

Major Trends Affecting Families El Mashrek El Araby

By

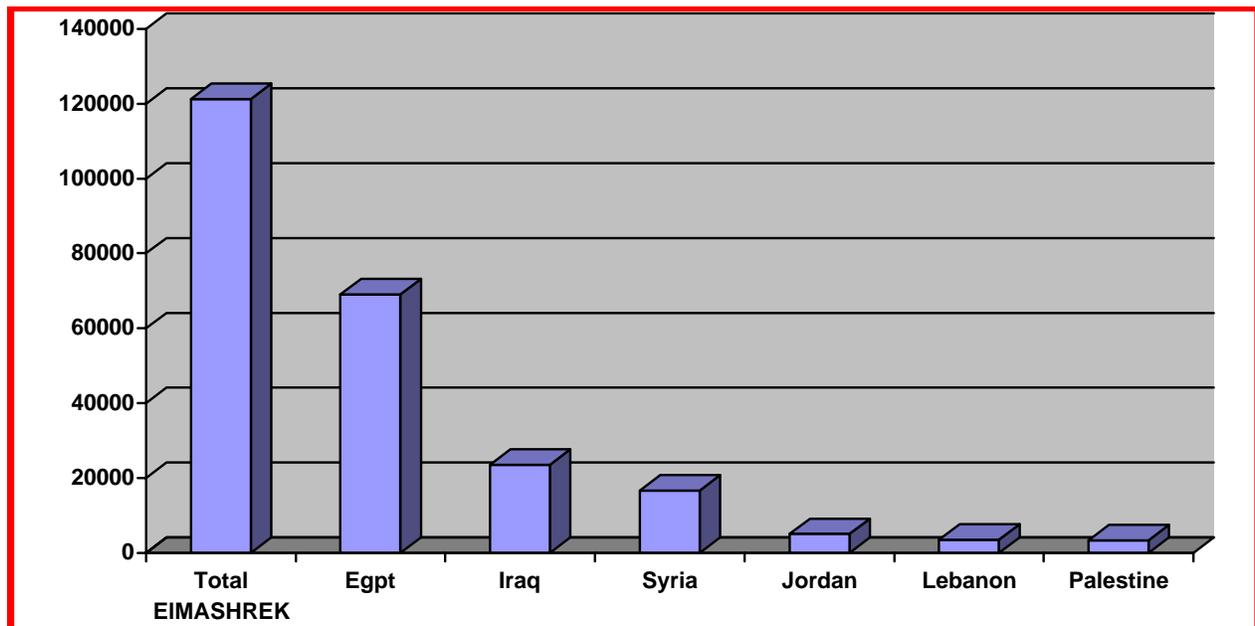
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We are indeed in a time of change. The last part of the twenty-century brought about a technological revolution that changed our lives, our thinking, our communication and our way of production. This paper presents and analyses the changes which the Arab family went through during the last fifty years. It will focus on six countries of The ESCWA region usually called "El Mashrak El Araby" which includes Egypt, Jordan, Iraq, Lebanon, Palestine and Syria. It will use quantitative trends as much as possible to demonstrate the changes, taking into consideration the variations in statistics among different sources and the incomplete figures across the six countries for certain indicators.

The six countries under study i.e. El Mashrek El Araby has a total population at present of about 121 million constituting about 44 percent of the population of The Arab region. Egypt contains the largest portion of the population in El Mashrek countries amounting to about 57 percent of the total population of the six countries under study. Iraq contains about 19 percent, Syria 13 percent and the other three countries together contain 9 percent of the total population of the six countries.

Figure 1
Total Population (2001)

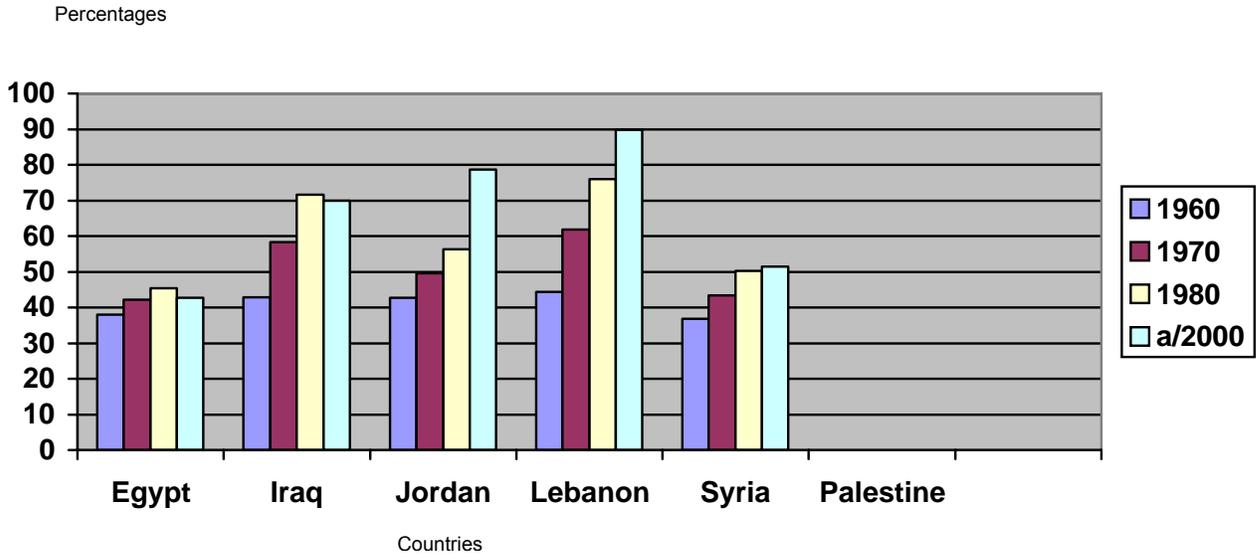
Population in thousands



Source: وضع الأطفال في العالم اليونسيف 2003

The Arab region as a whole, including El Mashrek countries, witnessed an accelerated urbanization process. This was precipitated in some countries by industrialization policies aiming at replacing imports with national goods. In other instances regional conflicts resulted in enormous waves of refugees in towns, as in the case of Palestinians in Jordan, Syria and Lebanon.

Figure II
Percentage of Urban Population 1960-2000



Source: a- Human Development Report 2002
Demographic Indicators of countries UN 1984

As Figure II shows the urban population increased by an average of about 62 percent for the total of five countries during 1960-2000. The urban population doubled for Lebanon while it increased by about 14 percent for Syria. Egypt is a special case where the trend was reversed by the year 2000. This may be due to the shrinkage of urban job opportunities on one hand and the increase in immigration to the oil rich countries during the eighties on the other hand. Urbanization is not only a spatial movement, but is also a professional and sectoral movement from the traditional family labour production pattern to the paid labour pattern. It also means separation of youth from other members of the family, which affects its integration. It means the young gain more independence from family authority.

Economic and political factors relate directly to the demographic transition and family changes in the Arab region. On the economic side the Arab region as a whole including El Mashrek countries witnessed high economic growth during the second part of the seventies followed by a decline during 1982 – 1990 and some improvement during 1990 – 1998. The fluctuations in the growth rate relate to oil market conditions, the pattern of agricultural production and the situation of tourism.

The structural adjustment policies strictly implemented in the eighties widened the gap between the poor and the rich. According to a study by ESCWA in 1990 the inequality in family income had worsened in Egypt, Jordan and Iraq. In Egypt the share of the richest 10 percent of the population increased from 27 percent in 1980 to 28 percent in 1991 for the urban population, and from 21 percent to 28 percent for the rural population. In Jordan the share of the poorest 20 percent decreased during 1986 – 1992 from 7.3 percent to 6 percent. (1) The latest data show, however, that only 2 percent of the Jordanian population and 3 percent of the Egyptian population live on daily income of less than a dollar. (2) Such a low percentage can be explained in terms of the social and economic habits that characterize the culture of the region where the poor are taken care of by the local community and religious voluntary organizations.

On the political side the countries under study gained their independence by mid century. Egypt under Nasser promoted the dream of Arab unity, which did not materialize after the defeat in the 1967 war. Syria and Iraq, the two-Baathist countries split into bitter rivalry, Lebanon went into bloody civil war and the Palestinian tragedy is still going on. The nationalist and the leftist movements that occurred during the last fifty years did not dismantle the existing patriarchal system because they were a military coup d'état rather than a popular revolution except for the Palestinian intifada, which is a real popular uprising. These economic and political factors have made their impact on the demographic transition and the value system of the six countries.

Part I Globalization

The turn of the millennium brought a global new world with certain characteristics that took shape during the fading century and became quite clear by its end. This new world came into being as a result of structural transformation in the relationships of production, in the relationships of power and in social relationships and experience. This led to change of social forms of space and time and to the emergence of a new culture. Relationships of production have transformed both socially and technically to a different form of capitalism called global economy. This is an economy whose core strategic activities have the technological, organizational, and institutional capacity to work as a unit in real time or in chosen time on a planetary scale. This is different from what we used to call internationalization, and it was possible at this point of time because it required a technological infrastructure, which came into being. Such infrastructure includes a whole system of communications, transportation and information processing capacity. Within this economic globalization most firms and jobs in the world are local and regional but almost all economies depend on the performance of their globalized core, including financial markets, international trade in goods and services, science and technology, transitional production and distribution of goods and services and speciality labor.

Globalization has its effect on the life and work of people, on their families and their societies. It has its impact on employment, working conditions, income and social protection, culture and identity, inclusion or exclusion and the cohesiveness of families and communities. Some claim that the changing nature of work opened the door for millions of women to enter the labor force and undermined the traditional understanding of family roles. Some even go further to say that the patriarchal family, which is the corner stone of the patriarchal society, is undergoing a crisis brought about by globalization. Several factors contributed to the crisis, first; the massive incorporation of women into paid work which increased women's power vis-à-vis men and undermined the legitimacy of men's domination as providers for the family, second; contraception gave women growing control over the timing and frequency of child bearing, third; the mass movement of women against their oppression throughout the world with different intensity depending on culture and country.

The question may be raised "why this crisis now?" the answer may lie in four elements. First; the transformation of the economy and of labor market in close association with the opening of educational opportunities to women. Second; because of the technological transformation in biology, pharmacology and medicine that has allowed a growing control over child bearing and over the reproduction of the human species. Thirdly ; patriachalism has been impacted by the development of the feminist movement, freed from male dominated movements (such as the labor movement or revolutionary politics). The fourth element inducing the challenge to patriarchalism is the rapid diffusion of ideas in a globalized culture. Such trends are most pronounced in the industrialized countries but there is a general change in the same direction in much of the world including the Arab region. Whether the patriarchal family is undergoing a crisis or not and whether or not globalization is behind such a crisis there is no doubt that the scale of change brought about by globalization and its effect on the family system is unprecedented. The image and characteristics of the family known and prevalent in the Mashrek countries has undoubtedly changed. The father as the provider, the mother as the housekeeper and an average size of seven or eight children is not necessarily the only model existing nowadays. Several indicators reflect the changes that have occurred in the previous model of the Arab family including delayed marriage, single-parent households, smaller number of children, and increased urbanization.

Whereas previously the majority of youth had immediately entered adulthood with early employment and marriage now their opportunities to achieve that have been very much limited. The exclusion of an increasing proportion of the population in several of the countries under study has created great frustration particularly among youth. The rise of the islamist movement, which is mostly a youth phenomenon, has been a conspicuous sign of the decline of the legitimacy of the state. In the era of globalization youthful resentment against the authorities has become all the more outspoken due to the dismantling of the welfare state and the growing discrepancies between the rich and the poor due to globalization and the implementation of the structural adjustment programs. A number of countries including Egypt, Jordan and Palestine established social funds for development to cushion the effects of

globalization on poor families. A lot of criticism is directed towards the real effectiveness of these funds.

Globalization has affected expenditure on social services in certain countries of El Mashrek. Syria reduced its expenditure on education from 4.3 percent of its GDP in 1990 to 3.1 percent between 1995-1997. Jordan has done the same where it reduced its expenditure on education from 8.9 in 1990 to 7.9 between 1990-1997. Although the total expenditure on social services was not reduced in all the countries yet expenditure per capita has declined when compared to other developing countries.

Table I
Expenditure on Health and Education
As % of GDP

Country	Expenditure on Health		Expenditure on EDU.	
	1990	1995-97	1990	a/1995-97
Egypt	1.8	1.8	3.8	4.8
Iraq	Not available			
Jordan	3.6	3.7	8.9	7.9
Lebanon	-	3	-	2.5
Palestine	Not available			
Syria	-	-	4.3	3.1

Source: 2001: العولمة و النوع الاجتماعي : كوثر 2001
a/UNDP report 2002.

The effect of globalization on the patterns of living of the Arab family is profound in terms of the differences between the rich and the poor. Almost two different cultures have come into being during the end of the last millennium. In Egypt as an example, the rich have separated themselves in new communities with luxurious facilities, high walls, green landscapes and private security, while the poor have extended their slums and increased their crowdedness in the deteriorating downtown. Rich family members are linking with the outside world through the Internet and through travel while the poor are very much localized. There are parallel systems of services in the areas of schooling, health, and recreation. Finally poor families still appreciate a large size family and use contraceptives less often than rich families.

Part II Changes in the Family Structure

The current profile of the Arab region is one of diversity and demographic change in terms of the structure and composition of the Arab family as a social unit. "The 1970s and 1980s witnessed major improvements in health status, particularly in the chances of survival, and the decade of the 1990s marked an important movement on the fertility front"⁽³⁾ Rashad argues that two central features of the current fertility transition are of particular relevance to the future of the demographics of the region: the first is the magnitude and pace of fertility decline and its linkages to age structural effects, and the second relates to the nature of this decline heightened by the fact that it is shaped by profound changes in family formation patterns. Any examination of the structure of the Arab family must begin at the central issue for the composition of the family unit; its fertility. In order to accurately understand any changes in the size and formation patterns of the Arab family, one must first closely examine all of the issues that surround the fertility equation on all levels.

An examination of Total Fertility Rates (TFR) during the early 1950s for Arab countries in comparison with other regions of the world indicated that the levels of Arab countries were closer (slightly higher) to those in Africa (except middle Africa) and to Central America. These levels of TFR were markedly higher than those in regions that had already been through their fertility descent (Europe and North

America). They are higher by nearly one birth per woman than almost all averages for the remaining regions that do not appear to have started their fertility transition (Asia, the Caribbean and south America). A closer look at TFR levels in individual countries, not regional averages, reveals that the TFR levels prevailing in Arab countries during the early fifties are similar to those in many other regions, excluding the developed world.

The small variations and the relative stability of TFR remained till the early 1960s, but by the second half of the 1960s noteworthy changes in fertility started to set in. By this time, many Arab countries had already been through or were experiencing some rises in fertility that seem to precede their fertility descent. The time for fertility reduction began, accompanied by a host of social, economic, political and health related issues.

The notion that the Arab region is resistant to demographic changes due to cultural factors has been challenged by the decline that happened in fertility, although at a somewhat delayed date. During the period 1950 – 1980 and as a result of an appreciable decline in mortality the growth rates of population in the region were among the highest in the world showing little changes. As early as the 60.s, however, fertility declined in a quarter of the Arab countries. It declined in three-quarters of them by 1980 and in all of them by 1995. (4)

Table II shows the decline in fertility rates for the El Mashrek countries during the period 1970 – 2000.

Table II
Total Fertility Rates 1955 – 2000

Country	Years			
	1955-1959	1970-1974	1990-1994	1995-2000
Egypt	6.97	5.53	3.74	3.4
Iraq	7.17	7.11	5.97	5.3
Jordan	7.38	7.79	5.33	4.7
Lebanon	6.15	4.12	3.09	2.3
Palestine	-	-	7.0	6.0
Syria	7.9	7.69	4.13	4.0

تقارير المجموعة الإحصائية لمنطقة اللجنة الاقتصادية الاجتماعية لغرب آسيا Source

3- Rashad , Hoda& Khadr, Zeinab The Demography of the Arab Region: New Challenges & Opportunities. Oxford Press, 2000 P. 37.

4-Hoda Rashed Demographic Transition in Arab Countries :A new perspective journal of population research. vol .17 no.12000 P.1

The table shows that total fertility has declined in all the six countries during the last fifty years although with variations between countries. Both Egypt and Lebanon had started their population policies at an early stage, which had a clear impact by the seventies. An appreciable decline has happened to all the countries in the 90.s even for Palestine, which has its own policy aiming not to reduce fertility. Moreover net reproduction rates have declined with variations for all the Mashrek countries reaching 1.3 for Lebanon and 1.6 for Egypt for the period 1995 – 2000.(5) The resulting change in reproductive behavior is more of a balance of forces.

The average household size has clearly declined in some countries such as in Lebanon where the average family size declined from 5.2 in 1970 to 4.9 in 1987, and in Jordan where the average size dropped from 7.2 in 1986 / 87 to 6.8 in 1992. The average household size is smaller for urban than for rural areas. In Egypt for example the average size of the urban household in the nineties was 4.9 while it was 6.5 for the rural household. This relates to a number of variables including use of contraceptives, education and the extended family, which is prevalent in rural areas.

The decline in fertility has affected the age structure in all the countries under study thus decreasing the percentage of children below 15 years of age. As an example the percentage of this group in Egypt decreased from 40 percent in 1975 to 35.4 in 2000. The percentage decreased in Lebanon from 41.2 to 31.1 for the same years. It is projected that such fall in the percentage of children will continue through 2020 representing a dramatic shift. It would lower the dependency ratio and with good policies it would allow better services for all. (6)

It is assumed that education is the most important factor affecting fertility. Educated women in particular marry later and are more frequent users of contraceptives and voluntary termination than illiterate women. Infant and child mortality, which correlates positively with fertility, is lower among educated women.

Education also empowers women, giving them access to paid employment and pensions, which can substitute for support provided by children in old age.

The level of education has improved for the whole Arab region including the countries of EL Mashrek El Araby as table III shows. The illiteracy rate has decreased for both females and males during 1980-1998. The average rate of improvement in literacy for the five countries was better for males than females. Iraq has been putting a great effort to reduce illiteracy, which is reflected in a decrease of 42 percent for females and 45 percent for males during 1980-2000 although its illiteracy rate was the highest among the five countries in 1980. Egypt has also tried hard to reduce its illiteracy rate yet it succeeded in reducing it only by 25 percent for females and 29 percent for males during the same period.

Table III
Illiteracy rates for Adults 15 years and over

Country	1980		1990		2000/a		% of change	
	F	M	F	M	F	M	F	M
Egypt	75	47	66	40	56	33	25%	29%
Iraq	78	53	67	43	45	29	42%	45%
Jordan	46	18	28	10	16	5	62%	72%
Lebanon	37	17	27	12	20	8	46%	53%
Palestine	Not available							
Syria	66	28	53	18	40	12	39%	57%
Average	60	29	48	21	34	16	43%	51%

Source : 2001 العولمة و النوع الاجتماعي
وضع الأطفال في العالم - اليونيسيف 2003/a

5- المجموعة الإحصائية لمنطقة اللجنة الاقتصادية الاجتماعية لغرب آسيا .

6-Arab Human Development Report 2002 p.38

Lebanon's illiteracy rate was low before the 80.s. and is still being lowered. Generally speaking illiteracy rates as well as the level of education of the population of all the countries under study will witness great improvements due to the increase in enrolment rates particularly in the first stage of education (table IV). There is still a gap however, between the two sexes that widens in the second and third levels. There are also a number of problems, which the system of education suffers from in most of The Arab countries, including El Mashrek. Such problems relate to the quality of education, its relevance to job opportunities and private tutoring. Notwithstanding such problems education still has a great value for the family in all Arab countries. Many poor families do their best to send their children to school even if it means giving up other basic needs.

Table IV
Enrollment Rates in the Three levels of Education

Country	First level						Secondary level						University level					
	1980			1995			1980			1995			1980			1995		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Egypt	84	61	73	107	93	100	61	39	50	80	68	74	21.4	10.6	16.1	22.1	13.7	18.1
Iraq	119	107	113	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	105	102	104	94	95	94	79	73	75	-	-	-	28.9	24.2	26.6	-	-	-
Lebanon	-	-	111	111	108	109	76	38	57	-	-	-	11.6	5.6	8.7	-	-	-
Palestine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syria	111	88	100	106	95	101	57	35	46	47	40	44	23.4	10.1	16.9	21.4	14.3	17.9

Source: 2002 تقرير التنمية الإنسانية العربية

As mentioned before education is one determinant of fertility, but it has to be accompanied by other factors to produce an effect. Total fertility rate in Palestine for example stood at 6 children in 1997, which is quite high for a country with near zero illiteracy rate. In Syria total fertility rate remained very high between 1960 and 1985 despite the improvements in its education situation where it reduced illiteracy among childbearing women by more than 50 percent. In Egypt education specific fertility differentials do not always fit the standard pattern. In Lebanon, however, high literacy and education attainments are dominant factors in fertility decline and in Jordan the relationship is clear between the number of children and the women's level of education. The average number of births for a non-educated Jordanian mother is much higher than that of a mother who attended high school or received an education beyond high school.

Employment of women is another factor associated with education and with the demographic transition in the Arab countries. Although women's participation rate in the labor force is low in the Arab region including EL Mashrek compared to other regions. Their participation rate in El Mashrek during 1970 to 2000 has been increasing faster than men's participation rate. The average rate of participation for the six countries together has increased during that period by about 5 percent for females and by only 2.4 percent for males. It is interesting to note that the participation rate for those in the age group 25-44 has increased from 19.1 percent in 1970 to 28.4 percent in 2000 i.e. an increase of 9.3 percent. (7) This shows that women are becoming less prone to drop work after having children. This is not only because of the need to supplement the husbands' income but it is also due to the availability of contraceptives and the ability to space the childbearing process. Unemployment, however, is still a major problem for the Mashrek families. The unemployment rate reaches 8.5 percent for Jordan, 8.9 percent for Syria and 8.7 percent for Egypt. The rate gets higher for youth where for example the share of unemployed youth in Egypt in total unemployment reached 61.5 percent for 1998. It reached 73.2 for Syria for the same year. (8)

7-العولمة و النوع الاجتماعي: المشاركة الاقتصادية للمرأة العربية 2001 UNDP/CAWTAR صفحة 239-249.
8-Arab Human Development Report 2002 pp. 158-159

A large percentage of unemployed youth are university graduates who are no longer automatically employed by the government due to the structural adjustment policies implemented since the seventies. This is causing great restlessness among youth creating what is called a 'crisis of belonging'. It has been computed that the Egyptian economy must grow by 7 to 8 percent a year to be able to absorb the 500000 young people who will enter the labour market each year for the next 10 to 15 years. (9)

Table V
Singulate mean Age at first marriage

Country	Mean Age			
	1960.s		1990.s	
	Female	Male	Female	Male
Egypt	20.37	26.25	22	27.75
Iraq	20.72	25.67	22.3	26.3
Jordan	20.06	24.87	24.7	27.8
Lebanon	24.89	29.86	Not available	
Palestine	Not available			
Syria	19.96	25.55	21.5	25.7

Source: Arab Women in ESCWA member States

Youth unemployment has among other things contributed to the delay of the age of marriage in El Mashrek countries, which in turn affects fertility rates. The singulate mean age at first marriage has increased during the last fifty years for both females and males in all the countries under study, and it was more for females than for males. The increase in the mean age was the highest in Jordan where it reached 4.6 years for females and about 3 years for males. (10) The proportion of women who never marry has increased in a number of countries. In Syria, for example, the

percentage of those between 30-39 years old who had never married increased from 4.7 percent in 1970 to 13.3 in 1993. It increased in Iraq from 6.5 to 8.0 percent between 1977 and 1987. (11)

On the whole the proportion of women who never marry has increased significantly in El Mashrek countries since the sixties. When divorced and widowed women are included, the proportion of those who are not currently married increases significantly. It is accepted now more than before that single women can live alone. In Egypt the percentage of women living alone in the age bracket 65 years and older amount to 51.3 percent.

Alongside the increase in the age of marriage, the unregistered marriages "Orfy" among university students and younger people is becoming a phenomenon in Egypt and may be in other Mashrek countries. This type of marriage is usually done without the knowledge of the couple's families and does not need establishment of a new home or traditional marriage requirements. The unregistered marriage contract does not give the women the same rights recognized by the registered contract and some religious leaders have questioned whether it is in conformity with Islamic teachings. It is difficult to estimate how prevalent these unregistered marriages are in Egypt or elsewhere in El Mashrak El Araby. Those who are practicing this pattern of marriage know, however, the instability of the relationship hence they rarely plan to have children. Accordingly one can argue that such marriages are not really going to affect the fertility rates.

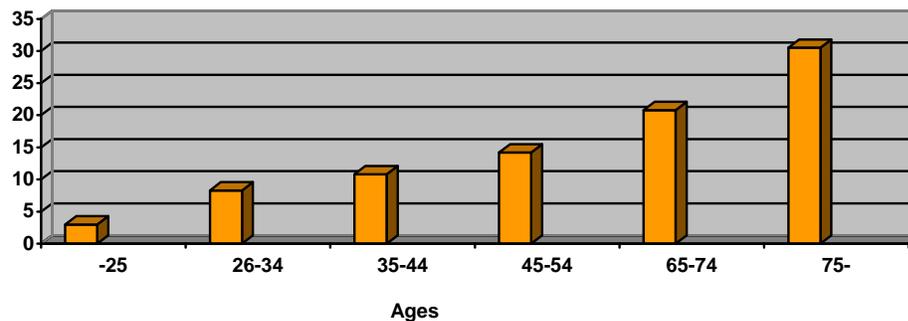
9-Roel Majier " Alienation or Integration of Arab Youth " Curzon Press 2000 p.3.

10-The world's women p.20.

11-Hoda Rashed OpCit p.93.

Figure III
Women Living Alone in Egypt

Percentages



Source: UN Demographic yearbook 1999

Divorce rates in El Mashrek countries fluctuated between 1960 and 1995. The rates decreased between 1960 and 1980 for Egypt and Jordan but they increased for Jordan in the nineties they increased during 1960-1995 for Iraq, Lebanon and Palestine. One has to note that the low figures are not indicative of satisfactory marriages since divorce procedures are extremely difficult for woman to initiate. Moreover Arab culture still considers divorce a negative phenomenon, which usually is the women's fault. Jordan and Egypt have recently amended their divorce laws giving the women the right to El Khola. Such an amendment allows women to ask for divorce without having to give any of the reasons that were required before. In Jordan, a short time after the implementation of El Khola an increasing number of women filed for divorce. It is reported that divorce rates increased by 10 percent during 2000 - 2002. This is inspite of El Khola procedures which require women asking for divorce to pay back their dowry and give up all the financial rights which regular divorce law gives them. In Egypt the courts received five thousand cases during the last three years most of them to dissolve new marriages. (12)

The phenomenon of female-headed households is on the increase in all the Arab countries. Such households include divorced women, widows, those separated from migrant husbands, women whose husbands abandoned them or disappeared, women whose husbands are imprisoned, women whose husbands are unemployed or unemployable and unmarried females who are the sole/main financial supporters of dependent/unemployed household members. In Egypt around one fifth of households were estimated to be female-headed by the mid 1990s. The incidence is more prevalent in urban areas than rural areas. Female headship is reflected in lower income than male headship, lower quality of housing, fewer consumer durables and reduced risk-taking (13). A study by the Ministry of Planning, however, states that only 10.4 percent of Egyptian families were headed by females in 1999/2000. The study also states that female-headed households have lower poverty incidence than male-headed households. One can argue that the data on female households can be inaccurate. The women would not admit, for example that she is the family head if there is a husband living with her although he is not the provider. (14)

12- قضايا ساكنة عربيات - القاهرة - سبتمبر 2002/20.

13-Female-headed household in selected conflict-stricken ESCWA Areas: An exploratory survey for formulating Poverty Alleviation Policies ESCWA publication 2001 p.18.

14-Arab Republic Egypt: Poverty Reduction in Egypt. Diagnosis and Strategy ". Document of the World Bank, Report no.24234-EGYPT P.29.

In Lebanon the percentage of female headed households increased from 11.3 percent in 1970 to 12.5 in 1997. Of those 80 percent were widowed, 6 percent divorced, 12.5 unmarried and 1.5 married. The percentage of female headed households is the highest in Beirut reaching 20 percent. In Palestine the percentage increased in both the West Bank and Gaza between 1995 and 1997 from 8.3 to 9.5 and from 6.4 to 8 percent respectively. By the mid 1990s 85 percent of widowed household heads and 69 percent of divorced or separated household heads were females (15).

Although generally speaking female-headed households may not be poorer than households headed by males yet they are subject to special burdens where they combine the roles of the provider for the family and the housekeeper.

Part II The Rise of Migration

International migration has become a structural phenomenon in El Mashrek El Araby where except for Iraq they are labour-exporting countries. Migrants from these countries come from different strata where the migration process affects their families, their social relations and their countries' economic policies. As labour exporting countries they benefit through migration to reduce their unemployment rates and to release the pressure on their labour markets, beside exchanging experiences between them and the importing countries. Migrant's families also benefit from an increase in their income, but migration reflects sometimes negatively on the children and the family cohesion when the migrant leaves alone.

The increase in migration from El Mashrek in the seventies was associated with the rise in oil prices and the need of the Gulf countries for outside labour to build their infrastructure. As an example, Egyptians migrants to the Gulf countries increased ten fold from 1975 to 1984. Jordanian migrants increased four times during the same period. Only small numbers of Egyptians, primarily professionals had left the country in search of employment before 1974. By 1995 about 500 000 Egyptians, mostly single, unskilled men were working on construction sites in Libya, Saudi Arabia, Kuwait and the United Arab Emirates. Another 50 000 were employed elsewhere in the Middle East.(16)

In Jordan migration went through several stages since the fifties. Unemployment, which increased between 1950 and 1975, led the government to

open its door for outside migration particularly to Europe, Australia and the U.S.A. The next stage between 1976-1982 was characterized by migration to the Gulf countries in great numbers to the extent that the country experienced shortages in certain occupations. Jordan had to import foreign labour to fill such shortages thus becoming an import/export country in the same time. Jordan's migration policies include bilateral agreements with some countries. Migration is an old phenomenon for Lebanon, with emigrants going to U.S.A, Canada, Australia and West Africa. Arab African countries and Latin America were the receiving countries after the First World War. Migration then shifted afterwards to the Gulf countries particularly to Saudi Arabia and Kuwait. The sixties witnessed more migration to U.S.A. The civil war and the needs of the Gulf countries for foreign labour increased Lebanese migration to the Gulf during the eighties. About eleven million Lebanese live outside Lebanon in different parts of the world. The government allows double nationality for Lebanese but does not have an official policy to regulate migration to foreign countries. Egypt did not also have a migration policy until lately. Migrants now need permission from the ministry of Insurance, and at one time Egypt had a Ministry of Migration, which developed a set of policies.

15-Female-headed household in selected conflict. ESCWA Areas.

16-خالد الوحيش " الهجرة والأسرة : حالة البلدان العربية المرسله للعمالة ESCWA/4 E/PGP/1998/W/G. ص 3.

Syria does not put any restrictions on outside migration inspite of the fact that most migrants are above the average education level of the Syrian population. Iraq was a labour importing country until its second war, and used to give free entrance without a visa to all Arabs, but it is not any more an attractive place for foreign labour. The emergence of foreign job opportunities has alleviated the pressure on domestic employment in Egypt. The migrants send a significant portion of their earnings to their families at home. As early as 1979 these remittances amounted to US \$ 2 billion which was equivalent to the combined earnings from cotton exports, Suez Canal transit fees and tourism. In 1984/85 the remittances of Egyptian workers abroad constituted 12.1 percent of its GDP. The remittances of Jordanian workers constituted 31.7 percent of Jordan's GDP for the same year and remittances of Lebanese workers constituted 52 percent of GDP in 1988 (17).

Political and economic developments in the Arab oil rich countries caused a retrenchment in employment opportunities, which caused workers from El Mashrek countries to lose their jobs. Up to one million Egyptian workers returned home. In Lebanon the unemployment rate increased in 1990/1991 to about 20 percent. Jordanian workers who had to return suddenly lost their properties and many of them who were the second or the third generation were not treated as refugees by international organizations. It was difficult for them to settle down again in their countries or to find housing. Migrant children faced educational problems upon their return due to differences in the education systems between where they were and at home.

17-- سياسات الهجرة والسكان في المنطقة العربية. مرجع سابق ص 58 .

A study carried by the league of Arab states in the nineties on the effect of migration included Egypt, Jordan and Tunis. The study focused on the families whose man migrated alone to other Arab countries. The study indicated that Egyptian migrants come from rural areas more than the Jordanians or the Tunisians. Jordanian migrants were found to be of a higher level of education than the others. In the three countries the family has contributed financially to cover the cost of travel and helped in getting the job abroad and in settling the migrant upon arrival in the receiving country. The

study found that members of the migrant family usually assist the wife left behind to carry on different responsibilities, particularly if there are no grown up male children in the family. An informal system is created in the rural areas where responsibilities are distributed among the extended family to enable the wife to perform added burdens resulting from her husband's migration. Wives, however, assume certain new responsibilities such as receiving money sent by husbands and taking financial decisions, which they did not take before. In certain cases the wife became more independent and separated herself and her children in a private home instead of living with the husbands' family. The extended family's intervention in her new nuclear family was limited and the wife's authority over her children increased. In some cases, however, the migrant's family managed to put controls over the wife, which added extra burdens on her.

Different groups of migrants have different types of problems. Migrants who accompany their families to the receiving country are faced with problems of settling down, getting their children in the relevant education and establishing new social relations. Those who migrate to non-Arab countries and acquire a new nationality put great effort to blend in the new culture. Migrants usually find Arab communities that have been established by earlier settlers where they can usually find support and solidarity.

Part IV Demographic Ageing

By the middle of the twenty-first century, the old and the young are expected to represent equal 21 percent shares of the world population. Globally the proportion of persons aged 60 years and over is expected to double between 2000 and 2050, with the majority of older people living in developing countries.

The Arab region including El Mashrek countries has been known to have a young population structure. It has recently, however been undergoing visible demographic changes which give rise to new social demands. Several factors among which are the improvement in the health services, the increase in life expectancy at birth and reduced fertility have resulted in an increase in the number and the percentage of the aged population. The issue of ageing population is important because it affects the dependency ratio, retirement policies, social security schemes, health expenditure, housing facilities and other social welfare programmes.

Fertility rates have been decreasing in all El Mashrek countries. This is one factor affecting population structure. Life expectancy at birth is another factor and it has been extending in all the countries, although it varied between countries and between the two sexes. The increase in life expectancy for the total population was the highest in Palestine .The difference was 11.4 years between 1980-1985 and 1995 – 2000. It increased by 4.8 years only between the same periods for Lebanon. It increased by 8.7 years for the Jordanians, by about 6 years for both Egypt and Syria and by 5.6 years for Iraq. Lebanon had the highest life expectancy between 1980 – 1985 but had the lowest extension in years between 1995 – 2000 which could be due to the effect of the civil war that lasted for about two decades. The effect of the Intifada in Palestine may not have shown yet in 1995 – 2000 statistics.

Table VII
Life Expectancy at Birth

Country	LIFE Expectancy in years					
	1980 – 1985			a/1995 – 2000		
	Male	Female	Total	Male	Female	Total
Egypt	55.3	57.8	56.6	62.6	65.3	64
Iraq	61.5	63.3	62.4	66.5	69.5	68
Jordan	59.96	64.19	60.14	66.3	72.3	68.89
Lebanon	63.1	67.	65	68.1	71.7	69.8
Palestine	59.0	63	60.9	70.8	74.0	72.3
Syria	60.8	64.4	62.5	66.7	71.1	68.8

Source: ESCWA
a/ UNFPA

Life expectancy for females is usually higher than for males. During the past decades, the gap between the two sexes increased in Jordan and Iraq, decreased in Lebanon and Palestine and remained almost the same in Egypt and Syria. The low maternal mortality rate in Jordan, which is only 41, may have been one factor in extending the life expectancy for females by about 8 years during that period. Infant Mortality Rates (IMR) and child mortality under five years of age have declined tremendously during that period for all Arab countries including El Masharek due to the campaign which UNICEF and WHO carried throughout the world. Jordan and Egypt succeeded to reduce their IMR from 77 per 1000 in 1970 to 28 in the year 2000 and from 157 to 37 respectively. Egypt's maternal mortality rate still reaches 170, which affects its life expectancy at birth. (18)

The number of older persons has increased in a number of El Mashrek countries. It has increased in Egypt from 1.01 million in 1947 to 3.4 million in 1996 which amounts to 209 percent during the last fifty years. The percentage of older persons to the total population fluctuated during that period with an average of 6 percent. (19) The number of older persons in Lebanon amounts to 243423 representing 6.71 percent of its total population as officially estimated in mid 2001, and about 28 percent of the aged are living below the poverty line. (20) People over 60 years of age numbered 811000 in Syria in mid 2000, accounting for 5 percent of the total population. It is expected that their ratio will increase almost regularly by 9 percent every five years to reach 9.7 percent of the total population by the year 2025. (21) In Palestine the number of the aged increased from 617000 in 1975 to 1565000 in the year 2000. Their percentage to the total population stood at 4.9 percent without change during that period. The aged population in Iraq amounted to 1139000 in the year 2000 representing about five percent of the total population. In Jordan the number of the aged population reaches 245000 representing five percent of the total population. (22) As such, all El Mashrek countries have on average an ageing population of about five- percent of the total population.

18 – UNDP human development report 2002.

19 – Cairo demographic center.

20 – Lebanon statement of the second world assemble on ageing. April 2002.

21 – Syria statement of the second world assemble on ageing. April 2002.

22 – world population ageing 1950 – 2050. Population Division U.N.

Table VIII
The Growth Rate of the Ageing Population

Country	Growth Rate								
	1950 -55			1975 – 80			2000 - 2005		
	60-	65-	80+	60-	65-	80+	60-	65-	80+
Egypt	2.7	2.9	3.3	1.4	1.3	3.7	2.2	2.5	3.7
Iraq	1.7	1.4	0.4	4.2	4.7	9.7	4.3	4.6	7.3
Jordan	5.1	4.9	3.8	3.9	4.7	8.2	4.4	5.0	4.4
Lebanon	0.4	0.5	0.7	1.2	0.8	0.5	1.4	2.0	5.5
Palestine	-1.0	-1.2	-2.3	3.6	4.6	6.7	2.0	1.0	2.1
Syria	1.1	1.0	0.1	1.7	0.1	7.7	2.4	3.1	3.6

Source: world population Ageing 1950 – 2050

As table VIII shows except for Lebanon and Egypt the 80 or over age group in EI Mashrek countries grew fast between 1975-80. UN estimates of the growth rate between 2000 – 2005 are slower for all the countries except Lebanon and Egypt.

The sex ratios of the ageing population in EI Mashrek have witnessed some changes in some countries and for certain age groups. In Egypt the ratio increased for those 60 - 64 and 65 - 80 years old by 4 percent during 1950 – 1975 but dropped back to the previous ratio for both groups by the year 2000. The ratio for the group 80 years old or more remained almost the same for the whole period 1950 – 2000. The sex ratio for these 80 years or over in Iraq remained the same during the period 1950 – 2000. The ratio dropped for these aged 60 – 64 years and 65 – 80 during the period.

As for the other countries of EI Mashrek the sex ratio dropped for the total aged population during the period. (23) Because female life expectancy is greater than male, women comprise a significant majority of the older population, and since female mortality rates are lower than male's rate at older ages the population of women in the older population grows with advancing age.

Illiteracy is high among aged population especially women and it increases with the increase in age. In Syria for example illiteracy rate for those 60 – 64 was 75.2 in 1980 declining to 59.6 in the year 2000. The rate is higher for those 70 + where it was 82.9 in 1980 declining to 70.3 in the year 2000. In Egypt the rate for those 60 – 64 is still very high reaching 70.1 in the year 2000. It is even higher for females reaching 83.9 and only 54.4 for the males for the same year. Lebanon which has a low illiteracy rate for its total population has a rate of 34.9 for these 60 – 64 in 2000 dropping from 49.8 in 1980. (24)

Table IX
Illiteracy Rates Among The Aged 60 – 64

Country	Ratio					
	1980			2000		
	Female	Male	Total	Female	Male	Total
Egypt	92.1	65.2	79.4	83.9	54.4	70.1
Iraq	96.9	80.8	89.1	89.0	61.4	75.4
Jordan	89.6	52.2	70.4	74.3	25.0	49.7
Lebanon	65.1	33.8	49.8	46.4	21.5	34.9
Syria	92.6	58.7	75.2	80.8	35.8	59.6

Source: World Population Ageing

23 – Ibid

24– Ibid

Illiteracy rates will however get lower in all EI Mashrek countries for both sexes due to the efforts being made in this area. This is a favorable development and will

reflect on the well being of the older population in the future, since education correlates positively with better health and economic status.

Income in old age and the participation of older persons in the labor force is an important issue. Percentage of the aged persons enrolling in the labor force has been decreasing for all EI Mashrek countries. This is understandable in view of the rising rates of unemployment in the region.

Table X
Labor force participation 65 and over

Country	Participation Rate			
	1950	1970	1990	2000
Egypt	41.9	28.6	17.8	15.5
Iraq	42.0	30.9	21.7	19.5
Jordan	31.5	25.8	18.0	16.2
Lebanon	30.6	21.1	16.7	15.3
Syria	28.1	25.2	20.9	18.9

Source: World Population Ageing

As the table shows the labour participation rate of older persons has nearly halved in almost all EI Mashrek countries. Female participation rates are lower than rates for males in all the countries. In Iraq for example the rates in 1970 was 6.1 for females and 5.9 for males. The rates dropped for both in the year 2000 to 3.5 for females and 3.8 for males. In Syria the rate dropped from 8.3 in 1970 to 6.8 in 2000 for females and from 42.2 to 32.7 for males for the same period. (25) The low participation rate particularly for females is not necessarily an indication of higher levels of social security coverage. It can be due to other factors such as shortages of employment opportunities and lack of skills and knowledge among women required by the labor market. A large proportion of the economically active population of older persons is engaged in agriculture. In Egypt 60 percent older persons are within this sector.

A study carried out in 1991 in Cairo indicated that about 73 percent of older persons live with family members of direct descent and that almost 90 percent of them are being cared for by their children either in co-residence or through proximity of residence. Childless older persons are more likely to live in single or conjugal households (26).

The ongoing changes are altering these traditional living arrangements which call for relevant policies and efficient plans. Beside the social security schemes EI Mashrek countries provide a variety of services to older persons. Lebanon has established a Permanent National Commission on the elderly (PNCE) whose main task is advisory, acting as an implementing arm to the Ministry of Social Affairs. The PNCE started by conducting a needs assessment study on the status of older persons in Lebanon. The study created a database and will help the Ministry of Social Affairs to upgrade its service delivery system for older persons. The PNCE has also outlined a media plan to sensitize the public and advocate keeping older persons in their families. In Egypt clubs for the aged have been established to provide recreational activities. The number of these clubs has been increasing during the last twenty years, Syria has lately drawn a national plan of social and health care for the aged aiming at promoting their health, improving their social conditions, lifting their economic status, promoting awareness around their needs, ensuring their welfare, providing psychiatric care and carrying research and studies. Syria is also increasing the number of houses for older persons and trying to bring retirement pensions in line with the rising cost of living. (27)

The impact of the ageing process on the younger generation needs to be studied and addressed. Middle aged women can be overloaded by caring for the children on one-hand and older family members on the other hand.

25.Ibid

26 – Hoda Rashad and Z. Khader “ new challenges in the demography of the Arab region” social research center. AUC

27 - Country Statements of the second world assembly on ageing. 2002

Part V HIV / AIDS Pandemic

In the early eighties a new pattern of devastating, highly unusual infections in otherwise healthy young adults became known. This pattern or syndrome became known as the acquired immunodeficiency syndrome (AIDS). By mid eighties a new virus now known as human immunodeficiency virus (HIV) was recognized as the cause of AIDS (28). Persons with HIV are infected and infective for life where they can transmit the virus to others. Unfortunately no cure for HIV/AIDS has been discovered until now and prevention is the only method of control. UNICEF argues that women are more vulnerable than men for biological and social reasons. They will remain at a disadvantage unless they have more power to say no to sex, to choose their own partners and to influence sexual behavior (29). Studies have shown that there are three ways of HIV transmission. Firstly through sexual intercourse whether heterosexual or homosexual, secondly through infected blood and thirdly through an HIV-infected woman to her fetus or infant before, during, or shortly after birth (30).

Information about HIV/AIDS in the Arab region including El Mashrek countries is rare. One is not actually sure whether such rare information is because the problem is not prevalent enough to acquire attention and concern or because of denial of the prevalence of the problem because of its relation to sex and the argument that religious teaching protects people from practices contributing to the prevalence of the problem.

Table XI
Estimated Number of Adults and Children Living
With HIV/AIDS .end of 2001

Country	Estimated Number				
	Adults And Children	Adults 15- 49		Women 15-49	Children 0-15
		No.	rate		
Egypt	8000	8000	<0.1	780	-
Iraq	<1000	<1000	<0.1	150	-
Jordan	<1000	<1000	<0.1	150	-
a/Lebanon	-	2500	-	-	-
a/Palestine	-	<1000	-	-	-
a/-Syria	-	600	-	-	-

Source: Epidemiological Fact Sheets 2002.
a-News letter of NEMRO .WHO Nov. 2002

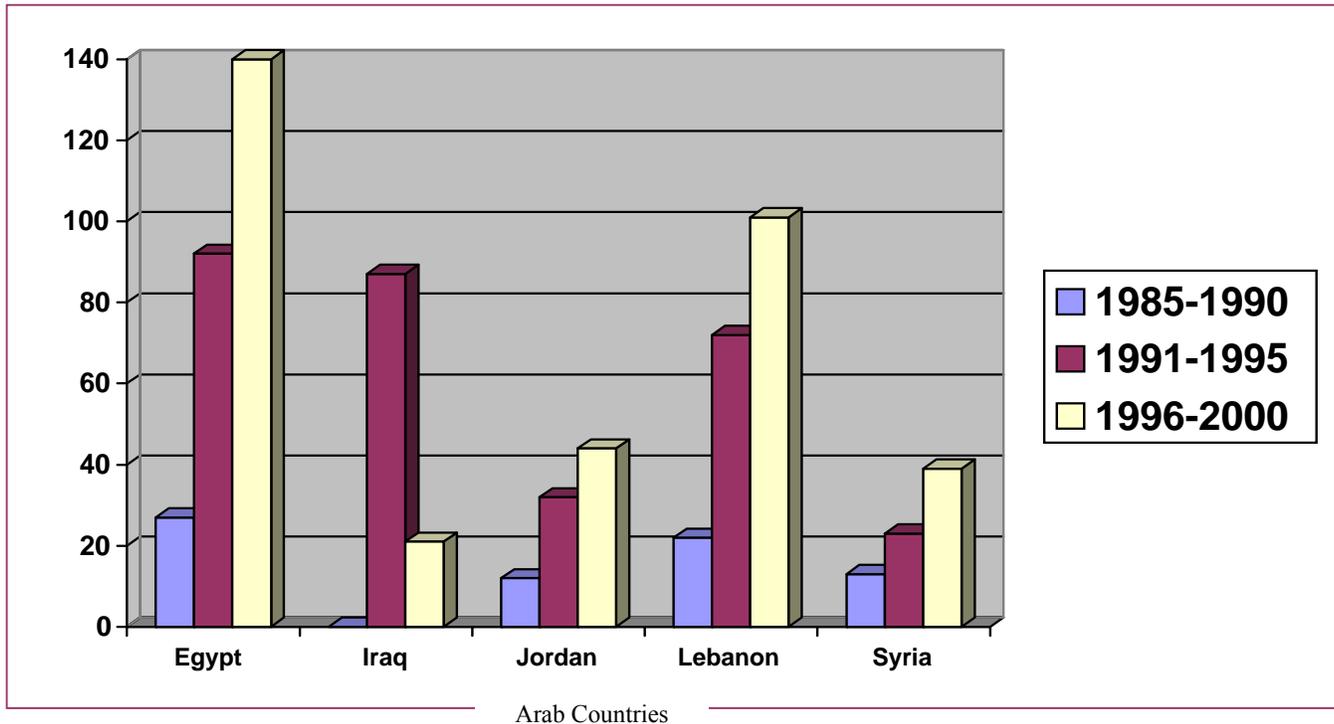
28-AIDS and HIV Infection. Information for United Nations Employees and their Families .WHO. Geneve, 1991p.1.
29-The State of the world's children, Unicef 1995 p.22.
30-AIDS and HIV infection. Opcit p.5.

Estimates on the number of children living with HIV/AIDS at the end of 2001 are almost non existent. Estimates are also lacking on women 15- 49 for Lebanon, Palestine and Syria. Egypt has the highest estimated number for adults followed by Lebanon where both estimates are higher than one thousand .The estimated numbers for El Mashrek appear relatively modest when compared to other countries and other regions but this can partly be due to under-reporting because of the stigma associated with the disease and the inadequacy of the surveillance systems of the countries (31).

Although case reporting systems in El Mashrek countries have their weaknesses yet case reporting is an important tool in estimating the burden of HIV-related morbidity and for short term planning of health care services. Reporting also gives information on the characteristics of the affected population, on the importance of the exposure risks, and on infection patterns.

Figure V
Reported AIDS Cases
1985-2000

No. of Cases



Source: Epidemiological Fact Sheets 2002.

As the figure shows the number of reported cases has increased for all the countries during the last fifteen years which could be due to the awareness of the population about the symptoms of the disease. Iraq reported a smaller number of cases during 1995-2000 than the previous period, which can be due to the weakness of its total health system.

The percentage of females within the reported cases is very low. The percentage is about 11 percent in Egypt about 12 percent in Jordan, about 16 percent in Lebanon and about 22 percent in Syria. The low case reporting may be a reflection of the real situation or because it is more stigmatizing for women to have AIDS.

A majority of the reported cases in all the countries are people between 30- 40 years of age. About 40 percent of the reported cases in Egypt, about 33 percent in Jordan, 63 percent in Lebanon and about 40 percent in Syria are within that age. The two sexes are similar in this respect (32)

31-EM/RC 49/INF.Doc.1 p.2
32- Epidemiological Fact Sheets 2002.

In all the studied countries heterosexual contact is the predominant mode of the transmission of AIDS followed by blood and blood products. Heterosexual contacts were responsible for about 42 percent of the reported cases in Egypt, 38 percent in Jordan, about 58 percent in Lebanon and about 64 percent in Syria. Blood and blood products were responsible for between 11 percent of the cases in Lebanon and 37 percent in Jordan. (33)

The high percentage of cases infected through heterosexual contacts explains the prevalence of the disease among the age bracket 30 – 40 years of age where the majority of the population within this age bracket are sexually active. Egypt has an exceptionally high percentage of reported cases being infected through homosexual contacts between men. About 21 percent of the cases are infected through this mode of transmission. Syria and Lebanon have lower percentages amounting to about 9 and

about 7 percent respectively. Egypt and Lebanon have a flourishing sector of tourism, which is known to contribute to the phenomenon. Poverty, lack of sex education and shortages in modes of prevention accentuate the problem. As an example condoms are only available at pharmacies and not in many more accessible places.

The UNAIDS / WHO working group on Global HIV / AID and STI Surveillance has developed a set of indicators on knowledge and misconceptions to be used by prevention programmes to increase knowledge about sexual transmission and to correct misconceptions that hinders behavior change. Except Lebanon none of the other countries provided information relevant to the indicators of knowledge and behavior. Lebanon reported that in 2002 about 74 percent of those 16 – 36 years old of all men surveyed who have had sex with a male partner in Greater Beirut had anal sex with more than one male partner in the last 6 months. Within the age group 17- 54 years old 17.2 percent of injecting drug users active in the last month reported sharing injecting equipment the last time they injected drugs. (34)

There are a number of factors that is conducive to the spread of HIV in the Mashrek including urbanization, changing life styles particularly among the young, mobility, migration, social-economic disparity and limited access to health and social services. These factors increase the high-risk practices such as drug use and risky sexual behavior. Drug use is on the increase particularly injecting and sharing needles, which intensifies the vulnerability of the addicts. The WHO of the Eastern Mediterranean region (EMRO) believes that there is an increasing awareness among health officials of the need to better understand the determinants of the HIV epidemic and to adapt prevention and care responses accordingly. EMRO has a regional programme for AIDS, which reviews with the countries the situation and forges strong strategies to face the changing patterns of the epidemic. El Mahsrek Countries have identified priority areas including second- generation surveillance, targeting vulnerable groups, counselling and support to those living with HIV and control and national strategic planning.

An evaluation of selected reproductive infections in Greater Cairo between 1999 – 2000 was carried out by the National AIDS programme in Egypt. The study indicated high prevalence of curable sexually transmitted diseases STDs reaching about 36.5 percent and 23.8 percent in a small group of prostitutes and men who have sex with men respectively. It also indicated that about 8 percent of women attending family planning clinics, about 5 percent of drug users and 4 percent of women attending antenatal clinics had at least one STD. The study shows a need for a strong national prevention programme, a control strategy and doubling of efforts to address vulnerable and high – risk groups. (35)

Egypt has been undertaking a comprehensive assessment of the HIV / AIDS situation and response to it. Along with Lebanon they have developed their national plans for HIV care and for negotiating obtaining antiretroviral drugs at affordable prices from the pharmaceutical industry. Besides, Lebanon is implementing a number of preventive interventions including peer education among sex workers, homosexuals and injecting drug users. Jordan began using peer education with out of school young people, and Syria is targetting youth in slum areas through community – based HIV/AIDS education and communication activities.

33-Ibid

34- Ibid.

35-. EM/RC 49/INF.Doc.1 p.2

El Mashrek countries participate in the annual world AIDS Day campaign every year. The 2001 in particular stressed the value of the family and the commitment of individuals especially men to participate in the fight against HIV/AIDS through their role in the family and the community. It is expected, however that the number of deaths due to AIDS in El Mashrek will continue rising in the future due to limited appropriate care and antiretroviral drugs. Activities on the country level still have several areas of weaknesses. Action aiming at behavioral changes is not adequate beside the high cost of treatment. Such weaknesses need to be addressed along with establishing sustained school – based HIV education, effective STDs prevention and care, HIV voluntary counseling and testing and relevant interventions targeted at groups at risk.

Summary and Conclusions

The changes that have taken place during recent decades that have created what is called globalization have affected all aspects of family life for the whole world

including El Mashrek El Araby. One can argue that globally and within El Mashrek countries the family is undergoing a change where the traditional model of a two parents and a large number of children tied together in a patriarchal form is being challenged. The challenge was brought about by the increasing number of women in the labor force, by the advancement in the pharmaceutical technology facilitating the control of reproductive behavior, by the rise of the feminist movement and the facility to link and communicate electronically between women groups within the Arab region and across regions. This has been reflected in statistics on fertility, marriage, divorce, migration and new patterns of disease.

Total fertility rates declined for all El Mashrek El Araby during the last fifty years with variations among the countries. This was produced by several factors including delay in marriage age, education, contraceptives use, women's employment and reduced infant and child mortality. The change in the age structure of the countries is reflected in an increase of the percentage of ageing population and a decrease in children below 15 years of age. Migration from El Mashrek countries to other Arab countries, to U.S.A and to Europe has been increasing until the nineties but the decrease of job opportunities in the gulf and attitudes in the west have affected the volume of such migration.

The HIV/AIDS pandemic is not as prevalent as in other countries or in other regions but the number of reported cases is on the increase with variations among countries and on basis of sex and age.

A number of international meetings have been convened during the nineties focusing on certain issues and on certain groups of the population. The summit meeting for children, the fourth international conference on women and the international conference on population and development have committed countries to review their policies and implement programmes of action that relate directly to members and conditions of the family.

The conferences emphasized the fact that family is the basic unit of society and the vortex of concerns for sustainable development. The conferences indicated that human rights are relevant to the family at several levels, and called for family support systems and policies such as flexible working hours, part time employment, work sharing, subsidized child care, parental leave, social security, disability benefits dependants assistance and family welfare. The themes of the conferences included children's rights and development, women empowerment, reproductive health and eradication of poverty. Non-governmental organizations participated in large numbers in all these international conferences and have been assigned a recognized role in implementing the recommendations that were agreed upon.

Various actions were taken by the Mashrek countries to implement the recommendations of the conferences since the nineties. These actions included new policies and legislation, improvements in data and information and introducing new types of services and programmes. As an example Palestine issued a new law to bring equality between the sexes in employment, equal pay and other aspects. Egypt established two national councils for children and women with the responsibilities of formulating policies and national plans, monitoring programmes, reviewing and issuing new legislations, training professionals and conducting research and studies. All the Mashrek countries have developed a programme of action to implement the recommendations of the summit for children and have been assisted by UNICEF in such implementation.

All the countries have by now their national polices on population, which is being monitored regularly with the assistance of UNFPA.

There are still gaps to be covered to improve the situation of the families in El Mashrek countries for which this paper points the following recommendations:

1. The problem of poverty and the widening gap between the poor and rich families has to be addressed through various macro – economic and social policies. Public assistance schemes need to be strengthened to meet adequately the needs of poor families. The programmes of the social funds, which have been created in some countries, have to be reviewed and strengthened. Unemployment rates, as an important factor related to poverty and which has risen in almost all countries should be lowered particularly among the educated youth. Abolishing child labor can provide job opportunities to unemployed adults beside protecting the basic rights of the child and widening his life opportunities. In countries like Egypt where the number of working children is estimated to reach about 2 million policies should be outlined to eradicate the problem with specific dates to achieve such goal.

These children who are already working should find means to get integrated into the schooling system. NGOs can cooperate with the government in finding financial resources and providing programmes to compensate the family for the loss of

the child's wage. Intermediate programmes to protect the well – being of the working child have to be undertaken until the problem is completely abolished.

Poor families should have access to basic services conducive to improving their physical environment, labor productivity and reproductive health standards.

2. The phenomenon of female-headed households, which is prevalent in El Mashrek countries, needs to be assessed accurately and addressed in a comprehensive fashion. From the legal aspect social security regulations need to be reviewed to include relevant provisions to meet the special needs of these families. Female heads of households need assistance to acquire official personal documents such as identity cards, certificates of birth and marriage and voting cards. Support should be also given to the education of children of these families to prevent child labor. Access to employment and to micro – credit and loans are important means to raise the resources of the head of the family. Employers have to be lobbied to provide family friendly working conditions and trade unions should take into consideration the burdens of female heads of households.

3. Notwithstanding the decline of total fertility rates in El Mashrek countries there are variations on the basis of rural/urban areas and on the basis of levels of income. There is a need to increase the access of poor families to contraception and reproductive health education.

4. A health sector reform was undertaken by El Mashrek countries yet there is a need to improve the quality of health services particularly those covered by the primary health care programme. Efforts should be made to improve the quality and availability of antenatal care and encourage women to seek such care. There is also a need to address the disparities in access to health services between rural and urban families, between poor and rich families and between regions. Public expenditure on the health sector should be increased to make such improvements feasible. The improvements will help sustain the achievements in the area of child mortality, will help further decline in this area and will help reduce maternal mortality rates. This will also reflect positively on the health status of all members of the family.

Female genital mutilation is a wide spread problem in Egypt although many organizations are working together to address it. There is a need for the government to take stricter procedure to prohibit it and a review of the methodology used to address the problem may need to be changed. Although it is not merely a health problem yet the health system has an important role to play in addressing it.

5. More efforts have to be made to reduce illiteracy among adults particularly in those countries with high rates among women. Literacy classes have to be relevant to the needs of the audience in terms of the content of teaching, the place and the time. The quality of education is still a problem that needs to be linked to the demands of the labor market and the characteristics of the new millennium.

The number of nurseries for pre-school children should be increased to accommodate the needs of the working women. The quality of services provided by the nurseries should meet recognized standards and should be at a cost which poor and middle class families can afford.

6. Far reaching policies should revolutionize the care given to older persons in all the Mashrek countries to provide a comprehensive health and social services. Centers for geriatrics should be established equipped with multi-disciplinary teams with emphasis on rehabilitation and community care. These centers should care for inpatients as well as outpatients and day hospital patients. Nurses within these centers would carry domiciliary visits to older persons for case finding and follow up. Homes for the aged should be upgraded and increased to give better quality of life and more day centres should be established. Home care service should also be introduced for those who are living alone. In-service training as well as pre-service training should be organized to equip health and social workers to deal with the different groups of older persons. The social benefits should be reviewed regularly to ensure their adequacy in relation to increases in the cost of living.

7. Although official statistics indicate low prevalence of HIV/AIDS in El Mashrek countries there are reasons to believe that the actual number of cases is higher than the reported ones. Surveillance systems should be more robust and proper screening should cover all the groups of the population. Attention should be focused on high-risk groups and intra-venous drug users. Public awareness campaigns should be undertaken about the means of transmitting the disease and the risks involved. Information on the subject should be widely distributed through the media and all channels of communications. Information has to be updated on the epidemiological situation and on the effectiveness of the national strategy and plan. Blood donation has to be screened efficiently in private and public blood banks. Efforts should be made to correct misconceptions about the disease, to reduce the stigmatization around it and to affect the public attitude towards the infected.

8. Labour exporting countries of El Mashrek should negotiate procedures to facilitate migration of the whole family to the receiving countries. Embassies should also provide support and protection to their nationals abroad wherever needed. Countries should have identified projects for migrants to invest their savings and should encourage their migrants for such investment. Briefing sessions could be held for them before departure to orient them for different cultures and channels of communication should be kept opened between the migrants and their countries. Schemes to benefit from professionals abroad can be organized by the government departments. Special programmes should be established to help returned migrants resume easily their family life.

Finally there is a need to increase the capacity of the Mashrek families to socialize its member in line with the requirements of the society. Coordination between the family, the school, and the media should be established around defined sets of values that would help produce healthy generations. Family guidance centers with well-equipped professionals are needed in this respect. NGOs can play a vital role in the area of counseling, guidance and raising awareness.

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