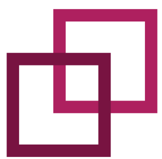
Policy Paper

# SEXUAL AND REPRODUCTIVE HEALTH IN THE ARAB REGION



# Introduction

This policy paper is developed within the process of preparing for Beijing +25 and the Generation Equality Forum 2021. Given the pluralistic nature of the Arab region, and in view of UN Women's commitment to participation and inclusivity, a series of policy papers on four gender thematic areas were prepared by the Arab States CSOs and Feminists Network to amplify the voice of civil society and feminist organizations and push forward the gender equality agenda.

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# Sexual and Reproductive Health and Rights

The International Conference on Population and Development (ICPD) in 1994 marked a global movement towards the provision of comprehensive and integrated sexual and reproductive health services, as it defines SRH as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes".[1] In 2005, the General Assembly committed itself to the achievement of universal access to reproductive health by 2015. In 2008, this was adopted as an official target of the MDGs.

In 2015, The Sustainable Development Goals (SDGs), particularly target 3.7 stated that "By 2030, ensure universal access to sexual and reproductive health care services, including family planning, information, and education, and the integration of reproductive health into national strategies and programs".[2]

# Sexual and Reproductive health (SRH) in the Arab States

Sexual and reproductive health and rights is about bodily integrity, a person's right to express one's gender identity and sexual orientation freely without discrimination and prosecution, and a person's ability to choose if, when, and how many children to have without coercion, discrimination or violence.

Attempts to control women's and girls' sexuality in the Arab World appear in abuses they face on a daily basis, including gender-based violence, forced marriage, female genital mutilation, and limitations on their mobility, dress, education, employment, and participation in public life.[3] Violations of women's sexual and reproductive health rights are often deeply entrenched in societal values pertaining to women's sexuality. The prevailing patriarchal mentality that values women based on their ability to reproduce results in early marriage and pregnancy, or repeated pregnancies spaced too closely together which have a devastating impact on women's health with sometimes fatal consequences.

In 2013, and during the 57th CSW, the Arab Caucus accused its leaders of 'increasingly using arguments based on religion, culture, tradition, or nationality to justify violence, discrimination and allow the violations of human rights to continue with impunity'.[4]

1 United Nations. International conference on population and development, Cairo 5–13 September, 1994. Programme of action, United Nations, Dept. for Economic and Social Information and Policy Analysis, New York (1995). Available at https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf
2 See more at https://sdgs.un.org/goals
3 International Women's Health Coalition. Sexual Rights and Human Rights. Available at https://iwhc.org/articles/sexual-rights-human-rights/
4 Kabeer, N. (2015). WOMEN/MDGs Tracking the gender politics of the Millennium Development Goals: struggles for interpretive power in the international development agenda. Third World Quarterly, 2015 Vol. 36, No. 2, 377–395. Available at http://dx.doi.org/10.1080/01436597.2015.1016656.

# Health Care Systems in the Arab World

Most of the health care systems within the region are complex, and are operated by a mix of public and private providers. Primary health care (PHC) in these systems suffers from fragmentation, weak infrastructure and donor-driven agendas, especially in conflict-settings, and although several Arab countries have undertaken health system reforms, there is a long way to go for the full integration of SRH (including HIV packages) within the existing PHC systems.[5] Despite the health sector reforms that have been undertaken and the improved health outcomes, continuous political unrest, armed conflict and the resulting humanitarian crises hinder access to SRH services and overwhelm health care systems while shifting priorities away from reproductive health issues.[6] In the Arab region, cultural sensitivities and taboos surrounding sexuality are prominent and may prevent individuals from accessing and utilizing sexual health services. Key populations, including LGBTQI people, sex workers/women in prostitution,[7] and people living with HIV/AIDS face pervasive stigma, and discrimination, homophobia, transphobia, as well as the criminalization of sex work, which deter these key populations from seeking necessary services.

# Reproductive Health Indicators

| | Egypt | Lebanon | Tunisia | Morocco | Jordan | Yemen | Palestine | Iraq | Libya | Syria |
|---|---|---|---|---|---|---|---|---|---|---|
| Total fertility rate (births per woman)[8] | 3.3 | 2.1 | 2.2 | 2.4 | 2.8 | 3.8 | 3.6 | 3.7 | 2.2 | 2.8 |
| Maternal Mortality Rates (per 100000 live births)[9] | 34 | 5 | 375 | 5 | 12 | 164 | 5 | 79 | 349 | 396 |
| Contraceptive prevalence, any method (% of women ages 15-49, most recent value)[4] | 59 | 55[10] | 63 | 71 | 52 | 34 | 57 | 53 | 28 | 42 |

4 Kabeer, N. (2015). WOMEN/MDGs Tracking the gender politics of the Millennium Development Goals: struggles for interpretive power in the international development agenda. Third World Quarterly, 2015 Vol. 36, No. 2, 377–395. Available at http://dx.doi.org/10.1080/01436597.2015.1016656.
5 T. Kabakian-Khasholian et al. (2020). Sexual and Reproductive Health Matters, 28:2. Integration of sexual and reproductive health services in the provision of primary health care in the Arab States: status and a way forward. Available at https://doi.org/10.1080/26410397.2020.1773693
6 ibid
7 CSOs members of the Network disagreed on terminology
8 World Bank Data. (2018). See more at https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=ZQ
9 WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. (2019). Trends in Maternal Mortality. 2000-2017.
10 El Khoury G, Salameh P. Assessment of the awareness and usages of family planning methods in the Lebanese community.

# Challenges Hindering the Fulfillment of SRHR

## Gender Based Violence against women and girls

Freedom from violence supports safer sexual relationships, reduces the risk of STIs, enables access to contraception and maternal health care, and increases access to needed health care, including sexual health and reproductive health care.[11]

The legal frameworks addressing GBV in all Arab countries is still in the form of scattered articles in the penal codes and a lack of comprehensive knowledge on sexual violence still prevails.

## The Girl-Child

Adolescent girls in the Arab world face severe violations in relation to their bodily integrity and freedom. Female genital mutilation (FGM) is still viciously practiced where almost 50 million girls and women have undergone FGM in five practicing countries in the Middle East and North Africa (Egypt, Sudan, Djibouti, Iraq and Yemen).[12] Data shows that 94% among women aged 15-49 have undergone FGM in Djibouti, 87% in Egypt, 87% in Sudan, 19% in Yemen, and 7% in Iraq.[13]

Also, the past decade has witnessed a setback to the slow progress achieved in decreasing child marriage with noted increase of child marriage among conflict-affected and displaced populations in the Arab region.[14]

## LBTQI+ Women

LBTQI+ women and people identifying as women in the Arab world not only face criminalization and violence but also further deprivation of their SRHR. LBTQI+ women are facing:[15]

- "Corrective Rape": the family or the community commissions someone to rape the women or girl with a non-normative gender expression, identity or sexual orientation in an attempt to "fix" her which leads to great sexual and psychological trauma as well as physical harm.

- Intersex children's "corrective operations": doctors still do perform operations on some intersex babies to adjust their genital variations, often times the child doesn't know about these interventions and it's without their consent. These interventions are unnecessary and yet they're still performed for aesthetic purposes that lead to hormonal and psychological imbalance later on in the life of the child.

- Lack of sexual and reproductive health policies, supplies, and services tailored and adapted for the needs of trans women.

## Abortion

All countries in the MENA region permit abortion if the pregnant woman's life is in danger. Some MENA countries also permit abortion in cases of a risk to the pregnant woman's physical health (Jordan, Morocco, Oman, Occupied Palestinian Territories, and Yemen), a risk to the pregnant woman's mental health (Algeria, Jordan, Lebanon, Morocco), fetal impairment (Morocco, Tunisia), or rape (Morocco). The penalties for abortions vary across the Arab world, generally ranging between prison time and fines, or both. The only notable exception is Tunisia, where safe abortions are available at government hospitals and licensed clinics.[16]

However, a woman's or girl's choice to determine the outcome of an unintended pregnancy is often restricted by legal, social, or financial barriers.

In Lebanon and Morocco, criminalization does not ap-

11 WHO, Sexual health and its linkages to reproductive health: an operational approach, 2017
12 United Nations Children's Fund, Female Genital Mutilation in the Middle East and North Africa, UNICEF, New York, 2020.
13 Ibid
14 ESCWA, Estimating the Cost of Child Marriage in the Arab Region: Background Paper on the Feasibility on Undertaking a Costing Study
15 Mawjoudin We Exist for Equality. (2020). Tunisia.
16 Maffi. I and Tønnessen, L. (2019). EDITORIAL The Limits of the Law: Abortion in the Middle East and North Africa. Health and Human Rights Journal. December 9, 2019. Available at https://www.hhrjournal.org/2019/12/editorial-the-limits-of-the-law-abortion-in-the-middle-east-and-north-africa/#_ednref4

pear to be an undefeatable obstacle for women who want to safely terminate a pregnancy under medical supervision. At least for those women who can afford to pay, it seems relatively easy to access abortion care, and most abortions take place in medical facilities with qualified clinicians. In most Arab countries, social class, marital status, income, age, and education play an important role in accessing abortion care, the type of facility women can go to and, consequently, the kinds of experience they have.[17]

Unsafe abortion can lead to serious medical complications and may damage the cervix, vagina, uterus, and abdominal organs.[18] The impact of abortion bans on women's health in the Middle East and North Africa (MENA) region is understudied, and reliable data on unsafe abortion in countries where access to safe abortion is difficult or nonexistent are lacking.[19]

## HIV

The Middle East and North Africa (MENA) region has the lowest HIV prevalence in the world (less than 0.1%) with around 240,000 people recorded to be living with HIV in 2019.[20]

Although the number of men living with HIV in the MENA region is greater than the number of women, new infections are increasing among women. Most women living with HIV in MENA were infected through their husbands or partners.[21] Women living with HIV[22] are more negatively influenced by stigma and discrimination than are their male counterparts. Gender inequality and gender-based violence, combined with a lack of comprehensive sexual and reproductive health services, including HIV testing, and very low access to treatment, are main factor in increasing women's vulnerability to HIV . HIV is a hidden epidemic, and new HIV infections are largely among key populations that face high levels of stigma, discrimination and criminalization.[23]

Punitive laws and practices deter those most at risk of HIV from seeking the essential services they need. Countries as Iraq and Yemen criminalize homosexuality with death penalty in many cases. Algeria, Egypt, Libya, Lebanon, Morocco, Oman and Tunisia either criminalize homosexuality or have criminally prosecuted lesbian, gay, bisexual, and transgender people under other laws. These high levels of stigma and discrimination prevent those living with HIV, and those at high risk of HIV transmission, from seeking the HIV prevention, treatment and support services they need. A lack of data greatly impedes the HIV response in MENA. Only Morocco, have fully functioning HIV surveillance systems.

Civil society organizations (CSOs) have become integral to the region's HIV response, and are heavily involved in advocacy around issues relating to HIV prevention, treatment and funding. Many CSOs are led by or involve people most affected by HIV and are therefore more effective in reaching key populations than health authorities, particularly in Morocco, Tunisia, Algeria and Lebanon.

## Contraception Usage

Contraception is one of the most cost-effective health-care interventions, preventing unintended pregnancies and abortions (as well as related complications of unsafe abortions) while also contributing to reducing maternal and neonatal mortality, and enhancing newborn and child health.[24]

Use of modern methods of contraception by teenage married women is fairly low across most of the region, with Morocco being something of an outlier. The pill is most widely used modern method of contraception in the younger age group, but in Egypt, IUDs rather than the pill are the most widely used modern method. Reliance on traditional methods of contraception (usually lactational amenorrhea) is relatively high in Syria, Iraq and Palestine, where it exceeds the levels of use of the most widely used modern method.[25] In a study conducted in Jordan, 14% of women and 17% of men surveyed reported using condoms with their marital partners.[26] Also, 96% of sex workers/women in prostitution in Lebanon report using condoms, compared to between 60% and 65% of sex workers/women in prostitution in Algeria, Djibouti, and Tunisia, less than 35% in Somalia and Sudan, and around 14% in Egypt.[27]

17 ibid
18 Grimes, D A et al. (2006). "Unsafe abortion: the preventable pandemic." The Lancet 368, no. 9550.
19 Maffi. I and Tønnessen, L. (2019). EDITORIAL The Limits of the Law: Abortion in the Middle East and North Africa. Health and Human Rights Journal. December 9, 2019. Available at https://www.hhrjournal.org/2019/12/editorial-the-limits-of-the-law-abortion-in-the-middle-east-and-north-africa/#_ednref4
20 See more at http://aidsinfo.unaids.org/
21 Doaa Orabi, Lancet. (2019) Women living with HIV in the Middle East and North Africa
22 Gökengina, D et al. (2016) 'HIV/AIDS: trends in the Middle East and North Africa region', International Journal of Infectious Diseases, Vol 44, p.66-73.
23 UNAID Update. (2018). Miles to Go". CLOSING GAPS BREAKING BARRIERS RIGHTING INJUSTICES.
24 World Health Organization. (2017). Sexual health and its linkages to reproductive health: an operational approach.
25 Population Horizons. (2014). Contraceptive methods used by younger women: Arab World. Population Horizons Factsheet No.10. Autumn 2014.
26 Alkhasawneh, E et al. (2014). "Insight into Jordanian thinking about HIV: Knowledge of Jordanian men and women about HIV prevention" Journal of the Association of Nurses in AIDS Care 25, 1
27 See more at http://aidsinfo.unaids.org/

# SRH During COVID-19

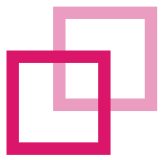
Adolescent girls and young women are often the most affected by the lack of access to SRH and GBV services as governments often do not consider SRH and GBV interventions as priorities particularly during crisis. During COVID-19, and despite the exacerbated inequalities in terms of health and economic impacts for women and the increased reports of gender-based violence, there was not enough emphasis on prioritizing the needs of what are considered "life-saving services" to an approximate 107 million women of reproductive age in the Arab World; SRH services, menstrual hygiene materials for women and girls, and expanding and adapting protection and GBV services.[28]

# Conclusion

While sexual health and rights are often linked to reproductive health, a clear understanding of sexual health and rights, independent of reproductive health, is critical to informing effective and inclusive policy and advocacy strategies.[29] There is ample evidence that women in the Middle East are not provided with the necessary education or the resources with which to protect themselves from sexually transmitted infections (STIs) or unwanted pregnancy.[30]

Sexual and reproductive health and rights demand an environment free from sexual violence that threatens the overall wellbeing of girls and women, require a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences.[31] To maintain these rights, girls and women need to have access to comprehensive health services and all adequate information, including modern contraception, family counseling, STI testing and treatment, and safe abortion care. As feminist scholarship and activism has proven, security of livelihoods and an enabling economic environment are prerequisites to a well-functioning health system that could address women's reproductive and sexual health needs.[32]

28 UNFPA. (2020). Arab States Region COVID-19 Situation Report No. 9. October 2020
29 Miller, A. M. et al. (2015). "Sound and Fury — engaging with the politics and the law of sexual rights," Reproductive Health Matters 23, no. 46 Available at http://dx.doi.org/10.1016/j.rhm.2015.11.006
30 Marnicio, A. (2015). "Contraceptive Choice Among Women in the Middle East". Issue Brief. Baker Institute for Public Policy. 12.03.2015. Available at https://www.bakerinstitute.org/media/files/files/665188bf/BI-Brief-120315-WRME_Contraceptives.pdf
31 World Health Organization. (2019). "Defining sexual health.". Available at https://www.who.int/health-topics/sexual-health#tab=tab_1
32 Kabeer, N. (2015). WOMEN/MDGs Tracking the gender politics of the Millennium Development Goals: struggles for interpretive power in the international development agenda. Third World Quarterly, 2015 Vol. 36, No. 2, 377–395. Available at http://dx.doi.org/10.1080/01436597.2015.1016656.



# Recommendations

## Objective 1: Support the provision of SRH services and product delivery, including maternal care, contraceptives, abortion and post-abortion care, and HIV treatment for all.

- Adopt appropriate laws and policies that respect, protect, and fulfill sexual health and rights for all, including adolescents, youth, and LGBTQI community.
- Enforce the integration of sexual health and rights frameworks within all programs, emphasizing the importance of accessible services for all, including marginalized groups, people living with disabilities, LGBTQI communities, youth, and adolescents in a manner that guarantees their rights to privacy and confidentiality.
- Increase and support access to menstrual hygiene kits.
- Increase and support the access to and use of modern contraception.
- Increase access to safe and legal abortion
- Scale-up the response of national strategies and programs for people most affected by HIV and train competent HIV-oriented health providers.

## Objective 2: Transform harmful gender norms to advance ALL women's and girl's bodily autonomy and decision-making over SRH.

- Prevent violence against women and girls, including sexual violence, female genital mutilation and child early and forced marriages.
- Engage men and boys in sexual health and rights initiatives thus mobilizing them as agents and advocates of change.

## Objective 3: Establish comprehensive sexuality awareness and education in schools and informal learning environments in accordance with international treaties

- Fund and support knowledge generation and evidence-based research on SRHR within the Arab Region.
- Incorporate comprehensive sexuality education in curricula
- Enhance high quality and accessible SRHR education given increased risks to adolescent girls, (digital tech-enabled delivery)
- Train teachers to use age- and context-appropriate methods, both in schools and in informal educational channels.
- Fund and support CSOs to educate girls, women, young people, and marginalized groups about their sexual rights and mobilize them to claim those rights

**Finally, ensure meaningful engagement of women and girls in recovery planning and addressing the linkages between GBV and SRHR.**