

**Australian Population Association Eleventh Biennial Conference
University of New South Wales, Sydney, Australia, 2 to 4 October 2002**

Title:

Family Planning in three Muslim countries: A Blend of Islam and Programmatic Efforts

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Abstract:

Since the tragic events of September 11, 2002 many aspects of Muslim societies have been much in focus. They have included the negative aspects related to inhumane treatment of women in some Muslim societies while in earlier demographic studies particular attention has been drawn to the fact of high fertility in Muslim countries. Some have argued that due to the practice of sub-ordination of women in Islam on the one hand and it being a pro-natalist religion on the other hand Muslim women are inhibited from wider use of birth control. In reality, however, Islamic teachings are quite flexible on reproductive health matters, and many scholars (specially those in the early era) have given more liberal interpretations of Islamic laws related to birth control. Many have argued that Islam permits the use of family planning methods right from the beginning which were misunderstood by the present religious leadership. Consequently, a majority of Muslim countries have an active and family planning program.

This paper draws attention to the Islamic teachings in both Sunni and Shiite sect of Islam and takes examples from three culturally distinct but predominantly Muslim countries namely; Iran, Bangladesh and Pakistan, which have taken different recourse to Islam in propagating issues related to family planning. Immediately after **Bangladesh** became an independent country in 1971, with concern for a rapidly growing population it adopted a comprehensive and aggressive population policy aiming at reducing fertility which was considered very important for national development. Bangladesh's family planning program was designed keeping in view the conservative Islamic tradition, in particular the practice of *pardah* (veil) whereby contraceptives were delivered from door-to-door, allowing women to stay within their homes. Later the service delivery moved from doorstep to a client-centered package of services offered at clinics. The programme faced rising religious opposition, however, it incorporated the important role which could be played by Muslim religious leadership. Thus, concerted efforts were made to educate Muslim clerics about the health benefits accruing from women's ability to space and limit births. Consequently, between 1975 and 1997, contraceptive prevalence rate increased from 7% to 43%. In **Iran**, following the 1979 Islamic revolution, the new regime criticized the program as an imperialist plot to reduce Muslim populations and overturned many of the reforms that gave women greater autonomy. However, when they realized that the population is increasing very rapidly, in 1989 with the endorsement from the country's highest Islamic authorities, the National Birth Control Policy was adopted. Thereafter, religious leaders came openly in favour of family planning leading to increase in contraceptive use from 37% in 1976 to 73% in 1997. Like Iran, officially **Pakistan** is also an "Islamic Republic", however, its family planning programme, has suffered long years of neglect and frequent policy

changes that accompanied political upheaval, beginning in 1970. Since very beginning, among the religious leadership a quite conservative view of Islam has prevailed regarding adoption of birth control. Jamat-e-Islami Party, which was at the helm of affairs during 1977-85, has officially opposed family planning as “un-Islamic,” and even women interviewed in various surveys have commonly cited religious restrictions as one of the reasons for not practicing contraception. Indeed, in 1985, the Islamic court had given a verdict that family planning is against the teachings of Islam. Thus, between 1975 and 1990, CPR barely increased from 5 to 12% and was 18% in 1997. Most of the criticism of Pakistan’s family planning programme emanates its ineffectiveness due to the social and economic and political environment coupled with the governance failure. However, programme administrators have generally blamed the religious opposition as the main reason for this ineffectiveness.

In this background the paper looks at the family planning and reproductive health programme strategies in the three countries during the past quarter of a century and assess their impact on demographic and reproductive health indicators. It concludes that both Bangladesh and Pakistan can learn a great deal from Iranian experience where through a blend of programmatic efforts and actively involving religious leadership CPR has reached 73% (next to China and South Korea). Where as CPR of 54% in Bangladesh and 24% in Pakistan is reported. Consequently the most recent data suggest a total fertility rate 2.1 in Iran, 3.3 in Bangladesh and 4.8 in Pakistan.
