Recent Fertility Changes in the Arab States: In Search of Population Policy

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Recent analyses of global fertility transition (e.g. Bulatao and Casterline 2001) and population policies and programs (e.g. Haberland and Measham 2002) have been marked by the absence of any evaluation of the situation in the Arab states. Indeed, researchers have long overlooked developments in population policy in this part of the world and have devoted far less attention to its fertility transition than that of other areas. This omission is all the more remarkable as the region is undergoing profound demographic change, retains immense strategic significance, stretches over a vast area, and commands constant media attention.

Only recently it was widely held that the region's high fertility regimes might be buttressed by its specifically pronatalist features of culture and social organization. Indeed, fertility and population growth rates remain relatively robust, despite recent falls across the region. However, developments in the past two decades demonstrate that reproductive behavior in Arab states is not immutable to change. The impact of postponement of age at marriage on total fertility is now evident in all Arab states, and countries that have attained high levels of contraceptive prevalence in the recent period have recorded the fastest fertility declines. The fertility transition is tied to major socio-economic and ideational changes that are creating demand for more responsive public policies and that are concurrently generating much resistance. Gender roles, for example, have changed less than in other developing regions despite progress made in women's education. In addition, demographic change and frustrated ambition have fueled the growth of Islamic activism within the region.

This study critically examines the course of fertility transition and the experience of Arab countries in setting and implementing population policy, particularly in light of its redefinition by the international community at the 1994 Cairo conference on Population and Development (ICPD). It is argued that in most Arab states, resistance to this change has delayed recognition by governments and publics alike of the challenges posed by continued high fertility and population growth rates, which are compounded by the absence of meaningful political reform, broader access to education and employment, improvements in gender equality, and the realization of effective reproductive health services. Moreover, there is no boost in income to accommodate these challenges, unlike during the earlier oil-led development boom.

The paper draws upon results of recent Demographic and Health surveys, Papchild surveys, and several other surveys conducted in the region that have been poorly disseminated, as well as existing national studies. We seek to discern form in the emerging data and group Arab countries on the basis of the onset, pace, and extent of fertility decline, and reproductive health status attained. The contributions of different components to this decline are also assessed. The task is rendered somewhat more difficult by the more limited nature of available data than for other developing regions, with certain states continuing to obscure their relatively small population sizes (e.g. by not distinguishing non-nationals from residents) and reluctant to publicize fertility decline for fear of losing political weight. We consider the particular challenges posed by the large youth bulge in the population structure and the subservient position of women throughout the region.

Next, we examine trends in national population policies as documented in the periodic global surveys of the UN's Population Division. The paper then applies a historical and political-economic approach to explain why similar and divergent population policies and programs have arisen across the Arab states, and to clarify how such policies relate to fertility decline. The diverse experiences of several countries are briefly reviewed. These comprise Tunisia (which has

long had an explicit population policy implemented within a comprehensive framework of policy instruments); Egypt (which has the region's oldest population policy, but whose implementation is marked by a chequered history), Lebanon (where fertility decline has long been pronounced among most population sectors, but attempts to formulate population policy have been hindered by sectarian rivalries), and the situation in the Arabian Peninsula which includes Yemen (one of the least developed countries in the world which has struggled to formulate an antinatalist population policy) and the oil-rich Gulf monarchies (which remain avowedly pronatalist). This allows for a more detailed assessment of the views of different stakeholders in the population policymaking process, the potential suitability of institutional structures to implement programs, the attempts made to transform population policy in light of the ICPD agenda, and obstacles to implementing such action, across a range of Arab states.

The geographic focus is on the 22 members of the League of Arab States, representing a total of 290 million people. This excludes Turkey (whose population policy and demographic experience resemble more closely those of mainstream Asia), Iran (which has undergone major shifts in population policy over the last three decades), and Israel (whose experience is better comprehended alongside that of Europe). These three countries are not Arab, although Israel's population trajectory is inextricably linked to the ethnic, religious, territorial and demographic tensions with the Palestinian people. Arab countries share many common religious and cultural attributes, but range greatly in population size (from less than one million in several Persian Gulf states to almost 70 million people in Egypt), demographic transition, and wealth (from per capita annual incomes of under $400 in Sudan, Somalia and Yemen, to the high-income Gulf oil exporters). They also suffer from marked deficits of freedom, knowledge, and women's status (UNDP, 2002). Arab women are almost universally denied advancement; in about half the countries, one in every two women still can neither read nor write. The maternal mortality rate is double that of Latin America and four times that of East Asia.

In the region as a whole, childhood mortality has fallen and life expectancy has risen, except in countries plagued by hostilities. Fertility levels have dropped by about 40% since the early 1970s, from 6.8 to 4.1 children per woman. Several countries (Algeria, Bahrain, Kuwait, Tunisia) have experienced especially rapid reductions in fertility levels. A longer and more gradual decline characterizes the experience of Lebanon and Egypt, where birth rates began to fall earlier. In 1990, there were only four Arab countries with TFRs not exceeding 4 children per woman; by 2000, this number had reached nine and the TFR stood at below 3 in Tunisia, Morocco and Lebanon, countries with modest living standards, as well as in Kuwait and Bahrain. In Tunisia, the TFR reached replacement level in 2000-01, although the growth rate continues to exceed 1 % p.a. However, fertility decline has apparently stalled in Egypt and slowed down in Lebanon and Jordan (despite high levels of female education in the latter two countries), and remains at relatively high levels in neighboring Israel and especially among Palestinians, illustrating the demographic embeddedness of the Israeli-Palestinian conflict and its spillover effects to surrounding countries. Nonetheless, widespread decline can be expected to continue in the near future in most Arab states, even in those least developed (Yemen, Somalia, and Sudan).

The onset of fertility decline is very recent, its geographic movement uneven, and its diffusion unusual for not having expanded from the most affluent countries first. Nevertheless, continued high demographic growth rates and limited social and economic gains imply that future populations will be significantly larger and poorer, risking greater social anomie. The age structure of Arab populations is significantly younger than the global average; 39% is younger than 15 years of age (a proportion ranging from 26% in the UAE to 50% in Yemen). Dependency ratios, among the highest in the world, could imply important demographic bonuses. In the absence of more enlightened policies however, they may bring more immiseration. Indeed, per

capita income growth fell in most Arab states during the 1990s, notwithstanding improved educational levels. With job and marital prospects blighted, the educated, urban, young may be more likely to contest the power of their elders and to turn to facile solutions such as those presented by Islamicists. Some commentators (e.g. Huntington) even see the large number of young, unemployed males as a natural source of instability and violence in Arab countries, raising the specter that the devil is in the demographics.

At the time of the 1974 Bucharest World Population Conference, only three Arab countries (Egypt, Morocco, and Tunisia) viewed their population growth rates as too high and desired to lower it. By the mid-1980s, family planning programs had been instituted at least nominally in 12 states, but most Arab countries had not initiated serious efforts to reduce their high birth rates. Population policy remained essentially pronatalist across the region. It is now characterized by greater diversity, but there is limited commitment to either reducing birth rates to below moderate levels or to expanding the mandate of family planning or maternal and child health programs. International cross-sectional studies of family planning program efforts and state commitment to other population policy activities indicate particularly low scores for Arab countries, only four of which presently have modern contraceptive prevalence rates of 50% or higher. Broader access to better quality family planning and reproductive health programs is needed to address the growing demand for contraception, the persistence of early pregnancies, the large gaps in reproductive health knowledge of young people, and the low status of female adolescents and girls.

Tunisia, Morocco, Egypt, and Jordan have unequivocally supported family planning programs since at least the late 1980s. Their state bureaucracies have begun to work actively to address certain other reproductive health concerns as well. Lebanon and Yemen have also sought to develop explicit population policies that include a broadened vision of reproductive health and pay greater attention to improving women's status and social development, although these efforts have since stalled. In contrast, the Persian Gulf states remain concerned almost exclusively with lessening dependence on imported labor, as well as with nation-building. Their spectacular oil-wealth has enabled the maintenance of deeply patriarchal and tribal orders, the postponement of fertility decline, and avoidance of the need to employ women, thereby delaying deeper social change. Both Saudi Arabia and Iraq finally legalized distribution of contraceptives in the 1990s, though Iraqi women have enjoyed far more opportunities and equality, at least until recent regime change. Whilst the ICPD dramatically raised the profile of reproductive health and women's health more generally, almost a decade later, to the extent that they exist, population policies in the Arab states have changed relatively little as compared to other regions.

Most Arab countries have found it difficult even to agree upon the basic tenets of population policy. Earlier, few Arab governments perceived rapid population growth to be a problem, and few today perceive reproductive rights as a significant issue. The high politics that govern population policies remain closely tied to the concept of national security, latent pronatalism, and patriarchal interpretations of religion. Also, Arab governments lack legitimacy and their concern with system maintenance militates against opening up potentially contentious issues. Nevertheless, population policy has been formulated and adopted due to political exigencies; for example, Morocco adopted a family planning program in the 1980s when the government had to find a solution to an increasingly acute unemployment problem. Moreover, Iran's recent *volte-face* in population policy suggests that Arab countries can likewise commit political will, fiscal resources, and bring over Islamic religious support to population policy, especially given significant improvements in educational attainment.

An array of cultural factors impedes adoption of population policy. This includes discomfort with discussing sexuality, contraceptive use, and reproductive health. Family planning programs have

long been seen as ‘demographic colonialism’ aimed at reducing Arab numbers and ensuring Western political hegemony. Also, many policy elites and influentials have held that development programs could resolve expanding population numbers, so that decisionmakers do not perceive a need for policy intervention. Socio-cultural constraints are especially problematic for impeding attempts to improve women’s standing and empowerment. Progress has been made in reducing gender-related discriminatory customs and practices, but female illiteracy rates remain higher than in all other major world regions save South Asia, and entrenched gender roles mean that overall, women remain heavily disadvantaged and limited to childrearing.

Islam’s culture of procreation has also included early motherhood. Prevailing readings of Islam have resisted the provision of family planning except in the context of mother and child health, and provide steadfast opposition to the expansion of sex education and reproductive health services for the unmarried, especially women. This was most apparent in the refusal of Arab states to agree with both the notion of sexual health and the provision of adolescent services at the Cairo conference. Islamic revivalism across the region (e.g. in Sudan and Algeria) has stridently opposed population policy, whereby any interference with fertility is seen as interference with divine will. In addition, poorer countries face many competing needs for monies while oil wealth has permitted Gulf states to postpone serious consideration of high population growth rates.

A series of operational barriers further makes it difficult to transform population policy into effective action. These include major constraints on the activities of non-governmental organizations, limited intersectoral collaboration, the absence of broader participation, poor quality of care, poorly motivated staff, and insufficient expertise in appropriate ways of designing policy frameworks and implementing programs. Bureaucratic constraints and the limited capacity to implement population policy are illustrated with the cases of Egypt and Lebanon in particular, which also illustrate the difficulties of re-conceptualizing population policy.

Arab states have been slow to adopt population policy and uncomfortable with its past equation with fertility control and more recent association with reproductive health. The results indicate a persistent ambivalence in defining what is appropriate population policy given recent fertility, reproductive health, and development trends and future prospects. Fertility decline has been less influenced by family planning programs than has been the case in other developing regions. There is limited evolution in conceptualizing population issues, although recognition for the broader frame of social policies exists and growing environmental challenges, especially increasing population pressure on scarce water resources, can be expected to prompt further reflection about long-cherished populationist beliefs. Nonetheless, there is little support or evidence for the increased provision of reproductive health services, let alone their integration with existing family planning, maternal and child health, or other health services.