Fertility in Cultural Perspective:
Egypt, Jordan, Morocco, Tunisia
and Yemen

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EXECUTIVE SUMMARY

This report examines the relationship between cultural determinants of fertility and communication systems in five Middle Eastern countries; namely, Egypt, Yemen, Tunisia, Morocco, and Jordan. The study focuses on qualitative data relevant to the cultural context of family planning in the Middle East. Interviews with knowledgeable social scientists, library/computer research, and a short questionnaire were used to obtain information on the topic of fertility management.

The following is a summary of the findings:

1. Both the Quran and the Hadith are supportive of general family planning goals. Acceptability is based on the grounds of the mother's health, family economic welfare, and children's well-being. Moreover, the Hadith recommends the use of 'AZl, withdrawal, as a birth control method. Breastfeeding for two years is prescribed by the Quran.

However, limiting the number of children, and family planning is popularly perceived by some Middle Eastern rural populations as being haram, sinful and anti-religion. The incongruity between what Islamic tradition prescribes and popular beliefs is often the result of misinterpretations by religious leaders/groups.

2. The political and institutional context of family planning varies from one country to another as indicated by the following indices:
   (a) Government awareness of population problems,
   (b) overt government support either in the form of budgetary allocations, or government leaders' public endorsement,
   (c) legal changes favoring family planning,
(d) establishment of family planning boards,
(e) inclusion of family planning in development plans,
(f) willingness to improve family planning delivery systems, and
(g) openness to massive family planning campaigns.

It is interesting to note that independent of national and political support for family planning, private sector doctors, pharmacists, midwives, etc., do provide family planning services.

3. Although Sex as a subject is frequently discussed between members of the same sex, there is public sensitivity to programs that discuss sex openly on the media, or in printed materials.

4. In the Middle East, there is a strong cultural/religious concept of impurity based on menstruation, sexual intercourse, vaginal bleeding, etc. Contraceptive methods that might alter the "normal" menstruation pattern are perceived to upset impurity regulations, and to negatively affect women's health.

5. Child spacing is culturally favored and is endorsed by Islamic religious texts. Breastfeeding as well as other traditional methods such as withdrawal, sperm blocks, etc., have been and continue to be used in the Middle East.

6. Cultural acceptability of sterilization and abortions is limited. Sterilization is perceived as an operation that causes loss of manhood, and abortions are haram, sinful, and non-sanctioned by religious texts.

7. Both Tunisia and Egypt have launched massive national family planning campaigns utilizing modern channels of communication, e.g., T.V., radio, newspapers, etc. The majority of these campaigns can be
classified as "FP awareness campaigns." Concepts like limiting the number of children, smaller families, etc., are introduced and explained.

Morocco, Jordan and North Yemen have used a different approach making minimum use of the media. Family planning issues are regarded as religiously and politically sensitive issues.

8. Pharmacies are the main suppliers of modern birth control methods in the Middle East. Although women might procure the initial prescription from a government clinic or a private physician, monthly supplies are bought from private pharmacies.

9. Condoms, although traditionally shunned for their association with prostitutes, have gained some popularity among rural and middle class Middle Easterners. Complaints by women about the side-effects of certain birth-control methods are the main reasons behind the use of condoms.

10. Individuals' needs for the use of contraceptives vary at different times of their lives. Newly-wed couples are eager to have their first child to escape from the stigma of barrenness and in-law pressures. Women with no male children continue to have children until they have a male child. Insecure marriages are strengthened in the Mid-East by having a large number of children. Children are the vehicles for high social status, and are culturally perceived as solutions to social and economic problems.

11. Middle Eastern women are generally ignorant of scientific reproductive physiology. Most women do not know the functions of reproductive organs, how conception occurs, how contraceptives work, or how the sex of a fetus
is determined. Absence of this information leads to misunderstanding the effect of certain birth-control methods on the body, e.g., the belief that an IUD floats inside a woman and could cause damage to the woman's internal organs and the husband's sexual organ.

12. Women's view of their general health and well-being is directly related to the proper functioning of her reproductive organs. Modern birth control methods are seen by some rural women as methods that could negatively affect the proper functioning of the reproductive organs, causing various illnesses.

13. Women rely on a wide variety of culturally recognized sources that provide guidance and advice on fertility-related issues. Friends, relatives, neighbors, traditional health practitioners, and older women constitute a social advisory network that influences women's decisions about fertility. Private home settings, feast gatherings, hamams, public baths, or other traditional settings are places where information is shared.

14. Modesty of women is a shared cultural belief in all five countries, especially among rural populations. Modesty rules go beyond conservative dress code. A physical examination by a male doctor of a female patient is seen as a violation of modesty rules, causing embarrassment to the female and shame to her husband.

15. Most Middle Eastern women are not familiar with the whole range of various modern birth control methods. The Pill's and IUDs are often seen as the only available methods. Dissatisfaction with the above mentioned two methods leads women to give up on family planning goals.
16. Middle Eastern women responded favorably to family planning messages based on health arguments. Mother and child health are important family concerns.

17. Traditional communication settings are often the most culturally suitable places for family planning messages to be communicated, e.g., Mastaba friendly gatherings, Qat, social sittings in Yemen, Hamam, public baths in Tunisia and Morocco.

18. Literature on the male role in family planning in the Mid-East is sparse. Conflicting statements are given by women on the male role. Some mention that men urge them to have more children, and they refuse to use male contraceptives. The role is still unclear.

Based on the above mentioned findings, the report recommends the following:

1. Use of legitimizing references from the Quran and Hadith in family planning communication campaigns. In the Mid-East, family planning messages stand a better chance of success if they are related to Islamic religious texts, if they are personal, and if they take into consideration the cultural constraints placed on men and women in the area. Quranic texts can lend credibility to family planning campaigns, and should be utilized in a total strategy designed to address the rural segments of the population. (See Section II of the report for details.)

2. Inclusion of traditional channels of communications and settings in family planning communication programs. Imams (religious leaders), traditional mid-wives, and well-respected older females could be valuable in the information dissemination process. Traditional settings like the Hamam,
public bath, in Tunisia and Morocco are suitable settings where women and men gather separately in relaxed surroundings.

3. Establishing a total family planning information strategy for each country: Egypt, Tunisia, Morocco, North Yemen, and Jordan. The plan should emphasize: (a) Clear objectives, (b) appropriate family planning methods that are culturally acceptable to the target groups, (c) appropriate message content, and (d) sensitivity to micro-cultural and national considerations.

4. Strengthening the role of the pharmacist in delivering family planning services. Pharmacists are part of both rural and urban settings; they are easily accessible and do not suffer from the complications associated with national delivery systems.

5. Assessing the benefits of the use of formal communication channels, e.g., radio, T.V., newspapers, as opposed to traditional channels, e.g., Imams, Dayas, community leaders, etc. In countries like Jordan, Morocco, and North Yemen, the use of informal communication channels might be advisable because of the political sensitivity of the topic of family planning.

6. Designing appropriate family planning promotional items for the different target groups. Promotional items given to physicians, pharmacists, and other professionals should be different from rural women and/or men. (See Section V for details.)

7. Reinforcing the "cafeteria approach" by offering educational programs that teach the advantages and disadvantages of all methods of family planning. The utility of the "cafeteria approach" is limited when women cannot distinguish between the advantages and disadvantages of the methods offered.
8. Providing best-method counseling to both male and female clients. Pamphlets and brochures could be designed to include information on suitability of methods to various age groups. Perceived side effects have to be addressed and proper directions for use of the various methods should be part of the communication message.

9. Including *AZI*, withdrawal, in communication materials of family planning campaigns. *AZI* is sanctioned by Islamic leaders. In order to increase the effectiveness of *AZI* as a family planning method, it could be promoted in combination with foams, or creams. Lactating women might find this combination congruent with their lactation needs.

10. Expanding the target audience for family planning to include husbands. The available literature shows a bias towards the views of women users of family planning methods. The social network that influences women's decisions about fertility includes husbands, friends, neighbors, etc. More research is required to identify men's perceived responsibilities in the area of family planning in the Middle East.

A communication strategy needs to be fine-tuned to reflect social and cultural differences between the target groups. An experimental communication package that follows some of the guidelines provided in this report could be pre-tested in each one of the five Mid-Eastern countries. Pre-testing the materials would ensure the appropriateness of message and methods used in the package.