A Comparative Analysis of Fertility Plateau In Egypt, Syria and Jordan:
Policy Implications

Executive Summary

by
Hoda Rashad and Hassan Zaky

Social Research Center
The American University in Cairo

March 2013
EXECUTIVE SUMMARY

The objective of the study is to understand the determinants of the fertility plateau in Egypt, Syria and Jordan and to discuss the policy options that are available if further declines are being targeted. The study is a collaborative research activity conducted by SRC in partnership with UNFPA/ASRO. The Executive Summary highlights the main findings of a report based on the work done by researchers in the three countries in collaboration with UNFPA country offices. More details on the activity, the contributing researchers and the many outputs are available on:

(http://www.aucegypt.edu/research/src/Pages/fertility plateau.aspx)

The framework adopted in the report is guided by a reproductive health paradigm that understands that the rationale for national goals is their contribution to individual wellbeing. The framework prioritizes that every person should have the right and an equitable opportunity to live a healthy, productive, and fulfilling life and that every family should have the freedom of choice to have the number and to decide on when to have children. The framework also seeks healthy satisfaction of reproductive intentions, and recognizes the importance of informed and responsible choices.

The report is divided into six sections as follows:

I. Fertility Profile and Their Proximate Determinants
II. Fertility Desires and Their Satisfaction
III. Unhealthy Features of the Reproductive Pattern
IV. Why is Fertility Plateauing in Egypt, Syria and Jordan?
V. Structural Forces underlying Fertility Plateau
VI. Policy Implications and Opportunities.

MAIN FINDINGS

The fertility levels and recent trends in the three countries are comparable. The total fertility rates (TFR between 3 and 4) fall in the mid-range and they are all experiencing a plateau in their declining trends.

In terms of geographic variations, the patterns are different. In Jordan, the range of variations in TFR in 2009 at the governorate level is smallest and is between 3.6 - 4.5. Egypt’s governorate level fertility in 2008 follows at a lower
level- but a slightly bigger range between 2.6-4.2. The relatively high fertility in Egypt clusters in Rural Upper region. When this region, which constitutes at least one fifth of total population, is not considered, the range of TFRs among regions in Egypt becomes much narrower and is between 2.6-3.0. In Syria, the range is much wider from 2.1 - 6.8. The high level of fertility in Syria is experienced by governorates who are mainly rural and agricultural. They are mostly located in the northern and southern parts of Syria and constitute about one fifth of the total population.

Regarding the proximate determinants of fertility, the findings indicate a major inhibiting role of contraceptives and a minimal role of marriage in shaping fertility trends in Egypt during the period 1988 – 2005. Jordan is like Egypt where contraception plays a stronger role than marriage in determining the current level but at a slightly less inhibiting effect than Egypt. In Syria, the situation is totally different where marriage is the stronger inhibiting determinant compared to contraception. Investigation of the median age at marriage clearly confirms the inhibiting effect of marriage in Syria. Syrian women marry later than women in both Egypt and Jordan. They marry on average at the age of 25 years while women in Egypt marry at 21 years of age and in Jordan at 22 years of age.

The desired number of children for ever-married women 15-49 years of age in Egypt is the lowest (2.9) and is close to the level of TFR. In Jordan and Syria the number is around 4.2 for both countries. In terms of desires to postpone or limit childbearing, a higher percentage in Egypt (just below two-thirds of ever-married women) wants to limit childbearing, compared to 47 percent in Jordan and 45 percent in Syria. This is consistent with lower fertility desires for Egypt.

With regards to unmet need, Syria stands out with the highest unmet need among the three countries. Unmet need in Syria reaches 16 percent in 2009. The total unmet need in Egypt is 9.2 percent and about 11.2 percent in Jordan. Regarding unwanted births, there is significant number of births who are wanted later or not wanted at all especially in Jordan and Syria. Almost 14 percent of births that occurred in the five-year period before Egypt Survey were not wanted compared to 26.4 percent in Jordan and 24.4 percent in Syria.

Regarding discontinuation rates, the data confirm a high level of discontinuation and that such discontinuation is for reasons not connected with desires. In Egypt, women stop using a method within 12 months of starting in almost one-quarter of all episodes of contraceptive use during the five-year period preceding 2008 survey. Similar to Egypt, 28.6 percent of the episodes of use among Jordanian women discontinue within one year of use.
A significant proportion of births in the three countries can be considered to occur within an unhealthy pattern of reproduction. In Egypt, almost 18 percent of the births are born within a birth interval which is less than 24 months, almost 14 percent of the births are born to mothers of age less than 20 years or of 40 and over, and almost 21 percent of the births are of order 4 and over. In Jordan, 33 percent of births are born within a birth interval less than two years. Almost 9 percent of the births are born to mothers of age less than 20 years or 40 and over and 37 percent of births are of order 4 and above. In Syria, 35 percent of the births are born within a birth interval less than 24 months. Almost 14 percent of the births are born to mothers less than 20 years or 40 and over. About 29 percent of the ever-married women had more than 4 births.

The report then explored why fertility is plateauing in the three countries and pointed out the following determinants:

a- Heterogeneous fertility levels
The achievement of further reduction of fertility in geographic areas with higher fertility levels will certainly influence the plateau. The analysis investigated the underlying causes of the high fertility and linked these to inequities in socio-economic development.

b- Use of traditional methods in Syria and Jordan
Contraceptive prevalence rates are similar in both Egypt and Jordan (60.3%, 59% respectively) and lower in Syria (53.9%) however the rate in Syria and Jordan are characterized by a high use of traditional methods. As it is well known, traditional methods are far less effective than modern methods. The results have indicated that the traditional methods comprise around 30 percent of the total use in Syria and Jordan. The large percentage of use of traditional contraceptive clearly support the high level of unwanted birth in Syria and Jordan.

c- Missed potentials for further reducing fertility
Family planning programs in the three countries clearly are missing existing opportunities to further reduce fertility and do have an unsatisfied potential role. As mentioned earlier, the three countries are experiencing relatively high percentages of unmet need and discontinuation of family planning methods as well as unhealthy patterns in their reproductive pattern. These aspects of use are not totally governed by family planning programs as they are influenced by socio-economic differentials. Nevertheless, an effective family planning program can better capitalize on existing demand, respond more efficiently to service related reasons for discontinuation as well as influence the high health risk reproductive pattern.
For Example, in Egypt it was calculated that TFR will decline to 2.67 if births of women aged below 20 years and above 40 years were avoided. If these births are coupled with avoiding unwanted births, fertility levels may reach as low as 2.4.

d- Relatively high fertility ideals
Desired number of children among families in the three countries is still high but with varying extent. Looking at fertility ideals clearly show that desired number of children increases, in relative terms, mainly among rural areas, those with no education, and among the poorest women. Youth in these three countries are no different from the older population with respect to their fertility ideals.

e- Incomplete process of female empowerment
The improved socio-economic conditions, particularly education and command over economic resources, contribute to the expansion of strategic choices. However, the achievement of empowerment is not automatic through improvement in education or through work alone. It appears that there is minimum threshold effect for such conditions to impact strategic choices and also they cannot operate in absence of supporting institutional and cultural forces. The report found in Egypt and in Syria that the negative relationship between female employment and fertility, while in effect, is not as strong as expected. The analysis confirmed the hypothesis that there are certain levels of empowerment that are needed to allow the cost and opportunity of having children versus fulfilling other objectives to operate and to gain precedence over cultural dynamics supporting large families.

The key structural forces responsible for the fertility plateau in the three countries were discussed in details. The political commitments and the institutional and organizational frameworks responsible for population and fertility are different in the three countries. While Egypt and Jordan have a population strategy and a population council, Syria has an agency for family affairs that is currently preparing the population policy. The recent past is witnessing an ambiguity reference the prioritizing of population challenge in Egypt and restructuring as well as political leverage of the population council in Egypt. Syria political uncertainties are bound to divert attention to population challenges. Socio-economic development, particularly those targeting the inequities among geographic areas, as well as gender policies are all experiencing setbacks.

POLICY IMPLICATIONS AND OPPORTUNITIES
The three countries considered are facing development challenges related to the imbalances between existing resources and the ability to meet the
growing aspirations for improved well-being. The identification of this challenge and the response to it has varied greatly in terms of timing and strength and has translated itself into different impacts on fertility.

The recent past however is witnessing strong signals of set-backs in the three structural drivers of fertility decline in the three countries. Clearly, the near future, given the current contextual situations, is unlikely to support further declines in fertility. A reversal in trend may even occur.

Regardless of macro considerations, the individual level perspectives point to a relatively high levels of unsatisfied fertility choices, discontinuation rates as well as many unhealthy features of reproduction. Despite, the many differences between the three countries considered in the level of these missed opportunities, all of them can benefit from an improved performance of the family planning programs.

Syria and Jordan, in particular, stand out for quick wins when traditional contraceptive methods are replaced by more effective ones.

The concern with healthy reproduction implies the adoption of the reproductive health paradigm. Family planning services need to be part of a comprehensive reproductive health package. A package that starts from adolescence to post-menopausal, and appreciates the centrality of gender and social determinants. Family planning programs within such a package will articulate its goal and indicators around the healthy satisfaction of reproductive intentions and will also engage in intersectoral actions targeting gender and social determinants.

The policy options for addressing the heterogeneous fertility levels, the relatively high fertility ideals and the incomplete process of female empowerment point to the three recommendations.

- **Equitable socio-economic development among and within geographic areas with particular focus on improving women status among disadvantaged groups.**

- **Targeting gender dynamics and women empowerment is indicated as an important policy recommendation that stands on its own.** Empowerment of women requires a minimum threshold effect of socio-economic conditions but also supporting institutional and cultural forces. Such a recommendation should be adopted for its intrinsic value for the achievement of reproductive health as well as for its significant impact on fertility desires.
Another important policy recommendation is adopting youth-focused policies. The ideational changes among youth need to be targeted. These are very much affected by cultural determinants particularly in terms of gender values as well as by socio-economic conditions.

The report identified three tracks for self-reinforcing policy directions incorporating the previous policy recommendations under them:

I) Improved performance of the family planning programs  
II) An Effective High level Population Policy Council  
III) Prioritizing population challenges and full Integration within Overall Development Plans  

Noting the importance of three tracks for the three countries, the report highlighted that the specificities of each country suggest different weights for some of the recommendations. In particular:

Syria, can start by focussing on improving the performance of its family planning programs as well as articulating an integrated population and development policy. Development plans for Syria need to particularly target the equitable socio economic development for the identified disadvantaged governorates and also include establishing a high level population council.

Egypt, can build on a solid and well-functioning family planning program that is guided by a reproductive health paradigm. It needs to consolidate this approach and to reformulate its fertility goals and indicators, beyond TFR, to include the many aspects of the healthy achievements of reproductive desires. Egypt also requires disaggregated plans targeting rural Upper Egypt. In addition and, more importantly, Egypt must guard against the signals of setbacks in terms of the prioritization of population challenges as well as gender dynamics.

Jordan, can also quickly benefit from improved performance of the family planning program, particularly reference high utilization of traditional methods. It also need to continue its socioeconomic development path with increased emphasis on gender.

The three countries need to emphasize youth-focused policies and to recognize in its future development planning that the turmoils they are facing will, more than likely, translate into not just a continuation of the fertility plateau but also a reversal of fertility trends.