UNFPA in the Arab region: working on gender equality, the empowerment of women and girls, and sexual and reproductive health and rights
Today, it is widely recognized that improving the status of women and girls and advancing their rights can be a benefit for the whole society. Ensuring access to sexual and reproductive health services and to protection from gender-based violence, among other important measures, improves the health of families and contributes to the economic well-being of entire communities, including during humanitarian emergencies. Many international instruments, conferences and, lately, the Sustainable Development Goals (SDGs) have underscored the importance of giving women and girls, including adolescent girls, their rights and eliminating any violence or discrimination that targets them.
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GENDER EQUALITY

Gender equality is a human right. Women and girls are entitled to living in dignity and be free from fear and from need. Despite its diversity, the Arab region is characterized by patriarchal social systems and family structures that give prominence to the role of men in both the public and the private spheres. The region is also home to some of the highest rates of female illiteracy and the lowest rates of female labor force participation in the world. Women in the Arab region continue to encounter serious problems of access to health care, information, education and income, resulting in widespread levels of vulnerability, poverty and exposure to violence. In addition, the access of women in the region to justice and to legal aid is limited and often deliberately obstructed, while social exclusion and restrictions on fundamental freedoms constantly exacerbate the disadvantages of women and girls. Gender equality is a precondition for advancing development and reducing poverty: empowered women contribute to the health and productivity of entire families and communities, and directly participate in improving their society’s economy. Despite solid evidence demonstrating the central-
KEY ISSUES ABOUT EMPOWERING WOMEN

Addressing gender equality and promoting the empowerment of women require strategic interventions at all levels of programming and policy-making, including:

**REPRODUCTIVE HEALTH:**
The ability of women to control their own fertility is fundamental to women’s empowerment and equality. When a woman can plan her family, she can plan the rest of her life. Protecting and promoting her reproductive rights – including the right to decide the number, timing and spacing of her children – is essential to ensuring her ability to participate more fully and equally in society. In addition, for both physiological and social reasons, women are more vulnerable than men to reproductive health problems. Complications of pregnancy or childbirth are the number two killer of women of reproductive age globally. Failure to provide information, services and conditions to help women protect their reproductive health constitutes gender-based discrimination and is a violation of women’s rights to health and life.

**EDUCATIONAL EMPOWERMENT:**
About two thirds of the world’s illiterate adults are women. Lack of an education severely restricts a woman’s access to information and opportunities. Conversely, increasing women’s and girls’ educational attainment benefits both individuals and entire communities for generations to come. Higher levels of women’s education are strongly associated with lower infant mortality and lower fertility, as well as better futures for their children.
POLITICAL EMPOWERMENT:
Gender equality cannot be achieved without the backing and enforcement of institutions. But the existence of many social and legal institutions still do not guarantee women’s equality in basic legal and human rights, in access to or control of resources, in employment or earnings, or in social or political participation. And men continue to occupy most positions of political and legal authority, with globally, only 22 per cent of women parliamentarians for instance. Moreover, laws against domestic violence are often not enforced on behalf of women. In the Arab region, UNFPA believes that adequate information and health services, including to survivors of gender-based violence (GBV), contribute to enhancing the resilience of women and girls, participate towards their empowerment and help them effectively be a force within society rather than a marginalized entity or a burden on the economy.

ECONOMIC EMPOWERMENT:
Six out of 10 of the world’s poorest people are women. Economic disparities persist partly because much of the unpaid work within families and communities falls on the shoulders of women, and because women continue to face discrimination in the economic sphere, affecting their income and benefits.
GENDER-BASED VIOLENCE (GBV)

Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries, with an estimated one in three women worldwide experiencing physical or sexual abuse in her lifetime.

According to data from the World Health Organization (WHO) from 2013, one in every three women has been beaten, coerced into sex or abused in some other way - most often by someone she knows. One in five women is sexually abused as a child, according to a 2014 report.

Data from WHO indicates that women who have been physically or sexually abused are 16 per cent more likely to have a low birth-weight baby, and they are twice as likely to have an abortion. In some regions, they are 50 per cent more likely to acquire HIV, according to a 2013 report from UNAIDS.

Gender-based violence is not only a violation of individual women’s and girls’ rights, it also undermines the health, dignity, security and autonomy of its survivors/victims. The impunity often enjoyed by perpetrators, and the fear generated by their actions has an effect on all women and girls, including by stunting the contributions women and girls can make to international development, peace and progress.

GBV can include child, early and forced marriage as well as female genital mutilation (FGM). Survivors of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death.

Gender-based violence is not unique to the Arab region, but the Arab region is where the prevalence of GBV, at 37%, is the second highest in the world (after Southeast Asia at 37.5%).

In the Arab region, 37% of women report having experienced some form of violence at least once in their life, but there are credible indicators that the percentages across the region may be higher. A GBV prevalence study in Morocco revealed that 62.8% of women aged 18-64 have suffered from GBV at least once in their life. Moreover, rapists are often shown leniency or even are acquitted under national laws in Arab countries if they marry their victims. In Morocco, the suicide of a rape victim who was forced to marry her rapist in 2014 prompted the annulment of article 475 of the penal code which allowed rapists to avoid prosecution if they marry their victims. In Tunisia, UNFPA’s advocacy for the inclusion of an article against GBV resulted in the adoption of article 46 in the new Constitution (2014), which stipulates that “the state shall take all necessary measures in order to eradicate violence against women.” UNFPA has also supported the Ministry of Women, Family and Children and its partners in Tunisia in the development of a unique and comprehensive law on GBV.

UNFPA is one of the UN’s lead agencies working to strengthen the culture and practice of gender equality and women’s empowerment, and to address the physical and emotional consequences of gender-based violence. UNFPA’s programmes offer psychosocial assistance, medical treatment and rape kits to survivors, and promote the right of all women and girls, including adolescent girls to enjoy their lives free of violence and abuse. These programmes are mostly implemented in partnership with UN, regional and national stakeholders.
Despite the extensive work done by women’s organizations, governments and other partners, many women and girls, including adolescent girls who are subjected to violence still lack access to essential services that support their safety, health and access to justice. To respond to these needs UNFPA is part of a Joint UN Programme on Essential Services for Women and Girls Subject to Violence launched in 2015, in partnership with UN Women, the United Nations Office on Drugs and Crime (UNODC), the United Nations Development Programme (UNDP) and the World Health Organization (WHO). The programme aims at providing better access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. The UN therefore supports governments in the creation of a national systems to manage GBV cases, by involving different government departments and NGOs in a coherent response and service provision to GBV survivors: psychosocial and medical services, legal and security (police) support, and sufficient information on the processes to allow the survivor to decide which services she needs.

UNFPA also plays a key role in addressing gender-based violence through its work on sexual and reproductive health. Health services are among the first places where survivors of abuse seek assistance. As the lead UN agency working on sexual and reproductive health and reproductive rights, UNFPA has a comparative advantage in reaching affected women and girls by virtue of being making reproductive health services available in health centers, where women and girl go. Additionally, most women – even in remote areas – are likely to seek family planning or maternal health services at least once in their lifetimes, making health care a critical entry point for violence-related information and assistance. When they seek a health service, people, and in this case women and girls, tend to share some information about their circumstances, from which responsible and experienced health workers can establish whether a woman is being subjected to violence or abuse, and can suggest ways to deal with the trauma they faced.

UNFPA-supported health programmes provide information about the rights of women and girls, including their right to live free of abuse. These programmes also provide essential medical supplies, such as rape kits with medical supplies for the first 72 hours immediately after the sexual violence occurs. It contains also emergency contraception to assist survivors, and support psychosocial and legal counselling. In Djibouti, Egypt, Lebanon, Iraq, Jordan, Somalia and Tunisia, UNFPA works with national government counterparts and other UN agencies to develop national protocols regulating the responsibilities between different national institutions to enable the most efficient response to GBV so that survivors receive adequate medical, physical, psychological, legal and social support.

In humanitarian settings, UNFPA steps up its response to survivors of gender-based violence, and makes ending their plight its top priority. In Syria, Lebanon, Iraq, Jordan, Sudan, Somalia and Yemen, addressing the needs of those who have experienced gender-based violence is at the center of UNFPA’s humanitarian response, both by providing them with services, including in sexual and reproductive health, and by distributing sanitary and hygiene goods that help protect their dignity.
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Female genital mutilation (FGM) is a practice that involves altering or injuring the female genitalia for non-medical reasons. Globally, it is estimated that 200 million girls and women alive today have undergone some form of FGM. UNFPA promotes the abandonment of FGM by coordinating systematic efforts to engage policy makers, and seeks the support of civil society and community leaders, including faith-based organisations in changing social practices. UNFPA, jointly with UNICEF, leads the largest global programme to accelerate the abandonment of FGM, currently focusing on 17 African countries including five in the Arab region: Egypt, Sudan, Somalia, Djibouti and Yemen.

Most recent national health surveys report FGM prevalence rates exceeding 80% in Egypt, Somalia, Sudan and Djibouti among women aged 15-49. Moreover, Egypt has the world’s highest total number of women who have undergone FGM with 27.2 million women, while Somalia has the highest prevalence rate of FGM in the world at 98%.
CHILD MARRIAGE

Child marriage is a human rights violation. Despite laws against it, the practice remains widespread, partly due to poverty and gender inequality. In developing countries, one in every three girls is married before she turns 18, and one in nine is married under the age of 15. Most Arab countries do not have laws that determine the minimal age of marriage in accordance with human rights standards, and where there are laws, such as in Sudan, Somalia or Yemen, these laws are either weak themselves, or their implementation is poor.

Child marriage threatens the health and lives of girls and limits their opportunity to thrive. Girls pressed into child marriage often become pregnant while still adolescents, which increases the risks of complications in pregnancy or childbirth and can cause death. Early pregnancy and related pregnancy and birth complications are the biggest causes of mortality for girls aged between 15 and 19.

UNFPA promotes legislation and programmes designed to end child marriage and to empower girls with the information, skills and services, including maternal health and family planning, which they need to be healthy, educated and safe. To that aim, UNFPA works directly with policy-makers on drafting and adopting adequate legislation, and solicits the support of community and religious leaders to spread messages that will help change social behavior and, in this case, end child marriage. UNFPA currently works with the African Union on a continent-wide campaign to end child marriage, including in Somalia, Sudan, Egypt and Djibouti.

Available data indicate that in Egypt, Yemen, Somalia, and Sudan, one in three girls report getting married before the age of 18. In Sudan, 12% of children get married before the age of 15 and 38% get married before they are 18 years old. In Somalia, 45% of women in the country aged 20-24 were married or in union before the age of 18.
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FACTORS CONTRIBUTING TO CHILD MARRIAGE

**Poverty:** Child marriage is one of the direct products of poverty, where some poor parents see their daughters as burdens or commodities to give away in return for compensation. Moreover, in countries where the bride’s family pays a dowry to the groom’s family, younger brides whose dowry is smaller than older ones’ become a lucrative incentive for parents to get rid of them. In places where the groom’s family pays a ‘bride’s price’, parents in difficult circumstances may marry off their daughters as a source of income from the groom.

**Education:** Girls who are married as children tend to be less educated and to live more frequently in rural areas. Many impoverished parents believe that marriage will secure their daughters’ future by ensuring that another family will be responsible for their care. This is also true in humanitarian crises, when many parents fear they will be unable to protect or care for their daughters in the midst of a conflict or an emergency situation.

**Lack of security:** Some mistakenly believe marriage will protect their daughters from sexual violence, a belief that is particularly acute in times of crisis.

**Lack of gender equality and of women’s empowerment:** As child marriage is a human rights violation and a mix of social practice and lack of political will to end it, being able to make informed choices and know that national and international laws protect these choices directly empowers women and girls.

**Situations of emergencies and crises:** Statistics show that girls tend to be married off at a younger age during a crisis, sometimes as young as ten in Sudan, Somalia and Yemen, three countries experiencing severe humanitarian crises. Preliminary findings also suggest that 26-50% of girls refugees from Syria have been married off before reaching the age of 18 off since the beginning of the crisis. In Iraq, the influx of nearly 2 million refugees has contributed to an increase in the rate of child marriage in the Kurdistan region, particularly within families facing economic hardship, with now 5% of Iraqi girls married before the age of 15, and about 22% before they turn 18.
UNFPA is committed to delivering concrete solutions and measurable results to end child marriage. UNFPA works with governments and civil society partners, including parliamentarians, faith-based organisations and the media to promote and protect the human rights of girls, including by assisting with the development of policies, programmes and legislations to address and curtail the practice of child marriage. Many of these efforts, such as the Action for Adolescent Girls programme and the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, empower girls to know their human rights, including their right to choose, as adults, whom to marry and how many children to have.
THE ROLE OF MEN AND BOYS

Gender equality cannot be achieved without the involvement of men and boys. But change is slowly taking place, and men are increasingly working alongside women to support gender equality and the empowerment of women and girls, including adolescent girls. UNFPA works with men and boys around the region to advance gender equality, by encouraging men and boys to abandon harmful stereotypes, embrace respectful, healthy relationships, and support the human rights of all people in both development contexts and humanitarian settings.
Je dis : Non à la violence domestique à l’égard des femmes.