

# YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH IN THE MIDDLE EAST AND NORTH AFRICA

by Jocelyn DeJong, Bonnie Shepard, Farzaneh Roudi-Fahimi, and Lori Ashford

In the Middle East and North Africa (MENA) region, young people's lives today differ dramatically from those of their parents and grandparents.<sup>1</sup> In the past, the transition from childhood to adulthood occurred abruptly through early marriage and early childbearing. But today, both young men and women spend more years in school and marry later. With puberty also starting earlier, largely because of better nutrition, the interval between childhood and assuming adult roles has lengthened.

During this extended period of adolescence and young adulthood, young people may have sexual relations before marriage, putting them at risk for unintended pregnancies and sexually transmitted infections. Young married women also risk contracting these infections, even more so because they often marry older men who have had prior sexual relationships and who may have more than one partner after marriage.

The risks associated with sexual relationships, both married and unmarried, are heightened by young people's lack of access to information and services related to sexual and reproductive health. Programs that provide such information and

services would benefit young people whether they are sexually active now or not—preparing them to make more informed decisions about marriage, sexual relationships, and childbearing.

Young people's experiences related to marriage and childbearing vary greatly across the region. (Figure 1 shows diverse patterns of childbearing among adolescents.) Yet they share a need for more and better information about sexual and reproductive health. While Iran and Tunisia have taken pioneering steps in reaching out to young people to address their needs, the region as a whole lacks the political commitment and institutional capacity to do so.

A major study, *Breaking the Silence and Saving Lives: Young People's Sexual and Reproductive Health in the Arab States and Iran*, supported by UNICEF's regional office in Amman, was published in 2005.<sup>2</sup> The study reveals how little is known about the concerns and needs of young people in the region and provides recommendations for closing the knowledge gaps and addressing young people's needs. This policy brief highlights some of the study's findings and recommendations, along with other research results from the region.

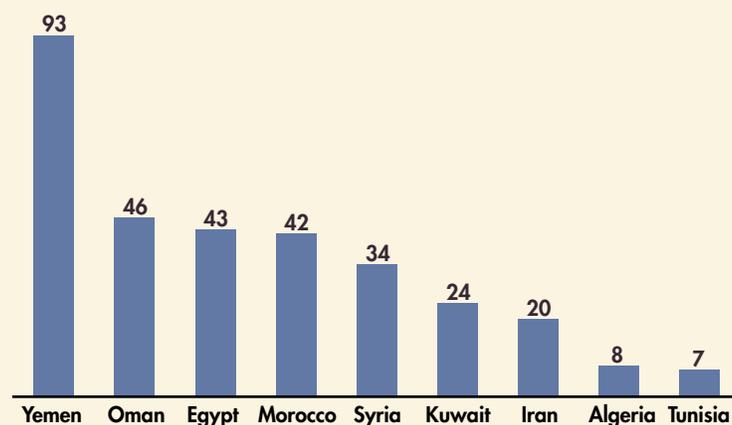
## Barriers to Informing Young People

Cultural taboos are major obstacles to informed discussions about sexual and reproductive health issues, particularly with regard to young people. Premarital sexual relationships are forbidden, and talking about them or about sexuality in general is often considered taboo. The silence stems in part from the high value that society puts on girl's virginity before marriage and the belief that talking openly about sexual and reproductive health might encourage unmarried youth to have premarital sex.

But reviews of sex education programs worldwide have concluded that sex education does not encourage early sexual activity, and can delay first intercourse and lead to more consistent contraceptive use and safer sex practice.<sup>3</sup> Young people perceive more information to be

Figure 1

### Births per 1,000 Women Ages 15 to 19, Selected Countries, 2004



SOURCE: World Bank, 2006 *World Development Report*: table 2.16.

Table 1

**Attitudes Toward Reproductive Health Issues Among University Students in Gazvin, Iran, 2001**

Selected questions	Percent distribution of respondents		
	Agree	Disagree	No opinion
Best way to prevent STIs and unintended pregnancies among youth is by practicing abstinence until marriage.	58	24	18
Best way to prevent STIs and unintended pregnancies among youth is to keep them in the dark about these issues.	10	84	7
Since they are not sexually active, singles do not need to receive education on reproductive health.	14	78	8
Educational materials on preventing pregnancies and STIs should be available at places where youth are gathered.	76	11	13
Educating youth about how to prevent pregnancies and STIs leads to sexual immorality.	20	68	13

**NOTE:** According to the source below, a total of 1,111 students participated in the survey: 654 female students and 457 male students, with an average age of 21.4 years and 22.7 years, respectively. Only 187 of the respondents were married.

**SOURCE:** M. Simbar, F. Ramezani-Tehrani, and Z. Hashemi, “The Needs of Reproductive Health of University Students” (in Persian), *The Journal of Gazvin University of Medical Sciences*, no. 28, Autumn Supplement (2003).

beneficial. In a survey of university students in Gazvin, Iran, two-thirds of respondents said that they did not believe educating young people about unintended pregnancies and sexually transmitted infections (STIs) would lead to sexual immorality (see Table 1). Another survey conducted among male adolescents in Tehran in 2002 concluded that their limited knowledge regarding STIs and contraceptives poses a significant threat to the sexual and reproductive health of Iranian adolescents.<sup>4</sup>

Young people are generally reluctant to seek information about sexuality and reproduction from their parents, fearing their parents will assume they are engaged in forbidden activities. Parents may wish to discuss sexuality with their children but are not well prepared to do it. Some studies have shown contradictions in parents’ and children’s perceptions. A survey of adolescents in

Egypt shows that only 7 percent of adolescent boys reported learning about puberty from their fathers, while 42 percent of those fathers reported they had discussed such matters with their sons.<sup>5</sup> Another survey of young people in Algeria revealed that 95 percent of male respondents and 73 percent of female respondents had learned about puberty on their own without assistance from adult family members or professionals.<sup>6</sup>

Without accurate information on reproductive health, young people who become sexually active—regardless of their marital status—risk having unintended pregnancies and unsafe abortions, and risk acquiring STIs, including HIV/AIDS. Studies show that while the majority of people in MENA have heard of HIV/AIDS, they may not know how it is transmitted, and they have heard little about other STIs (see Table 2). Young people in Tunisia appear far better informed than those in Syria and Algeria.<sup>7</sup>

The 2005 Demographic and Health Survey in Egypt revealed that only 18 percent of married women ages 15 to 24 had heard of gonorrhea, syphilis, or chlamydia, all of which can be transmitted through sexual contact. However, 22 percent of these women reported having had abnormal genital discharge and genital sores and ulcers, which could be symptoms of STIs.<sup>8</sup> Young women need to be informed about the signs and symptoms of STIs so that they can seek treatment. Left untreated, some STIs can result in infertility, which can be devastating for women in the MENA region because of the high value placed on childbearing. Untreated STIs can also spread to others and increase the risk of HIV transmission.

Data on sexually transmitted infections are scarce, and little of the existing data are disaggregated by age. The limited data available, however, reveal that STIs are more common among young people than among other age groups. In a rare study conducted in Morocco, 40 percent of STIs recorded were among young adults ages 15 to 29, putting the estimated number of new infections among this age group at 240,000 per year.<sup>9</sup> A recent study of married women in Oman found age to be the most important risk factor for STIs. Women under age 25 were twice as likely to have an STI as women ages 25 and older.<sup>10</sup>

## Opportunities to Inform Young People

Since the great majority of young people in MENA are attending school, it would be a missed opportunity not to provide correct information about reproductive and sexual health in schools. Sex education curricula in MENA schools are rare, and where they do exist, the sections on sexual and reproductive health are often skipped because teachers are unprepared or embarrassed to teach them. Only Algeria, Iran, Morocco, Tunisia, and more recently, Bahrain, have included a human reproduction and health education module in their national school curricula.

Iran has gone further in developing an age-appropriate, reproductive-health curriculum for senior high school students. It also requires all university students to take a course on population and development that includes some aspects of reproductive health. Across the region, high schools and universities are beginning to take on extra-curricula activities on HIV/AIDS education, for example, by establishing anti-AIDS clubs. Such activities can fill the gaps in educational systems on sexual and reproductive health matters.

### Critical Need for HIV/AIDS Programs

Globally, half of new HIV infections are among young people ages 15 to 24—the ages when sexual activity typically begins. The number of people living with HIV/AIDS in MENA is relatively low, but growing.<sup>11</sup> Sexual contact is the main source of HIV transmission in the region, making HIV/AIDS education programs for young people particularly critical.

Sex education programs most easily reach young people through schools and other institutions where young people meet. Parallel programs educating parents are helpful in fostering intergenerational communication. The media can also play a role in educating young people and others about HIV/AIDS through their wide reach and ability to break taboos and misconceptions. In youth surveys conducted in Algeria and Syria, around 90 percent of respondents said they had learned about HIV/AIDS via television.<sup>12</sup>

In many countries, young people have taken advantage of new communications technologies, including the Internet and social networks

Table 2

### Percent of Young People Who Know About Sexually Transmitted Infections

Sexually transmitted infection	Tunisia (2001) Ages 18-29	Syria (2001) Ages 15-24	Algeria (2002) Ages 15-29
HIV/AIDS	86	85	96
Genital Warts	20	2	0
Candidiasis	40	10	2
Gonorrhea	37	10	2
Syphilis	28	14	7

SOURCE: Pan Arab Project for Family Health, *Arab Family Health in Numbers*, Youth, no. 7 (2006).

through mobile telephones, to seek health information. Another innovation, the telephone hotline, has been used successfully in Egypt and Oman to provide HIV/AIDS information to anonymous callers.<sup>13</sup>

“ABC” programs that advocate **A**bstinence (as the first choice for young people), **B**eing faithful (to your spouse or partner), and using **C**ondoms (for those who are sexually active) have had some success in other countries and can be adapted to the cultural norms of the region. However, the ABC approach has been shown to be inadequate when the messages stop at abstinence, as often happens in programs in the MENA region.

Furthermore, the ABC approach does not protect young married women whose husbands are not monogamous or are already infected when they marry. For this reason, premarital counseling (which is mandatory for prospective brides and grooms in Iran) is extremely important to ensure that newly married men and women fully understand the risks and how to protect themselves from HIV. The counseling in Iran promotes condom use for family planning and prevention of STIs, including HIV.

At the UN General Assembly’s AIDS Review in 2006, nongovernmental organizations representing youth developed a Youth Message demanding that “HIV/AIDS be understood not as a moral and/or religious issue, but as a health issue exacerbated by social, cultural, political, and economic concerns.”<sup>14</sup> Health experts also gener-

### Box 1

#### International Consensus on Sexual and Reproductive Health

The term “reproductive health” was first used in an international policy agreement at the United Nations International Conference on Population and Development, held in Cairo in 1994. The conference’s Programme of Action defined the term as follows:

A state of complete physical, mental and social well-being . . . in all matters relating to the reproductive system . . . 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.

With regard to the sexual and reproductive health and rights of young people, this UN document states that:

Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so . . . these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.

All governments participating in the Cairo conference endorsed its Programme of Action. Muslim countries, including those in MENA, generally endorsed it with the reservation that they would interpret and adopt the recommendations in accordance with Islam—a position that enabled the delegations to take the recommendations back home for implementation.

**SOURCES:** United Nations, “Programme of Action of the International Conference on Population and Development”: paragraphs 7.2 and 7.45, accessed online at [www.unfpa.org](http://www.unfpa.org), on Jan. 26, 2007; and Farzaneh Roudi, *Population Trends and Challenges in the Middle East and North Africa* (Washington, DC: Population Reference Bureau, 2001).

ally agree that the “shame and blame” approach focusing on immorality as a cause of disease is not effective. Rather, the most effective policies and programs focus on protecting young people’s health through education, skill building, health services, and supportive social networks.

#### Expanding Sexual and Reproductive Health Services

In MENA, the universal value placed on marriage, compounded by religious and social condemnation of premarital and extramarital sexual relationships, places considerable pressure on young people, particularly women, to marry and begin childbearing soon thereafter. Health services in the region have evolved in this context and, as a result, the services are largely limited to maternal and child health care. Interviews with young Jordanians ages 10 to 24 found that most believed that health centers serve mothers and babies exclusively, and that they would be unwelcome there.<sup>15</sup> In general, providing sexual and reproductive health services to unmarried young people is a new concept (see Box 1).

Tunisia is an exception in the region, having established health clinics and school health clinics that offer services to unmarried young people (see Box 2). Only a few other countries, such as Iran and Egypt, have begun to provide sexual and reproductive health services to youth. Even where reproductive health services are available, young people often face a number of cultural barriers to using them. Young women may lack the mobility or decisionmaking power to use the services, and both sexes may lack knowledge about services and the confidence that they can use them with privacy and confidentiality. Although MENA countries are diverse in many respects, including the efficiency and coverage of their health systems, they all need to expand services in ways that can better address young people’s sexual and reproductive health. Special attention should be given to women who marry early and to couples in unconventional marriages (as described below).

#### Early Childbearing

While the rising age of marriage has benefited women greatly by reducing the health risks associated with early childbearing, there are still population groups for whom early marriage and childbearing remain common. Early childbearing varies greatly across the region, with the highest rates among Yemenis and Palestinians.

Women who marry in their teenage years are typically more socially isolated, lack knowledge about family planning and reproductive health

services, and may lack the power to make decisions about their own health, particularly if their husbands are much older.

While family planning services have expanded throughout the region, young married women typically do not start using family planning until after they have a first child. Married women ages 15 to 19 are less likely to use modern contraception than married women ages 20 to 24. And both of these age groups are less likely than older women to use the health services that supply modern contraceptives.

A delay in first births, however, can be beneficial for the mothers' and children's health. Teenage mothers face greater risks of disability and death due to childbirth than women in their 20s. Young women who marry and start childbearing early generally live in poorer areas where there is less access to safe pregnancy and delivery services. In Morocco, the poorest adolescents are three times more likely than the richest adolescent women to be pregnant or have had a child (see Figure 2).

There is little data on unsafe abortion and its implications for young people's health in the region, although anecdotal evidence points to its practice in every country. Tunisia and Turkey are the only countries where abortion is legal on request. In most other MENA countries, abortion is legal only to save the mother's life or protect her health.

### Unconventional Marriages

Anecdotal evidence in the MENA region suggest that some young couples resort to unconventional forms of marriage in order to sanction their sexual relationships. Two types of unconventional marriages are *urfi* (or common-law) marriage that takes place among some young people in urban Egypt, and "temporary marriage" that is sanctioned in Shi'a Islam.

In Egypt, the media, religious leaders, and government officials talk about *urfi* marriage as a social phenomenon, but no one knows the extent of its practice or the characteristics of the young people involved in such marriages. What is known is that a large number of contested paternity cases in Egyptian courts are due to *urfi* marriages.<sup>16</sup>

### Box 2

#### Preventing Unwanted Pregnancies and Sexually Transmitted Infections in Universities of Tunisia

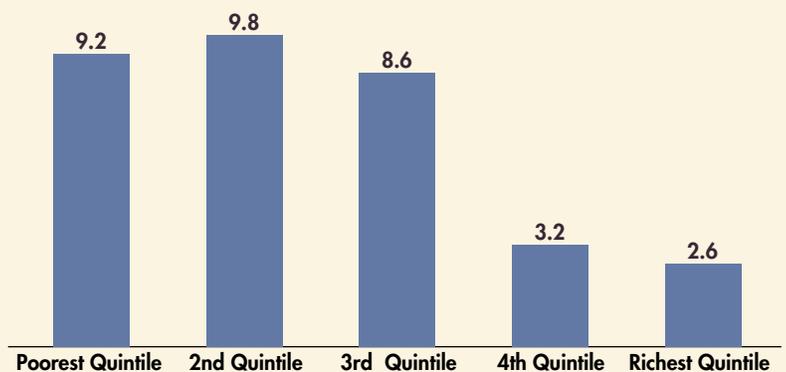
Initiated by the Tunisian Family Planning Association, the Double Protection project is a rare example in the region of a sexual and reproductive health program aimed at university students. In its first stage, the project worked with 6,000 female students to give them the knowledge and competence to avoid both unwanted pregnancies and STIs ("double protection"). Project activities included training educational pairs of voluntary students or peers, a situation analysis of young students, and an educational strategy. The strategy included announcements on university radio stations, conferences with resource people such as doctors and midwives, group sessions, and individual interviews with students conducted by their peers.

An evaluation following the first stage of the project found a high level of interest in the program and in this form of education (individual and in groups), which gave young people an opportunity to learn about sexuality in a nonthreatening context. Information that was most retained concerned HIV/AIDS, unwanted pregnancy, the menstrual cycle, and where adolescent health services were offered. The evaluation recommended that the project proceed next to work with male students, and highlighted the importance of support for peer educators.

**SOURCES:** Bonnie L. Shepard and Jocelyn L. DeJong, *Breaking the Silence: Young People's Sexual and Reproductive Health in the Arab States and Iran* (Boston: Harvard School of Public Health, 2005): 53; and Association Tunisienne du Planning Familiale, *Evaluation du Projet "La Double Protection pour les Jeunes"* (Tunis: Tunisian Family Planning Association, 2003).

Figure 2

#### Morocco: Percent of Adolescents Ages 15 to 19 Who Are Pregnant or Already Mothers, by Wealth Quintile



**NOTE:** Researchers used survey data to divide the population into quintiles, or five groups of equal size, based on an index of household assets.

**SOURCES:** Maroc, *Enquete sur la Population et la Santé Familiale* (Rabat, Morocco: Ministry of Health; Calverton, MD: ORC Macro; and Pan Arab Project for Family Health, 2005).

### Young People in Today's MENA

The MENA region is known for its strong family values and conservative and patriarchal culture, which, for the most part, benefit young people and protect their well-being. Some of the same norms, however, can become barriers to informing young people—particularly girls—about the health hazards of sexual relationships.<sup>1</sup> Youth can be especially vulnerable because they tend to engage in risky behaviors that can affect their health, such as smoking, which is on the rise among young people in the region.

Despite their impressive gains in education, young women in MENA still face gender discrimination that prevents them from reaching their potential. To varying degrees across MENA countries, discrimination against women—particularly young women—is built into the culture, government policies, and the legal system. Violence against women, including “honor killings” that typically affect young women, is a problem. While it is difficult to collect data on honor killings, and in many countries its incidence might be very rare, its acceptability on cultural grounds reflects the low status of women in society and within the family.

Female genital cutting (or mutilation) is also a problem in places where it is practiced, compromising young women's sexual and reproductive health and rights even further. Although it is unheard of in most parts of the region, the practice is widespread in Egypt, where 96 percent of married women ages 15 to 24 were affected in 2005.<sup>2</sup> The only other country in MENA where a major segment of its population practices female genital mutilation is Yemen, where about 20 percent of married women ages 15 to 24 were affected in 1997.<sup>3</sup>

While some aspects of life are still grounded in the past, rising education, along with lifestyle changes brought about by the global economy and mass media, is transforming young people's lives in ways that further widen the generation gap and make it difficult for young people to seek advice from trusted adults in matters related to sexuality. The media's characterization of the region's youth as “politically dangerous” has obscured the need to acknowledge young people as assets and support their perspectives and aspirations.

Finally, unemployment among MENA's youth—the highest among major world regions—along with large inequalities in wealth, has increased young people's social isolation. (Another policy brief in this series addresses the demographics of youth and related challenges and opportunities. See page 8.) Moreover, the lack of citizen activism and political representation in the region prevent young people from participating in policy decisions affecting their well-being.

#### References

<sup>1</sup> Center for Arab Women for Training and Research, *Arab Adolescent Girls: Reality and Prospects* (Tunis: CAWTAR, 2003).

<sup>2</sup> Fatma El-Zanaty and Ann Way, *Egypt Demographic and Health Survey 2005* (Calverton, MD: ORC Macro, 2006): table 16.1.

<sup>3</sup> Also known as female circumcision. See also: Charlotte Feldman-Jacobs and Sarah Ryniak, *Abandoning Female Genital Mutilation/Cutting: Information From Around the World* (Washington, DC: Population Reference Bureau, 2006). This publication is available on CD-ROM and at [www.prb.org](http://www.prb.org).

Temporary marriage is legal in Iran, where the great majority of its population is Shi'a.<sup>17</sup> Although legal, the practice is socially condemned and, as a result, is often hidden. No one knows the extent of the practice in Iran or other parts of the region.<sup>18</sup> But it is likely that young people engaged in hidden marriages would be at high risk for sexual and reproductive health problems, because they would be unlikely to use reproductive health services while their marriages are kept secret.

Government health services generally do not recognize the needs of these couples for sexual and reproductive health care, nor do they foster a climate that supports them in seeking advice and care.<sup>19</sup> Young people in unconventional marriages typically seek help from pharmacists or private health practices—if they can afford them. In an effort to address young people's needs, the Iranian ministry of health issued a directive to its primary health care centers not to inquire about the marital status of clients requesting contraceptives.<sup>20</sup>

### Key Priorities to Address Young People's Reproductive Health

Policymakers are often reluctant to enact policies and programs to protect young people's sexual and reproductive health, because youth sexuality is a sensitive topic and many societies pay insufficient attention to the rights of young people. The behaviors that young people adopt, however, including their sexual behavior, can jeopardize their health later in life.<sup>21</sup> Policymakers and program planners need to take into account the political, social, and economic context surrounding young people's lives and how this affects young people's sexual and reproductive health (see Box 3).<sup>22</sup>

In addressing sexual and reproductive health risks facing young people, governments need to enact policies and programs that would:

- Provide comprehensive sexuality education in schools, particularly through working with parents and training teachers.
- In countries with low school enrollments, find ways to reach out-of-school youth who may be most vulnerable to sexual and reproductive health risks.
- Expand education and communication on sexually transmitted infections, including

HIV/AIDS, using the mass media, the Internet, and telephone hotlines.

- Ensure the confidentiality of HIV testing, modifying legislation where necessary, and provide counseling on HIV/AIDS, particularly for young married couples.
- Integrate sexual and reproductive health services for young people into existing primary health care services, ensuring that the staff is receptive to young people and will guarantee their privacy. Young people will shy away from services that lack privacy or confidentiality, or where the providers seem judgmental.
- Experiment with innovative and culturally appropriate ways to provide condoms and make them socially acceptable.
- Conduct research on the sexual behavior of young people, including those who are unmarried, and on their perceptions about their sexual and reproductive health needs.
- Involve young people in the design of sexual and reproductive health programs to ensure the programs are relevant and understood, and motivate young people to take responsibility for their health.

There is a two-way relationship between empowering young people and protecting their sexual and reproductive health. Early marriage, unwanted fertility, and STIs are impediments to improving the educational, social, and economic status of young people, and hence to their empowerment. And conversely, a critical requirement for young people to protect their sexual and reproductive health is to have the information, education, and self-confidence to access available services.

More multidisciplinary research is needed that examines young people's sexual and reproductive health problems as they relate to social, cultural, and economic conditions. Addressing young people's sexual and reproductive health needs is one of several crucial ways to enable young people to reach their full potential. Protecting young people's health supports their development in positive ways as they form their adult identities and start their families.

## References

<sup>1</sup> The Middle East and North Africa region as defined in this policy brief includes Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territory, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, the United Arab Emirates, and Yemen.

<sup>2</sup> Bonnie L. Shepard and Jocelyn L. DeJong, *Breaking the Silence: Young People's Sexual and Reproductive Health in the Arab States and Iran* (Boston: Harvard School of Public Health, 2005). This study was conducted in partnership with the regional offices of UNICEF, UNAIDS, United Nations Population Fund, World Health Organization, and the International Federation of the Red Cross and Red Crescent Societies. The publication is available at: [www.hsph.harvard.edu/pihhr/files/Shepard\\_publication.pdf](http://www.hsph.harvard.edu/pihhr/files/Shepard_publication.pdf).

<sup>3</sup> Douglas Kirby et al., "Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries," *Youth Research Working Papers* No. 2 (Research Triangle Park, NC: Family Health International, 2005): 1-2.

<sup>4</sup> Mohammad R. Mohammadi et al., "Reproductive Knowledge, Attitudes and Behavior Among Adolescent Males in Tehran, Iran," *International Family Planning Perspectives* 32, no. 1 (2006).

<sup>5</sup> Sahar El-Tawila et al., *Transition to Adulthood: A National Survey of Egyptian Adolescents* (Cairo: Population Council, 1999).

<sup>6</sup> Shepard and DeJong, *Breaking the Silence: Young People's Sexual and Reproductive Health in the Arab States and Iran*: 49. The study cited is the Pan Arab Project for Family Health (PAPFAM) Youth Module.

<sup>7</sup> Pan Arab Project for Family Health, *Arab Family Health in Numbers*, Youth, no. 7 (2006).

<sup>8</sup> Fatma El-Zanaty and Ann Way, *Egypt Demographic and Health Survey 2005* (Calverton, MD: ORC Macro, 2006).

<sup>9</sup> Presentation by Jihane Al Tawilah, WHO Eastern Mediterranean Regional Office, December 2002.

<sup>10</sup> Ruth Mabry, Asya Al-Riyami, and Magdi Morsi, "The Prevalence of Reproductive Morbidities in Ever-Married Women in Oman and Their Risk Factors," *Studies in Family Planning* (forthcoming).

<sup>11</sup> Farzaneh Roudi-Fahimi, *Time to Intervene: Preventing the Spread of HIV/AIDS in the Middle East and North Africa* (Washington, DC: Population Reference Bureau, 2007).

<sup>12</sup> Pan Arab Project for Family Health, *Arab Family Health in Numbers*.

<sup>13</sup> Roudi-Fahimi, *Time to Intervene: Preventing the Spread of HIV/AIDS in the Middle East and North Africa*.

<sup>14</sup> United Nations Non-Governmental Liaison Services (NGLS), "High-Level Meeting: Time to Scale Up the AIDS Response," *NGLS Roundup* 126 (2006).

<sup>15</sup> World Health Organization (WHO), *Growing in Confidence: Programming for Adolescent Health and Development. Lessons From Eight Countries*. (Geneva: WHO, 2002).

<sup>16</sup> Traditionally, *urfi* marriages have been religiously con-  
doned if the couple's parents approve of the marriage and there is a public announcement of the union. An *urfi* marriage consists of a written promise between a man and woman, with two witnesses. Before the civil registration of marriages became widespread, *urfi* marriages were commonly

practiced. But today, *urfi* marriages are widely perceived as a cover for premarital sex, since those involved in such marriages tend to hide their relationship from their parents. See: Hoda Rashad, Magued Osman, and Farzaneh Roudi-Fahimi, *Marriage in the Arab World* (Washington, DC: Population Reference Bureau, 2005).

<sup>17</sup> A temporary marriage is a contract between a man (married or unmarried) and an unmarried woman agreeing to marry for a specified period of time, varying from one hour to 99 years. The couple also agrees on a specific amount of bride price to be given to the woman. Different Shi'a communities may have different criteria for unmarried women's eligibility to enter into a temporary marriage, such as her virginity or age. See: Shahla Haeri, *Law of Desire: Temporary Marriage, Mut'a, in Iran* (Syracuse, NY: Syracuse University Press, 1989).

<sup>18</sup> The other three countries with substantial Shi'a populations are Iraq, Lebanon, and Afghanistan.

<sup>19</sup> Jocelyn DeJong and Golda El-Khoury, "Reproductive Health of Arab Young People," *British Medical Journal* 333 (October 2006): 849-51.

<sup>20</sup> UNFPA, *Iran Country Office Report 2004* (New York, UNFPA, 2004).

<sup>21</sup> World Bank, *World Development Report: Development and the Next Generation* (Washington, DC: World Bank, 2006): 122-23.

<sup>22</sup> Ragui Assaad and Farzaneh Roudi-Fahimi, *Youth in the Middle East and North Africa: Demographic Challenge or Opportunity?* (Washington, DC: Population Reference Bureau, 2007).

### **Acknowledgments**

This report was prepared by Jocelyn DeJong of the American University of Beirut, Bonnie Shepard of Social Sectors Development Strategies, Inc., and Farzaneh Roudi-Fahimi and Lori Ashford of the Population Reference Bureau (PRB), with assistance from PRB staff. In addition to drawing from the *Breaking the Silence* report (as noted on page 1), the report also draws from an article by Jocelyn DeJong and Golda El-Koury, "Reproductive Health of Arab Young People," *British Medical Journal* 333 (October 2006). Special thanks are due to the following people who reviewed this report and provided useful comments: Golda El-Khoury, Regional Advisor on Youth, UNICEF Regional Office, Amman; Emma Playfair, Ford Foundation office in Cairo; and Richard Skolnik, PRB.

This work has been funded by the Ford Foundation office in Cairo.

© April 2007, Population Reference Bureau.  
All rights reserved.

### **PRB's Middle East and North Africa Program**

The goal of the Population Reference Bureau's Middle East and North Africa (MENA) Program is to respond to regional needs for timely and objective information and analysis on population, socioeconomic, and reproductive health issues. The program raises awareness of these issues among decisionmakers in the region and in the international community in hopes of influencing policies and improving the lives of people living in the MENA region.

MENA program activities include: producing and disseminating both print and electronic publications on important population, reproductive health, environment, and development topics (many publications are translated into Arabic); working with journalists in the MENA region to enhance their knowledge and coverage of population and development issues; and working with researchers in the MENA region to improve their skills in communicating their research findings to policymakers and the media.

The Population Reference Bureau informs people around the world about population, health, and the environment, and empowers them to use that information to advance the well-being of current and future generations.

### **MENA Policy Briefs**

- Young People's Sexual and Reproductive Health in the Middle East and North Africa* (April 2007)
- Youth in the Middle East and North Africa: Demographic Opportunity or Challenge?* (April 2007)
- Time to Intervene: Preventing the Spread of HIV/AIDS in the Middle East and North Africa* (January 2007)
- Reforming Family Laws to Promote Progress in the Middle East and North Africa* (December 2005)
- Investing in Reproductive Health to Achieve Development Goals: The Middle East and North Africa* (December 2005)
- Marriage in the Arab World* (September 2005)
- Islam and Family Planning* (August 2004)
- Progress Toward the Millennium Development Goals in the Middle East and North Africa* (March 2004)
- Making Motherhood Safer in Egypt* (March 2004)
- Empowering Women, Developing Society: Female Education in the Middle East and North Africa* (October 2003)
- Women's Reproductive Health in the Middle East and North Africa* (February 2003)
- Finding the Balance: Water Scarcity and Population Demand in the Middle East and North Africa* (July 2002)
- Iran's Family Planning Program: Responding to a Nation's Needs* (June 2002)
- Population Trends and Challenges in the Middle East and North Africa* (October 2001)

These policy briefs are available in both English and Arabic, and can be ordered free of charge by audiences in the MENA region by contacting the Population Reference Bureau via e-mail ([prborders@prb.org](mailto:prborders@prb.org)) or at the address below. Both versions (except for the Arabic version of *Population Trends and Challenges*) are also available on PRB's website ([www.prb.org](http://www.prb.org)).



POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW, Suite 520 | Washington, DC 20009 USA  
tel: 202-483-1100 | fax: 202-328-3937 | E-mail: [popref@prb.org](mailto:popref@prb.org) Website: [www.prb.org](http://www.prb.org)

