

Executive Summary - Fertility Decline in Muslim Countries

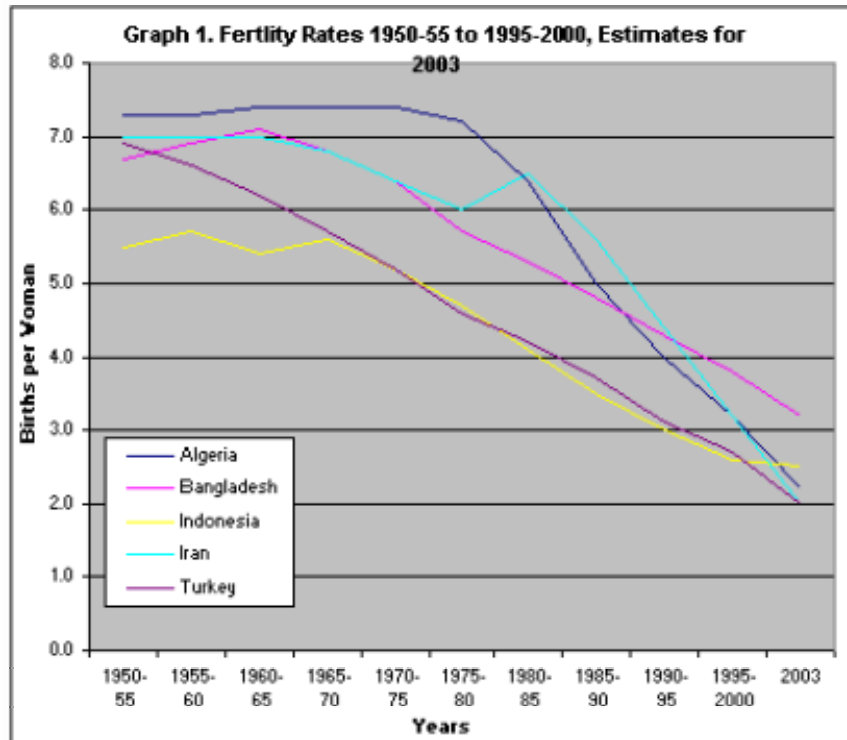
Conservative religious values in general, and Islam in particular, are often associated with high fertility. Although large families remain the norm in many predominantly Muslim countries, others have recently experienced rapid fertility declines. In a number of cases, the total fertility rate (TFR) is now at or near the level required just to replace the population in the long run (approximately 2.1 children per woman). This report looks at five Muslim countries that are well along in the fertility transition process: Algeria, Bangladesh, Indonesia, Iran and Turkey.

The five countries differ widely in geographic position, size and level of development (Table 1). Algeria, Iran and Turkey are usually taken as belonging to the Arab Middle East, and their people are virtually entirely Muslim. Bangladesh and Indonesia are very large Asian countries with appreciable non-Muslim minorities.

TABLE 1. BASIC INDICATORS							
	Size (millions)	World Size Rank	Percentage Muslim	Life Expectancy	GDP \$ Per Cap	Percentage Women Literate	Percentage Adult Women Working
Algeria	31.4	34	99	70	1,663	45.5	7
Bangladesh	133.6	8	83	59	362	28.2	56
Indonesia	217.0	4	88	68	723	78.7	52
Iran	65.6	16	89	69	4,690	43.3	11
Turkey	67.3	17	100	70	2,998	72.0	26

Algeria

Algerian fertility has dropped in recent decades from well over seven births per woman to less than three (Graph 1). Political control remains in the hands of a military oligarchy despite the 1991 electoral victory by Islamic fundamentalists and their continuing struggle to gain power.



After Algeria gained independence in 1962, the prevailing climate of nationalism favored population growth. Faced with the reality that rapid population growth was impeding social and economic progress, however, President Benjedid introduced an official family planning program in 1983. Care was taken to gain the blessing of the religious authorities.

Although fertility had actually begun to edge downward as early as the late 1960s, it then began to drop much more steeply. The TFR is currently estimated to be approaching replacement. About half of all couples in Algeria use a modern method of contraception, including the pill, IUD and condom, while another 14 percent use a traditional method (Graph 2).

Turkey

The government of Turkey is self-consciously secular, but the country has not been immune to the conservative forces at work in the Muslim world. After World War II, official policy encouraged population expansion in various ways, but the negative impact of rapid growth on the health of women and children as well as on social and economic development became evident to government leaders. The first Family Planning Law was passed in 1965, and family planning was incorporated into the country's five-year development plan at that time; in 1983 the law was revised and strengthened. Family planning has never explicitly received the sanction of religious authorities, however.

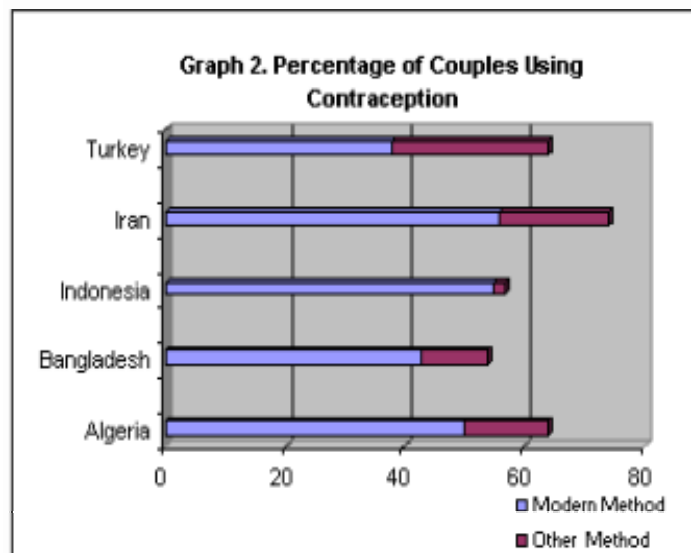
Fertility had actually been dropping in Turkey since the 1950s, and the TFR is now estimated to have reached or fallen below replacement (Graph 1). While policy change may have facilitated this trend, it did not necessarily accelerate it. Although almost two thirds of all couples use some method of contraception, two out of five continue to depend on traditional methods, such as withdrawal (Graph 2).

Iran

By 1979 when fundamentalist clerics took over Iran, the TFR had come down slightly from its maximum but was still well over six births per woman (Graph 1). Although the new government did not oppose family planning per se, a pro-natalist stance was taken, and the TFR rose in the first half of the 1980s. Gradual decline resumed in 1984 and then accelerated after 1989 when it was concluded that excessive growth deterred development, and a policy to reduce population growth was introduced, including an official family planning program. The support of religious leaders was carefully and successfully sought when this policy was adopted.

Between 1989 and 1996, the TFR dropped from slightly below six to well under three births per woman, an extraordinary shift in just six years. By 2000, the TFR had reached replacement level. Government policy and underlying social and economic conditions appear to have worked together to bring about such pervasive change.

Seventy-four percent of Iranian couples now practice contraception (Graph 2). The great majority use modern methods, but traditional methods continue to play a significant role.



Bangladesh

Bangladesh has the eighth largest population in the world and, except for a few small city-states, is the most densely populated country. Subsistence-level agriculture dominates the economy. High fertility in the recent past has led to surging numbers of young adults with little education and few prospects for employment, but the more radical elements of Islam do not appear to have gained a substantial following.

Because of Bangladesh's low level of development, few experts have viewed it as a likely candidate for fertility decline. From the 1950s through the 1980s, the population grew extremely rapidly. The government focused increasingly on this as a high priority concern, however, and a family planning program was launched in 1965. Emphasis was placed on community outreach using an extensive network of female field workers. The proportion of couples using contraception rose from less than 10 percent in 1975 to well over 50 percent by the end of the 1990s (Graph 2), and most rely on modern medical methods.

Small but significant improvements in women's status and living conditions have also taken place and have probably interacted with increased access to contraception to reduce fertility. Since the early 1960s, the TFR has dropped about by half, an

enormous achievement (Graph 1). At an estimated 3.2 children per woman, it nevertheless remains well above replacement, and evidence that the downward trend may have lost momentum in the 1990s has caused concern.

Indonesia

Not only is the population of Indonesia the fourth largest in the world but it is also extraordinarily ethnically diverse. Its inhabitants are spread across an archipelago of many thousands of islands, speak more than 300 local languages and represent vastly different stages of development. The country was first united around 1900 under the Dutch and gained independence in 1949.

Under General Suharto, who held power from 1965 to 1998, secularism and modernization prevailed over Islamist ideology and nationalistic economic goals. Family planning was introduced early on, and was able to take advantage of an effective administrative system that reached down to the village level. By 1990, fertility rates had been cut virtually in half. While the family planning program was closely identified with the secular state, its guiding policies took into account religious values and sensitivities. In the 1980s Indonesia was often cited as a rare example of rapid fertility decline achieved in advance of social and economic development, but it is now recognized, that a profound process of modernization had been under way as well.

The years since Suharto's fall have been a time of political and economic turmoil. Although reliable demographic data for Indonesia are becoming increasingly scarce, fertility decline appears to have stalled since 1995 at a level that is low but still appreciably above that required for replacement of the population. As in Bangladesh, doubts have been raised about the future course of fertility and possible deterioration in the family planning program. The latest measures show overall contraceptive use to be lower in Indonesia than in the other four countries considered here, but the use of modern methods is almost the same as in Iran, the highest of the five (Graph 2).

Implications

Clearly there is no simple relationship between Islam and fertility behavior. In predominantly Muslim countries, fertility decline may be achieved under explicitly religious governments as well as under secular governments. It is striking that, among these five countries, fertility has fallen farthest and fastest in Iran, which is ruled by clerics, and in Algeria, where Islamic fundamentalism is also very strong. In both of these countries the acceptance of religious authorities was won before family planning activities were undertaken. In Turkey, Bangladesh and Indonesia, on the other hand, family planning is identified largely with secular authority and may be vulnerable should forces opposed to the latter prevail.

In all five cases, the government family planning programs started as a response to concern about excessive population growth that arose as part of an effort to stimulate social and economic modernization. Typically, fertility had already begun to move down, and family planning appears to have facilitated this trend in a dynamic process of reciprocal reinforcement.

This Executive Summary was prepared by Dr. Elise Jones and reviewed by Dr. Charles F. Westoff in July 2003. Sources include: Abbasi-Shavazi, Mohammad Jalal. "Recent Changes and the Future of Fertility in Iran." In United Nations Population Division, 2002: 425-439; AlgeriaOnLine.com. "History." www.MarWeb.com; BBC News (Web Site). 2003. "Country Profile: Indonesia"; Barkat-e-Khuda et al.. 2000. "Fertility and Family Planning in Bangladesh." *Asia-Pacific Journal*: 15 (1): 41-54; Courbage, Youssef. "Sur le Pas de l'Europe du Sud: La Fecondite au Maghreb." In United Nations Population Division, 2002: 469-482; Eltigani, Eltigani E. "Childbearing

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