Demographic and Socio-economic Situation in Muslim Countries: A Comparative Analysis

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Introduction

As societies transform from a predominantly traditional to a predominantly modem system they tend to experience considerable demographic changes. Ansley Coale (1984) notes that this "transformation is the substitution of slow growth achieved with low fertility and mortality for slow growth maintained with relatively high fertility and mortality rates." Islam is one of the world's major monotheistic religions. It's followers are spread all over the World, numbering about 1.5 billion people, constitute about one-fourth of the world's population (The Economist, 2003). Muslims, are mainly concentrated in about 50 countries, most of whom have had slow pace of fertility transition, mainly due to low level of socioeconomic development on the one hand and lack of effective population policy on the other. With the help of macro level data available on Muslim-majority countries, this paper examines, fertility decline in these countries, their socioeconomic indicators and support for family planning. Examples from two neighbouring countries –Pakistan and Iran- are also given.

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Note: Some of the conclusions drawn in this paper are based on chapters in recently published book on *Islam, the State and Population Policies,* by Gavin Jones and Mehtab S. Karim (editors), Hearst & Co. London. 2005.

Population of Muslims

Data presented in Table 1-A and 1-B show percentage of population Muslims in each country and their estimated number at the beginning of the 21st Century. Of these 47 are Muslim-majority countries, where more than 50 per cent of the total population is reported to be followers of Islam.[1] Of the 47 countries, 36 have populations that are more than 85 per cent Muslims, while only seven of them contain less than 70 per cent Muslims. However, the six largest Muslim-majority countries (in order, Indonesia, Pakistan, Bangladesh, Iran, Turkey and Egypt) contain about two-thirds of the worlds' Muslim population. At the beginning of the 21st Century, the size of predominantly Muslim countries ranges all the way from these very large countries to tiny countries such as Bahrain, Djibouti, Qatar (each have 0.6 million people) and Brunei and Maldives (each have 0.3 million people). In 2001, the total Muslim population living in the Muslim majority countries was about one billion[2]. If we add to this the additional about 300 million Muslims living in countries where they are numerous though not in a majority, the number of Muslims in the world was over 1.3 billion. In other countries where Muslims are in a minority is India, where although Muslim population is only 12 per cent, nevertheless in 2001 they numbered about 123 million and in Nigeria there are over 50 million Muslims. In addition, in several countries the number of Muslims is substantially high. These include China; Ethiopia; Russia and; Tanzania.

According to the most recent estimate (The Economist, September, 2003), the number of Muslims was 1.5 billion in 2003, of which about 97 percent were living in Asian and African countries. About one fourth were concentrated in South Asia and another one-fifth in the Middle-East and North Africa (Arab countries). The breakdown of Muslim population living in different regions of the World given is given Table 2.

In subsequent sections of this paper we discuss only the Muslim-majority countries. We however, have excluded Gaza (occupied Palestine), Mayotte and West Sahara, where Muslims constitute 98 to 100 percent of the population with a total population of less than 1.5 million. The reason for this exclusion is the lack of data for most of the demographic, socio-economic and health characteristics for these countries.

Demographic Transition in Muslim-majority Countries

Table 3 summarizes the declines in crude birth and death rates during the last three decades in the Muslim-majority countries. With the exception of Western Africa, in most regions where Muslim countries constitute a majority, there has been a major decline in both the demographic indicators. Within each region however, there have been noticeable exceptions. For example, the crude birth rates (CBR) remained at the pre-transition level

[1] There are four countries which are on the borderline where the percentage of Muslims is close to half. These include Eritrea (48%), Kazakstan (47%), Nigeria[1] (43%) and Bosnia (40%). With the exception of Eritrea all are members of Organization of Islamic countries (OIC).

[2] Due to the comparative nature of this paper, the main data sources for the figures presented here are taken from the published reports of the United Nations, World Health Organization, the World Bank as well as the Population Reference Bureau Data Sheets for the recent years. Although, these are the standard sources of data for basic demographic measures, it has been long accepted that the indicators expressed in these publications may not always resemble the accurate measures for the countries.

in three countries which have experienced continued civil strife (Somalia in Eastern Africa; Afghanistan in South-Central Asia and; Yemen in Western Asia), as well as in four Western African countries where it has declined only modestly. Whereas CBR has declined in the 30s per 1000 population in seven countries (Sudan, Pakistan, Iraq, Oman, Qatar, Syria and Saudi Arabia), fifteen Muslim-majority countries on the other hand, have experienced substantial declines in CBR and have achieved about the same rates as the average of other developing countries (25 per 1000). Furthermore, seven others (Tunisia, Iran, Tajikistan, Turkmenistan, Azarbaijan, Bahrain, UAE and Albania) have achieved CBR of less than 20 per 1000 population. More rapid declines in the crude death rate (CDR) are reported for most Muslim-majority countries, which is partly due to an young age structure in these countries. However, again the exceptions are the countries in Western Africa, Djibouti, Sudan, Somalia and Afghanistan, where CDRs are still high.

Thus, those Muslim-majority countries which have experienced civil strife or are located in sub-Sahara Africa are far behind in the demographic transition. Due to rapid decline in the CDR in most Muslim-majority countries, many are experiencing higher growth rates now than a few decades earlier. While population growth rate in the developing countries of the world was 1.59 per cent during 1995-2000 period, only four Muslim-majority countries had a lower population growth rate than the average of developing countries. This situation is in spite of recent declines in CBR in a majority of Muslim countries, where CDR has declined more rapidly. However, most Muslim majority countries, are expected to reduce substantially their population growth rates during the coming decade.

Population Composition and Characteristics

Tables 4 through 6 provide information on demographic composition, socioeconomic characteristics and health indicators of Muslim-majority countries[3].

Age structure

Like other developing countries Muslim populations are generally characterized by a young age structure. Half of the 44 Muslim-majority countries have more than 40 per cent of their population under age 15, seven of which have 45 per cent or more in this age group. The figures were different, though, from one country to another. For example, Niger, has the youngest age structure (49% under age 15), while Albania, Bahrain, Indonesia, Kuwait, Lebanon, Tunisia, Turkey and the United Arab Emirates have all 30 per cent or lower population under 15 years. However, in some of these countries the age structure is not due to natural increase alone, but is affected by labor migration, specially in the Gulf countries. In addition, like other developing countries almost all Muslim majority countries have between 25-30 percent of the population between 15-29 years. Furthermore, a large percentage of population classified as youth who -specially when uneducated and unemployed- have potentials to create political and social destabilization on the one hand and -in the absence of an effective family planning program- have potentials for high population growth rate, on the other.

The generally young age structure in has many implications for social policy and for reproductive health programs in these countries. It makes the task difficult of achieving

[3] Separate information is normally not available for the Muslim and non-Muslim populations. However, in those countries where a high proportion of the population is Muslim, the characteristics shown for the population as a whole would apply with little modification to the Muslim population.

universal basic education, and of providing basic public health services to all. It also implies a very high built-in potential for further population growth, as a result of what demographers call 'demographic momentum' – i.e. the high proportion of the population in the peak reproductive ages, leading to higher numbers of births than in a population with an older age structure, as is the case in most Muslim-majority countries.

Urbanization

In most Muslim-majority countries, population is more likely to live in rural areas than the world population as a whole, mainly because the countries in which they are concentrated have below-average levels of urbanization.[4] However, the overall populations in Muslim-majority countries are slightly more urbanized than in the developing countries as a whole. Urbanization in such countries as Burkina Faso, Niger, and Bangladesh is exceptionally low. However, the levels of urbanization levels in most of the Muslim-majority countries are rising, and therefore an increasing proportion of Muslims are living in urban areas.

It is worth noting that the percentages of population living in urban areas in some countries in West Asia are very high as compared to other Muslim-majority countries, and even higher than the percentage in the developed world (average of 76%). For example, the percentage of population living in urban areas is substantially high in Kuwait, Qatar, Bahrain, Lebanon, Libya, United Arab Emirates, Saudi Arabia and Oman. However, in the six largest Muslim countries two, Iran and Turkey have urbanization (about two-thirds) which is fairly higher than the world and developing countries' averages, while Pakistan, Indonesia and Egypt have urbanization of 37 to 43 percent, respectively.

Literacy and Level of Education

Literacy, the ability to read and write, is an important indicator of social wellbeing and of ability to operate effectively in the modern world. If the overall adult literacy is low, this reflects inadequate provision of schooling over the past 50 years. However, in most countries school attendance has improved sharply in recent years which is not reflected to any great extent in the adult literacy statistic. Bearing this in mind, the adult illiteracy rates have shown improvements during the past decade in all the Muslim-majority countries. Of considerable importance is high level of literacy among youth (15-24 years old), in most countries. This indicator shows the level of education the population is likely to achieve in the future. However, the situation is indeed alarming in most African and South Asian countries where net secondary level enrollment ratios are also low. This suggests that when they are adults a smaller percentage will have secondary level of education. The situation however, appears more promising for those in North African countries (except Morocco and Sudan), Iran, Turkey, Indonesia, Malaysia and Gulf States. Furthermore, in a majority of these countries female literacy rate is lower than 30 per cent and a great disparity is noticed between males and females.

Per Capita Income and Human Development Index

The GDP per capita purchasing power parity (PPP) provides a weighted indication of the level of economic wellbeing of the population. While most countries in Western Africa

[4] Whether there is a tendency for Muslims to be more or less concentrated in rural areas than non-Muslims living in the same countries could be answered through further research. However, in India Muslims are found more concentrated in urban areas than the Hindus (see Karim, 1999).

and South Asia show low GDP per capita, in South East and West Asian countries, income levels are fairly higher than in other regions. Thus, wide range of economic disparity is noted among Muslim-majority countries. Over half of the countries in the group could be classified as poor, where a substantial proportion of the population falls well under poverty line. This is true, for example, of all the West African countries, and South Asian countries except Iran, Central Asian Republics and the Maldives. At the other extreme, the oil-producing Middle Eastern countries boast some of the highest per capita incomes in the world; yet poverty is endemic in their petroleum-poor neighbors (Omran and Roudi 1993). There are, however, some prosperous middle-income Muslim-majority countries that are not major oil exporters. These include Malaysia, Turkey and Lebanon.

Health Status

Due to different level of socioeconomic development across the Muslim-majority countries, there is a great deal of variation in the health status of the population, specially their access to basic health services. Again in this respect Muslim-majority countries located in Sub-Saharan Africa and South Asia have poor indicators. Infant mortality rate (IMR) is widely considered as an indicator of health status of the population as well as of overall level of development of a country. It is therefore not surprising that high IMRs are recorded in most of the African countries (particularly in Western Africa), as well as in countries such as Afghanistan, Pakistan, Yemen and Bangladesh. During 1960-65, there was an extraordinarily wide range of IMR values among Muslim countries (WHO, 2000). It was above 200 per 1000 live births in eight Muslim countries (Mali, 293, Sierra Leone Yemen 220, Afghanistan 215, Guinea 215, Niger 211, Gambia 207 and Comoros). In additional in 15 countries IMR ranged between 150 and 200, while only seven reported IMR values below 100 per 1000 live births. By 2000, on the other hand, some Muslim-majority countries, particularly in South East and Western Asia, recorded very low IMR as compared to Muslim-majority countries in Africa. In 2000, such countries as Sierra Leon, Afghanistan, Guinea, Gambia and Mali report IMR ranging between 120 and 180. On the other hand it was as low as in West European countries in Brunei, Malaysia and United Arab Emirates, Kuwait, Qatar, Oman and Bahrain.

Following the Islamic teachings breastfeeding is quite common in Muslim populations. In most of the Muslim-majority countries, for which data are available, above 95 per cent of women report breastfeeding their children. Besides in majority of these countries, for which data are available, the median duration of breastfeeding exceeds 18 months. Apparently, fertility in these countries has been lower than the natural fertility level due to wide spread practice of breastfeeding. However, women in all Muslim-majority countries do not have similar access to maternal care services. For example, while in West-African countries 15-50 per cent of deliveries are attended by skilled persons in most countries of Northern Africa, between 40 and 90 percent are attended by skilled persons.

Many Muslim-majority countries (especially in in Western Africa and South Asia), report high maternal mortality ratios. However, there are exceptions such as Algeria, Iran, Tajikstan, Brunei, Malaysia and several countries in Western Asia where maternal mortality ratio is substantially low(below 30 per 1,000 live births). High maternal mortality ratios in several Muslim-majority countries are more a reflection of poor obstetric care facilities -similar to other developing countries- due to the absence of skilled attendants at delivery.

Review of Studies on Muslim Fertility

A great deal has been written about the fertility of Muslims and attitude of Islam toward population control. In the past, observations were made that Muslim populations tended to have high fertility, that there was no evidence of decline, and that in a given country, Muslims tended to have higher fertility than adherents of other religions Kirk (1966). Although he noted considerable variations in fertility levels among Muslim populations, he did little to counter the idea of a monolithic, unchanged Muslim fertility that had wide currency at the time. In many of the examples Kirk was citing, studies were not available that controlled for socio-economic background factors. Some subsequent studies have shown that such factors can explain a considerable part of the difference between Muslims and others, but in others (e.g. Knodel et al, 1999 on Southern Thailand) such socio-economic differences do little to explain higher Muslim fertility. In India, where fertility rates tend to be somewhat higher among Muslims than in other communities, the extent to which this relationship holds after controlling for socio-economic disadvantages experienced by Indian Muslims (e.g. lower incomes and literacy rates) is a matter of some debate (Jeffery and Jeffery,1997, Chapter 6).

Several recent studies of Asian and African countries have been unable to conclusively demonstrate the effects of religious belief on fertility. In a review of such studies, Kollehlon (1994) reports that fertility levels among Muslim as against non-Muslim populations provide contradictory evidence. For example, while earlier studies of fertility in Israel, the former Soviet Union, Jordan, India, and tropical Africa have reported Muslim fertility to be higher than the fertility of other religious groups, fertility levels among Muslims in Cameroon, Ghana, Nigeria, West Africa, and sub-Saharan Africa are lower than among non-Muslim populations. Kollehlon's study of fertility in Liberia finds that Muslim fertility is only slightly higher than that of Catholics and Protestants. In fact, this difference was found to be attributable mainly to socioeconomic and demographic differentials and not to religious affiliation. Similarly, Chaudhry (1982) has shown that the lower socioeconomic status of the Muslim women in India is the major contributory factor to their higher fertility, not their religious affiliation. However, in a review of 13 major studies on differential fertility by religion in India, Bose (1989) concluded that "we do not know whether or not Muslim fertility is higher than Hindu fertility."

While there exists a considerable number of studies comparing the reproductive behavior of Muslim and non-Muslim women, a few comparative studies attempt to explain the differential patterns of behavior among the geographically spread Muslim population. Do the Muslim countries have a typical demographic pattern? In *The Demography of Islamic Nations,* Weeks (1988) found noticeable 'regional and temporal' diversity in fertility among Muslim countries. He contends that, as a group, Muslim countries are still in the early stages of demographic transition, and that 'the single most remarkable demographic aspect of Islamic societies is the nearly universal high level of fertility.

There are no a priori reasons for fertility to be higher among Muslims. While Islam does encourage all Muslims to marry, it does not forbid the use of contraception (Omran, 1994). Since the priest does not necessarily play a formal role in the day-to-day life of a Muslim, decisions regarding reproductive behavior in Muslim societies may follow secular trends. Some Muslim populations have reached replacement-level fertility (e.g. Azerbaijan) Malays in Singapore are a clear example, though their fertility has now rebounded to above-replacement levels. Much larger Muslim populations that have more or less reached replacement fertility are those of Jakarta and East Java in Indonesia. Though no Arab

countries have reached near-replacement fertility levels, many have experienced considerable declines from previously very high levels.

With the passage of time, more and more Muslim countries have adopted official policies to promote family planning. Ross and Mauldin (1996) rank Indonesia and Tunisia behind China, as the countries with the highest overall scores in family planning program efforts. However, with the exception of Indonesia, the largest Muslim countries (with populations of more than 60 million), all received moderate scores in family planning program efforts. On the other hand, among other Muslim countries for which data are available, only two -Saudi Arabia and United Arab Emirates- were identified as providing weak or no support to family planning program efforts. It is important to note, however, that fertility rates in many Muslim countries had started declining even without proper family planning program efforts.

High Muslim fertility has led some researchers to believe that religion and fertility were more closely correlated for Muslims than for any other religious groups (Lucas and Meyer, 1994). For example, Mahmoudian and Carmichael (1998) found that in 1991 the fertility of Muslim women was much higher than that of non-Muslim women in Australia. Albania, with its large Muslim population, has the highest fertility in Europe (Omran and Roudi 1993). However, there have been puzzling exceptions to this pattern as reported by Knodel et al.,(1999), fertility was lower among Muslims than among Buddhists before the onset of Thailand's fertility transition, although the reverse is clearly the case today.

In a study in which data were analyzed from nine Muslim countries (Egypt, Morocco, Niger, Senegal, Jordan, Turkey, Pakistan, Bangladesh and Indonesia), a wide range of variation in fertility were found. These countries differed on average age at marriage for females as well as level of their educational attainment, however, fertility differentials in these countries was reported to be mainly due to the different policies adopted by each of these countries. The study concludes that,

> 'There appears to be no typical pattern of reproductive behaviour which could be described as 'Islamic.' Islam as such seems to be neither a hindrance nor a stimulating factor in fertility decline, at the global level.'
>
> Karim (1997)

Recent studies have shown that the demographic transition is underway in many Muslim countries for some time. For example, Rashad (2000) demonstrated that fertility transition has begun in many Arab countries. Interestingly, most of the Muslim-majority countries experienced fertility transition between 1980 and 2000.

In sum, fertility was high till the 1980s, but it has declined significantly in most of these countries by the mid-1990s. This contradicts the widely held view that fertility transition has not started in Muslim countries. Nevertheless, the level of fertility is still high among some of the Muslim-majority countries, particularly in Africa. The reduction of infant mortality discussed earlier might have contributed to the fertility decline by reducing the demand for more children. This led Karim (1997) to conclude that,

> 'while socio-economic factors may have played an important role in early fertility reductions in Muslim countries, effective family

planning programs seem to have become the more important factor in achieving fertility transition'.

Clearly, contrary to the views of some earlier commentators, Islam itself is no barrier to low levels of fertility, though Islamic teachings have certainly been used in different contexts to support pro-natalist policies and early marriage of women, and to oppose certain methods of birth control such as sterilisation. If we examine the history of population policy in large countries with Muslim-majority populations, the picture that emerges is a complex one, in which Islamic teachings play their part, but always within the context of the particular political, social and of course demographic setting of each country. The same can be said of the role of Islam in the emerging consensus on reproductive health policy at the Cairo conference and after.

Recent Fertility Trends in Muslim Countries

Table 7 presents total fertility rates (TFRs) for the preceding 30 years. Till the early 1960s fertility rates in almost all Muslim countries were fairly high. However, since then many countries have experienced substantial fertility declines (although none in East and West Africa). The most dramatic regional declines occurred in North Africa, where Egypt began with the greatest early decline, quickly joined by Tunisia, Morocco, and Algeria. These four countries experienced more than 50 percent declines in fertility over the past 40 years. Conversely, the 10 Muslim countries in East and West Africa saw negligible declines during the first 15 years, and modest declines among only a few countries in the previous 15 years. Muslim-majority countries in Asia show varying levels of fertility decline. All three Muslim-majority countries of South East Asia experienced declines of more than 50 percent in the past 40 years. Among Muslim countries of South and Central Asia, the former Soviet republics took the lead in fertility declines during the first 15 years, while others experienced substantial declines during the last 15 years, with the exception of Afghanistan and the Maldives. The most remarkable recent decline in fertility occurred in Bangladesh (over 40 percent).

West Asian fertility declines have been both great and small. Azerbaijan, Lebanon, and Turkey began significant early declines that have continued in recent years as well. These countries have been joined by Bahrain and Kuwait, resulting in five countries that have had fertility declines of more than 50 percent. During the past 15 years, most of the countries in West Asia experienced about 0ne-third decline. However, during the same period, Saudi Arabia and Iraq had 20 percent declines while fertility remained high in Oman and Yemen.

In almost all Muslim-majority countries, TFRs fell between these two periods, in some cases quite sharply. Only in Somalia, Afghanistan and Yemen was there no downward trend in TFR. Thus, the overall picture of fertility in Muslim-majority countries has been from a regime of high fertility in the early 1960s, when most countries had a TFR of 6 to 7.5 children per woman, to a TFR between 2.1 to 3.5 in more than half of the countries by the beginning of the 21st Century.

Population policies in Muslim-majority countries

Official population policies are important in indicating the attitude of the top leadership to population issues. But there is a long step between official endorsement at the top and enthusiastic support at all levels of government and within civil society. Pakistan was one

of the first developing countries in the world to acknowledge the need to lower fertility rates, and adopted a population policy in 1962 to develop a family planning program to help achieve this end followed by other large Muslim countries – Egypt (1964), Turkey (1965) and Iran and Indonesia (1967). Though receiving top-level support, however, the history of family planning in Pakistan has been a chequered one, largely because the issue has been caught up in politics, and because it has never received strong support from the religious leaders (Robinson, Shah and Shah, 1981; Rukanuddin and Hardee-Cleaveland, 1992). Till recently the fertility rate remained above 6 per women, however, now it has been reduced to 5.1 (Casterline and Sathar, 2000). One of the main reasons of slow decline in fertility in Pakistan has been that the government policies remained fairly indifferent to the family planning program during most of the 1970s and 80s. Indeed when Gen Zia ul Haq established the Islamic Ideological Council, composed of well known religious scholars, to provide advice and guidance to the government on disputed or important religious issues, the Council in its 1984 report took the view that family planning as a national policy can never be reconciled with Islamic teachings. Thus during the first 25 years, Pakistan's Family Planning Program suffered largely due to political and religious opposition. However, only recently the religious leadership has stopped opposing the program. At the same time their influence is apparently declining. For example, various survey findings indicate that while in 1975 about two-fifths of those women who were not using any contraceptive, indicated religious reasons for not doing so, their percentage has declined to about one-tenth by the end of the 1990s. In 2002 Government of Pakistan, for the first time framed a population policy which is being implemented through a Now comprehensive reproductive health package.

On the other hand, immediately after the Islamic Revolution in Iran, the family planning program introduced in 1967 was officially dismantled. In addition, the new government adopted a pro-natalist approach encouraging younger age of marriage, and universality of marriage in the society, and the government and religious leaders praised women for bearing and rearing good children (Abbasi Shavazi 2000). The pro-natalist policies continued even after the release of the high growth rate by the 1986 Census, but the policy was questioned by population experts, demographers and economists, who carefully and professionally analyzed the results of the census. Subsequently the government's population policy was reversed and a new antinatalist family planning program was officially launched in December 1989. The Family Planning Bill was ratified by the Parliament in May 1993, and there is evidence of considerable success in controlling fertility (Mehryar et al. 1998). Total fertility declined by around 60 percent, from 6.4 to 2.6, in the decade between 1986 and 1996 (Abbasi-Shavazi 2000b; Aghajanian and Mehryar 1999).

While Pakistan and Iran provide extreme examples of the role of political support for family planning, towards the end of the 20th century, as shown in Table 7, governments in a majority of Muslim countries have taken a stand whereby they are either fully supportive of a family planning programme or have adopted a non-intervention policy. Among 43 countries, 24 consider their fertility too high and only one wishes to raise its fertility level and as many as 34 provide direct support on contraceptive use (Table 8). This suggests that there is a convergence of views in favour of family planning in the Muslim countries. However, it is not reflected in the contraceptive prevalence rate. Among 40 Muslim-majority countries for which contraceptive prevalence rates are available 19 report rates above 50 percent, while in 13 countries contraceptive prevalence rates are below 30 percent. Most of these courtiers are located in Sub-Saharan Africa..

Conclusions

Most of the world's Muslims (77 per cent) live in countries where more than 50 per cent of the population (and in most cases, a much higher proportion) are Muslim. These are mostly located in Africa, the Middle East and Asia, though small numbers of Muslims can be found in almost every country. From the estimated 1.5 billion Muslims in 2003, the numbers are expected to increase through natural increase to about 1.8 billion in 2025. From almost whatever perspective they are viewed, Muslim populations are characterized by great diversity. This is certainly true of their ethnic and cultural backgrounds, as well as their socio-economic conditions. Although on the whole, Muslim populations rank below the world's average in terms of levels of socio-economic development, there is a wide range of socio-economic conditions. Some of the oil-rich states are extremely wealthy, and some of the larger countries (e.g. Turkey, Iran and Egypt) are in the upper ranks of developing countries. Mass education and development of mass communications in most of these countries is weakening the traditional values and norms and leading to inroads by Western culture, although in many cases there is strong resistance to these influences.

Fertility transition has begun in most of these countries at some time over the past two decades, and in some, it has moved very rapidly. Elsewhere, however, particularly in the West African countries, there is little evidence of the onset of fertility decline. Therefore, these countries have youthful populations and because of population momentum are facing high growth rates, even if fertility declines quite rapidly. Some of the key issues their governments face are the expansion of education systems to provide basic education to all their young people, and provision of adequate employment and job opportunities. There are also many pressing reproductive health needs, which require considerable investment in upgrading basic health services and revising health strategies, and coming to terms with difficult issues related to adolescent sexuality.

Given the considerable diversity in socio-economic conditions, contraceptive prevalence rates and family planning efforts in Muslim countries around the world, it is no wonder that their fertility levels also differ widely. As Weeks (1988: 47) concluded "there is considerable diversity among Islamic countries; and there are few demographic patterns in Islamic nations that appear to be direct result of religious influence". Karim (1997:29) has essentially drawn the same conclusion where he noted that "there appears to be no typical pattern of reproductive behaviour which could be described as Islamic. Islam as such seems to be neither a hindrance nor a stimulating factor in fertility decline, at the global level.

Nevertheless because of the rapid population growth in many of the Muslim-majority countries, Muslims are expected to be climbing towards over a quarter of the world's population in the next decade. Their demographic trends will have an important bearing on those of the world as a whole, and their political and cultural influence on the world stage is likely to increase.

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