

Recent Fertility Decline in Oman: Experience of a pro-natalist country

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Like most of the Middle Eastern and Arab countries, Oman is a high fertility country (about 5 births per woman) with a high population growth rate (about 2 percent per annum). There is no official population control policy in Oman. Nevertheless, Oman has experienced dramatic decline in period fertility rates in recent time. The total fertility rate (TFR), which was more than 8 births per woman in late 1980s, declined to about 5 births per woman in 2000. The decline in fertility by 3 births per woman within two decades has made Oman a case of interest for the pro-natalist countries with high fertility. The objective of this study was to analyze the current fertility trends in Oman and examine the role of the proximate determinants in determining the fertility levels in Oman using the Bongaarts model.

Oman has limited sources of demographic data for the analysis of population dynamics. The first population census of Oman was conducted in 1993. The 1988/89 Oman Child Health Survey is the first national level survey data on health and population followed by the 1995 Oman Family Health Survey (OFHS 1995) and the 2000 National Health Survey (NHS 2000). This study utilizes data extracted from both the OFHS 1995 and the NHS 2000. The OFHS-95 covered a nationally representative sample of 6,103 Omani households, while the NHS 2000 covered 2013 Omani households.

The analysis reveals that there is a dramatic fall in the level of fertility in recent years in Oman. The declining trends in fertility are also evident from the analysis of the fertility rates by age cohort as evident from the three national level surveys conducted in 1988, 1995 and 2000. The age-specific fertility rates declined for all the age groups except the two older age groups 40-44 and 45-49. Fertility decline is more steeper among the young women under age 30. The relative contribution to the total fertility by women under age 25 declined from 35 percent in 1988 to 12 percent in 2000. This indicates that there is a shift in tempo of fertility towards higher age groups. The shift in timing in fertility to older ages is evident from the rising mean age at first birth due to rise in mean age at marriage. As the desired family size is still very high (5.5 children) and the age at marriage is rising, couples tend to achieve their desired number of children by continuing fertility until the end of the reproductive period.

The analysis suggest that until 1995, lactational infecundability closely followed by marriage pattern plays the most prominent part in reducing natural fertility. Contraception

had the next most important fertility inhibiting effect. However, the most recent survey results show that marriage pattern has emerged as the most prominent inhibitor of fertility in Oman. Postpartum infecundability become the second most important fertility inhibitor and contraception the third. Marriage contribute 38% of the total reduction of current fertility, while postpartum infecundability contribute 33% of the reduction of fertility and contraception contribute 29% of the total fertility reduction.

Although, among the three proximate determinants, contraception has the least fertility reducing effects, but it is not insignificant and the fertility inhibiting effects of contraception is increasing with the rising trends in use of modern contraceptive methods. The contraceptive prevalence rate has increased remarkably from 8 percent in 1988 to 32 percent in 2000. The method mix that has been developed over the period is also remarkable. A large proportion of women are using highly effective semi-permanent methods such as IUD and injectables and permanent methods such as female sterilization. According to the NHS 2000, female sterilization accounts for 17 percent of the total use, while IUD and injectables constitute 36 percent of the total use (Al-Riyami et al 2000: 77). This pattern indicates that a large proportion of users are using family planning methods not only to space but also to limit fertility. It may be generally argued that free medical care, generous social services and free education may encourage couples to continue to have large families and high fertility. However, the prevailing reproductive behavior and the trends in fertility do not support this argument. The fact is that the rapid socio-economic development and increased women empowerment may have created a new outlook and ideas about lifestyles, leading to a decline in fertility. Thus the decline in fertility in Oman in recent time may be related to social, health and economic development, which through a variety of mechanisms, reduces the fertility desire and increases the fertility regulation through a synchronization of 'delaying, limiting and spacing' of births. But, due to data limitation of the surveys considered in this study, we could not test the hypothesis regarding the effects of economic development and women empowerment on fertility in Oman. However, it is clear from the analysis of the proximate determinants of fertility that the delay in childbearing through increase in age at marriage for women and spacing and limiting births through increased use in contraception among younger women are the most instrumental factor for the current decline in fertility in Oman.

The analysis revealed that in recent years marriage pattern has emerged as the highest fertility-reducing factor in Oman. Until 1995, postpartum infecundability was considered to be the most strongest fertility reducing factor, but by 2000 marriage factor become the most

important determinant of fertility and its fertility inhibiting effect is increasing. On the other hand, the fertility-reducing effect of postpartum infecundability is gradually decreasing owing to the declining trend in the duration of postpartum amenorrhea period. It may be mentioned here that, although there is an increasing trend in the impact of the marriage factor, the prevailing cultural and social norm in Oman are unlikely to permit a change in the proportion non-married beyond a certain limit. Under these circumstances, it may be concluded that the future fertility trends in Oman will largely depend on the effective contraception.