A perspective on fertility behavior of Iranian women

Farzaneh Roudi, Population Reference Bureau

A Research Paper Submitted to
IUSSP International Population Conference, Morocco 2009
Theme 11: Ethnicity, religion and culture
Session 1101: Ethnicity, religion and culture

The fertility behavior of Iranian women stands out among those of other Muslim countries, particularly those that are also governed by Islamic laws. Iranian women, on average, give birth to 2.0 children during their reproductive years, a rate similar to that of the United State and Tunisia, a Muslim country that has been governed by secular laws since its independence. The Iranian experience is unique because its fertility transition came about relatively quickly, under an Islamic government; and without having adopted restrictive fertility policies like China, or having legalized abortion like Tunisia or the United States.

Iran is a good show case for population programs, particularly for Muslim countries, that "when there is a *political* will, there is a way." Islam not only has not been an obstacle to Iran's population policy, but rather Islam is used to get public support. Khomeini's and other religious leaders' statements allowing family limitation and use of modern methods of family planning, were used for persuading people to accept the change in government's position towards family planning program. With the backing of religious community, Iran has established what the United Nations Population Fund (UNFPA) considers one of the world's best-functioning family planning systems. Today, nearly 80 percent of married women in Iran use contraception; the highest rate among Muslim countries and a rate comparable with a number of Western European countries, such as Finland, France, and Germany.

This paper examines the policy and programmatic aspects of the Iranian experience that have helped improve women's reproductive health and rights—while living under Islamic laws—and highlights lessons for other Muslim countries, such as Afghanistan, Iraq, or Yemen. It explores government's policies that contributed to families' desire for smaller number of children and the readiness of its national health system to meet the increased demand in family planning services.

Background

Prior to the Islamic revolution in 1979, Iran had policies to lower fertility. But the new Islamic government with its revolutionary and pronatalists slogans disrupted the family planning programs seeing it as part of efforts of the Westernization of Iran by Shah. Pronatalist social policies, such as lowering legal age for marriage, maternity benefits and family allowances to large families were put in place. The impact of the pronatalist policies was reflected in the results of 1986 census. The crude birth rate increased form 43 per thousand population in 1976 to 48 per thousand in 1986.

The Islamic government of Iran reversed its pronatalist policies to population-control policies in 1988, viewing its rapid population growth as a major obstacle to its social and economic development . Two factors were behind the 180-degree-move in the government's position. In 1988, the war with Iraq ended and, as the government was planning for the reconstruction of the country, the results of the 1986 census were out showing a total population of nearly 50 million that was growing at 3.9 percent a year; one of the highest rates in the world at the time.

Policy

The government was quick to move away from its pronaltalist slogans, and adopted policies encouraging small families. For example, in 1993 the Iranian parliament ratified a bill to encourage couples to stop at three children by refusing certain privileges, such as food rations, to fourth or higher order children who are born after May 1994. Family planning posters around the country read slogans, such as "One is good, two is enough." Since 1989, family planning services have become the major functions of the Ministry of Health Care & Medical Education.

It is important to note that the government's population policies although rooted in national economic interest, has matched families' need for fertility control. Although Iran's family program is integrated in the national primary health care system and provide a wide range of reproductive health care to women, the government of Iran has been very open about its goals of reducing fertility. This is in contrast with population policies and programs in other Muslim countries, where they are largely based on birth-spacing and/or improvements in maternal and child health, and do not openly talk about the aim of reducing unintended pregnancies. Iran's family planning program is the only one in the region that promote sterilization, for both males and females.

Iran's position in favor of population control and improvements in FP/RH was particularly evident in the events surrounding the United Nations International Conference on Population and Development (ICPD) held in Cairo in 1994. Over 200,000 ICPD posters were distributed throughout the country. Iran played important role in building consensus among Muslim countries in support of the Programme of Action, despite the publicity that it received for its alignment with the Vatican on the issue of abortion. The government, in collaboration with non-governmental organizations and a few international organizations (mainly UNFPA), has made successful efforts towards the implementation of the ICPD recommendations. In line with those recommendation for increased women's empowerment, Iran has expanded its Women Health Volunteers Program nationally. The program had 300,000 women volunteers in 1996 that provide RH/FP information and services to vulnerable groups in urban slums.

It is important to note that the strong political will on the government side, for the purpose of national development, has been matched with individuals' desire for small family and need for fertility control at the family level. High increase in cost of living and high aspirations of parents for themselves and their children have made large families not practical.

It seems that now women, who feel they are given their reproductive rights, are asking for more rights from their government. Women are playing important role in the politics of Iran (90% of voting age population voted in the presidential election of 1997). Also, the religiously inspired efforts to segregate the sexes have had unintended consequences providing additional jobs for professional women in some fields. Close to a third of government employees are women. Women particularly have high concentration in the Ministry of Education and the Ministry of Health, where 46% and 42% of the employees, respectively, are women. In other ministries, female employees make up just 10% of total employees.

Iran's Health Care Network System

Population and health experts close to Iran's family planning program attribute its success largely to the government's information and education program and to a health care delivery system that was able to meet reproductive health needs. Family planning is one of many health services provided by the system, which is based on different levels of care and an established referral system.

Iran's health care network has increasingly been recognized as a successful health system among developing countries. Benefited from both local and international experiences, the Iranian health care network has developed over the past three decades into a well-defined and practical integrated health care system. Praised by the international development community for its efficiency and coverage of basic health care services, the Iranian health system is seen to offer lessons to health planners in Muslim countries in particular and other developing countries in general. Family planning counseling and services are uniformly provides across country as part of the primary health care, that has succeeded in closing the gap in modern contraceptive use between rural and urban areas.

The Evolution of Iran's Health Network

Benefiting from both in-country and international experiences, Iran's national health system has evolved into a network of health care deliveries that covers the entire country. The most notable international experience that has its marks on the Iranian health care system was the International Conference on Primary Health Care that was held in Alma Ata (now Almaty, Kazakhstan), to the north of Iran and not far from its borders. During 1970s, the World Health Organization (WHO) led a global effort to achieve "Health For All" by 2000. The climax of the effort was this conference that was held in 1978. The conference document—known as Alma Ata Declaration [http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf]—made it clear that primary health care was the key in meeting the goal of "health for all." The Alma Ata Declaration put the responsibility for the health of people on their governments, while promoting maximum participation of communities.

In the same decade, in early 1970s, a series of pilot projects had been conducted in Iran, in an effort to find the best system for expanding medical and health services in rural areas. The end result of these pilot projects was the establishment of the "rural health

house"—that later became the cornerstone of Iran's rural health care network—and rural health provider, known as *behvarz*. The guiding principle of a "health house" was based on the concept that vaccine-preventable diseases, acute respiratory infections, and diarrheal diseases could be addressed by making simple technology and information available to even minimally trained personnel.

Then, the challenge was how to expand this concept of a "rural health house" from a few villages where the pilot projects were conducted to a uniform, national program in a vast country as Iran is with different topology and climatic conditions. Iran covers 1,648,000 square kilometers. According to the 1976 census, more than half of the country's population of 37.3 million people was living in than 66,000 villages at that time. It also should be noted that while the average size of a village was 400 people, half the villages had less than 200 people.)

With these and other local experiences, the international call "for health for all," and the political environment leading up to the Iranian revolution in 1979, Iran was ready to make significant changes to its health system. The ministry of health as the main government agency responsible for health services led the effort with three guiding principles to reshape the country's public health sector into a practical and comprehensive health network that it is today. The three principles for the change were to give priorities to: a) preventive over curative measures; b) to rural and impoverished areas than urban areas that presumably had a better access to health services; and c) to outpatient over inpatient services. By putting a major focus on rural areas in early years of the revolution, the Iranian ministry of health was able to establish its rural health network, expanding its concept of rural health house throughout the country.

From the structural point of view, the most drastic change to the Iranian health system came about in 1985, when the ministry of health and the office of higher education for medicine were combined into the Ministry of Health and Medical Education (MOHME). The rational behind such a unique merge was to narrow the gap that existed between the needed human resources in the health system and graduates from different levels of medical field. Each province was given the autonomy to train their health care force.

By design, now each province has at least one medical university (or more, depending on the size of its population) that is in charge of both training of health workers at all levels and provision of health services in that province (or a group of districts if there are more than one university hospital in the province). Universities are not obligated to accept only those students who are from the same province. Also, the graduates are not obligated to work in the same provinces where their medical schools were. From the structural point of view, the most drastic change to the Iranian health system came about in 1985, when the ministry of health and the office of higher education for medicine were combined into the Ministry of Health and Medical Education (MOHME). The rational behind such a unique merge was to narrow the gap that existed between the needed human resources in the health system and graduates from different levels of medical field. Each province was given the autonomy to train their health care force.