049

Population Policy in the Islamic Countries

Ahad Rahmanzadeh

Study commissioned by the German Federal Ministry for Economic Co-operation and Development

Published by

Federal Ministry for Economic
Cooperation and Development
Division: Development Education and Information

Friedrich-Ebert-Allee 40
53113 Bonn

Tel.: 0228 / 535-3774/5
Fax: 0228 / 535-3985
e-mail: poststelle@bmz.bund.de
homepage: http://www.bmz.de

Final editing: Antje Göllner-Scholz
Author: Ahad Rahmanzadeh
responsible: Bernhard Kühn

August 2002

Contents

Summary

The experience of a number of newly industrialising countries shows that it is also possible for the countries of the South to adapt population development to the socio-economic and ecological situation. Whilst in some countries of the South, the population is growing at an annual rate of 3 %, others have succeeded in halving growth within just a short space of time. These include the three neighbours, Azerbaijan, Iran and Turkey. Despite their different starting positions, these countries do share some common features, which have proved decisive for this positive development. This study shows the population development in these three countries and the impact of the influencing factors.

Iran is taken as the main example. Family planning began there back in the mid-1960s but was suspended following the Islamic revolution of 1979. Due to a population explosion and the resulting economic and ecological problems, a new reproductive health policy was introduced in 1989 and has been implemented with obvious success.

The striking features of Iran's reproductive health policy are the complementarity of the programmes and the great part played by information and education. In contrast with some other policy areas, this policy endeavours to gain the participation of those concerned and their involvement of their own free will. The support and, to some extent, participation of the clergy is absolutely decisive in this. Indeed, contraceptive use is higher than in the neighbouring secular state of Turkey. There, population development has also been positive but there is a marked discrepancy between the west of the country and the east (populated by Kurds). Azerbaijan, a country that formerly operated a command economy, has the lowest growth rate of all the sample countries. The Soviet system promoted smaller families and a fall in the birth rate.

In addition to the well-known factors influencing population development, such as literacy, education and urbanisation, the study also highlights the following prerequisites: comprehensive and complementary reproductive health policy with comprehensive information and education programmes, coupled with socio-cultural acceptance of the measures, particularly the acceptance or even involvement of the religious community (Iran).

The study's basic thesis is that **economic and social diversification** are the real foundation for a sustained reversal in population growth and must be at the centre of development policy.

The study recommends strengthened support both for the reproductive health policies of the South and for South-South dialogue and, in particular, development policy support for socio-economic diversification in the South.

1. Introduction

To say - as some do - that the sharp rise in the population in the South was the sole and self-inflicted reason for the economic and ecological dilemma in the less industrialised societies or, indeed, for the dilemma facing the world today would be inaccurate. Given the regional discrepancies in food production and distribution, however, it is one of the prime contributory factors to the food shortages and the economic (under-)development of the South.

The symposium on "Population and Sustainable Development" staged in November 1999 by the German Foundation for International Development (DSE) and the German Foundation for World Population (DSW) in Hanover looked at why the same “reproductive health policy” that has achieved positive results in some countries, for example Vietnam and Thailand, is not effective and does not achieve similar results in other countries, particularly in Africa. This study attempts to find an answer to that question.

In response to the call issued by the International Conference on Population and Development (ICPD), this study’s aim is to contribute to the exchange of experience between the countries of the South and, by analysing and describing the methods used and successes achieved in reproductive health and population policy in the sample countries, to motivate and support other countries. Among the most successful countries are Azerbaijan, Iran and Turkey, which have population growth rates of between 1 % and 1.5 %. Iran serves as the main example for this study, although comparative figures from Azerbaijan and Turkey are also used. By way of comparison, facts and figures from less successful countries, such as Pakistan, are also included.

It was not planned to conduct an empirical investigation especially for this study, and the work is therefore based on facts and figures quoted by national and international institutions. The primary data used were taken from national sources such as the statistics centres and health ministries of the countries being studied, particularly Iran, wherever these were available. Data was also used from the following UN and other organisations: UNFPA, ILO, UNESCO, Encyclopaedia Britannica, Population Reference Bureau (PRB), the German Foundation for World Population (DSW), the German Federal Statistical Office, the German Federal Office of Foreign Trade Information and others.

The dilemma involved in using various different sources is, firstly, that none of these sources provides the complete facts, thus making it necessary to consult other sources, and, secondly, that there are major discrepancies. In some cases, the facts provided by the same source contradict each other. This is true not only of the reference works. Nevertheless, it was attempted to use sources with consistent information - mainly DSW and PRB - and to keep discrepancies to a minimum.

2. Population development and current status in Iran; comparisons with Azerbaijan and Turkey

2.1 Iran

Over the course of the 20th century, Iran's population has increased more than sevenfold. From less than 9 million at the beginning of the century, it is set to rise to over 63 million this year (2000). Up until the 1940s, the growth rate remained below 2 %. Only then did it begin to accelerate and by the time of the revolution it had reached almost 3 %. In the mid-1980s, the growth rate peaked at 3.4 % (or indeed 3.9 % if one includes refugees from Afghanistan and Iraq) before starting to fall gradually once more.

It took more than 50 years for the population of Iran to double for the first time in this century. The 1956 census recorded 19 million inhabitants. The second doubling time, however, was only half as long as the first. The third, and most probably last, doubling will, however, take longer than the second and will not take place until 2010. Since the mid-1980s, the growth rate has fallen continuously. At the beginning of the 21st century it stands as 1.4 % (see Table 1 and Figure 1).

Since the children of the boom birth years between the 1960s and 1980s are now reaching reproductive age, the growth rate may temporarily rise. Judging by experience in Europe, however, it will fall again after several years.

Table 1: Population development in Iran in the 20th century

Year	Population	Growth Rate
1901	8,613,000	0.6
1911	9,143,000	0.6
1921	9,707,000	0.6
1926	10,456,000	1.5
1931	11,185,000	1.4
1936	11,964,000	1.4
1941	12,833,000	1.4
1946	14,159,000	2.0
1951	16,237,000	1.8
1956	18,954,704	3.1
1966	25,788,722	3.1
1976	33,708,744	2.7
1986	49,445,010	3.4 (3.9)*
1991	55,837,163	2.5
1996	60,055,488	1.5
1999		1.4

*Including approx. 4 million refugees from Afghanistan and Iraq.
Source: Statistical Centre of Iran. Data from 1998 and 2000. Ra

2.2. Population development and current status in Turkey

At the beginning of the 20th century, Turkey had a population of just under 10 million. The first doubling of the population took 50 years, so that by the middle of the century Turkey had a population of 20.8 million. The second doubling took only just over a quarter of a century. By 1977, Turkey already had 42 million inhabitants. Since then, the growth rate has fallen continuously and now stands with 63 million inhabitants at around 1.5 %[1].

[1] Cf. PRB/DSW, Weltbevölkerung 2001. UN Dep. of Economic Social Affairs quotes figure of 1.66 %. National sources quote higher figures.

2.3 Population development and current status in Azerbaijan

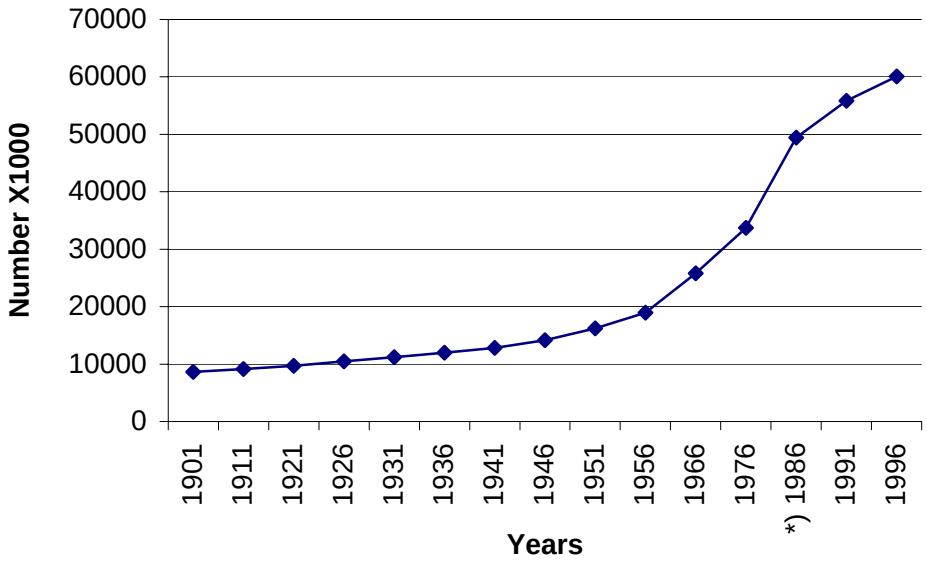
In Azerbaijan, population development in the 20th century was influenced by a number of exogenous factors. Following the October Revolution, there was massive migration to Iran and Turkey. Through the Soviet Union, the newly-formed republic was involved in World War Two, resulting in a great loss of life. At the beginning of the 20th century, Azerbaijan had a population of around 2 million and in 1940 of 3.2 million.

During World War Two, the population fell and in 1950 it stood at 2.9 million. It was not until the 1950s that there was a marked growth in the population of 3.3 %, after which growth fell again. Today, Azerbaijan's population stands at 7.8 million and is growing at a rate of 0.9 %[2].

2.4 Comparative figures from other countries

Whilst population development has slowed down considerably in the three sample countries and the growth rate at the beginning of the 21st century now stands at between 1 % and 1.5 %, some other Islamic countries are recording very high growth rates. These include countries such as **Saudi Arabia** (3.1 %), **Iraq** (2.8 %), **Syria** (2.8 %) and **Oman** (as much as 3.9 %). Despite its reproductive health policy, **Pakistan** also still has a growth rate of 2.8 %[3].

Figure 1: Development of the Iranian population in the 20th century



* Including approx. 4 million refugees from Afghanistan and Iraq.

Source: A. Rahmanzadeh, based on data from the Statistical Centre of Iran from 1998 and 2000.

[2] Cf. PRB/DSW 2001.

[3] Cf. PRB/DSW, Weltbevölkerung 1999.

3. Social change and its impact on population development in Iran and the other sample countries

3.1 Rural-urban migration

Parallel to the development in the population, society in **Iran** has also undergone some serious structural changes. When studying and analysing population and development, these structural changes deserve particular examination. The greatest changes in Iranian society took place in particular following the agrarian reform of 1962.

In the 50 years from the beginning until shortly after the middle of the century, the proportion of rural population fell only from 80 % to 70 %. In the following years - over the course of less than quarter of a century - the proportion of rural population fell by 20 % and in 1979, the year of the Islamic revolution, made up only half of the entire population. The trend then continued apace. Today, at the beginning of the 21st century, the ratio of rural to urban inhabitants is close to 1:2. In other words, only a third of the population now lives in rural areas.

Table 2: Urban and rural population in Iran 1901-2000

Year	Urban %	Rural %
1901	21	79
1956	31	69
1976	53	47
1996	61.5	38.5
2000	65	35

Source: Statistical Centre of Iran 1998/ A. Rahmanzadeh.

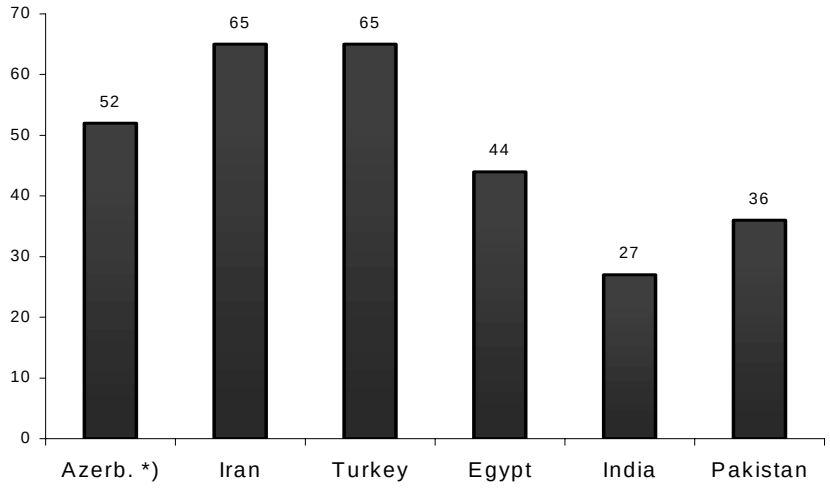
This development also took place in **Turkey** and at a similar speed. In 1997, the proportion of rural population was 35 % and urban population 65 %[4].

In **Azerbaijan**, however, the proportion of rural population is still only minimally lower than that of the urban proportion, namely 48 % compared with 52 %. Given the country's former command economy, there is a very special reason for this. The rural population of Azerbaijan has a much more urban, industrialised structure than in its two neighbouring countries of Iran and Turkey (see below).

In the period of transition following 1991, migration from rural to urban areas began. The population of the capital city, Baku, rose from 1.6 million at the beginning of the 1990s to its present 2.7 million. Armenia's expulsion of people from the occupied territory around Nagorno-Karabakh intensified this trend.

[4] Cf. State Institute of Statistics (Devlet Istatistik Enstitüsü/DIE) (1997).

Figure 2: Urbanisation 1997 - 1999 (%)



* In Azerbaijan, the rural population has very diversified and urban structures. It can therefore only be compared with the other countries to a limited extent.

Source: A. Rahmanzadeh, based on data from the National Statistic Centers and PRB/DSW (1999).

The process of urbanisation is taking place much more slowly in other Muslim countries, such as **Pakistan** and **Egypt**, than in Iran, Turkey and Azerbaijan, where population growth is falling sharply. In Egypt, 56 % of the population lives in rural areas and in Pakistan the figure is as much as 68 %[5].

Urbanisation is undoubtedly a significant factor in population development. The correlation between the two developments is manifest. The European experience up until the mid-20th century also showed that, as society becomes more urbanised, population growth declines.

It must, however, be taken into account that a high proportion of urban population does not necessarily mean that society has become more structurally diverse. In countries with a less favourable climate where agriculture is of barely any significance for the economy, such as **Saudi Arabia**, **Jordan**, **Qatar** and **Kuwait**, between 80 % and 100 % of the population live in towns and cities. In these countries, agriculture and rural life are of virtually no importance. Yet the urban population does not display the diversified structure of an industrial society. Instead, these are normally societies with simple structures made up of people living together in an urban agglomeration. Their non-agrarian economy is usually based on a single product, namely oil.

Urban population in countries with little agriculture:

- Saudi Arabia: 83 %
- Jordan: 78 %
- Qatar: 91 %
- Kuwait: 100 %

[5] Cf. PRB/DSW, Weltbevölkerung (1999).

Conclusion:

There is a close correlation between urbanisation and population development. However, low population growth in Azerbaijan, which has a large rural population but a diversified employment structure, and high population growth in the Arab (oil) countries, which have a largely urban population with simple occupational structures, seem to contradict the assumption that had been generally held up until now that urbanisation on its own slows down population growth.

3.2 Diversification of society and the economy - Diversification of employment structures in Iran and other sample countries

Following the agrarian reform of 1962, **Iran** experienced a marked change in its employment structures. Even in rural areas, broader employment structures developed. In the year in which the agrarian reform took place, a simple sociological division of the rural population into farmers and landless was sufficient. Yet in less than ten years after the agrarian reform, there were around 20 new employment structures in rural Iran, most of them new. A study undertaken in the early 1970s demonstrated the gradual replication of urban employment structures in rural areas. In 1976, less than one third of the rural working population was employed in agriculture.

Structural distribution of working people in Iran, 1996:

- Agriculture: 23 %
- Industry: 31 %
- Service sector: 45 %

Source: Population Census (1996).

Despite the economic boom in **Turkey** in the 1980s and 1990s, very nearly 40 % of the working population is still employed in agriculture. One reason this figure is so high, apart from the favourable climate for agriculture, is the regional variations in Turkey's economic development. Whilst in the west of Turkey a great many fewer working people are employed in agriculture, in the east more than half of all working people work in this sector. In Kurdish areas in particular, the vast majority - an estimated two thirds - of working people are employed in agriculture.

Structural distribution of the working population in Turkey, 1997:

- Agriculture: 39.5 %
- Industry: 25 %
- Service sector: 35.5 %

Source: Turkish State Institute for Statistics (DIE), 1997.

Employment figures for **Azerbaijan** are extremely hard to calculate at present for two reasons.

Firstly, as already mentioned, in the former command economy, the distinctions were not as clear as was usual in international practice. In the Soviet Union, it was not common practice to draw up Western-style national accounts. A calculation was made not of the GNP but of the NMP (net material product)[6].

In this way, for example, all working people and members of a collective farm were classified as agricultural workers, including those working in tinned foods, jam production or similar agro-industrial fields. In other countries, these groups are normally classified as industrial workers.

The second factor making it difficult to calculate employment figures is the current economic situation in Azerbaijan, similar to that in other transition countries. In the 1990s, many sectors of the economy experienced a period of stagnation. Industrial production virtually ceased altogether. In the agricultural sector, there was a sharp fall in production and productivity, although not necessarily in the number of workers. That is why most working people are today classified as working in the service sector; most fall under the informal sector. According to of-

[6] Cf. A. Rahmanzadeh, Perspektiven der ökonomischen Transformation in Azerbaijan, published in: Lebens- und Konfliktraum Kaukasien, Edition Barkau, 1996.

ficial statistics, around 1/3 of people capable of work are today unemployed.

Structural distribution of the working population in Azerbaijan, 1999:

- Agriculture: 29.3 %
- Industry: 6.5 %
- Service sector: 64.2 %

Source: Azerbaijan Statistics Bureau, 1999.

In **Pakistan**, where population growth is still very high, just under half of all working people are employed in agriculture, where productivity is low. It is difficult to calculate the numbers working in industry and in the service sector in Pakistan, but it is estimated that the figures are 17 % for industry and 34 % for the service sector. The figures are thus a great deal lower than in the neighbouring country of Iran, which has a much more favourable rate of population growth.

Structural distribution of the working population in Pakistan, 1997:

- Agriculture: 49 %
- Industry: 17 %
- Service sector: 34 %

Source: Economic Adviser's Wing, Federal Bureau of Statistics 1994-95, Islamabad 1997-98.

When looking at the **urban/rural distribution of the population**, it must be taken into account that in the three sample countries of Iran, Turkey and Azerbaijan - unlike in other Islamic countries, such as Pakistan - not all the rural population is employed in agriculture. In **Iran**, in particular, over half the working population in rural areas is employed in non-agricultural activities in the industry and service sectors, and less than half in agriculture.

Structural distribution of the working population in Iran in rural regions, 1997:

- Agriculture: 49.5 %
- Industry: 27 %
- Service sector: 22.5 %
- Other: 1 %

This demonstrates the increasing diversification of the rural population in the sample countries and shows that urban structures are taking hold in rural areas. In the other countries with marked population growth, e.g. **Pakistan**, the rural population is therefore virtually identical with the agricultural workforce.

Conclusion:

There is a close correlation between population development and the diversification of economic and employment structures. It is not urbanisation as such but rather the diversification of employment structures that slows down population growth.

The further advanced the transformation from an agricultural economy to an industrial or agro-industrial economy, the greater the fall in population growth.

4. Reproductive health policy in Iran - comparison with the other countries

4.1. The beginning and origins of family planning in Iran

Discussions on family planning began as far back as the 1960s, in other words with the beginning of the agrarian reform. In 1967, the first population policy measures were introduced with the aim of reducing the population growth rate to 1 % within 20 years. In 1973, abortion was partially legalised, conditional on the husband granting his consent and the abortion being undertaken within the first three months of the pregnancy. Family planning programmes began to extend gradually into rural areas. The demand for contraceptives was slow to rise. By the mid-1970s, only 11 % of women of childbearing age were using modern methods of contraception (not including traditional methods).

Some reforms were also made to women's status. Women were to be integrated into the labour market.

The legal age for marriage was raised to 18 for women. The 1975 law on marriage and divorce limited the man's right to summarily divorce himself and to enter into polygamous relationships. Although these reforms proved not particularly easy to implement, they were very symbolic. They marked the political and formal recognition of women's rights. Women had already gained the vote back in 1962.

4.2. Islam and family planning in Iran

Following the Islamic revolution of 1979, the family planning programme fell by the wayside and the new government no longer pursued an explicit population policy.

The more conservative Islamic political and religious leaders in particular were opposed to family planning and the use of any kind of contraceptives. The government favoured early marriage and therefore lowered the minimum legal age. When the findings of the 1986 census were released, according to which the population had experienced an unprecedented growth rate of 3.4 %, the steep growth in the population and the need for family planning once more became an issue. Added to the natural birth rate was the influx of people from war zones, particularly Iraq, and the migratory movements from Afghanistan to Iran. According to the UNHCR, by the end of the 1980s Iran had become the world's number one country of asylum, with almost 4 million refugees. By the mid-1990s, the country still had over 2 million refugees (cf. Annex 1). The gross rate of increase in the population, including the refugees from Afghanistan and Iraq, amounted - as already shown - to almost 4 %.

Added to this was the country's dire economic state following the long war with Iraq. It rapidly became clear to the Islamic leaders that this high population growth would pose a threat to the economy and thus to the political power construct. Debate increased both between politicians and the clergy and within the clergy itself. The longer these discussions lasted, the more the proponents of family planning gained the upper hand in politics and religion. There were two reasons for this:

Firstly, despite some manifestations of fundamentalism, Islam and, in particular, Shi'ism had throughout the century taken a pragmatic approach to certain situations and secular issues. The call made to believers by Imam Ali, the Shi'ites first Imam, to act in a way that befits the times has made a particular mark on Shi'ism. There are numerous historical examples of the Islamic leaders in Iran taking a pragmatic approach up until the 1979 revolution and, indeed, beyond[7].

The second reason is that, following the 1979 revolution, secularism was abolished and relig-

[7] Cf.: Massoumeh Ebtekar, Vice President of the I.R. of Iran, New Horizons and Visions for Sustainablity, published in DSE-Int. Policy Dialogue, Population and Sustainable Development, Hanover, Nov. 1999.

ion and the state were united for the first time in Shi'ite Iran. This forced the religious leaders to take account of political and economic necessities and thus to take a pragmatic line on different issues[8].

Ultimately, the decisive factor was that the religious leader, Ayatollah Khomeini, accepted the arguments of the proponents of family planning and gave his unequivocal and official blessing to family planning. This enabled the family planning programme to be drawn up rapidly and for implementation to begin. As the Ministry of Health put it, it was precisely because "the state is also supported by religion, or a unification of politics and religion has taken place, that implementation of these measures could be intensified". After this, the clerics and the mosque became very active in the implementation of family planning. Even the mosques preached a "policy of small families". The use of contraceptives was therefore morally sanctioned.

Religious support for family planning undoubtedly raised the population's willingness to accept the issue and their understanding of it. The secularists, who opposed the unity of state and religion, emphasised, however, that it is quite possible for religion to support the state's political programme in moral terms without it having to take part in government or secular rule.
The Shi'ite clergy also justified their support for family planning by saying that, in times of economic hardship, savings had to be made in all areas and that, by reducing population growth, the demand for food and other consumer goods would be controlled. In this way, the country could avoid becoming dependent on imports - particularly from the USA.

One reason given for the condoning of contraception was even that "Islam favours and approves of natural human sexual gratification" and, for precisely that reason, recommends contraception rather than abstinence as a means of reducing population growth[9].

By pointing to various Shi'ite and Sunni texts and religious Fatwas, it is emphasised that contraception is in keeping with Islamic customs.

4.3. Reproductive health policy in the Islamic Republic of Iran - outline and programmes

The reproductive health programme in Iran was relaunched in an expanded form with the first development plan in the Islamic Republic. The first development plan began in 1989, ten years after the founding of the Islamic Republic. Some years before it was basically decided to resume a family planning programme.

The family planning programme has defined the following **aims**:[10]

- Minimising costs to the national economy in the fields of food, housing, energy, education, health, employment policy, environment policy. In short: balancing economic development and population growth.
- Reducing dangerous pregnancies amongst women below 20 and over 35
- Providing care in cases of wanted pregnancy
- Raising families' standard of living through fewer children

4.4. Experience and achievements of the reproductive health policy

Iran's Ministry of Health emphasises the success of the country's reproductive health policy; within just a short period of time, population growth has been reduced from over 3 % in 1986 to 1.41 % in 1999.

It gives two reasons for this success:

a) religious support for the policy.

[8] This expectation was expressed by the author in a study made shortly after the Islamic revolution in Iran. See BMZ-Forschungsbericht 30, Sonderdruck: A. Rahmanzadeh: Revolution und Re-Islamierung im Iran, 1983.

[9] Interpretation of the clergy by Homa Hoodfar, Montreal. Extramarital sexual relations are, as is well known, not tolerated and meet with severe punishment.

[10] These details are based on documents and publications from the Ministry of Health.

b) the comprehensive reproductive health programme.

On a): For the first time, family planning and the lowering of population growth became a vital topic for the clergy. Astonishingly, a convergence of opinions and, finally, an agreement was achieved relatively rapidly, as already outlined. Once Ayatollah Khomeini had given his blessing, clerics and believers were called on to support and back this policy.

On b): The programmes are the key to success, or lack of it, and will therefore be described below.

4.5. Reproductive health policy - components and programmes

4.5.1 Information programmes

The main focus of the reproductive health policy is on information and education. This is also emphasised by the main bodies concerned. For this purpose, target groups, methods and issues are defined:

Target groups: All sections of the population and all families, including non-reproductive sections of society, make up the target group for educational measures. The Ministry of Health quotes the following examples: clerics, civil servants, professionals, manual workers, doctors, assistants, helpers, the literacy movement, the development service, students from the religious universities, the provincial commissions on women's issues, professors, students and school pupils from the 4th grade of secondary school upwards and refugees from Iraq and Afghanistan. In other words, all sections of society.
One recent development is that military recruits are to be included in the programme of information; family planning methods are therefore also to be discussed within the army.

Instruments and methods of the information policy: Informative articles in electronic and print media, lessons at school and university, staging of workshops, advice in person or over the phone, distribution of information brochures, displaying posters and slogans on buildings and elsewhere, printing information and articles on consumer goods, information events on family planning in towns and villages, theatre performances and film showings, rewards for successful members of staff, creation of round tables and discussions on television, individual counselling, spreading of family planning advice centres and prenuptial marriage guidance and all other instruments and means of educating the population.

Topics and information: Information on the effective and optimum use of family planning methods, e.g. female sterilisation, vasectomy, coil, information on the disadvantages of uncontrolled population development, on the methods used in the advice system, on dangerous and unwanted pregnancies, on methods of integrating men into information discussions, family planning and many other issues.

Assessment: The information programmes do indeed form the focus of the reproductive health policy. The target groups, methods and issues are extremely comprehensive and take in all sections of society. The inclusion of men in information discussions should be particularly highlighted. Observation has revealed that the dissemination of information, such as by means of posters, is more widespread in rural areas and small towns than in cities. The design and implementation of information programmes can be strongly recommended for South-South cooperation and dialogue.

4.5.2 Access to contraception

The normal methods in Iran are: the contraceptive pill, capsules, injections, the coil, female sterilisation, vasectomy and, lastly, condoms. The Ministry of Health emphasises that all these methods are widely available to all sections of the population in all parts of the country **at no cost**. This has undoubtedly helped family planning and the reduction in population growth.

In 1995, 23 % of women were using the pill, only 6 % of married men were using condoms,

7 % of women were using the coil and only a small percentage injections. Sterilisation used to be rejected by men in particular because it was equated with infertility or impotence. Now, however, sterilisation has gradually come to be accepted by men also, if only by a small percentage. In 1995, less than 2 % of men were willing to accept this method (in Turkey the figure is even lower). In total, 52 % of married couples in Iran were using a modern method of contraception in 1995; by 1999 this figure had already risen to 57 %. The total figure, i.e. including traditional methods, was 73 % in 2000 (cf. Annex 2). [11]

Abortion: Although abortion is not generally permitted as a method of family planning in the Islamic Republic, provision is made for exceptional cases, particularly where the mother's health is in danger or the child is likely to be suffering from a serious illness (*thalassemia*). A termination is possible in particular during the first 120 days, in other words before the soul of the foetus is believed to have developed, for any of the above reasons and following examination of the case by a committee of doctors.

4.5.3 Intersectoral co-operation and participation of the population

These two factors are vital for the success of the measures. A major factor in the success of the reproductive health policy was the **co-operation** that existed between government and political community, the clergy, the ministries, state organs for education, governors, the planning and budget organisation, the development service, the agriculture development service, production plants and many others and also the co-operation between each of these bodies and the health service.

The clergy supports family planning information programmes in the education sector, in schools and universities and in adult literacy courses, which are sometimes held in local mosques. Information events on family planning are also held in mosques if the local clinics do not have any suitable premises.

The **participation** of those affected is a basic prerequisite for a successful reproductive health policy. This is recognised and fostered by the ministry. Observers are in little doubt about participation in the specific field of reproductive health policy and about broad general acceptance of the policy. It may be assumed that the most recent local elections in 1999, at which there was a particularly high turnout of women and young people, will have helped to increase participation in this area also.

Assessment: One basic prerequisite for the success of the reproductive health policy is the participation of those affected, particularly women. This is recognised and put into practice in Iran. Admittedly, participation exists only to the extent permitted by general political circumstances. The positive experience gained in this area is also a reason to facilitate greater participation in other areas, e.g. in local elections.

4.5.4 Implementation of reproductive health policy measures

According to the Ministry, it should be guaranteed that family planning is available for married women between 15 and 49 on a sustainable basis and that this target group will be supported and contacted at least once per month. Apart from educational work with girls and prenuptial counselling, the following measures are implemented:

- advice for women on methods and instruments for preventing pregnancy and the necessary assistance if required
- general and gynaecological examinations of the target group; Pap smear tests; keeping of health records on the women; referring infertile partners to special treatment centres
- renewed invitations to women who break off counselling
- showings of films on population and family planning at health centres
- in some provinces, families using ineffective methods are registered and their names passed on to the health services, which make great efforts to educate them.

[11] Cf. PRB/DSW 2001.

4.5.5 Other measures

- Deployment of mobile teams of doctors so as to reach all families in the various regions of the country, to advise them and, if need be, persuade them to practise family planning
- On the basis of cases of thalassemia in children, targeted efforts are made in various provinces to provide information to parents and persuade them to undergo sterilisation.
- Further measures are, for example, promotion of research, establishment of sterilisation centres, establishment of a computer information system, support for contraceptives manufacturers, measures to involve men in family planning. The Ministry particularly emphasises the role of institutions that work together at a sectoral and intersectoral level and also the involvement of teaching and academic staff at the country's universities in education and research on family planning.

Prenuptial counselling programme

The views and attitudes of the younger generation are, the Ministry of Health states, crucial to society's future. The long-term health of society also depends on the physical and mental health of this section of the population. A good time to provide advice and education is immediately before marriage. The reasons for unplanned pregnancies, high child and maternal mortality rates and congenital defects in infants must be recognised and discussed before marriage or during pregnancy and preventive measures taken.

In 1991, the law on prenuptial counselling was passed and work began on establishing counselling centres, or clinics, in the main towns of the provinces. In all the provinces that have established such clinics, presentation of a certificate of health and of a certificate of attendance at premarital counselling has been made mandatory.

Aims of counselling

- Expanding knowledge of Islamic ethics and commandments and of the rights each partner has in relation to the other
- Expanding the couple's knowledge on the need for population control, on methods of contraception, on health issues and the prevention of diseases; repeat invitations to women who break off counselling.

Ongoing measures

- Support for intersectoral co-operation between various bodies: provincial women's committees, notaries authorised to perform marriages, health service, literacy service, radio and television, aid agencies and others;
- Foundation of and support for new counselling centres and evaluation
- Identification of topics for counselling in collaboration with all involved, production of posters, information brochures and films.

Antenatal and postnatal health care: This programme is aimed at monitoring and improving the health of mothers during and after pregnancy

Aims: Improving care during pregnancy, at the birth and afterwards; reducing iron deficiency during pregnancy.

Similar services are also offered following the birth of the child. In 1997/98, 70 % of pregnant women and 35 % of nursing mothers were covered by these measures.

Azerbaijan	Iran	Turkey	Egypt	India	Pakistan
Infant mortality (in 1st year after birth / per 1000 live births):					
20	**26**	**43**	**52**	**72**	**91**
Child mortality in %:					
2	**3**	**5**	**6**	**10**	**13**
Life expectancy at birth (years):					
71	**69**	**68**	**65**	**60**	**58**
Married women who use family planning (modern and traditional methods)					
-	**73**	**64**	**55**	**41**	**18**

Sources: PRB/DSW Weltbevölkerung 1999, and national statistics.

Obstetrics and midwifery: This programme serves to reduce maternal and child mortality during birth and to reduce side effects:

- Increasing the numbers of gynaecologically hygienic births; regular care of pregnant women and referral to centres if necessary.
- Reducing the number of pregnancies that pose a threat to health, particularly among women aged below 20 or over 35.

4.5.6 Training for rural and assistant midwives

As part of the reproductive health policy, increased training has been provided for midwifes, particularly in rural areas. There are two categories:

- **Rural midwives with a secondary school leaving certificate**

  They receive a six-month basic in-service training course; this is then complemented by further continued training. Between 1990 and 1996, 6,200 rural midwives were trained. A further 1,000 are to be trained each year.

  The midwives run an outpatient childbirth centre. In urgent cases, however, they refer expectant mothers to the nearest hospital. The rural midwives should, if at all possible, come from rural areas themselves and be familiar with rural circumstances. They are responsible for performing the various counselling tasks described above both before, during and after the pregnancy.

- **Local assistant midwives**

  This group of midwives, who receive a more basic form of training, has existed since the beginning of the 1980s. In 1986, over 25,000 assistant midwives were working in rural areas. As more rural midwives are trained, this group is losing its significance.

Assessment: This information on reproductive health policy has been taken from Ministry of Health material. It is not a critical evaluation. However, a comparison with information from various other sources shows that the majority of measures can be assumed to have been carried out successfully. The results bear out that assumption.

The fall in population growth but also other indicators - and various significant factors - provide evidence that Iran's reproductive health policy is being implemented effectively. Below is a comparison of some indicators from the sample countries of Iran, Azerbaijan and Turkey and also from Egypt, India and Pakistan:

Summarised assessment of reproductive health policy in Iran:

- The striking feature of Iran's reproductive health policy is its broad spread and the complementarity of the programmes.
- The majority of measures are concerned with information and education. By educating the target group and society as a whole, those concerned become more open to the policy, thus giving it a greater likelihood of succeeding as well as minimising costs.
- The support given by religion to family planning and the clergy's approval of contraception have guaranteed successful implementation of the programmes. Non-Muslim countries should also take note of this. The open discussion on sexuality and contraception in a country in which religion exerts such a great influence deserves particular mention.
- Acceptance on the part of the population and the participation of those concerned is a basic prerequisite for a reproductive health policy. It would seem that Iran has created the right conditions for this.
- Despite the broad-based and open information programmes that are operated as part of the reproductive health policy, insufficient information, e.g. statistics, is provided to third parties. This makes it very difficult to conduct the usual type of evaluation. All the indicators suggest, however, that the policy is successful: Iran was awarded the UN Population Prize in 1999, along with Vietnam.

Reproductive health policy indicators in the selected countries

A. Rahmanzadeh, based on information from the national statistics bureaux in the selected countries and PRB/DSW world data sheet 1999.

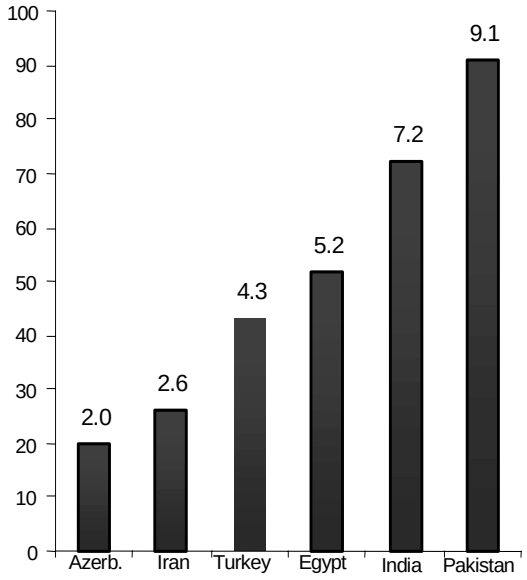


Figure 4: Infant mortality in %

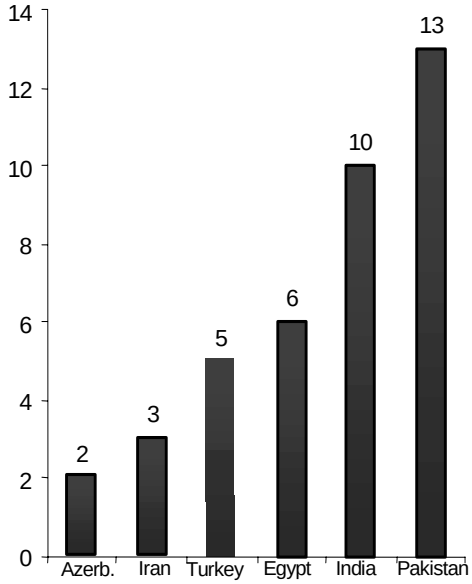


Figure 5: Child (1-5 years old) mortality in %

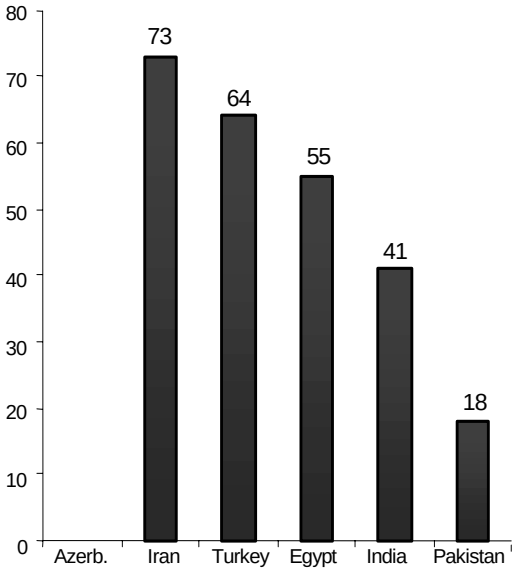


Figure 6: Married women who practise family planning (modern and traditional methods) in %

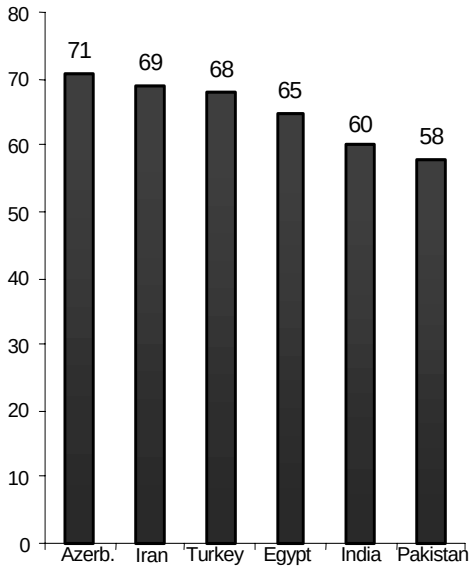


Figure 7: Life expectancy at birth (years)

4.6 Comparison of family planning and reproductive health policies

4.6.1 Turkey

Turkey began a policy of family planning at the same time as Iran. In 1965, it passed the Population Planning Law.

Due to the major loss of lives during the World War Two and the high child mortality rate, the official policy after the war was to increase the birth rate, and thus the country's workforce and defence capabilities, and to promote greater population growth.

Numerous laws to promote population growth were passed and measures introduced, such as financial support for families with more than 5 children, a ban on the importation of contraceptives, the outlawing of abortion for economic reasons, etc.

The difficulties caused by this rapid growth in the population manifested themselves in increasing medical problems, rural exodus and employment issues. The Ministry of Health and the state planning organisation raised the alarm and demanded a policy U-turn. Some aspects of this liberalisation were implemented rapidly, such as an easing of the ban on imports of contraceptives. In 1965, family planning was incorporated into the 5-year development plan.

Just under two decades later, in 1983, the law was overhauled and passed in a fuller and more liberal form. This law permitted pregnancies to be terminated up until the tenth week and various measures and forms of contraception to be used (cf. Annex 3).

The Ministry of Health's service staff was trained and expanded to carry out preventive measures such as sterilisation.

Assessment: Family planning in Turkey is similar to that in Iran. A description of individual programmes, as in the case of Iran, can therefore be dispensed with. Nevertheless, attention should be drawn to a number of components:

- In Turkish family planning, the emphasis is on spreading modern methods of contraception and undertaking preventive measures, such as sterilisation. This latter is undertaken by the Ministry of Health. According to a study conducted by Hacettepe University, 62.6 % of women were using traditional or modern methods of contraception in 1993, of whom 34.5 % were using a modern method. In 1999, the equivalent figures were 64 % and 38 %. This is a great deal lower than in the neighbouring country of Iran. This could be due to the differences in the Iranian reproductive health policy:

- The Turkish family planning programme includes less advice and information and fewer discussions with individuals than the Iranian programme. There is much less participation on the part of the target group.

- There is not such easy access to contraceptives as in the neighbouring country of Iran, where they are mostly available for free.

- Above all, family planning does not have the moral approval of religion and the practical support of the clergy, as is the case in Iran.

4.6.2 Azerbaijan

Before it gained independence in 1991, the Soviet Socialist Republic of Azerbaijan had no family planning programme comparable to those in the West or the South. Nevertheless, the population growth rate fell sooner and more rapidly than in the other two neighbouring countries. The growth rate had already peaked in 1960 at 3.3 %. Following this, it fell rapidly and by 1975 stood at 1.6 %. In the year in which Azerbaijan gained its independence, the growth rate stood at just 1.1 % and remains at that level today. The reasons for such a positive trend can be found in the following areas:

- Under the then command economy, the income and also pension of each individual employed on collective farms, union companies, other production units or in government - even if they were on only a low or moderate wage - was a matter for the state and was organised for everyone alike at a central level. It was no longer important to have a large number of children either to work for the family or as a form of social security.

- Due to economic constraints, there was a continuous reduction in state benefits and concessions for large families. The time and expense involved increasingly became a reason for prevention and reduction.

- Free and uncomplicated access to contraceptives made prevention easier.

- Finally, easy access to abortion was a feature of the Soviet republics. Today, it is more of a moral issue for the transition countries and one important aspect of these countries' reproductive health policies is to reduce the number of abortions once more.

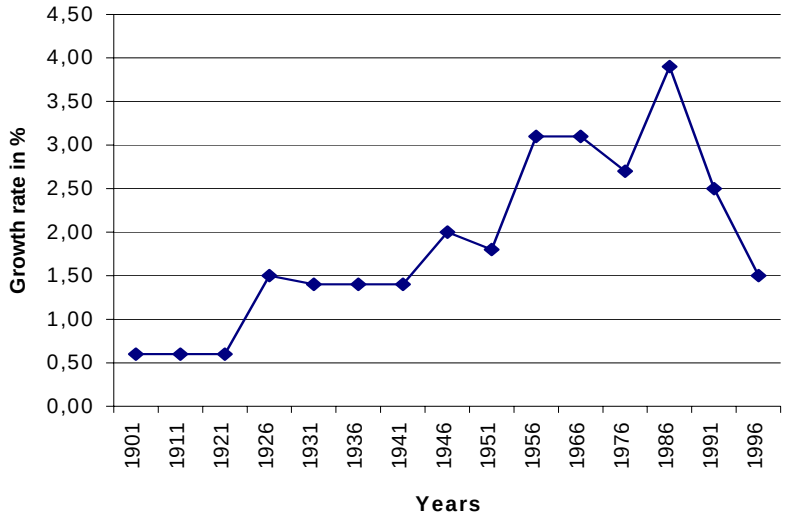
Due to the high number of abortions in the transition countries, UNFPA developed a reproductive health policy specifically for this group of countries in the 1990s. In 1996, the "Programme for Family Planning and Reproductive Health Policy 1996 - 1999" was introduced in Azerbaijan with funding of US$ 3 million. The programme began with courses and workshops for the medical staff at the Ministry of Health, general information and education measures and advice programmes for women. In December 1999, a second programme with funding of US$ 3.7 million was agreed on for 2000 - 2004. New service centres are being established in eight provinces.

According to the Ministry, the majority of Azerbaijani families (56 %) have only one or two children and 22.3 % have three children. Only 21.4 % of families have four children or more. The Ministry puts the number of abortions in 1995 at 24,900. This means one abortion for every three live births.

The Ministry notes that there has been a deterioration in the public health situation, such as a rise in maternal mortality, and believes that it is a matter of urgency that the reproductive health policy be continued and intensified.

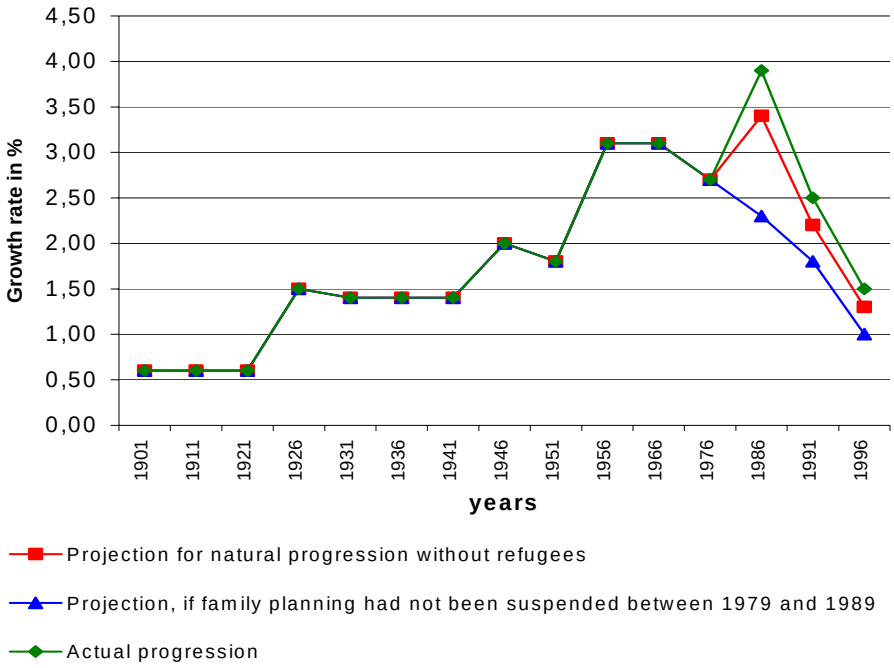
In **assessing** family planning in Azerbaijan, it should be borne in mind that the social security of the family and also the health services have deteriorated. Greater involvement on the part of the UNFPA, for example, would appear necessary.

Figure 8: Growth rate of the Iranian population in the 20th century



Source: A. Rahmanzadeh, data from Statistical Centre of Iran (1998).

Figure 9: Growth rate of the Iranian population in the 20th century



Note: In the mid-1960s, a rapid diversification of Iranian society began. At the same time, the first family planning measures were introduced. Both factors had an impact: in the 1970s, population growth began to slow down.

Source: A. Rahmanzadeh, based on data of the Statistical Centre of Iran (1998).

5. Socio-cultural conditions influencing family planning in Iran

5.1 Women's status in society and the family

5.1.1. Status in society

The preamble to the constitution of the Islamic Republic emphasises that, because they suffered greater oppression under the old - in other words the "anti-Islamic" "despotic" - regime, women are to regain more rights. Yet no precise definition of these rights is provided by the constitution. Most importantly, there is no mention of equality between men and women. The special status accorded to women is mentioned only in connection with "family as the fundamental unit in society" and the "worthy role of motherhood", as the preamble puts it. Article 20 of the constitution talks about men and women receiving equal protection of the law with due observance of the principles of Islam. It does not, however, speak of equal rights. Other articles in the constitution are in a similar vein.

As already mentioned, in the first years after the revolution, women's rights were restricted and the family protection law declared null and void. Whilst women's organisations had not regarded the old family protection law as entirely satisfactory, it did accord women much greater freedoms. That is why women's organisations, including Islamic organisations, fought for their former rights to be restored and for legislation to be improved. The forced introduction of the veil also limited women's rights and was not freely accepted.

Over the years, however, women's organisations succeeded in gaining some improvements to the situation of women. Divorce law was improved to an extent and polygamy made somewhat more difficult. Due to the ban on prostitution, however, it was made easier to enter "temporary marriages". The reformers in parliament, particularly female members of parliament, are now working on a new family protection law.

5.1.2 Women's status within the family

Women in Iran have a stronger position within the family than outsiders often imagine. The mother has the greater power to make decisions on household matters or the upbringing of the children. This means that the slight improvement made in divorce law and other aspects of the family protection law should not only be seen as an adjustment to make it more compatible with women's raised consciousness but as an upgrading of women's status within the family.

5.1.3 Women's career opportunities

Although training and literacy for women has also improved under the Islamic Republic, the proportion of working women in Iran has fallen dramatically. Today, only 13 % of women are in work and women occupy only 3 % of senior positions. They do, however, make up a majority in the fields of environmental protection, family planning, the health service and education. The occasional woman is also to be found in more senior positions, going right up to the level of State Secretary. President Khatami's attempt to appoint women as ministers was opposed in 1997 by the conservative majority in parliament. He was, however, given permission to appoint a female Vice-President (the Vice-President for environmental protection, Mrs Massoumeh Ebtekar). In the first few years following the Islamic revolution, a law was passed allowing women to take early retirement after 15 years of work in order to devote themselves to household tasks. As a result of this, the proportion of women in the civil service fell by 2 % each year. Islamic women's organisations have fought against this in recent years and have succeeded in ensuring that the proportion of working women is now rising once more. Almost a third of government employees are now women (31.28 %). It is said that women make up more than 4/5 of those working in health and education (81.9 %)[12].

5.2. Food security and material conditions for families

Material conditions for families depend on the country's overall economic situation. Over the last 20 years, Iran's economy first experienced negative growth and then displayed a lower growth rate than in the past. While per capita income and family income have therefore fallen considerably, it cannot be said that there is absolute poverty, far less famine. The Islamic Republic aims to protect the lower tiers of the population both socially and economically. Social security systems have been introduced. The mostasefin, society's poor, receive coupons from the state which ensure that they have an adequate basic diet. The basic foodstuffs, such as bread, sugar and, to an extent, rice and meat, are subsidised, as are petrol and energy. These subsidies place a great financial burden on the country. When an attempt was made to abolish or reduce them, however, it failed due to resistance from the population. Nevertheless, the government has set itself the aim of gradually dismantling subsidies as far as possible. It would appear that there is growing acceptance of this within the population.

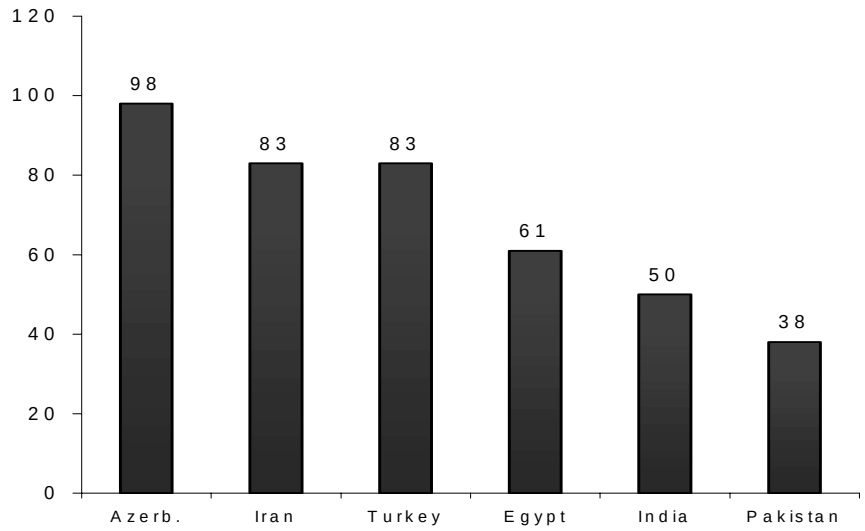
The following figures say a lot about the general food situation in Iran:
Official figures put per capital daily calorie consumption at 3,227 kcal[13]. That is 145 % of the minimum required consumption calculated for the world by the FAO[14]. At the beginning of the 1970s, protein consumption in Iran stood at 20g per day. This also indicates that the basic need for animal protein is being met. To this

[12] Cf. Ettela'at newspaper, 14 January 2000.

[13] Cf. Managing Director of Agriculture Bank, Rasulov, Ett. 8. Feb. 2000. According to - unconfirmed - figures from the Jihad ministry, Iran is almost self-sufficient in animal products and is starting to produce a surplus. Ett. 14. Feb. 2000.

[14] See also A. Rahmanzadeh, E. Zurek, Perspektiven der Welternährung, BMZ-Forschungsberichte No. 52, Cologne, 1984.

Figure 10: Literacy 1997 - 1999 (%)



Source: A. Rahmanzdeh, based on data from the National Statistical Centers and PRB/DSW (1999).

extent, it may be said that parents have a basic minimum of food security and social security and that there is little need for them to have more children who will provide them with social security in their old age. It should, however, be pointed out that, even if basic calorific needs are met, this is no guarantee of a healthy diet. According to recent reports, malnutrition, particularly in children, is not uncommon. Even the Minister of Health, at a congress of doctors in October 1999, spoke of over half a million children showing signs of deficiencies.

5.3 Literacy and access to education and training

5.3.1 General literacy

With the agrarian reform in 1962, intensified efforts were also made to combat illiteracy in Iran. Following basic training, those on compulsory military service had the option of serving in the "knowledge army", working as literacy instructors in rural areas. In the 1960s and 1970s, this proved successful. After the Islamic revolution in 1979, intensified efforts continued to be made in the field of literacy. Education policy was accorded an important role. The proportion of the entire national budget devoted to education has at times topped 20 % and today stands at 17 %. Iran now has a relatively high literacy rate. In 1999, over 83 % of the population were literate.

The situation in Turkey is similar, with a rate of 83 %, and in Azerbaijan the figure is as much as 98 %. In countries where the population growth rate is still high, the literacy rate continues to be low. In Pakistan, for example, it stands at only 38 % (1997). With a literacy rate of 61 %, Egypt is somewhere in the middle, as it is for population growth.

School attendance in Iran has also reached high levels. Now, in 2000, it stands at over 97 %. School attendance is compulsory for all children aged between six and fourteen. There are, however, differences between urban and rural areas. In 1996, school attendance stood at 97 % in the towns and 91.4 % in rural areas. The current figures are undoubtedly higher.

5.3.2 Literacy and access to education and work for women

As already indicated, literacy rates for women have also risen sharply over the last few decades. Nevertheless, they still lag far behind the men. In 1996, 90 % of men in urban areas were literate, compared with 82 % of women. In rural regions, the figures were 77 % and 62.5 % respectively. Women have also caught up in terms of education. At primary and secondary schools, girls make up 48 % of pupils. This corresponds to the proportion of women in society as a whole. At the universities, 36 % of students are female (1996 figures). Almost equal numbers of female and male students are enrolled in certain medical subjects. More female students than male study education[15].

As already mentioned, the proportion of women not in employment is much greater than that of men. This applies equally to graduates. Islamic women's organisations therefore criticise the government for allowing women to be trained and study for degrees but not giving them the same career opportunities as men once they have finished training or gained their degree. They also criticise the fact that housework is not recognised as a contribution to society. 58 % of women are housewives. The women's organisations protest that the work of housewives and also of rural women, who work in farming, crafts and other jobs, is not recognised as such and that they are not accorded appropriate social security.

5.4 Women's social environment and scope for making decisions

The implementation of a family planning programme is dependent not only on legislation and religion but is also heavily influenced by the social environment. In particular the question of what forms of contraception are used is also a cultural issue. In a society based on the extended family, such as in Iran and Turkey, the social environment and especially the attitudes of mothers and mothers-in-law play a crucial role. The conduct of a young woman in these societies must also meet with the approval of the social environment. Given the significance for women of their kinship system and the central role played by older women in the lives of younger women, the critics believe that the whole environment must be included in any process of education.

The broad information campaign, in which the clergy was involved, and the fact that the issue of family planning is addressed in religious sermons shows that the decision-makers have involved most of Iranian society in this issue. Criticism that the information campaign is mainly directed at women and that men have not been involved in the programme to the same extent is not completely justified (cf. chapter 3). Many information handouts and official publications at least note that men must also be involved in this process of education.

Coercion or principle of voluntary participation

Our studies did not reveal any kind of pressure being used in family planning. Coercive measures, such as were used in India in the 1970s, do not exist in Azerbaijan, Iran or Turkey.

The decision on what method of contraception to use is made mainly by the woman and her husband, but also by the family and the social environment of the extended family.

5.5 Conclusions

Based on the facts and analysis presented in this study, the following conclusions may be drawn:

a) Information and education is a major component of reproductive health policy in Iran. Education, combined with easier access to contraceptives, increases the target group's responsiveness and lowers overall costs.

[15] At an international rectors' conference in Bonn in August 2000, the Chancellor of Teheran University declared that this academic year, more new female students than male had enrolled, a proportion of 52 %.

b) Key to the success of reproductive health policy in Iran is its consistent implementation and the **coherence** of a number of different policy areas. The inclusion of the **sociocultural** players, particularly **religious** leaders, is extremely important. This can be achieved even where "unity of state and religion" does not exist.

The **participation** of those affected, particularly women, is a basic prerequisite for the success of the reproductive health policy. **Women** are the real decision-makers on matters of family planning. The second group is **young people** who, by participating and being involved in decisions, can have a major, long-term influence on population development.

Family planning is both a political and a social issue and cannot be implemented by decree. Coercive methods are neither successful nor morally acceptable. The inclusion of the people affected and the gaining of their acceptance - although limited in other policy areas - have been instrumental in the success of family planning in Iran.

Improved **literacy** and the expansion of the **education system** have a major impact on population development. Countries with successful population policies have also been successful in reducing the illiteracy rate. Compared with other countries in the region, Iran devotes a greater proportion of the national budget to education.

Above all, population development is the result of a social process and should by no means be interpreted as the outcome of individual policy decisions. To this extent, population development is determined by the structural composition of society and the process of transformation it undergoes and thus also by **socio-economic diversification**. A society whose structure is based on agriculture must take a different approach to reproductive health policy and family planning than an industrialised or semi-industrialised society. Population development both in Iran and in Azerbaijan and Turkey has shown that the more structurally diverse a society becomes, the more rapidly the importance of the extended family and the social model of the large family diminishes.

5.6 Recommendations

- Whilst population development is determined by various factors, **reproductive health policy** plays a very prominent role. Even as economy and society become increasingly diverse, an intensified reproductive health policy should be one of the foremost tasks of development policy.

- Because socio-economic transformation has such a decisive influence on population development, this implies a need for continued **socio-economic diversification**. Development policy and development co-operation should make promoting this process a priority. The primary measures are:

  - the abolition of protectionist measures against processed goods from the South in the economies of the North

  - structural support in the South

  - structural adjustment in the North

- It is recommended that a **symposium** on population development and socio-economic diversification and development be held by the DSW with representatives from development policy and from the academic community.

- In an example of South-South co-operation, other countries and regions (of the South) could learn from the experience gathered by the sample countries, particularly in the field of reproductive health policy, and the importance of structural diversification could be conveyed.

  An English summary of this study could be provided to any countries that are interested, as a means of promoting South-South dialogue.

  A number of initiatives were launched following the Cairo Conference, e.g. "Partners in Population and Development" (PPD), with a membership of 15 countries and headquarters in Dhaka, Bangladesh (Annex 4). The **promotion of such groups and**

programmes - once they have been evaluated - can greatly boost South-South co-operation.

The experience of population policy in the Islamic region on which this study focuses should be discussed as part of a **regional** or **international symposium**. Given Iran's positive experience in the area, Tehran would be a suitable location.

Since the General Assembly of the UN has declared 2001 the **"Year of Dialogue Among Civilizations"**, the CIC (Center for International Co-operation) in Bonn could suggest to UNESCO that population policy could be used as one topic for this dialogue. In the UN city of Bonn, a dialogue programme could be staged in the international congress centre (the building that formerly housed the Lower House of the German parliament).

6. Annexes

Annex 1: The ten major countries of asylum for refugees in the world				
Country	**Total population in thousands (1995)**	**GNP per capita in US$ (1995)**	**Number of refugees**	**Refugees as % of total population**
Iran	60,055[a]	n/n	2,014,000[b]	3.3[b]
Germany	81,869	27,510	1,266,000	1.5
Pakistan	129,905	460	1,200,000	0.9
USA	263,119	26,980	597,000	0.2
FR Yugoslavia	10,518	n/n	548,000	5.2
DR Congo	13,848	120	450,000	1.0
Sudan	26,707	n/n	405,000	1.5
Guinea	6,591	550	401,000	6.1
Ethiopia	56,101	100	354,000	0.6
Côte d'Ivoire	13,978	660	210,000	1.5

a According to the 1996 census. The UNHCR quotes a higher population, which does not correspond to the actual results of the 1996 census.
b In the mid-1980s, there were approx. 4 million refugees, i.e. 8 % of the total population.

Source: UNHCR, The State of the World's Refugees. UNHCR Report 1997-1998, Bonn (1997).

Annex 2: Use of modern contraceptives in Iran				
Contraceptives	**1989 (%)**	**1993 (%)**	**1995 (%)**	**1997 (%)**
Pill	18.7	24.5	22.8	
Condom	5.2	6.7	5.7	
IUD	3.7	7.2	7.1	
Vasectomy	-	1.0	1.3	
Female sterilisation	-	9.2	13.7	
Injectables	-	-	1.3	
Total	27.7	48.6	52.0	56.0 (73.0*)

* Modern and traditional methods together.

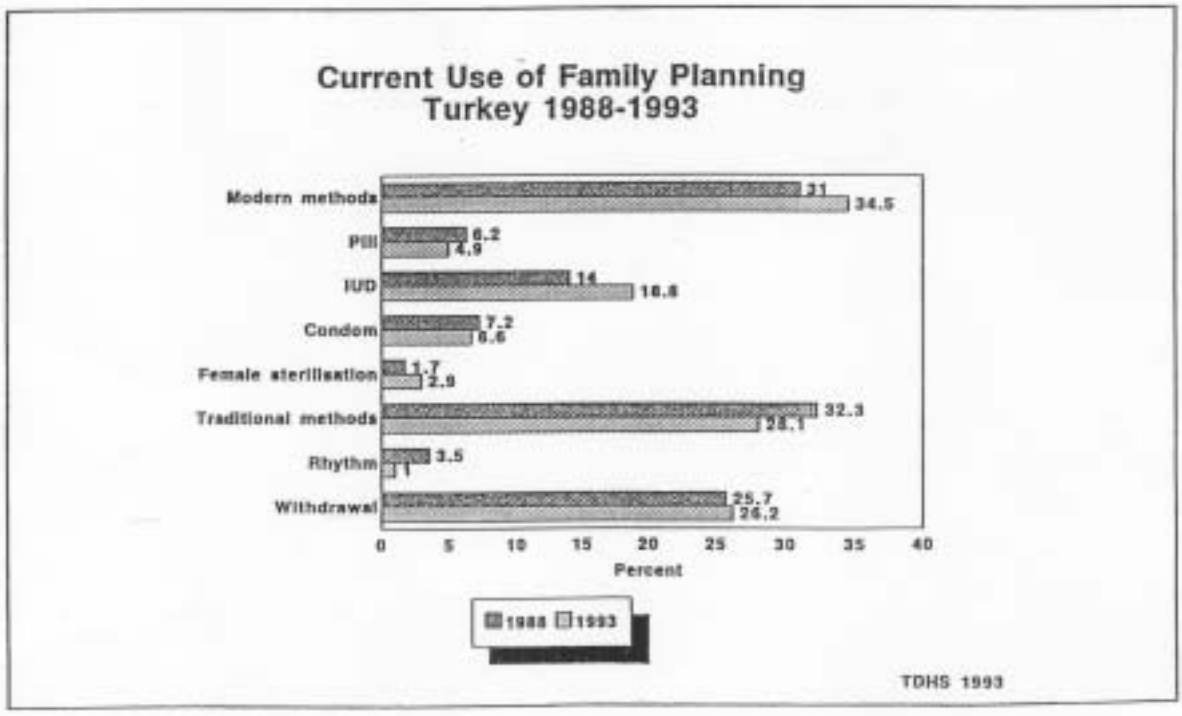
Source: Ministry of Health, Iran (1998) and PRB/DSW 1999.

Annex 3: Use of contraceptives in Turkey, 1993

Table Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to age, Turkey 1993

	Modern methods									Traditional methods								
Age	Any method	Any modern method	Pill	IUD	Injection	Vaginal methods	Condom	Female sterilisation	Male sterilisation	Any trad. method	Periodic abstinence	Withdrawal	Prolonged abstinence	Vaginal douche	Other	Not using any method	Total	Number of women
15-19	24.1	9.3	0.6	6.2	0.0	0.0	2.5	0.0	0.0	14.8	0.0	14.2	0.0	0.2	0.4	75.9	100.0	329
20-24	51.1	28.2	5.1	16.4	0.0	0.9	5.5	0.3	0.0	22.9	0.5	22.4	0.0	0.0	0.0	48.9	100.0	1026
25-29	68.0	41.7	9.0	23.3	0.1	0.6	7.0	1.7	0.0	26.3	0.5	25.4	0.2	0.2	0.0	32.0	100.0	1190
30-34	76.5	46.0	6.2	26.3	0.0	1.7	8.5	3.3	0.0	30.5	1.8	27.8	0.2	0.5	0.2	23.5	100.0	1254
35-39	76.8	41.0	3.9	22.1	0.3	1.7	8.2	4.6	0.2	35.8	0.7	34.2	0.1	0.5	0.3	23.2	100.0	1026
40-44	61.0	29.2	2.1	13.4	0.1	1.8	7.0	4.8	0.0	31.8	1.6	28.4	0.0	1.3	0.5	39.0	100.0	833
45-49	41.7	17.5	1.9	6.9	0.0	1.0	2.7	5.0	0.0	24.2	0.8	20.6	0.0	2.1	0.7	58.3	100.0	613
Total	62.6	34.5	4.9	18.8	0.1	1.2	6.6	2.9	0.0	28.1	1.0	26.2	0.1	0.6	0.2	37.4	100.0	6271



Source: Turkish Demographic and Health Survey, Hacettepe University, Ankara / Demographic and Health Surveys (1994).

Annex 4: Partners in Population and Development (PPD)

PPD is an innovative, and rapidly expanding, alliance of developing countries, established specifically to realise the concepts of South-South collaboration elaborated in the Cairo Programme of Action endorsed by over 180 nations at the 1994 UN International Conference on Population and Development (ICPD). The offices of the Partners Secretariat are located in Dhaka, Bangladesh.

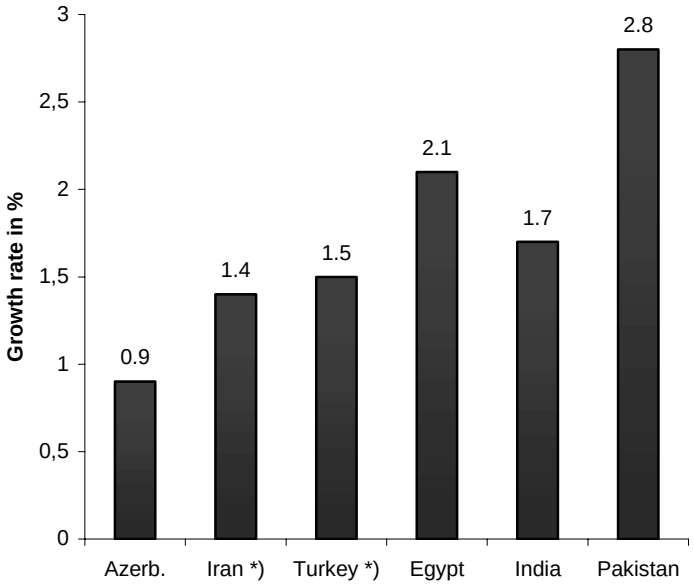
Current partner countries - Bangladesh, China, Colombia, Egypt, India, Indonesia, Kenya, Mexico, Morocco, Pakistan, Thailand, Tunisia, Uganda and Zimbabwe - are internationally recognised as having developed population policies, programmes and services in the line with their strong commitments to implementation of ICPD Programme of Action. Each of the Partner countries has designed an official government institution responsible for co-ordinating all activities carried out on behalf of the Partners. The highest-ranking government officer, usually of ministerial rank, sits on the Partners` Board of Directors which governs the work of the organisation and advises the Permanent Secretariat.

From its inception, the initiative has been supported by the countries themselves, the Rockefeller Foundation, the United Nations Population Fund (UNFPA) and the World Bank. Other supporters currently include the Hewlett Foundation, the W.H. Gates Foundation, the Packard Foundation and the UK Department for International Development.

The activities of the PPD:

- Information exchange.
- Training programs.
- Observation-study tours (OST).
- Internships.
- Meetings, seminars and workshops.
- High-level visits.
- Long-term degree training.
- Technical assistance.
- Peer review.

Annex 5: Population growth in selected countries - 2000



*) The PRB/DSW quotes for Iran 1.2 %, and other national sources even lower figures. A mean value has been reached using other international sources. There is also a discrepancy with the figures quoted by the Turkish State Institute for Statistics (DIE). The institute quotes a higher figure.

Source: A. Rahmanzadeh, based on data from PRB/DSW 2001 and the National Statistical Centres.