

# Arab Family Studies

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Critical Reviews

*Edited by*  
Suad Joseph

*With a Foreword by*  
Noor Al Malki Al Jehani



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## Fertility, Demography, and Masculinities in Arab Families

MARCIA C. INHORN

### Introduction

The Arab world is often portrayed in popular media, academic circles, and policy reports as a region of high fertility—a state of demographic affairs often attributed to inherent Muslim pronatalism and patriarchy (Kirk 1967; Nagi 1984). However, this portrayal of Arab “hyperfertility” is both outdated and inaccurate (Eberstadt and Shah 2012). During the past three decades, fertility rates have plummeted across the Arab world (Courbage 1999; Fargues 1989; Roudi-Fahimi and Kent 2007; Tabutin and Schoumaker 2005)—a fertility decline that has been profound, even revolutionary (Qutayqat 2007).<sup>1</sup> According to the *United Nation’s World Population Prospects: The 2012 Revision* (United Nations 2013), seven of the world’s “top fifteen fertility declines,” or nearly half, have occurred in Arab countries. This Arab fertility decline is part of a much wider “Muslim fertility decline” (Johnson-Hanks 2006, 2008), described by population analysts as follows:

The remarkable fertility decline unfolding throughout the Muslim world is one of the most important demographic developments in our era. Yet it has been “hiding in plain sight”—that is to say, it has somehow gone unrecognized and overlooked by all but a handful of observers, even by specialists in the realm of population studies. . . . Whatever the case may be, the great and still ongoing declines in fertility that are sweeping through the Muslim world most assuredly qualify as a “revolution”—a quiet revolution, to be sure—but a revolution in which hundreds of millions of adults are already

participating; and one which stands to transform the future. (Eberstadt and Shah 2012, 43–44)

This chapter attempts to unravel the nature of this “quiet revolution.” It does so in an unexpected way—by focusing on men, the “missing partners” in the Arab fertility equation. The broad argument of this chapter is that Arab men’s lives have changed significantly during the past three decades, including their attitudes toward, and aspirations for, reproduction and fatherhood. In the Middle East as a whole, there has been a “quiet revolution” in Arab manhood, including subtle changes in dreams, aspirations, and attitudes that have been noted by a small but growing number of anthropologists (Ali 1996a, 1996b, 1997, 2000, 2002; Ghannam 2013; Inhorn 1996, 2012a; Kanaaneh 2002, 2005, 2008; Monterescu 2006, 2007; Naguib 2015). Today men in the Arab world are taking responsibility for fatherhood and family life in new ways, including through helping their wives with fertility decision-making.

This chapter examines the relationship between fertility, demography, and masculinity in the Arab world. It does so through an extensive literature review focusing on both historical and contemporary sources, including demographic research written in both English and Arabic. Demography as a field has improved dramatically across the Arab world during the past sixty years for five major reasons: (1) significant improvements in “vital registration,” or the recording of marriages, births, and deaths in most Arab countries; (2) multiple rounds of census-taking in most Arab countries; (3) five major international or

regional fertility surveys undertaken since the early 1970s, including the World Fertility Survey (WFS) and the Demographic and Health Surveys (DHS); (4) successful child and family health surveys carried out by the League of Arab States and by the Gulf Cooperation Council (GCC) countries; and (5) significant attempts by the United Nations (UN) and its agencies (for instance, UNICEF) to conduct worldwide population surveys, including the Arab countries, since the second half of the twentieth century (Tabutin and Schoumaker 2005).<sup>2</sup>

It is important to warn at the outset that demographic data are always imperfect; they often rely on national censuses or surveys that may be incomplete, inaccurate, of limited representativeness, or aggregated over multiple years (Courbage 1999). Relatively reliable demographic data for the Arab world did not become available until the late 1960s, and has tended to vary from country to country (Tabutin and Schoumaker 2005). Having said this, UN population statistics are generally considered highly reliable, including by Arab demographers. Thus, in this chapter, UN data will be employed to demonstrate the nature of the Arab fertility decline, particularly since the 1980s. Several comparative tables plotting the decline in fertility over the decades are included to exemplify these trends in the Arab world.

Beyond statistics, the chapter delves into discourses surrounding Arab fertility, especially the purported role of Arab men as obstacles to family planning. In particular, the chapter focuses on the famous "Cairo Conference" of 1994, in which the Western population establishment bemoaned men's failure to take "responsibility" for reproduction (Ali 1997, 2000). Drawing upon recent ethnographic accounts, this chapter refutes stereotypical notions of Arab men as "irresponsible" reproducers. Instead, Arab men, partnering with their wives, have enacted one of the most profound demographic transitions ever recorded—one with significant implications for the demographic future of the region.

The chapter is composed of four sections. The first section provides a brief historical overview of population control and family planning programs in the Arab world, particularly in the initial period from the 1950s to the 1980s. With only a few notable exceptions, Arab governments were reluctant to intervene explicitly and forcefully in population matters. Thus Arab fertility rates remained

high before the "quiet revolution" of declining fertility that began in the late 1980s.

The second section focuses on the 1990s, particularly the International Conference on Population and Development (ICPD), which was held in Cairo in 1994. This famous "Cairo Conference" focused heavily on "male responsibility" for reproduction and family planning, implying that men were, by default, "obstacles" to fertility control (Ali 2000, 2002). Although critiques of the "male responsibility" discourse soon followed, the post-Cairo rhetoric of "men as partners" also overlooked the many ways in which men around the world were already changing their reproductive lives.

The third section thus focuses on Arab men's "emergent masculinities" in the new millennium—a term encompassing new forms of manhood and men's changing attitudes toward marriage, reproduction, fatherhood, and family life (Inhorn 2012a; Inhorn and Wentzell 2011). Even before the Cairo conference, Arab men were already quietly unseating patriarchy in their own lives, enacting "conjugal connectivity" within their marriages (Inhorn 1996) and participating in the most intimate family planning decisions. Thus Arab men and women together have enacted a stunning decline in fertility levels—among the most momentous ever recorded (Courbage and Todd 2011). Data from 2005–10 show that fertility rates in most Arab countries are now comparable to those in the United States, having dropped dramatically from the relatively high levels documented in the early 1980s.

However, the final section, "Beyond 2015," ends on a cautionary note. Numerous consequences of the Arab fertility decline are already occurring in the Middle East, suggesting that continuing fertility reduction is not necessarily beneficial. Indeed, this "quiet revolution" in Arab fertility levels, via Arab men's and women's combined reproductive agency, has many implications for the future, which will be described in the conclusion of this chapter.

### **The 1950s to 1980s: Population Control and Family Planning in the Arab World**

Concerns about population and fertility in the Arab world date back to the post-World War II period. A growing rhetoric of "overpopulation" in the "underdeveloped" world led

Western population analysts to recommend government interventions into fertility (Bier 2008; George 1989). With implementation of national family planning programs, it was argued, governments in the "Third World" could effectively curb their high rates of population growth, thereby mitigating "resource shortages, economic catastrophe, and social and political instability" (Bier 2008, 59). To aid in this process, an international "population community" was formed, which included, most prominently, the International Planned Parenthood Federation (IPPF), the Population Council, and the Ford Foundation (Bier 2008). These organizations received broad support from Western governments, as well as direct support from the United Nations Fund for Population Activities (UNFPA), later renamed the United Nations Population Fund.

In the Arab world, the initial focus of the Western population community was on Egypt, a purportedly "overpopulated" country with a projected population doubling rate that was deemed alarming (Ali 1996b). In particular, Egypt was said to suffer from a problem of "geography versus demography"—namely, a rapidly expanding population that would eventually outstrip its arable, habitable land mass along the Nile (Bier 2008; Ali 1997). Although *prima facie* evidence of this Egyptian "population explosion" was questionable (Mitchell 1991), the Egyptian government was nonetheless inclined to accept Western advice and UNFPA support for a state-sponsored population control program, the first Middle Eastern Muslim country to do so (Ali 1996b, 2002; Ibrahim 1997; Inhorn 1996; Kirk 1967; Stycos et al. 1988).

In 1953 a National Commission for Population Affairs was established in Egypt, and several family planning clinics were opened (Bier 2008; Kirk 1967). By 1962 there were twenty-eight family planning clinics staffed by voluntary organizations. In that same year, President Gamal Abdel Nasser placed population control firmly on the national agenda. In the 1962 National Charter, which laid out Nasser's vision for a "modern" Egypt, population increase was deemed "the most dangerous obstacle that faces the Egyptian people in their drive towards raising the standard of production in their country in an effective and efficient way. Attempts at family planning deserve the most sincere efforts by modern scientific methods" (Bier 2008, 65). Those

"scientific methods" included diaphragms, foam tablets, contraceptive jelly, douches, and eventually birth control pills, which had been introduced in 1960 and had undergone field testing in Egypt in 1962.

In 1966 the Egyptian government launched the National Family Planning Program, with the opening of more than 2,500 family planning clinics, offering contraception to more than 230,000 women (Bier 2008). The most common form of contraception dispensed in these state-run clinics was the birth control pill. From that point onward, Egyptian women's total fertility rates and oral contraceptive prevalence rates were closely monitored through repeated demographic surveys and statistical calculations (Ali 1997, 2002). As the main target population of the National Family Planning Program, Egyptian women of reproductive age were exhorted to "plan" their families, ideally birthing no more than two children in each *usra*, or nuclear family (Bier 2008; Inhorn 1996).

In order to encourage these efforts, extensive research was undertaken on the normative and behavioral aspects of Egyptian fertility, through "Knowledge, Attitudes, and Practice" (KAP) surveys. KAP surveys were designed to assess desired family size, views on family planning, and attitudes toward oral contraceptive usage (for example, Cochrane, Khan, and Osheba 1990; DeClerque et al. 1986; Gadalla, Nosseir, and Gillespie 1980; Gadalla 1978; Gadalla and Rizk 1988; Ibrahim 1997; Stycos et al. 1988). Many of these KAP surveys concluded that religion, rumors, and male resistance—or what might be characterized as "the three Rs"—were impeding family planning efforts, particularly in the Egyptian countryside. In a classic article of this type (Rzepnicki and Diller 1973), Egyptian male "peasants" are described as a primary obstacle to women's use of contraception. Deemed both fatalistic and fearful in the face of God, Egyptian men were said to misunderstand procreation and thus to dominate their wives and to demand repeated childbearing, especially of sons. For example, according to one description of the Egyptian male peasant, "he feels he has little control over nature's laws, and like all other Moslems sees all that happens in nature and to himself as willed by Allah, the Creator. . . . [Thus] it stands to reason that the peasant does not question the natural process of procreation especially since he has little control over his

surrounding forces, least of all birth and death" (Rzepnicki and Diller 1973, 70). Furthermore, "traditionally, the relationship of woman to man is one of complete subordination in social and personal relationships" (Rzepnicki and Diller 1973, 73). Thus it follows that "to the young male peasant the importance of early marriage and the beginning of a family is (a) factor that greatly hinders family planning. The wife is a valuable asset for not only does she help in obtaining a livelihood, but also bears children for her husband" (Rzepnicki and Diller 1973, 72).

As demonstrated most powerfully by anthropologist Kamran Asdar Ali (1996a, 1996b, 1997, 2000, 2002) in a series of critical essays on such KAP surveys and the overall Egyptian family planning program, these stereotypical images of "traditional household patriarchs" pervaded program efforts. For example, Egypt's failure to integrate "male methods" (condoms and vasectomy) into program services were explained by evoking "traditional culture, patriarchal norms, native notions of maleness, the 'backwardness' of the peasant population and 'Islamic doctrine'" (Ali 1997, 41). These images of Egyptian men as "conservative, traditional, and anti-modern defenders of the status quo—that is anti-birth control" pervaded the Egyptian airwaves in USAID-financed family planning media campaigns (Ali 1997, 43). For example, some television advertisements showed a male peasant riding on his donkey, unconcerned by the fact that his heavily laden, pregnant wife is forced to walk by his side (Ali 1997). In other advertisements, authority figures such as shaykhs and social workers attempted to shame Egyptian men, telling them to "be responsible" by having fewer children.

Egypt's early experiments in family planning—initially targeting "oppressed" Egyptian women, but eventually enjoining "oppressive" Egyptian men to be more "responsible" and supportive of their wives—were soon replicated in several other Arab countries. The North African nations of Tunisia and Morocco were the first to follow the Egyptian lead, establishing national family planning programs in 1964 and 1966 respectively (Faour 1989; Lapham 1972). By 1980 nine other Arab nations had instituted either direct government family planning programs (Algeria and the two halves of a divided Yemen), or had agreed to establish "voluntary" family planning associations supported by IPPF (Bahrain, Iraq, Jordan, Lebanon, Sudan, and Syria). In the Arab countries

with IPPF-sponsored programs, contraceptive information and guidance were provided freely, but free or low-cost contraceptives were only offered to couples who could not otherwise afford them.

By 1984 fifteen Arab nations had endorsed the Mexico City Declaration on Population and Development, an international agenda supporting the "right" of all individuals and couples to decide freely about contraception. However, as of 1984, fewer than half of all Arab nations had family planning programs. Two Arab nations, Iraq and Saudi Arabia, still restricted access to contraception, while the majority had refused to endorse family planning on a national level. Thus, in a region-wide evaluation of Arab family planning programs undertaken in the early 1980s, family planning program efforts were deemed to be "weak," "very weak," or "nonexistent" in most Arab countries (with the exception of Tunisia, which received a "moderate" rating) (Faour 1989). In fact, it was noted that several Arab countries, especially those in the Gulf, were opposed to family planning, because their governments hoped to increase population growth rates as a solution to perceived underpopulation in their nations.

Table 1, "Fertility Levels in Arab Countries, 1980–85," provides an overall picture of fertility rates and fertility policies in eighteen Arab nations during this period. As shown in table 1, total fertility rates (TFRs)—or the average number of children born to a woman during her lifetime—were quite high across the region, with several Arab nations manifesting TFRs of more than seven children per woman. During this period, population growth was occurring in every single Arab country except Lebanon, which was considered exceptional because of its so-called "replacement fertility" level of only 2.0 children per Lebanese woman (Courbage 1999).

Given the high total fertility rates shown in table 1, it should come as no surprise that contraceptive prevalence rates across the Arab world at the time remained very low. In a survey of eleven Arab countries conducted in 1982, the mean contraceptive prevalence rate was only 19 percent (Lapham and Mauldin 1985). Egypt, which had put the most effort into a direct government program, had only achieved a contraceptive prevalence rate of 30 percent. Even in Lebanon with its low total fertility rate, slightly more than half (53 percent) of Lebanese couples reported using contraceptives. Several Arab countries lacked any form of contraceptive

**Table 1**  
**Fertility Levels in Arab Countries, 1980–1985**

Country	Population in 1988 (millions)	Total Fertility Rate (per woman)	Annual Rate of Population Increase (%)	Country's Fertility Policy	Family Planning Program
Algeria	23.9	6.7	3.2	Lower	Direct government
Bahrain	0.5	4.6	2.8	None	IPPF member
Egypt	50.3	4.6	2.5	Lower	Direct government
Iraq	17.6	6.7	3.6	Raise	IPPF member, but restricted contraceptive access
Jordan	4.0	7.4	3.7	None	IPPF member
Kuwait	2.1	6.2	3.6	Raise	None
Lebanon	2.8	3.8	2.0	None	IPPF member
Libya	4.0	7.2	3.5	None	None
Morocco	23.5	5.1	2.5	Lower	Direct government
Oman	1.4	7.1	3.3	Maintain	None
Qatar	0.4	6.8	3.4	Maintain	None
Saudi Arabia	13.0	7.1	3.3	Raise	None; restricted contraceptive access
Sudan	23.5	6.6	2.9	None	IPPF member
Syria	12.0	7.2	3.8	None	IPPF member
Tunisia	7.6	4.8	2.3	Lower	Direct government
United Arab Emirates	1.5	5.9	2.6	Raise	None
Yemen Arab Republic	7.5	7.0	3.0	Lower	Direct government
Yemen Democratic Republic	2.3	6.8	3.0	Lower	Direct government

Sources: Faour 1989; Lapham and Mauldin 1985; United Nations 1986; United Nations 1987.

prevalence data, or reported rates that were very low, ranging from 1 to 10 percent (for example, Algeria, Syria).

#### **The 1990s: The Cairo Conference and the Rhetoric of Irresponsible Men**

Although Egypt had not been able to demonstrate significant family planning program success by the end of the 1980s, it was nonetheless chosen to host one of the most important population conferences in twentieth-century world history. The International Conference on Population and Development (ICPD), which was held in Cairo in 1994,

inaugurated a broad new approach to population policy, which subsequently came to be known as the "Reproductive Health Initiative" (Eager 2007; Haberland and Measham 2002; Sen, Asha, and Ostlin 2002). Under the new rubric of "reproductive health for all," this initiative promised to move population policy beyond the narrow focus on fertility control, and to include the reproductive health of both men and women (Inhorn 2009). The ICPD platform also focused heavily on the promotion of individual sexual and reproductive health rights, and empowerment of women to control their sexual and reproductive lives (Anderson 2005; Antrobus 2004; Catino 1999; Dudgeon and Inhorn 2004;

Mundigo 2000). Meeting this “Cairo challenge” thus meant shifting away from the rhetoric of population control and toward social justice goals, in order to improve the lives of women in the global south.

The “Cairo Conference,” as it came to be known, marked the beginning of a strong policy focus on “women’s rights” and “men’s responsibilities.” The inclusion of men in the new reproductive health initiative was enshrined in a 1995 directive issued by the United Nations Fund for Population Activities (UNFPA), which insisted that young men around the world must be provided with “a different interpretation of masculinity, replacing the one based on domination to one defined by shared responsibility” (UNFPA 1995, 16). “Responsibility” became the new buzzword. “Responsible men,” it was argued, were to share in family planning; remain faithful to their partners; seek health care for their partners during pregnancy, birth, and postpartum; and participate as fathers in family life and childcare. To wit, the role of “responsible men” was to protect and ensure the reproductive rights and well-being of others (Ali 2000; Greene 2000).

However, a critique of the problematic assumptions underlying this framework soon emerged (Basu 1996; Mundigo 1998, 2000). First, “responsible men” rhetoric could serve to reinscribe patriarchy, if men were conceived of primarily as paternalistic “protectors” of women and children. Second, in this framework women’s and men’s contributions to reproductive health were seen as inherently unequal, and their experiences of reproductive health as fundamentally different. Interventions following from this framework might remain focused on the reproductive health problems caused by men, along with approaches designed to empower women in a kind of “battle between the sexes.” Third, the fact that the reproductive rights of men and women coexist in relationship to each other was fundamentally ignored. If men, too, have reproductive “rights,” then women should also have “responsibilities” in protecting men’s reproductive health and well-being. Fourth, if men were conceived of as primarily responsible for others, then their own reproductive health problems were ignored. This would prove particularly problematic for integrating men into reproductive health interventions and programs. Finally, a framework that invested men with reproductive “responsibilities” suggested, implicitly, that men were fundamentally

“irresponsible.” This assumption of irresponsible men was problematic, even degrading, and lacked a sufficient evidence base to support it.

Beyond the rhetorical level, making men responsible by including them in reproductive health programs—in ways that would not infringe upon the rights of women—was posed as a difficult feat in the various implementation-oriented efforts that followed (Callahan 1996). Many ICPD proponents soon began to express ambivalence about the inclusion of men in agendas for sexual and reproductive rights, especially in the context of scarce resources. Advocates for women’s health voiced concern that focusing on men might: (1) decrease services available to women; (2) shore up existing gender asymmetries; (3) obscure men’s privileged legal and economic positions in the control of resources; and (4) be difficult to execute in infrastructures designed for women’s reproductive health care (Berer 1996; Dudgeon and Inhorn 2003, 2004; Frye Helmer 1996).

In short, the ICPD agenda forwarded at the famous Cairo Conference provided a strong articulation of “male responsibility,” but one that was ultimately deemed unsustainable on both the rhetorical and implementation levels. An alternative discourse of “male involvement” rather than “male responsibility” was briefly promoted by the UN in the mid-1990s. But it too was criticized by feminists for obscuring historic gender inequalities, including ongoing relationships of male dominance (Correa 2000; Verme, Wegner, and Jerzowski 1996).

By the late 1990s a new terminology of “men as partners” was introduced into the reproductive lexicon. “Men as partners” acknowledged that both women and men are involved in reproduction, and that men may enhance, rather than invariably compromise, women’s health care and empowerment (Becker and Robinson 1998; Oudshoorn 2003; Wegner et al. 1998). Nonetheless, “men as partners” seemed to assume, and even naturalize, heterosexual monogamy, obscuring reproductive and sexual practices occurring outside of marital forms of partnership (Greene and Biddlecom 2000). This paradigm also failed to recognize the many disadvantages faced by nonelite men in their attempts to “partner” with women, including in contexts of economic scarcity (Collumbien and Hawkes 2000).

In short, despite a great deal of conceptual work and calls for male participation, practical efforts to incorporate

men into sexual and reproductive health care lagged far behind the goals originally outlined in Cairo in 1994. Even today, reproductive health programs around the world tend to overlook men—an omission linked in part to stereotypical understandings of men as, at best, “bit players” in reproduction, or at worst, as irresponsible, coercive obstacles to women’s health and empowerment (Almeling and Waggoner 2013; Basu 1996; Daniels 2006; Parker, Barbosa, and Aggleton 2000; Pigg and Adams 2005).

Not surprisingly, calls for a twentieth-anniversary critical reevaluation of the 1994 ICPD agenda were made at a conference on “ICPD beyond 2014: International Conference on Human Rights,” which was held in the Netherlands from July 7 to 10, 2013. The document that emerged from that meeting was entitled *Policy Recommendations for the ICPD beyond 2014*. It provides an unflinching critique of the global failures to enact key ICPD goals. It also advocates for “universal” sexual and reproductive rights, including “rights for women” and “rights for youth,” which are frequently mentioned throughout the document. Yet, despite the language of “universality,” “rights for men” are rarely invoked. The document advocates for virtually every group *except adult men*, thereby reinforcing negative caricatures of men as implicitly harmful to women and children (Wentzell and Inhorn 2014). Unfortunately, the “ICPD beyond 2014” document seems to be operating on untested assumptions about both men and women as gendered subjects, obscuring the ways in which both men and women may be affected by gendered systems of inequality. It also radically underestimates the ways in which men may be involved in transformative social processes in their own societies, including improvements in sexual and reproductive health that men are initiating on their own, and in cooperation with the women in their lives.

#### **The New Millennium (2000–2015): Emergent Masculinities and Arab Men’s Changing Reproductive Lives**

In an attempt to counter unproductive framings of men as inevitably irresponsible—and even harmful as reproducers—a number of researchers have recently called for more attention to men’s lived experiences of sexuality and reproduction in a variety of global settings (Barker and

Das 2004; Culley, Hudson, and Lohan 2013; Dudgeon and Inhorn 2003; Hawkes and Hart 2000). Their call is part of a greater move within gender studies to incorporate men, masculinity, and fatherhood into discussions of gender systems and dynamics (Inhorn et al. 2009; Inhorn, Chavkin, and Navarro 2014). Around the globe today, many men are engaged in self-conscious critiques of local gender norms, which may serve to unseat some of the more pernicious forms of patriarchy still operating in many societies. Many men are demonstrating their desire to share the responsibility for reproduction and parenting with their significant others, and to utilize the full panoply of reproductive and sexual technologies, from condoms to assisted conception (Gutmann 2007; Inhorn 2003; Inhorn et al. 2009; Inhorn, Chavkin, and Navarro 2014; Inhorn and Tremayne 2012).

In many global sites, new forms of masculinity are becoming increasingly apparent, and often center on new notions of conjugality, love, commitment, nurturance, and care (for example, Ashcraft and Flores 2003; Falabella 1997; Inhorn 2012a; Inhorn and Wentzell 2011; Naguib 2015; Thompson 1985; Wentzell 2013). Changing notions of masculinity have been shaped by a number of global forces. First, women’s political participation and feminist movements in many societies have encouraged more egalitarian gender relations in both the public and private spheres (Connell 1990; Gutmann 1996). The rise of companionate marriage, which privileges emotional bonds over economic and social reproduction, has been coproduced with these political shifts (Padilla et al. 2007; Wardlow and Hirsch 2006). This companionate ideal has reached global audiences through the media (Altman 2001), as well as through the spread of global religious movements, some of which call for men to become more faithful, sober, and attentive to the family (Martin 2013; Tuzin 1997; Rhys Williams 2001). On a more structural level, reforms of the personal status laws governing marriage, divorce, custody, and inheritance are increasingly incorporating notions of gender equity, facilitating the practice of these emerging ideals and linking them to popular ideas of social modernity (Aboim 2009; Esposito and DeLong-Bas 2001; Mir-Hosseini et al. 2013).

Arab men provide an example par excellence of these “emergent masculinities” being witnessed around the globe. Emergent masculinities is a term coined by Marcia C. Inhorn (2012a; see also Inhorn and Wentzell 2011), in



an attempt to capture all that is new and transformative in Arab men's lives, including their notions of manhood, gender relations, reproductive and sexual lives, and intimate subjectivities. The notion of emergent masculinities derives from the work of Marxist scholar Raymond Williams (1978). In his essay "Dominant, Residual, Emergent," Williams defined emergence as "new meanings and values, new practices, new relationships and kinds of relationship (that) are continually being created" (1978, 125). When applied to new forms of manhood, emergent masculinities encapsulate change over the male life course as men age; change over the generations as male youth grow to adulthood; and changes in social history that involve men in transformative social processes (for example, male labor migration, the rise of companionate marriage, the use of social media, the rise of social protest movements). In addition, emergent masculinities entail new forms of masculine practice that accompany these social trends. These would include, for example, men's desire to date their partners before marriage; men's desire to live in nuclear family residences with their wives and children; men's encouragement of daughters' education; and men's desire to remain in lifelong, committed marriages to women they love. Furthermore, emergent masculinities entail changing notions and practices of the male body, such as new regimes of fitness and exercise; acceptance of condoms as a form of male birth control; and use of assisted reproductive technologies to overcome both male and female infertility problems (Inhorn 2003; 2012a).

In short, men in the Arab world today are enacting emergent masculinities in ways that defy both patriarchy and Western-generated stereotypes. These stereotypes of Arab men—as violent terrorists, religious zealots, and brutal oppressors of women—are widespread in the Western media, especially after 9/11 (Shaheen 2008). Unfortunately, feminist scholarship, too, has tended to reify Arab manhood as oppressive, and to associate it with what Inhorn (2012a) has called "the four notorious P's": patriarchy, patrilineality, patrilocality, and polygyny. Yet, as shown by anthropologists working in a wide variety of Arab societies (for example, Ali 1996a, 1996b, 1997, 2000, 2002; Ghanam 2013; Kanaaneh 2002, 2005, 2008; Monterescu 2006, 2007; Naguib 2015), most ordinary Arab men bear little resemblance to these vilifying caricatures. Anthropologist

Cynthia Myntti and her team of Lebanese colleagues argue in "Challenging the Stereotypes" that

[w]e think it is vital for more nuanced research on sexual relationships, particularly in areas of the world where powerful stereotypes—traditional families, women's low status, oppressive religion, early marriage, high fertility, male dominance, vulnerability to divorce, need to produce sons—influence the questions we ask and the interpretations of what we see and hear. While acknowledging the complexity of people's sexual lives, our modest research suggests that it might be useful to credit women with some measure of agency, and men with some measure of altruism and humanity. (Myntti et al. 2002, 169–70)

Myntti and her colleagues attempt to "challenge the stereotypes" through research on male participation in family planning in Lebanon. There, research shows that men are strong advocates of male-controlled birth control, particularly the time-tested method of 'azl, or withdrawal (coitus interruptus), which has played an important role in the history of Islamic societies (Musallam 1983; Omran 1992). Not only does 'azl receive support within the Islamic scriptures as a viable means of male-enacted contraception, but contemporary Arab men tend to prefer withdrawal for a variety of safety reasons. In Myntti and colleagues' study, men were concerned about their wives' reproductive health, believing that both hormonal contraceptives and IUDs were potentially deleterious for their partners. Thus they hoped to relieve their wives' reproductive burden by taking responsibility for a "safe," "natural" method of male-controlled family planning.

Interestingly, condom use was not condoned by the men in Myntti and colleagues' study as a desirable form of marital contraception. According to the authors, "Most respondents reported that men use condoms in casual sex," primarily as a method of sexually transmitted infection (STI) prevention (Myntti et al. 2002, 168). Another large-scale survey on condom use among men and women in southern Lebanon found low levels of condom use in the study population, accompanied by high levels of negative commentary among male focus group participants (Kulczycki 2004). These men held many "encumbering beliefs" about condoms, including concerns about condoms'

perceived fragility and ineffectiveness (that is, condoms break and tear); both male and female sensory deprivation and pain, leading to sexual dissatisfaction; interference with marital intimacy owing to unwanted delays in coitus; the "unnaturalness" of condoms as a "tent" or man-made covering over the penis; and a barrier or interference in God's fertility mandate. Condoms were also strongly stigmatized for their association with illicit sex; in the focus groups, condoms were associated with promiscuity, and men were reluctant to use them for fear of raising suspicions of infidelity or of having an STI.

In the few studies of condom use in other parts of the Middle East, including Egypt, Jordan, the Arab Gulf, and among US Arab immigrants, condom use rates were uniformly low, while negative attitudes toward condoms were uniformly high, as in the Lebanese studies (Boutros and Skordis 2010; Ehsanzadeh-Cheemeh et al. 2009; Al Mulla et al. 1996; Shaeer and Shaeer 2011; Tabutin and Schoumaker 2005). In all of these cases, researchers found high dissatisfaction rates with condoms among those who had ever used them; many negative attitudes about condoms, including the belief that they are to be purchased and used only by homosexuals (a highly stigmatized category of persons); and lack of understanding about the role of condoms in STI disease prevention. Even male and female sex workers at high risk of STIs knew little about condoms and rarely used them with their clients, according to one study carried out in Egypt (Boutros and Skordis 2010). These misunderstandings signal the lack of sex education across the region, as well as the lack of easy condom access in many Arab countries (El Feki 2013).

Yet, even if Arab men demonstrate what Inhorn (2012b) has called "condom ambivalence," they nonetheless appear to be enacting successful forms of family planning with their wives. Arab men are not only willing partners in the practice of coitus interruptus, but they also appear to be supporting their wives in decisions to use female forms of birth control. Since about 1985, female contraceptive prevalence rates have increased dramatically in many Arab countries, even in the absence of explicit family planning information or countrywide policies (Cetorelli and Leone 2012; Kabir and Rahman 2012). Demographers Tabutin and Schoumaker (2005, 31) have described this increase as "rapid and diversified progress of modern contraception."

In a study based in Jordan, for example, the contraceptive prevalence rate was shown to have risen from an average of 40 percent in 1990 to 60 percent in 2009. In addition, 82 percent of ever-married women ages fifteen to forty-nine had used one of these methods at some point in their reproductive lives, and the average Jordanian woman was able to describe nine methods of contraception, approving of a wide variety (Cetorelli and Leone 2012).

Across the Arab world, knowledge of contraceptive methods and use of these methods by women are now widespread (Tabutin and Schoumaker 2005). Surveys show that between 90 and 98 percent of married Arab women report knowing about at least one modern method of contraception. By the year 2000, more than 40 percent of married women ages fifteen to forty-nine in nine Arab nations and more than 20 percent in nine other countries were employing modern contraceptive methods. In four Arab countries in particular—the three North African nations of Algeria, Morocco, and Tunisia, as well as Lebanon—adoption of birth control methods was described as a "contraceptive revolution," largely because of the massive increase in contraceptive prevalence rates between 1985 and 2000 (Tabutin and Schoumaker 2005).

Beyond contraceptive methods themselves, Arab men appear to be supporting women's desires to limit their family sizes. Indeed, many Arab men themselves want smaller families, for whom they can provide adequate support. For example, in a study conducted in Lebanon with more than two hundred Lebanese, Palestinian, and Syrian men from a variety of social classes, Inhorn (2012a) found a common pattern of "child desire" that was widespread among the men in her study. Very few men wanted to have a "lonely" only child, and no man wanted more than four children. However, two to three children was a widespread social norm in this population, with "two boys and one girl" stated as the "perfect" or "ideal" family by some of the men in the study. Interestingly, an emerging gender preference in the study was men's desires for daughters. Many men provided lengthy and detailed explanations about why they loved girl children more than boys, citing girls' superior compassion and affection.

Some Middle Eastern anthropologists have suggested that "son preference" may be fading away over time (van Balen and Inhorn 2003; Obermeyer 1999), although others disagree (Kanaaneh 2002). Anthropologist Rhoda Kanaaneh



(2002), for example, found persistent evidence of ongoing son preference in her seminal study of family formation in the Galilee (which, as a Palestinian-American daughter, she critiqued vociferously). Nonetheless, Kanaaneh also showed that most Palestinian couples in her study were largely convinced of the superiority of smaller families, made up of daughters as well as sons. As in Lebanon, “high-quality” families of only two to three children were preferred by young couples, allowing them to invest more time, money, and effort in the education and success of each individual child. Importantly, these Palestinian couples also believed in the importance of sex education as part of their children’s high school curriculum. They hoped such education would adequately prepare their sons and daughters for the joys and intimacies of a sexually fulfilling, reproductive life within marriage.

Kanaaneh’s detailed ethnographic account of Palestinian reproduction, as well as Inhorn’s long-term ethnographic research on reproduction in Egypt (1994, 1996, 2003), Lebanon (2012a), and the United Arab Emirates (2015), all suggest that the “romantically companionate marriage” is emerging as the ideal cultural form in the Arab world. In romantically companionate marriages, marital partners look to each other for love, emotional intimacy, friendship, and sexual fulfillment. Scholars have found clear historical precedents for companionate marriage throughout the region, a pattern that appears to be intensifying over time (Baron 1991; Musallam 2009). In Egypt, for example, the idea of companionate marriage is endorsed by both liberal secularists and Islamists in the country, the latter of whom are “framing an ideal of companionate marriage in Islamic terms” (Abu-Lughod 2002).

Romantically companionate marriages are characterized by what Inhorn has called “conjugal connectivity” (Inhorn 1996, 2003, 2012a). This is a term derived from anthropologist Suad Joseph’s (1993, 1994, 1999) pathbreaking insights on “patriarchal connectivity”—or the ways in which Middle Eastern patriarchy operates through both male domination and loving commitments. According to Joseph, socialization within Arab families places a premium on “connectivity,” or the intensive bonding of individuals through love, involvement, and emotional enmeshment. Extending Joseph’s analysis, Inhorn argues that the loving commitments of patriarchal connectivity, which are socialized within the Arab family,

also operate in the marital sphere. Both men and women, including poor men and women, are negotiating new kinds of marital relationships—relationships based on the kind of loving connectivity experienced and expected in families of origin. In Inhorn’s research in both Egypt and Lebanon, men spoke about their wives and children using the language of *hubb*, or love (Inhorn 1996, 2003, 2007, 2012a). With regard to their wives, many Arab men used terms of admiration, adoration, and tenderness—“love stories” that were unsolicited and sincere (Inhorn 2007, 2012a). Men also professed a deep love for their own and others’ children—of knowing that they always wanted to have children, of loving to play with their nieces and nephews as the “kind uncle,” of experiencing great joy in the presence of youngsters, and of cherishing their own sons and daughters. Men’s stated child desires were rarely instrumental; men did not want children to work for them, to take over a family business, to care for them in their old age, or to receive their inheritance when they passed away. Although these reasons were occasionally cited, they were not common. Rather, men’s major articulation of child desire was entirely affective. Men commonly expressed how much they “loved,” “adored,” and “were crazy” about kids, and thus how much they wanted to become fathers.

Although most Arab men today are clear about their desires to become fathers, most are also no longer willing to become responsible for large numbers of offspring. This is clear from both anthropological research and recent survey data. As noted at the outset of this chapter, the Arab world is in the midst of a massive fertility decline, or what Eberstadt and Shah (2012) have described as a “quiet revolution.” This fertility revolution, they note, is not attributable to either increased contraceptive usage or major improvements in socioeconomic development:

Proponents of “developmentalism” are confronted by the awkward fact that fertility decline over the past generation has been more rapid in the Arab states than virtually anywhere else on earth—while well-informed observers lament the exceptionally poor development record of the Arab countries over that very period. By the same token, contraceptive prevalence has only limited statistical power in explaining fertility differentials for Muslim-majority populations—and can do nothing to explain the highly inconvenient fact that use of modern contraceptives remains much lower among

Muslim-majority populations than among non-Muslim societies of similar income level, despite the tremendous fertility declines recorded in the former over the past generation. (Eberstadt and Shah 2012, 41)

Instead, the critical determinant in the Arab fertility decline appears to be “attitudinal” and “volitional”—or the fact that “desired fertility levels” and “wanted total fertility” among Arab couples are much less than they used to be. As Eberstadt and Shah point out, “What we would simply wish to emphasize at this point is the critical role human agency appears to have played in this transformation . . . and the manner in which attitudes about desired family size can change with or without marked socioeconomic change” (Eberstadt and Shah 2012, 41–42).

This transformation in Arab fertility is abundantly apparent in recent survey data, collected during the period 2005–10 by the United Nations Population Division (UNPD). According to UNPD estimates, all forty-eight Muslim-majority countries and territories surveyed (among a total of more than 190 nations) witnessed fertility declines during the past three decades. Eighteen of these Muslim-majority countries and territories saw total fertility rates fall by three or more children per woman during the 1980–2010 period. As shown in table 2, “Decline in Arab Fertility Levels Over Time and Current Life Expectancy,” TFRs declined by nearly four births per woman in nine Arab countries, including Algeria, Jordan, Libya, Oman, Qatar, Saudi Arabia, Syria, the United Arab Emirates, and Yemen.

Table 2 Decline in Arab Fertility Levels over Time and Current Life Expectancy						
Country	Population (Millions)		Total Fertility Rate			Life Expectancy at Birth
	1988	2013	1975–80	2000–2005	2010–15	2010–15
World	5,100	7,162	3.85	2.53	2.45	70.0
Algeria	23.9	39.2	7.18	2.72	2.82	70.9
Bahrain	0.5	1.3	5.23	2.98	2.10	76.5
Egypt	50.3	82	5.5	2.98	2.79	71.1
Iraq	17.6	33.8	6.8	4.38	4.06	69.4
Jordan	4.0	7.3	7.38	3.64	3.27	73.8
Kuwait	2.1	3.7	5.89	2.71	2.60	74.2
Lebanon	2.8	4.8	4.23	1.58	1.51	79.8
Libya	4.0	6.2	7.94	2.67	2.38	75.2
Morocco	23.5	8.9	5.90	2.38	2.78	70.8
Oman	1.4	3.6	8.1	2.89	2.91	76.4
Qatar	0.4	2.2	6.11	2.21	2.05	78.3
Saudi Arabia	15.2	28.9	7.28	3.03	2.68	75.4
Sudan	18.9	37.9	6.92	4.83	4.46	61.9
Syria	11.7	21.9	7.32	3.19	3.0	74.4
Tunisia	7.9	11	5.69	2.05	2.02	75.8
United Arab Emirates	1.7	9.3	5.66	1.97	1.82	76.7
Yemen	11	24.4	8.58	4.91	4.15	63.0

Source: *World Populations Prospects: The 2012 Revision* (United Nations 2013).

**Table 3**  
**Arab Countries in the Top Fifteen for Fertility Decline, 1975–1980 to 2005–2010**

Country	Total Fertility Rate		Difference	Percentage Decline
	1975–1980	2005–2010		
Libya	7.94	2.67	-4.39	69.9
United Arab Emirates	5.66	1.97	-3.69	65.2
Oman	8.10	2.89	-5.21	64.3
Tunisia	5.69	2.05	-3.64	63.9
Qatar	6.11	2.21	-3.90	63.8
Lebanon	4.23	1.58	-2.66	62.8
Algeria	7.18	2.72	-4.45	62.0

Source: *World Populations Prospects: The 2012 Revision* (United Nations 2013).

Furthermore, seven Arab countries made the UNPD list of “top fifteen” fertility declines since the postwar period (1950–2010). In each case, fertility levels had declined by more than 60 percent. These fertility declines are presented in table 3, “Arab Countries in the Top Fifteen for Fertility Decline, 1975–1980 to 2005–2010.” The countries include Algeria, Lebanon, Libya, Oman, Qatar, Tunisia, and the United Arab Emirates, with Libya showing the largest fertility reduction of nearly 70 percent.

Many of the Arab countries that have undergone fertility declines of 50 percent or more during the past three decades have done so on “substantially lower levels of income, education, urbanization, modern contraception utilization and the like than those that characterize more developed regions with which their fertility levels currently correspond today” (Eberstadt and Shah 2012, 35; see also Qaram 2013).<sup>3</sup> In other words, many of the resource-poor Arab nations now have fertility levels comparable to, or even less than, those found in the United States. To take but a few examples, the North African countries of Algeria and Morocco have fertility levels corresponding to the state of Texas, while neighboring Tunisia shares a fertility level with Illinois. Lebanon’s fertility level—which, at a TFR of 1.58, is the lowest in the Arab world and is well below replacement level—is lower than the state of New York’s. Similarly, the TFR of 2.98 for Egypt is comparable to the TFR of 2.91 among Latino populations in the United States. Put another way, “Unbeknownst to informed circles in the international

community, and very often even to those in the countries in question, fertility levels of Muslim-majority populations around the world are coming to look more and more ‘American’” (Eberstadt and Shah 2012, 37).

#### **Beyond 2015: The Arab Fertility Decline and Its Future Implications**

In short, Arab fertility rates have literally plummeted between 1975 and 2015, with significant drops in the average number of children born to each woman. Further drops are projected for most Arab countries beyond 2015. In fact, five Arab countries—Bahrain, Lebanon, Qatar, Tunisia, and the United Arab Emirates—are projected to reach or dip well below the replacement fertility level, which is the number of children per woman in order to maintain current population levels (also known as zero population growth). The average replacement fertility rate is approximated to be a TFR of 2.1. But as shown in table 2, Lebanon, with its TFR of only 1.51 in 2015, faces the threat of significant population loss over time.

What do these fertility declines mean for the future of the region? Several scholars have speculated about the possible demographic consequences of these dramatic population shifts (As’ad and Fahimi 2007),<sup>4</sup> including the fact that population projections will need to be revised downward (Courbage and Todd 2011; Eberstadt and Shah 2012; Goldman 2011). For Arab populations

themselves, the implications are important, requiring careful consideration.

First, rapidly declining fertility rates change population structures dramatically. In these rapid downturns, the percentage of young people ages fifteen to thirty temporarily increases in the overall population. The resulting “youth bulge” leads to a wave of “youth quakes,” of the kind that are already being felt across the Arab world (Eberstadt and Shah 2012; El Feki 2013; Singerman 2013). For example, in resource-poor nations such as Egypt, Morocco, and Tunisia, millions of unemployed and underemployed youth are stuck in what Diane Singerman (2007, 2013) has called “waithood”—a prolonged adolescence, in which their economic futures are grim and their ability to save for a wedding difficult, thereby postponing their chances for marriage and the establishment of their own future families. Of course, prolonged waithood—especially the long delays until marriage—has real implications for future fertility levels, including the potential for Arab nations’ fertility rates to decline below the population replacement level (that is, TFR<2.1).

Second, once these youth age out of the workforce, Arab countries face coming declines in the working-age population. In several countries such as Lebanon, which has the lowest total fertility level of all the Arab nations, labor force shortages are anticipated to occur in the coming decades, and especially between 2020 and 2050. These labor shortages will likely be filled by migrants from other countries, a phenomenon that is already occurring throughout the Middle East and is most apparent in the waves of South and Southeast Asian immigration into the Arab Gulf states (Gardner 2010; Inhorn 2015; Vora 2013).

Third, the current youth bulge will eventually lead to “elderquakes,” or very rapidly aging populations existing on low income levels. The “graying” of the Middle East is already apparent, as shown in table 3. With the exception of three countries (Iraq, Sudan, Yemen), all the Arab countries are projected to have exceeded the world’s average life expectancy of age seventy, while the life expectancy in most of the Gulf states (with the exception of Yemen) is now closer to eighty. Although longer, healthy lifespans are good news for individual Arab citizens, rapid population aging has sobering future demographic consequences on the population level. As of yet, few Arab nations are well equipped to handle

millions of aging elders. These elderquakes will not happen for several decades; thus, careful planning is currently needed to forestall potential crises of inadequate Arab eldercare.

Finally, of the ten countries projected to have the world’s lowest fertility rates in the year 2100, four will be Arab nations, including Jordan (1.81), Saudi Arabia (1.81), Syria (1.81), and Yemen (1.74). In other words, these Arab countries could join the ranks of the world’s “barren states” (Douglass 2005)—nations with drastic losses of national population, ongoing labor shortages, a swelling population of people over sixty-five, and inverted population pyramids (namely, too many old people, too few children). In other words, ongoing fertility decline in the Arab world could lead to sobering outcomes for some societies, suggesting that fertility decline, in and of itself, is not always a positive demographic trajectory.

How these Arab futures will unfold is, of course, difficult to predict, in terms of both the demographic and the political consequences (Kurbaj 2013).<sup>5</sup> But meanwhile it is already becoming abundantly clear that conjugally connected Arab men and women are quietly going about their business of planning their smaller families together. That Arab men, as committed husbands and fathers, are invested in this process has heretofore escaped our scholarly attention. Yet, as shown in this chapter, the result of Arab men’s new reproductive investments is a quiet revolution in Arab fertility levels, one of the most significant twenty-first-century outcomes of their emergent masculinities.

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## Notes

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