



# INVESTING IN THE CHILDREN OF THE ISLAMIC WORLD

## FACTSHEET

### CHILD AND MATERNAL MORTALITY

OIC member states account for 11 of the 16 countries with the highest child death rates in the world. Around 4.3 million children under five in OIC countries die each year from preventable disease and malnutrition, over 60% of them dying before their first birthdays. With a few notable exceptions (14 out of 57 countries), all three OIC sub-regions<sup>1</sup> are failing to see the rates of progress needed to achieve the Millennium Development Goal on child mortality.

In sub-Saharan Africa, child mortality rates are more than double the world average, and in Côte d'Ivoire, rates have actually worsened. Access to treatment for acute respiratory infections, malaria and diarrhoea – all major killers of children – remains limited in sub-Saharan Africa. A child born in sub-Saharan Africa can expect to live only 46 years, compared to 78 in industrialized countries.

In many OIC countries, high fertility and lack of access to skilled medical care contribute to some of the highest maternal death rates in the world. Every thirty minutes, an Afghan woman dies during childbirth. In Afghanistan, one in six pregnancies results in death; in the African sub-region, the average is one death for every 15 pregnancies. Globally, the average is one in 74.

### EDUCATION

Large numbers of children in African and Arab countries are still shut out of classrooms, with primary school participation at below 60% in 17 OIC countries. More than half the adult population is illiterate in some countries, and the proportion is as high as 70% among women. Four out of 10 children in the African sub-region are out of school, as are a quarter of children in Arab member states.

Primary school participation in Asian and other OIC countries is about 82%, with good progress toward the gender-parity goals as well. In many African and Arab countries, the gender bias in education has stuck, although there are more girls than boys in school in Bahrain, Jordan, Lebanon, the Occupied Palestinian Territory and Oman. Only 26 out of 57 OIC members are on course to achieve the primary education gender equality targets for 2005.

### NUTRITION

More than a third of all children in OIC countries excluding the Arab sub-region live with persistent malnutrition. Close to half of under-fives in Afghanistan, Bangladesh and Yemen are both underweight and stunted. Levels of exclusive breastfeeding in the first six months after birth within the OIC are among the lowest in the world.

### IMMUNIZATION

Coverage is high in the Arab sub-region, on par with the world average in Asian OIC sub-region, and 20 percentage points below world levels in most categories in the African sub-region. Only six countries in

<sup>1</sup> The OIC groups its members in three subregions: African; Arab; and Asian and other Islamic countries.



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the world are polio-endemic, five of which are OIC countries. Many OIC governments have increased budgets for vaccine procurement and delivery, with 31 out of 57 governments now financing 100% of routine vaccinations.

## WATER & SANITATION

Some 77% of people in OIC countries use improved drinking water sources; only 55% use adequate sanitation facilities. In general, people living in urban areas are twice as likely as rural populations to have proper sanitation facilities. In several Central Asian republics, water and sanitation access has declined dramatically outside of cities. Many OIC countries are on track to meet the Millennium Development Goal on access to clean water, but progress towards the sanitation targets has been much slower. Most African OIC countries are falling short of both targets.

## HIV/AIDS

At the end of 2003, African OIC countries accounted for 7.9 million adult HIV cases (5.4% of the adult population), including 4.1 million infections among women. Among those aged 15-24, the infection rate for women was three times higher than for men. Mozambique was the worst-affected country, with an adult infection rate of 12.2%.

Adult HIV prevalence rates in Arab and Asian OIC countries were 0.3% and 0.1% respectively. In Bangladesh, Indonesia, and Central Asian republics where HIV incidence is low, concentrated epidemics among intravenous drug users and sex workers are major causes for concern. Injecting drug use is the main force driving the spread of AIDS in the Central Asian republics and may also be a growing mode of transmission in some African countries. In some of the largest Asian countries such as Indonesia and Pakistan, the epidemic has just begun.

## CHILD PROTECTION

**Birth registration:** Governments need accurate population information in order to plan services for children and their caregivers. In sub-Saharan Africa and South Asia, more than half of births go unregistered. In the most extreme cases, as in Bangladesh, birth registration can be as low as 7%.

**Female genital mutilation / cutting:** Between 100 million and 130 million women and girls in at least 30 countries in Africa and the Middle East, many of them OIC countries, have undergone female genital cutting. As of 2003, the prevalence of female cutting was essentially unchanged from a decade earlier, although the prevalence of the practice among girls in a number of African and Arab OIC countries is lower than among their mothers. Educated mothers are much less likely to have their daughters undergo genital mutilation / cutting.

**Child labour:** In Afghanistan, more than 30% of children aged 7-14 work, with at least 40,000 children on the streets of Kabul alone. Children as young as seven form part of the cotton-production labour force in the Central Asian republics. In the poorest countries of sub-Saharan Africa, half of all children aged 5-14 are working. A recent study by a Swiss institute found a steady increase in the number of children under 18 working in the Occupied Palestinian Territory, from 10% in November 2001 to 23% in July 2003.