.0	11.5
Children Must be Immunised Even if They Received the Main Doses	0.0	11.2	11.3	7.9	7.0	7.6
Polio Vaccine has no Side Effects	40.0	0.0	0.0	18.1	0.0	12.8
Polio Vaccine has no Restrictions	40.0	1.7	0.0	19.1	0.0	13.5
Child Must Be Immunised Until Age 5	20.0	13.1	48.1	30.4	12.1	25.1
Polio Vaccine is Free of Charge	6.7	5.1	6.3	5.9	6.0	6.0
We Must Inform our Relatives and Neighbours about the NID Campaigns	13.3	0.0	16.2	12.4	0.0	8.8
The Vaccine is 2 Drops and the Child Should Swallow It Well	13.3	5.3	0.0	9.0	0.0	6.4
NID Campaigns Come to the Home	0.0	14.6	6.3	4.5	15.2	7.6
Number of Caretakers	15	28	17	48	12	60

3.3.2 Printed Materials

Caretakers were also asked whether they had seen any flyers (clinic posters), billboards/street banners, and street balloons talking about NIDs polio immunisation. Those who saw any printed materials were asked about the messages they got from these materials. Tables 3.11 and 3.12 outline the results of these questions.

Table 3.11 shows the percentage of caretakers who have seen printed materials. Overall, more than two-fifth of caretakers saw printed materials about NIDs Polio immunisation with a clear difference between urban and rural residence (55 per cent and 37 per cent respectively). 86 per cent of caretakers indicated that they saw these printed materials as banners in the street, while 33 per cent saw it in the health unit. Balloons were reported to be seen by few respondents.

Table 3.11 Exposure to Printed Materials

Percentage of caretakers who saw printed materials, by region and urban/rural residence, Post Survey 2002.

Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban Rural Total		
				Urban	Rural	Total
Saw any Printed Materials	69.3	37.6	43.7	55.4	37.2	46.5
Place of Seeing Printed Materials	69.3	37.6	43.7	55.4	37.2	46.5
Posters in the street	90.1	84.8	83.9	87.5	84.0	86.2
Balloons in the street	3.3	1.7	0.5	3.0	0.0	1.8
On NID cars	4.9	3.9	5.9	5.2	4.4	4.9
In health office	32.9	19.5	10.7	25.9	13.0	20.9
In health unit	52.4	20.9	26.4	36.9	26.2	32.7
Other	0.0	1.0	0.0	0.6	0.0	0.3
Printed materials motivated caretakers to immunise their children	54.1	41.8	49.0	53.9	39.1	48.1

Caretakers were also asked about the printed materials messages (table 3.12). 72 two per cent of caretakers who saw printed materials mentioned, “*there are 3 NID campaigns*” as the main message of the printed materials, 51 per cent mentioned “*immunisation is important to protect children from polio*”, and 48 per cent mentioned “*polio is a dangerous disease*”. Other messages were mentioned by less than one-third of the caretakers with some differentials between regions.

Table 3.12 Recalling Messages of the Printed Materials

Percentage of caretakers by recalling messages of the printed materials, by region and urban/rural residence, Post Survey 2002.

Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
	There are 3 NID Campaigns	80.5	76.5	58.7	73.6	69.2	71.9
Polio is a Dangerous Disease	55.7	44.7	44.0	51.6	42.3	48.0
Immunisation is Important to Protect Children from Polio	54.1	36.6	62.0	53.0	46.8	50.6
Polio Vaccine is by Oral Drops	13.1	17.3	14.2	16.5	12.5	15.0
Children Must be Immunised Even if They Received the Main Doses	4.9	3.6	5.2	5.5	3.1	4.5
Polio Vaccine has no Side Effects	14.7	4.6	1.9	9.5	2.9	6.9
Polio Vaccine has no Restrictions	44.4	18.6	3.4	29.5	9.7	21.7
Child Must be Immunised Until Age 5	50.7	37.1	14.0	37.6	27.9	33.8
Polio Vaccine is Free of Charge	21.4	15.4	5.4	16.9	9.4	14.0
We Must Inform our Relatives and Neighbours about the NID Campaigns	19.6	9.8	10.9	16.1	8.8	13.3
The Vaccine is 2 Drops and the Child Should Swallow It Well	9.9	7.4	3.4	7.0	6.7	6.9
NID Campaigns Come to the Home	19.7	33.1	26.9	26.3	27.6	26.8
Don't Know	0.0	0.7	0.0	0.4	0.0	0.3
Number of Caretakers	61	93	77	166	65	231

Other forms of media that were used included megaphones. Table 3.13 covers caretakers' exposure to mobile cars with microphones. Data in the table indicates that around two-

fifths of caretakers reported hearing microphones talking about NIDs polio immunisation with clear variation between urban and rural residence (48 per cent and 35 per cent respectively). Caretakers were also asked about the mobile cars' messages. Around two-thirds of caretakers who heard them mentioned that "*there are 3 NID campaigns*" as the main messages of the mobile cars, 48 per cent mentioned "*NID campaigns come to the home*" and 45 per cent mentioned "*child must immunise until age 5*". Other messages were mentioned by less than 20 per cent of caretakers.

Seeing or hearing mobile cars' messages, led almost two-thirds of caretakers to immunise their children with slight variation between urban and rural residence (64 per cent and 67 per cent respectively).

Table 3.13 Exposure to Cars with Microphones and the Recalling Messages of the Cars
Percentage of caretakers by recalling messages of cars with microphones, by region and urban/rural residence, Post Survey 2002.

Variable & Category	Urban	Lower	Upper			Total
	Gov.	Egypt	Egypt	Urban	Rural	
Saw or Listen Any Cars with Microphones	46.1	38.8	38.3	48.3	34.5	39.7
There are 3 NID Campaigns	64.8	79.6	48.6	64.6	62.0	63.2
Polio is a Dangerous Disease	35.5	44.4	33.8	40.3	36.3	38.1
Immunisation is Important to Protect Children from Polio	47.8	61.3	62.8	52.8	65.4	59.6
Polio Vaccine is by Oral Drops	33.5	19.9	11.3	22.1	15.3	18.4
Children Must be Immunised Even if They Received the Main Doses	18.8	16.9	8.7	16.4	11.2	13.6
Polio Vaccine has no Side Effects	12.5	20.0	4.5	10.4	12.9	11.8
Polio Vaccine has no Restrictions	27.2	29.7	2.6	16.7	17.6	17.2
Child Must be Immunised Until Age 5	77.0	51.4	27.1	51.3	39.8	45.0
Polio Vaccine is Free of Charge	20.9	14.3	4.2	13.9	8.5	11.0
We Must Inform our Relatives and Neighbours about the NID Campaigns	18.7	28.6	3.6	14.0	17.2	15.7
The Vaccine is 2 Drops and the Child Should Swallow It Well	18.7	5.2	4.7	11.1	4.2	7.4
NID Campaigns Come to the Home	48.0	58.7	38.3	44.3	50.6	47.7
Don't Know	0.0	0.0	0.7	0.0	0.6	0.3
NIDs cars motivated caretakers to immunise their children	77.1	58.8	66.7	64.3	66.5	65.5

3.4 Exposure to Seminars/Meetings

One of the social mobilisation activities organized by MOHP was organising meetings and seminars at the community level. The Post Survey investigated to what extent caretakers were exposed to those events.

As confirmed in many surveys, attending community meetings is still low. Only one per cent of caretakers reported that they attended meetings or seminars about NIDs polio immunisation during the past four months. Due to the small number of cases that attended these meetings or seminars, results can't be further analysed as shown in tables 3.14, 3.15.

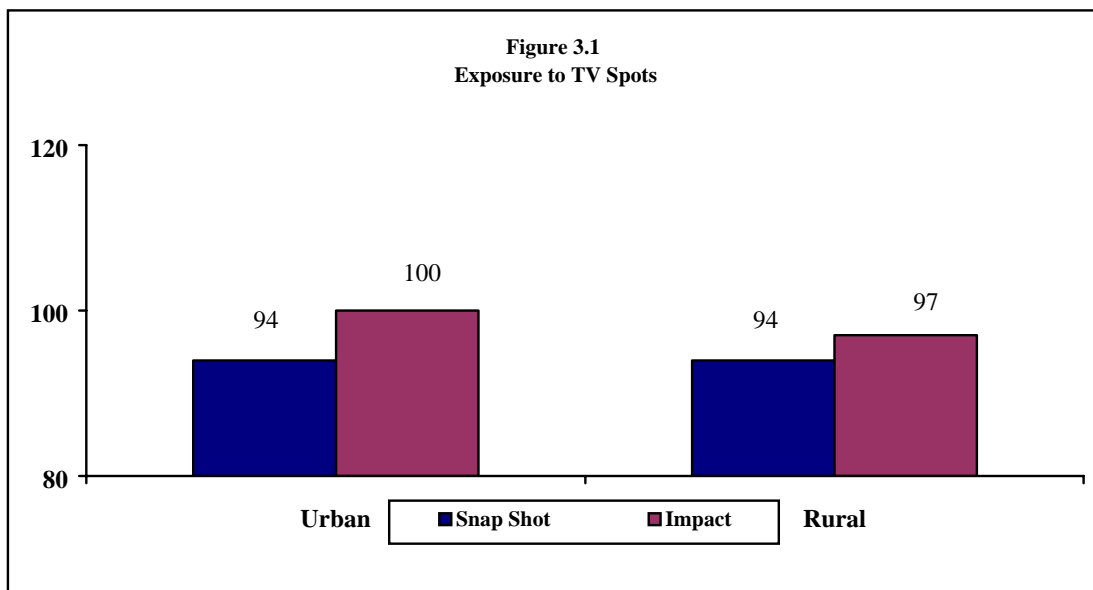
Table 3.14 Exposure to Seminars/ Meetings						
Percentage of caretakers who attended seminars or meetings, by region and urban/rural residence, Post Survey 2002.						
Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
Attend Seminars/Meetings	1.0	1.1	1.6	1.2	1.4	1.3
In Mosque/Church	0.0	0.0	71.1	0.0	60.1	39.8
Youth centres activities	0.0	42.7	0.0	0.0	21.2	14.0
Other	100.0	57.3	28.9	100.0	18.7	46.2
Seminars/Meetings Influenced Child Immunisation	100.0	39.9	100.0	83.1	78.8	80.3

Table 3.15 Recalling Messages of the Seminars/Meetings						
Percentage of caretakers by recalling messages of the seminars or meetings, by region and urban/rural residence, Post Survey 2002.						
Variable & Category	Urban Gov.	Lower Egypt	Upper Egypt	Urban	Rural	Total
There are 3 NID Campaigns		6		2	2	2
		0	6.		8	1
	0.0	1	8	1	2	5
Polio is a Dangerous Disease		3	9	3	7	6
		4	3	3	8	3
	0.0	8	2	8	8	6
Immunisation is Important to Protect Children from Polio		1	1		1	
		0	0	6	0	8
		0	0	6	0	8
Polio Vaccine is by Oral Drops	0.0	0	0	8	0	8
		1		2		
		7		8	0	9
	0.0	4	6.			
Children Must be Immunised Even if They Took the Main Doses	10	6	3	6	4	4
	0	0	0	1	1	8
	0	1	6	3	3	1
Polio Vaccine has no Side Effects		1		1		
		7		6	0	5
	0.0	4	0.			
Polio Vaccine has no Restrictions	10	6	0.	5	2	3
	0	0	0	0	1	1

	0	1		1	2	0
Child Must Immunise Until Age 5	10	4	2	3	3	3
	0	2	2	3	9	7
	0	7	1	2	9	6
We Must Inform our Relatives and Neighbours about the NID Campaign		1		1	6	5
		7	0.		0	7
The Vaccine is 2 Drops and the Child Should Swallow It Well	0.0	4	0	9	0	7
		1		1	6	5
		7	0.		0	7
NID Campaigns Come to the Home	0.0	4	0	9	0	7
		3		3	8	1
		9			0	3
		0.			0	1
Number of Caretakers	0.0	9	0	7	0	1
					1	0
	1	4	5	5	5	0

3.5 Comparison of Exposure to TV Spots between Snapshot Survey and Post Survey

As previous data indicates, TV is the most effective mass media tool on caretakers' attitudes and practices compared to other media like radio, printed materials, and seminars/meeting. Figure 3.1 shows a comparison between caretakers who watched NID TV spots during the Snapshot Survey and those who watched it during the Post Survey. It explains that those who watched any TV spot talking about polio immunisation increased from 94 per cent in both urban and rural residences to 100 per cent and 97 per cent respectively.



Figures 3.2 and 3.3 present the most recalled messages mentioned by caretakers who watched or heard social mobilisation campaigns on TV and radio respectively. The figures show that the most recalled messages in both TV and radio are the same.

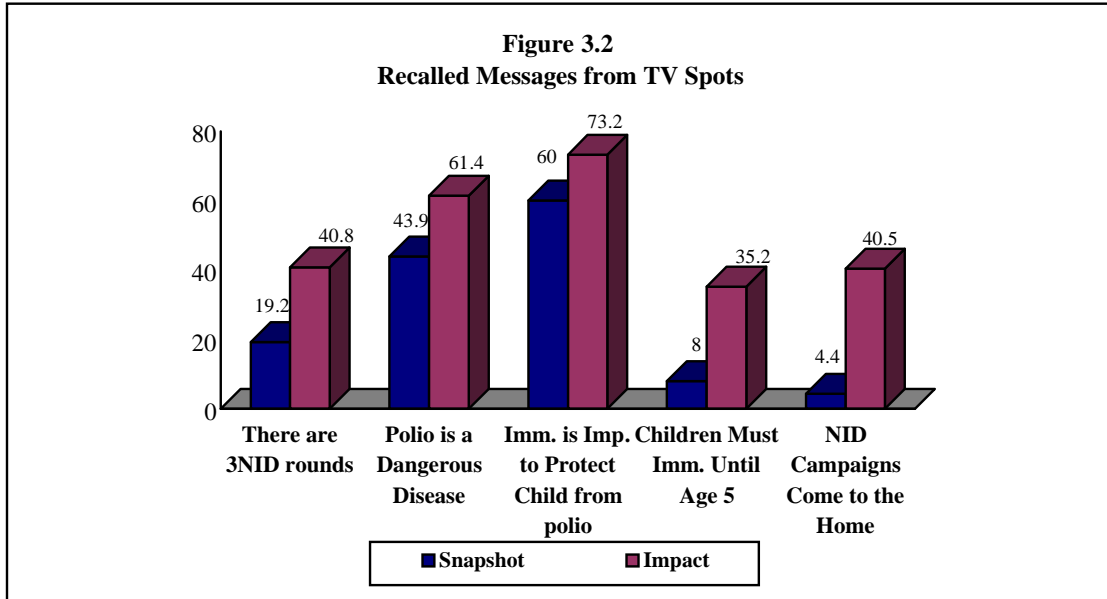
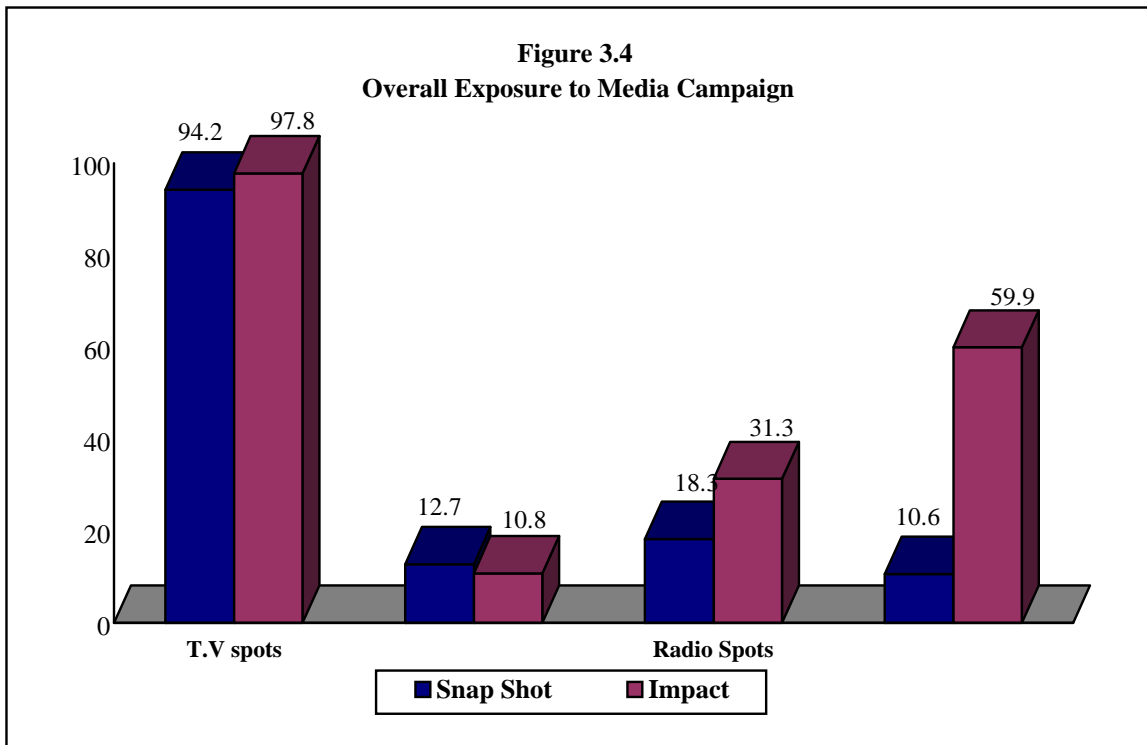
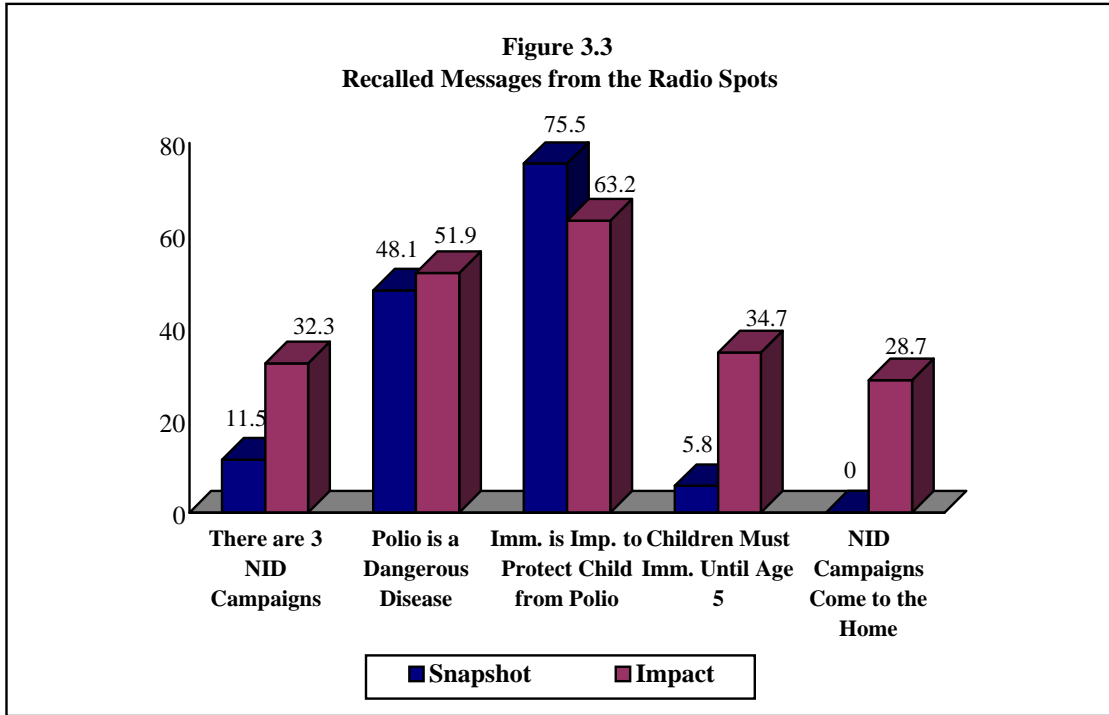


Figure 3.2 shows that caretakers in the Post Survey are more aware of the messages of the TV spots than caretakers in the Snapshot Survey. 61 per cent of caretakers in the Post Survey recalled “Polio is a dangerous disease” compared to 44 per cent only in the Snapshot Survey. About three-quarters of caretakers reported that “Immunisation is important to protect children from Polio” compared to 60 per cent in the Snapshot Survey, and 40 per cent remembered that NID teams come door-to-door compared to only 40 per cent in the Snap Shot. This comparison reflects the effect of the campaign on caretakers’ recognition of the messages. The same results were observed regarding the recall of messages from radio spots as shown in figure 3.3.

Results in figure 3.4 illustrate the significant impact of one media channel over another as well as the differences within the same type. The effect of TV was by far the most significant.



CHAPTER 4

KNOWLEDGE OF POLIO IMMUNISATION

Maintaining high polio immunisation coverage is one of the main goals of the Ministry of Health and Population. Accordingly, a series of questions were asked to caretakers about their knowledge of polio vaccine and NIDs in particular. In addition, other questions were asked related to the correct information on polio vaccine doses. The following results present more details.

4.1 General Knowledge about the Polio Disease

Caretakers were asked about their knowledge about the polio disease, the way of protecting the children from polio, and the existence of new polio cases these days in Egypt. Table 4.1 presents the distribution of caretakers regarding these questions. The results indicated that all caretakers heard about polio (not shown in the table). About 17 per cent reported the existence of new cases these days with no clear differences among regions, however, differences were observed among various levels of education.

Background Characteristics	New cases in Egypt	Polio is:			Number of caretakers
		A disease that makes the child unable to walk	Serious disease	Protect by immunisation	
Age					
Less than 25			26		
25-39	16.0	89.6	35	7	100.0
40 +	17.2	91.7	31	3	99.9
	20.4	95.1		1	98.6
Urban/Rural Residence					
Urban			43		
Rural	17.5	89.4	26	2	99.8
	17.0	92.8		8	99.8
Region					
Urban Governorates			40		
Lower Egypt	18.2	88.4	40	5	100.0
Upper Egypt	17.2	83.5	23	9	99.8
	16.8	99.3		8	99.7

Education					
No Education/ Primary Incomplete			25		
	12.9	92.4		6	99.6
Primary Complete			34		337
	18.5	87.8		9	100.0
Preparatory Complete			24		69
	22.7	94.7		0	100.0
Secondary Complete			37		53
	19.2	89.9		2	100.0
University and Higher			55		219
	24.6	92.8		1	100.0
Work Status					
Working for Cash			45		
	31.0	94.1		2	100.0
Not Working for Cash			31		113
	15.4	91.2		4	99.8
Total					
			33		
	17.2	91.5		0	99.8

One-quarter of caretakers from those who completed university or higher education reported the existence of new cases compared with 13 per cent from those who have never been to school. Regarding the way of protecting the children from polio, almost all caretakers mentioned that immunisation is the only way of protection.

Regarding the knowledge of caretakers about the polio disease, table 4.1 shows that 92 per cent of caretakers know that polio is a disease that makes the child unable to walk with clear differentials between regions. Almost all caretakers in Upper Egypt know about this information compared with only 88 per cent in urban governorates and 84 per cent in Lower Egypt. One-third of caretakers know that it is a serious disease with some differentials by region (41 per cent in both urban governorates and Lower Egypt, and one quarter among caretakers in Upper Egypt). Knowledge about polio as a serious disease among caretakers who are working for cash is more than those who are not working for cash.

4.2 Knowledge of Polio Routine Immunisation

Table 4.2 presents the distribution of caretakers regarding their knowledge about the correct number of main polio doses. The table shows that slightly more than one-quarter of caretakers mentioned that the number of polio doses is three or four doses with clear differences between urban and rural residence, where 32 per cent and 18 per cent of caretakers in rural areas and urban areas respectively mentioned that the number of doses is three or four. Slightly less than two-thirds of caretakers mentioned that the correct number of polio doses is five doses. Caretakers in urban governorates are more aware of the correct number of doses more than caretakers in Lower Egypt and Upper Egypt (89 per cent vs. 53 per cent and 61 per cent respectively). Also, highly educated caretakers and

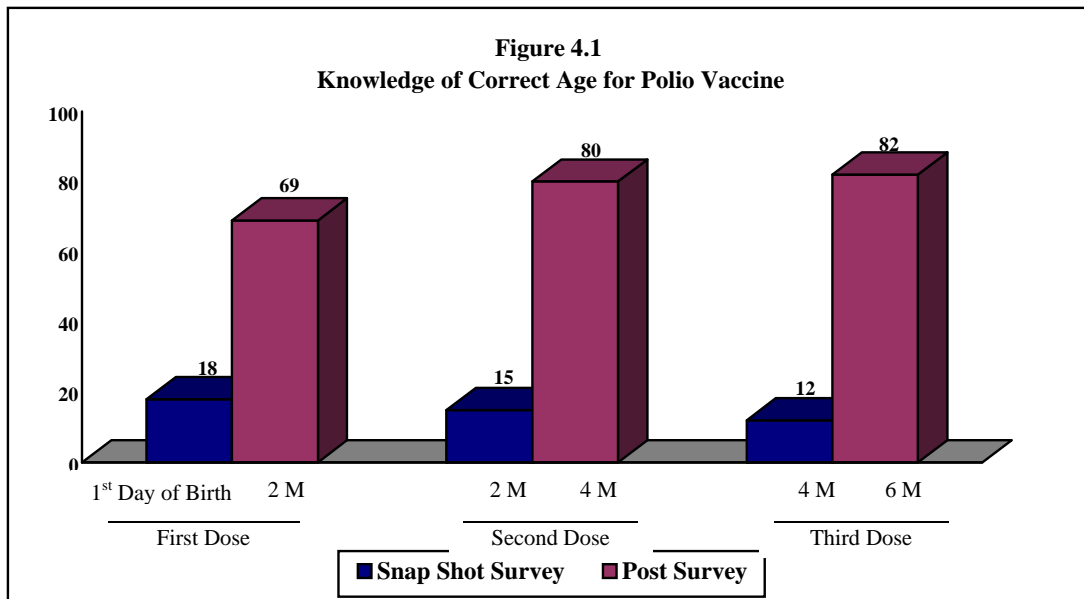
those who are working for cash are more aware of the correct number of doses than less educated caretakers and those who are not working for cash.

Table 4.2 Caretakers' Knowledge about Polio Vaccine										
Percentage of caretaker by their general knowledge about polio vaccine, according to selected background characteristics, Post Survey 2002.										
Background Characteristics	No. of Polio Doses (3 or 4)	No. of Polio Doses (5)	Knew Correct Age for Polio Vaccine					Polio Vaccine Has a Side Effect	Number of Caretakers	
			Polio 1 -2 months	Polio 2 -4 months	Polio 3 -6 months	Polio 4 -9 months	Polio A -18 months			
Age										
Less than 25	3	5	7	8	8	5	6			
		3	6	2	2	4	5	6		
		0	6	0	9	5	9	1	15.3	172
25-39	2	6	6	8	8	6	7			
		4	3	7	0	1	4	1		
		6	8	6	0	0	1	8	11.5	549
40 +	2	6	7	7	8	5	7			
		4	6	0	5	1	8	1		
		8	1	2	7	1	0	9	10.2	71
Urban/Rural Residence										
Urban	1	7	7	8	8	7	8			
		8	4	3	8	9	6	2		
		4	7	0	6	2	3	7	12.4	396
Rural	3	5	6	7	7	5	6			
		1	4	6	5	7	2	3		
		5	9	4	3	3	8	1	12.2	396
Region										
Urban Governorates	1	8	7	9	9	8	8			
		0	9	3	2	3	0	3		
		6	4	0	3	3	8	7	13.5	104
Lower Egypt	3	5	6	7	7	5	6			
		1	3	6	3	3	3	7		
		2	1	0	7	7	8	2	14.8	322
Upper Egypt	2	6	6	8	8	6	6			
		7	1	9	1	4	2	8		
		9	3	8	9	8	0	9	9.7	366
Education										
No Education/ Primary Incomplete	3	5	6	7	7	5	5			
		3	4	5	6	7	1	8		
		0	8	4	4	9	4	9	10.6	337
Primary Complete	1	7	7	7	8	7	7			
		1	4	0	8	0	1	8		
		9	0	9	2	2	0	1	12.7	69
Preparatory Complete	2	6	6	8	8	7	7			
		5	0	8	7	8	4	5	13.5	53

			
		6	7	5	6	2	4	1		
Secondary Complete	2	6	7	8	8	6	7			
		4	6	2	2	4	6	7		
			
University and Higher	1	5	8	4	0	2	4	9	15.5	219
		8	3	2	8	8	5	0		
			
		0	4	7	7	7	9	1	10.5	114
Work Status										
Working for Cash	1	6	6	7	7	7	8			
		7	8	9	7	8	0	2		
			
Not Working for Cash	2	2	8	0	6	5	4	5	5.4	113
		7	6	1	8	0	2	0	8	
			
		8	5	8	7	2	5	9	13.2	679
Total	2	6	6	8	8	6	7			
		6	2	8	0	1	1	0		
			
		6	3	8	3	8	7	5	12.3	792

When caretakers were asked about the correct age for receiving different doses of the polio vaccine, two-thirds of caretakers were able to tell the correct age. Overall, the age at the first dose was known by about 69 per cent, while the second and the third doses were known by around 80 per cent. Booster doses (the fourth dose) were known by about 62 per cent, while the last dose (fifth) was known by 71 per cent with some differences between urban and rural areas.

Generally, caretakers in urban areas are more knowledgeable than caretakers in rural areas with regard to this issue. In addition, highly educated caretakers are more aware of the correct age of polio vaccine doses more than other groups. However, there are some differences regarding the age of the child for receiving different doses as shown in figure 4.1. The figure shows that 18 per cent of caretakers mentioned that the first dose should be received at the day of birth, which is what MOHP has been recently promoting, while 69 per cent mentioned at two months. Regarding the second dose, 15 per cent reported that the second dose should be received at two months and 80 per cent mentioned at four months. Finally, 12 per cent of caretakers mentioned that the third dose should be received at four months, while 82 per cent mentioned at six months.



When caretakers were asked about the side effects of the polio vaccine, only 12 per cent mentioned that the vaccine has a side effect with some differences between regions. Around 14 per cent of caretakers in urban governorates and 15 per cent in Lower Egypt mentioned that polio vaccine has side effects compared with 10 per cent in Upper Egypt.

Regarding the knowledge of caretakers about the maximum number of polio doses that the child can receive and the minimum and maximum age of the child for receiving these doses, figure 4.2 and table 4.15 show the distribution of caretakers according to this information. Figure 4.2 shows that 58 per cent of caretakers mentioned that there is no maximum number of doses. It also indicates that 87 per cent of all caretakers reported that the child from the first day of delivery should receive a polio dose. With respect to the maximum age of child receiving the polio vaccine, 98 per cent of caretakers reported that children less than five years of age should be brought for immunisation.

Differences between urban and rural residence and between regions were observed in table 4.15. It shows that 67 per cent of caretakers in Upper Egypt believe there is no maximum number of doses compared with 49 per cent in urban governorates. The minimum age for immunisation was reported as the day of birth by 98 per cent of caretakers in urban governorates compared with 89 per cent in Lower Egypt and 81 per cent in Upper Egypt. Minor differences were observed between regions regarding the maximum age for receiving polio doses. Table 4.15 also indicates that highly educated caretakers are more knowledgeable by the number of doses and the maximum and minimum ages for receiving polio doses than less educated caretakers.

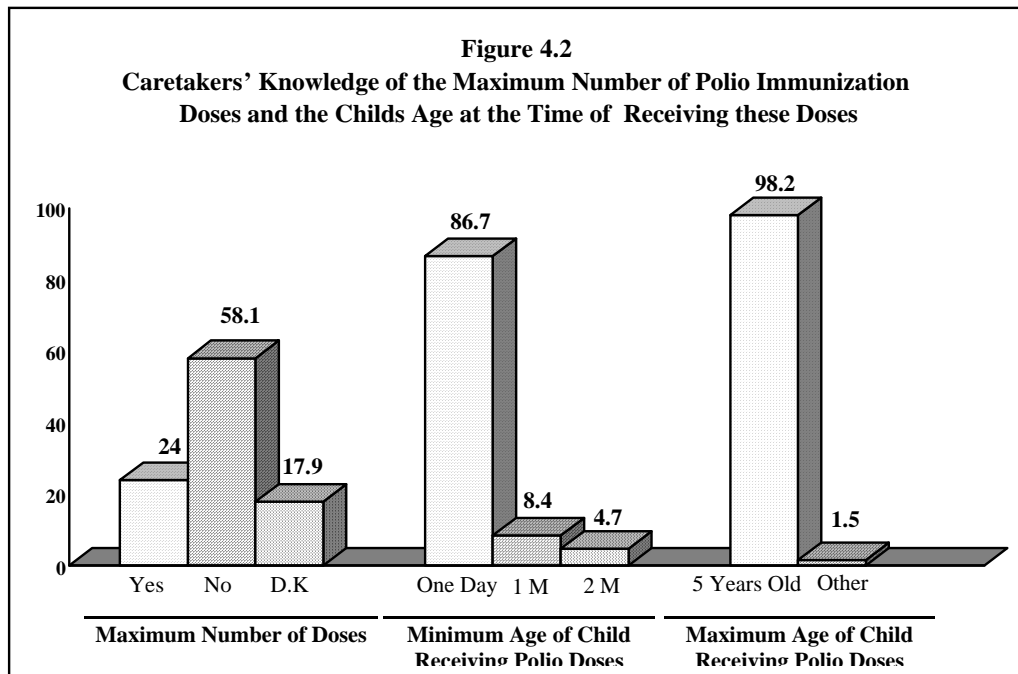


Table 4.3 Age of Receiving Polio Vaccine
Percentage of caretakers by their perception about the age for receiving polio vaccine, according to selected background characteristics, Post Survey 2002.

Background Characteristics	Maximum number of polio doses			Minimum age for immunisation			Till what age can a child get vaccinated		Number of caretakers
	Yes	No	Don't know	One day	One month	Two months	Five years old	Other	
Age									
Less than 25	1	6	2	8	10	4	99.0	1	172
		5	0	1	3	.	.	.	
		9	1		0
		0	0	1	5				
25-39	2	5	1	8	7	4	97.7	1	549
		5	7	6	8	2	.	.	

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		7	4	9	2		6		8
40 +	2	5	1	8	11	6	100.0	0	71
		3	8	7	2	2			0
		6	9	5	2				
Urban/Rural Residence									
Urban	2	5	1	9	3	4	99.7	0	396
		8	8	2	1	4			3
		4	9	7	9		7		
Rural	2	5	2	8	11	4	97.3	2	396
		1	7	1	3				2
		3	7	1	5	4	7		
Region									
Urban Governorates	3	4	1	9	0	1	100.0	0	104
		8	8	2	8	0		9	0
		6	9	5	1				
Lower Egypt	2	5	2	8	5	6	98.1	1	322
		3	1	4	8	0		5	1
		6	6	7	5				
Upper Egypt	1	6	1	8	14	4	97.7	2	366
		9	6	3	1				2
		5	6	9	2	0	1		
Education									
Never Been To School/ Primary Incomplete	2	5	2	8				2	
		0	6	3	13	5			
		8	1	2	8	4	6	96.8	6
Primary Complete	2	6	1	9	1	6	100.0	0	69
		4	1	4	1	7			0
		0	1	9	8		5		
Preparatory Complete	2	5	2	9	4	0	99.2	0	53
		2	4	2	3	0		8	8
		3	9	8	2				
Secondary Complete	2	6	1	9	5	3	99.0	1	219
		2	5	2	0	9		7	0
		7	3	0	2				
University and Higher	3	5	1	9	2	4	100.0	0	114
		9	0	0	3	4		4	0
		5	0	4	2				
Work Status									
Working for Cash	2	6	1	9	2	6	98.0	2	113
		7	0	1	0	9		7	0
		8	7	6	5				
Not Working for Cash	2	5	1	8	9	4	98.2	1	679
		3	7	8	6	1		4	4
		4	8	8	2				

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Rural	1	0			8				
		0	0	2		3			
		12.		
		0 6.0		0 1		1 4.5		4	396
Place of Residence									
Urban Governorates	9				8				
		2	7	7		5			
				
		9 7.1		1 1		7 7.1		7.1	104
Lower Egypt	1				9				
		0	0	4		0			
				
		0 5.6		0 9		7 0.0		9.3	322
Upper Egypt	1				8				
		0	1	0		0			
		.		.	.	.	10.		
		0 9.9		2 0		9 8.9		2	366
Education									
No Education/ Primary Incomplete	1				8				
		0	0	4		6			
		.		.	.	.	10.		
		0 0.0		0 8		2 3.5		3	337
Primary Complete	1				1				
		0	0	0		0			
				
		0 14.0		0 0		0 0.0		0.0	69
Preparatory Complete	8			1	8				
		4	0		5	4			
		.		.	.	.	15.		
		4 0.0		0 6		4 0.0		6	53
Secondary Complete	1				7				
		0	4	0		9			
		.		.	.	.	11.		
		0 13.3		5 0		8 9.1		0	219
University and Higher	1				9				
		0	0	3		6			
				
		0 16.8		0 7		3 0.0		3.7	114
Work Status									
Working for Cash	1				9				
		0	0	7		2			
				
		0 34.2		0 5		5 0.0		7.5	113
Not Working for Cash	9				8				
		8	1	3		6			
				
		8 6.0		7 3		0 4.7		9.4	679
Total	9				8				
		8	1	3		6			
				
		8 7.4		6 5		3 4.4		9.3	792

Table 4.4 shows the percentage distribution of caretakers according to their responses regarding the consequences of not receiving all doses of the polio vaccine, one dose or a delay in any dose. When caretakers were asked about the implications of not receiving any dose of the polio vaccine, 59 per cent mentioned that the child “*surely will have polio*” and 39 per cent mentioned “*might have polio*”, with some differentials between regions and between level of education. Slightly less than half of caretakers in urban governorates mentioned that the child surely would have polio compared with 60 per cent in Upper Egypt and 62 per cent in Lower Egypt. The situation is reversed for caretakers who mentioned that the child might have polio. Highly educated caretakers mentioned that the children surely would have polio more than those who have never been to school.

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Table 4.5 Caretakers' Knowledge About the Consequences of Not Receiving Polio Vaccine
 Percentage of caretaker by their general Knowledge about the consequences if the child does not receive Polio vaccine, according to selected background characteristics, Post Survey 2002.

Background Characteristics	What happened if the child													Number of Caretakers
	Does not receive any dose			Does not receive one dose					Delay any dose					
	Nothing Happens	Might Have Polio	Surely Will Have Polio	Nothing Happens	Might have Polio	Surely Will Have Polio	Don't Know	Nothing happens	Nothing Delays 1 Month Only	Might Have Polio	Surely Will Have Polio	Don't Know		
Age														
Less than 25	3	5	0	56.	0	32.7	5	45.0	21.4	26.1	1.4	5	172	
25-39	2.6	3	9	63.	3	27.7	8	50.1	20.1	24.2	1.8	6	549	
40 +	1.2	4	3	59.	0	31.8	0	50.7	18.9	22.9	2.6	0	71	
Urban/Rural Residence														
Urban	3	5	0	66.	0	28.5	0	51.4	20.3	22.6	1.2	5	396	
Rural	2.5	4	0	58.	3	29.7	9	47.5	20.3	25.7	2.1	0	396	
Place of Residence														
Urban Governorates	5.8	4	0	64.	5	28.7	1	60.5	15.4	17.4	1.0	0	104	

			0		0					0					
Lower Egypt	3	3													
		5	1		2					5					
Upper Egypt	0.7	762.3	3	3.7	63.	9	28.5	8	46.8	15.4	29.3	2.3	4	322	
		8	0		0								1		
	1.5	460.1	0	9.9	58.	0	30.0	6	47.1	26.0	22.9	1.6	0	366	
Education															
No Education/ Primary Incomplete	3	9	0		0								2		
		0	58.6	0	7.7	57.	5	31.6	8	48.8	18.9	24.9	2.7	4	337
Primary Complete	3	8	2		2									5	
		3	58.1	0	5.1	65.	5	25.8	0	52.4	13.6	24.0	2.6	7	69
Preparatory Complete	4	2	2		7									3	
		9	52.3	6	5.0	54.	8	30.8	2	53.7	21.4	18.2	0.9	7	53
Secondary Complete	3	7	0		1									0	
		7	61.2	5	5.1	64.	7	27.4	1	46.3	24.4	27.1	0.5	6	219
University and Higher	3	7	0		1									4	
		6	61.3	0	2.8	68.	3	26.0	7	50.2	21.3	21.5	1.2	3	114
Work Status															
Working for Cash	3	0	0		0									1	
		0	67.0	4	6.6	61.	5	29.0	4	45.9	18.2	28.0	3.4	6	113

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Not Working for Cash	3	9	0	61.	1	2						
	1.8	758.1	5 5.9	2 29.3	7 49.4	20.6	24.1	1.6	7	679		
Total	3	8	0	61.	1	2						
	1.8	659.1	5 6.0	2 29.2	5 49.0	20.3	24.5	1.8	5	792		

The highest percentage of caretakers mentioned that the child might have polio as a result of not receiving one dose was found in urban governorates (65 per cent) compared to 58 per cent in Upper Egypt. Regarding the delaying of one dose, Table 4.8 shows that slightly less than one half of caretakers reported “*nothing happens*”, with the highest percentage found in urban governorates (61 per cent). One-quarter of caretakers mentioned that the child might have polio. Slight differences were observed among different levels of education and work status.

4.3 Knowledge of NID Polio Vaccine

Caretakers were asked about their knowledge of NIDs of polio vaccine and the reasons that make MOHP do NIDs. Table 4.6 presents the percentage distribution of caretakers regarding their knowledge towards NIDs. The table shows that almost all caretakers heard about NIDs. However, some differences were presented regarding the time of the last NID where 89 per cent of all caretakers mentioned that the last NID was in the “last week” and 11 per cent mentioned that it was in the “same week” of the Post Survey. Moreover, caretakers were asked whether they heard about other NIDs before the last one. Table 4.4 shows that 99 per cent of caretakers mentioned that they heard about these NIDs where 95 per cent of them reported that the previous NID was done in October, while 85 per cent reported that it was done in September.

Caretakers were asked about the reasons that make MOHP undertake NIDs. It was found that slightly more than two-third of caretakers mentioned that MOHP do NIDs “*to totally eradicate the disease*”, and more than half of caretakers mentioned “*To protect children from the disease*”, while 30 per cent of caretakers mentioned “*to make sure that all children were immunised*”. Some differences were observed between regions and different levels of education. Generally, highly educated caretakers reported the three reasons more than those who have never been to school. When caretakers were asked about the importance of NIDs, they all mentioned that it is important (not shown in the table).

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Table 4.6 Caretakers' Knowledge about NIDs												
Percentage of caretaker by their general knowledge about National Immunisation Days (NIDs), according to selected background characteristics, Post Survey 2002.												
Background Characteristics	Heard about NIDs Yes	When was the last NID		Know about any previous NIDs before the last one Yes	When were the previous NIDs		Why MOHP do NIDS				Number of caretakers	
		This week	Previous week		Sept	Oct	To totally eradicate the disease	To make sure that all children are immunised	To protect children from the disease	Don't know		
Age												
Less than 25	100.0	11.2	88.8	98.1	85.9	94.	65.1	32.1	51.9	0	172	
25-39	99					95.				0		
40 +	10	6	11.1	88.7	99.0	86.1	3	67.9	30.8	51.1	3	549
	0									0		
	0	6.7	93.3	99.2	78.7	95.	7	69.1	23.0	49.3	0	71
Urban/Rural Residence												
Urban	99					97.				0		
Rural	99	8	10.4	89.2	99.2	84.0	1	71.0	28.7	58.2	0	396
	8	10.9	89.1	98.6	86.3	93.	8	65.1	31.4	46.9	0	396
region												
Urban Governorates	10									0		
	0					98.				0		
Lower Egypt	99	1.9	98.1	100.0	77.8	98.	1	71.1	12.5	55.7	0	104
	99	19.5	80.5	97.6	81.5	93.	55.2	35.6	57.7	0	322	

						8						
Upper Egypt	99										0	
						95.	1	76.4	31.8	44.1		366
Education												
No Education/ Primary Incomplete	99					93.					0	
							3	62.4	28.4	47.1		337
Primary Complete	10										0	
						96.						
Preparatory Complete	10		13.9	86.1	100.0	80.4	2	66.0	22.1	48.9		69
											0	
						97.						
Secondary Complete	10		17.1	83.0	97.6	77.9	2	70.9	30.5	46.0		53
											0	
						95.						
University and Higher	99		11.7	88.3	99.1	87.0	7	71.1	36.1	53.9		219
											0	
						98.						
			11.4	87.3	98.2	92.2	2	76.9	31.9	64.9		114
Work Status												
Working for Cash	99										0	
						94.						
			13.8	86.2	99.5	87.9	5	78.7	37.4	59.7		113
Not Working for Cash	99										0	
						95.						
			10.3	89.5	98.7	85.1	1	65.9	29.5	50.0		679
Total	99										0	
						95.						
			10.7	89.1	98.8	85.4	1	67.3	30.4	51.2		792

All caretakers were asked if the NIDs doses differ from the routine immunisation doses as per results presented in table 4.7. The table shows that 91 per cent of caretakers mentioned that the polio vaccine administered during NIDs is the same as that used during routine immunisation, while 4 per cent mentioned that it differs with some differentials between urban and rural residence and between regions. 95 per cent from Upper Egypt said that there are no differences between the two doses compared with 90 per cent from urban governorates and 88 per cent from Lower Egypt. Moreover, some differentials were observed between different levels of education.

Table 4.7 Perception about Routine and NID Polio Immunisation Doses											
Percentage of caretaker by perception about polio immunisation doses, according to selected background characteristics, Post Survey 2002											
Background Characteristics	NIDs doses differ from routine ones			Possible to take NIDs doses with main doses			NID doses replace the main immunisation doses			Number of caretakers	
	Yes differs	Doesn't differ	D	Y	n	o	I	n	o		D.K
Age											
Less than 25	4	91.	3	9	6	0	1	8	0.0	172	
	.	4		2	.	.	.	2			
	9			8	6	6		.			
25-39	3	92.	3	9	4	0	1	8	0.6	549	
	.	0		5	.	.	4	4			
	8			1	4	2		.			
40 +	6	86.	6	9	4	1	9	8	1.4	71	
	.	7		4	.	.	.	9			
	7			1	6	4	6	.			
Urban/Rural Residence											
Urban	7	89.	2	9	3	0	1	8	0.3	396	
	.	4		6	.	.	4	5			
	8			5	3	0		.			
Rural	2	92.	5	9	5	0	1	8	0.7	396	
	.	6		3	.	.	4	3			
	2			3	9	6		.			
Place of Residence											
Urban Governorates	8	90.	1	1	0	0	2	7	0.0	104	
	.	4		0	.	.	2	7			
	7			0	0	0		.			
				0				8			
Lower Egypt	5	87.	7	9	2	0	1	8	1.1	322	
	.	6		7	.	.	2	5			
	1			5	0	4		.			
				5				8			
Upper Egypt	2	94.	2	9	9	0	1	8	0.3	366	
	.	9		0	.	.	4	5			
	1			2	0	5		.			
				2				3			
Education											
No Education/ Primary	2	91.	6	9	5	0	1	8	0.8	337	

Incomplete		0								
		1								
Primary Complete	8	89.	1	9	6	0	1	8	0.0	69
		4	8			4	0		0	
Preparatory Complete	5	91.	3	9	2	0	7	9	2.6	53
		3	1			3	0		0	
Secondary Complete	4	92.	2	9	5	0	1	8	0.0	219
		9	5			6	0		5	
University and Higher	7	91.	0	9	1	0	1	8	0.0	114
		4	9			4	0		9	
Work Status										
Working for Cash	7	91.	0	9	1	0	7	9	0.0	113
		3	5			8	0		2	
Not Working for Cash	3	91.	4	9	5	0	1	8	0.6	679
		9	4			3	4		3	
Total	4	91.	4	9	4	0	1	8	0.6	792
		3	4			9	4		4	

Table 4.7 also presents the responses of caretakers regarding the possibility of receiving the NID doses if the child was given the three doses and the booster doses of Polio. Overall, 95 per cent of caretakers agreed that the child should receive NIDs doses even if he was given all routine doses. These percentages differ by regions, where all caretakers in urban governorates mentioned the possibility of receiving NID doses compared with 90 per cent in Upper Egypt and 98 per cent in Lower Egypt. Regarding the possibility that NID doses replace the routine ones, 84 per cent mentioned that NID doses cannot replace the routine ones, while 15 per cent agreed with the replacement, with some differentials between regions and level of education. Around 85 per cent of caretakers in Upper Egypt and 86 per cent in Lower Egypt reported that NID cannot replace the routine doses compared with 78 per cent in urban governorates. Highly educated caretakers and those who are working for cash are more aware of the fact that routine doses cannot be replaced by NID doses more than less educated caretakers and those who are not working for cash.

Caretakers who reported that the NID doses differ from the routine immunisation doses were asked about the differences between them. Table 4.8 presents the percentage distribution of caretakers regarding these differences. More than one third of caretakers mentioned that the NID doses have no side effects as the routine immunisation doses, while one-fifth of caretakers mentioned that the NID doses are better than the routine doses since they are under the auspices of Susan Mubarak and 17 per cent mentioned that it is generally better than the routine doses. Large differentials among regions were observed in the table.

Table 4.8 Difference between NIDs and Routine Doses					
Percentage of caretaker by perception about the difference between NIDs and routine doses, according to selected background characteristics, Post Survey 2002					
Background Characteristics	The difference between NIDs and routine doses				Number of caretakers
	No side effect	Better than routine imm.	Better, under auspices of Susan Mubarak	Other	
Age					
Less than 25	40			37	
		0	5.3	17.2	4
25-39	32			28	9
		4	25.5	17.5	4
40 +	49			16	26
		2	0.0	34.7	1
Urban/Rural Residence					
Urban	42			30	
		9	12.2	18.0	2
Rural	23			26	32
		5	26.1	23.7	7
Region					
Urban Governorates	66			11	
		7	0.0	22.2	1
Lower Egypt	27			55	9
		2	11.9	10.5	2
Upper Egypt	16			0.	22
		3	48.3	35.4	0
Education					
No Education/ Primary Incomplete	39			9.	
		5	0.0	50.6	9
Primary Complete	25			36	9
		4	0.0	38.2	4
Preparatory Complete	13			39	6
		0	47.2	0.0	9
Secondary Complete	38			28	3
		8	34.4	5.4	7
University and Higher	49			39	14
		9	10.6	0.0	5
Work Status					
Working for Cash	47			30	
		9	21.5	0.0	6
Not Working for Cash	33			28	8
		9	15.4	24.7	7
Total	36		16.6	19.8	29
					40

Data presented in table 4.8 shows that 83 per cent mentioned that extra doses of polio vaccine will not harm the child while 14 per cent mentioned that extra doses provide the child with extra protection and increase in child's immunity against polio, while 1 per cent only mentioned that the child might have polio. Large differentials are observed among different categories in table 4.7. 98 per cent of caretakers in urban governorates mentioned that extra doses of polio vaccine would not harm the child compared with 85 per cent in Lower Egypt and 77 per cent in Upper Egypt. Slightly less than one-quarter of caretakers in Upper Egypt mentioned that extra doses would provide the child with extra protection compared with 10 per cent in Lower Egypt and no one in urban governorates. Regarding the level of education and the work status of caretakers, some differentials were observed and are presented in the table as well.

Background Characteristics	The impacts of extra doses				Number of Caretakers
	No Harm	More Protection	Might Have Polio	Don't Know	
Age					
Less than 25	8	16.1	0.0	1	172
		2			
		.		4	
		5			
25-39	8	14.8	1.3	1	549
		2			
		.		2	
		7			
40 +	8	7.3	1.7	3	71
		7			
		.		3	
		8			
Urban/Rural Residence					
Urban	8	12.3	0.7	1	396
		6			
		.		0	
		0			
Rural	8	15.7	1.2	1	396
		1			
		.		6	
		4			
Region					
Urban Governorates	9	0.0	1.0	1	104
		8			
		.		0	
		1			
Lower Egypt	8	10.0	2.0	2	322
		5			
		.		8	

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		3			
Upper Egypt	7	22.9	0.3	0	366
		6			.4
		.5			
Education					
No Education/ Primary Incomplete	7	18.1	1.9	2	337
		7			.3
		.8			
Primary Complete	9	9.0	0.0	0	69
		1			.0
		.0			
Preparatory Complete	9	5.7	0.0	2	53
		1			.6
		.7			
Secondary Complete	8	14.8	0.2	0	219
		4			.6
		.5			
University and Higher	8	9.0	1.2	0	114
		9			.0
		.9			
Work Status					
Working for Cash	8	9.9	1.7	0	113
		8			.0
		.5			
Not Working for Cash	8	15.0	1.0	1	679
		2			.6
		.4			
Total	8	14.4	1.0	1	792
		3			.4
		.1			

Table 4.9 presents information about caretakers' knowledge regarding the possibility of child vaccination in some special cases. Regarding the existence of fever, data shown in the table indicates that 76 percent of caretakers mentioned that the child could be vaccinated while having fever and less than one quarter of caretakers mentioned that he/she could not be vaccinated.

Table 4.10 Vaccination when the child is sick				
Percentage of caretakers by knowledge about polio immunisation during child sickness, according to selected background characteristics, Post Survey 2002				
Background Characteristics	Can a child get immunised while having fever			Number of caretakers
	Yes	No	D. K	
Age				
Less than 25	7	2	0	172
25-39	7	2	0	549
40 +	6	3	0	71
Urban/Rural Residence				
Urban	8	1	1	396
Rural	7	2	0	396
Region				
Urban Governorates	8	1	0	104
Lower Egypt	7	2	2	322
Upper Egypt	7	2	0	366
Education				
Never Been To School/ Primary Incomplete	6	2	1	337

Primary Complete	7	2	0	
				69
Preparatory Complete	6	3	0	
				53
Secondary Complete	8	1	1	
				219
University and Higher	8	1	0	
				114
Work Status				
Working for Cash	8	9	2	
				113
Not Working for Cash	7	2	0	
				679
Total	7	2	0	
				792

Clear differentials were observed between regions, level of education and work status. Caretakers in urban governorates are more likely to immunise their children while having fever than those in Lower and Upper Egypt (87 per cent vs. 71 per cent and 76 per cent). In addition, caretakers with higher levels of education and who work for cash are more likely to immunise their children while having fever than those in lower levels of education and who do not work for cash.

Regarding the immunisation of children against polio while having diarrhea, caretakers were asked: “*if the child had received a polio vaccine dose while having diarrhea, should he/she be vaccinated again?*” Overall, table 4.10 shows that slightly less than two-thirds of caretakers mentioned that the child should not receive it again, while 32 per cent mentioned that he/she should. Differentials were observed among regions, where 54 per cent of caretakers in urban governorates reported that the child should not receive another dose compared to 72 per cent in Upper Egypt. Caretakers who mentioned that the child should be re-vaccinated again, were asked “*after how long should he/she receive the vaccination dose?*”; 93 per cent mentioned after the recovery of the child.

Table 4.11 Vaccination while Having Diarrhea		
Percentage of caretakers by their knowledge of vaccination if the child has of diarrhea, according to selected background characteristics, Post Survey 2002.		
If child receives vaccine while having diarrhea, should re-vaccinate	After how long should he receive this immunisation dose	Number of caretakers

Background Characteristics	Yes	No	Don't know	After 4 weeks	After 8 weeks	After recovery	Other		
Age									
Less than 25	3	6							
		1	35				0		
		.	.	.	0.		.		
		2	6	2	6.8	0	93.2	0	172
25-39	3	6							
		1	43					0	
		.	.	.	0.				
		8	5	8	5.9	7	92.8	6	549
40 +	3	6							
		8	10					6	
		.	.	.	0.			.	
		0	5	5	4.4	0	88.8	8	71
Urban/Rural Residence									
Urban	3	6							
		3	23					1	
		.	.	.	1.			.	
		5	9	6	3.9	2	93.2	8	396
Rural	3	6							
		1	44					0	
		.	.	.	0.			.	
		4	7	0	7.3	0	92.0	7	396
Region									
Urban Governorates	4	5							
		3	32					0	
		.	.	.	2.			.	
		4	8	9	2.2	2	95.6	0	104
Lower Egypt	3	5							
		4	87					1	
		.	.	.	0.			.	
		7	4	0	6.7	0	91.7	6	322
Upper Egypt	2	7							
		6	21					1	
		.	.	.	0.			.	
		5	1	5	7.1	0	91.6	3	366
Education									
Never Been To School/ Primary Incomplete	3	6							
		1	53					0	
		.	.	.	0.			.	
		7	1	2	3.4	0	96.6	0	337
Primary Complete	3	5							
		3	69					0	
		.	.	.	10.	4.		.	
		5	9	6	8	8	84.4	0	69
Preparatory Complete	3	6							
		1	43					7	
		.	.	.	0.			.	
		7	8	5	7.9	0	85.1	1	53
Secondary Complete	3	6							
		3	32					2	
		.	.	.	0.			.	
		6	8	7	8.7	0	88.9	4	219
University and Higher	3	6							
		0	54					0	
		.	.	.	0.			.	
		2	2	5	4.5	0	95.5	0	114

Work Status									
Working for Cash	2	6							
		6	8.5			0.		2	
Not Working for Cash	3	6		0	8.0		0	89.6	4
		2	3.3						1
Total	3	6				0.			
		2	4.3						1
						0.			
		2	0	8	6.0		5	92.5	1
									792

Caretakers were asked about the attitudes of the child’s family who is infected by the symptoms of polio disease. Overall, table 4.11 shows that 92 per cent of caretakers mentioned that this family should go to a physician or to a health unit with some differentials between regions; 98 per cent in Upper Egypt reported this attitude while this percentage decreases to 84 per cent among caretakers in urban governorates. In addition, caretakers who are not working for cash reported that the child’s family should go to a physician or to a health unit more than those who are working for cash (93 per cent vs. 88 per cent respectively). 94 per cent of caretakers mentioned that they would inform the health unit in the area, with some differentials between regions, education levels and work status. Only 6 per cent of all caretakers do not know whom to inform regarding the appearance of any infected child. Caretakers who reported that they should inform a health unit or any other place about the infected child, were asked about the reasons for reporting these polio cases. Table 4.12 shows that 77 per cent of caretakers think that it is important to hurry in treating the child. The highest percentage reporting this reason was among caretakers in urban governorates (88 per cent) and the lowest percentage was among caretakers in Lower Egypt (75 per cent). 38 per cent of caretakers reported that they should inform a health unit since it is responsible for this, while 10 per cent mentioned that informing a health unit or any other place is important to immunise all children in the area since it is an infectious disease. Differentials between regions, level of education and work status could be observed in table 4.12.

Table 4.12 Reactions of Families to Polio Cases and Place to Report Symptoms of Polio

Percentage of caretakers by their attitudes toward the appearance of polio cases, according to selected background characteristics, Post Survey 2002.

Background Characteristics	Family reaction if someone has polio			To whom should a family report about infection		Polio is infectious		Number of caretakers
	Will do nothing	Go to physician/ health unit	Don't know	Health unit in the area	Other	Don't know	Yes	
Age								

Support to National Communication Polio Plan

Working for Cash					2	6	1	
	12.		0	0	2	5	1	1
	0	87.6	0	97.5	0	5	0	9113
Not Working for Cash						1	6	1
			0		6	6	6	7
	7.0	92.8	1	93.2	9	0	7	3679
Total			0		0	5	6	6
	7.6	92.2	1	93.7	8	6	1	7792

Table 4.13 Reasons for a Polio Case

Percentage of caretakers by their reasons for reporting the polio case, according to selected background characteristics, Post Survey 2002.

Background Characteristics	Reasons for reporting the polio case				Number of caretakers
	To hurry in treating the child	It is the health units responsibility	To immunise all children	To count all polio cases	
Age					
Less than 25	76.7	33.4	7.8	1.4	168
25-39	77.1	39.2	10.6	3.5	547
40 +	81.3	37.2	7.7	3.0	71
Urban/Rural Residence					
Urban	82.3	33.9	14.1	5.5	392
Rural	74.4	40.0	7.1	1.5	394
Region					
Urban Governorates	88.1	18.8	17.9	5.0	101
Lower Egypt	74.5	47.2	10.9	4.5	322
Upper Egypt	76.4	35.7	6.1	1.1	363
Education					

Never Been To School/					
Primary Incomplete	74.0	35.9	5.6	1.1	334
Primary Complete	79.8	44.1	9.4	1.6	69
Preparatory Complete	81.9	23.4	15.5	2.1	52
Secondary Complete	77.2	45.1	10.0	3.4	217
University and Higher	85.9	32.2	21.2	10.9	114
Work Status					
Working for Cash	81.8	34.6	14.3	8.5	113
Not Working for Cash	76.8	38.1	9.1	2.3	673
Total	77.4	37.7	9.7	3.0	786

4.4 Comparison between Caretakers' Knowledge Indicators According to Baseline Survey and Post Surveys

This section presents the findings related to the impact of the social mobilisation campaign on knowledge of caretakers toward polio immunisation and NIDs immunisation in particular. The effectiveness of the campaign will be measured by comparing the level of knowledge at the Baseline Survey prior to the campaign and the Post Survey. Overall, this study demonstrated that various knowledge indicators of Polio immunisation and NIDs were influenced by the communication campaign.

Table 4.14 presents a comparison of key indicators. Findings indicate that caretakers became more aware of the situation of polio in Egypt. 18 per cent of caretakers in urban governorates mentioned in the Post Survey that there are new cases of polio compared with 11 per cent in the Baseline Survey. In Lower Egypt these figures are 17 per cent vs. 6 per cent, while in Upper Egypt these figures are 17 per cent vs. 5 per cent.

Caretakers became more knowledgeable about the limited side effects of the polio vaccine. 15 per cent of caretakers in Lower Egypt reported that the polio vaccine has side effects in the Post Survey, compared with 40 per cent in the Baseline Survey. The same results were observed in other regions as shown in the table.

Regarding the correct information about the relation between the routine immunisation and the vaccination during NIDs, table 4.16 indicates that caretakers in the Post Survey are more knowledgeable that the two vaccines are the same. Also, caretakers in the Post Survey are more aware of the safety of extra doses of the polio vaccine. Almost all caretakers in urban governorates, 85 per cent and 77 per cent in Lower Egypt and Upper Egypt respectively mentioned that extra doses do not harm the child compared with 67 per cent, 73 per cent and 55 per cent respectively in the Baseline Survey.

Regarding the possibility that the child be immunised in cases of sickness, the comparison between the two surveys reveals that caretakers in the Post Survey are more aware that the child could be vaccinated any time. With regard to vaccination while having fever, table 4.14 shows that 87 per cent, 71 per cent and 76 per cent in urban governorates, Lower Egypt and Upper Egypt respectively in the Post Survey, reported that the child could be vaccinated while having fever compared with 55 per cent, 37 per cent and 29 per cent respectively in the Baseline Survey. Caretakers in Lower Egypt and Upper Egypt in the Post Survey are more aware that polio is an infectious disease than in Baseline Survey (25 per cent and 12 per cent in Lower and Upper Egypt respectively vs. 8 per cent and 5 per cent respectively) while the situation is reversed in urban governorates. Data in table 4.16 shows that 98 per cent, 89 per cent, and 81 per cent of caretakers in urban governorates,

Lower Egypt, and Upper Egypt respectively in the Post Survey reported that the child first could receive the first dose of polio on the day of birth compared with only 10 per cent, 7 per cent, and 15 per cent in the Baseline Survey.

Table 4.14 Change in Knowledge Indicators								
Percentage of caretakers for some indicators according to Baseline Survey and the Post Survey 2002.								
Indicators	Baseline Survey 2002			Post Survey 2002			Total	T
	Urban Gov.	Lower Egypt	Upper Egypt	Urban Gov.	Lower Egypt	Upper Egypt		
	There are new cases of polio in Egypt	10	6	4	7	1			7	1	7
Polio vaccine has side effects	9	3	5	2	2	2	8	4
NID doses don't differ from routine doses	89	83	78	3	8	7	9	0
No harm from extra doses	67	72	55	5	8	5	8	6
The child could be immunised while having fever	54	36	28	0	7	1	7	7
Polio is an infectious disease	21	8	4	1	2	4	1	6
Child received polio dose on first day of birth	10	7	14	0	8	8	8	9
	0	1	8	6	1	5	4	3

CHAPTER 5

ATTITUDES TOWARDS POLIO IMMUNISATION

This chapter focuses on measuring the impact of the social mobilisation campaign on caretakers' attitudes towards the polio vaccination. To assess this impact, caretakers were asked a set of questions related to their perception on the importance of polio vaccinations and the importance of receiving all routine and booster doses. The questionnaire also included a series of questions, concentrating on the timing and dates for receiving polio vaccines. Caretakers were also asked if they advise their neighbors to immunise their children, and reasons for advising or not advising them. In addition, more questions were added about the importance of receiving NID doses until the age of five, giving reasons, and if caretakers think that the polio vaccination will harm the child or not. Results of all these questions are presented in the following tables.

5.1 Attitudes Toward Polio Immunisation

Data in table 5.1 indicates a universal positive attitude of all caretakers towards polio immunisation. All caretakers mentioned that polio immunisation is important and almost all of them (97 per cent) believed that children have to receive all routine and booster doses, while 2 per cent said that receiving the routine polio doses is enough for the child.

Table 5.1 Attitudes Toward Polio Immunisation						
Percentage of caretakers by their perception of the importance of routine immunisation, according to selected background characteristics, Post Survey 2002.						
Background Characteristics	Polio Immunisation is Important	Imp. of receiving all main and NID doses		Rec. vaccine at a specific date		Number of Caretakers
		Imp. to rec. routine doses	Imp. to rec. routine & NID doses	Imp.	Unimp.	
Age						
Less than 25	100.0	3.0	96.8	99.1	0.9	172
25-39	99.6	2.2	97.5	98.6	1.4	549
40 +	100.0	1.9	96.7	98.0	0.7	71
Urban/Rural Residence						
Urban	99.6	2.7	97.2	99.4	0.6	396
Rural	99.8	2.2	97.3	98.2	1.6	396
Region						
Urban Governorates	100.0	0.0	100.0	100.0	0.0	104
Lower Egypt	100.0	1.8	98.2	99.4	0.6	322
Upper Egypt	99.4	3.6	95.6	97.6	2.2	366
Education						
Never Been To School /Primary						
Incomplete	99.7	3.2	96.2	97.7	2.1	337
Primary Complete	100.0	2.8	96.7	99.2	0.8	69
Preparatory						
Complete	100.0	0.0	100.0	100.0	0.0	53
Secondary Complete	100.0	2.4	97.7	99.8	0.2	219
University and	98.7	0.4	99.6	98.7	1.3	114

Higher						
Work Status						
Working for Cash	100.0	1.0	99.0	100.0	0.0	113
Not Working for Cash						
Cash	99.7	2.6	97.1	98.5	1.4	679
Total	99.7	2.4	97.3	98.6	1.2	792

Adhering to the specific timing of the polio vaccination schedule is important in preventing the child from having any health complications. Data in table 5.1 shows that 99 per cent of caretakers support receiving the polio vaccine on the specifically designated date.

5.2 Attitudes towards Advising Neighbours

To assess the impact of the polio social mobilisation campaign on caretakers' attitudes toward their neighbours, caretakers were asked if they are willing to advise their neighbours to immunise their own children, and why they are willing to do that. Results of these questions are presented in table 5.2. Overall, data shows that 86 per cent of caretakers indicated that they are willing to advise their neighbours to immunise their own children, while 13 per cent answered "No". Caretakers who showed willingness to advise their neighbours were asked to give their reasons.

Table 5.2 Attitudes toward Advising Neighbours						
Percentage of caretakers by attitudes toward advising neighbours, according to selected background characteristics, Post Survey 2002.						
Background Characteristics	Advice neighbors to immunise children			Total	Reasons for advice	Number of caretakers
	Yes	No	Don't Know		Not to have Polio	
Age						
Less than 25	86.8	11.9	1.3	172	99.7	151
25-39	86.3	13.3	0.5	549	99.6	470
40 +	87.4	9.6	3.0	71	100.0	61
Urban/Rural Residence						
Urban	84.6	14.6	0.8	396	99.0	340
Rural	87.6	11.4	1.0	396	100.0	350
Region						
Urban Governorates	74.9	23.1	1.9	104	98.7	78
Lower Egypt	93.6	5.0	1.2	322	99.6	302
Upper Egypt	84.1	15.5	0.2	366	100.0	310
Education						
Never Been To School						
/Primary Incomplete	85.1	13.9	0.9	337	100.0	288
Primary Complete	82.6	15.7	1.6	69	99.1	58
Preparatory Complete	89.8	10.1	0.0	53	100.0	48
Secondary Complete	91.6	7.1	1.1	219	99.4	201
University and Higher	81.3	18.6	0.0	114	99.0	95
Work Status						
Working for Cash	88.7	11.2	0.0	113	99.1	100
Not Working for Cash	86.1	12.7	1.0	679	99.7	590
Total	86.4	12.6	0.9	792	99.6	690

The majority interviewed indicated that the main reason is “*not to have polio*”. Caretakers who are residents in Lower Egypt are more supportive to advise their neighbours to immunise their children (94 per cent) compared with those who are in Upper Egypt or urban governorates (84 per cent and 75 per cent respectively). Also, highly educated caretakers (92 per cent and 90 per cent of those with secondary education or completed preparatory school respectively) mentioned that they are willing to advise their neighbours to immunise their children compared with 85 per cent, 83 per cent and 81 per cent among those who never attended school, completed primary school, and have university and higher education respectively.

5.3 Attitudes towards Polio Immunisation in NIDs

To recognize caretakers’ attitudes towards immunisation at NIDs, all interviewed caretakers were asked about the importance of polio immunisation at each NID until the age of five. Table 5.3 presents caretakers’ attitudes toward immunisation at NIDs. Overall, 95 per cent of caretakers mentioned that it is important for the child to receive all NIDs doses until age five, while 5 per cent mentioned that it is important for the child to receive some NID doses.

Background Characteristics	Rec. NIDs doses until age 5		Reason			Number of caretakers
	Imp. in all	Imp. in some	Not to have Polio	Told that is a must till 5 years		
				More immunity		
Age						
Less than 25	95.7	4.3	80.8	11.6	7.2	172
25-39	95.1	4.9	80.3	11.9	7.5	549
40 +	96.0	4.0	82.0	13.2	4.8	71
Urban/Rural Residence						
Urban	96.5	3.5	80.4	10.3	9.1	396
Rural	94.6	5.4	80.7	13.0	6.1	396
Region						
Urban Governorates	98.1	1.9	83.9	8.4	7.7	104
Lower Egypt	98.3	1.8	81.7	9.8	8.3	322
Upper Egypt	91.9	8.1	78.6	14.9	6.1	366
Education						
Never Been To School/						
Primary Incomplete	92.8	7.2	77.7	14.8	7.1	337
Primary Complete	96.4	3.6	85.2	3.8	10.0	69
Preparatory Complete	97.6	2.5	84.5	5.2	10.3	53
Secondary Complete	98.1	1.9	80.0	13.3	6.7	219
University and Higher	96.7	3.3	87.1	8.1	4.7	114
Work Status						
Working for Cash	96.7	3.3	81.0	10.3	8.8	113
Not Working for Cash	95.1	4.9	80.5	12.2	7.0	679
Total	95.3	4.7	80.6	12.0	7.2	792

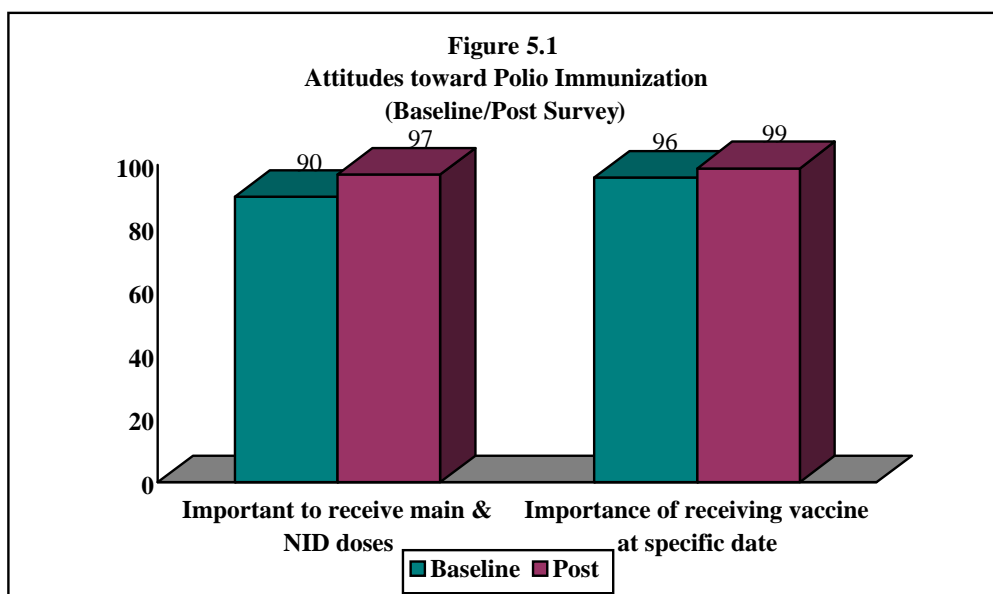
All caretakers were asked to identify reasons for their attitudes. Around 81 per cent of caretakers said that it prevents the child from having polio, while 12 per cent said that

vaccination is a must till the child is five years old, and 7 per cent indicated that immunisation is important to give the child more immunity.

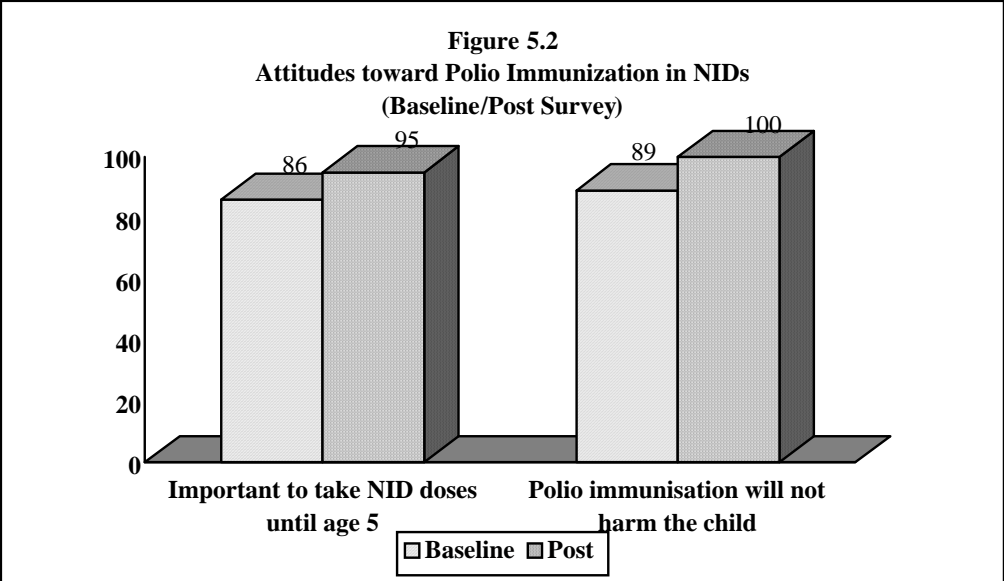
Figures in table 5.3 show no significant differentials between caretakers who mentioned that receiving NID doses until age five is important regarding their distribution by residence (urban and rural), age, or their working status.

5.4 Comparison of Caretakers' Attitudes between Baseline Survey and Post Survey

It is important to investigate the effect of the social mobilisation campaign on caretakers' attitudes. Figure 5.1 shows an improvement in attitudes toward polio immunisation between Baseline Survey and Post Survey. As shown in the figure, 97 per cent of caretakers at the Post Survey indicated that it is important for the child to receive all the main and NID doses compared with 90 per cent in the Baseline Survey. Also, almost all caretakers (99 per cent) reported that it is important for the child to adhere to the vaccination schedule compared with 96 per cent in the Baseline Survey.



An improvement in caretakers' attitudes toward the polio vaccinations at NIDs is clear between Baseline and Post Surveys. Data shown in Figure 5.2 indicates that the percentage of caretakers who reported that it is important for the child to take all NIDs doses until age five increased from 86 per cent to 95 per cent between the Baseline Survey and the Post Survey respectively. Also, the percentage of caretakers who mentioned that the polio vaccinations will not harm the child increased from 89 per cent at the Baseline Survey to 100 per cent at the Post Survey.



CHAPTER 6

NID POLIO IMMUNISATION PRACTICES

To measure caretakers' practices during the three NIDs, a set of questions were asked to those who received NID polio vaccination doses, to highlight the coverage of the campaign. The following discussion presents the results of these questions for each of the separate NIDs.

6.1 Coverage of December NID

Data in table 6.1 presents the percentage of children under five who received the polio vaccine at the last NID by caretakers' background characteristics and by region. The table indicates that almost all children received dose at the last NID, which took place in December, with slight differentials between urban and rural areas.

Caretakers were asked about the reasons for immunising their children at the last NID. 62 per cent of caretakers mentioned that "*we must immunise our children at the NIDs*", while 60 percent mentioned "*NID is important*" as the reason for immunising their children. Caretakers in urban areas were more likely to report the two above-mentioned reasons than caretakers in rural areas.

In addition, caretakers were also asked about the place in which the vaccine was received. 85 per cent mentioned that the NID vaccination teams came to the home, 8 per cent took the vaccine at the health facility, while 3 per cent took the vaccine at the Mobile NID units. These results indicate that overall there has been good coverage. Also, it indicates that some caretakers (12 per cent) whom the campaign didn't come to their homes, searched for a place to immunise their children during the NIDs. This is maybe due to the increase of the caretakers' knowledge about the importance of the NIDs, which was the main message addressed in the media campaign.

Table 6.1 Vaccination practices during December NID										
Percentage distribution of caretakers by immunisation during the December NID by background characteristics and by region, Post Survey 2002.										
Background Characteristics	Immunised child at last NID	Reasons for immunisation				Place of immunisation				Number of caretakers
		NID is imp	Should immunise children in NID	Other	D.K	Health unit	Mobile NID unit	NID came home	Other	
Age										
Less than 25	100.0	56.3	62.9	14.1	0.0	5.1	3.4	88.8	2.7	233
25-39	99.4	61.5	59.4	18.6	0.6	8.5	2.6	83.7	5.2	721
40 +	98.8	58.2	78.7	14.4	0.0	7.7	3.3	82.0	7.0	75
Urban/Rural Residence										
Urban	99.0	64.6	65.4	17.1	0.1	17.0	3.2	71.4	8.4	504
Rural	99.8	57.4	59.5	17.3	0.6	2.2	2.7	92.6	2.6	525
Region										
Urban Governorates	100.0	73.0	60.1	24.1	0.0	27.9	1.5	59.3	11.3	133
Lower Egypt	99.4	58.1	49.8	28.3	0.0	5.8	3.5	84.7	5.9	412
Upper Egypt	99.5	57.6	71.8	6.0	0.9	2.8	2.8	92.8	1.7	484
Education										
Never Been To School /Primary										
Incomplete	99.5	53.6	71.1	10.6	0.9	3.7	2.7	92.2	1.3	434
Primary Complete	100.0	54.6	60.3	24.8	0.0	2.4	1.9	88.8	6.9	93
Preparatory										
Complete	100.0	56.8	50.5	26.0	0.0	11.1	1.5	81.7	5.7	62
Secondary Complete	99.7	66.7	55.0	19.9	0.1	8.7	3.8	81.4	6.2	293
University and Higher	98.8	74.3	48.0	25.3	0.0	21.7	2.8	63.7	11.8	147
Work Status										
Working for Cash	99.7	65.5	53.6	23.2	1.1	16.3	2.7	64.2	16.8	140
Not Working for Cash	99.5	59.3	62.6	16.5	0.4	6.6	2.9	87.3	3.2	889
Total	99.5	60.0	61.6	17.2	0.4	7.6	2.9	84.8	4.7	1029

6.2 Coverage of October NID

In addition to information that was collected during the December NID during the Post Survey fieldwork, data was also collected regarding the second NID, which took place in October. The same questions that were asked about the December NID were also asked about the October NID, and the results are shown in table 6.2.

The table shows that no caretaker had missed immunising his/her children at the October NID. With regard to the reasons for immunisation, 62 percent mentioned “NIDs are important” and “we must immunise our children at the NIDs”. 74 per cent of highly educated (university and higher) caretakers mentioned that NIDs are, while 71 per cent of caretakers who have never been to school/didn’t complete primary education mentioned that they must immunise their children in the NIDs.

85 per cent of caretakers reported that the NID campaigns came to the home. 8 per cent mentioned that vaccinations took place at a health unit, while 3 per cent mentioned that it took place at the mobile NIDs units. Table 6.2 also shows that highly educated caretakers were more likely to immunise their children at a health unit than caretakers with low

educational levels. The table also shows that the NIDs came to the caretakers' home in rural areas more than urban areas (94 per cent and 70 per cent respectively).

Table 6.2 Vaccination Practices During October NID										
Percentage distribution of caretakers by immunisation during October NID by background characteristics and by region, Post Survey 2002.										
Background Characteristics	Immunised child at October NID	Reasons for immunisation				Place of immunisation				Number of caretakers
		NID is imp	Should immunise children in NID	Other	D.K	Health unit	Mobile NID unit	NID came home	Other	
Age										
Less than 25	96.7	66.4	11.1	0.0		4.4	2.5	90.3	2.8	226
25-39	97.0	64.5	59.0	14.8	0.7	8.3	2.0	84.4	5.2	706
40 +	100.0	60.5	78.4	13.0	0.0	10.0	6.5	76.7	6.9	77
Urban/Rural Residence										
Urban	98.4	65.8	64.8	13.3	0.1	16.2	4.4	70.4	9.0	502
Rural	96.4	59.8	60.7	14.1	0.7	2.3	1.3	94.1	2.2	507
Region										
Urban										
Governorates	99.3	74.3	60.5	16.0	0.0	28.0	3.0	57.6	11.4	132
Lower Egypt	97.2	61.7	50.3	22.0	0.0	5.1	2.8	86.1	6.0	407
Upper Egypt	96.4	58.4	72.7	6.3	1.0	2.9	2.1	93.4	1.6	470
Education										
Never Been To School /Primary										
Incomplete	97.4	53.9	70.6	9.7	0.9	5.0	3.1	91.0	0.9	426
Primary Complete	94.5	60.8	61.9	19.2	0.0	3.9	3.5	83.3	9.3	89
Preparatory										
Complete	100.0	69.3	58.9	15.7	0.0	5.3	1.5	85.7	7.6	62
Secondary Complete	97.6	69.1	56.1	15.5	0.1	8.9	1.7	83.7	5.7	288
University and Higher	95.7	73.6	46.9	20.2	0.0	17.5	1.9	68.5	12.1	144
Work Status										
Working for Cash	98.4	70.5	50.8	20.1	1.1	17.1	2.8	65.0	15.1	139
Not Working for Cash	97.0	61.0	63.7	13.0	0.4	6.3	2.5	87.8	3.5	870
Total	97.1	62.0	62.2	13.8	0.5	7.5	2.5	85.2	4.8	1009

6.3 Coverage of September NID

Table 6.3 presents the percentage of children under five who received the polio vaccine at the first NID of September 2002. The table illustrates that, 96 per cent only of the children under five were immunised and 4 per cent had missed the campaign. 62 per cent of caretakers mentioned that they immunised their children in the NIDs because they must immunise them during the campaign, while 61 per cent mentioned that they immunised their children because NIDs are important.

The table shows that 82 per cent of the children under five children were immunised at their homes, 9 per cent mentioned that immunisation took place at the health unit and 4 per cent mentioned the mobile NIDs units were the place of receiving the vaccine.

Table 6.3 Vaccination Practices during the September NID
Percentage distribution of caretakers by immunisation during September NID by background characteristics and by region, Post Survey 2002.

Background Characteristics	Reasons for immunisation					Place of immunisation				Number of caretakers
	Immunised child at September NID	NID is imp.	Should immunise our children in NIDs	Other	D.K	Health unit	Mobile NID unit	NID came home	Other	
Age										
Less than 25	94.0	50.3	68.0	12.6	0.0	6.3	6.0	84.8	2.8	220
25-39	96.5	65.0	58.0	14.7	0.7	9.9	3.8	81.1	5.2	703
40 +	100.0	61.6	79.5	15.0	0.0	9.6	3.1	80.4	6.9	77
Urban/Rural Residence										
Urban	97.5	65.3	63.8	14.6	0.1	15.8	5.4	68.2	10.6	499
Rural	95.3	58.9	60.9	14.0	0.7	5.0	3.6	90.1	1.3	501
Region										
Urban Governorates	96.2	75.8	59.3	18.0	0.0	21.9	4.7	58.6	14.9	128
Lower Egypt	96.2	60.2	50.9	22.7	0.0	11.8	6.7	76.4	5.1	404
Upper Egypt	96.0	57.7	71.9	6.0	1.0	2.8	2.2	93.7	1.3	468
Education										
Never Been To School /Primary										
Incomplete	96.5	55.1	69.9	9.7	0.9	4.5	3.8	90.8	0.9	422
Primary Complete	93.0	53.5	58.1	20.0	0.0	6.8	6.9	77.2	9.1	88
Preparatory										
Complete	96.2	67.0	60.1	13.6	0.0	17.1	3.2	73.9	5.7	60
Secondary Complete	97.2	66.1	57.8	17.7	0.1	10.2	5.0	79.6	5.3	287
University and Higher	94.6	76.1	46.0	19.3	0.0	20.7	3.1	61.8	14.4	143
Work Status										
Working for Cash	98.4	65.0	52.3	22.9	1.1	13.1	1.7	67.4	17.8	139
Not Working for Cash	95.8	60.8	63.2	13.1	0.4	8.5	4.6	83.8	3.1	861
Total	96.1	61.3	62.0	14.2	0.5	9.0	4.3	81.9	4.8	1000

Results in this chapter show that the percentage of children who received the polio vaccine at the September NID campaign was 96 per cent only. But this percentage increased for the second and the third rounds where all the children were immunised. For the few caretakers who did not immunise their children during the campaigns explained that the child was a newly born (i.e., born on the same day when the campaign started or a couple of days before it) or they weren't at home when the vaccination teams visited them.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

Polio eradication is one of the main goals of Egypt's Ministry of Health and Population. The results of Demographic and Health Survey-Egypt 2000 showed that polio routine immunisation coverage among children under five has reached 95 per cent. In addition, the number of reported polio cases has dropped dramatically from hundreds at the beginning of the 1990s to 7 cases in 2002. Accordingly, the MOHP goal is to announce Egypt as free of polio by the end of 2003.

Accordingly, UNICEF has supported MOHP to conduct a strong social mobilisation campaign to back the NID activities in order to reach the mentioned objective.

In this regard, UNICEF conducted a Baseline Survey to provide sound information to enlighten the design and implementation of communication strategies and the social mobilisation campaign. Thereafter, a Snapshot Survey was conducted after the first round to provide a quick assessment of the outcome of the social mobilisation campaign on after the first round. Finally a Post Survey was undertaken after the third round to evaluate the changes in public awareness, knowledge, attitudes and practices and to recommend any corrective actions on the National Immunisation Days (NIDs).

The following highlight key results of the post survey study:

7.1 Exposure to Media Campaign

- 98 per cent of caretakers from those who watch TV reported that they saw one of the spots that talked about polio immunisation. "Dream Spot" was seen by around 42 per cent of caretakers, while "El-Sahha Spot" was seen by 69 per cent.
- The data shows that 73 per cent of caretakers recalled "*immunisation protects children from polio*" and 61 per cent recalled "*polio isa dangerous disease*" as two of the messages received from different TV spots. Around 40 per cent of caretakers reported both "*there are 3 NID rounds*" and "*NID teams come to homes*".
- Only 11 per cent of caretakers who watched TV mentioned that they saw a TV programme about polio immunisation.
- Overall, 35 per cent of caretakers who watch TV reported seeing the polio song with clear differences between urban and rural areas (49 per cent and 26 per cent respectively).
- 68 per cent and 56 per cent of caretakers out of those who watched the TV spots went to immunise their children as a result of exposure to the "Dream Spot" and "El-Sahha Spot" respectively.
- Around one-third of caretakers who listen to the radio heard the spot about NID polio campaigns.

- 63 per cent mentioned that the radio spot talked about “*immunisation is important to protect children from Polio*” while 52 per cent remember that “*polio is a dangerous disease*”.
- Regarding the radio spots, 55 per cent of caretakers who listen to the radio mentioned that they immunised their children as a result of listening to the spot.
- 60 per cent of caretakers (who read newspapers/magazines) read something about NIDs polio immunisation in newspapers/magazines. Al-Akhbar newspaper was the main source for caretakers’ information about NIDs followed by Al-Ahram.
- 38 per cent of caretakers immunised their children as a result of reading the articles in the newspapers/magazines.
- Overall, more than two-fifths of caretakers saw printed materials (as posters, street banners, balloons) about NIDs polio campaigns with clear variation among urban and rural residence.
- 48 per cent of caretakers from those who saw the printed materials reported that they went to immunise their children as a result of these printed materials.
- Around two-fifths of caretakers reported hearing microphones talking about NIDs polio immunisation. Around two-thirds of them mentioned that “*there are 3 NID rounds*” and “*immunisation is important to protect children from polio*” as the main messages of the mobile cars.

7.2 Knowledge of Polio Immunisation

The results of the Post Survey indicated an increase in caretakers’ knowledge about polio:

- Almost all caretakers heard about NIDs and around 90 per cent of caretakers mentioned the correct date of the last NID (previous week).
- Slightly less than two-thirds of caretakers mentioned that the number of polio doses is five doses with clear differences between urban and rural areas.
- Data shows that only 12 per cent mentioned that the vaccine has a side effect with some differences between regions, while this figure was 27 per cent in the Baseline Survey.
- 91 per cent of caretakers mentioned that the polio vaccine administered during NIDs is the same as that used during routine immunisation, while this figure was 82 per cent in the Baseline Survey.
- Around 85 per cent of caretakers in both Upper and Lower Egypt reported that NID doses do not replace the routine doses compared with 78 per cent in urban governorates. Highly educated caretakers and those working for cash are more aware of the importance of the routine doses that cannot be replaced by NID doses more than less educated caretakers and those who are not working for cash.
- 58 per cent of caretakers mentioned that there is no maximum number of doses of polio vaccination and 87 per cent reported that the child from the first day of delivery could receive a polio dose, while 98 per cent reported that children less than five years old should be brought for immunisation.
- 83 per cent of all caretakers mentioned that extra doses would not harm the child compared with 64 per cent in the Baseline Survey.
- As a consequence of not receiving one dose of the main immunisation doses, 29 per cent mentioned that the child “*surely will have polio*”, while 61 per cent

mentioned that “*he might have polio*” and 6 per cent mentioned “*nothing happens*”. These two figures reached 16 per cent and 62 per cent respectively in the Baseline Survey.

- Slightly more than three-quarters of caretakers mentioned that the child could be immunised while having fever, compared with 36 per cent only in the Baseline Survey.
- 94 per cent of caretakers mentioned that they will inform the health unit in the area regarding the appearance of symptoms of polio on any child compared with 56 per cent only in the Baseline Survey.

7.3 Attitudes towards Polio Immunisation

- All caretakers reported that polio immunisation is important, and 97 per cent of them mentioned that the child must receive all routine and NID doses.
- 86 per cent of caretakers indicated that they are willing to advise their neighbours to immunise their own children, so as “*not to have polio*” as the only reason mentioned by almost all caretakers.
- Overall, 95 per cent of caretakers mentioned that it is important for the child to receive all NIDs doses until age of five, while 5 per cent of caretakers mentioned that it is important for the child to receive some NID doses.
- The impact of the polio campaign on caretakers’ attitudes is very noticeable, where all caretakers indicated that polio immunisation would never harm the child compared with 89 per cent among caretakers in the Baseline Survey.

7.4 Coverage of NIDs

- Almost all children were immunised at the December and October 2002 NID with slight differentials between urban and rural areas.
- Regarding the reasons for immunizing the children at the December and October NID, 62 per cent of caretakers mentioned that “*we must immunise our children at the NIDs*”, while 60 per cent mentioned, “*NIDs are important*”.
- 85 per cent mentioned that the December and October NIDs campaign came to the home, 8 per cent received the vaccine at the health facility, and 3 per cent received the vaccine at the mobile NID units.
- 96 per cent of the children under five were immunised during the September NID and 4 per cent had missed the campaign.
- 82 per cent of the children under five children were immunised at the September NID at their homes, 9 per cent mentioned that immunisation took place at the health unit and 4 per cent mentioned the mobile NIDs units.

7.5 Recommendations

- A strong and integrated media campaign should continue to maintain the momentum achieved in the 2002 NIDs.
- TV spots should be aired frequently at different times throughout the day to reach all audiences to support the coming NID rounds since this has proven to be a key successful medium.
- NID teams should be better organized to reach all households with children under five to validate media messages.
- Community-level awareness activities are also important to maintain, particularly, microphones since they easily reach various target populations in rural urban areas.