

**Determinants of Fertility expectations in
Kuwait: A pilot study regarding reproduction
behavior of the students at Kuwait University**

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Abstract:

The purpose of this study was to investigate the determinants of fertility expectations in Kuwait. Microeconomic theories of fertility argue that social, economic, and demographic variables, such as degree of religiosity, affect fertility behavior. A cluster random sample of 564 students attending Kuwait University was taken in 1996. The effects of selected socioeconomic and demographic variables on fertility expectations were examined using multiple regression analysis. The results indicated that, among the variables considered in the model, religion was one of the most important predictors of the expected number of children. The more committed the respondent is to religion, the less likely she or he will control fertility, regardless of her or his sect. The analysis also revealed that there is no significant difference between Sunnis and Shiites with regard to their fertility behavior.

Introduction:

Since Kuwait ended its status as a British Protectorate in 1961, the population has grown from about 333,000 to nearly 2.2 million. Before the mid-1970s, the distribution between Kuwaiti citizens and foreign residents was about equal, but in 1990 only 37% of the residents of Kuwait were Kuwaiti citizens (Ministry of Planning 1993). The almost uncontrolled influx of foreign residents eventually resulted in 139 nationalities living and working in Kuwait, with the majority from third world countries, including 38 percent Arabs and 21 percent

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Asians (Ministry of Planning 1993). Clearly, Kuwaitis had become a minority in their own country.

In its meeting on March 19, 1995, Kuwait's Cabinet ratified the state five-year development plan which counsels to increase the proportion of Kuwaitis from 37.2 percent to 44 percent of the total population by the year 2000. However, the question that remains is how can Kuwait achieve this goal? One government proposal is to maintain the current fertility rate of Kuwaitis. Still, what determines fertility among Kuwaitis?

The purpose of this study is to find out what influences fertility expectations among Kuwaiti college students. Primarily, this research examines respondents' attitudes toward some social issues and how these relate to fertility expectations. These issues include the sociological factors most affecting fertility decision-making in Kuwait. This research will provide the government of Kuwait with vital information about the attitudes of the upcoming generation with regard to fertility expectations.

Theoretical framework and literature review Models of fertility

In developing a model of fertility expectations, models of fertility behavior provide guidelines as to which variables might serve as predictors of expectations. There are several models of fertility behavior. A common argument found across these models is that the influence of social factors (e.g., SES and ethnicity) on fertility behavior is mediated by the ability and knowledge to control fertility (e.g., contraceptive knowledge and use and abortion). "The means of fertility regulation (the how) in fact mediate the relationship between motivation (the why) and actual fertility behavior" (Weeks 1994: 93).

Notwithstanding the government's pro-fertility policies, such as free education and health services and the monthly allowance of \$170 for each child, the prevalence of contraceptive use in Kuwait may have actually increased over the last two decades. Hill (1975) indicated that contraception in some form is being practiced by the Kuwaitis, and

that control is growing in importance in the determination of the age pattern and level of fertility in Kuwait. On the basis of Ministry of Public Health unpublished data, Hill (1975) estimated that in the mid 1970s contraceptive use was concentrated among women aged 35 and over and that at least one-third of women aged 35-49 were using some method. More recently, in a national health survey conducted in 1984/85, it was found that 39% of the currently married Kuwaiti women were using contraception (Ministry of Public Health 1987). In a representative household survey it was found that 57% of the currently married women aged 15-49 had ever used a method and 35% were currently using one (AlKhandari, et. al. 1992). In their study about ethnic differences in contraceptive use, Al-Gallaf et al (1995) have found that 86% of all the women in their study had ever used a method while 59% were currently using. Even though these numbers are somewhat surprising for a traditional Islamic society, contraceptive use is not widespread in Kuwait when compared to other societies.

In addition to relatively low birth control knowledge and use, the role of contraceptive knowledge and use become ambiguous and somewhat peripheral in a model of fertility expectations. It is difficult to determine if fertility expectations are affected by contraceptive use and knowledge or vice versa. It could be that attitudes toward fertility are established first. People who seek to control fertility may seek out the knowledge necessary to achieve their ends. The alternate argument is also possible, that is, those who acquire birth control knowledge are more likely to modify their fertility expectations. However, the former argument appears more reasonable.

Regardless of the causal direction, the literature on fertility expectations has not linked contraceptive use and knowledge to fertility expectations (Stolzenberg and Waite, 1977; Westoff and Ryder, 1977; Freedman, et. al. 1980). Thus, the emphasis in this study will be on the social determinants of fertility expectations.

The literature on the social determinants of fertility provides a

framework for developing a model of fertility expectation. The social status theory originally formulated by Arsene Dumont will be used to explain why fertility expectations vary among Kuwaitis. The social status theory states that ambition to rise to a higher social position is widespread, but that large families inhibit social mobility (Matras 1977). To ascend the social hierarchy often requires some sacrifices to be made, and Dumont argued that having few children or no children is the price that many people paid to get ahead. Accordingly, people who seek to enhance their status will tend to control fertility and family size. "It is clear that of two equally able men- the one with a single child, and the other with eight children- the one with a single child will be more likely to rise in a social scale" (quoted by Weeks, 1994:136). Thus, for Dumont, social aspiration is the root cause of a slowdown in population growth. Therefore, we can say that there is a negative relationship between mobility aspiration and expected family size.

In reviewing the literature other characteristics were found to be related to fertility for example, socioeconomic status, religion, race, and ethnicity- that need to be considered in a model of fertility expectations.

Degree of religiosity

Since the majority of Kuwaitis are Muslims, the degree of religiosity is considered as the independent factor influencing fertility. Matras (1977: 188) indicated, "In the United States, Canada, Ireland, and Netherlands, the fertility of Catholics has long been higher than that of non-Catholics. The fertility of Jews has generally been lower than that of Christians. In Lebanon, the fertility of Muslim Arabs is higher than that of Christian Arabs." A study in Guatemala revealed that while Roman Catholics are no less likely than others to know about or even use family planning, people of any denomination who consider themselves very religious' are less likely to be family planners (Bertrand and Bogue 1977). In Islam, which is the dominant religion in Kuwait, there is a great emphasis on the family as an institution of the larger society. Jeffery (1959: p.204) stated that "it would seem clear

that the Muslim community was aware that its founder (Mohammed) had regarded the family life and not the celibate life as the ideal for his religion. There are a great many other sayings in the collections, both the canonical and the uncanonical, which support this judgment. Marriage is my custom; he who dislikes it does not belong to me.' When a servant of Allah marries he thereby perfects half his religion.' Marry and multiply, so that I may be glorified in my community over other communities.'" Thus, the religion as an institution in Kuwait (Islam) motivates the followers to marry and reproduce. This suggests that the more religious people are, the more likely that they will forbid using contraceptives, and the less likely that they will decrease their family size.

Race and ethnicity

Studies have shown that there are fertility differentials concerning race and ethnicity. Friedlander and Goldscheider (1984) have examined ethnic pluralism in Israel and found that the Muslim Arab population in that country has been growing at twice the rate of Jewish Israelis. That is, as a minority in Israel, Muslims have higher fertility levels. Weeks (1994) has indicated that African-Americans tend to have more children than whites, whereas the white women aged 25-34 had an average of 1,285 births per 1,000 women, the African-American women had an average of 1,745 children per 1,000 women. In contrast, Goldscheider and Uhlenberg (1969) found that minority groups have lower fertility than the majority group because of the insecurities and disadvantages of their status. In a study of the effect of minority status on family size, Jiobu and Marshall have found that "for Chinese and Japanese, minority status tend to raise, rather than lower, family size; while among Filipinos minority status lowers family size (Jiobu and Marshall 1978:514). Therefore, it can be said that different concepts about appropriate number of children are held by different members of different minority groups.

The last few decades have witnessed a narrowing of inequality and

socioeconomic differences between the various social classes of citizens. Despite this, significant differences still remain between certain ethnic subgroups, namely between those with a Beduin background and those without, and between the Sunni and Shiite (the two major Muslim sects). Those differences represent an interesting dimension of class differences and may be an important predictor of the level, and decline in, fertility (Al-Gallaf et al. 1995). Like the other Gulf countries, the Kuwaiti population is divided into Beduin (those who trace their roots from the native tribal system) and non-Beduin on the basis of tribe and family. The Beduin are known to adhere more closely to the local customs, attitudes and traditions, and are therefore less open to cultural change. Therefore, it might be expected that the Beduin would be less amenable to a new idea such as contraceptive use and fertility control despite their access to a modern living and education. On the other hand, as a minority, the Shiite are also predicted to have a different expected number of children than that of the Sunni. No statistical data are available on the actual breakdown of Kuwaiti nationals according to either Beduin/non-Beduin or Sunni/Shiite background. However, it is estimated that at least one-third of the population of Kuwait is Beduin (Al-Gallaf et al. 1995).

In their study, Al-Gallaf et al. (1995) have found that there is a significant difference between the levels of knowledge and use of contraception in Kuwait between Beduin and non-Beduin women; current use being 42% and 65% respectively. This suggests that fertility varies regarding race and ethnicity in the country. Thus, it can be said that Beduin will have higher fertility expectations than non-Beduin, and that Shiites will tend to expect different numbers of children than Sunnis.

Socioeconomic status

As regards socioeconomic status, education and income are used to indicate the respondent's socioeconomic status. Studies have shown

that the more educated a woman is, the fewer children she will have had (Jain 1981; Marini 1984). Weeks (1994: 265-266) indicated that “even looking ahead to future births, the better educated group expected to have 0.5 fewer children per woman than the less educated group.” Education is expected to impart values, aspirations, and skills which encourage and facilitate non-familial roles (Rindfuss et. al. 1980). Also, it is possible that better-educated women may assume less traditional role patterns than less-educated women. For any particular individual, income is a product of many different factors, but especially of education and occupational level (Weeks 1994). Income has a high positive relation with education. Therefore, as education increases, income tends to increase and the number of children born in a family declines. Thus, fertility expectations should be negatively related to the socioeconomic status of the respondent. Since in this study all of the respondents share the same level of education and most of them depend on their families for financial support, education and income of the respondents’ parents will be used as indicators of the respondents’ socioeconomic status⁽¹⁾.

Age and gender

To be more confident in the findings, the influence of age and gender will be taken into account. However, age is not expected to affect the outcomes because there is no significant variation among the respondent age.

Dependent variable: Fertility attitudes

Attitudes toward fertility will be the dependent variable in this study. Attitudes will reflect ideal, desired, and expected family size. The ideal family size will be used to indicate the cultural ideal. Whereas the

(1) (Note: Mother’s education could exercise an independent effect to influence decisions regarding family size expectations. However, primarily analysis showed that when mothers education is included separately in the regression equation its coefficient was not statistically significant. See Appendix 1, table A).

desired family size will reflect the personal utopian family size, the expected family size, the one that will be used in the analysis, will show the personal realistic evaluation (Hass 1974). Shryock (1976) pointed out that the gap between the ideal number of children a couple would like to have and the number it expects to have may indicate the potential for family planning programs of present attitudes. It is useful to have estimates of what the respondents who are presently of childbearing age might do in the future. Westoff (1990: p.84) has used data from 134 different fertility surveys conducted in 84 different countries and concluded that “the proportion of women reporting that they want no more children has high predictive validity and is therefore a useful tool for short-term fertility forecasting.”

Hypotheses

Considering our theoretical framework, we can assume that, in addition to the degree of social mobility, different independent variables have different effects on fertility expectations. Therefore, we can hypothesize that:

1. As the degree of social mobility increases, the expected number of children decreases.
2. Tribal (Beduin) populations are expected to have higher fertility expectations than that of non-tribal (non-Beduin) populations.
3. Shiite (minority) population are expected to have different fertility expectations than that of Sunni population.
4. High levels of religiosity are positively related to fertility expectations.
5. Individuals whose parents have high socioeconomic status are expected to have lower fertility expectations.
6. Age and gender are used as control variables in the study. Both are likely to affect fertility expectations.

Research design sampling

Considering the research objective, a cross-sectional survey method was found to be the most appropriate technique since it

allows the use of a large sample size and provides the opportunity to ask people about their fertility attitudes. In order to save time, cost, and effort required in getting a representative sample of the population of Kuwait, the researcher has decided to focus the study on Kuwait University students as the universe. This part of the society represents the well-educated people who are going to occupy leading positions in Kuwaiti society. This paper is based on a survey conducted in July 1995, in which about 564 students currently attending Kuwait University were selected. In selecting the sample, a quota sampling procedure was used. The sampling frame used as the basis of sample selection was a list of the introductory classes offered by the University.

The questionnaire was distributed to respondents in Kuwait University's classrooms. To keep the variation between respondents, the questionnaire was passed out in different introductory classes such as Sociology 101. To improve the sample representation, 564 cases were sampled. This is considered to be a moderate, but manageable, sample size which reduces cost in both time and money. Furthermore, with a such sample size from different colleges, one can more reasonably assume randomness and apply inferential statistical techniques to the data analysis. The reader, however, should look at the inferential statistics with caution. Unfortunately, the generalizability of the findings from the sample to the population will be limited. However, this study is merely a trial run for a larger study I am planning to conduct.

Measurement

A questionnaire that contains 26 statements was used as the data collection instrument. The dependent variable, the expected family size, was measured with a single item: "How many children do you expect to have?" The technique of the Likert summated rating scale was followed in developing scales used to measure several other variables:

1. The degree of religiosity of the respondent: this scale produced a reliability equal to Cronbach's coefficient alpha of .69.
2. The degree of mobility aspiration: the Cronbach's coefficient alpha for this scale was .63.
3. The socioeconomic status: since this study covers only university students, the respondent's parents education and the family income. This scale revealed a Cronbach's coefficient alpha of .63.

To be more confident in the findings, the potentially confounding influence of a range of sociodemographic variables were taken into account. These include age (in years); and gender (1 = female). Ethnic differences are also taken into account; the attitudes of the Sunni are contrasted with those of the Shiite (1 = Shiite). A dummy variable (1 = Beduin) was also used to distinguish Beduin from non-Beduin. Beduins are defined relatively loosely in this study as respondents who resided in communities that are more than 20 miles from Kuwait city. These variables will be related to the expected family-size preferences.

It should be emphasized that the analysis in this paper focuses only on the Kuwaiti nationals and does not deal with the expatriates who comprised about 72% of the population before the invasion and currently constitute about 62% of the total. It may also be noted that migration to Kuwait is selective of persons in working ages. A majority of migrants are married males who are not accompanied by their families, often due to Kuwaiti government policy and because the wages are not high enough to support a family.

Data analysis

Table 1 shows means and standard deviations for all variables specified in the theoretical model. The means and standard deviations of the fertility variables warrant discussion. With regard to the knowledge and use of contraceptive methods, while 67% of the respondents declare their knowledge of contraceptive methods, a relatively low proportion of them (59%) indicate their intention to use contraception to limit fertility. This result supports the findings of the

previous studies on the relatively low birth control knowledge and use of contraception among Kuwaitis. No significant difference has been found between the expected number of children and the desired family size. Although relatively small, the statistically significant difference between the mean of the expected number of children and that of the ideal family size ($t = -3.56$) may indicate a new attitude toward controlling fertility among Kuwaitis (see Appendix 1, table C). About 60% of the respondents are Beduin, and only 16 % are Shiite. Finally, for the total sample, the ratio of females to males is 3 : 2.

Table 1
Means and Standard Deviations of Variables included in the study.

Variable	Mean	SD	N	Label
DSECT	.16	.37	531	sect
DKCONTR	.33	.47	550	knowledge of contraception methods
DICONTR	.41	.49	549	use of contraception methods
DRESID	.60	.49	545	tribe
DSEX	.62	.49	563	gender
DESOCMOB	2.59	1.09	541	degree of social mobility
SES	2.92	1.27	552	socioeconomic status
DEGRELIG	3.99	.82	559	degree of religiosity
EXPECTED	4.78	2.77	486	expected number of children
DESIRED	4.82	2.72	548	desired number of children
IDEAL	5.12	2.31	544	ideal number of children
AGE	21.62	2.19	557	age

Note: dsect: 1 = Shiite, dresid: 1 = Beduin, dsex: 1 = female, dicontr: 1 = no, dkcontr: 1 = no.

Table 2 shows zero order correlations of all variables included in the fertility equations. Comparing the correlations of the independent variables with the measure of expected number of children we find that the degree of religiosity, the degree of social mobility, the socio-economic status, gender, and the ethnic distinction of Beduin/non-

Beduin are significantly correlated with expected family size. Also, the degree of religiosity of the respondent exhibits the strongest zero order correlation with the dependent variable, followed by ethnic distinction and gender.

Age is weakly related to family size expectation. The variable sect is inversely related to the expected number of children, that is, as we shift from Sunni to Shiite, the expected number of children declines. This might be due to the insecurities and disadvantages of the Shiite in Kuwait. Both degree of religiosity and Beduin/non-Beduin distinction are positively correlated with family size expectations. Finally, a negative significant zero order correlation (-.25) is found between the degree of social mobility and the expected number of children.

Table 2
Zero order correlations of all dependent and independent variables.

	AGE	DEGRE- LIG	DE- SIRE	DESO- CMOB	DRE- SID	DSE- CT	DSEX	EXPEC- TED	IDEAL	SES
AGE	1.00									
D E G R E - LIG	.03	1.00								
DESIRED	.10*	.33*	1.00							
D E S O - CMOB	-.13*	-.18*	-.32*	1.00						
DRESID	.02	.26*	.30*	-.10*	1.00					
DSECT	.01	-.15*	-.15*	.12*	-.23*	1.00				
DSEX	-.12*	-.12*	-.28*	.10*	-.02	-.02	1.00			
E X P E C - TED	.15*	.32*	.81*	-.25*	.27*	-.11*	-.27*	1.00		
IDEAL	.09*	.32*	.81*	-.30*	.27*	-.11*	-.23*	.72*	1.00	
SES	-.06	-.26*	-.20*	.11*	-.32*	.08	.04	-.23*	-.21*	1.00

* Statistically significant at the .05 level of probability (two-tailed test).

Table 3
Multiple Regression Results of Fertility Expectations Analysis.

Independent Variables	Model 1		Model 2		Model 3	
	Expected Fertility		Expected Fertility		Expected Fertility	
	b	Beta	b	Beta	b	Beta
Mobility	-.57*	-.23*	-.47*	-.19*	-.38*	-.15*
Age	.08	.06	.07	.05	.06	.04
Gender	-1.31*	-.23*	-1.48*	-.26*	-1.34*	-.23*
Sect (1 = Shiite)	-	-	-.67*	-.09*	-.42	-.06
Tribe (1 = Beduin)	-	-	1.33*	.24*	.90*	.16*
SES of parents	-	-	-	-	-.28*	-.13*
Degree of Religiosity	-	-	-	-	.63*	.19*
Intercept	5.44		4.49		3.33	
R2	.13		.21		.26	

* Statistically significant at the .05 level of probability (two-tailed test).

Note: b = unstandardized regression coefficient; Beta = standardized regression coefficient.

Table 3 shows the OLS coefficients for regression of expected number of children on selected independent variables. When controlling for age and gender (model 1), the correlation between the degree of social mobility and the expected number of children persists. A standard deviation increase in the degree of social mobility is associated, on the average, with .23 standard deviation decrease in the expected family size. The inclusion of the controls for gender and tribal variables (model 2) reduces the estimated net effect of the degree of social mobility on the expected number of children by 22 percent, although this estimated net effect remains statistically significant. In model 3, the inclusion of the degree of religiosity and the socio-economic status of the respondents attenuates the estimated net effect of the degree of social mobility on the expected number of children by 39 percent from the first model, although this estimated net effect again remains significant.

Since the role of other factors in shaping the attitude toward fertility expectation is a primary focus of this study, several findings warrant mention. On the average, women expect to have 1.31 fewer children than men, with other independent variables controlled. Age seems to have no significant effect on fertility expectation. Also, When we control degree of religiosity, the effect of sect on fertility expectation disappeared. Beduin respondents hold a harsher attitude toward limiting fertility than non-Beduin. As we shift from non-Beduin to Beduin, the expected number of children increases by .9, with other independent variables holding constant. The highly religious respondents are more strongly committed to increase their family size. On the average, a standard deviation increase in the degree of religiosity of the respondent is associated with a .19 standard deviation increase in the expected number of children, with other independent variables controlled.

As expected, the socioeconomic status of the respondent is inversely related with expected family size. A standard deviation increase in the socioeconomic status of the respondent is associated, on the average, with .13 standard deviation decrease in the expected number of children, when other independent variables are held constant. Finally, a separate analysis was made using only item 17 as the indicator of the degree of mobility. The results are presented in Appendix 1, Table B. The results of this analysis correspond highly to those reported in Table 3.

Conclusion

The study of the determinants of fertility in Kuwait yielded results that are fairly consistent with earlier studies. The researcher developed and tested a theoretical model linking aspects of fertility determinants with attitudes concerning fertility expectations. It was concluded that although mobility aspiration plays a role in determining fertility expectation levels, other variables appear to have stronger effects.

The analysis reveals that the degree of religiosity is a substantial

factor in affecting fertility expectations among the respondents. The more committed the respondent is to religion, the less likely he or she will control fertility, regardless of his or her sect. The correlation between sect and the expected number of children is spurious. It appears that sect affects family size indirectly through the degree of religiosity. Also, differences with regard to family size expectations among the Beduin and non-Beduin have been found. Beduins are expecting larger family size than non-Beduin because of their family values and life style. It is known that more of the Beduin than non-Beduin live in extended families, and more of them have consanguineous and polygamous marriages (Al-Gallaf et al. 1995). Moreover, the Beduin have stronger in-group feelings and expectations about loyalty to the group than the non-Beduin which is noticed even in terms of voting behavior in elections, and grouping together in trade unions. The larger expected family size among the Beduins is predictive of a continued higher fertility among them relative to the non-Beduin, unless the values of this group changes rapidly.

As predicted, the expected family size appears to have a negative relation with the socioeconomic status of the respondents. When the respondent's socioeconomic status goes up the expected number of children goes down.

The attitudes of women in our sample showed stronger feeling toward limiting fertility than that of men. While only 34 percent of the men in the sample indicated their intention to use contraception, a larger proportion of the women (74 percent) showed their intention to use contraception to limit their family size (see Appendix 1, table D). This might be as a result of the fact that all the women in our sample are well educated. As indicated before, studies have shown that the more educated a woman is, the fewer children she will have had (Jain 1981; Marini 1984).

Also, it appears that the levels of knowledge and use of contraception among the respondents are relatively low. While 67

percent of the respondents indicate their knowledge of contraceptive methods, only 59 percent showed their intention to use contraception to control fertility. The above level should not be considered to be applicable to the total population in view of our sample limitation. However, the accumulating body of data from Kuwait suggests that contraceptive use is relatively low compared to other developing countries, for example, the contraceptive practice in Taiwan and Singapore is more than 65 percent (Matras 1977).

Although our findings support in part the theory, those findings should be considered with caution. The study has focused exclusively on Kuwaiti college students, and as a result, the effect of women's education and participation in the labor force were neglected.

Kuwait should work to overcome the problems of economic underdevelopment on the one hand, and to decrease its dependence on the outside world on the other hand. In order to work effectively on those issues it has to reconsider its population policy again. Fertility is critical because if the state cannot induce it, it cannot reproduce itself. However, It is easier to control mortality than to control fertility, provided that the state is able to import the medical technology needed. But money simply cannot solve all social problems. Different factors determine fertility expectations, and despite the government's pro-fertility policies, many respondents tend to control fertility and limit their family size. The ideal family size for the respondents was found to be significantly larger than the expected family size which indicates a tendency toward fertility decline.

Therefore, as a proposed approach to increase its population, the government of Kuwait should restrict immigration to Kuwait. On the other hand, it should selectively award citizenship to some guest workers. In the selection process, the state should consider the quantity and the quality of labor needed for the country's development. This will ensure some advantages for the state. For example, we can increase the number of Kuwaitis more rapidly, and therefore supply the market

with a native labor force. This will also shift the population composition more towards a Kuwaiti majority. Finally, those guest workers who become Kuwaiti will settle down and bring their families from their countries of origin. This will further increase the Kuwaiti population. Also, the money that they used to send back to their families in other countries will stay in Kuwait.

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Appendix 1

Tables

Table A
Multiple Regression Results of Fertility Expectations Analysis when
mother's education is included separately.

Independent Variables	Model 1		Model 2		Model 3	
	Expected Fertility		Expected Fertility		Expected Fertility	
	b	Beta	b	Beta	b	Beta
Mobility	-.57*	-.23*	-.47*	-.19*	-.38*	-.15*
Age	.08	.06	.07	.05	.06	.04
Gender	-1.31*	-.23*	-1.48*	-.26*	-1.37*	-.24*
Sect (1 = Shiite)	-	-	-.67*	-.09*	-.45	-.06
Tribe (1 = Beduin)	-	-	1.33*	.24*	.90*	.16*
SES of parents	-	-	-	-	-.23*	-.11*
Degree of Religiosity	-	-	-	-	.63*	.19*
Mother's Education	-	-	-	-	-.06	-.04
Intercept	5.44		4.49		3.34	
R2	.13		.21		.26	

* Statistically significant at the .05 level of probability (two-tailed test).

Note: b= unstandardized regression coefficient; Beta = standardized regression coefficient.

Table B
Multiple Regression Results of Fertility Expectations Analysis using item 17 as an indicator of social mobility.

Independent Variables	Model 1		Model 2		Model 3	
	Expected Fertility		Expected Fertility		Expected Fertility	
	b	Beta	b	Beta	b	Beta
Mobility	-.35*	-.17*	-.31*	-.14*	-.25*	-.11*
Age	.06	.04	.05	.04	.05	.04
Gender	-.150*	-.27*	-1.70*	-.29*	-1.47*	-.26*
Sect (1 = Shiite)	-	-	-.77*	-.11*	-.50	-.07
Tribe (1 = Beduin)	-	-	1.39*	.25*	.93*	.17*
SES of parents	-	-	-	-	-.30*	-.14*
Degree of Religiosity	-	-	-	-	.66*	.20*
Intercept	5.36		4.95		3.25	
R2	.10		.19		.25	

* Statistically significant at the .05 level of probability (two-tailed test).

Note: b = unstandardized regression coefficient; Beta = standardized regression coefficient.

Table C
t-tests of paired samples showing Mean differences among ideal, expected, and desired number of children.

Paired Variables	Variable	Mean	SD	Mean difference	t-value	DF	2-tail sig
Expected Ideal	Expected	4.75	2.76	-.32	-3.56	475	.000
	Ideal	5.07	2.31				
Desired Expected	Desired	4.72	2.73	-.03	-.40	479	.689
	Expected	4.75	2.76				
Desired Ideal	Desired	4.80	2.71	-.33	-.482	537	.000
	Ideal	5.13	2.32				

Table D
Cross-tabulation of the respondent's intention to use contraception to limit family size by gender.

Respondent's intention to use con- traception to limit family size		SEX		Row Total
		Male	Female	
Yes	Frequency	72	249	321
	Column %	34.4%	73.5%	58.6%
No	Frequency	137	90	227
	Column %	65.6%	26.5%	41.4%
Column Total	Frequency	209	339	548
	Column %	38.1%	61.9%	100.0%

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