

# Overview of Reproductive Health in Yemen

الوضع الحالي للصحة الإنجابية

في الجمهورية اليمنية

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# Introduction

The present indicator as reflected in recent Surveys and studies still call for further efforts despite the improvement that took place in reproductive health service during the last decade .mortality rates are still high as shown by the following figures

- Maternal mortality 800 to 1400 per 100,000 live births.
- 42% of deaths during the childbearing age are related to pregnancy and parturition
- Neonatal death rate 38 per 1000 live birth .
- Infant mortality rate 75,5per1000 live birth.
- Under-five death rate 105/1000 live birth .



- 10% of women at the reproductive bearing age were from the high nutritional status and 14% of deliveries were associated with bleeding, eclampsia

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- 37% of women experienced pregnancies with intervals of less than 24 months
  - 16% of them had their first baby before the age of 20

- 22% of deliveries are attended by trained personnel, only 17% of pregnant women are vaccinated against tetanus (one dose or more) and that only 34% of them receive any medical advice from a practitioner, nurse or midwife. In rural areas, 73% of pregnant ladies do not enjoy antenatal care while the figure is 39% in urban setting. Illiteracy is another factor as 71% of illiterate women compared to 45% of literate women receive this type of health care

- Ignorance among women and lack of clear policies in the delivery of health services was shown in the 1992 demographic survey by fact that only 6% of the total female population and 3% in the rural areas received medical advice after delivery



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- The health sector suffer from deficiency in both manpower and health institution to cover the population needs. There are now 1090 health units, 282 health centres 94 of which are with beds for in-patient care and 81 hospitals. For each 10.000 of the population served by these institutions there are 2.16 medical practitioners, 0.08 dentist, 0.21 pharmacists, 0.53 laboratory technicians 0.37 midwife and 0.81 health visitor



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- AIDS is coming up as health problem in Yemen. According to reports by the Ministry of Public Health cases increased from one in 1990 to 60 in 1996 and the total number went up to 870 by 2001. a gradual increase of cases is expected in future as result of deficient measures in respect of blood transfusion, cross infection in hospitals, lack of health education and increased volume of travelers to and from Yemen

- The 1997 Demographic Survey has shown that 23% of women questioned were circumcised and a further study in 1999 confirmed that circumcision, a harmful practice, experienced by about 45% of women in Sana'a and 97% in Hadramout, Almahara and Hodieda has to be prevented. In response the Ministry of Public Health has issued a decree prohibiting the performance of this operation in any health institution in the country

# مقارنة بعض المؤشرات



بين الجمهورية التونسية  
والجمهورية اليمنية

# Yemen Map



# Background

- North Yemen became independent of the Ottoman Empire in 1918. The British, who had set up a protectorate area around the southern port of Aden in the 19th century, withdrew in 1967 from what became South Yemen. Three years later, the southern government adopted a Marxist orientation. The massive exodus of hundreds of thousands of Yemenis from the south to the north contributed to two decades of hostility between the states. The two countries were formally unified as the Republic of Yemen in 1990. A southern secessionist movement in 1994 was quickly subdued

# Area

- *TUNISIA*

- *total: 163,610 sq km*

- land: 155,360 sq km*

- water: 8,250 sq km*

- *YEMEN*

- *total: 527,970 sq km*

- land: 527,970 sq km*

# Population

- Y

- 20,024,867 (July 2004 est.)

- T

- 9,974,722 (July 2004 est.)

# Age structure

## ■ Y

- *0-14 years: 46.6%*  
(male 4,751,776;  
female 4,582,277)
- *15-64 years: 50.6%*  
(male 5,166,437;  
female 4,973,543)
- *65 years and over:  
2.8%* (male 273,199;  
female 277,635)  
(2004 est .)

## ■ T

- *0-14 years: 26%*  
(male 1,337,546;  
female 1,253,814)
- *15-64 years: 67.5%*  
(male 3,373,199;  
female 3,360,402)
- *65 years and over:  
6.5%* (male 315,151;  
female 334,610)  
(2004 est.)

# Median age

- Y

- *total: 16.5 years*  
*male: 16.5 years*  
*female: 16.5 years*  
(2004 est.)

- T

- *total: 26.8 years*  
*male: 26.3 years*  
*female: 27.3 years*  
(2004 est)

# Population growth rate

■ Y

■ 3.44% (2004 est.)

■ T

■ 1.01% (2004 est.)

# Birth rate

- Y

- 43.16 births/1,000 population (2004 est.)

- T

- 15.74 births/1,000 population (2004 est.)

# Death rate

■ Y

■ 8.78 deaths/1,000  
population (2004 est.)

■ T

■ 5.05 deaths/1,000  
population (2004 est.)

# Infant mortality rate

- Y

- *total: 63.26*  
deaths/1,000 live  
births  
*female: 58.15*  
deaths/1,000 live  
births (2004 est.)  
*male: 68.12*  
deaths/1,000 live  
births (2004 est.)

- T

- *total: 25.76*  
deaths/1,000 live  
births  
*male: 28.7*  
deaths/1,000 live  
births  
*female: 22.59*  
deaths/1,000 live  
births (2004 est.)

# Life expectancy at birth

- Y

- *total population:*  
61.36 years  
*male:* 59.53 years  
*female:* 63.29 years  
(2004 est.)

- T

- *total population:*  
74.66 years  
*male:* 73 years  
*female:* 76.44 years  
(2004 est.)

# Total fertility rate

- Y
- 6.75 children born/woman (2004 est.)
- T
- 1.79 children born/woman (2004 est.)

# HIV/AIDS - adult prevalence rate

- Y

- 0.1% (2001 est.)

- T

- 0.04% (2001 est.)

# HIV/AIDS - people living with HIV/AIDS

■ Y

■ 9,900 (2001 est.)

■ T

■ NA

# HIV/AIDS - deaths

- Y
- NA

- T
- NA

هل يمكن الاستفادة من التجربة التونسية

وهل يمكن تطبيقها في اليمن

لأبد أن نعرف

# كيف نجحت التجربة التونسية

- وضع الخطط الصحية حسب الاولويات المقدمة من مراكز البحوث والدراسات مع سن العديد من القوانين والتشريعات التي تعطي وتمكن المرأة من الحصول على حقوقها .
- توفير الخدمات الصحية للمرأة في جميع البلاد متابعة وفيات الحمل والخطر و الاهتمام بالمواليد حديثي الولادة .
- المراقبة والمتابعة والتقييم من قبل الديوان القومي للأسرة والعمران البشري ومن قبل الحكومة من اجل التأكيد على التزام الجميع بتنفيذ القوانين والتشريعات الصحية وغير الصحية .
- التأكيد على التثقيف الصحي والنوعية لجميع فئات المجتمع كأساس لتعزيز الصحة من اجل بناء مجتمع قوي صحي

# هدف التجربة التونسية

- تخفيض معدلات الخصوبة
- بناء اسرة صغيرة سعيدة و مزدهرة

# خصوصية اليمن

■ الوضع الاجتماعي ( تعدد الولادات . تعدد الزوجات . سن الزواج . زواج الاقارب . الامية . الخ )

■ الوضع الاقتصادي ( انخفاض مستوى الدخل . البطالة . الهجرة )

■ الوضع السياسي

# بعض المقترحات

دراسة وضع المرأة

رفع مستويات الصحة الانجابية.

خفض معدلات وفيات الامهات.

رفع معدلات الاستفادة من تنظيم الاسرة