Addressing fertility concerns in Mashreq countries: An illustrative study of Egypt fertility plateau presented to Seminar on "Fertility Trends and Prospects in the Arab Countries" Paris 18 Dec. 2012 By Hoda Rashad and Hassan Zaky With support from Iman Mostafa and **Mohamed Salem**

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- II. Fertility Trends and Population Policies in Mashreq countries.
- III. Profile of Fertility in Egypt, Jordan and Syria.
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- V. Egypt Plateau: Policy Options.

I. Introducing Mashreq Countries

- **1- Countries Covered**
- Egypt, Palestine, Iraq, Jordan, Lebanon, Syria
 - Def: countries to the East of Egypt and North of the Arabian Peninsula. (ref.36)

Egypt occupies an ambiguous situation. Usually seen as part of neither Mashreq and Maghreb. When it is grouped, closer to Mashreq. (ref.36)

Kuwait is excluded: Another grouping: Mashreq, Maghreb, Gulf GCC, Arab Least developed (ref. 38)

I. Introducing Mashreq

2- Overall Comparison

TFR in Arab region (3)While declining remains higherThan all other regional

(ref. 38)

Asia (2.4) Latin America (2.3) World Agerage (2.6)

Within Region: Gradient in Fert., Health

TFR	e _o
lowest (2.2)	second best
second (2.7)	highest (69)
Third (3)	third (66)
Highest (4.4)	least (55)
	lowest (2.2) second (2.7) Third (3)

3- Situating Mashreq Countries: (Pop. Indicators)

Size	Arab countries	Mashreq countries
<5 million	Comoros Djibouti Mauritania Bahrain Qatar Kuwait Oman	Palestine(4), Lebanon(4)
5-15 million	Somalia Libya Tunisia UAE	Jordan (6)
15-50 million	Yemen (26), Saudi Arabia (29) Morocco (33), Algeria (37) Sudan (46)	Syria (21) Iraq (34)
80+ million		Egypt(84)

Source: United Nations (2011) World Population Prospects: The 2010 Revision(table a1 in the appendix)

I. Introducing Mashreq

3- Situating Mashreq Countries: (HDI)

	Arab countries	Mashreq countries
Low Human Development	Sudan Djibouti Comoros Mauritania Yemen	
Medium Human Development	Morocco Algeria	Iraq Syria Palestine Egypt Jordan
High Human Development	Tunisia Libya Oman Kuwait Saudi Arabia	Lebanon
Very High Human Development	Bahrain Qatar UAE	

Source: UNDP (2011) Human Development Report 2011 (table a1 in the appendix)

3- Situating Mashreq Countries: (Economic Indicators)

	Arab countries	Mashreq countries
Low income	Comoros Mauritania Somalia	
Lower middle income	Djibouti Sudan Yemen Morocco	Egypt Iraq Syria
Upper middle income	Algeria Libya Tunisia	Jordan Lebanon
High income	Bahrain Kuwait Oman Qatar Saudi Arabia UAE	

Source: World Bank (2012)World Bank list of economies (July 2012)

I. Introducing Mashreq

3- Situating Mashreq Countries: (TFR)

TFR	Arab countries (source)	Mashreq countries (source)
5+	Sudan (HHS 2010) Yemen (FHS2003) Saudi Arabia (FHS1996)	
4-	Djibouti (FHS2002) UAE (FHS1995) Kuwait (FHS1996)	Iraq (MICS 2011) Palestine (FHS 2006)
3-	Bahrain (FHS1995)	Egypt (DHS2008) Syria (FHS 2009) Jordan (PFHS 2009)
2-	Tunisia (FHS 2001) Algeria (FHS2002) Morocco (PFHS 2003-4)	
<2		Lebanon (FHS 2004)

Source: This table is based on the most recent surveys and the time reference is for different years (refer to appendix table (a2)). The Gulf countries are for single years in the mid nineties and are very different from recent U.N. (2011) estimates as the surveys collected data from nationals only.

Among 4 groupings in Arab Region; Fertility. And Mortality. Third (before least advantageous)

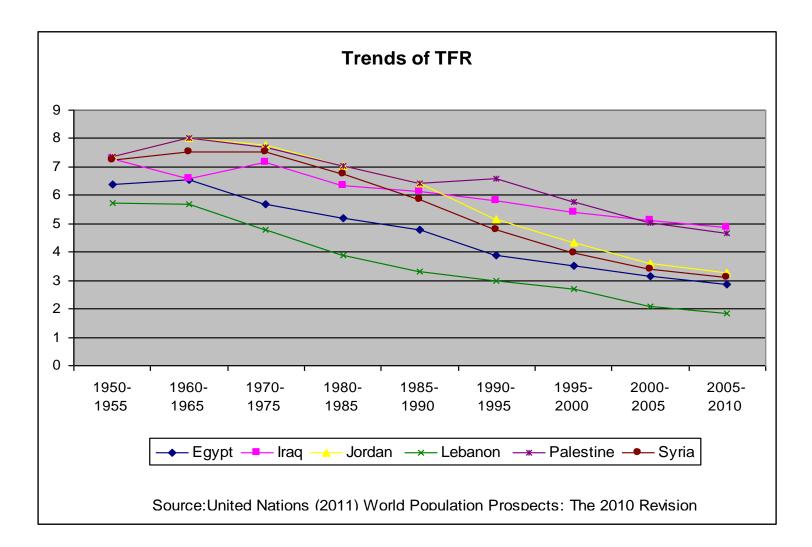
Excluding Egypt (very large pop.) and Lebanon (very low TFR)

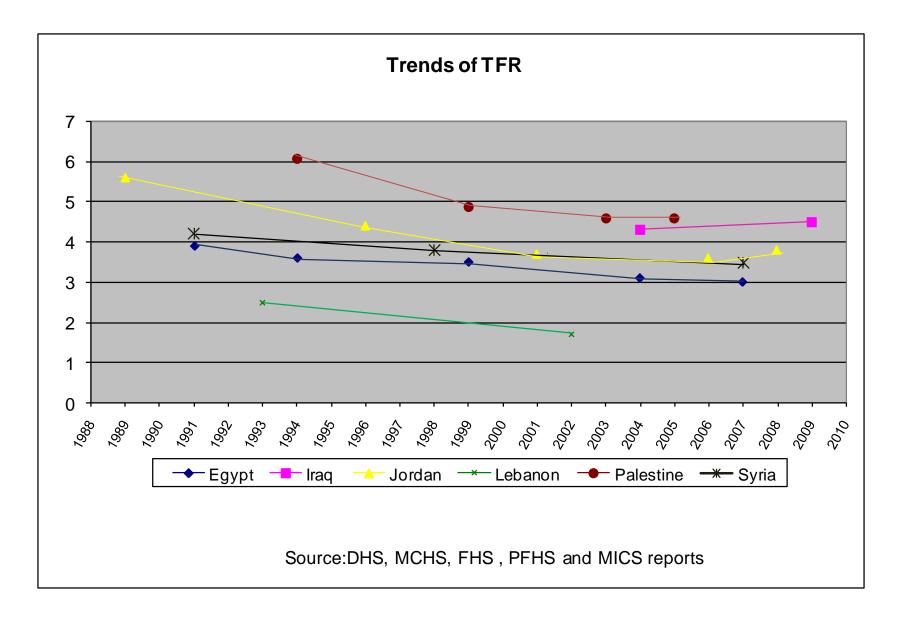
Mashreq countries cluster in middle position (size, HDI, economy, TFR)

II. Fertility and Pop. policies in Mashreq Countries

1. Fertility level: Three distinct groups Lebanon (1.7) Egypt (3), Jordan(3.8), Syria (3.5) Iraq(4.5), Palestine (4.6)

2.Fertility Trends: Current plateau (different timing)





2. Population Policies

• High (Iraq, Palestine) and very low fertility (Lebanon)

growth:SatisfactoryPolicy in growth:maintain or no interventionFertility:satisfactoryPolicy on fertility:no interventionICPP 94:Iraq did not participateRecent development in Iraq: NPC (2009), 2012 First National
Conference on Poulation and Development.Palestine: no explicit policy, pronatalist in Palestine society

2. Population Policies

- Mid level fertility (Egypt, Jordan, Syria)
- Different commitments, timing
 - Egypt: Explicit, strong, early
 - Jordan: Explicit, strong, much late
 - Syria: Gaining momentum, weak, recent

Details Population Policies

Egypt: Explicit Pop. Policies, Starting 1970's, F.P.P. $\sqrt{}$

1973	First Pop. Policy (1973-82)
1980	National Strategy for Pop.
1985	NPC established
1986-2007	Three successive 5 years plans
2002-2017 (TFR=2.1 by 2017)	National Population Strategy

Details Population Policies

Jordan: Explicit Pop. Policies (lower Fert.) Starting 1990's, F.P.P. \surd

1993	Birth Spacing National Program
1996	National Pop. Strategy and updated in 2000
2002	Higher Pop. Council

Details Population Policies

Syria: <u>No Pop. Policies</u>/Weak F.P Program 1949 ---banning selling F.P. methods + medal more to 10 children.

1980's	Shift Towards. F. P. in PHC
2001	Population Conf.
2003	Syrian Agency for F.P.
	N.P. Com. (Weak)

III. Profile of Fertility in Egypt, Jordan, Syria

- Similar levels + Plateau + Diff. Policies Egypt (3) , Jordan (3.8), Syria (3.5) Very diff. sizes, diff. economic, medium HDI
- 2. Regional Variations:

Egypt: Smaller range, gov. (2.6 - 4.2) All regions (2.6-3.0) except Rural Upper Region (3.6) Jordan: Smaller range at a higher level (3.6 - 4.5) Larger gov. (3.6-4)

Syria : Wide range(2.08-6.8) three groups (2-3, 3-4, 4.7-6.8)

3. Proximate Determinants of Fertility

	Egypt 2008	Jordan 2009	Syria 2009
TFR	3.0	3.8	3.5
TMFR	4.6	6.8	6
C _c	0.36**	0.41	0.59
CPR (modern)	60.3 %(57.6)	59% (42%)	53.9% (37.5%)
% Currently marries (< 30)	47.3	34.1	37.3
Median age at first marriage	20.6	22.4	25.3*
Cm	0.58**	0.56	0.51

* Singulate Age at marriage

** for year 2005

- 3. Different Proximate Determinants
- TFR in Egypt is shaped by CPR while marriage inhibiting role remains minor.
- Both Marriage and CPR are reinforcing each other in Jordan.
- TFR in Syria is shaped by marriage supported by CPR of Modern Methods 37.5%.

4. Fertility Desires and Their Satisfactions

	Egypt 2008	Jordan 2009	Syria 2009
Desired number of Children	3	4.2	4.2
Unwanted Births	14%	26%	
Unwanted Pregnancy (among pregnant women at survey time)			24%
Discontinuation rate	25%	45%	NA
Unmet need	9.2%	11%	16.4%

5. Unhealthy features of the reproductive pattern

	Egypt 2008	Jordan 2009	Syria 2009
Births of order 4 and more	21%	37%	NA
Births born within a birth interval <24 months	18%	33%	35%
Births to mothers less than 20 or 40 years and more	14%	9%	13.5%
Using contraception before having 1 child	0.2%	2%	1.2%

Desired number of Children

- Desired Fertility in both Jordan and Syria much higher than Egypt and the reproductive pattern less healthier.
- Also the unsatisfaction of desires for lower number of children is similarly much higher in Jordan and Syria.

THREE VERY DIFFERENT STORIES

IV- Egypt Fertility Plateau: Indepth Analysis *

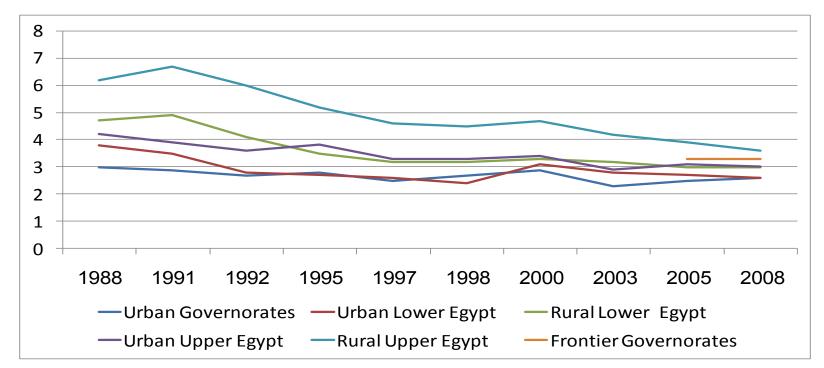
Key Questions:

- 1- Potential contribution of meeting demands vis a vis lowering desires
- 2- Why desires have stagnated around 3?
- 3- Why desires are not lower than expected for females in urban areas and for females with favorable characteristics?

1- Potential contribution of meeting demands vis a vis	lowering desires
TFR actual=	3.0
TFR excl. not wanted births=	2.69 (1)
TFR excl. not wanted births + later=	2.54
TFR excl births to women aged <20 or >40=	2.67 (2)
TFR (ensuring healthier reproductive patterns	
and meeting demands (1 + 2))=	2.40
TFR (excluding births of order 3&+ for women	
who desire 3&+)=	2.11
Unmet need=	9.2%,
Discontinuation rate= 25% (Side effects +health + failure)	= (48%)
want to become pregnant	(36%)
A remaining potential contribution of F. P. Program.	

Comparing Potentials

• Different patterns: Rural Upper Egypt fertility is still declining while other urban and rural areas are showing fertility plateau.



Trends in the TFR for Different Regions

Comparing Potentials of F. P. Programs

	Urban	Rural UPPER
% of birth unwanted No More No More +	8.7 13.7	12.6 20.5
Unhealthy Pattern % Short spacing Age <20 & 40 +	17.2 10.5	20.7 17.4
Unmet Need to limit limit + space	3.3 5.6	8.9 14.4

The Need for Disaggregated Policy

High levels of missed potential practices in rural areas

- The qualitative research shows that services are inaccessible to some communities, especially those living in remote areas, and the shortage of female service providers hinders the utilization of FP services.
- There has been a sharp decrease in the percentage of women that have been exposed to any FP message, from 92% in 2005 to 64% in 2008.
- If unmet need for limiting was satisfied in Rural Lower Egypt and Rural Upper Egypt this will lead to increase in contraceptive use to 69% and 57.9%, respectively, in addition TFR will decline to 2.3 in both.

Desire = 3?

- One child unacceptable (loneliness, selfish, death).
- Three (ideal, the same as two).
- Three guarantees: two sex composition
 Death (Migration!)
 Siblings support
- Two supported only for Economic Affordability.
- Justification for 4 or more
 - Benefit of child labour
 - Sex balance (Particularly for boys)

2- Desires Around 3

Youth values and demand

Youth values (unmarried)

	Male	Female
Mean desired	2.7	2.6
Illiterate	2.8	2.9
University	2.6	2.5
Rural upper	2.9	2.9
Urban	2.5	2.3

- 3- Why desires are higher than expected for females in urban areas and for females with favorable characteristics?
- Desired number of children

Urban areas 2.8 No education 3.3 Working for cash 2.8

Rural Areas 3.0 Secondary + 2.7 Not working for cash 3.0

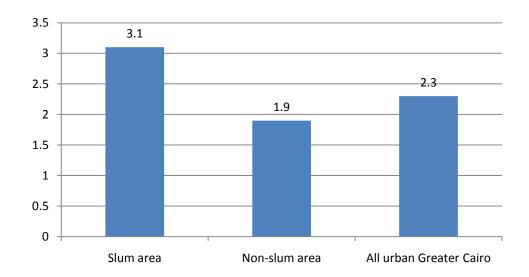
- Urban Anomalies
- **Definition of Urban**
- 1- Towns (11%) <50 000 located within rural adm. Units (capitals of districts)
- 2- Small cities (48%) (50 000-1m.) regardless of other features
- 3- Capital/ large cities (41%)

Towns more similar to rural areas

	1	2	3	Rural areas
TFR	2.6	2.8	3.1	3.2
Unmet need (%)	6.2	6.5	10	10.9
Mean desired number of children	2.7	2.9	3	3
Median age at marriage	21.6	21.5	20.7	19.4
% E.M. women with no education	16.4	15.9	25.1	42.6

Urban Anomalies (large within urban variation) higher index of deprivations (42%)

TFR in Greater Cairo



Female Characteristics

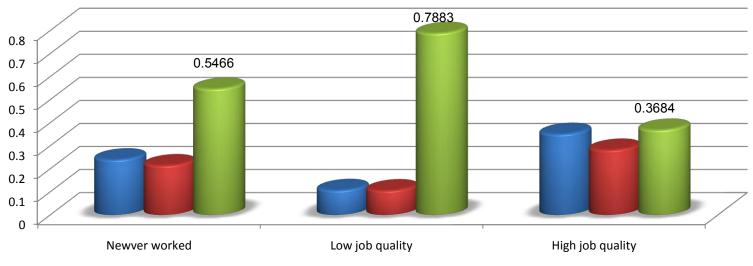
Successful Achievers of 2

highly selective marriage > 30, no strong sex pref., highly educated, (67.1% VS. 40.3%) high part. In labour market (47.8% VS. 24.6%) high socio economic 48.3% VS. 25.5%) wife + husband desires (84.7% VS. 75.8%)

Female characteristics:

Women employment per se is not an influencing factor

- Women employment does not necessarily lead to lower desires/fertility.
- Low skill jobs are associated with higher fertility levels.
- Interestingly, women having jobs with low security are associated with higher risks of having 4 or more children.



Distribution of respondents by number of live birth and index of job quality

Policy Options

- I) Addressing Plateau
 - 1. Improving Performance of F. P. Services
 - * RH Paradigm relevant
 - statements γ
 - action X
 - Success Criteria (TFR)
 - Integration with MCH

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- Gender
- Inter Sectoral
- * Disaggregated policies X
- * Data / Evidence / Research
- * Monitoring & Evaluation

- 2- Women Empowerment & Gender Dynamics
 - * Transformative changes
 - * Ideational Changes
- 3- Socio-Economic Development Inequalities & Challenges

II) RISKS

- 1- Non integration of Pop. Dynamics in Dev. Policies
 - Diagnosis of Challenges & Priorities
 - Articulation of Vision / Policies
 - Clear Messages
- 2- Organizational / Structures Concern
- 3- Conservative & Uninformed Discourse on Gender, Fertility Policies, Backlash.



Based on Findings of an SRC project in partnership with UNFPA/ASRO, Egypt "http://www.aucegypt.edu/research/src/Pages/ PopConf_studies.aspx"

References:

1-Al-Rkkad, W. 2012. Trends and Determinants of Fertility in Arab Republic of Syria. Unpublished paper.

2-Central Statistical Organization .2012. Iraq First National Conference on Population and Development. Press Release. Accessed: 11 December 2012. From: <u>http://cosit.gov.iq/press_41.php</u>

3-Central Statistical Organization .2012. Iraq Multiple Indicator Cluster Survey 2011. Preliminary Report, Baghdad

4-Central Statistical Organization .2001. Iraq Multiple Indicator Cluster Survey for the Year 2000 (Detailed Report), Baghdad.

5-Department of Statistics [Jordan] and ICF Macro.2010. Jordan Population and Family Health Survey 2009. Calverton, Maryland, USA: Department of Statistics and ICF Macro.

6-Eltigani, E. 2005. Fertility transition in Arab countries: A revaluation. Journal of Population Research, Vol. 22, No. 2, pp. 163-183.

7-El-Zanaty, F. and A. Way. 2009. *Egypt Demographic and Health Survey 2008*. Cairo, Egypt: Ministry of Health, El-Zanaty and Associates, and Macro International.

8-El-Zanaty, F. 2007. Understanding Fertility Decline in Egypt. Accessed: 6 November 2012. From: <u>http://paa2007.princeton.edu/papers/71768</u>

9-ESCWA. 2005. Social and Economic Situation of Palestinian Women 1990-2004, Accessed: 18 November 2012. From: <u>http://unispal.un.org/UNISPAL.NSF/0/DF8D0EEA5C652245852574F0004A9842</u>

10-Fikri, M. and S. Farid .2000. United Arab Emirates Family Health Survey 1995: Principal Report. Abu Dhabi : Ministry of Health.

11-Iraq National Population Commission.2012. Iraq Population Situation Analysis: The Second National Report on the State of Iraq Population in the Context of the ICPD and MDGs. Accessed: 14 November 2012. From: http://www.iauiraq.org/documents/1752/English%20PSA.pdf

12-Khoja,T. and S. Farid .2000. Saudi Arabia Family Health Survey 1996: Principal Report. Riyadh : Ministry of Health.

13-Massarweh, I. 2011. Fertility Plateau in Jordan . Paper was done under the project "Policies to address fertility plateau in Egypt, Jordan and Syria" coordinated by the Social Research Center (SRC) of the American University in Cairo (AUC) and supported by the United Nations Population Fund (UNFPA), Cairo Office.

14-Ministry of Health.2009. Iraq Family Health Survey 2006/7. In-depth Report. Ministry of Health and Central Organization for Statistics and Information Technology.

15-Ministry of Health .1996. Lebanon Maternal and Child Health Survey 1996. Principal Report. Pan Arab Project for Child Development.

16-Ministry of Health. 2004. Djibouti Family Health Survey 2002. Principal Report. Pan Arab Project for Family Health.

17-Ministry of Health [Morocco], Macro International, and the League of Arab States. 2005. Morocco Population and Family Health Survey 2003-2004. Calverton, Maryland, USA: Ministry of Health and Macro International.

18-Ministry of Health , Population and Hospital Reform and National Bureau of Statistics .2004. Algeria Family Health Survey 2002. Principal Report. Pan Arab Project for Family Health.

19-Ministry of Public Health. 2002. Tunisia Family Health Survey 2001. Principal Report. Pan Arab Project for Family Health.

20-Ministry of Public Health and Population. 2004. Yemen Family Health Survey 2003. Principal Report. Pan Arab Project for Family Health.

21-Naseeb, T. and S. Farid .2000. Bahrain Family Health Survey 1995: Principal Report. Manama: Ministry of Health.

22-National Ministry of Health and Central Bureau of Statistics.2011. Sudan Household Health Survey : Second Round 2010. Summary Report.

23-Palestinian Central Bureau of Statistics, 2007. Family Health Survey 2006: Final Report. Ramallah – Palestine.

24-Palestinian Central Bureau of Statistics, 2006. Demographic and Health Survey – 2004: Final Report. Ramallah – Palestine.

25-Palestinian Central Bureau of Statistics, 1999. Health Survey in West Bank and Gaza Strip 1996, *Main Report.* Ramallah - Palestine.

26- Sayed, H. 2011. Egypt's population policies and Organizational Framework. Paper was done under the project "Policies to address fertility plateau in Egypt, Jordan and Syria" coordinated by the Social Research Center (SRC) of the American University in Cairo (AUC) and supported by the United Nations Population Fund (UNFPA), Cairo Office.

27-Syrian Central Bureau of Statistics .2011. Family Health Survey 2009. Principal Report. Pan Arab Project for Family Health.

28-Syrian Central Bureau of Statistics .2002. Family Health Survey 2001. Principal Report .Pan Arab Project for Family Health.

29-Syrian Central Bureau of Statistics.1995. Maternal and Child Health Survey 1993. Principal Report. Pan Arab Project for Child Development.

30- Syrian Commission for Family Affairs. 2011. Demographic Transition Towards Demographic Balance in Syria . Paper was done under the project "Policies to address fertility plateau in Egypt, Jordan and Syria" coordinated by the Social Research Center (SRC) of the American University in Cairo (AUC) and supported by the United Nations Population Fund (UNFPA), Cairo Office.

31-Tutelian ,M., M. Khayyat and A. Abdel-Monem. 2006. Lebanon Family Health Survey 2004. Principal Report. Ministry of Social Affairs, Central Administration of Statistics and Pan Arab Project for Family Health.

32-United Nations. 2011. World Population Prospects: The 2010 Revision. New York.

33-United Nations. 2010. World Population Policies 2009. New York.

34-UNDP .2011. Human Development Report 2011

35-Yousef, A,, R. Al-Rashoud and S. Farid .2000. Kuwait Family Health Survey 1996: Principal Report. Kuwait: Ministry of Health.

36-Wikipedia. 2012. Mashriq . Accessed: 5 November 2012 from <u>http://en.wikipedia.org/wiki/Mashriq</u>

37-World Bank .2012. World Bank list of economies (July 2012). Accessed: 21 November 2012 from

http://siteresources.worldbank.org/DATASTATISTICS/Resources/CLASS.XLS

38-Worldfoucs. 2010. Arab World Experiences Rapid Population Explosion. Accessed:
5 November 2012 from http://worldfocus.org/blog/2010/03/23/arab-world-experiences-rapid-population-explosion/10090/