

MENA: the demography of youth, the demography of ageing

George W. Leeson*

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MENA is an acronym often used in academia to represent the Middle East and North Africa regions, but there is no standardised definition in as much as different organisations include different countries in the grouping. The countries/territories most commonly included in MEAN are: Algeria, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen, and I shall use this grouping in this editorial. Data are from the United Nations (2017) unless otherwise stated.

For most people outside the MENA region itself, the images immediately springing to mind from the region are perhaps of Arab uprisings, boat refugees, conflict and tension across the Mediterranean, and these images have been linked to the demography of the region (Minkov 2009; LaGraffe 2012), with which this issue of *Population Horizons* deals. Demographically, the region is indeed characterised by its youth – often represented as unemployed and restless – but increasingly also by its ageing population, and this calls for careful consideration and balance in terms of policy development over the coming decades.

MENA societies have been transitioning away from traditional rural ways of life in favour of a more modern urban way of life. Large numbers of young citizens in these societies have been educated to levels above those of their parents and grandparents, and they have aspirations to match these higher levels of education – aspirations which governments need to meet and utilise for the continued development of their country. At the same time, demographically, these societies are ageing, and with this ageing demographic come new challenges with respect to working life, health care and old age income security.

So how young and how old are the MENA populations?

The demography of youth: the MENA populations are some of the youngest in the world with large proportions of their populations aged under 25 years. For example in Northern Africa, almost 50 per cent of the populations of Algeria, Egypt, Libya and Morocco is under 25 years (down from around two thirds in the 1970s and 1980s thanks to declining levels of childbearing, as discussed below), while Tunisia has around 40 per cent of its population under the age of 25 years (United Nations 2017). The State of Palestine, Iraq and Yemen have around 60 per cent of their populations under age 25 years, while some of the other MENA countries have significantly lower proportions of young, notably the United Arab Emirates (24 per cent), Qatar (28 per cent), Kuwait (32 per cent) and Bahrain (34 per cent).

The numbers in this young age group are expected to continue increasing (despite declining levels of childbearing) for some time to come. The number in Algeria will peak in 2030 at around 20.5 million, an increase from 18 million in 2015. Similar trends are seen for Libya, Morocco and Tunisia. In Egypt, however, the increase is expected to continue to 2060 when those aged under 25 years will reach 64 million compared with 47 million in 2015. The extremely young populations of the State of Palestine, Iraq and Yemen are expected to witness substantial increases in their young population over the coming years and decades. Indeed, the population aged under 25 years in Iraq is expected to continue to increase through to the end of the 21st century, increasing from around 21 million to 57 million, and while the increase in the State of Palestine will peak a little earlier in 2075, the population aged under 25 years will still almost double from 2.8 to 4.8 million.

*Corresponding author: george.leeson@ageing.ox.ac.uk
Director, Oxford Institute of Population Ageing, University of Oxford

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It could be argued that such growth in youth in the MENA countries is an opportunity for growth (and accompanying prosperity), but this would of course demand that members of these large youth cohorts indeed have the opportunities which would enable them to contribute to growth and prosperity of their countries. As Harper (2016) points out, however, the socio-economic data for the MENA countries suggest that these opportunities do not seem to be forthcoming. In addition, Harper also suggests problems arising from weak institutional structures and governance which are seen as barriers to the educational, fiscal, regulatory and administrative reforms that would increase employment opportunities for these large cohorts of youth. The reliance on a declining public sector for employment is also a matter of concern as is the mismatch in skills required and skills available.

The demography of ageing: global ageing is indeed a reality (Leeson 2018) and even countries regarded essentially as young are facing the additional challenge of ageing as we move deeper into the 21st century (Howse, Leeson, Hoffman & Harper 2018). In these young ageing countries of the world, policy and practice focus are understandably on youth and employment, and health care systems focus on communicable diseases. However, these policies and infrastructures are not designed to address the upcoming and different challenges of an ageing population.

The ageing of the populations of the MENA region is a relatively recent demographic phenomenon but the process will accelerate as move towards the middle of the 21st century. Considering firstly the MENA countries in Northern Africa, then in Algeria in 1950, the proportion of the population aged 65 years and over was just 3.5 percent. This had increased to 5.9 per cent by 2015 and is expected to reach 17 per cent by 2050. The development is similar in the other Northern African MENA countries, so in Morocco, the proportion aged over 65 years has increased from 2.9 per cent in 1950 to 6.4 per cent in 2015 and is expected to reach 18 per cent in 2050, and in Tunisia the proportions are 4.5, 7.6 and 19.8 per cent respectively. Egypt has a slower pace of ageing, the proportions being 3, 5.1 and 10.6 per cent respectively. Libya is rather different in as much as the proportion aged 65 years and over actually decreases from 5.2 per cent in 1950 to just 2.8 per cent in 1985, before picking up and reaching 4.3 per cent in 2015 after which the pace of ageing is dramatic with the proportion reaching 16.6 per cent in 2050.

Elsewhere in the MENA region, the ageing picture is mostly similar to that outlined for the Northern African MENA countries with just three exceptions, namely Iraq, the State of Palestine and Yemen, where by 2050 the proportion of people aged 65 years and over is still below 10 per cent (in fact, 6.2, 7.1 and 6.0 per cent respectively). More striking, however, is the fact that with the exception of Israel and Lebanon, all countries experience a declining (or constant) proportion of people aged 65 years and over from 1950 to 2015. In 1950, the proportions across these MENA countries outside Northern Africa (and excluding Israel and Lebanon) range from 2.8 per cent in Iraq to 5.3 per cent in Iran. By 2015, the range is from just 1 per cent in the United Arab Emirates to 5 per cent in Iran. With the exception of Iraq, the State of Palestine and Yemen, by 2050 the proportion aged 65 years and over is expected to increase dramatically to between 11 per cent in Jordan to 23.3 per cent in Lebanon.

This population ageing (or absence thereof) reflects to a high degree the development in fertility outlined below. Clearly the cocktail of youth and ageing is a potent one in MENA and will remain so for some time to come.

Let us briefly consider the components of this double-edged sword, namely fertility on the one hand and living longer on the other hand.

Fertility: the average number of children per woman across MENA in the early 1950s ranged from around 6 to 7.5 everywhere except in Israel (4.28). By 2015-20, the MENA countries had roughly speaking divided into two fertility groups:

Group I: countries with levels still above 2.5. This group comprises Algeria, Egypt, Iraq, Israel, Jordan, Oman, the State of Palestine, Syria and Yemen;

Group II: countries around replacement level fertility. This group comprises Libya, Morocco, Tunisia, the Islamic Republic of Iran, Kuwait, Lebanon, Qatar, Saudi Arabia and the United Arab Emirates.

In Group I, the highest level of fertility currently is to be found in Iraq (4.27) and the lowest level in Oman (2.54). In Group II, the highest level is to be found in Saudi Arabia (2.48) and the lowest in the Islamic Republic of Iran (1.62).

Among the Northern African countries in MENA, for example in Algeria, fertility declined from 7.28 children on average in 1950-55 to just 2.38 in 2000-05. This has recovered somewhat to 2.65 in 2015-20. But in fact, the fertility decline in Algeria has been even more dramatic in as much as the level had actually increased to 7.65 in 1965-70 before beginning the 35

year decline to 2.38. Similar patterns are seen in other Northern Africa MENA countries.

Elsewhere among the MENA countries, similar dramatic declines are not uncommon. In the Islamic Republic of Iran, for example, fertility levels remained at around 7 until the late 1960s. It then remained at around 6 until the late 1980s after which it declined dramatically to its current level below replacement, 1.62 and the lowest in MENA. Indeed, fertility and policies around fertility in the Islamic Republic of Iran have caused a deal of academic (and other) interest (Howse 2016; Hosseini-Chavoshi 2016).

It is interesting to note that for much of MENA it is not possible to talk of a continual fertility decline since the 1950s but more of stagnation at best, albeit at much lower levels than 50 years ago. This will of course impact on the size and age structure of the population moving deeper into the 21st century. The decline to significantly lower levels of fertility in MENA has been attributed to a variety of factors, as is the case in other regions of the world. Declining fertility is often attributed to the rising age at marriage for both men and women, delayed childbearing, the availability and use of modern methods of contraception, higher levels of female education, increased female labour force participation, the improved status of women and urbanisation (Leeson 2018). However, not all of these factors apply to all of the MENA countries (Engelhardt & Schulz 2017). So, for example, delayed childbearing is only experienced in a small number of MENA countries (Algeria, Saudi Arabia, Tunisia and the United Arab Emirates). The observed declines in fertility are caused mainly by reduced levels of childbearing at all ages rather than a change in the timing of births, as discussed by Engelhardt & Schulz (2017).

Despite evidence of some stagnation in declining levels of childbearing, forecasts for the next 30 years or so are for declines in levels of childbearing everywhere across the MENA countries, except for the Islamic Republic of Iran, where levels are expected to continue to decline for the next 10 years to reach 1.50. Childbearing is then forecast to increase steadily in fact until the end of the 21st century when it is expected to be 1.78 – a return to early 21st century levels.

Mortality: to illustrate the development in overall mortality in the MENA countries, I shall use life expectancy at birth. While the well-known gender differences in life expectancy are to be found in the MENA countries, I shall suffice here to consider life expectancy at birth for both sexes combined simply

to illustrate the mortality development underpinning along with fertility developments the age structural changes in the populations of the MENA countries.

It is striking to note that in the early 1950s the majority of the MENA countries considered here had life expectancies at birth below 50 years – something not experienced in England and Wales, for example, since the beginning of the 20th century (Leeson 2014). By 2015-20, life expectancy at birth for both sexes in all of the MENA countries considered here have increased dramatically, with only Yemen (65.2 years) having a life expectancy at birth less than 70 years. Indeed, several MENA countries now have life expectancies at birth around 80 years, notably Israel (82.7 years), Lebanon (79.8 years) and Qatar (78.4 years), which corresponds to current levels in Europe and North America.

The improvement in mortality is expected to continue to 2050-55 (and beyond) taking life expectancy at birth in the MENA countries to between 70.7 years in Yemen and 87.5 years in Israel, with the other countries achieving life expectancies of between 75 and 86 years.

It is this combination of fertility and mortality development that have given the MENA countries this fascinating demography of youth and demography of ageing, which have significant social and economic consequences in respect of the allocation of resources for health and social care, social protection, housing and education. In addition, the demographic developments will necessitate a serious rethink about the nature and structure of the workplaces of the future (Roudi-Fahimi & Kent 2007), and it is this complex of challenges that this issue of *Population Horizons* addresses with contributions in the form of four papers and one factsheet.

Messkoub's paper considers population ageing and inter-generational relations and the role of social policy in this area, calling for redistributive social policies to enable families to continue with their intergenerational care. Sibai and co-authors consider the challenges and opportunities for health care provision in the Arab region, focusing in their paper on an integrated and holistic model of healthcare, policies and programmes to incentivise homecare, and knowledge production. Halsall and Cook analyse the age structural changes taking place in the MENA region from a social policy point of view, while Yucesahin and Tulga look at the processes, spatial patterns and outcomes associated with demographic and social change in the MENA countries and they link the different demographic structures to the

social, economic and political transformations witnessed in the region in recent years. Finally, the factsheet by Založnik supplements the papers with a detailed visualization of the ageing process in 20 MENA countries using prospective age instead of chronological age as an alternative measure of old age.

Together the papers reveal the complexity and range of differences in population development in the region, addressing those key questions for all policy makers and practitioners: how do we rise to the challenge of population change?

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