ORGANISATION OF ISLAMIC COOPERATION

STATISTICAL, ECONOMIC AND SOCIAL RESEARCH AND TRAINING CENTRE FOR ISLAMIC COUNTRIES

Marriage and Family Institution

IN OIC MEMBER COUNTRIES

MARRIAGE AND FAMILY INSTITUTION IN OIC MEMBER COUNTRIES

Organisation of Islamic Cooperation

Statistical, Economic and Social Research and Training Centre for Islamic Countries

Kudüs Cad. No: 9, Diplomatik Site, 06450 Oran, Ankara – Türkiye

Telephone +90–312–468 6172

Internet www.sesric.org

E-mail pubs@sesric.org

ISBN: 978-625-7162-27-2

Cover design by Publication Department, SESRIC.

For additional information, contact Research Department, SESRIC through research@sesric.org

CONTENTS

ACRONYMS

AFM	Age at First Marriage
AFR	Adolescent Fertility Rate
COVID-19	Coronavirus Disease of 2019
ECA	Europe and Central Asia
ESALA	East and South Asia and Latin America
FGM	Female Genital Mutilation
IDPs	Internally Displaced People
ILO	International Labour Organisation
IPHRC	Independent Permanent Human Rights Commission
LEB	Life Expectancy at Birth
LFPR	Labour Force Participation Rate
MENA	Middle East and North Africa
MMR	Maternal Mortality Rate
NEET	Not in Education, Employment, or Training
OIC	Organisation of Islamic Cooperation
SDGs	Sustainable Development Goals
SESRIC	Statistical, Economic and Social Research and Training Centre for Islamic Countries
SSA	Sub-Saharan Africa
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
USD	United States Dollar
WHO	World Health Organization

FOREWORD

Marriage and family hold a sacred place within the Islamic tradition which recognizes their vital role in fostering compassion, and serving as the foundational building blocks of society. Families perform critical social functions that include but are not limited to, nurturing children, transmitting cultural values and enabling individuals to become productive members of society by promoting their social and psychological development. The institution of the family particularly provides support to individuals by contributing to their sense of identity and belonging, and offering care to vulnerable individuals including children, elderly, and family members with disabilities. All of these functions have a direct impact on the socio-economic development of a society.

With this understanding, it is my privilege to introduce the 2023 edition of the SESRIC report on "***Marriage and Family Institution in OIC Member Countries***". This report probes the multifaceted dimensions of the social, economic, and cultural trends impacting families in OIC nations, shedding light on the factors that affect their overall well-being. By employing qualitative and quantitative data-sets, this report presents an analytical overview of the current state, challenges and opportunities faced by the marriage and family institution across OIC member countries.

The main findings of the report point out that family unit in the OIC group generally have more than five members, often from multiple generations. However, the formulation and structure of family is changing amid the shift in age at first marriage, which has increased by 2.21 years for men and 2.88 years for women between 1971 and 2020. On the other hand, family dissolution due to divorce has been on the rise around the world including OIC countries.

Central to this report are the key recommendations that emerge from its meticulous research and analysis. As a collective group, OIC member countries are called upon to prioritize the empowerment of the marriage and family institution in their development agendas. The findings emphasize the need to develop and strengthen national policies, action plans, and laws that adopt a "family impact lens" approach, enabling comprehensive evaluations of the potential effects on the family and marriage institution. By doing so, OIC member countries can create a robust framework that addresses the diverse needs and challenges faced by the family and marriage institution within their respective contexts.

Moreover, this report serves as a valuable resource for policymakers in OIC member countries. The policy recommendations put forth in this report aim to empower the marriage and family institution, foster multi-sectoral cooperation,

enhance intra-OIC collaboration, and support the implementation of the OIC Strategy for the Empowerment of the Marriage and Family Institution. It is my hope that policymakers in OIC member countries will leverage these recommendations as a guiding blueprint for enacting positive change and promoting the well-being of families across their nations.

In conclusion, this report serves as a call to action for safeguarding the marriage and family institution in OIC member countries. By incorporating family-centered policies and fostering multi-dimensional collaborations, we can build stronger foundations for sustainable development, social cohesion, and prosperity within our communities. May this report contribute to the collective efforts aimed at strengthening the marriage and family institution in OIC Member Countries.

Zehra Zümrüt SELÇUK
Director General
SESRIC

EXECUTIVE SUMMARY

This report looks at social, economic, and cultural trends and factors that affect the well-being of families in OIC countries using qualitative and quantitative data and literature from various international sources. The report also discusses topics that are of relevance to the functioning of the marriage and family institution along with existing family policies in OIC countries. The report concludes with a set of policy recommendations that can empower the marriage and family institution, facilitate multi-sectoral cooperation, improve intra-OIC cooperation in this important area as well as spearhead the implementation of the OIC Strategy for the Empowerment of the Marriage and Family Institution (2020-2025).

Demographic Characteristics of Families

An analysis of key demographic characteristics of families in OIC countries shows that the average size of families in more than 5 members, higher than the global median family size of 4-5 members. It is also common for families in OIC countries to live in multi-generational households, even though nuclear households have gained considerable popularity in recent decades.

However, the age at first marriage increased by 2.21 years in men and 2.88 years in women between 1971-80 and 2011-20. The share of women married also declined by 5% between 1970 and 2020. As a result, median crude marriage rates reduced by 1.37 per 1,000 people and median crude divorce rates rose by 0.2 per 1,000 people between 2016 and 2019.

A consequence of these demographic changes is an increase in the share of female-headed households and single-parent families and declining fertility rates (from 4.9 children per woman in 1990 to 3.2 children in 2021) in several OIC countries. A decline in family formation practices, rise in family dissolution practices, and decline in fertility rates are caused due to an increasing preference for obtaining higher education amongst men and women, changes in social norms, increased economic independence and pursuit of individualistic lifestyles, and an increase in legal rights afforded to various members of the family. Notably, dominant demographic trends in OIC countries are likely to continue on the same trajectory in the near future.

Socio-Economic Outlook of Families

Family policies aiming to improve the socio-economic outlook of families in OIC countries need to consider a few key indicators. To start, literacy rates for adults (77.3%) and youth (86.2%) in OIC countries, on average, are relatively lower as compared to the global averages (86.7% for adults; 91.8% for youth) in 2021. An

inadequate level of education makes young people's employment, upward mobility, and social participation especially difficult – affecting their marriage prospects and influencing their decision about starting a family.

Economically, both adult and youth unemployment rates in OIC countries were 1% to 2% higher than in the world in 2021. Without adequate employment, individuals are likely to settle for low paying or insecure jobs, impacting their decision to marry or start a family, causing psychological strains on the family, and weakening family cohesion.

Furthermore, rigid social norms, negative stereotypes, and discriminatory attitudes often result in low labour force participation of women and young people. In situations where women are employed, the presence of public services supporting their work-life balance are crucial for the wellbeing of them and their families. However, only 22 OIC countries have programs to help balance work and family life; only 22 countries have policies in support of working mothers; and only 31 countries provide 14 weeks of paid maternity leave.

Social protection programmes are essential for supporting families – especially those belonging to vulnerable segments. However, data from 2020 show that in 32 OIC countries the proportion of children/households receiving targeted cash transfers was lower than world average (26.4%), in 24 OIC countries the proportion of women receiving maternity cash benefits was lower than the world average (44.9%), and in 44 OIC countries the proportion of people receiving statutory pension was below the world average (77.5%). Limited social protection coverage is often due to a lack of financial resources for social protection or underinvestment in social protection.

Health Outcomes of Families

In recent years, OIC countries have made considerable investments in the domain of health which has led to an improvement in life expectancy at birth across the OIC region. In OIC countries, life expectancy at birth increased from 65.6 in 2010 to 66.7 in 2021. OIC countries, on average, continued to have the highest adolescent fertility rates (64.6 births per 1,000 girls aged 15-19) in 2021 and the highest maternal mortality rates (344 per 100,000 live births) in the world in 2020. Adolescent girls are more likely to give birth prematurely, their new-borns are more likely to suffer from low body weight or die within the first year of their birth. Similarly, the lack of adequate health care during pregnancy, lack of health personnel to assist women through childbirth, or lack of knowledge about maternal, natal, and reproductive health services can be responsible for high maternal mortality. For example, in OIC countries the need for family planning was unmet for 20.8% of women aged 15-49 years in 2021.

When it comes to children's health, under-5 mortality rate in OIC countries reduced by 68% between 1990 and 2017. In spite of this progress, under-5 mortality rates in OIC countries in the Sub-Saharan Africa (SSA) region were the highest in the world. Similarly, DTP3 immunization coverage increased from 76% in 2010 to 78% in 2021 in OIC countries.

Furthermore, it is estimated that around 28% of children under-5 suffered from stunting, 6.2% of children suffered from being overweight, and 7.3% of children suffered from wasting in OIC countries. For families, proper nutrition can help prevent numerous health risks for the child, thus reducing stress factors such as financial and mental strains associated with healthcare.

For the family unit, substance abuse and addictions have a negative effect on inter-familial relations, family cohesion, and the mental and physical health of family members. Adolescent and young members of a family are more vulnerable to substance abuse. In 2020, 13.3% of adolescents (ages 13-17) in OIC countries were using tobacco products. Overall, it is assumed that a combination of religious teachings and cultural norms has made substance abuse (alcohol, drugs, tobacco) relatively infrequent in many OIC countries.

Cultural Welfare of Families

The family unit is directly impacted by cultural values and societal norms in tangible and intangible ways. For example, ageing, changes in fertility trends, late marriages, etc. are all thought to impact family welfare in OIC countries, but to a limited extent because people in OIC countries consider family 'very important' and cultural values, beliefs, and traditions play some important role in preserving family values. However, that does not mean that OIC countries can underestimate the importance of national level policies on topics that are of relevance to families. According to a dataset that covers the period 2011-2021, less than half of OIC countries have a national policy, strategy or action plan, or laws or regulations for the provision of mental healthcare, less than one-third of OIC countries have a national policy, strategy, or law to address substance abuse, less than one-third of OIC countries have a national policy or strategy for disability, only 17 OIC countries have a strategy or action plan for the elderly, only 21 OIC countries have laws or regulations to protect children's rights, and 41 OIC countries have strategies for poverty reduction. Furthermore, data from 46 OIC countries showed that 63% of member countries had a national action plan for child maltreatment. Besides, a dataset covering 41 OIC countries revealed that 39% of member countries do not have laws against elder abuse.

In the absence of concrete policies and legal provisions, cultural misperceptions, misinterpretation of religious teachings, and regressive socio-cultural beliefs and practices can fuel violence within a family unit. In 2019, for instance, the prevalence of gender-based violence was the highest in OIC countries where

36% of women ever-married had experienced intimate partner violence and/or sexual abuse in the past year.

Policy Recommendations

The findings of this report indicate that OIC countries, as a group, need to prioritize issues pertaining to the empowerment of marriage and family institution in their development agenda. In order to empower marriage and family institution, this report recommends OIC countries to develop and strengthen existing national policies, action plans, and laws that employ a 'family impact lens'.

It is recommended that OIC countries centralize the formulation, implementation, monitoring and evaluation of family policies under a dedicated government body with a view to increase awareness about how families can contribute to sustainable development (especially in the long-term) amongst policy makers and general public. Holistic family policies in OIC countries, especially as part of the developmental agenda, need to be developed through multisectoral collaboration between government, public institutions, private institutions, and civil society groups.

For the social, economic, and cultural support of families in OIC countries, it is recommended that OIC countries improve access to targeted social protection measures, improve access to education, skills training, and vocational learning for families – especially those belonging to vulnerable segments of society, increase access to adequate and affordable healthcare services and mental health and counselling services, provide tangible support to family-based informal caregivers, focus on improving policies that promote work-life balance, facilitate the achievement of gender equality, combat negative stereotypes, regressive beliefs and practices, and religious misinterpretation to limit violence and discrimination, and encourage inter-generational relations within a household and in the community. Lastly, it is recommended that OIC countries implement the 'OIC Strategy for Empowerment of Marriage and Family Institution' as a centrepiece around which family policies and programmes are formulated and intra-OIC cooperation mechanisms in this domain are established.

1

IMPORTANCE AND ROLE OF MARRIAGE AND FAMILY INSTITUTION

Marriage and family institution are crucial to sustainable development because of the multiple important functions that families perform in society. Families provide individuals with a sense of social identity; they impart in individuals a sense of purpose and belonging. Families support their members economically, providing them with basic needs such as food and shelter. Families are responsible for the upbringing of children; they ensure the well-being of children and are the primary sources of socialization in a child's life. Lastly, families provide care for vulnerable members of society including the elderly and people with disabilities and special needs. Therefore, families are not only the basic building blocks in any society but it is inconceivable to attain social and human development without empowering the family institution.

A development policy that empowers families and is conducive to sustainable development adopts a 'family impact lens', which addresses a number of interdimensional and interconnected social, economic, and cultural factors that influence the integrity, unity, and welfare of marriage and family institution. These factors can be micro-level (e.g., a household's income insecurity, an individual's lack of education, etc.) or macro-level (e.g., regressive societal attitudes and behaviours, an increase in urbanization, etc.). It is precisely because of such factors that marriage and family institution in OIC countries has experienced complex transformations in recent decades. Transformations that include, but are not limited to, changes in how families are structured, changes in family formation and marriage dissolution practices, changes in how marriage and family institution is traditionally perceived, and more.

While it is difficult to control or limit the transformation of marriage and family institution in OIC countries, cognizant family policies can effectively manage risks to family well-being and protect and promote the integrity and welfare of marriage and family institution in OIC countries. However, a majority of countries around the world do not prioritize families in their developmental agenda and efforts. Instead, policies for family well-being often treat members of a family as separate entities and very few countries target the family as one cohesive unit in their national policies.

To rectify this oversight, family policy – that is multi-dimensional, cohesive, centralized, and mandates multi-sectoral collaboration – should be a fundamental cornerstone of national social policies and national development policies in OIC countries. This is in line with the global development agenda, which recognizes the potential contributions that families can make towards the achievement of developmental objectives such as the Agenda 2030 and Sustainable Development Goals. Evidence from several international studies demonstrates how the empowerment of families can lead to the achievement of SDG Goal 1 on ending poverty in all its forms everywhere, Goal 3 on ensuring healthy lives and

promoting well-being for all at all ages, Goal 4 on ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all, Goal 8 on promoting sustained, inclusive, and sustainable economic growth, full and productive employment and decent work for all, and Goal 16 on promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable, and inclusive institutions at all levels (UNICEF, 2020).

In a similar vein, the OIC fora place heavy importance on empowering the marriage and family institution in the OIC countries with recognition of constructive role that it plays in achieving sustainable development. The key strategic document on the subject, the OIC Strategy for the Empowerment of the Marriage and Family Institution (2020 – 2025), puts forth seven strategic goals that prioritize the well-being of families in OIC countries and maximize the contributions of families towards sustainable social and economic development (Box 1.1).

Over the five years between 2020 and 2025, the Strategy aims to develop activities to enhance the well-being of families; encourage OIC countries to implement relevant policies, laws, plans, and programs for family empowerment; enable members of the family to engage and participate in sustainable development agenda in line with Islamic values and standards; enhance networking, cooperation, and collaboration amongst OIC countries in matters of common interest to families, and; engage with local, regional, and international partners from public, private, civil, and NGO sectors to empower marriage and family institution in the Islamic world. The strategy document also asserts that ten umbrella mechanisms are necessary for the empowerment of the marriage and family institution in OIC countries. These mechanisms are Work life balance, Religious values, Risk prevention and family protection, Family planning, Education and employment, Science and technology optimisation for family empowerment, Economic development, Child welfare, Legal mechanisms, and Media activation.

Against this background, the 2023 edition of the report on Marriage and Family Institution in OIC Member Countries aims to report on socio-economic trends and factors that have implications for the development of cohesive family policy in OIC countries. The report also presents a comparative analysis of the current state of the marital and family institution in OIC countries by employing a wide range of qualitative and quantitative data from varied international sources. The report is structured as follows: Chapter 2 presents an in-depth analysis of demographic trends that have an impact on marriage and family institution, Chapter 3 puts forth a socio-economic outlook of families in OIC countries, Chapter 4 looks at critical health outcomes that are of importance to family well-

being, and Chapter 5 explores the cultural welfare of families in the OIC region. The report concludes with policy recommendations – at both national and intra-OIC cooperation levels – to empower marriage and family institution in OIC countries (Chapter 6).

Box 1.1: OIC Strategy for the Empowerment of the Marriage and Family Institution

The OIC Strategy for the Empowerment of the Marriage and Family Institution was adopted at the 1st OIC Ministerial Conference on Social Development in the Member States held on07-09 December 2019 in Istanbul, Türkiye. The strategy is a guiding document developed using an Islamic perspective to enhance cooperation, exchange of expertise, and exchange of best practices to empower and preserve marriage and family institution in the Islamic world. The strategy focuses on seven core strategic areas that are:

- **Strategic Area 1:** Building stable and productive families aiming at nurturing well-balanced citizens playing efficient roles in preservation, participation, prosperity and sustainable development of family and society
- **Strategic Area 2:** Improve marriage and family institution's well-being and quality of life standards;
- **Strategic Area 3:** Enhancing the preservation and protection of the marriage and family institution;
- **Strategic Area 4:** Widening the participation of families in all aspects of societal development;
- **Strategic Area 5:** Strengthening the marriage and family institutions productivity and prosperity;
- **Strategic Area 6:** Enhancing partnership and collaboration on the implementation of marriage and family strategy across the OIC countries; and
- **Strategic Area 7:** Strengthen governance and management of the marriage and family institution affairs across the OIC through adequate legislations, policies, laws, and governing mechanisms.

Source: SESRIC, International Islamic University Malaysia, ICESCO, & OIC (2019)

2

DEMOGRAPHIC CHARACTERISTICS OF FAMILIES

The family institution "responds and adapts to its environment, including broader socio-economic processes, public policies, demographic trends, and social and cultural norms" (UN Women, 2019). Over the course of their lives, members of a family can belong to various households, play diverse and dynamic roles within the family unit, and execute various responsibilities. The structure and composition of families can also change over time owing to social norms, economic opportunities, etc.

Policies that treat the family unit as a homogenous and static entity run the risk of exacerbating the vulnerabilities of disadvantaged families and propagating biases in society. For example, policies that are not cognizant of dominant social trends affecting the family formation and dissolution can be short-sighted and ill-equipped to address a range of socio-economic issues resulting from changes in marriage and family institution.

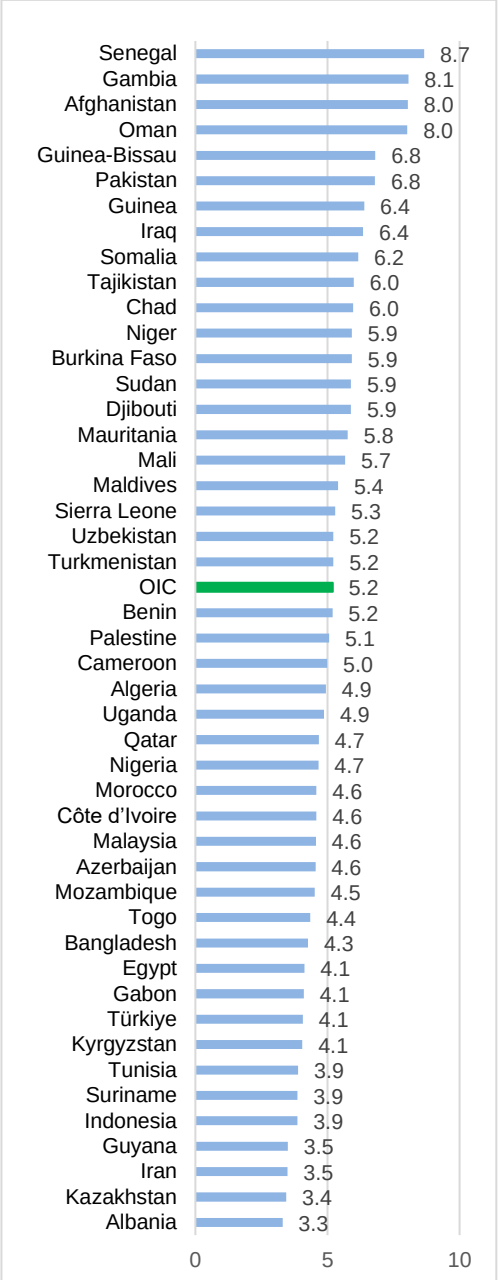
Against this backdrop, this chapter presents a succinct analysis of key demographic trends affecting families in the OIC region. In doing so, the chapter aims to inform policy makers on how families have evolved in OIC countries in recent decades by looking at changes in family formation and dissolution practices, changes in family structures and composition, and more. The analysis presented in this chapter is to guide the formulation of context-specific family policies in OIC countries that are considerate of the heterogeneity of families.

2.1. Family Sizes

Families in the OIC region generally have more than 5 members, often consisting of members from multiple generations. As per UN DESA's Household Size and Composition Dataset (2022), the median global household size is between 4 and 5 members and the average household size of families in OIC countries is slightly larger at 5.2 members. However, family sizes are not uniform throughout the OIC sub-regions (Figure 2.1). In SSA, for example, on average, it is common for families to have 5.7 members. In Senegal and the Gambia, the average household is made up of more than eight members. Similarly, in Europe and Central Asia (ECA), smaller family sizes are common. In Albania and Kazakhstan, for instance, the average households consist of less than four members.

Given that families in OIC countries tend to be larger rather than smaller, family-centric policies in member countries need to consider how the size of a family can pose unique context-specific challenges to the family's socio-economic welfare and vice versa.

Figure 2.1: Average Household Size in OIC Countries (number of members), 2021*

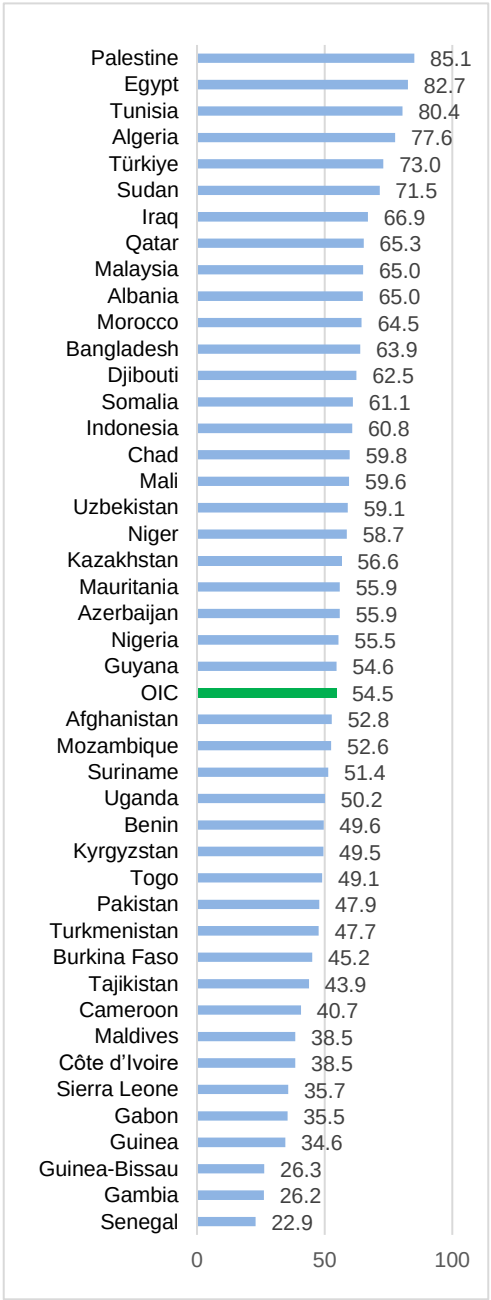


Source: UN DESA's 2022 Household Size and Composition Dataset. *Latest year available data

For example, early marriages and adolescent fertility are more common in larger families. Mothers in larger families face a higher risk of physical and mental ailments and the upbringing of children in larger families is less personalized and stricter. Less personalized upbringing can result in poor development of a child's inductive reasoning, lack of self-esteem and self-confidence and issues with identity development. Larger families that face income insecurity are fiscally vulnerable and socio-economically disadvantaged. Dependence on social protection is also likely to increase with an increase in the number of children in a family. Children, in particular girls, are more likely to exchange schooling for informal or domestic caregiving in larger families living in poverty.

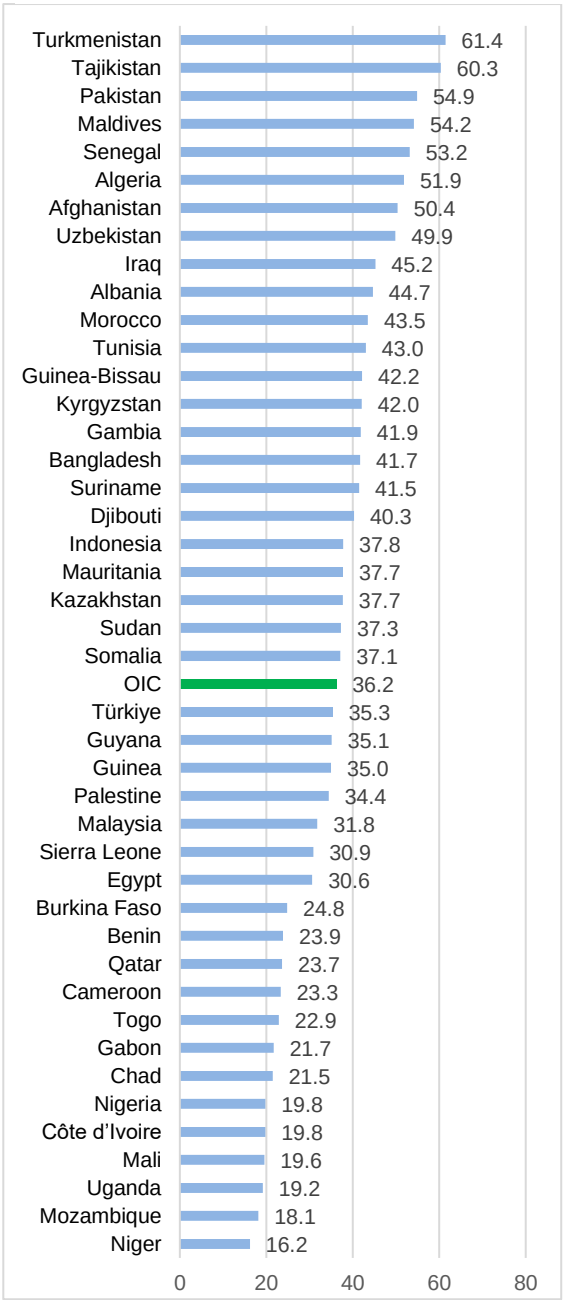
In contrast, smaller families often are able to dedicate more time, effort, and resources to their members. Families with fewer children are able to invest more in their education, which has implications for their employment at a later stage. Parents in smaller families are able to grant more attention to their children, often yielding positive results for their mental and psycho-social development. Mothers in smaller families are less burdened and have the opportunity to work or pursue education. Transfer of cultural norms, values, and morals tends to be easier in smaller families because of a high degree of interaction between members.

Figure 2.2: Share of Nuclear Households in OIC Countries (% of households), 2021*



Source: UN DESA's 2022 Household Size and Composition Dataset.*Latest year available data

Figure 2.3: Share of Multi-Generational Households in OIC Countries (% of households), 2021*



Source: UN DESA's 2022 Household Size and Composition Dataset.*Latest year available data

2.2. Family Structures

In recent years, nuclear families have gained popularity in OIC countries. According to UN DESA (2022), more than 50% of households are nuclear in 28 OIC countries, meaning that they consist of only a couple, a couple with children, and a single parent with children. In Palestine, Egypt and Jordan, the share of nuclear households was above 80%, whereas, in Senegal and the Gambia, this share was below 30% (Figure 2.2).

However, in keeping with the historic cultural tradition, multi-generational households are quite common too. Multi-generational households in OIC countries include two or more generations aged 20 years or over. In Turkmenistan, Tajikistan, Pakistan, Maldives, Senegal, Algeria, and Afghanistan, more than 50% of the households are multi-generational (Figure 2.3). Whereas, multi-generational households constituted less than 20% of all households particularly in the SSA region namely Nigeria, Côte d'Ivoire, Mali, Uganda, Mozambique, and Niger.

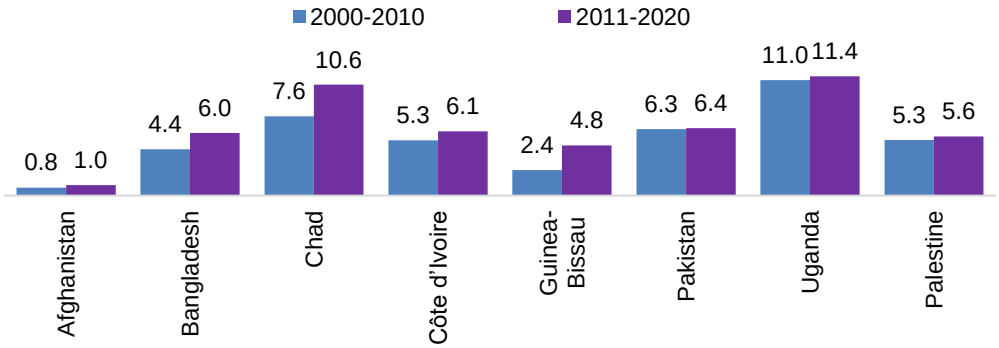
More recently, a rise in the popularity of nuclear families has dictated family policies in many countries. For example, women in nuclear families are more likely to be economically active. Therefore, providing nuclear families with child care support is an important factor that can empower the family unit. The same cannot be said for multi-generational households. There is a lack of family-centric policies that target (or are tailored to) the needs of multi-generational households. For example, in OIC countries, there is a noticeable lack of policies that socially and economically support families that informally care for their elderly members through the provision of assistive devices, social protection coverage, or even training and knowledge on how to better care for the elderly.

There is a strong likelihood that multi-generational families will stay important in developing countries, or gain importance in developed countries, in the near future because of demographic changes such as populations ageing and an increasing reliance on elderly family members and others to fulfil family functions such as caring for grandchildren. An increase in the number of divorces, increase in life expectancies, and changing familial composition is also likely to increase the varied needs of multi-generational families in the coming years necessitating a need for the recalibration of family policies.

Nevertheless, an increase in family dissolution and changes in marital practices has led to an increase in the share of single-parent nuclear families in the OIC region. Between 2000-10 and 2011-20, several OIC countries reported an increase in the share of single parent families (with children) (Figure 2.4). In Chad, for example, the proportion of single parent families (with children) increased by 3 percentage points in this period. Similarly, it increased by 2.4

percentage points in Guinea-Bissau, 1.6 percentage points in Bangladesh, 0.4 percentage points in Uganda and Côte d'Ivoire, 0.3 percentage points in Palestine, and 0.2 percentage points in Afghanistan.

Figure 2.4: Share of Single-Parent Families with Children in Selected OIC countries (% of all families), 2000-2010 vs. 2011-2020

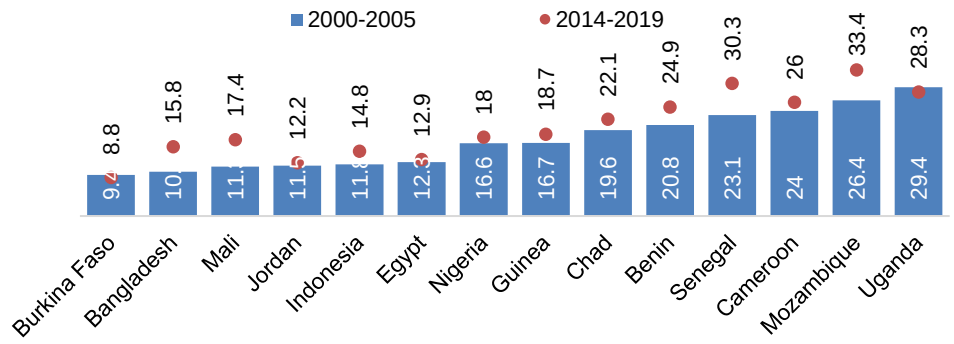


Source: SESRIC Staff analysis based on UN DESA's 2022 Household Size and Composition Dataset. Latest year available survey data is used in both periods.

A large share of single parent families is headed by women who are widowed, divorced, or separated. As in the case of single parent families, the proportion of female-headed households (FHHs) has increased in OIC countries in recent years. According to the limited data available on the subject, the median proportion of FHHs in OIC countries increased from 12.5% of all households in 1995 to 18.4% in 2005 and 18.7% in 2019. Between 2005 and 2019, the largest increase in the proportion of FHHs was observed in Senegal (7.2%), Mozambique (7%), Mali (6.1%), and Bangladesh (5.7%) (Figure 2.5).

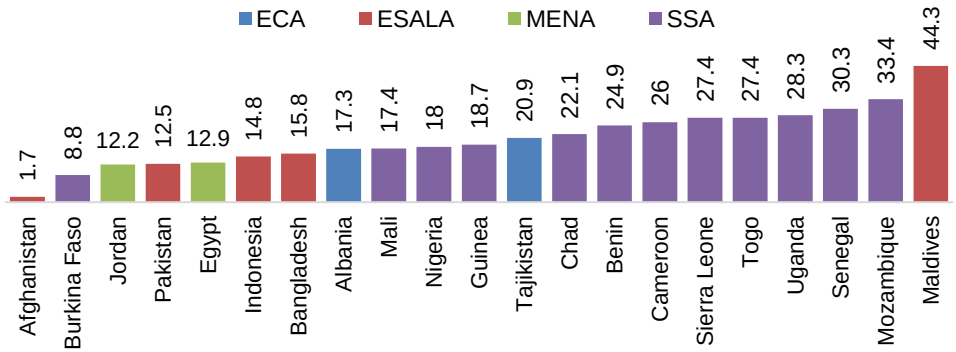
Moreover, at least one-third of households were headed by a woman in Maldives, Mozambique, and Senegal in 2019 (Figure 2.6). Single parent families (especially those headed by women) face a multitude of vulnerabilities, especially when it comes to their economic well-being. These vulnerabilities often result in single parent households experiencing financial hardships, poverty, and socio-economic exclusion in societies.

Figure 2.5: Changes in the proportion of female-headed households in OIC countries, 2000-05 vs. 2014-19



Source: SESRIC Staff analysis based on World Bank's World Development Indicators.

Figure 2.6: Share of Female-Headed Households in OIC Countries (% of all households), 2019



Source: SESRIC Staff analysis based on World Bank's World Development Indicators. Data is for the latest year between 2014 and 2019.

OIC countries have implemented several targeted policies and programs that have successfully addressed problems faced by families, reduced divorce rates, and strengthened the family institution. In the United Arab Emirates, for example, the Ministry of Community Development has launched the 'Taaluf' initiative, which offers free family counselling to residents via four interactive channels. This initiative aims to provide support for families to alleviate the negative psychological impacts of the COVID-19 pandemic (Arab News, 2020). Similarly, since 2019, Türkiye has received over 13,000 online applications for family counselling services through its e-government portal (Ministry of Family and Social Services, 2020). In Malaysia, the provision of a two-day compulsory pre-marital course before marriage informs couples of their duties and responsibilities and guides them on how to overcome stressful situations (Saidon et al., 2016).

2.3. Familial Composition

Globally, the population above 60 is growing faster than all other age groups. In 2018, "for the first time in history, the number of people aged 65 and above outnumbered children under 5 years of age" (UN, n.d.). This development has significant implications for family composition in societies where inter-generational households are common and family members caring for their elders at home is the norm. However, in the recent past, ageing has not been considered a priority policy concern in many OIC countries. For example, according to a UN survey, policy makers in only 12 out of 52 OIC countries considered ageing a 'major policy concern' in 2015 (SESRIC, 2018).

Nevertheless, the share of population of people aged 65 and over increased by 0.9 percentage points between 2010 and 2021 in OIC countries (from 3.9% to 4.8%) (Table 2.1). In 2021, the share of population aged 65 or overreached 9.3% in non-OIC developing and exceeded 20% in developed countries. In keeping with the changes in population shares, the average old-age dependency ratio[1] in OIC countries also rose from 6.8 in 2010 to 7.8 in 2021 (SESRIC, 2023a).

Table 2.1: Percentage of Elderly Population Aged 65 and over, 2000-2100

	2000	2010	2021	2050 (f)	2100 (f)
OIC	3.9	4.2	4.8	9.5	18.3
Non-OIC Developing	6.0	6.9	9.3	17.8	26.4
Developed	14.3	16.2	20.0	28.7	33.0
World	6.9	7.7	9.6	16.5	24.0

Source: SESRIC staff calculations based on the data accessed from the UN DESA (2022) World Population Prospects. (f) denotes forecasted values

These findings clearly indicate that the speed of ageing in OIC countries was slower as compared to non-OIC developing and developed countries but it is expected to accelerate in the coming years. The UN DESA projects that the share of people aged 65 or over in OIC countries will increase to 9.5% in 2050 and is likely to exceed 18% in 2100. In the OIC group, countries in Middle East and North Africa (MENA) and ECA regions in particular will host a relatively higher share of the elderly population in their total populations in upcoming decades, according to SESRIC (2021).

Family policies in OIC countries need to consider that population ageing has a number of implications on family structures and inter-generational dynamics. An increase in the median age of societies can affect young people's decision to

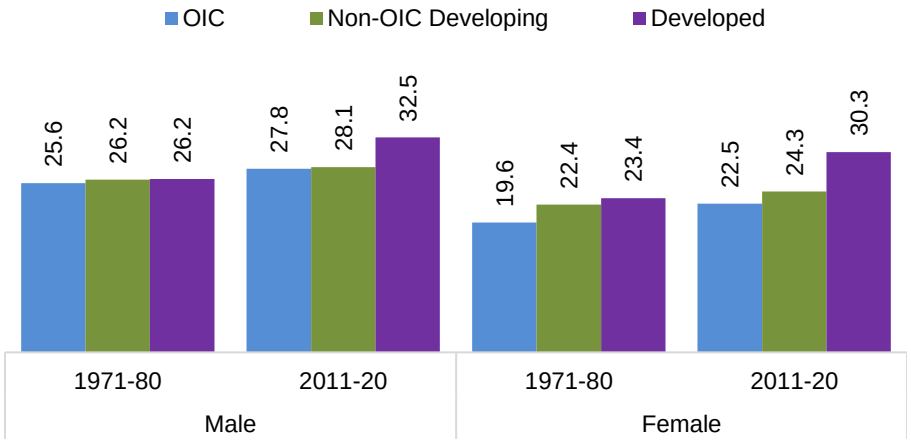
[1] Old-age dependency ratio is the number of persons in age bands considered inactive relative to the number of persons in active age bands.

pursue education for a longer period and postpone marriages or delay having children. Population ageing can also lead to a decline in labour force, loss of productivity, reduced economic growth, increase in the age dependency ratio, and strains on public and social services. Therefore, addressing ageing pre-emptively with cognizant policies and programs can likely alleviate a number of socio-economic issues in OIC countries in the coming years.

2.4. Family Formation

Over the past 50 years, global family formation trends have been impacted by people choosing to delay getting married for various reasons. Since 1971-80, there has been an increase of 6.31 years in men's age at first marriage and an increase of 6.99 years in women's age at first marriage in developed countries (Figure 2.7). Similarly, in OIC countries, men's age at first marriage has increased by 2.21 years and women's by 2.88 years. The increase has been the smallest in non-OIC developing countries (1.92 years for men and 1.95 years for women). At present, the highest age at first marriage for both, men and women, has been observed in developed countries, followed by non-OIC developing countries and OIC countries.

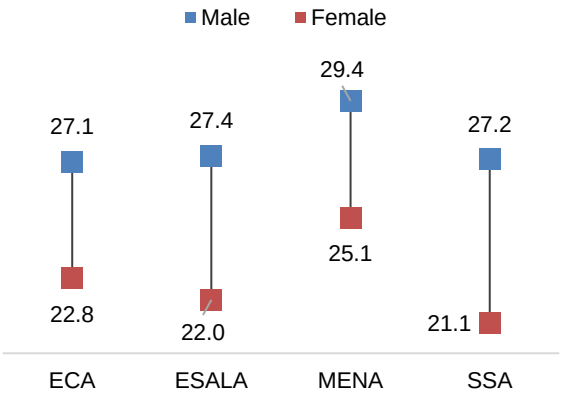
Figure 2.7: Age at First Marriage (number of years), 1971-80 vs. 2011-20



Source: SESRIC Staff calculations based on World Bank's Gender Statistics Database. Note: Data is from latest year available between 1971-1980 and 2011-2020.

A comparison of the four OIC sub-regions shows that men and women in the MENA region tend to marry at a later age as compared to men and women in the SSA region. Men's age at first marriage is 29.4 years in the MENA region and 27.2 in the SSA region and women's age at first marriage is 25.1 years in the MENA region and 21.1 in the SSA region, lowest in all the four OIC sub-regions

Figure 2.8: Age at First Marriage in OIC Sub-Regions (number of years), 2011-2020



Source: SESRIC Staff calculations based on World Bank's Gender Statistics Database. Note: Data is from latest year available between 2011 and 2020.

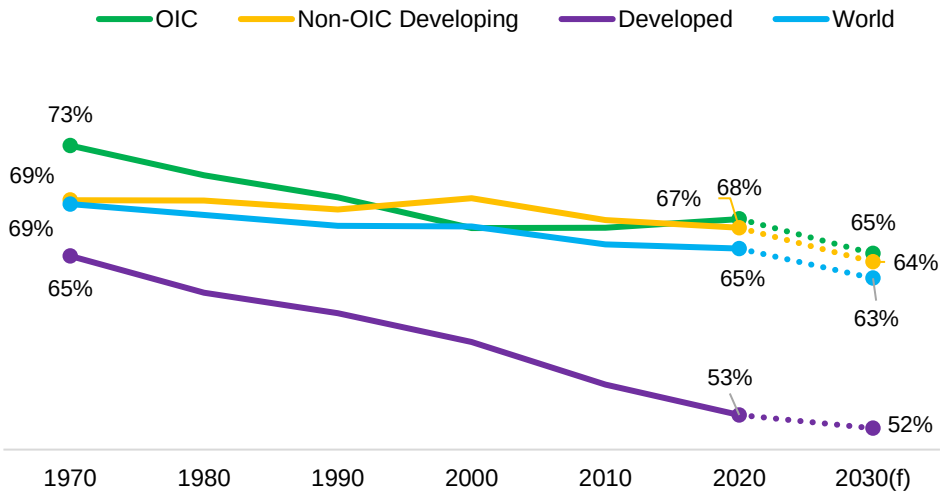
(Figure 2.8). There is also a difference between men's age at first marriage and women's age at first marriage in all OIC sub-regions, with the largest gap of 6.10 years in the SSA region, 5.37 years in the ESALA region, 4.34 years in the MENA region, and 4.33 years in the ECA region.

From a policy perspective, a continued increase in age at first marriage has some implications for family formation. For example, Haloi and Limbu (2013) find that as the age at first marriage increases in women, their fertility rates tend to decline. Much like the rest of the world, individuals across the OIC sub-regions are choosing to marry at a later age because of an increase in preference for obtaining higher education and changes in social norms (SESRIC, 2017). Therefore, policies that aim to encourage family formation practices in OIC countries need to address factors contributing to a rise in age at first marriage.

In addition to a rising age at first marriage, there is also a lower preference for getting married amongst women of reproductive age (ages 15-49). Globally, the share of women married decreased from 69% in 1970 to 65% in 2020 and experts predict that this share will further decline by 2% by 2030 (Figure 2.9). In line with global trends, the share of women married in OIC countries also declined from 73% in 1970 to 68% in 2020. It is projected that this share will further decline to 65% by 2030.

Trends from 1970 to 1990 show that more women exhibited a preference for getting married in OIC countries as compared to non-OIC developing countries and developed countries. However, in the 30 years between 1990 and 2020, the share of women married fell from 69% to 68% and is projected further decline by 3 percentage points by 2030 in the OIC group in line with the global downward trend.

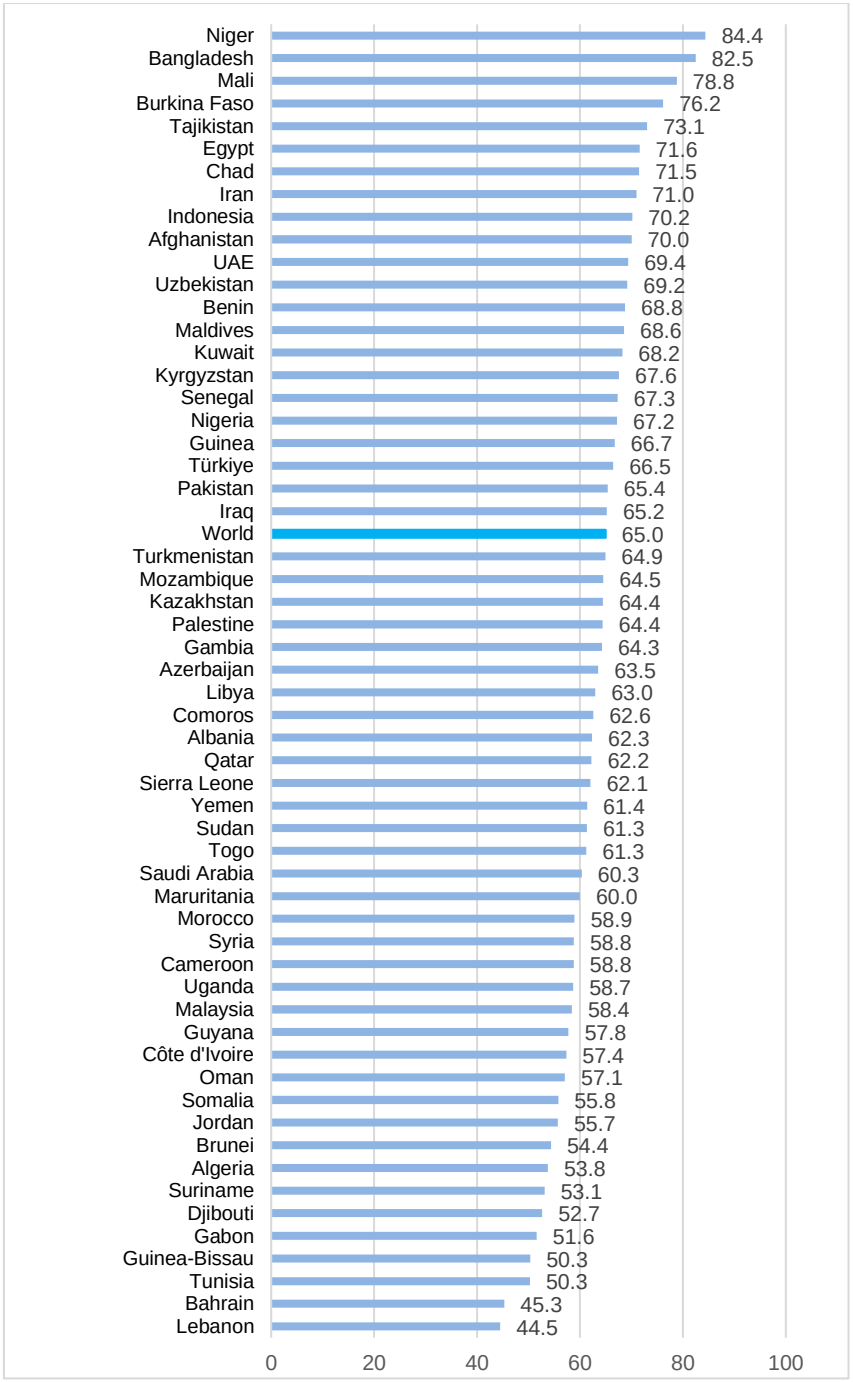
Figure 2.9: Share of Women (ages 15-49) Married (%), 1970-2030



Source: SESRIC staff calculations based on UN DESA Population Division's Dataset for Estimates and Projections of Women of Reproductive Age Who Are Married. Forecasted values are denoted with an 'f'.

At the individual country level, the share of women married is lower than the world average (65%) in 35 OIC countries (Figure 2.10). Amongst OIC countries, this share is the lowest in Lebanon and Bahrain, where less than half of the women are married. Yet, global statistics also indicate that the preference for marriage amongst women of reproductive age is relatively higher in OIC countries. In 2020, for instance, four out of the global top-5 countries with the highest share of women married were OIC countries (Niger, Bangladesh, Mali, and Burkina Faso). The only non-OIC country in the list of global top-5 countries was Nepal (77.7%). In the long-term, the demographic consequence of a higher share of women that are not married is a reduction in the number of children that women have in their reproductive age (i.e. lower fertility rate).

Figure 2.10: Share of Women (ages 15-49) Married in OIC Countries (%), 2020



Source: UN DESA Population Division's Dataset for Estimates and Projections of Women of Reproductive Age Who Are Married.

Family formation practices are also influenced by a decline in crude marriage rates, i.e., number of marriages per 1,000 people, in some OIC countries. Data from 27 OIC countries, reported in UN DESA's Demographic Yearbook 2020,show that the median crude marriage rate per 1,000 people decreased from 7.86 to 6.49 between 2016 and 2019 (Table 2.2). In these 27 OIC countries, 6.0 million marriages took place in 2016 as compared to 5.7 million marriages in 2019. This is in line with the trend in developed countries where the median crude marriage rate fell by 0.15 per 1,000 people between 2016 and 2019. However, the trend in non-OIC countries is the opposite where the median crude marriage rate per 1,000 people increased slightly from 5.25 in 2016 to 5.27 in 2019. Yet, median crude marriage rates in OIC countries continue to be significantly higher than those in non-OIC developing countries and developed countries.

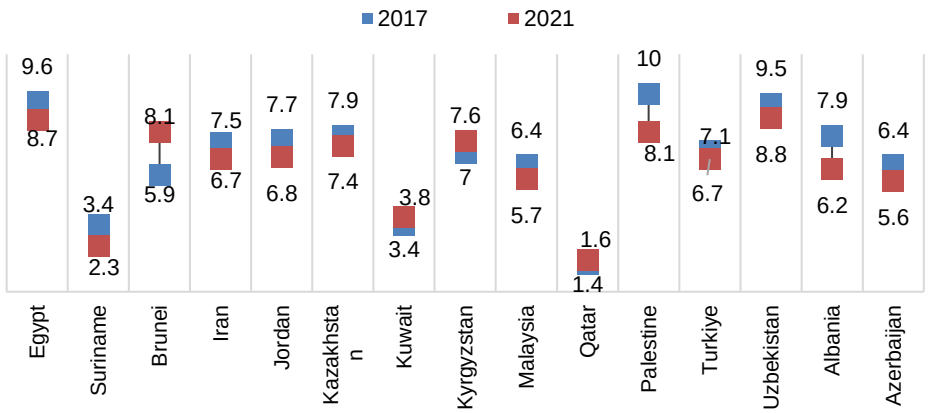
Table 2.2: Median Crude Marriage Rates (per 1,000 people), 2016-2019

	2016	2019
OIC Countries	7.86	6.49
Non-OIC Developing Countries	5.25	5.27
Developed Countries	4.89	4.74

Source: SESRIC staff calculations based on UN DESA's Demographic Yearbook 2020.

However, at the individual country level, there is some mixed evidence that in 11 OIC countries out of 15 countries with available data the crude marriage rate decreased over the period 2017-2021. For example, in Albania, it went down from 7.9 in 2017 to 6.2 (per 1,000 people) in 2021. On the contrary, in four OIC countries namely Brunei Darussalam, Kuwait, Kyrgyzstan, and Qatar the crude marriage rate went up during the same period. (Figure 2.11).

Figure 2.11: Crude Marriage Rates in OIC Countries (per 1,000 people), 2017-2021



Source: UN DESA's Demographic Yearbook 2022. *Latest data available from 2020 and 2021.

In order to address a decline in marriages in the OIC region, policy makers have to address underlying factors that have resulted in a reduced number of marriages including urbanization, industrialization, and increase in female participation in labour markets. It is also worth noting that not all of these underlying factors have impacted marriages negatively. An increase in female labour force participation, for example, is not an inherent deterrent to marriage or an intent to marry. However, women may deter or delay marriage if there is a lack of support for married women to balance their work and family life, lack of services for new mothers, or prevalence of gender-discrimination against married women in the workplace.

2.5. Family Dissolution

In recent years, family dissolution due to divorce has been on the rise around the world (SESRIC, 2017). Data reported in UN DESA's Demographic Yearbook 2020 show that the median crude divorce rate per 1,000 people increased from 1.55 to 1.74 between 2016 and 2019 in the OIC group (Table 2.3). In 25 OIC countries with available data, 0.8 million divorces took place in 2016 and this number increased to 1.1 million in 2019.

This is in line with the trend in non-OIC developing countries, where median crude divorce rates increased from 1.67 in 2016 to 1.72 in 2019. It is, however, contrary to the trend in developed countries where median crude divorce rates decreased by 0.02 per 1,000 people between 2016 and 2019. Yet, median crude divorce rates per 1,000 people continue to be significantly higher in developed countries – in line with recent historical trends.

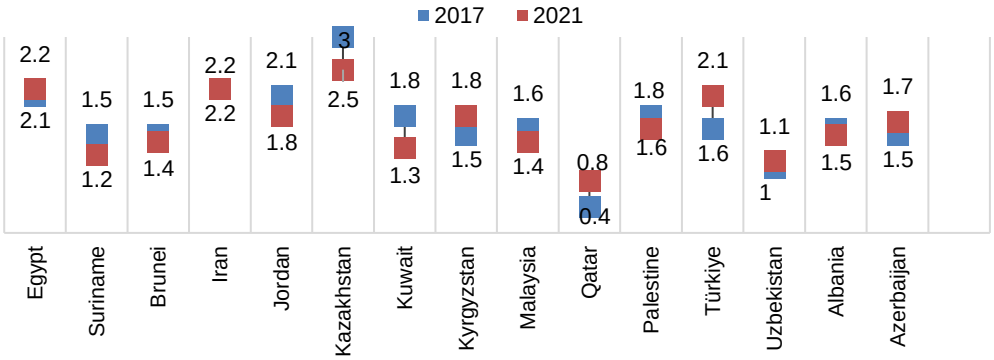
Table 2.3: Median Crude Divorce Rates (per 1,000 people), 2016-2019

	2016	2019
Developed Countries	1.97	1.95
Non-OIC Developing Countries	1.67	1.72
OIC Countries	1.55	1.74

Source: SESRIC staff calculations based on UN DESA's Demographic Yearbook 2020.

However, it is important to note that the change in the crude divorce rate in the OIC region is not uniform at the individual country level. Based on a dataset of 15 OIC countries over the period 2017-2021, the crude divorce rates per 1,000 people have decreased in eight OIC countries (Suriname, Brunei Darussalam, Jordan, Kazakhstan, Kuwait, Malaysia, Palestine, and Albania), increased in six OIC countries (Egypt, Kyrgyzstan, Qatar, Türkiye, Uzbekistan, and Azerbaijan) and unchanged in one member country (Iran) (Figure 2.12).

Figure 2.12: Crude Divorce Rates in OIC Countries (per 1,000 people), 2017-2021



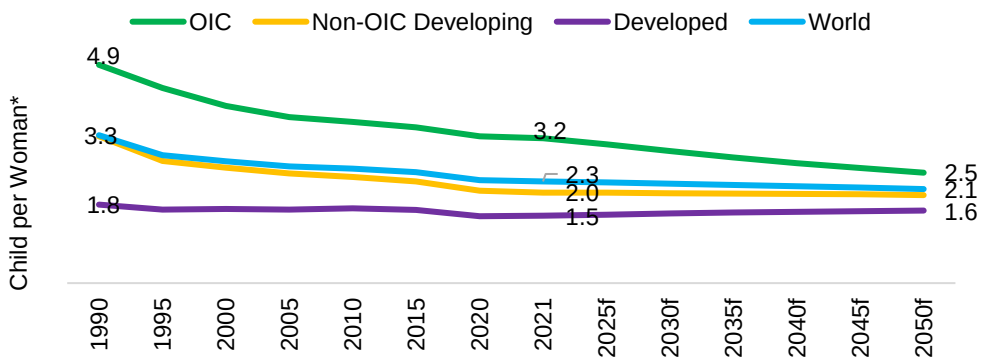
Source: UN DESA's Demographic Yearbook 2022. *Latest data available from 2020 and 2021.

Unfortunately, due to the sparsity of divorce statistics, it is difficult to draw comparisons or identify trends amongst OIC regions. Yet, it is evident that OIC countries need to focus on developing capacities for collecting and disseminating data in this important area. The availability of reliable and up-to-date statistics is essential for developing effective policies addressing family dissolution and marriage empowerment in the OIC region.

2.6. Child Bearing

Globally, fertility rates have been on a steady decline since the 1990s and are expected to continue regressing in the near future. In 1990, for example, the global fertility rate was 3.3 children per woman (Figure 2.13). The fertility rate in 2021 was 2.3 children per woman and is projected to further decline to 2.12 children by 2050.

Figure 2.13: Fertility Rates (number of children per woman), 1990-2050



Source: SESRIC staff calculations based on the data accessed from the UNDESA (2022), World Population Prospects 2022. Values for the period 2025-2100 are forecasted based on medium scenario projections.

As observed in global trends, OIC countries have also experienced a decline in fertility since 1990. The fertility rate in OIC countries was 4.9 children per woman in 1990, it was 3.2 children in 2021, and is expected to further decrease to 2.5 children by 2050 (Figure 2.13). Yet, fertility rates in OIC countries are still, on average, higher than those in non-OIC developing countries (2 children per woman) and developed countries (1.5 children per woman). This will continue to be the trend until 2050.

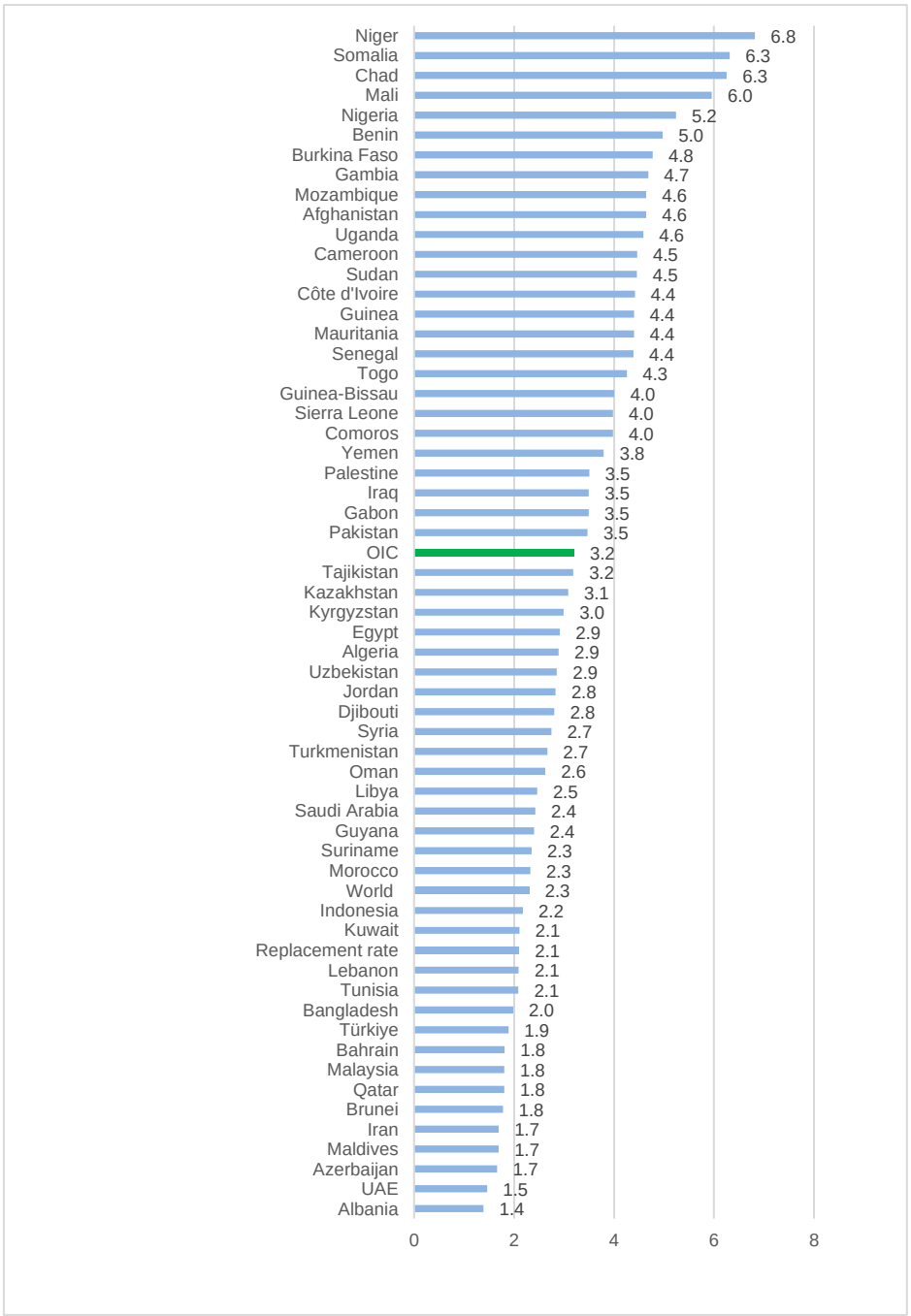
Despite having a downward trend in fertility rates, a majority of OIC countries will continue to have fertility levels that allow them to stay above the replacement rate of 2.1 children per woman. A majority of OIC countries located in Sub-Saharan Africa have higher fertility rates as compared to the world average (2.3 children) and OIC average (3.2 children) (Figure 2.14). Niger, for instance, has the highest fertility rate at 6.8 children per woman, followed by Somalia (6.3 children) and Chad (6.2 children). However, in 13 OIC countries from ECA, ESALA and MENA regions, like Albania (1.39) and United Arab Emirates (1.46), the current fertility rates are already below the replacement rate of 2.1 children per woman in 2021.

A decline in the fertility rate means that women are opting to have fewer children and family sizes are contracting (SESRIC, 2017). It can be said that a decline in fertility rates is one of the many outcomes of rapid globalization, where economies are more reliant on improvements in productivity (technology) for growth rather than an increase in labour force and population. However, it is important to note that many OIC countries, still have a window of opportunity that the average fertility rate continues to stay above the replacement rate of 2.1. This not only helps the population to increase but also the economy to grow. Besides, this supports the healthy functioning of social security systems.

Contrasting fertility trends amongst OIC countries require targeted policy interventions. For instance, on one hand, OIC countries in the SSA require policies to ensure that overpopulation does not lead to resource shortage, economic strains, and social imbalance. Policy interventions to address high fertility can include promotion and provision of free or low-cost contraceptives, provision of family planning and counselling to couples, increasing awareness about the use of contraceptives, improvements in maternal healthcare, and improving opportunities for women's education and employment.

On the other hand, OIC countries those having a fertility rate below the replacement rate need to exert efforts to ensure that their population is able to replace itself to avoid challenges associated with depopulation, imbalances in the share of older people vs. young people, labour shortages, and loss of productivity. Policy interventions for increasing fertility can include offering family allowances, provision of maternal, paternal, and parental leaves while guaranteeing job security, tax incentives and subsidies for having children, and improving work-life balance through flexible work schedules.

Figure 2.14: Fertility Rates in OIC Countries (number of children per woman), 2021



Source: SESRIC staff calculations based on the data accessed from the UNDESA (2022), World Population Prospects 2022.

3

SOCIO-ECONOMIC OUTLOOK OF FAMILIES

Human development policies that address education, employment, and access to social protection are crucial for ensuring the well-being of families and thier members. Without adequate policy interventions and programmes, families with insufficient socio-economic resources are likely to experience reduced access to food, nutrition, and basic health services, an increased burden of debt, homelessness, breakdown in familial relations, social isolation and exclusion, an increase in family members' propensity for crime, and a worsening of family members' mental health caused by precarious and stressful living conditions.

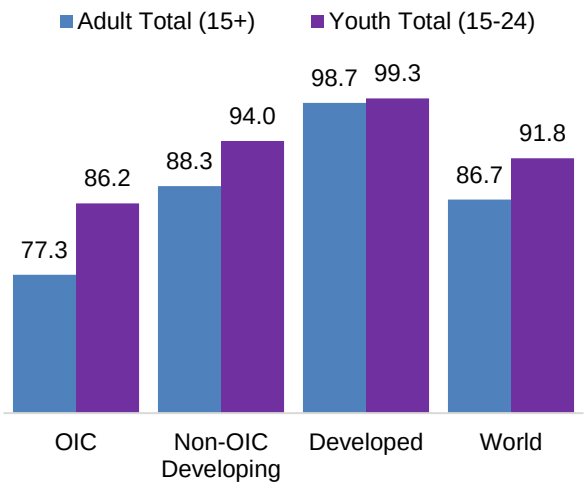
Children of unemployed parents, for instance, are more likely to suffer from intergenerational and multidimensional poverty, are more vulnerable to unemployment, and face a larger risk of late-life behavioural issues. Similarly, elderly people who do not have access to adequate social protection measures are over-represented in poorer families. Such individuals are unable to meet their basic needs either due to financial dependence on family members or due to lack of access to pensions, and, more often than not, are forced to perform unpaid caregiving activities within the family. It is also common for families with members that are uneducated, low-skilled, or informally employed to face a disproportionate burden of poverty. For example, female-headed households are more likely to experience poverty because women are over-represented in the informal sector which is indicative of unsafe working conditions, low or unpredictable wages, inadequate social protection, etc.

Against this backdrop, this chapter analyses the state of education, employment, poverty, work life balance, and social protection of families in the OIC countries. It is common knowledge that addressing socio-economic factors – that are discussed throughout this chapter – as part of the family policy can help protect and promote the welfare of families, while also making the family policy more effective. Therefore, this chapter aims to identify socio-economic factors affecting various members of a family in OIC countries to inform and aide the formulation of prescriptive policy interventions.

3.1. Education

Education is a key determinant of family welfare because it affects the socio-economic status of families in several ways. For instance, an individual's level of education has an impact on their ability to find employment, their decision to have children, child rearing practices, inter-familial relations, and family cohesion (SESRIC, 2017). Yet, even though literacy rates for adults and youth are on the rise around the world, the progress made toward improving adult and youth literacy in OIC countries is relatively slower. For example, in 2021, the adult literacy rate in OIC countries was 77.3%, which is considerably lower than literacy rates in non-OIC developing countries (88.3%) and the world (86.7%) (Figure 3.1). In eight OIC countries, adult literacy rates were below 50% - with the lowest literacy rates reported in Chad (26.8%) in 2021. At the same time, OIC countries in the ECA region had some of the highest adult literacy rates in the world. For example, adult literacy rates were above 99% in Azerbaijan, Kazakhstan, Tajikistan, Turkmenistan, and Uzbekistan.

Figure 3.1: Adult and Youth Literacy Rates (%), 2021



Source: SESRIC Staff calculations based on World Bank Education Statistics and UNESCO's UIS Data Centre. Note: Data is from the latest year available between 2012 and 2021.

As compared to adult literacy, youth literacy rates were relatively higher in OIC countries in 2021 (Figure 3.1). In 31 OIC countries, youth literacy rates were above 90%. In 17 OIC countries, almost all young individuals (above 99%) were able to read and write. Yet, in five OIC countries, reported youth literacy rates were less than 60% - with the lowest literacy rates in Chad (35.2%), Mali (46.2%), Niger (47.2%), and Afghanistan (55.9%). Yet, as compared to non-OIC developing countries (94%) and the world (91.8%), on average, only 86.2% of young people were literate in OIC countries.

Overall, the gap between youth and adult literacy in OIC countries was the highest in the world based on Figure 3.1. In the same period, the global gap

between youth and adult literacy was 5.1%, whereas in OIC countries this gap was 8.9%. This indicates that the education outcomes among family members are varied in OIC countries.

Even though the abundant youth population is a demographic strength of OIC countries, youth bulge in OIC countries face numerous social and economic challenges associated with the lack of education and skills. An inadequate level of education makes young people's employment, upward mobility, and social participation especially difficult – affecting their marriage prospects and influencing their decision about starting a family.

Data from 2019 show that a significant share of young people in OIC countries are neither enrolled in school nor employed. In OIC countries, 27.7% of young people were not in employment, education, or training (NEET) in 2020, a proportion that is higher than the global average of 23.3%. In particular, more than one-third of young women (38.3%) were reported to be neither in employment, education nor in training in 2020 (SESRIC, 2022). Young people NEET tend to stay idle or work in the informal economy to survive, which means that they do not have a regular income or sufficient savings to form a family. It is also common for youth NEET to rely on support from their parents or social security institutions.

A lack of investment in quality education, which is both accessible and affordable, is one of the main reasons why individuals in OIC countries continue to face difficulties in obtaining adequate education. The average government spending on education in OIC countries in 2020 was only 3.5%, whereas in non-OIC developing countries it was 4.0% of GDP and 5.3% in developed countries (SESRIC, 2023b). Challenges that keep individuals from obtaining education are known to have adverse consequences for the socio-economic welfare of their families. Therefore, policies that aim to mitigate such challenges should consider the association between an individual's education level, their family's socio-economic status, their family formation practices, and their familial relations.

Box 3.1: The COVID-19 Pandemic and its Impact on Education

One of the first responses to the COVID-19 pandemic, taken by countries around the world, was to close schools and other educational institutions. School closures in OIC countries peaked in April 2020, when 53 OIC countries closed schools completely and two OIC countries implemented an academic break. As a result of school closures, 432.6 million children and youth experienced a disruption in their education – with the largest share of out-of-school children in ESALA. On average, schools remained fully closed for 27 months and were open partially for 20 months in OIC countries.

According to the UN, school closures around the world are likely to result in a "generational catastrophe" due to *lost schooling*, *lost learning*, and *lost earnings* of students. School closures have a direct impact on:

- 24 million students from pre-primary to tertiary education dropping out of school or not returning to school. This risk is particularly elevated for children and youth belonging to poor families and families belonging to marginalized groups.
- Approximately 207 million girls are currently experiencing disruptions in education in 55 OIC countries. Girls are exceptionally vulnerable to dropping out of school or not returning to school due to an increase in poverty rates, household responsibilities, early marriages, and cultural norms.
- A loss of learning corresponding to a decrease in effective years of basic schooling from 6.4 years to 5.3-6.1 years in OIC countries.
- School closures are likely to decrease the annual earning potential of individuals by $366–$1,776, which makes up for approximately $10 trillion in lifespan earnings or 16% of the investment countries have made towards basic education.
- The pandemic will have a disproportionate impact on children and youth from disadvantaged or vulnerable social groups. For example, approximately 460 million students do not have access to the internet, computers, or mobile devices.

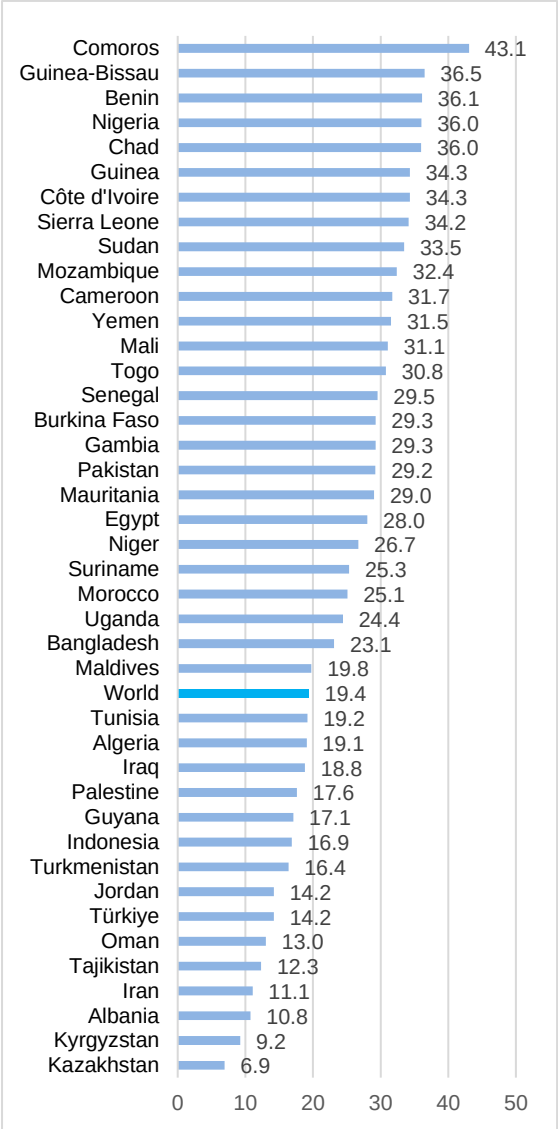
Source: UN (2020a)

3.2. Poverty and Inequality

Over the recent decades, OIC countries have exerted significant efforts to eradicate poverty and increase the welfare of their citizens. It is because of such efforts that the population living in poverty[2] decreased from 30.1% in the 2000s to 16.2% in 2017 (SESRIC, 2019). However, household poverty continues to be

[2] Population living in poverty refers to people living on less than 1.90 USD a day as per the international poverty line.

Figure 3.2: Coefficient of Human Inequality in OIC Countries, 2021



Source: UNDP's Human Development Report 2021/22. The coefficient is calculated as average inequality in life expectancy, inequality in education and inequality in income. Higher values imply higher inequality.

a significant challenge for families in low-income OIC countries, particularly those located in the SSA region. For example, data from the UN's SDG Indicators Database shows that 43.7% of households in Mali and 68.7% of households in Guinea were experiencing multidimensional poverty in the period between 2014 and 2016.

In order to lift vulnerable families out of poverty, policy makers in OIC countries need to address structural causes of poverty and one of the leading causes of poverty is human inequality, i.e., inequality in access to health services and life expectancies, access to education and illiteracy, and access to economic opportunities and income insecurity. The situation is particularly worrying in countries with low per capita income levels where traditional social protection systems are weak or inaccessible to many poor families. For example, 20 OIC countries were experiencing high human inequality based on the human inequality coefficient data in 2021 - as reported in UNDP's Human Development Report (2022) (Figure 3.2). 18 of these OIC countries are located in the SSA region. On the other side, the coefficients of 15 OIC countries were found to be lower than the world average of 19.4 in 2021, indicating the existence of relatively limited inequalities. Overall, prevailing high

human inequalities can impact a family's ability to fulfil their basic needs and avail socio-economic opportunities. To this end, effective policies are essential not only to eradicate such inequalities but also to support the family institution.

Poverty disrupts the functioning and stability of the family unit, often affecting family members' mental and physical health, social and economic opportunities, and personal and social behaviours. However, despite there being abundant studies on the adverse effect of poverty on families, policies that target poverty are more likely to focus on individuals and not the family as a unit.

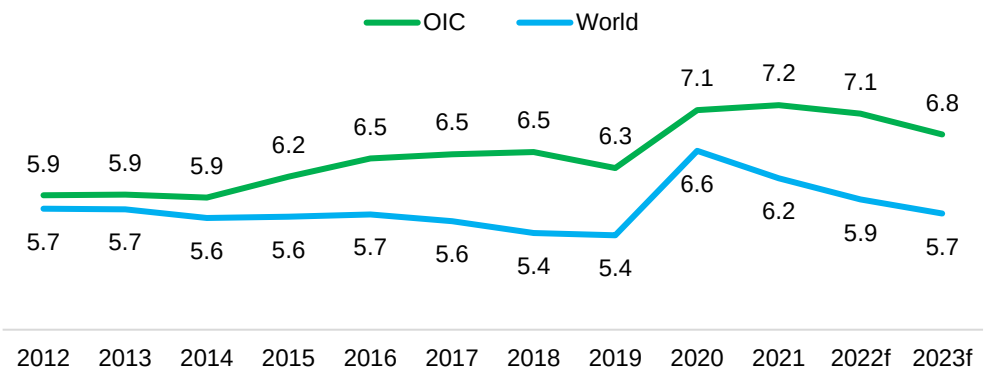
Family-centric poverty alleviation policies can have a positive impact on a family's access to food and nutrition, health services, educational opportunities, and gainful employment. Some successful examples of family-centric poverty alleviation policies include "delinking social protection mechanisms from the labour market to support non-contributory protection for families; offering non-contributory pensions to older people; making birth grants, maternity allowances, and childcare available to women so that they can be employed; highlighting the role of community-based informal 'saving clubs' in poverty reduction frameworks; offering targeted assistance to large or single-parent families; and activating the potential of individual members of the family to reduce their reliance on social assistance through assisted job search, vocational training, and self-employment" (UN DESA, 2016).

3.3. Employment

By and large, family poverty is intrinsically linked to a family's income and earning potential. In turn, an individual's employment status and his/her decision to participate in the labour force has significant impacts on their family. For example, families with members in formal employment are more resilient to social and economic shocks, have better mental and physical health, and can facilitate positive inter-generational educational outcomes. However, individuals that are unemployed or face income insecurity are more likely to have mental strain and perpetuate violence against family members. Employment is also an important factor that individuals take into consideration when deciding who to marry, when to marry, and if they should have children.

In OIC countries, unemployment rates are considerably higher than in the world. In 2021, for example, the unemployment rate was 7.2% in OIC countries and 6.2% in the world (Figure 3.3). Between 2019 and 2020, the COVID-19 pandemic has further exacerbated unemployment globally – resulting in a 0.8% increase in the unemployment rate in OIC countries and 1.2% in the world. The projections show that the average unemployment rate in OIC countries will likely exceed the global average in both 2022 and 2023, which is a persistent threat to the economic wellbeing of families

Figure 3.3: Unemployment Rates (%), 2012-2023



Source: SESRIC Staff Calculations based on ILO (modelled estimates). 'f' denotes forecasted values

As compared to men, young people and women tend to have higher unemployment rates. For example, the youth unemployment rate in OIC countries was 0.8 percentage points higher than the world average in 2022. In 2022, the female youth unemployment rate (17%) was higher than the male youth unemployment rate (15%) in OIC countries (SESRIC, 2022). Women and young people also experience unique challenges in finding employment due to prevailing cultural norms and skills mismatch (SESRIC, 2020b; SESRIC, 2021a).

As discussed above, adult and youth unemployment poses a threat to the unity of the family institution because financial hardships can influence an individual's decision to not marry, dissolve a marriage, or delay having children. Additionally, an increase in the time spent in pursuit of education can lead to delayed participation in the labour market, which can also lead to an increase in age at first marriage. Unemployment also increases youth's dependency on support from families and public social services (student loans, subsidies, etc.), which can increase the financial strain on familial resources and public services. Without adequate employment, young couples are also likely to settle for low paying, unsafe, and unreliable jobs in the informal sector.

Unemployment can also lead to gendered consequences for women and girls. For example, a lack of job opportunities can lead to young girls choosing to marry at an early age (sometimes when they are younger than the age of 18). In some OIC countries, strict gender roles accorded to women (as caregivers, homemakers, etc.) can limit their intention and ability to participate in the labour force. However, staying out of the labour force does not always mean that women are not economically active. In developing countries, a large share of women is responsible for undertaking unpaid work at home; they are either employed in the informal sector, or active in the domestic work sector. In this way, women do contribute to their households economically.

3.4. Gender Discrimination in Employment

In addition to limiting women's economic participation, rigid social norms, regressive gender-based biases, and strict gender roles impact cultural perceptions surrounding women's employment (SESRIC, 2018a). For example, in many traditional societies, women's employment is looked down upon or considered unconventional. However, a number of OIC countries have made progress in improving the labour force participation rate of women and raising awareness about the importance of women's economic participation. For example, according to the OPAAW Implementation Survey, cited in OIC Women and Development Report (2021a), 23 OIC countries have implemented a set of measures that increase women's income through equal pay and increase their share in the workforce. Some OIC countries have introduced gender-sensitive employment policies for women and created initiatives to promote women's access to public sector employment on an equal footing with men.

It is because of such normative measures that women's LFPR in several OIC countries increased over the past decade. However, on average, women's LFPR in OIC countries continued to be substantially lower than in the rest of the world. For example, in 2021, the gap between the world average and the OIC average was around 9.7 percentage points in terms of women's LFPR (Table 3.1). As compared to women, men's LFPR was higher both in OIC countries and the world. Moreover, the average LFPR of the male population in OIC countries did not differ substantially from the global average both in 2016 and 2021.

Table 3.1: Labour Force Participation Rate of Person Aged 15-64 Years (%), 2016-2021

Male	**2016**	**2021**
OIC Countries	73.8	72.6
World	74.0	71.7
OIC Countries	37.4	36.7
World	47.9	46.4

Source: SESRIC staff calculations based on ILOStat

Over the past decade, the global LFPR for youth declined from 46.1% in 2010 to 39.7% in 2021. Similarly, in OIC countries, youth LFPR reduced from 39.3% in 2010 to 37.1% in 2021 (SESRIC, 2022). This decline is attributed to a set of institutional factors such as norms and preferences (e.g., youth's mobility, the value of female youth's work, discrimination based on age/experience); economic factors (e.g., comparison of the net earnings with benefits of unpaid work); and social and institutional factors (e.g., age, gender, employable skills) (SESRIC, 2020).

A closer look at gender-based discrimination in the workplace in OIC countries can also provide insights into why youth's participation in labour force is relatively limited. The OIC Youth Survey, cited in SESRIC's State of Youth in the OIC Member States report, finds that culture, prejudices, biases and the lack of legal and regulatory mechanisms to prevent discrimination are amongst the main reasons behind discriminatory hiring practices for youth in OIC countries. Additionally, employers tend to discriminate against young women more than young men because of their perceptions about pregnancy, maternity leave, and job performance (SESRIC, 2020).

Box 3.2: Disproportionate Impact of the COVID-19 Pandemic on Women in Informal Employment

According to the United Nations, approximately 70% of women around the world and 34.2% of women in OIC countries work in the informal sector that is rife with unpredictable income levels, reduced opportunity to save, job insecurity, limited access to social protection, and exposure to discrimination, harassment, and abuse. During the COVID-19 pandemic, these women bore the brunt of pandemic related restrictions (lockdowns, closures, social distancing, etc.) and experienced a reduction in their incomes, reduction in working hours, and disproportionate exposure to contracting the pandemic.

According to ILOSTAT, between December 2019 and June 2020, nearly 29.4 million women above the age of 25 lost their jobs and by June 2020 there were 1.7 times more women outside the labour force than men (Azcona et al., 2020). This is because nearly 40% of all women that are formally employed and 42% of women that are informally employed work in the service sector, which was severely affected by the pandemic.

The situation is particularly depressing for families that are headed by women or single-parent families who do not have access to social protection, are vulnerable to food insecurity and homelessness, and are unable to afford digital technologies that allow them to work remotely. UNICEF projects that COVID-19 is likely to push an additional 100 million children into multidimensional poverty, depriving them of access to education, healthcare, housing, nutrition, and water and sanitation services.

Source: UN (2020), Azcona et al. (2020), ILO (2020a) and UNICEF (2021a)

Unfortunately, gender-based discrimination is not limited to recruitment practices. Gender-based discrimination in the workplace is one of the primary reasons for wage inequality around the world. Factors that become the basis for income inequality between men and women include part-time work, unpaid work, care responsibilities, occupational segregation, social norms, implicit and explicit biases, weak labour market regulations and institutions, and gender-based discrimination in the workplace (ILO, 2017). The gender pay gap is especially harmful to families with sole female income earners and female-headed

households. Establishing mechanisms to cope with gender discrimination – especially when it comes to wages and salaries – and ensuring equal pay for equal work can improve the status of women and their families in OIC countries.

Box 3.3: Women's Unpaid Work – An Unforeseen Consequence of the COVID-19 Pandemic

According to the ILO, women around the world perform three times more unpaid care and domestic work as compared to men but the pandemic has worsened the burden for women. Data from UN Women for 22 OIC countries show that, on average, 60% of women and 54% of men reported an increase in time spent on at least one unpaid domestic activity during the pandemic. Domestic activities include: cooking, cleaning, shopping, decoration, repair, maintenance, and pet care. In Türkiye, Kazakhstan, Kyrgyzstan, Afghanistan, Albania, Maldives, Indonesia, and Thailand, the proportion of women who reported this increase was higher than 60%.

Data from UN Women also show that 56% of women and 51% of women reported an increase in time spent on at least one unpaid care activity during the pandemic. Care activities include: child care, adult care, elderly care, time spent teaching children, time spent playing with children, and time spent providing emotional support for adults. In Afghanistan, Albania, Kyrgyzstan, Kazakhstan, Maldives, Senegal, Bangladesh, Guinea, and Pakistan, more than half of the women surveyed reported spending increased time on at least one unpaid care activity.

Lastly, 64% of parents reported relying more on their daughters to help with household chores and/or caregiving during the pandemic as compared to 57% of parents who rely on their sons. This can partially explain why more girls are likely to drop out of school (or are expected to stay out of school) to take over domestic/care giving responsibilities at home because of the pandemic.

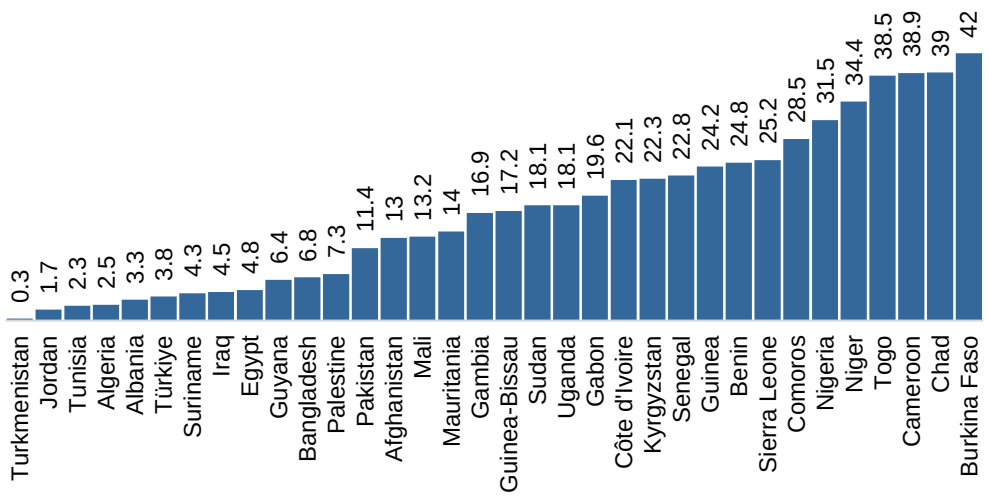
An increase in women's unpaid work is a direct result of school closures – with women having to care for children fulltime and helping them with their schooling; a rise in care needs of older and disabled people who are unable to seek institutional or formal assistance; and a breakdown of support services such as formal/informal child care, domestic help, and more. Formal and informal support services that were disrupted by the pandemic play a vital role in helping women balance their responsibilities in the work place and at home; but, pandemic related restrictions such as social isolation and mobility restrictions have made it difficult for women to avail of such services, affecting their ability to participate in the labour force.

Source: UN Women (2021)

3.5. Child Labour

Of relevance to the welfare of families in OIC countries is the percentage of children (between ages 5 and 17) that are engaged in economic activities and household chores. Children engaged in economic activity and household chores tend to give up their education in order to support their families and reduce pressures on their parents. In OIC countries in the SSA region, the proportion of children engaged in economic activities and household chores is notably high. For instance, more than one-third of children aged 5-17 are engaged in child labour and household chores in Burkina Faso (42%), Chad (39%), Cameroon (38.9%), Togo (38.5%), Niger (34.4%), and Nigeria (31.5%) (Figure 3.4). The proportion of children engaged in child labour or household chores is often higher in countries where social protection systems are inadequate or countries that do not have targeted social protection programmes for families.

Figure 3.4: Proportion of Children (aged 5-17) Engaged in Economic Activity and Household Chores (%), 2020



Source: SDG Indicators Database. Note: Data is from the latest year available between 2010 and 2020.

Policy interventions aimed at reducing NEET, promoting work in the formal economy, and combatting gender-based discrimination in the workplace can encourage economic activity amongst women and young people. Improving the economic participation of various members of a family can help eradicate family poverty, alleviate financial vulnerabilities, and limit socio-economic exclusion of families in OIC countries.

3.6. Work Life Balance

In a fast-paced society, it can be difficult for an individual to manage their commitments at home, responsibilities at work, and allocate proper time to family and self-care. Therefore, work life balance is an important factor that affects the welfare of individuals and families. Balancing work and home/care responsibilities can be particularly difficult for women in traditional societies that adhere to strict gender roles.

In terms of policy, work-life balance is impacted by four key factors: availability of maternity and parental leaves (paid or unpaid), childcare facilities, and flexible working hours and practices. At present, only 22 OIC countries have policies and programs aimed at reconciling professional and family life. These programs include the provision of services for affordable and quality care for children, the elderly, and other dependents (SESRIC, 2021a). Another 22 OIC countries have policies and administrative regulations for working mothers that can help them reconcile their family duties with their economic activity (SESRIC, 2021a). Furthermore, between 2010 and 2019, the number of OIC countries providing 14 weeks of paid maternity leave to new mothers (as per ILO's standard) increased from 26 to 31 (SESRIC, 2021a).

However, the findings of the OPAAW Implementation Survey, reported in the OIC Women and Development Report, show that only a few OIC countries have made progress in providing support to working mothers since 2016 (SESRIC, 2021a). For example, only 13 OIC countries have undertaken efforts to increase the number of nurseries in workplaces, only 15 of them undertook efforts to improve support services for mothers, and only 18 member countries reported an increase in the number of care centres for children, elderly, and disabled persons (SESRIC, 2021a). Overall, the availability of childcare facilities at the workplace and the culture surrounding flexible working hours and remote work are still underdeveloped in many OIC countries. Very often, working mothers receive support for caregiving through family members (informally) and/or domestic workers while such arrangements are unavailable.

In order to ensure a healthy work-life balance and family welfare, OIC countries can make legal and regulatory arrangements such as extending the rights of working mothers (e.g. policies on breastfeeding or maternity leave) and implementing family-friendly policies. Such family-friendly policies have been found to support the well-being of families, especially for the first few years of a child's life (Yekaterina et al., 2019). For example, extending support for breastfeeding leads to improvements in both mother's and child's health. The practice of maternity leave allows new mothers to recover from pregnancy and childbirth and bond with their children. Prohibiting dismissal or termination during

pregnancy and paid maternity leaves can ease a woman's concerns about job and income security, while also supporting their role in the family unit and the labour market.

3.7. Social Protection

Social protection is one of the most important socio-economic resources that can improve the welfare of families by ensuring the fulfilment of basic needs such as healthcare and education and allowing families to cope with social and economic crises that can lead to a loss of income. Effective social protection systems can also "enhance human capital and productivity, reduce inequalities, build resilience, and end inter-generational poverty" (ILO, 2020). Yet, approximately 4.1 billion people around the world do not have any social protection coverage and only 46.9% of the world's total population is effectively covered by at least one social protection benefit (excluding health and sickness coverage) (ILO, 2021).

Similarly, only 26.4% of children/households received targeted cash benefits in 2020 around the world. Amongst the OIC countries, the proportion of children/households receiving cash benefits is higher than the world average in only nine countries whereas; it is lower than the world average in 32 OIC countries.

Furthermore, in 2020, less than half of all mothers with new-borns received maternity cash benefits around the world. Only three OIC countries have a higher ratio of mothers with new-borns receiving maternity cash benefits as compared to the world average (44.9%), whereas this ratio is lower than the world average in 24 OIC countries.

Elderly persons are over-represented in poor families around the world and are highly reliant on social protection to fulfil their basic needs. Globally, 77.5% of the population above the statutory pensionable age received a pension in 2020. As compared to the world average, the proportion of the population above statutory pensionable age receiving a pension is higher in only 10 OIC countries. It is lower than the world average in 44 OIC countries.

According to ILO's World Social Protection Report 2017-2019, social protection programmes are anchored in national legislation in 49 OIC countries (2017a). However, only 27 OIC countries have targeted social protection programmes for families with children that are anchored in legislation, 18 OIC countries do not have targeted programmes for families with children, and data for six OIC countries is not available. Moreover, only 11 OIC countries have ratified the ILO's Social Security Convention No. 102 establishing minimum social security standards and only 10 OIC countries have ratified the ILO Convention No. 118 promoting equality of treatment in social security. When it comes to specific

conventions, the ILO Convention No. 183 on maternity protection has been ratified by only 10 OIC countries and the ILO Convention No. 128 on invalidity, old-age, and survivors' benefits has been ratified by only one OIC country (Table 3.2).

Table 3.2: OIC Countries that have Ratified the ILO's Social Security Conventions Relevant to Families, 2021

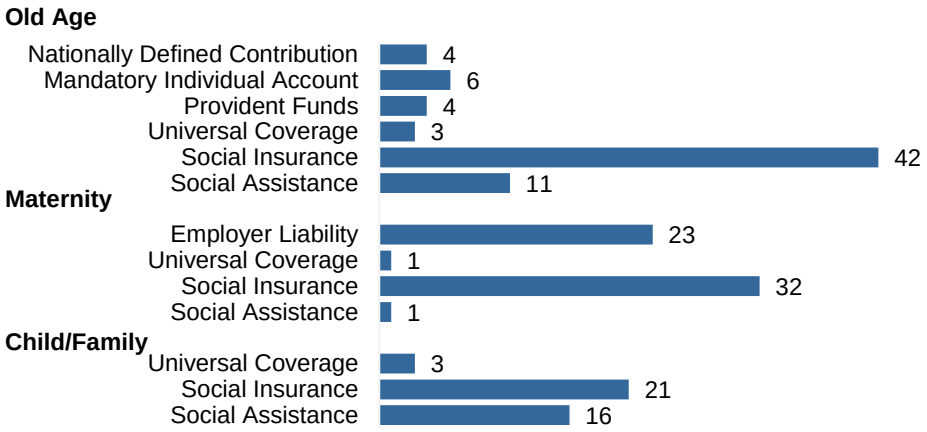
ILO Convention No. 102	ILO Convention No. 118	ILO Convention No. 183	ILO Convention No. 128
Albania	Bangladesh	Albania	Libya
Benin	Egypt	Azerbaijan	
Chad	Guinea	Benin	
Jordan	Jordan	Burkina Faso	
Libya	Libya	Kazakhstan	
Mauritania	Mauritania	Mali	
Morocco	Pakistan	Morocco	
Niger	Syria*	Niger	
Senegal	Tunisia	Senegal	
Türkiye	Türkiye	Türkiye	
Togo			

Source: ILO's World Social Protection Dashboard.

Social protection programmes targeting children/families, maternity, and old age are also quite varied in OIC countries. For example, only Kyrgyzstan, Libya, and Suriname offer universal coverage for children/families; only Kazakhstan offers universal coverage for maternity; and only Guyana, Kazakhstan, and Suriname offer universal coverage for old age. In the majority of the cases, OIC countries offer social insurance programmes based on individual contributions.

Based on data from ILO's World Social Protection Dashboard, among data available OIC countries, 42 member countries offer social insurance for old age benefits, 32 OIC countries offer social insurance for maternity coverage, and 21 OIC countries offer social insurance for children/family (Figure 3.5). Social assistance, which is offered for gratis, covers old-age benefits in only 11 OIC countries, maternity in only 1 OIC country, and children/families in only 16 OIC countries. When it comes to maternity coverage, 23 OIC countries hold employers liable for coverage.

Figure 3.5: Distribution of Social Protection Programmes in OIC Countries (number of countries), 2021



Source: ILO's World Social Protection Dashboard.

It is also common for some OIC countries to offer a combination of contributory and non-contributory social protection to older persons, mothers with new-borns, and children/families. For example, according to the ILO's World Social Protection Dashboard:

- Algeria, Azerbaijan, Gabon, Morocco, and Uzbekistan offer social assistance plus social insurance programs to children/families.
- In Kyrgyzstan, children and families are offered social assistance in addition to universal coverage.
- Albania, Egypt, Kyrgyzstan, Mozambique, and Uzbekistan offer social assistance and social insurance programs for older persons.
- Guyana and Suriname offer universal coverage and social insurance programs for older people.
- Kazakhstan offers universal coverage, social assistance, and social insurance programs for older people.
- In Kyrgyzstan, maternity coverage in offered through social assistance and social insurance programs.
- In Kazakhstan maternity is covered universally and under social insurance programs.
- In Chad, Djibouti, Gabon, Guinea, Libya, Morocco, and Togo, maternity is covered under social insurance programs and employer liability.
- In the Gambia, Indonesia, Malaysia, and Uganda allow working individuals can contribute to provident funds as a source of pension for their old-age.
- In Brunei Darussalam, Kazakhstan, Kyrgyzstan, Nigeria, Tajikistan, and Uzbekistan individuals have to make mandatory contributions for old age.
- Azerbaijan, Kyrgyzstan, Tajikistan, and Turkmenistan have nationally defined contributions for old-age coverage.

Limited social protection coverage is often due to a lack of financial resources for social protection or underinvestment in social protection. In developing countries, including several OIC countries, lack of sustainable financial resources or inadequacy of fiscal infrastructure, pensions, health insurance, and other types of social protection programs require a direct expenditure from the government (Bloom, Jimenez, & Rosenberg, 2011). According to the ILO's Social Protection Dashboard, countries around the world spend less than 13% of their GDPs on social protection and only 6% on health protection. In OIC countries, the median public social protection expenditure (total, including health) is 4.2%. It is 6.5% in non-OIC developing countries and 21.4% in developed countries.

A breakdown of median public social protection expenditure by categories shows that OIC countries, on average, lag behind non-OIC developing countries and developed countries when it comes to social protection expenditure on children. For instance, as shown in Table 3.3, OIC countries spend 0.1% on public social protection for children whereas developed countries spend 1.9% and non-OIC developing countries spend 0.2%. Similarly, the public social protection expenditure on persons of active age with sickness/maternity/employment injury/disability is 0.3% in OIC countries, 0.5% in non-OIC developing countries, and 2.1% in developed countries.

When it comes to targeted expenditure on older persons, OIC countries spend 1.6% on social protection for the elderly, whereas non-OIC developing countries spend 1.7% and developed countries spend 7.8%. This is especially worrisome considering that an ageing population is expected to bring additional pressure on social security systems in some OIC countries in the near future. In this respect, many OIC countries would need additional government revenues to offer adequate social protection to the various members of the family.

Table 3.3: Median Public Social Protection Expenditure by Category (% of GDP), 2016

Median Public Social Protection Expenditure (% of GDP) by Category	OIC Countries	Non-OIC Developing Countries	Developed Countries
For older persons	1.6%	1.7%	7.8%
For children	0.1%	0.2%	1.9%
Persons of active age with sickness/maternity/employment injury/disability	0.3%	0.5%	2.1%

Source: SESRIC Staff calculations based on ILO's World Social Protection Database. Note: Data is from latest year available between 2001 and 2016. The median values do not include expenditure on health.

Box 3.4: Social Protection Measures in Response to the COVID-19 Pandemic in OIC Countries

In OIC countries, the onslaught of the COVID-19 pandemic has made evident the importance of robust social protection systems, especially when it comes to ensuring the welfare of families and its members. According to ILO's Social Protection Monitor (2021) for COVID-19, countries around the world have implemented approximately 1,865 new or adjusted social protection measures particularly in response to the COVID-19 pandemic – out of which 18.4% (or 343 measures) were implemented in OIC countries. Amongst the OIC sub-region, the highest share of measures was implemented by OIC countries in the SSA region (30% of 343 measures) and the lowest share of measures was implemented by countries in the ECA region (16% of 343 measures).

Best practices from several OIC countries reflect positively on the utilization of social protection measures as an emergency crisis response that is considerate of the needs of families. In Azerbaijan, for instance, the government launched a programme to cover students' tuition fees to ensure their access to education during the pandemic. In Cameroon, Guyana, Suriname, and Türkiye, the coverage of existing social protection programs was extended to increase family allowances and provide families with financial aid. Azerbaijan and Uzbekistan extended the expiration dates for family benefit programmes as well. Guyana extended the coverage of its social protection programmes to offer free childcare to frontline workers and Uzbekistan offers paid leave for working parents during the pandemic. Türkiye launched a program offering a one-time cash transfer of TL1000 to households in need and Indonesia, Somalia, and Sudan launched cash assistance programs for low-income households as well.

Similarly, Uzbekistan prohibited the termination of contracts for workers with children under 14 infected with COVID-19. Bangladesh, Oman, and Türkiye implemented similar initiatives that prohibit the dismissal of workers. Azerbaijan, Brunei Darussalam, Indonesia, Saudi Arabia, and Uzbekistan extended the coverage of existing income and job protection programs to create public jobs, expand wage subsidies to include workers, expand coverage to additional workers such as food delivery personnel, and expand public works programs. Suriname increased the benefit level of its contributory and non-contributory programmes to increase allowances for persons with disabilities and pensioners.

Source: ILO (n.d.)

4

HEALTH OUTCOMES OF FAMILIES

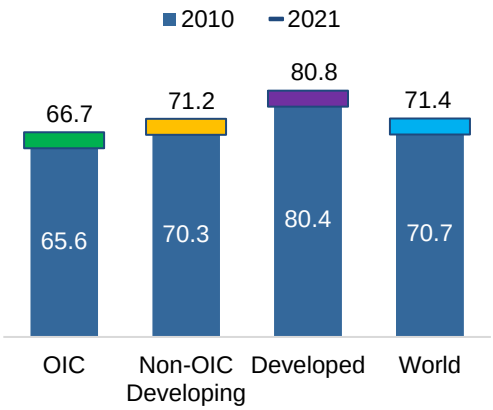
Regardless of its size, structure, and composition, the family unit plays an instrumental role in nurturing and socialization of children, physical, psychological, and psychosocial development and well-being of adolescents, caring for the elderly and persons with disabilities, supporting health outcomes of family members, and influencing their health-related behaviours (WHO, 2013). The need for family-centric health policies is driven by an understanding of how familial behaviours affect the health outcomes of various members of a family. For example, two parent biological families tend to be more protective of their children's health. In extended families, grandparents can have a positive impact on a child's early nutrition, feeding practices, and more. Supportive parenting can build resilience amongst adolescent and youth when it comes to substance abuse and addictions. Married individuals are less likely to participate in risky behaviours, tend to have a healthier lifestyle, and are likely to seek early (preventative) diagnosis and treatment. Similarly, families that are rife with conflict and stress are not able to mitigate the consequences of late-life medical ailments and conditions among their members.

With this understanding, this chapter identifies topics that have an impact on the health outcomes of the various members of a family, with a view to inform policy-making in OIC countries that is in line with the OIC 2025 Programme of Action, OIC Strategic Health Programme of Action 2014-2023, and the OIC Strategy for the Empowerment of the Marriage and Family Institution. If properly addressed, health topics discussed in this chapter will not only help the formulation of efficient family policies in OIC countries but also improve the health and well-being of families and their members across the OIC region.

4.1. Life Expectancy

An increased life expectancy at birth has several implications for the marriage and family institution. For one, increased life expectancy means that individuals may choose to marry at older ages (SESRIC, 2017). Over time, an increased life expectancy at birth may also change family composition and structures due to an increase in the share of older family members. Additionally, when family members live longer their needs (e.g., financial, healthcare) are likely to amplify over time.

Figure 4.1: Life Expectancy at Birth (years), 2010 vs 2021



Source: SESRIC Staff calculations based on UN World Population Prospects 2022

Life expectancy at birth has been on a rise in the past century owing to advances in science and medicine that include improvements in nutrition, sanitation, healthcare, and even education and economic opportunities. Globally, life expectancy at birth (LEB) rose from 70.7 to 71.4 between 2010 and 2021 (Figure 4.1). In OIC countries, LEB increased from 65.6 in 2010 to 66.7 in 2021. Within the various OIC regions, countries in the SSA region have a relatively lower LEB. OIC countries in the MENA region tend to have longer LEB such as due to the availability of quality healthcare services and higher spending on healthcare. To address the implications of LEB, there is a need for measures that are considerate of the changing needs of the various family members and changes in family dynamics, composition, and living arrangements.

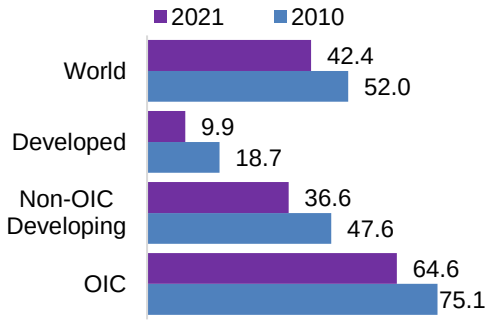
4.2. Maternal and Reproductive Health

Women are the central caregivers in many traditional families. However, the level of care they can provide is heavily dependent on their education level, employment status, cultural values, access to healthcare information, and independence to make health-related decisions. Their ability to nurture and care for the family is also dependent on their own health outcomes.

For instance, young mothers (aged 20 or below) are more likely to give birth prematurely, and their new-borns are more likely to suffer from low body weight or die within the first year of their birth (SESRIC, 2020). Adolescent Fertility Rate (AFR) affects the health and well-being of young women and has consequences that can last their entire life. Fortunately, AFR amongst girls, between the ages of 15 and 19, in OIC countries decreased from 75.1 per 1,000 women in 2010 to 64.6 per 1,000 women in 2021 owing to a number of global, regional, and national level initiatives (Figure 4.2). Yet, the average of the OIC group stayed above the global average of 42.4 (per 1,000 women) in 2021.

Similarly, the lack of adequate health care during pregnancy, lack of health personnel to assist women through childbirth, or lack of knowledge about maternal, natal, and reproductive health services can prove fatal for women.

Figure 4.2: Adolescent Fertility Rates (births per 1,000 women ages 15-19), 2010 vs. 2021



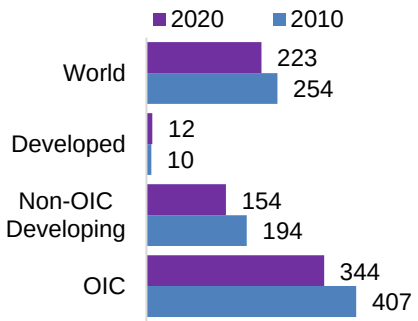
Source: SESRIC Staff calculations based on UN World Population Prospects 2022

According to WHO's latest estimates, lack of proper healthcare during labour and childbirth is responsible for approximately two million annual maternal and new-born deaths globally.

The availability of skilled health personnel – a doctor, nurse, or midwife – during the birth can prevent these maternal and new-born mortalities. However, only 69% of births in OIC countries were attended by skilled health personnel in 2017 (SESRIC, 2019a). Between 2009 and 2018, only 64.5% of total pregnant women in OIC countries benefited from four (recommended) antenatal checks, which is lower than the world average of 78.1%. The provision of quality antenatal care continues to be a major concern for many OIC countries partly due to a shortage of skilled health personnel (SESRIC, 2019a).

Yet, the maternal mortality ratio (MMR) decreased in OIC countries, on average, by 15% between 2010 and 2020 (from 407 to 344) (Figure 4.3). MMR in OIC countries is, however, still significantly higher as compared to the world average (223 mortalities per 100,000 live births) in 2020. In 2020, five OIC countries (Bahrain, Brunei, Kuwait, Qatar, Maldives) had the lowest MMR (less than 5 mortalities per 100, 000 live births) amongst all the OIC countries. Between 2010 and 2020, OIC countries in the SSA region successfully managed to reduce MMR by around 120 mortalities per 100,000 live births, however, MMR in the SSA region continues to be distressingly high. In order to reduce MMR, OIC countries in the SSA region can benefit from the experiences of some OIC countries in Asia like Bangladesh and Maldives. Both countries have received wide recognition from

Figure 4.3: Maternal Mortality Ratios (per 100,000 live births), 2010 vs. 2020

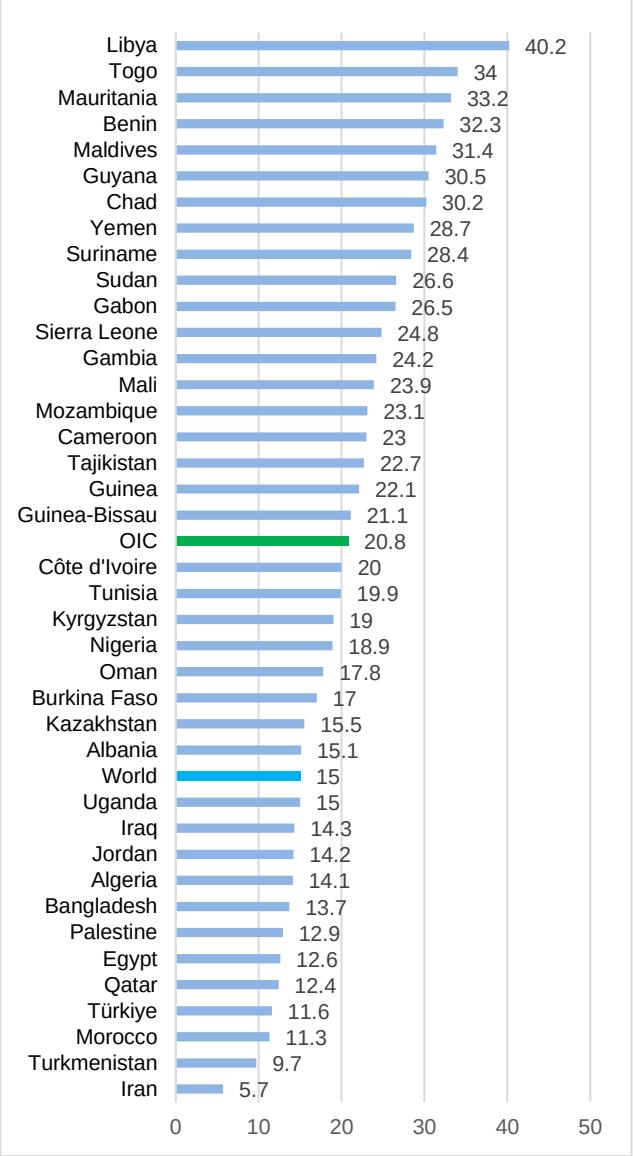


Source: SESRIC Staff calculations based on UN World Population Prospects 2022

various international institutions for their progress toward successfully reducing MMR in the past decade.

In addition to improving the availability of skilled health personnel and reducing MMR, OIC countries should also consider the potential of family planning to help families have control over their size and grant women the freedom to decide when or how many children they want to have. According to WHO (2020b), among 1.9 billion women of reproductive age group (15-49 years) worldwide in 2019, 1.1 billion have a need for family planning; of these, 842 million are using contraceptive methods, and 270 million have an unmet need for contraception. The need for family planning was unmet amongst 14.9% of women (ages 15-49) between 2009 and 2019.

Figure 4.4: Unmet Need for Family Planning in OIC Countries (% of women aged 15–49 years), 2021*



Source: UN DESA's 2022 World Contraceptive Use Dataset. *Latest year available data is used

In OIC countries, the need for family planning was unmet for 20.8% of women in 2021 (Figure 4.4). Within the OIC sub-regions, the unmet need for family planning was more prevalent in OIC countries in the SSA and ESALA regions. At the individual country level, more than one-third of women (ages 15-49) had

unmet need for family planning in Libya, Togo, Mauritania, Benin, Maldives, Guyana, and Chad in 2021.

Broadly speaking, a lack of awareness or limited knowledge about family planning and child spacing in many OIC countries is largely responsible for the above mentioned unmet need. In 2020, 76.7% of women (ages 15-49) were using modern family planning methods globally. In OIC countries, this share was 49.2% according to the latest data available between 2010 and 2020.

Box 4.1: Health Risks of the COVID-19 Pandemic Specific to Women

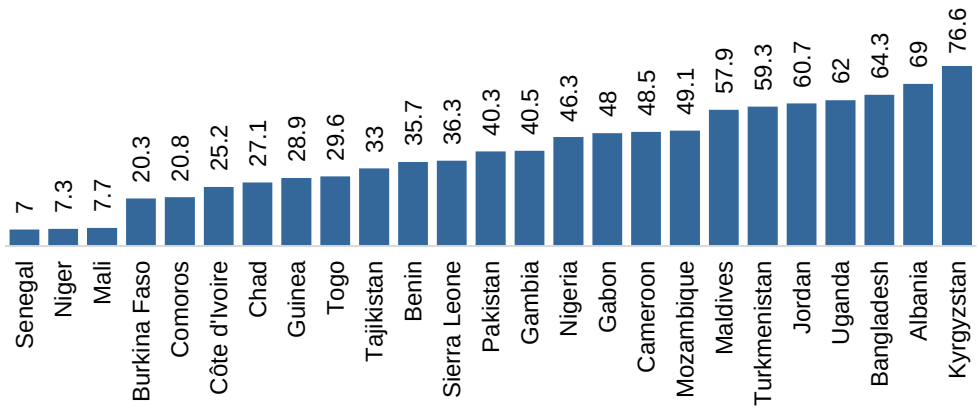
The COVID-19 pandemic poses unique risks to women's health. One, women are overrepresented in the global health workforce and make up for a majority (69.9%) of front-line, formal and informal health workers dealing with COVID-19 patients in their communities, which means they are uniquely exposed to contracting the COVID-19 virus. In 13 OIC countries, women account for more than half of all workers employed in human health activities and in 4 OIC countries, women account for 20% to 30% of all workers employed in the human health activities sector.

Secondly, the reallocation of medical resources during the pandemic has had negative impacts on the availability of maternal, sexual, and reproductive health services for women. In April 2020, a UNFPA study projected that approximately 47 million women in 114 low- and middle-income countries would be unable to use modern contraceptives if the average lockdown in a country continues for 6 months (with serious service disruption) and that a 6-month lockdown would result in the occurrence of over 7 million unintended pregnancies.

Source: UNFPA (2020)

According to the WHO (2013), "women are effectively coordinators between family members and the health care systems, caretakers of families during sickness, and promoters of health behaviours and lifestyles including a balanced diet, personal hygiene, etc." However, women in many developing countries are not empowered to take decision about their own health and their family's health even when the primary responsibility for the family's health falls on women. For example, according to the UNFPA Demographic and Health Surveys data available for 25 OIC countries, more than 50% of women (ages 15-49) had the agency to make decisions (alone or jointly) regarding their reproductive healthcare only in Maldives, Turkmenistan, Jordan, Uganda, Bangladesh, Albania, and Kyrgyzstan (Figure 4.5).

Figure 4.5: Women Making Decisions Regarding Their Reproductive Healthcare (% of women aged 15-49), 2020



Source: UNFPA Demographic and Health Surveys. Latest data available between 2010 and 2020. Healthcare decisions include decisions regarding sexual health, contraceptive use, and reproductive healthcare.

4.3. Children's Health and Nutrition

Children's early development – including socialization, value systems, and healthy behaviours – is influenced by their family's socio-economic status and the resources available to the family. Children that have healthy childhoods go on to become healthy adults that are capable of positively contributing to their families and societies. However, in several OIC countries, children's health outcomes are adversely impacted by high mortality rates, low immunization coverage, and disparate nutritional status (stunting, wasting, and overweight).

Globally, there has been a significant reduction in child mortality (for children ages 5 and under) over the past decades. For instance, in 1990 the under-five mortality rate (U5MR) in OIC countries was 124 deaths per 1,000 live births. In 2017, this rate has reduced by 68% to 56 deaths per 1,000 live births (SESRIC, 2019a). At the individual country level, between 1990 and 2017, 20 OIC countries managed to reduce U5MR by at least 66% and 10 OIC countries halved their U5MR. In nine OIC countries, the U5MR was lower than 10 deaths per 1,000 live births.

Even though OIC countries, on average, recorded significant progress in reducing U5MR since 1990, still many of them have relatively high U5MR. As of 2017, one in 17 children in OIC countries died before their fifth birthday compared to one in 25 children in the world. In six OIC countries from the SSA region, U5MR was higher than 90 deaths per 1,000 live births in 2017. These six countries –

Benin, Chad, Mali, Nigeria, Sierra Leone, and Somalia – are ranked as having the highest U5MR in the world (SESRIC, 2019a).

The child mortality rate reflects the coverage and effectiveness of healthcare services for children. A majority of these deaths can easily be prevented by ensuring access to effective safe childbirth and neonatal care services. For example, approximately 37.8% of under-five deaths in OIC countries in 2017 were caused by three infectious diseases: acute lower respiratory infections (19.2%), diarrhoea (10.5%) and malaria (8%) (SESRIC, 2019a). These infectious diseases are preventable with targeted inoculation and timely treatment. Similarly, mortalities associated with pregnancy and birth-related complications (such as prematurity, asphyxia, and congenital anomalies) can also be prevented if women have access to antenatal healthcare and skilled attendance at birth.

In recent decades, an increase in immunization coverage has also helped prevent the deaths of millions of children across the world and decrease the prevalence of certain disabilities. Global efforts exerted towards the improvement of national immunization programmes and immunization coverage have focused on improving access to vaccines and training for health workers.

As a result, global DTP3[3] (vaccines against diphtheria, tetanus and pertussis) immunization coverage during a child's first year of life increased. In line with global trends, DTP3 immunization coverage among one-year-olds also improved in OIC countries from 76% in 2010 to 78% in 2021. However, the average of the OIC countries stayed below the global coverage of 81% in 2021 (WHO, 2023).

Similar to immunization, proper child nutrition is a powerful tool for raising healthy children. Proper nutrition helps improve children's chances of survival during the early years of life and contributes towards their physical and cognitive development. For families, proper nutrition can help prevent numerous health risks for the child, thus reducing stress factors such as financial and mental strains associated with healthcare. This is because malnutrition is known to increase the risk of mortality from common illnesses such as diarrhoea, pneumonia, and malaria and stunt a child's growth.

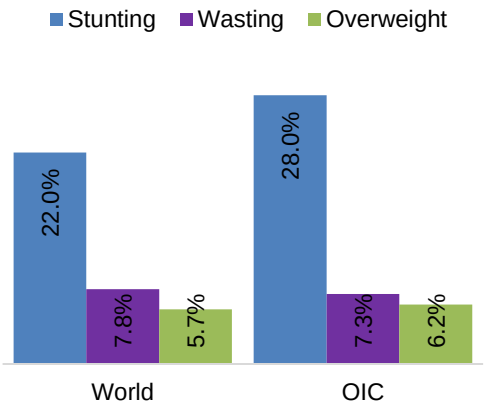
Stunting, in particular, is irreversible and can impair a child's physical and cognitive ability (often affecting their ability to attain education) and their socio-economic performance throughout their lives. In 2020, OIC countries hosted around 62 million children under 5 that were stunted. Globally, the estimates show the total number of stunted children was around 149 million in the same year. In the OIC region, it is estimated that around 28% of children under 5 were stunted, which exceeded the global average of 22% (Figure 4.6). Among the OIC

[3] UNICEF and WHO use DTP3 coverage as a benchmark for immunization programmes in a country.

regions, children that are stunted were concentrated in ESALA and SSA. Stunting in OIC countries was more prevalent in Niger (46.7%), Libya (43.5%), Mozambique (37.8%), and Yemen (37.2%) in 2020.

In addition to stunting, being overweight can also cause serious life-long health risks in children under-5. Currently, there are approximately 38.9 million overweight children under-5 in the world. In 2020, the prevalence of overweight among children under-5 was higher in OIC countries (6.2%) than the global average (5.7%) (Figure 4.6). Overweight prevalence remained highly prevalent in ESALA and MENA regions (SESRIC, 2020c). At the country level, the highest proportion of OIC's total moderately and severely overweight children lived in Libya (25.4%), followed by Lebanon (19.7%) in 2020.

Figure 4.6: Nutritional Status of Under 5 Children (% of total children under-5), 2020



Source: SESRIC staff calculation based on UNICEF/WHO/World Bank Joint Child Malnutrition Estimates,

In contrast to overweight, more than 47.5 million children under 5 years of age were wasted in 2020. This figure was estimated around 16.3 million in the OIC region. As shown in Figure 4.6, the prevalence of wasting in OIC countries was relatively lower at 7.3% as compared to 7.8% in the world. Among the OIC regions, the burden of wasting is relatively high in ESALA and SSA regions in 2020. At the individual country level, the highest prevalence of wasting amongst children under-5 was noted in the following OIC countries: Yemen (16.4%), Sudan (16.3%), Senegal (16.3%), Guinea-Bissau (12.9%), and Niger (12%).

Box 4.2: Impact of the COVID-19 Pandemic on Children's Health

The economic consequences of the COVID-19 pandemic are projected to severely impact the health and nutrition of children across the world. According to UNICEF (2020) and UNFPA (2020), the pandemic has or is likely to result in:

- Malnutrition in 368.5 million children in 143 countries and wasting 50 million children, which will have lasting impacts on their physical, psychological, and emotional development.
- Approximately 2 million FGM cases and over 10 million child marriages over the next decade. Poverty, in particular, is a direct driver of child marriages and the economic impacts of the pandemic are expected to increase poverty rates in vulnerable communities.
- Suspension of measles immunization due to which more than 23 million children may miss essential vaccines and suspension of all polio vaccination campaigns around the world. Without proper immunization drives, children are unable to receive life-saving vaccines and treatments necessary to live out healthy lives.
- A rise in child deaths by up to 2 million and 200,000 additional stillbirths, if COVID-19 relations service disruptions continue for more than 6 months. The pandemic is expected to upend 2 to 3 years of progress in reducing global infant mortality.
- Disruption in violence prevention and response services in 104 countries affecting up to 1.8 billion children. An additional 9 million children are expected to be at risk of child labour and the number of children in child labour rising to 160 million.

Source: UNICEF (2020) and UNFPA (2020)

4.4. Substance Abuse and Addictions

For the family unit, substance abuse and addictions have a negative effect on inter-familial relations, family cohesion, and the mental and physical health of family members. While substance abuse and addictions can affect any family, regardless of its socio-economic status, it is more likely to be triggered by mental and physical stressors, poverty, social isolation, exclusion, inter-familial conflict, parental neglect or abuse, and lack of social support. Adolescents and young members of a family are more vulnerable to substance abuse because of their impressionability and exposure to aggravators. For example, negative peer influence, poor awareness of the long-term consequences of addictions, and lack of parental involvement can often force young people to resort to substance abuse. In a majority of cases, dependencies and addictions increase an individual's likelihood of unemployment, criminal propensity, physical ailments, dysfunctional social relationships, suicidal tendencies, mental illness, and lower life expectancy.

There are three types of dependencies and addictions that are currently prevalent in the world: alcohol consumption, drug and tobacco use, and – more recently – internet addiction. Globally, alcohol consumption results in three million fatalities annually, which represents 5.3% of all deaths (WHO, 2022). While there is little to no data on alcohol consumption in OIC countries, it is assumed that alcohol consumption amongst adults and youth is low in OIC countries as compared to other country groups because consumption of alcohol is considered to be a deviation from the teachings of Islam. The consumption of alcohol is also usually associated with a strongly negative social stigma in many OIC countries (SESRIC, 2020a).

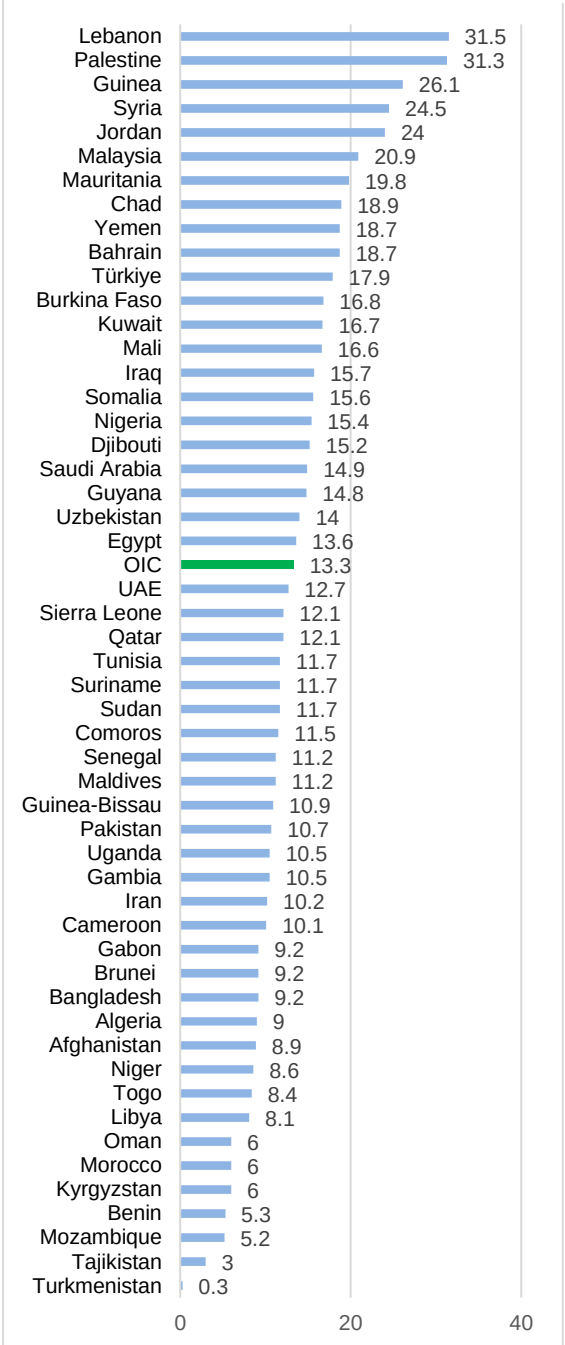
When it comes to drug use and dependencies, younger members of a family are more likely to consume drugs as compared to older members. A number of studies identify early (12-14 years old) to late (15-17 years old) adolescence as a risk period for the initiation of drug use and that drug use may peak among young people aged 18–25 years (UN, 2018). Similar to alcohol consumption, the use of illicit drugs is frowned upon in Islam. It is assumed that young people in OIC countries consume drugs less frequently as compared to other country groups due to religious teachings combined with the social stigma associated with the use of drugs.

The caveat is that young people living in stressful environments are more likely to use drugs to cope with difficult circumstances (UN, 2018). Traditional triggers of drug use amongst youth include poverty, unemployment, illiteracy, and mental stress; at present, these triggers are widespread in several OIC countries. Therefore, OIC countries, which are home to large youth populations, need to be vigilant about the use of drugs amongst youth.

When it comes to the current use of tobacco products among adolescents, a dataset from 2020 shows that the prevalence of tobacco products is not homogenous amongst OIC Member States with a relatively higher use observed in Lebanon (31.5%), Palestine (31.3%), Guinea (26.1%) and Jordan (24%); and a relatively lower use observed in Turkmenistan (0.3%), Tajikistan (3%), Mozambique (5.2%), Benin (5.3%), and Kyrgyzstan (6%) (Figure 4.7).

In recent years, technology or internet addiction has emerged as a significant health-related challenge in many countries around the world. While it is true that newer technology can improve people's opportunities for learning, networking, communicating, recreation, and upskilling, it may also lead to a habitual compulsion to engage in the use of technology as a form of escapism (Young & de Abreu, 2010). Excessive use of technology tools (such as the internet, mobile phones, etc.) can resemble behaviours associated with alcohol and drug dependency (Byun et al., 2008).

Figure 4.7: Prevalence of Current Tobacco use among Adolescents (ages 13-17) (%), 2020



Source: World Health Organization

Technology or internet addiction has a number of consequences for the health, wellbeing, cohesion, harmony, and unity of marriage and family institution. For example, internet addiction amongst youth can cause a breakdown of communication between them and their parents and transform traditional morals and values due to exposure to other (often conflicting) cultures (SESRIC, 2017).

This is partly why OIC countries have invested in conducting a number of studies about youth's addiction to technology in recent years. Othman and Lee (2017), for instance, find that technology and internet addiction amongst Malaysian youth can likely result in an increase in depression. A city-level dataset from Türkiye, analysed by Aktepe et al. (2013) shows that around 14% of adolescents were possibly addicted to the internet but internet addiction is linked to lower levels of loneliness amongst adolescents. According to Hashem and Smith (2010), 40% of youth in the UAE are addicted to technology and spend around 10 hours per day on social and other media. And Mellouli et al. (2018) find that poor control over the use of the internet is highly prevalent amongst college students in Tunisia.

Box 4.3: Impact of the COVID-19 Pandemic on a Family's Mental Health

The COVID-19 pandemic and its response measures have had a unique impact on families around the world. Socio-economic stressors (including reduction or disruption of income, lack of formal and informal care support, forced co-residence, etc.) have been exacerbated by the pandemic leading to an increase in inter-family conflicts and violence against women and children, and more. Parents who did not have proper support during the pandemic have reported additional psychological strain caused by increased domestic responsibilities, additional caregiving responsibilities, reduced access to resources, and difficulties balancing work and family life. Younger family members have had to change their future plans due to unpredictability caused by the pandemic, which has led to an increase in anxiety amongst youth (Lebow, 2020). A number of experts have also found that COVID-19 has caused an increase in mental distress and loneliness individuals (Sibley et al., 2020; Killgore et al., 2020). Studies also show that poor families and family members with pre-existing health conditions are more likely to experience depression due to the pandemic (Kim & Laurence, 2020). There is also evidence that when a family experiences financial insecurity, its members are more likely to experience psychological stress that can lead to their social isolation and disengagement from their families and communities (Borkowska & Laurence, 2020).

Source: Lebow (2020), Sibley et al. (2020), Killgore et al. (2020), Kim and Laurence (2020), and Borkowska and Laurence (2020)

4.5. Family-based Care for Elderly and Persons with Disabilities

At present, OIC countries are home to approximately 280.9 million persons with disabilities and around 7.4% of the total population in OIC countries is comprised of people ages 60 and over. From a religious point of view, Islam places a lot of importance on caring for elderly persons and persons with disabilities within a family unit with a focus on fostering harmonious inter-generational relations, kinship ties, and upholding the dignity of persons with disabilities. In many OIC countries, caregiving arrangements for the elderly and persons with disabilities are undertaken informally by family members, rooted in socio-cultural beliefs and practices. For example, in some societies, individuals who send their elderly parents to an institution or nursing home are looked down on because it is considered a violation of their familial duties and responsibilities (SESRIC, 2021).

Family-based care systems can effectively mitigate risks to older people and persons with disabilities' health and psychological well-being, while also providing them with social and financial support. Families can also alleviate the sense of loneliness, poverty, and psychological distress (anxiety and depression) that are experienced by vulnerable older people and persons with disabilities. In

exchange, elderly people can contribute to the family by assisting with the care of younger children, facilitating marriage arrangements, mediating family conflicts, and even re-affirming traditional identities (SESRIC, 2021).

However, in spite of their cultural significance and value, family-based care systems are on a decline across developing societies due to a number of factors such as limited co-residence, reduced family size, urbanization, and changing perceptions about traditional family structures. A decline in family-based care systems will drastically affect the welfare of older people and persons with disabilities belonging to vulnerable social groups. Older women, for instance, live longer than older men, are less likely to re-marry in old age, and are more dependent on family members to meet their basic needs in old age. This means that in the absence of family-based care, older women are more likely to experience financial difficulties, isolation and loneliness, and have a higher chance of being neglected or abused in an institutional setting.

Similarly, in the absence of family-based care systems, persons with disabilities are more likely to suffer from a lack of care. This is because female members of the family are pivotal in providing long-term care (informal care) for persons with disabilities. In OIC countries, female members of the family care for persons with disabilities informally because of traditional gender roles that hold girls and women responsible for household care activities, lack of formal care services, and the fact that women are more likely to step in and take responsibility for care giving when a family is unable to afford formal care and access to assistive technologies.

Furthermore, prejudice, stigma, and cultural misperceptions about the causes of disabilities and capabilities of people with disabilities and special needs can have significant impacts on how people with disabilities are treated at home and outside of it. For example, some studies show that a lack of knowledge and understanding about the causes of disabilities can lead to families committing infanticide of new-born children with disabilities, fathers abandoning the mother and child, the use of forced or violent alternative cures for disability, forced or involuntary restrictions on mobility and participation, and ostracising of people with disabilities (Rohweder, 2018). Regressive attitudes may prevent families from sending their children with disabilities to attend school in some OIC countries (Hasnain et al., 2008).

In order to promote the role of the family in caring for the elderly and persons with disabilities, OIC countries should prioritise the establishment of integrated health-care systems that allow OIC countries to shift away from an over-reliance on informal family-based care systems, while also being able to capitalize on the role of the family in the care of older relatives and embrace informal caregivers as a resource of care (SESRIC, 2021). An integrated health-care system can promote

the availability of formal care within the home environment and encourage the de-stigmatisation of institutional/residential facilities. Empowering people with disabilities to participate in society and the economy can help to alleviate discriminatory attitudes and misperceptions about disabilities in OIC countries.

Box 4.4: Unique Vulnerabilities of People with Disabilities during the COVID-19 Pandemic

People with disabilities and special needs are disproportionately affected by the pandemic because of the following factors:

- People with disabilities are at a greater risk of developing more severe cases of COVID-19 that can exacerbate existing conditions;
- They face significant barriers when accessing critical services health (such personal assistance, sign language and tactile interpretation, and psychosocial support) due to preventative measures such as lockdowns and mobility restrictions;
- They face barriers to accessing public health information due to the unavailability or inaccessibility of such information in disability-friendly formats;
- They may experience difficulties in following hygiene measures and social distancing – especially if they are institutionalized or are cared for by family members informally/at home; and
- People with disabilities face disadvantages when it comes to accessing and using digital technology to avail critical services.

The economic downturn, disruptions in public services, curfews, and lockdowns throughout the COVID-19 pandemic have exacerbated the economic difficulties of people with disabilities and special needs. Moreover, throughout the pandemic, cases of violence against persons with disabilities have also increased. In order to overcome these severe circumstances faced by people with disabilities and special needs, it is essential for policy makers to formulate response and recovery measures that are disability-inclusive and considerate of the distinct impacts that this pandemic has had on people with disabilities and special needs.

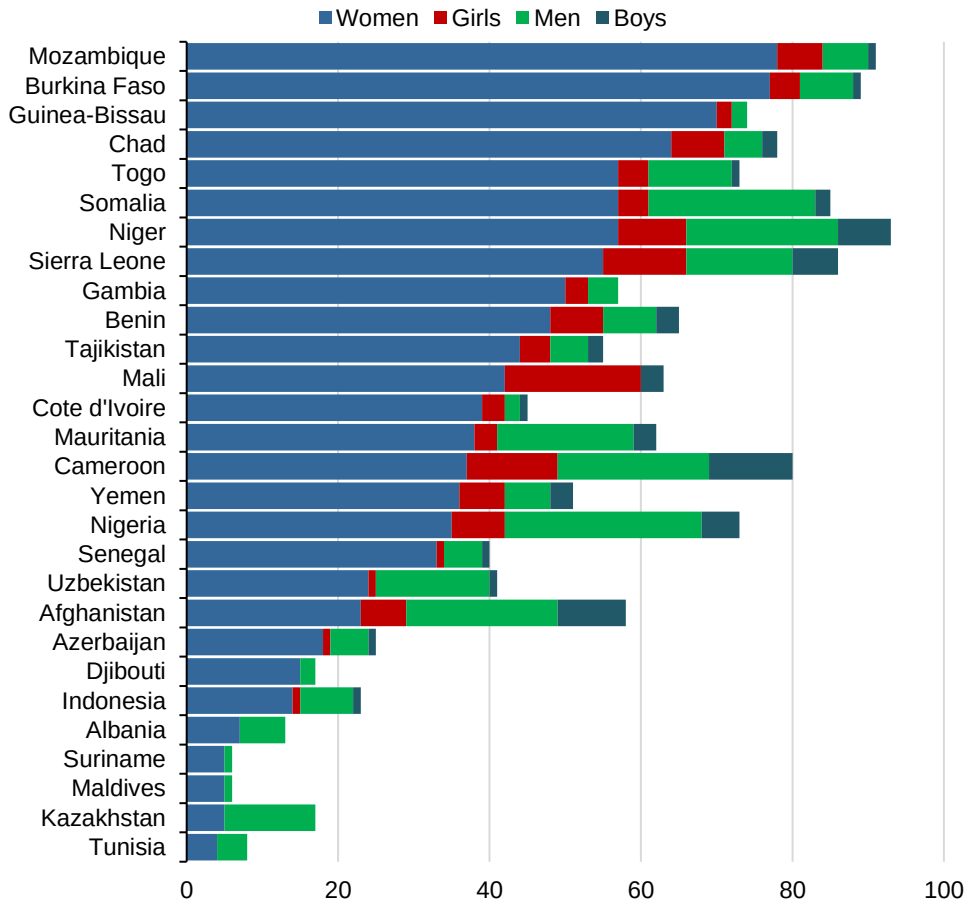
Source: SESRIC (2022b)

4.6. Household Responsibility for Water, Sanitation, and Hygiene Services

In numerous societies around the world, the responsibility for managing a family's water, sanitation, and hygiene needs falls on the shoulders of girls and women. Within the family, women's responsibilities in water resource management include taking care of the family, elderly, and sick; cleaning, washing, and waste disposal; preparing and storing food and water; and personal hygiene.

A dataset from 28 OIC countries shows that the primary responsibility for water collection falls on the shoulders of girls (ages below 15) and women (ages 15+) (Figure 4.8). Regardless of the ratio of households with water off premises, in 26 out of these 28 countries, households primarily rely on women to collect water. For instance, in Mozambique and Burkina Faso, where around 90% of households depend on off-premise water sources, women are responsible for water collection in more than three-fourths of the households. More than half of the households in Mozambique (78%), Burkina Faso (77%), Guinea-Bissau (70%), Chad (64%), Togo (57%), Somalia (57%), Niger (57%), and Sierra Leone (55%) also rely on women. Even in countries where the dependency on water off-premises is considerably low, women may still bear the primary responsibility to collect water, as in Suriname and Maldives.

Figure 4.8: Primary Responsibility for Water Collection by Gender in OIC Countries (%), 2017



Source: UNICEF, Gender and Water, Sanitation and Hygiene Website. Note: Men/Women are ages 15+ and Girls/Boys are below 15 years of age.

While women are primarily responsible for collecting, storing, and managing water for WASH, the lack of safe water and sanitation facilities affects them disproportionately. COHRE (2008) finds that women, as compared to men, are more likely to resort to open defecation and urination in unguarded or remote areas outside of their towns and villages after dark – which also makes them vulnerable to assault and rape. Women often compensate for their lack of access to adequate sanitation facilities by altering their diets and water intake – which has significant impacts on their health. Unsafe and unhygienic sanitation facilities are also a leading cause of disease transmission amongst women in poorer families (SESRIC, 2021b).

The hours that women spend on managing WASH services impinge on the time that they can spend on education and/or income generation. This is partly why a lack of safe and adequate WASH services contributes to the perpetuation of poverty and inequality in low-income families. Moreover, spending time to access drinking water or WASH services reduces the time spent on family members and put many women in difficult positions such as to fulfil their role as caregiver mothers.

5

CULTURAL WELFARE OF FAMILIES

Cultural values, beliefs, and traditions form the bedrock for social practices and have the potential to influence the well-being of individuals negatively or positively. The family unit plays an important role in shaping cultural values and transferring those values to future generations. Children, for example, receive a large portion of their values and moral beliefs from their families that determine the child's participation in the public sphere at a later age. The influence that families have on culture is greater as compared to other socializing agents such as peer groups, political parties, interest groups, and markets (SESRIC, 2017).

However, a number of variables affect cultural practices within a family unit and outside of it. These variables include, but are not limited to, consumerism, individualism, digitalization, urbanization, etc. Familial cultural practices and beliefs are also determined by family size, structure, the level of education of its members, urban-rural residence, and other socio-demographic factors. Yet, the effects that these variables have on families are neither uniform nor equal across society.

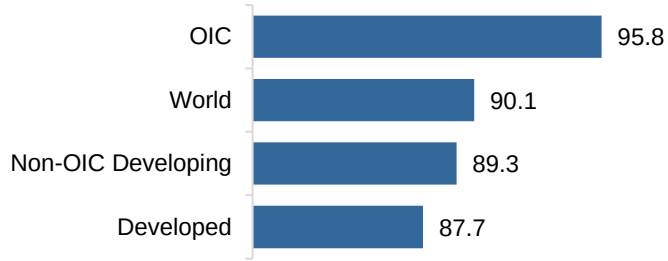
The association between cultural beliefs and practices and family policy is two-fold. On one hand, if family policies are to be sensitive to the cultural beliefs of families and society, they need to be aware of the role that cultural values play in fuelling specific behaviours and practices within a family unit. On the other hand, family policies are not likely to receive wide support in society or succeed in achieving their intended objectives if cultural factors are not integrated in the design, implementation, and evaluation of family policies.

With this realization, the following chapter highlights specific social practices that have an effect on family welfare in OIC countries; practices that are generally rooted in cultural beliefs and social norms. An understanding of the prevalence of such practices can aide in the formulation of family policies that amplify the positive impacts and mitigate the negative impacts of socio-cultural factors on family welfare.

5.1. National Level Policies

As discussed in preceding chapters, rapid urbanization, changes in fertility rates, and ageing are likely to result in a shrinking of average household sizes and the number of large households in OIC countries in the near future. Yet, evidence indicates that the pace of change may be relatively limited due to the presence of strong family and cultural values in the OIC region (SESRIC et al., 2019; SESRIC, 2017). According to the respondents of the World Values Survey, the family institution is 'very important' in OIC countries as compared to non-OIC developing countries, developed countries, and the world (Figure 5.1).

Figure 5.1: Importance of Family for Individuals (% of all respondents), 2017-2020



Source: SESRIC Staff Calculations based on World Values Survey, 2017-2020 wave. Note: The chart reflects the responses of persons who replied that the family is "very important" in my life that cover 17 OIC countries and 81 countries in total. 136,400 individuals replied to the survey.

Radical changes in family structures in OIC countries can be controlled using family-centric policies. For instance, if governments offer incentives (e.g., tax exemptions, subsidies, or flexible working arrangements) to families for taking care of their parents and grandparents, many people in OIC countries may choose to live together with their extended families promoting intergenerational harmony, strong family ties, and adherence to cultural norms and values. Such arrangements can also provide tangible support to the various members of a family. For example, grandparents can help raise children when both parents have jobs, adult children can socially and economically support their older parents, and a familial setting encourages the continuation of traditions and value systems.

However, in general, family-centric policies that address both the tangible and intangible aspects of family welfare are somewhat lacking in OIC countries. For example, according to WHO's MiNDbank Database, less than half of OIC countries have a national policy, strategy or action plan, or laws or regulations for mental health (Table 5.1). Similarly, less than one-third of OIC countries have a national policy, strategy, or law to address substance abuse. Less than one-third of OIC countries have a national policy or strategy for disability, however, in 37 OIC countries disability was addressed using laws or regulations. Only 17 OIC countries have a strategy or action plan for the elderly. Only 21 OIC countries have laws or regulations to protect children's rights and 41 OIC countries have strategies for poverty reduction. In total, OIC countries have introduced and/or implemented a total of 238 policies, strategies, or legislations in these areas over ten years between 2011 and 2021. Again, as discussed in the preceding chapters, factors such as mental health, substance abuse, elderly care, children's rights, disabilities, and poverty have a deep and direct impact on the well-being of families across the OIC region.

Table 5.1: Number of OIC countries with Policies, Strategies, or Legislation in Selected Areas, 2011-2021

Area	National Policies	Strategies or Action Plans	Laws or Regulations
Mental Health	18	27	23
Substance Abuse	4	11	15
Disability	11	13	37
Elderly	-	17	
Child Rights	-	-	21
Poverty Reduction	-	41	-

Source: World Health Organization's MiNDbank Database.

In addition to expected changes in the size of families, a number of demographic trends such as ageing population, reduced fertility rates, and increased life expectancy have implications for the cultural welfare of the marriage and family institution in OIC countries. Issues such as age-based discrimination, elderly abuse, and violence have started to gain prevalence in an increasing number of OIC countries (SESRIC, 2021). Newly emerging cultural patterns are expected to influence relationships among family members to a higher extent in near future. Nevertheless, policy makers can benefit from the positive role of cultural norms, beliefs, and values in OIC countries in coping with adverse trends and safeguarding families. This requires developing a holistic policy approach in which the voices of individuals and various public and private stakeholders are taken into consideration.

5.2. Violence

There are a number of complex ways in which cultural misperceptions, misinterpretation of religious teachings, and regressive socio-cultural beliefs and practices can fuel violence within a family unit. Although violence can take many forms, its burden is disproportionately shouldered by women and children. Gender-based violence, intimate partner violence, violence against children, and abuse of the elderly are harmful practices that have serious consequences for a family's mental health, women's health, children's physical and psychological development, and family cohesion.

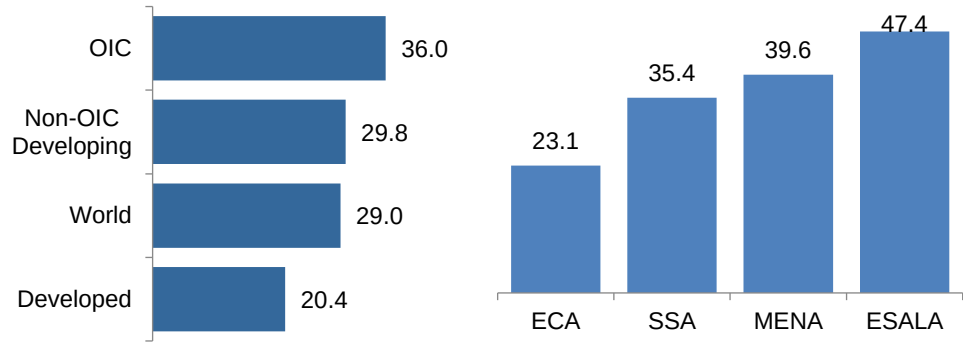
Gender-based violence and intimate partner violence

Traditional beliefs and practices are often invoked to justify how women and girls are treated (API GBV, n.d.). This is because, in certain social groups, cultural values and practices establish and maintain patriarchal gender norms and roles, enforcing norms through violence, coercion, pressure, and fear of ostracization.

To further complicate the situation, cultural systems in some countries can make it difficult for victims of violence to access support services, access to legal resources and justice. Cultural attitudes also influence how gender-based violence is perceived in a society. Gender-based violence "devalues women and girls, normalizes abuse, claims gender-based violence is accidental, ignores sexism, promotes aggressive or toxic masculinity, and uses men's achievements to exonerate, excuse, and/or deny the impact of their behaviour" (API GBV, n.d.).

Based on the OECD's SIGI dataset, OIC countries had the highest prevalence of violence against women in the world – where 36% of women ever married in OIC countries reported intimate partner violence and/or sexual abuse in 2019. As compared to the OIC group, the prevalence of violence against women was 29.8% in non-OIC developing countries, 20.4% in developed countries, and 29% in the world. Amongst the four OIC sub-regions, prevalence of violence against women is disturbingly high in ESALA region (47.4%), followed by MENA (39.6%), SSA (35.4%), and ECA (23.1%) (Figure 5.2).

Figure 5.2: Prevalence of Violence against Women in the World (left) and OIC Sub-Regions (right) (%), 2019



Source: SESRIC Staff calculations based on the SIGI 2019 dataset of the OECD. Note: Violence refers to percentage of ever-partnered women who ever suffered intimate partner physical and/or sexual violence.

Furthermore, gender-based violence is not limited to the private sphere, i.e., within the household. A number of cultural factors also affect women's well-being in the workplace, going so far as to impact their intention to join the labour market. Gender-based discrimination in the workplace and recruitment practices, sexual harassment, lack of respect at work due to prejudices and stereotyping, and lack of laws to protect women against violence and abuse in the workplace are all forms of gender-based violence in the public sphere.

With that being said, OIC countries have taken a number of prescriptive steps in recent years to combat gender-based discrimination in the workplace. According to the OPAAW Implementation Survey 2019, many OIC countries reported

progress in reducing workplace discrimination against women and improving facilities available to employed women and mothers. In 81% of respondent countries, there has been an increase in transparency while announcing vacancies and choice of applicants and 70% of respondent countries reported a decrease in the rate of wage inequality and removed discriminatory provisions in salaries and allowances. Nevertheless, only 37% of respondent countries reported an improvement in mechanisms that allow women to register complaints about sexual harassment in the workplace and mobbing (SESRIC, 2021a).

Violence against children

Similar to gender-based violence, violence against children is another persistent issue in several OIC countries. Violence against children is most often perpetrated through their caregivers at home and outside of it. In 2020, approximately 75% of children aged 2 and 4 years suffered from physical and/or psychological violence regularly at the hand of parents and caregivers around the world (WHO, 2020). Nearly 20% of women around the world reported forced sexual abuse when they were children (0-17 years old) (WHO, 2020).

For children belonging to lower income households, or those without caregivers, violence and child abuse can result in higher school drop-out rates, rise in child labour, and higher prevalence of child marriage. Furthermore, a child who is abused is more likely to inflict violence/abuse on others as an adult – furthering the cycle of violence from one generation to the next. Preventing child maltreatment and violence against children should ideally educate and support parents, teach positive parenting skills, improve laws prohibiting violent or corporal punishment, and introducing rehabilitation for children that have experienced abuse.

According to a specialized study on the Global Status Report on Violence Prevention, conducted by WHO (2020c) including data from 46 OIC countries, 63% of OIC countries had a national action plan for child maltreatment, whereas 37% of OIC countries did not have any national action plan in this area. When it comes to child maltreatment prevention programmes, 59% of OIC countries had programmes for home visiting and 93% of OIC countries had mental health services tools for child victims. Furthermore, 89% of OIC countries offered training programmes on child protection services recognize/avoid sexually abusive situations in their respective countries.

Elder abuse

Elder abuse is an important public health issue that is likely to gain more attention as ageing gains momentum in OIC countries. Elder abuse includes physical, psychological, sexual, emotional, and economic abuse; abandonment and neglect; and, loss of dignity of older persons (WHO, 2021). Abuse against elderly persons can occur within a household or in an institution. Older persons may be at risk of abuse depending on the state of their functional dependence/nature of the disability, poor physical health, cognitive impairment, poor mental health, income status, and age-based or gender-based discrimination. At present, approximately 1 in 6 people ages 60 and over around the world experience some form of abuse (WHO, 2021). Rates of elder abuse are especially high in institutional settings, with 66.6% of staff in nursing homes and long-term care facilities reporting that they have committed abuse against the elderly in the past year (WHO, 2021).

Raising awareness about elder abuse, formulating informed policies and programmes, monitoring and evaluating successful programmes, and combatting cultural stigma surrounding elderly abuse and ageism is only possible if countries have holistic laws and regulations to address elder abuse at home and in institutional settings. A dataset covering 41 OIC countries revealed that 39% of OIC countries do not have laws against elder abuse and more than half of OIC countries (53.6%) do not have laws against elder abuse in institutions (WHO, 2014).

Elder abuse prevention programmes that are known to be effective to some extent include interventions for caregivers that can relieve their burden, financial support programmes for the elderly to limit financial abuse, establishment of victim helplines and shelters, and designing policies that are multi-sectoral (for example: including criminal laws, health care regulations, mental health services, protection services, and long-term care) (WHO, 2021). When it comes to the status of elder abuse prevention programmes in OIC countries, 63.4% of OIC countries have professional awareness campaigns to prevent elder abuse, 58.5% of countries have public information campaigns relating to elder abuse, 58.5% of countries have caregiver support programmes, and 53.6% of countries have residential care policies (WHO, 2014).

Violence and abuse, in any form, can have a lasting impact on women, children, and elderly. Support services are essential to not only provide shelter to victims of violence and abuse, but also facilitate their rehabilitation and social re-integration. Mental health services for victims are also essential in this regard. However, around 78% of 41 OIC countries offered mental health services to victims of violence and abuse (WHO, 2014). This is partly because addressing issues such as violence and abuse is still considered taboo in several OIC

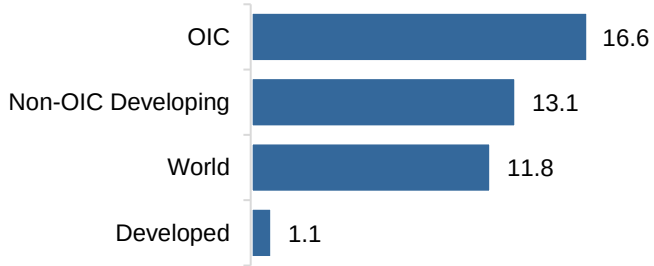
countries, especially from a cultural context. The stigma associated with being a victim of violence often leads to a lack of reporting and under-development of policies, programmes, and support services in many OIC countries.

To improve existing policies and programmes addressing gender-based violence, violence against children, and elder abuse, there is a need for OIC countries to have robust data on the prevalence of violence/abuse. Regrettably, as per the data from WWHO, national level prevalence surveys for non-fatal violence have not been conducted in a majority of OIC countries since 2014.

5.3. Child Marriages

Child marriage is defined as a formal marriage before the age of 18. It is a harmful practice that is prevalent in several OIC countries and many other parts of the world. In particular, child marriage puts young girls' health and well-being at serious risk and can affect girls' marital life and family cohesion in a negative way. In 2019, 11.8% of all marriages in the world were child marriages (Figure 5.3). In the same year, the OIC group, on average, had the highest child marriage prevalence where 16.6% of all marriages were child marriages – with the highest child marriage prevalence observed in SSA (27.6%) and the lowest prevalence observed in ECA (8.6%). In contrast, child marriages accounted for only 1.1% of marriages in developed countries.

Figure 5.3: Prevalence of Child Marriage Practice (%), 2019



Source: SESRIC Staff Calculations based on the SIGI 2019 dataset of the OECD

Some of the major causes of the prevalence of child marriage include, but are not limited to,

- Socio-cultural norms: marrying at a young age may be encouraged by certain social or ethnic groups due to a fear that young girls or boys may engage in pre-marital physical relations;
- Gender stereotyping: families may believe that younger girls (married to older men) are more likely to stay in a marriage and adapt (and less likely to object) to their role in a new family, manage additional unpaid domestic

and caregiving responsibilities, and respect patriarchal family structures, or that younger girls are healthier and are likely to have healthy children.

- Poverty: poor households often use child marriage as a means to reduce their 'financial burden'. This situation is particularly exacerbated when young girls and boys do not have access to meaningful alternatives to marriage such as opportunities to study or work.
- Humanitarian crisis or conflicts: studies find that 10 countries with the highest prevalence of child marriage are either fragile or extremely fragile countries and 12 of the top 20 countries with the highest prevalence of child marriage are facing a severe humanitarian crisis (Girls not brides, 2020). The humanitarian crisis and conflicts exacerbate socio-economic and gender inequalities. As a result, some families may see child marriage as a way to end poverty or a means to protect girls and boys from violence and abuse (including trafficking). At the same time, in conflict zones, young girls are especially vulnerable to forced marriages, forced prostitution, and even slavery – all under the guise of child marriages.

At present, according to the UNSD dataset, the legal age of marriage for girls is below 18 years of age without parental consent in 19 OIC countries and below 18 years of age with parental consent in 21 OIC countries. For boys, the legal age of marriage is below 18 years of age without parental consent in only five OIC countries and it is below 18 years of age with parental consent in 14 OIC countries. A lack of prohibitive regulations and policies is a leading reason why, despite the progress made in this area, child marriage is visible in several countries. To this end, OIC countries need to exert further efforts to combat this harmful practice in order to protect young girls and boys and empower the family institution.

5.4. Contemporary Issues

In recent years, 'same-sex marriages' have received considerable attention in the western world where same-sex marriage is seen as a human and civil rights issue. The Netherlands was the first country to legally recognize same-sex marriages in 2000. Since then, more countries have followed suit and by December 2019 same-sex marriages were legally recognised in 30 countries around the world (Ortiz-Ospina & Roser, 2020). Same-sex marriages have important social, religious, and political implications for societies.

In Islam, 'marriage', solemnized through 'the act of marriage' (Nikah) is a sacred religious contract (in the name of Allah) between man and woman that imposes rights and duties designed for procreation, care, and harmonious development of children and society as a whole (IPHRC, 2017). However, a rise in the

dissemination of western and secular cultural values through globalization has led to a transformation of the social and cultural landscape in the Islamic world. Young Muslims are especially vulnerable to the influence of non-Islamic values and practices, including same-sex marriages, because of their exposure to social media and OIC countries may face increasing pressure to recognize or legalize same-sex marriages in the future.

In order to counter such pressures, OIC countries should exert efforts to protect traditional family values, promote Islamic teachings and practices (especially amongst youth), and raise awareness about the benefits of following specific cultural norms and practices. Policies and programmes that empower families and family-centric values and norms can also help counter the spread of non-Islamic values and beliefs since families are the building blocks of societies. The empowerment of families can incorporate local figures, such as religious and community leaders, that are influential amongst youth in many OIC countries. Local leaders can play a pivotal role in conveying Islamic teachings about marriage using traditional and social media.

Member countries can also follow the lead of the OIC, which has included contemporary issues (such as same-sex marriages, homosexuality, etc.) in its agenda in recent years. In December 2019, the OIC organized a symposium in Jeddah to identify an OIC-level strategy to respond to such issues and provided a number of recommendations for member countries. The First OIC Ministerial Conference on Social Development, in 2019, also adopted resolutions that 'invite member states to consolidate their position on international gathering to oppose UNHRC's resolutions on sexual orientation and gender identity'. The OIC has also reaffirmed its rejection of the UNHRC resolution on sexual orientation and the establishment of the mandate of Independent Expert on the subject. Lastly, the OIC has called on the OIC group in Geneva and New York to take a position against the mandate and called on member countries and relevant OIC institutions to provide the required support to member countries facing pressures in this regard.

It is important to mention here that policies in response to such pressures and normative stances on such issues should not be in conflict with the well-being of families in the OIC region. To this end, policy makers in OIC countries are recommended to benefit from the guidance of OIC resolutions, relevant background research studies of the OIC (e.g., IPHRC, 2017), and the "OIC Strategy for the Empowerment of the Marriage and Family Institution" (SESRIC et al., 2019) in developing their national-level policies on such issues.

6

POLICY RECOMMENDATIONS

The findings of this report highlight a number of social, economic, and cultural factors that have an impact on the well-being of marriage and family institution in OIC countries. While it is crucial to analyse the state of marriage and family institution in the OIC region, this analysis is futile if it does not inform family-centric policy making and decision making. Robust family policies can empower families in OIC countries and also mitigate internal and external risks posed to the integrity and unity of marriage and family institution. With this understanding, the following chapter puts forth a list of policy recommendations that can aide OIC countries in developing and implementing effective family policies.

The primary recommendation is for OIC countries to *develop and strengthen existing national policies, action plans, and laws that empower marriage and family institution*. In order to do so, policy makers need to *employ a 'family impact lens'* through which they can focus on the needs of the family unit and relations between family members, as opposed to adopting an individualized approach that treats members of a family as separate, often disconnected, entities. Policy makers should integrate a 'family perspective' into policy making in every sector from social protection to combating culturally regressive practices.

It is recommended that OIC countries *centralize the formulation, implementation, monitoring and evaluation of family policies* under a dedicated government body. There is a need *to increase awareness about how families can contribute to sustainable development* (especially in the long-term) amongst policy makers and general public, with a particular focus on how families can nurture responsible citizens.

Policy makers should *promote programmes that focus on studying how families are affected by socio-economic trends* and how families affect socio-economic trends, *address challenges and risks posed to family well-being*, and *invest in programmes that prioritize socio-economic support of families*. Holistic family policies in OIC countries, especially as part of the developmental agenda, need to be developed through establishing multisectoral collaboration between government, public institutions, private institutions, and civil society groups.

In OIC countries, policies and programmes that aim to support families economically should ensure that families have *access to social protection measures that allow families to earn sufficient income* to ensure that their needs are met. Social protection measures can include, but are not limited to, income protection, universal pension and cash transfers, social assistance schemes, micro-finance opportunities for developing earning potential of families or encouraging family-based enterprise, income support, and skill development through vocational training and life-long learning programmes. Such policies should be as inclusive as possible and cover families from various socio-economic segments and rural/urban areas.

Family policies and programmes in OIC countries should also *improve access to education, skills training, and vocational learning for families, especially those belonging to disadvantaged social groups*. Improvement in education is widely known to improve multiple outcomes for families such as health outcomes of family members (particularly mothers and children), maximizing the earning potential of one or both parents, granting families the ability to climb out of poverty, ending the generational-cycle of violence, gender-based discrimination, etc.

There is also a need to *increase access to adequate and affordable health care* in OIC countries, especially healthcare services for infants, children, mothers, people with disabilities, and elderly. *This includes an increase in the quantity of services and an improvement in the quality of services*. In particular, access to preventative health care, pre-emptive testing, and programmes that cultivate healthy lifestyles and behaviours are essential in order to make long lasting positive changes in a family's health. *Financing healthcare through social protection schemes* can make it accessible to even the most vulnerable segments of society.

Of specific relevance to family health is a family's ability to access mental healthcare and counselling services. Unfortunately, there is a debilitating stigma attached to discussing mental health issues or seeking treatment (psychiatric, psychological, or therapeutical) in some societies. *Mental health services are critical for young people* when they are navigating life changes, have experienced traumatic incidents, or have anxiety about their personal and professional future. *Access to counselling can determine the quality and length of the marital relationship* and is, therefore, important for couples intending to marry and individuals that are married or considering dissolution of marriage. *Mental health services are also important to ensure family cohesion*, which has a direct impact on how individuals choose to parent their children and what kind of home environment a child grows up in, determining a child's psychological growth and his/her developmental trajectory.

Family-based informal care systems for the elderly and people with disabilities are very common in OIC countries. However, there is a lack of support provided to informal caregivers. Family policies in OIC countries should, therefore, *provide tangible support to family-based informal caregivers* that can include income support, subsidies, and tax exemptions; access to childcare services; access to affordable assistive devices, treatments, and medications; and proper training and guidance on how to care for elderly and people with special needs.

For women, in particular, *family policies should focus on improving their work-life balance*. A balanced work and family life can be achieved using measures including, but not limited to, *paid parental leaves* (offered to both parents); *flexible*

working arrangements that offer choices on when and where workers fulfil their responsibilities, such as adjusted working hours, compressing the workweek, or working from home; *protection for pregnant women* including job security, and support for breastfeeding mothers, including paid breaks and adequate facilities to accommodate breastfeeding at work; access to affordable and quality childcare; and *child benefits* including regular cash transfers as part of social protection measures. These measures can be made possible by public-private partnerships between the government, local industry associations, and communities to mobilize the required resources.

There is also a need for a policy framework that *facilitates the achievement of gender equality* within a household, especially when it comes to equal wages, equal education opportunities, sharing of domestic responsibilities and care duties, involvement of both, mother and father, in child rearing, access and control of household resources, and equality in household decision-making.

From a cultural perspective, family policies in OIC countries should focus on *combating negative stereotypes, misbeliefs and malpractices, and religious misinterpretations* that encourage and/or justify gender-based discrimination, discrimination against people with disabilities, and age-based discrimination, violence against women and children, elder abuse, and violation of the dignity of people with disabilities. To this end, a number of policies and measures could be considered by policymakers such as organization of *awareness raising campaigns*, *active prohibition and/or criminalization of such practices* by legal means, and *educating people on the negative impacts of such practices*. Programmes aimed at educating people can include religious groups and community leaders in countering misinformation and negative attitudes, while also encouraging the adoption of policies at the grassroots level.

Given that ageing is set to become an important policy issue in the near future in several OIC countries and that multi-generational households are very common in OIC countries, family policies should reinforce solidarity within a family unit through programmes that *encourage inter-generational interactions and activities within a household and in the community*, shed light on the benefits of inter-generational relations, policies that *promote the adoption of a life-course approach*, and programmes that *offer tangible support to inter-generational households* in the form of monetary and non-monetary incentives.

Lastly, it is important that OIC countries actively *strive towards the achievement of objectives set forth in the OIC Strategy for the Empowerment of the Marriage and Family Institution*. The Strategy is a guiding document that seeks to protect and promote the welfare of families in the OIC region. All intra-OIC collaboration targeting family empowerment should *use this Strategy document as a centrepiece around which family policies and programmes are formulated*.

While it is true that there is an inherent cultural difference between Islamic and non-Islamic countries that makes it difficult for OIC countries to replicate a number of effective family policies formulated in non-Islamic countries, there is copious evidence of successful family policies within the OIC region. There is, however, a *need for an intra-OIC cooperation mechanism that allows OIC countries to discuss the merits of certain family policies*, *exchange knowledge, expertise, and resources* that enable replication of effective family policies, *further research and data collection efforts to inform policy making*, and *monitor and evaluate the success of specific family policies* in the short- and long-term. This mechanism will also allow OIC countries to coordinate their policy actions (nationally, regionally and internationally) on contemporary issues threatening the marriage and family institution.

ANNEXES

Annex I: Country Group Classifications

OIC Member Countries (57):		
Afghanistan (AFG)	Albania (ALB)	Algeria (DZA)
Azerbaijan (AZE)	Bahrain (BHR)	Bangladesh (BGD)
Brunei Darussalam (BRN)	Benin (BEN)	Cameroon (CMR)
Chad (TCD)	Burkina Faso (BFA)	Cote d'Ivoire (CIV)
Djibouti (DJI)	Comoros (COM)	Gabon (GAB)
Gambia (GMB)	Egypt (EGY)	Guinea-Bissau (GNB)
Guyana (GUY)	Guinea (GIN)	Iran (IRN)
Iraq (IRQ)	Indonesia (IDN)	Kazakhstan (KAZ)
Kuwait (KWT)	Jordan (JOR)	Lebanon (LBN)
Libya (LBY)	Kyrgyzstan (KGZ)	Maldives (MDV)
Mali (MLI)	Malaysia (MYS)	Morocco (MAR)
Mozambique (MOZ)	Mauritania (MRT)	Nigeria (NGA)
Oman (OMN)	Niger (NER)	Palestine (PSE)
Qatar (QAT)	Pakistan (PAK)	Senegal (SEN)
Sierra Leone (SLE)	Saudi Arabia (SAU)	Sudan (SDN)
Suriname (SUR)	Somalia (SOM)	Tajikistan (TJK)
Togo (TGO)	Syria* (SYR)	Türkiye (TUR)
Turkmenistan (TKM)	Tunisia (TUN)	United Arab Emirates (ARE)
Uzbekistan (UZB)	Uganda (UGA)	Yemen (YEM)
* Syria is currently suspended from OIC membership.		

Non-OIC Developing Countries (98):		
Angola (AGO)	Antigua and Barbuda (ATG)	Barbados (BRB)
Armenia (ARM)	The Bahamas (BHS)	Bhutan (BTN)
Belarus (BLR)	Belize (BLZ)	Botswana (BWA)
Bolivia (BOL)	Bosnia and Herzegovina (BIH)	Burundi (BDI)
Brazil (BRA)	Bulgaria (BGR)	Central African Republic (CAF)
Cabo Verde (CPV)	Cambodia (KHM)	Colombia (COL)
Chile (CHL)	China (CHN)	Costa Rica (CRI)
D.R of the Congo (COD)	Republic of Congo (COG)	Dominican Republic (DOM)
Croatia (HRV)	Dominica (DMA)	Equatorial Guinea (GNQ)
Ecuador (ECU)	El Salvador (SLV)	Fiji (FJI)
Eritrea (ERI)	Ethiopia (ETH)	Grenada (GRD)
Georgia (GEO)	Ghana (GHA)	Honduras (HND)
Guatemala (GTM)	Haiti (HTI)	Jamaica (JAM)
Hungary (HUN)	India (IND)	Kosovo (Unassigned)
Kenya (KEN)	Kiribati (KIR)	Liberia (LBR)
Lao P.D.R. (LAO)	Lesotho (LSO)	Malawi (MWI)
North Macedonia (MKD)	Madagascar (MDG)	Mexico (MEX)
Marshall Islands (MHL)	Mauritius (MUS)	Mongolia (MNG)
Micronesia (FSM)	Moldova (MDA)	Namibia (NAM)
Montenegro (MNE)	Myanmar (MMR)	Nicaragua (NIC)
Nauru (NRU)	Nepal (NPL)	Papua New Guinea (PNG)
Palau (PLW)	Panama (PAN)	Philippines (PHL)
Paraguay (PRY)	Peru (PER)	Russia (RUS)
Poland (POL)	Romania (ROU)	São Tomé and Príncipe (STP)
Rwanda (RWA)	Samoa (WSM)	Solomon Islands (SLB)
Serbia (SRB)	Seychelles (SYC)	Sri Lanka (LKA)
South Africa (ZAF)	South Sudan (SSD)	St. Vincent and the Grenadines (VCT)
St. Kitts and Nevis (KNA)	St. Lucia (LCA)	Thailand (THA)
Swaziland (SWZ)	Tanzania (TZA)	Trinidad and Tobago (TTO)
Timor-Leste (TLS)	Tonga (TON)	Uruguay (URY)
Tuvalu (TUV)	Ukraine (UKR)	Vietnam (VNM)
Vanuatu (VUT)	Venezuela (VEN)	
Zambia (ZMB)	Zimbabwe (ZWE)	

Developed Countries (39):		
Australia (AUS)	Austria (AUT)	Belgium (BEL)
Canada (CAN)	Cyprus (CYP)	Czech Republic (CZE)
Denmark (DNK)	Estonia (EST)	Finland (FIN)
France (FRA)	Germany (DEU)	Greece (GRC)
Hong Kong (HKG)	Iceland (ISL)	Ireland (IRL)
Israel (ISR)	Italy (ITA)	Japan (JPN)
Korea, Rep. (KOR)	Latvia (LVA)	Lithuania (LTU)
Luxembourg (LUX)	Macao SAR (MAC)	Malta (MLT)
Netherlands (NLD)	New Zealand (NZL)	Norway (NOR)
Portugal (PRT)	Puerto Rico (PRI)	San Marino (SMR)
Singapore (SGP)	Slovak Republic (SVK)	Slovenia (SVN)
Spain (ESP)	Sweden (SWE)	Switzerland (CHE)
Taiwan (TWN)	United Kingdom (GBR)	United States of America (USA)

Annex II: Geographical Classification of OIC Countries

Sub-Saharan Africa (21): OIC-SSA		
Benin	Gambia	Nigeria
Burkina Faso	Guinea	Senegal
Cameroon	Guinea-Bissau	Sierra Leone
Chad	Mali	Somalia
Comoros	Mauritania	Sudan
Côte d'Ivoire	Mozambique	Togo
Gabon	Niger	Uganda

Middle East and North Africa (19): OIC-MENA		
Algeria	Kuwait	Saudi Arabia
Bahrain	Lebanon	Syria*
Djibouti	Libya	Tunisia
Egypt	Morocco	United Arab Emirates
Iraq	Oman	Yemen
Iran	Palestine	
Jordan	Qatar	
*Syria is currently suspended from its OIC membership.		

East and South Asia and Latin America (9): OIC-ESALA		
Afghanistan	Guyana	Maldives
Bangladesh	Indonesia	Pakistan
Brunei Darussalam	Malaysia	Suriname

Europe and Central Asia (8): OIC-ECA		
Albania	Kyrgyzstan	Turkmenistan
Azerbaijan	Tajikistan	Uzbekistan
Kazakhstan	Türkiye	

REFERENCES

Aktepe, E., Dundar, N., Soyöz, O., & Sonmez, Y. (2013). Possible internet addiction in high school students in the city center of Isparta and associated factors: A cross-sectional study. The Turkish Journal of Paediatrics, 55, 417-25.

Azcona, G., Bhatt, A., Cattaneo, U., Fortuny, G., Gomis, R., & Kapsos, S. (2020, November 25). Fallout of COVID-19: Working moms are being squeezed out of the labor force. *United Nations Research Highlights*. Retrieved from https://data.unwomen.org/features/fallout-covid-19-working-moms-are-being-squeezed-out-labour-force

API GBV. (n.d.). Culture and gender-based violence. Retrieved from https://www.api-gbv.org/about-gbv/our-analysis/culture-and-gbv/

Arab News. (2020). UAE offers free family counselling to support community during Coronavirus crisis. Retrieved from https://arab.news/vuuaw

Bloom, E., Jimenez, E., & Rosenberg, L. (2011). Social protection of older people. PGDA Working Paper No. 83.

Borkowska, M. & Laurence, J. (2020). Coming together or coming apart? Changes in social cohesion during the COVID-19 pandemic in England. *European Societies*, S618-S636.

Byun, S. et al. (2008). Internet addiction: Metasynthesis of 1996-2006 quantitative research. Cyber-Psychology & Behavior, 12.

COHRE. (2008). Manual on the right to water and sanitation. Geneva: COHRE.

Diken, I. (2006). Turkish Mothers' interpretation of the disability of their children with mental retardation. International Journal of Special Education, 21, 8-17.

European Commission. (2007). Tackling the pay gap between women and men. Luxembourg: EU.

Girls not brides. (2020). Child marriage in humanitarian contexts [Fact sheet and brief]. Retrieved from https://www.girlsnotbrides.org/learning-resources/resource-centre/child-marriage-in-humanitarian-contexts/

Haloi, A. & Limbu, D. K. (2013). Socio-Economic factors influence the age at first marriage of Muslim women of a remote population from North-East India. Antrocom Online Journal of Anthropology, 9(1), 75-79.

Hashem, M. & Smith, S. (2010). Emirati youth's level of addiction to new information technology:

Opportunities, challenges/dangers, and solutions. Global Media Journal, Arabian Edition, 1(2), 28-48.

Hasnain, R., Laura, S., & Hasnan S. (2008). Disability and the Muslim perspective: An introduction for rehabilitation and health care providers. GLADNET Collection.

ILO. (2017). World employment social outlook trends for women 2017. Geneva: International Labour Organization.

ILO. (2017a). World social protection report 2017-2019. Geneva: International Labour Organization.

ILO. (2020, April 10). Social protection and labor overview. The World Bank. Retrieved from https://www.worldbank.org/en/topic/socialprotection/overview

ILO. (2020a). ILO monitor: COVID-19 and the world of work [5th edition]. Geneva: ILO.

ILO. (2021). Social Protection. Retrieved from https://www.ilo.org/global/topics/social-security/lang--en/index.htm

ILO. (n.d.) ILO Social protection monitor on COVID-19 [Database]. Retrieved from https://www.social-protection.org/gimi/ShowWiki.action?id=3417

IPHRC. (2017). OIC-IPHRC study on sexual orientation and gender identity in the light of Islamic interpretations and international human rights frameworks. Jeddah: IPHRC.

Killgore, W. D. S., Cloonan, S. A., Taylor, E. C., & Dailey, N. S. (2020). Loneliness: A signature mental health concern in the era of COVID-19. *Psychiatry Research, 290*.

Kim, H. H. S. & Laurence, J. (2020). COVID-19 restrictions and mental distress among American adults: Evidence from Corona Impact Survey (W1 and W2). *Journal of Public Health, 42*(4), 704-711.

Lebow, J. L. (2020). Family in the age of COVID-19. *Family Process, 59*(2), 1-4.

Mellouli, M., Zammit, N., Limam, M., Elghardallou, M., Mtiraoui, A., Ajmi, T., & Zedini, C. (2018). Prevalence and predictors of internet addiction among college students in Sousse, Tunisia. Journal of Research in Health Sciences, 18(1).

Ministry of Family and Social Services of the Republic of Turkey. (2020). News on family counselling services. Retrieved from https://www.aile.gov.tr/kirklareli/haberler/aile-danismanligi-hizmetine-e-devlet-uzerinden-basvurular-13-bine-ulasti/

OECD. (2008). Gender and Sustainable Development: Maximising the economic, social and environmental role of women. Paris: OECD.

Ortiz-Ospina, E. & Roser, M. (2020). Marriages and divorces. Our World in Data. Retrieved from

https://ourworldindata.org/marriages-and-divorces

Othman, Z., & Lee, C. W. (2017). Internet addiction and depression among college students in Malaysia. International Medical Journal, 24(6), 447-450.

Rohweder, B. (2018). Disability stigma in developing countries. Brighton, UK: Institute of Development Studies.

Saidon, R., Ishak A. H., Alias B., Ismail F. A., & Aris, S. M. (2016). Towards good governance of premarital course for Muslims in Malaysia. International Review of Management and Marketing, 6(S8) 8-12.

SESRIC, International Islamic University Malaysia, ICESCO, & OIC. (2019). OIC Strategy for the Empowerment of the Marriage and Family Institution. Jeddah: OIC.

SESRIC. (2017). Safeguarding family values and the institution of marriage in OIC countries. Ankara: SESRIC.

SESRIC. (2018). State of elderly in OIC member countries 2018. Ankara: SESRIC.

SESRIC. (2018a). OIC women and development report 2018. Ankara: SESRIC.

SESRIC. (2019). Towards the achievement of prioritised Sustainable Development Goals in OIC countries. Ankara: SESRIC.

SESRIC. (2019a). OIC health report 2019. Ankara: SESRIC.

SESRIC. (2020). State of youth in OIC member states 2020. Ankara: SESRIC.

SESRIC. (2020a). Education and scientific development in OIC member countries 2020. Ankara: SESRIC.

SESRIC. (2020b). Socio-Economic impacts of COVID-19 Pandemic in OIC member countries. Ankara: SESRIC.

SESRIC. (2020c). Agriculture and food security in OIC Countries 2020. Ankara: SESRIC.

SESRIC. (2021). State of elderly in OIC member countries 2021. Ankara: SESRIC.

SESRIC. (2021a). OIC women and development report 2021. Ankara: SESRIC.

SESRIC. (2021b). OIC water report 2021. Ankara: SESRIC.

SESRIC. (2022). State of youth in OIC member states 2022. Ankara: SESRIC.

SESRIC. (2022b). Socio-Economic Impacts of the COVID-19 Pandemic in OIC Countries: Pathways for Sustainable and Resilient Recovery. Ankara: SESRIC.

SESRIC. (2023a). State of elderly in OIC member countries 2023. Ankara: SESRIC.

SESRIC. (2023b). Education and scientific development in the OIC

Member Countries 2023. Ankara: SESRIC.

Sibley, C. G., Greaves, L. M., Satherley, N., Wilson, M. S., Overall, N. C., Lee, C. H. J., Milojev, P., Bulbulia, J., Osborne, D., Milfont, T. L., Houkamau, C. A., Duck, I. M., Vickers-Jones, R., & Barlow, F. K. (2020). Effects of the COVID-19 pandemic and nationwide lockdown on trust, attitudes toward government, and well-being. *American Psychologist, 75*(5), 618–630.

UN DESA. (2016). 2016 Family expert group meeting: Summary of the proceedings. New York: UN DESA.

UN DESA. (2019). Household size and composition [Database]. Retrieved from https://www.un.org/development/desa/pd/data/household-size-and-composition

UN DESA. (2020). Demographic Yearbook 2020 [Dataset]. Retrieved from https://unstats.un.org/unsd/demographic-social/products/dyb/#statistics

UNFPA. (2020, April 27). *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation, and child marriage*. New York: UNFPA.

UN Women. (2019). Families in a changing world. New York: UN Women.

UN Women. (2021). UN Women Rapid Gender Assessment Surveys on the impacts of COVID-19. Retrieved from https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19

UN. (2018). World drug report 2018. New York: UN.

UN. (n.d.). Ageing. United Nations. Retrieved from https://www.un.org/en/global-issues/ageing

UN. (2020). Policy brief: The impact of COVID-19 on women. Retrieved from https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women

UN. (2020a). Classroom crisis: Avert a 'generational catastrophe', urges UN chief. Retrieved from https://news.un.org/en/story/2020/10/1075982

UNDP. (2022). Human development report 2021/2022. Uncertain times, unsettled lives: shaping our future in a transforming world. New York.

UNICEF. (2020). Families, family policy and the Sustainable Development Goals. Florence: UNICEF.

UNICEF. (2020a). Family friendly policies. Handbook for Business. Retrieved from https://www.unicef.org/eap/media/5901/file/Family-

Friendly%20Policies:%20Handbook%20for%20Business.pdf

UNICEF. (2021). COVID-19: A threat to progress against child marriage. Retrieved from https://data.unicef.org/wp-content/uploads/2021/03/UNICEF-report-_-COVID-19-_-A-threat-to-progress-against-child-marriage-1.pdf

UNICEF. (2021a). COVID-19 'biggest global crisis for children in our 75-year history' – UNICEF. Retrieved from https://reliefweb.int/report/world/covid-19-biggest-global-crisis-children-our-75-year-history-unicef-enar

WHO. (2013). Family as centre of health development. Report of a Regional Meeting, Bangkok, Thailand, 18-20 March 2013. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/205062/B4972.pdf?sequence=1&isAllowed=y

WHO. (2014). Global status report on violence prevention 2014. Geneva

WHO. (2020). Child maltreatment. Retrieved from https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

WHO. (2020b). Family planning/contraception methods. Retrieved from https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception

WHO. (2020c). Global status report on preventing violence against children 2020. Geneva.

WHO. (2021). Elder abuse. Retrieved from https://www.who.int/news-room/fact-sheets/detail/elder-abuse