

Demographic Transitions and Social Changes in the Mediterranean Region

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The Mediterranean region is made up of countries with a wide range of social and economic conditions and institutions. While there are differences between all the countries, we can distinguish between those of the northern and southern rims, which are also separated by cultural differences. Over the past two years, the world turned its attention to the Southern Mediterranean Countries (SMC), as revolts have spread from western North Africa to the Middle East. Referred to collectively as the “Arab Spring,” these social revolutions aimed to overthrow the establishment and achieve better economic conditions and greater social and civil rights. The political changes that followed have fulfilled the demonstrators’ expectations only in part, as can be seen, for example, in the reactions to the murder of dissident Chokri Belaïd in Tunisia and in the public demonstrations against President Morsi in Egypt.

An examination of the demographic changes that have taken place in recent decades in this part of the Mediterranean can be very helpful in explaining the events described above, as social, institutional, economic, and demographic processes are closely interrelated.

Demographic Transitions in the Major Southern Mediterranean Countries

Significant demographic changes have occurred in the SMCs in recent decades, but these chang-

es represent only a small part of the wider transformations that started in these countries in the 1950s according to the “demographic transition” paradigm. In Europe, the demographic transition began in the early 19th century in some countries, and then it spread to the rest of the continent. The exception was France, where it started even earlier. In the SMCs, the transition started in the 1950s with declines in mortality, and these reductions were followed by decreases in fertility. Particularly interesting are the declining paths of fertility, which — with their different starting points and different rates of progress — were responsible for the very high population growth in these countries.

While it is obvious how increases in longevity arising from medical and socio-sanitary improvements could be implemented in and assimilated by societies, this is not the case for the reduction in family size, which is primarily an individual matter that depends on biological and medical factors only to a very limited extent. If we look at the fertility transitions in five major SMCs — Algeria, Egypt, Morocco, Tunisia, and Turkey — while using the reduction in the number of births as the key variable in the transition process, we find that Egypt and Turkey, which had similar fertility levels in the first half of the 1950s, with an average number of children per woman (in technical terms, a total fertility rate, or TFR) of 6.37 and 6.30, respectively, were the first to reduce their fertility. However, while Turkey exhibited a continuous decline, the fertility dynamics in Egypt underwent alternating periods of accelerated and moderate decreases. In the Maghreb region, the reductions in fertility took place first in Tunisia, then in Morocco, and finally, in the second half of the 1970s, in Algeria. Today, after an overall process of convergence toward the critical threshold of 2.1 children per woman —i.e., the level

at which, in low-mortality regimes, generations are just able to replace themselves — the TFR in Tunisia has dropped below that level (1.99 in 2006), and the values in Turkey are only slightly higher (2.17 in 2007). Meanwhile, the total fertility rate has declined to 2.27 (2006) in Algeria, to 2.33 (2005) in Morocco, and to 3.09 (2006) in Egypt. Thus, the TFRs in these countries are converging with the levels observed in the countries of the northern rim. It should be noted that the speed at which these intensity changes have occurred in these countries is rather surprising, given their long-standing resistance to reductions in fertility.

The final important demographic trend that must be considered is the postponement of childbearing, a process which has been unfolding in all of the larger countries of the area, but with very different intensities and timeframes

This decline was caused in large part by the rapid spread of contraception in the region, as modern birth control methods became almost as widely available in these countries as they are in the European countries of the northern rim. According to the latest available data, birth control methods are currently being used by over 60% of the couples in a stable union in Egypt and in the three countries in the Maghreb region, and by 73% of couples in Turkey. To a greater extent than even in Italy and Spain, the forms of contraception used in these countries are primarily modern, reversible methods for women. In particular, the pill is especially widespread in Algeria and Morocco, while the intrauterine device (IUD) is particularly common in Egypt and Tunisia. However, traditional and male methods continue to be used in Turkey.

When we look at union formation, another important demographic and social factor that directly influences fertility, we can see that, while couples have always legalised their unions by marriage in these countries, the data clearly show a tendency toward later entry into marriage. Unions are formed especially late in Algeria, as only a very small percentage

of women between the ages of 15 and 24 (1.8% at ages 15-19 and 16.1% at ages 20-24 in 2002) are married. Algeria is the southern-rim country in which the increase in the singulate mean age at marriage, a measure of the mean age at first marriage, has been the sharpest (rising 8.4 years between 1977 and 2002, to 29.5). The situation is similar in Tunisia, where a trend toward later nuptiality relative to the other countries of the southern rim was identified in the 1970s (the singulate mean age at marriage was 22.6, and only 10.4% of women between the ages of 15 and 19 were married). By contrast, in Morocco, unions were formed particularly early at the beginning of the 1970s (the singulate mean age at marriage was 19.1 years in 1971, and 30.9% of women between the ages of 15 and 19 were married), while today marriages are postponed until much later (in 2004 the singulate mean age at marriage was 26.4 years, and almost 11% of women aged 15-19 and 37% of women aged 20-24 were married).

In Turkey and Egypt, by contrast, women continue to marry earlier: the singulate mean age at marriage has risen only slightly since the 1970s, and today is 23.4 in Turkey and 23.0 in Egypt. In these two countries, 12 women out of 100 between the ages of 15 and 19 are married, as are around half of women between the ages of 20 and 24.

However, the changes that have taken place in the institution of marriage appear to be far more profound than it is possible to describe using these data alone, especially if we consider that a rapidly increasing number of women are remaining unmarried. The final important demographic trend that must be considered is the postponement of childbearing, a process which has been unfolding in all of the larger countries of the area, but with very different intensities and timeframes.

In the early 1970s, most births in these countries occurred before woman reached the age of 30 (on average, more than three children), with a greater frequency between the ages of 25 and 29, except in Turkey where the fertility calendar was set earlier. The rate today is only 1.95 children born to women under the age of 30, except in Egypt, where the rate is higher.

In Algeria, where the timing of fertility is currently much more similar to that of the countries of the northern rim than to that of the other countries in the

region, the process of childbearing postponement has been especially intense, and the changes in the timing of fertility were already evident in the mid-1980s. In Tunisia, fertility is low among women under age 25, and it is concentrated between the ages of 25 and 34, in which group 60.3% of the total fertility rate cumulates. The postponement of births from younger to older ages also seems to have been occurring in Morocco and in Tunisia since the mid-1980s.

When a marked increase in the labour supply exceeds the domestic demand for labour because economic growth is too slow, the result is either migratory pressure or high unemployment and low wages, which can cause social instability.

By contrast, changes in the fertility schedules in Egypt and in Turkey, which tend to be similar, did not begin until the 1990s. Thus, childbearing still occurs early in Egypt, and especially in Turkey, where more than 70% of births occur before the age of 30, and over 60% are concentrated between the ages of 20 and 30.

A Wider Look at Societal Changes

When we look at the major SMCs, we can see that, while demographic changes are occurring to different degrees and with different timeframes, the most distinctive characteristics (a reduction in the intensity and the postponement of fertility made possible by efficient contraception) of the “second demographic transition,” the new demographic regime already in place in Europe, have emerged.

European countries underwent the first demographic transition and then moved into the second demographic transition, a process that is made possible by the increasing autonomy of individuals, especially women, from the constraints imposed by the family of origin and religious traditions.

In Europe, the modernisation of demographic behaviours had to wait until certain economic and social transformations had occurred. It was not until the 1970s, in the wake of the 1968 revolutions and the passage of legislation on families and civil rights, that the necessary factors for full modernisation were in place.

Younger generations in North Africa, especially in the region of the Maghreb, have, as a result of their

geographical and cultural proximity to certain European countries and frequent migrations, embarked on their own social and cultural path, which favoured the assimilation and transformation of new demographic behaviours and anticipated the other societal transformations. The revolts of these young people in the last two years are reminiscent of the 1968 protests of young Europeans, but they are occurring in a much more complex framework, as the political and religious conditions of these countries have created a rigid system strongly opposed to personal autonomy and civil rights.

Finally, we should not forget that such revolts often involve economic demands. These economic concerns must be seen, once again, in the context of the demographic transformations. In the countries of the southern Mediterranean, the demographic transition has led to high population growth and a rapid increase in the working-age population. When a marked increase in the labour supply exceeds the domestic demand for labour because economic growth is too slow, the result is either migratory pressure or high unemployment and low wages, which can cause social instability.

The adjustments in the political, economic, and legislative systems demanded by the young protestors have so far failed to materialise. The achievement of these goals will take some time, but seems inevitable over the longer term.

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