

**POPULATION POLICY, FERTILITY,
AND WOMEN'S STATUS : THE CASE OF KUWAIT**

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ملخص

السياسة السكانية ، الخصوبة ووضع المرأة : حالة الكويت

إن المتغيرات الاقتصادية والاجتماعية التي عاصرها المجتمع الكويتي خلال العقود الأربعة الأخيرة أثرت بشكل كبير على سلوك الخصوبة . إن الانخفاض في معدلات الخصوبة بالنسبة للمواطنين الكويتيين إلى جانب الارتفاع في حجم العمالة الوافدة قد أثار قلق الدولة من الانخفاض المستمر في نسبة الكويتيين إلى غير الكويتيين . وكنتيجه لذلك دفع الدولة إلى تبني سياسة سكانية محفزه لرفع الخصوبة . إن هذه السياسة تؤدي - وعلى المدى الطويل - إلى زيادة العبء الاقتصادي الوطني وإلى التأثير سلبيا على وضع المرأة في الكويت .

هذه الورقة توضح العوائق التي تواجه السياسة السكانية التوسعية والتي ستحد من النتائج المرجوة ، وعلى العكس فإنه نتيجة للمتغيرات الاقتصادية والاجتماعية والديموغرافية التي يمر بها المجتمع الكويتي ، فإن مستويات الخصوبة يتوقع لها الاستمرار في الانخفاض .

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"A country's population policy could develop into an empty box if not examined within the historical context of that country's socio-economic institutional changes" (Sirageldin, 1984:6)

1. Introduction

Though all societies share similar population dynamics of fertility, both the direction and tempo of these dynamics differ. The same factors affecting fertility might have contradictory impacts in different societies. Therefore, even though it is important to reach some form of generalized understanding, the interaction of social, economic, cultural and institutional factors within a society is what determines the actual outcome of the direction and the tempo of the demographic change. A better understanding of this interaction can be reached by utilizing an interdisciplinary approach of analysis. This paper proposes to analyze the interaction of these different factors within the social context of a developing country, Kuwait.

The fertility rate in Kuwait has been declining since the start of oil production, more than four decades ago. The available official data on fertility show such a declining tendency. This tendency has been supported by a set of socio-economic and demographic factors. Since the share of Kuwaiti nationals in the total population has also been declining, the declining fertility rate among Kuwaitis has been one of the main concerns of the Kuwaiti state. In its attempts to counter the fertility decline, the Kuwaiti government has adopted a pronatalist oriented policy through a set of regulations and incentives. Most of these regulations affect, among other things, the status of Kuwaiti women.

The aim of this paper is to analyze, within the social context of the Kuwaiti society, the interrelation among the state's role in the form of its population policy, fertility, and women's status. The paper argues that the pronatalist population policy of Kuwait, though it serves a political goal, does not take into account the broad socio-economic and demographic conditions. Moreover, this policy has a negative impact on the economy and on women's status.

The analysis in the paper utilizes macro statistical data from the national census published by the Kuwaiti Central Statistical Office (CSO) and from Kuwait Child Health Survey (KCHS) (1990).⁽¹⁾ It is important to note here that the current demographic data in Kuwait reflect a problem of classification. Prior to 1986 all the statistics about the Kuwaiti population contained those with the Kuwaiti nationality and those classified as "bedoun" i.e. the "without nationality" (stateless)⁽²⁾. As of 1986, the latter group was reclassified with the non-Kuwaitis. This study makes the assumption that the fertility rate among the Kuwaitis and the "bedoun" group is similar⁽³⁾

II. Population policy , fertility and women's status

The discussion in this section will briefly outline the interrelation among the three corners of the triangle in Figure 1, namely population policy, fertility and women's status.

First, population policy: Extending from other definitions,⁽⁴⁾ the term population policy throughout this paper refers to all direct and indirect measures taken by the state to manipulate or alter the size, distribution and composition of human population. The state's attempt to regulate fertility is one component of the state's population policy that takes the form of pronatalist or antinatalist orientation.⁽⁵⁾ Either policy is generally driven by broad economic, social and political survival concerns reflecting a social goal that might conflict with individuals' goals (Donaldson, 1991) . Through a nation's history, these concerns are continuously checked against changes in population size and dynamics, including fertility. Hence, changes in fertility both affect population policy and are influenced by it. Another way to view the interlink between fertility and the state is to view the latter

as a potential third parent to each child, one who operates outside a family's direct control but who establishes the opportunity structure and cost constraints withi-

n which the family gain access to resources and services for their children (Lloyd, 1993:6)

The role played by the state, through its policies and regulations, can exert either positive or negative impact on women's status. On the other hand, changes in women's status, such as increased social, economic and political participation, can affect government policies including those related to population, fertility regulation, and women's status.

Second, Fertility: Fertility is affected directly and indirectly by a set of socio-economic, biological, and demographic factors.⁽⁶⁾ Different micro and macro factors, either as parts of general fertility theories or in empirical studies, have been identified in the literature. A set of the direct determinants of fertility has been summarized and incorporated in a model by Bongaarts as : marriage, contraception, lactation, induced abortion and biological endowments (total fecundity) (Bongaarts, 1978).⁽⁷⁾ Indirect determinants of fertility include among other things: infant and child mortality, education, especially of females, urbanization, female employment, change of children's cost and value (change in "taste" for children), elderly social security, income and income distribution, family structure, religion and ethnicity, and social norms.⁽⁸⁾ Some studies take modernization, which encompasses many of the above factors, as a determinant of fertility.⁽⁹⁾

While many studies identify similar determinants, they differ, however, about the direction of the relationship (i.e. positive or negative) between each of these determinants and fertility. It is generally accepted that a negative relationship between fertility and some of these determinants (such as infant mortality, age at marriage, elderly social security, and use of contraceptives) is experienced in different countries. However, no one definite relationship is established between fertility and other variables such as female employment, and income. furthermore, there is no general consensus in the literature about the exact intermediate mechanisms through which these determinants affect fertility. The non-consensus about the nature of these rela-

tionships is partly due to the assumptions made, the accuracy of the data, and to the different social and political contexts within which these relations are observed

Third, women's status: in this paper aspects of women's status are taken as those which reflect their position in both the public and domestic spheres; a position that provides them with access to knowledge, economic resources, political power, and equal opportunities for economic and social participation and decision making. In this definition, emphasis is put on access and equal opportunity within both the public sphere (e.g. access to health services, education, job and training) and the domestic one, taking into consideration the social and legal structure that might enhance or restrict these rights to women (Al-Rahmani, 1996).⁽¹⁰⁾

The relationship between women's status and fertility is not a simple one-direction relationship. How one defines women's status affects the type and direction of this relationship to a large extent. High fertility in many developing societies may increase women's social and familial status, especially, when more sons are born. However, taking the definition of women's status, above, high fertility may lower women's status by increasing their health risk and reducing their opportunity for educational enrollment, jobs, and social and political participation. This negative relationship should not imply, however, that the maximum status of women is reached at a zero level of fertility. Furthermore, the relationship can be observed from the opposite direction. Improved women's status, in terms of increased opportunities and personal autonomy in decision-making including reproductive decisions, is a main factor in fertility decline.⁽¹¹⁾

Finally, population policies, fertility, and women's status are all in turn affected by a set of socio-economic, technological and cultural factors, which adds to the complexity of the relation. The interrelation among these three variables is represented in figure 2. This Figure shows that the form and orientation of population policies are products of the socio-economic

and technological structure of the society and its value system. These policies influence a set of intermediate institutional factors, such as: the health system, social security system, the family structure, and female capital formation. All these intermediate factors affect fertility and women's status, which in turn, reshape the social and economic structure of the society and its value system. The rest of the paper examines these interrelated issues within the social context of Kuwait.

III. Demographic changes, fertility and women's status in Kuwait, a brief review ⁽¹²⁾

According to the first Kuwaiti census of 1957, the total population was 206,473, 55% of which were nationals. The population increased by ten-fold within a period of about three decades, reaching 2.1 million in 1990. The main reason for the high population growth rate is mainly attributed to immigration, improved health conditions, and high fertility rate especially among the nationals. The high population growth has been driven by the increased oil revenues especially in the sixties. Before its independence in 1961, Kuwait embarked on a modernization process. Because of its small and unskilled population at that time and the young age-structure of the national population, the modernization process led to an increasing demand for foreign labor. Foreign labor force increased from 57,182 in 1957 to 580,370 in 1989.

Because of the oil revenues and relatively small population, Kuwait has been able to achieve a relatively high level of economic and social welfare. According to the United Nations Human Development Indicators (HDI), Kuwait has the highest HDI among the Arab countries.⁽¹³⁾ As a result of improved health and sanitation conditions and the decline in mortality, the national population increased sharply in the sixties, then continued increasing with a decreasing rate as shown in figure 3 and Table 1. One hundred percent of the population have access to health services, clean running water

and sanitation (UN, 1993:158). Infant mortality has been significantly decreasing reaching 17 per 1000 in 1988 (Figure 4). High fertility levels among the nationals, together with, though to a lesser extent, the rapid decline in infant mortality rate, have contributed to the young age structure of the Kuwaiti population. In this age structure, 44% of the population is younger than 15 years in 1993 (see Figure 5).

The available indicators show that the high fertility rate among the Kuwaitis has been declining since 1965.⁽¹⁴⁾ The crude birth rate (CBR), though a rough indicator, shows a clear decreasing trend of fertility.⁽¹⁵⁾ CBR has dropped from 55.7 in 1969 to 39.2 in 1992 (Figure 6). The general fertility rate (GFR), on the other hand, dropped from 221 in 1970 to 163.6 in 1992; while total fertility rate (TFR) declined from 7.5 in 1965 to 5.3 in 1992,⁽¹⁶⁾ reflecting a decline of about 29.3% (Table 2 and Figure 7 and 8).⁽¹⁷⁾

Beside contributing to the demographic changes in the society, the modernization process driven by the oil surplus has contributed to major changes in Kuwaiti women's status.⁽¹⁸⁾ Different indicators of women's status have improved for Kuwaiti women especially in terms of access to education and health services. The evaluation of Kuwaiti women's status has been presented elsewhere (Al-Rahmani, 1996), hence it suffices here to summarize the major changes.

Kuwaiti women before the oil era held a low position with almost total seclusion. They had limited economic participation except in very poor families and had no participation in their own personal decision making. Women's education was limited to some Quranic reading; and given the severe poverty of the society, their access to health services was also extremely limited.

As a result of massive development in the health services in the sixties and seventies, Kuwaiti women's health status improved greatly. In 1992

women's life expectancy at birth was 78.11 years, exceeding males' life expectancy (74.29) (UN, 1993 (a):75). The maternal death rate (per100,000 live births) in 1988 was 30, which is comparable to the average rate in the advanced industrial countries (UN, 1993(b):150). In addition, Kuwaiti women's access to education from kindergarten to the university and postgraduate levels constitutes one of the dominant and most influential changes in Kuwaiti women's status. Women's enrollment at all educational levels has increased tremendously (Figure 9). Female enrollment has been about 50% of total Kuwaiti students' enrollment at all levels. The high female enrollment has been reflected in the educational status of the female labor force (Figure 10). The improvement in these basic indicators of Kuwaiti women's status has in turn led to changes in the fertility behavior, especially among the younger generation, as will be shown later.

Kuwaiti women's participation rate in the Kuwaiti labor force has increased from 1.5% in 1957 to 14% in 1990.⁽¹⁹⁾ However, this participation rate remains relatively low. The low participation rate is attributed to low demand, due to the limited capacity of the economy, lack of strong economic need, and prevailing social norms that perceive men as the bread winners and women as the home keepers. This traditional sexual division of labor is supported by a set of political and legal regulations (Al-Rahmani, 1996). In addition, Kuwaiti women are denied political participation, and accordingly are denied the right to run for public office, and to hold a ministerial position. Other aspects and changes in Kuwaiti women's will be presented in section IV.

The declining fertility rate of the Kuwaiti population together with the increased foreign influx led to the decline in the nationals' share in total population. This share has been decreasing over the years; according to official census, Kuwaitis constituted 55% of total population in 1957, 50.3% in 1961, 47.8% in 1964, 41.6% in 1985, and only 26.5% in 1990.⁽²⁰⁾ As a result of the gulf crisis and the departure of many of the expatriates, Kuwaitis share in total population rose to 43.3% in 1993 (Ministry of planning,

1994:4). This share is expected to decline again with the re-relaxation of the immigration regulations. Kuwaiti officials have expressed openly the desire to reach a new population structure where nationals form the "majority".⁽²¹⁾

IV. Kuwaiti population policy and its impact on fertility

The high population growth rate in this small non-agricultural, and limited value-generating economy, did not lead the Kuwaiti state to adopt an antinatalist population policy, but rather a pronatalist one. The justification of this policy arises more from the composition of the population than from its volume. More specifically, it is due to the perceived danger of the unbalanced Kuwaitis to non-Kuwaitis ratio. This concern is mainly a survival issue related to perceived external threats and internal apprehension of losing national identity.

Changing a given population ratio implies the manipulation of one or more of the three basic components of population dynamics : migration, fertility and mortality. As for mortality, the state has succeeded in improving health status leading to a reduction in infant mortality and an increase in life expectancy. However, the decline in infant and child mortality is considered an important factor in reducing the long run fertility rate. Since countering the declining mortality trend is not an option, the Kuwaiti state is left with the option of regulating the two other population dynamics that is fertility and migration .

The third development Kuwaiti plan (for the years 1985/86- 1989/90) emphasized reaching a balanced population structure (i.e. an equal ratio of Kuwaitis and non-Kuwaitis as the main objective of the plan (Ministerial Council, 1985:46) . It specified the following obstacles facing this objective (ibid : 45) :

- i) the declining fertility rate among Kuwaitis .
- ii) the high substitution rate of the expatriates .
- iii) the high dependency ratio among expatriates .
- iv) the tendency of the expatriates towards long term settlement

Consequently the plan calls for countering the declining fertility trend through improving health services, encouraging early marriages and providing housing facilities for large size families. In addition it calls for other measures to regulate foreign labor (ibid: 50) .

This paper does not address the Kuwaiti migration policy . However, it is important to note that changes in policies concerning immigration touch directly the economic interest of some powerful social groups that profit from increasing the expatriate size . These social groups include: real estate owners of both commercial and residential buildings, the commercial sector which benefits by increased market demand, and services agents and intermediate contractors who profit from labor import. Furthermore, the affluent pattern of growth and life style experienced in the Kuwaiti society has increased dependence on domestic servants. Therefore, given these economic and social interests in increasing the expatriate size and the official priority of increasing the ratio of Kuwaitis, more emphasis has been put on a pronatalist fertility policy.

The pronatalist fertility policy in Kuwait is not forcefully implemented, but rather, supported by a set of regulations and incentives. The Kuwaiti government has been providing monetary and material benefits to induce child-birth. These benefits include cash benefits by means of child and marital allowances, maternity benefits, and housing subsidies. Social allowance for children is given to Kuwaiti fathers working on the government sector. The government started this allowance in 1963 for the first three children, this was increased in 1965 to cover six children, and in 1982, "the state declared that since large families were a goal to be attained, the social allowance would be given for all, not only six" (UN, 1988:35). The allowance is currently equivalent to \$ 150 per month for each child.

In 1980 the government granted Kuwaitis marrying for the first time a marriage allowance equivalent to \$3000. This amount was later doubled and, in addition, another \$3000 were given as an interest-free loan. In addition, marital benefits were further increased in 1986 when the government

required both the public and the private sector to grant paid leave to employees marrying for the first time. Furthermore, employed Kuwaiti women are entitled two months as paid maternal leave; however, women may apply for child-care leave of up to four years without pay with the right to return to their same position without loss of seniority (Ibid:35).

Early in the sixties, and as a means of income distribution, the state promised married Kuwaitis subsidized housing. The provision of subsidized housing has been in the form of ready houses or interest-free loans to build houses. This process has been facing difficulties in the speed of implementation in the last ten years.

The pronatalist policy is further supported by Islamic rules which permit abortion and sterilization only for medical or health reasons. Contraception though permitted and accessible, is not nationally endorsed or discussed in the media or through any other information channels. Moreover, retirement law concerning women is another indirect measure to increase fertility. The law states that working married women can retire with full pension after 15 years of service, so they can devote their full time to their family, which is mainly child-caring.

However, as has been noticed in a United Nations study, despite the pronatalist measures, no rise in fertility nor in the proportion of Kuwaitis who are married has taken place. Though an increase in the average number of children has occurred among those married, the rise in single Kuwaitis has offset it" (ibid : 36).⁽²²⁾ This is not to say that these incentives have not been effective. It is safe to assume that in the absence of these incentives, fertility would have declined more. A re-examination of Figure 8, which is rescaled in Figure 11, may reflect the influence of the incentives. The Figure shows that after 1980, when new incentives were introduced, the rate of decline in the fertility rate slowed down from 8.3% (for the period 1975-80) to 1.5% (1980-85). However, this rate increased again in the next period (1985-92) to 33.8%. The limitation of the fertility reaction to these incentives and regulations is due to a set of social and demographic factors that will be presented next.

V. Social and demographic constraints of the Kuwaiti population policy

Kuwait's pronatalist policy faces contradictions and constraints. The main contradictions arise both at the macro and micro levels:

(1) at the macro level, the pronatalist orientation of the state, and the desired increase in national population growth, can not be sustained in the long run given the limited economic capacity of the economy. The commercial production of oil and the increase in its international prices, especially in the early 1970's, led to the transformation of Kuwait from a poor subsistent economy into a rich rentier one. The Kuwaiti economy's revenues are not generated from a value-added process but rather from the depletion of national resources. The failure of the economy to develop a value-generating structure will undoubtedly reduce its capacity for job creation and the sustaining of future national population growth. The number of Kuwaitis who are less than ten years old in 1993 is 204,440, the majority of which will be entering the labor force in ten to twenty years (figure 3); this number is higher than the size of the labor force (150,047) at the same year. Hence, the Kuwaiti state will face severe difficulties, which are already being witnessed, in keeping up with its promised employment and subsidized housing for the Kuwaiti population.

(2) at the micro level, by encouraging fertility, through different incentives such as marriage allowance and early retirement for women, the government indirectly encourages women to leave the labor force for domestic life. This policy contradicts two other officially declared goals of reducing dependence on foreign labor and increasing Kuwaiti women labor participation. In addition, this policy adds to national economic costs by transforming active human resources into unemployed ones.

Furthermore, the pronatalist policy faces many countering socioeconomic, geographic, and demographic constraints that either support fertility decline or undermine the attempts to augmenting it. These constraints are:

First, geographically, Kuwait is surrounded by three large and strong countries: Iraq, Iran and Saudi Arabia. Both historical experiences and expected future population growth rates in the region do not support the Kuwaiti state's security goal through population regulation. The three surrounding countries have far larger population than Kuwait.⁽²³⁾ Moreover, based on a UN projection, expected annual population growth in the years 1991-2000 are 2.9% for Iran, 3.1% for Saudi Arabia, and -2.2% for Kuwait (UN,1993:180). Therefore the security goal can not be reached through means of increasing population, even with the most expansive pronatalist population policy.

Second, as has been established in the literature, both theoretically and empirically, declining infant and child mortality has strong negative influence on long run fertility behavior at both aggregate and individual levels (UN, 1983).⁽²⁴⁾ In Kuwait, declining infant and child mortality has been a significant outcome of the development of the health system since the sixties (Figure 4). Under-five mortality rate has also decreased from 58 (per 1000 live births) in 1975 to 28 in 1987 (KCHS, 1990: 52). This trend is also supported by increased education especially of women, and general awareness through other information channels of health and nutrition issues. The trend is expected to continue further with increasing education among the younger generation.

Third, increased female education, as has been indicated earlier, is one of the most influential changes in Kuwaiti women's status. At the theoretical level, education is generally perceived to have a negative relationship with fertility. There are several mechanisms through which the relationship takes shape. Increased education of both parents increases their awareness of health and hygienic issues, which in turn reduces the risk of child mortality. Education can also increase parents' knowledge of family planning methods, and change their values concerning fertility. Higher education also tends to broaden the quantity and quality of tastes for consumer durable goods,

which in turn reduce the demand for children. Furthermore, female education, particularly, is believed to have a strong influence on fertility. Increased educational enrollment of women tends to delay their age at marriage, hence reducing total time "at risk" of conception during the reproductive cycle (Shaw, 1983:105).

The data on Kuwait support the negative relationship between fertility and female education. Table 3 clearly shows that total fertility for illiterate women is higher of about three children than total fertility for literate ones. Furthermore, when braked into age groups, fertility as measured in average number of live births (ANLB) is negatively related to female educational status (Table 4). Kuwaiti illiterate women of age 24 - 29 had 3.76 ANLB, while the number was 1.4 for women with graduate degrees. Similarly, these figures were 6.85 and 2.91 for women aged 40 - 44. This relation has also been supported by more recent survey. The survey shows that the current level of fertility, measured in TFR, among literate women is significantly lower than among illiterate women, with a difference of more than three children. TFR for literate women was 5.4 and 8.6 for illiterate women (KCHS, 1990:207).

Fourth, the increased female education has augmented another intermediate factor, namely, female age at marriage; this factor, in turn, has a negative impact on fertility. Examining the ASFR, reveals more profound structural changes in the fertility behavior and social aspects. The marriage institution and family in Kuwait are strongly supported by traditions and the value system. It is only within this institution that reproduction is allowed and expected. Therefore the change in relative share of specific-age fertility reflects also a change in the average age at first marriage of Kuwaiti women. Whereas 9% of total fertility are attributed to women at age 15-19 in 1970, this share dropped to 5% in 1985, while the share of fertility attributed to women at age 25 - 29 increased from 20.6% in 1970 to 26.9% in 1985 (Table2).

The age at first marriage rose from 17.8 years in 1957 to 22.4 in 1985; while the average age of married women at their first born child increased from 21.8 in 1975 to 22.8 in 1985 (CSO, 1988: 17). Also, the percentage of Kuwaiti women married at ages 15-19 decreased from 28% in 1975 to 17.6% in 1985; while the percentage of women married at ages 20-24 decreased from 65.8% in 1975 to 58.6% in 1985 (ibid:20) (Figures 12 and 13).

The data support a positive relationship of increased female education and age of marriage among Kuwaiti women (Table 5). The cross-sectional data of the KCHS shows that at age 20-24, the percentage of women ever-married decreases from about 82% among women who are illiterate, to 70% among those with primary school education and to 46% among women with secondary education (KCHS, 1990:182).⁽²⁵⁾

Fifth, it is generally perceived in the literature that a negative relationship holds between fertility and female employment.⁽²⁶⁾ Though this negative relationship is not shared in all empirical studies,⁽²⁷⁾ the data on Kuwait support the negative association. Table 6 shows significant differences in the ASFRs for Kuwaiti employed women and out of the labor force for all ages in 1985 (Figure 14). A study of 50 Kuwaiti couples shows that employed wives were more efficient in terms of general planning and fertility planning than non-employed ones. These employed wives were more concerned with trying to ensure a compatible lifestyle for themselves and their family (Moustafa, 1980). Future increases in Kuwaiti female employment are expected to cause further declines in the fertility trend.

Sixth, before the oil era, modern contraceptive methods were unavailable. As a result of the development of the health services and other factors such as female education and employment, contraceptive use has significantly increased among Kuwaiti women. A study, based on a sample collected in 1978-79, found that about 41% of Kuwaiti women used contraceptives. The study, however, acknowledges that spacing rather than limiting family size appears to be the motive (Shah and Kamel, 1985:110). The study also pre-

dicts that the demand for contraceptives will further increase among Kuwaitis. A more recent investigation of contraceptive use does confirm this prediction. Based on a sample collected in 1987, the results of KCHS show that 56% of women used contraceptives. This figure was more than 80% among employed women or those with higher education at the age 30-39 (Figures 15 and 16) .

Seventh, a set of other institutional factors in the Kuwaiti society support and augment the declining trend of fertility. These factors are:

(i) A gradual change in family structure, the center of fertility decision-making, has taken place from the extended form to the nuclear one. The new family structure gives parents more independence in decision-making away from traditional influences towards higher fertility. Though this process is not fully completed, it is significantly growing, especially among the younger generation; it has been strongly enhanced by increasing individuals' and social income, women's education and employment, and the housing provision policy of the government.

(ii) A second institutional factor is the development of the social security system that started in the mid-fifties . This system guarantees social security for employed Kuwaitis in their elder age.⁽²⁸⁾ Since the state has been committed to employ all Kuwaitis, the benefit of this social system is shared by all working Kuwaitis. As has been identified in the literature, the establishment of a social security system for the elderly is an important factor in fertility decline, as it reduces the expected future need for financial support from the children .⁽²⁹⁾

(iii) Finally, as a result of the socio-economic and demographic changes, the "value" of children in Kuwait has declined. The value of children, in the literature, is seen as another important factor affecting fertility behavior. In other words, "fertility decline is the result of vanishing economic roles for children" (Bulatao, 1982 :99)⁽³⁰⁾. Children's enrollment in schools in Ku-

wait is compulsory up to the elementary level and tuition-free for all levels. In addition, higher education is perceived as an enhancement of the economic and social status. Moreover, Kuwaiti labor law bans the employment of children in both public and private sectors. Also, the establishment of the social security system and the general increase in the standards of living have almost eliminated the economic need for children's work, an important source of income in the pre-oil era .

It is important to mention that while the above factors constrain the Kuwaiti pronatalist policy and depress fertility, another set of social, economic and biological factors support the policy. These factors are:

a) some of the social norms that favor high fertility still persist especially among Kuwaitis with strong nomadic backgrounds. Examining the regional differential in fertility levels clearly reveals higher fertility rates in the Jahra region, where Kuwaitis with nomadic background mainly reside. The 1987 sample survey shows the total mean number of children born to ever-married women in the capital region was 3.4, and in Jahra 5.3. On the other hand, ASFR in the capital region was 5.06 while it was 8.17 in Jahra (KCHS, 1990 : 205) .

b) The low cost of children, as reflected in the provision of free health services and education, child-allowance and other subsidies, is an economic factor that positively affects fertility .

c)The reduction in lactation periods, as a result of the introduction of feeding supplements and increased female educational enrollment and employment, naturally induces higher fertility.

d) The prevalence of the traditional sexual division of labor, which emphasizes women's domestic role, strongly supports the high fertility behavior. Some of the Kuwait policies and regulations encourage the traditional domestic role of women which is associated with high fertility level.⁽³¹⁾

However, despite their positive impact on fertility, these factors do not

outweigh the other countering factors. Even though the cost of children is subsidized by the government, the direction of the "net inter-generation flow of wealth" from children to parents in Kuwait has been reversed. This direction of wealth, according to Caldwell (1982), is a main factor that both explains and justifies the decline in fertility. Furthermore, the positive impact of the reduction in lactation periods may be countered by the increased contraceptive use. Finally, the social norms of some groups that still favor higher fertility are part of the value system that is affected, though with a lagged period, by the economic and demographic changes that have been taking place in the Kuwaiti society.

VI . Population policy and women's status in Kuwait

The development of human resources and women's role in the development process has been one of the repeatedly declared objectives of the Kuwaiti state. As a result of the high expenditure on social services, Kuwaiti women's health and educational status have improved tremendously in the last three decades. These improvements have strongly contributed to declining fertility. Attempts by the state to counter this tendency, even with non-coercive means, will indirectly lessen the improvement in women's status.

Though decreasing, the current total fertility rate of Kuwaiti women of 5.3 children remains high. Attempts to further increase this rate would lower women's status by increasing their health risk. As the Kuwait Health Survey recognized:

increasing women's own control over their reproductive activities is a change which would clearly have a major impact on the health of the mothers and the growth and survival of their children (KCHS, 1990 :211).

Furthermore, the pronatalist policy of the Kuwaiti state, carried through different incentives such as marriage allowance and early retirement for women, indirectly encourages women to leave the labor force for domestic life. The social security system allows married Kuwaiti women early retire-

ment with full pension after fifteen years of service. As a result of this policy the percentage of retired women under the age 40 has increased from 21.9% in 1981 to 29.6% in 1985; those under 50 years old increased from 18.6% to 34.2%; while those at age 60 and above decreased from 40.1% to 20.7% in the same period (UN, 1988 : 47).

In addition, higher fertility would limit women's opportunity for educational enrollment and performance and increase their drop out rate. Moreover, the emphasis on increasing fertility, which is supported by religious political forces, has been used to justify limiting further development in women's status such as their political participation.⁽³²⁾ In turn, the absence of women's participation in the decision-making process directly affects their status.

The pronatalist policy has been also supported by a set of existing institutions, especially those concerning family and marriage, that further constrain other aspects of Kuwaiti women's status. Divorce procedures are more difficult and complicated for women than for men. The right to marry four wives, though not commonly practiced, is not restricted by the Kuwaiti law as in some other Islamic countries. Birth control is another neglected right for women. Except in certain families with higher educational and interspousal communication level, Kuwaiti law does not provide women with the legal system that organizes and supports their rights for birth control (Al-Awadhi, 1990:150)

From a social perspective, increasing fertility, through substituting women's reproductive activity for productive ones, would reduce their labor force participation. This reduction would not only increase the national economic cost, but also necessitate an increase in foreign labor demand, which in turn, would increase the foreign to nationals ratio.

VII. Conclusion and final remarks

The major economic and social changes that took place in the last four decades in the Kuwaiti society, especially in terms of health conditions, social security and female capital formation, have markedly influenced fertili-

ty behavior. The declining fertility level of the nationals together with the high foreign labor influx have left the Kuwaiti state politically alarmed by the declining ratio of Kuwaitis to non-Kuwaitis. Given the underlying economic interest in increasing foreign labor and the restricted naturalization policy, more emphasis has been put on a pronatalist fertility policy.

The Kuwaiti state attempt to increase the fertility level, which is already considered relatively high, adds to the long run national economic costs and negatively affects women's status. Though not forcefully implemented, many of the offered incentives to increase fertility level further reduce Kuwaiti women's participation in the labor force. This reduction, which transfers employed resources to non-employed ones, calls, in turn, for more foreign labor import.

This paper shows that the pronatalist fertility policy faces many constraints that outweigh factors that support the policy. Therefore, given the socio-economic and demographic changes in Kuwait, the fertility level is expected to decline further.

Kuwait can increase the nationals-to-foreign ratio without the negative effects, by implementing a more liberal naturalization policy especially towards the bedoun group, those with long-term residency and the husbands and children of Kuwaiti women.⁽³³⁾ Providing citizenship to this latter group would both raise the nationals share and improve another important aspect of Kuwaiti women's status, that is security and equal social and economic rights. Furthermore, increasing labor productivity and better utilization of available human resources, of men and women, would reduce the need for foreign labor. This latter policy would also improve other aspects of Kuwaiti women's status by increasing their participation in the labor force, an essential condition for their personal improvement and for the advancement of the society. Finally, there is a need to redefine the national objective of balancing the Kuwaitis and non-Kuwaitis ratio to that of balancing the population and available economic resources.

Tables :**Table 1****Kuwaiti population and its annual and average growth rates (1957-1985)**

Years	Total Kuwaiti Population	Annual Growth Rate	Average Growth Rate
1957	113622	42.5	8.7
1961	161909	35.9	8.1
1965	220059	57.9	9.6
1970	347396	35.9	6.3
1975	472088	19.8	3.7
1980	565613	20.5	3.8
1985	681288		

Source : CSO (1986:3).

Table 2**Age-specific fertility rates, general fertility rate and total fertility rate among Kuwaitis (1970 - 1985)**

Age range	ASFR: 1970	ASFR: 1975	ASFR: 1980	ASFR: 1985
15 -19	123	127	89	68
20 -24	340	347	292	267
25 -29	282	380	370	349
30-34	320	286	270	282
35 - 39	228	213	222	234
40 -44	59	53	59	72
45 -49	16	22	25	24
GFR	221	235.7	210.9	199.9
TFR	7.3	7.2	6.6	6.5

Source : CSO (1988:8).

Table 3
Total fertility rate according to regions and literacy status:

Region	TFR
Capital & Hawalli	5.06
Ahmadi	7.25
Jahra	8.17
Literacy	
Illiterate	8.55
Literate	5.4
Total	6.51

Source : KCHS, (1990:208) .

Table 4
**Average number of live births of married, divorced and widowed
Kuwaiti females according to age structure and educational status in
1980.**

Age	15-19	20-24	25-29	30-34	35-40	40-44	45-49
Illiterate	0.7	2.1	3.76	5.33	6.5	6.85	6.83
Read & write	0.76	1.9	3.53	4.75	5.93	6.6	6.73
Primary education	0.67	1.8	3.13	4.34	5.48	5.9	6.66
Elementary education	0.54	1.33	2.41	3.52	4.58	5.39	5.6
Secondary education	0.34	0.9	1.82	2.66	3.54	4.39	4.41
Graduates & post	—	0.79	1.4	2.36	3.04	2.91	3.42
Total	0.66	1.73	3.17	4.73	6.16	6.69	6.77

Source : CSO (1988:24) .

Table 5
Mean age at marriage and total average live births (ALB) according to educational status of Kuwaiti women (1980)

Educational status	Total ALB	Mean age at marriage
Illiterate	6.83	18.5
Read & write	6.73	18.2
Primary education	6.66	18.1
Elementary education	5.6	18.9
Secondary education	4.41	21.5
Graduates & post	4.13	23

Source : CSO (1988:25) .

Table 6
Age-specific fertility rate of Kuwaiti women according to their employment status (1985)

Age	Women in the labor force	women out of the labor force
14 -19	236	370.1
20 -24	354.1	445.5
25 -29	346.6	432.6
30-34	245.9	319.5
35 - 39	135.2	261.3
40 -44	40.4	75
45 -49	8.6	24.3

Source : CSO (1988:27) .

Figures :

Figure 1
The interrelation among population policy, fertility and women's status

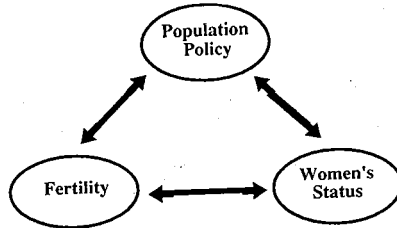


Figure 2.
The interrelation among population policy, fertility and women's status

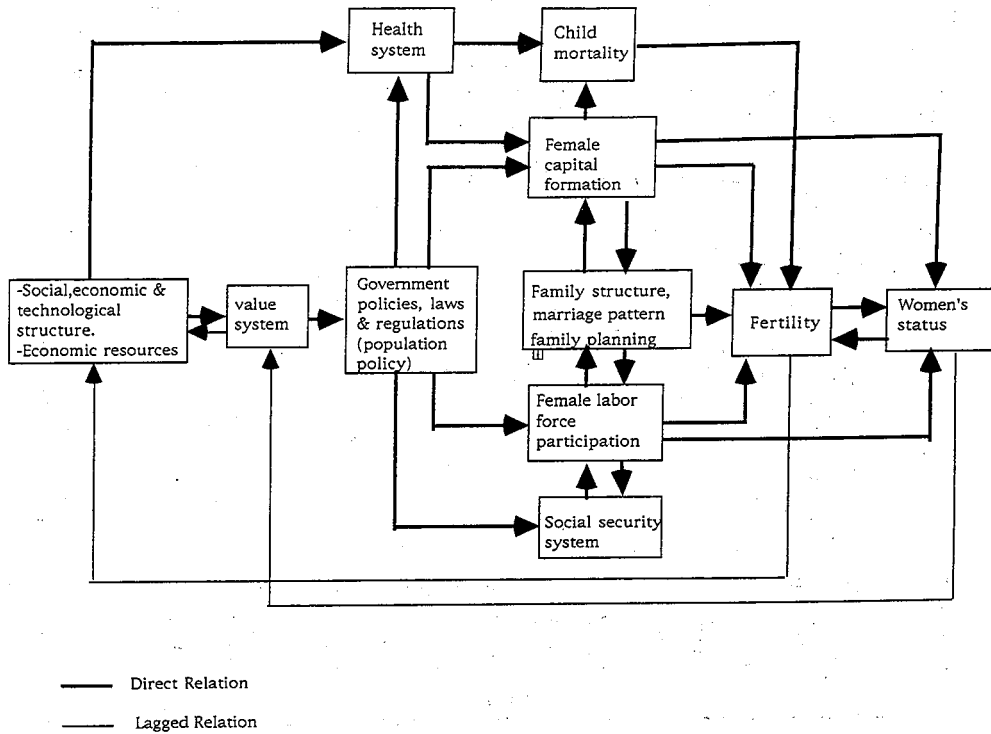
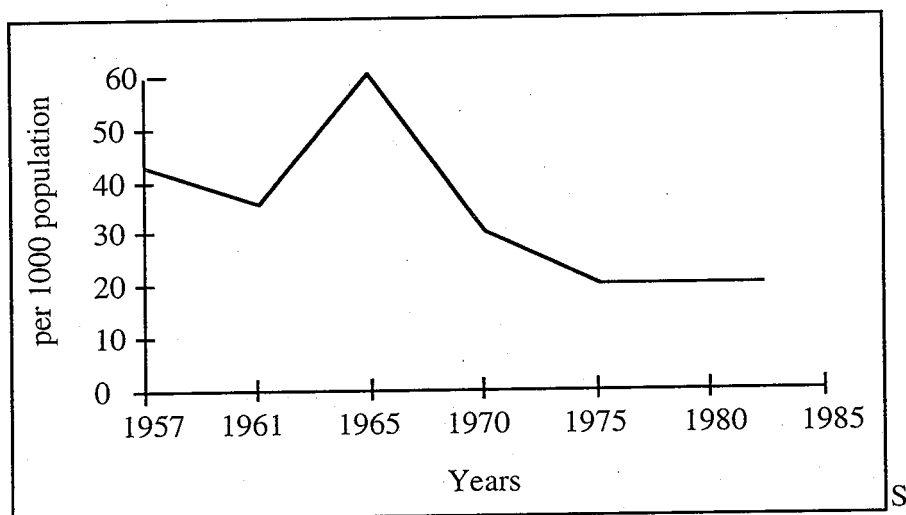


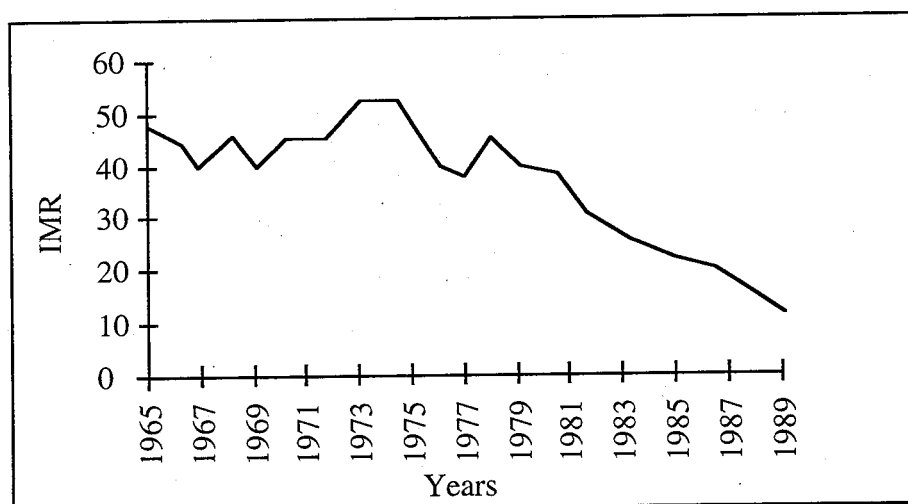
Figure 2: The interrelation among population policy, fertility, and women's status

Figure 3 : Annual growth rate of the Kuwaiti population



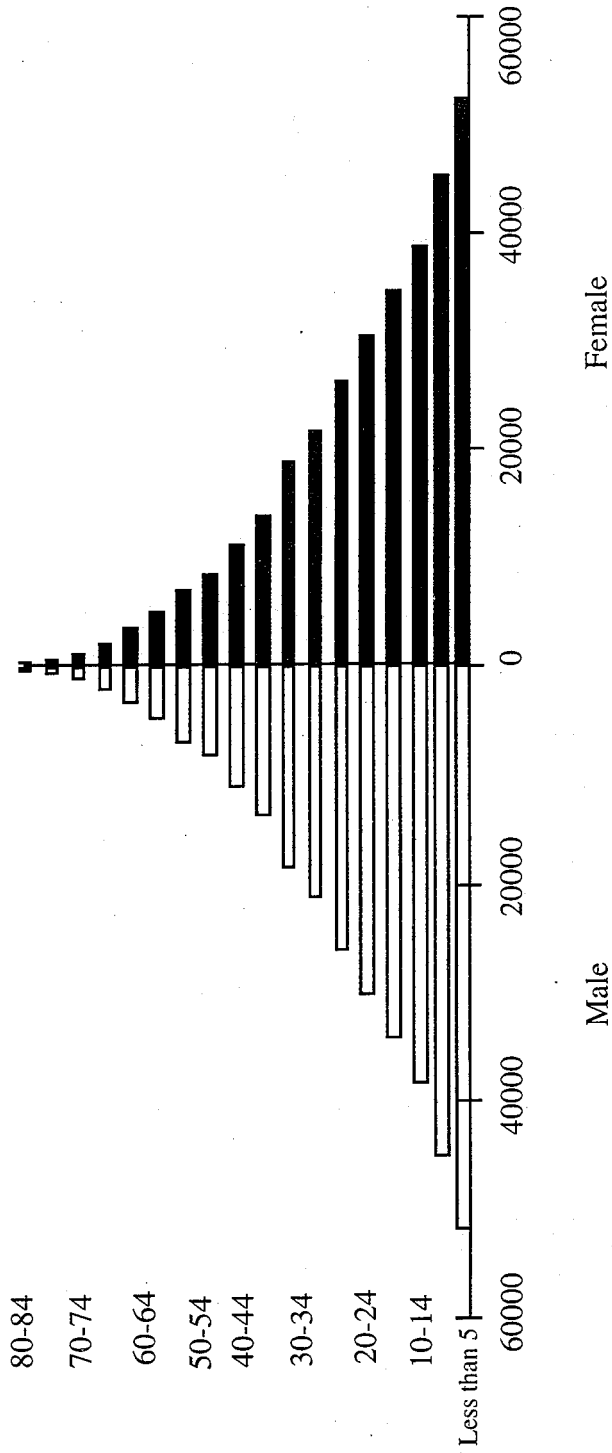
Source : Based on data in CSO, 1986 :3.

Figure 4 : Infant Mortality Rate In Kuwait



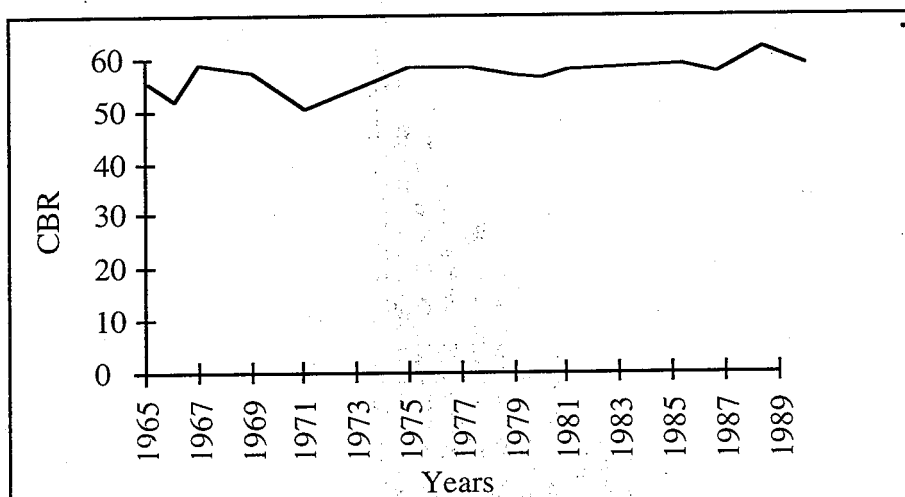
Source : Based on data in CSO, 1990 : XXVIII - XXX

Figure 5 : Population pyramid of Kuwaiti population in 1993



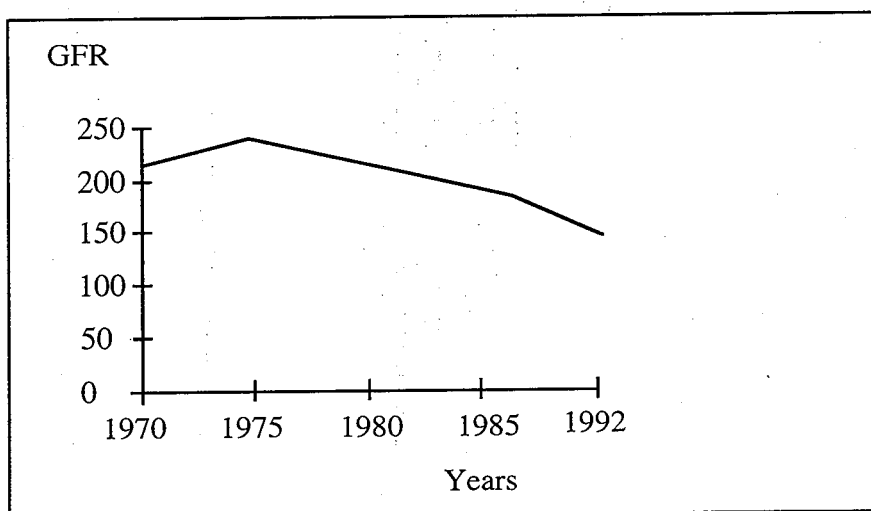
Source: Based on data in Office of Planning Affairs, 1994: 94

Figure 6 : Crude birth rate (per 1000) among the Kuwaiti population



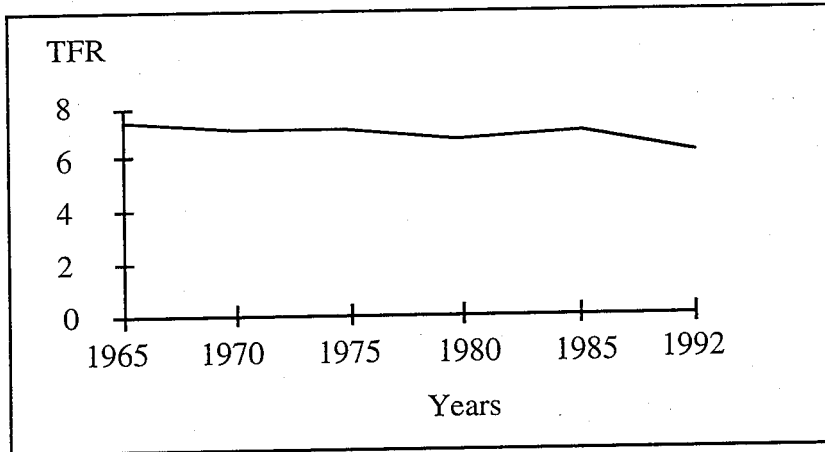
Source : Based on data in CSO, 1990 : XXVIII - XXX , and CSO (1992)

Figure 7 : General fertility rate of the Kuwaiti population



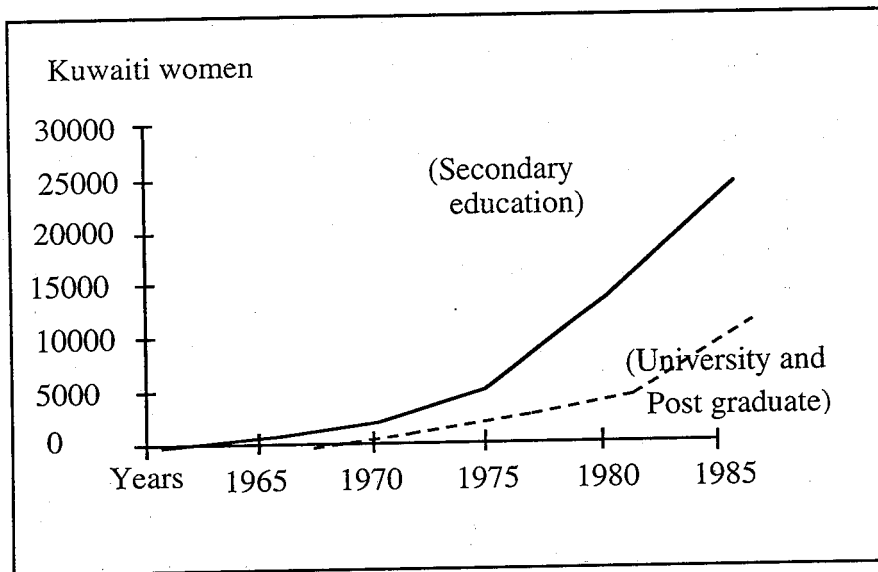
Source : Based on data in CSO, 1988:8 , and CSO (1992)

Figure 8 : Total fertility rate of the Kuwaiti population



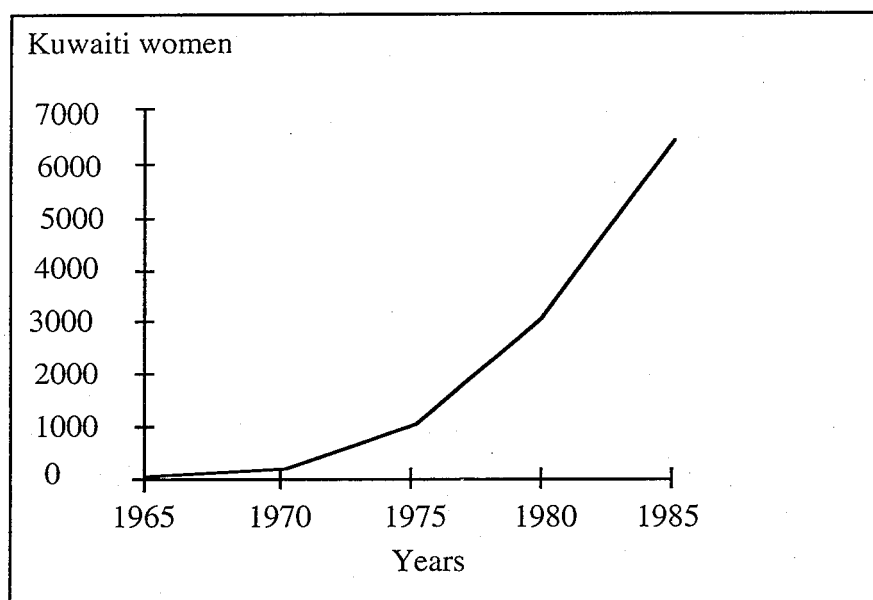
Source : Based on data in CSO, 1988:8 , and CSO (1992)

Figure 9 : Kuwaiti women with high education .



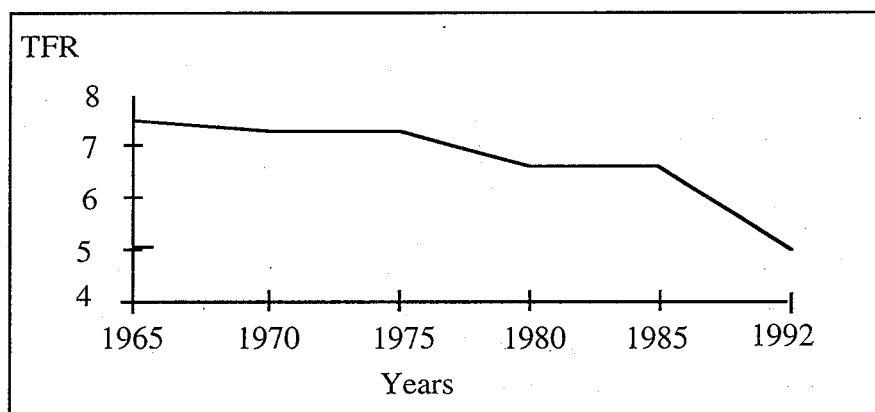
Source : Based on data in CSO, (1990:32 - 33)

Figure 10 : Kuwaiti women in the labor force with University level education



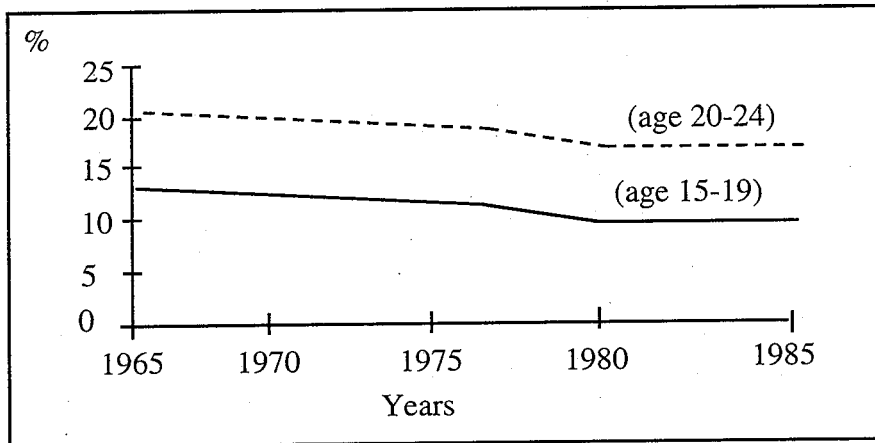
Source : Based on data in CSO, (1990::90)

Figure 11 : Total fertility rate of the Kuwaiti population



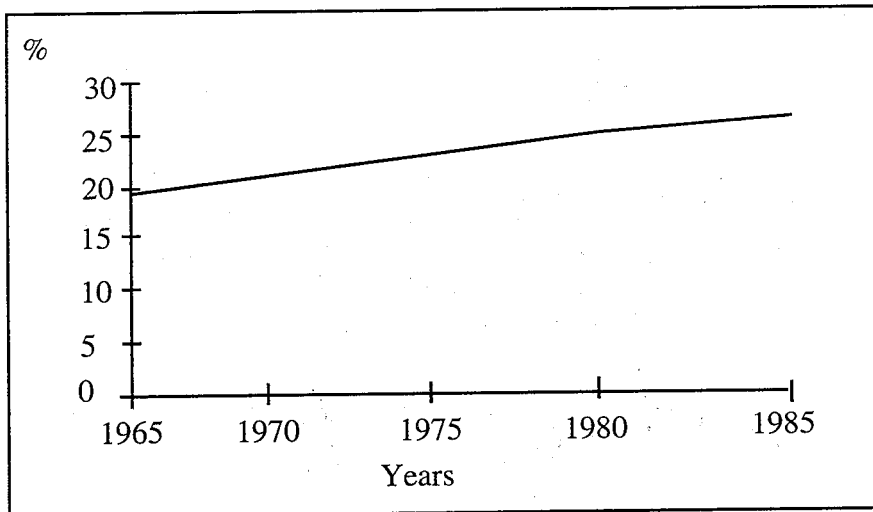
Source : Based on data in CSO, (1988::8) , and KCHS (1991 :2000)

Figure 12 : Percentages of married Kuwaiti women at different age groups



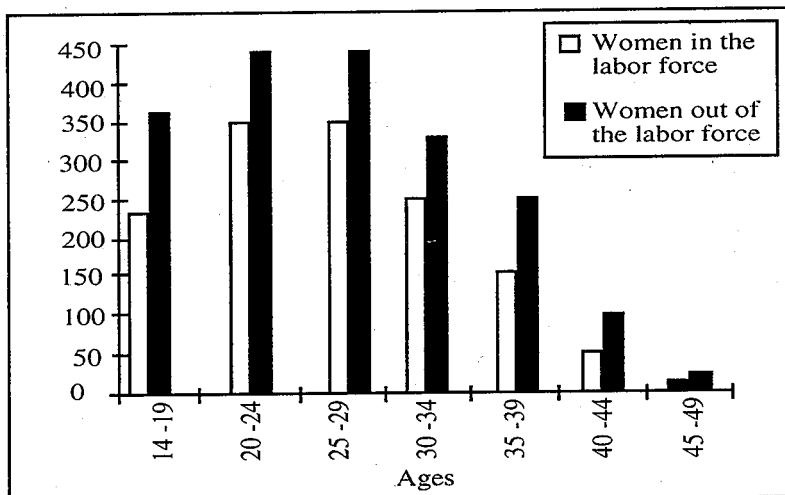
Source : Based on data in Central Statistical Office (1990 :46-7)

Figure 13 : Percentages of single Kuwaiti women age 20-24 (1970-1985)



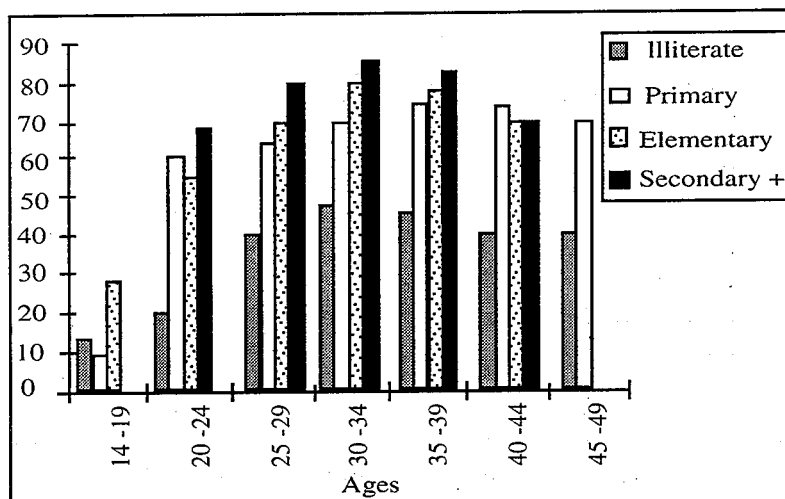
Source : Based on data in Central Statistical Office (1990 :46-7)

Figure 14 : Age-specific fertility rate of Kuwaiti women according to their employment status (1985)



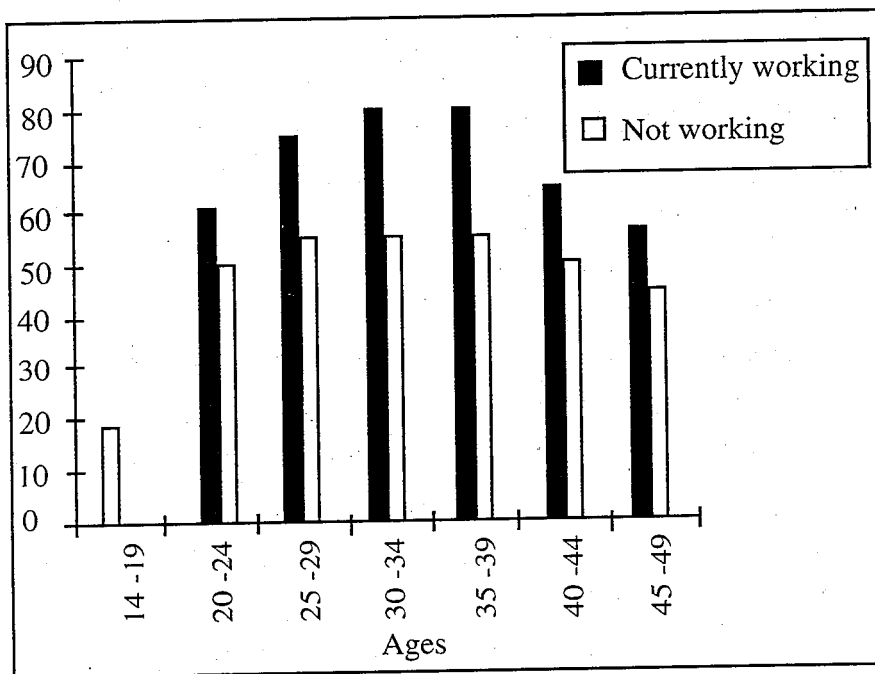
Source : Based on data in Central Statistical Office (1988 :27)

Figure 15 : Percentage of ever-married women who have used contraceptive methods by current age and educational status .



Source : Based on data in KCHS (1990 :213)

Figure 16 : Percentage of ever-married women who have used contraceptive methods by current age and working status



Source : Based on data in KCHS (1990 :213)

Notes

- 1 - The Kuwaiti Child Health Survey (KCHS) (1990) is Edited By Al Rashoud and Farid .
- 2- The Kuwaitii citizenship law considers the Kuwaitis to be those who lived in Kuwaiti prior to 1920 (the year the fence around the old boundaries of Kuwaiti was built which required the participation of most Kuwaitis at the time).
- 3 - This assumption is based on the fact that prior to 1986 the two groups had similar access to health and educational services, and both share the same cultural environment.
- 4 - For a review of some definitions of population policy see Mahadevan and Sumangala (1989 :21) .
- 5 - Other components of population policy are related to mortality and migration .
- 6 - Though reproduction is male-female joint biological and social behavior, fertility is generally represented and measured by female reproduction behavior .
- 7- For a review of the literature on these direct determinants see United Nations (1984).
- 8 - For an elaborated review of these determinants see studies by Andorka (1978), UN (1983), Donaldson (1991).
- 9 - A United Nations study, utilizing the Easterlin framework which distinguishes the supply and demand for children, identified nine variables through which the process of modernization could affect fertility. These variables are: (a) the labor value of children; (b) children's value as old-age support and risk insurance; (c) the economic costs of children; (d) infant and child mortality ; (e) age at marriage and proportion of never married; (f) infecundity due to breast-feeding malnutrition, and disease; (g) post-partum sexual abstinence; (h) widowhood; and (i) costs of fertility regulations. (UN, 1983 :7).
- 10 - For a critical evaluation of some of the conceptual and measurement problems of women's status see Mason (1986) and Dormor (1994).
- 11- For an elaborated analysis of this point see Safilios-Rothschild (1982).
- 12- The statistical data used in this section are derived from the Central Statistical Office (1990 -1992) and public office of Planning Affairs (1994); the data on fertility are

derived from Central Statistical Office (1988) and Kuwaiti Child Health Survey (1990), unless otherwise specified.

- 13 - This indicator is a compound measure of real purchasing power, education and health, which was first presented in the United Nation Human Development Report, 1991. Kuwaiti ranks 52 according to the HDI among all countries ranging from 20-173 (UN, 1993: 136).
- 14- A study using different estimation techniques of fertility for Kuwaiti reached estimates close to those obtained from official registration data (Kohli and Al Omaim, 1985).
- 15- CBR is the simplest measure of fertility; it is defined as: $CBR = (\text{Births in year} / \text{Population at mid-year}) \times 1,000$.
- 16- $GFR = (\text{Births during year} / \text{Women aged 15-44 or 49 at mid-year}) \times 1,000$.
- $TFR = (\text{Sum of ASFRs} \times 5) / 1,000$.
- $ASFR = \text{Births in year to women aged (y)} / \text{women aged (y) at mid-year}$.
- 17- It should be noted here that the figures for the CBR and TFR in 1992 are derived from the Central Statistical Office in Kuwaiti These figures are very close to those published by ESCWA, whereas CBR is 39.9 and TFR is 5.5 (UN, 1993 (a): 74).
- 18 - A deliberate use of the term "modernization" process is used as opposed to development. Development implies structural changes in the productive capacity of the economy, that enable it to sustain future development . However, the Kuwaitii economy can be best characterized as a rentier economy with limited value-generating capacity .
- 19 - It is important to note here that the official figure of the total Kuwaiti labor force participation of 36% was refuted by the undersecretary of the Ministry of Planning, who announced an alternative figure of 14%. The significant drop in the official figure is due to a change in the definition of who were considered Kuwaiti, which previously included the "bedoun" (stateless) group. Accordingly, even with no given breakdown of the figure, the actual Kuwaiti female labor force participation is less than the official figure of 14% (Longva, 1933:444).
- 20 - It should be noted here that the major decline in the national population share, especially between 1985 and 1990, is mainly attributed to changes in the official defini-

tion of who is considered Kuwaitii. Until the 1986 census, residents who were considered "bedoun" (i.e. stateless) were classified, with those who had the Kuwaitii citizenship, as Kuwaitiis. In 1987, the "bedoun" group were reclassified with the non-Kuwaitii group, hence raising further this latter group's share in total population.

- 21- It is important to point here that the publicly and officially used terms of "minority" and "majority" in Kuwaiti is misleading. Kuwaitiis are the only group in total population that have permanent residency and citizenship rights. Non Kuwaitiis are only allowed in Kuwaiti through mainly temporary economic contracts. Hence this non-Kuwaitii "majority" is politically powerless.
- 22- It is interesting to note that most who benefit from incentives are the married couples regardless of the number of children they have (i.e. the marriage allowance of \$6000 and subsidized housing or interest-free loan). Children's allowance, on the other hand, would be an additional \$ 150 per child which might not be as attractive as the initial marriage allowance.
- 23- Population estimates in 1991 for Iraq is 18.7 million, for Saudi Arabia 15.4million, and for Iran 59.9 million (UN, 1993: 180).
- 24 - The mechanisms through which infant and child mortality positively affect fertility are: (a) through cutting of lactation and shortening of the birth interval to the following child (a biological effect); (b) as a conscious replacement of children that had died (replacement effect); (c) as an unconscious insurance, where families have more children in areas of high mortality as they expect that one or more of their children will die (protection and insurance effect) (UN, 1983:239).
- 25 - Furthermore, the data from the 1980 census shows a correlation coefficient of + 0.77 between educational status and age at first marriage. On the other hand, this data also shows a negative correlation coefficient of 0.77 between mean age at first marriage and average live birth (CSO,1988:23). Using different estimation techniques, the same study found that in 1975-1985 more than 85% of the decline in ASFR is attributed to the delayed marriage factor (ibid:19).
- 26 - This perception is mainly supported by two complementary theoretical perspectives. The first, a sociological perspective, is the role-incompatibility hypothesis. It is hypothesized that the more incompatible the two roles women have, that is their roles

as mothers and workers, the more negative the employment-fertility relationship will become. The second, an economic perspective, hypothesizes that as the opportunity cost of children increases due to increased labor market opportunities for women, fertility will decrease (UN, 1985:5).

- 27 - Some studies suggest a positive relationship between fertility and female labor force participation; while others suggest an inverted J- curve shape relation (where fertility may initially increase with increased female income) (Turchi, B.et.al, 1991).
- 28 - The first law concerning social security was presented in 1955 as a part of the employment law. In 1960 the social security law established as an independent law. In 1976, an independent security fund was established. According to the Kuwaitii social security system, 5% of the government employees' salary is deducted, and 10% of it is added by the government. The employees can receive up to 95% of their salary upon retirement, depending on the number of service years. A similar arrangement is also made for Kuwaitiis working in the private sector, however, with a shared contribution by the government and the private sector.
- 29 - For a review of some studies on the importance of old age security as a pronatalist force see Mahadevan (1989:36-39).
- 30 - In his paper, Bulatao goes beyond the economic cost criteria in specifying the value of children. He lists other aspects for children's value as: instrumental assistance (such as help in housework and carrying family name), rewarding interactions (such as companionship), and psychological appreciation (such as fulfillment) (Bulatao, 1982:99).
- 31 - For an examination of some of these policies and regulation see Al-Rahmani, 1996.
- 32 - As has been argued elsewhere, limiting women's role to the domestic sphere is one of the given social justifications for denying Kuwaitii women their political rights (Al-Rahmani, 1996).
- 33 - About 8,000 Kuwaitii women are married to non-Kuwaitis. Those women lose many of the privileges they would normally have if married to Kuwaitiis. Unlike some other Arab and Islamic countries, Kuwaiti denies citizenship to Kuwaitii women's children, even when born and living in Kuwaiti (Al-Rahmani, 1996).

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