



Research Brief: State of Fertility in Qatar: A Comprehensive Field Assessment

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Qatar has adopted a pronatalist policy, viewing the family as society's cornerstone and aiming to increase fertility among Qatari women (Qatar National Vision 2030, Population Policy of the State of Qatar 2017-2022), and prioritizing women of childbearing age (National Health Strategy 2018-2022). Changes in fertility rates reflect significant economic and socio-demographic shifts. However, there is a notable gap in understanding fertility determinants in Qatar due to insufficient data and research (Le et al. 2019). Fertility pathways in Muslim-majority Arab societies, where **Assisted Reproductive Technologies (ARTs)** are highly prevalent, involve health, emotional, social, and ethico-religious factors. Despite some research on fertility in Arab countries like Egypt, Lebanon, and the UAE (Inhorn 2004; 2006; 2012), quantitative studies in the Gulf, particularly Qatar, are limited, often relying on medical records (Le et al. 2019; Lari & Al-Rakeb 2021; Burjaq et al. 2021) while in-depth qualitative studies are non-existent.

A series of landmark anthropological research conducted by Marcia Inhorn (**PI**) in Arab and Muslim-majority countries including Egypt, Lebanon, the UAE, and Turkey (see for instance 2003; 2005; 2012; 2015; 2020) identifies a "reproductive revolution" marked by declining fertility rates, such as Qatari women's drop from 3.9 to 2.9 births per woman from 2008 to 2017 (Le et al., 2019), accompanied by a surge in ARTs, with the Middle East emerging as a leader in IVF clinics (Inhorn and Patrizio 2015). Inhorn argues that while fertility technologies play a role, changes in attitudes and desires regarding family size among Muslim couples also significantly influence these trends, leading to what scholars have termed the 'new Arab family' (Hopkins 2004) reflecting a broader trend toward delayed marriage and family planning in the Arab world, influenced by modernization and women's increased access to higher education and the workforce (Fargues, 2019) and emergent masculinities (Inhorn 2012).

Previous QNRF-funded projects like NPRP 9-190-5-022 examined fertility determinants in the GCC such as age, divorce rates, education, and employment (Le et al., 2019; Lari & Al-Imadi 2020), exploring conflicts between pronatalism and female empowerment in Qatar (Fargues,

2019). Qatari women now outnumber men in local universities (Abdallah 2021; Liloia 2019) and have higher graduation rates (Education in Qatar Statistical Profile 2019), indicative of a “reverse gender gap” (Ridge 2014). Such outperformance in higher education coupled with increased participation in the workforce among Qatari women are correlated with a decrease in marriage rates and a rise in the average age of marriage (Liloia 2019; Vora 2019). Similarly, statistical findings from NPRP 13S-0111-200034 which sought to understand the perceptions of marriage and family formation and transitions in Qatar, found increased marital age, fewer children per household, and rising divorce rates in Qatar (Lari & Al-Thani 2023), with male respondents desiring more children than females. Trends in this study found a preference for nuclear families and rising childcare costs. Nevertheless, no correlations were drawn to understand these preferences. Furthermore, while recommendations included support for couples in marriage and child-rearing, reproductive health support remains unaddressed. Our proposed project aims to fill these gaps. Finally, NPRP8-1478-6-053 examined the impact of new reproductive technologies on Islamic views of the nuclear family, using bibliographic research to build a database for analyzing the effect of genetic and reproductive technologies on Islamic nuclear family concepts. Bridging the gap between normative and empirical research by engaging with legal, religious, and socio-economic contexts thus remains crucial. This proposed project aims to do so with a focus on the under-researched area of oocyte cryopreservation and broader fertility preservation issues.

The sole qualitative study in Qatar to date on fertility (Monroe, 2022) assessed the ethical considerations of ARTs among health professionals but did not address patients' experiences. Rather, it highlighted gaps in understanding the role of Islamic bioethics in fertility decisions. Bioethics is the study of ethical issues in health and life sciences, focusing on the moral implications of medical practices. Islamic bioethics adheres to Islamic theology, law, and philosophy as a frame of reference. Scholars like Ghaly (PI), Abd El Hadi (PI), and others (2020) have emphasized the need for national guidelines and policies informed by interdisciplinary collaboration. Ghaly (2015), in particular, advocated for collective *ijtihad*—independent reasoning, integrating Muslim scholarship with biomedical science to comprehensively address the complex medical, social, ethical, and mental health dimensions of ARTs that resonate with the lived circumstances (*ahwal al nās*) of individuals. Monroe's ethnography (2022) also supports creating a robust psycho-social counselling infrastructure, as suggested by international studies (Inhorn et al. 2018) and research on psychological distress among breast cancer patients in Qatar (Al-Sulaiman et al. 2018).

Female fertility preservation technologies remain a relatively new technology introduced globally in the early 2010s (Inhorn et al. 2020) and in Qatar in 2021 (HMC - DORM 2021). In Qatar, the fertility preservation technology of oocyte cryopreservation through vitrification (female egg freezing) has been predominantly aimed at mitigating medical cases, such as preserving the fertility of cancer patients undergoing radiation treatment which was welcomed by Islamic bioethicists (Ghaly et al. 2020; HMC-DORM 2021) while also leaving the door hesitantly open, mostly in private clinics, to what is referred to as social/elective/non-medical freezing for women

who, by choice or circumstance, are delayed in starting a family (Feto Maternal Center 2024; Fakhri IVF 2024, Sidra Medicine 2021). Previous research in the U.S. pointed to a “mating gap” (Inhorn 2023) where educated women face a shortage of equally educated and eligible male partners, driving many women to freeze their eggs. This gap is rooted in the increasing educational achievements of women, which outpace those of men, creating a mismatch. Paradoxically, the results have pointed out that women often freeze their eggs not to delay childbirth for career reasons, but because they struggle to find suitable partners who match their educational and socioeconomic status. This "fertility penalty" highlights the social and economic complexities that educated women encounter as they strive for partnership, pregnancy, and parenthood. Further exploration of the intersection between such mating gap and the educational gap, where Qatari women are outperforming men in education and their connection to delayed marriage and divorce rate remains unaddressed. Thus, as an emerging and largely unregulated technology in Qatar (Latto 2024), as well as globally (Inhorn 2017), fertility preservation technologies, may provide medical answers while posing further social and bioethical dilemmas such as navigating social stigma, women empowerment, career trajectories, marriage and divorce rates, gender roles, regret, disposal, and other “bioethical aftermath” (Inhorn & Tremayne 2016) that may result in unintended consequences of ARTs across the Muslim world.

Furthermore, despite some initial positive effects of ARTs on marriage and gender relations, particularly in reducing infertility stigma and increasing marital commitment, women still bear a significant burden. Factors such as physically demanding medical procedures and the pressure of age-related fertility decline disproportionately affect women across cultures, especially those unable to find a marital partner or facing health challenges like cancer (Inhorn 2012). While medical egg freezing (MEF) received a more compassionate response, elective egg freezing (EEF), primarily among high-achieving professional women who struggle to find marriage partners and see it as a way to extend their reproductive capabilities, has sparked debate, particularly concerning the future of family and gender roles. It also raises concerns about the physical, financial, and emotional costs, as well as societal expectations placed on women (i.e. normalizing egg freezing). Thus, while egg freezing (mostly for single women) and embryo freezing (largely for couples) offer new fertility options, they also raise complex questions about fairness, ethics, and reproductive justice in the modern era and raise anxieties about family formation and gender roles. The extent to which such shifts are occurring in Qatar, where societal and cultural norms remain deeply entrenched, requires further investigation.