

FAMILY PLANNING IN EGYPT AND IRAN

THE ROLE OF THE STATE IN OVERCOMING RELIGIOUS OPPOSITION

*Dissertation submitted to Jawaharlal Nehru University
in partial fulfillment of the requirements
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MASTER OF PHILOSOPHY

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CERTIFICATE

This is to Certify that the dissertation entitled “**FAMILY PLANNING IN EGYPT AND IRAN: THE ROLE OF THE STATE IN OVERCOMING RELIGIOUS OPPOSITION**”, submitted by **ASIF SHUJA** in partial fulfillment of the requirements for the award of the degree of **MASTER OF PHILOSOPHY** is an original work and has not been previously submitted, in part or full, for the award of any other degree of this or any other University.

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DECLARATION

I declare that the dissertation entitled “**FAMILY PLANNING IN EGYPT AND IRAN: THE ROLE OF THE STATE IN OVERCOMING RELIGIOUS OPPOSITION**” submitted by me for the award of the degree of **MASTER OF PHILOSOPHY** of Jawaharlal Nehru University is my own work. The dissertation has not been submitted for any other degree of this or any other university.



ASIF SHUJA

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Dedicated
to
Ammi and Papa

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PREFACE

The root word of Islam means 'peace' in Arabic. Still violence of recent decades has been largely associated with Islam. The religion itself was introduced by Prophet Muhammad to bring the society out of the age of 'jehalat' (i.e., ignorance). Still, ignorance and illiteracy is highly prevalent in Muslim societies. These are some of the contradictory thoughts that have been haunting me ever since my independent thinking began. Born in a Muslim family and grown up in a Muslim society, I could not come to terms with some of the prevalent beliefs that were commonly held. This resulted in my proximity to the Islamic researches.

My initial training in Science and Mathematics inculcated in me a scientific and logical approach to solving problems. This approach, when applied to the subjects related to religion and faith, further complicated the problem. However, my later training in Political Science and, particularly, International Politics, cleared some of the dust from my eyes, though, it was not very refreshing to discover how the religion has been a handmaid of politics. It was a long and arduous journey, the essence of which is reflected in my present research.

It has been empirically established that an uncontrolled population growth results in resource crunch. The increasing number of people place heavy demands on the states. It is the responsibility of the state to ensure the socio-economic uplift of their subjects. In case of state failing in its duties, there are socio-economic and political crises. The state thus takes steps to limit the population. But how would the implementation of any policy related to birth control be possible if it goes totally against the faith of the subjects? How would the state overcome the prevalent beliefs of the people from whom its very legitimacy is derived? My research is an attempt to answer these questions. Egypt and Iran have faced similar dilemmas and hence their examples serve to understand the situation. This research is an exercise to explore those methodologies that were applied

by these two states to overcome religious opposition, whether it is on an individual basis or on a group basis.

A major tool in the hands of these states was the medieval writings that support contraception. These texts have been brought into public and have been popularized to convince them that birth control is not anti-Islamic. Egypt and Iran have relied heavily on a consensus-building approach to implement their family planning programmes. They have made sincere attempts to understand the religious influence on fertility behaviour and have accordingly taken required measures to overcome them.

Arabic and Persian newspapers, in Egypt and Iran respectively, are flooded with such messages which may convince the population to shed their inhibition and adopt family planning. Cartoons are generously used in such advertisements to make the message effective and Popular. My familiarity with Arabic and Persian languages came in handy in getting the essence of such exercises.

Overall a sincere attempt has been made to give a theoretical treatment to the subject. A careful look at the title of the research itself highlights the need for a close theoretical treatment to the subject. This approach makes the reading interesting while at the same time helps in getting the clear insight of the complexities of the subject. The issues related to contraception and family planning are delicate subjects. They relate to the sexual morality of an individual and hence become intricate subjects. The problem in any research of this nature is compounded by the fact that the matter relates to the 'faith' of an individual. The best way out in such a case is to avoid a doctrinaire approach and enlist the findings supported by clear arguments in a detached manner.

I sincerely hope that my research would help in filling the existing knowledge gap.

Asif Shuja

December 16, 2005.

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Writing acknowledgements remains a perplexing exercise. No research can be free from the influence of the researcher as a person. Consequently, all those people who contribute in making the person are also the contributors to the research. Given the paucity of space, it becomes quite difficult to mention all the names. However, I take the pleasure of thanking all of them for making me the kind of person that I am today.

This research is a direct product of my seemingly unending discussions with my most accommodating guide, Dr. Prakash C. Jain. His fatherly advices have helped me come out of my dreamy world and see the matters objectively. His overall realistic approach and emphasis on empiricism have made this research a fruitful exercise. I am especially thankful to him for adjusting with my unstable nature and irregular routine. He is a great source of inspiration to me.

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Asif Shuja

Chapter 1

INTRODUCTION

Rapid population growth and demographic developments have had a crucial bearing on the economic, social and political situation of many Third World countries. A number of West Asian countries, too, are facing demographic problems for over a generation. In the economic sphere, rapid population growth has contributed critically to multiple hardships. It has also stunted the process of economic growth, hindered improvement in standard of living and economic well-being. In the social sphere, rapid population growth has been one of the factors accelerating the process of urbanization. The effects of these processes have been felt both in the economic sphere and in the social sphere. In case of West Asia, the most noteworthy political implication of this phenomenon in this context has been the strong connection between demographic changes and the strengthening of radical Islamic organizations, their message eagerly received by considerable portions of the population.

The significance of this research lies mainly in its applied nature. This study brings out clearly the methodologies through which the bottlenecks to the policy-implementations can be cleared and thus problems related to populations can be solved. The successful applications of family planning programmes in Egypt and Iran serve as models for all other Third World countries. This is particularly significant in case of India, which is facing the problem of population explosion.

A closer look at the history of family planning in Egypt and Iran clearly brings out the similarity of the problems faced by them. Both these countries started their first family planning policies in the mid-1960s. The current phase of family planning of both these countries has started in the mid-1980s. Their approach, too, were largely similar with minor variations. Both countries were extremely cautious in taking into account the prevalent beliefs of the people in order to avoid any major backlash. Their approach bore fruits in overcoming the religious opposition and thus they were largely successful in

solving their population-related problems. Due to these similarities, it is suitable to study them together in order to find out how a state can overcome the religious opposition in implementing the family planning programmes.

What are those factors which make Egypt and Iran stand out differently as regard to fertility behaviour from other Muslim countries? How did the family planning programmers seek to overcome the prevalent religious opposition in these societies? These are some of the prominent questions that are addressed in our study.

Population and politics are interrelated with a wide network of linkages and this fact is no more relevant in any other region than West Asia. It is so because most of these countries are Muslim countries and the issue of family planning is a highly debated one in the Muslim societies. Why is the issue related to family planning and contraception so fiercely debated in Muslim communities? What is the actual Islamic position on the issue? These questions we shall attempt to answer in the second chapter titled *Nature of Religious Opposition to Family Planning*.

It would not be out of place to emphasize here that the two chosen countries – Egypt and Iran – are Muslim countries and the followers of other religions are present there in a very small minority. Accordingly, the ‘Religious Opposition’ in these two countries effectively means ‘Islamic Opposition’. Nevertheless, the title of this chapter is so chosen in order to give a comprehensive treatment to the subject. Otherwise, how can one hope to apply these models in a different religious setting? It is purely for this reason that we have explored the actual position of family planning and contraception in other major religions as well.

It is equally important to understand the nature of states in West Asian and North African (WANA) region in general and the state of Egypt and Iran in particular. One should not miss the point that the states of this region are very different from the ‘modern democratic states’ as we are normally accustomed with. These are some of the issues that we shall deal with in the second chapter.

The third chapter titled *Family Planning in Egypt* deals with the history of family planning in Egypt since 1965, when the first family planning policy was adopted. Similarly, the fourth chapter has been titled *Family Planning in Iran* in which a historical account of the family planning in Iran has been given since its first official family planning program in 1967. In these two chapters the nature of religious opposition and the state or government's response to them are given. The ups and downs in programme-implementation are also furnished with detail. Though these two chapters sound similar superficially, the nature and magnitude of religious opposition and government's strategies to counter them, makes them remarkably unique in content. The major point of departure is that the religion's role is different in these two countries. While there is no scope of dissent in Iran it is not the same in case of Egypt. This is the single most important reason why we have decided to treat them separately instead of clubbing them together in a single chapter, as is normally the trend. Still the relevant comparisons are made elaborately in the appropriate places.

A careful look at the existing literatures brings out the uniqueness of our study. Since this research is first of its kind, it was not possible to find the literature that deals with all the dimensions of the problem. However materials on the influence of religion on fertility behaviour, the nature of religious opposition, the role of the state in family planning and the family planning programmes of Egypt and Iran were separately found. This study has been benefited by them. In order to facilitate our analysis, we have grouped them together in the following paragraphs.

The article "When Does Religion Influence Fertility", written by Kevin McQuillan and published in *Population and Development Review*, is very useful in understanding the role of religion in the fertility pattern. A special focus is given here on the role of Islam on the fertility behaviour. Another article of similar nature, "The Role of Religion in Union Formation: An Economic perspective", is written by Evelyn L. Lehrer, and published in *Population – Research and Policy Review*. A related article by the same author is "Religion as a Determinant of Economic and Demographic Behaviour in the United States", published in *Population and Development Review*.

There are some useful books that have addressed the problem of religious opposition to family planning and the role of the state in implementing these programmes. The volume titled *The New Politics of Population – Conflict and Consensus in Family Planning*, co-edited by Jason L. Finkle and C. Alison McIntosh focuses on the actors and the events that have shaped global trends in family planning policies. The authors included in this volume document the political environment and policies and programmes to promote family planning; offer country studies of policy of such transnational actors as the Catholic Church, feminist movements, and antiabortion groups.

A number of books have covered the debate on the Islamic position on family planning. In the book titled *Sex and Society in Islam – Birth Control Before the Nineteenth Century*, the author B.F. Musallam writes on the Medieval Arabic discussions of contraception and abortion in Islamic jurisprudence, among other related matters. In this book he argues that the knowledge of effective methods of birth control was also available throughout pre-modern times, in scientific and popular literature alike. In the book titled *Birth Control – Its Social, Political, Economic, Moral and Religious Aspects*, the author Sayyid Abul Ala Maududi has dealt with the question of birth control and refuted its basic concept and purpose.

For the demography and family planning programmes of Egypt and Iran mainly primary data, like *World Development Report*, *Demographic Year Book*, *World Development Indicators*, Egypt and Iran Government Reports etc. were used, which are duly enlisted in the Bibliography. For the understanding of the religious opposition and the state's policies to overcome them, some related materials are found. *Political Islam – Essays from Middle East Report* has been co-edited by Joel Beinin and Joe Stork. The essays and case studies collected here challenge the facile generalization about what Western media and political establishments regard as "Islamic fundamentalism. Gad G. Gilbar has written *Population Dilemmas in the Middle East – Essays in political Demography and Economy*. The focus of this book is the demographic developments that have occurred in the two West Asian societies, Palestinian and the Egyptian.

Before diving deep into the subject, let us first have a look at the current demographic trends in the entire WANA region. This will make it easy for us to place the two chosen countries in the correct perspective (see Table 1.1).

Table 1.1: Current Demographic Trends in Selected West Asian Countries

| | Total Population | | | Average annual population growth rate | | Dependency ratio | | Crude death rate | Crude birth rate |
|--------------|------------------|-------------|-------------|---------------------------------------|------------|------------------|------------|------------------|------------------|
| | Millions | | | (%) | | 2002 | 2002 | Per 1,000 people | Per 1,000 people |
| | 1980 | 2002 | 2015 | 1980-2002 | 20020-2015 | | | 2002 | 2002 |
| Egypt | 40.9 | 66.4 | 80.9 | 2.2 | 1.5 | 0.6 | 0.1 | 6 | 24 |
| Iran | 39.1 | 65.5 | 77.5 | 2.3 | 1.3 | 0.5 | 0.1 | 6 | 18 |
| Jordan | 2.2 | 5.2 | 6.8 | 3.9 | 2.2 | 0.6 | 0.1 | 4 | 28 |
| Kuwait | 1.4 | 2.3 | 3.0 | 2.4 | 1.9 | 0.3 | 0.0 | 3 | 2.0 |
| Lebanon | 3.0 | 4.4 | 5.5 | 1.8 | 1.2 | 0.5 | 0.1 | 6 | 19 |
| Oman | 1.1 | 2.5 | 3.4 | 3.8 | 2.2 | 0.8 | 0.0 | 3 | 2.6 |
| Saudi Arabia | 9.4 | 21.9 | 30.8 | 3.9 | 2.6 | 0.7 | 0.1 | 4 | 31 |
| Syria | 8.7 | 17.0 | 22.0 | 3.0 | 2.0 | 0.7 | 0.1 | 4 | 29 |
| UAE | 1.0 | 3.2 | 3.7 | 5.1 | 1.1 | 0.4 | 0.0 | 4 | 17 |
| Yemen | 8.5 | 18.6 | 27.3 | 3.5 | 2.9 | 0.9 | 0.1 | 10 | 41 |

Source: The World Bank, *World Development Indicators*, 2004, pp. 38-40.

Demographic Background of WANA Region

In the 1950s there was a population explosion in West Asian and North African (WANA) region, a result of high fertility and declines in the crude death rate, although infant mortality rates were still very high. In the 1960s the region had the world's highest fertility rate among developing regions, but since about 1970 fertility has been falling rapidly, and fertility rates in sub-Saharan Africa have now surpassed those in West Asia. At the same time, the infant mortality rate, which was as high as 200 per 1,000 live births in 1955, began to decline quite rapidly in 1960. By 1990 it had reached about 70 per 1,000 live births, still higher than Latin America, East Asia (which has seen the most

dramatic drop), and the developed countries but lower than South Asia and sub-Saharan Africa.

The total fertility rate for the region has gone from 7 children per woman in the 1950s to 4.8 in 1990 and is expected to decline further. As one analyst notes, "The trend has been similar to that in Latin America, albeit at a higher absolute level."¹ The fertility decline reflects in part the steep falls in Egypt, Iran and Tunisia, which are associated with an effective family planning campaign and increases in women's education and employment (see Table 1.2).

Table 1.2: Basic Demographic Indicators of WANA Countries

| Country | Annual Population Growth Rate | | Total Fertility Rate | | Contraceptive Prevalence |
|--------------|-------------------------------|------------|----------------------|------------|--------------------------|
| | 1980-96 | 1996-2010 | 1980 | 1996 | 1990-96 |
| Algeria | 1.3 | 1.9 | 6.7 | 3.4 | 51 |
| Bahrain | 4.0 | 2.3 | -- | 3.0 | 53 |
| Egypt | 2.3 | 1.6 | 5.1 | 3.3 | 48 |
| Iran | 2.9 | 1.9 | 6.1 | 3.8 | 52 |
| Iraq | 3.1 | 2.8 | 6.4 | 5.3 | 14 |
| Israel | 2.4 | 1.7 | 3.2 | 2.6 | -- |
| Jordan | 4.3 | 2.6 | 6.8 | 4.4 | 35 |
| Kuwait | 3.3 | 2.1 | 5.3 | 2.9 | 35 |
| Lebanon | 1.9 | 1.4 | 4.0 | 2.7 | -- |
| Mauritania | 6.7 | 3.7 | 6.3 | 5.1 | -- |
| Morocco | 2.1 | 1.6 | 5.4 | 3.3 | 50 |
| Oman | 4.2 | 3.8 | 9.9 | 7.0 | 9 |
| Saudi Arabia | 4.6 | 3.3 | 7.3 | 6.2 | -- |
| Syria | 3.2 | 2.3 | 7.4 | 4.0 | 40 |
| Tunisia | 2.2 | 1.4 | 5.2 | 2.8 | 60 |
| Turkey | 2.1 | 1.3 | 4.3 | 2.6 | 78 |
| UAE | 5.5 | 1.9 | 5.4 | 3.5 | -- |
| Yemen | 3.8 | 3.3 | 7.9 | 7.2 | -- |

Source: World Bank (1998); UN (1995); UNDP (1998).

¹ Deborah J. Gerner, ed., *Understanding the Contemporary Middle East*, (London: Lynne Rienner Publishers, 2000), pp. 243-44.

The Impact of Rapid Population Growth in WANA Region

For Good or ill, the peoples of WANA countries are multiplying rapidly. Only sub-Saharan Africa has a higher rate of population growth than WANA countries. Although fertility rates have fallen during the past generation, the decline in the death rate has been swifter, accelerating population growth during the past two decades. Such rates of growth may be viewed as catastrophic and problematical. A critical feature of the demography of WANA countries is the high number of young people in proportion to the total population. Most West Asians are less than 20 years old; rapidly growing populations are young populations. There are both economic and political consequences of the youthfulness of WANA populations. Here we highlight the economic consequences of such rapid population growth for the region.

The Economic Consequences of Rapid Population Growth: The principal economic effects are the implications for the quality of education and the consequences for labour markets. There is something approaching consensus among demographers that the amount of money spent per pupil is reduced by rapid population growth. But the problems that a burgeoning number of young people create for society are not limited to educational difficulties. The impact on the job market is equally profound. A rapidly expanding labour force compels the diversion of investment to providing jobs with a given amount of capital per worker. Since increasing the amount of capital per worker is typically necessary to raise worker productivity and therefore incomes, rapid population increase slows the growth of per capita incomes. Rapid population growth means that money must be spent just to create jobs, rather than to improve those that already exist or to create more productive ones. It is particularly difficult to create the entry-level jobs that the (very young) labour force requires, especially when skilled older workers are so scarce.

Population and development are related through a complex of linkages. The size and rate of growth of population determines the number of potential producers and consumers which in turn influence the economy. The sex and age composition of the population tells

us not only about the potential working population and the proportion of dependents, but also the rate of growth of labour force, and consumption and saving patterns. Similarly, the spatial distribution and movements of population in terms of level of urbanization and internal migration also have important effects on economic development. "Excepting a few small oil-rich countries, most of the region usually suffers from the problems of unemployment and under-employment as rapidly expanding labour force cannot be absorbed by their under-developed and dependent economies."²

A Comparative Demographic Profile of Egypt and Iran

Egypt. The total area of Egypt is 1,002,000 sq km, but more than 90% of the country is desert.³ With no forested land, and hardly any permanent meadows or pastures, the arable land available is greatly overcrowded. Relating the population, numbering 38.2m. at the 1976 census, to the inhabited area (about 35,200 sq km), a density of 1,085 persons per sq km gave 5.7 persons per acre of arable land, representing one of the highest person/land ratios in the world. Since then, the root of Egypt's poverty has remained the rapid rise in the population, of 2.8% per year between 1976 and 1986, which added about 1.3m. people per year. According to the results of the 1986 census, the population had risen to 48.2m., and only 4% of the land area was occupied. The average annual rise in population in the 1980s was 2.4% and World Bank figures estimated an average annual rate of increase in population of 2.0% during 1990-2002. The census of December 1996 recorded a permanently resident Egyptian population of 59,312,914 (see Table 1.3). According to official estimates, this population had risen to over 68.6m. by January 2004, with another 1.9m. Egyptians living overseas. Family planning has been heavily promoted by the Government since the establishment of a National Population Council in 1985. An estimated 48% of families were practicing contraception in 1992, when the average number of births per mother fell below four for the first time since records have

² Alan Richards and John Waterbury, *A Political Economy of the Middle East: State, Class and Economic Development*. (Westview Press, Boulder, 1990), p. 93.

³ World Regional Survey, *The Middle East and North Africa-2005*, 51st edition, (London: Europa publication, 2005), p. 406.

been kept. The Government's long-term aim is to extend the practice of contraception to 70% of Egyptian families by 2010.⁴

Table 1.3: Area and Population of Egypt

| | |
|---------------------------------------|------------|
| Area (sq km) | 1,002,000 |
| Population (census results) 1986 | 48,252,238 |
| Population (census results)1996 | 59,312,914 |
| Population (official estimates)2003 | 67,313,045 |
| Population (official estimates) 2004 | 68,648,489 |

World Regional Survey, *The Middle East and North Africa-2005*, 51st edition, (London: Europa publication, 2005), p. 352.

Iran. At the census of November 1966 the population of Iran was recorded as 25,788,722.⁵ Of this total, about 9.8m. were urban residents. The November 1976 census enumerated a total population of 33,708,744, and the October 1986 census recorded 49,445,010 inhabitants (including 2.6m. refugees), of whom 26,844,561 resided in urban areas, an increase of 70% since 1976. In early 1992 the Statistical Centre of Iran reported that the population had increased by almost 40% since 1979, to more than 58m. The rate of growth in urban areas was twice that recorded in rural areas. The population of Tehran was reported to have more than doubled since the late 1970s, exceeding 10m. According to the 1996 census, the population of Iran (in October of that year) was 60,055,488, of whom 61.3% were urban dwellers. Iran's average annual population growth rate decreased from 2.5% during 1986-92 to 1.5% during 1992-97. The population increased at an average rate of 1.6% in 1990-2002 (see Table 1.4). The population was officially estimated at 66,479,838 at mid-2003. It was estimated that by 2025 some three-quarters of Iran's population would be living in cities. Much of the Iranian population is

⁴ World Regional Survey, n. 3, p. 335.

⁵ *ibid*, p. 406.

concentrated in the fertile northern areas of the country, while the central desert lands are sparsely populated.⁶

Table 1.4: Area, Population and Density of Iran

| | |
|--|------------|
| Area (sq km) | 1,648,043 |
| Population (Census results) | |
| 1 October 1991 | 55,837,163 |
| 25 October 1996 | |
| Males | 30,515,159 |
| Females | 29,540,329 |
| Population (Official estimate at mid-year) | |
| 2001 | 64,528,162 |
| 2002 | 65,540,224 |
| 2003 | 66,479,838 |
| Density (per sq km) at mid-2003 | 403 |

Source: World Regional Survey, *The Middle East and North Africa-2005*, 51st edition, (London: Europa Publication, 2005), p. 439.

Table 1.5: Size of the Economy of Egypt and Iran

| | Population | Surface area | Population density | Gross national income | Gross national income | Gross domestic product | |
|-------|------------|-----------------|--------------------|-----------------------|-----------------------|------------------------|---------------------|
| | Millions | Thousand sq.km. | People per sq.km. | \$billion | per capita \$ | % growth | Per capita % growth |
| | 2002 | 2002 | 2002 | 2002 | 2002 | 2001-2002 | 2001-2002 |
| Egypt | 66 | 1,001 | 67 | 97.6 | 1,470 | 3.0 | 1.1 |
| Iran | 66 | 1,648 | 40 | 112.9 | 1,720 | 6.7 | 5.1 |

Source: The World Bank, *World Development Indicators*, 2004, p. 14-15.

⁶ World Regional Survey, n. 3, p. 406.

Family Planning in Egypt: A Brief Introduction

Earlier than most societies in West Asia, Egypt faced the prospect of demographic constraints and the need to adopt a policy slowing the rate of population growth, namely a birth control policy. Egypt was the first Arab country in West Asia to adopt a family planning policy. The application of this policy began in December 1965, when the Egyptian government set up the Supreme Council for Family Planning. From then on, family planning policy underwent major changes. Generally, three stages are discernible: 1965-72, 1973-84, and 1985 onward. The difference between these periods lay mainly in orientation regarding the application of the policy and in the means that were utilized.

In the first stage a direct, supply-oriented approach was adopted. The policy makers used this approach during the latter part of Nasser's rule. This approach held that it was possible to bring about a rapid decrease in fertility rates in developing countries by supplying the population with inexpensive contraceptives and readily available abortion services. While the Egyptian government rejected the abortion component, demographic-policy makers in the second half of the 1960s adopted the premise that easy access to the necessary information and to contraceptives would prompt married couples to practice family planning.

However, the authorities were aware from the start that the supply approach alone was insufficient in order to bring about a change in the fertility rate, and that a change in the demand for family planning services was also needed. The demand approach held that in societies where traditional values prevailed among large sectors of the population, concerted efforts had to be made to convince couples of the inherent advantages of having a small family. In Egypt, as in other Islamic states, most *ulama* and most of the lower strata of society were opposed to antinatalist policy.⁷

⁷ Gad G. Gilbar, *Population Dilemmas in the Middle East -- Essays in Political Demography and Economy*, (London: Frank Cass, 1997), p. 116.

Following the introduction of family planning, the authorities made an attempt to weaken the influence of traditional norms that encouraged high fertility. Distinguished religious figures were persuaded to publish learned opinions asserting that family planning did not contradict Islamic law and that using birth control was not a religious offense.

In the second stage an indirect approach was adopted. There was a slow, albeit undeclared, withdrawal from the direct, supply-oriented approach which occurred during the first years of Sadat's rule. The motif of the indirect approach was "development is the best contraceptive." According to this approach, reduction of fertility would be achieved as a by-product of extensive social and economic development. While family planning services would be expanded, this aspect was no longer the focus of the antinatalist policy.⁸

The shift from a direct to an indirect approach in the 1970s had a largely political motivation. Sadat, wishing to broaden support for his regime, made efforts to establish new relationships with Islamic movements in Egypt during this period, especially with the Muslim Brethren. These efforts, in Sadat's view, necessitated adopting an indirect approach to the reduction of fertility, that is, a policy that would not conflict with the position of the Muslim Brethren on reproduction.

With the abrupt halt in the growth of the Egyptian economy in the mid-1980s, hardship due to population increase intensified. It was clear that the indirect approach could no longer be pursued and that a pronounced change, which would achieve actual results, were required. Thus in the third stage a demand-oriented, direct approach was adopted. In this stage family planning policy was given high priority on the national agenda. While it had been on the fringes of socioeconomic policy under Nasser and Sadat, it became a central policy issue in the second half of the 1980s and the early 1990s. While supply was to be improved, increasing demand received the highest priority. Despite intensive efforts

⁸ Nader Fergany, "The Development of National Population and Family Planning Policy in Egypt," UN, Economic Commission for Western Asia, *First Regional Population Conference*, Beirut, 1974, p. 1.

to bring about lower fertility rates, family planning policy during the third stage remained non-coercive and soft. The policy was completely voluntary, without any element of direct or indirect coercion and without either negative or positive incentives, however pronatalist elements were still remained in government policy, both directly and indirectly.

Mubarak did not employ more radical measures in the third phase because for years his regime had been walking a tightrope with regard to its relationship with the Islamic opposition. The government also knew that the lower strata of Egyptian society perceived family planning as working against their interests and basic needs. The government, for its part, was ineffective in convincing the masses of rural and urbanized fellahin that having a small family could improve their own personal position.

Mubarak, as his predecessors in office ever since the Free Officer's Revolution, failed to elicit grass-roots support for the social and economic goals of the regime. Such a development might have counterbalanced the influence of the Islamic organizations on the issue of the population problem. However, in light of the struggle between the government and the radical Islamic movements, it would appear that Mubarak knew better than his critics how far the government could go in implementing family policy.

Considering the restrictions with which the government contended, therefore, the sharp drop in fertility rates should be regarded as a significant achievement. One statistic commonly cited as evidence that population growth is no longer a pressing policy concern is the declining fertility rate. Egypt's total fertility rate (TFR) has fallen from 7.2 children per woman in the early 1960s to 3.4 in 1998. United Nations population projections suggest that the TFR in Egypt will decrease to three children in the 2000-2005 period and to two children by 2020-2025.⁹

⁹ www.rand.org/publication/lp/lp183/. Accessed on 29th October, 2005.

Family Planning in Iran: A Brief Introduction

Two major researches occurred in 1966 that brought the need for family planning to the attention of the Iranian government. The first was a fertility study conducted in four regions of Iran by the Institute for Social Studies and Research, University of Tehran.¹⁰ The second was the Iranian Census of 1966. Since the latter was the second national census, population growth was rapidly apparent and demographers calculated a growth rate near 3 percent. The fear of population explosion was so great that the government launched its first official family planning programme in 1967¹¹ with the aid of the Population Council in the United States, and a family Planning unit was established under the auspices of the Ministry of Health.¹²

In 1973, the Pahlavi regime legalized abortion during the first trimester of pregnancy, with permission of the husband. Through a network of family planning clinics, the Ministry of Public Health made contraceptives available. The national women's organization, along with other associations, promoted and distributed contraceptives. Devices and techniques such as the IUD, tubal ligation, and vasectomy were introduced but, given the over all lack of resources, the pill became by default the contraceptive of choice.

There was already considerable demand, particularly among urban middle-income groups dissatisfied with traditional methods. Though there was little effort to extend family planning to the rural population, nationally an estimated 11 percent of women of childbearing age used some form of contraceptive.¹³ Despite considerable improvement

¹⁰ J. C. Chasteland and Mehdi Amani, F. Aminzadeh, H. Khazaneh, A. Moezi and O. Puech, *Etude Sur la Fecondite et Quelques Caracteristiques D'Iran* (Tehran: Institute for Social Studies and Research, University of Tehran, 1968, cited in Das, Man Singh, ed., *The Family in the Muslim World*, (New Delhi: M. D. Publishers, 1991), p. 103.

¹¹ Man Singh Das, ed., *The Family in the Muslim World*, (New Delhi: M. D. Publishers, 1991), p. 104.

¹² A.M. Sardari, "Family Planning in Iran," *The Journal of Medical Education*, 44, Part2, (November, 1969).

¹³ Akbar Aghajanian, "Population Change in Iran, 1966-86: A Stalled Demographic Transition?", *Population and Development Review*, 17 (1991), p. 708.

in the GNP and per capita income, infant mortality remained very high due to the inequitable distribution of public services. But several changes were introduced to improve women's status both within the family and in the public arena, including efforts to include women in the labour market. The legal age of marriage for women was increased to eighteen, and in 1975 marriage and divorce law was reformed to limit men's arbitrary right to divorce and to enter into polygamous marriages.¹⁴ Although implementation was problematic, the symbolic value of these moves was considerable, and conveyed to women and to the general public that women's rights were officially recognized.

With the establishment of the Islamic regime, in 1979, the family planning programme fell into disarray. The new regime did not formulate an explicit population policy. Many conservative leaders continued to insist that contraceptive devices had been developed by Western powers in order to subjugate oppressed nations and to limit the number of Muslims. The government officially encouraged early and universal marriages and further lowered the minimum age for marriage. Contraceptives became difficult to obtain, as the stock of modern devices, primarily imported, was soon depleted. The side effects of contraceptive pills on women's health became a popular subject of discussion, particularly in women's religious gatherings where issues of marriage and family are traditionally discussed.¹⁵ Consequently, Iran's fertility level, not surprisingly, increased immediately after the revolution.

A national survey in 1986 estimated Iran's population at over fifty million, which had a considerable impact on the government. The high birthrate and increase in population, together with the depressed economy, placed considerable demands on the government. The government of the oppressed, as it portrayed itself, had committed itself ideologically and constitutionally to the provision of basic amenities and equal

¹⁴ Eliz Sansarian, *The Women's Rights Movement in Iran: Mutiny, Appeasement and Repression from 1900 to Khomeini*, (New York: Praeger, 1982), p. 96.

¹⁵ Anne Betteridge, "The Controversial Vowes of Urban Muslim Women in Iran," in N. A. Falk and R. M. Gross, eds., *Unspoken Worlds: Women's Religious Lives in Non-Western Cultures*, (New York: Haper and Row, 1980).

opportunity in order to move toward a just Islamic society. The leadership was also conscious that Iranian politics is made in the major cities, where shortages and failure to meet basic needs could have severe consequences.

Pressure from more enlightened segments of the religious and political leadership resulted in an explicit pronouncement that the use of pills and other contraceptives, which would temporarily stop the creation of a fetus, was not *haram* (prohibited). The announcement, justified in theological terms, paved the way for the reformulation of population policies over the next few years.

By 1988, the question of overpopulation and its danger, on the national and international scale, had found its way into the political speeches of various leaders. After Ayatollah Khamenei discussed the necessity of introducing family planning in a Friday sermon, the government issued a national birth control policy, which Ayatollah Khomeini ratified shortly before his death in 1989. A Board of Family Planning directly under the control of the Minister of Health, started its activities at once.¹⁶

The Islamic Republic has achieved considerable success in convincing the population to accept and practice family planning through a powerful consensus-building campaign and by establishing an effective network to provide affordable and reliable contraceptive means.¹⁷ Iran's population growth rate has dropped from an all-time high of 3.2 percent in 1986 to just 1.2 percent in 2001, which is one of the fastest drop ever recorded. From 1986 to 2001, Iran's total fertility has plummeted from 7 to less than 3. The United Nations projects that by 2010 total fertility of Iran will drop to 2, which is the replacement level fertility.

¹⁶ Homa Hoodfar, "Devices and Desires: Population Policy and Gender Roles in the Islamic Republic", in Joel Beinin and Joe Stork, eds., *Political Islam – Essays from Middle East Report*, (London: I. B. Tauris Publishers, 2003) , p. 222.

¹⁷ *ibid*, p. 223.

Table 1.6: Mortality in Egypt and Iran, 1980-2002

| | Life Expectancy at birth | | Infant mortality rate | | Under-five mortality rate | | Child mortality rate Per 1,000 | | Adult mortality rate Per 1,000 | | Survival to age 65 % of cohort | |
|-------|--------------------------|------|-----------------------|------|---------------------------|------|--------------------------------|-----------|--------------------------------|-----------|--------------------------------|--------|
| | Years | | Per 1,000 live birth | | Per 1,000 | | Male | Female | Male | Female | Male | Female |
| | 1980 | 2002 | 1980 | 2002 | 1980 | 2002 | 1997-2002 | 1997-2002 | 2000-2002 | 2000-2002 | 2002 | 2002 |
| Egypt | 56 | 69 | 118 | 33 | 173 | 39 | 15 | 16 | 210 | 147 | 69 | 75 |
| Iran | 58 | 69 | 92 | 34 | 130 | 41 | -- | -- | 170 | 139 | 71 | 75 |

Source: The World Bank, *World Development Indicators*, 2004, pp. 108,109.

Table 1.7: Urbanization in Egypt and Iran, 1980-2002

| | Urbanizations | | | | Population in urban agglomeration of more than 1 million | | | Population in largest cities | | Access to improved sanitation facilities | | | |
|-------|---------------|------|-----------------------|------|--|------|------|------------------------------|------|--|------|-----------------------|------|
| | Millions | | % of total population | | % of total population | | | % of urban population | | % of urban population | | % of rural population | |
| | 1980 | 2002 | 1980 | 2002 | 1980 | 2000 | 2015 | 1980 | 2001 | 1990 | 2000 | 1990 | 2002 |
| Egypt | 17.9 | 28.4 | 44 | 43 | 23 | 23 | 24 | 38 | 35 | 96 | 100 | 79 | 96 |
| Iran | 19.4 | 42.9 | 50 | 65 | 21 | 23 | 24 | 26 | 17 | -- | 86 | -- | 79 |

Source: The World Bank, *World Development Indicators*, 2004, pp. 152-153.

Role of the State in Family Planning

Some demographers have recently begun to argue that Islam and women's status hypotheses provide only partial explanation of health and fertility behaviour. The subordinate status of women is not so much a function of Islam as that of the peasant way of life. The importance of family life, the social and economic pressures to bear sons, and

the strict control of women's sexuality are found in most peasant societies, whether Muslim or non-Muslim.¹⁸ As most of the West Asian societies are in the process of development and change, issues like status of women and national identity are truly problematic. Related issues, such as whether or not the government should promote family planning and to what extent, reflect dilemmas of national development in these societies. Viewed from this perspective, the way in which political elites articulate their ideology of development in relation to Islam is a crucial determinant of differences in the status of women.¹⁹ "In more concrete terms, state policy towards such issues as family planning and education, employment and equal status for women is crucial in affecting fertility levels."²⁰

Although only a few WANA countries have vigorously pursued family planning programmes, the results have not been disappointing. In Tunisia, for example, largely due to these programmes, the percentage of teenage women who were married fell from 43 per cent in 1956 to only 6 per cent in 1975. Similar, although less dramatic, decline occurred in Egypt and Turkey.²¹ In recent years, Iran has made considerable progress in this field.

In terms of state policy towards family planning programmes, the WANA countries can be divided into three categories.²² (1) pro-natalist regimes, i.e., countries which want to increase their populations and hence, are not very enthusiastic about family planning programmes (all GCC countries and Iraq); (2) countries that are vigorously pursuing family planning programmes with varying results (Egypt, Iran, Israel, Tunisia, Morocco, Turkey, Yemen); and (3) countries that have no stated population policy. The very young populations of these countries also require increasing amount of money to be spent on education which most of the WANA countries are trying very hard to do.

¹⁸ Richards, n. 2, p. 88.

¹⁹ Carla Makhlouf Obermeyer, "Islam, Women, and Politics: The Demography of Arab Countries", *Population and Development Review*, 1992, vol. 18, no. 1, p. 35.

²⁰ Prakash C. Jain, *Population & Society in West Asia: Essays in Comparative Demography*, (N. Delhi: National Publishing House, 2001), p. 9.

²¹ Richards, n. 2, p. 89.

²² Jain, n. 20, p. 10.

The New Politics of Population

For most of human history, the politics of population has rested on the assumption that population size and growths are essential determinants of national power and economic strength. To be sure, fear of overpopulation has surfaced from time to time, especially among scholars, but in the past these episodes barely disturbed them.

But today, population politics has been transformed as governments everywhere have come to see rapid population growth in Third World countries as an obstacle to development and have laid aside the old beliefs. "In a major shift of emphasis, the old politics of population has been replaced by the politics of family planning."²³

In most of the developing world, the subject of the population policy debate no longer centers on whether family planning programmes should be established and promoted, but how such programmes are to be implemented. While at first glance these issues may appear to be less incendiary than international rivalries, recent experience has demonstrated that the control, direction, and objectives of family planning policy and programmes can engender a lot of controversy.

What is it about family planning programmes that make them such targets of disputation? The intimate connections between family planning and sex, reproduction and the family have always made attempts to influence fertility behaviour a sensitive – if not volatile – issue.

The controversies over family planning are especially acute because almost all programmes are run by governments, or receive government approval and support, and government actions and motives seldom enjoy the confidence of the community.²⁴

²³ Jason L. Finkle, and C. Alison McIntosh, eds., *The New Politics of Population – Conflict and Consensus in Family Planning*, (U.S.A.: The Population Council, 1994), p. 3.

²⁴ *ibid*, p. 4.

Before concluding this introductory chapter we give below the list of **Hypotheses** that we had formulated before actually starting our research; a report on the test of these hypotheses has been given in the last chapter:

1. Religion is a dominant opposing force to the family planning programmes.
2. The vagueness in Islamic position and the pressing need of population control, have resulted in the conflict regarding family planning.
3. The state plays the major role in implementing the family planning programmes.
4. Religion's role is different in Egypt and Iran; while there is no scope of dissent in Iran, it is not so in case of Egypt.
5. Despite religious opposition, Egypt and Iran have achieved considerable success in implementing the family planning programmes.

Conclusion

In this introductory chapter, we have laid the foundations on which we shall develop our further study. We have observed that the West Asian region is facing the impact of high population growth. The increasing number of population is posing heavy demands on the state. There are serious political and economic consequences of population explosion. Some countries like Egypt and Iran among others have fully realized the gravity of the situation and have thus pursued the policy of family planning quite vigorously despite certain constraints. We have also seen that the state has a big and overpowering role to play in the field of family planning. The problem of population generally gives rise to a lot of politics. In West Asia, this politics is further intensified because of the Islamic dimension. We have also made a comparison between the demographic indicators of Egypt and Iran and have seen why it is suitable to study them as examples in order to find out the role of the state in overcoming the religious opposition to family planning. With this background in mind we shall proceed with our study in the coming chapters.

Chapter 2

Nature of Religious Opposition to Family Planning

What is the nature of religious opposition to Family Planning? Is every religion opposed to family Planning? Is Islam in particular opposed to Family Planning? These are some of the questions that are addressed in this chapter. There are two dimensions to this problem – the group opposition, and the individual opposition. The family planning programmes and policies, in the first place are implemented by the state or government only when they are able to overcome the dominant political voices opposing such policies. This is only the first step and the actual implementations of such programmes are possible only when the individuals accept them. As matters related to the contraception are purely private ones and cannot, in the wildest imagination, be enforced under the iron-hand of the state, the individual's response and his/her psychology and belief-systems have a very important role to play. This, one can understand only when the ideas related to the influence of religion on fertility behaviour is clear. This topic is dealt with in a sub-section of this chapter. In Egypt's case, the group-opposition to family planning is very dominant. There is a scope of political dissent in this country and as such the Muslim Brotherhood, which is a puritanical Islamist group, came time and again in the way of successful implementation to the government's family planning programmes. Mubarak had fully realized the dire need of implementing such programmens in order to make the required economic progress. Despite that, he had to take a very cautious approach due to the political compulsions, as we shall see in Chapter 3.

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Unlike Egypt, Iran, which claims to be an Islamic state, does not give much scope to political dissents. Still it had hard time in implementing its own version of family planning programme when it actually came to terms with the reality in the later part of 1980s. The same Quran and *Hadith*, which were earlier quoted to oppose such policies, were now quoted in support of family planning. This was a very complex situation and the feat could not be made possible unless there was a wide campaign to convince the individuals to buy these logics. The theoretical approaches to understanding religion



throws some light in solving the puzzles related to individual's beliefs and his relation with the state. This is dealt with in this chapter as also the political implications of population change which is so vital to understand the changing character of family planning in Egypt and Iran.

When Does Religion Influence Fertility?

Religious affiliation as a determinant of demographic behaviour was once at the forefront of demographic research, especially in studies of differential fertility. Particular attention was paid to the high fertility of Catholic populations in countries such as United States. But with the changes that swept through Catholic communities in many industrialized societies in the wake of the Second Vatican Council¹, Catholic fertility patterns came to resemble more closely those of other major religious denominations. Not surprisingly, with the narrowing of interest among religious groups came withering of interest among demographers in understanding the sources of religious influence on demographic behaviour.

Several recent developments in the field would seem to justify renewed interest in this old question. The empirical findings of the Princeton studies² of the decline of fertility in Europe helped touch off a wave of interest in ascertaining how cultural beliefs and practices, including religious ones, influenced the fertility transitions in Europe and

¹ The second Vatican Council brought together leaders of the Catholic faith in four sessions held between 1962 and 1965. The Council resulted in far-reaching changes in the organization and practices of the Roman Catholic Church and is widely seen as having opened the door to new attitudes and behaviour among the faithful. Not surprisingly, with the narrowing of fertility differences among religious groups came a withering of interest among demographers in understanding the sources of religious influence on demographic behaviour. See, Charles F. Westoff, and Elise F. Jones, "The end of Catholic Fertility", *Demography* 16, (1979), pp. 209.

² Barbara A. Anderson, "Religional and cultural factors in the decline of marital fertility in Europe", in A.J. Coale and S.C. Watkins, eds., *The Decline of Fertility in Europe*. (Princeton: Princeton University Press, 1986), pp. 293-313. Also see, Ron Lesthaeghe, and Chris Wilson, "Modes of Production, secularization, and the pace of the fertility decline in Western Europe, 1870-1930," in A. J. Coale and S.C Watkins, eds., *The Decline of Fertility in Europe*, (Princeton: Princeton University Press, 1986), pp. 261-92. Also see Kevin McQuillan, "Culture, Religion, and Demographic Behaviour: Catholics and Lutherans in Alsace, 1750-1870", (Montreal and Kingston: McGill-Queen's University Press, 1999).

elsewhere. Another source of interest in religion centers on fertility patterns in the Muslim world. Countries with large Muslim populations have been generally slower to experience fertility decline, and they figure prominently among the shrinking number of societies that continue to experience high rates of fertility.³ Yet considerable disagreement surrounds the role Islam plays in the fertility patterns of these societies⁴, reflecting, in part, the difficulty demographers have had in conceptualizing the influence of religion on demographic behaviour. It thus seems opportune to revisit the question of religion and fertility in the light of a generation of new theoretical and empirical work.

It is argued that Islam is not only a philosophical doctrine but also a way of life which is strictly observed by its followers, and as such it gives rise to some behavioural correlates which eventually affect fertility. It is suggested that Islam does not share the ascetic ideals of other religions, has a generally positive attitude toward sexual enjoyment within marriage, and encourages all believers to marry. Therefore, patterns of marriage, polygamy and divorce are considered important factors affecting fertility. The major issues that emerge in this context are whether early and multiple marriages and frequent divorces create conditions that are conducive to high fertility.⁵

However the empirical evidence does not support much of this explanation. Islamic societies are not monolithic; they operate in diverse regional, economic, social and political contexts. Contrary to popular belief, the practice of early marriage is not universal in Islamic countries. Studies suggest that on average only about one young woman out of three is married before her nineteenth birthday. The level of polygyny also

³ John C. Caldwell, "The globalization of fertility behaviour," in R.A. Bulatao and J.B. Casterline, eds., *Global Fertility Transition*, Supp. To *Population and Development Review*, vol. 27, 2001, pp. 409-37. Also see United Nations, *World Population Prospects: The 2002 Revision*. Volume 1. (New York: United Nations, 2003).

⁴ Calvin Goldscheider, "Religious values, dependencies, and fertility: Evidence and implications from Israel," in R. Leete, ed., *Dynamics of Values in Fertility Change*, (Oxford: Oxford University Press, 1999), pp. 310-30.

⁵ Prakash C. Jain, *Population & Society in West Asia: Essays in Comparative Demography*, (N. Delhi: National Publishing House, 2001), p. 8.

differs from society to society from as low as 1 or 2 per cent in Damascus or Cairo, to probably no more than 10 per cent in some other Arab countries. ⁶

Theoretical Approaches to Religion

The starting point for addressing the role of religion is the classic analysis by Calvin Goldscheider⁷, whose ideas still represent the point of departure in studies of religious differences in demographic behaviour⁸. Goldscheider focused on fertility and critically assessed past approaches to understanding the role of religion while adding several ideas of his own, ideas that have proven influential in subsequent empirical research. He argued that attempts to explain the influence of religion commonly relied on one of two arguments. The first, which he labeled the “characteristics approach,” maintained that the association between religious affiliation and fertility was often spurious. The higher fertility of certain religious groups could be accounted for by the groups’ socioeconomic characteristics. Thus, controlling for such variables as education, income, and place of residence would reveal that the role of religion was apparent rather than real. As groups came to resemble one another on these dimensions, religious differentials in fertility would begin to disappear. But what if the association between religious affiliation and fertility persists even after taking account of the groups’ differing socioeconomic profiles? In that case, Goldscheider suggested, demographers would resort to a second approach that he called the “particularized theology” hypothesis. The essence of this perspective was that the demographic behavior under investigation – almost invariably, the higher fertility of a religious group – could be accounted for by the teachings of the denomination on questions related to childbearing. Thus, for example, the higher fertility of American Catholics was seen as a consequence of Church teachings that forbade Catholics to use artificial means of contraception.

⁶ M. Ghallab, “Population Theory and Policies in the Islamic World, in J. Clarke, ed., *Geography and Population*, (Oxford: Pergamon Press), 1984, pp. 232.

⁷ Calvin Goldscheider, *Population, Modernization, and Social Structure*, (Boston: Little, Brown and Company, 1971) as cited in Kevin McQuillan, “When Does Religion Influence Fertility?”, *Population and Development Review*, vol. 30, no. 1, March, 2004, pp. 25-56.

⁸ Victor Agadjanian, “Religion, social milieu, and the contraceptive revolution,” *Population Studies*, vol.55, 2001, pp. 135-48.

Goldscheider was rightly critical of the particularized theology approach describing it as “superficial” and “inadequate”. In his 1971 book and in subsequent work⁹, he suggested that two other lines of inquiry were likely to be more fruitful in understanding religion’s role in influencing demographic behaviour. In the first instance, he urged demographers to expand their view of religion beyond specific teachings related to fertility control and to include “the total content of the social organization, of which the particular theology is but one part and often not the most significant”¹⁰. In his more recent empirical work, which has examined the fertility patterns of religious groups in Israel, Goldscheider has directed attention to what he terms “broadly based norms of family control and gender relationships”¹¹.

In addition to a broader examination of the social organization of religious groups, Goldscheider also argued for attention to the social status of the religious communities being studied. In particular he suggested that minority-group status might play an important role in shaping the demographic patterns of a religious or ethnic group. Drawing mostly on social psychological literature from the 1950s and 1960s, he argued that minority groups often face barriers to full social and economic integration into the dominant society, and that one way to limit the effect of these barriers to achievement was to reduce fertility.

To be sure, this explanation would not cover all minority groups. Those groups that preferred separation from the larger society or that were committed to norms emphasizing large families or prohibiting fertility control might well exhibit fertility rates higher than those of the majority. In general, though, he expected that minority groups would be characterized by fertility rates below those of the society in which they were located.

⁹ Calvin, Goldscheider, and William D. Mosher, “Patterns of contraceptive use in the United States: The importance of religious beliefs,” *Studies in Family Planning*, vol.22, 1991, pp.102-115. Also see, Calvin, Goldscheider, “Religious values, dependencies, and fertility: Evidence and implications from Israel,” in R. Leette, ed., *Dynamics of Values in Fertility Change*, (Oxford: Oxford University Press, 1999), p.310-30.

¹⁰ Kevin McQuillan, “When Does Religion Influence Fertility?”, *Population and Development Review*, vol. 30, no. 1, March, 2004, pp. 26.

¹¹ *ibid*, pp. 26.

Although more than 30 years have passed since Goldscheider's initial work in this area, the framework he proposed and later elaborated still provides a good foundation for addressing the role of religion in demography.

The Sources of Religious Influence

Religion and values: It is hardly surprising that discussions of religion's influence on demographic behaviour often begin with the role of values. More than most other social institutions, religions have elaborated moral codes that are meant to guide human behaviour, and many of the great religious traditions have given special attention to issues of sexuality, the roles of men and women, and the place of the family in society.

In considering the role played by religious ideas, one needs to distinguish between two categories of values: relatively specific norms or rules that need to regulate behavior that is directly connected to the proximate determinants of fertility, and broader values or principles whose effect on fertility is indirect. The first category consists of the teachings that Goldscheider identified as the concern of the "particularized theology" approach. Broadly speaking, specific rules designed to directly influence the proximate determinants of fertility are most typical of the religions of the book: Judaism, Christianity, and Islam. Attention has focused on the teachings of these religions regarding the use of contraception and abortion, the most significant proximate determinants in many societies.

All three religious traditions have supported restrictions on at least some of these practices. The Roman Catholic Church is undoubtedly the clearest, at least at the level of official doctrine, in forbidding most form of contraception and any recourse to abortion.¹² Other Christian denominations have gradually moved toward more relaxed views on the issue of contraception, although a number maintain strong opposition to the practice of

¹² John T. Noonan, *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists*, (Cambridge, M.A.: Belknap Press of Harvard University, 1986).

abortion.¹³ A similar process has occurred in Judaism, with only Orthodox groups continuing to uphold restrictions on the practice of both sterilization and abortion.¹⁴

Judaism, Christianity, and Islam have a common origin and share many religious assumptions. Their attitudes and laws, whether they agree or diverge, always shed light on one another. Because it permitted birth control, the Islamic attitude is of unique significance for understanding the nature of religious reaction to the problem within the broad Jewish-Christian-Muslim Mediterranean tradition.

Islamic teaching on these questions has been marked by both controversy and evolution. But the absence of a clear religious hierarchy in the faith has meant there is no universally supported view on many of these issues. There is broad agreement in recent scholarship that Islam is generally supportive of family limitation¹⁵, although opposition to abortion and to at least some forms of contraception, particularly sterilization, has been expressed by many Islamic leaders. A puzzling aspect of the debate concerns the difference between the teaching of Islamic leaders and scholars and the perceptions of the Muslim faithful. While analyses of religious writings and even surveys of religious leaders suggest general approval of fertility control, surveys in several Muslim populations nevertheless find that men and women frequently give religious reasons for not practicing contraception.¹⁶ These findings point to the importance of examining both

¹³ Harmon L. Smith, "Contraception and natural law: A half-century of Anglican moral reflection," in P. Elman, ed., *The Anglican Moral Choice*, (Wilton, C.T.: Morehouse-Barlow, 1983), pp. 181-200.

¹⁴ Asa Kasher, "Jewish ethics: An orthodox view." In S.C.Crawford, ed., *World Religions and Global Ethics*, (New York: Paragon House, 1989). Also see John Simons, "Religions, Population: Doctrines of," in Paul Demeny and Geoffrey McNicoll, eds., *Encyclopedia of Population*. Volume 2. (New York: Macmillian Reference USA, 2003).

¹⁵ Joseph Chemic, *Religion and Fertility: Arab Christian – Muslims Differentials*, (Cambridge: Cambridge University Press, 1981). Also see Homa Hoodfar, and Samad Assadpour, "The politics of population policy in the Islamic Republic of Iran," *Studies in Family Planning*, vol.31, 2000, pp.19-34. Also see Carla Makhoul Obermeyer, "Islam, women, and politics: The demography of Arab countries," *Population and Development Review*, vol.18, 1992, pp.33-60. Also see Abdel R. Omran, *Family Planning in the Legacy of Islam*, (London and New York: Routledge, 1992).

¹⁶ John C. Caldwell and Barkat-e-Khuda, "The first generation to control family size: A microstudy of the causes of fertility decline in a rural area of Bangladesh," *Studies in Family Planning*, vol.31., 2000, pp. 239-251. Also see, Carol Underwood, "Islamic precepts and family planning: The perceptions of Jordanian religious leaders and their constituents," *International Family Planning Perspective*, vol.26, 2000, pp.110-117. Also see John B. Casterline, Zeba A. Sathar, and Minhaj ul Haque, "Obstacles to contraceptive use in Pakistan: A study in Punjab," *Studies in Family Planning*, vol.32, 2001, pp. 95-100.

the "official" positions of a faith on such issues as contraception and the perceptions of those teachings among the faithful.

The concern with formulating moral directives regarding sexuality and procreation in these three traditions contrasts with the approach of the major Asian religions. While there is a rich tradition of ethical analysis in religions such as Buddhism and Hinduism, these faiths have not developed the formal, often hierarchical structures that characterize the scripture-based religions, nor have they attempted to articulate codes of conduct that serve as religious law for adherents. Rather, the ethical reflections have been seen as advice to followers of the faiths, who are nevertheless considered responsible for their own conduct. Leading thinkers in the Hindu and Buddhist traditions have expressed concern about practices in the area of reproduction, especially regarding abortion¹⁷, but this has not led to explicit rules forbidding recourse to abortion nor to any sense that those who seek or perform abortions should face punishment. As a result, the major Asian religions imposed little if any constraint on the rapid diffusion of contraception and abortion once the motivation to control fertility spread through Asian populations.¹⁸

Analyses of the relationship between religion and fertility may have paid too much attention to the role of values. As Goldscheider and others have argued, the mere existence of religious teachings on such issues as sexuality, contraception, and the value of children do not inevitably lead to a particular pattern of fertility. Yet values are the essential starting point for any explanation of religious differences, because fertility differentials among religious groups that are not tied to variations in their religious beliefs are likely to be the result of differences in their socioeconomic situation, and thus do not constitute examples of a true religious effect. In that sense, values are a necessary though not sufficient basis for religion to serve as a determinant of fertility. The task for demographers is to identify the elements of religious teachings that may influence

¹⁷ Cromwell S. Crawford, "Hindu ethics for modern life," in S.C.Crawford, ed., *World Religions and Global Ethics*, (New York: Paragon House, 1989), pp. 5-35. Also see P.D.Premasire, "Ethics of the Theravada Buddhist tradition," in S.C.Crawford, ed., *World Religions and Global Ethics*, (New York: Paragon House, 1989), pp.36-64.

¹⁸ John Knodel, Alphichat Chamrathirong, and Nibhon Debavalva, *Thailand's Reproductive Revolution*, (Madison: University of Wisconsin Press, 1987).

fertility and to trace the pathways that lead from these values to the proximate determinants of fertility.

The Role of Religious Institutions: What allows religious values to play a pivotal role in some settings but not in others? Religious values are most likely to matter when religious institutions have the means to communicate values to their members and to institute mechanisms to promote compliance and punish nonconformity. The institutional influence of religion can be felt at three levels: in the larger society, in the community, and in the life of the individual.

Islam: In several largely Muslim societies, Islam is a leading political and social force, and religious authorities exercise broad influence over their followers. What is striking in the case of Islam, however is the variability in its message in key demographic questions. While Catholicism long spoke with one voice, even if the message was sometimes altered by local leaders, the lack of consensus in the Muslim world on a number of issues related to sexuality and childbearing has led to paradoxical results in societies where Islam is the dominant religion. In Saudi Arabia, Islamic influence has been associated with the persistence of high fertility. By contrast, in Iran, where Islamic influence in society has been far-reaching since the revolution of 1979, religious leaders and institution have contributed to the legitimization of family planning programmes that have led to a rapid decline in fertility.¹⁹

Political Implications of Population Change

Population in most countries seldom remains at or achieves an optimum level. It is either too large or too small, and both the situations can have serious political implications. In countries with large populations, such economic problems as unemployment, food shortage, industrial backwardness, etc., often bring about serious political problems. In

¹⁹ Homa Hoodfar, and Samad Assadpour, "The politics of population policy in the Islamic Republic of Iran," *Studies in Family Planning*, vol.31, 2000, pp. 19-34.

the face of these problems, rising expectations of the masses leave much to be done by the political elites. Such situations in a country usually lead to considerable emigration.

One major political implication of the youthful profile of the WANA countries is that only half of the population is legally adult which is entitled to vote and can stand for elections. Unfortunately, democracies are exception in this region. Another serious implication is that a vast majority of youth in these countries is susceptible to the influence of various political and religious ideological currents ranging from Islamic fundamentalism to Marxism, Zionism to Pan-Arabism and nationalism to internationalism. Evidently, youth played a significant role in the Islamic Revolution in Iran and other kinds of political development in Algeria and Sudan, not to mention the sacrifices they made in the Iran-Iraq War.²⁰

The Changing Character of Family Planning

'Selling' contraception is a very different proposition from selling the daily loaf; frequently the demand for family planning has to be created. Over the years, family planning programme managers have learned that fertility reduction calls for much more than the distribution of one or two contraceptive methods to women in city clinics. To make an impact, and to gain the trust of the community, programme managers have had to learn how to motivate women to become acceptors to educate and counsel them, to provide backup services and alternative methods, to encourage continued use, to offer emergency health care for sick children and referrals for infertility problems.

Bureaucratic politics and family planning programmes

A major change has taken place in the arena in which the politics of population has been played out in the last third of the twentieth century. Previously, issues of population size

²⁰ Prakash C. Jain, *Population & Society in West Asia: Essays in Comparative Demography*, (N. Delhi: National Publishing House, 2001), p. 9.

and growth generated debate among members of the ruling elite, the social and political class that bears responsibility for assuring internal stability and well-being and external power and influence. In recent years, the focus of debate has shifted and the political give and take is now primarily centered on controversies over family planning programmes. Where formerly the population debate touched primarily on themes of consequence for a nation's rulers, today increasingly it addresses questions of concern to bureaucrats and technical specialists as well as the population that is affected by family planning programmes.

The appearance of family planning on the agendas of governments in the third world has brought with it a substantial infusion of monies for the operation of programmes. A population policy is not merely an expression of sentiment, although just such an expression, in the form of a statement of demographic goals, may be the starting point. To be taken seriously, population policy must also include the elaboration of a course of action by means of which the objectives may be achieved. An agency must be designated or created and endowed with authority to implement the course of action and, finally, an adequate budget must be appropriated to enable the agency to carry out its mandate. The absence of any one of these elements, especially the budget, suggests that the government is not yet fully committed to the policy.

Understanding Islamic States

How applicable are the classic concepts of "state" and "politics" to the world of Islam? The current prominence of Islamic politics and the establishment of an Islamic Republic in Iran pose this question anew. On this question there is convergence between the adherents of the Islamist movements and Westerners writing in the Orientalist tradition. They see the territorial nation-state as an alien graft, imposed by the West but remaining "external" to Muslim society, the game of intellectuals and politicians. In Islamic societies, both Islamists and Orientalists argue, the global unit of solidarity is the Islamic

community of the faithful, the *umma*; the territorial nation-state is incompatible with this higher unit.

If the nation-state is an imported concept unsuitable for Islamic cultural and social conditions, then can the Islamic state escape its alien trappings in favour of a more authentic and harmonious form? Of the existing Islamic states, Iran is the most appropriate case to consider. Saudi Arabia emerged out of tribal polities and is sustained in its present form by vast oil revenues. In Zia ul-Haq's Pakistan, as in present-day Sudan, Islam was imposed by a military regime in an effort to engender some legitimacy and reinforce control. Iran is the only example of an Islamic state installed through a popular revolution which engages all aspects of the question. There is a dualism in Iran of nation-state concepts intermingled with Islamic forms. These forms are not revivals of continuities with historical instances but quite novel creations. Khomeini's doctrine of *vilayet-i faqih* (the jurisconsult's trusteeship, or rule by the leading *faqih*), for instance, as applied to government, is a major departure from historical Islamic political thought and practice, including Shi'ism.

The project of the Islamic Republic is to Islamize state, society and culture. The basic process of modernity in the socio-economic and cultural fields, as well as in government, subvert and subordinate Islamization. The Islamic authorities are often forced to adapt their policies and discourses to practical considerations. "Secularization" has not been reversed, but disguised behind imposed symbols and empty rhetoric.²¹

Islamic Position on Family Planning: The Debate

Birth Control and Sexual Morality: The use of birth control by any given population is always part of the wide complex of its ideas and social institutions. Knowledge of the

²¹ Sami Zubaida, "Is Iran Islamic State?", in Joel Benini and Joe Stork, *Political Islam – Essays from Middle East Report*, (London: I. B. Tauris Publishers, 2003), pp. 103-05.

biology of reproduction is one important factor affecting attitudes on birth control. Ideas on the nature of human life are another important factor. When does life begin? Is the semen protected by religious law? Is the fetus a human being? Placed in a larger context the question is: under what conditions may human reproduction be controlled?²² Most directly, attitudes on birth control are part of the cluster of ideas that constitute a society's sexual morality.

The authors of the Islamic attitude: jurists and 'ulama'²³

The Islamic attitude toward contraception consists only of the opinions of Muslim jurists, both individually and in terms of the schools of legal interpretation to which they belong. Since the Quran says nothing about contraception, and there is nothing like the Christian concept of the "Church" in Islam, there exists no "Islamic" attitude independent of or above that of the jurists.²⁴ The opinions of these private but specialized individual Muslims define the attitude of Islam.

Who were the Muslim jurists? The jurists were the *ulama*, learned specialists in the religion and traditions of Islam, a category of persons which was common to all historical Muslim societies. They were always one element of the population which specialized in studying Islam and strove to live the Islamic life. The *ulama* were the custodians of the community's traditions, keeping and passing on what in their judgment was worthy of historical record, and in this way deciding what was important to Islamic life. They were the authors of most of the written records of Muslim societies.

One of the basic analytical principles of the classical theory of Islamic law was the *sunna*, that is, the example of the Prophet as incorporated in the recognized *hadith* (the reports of his words and actions). The classical theory of law was adopted by the majority of the

²² B. F. Musallam, *Sex and Society in Islam - Birth Control Before the Nineteenth Century* (London: Cambridge University Press, 1983), p. 10.

²³ *ibid.*, p. 13.

²⁴ John T. Noonan, *Contraception, A History of its treatment by the Catholic Theologians and Canonists* (Harvard: Harvard University Press, 1966), pp. 4-5.

Sunni Muslims by the tenth century, and serves an important purpose in analyzing the Islamic doctrine on contraception.

There is a large number of *hadith* on contraception (specifically on *azl*: coitus interruptus).²⁵ The obvious points made in the *hadith* are, first, that Prophet knew about the practice and did not forbid it, and second, that the Prophet himself permitted the practice.

The *hadith* after Judhama where the Prophet was quoted as saying that coitus interruptus was “hidden infanticide”, was the closest approximation in the whole Islamic discussion to the “homicide” of the Jewish and Christian traditions. This *hadith* was the basis for Ibn Hazm’s minority argument that coitus interruptus was prohibited by the Prophet.²⁶

The most thorough statement of the Islamic permission of contraception was made by the great Shafi’i jurist Ghazali (1058-1111). In one of the most remarkable documents in the history of birth control, Ghazali stated explicitly the grounds of the permission that were mostly implied elsewhere.²⁷ In view of the absence of a religious text on contraception, he discussed it from premises rooted more in profane biology and economics than in the strictly religious sources of the law. He did employ the *hadith*, but only at the end, after he had completed his argument, and used it as supporting evidence.

Ghazali began by pointing out that there was no basis for prohibiting coitus interruptus. For prohibition in Islam was possible only by adducing an original Text (*nass*, an explicit provision in the Quran or *hadith*), or by analogy with a given Text. In the case of contraception there was no such Text, nor was there any other principle on which to base prohibition. The correct opinion, in his view, was that coitus interruptus was permitted absolutely, and that there was a principle on which to base permission, namely, reasoning by analogy.

²⁵ For an index of these references see “Azl allowed”, and “Azl disapproved of” in A. J. Wensinck, *Handbook of Early Muhammeden Tradition* (E. J. Brill, Leiden, 1960), p. 112.

²⁶ Ali Ibn Ahmad Ibn Hazm, *Al-Muhalla*, 2nd vol. (Cairo: A.H. 1352), pp. 70-1.

²⁷ Abu Hamid Muhammad al-Ghazali, *Ihya’ulum al-din*, vol. 2. (Al-Matba’ al-Azhariyya al-Mistiyya, Cairo, A.H. 1302), pp. 41-2.

Ghazali argued that while abortion and infanticide were crime against an existing being, contraception was different. This was so because a child did not begin to be formed merely by the emission of the male semen, but by the “settling” of semen in the womb, for children were not created of the man’s semen alone, but of both parents together. On the basis of Ghazali’s argument it is possible to see how all methods of contraception which stopped the semen from reaching the uterus could be permitted.

In all the Islamic writing on contraception, only one jurist condemned coitus interruptus absolutely. This was the Spaniard Ibn Hazam (994-1063) who belonged to the Zāhiri school of law, (a short-lived movement whose legal thought has survived mostly in Ibn Hazam’s own writings.

That God is all-powerful, and that ultimately no human act can avert a creation He truly intends, was the dominant reason in the *hadith* which the jurists employed to permit contraception. Asked about coitus interruptus in one representative *hadith*, the Prophet answered, “Do as you please, whatever God has willed will happen anyway, and not all semen results in children.” Other *hadith* repeated and emphasized the same ideas: “Practise coitus interruptus or do not practise it. If God wanted to create a human life He will anyway.” “Spilling the seed on the ground” struck moral horror in Jewish and Christian minds as a sinful defiance of God’s laws and commandments; the very same image was used in *hadith* in a totally different manner, simply to show how insignificant man’s actions were in comparison with God’s awesome power: “Even if you spill the seed from which a child was meant to be born on a rock, God will bring forth from that rock a child.”²⁸

Ghazali’s opinion which considers contraception-use as completely legal in Islam forms one extreme view on this issue. Literature similar to this have been used by both Egyptian

²⁸ Musallam, B. F., *Sex and Society in Islam – Birth Control Before the Nineteenth Century*. (London: Cambridge University Press, 1983). pp. 10-22.

and Iranian governments to counter the Islamic opposition to family planning. However it should be noted that there exists another extreme version which considers any attempt at birth control as totally illegal from the Islamic point of view. Among the leaders of the contemporary Islamic resurgence, Maulana Maududi holds such opinion. In his view the nature of Islamic faith, its spiritual and moral attitudes, its social laws and regulations, its code of ethical behaviour and its overall ideals and mission in life – all have contributed towards mitigating those forces that give rise to the movement of birth control and its adoption as a social policy. Islamic and the Western civilizations, from this viewpoint, are poles apart. “A really Islamic society can have no place for birth control as a national policy.”²⁹

The absence of agreement among the scholars on the issue of Islamic position on contraception-use and birth control makes the task of governments in implementing family planning programmes extremely difficult. Such problems are compounded when the state claims to be an Islamic state as in the case of Iran or it is a Muslim-majority state as in the case of Egypt. Nevertheless the population booms and related problems have compelled the governments of such countries to find ways in which family planning programmes could be successfully implemented.

Conclusion

We have made certain important findings in this chapter, which would help us appreciate the demographic concerns in Egypt and Iran. Understanding the nature of religious opposition would help us know in a better way how the state applies its mechanisms to overcome them. We have observed that countries with large Muslim populations have been generally slower to experience fertility decline. We have also observed that considerable disagreement surrounds the role Islam plays in the fertility patterns of these

²⁹ Maududi, Sayyid Abul Ala, *Birth Control – Its Social, Political, Economic, Moral and Religious Aspects*, (New Delhi: Markazi Maktaba Islami Publishers, 2001), p. 72.

societies. Islamic teachings on the question of birth control have been marked by both controversy and evolution. The absence of a clear religious hierarchy in the faith has meant there is no universally supported view on many of these issues. However, there is a difference between the teaching of Islamic leaders and scholars and the perceptions of the Muslim faithful. This explains why despite considerable efforts made by Egyptian government in its second stage of family planning, the desired results were not achieved as we shall see in detail in the next chapter.

We have highlighted in the present chapter the role of religious institution. It is proper to recall here that the institutional influence of religion can be felt at three levels – in the society, in the community, and in the life of the individual. The Iranian example is particularly instructive for understanding the interaction between religious teachings and the role played by religious institutions. In the immediate post-Revolutionary period, religious leaders spearheaded opposition to family planning. But when the same leaders, who also held positions of political leadership, faced with the need to solve the problems related to rapid population growth, they used the vast network of mosques to spread the details of the officially sponsored population programme. Iran's experience underlines the need for demographers to attend both to the content of religious beliefs and to the willingness and ability of religious leaders and institutions to promote compliance with those teachings among their followers.

Chapter 3

Family Planning in Egypt

Egypt was the first Arab country in West Asia to adopt a family planning policy. The application of this policy began in December 1965, when the Egyptian government set up the Supreme Council for Family Planning (*al-Majlis al-a'la li-tanzim al-usra*). From then on, family planning policy underwent major changes. Generally, three periods are discernible: 1965-72, 1973-84, and 1985 onward.¹ The difference between these periods lay mainly in orientation regarding the application of the policy and in the means that were utilized.

Accordingly, the entire history of family planning in Egypt has been divided in three sub-sections – “The First Stage”, “The Second Stage” and “The Third Stage”. As we noted in the previous chapter, the issue of family planning in the Muslim societies is highly controversial. This gives rise to a lot of politics surrounding the issue and as such proper understanding of the subject requires good hold over the political background. Thus we have furnished in brief the political background of Egypt wherever necessary. Detaching politics from population would only amount to a partial grip over the subject. We begin by highlighting the demographic concerns in Egypt.

Demographic Concerns in Egypt

Earlier than most societies in West Asia, Egypt faced the prospect of demographic constraints and the need to adopt a policy slowing the rate of population growth, namely a birth control policy. From the start, Egypt's leaders after the July 1952 revolution were aware of the grave consequences of rapid population growth, but they did not press for steps that might reduce fertility rates. Only in the mid-1960s, did Nasser adopt a family

¹ For a different periodization, see: CAPMAS. SY 1988, pp. 5-6.

planning policy. Under Sadat, the government withdrew from a direct antinatalist policy. Egypt put its faith in accelerated and comprehensive economic change after the 1973 war, hoping that it would result in a large-scale flow of capital into the Egyptian economy. Where Nasser had striven to release Egyptian society from its distress through intensive government intervention in economic activity, and particularly by initiating large-scale state investment in the economy, Sadat was confident that the opening of the economy to foreign and domestic investors would renew the growth process and bring about a revival of the economy and society. This would, by itself, lead to a reduction in the rates of population growth, without the need for intervention by the government.

In fact, only in the mid-1980s, over thirty years after the leaders of Egypt recognized the existence of a demographic problem, did a policy take shape that resolutely sought to achieve real results. This policy, initiated by Mubarak in 1985, aimed to create a public atmosphere supporting birth control, while at the same time making contraceptives available to the many couples who wished to practice family planning. Within a few years, the policy produced notable results. A significant decline in the natural increase rate was noted and population growth, which had increased yearly, was stemmed. Family planning policy in Egypt was unique in that it generated remarkable results without recourse to stick-and-carrot measures, that is, without coercion and without inducements.

By the end of 1993, Egyptian government and society had successfully met the challenge of implementing a family planning policy, which just a few years earlier had appeared hopeless. It had accelerated the process of lowering fertility and natural increase rates to the point of an anticipated halt in the absolute growth of the population as early as the coming decade.²

² Gad G. Gilbar, *Population Dilemmas in the Middle East – Essays in Political Demography and Economy*, (London: Frank Cass, 1997), p. 17.

A Brief Political Background of Egypt

When Turkey entered the First World War in November 1914 on the side of Germany, Egypt was still nominally a province of the Ottoman Empire. Egypt was declared a British protectorate, with a British High Commissioner, and Britain assumed responsibility for the defence of the Suez Canal. In December Abbas II, was deposed and the British Government offered the title of Sultan to Hussain Kamil, the brother of Tawfiq. When Hussain died in 1917 he was succeeded by his brother Fouad. The nationalist movement flourished under wartime conditions, and in November 1918 the nationalist leader Saad Zaghloul presented the High Commissioner, Sir Reginald Wingate, with a demand for autonomy, which Britain refused. The nationalists became known as the Wafd (Delegation), but a negotiated settlement was not forthcoming and on 28 February 1922 Britain unilaterally abolished the protectorate and recognized Egypt as an independent sovereign state. Britain, however, maintained its control over the security of the Suez Canal and the defense of Egypt. In March 1922 Fouad took the title of King of Egypt.³

Independence: The years between independence and the Second World War brought a triangular struggle between the King, the Wafd and the British Government. The Wafd wanted a revolution, but the King owed his throne to the British. Elections usually gave the Wafd a majority, but a Wafd ministry was unacceptable to King Fouad, who normally had the concurrence of the British Government. In 1935 Fouad was succeeded by his son Farouk, and in 1936 an Anglo-Egyptian treaty of 20 years duration was signed which terminated British occupation but empowered Britain to station forces in the Suez Canal Zone until the Egyptian army was in a position to ensure the security of the canal.

During the Second World War Egypt played a vital strategic role as the British base in the Middle East. Egyptian support for the Allied cause was by no means total. The Wafd

³ Arthur S. Banks and Thomas C. Muller, eds., *Political Handbook of the World: 1998*, (New York: CSA Publications, 1998), 69. Also see *The Middle East and North Africa 2005*, 51st edition, Europa Year Book, (London: Europa Publication, 2005).

favoured cooperation with the British, and Britain forced Farouk's acquiescence in the formation of a Wafdist Government under Nahas Pasha in 1942. In 1944 his government fell. Egypt joined Iraq, Syria and Jordan in military action following the declaration of the State of Israel in May 1948. However, military failure resulted. The King's early popularity had vanished; the *Ikhwan al-Muslimun*, or Muslim Brotherhood, a puritanical religious body, had become a threat, and communism had gained new adherents. The discredited regime made a last bid for royal and popular support when Nahas, again in power, abrogated the 1936 Treaty with Britain. Terrorism and economic sanctions were then employed in an attempt to compel the British forces to withdraw from the Canal.

The Revolution (1952-56): On 23 July 1952 a group of young army officers, the 'Free Officers', who had long been planning a *coup d'etat*, seized power in Cairo. They invited the veteran politician Ali Maher to form a government under their Control, and secured the abdication of King Farouk in favour of his infant son Ahmad Fuad II, on 26 July.

Gen. Muhammad Neguib, an associate of the Free Officers who had incurred the enmity of King Farouk and who had earlier made himself popular by his condemnation of the British action in 1942, was made Commander-in-Chief of the Armed Forces and head of the military junta. A Council of Regency was formed in August 1952. On 7 September, after an attempt by the Wafd and other parties to resume the political battle on their own terms, a new Cabinet, with Gen. Neguib as Prime Minister, replaced that of Ali Maher. Real power, however, lay with the nine officers who formed the Revolutionary Command Council (RCC).

The Revolution soon gained momentum. On 10 December 1952 the Constitution was abolished, and on 16 January 1953 all political parties were dissolved. It was announced that there would be a three-year transitional period before representative government was restored. On 18 June the monarchy was abolished and Egypt was declared republic, with Neguib as President and Prime Minister as well as Chairman of the RCC. Col Gamal Abd an-Nasir (Nasser), who, although leader of the Free Officers, had hitherto remained in the

background, became Deputy Prime Minister and Minister of the Interior, and Abd al-Hakim Amer was appointed Commander-in-Chief of the Armed Forces.

A struggle for power soon developed between Gen. Neguib, whose personal tendencies were Islamic and conservative, and Col Nasser. On 25 February 1954 Neguib was relieved of his posts as President, Prime Minister and Chairman of the RCC, accused of having attempted to concentrate power in his own hands. Nasser became Prime Minister and Chairman of the RCC in his place for a few days but Neguib was restored as President and reassumed both the other posts, only to be ousted again as Prime Minister by Nasser in April. When in October a member of the Muslim Brotherhood attempted to assassinate Nasser, its leaders and several thousand alleged supporters were arrested and in subsequent trials a number of death sentences were imposed. On 14 November 1954 Neguib was relieved of the office of President and accused of being involved in a Muslim Brotherhood conspiracy against the regime. He was placed under house arrest and Nasser became acting Head of State.

Under Nasser Egypt began to assert its importance in world affairs. He sought influence in three circles: the Islamic, the African and the Arab, and his visit to the Bandung Conference of April 1955 added a fourth: the 'non-aligned'. In 1956 a constitutional basis for Nasser's authority was established. A new Constitution providing for a strong presidency was proclaimed in January and on 23 June approved in a plebiscite in which the citizens of the Egyptian Republic also elected Nasser as President. However, he faced some domestic troubles. Although he obtained over 99% of the votes cast in the presidential referendum in March 1965, there were subsequently more signs of discontent in the UAR than at any time since he had come to power.

The First Stage of Family Planning: 1965-72

This stage is also termed as "The Direct, Supply-Oriented Approach". Family planning policy makers during the latter part of Nasser's rule adopted the direct-approach policy,

with activity focused on the supply side, which reflected the dominant attitude in international bodies, especially the Population Council, which was active in introducing family planning policies to Third World countries in the 1960s. This approach held that it was possible to bring about a rapid decrease in fertility rates in developing countries by supplying the population with inexpensive contraceptives and readily available abortion services. While the Egyptian government rejected the abortion component, demographic-policy makers in the second half of the 1960s adopted the premise that easy access to the necessary information and to contraceptives (principally pills and IUDs) would prompt married couples to practice family planning. The assumption by the authorities in Egypt, as in other developing countries, was that married couples in the fertile age range were interested, a priori, in having a small family (three to four children), so that supplying information and means would bring about a reduction in the fertility rate.⁴

A convenient way of putting this approach into practice was devised by utilizing the widespread health network, namely, the mother and child clinics and stations operated by the Ministry of Health. In 1966 family planning units were set up in these clinics, generally consisting of a doctor and a nurse who provided information and supplied contraceptives.

However, the authorities were aware from the start that the supply approach alone was insufficient in order to bring about a change in the fertility rate, and that a change in the demand for family planning services was also needed. The demand approach held that in societies where traditional values prevailed among large sectors of the population, concerted efforts had to be made to convince couples of the inherent advantages of having a small family. In Egypt, as in other Islamic states, most *ulama* and most of the lower strata of society were opposed to antinatalist policy.

⁴ Saad M. Gadalla, *Is There Hope? Fertility and Family Planning in a Rural Egyptian Community*, (Cairo: American University in Cairo Press, 1978), p. 214.

Following the introduction of family planning, the authorities made an attempt to weaken the influence of traditional norms that encouraged high fertility. Distinguished religious figures such as Mufti of Egypt and Shaykh al-Azhar were persuaded to publish learned opinions asserting that family planning did not contradict Islamic law and that using birth control was not a religious offense. Indeed, *fatwas*, articles in Islamic periodicals and interviews in daily papers were published. The government instructed rural and urban preachers employed by the Ministry of Awqaf to inform the public of these opinions, but it failed to achieve significant cooperation in this area, and many of the preachers, including those salaried by the government, resisted family planning and expressed explicit disapproval.

Table 3.1: Fertility and Mortality in Egypt, 1965-72

| Year | Crude Birth Rate (per 1,000 popn.) | Crude Death Rate (per 1,000 popn.) | Crude Natural Increase | Total Fertility Rate |
|------|---------------------------------------|---------------------------------------|---------------------------|-------------------------|
| 1965 | 41.7 | 19 | 27.6 | 6.8 |
| 1972 | 34.4 | -- | 19.9 | 5.5 |

Source: WB, *World Tables* [1983], 3rd ed., and vol.2 – *Social Data*, (Baltimore and London: Johns Hopkins University Press, 1984), p. 28.

At first glance, family planning appears to have achieved considerable success during 1965-72 (See Table 3.1). The total fertility rate dropped from 6.8 in 1965 to 5.5 in 1972, while the crude birthrate dropped from 41.7 to 34.4 during the same period. Most impressive was the drop in the rates of crude natural increase, from 27.6 in 1965 to 19.9 in 1972.⁵ Yet data on the contraceptive prevalence rate show that family planning policy was not the major factor accounting for the changes in fertility and natural increase.

⁵ *Jumhuriyyat misr al-'arabiyya, al-jihaz al-markazi lil-ta'bi'a al-'amma wal-ihsa, al-Kitab al-ihsa'i al-sanawi 1952-1980*, Cairo: al-Jihaz, 1982, p. 20.

Fertility dropped despite only a minute change in the contraceptive prevalence rate.⁶ There is reason to assume, therefore, that the war situation in Egypt during 1967-73, which involved large recruitment of men into the army along with a severe economic crisis, was the factor that brought about the reduction in fertility and birthrates.⁷

Egypt After Nasser: Nasser's sudden death on 28 September 1970 came as a profound shock. A close associate of Nasser, and Vice-President at the time of his death, Col Anwar Sadat, was immediately appointed provisional President by the Cabinet and the ASU, later being elected President in a national referendum; by mid-1971 he was firmly in control of the Government.

Internal Political Change: Since 1976 President Sadat had been trying to allow the formation of political parties while at the same time ensuring that dangerous opposition did not achieve too much influence. In a law of June 1977 political parties were legalized. Disturbed by the revival of the Wafd Party (as the New Wafd Party) and the new regulations on political parties, which resulted in the disbanding of the New Wafd Party and the suspension of the NPUP, in July Sadat announced the creation of a new political party, the National Democratic Party (NDP), with himself as leader, which in practice replaced the Arab Socialist Party. In September 1978 an official opposition party, the Socialist Labour Party (SLP), was formed.

Religious Right: A major contributing factor to an atmosphere of political instability developed when Sadat appealed to the religious right in order to legitimize and stabilize his government upon his accession to power. Additionally, the failed Nasserite coup of May 1971 made Sadat fearful of a threat from the left, which he attempted to counteract by the appeal to the religious right. The October War of 1973, for example, was termed

⁶ WB, *World Tables* [1983], 3rd ed., vol.2 – *Social Data*, Baltimore and London: Johns Hopkins University Press, 1984, p. 28.

⁷ Gilbar, n. 2, p. 117.

Operation Badr (after the battle at the time of the Prophet Muhammad against his Meccan opponents), and Egypt's domestic propaganda was full of religious appeals and symbols.⁸

The Second Stage of Family Planning (1973-84)

This stage is also termed as "The Indirect Approach." A slow, albeit undeclared, withdrawal from the direct, supply-oriented approach occurred during the first years of Sadat's rule. The name of the Supreme Council for Family Planning was changed in 1973 to the Supreme Council for Family Planning and Population (*al-Majlis al-a'ls li-tanzim al-usra wal-sukan*), reflecting a gradual transition from a direct to an indirect approach, which reached its final form in 1977.

The motif of the indirect approach was "development is the best contraceptive."⁹ According to this approach, reduction of fertility would be achieved as a by-product of extensive social and economic development, including an improvement in the income level and well-being of the individual; better social services, especially in education and health; and expanded employment opportunities for women and their integration into the labour force. While family planning services would be expanded, this aspect was no longer the focus of the antinatalist policy.

The shift from a direct to an indirect approach in the 1970s had a largely political motivation. Sadat, wishing to broaden support for his regime, made efforts to establish new relationships with Islamic movements in Egypt during this period, especially with the Muslim Brethren. These efforts, in Sadat's view, necessitated adopting an indirect approach to the reduction of fertility, that is, a policy that would not conflict with the position of the Muslim Brethren on reproduction. What made it possible to adopt this policy approach after 1974 was substantial capital import and a high rate of economic

⁸ George E. Delury, ed., *World Encyclopedia of Political Systems*, vol. 1. (Longman, 1983), p. 292.

⁹ Nader Fergany, "The Development of National Population and Family Planning Policy in Egypt," UN, Economic Commission for Western Asia, *First Regional Population Conference*, Beirut, 1974, p.1.

growth which lasted until 1984. Between 1975 and 1984 the GDP grew at an annual average rate of 8.1 percent.¹⁰ The change in policy emphasis was reflected in particular in the government-initiated Population and Development Project in 1977, aimed primarily at the rural population, where the focus was on improving management performance in village institutions and on increasing the levels of education, especially of women (see Tables 3.2, and 3.3).

Table 3.2: Structure of Production in Egypt, 1970-1992

| Year | GDP | Agriculture | Industries | Manufacturing | Services |
|------|--------|-------------|------------|---------------|----------|
| 1970 | 6,598 | 29 | 28 | -- | 52 |
| 1992 | 33,553 | 18 | 30 | 12 | 55 |

Source: WB, WDR, 1994, pp. 166-67.

Table 3.3: Selected Macroeconomic Indicators of Egypt, 1989-90 to 2000-01

| Indicators | 1989-90 | 1994-95 | 1998-99 | 1999-2000 | 2000-01 |
|------------------|---------|---------|---------|-----------|---------|
| Real GDP | 4.8 | 4.7 | 6.1 | 5.1 | 4.9 |
| Annual Inflation | 21.2 | 9.3 | 3.8 | 2.8 | 2.4 |

Source: Ministry of Foreign Trade, *Quarterly Economic Digest: October-December 2001*, vol.-7, no.-4, cited in ESCWA, 2001-2002, p. 31.

Although the indirect approach had the advantage of avoiding conflict with a wide segment of the public opposed to antinatalist policy, its drawback was that even if the process of economic and social development were accelerated, results in the area of reducing fertility rates would take many years to appear. In fact, crude birthrates and rates of natural increase in the late 1970s and in the first half to the 1980s not only failed to drop, they actually rose to the extent that by 1985, the rate of natural increase was the

¹⁰ UNCTAD, *Handbook of International Trade and Development Statistics*, Supplement, 1986, (New York: UN, 1987), p. 426, table 6.2.

highest of the century and probably the highest ever in Egypt (30.4 per thousand). It had become apparent in the early 1980s that even though the level of average income had increased in real terms, there was no reduction in the total fertility rate, which remained at 5.3 in 1983, exactly the same as it had been in 1976.¹¹

It has been observed by a number of authors that neither President Nasser nor President Sadat was strongly committed to family planning as a solution to Egypt's population growth problems; both preferred to hope that the desert could be made productive and the population dispersed. When government family planning services were initiated in 1965, therefore, they were integrated into the Ministry of Health where they were forced to compete, with only moderate success, for funds, personnel, and other resources. Furthermore, the coordinating body, the Supreme Council for Family Planning, and its secretariat, the Family Planning Board, were more interested in development than in family planning, and regarded their responsibilities as incorporating broader aspects of population policy. The office responsible for family planning within the Ministry of Health remained weak and was unable to assert its leadership in the 1970s as the Supreme Council moved toward establishing an integrated programme of population and development.

This period witnessed a bureaucratic struggle in which alliances were formed among a number of donor agencies and the heads of various divisions and directorates in the Ministry of Health, each of whom seized the opportunity to enrich the resources available to his/her unit, irrespective of whether it had any formal responsibility for family planning. The family planning office emerged even weaker than before, with a minuscule budget dwarfed by those of its competitors within the agency, and incapable of addressing itself to the numerous problems of overlapping responsibilities, fragmented programmes, and chaotic budgetary arrangements.¹² With the abrupt halt in the growth of the Egyptian economy in the mid-1980s, hardship due to population increase

¹¹ Gilbar, n. 2, p. 116.

¹² Jason L. Finkle, and C. Alison McIntosh, eds., *The New Politics of Population – Conflict and Consensus in Family Planning* (U.S.A.: The Population Council, 1994), p. 4.

intensified. It was clear that the indirect approach could no longer be pursued and that a pronounced change, which would achieve actual results, was required.

Mubarak Succeeds Sadat: Although political parties had been allowed by Sadat, power had remained with his own NDP, yet opposition was never far beneath the surface. In the summer of 1981 there were clashes between Copts and militant Islamists, resulting in numerous arrests and the closure of various newspapers. Sadat was trying to stifle the opposition, of whatever religious or political persuasion. On 6 October 1981, while attending a military parade, Sadat was assassinated by a group of militant Islamists led by Lt Khaled Islambouli, who was executed with four associates on 15 April 1982. An Islamist rebellion, which began in Asyout immediately after the assassination, was quickly suppressed, and Vice-President Muhammad Hosni Mubarak was confirmed as President in a referendum on 13 October. In July 1987 Mubarak was nominated by the necessary two-thirds' majority of People's Assembly members to seek a second six-year term as President. Mubarak, the sole candidate, was duly confirmed in office by national referendum on 5 October, polling 97.1% of the votes cast. The principal threat to Mubarak's position remained the activities of Islamist militants.

Mubarak's Third Term: President Mubarak was formally nominated for a third six-year term of office in July 1993. Although his nomination was supported by 439 of 448 votes cast in the People's Assembly, none of the opposition parties, nor the proscribed but officially tolerated Muslim Brotherhood, endorsed his candidature. Mubarak's nomination was approved by nation-wide referendum on 4 October. According to official figures, he secured 96.3% of the valid votes cast in an 84% turnout. However, despite an intensive publicity campaign by the ruling NDP, independent observers commented on the low numbers of people voting.

Mubarak's Fourth Term: In early June 1999 President Mubarak was formally nominated for a fourth six-year term of office. In August opposition parties and human rights groups had urged the President to carry out radical constitutional and political

reforms, notably the abolition of emergency laws and restrictions on the formation of political parties and trade unions, increased press freedom and the guarantee of free and fair elections. There was, however, to be little substantive change to reinforce hopes of political liberalization in the coming year. In political terms, the first year of Mubarak's fourth term was characterized by far more continuity than change.¹³

Family Planning Under Mubarak

The official estimate of the population of Egypt in mid-1992 was 58.2 million¹⁴ of which 56.5 million resided in Egypt itself and the rest lived abroad.¹⁵ From the time that Hosni Mubarak was inaugurated as president of Egypt in October 1981 until the end of 1992, the population of Egypt grew by 15.2 million inhabitants, an increase of about 35 percent (see Table 3.4).

Table 3.4: Midyear Population Estimates in Egypt

| Year | Total Population | Births | Deaths | Natural Increase |
|------|------------------|--------|--------|------------------|
| 1952 | 21,437 | 969 | 381 | 588 |
| 1960 | 25,960 | 1,114 | 438 | 676 |
| 1966 | 30,188 | 1,235 | 477 | 758 |
| 1976 | 37,858 | 1,384 | 445 | 939 |
| 1981 | 43,322 | 1,604 | 434 | 1,170 |
| 1989 | 54,210 | 1,743 | 417 | 1,326 |

Source: 1952-76: CAPMAS. SY 1992, p. 26, table. 1-16.

1981-89: CAPMAS. SY 1993, p.28, table. 1-18.¹⁶

This population growth was the outcome of a sharp rise in the rate of natural increase from the early 1970s until the late 1980s, from an average of 21.3 per thousand during 1968-72 to an average of 29.1 per thousand during 1984-88 (see Table 3.5). However a shift in the level of natural increase occurred in 1989.

¹³ The Middle East and North Africa 2005, 51st edition, Europa Year Book, (London: Europa Publication, 2005). Also see , Arthur S. Banks and Thomas C. Muller, eds., *Political Handbook of the World: 1998*, (New York: CSA Publications, 1998).

¹⁴ CAPMAS, SY 1993, p. 28, table 1-18.

¹⁵ MEED, 31 July, 1992.

¹⁶ http://www.capmas.gov.eg/eng_ver/sdds/POPULATION.htm

Table 3.5: Birth, Death and Natural Increase Rates (per thousand) in Egypt

| Year | Crude birthrate | Crude death rate | Crude natural increase |
|---------|-----------------|------------------|------------------------|
| 1953-57 | 40.8 | 17.6 | 23.2 |
| 1968-72 | 36.0 | 14.7 | 21.3 |
| 1978-82 | 37.7 | 10.3 | 27.4 |
| 1983 | 36.8 | 9.7 | 27.1 |
| 1986 | 38.7 | 9.2 | 29.5 |
| 1988 | 36.6 | 8.1 | 28.5 |
| 1989 | 32.2 | 7.7 | 24.5 |

Source: 1953-82: 1952-80: Cairo: al-Jihaz, 1982, p. 20.

1983-92: CAPMAS. SY 1993, p.28, table 1-18.¹⁷

The Third Stage of Family Planning in Egypt (1985 to the Present)

This stage is termed as “The Demand-Oriented Direct Approach”. The announcement by the government of the establishment of a National Population Council (*al-Majlis al-qawmi lil-sukan*) in January 1985 reflected yet another change in approach regarding government fertility policy.¹⁸ Although the new policy included elements from the first stage and, to a limited extent, from the second stage, it signified important changes in two areas: First, family planning policy was given high priority on the national agenda. While it had been on the fringes of socioeconomic policy under Nasser and Sadat, it became a central policy issue in the second half of the 1980s and the early 1990s. Second, while supply was to be improved, increasing demand received the highest priority. On the supply side, the government invested considerably in expanding the existing network of

¹⁷ http://www.capmas.gov.eg/eng_ver/sdds/POPULATION.htm

¹⁸ al-Ahram, 14 January 1985. Also see ESCWA, *Population Situation*, 1990, p. 69, as cited in Gilber, n. 2.

family planning clinics and stations, especially in rural areas. On the demand side, several means were used to influence married couples to limit their number of offspring.¹⁹

The New Family Planning Policy

Efforts to affect demand: Since 1985, the government has taken steps both on the national and the community level designed to change the attitude of couples who rejected or questioned the moral basis or the practical justification of family planning.

Nationally, the following means were used:

- (a) Direct appeals by President Mubarak to the public on various occasions calling for the practice of birth control. His speeches on national commemorative days (e.g., Revolution Day, 1 May) were widely covered in the electronic and the print media.²⁰
- (b) Public Speeches and statements on the need to adopt family planning delivered by ministers and senior officials, including the ministers of health, welfare, agriculture, Awqaf, education and information, as well as by the chairman of the National Population Council and the President of the Central Agency for Public Mobilization and Statistics.²¹
- (c) *Fatwas*, articles and interviews published in the media by leading Muslim and Coptic religious authorities (the Mufti, Shaykh al-Azhar and the Coptic patriarch), all avowing that there was no religious reason not to practice birth control.²²

The Expansion of Supply: The network of family planning services in the 1960s included three different components: governmental, voluntary public and private, with the governmental component playing the major role. The government in fact initiated and controlled all the services, determining the limits of private sector activity as well. Not

¹⁹ Gilbar, n. 2, p. 220.

²⁰ al-Ahram, 1 May 1987, 21 July 1988, 2 May 1989, 1 May, 23 July 1990; al-Musawwar, 24 July 1992.

²¹ See, al-Ahram, 14, 21 April 1991, 27 September 1992.

²² al-Ahram, 20 July, 12 September 1988, 2 February 1989, 20 April, 6 May 1990.

surprisingly, voluntary organizational activity undertaken to advance family planning was marginal.

A Noncoercive Approach: Despite intensive efforts to bring about lower fertility rates, family planning policy during the third stage remained non-coercive and soft, manifested in two ways: (1) the policy was completely voluntary, without any element of direct or indirect coercion and without either negative or positive incentives; and (2) pronatalist elements were still remained in government policy, both directly and indirectly.

The approach of the Egyptian government was that the transition by a couple from reliance on “childbearing by nature”, with the number of progeny dependent on biological factors only, to planning the size of the family, could be accomplished by persuasion as to the advantages of having a small family. Voluntary in nature, this policy also rejected the stick-and-carrot approach, that is, granting material rewards, or imposing financial or other punishments, to promote the transition to family planning.

Nevertheless, with pressure on resources as a result of rapid population growth becoming evident, the voluntary approach was increasingly criticized as failing to stem the demographic tide, and proposals to enhance motivation for birth control by reward or sanction were raised. Proposals to integrate negative incentives in the family planning policy included forcing couples with more than three or four children to pay for the education and health services of the fourth or fifth child onward.²³ More far-reaching was a proposal to offer a bonus to men willing to be sterilized.²⁴ Government natalist policy, however, suffered from intrinsic contradictions. Significant direct and indirect pronatalist components were still part of Egyptian social policy in the early 1990s.²⁵ For instance, the authorities continued to award certain tax exemptions and a reduction in income tax

²³ Egyptian Gazette, 1 November 1985, 19 December 1986, 13 July, 30 August 1987.

²⁴ al-Ahram al-Iqtisadi, 26 February 1990.

²⁵ Gilbar, n. 2, p. 127.

to large families, while salary bonuses in the public sector were still granted according to the number of children in the employee's family.²⁶

Nevertheless, a significant difference in approach and implementation in several areas was adopted from 1985 onward, revealing a leap forward. Egypt developed a direct-approach to family planning policy, which attached great importance to the demand side, with the political leadership actively promoting change of attitude toward fertility within the population. There was, however, criticism both from Egypt and abroad that the government was not doing enough. Demographic experts, scholars, journalists and even representatives in the People's Assembly (*Majlis al-sha'b*) urged the government to initiate more radical measures, such as the enactment, albeit gradual, of positive incentives or the withholding of certain services which were granted by the state to large families.

The question of why Mubarak did not employ more radical measures in this area, in light of his own statements that the issue was crucial to the future of Egypt, deserves consideration. For years the regime had been walking a tightrope with regard to its relationship with the Islamic opposition. The government also knew that the lower strata of Egyptian society perceived family planning as working against their interests and basic needs. The government, for its part, was ineffective in convincing the masses of rural and urbanized *fellahin* that having a small family could improve their own personal position.

Mubarak, as his predecessors in office ever since the Free Officer's Revolution, failed to elicit grass-roots support for the social and economic goals of the regime. Such a development might have counterbalanced the influence of the Islamic organizations on the issue of the population problem. However, in light of the developments in Egypt in 1992-93, namely, the escalation of the struggle between the government and the radical

²⁶ Mohammed S. Al-Dakkak, "The Interaction Between the Legislative Policy and the Population Problem in Egypt," *Population Bulletin* of ESCWA, no. 30, (1987), pp. 92,127.

Islamic movements, it would appear that Mubark knew better than his critics how far the government could go in implementing family planning policy.

Table 3.6: Demographic Trends in Egypt

| Headings | Year | Data |
|---|-----------|------|
| Total Population (millions) | 1975 | 38.8 |
| | 1999 | 66.7 |
| | 2015 | 84.4 |
| Annual population growth rate % | 1975-99 | 2.3 |
| | 1999-2015 | 1.5 |
| Urban population (as % of total) | 1975 | 43.5 |
| | 1999 | 45.0 |
| | 2015 | 51.2 |
| Population under age 15 (as % of total) | 1999 | 36.0 |
| | 2015 | 26.9 |
| Population aged 65 and above (as % of total) | 1999 | 4.1 |
| | 2015 | 5.2 |
| Total fertility rate (per women) | 1970-1975 | 5.5 |
| | 1995-2000 | 3.4 |

Source: UNDP, *Human Development Report 2001*, (New York: Oxford University Press, 2001), p. 156.

Considering the restrictions with which the government contended, therefore, the sharp drop in fertility rates that occurred at the end of the 1980s should be regarded as a significant achievement. The implication of this development goes beyond the Egyptian context. It is apparently the first case in which a government succeeded in motivating a substantial part of the population to adopt family planning through voluntary measures alone. If the government can maintain this process in the years to come, the experiment could become a model for other Third World countries struggling with the phenomenon of rapid population growth and increasing pressure on resources, but unwilling or unable to institute a family planning policy based on a system of rewards or coercion.

Table 3.7: Births, marriages and deaths

| | Registered live births | Registered marriages | Registered deaths |
|------|------------------------|----------------------|-------------------|
| | Rate per 1,000 | Rate per 1,000 | Rate per 1,000 |
| 1994 | 29.0 | 8.0 | 6.9 |
| 1995 | 27.9 | 8.2 | 6.7 |
| 1996 | 28.3 | 8.3 | 6.5 |
| 1997 | 27.5 | 8.2 | 6.5 |
| 1998 | 27.5 | 8.2 | 6.5 |
| 1999 | 27.0 | 8.3 | 6.4 |
| 2000 | 27.1 | 9.1 | 6.3 |
| 2001 | 26.7 | 7.9 | 6.3 |

Source: WHO, *World Health Report*²⁷; 2002: 26.3 (birth rate per 1,000); 2003: Birth rate 26.1 (per 1,000); death rate 6.5 per 1,000; Expectations of life [WHO estimates, years at birth]: 67.1 (males 65.3; females 69.0) in 2002].

Table 3.8: Population Dynamics in Egypt

| Total Population millions | | | Average annual Population Growth rate % | | Population Composition % | | | Dependency ratio dependents as proportion of working-age population | | Crude Death Rate Per 1,000 people | Crude Birth Rate Per 1,000 people |
|----------------------------------|------|------|--|---------------|--------------------------------|---------------|-------------|--|------|--|--|
| | | | | | Ages 0-14 | Ages 15-65 | Ages 65+ | Young | Old | | |
| 1980 | 2002 | 2015 | 1980- 2002 | 2002- 2015 | 2002 | 2002 | 2002 | 2002 | 2002 | 2002 | 2002 |
| 40.9 | 66.4 | 80.9 | 2.2 | 1.5 | 34.1 | 61.6 | 4.2 | 0.6 | 0.1 | 6 | 24 |

Source: World Development Indicators, 2004, The World Bank, p. 38.

²⁷ Cited in World Regional Survey, *The Middle East and North Africa 2005, 51st edition*, (London: Europa Publication, 2005).

One statistic commonly cited as evidence that population growth is no longer a pressing policy concern is the declining fertility rate. Egypt's total fertility rate (TFR) has fallen from 7.2 children per woman in the early 1960s to 3.4 in 1998. United Nations population projections suggest that the TFR in Egypt will decrease to three children in the 2000-2005 period and to two children by 2020-2025.²⁸

Marriage

Marriage plays a central role in Egyptian society and organizes an individual's relations within society in multiple ways. Reproduction is strictly limited to marriage, and households are formed around marriage.²⁹ A woman's entitlement of economic support from her husband depends primarily on negotiations prior to marriage as specified in the marriage contract. A contract drawn up at the time of marriage lists each party's material contribution to the household. This and other negotiated agreements between the two families determine the bride's position and bargaining status in the conjugal relationship because women inherit only a small part of their husband's property, and there is no entitlement upon divorce.³⁰ Making the right match is critical and preparing for and ensuring a successful marriage preoccupies young people and their families.³¹

Although marriage remains universal, there is a trend toward later marriage. Coale³² shows that age at first marriage first began to decline sometime in the late 1960s and early 1970s. Table 3.9 shows the proportion of the Egyptian population that was single in selected years between 1947 and 1998, and confirms that a sharp decline in the

²⁸ www.rand.org/publication/lp/lp183/

²⁹ Homa Hoodfar, "The impact of male migration on domestic budgeting: Egyptian women striving for Islamic budgeting pattern", *Journal of Comparative Family Studies*, 28, 74. (1997), cited in Sajeda Amin and Nagah H. Al-Bassure, "Education, Wage Work, and Marriage: Perspectives of Egyptian Working Women", in *Journal of Marriage and Family*, December-2004, vol.66, no. 5, pp. 1287-99.

³⁰ *ibid.*

³¹ D. Singerman and H. Hoodfar, eds., *Development, Change, and gender in Cairo: A view from the household*, (Bloomington: Indiana University Press, 1996).

³² A.J. Coale, "A reassessment of fertility trends, taking account of the Egyptian Fertility Survey", in A.M. Mallouda, S. Farid, and S.H. Cochran, eds., *Egypt: Demographic responses to modernization*, (Cairo, Egypt: Central Agency for Public Mobilization and Statistics, 1989), pp. 21-42.

proportion of Egyptians marrying young occurred between 1966 and 1976, and the trend continued through the 1990s.

Table 3.9: Proportion of women and men aged 15-24 who were single, by age group; Egypt; 1947-1998

| Age Group | Women | | | | | Men | | | | |
|-----------|-------|------|------|------|------|------|------|------|------|------|
| | 1947 | 1966 | 1976 | 1988 | 1998 | 1947 | 1966 | 1976 | 1988 | 1998 |
| 15-19 | 0.56 | 0.66 | 0.78 | 0.78 | 0.89 | 0.87 | 0.93 | 0.96 | 0.99 | 0.99 |
| 20-24 | 0.20 | 0.23 | 0.39 | 0.43 | 0.56 | 0.69 | 0.75 | 0.80 | 0.82 | 0.99 |

Source: United Nations, 1958; U.S. Census Bureau, 2004.

Mubarak and the Islamists

The Islamists have had a noticeable impact in Egypt since the 1980s, in part as a result of the policies pursued by President Mubarak in the early years after he came to power in October 1981, following the assassination of President Anwar Sadat. With the aim of easing the tensions that had been created by Sadat's policies in September 1981, as well as consolidating the legitimacy of the new regime, Mubarak set out to create a broad national front against the threat posed by Islamist extremist. This he did by tolerating the moderate Muslim Brother (*al-Ikhwan al-Muslimun*, also translated as the Muslim Brotherhood) and other political forces. As a consequence social spaces, such as syndicates, university campuses, charitable and voluntary organizations, and so on, were given a considerable degree of autonomy. The Muslim Brothers took control of such spaces and, by providing their constituencies with services that superceded and surpassed those supplied by the state, were able gradually to gain the support of these constituencies and to build up an informal legitimacy. The legitimacy of the Islamists was thus derived

from society rather than from the state, which continued to deny them official recognition. Ironically, the spaces that had been initiated and maintained to legitimize the regime had turned into a source of legitimacy for its competitors. This eventually led the regime to reverse its policies and to launch an aggressive campaign against the Islamists.

What were the reasons behind the regime's policy changes towards moderate Islamists? The impact of the Muslim Brothers was not based simply on the services they were able to deliver, but that it depended also on *how* these services were delivered. Indeed, such services had an impact only when they were provided through an organized network and when, in addition, they were politicized as a means of undermining the regime's legitimacy. In the context of an erosion of state legitimacy, mounting social and economic pressures, and a docile multiparty system, this development was intolerable. Three components can be identified as being responsible for the real strength of the Ikhwan: first, a legitimacy gained from the provision of services, secondly, an organized network which enabled the services to be delivered effectively, and, thirdly, a politicized use of that legitimacy.

The Build-Up of Legitimacy: A major reason for the popularity of the Islamists in Egyptian society was based on their ability to address people's wider social needs and concerns. The Muslim Brothers have always been recognized for their involvement with the needs of society. However, from the mid-1980s and mid-1990s, this engagement became more obvious and robust than it had been in previous decades. The reason for this was partly related to the relative freedom that the movement had enjoyed when Mubarak came to power in 1981. As a result of the later policies of Sadat, Egypt's state-society relations had been tense. Mubarak had no option but to reconcile himself with political and social forces until his regime stabilized. He also tolerated the Muslim Brothers, alongside leftists and the Wafd Party, in order to create a broader national front against the threat posed by the extremist *al-Jihad* and *al-Jama'a al-Islamiyya* groupings. By accommodating the Ikhwan within the political process in 1984 and 1987, Mubarak aimed to buy the support of the moderates and to signal that the new regime was not antagonistic to the Islamist movement in general, but only towards its violent wing. The

result was the opening up of social, political, and economic spaces and opportunities, which the Ikhwan at once began to utilize.

Another reason for the social engagement of the Ikhwan was the presence of a new breed of activists, whose attitude towards state and society was more open and conciliatory. Religious identity and religious attitudes were no longer expressed in the strict segregationist terms of Sayyid Qutb and the generation influenced by him, but were redefined and negotiated to adapt to new realities and developments. This change in religious identity and discourse was particularly obvious on university campuses.

To conclude, the impact of the Muslim Brothers on Egyptian society has been the product of an ongoing process. The components of the process were based on the Islamists' ability to provide social services via an organized network of contacts and loyalties, and the outcome was an informal legitimacy, gained from society but not from the state. This legitimacy was politicized in the 1990s to impel the state officially to recognize the Islamists, but instead of conceding to Islamist pressures, the state launched an offensive campaign to uproot their influence.³³

Opposition to Mubarak's Family Planning Policy

The opposition to Mubarak's antinatalist policy particularly the Islamic movements, claimed that Egypt's economic problems – unemployment, lack of housing and inflation – were first and foremost the result of an inadequate governmental policy and misguided leadership rather than rapid population increase. In their view, the emphasis that the government put on the demographic factor was merely an attempt to find an excuse for its failure to bring about change and an improvement in the economy, particularly in the

³³ Hesham Al-Awadi, "Mubarak and the Islamists : Why Did the 'Honeymoon' End?", *The Middle East Journal*, vol.59, no.1, Winter 2005, p. 62.

standard of living of the lower classes.³⁴ Both the Islamic and the right-wing opposition asserted that the solution to Egypt's hardships lay in sustained development and rapid economic growth. They claimed that Egypt's economic potential was not being realized, and that a suitable social and economic policy could satisfy the needs of the entire population.³⁵

There was, however, an absence of unanimity on the part of the various groups opposing family planning policy. The new/old right, which had reorganized itself as the new Wafd Party, was unconvinced that an antinatalist policy could effect any basic change in the state of the economy and the society, and therefore opposed giving it priority of allocation resources to it. The secular right, however, did not fault the policy in terms of traditions or values.³⁶

Moderate Islamic groupings with ties to the government, as well as the moderate wing of the Muslim Brethren, did not entirely reject family planning (*tanzim al-usra*), holding that since it was designed to allow a certain time span between each birth for the protection of the health of the mother and her children, it was permitted by the Shari'a, as was the use of contraceptives for this purpose. However, restricting birth (*tahdid al-nasil*), that is, using contraceptives to prevent additional births after the second or third child, was forbidden by Islamic religious law. The basis of this approach was that the Shari'a did not recognize economic hardship as a reason for restricting family size. Children contributed to the wealth and well-being of the family and of society, according to the Islamic point of view, and every Muslim was required to have as many children as bestowed by Allah.³⁷

Radical Islamic movements rejected any kind of interference in the process of fertility, namely, birth restriction or family planning. Contraception was justified only when the

³⁴ al-Liwa al-Islami, 19 December 1985; Liwa al-Islam, 26 April 1990, cited in Gilber, n.2.

³⁵ Liwa al-Islam, 26 April 1990.

³⁶ al-Wafd, 28 September 1988.

³⁷ al-Liwa al-Islamic, 26 December 1985, 8 October 1987, 25 May 1989, 8 March 1990.

life of the woman was endangered by pregnancy. Any other factor, such as general health considerations or poverty, was not recognized as valid. The radicals viewed family planning as extreme heresy that challenged the fundamentals of Islam, reiterating accusations voiced by opponents of family planning in the 1950s and 1960s that the adoption of this policy resulted from pressure exerted by infidels, first and foremost the United States, who feared a large and strong Egypt. In this view, the adoption and enactment of such a policy signified the surrender of Egypt's rulers to foreign pressures and reflected weakness rather than a response to reality.³⁸

The coalition of forces opposed, in varying degrees, to family planning policy might not have been effective in restricting it to any significant extent were it not that these attitudes were held by large sectors of the population, especially in rural society. Egypt's rural society in the early 1990s still viewed having many children as a major asset, for three reasons. The first was related to the woman's interest: having many children reinforced the woman's position in the family. Conceivably, it was the most important element in determining her position and status vis-à-vis her husband, her husband's other wives, her husband's family generally and her mother-in-law in particular, and the community as a whole. Thus, women who did not acquire alternative sources of power (property ownership or a profession) strove to have many children.³⁹

The second reason related mainly to the man's perspective: children still constituted important aid in agricultural work and a contributing factor to family income. The third reason was common to both husband and wife: adolescent children were still the most important, if not the only, support for the couple when they reached old age. As this responsibility was borne by male children only, generally at least two male children were needed. With child mortality still high, couples sought to have at least seven children so that they might have two sons to guarantee care in old age.

³⁸ *Liwa al-Islam*, 1 November 1989.

³⁹ Wodad Zenic-Ziegler, *In Search of Shadows: Conversation with Egyptian Women*, London: Zed Books, 1988, pp. 37, 75.

Significantly, there was no conflict between the position of the wife and the husband in this context: both wanted many children. This desire was perceived as basic for survival and went beyond religious and other traditional norms. Religious functionaries in the Egyptian *rif* (Egypt's rural area) essentially reflected the attitudes of the public which they served, to a great extent legitimizing rather than molding popular opinion.

Conclusion

In this chapter we have elaborately dealt with the demographic challenges that were faced by Egypt. We have also discussed the measures taken by the Egyptian government to successfully implement family planning programmes. In course of our discussion we have observed the ups and downs that Egypt faced during its three stages of Family Planning. From the very start the government authorities made an attempt to weaken the influence of traditional norms that encouraged high fertility. Still in the first stage, many of the preachers, including those salaried by the government, resisted family planning and expressed explicit disapproval.

This explains the partial success in the first stage as the data on the contraceptive prevalence rate show that family planning policy was not the major factor accounting for the changes in fertility and natural increase. Still fertility dropped despite only a minute change in the contraceptive prevalence rate. The lessons learnt in the first stage were to be applied in the later stages.

There was a shift in the second stage from a direct to an indirect approach and it was largely due to political motivation. Sadat was trying to broaden support for his regime and hence made efforts to establish new relationships with the Muslim Brotherhood. He avoided a conflict with the position of the Muslim Brotherhood on reproduction. This stance of Sadat took its toll. Crude birthrates and rates of natural increase in the late

1970s and in the first half of the 1980s actually rose to the extent that the rate of natural increase was the highest of the century and probably the highest ever in Egypt. It was clear that the indirect approach could no longer be pursued; hence the necessary modifications were made in the third stage.

Family Planning policy was given high priority on the national agenda and it became a central policy issue in the third stage. Still the path was not so smooth. There were oppositions of various degrees from various Islamic groups and movements. However, there was an absence of unanimity on the part of these groups opposing family planning policy. To top it all, the regime had been walking a tightrope with regard to its relationship with the Islamic opposition. In light of these hard facts, it is understandable why Mubarak's regime adhered to a voluntary policy of birth control based on persuasion, lacking both negative and positive incentives. Considering the restrictions, which the government faced, the sharp drop in fertility that occurred in the third stage should be regarded as a significant achievement.

Chapter 4

Family Planning in Iran

The development of population policy in the Islamic Republic of Iran provides fertile ground for re-examining the widely held assumption that Islamist ideology is the antithesis of modernity. Recent strategies that the Islamic Republic has adopted to build a public consensus on the necessity of birth control and family planning indicate the flexibility and adaptability of that ideology in response to political and economic realities.

Family planning decision-making is closely associated with women's socio-economic status in society, and their autonomy and security within conjugal bonds. Women's preference for smaller families is crucial to the success of Iran's population programme because the Iranian government, like governments elsewhere, has shifted responsibility for birth control from men to women.¹

The Family Planning history in Iran can be divided in three distinct phases. The first phase started during the later part of 1960s and lasted until the Islamic Revolution. Immediately after the Revolution there was a total halt in family planning as the leaders of the Revolution termed any such policy as anti-Islamic. But the demographic monster raised its head during the later part of 1980s and hence the regime had no other alternative but to pursue a vigorous family planning policy and hence Ayatollah Khomeini ratified a national birth control policy in 1989. The entire history of Iranian family planning is accordingly divided into the three stages which are respectively titled: *Family Planning in Pre-Revolution Period*, *Family Planning During the Initial Years of Revolution* and *Family Planning after Khomeini*. These are dealt with in this chapter as

¹ Homa Hoodfar, "Devices and Desires: Population Policy and Gender Roles in the Islamic Republic", in Joel Beinin and Joe Stork, eds., *Political Islam – Essays from Middle East Report*. (London: I. B. Tauris Publishers, 2003), p. 220.

subsections. We begin this chapter by highlighting the demographic and social challenges that is faced by Iran.

Demographic and Social Challenges in Iran

The rapid growth of population, over urbanization and problem of human resource development are the major demographic challenges in Iran, whereas socio-economic inequality and dissent movements inspired by irredentism among the ethnic minorities pose serious social challenges to the Iranian Government. While studying the post-Revolution period, it is necessary to see the developments in this period in terms of the continuity and changes in the dominant socio-economic and demographic trends of the pre-Revolution period, especially the 1970s. Such a methodology underlines the fact that demographic and social structures do not always change as suddenly and quickly as the political system under the impact of a revolution.

Unlike the challenge from ethnic diversity, challenge from religious diversity in Iran is not that serious. About 98 per cent of the total Iranian population is Muslim. Of this, 91 per cent are Shiites and the rest Sunnis. Christians (0.7 per cent), Jews (0.3 per cent), and Zoroastrians (0.1 per cent) are recognized as official religious minorities. It is significant to note that the *Baha'is* who numbered about 300,000 in 1986, have not been accorded the status of a religious minority. Reportedly there is considerable religious discrimination against them as their faith is considered a "heretical offshoot" of Islam. Some 200 of them have been executed and thousands imprisoned since the Islamic Revolution in 1979.²

² Prakash C. Jain, *Population & Society in West Asia: Essays in Comparative Demography*, (N. Delhi: National Publishing House, 2001), p. 132.

Demographic Concerns in Iran: Government officials have cited Iran's expanding population as a major constraint on economic development. In July 1992 the head of the Population and Family Planning Department of the Ministry of Health stated that if the population continued to grow at a rapid rate, 600,000 new jobs would have to be created each year, and 40,000 classrooms and 500,000 houses constructed, the country's farmers would not be able to meet the demand for food and half the population would face starvation. Unemployment in 1991 was officially estimated at about 11% of the labour force, although other sources had suggested as recently as the previous year that the rate of unemployment might in fact be as high as 20%. Only 2.2m. new jobs were created between 1980 and 1990: an inadequate total, in view of unemployment at the end of the 1996/97 Iranian year (running from 21 March to 20 March) had fallen to 9.1%, compared with 10.0% a year earlier. According to preliminary data for 1997-98, however, unemployment increased to 13.1% in that year.³

Political Background of Iran

Modern Iranian history began with nationalist uprisings against foreign economic intrusions in the late nineteenth century. In 1906 a coalition of clergy, merchants, and intellectuals forced the shah to grant a limited constitution. A second revolutionary movement, also directed against foreign influence, was initiated in 1921 by Reza Khan, an army officer who, four years after seizing power, ousted the Qajar family and established the Pahlavi dynasty. Although Reza Shah initiated forced modernization of the country with Kemalist Turkey as his model, his flirtation with the Nazis led to the occupation of Iran by Soviet and British forces in 1941 and his subsequent abdication in favour of his son, Mohammad Reza Pahlavi. A subsequent upsurge of Iranian nationalism resulted in expropriation of the British-owned oil industry in 1951, during the two-year premiership of Mohammad Mossadeq.

³ The Middle East and North Africa 2005, 51st edition, *Europa Year Book*, (London: Europa Publication, 2005), p. 407.

In the wake of an abortive coup in August 1953, Mossadeq was arrested by loyalist army forces with assistance from the American Central Intelligence Agency (CIA). The period following his downfall was marked by the shah's assumption of a more active role, and culmination in systematic efforts at political, economic, and social development that were hailed by the monarchy as a "White Revolution". In March 1975 the shah announced dissolution of the existing two-party system (both government and opposition parties having been controlled by the throne) and decreed the formation of a new National Resurgence Party to serve as the country's sole political group.

By late 1977 both political and religious opposition to the shah had further intensified. Conservative Muslim Sentiment, on the other hand, centred on the senior mullah, Ayatollah Ruhollah Khomeini, who had lived in exile since mounting a series of street demonstrations against the "White Revolution" in 1963, and the more moderate Ayatollah Seyed Kazem Shariatmadari, based in the religious centre of Qom. Both leaders were supported politically by the long-established Liberation Movement of Iran, led by Dr. Mehdi Bazargan.

By mid-1978 demonstrations against the regime had become increasingly violent. The shah on December 29 named a prominent National Front leader, Dr. Shahpur Bakhtiar, as prime minister designate. Ten days after Bakhtiar's formal investiture on January 6, 1979, the shah left the country on what was termed an extended "vacation". On 1st February, amidst widespread popular acclaim, Ayatollah Khomeini returned from exile and a week later announced the formation of a provisional government under a Revolutionary Council, which was subsequently reported to be chaired by Ayatollah Morteza Motahari. On February 11, Prime Minister Bakhtiar resigned, Dr. Bazargan being invested as his successor by the National Consultive Assembly. Despite a series of clashes with ethnic minority groups, a referendum on March 30-31, 1979, approved the proclamation of an Islamic Republic by a reported 97 percent majority. A rising tide of political assassinations and other disruptions failed to delay the election on August 3 of a constituent assembly (formally titled a Council of Experts) delegated to review a draft

constitution that had been published in mid-June. The result of the Council's work was subsequently approved in a national referendum on December 2-3.⁴

Iran as an Islamic State

In February 1979, following months of increasing widespread civil unrest, the staunchly pro-Western, authoritarian Pahlavi regime in Iran was overthrown. Much to the surprise of Western observers – although not too many observers in the region – the victorious new government came not from a palace coup by Iranian elites, nor from leftist movements that the shah had brutally suppressed, but from a conservative Islamic movement led by Ayatollah Ruhollah Khomeini, a prominent Shia cleric who returned from exile in Paris. With the success of the Iranian revolution, a new era of political Islam was born.

Khomeini's new "Islamic Republic" was a radical departure from the earlier revolutionary movements in West Asia. In contrast to Nasserism and Bathism, which combined a variety of anticolonial, Western, and Arab ideas, Khomeini and his followers implemented a conservative political agenda that derived entirely from traditional Islamic thought and practice. Although the details of the nature of "Islamic" governance are complex and hotly debated (including – in fact, particularly – within the Islamic Republic itself), three characteristics distinguish it.

The first is the use of Islamic law – the Shariah – in place of various systems of civil law. This went directly against the twentieth-century tendency in West Asia and other postcolonial regions to replace traditional legal systems based on religion and custom with uniform secular legal codes, often derived from the legal systems of former colonial powers. In practice, the implementation of Shariah also involves the imposition of

⁴ Arthur S. Banks and Thomas C. Muller, eds., *Political Handbook of the World: 1998*, (New York: CSA Publications, 1998). Also see *The Middle East and North Africa 2005*, 51st edition, Europa Year Book, (London: Europa Publication, 2005).

additional conservative social norms that are not actually addressed in the Quran, most conspicuously regarding restrictions on the behaviour of women.

Second, the Islamic Republic of Iran placed the supreme authority of the state in the hands of religious councils. These councils also chose a supreme religious leader, a post held by Khomeini until his death in 1989. However, the remaining familiar structures of a modern state – a president, parliament, court system, and so forth – remained intact. The decisions of these secular structures can be overturned by the religious authorities, but such decisions must be made on the basis of Islamic law and tradition rather than personal whim. Candidates for election to the secular government require approval from the religious authorities, and during his life-time Khomeini retained absolute authority on issues regarding war and other foreign policy matters, although he often chose not to exercise his power.

Finally, Khomeini followed an approach to Islam that placed a high priority on missionary efforts. Consequently, the Islamic Republic saw itself in the vanguard of an international revolution and immediately sought to export its model of conservative political Islam to other states. (In this regard, the agenda of Iranian fundamentalism appeared to the West to be very similar to that of international communism, despite some notable differences, and was treated similarly). Iran has had only limited success in its effort to promote political Islam, but the concept of a conservative Islamic state following Shariah has had tremendous influence throughout West Asia during the past two decades.

Twenty-five years after Khomeini's triumphant return to Iran, the experiment of the Islamic Republic can be regarded as a mixed success. Contrary to the predictions of many skeptics who expected an early end to a "medieval" governing structure imposed on an industrializing, urbanizing state, the Islamic Republic has survived, has been generally stable, and has thus far successfully coped with several major difficulties, including a devastating war with Iraq, the collapse of the price of oil, and substantial refugee inflows from Iraq and Afghanistan. However, the power of the religious authorities has weakened since the death of Khomeini, and the Iranian model has not been adopted by any other major state in the region.

Two factors account for this. First, in contrast to many depictions in the West, the Iranian model is not one of a totalitarian religious state. A functioning secular government remained in place, both for theological reasons (Islam emphasizes the importance of the *ummah*, the Muslim community as a whole, and not merely the *ulama*, the religious elites) and presumably because the Shia clerics had little interest in taking on the responsibility for filling potholes and collecting garbage. These secular political institutions provide a natural source of opposition to the power of the religious authorities, particularly in urban areas. Furthermore, the religious authorities themselves derive their power from the approval and respect of their followers, not from any intrinsic “divine right”. Khomeini had very broad support within Iran and therefore could mobilize millions of people, but no leader of Khomeini’s stature had emerged since his death, and competition for leadership within the religious councils has weakened their control.

Second, the fact that Iran’s Islamic Republic is based on Shia theology limits the direct appeal that the Iranian model can have elsewhere in the Islamic world. A small number of other areas – notably in southern Iraq, southern Lebanon, and Bahrain – have sufficiently large Shia populations where attempts could be made to apply the model directly (although in Lebanon, Syrian and Israeli military control have made even this impossible; elsewhere, Shia political movements have been suppressed by domestic security forces). In the predominantly Sunni populations elsewhere in West Asia, many of the *general* principles of the Islamic Republic may be attractive, but the specifics of the Shia implementation are not.

As a consequence, groups seeking the establishment of a conservative “Islamic” state have become important as sources of opposition throughout West Asia but have come to power in only three states: Sudan, Mauritania, and, to the east of Iran, Afghanistan. These countries were all very poor, geographically marginal, and, in the cases of Sudan and Afghanistan, weakened by decades of civil war. Islamic movements have mounted significant challenges in Egypt, Syria, Turkey, Gaza and the West Bank, and Algeria; in

both Syria and Algeria, these escalated to the point of civil war. But as of November 1999, all these states remained formally secular.⁵

Political Transformation in Iran since 1979: Iran's political development since 1979 can be divided into three main stages⁶, which highlight the traditional and continuing conflict between conservatives who call for adherence to the revolution's strict ideology and reformists, who demand freedom and change.

The first stage (1979-88) may be termed as "Revolutionary Islam". At the beginning of the revolution, its leaders tried to convey that they were more liberal than was believed and that they did not oppose the rational values of the modern state. They also wanted to prove to their then liberal allies, who also opposed the ousted shah, that adopting Khomeini's philosophy would not mean a move away from modernism. Nevertheless, the revolution's leaders began to express unwillingness to bargain with its principles. They also began to impose revolutionary logic and religious values.

During the second stage, (1988-97), which was dubbed the "Second Republic", the government of then President Rafsanjani tried to rebuild the war-battered economy, deal with population growth and end the political isolation resulting from the previous decade's extremist and antagonistic policies, especially towards the US.

The third and current stage, which started in 1997, is the search for a more open society. It began with the election of Khatami, in May 1997, when he won against hardline rival Ayatollah Ali Akbar Nateq Nouri, Parliamentary speaker and the conservatives' nominee. The victory of Khatami ushered in a new period, one that has been described as a transition from the age of the charismatic leader to the age of people's welfare.⁷

⁵ Deborah J. Gerner, ed., *Understanding the Contemporary Middle East* (London: Lynne Rienner Publishers, 2000), p. 119.

⁶ Ehteshami Anoushirvan, *After Khomeini: The Iranian Second Republic*, (London: Routledge, 1995).

⁷ Niddie R. Keddie, *Iran and the Muslim World: resistance and Revolution*, (New York: New York University Press, 1995). Also see Martin Vanessa, *Creating an Islamic State: Khomeini and the Making of New Iran*, (I.B. Tauris, 2003) and Ehteshami Anoushirvan, *After Khomeini: The Iranian Second Republic*, (London: Routledge, 1995).

Family Planning in Iran in the Pre-Revolution Period

Two major researches occurred in 1966 that brought the need for family planning to the attention of the Iranian government. The first was a fertility study conducted in four regions of Iran by the Institute for Social Studies and Research, University of Tehran.⁸ The second was the Iranian Census of 1966. Since the latter was the second national census, population growth was rapidly apparent and demographers calculated a growth rate near 3 percent. The fear of population explosion was so great that the government launched its first official family planning programme in 1967 with the aid of the Population Council in the United States, and a Family Planning unit was established under the auspices of the Ministry of Health.⁹

Observations made during the 1966 census demonstrated considerable regional differences in the total number of divorced persons in the population as well as differences between the sexes. Urban area demonstrated a large percentage of divorce than rural areas; but the differences found between females and males were more significant, with females having nearly twice as many divorces than males (see Table 4.1).

As with the introduction of any new programme, a certain amount of resistance was encountered by political, economic, and religious leaders. However, after the Shah of Iran pledged his support, and a concerted effort was made to enlist the cooperation of various leaders, the family planning programme gained recognition. Family planning programmes were set up in many public clinics, first in Tehran and the Central Province and then in the remainder of the country. An educational training programme was

⁸ J.C. Chasteland and Mehdi Amani, F. Aminzadeh, H. Khazaneh, A. Moezi and O. Puech, *Etude Sur la Fecondite et Quelques Caracteristiques D'Iran*, (Tehran: Institute for Social Studies and Research, University of Tehran, 1968), cited in Das, Man Singh, ed., *The Family in the Muslim World*, (New Delhi: M. D. Publishers, 1991), p. 103.

⁹ A.M. Sardari, "Family Planning in Iran," *The Journal of Medical Education*, 44, Part2, (November, 1969).

conducted for medical and paramedical personnel to help clarify points about birth control and to encourage communication of the message to the general population. After military selection was extended to include women, many were sent to work in family planning clinics.¹⁰

Table 4.1: Marital Status in Rural and Urban Areas of Iran by Sex, 1966

| Marital Status | Total country % | Urban % | Rural % |
|-----------------|-----------------|---------|---------|
| Males: | | | |
| Total | 100 | 100 | 100 |
| Married | 56.5 | 52.0 | 59.7 |
| Widowed | 1.7 | 1.2 | 2.1 |
| Divorced | 0.5 | 0.6 | 0.4 |
| Never Married | 40.9 | 45.7 | 37.4 |
| Not reported | 0.4 | 0.5 | 0.4 |
| Females: | | | |
| Total | 100 | 100 | 100 |
| Married | 61.0 | 56.7 | 64.0 |
| Widowed | 10.8 | 11.3 | 10.4 |
| Divorced | 1.0 | 1.4 | 0.7 |
| Never Married | 26.7 | 29.9 | 24.5 |
| Not reported | 0.5 | 0.7 | 0.4 |

Source: Iranian Statistical Center, *National Census of Population and Housing*, November 1966, Total Country- Settled Population, Volume 168, Tehran: Plan Organization, March 1968, Table 4.

However, although a concerted attempt has been made since the establishment of the programme, most of the energy and funds have been spent in the clinics themselves, rather than for a communication campaign in the society at large. The Esfahan 'shahrestan' was one area with an extensive communication campaign, which had

¹⁰ Man Singh Das, ed., *The Family in the Muslim World* (New Delhi: M. D. Publishers, 1991), p. 104.

included a built-in evaluation of the family planning programme and of the communication campaign itself. This programme was supported by the Esfahan Ministry of Health.¹¹

Communication of the family planning programme message is absolutely vital for the acceptance of the programme by the population at large because of the traditional attitude of Iranians toward children. In Iran, the saying, "Who gives teeth, gives the bread," meaning that God gives the children so he will also provide for their necessities and the family should not worry, is indicative of this attitude. Children have traditionally been highly valued for their economic worth, especially in rural areas because boys labour in the fields and provide a means of support for aging parents. Girls contribute to the income of the family through carpet weaving, at least until marriage. Although urban life is now making a large number of children more of an economic burden, the extended family pattern, which expects children to be a source of emotional and economic support to the elderly and widowed and provides a way of building a family power structure, still contributes to the desire for large families. Some men consider children proof of male virility. In other cases, there is a fear of contraceptives.¹²

In 1973, the Pahlavi regime legalized abortion during the first trimester of pregnancy, with permission of the husband. Through a network of family planning clinics, the Ministry of Public Health made contraceptives available. The national women's organization, along with other associations, promoted and distributed contraceptives. Devices and techniques such as the IUD, tubal ligation, and vasectomy were introduced, but given the over all lack of resources, the pill became by default the contraceptive of choice.

¹¹ Robert Gillespie, *Family Planning Communication Projects in Esfahan*, (Esfahan: Esfahan Health Department, 1972).

¹² Das, n.10, p. 104.

There was already considerable demand, particularly among urban middle-income groups dissatisfied with traditional methods. Though there was little effort to extend family planning to the rural population, nationally an estimated 11 percent of women of childbearing age used some form of contraceptive.¹³

Despite considerable improvement in the GNP and per capita income, infant mortality remained very high due to the inequitable distribution of public services. But several changes were introduced to improve women's status both within the family and in the public arena, including efforts to include women in the labour market. The legal age of marriage for women was increased to eighteen, and in 1975 marriage and divorce law was reformed to limit men's arbitrary right to divorce and to enter into polygamous marriages.¹⁴ Although implementation was problematic, the symbolic value of these moves was considerable, and conveyed to women and to the general public that women's rights were officially recognized.

Family Planning in Iran During the Initial Years of Revolution

With the establishment of the Islamic regime, in 1979, the family planning programme fell into disarray. The new regime did not formulate an explicit population policy. Many conservative leaders continued to insist that contraceptive devices had been developed by Western powers in order to subjugate oppressed nations and to limit the number of Muslims. The government officially encouraged early and universal marriage and further lowered the minimum age for marriage. Contraceptives became difficult to obtain, as the stock of modern devices, primarily imported, was soon depleted. The side effects of contraceptive pills on women's health became a popular subject of discussion,

¹³ Akbar Aghajanian, "Population Change in Iran, 1966-86: A Stalled Demographic Transition?" *Population and Development Review*, 17 (1991), p. 708.

¹⁴ Eliz Sansarian, *The Women's Rights Movement in Iran: Mutiny, Appeasement and Repression from 1900 to Khomeini*, (New York: Praeger, 1982), p. 96.

particularly in women's religious gatherings (*sofreh*) where issues of marriage and family are traditionally discussed.¹⁵ Iran's fertility level, not surprisingly, increased immediately after the revolution.

A national survey in 1986 estimated Iran's population at over fifty million, which had a sobering impact on the more astute members of the government. The high birthrate and increase in population, together with the depressed economy and massive migration from the war zones to Tehran and other major cities, placed considerable demands on the government. The government of the oppressed, as it portrayed itself, had committed itself ideologically and constitutionally to the provision of basic amenities and equal opportunity in order to move toward a just Islamic society. The leadership was also conscious that Iranian politics is made in the major cities, where shortages and failure to meet basic needs could have severe consequences.

Iran, with over 64 million people estimated in 1997, is the most populous country in West Asia. Much of Iran's population growth occurred since the Islamic Revolution. Thus, whereas during 1970-80 the average annual population growth rate was 3.3 per cent, it rose to 3.6 per cent during 1980-91 (see Table 4.2).

Table 4.2: Iran's Population Growth and Projections

| | |
|---------------------------|------------|
| Population | |
| 1976 | 34,000,000 |
| 1986 | 48,000,000 |
| 1997 | 64,000,000 |
| 2015 | 83,000,000 |
| Average Annual Growth (%) | |
| 1970-81 | 3.3 |
| 1980-91 | 3.6 |
| 1991-2000 | 3.4 |

Source: World Bank, *World Development Report, 1993*, p.289, Data for the years 1997 and 2015 are based on *Human Development Report, 1999*, p. 198.

¹⁵ Anne Betteridge, "The Controversial Vows of Urban Muslim Women in Iran," in N. A. Falk and R. M. Gross, eds., *Unspoken Worlds: Women's Religious Lives in Non-Western Cultures*, (New York: Harper and Row, 1980).

In absolute terms, population grew by two-thirds in 14 years: from 36 million before the revolution to over 61 million in 1993. Table 4.3 presents data regarding fertility and mortality.

Table 4.3: Demography and Fertility in Iran

| | 1970 | 1991 | 2000 |
|--|------|------|------|
| Crude birth rate (per 1,000 population) | 45 | 44 | -- |
| Crude death rate (per 1,000 population) | 16 | 9 | -- |
| Total fertility rate | 6.7 | 6.2 | 5.6 |

Source: World Bank, *World Development Report*, 1993, p. 291.

Pressure from more enlightened segments of the religious and political leadership resulted in an explicit pronouncement that the use of pills and other contraceptives, which would temporarily stop the creation of a fetus, was not *haram* (prohibited). The announcement, justified in theological terms, paved the way for the reformulation of population policies over the next few years. By 1988, the question of overpopulation and its danger, on the national and international scale, had found its way into the political speeches of various leaders. After Ayatollah Khamenei discussed the necessity of introducing family planning in a Friday sermon, the government issued a national birth control policy, which Ayatollah Khomeini ratified shortly before his death in 1989. A Board of Family Planning directly under the control of the Minister of Health, started its activities at once.¹⁶

¹⁶ Hoodfar, n. 1, p. 222.

Family Planning in Iran after Khomeini

The Iranian example is particularly instructive for understanding the interaction between religious teachings and the role played by religious institutions. As Hoodfar and Assadpour¹⁷ explain, in the immediate post revolutionary period religious leaders spearheaded opposition to family planning, which was portrayed as part of a Western plot to reduce the size and influence of the Muslim population. Their teachings, which contrasted with the generally positive view of family planning that had been advanced by religious leaders under the Shah, led to considerable confusion among the population.

But those religious leaders who now also held positions of political leadership were soon faced with the need to solve many problems that were aggravated by the rapid growth of Iran's population. Moreover there was considerable pressure from intellectuals, civil servants, and elements of the general population to support a policy that would make access to contraception easier and slow the rate of population growth. This pressure led to widespread debate in which religious leaders played an important part and in turn forged a consensus that the practice of family planning was, under most circumstances, consistent with the teachings of Islam. Perhaps most importantly, once consensus had been achieved, it became possible for state authorities to use the institutions of the faith to promote contraceptive use.

The vast network of mosques, which extended to even the most remote villages, was employed to spread the details of the officially sponsored population programmes. Local religious leaders were especially effective in presenting the message in a way that would be acceptable to poorer, less-educated Iranians who might have resisted the advice, had it been offered by government officials. Thus, in spite of an environment that still involves substantial restrictions on the social roles open to women, restrictions that are at least partially religiously based, religious leaders have made a substantial contribution to Iran's rapid decline in fertility, which saw the total fertility rate fall from 5.6 in 1986 to 3.3 in

¹⁷ Homa Hoodfar and Samad Assadpour, "The Politics of Population Policy in the Islamic Republic of Iran", *Studies in Family Planning*, vol. 31, no. 1, March 2000, pp. 19-34.

1995. Iran's experience underlines the need for demographers to attend both to the content of religious beliefs and to the willingness and ability of religious leaders and institutions to promote compliance with those teachings among their followers.¹⁸

Perhaps the most important factor responsible for population explosion during the 1980s was the Iran-Iraq war and the Iran's need to raise a massive army to counter the Iraqi threat. The Iranian Government gave several incentives to families in order to produce more children: extra ration coupons, housing subsidies, and subsidies for children's clothing, etc. At the same time, marrying the "widows of martyrs" and enable them to produce more "Soldiers" for Ayatollah's "army of 20 million" that was to export the Islamic revolution abroad became a sacred duty.

The American support to the Shah regime and subsequently its attitude towards the Islamic Revolution prompted the late Ayatollah Khomeini to tell Iranians that every Iranian child born served as "an arrow through the heart of America". Today, this exhortation has boomeranged on Iran itself: each child born today is a shot through the heart of Iran. So much so that not only the government but some of the clerics are also alarmed by the rapid population growth.

Table 4.4: Average Annual Population Growth in Iran

| 1970-1981 | 1980-1991 | 1991-2000 |
|-----------|-----------|-----------|
| 3.3 | 3.6 | 3.4 |

Source: WB, WDR, 1993, p.289; HDR, 1999, p. 198.

¹⁸ Kevin McQuillan, "When Does Religion Influence Fertility?", *Population and Development Review*, vol. 30, no. 1, March 2004, p. 25.

Building National Consensus

The most outstanding innovation in the Islamic Republic's family planning policy has been the way in which the government has tried to raise general knowledge and understanding of population questions rather than limit its focus to promoting contraceptives. Political and religious leaders frequently address the importance of family planning in nationally televised speeches, and particularly in Friday sermons which publicly define the government's political and ideological lines.¹⁹ The government has also supported research and publication on the question of population and Islamic family planning, including a compilation of medieval writings which demonstrate that family planning has been a concern of Islamic societies long before it was a Western interest.²⁰

A number of broad and overlapping themes have emerged.²¹ First, the talks raise the question of whether the world can continue to support an ever increasing population, using concrete examples drawn from China, the Philippines, India, Pakistan, Bangladesh, and other developing nations. Another technique examines, in simple and accessible language, the consequences of increased population for domestic food production and dependency, and education and health care costs. By contrast, Western countries, with their low rates of growth and much more balanced population pyramids, can provide education and health care to their peoples and in this manner continue to reinforce their power over the rest of the world. Public discourse phrases it thus: Muslim nations are forced to beg food from North Americans; for reasons such as this the Prophet and other *ulama* (religious scholars) allowed Muslims to practice contraception in times of economic hardship.

Another frequent theme is whether family planning (*tanzim-e-khanevadeh*, or family organization in Persian) is a public issue or a strictly individual family concern. Official speeches stress that in Muslim societies individual decisions have always been taken with

¹⁹ These Friday talks and many other official talks and interviews are also printed in major national print media, including women's magazines.

²⁰ Hoodfar, n. 1, p. 223.

²¹ These are usually delivered in the form of questions and answers, the traditional way 'ulama' deliver their sermons.

much concern for the public interest, while communities have respected individual rights. If Iranians want to build an able, intelligent, educated Muslim nation, official speeches argue, they must find a balance between their individual desires as parents and what society can afford. These arguments are presented with specific comparisons to advanced nations, particularly Japan, which has come to represent a technological ideal to Iranians.²²

The official discourse asserts that all temporary means of contraception accord with Islamic practice, and backs this opinion with references to various Shii and Sunni texts and *fatwas* (religio-legal opinions). Tubal ligation and vasectomy are controversial, as they make an individual *aghim* (unable to bear children). A number of '*ulama*', however, argue that if reversal of the operation is possible, then there is no Islamic barrier. Others claim that a person who already has children cannot be considered *aghim*, but those who do not should not choose these methods. Despite some popular resistance, government-run hospitals perform such operations free of charge. The major complaint is that there are not enough specialists, particularly women, to meet the demand, and consequently there is a long waiting list for the procedures.

Abortion, the most controversial and problematic issue, officially remains illegal unless the pregnancy is judged detrimental to the psychological and physical well-being of the mother. Ironically, Ayatollah Beheshti, an important conservative leader of the revolution, outlined a theological approach which was instrumental in liberalizing the abortion law in 1973. Today, if an illegal abortion takes place during the first hundred and twenty days, before the "ensoulment" of the fetus, the person who performed the abortion has to pay a *dieh* (blood money) to the fetus's lawful heirs, usually the parents. After the time of "ensoulment", abortion is equivalent to murder and punishable by a higher blood price. In practice, medical attestations concerning the woman's health are regularly signed. (But in practice, abortion is frequent, and the case of a doctor being reprimanded, is hardly ever heard.)²³

²² Hoodfar, n. 1, p. 223.

²³ *ibid.*, p. 224.

By introducing medical “facts”, religious leaders argue that women should only bear children between the ages of twenty and thirty-five. (This theme is frequently discussed by religious leaders and on radio and television programmes).

The government has worked relentlessly to create a broad consensus on family planning at the national level, hosting several widely publicized national and international conferences on population in Tehran. Additionally, there are plans to include population and the history of Islamic family planning in the national curriculum at all levels, and to include information on family planning in adult literacy classes, many of which are held in the local mosques. Although not all these goals have been realized, their existence indicates a comprehensive and sophisticated approach. There are also segregated sessions for male and female workers in larger industrial establishments. Following Chinese and Indonesian models, many large work-places include health clinics which provide contraceptives. In rural areas and smaller communities, information and discussion sessions on population and birth control methods are held in “health houses” (local clinics) or in local mosques (usually because there is no clinic or its space is limited).

The government’s family planning programme demonstrates an understanding of the complex web of variables which influence fertility levels. In an attempt to prevent the kind of criticism directed at the pre-Revolutionary family planning programme, the Islamic republic has paid the utmost attention to defining family planning as the prevention of unwanted pregnancies in order to improve families’ and society’s physical and social health. Several Ministry of Health documents underline the improvement of women’s position within family and society as the cornerstone of successful family planning. In the largest health survey in the central province – Tehran – 96.7 percent women said they agreed with family planning.²⁴

²⁴ Joel Beinin and Joe Stork, *Political Islam – Essays from Middle East Report*, (London: I. B. Tauris Publishers, 2003), p. 218.

Table 4.5: Fertility and Mortality of Iran

| Crude Death Rate | | | Crude Death Rate | | | Total Fertility Rate | | | |
|------------------|------|------|------------------|------|------|----------------------|------|------|------|
| Per Thousand | | | Per Thousand | | | | | | |
| 1965 | 1970 | 1990 | 1965 | 1970 | 1990 | 1965 | 1970 | 1990 | 2000 |
| 46 | 45 | 45 | 18 | 16 | 9 | 7.1 | 6.7 | 6.2 | 5. |

Source: WDR, 1992, pp. 270-71; WDR, 1993, p. 291.

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Since 1989, when the first population policy of the Islamic Republic was formulated, the Family Planning Board has regenerated itself well beyond its pre-Revolution capacity in terms of research and public services. Apart from major urban hospitals and clinics, there are “health houses” in rural areas where resident nurses provide family planning services and information along with other services, although the number of centres still falls short of the regime’s goals.²⁵ In major cities, a lively private sector complements the government’s efforts, which are directed primarily at low-income citizens. Quantities of contraceptive pills, IUDs, condoms, and several injectable contraceptives have been imported and are distributed either free of charge or at heavily subsidized prices. Vasectomy and tubal ligation are legal and available at major hospitals. Due to a lack of trained personnel, the adoption of the IUD in small communities is more problematic. Much research is directed at identifying varieties of contraceptives with the fewest side effects.

²⁵ Hossein Malek Afzali, *Vaziet-e-salamat-e-madaran va kudakan dar jumhuriyyeh islamiyyeh iran* (The health status of mother and children in the Islamic Republic of Iran), (Tehran: Ministry of Public Health, 1370/1992), p. 19.

Every major study indicates that *azl* (coitus interruptus) is the most common method of contraception, although there is no effort at all by the government to promote it. Both the technical literature and government statistics indicate that men continue to play a prominent role in preventing pregnancies. But today women are the primary target of “family organization” campaigns. The common message is that while family planning should be a joint decision made by a woman and her husband, it is she who should implement the appropriate measures. Information sessions are held for men, but only the female forms of contraceptives are discussed. This suggests that the government holds women, not men, primarily responsible for implementing birth control. The Islamic Republic, despite its own rich Islamic family planning tradition, has chosen to adopt “Western” strategies and goals, with their gender biases.²⁶

Table 4.6: Demographic Trends with Total Fertility Rate in Iran

| Headings | Year | Data |
|---|-----------|------|
| Total Population (millions) | 1975 | 33.5 |
| | 1999 | 69.2 |
| | 2015 | 87.1 |
| Annual population growth rate % | 1975-99 | 3.0 |
| | 1999-2015 | 1.4 |
| Urban population (as % of total) | 1975 | 45.8 |
| | 1999 | 61.1 |
| | 2015 | 68.8 |
| Population under age 15 (as % of total) | 1999 | 38.7 |
| | 2015 | 27.2 |
| Population aged 65 and above (as % of total) | 1999 | 3.3 |
| | 2015 | 5.0 |
| Total fertility rate (per women) | 1970-1975 | 6.4 |
| | 1995-2000 | 3.2 |

Source: UNDP, *Human Development Report 2001*, (New York: Oxford University Press, 2001), p.155.

²⁶ Beimin, n. 21, p. 221.

Iran's population growth rate has dropped from an all-time high of 3.2 percent in 1986 to just 1.2 percent in 2001, which is one of the fastest drop ever recorded. From 1986 to 2001, Iran's total fertility has plummeted from 7 to less than 3. The United Nations projects that by 2010 total fertility of Iran will drop to 2, which is the replacement level fertility (see Table 4.6 and 4.7). This success provides a model not just for other Muslim countries but also for all other Third World developing countries.²⁷

Table 4.7: Current Population Dynamics of Iran with Projection

| Total Population | | | Average annual Population Growth rate | | Population Composition | | | Dependency ratio dependents as proportion of working-age population | | Crude Death Rate | Crude Birth Rate |
|------------------|------|------|---------------------------------------|-----------|------------------------|------------|----------|---|-----|------------------|------------------|
| millions | | | % | | % | | | | | Per 1,000 people | Per 1,000 people |
| 1980 | 2002 | 2015 | 1980-2002 | 2002-2015 | Ages 0-14 | Ages 15-65 | Ages 65+ | Young | Old | 2002 | 2002 |
| 39.1 | 65.5 | 77.5 | 2.3 | 1.3 | 30.8 | 64.4 | 4.7 | 0.5 | 0.1 | 6 | 18 |

Source: The World Bank, *World Development Indicators*, 2004, p. 39.

Law of 23 May 1993 pertaining to population and family planning²⁸

Article 1. All privileges envisaged in the law according to the number of children are no more valid regarding the fourth child and more, born one year after enactment of this law. The children born prior to this date would be enjoying the privileges as envisaged by the law.

²⁷ www.earth-policy.org/updates/updates4ss.htm

²⁸ *National Report on Population, the Islamic Republic of Iran*, Tehran, Iran, Government of Iran, 1994, pp. 20-21, <http://cyber.law.harvard.edu/population/policies/IRAN.htm>

Note 1. The procedure of using the privileges envisaged in the labour law and approved on November 19th, 1990 by the Council to Identify the Expediencies of the System as well as the social security law approved in 1965 is as follows:

Maternity leave for female workers (article 75 of labour law, and approved by the Council to Identify the Expediencies of the System on Nov. 19th, 1990) for the fourth child and more born one year after the approval of this law, will be decided separately and will be paid by the insured according to the tariffs set by social securities organization.

Article 2. The Ministries of Education; Culture and Higher Education; Health and Medical Education and Islamic Culture and Guidance are entrusted with the task to implement following programmes:

A. The Ministry of Education is assigned with the task of effectively incorporating the educational materials regarding population and mother and child health care in the curriculum texts.

B. The Ministry of Culture and Higher Education and the Ministry of Health and Medical Education are entrusted with the task [of including] the subject of population and family planning in all educational curriculums.

C. The Ministry of Islamic Culture and Guidance is called to prepare grounds for active and effective participation of journalists, film makers and other artists related in a way to the Ministry in order to increase the general awareness of people regarding the population and family planning programmes.

Article 3. The Islamic Republic of Iran Broadcasting (IRIB) is entrusted with the task of producing and broadcasting of direct and indirect programmes to increase the general awareness about mother and child health care and population.

Article 4. The cost for realization of articles 2 and 3 will be compensated for by reduction in government expenditure through implementation of article one of this law.

Contraception and Abortion

Traditionally, in-laws and husbands expected brides to overcome pregnant as soon as possible, hopefully with a boy. If a wife did not become pregnant, in-laws and the husband generally complained and tried to find solutions. People blamed the wife for infertility. The husband of a barren woman might divorce her or possibly bring in an additional wife. Both courses of action brought trouble and loss of status to a wife. In August 2002, Parliament passed a law authorizing in vitro fertilization for couples unable to have children. Several decades ago, although becoming pregnant when too old caused embarrassment, women continued to have children well into middle age, often bearing eight, ten, or more. High child mortality took about half of children born, although this has been improving during the last several decades.

As late as the 1970s, older women and traditional midwives tried to use herbs, magical practices, or attempts to harm the fetus to prevent conception and induce abortion for women who did not want children. Such home methods did not effectively or safely prevent pregnancy and induce miscarriage. During the 1960s and even more in the 1970s, modern contraceptives became more readily available. Males usually did not like to use condoms, and high-dosage birth-control pills sometimes caused discomfort and health problems for women. Birth rates did fall somewhat until Islamic Republic officials encouraged reproduction to increase population during the Iran-Iraq War.

In December 1989, recognizing the serious overpopulation problem and the swelling proportion of children and youth to the rest of the population, the government launched an ambitious family-planning programme. Islamic clerics have energetically championed family planning, pointing to the higher standard of living and better provision for children that a smaller family allows.

Fertility rates have dropped dramatically. More than half of childbearing-age women now use contraceptives, and the rates are as high as 80 per cent in some urban areas. Birth control is provided free of cost. Maternity leave and other benefits are not available to women after their third child. Also, females are marrying later; young couples now often

postpone pregnancy for a period after marriage; and older women are bearing fewer children. Fewer children are dying, which has lowered pressures to have more children. Parents also are developing higher aspirations for their children. Female education is climbing, and girls entertain higher expectations for themselves. For the last several years, more girls than boys have passed the entrance exams and have been admitted to the government universities.²⁹ All of these factors contribute to the dramatically lowered birth rates.

Although according to law, abortion may be performed for mothers whose doctors will testify danger to their lives, fearing problems with the authorities, doctors are hesitant to perform this operation. In general, women do not have access to legal abortions. In August 2002, several reform-minded members of Parliament introduced for debate a bill to allow abortions in cases where three doctors testify to a severely deformed fetus. Many articles have appeared in Iranian newspapers on the merits of vasectomy, and the government has encouraged it. Couples must have blood tests before marriage. Couples must also take a course in contraception that is supposed to include discussion about AIDS.³⁰

The Islamic Republic has achieved considerable success in convincing the population to accept and practice family planning through a powerful consensus-building campaign and by establishing an effective network to provide affordable and reliable contraceptive means.³¹

²⁹ Mohammad Jalal Abbasi-Shavazi, "The Fertility Revolution in Iran", *Populations and Societies*, 373, (November 2001), pp. 1-4.

³⁰ Bahira Sherif – Trask, ed., *The Greenwood Encyclopedia of Women's Issues Worldwide: The Middle East and North Africa*, (London: Greenwood Press, 2003), p. 121.

³¹ Hoodfar, n. 1, p. 222.

Conclusion

In this chapter we have seen how Iran, fearing the population explosion, launched its first official family planning programme in 1967. This was the era of Shah and thus the aid of the Population Council in the United States was sought. We have also observed how vital the communication of the family planning programme message is for the acceptance of the programme by the population because of the traditional attitude of Iranians toward children. It is also notable that in 1973 Pahlavi regime legalized abortion during the first trimester of pregnancy, with permission of the husband. This was one step that could not be re-implemented at any later stages once the whole family planning programme was scrapped after Islamic Revolution and later it was resumed in later part of 1980s.

After the Islamic Revolution, there was a complete halt on the family planning policies and the religious leaders looked down the whole scheme upon. But the population explosion in the 1980s opened the eyes of these leaders who were now also the political leaders of the country and were responsible for the socio-economic upliftment of their people and country. The 1986 survey estimated Iran's population at over fifty million, which sent an alarming signal among the authorities. By 1988, the question of overpopulation and its danger had found its way into the political speeches of various leaders. The government issued a national birth control policy, which Ayatollah Khomeini ratified shortly before his death in 1989. Since then the country has never looked back.

Unlike Egypt, in Iran there is not much group opposition but the government had a pressing time in convincing its people that birth control was not anti-Islamic. This was a hard job to do considering the fact that the same regime held a tangentially opposite view on the issue just a few years ago.

However the Islamic Republic has achieved considerable success in convincing the population to accept and practice family planning through a powerful consensus-building

campaign. Political and religious leaders frequently address the importance of family planning in nationally televised speeches, and particularly in Friday sermons, which publicly define the government's political and ideological lines.

In an attempt to prevent the kind of criticism directed at the pre-Revolutionary family planning programme, the Islamic Republic has paid the utmost attention to defining family planning as the prevention of unwanted pregnancies in order to improve families' and society's physical and social health. These efforts have brought encouraging results. Iran's population growth rate has dropped from an all-time high of 3.2 percent in 1986 to just 1.2 percent in 2001, which is one of the fastest drop ever recorded.

Chapter 5

SUMMARY AND CONCLUSION

We had started our research with certain objectives in our mind. Before summarizing the entire study, it wouldn't be out of place here to take up those objectives one by one. Sticking close to the topic of research, our first objective was to examine the nature of religious opposition to family planning programmes. We have seen that the issues related to birth control are highly controversial and the stance of various religious groups varies in degrees. Since Egypt and Iran are mainly Muslim dominant societies and major opposition to family planning programmes are from Islamic groups, we have studied them in course of our research.

At one extreme are the followers of Ghazali's opinions where they do not find Islam as an anti-thesis to family planning. At other extreme are those puritanical Islamic groups who hold that any talk related to birth control is a completely heretic. Other groups fall in between these two extremes. The government of these countries, compelled to resolve the population-related problems, have tried to understand such religious oppositions in full extent and have accordingly responded in a balanced measure. Having highlighted the nature of religious opposition and its component – the religious influence on fertility – we gave an account of the debate on the issue of family planning under the light of Islamic position, which was our second objective of study.

Our next objective was to explore the history of family planning in Egypt and Iran. We have seen that Egypt was the first Arab country in West Asia to adopt a family planning policy. The application of this policy began in December 1965. From then on, family planning policy underwent major changes. There were three stages in Egyptian family planning programmes, each of which saw some new measures introduced by the government. During the first stage (1965-1972), the family planning achieved partial success and there was a low contraceptive prevalence rate. Still there was the reduction in fertility and birthrates due to the war situation in Egypt during that period.

There was a shift in the second stage (1973-1984), from direct to an indirect approach and it was politically motivated. During this period, Sadat was trying to appease the Islamic groups, particularly Muslim Brotherhood and hence could not take any radical measures. There was an abrupt halt in the growth of the Egyptian economy in the mid-1980s and hardship due to population increase intensified. This necessitated a pronounced change in the third and current stage, which started in 1985.

The announcement by the government of the establishment of a National Population Council in January 1985 reflected this change in approach regarding government's fertility policy. Despite intensive efforts to bring about lower fertility rates, family planning policy during this stage remained non-coercive and soft. The government's natalist policy, however, suffered from intrinsic contradictions. Significant direct and indirect pronatalist components were still part of Egyptian social policy in the early 1990s. Mubarak's antinatalist policy faced oppositions from Islamic movements. However, Moderate Islamic groupings with ties to the government, as well as the moderate wing of the Muslim Brethren, did not entirely reject the Family Planning. The fiercest opposition came from the Radical Islamic movements, which rejected any kind of interference in the process of fertility.

Nevertheless, a significant difference in approach and implementation in several areas was adopted from 1985 onward, revealing a leap forward. Considering the restrictions with which the government contended, therefore, the sharp drop in fertility rates that occurred at the end of the 1980s should be regarded as a significant achievement. Population growth in Egypt is no longer a pressing policy concern. Egypt's total fertility rate has fallen from 7.2 children per woman in the early 1960s to 3.4 in 1998. United Nations Population projections suggest that the TFR in Egypt will decrease to two children by 2020-2025. The implication of this development goes beyond the Egyptian context. If the government can maintain this process in the years to come, the experiment could become a model for other Third World countries struggling with the phenomenon of rapid population growth.

The first official family planning programme in Iran was started in 1967 despite certain amount of resistance by political, economic and religious leaders. However, the Shah of Iran pledged his support and a concerted effort was made to enlist the cooperation of various leaders. Despite a sincere effort by the government, infant mortality remained very high. Thus several changes were introduced to improve women's status. The symbolic values of these steps were considerable and it seemed that family planning in Iran had come to stay.

But with the establishment of the Islamic regime, in 1979, the family planning programme fell into disarray. The new government took a stance of pro-natalist policy, encouraged early marriage and further lowered the minimum age for marriage. The war with Iraq also gave weight to the government's pro-natalist stance. However, Iran soon realized the problems related to population explosion. The high birthrate and increase in population, together with the depressed economy placed considerable demands on the government. Pressure from more enlightened segments of the religious and political leadership resulted in an explicit pronouncement that the use of pills and other contraceptives, which would temporarily stop the creation of a fetus, was not *haram*. The tone was thus set in favour of family planning and after the ratification of a national birth control policy by Ayatollah Khomeini, Iran started its family planning programme in a full fledged manner.

The most outstanding innovation in the Islamic Republic's family planning policy has been the way in which the government has tried to raise general knowledge and understanding of population questions, rather than limit its focus to promoting contraceptives. The official discourse asserts that all temporary means of contraception accord with Islamic practice, and backs this opinion with references to various Shii and Sunni texts and *fatwas*. Abortion, the most controversial and problematic issue, officially remains illegal unless the pregnancy is judged detrimental to the psychological and physical well-being of the mother.

The government worked relentlessly to create a broad consensus on family planning at the national level and its family planning programme demonstrates an understanding of the complex web of variables, which influence fertility levels. All these efforts on part of Iranian government have brought encouraging results. From 1986 to 2001, Iran's total fertility has plummeted from 7 to less than 3. The United Nations projects that by 2010; total fertility of Iran will drop to 2, which is the replacement level fertility. This success too, provides a model not just for other Muslim countries, but also for all other Third World developing countries.

Thus we have elaborately dealt with the state's role in implementing family planning programmes through the examples of Egypt and Iran. In course of doing so, we have highlighted the methods and techniques adopted by these governments to overcome the religious opposition to the family planning programmes.

To sum up, we enlist, in short the major findings of this research. In due course it would be interesting to observe the extent of departures from the hypotheses that we have enlisted in the introductory chapter. Our first finding is that the Religion is a dominant opposing force to the family planning programmes, but they vary in degrees from group to group, subscribing to various different ideologies pertaining to the same religion. In Islam's case, particularly, there is no consensus on the issue of family planning. The second finding is that the vagueness in Islamic position and the pressing need of population control have resulted in the conflict regarding family planning. The third important finding is that while state plays dominant role in implementing the family planning programmes, its success or failure largely depends on the attitude of the individuals who are the ultimate beneficiaries of such policies. Further, such attitudes can be modified through wide information network and awareness campaigns and the state has considerable power to do so. Our last finding is that the religion's role is different in Egypt and Iran. While there is scope of dissent in Iran, it is not so in case of Egypt.

Finally, we note that there have been some recent political developments in Egypt and Iran, which may have implications on the family planning policies and programmes of

the respective governments. Egypt is trying to project itself as a liberal-democratic state and has accordingly conducted elections, though nominally, for the post of President. Mubarak has been re-elected for the fifth six-years term as President. On the other hand, the conservatives have recaptured both Iranian Parliament and the office of the President. While political continuity seems to be well in place in case of Egypt, in Iran's case it seems doubtful. Mahmoud Ahmadinejad's election as the new Iranian President brings an abrupt halt to the reformation process, which were set in motion by Rafsanjani and carried forward more fiercely by Khatami. One only hopes that no such action is taken by the present government in these two countries, which may upset the gains that have been made in recent years in the field of population control and family planning.

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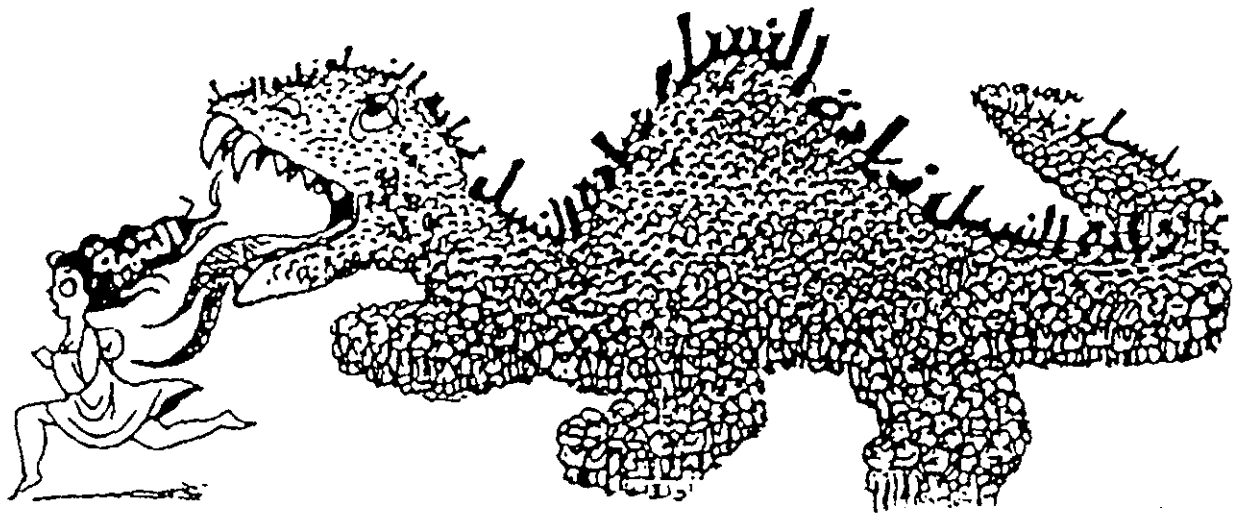
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Population Growth chasing Ms Development

Source: al-Ahram, 31 July 1988

