Rapid Population Growth and the Fertility Policies of the Arab Countries of the Middle East and North Africa

Onn Winckler
University of Haifa

ABSTRACT
The population of the Middle East and North Africa (MENA) region has increased rapidly over the course of the 20th century. During the 70 years between 1914 and 1994, the region’s total population has grown by nearly a factor of five, largely as a result of natural rates of increase in indigenous populations (with the notable exceptions of Israel and the Gulf states, whose population increases are generally attributable to migration). Population growth rates among many of the nations of the region are presently among the highest worldwide. Despite family planning measures undertaken in many MENA countries, continued population growth remains the most critical socioeconomic problem in the region as governments struggle to support their growing populations with inadequate resources. This paper argues that only the continued reduction of fertility levels, combined with massive shifts of financial resources away from the military toward socioeconomic development, will avert wide-scale human and environmental hardship in the region.

INTRODUCTION
During the last hundred years, the global population has more than tripled, growing from 1.7 billion at the turn of the 20th century to nearly 5.75 billion in 1995 (Durand 1977; United Nations Demographic Yearbook–1995). This rate of increase is far higher than has ever before been witnessed in human history.

Over time, the global population has undergone a “demographic transition” which can be generally divided into three stages. The first stage lasted from the beginnings of human civilization until the middle of the 19th century, a period characterized by high crude birth rates (over 40 per 1,000) and high total fertility rates (over six). Nevertheless, because mortality levels were also high during this period, natural increase rates of the world’s population were generally quite low (and sometimes even negative during periods of starvation and epidemic disease).

In the developed West, the second stage of the demographic transition began in the middle of the 19th century (with the developing world following between 30-80 years later), as improved sanitation, preventive medicine, and nutrition resulted in vastly reduced mortality rates and significant increases in life expectancy. All of these developments were a result of the Industrial Revolution and thus occurred only in western countries. The decline in death rates was not followed immediately by a decrease in fertility levels, however, and the growing gap between high fertility rates and falling death rates led to a sharp increase in population growth as compared with past centuries.

In industrialized countries, a third stage of demographic transition began in the early 20th century, characterized by declining
fertility rates caused by the forces of modernization. During the past
two decades, falling birth rates have converged with low death rates
to generate rates of natural increase approaching zero in many of the
developed countries (Todaro 1990; Caldwell and Caldwell 1982;
Lutz 1994). By 1995, in the United Kingdom, Denmark, and Ger-
many, for example, the natural increase rates of the population were
0.2%, 0%, and -0.1%, respectively (UNICEF 1997).

Most of the world’s countries, however, including those of the
Middle East, have not yet reached the third stage of demographic
transition. These developing countries have been the main contribu-
tors to rapid global population growth over the last two generations.
By 1994, only a fifth of the world’s population was living in regions
classified as industrialized. However, during recent years, there have
been strong indications of a worldwide fertility decline, even in sub-
Saharan Africa, which appears to be the last region to begin the third
stage of the demographic transition (Lutz 1994).

As in other developing areas, the Middle East has witnessed rapid
population increases in the 20th century, especially from the late
1950s onward (see Figure 1). The total population of the Middle
East and North Africa (including Iran and Turkey) increased from
roughly 68 million in 1914 (Issawi 1982) to more than 340 million
in 1994 (World Bank 1996; ESCWA 1995), a fourfold increase dur-
ing a period of only 80 years. The reason for such a dramatic in-
crease is not migration, as has been the case in North America, for
example, but instead the growth of natural increase rates in the

![Figure 1](image-url)
indigenous populations over the last two generations, which are considered to be among the highest worldwide.

The vast majority of the Middle East population is Muslim (primarily Sunni), but there are numerous other religious groups, including Christians, Alawis (concentrated in Turkey and Syria), Jews (almost all in Israel), and Druze (present in Syria, Lebanon, Israel, and Jordan). The most prominent ethnic group in the Middle East are the Arabs, representing about half of the total population of the region (including Iran and Turkey, but not including North Africa). Among the remainder, 25% are Turks, 12% Persians, 7% Kurds, 2% Jews, and 4% an amalgam of smaller ethnic groups, such as Armenians and Baluch (Omran and Roudi 1993; Weeks 1988).

This chapter is explicitly concerned with population growth in the Arab Middle East. Demographic trends and their socioeconomic implications among the Arab populations of Israel, the West Bank, and the Gaza Strip will not be taken up here. It is nonetheless important to note population growth patterns in Israel. According to official Israeli figures, by 1996 the total population of Israel (excluding the Palestinian population of the West Bank and Gaza Strip but including its Jewish Israeli residents) was 5.76 million, among which 4.64 million were Jews and 1.12 million were Arab and others, as compared with 3.9 million and 875,100, respectively, in 1990. The growth of the Jewish population in Israel during this period is centrally a result of large-scale migration from the former Soviet Union and Ethiopia, amounting to nearly 600,000 Jewish immigrants to Israel between 1990 and 1996, whereas the growth of the Arab and other populations is more attributable to natural growth (Israel, Statistical Abstract–1997).

The objectives of this paper are threefold: first, to examine the causes and effects of high natural increase rates in the Arab Middle East; second, to investigate government policy in reaction to the demographic changes in the region; and third, to analyze demographic projections for the future and their socioeconomic implications.

REGIONAL BACKGROUND AND THE NATURAL INCREASE OF THE MIDDLE EAST POPULATION

Crude birth rates, which were very high at the beginning of recorded history (about 45 per 1,000 inhabitants), remained so through the 1970s. In 1980, the crude birth rate was 38 in Egypt, 46 in Syria and Saudi Arabia, and 47 in Jordan. Only in the last decade has there been evidence of a reduction in crude birth rates. In 1994, the crude birth rate was estimated to be 29 in Egypt, 33 in Jordan, and 26 in Tunisia. However, in some countries in the region, even
during the first half of the 1990s, fertility rates have continued to be very high, mainly in the oil-exporting countries of the Persian Gulf, as a result of the pro-natalist policies adopted by the regional regimes. However, even in these countries, there was some reduction in fertility levels during the past decade due to drastic improvement in the education of women as well as increases in their labor force participation (see Figure 2).

By 1995, according to UNICEF, the average crude birth rate in the Middle East and North Africa region was 33 per 1,000, as compared with 48 in 1960 (UNICEF 1997). Crude death rates, which were very high in the 18th century (about 42-44 per 1,000 inhabitants), began to decrease during the 19th century, especially from the 1850s onward, dropping to approximately 33 by the end of the 19th century. During the 20th century, crude death rates declined even more rapidly, dropping by 1995 to 7 per 1,000, as compared with 21 in 1960 (UNICEF 1997).

There are several reasons for the marked reduction in crude death rates in the Middle East over the last two centuries. Initially,
the decrease was a result of the elimination of starvation and epidemics. At the end of the 19th century and throughout the 20th century, the further reduction is attributed primarily to improvements in medical care, both in quantity and quality. During the second half of the 20th century, the rise in the standard of living has also been responsible (Gilbar 1990).

The result of this increasing gap between crude birth and death rates has been the growth in natural population increase throughout the Arab Middle East. The average natural increase rate in the region tripled from 1% to 3% in some countries over the course of the current century. By 1995, the natural increase rate in the Middle East and North Africa region generally was 2.6%, resulting in a net population increase of 9 million annually and a doubling of the population every 26.6 years (see Table 1).

This general trend has prevailed in most developing countries globally during the last two generations. However, while in most of the other developing areas the crude birth and fertility rates started to decrease during the late 1960s and early 1970s, in many Middle Eastern countries high crude birth and fertility rates have continued even into the 1990s. The “demographic revolution” of the Middle East was, more than anything else, a revolution in crude death rates.

The drop in crude death rates in the region has been in part a function of marked reductions in infant (0-1) and child (1-5)

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<th>Relative change per year (%)</th>
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mortality rates. Average infant mortality rates in most of the Middle East dropped from 170-230 per 1,000 live births (U.N. ESCWA 1988), during the 1950s to 158 in Egypt, 96 in Syria, 90 in Jordan, 146 in Saudi Arabia, and only 49 in Kuwait in 1970. During the 1970s and the 1980s, this trend continued, particularly among the oil-exporting countries of the Persian/Arabian Gulf. By 1994, the infant mortality rate was estimated to be only 25 in Saudi Arabia, 16 in Kuwait, and 24 in Bahrain. The other Arab countries of the Middle East also reached relatively low rates of infant mortality, including 30 in Syria and 33 in Jordan in 1994 (see Figure 3). Similarly, the under-five mortality rate also fell very sharply. The average under-five mortality rate in the Middle East and North Africa region dropped from 244 per 1,000 live births in 1960 to 64 per 1,000 live births in 1995 (UNICEF 1997). A second factor contributing to the crude death rate decline has been a dramatic increase in the life expectancy, also attributable to advances in medical care and general improvements in the standard of living. In Egypt, life expectancy increased from 46 years in 1960 to 68 years in 1994 and in Syria, from 50 in 1960 to 70 in 1994. In the Gulf, the increase in the average life expectancy was even more marked than in the other Middle Eastern countries (see Figure 4; see also Hill 1981).
ECONOMIC CONSEQUENCES OF HIGH RATES OF NATURAL INCREASE IN THE “OVERPOPULATED” COUNTRIES OF THE MIDDLE EAST

Many of the Middle Eastern countries are “overpopulated,” which is to say that the ratio between the population and the available resources is so high as to limit economic development. For example: although the total population in Saudi Arabia is almost four times higher than Jordan’s, Saudi Arabia is not deemed “overpopulated” because of its vast oil resources. Jordan, lacking substantial natural and economic resources, is considered overpopulated.

The most important consequence of the high natural increase rates among the Arab population of the Middle East during the last two generations has been the creation of a wide base of the age pyramid. In 1960, 51% of the total population was below the age of 15 in Egypt (Egypt, Statistical Yearbook, 1952-96), and 46% in Syria (U.N., Demographic Yearbook-1970), 46% in Jordan (ESCWA 1992). A quarter century later, those percentages grew to 51% in Egypt in 1986 (Egypt, Statistical Yearbook-1952-96), and 49% in Syria in 1990 (Syria, Statistical Abstract-1990), 49% in Saudi Arabia in 1992 (ESCWA 1993), and 48% in Kuwait in 1988 (ESCWA 1992). In the developed West and Far East, such percentages are typically at least a factor of two lower, with only 20% of the population in France below the age of 15 in 1990, for example. (U.N. Demographic Yearbook-1990).

The high percentage of the young in the developing countries has led to very low crude economic activity rates, due to the relatively low percentages of the working age (15-64) population within the total population and the tendency of women not to work outside the home. The percentage was 28% in Egypt in 1986 (ILO, Yearbook of Labour Statistics-1992), 24% in Jordan in 1991 (ILO, Yearbook of Labour Statistics-1994) and 18% in Kuwait in 1985 (Looney 1994). Again, in developed countries, such rates tend to be a factor of two higher, as the result of both larger percentages of the population in the working age group and high percentages of working women. In 1993, the economic activity rate was 53% in Japan, 50% in Hong Kong, and 49% in the United Kingdom (ILO, Yearbook of Labour Statistics-1994). Thus, the ratio between breadwinners and those being supported is 1:2 in the developed countries, as compared with 1: 4 or even 1: 4.5 in most countries of the Arab Middle East.

Children and teenagers are large consumers of public services, such as health care and education, while their productive contribution is marginal. In many countries of the Arab Middle East, where public services are largely free of charge, or are heavily subsidized, the high percentage of the young people has far-reaching conse-
quences and a substantial negative impact on economic growth, particularly in the non-oil-exporting countries.

An additional problem of high population growth rates has been that growth in the labor force has outpaced economic growth and the creation of new work opportunities, causing an increase in unemployment and underemployment. In Egypt, for example, during the second half of the 1980s, approximately 400,000 people were entering the labor force every year (Egypt, Statistical Yearbook-1952-92), of whom 292,000 were graduates of universities and colleges (al-Ahram, April 12, 1990). Since it was beyond the capacity of the Egyptian economy to create hundreds of thousands of new work opportunities on an annual basis, unemployment rates increased very rapidly during the 1970s and 1980s, despite large scale migration of Egyptian workers to the oil-exporting countries of the Gulf and Libya after the “oil boom” of October 1973. The Egyptian unemployed numbered approximately 175,000 in 1960 but swelled to one million in 1982 and reached as high as two million in 1988 – an unemployment rate of some 15% in that particular year (al-Musawwar, June 30, 1989).

In order to mitigate these high unemployment rates, Egyptian authorities increased available work opportunities by absorbing large numbers of employees into the governmental bureaucracy, service sectors, and other publicly-owned companies. Subsequent reductions in unemployment were not sustained over the long term and inefficiency within governmental services in the long run increased substantially.

Such unemployment and underemployment patterns are not unique to Egypt, but prevail in other Middle Eastern and North African countries as well. During the late 1980s, official figures placed the Tunisian unemployment rate at 14% in 1989, but unofficial estimates were substantially higher (25%), and higher still (40%) for the youngest working age population category (18-26) (EIU, Country Profile-Tunisia, 1989/90). In Algeria, unemployment grew from approximately 16% in 1984 to almost 23% in 1989 (EIU, Country Profile-Algeria, 1991/92).

In Jordan, during the 1970s and the early 1980s, the unemployment rates were among the lowest in the entire Arab Middle East. By the mid-1970s, Jordan had obtained almost full employment for its citizens, and in 1976 the unemployment rate in the Kingdom was less than 2% (Hammouda 1980) – an unusual statistic for a non-oil exporting country at the time. The central explanation for this phenomenon was the migration of hundreds of thousands of Jordanian workers to the Gulf, mainly to Kuwait and Saudi Arabia. This massive labor force export actually caused a manpower shortage in

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Jordan, bringing about a counter-migration to Jordan primarily from Egypt and Syria (Winckler 1997).

However, as a result of King Hussein of Jordan’s support of Iraq during the Gulf War of 1990-91, about 350,000 Jordanians and Palestinians returned to Jordan, mainly from Kuwait (MEED, August 14, 1992). The Jordanian labor market consequently changed dramatically, and by October 1991, the official unemployment rate rose to approximately 23%, with unofficial estimates placing the statistic closer to 35% (Jordan Times, October 14, 1991). This placed Jordan among the countries with the highest unemployment rates in the region.

An additional negative consequence of the rapid population growth patterns has been increasing pressure on natural resources, with the most obvious being a steady decline in the relationship between population, on the one hand, and water and cultivable lands, on the other hand. In Egypt, for example, cropped area per capita decreased by more than 40% during the years 1952-88 (Winckler 1992). A similar trend is also seen in Syria, where the cropped area per capita dropped during the years 1960-94, despite a nearly 40% increase in total cultivated area, as a result of a massive population growth over that period (Syria, Statistical Abstracts-1960, 1995). Similar trends are also evident in Jordan and in most of the other countries in the region.

Today, in Jordan (as in the West Bank, Gaza, and Israel), the demand for water already far exceeds the supply, and the gap is widening steadily. According to the Water Authority of Jordan, total annual water demand in the Kingdom was 900 MCM but total annual supply was roughly 550 MCM in 1990. By the year 2000, annual water demand in the Kingdom is projected to rise to 1,600 MCM, but supply is unlikely to surpass 700 MCM (MEED, May 28, 1993). In Egypt, the steep increase of water allocations for domestic use in parallel to the rapid population growth has caused a steady reduction in the water available for agriculture, while in other parts of the region, water continues to be devoted to irrigation with municipal consumers experiencing increasing shortages and higher prices. In general, however, water for municipal consumption has led to a growing food gap all over the Middle East, a region that was a net agricultural exporter until the beginning of the 1950s. (See Allan, Shamir, Elmusa, this volume).

Egypt, which was a net agricultural exporter only two generations ago, has become one of the largest food importers worldwide. By the end of the 1980s, total food imports to Egypt amounted to $4 billion and constituted one of the major factors responsible for the large deficit in the Egyptian balance of trade, which was $7.5 billion.
in the 1988/89 fiscal year (MEED, June 8, 1990). Jordan also became a net food importer as a result of rapid population growth and the increasing shortage of water for agricultural purposes. By 1987, net food imports to Jordan amounted to $359.5 million and increased to $487 million in 1991 (EIU, Country Profile-Jordan, 1993/94). Similar trends are apparent in Algeria, where the rate of cereal imports increased from 29% of total domestic cereal consumption during the years 1970-73 to 65% on average during the years 1979-82, staying at that level throughout the 1980s (EIU, Country Profile-Algeria, 1991/92; ESCWA and FAO 1993).

Urbanization in many developing countries began around the 1940s. While in the industrialized countries the “pull” factor (toward the cities and their economic opportunities) dominated, in developing countries the “push” factor (away from rural areas and their poverty) was responsible for the massive rural-to-urban shift. In addition, while in the industrialized countries the urbanization process was gradual and continuous over more than a century and half, in developing countries (including those of the Middle East) it has been a very rapid process, occurring over less than two generations (Saad Eddin 1974, 1985; see Figure 4). The rate of urbanization in the Middle East has risen faster over recent decades than in any other region in the world, and is likely to continue in the coming
decade as well. The Middle East’s urban population rose from 28% in 1950 to 47% in 1980, and is likely to reach almost 60% by the year 2000 (Symarsky 1988).

As a result of this rapid urbanization, the larger cities in the region have been forced to absorb a large number of the rural migrants and have experienced a doubling of the urbanized area in a process of relatively uncontrolled sprawl. Urban expansion has far outpaced the capacity of governments to adequately integrate and service these new areas. Throughout the overpopulated Middle Eastern countries, there is a chronic shortage of housing, which has led to rising housing prices in the major Middle Eastern cities. This shortage has also brought about an increase in the construction of informal dwelling units, the most well-known of which is “the City of the Dead,” the old cemeteries of Cairo.

Moreover, since the major cities in the Middle East are located near central water sources, their expansion has been at the expense of the cultivated lands. This phenomenon is particularly apparent in Cairo, where many villages have been swallowed by urban sprawl. Due to urban expansion, the total cultivated area of Egypt did not grow between 1952 and the mid-1980s, despite the construction of the High Dam in Aswan and massive projects to expand cultivated area (The Egyptian Gazette, May 10, 1985). Similar trends are apparent in Syria and Jordan.

FERTILITY POLICIES AMONG THE ARAB COUNTRIES OF THE MIDDLE EAST

Generally speaking, it can be said that all Middle Eastern countries are trying to influence the level of the crude birth and fertility rates of their citizens. However, the motivations for intervention differ. In general, the Arab countries of the Middle East can be divided into three main groups according to their reproductive policies during the second half of the 20th century.

The first group, comprised of Egypt, Tunisia, and Morocco, has put national family planning programs into effect as a result of the acute intensity of the resource pressures resulting from the overpopulation syndrome (Gilbar 1997).

The second group, consisting of Syria and Jordan, does not suffer from pressures as acute as those in the first group. While the Syrian and Jordanian governments do consider the high fertility rates an obstacle to socioeconomic development, neither has a declared family planning policy. The authorities of these countries are attempting to bring about reductions in population growth through indirect means, particularly via improvements in women’s education and employment opportunities.
The third group includes countries whose governments are attempting to increase, or at least preserve, their current high fertility rates. This group is made up of the oil-exporting countries of the Gulf. The small national populations of these countries relative to their political aspirations and economic needs have led their governments to adopt pro-natalist policies following the “oil boom” of October 1973. Their purpose has been to rapidly increase the number of nationals so as to reduce the proportion of foreigners in the short run and to diminish labor scarcity and foreign worker demand in the long run.

DECLARED ANTI-NATALIST POLICIES: THE EXAMPLES OF EGYPT AND TUNISIA

In the late 1940s and early 1950s, many leaders in developing countries, including those in the Middle East, saw a blessing in rapid population growth and made no attempt to limit it. Instead, they adopted pro-natalist policies based on the idea that a large nation is a strong nation (Baer 1973).

However, during the late 1950s and into the 1960s, leaders in these same countries awakened to the link between rapid population growth and the socioeconomic problems which had begun to surface, and understood that their only solution was the reduction of the natural increase rates of their population (Symonds and Carder 1973).

The Free Officers in Egypt became aware of the population problem in their country shortly after the July 1952 revolution. They thought, however, that widespread socioeconomic development would gradually bring about a decline in fertility levels without direct intervention, particularly as a result of the education of women and improvements in living standards. The results of the 1960 census proved the approach to be a misguided one, indicating only that most of the economic development that had been achieved until that point was likely to be counterbalanced by the burden of supporting the exploding population. In any case, it was only in 1966 that the Egyptian government established the Higher Council for Family Planning, and in August of that year it was announced that 2,850 family planning clinics were operating throughout the country.

The Egyptian authorities adopted the “direct-supply” approach to family planning, which was the common approach among international organizations active in the field at the time. The theory was that the population was anxious to reduce its fertility rate but lacked the contraceptive methods needed to do so. By providing birth control along with instructions for its use, the aim of fertility reduction would be achieved. A similar approach was adopted by Tunisia, which was the first Arab country to adopt a declared family planning policy in 1964.
the first Arab country to adopt a declared family planning policy in 1964 (Gilbar 1997; Faour 1989; World Bank 1985).

However, during the 1970s, and especially following the 1974 World Population Conference in Bucharest, this approach was changed to emphasize not only the availability of contraception but also the likelihood of its use. The governments of the participating nations decided that in order to increase the rate of contraceptive use, they would have to affect changes in traditional social norms, and that family planning objectives could only be achieved in the context of broader socioeconomic development plans.

In accordance with the new strategy, Egypt adopted a new family planning policy in 1973. Its aims were to bring about a substantial reduction in crude birth rates by (1) raising the educational level of the entire population, though particularly among women; (2) increasing employment opportunities for women so as to boost the rate of labor force participation; (3) enhancing agricultural mechanization in order to diminish the need for children as cheap labor; (4) increasing industrialization; (5) reducing infant mortality; (6) strengthening social security; and (7) improving family planning services (Gallagher 1981; Stycos et al. 1982).

The Tunisian government altered its reproductive policy in a similar fashion in the mid-1970s, folding family planning into the framework of comprehensive socioeconomic development initiatives aimed mainly at improving the status of women (Stubbs 1980; U.N., Department of International Economic and Social Affairs 1990; International Planned Parenthood Federation-Middle East and North Africa Region 1981; and Hill 1976). In 1987, the Tunisians added economic incentives, issuing allowances to employees supporting families with no more than four children and with amounts decreasing with the addition of each newborn. A year later, the allowances were limited to families with three children (Faour 1989; U.N., Department of International Economic and Social Affairs 1990).

Increasingly, the mass media have been utilized in Egypt to promote the lowering of fertility levels. During the past two decades, numerous articles by well-known journalists have highlighted the issue, and direct appeals by political leaders have appeared in the newspapers to increase public awareness. At the same time, the Egyptian government is actively expanding the network of family planning services, and making considerable effort to obtain the support of prominent religious leaders. Confirmation by the religious leaders that family planning does not contradict the tenets of Islam is considered by all an essential requirement for the success of national family planning programs (Gilbar 1997). Indeed, fatwas (religious decrees) and interviews with religious leaders have been an integral part of these efforts.
leaders have appeared in the Egyptian newspapers on a regular basis (see, for example, al-Ahram, February 7, October 22, 1989; April 20, 1990).

UNDECLARED ANTI-NATALIST POLICIES: THE EXAMPLES OF SYRIA AND JORDAN

While the countries included in the first group started to take anti-natalist steps from the mid-1960s onward, the countries in the second group initiated undeclared anti-natalist measures much later, in the mid-1970s in the case of Syria and only in the early 1980s in the case of Jordan.

Until the mid-1970s, the Syrian government did not advocate a family planning policy; instead, it strove to increase fertility rates by providing financial benefits to large families and forbidding the promotion, distribution, or use of birth control methods (Habbab 1974), largely out of the conviction that the Syrian population was small in comparison with the economic needs and political aspirations of the country.

However, at the beginning of the 1970s, especially after the results of the 1970 census became known, the attitude of the Syrian authorities toward family planning and the rate of population growth began to change. This was primarily due to the emergence of social and economic problems whose origin lay in the high birth and fertility rates, including a reduced rate of labor force participation, an increase in public spending on food subsidies and imports, and growth in costs for subsidized health care and education (Syria, CBS, 1973).

The change in the Syrian approach was gradual and did not lead initially to an overall national family planning policy. In 1974, the Family Branch of the Ministry of Health was established in order to coordinate activities in reproductive policy within the framework of the mother and child clinics that had been operating in Syria since the 1950s. In February of 1974, the Syrian Family Planning Association, headed by the Minister of Health, was established with the objectives of (1) improving health care for both mothers and children; (2) supplying contraceptives and providing training on their proper use; and (3) conducting research in the area of family planning and other demographic subfields (Habbab 1974; al-Ba’th April 28, 1974; ESCWA 1992; Population Division of the UN and UNFPA 1980).

During this period, the Syrian authorities consistently stressed the close connection between family planning activities and the health of mothers and children, as well as the socioeconomic condition of the family. The change in the authorities’ attitude towards
family planning was also reflected in the Syrian mass media, which is under strict governmental control. Since the late 1970s and the early 1980s, the Syrian press has published reports and articles about the rapid population growth and its socioeconomic consequences not only on the national level, but also on the individual family level, thus underlining the need to implement family planning measures (see, for example, Tishrin, August 23, September 6, and October 20-21, 1982; December 7, 1983; January 22, 1984; and October 30, 1985).

A turning point occurred in 1987 in the natalist policy of the Syrian government. The subsidies given to large families were cancelled, and the Ministry of Health began to appeal directly through the mass media to young families to adopt family planning practices. At the same time, the range of activities of the Family Planning Association was expanded (ESCWA 1992) and conferences on demographic issues and family planning were convened with increasing frequency (Zisser 1994). As in Egypt, endorsements of official religious figures were sought (Tishrin, April 10, 1994).

Among the Arab countries of the Middle East, Jordan was one of the latest to take anti-natalist steps, beginning only in the early 1980s. This is surprising, since demographic pressures are considerably greater in Jordan than in Syria, for example, which began its anti-natalist agenda at least a decade earlier. The explanation, as we have discussed, is that during the “oil decade” (1973-82) nearly 40% of the Jordanian work force was employed outside the Kingdom, living in the Gulf along with their families. Thus, until the early 1980s and the return of large numbers of Jordanian workers and their accompanying family members from the oil-exporting countries, the demographic pressures remained below the surface, and Jordanian authorities were not forced to deal with the population problem.

The marked decline in oil prices in 1986-87 caused not only a massive reduction in workers’ remittances (which until then had constituted the main source of foreign exchange in the Kingdom) but also a sharp decrease in foreign aid from the wealthy Arab oil-exporting countries. This caused experts in the areas of demography and economics to advocate a reduction in fertility rates by adopting open population policies in order to maintain the high rates of economic growth (Jordan Times, June 18, 1992; May 5, 1993).

The return of 350,000 Jordanians and Palestinians from the Gulf states at the end of 1990 and the first half of 1991, which created even greater pressures on employment, housing, and public services, sparked an acceleration of family planning measures instituted earlier. However, as in Syria, most of these steps were indirect and concentrated mainly in the improvement in women’s educational...
and expansion of women’s employment opportunities outside the home. In addition, the Jordanian government began subsidizing the Jordanian Family Planning Association and established family planning services in public clinics and hospitals (Warren et al, 1990; Badran 1992). However, in contrast to the clinics in Egypt, those in Jordan did not actively encourage the use of contraceptives, but rather provided information and guidance only to individuals requesting assistance with family planning.

Finally, the explicit statements of political leaders promoting family planning, such as those offered by President Mubarak in Egypt, are effectively absent in Syria and Jordan.

PRO-NATALIST POLICIES: THE EXAMPLE OF THE GULF STATES

Since the early 1970s, measures have been taken by the Gulf oil-exporting countries whose aim is to increase fertility rates among their national populations.

The strictest policy, adopted by the Saudi government partly as a result of the disappointingly small numbers of Saudi nationals reported in the 1974 population census, was that contraceptives were pronounced to be contrary to the teaching of Islam, and their import was banned in the spring of 1975 (Hill 1976; Allman 1978; ESCWA 1992).

Another measure was government-initiated housing development. In all of the Gulf oil-exporting countries, albeit with some local differences, governments began to sell housing at-cost, provided plots of land for building, and offered long-term loans for housing at very low interest (Al-Najjar 1993). The Qatari government, for example, built housing projects whose buyers were required to pay back only 60% of the cost over a period of 20-25 years (Nafi 1983).

The encouragement of early marriage is a measure that has come to be accepted as the norm among the Gulf oil-exporting countries. Since the beginning of the 1980s, the Kuwaiti government has granted a marriage allowance of 2,000 Kuwaiti Dinar (KD) to nationals marrying for the first time, with an additional 1,000 KD offered as a soft loan. This allowance was designed to compensate men for the expenses incurred by the custom of mahr (bride’s gift), which the groom is expected to offer to the bride’s father (U.N. Department of International Economic and Social Affairs 1988a; ESCWA 1992).

Despite the severe damage to the Kuwaiti economy as a result of the Iraqi invasion, a substantial increase in the marriage grant to Kuwaiti nationals was approved by the Council of Ministers at the
beginning of 1992. According to this decision, eligible Kuwaiti males were entitled to receive $14,000 (half as a grant and half as a loan) for their marriage to Kuwaiti women, amounting to twice the previous sum. The reason for the increase, according to the Kuwaiti Minister of Finance, was “to encourage Kuwaiti youths to marry” (Gulf States Newsletter, April 6, 1992). The Saudi authorities adopted a similar policy in 1982 (UN, Department of International Economic and Social Affairs 1990).

Although the full subsidies provided for education (including books, clothing, etc.) from the first grade through the university level, is generally considered to be admirable social policy, it nonetheless constitutes an implicit incentive to produce larger families.

EVALUATION OF THE FAMILY PLANNING PROGRAMS

The aforementioned pro-natalist measures were, without a doubt, effective in increasing or at least maintaining fertility rates in the Gulf oil-exporting countries. During the last 25 years, the national populations of these countries have risen at among the highest rates in the world. By 1994, the total national populations of the GCC (Gulf Cooperation Council) countries numbered 16.3 million (ESCWA 1995a), as compared with barely than 6 million in 1975 (Winckler 1997).

In all of the countries implementing declared anti-natalist policies, there has been an impressive decline in the fertility rates, especially over the last 15 years. In Egypt, the crude birth rate decreased from 43 per 1,000 in 1960 to 29 in 1994, and in Tunisia, from 49 to 26 during the same period. In the countries which operate undeclared anti-natalist policies, there has also been a substantial reduction in the fertility rates. In Jordan, for example, crude birth rates dropped from 47 in 1960 to 33 in 1994 (see Figure 2).

Two main factors contributed to the reduction in the crude birth and fertility rates in the anti-natalist countries during recent years. The first and most important has been a massive increase in the rates of contraceptive use. In Egypt, the rate of contraceptive use among married women increased from 23.8% in 1980 to 47.6% in 1991 (Yehia 1994). In Jordan, the increase was from 22.8% in 1976 to 26.0% in 1983 (Jordan 1984), and 40.0% in 1990 (Jordan 1992; ESCWA 1994). The rate of contraceptive use in Syria also increased significantly, from 20% in 1978 (SAR 1982) to almost 40% in 1993 (Syria and PAPCD 1995).

The second factor was a significant rise in the mean age at first marriage among females, both in the countries operating anti-natalist policies, as well as in those advocating pro-natalist policies. This delay in the mean age at first marriage served to slow down
reproduction and thus constituted a major factor in the reduction of fertility levels. In Jordan, for example, the mean age of first marriage for females increased from 20.1 years in 1961 to 24.5 years in 1992, and in Egypt from 20.2 years in 1960 to 22.6 years in 1991 (ESCWA 1994).

In the oil-exporting countries, the increase in the average age of first marriage was counteracted by the economic incentives of the pro-natalist policies in terms of the effect on reproduction within the marriage system. Thus, only relatively small reductions were made in the fertility rates, which remained very high as compared with those in the countries actively operating anti-natalist policies. By 1994, the crude birth rate among Saudi nationals was 38 per 1,000 inhabitants and 44 in Kuwait, while in Egypt and Tunisia, the rates were only 29 and 26 (see Figure 2).

SUMMARY, CONCLUSIONS, AND PROJECTIONS

Today, rapid population growth appears to constitute the most critical socioeconomic problem in the Arab Middle East. Nearly two generations of high natural increase rates have created a wide base of the age pyramid, and in most countries half of the national populations are under the age of 18, making them consumers but not producers. The wide base of the age pyramid, which also accounts for the low crude death rates, will be responsible for further high natural increase rates in the future, in spite of the decline in the fertility rates, at least in the next two decades.

In spite of the relative success of the family planning programs in the Middle East during the last 15 years and the sharp reduction in the crude birth and fertility rates, the population growth rates in all of the countries in the region remain high. In Egypt, for example, despite the substantial decline in the natural increase rates, the net annual population growth at the mid-1990s was about 1.2-1.3 million. This increase is almost the same as it was a decade ago, in the mid-1980s, when the natural increase rate was 3%, simply because the total population has increased by 14 million during that period. The situation is common to the rest of the countries in the Middle East and North Africa region.

Rapid population growth is likely to continue throughout the region. According to World Bank projections, the Egyptian population will continue to increase rapidly, at least in the first half of the 21st century, and will reach 102.6 million by the year 2050. Likewise, the Algerian population at that time will be 58.6 million, and that of Syria almost 49 million (World Bank 1995).

The peculiar nature of the demographic problem, as compared with other socioeconomic problems, is that while it is possible to
change economic policy within a period of only a few years, experience tells us that it generally takes at least two generations to alter reproductive behavior. Until changes take hold, governments of “overpopulated” countries must absorb and support their bulging populations with inadequate resources.

Since this process is irreversible, the governments of these countries have to plan the development of their economic infrastructure to support populations which will at least double in number. Is it possible for the Egyptian economy to support more than 100 million people, or for Jordan to support more than 10 million? The creation of a single job in Egypt costs about $5,000 (al-Ahram al-Iqtisadi March 12, 1990) and every year more than 400,000 additional people are joining the labor market. Therefore, Egypt needs to invest more than $2 billion annually just to create additional work opportunities without taking into consideration existing unemployment.

One of the major obstacles to reducing the fertility rates all over the Middle East has been a skewed set of economic incentives. Education at all levels, as well as health care and basic foodstuffs, are either provided entirely free of charge or are highly subsidized. These measures serve, in effect, as incentives for high fertility. Naturally, however, it is not advisable to terminate these social policies in these countries, thereby threatening the well-being of millions of citizens.

A key question is why the authorities of the overpopulated countries delayed the implementation of family planning programs for many years after they became aware of the population problem and its devastating consequences in their countries. Gamal Abd al-Nasser, for example, acknowledged the population problem in Egypt shortly after the July 1952 revolution. However, it took 13 years until the first Egyptian family planning program began operation. In addition, after the June 1967 war, the issue of the population problem was abandoned in favor of military buildup. President Mubarak began to devote greater resources and attention to the population issue only a decade ago. This means that during the better part of twenty years, the population problem in Egypt was almost totally neglected.

Egypt is only one example. Other governments in the region also delayed the implementation of family planning programs well after they became aware of the issue. In Syria, although overpopulation was recognized as problem in the mid-1970s, it took more than a decade until the financial benefits to large families were canceled.

It appears that the combination of two factors is to blame for the delay. The first was the sensitivity of family planning in traditional Islamic societies and the strong opposition of the Islamic fundamentalist movements to any anti-natalist measures. The movements claimed that the central reasons for economic hardship were not
high natural increase rates but instead misguided leadership of the secular regimes. The Islamists argued that the establishment of religious regimes, in accordance with the Islamic Shari’a, would return the prosperity that they once enjoyed.

In an attempt to avoid direct confrontation with these movements, most of the regimes in the “overpopulated” countries delayed the implementation of family planning measures for as long as possible. However, the problem finally reached the point at which further denial of its consequences would constitute a greater threat to the continued stability of the current regimes, even in the short term, than a confrontation with the Islamic fundamentalist movements over the issue.

The second reason for the delay was the Arab-Israeli conflict, particularly in the cases of Egypt and Syria. The longstanding conflicts led the regimes of these countries to allocate scarce resources to military purposes, and away from socioeconomic problems (such as rapid population growth).

In the case of Syria, after the signing of the peace treaty between Egypt and Israel in 1979, and until the late 1980s, more than half of governmental expenditures went to the military, resulting in a reduction of more than 20% in the per capita GDP during the years 1981-89 (Kanovsky 1995).

Only the continued reduction of the fertility rates, combined with a shift in resources from military purposes to socioeconomic development, will bring about an easing of the population pressures in the Middle East. Indeed, this will prove to be one of the most critical variables in the prospects for Middle East peace.

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ONN WINCKLER earned his Ph.D. at the University of Haifa, where he is currently a lecturer in the Department of Middle Eastern History. His areas of specialization are the demography and political economy of the modern Middle East. His recent book Population growth and migration in Jordan was published in 1997.

Onn Winckler, Department of Middle Eastern History, University of Haifa, Israel. Tel: +972-4-8703226; fax: +972-4-8703219. E-mail: fjar401@uvm.haifa.ac.il.