

1. CENSIS: AN INTERPRETATION OF THE DATA

INTRODUCTION

Underlying the gradual integration of the Mediterranean region initiated with the Barcelona Declaration and the Euro-Mediterranean Partnership are very different economic and social realities, a mosaic of different geographical segments and fragments of social fabric that are extremely heterogeneous and often paralyzed by strident contrasts offering no easy solution.

At the same time, these divisions do not emerge appear solely in the obvious gap separating the countries from the northern shore of the Mediterranean from those belonging to the southern and eastern parts of the basin. On the one side are rich and industrialized nations in which the process of supranational economic and social cohesion has achieved greater progress and is indeed proceeding further with ambitious plans for the integration of East Europe. On the other side are nations with economies in a state of transition that must achieve a great leap forward if they are to approach standards of economic progress and welfare comparable with those of western countries.

The Euro-Mediterranean Partnership can be set up in a balanced and functional manner to grow simultaneously in terms of the three dimensions of a single strategy of joint development and solidarity, namely economics and finance, politics and security, and social policy. Creating a space for collective reflection and action to build a

future out of a common destiny, discouraging the use of force in resolving disputes between societies on the southern shore of the Mediterranean, and transforming the basin into a space for dialogue, reciprocal solidarity and mutual development are undertakings that can only be achieved if the twenty-seven member countries assume their collective responsibilities also at the social level.

Having passed the development threshold, the southern Mediterranean countries are in fact now characterized by a highly ambivalent situation.

- On the one hand, recent years have seen a *significant reduction in population below the income poverty line* (measured by the international standard of one dollar a day per person), with averages of less than 2% of the total population and indexes that are gradually falling and in any case lower than those characteristic of geographic areas in the developing world.
- On the other, *inequality of distribution is comparatively limited* with respect to other countries at a similar stage of development.
- Nevertheless, the countries on the southern shore of the Mediterranean *have not achieved similar successes in reducing “human poverty” and improving the social conditions* of the population as a whole.

It thus appears advisable to consider the possible social impact over the next few years – especially on the more vulnerable segments of society – of the Euro-Mediterranean Partnership in

full operation, the expected increased in north-south trade, larger flows of capital, and the resulting stimulus for the economic growth of the southern and eastern region of the basin. Similarly, attention should also be focused on the kind of accompanying policies required today so as to give a human face to the new course of economic growth in the countries undergoing transition and to launch a new cycle of sustainable development taking into consideration the social groups most in danger of marginalization.

For these reasons, particular importance attaches to “charting” the condition of children in the countries of the Mediterranean basin as precisely as possible so as to extend the current reflection to include a segment of society that proves particularly vulnerable to the effects of economic integration if these processes are not suitably governed through action designed to safeguard and promote the rights and well being of children.

The primary aim of the survey presented here is to provide a coherent and systematic illustration of a broad range of quantitative indicators concerning the major socio-economic dimensions related to the living conditions of children in the Mediterranean countries. The indicators considered are displayed in the following pages with tables and graphics, and refer to the following macro areas:

- Demographic indicators
- Nutrition
- Health
- Education
- Economic indicators
- Social indicators

The data are drawn from the major official sources and international organizations (the UNO, UNICEF, UNPD, UNESCO UNFPA, UNAIDS, WHO, World Bank, ILO, IMF and OECD), which guarantee their homogeneity and comparative reliability. They provide a sufficiently detailed, specific and calibrated picture of the regional situation in question.

The optimal conditions for analysis in greater depth and obtaining very highly reliable results will, however, obviously depend on the wealth of quantitative data available for each country in southern and eastern part of the Mediterranean region.

In order to fine-tune the methodology for monitoring the living conditions of children, it is therefore to be hoped that more complete data will be made available in the medium term as regards both the economic and social structures of the countries in question and the qualitative aspects, which are completely or almost completely neglected at present. In more specific terms, an efficient monitoring system of conditions of hardship and development trends in the Mediterranean region should include the following;

- First of all, a set of *broader indicators* than those now available, fulfilling the requisite of trans-national comparability and making it possible to examine the multiple aspects involved, separately or collectively, in creating imbalances in children’s welfare and development.
- Secondly, a *database organized at a sub-national level* making it possible to undertake the territorial segmentation required for comparison of the situations identifiable in the different geographical and socio-economic configurations at a local scale, and hence transversal comparison of the regions of the different countries examined.

– Finally, a coordinated and complementary set of *qualitative surveys* carried out in the different countries to register the opinions, attitudes and behaviors of Mediterranean societies in relation to questions of great importance for the process of integration in the area, the ultimate aim being to obtain a simultaneously global and comparative picture of the conditions and inclinations of the populations inhabiting the Euro-Mediterranean area.

This undertaking would undoubtedly require a great combined and coordinated effort on the part of the national departments of statistics, universities and research centers located in the different countries under investigation along the lines of what has been achieved in Europe with Eurostat or the surveys carried out periodically within the framework of the Euro Barometer. The expected results – a regional map of children’s conditions highlighting both the territorial causes and the geographical distribution of the different forms of hardship as well as the various qualitative components contributing to the major difficulties and social exclusion – would nevertheless constitute a tool of great interest for the scientific community involved in studying and interpreting the economic and social dynamics underway in the Mediterranean area. It would also serve to provide more detailed factual contributions and elements of analysis with a view to developing policies and projects aimed at eradicating poverty and the factors endangering children’s welfare.

1.1 THE MEDITERRANEAN: BASIN OR BORDER?

In speaking about the Mediterranean, it is natural to think of the many periods of history in which

this sea has constituted a resource for trade, contact and development. From Magna Graecia, when Sicily, the Ionian regions and Turkey were united by a common culture and language, to the *Mare Nostrum* of the Romans, which enabled the greatest and strongest empire in the western world to develop exchange, conflict and trade on an unprecedented scale, the Arabic expansion in Spain, France and Italy, which left so many traces in the cultures and civilizations of those peoples, and Byzantine expansion. In a period closer to us, the Mediterranean was a shipyard for the Republic of Venice, Pisa, Barcelona, Genoa and Sardinia, connecting such distant regions as Flanders and Africa through commercial expeditions.

In the literary sphere, there are many works in which the symbolic value of the Mediterranean Sea is recalled in evocative terms. To give just one example, Braudel wrote that the Mediterranean is not a frontier but an area of exchanges.

It was above all with the 20th century that the Mediterranean became a place of conflict, from colonialism to ideological strife, political and ethnic tension, war, and illicit and criminal traffic. It was then that a “separatist” image was consolidated of what had previously been considered the “sea of unification” and is now perceived as an enormous frontier between distant worlds joined by few links and those largely regarded with suspicion, such as the flows of migration and commerce. Not even in socio-economic studies is the Mediterranean perceived as a homogenous sphere, but rather as an agglomeration of countries and regions that have little or nothing in common.

Nor is this view altered by the vast numbers from the Maghreb that pour into Europe and especial-

ly Italy every year for the fruit and vegetable harvest and work in foundries or as street vendors. Still less importance is attributed to the imprint left by Tunisians in Sicily, where groups of Arabs have been settled for many years to work in fishing or heavy agriculture, or the many bonds forged between Italy and the Middle East and North Africa through large-scale Italian cooperation to promote development in those areas.

It is since the 1980s that this change has come about in the perception of scholars and public opinion. In 1987 the Italian government promoted an initial conference of Mediterranean countries in Tunis, which discussed issues related to the economic, social and demographic development of the area as a whole, the exchange of information, and the development of statistical surveys.

Since then numerous publications have addressed the issue of the frontier between North and South in the Mediterranean area with respect to the impact of the Muslim culture and religion on European civilization (Dassetto and Bastenier), to demographic and social imbalances (as in the Turin-based Giovanni Agnelli Foundation's work *Abitare il pianeta*, focusing on the Arab world, Italy and Europe), and to questions of employment (e.g. the work of Livi-Bacci and Martuzzi Veronesi on human resources in the Mediterranean area).

The book by Livi-Bacci and Martuzzi-Veronesi in particular opens with the following considerations, which express with sufficient clarity the altered perception of the social and cultural contiguity of the countries around the Mediterranean.

“The frontier that separates the rich world from the poor, the North from the South, the populations undergoing stagnation from those demographical-

ly dynamic, stretches through the Mediterranean area from east to west. Two phenomena, which are not of course unrelated, polarize the area's forces of development, namely the rapid accumulation of wealth and rapid population growth. The Mediterranean area (...) may appear an artificial subject of study given the very deep political and also cultural divisions that run through it and are accentuated by great differences in economic and demographic dynamics. We have, however, started from the view that there is close interaction today (not only economic but also human) between the various countries and that this is destined to change and intensify under the different dynamic thrusts of the rich area and the poor” (p. 11).

At the beginning of the new century, Italy (and not only Italy) appears to be taking a fresh interest in the fate of the Mediterranean basin and the relations between the countries situated there.

The scientific disciplines currently adopting the approach of comparative analysis in the Mediterranean sphere are primarily demography and economics. On the other hand, practically nothing has been done so far to investigate the social dynamics fueling the development of the different countries around the Mediterranean. It thus proves difficult to formulate detailed judgments on the differences or affinities between the South European, North African and Middle Eastern areas as regards social processes precisely due to the lack of studies and observations.

1.1.1 TERRITORIAL SUBSYSTEMS AND EVOLUTIONARY PHASES

The first question that arises spontaneously when addressing the issue of relations between

peoples and nations regards the affinities between cultures and models of development. In this connection, the opinions and even the most superficial views are highly disparate.

On reading a work of historical-anthropological character like Fernand Braudel's *The Mediterranean*, one is struck by the host of similarities and elements of homogeneity pointed out, from the characteristics of dwellings to the "mythic specialization" of female functions, the cult of fertility, the "hierarchy of solidarity", the value of leisure, the ritual of meals, the patriarchal structure, and the solidity of the multiple family (three generations).

The above-mentioned work by the Italian demographer Livi-Bacci also draws attention to the similarities between the countries of the Mediterranean, above all in the entire chapter devoted to the biological structure of the populations, which speaks of a "physical type" that is "fairly well defined" in terms of somatic characteristics and of very ancient origin. While this type does not correspond to all the individuals in the area, it is predominant in most of the regions forming part of it, albeit to different degrees. The characteristics of this Mediterranean physical type are "medium stature, white-tawny skin, brown eyes and hair, fairly well developed hairiness, dolichocephalism (a comparatively long and narrow head), rounded occipital bone, long oval face, and long narrow nose".

To return to a French author, Victor Scardigli's *L'Europe des modes de vie*, one of the few social studies on the European population as a whole, identifies a "Mediterranean way of life" with its own peculiar characteristics. Though in decline, this Mediterranean way of life is characterized

by the culture of honor, the place assigned to women and male-female relations, the culture of work, the organization of living periods, the symbolism of food, and finally the "ostentatious character of the goods possessed". Scardigli hypothesizes the survival around the Mediterranean of a traditional rural culture, which would be the main reason for the homogeneity detected.

1.1.2 CLOSE-UP EXCHANGES: PEOPLE

A further criterion of analysis proves particularly useful in studying the processes of social integration and the relations between contiguous geographical areas, namely exchange. In this connection, the statistics on exchange contained in Livi-Bacci's work on human resources in the Mediterranean area are based on such indicators as migratory flows and stocks, movements of students and tourists, and connections by air.

The statistics developed indicate an increase in dependency subsequent to tourist exchanges and a decrease subsequent to emigration. A drop is also registered in the importance of geographical contiguity and growth in the already complex relations existing even between distant countries. The authors thus suggest greater integration of the area as a whole. In any case, the analysis attaches central importance to spontaneous processes of exchange.

At the same time, it is known that the flows of people who cross the Mediterranean in search of work or better living conditions are by no means negligible. With a population of 450 million in 1997, the Mediterranean is, together with the Caribbean region, the place in the world where

such flows are highest, both from south to north and within the south. The latter type of flow takes place in particular between rural and urban areas, and between mainly agricultural and partially industrialized countries, e.g. the oil-producing or coastal areas, which have registered a 46% rise in population over the last few years (L. Chabason).

As regards south-north flows, throughout the second half of the 20th century these were made up of workers moving in search of employment, especially from the Maghreb to France and from Turkey to Germany. The reuniting of families then led to the stabilization of many ethnic nuclei in the European countries involved.

OECD estimates for the 1990s indicate the presence of approximately 2.2 million North Africans in Europe, 2/3 of which in France, and approximately 2 million Turks in Germany. It is estimated that the Africans present in OECD countries in 2000 accounted for 5% of all foreigners. The number of foreigners in Europe in 2001 is estimated at 20.744.000 or nearly 6% of the total population of 384 million European citizens, with flows of 1,500,000 units a year, 430,000 of which seeking asylum (OECD). The Mediterranean area can be regarded as the source of about 60% of all non-EU citizens (G. Callovi). Both North Africans and Turks have shown a particular tendency to settle in their host countries despite the differences of a cultural and religious nature. About 200,000 North Africans became naturalized citizens of OECD countries between 1990 and 1994, 2/3 of them in France. In the same period, approximately 120,000 Turks acquired citizenship in the same area, 85% of them in Germany. Over 600,000 foreigners became naturalized citizens of EU countries in 2001 (OECD).

Many countries of emigration tend to encourage this phenomenon in view of the by no means negligible flow of remittances received from emigrants. Estimates for 1994 suggest that remittances from emigrants amounted to approximately \$7 million a year or 20% of GDP in Egypt and approximately \$2 million or 7% of GDP in Morocco.

The situation of immigrant communities in host countries presents substantial differences in the level of integration, acceptance on the part of the native population, schooling, employment and social participation. While some communities tend to become inward-looking, others are more decidedly oriented toward integration, also in cultural terms.

On the whole, it can be said that during all these years migratory flows have performed the function of regulating demographic and economic imbalances between the different areas of the Mediterranean basin, becoming the sole factor of population growth for some countries on the northern side and constituting a strong bond of interdependence and a factor fueling exchange between different countries and regions.

1.1.3 OTHER FORMS OF EXCHANGES: TRADE

Other flows also cross the Mediterranean, however, in the sectors of trade, tourism and aid. Here too, non-negligible elements of imbalance emerge.

In the case of trade, the commercial links between the two sides of the basin – which have undergone rapid growth over the last decade in

step with a general increase in world trade affecting both developing countries and those of direct investment – consist primarily of exports from the south to the north. Over 50% of exports from the southern shore of the Mediterranean are directed toward Europe, whereas the Mediterranean are is the destination of no more than 8% of European trade (G. Barba Navaretti and R. Faini).

At the same time, we cannot overlook the fact that while exports from Southeast Asia increased at an annual rate of approximately 15% during the 1990s, no increase was registered for Africa, and the importance of North Africa in terms of EU trade is far less than that of Mexico with respect to United States.

The flows between Italy and the Mediterranean are slightly more substantial. The countries of the basin account for 14% of Italian trade. Investments are also considerable and amount to 21.7% of the total. Imports of energy products account for 48% of the total as against 24.8% for the EU as a whole.

Italy registered a balance of trade deficit with the Mediterranean countries throughout the 1990s, due above all to oil imports from Libya and Algeria. The countries with which Italy presents export shares of over 10% are Turkey, Israel and Egypt, in that order, while the strongest growth is registered in exports to Syria, Lebanon, Jordan and Israel. As regards imports, Italy's major Mediterranean partners are Libya, Algeria, Egypt and Turkey in that order. The strongest growth in recent years is registered for Syria and Jordan.

The complex economic ties between the two shores have registered an increase over the last

decade, above all for the countries that have succeeded in developing positive policies. There has thus been a strong increase in exports from Morocco and Tunisia to Europe. Exports from these countries to Italy registered a rise of over 400% between 1990 and 1994 in the field of the clothing. Investments have also risen to the same extent.

We cannot, however, overlook the comparative paucity of trade between the two shores, which should be far more strongly developed, especially in the north-south and north-east directions, not least in view of the potential for consumption offered by the large populations on the southern and eastern shores.

1.1.4 INCREASING IMBALANCES

The substantial one-way flows of migration and the not particularly strong but again largely one-way flows of trade are accompanied by a situation of economic and social imbalance both between the Mediterranean area as a whole and rest of the world and between the north and south of the Mediterranean area.

The figures for world economic development in recent years show that, with the sole exceptions of sub-Saharan Africa and Central and East Europe, the southern and Middle Eastern areas of the Mediterranean basin have registered the world's lowest rate of growth in GDP.

Practically 90% of the GDP of the Mediterranean area is produced in the countries of Mediterranean Europe, whose population does not account for 40% of the total. France produces 40% of the total wealth, Italy 32%, Spain 15%, and Greece 2.5%.

At the same time, the transition from industry to services in the northern part of the basin and from agriculture to industry in the southern and eastern parts is weakening the self-sufficiency of the less developed countries in terms of food, with the sole exception of Lebanon.

The imbalances are also strong in demographic terms. While the population of the south and east of the Mediterranean area grew at a yearly rate of 2.7% between 1970 and 2000, there was stagnation in many countries in the north.

The countries on the northern side, which accounted for 2/3 of the Mediterranean population in 1950, will soon account for only 1/3. Conversely, the countries of the southern and eastern Mediterranean will account for 2/3 of total population (M.A. Roque).

The south and eastern section of the Mediterranean area thus has a young population fueled by new births. The resulting increase in the population of working age is particularly strong in Syria, Lebanon, Jordan and Egypt.

The ratio between the southern and eastern and the northern areas of the Mediterranean basin in terms of the working age population has always been unbalanced, and this imbalance is increasing, so much so that there is talk of a surplus of many tens of millions of workers in the years to come.

While living and health conditions have improved considerably in the countries on the southern and eastern shore in recent years, considerable differences still remain, above all at the interregional level. There are still massive infrastructural differences between the different areas of the Mediterranean as regards housing, motorization, healthcare coverage, and the quality and quantity of education provided.

In addition to the imbalances between the Mediterranean and rest of the world and between the opposite shores of the Mediterranean, the most recent studies also highlight the imbalances inside the different areas and the differentiated location of development at the sub-regional level.

A study based on sub-regions shows, for example, that per capita GDP is markedly higher in coastal areas than in the interior and that there is a trend toward homogenization in the coastal areas and an increase in the differences between them and the other areas in both economic and demographic terms.

This trend is displayed above all in the great coastal cities, from Tunis and Monastir in Tunisia to Istanbul, Izmir and Ankara in Turkey, Casablanca and Rabat in Morocco, and Cairo in Egypt. And this is linked not only to urbanization but also to the development of trade and tourism.

In short, the macroscopic differences identified at the level of countries and macro-regions must be adjusted in the light of analysis at the sub-regional level, which shows increasing differences between the coast and the interior and a trend toward homogenization of the coastal areas. Identified by the Marseilles Institute of the Mediterranean (*La Méditerranée aux portes de l'an 2000*), this process of "coastalization" adds imbalances to imbalances.

1.1.5 THE PROBLEM OF REMITTANCES

Emigration could be seen as a positive solution to the situation of imbalance outlined here. Support for this view is provided by the evolution registered in the Euro-Mediterranean coun-

tries, which have reversed the trend from emigration to immigration and largely redressed their situation of economic disadvantage.

Remittances, for example, constitute a considerable source of income for countries exporting labor and unquestionably contribute to the growth of GDP as well as improving the balance of payments. Studies carried out in this connection (P. Glytsos) reveal the positive and negative potential of the phenomenon of remittances on the basis of empirical evidence.

The positive impact of remittances is linked to the following factors:

- Influence on the balance of payments, with contributions to the value of imports ranging from 10% to 35%, and with very strong growth in the period from 1970 to 1990
- Stimulation of imports of technological products on the part of the families of emigrants or emigrants themselves without overburdening the local economy. This occurs above all in the more mature phases of emigration, the situation of Greece in the 1970s being emblematic in this connection.
- The rise in the living standards and consumption of the families involved (an estimated 50-70% of remittances are spent on the home, land and family consumption), with a consequent reduction of tension and conflict
- Increased savings and hence banking activity
- Development of the building industry, a large proportion of remittances being spent on housing construction.

As shown by the history of emigration, however, remittances also generate a series of negative phenomena.

- First and foremost, the flow of remittances makes the country economically and psychologically dependent on this source of income and reduces the incentive for governments to take action promoting economic and commercial development.

- Secondly, emigration and remittances deprive the country of economic and commercial activities that could assist its development.

- Finally, remittances nearly always cause inflation and a rise in wages with an increase in the consumptions of non-marketable goods and hence a decrease in the country's productive competitiveness.

A great deal unquestionably depends on social context, individual experience, and government policies. For example, the impact of remittances on the poverty level varies considerable from country to country. Egypt and Morocco have shown a clear tendency to reduce poverty, not least because the emigrants were mainly workers with very low wage levels prior to departure. Conversely, other countries have registered effects of impoverishment, also in comparative terms, accentuated by the lack of labor at the local level.

In the field of agriculture, there are again cases of improvement (especially Morocco and Turkey) and cases of deterioration. This is related to investment and thus to the aspirations of the emigrants and their families, which are oriented toward the modernization of agriculture and the purchase of agricultural land in some cases and not in others.

In short, while undoubtedly beneficial for the balance of payments, the effect of remittances is strongly influenced by the emigrants' individual and family models of well-being, which deter-

mine their investment and consumption choices. Many of the perverse effects of remittances could probably be avoided if policies were adopted to foster virtuous behavior and discourage the opposite.

1.1.6 A PROBLEM OF DEVELOPMENT MODELS: ENDOGENOUS FACTORS

Flows of migration and trade have unquestionably played an important historical role in the integration of different areas of the world. For example, the history of the Euro-Mediterranean countries, and above all Spain, Portugal and Greece, fosters reflection on the possible positive effect of migratory flows for the creation of virtuous ties between more or less developed contiguous areas. It was in fact in concomitance with the acceleration of the process of European unification that these countries registered a sharp decrease in emigration and began to attract immigration.

As regards what could happen from this point of view in exchanges between the southern and eastern and the northern areas of the Mediterranean basin (L. Barros and J.P. Garson), it is possible to identify some similarities and some differences between the two situations. The similarities regard the volume of the flows and the absence of projects of integration between the countries of emigration.

The differences are, however, more substantial and regard the following:

- The marked asymmetry of the present situation especially as regards trade, which is practically one-way from the south to the north
- The weakness of the present countries of emi-

gration in terms of economic resources and employment

- The lack of processes of integration between the two blocs and the weakness of the proposals put forward in this respect
- The far more accentuated difference in the levels of development and of economic and financial infrastructures

Though fascinating, comparison of the two situations thus proves difficult. Observation of the identifiable differences points to the need to focus on endogenous factors of development (infrastructures, investment and human resources) as well as the intensification of trade.

Emigration alone, accompanied by reduced trade, cannot effectively aspire to redress the imbalances between regions with different degrees of development. And it is by now clear that this is a common objective. It is in the interests of the less developed countries for the obvious reason of improving their international competitiveness and living conditions. It is, however, also in the interests of the more developed countries, not only and not so much in order to limit the migratory flows but also because territorial contiguity with regions and countries involved in some respect in the processes of production and development is more useful than contiguity with totally marginalized regions. And this holds not only for the development of trade but also for the forms of productive relocation and specialization and for the prevention of crises and conflict next door.

While it was believed until recently that a model based on dependency and exploitation (of physical and human resources) could serve the purpose, the globalization of the economy,

now in full swing, has created a situation in which there is a great risk of total marginalization for those incapable of forming an active part of the system.

The problem is thus to understand what new model of development should be applied in the area of the Mediterranean to ensure that the entire area can achieve a better position in the world framework currently undergoing redefinition, with great advantages for the south and the east but also by no means negligible benefits for the north, which has its own share of globalization problems. At the same time, great attention must also be focused on the problem of the Mediterranean policy of the European Union and the role of the already existing institutions or the new ones to be created.

As regards the factors of endogenous development, the most advanced studies highlight the importance of the following:

- Macroeconomic equilibriums, from the reduction of deficits to control over inflation and real interest and exchange rates
- The flexibility of the productive system in terms both of investments and of the job market
- The harnessing of natural resources, both material and immaterial
- The integration and interconnection of productive activities together with the required infrastructures in a stable political and social environment
- The development of basic education and professional training to raise cultural levels and promote entrepreneurship and a positive approach to development
- The strengthening of social cohesion and initiatives to assist the weaker segments of the population

- Support for small and medium-sized enterprises, especially the most competitive, and the promotion of widespread and spontaneous entrepreneurship

- The development of an innovative environment through the diversification of services for businesses, the analysis of development prospects, technical assistance, and support for districts and centers of growth.

1.1.7 AN AGENDA FOR THE MEDITERRANEAN

It certainly appears high time to study the Mediterranean as a culturally integrated system above and beyond the political and geographic borders and divides. And this is holds also and above all from the social point of view. The spontaneous processes of integration now underway and the problems posed in other respects by the economic and institutional processes of harmonization and interconnection between different countries have shown all too clearly the importance of the social dimension in the international sphere.

It thus appears vital to look to the future with a view to identifying pathways of social analysis regarding the “Mediterranean system”.

On the base of previous experience, three areas of analysis appear particularly rich in potential:

- *Subsystemic logic* – On-site examination in the different countries to study the processes of development in their territorial structure, with particular reference to areas of vitality or backwardness, mechanisms of contiguity and mutual influence between neighboring areas, and the development of small and medium-sized enterprises

- *Dynamics of unitary progression* – In this connection, it would be interesting to examine the development of specific models of behavior and values in the population at the level of individual countries.

- *Exchange of circularity* – To this end, examination should focus on spontaneous exchanges and contacts at the level not only of individuals but also of associations, companies, organizations and emigrants, not least in order to test the thesis of circularity.

In any case, the only solution to the problems of emigration and development is by working for serious Euro-Mediterranean cooperation encompassing not only the field of trade but also that of economic and social cooperation.

In addition, it is also necessary to fulfill some further conditions without which the process cannot be put into operation:

- Europe has hitherto displayed an excessively prudent and detached attitude to the Euro-Mediterranean partnership, and should take a much more farsighted approach to the positive prospects it offers.

- In particular, the countries of North Europe must open up to the Mediterranean. This means a balanced development of EU policy toward south, east and north on the one hand, and a key role for Germany in attaining this balance on the other.

- A process of positive Euro-Mediterranean cooperation cannot moreover be implemented without the commitment of the most advanced countries in terms of development aid, the creation of an ad hoc fund, and a lightening of the debts of the less developed countries.

- Close coordination is also required for policies

of trade, immigration, support for overseas investment, and cooperation.

- In the case of countries like Italy, for example, this means more coordination and greater consistency in national foreign policy, without reducing the sphere of interconnection exclusively to commercial concessions, and greater functional autonomy for the bodies responsible for the different phases of cooperation.

- The less developed countries must concentrate their efforts on eliminating areas of crisis and political tension.

1.2 A CRITICAL READING OF THE DATA

1.2.1 STATISTICS AND DEVELOPMENT

A significant improvement was registered during the 1990s in the availability of data on children, especially in the fields of health and education. Similar improvements will be required as regards other statistical data if we are to evaluate and promote human rights. It will become necessary over the next decade to assess the need for data in relation to the resources available. Crucial importance will attach to the appraisal of methods for the production of data but above all to the way in which these data are analyzed and used in order to promote and improve the condition of the most disadvantaged.

Carol Bellamy, UNICEF General Director (September 2000)

The charting of children's conditions in the Mediterranean region is no easy undertaking in that it involves addressing an issue that is still regarded today in many countries as sectorial and one on which the national sources of data are insufficient and fragmentary.

Quantitative statistical indicators regarding the social and economic conditions of the population assume greater significance if read in their context of production. Only then do they become suitable tools serving to identify the necessary guidelines for the framing of policies. The standard indicators used in the different Mediterranean countries can thus reveal situations of marked heterogeneity not so much in quantitative as in qualitative terms. The elements to be considered comprise a series of factors such as a country's political priorities, the degree of development attained by the national statistical system, and the socio-cultural conditions in which these data are produced, but also the cultural background and perspective of those reading and interpreting them, especially when it is a question of gauging the welfare and needs of children. A multidisciplinary and multicultural approach is therefore required in order to address the challenges of human development.

Due to the "politicization" of statistics and the relative or non-existent autonomy of the relevant bodies in various countries of the region, the information gathered and/or disseminated is often ideologically skewed. Even today, regardless of whether the country is republican or monarchic, secular or religious, various national authorities tend both to favor information that underestimates the hardship experienced by the population so as not to alarm public opinion and lose support, and to ignore various tools of measurement developed by national or international non-governmental organizations and research centers.

This attitude is encountered on issues regarded as "politically sensitive", where the stakes are considered high. Conventional indicators and data are supplied, for example, in countries

where income from natural resources (the Gulf countries, Algeria, Libya, etc), the liberalization of markets, and a policy of structural adjustment have had a considerable negative impact on the resources of families or in areas where political stability is thought precarious.

For example, the first institutional conference on poverty was held in 2000 in Algeria, where recession and its effects led to a revolt by young people in 1988.

In West Europe, where the democratization of information is a consolidated reality, the national systems of statistics investigate the relations between men and women and their impact on demographic behavior, the role of the father in the domestic sphere, gender differences in sexual behavior, the factors leading to marriages and their dissolution, the improvement of indicators to measure the well-being of children, and so on. The reality of most other countries demonstrates that, often due to lack of resources, priority is given to the regular production of macro-economic data and the traditional population census held every 10 years.

Thanks to various programs of the United Nations (UNFPA, UNICEF, ILO, WHO), and the recommendations of the conferences held in Cairo (1994) and Beijing (1995), various developing or transitional countries have, however, introduced social statistics in general and statistics on children and adolescents in particular into their programs.

There is still a long way to go in the field of administrative sources, especially records of births, marriages and deaths and statistics on health and social assistance and protection.

While the development of the statistical infrastructure in the demographic and social field is today an indisputable fact in West Europe and to a lesser degree in Israel, Cyprus, Malta and Turkey, enormous discrepancies are registered in East Europe and the MENA countries between the needs of national and international users and the production of adequate and comprehensive information in line with the international recommendations.

In the areas that have emerged from conflict, like the Balkans and Lebanon, huge efforts have been made to bring the national systems of statistics not only up to national requirements but also up to the needs of the international organizations.

Interest in the development of information on demography and the living conditions of the population has shown a marked increase in the countries of North Africa since the conferences held in Cairo and Beijing (1995). Moreover, the constraints imposed by ratification of the Convention on Children's Rights (albeit with reservations on the part of many countries) have highlighted the paucity of existing tools to adapt the legislative framework and define adequate policies of human development for the new millennium. In actual fact, many programs promoted and often financed by donors and/or international financial institutions are currently underway to develop the quality, quantity and comparability of information in the field of living conditions for citizens and families.

The introduction of the concept of human development and the creation of the Human Development Index have made it necessary for many countries to invest in the production of

information on well-being. In this connection, international cooperation is considered essential in all countries in order to generate consensus on definitions and concepts, and to develop skills and access to the new technologies and methodologies in the sector.

In this sense, many projects of bilateral and regional cooperation have been launched over the last few years in the east and south of the Mediterranean basin. In response to urgent requests from signatories of the Barcelona Declaration, the MED-Soc program of cooperation for the development of social statistics was introduced in 2002 through the MEDA/MEDSTAT Euro-Mediterranean cooperation program.

Adopting the perspective of human development entails particular attention to the information gathered on men, women and children. It involves taking into consideration the characteristics of their situation in a specific context with respect to the issue in question. In this sense, for example, the introduction of the gender approach in statistics has not meant a mere division of raw data into male and female but the interpretation of these data also with respect to social relations. While politics, the social sciences and demography have made enormous progress in introducing the gender perspective in West Europe, "the process is slow or still even nonexistent" in the other countries. The official statistics of various member countries of the UN Economic and Social Commission for Western Asia (the Arab countries of the Middle East and the Gulf) are "affected by blindness with respect to gender analysis [and] the methods used to gather and register the information too often reflect prejudices and stereotypes as regards women" (Ahmad Hussein, 2000).

1.2.2 DEMOGRAPHIC TRENDS AND WOMEN'S CONDITIONS

The demographic data presented in this report indicate what demographers have been pointing out for some years now for the Mediterranean area as a whole, i.e. a decrease in the fertility rate and an increase in women's access to education and employment. An exhaustive book on demographic trends in 22 Mediterranean countries by Youssef Courbage (1999) predicts that the fertility rate will stabilize at 2.5 throughout the region by 2025 and that convergence will take place between West Europe and other areas of the Mediterranean.

While the fertility rate in Arab countries has shown a significant decrease over the last decade (with the exceptions of Yemen and Iraq) and rates similar to those of some European countries are found in North Africa, the question raised for over 15 years by scholars of the Arab-Muslim world regards the relevance of this indicator as an index of women's autonomy in reproductive choices.

Various surveys have in fact shown that reproductive choices on the eastern and southern shores of the Mediterranean are not always indicative of the free and independent management of one's own fertility. Nor do variations in behavior necessarily denote a change in self-representation and/or the social representation of sexuality, procreation and maternity. In societies where women achieve social status only as mothers and educators and choices regarding their fertility are considered the prerogative of the husband and the family group, the limitations imposed on their reproductive and educational function also by conditions external to the private sphere have negative repercussions on their equilibrium and pathways of emancipation.

Empirical investigations, carried out above all in the developing countries, have shown moreover that many women are indifferent to calls for family planning not so much because they do not understand its benefits in terms of their own health and that of their children as because no attempt is made to obtain their participation and agreement.

Western demographers often blame delay in the demographic transition of Muslim countries on the Islamic religion, which is held to prevent two key points of demographic change, namely the autonomy of women and the development of places of civil representation (Fargues 1999). In actual fact, Islam has not always prevented the evolution of behavior, neither as a state religion nor as a system of values. An emblematic example is provided by the Islamic Republic of Iran, which has undergone one of the fastest decreases in fertility in history. In other countries such as Algeria, Islamic pressure did not prevent a fall in demographic growth during the 1990s.

It should rather be remembered that a further element shared by Arab countries is their direct or indirect dependence on exports of natural resources, especially oil and gas, and the importation of most of their consumer goods. The extraordinary development experienced by the hydrocarbon economy for nearly fifteen years enabled the countries concerned to put into effect a state social system that assumed all the burdens of healthcare and education. As has been said, "income produced population" (Fargues 1999). The oil crisis of the 1980s put an end to this mechanism and, with the exception of the monarchies on the Gulf, the other countries had to adopt drastic programs of economic reform with a heavy impact on family incomes and employment, and hence also on fertility rates.

In the Balkan countries, it was the fall of communism, the liberalization of markets and privatization that accentuated the state of poverty and indigence already affecting many families provided by the central state with a guaranteed minimum in terms of necessities, education and health. Though amply demonstrated from the quantitative viewpoint, the drop in the birth rate in these countries has never been studied thoroughly with respect to the behavior of women and men over the last decade. A number of reports do, however, document differences in behavior between the various ethnic groups making up the Balkan panorama and between the various provinces (Macedonian, Bosnia-Herzegovina, Serbia, etc).

Apostol Simovski (2001), for example, claims that in Macedonia it is important to take into consideration the differences in demographic trends between two groups, the first made up of Macedonians and Serbs (of the Orthodox Christian religion) and the second made up primarily of Albanians and Turks (mostly Muslim). While the demographic transition can be regarded as fully accomplished for the first group, whose behavior patterns prove not unlike those of the developed countries, it is still underway for the second. The Serb Goran Perv points out that even in the absence of recent and detailed data, estimated birth rates for towns with a large Albanian population are higher than the national average.

While the behavior of Mediterranean Muslim women and men differs as regards their interpretation of religious precepts both in their countries of origin and in the countries to which they have emigrated, it is also useful to consider the question of family law, not only because this includes the juridical treatment of minors but also because it has repercussions on the harmony of the family and the well-being of children.

Many official declarations and many texts of juridical reference of the countries considered, from constitutional charters to the ratification of international conventions on human rights and the fight against discrimination, establish equal rights, equal duties and equal opportunities for both sexes and in all sectors of society. The correlation between the universal value of equality between men and women and the articles stating that Islam is the state religion do, however, represent an unsolved problem in the issue of juridical status in the Muslim countries.

Although the monarchies base power on traditional and religious values, it is above all some of them, e.g. Jordan and Morocco, that have ratified numerous international agreements in defense of equal opportunities for all citizens with no discrimination. The countries that have made socio-cultural development and the fight against traditional and archaic forms of society part of their political programs (Algeria, Egypt, Libya, Syria, Iraq and Yemen) have preferred to entrust legislation on the private family sphere to the traditionalists in order to win greater consensus.

Tunisia has instead attained a role on the cutting edge as regards the citizenship rights of women and children, in that Tunisian legislation has drastically curtailed male privileges and assigned women and children rights unknown in any other part of the Muslim world: the prohibition of polygamy, the right to wed without the consent of a guardian, the institution of adoption to protect orphans, and the elimination of the duty of obedience for women.

Democratizing education, opening up the world of employment to women, endorsing the equality of

rights between the sexes, and keeping women under the authority of their fathers or husbands for life are emblematic examples of the hiatus between legislation, juridical texts, practices, social norms, and perverse effects of a process of rapid and unsystematic change that it has shattered the traditional social order without eliminating it completely, and of a theoretical project of modern society in which many women and many men find it difficult to identify their roles and positions.

The effects of all this on female education are certainly the most visible and also represent factors disturbing the traditional family and social order. An increase in the age of marriage, working activity outside the family home, and a decrease in the number of marriages inside the family circle depend strongly, as shown by many

surveys, also on women's level of education and family sphere, and marked discrimination is registered both between boys and girls and between girls in rural and urban areas at the end of the period of compulsory education.

The development policies in the countries of North Africa and the Middle East cannot fail to include transforming women and the children from "bearers of duties" into "bearers of rights". As long as societies and governments are torn between the *Hallal* (lawful) and the *Haram* (unlawful), between religious and secular, between modernity (in institutional forms and the contents of development projects) and tradition (in family and power structures), efforts to address the challenge of development are doomed to failure.

Tab. 1 – Elements of codes of personal status in Tunisia, Algeria, Morocco and Egypt

	Equality of constitutional rights	Parental consent required for marriage	Obligation of obedience to husband	Institution of unilateral divorce by repudiation	Parental authority	Polygamy	Maternal custody of children in the event of separation
Tunisia	Yes	No	No	Yes	Yes	Yes	Yes
Algeria	Yes	Yes	Yes	Yes	No	No	Yes
Morocco	Yes	Yes	Yes	Yes	No	No	Yes
Egypt	Yes	Yes	Yes	Yes	No	No	Yes

	Polygamy	Loss of custody of children by mother in the event of remarrying	Adoption of orphans
Tunisia	No	No	Yes
Algeria	Yes	Yes	No
Morocco	Yes	Yes	No
Egypt	Yes	Yes	No

Source: Dalil pour l'égalité dans la famille au Maghreb

Tab. 2 – Legal age in Algeria, Morocco and Tunisia by sex

	Legal ages				
	Legal age for marriage (1)		Legal age for civil rights (2)	Legal age for voting (3)	Legal age for penal proceedings (4)
	Female	Male			
Algeria	18	21	19*	18	16
Morocco	15	18	20*	18	16
Tunisia	17	20	20	20	16

1 Age at which marriage can be contracted without authorization from a judge

2 Age at which citizens can freely perform all civil actions

3 Age at which citizens have the right to vote

4 Age at which citizens are regarded as adults for the purposes of legal proceedings.

* except marriage

** except marriage

Source: Dalil pour l'égalité dans la famille au Maghreb

1.2.3 MATERNAL AND INFANTILE MORTALITY

Reducing maternal mortality is a challenge that many countries declare to be fundamental. Most governments recognize that it is unacceptable for women in the modern era to suffer or die through complications connected with childbirth. The reduction of maternal mortality was an objective of the Nairobi Conference of 1987, during which the Safe Motherhood Initiative was launched. It was also one of the seven goals of the International Conference on Children in 1990 and the Cairo Conference of 1994, where the target was set of a 50% reduction by 2000.

The difficulty of obtaining access to pregnancy and childbirth assistance services and access to specialized health services in cases of emergency continue, however, to constitute the main obstacle to the reduction of maternal mortality. The

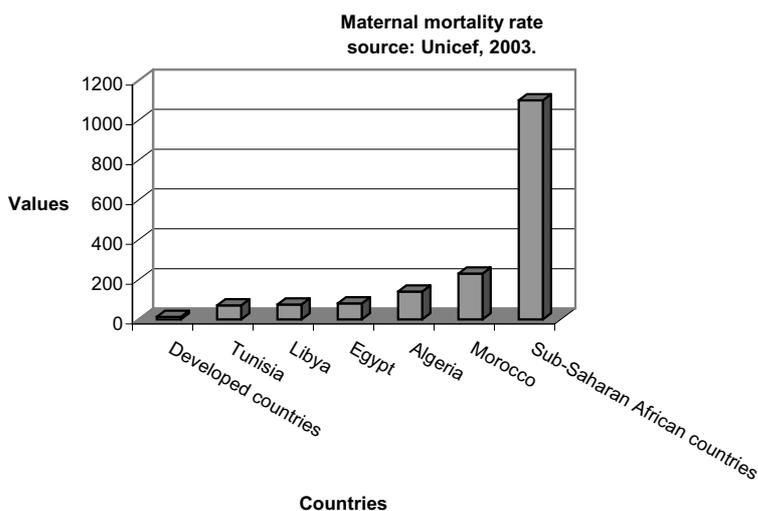
World Health Organization (WHO) estimates that 35% of pregnant women in the developing countries have no form of assistance during pregnancy (WHO, 1996).

The WHO launched the *Health for All by 2000* strategy in 1980, establishing a set of indicators to monitor the progress of the different countries toward certain goals, such as the reduction of infant mortality, the spread of infectious diseases, and complications connected with pregnancy, childbirth and confinement. This system has undergone change in recent years (UNICEF, UNFPA and the WHO have produced a manual to monitor maternal mortality in obstetric services) in terms both of the use of the selected indicators and of computerized management of the data, albeit only in the developed countries. The monitoring proposed by the WHO presupposes usable sources, the technical skill to integrate them, and a technology to process the data.

Although many countries have made great efforts in the last few years to measure maternal mortality, reliable data are very difficult to obtain in most countries. Statistics published in the UNICEF report on maternal mortality throughout the world do not permit satisfactory comparative analysis between countries.

Few countries record the causes of deaths. Sample-based surveys cannot be used because the size of the samples would make the margins of error too high. What remains are the records of deaths in hospitals, which are obliged to register the cause of death.

Given the foregoing considerations, only four points can be made on the basis of examination of the UNICEF data for North African countries shown in the following table.



- The data show that maternal mortality in North Africa is moving against the trend in nearby countries of sub-Saharan Africa and approaching the standards of countries on the northern shore of the Mediterranean. It should be pointed out, however, that the average regis-

tered for sub-Saharan Africa is also due to the rocketing increase in certain diseases such as AIDS.

- The phenomenon is also obviously underestimated in Morocco, Algeria and Egypt, where the public health bodies (ministries of health) gather data only from the public hospitals. Empirical investigations reveal that in the last decade, and in spite of considerable investment in this sector, the supply of free public healthcare services for mothers and children has fallen both quantitatively and qualitatively, especially in rural and semi-urban areas. In point of fact, the data indicate coverage for only 58% of mothers in Algeria, 42% in Morocco, and 53% in Egypt. Many physicians and paramedics have opted for the private sector, which is more remunerative for them but prohibitively expensive for the families of the middle and lower classes and for poor families (M. Kadar, *Systèmes et politiques de santé au Maghreb: un état des lieux*, Santé Maghreb, 2003).

In all the countries considered, recourse to midwives or relatives for assistance during childbirth is still very widespread among women from rural areas with low levels of education and income. Recourse to health services is still seen as inability to breed naturally and not as protection for oneself and the child. In Italy's health service structures, for example, many women immigrants from these countries categorically refuse Caesarean sections or medicine to alleviate pain.

In the countries of North Africa, maternal mortality does not, however, automatically mean that orphaned children are at risk of abandonment. The mechanisms of solidarity characterizing the family structures often assume the task of main-

taining and bringing up children. It remains true, however, that demands for state assistance have become more and more pressing with the worsening of the economic situation for families, especially in Algeria and Egypt.

The data on infant mortality in the MENA region constitute an emblematic example of the lack of any direct relationship between economic growth and human development. The limitation of national average values is that of not taking into consideration the territorial distribution of public spending and investment in the sector of children's health. As already pointed out for maternal mortality, the rural areas continue to be disadvantaged as regards the availability of healthcare and educational structures. Combined with poverty, this situation gives rise to an endemic low level of knowledge of the benefits of modern medicine. Cultural norms and behaviors still survive with respect to children's health that have often completely disappeared in urban areas.

The statistical data also show that the incidence of pathologies linked to malnutrition or inadequate treatment for illnesses that are now harmless in other geographical areas is one of the factors involved in the infant and under-five mortality rates among the poorer and disadvantaged classes. The challenge of the new millennium is also to give a broader meaning to human development. This dramatic situation could be partly eliminated by measures to end the socio-economic divide between town and country and to promote equal opportunities for parents as regards access to health facilities but also to knowledge and know-how. The case of the Balkan countries shows that indigence has no direct causal relationship with infant mortality.

1.2.4 CHILDREN DROPPING OUT OF SCHOOL AND CHILD LABOR

It is still difficult to chart child labor in the world so as to indicate the scale of the phenomenon, the nature of the work and/or exploitation, and above all the determining factors involved. Many observers maintain that the number of child workers is constantly rising and assuming alarming forms such as prostitution, and that this trend is due to a combination of factors. This has led to awareness on the part of the international organizations and national institutions that no country, developed or otherwise, is free of the problem and that financial crises, natural disasters, armed conflict, and also the spread of HIV should prompt a series of measures designed to elucidate and counter a phenomenon that has been studied little so far.

Investigations carried out in various countries have shown how far this phenomenon has remained invisible and how necessary it is to develop appropriate methodologies to pinpoint its context. In point of fact, the results of these investigations have enabled the ILO not only to produce estimates of the number of child workers but also to describe the context, causes, consequences and sectors of activity, above all those considered particularly harmful.

In this connection, the ILO launched an international program (IPEC) for the elimination of child labor in 1992. The goals of this program include quantification of all the aspects of the phenomenon at the national, regional and world levels.

The report entitled *A Future Without Child Labor* examines the various forms that child

labor can take and analyzes its “immediate, remote or structural” causes.

Moreover, the ILO and the organizations committed to protecting children agree in identifying a sharp difference between “child work” and “child labor”, the first being linked to activities attributable to the socio-cultural context (and educational model) and the second to the coerced use of the juvenile workforce to solve the problems of adults.

Finally, all the experts agree on the fact that the indicators of economic hardship are not sufficient to account for the phenomenon. The different dimensions of poverty interact with other factors at all levels, socio-cultural, economic and political. This interaction determines conditions whereby some minors are forced to work, some attend school, some do both, and some do neither.

The correlation between dropping out of school

and work is again very difficult to ascertain due to the scarcity of the information available. Of the countries considered, with the exception of West Europe, only Turkey provides a series of quantitatively and qualitatively satisfactory data, produced after the signing of an agreement between the National Institute of Statistics and the ILO within the framework of the IPEC program. A specific department for monitoring and data gathering was set up and carried out the first sample-based survey of child labor at the national level as early as 1994, followed by the second in 1999. The results present an overview of the phenomenon in its various facets (State Statistical Institute of Turkey. Child Work Survey. 1999). There are 3.4 million children aged between 6 and 17 out of school, 500,000 of whom aged between 6 and 9 do not work. The child workers are predominantly female (58% at the national level) and carry out activities both inside and outside the family circle. The reasons given by these children for dropping out of school are listed in following table (tab. 3).

Tab. 3 – Reasons given by children for dropping out of school in Turkey (%)

Reasons for dropping out	Employed in external economic activities			Family assistance			Non-working		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	100	100	100	100	100	100	100	100	100
No adequate school available	10	11	9	8	9	7	11	12	11
Not interested in school	31	37	27	30	35	26	32	38	28
Cannot afford schooling	24	1	26	29	28	30	19	14	22
Need to help at home	8	3	11	5	1	8	10	5	14
Family wishes	7	2	10	6	2	9	8	3	11
Other	21	27	17	22	26	20	20	28	15

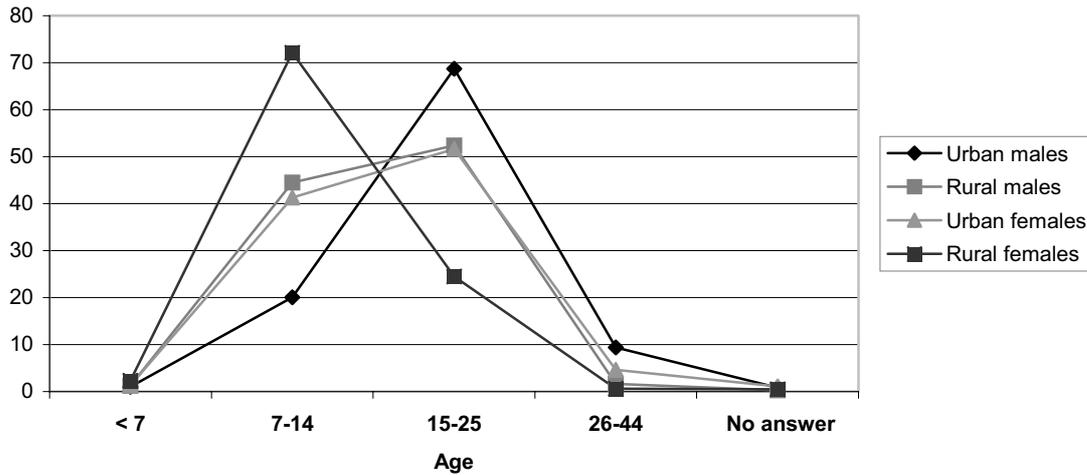
Source: State Statistical Institute of Turkey 2000

All the children in the sample were asked what they wanted, and the answers are surprising in many respects, revealing the hard lives these children have. While 83% would like only to study, 7% would prefer to have a “good job”. While 43% of the children out of school would like to go back, 25.5% would like to have a better job. While children in the first group obviously find it difficult to cope with the combined burden of work and school, the second group appears to be divided between those who would like to go back to school and those who would like to learn more rewarding activities.

Information on the relationship between schooling and child labor is especially insufficient and fragmentary in the countries of North Africa, and not enough effort is made to develop synergies between the different bodies investigating the phenomenon so as to integrate the various sources. While the sample-based surveys on the workforce (Algeria, Morocco and Tunisia) only indicate the age, sex, position, sector of activity and income of the workers, including minors (aged under 15-16), the various investigations carried out by ministries of education or social solidarity focus on illiteracy and dropping out of school in relation to sex, age, economic and cultural level of family, and area of residence (urban or rural).

A recent study carried out in Algeria by the Ministry of Solidarity provides interesting data on the scale of child labor, with 1,300,000 children aged between 6 and 17 years (56% of whom being female) forced to work while they should be at school until the age of 15. 15.4% of the children working have lost their father or mother, 52.1% live in rural areas, and 28% are aged under 15. Sample-based surveys on the workforce (Labour Force Survey) indicate an enormous number of children declared by the interviewed head of household as “family help” (workers carrying out

various unpaid activities on behalf of a cohabiting relative or the family). The situation is described by the relevant institutions as growing steadily more serious given the inadequacy of the monitoring and control systems. Only inspections carried out by the Ministry of Labor and the National Institute of Social Insurance report systematically on child labor in firms, while the sector of agriculture and the informal or underground sector escape any control whatsoever. Various observers maintain that definitive school leaving takes place at the end of compulsory education, not least because parents are afraid of checks by the authorities. What it is found instead is an extremely high rate of absenteeism, especially in the rural and semi-urban areas, which masks underpaid child labor in sectors (small-scale handicrafts, services and retail trade) where the demand for low-cost labor is high and state control is difficult, even if the employers risk heavy fines and imprisonment. Various surveys carried out on Moroccan territory as long ago as the 1980s describe the different forms and scale of child labor. The agricultural sector employs 3/4 of the male and 4/5 of the female children, who receive on average half of an adult wage for the same work and the same hours. It is estimated that the rate of illiteracy in Morocco for children aged over 10 is 55% and that 3 million school-age children do not attend school despite the institution of compulsory education, it being assumed that these children have dropped out of school in order to work. It should also be noted above all that in Morocco, great influence is exercised, especially on males, by the social and cultural context in which one lives, and in which it is often a tradition to take part in the family economy from an early age and learn a trade. A sample-based survey carried out in 1995 asked families about the age at which children should begin to contribute to the family income.



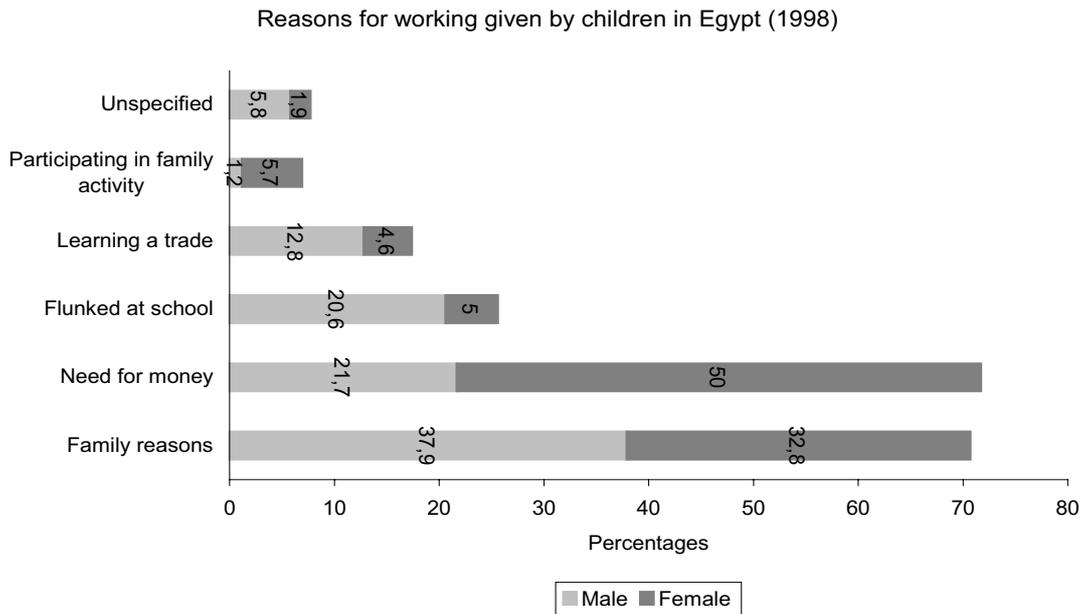
Source: Enquete nationale sur la famille. Centre d'études et de recherche démographiques. Morocco. CERED.1996

It turns out that children should start to be useful to the family between the ages of 15 and 25 years for 61.4% of those interviewed, and between 7 and 14 for 31.1%, while females should begin earlier, between the ages of 7 and 14, for 55%. As regards school leaving, the same survey reveals a number of causes. The first indicated in rural areas is the lack of economic resources to cover the expense of education, and the second the child's lack of interest, both for females (44.3%) and for males (41, %). In the cities, lack of interest on the child's part is instead indicated as the primary reason for dropping out of school followed by economic reasons as well as a sense of the need to help the parents, which is common to both female and male children.

One Moroccan child out of five states that he or she is not working but learning a trade. The survey carried out by the Ministry of Labor with the support of the ILO shows, however, that only 4% of working children receive any real training. The new labor code approved in 2003 categorically condemns child labor under the age of 15. It is

hoped that, as a result of this law, the 500,000 children who work without attending school (12% of whom aged under 10) will go back to their desks.

As regards Egypt, until 1996 children were already allowed to work from the age of 12 if permitted by their legal guardian. The minimum age today is 15. A survey of the labor market carried out in 1998 studied the relationship between school and work. The picture that emerges shows differences in attitude between male and female as well as differences in parental treatment according to sex. It turns out from the findings that 36% of male children work and attend school while 12% of females neither work nor go to school. As in the case of Morocco, in Egypt the choice is often made by the parents. The fathers decide for 62% of male and female children, while the mothers decide for 12% of the males and 5% of the females. The children interviewed stated that the main reason for the decision was economic need for girls and family reasons (masking the male duty to learn a man's trade) for boys.



Source: Labour market survey in Egypt.1998

The survey confirms the differences between male and female children in terms of treatment. While work does not prevent males from studying, it leads girls to drop out of school (only 5% declare that they dropped out because of flunking) due to the excessive pressure of housework and the job outside.

In Lebanon it is estimated that 1.9% of boys aged between 10 and 14 have permanent jobs and that 94% of these have completed elementary school. Social statistics are still practically nonexistent in Lebanon apart from some surveys based on samples so small as to give no overall picture of the national situation. In the absence of a census (the last one was held in 1932), it is in fact very difficult to select a representative sample for any survey involving the population. A recent sectorial survey on workers in tobacco production sector confirms that the majority are aged between 12 and 15 and attended elementary

school before leaving in order to work, while a substantial number of children aged between 9 and 12 continue to attend school. In Lebanon as in the other Arab countries, children are sent to work by their parents, also because it is thought that they should contribute to the family income, and girls drop out of school comparatively early, especially in the rural areas.

In the Balkans, interesting observations can be added regarding Romania. Romanian families have experienced an economic and social crisis that began even before the fall of regime and has been accompanied by lack of support for large families and an enormous difference between urban and rural areas as regards the supply of services and steadily rising inflation. Thirteen years after the transition, the present wage level is considered lower today than the value of 1989. According to Rodica Stanoiu, “the social alarm in Romania, as in the other nearby countries for

that matter, is out of proportion to the objective situation". In point of fact, Romania has become in the mass media an emblematic example of child exploitation and of increasing numbers of children taken into public or private care.

The report of the National Authority for the Protection of Children (February 2003) stresses that a significant (but undefined) proportion of the 42,777 children taken into care and the 43,783 children entrusted to families were not abandoned by the family but that support was requested in order to guarantee a minimum standard of living. No statistics are available for education and child labor. There is, however, some information produced in recent years on "street children" that indicates the pattern, albeit in very cursory terms: dropping out of school, definitive or temporary abandonment of the area of residence (rural or semi-urban) for the city, irregular jobs or begging, with the danger of suffering all kinds of abuse. Many observers think that the situation affecting many Romanian children originated before 1989, being an issue taboo at the social level and well hidden by the regime.

Subsequent to ratification of the International Convention on Children's Rights, Romania has also launched a series of initiatives with the support of UNICEF and the Council of Europe and the technical assistance of international NGOs specializing in the sector. The action plan developed is designed to study the causes and consequences of dropping out of school and the juvenile condition in general, and to incorporate the international standards into legislation.

The poverty of families is not the only reason driving children to work. The difficulty of access

to an adequate educational infrastructure, the lack of schools, teaching regarded as mediocre and little geared to the ever-greater requirements of the modern world, the difficulty that some governments have in guaranteeing really free education and investing in the improvement of educational facilities, the existence of traditional models of upbringing, where the child is considered an asset to be invested in for one's old age, the armed conflicts and natural disasters that drive whole families to migrate are only some of the factors endangering children's welfare.

1.2.5 ABANDONED CHILDREN

Another noteworthy phenomenon in the description of children's conditions in the Mediterranean area is that of the abandonment, registered above all in hospitals (and healthcare structures in general) of babies born to single mothers, divorced women or widows, and rape victims. The lack of adequate assistance for families with disabled children often forces parents to abandon them in hospitals, which also register a high rate of infant mortality connected with disability.

In most of the countries on the Mediterranean, it is the father that gives the newborn child its name and nationality. The name given by the father also makes the difference between the illegitimate and the legitimate child.

Provisions for the protection of children at both national and international level are all based on the Universal Declaration of Human Rights adopted by the general assembly of the United Nations in 1948, and in particular on the sections dealing with children's rights.

The ratification of the UN convention of 1989, incorporated officially into international law in 1990, has reinforced the legal structure of protection for women and children in many countries on the southern shore of the Mediterranean, e.g. Algeria, where women are allowed by law to give birth anonymously in hospitals in units specifically reserved for them.

The children abandoned in this way are sometimes illegally adopted with the complicity of paramedical staff and phenomena of illegal commerce are registered. Of those that remain in hospital, more than half die before the age of one due to lack of care and also because of the *Sharia* or Islamic law, which prevents their adoption.

One Algerian scholar has used the term “administrative infanticide” in this connection in that abandonment in hospital that is not followed by possible adoption constitutes an act of violence and abuse of power on an unprecedented scale against the child.

In addition to the children born outside the family, there are also those found in a semi-abandoned state on the street because their parents are sick, divorced, imprisoned, or deprived of their civil rights.

The phenomenology considered here displays growth in the most recent period in countries on the southern and eastern shores of the Mediterranean. This can be linked to socio-economic changes that have recently caused a decrease in wages and purchasing power as well as a worsening of conditions on the job market, for which reason many families find themselves unable to perform the parental duties of feeding, caring for and bringing up their own children.

1.2.6 CHILD PROTECTION IN NATIONAL POLICIES

Investments aimed at developing the sector of healthcare and assistance constitute a key element for any understanding of the role played by national policies in the quality of life for children.

Over the last thirty years, all the countries in the Mediterranean region have made enormous progress in modernizing their health and social systems. Radical differences still exist, however, between West Europe and the Balkan countries (with some differences as regards maternal and child health) and the countries of North Africa and the Middle East. In actual fact, new challenges have emerged in this region with regard to meeting children’s needs for health and education that require an adjustment of public policies but also greater optimization of expenditure.

Before the broadening of the debate on measuring poverty and human development, the strictly financial element was used as a yardstick of efforts made to improve the social conditions of the population. Demographic changes, the enormous disparity in healthcare coverage between rural and urban areas, new forms of poverty, new diseases (e.g. certain communicable diseases including AIDS), and large-scale migratory flows have highlighted the need to assess the ratio of spending to well-being and to gauge the quality and efficiency of supply.

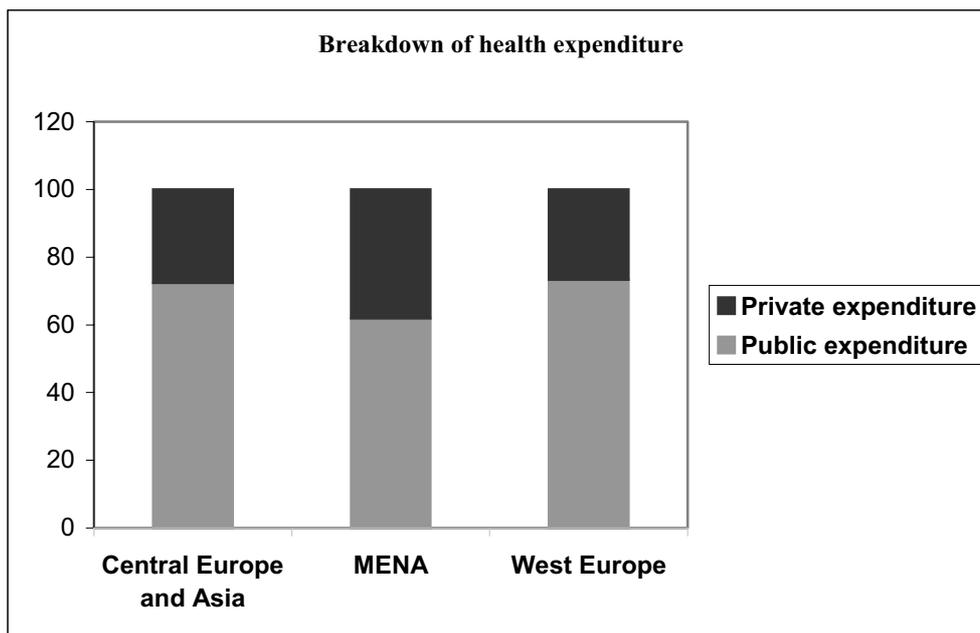
While the average expenditure of the North African countries on education, health and social security is around 15% of gross domestic product, most of these countries still register problems of access, quality and efficiency.

In the countries of the Maghreb, the model of state coverage for all forms of care has been gradually abandoned and the expansion of the private sector has been encouraged. While it is clear from the financial standpoint that public investment has been reduced, however, from the political standpoint new approaches and programs have been needed for years to define the functions of the various bodies responsible for health and social security. This delay has had direct consequences for families with no improvement in their social coverage or their levels of income. The situation is alarming, as exemplified by the case of Algeria, where serious communicable diseases such as cholera have reappeared in a country where free medicine for all was the jewel in the crown of development policies also in the era of structural readjustment.

In all the MENA countries, the health sector drew

for many years on massive resources without assessing the quality of the services provided or the effectiveness of its management. With the Millennium Development Goals, many countries are called upon to bring their policies into line with the multisectorial and multifactorial approach. Sound healthcare cannot be assessed solely through statistical indicators linked to expenditure or the availability of structures. In the Maghreb countries, over half of the percentage of maternal mortality is registered in health structures in connection with problems linked also to the inadequacy of skills and infrastructures.

A reading of the data indicates that private health expenditure is comparatively high in the MENA countries. This is due to the state shedding its commitments but also to a developed and modern private sector, access to which is often prohibitively expensive for the needy.



Source: WHO, 2002

Tab. 4 – Health expenditure in countries on the Mediterranean

	Total health % of GDP	Breakdown		Per capita health expenditure \$ 1997-2000 ^a	Physicians per 1,000 inhabitants		Hospital beds per 1,000 inhabitants	
		% of total health expenditure			1980	1995-2000 ^a	1980	1995-2000 ^a
		Public	Private					
	1997-2000 ^a	1997-2000 ^a	1997-2000 ^a					
Albania	3	62	38	41	..	1	..	3
Algeria	4	82	18	64	..	1	..	2
Bosnia and Herzegovina	5	69	31	50	..	1	..	2
Bulgaria	4	78	22	59	2	3	11	7
Croatia	10	80	20	434	..	2	..	..
Czech Republic	7	91	9	358	2	3	11	9
Egypt, Arab Rep.	4	46	54	51	1	2	2	2
Iran, Islamic Rep.	6	46	54	258	..	1	1	2
Iraq	4	60	40	375	1	1	2	1
Israel	11	76	24	2021	..	4	5	6
Jordan	8	52	48	137	1	2	1	2
Kuwait	3	87	13	586	2	2	4	3
Lebanon	12	20	80	499	..	2	..	3
Libya	3	49	51	246	1	1	..	4
Macedonia, FYR	6	85	16	106	..	2	..	5
Mauritania	4	79	21	14	..	0	..	..
Morocco	5	30	70	50	..	0	..	1
Oman	3	83	17	295	0	1	2	2
Romania	3	64	36	48	1	2	9	8
Saudi Arabia	5	79	21	448	..	2	..	2
Slovak Republic	6	90	10	210	..	4	..	7
Slovenia	9	79	21	788	..	2	7	6
Syrian Arab Republic	3	63	37	30	0	1	1	1
Tunisia	6	52	48	110	0	1	2	2
Turkey	5	71	29	150	1	1	2	3
United Arab Emirates	3	78	22	767	1	2	3	3
West Bank and Gaza	..	..	..	..	..	1	..	1
Yemen, Rep.	5	43	57	20	..	0	..	1
Yugoslavia, Fed. Rep.	6	51	49	50	..	2	..	5
Europe EMU	9	73	27	1808	2	4	10	8

a. Figures for the most recent year

b. Less than 0.05

c. Less than 0.5. d. Figures for 2001 / Source: WHO

If we consider health spending per inhabitant, significant differences emerge between the MENA countries (except Israel and with the addition of Yemen) and Kuwait, Qatar and the United Arab Emirates, countries dependent on oil revenues where average incomes are among the highest in the world. Attention should also be drawn to the fact that despite the difficulties connected with economic transition, health expenditure per inhabitant in the Balkan countries is medium-high with respect to the southern Mediterranean region.

The two indicators conventionally used to gauge the resources of health systems are the number of doctors per 1,000 inhabitants and the number of hospital beds. Though indicative of a more or less developed health infrastructure, these data give little idea, however, of the level of sub-national geographical coverage (figures of 0.1 doctors per 1,000 inhabitants being registered in some cases in the regions of the Sahara) or the quality of the services provided. Many studies carried out in countries on the southern shore of the Mediterranean have described the problems connected with keeping doctors abreast of current developments, delay in scientific research, and the continued use of obsolete equipment due to lack of funds or knowledge of the new technologies. As already indicated, the efforts made by all the countries in the health sector are undeniable both north and south of the Mediterranean. Government financial coverage for vaccination is high both in the countries of West Europe and in the other countries of the Mediterranean, with the exception of Yemen, where it is still quite low because of the difficulty in tracking down the tribes (as is the case in all the countries with nomadic populations, including Algeria and Libya as well as Egypt to a limited extent). In

actual fact, all the competent public health organizations address the problem of campaigns to vaccinate the children in the South. Under-five mortality rates are still very high in this area, and it is only through adequate financial coverage and an adequate vaccination campaign taking into consideration also the various lifestyles of the nomadic populations that this dramatic situation can be improved.

1.2.7 MINORS AND THE MEDIA IN THE MEDITERRANEAN: AN INTERPRETIVE NOTE

In a historical phase in which the supply of the traditional media and the new media is undergoing marked differentiation and multiplication at the world level, the delicate and problematic relationship between minors and the media can be considered at three levels.

- The first is the structural level of access. It is a question of understanding whether and to what extent children and adolescents have access to the old and new media constituting the basic code for social inclusion and communication.
- The second is the level of the content channeled by the media and the influence that such content can have on the young's perception of reality, system of values and models of behavior.
- The third level – perhaps less immediate in the case of adolescents but not thereby any less important – regards the effects of the media on social and political participation.

The access of children, and indeed adults, to the various media is markedly uneven throughout the world. In many European countries, North

America, Japan and Australia, it is now fairly common for children to live in “multimedia houses”. There is often not just one television set but two or three, one of which is in the child’s own room. In most cases they also have a videocassette recorder (VCR), a personal computer and electronic games. An ever-increasing number of children are also capable of using CD Rom and the Internet.

In other areas of the planet, e.g. parts of Africa but also Asia and Latin America, the situation appears to be radically different. Suffice it to recall that despite the extremely rapid spread of television since the late 1980s, it is still radio that plays a key role in these countries.

In speaking about the rights of minors with respect to the media, it must therefore be borne in mind that the primary problem of access to the media (the “digital divide”) takes precedence over the assertion and defense of these rights in relation to content.

Overall examination of the distribution of old and new media in the Mediterranean region reveals a number of decidedly significant trends.

- Contrary to what is suggested by some accredited interpretations of the distribution of the various media, it is not true that the new media perform a compensatory function in the developing countries, making up or in any case narrowing the gap registered in the dissemination of the traditional media. Examination of the North African countries on the Mediterranean, for example, shows that the lag in the dissemination of television sets (between 100 and 140 per 1,000 inhabitants) and in any case the more limited dissemination of radio sets (22-30 %) with respect to the rich Mediterranean countries are in

no way offset by the alleged acceleration in the dissemination of the new media. In point of fact, the levels of dissemination of cellular telephones and personal computers appear very low indeed and will scarcely be able, if these growth rates are maintained, to make up the media gap with respect to the industrialized countries in the short-medium term.

- Radio remains the medium most widespread in the developing countries due to the fact that sets are so economical and easy to use. Collective listening and commentary on radio broadcasts still survives in villages in many of the less developed countries in the Mediterranean area. In this sense, radio serves as a means of socialization.

- As regards the problem of the content channeled by the media and by television in particular, it must be borne in mind that local production is very limited in the developing countries (with the exception of India). Recent studies have shown that specific programming for minors is very limited and confined to a small group of languages. In the North African countries, although over 50 % of the population are aged under 30, the local production of programs for children and adolescents is almost nonexistent.

Attention should also be drawn to the dissemination in various countries of the Mediterranean area to programs broadcast by four giants of the worldwide communication system:

- Turner Networks and Cartoon Network (France, Spain and Italy)
- Walt Disney Company Disney Channel (France, the Middle East, Italy and Spain)
- Fox Family Worldwide (Fox Kids Network) (France, Spain and Romania)
- Viacom Nickelodeon (Turkey, Spain, Malta and Romania)

The problem of cultural standardization is made very concrete indeed by the limited local production of developing countries combined with the growing penetration of programs broadcast by great multimedia concentrations and the consequent dissemination of products that tend, by virtue of their characteristics of exportability at the world level, to comply with a precise code. Children in Romania or Turkey see the same programs and the same content as children in the United States or Australia. And these are certainly programs that in no way reflect their social reality, having been produced in American or Australian studios.

In this connection, however, an effort must be made to analyze the processes underway with no prejudices at all. Where local production is poor in quality (as in the case of Italy) or practically nonexistent (as in the case of the African countries on the Mediterranean), it must be asked whether importing products that do in any case maintain some standards of quality is not preferable to defending the specific local culture.

While this is clearly an issue of great complexity that can only be drawn attention to here, it should in any case be borne in mind when analyzing the trends underway in the cultural processes of developing countries.

1.3 CHILDREN IN THE MEDITERRANEAN AREA, DIVISIONS AND PROSPECTS FOR CONVERGENCE

While the prospects for convergence between the demographic structures and standards of progress on the northern and the southern and eastern shores of the Mediterranean are borne

out by projections for the next fifty years, there is no doubt at present as to the persistence of marked territorial asymmetry and radical differences in the living conditions of children in the different countries of the basin. The under-five mortality rate – the prime indicator for overall assessment of children's living conditions and the differences existing between societies – displays considerable fluctuation with minimum values in West Europe and maximum values in North Africa and above all Iraq and Yemen, the most backward countries with respect to child care (fig.1).

Projections up to 2050 suggest that the demographic structure in the different regions of the Mediterranean will gradually fall into line with the European model but without eliminating all the differences in the long term (especially in the countries of the Arab peninsula). A steady fall is, however, evident both in the fertility rate and in the proportion of children and adolescents with respect to total population (figs. 2-3).

Positive prospects of convergence are also registered as regards the infant mortality rate (within the first year of life) and the under-five mortality rate, both of which show a significant decrease, as well as life expectancy at birth, which tends to increase (figs. 4-6).

These demographic projections cannot, however, conceal the imbalances currently existing and must not discourage research into the primary causes of hardship for children and adolescents in the Mediterranean area.

There is a clear correlation between "human development" (as defined by the UNDP and measured by the Human Development Index) and the under-five mortality rate in that a lower death rate for children is synonymous with and an integral part of the progress achieved by a society.

Here too, the distribution of countries in the Euro-Mediterranean region highlights not only the differences between European countries and the Arab world but also the broad divergence between societies in North Africa, the Middle East and the Gulf region (fig. 7).

The per capita wealth of a nation is of course a variable with a significant influence of children's living conditions, albeit not in such an obvious way as it may appear at first sight.

If a modest per capita GDP is in fact combined with a high infant mortality rate (as is the case above all in Iraq and Yemen but also in Algeria, Morocco, Turkey and Iran), significant differences can be identified in the under-five mortality rate in many countries even though the individual income levels are practically identical (fig.8).

The link between a country's economic prosperity or poverty and childhood welfare is anything but automatic and straightforward, and the same applies to the link between economic growth, the reduction of poverty, and improvement in the social indicators for youngest section of the population. In other words, a country's progress could prove detrimental to children by actually maintaining or even worsening the state of deprivation affecting this vulnerable section of the population.

To sum up, it is possible to identify four areas and five distinct groups of countries, as shown in fig. 9.

- Predictably enough, the quadrant determined by the combination of high per capita income and a high under-five mortality rate proves empty.
- Then we have the first group of countries, comprising the European countries, Israel, and rich, oil-exporting countries of the Gulf region, where

Fig. 1 – Under-18 population and under-5 mortality rate in the Mediterranean region, 2001

Source: UNICEF data processed by CENSIS, 2003

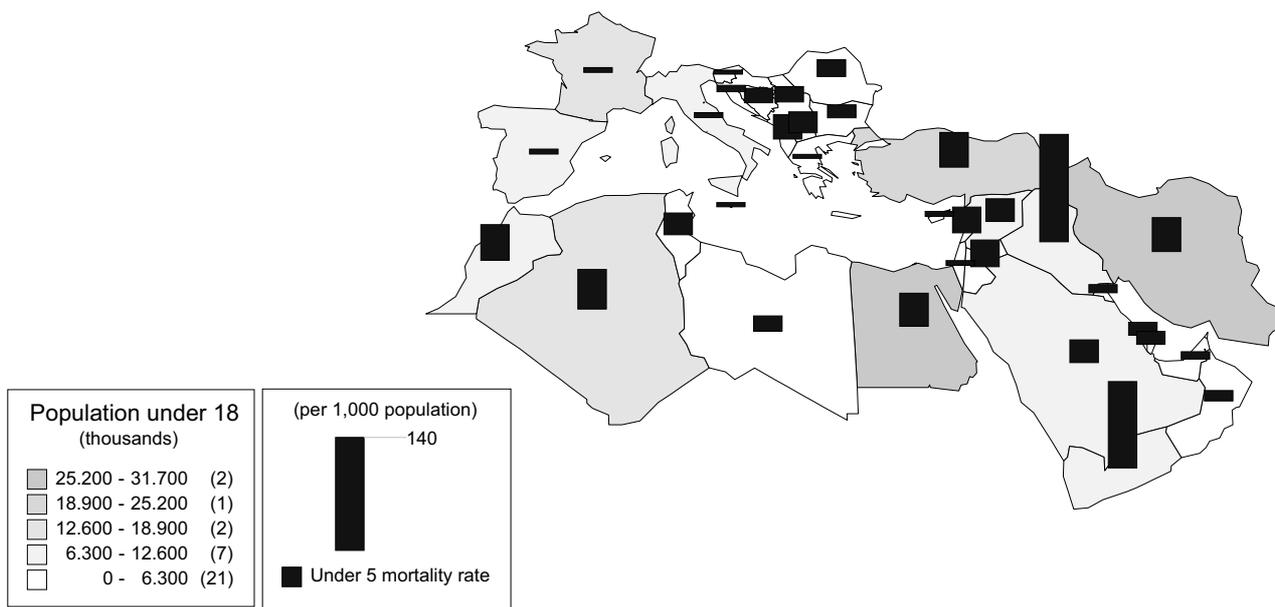
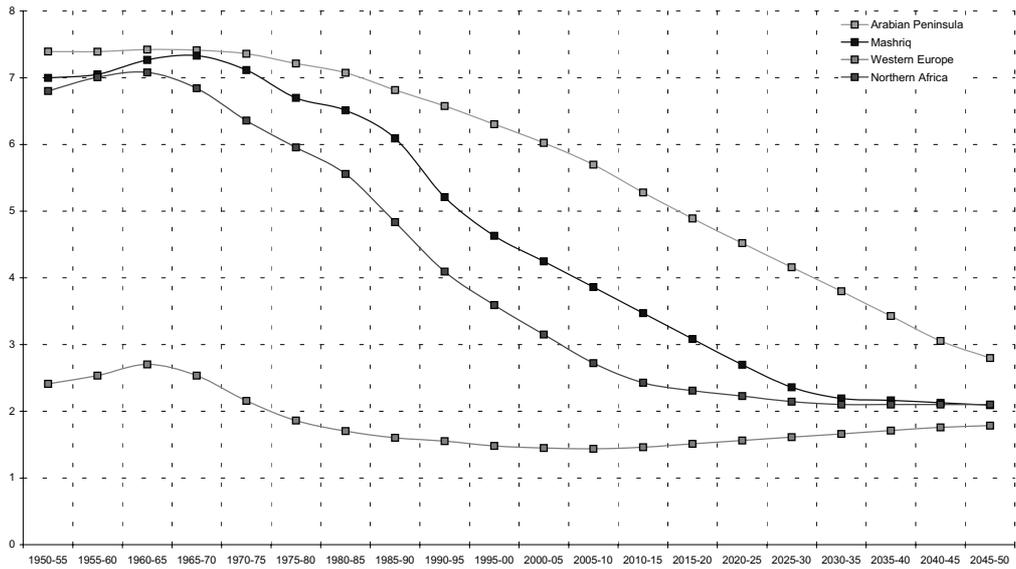
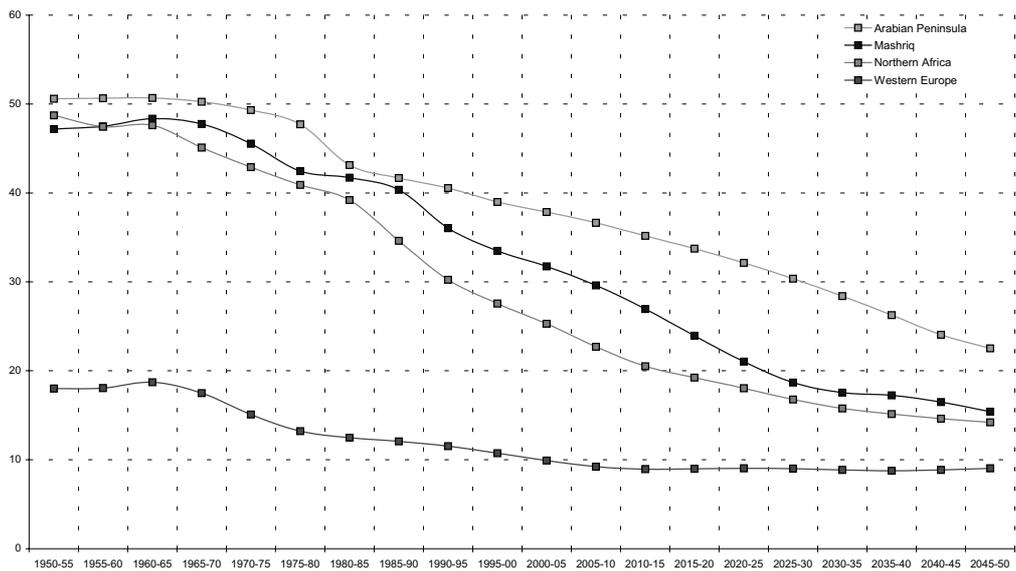


Fig. 2 – Fertility rate (number of children per woman), 1950-2050



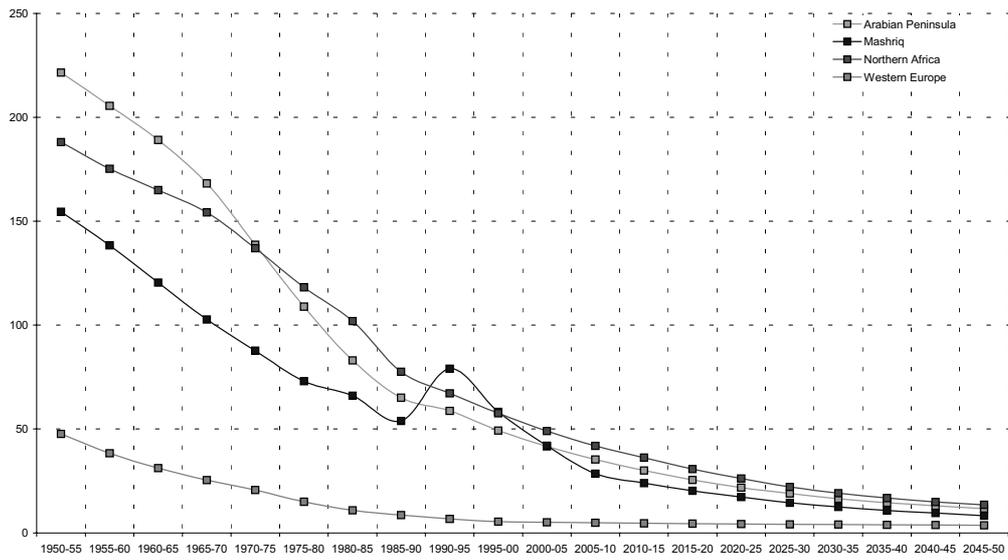
Source: UNEP data processed by CENSIS, 2003

Fig. 3 – Crude birth rate (annual number of births per 1,000 population), 1950-2050



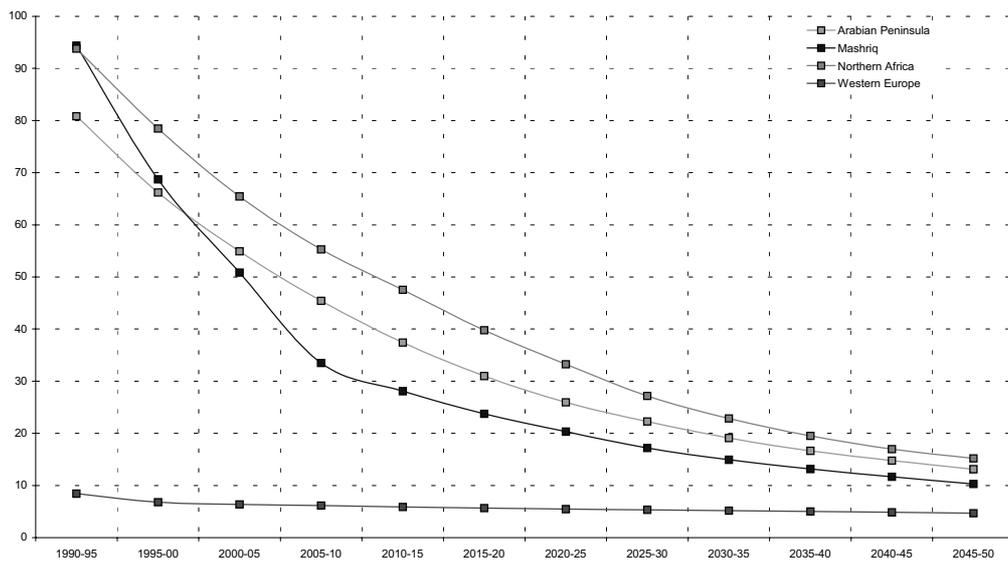
Source: UNEP data processed by CENSIS, 2003

Fig. 4 – Infant mortality rate (deaths per 1,000 live births), 1950-2050



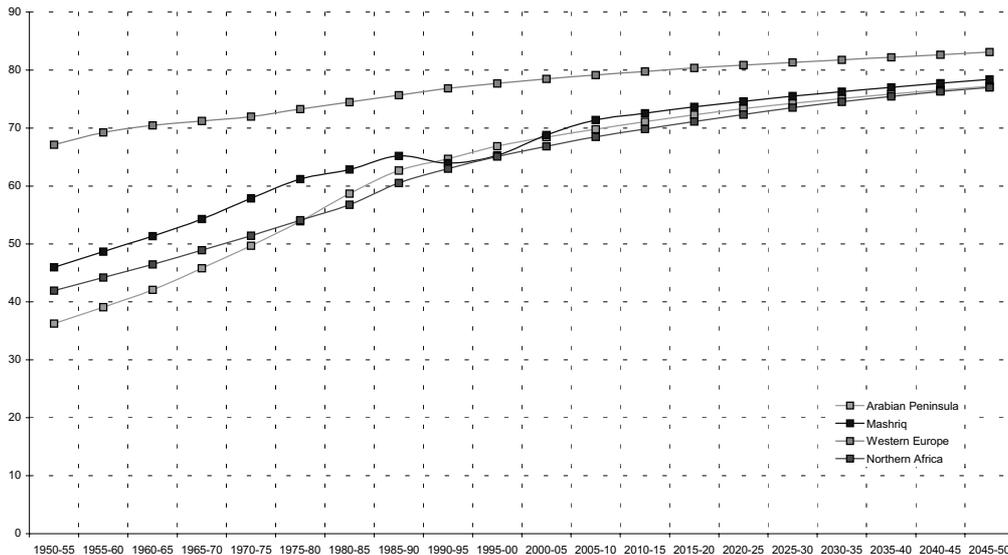
Source: UNEP data processed by CENSIS, 2003

Fig. 5 – Under-5 mortality rate (deaths per 1,000 live births), 1990-2050



Source: UNEP data processed by CENSIS, 2003

Fig. 6 – Life expectancy at birth (years), 1950-2050



Source: UNEP data processed by CENSIS, 2003

the high levels of wealth achieved are combined with good living standards for children.

- Saudi Arabia, situated in an intermediate position, is an exception in that imbalanced distribution of income and inadequate allocation of public resources have so far obstructed any steps to reduce infant mortality.
- The quadrant characterized by low income and low infant mortality is occupied by the Balkan countries, where the conditions have been created to ensure health standards of appreciably high level for the young.
- Iraq and Yemen occupy the opposite quadrant, determined by the combination of widespread poverty and high infant mortality. (The under-five mortality rate in Iraq nearly tripled in the 1990s to reach 13%, while the percentage of undernourished children in Yemen rose from 30% in 1992 to 46% in 1997)

- Finally, an intermediate position between the last two cases is occupied by the group of MENA countries (Middle East and North Africa), which still have a long way to go if they are to improve the average level of available income and ensure acceptable living conditions for children.

Despite the social progress registered against a background of forward leaps, sudden stops and differently proportioned constraints and opportunities, the percentage of children at risk still appears excessively high in the MENA region as a whole. The area of the Arab countries sharply displays the paradoxical situation where economic growth and the successes achieved in reducing the incidence of income poverty have still to be matched by analogous success in translating the comparative economic prosperity attained into improved standards of living for the population as a whole and children in particular.

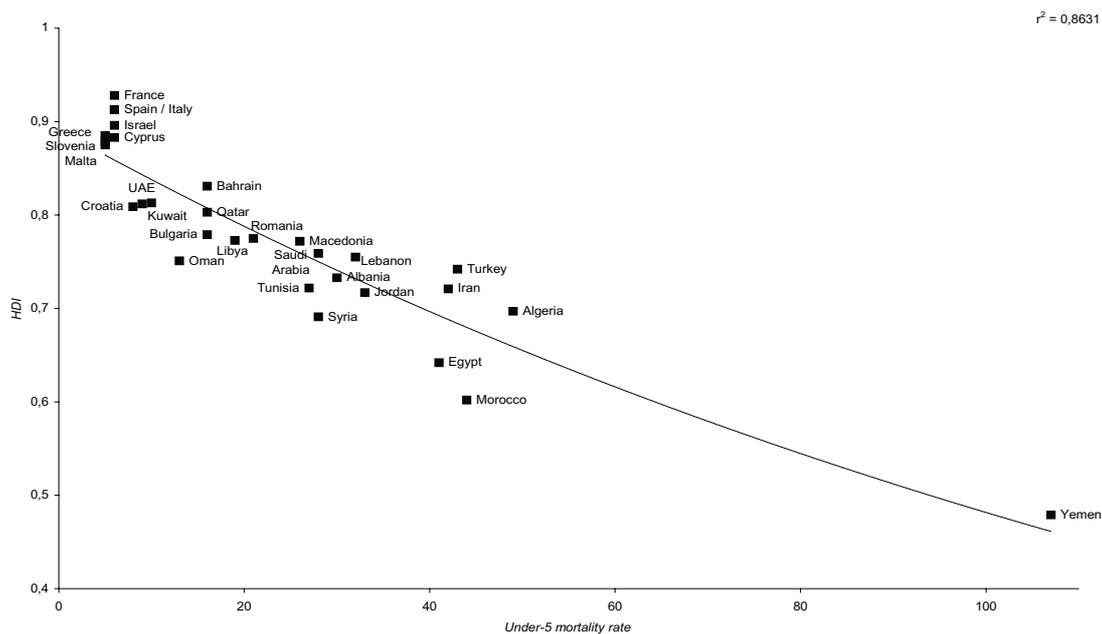
The fact that there are many countries with comparable levels of wealth but showing significant differences in children’s living conditions (as regards the infant mortality rate, malnutrition, health services, education, etc.) confirms the importance of the role played by public policies in ensuring acceptable and dignified living conditions for children.

These countries have progressed from the low to the medium level of human development thus reducing their great initial inferiority with respect to those on the northern side of the Mediterranean. The progress achieved in the region over the last few decades is, however, still insufficient to determine a general improvement in the standard of living of the youngest section of the population, and the conditions for children in many non-European Mediterranean countries still display dangerously broad margins of deterioration.

In other words, only a few countries have succeeded in effectively channeling the comparative economic prosperity achieved in the 1980s into tools and resources to improve living conditions for children through investments designed to reduce the deficit in basic skills, increasing access to services of social protection and to resources capable of strengthening the social capital represented by the young.

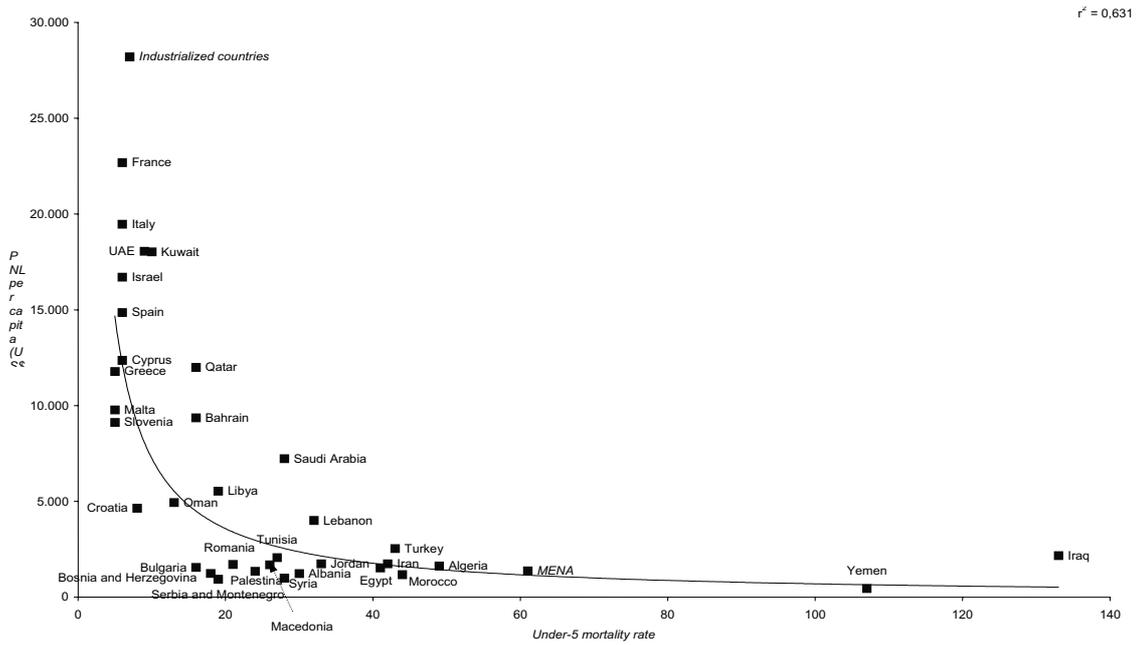
This is borne out by the curve plotting the correlation between the public per capita expenditure on health services and the under-five mortality rate in the Arab countries, which shows not only that the relationship is statistically significant but also that it is inversely proportional (fig. 10). Finally, careful attention should be focused on the relationship existing between living conditions for children and the “opening up” of

Fig. 7 – Correlation between HDI and under-5 mortality rate, 2001



Source: UNDP data processed by CENSIS, 2003

Fig. 8 – Correlation between per capita GDP and under-5 mortality rate, 2001

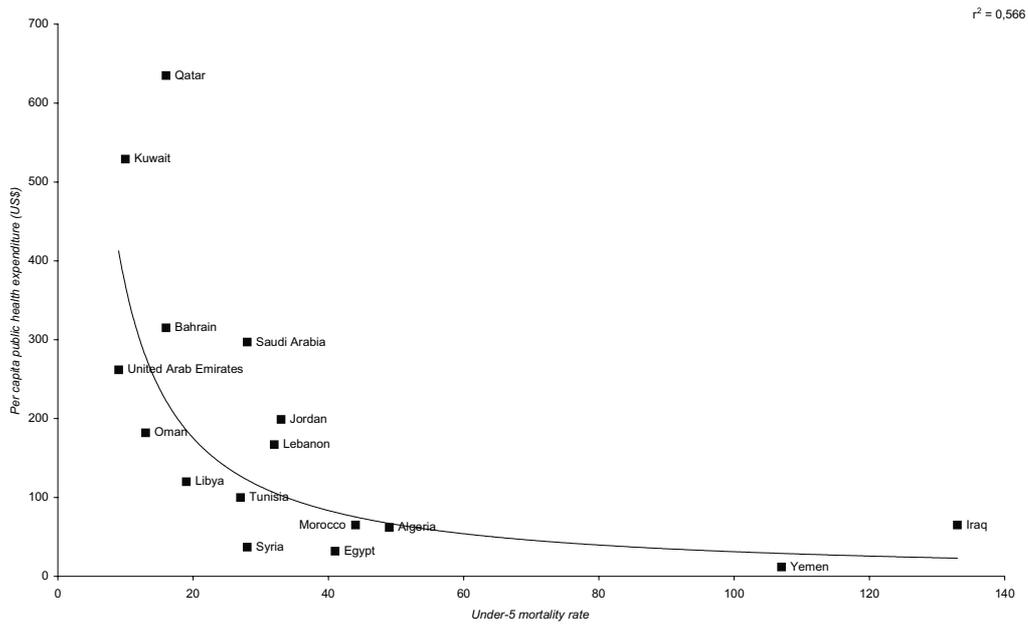


Source: UNICEF data processed by CENSIS, 2003

Fig. 9 – Economic wealth and progress in improving children’s conditions in the Mediterranean area

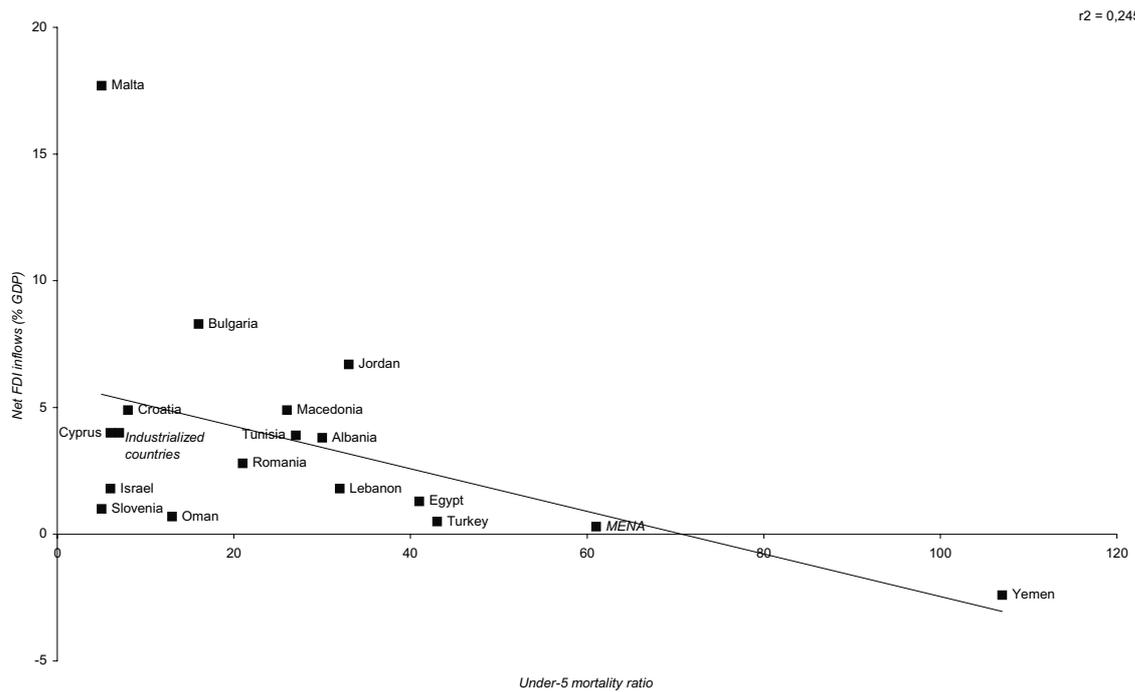


Fig. 10 – Correlation between per capita health-related public expenditure and under 5 mortality rate, 2001



Source: UNICEF data processed by CENSIS, 2003

Fig. 11 – Correlation between net direct foreign investment* and the under-5 mortality rate, 2001



* A negative value indicates that the capital flowing out of the country exceeds that flowing in.

Source: UNICEF data processed by CENSIS, 2003

national economies in accordance with the new approach adopted by the MENA countries subsequent to the stage of *structural adjustment* in the 1980s. The figures for direct foreign investments (DFI) can be used as a proxy indicator of a country's level of "globalization" and opening up of national markets.

The graph correlating the two indicators shows that they are weakly linked, even though it is possible to identify a tendency toward improved conditions of children's welfare in the countries with larger amounts of DFI (fig. 11).

This leads us to reflect on the importance of accompanying policies capable of combining economic growth – expected as a result of the process of economic integration between the two sides of the Mediterranean, which is often accompanied by unjust distribution on such a scale as to endanger or significantly slow down social progress in general and improvements in living conditions for children in particular – with the need to incorporate the fight against the hardships affecting children into the general strategies of development and thus convert a part of the resources into investments aimed at child empowerment.

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2. INSTITUT DE LA MEDITERRANEE: ECONOMIC TRENDS ACROSS THE MEDITERRANEAN, DIFFERING CIRCUMSTANCES FOR WOMEN AND CONSEQUENT OUTLOOK FOR CHILDREN

Three major factors have an impact on children in the Mediterranean area, namely the population structure inherited from a demographic transition initiated somewhat later on the southern shores, the lack of vitality inherent in the growth accomplished taking into account the youthfulness of the population, and a social model where the position of women and mothers differs considerably between the two shores.

All three largely determine the everyday life of children by influencing family living standards: demography in that the possibility of finding work and hence social status and recognition is linked to the situation of the country with respect to the demographic transition; growth in that it both creates jobs and limits the governments' room for maneuver in the provision of such essential services as health and education; and the place of women in the socio-economic sphere in that mothers are in the front line as regards transmitting principles to children.

With respect to demography, the problem no longer lies so much in the fundamentally different dynamics. The transition has been practically completed in the eastern area of the Mediterranean and is largely underway in the southern. The time lag with which the transition has come into operation has led to a marked differentiation of structures in the sub-regions of the Mediterranean area (Europe, the eastern and southern Mediterranean – the Maghreb and the Mashrek region – and the Arabian Peninsula)

making them complementary on a north-south axis in terms of workforce and jobs. On the one hand, an aging population that will lead to a shortage of workers; on the other, a very young population leading to a shortage of jobs.

In economic terms, two types of regions are juxtaposed: those where the domestic product is sufficient to permit a high level of family income, which offers children adequate nutrition and access to care and education, and those where the growth of production is insufficient given the growth of the active population, which is always at a high level given the young average age of the population. The reasons for the lack of vitality and the ways to improve the situation differ radically in relation to the forms of growth operating in the different countries. In the eastern Mediterranean, the prospects of joining the European Union – involving an effort of *ex-ante* convergence so as to obtain the resources to finance this *ex-post* convergence – offer the best solution. On the southern shores of the Mediterranean, the macroeconomic efforts of stabilization have brought the situation onto an even keel but without managing to improve it. This stabilization does, however, constitute the asset making it possible to construct a strategy based on an increase in productivity, especially through education, the only path to growth that is stable and capable of creating the number of jobs necessary.

As regards the status of women, there are even grounds for seeing this as the heart of the problem. The Mediterranean model has always

attached great importance to the family unit, as demonstrated by the smaller proportion of households made up of just one person with respect to the countries of northern Europe. At the same time, access to education, employment and even healthcare is not equal for both sexes. Parallels have often been drawn between the role of the mother, her health, education and “activity”, and the well-being of children, especially in the area of nutrition. Here the problem is no longer quantitative on the southern shores but qualitative. It is a choice regarding the way of life.

2.1 A DEMOGRAPHIC TRANSITION UNDERWAY EVERYWHERE BUT STAGGERED

It is essential to pinpoint the countries in terms of their demographic transition as this indicates the strength of the pressures exerted now and in the future on the job markets and the active population, and hence on future growth. This also provides indications as regards the decisions to be taken not only by households but also by governments in terms of the level of investment in the health and education of young children and the population in general.

a - The state of demographic transition

It is possible to distinguish three phases in demographic transition (Cf. Handoussa-Reiffers, 2003).

(i) The first phase is characterized by an improvement in health conditions leading to a decrease in the infant mortality rate and an increase in life expectancy. At this stage the population always grows quickly and, given the drop in infant mortality and unchanged fertility rate, this is accompanied by a comparative

increase in the young population. This is an extremely delicate situation capable of evolving toward development only if there is a decrease in fertility.

(ii) The second phase is characterized by a drop in fertility rates. The young population, which grew rapidly during the first phase, begins to form part of the active population. This leads to a change in levels of household income to the extent that the country succeeds in providing jobs for these new workers. The primary question is whether the vitality of the economy makes it possible to offer the young work.

(iii) The third phase is characterized by stabilization of the birth and mortality rates while life expectancy continues to rise. The fact that that ratio of active to non-active can tend to decrease in an aging population raises the question of social coverage and the funding of pensions.

Countries can thus be pinpointed in terms of three indicators: infant mortality rate, life expectancy and fertility rate.

As regards birth, fertility and infant mortality rates, a convergence of the situation in all areas toward that obtaining in the European countries has been observed since the 1980s.

(i) The most advanced are the countries of East Europe, which registered similar birth and fertility rates in 2001 but an infant mortality rate 2-3 times higher. The two exceptions are Albania and Turkey (4.5/1,000 on average for the European area as against 26/1,000 and 36/1,000 respectively for Albania and Turkey).

(ii) With the increase in their levels of wealth and education, especially for women, the Maghreb countries are drawing closer to the European standards. Their fertility rates were only 1.6

times higher than those of Europe in 2001 as against 2.5 times in 1960. Their birth rate shows a decrease of 52.4% over 30 years and was comparable in 2001 with that of the East European countries in 1970. The infant mortality rates have fallen by approximately the same amount as in the countries of East Europe (by over 4/5 between 1960 and 2001), although mortality in the first year of life is still higher in the Maghreb than in East Europe (30/1,000 as against 17.8/1,000 on average in 2001).

(iii) The countries of the Near East or Mashrek area also display convergence, but while their present situation is comparable to that of East European countries today as regards the reduction of infant mortality, it is closer to that of East European countries in 1960 as regards fertility and birth rates. The young population was also much larger there than in the other areas in 2001. Attention should also be drawn to the comparatively slower reduction of infant mortality, even though this has been a centerpiece of government policies since the 1960s. Finally, and unsurprisingly, Israel differs from the other countries in the area and registers a much more advanced stage of demographic transition.

(iv) With the exception of Iraq, the countries of the Arabian Peninsula display a 610% decrease in mortality rates together with fertility and birth rates that are still high but falling quickly. The transition is comparatively fast here, but still in the early stages. While performance in terms of mortality is more or less the same for the different countries in this area, marked differences appear as regards birth and fertility rates, which can vary from single to double figures.

The convergence toward world or European standards appears to be quicker for infant mortality rates than fertility rates. Two inferences can be

drawn from this difference. Firstly, it confirms that the second stage of the transition has not been completed in most of the southern countries. Secondly, it partially reflects the comparatively slower evolution of cultural and social factors with respect to health conditions, which have improved sharply over the last few decades. This trend is borne out by the various indicators of nutrition, health and education, as examined below.

As regards life expectancy, considerable progress is registered in all areas.

(i) The improvement is more or less the same in the European Mediterranean and the East: 4 years between 1980 and 2000 or over 5% for the two regions. For the eastern Mediterranean countries, however, this means an increase in the gap between them and Europe (5.4 years in 1980, with life expectancy of 68.8 years in the East and 74.3 years in Europe, and 5.8 years in 2000, with life expectancy of 78.3 and 72.5 years respectively).

(ii) The combined area of the Maghreb and Egypt was the Mediterranean region with the lowest life expectancy in the 1980s: less than 60 years (59.1 years). While considerable progress has been registered there, with a gain of nearly 11 years, this remains the only Mediterranean region where life expectancy is below 70 years. The group is, however, split in two, with the threshold of 70 years passed in Algeria, Libya and Tunisia, while Egypt and Morocco lag behind with life expectancies of just under 68 years. Egypt appears to be catching up, having registered the greatest progress (+22.1% or +12,3 years) but Morocco is still lagging behind its neighbors with the lowest rate of progress (+9.7 years).

(iii) In the Mashrek region, Israel stands out with life expectancy of over 78 years, but consider-

able progress has been made since the 1980s, especially in Jordan. The increases are of over 5 years in all the countries and reach 8 years in Syria.

(iv) The countries of the Gulf are also catching up, having achieved the second highest rate of progress after the Maghreb (+7.7 years).

There is an important point to be noted in connection with life expectancy statistics, namely that while life expectancy is higher for women than men everywhere, the difference varies considerably in relation to area. It is over 6 years in Europe and the East, under 3 years in the Gulf countries (2.7 years), and under 4 years in the Maghreb (3.7) and Mashrek (3.9). Moreover, it can be observed in the Gulf and Mashrek that the rate of increase in life expectancy is generally higher for men than women (more than one point in the average percentages). These two facts appear to indicate both a continuing high rate of maternal mortality and unequal access to improved healthcare facilities.

b -A young population to be provided with employment

In terms of population structure, there is a clear distinction between the northern and southern shores of the Mediterranean.

The rates of population growth have remained low and even negative in the north, including the Eastern Mediterranean countries with the exception of Bosnia and Turkey. The population is aging, with the size of the over-65 section approaching that of the under-15 (15.4% and 17.7%). Albania, Macedonia and Turkey are, however, again exceptions.

On the southern shores, the under-15 section of the population is far larger, accounting on aver-

age for over a third of the inhabitants, and the over-65 section is much smaller.

These developments indicate the following:

- In the East Mediterranean countries, except for Albania, Bosnia, Macedonia and Turkey, the demographic transition is complete and the demographic trend is identical to that of the European countries (even accentuated in some cases): a lower and aging population, a drop in the active population, and an increase in the rate of dependence.

- North Africa and the Mashrek region have begun their demographic transition, which is faster in the case of North Africa. Due to the age structure of the population, however, the constraints are not the same as in the north. The ratio of active to non-active population is low because of the size of the under-15 section. The trend as regards active population is thus completely different (and indeed complementary) with respect to the northern shore. The population working or looking for work will continue to undergo rapid growth for many years to come, which will lead to great tension on the job markets and give job creation a crucial role in terms of social stability and progress. While this transition is most advanced in the Maghreb and Lebanon, it will last for a longer time in Jordan, Syria and the Palestinian Territories.

- The movement is much slower to get underway in the Arab countries of the Gulf. While the population growth rates have been halved since the 1980s, these countries are just at the beginning of the phase of demographic transition, and the age structure has scarcely changed since that decade.

Finally, the countries of the Arabian Peninsula and the Mashrek register rates of population

urbanization much higher than those of the Maghreb or Europe on average. In this connection, the East Mediterranean countries have not yet caught up with the European and a stronger exodus from rural areas is to be expected over the next few years. This also holds for the Maghreb with the exception of Libya, where the rate of urbanization is 88%.

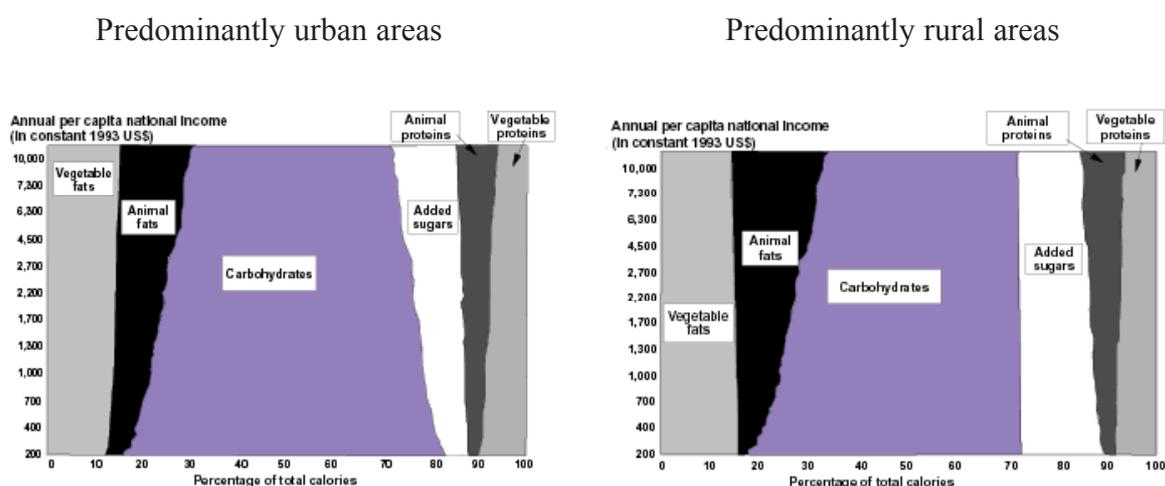
2.2 THE IMPACT OF THE MACROECONOMIC SITUATION

A country's level of wealth influences living conditions for children as well as adults through different channels: family income, the level of government revenues, which determines the investments possible in the fields of public health, infrastructures and education, governance, and the capacity of the civil society for expression, which determine the degree to which governments take the needs of the population into account.

This link is, however, complex. In certain Asian countries, over half the children are still in a state of malnutrition despite strong economic growth during the 1980s and 1990s (about 5% a year), whereas the increase in growth in China and other Southeast Asian countries has led to improved living conditions for children. On the other hand, the cases of Panama and Costa Rica during the 1970s and 1980s have proved that an improvement of the situation is possible despite economic stagnation.

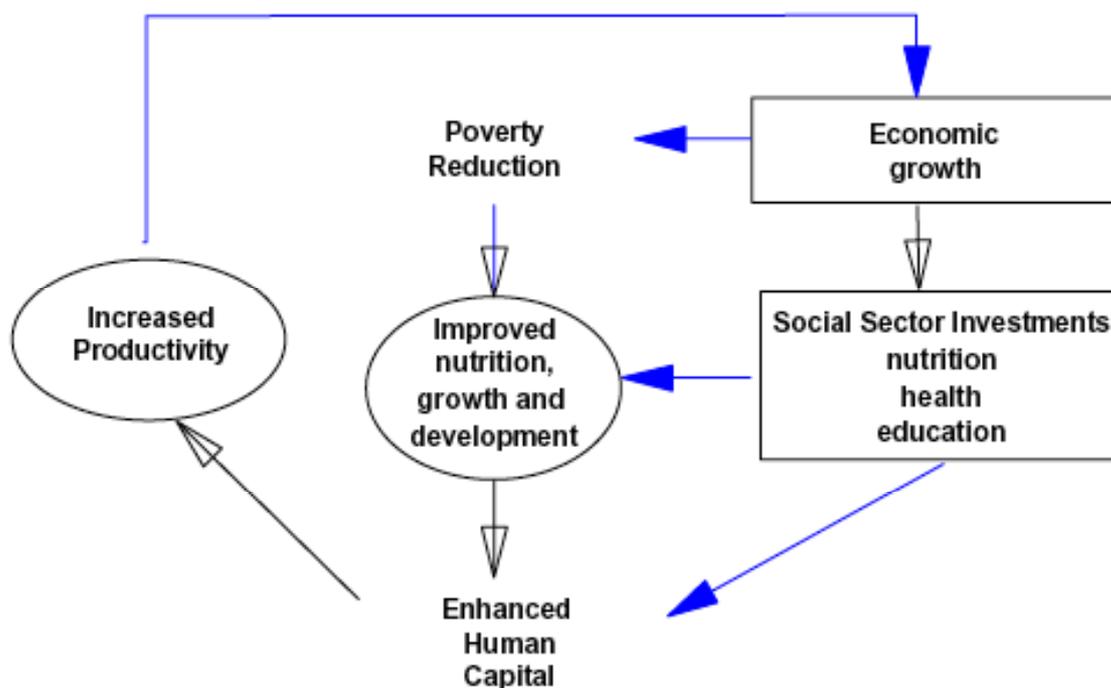
Certain studies show that the level of per capita national income has a marked influence on nutrition (figures 1 and 2), where the great progress achieved during the period 1960-1990 slowed down considerably in the following decade. Within Europe itself, the South (Spain, Italy, Greece and the countries of East Europe) has caught up to a great extent with the North, a phenomenon that can be attributed with no hesitation to the process of European integration.

Figure 1: Relationship between nutrition and per capita national income (1990)



Source: PNUD 1997.

Figure 2: Links between growth, education and health



Source: Martorelle, 1996.

The countries of the Maghreb and Mashrek will certainly undergo similar evolution as their free-trade agreements with the European countries come into force and produce their effects. The future is uncertain for the countries of the Arabian Peninsula, as they possess a rare resource that focuses their development in its exploitation at the expense of private-sector activities, which does nothing to reduce inequality. The countries of this area have, however, succeeded in halting the fall in their per capita national income, which was severe for some (the United Arab Emirates, Iran and Kuwait), whereas the situation has worsened in others (Saudi Arabia and Oman). The results for this area are thus uneven and largely dependent on oil prices,

which the countries cannot control to the extent they would like.

Figure 2 clearly shows the links that can exist between growth, the provision of health and education services, and poverty. Productivity is a key element in this connection. The problem is that most of the countries on the southern shore (the Maghreb, Mashrek and Arabian Peninsula) have opted for models of growth based on the exploitation of a particular resource and on maintaining low productivity so as to avoid worsening the problems of unemployment affecting the area. The overall productivity of the factors of production has thus decreased over the last decade for most of the countries in the area

and real wages have remained the same or even decreased, thus accentuating the problems connected with poverty and malnutrition.

This model has now been brought face to face with its limitations, as its inability to increase both employment and productivity at the same time prevents the countries from establishing a good position on the world markets, and the positive effects of opening up that lie at the heart of the strategy of lasting growth pursued by most of them cannot take concrete shape (World Bank, 2003, Handoussa and Reiffers 2003). In actual fact, it permits only weak and volatile growth with respect to the dynamics of the active population. This growth is insufficient to generate both the new jobs required, which the strategy of opening up to the outside world could create, and the increase in productivity that is essential in order to avoid competitive edge being based on the sole factor of labor costs and to ensure that the process of opening up is accompanied by a substantial increase in family income.

In order to remedy the comparative inertia of growth, a key role is often assigned to direct foreign investment (DFI). It is not certain that this constitutes the essential tool to improve the social content of growth in terms both of employment and of living conditions for children. In point of fact, DFI make it possible primarily to improve company management, to produce effects fostering the development of the local private sector, to introduce new technologies into the production process, and to disseminate know-how and training. The flows of investment are driven by the institutional framework, the growth prospects, the macroeconomic context, and the economic policies of the country in question, and opening up in itself is far

from being the crucial element. The relevance of the variable chosen in itself is not evident and rather reflects the potential for future growth. While it may have an impact on the welfare of children through improved family living standards and the level of parents' education, this is therefore neither immediate nor automatic. Moreover, it is impossible to deny that the increasingly speculative nature of operations on the financial markets, the contagious nature of crises, and the fluctuations in exchange rates that this can cause may have strong repercussions on poverty and living conditions for children. The Turkish banking crisis caused GDP to fall by 7.5% in 2001 while the rate of unemployment went from 6.6% in 2000 to 8.5% in 2001 and 10.6% in 2002.

Access to the world markets for food and agricultural produce, as measured by trends in imports, can prove a more effective driving force, as this shows the range of products available for the domestic market and the possibility of combating shortages determined, for example, by unfavorable climatic conditions for agriculture. Negotiations to remove customs and tariff barriers are crucial in this connection.

Government spending in the areas of health and education are key elements as regards the quality of life for children, but vary in relation to the level of economic growth and tax policy. It is difficult to levy direct taxes in the developing countries because of the existence of pressure groups, numerous exemptions, the lack of qualified personnel, the ineffectiveness of follow-up measures, and the validity of tax returns, etc. This is combined with a narrow tax base due to low incomes. The tax yield is thus smaller, which reduces the resources available to governments. At the same

time, these countries are torn between the need to increase their revenues, especially those engaged in a process of commercial liberalization involving lower customs duties, and the effects this will have on poverty and inequality. While indirect taxes are thus the preferred tool, efforts to avoid increased hardship for poorer sections of the population mean that many goods are not subject to VAT or subsidized, which places increased pressure on the government's room for fiscal maneuver (Tanzi and Zee, 2001).

In terms of public spending, choices differ greatly in the different areas. In the South, improvements in living conditions, especially in health and education, have stemmed from a strong public-sector strategy with the state as sole investor. This has produced results but also led to large-scale state employment and hence expenditure on salaries that can account for as much as 80% of current spending (Turkey), constituting a major constraint on government decisions.

The political situation can have an equally strong impact on budgets. In the countries of the Arabian Peninsula, for example, spending on security is twice as much as on education and from 2 to 5 times as much as on health. The situation is the same overall for the countries of the Maghreb and Mashrek. The reverse is true for many countries in central and eastern Europe, which can spend three times as much on health as on defense, priority being generally given to health over education.

On the other hand, it should be noted that the proportion of health expenditure in the countries of the Arabian Peninsula is generally the same as in the countries of southern Europe but considerably lower than in Romania, Croatia, Jordan or

Israel. The countries of the Maghreb, Mashrek and Arabian Peninsula spend twice as much as the European countries on education, which is partially accounted for by the more advanced level of privatization for certain services. This shows that the countries on the Mediterranean are making an effort to catch up, but their room for maneuver is limited both by the political climate and by the imponderables affecting their economic growth, exposed as they are to both internal and external factors (drought, price levels for raw materials, the world situation, etc.).

2.3 A CRUCIAL SOCIAL CONTEXT WHERE THE STATUS OF WOMEN DIRECTLY AFFECTS CONDITIONS FOR CHILDREN

Most studies agree that children's state of health depends on the following:

- the level of family income
- threshold effects generally characterizing the allocation of household resources as regards both the quantity and the quality of the food-stuffs consumed
- place of residence, in that urban populations enjoy better access to drinking water, health and education services, and information on hygiene, and are thus better equipped to combat malnutrition in all its forms
- the level of education and health of the parents and the mother in particular

There are thus two dimensions of the well-being of children in the Mediterranean area: an economic dimension affected, as we have seen, by questions of population structure, economic growth, wealth and productivity, and a social and political dimension connected with government

decisions as regards health, infrastructures and education as well as the reduction of inequality, especially in the access of the entire population to the different services.

The problem of malnutrition is crucial here in that it provides a perfect illustration of this interweaving of factors. It possesses an economic dimension (wasting related to insufficient quantities of food) but also a political and social dimension in which women play a central role. It has in fact been clearly shown that the child's state of health at birth depends on that of the mother but also on her level of education, and government strategies thus become just as important as the resources they are capable of bringing into operation.

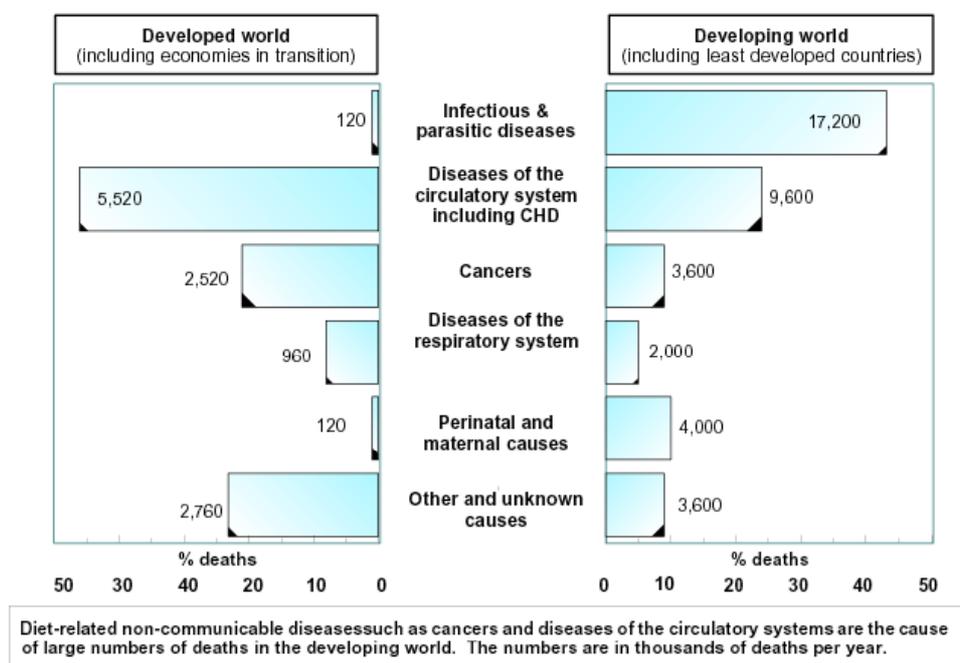
a - Malnutrition: regions and consequences

While children's health depends primarily on the health of the mother, they can fall victim to mal-

nutrition at any age. Anemic, undernourished women with weak constitutions give birth more frequently to underweight children suffering from deficiencies. The effects of the lack of nutrients and micronutrients on newborn children cannot be compensated for later and the physical and mental weaknesses they cause are irreparable.

Studies have shown that malnutrition of the mother during pregnancy can be the cause of numerous chronic illnesses and certain forms of heart disease and cancer as well as an increased prevalence of diabetes. The illnesses developed during life as a partial result of malnutrition, insufficient care and poor health of the mother during pregnancy are among the major causes of mortality in the developing countries, e.g. the infections to which malnourished children and adults are more vulnerable. Moreover, maternity itself is a major risk (figure 3).

Figure 3: Primary causes of mortality in developed and developing countries



From the WHO Health Report 1997 updated by WHO 1998 report.

The rate of underweight children born in the European countries between 1995 and 2000 is generally below 6.5% on average. The situation is more or less the same in the East European countries with the exception of Bulgaria, Romania and above all Turkey, where the rate is three times as high. The results for the other countries under examination are similar and range from 5% to 10% with the exception of Iraq and Yemen (23% and 26% respectively). It is possible to compensate for this type of handicap if food supplements are administered sufficiently early in the process of physical development and if the children receive appropriate medical care. Otherwise, studies show that insufficient weight at birth could lead not only to the physical pathologies but also mental disorders (Grantham-McGregor, Walker and Powell, 1991).

If the differences between areas as regards the physical condition of children at birth are comparatively slight, it is a very different story indeed as regards children aged under five, where the impact of nutrition is strongly reflected. The areas considered lack homogeneity in this respect with the exception of Europe. The rate of severely or moderately underweight children ranges from 1% to 14% in East Europe, from 4% to 9% in the countries of the Maghreb, from 3% to 13% for Mashrek, and from 6% to 46% in the Arabian Peninsula.

b - Malnutrition: the economic dimension is only one side of the problem

Child malnutrition is a complex matter and a distinction must be drawn between

- (i) linear growth or stunting, i.e. the ratio of height to age, and
- (ii) growth in terms of weight or wasting, i.e. the ratio of weight to height.

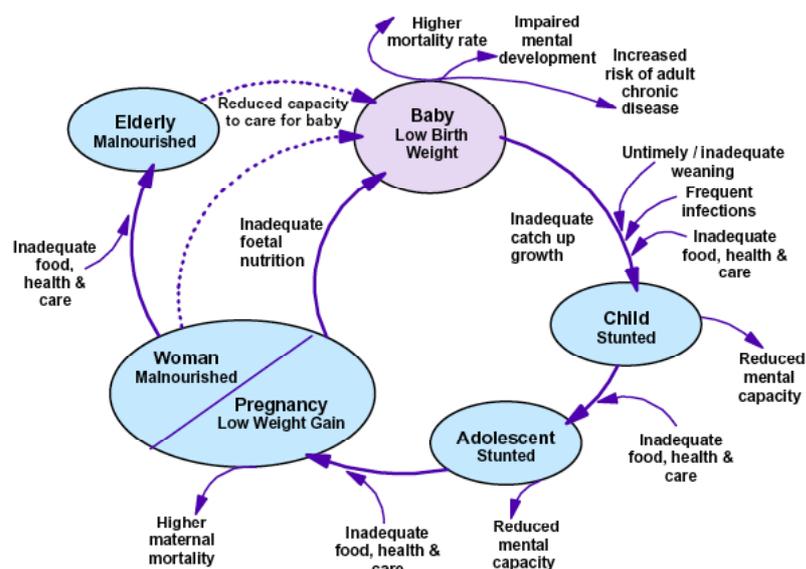
These two aspects of children's health do not stem from the same nutritional needs. While insufficient quantity is the primary cause of wasting, stunting results primarily from a lack of quality combined with quantitative insufficiency.

This is why the family's level of income and spending decisions have a direct effect on the child's state of health. Products like cereals, which constitute the basic food of the poorest, do not contain all the nutrients required. Family incomes must be sufficiently high for them to be able to allocate a substantial part of their expenditure to foodstuffs and obtain both the quantities and the quality needed to meet the overall set of nutritional requirements for both adults and children.

It should be noted, however, that while studies have revealed a clear connection between stunting and level of income, this is not so for wasting. This is confirmed here in that wasting is not a problem affecting the areas examined either very severely or in highly differentiated terms even though the countries present very different levels of per capita income.

Wasting is thus very widespread not only in the rich monarchies of the Arabian Peninsula but also in countries with medium income levels such as those of the Maghreb, above all Egypt and Morocco, and in poor countries like Iran and Iraq. It should be stressed that wasting is particularly acute in the countries of the Arabian Peninsula (9.4% but 6.1% without Oman and Yemen as against 8% at the world level and in the developing countries and 6% in MENA). It is also combined with severe stunting (21.2% but 16.6% without Oman and Yemen, the world average being 32%).

Figure 4: Malnutrition all through life



Source: Ending Malnutrition by 2020: An Agenda for Change in the Millennium, UNDP Report, 1997

Malnutrition during childhood will have repercussions throughout life. The present situation in the countries of the Arabian Peninsula is worrying in that it involves a reduction of possibilities for the future generations born to parents of comparatively weaker health (figure 4) and will inevitably have economic consequences as regards not only the productivity of the workforce and potential growth but also the specific tasks of the health system and the resources that governments will have to allocate to it.

Examination of the means of countering malnutrition that NGOs hope to put into effect shows clearly that the economic dimension, especially the problem of growth, constitutes only one aspect of the question of children's health. Both governments and NGOs have focused on three areas:

(i) Breast feeding, which is known to immunize children against certain illnesses.

(ii) Access to drinking water. World Bank data for the period 1990-2000 indicate very little progress on the part of the countries in question in this respect as well as the existence of considerable differences between urban and rural areas. Once again, this disparity does not reflect the wealth of the country as measured by per capita national income. In point of fact, the results registered by Saudi Arabia, Romania, Tunisia and Turkey are not as good as those of Syria or Yemen as regards provision for rural populations and sometimes indeed for the population as a whole.

(iii) The consumption of iodized salt, which is effective especially in countering anemia, and dietary supplements (e.g. programs for the distribution of vitamin A capsules to counter the deficiencies responsible for blindness, 4th UN Report of the World Nutrition Situation). In some of the countries worst hit by malnutrition, the consumption of this type of supplement is,

however, still lower than in other countries considered (Syria, Oman and Yemen).

These measures present the following advantages:

(i) Their implementation and success are free from the constraints of linkage with programs on a larger scale to reduce poverty and inequalities or to ensure lasting growth. While necessary, the latter are not sufficient and moreover comparatively slow in producing effects.

(ii) Their beneficial impact can appear quickly, even in highly adverse economic contexts.

(iii) Their cost is comparatively low.

The primary limitation of this type of strategy is the fact that it entails the mobilization of health services and public services at both local and national scale, of parents and communities, of NGOs and international aid (PNUD, 2003). It is thus subject to the decisions that both authorities and individuals have to take as regards allocating time (to education versus looking for wood or work), financial resources, etc., to the inefficiency and delay of public services (foodstuffs past their use-by date, distribution of iodized salt and vitamin supplements, etc.), to shortcomings on the part of international donors, to logistic errors, etc.

c - The political dimension of children's health: health and education policies

The well-being of the population in general and children in particular depends to a large extent on the dynamism of health and education policies. This depends in turn on the political will of the government in addition to its ability to mobilize financial resources, it being the government's responsibility to ensure both physical and economic access to health and public services.

A correlation emerges between the level of per capita health spending and the provision of antenatal care in the countries of the Gulf (except Iran, Iraq and Yemen), West Europe and East Europe (except Turkey). The countries of the Maghreb are lagging far behind those of the Mashrek. The frequency of antenatal care is not, however, connected with the degree to which personnel are qualified. In actual fact, the personnel are highly qualified in Algeria, Syria and Turkey, even though the figures are slightly lower than in most of the other countries on the Mediterranean, but comparatively little care is provided by comparison with the other countries. It is only the situation in Morocco that appears to give real grounds for great concern in that, apart from Yemen, the country presents the lowest levels as regards both antenatal care and the qualifications of healthcare personnel. The weaknesses of these last four countries as regards these two aspects of care during pregnancy take concrete shape in particularly alarming rates of maternal mortality, even though the comparison of different areas does show some extremely rapid progress.

The beneficial effects of stronger state intervention in the health sector on the reduction of pregnancy-related mortality can be assessed on the basis of the figures for maternal mortality. Improved infrastructures (roads, telephones, etc.) and financial resources for prompt intervention (care materials, transport, etc.) in cases of emergency (infection, hemorrhage) would make it possible to reduce the rate of maternal mortality, which is not very high in the East Mediterranean countries (1 out of 797) but remains above the average for developing countries in the MENA region (1 out of 55 as against 1 out of 61). More effective prevention of mal-

nutrition – which would not, as stressed, necessarily require the mobilization of large-scale resources but rather large-scale social involvement – would also make it possible to reduce the number of anemic pregnant women and hence pregnancy-related mortality.

This involves the strategies adopted by governments, which appear ready to invest in the training of health personnel but less committed with respect to women's health and protection, as a reflection of their social status, and to the development of infrastructures and the mobilization of local and national forces. PNUD studies on countries have shown on numerous occasions that the problem of poverty and malnutrition depends largely on the degree of state commitment.

The essential role of government is particularly well illustrated by the case of Kerala (Soman, 1992), which is one of the world's poorest countries and yet achieves results close to those of the East European countries (a fertility rate of 1.9%, infant mortality of 17 per 1,000, and life expectancy for women of 74 years in the 1990s) even though its per capita national income is 200 dollars, far less than the 6,793 dollars registered in 2000 for the countries of East Europe and Central Asia. The strategy adopted consists primarily in reforms regarding land ownership, access to health services, and the availability of obstetric material. An increase in the number of medical students has enabled the government to oblige physicians to work in the rural areas by organizing the surplus in urban areas.

Governments do, however, generally finance campaigns to vaccinate children against tetanus, diphtheria or polio, with coverage of over 90%

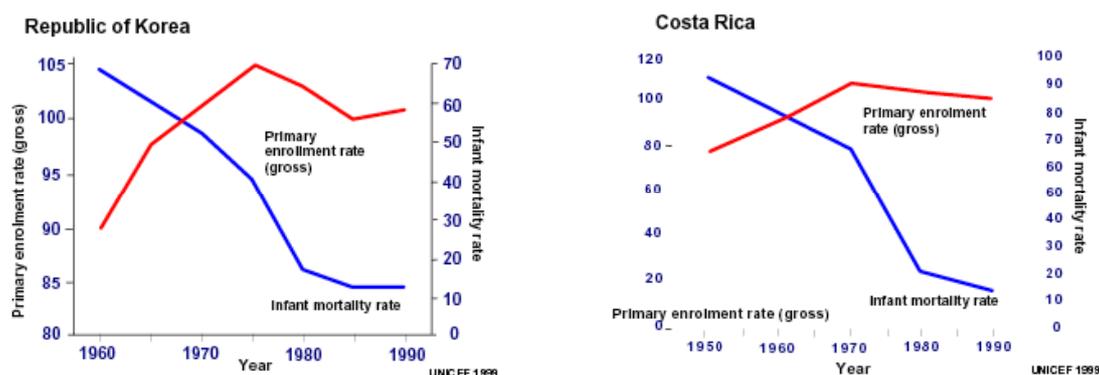
being achieved except in Yemen. Children do not suffer as a result of governmental shortcomings in Albania, Lebanon and Libya due to the readiness of NGOs to undertake this type of humanitarian action.

Greater investment in the fight against malnutrition could have positive effects on the costs of taking into care malnourished children and women as well as people suffering from non-contagious illnesses brought on by a diet poor in nutrients. Improving the physical and intellectual capacities of the population would boost productivity and economic growth, which would in turn help to reduce poverty. The health of the population is an indispensable element for the creation of a virtuous circle of growth and constitutes a public asset that the government has the duty of promoting.

The lack of coordination between national policies and international humanitarian initiatives such as those launched by the World Bank and the UNO also explains the sometimes disappointing results achieved in certain countries and constitutes in all cases an obstacle to the effectiveness of the campaigns undertaken (PNUD, 1997, Gillespie et al., 2003). It was indeed this aspect of the problem that led to the creation of national committees on nutrition after 1998.

These aspects of strategy, coordination and public choice prove equally important as regards education. This point is crucial to the conditions of children in the Mediterranean area with respect not only to their education but also and equally to their vital needs, as attested by the link identified between infant mortality and the mother's level of education in the figure below.

Figure 5 : Impact of education on infant mortality



The Mediterranean panorama is still highly uneven in this respect but considerable changes are underway.

The figures for public expenditure on education as a proportion of GDP show that the effort made by countries on the southern shores is considerable and equal to that of their northern neighbors. Given the proportion of the young population, however, the amount of spending per capita proves low. The problem of private sector participation in education arises here. By comparison with other developing regions, the private sector proves clearly under-represented even though it could certainly assist the public sector, especially in areas such as training schemes or adult education.

The rates of illiteracy in the South remain high for the population as a whole and especially for women. The situation is very worrying indeed in North Africa and the countries of the Gulf. In the former, the average rate is still 35.6% for adults aged over 15, with a peak of over 50% in Morocco. The average

rate in the countries of the Gulf is just under 30% but the underlying realities are very different indeed, the average rate being under 20% in Bahrain, Kuwait and Qatar, and under 25% in Iran, Saudi Arabia and the United Arab Emirates, but 53.6% in Yemen and over 60% in Iraq.

What makes the situation alarming in these two regions is the fact that they are simultaneously those where the rates are highest in the area as a whole but also those where least progress has been achieved. The average years of schooling have more than doubled in the space of 20 years but remain lower than the figures registered for countries on the northern shore, especially in the case of North Africa, which is, however, the region displaying the strongest progress with respect to the 1980s.

Similar progress is noted in the Arab countries of the Gulf. The progress is certainly less considerable in the Mashrek but, with the exception of Jordan, duration was already high there at the beginning of the 1980s.

Table 1. Average years of schooling of adults

Average years of schooling, adults	1980	2000
EU Mediterranean countries	0,28	0,34
East Mediterranean countries	0,15	0,26
North Africa	0,13	0,23
Mashrek	0,26	0,32
Gulf	0,14	0,25

Source: World Bank, Edstat 2003, Calculations by the Institut de la Méditerranée

Mass investment in educating the population is, however, not enough. It is essential to combat gender discrimination in access to education. The indicators for education display marked differences for men and women. For the set of countries considered here, the rate of illiteracy is higher for women than for men. As regards the countries of the Gulf, exceptions are provided by Kuwait, Qatar and the United Arab Emirates, where greater improvement is registered in the area of female illiteracy. The trends in the other countries are favorable to women.

A marked difference can be observed in the average years of schooling for men and women, with

considerable improvement once again since the 1980s. The difference was particularly great in the countries of North Africa and Turkey (in the region of 50%), but has now dropped to 30.3% in Turkey and, on average, 28.5% in North Africa. With the exception of Israel, the trend is the same in the Mashrek region, Jordan and Syria.

Clear progress emerges, however, inasmuch as female access to education as a whole tends to become generalized and to reach the same levels on the southern shores as the northern. At the level of primary education, the change is very marked for North Africa followed by the

Table 2. Average years of schooling by sex

Average years of schooling	1980		2000	
	Men	Women	Men	Women
EU Mediterranean countries	0,31	0,27	0,37	0,33
East Mediterranean countries	0,20	0,10	0,26	0,19
North Africa	0,16	0,10	0,26	0,20
Mashrek	0,30	0,23	0,34	0,30
Gulf	0,15	0,09	0,28	0,23

Source: World Bank, Edstat 2003, Calculations by the Institut de la Méditerranée

Mashrek region and the countries of the Gulf. Much of the gap has thus been made up, even though the proportion of girls in primary school is still lower by 1.2 percentage points in North Africa and 1.8 in the countries of the Gulf.

This trend is general, even though certain countries are lagging behind, e.g. Morocco, where very little progress was registered between 1990 and 1995.

This progress makes it possible to hope for the years to come. The movement is, however, slow, and one cannot help noting today that everyday practice and the lack of information and government commitment account at least partially for the maternal mortality rates, the very limited use of contraception and the use of medicine (as attested by the figures for children with respiratory problems receiving no medical treatment), the rates of anemia, and the spread of the HIV virus.

This is the most worrying aspect threatening the well-being of children on the southern shores of the Mediterranean in that it is a matter of societal behavior and hence any change will take years and require far greater efforts than financial investments.

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