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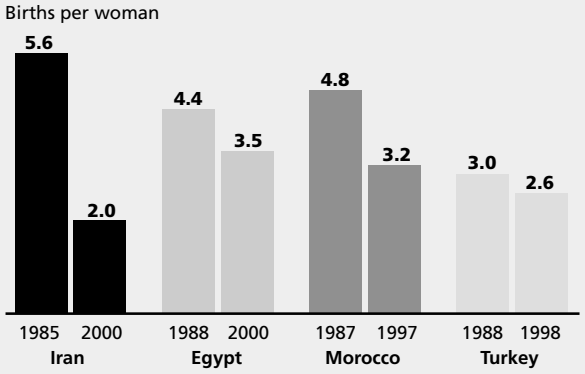
IRAN'S FAMILY PLANNING PROGRAM: RESPONDING TO A NATION'S NEEDS

by Farzaneh Roudi-Fahimi

Iran has experienced dramatic demographic change in the last decade. Levels of childbearing have declined faster than in any other country, and maternal and child health have greatly improved. These changes have coincided with the revival of the national family planning program, which is delivered through a nationwide network of primary health care facilities. Many observers have wondered how such a dramatic increase in contraceptive use could have occurred in a traditional society ruled by Islamic law.

Figure 1

Trends in Total Fertility Rates for Selected Countries



NOTE: Rates for Iran are based on data from the ministry of health and medical education. The Statistical Center of Iran has reported that fertility fell from 7.1 births per woman in 1986 to 2.5 births per woman in 2001.

SOURCE: Population Reference Bureau database, based on selected national surveys.

Demographic Trends

Iran's population increased from 34 million in 1976 to nearly 50 million in 1986, with an average growth rate of 3.9 percent per year (3.2 percent from natural increase and 0.7 percent from immigration); a decade earlier, the average annual growth rate had been 2.7 percent. But the rise in the population growth rate that occurred during and after the 1979 Islamic revolution in Iran was followed by a sharp decline. Between 1986 and 1996, the population growth rate dropped to 2.0 percent per year.[1] Currently, Iran's population is estimated to be growing by 1.2 percent a year.

The population growth rate has been declining because of the dramatic change in Iranian women's fertility: According to the Iranian ministry of health, the country's total fertility rate declined from 5.6 births per woman in 1985 to 2.0 births in 2000 (Figure 1). Iran's fertility decline is particularly remarkable in how quickly it occurred in rural areas. Between 1976 and 2000, the total fertility rate in rural areas declined from 8.1 births per woman to 2.4 births per woman. The fertility of urban women declined from 4.5 births to 1.8 births per woman during the same period.[2] Figure 2 (page 2) shows how fertility rates in Iran vary by province.

The decline in fertility has mainly been due to the increase in contraceptive use among married women: In 2000, 74 percent of married women practiced family planning, up from 37 percent in 1976. The change in marriage patterns has also affected fertility: Women's average age at first marriage increased from 19.7 in 1976 to 22.4 in 1996.

This overview of Iran's family planning efforts and the role of the Islamic government and civil society in the revival of the national family planning program is the second in a series of policy briefs from the Population Reference Bureau. This series analyzes population, environment, reproductive health, and development linkages within the framework of the Cairo Programme of Action and the cultural contexts of population groups in the Middle East and North Africa (MENA). Future briefs on MENA will cover specific population-related topics or country case studies.

Figure 2

Total Fertility Rate by Province, Iran, 2000

SOURCE: Iranian Ministry of Health and Medical Education et al., *Demographic and Health Survey, Iran 2000, Preliminary Draft Report* (2002).

Evolution of Iran's Family Planning Program

There are three distinct periods in the history of Iran's family planning program, each marked by major changes in the government's policy.[3]

Family Planning Before the 1979 Islamic Revolution

Iran was one of the first countries to establish a family planning program as part of its development plan. The Imperial Government of Iran adopted a national family planning policy in 1966, and launched an active family planning program in the ministry of health in 1967. The 1967 Tehran Declaration acknowledged family planning as a human right and emphasized its social and economic benefits for families and society.[4] The program recruited and trained a cadre of professional staff, and taught many young doctors about family planning's implications for public health and its critical role in improving the well-being of women and children.

Family planning became an integral part of maternal and child health services nationwide. By the mid-1970s, 37 percent of married women were practicing family planning, with 24 percent using modern methods. The total fertility rate, although declining, remained high, at more than six births per woman.

The Islamic Revolution and Pronatalism

The family planning program was dismantled soon after the 1979 Iranian Revolution, because the program was associated with the Iranian royal family and was viewed as a Western innovation. The new government advocated population growth, and adopted new social policies, including benefits such as allowances and food subsidies for larger families. In an attempt to ensure continued government support for family planning, a number of committed health professionals approached the government with information about the health benefits of family planning. They even obtained *fatwas* (religious edicts concerning daily life) from Imam Khomeini and other top-ranking clerics to the effect that "contraceptive use was not inconsistent with Islamic tenets as long as it did not jeopardize the health of the couple and was used with the informed consent of the husband."[5]

In 1980, Iran was attacked by Iraq. During the eight-year conflict that followed, having a large population was considered an advantage, and population growth became a major propaganda issue. Many Iranian officials were pleased when the 1986 census showed that Iran's population of close to 50 million was growing by more than 3 percent per year, one of the highest rates in the world.[6]

At the same time, the Plan and Budget Organization, which is the main government agency responsible for monitoring government revenues and expenditures, and other ministries, such as health, education, and agriculture, were aware of the economy's vulnerability and the added difficulties caused by a rapidly growing young population. To assess the economic damages of the war and prepare for a national development plan, the Plan and Budget Organization collected data on issues such as employment and demand for basic services. The assessment painted a grim picture of the country's economy.

After the war with Iraq ended in 1988, as the government began to prepare its first national development plan, the Plan and Budget Organization alerted top government leaders that the nation's dwindling resources could not both support the high cost of reconstruction and provide the social and welfare services stipulated by the new constitution. In response, the prime minister asked all government departments to review the population growth rate's impact and implications for the first development plan (which would take effect in 1989). Later, he declared that the government was "reconsidering the issue of population growth."[7]

Restoring the Family Planning Program

Having convinced many top policymakers of the importance of family planning, the Plan and Budget Organization and the ministry of health and medical education decided to launch a publicity campaign to convince other members of the policy elite and the general public about the need for a national population policy. The much-publicized three-day Seminar on Population and Development was held in Mashad in September 1988.

The Iranian media helped disseminate the seminar's main message: Iran's population growth rate was too high and, if left unchecked, would have serious negative effects on the national economy and the welfare of the people. Participants at the seminar strongly urged the government to consider population issues during policymaking. At a press conference at the end of the Mashad seminar, the minister of health and medical education reiterated the late Imam Khomeini's *fatwa* regarding family planning, and announced that the Islamic Republic of Iran would establish a family planning program. In December 1988, the High Judicial Council declared that "there is no Islamic barrier to family planning."[8]

The Mashad seminar was mainly a professional and technical gathering; the influential clergy (*ulama*) outside the central government were not involved in the seminar's deliberations. To ensure that the proposed policy would have the clergy's support, family planning was singled out for special consideration and discussion at the February 1989 seminar on "Islamic Perspectives in Medicine," which was attended by eminent clergy and physicians.

Despite these efforts, some influential clergy were not convinced about the potential effects of rapid population growth or that public investment in family planning was consistent with the basic tenets of Islam.[9] To overcome these objections, the government took the issue to the Expediency Discernment Council of the System, which resolves disputes between parliament and the Guardian Council. The Expediency Council confirmed that family planning and population policies were legitimate areas for government involvement, paving the way for the reintroduction of a national population policy and the family planning program.

The Revitalized Family Planning Program

The family planning program, officially inaugurated in December 1989, has three major goals: to encourage families to delay the first pregnancy and to space out subsequent births; to discourage pregnancy for women younger than 18 and older than 35; and to limit family size to three children. The ministry of health and medical education has been given almost unlimited resources to provide free family planning services to all married couples, promote small families as the norm, and help couples prevent unplanned pregnancies. All modern contraceptive methods are available to married couples, free of charge, at public clinics. In 1990, to remove continuing doubts about the acceptability of sterilization as a method of family planning, the High Judicial Council declared that sterilization of men and women was not against Islamic principles or existing laws.

In 1993, the legislature passed a family planning bill that removed most of the economic incentives for large families. For example, some allowances to large families were cancelled, and some social benefits for children were provided for only a couple's first three children. The law also gave special attention to such goals as reducing infant mortality, promoting women's education and employment, and extending social security and retirement benefits to all parents so that they would not be motivated to have many children as a source of old age security and support.

While all these legal reforms in support of the family planning program are significant, highlighting Iran's commitment to slowing population growth, there has been no assessment of the laws'

implementation or their impact on lowering fertility. The level and speed of the decline in fertility have been beyond any expectation. The first official target of the revitalized family planning program, as reflected in the government's first five-year development plan, was to reduce the total fertility rate to 4.0 births per woman by 2011.[10] By 2000, the rate was already down to half the stated goal, at 2.0 births per woman.

Population and health experts close to the program attribute its success largely to the government's information and education program and to a health care delivery system that was able to meet reproductive health needs. Family planning is one of many health services provided by the system, which is based on different levels of care and an established referral system (see Box 1 for more on care delivery in rural areas). Overall family plan-

Box 1

Iran's Rural Health Care Network

Iran's rural health care network is the cornerstone of the country's health care system. The network evolved out of a series of pilot projects that were conducted in the early 1970s as part of an effort to find the best system for expanding medical and health services in rural areas. (Iran's rural population is widely dispersed: In 1996, more than 68,000 villages had an average population of 340 people.) The result was the establishment of rural "health houses," based on the idea that vaccine-preventable diseases, acute respiratory infections, and diarrheal diseases can be addressed by making simple technology and information available to even minimally trained personnel.

FARZANEH ROUDI-FAHIMI

Rural health providers, know as behvarzes*, maintain up-to-date records on the health and well-being of people in rural villages. Here, two* behvarzes *from central Iran are shown in front of their clinic's charts on local health.*

There are now more than 16,000 health houses in Iran, covering around 95 percent of the rural population; mobile clinics bring health services to people living in remote areas. Each health house serves around 1,500 people, usually consisting of the people of one central village (where the health house is located) and those of satellite villages that are within an hour's walk from the central village. Each health house generally has two health providers (in principle, one man and one woman), known as *behvarzes*, who receive two years of training. The female *behvarz* is in charge of maternal and child health care, and the male is responsible for issues related to environmental health, such as water safety and agricultural production. *Behvarzes* must be local residents; the requirement is particularly important for women *behvarzes*, who can continue to live in their home village while working. Since *behvarzes* are local, they tend to stay in the job and to know their clients.

One of the first tasks of a *behvarz* team is to take a population census of the villages for which their health house is responsible. The census is repeated at the beginning of each Iranian calendar year (March 21). The age and sex profiles of each village are put in charts. Summary tables of these data are posted on the wall of each health house and are updated each month. For example, data can show the number of children who have been born since the beginning of the year, the proportion who have been vaccinated, and the number who died, by cause of death. The data also show the number of married women of reproductive age and their contraceptive prevalence rate by method. *Behvarzes* are proactive: They are comfortable knocking on people's doors to talk about families' health care needs, including family planning, and to give them appointments to visit the health house.

ning practice is higher among women living in urban areas than among those living in rural areas, but the use of modern contraceptive methods is about the same in both urban and rural areas (see Figure 3). Contraceptive pills are the most popular modern method, followed by female sterilization (see Figure 4).

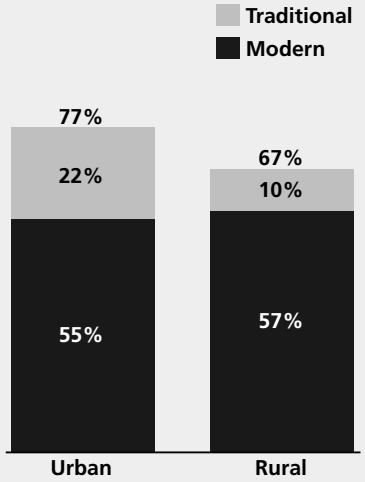
The program has succeeded in removing both cultural and economic barriers to family planning, and the information and education campaign has assured the public that family planning is consistent with Islamic tenets and does not threaten family values (see Box 2, page 6). By providing free family planning services, the program has given low-income couples in both rural and urban areas access to services that would otherwise be too expensive for most families. In 2000, the ministry of health and medical education provided 75 percent of all family planning services (91 percent of services in rural areas and 67 percent of services in urban areas). The question the ministry now faces is whether the government needs or can even afford to continue to be so involved in providing family planning services, since small families and contraceptive use are now the norm. In the next 10 years, the number of reproductive-age women will grow by more than 20 percent.

Population education is part of the curriculum at all educational levels; university students, for example, must take a two-credit course on population and family planning. Family planning is also included in the country's adult literacy campaign. Couples who are planning to marry must participate in government-sponsored family planning classes before receiving their marriage license. The classes are mandatory for both prospective brides and grooms, supporting the family planning program's goal of increasing male involvement and responsibility in family planning. The family planning program, which is attempting to increase men's participation in family planning, uses more than just education to support men's involvement: The Middle East's only condom factory operates in Iran.

One challenge facing the family planning program is addressing the regional differences in contraceptive use. Generally, the lowest levels of contraceptive use are seen in the least developed provinces. Women living in Sistan–Baluchestan

Figure 3

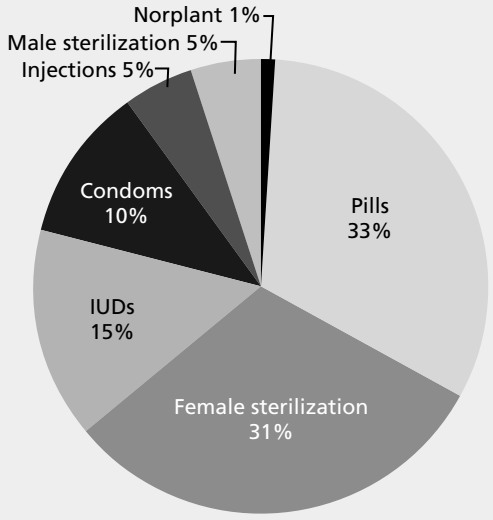
Percent of Married Iranian Women Who Reported Using Different Types of Contraception, by Region, 2000



SOURCE: Iranian Ministry of Health and Medical Education et al., *Demographic and Health Survey, Iran 2000, Preliminary Draft* (Tehran: Iranian Ministry of Health and Medical Education, 2002).

Figure 4

Contraceptive Methods Used by Married Iranian Women Who Rely on Modern Methods, 2000



SOURCE: Iranian Ministry of Health and Medical Education et al., *Demographic and Health Survey, Iran 2000, Preliminary Draft* (Tehran: Iranian Ministry of Health and Medical Education, 2002).

province have the lowest rate of contraceptive use (42 percent), followed by women living in Hormozgan (55 percent). These two provinces are among the least developed in the country. The highest rates of contraceptive use are seen in more developed regions: In Tehran City, 82 percent of married women use contraceptives (see Box 3, page 7, for more on health care in cities).

Another challenge facing the family planning program is dealing with unplanned pregnancies. According to the 2000 Demographic and Health Survey (DHS), 5.2 percent of married women ages 15 to 49 were pregnant. Of those women, one-quarter reported that their pregnancies were unplanned, often due to contraceptive failure. The highest failure rates occurred with the traditional methods (withdrawal is the main traditional method practiced in Iran) and oral contraceptives. The family planning program is expanding its services to provide couples with emergency contraception. Abortion is illegal in Iran, except to save the mother's life, but postabortion care is provided as part of primary health care.

Family Planning and Other Development Trends

Although Iran's Islamic government justified revitalizing the family planning program mainly on macroeconomic grounds, Iranian families needed little convincing. Iranian society is becoming

Box 2

Posters From Iran's Family Planning Program

"Fewer children, better education."

"Less population, more opportunities, prosperous future."

"Better life with fewer children: Girl or boy, two is enough."

Iran's family planning program uses a variety of messages to encourage couples to have smaller families, emphasizing benefits for both individual families and society as a whole.

increasingly modern and even somewhat Westernized; both consumerism and media exposure are rising. According to the 2000 DHS, 77 percent of rural households and 94 percent of urban households had televisions, which had helped promote the idea of a small family norm.

Improvements in female education have also contributed to increased use of contraceptives. The percentage of rural women who were literate increased from 17 percent to 62 percent between 1976 and 1996; more than 75 percent of Iranian women are literate. The rate of secondary school enrollment has more than doubled for girls, from 36 percent in the mid-1980s to 72 percent in the mid-1990s, while boys' enrollments have increased from 73 percent to 81 percent over the same time span. In 2000, more women than men entered universities. The longer women stay in school, the higher the standard of living they want for themselves and their families. The quality of children's lives also becomes more important.

Maternal and child health in Iran has improved significantly. Maternal deaths due to pregnancy and childbirth declined from 140 deaths per 100,000 live births in 1985 to 37 deaths per 100,000 live births in 1996. According to the 2000 DHS, more than 90 percent of pregnant women receive at least two prenatal checkups, 95 percent of births are attended by a doctor or trained midwife, and childhood vaccination is almost universal. Between 1985 and 1996, the mortality of children under 5 years of age dropped from 70 deaths to 33 deaths per 1,000 live births, and the infant mortality rate declined from 51 deaths to 26 deaths per 1,000 live births.[11]

Conclusion

The Iranian experience challenges the current assumption that demographic transition in the Middle East and North Africa has generally been slow. The dramatic drop in Iran's growth rate also raises questions as to whether the Iranian experience is unique in part because of specific characteristics of Iranian society, such as the fact that the great majority of Iranians are Shiite Muslims, who represent a minority of Muslims worldwide.

However, the changes in Iran confirm that committed policy and financial support, easily available family planning services, and strong demand can ensure that the uptake in contraceptive use and decline in fertility occurs very fast. The Iranian experience highlights three key points:

- If family planning programs are to succeed in Muslim countries, religion must be addressed carefully and in a culturally sensitive manner.

Box 3

Women Volunteers in Cities

The health care system in rural areas of Iran is proactive in reaching clients, but the system in urban areas often is not. To encourage low-income residents of cities to use health facilities, the government has developed a women's volunteer program. The volunteers serve as intermediaries between families and government-sponsored health clinics. Volunteers can also choose to participate in other areas of community life, such as cleaning up the streets or holding classes on special health topics.

The women's volunteer program began in 1993 with 200 volunteers in Shahre-Rey, a low-income suburb south of Tehran. Now there are more than 43,000 such volunteers throughout the country, working closely with their neighborhood clinics. Volunteers maintain files of demographic and health information on each household in their area. The files are kept at the clinic and can be used by health staff, and volunteers use the information to help families make appointments to address health care needs.

FARZANEH ROUDI-FAHIMI

Urban health centers use volunteers, who are chosen in part based on their reputation within the neighborhood, to ensure that even low-income families receive basic health services.

- Investments in health infrastructure and human development are essential in making family planning programs sustainable.
- Those who assess population data can play a key role in educating policymakers about the likely impact of policy changes.

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