

Assault continued

The issue of assault is not new to nurses but has only begun to be discussed. Nurses have the right to a workplace that is safe. In the event of an assault nurses must be supported. In many cases we know that safety measures have not been implemented by employers. Support policies in the event of assault do not exist, and where they do, are not comprehensive enough.

Support for assaulted nurses will include discussion with colleagues and administrators, psychological and/or legal counselling, financial support, education, and ongoing policy review to ensure that current procedures deal with current concerns. Policies that address the safety needs of both patients and nurses can only be created in environments that foster open discussion, collaboration, and trust.

We are gratified that this research has helped nurses to feel supported and has also helped them to feel that now they can take the issues forward in their own workplaces. The project team has demonstrated its sense of responsibility by undertaking the project but social responsibility is not something that you can do on a project basis. To feel satisfied we need to know that the issues related to nurse assault continue to be addressed in a way that has meaning for not only the individual nurse but for the profession. Copies of the research report are available from the Psychiatric Nursing Interest Group (PNIG), 33 Price Street, Toronto, Ontario, M4W 1Z2, Canada.

Source: **Towards Justice in Health**, Vol.1 No. 2, Fall/Winter 1992.

Health

Early Motherhood Highlights Women's Statistical Portrait: Is the cup half empty or half full?

Women are attaining education. They are better able to plan their families and to get medical care during pregnancy. Their children have better chances of surviving.

Yet "*many women's lives have not changed over time*". For example, in 13 countries more than half of women of childbearing age have no education - a factor that greatly affects their ability to have only as many children as they want and to keep these children healthy.

This situation of not quite getting over the hill is what persists for women in developing countries according to a statistical portrait drawn by the Demographic and Health Survey (DHS) programme. The portrait, presented in the report **Women's Lives and Experiences**, summarises 10 years of survey research in more than 40 developing countries, and represents the combined experiences of over 280 million women of reproductive age. One of the world's single largest sources of information on women, the DHS programme is managed by Macro International Inc., a Maryland-based research firm, with funding by the United States Agency for International Development (USAID).

Report authors *Dara Carr* and *Ann Way* describe the increase in female education as "striking" - in 27 out of 42 countries, the proportion of women aged 20 to 24 with no

education is less than half that for women aged 45 to 49. One of the most dramatic improvements is noted in Tanzania where 74 per cent of women in the older age group have had no schooling compared to only 16 per cent of the younger women. But in Burkina Faso, Burundi, Mali, Niger, Pakistan and Yemen, at least 75 per cent of women including the younger age groups have never been to school.

Early Marriage and Motherhood

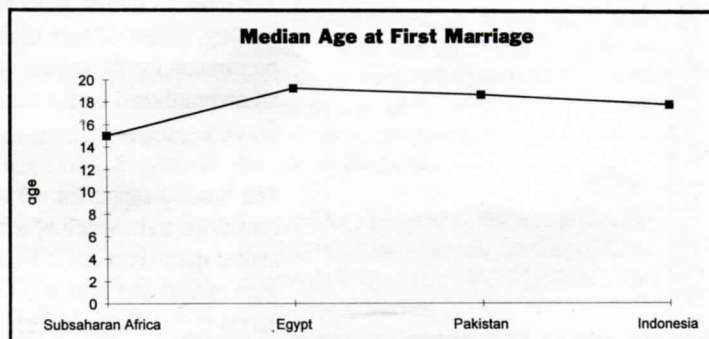
Among youths aged 6 to 15, almost as many girls as boys are likely to be in school. It is only in four countries - Egypt, Morocco, Pakistan and Yemen - that the differences in enrolment rates exceeds 10 percentage points. But from age 16, school enrolment falls more sharply for girls, "*consistent with the continued emphasis on domestic roles for girls and women, teenage marriages and early childbearing.*" The report points out that "*the age at which a woman marries often affects the rest of her life*" including her ability to stay in school, her participation in the labour force

and the number of children she has.

In many cases there is almost no transition from childhood into adulthood. At least half of women marry before the age of 18 in 14 out of the 42 countries surveyed. This is especially true in sub-Saharan Africa, with women in Mali, Niger and Yemen marrying at the median age of 15. But it is also true in some parts of Asia as in Indonesia where the median age at first marriage among women is 17.7 years, in Pakistan 18.6 years and in Egypt 19.2 years.

Moreover, young women in the countries surveyed are, on the average, initiated into sexual activity even before marriage. But because social mores frown on premarital sex, family planning services are off-limits to teenagers, depriving them of the knowledge that could help them become more sexually responsible.

Not surprisingly, **motherhood** in one's teens is common. "*In 17 of the 21 countries surveyed in sub-Saharan Africa, at least half of women had their first child before 20 years of age,*" says the report.





According to *Joan Davies* from the London-based group **Anti-Slavery International**, thousands of young girls across the world are being cruelly torn from their homes and forced into early marriages, some before they have even reached their tenth birthday. Economic hardship or tradition dictate the practice which not only has deep psychological effects on the child-bride but can endanger her life if she becomes a teenage mother.

"The lives of little girls are sacrificed by early marriages in a number of countries," said *Ms. Davies*, it was a form of slavery for some of the girls, she added.

According to a UN Children's Fund (UNICEF) study carried out in Nepal, 23 per cent of young girls of Maithili origins are married before they are 10. In India the average age of marriage is 14 years, while in Africa 50 per cent of girls marry before they are 18. In some regions it is quite common to meet 11 year old and 12 year old mothers. The situation is repeated in Latin America where girls of 12 can wed with parental consent in Ecuador, Uruguay and Venezuela.

A recent study carried out for the Organisation of African Unity found that in the Gojam area of Ethiopia, girls who married between the ages of seven and nine went to live with their young husband's family so the couple could get to know each other. The marriage is not supposed to be consummated before the girl reaches puberty, but often that is not respected. One father told the researchers that some *"families don't look after their daughter-in-law properly."* Often she can be the victim of violence, *"even rape."*

Apart from the psychological trauma which "may require years to recover" from, young mothers aged under 15 are five to seven times more likely to die during pregnancy and child-birth, than women of 20 to 24, *Davies* said. Their bodies are not fully-developed, and early complicated pregnancies can also leave them sterile, paraplegic or suffering from a variety of health problems.

But the current fear of AIDS and the economic crisis make it unlikely there will be any drop in the number of child marriages, *Davies* said. Young girls are 'considered less likely' to be affected by AIDS, and their dowry payments are

smaller, posing less of a burden for their parents.

The Report, **Women's Lives and Experiences**, says that in other regions the median age at first birth is at least 20 years, except in Guatemala where the median age is 19.9 years. For example, it is 24 years in Sri Lanka, 23.1 in Tunisia, 22.8 in the Philippines, 22.4 in Thailand, 21.3 in Pakistan and 20.1 in Indonesia.

Overall, fertility rates are highest in sub-Saharan Africa where women in 15 of the 21 countries surveyed have an average of six or more children. Women in the region also spend between 15 and 23 years of their lives caring for young children. On the other hand, the average woman in Sri Lanka or Thailand might have only two or three children. Thai women likewise spend the least number of years - 10.5 - caring for young children.

Compared to the risk of pregnancy-related deaths in developed countries which is less than 30 per 100,000 births, the **maternal mortality rate** is a staggering 500 per 100,000 births in five out of the six sub-Saharan countries surveyed. Lower ratios ranging from 197 to 371 deaths were found in Bolivia, Morocco, Namibia, Peru and the Philippines. The heaviest toll is believed to be on those women with the least access to maternity care, which is recommended from the third month of pregnancy onwards. Here the report makes at least the happy observation that women in 10 out of 41 countries surveyed received prenatal care for at least 90 per cent of the recent births.

But, it adds, in seven countries fewer than half of births were

covered by prenatal care. Moreover, less than half of deliveries in 18 countries were professionally assisted, that is by a doctor, nurse or midwife. It was only in the Dominican Republic and in Trinidad and Tobago that women received delivery care for more than 90 per cent of their recent births. *"Even with the technology to make motherhood safer, pregnancy-related complications continue to result in serious illness and premature death among women and their children,"* the report points out. It is a high-risk birth if the mother is below 18 years or over 34 years of age (*"too young/old"*), has had a previous live birth within the past 24 months (*"too soon"*) and has already had three or more live births (*"too many"*). In 35 out of 42 countries surveyed, 60 per cent or more currently married women fall into at least one of these categories.

Asked if they would like to limit or space their next birth, at least 30 per cent of women in eight of the 21 sub-Saharan countries surveyed, and in Bolivia and Guatemala, said "yes" but are not using family planning. Although knowledge of contraception is high - in most countries 70 per cent or more of women know of at least one method - contraceptive use varies widely, with two-thirds of married women using contraception in Brazil, Colombia and Thailand but users dipping to less than 10 per cent in nine out of 10 sub-Saharan countries surveyed.

Sources: **Depthnews, Women's Feature**, October 1994. **The Muslim World**, Vol. 32 Nos. 14 & 15, 24 Rabi-us-Sani- 2 Jamadi-ul-Awwal 1415 AH, 1-8 October 1994, P.O. Box 5030, Karachi 74000, Pakistan. Tel: 4969423.