Arab Family Studies

Critical Reviews

Edited by
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With a Foreword by
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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; Nabi 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 However, this portrayal of Arab "hyperfertility" is both outdated and inaccurate (Eberstadt and Shah 2012).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; Taboubin and Schoumaker 2005)—a fertility decline that has been profound, even revolutionary (Qutrubt 2007). 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, 43–46)

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; Ghanem 2013; Inhorn 1996, 2012a; Kanaaneh 2002, 2005, 2008; Montevecchi 2006, 2007; Nagib 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
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 "undeveloped" 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 (UNFPA).

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 era, 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, Nosset, and Gillespie 1980; Gadalla and Risk 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 (Riezpiczki 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 proscription 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... [This] 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” (Rzeznicki and Diller 1973, 70). Furthermore, "traditionally, the relationship of woman to man is one of complete subordination in social and personal relationships" (Rzeznicki 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" (Rzeznicki and Diller 1973, 72).

As demonstrated most powerfully by anthropologist Kamran Asad 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-funded 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 (Farouk 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 Mena 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) (Farouk 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 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" (Tager 2007; Haberland and Mesham 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;
Hormone, Demography, and the Domestication of Reproductive Rights

In the late 20th century, there was a growing recognition of the role of reproductive rights in promoting human well-being and social justice. This was particularly true in contexts where reproductive health services were limited or nonexistent, leading to high rates of maternal and child mortality. The United Nations Population Fund (UNFPA) played a crucial role in advocating for reproductive rights and promoting access to reproductive health services.

One of the key achievements of this period was the adoption of the 1994 International Conference on Population and Development (ICPD) in Cairo, which was convened by the United Nations. The Cairo Declaration marked a significant shift in the international community's approach to reproductive rights, recognizing that reproductive rights were fundamental human rights.

The Cairo Conference was a turning point in global reproductive health and rights, as it marked a shift from a focus on population control to a recognition of reproductive rights. This was reflected in the Cairo Declaration's commitment to the provision of reproductive health services, including voluntary contraceptive services, maternal health care, and the right to determine the size and spacing of one's family.

In the decades following Cairo, there was a growing recognition of the interwoven nature of reproductive rights and other human rights, including the rights to health, education, and dignity. This was reflected in the 1995 Beijing Declaration and Platform for Action, which called for the integration of reproductive rights into broader human rights frameworks.

Today, reproductive rights continue to be a central focus of global health and human rights advocacy, with ongoing efforts to ensure that all individuals have the rights to reproductive health services and decision-making over their bodies.

This essay explores the history of reproductive rights, from their origins in the late 20th century to their current status as a central component of human rights. It examines the key achievements of the Cairo Conference and the Beijing Platform, as well as the ongoing challenges to reproductive rights and the efforts of advocates to overcome them.
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 relationships, new relationships and kinds of relationships (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 patriarchal 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 Ps": patriarchy, patrilineality, patriolocality, and polygyny. Yet, as shown by anthropologists working in a wide variety of Arab societies (for example, Ali 1996a, 1996b, 1997, 2000, 2002; Glanzmann 2013; Kanaaneh 2002, 2005, 2008; Monterroso 2006, 2007; Nagdi 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

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

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 "safer," "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 hold many "encumbering beliefs" about condoms, including concerns about condoms' perceived fragility and ineffectiveness (that is, condoms break and tear); both male and female sexual 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 (Bourtos and Skordis 2010; Elsazadeh-Cheremeh et al. 2009; Al Mulla et al. 1996; Sheer and Sheer 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 (Bourtos 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 countryside policies (Ceterelli 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 (Ceterelli 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 "lonly" 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 Bienen and Inhorn 2003; Obermeyer 1999), although others disagree (Kanaaneh 2002). Anthropologist Rhoda Kanaaneh
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 living 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>
<thead>
<tr>
<th>Country</th>
<th>Population (Millions)</th>
<th>Total Fertility Rate</th>
<th>Life Expectancy at Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>5.100</td>
<td>7.162</td>
<td>3.85</td>
</tr>
<tr>
<td>Algeria</td>
<td>23.9</td>
<td>39.2</td>
<td>7.18</td>
</tr>
<tr>
<td>Bahrain</td>
<td>0.5</td>
<td>1.3</td>
<td>5.23</td>
</tr>
<tr>
<td>Egypt</td>
<td>50.3</td>
<td>82.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Iraq</td>
<td>17.6</td>
<td>33.8</td>
<td>6.8</td>
</tr>
<tr>
<td>Jordan</td>
<td>4.0</td>
<td>7.3</td>
<td>7.38</td>
</tr>
<tr>
<td>Kuwait</td>
<td>2.1</td>
<td>3.7</td>
<td>5.89</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2.8</td>
<td>4.8</td>
<td>4.23</td>
</tr>
<tr>
<td>Libya</td>
<td>4.0</td>
<td>6.2</td>
<td>7.94</td>
</tr>
<tr>
<td>Morocco</td>
<td>23.5</td>
<td>8.9</td>
<td>5.90</td>
</tr>
<tr>
<td>Oman</td>
<td>1.4</td>
<td>3.6</td>
<td>8.1</td>
</tr>
<tr>
<td>Qatar</td>
<td>0.4</td>
<td>2.2</td>
<td>6.11</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>15.2</td>
<td>28.9</td>
<td>7.28</td>
</tr>
<tr>
<td>Sudan</td>
<td>18.9</td>
<td>37.9</td>
<td>6.92</td>
</tr>
<tr>
<td>Syria</td>
<td>11.7</td>
<td>23.9</td>
<td>7.32</td>
</tr>
<tr>
<td>Tunisia</td>
<td>7.9</td>
<td>11.0</td>
<td>5.69</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>1.7</td>
<td>9.3</td>
<td>5.66</td>
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<tr>
<td>Yemen</td>
<td>11.0</td>
<td>24.4</td>
<td>8.58</td>
</tr>
</tbody>
</table>

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 characterise more developed regions with which their fertility levels currently correspond today" (Eberstadt and Shah 2012, 35; see also Qrnam 2013). 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. 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), 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 ages 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 rate 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, healthier 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 elderscare.

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 "barest states" (Douglas 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). But meanwhile it is already becoming abundantly clear that conjunctly 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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Introduction: Making the Linkages

A century of wars in the Arab region—world wars, colonial wars, wars of national independence, civil wars, and popular insurgencies—would suggest that scholarship on war, violence, and refugees must offer salient insights both on the understandings of the past histories of Arab families and on the urgencies of the present for so many war-torn refugee families. Indeed, however, does the theme of this chapter intersect with greater salience and poignancy than in the contemporary circumstances and experiences of Syrian refugee families (including Palestinian twice-refugee families facing Syria)? Let us then begin by considering what their experiences tell us about the kinds of questions that scholarship on war, families, violence, and refugees in the Arab region during the last century might illuminate. By January 2015 more than 3.3 million refugees from Syria had sought protection in neighboring countries according to the United Nations High Commission for Refugees (UNHCR), with registered refugees at 3,224,960, 51 percent of them female. More than six million were displaced inside Syria. Accounts by journalists and human rights reporters have tended to focus on “women and children,” who are both the majority of refugees and the all-too-familiar trope for humanitarian crisis—or indeed, humanitarian catastrophe, as the situation of Syrian refugees and civilians inside Syria is increasingly aptly characterized.

Reading through these accounts, we find a multitude of obvious and less obvious short- and possibly long-term effects on family survival and welfare, composition, and formation: children without access to education, war traumas and depressions, families without habitat or livelihoods, women subject to domestic and external violence, separated families and widows with young children, spouses at odds with problems that cannot be solved, or as a number of journalists recount, young women (and their families) under pressure to enter into early marriage for protection and economic survival. The themes of this chapter are thus dramatically integrated in the life experiences of Syrian refugee families: war, refugees, and the consequences here of possible changes in family formation and marriage. However, what is intriguing and a major finding of this review is that what is unified in the living experiences of not only contemporary Syrian refugee families, but of so many who have endured the wars, forced migrations, and violence of our region during the last century is often fragmented in the scholarship on these themes.

Methodology

In the absence of a unified body of scholarship, despite some illuminating works, the methodology of this review is twofold. First is to identify and discuss key works in which scholars address, or at least suggest, ways to understand Arab families in the context of war and/or refugee status. Second is to deploy a series of lenses—demographic, economic and social, gender, and policy and ethnographic in relation to refugees—where diverse bodies of scholarship contribute to the themes of the chapter, war, violence, and refugees. Most of these "lenses," and the social science, population studies, and women's studies disciplines behind them, became salient in Middle East studies relatively recently.