

**MENA WORKING PAPER SERIES**

10 YEARS AFTER INTRODUCING MOBILE CLINICS IN ASSUIT, EGYPT

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The Egyptian government introduced its mobile clinic project nationally in 1997 to provide women living in remote rural areas with family planning services and other basic health care. This study of mobile clinics in Assuit Governorate in Upper Egypt finds that:

- Contraceptive use is still relatively low in rural areas.
- Most women with access to mobile clinics don't use their services.
- Reasons for not visiting mobile clinics include social stigma and misconceptions about the kind and quality of services offered.

This study examines patterns of contraceptive use among rural women in Assuit Governorate and explores the underlying reasons that prevent women from visiting mobile clinics. The findings can help policymakers and health planners at the Egyptian Ministry of Health and Population assess the overall costs and benefits of its mobile clinic project and develop programs to remove barriers that discourage women from using services offered by these clinics.

Mobile Clinic Project

The study of mobile clinics described in this paper was conducted in rural areas of the Assuit Governorate in 2007. The Egyptian government launched its mobile clinic project 10 years earlier in an effort to strengthen its family planning program and to close the gaps in contraceptive use that existed among different population groups living in different parts of the country. The project has since tried to provide family planning and other basic health services to women living in remote rural areas that lie more than 3 kilometers from the nearest health unit.

Staffed by a driver, a female doctor, and two nurses, a mobile clinic provides basic health care, including family planning services, antenatal and postnatal care, and immunization.¹ The clinics help families living in remote areas achieve their desired family size by using contraception and avoiding unintended pregnancies. One of the nurses is expected to be familiar with the surrounding area, so she can lead the mobile clinic to its intended destination.

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**PERCENT OF MARRIED WOMEN AGES 15 TO 49
USING CONTRACEPTION, BY REGION IN EGYPT,
2005**

	All methods	Modern methods
Egypt	59	56
Urban governorates	64	61
Lower Egypt	66	64
Urban	66	65
Rural	64	62
Upper Egypt	50	46
Urban	60	56
Rural	45	41
Assuit	38	33
Souhag	33	29
Frontier governorates	51	47

SOURCE: Egypt Demographic and Health Survey 2005.

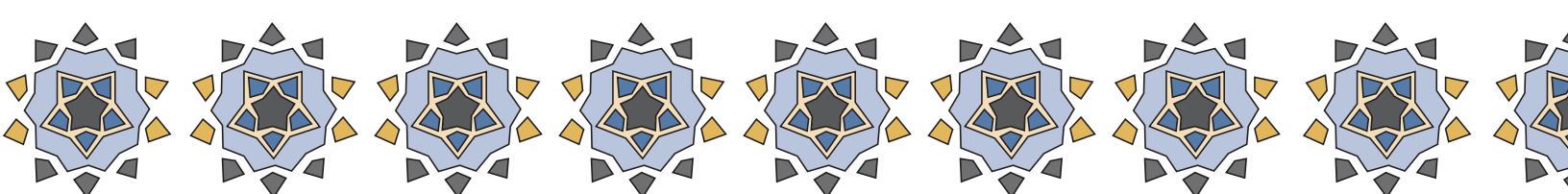
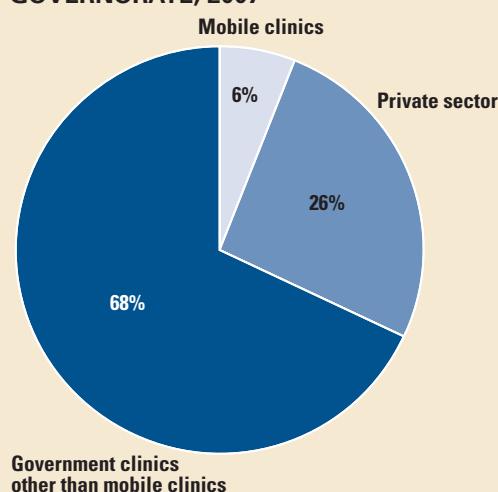


Figure 1
SOURCES OF MODERN FAMILY PLANNING METHODS IN SATELLITE VILLAGES IN ASSUIT GOVERNORATE, 2007



Contraceptive use in Egypt increased from 48 percent in 1995 to 59 percent in 2005, but gaps still remain (see table, page 1). Only 46 percent of married women living in Upper Egypt use modern contraception, compared with 64 percent of those living in Lower Egypt. Women living in the Souhag and Assuit governorates of Upper Egypt have the lowest rates of contraceptive use in the country.²

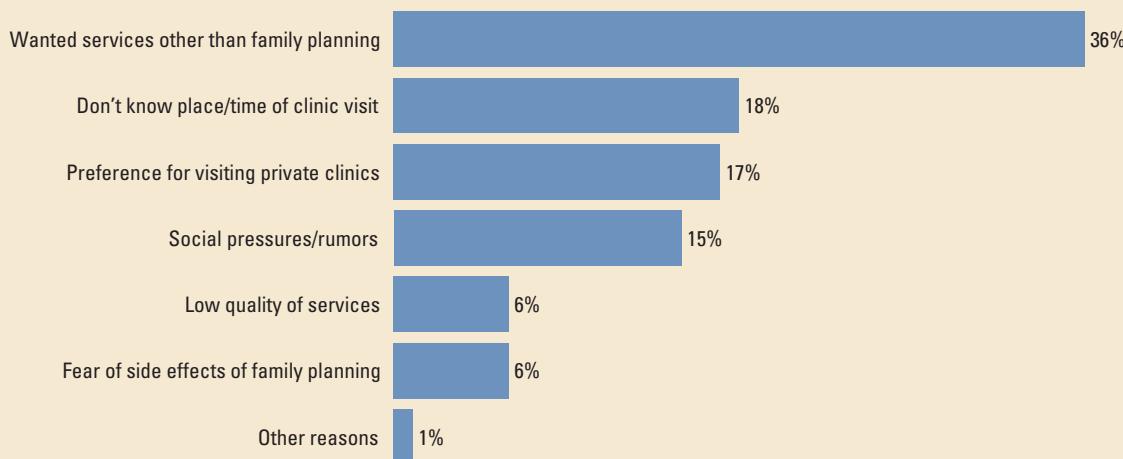
There are only 209 villages in Assuit Governorate with stationary health units—all offer family planning services along with other basic health services. These villages are among the 235 villages that are referred to as “mother villages” by the Ministry of Health. An additional 911 satellite villages rely on mother villages for basic services. These villages are home to nearly three-quarters of the people living in the governorate. According to the 2006 census, 3.6 million people live in the governorate, representing 4 percent of Egypt’s total population.³

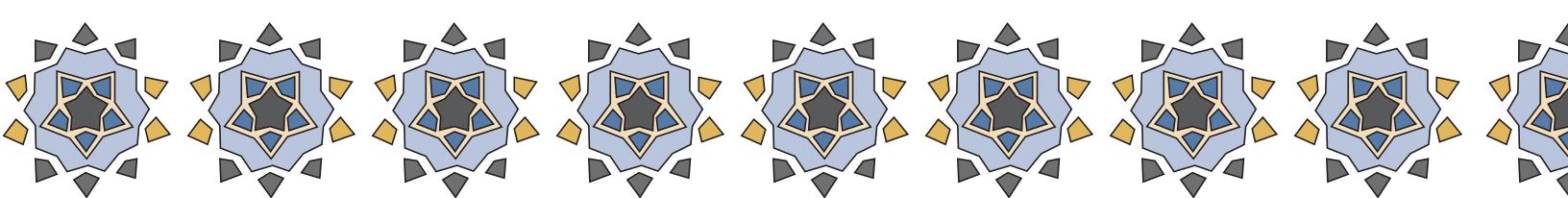
This study interviewed 690 married women ages 15 to 49: 474 women from satellite villages and 216 women from mother villages were asked about their current use of family planning services, using the same semi-structured questionnaire.

Contraceptive Use in Satellite Villages

Currently, 16 mobile clinics operate in rural areas of Assuit Governorate, serving its satellite villages.³ This study found that the mobile clinics are largely underutilized and only a small percentage of women living in the satellite villages take advantage of their services. Women in the study cited a number of reasons for not wanting to use the mobile clinics, including rumors and misconceptions about the services, preference for visiting a private physician, lack of privacy in accessing the clinics, and social stigma surrounding contraception.

Figure 2
REASONS FOR NOT USING MOBILE CLINICS FOR FAMILY PLANNING SERVICES, ASSUIT GOVERNORATE, 2007





Nearly 40 percent of women living in satellite villages who were interviewed said that they were practicing family planning, a rate similar to women living in mother villages. For both groups of women the most popular methods of contraception in order of prevalence were IUD, pills, and injectables.

Although women living in the satellite villages were expected to go to the mobile clinics to receive their contraceptive methods, relatively few of them did. Among women from satellite villages who were using a modern method, only 6 percent said that they were receiving their contraceptives from a mobile clinic; 68 percent said they had received family planning services from other government-sponsored clinics. And around one-quarter said they used private clinics (see Figure 1).

Reasons For Not Going to Mobile Clinics

The vast majority of women from satellite villages (94 percent) said they had not visited a mobile clinic over the past year, and 86 percent reported that they had never visited a mobile clinic. Figure 2 illustrates the main reasons cited by these women. More than one-third said they did not need family planning services because they thought their chance of getting pregnant was highly unlikely—they were starting or approaching menopause, or their husbands were out of the country. Some also reported they were pregnant or breastfeeding when the mobile clinics came to their villages. Most women assumed that the mobile clinics offered only family planning services.

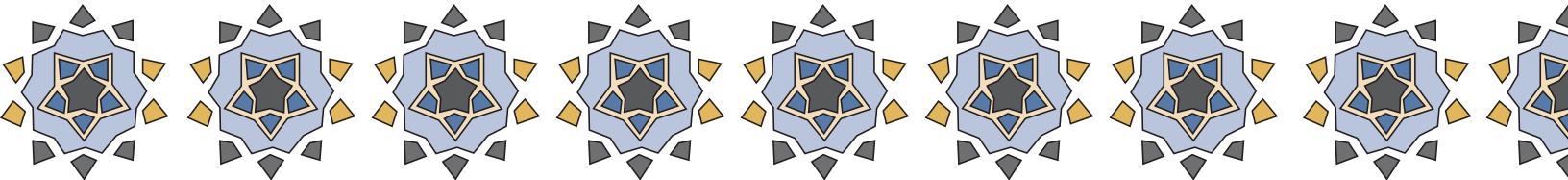
A considerable percentage of women (18 percent) reported that they did not visit mobile clinics because they didn't know when or where the clinic was arriving in their village. Nearly one in five women (17 percent) reported that they preferred to go to a private doctor, believing that the quality of services at mobile clinics was low. They also believed that women who visited mobile clinics were perceived as poor by their neighbors, and thus needed to visit the clinics because the services were free. Women were also concerned about the lack of privacy in entering or exiting the clinics, because the clinics are usually parked in visible spots. Other social pressures and misconceptions also played a role in preventing women from visiting a mobile clinic, including a husband's refusal to let his wife visit the clinic. Interestingly, level of education did not seem to be a determining factor in a woman's decision to go to the clinic.

Light at the End of the Tunnel

The findings of this study point to underlying service misconceptions, social norms, and beliefs as more responsible for low use of mobile clinics than programmatic issues. Women who were not using mobile clinics generally did not mention inability to reach one because it was not coming to their villages or because it was parked too far away.

What needs to be done to increase the use of mobile clinics?

- Conduct educational campaigns to help remove social barriers and eliminate misconceptions about family planning methods.
- Develop educational programs directed at women living in satellite villages to inform them and their family members that mobile clinics offer a range of health services other than family planning, and even though offered for free, the services are good quality.
- Park the mobile clinics in accessible but unexposed locations to ensure more privacy for women visiting the clinics.
- Carry out further research on cost effectiveness of mobile clinics to ensure efficient use of available resources.



References

- 1 National Population Council, "Improving the Efficiency of the Mobile Clinics' Performance Is a Step Toward Their Sustainability in Family Planning and Reproductive Health Services Delivery," *Policy Brief 33* (Cairo: National Population Council, 2001).
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- 3 Official website of the Governorate of Assuit, accessed online at www.asuit.gov.eg/EnglishSite/indexen.htm, on Oct. 15, 2008.
- 4 National Population Council, *Annual Report About Reproductive Health and Family Planning, Assuit* (Cairo: National Population Council, 2005).

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