The impact on women of changes in personal status law in Tunisia

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Background to the Women and Gender Equity Knowledge Network

The Women and Gender Equity Knowledge Network (WGEKN) of the World Health Organization (WHO) Commission on Social Determinants of Health was established to draw together the evidence base on health disparities and inequity due to gender, on the specific problems women face in meeting the highest attainable standards of health, and on the policies and actions that can address them.

The work of the WGEKN was led by two organizational hubs—the Indian Institute of Management Bangalore (IIMB) and the Karolinska Institute (KI) in Sweden. The 18 Members and 29 corresponding members of the WGEKN represent policy, civil society and academic expertise from a variety of disciplines, such as medicine, biology, sociology, epidemiology, anthropology, economics and political science, which enabled the work to draw on knowledge bases from a variety of research traditions and to identify intersectoral action for health based on experiences from different fields.

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Case study

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Tunisia is a progressive, middle-income country with a population of 10 million, which is now predominantly urban. In 1956, at the time of political independence, 33% of the population was urban increasing to 63% in 2002 (Bouslama 2004). The country has undergone both demographic and epidemiological transition. The population enjoys a health status that is considered good for the economic position of the country and for its expenditure on health—US$ 175 per capita in 2004 (WHO/EMRO 2007). The poverty rate has fallen from approximately 33% in the mid-1960s to 4.1% in 2000 (Lahoule 2006). Maternal and infant health have been a prominent part of Tunisian national health programmes since the 1960s, with the infant mortality rate falling from 200 per 1000 in 1956 to 20.3 in 2004. Ninety-five (95) per cent of the population lives within 5 km of a health facility (WHO/EMRO 2007; WHO/EMRO 2006). The improved health status of Tunisians is attributed to a number of factors, such as primary health care that is physically and financially accessible for the population, with social protection being unified and currently being extended to all under current reforms (WHO/EMRO 2006).

Improvements in health status can also be seen within the context of the improvement in the status of women, following changes in the personal status law. These changes are unique in the region. In Tunisia the first steps were taken 50 years ago, while elsewhere in the Region changes in family and personal status law are more recent, for example the legislation in Egypt in 2000 and 2004.

Changes in the personal status law in Tunisia began, soon after independence, with the 1956 Personal Status Code, outlawing repudiation and polygamy, establishing a minimum age for the marriage of girls, and ensuring the right to equal wages for men and women. Reforms in 1993 were concerned with the marriage of minors, the mutual obligations of husband and wife and domestic violence. This legislation has brought about a profound change in the norms associated with women’s position in society and
within marriage, characterized as moving “from sexual submission to voluntary commitment” (Labidi 2001; see also Adas 2007).

The position of women in family and society is reflected by women’s responses in the Tunisian family health study conducted in 2000. Almost 60% (58%) of women believed that it was possible to take care of their families and to work at the same time; 47% believed they enjoyed a better status with their husbands than their mothers had; and 46% believed that working women had more say in their households than non-working women.

Two thirds of women believed that women who had no children had a lower social status, reflecting a continuing strong belief in the proper role of women as mothers. These women still believed in social restrictions on single women and unmarried girls: only 16% unconditionally agreed that single women could live alone; 10% unconditionally approved of girls being allowed to travel alone; and 7.5% unconditionally approved of girls going out with boys, compared to 42% who “don’t mind”. Among unmarried youth (both male and female) aged between 18 and 19 years, 93% declared that they chose/would choose their future spouse; and 70% declared it was unacceptable to use contraception before marriage (PAPFAM 2001). Most of these responses confound critics in the Arab world who believe that “family breakdown” and “immorality” will follow from giving women greater rights, and encouraging them to work and become educated.

Tunisia has succeeded in controlling its population growth with a family planning programme implemented since the 1960s, which has had a profound impact on women’s lives. Tunisia had a total fertility rate of 2.0 in 2005, one of the lowest in the Region; it is equal to that of the Islamic Republic of Iran (2.0 in 2000) and higher than Lebanon (1.9 in 2004) (WHO/EMRO 2007). The family health survey 2000 found a total fertility rate for the 3 years prior to the survey of 2.1. The mean number of live children for women between the ages of 45 and 49 was 4.8, reflecting the considerable decline in fertility experienced by Tunisian women over the past 10 to 15 years (PAPFAM 2001).
Higher levels of education and employment are part of the overall change, and improvement in the status of women. In 2000, one quarter of urban women and 8% of rural women worked (PAPFAM 2001). These figures refer to formal employment, and reflect the expansion of urban manufacturing jobs, with official pro-poor policies fostering employment opportunities, especially in the textile industry. In 2000, women comprised three quarters of the textile labour force. Most of these women came from poor households, and their work made a significant contribution to household income, helping to elevate families out of poverty. Employment in the formal sector, such as the garment industry, provided job security and other rights for women that were guaranteed by law (Lahoule 2006). However, the ratio of female-to-male earned income is approximately the mid-point for countries in the Region for which data are available, 0.28 compared to Egypt at 0.23 and a high for the Region in the Islamic Republic of Iran of 0.38 (Egypt and the Islamic Republic of Iran also have equal pay legislation for women). This ratio is one of the indicators used to calculate the index of gender empowerment in Tunisia. Data for this index is scarce throughout EMR; for Tunisia, data on female officials and managers, and professional and technical workers are not available so a composite index could not be produced (UNDP 2006).

The growing proportion of women receiving education is reflected vividly in the 1988 figures for women with no schooling; in the age group between 15 and 19 years, 34.5% of females had no schooling, compared to 89% for the age group 45–49, women of their mother’s generation. The proportion of young women who had completed at least secondary education was 10.8%, compared to 4.5% for their mothers’ generation (Aloui et al. 1989). A generation later, almost all girls and boys were enrolled in school: in 2006 the gross primary school enrolment ratio was 97% for both girls and boys, and in secondary school 78% and 75%, respectively (WHO/EMRO 2007).

Women in Tunisia received the right to vote and to stand for election in 1959, much earlier than women in most other countries of the Region. In 2006; 22.8% of seats in the lower house were held by women (compared to 4% in 1990), and 13.4% of seats in the upper house were held by women. Women held 7.1% of ministerial appointments as of 2005; only two Eastern Mediterranean countries, in which women received the vote
much more recently, have achieved slightly higher levels: Oman (10%) and Bahrain (8.7%) (UNDP 2006). Thus, in terms of political representation, the overall position of women in Tunisia is good compared to other countries in the Region and demonstrates the concrete way in which women, with political as well as social power, can contribute to changes in Tunisia as a whole, and in their own lives.
References


