

## Introduction

In Qatar, while most of the country's demographic situations have been widely studied, much less attention has been paid to the determinants of Qatari women's socio-demographic characteristics and the prevalence of family planning methods. This raises the following question: How, and to what extent, do population dynamics that stratify national populations by age; sex; marital status; and level of education, income, and employment contribute to the declining of fertility rate and cause mortality differentials in Qatar?

## Alignment with Population Policy 2017-2022

### First Axis: Population and Labor Force

**Goal 1:** "Increase the number of Citizens".

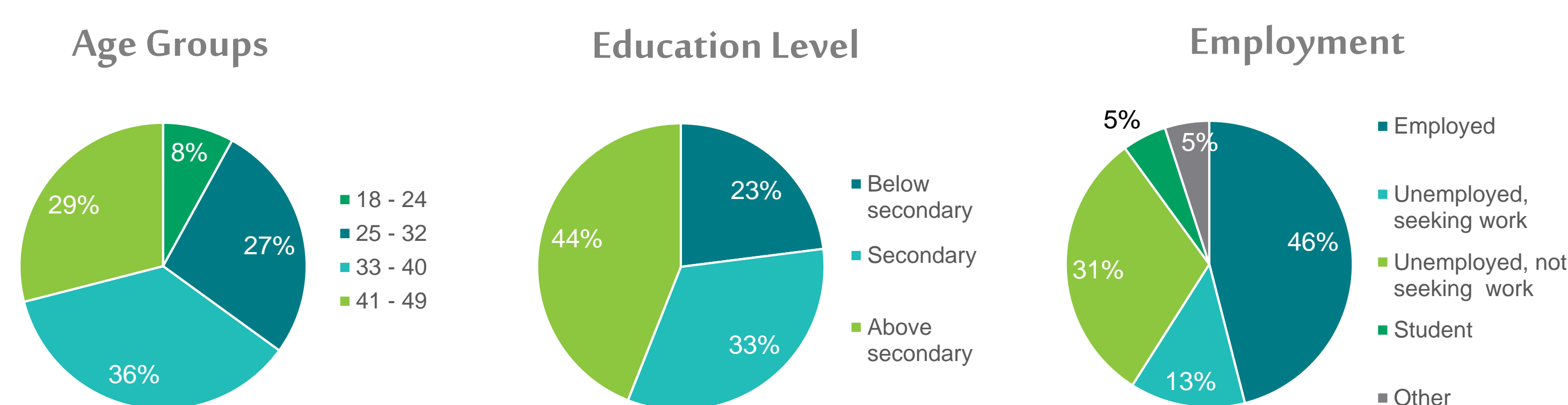
### Fourth Axis: Public Health and Reproductive Health

**Goal 2:** "Provide support programs to reduce the decline of fertility and childbearing rates among Qatari women".

## Data and Methods

- **Approach:** descriptive approach (using questionnaire).
- **Data collection method:** face-to-face interviews using computer (CAPI), collected by the Social and Economic Survey Research Institute (SESRI).
- **Sampling:** The research sampled 607 Qatari women from a stratified random sample
- **Data analysis:** Poisson and logistic regression analysis using Stata.

Figure 1 : Sample Demographics

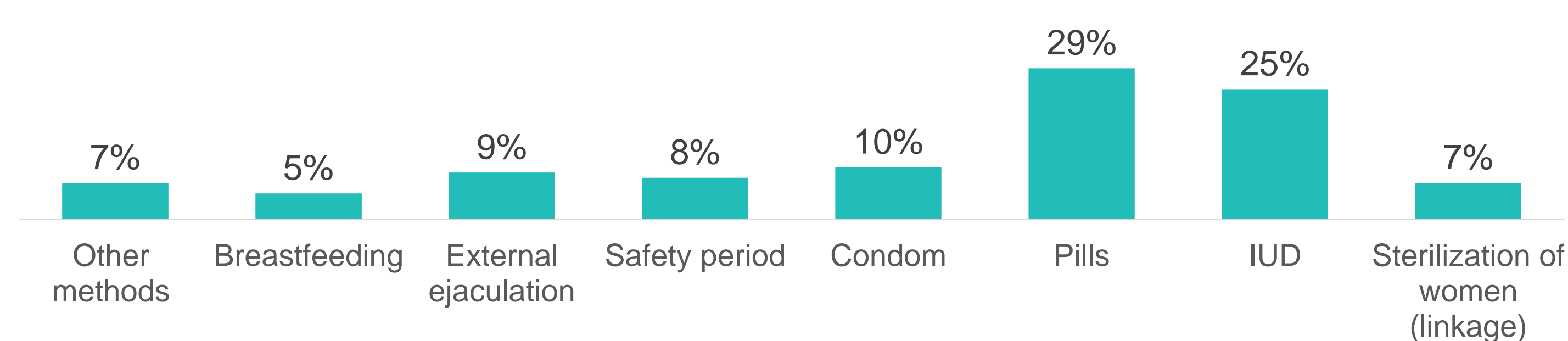


A Qatari woman's Total Fertility Rate (TFR)\* is 3.2, with women in 20-29 age group having the highest fertility rates.

## Findings Summary

Respondents were asked about the ideal gap between each pregnancy. The results showed that 62% of them believe that the most appropriate gap between each pregnancy is two years, while 20% believed that 3 years is an appropriate gap between each pregnancy. Additionally, the most popular contraceptive method used among the sample was pills (around third of the sample), followed by the IUD (25%) and condom by 10% (Figure 2).

Figure 2 : Contraceptive Methods used by Qatari Women or their Husbands



Based on the sample characteristics, it was indicated that older women have more children compared to younger age group. The results showed these older Qatari women tend to use contraception more than the younger age groups. Therefore, the use of postponement methods or contraception is prevalent among older women who have given birth to many children (Figure3).

Figure 3 : Contraceptive Methods by Age Group

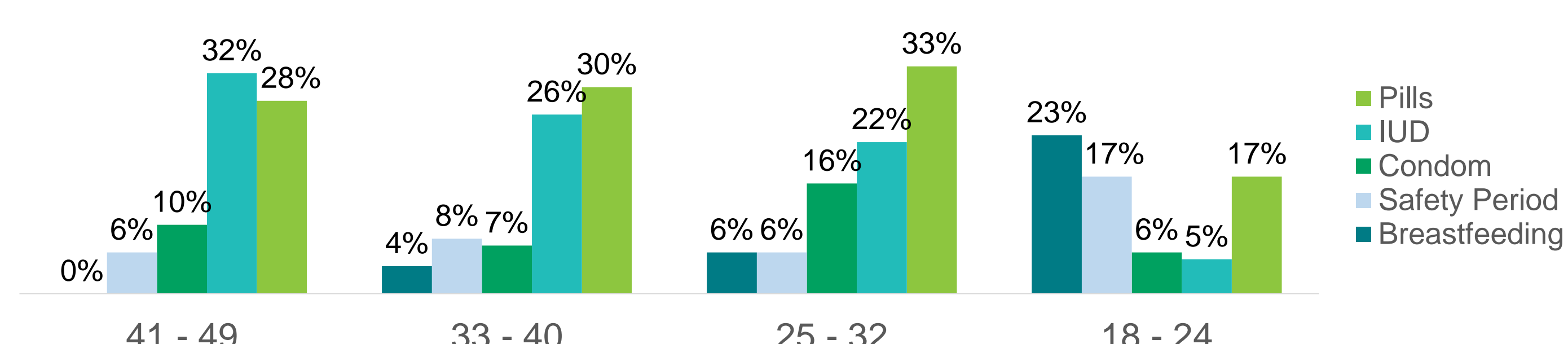


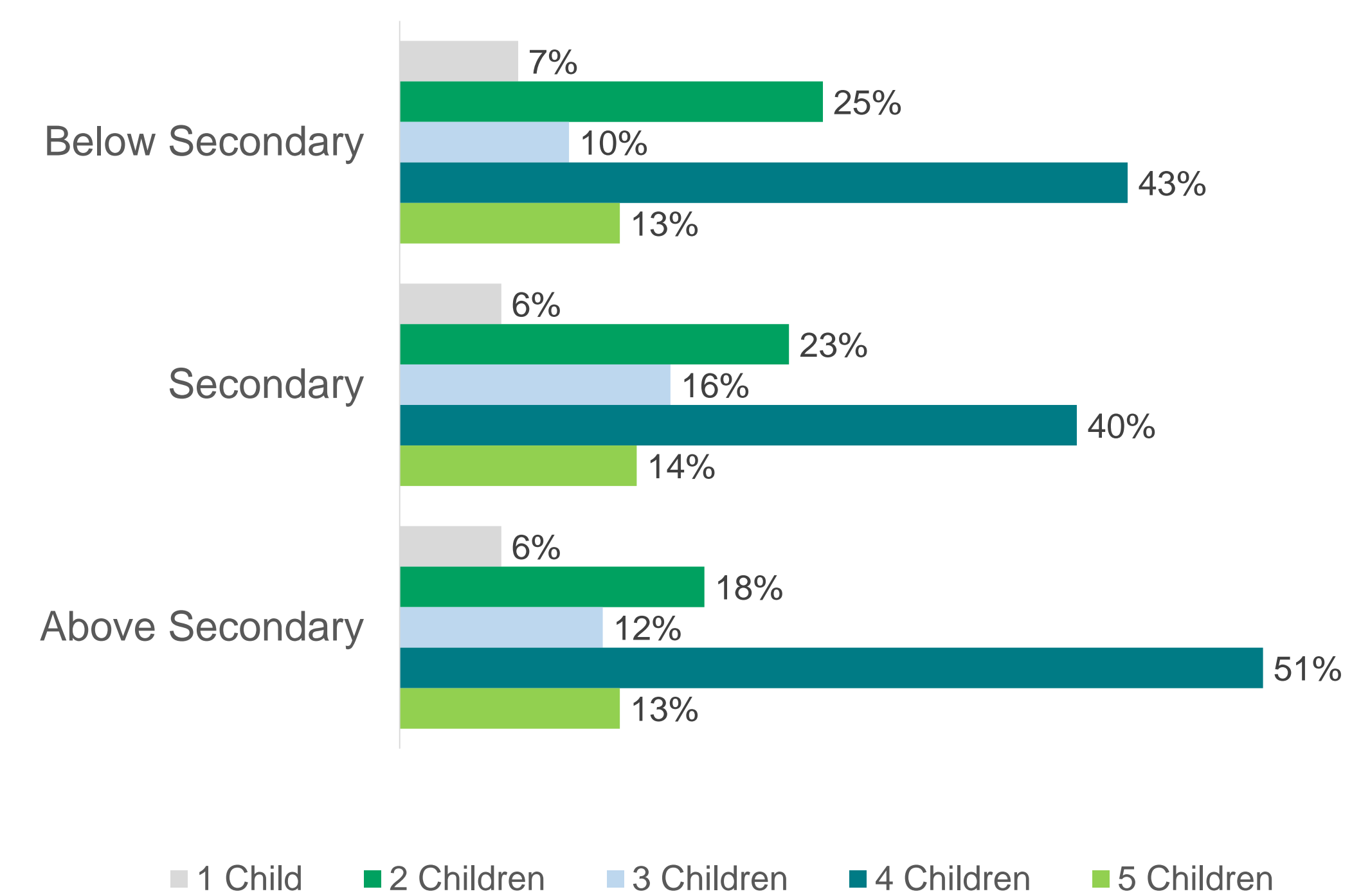
Table 1 : Poisson Regression Analysis for Age-Specific Fertility Rate (ASFR)\*\* with Employment Status and Educational Level of Qatari Women

ASFR	IRR	Linearized Std. Err.	t	P> t	[95% Conf. Interval]	
<b>Employment Status:</b>						
Employed	1.058	0.033	1.83	0.068	0.996	1.125
<b>Education Level:</b>						
Secondary	0.835	0.334	-4.50	0.000	0.772	0.904
Above secondary	0.881	0.334	-3.33	0.001	0.818	0.949
Constant	3.665	0.112	42.64	0.000	3.452	3.891

P-value = 0.05

The sample's characteristics showed that ASFR of high-income Qatari women was higher than Qatari low-income women. Furthermore, and based on classical demographic theory regarding measuring the relationship between the educational level of Qatari women and ASFR, we performed a Poisson regression analysis. The results showed that the ASFR decreases as the education level of Qatari women increases. However, the results found that employment status has no effect on ASFR of Qatari women (Table 1).

Figure 4 : Age Specific Fertility Rate (ASFR) according to the educational level of Qatari women



Descriptive statistics in Figure 4 show that half of Qatari women with educational levels above Secondary have a higher ASFR. However, when we tested the relationship between ASFR and education level using Poisson regression, the results showed that the ASFR is higher for women with less than secondary level compared to women with secondary or higher education levels, this indicates that woman's education may have contributed to a lower female fertility rate.

## Facing Challenges of Demographic Transitions

- Providing supporting programs to increase the total fertility rate and childbearing rates among Qatari women.
- Promoting the provision of high-quality family planning services.
- Adopting some amendments to the National provisions in "Human Resources Law of 2016 and Labor Law of 2004" as follows:
  - Grant paid maternity leave for at least 7 months.
  - Offer on-site childcare facilities.
  - Offer part-time jobs and working at home options.
  - Provide financial allowances to new-borns.

\*Total Fertility Rate (TFR): The average number of children a woman would have if she lives through the ages of 15-49 years while having children at the observed age-specific rates

\*\*Age-Specific Fertility Rate (ASFR) = number of live births per woman at a specific age / number of women at that specified age.