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The Impact of Family-responsive Policies on Sustainable Human Development in the Arab Region

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Introduction.

Increasingly, family optimists argue that the family, having existed all this time, is more than likely to remain “an end in itself and a fundamental measure to all human development efforts”. Since the adoption of the UN Declaration of Human Rights in 1948, the family continued to be universally recognized as “the natural and fundamental group unit of society and is entitled to protection by society and the state” (1).

For the Arabs, the family lies at the core of society- in political, economic, social and religious terms. This privileged position is enshrined in the constitutions of most Arab states (which assert the family as the basic unit of society) and is reproduced in every level of political life (2).

Evidently, the family accounts for a large part of the social sector, and is too important to be left to chance. They fill the space between the individual and the state; and mediate between the private and the public sectors. As such, it becomes evident that any family-responsive policy should pave the road towards strengthening family relations and family welfare with a view to creating positive synergies with sustainable development goals.

In this paper the emphasis is on the crucial effects implicated by the family-responsive policies on sustainable human development goals, with a particular attention devoted to goals related to poverty eradication, public and reproductive health, quality and inclusive education, gender equality and empowerment of women.

Family Dynamics in the Cultural Reality of Arabs.

As always stated, the family stands at the center of social organization and promoter of socioeconomic activities in traditional and contemporary Arab society (3). This advantaged centrality of the family has profound implications for intra-familial gender relations and family connections with other community institutions.

Socio-cultural research scientists in the Arab region have increasingly recognized that the human development outcomes, including those of demographics, health, education and women empowerment, are often prefixed by the cultural norms, traditions, and practices that implanted deeply in the family formation modes and gender power relations across the social hierarchies of the Arab societies (4).

At the family and community levels, a wide range of scholars have gone further to explicitly acknowledge that the status of reproductive health and rights is often closely linked to women's autonomy as well as the other social development arenas (Obermeyer, 1994; Maas, et.al. 2014). Using sociocultural survey data from a number of Arab countries, Farah and Abu-Nowar (1996) concluded that "at both the family and community levels, women's autonomy constitutes the crucial causal intersection between the observed reproductive rights and behaviors indicators and complex cultural, legal, and economic factors shaping this autonomy through a process known as gender empowerment system".

Building on a wider scale data, several analysts have argued that societies in developing countries, including Arab and Moslem societies, are predisposed to early age at marriage, closely-spaced and high fertility, unmet needs for contraception, pronatalism, high infant and maternal morbidity and mortality (Farah and Preston, 1982; Caldwell and Caldwell, 1993; Faour, 1989; Jejeebhoy and Zahtar, 2001; Tania and Farah 2013). In a more recent cross-country analysis of the ESCWA-member countries, Farah (2011) claimed that "the poor performance of the Arab nations in the areas of human development, reproductive health and reproductive rights is partly preceded by their poor achievement of gender equality and women's autonomy and their empowerment at both household and community levels".

It has been recently argued that the underlying factors for the continued ill-reproductive health, perpetuation of poverty, progressively increasing gender based violence within the family and the neighborhoods were largely due to the persistence of socio-cultural forces that have prevailed in the family and marriage systems (5). In most Arab countries, fertility is quite high and child bearing is predominantly determined by early marriage, frequent and closely-spaced births, and unmet needs for contraception.

Family Polices and Sustainable Development Goals.

As stated by the Secretary General of the UN "the very achievement of development goals depends on how well families are empowered to contribute to realization of those goals" (5). This statement was made in recognition to the importance of giving due consideration to advancing the development of family policy in the discussions on the post-2015 sustainable development agenda, particularly at the national levels.

For a large part, this statement was viewed as an urgent call for Governments to make crucial efforts to strengthen national institutions to formulate, implement and monitor policies in respect of families and stimulate actions to respond to problems affecting, and being affected by the situation of the families.

The Economic and Social Council recognized that the family can contribute to eradicating poverty and hunger; achieving universal primary education; promoting gender equality and empowerment of women; reducing child mortality; improving maternal health; and combating HIV/AIDS, malaria and other diseases. These issues form part of the new 2030 Agenda for Sustainable Development Goals.

Along the line of this preamble, we intend to focus on a number of family-strengthening policies and the family contributory implications for the achievement of the national sustainable human development goals in the Arab World.

Ending poverty/hunger.

So far we have witnessed a fast-growing body of scientific evidence that clearly projects that human beings develop in the best way within a family that is functional with the parents in a stable marriage. The academic and social performance of a child is very closely related to the structure of the family in which he/she lives, and this is important for the quality of the human and social capital (Aguirre, 2004). The psychological stability and health of a child is closely related to healthy families and this is important for workers' productivity and government finances that would contribute to programs intending to eradicate poverty and provide reliable ingredients for improved nutrition of children, mothers and the rest of the family members.

Social science research also shows that the breakdown of the family is a symptom of a sick family and a weak society. Women and children are significantly more likely to be abused in broken or unbalanced families (6). Men who have come across domestic violence are several times more likely to abuse their wives and children. Non-marital care increases children's aggressive and violent behavior and substance abuse and teen-age pregnancy are higher in broken families.

In addition, broken families breed poverty. Women and children of broken families have a higher probability of living in poverty (7). In all cases single parents are significantly worse off than married couples. Female-headed households tend to be poorer than the male headed households. Preponderance of female children among the ever born children at the household is more than likely to be disadvantaged economically than their counterparts with preponderance of male children (Farah and Bettina, 2006).

A growing body of literature has indicated that family-responsive policies and programs have been found to be effective in reducing overall rates of poverty, and should be continued and expanded. Confronting poverty requires a clear recognition that adequate and sustainable family support programs are indispensable tools for promoting children's development, reducing family poverty and preventing intergenerational transfers of income and welfare ingredients (ECOSOC, 2014).

To counterbalance these anomalous trend of broken family influence, Arab governments and policymakers are premised to enact a broad range of family policies and programs relating to different facets of the life of families and individual family members, including couples, parents, children and the older persons. These policies are premised to promote anti-poverty strategies and initiatives, such as transfers, the provision of basic services and other measures; and that these policies take into account both the diversity of needs of family members and respect for gender equality. Special assistance is needed for young couples starting families, through tax breaks, preferential loans and housing assistance.

Ensuring work-family balance rests on providing incentives and removing existing regulatory obstacles that prevent the business sector from establishing parental leave; introducing flexible working arrangements and part-time opportunities; and finding other creative ways to increase work flexibility and productivity (ECOSOC, E/2012/3).

Microcredit, the provision of small loans to the poor families that has recently gained increased attention in the region. Only in a few Arab countries, the popularity of microcredit as a means of fostering development attracted significant energy and resources from the government and non-governmental organizations. By supporting people's own initiatives, microcredit provides opportunity to families and in the process allows them to gain both economic and personal development.

Give a man a fish, feed him for a day.
Teach a man to fish, feed him for a lifetime.

It also helps them manage risks and smooth consumption in the face of sharp fluctuations in agricultural yields and prices, economic shocks and even natural disasters. That it becomes a valuable means to facilitate the development of human and social capital.

Family-work balance policies are key to helping achieve a fairer distribution of household duties and child care responsibilities, thus contributing to gender equality. Family policies should turn towards a dual-earner family model supporting both men's and women's caring and earning responsibilities. Father inclusiveness should be part of a modern family policy, and national entities should explore systems to recognize and support caring activities by men in families, including paternity leave at a child's birth, or parental leave at a later time, within the early stages of a child's life. There is a growing need for further programs and strategies to encourage men's involvement in different aspects of family life, in areas of labor market, family law, health and social services, education and media.

Such social protection provisions as old-age pensions are key to advancing intergenerational solidarity. School, community and workplace-based programs, such as volunteer programs for young and old, activities in multi-generational community centers and work-sharing and mentoring programs have also proven effective in improving intergenerational solidarity and cooperation, and averting the intergenerational poverty transmission.

Ensuring healthy lives and promoting wellbeing for all and all ages.

WHO has defined health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. This broader definition, by including social wellbeing, demonstrates the interconnections of the family with other social factors viewed as direct or indirect determinants of individual health outcomes.

Evidence suggests that social connections include marriage, close extended family, friendly family neighborhood, and supportive co-workers are among the most robust correlates of wellbeing. Seeing health in terms of wellbeing leads to a more holistic approach covering mental, physical and spiritual aspects of life. Hence, care must be taken to avoid a reductionist

understanding of health, which naturally leads to the medicalization of life and an excessive demand for healthcare provider.

Active family polices have a great potential to contribute to the achievement of the development of health goal through targeting interventions pertaining to the improvement of general and reproductive health, with a noteworthy emphasis given to clarifying the needed family care and support across the key life phases and identifying the risk factors associated with each phase.

a- Early Childhood Phase.

Evidence suggests that the nutritional and epidemiological environment around the time of birth – as indexed by birth-weight, birth place, season of birth, exposure to disease, poverty, etc. – have a long-lasting effect on morbidity and mortality now and later in life. The early childhood is often focused upon in research and policy because it is a phase of accelerated growth which has the potential to influence one’s long-term health and development: “A good foundation in the early years makes a difference through adulthood, thus giving a better start to the next generation.” (WHO, 2008).

Proper nutrition is a key determinant of health, both in childhood and beyond. The nutritional status of girls is particularly important due to their future potential reproductive role and intergenerational repercussions of poor female nutrition. Preventing child abuse and neglect and ensuring a supportive environment in early childhood will help children to achieve optimal physical, social and emotional development, and thus will help avoid risky behaviors and a significant burden of disease later in life. Furthermore, combating parental ill-health behaviors, such as smoking habits, improper feeding, female genital cutting, etc..., is a prerequisite intervention for reducing appalling risks on the current and future health development trajectories of the female child.

In the Arab Region, discriminatory practices against the female fetuses and newborns, as manifested in selective miscarriages, low birth weight, early curtailment of breastfeeding, poor nutrients, and abysmal neonatal care, etc., are often documented across the countries. Thus, female infants remain disproportionately vulnerable to high morbidity and exposure to unfair treatment in many parts of the Region.

Such an unfair initiation to life for the newborn girls is critical for their health status during adolescence, adulthood and beyond. As a matter of fact, many of the health problems in late life have their origins in childhood. Several studies have illustrated the association between suboptimal pattern of fetal and infant growth and adult chronic diseases (WHO, 2009).

b- Adolescence Phase

This phase represents an important stage of physical developments, in addition to remarkable psychological and social changes, that are collectively determined by the attitudes and behaviors of the family. Until recently, attention to adolescence as a life-course phase in international declarations has largely been confined to reproductive health.

However, this narrow focus has recently been extended to encompass broader youth development domains, providing the case that broad-based investments in adolescents yield substantial returns in terms of improved health, an accelerated social change, poverty reduction and promoted human development dimensions at a time when their numbers are peaking (World Bank, 2006).

In this critical phase, ensuring that adolescent girls have a supportive environment for their growth and development and are protected from abuse, exploitation, violence and premature entry into adult roles, such as marriage and labor, is particularly challenging in most developing Arab societies (ESCWA, 2011).

In numerous cases, adolescent girls have a high risk of being victims of rape. They also have limited knowledge of HIV/AIDS means of transmission and prevention. They are more likely to be approached or forced for early marriage and are also frequently subject to social and cultural pressures to endure too early, too closely-spaced and too many births, a condition that leads to a high risk of maternal morbidity and mortality. Sadly, they often face these tragedies alone or with little care from their male partners or relatives and with little or no recourse to protection from exploitation, exclusion or disempowerment generally stemming from family and communal malpractices.

Family policies need to be invigorated in improving adolescents' health attitudes and behavior in order for them to pass safely to adulthood stage. The family can effectively address the underlying determinants of potentially harmful behaviors in relation to tobacco and alcohol use, diet and obesity. Also, the family should provide adolescents with the support they need to avoid or overcome these harmful behaviors.

c- Reproductive Phase.

In this phase, women are faced with various forms of social and cultural behaviors and practices, resulting in adverse health conditions and negatively affecting their health rights enshrined in the principles of rights to life.

Coercive marriage, or lack of a woman's consent on her potential husband, is a discriminatory practice on the basis of gender, with numerous harmful effects on a woman's life and the lives of her family members. Fertility by chance, and not by choice, is a leading factor for a woman's ill-health. Evidence implies that women in the Arab region have limited freedom to decide if, and when, to reproduce. Generally, they tend to have restrictive access to safe, effective, affordable, acceptable and comprehensive methods of family planning of their choice, as well as the right to go safely through pregnancy and childbearing (Faor, 2014).

The database built from the Population and Family Health Surveys in Arab countries shows persistence of unwanted fertility and the unmet need for family planning services that, in turn, contributes to ill-health and to risking the lives of women and their children. Particularly among the poor, the less educated and the undernourished women, unwanted fertility is significantly associated with pregnancy-related complications, including unsafe abortions and higher maternal morbidity and mortality in less developed Arab societies (Farah and Rashid, 2011).

These problems are further intensified by the lack of husbands' involvement in matters related to reproductive health and family planning and by their inadequate paternal responsibility towards their children. In general terms, reproductive health and family planning issues remain largely the responsibility of women.

Women are frequently power-poor at both familial and societal levels, a fact that subjects them to serious health hazards (Farah and Maas, 2006). The harmful practices they went through, such as FGM, early curtailment of breastfeeding and discriminatory feeding practices, imprint on the life and health of adult women and form a significant health risk (WHO, 2002). Powerlessness exposes them to sexual violence and male-to-female transmission of HIV/AIDS. Financial dependence and restricted physical mobility limit their access to health care.

In addition, women's inadequate involvement in political and community development arenas reduces their opportunities to streamline their concerns in development plans and to tailor resource allocation modalities to women's health. As purported by Fathallah (2008), where women are powerless in their family circles, their welfare will not be at the center of society-imposed norms in human sexuality and reproduction, and in such cases, women are considered means and not ends to social development policies.

d- Ageing Phase.

With the recent demographic transition and increase in life expectancy, most of the developing countries are undergoing a gradual age structural transition with the growing numbers and proportions of older people. As a result of sex-specific mortality differentials, women tend to live longer than men and tend to represent an increasing proportion of all older people. Consequently, widows increasingly outnumber widowers across regions and countries of the globe, thus resulting in a phenomenon, titled as “feminization of ageing”.

However, longer lives are not necessarily healthier lives because the likelihood of ill-health and disability increases with age. In other words, a longer life for women is not necessarily a blessing if it is burdened with disability, diseases, dependency or abuse.

In this context, policies and programs designed to improve the health of older women should focus on adding life to years and not just adding years to life. In other words, the quality of women’s lives, and not just the quantity, should be a priority. In this regard, families need to be assisted to adopt multifaceted programs targeting older relatives, with emphasis on the health and wellbeing of female relatives and those with disabilities.

Ensure Quality and Inclusive Education.

It is generally believed that family is the most effective and efficient system for fostering and sustaining the children’s development. Without family involvement, any alternative interventions are likely to be failed, and whatever few effects that they could produce are likely to diminish once the intervention is discontinued.

Education should be seen as a universal, relational, community-rooted process for acquisition of wisdom, to live long and well, and to celebrate life to full. A broad understanding of education stresses that learning is not confined to schools. Being taught formally may be an integral part of, but is not the same thing as, being educated. The reality in many cultures is that teachers have become social workers as a result of the breakdown of the nuclear family, which has left many parents unwilling or unable to support or help their children. Families and communities need to take responsibility for schools and engage in educational process, and schools need to be integrated into their appropriate local contexts. Teachers cannot be expected to be official agents of school welfare or surrogate parents as well as formal educators (Ref 12).

There are three broad areas of family involvement in education: parenting, home-school relationships and responsibility for learning outcomes. Parenting refers to the attitudes, values and practices of parents in raising children. Home-school relationships are the formal and informal connections between the family and educational setting. Responsibility for learning is an aspect of parenting that places emphasis on activities in the home and community that promote learning skills in the young people. (Harvard Research Project NO.1 Spring 2006). Children largely inherit their families' socioeconomic status. Education and early investment in children and families are crucial as they are major contributors to intergenerational income mobility.

Families should bear the primary responsibility for education. Policy should seek to enhance family involvement from birth through to adolescence, recognizing that this will change as children mature. Family involvement occurs in all the contexts where children live and learn, not only in homes and schools but also in out- of - school-time programs and many other settings. To succeed in school and in life, young people need access to multiple supporters for learning. Families are central in providing these supports and connecting them with an intentional and systematic way.

In the context of the Arab region, quality education is highly treasured by the concerned policymakers not only as fundamental basis for social and economic development of a country, but, equally important, as a principle right for all children. Over the last three to four decades, all countries have experienced substantial progress in primary education and literacy. The average years of schooling increased significantly across the region and the disparities among the countries and between males and females have narrowed, though they still remain wide. However, this impressive increase in the lower ladders of education is often flawed by relatively low secondary enrolment rates, particularly in Arab less developed countries as well as in those passing through conflict and politically instable conditions.

At the bottom layers of social structures, poor and less advantaged Arab families have continued to make difficult choice about allocation of their scarce resources. The decision, based on how the communities value girls' education, is always inclined to concentrate educational expenditures on boys, on the assumption that boys are more likely to pay back and become bread winners for the family. In a cross-country assessment report by (Farah, 2011), the gender disparities in education persist, with illiteracy rates for young females being twice as high as those of the young males.

As always argued within and across many academic and research circles, the quality of education in the Arab region has not improved as anticipated by planners in the context of the MDGs, and that there is a severe mismatch between the labor market demands and the skills acquired in the

education system. A worrying indicator in this regard is that unemployment tends to be higher among graduates of secondary and tertiary education as compared to those who are illiterate or to those who have completed the primary school. This anomaly is reported to be more dominant among the young women.

This anomaly is troubling in that young women are already facing obstructive mechanism that would withhold education from them. As always said, the advancement of girls' education is highly correlated with cultural traditions that have historically permeated in the family and local communities. Without overcoming traditional barriers to education and promote family members' involvement in protecting their rights in achieving high quality education, the achievement of national and global sustainable development goal on education is contestable. Hence, an attentive family policy action is timely for targeting positive behaviors and attitudes of parents and community gatekeepers in favor of girls' education.

Gender Equality and Empowerment of Women.

Gender equality is, first and foremost, key to social and economic development. Empowered women are able to claim their rights and contribute to the health and productivity of the whole families and communities and, in so doing, improve the prospects of the next generation. Despite the connection between gender equality and development, women remain far from achieving parity with men. They still suffer most as a result of discrimination, violence and unequal access to education and health services and there is still a gap in data on gender relation for key development indicators.

When addressing gender equality in a family context, there is an issue of access to resources. It may be due to the fact that gender inequality is entrenched in cultural ideals and social relationships and deeply embedded in many societies. Cultural change is difficult to achieve. In many societies boys are still privileged in all aspects of life, including nutrition, access to education, and freedom of movement.

Discriminatory social institutions impede girls' and women's life trajectories and affect their wellbeing. Discrimination affects key empowerment arena such as health, education, and employment. Girls are also discriminated within their families when more resources and investment is directed towards boys. Unequal power relations put girls and women at disadvantage and restrict them from equally accessing information and resources that could improve their health, wellbeing, and life opportunities.

For the Arab region in general, the average maternal mortality rate is still high, and its inter- and intra-country variations are excessively wide. One uncontested remark that has been reported by a number of researchers indicates that a significant reduction of high mortality and the attenuation of the steep intercountry variabilities of this mortality could greatly be realized if relevant family policies were galvanized and activated. It has been purported that some major causes of maternal

death are manageable by mere application of simple know-hows and by some basic accessible tools, always available within the vicinity of the average household.

As stated earlier, gender issues in the Arab region, as well as in less developed regions, dominate around education, employment and reproduction. In these regions, the ongoing research constantly and conspicuously report on the persistence of mismatch among the three human development areas. Though families promote primary education for both boys and girls, the latter are greatly disadvantaged in their access to secondary and tertiary education as well as to joining the formal labor force. A compelling factor most recorded as an obstructive factor against continuation of girls' education and their employability is early family formation and early motherhood, in addition to their restrictive physical and occupational mobility.

Building on some study findings from sociocultural surveys in Syria (1996) and Yemen (2006) and Sudan (Northern State, 2014), in addition to some recent Arab Family Health and Population Survey data, we synthesize the following key messages impinging on potential family policy and program implications.

- There is ample evidence on extraordinary socioeconomic and demographic differentials between husbands and wives. By and large, husbands are considerably better off in terms of formal education, occupation, control over the household budgets, and in command of most of the decisions concerning marriage, reproduction, women's work, girl's education and wives' freedom of mobility.
- The reported evidence indicates there is persistent divergence of attitudes and positions between husbands and wives with regard to several critical gender and reproductive health issues. Evidently, women tend to be more receptive, than husbands, to the concepts of late marriage, small family size, fertility regulation, and more perceptive to the varying needs and desires of the adolescents in the family. On the other hand, husbands tend to project pronatalist attitudes and to superimpose traditional norms on wives and daughters in their pursuit to realize reproductive and productive rights.
- The cross-country comparisons generally confirm that women in the families are generally poor in their autonomy dimensions, and poorer when these dimensions are appraised on the basis of the internationally acceptable reproductive health and socioeconomic rights. Small proportions of the women (21% -32%) took part, regularly or irregularly, in decisions concerning household budgetary matters, while large proportions of them (64% - 78%) stated that they experienced lack of involvement in pertinent reproductive health issues and labor force participation.
- The evidence has indicated that a sizeable proportion of husbands were shown to reinforce conservative measures against women's autonomy. For example, 1 in 10 were reported to reinforce strict restrictions on their wives' mobility to designated places where health and social amenities can be found.
- An empirical finding has been the basis for the argument that various autonomy dimensions considered in these studies are largely determined by socioeconomic and

demographic factors established at various life cycles of the women. Younger women were more disadvantaged in their level of autonomy than the elders. Higher mean number of children ever born relates, significantly and persistently, to elevated levels of autonomy. Being located in urban area raises significantly the women's decision-making autonomy in areas of reproductive health and household budget items, however it reduces their mobility decision-making authority.

- Evidently, women's education, more than their husband's, is shown to be a strong predictor of the level of their decision-making authorities regarding reproductive health rights, household budgets and the outside-home mobility. Furthermore, women's engagement in paid work, and not in unpaid family work, enormously raises their authorities related to their freedom of mobility and liberal involvement of reproductive health decisions. In addition, women who were consulted about their marriage related issues continue to maintain power over decision-making authorities. Finally, husbands' perception about the signs of gender based violence correlates positively with the decision-making authorities, in particular with reproductive health and household budgetary issues.
- A multivariate analysis of 2 country-based data (Syria and Yemen) has resulted that a women's empowerment index or their authority variables act independently and with a high degree of significance in positioning them high with respect to deliberate reproductive health behaviors and their engagement in paid work and in taking part in decisions concerning family affairs and community development.

Thus, based on these findings, we need to promote an engendered family policy that takes into account the status of women's autonomy as independent determinant to be targeted by the family policy. That is to say, any family-policy formula that does not view the gender status at home as a viable benchmark could not effectively culminate in family cohesion and societal wellbeing.

Conclusions and Future Policy Imperatives

The major premise underlying this paper contends that, the family, having existed all this time, is more than likely to remain "an end in itself and a fundamental measure to all the other ends embracing sustainable human development goals".

The multilayered functions, inter alia, reproduction, socialization, provision of emotional and financial care and support for young children and adolescents, orphans, persons with disabilities, and elderly people makes it a highly needed institution in sustaining family cohesion, social solidarity and sustainable human development.

The family accounts for a large part of the social sector, and is too important to be left to chance. The family is believed to be both cause and effect. If families were well empowered, their contributions to the achievement of development goals would be considerably evident, and vice versa if they were fractured.

The demographics of the Arab families are changing fast, and with that, the impact of the shifting family structure on intra-family and inter-family's relationships and wellbeing are also changing. As a result, families tend to have more vertical than horizontal linkages – the intergenerational bonds are becoming more important, probably at the expense of the horizontal relations and of the social capital formation.

Apparently, the family is relevant for poverty reduction. The breakdown of the family is a symptom of a sick family and a weak society, a necessary, though not sufficient, condition for breeding up poverty. Particularly, women and children of these families have higher probability of living in poverty. These children are more likely to fail at school, to become drug- addicts and to endue alcoholism. Lone parents are more likely to live poverty than couple parents; and female-headed households are poorer than male headed-households.

Family responsive policies can enable strong and stable family relationships and the exercise of responsibilities within them, probably, through incentivizing them to take on greater welfare and social care responsibilities. Expectedly, such policies would create promising opportunities for reducing overall rates of poverty; thus they need to be continued and expanded.

Arab governments and policymakers have enacted a broad range of family policies that were premised to promote anti-poverty strategies and initiatives, such as transfers, the provision of basic services and other measures; however, these policies should take into account both the diversity of needs of family members and respect for gender equality.

Microcredit, the provision of small loans to the poor families, has recently gained an increased attention in the region. The popularity of microcredit as a means of fostering development has begun to attract significant energy and resources from the government and non-governmental organizations.

Family-work balance policies are key to helping achieve a fairer distribution of household duties and child care responsibilities, thus contributing to gender equality. Father inclusiveness is postulated to be part of this policy, and the national entities are urged to explore affordable systems to recognize and support caring activities by men in families, including paternity leave at a child's birth, or parental leave at a later time, within the early stages of a child's life.

Such social protection provisions as old-age pensions are key to advancing intergenerational solidarity. School, community and workplace-based programs, such as volunteer programs for young and old, activities in multi-generational community centers and work-sharing and mentoring programs also have proven effective in improving intergenerational solidarity and cooperation, and averting the intergenerational poverty transmission.

On the basis of the WHO's definition, health encompasses physical, mental and social wellbeing and not merely the absence of diseases or infirmity. This broader definition validates the interconnections of the family cohesion and wellbeing with health related factors, including marriage, close extended family, friendly neighborhood, and supportive co-workers are among the most robust correlates of wellbeing of the family and the society, at large.

Seeing health in terms of wellbeing leads to a more holistic approach of care provision contesting a reductionist understanding of health, which naturally leads to the medicalization of life and an excessive demand for formal healthcare system. One imperative revision to the reductionist approach is to elevate and effectuate active family policies intended to take part in the achievement of the development health goal.

This paper outlines a set of policy initiatives targeting a set of interventions pertaining to the improvement of general and reproductive health, with a noteworthy emphasis placed on reenergizing the needed family care and support across the key life-phases and identifying the risk factors associated with each phase: early childhood phase, adolescent phase, reproductive phase, and ageing phase. In the Arab region, several dysfunctional environments for health across these phases were documented and these adverse environments could be attenuated by appropriate family-responsive policies.

With respect to the family connection with the goal of quality and inclusive education, there is enough evidence in support of the premise that the family is the most effective and efficient system for fostering and sustaining the children's development. However, the reality dictates that teachers have become social workers or surrogate parents as a result of the breakdown of the nuclear family, which has left many parents unwilling or unable to support or help their children.

The family involvement in education entails three broad functional areas of parenting, home-school relationships and responsibility for learning outcomes. a) Parenting refers to the attitudes, values and practices of parents in raising children. b) Home-school relationships are the formal and informal connections between the family and educational setting. c) Responsibility for learning is an aspect of parenting that places emphasis on activities in the home and community that promote learning skills in the young people. Children largely inherit their families' socioeconomic status. Education and early investment in children and families are crucial as they are major contributors to intergenerational income mobility (theory of transfer of wealth from parents to children).

Families should bear the primary responsibility for education. Policy should seek to enhance family involvement from birth through to adolescence, recognizing that this will change as children mature. Family involvement occurs in all the contexts where children live and learn, not only in homes and schools but also in out- of - school-time programs and many other settings. To succeed in school and in life, young people need access to multiple supporters for learning. Families are central in providing these supports and connecting them with an intentional and systematic way.

In the context of the Arab region, quality education is highly treasured by the concerned policymakers. Over the last three to four decades, all countries have experienced substantial progress in primary education and literacy. The average years of schooling increased significantly across the region. However, the impressive increase in the lower ladders of education is often flawed by relatively low secondary enrolment rates, with poor and less advantaged families that have continued to make difficult choice about allocation of their scarce resources.

The gender disparities in education continued to persist across the region, with illiteracy rates for young females being twice as high as those of the young males. The evidence also indicated that female unemployment was higher among graduates of secondary and tertiary education as compared to those who were illiterate or to those who had completed the primary school. The poor and fractured families are largely accountable for this anomalous education-employment mismatch.

Appropriate family-policy is highly urgent for overcoming traditional barriers to education and promote family members' involvement in high quality and inclusive education for all.

Gender equality is, first and foremost, key to social and economic development. Empowered women are able to claim their rights and contribute to the health and productivity of the whole families and communities and, in so doing, improve the prospects of the next generation. Despite the connection between gender equality and development, women remain far from achieving parity with men. They still suffer most as a result of discrimination, violence and unequal access to education and health services and there is still a serious gap in data on gender relations for key development indicators.

When addressing gender equality in a family context, there is an issue of access to resources. It may be due to the fact that gender inequality is entrenched in cultural ideals and social relationships and deeply embedded in many societies. Cultural change is difficult to achieve. In many societies boys are still privileged in all aspects of life, including nutrition, access to education, and freedom of movement.

Discriminatory social institutions and practices impede girls' and women's life trajectories and affect their wellbeing. Discrimination affects key empowerment arenas such as health, education, and employment. Girls are also discriminated within their families when more resources and investment is directed towards boys. Unequal power relations put girls and women at disadvantage and restrict them from equally accessing information and resources that could improve their health, wellbeing, and life opportunities.

For the Arab region in general, the average maternal mortality rate is still high, and its inter- and intra-country variations are excessively wide. A recent robust evidence indicates that a significant reduction of high mortality could greatly be realized if relevant family policies were galvanized and activated. One strategic policy intervention should deal with the fact that death of a mother could be averted with the application of simple and affordable technologies and know-hows that are accessible to the families and local communities.

Drawing from some Arab country-specific household surveys, we can cite some key findings that have inspiring extrapolations on proactive family policies:

First, men, as compared to their wives, are considerably superior in terms of formal education, occupation, control over the household budgets, and the familial decisions concerning marriage, reproduction, women's work, girl's education and women's freedom of mobility.

Second, women in the families are generally poor in their autonomy dimensions, and poorer when these dimensions are appraised against international standard on reproductive health and socioeconomic rights.

Third, evidently, women's education and their engagement in paid work, more than their husband's, are shown to be a strong predictor of the level of their decision-making authorities regarding reproductive health rights, household budgets and the outside-home mobility.

Fourth, significantly, women's empowerment index at the household level acts independently, with a high degree of significance, on their reproductive health behaviors and their engagement in paid work, as well as on taking part in decisions concerning family affairs and community development.

Thus, based on these findings, we need to promote an engendered family policy that takes into account the status of women's autonomy as independent determinant to be targeted by the family policy. That is to say, any policy that is gender blind could not effectively result in family cohesion and wellbeing and, as such, it would probably be dormant with respect to sustainable human development objectives.

References, Tables/Charts and Definitions will be inserted later.