

CREATING COMMON GROUND IN THE EASTERN MEDITERRANEAN REGION

Women's needs and gender perspectives in reproductive health in the Eastern Mediterranean Region

Report of an intercountry meeting between
women's health advocates, researchers,
service providers and policy-makers
Casablanca, 10-13 November 1997

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Opening message

Dr Hussein A. Gezairy, Regional Director, WHO Eastern Mediterranean Region

Ladies and Gentlemen, Dear Colleagues,

I have great pleasure in welcoming you to this beautiful city to participate in a meeting which I feel is of unique character; the expected outcome will hopefully have long-lasting impact on the promotion of women's health.

I would like to express my grateful thanks to His Excellency Mr Abdellatif El Guerraoui, the Moroccan Minister of Social Affairs, Health, Youth, Sports and National Interest, for kindly agreeing to host this important meeting and to provide all facilities necessary for making it a success. The intercountry meeting is being financially supported by the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction of WHO headquarters, and I am grateful to Dr Tomris Türmen, Executive Director, Family and Reproductive Health at WHO headquarters, who was to have joined us here today but was sadly prevented from doing so at the last moment.

My special thanks go to all the participants from ten countries of the Eastern Mediterranean region, who have agreed to collaborate with us in promoting reproductive health care for millions of women in countries of this region in a more effective manner.

The basic purpose of having such a "mixed" gathering is to explore how reproductive health care could be made more realistic and needs-based to serve women in a more effective manner. WHO is seeking to stimulate a process whereby policies, research and programmes on women's reproductive health become more responsive to the perceptions and needs of women. In order to achieve this goal, it is essential to "create common ground" and to have better understanding and more effective coordination between the different parties. It is not an easy task, but it can and should be done if reproductive health care is to achieve what it is designed for.

The recent concept of reproductive health care and its programmatic framework could indeed be regarded as a milestone in the long history of global efforts in responding to the health needs of women and their sufferings during reproductive years. Reproductive health care is an all-embracing approach covering the entire life span of both women and men in all issues related to their reproductive functions. However, the burden of reproductive morbidities shouldered by women is far greater than the burden borne by men. The need for focusing on women is therefore obvious.

Women bear the entire health and socioeconomic consequences of pregnancy. When there are contraceptive failures, the consequences are borne by women, and this includes the hazards of unsafe abortion. Experience all over the world has revealed that women are and will have to be the subjects of research in the development of fertility regulating technologies. In fact, the meeting between women's health advocates, researchers, providers and policy-makers organized by WHO headquarters in Manila, Philippines, in 1992, rightly titled "Creating Common Ground", was designed to provide women's perspectives on research and fertility regulation technologies. The present meeting, although having a broader theme of concentrating on reproductive health care in a holistic manner, nonetheless will focus on the need for collaboration among different stakeholders in the field of reproductive health care of women in the countries of this region.

No one would contradict the fact that reproductive health research in countries is not always needs-based, and quite often the outcome of the research studies is not relevant for the promotion of reproductive health care of women. On the other hand, even in places where research topics are appropriately selected, managers of reproductive health programmes may not be aware of the ongoing research studies in their countries and are therefore unable to utilize the findings in their programmes. Frequently, there is lack of effective coordination with researchers to plan out appropriate needs-based studies. A common complaint of the researchers is that they do not get adequate feedback from their national programmes on researchable areas which would benefit programme implementation. Quite often, research is conducted purely for research's sake and not as a means to an end.

Programme managers and the researchers might not be aware of the perceived needs of the women and their priorities. Those who work closely with women, not necessarily the peripheral health workers, are aware of how women suffer, why they suffer and what they need to alleviate these sufferings.

Women's advocates in the form of nongovernmental organizations have an important role. Their flexibility, dedication and the confidence they receive from the community, and especially from women, can make the nongovernmental organizations powerful in promoting reproductive health care. Their expertise in probing into the intricate relationships between social, cultural and economic factors that influence women's health is an asset and should be utilized by the other two stakeholders - the national programmes and the researchers - but as equal partners on common ground. On the other hand, nongovernmental organizations cannot replace the role and responsibilities of the vast network of national programmes. In brief, each partner should appreciate the role, strengths and shortcomings of the others.

The WHO Regional Office for the Eastern Mediterranean is committed to the concept of partnership for health promotion. There are powerful potential partners in the promotion of the health of both men and women. Very often we have taken the help of religious leaders in the promotion of family planning programmes. Recently, we compiled a manual on health education of adolescents strongly supported by religious teachings. Involving the community and village leaders is now a normal routine for all health promotion measures.

Ladies and gentlemen, I know your task is not easy. It needs understanding of the strengths and weaknesses of the other players and, more than anything else, a desire to create common ground for a noble cause. I am confident that with your vast experience in such collaborative exercises, you will succeed in developing a set of guidelines to make the task of "creating common ground for the benefit of women" a reality.

I wish you all success.

*Casablanca, Morocco
10 November 1997*

Introduction

Set up in 1972 by the World Health Organization (WHO), the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is the main coordinating body for research in human reproduction within the United Nations system. Since 1988, HRP has been cosponsored by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), WHO and the World Bank. HRP was created with two broad objectives: to coordinate, promote and evaluate research in human reproduction with special emphasis on the priorities of developing countries, and to strengthen reproductive health research capabilities in developing countries. In 1991, in response to concerns being raised by women's groups around the world, HRP initiated a dialogue between the scientific community working in the field of fertility regulation and women's health advocates¹. This dialogue has continued and expanded in both scope as well as magnitude, and has resulted in a series of regional meetings bringing together representatives of women's groups, researchers, service providers and policy-makers, from countries within each region. These meetings are part of a major effort to help integrate women's and gender perspectives into HRP's research activities.

The aim of these meetings has been to contribute to the definition of

women's needs and gender perspectives in reproductive health and to recommend actions to involve women's groups in different aspects of reproductive health research, at national, regional or international level. In order to pursue this initiative, the meeting reported here was held in the Eastern Mediterranean Region (EMR) and was the sixth in this series, following upon international and regional meetings held in Asia, Africa, Europe and Latin America².

The International Conference on Population and Development (ICPD) held in Cairo in 1994, marked a real shift in thinking about family planning and women's health. Family planning was no longer seen as an end in itself, but as part of a much broader approach - that of reproductive health. Reproductive health encompasses a life cycle approach that addresses all age groups, and as such recognizes the special needs of women prior to, during, as well as after their childbearing years. Family planning, sexually transmitted diseases (STDs), maternal care, infertility and menopause problems are all issues that are given attention in this approach. As elaborated at ICPD, reproductive health explicitly addresses relations and inequalities between women and men (gender relations) in a definition which places women's rights and their empowerment at its center. Researchers, policy-makers and

activists in the field the world over are concentrating efforts to translate this concept into concrete policies and programmes. This is an enormous challenge, which is still in the early stages. To realize it, there is no question that all the interested parties must find ways of working together.

Dialogue

Until the early nineties, the various stakeholders working in the field of reproductive health - scientists, researchers, policy-makers, service delivery providers and women's activists - worked separately, with little or no exposure to each other's positions or rationales. This lack of communication, despite certain areas of exchange, has led to major gaps in understanding. In one attempt to bridge this gap and create common ground, HRP's dialogue meetings have drawn together stakeholders with very varied and different viewpoints.

Recognizing that varying social, cultural, political and economical conditions affect women's situations differently, the regional dialogue meetings have sought to draw on cultural specificity, while highlighting common concerns. The meetings aim to identify women's concerns and perspectives so that these can be integrated into defining research priorities and guide future activities, both at regional and at international levels.

The Intercountry Meeting in the Eastern Mediterranean Region

In an attempt to examine these issues with specificity to the Eastern Mediterranean Region, a meeting on "Women's needs and gender perspectives in reproductive health in the Eastern Mediterranean Region" was held in Casablanca, Morocco, from 10-13 November 1997.

Like the previous dialogue meetings, it brought together representatives of women's groups, researchers, service providers and policy-makers. Participants came from Arabic-speaking countries of the Region, including Bahrain, Egypt, Jordan, Lebanon, Morocco, Oman, Palestine, Sudan, Syria and Tunisia. The meeting was planned by HRP in collaboration with the WHO Regional Office for the Eastern Mediterranean, and other sections of WHO's Family and Reproductive Health programme (see List of Participants, page 35).

The overall objective of the meeting was to explore collectively ways through which women's needs and gender perspectives could be integrated into national reproductive health programmes and research activities in countries of the Region. The meeting also aimed to promote the establishment of dialogue between policy-makers, researchers, service providers and non-governmental organizations/women's health groups

working in the area of reproductive health.

The specific objectives of the meeting were to:

- Provide a forum for exchange of information among those working in reproductive health in the Region;
- Create a common understanding of what is meant by “women’s perspectives” and “a gender approach” in reproductive health for the Region;
- Identify ways of incorporating women’s perspectives in defining priorities in research and programmes;
- Identify possible joint actions at regional and/or national level.

The meeting included both plenary sessions as well as group work, where the participants divided into three working groups. In these smaller groups, participants were asked to identify priorities for reproductive health research, taking gender and women’s perspectives into account. They were asked to identify ways in which the different partners could work together in priority-setting, conducting research and programming in reproductive health, and to outline ways in which reproductive rights could be incorporated into existing laws and be put into practice. Finally,

they were to propose one or two concrete collaborative activities that could be undertaken as immediate follow-up to the meeting.

The report

This report summarizes the presentations, discussions and group work undertaken over the four days of the meeting. As has been reported from earlier dialogue meetings, the process was not always an easy one. Participants came from very different backgrounds, with distinct values and priorities and it was sometimes difficult for differing views to be reconciled. The goal was to establish common ground, taking different perspectives into account. The meeting provided an opportunity for the different stakeholders to meet on an equal footing, often for the first time, and to exchange views, information and experiences. To a large extent, the meeting contributed to recognition of the need for continued dialogue between service providers, policy-makers, researchers and women’s organizations in the Region, and identified substantive areas in reproductive health in need of particular emphasis for follow-up.

Moroccan venue and welcome

The Ministry of Health in Morocco graciously agreed to host the meeting held in Casablanca. The inaugural session was honoured by the presence

of Her Royal Highness Princess Lala Fatma Zahraa, sister of His Majesty the King of Morocco, who personally greeted each of the participants. His Excellency the Minister of Health in Morocco also welcomed the participants at the opening session, and expressed his wishes for a successful outcome of this activity.

This mark of interest from the country's Royal Family, and the keen interest of the Ministry of Health is testament to the importance of recognizing and examining women's perspectives and needs in such a key area of their lives: reproductive health.

¹ Creating Common Ground: women's perspectives on the selection and introduction of fertility regulation technologies. Geneva, 1991.

² Creating Common Ground in Asia: women's perspectives on the selection and introduction of fertility regulation technologies. Manila, 1992;

Development of Fertility Regulating Vaccines. Geneva, 1992;

Women's needs and perspectives in reproductive health. Nairobi, 1993 (also in French);

Ethical aspects of research, development and introduction of fertility regulation methods. Geneva, 1994;

Atelier "femmes": Atelier sur la recherche en santé génésique en Afrique francophone: besoins, perspectives, priorités. Yaoundé, 1994;

Perspectives de las mujeres en materia de salud reproductiva. Santa Domingo, 1995.

Defining reproductive health in the Eastern Mediterranean Region

One of the biggest challenges since ICPD has been to create a common understanding about what reproductive health means and therefore how it can be made operational. One problem is that the concept of reproductive health is continuously evolving, with varying definitions used by different stakeholders, both in the Eastern Mediterranean Region as well as in others. There is a need to review critically what is meant by reproductive health in the Region and to ensure that this language has grown out of and reflects the Region's needs and priorities.

In the international arena several definitions of reproductive health are simultaneously in use, such as the definition included in the 1994 ICPD Programme of Action, two definitions included in overview papers by Fathalla in 1991 and 1994 respectively, a definition developed jointly by SIDA and WHO and included in their report: "Sexual and Reproductive Health: the Challenge of Research", and one developed by the National Academy of Sciences in "Reproductive Health in Developing Countries" (see Definitions of Reproductive Health, page 33).

Close examination of these different definitions reveals the process of evolution that has taken place over a relatively short space of time in the understanding of what reproductive

health is, a process that has not been without disciplinary, programmatic and cultural considerations. A presentation by Dr Huda Zurayk reviewed these definitions in terms of the core elements they shared as well as their respective biases. Her presentation was based on a paper prepared specifically for the meeting.¹

The elements traditionally seen as making up reproductive health have largely been defined by a biomedical model with an emphasis on dealing with disease or serious conditions of pregnancy and childbirth. Medically less serious conditions like uterine prolapse have frequently been left out. The various definitions have also typically emphasized services and their supply, in isolation from demand and a real understanding of women's perspectives and perceptions. In practice, an emphasis on family planning is often seen when these elements are translated to programmes. This observation was confirmed by some participants' experiences. Participants pointed out that reproductive health is also used, in some areas, as synonymous with maternal and child care. In spite of the fact that the ICPD document suggests taking a life span approach that encompasses girls and boys as well as women beyond the childbearing years, health programmes still mainly focus on the reproductive years.

Dr Zurayk suggested that the framework of issues at the core of some reproductive health definitions has been heavily influenced by Western thinking and approaches, in spite of the fact that many are very relevant for women in the developing world. This is reflected in the issues given prominence, such as sexuality, whereas other concepts may take greater priority in other cultural contexts. Some participants mentioned postpartum health of women as needing inclusion, as well as women's mental health related to reproductive problems.

However, as Dr Zurayk pointed out, there has been an evolution or progression in the conceptualization of reproductive health beyond the biomedical model, to include sociomedical concepts like premature marriage and social concepts like enhancement of personal relationships. There has been an attempt to include concepts such as dignity and to recognize the importance of women's and men's perspectives on their needs and problems.

Participants generally felt that the ICPD definition was very clear and has the advantage of being accepted by most countries. They agreed, though, that it was important to review the definition, and that both medical and non-medical aspects had to be included in approaches to reproductive health research and

programming. In order to incorporate women's perspectives, those working in the field of reproductive health must look beyond supply and accessibility of services to considerations of demand. Multiple factors at different levels affect women's health-related behaviors, including education, access to resources, decision-making ability and gender relations.

Gender considerations in reproductive health

In her presentation, Dr Malika Ladjali explained that gender is neither another way of referring to someone's biological sex, nor is it a replacement for the word "women" when referring to projects where women are involved. The gender approach to health recognizes that gender roles – that is the learned and socially condoned roles and behaviours of women and men – have a differential impact on their health status. It emphasizes the importance of gender differences as part of the context in which people live. It therefore takes account not only of the biological differences in risk and vulnerability to disease, but also of the impact of the socialization process, social roles, and men's and women's behaviours upon health status.

Reproductive health, as Dr Zurayk pointed out, is itself a gendered concept in the sense that much of its definition is concerned with women's

reproductive roles. Because of the large body of evidence that clearly demonstrates the negative impact of women's position in society upon their health, the reproductive health approach must of necessity focus on women and their health needs. A gender analysis in developing societies demonstrates the inequality between men and women and the inferior position of women legally, economically and socially. This power imbalance between women and men plays out not only in their couple relationships and at the household level, but also, for instance, in the interaction of a female patient with a male doctor in a health facility, and the far greater participation of males in determining the affairs of the community or the nation. For this reason, a reproductive health approach also needs to focus on the empowerment of women.

While not challenging this focus, Dr Zurayk and many of the participants felt that there has been insufficient

attention given to men and the roles they play, and to men's needs and perspectives. The ways that men see power dynamics, male-female relations and sexuality must certainly influence the way they relate to women, and have an influence on women's, as well as their own, reproductive health.

Participants generally agreed that the definition of research priorities had to take gender differences into account. For instance, it is not known whether immunization campaigns and programmes cover girls and boys equally. In many regions social class may compound the gender differences, so that women who are economically deprived may have more difficulty accessing services than their menfolk or women of a high economic status. Gender analysis should be used to examine women and men in relationships to each other but also in the context of society and the broader macro environment affecting development.

¹ Zurayk, Huda. The presentation was based on a paper specially prepared for the meeting: Women's health problems in the Arab world.

Research gaps and priorities

The Eastern Mediterranean Region has a substantial body of reproductive health research upon which to draw. In her background paper Dr Zurayk attempted to review and map a general profile of recent research in the Region, by focusing on studies done in three countries, namely Egypt, Lebanon, and Tunisia, in terms of the types of approaches and the extent to which recent work has incorporated gender analysis.

Her classification of over 800 studies conducted in these countries and published between 1990-1996, drawn from two data bases, Medline and Popline, shows that surveys and quantitative approaches constitute the largest group, followed by clinic-based studies and then those addressing policy issues. Hospital or clinic-based medical studies rank first in Medline and third in Popline, while qualitative research is the rarest in both research databases. The large majority of studies in Popline focused on family planning, followed by child health, maternal health and abortion; while in Medline, infertility was the top topic, followed by family planning and abortion. Using gender as a keyword resulted in a small number of studies, mostly within family planning. While this review examined abstracts and not the actual writings, it does indicate where the emphasis of recent research lies.

Dr Zurayk went on to examine the research findings in terms of the social, cultural and economic context of the region, and women's perspectives on their health. She noted that marriage and motherhood are highly valued social processes for women in the Arab world, and that social pressures to start producing children - particularly boys - immediately after marriage, are part of the social reality which has an impact on reproductive health. The principles of family cohesion, organization and future responsibility provide the context which explains the importance of fertility to women. Thus, while the prevalence of premature marriage has decreased in recent years, it is still quite common in some countries of the region. Similarly, while fertility is declining in most countries, in a few the total fertility rate remains above four. Contraceptive prevalence has increased, but it is not known whether women who seek to control their fertility are succeeding in a healthy and effective way. The widespread use of female methods indicates that the burden of contraception falls on women, and again little is known about men's perspectives about this.

Given the high value put on children, most adult women share the experience of being mothers several times over. The risks of childbearing for women in poor communities

remains high, as many participants also pointed out. Yet where studies of women's perspectives exist, they indicate that pregnancy and childbirth are mostly seen by women as natural and healthy processes which they do not wish to compromise by seeking what is seen as unnecessary medical care. On the other hand, studies have found that many women reporting antepartum morbidities which they perceived to be serious, sought care. These kinds of findings emphasize the importance of exploring women's perceptions of pregnancy and of danger signs to understand what worries them and how they can be encouraged to go to health services when necessary.

Pointing to gaps in research, Dr Zurayk noted that very little is known about the prevalence of gynaecological and related conditions, such as reproductive tract infections, uterine prolapse, urinary tract infections, anaemia and hypertension. What evidence exists indicates that gynaecological morbidities are prevalent and are a serious threat to women's health and well-being. Women tend not to use health services and to feel that these conditions are "natural" as a result of the processes of reproduction. Of the little research that has examined women's perceptions of health more broadly, a study in Morocco showed differences in the way they perceive their own

health and that of men. For the women in the study, well-being came foremost from having a happy relationship with the husband, followed by absence of illness, then good children, no heavy workload and finally no problems with the husband's family. For men, on the other hand, women considered well-being to be mainly a function of not having financial problems, then absence of illness, then good children.

In the discussion around research gaps in the Region, participants were also guided by the list of six regional research priorities proposed at the Intercountry Workshop on Initiating Research for Responding to Reproductive Health Needs in EMR Countries, Beirut, 14-17 October 1996, organized by the WHO Regional Office and supported by HRP. The six priority areas were:

- epidemiological research to assess the prevalence of reproductive morbidities in women,
- reproductive health of adolescents,
- determination of the incidence and predisposing factors of maternal mortality,
- assessment of the prevalence of reproductive tract infections in women,

- reproductive morbidity in postmenopausal women,
- coverage, utilization and quality of reproductive health services at the primary health care level.

Participants agreed that there needed to be a broadening of the age groups involved in research, to include young people. There was also general agreement that much more needs to be known about the prevalence of gynaecological and related conditions among women in the region. They also highlighted the importance of

studies of the quality of care of services, and the testing of interventions to show whether policies are effective. In addition to the gaps identified and elaborated at the Beirut meeting, many participants felt that there was an urgent need to develop conceptual tools to understand and represent women's and men's perceptions of medical conditions and ill-health, and to elucidate the role that gender relations play in health seeking behaviours. The full list of recommended topics for research in the region is included on page 30.

Highlighting key issues in reproductive health in the Region

A number of participants gave overviews of the challenges in implementing reproductive health programmes in their countries. They referred to urgent gaps to be addressed by research. Some also spoke of their experiences in trying to create workable mechanisms and partnerships to do this.

Dr Ramez Mahaini, in his overview of progress towards the achievement of reproductive health care in countries of the Eastern Mediterranean Region, spoke of how, in the decade between the Women's Conference in Nairobi (1985) and in the Fourth World Conference on Women (FWCW) in Beijing (1995), a safe motherhood strategy had been implemented in most countries. Dr Ghada Hafez in her introductory overview, also noted that reduction of maternal mortality and morbidity has been given great attention in the region in view of the severity of the problem - a ratio of over 1,000 deaths per 100,000 live births in some countries. The programmatic framework had since been broadened to include the socioeconomic determinants of women's health. Most countries had taken up the issue at a high political level, resulting in the establishment of national councils or commissions on safe motherhood.

In terms of reproductive health indicators, Dr Mahaini noted that

socioeconomic factors have the biggest influence on the indicators which are traditionally used in this area, such as maternal and infant mortality, percentage of births attended by trained personnel, and female adult literacy. His overview of trends showed that mortality and morbidity are showing a rapid, sustained improvement in the economically affluent countries such as the Gulf States, while no improvement or even deterioration can be seen in those countries of the Region that are least developed.

Women's health during pregnancy and childbirth, and adolescents' reproductive health, were emphasized as key issues by a number of participants. In Palestine, for instance, Dr Dina Shaaban said that 72% of pregnant women in rural areas suffer from mild to severe anaemia, and while antenatal care reaches 80% of women, most do not routinely receive postnatal care. Dr Nawal Ahmad from Sudan explained that both before and after ICPD, much emphasis has been put by the Sudanese Ministry of Health on strengthening maternity care and integrating family planning services. Currently, 80% of women deliver at home, and contraceptive prevalence is 10%. Seventy-nine per cent of girls aged 5-7 years are circumcised. She pointed out that women in Sudan, especially in the rural areas, have a high illiteracy rate

and little awareness of their rights. In addition, reproductive health services are inadequate and inaccessible, as demonstrated by the above mentioned figures. In Egypt, the high level of maternal mortality has been the focus of concerted efforts by the Government and its partners such as UNICEF. Dr Ibrahim el Kerdany described the efforts being undertaken to improve emergency obstetric care services.

In Morocco, the Government has also identified the reduction of maternal mortality as one of the reproductive health priorities, explained Dr Najia Hajji. Other priorities are to strengthen the family planning programme with more involvement of the private sector, to prevent and treat STDs and HIV, and to increase and improve access to reproductive health services, and information especially for adolescents through school programmes. For the moment, Morocco's research activities are focused on national level surveys to assess accessibility of health care services, maternal mortality and morbidity data, and information about neonatal and infant mortality, and immunization coverage. At the local level, an assessment of STD case management is being conducted in 21 provinces that declare more than five STD cases per week. Sociological studies to understand women's and men's attitudes and perspectives and, for instance, why Moroccan women

are reluctant to use the IUD, are also being carried out with the aim of using the results to help design a strategy for family planning.

The classic maternal and child health and family planning programmes have a good outreach to adult women in Oman, explained Dr Yasmin Jaffer. Adolescents, on the other hand, have little or no access to sexual and reproductive health services, and little is known about their health status, needs and behaviour. The Ministry of Health has made it a priority to focus on this population group, which makes up nearly one-third of the population. Adolescent health and rights are also a concern in Bahrain, which is in the process of developing a national adolescent health policy, explained Dr Bahia Al Assoomi. The Ministry of Health is working with other ministries, NGOs and international agencies on the elaboration of this policy.

Mental health was an issue that a number of participants felt strongly should be included as part of reproductive health. In Palestine, for instance, the difficult social, economic and political situation contributes to a high prevalence of depression in women. Participants from Sudan and Egypt also highlighted this as a problem that should not be overlooked. Women's reproductive roles combined with the other roles expected of them, can lead to a sense

of disempowerment, and subsequent depression.

Picking up the issue of female genital mutilation (FGM), Mrs Mervat Abu Shabana drew attention to the joint WHO/UNICEF/UNFPA statement made and published in April 1997, condemning FGM in all its forms as a major impediment to achieving health and well-being for women and girls. She outlined the framework for action which includes the adoption of clear national policies for the elimination of FGM, and the development of training materials to equip health care workers with the appropriate knowledge, skills and attitudes for preventing and eliminating FGM, and for managing the health complications that result from the practice. She mentioned that WHO is undertaking a variety of activities including research, training and technical support, to help eliminate FGM.

One of the difficulties in implementing a workable reproductive health policy and programme is in establishing mechanisms for collaboration both within governments and between governments, university departments and non-governmental organizations. Dr Hajji explained that in Morocco, while the Government is committed to an integrated reproductive health approach, in practice this is not so easy since at the central level, family planning, safe motherhood, STD and HIV activities are not located in the

same directorate. The biggest difficulty is the lack of a national focal point, she said. Dr Nawal Ahmad indicated that, while a considerable amount of research has been conducted in Sudan, the results have not necessarily been used to solve problems or improve the situation. Translating research findings into policy and practice is a major challenge, she said, and one important ingredient would be an improvement in the coordination and collaboration between the different parties involved. From outside the Region, Ms Judy Norsigian, from the Boston Women's Health Book Collective in Boston, MA, USA, emphasized this point. She described how the Boston Collective had been started at the end of the 1960s with a concern to make health information available to women in language that was understandable. Over the years, one of the Collective's main activities has been to work towards public policies that will improve the health of women and their communities. Ms Norsigian said that one particularly difficult challenge has been to translate research findings into appropriate action. Because all individuals and organizations are limited in how much they can achieve, the Collective has found that working in coalitions has been invaluable.

Attempting to address this problem, Egypt's Ministry of Health and Population has developed a strategy

for implementing reproductive health covering strategic planning, service delivery, training, research, and information, education and communication. Dr Wagida Anwar described how, in two different priority-setting workshops held in 1997 involving the Ministry, universities and NGOs, and youth, religious and community leaders, maternal mortality and morbidity came at the top of the list of five priority issues for most groups. RTIs came high on the list of most groups, as well as family planning. FGM was included on nearly all the groups' lists. Dr Anwar described the challenge ahead for Egypt in identifying and conducting a national research agenda in reproductive health. There is a need to formulate and endorse a national research agenda covering different components: expanding and strengthening national capacity to undertake quality, policy-oriented research; expanding data collection and research on women's informal sector economic activities; and establishing a data-base clearing house for research related to Egypt.

Dr Dina Shaaban and Dr Rita Giacaman, representing governmental and non-governmental sectors respectively, described efforts of building partnerships in Palestine. Until the recent creation of the Palestinian Authority, NGOs had been the sole service providers for the

previous several decades, and continue to provide many health services for women. Since 1995, women's health has become a priority and all the relevant parties are trying to work together to elaborate workable strategies and programmes that will also emphasize equality and non-discrimination between women and men. Given the political situation, however, there are enormous logistical constraints to such coordination, which can make meetings between people working in different areas difficult or sometimes impossible.

In Tunisia, a similar process to the Egyptian one had been undertaken, through a workshop (supported by HRP) to assess the national priorities in reproductive health, in which women's NGOs, universities, the private and public health sectors, and community representatives were involved. Dr Rim Hamzaoui reported that the high-priority areas identified by these groups for research and action were: fertility regulation (especially for postpartum and postabortion women); STDs; infertility; breast and cervical cancer; menopause; and adolescents' reproductive health. The workshop also recommended the setting-up of a data bank, training in epidemiological research methods, the definition of indicators especially for adolescent reproductive health, and the establishment of a reproductive health

national committee and research network. Since that workshop in February 1997, a National Reproductive Health Committee has been established, bringing together people from the Ministry, the universities, the NGOs and the community; a data bank has been started; a training programme has been launched; and a research agenda established for the next five years. Dr Hamzaoui said that this cooperation of the different parties was an extremely fruitful exercise, and that all parties

were optimistic that this process would continue to be productive.

These experiences of trying to elaborate appropriate reproductive health research agendas and programmes were discussed in the working groups. In particular, the questions of who should be involved in setting priorities, and what mechanisms can be used to achieve collaboration, were taken up, and recommendations were made (see Mechanisms for Building Partnerships and Setting Priorities, page 27).

Reproductive rights

Reproductive rights, as part of human rights, are recognized by national as well as international documents, including the Programme of Action of ICPD (Cairo, 1994) and the Plan of Action of FWCW held in Beijing in 1995. The broad definition includes the basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children and to have the education and means to do so, the right to attain the highest standard of sexual and reproductive health, and the right to make decisions concerning reproduction free of discrimination, coercion and violence.

A plenary presentation and discussion focused on how these internationally recognized reproductive rights can be realized in the social and cultural context of the Eastern Mediterranean Region¹. Dr Aida Seif al Dawla drew attention to the fact that the literal translation of "reproductive rights" in Arabic, "*Al-Huqouq Al-Ingabiya*", is not immediately self-explanatory to Arabic speakers. She noted that the word "right", "*Haq*", has more than one connotation in the Arabic language. One is legal. A "right" in this usage means it has been established as such by law, through religious text and prevalent interpretation.

Dr Seif al Dawla's presentation attempted to locate the broader international discussion within an appropriate cultural context. She also

pointed to the variability or dynamic nature of the interpretation of these rights, as affected by several factors such as time, social class, and national legal and policy contexts. The legal age of marriage is one example.

The concepts covered by the term "reproductive rights" are broad, and allow space for emphasis on certain elements at the expense of others. In the international sphere, the more "public" issues are sometimes marginalized by the spotlight focused on "private space" elements. For instance, the right of access to adequate health care is frequently unfulfilled, especially given the impact of structural adjustment policies globally on people's ability to access health care. Yet this issue is somewhat eclipsed in the region by, for example, the vigorous campaigning against FGM, seen by some as more of a priority issue.

To enrich the discussion about what reproductive rights mean to women, Dr Seif al Dawla presented the results from an innovative international qualitative study carried out by the International Reproductive Research Action Group, IRRAG. The study, carried out by a multidisciplinary group of researchers in seven countries, was designed to investigate women's perceptions of reproductive rights, because it is not clear how, if at all, women in different cultural contexts perceive their rights related to reproductive health. The study

found that at the heart of a notion of rights is a sense of entitlement to a particular way of life or behaviour. Women's sense of entitlement to their reproductive rights, their sense of possession of their bodies and lives, and the degree to which these entitlements can be perceived in terms of rights, is a complex and often contradictory process which entails resistance and submission, coping and subversion. To claim a right, and even more to exercise it, entails a reaction from the social structures and groups from which this right is to be taken. The degree to which women are ready to weather that reaction depends on a whole set of circumstances including their socially-determined self-perception, the social space allowed for the claiming of certain rights, the social cost of making that claim and of exercising it.

The notion of rights used in the research in Egypt involved a number of components including equal right to nutrition and care as a child, the issue of FGM, premature marriage, choice of partner, relation within marriage, choice of number of children, use of contraception, resort to abortion, and self-image after menopause.

Making clear that generalities for the Region cannot be drawn, Dr Seif al Dawla said the findings illustrated the high value Egyptian women place upon marriage and motherhood, as well as the importance of chastity and the strong rejection of extramarital

relationships. They also illustrated the delicate nature of coping mechanisms, the sometimes difficult choices and negotiating strategies that women consider in their roles as partners in the social contract.

Echoing the earlier discussion on gender, Dr Seif al Dawla stressed that reproductive health and rights are not a women's issue alone, but involve men as counterparts and as determinants of the collective awareness and the shaping of roles. To date, research and interest in reproductive rights as a comprehensive issue has been solely the domain of women activists and researchers. Men's input in this field in the region is limited to their role in family planning. She concluded her remarks with the importance of giving equal emphasis to the public and private aspects of reproductive rights and placing them on an equal footing.

The debates around reproductive rights were very lively and some of the points made in the presentation raised much discussion. The response illustrated the challenges of translating the conceptualization of reproductive health from an exclusive focus on a public health perspective, to one which more explicitly incorporates a sensitivity to gender relations and women's rights. Intense debate was raised by the presentation regarding the prevalence of certain practices detrimental to women's health such as FGM and violence against women.

The range of opinions represented around the table regarding the prevalence of such practices illustrated the extent to which the Region needs further qualitative and quantitative research in this field.

The issues raised by the presentation and the paper were discussed again in the working groups where much time was devoted to exploring ways in which reproductive rights can be incorporated into existing laws and put into practice. In the final plenary, the group recommendations were consolidated into a composite list, as shown towards the end of this report.

¹ Seif El Dowla, Aida. The presentation was based on a paper specially prepared for the meeting: Reproductive rights of women: an Egyptian reading.

Mechanisms for building partnership and setting priorities

As mentioned in the introduction, this meeting was one in a series aiming to integrate women's perspectives into research initiatives. For this to be achieved, dialogue between the different stakeholders working in the field is essential. The question of who exactly are the stakeholders active in the field of reproductive health was debated extensively. It was generally agreed that everyone active in this field should be involved. This includes those who design policy and provide services, such as ministries of health, legislative bodies, health service providers and professional syndicates, as well as researchers, women's health groups, other NGOs and community advocacy groups, and the media.

The role of NGOs

Several participants spoke of the importance of NGOs in the Region, as service providers and as partners. Many discussions, in plenary as well as in the smaller groups, revolved around different mechanisms for enabling collaboration between NGOs and governments. Some participants pointed out that it is not only the mechanism that is important, but NGOs' access to the information upon which policies will be based. The point was made by some participants that a certain amount of conflict is inevitable in any NGO-governmental relationship, since by definition NGOs

represent groups that are not included in state structures. Their role is not only to represent and work with the grassroots, but also to tackle problems that are difficult to address within the state structures.

In addition, the role that NGOs can play differs between countries in the region. As described by Dr Haifa Abou Madi, during the absence of the Palestinian Authority, NGOs had provided services for decades. In Sudan, NGOs are still active in spite of the civil war in the South. A consensus was reached that NGOs' access to policy-relevant information, and their participation in priority-setting should be based on partnership and that more NGOs should be included in meetings such as this.

Who should coordinate?

The groups debated who should initiate bringing different stakeholders or constituencies to the table in order to discuss priorities in reproductive health programmes and research. While several strategies were discussed, it was suggested that this process was probably best convened by the Ministry of Health in each country, which could act as a focal point in the setting-up of a Reproductive Health National Coordinating Committee, to which all stakeholders would be invited and in which NGOs would have an equal

role as partners. Regarding implementation, one working group suggested the formation of technical committees which would oversee research activities in collaboration with UN agencies and donors, and report to the National Committee; while another group proposed the creation of a three-tier system of intersectoral committees, covering the community, district and national levels.

Participants emphasized that there were clearly obstacles to the good functioning of such committees. The coordinating body might not have much incentive to bring all parties to the table, or it might not have enough executive power. It could face difficulties of follow-up after the initial formulation of priorities. There might also be potential funding conflicts between NGOs, ministries and the private sector, which could find themselves in competition for the same funds. The potential obstacles have to be taken into account in the setting-up of such committees.

Other challenges facing such a national committee were: how priorities would be set given the range of stakeholders' concerns; how best to reflect communities' needs; and how to learn from other successful partnerships, such as the Tunisian experience presented in the meeting. One group emphasized the need to identify, study and analyze successful experiences in reproductive health care provision, particularly cases of

successful partnerships, with the aim of model-building and using these experiences to have an impact at the policy level. It was felt that advocacy and information dissemination in local languages was a key element for the ongoing process of research and programme priority-setting, for lobbying and campaigning, and for drafting proposed changes in laws or new laws.

Principles

One of the working groups focused on the need for establishing principles when setting up mechanisms for partnership building. In the plenary session, the following principles were agreed to:

- Equal representation by all partners;
- Ensuring a participatory as well as bottom-up process;
- Transparent procedures;
- Equal access to information for all partners;
- Recognition of the intersectoral nature of health;
- Continuous monitoring of the extent to which all partners are included in the process.

The group recognized that this was not an easy process, and that strong support and encouragement were needed from donors and international agencies.

Recommendations

Overall recommendations

Country level

- Take immediate steps to building partnerships along the lines discussed at the meeting, facilitated by WHO and other agencies involved in reproductive health. In particular, where a national coordinating committee does not exist, convene a national consultation involving all stakeholders, to discuss the possibility of setting up a permanent national coordinating committee/mechanisms to fulfil the mandate outlined by the meeting.
- Undertake research in light of the research priorities identified in this meeting.

Regional level

- Disseminate the meeting report widely throughout the Region.
- WHO, other UN and international agencies and donors should facilitate the convening of a regional workshop involving all the stakeholders mentioned in this report to exchange success stories on intersectoral cooperation and partnership building in order to enhance the incorporation of gender perspectives in the design, planning, implementation and evaluation of reproductive health programmes.

- WHO and other UN and international agencies and donors should coordinate their efforts at the regional and national levels to support the conduct of reproductive health research on priority topics specified in the meeting.

Research

There was a consensus among the three working groups that the following areas should be considered priority for research in the Region:

- Prevalence and sociomedical determinants of reproductive morbidity of women and men, and their perceptions of both morbidity and health.
- Assessment of prevalence of harmful practices such as FGM and their impact on women's psychosexual and physical health; perceptions of women and men towards these practices.
- The prevalence, causes and risk factors of maternal mortality.
- Barriers related to utilization of reproductive health services at the primary health care level, including access and quality of care taking both users' and providers' perspectives into account.

- Intercountry research on the prevalence of mental health morbidities related to reproductive health at different ages.
- Knowledge and perceptions of reproductive health and rights among adolescents, particularly their rights to education, information and reproductive health care.
- Intercountry research on women's and men's perceptions of reproductive rights based on the ICPD definition.
- Intercountry research to review the extent to which ethical standards are applied in reproductive health services and research.
- Research on content analysis of reproductive health-related media messages and the way in which they convey images of gender roles and gender relations.
- Research on the prevalence, causes and psychosocial consequences of infertility for women and men.

In the final plenary session, many of those present emphasized two research topics which they felt needed special and immediate attention:

- A review of existing laws and regulations, formal and customary, as well as traditional,

harmful and other practices related to reproductive health.

- Comparative regional research on women's and men's perceptions of reproductive health and rights involving all parties.

Reproductive rights

Ways in which reproductive rights can be incorporated into reproductive health policies and practices:

- Review existing laws and regulations, formal and customary, as well as traditional, harmful and other practices related to reproductive health.
- Assess the implementation of the existing laws and regulations that promote reproductive health and rights, and identify the barriers to implementation.
- Advocate the proper implementation of existing laws and regulations and the issuance of new laws in order to promote reproductive health and reproductive rights.
- Formulate legal literacy campaigns and programmes in order to raise awareness of reproductive rights and responsibilities under the relevant laws.
- Build on past research initiatives on women's and men's perceptions of their reproductive rights.

Definitions of reproductive health

Health is defined in the Constitution of the World Health Organization (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” In the context of this positive definition, reproductive health is a condition in which the reproductive process is accomplished in a state of complete physical, mental and social well-being and is not merely the absence of disease or disorders of the reproductive process.

Reproductive health, therefore, implies that people have the *ability* to reproduce, to regulate their fertility, and to practice and enjoy sexual relationships. It further implies that reproduction is carried to a *successful* outcome through infant and child survival, growth, and healthy development. It finally implies that women can go *safely* through pregnancy and childbirth, that fertility regulation can be achieved without health hazards, and that people are safe in having sex.

Fathalla, MF.

*Reproductive health: a global overview
Annals of the New York Academy of Sciences, 1991;I:1-20*

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

*International Conference on Population and Development (ICPD),
Programme of Action, 1994, 7.2*

Women and men should be able to:

- have the capacity for healthy, equitable, and responsible relationships and sexual fulfilment, and experience healthy sexual development and maturation;
- achieve their reproductive intentions - the desired number and timing of children - safely and healthfully;
- avoid illness, disease, and disability related to sexuality and reproduction, and receive appropriate counselling, care and rehabilitation when needed;
- avoid injury related to sexuality and reproduction, and receive appropriate counselling, care and rehabilitation when needed.

*Sida and WHO. Sexual and reproductive health:
the challenge for research, 1996*

To help in the process of defining, implementing, and evaluating strategies to carry out the ICPD programme at the request of the U.S. Agency for International Development, the Committee on Population of the National Research Council organized the Panel on Reproductive Health in Developing Countries to: (1) examine the magnitude and severity of reproductive health problems in developing countries; (2) assess the likely costs and effectiveness of interventions to improve reproductive health; and (3) recommend priorities for programmes and research. The Panel began the vision of reproductive health embodied in the ICPD:

- every sex act should be free of coercion and infection,
- every pregnancy should be intended,
- every birth should be healthy.
- No population in the world has yet met these goals. Problems are particularly acute in developing countries.

U.S. National Academy of Sciences, 1997

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