Tanmia Wa E'emar

Development and Reconstruction

Tanmia Wa E'emar
(Development and Reconstruction)
Scientific Journal

Yemen Information Center
يمــن انـفــورمـيشــن ســتر

Content

Journal Objectives:

Tanmia Wa E'emar (Development and Reconstruction) is a research journal that deals with human and applied research and studies on development, reconstruction, community coexistence and peace. It aims to achieve the concept of scientific research in line with the development of knowledge and the scientific and technological revolution. This concept is to embody the partnership and cooperation between the academic and institutional efforts for the various local developmental areas in order to reach the regional and international level through the following:

1- Creating a documentary set (research, studies, papers and developmental reports) in the social, developmental and applied sciences..
2- Building a partnership through cooperation and partnership agreements with local and international bodies, which share the same interests.
3- Publishing relevant experiences to keep pace with scientific and specialized developments in the various developmental fields and peace.
4- Presenting studies that contribute to the advancement of the functions of institutions and bodies concerned with the areas of comprehensive development.
5- Publishing research and studies that meet the conditions of publication in the fields of studies and scientific research in various developmental fields and specializations in Arabic, English and French languages.
6- Publishing abstracts of university research that have been discussed and approved in the field of reconstruction, development and peace, provided that the abstract is prepared by the researcher himself / herself.

Conditions for Accepting the Topics of (Research, Studies, Papers and Developmental Reports):

1. The studies must be original in their presentation. They have to adhere to the scientific research methodology recognized in the fields

of study, research, human and administrative fields as well as the natural (developmental) sciences.

2. The research must be written in proper language, taking into account the rules of control. It must be free from linguistic, grammatical and typographical errors.

3. The research must not be published or submitted for publication in another journal.

4. The researcher must submit his / her research as a soft (WORD) copy by e-mail.

5. The drawings, figures and graphs (if any) must be well prepared and presented properly and clearly. They have to include titles and necessary explanatory data. Their dimensions and sizes should not exceed the page margins.

6. The title of the research must not exceed 20 words.

7. The Arabic abstract must not exceed 200 words, and the English and French must not exceed 250 words.

8. The key words must vary between 2 to 5 words.

9. In the event that the researcher uses software or measurement tools such as tests, questionnaires or other tools, he / she must provide a complete copy of the tools he / she used if they are not included in the body of the research or attached to its appendices. He / She must indicate the legal procedures that permit him / her to use them.

10. The pages of the research in its final form, including the abstract, references and appendices, must not exceed 40 pages with the following specifications:
    - Line spacing (space between lines) should be 1.5 cm.
    - Font size in Arabic language should be 14 written in "Simplified Arabic". The headlines should be written in **bold**.
    - Font size in English and French languages should be 12 written in "Times New Roman". The headlines should be written in **bold**.
    - The page margins should be 2.5 cm on all sides. Page numbers should be centered at the bottom of the page.

11. The research must include all the sources and references in the reference list. Arabic and foreign references, if any, should be listed as follows:

An example of documenting an Arabic research published in a journal:

- In the references list:

كوكز، فيصل صدام (2019): السلم والتعايش المجتمعي ودوره في التنمية الشاملة وتجاوز الأزمات العدد (7)، ص 65 – 90.

- In text: (2019 ،كوكز)

An example of documenting an Arabic book:

أبو النصر، مدحت (2017): التنمية المستدامة (مفهومها – أبعادها – مؤشراتها)، المجموعة العربية للتدريب والنشر، القاهرة، مصر

An example of documenting a foreign research published in a journal:
- In the references list:
  Monyatsi, P. P. (2012). The level of the job satisfaction of the teachers in Botswana. European Journal of Educational studies, (4), p 14-18.
- In text: (Monyatsi, 2012).

  An example of documenting a book:
  Lythans, F. (1989). Organizational Behaviour. 5th ed. New York Mc-Graw-Hill Co.

12. The sources and references in the research must be documented according to the documentation methods followed in the human and natural sciences. In-text documentation must include the author's last name and year of publication. The researcher should avoid writing the reference in the margin. He / She must follow the APA referencing style, taking into account that the sources and references are listed from the most recent to oldest, followed by all website links at the end of the list.

Terms of Publication in *Tanmia Wa E'emar (Development and Reconstruction)* Magazine:

1- The topics must comply with the goals of Yemen Information Center (YIC). They also must be relevant and within the context of "development, community coexistence and peace and reconstruction".
2- The topics must adhere to the basic criterion of the objectivity of the researcher and the scientific presentation.
3- The researcher must adhere to the articles of the Conditions of Accepting the Topics for Publication, p. 3, and the Types of Research and Studies, p. 4.
4- A written consent must be attached to the research by the researcher(s) allowing for the transfer of the copyright to Yemen Information Center (YIC). The researcher has no right to publish it anywhere else.
5- The researcher bears full legal responsibility of the content of the topic. The journal disclaims its responsibility for any rights due to the content that may expose the researcher to legal accountability.

The Researches and Topics Respect the Following Methods:

First: Field Researches

The researcher must submit a summary that includes the general objective of the research / study, in which he / she mentions the main themes that have been addressed, along with a brief review of its most important conclusions, recommendations and proposals. Field researches should also include an introduction in which the researcher has to clarify the nature of the research and the justifications for carrying it out, indicating the nature of the problem and the extent of its impact on the developmental reality and peace. They should also briefly clarify what previous research has indicated about this problem. This is followed by a presentation of the study questions or hypotheses through which a solution to that problem can be reached. Then, the researcher should present the limits of the research in which the results of the study were generalized. The researcher must also state the semantic definitions (i.e.

the concepts and terms used in the research). He / She must also review the most important and recent studies related to the topic, analyze and discusses them, comment on them. This is followed by a presentation of the research procedures and methodology followed. A description of the research population, sample, the type of instruments used in collecting the data, validity and reliability should be included. Finally, he / she has to present and discuss the results, recommendations and proposals of the research. The research concludes by listing the sources and references used.

Second: Theoretical and Explanatory Research

The researcher has to provide a summary that includes the general objective of the research / study in which he / she must mention the main themes that have been addressed, along with a brief review of its most important conclusions, recommendations and proposals. The researcher has to present an introduction to the research in which he / she clarifies the nature of the problem or topic under study. He / She has also to determine the importance of the research and its role in adding new knowledge. A presentation of the topics to be analyzed and discussed must be included so that they are arranged in a logical way with the topics preceding or following that eventually lead to clarify the general idea the researcher aims to reach. It should also include the conclusions, recommendations and proposals necessary to solve the problem or remove the ambiguity surrounding the topic under discussion. Finally, the researcher has to attach a list of the sources and references he / she used.

Third: Scientific Papers and Developmental Reports

In scientific papers, a brief summary must be presented in which the researcher explains its purpose, results, and the most important terms (i.e. key words). In addition, an introduction must be presented. It serves to show the problem that is related to the developmental aspect and its role in addressing it for the topic under study and their importance. The items of the paper should be presented in a sequential and interdependent way. They should be, then, analyzed and discussed in a scientific and

logical way in order to clarify the general goal the researcher seeks to achieve. The researcher can use various means such as photographs, maps or graphical figures to enrich the topic and clarify it in a better way. After that, the researcher has to present, discuss and analyze the results of the scientific paper. The researcher must also explain the relationship between the findings of the paper and the theories related to the topic under study. After that, the researcher has to conclude the paper with a conclusion in which he / she mentions the findings in a clear and brief way. The list of sources and references he/she used must be included.

In developmental reports, an executive summary must be presented in which the researcher briefly explains the purpose of the report and his / her findings. The report must include an introduction which clarifies the importance of the topic. The items of the report must be presented in a logical and clear way. The report must conclude with a comprehensive explanation of the results and the contribution it makes to the field under study. Finally, a brief conclusion in addition to an attached list of the sources and references used must be included.

Yemen Information Center

يـمــن انــفــورمــيشــن ســتـر

Editorial

Editor-in-chief of Tanmia Wa E'emar magazine
Dr. Suzanne Moftah

The 17 goals, officially known as the Sustainable Development Goals (SDGs), were set out for sustainable development. They are a universal call to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The 17 SDGs are well-integrated to complement each other in that they recognize that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.

Yemen Information Center (YIC), through Tanmia Wa E'emar (Development and Reconstruction) magazine, follows the same approach and adopts many of these goals. The magazine is mainly concerned with publishing studies, reports and scientific articles related to Yemeni affairs. It covers everything that can contribute to the rebuilding and growth of the country at all levels (political, economic, social). With a view to finding solutions and overcoming challenges, it seeks to analyze the current situation from all aspects and provide suggestions and recommendations. It also encourages rebuilding and reconstruction, which will get the country out of the quagmire of conflicts and achieve growth and prosperity.

In its eighth issue, Tanmia Wa E'emar presents, for interested readers and researchers, three topics dealing with different and important fields:

The first topic is a research study, entitled "Improving the Quality of Health Services in Yemen in Light of TQM." It presents a proposed , which aims at developing healthcare services in Yemen in light of Total Quality Management (TQM) approach. The significance of this research lies in the fact that it recognizes the importance of healthcare role in development and the need to take care of human resources' health to effectively exercise their roles in building and developing their societies. Healthcare services in Yemen face many challenges which need to be overcome through developing possible solutions and

ensuring a safe and healthy life for all Yemenis.

The second topic is an applied descriptive study, entitled "Women in the Yemeni Media and the Challenges they Face". Women are an active element in the field of sustainable development and one of the most important pillars for societies' building and growth. Their role is vital and effective in consolidating social peace. In view of this, the study aims to identify the position of women in the media field, and the practical reality that they experience in TV production in both its technical and broadcasting aspects. The study comes up with several results, showing the percentage of women's presence in the Yemeni media, and the need to pay more attention to their role in the media.

Regarding the third topic, it is the social study of "Child Marriage in Yemen: Effects and Solutions". This study derives its importance from the fact that it deals with a social phenomenon that has wide-ranging and possibly catastrophic consequences. Child marriage has recently increased as a result of the bad situation Yemen is going through. This requires developing many possible solutions and taking real measures to curb its spread and reduce its impact on society in general and females in particular.

In conclusion, Tanmia Wa E'emar magazine wishes all its readers and those interested in all the above-mentioned fields enjoyable reading and a great benefit.

Improving the Quality of Health Services in Yemen in Light of Total Quality Management (TQM)

A Research Proposal

Dr. Fathia Mohammad Al-Hamadani

July, 2022

Abstract:

The current research aims to provide a research proposal that aids to improve the quality of health services in Yemen according to the total quality management (TQM) approach. It uses the descriptive approach to identify the reality of health services in Yemen and the most prominent difficulties they face. Moreover, the research intends to identify the concepts of TQM, health quality management, and the most important requirements for their application.

The research presents many findings that show the inferior quality of health services in Yemen due to a number of administrative, financial, material, social and technological difficulties. The research finds out that health services are the result of successful management that is concerned with providing an appropriate health environment. It has to consist of integrated human and material pillars of specialists and trained and qualified cadres with various specializations. Furthermore, it also concludes that good management must provide modern devices and equipment commensurate with the needs of patients. Such services are intangible and invisible, but they can be measured. Their results can be noticed through the increasing number of healthy people and the low rates of patients in the community.

The TQM approach is a successful management strategy in the health field because it focuses all its efforts on raising the level of satisfaction of the beneficiaries of the productive service. To do so, all human and material resources must be harnessed to improve the level of performance, provide high-quality services, and improve health services. This necessitates implementing the principles of TQM, which is based on continuous improvement of the internal environment of health institution and support for the external one.

Key words: Health Services, Total Quality Management (TQM), Health Services Quality Management

Chapter One
General Framework of the Research

Introduction

Health has been a matter of interest for many countries because it is related to human beings. Since healthy people play substantial role in the process of development, health services have become number one priority for development programs in different countries and a criterion of their advancement.

"Health services" refer to preventive services and procedures provided by health care systems and their various facilities to all society members in order to raise the level of health and prevent the spread of disease (القطني, 2015: 20). Therefore, health services are keen to follow modern administrative methods to advance the role of health facilities in providing the best health services. The trend in adopting modern administrative methods resulted from the difficulties facing the health sector. These difficulties involve the overpopulation, increasing demand for health services, pollution, wars, natural disasters, etc. As a result, many researchers undertook administrative health sector reform movements to improve the quality of health services provided by health facilities to reduce the impact of diseases, and to improve the health of individuals. Researchers in TQM have found a successful management strategy which is suitable for improving health services. This strategy was successful when applied on the industrial sector. In addition, the application of high quality standards in health will also prove its success on the level of satisfaction of patients, employees, suppliers and society in general.

Therefore, improving health services leads to lower costs, higher productivity, and better services for beneficiaries (بشير, 2017: 166). Accordingly, the current research seeks to come up with a proposal to improve the quality of health services in Yemen in light of TQM approach.

Research Problem

The health sector in Yemen does not differ from that in other third world countries. It is characterized by inferior quality health services. Therefore, people of these countries constantly try to look for other alternatives, such as travelling to other developed countries which provide excellent health services. These developed countries are keen to implement TQM approach in their health facilities to enhance the quality of their health services in a way that meets the needs of the patients. Hence, the current research aims to provide a proposal which would help improve health services in Yemen by answering the following main question:

How can health services be improved in Yemen in light of TQM?
This question is sub-divided into the following questions:
– What is the status of health services in Yemen?
– What are the meaning and characteristics of health services?
– What is the meaning of TQM in the health sector?
– What are the requirements necessary to improve the quality of health services in light of TQM?
– What are the suggested proposals to improve the health services in Yemen in light of TQM?

Research Objectives

This research aims to:
– Identify the current status and difficulties of health services in Yemen.
– Define the concept of health services and its significance.
– Present TQM in the health sector as a management philosophy in terms of concept, objectives, importance, basic principles, and application stages.
– Determine the requirements needed to enhance the quality of health services in light of TQM.
– Provide a proposal to improve health services in Yemen in light of TQM.

Research Significance

This research is important due to:
- The importance of the health sector. It is one of the most important service sectors that should receive a special attention from the authorities.
- The need of Yemeni citizens to be healthily safe.
- Citizens' need for health services as a human right that should be provided at an appropriate level.
- Developing citizens' awareness of their need to obtain high-quality health services.
- Providing a proposal to improve health services in light of TQM approach.

Procedural Definitions of Key Terms

- Optimization: refers to the steps which enable us to make use of all material and human elements to provide health services in a better way based on the principles and requirements of TQM.
- Health Services: are the activities and advantages patients get to help them get recovered.
- Total Quality Management (TQM): is a management method whose requirements and principles help raise the level of satisfaction of health workers and beneficiaries.

Research Limitations

- **Topic Limitation:** the status of health services, in addition to TQM's principles and requirements for application to improve the health sector in Yemen.
- **Place Limitation:** the Republic of Yemen.
- **Time Limitation:** 2022 – 2023.

Data Collection Instruments

The current research relied on the librarian method in obtaining its data. These data are extracted from local indicators and reports, official statistics, scientific studies, books, periodicals, research, reports and international indicators issued by the World Health Organization and the United Nations regarding the health situation in Yemen, its services and the role of TQM in improving health services.

Chapter Two
The Status of Health Services in Yemen

This chapter presents the reality of health services in Yemen with regard to their indicators and the challenges that encounter them and affect their quality. They are as follows:

1- Health Services in Yemen

Yemen is one of the countries that has not enjoyed political stability over the decades. The effects of this instability were reflected on the economic and social situation, the level of quality of the various services provided to the population, who constitute an important human force for building Yemeni society. Population indicators show an increase in the population during the years 2008 - 2012 from 21,843,554 to 24,526,703 (2022 ,وزارة الصحة العامة والسكان). This was accompanied by high rates of poverty and illiteracy. Poverty has affected about 50% of Yemen's population, and the illiteracy rate has reached 64% (المجلس الوطني للسكان, 2013). This tragic situation had emerged before the outbreak of the conflict more than seven years ago. The conflict has destroyed the infrastructure and made the situation even worse.

Before the conflict, there had been efforts exerted in various government sectors to provide various services to the population. One of these sectors is the health sector, which provides its services under the supervision of the Ministry of General Health and Population, the first official body responsible for providing health services to the population. It provides many hospitals and health facilities. In 2012, there were 56 government hospitals with 10,489 beds, and 60 health centers. In addition, there were 3,007 primary health care units, and 4,121 total government facilities in 22 governorates, including general hospitals, district hospitals, health centers with or without beds, and primary health care units (الجهاز المركزي للإحصاء, 2012).

In the early 1990s, the government realized the importance of involving the private sector in providing health services. In 2008, statistics indicated that there were 11,649 private health facilities, including hospitals, dispensaries, health centers, clinics, laboratories,

pharmacies, drug stores, medical equipment and other health facilities. Most of them are located in the capital city and the centers of the governorates of the republic (وزارة الصحة العامة والسكان, 2010-2025: 30).

Those governmental and private facilities have exercised their role under several legal legislations, such as the Public Health Law of 2009. The aim of that law is to "improve the health of citizens and take care of the health of mothers and children. It also aims to reduce the mortality rate to acceptable levels, and to raise the level of health and medical services preventively, diagnostically and curatively. It also aims to rehabilitate these services at their various levels through units, health centers, and rural and public hospitals in the main cities. It also works to regulate the supervision of medical and health facilities and performing the corresponding medical and technical professions" (قانون الصحة العامة). The law also included other objectives for the purpose of providing health services for the whole population.

The population action plan in the Republic of Yemen for 1991 / 2000 was also approved by the Cabinet of Yemen. The final report of the workshop on integrating population goals into the national population strategy was also approved in the first five-year plan 1996-2000, and the first five-year plan for economic and social development 1996-2000 (السكان والوضع الصحي في الجمهورية اليمنية). The state guarantees the provision of health services to all residents, as it is one of their rights in accordance with the Yemeni law and under the supervision of the Ministry of Public Health and Population, which enjoys the independence of managing local services.

Health facilities are subject to three levels of supervision. These levels are represented centrally in the Ministry of Public Health and Population, at the governorates level under the supervision of the governorate health offices, and at the local level under the supervision of the health administration offices (البنك الدولي, 2021). However, these facilities cover approximately 66% of the population's needs only. Most of the constructed facilities are not in the appropriate population sites for their needs, and are not commensurate with the geographical and epidemiological variables at the national level. They are also characterized by a low level of provision of medical equipment, and a lack of maintenance of these buildings and their medical equipment

(وزارة الصحة, 2010-2025: 42).

In addition, UNICEF reproductive health indicators show that maternity death rates are high in Yemen due to the poor health care. 360 women out of every 100,000 live births die. The lifetime risk of maternal death in Yemen is 1 out of 39 women, which is the highest rate in the Middle East (2009 ,اليونسيف).

The results of the 2013 National Demographic Health Survey indicated that 67% of the population with various disabilities did not receive the required health care. About a third of births in Yemen are registered with the civil registry, and only 16% of children hold birth certificates. About half of children (48%) are registered in urban areas and 24% in rural areas. In addition, 43% of the children received one dose of vaccination against tuberculosis and measles, and three doses of each of the pentavalent and polio vaccines. However, 16% of children aged 12-23 months did not receive any vaccination. Immunization rates are higher in urban areas by 59% compared to 37% in rural areas. This is closely related to the level of education of mothers. 69% of the children who received vaccinations are the children of mothers who attended school. 47% of children under the age of five suffer from stunting. This indicates the high levels of prevalent malnutrition among children living in the poorest families. 39% of them are underweight (وزارة الصحة؛ والجهاز المركزي للإحصاء, 2013).

Table (1): Some Indicators of Health in Yemen in 2013

Health Situation	
Pregnant women who received prenatal care.	60%
Births taking place with health care.	45%
Births taking place in health facilities.	30%
Children aged 12-32 months who have received all vaccinations.	43%
Newborns deaths.	26%
Infant deaths.	43%
Under-five deaths.	53%

Source: (16: 2013 ,وزارة الصحة العامة والسكان)

2- **Difficulties of Health Sector in Yemen:**

The previous together with other indicators show the deterioration of health services in Yemen. The health sector suffers from weak planning processes. Despite the participation of many authorities in the planning process, their roles are deficient due to their insufficient awareness of the role, needs and functions of the health sector. In addition, their role is limited to providing adequate resources to contribute to healthy development. Therefore, the plans that are prepared are ineffective due to the lack of a clear budget. In addition, not all leaders of the different administrative levels are involved. Moreover, there is weakness in infrastructure, lack of human resources, misdistribution between rural and urban areas, and misuse of available cadres (وزارة الصحة العامة والسكان, 2010-2025: 31). These facilities are characterized by a low level of qualification and information for health service providers, in hospitals or health centers, because the quality of service provided is not different from others (وزارة الصحة العامة والسكان, 2010-2025: 41:36).

UNICEF explained that the reality of health facilities in Yemen suffers from a significant shortage of health workers. There is one doctor for every 10,000 people. Health services reach less than 60% of the country's population only (اليونيسف, 2009). These facilities suffer from the multiplicity of administrative bodies supervising them at the level of directorates. This led to the presence of many external interventions in the work of these parties, with their lack of awareness of their role and tasks. Therefore, the needs of the health system are not carefully considered. Those needs that play an active role in the quality of services provided are ignored.

The different levels of quality of health services in health facilities are due to the lack of quality reference standards, the failure to specify the basic services needed by the facilities according to priorities, the low level of assistant medical staff, nursing services, the poor principle of comprehensive primary health care that is supposed to be for everyone, and the absence of standardized, effective management of emergency situations to avoid the spread of epidemics and infections. This is also due to the absence of an integrated plan for the development and distribution of human resources due to limited capabilities, and the lack of qualified cadres to carry out

strategic planning (36,37 :2010-2025 ,وزارة الصحة العامة والسكان).

The health sector in general suffers from the deterioration of the current information systems and the difference in data and information due to different sources. It also affected by the lack of unification between the various administrative levels. Although some programs are developed by development partners, the flow of information from one level to another is erratic and inaccurate. Therefore, many imbalances appeared, such as lack of planning information. This reflects negatively on the role of strategies in achieving their goals, which are based on information that is not as accurate as required. In addition, there is a lack of a relative balance in the distribution of human resources (i.e. technical and administrative staff in the health system) between the countryside and the city, as there is no accurate information system on this distribution. A large part of the cadre is concentrated in urban areas.

The lack of mechanisms to encourage and motivate work in rural areas and the failure to include monitoring and evaluation activities in the plans due to the lack of specific financial budgets in addition to the aforementioned factors, all have affected service providing in rural areas (38 :2010-2025 ,وزارة الصحة العامة والسكان).

Accordingly, there is little government funding for the health sector, although it has been increased over the years. Expenditure on the health sector reached to 5.41% in 2012 of the state's total public expenditure, compared to 3.98% in 2002 (2022 ,المركز الوطني للمعلومات).

However, financial funding remains low and below the required level, especially since what the state offers per capita is low. For example, per capita government spending on health in 2007 was 16.92 $ Most of what an individual obtains in the field of health comes from his personal account, which means that the area of poverty and death will widen further (43 :2010-2025 ,وزارة الصحة العامة والسكان).

In summary, Yemen and its population suffer from the low level of health services, the weak role of the health sector in raising the health levels of the population, their poor meeting of their health needs, and its inability to perform its role and achieve its health goals in an appropriate manner to improve the standard of living for Yemeni families. This is due to many administrative, material, financial, social and technological difficulties, namely:

a. **Administrative Difficulties**
- Ineffectiveness of the current strategic plans. These strategies are incomplete in terms of activities, financial budgets, and evaluation indicators.
- Weak interest in human resources as a result of the lack of training opportunities for medical personnel.
- Absence of governance, accountability and transparency in the health field.
- Lack of standards for the quality of the health system.

b. **Social Difficulties**
- Weak role of local partners in the development of the health sector.

c. **Material Difficulties**
- Poor infrastructure, and lack of continuous maintenance of health equipment.

d. **Technological Difficulties**
- Lack of an integrated health system with information for the various health facilities.
- Poor current information systems in providing and updating data on the health status.

e. **Financial Difficulties**
- Weakness of the financial budget of the health sector.

Chapter Three
Health Services

This chapter deals with the concept of health services, their characteristics, objectives, importance and types, as follows:

1- Concept of Health Services

Health has won the attention of many international organizations, scientific forums and conferences. They affirm that health is a basic human right and indispensable for the enjoyment of other rights. Article 1 of the Universal Declaration of Human Rights affirms that "everyone has the right to a standard of living adequate for the health of himself and his family. This right includes food, clothing, housing, health care and necessary social services." It also includes the fundamentals of health, such as nutrition, housing, access to safe drinking water and work in a safe and healthy environment (منظمة الصحة العالمية, 2022).

The Alma-Ata Declaration of 1978 explicitly declared the provision of health care and services to all human beings. The Declaration confirms "the right of every human being to health and to primary health care." The topic of health care was presented again after forty years. It was also the subject of the document issued by the World Health Organization and the United Nations Children's Fund (UNICEF) in 2018, under the title "Vision for Primary Health Care in the 21st Century". It aimed at universal health coverage and sustainable development goals. Governments and community members jointly achieve this through three components: strengthening multi-sectoral policies and action, empowering people and communities, and making health care and essential public health functions as the core of integrated health services (منظمة الصحة العالمية, 2019: 11).

A- Definition of Health Service

Health service: refers to "any service (not limited to clinical or medical services), which aims to contribute to improving health or providing diagnosis, treatment and rehabilitation to individuals or populations" (منظمة الصحة العالمية, 2019:7).

- **Health services:** are a set of preventive services that, if applied,

would protect individuals from contracting diseases. They include proper nutrition, comprehensive periodic medical examination and prevention of infectious diseases. They also include safety, first-aid, body care, and preservation of disabled and normal individuals. In addition, they include the provision of therapeutic services, devices and compensatory tools for disabled individuals (اسماعيل, 2013: 9).

B- **Characteristics of Health Services**

Health services are characterized by many different characteristics and features that distinguish them from other services, namely:
- **Intangibility:** It means the inability to touch the service or experience it. This makes it difficult to visualize it mentally. This often leads to inaccurate knowledge of the result in advance. Therefore, the decision to buy a service is more difficult than buying a good. To avoid this, it is necessary to search for treatments or indicators of the quality of the service provided, such as: the place of its performance, its providers, the provided devices, and so on.
- **Generality:** Public goods are subject to external influences. Therefore, they share two characteristics. The first is the state of competition. When the individual consumes public goods or services, he / she stands in a competitive relationship with another person. The second characteristic is exclusion, which is the technical probability of excluding some of the benefits of the service.
- **Lack of standardization and unification:** Health services are directed towards the public benefiting from them, regardless of their different nationalities, groups, diseases or health status. Therefore, the service varies from one individual to another. It is difficult to maintain a certain level of service outputs because there are many influences required by the quality of the health service, such as confidentiality in the completion and the time required. In addition, the means used that reflect the quality of performance and other factors that affect the process of unification health services.
- **Patient participation:** Patients who receive health care are considered an entry point for the service. Their condition after diagnosis and treatment is an outputs. Then, the patient and the health institution interact through the provision of the health service.

- **Difference and heterogeneity:** Health services are characterized by disparity and dissimilarity because they depend on the skill of performing the behavior provided to patients, and on the time, place and information that the patient provides to the health service provider. Patients differ in terms of their mood, behavior, level of response and interaction. Doctors may tend to treat patients in different ways due to the patient's degree of responsiveness and cooperation. In addition, the doctors' condition affects the quality of service they will provide to patients (مباركي, 2019: 56).

2- **Objectives of Health Services**

The process of paying attention to the quality of health services aims for the competent authorities to play their role in fulfilling the requirements of society in reducing disease rates by providing high-quality health services to patients in different places. Moreover, the competent authorities seek to preserve personal freedoms and the freedom to choose the treating doctor and working to develop the quality of health services. In addition, they try to raise the return on invested capital in the health field to contribute to increasing the national output and to satisfy health workers by increasing wages and incentives in order to improve their level of work performance. They also aim to meet the expectations of service providers, including doctors and doctor assistants by providing freedom of professionalism and the choice of appropriate health activity, the possibility of controlling professional excellence and quality of treatment, as well as controlling disease cases and their follow-up methods and maintaining professional patterns. Furthermore, they insist on the existence of organizational objectives whose mission is to monitor and control the cost and quality of the health service, in addition to efficiency and rationality in the use of available financial, material and human means (أوشن, 2017: 60).

3- **Basics of Health Services**

There are several factors that determine the characteristics of health services that hospitals should provide to patients. They are as follows:

- **Quantitative sufficiency:** It means the provision of health services to the beneficiary in proportion to the number of the population. It is

represented in the following:
- ✓ Providing qualified human cadres, including doctors, assistants and nurses, taking into account their equitable distributed to all areas of society.
- ✓ Providing health services 24 hours a day.
- ✓ Providing health education methods and means among community members to familiarize them with health services.
- ✓ Setting financial and administrative systems that guarantee the provision of those services that guarantee access to the individual, and endeavor to provide comprehensive medical insurance for all citizens.

- **Qualitative sufficiency:** medical standards and bases should be prepared by specialists for the quality of health services that will be provided to patients. Scientific educational programs should be developed for doctors and health workers to raise their professional competence, as well as integrate curative and preventive services because they have a single and integrated entity. Their purpose is to complete the safety of the individual, and to provide incentives and administrative facilities for all health workers (أبوبكر, 2015: 61).

4- Importance of Health Services

The importance of health services emerges from the role of health in human life. Health is the key to a well-off life, regardless of material wealth, It is essential that health services are provided to people because more than half of the world's population lack access to the health services they need.

Health services have become a basis in achieving the goals of the 2030 Plane for Sustainable Development, which aims to "ensure the enjoyment of healthy lifestyles and well-being for all at all ages." So this means universal health coverage. Therefore, health should be promoted and protected, preventive and curative services of high quality. In addition, high levels of health care coverage for all age groups should be achieved.

Health services and the care provided represent the cornerstone

for strengthening health systems that improve the quality of health services. Thus, highlighting their role in promoting equity, increasing health security and raising cost efficiency (منظمة الصحة العالمية, 2019: 3).

5- Types of Health Services

Health services are classified according to their nature and fields as follows:

- **Preventive services:** facilitate the performance of curative services. Their role is to protect society and the environment from infectious diseases and epidemics.
- **Curative services:** are directed towards individuals. They are related to the provision of medical services in various specialties to all patients, whether at the level of hospitals or outpatient clinics. They also include the assistance services represented in radiology and analysis, nutrition, cleaning and management services.
- **Productive services:** include the production of serums and vaccines, blood supply, drug production, medical equipment and devices needed by the medical field (أوشن, 2018: 57).

Health services are the basic result of the health administration. They aim to provide a healthy, suitable and integrated environment of material and human pillars from specialists, trained and qualified cadres with various specialties. They also aim to provide modern devices and equipment commensurate with the needs of patients. Health services are intangible services that are unseen. However, the results of health services are measured and observed through high proportions of healthy people in society and low number of patients. These services should be provided in a commensurate way.

Chapter Four
Health Total Quality Management

This chapter includes three main axes represented in Total Quality Management (TQM) Approach, TQM in health services, and the requirements of applying quality management to improve health services, as follows:

First Axis: Total Quality Management (TQM):

The concept of TQM, its objectives, its main pillars, and the stages of its application in general will be addressed as follows:

1- The Concept of TQM:

The spread of the concept of quality management in various fields led to the existence of many definitions of the concept of quality. The concept of quality is subject to the appreciation of individuals with different interests, priorities and goals. Therefore, its definitions are many, including:

Edward Deming defined it as an organized management method that aims to achieve continuous recognition and participation of employees in the institution in order to improve the goods, service or activities that achieve customer satisfaction, employee happiness and community requirements (حاروش, 2012: 153).

Robbins & Coulter defined it as an oriented management philosophy based on continuous improvement and response to the needs and expectations of the customer (أمحمدي, 2015: 3).

It is also defined as "the way through which the institution can improve continuous performance at all levels of operational work, by making optimal use of the available human and material resources" (حمود, 2000: 78).

TQM is a management philosophy that focuses on the beneficiaries and workers. However, continuous work is done with the aim of improving their level of performance in providing services that meet the needs of the beneficiaries and raise their level of satisfaction.

2- **Objectives of TQM:**

TQM focuses on customer needs, achieves the highest performance in all areas, sets simplified procedures for quality performance, and conducts continuous review of operations to eliminate loss and waste. It also aims to innovate new performance measures, manage competition, develop a competition strategy, and establish continuous methods of development. Thus, TQM aims to achieve quality in four main components of institutions:

- Quality of human resources.
- Quality of the technology used.
- Quality of the internal environment of the institution.
- Quality of the external environment of the institution (أبو النصر, 2015: 65).

3- **Stages of TQM:**

The process of implementing TQM is based on many stages that can be summarized in:

- **First Stage: Preparation:** It is the most important stage of the application of TQM in any institution. It involves the preparation and arrangement of the following tasks:
- The commitment of senior leaders to the philosophy of TQM.
- Promote awareness of the importance of continuous development through scientific diagnosis of problems, and identification of challenges they may face.
- Determining the needs, requirements, trends and desires of the beneficiaries as one of the foundations of the goals of the emergence and survival of the institution (هواري, 2015: 35).
- Trying to set the strategic orientations of the institution, and identifying the necessary needs to implement the policies related to the its strategy (حاروش, 2012: 156).

- **Second Stage: Planning:** This stage is based on devoting efforts within the institution, developing a strategic plan, and allocating financial and human resources for implementation processes with the aim of achieving quality. This can be done through:
- Introducing employees to quality management and convincing them of the concepts of administrative excellence.

- Appointing a Total Quality Manager from among the heads of organizational units of the institution, who possess leadership and management skills.
- Preparing a comprehensive plan for the implementation of TQM with the participation of all employees, and benefiting from their opinions and ideas in the planning process.
- Developing a plan for the development of information systems at the institution level, so that it can keep pace with the technology used in data processing.

- **Third Stage: Evaluation:** This stage aims to provide information related to the institution to support the preparation and planning processes, and the development priorities the institution seeks to achieve. It includes the following steps:
✓ Defining standards for measuring the level of quality, so that they are derived from international standards and adapted to the work environment of the organization.
✓ Diagnosing the current situation of the organization, identify the strengths to support it, and the weaknesses to address them, and carry out operations:
✓
   1. Self-evaluation: The level of awareness of employees about the importance of implementing TQM is evaluated.
   2. Evaluation of Customer Opinions: A comprehensive survey is conducted about customers' opinions regarding the services provided by the institution.
   3. Evaluating the costs of quality: the costs of prevention, evaluation, internal failure costs, and external failures are evaluated here (أمحمدي, 2015: 24).
✓ Reviewing the organizational culture of the institution in light of the requirements of the culture of total quality, and work to develop and adapt it to the quality requirements.

- **Fourth Stage: Development:** In this stage, work is done on the actual application of quality through the following steps:
1. Activate the role of the quality teams that have been prepared.

2. Defining responsibilities, and familiarizing employees with their roles in the change process.

3. Periodically reviewing the efforts made in the application of TQM, achieving progress in the application, and solving problems that may face them, while benefiting from similar experiences.

- **Fifth Stage: Continuous Improvement:** This stage aims to implement the best practices to improve performance and to invest in the future of those practices again in the development and improvement processes with the participation of workers and beneficiaries. This stage includes:

1. The use of total quality experts to provide quality programs.

2. Invite all parties concerned with the development of the organization's work to participate in the implementation processes.

3. Providing employees with feedback on the evaluation results, and then returning to the planning stage to continue the continuous improvement processes (هواري, 2015: 35).

4- **Obstacles to the Application of TQM:**

The application of TQM is not the optimal solution to the difficulties or crises experienced by the institutions with their various objectives, because they may face many obstacles that impede the application processes. Therefore, these obstacles should be taken into consideration and overcome. They are as follows:

- The prevailing organizational culture in service institutions that cares and encourages individual achievements more than care and encouragement collective and organizational achievements.

- Continuous change in administrative leaders, which leads to their inability to control quality programs.

- The need of TQM to take a long time to implement, which leads to reluctance to complete it.

- Failure to identify the difficulties facing the TQM implementation processes.

- Weakness of the financial aspect, and the lack of qualified human cadres for the application processes.

- The inability to change the organizational culture of the institution.

- The shortage in the training aspect of human resources.
- Inadequate organizational structure for work within the institution, and the work of the departments is carried out separately from each other, and there is no interconnection between them.
- The lack of effective methods of measurement, and the inability to access information and results.
- The senior leadership is not convinced of the application of TQM.
- Neglect and lack of focus on employee involvement in total quality development programs.
- Weakness of the institution's ability to recognize the views of beneficiaries (أوشن, 2018: 51).

Based on the foregoing, it can be concluded that:
- TQM is a multilateral management philosophy (internal and external). It focuses all its efforts on raising the level of satisfaction of the beneficiaries of the productive service, which requires harnessing all human and material resources to improve the level of performance and provide high quality services.
- Quality management is a participatory approach for all management levels inside and outside the institution, represented by the beneficiaries of the production service. Therefore, planning should be worked on according to the aspirations of those management levels within the institution and external beneficiaries.
- Trying to coordinate and communicate with the parties that contribute to meeting the material and human needs of service institutions, improves the quality of inputs from human and material resources to reflect positively on the quality of the services provided and meet the needs of the beneficiary.
- The success of TQM requires overcoming the obstacles that stand in the way of implementing its steps in a practical way.

Second Axis: Quality Management of Health Services
Quality management obliges all workers in the health institution, including doctors, administrative managers and nurses, to assume responsibility and work together in order to improve the quality of the health service. Quality works to prevent clinical problems related to

administrative affairs, raise the level of customer satisfaction (patients), improve organizational processes continuously, and provide health services with high quality. Thus, the concept of TQM includes employee engagement, error prevention, customer focus, work collective, leadership and continuous improvement (Abu Daqar, 2020: 60).

1- **The concept of quality management of health services**

The quality management of health services is defined as: "creating and developing a base of values and beliefs that make every employee know that quality in the service of the beneficiary is the primary goal of the health unit. As well as, the path of teamwork and work teams is the best way to bring about the required change in the health organization" (براق؛ ومريزق, 2008: 16). It is also defined as "the degree of conformity with specifications from the point of view of the consumer and not from the point of view of the organized administration". There is general agreement that the concept of quality in the health service includes two main aspects:

− Technical care or the cognitive and technological aspect used in health care.
− Technical care or behavioral aspect of care. It refers to the behaviors of the health service provider and the ways of dealing with patients and providing health services (بورناز, 2018: 8).

Health service quality management is also defined as the health system that employs and uses the latest knowledge and technologies available for medical or health sciences to achieve the maximum desired effect for the benefit of the patient (الغزالي, 2014: 32). The World Health Organization and the World Bank define it as: "Utilizing available resources to provide the best care to users" (منظمة الصحة العالمية؛ البنك الدولي, 2019: 36).

In light of the multiplicity of parties in the health system, between specialized workers, beneficiaries and administrators, the concept of health service quality differed according to the location of those parties in the health system. So it was addressed as follows:

− Quality from a medical professional perspective: is to provide the best services in accordance with the latest scientific and professional developments.
− Quality from the administrative perspective: it is concerned primar-

ily with how to use the available resources, and the ability to attract more resources to cover the necessary needs to provide distinguished services. This implies the provision of service in a timely manner, of high quality and at reasonable costs.

− Quality from the perspective of the beneficiary (the patient): focuses on the method of obtaining the service and its final product. The system here does not focus on the legislative and organizational aspect that is built on specific professional or organizational foundations without paying attention to the needs and desires of the beneficiary, but rather focuses on the first step in treatment, which knows the patient's complaint and needs. The ultimate goal is to address that complaint (براق؛ ومريزق, 2008 :15).

High-quality health services include providing such services in a timely manner, responding to the needs of beneficiaries and minimizing harm or wasting available resources. They also include focusing on the quality of the service provided, which raises the level of the desired positive results in health. The characteristics of health service quality are: effectiveness, safety, person-centeredness, timeliness in service delivery, equity, integration, care, and efficiency (منظمة الصحة العالمية؛ البنك الدولي, 2019 :35).

The concept of quality management in health is used to describe the full role of planning, control, assurance and continuous improvement. The approach that health sectors follow in TQM consists of four interrelated elements:

− Quality Planning: means providing health services in proportion to the needs of the population and ensuring that they are provided fairly and equitably to all. This can be known through equity needs assessments and by designing interventions to meet needs.

− Quality Control: the performance of health institutions is monitored and controlled in light of locally defined standards.

− Quality Assurance: Providing evidence independently, in a systematic and transparent manner, to provide confidence in the health system that meets internal and external standards through clinical reviews, clinical incident reports, employee surveys and external inspections of standards, as an example.

− Quality Improvement: It can be through the use of systematic approaches that include specific methods and tools for continuous im-

provement to ensure exemplary or quality health care (The Health Foundation, 2021: 47).

2- **Objectives of the quality of health services**

- Ensuring the physical and psychological health of the beneficiaries.
- Providing health services of distinguished quality that will achieve beneficiary satisfaction.
- Developing and improving communication channels between health service beneficiaries and providers.
- Empowering health organizations to perform their tasks efficiently.
- Better raising productivity levels. Reaching the required level of health care provided to the beneficiaries is the primary objective of implementing quality.
- Gaining the satisfaction of the beneficiary of the health service. It is the most important value that quality management seeks to achieve.
- Improving employee morale. Enhancing the confidence of workers in the health institution and making them feel that they are active members leads to raising their morale, and thus obtaining better results.
- Recognizing the views and impressions of the beneficiaries about the services provided and measuring their level of satisfaction with them is a way to carry out future administrative planning processes for the health institution and to develop the necessary policies to improve the quality of its services (الغزالي, 2014: 34).

3- **Dimensions of the quality of health services**

The improvement process requires looking at the dimensions of quality in an integrated manner. It also includes all the views of stakeholders and workers in health institutions in order to carry out improvement processes in light of the following dimensions:

- Safety: The provision of health services depends on providing assistance to patients in a way that prevents them from harm and alleviates their sick suffering.
- Effectiveness: The results of health service delivery should be clear.
- Experience: The provision of health services is not restricted to specialists such as doctors and nurses only, but the employees have an

administrative role in providing administrative services to patients with respect, taking into account the compassion and dignity of patients.

– Equity: Providing health care to anyone regardless of their characteristics.

– Cooperation: the service provider should be cooperative, with a commitment to continuous learning and improvement of the services provided.

– Sustainability: sanitary resources and tools are used efficiently, and it should provide access to all in an equitable manner, and in accordance with the needs of the population (Jones, others, 2021:8).

4- The importance of applying quality management on the health field

The importance of the application of TQM emerged through its focus on the quality of services provided to beneficiaries, and its emphasis on continuous improvement of performance. Global competition and the preservation of survival necessitate the need to work on:

- Understand the needs of the beneficiaries (patients), and work to satisfy them on time and at the lowest cost.
- Constant and continuous supply of high quality goods and services.
- Keeping pace with change in the technological, political and social aspects.
- Anticipating the needs of customers in the future.
- Reducing medical errors in diagnosis and treatment (بلمرادسي, 2020: 91).

5- Fields of quality management application in health

Quality management is not limited to one field without another, but includes everything that is directly or indirectly related to health work. Quality management achieves many benefits, such as improving performance, raising the level of service quality, customer satisfaction, improving the work environment, and so on. This is due to the ability of quality management to simplify operational and improvement procedures, eliminate waste, prevent repetition, and renewal in the process of providing services and various activities, as it works on:

- Simplifying procedures: through its keenness to identify ways and

methods of work procedures by shortening and improving them.

- Improvement of procedures: the ability of the approach to find appropriate opportunities and seize them for the purpose of improvement.
- Elimination of clinical practices. Quality management contributes to eliminating differences in clinical practices and selecting the best ways to perform work according to scientific evidence and facts.
- Operational efficiency by utilizing the available resources to achieve the desired result and the intended goal at a certain level and at the lowest costs, thus reducing waste rates (حاروش, 2012: 182).

6- Effects of the quality of health services

- Improving health services emerges from the high levels of satisfaction of beneficiaries (patients) when they receive health services at a good level and at the lowest costs.
- Raising the efficiency of administrative and clinical operations.
- Get the required results using the fewest available resources.
- Improving the relationship between workers and beneficiaries of health services.
- Early detection of expected problems, and the avoidance of damages on an ongoing basis.
- The commitment of leaders and senior management to the implementation of the plans, and their commitment to the following:
  - ✓ Providing guidance through planning and participation in its development.
  - ✓ Building plans in light of the processes of analyzing the current situation of the health institution and building strategies in light of the results. They should set goals and action plans with their keenness to link these strategies with the national development plans of the country, while following up on implementation and identifying obstacles and difficulties facing the executive work of the strategies.
  - ✓ Involving employees in the service delivery team well.
  - ✓ Continuing of performance evaluation and motivation to the best levels increases performance and achievement.
  - ✓ Empowering all employees through on-the-job training to raise the level of workers' skills and abilities (Faloudah and others, 2015:35).

Third Axis: Requirements of the Quality of Health Services

The quality of health services, in light of the quality management approach, depends on the application of its principles and the provision of requirements for application. They are as follows:

1- **Principles of TQM**

The principles of TQM are the intellectual and philosophical structures on which the operational aspect of TQM is based. Several studies have shown that the principles of TQM positively affect the quality of health services. Examples of those studies are (Ernest, 2020), (Abu Daqar, 2020), (2017 ,بودية), (ابوبكر ,2015), and (2018 ,جلابة; وسرارمة).

Ahmed & Mahgoub, 2017 also indicated that TQM practices in the health sector are based on its principles of commitment to senior management, teamwork, continuous improvement, customer focus, human resource management, organizational culture, training, and operations management. They have been addressed as follows:

- **Focus on the customer:** the customer is the main pillar for the survival of institutions. Therefore, TQM focuses on achieving a high level of beneficiaries' satisfaction by identifying their needs and requirements, and working to provide them in a distinct manner that meets or exceeds their expectations (169 :2017 ,بودية).

- **Focus on human resource management:** the human resource is the main element in the process of revitalizing and achieving the objectives of the institution. The application of TQM depends on the training, development and motivation of human resources. In addition, devoting efforts to pay attention to the human element starts with the process of selection, appointment, performance evaluation, training and development programs. It also includes motivation and striving to prove the role and importance of teamwork and its role in achieving goals (100 :2000 ,حمود).

- **Conviction and support of senior management:** the support and commitment of senior management is one of the most important factors for the success of the implementation of TQM, because it is a strategy that should stem from the top of the organizational hierarchy. Any success for any institution can only be achieved with the support and response of senior leaders, who are characterized by many leadership qualities that support and motivate workers to per-

form their roles (بودية, 2017: 169). The commitment of senior management is to promote a culture of quality, develop the capabilities of workers in performing their roles, and provide a vision and strategy with clear goals for all employees (حمود, 2000: 102).

- **Employee participation:** TQM approach depends on the principle of employee participation. Every member of the institution is concerned with participating in providing high-quality services at the lowest costs. The process of involving them in the decision-making process is an important factor for quality. This requires senior management to design training and qualification programs for individuals to be able to apply quality management, and to provide an appropriate system of incentives.

- **Constant improvement:** Quality leaders emphasize continuous improvement aimed at making necessary improvements to the processes of providing service or product in light of the available data that express the needs and desires of the beneficiaries (بودية, 2017: 169), in addition to carrying out continuous evaluation processes according to the information that is made available and analyzed periodically for improvement (جلابة; وسرارمة, 2018: 9).

- **Strategic planning:** TQM in institutions must have a future vision and specific, clear and long-term goals that it seeks to achieve. Moreover, building the strategic plan requires the participation of all members of the institution (بودية, 2017: 169).

- **Information system and feedback**: Providing an information system is an essential element in the process of application of TQM due to its role in the decision-making process that is based on the results of specific standards and standards. Also the process of continuous improvement is associated with the actual flow of information and effective retrieval systems.

- **Suppliers relationship:** The role of suppliers is important in the process of supplying materials with the required quality. The process of selecting high-quality resources contributes to an effective role in providing high-quality services.

- **Error prevention:** It is necessary to work to provide the required standards and measures that enable workers in various operational activities to achieve performance that is commensurate with the

specified standards, especially since these standards work to prevent deviation and prevent errors that may occur during performance.

- **Quality Assurance:** Quality assurance is considered to have an effective impact on the success of quality management because it is based mainly on high specification and elaborate product design processes. It also has a significant impact on the success of the accuracy of conformity with the design during the operational performance of the production process.

- **Organizational climate:** The organizational climate means that the senior management prepares and promotes employees at various administrative levels to adopt the concepts of TQM. So this contributes to revitalizing their performance and reducing their resistance to change by providing the resources and facilities required for the success and application of quality management, and implanting a culture aimed at quality among workers in various levels.

- **Operational management:** The focus should be on quality planning and improvement. It begins with the design and control of procedures related to processing, maintenance and control, scheduling of all operational procedures, and documentation of all activities related to them (100 :2000 ,حمود).

2- **Requirements for the application of TQM to improve health services**

The application of TQM in health institutions is one of the prominent factors for the success of many hospitals or other health facilities in many countries. The approach has many important features, namely:

- Everyone's commitment to improving quality.
- Greatly aligning beneficiaries' requirements with their expectations by identifying their desires and improving the capabilities and practices of the health service to meet them.
- Understanding the internal consumer's requirements and needs by creating satisfaction with service makers and consumers, also identifying the internal quality chain links, and preventing the interruption of operations in these chains.
- Maintaining service quality and design, establishing rules and standards for each service, and ensuring their clarity and measurability.

– Emphasis on the adoption of quality functional services by all ser-
vices, encouraging workers at all levels to identify them, enabling
the process of improving quality and creating partnership between
internal and external consumers and suppliers, in addition to focus-
ing on adopting planning, management, medical and professional
auditing, reviewing quality systems and standards, and motivating
workers to improve quality (33 :2014 ,عيسى و ;التميمي). Therefore,
the requirements of the application of TQM in the health sector var-
ied as follows:

- Leadership and Governance: Establishing effective leadership for
improvement, establishing governance arrangements, and priori-
tizing the quality issues required for improvement processes.
- Adopting a coordinated and clear approach to improving quality
includes developing systems to play their role in the processes of
correcting imbalances. They ought to contain innovation in opera-
tions and are able to adapt to the institutional environment.
- A culture of improvement: It should work to build a culture of
quality and improvement in the workplace and at various adminis-
trative levels, and the need for all employees to realize their cre-
ative role in improvement processes.
- Participation: Taking the opinions of all parties, including workers
and patients, in the desired improvement processes in the future,
and encouraging all administrative levels to cooperate, plan and
participate in the improvement processes.
- Provide supportive policies for improvement processes.
- Existence of authorities and institutions that support improvement
and development.
- That governments work to provide everything necessary to suc-
ceed in the service delivery process, taking into account the quali-
ty standards of what is provided (Jones, others, 2021: 11,12).

Adeoti's (2011) study identified the success factors for the applica-
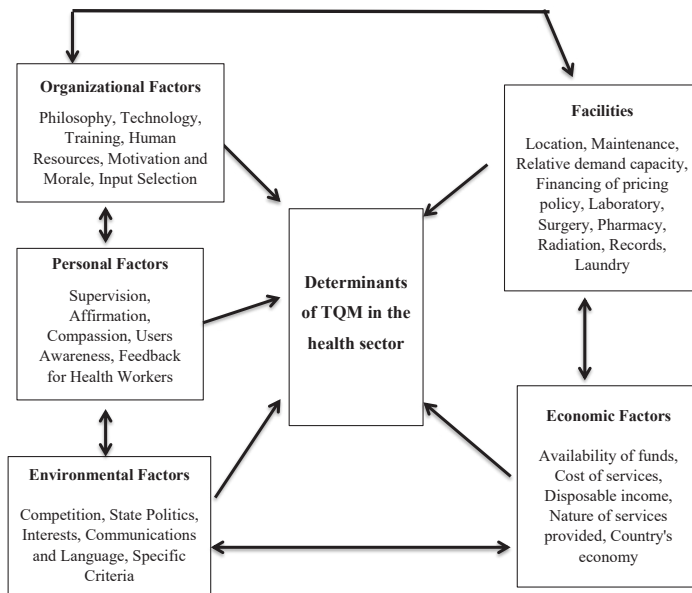tion of TQM in health institutions, as shown in the following figure:

Figure 1: Determinants of the application of TQM in the health sector
Source: (Adeoti, 2011: 18)

The World Health Organization (WHO) and the Organization for Co-operation and Development (OECD) have also clarified that the process of ensuring the quality of health systems requires cooperation between all policy makers, senior leaders in countries, health system leadership, patients, doctors and nurses to take basic measures in order to improve the quality of health services, which are:

1. **Ensuring the provision of high-quality labor force through the following:**
   – Developing national strategies to address gaps in the preparation, deployment, and retention of health specialists in the long and short term.
   – Updating training curricula for health service workers, and integrating quality principles and methods of improvement in training curricula.
   – Encouraging continuous professional development programs for health workers and evaluating their impact.

2. **Ensuring excellence in all health facilities, through the following:**
   – Ensuring the readiness and availability of health services.
   – Encouraging continuous evaluation of the quality of health facilities.
   – Collecting and analyzing health data on the level of quality and providing it in health facilities, in addition to transforming ideas into actions to disseminate the best practices to support outstanding performers.

3. **Ensuring the safe and effective use of medicines, medical devices and technologies, through:**
   – Developing guidelines, checklists and monitoring systems to support the correct use of medical technology, and to monitor medical errors.
   – Developing national policies on medicines and devices supported by a standardized evaluation of pharmaceutical technology, and focus on guaranteed quality, adequate supply and appropriate prices.
   – Approval of the free voluntary donation of blood, and the introduction of an external quality assessment for the collection, preparation and management of blood derivatives.

4. **Ensuring effective use of health information systems through:**
   – Establishing information systems that record births and deaths, and establishing national systems on the health status of the country's population.
   – Shifting from relying on paper-based registration to unique electronic health records that can be used to improve the quality of health services.
   – Developing national legislation to protect individual privacy and allow the use of personal information for research purposes.
   – Encouraging clinicians, managers and policy makers to collect and analyze data on the health service in order to improve the quality of services provided.
   – Encouraging transparency when health conditions deteriorate by focusing on discovering the causes and trying to provide treatments and solutions.
   – Approval of specific and high standards to raise the quality and comparability of data at the global level.

– Including a system of patient outcomes and experiences as a standard component of facility quality assessment.

5. **Developing financing mechanisms to support continuous improvement of the quality of health services, through:**

– Reducing dependence on private funds for financing, and switching to prepaid and pooled funds to finance the majority of health systems through compulsory insurance schemes, in addition to providing financial support to those who are unable to participate.

– Taking full advantage of the potential of payment plans to provide additional sustainable benefits, such as: improved care protocols, improved collaboration among providers, and improved information systems on health care needs, activities, costs, and outcomes.

– Linking health provider financing to local health care needs, stimulating health care coordination for individuals with complex needs, and appropriately and adequately investing in primary care (منظمة الصحة العالمية; مجموعة البنك الدولي, 2019 :53).

In summary, the improvement of health services requires working on three axes:

1- The principles of TQM: through the implementation of the principles of TQM that are based on continuous improvement, the commitment of senior leadership, the involvement of workers in administrative processes, in addition to the dissemination of quality, strategic planning, human resource management, quality assurance, information systems provision, organizational climate, and focus on the beneficiaries.

2- Improvement of the internal environment of the health institution, which contains many workers, doctors and nurses. There should be a focus on planning, defining the mission and goals, involvement of all workers in the planning process, as well as ensuring the dissemination of the organizational culture of quality, developing human resources capabilities and skills in communication, teamwork, training and incentives, and providing an integrated and modern information system.

3- Supporting the external environment: the support of the country's senior leaders for strategic orientations to improve the quality of health services that are provided to beneficiaries, patients and workers. It can be achieved by developing laws to protect the health sector, providing infrastructure of appropriate equipment and devices for all hospitals and health facilities, providing appropriate funding and support and health supply, accountability, and setting national standards for the quality of the health sector.

Chapter Five
Previous Studies

This chapter deals with Arabic and foreign previous studies which focused on the role of TQM in the improvement of health services. They are presented under two axes:

First Axis: Arabic Studies

1. **The study of (2021،كواديك):** aimed to assess the effectiveness of TQM in advancing the quality of health services provided to beneficiaries and identifying pioneering experiences of health institutions that have adopted TQM approach to improve health services. The study concluded that TQM contributes to improving the quality of health services by creating an internal environment that reflects positively on the psyche of patients and improving the working environment to achieve a high level of job satisfaction among employees, and then achieve the satisfaction of service beneficiaries.

2. The study of (2018،دراسة جلابة؛ وسرارمة): aimed to identify how to improve the quality of health services by adopting TQM principles in hospitals. This was achieved by understanding the basic concepts of TQM, identifying its requirements and different stages of imple-mentation in hospitals, and revealing the im-portance of its imple-mentation in the health services sector. The study concluded that the application of the comprehensive TQM approach contributes to im-proving the quality of health services for the various beneficiaries of the health sector.

3. **The study of (2017، بودية):** aimed to identify the availability of TQM principles in Algerian health institutions from the point of view of employees. The study reached several results, the most important of which are:
- The study sample members are aware of the importance of applying TQM.
- There is an impact of the availability of TQM principles on the qual-ity of health services.

4. The study of (بكر أبو ،2015): aimed to monitor the application of TQM in of Muhammadiyah University's Teaching Hospital in Malang City, Indonesia, identifying the reasons for the failure of its application in improving health services, and developing solutions for its application to improve the quality of health services. The study concluded with many results, including that Muhammadiyah University Hospital pays attention to the application of TQM, and that the process of continuous improvement of health services requires involving employees and workers in health plans and activities, encouraging them to present their suggestions in a better way to improve health services, and providing them with training programs.

5. The study of (المالكي ،2018): aimed to identify the availability of TQM requirements in public hospitals in Libya. The study concluded that there is no effective application of TQM in public hospitals in Libya, due to lack of TQM requirements. Among the most important obstacles to its application are weak incentives, poor availability of communication channels between departments, and employees' lack of awareness of the importance of TQM, and the most important requirements for its application are taking great interest in customer satisfaction and supporting senior management.

6. The study of (أوشن ،2018): aimed to identify the reality of health services in the university hospital centers of eastern Algeria, and the extent of their readiness to adopt TQM approach. This was done by analyzing the key factors for the success of its application in light of reform in the health field, and knowing the extent of senior management commitment, the conditions of human resources, and the communication and information system adopted in the university hospitals centers. The study came up with many results, the most important of which is that university hospital centers suffer from a low level of quality of health services. This is due to two reasons, namely that the management does not provide the appropriate conditions for providing health services, and the communication and information system has become outdated and unable to achieve its specific goals.

7. The study of (مباركي ،2019): aimed to find out the relationship between TQM and the quality of health services in the Public Institution for Neighborhood Health in Biskra. The study concluded that

there is a correlation between TQM and all dimensions of health service quality (responsiveness, reliability, assurance, and empathy), except for tangibility dimension. Such correlation enhances the possibility of applying TQM to improve the quality of health services.

8. The study of (أنساعد وفلاق، 2013): aimed to know the role of TQM in improving the level of health services, by identifying the concept of TQM at the level of hospitals, the concept of health service quality and its measurement methods, as well as how to activate the role of TQM in hospitals. The study has come up with a proposal for a vision for the application of TQM in Algerian hospitals, including the stages of application and its requirements.

9. The study of (براق ومريزق، 2008): aimed to identify the stages of the TQM implementation and its success factors in health institutions. This is by demonstrating the concept of quality health services and TQM in the health field and their importance, and the stages of implementing TQM in the health field and its success factors. The study concluded that the most important stages of TQM application in the health field are summarized as follows:
   - Preparing total quality program.
   - Spreading the culture of total quality.
   - Creating quality organizational structures.
   - Conducting an internal audit.

Some of the most important criteria for the success of the application of TQM is adopting senior leadership, creating organizational culture in accordance with quality requirements, paying attention to incentive systems, and using effective systems to promote TQM implementation, improve human relations and communications between individuals and administrative units, and use statistical control methods.

Second Axis: Foreign Studies

1. **The study of (Abu Daqar, 2020):** aimed to identify the role of TQM in enhancing health care services in Palestine. The study concluded that all TQM dimensions are positively reflected on the quality of health services, namely on customer satisfaction, employee engagement, continuous improvement, senior management commitment. Moreover, continuous improvement is the mainstay in the imple-

mentation and success of TQM, and the commitment of senior management and activation of its communication with departments at various administrative levels and the promotion of teamwork are main factors that makes TQM effective in improving health services.

2. **The study of (Ahmad & Mahgoub, 2020):** aimed to measure the impact of TQM on the efficiency of health services. The study reached many results, the most important of which are the existence of a direct relationship between effective training and the quality of health services after the application of the clinical information system, and the existence of a statistical correlation between user satisfaction, system adoption, and service efficiency.

3. **The study of (Ernest, 2020):** aimed to identify the specific features of the application of TQM in the Kenyan health sector, which enhanced levels of achievement in hospitals. The study concluded that those features were represented in the adoption and participation of senior management in the processes of implementing TQM, staff training, organizational culture of TQM, and providing channels of communication between all administrative levels.

4. **The study of (Adeoti, 2011):** aimed to identify the key success factors of TQM in hospitals. It concluded that the most important factors and determinants necessary for the success of the application of TQM in hospitals are highly dependent on economic factors, adequate financing, information systems and technology, employee involvement, and hence organizational and environmental health factors.

Commenting on the Previous Studies

The current study agrees with previous studies on how to improve the quality of health services in light of TQM which is an administrative orientation that has proven successful in the health sector. Among these studies are the study (كواديك،2021), (Ahmad & Mahgoub, 2020), (دراسة جلابة؛ وسرارمة،2018), and (أبو بكر،2015).

The current research benefited from previous studies by enriching the theoretical framework, and identifying the most important requirements and principles necessary to improve health services in light of the comprehensive TQM approach and the most important stages of its application to improve

the quality of services provided by the health sector. Those studies include (Abu Daqar,) (دراسة جلابة؛ وسرارمة،2018), (أوشن، 2018), (أنساعد؛ وفلاق، 2013) 2020), and (Ernest, 2020).

What distinguishes the current study from the previous studies is its spatial dimension (location), which aimed to improve health services in Yemen in light of TQM approach. The locations of previous studies were different, for example the study (Abu Daqar, 2020) was in Palestine, the study (2013، أنساعد؛ وفلاق) in Algeria, the study (2015،أبو بكر) in Indonesia, and the study (2018،دراسة جلابة؛ وسرارمة) in Algeria.

Chapter Six
The Suggested Proposal

This chapter consists of three main axes. They are research methodology, research results and discussion, and the suggested proposal, as follows:

First: Research Methodology

The current research relied on the descriptive approach. "It is an attempt to reach accurate and detailed knowledge of the elements of the problem in order to reach a better and more accurate understanding of the development of its policies and future procedures." It also gives realistic information that helps to describe the phenomenon of the study (المحمودي, 2019: 46-48). As the researcher relied on many studies, indicators of health services in Yemen and total quality management in the health sector.

Second: Research Results and Discussion

- Yemen's low level of health services is the results of administrative, financial, material, social and technological difficulties.
- Health services are the basis of the health management. It is concerned with providing an appropriate and integrated health environment, materially and humanly. This is in order to raise the rates of healthy people in the community and reduce the rates of patients.
- TQM is an internal and external multilateral management philosophy. All efforts are focused on raising the level of satisfaction of the beneficiaries of the productive service. Therefore, raising satisfaction's level requires harnessing all human and material resources to improve performance and provide high quality services.
- TQM is an administrative approach concerned with improving the quality of health services through its continuous interest in all human and material inputs necessary for operational processes that are provided to beneficiaries (i.e. patients) with a high degree of quality. Hence, the role of quality management is reflected in the level of satisfaction of workers within the health institution, and the satisfaction

of beneficiaries due to the quality of health services that meet their needs and satisfy their desires.

– The process of improving health services requires working on:

1- Achieving the principles of TQM which are based on: continuous improvement, commitment to senior leadership, employee involvement in administrative processes, dissemination of quality culture, strategic planning, as well as human resource management, quality assurance, information systems, organizational climate and focus on beneficiaries. This is what many studies has reached to, such as the study of (2017 ,بودية), the study (2018 ,جلابة, وسرارمة), the study of (2015 ,أبو بكر) and the study (Abu Daqar, 2020). Therefore, the studies emphasized the importance of the principles of total quality in improving and developing health services and raising the level of customer satisfaction. This is what the reality of the health service in Yemen needs.

2- Improving the internal environment and working in the spirit of one team to build strategic plans (vision, mission and goals) and announce them to all. Moreover, ensure the dissemination of the organizational culture of quality, develop human resources capabilities and skills in communication, teamwork, as well as training and incentives, and provide integrated and modern information systems.

3- Supporting the external environment which involves supporting senior leaders and their strategic directions to raise the level of quality of health services that are provided to beneficiaries, patients and workers. This is through the development of laws to protect the health sector, the provision of infrastructure of equipment and devices suitable for all hospitals and health facilities. In addition to the provision of appropriate funding, support and supply health sector, accountability, and setting national standards for the quality of the health sector. These results agreed with the study of (2017 ,أحمد و محجوب) and the study of (2018 ,المالكي). The two studies referred to the role of the external environment, including the interest of senior leaders and their role in the success of the application of total quality management.

Third: The Proposal

The suggested proposal is tackled by presenting its objectives, components, prerequisites, success pillars, and the main significant barriers to its implementation, as follows:

1- **Objectives of Proposal**

− Improving the quality of health services in hospitals and health facilities in the Republic of Yemen.
− Ensuring the optimal use of available resources to meet the minimum needs of Yemeni patients.
− Keeping pace with modern administrative orientations in Yemen's health sector.
− Developing administrative methods based on modern administrative foundations to improve health services in order to confront the emergency conditions facing Yemen.

2- **Pillars of the Proposal Success**

− Trying to find solutions to end the conflict in Yemen, because the country's development would be dependent on political stability.
− Supporting the senior leadership for the administrative orientation based on the application of total quality management.
− Coordinating with international health organizations to provide health supplies and equipment, as well as free and required medicines for primary health care and infectious diseases, epidemics, motherhood, and childhood, to the health sector.
− Increasing the financial budget for the health sector, and applying governance systems at all administrative levels.

3- **Components of the Suggested Proposal**

A- **The commitment of the senior leadership**: This is represented in promoting a culture of quality among all employees, and adopting strategic planning to be a practical and clear approach for all employees. It is also represented in developing human resources in line with the requirements of applying the quality management approach, supporting aspects of local partnerships for health companies by encouraging them to actively participate in the planning process, and conducting educational courses on the health situation and explain-

ing the importance of improving it, as well as their role in that.

B- **Strategic planning whose mechanisms include:**
- Building strategic plans with clear vision, mission and goals, which focuses on satisfying the beneficiaries (i.e. patients), and covering the needs of the population according to the results of scientific studies.
- Building integrated operational plans for activities and financial budgets necessary for application operations.

C- **Human resource development whose mechanisms include:**
- Empowering workers and developing their medical capabilities on regular basis to keep pace with modern innovations in the medical field.
- Holding several medical courses and conferences for spreading the culture of quality among all health sector affiliates.
- Building work teams based on teamwork and collaboration.
- Adopting policies for measuring and evaluating performance for workers, including doctors, nurses, physician assistants, and other workers in the health sector.
- Providing the medical specialties in accordance with the population needs.

D- **Information systems whose mechanisms include:**
- Providing database through which patient data, disease types, geographic spread, and other data are updated to assess the demand, and trying to cover it with available medical and human capabilities.
- Providing information systems by preparing internal information networks, linking them to the central level, and supplying them continuously.
- Continuous analysis of information in the decision-making process.
- Adopting a performance measurement and internal control system.

E- **Administrative processes whose mechanisms include:**
- Coordinating with all departments at the hospital level in order to ensure administrative quality in the process of fulfilling tasks.
- Simplifying the administrative procedures for the beneficiaries, carrying out continuous supervision and following-up, and evaluating all operations with the participation of all employees.

F- **Focusing on customers whose mechanisms include:**
− Providing high-quality health services, planning in accordance with the needs of beneficiaries, adopting a system for receiving complaints and dealing with them, in addition to measuring their level of satisfaction with the services provided.

4- Requirements for the Suggested Proposal

The requirements for improving the quality of health services in Yemen include two main axes:

First axis: Improving the internal environment of health institutions by:

1- Providing administrative and leadership requirements whose mechanisms include:
− Selecting qualified administrative leaders for the preparation, application, and follow-up for the stages of quality implementation in the various health institutions.
− Encouraging scientific studies and research to prioritize the health services that should be given attention, in addition to identifying the strengths and weaknesses of the available health services.
− Involving workers in the planning processes on an ongoing basis.
− Activating the systems of monitoring and continuous follow-up of the functions of these health institutions.

2- Providing regulatory requirements whose mechanisms include:
− Clear and accurate description of tasks and roles for all employees.
− Continuous training for all medical personnel.
− Raising the salaries of workers, and activating systems of material and moral incentives for all workers.
− Developing and improving communication means between the beneficiaries of the health service and its providers.

Second Axis: Supporting the External Environment. Its mechanisms are:
− Intensive coordination of senior leadership with external parties such

as UNICEF, the World Bank, the World Health Organization, Doctors Without Borders Organization and other relevant authorities. This is due to support the service aspect in hospitals and health facilities, provide free health supplies to patients in some health fields, and provide logistical support that health institutions may need in terms of medical devices and equipment, or doctors.

– Issuing laws supporting the health sector, and laws to limit the indiscriminate import of low-quality medicines.
– Focused strategic planning at the level of the country's development plan, which includes improving the level of health sector services.
– Encouraging development partners within the country to actively participate in improving health services, allowing them to participate in planning processes, and supplementing hospital coverage with important and necessary health equipment.
– Paying attention to the periodic maintenance of medical equipment and supplies.
– Covering the deficit of doctors and specialists according to the needs of the regions.
– Providing health support and supplies, and providing maternal and child centers with some free medicines.
– Mobilizing diversified financial resources for the purpose of improving health services through:
  A. Raising government budgets and follow up to obtain development aid for health from various organizations and authorities concerned with health.
  B. Building national standards for the quality of health services, and the quality of medicines that are imported or provided to consumers.

Obstacles to Implementing the Suggested Proposal
– The continuing conflict in Yemen.
– The inability to provide adequate funding for the application of quality management, and the weak provision of salaries and incentives for health workers.

Recommendations

The researcher suggests carrying out the following studies:

– The impact of the conflict on the health situation in Yemen.
– Obstacles of implementing TQM in the health sector.
– The role of commitment of senior management in improving the health service in the light of total quality.

Conclusion

The level of quality of health services is a main indicator of the extent of attention paid by countries with the aim of providing health services at a high level. Therefore, the process of improving the quality of health services has become one of the challenges facing many countries that are keen on construction, development and improvement processes through their human resources. Hence, countries have developed their administrative methods to raise the level of quality of their health services. However, working to provide the principles and requirements of TQM has become one of the most important administrative approaches in the world of modern management, which has proven its success and effectiveness.

Yemen ranked globally as the most fragile and vulnerable even before the conflict, so we find that the level of health services is low. In addition, there is a rise in the mortality rate of children and maternal deaths, offset by the low level of health awareness and the spread of some diseases. Furthermore, the other health indicators of a negative nature impose the imperative of improving health services. Therefore, serious steps must be taken to implement the TQM approach to improve the quality of health services as an attempt to relieve patients within the limits of the available material, financial and human resources. On the basis that health is the demand of everyone, the quality of health services represents scientific steps that start from the early stages of planning and end with evaluation. So the success of their application is a shared responsibility between senior leaders, workers and community members.

References

First: Arabic References:

– كواديك، حمزة (2021): مدى فعالية إدارة الجودة الشاملة في تحقيق جودة الخدمات الصحية المقدمة للمستفيدين (عرض تجارب دولية لمؤسسات صحية رائدة)، مجلة شعاع للدراسات الاقتصادية، المجلد 05، العدد 02، ص: 267 – 284.

– المحمودي، محمد سرحان (2019): مناهج البحث العلمي، ط 3، دار الكتب، صنعاء، اليمن.

– بورناز، حياة (2018): الصحة وتقديم الخدمات الصحية في الجزائر بين إشكاليات التسيير ورهانات التمويل، بحث مقدم للملتقى الوطني الأول حول: التيسير الصحي، ص: 2 – 19.

– جلابة، علي؛ وسرارمة، مريم (2018): إدارة الجودة الشاملة كمدخل لتحسين جودة الخدمات الصحية في المستشفيات، الملتقي الوطني الأول حول الصحة وتحسين الخدمات الصحية في الجزائر بين إشكاليات التسيير ورهانات التمويل، كلية العلوم الاقتصادية والتجارية وعلوم التيسير، جامعة 8 مايو، الجزائر.

– مباركي، صالح (2018): دور إدارة الجودة الشاملة في تحسين الخدمات الصحية، رسالة ماجستير، كلية العلوم الاقتصادية والتجارية والتسيير، جامعة محمد خضير– بسكرة، الجزائر.

– المالكي، أحمد محمد (2018): متطلبات تطبيق إدارة الجودة الشاملة في المستشفيات العامة، مجلة التنمية البشرية والتعليم للأبحاث التخصصية، العدد 4، المجلد 1، ص: 209 – 234.

– الأشهب، سفيان محمد (2017): مدى توفر الإمكانيات لتطبيق معايير الجودة ودورها في تحسين الخدمات الصحية من وجهة نظر القيادات، رسالة ماجستير، الأكاديمية الليبية، ليبيا.

– أوشن، ريمة (2017): إدارة الجودة الشاملة كآلية لتحسين الخدمات الصحية، أطروحة دكتوراه، كلية العلوم الاقتصادية والتجارية وعلوم التسيير، جامعة باتنة 1، الجزائر.

– بودية، بشير (2017): أثر تبني وتطبيق مبادئ إدارة الجودة الشاملة على جودة الخدمات الصحية، مجلة البشائر الاقتصادية، المجلد 3، العدد 2، ص: 165 – 180.

– هواري، العابد (2015): إدارة الجودة الشاملة كمدخل لتحسين أداء الموارد البشرية في الإدارة المحلية، رسالة ماجستير منشورة، جامعة محمد خضير–بسكرة، الجزائر.

– أمحمدي، عائشة (2015): دور وأهمية إدارة الجودة الشاملة في بناء استراتيجية المؤسسة، رسالة ماجستير منشورة، جامعة أدرار، الجزائر.

– أبو النصر، مدحت محمد (2015): إدارة الجودة الشاملة، المجموعة العربية للتدريب والنشر، الطبعة 1، القاهرة، مصر.

– أبو بكر، عادل محمد (2015): تطبيق إدارة الجودة الشاملة في تحسين الخدمات الصحية في المستشفيات التعليمية، رسالة ماجستير، قسم الإدارة الإسلامية، جامعة مولانا مالك إبراهيم الإسلامية الحكومية، إندونيسيا.

– القطني، إسماعيل (2015): تقييم كفاءة أداء الخدمة الصحية من وجهة نظر العناصر الطبية والطبية المساعدة، رسالة ماجستير، الأكاديمية الليبية، ليبيا.

– التميمي، وفاء صبحي؛ وعيسى، سيد أحمد (2014): تطبيق إدارة الجودة الشاملة لتحسين أداء العاملين، مجلة جامعة الشارقة للعلوم الإنسانية والاجتماعية، المجلد 11، العدد 1، ص: 31 – 70 .

– أنساعد، رضوان؛ وفلاق، محمد (2013): دور إدارة الجودة الشاملة في تحسين مستوى الخدمات الصحية المقدمة؛ مستشفى الجامعة الأردنية أنموذجاً، مجلة الإدارة والتنمية للبحوث والدراسات، العدد 4، ص: 61 – 82 .

– وزارة الصحة العامة والسكان؛ والجهاز المركزي للإحصاء (2013): المسح الوطني الصحي الديموغرافي للعام 2013 .

– وزارة الصحة العامة والسكان؛ الجهاز المركزي للإحصاء(2013): المسح الوطني الصحي الديمغرافي للعام 2013 .

– عتيق، عائشة (2012): جودة الخدمات الصحية في المؤسسات العمومية الجزائرية، رسالة ماجستير، كلية العلوم الاقتصادية وعلوم التسيير والعلوم التجارية، جامعة أبو بكر بلقايد، تلمسان، الجزائر.

– حاروش، نور الدين (2012): الإدارة الصحية وفق نظام الجودة الشاملة، ط1، دار الثقافة للنشر والتوزيع، عمان، الأردن.

– مزريق، عاشورا (2010): إدارة الجودة الشاملة وتنمية أداء المؤسسات، الملتقى الوطني الأول المنعقد في كلية العلوم الاقتصادية والعلوم التجارية وعلوم التيسير، جامعة د. الطاهر مولاي سعيدة، الجزائر.

– براق، محمد؛ ومريزق، محمد(2008): إدارة الجودة الشاملة في المؤسسات الصحية مراحل التطبيق وعوامل النجاح، مجلة العلوم الإنسانية، العدد 14، جامعة محمد خضير بسكرة، الجزائر، ص: 11–26 .

– حمود، خضير كاظم (2000): إدارة الجودة الشاملة، دار المسيرة، الأردن.

Second: Foreign References:

1. Jones, Bryan, and Kwong, Esther, and Warburton, Will (2021): Quality improvement made simple What everyone should know about health care qualityimprovement, is published by the Health Foundation, London.

2. Jose C. Flores–Molina (2011): A total quality management methodology for universities, A dissertation submitted in partial fulfillment of the requirements for the degree of doctor of philosophy in industrial and systems engineering, Florida International University, Florida

3. Abu Daqar, Mohannad (2020): The role of total quality management in enhancing the quality of private healthcare services, Problems and Perspectives in Management, Volume 18, Issue 2, 2020, P 64–78.

4. Ernest, Fiakpa Afene (2020): Measuring Employee Satisfaction using Total Quality Management Practices: An Empirical Study of Nigerian General Hospitals, Published PhD thesis, Victoria University Business School, Victoria University Melbourne, Australia

5.   Adeoti, Johnson (2011): Total Quality Management (TQM) Factors: An Empirical Study of Kwara State Government Hospitals. Studies on Ethno-Medicine 5 (1): P 17-23.

6.   Faloudah .A, Qasim .S, Bahumayd .M(2015): Total Quality Management in Healthcare, International Journal of Computer Applications (0975 – 8887) Volume 120 – No.12, P 22- 24.

7.   Ahmed, N & Mahgoub, W (2020): The impact of Total Quality Management (TQM) on Efficiency of Health Services in Hamad Medical Corporation – Qatar, Canadian Journal of Nursing Informatics, 15. (3) https://cjni.net/journal/?p=8109.

Third: Websites:

–   قانون الصحة العامة (2022): متاح على الموقع: (/https://covidlawlab.org -wp-content/uploads/2020/07/Yemen_Public-Health).

–   المركز الوطني للمعلومات (2022): لمحة تعريفية، متاح على الموقع: (.https://yemen-nic info/sectors/health/).

–   وزارة الصحة العامة والسكان (2022): أهم المؤشرات الصحية للأعوام 2008–2012، متاح على الموقع: (https://yemen-nic.info/sectors/health/indicators/).

–   منظمة الصحة العالمية (2022): للجنة المعنية بالحقوق الاقتصادية والاجتماعية والثقافية الدورة الثانية والعشرون (2000)، متاح على الرابط: (/http://hrlibrary.umn.edu/arabic cescr-gc14.html).

–   وزارة الصحة العامة والسكان (2022): أهم المؤشرات الصحية للأعوام 2008–2012، متاح على الموقع: (-https://yemen-nic.info/upload/iblock/1902cea19acfabf 128092c34f4f5607d.pdf).

–   المركز الوطني للمعلومات (2022): لمحة تعريفية، متاح على الموقع: (.https://yemen-nic info/sectors/health/).

–   البنك الدولي (2021): قطاع الصحة في اليمن– مذكرة السياسات، متاح على الموقع: (https://thedocs.worldbank.org/en/doc/24c916282e1d9826812a4f6b bed06464-0280012021/original/ARA-Yemen-Health-Policy-Note-Sep2021.pdf).

–   السكان والوضع الصحي في الجمهورية اليمنية (دون تاريخ): متاح على الموقع: (//:https yemen-nic.info/upload/iblock/1902cea19acfabf128092c34f4f5607d.pdf).

–   منظمة الصحة العالمية؛ ومجموعة البنك الدولي (2019): تقديم خدمات صحية عالية الجودة؛ ضرورة عالمية للتغطية الصحية الشاملة، متاح على: (-https://apps.who.int/iris/bit stream/handle/10665/272465/9789246513901-ara.pdf).

–   منظمة الصحة العالمية (2019): الرعاية الصحية الأولية، مسودة الإطار التشغيلي للرعاية الصحية الأولية، متاح على الموقع: (/https://apps.who.int/gb/ebwha/pdf__files).

(EB146/B146__5-ar.pdf).

–   المجلس الوطني للسكان (2013): في اليوم العالمي لمحو الأمية، متاح على الموقع (/npc-ts.org article578.html).

–   اليونيسف (2009): اليمن: ما الذي يمنع التقدم في خفض معدل الوفيات النفاسية؟، متاح على الموقع: (-https://www.thenewhumanitarian.org/ar/re port/1137/%D8%A7%D9%84%D9%8A).

–   السكان والوضع الصحي في الجمهورية اليمينة، متاح على الموقع: (.https://yemen-nic info/contents/popul/social/popul/studies/healths.pdf).

–   قانون الصحة العامة(2022): متاح على الموقع:
(https://covidlawlab.org/wp-content/uploads/2020/07/Yemen__ Public-Health-Law.pdf).

–   المجلس الوطني للسكان (2013): في اليوم العالمي لمحو الامية، متاح على الموقع: (.npc-ts org/article578.html).

–   منظمة الإنسانية الجديدة (2009): اليمن: ماذا الذي يمنع التقدم في خفض معدل الوفيات النفاسية؟، متاح على الموقع: (-https://www.thenewhumanitarian.org/ar/re port/1137/).

Women in Yemeni Media
and the Challenges they Face

(Applied Descriptive Study)

Dr. Mohammed Hadi Mohammed Al-Akhrash

2022

Table of Content

Table of Figures

Abstract

Women constitute half of society and the basis of building and progress processes in all walks of life. They are the most effective element in sustainable development. Women have attracted the attention of many various media outlets, which have directly and indirectly shown their successful roles in building and developing peoples. Therefore, the current study aimed to identify the level of Yemeni women in the field of media. In his study, the researcher relied on the descriptive approach to determine the level of Yemeni women's presence in the media.

The study concluded that few women work in Yemeni private television channels as reporters. It did not exceed 3% compared to their male colleagues, who constituted 97%. The results also indicate that a few (12%) women work as broadcasters compared to their male colleagues (88%). This low involvement of women in media may be due to the customs and traditions of the Yemeni society, which discourage the appearance of women in media and limit the involvement of women in three important media professions, which are filming, preparing and producing television programs.

Keywords: Media, Yemeni women.

Chapter One

Introduction

Many specialized media reports concurred with the negative image of women presented in the media. In a study carried out by Al-Kawthar Center in 2008 on Arab women and media and another carried out by the Ministry of Communication in 2010, the negative image presented by the media about women was emphasized once again.

Several factors contribute to the existence of this negative image, including weak legislation in the audiovisual field in the country and the chaos in the advertising sector. Despite the existence of the National Pact to improve the image of women in the media, which includes important articles and items in calling for improving the image of women in the media, the pact has not been implemented.

Legally, there is a legislative vacuum in the protection of women's rights. In the Audio-Visual Communication Law, a reference was made in its second article to respecting human dignity, which is limited and not sufficient in providing the necessary legal protection for women in the media.

It is known that this negative presence has negative psychological and social effects on young girls, recipients, and women themselves. The audio-visual scene includes manifestations of exploitation of women, depicting women as a body that seduces. This excludes all other activities through which they can participate in the development of society. It also leads to the absence of model women who work hard for a decent life, and actively participate in the development of the nation in various fields.

Problem of the Study

Women are an active element in the field of sustainable development. They have a special position in the lives of nations and peoples due to their vital role they play in all walks of life. Even though women been proven to have the abilities in many of the affairs of modern life with their male partners, they face many obstacles that prevent them from performing their important roles in reality, especially those in which men participate at the media and cultural levels. The following question summarizes the study problem: **What level do Yemeni women occupy in the media?**

Hypotheses of the Study

This study is based on many scientific theories, through which it seeks to test their validity, and find out scientific results that prove their confirmation or denial. The following are :

1. The first hypothesis: The presence of women is noticeably less in Yemeni TV channels as media reporters compared to men.
2. The second hypothesis: The presence of women as broadcasters or program presenters on private Yemeni channels is more than that of men.
3. The third hypothesis: Women attend more programs related to women and children than men.
4. The fourth hypothesis: The presence of women is significantly less in the technical aspects of television programs compared to men.

Importance of the Study

The importance of this study stems from the great importance of the role of women in the life of societies. They are the most important pillars of society that can give and benefit others in various areas of life. In addition, they play a vital and active role in the developmental aspect and the consolidation of social peace.

Objectives of the Study

This study aims to investigate a number of issues related to the relationship between women and the Yemeni media, as follows:

– Identifying the level of women's presence in media, and the level of their contribution to local media.
– Identifying the practical reality experienced by women in the field of television media on all production, technical and radio aspects.
– Identifying the percentage of Yemeni women's presence in the fields of preparation, production and the technical aspect compared to men.
– Identifying the most frequently occupied media professions for women compared to men.
– Determining the possible methods for activating the role of Yemeni women in media.

Limitations of the Study

Topic Limitations: Yemeni media, Yemeni women.
Place Limitations: Republic of Yemen.
Time Limitations: 2022.

Chapter Two
Women in Modern Media

This chapter presents the image of women in modern media. It addresses the position of women in audio-visual legislation, their role in social media, and their presence in various media, as follows:

The image of women in modern media

It is difficult to deny the effective role of media in modern life. To demonstrate this, Philadelphia Creative Forum, through a panel discussion on women and media, hosted experiences and live models of Jordanian female journalists and women leaders in their field. They were already able to leave an enlightening impression in their field of work in order to convey their high professional message to be generalized in line with the environment and aspirations of Jordanian women.

However, it has been noticed recently that most of what is presented about women through various means of communication and media, in addition to what is included in modern artistic and dramatic works, has been dominated by special trends characterized by focusing on the image of women that may not correspond to reality. Most of the dramas focus on marginal issues of women without paying attention to their main pivotal issues. Their modern life roles have been marginalized and obscured, which indicates their true efficiency and actual ability to combine their multiple roles in life (النمري, 2010).

These practices certainly have direct negative effects that go beyond the environment to be reflected on women themselves. They start feeling of inferiority and the belief that their function should not exceed the limits the body. In this context, many specialized psychological studies confirm the direct relationship between the growth of sexual exploitation of women and the body-centered image industry, in the form of films, advertisements, the Internet, video clips, series, etc. This negative image presented by the media about women make the recipient distracted between a discourse calling for the participation of women in the advancement of society and access to decision-making positions, and stereotypical advertising images that perpetuate interest and inferiority. Therefore, it is necessary to correct the image of women

in the media, based on the following:

Providing a strong political will for change that is applied into legal and preventive requirements that prevent chaos in the advertising sector.

Developing legislation and laws ensuring the protection of women's dignity in the media.

Audiovisual Laws

The laws of the audiovisual field include significant shortcomings in providing legal protection for the image and dignity of women in the media. This requires amending the Audiovisual Communication Law. Articles 2 and 67 of the law include clear and precise provisions regarding the obligation to preserve women's right in media, and to implement criminal penalties for violators. The endorsement book referred to in Article 49 of the same law must also include provisions stipulating respect for human rights, non-violation of women's dignity in the audiovisual media, and stipulation of penalties for violators, whether in public or private radio stations. The High Authority for Audio-Visual Communication has to ensure that contractors comply with these requirements in a manner that guarantees the protection of women and young girls from all exploitation.
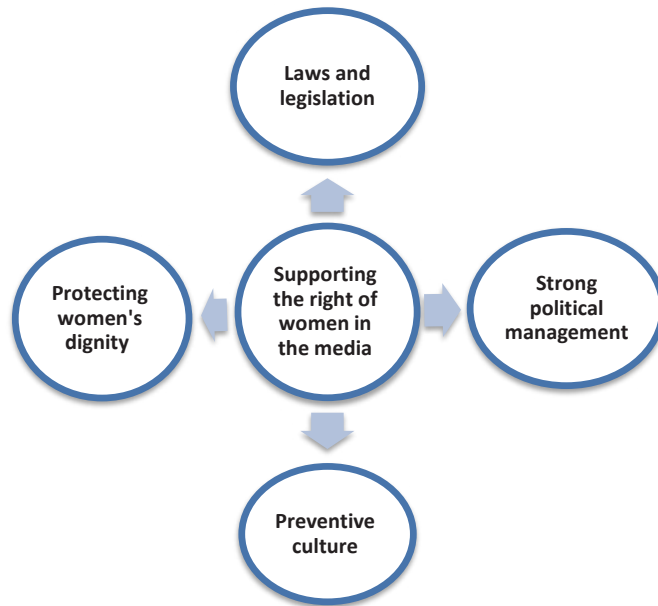
Figure 1: Elements of supporting women in media

Despite of the importance of laws and legislation, they are not sufficient to ensure the improvement of the image of women in the media and to create a national public opinion that supports their participation. Hence, it was necessary to develop preventive cultural policies that change mentalities and seek to spread a culture of protecting women's dignity from all forms of abuse and exploitation in all fields. Such policies need to adopt a participatory approach that opens up to the various institutions of society, such as civil societies, families and schools, also programs directed at presenting pioneering women's experiences have a special importance in building a national public opinion that respects women and their contributions in society away from exploitation and abuse.

In a study conducted by the BBC's Media Monitoring Department, the belief that media is a fair profession for women hides behind the fact that women's influence is limited in the field of news was proved. At first glance, the Russian media, for example, usually appears to be a

field that gives equal opportunities to women. There are a large number of broadcasters who are smart and elegant, but the number of female reporters and experts was actually less than men and not as important in print and visual media, as found by the BBC's Media Monitoring Department on the day the study was conducted.

It was not only Russia. The results of the study indicated that several countries, including Italy, Iran, Uzbekistan and Britain, were not only dominated by news about men. This reflects their position in public life. However, men were usually the ones who covered "serious" news that could bring fame to its presenters and writers as well.
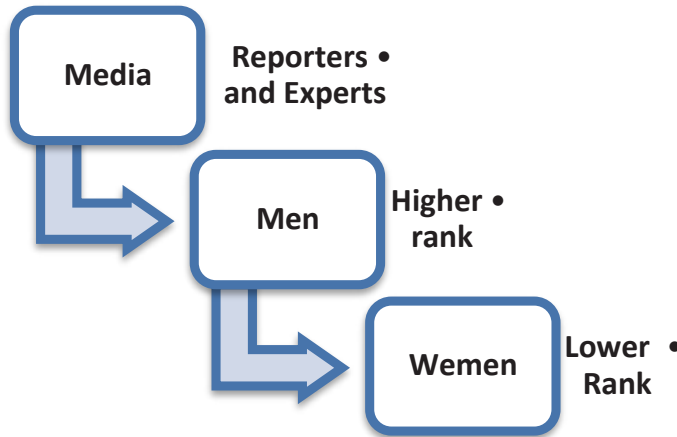
Figure 2: The position of women in media

The findings agreed with some of the findings of the International Media Monitoring Project. It is a non-governmental organization that found that women constitute only 24% of what we hear about in the news.

The result of the study revealed more gender diversity in newsreaders, presenters, broadcasters and guests. Moreover, some countries with conservative culture, such as Saudi Arabia, had a number of female broadcasters on their television.

However, the BBC's Media Monitoring Department noted that women were better represented and covered in the news transmitted by social networks, and that many contributors and writers on social media were women.

Figure 3: Women's media activity through social media

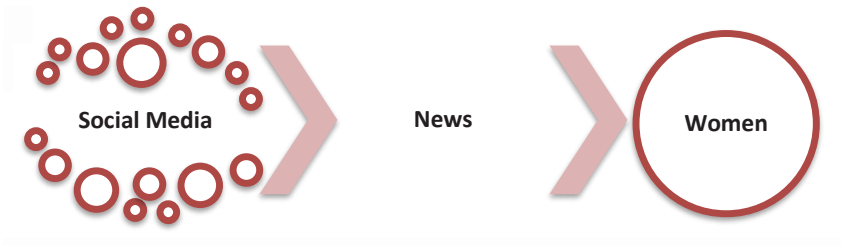A field study, conducted by Dr. Radwan Boudjemaa, at the Faculty of Mass Communication, revealed the reality of women in audio-visual media. Men have the lion's share of serious political and economic programs whereas women are present in programs of less important issues. The percentage of women's presence as an influential figure outside the media institutions reached (19%), as media material on Algerian TV channels (20.3%), and (13.1%) in radio (2019 ,سليماني).

The level of Arab women's participation in significant media topics compared to men

Figure 4: Women's participation in significant media topics, according to scientific studies

Figure 4 shows the level of women's participation in significant media topics, such as talk shows and political and economic programs. The share of women did not exceed 19% of the total study sample, while the share of men of these materials exceeds 80%, which is a very high percentage.

This result was confirmed by the results of the previous field study, conducted by Dr. Radwan Boudjemaa, on the reality of women in the audio-visual media. Men have the lion's share of serious political and economic programs whereas women are present in programs tackling less important issues.

Chapter Three:
Women in the Yemeni Media

This chapter highlights the reality of Yemeni women in the Yemeni media, and the challenges they face, through the following two axes:

The First Axis: Women and the Yemeni Media

The traditional roles of women in Yemeni society remain the dominant feature of the division of work between men and women. Women employment in the media in particular is still — despite the positive development— at low rates. Journalism as a profession in Yemen remains male-dominated. The Yemeni society belittles journalists. This discouraging societal view is considered one of the social and psychological obstacles to the development of the profession for some male journalists, especially when it comes to empowering women in media professions.

In the same context, Yemeni women have recorded an increasing presence in media since the mid-1990s. On the quantitative level, the number of women employees working in media institutions increased. Furthermore, some women managed to reach decision-making positions in press and media institutions. This in itself is a significant positive development, although it remains modest compared to the overwhelming professional presence of their counterpart men. This remark gains importance when we go back to the first half of 1990s, when Yemeni female media professionals dropped out of journalism and even from Journalists' syndicates. This is mostly due to social conditions, and is rarely associated with cultural taboos that have anything to do with prevailing social values.

Despite the passion of many women to work in the media field, many of them may be forced to quit this field due to familial or social circumstances. They then get preoccupied with household affairs and engage in other social or cultural activities.
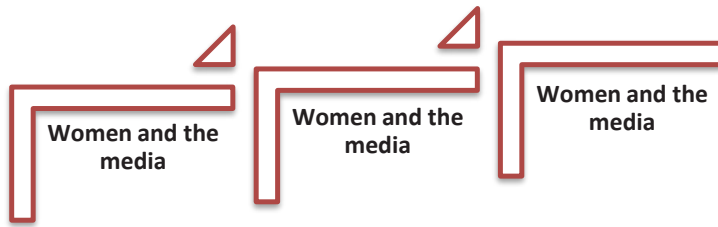
Figure 5: The growing relationship of women in the Yemeni media

Among the most prominent questions raised in this aspect was the relationship of Arab women with the media in general, and women and Yemeni media in particular. I was fortunate to have an answer in the study carried out by one of the Arab research centers based on a sample of four Arab countries: Tunisia, Jordan, Yemen, and the United Arab Emirates. It came in fulfillment of one of the strategic goals approved by the Beijing Conference on Women in 1995, which encouraged the presentation of a balanced and non-stereotypical image of women in the media (السميري، 2011).

The Second Axis: The Challenges Women Face in Media

In the midst of the country's struggles and political crises, Yemeni women face many challenges that imped their work in the field of media. Many studies and non-governmental organizations have indicated that the role of women in the media is weak. The latest CEDAW Shadow Report on October, 4 2020 pointed out that the role of women in the media is weak and that the media does not treat women issues as a priority.

Figure 6: Challenges Facing Yemeni Women in Media

CEDAW Shadow Report indicated that the materials allocated to women in the official press represents 1.9% of all its materials, while the coverage of women on TV reached 9.7% compared to 90.3% for men This is due to several factors, including women's weak freedom of expression, low academic and scientific qualifications, and lack of practical training within media institutions. The practice of media work is mostly restricted to men due to culture, customs and traditions. This reduces women's employment opportunities in the media field. Despite free and digital media, investigative journalism, and exploratory journalism, women's representation is still low compared to men. Women's media work requires a strong presence on the screen, in-depth understanding of culture and staying up-to-date with news and current affairs.

Women vs. Men as Program Presenters

■ **Women** ■ **Men**
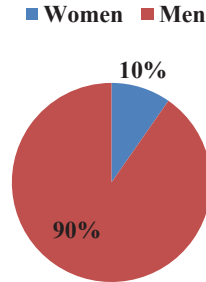
**Figure 7: Involvement of women as program
presenters and newsreaders compared to men**

According to a study issued by Studies & Economic Media Center (SEMC) on the representation of women in the Yemeni media, which targeted 7 TV channels for the year 2017. Women's participation as speakers telling personal experience, keynote speakers on topics and issues, or eyewitnesses is very narrow 9.7% compared to men 90.3%. The study also showed that women's core issues and their important role in decision-making and their experience in several disciplines are not covered.

Women's participation as newsreader and program presenter (as being a media person) or their presence as the core of media material represents 11.7% compared to men 20.9%. Their presence as media reporters or correspondents is low 4.4% compared to men who constitute a large percentage of the number of correspondents 30.6% of the total sample of the study.

The percentage of women as media reporters or correspondents

Men — 30.6

Women — 4.4
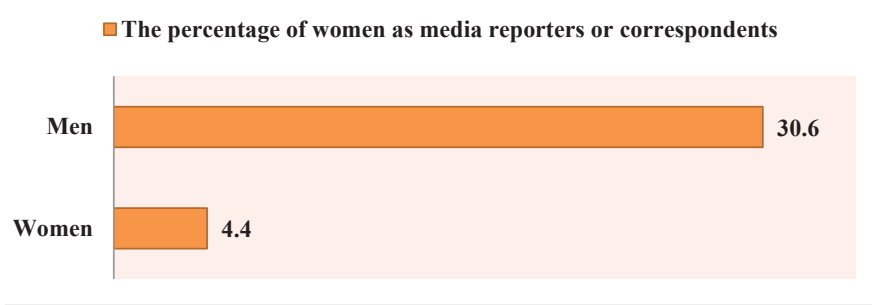
**Figure 8: Women as media reporters or correspondents
compared to men, based on previous studies**

In addition, women's participation in off-screen roles (technical aspects of TV production, such as photography, lighting, sound engineering and direction) is low (11.7) compared to men who largely dominate these roles (18.6%). Women's role in the preparation of television programs and news is completely absent on TV channels, as men dominate this aspect of specialization with a percentage of 12.2%.

The following figure shows the percentage of women's presence in the technical aspects, which did not exceed 8%, while the percentage of their male colleagues reached 92% in the technical and production fields on TV channels.

Women vs. Men Participation in Technical Production

Women ■ Men

8%

92%

**Figure 9: The percentage of women's participation in the technical aspect of
production compared to their male colleagues**

	Women	Men	
■ Technical aspects of production	1.6	18.6	0
■ Program and news preparaion	0	12.2	0
■ Participation in official TV channels	9	90	0

**Figure 10: Women's participation in TV production
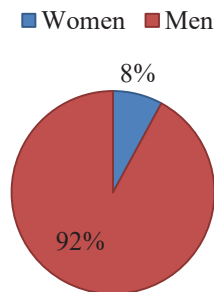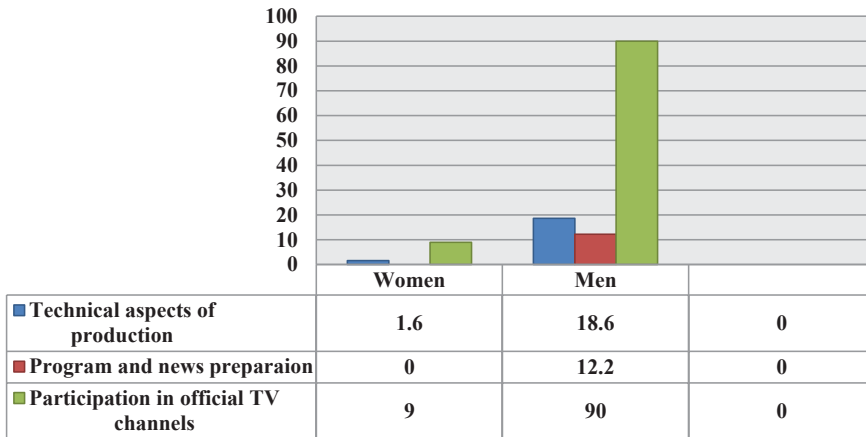and program preparation, compared to men**

Women represent the majority of articles in the official newspapers affiliated to Aden government that range from 2% to 3%. Besides, on official channel, they represent 9% compared to 90% of men. Regarding the women's participation in the newspapers affiliated to Sana'a government in the north, they represent only 2% and 7% in their channels compared to 93% of men. Moreover, the role of women in the strategy of program is still weak and undermined, due to the fact that she is far from her core issues and her role in all fields as an active participant with men, because women are underrepresented in the positions of leadership within most media institutions (طالب, 2021).

The presence of women as active participants outside media institutions was only 19%, while the media material targeting women on Algerian television channels, including "Al-Shorouk TV", did not exceed 20.3%, and on the radio 13.4% (سليماني, 2019).

The Third Axis: Arab Media and Women
Due to the spread of Arab satellite channels, they have become more than a source of entertainment, because they should serve as a catalyst in sensing urgent and immediate issues for Arab societies. Additionally, many Arab satellite channels have succeeded in reflecting many problems that Arab societies suffer from. In spite of the limited

ability to control over those Arab satellite channels, they were able to deal with significant issues, and bear a great deal of responsibility. Moreover, they were able convey a vivid picture of the depressing Arab reality through highlighting the difficult situations that exist in various Arab countries, or through encouraging solidarity with the issues of the Palestinian people, as happened during Al-Aqsa Intifada in the Palestinian territories. However, regarding the women's issues, they continued to promote a traditional view of women by following the same path.

Arab satellite channels

↓

Various Arab problems

↓
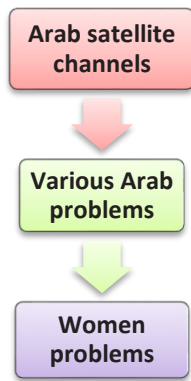
Women problems

Figure 11: The status of women and their problems in the Arab satellite channels

Economic Stories

Media Knowledge

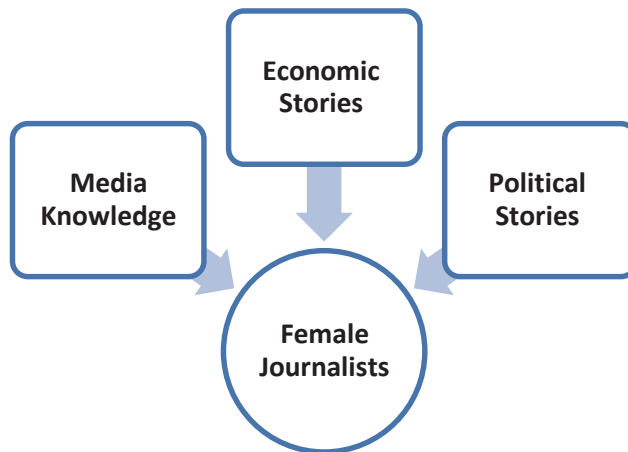**Political Stories**

Female Journalists

Figure 12: The topics in which women journalists have made a greater impact than men

In addition, the 2015 Global Media Monitoring Project report found that 31% of stories related to politics and 39% of stories related to the economy were written by women. While stories related to politics and crime are covered by a fewer number of female journalists in all regions, with the exception of Asia and Latin America.

- **A Panel Discussion on Media and Women**

A question was raised about the extent of the media interaction with various issues. Scientific discussions took place between a group of Arab academic researchers about "Has the Arab media changed its discourse since 1970s and 1980s? Is the media dialogue still traditional, focusing on what is stereotypical for women?"

Dr. Ali Al-Shuaibi replied, "I do not want to make things shallow as if we were talking only about media and society that separates women and men." He pointed out that there is still a traditional discourse in the media that deals with men and women, which emphasizes the issue of denying them of their rights. As a result, even though the media is a reflection of the political, economic, and social status of society, they deny the recipients from the right of expressing their views.

Meanwhile, Dr. Khaled Al-Khaja stated that media professionals follow the same approach on women's issues, because Arab media ignore much of what women do. Moreover, there is unfairness to what is presented about women, because their significant contributions to society are neglected, and they are frequently represented as just being responsible for the home, family and social matters. Women are leaders, economists, and skilled politicians, but the Arab media is diminishing that role.

Dr. Suad Al-Marzouki touched on women's issues in the media, explaining that the media directs its message to 70% or more of a category of superficial women. Thus, instead of directing the media to pay attention to civil women's issues, we find that it does not present her issues as a mentality; rather, it reinforces the existence of superficial women. The media also intervenes in issues of racism, so we find that there is a racist and parochial view of women towards men. We see that picture from a psychological point of view, and it is written in a few pages that addresses women and presents their civil issues. Regarding

social or psychological issues, we find that they are raised by people who are not specialists in them. Furthermore, they resort to focusing on the woman's mentality by focusing on her physical appearance and that she should care of her husband. Thus, the woman bears a large role and a heavy burden in changing that perception.

Fourth Axis: Activating The Role of Women in the Media

It is important to have joint cooperation in order to improve the role of the media in achieving the visibility of women across different cultures, provided that this is done by making more efforts to show women through non-stereotypical situations. The following are some suggestions that contribute to achieving this goal:

5. Emphasizing the role of governments in improving the status of women through their national systems, such as establishing centers to finance and monitor national media of all kinds.
6. Strengthening the media and women's communication networks, through the creation of joint programs between the media and other institutions aimed at achieving equal opportunities, as well as the establishment of projects that emphasize the image of women in the media.
7. Enabling women to create their own global networks in all the fields available to them, by giving them the opportunity to access information and communication technology, because it was noted that there is a limited group of women able to access new technologies and deal with information technology.
8. Governments should allocate special budgets for preparing and supporting programs that enable women to access resources related to new communication technology, with paying attention to cultural diversity, needs, and societal priorities. Besides, the responsible authorities should also take care of preparing public discussions on the importance of the media in promoting social responsibility.
9. The media is pledge to introduce policies and rules that contribute to showing the true and realistic image of women.
10. Establishing a set of ethical principles and apply them in all aspects of communication, including the portrayal of women in the media, and media programming.

11.   Supporting media women's management of positions and roles of responsibility in the media field, and enabling them to take over the administrative and editorial aspects of the media institutions in which they work.

12.   Encouraging the role of women media professionals in formulating media strategies for the institutions or media channels in which they work.

13.   Granting women an active role in bodies and institutions representing journalists, such as: bodies and unions for media professionals.

14.   Coordinating with editors-in-chief in the field of media content to attend events and activities dealing with women and media issues.

15.   Supporting and encouraging scientific research that deals with the media discourse on women.

16.   Stimulating the participation of women in the field of media work, through official bodies and civil society institutions, as a working media person, or as an external participation.

17.   Adopting professional qualification centers in the media field that are concerned with supporting women and enhancing their participation in the media, especially with regard to their various issues and problems in reality.

Chapter Four
Testing the Study's Hypotheses and Results

This chapter reviews the study's methodology, hypotheses, and results, as follows:

Study Methodology
The study followed the descriptive approach that relies on an objective description of the phenomenon studied, with the aim of arriving at the necessary facts and information about women in the media, and their required role in supporting and strengthening the fields of peace.

Study Population and Sample
The study population is represented in the Arab women in general. Its sample was chosen from the Yemeni women in particular, due to the special and exceptional circumstances they are going through in the current conditions, in addition to the complex circumstances and conditions that Yemeni women are experiencing as a result of conflict and war.

Testing the Scientific Hypotheses
The study team selected a sample of TV channels in order to test its hypotheses and ensure their validity. This sample concentrated on six satellite TV channels: Al-Saeeda, Al-Mahriah, Yemen Shabab, Aden TV, Yemen Today, and Belqees.

The team identified several media professions in order to conduct the study on them, and to determine to what extent women are presented through them compared to the representation of their male colleagues. An equal media sample was selected for each satellite channel.

In terms of defining professions, the following media professions were identified as being of great importance and position in the media field, in addition to taking into account the diversity and comprehensiveness required in them, so that the team ensures the presence of women with men in the majority, if not all, which are as follows:

– Preparing and presenting programs.

– Program production.
– Photographing.
– Program and news presentation.
– Media reporting.
– Technical field.
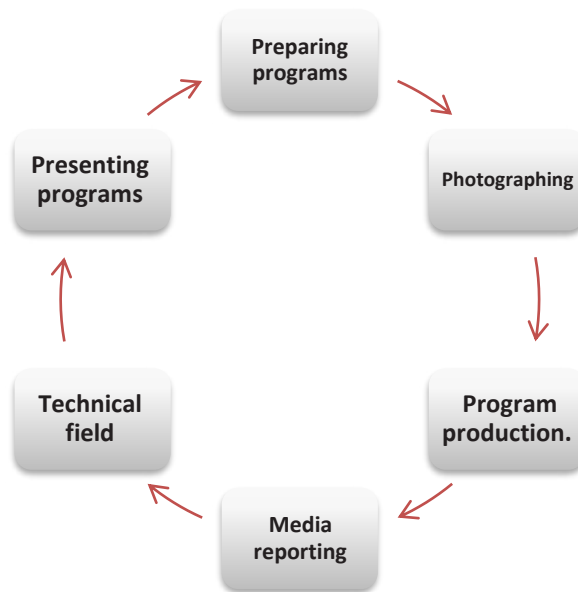
Figure 13: The most prominent media fields covered by the study

• **The first hypothesis:** The participation of women as media reporters is noticeably less than men in Yemeni TV channels.

■ **The percentage of women media reporters' precence compared to
their male colleagues**

97

3

Women

Men
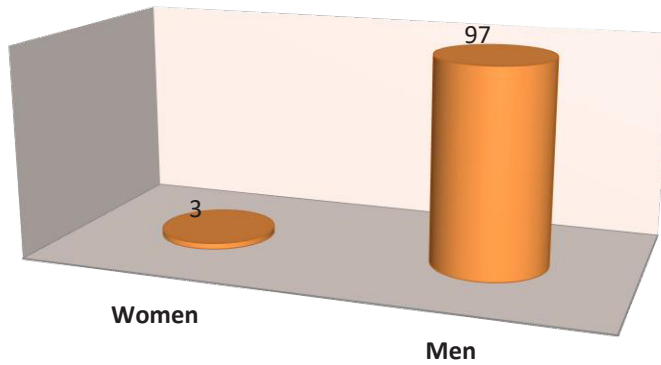
**Figure 14: Extent of women's presence as media reporters
in Yemeni channels (study sample)**

The above figure shows that women's presence in Yemeni private
TV channels as media reporters is very limited. It does not exceed 3%
compared to their counterpart men whose presence reached 97% which
is a very high percentage.

It can be said here that the hypothesis that women are remarkably
present in Yemeni TV channels as media reporters compared to men is
wrong and unacceptable.
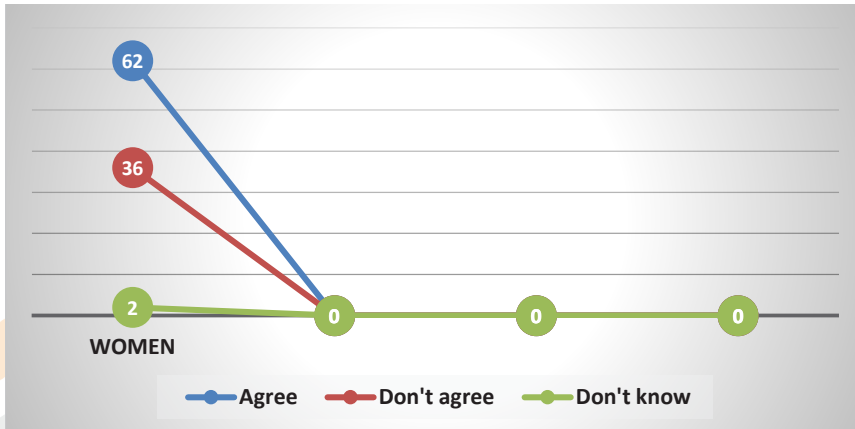
Figure 15: Extent of agreement with women's work as media reporters in Yemeni channels

The previous figure indicates that Yemeni women can work as media reporters like men. 62% of study sample said that there is nothing that prevents women from practicing this profession if she so desires, 36% did not agree with women's work as media reporters, and 2% said I don't know.

• **Testing the second hypothesis:** The presence of women as presenters on private Yemeni TV channels is more than men.

Percentage of women media presenters compared to men
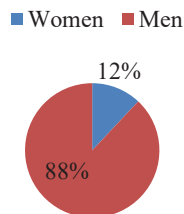
Figure 16: Extent of women's presence as broadcasters compared to men

The previous figure shows the extent to which women are present as media presenters compared to their male colleagues on Yemeni

channels. They achieved 12% compared to their male colleague, who achieved 88% of the total sample. This can be ascribed to the customs and traditions of Yemeni society, which discourages women from joining and working in media.

In light of this result, it can be said that the second hypothesis is proved incorrect and thus unacceptable. The percentage of women as media presenters is significantly low.
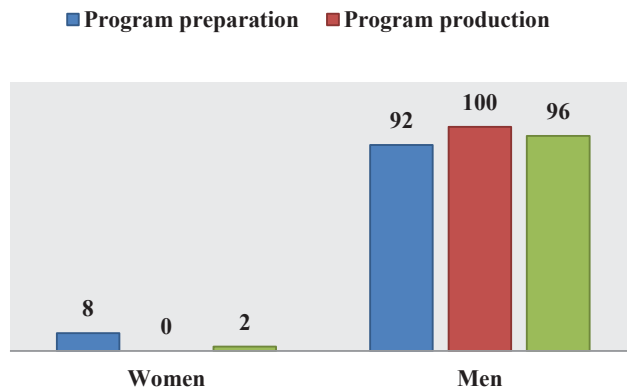
Figure 17: The participation of women and men in program preparation, production and photography

The previous figure shows the presence of women in three important media professions, which focus on TV program preparation, production and photography. The results confirm a significant low and limited presence of women in the three media professions, compared to their male colleague who achieved high percentages in all these professions, especially TV production (in which they get the full 100%).

• **Testing the third hypothesis:** The presence of women in programs related to women and children is more than that of men.

**The presence of women in women and children's
programs compared to men**
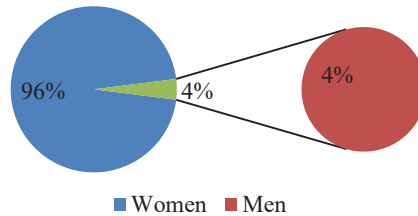
Figure 18: Extent of women's presence in women and children's programs

The number of women and children's programs allocated to women (96%) is greater than that to men (4%). This may be due to the compatibility of this aspect with women's physiological nature and psychological tendencies, in addition to their inclination to communicate with other women and children in a skillful and understanding manner.

Accordingly, it is possible to accept the hypothesis that the presence of women in programs related to women and children is more than that of men. The results of the study show that women outperformed their male colleague by a high percentage.

• **The fourth hypothesis:** the presence of women is significantly lower in the technical aspects of TV programs compared to their male colleagues.
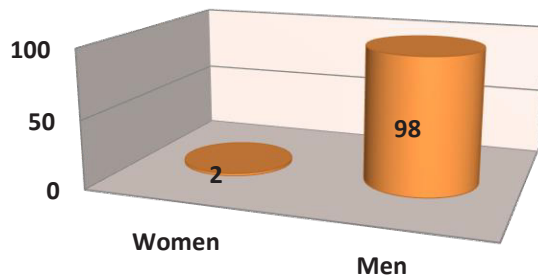
**Figure 19: Extent of Yemeni women's presence in
the technical aspects of TV channels**

The previous figure demonstrates the level of women's presence in the technical aspects of TV programs compared to men in the Yemeni media. Their presence is very limited. It does not exceed (2%) of the total sample. The low percentage of women in this media profession may be due to the fact that it is a profession that requires time and effort, which makes women less interested in it. In addition, these professions require people who have the ability to withstand frequent movement and to stay at workplace for long periods of time, which is not possible for women due to the social customs and traditions of the Yemeni society.

Yemeni women have social customs and traditions that prevent them from practicing such special professions in the field of media work. Men, without competition, took the lead in this profession, achieving (98%).

Figure (20) shows the extent of the possible balance or competition between the presence of women and their male colleagues in the Yemeni media. The results confirm that there is no indication of any similarity or closeness between the two results, or any clear competition in favor of women, except for the presence of women in women and children's programs, in which they outperform men by a high percentage. Other results related to media professions revealed that men outperformed women by a high percentage, and that women carved out limited space in in these professions, namely as media reporters and newsreaders.
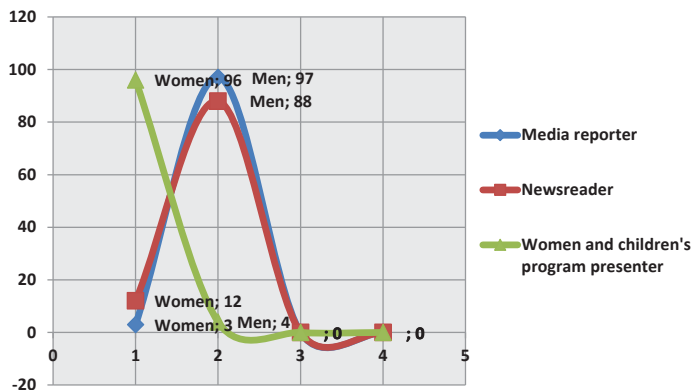
Figure 20: Extent of the balance between women's relationship with the Yemeni media compared to men

Photos of some Yemeni media women

Al-Saeedah TV Channel

Belqees TV Channel

Aden TV Channel

Yemen Shabab TV Channel

Yemen Today TV Channel

Al-Mahriah TV Channel

Al-Ghad Al-Mushreq TV Channel

General Results of the Study

After putting forward, testing and analyzing these ideas and hypotheses, the study reached a number of key findings, including:

– Women are negatively represented in the media. Hence, such negative image needs to be corrected through having a strong political will for change, translated into legal and preventive actions, and developing legislation and laws to ensure the protection of women's status in the media.

– Despite their importance, laws and legislation are not sufficient on their own to ensure the improvement of the image of women circulated by and create a national public opinion supportive to their work in the media. Furthermore, preventive cultural policies should be developed that change peoples' mentalities and mindset and seek to spread the culture of women's role protection from all manifestations of abuse and exploitation in all fields.

– Yemeni women have recorded an increasing presence in media since the mid-1990s. On the quantitative level, the number of women employees working in media institutions increased. Furthermore, few of them managed to reach decision-making positions in press and media institutions.

– In the midst of the country's struggles and political crises, Yemeni women face many challenges that imped their work in the field of media. Chief among these challenges were social customs, lack of practical training, weak freedom of expression.

– The space for women's participation as speakers telling their own personal experience, keynote speakers on topics and issues, or eyewitnesses is very narrow compared to men. In addition, women's participation in off-screen roles (technical aspects of TV production, such as photography, lighting, sound engineering and TV direction) is low.

– Women's presence in Yemeni private TV channels as media reporters is very limited, not exceeding 3% compared to their counterpart men whose presence reached 97% which is a high percentage. Moreover, Yemeni women can work as media reporters like men. 62% of study sample said that there is nothing that prevents women from practicing this profession if she so desires.

– Women's presence as a media presenter was limited, not exceeding 12% compared to their male colleague whose presence amounted to 88% of the total number of the study sample.

References :

– **Arabic References:**

1– الوطن توداي (27/10/2021): تحديات تمثيل المرأة في الإعلام اليمني،
https://cutt.ly/hZMoYNj

2– طالب، ماجدة (2021): تحديات تمثيل المرأة في الإعلام اليمني، الوطن توداي.

3– سليماني، وهيبة (2019): حضور المرأة في القنوات التلفزيونية.

4– اللجنة الوطنية الأردنية لشؤون المرأة (2016): صورة المرأة في الإعلام العربي، https://women.jo

BBC (2015): هل ينصف الإعلام المرأة مقارنة بالرجل، https://www.bbc.com/ara-bic/worldnews/2015/11/151123

6– السميري، نشوان (2011): النوع الاجتماعي والإعلام، وكالة أخبار المرأة.

7– النمري، ديانا (2010): المرأة والإعلام، موقع عمون.

8– الزمان: ندوة عن واقع الإعلام العربي وقضايا المرأة، https://azzaman.info.

9– المرأة في وسائل الإعلام، موقع ويكيبيديا، https://cutt.ly/MZMfKYB

10– موضوع: المرأة ووسائل الإعلام، https://mawdoo3.com.

11– المصلي، جميلة: صورة المرأة في الإعلام، https://www.pjd.ma/node/170

12– مركز الكوثر للدراسات البحثية: المرأة العربية والإعلام، https://tahmil-kutib-pdf.info/khly

– **Foreign References:**

– Nonprofit Communications Report, Make Every Effort to Connect One-on-One With Media", (14/3/2022).

Child Marriage in Yemen:
Effects and Solutions

(Social Study)

By: Dr. Fathia Mohammad Baheshwan

2022

Abstract

The study aimed to identify the reality and extent of the prevailed child marriage phenomenon in Yemen. It also tried to determine its causes and effects on the girls, and to find some solutions that could limit this phenomenon. To achieve these goals, the researcher relied on the descriptive survey method to describe the reality of the phenomenon of child marriage and its prevalence in our society. The researcher presented and analyzed a set of statistics, research, and local and international reports. Accordingly, the study concluded that the prevalence of the phenomenon of child marriage in Yemen is due to illiteracy and the lack of intellectual awareness among some families, the economic and social conditions in Yemen, as well as the inherited customs and traditions in the Yemeni society about child marriage. Additionally, the growth of this phenomenon is also due to the existence of shortcomings and defects in the legal texts, because there is neither explicit text specifying the age of marriage, nor a punishment for those who violate it.

The study also concluded that one of the most significant negative effects of child marriage is the damage to their health and psychological status. Moreover, they are exposed to psychological and physiological pressures at that early age, and their scientific life is negatively affected. In turn, this hinders the social, economic and health status of many girls in the future.

Keywords: marriage, minor, child marriage.

Chapter One

Introduction

Family is the most important social component that all religions and cultures seek and call for its existence and respect. Family is established through the sacred social bond of marriage, according to which the family becomes accepted and recognized. However, the forms of this bond vary from one country to another and from one culture to another. One of its forms is the marriage of young females, a phenomenon which is very common in Arab communities.

Yemen is one of the Arab countries which suffers from this social problem, which has increased considerably in recent years. According to United Nations and government data, about 14% of Yemeni girls are married under the age of 15, and 52% are married when they are 18 years old. Moreover, this phenomenon has clearly expanded due to the ongoing conflict, the poor economic and social conditions that Yemen is going through, illiteracy, and the lack of intellectual awareness among some families, in addition to the traditional thinking that child marriage is a protection for the girl.

Child marriage is more common in rural areas than urban areas. It is common among females more than males. Besides, the age of marriage for a boy or girl is set at 17 years. Thus, human rights organizations seek to eradicate this phenomenon, and some legislations have set a specific age for marriage. However, the main factor for the phenomenon of child marriage is the spread of cultural orientations that support it.

The effects of this phenomenon have been extensive, and according to government data, Yemen witnesses 8 minors die per day because of child marriage, pregnancy, and childbirth. The minor wife might experience negative consequences, since she might not be culturally, psychologically, physically, or mentally ready for such a marriage. She bears a burden that is beyond her capacity. Due to the traditional social structures in several Yemeni governorates and the lack of good prospects for social mobility, there are additional social disadvantages affecting young people. Furthermore, people who come from poor or marginalized social groups consequently have low levels of aspiration

to improve their socioeconomic circumstances.

The girls' marriage at a young age has numerous social and psychological consequences. This problem does not depend merely on the girl's age nor on reaching the age of puberty; rather, it is related to the challenges and responsibilities she will likely face during this period, which may be more than she can handle. Child marriage is a human rights violation that robs girls of their rights of education, health and long-term aspirations.

This phenomenon has become one of the most prominent social issues in Yemeni society, because Yemeni courts have recently witnessed many cases involving underage girls seeking divorce after a few months of their marriage. This confirms the need to conduct a study to identify the phenomenon of child marriage and its effects.

Problem of the Study

The phenomenon of child marriage in our Yemeni society is one of the pervasive social phenomena whose negative effects are reflected on the health and social level on women in particular, and on men and society in general. This hinders their social, economic and health status - especially for girls - due to the psychological and physiological pressures they are exposed to at that early age. Additionally, the girl may lose stability, and the marital relationship prevails in a status of suffering and tension. Therefore, the current study aimed to determine the most significant effects of the marriage of minors in Yemen, and it tried to provide a set of solutions necessary to alleviate this phenomenon. Thus, the study problem can be formulated in the following questions:

– What is the meaning of "child marriage"?
– To what extent is the phenomenon of child marriage prevalent in Yemen. What are its causes?
– What are the consequences of child marriage?
– What are the proposed solutions to solve this problem?

Significance of the Study:

The significance of the study stems from the significance of the problem, which is one of the most prominent social phenomena that have expanded in Yemeni society that affects negatively individuals and society alike. In addition, its impact is not limited to a single person, but also it extends to include all members of the family or society. This makes it necessary to conduct a study to find out the causes and develop solutions to limit its spread and reduce its negative effects on Yemeni society. Its spread has increased at the present time as a result of the ongoing conditions in Yemen. In addition to the social, health and psychological consequences of this marriage, it may lead to the increasing rate divorce cases and the disintegration of families.

The importance of the current study is also evident through handling the most significant elements of family construction- the girl who has to be given special consideration throughout her growing stages in order to succeed in her family role and other roles in the future.

Objectives of the Study:

The study aims to identify the phenomenon of child marriage and tries to determine the causes and effects of that, and to find some solutions. To achieve these goals, the following actions must be done:
– Clarifying the concept of underage and child marriage.
– Identifying the scope of the phenomenon of child marriage in Yemen.
– Determining the reasons that lead to the marriage of minors in Yemen.
– Identifying the effects of the marriage of minors.
– Suggesting some solutions that can limit this phenomenon.

Procedural Definitions of the Study Terms

– Marriage: is a legal relationship that is established between a man and a woman at an age that qualifies both parties to be self-reliant, in addition to their qualification to have children and raise them.

– Minor: is the boy or girl under the age of eighteen.
– Child Marriage: is the association of girls who have not reached the age of eighteen years old, as defined by law, with an adult male or another male child.
– Effects of Child Marriage: is the set of damages caused to underage girls because of child marriage.

Limitations of the Study

Topic Limitation: the effects and solutions of child marriage phenomenon.
Place Limitation: Republic of Yemen.
Time Limitation: the research was conducted in 2022.

Chapter Two
Child Marriage

This chapter deals with the marriage of minors in terms of the concepts of the phenomenon. It also presents the marriage of minors in the world, and in the Arab world.

First: Concepts of the Study:

There are several concepts for the current study. They include the concept of marriage, minors, and child marriage, as follows:

1- The Concept of Marriage:

The definition of marriage varies from culture to culture. It can be defined broadly as a sexual relationship for which social sanctions are imposed. It is a relation between two or more individuals of both sexes, which is continues over time in order to have children (الجوهري, 1998: 111).

Marriage is defined as a social system characterized by some continuity and compliance with social norms. In addition, the society controls sexual issues and determines who bears responsibility for different forms of adult sexual mating this way. Thus, it is worth noting in this regard that all previous and current societies impose marriage on the majority of their members. Marriage, then, is a public system, even if society often permits sexual relations outside the system. Marriage is also the most rewarding system for most men and women for the greater part of their lives (الخولي, 2001: 25).

Marriage is an organized mating between men and women. It involves the meaning of family and procreation. It is also the means entrusted to society to regulate sexual matters and to determine the responsibility for forms of sexual mating between adults (رمضان, 1999: 25).

In sociology, there is a clear link between marriage and the family, yet they are not the same. Whereas marriage is an organized and legalized mating between a man and a woman, family combines marriage and procreation. It refers to a set of social roles acquired through marriage and procreation. Therefore, it is a prerequisite for the establishment of the family as a product of social interaction (الخولي, 1989: 56).

2- The Concept of Minors:

A minor is someone who has not reached the age of majority, i.e. the age of eighteen (باشا, 1997: 52). According to jurists, a minor is someone who has not reached the same status as men or women, (راجح, 2021: 145). The "minor" in the language refers to the one who falls short, i.e. did not reach the end and extent of something.

There is no explicitly termed definition for "minors" in jurisprudence. However, the word has been mentioned by some jurists. Jurists used it for those who had not yet reached puberty. In short, the minor denotes a person who has not reached the age of puberty or majority (الشقريات, 2017: 124-129). A minor is also defined as a person who has been given guardianship because he / she is too young (عمر, 2008: 207).

Marriage of minors is defined as the marriage of an adolescent before completing the legal age of marriage, which is fifteen for a male teenager, and thirteen for a female teenager (باشا, 1997: 19).

3- The Concept of Child Marriage:

Child marriage is a marriage in which one of the parties is still a child. According to the Convention on the Rights of the Child, a child is "every human being under the age of 18, unless under the law applicable to the child, majority is attained earlier," (CRC, Art. 1). The Committee on the Rights of the Child has called on states parties to review the age of majority, if it is under the age of 18.

Undoubtedly, the ruling on the marriage of young girls in the Islamic religion is permissible. There is no basis for determining the age of marriage in Islamic jurisprudence. Rather, some believe that determining the age of marriage from 18 and above is taken from Western laws that differ in belief, behavior and system of Islamic societies' life. While Islamic societies follow fixed criteria established by law (Al-Sharia) that "As soon as a person reaches pubescence, a boy's puberty and girl's menstruating, may marry, whether male or female. Marriage will be better at adulthood if there is ability." (الزاردي, 2010: 23).

Female child marriage is defined as the marriage of a girl before she reaches the age of 18, that is, at a stage when the girl is in school and is going through adolescence (مركز المرأة للإرشاد القانوني والاجتماعي, 2001).

The UNICEF Document on the Rights of the Child defined it as marriage at the age of under 18 (UNICEF, d, n). Most often, "child marriage" is used in the same sense as "child marriage". It refers to the marriages of persons under the age of 18 in countries where the age of adulthood is reached before or at the time of marriage. Child marriage can also refer to marriages in which the spouses are together at the age of 18 or older. But other factors that make them unwilling to consent to marriage, such as their level of physical, emotional, sexual and psychological development, or lack of information about the person's life choices (دي الويس, 2008: 37).

As for the medical and scientific concept of child marriage, it is marriage before adulthood. The girl's child marriage is her marriage before menstruation. As for a woman who marries before the age of 18 is an child marriage. This is not based on a scientific or legal basis because the marriage is linked to adulthood. The adulthood of a girl is the period during which a girl transforms from a child to an adult. During this period, many physiological and psychological changes occur. Adulthood is not an emergency event, but rather a period of time that ranges between two and six years. It is linked to genetic (hereditary) factors and living and health factors. At the end of this period, menstruation occurs and the girl becomes an adult (عفانة, 2000).

Second: Child Marriage around the World:

Child marriage is considered a human rights violation. Although there are laws against this phenomenon, it remains widespread partly, due to poverty and gender inequality. Globally, more than one in five women (20-24 years old) were married before their 18th birthday, and more than 650 million women and girls alive today were married as children.

Child marriage is not limited to poor communities. Child marriage is a phenomenon that has spread all over the world in different continents, cultures and religions. However, it is more prevalent in developing countries, as poverty is one of the main causes of it. About 1 out of 3 girls in the developing world got married under the age of 18. Thus, 82% of the majority of girls are married under the age of 18. 12,000,000 girls under the age of 18 are married every year without any physical or

emotional preparation (UNICEF, 2019).

According to the statistics of the United Nations Development Program for 2016, about 15,000,000 girls in developing countries are married under the age of 18. In addition, the predictions of the WHO previously indicated that more than 14,000,000 girls will marry between 2011 and 2020, and that 50% of them are under the age of 15.

In 2019, the UNICEF reported that the total number of males and females who were married under the age of 18 to 765 million cases. The number of married boys and men who were married under the age of 18 reached 115 million cases. In the Central African Republic, it constituted 28%, the highest incidence of male child marriage. It was followed by Nicaragua at 19%, and finally Madagascar at 13% (Wylie, 2019). India tops list of the number of child marriages, accounting for 47% of the number of marriages.

Child marriage is more prevalent in rural areas than in urban ones. The prevalence of this marriage varies between sectarian and tribal societies. There was a decrease in the rate of child marriage in some tribal groups compared to others (unicef-irc, 2001: 4-5). About 115 million men worldwide were married as children, 23 million of them before the age of 15 (UNICEF). Based on data from 82 countries, the estimated total number of child marriages is 765 million. A UNICEF study revealed that male child marriage is widespread in Africa (Sub-Saharan Africa), Latin America and the Caribbean, South and East Asia and the Pacific.

Girls are still disproportionately more affected by this phenomenon. One in five young women between the ages of 20 and 24 were married before their 18th birthday, compared to one in every 30 young men. The countries of South Africa, particularly the Sahara, have the highest prevalence of child marriage at 4 out of 10 young women. It is followed by the countries of South Asia, 3 out of 10 young women marry before the age of 18. In Latin America and the Caribbean, the rate of child marriage is 25%, in the Middle East and North Africa 18%, and in Eastern Europe and Central Asia 11%. In addition, there is a geographical difference between the countries in which the marriage of girls is common and those countries where the marriage of boys at an early age is widespread (Child marriage, 2019).

However, the rate of child marriage has decreased significantly in Southeast Asian countries from 50% to 30% in the last ten years. The state of India, in particular, had the largest role in this progress due to the strategies adopted by the Indian government by increasing the rate of girls' education, increasing investments targeting adolescent girls, and broadcasting awareness messages at the national level denouncing the legitimacy of child marriage and clarifying the extent of its harm (Wylie,2019: 2-3).

Third: Child Marriage in the Arab World:

Islamic law is the only law that governs the bonds and relations between people in the Islamic world, whether in personal status or other civil cases. Although there are laws prohibiting the marriage of girls under the age of 18 in some Arab countries, these laws are punctuated by many exceptions and deceptions. In addition, social norms consider child marriage as a social norm. Other cases fall within the negative social classifications that detract from the value of women.

The phenomenon of child marriage is prominent in the Arab countries, especially in rural areas. It is less in urban areas because families give priority to education and work before marriage. According to this social vision, the percentage of girls who marry at an early age in rural areas is double that recorded in urban areas.

In the Arab region, this phenomenon spreads in different proportions. Sudan recorded 52%, Mauritania 35%, Yemen 32%, Palestine 21%, and Egypt 17%. The percentage is relatively low in Lebanon, where it represents 6% of marriages and 2% in Tunisia and Algeria.

The rate of child marriage in the Middle East and North Africa gets close to the global average. One in five women in the region marry before the age of 18, and one in 25 girls marrying before their 15th birthday. In other words, the region is now homeland to nearly 40,000,000 child brides, including young girls who are now married and women who were married as children. According to UNICEF databases for 2019, a number of women aged between 20-24 have married or become life partners before the age of 18. The percentages were as follows: 17% in Egypt, 13% in Morocco, 28% in Iraq, 8% in Jordan, 6% in Lebanon, and 3% in Algeria.

Although most Arab laws set the age of marriage at 18, they allow the marriage of children. This was confirmed by a report issued by an American study center based on data collected by the US State Department. The report stated that Arab countries, which set the age of marriage at 18, allow parents or guardians to consent to the marriage of minors under the age specified by law. Sometimes this may be done under the pretext of "the girl's interest". The report showed that even in countries that set the minimum age of marriage for girls at 18, such as Morocco, Tunisia, Mauritania, Egypt and Jordan, the percentage of child marriage remains unevenly widespread, especially in rural areas.

The International Convention on the Rights of the Child in 1989 stipulated that every person under the age of 18 is considered a child, and the marriage of children at this age is not in line with international conventions and human rights. However, there are some countries whose laws permit the marriage of girls under the age of 18, including Bahrain, whose law sets the minimum age for marriage at 15 for girls and 18 for boys, and Kuwait, which sets the minimum age for marriage at 15 for girls and 17 for boys. Likewise, in Lebanon, according to its law, girls can marry at the age of 17, while boys marry at the age of 18, and in Iraq, the minimum age for marriage for girls is 15, with the need for parental consent. As for Qatar, a girl can marry, according to Qatari law, at the age of 16, and Saudi law does not define a specific age for marriage, and some Islamic laws scholars issue fatwas, or legal opinions, on the possibility of marrying off a 10-year-old girl.

In the laws of the Maghreb, namely Tunisia, Morocco and Algeria, we find that the laws of the three countries set special conditions regarding the age of marriage. In Morocco, according to Chapter VIII of the Constitution, the eligibility age of marriage is 18 for boys and 15 for girls. In Algeria, according to the second paragraph of the law promulgated on June 29, 1968, there is a maximum age set by law for marriage, 18 for men and 16 for women. In Tunisia, the special chapter of the Personal Status Code prohibits the marriage of a man unless he reaches the age of 20, and the marriage of a woman unless she reaches the age of 17. Here, it is worth noting two things:

First: Every minor child cannot get married without the consent of his guardian (the age of majority or adulthood is 20 and 18 years for Algeria and Morocco).

Second: Whoever is under the legal age for marriage, the laws of the three countries requires a special authorization from the judge who, in turn, does not assign this license for serious reasons in which the public interest, and the private interest of the spouses must be taken into consideration (66 :1981 ،شقير).

Currently, the Arab states region is highly unstable, with ongoing conflicts and large-scale humanitarian emergencies putting women and girls at an increased risk of violence and child marriage. In light of insecurity, increased risks of sexual and gender-based violence, and the breakdown of rule of law, families and parents may see child marriage as a coping mechanism (an alternative) to deal with increased economic distress, to protect girls from sexual violence, or to protect the honor of the family in response to the disruption of social networks and routines. Child marriage is also exacerbated among internally displaced people. In addition, forced child marriage is used as "a tactic" in conflict.

Chapter Three
Child Marriage in Yemen

This chapter deals with the issue of minor girl's marriage in Yemen, its reality and causes, and relevant international and Yemeni laws and regulations.

1- Child Marriage in Yemen:

Child marriage was legalized in Yemeni law, and special laws were enacted setting the age of marriage at 15 for girls and 18 for boys. The Personal Status Act No. 20 of 1992 was issued. It encouraged child marriage. In its Article No. 15, the age of marriage is set at 15 for girls, and this entails that a fifteen-year-old has the right to all civil rights and to enter into contracts, including marriage contract right of minors to enter into contracts (صائم, 2004: 88).

From the point of view of Yemeni society, child marriage is of great importance in the structure of society through the following:

- Protecting young people from delinquency.
- Achieving the society's desire to have a lot of children.
- Avoiding spinsterhood.
- Ensuring that parents choose the life partner for their daughter, as she is still at a tender age to choose properly.
- Easing the family's financial hardship, especially the poor, by transferring the girl's burden to the husband's family. (أطفال اليمن, 1994: 27).
- Strengthening and maintaining social relationships and lineage through, for example, but not exclusively limited to, exchange marriage.
- Subjugating girls to men in marriage.
- making girls learn marital and domestic experiences at an early age (صائم, 2004: 77).

Yemen is one of the Arab countries where child marriage is widespread. Yemeni government and United Nations data show that approximately 14% of girls in Yemen are married before age 15, and 52% are married before age 18. In some rural areas, girls as young as 8 are married. Girls are sometimes forced to marry much older men. Boys are seldom forced into child marriages.

According to a report by the International Center for Studies, Yemen was ranked 13th among 20 countries and classified as the worst in terms of underage girls' marriage. The percentage of girls who marry under the age of 18 is 48.4%, and there is a significant age difference between spouses. The prevalence of the phenomenon of child marriage varies from one area to another. This phenomenon is more widespread in rural areas, to which more than 24 million people (about 70%) of the total population of Yemen belong, the majority of whom are female, according to the indicators of Seyaj organization. A field study conducted by the Center for Women and Development Studies at Sana'a University stated that 52% of females were married before the age of 15. The 2000 baseline survey showed that 24.6% of rural women in Yemen were married between the ages of 10 and 14 years.

The percentage of child marriage in Yemen is increasing annually, especially after 2009. Official data also indicate that Yemen witnesses 8 deaths per day of minors due to child marriage, pregnancy and childbirth. A study by Seyaj's Monitoring and Protection Center shows that at least 60% of Yemeni girls marry before the age of eighteen, while others marry before the age of 15, at a rate ranging between 30% and 40%.

Child marriage increases in rural areas where ignorance and poverty are more prevalent. Poverty is often associated with greed. Some families consider girls as an investment project that may generate a good amount of money for the family in the future. Some other families see that the girl is a shame and scandal that must be erased by marriage, and in the best case, young girls are married off for their own protection. There are no documented statistics for such marriages, but in 2017, the UN's Office for Coordination of Humanitarian Affairs (OCHA) reported that 52% of Yemeni girls and women had gotten married before the age of 18, and that the number of cases tripled by 2018.

In 2014, population surveys conducted by the National Population Council showed an increase in the average age of first marriage in Yemen, and a decline in the phenomenon of child marriage among women compared to the nineties of the last century. In addition, a report by the Yemeni National Population Council confirmed that the average of the first marriage increased during the last ten years to reach 23 years, after it was 17 years in the nineties of the last century.

The report attributed the reasons for the high average age of marriage and the decline in the phenomenon of child marriage to the high level of education for females. Besides, it indicated that the average age of marriage for a girl with a high school diploma has increased to 24 years, compared to 21 years for an illiterate girl. However, it confirms that this development in the level of child marriage does not negate the existence of cases of this type (marriage of minors), because the indicators of the 2003 survey showed that 7% of girls marry at an early age (2014, المجلس الوطني للسكان، الأمانة العامة).

In 2005, the Yemeni network for fighting violence against women (SHIMA Network), in cooperation with the Yemeni Women's Union, launched the first cultural campaign to publicize the dangers of marrying minor girls, and its health, psychological and social repercussions. The results of the study showed that the main factor behind the phenomenon of child marriage is the spread of cultural trends that are in favor of this kind of marriage, and the traditional social structures in some Yemeni governorates, where there are no great opportunities for social mobility. Accordingly, this makes individuals, who belong to poor or marginalized social groups to have low levels of aspirations for improving their social and economic conditions.

The study attributed the high rates of child marriage to the increasing levels of poverty and the desire to get rid of the girl's responsibility, in addition to girls dropping out of school before completing the basic education stage. About 52% of Yemeni girls were married under the age of fifteen during the last two years, compared to 7% of males who married under this age. The illiteracy rate among underage married women is more than 43%.

In January 2015, in response to demands from human rights activists, Yemen set a minimum age for marriage at 18 years old in a new constitution drawn up by the government. Many campaigns against child marriage were launched in Yemen, one of which succeeded in imposing a draft law on Parliament. However, it was objected to by many people, and it was not converted into law. As a result of the conditions in Yemen, this draft was not issued.

Despite the fact that Yemen ratified the Convention on the Rights of Child in 1991, which defines child marriage as a union in which

one or both parties is under the age of 18, child marriage is one of the traditions that constitute the tribal community fabric of the country, and it has increased due to the occurrence and the ongoing conflict. The number of child marriages increased as a result of displacement, and it was thought that female marriage would lessen the financial burden on the families who had been displaced. According to a 2017 UNICEF report, more than two-thirds of girls in Yemen were married before the age of 18, compared to 50% before the beginning of the conflict.

A recent study on the impact of displacement on child marriage rates in Yemen revealed that displaced girls who have lived through the conflict for a longer period are more at risk of child marriage than others. In addition, the percentage of displaced girls from Sa'ada governorate is four times more likely to marry early compared to displaced girls from other areas, because Sa'ada is one of the governorates that witnessed the first events of the conflict. This means that the longer the war continues, the higher the rate of child marriage.

According to statistics, out of every 4 marriages, the husband is 25 years older than the wife. The age difference often includes domestic violence, abuse, among others. Therefore, many women's organizations in Yemen have to deal with many of these cases.

Despite the government's efforts to address this phenomenon, eliminating it has proven to be challenging, because it is a phenomenon where the tribal aspect overlaps with the economic and social ones. In addition, several Yemeni studies have indicated that many families marry off their underage daughters, fearing that they will be kidnapped in light of tribal conflicts, or in exchange for ransom, blood money, or revenge. They also marry off their daughters in order to get rid of the financial burden that falls on them in order to provide their maintenance or studies, especially if the families are poor.

Many young girls in Yemen have lost their lives as a result of being married off as minors, according to a number of international human rights organizations. Over the past years, many activists and human rights institutions concerned with defending and protecting children's rights have tried to prevent this type of marriage, but, unfortunately, their attempts have so far been unsuccessful.

Child marriage is a common phenomenon among the marginalized.

According to a recent study, published in September 2021 by Sana'a Center for Strategic Studies, which was limited to the governorates of Taiz, Sana'a and Aden, the rates of marriage for girls from 10 to 18 years old are as follows: In Taiz, the percentage of marginalized females was 17.9% in 2014, and they make up 27% until 2020 in the capital Sana'a, while the percentage has reached 6% in Aden.

The study indicated that there is a growing rates of child marriage among the marginalized in all governorates of Yemen, especially during the war years. UNICEF estimates that more than 4 million children from all segments of society were forcibly married in the country in 2021.

1- Reasons for the Prevalence of Child Marriage in Yemen:

The reasons behind the spread of the phenomenon of child marriage differ from one society to another, and this is normal due to the various changes that societies are witnessing in terms of social, economic and cultural aspects. There are also many reasons for this phenomenon, some of which are related to the family and its special circumstances and its economic conditions, and others related to the culture of society as well as social legacies of customs and norms.

The phenomenon of child marriage in Yemen has its own characteristics. It is linked to Yemeni customs and traditions, and to the religious aspect of Yemeni society, which views marriage as a religious duty and a protection for men and women from falling into immorality. There are a number of reasons behind the emergence and persistence of this phenomenon, the most important of which are the following:

a. **Customs and traditions:** play a prominent and influential role in this type of marriage, because marriage matters are usually done between families, which maybe away from the desire of the girl herself. This leads to marrying off the young girl in order to preserve the interfamilial relations, and due to the fact that they consider marriage as a means to have a larger number of children. They also see child marriage as a preservation of the honor of the girl, the family, and society (الأحيول؛ وبشير, 2022: 39), because the family considers the presence of the girls as a burden on it in terms of the material and social aspects. Therefore, the family's only concern becomes to marry off their daughters to the first marriage to those

who come to propose their daughters under the pretext of protecting them, or in order to preserve them. Therefore, fear can be considered a factor and a reason for marrying off girls at a young age (الفايز, 5 :2012).

b. Discrimination between males and females: family experiences disappointment since the birth of a girl, so gender discrimination is made between boys and girls. Therefore, girls who hold this oppressive viewpoint are more likely to miss out on educational opportunities, experience discrimination, and endure various forms of social and familial oppression. Moreover, the family believes that when the girls reach the age of ten, they become adults. Accordingly, they are being surrounded with restrictions under the pretext of preserving the family's honor (عبد الله، ب. ت: 6).

c. Poverty: is one of the main factors that drive parents to marry off their daughters and girls to marry. It is either the parents' desire to improve their financial situation, a family's attempt to pay off debts, avoid unemployment, reduce burden of spending on the girls and escaping from the responsibility of their education, or a girl's own desire to assist their families financially.

The United Nations believes that there are various causes leading to child marriage, including poverty, the desire of parents to protect their daughters from falling into immorality, in addition to the need for stability in periods of social instability. A study carried out by UNICEF reported that a girl from the poorest families is three times more likely to marry compared to a girl from the richest families. On the other hand, a study on adolescents prepared by the United Nations Population Fund (UNFPA) shows that 80% of the poorest girls are married before the age of 18, compared to 22% of the richest girls in Nigeria (2015, المؤتمر الخامس للشريعة والقانون).

Poverty is one of the main reasons that accelerate the marriage of young girls, along with other reasons that push the family to do so, including:

The tendency of the poor to marry off their daughters at an early age to reduce the financial burden and education costs.

Most Yemeni families believe that child marriage for girls is a protection and a preservation of family's honor.

Families with a large number of children and low income suffer from the pressure of living, so they marry off the girls when they are young to get rid of their burdens.

Dropping out of education is one of the reasons for child marriage. Educated families do not marry off their children until they complete the stages of schooling, while uneducated or middle-educated families marry off their children at an early age, especially in rural areas (عبد الله، ب. ت: 6).

d. **The spread of some misconceptions:** including, attaching protection, spinsterhood and honor to the girls. In addition, some consider marriage the protective framework for the honor of the family, and the guarantee of the girl's safety from any immoral deviation that might harm the family's reputation and social status. The prevalent notions in some environments about the protection of honor make marriage in such cases the safeguard from slipping into the vice that could offend the girl and her family alike. The spread of this concept is confirmed by UNICEF in one of its studies, and it stated that "families consider child marriage in some countries as a means to prevent girls from having sex before marriage, which could affect the honor of them and of their families" (المؤتمر الخامس للشريعة والقانون, 2015).

e. **Consecration of the stereotypical role of women:** some people think that the main role of women should be in the formation of the family and raising children, and that they must assume this role at an early age to ensure their success, according to standards set by society. Girls do not often have a say in it. In addition, specific criteria for the girl are being set to reinforce the idea of child marriage, and limit marriage to young women, in addition to considering it the most prominent achievement for any girl. The bad image prevailing in society about women who delay marriage and have less chances contributes to increasing the fear of parents, and their desire to marry off their daughters at an early age for fear of the taunts of society.

f. **The existence of some religious and social movements** that encourage child marriage based on religious teachings, or certain customs and traditions.

g. **Armed conflicts and civil wars** as well as their consequences of displacement may lead to child marriage of girls for fear of falling into captivity (المؤتمر الخامس للشريعة والقانون, 2015).

h. Educational and cultural level: the changes that occur in society lead to changes in other aspects, including the view of marriage. According to the views of some sociologists, whenever there is a cultural change within the community, whether it is material or moral, it leads to social changes in customs and traditions (الأحيول؛ وبشير, 2022: 23).

2- Child marriage Under International Legislation and Laws:

Law and society have a strong intrinsic relationship with one another. Laws cannot exist by themselves, and neither can societies without law and order. In his book, The History of Legal Systems, Dr. Mohammad Hussein confirms the existence of a close link and a reciprocal influence between 'law' and 'society'.

Law is a set of rules and principles to regulate the behavior of individuals in society. People are compelled to apply the laws, even by force when strictly necessary. A successful and peaceful society cannot exist without legal rule that takes into account all developments and changes that occur in society. The absence of legal rules governing the behavior of individuals will inevitably lead to chaos and the loss of rights and freedoms. It is the law that lays down the rules that define the duties and rights of individuals and the appropriate penalty for those who violate the rules and legal foundations.

International Conventions:

International charters and treaties approved by the United Nations Council are only the result of realistic studies of the conditions suffered by women in many countries of the world, especially in developing countries. The following are some of the conventions that set the age of marriage:

1- The Convention on the Rights of the Child:

It was adopted by the United Nations General Assembly in 1989, and was ratified by Yemen on May 1, 1991. Article 1 of 1991 states that a child means "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."

2- CEDAW:

Article 16, Paragraph 2 of the Committee on the Elimination of Discrimination against Women (CEDAW) Convention, ratified by Yemen on May 30, 1984, states that "the betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory."

Article 15 of the Personal Status Law was one of the conventions that Yemen adopted and signed, but we find that Yemeni legislation neglected it when making the amendments (29-30 حمزة، د. ت).

This Convention follows CEDAW Recommendation No. 21, which stated that "the minimum age for marriage should be 18 years for both men and women. This age limit for marriage is in line with the definition of a child stipulated in the Convention on the Rights of the Child" (المؤتمر الخامس للشريعة والقانون، 2015).

3- The 1994 International Conference on Population and Development in Cairo:

"Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses," stated in its report.

4- The 1985 Nairobi Conference:

At this world conference, the achievements of the United Nations Decade for Women: Equality, Development and Peace, were reviewed and appraised. "In view of the fact that pregnancy occurring in adolescent girls– whether married or unmarried – has an adverse effect on the health and psychological state of both mother and child governments are urged to delay the commencement of child-bearing by raising the age of entry into marriage in countries where this age is still quite low," the conference stated.

5- The 1994 International Conference on Population and Development:

"Governments should raise the minimum age at marriage where necessary. Governments and non-governmental organizations should

generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities," according to its report.

6- The 1995 Fourth World Conference on Women in Beijing:

Article 274 of its document stipulates that it is necessary to enact laws defining the legal minimum age of majority and the minimum age for marriage, to strictly enforce those laws, and to raise the minimum age for marriage when necessary.

In order to ensure the monitoring of states' implementation of its recommendations, the conference was keen to ask women's organizations to persistently urge governments to raise the minimum age of marriage and to " create social support, on the part of governments and international and non-governmental organizations, to enforce laws relating to the legal minimum age for marriage"(2015 ،المؤتمر الخامس للشريعة والقانون).

Child Marriage Under Yemeni Law and Legislation:

The law that exists in Yemen now is the result of numerous changes and amendments. It brought together the laws that existed in both parts of Yemen prior to Yemen's unification. Each part had its own laws allowing for the marriage of minors before the unification of Yemen. In the northern governorates, the Family Law was found, which stipulated in Article 20 that "Marriage requires the consent of a woman, and if she is still virgin, this requires her silence, which indicate her acceptance. If the woman is divorced or has lost her husband, this requires her expression of acceptance. The guardian's contract for the adult woman is not executed without her consent, and the guardian's contract for the young female is valid, provided that she agrees at the wedding. It is not permissible to marry a woman, or engage with her unless she reaches the age of not less than sixteen years, provided that she is fit for sexual intercourse. Thus, whoever violates the provisions of this article shall be punished with imprisonment for a period of no less and no more than three years, in addition to the consequent fine.

Whereas the family law issued in 1974 in the southern and eastern governorates set the minimum age for marriage at sixteen years for girls and eighteen years for boys. This law authorizes the determination of the age of marriage.

After the reunification of Yemen in 1990, the Personal Status Law No. 20 of 1992 was issued. Article 15 of this law stipulates, "It is not permissible to marry off a young child, whether male or female, without reaching the age of fifteen." This law set the minimum age for marriage without discriminating between boys and girls (حمزة، د. ت: 28, 29).

The national strategy for integrating youth into development included that among the main issues and problems in the psychological and social field, is that parents marry off their children without taking into account the maturity of the young man and his ability to carry out the burdens of married life.

As stated in the proposed strategy, "Decision makers should be informed about the health, psychological and social effects of child marriage as well as early and late childbearing, in addition to the advantages of spacing births. This is in order to reconsider the legislation and laws regulating the minimum age for marriage and to provide quality reproductive health services to young married couples" (وزارة الشباب والرياضة, 1998: 16-19).

Under the 1998 amendments, Article 15 was amended with a formula that abolished the age limit for marriage, which was one of the well-established principles in Yemeni laws. This article, after the 1998 amendment, stipulates, "The contract of the young girl is valid, and the one who is contracted with cannot intercourse with a woman until she is valid for sexual intercourse, even if she is more than fifteen years old. In addition, the contract is not valid for the young person except for an interest." This text is considered a retreat from what was stipulated in the text before the amendment, because it prevented the marriage of a young child (حمزة، د. ت: 28, 29).

Regarding the phenomenon of child marriage, one of the government's directions within the general program of the government 2003 and to confront the rapid growth of the population, is the focus on the effects resulting from child marriage represented in the issue of early pregnancy and childbearing, as well as the interest in working to strengthen multi-directional awareness programs. This is to bring about a behavioral change in the aspects of early, late and close reproduction, in addition to the awareness of the requirements and desired family size (البرنامج العام للحكومة, 2003: 11).

Since the legislator was not serious about activating the text, he did not require the contract to be conducted by the legal authorized person or the court in order to monitor the application of the text. However, it is useful in the case of a dispute over the marriage of a young child, and this will be illustrated when explaining some examples of cases. The matter got worse when the text of Article 15 was amended in 1999 alone, which permits the marriage of young children, regardless of their age.

The legislator's position was clear in encouraging child marriage, although this encouragement came after Yemen ratified many international conventions and treaties, the latest of which was the Convention on the Rights of the Children, which specified the age of childhood up to eighteen years. However, the legislator has ignored all the texts that are binding on him internationally.

This amendment met objection from activists in women's rights and human rights who submitted a memorandum of appeal at the end of 1997 when Parliament proceeded to ratify the amendment of the decision of Law No. 20, which authorizes the marriage of young girls. Indeed, ratification of the law was halted and the president sent it back with notes made by activists to Parliament in order to change the decision, which was amended in 1997.

Then in 1998, Parliament voted on the amendment after reviewing the President's letter and notes, but Article 15 was not among the amended articles, and it remained in the Parliament's drawers. Then the amendment to this article was passed in 1999 along with other laws. Thus, the amendment was passed by marrying off the young girl, despite all attempts to prevent it (18 ,17 :ت .د ، للمرأة الأعلى المجلس).

The national population policy has two objectives related to child marriage, including the seventh goal, which states the importance of reducing the degrees of exposure to the risks of close and frequent births and their occurrence at early and late ages. The eleventh goal states that there should be serious works to promote the health, well-being and potential of all children, youth and adolescents, in addition to meeting their specific needs, giving due consideration to their creative capacities and providing them with support at the family and community levels. They should also be made aware of the risks of early

and late childbearing as well as high-risk pregnancies. In addition, their capabilities should be directed to the delivery of information, health, social and cultural information and services to the population, including information and services related to reproductive health, family planning and sexually transmitted diseases, including AIDS" (المجلس الوطني للسكان, 2001-2025 :11).

In addition, the population work program in the field of maternal health included spreading awareness among families (men and women) about the benefits of childbearing at safe ages, which range between (20-35 years), and at intervals of no less than three years (المجلس الوطني للسكان, 2001-2025 :11).

There are no statistics in the courts that prove the age at which women should be married. Marriage documentation records were reviewed in the courts and it was found that the record contains the following information: the names of the husband, the wife, the witnesses, the clerk and the dowry. However, there is no field in the record where the age of the spouses is indicated. In addition, there were no integrated records to prove cases of marriage in order to know the age at which the marriage takes place, and there are no records of women seeking divorce or who get into trouble with their husbands. (المجلس الأعلى للمرأة، د. ت: 18).

Chapter Four

Effects and Solutions

This chapter presents the effects of the child marriage and the appropriate solutions to these effects, as follows:

First: Child Marriage and Cultural Heritage:

The phenomenon of child marriage is one of the most prominent legacies of social and cultural values and norms especially in the countryside. People think that marriage preserves people's dignity and honor. The spread of this phenomenon is deeply due to cultural orientations in favor of child marriage, which are governed by and prompted by the families' tribal mentality. Women represent the family's honor, reputation and dignity. In our view, therefore, sound concepts may be transformed into upside-down terminology in line with their authoritarian norms and traditions, so they marry off girls at an early age (الصفار, 1987: 400).

The phenomenon of child marriage is an inherent social custom that falls within the framework of popular culture. One of the forms of this culture is outdated traditions to delude girls that they must accept the first husband who asks to marry them, so as not to be called spinsters. This means that missing this opportunity leads to the social disregard of the girl and her subjection to patriarchal authority in which popular rituals and concepts are overlap such as: happiness, buried secret, protection, honor, shame ... etc. These are beliefs that are accepted in the collective awareness level, but they increase the girl's loneliness and break her psyche.

The mental and psychological structure of the girl is formed according to a traditional family and social upbringing that destroys her ego love and kills her desire to oppose opinion. She does not have the right to express her feelings and desires. So fanatical cultural beliefs encourage girls to obey and respect customs and traditions, while parents view their daughter as a minor, ignorant and emotional being whose world is the home and her boundaries are the husband and children (جابر, وآخرون 2006: 56).

The culture of Yemeni society contributes to perpetuating the phenomenon of child marriage in general and child marriage for girls in particular. There are many popular proverbs that encourage the marriage of girls at an early age. The most famous of these proverbs are "If you marry girls of eight years old, I guarantee you happiness," which enshrines the phenomenon of girl's child marriage at the age of eight.

Notably, the social upbringing of the Yemeni girl depends on preparing her from an early age for her reproductive roles. As soon as she reaches the age of 9 or 10, she is largely prepared for these roles (مرشد,د .ت :18-3). Customs and traditions play a key role in the marriage that takes place between families, mostly away from the girl's desire (الفائز, 2012: 5).

In a working paper on the reality of the Yemeni girl presented to the 15th International Festival of Youth and Students in Algeria, it mentioned that socialization has a great impact on the girl and determines her roles. Usually, society focuses during its interaction with the girl on the following:

Preparing the girl from her early years that the family role is one of her most important roles in life and marriage is an important goal. And the procreation gives women a special status in her family and society. Woman's femininity and beauty are essential qualities that come at the forefront of qualities and characteristics.

A set of family and social values deals with the female as a nakedness (Awrah) that must be covered. That is why the families offer to marry off their daughters early on the grounds that girls' marriage protects them. Therefore, families with many girls have less "pride" and lower status (18-3 :مرشد، د.ت).

Many researchers point out that customs and traditions are the main factor in the spread of child marriage among females in particular. It is common knowledge that girls are not allowed to do some things before her marriage, such as chewing Qat or attending women's councils. Therefore, a girl considers marriage as her means of doing these things (عبد الرحيم, 1995).

Yemeni culture favors child marriage, and even calls for it. We find that if a Yemeni man wants to marry, he is not tempted by a girl who is

20 and over, but rather by a girl who is 14 or 15, and there is no objection to her being 18. Not only this, folk songs glorify that marriage, as well as the popular heritage. We hear many examples on this issue, as it is common in some areas to think of marry off a girl at the age of 4, such as the countryside of Hajjah Governorate, as well as the countryside of most areas of Yemen.

Thus, girls are brought up as wives and mothers in the future since the beginning of their awareness of themselves, so their interests turn to marriage and preparation for it. Societies neglect that they need education before their marriage. So, they can form a family that copes with life and the requirements of marriage (الحيمي, 2005: 4).

Child marriage is a socio-economic and cultural phenomenon that has existed since ancient times. It is one of the most prevalent bad social phenomena, as is the case with other phenomena that girls are exposed to in their prime. It is widespread despite health and social awareness campaigns. This phenomenon still retains its adherents in traditional social circles. Because of the lack of intellectual awareness in some families and thinking backwards, they think that the child marriage protects the girl. This is not true, but it destroys children's innocence and stops the maturation of their minds.

Second: Effects of Child marriage:

There are many problems, risks and effects that result from the marriage of a young girl. Some are direct and some indirect, and in both cases its impact on the young girl and her future cannot be ignored. Its impact on the young girl is represented in several aspects, psychological, social and health and economic as well, and the following is detailed:

1- Social Effects:
- Child marriage has negative effects on young girls. It makes them bear responsibilities greater than their capabilities, which affects their general life, among the most important of these effects:
- Child marriage exposes the young wife to great responsibilities that she is unable to bear. This leads to the inability to organize a family and plan for a stable life.
-

- A married girl at a young age is deprived of building her social personality. She becomes confused and feels weak and inferior towards others especially towards the man who represents the husband, brother and son. She cannot criticize or protest and always feels weak about situations. She also becomes unable to perceive things around her, so she neglects all other aspects of life. Her attention is focused on the home and children. So this makes her feel deprived especially when she looks at the world around her and what she sees in the various media, how women have become outside their country's borders while she is closed in herself. So this increases her brokenness in life (حمزة,د.ت, 2008: 48).

- In educational terms, the skill of the art of dealing with life requires a person to use the integrated cognitive approach that makes him familiar with all its aspects by access two levels of science. The first is the academic scientific level, which gives him information in a particular discipline. The second is the scientific, cognitive and cultural level, which expands the circle of knowledge. It also helps him to reach psychological compatibility with himself first, and then social compatibility with his community. Hence, the importance of education for the individual in general and for the woman, as she is one of the main and important pillars in the process of social upbringing of the individual and society as a whole. However, despite the importance of education, the phenomenon of child marriage hinders individuals to benefit from it. It also constitutes an obstacle to the process of community development. Because the nature of socialization has instilled in parents' minds the idea that home is the right place for a girl, and then there is no need for her to go to school or continue her education. This has many implications, including that it does not allow the girl to develop her skills, so she becomes an illiterate mother and has a low level of awareness, which affects her children's upbringing and education, as well as she will have unbalanced personality. This makes her unable to deal with herself on the one hand, and with those around her on the other hand, including children, husband, relatives and neighbors. It also makes her unable to solve the problems she faces (ياغي, 2018: 426).

-

- Increasing divorce cases. It is an inevitable result of a relationship that lacks mental, emotional and emotional maturity and lack of experience, in addition to the psychological changes accompanying this stage (adolescence), which affects the relationship between couples. Divorce leaves bad effects on the young girl's psyche. It is one of the stressful situations in her life. The failure in marriage and the conflict that she experienced with the husband generates in her a feeling of fear and insecurity. She may also doubt herself and her abilities as a human. She may have a sense of failure and frustration, and she sees herself as a commodity that her father sold and got the price. This sense is liable to lose her self-confidence and self-esteem. Like her will not succeed in raising normal children psychologically (الشرجبي, 2005: 10).

The spread of early divorce for young girls may be due to several reasons, including their lack of knowledge of marital rights and the lack of marital harmony. In the Gulf region, Kuwait took the lead in the rising number of divorce cases. As data showed that 60% of marital relationships ended in separation in the first part of 2017. The courts recorded nearly 2001 marriages, while 1,193 divorce cases. Data added that the number of marriages decreased from last year, which was 2,425, and in contrast 1,180 divorce cases, according to the Ministry of Justice in Kuwait. In Saudi Arabia, the number of marriage contracts that were completed reached 157,000 cases in 2016, and 46,000 cases of divorce took place. That is, 30% of marriages end in separation. The city where divorce has increased the most was Jeddah, where divorce cases have increased by 50% since 2015. According to statistics, Saudi Arabia witnesses 127 divorce cases every day.

As for the causes of divorce, the most important of them are child marriage and the consequent lack of awareness of the couples about marital responsibilities and necessary household tasks for the continuation of married life, in addition to the so-called "Marriage of Convenience". In Kuwait, the government provides financial aid and loans to new couples to start establishing their married life, and these financial grants make some people marry.

Being exposed to violence makes the girl less able to face it because of her lack of awareness and maturity. It leaves the girl in a low rank,

unable to make decisions for her family because her role is limited to procreation. She may not be able to make any decisions about her children, her family, or their future.

The results of Al-Sharjabi's study on violence against women in Yemen showed that child marriage is one of the direct causes of domestic violence. Women, especially in governorates that are predominantly rural and tribal, indicated that child marriage is one of the most important causes of violence against women as a result of the inexperience of the husband and wife, and the large number of disputes between them. This leads to moral and physical violence by the husband towards his wife. (الشرجبي, 2003: 28).

2- The Psychological Aspect:

The desire and motivation for marriage is one of the key components of successful married life. However, this motive is not available with child marriage due to the psychological changes, the instability of their emotions and feelings, and their lack of awareness of the nature of this relationship as well as the duties and rights that they owe, which often accompany this stage of girls' lives. Therefore, we see them colliding with this as a result of the different mental perceptions they had about marriage in their imaginations, in addition to their emotional deprivation of parental tenderness and depriving them of experiencing the stage of their childhood. Additionally, they grow a sense of internal inadequacy about the psychological requirements for the stability and balance of their personality. As a result, fear controls their life, and they believe that they are unable to take any action to address the challenges that they face in married life. Therefore, they find themselves that they have only two choices:

• Accepting this reality and leave it to time and the possibility of its change, or to learn the fundamentals of a successful marriage and seek advice from those who have already been married. This requires a lot of efforts on their part, but the results will be better for them on the one hand, and for their families on the other.

• Or she must accept this reality and leave it to time and the possibility of its change. And this is where their life becomes vulnerable to marital disputes that have psychological impacts on them, including lack of self-confidence, loss of sense of security, depression, feelings

of social isolation, and low self-esteem.

In addition, the frequent exposure of minor girls to physical and psychological pressures will cause a relapse of this stage, and they will experience a life that is characterized by psychological diseases, such as hysteria, depression, anxiety and personality disorders. This causes problems in the couples' sexual relationships, which may push them toward addiction or make them want to commit suicide (باغي, 2018: 426).

Many researchers believe that the psychological effects resulting from the girls' lack of awareness of the responsibilities, consequences, rights and duties of marriage may have a greater psychological impact than the health and physical effects on the young girls. Regarding the social effects, they are equally as significant as the psychological effects resulting from the divorce of young girls, which often results in a bad and disturbing relationship with the husbands' families, in addition to their inability to raise children and bring them up in a balanced psychological and social upbringing. There is no doubt that such effects lead to various other diseases, both psychological and physical, such as loss of appetite, stomach disorders and other anticipated effects (الفايز, 2012: 7).

The study of Radwan and Emad confirmed that due to child marriage, girls experience the feeling of fear and anxiety, and that they have gone through severe crises during their marriage, in addition to their suffering from depression, anxiety, and lack of confidence. In addition, they contemplated suicide, because they lack the feeling of happiness in their marital life. They usually lack communication with the husband and they choose not to subject their kids to the situation (رضوان؛ وعماد، د. ت: 8).

A recent study by a group of scientists showed that the marriage of girls at an early age, before 18 years, causes them to have many psychological problems and disorders such as anxiety, depression, and bipolar disorder. The research team, headed by Dr. Yan Low Start, studied nearly 18,000 women in the United States to find out the age at which each woman got married, and whether they suffer from any psychological disorders - whether in long-term or short-term. It was found that about 41% of women who married at an early age had suffered from mental disorders.

3- The Health Aspect:

Child marriage poses an immediate threat to the health and safety of girls. Pregnancy usually occurs immediately after marriage, even if the girls are not ready physically and mentally. According to statistics from developing nations, nine out of every ten teenage births occur in a marriage or partnership. In addition, pregnancy and childbirth complications among adolescent girls aged 15-19 are the leading cause of death worldwide.

Married girls may also be exposed to sexually transmitted diseases, including HIV, and become more vulnerable to harm. Furthermore, they are less able to stand up for themselves and avoid abusive relationships. For instance, married children frequently suffer from mental problems as a result of their exposure to abuse.

On the other hand, Yemeni women suffer from thinness and lack of weight, and they are currently suffering from dwarfism. This is not only due to the birth of many children, but many women are married off when they are young, giving their growth to the fetus in their wombs. It is known that the fetuses need food, and their mothers also need proper and intensive nutrition at the same time, given that they are still in the process of physical development. However, they lose many elements of their growth to give birth to their fetuses. Thus, they suffer from dwarfism and poor physique because they did not take their right to have physical development. Besides, they become unable to perceive the things around them, so their interests turn to the home and children issues, and they neglect all aspects of life. Moreover, they have no opinion about anything mentioned around them, and they see no purpose or importance for their existence except for their homes and children, and when their children grow up, they begin to criticize their mothers (الصلاحي، د. ت: 24).

The UNICEF study on the situation of children and women in Yemen also reveals that the phenomenon of child marriage, which is spread among rural women more than urban women" is one of the common factors that harms the health of women and children in rural areas and raises the death rate. They usually have more children and are less knowledgeable about family planning, (اليونيسف, 1998: 23).

Adolescent girls need a balanced nutrition that supports the rapid

growth of their bodies, and meets all the requirements for physical growth of proteins, vitamins and others. As a result of marriage at an early age, an additional burden is placed on their bodies due to pregnancy, which in itself requires better nutrition that meets the needs of the pregnant women and the fetuses. The pregnancy that married adolescent girls experience leads to physiological and hormonal changes in the little girls' bodies, which disturb the growth process and have long- and medium-term effects on general health. These changes and the pressures that the body is exposed to occur at a time when adolescences are in need of attention to their health and nutrition.

The results of the study "Child marriage in Yemen" showed that there is a strong correlation between child marriage and the health conditions of girls, because child marriage leads to a girl's exposure to a number of diseases and health risks, foremost of which are reproductive diseases, such as genital infections, abortion, postpartum infections, puerperal fever, and others, as well as malnutrition, anemia and fatigue. In addition, many girls who married at an early age suffered from dystocia, and many of them gave birth through caesarean sections, and gave birth to children suffering from some diseases.

It was also found that child marriage of girls and boys contributes to the poverty of families of young husbands, especially since child marriage is widespread among poor families, because these families seek to marry off their daughters at a young age to get rid of the costs of their needs. Therefore, they often marry off their daughters to boys from poor families. However, the families formed by these young husbands are poorer than those of their fathers. Furthermore, repeated pregnancy exposes the girls to exhaustion, and it exposes their children to neglect and lack of care.

All of the aforementioned is inconsistent with the provisions of Articles No. 6 and 42 of the Convention, which obligate countries to respect the right of every child to live, to guarantee his survival and development to the fullest extent possible, and to guarantee his right to enjoy the highest attainable standard of health. In addition, the child has the right to have facilities for the treatment of diseases, and he has the right to have health rehabilitation services. Moreover, other actions should be taken to preserve infant mortality, combat diseases and malnutrition, and ensure

appropriate health care for mothers before and after birth. Besides, the child also must have the right to develop health and preventive care, guidance provided to parents, education and services related to the organization the family (الشرجبي, 2005: 12, 13, 21).

4- The Economic Aspect:

Child marriage is an obstacle to the process of development, because it has negative economic repercussions for the girl, the family, and society as well. This can be determined as follows:

- Most studies indicated that child marriage is one of the main causes of women's poverty, that is, it leads to the "feminization of poverty", as a result of the direct impact of child marriage.
- The high rate of poverty in the last decade has led girls to abandon their education, either because their families are unable to pay the costs of their education or because they are afraid of spinsterhood. Some examples indicate that some young people have left their education, especially in the rural areas, in search of work to support their families. However, when they search for life partners, they do not prefer marrying educated girls for many reasons.
- Child marriage hinders women from education and entering the labor market. Thus, society disrupts its feminist energies and deprives women of work and creativity. Thus, the women are more vulnerable to poverty, because they do not have the experiences or skills that will make them gain financial returns to improve themselves and their families to get out of the cycle of poverty (حمزة؛ وآخرون، د. ت: 47-28).
- Most studies and work papers confirm that child marriage contributes to perpetuating illiteracy and poverty in Yemeni society in general, and among women in particular. It is also a key factor in the high fertility rate in Yemeni society, and has severe negative health effects on the health of children and mothers at the same time, in addition to other negative effects in Yemeni society. In a study on the situation of rural women and gender issues, it was found that rural women still suffer from a high rate of illiteracy, which reaches 79%, and it is linked to the high percentage of women who work as housewives (الصلاحي, 2001: 11).
- Fertility rate increases dramatically due to child marriage, reaching

6 births for every woman of reproductive age 15-49 years. This, in turn, affects the increase in the population and puts pressure on the available resources in the country, resulting in economic and social problems as well as an increase in the burden of total, economic and social support (28-47 :ت .د ،وآخرون ؛حمزة). As a result of the high fertility rate and the reproductive role of Yemeni women, it is likely that poverty will fall on women, because they married early, which led to depriving them of education or of obtaining sufficient qualification and training that would enable them to obtain a job (الشرجبي, 2002: 18-19).

Therefore, the phenomenon of child marriage affects society in terms of the spread of unemployment and the lack of economic work since girls do not complete their education and they lack the necessary skills, which leads to an increase in women's poverty. This is due to the widespread ignorance and lack of responsibility in some families, and the lack of awareness and understanding by the spouses, in addition to their inability to undertake family and societal responsibility.

Yemeni Government Strategies to Address the Phenomenon of Child Marriage:

Governmental and non-governmental bodies and organizations have taken great interest in the phenomenon of child marriage and its repercussions on the girl, family and society. This is evidenced by a number of governmental and non-governmental strategies that were promoted over the past years, detailed as follows:

- **The 1998 national strategy for integrating youth into development:** included "the importance of informing decision makers about the health, psychological, and social effects of child marriage, early childbearing, and short birth spacing to reconsider the minimum age for marriage and provide quality reproductive health services to young married couples" (19 :1998 ,الشباب والرياضة وزارة).

- **The 2000 comprehensive national strategy for sustainable human development:** clarifies, in the population axis, that one of its general objectives is to reduce the population growth rate to a level commensurate with the country's natural resources. Among its policies are to reduce the fertility rate, and to develop institutional

building and related laws and regulations. Among its measures are raising awareness of the risks of early childbearing and short birth spacing, and enacting laws to raise the age of marriage for women (وزارة التخطيط والتنمية, 2000).

- **National gender strategy 2000-2025:** priority needs were identified to combat the phenomenon of child marriage and end practices harmful to her physical and mental health through awareness programs and family and social counseling. Challenges and obstacles were also identified, including the lack of family and societal awareness of the risks of child marriage on the health of the girl, and its impact on her ability to bring up and raise children (اللجنة الوطنية للمرأة, 2000: 28).

- **General principles of the national population policy 2001-2025:** emphasize the importance of fully taking care of mothers and women of child-bearing age, as well as taking all necessary measures to ensure quality of care for safe motherhood against infection and risks associated with early childbearing and short birth spacing. Its seventh goal states, "it is important to reduce degrees of exposure to, and occurrence of, close and frequent births at early and later ages." The eleventh goal states, "it is necessary to work hard to promote health, well-being, and potential of all children, youth and adolescents, meet their own needs, with due regard to their creative abilities, provide them with support at the family and community levels, raise their awareness of the risks of early and late childbearing and high-risk pregnancies, and direct their capabilities to deliver health, social and cultural information and services to the population, including information on services related to reproductive health, family planning and sexually transmitted diseases, particularly AIDS (المجلس الوطني للسكان, 2001: 17-14).

- **General Program of the Government 2003:** among the government's strategies was to focus on the consequences of child marriage, including early pregnancy and childbearing. It ensures facing the accelerated growth of the population by paying attention to "strengthening multi-directional awareness programs to bring about a behavioral change in the aspects of early, late and close reproduction, and awareness of the requirements and desired family size" (General Program of the Government, 2003: 11).

Suggested Solutions to Reduce the Negative Effects of Child Marriage:

There are a number of solutions that can be proposed to end child marriage, including:

1- Including legal provisions that prevent child marriage in child protection laws.

2- Establishing strict legal standards against exceptions that allow child marriage.

3- Supporting and enforcing legislation to increase the minimum age of marriage for girls to 18 years.

4- Achieving gender equality at an early age, within the family and society.

5- Ensuring the participation of girls without discrimination in social, economic and political life.

6- Creating social, economic and civic opportunities for girls and young women to change practices that discriminate against them through educating community members.

7- Providing opportunities for girls, who are married and have no further education, to return to education, to work, and to acquire skills, information and services in the area of sexual and reproductive health, and referring them, in case of domestic violence, to institutions that deal with these problems.

8- Implementing international conventions called for by the United Nations and ratified by Yemen and many countries to end child marriage through a number of means, the most important of which are:

  • Calling on countries to enact laws to reduce and limit child marriage by raising the minimum age to 18 for boys and girls and applying the most important conventions that dealt with this point, such as: the elimination of all forms of discrimination against women, the ratification and application of the protocols of the Geneva Convention, the application of the International Criminal Court system to protect human rights, women and children.

  • Activating the role of women's organizations in implementing the recommendations of the United Nations, because civil society organizations in general, and women's organizations in particular,

play a prominent role in the implementation of international conventions. These organizations constitute a powerful pressure against governments to implement the conventions they have signed and which stipulate the amendment of local laws to be compatible with the recommendations of these conventions, including:

a- Carrying out educational activities in order to raise awareness of the negative aspects of child marriage, in implementation of the recommendation of the United Nations General Assembly, which, in its resolution (66/140), renewed its call to put an end to harmful traditional or customary practices, such as early and forced marriage.

b- Conducting campaigns to demand the enactment of laws that prevent child marriage, one of the most important goals of which is to work on the issuance of a law prohibiting girl child marriage. This can be done through carrying out a pressure campaign to abide by international conventions, setting the minimum age for marriage and registering marriage contracts, and working to tightening up penalties for every husband who abuse and assaults his minor wife.

c- Raising awareness by activating the role of cultural centers through holding cultural courses that show girls and their families the importance of girl's education, and by publishing TV and radio advertisements explaining the negative aspects of child marriage.

d- Working on changing inherited negative social norms and limiting their impact through implementing programs that help change traditional behavior to achieve gender justice.

Chapter Five
Previous Studies

This chapter deals with previous studies that focused on the problem of child marriage, as they presented the reasons, the most important effects and consequences of its spread. The current study also has addressed the aspects of the benefiting obtained from it, as follows:

First: Previous studies:

The studies addressed from the latest to the oldest were presented as follows:

1- The study of (2022 ،الأحيول وبشير): The study aimed to identify the social, cultural and economic causes and their impact on the child marriage in Benghazi city, the criteria that the judge relies on to grant permission to marry a minor, also to analyze the effects of child marriage for a girl in terms of economic, social and health aspects, and the use of social survey in data collection. A questionnaire was prepared to know these criteria by 50 judges, including 26 male and 24 female judges. Therefore, the study concluded that the judge, in general, depends in granting permission to marry on the girl's own desire, regardless of the criteria that we thought he took into account, such as the girl's social and economic conditions or her mental, physical or psychological capacity. And 92% of the judges confirmed that they had never refused any request for the marriage of a minor, and this means that giving permission is usually a foregone conclusion.

2- The Study of (2021 ،راجح) , The study aimed to identify the causes of the phenomenon of child marriage, and its effects on the girl from the point of view of a sample of young people in Yemeni society. The research relied on the descriptive analytical approach. One of the most important hypotheses that were adopted in the study is the research on the impact of the educational level of young people and their opinions towards the child marriage, and the disparity in support for their marriage among young people according to the governorates. Therefore, the study found a set of results, including: the reasons for the occurrence of child marriage are related to poverty and economic conditions that burden families, leading to marry off their daughters at

an early age, as well as to the customs and traditions that desire such marriage. There are also various effects on the girl, including depriving the minor girl from enjoying her childhood, and taking responsibility at an early age.

3- The study of (2020 ،أحمد) : This study aimed to determine the level of the role of civil associations in facing the phenomenon of child marriage, determine the level of return of this role and the obstacles it faces, as well as identify proposals to reduce these obstacles, and reach a proposed future vision from the perspective of how society organizes to activate the role of civil associations in facing the problem of child marriage. The researcher used the comprehensive social survey method for the officials working in the Girls' House Foundation for Minors in Ain Shams, which numbered 28. The questionnaire was used as a tool for data collection. Therefore, the study reached the following results:

• The level of the role of civil associations in facing the phenomenon of child marriage as a whole, as determined by underage girls, is medium. Where the arithmetic average was 2.22.

• The average level of the role of civil associations in facing the problem of child marriage as a whole, as determined by minors, is high. Where the arithmetic average was 2.41.

• The level of images of the participation of minors in implementing the role of civil associations in facing the child marriage as a whole, from their point of view, is medium. Where the arithmetic average was 2.26.

• The average level of return on the role of civil associations in facing the phenomenon of child marriage as a whole, as determined by minors, is high. Where the arithmetic average was 2.39.

4- The Study of (2019 ،أحمد وآخرون) :
The study aimed to identify the opinion of the sample members on the phenomenon of child marriage, and to identify some personal and social characteristics between those married at an early age and those married at a late age, as well as to identify the causes of child marriage for rural girls from the sample's point of view. To achieve the goals, two villages were selected from each of the following centers: Fateh Center, Assiut Center, Al-Anayem Center, and Al-Qusiya Center. Data were collected using a questionnaire form from married women. Therefore, the results

indicated that the most important reasons that lead families to marry off their daughters at an early age are: ignorance and backwardness, old habits, "the girl's preservation (Sutra)", lack of education of the girl, and the presence of the right groom. The most important effects of child marriage were psychological effects, the most important of which are personality disorders and emotional deprivation. And the social effects include lack of responsibility and family problems.

5- The Study of(2018 ،ياغي) , : The study aimed to identify the most important reasons that contributed to the emergence of the phenomenon of child marriage in light of the Syrian crisis, and the resulting effects on society in general and on the minor girl in particular. The researcher used the descriptive analytical method, and designed a form to achieve the goal. The study sample was 62 women. Therefore, the most important results of the study were: the reason for the child marriage in light of the Syrian crisis is the result of the harsh conditions experienced by the families of the sample members, especially the security, material and social conditions. This is also due to families' fear for their daughters of exposure to problems that harm their honor, and to reduce material burdens, especially in families with a large number of children. One of the results is also that marriage at an early age affects the health, psychological and social status of the minor girl. At the conclusion of the study, a set of recommendations were presented to reduce its spread in the Syrian society.

6- The study of (2016 ،الشاعر) , : The study aimed to identify the social and economic reasons for child marriage, determining the social and psychological effects of it from the point of view of the sample members (i.e. heads of families), as well as identifying their proposals to overcome this phenomenon. The researcher used a questionnaire to collect data. The study sample amounted to 120 heads of families. Therefore, the results showed the following:

– The most important social reasons for child marriage are the consideration of marriage at a young age as protection for the girl, fear of spinsterhood, and the inability to bear the costs of girls' education.

– The most important economic reasons for child marriage are the difficult financial conditions of the head of the family, the persistently

high costs of marriage, and the insufficient income of the head of the family to care for and spend on her.

– The most important social effects of child marriage were represented in: dropping out of education, the girl's inability to take care of her children, and the girl's lack of awareness of the meaning of married life.

– The most important psychological effects of child marriage are the girl's resort to her family even in the simplest problems, the lack of psychological comfort between the girl and her husband, and her constant feeling of depression.

– There is a direct and significant correlation between the variables of number of family members, area of agricultural holding, age, and monthly income. There is also a significant relationship between the variables of educational status and profession of the head of the family, and their views on the social reasons of child marriage.

– There is a significant relationship between the variables of profession and educational status of the head of the family and their opinions on the economic reasons for child marriage.

– The most important proposals of the sample members (i.e. heads of families) to overcome the phenomenon of child marriage were: providing loans to work projects, providing job opportunities, organizing awareness lessons in mosques to shed light on this problem and finding solutions to it, in addition to raising rural women's awareness through the various media of the need for family planning, raising wages and increasing incomes.

7- The Study of (2015 ، المرسي وآخرون) : The study aimed to identify the characteristics of underage wives, the reasons that lead families marry off their daughters at a young age, the problems arising from child marriage, and whether religious affiliation is related to child marriage. The researcher used in-depth interviews with the study cases, where an interview was conducted with 12 cases of underage girls who got married in the village of Mansha'at Al-Junaidi, Tanta district, Gharbia Governorate. Therefore, the most important results of the study were: minors' age at marriage ranges from 14 to 17, most cases were uneducated wives and families, and the low social and economic level of these families. In addition, the most important reasons for the

child marriage of the girl was her failure in education, the low level of family education, the poverty of the family and its low income with the increase in the number of its members, and that most of the samples live with their original families in one home. This marriage faces many problems, including: not documenting it, and then the possibility of losing the girl's right and not registering births, and the girl suffering from many organic and psychological diseases. It also became clear that there is no relationship between religious affiliation and child marriage.

Second: Commenting on the Previous Studies:
The Benefits:

The current study benefited from previous studies in defining the study problem, its importance and objectives, in defining concepts and how to choose the methodology. The studies previously reviewed dealt with the issue of child marriage or the child marriage in terms of its impact on the family and its social and economic conditions. The study of (ياغي, 2018) aimed to identify the most important reasons that contributed to the emergence of the phenomenon of child marriage and its effects on underage girls in particular in light of the Syrian crisis. While the study of (راجح, 2021) focused on the reasons of the phenomenon of child marriage and its effects on girls from the point of view of a sample from the young people in Yemeni society. And the study of (أحمد, 2020) dealt with determining the level of the role of civil associations in facing the phenomenon of child marriage, determining the level of return of this role and the obstacles it faces, as well as identifying proposals to reduce these obstacles, and reach a proposed future vision from the perspective of how society is organized to activate the role of civil associations in facing the problem of child marriage. As for the study of (الشاعر, 2016), it focused on the social and economic reasons for child marriage and determine the social and psychological effects of it from the point of view of the heads of the families surveyed. The study of (المرسي وآخرون, 2015) targeted the characteristics of underage wives, the reasons that lead families to marry off their daughters at a young age, and the problems caused by child marriage.

The Agreement:

The current study agreed with all previous studies in determining the social and psychological effects of child marriage, and how to reduce it. In addition, this study has addressed the role of civil associations in facing the phenomenon of child marriage and the obstacles faced by civil associations in combating this marriage. Most of them agreed with the current study in terms of the issue, goal and effects resulting from child marriage.

What Distinguishes the Current Study from the Previous Studies:

The current study was characterized by the fact that it took Yemen as a specific place for study, dealing with the child marriage in Yemeni society as an issue for it. It recognized it as a phenomenon and the extent of its spread in recent years. The study also identified the reasons that led to this and the resulting effects that a minor girl may be exposed to, psychologically, physically and socially. Through the results of the study, it sought to find some solutions to reduce this phenomenon in Yemen.

Chapter Six
Study Methodology and Results

This chapter presents the methodology adopted by the present study and the results obtained and discussed in comparison with previous studies.

First: Study Methodology:
The current study relied on the descriptive survey method to describe the reality of child marriage phenomenon. To know to what extent child marriage is widespread in Yemeni society, the study analyzed data obtained from statistics, reports, research issued by some local and international organizations and institutions and studies related to the child marriage in some Arab countries.

Second: Study Results:
- Child marriage is one of the social problems that Yemeni society suffers from, especially Yemeni girls, whether in urban or rural areas.
- As a result of the current circumstances and the displacement of families from their areas of habitual residence, the phenomenon of child marriage has increased, especially among displaced families.
- Child marriage is an inherent social custom that falls within the framework of outdated culture, customs and traditions, which see that girls must gladly accept the first man who asked for their hand in order not to become spinsters.
- Many cultural, social and economic factors contributed significantly to the spread of this phenomenon. Poor families are more motivated to marry off their daughters at an early age.
- Women married at an early age have a higher incidence of poverty in the event of the loss of the family breadwinner.
- Girls are deprived of their right to choose their own life partner, and resign to the will and authority of their guardians (father, brother, uncle, etc.)
- The lack of powerful and influential media to convince the concerned authorities and public opinion of the seriousness of this phenomenon.

- The mortality rate of young mothers has increased, because they are exposed at an early age to many risks of pregnancy and childbirth, such as severe bleeding and severe anemia, etc.
- Among the most significant root causes of child marriage are widespread poverty, poor economic conditions, girls and women's deprivation of education and inclusion in social life, wars, insecurity, instability, lack of legal provisions setting a minimum age of marriage, narrow view of women in traditional societies, girls' insufficient psychological and physical readiness for the experience.
- Child marriage has many negative effects, including: depriving the girl from enjoying her childhood and taking on responsibility at an early age, causing psychological disorders for the girl if divorce occurs, causing her death because she is unable to bear the pain of childbirth, the disintegration of families and the inability to take care of children because of lack of awareness and experience and physical weakness.

Third: Comparing Study Findings with Previous Studies:

The current study concluded that families' low social and economic level is one of the most important social reasons for child marriage. This finding is in agreement with what was concluded by (الشاعر، ياغي، (2018), (2016), and (راجح ، 2021. The current study agreed with (ياغي، 2018), (المرسي؛ وآخرون، 2015), and (راجح، 2021) in that families resort to marrying off their daughters at a young age as a result of the harsh security, material and social conditions, and fearing that their daughters would be exposed to honor-related problems to alleviate the financial burdens- especially on families with a large number of boys- and the inability to afford girls' education costs.

It was also found that one of the most important reasons that push families to marry off their daughters at an early age is ignorance, backwardness, old customs and traditions, protection, and education dropout. This conclusion is consistent with that previous studies of (المرسي؛ وآخرون، 2015) and (أحمد؛ وآخرون، 2019).

This study is in agreement with the studies (الشاعر، 2016), (أحمد؛ وآخرون، 2019), and (ياغي، 2018) that the psychological effects, such as personality disorders, emotional deprivation, and organic disorders, are

among the most important effects of child marriage.

In addition, the current study agreed with the two studies of (الشاعر، 2016) and (المرسي؛ وآخرون، 2015) that child marriage has social effects, including girls' inability to take responsibility, family problems, drop out of education, girl's lack of awareness of what marriage entails, and divorce.

The current study agreed with the study of (ياغي، 2018) that women married at an early age have a higher incidence of poverty in the event of the loss of the family breadwinner. It also agreed with (ياغي، 2018) and (المرسي؛ وآخرون، 2015) that mortality rate of young mothers has increased, because they are exposed at an early age to many risks of pregnancy and childbirth, such as severe bleeding and severe anemia, etc.

Conclusion:

This study dealt with the phenomenon of child marriage, and showed that its negative effects on girls are much more than its positive effects. It also emphasized that child marriage is a widely prevalent phenomenon in the Yemeni society, both rural and urban, and that it is widespread among males and females in general and among females in particular.

Child marriages are increasing under the current circumstances due to many reasons, including ignorance, poverty, fear, disasters, wars among others. We cannot overlook the significant role played by customs and traditions in perpetuating this phenomenon through, for example, popular proverbs. Child marriage has become a prevalent culture in society that is transmitted by socialization over generations.

Child marriage has negative effects on girls, including health and psychological effects. Child marriage is associated with the high rate of maternal mortality as a result of early pregnancy and childbearing, the high rate of illiteracy among girls and women as a result of dropping out of education, and the high rate of poverty among them due to their illiteracy and lack of adequate qualification to participate in the labor market. Also, child marriage is a form of violence against girls and women.

The absence of specific legal provisions determining the minimum age of marriage in Yemeni law is an important factor in the spread of this phenomenon. We find many cases in which young children are married off by their guardians without their permission or consent. In addition, there is no documentation of marriage contracts in an official body to check the age of the spouses at the time of marriage.

To address the phenomenon and limit its occurrence and effects, the study presented many solutions, such as activating international treaties that protect women, eliminating discrimination against women, changing bad social norms that are harmful to the girl, family, and society, and enacting laws that protect women from social violence.

References

Arabic References:

– الأحيول، عوض عبد الرحمن؛ وبشير، انتصار مجيد (2022): زواج القاصرات في المجتمع الليبي: رؤية سوسيولوجية لمعايير القضاة في منح أذونات الزواج (قضاة مدينة بنغازي أنموذجًا)، مجلة المختار للعلوم الإنسانية، المجلد (40)، العدد (1)، ص 29 – 50.

– راجح، أمل صالح سعد (2021): زواج القاصرات في المجتمع اليمني: الأسباب والآثار (دراسة سوسيولوجية لآراء عينة من الشباب)، مجلة جامعة عدن للعلوم الإنسانية والاجتماعية، EJUA–HS Vol. 2 No. 1 (2021).

– أحمد، هالة عبد العظيم مدني (2020): دور الجمعيات الأهلية في مواجهة ظاهرة زواج القاصرات، مجلة دراسات في الخدمة الاجتماعية، العدد (50)، المجلد (1)، (https://jsswh.journals.ekb.eg).

– أحمد، مصطفى حمدي؛ وآخرون (2019): دراسة اجتماعية لظاهرة الزواج المبكر بريف محافظة أسيوط، (408 – 397)2019 (2) No. (50) ,.Assiut J. Agric. Sci).

– ياغي، نهلة ناظم (2018): ظاهرة زواج القاصرات في ظل الأزمة السورية: دراسة ميدانية في مدينة جرمانا، مجلة جامعة تشرين للبحوث والدراسات العلمية – سلسلة الآداب والعلوم الإنسانية، المجلد (40)، العدد (3).

– الشقريات، صالح خالد صالح (2017): زواج القـــاصـــرات بين الشريعة والقانون، مجلة جامعة الشارقة، https://mawdoo3.com.

– الشاعر، جمال محمد أحمد (2016): أسباب ظاهرة زواج القاصرات والآثار المترتبة عليها بريف محافظة الجيزة، مجلة قطاع الدراسات الإنسانية، جامعة الأزهر – كلية الدراسات الإنسانية، العدد (18)، (http://search.mandumah.com/Record/1020714).

– المرسي، ابتسام مرسى؛ وآخرون (2015): زواج القاصرات؛ الأسباب والآثار المترتبة عليه: دراسة حالة لقرية مصرية بمحافظة الغربية، مجلة كلية الآداب، جامعة الفيوم، العدد (12)، من موقع: (http://search.mandumah.com/Record/1020714).

– المؤتمر الخامس للشريعة والقانون، (2015): الزواج الشرعي المبكر في مواجهة الفوضى الجنسية والمواثيق الدولية 1436هـ/ 2015م، (https://www.alhiwartoday.net/node/10942).

– المجلس الوطني للسكان الأمانة العامة، صنعاء، (2014).

– الفايز، ميسون بنت علي (2012): زواج الصغيرات، مركز الأبحاث الواعدة في البحوث الاجتماعية ودراسات المرأة، السعودية.

– الزاردي، فيصل محمد (2010): المرأة بين الزواج والطلاق في المجتمع العربي والإسلامي، دار الكتاب العربي، بيروت.

– عمر، أحمد مختار (2008): معجم اللغة العربية المعاصرة، عالم الكتب، القاهرة.

– دي الويس، رانجيتا دي سيلفا (2008): زواج الأطفال والقانون، سلسلة أوراق مبادرة الإصلاح التشريعي، (اليونيسيف، نيويورك، كانون الثاني/ يناير 2008).

– حمزة، نوال عبدالرحمن؛ وآخرون (2008): الزواج المبكر: دراسة في المفهوم والأسباب والآثار، جزء من متطلبات الحصول على دبلوم في الدراسات السكانية، مركز التدريب والدراسات السكانية، جامعة صنعاء.

– جابر، أحمد؛ وآخرون (2006): المرأة العربية في المواجهة النضالية والمشاركة العامة، مركز دراسات الوحدة العربية، الطبعة (1)، بيروت.

– الشرجبي، عادل مجاهد (2005): الزواج المبكر في اليمن، مركز دراسات المرأة والتنمية بجامعة صنعاء ومنظمة أوكسفام (بريطانيا).

– الحيمي، عفاف أحمد (2005): الزوج المبكر وآثاره الاجتماعية، المجلس الأعلى للمرأة، اللجنة الوطنية للمرأة، الجمهورية اليمنية، صنعاء.

– صائم، نجاة (2004): الزواج المبكر، ورقة عمل مقدمة إلى المؤتمر الأول لمناهضة العنف ضد المرأة، اللجنة الوطنية للمرأة، بالتعاون مع منظمة أوكسفام – بريطانيا.

– البرنامج العام للحكومة اليمنية، (2003).

– الشرجبي، عادل مجاهد (2003): العنف الموجه ضد النساء في اليمن، مسودة أولية محدودة التداول، اللجنة الوطنية للمرأة، صنعاء.

– الشرجبي، عبد الحكيم أحمد (2001): المرأة والفقر في اليمن؛ دراسة تحليلية لفجوة النوع الاجتماعي في دراسات الفقر في اليمن، اللجنة الوطنية للمرأة، صنعاء.

– المجلس الوطني للسكان (2001): السياسة الوطنية للسكان في الجمهورية اليمنية –2001 2025م، الأمانة العامة للمجلس الوطني للسكان، الطبعة الأولى.

– مركز المرأة للإرشاد القانوني والاجتماعي (2001): تقرير حول وضعية المرأة الفلسطينية، القدس، متوفر على: www. wclac.org.

– الخولي، سناء حسنين (2001): الأسرة والحياة العائلية، الطبعة الأولى، دار المسيرة للنشر والتوزيع والطباعة، عمان.

– الصلاحي، فؤاد (2001): ملخص لدراسة بعنوان أوضاع المرأة الريفية وقضايا النوع الاجتماعي؛ دراسة ميدانية تحليلية، اللجنة الوطنية للمرأة. صنعاء.

– اللجنة الوطنية للمرأة (2000): مشروع الاستراتيجية الوطنية للنوع الاجتماعي، صنعاء.

– وزارة التخطيط والتنمية (2000): الاستراتيجية الوطنية الشاملة للتنمية البشرية المستدامة، (نسخة أولية محدودة التداول)، صنعاء.

– عفانة، حسام الدين (2000): الزواج المبكر، مؤتمر المرأة الفلسطينية وتحديات الأسرة المعاصرة المنعقد في جامعة النجاح الوطنية.

– رمضان، السيد (1999): إسهامات الخدمة الاجتماعية في مجال الأسرة والسكان، دار المعرفة الجامعية، الإسكندرية.

– الجوهري، عبد الهادي (1998): قاموس علم الاجتماع، الطبعة (3)، المكتب الجامعي الحديث، الإسكندرية.

– اليونيسف (1998): تحليل حالة الأطفال والنساء في الجمهورية اليمنية، صنعاء.

– وزارة الشباب والرياضة (1998): الاستراتيجية الوطنية لإدماج الشباب في التنمية، صنعاء.

– باشا، قدري (1997): الأحكام الشرعية في قانون الأحوال الشخصية، نقابة المحامين في دمشق.

– عبد الرحيم، سعاد عثمان (1995): دراسة ميدانية عن وعي المرأة وآثاره على معدل الخصوبة وتنظيم النسل، مقدمة في ورشة عمل السكان والتنمية في الجمهورية اليمنية، عدن 12–14 سبتمبر.

– أطفال اليمن؛ تقييم شامل (1994): دراسة تحليلية ميدانية، صنعاء، فبراير 1994.

– الخولي، سناء (1989): الزواج والأسرة في عالم متغير، دار المعرفة الجامعية.

– الصفار، عبد الرازق (1987): المشاكل القانونية للزواج في الريف العراقي لمحافظة نينوى،

مجلة الآداب الرافدين، العدد (87).
- شقير، حفيظة (1981): دراسة مقارنة للقوانين الخاصة بالمرأة والأسرة ﰲ المغرب العربي (تونس، المغرب، الجزائر) مجلة المستقبل العربي، العدد (34).
- رضوان، إيمان؛ وعماد، منذر (د. ت): ملخص دراسة الزواج المبكر ﰲ المجتمع الفلسطيني: أسباب ونتائج مركز شؤون المرأة، غزة.
- الصلاحي، فؤاد (د. ت): الصحة الإنجابية وتنظيم الأسرة ﰲ اليمن، مركز التدريب والدراسات السكانية: الخصوبة البشرية ﰲ اليمن، دراسات اجتماعية، الجمهورية اليمنية، جامعة صنعاء.
- الزلمي، مصطفى إبراهيم (د. ت): أحكام الزواج والطلاق ﰲ الفقه الإسلامي المقارن، دراسة مقارنة، الطبعة (4)، المديرية العامة للمكتبات، أربيل.
- عبد الله، فتحية محمد (د. ت): اتفاقية حقوق الطفل وأخطار الزواج المبكر الصحية والاجتماعية، ورقة عمل مقدمة إلى الندوة المنعقدة بمناسبة يوم المرأة 8 مارس. صنعاء
- مرشد، بشرى أحمد (د. ت): واقع الفتاة اليمنية، ورقة عمل مقدمة إلى المهرجان العالمي الخامس عشر للشباب والطلاب، الجزائر 8 – 16 أغسطس.
- المجلس الأعلى للمرأة (د. ت): الزواج المبكر ﰲ المجتمع اليمني (دراسة مسحية)، اللجنة الوطنية للمرأة ومنظمة أوكسفام، صنعاء.
- اتفاقية حقوق الطفل، المادة (1).
- وثيقة صادرة عن اليونيسف، متوفر على الموقع الإلكتروني: www.unicef.org

English References:
– Helen Wylie, 2019: "115 million boys and men around the world married as children. (www.unicef.org).
– Unicef-irc, 2001: CHILD MARRIAGE, 1/3/2001.
– Helen Wylie (2-3-2018), "25 million child marriages prevented in last decade due to accelerated progress, according to new UNICEF estimates"، www.unicef.org.

Websites:
– https://arabstates.unfpa.org/ar/topics
– www.data.unicef.org,1-10-2019:Child marriage
– https://www.noonpost.com
– https://www.irfaasawtak.com/extremism/2022/06/05
– https://daraj.com/86896/
– https://www.hrw.org/ar/news/2011/12/08/244732
– https://raseef22.net/article/29638-early-marriage-in-yemen
– https://admin.carnegieendowment.org/sada/?fa=84022
– https://www.hespress.com/writers/379846.html
– https://ainnews.net

www.yemeninformation.org

E-mail address: YIC@ yemeninformation.org

Sana'a Office : 967-1-216282 - **Aden Office**: 772415913 - **Ibb Office:** 04-425622