

14 January 2013 – In the Eastern Mediterranean Region, as in other regions, women and newborn children are among the most vulnerable population groups. Ten countries are still at risk of not achieving Millennium Development Goals 4 and 5 by 2015, and health indicators for these two population groups continue to be a cause for alarm in several countries of the Region.

Various harmful traditional practices contribute to maternal and newborn morbidity and mortality, including child marriage, early pregnancy and female genital mutilation. There are also social and cultural barriers that prevent women from accessing information and services on maternal and reproductive health.

Marital age is a critical driver of women's health outcomes. Pressure to marry early and have many children double the risk of spontaneous abortion and increase the risk of losing a fetus by four times. In developing countries, complications of pregnancy and childbirth are the leading cause of death in young women aged between 15 and 19 years.

The practice of female genital mutilation is still widespread in some countries of the Region. Studies show a prevalence of 98% in Somalia, 93% in Djibouti, and 91% in Egypt. The negative health impact of this practice is well known, and it is therefore alarming that studies reveal an increase in the medicalization of female genital mutilation. For instance in Egypt, 31.9% of female genital mutilation is performed by health professionals.

Three key indicators assess access to sexual and reproductive health care services for women – antenatal care, modern contraceptive prevalence and birth attended by skilled professionals. While in Egypt the indicators are above the regional average, in Somalia, Sudan, Djibouti and Yemen the indicators fall below.

Social barriers to accessing basic health care services prevent women from gaining the information and skills they need to protect their health and the health of their families. In Somalia the use of modern contraceptive measures is only around 15%, while in Sudan it is only 8%. Without adequate access to such measures women cannot adequately space pregnancies or protect themselves from sexually transmitted infections.

The Regional Office and the International Islamic Centre for Population Studies and Research at Al-Azhar University will address women's health in a 2-day expert consultation on "Women's health in Islam: addressing harmful traditional practices" to be held on 14–15 January in the Regional Office. The objectives of the consultation are to: review the current situation and responses to harmful traditional practices; develop a regional framework to prevent harmful traditional practices; and agree on a roadmap to implement a regional framework to prevent harmful traditional practices.

The outcomes of the consultation will be discussed during the high-level meeting on "Saving the lives of mothers and children: accelerating progress towards achieving MDGs 4 and 5 in the Region" to be held in Dubai on 29–30 January 2013.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, acknowledged that while great effort was being made to respond to the health needs of women and newborn children, the health of women was not being addressed holistically. The main focus had been placed on reproductive health issues, largely ignoring other aspects of ill-health among women and the root causes. A number of women's health issues are rooted in early life, for example, in the social conditions in which female children are brought up and in their gender.

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