The Health of Women and Girls in the Middle East and North Africa(*)

Female health has become a major issue and priority in the nineties. Reproductive health is highest on the agenda of world population issues, starting with the abortion debate, to the Vatican's condemnation of the use of unnatural birth control methods and women's demand for the right to control their own bodies, and the need for proper and reliable medical assistance, keeping in mind the disparity between developed and developing countries(1).

Fertility rates and use of contraceptives, pregnancy spacing and maternal deaths are a major priority in developing countries. Hence, in the International Safe Motherhood Conference, held in Nairobi in 1987, it was noted that for every maternal death in the industrial world, some 200 maternal deaths occur in developing countries if one compares populations of similar size for the same period.

In the Middle East and North Africa region, there is a particular lack of progress in reducing high maternal mortality rate, which calls for urgent attention. The current situation summarized from the MENA report suggests the following:(2)

1. The disparity in practice and health care with the regions shows that:

- Female illiteracy averaged 60 percent in 1990.
- The average age of marriage is

Table 1
Total Fertility Rates and
Contraceptive Prevalence Rates
in MENA 1989

COUNTRY	Total Fertility Rate per woman	Contraceptive prevalence rate percent
YEMEN	7.7	1
OMAN	7.2	-
SAUDI ARABIA	7.1	-
LIBYA	6.8	-
SYRIA	6.6	20
SUDAN	6.4	9
IRAQ	6.3	14
JORDAN	6.0	26
ALGERIA	5.2	7
IRAN	5.1	23
U.A.E	4.7	-
MOROCCO	4.6	36
EGYPT	4.4	38
BAHRAIN	4.3	-
TUNISIA	3.9	50
LEBANON	3.8	53
TURKEY	3.6	51
KUWAIT	3.6	-
DJIBOUTI	0	-
QATAR	0	-
MENA AVERAGE	**5.3**	**29**

Source: SOWC, 1991
UNDP Human Development Report, 1990
MENA "The Health of Women and Girls" programming Brief

16.1 years. More than 60 percent of women still get married before the age of 20 in most Middle Eastern and North African countries

- High parity characterizes the region. The average total fertility is 5.3 ranging from a low of 3.6 in Turkey to a high of 7.7 in Yemen (see table 1).

- Prenatal, delivery and post natal care is deficient or absent for many communities, though there has been progress in the Gulf, Jordan, Iraq, Turkey, and Iran.

- Family planning programmes are weak in Turkey, Egypt and Morocco, and very weak or absent in Iraq, Jordan, Kuwait, Saudi Arabia, Yemen, Sudan and Syria.

2. Maternal death is defined as the death of a woman while pregnant, or within 42 days of the termination of pregnancy from any cause related or aggravated by the pregnancy

Maternal mortality in the Middle East and North Africa (MENA) region are:

- as low as 40 per 100,000 annually in Saudi Arabia and Bahrain and as high as 660 per 100,000 in Sudan and 750 in Djibouti.(see table 2)

In countries where maternal services are deficient and maternal mortality is high, poverty and lack of resources seem to be the underlying factors. Lack of personnel and midwifery services, primary health care and distances between homes and referral centers are also related to high rates of maternal mortality.

The goal of MENA and UNICEF is to reduce maternal mortality rate by one half, alleviate female ill-health and improve the quality of life of women, between 1990 and the 2000. They propose to do so by directing action in two areas:

1. Outside the health sector: This approach involves taking up issues having direct bearing on mortality and motivating institutions which can influence positive change. Hence, UNICEF, institutions at grassroot levels and government institutions must be mobilized to promote sustained awareness and provide services. The aim is medium and long term behavioral changes, which results from education, informed choice and available services.

- Education, is the basic tool for

Table 2
Maternal Mortality rate per 100,000 in MENA 1980-1989

COUNTRY	MMR 1988	NUMBER OF DEATHS
DJIBOUTI	750	137
SUDAN	660	7148
YEMEN	378	2219
EGYPT	320	5558
TUNISIA	310	750
MOROCCO	300	2565
TURKEY	210	3289
ALGERIA	130	1074
SYRIA	134	717
IRAN	120	2107
IRAQ	117	901
LIBYA	80	153
BAHRAIN	40	6
SAUDI ARABIA	40	227
U.A.E.	13	4
OMAN	7	5
KUWAIT	6	3
JORDAN	-	-
LEBANON	-	-
QATAR	-	-
MENA AVERAGE	**246**	**26862**

Source: **MENA** "The Health of Women and Girls" programming Brief

achieving development. Hence, decreasing illiteracy, achieving development can reduce social inequity and empower women to have a say about their health and well-being.

- Media coverage must be directed to bring knowledge to the homes. Health education and encouragement to refer to health facilities and trained medical assistance may be disseminated through the media.

- Early marriage, needs to be addressed with care and in an indirect way. It can be addressed through expansion of education up to sixteen years of age complimented with health education and hazards of early marriage.

- Government awareness of the high scale of ill-health and death among children is needed in order to motivate concrete action. Such action should lead to appropriate planning of control measures and the monitoring of progress.

- National population policies should be set and governments must commit themselves to them.

2. Inside the health sector: This approach is geared to supporting women through successful pregnancies, safe delivery and healthy post-delivery return to normal life. This area involves support, initiation and continuation of breast-feeding, the ability to make informed choice regarding child spacing and birth planning. The provision of support and local health facilities is also essential to this sector.

- Integration of child and mother survival activities into existing health programmes. Thus, the Immunization Programme should be expanded to integrate maternal health care into the primary health care model.

- Trained personnel are needed to care for pregnant women, screen for problems and assist in labor or refer to help.

- Help in planning pregnancies needs to be introduced at primary health care units, and advice on birth spacing and family planning and high risk pregnancy should be provided.

- Facilities for referral need to be established for women who need higher technical help during pregnancy, delivery, post-delivery or emergency situations.

- Attendance and assistance in delivery by a trained person should be provided. The person will support the mother, receive the baby and perform the needed procedures in appropriate cleanliness to avoid complications.

- Care of the mother and baby through the pueriperium, i.e the 42 days following delivery, is essential to insure well-being pf both mother and the child, to encourage breast-feeding and to monitor proper diet and eating habits for better nutrition.

- Registration of births, deaths and referrals are crucial for development, follow-up and a change in attitude towards child and mother health.

These statistics and suggested solution confirm the existence of a problem and the need for action. Hopefully, the action suggested in the report summarized here can be coordinated between UN organizations, related institutions at the grassroot level and government offices to produce reliable and effective action programmes. The health of the mother and the child are a part of the global concern for the protection of life, human rights and the environment, that must be taken into action immediately

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. (*) Source: "The Health of Women and Girls" Programming Brief from **MENA** (Middle East and North Africa) Regional Office Programme Section. A UN Agency

(1) See "Population and the Health of the Mother and the Child in Jordan", **Al-Raida**. No 57, Spring 1992, pp. 17-18.

(2) **MENA** report pages. 5, 7, 8, 9, 10, 11.