

## A New Direction in Population Policy and Family Planning in the Islamic Republic of Iran

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The birth control policy of the Islamic Republic of Iran can be traced back to 1967, from which time it continued to operate up to 1979. The policy was relaxed in 1979 following the establishment of the Islamic Republic but it was revived again in 1989. This article focuses on population policy changes and contraceptive use in the Islamic Republic of Iran since the establishment of the family planning programme in 1967. Before considering population policy and contraceptive use, an account of the country's population growth and change is presented.

Figure 1 shows the size of the Iranian population since 1900. The population size for the years before 1956 are best estimates (Bharier, 1968). From 1956, the decennial censuses, which were carried out in 1956, 1966, 1976 and 1986, provide useful benchmark data from which can be observed demographic change in recent decades. The country's first modern census in 1956 recorded a population of 18.9 million. Twenty years later in 1976, a population of 34.3 million was counted, which increased to 49.5 million in 1986. The most recent data from a 1991 population survey revealed a population of 55.8 million. The 1994 ESCAP Population Data Sheet estimates a mid-year population of almost 64.9 million (ESCAP, 1994).

Population growth was slow up until the end of the first quarter of the twentieth century. Bharier (1968) estimates that from 1900 to 1926 the average rate of population growth was less than 1 per cent per year. Apparently reflecting improvements in the standard of living, population growth doubled during the second quarter of the century. After the Second World War, the rate of population growth accelerated further, owing primarily to improvements in public health and notably to the eradication of malaria (Banani, 1961).

Table 1 summarizes the changes in the indicators of population dynamics since 1966. Between 1966 and 1976, the country's population increased at an average annual rate of 2.7 per cent. This decreasing trend in the rate of population growth reflects a lowering of the birth rate as shown in table 1. The total fertility rate (TFR) declined from 7.7 to 6.3, a decline of almost one child per woman. In sum, during the late 1960s and early 1970s, the country had entered a new phase in its demographic transition, one characterized by the onset of fertility decline. Although the lowering of the birth rate at the national level was relatively moderate, a major drop in fertility in urban areas clearly signalled the potential for a broad-based fertility decline.

**Table 1: Population growth rate in the Islamic Republic of Iran, 1900-1986**

Year	Population (millions)	Average annual growth rate (%)
1900	9.9	-
1927	12.0	0.8
1935	13.5	1.5
1941	14.8	1.5
1956	18.9	2.2
1966	25.7	3.1
1976	33.7	2.7
1986	49.4 <sup>a</sup>	3.8 <sup>b</sup>
1991	55.8	2.5 <sup>c</sup>

Source: Bharier, 1968; 1956-1986 rates are calculated from censuses.

Notes: a Includes 1.8 million refugees from Afghanistan.

b Growth rate calculated with the exclusion of 1.8 million refugees from Afghanistan is 3.4 per cent per year.

c Rate of growth as calculated by the Iran Statistical Center.

During the decade 1976-1986, the size of the Iranian population increased from 33.7 million to 49.4 million (Iran Statistical Center, 1990). This implies an average annual growth rate of 3.8 per cent during the post-revolutionary era. This high rate of population growth is partially accounted for by the influx of 1.8 million refugees from Afghanistan between 1980 and

1986. However, analysis of the available data suggests a marked increase in the crude birth rate during the 1976-1986 period. TFR increased from 6.3 in 1976 to 7.0 in 1986 (Aghajanian, 1991b).

Currently there is an indication that infant and child mortality continued to decline, especially during the 1980s. Infant mortality was estimated at about 112.4 per thousand live births during the period 1973-1976 (Iran Statistical Center, 1990). Estimates from the 1986 census reveal a rate of 88 per thousand by 1980 and a rate of 68 per thousand by 1986 (United Nations, 1992). It seems that the decline in infant mortality accelerated during the late 1980s. By 1992, an infant mortality rate of 43 per thousand births was reported (Population Reference Bureau, 1992). This is a decline of almost 60 per cent in infant mortality during the period 1976-1992. The increase in fertility and decline of infant mortality accelerated population growth during the period 1976-1986.

**Table 2: Population indicators in the Islamic Republic of Iran, 1966-1986**

Indicators	1966	1976	1986
Population size (millions)	25.7	33.7	49.4
Crude birth rate	49.0	42.7	47.6
Total fertility rate	7.7	6.3	7.0

Although traditional methods of contraception, including "coitus interruptus", have been practised from the earliest times in what is now the Islamic Republic of Iran (Moore and others, 1974), modern contraceptives were first introduced in 1960 when the commercial sector was allowed to import oral contraceptives for the private market. After the results of the second National Population Census were announced in 1966, it became obvious to government officials that there was a crucial need for a family planning programme, since the situation concerned not only the health of mothers and children but also the socio-economic future of individual families and the country as a whole. The Council of Family Planning was established in the Ministry of Health in 1967; the official family planning programme was launched with the appointment of an under-secretary in the Ministry of Health.

The aim of the programme was defined as the betterment and promotion of the physical, mental and socio-economic welfare of the family. The goal of the national policy was to increase health and welfare standards and to decrease the annual population growth rate. Later, during the Fifth Development Plan period (1973-1978), it was suggested that a national family planning programme would facilitate socio-economic growth through a reduction in the population growth rate from 3.1 per cent in 1971 to 2 per cent in 1978 (Plan and Budget Organization, 1973). Furthermore, Article 42 of the new penal code, passed by the Parliament on 16 June 1973, repealed restrictive abortion and sterilization laws. The new law, which was put into effect in November 1976, stated that "any type of medical or surgical procedure can be performed by a recognized physician with agreement of those who have the right to consent to the procedure in accordance with rules and regulations approved by the Government". This law created a loophole for carrying out induced abortions. In addition, university and high school curricula were permitted to include family planning information and population education (Nortman and Hofstatter, 1978). Therefore, the Government's attitude towards family planning changed from the stage, during the early 1960s, of enabling family planning choice and decision-making and making contraceptives available through the commercial sector to a stage in the later years of the 1960s and early 1970s characterized by active government concern about family welfare and the distribution of contraceptives through public clinics. The third stage of the aggressive programme involved a huge mass media campaign to promote family planning, as concern over the adverse effects of population growth on national economic growth heightened in the mid-1970s. However, by 1977, at the peak of the promotion of family planning activities, only 11 per cent of eligible women were using contraceptives (Aghajanian, 1989).

## 1979-present

The Islamic Republic of Iran did not consider population growth as a problem following its establishment in 1979, when population as a policy matter was dropped from the Government's agenda. The Family Planning Council of Iran was dissolved and the Government of the Islamic Republic of Iran officially discontinued the existing fertility control policy. Although Ayatollah Ruhollah Khomeini's fatva (direction) approved of birth control as long as it (a) does not hurt mothers and children and (b) excludes abortion, many family planning clinics which had been operating independently of the Department of Health were closed. In the Department of Health, family planning services were provided within the Family and School Health Clinics, which had several other tasks besides the provision of family planning services alone. Further, as time passed, when contraceptive supplies ran out they were not replaced.

Following the end of armed conflict with Iraq, official views about population size changed in light of the short-term and long-term problems that loomed vis-a-vis a rapidly growing population. The Government was then faced with a large population demanding food, health services, education and employment. In February 1988, for the first time, the Prime Minister issued a statement to members of the Cabinet regarding the topic of population as an issue. In March of that year, a committee was organized in the Ministry of Plan and Budget, consisting mostly of economists in the Ministry and a few demographers from universities. Their task was to prepare for the organization of a population seminar in August 1988. To facilitate the work of the conference committee, the Prime Minister issued a memorandum to all government ministries to the effect that the Government of the Islamic Republic of Iran was reconsidering "the issue of population growth". During the conference, which was held for three days as scheduled, a number of people from government offices and universities participated and

presented papers on various aspects of population. A very important resolution of the conference was that the rate of population growth in the Islamic Republic of Iran was high and this would have a negative effect on the welfare of the people. Hence, the participants strongly urged the Government to set up a family planning programme and integrate population factors in policy-making.

After the announcement of the various resolutions of that conference, the Secretary of Health, during a press conference, reiterated Ayatollah Khomeini's fatva regarding family planning, and announced that for the first time in the Islamic Republic a family planning programme would be established. He considered "birth control" as a "destiny factor" for the country and publicly encouraged women interested in preventing unwanted births to get help in government health clinics and health houses around the country (Malek-Afzali, press release/Conference, 1988).

While the official commitment of the Government to a family planning programme was announced in August 1988, the actual programme was not established until 1989. In December 1988, the High Judicial Council announced that "family planning does not have any Islamic barrier". This opinion allowed the Secretary of Health to prepare for the family planning programme and order supplies of contraceptives in 1989 (Nikzad, press release/Conference, 1988). The Government became seriously committed to the family planning programme in 1989 when the Prime Minister announced that "none of the government programmes (for development and the welfare of the people would) work without a serious family planning programme". He explicitly referred to the need for a serious solution to population problems and referred to numbers and figures as alarming for the future (Moosavi, 1989). The family planning programme that was announced in December 1989 has three important goals: (a) encouraging the spacing of birth with 3-4 years between pregnancies, (b) discouraging pregnancies among women below age 18 and over age 35, and (c) limiting the total number of children per family to three (Kalantary, 1989).

Political and financial commitment to the family planning programme has increased since 1989. At all levels and in all branches of Government, the size of the population is seen as a serious bottle-neck, especially in terms of the country's future development. A lot of publicity has been given to the importance of limiting the number of children to two or three and increasing the quality of children. Government officials, religious leaders and special television programmes by religious figures have reinforced and promoted the concepts of family planning and birth control, and fostered the idea of a "quality population". Further, new directions in population policy have included negative incentives for families with more than three children. The Assembly of Representatives (majles) recently approved a law regarding public benefits for couples having their fourth child; the law went into effect in 1994. Accordingly, the parents of the fourth child from then on would not receive certain government benefits, such as paid leave for mothers about to give birth. It is not clear if this law will include benefits such as food supplements and health benefits available to low-income women through maternal and child health clinics. However, the most important aspect of the new law is not so much the implementation of strict disincentives but their symbolic meaning: their existence implies that the Government considers population policy to be a very serious matter.

There has been strong encouragement for male and female sterilization. Pills and condoms are being made available free of charge to eligible women. Even the relatively new contraceptive methods such as Norplant and the injectable contraceptive Depo-Provera are being made available. The number of clinics and health houses providing family planning services have increased to 400 across the country (Assadpoor, 1992). Rural health centres have been increased extensively starting from 1993 (Namaki, 1993). The purpose of these centres is to provide family planning services along with general health care services. The programme gives strong emphasis to male sterilization "as a safe method with no physiological or psychological side-effects" (Malek-Zadeh, 1991a). To further promote this part of the programme, plans call for the training of general practitioners to carry out male sterilization (Assadpoor, 1992).

It is clear that financial commitment to the family planning programme has increased significantly in the Islamic Republic of Iran. In 1989, when the programme first began, no specific budget was provided for family planning activities. There has since been reference to financing the programme from different sources. For example, in January 1992, it was announced that the President had provided the programme with an extra RIs 50 million (almost US\$715,000 using the official exchange rate at the time). By 20 March 1991, more than \$17 million had already been spent on the programme (Khazi, 1992). Another sign of the Government's commitment to the programme is that by 1992 the position of under-secretary was established so that the activities of the family planning programme could be coordinated within the Ministry of Health and with other Ministries.

## **Patterns of contraceptive use**

This section analyzes the results of two surveys: the 1976-1977 Iran Fertility Survey (IFS) and 1992 Contraceptive Prevalence Survey. The 1977 IFS collected contraceptive use information at the peak of family planning programme activities during the 1970s. This was a nationally representative sample survey of ever-married women in which 6,066 households were interviewed (see Aghajanian and others, 1993, for a detailed description of the survey and evaluation of the data). The IFS provided information about knowledge and use of contraception among ever-married women in 1976.

The 1992 Contraceptive Prevalence Survey was carried out by the Ministry of Health. Using a cluster sampling system, 36,000 currently married women were interviewed in June 1992. This is a remarkably large sample survey for the Islamic Republic of Iran and a great accomplishment for the programme's under-secretary. That Survey collected data about contraceptive knowledge and use in addition to gathering information on recent fertility.

## Knowledge of contraceptives

IFS data reveal that the pill was the most widely known contraceptive among Iranian women in 1976 (for detailed tabulations of contraceptive practice data in that year, see Aghajanian, 1992). About 85 per cent of women mentioned that they had heard of the pill. The next best known contraceptive method was the condom, which was referred to by 46 per cent of the women interviewed. A slightly smaller percentage of women referred to the IUD. As for traditional methods, conventionally considered less efficient than the modern methods, withdrawal was the best known. About 38 per cent of the women referred to this method.

The 1992 Contraceptive Prevalence Survey showed a very high level of awareness about contraceptives. Over 90 per cent of the respondents had knowledge of at least one method of contraception, and more than 70 per cent of them approved of family planning.

## Current contraceptive use

Table 3 summarizes data related to current contraceptive use among currently married women in 1976 and 1992. In 1976, about 35.9 per cent of all currently married women were using contraceptives. After the revival of family planning in the Islamic Republic, 64.6 per cent of women reported using some type of contraceptive in 1992. This figure is almost twice as great as the figure for 1976.

In 1976, there was a wide gap in the level of contraceptive use between rural and urban areas. In urban areas, about 54 per cent of currently married women used contraceptives; in rural areas, the figure was less than 20 per cent. By 1992, this wide gap between use in rural and urban areas had declined. In rural areas, 61 per cent of currently married women reported using contraceptives. Compared with 1976, this is an increase of 40 percentage points. In urban areas, 73 per cent of currently married women reported using contraceptives, an increase of 22 percentage points over 1976. While the level of contraceptive use in both rural and urban areas is high, there is still a 14 percentage point gap between rural and urban areas.

A positive relationship between literacy and contraceptive use existed in 1976 and in 1992. Contraceptive use was common among 40 per cent of literate married women in 1976. This figure increased to 73 per cent in 1992, showing an 82 per cent increase. With regard to illiterate women, the increase is from 25 per cent in 1976 to 52.6 per cent in 1992. In 1992, over 50 per cent of illiterate married women used contraceptives compared with only 25 per cent in 1976.

The number of living children is an important factor in relation to contraceptive use. The higher the number of living children, the higher is the probability of a couple using contraception to limit family growth. Table 3 reports the percentage of married women with four or more living children who used contraceptives. In 1976, 41 per cent of married women with four or more children were using contraceptives. In 1992, about 73 per cent of women with four or more children were doing so. In urban areas, 81 per cent of women with four or more living children used contraceptives. Similarly, in rural areas, 61 per cent of women with four or more children used contraceptives. These data indicate the fertility-limiting behaviour of Iranian couples. As for married women with three or fewer children, in urban areas about 60 per cent of them used contraceptives. This high rate of use among women with three or fewer children indicates the level of contraceptive use in urban areas for spacing purposes. This pattern is apparent from the high use rate among young women, 15-19 years old, in urban areas (table 3).

**Table 3: Determinants of current contraceptive use among currently married women in the Islamic Republic of Iran, 1976-1992**

Variable	Percentage currently using contraception	
	1976	1992
Place of residence		
Urban	53.8	74.1
Rural	19.9	51.5
Woman's literacy		
Literate	40.4	73.2
Illiterate	25.3	52.6
Age at time of survey		
15-19 years	16.5	34.4
20-34 years	31.4	64.4
35+ years	41.4	70.9
Number of living children		
Nationwide		

3 or fewer children	31.2	56.9
4 or more children	41.1	72.5
Urban		
3 or fewer children	49.8	69.6
4 or more children	56.1	81.0
Rural		
3 or fewer children	10.4	39.3
4 or more children	27.9	60.8
All currently married women	35.9	64.6

## Contraceptive methods

In 1992, the pill was the most frequently mentioned contraceptive method being used in the Islamic Republic of Iran (figure 2); over 35 per cent of those practising contraception used oral pills. The second most popular contraceptive method was the traditional one of withdrawal, which was being used by almost 35 per cent of the respondents. Female sterilization, IUD and condom were at similar levels of use. As shown in figure 2, there is a marked difference between rural and urban women in terms of the method of contraceptive use. In rural areas, the pill is by far the most popular method. By contrast, withdrawal is most popular traditional method in urban areas.

Figure 3 shows the methods of contraception by the literacy of women. It is clear that for literate women there is very high use of withdrawal compared with illiterate women. The pill is more popular among illiterate women compared with literate women. Literate women are more likely to report the use of condoms and IUDs than illiterate women, among whom there is a greater probability of having been sterilized. However, the number of literate women whose husbands had undergone a vasectomy is quite limited.

There are some differences in contraceptive method by age, as shown in figure 4. Very young women (15-19 years old) use withdrawal. They are basically interested in postponing births; they are not worried about using this traditional method, even though it is not entirely reliable. The pill is used by women of all ages, but more so among those 20-34 years old. Women older than 34 years have a good chance of getting a tubectomy or their husband a vasectomy. The use of condoms and IUDs are more popular among women 20-34 years old.

## Impact of family planning

The new family planning programme has been in effect only for a few years, so there are really not enough data to evaluate its effectiveness. None the less, some speculation can be made based on the data about knowledge and use of contraceptives presented in the previous section. It is clear that knowledge and use of contraception extends much beyond the relatively small number of urban educated women who limited their fertility in the 1970s. Regional differences in contraceptive use have declined; the practice of contraception has spread to rural and illiterate women. This is a significant accomplishment compared with the situation that existed under the family planning programme operating during the 1970s.

No data are available to measure the number of births this programme has averted either since its inception or in recent years. The Ministry of Health evaluates the impact of family planning through population surveys focusing on vital events. According to the latest survey, which was carried out in March 1993, the TFR is reported as 3.6 children per woman, with the crude birth rate being 27 per thousand population. Thus, current total fertility is remarkably lower than the rate of 7.0 births per woman calculated from the 1986 census (Aghajanian, 1991b). Similarly, the crude birth rate reported for 1992 is almost 43 per cent less than that of 1986.

Another indication of the impact of the family planning programme is the results of the 1991 population survey, which enumerated a population of 55.8 million (Iran Statistical Center, 1992). Accordingly, the Iran Statistical Center reported an average annual population growth rate of 2.5 per cent for the five-year period 1986-1991. This is a significantly lower growth rate compared with the period 1976-1986 when the growth rate was a least 3.4 per cent - one of the highest rates in the ESCAP region. Data from the Vital Statistics Bureau also show a decline in the number of births registered between 1989 and 1991. In 1989, a total of 1.7 million births were registered; the 1991 figure was 1.5 million (Iran Statistical Centre, 1992).

Although the reported decline in TFR, the population growth rate and the number of registered births are all clues to a decline in the birth rate, the decline may not be due entirely to the effectiveness of the family planning programme. Rather, a postponement of marriage in recent years accounts for a large part of this decline. Economic factors such as the high cost of housing, the high rate of unemployment and inflation have resulted in an increase in the female age at marriage in recent years. Table 4 shows the proportion ever-married among the female population 15-24 years of age and the singulate mean age at marriage for 1986 and 1991. From this table it is clear that the mean age of marriage for women has increased significantly during that five-year period. The proportion ever-married among women 15-19 years of age decreased from 33.5 per cent in 1986 to 25.5 per cent in 1991. Similarly, for women in the age group 20-24 years, the proportion ever-married

decreased from 73.6 per cent in 1986 to 67.1 per cent in 1991. As a result, the singulate mean age at marriage has increased from 19.8 years in 1986 to 21.1 years in 1991, an increase of almost 7 per cent in the age of marriage for women.

**Table 4: Changes in percentage of women ever married at ages 15-19 years and 20-24 years, and changes in female singulate mean age at marriage: Islamic Republic of Iran, 1986-1991**

Year	15-19 years		20-24 years	
	Percentage ever married	Change (%)	Percentage ever married	Change (%)
1986	33.5	-	73.6	-
1991	25.5	-23.0	67.1	-8.8

Another factor that has contributed to a decline in the birth rate by 1992 is the decline in exposure to current fertility. This is measured by the proportions of women of childbearing age who were married in a given year. These data are reported in table 5. The most important pattern of change for the period 1986-1991 shown in table 5 is a decline in the proportion of currently married women: a decrease from 72.4 per cent in 1986 to 70.2 per cent in 1991 for all women aged 15-49 years. The extent of the decline in the proportion married is also shown separately for the country's rural and urban populations. In urban areas, the proportion of married women declined from 72.9 per cent in 1986 to 71.2 per cent in 1991.

**Table 5: Percentage currently married among female population 15-49 years, Islamic Republic of Iran: 1986-1991**

Age	Percentage currently married					
	Total		Urban		Rural	
	1986	1991	1986	1991	1986	1991
15-19	33.2	25.1	31.8	24.2	34.0	25.9
20-24	72.6	66.3	73.9	66.1	73.8	66.5
25-29	90.0	86.1	87.1	85.6	89.8	87.0
30-34	92.1	92.0	91.5	91.4	93.5	93.3
35-39	92.2	93.1	92.2	92.5	94.0	94.2
40-44	90.1	91.6	91.2	91.0	92.4	92.7
45-49	83.7	89.0	88.5	87.0	89.3	90.5
15-49	72.4	70.2	72.9	71.2	73.3	68.8

Source: Calculated from 1986 census and 1991 population survey.

## Discussion and conclusion

An official family planning programme was begun in April 1967, the objective of which was to promote the "physical, mental, social and economic welfare of families and in consequence that of society". The ultimate goal of the programme was to reduce the country's annual population growth rate to 1 per cent within 20 years. While the programme was successful to some extent, the goal was unrealistic. By 1977, at the programme's peak, only 11 per cent of women of reproductive age were covered by the programme. Analysis of data from the Iran Fertility Survey of 1976-1977 suggests that, while women had an extensive knowledge about contraception, the use of efficient contraceptives was only moderate. Inconsistencies in contraceptive behaviour and family-size desires were prominent among older, less educated village women who had given birth to more than four children. Rural-urban differences in all aspects of contraceptive knowledge and behaviour were striking. It was the better educated urban women who resorted to family planning, favouring the pill among the more efficient methods. It was the less educated rural women who had never used contraceptives and who never intended to do so in the future.

After a slow-down - perhaps more precisely an almost complete halt - in the programme for about eight years, the Government of the Islamic Republic of Iran revitalized the family planning programme. The results of the 1986 census had been viewed with alarm when they were announced, so in 1989, a family planning programme was established. With strong political ideological and economic support, this programme has been growing quite satisfactorily ever since.

While only four years have passed since the establishment of the new programme, there are strong indications that the level of contraceptive use is increasing and spreading across rural areas as well as urban areas. Knowledge about contraceptives seems to be widespread, and the use of effective methods such as female sterilization is increasing significantly. The programme is being referred to as one of the world's most successful ones. Dr. Nafis Sadik, Executive Director of the United Nations Population Fund (UNFPA), recently suggested that the programme of the Islamic Republic of

A number of factors account for the relative success of the family planning programme in the Islamic Republic of Iran and these have policy and programme implications for other Muslim countries. These factors should be viewed at the family level as well as at the societal and ideological levels. While contraceptive supplies and services had been stalled at the government level for some years, there is no doubt that at the family level there was an increasing demand for contraception. This was mainly due to the continuous increase in the child survival rate during the 1980s and its recent acceleration to the point where infant mortality is estimated to be 33 per thousand live births (Namaki, 1993). At the same time economic pressures at the family level have been increasing owing to the high rate of inflation and unemployment. These two factors have sustained the demand for contraception at the family level.

At the societal level, the role of Government did not end with the resumption in the supply of contraceptives and related services, but it intensified with commitment and continuous support. Once the programme started, the Government showed strong commitment to the implementation of its population policy to reach its desired goals and objectives. Concern over the negative impact of population growth has been shared by various members of the rank and file of Government. Yet the most important aspect of this new programme's success is the interest, support and guidance of religious leaders. Such support has been nurtured in the context of the flexibility of Islam in dealing with social issues. Once the issue of high population growth was identified as a threat to the welfare of the family as a unit and the population as a whole, it was discussed as a problem with the highest Muslim authority (at the time Ayatollah Khomeini) who, after considering the issue, suggested solutions within the context of his knowledge of Islam and issued a fatva concerning this matter. There is no doubt that the Ayatollah Khomeini's fatva and its reiteration at various times and by various members of Government provided a powerful boost for the family planning programme. The fatva made the issue more a matter relating to the common person and an issue to be considered by all groups and classes rather than a select group of highly educated urban women as in the past. This aspect of family planning in the Islamic Republic of Iran has significant implications for other Muslim countries dealing with population issues. Among those populations where Shi'at Islam is the main sect, the Ayatollah's fatva can be easily adopted and supported by the Shi'at Faqih (the highest body of religious leadership). This would be consistent with the adoption of other political views and issues among Shi'at populations in other countries. However, it is obvious that a large number of Muslim countries are populated with people belonging to other sects of Islam. Yet, in all these countries regardless of the particular sect concerned, the aforementioned fatva would play a very important role in determining the views, attitudes and practices of common men and women. Based on the experience of the Islamic Republic of Iran, the process of obtaining a fatva from the Faqih seems to be especially relevant for the promotion of family planning among that cross-section of society in such countries.

Continued support from the religious authority (Faqih), the Government's strong commitment and the demand for contraception at the family level should result in further success for the new family planning programme in the Islamic Republic of Iran. However, considering the role of the programme in reducing the birth rate in the future, one has to realize the demographic challenge posed by the still high population growth rate and the existence of almost 17 million women in the reproductive age group. As such the goal of reducing the annual population growth rate to 1.8 per cent per year in only five years - during the Islamic Republic's Second Five-Year Plan - seems very ambitious indeed.

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