

Revisionism in the Rationale for Population Policies

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Introduction

All three papers in this issue of *Population Horizons* look at population policies in low and middle income countries. Two of the papers focus on particular countries, Ethiopia (Hailemariam 2016) and Iran (Hosseini-Chavoshi *et al* 2016), where the governments have very different views and concerns about the direction of their current population trends. The third paper looks at the adoption of population policies across Sub-Saharan Africa (Sullivan Robinson 2016). As arguments and disputes in the recent past tell us, population policies may easily become contentious, especially when they are perceived as promoting social objectives in ways that may interfere with individual preferences or established cultural norms (Connelly 2008; May 2012). Although these controversies have most often flared up when governments have announced that they want to reduce the growth rate of the population by curtailing fertility, policy proposals that are intended to increase fertility may also provoke arguments along the same basic fault lines¹: the relationship between the government's aims and the justification for their intervention in this sphere of private life; and the implications or likely effects of specific policy measures for individual well-being. What links the papers in this issue of *Population Horizons* is their focus on the ways in which these issues play out in the context of current or recent policy debates in particular countries. There are major differences of course in the issues or challenges that policy-makers have to confront. How could this not be so, when the aim in Iran is to raise fertility because it is judged to be too low; and in Ethiopia and

¹ For a list of countries with policies aimed at raising fertility (or population growth), see the factsheet in this issue.

Sub-Saharan Africa the challenge is reduce fertility because it is judged to be too high? Notwithstanding this difference, however, there is good reason to think that a full discussion of these aims and challenges in these countries converges on a response to the same basic idea: that it may be necessary to go beyond a framework for population policy that relies narrowly or exclusively on empowering women to achieve their personal fertility goals. In other words, what we see in both settings is a concern to articulate the case for a revisionist approach to population policy, even though the revisionism may take quite different forms. This editorial offers some reflections on these points.


Iran

To see how this applies to Iran, it is worth setting out the context for the paper by Hosseini-Chavoshi *et al* in some detail. In 2014 the Iranian Parliament, the *Majlis*, passed a pair of bills² that together signal a radical revision of their previous population policy. The first of these bills proposes to limit access to modern contraception by making all surgical interventions unlawful and by ending the current subsidy regime for birth control programmes that provide free access to contraceptives. The companion legislation – The Comprehensive Population and Exaltation of Family Bill – instructs employers to prioritise, in sequence, married men (with or without children) and married women with children when hiring³. These proposals have attracted interest and

² At the time of writing they are not yet law, and whether or not they become so depends on the view taken by the Guardian Council, which has the final say on all legislative bills.

³ In other words, unmarried women are given a powerful incentive to marry, and married women without children are given an incentive to get pregnant and bear a child.

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provoked comment, certainly outside the country, for several reasons.

Firstly, the decision represents more than a mere change in policy; it is a complete turnaround. In 2005, when Iran had a total fertility rate (TFR) of 2.1 children per woman the Iranian government declared that it thought the fertility rate was too high (UN 2005), and the same official view was repeated in 2011 (UN 2011), though by this time TFR had declined further to 1.8 (an estimated average for the period 2005-10). In 2013, however, despite negligible change in total fertility since 2011, the Iranian government reversed its earlier views on fertility (UN 2013). It was now official government policy to raise it. The same report cited population ageing as a major concern for the government. This follows an extended period of remarkable decline in fertility that was widely attributed to government policy on family planning. Iran, so it was argued, presented analysts with a reasonably clear case of an effective family planning policy (see e.g. Hoodfar & Assadpour 2000). It was a model of what could be achieved by a well-designed and properly funded programme (Vahidnia 2007).

Secondly, the demographic context for Iran's decision to adopt pro-natalist policies differs from similar decisions in countries in East Asia and Europe (Hosseini-Chavoshi *et al* 2016), and these differences are important for any attempt to assess or interpret the policy turnaround. According to UN estimates, the TFR in Iran was 1.75 children per woman over the period 2010 to 2015. The UN's own projections suggest that fertility will continue to decline for the foreseeable future, i.e. into the second half of this century by which time the population growth rate will have turned negative. We should note, however, that although a TFR of 1.75 is indeed below replacement level, it would not be regarded as low by high-income country standards⁴, and it is considerably higher than that of the various European and East Asian countries which also take the view that their fertility rates are worryingly low, and have as a consequence adopted a range of pro-natalist policies. In other words, Iran's decision to adopt such a policy approach has been taken at a fertility rate that is quite a bit higher than has been the case in those OECD countries which have

⁴ It is increasingly accepted that a TFR "at a moderate subreplacement level can be supportive of higher living standards in the long run". From 2015 UN Policy Brief on *Fertility, family change and policy adjustments in Austria*. <http://www.un.org/en/development/desa/population/events/expert-group/24/index.shtml>

made the same move. The one important exception here is Turkey, which announced a new Program for the Protection of the Family and Dynamic Population Structure in 2015⁵, despite having a fertility rate slightly above replacement level for the period 2010-15. Although Iran's fertility rate is high by OECD standards, it has a relatively low fertility rate when compared with other countries in the same region, especially its closest neighbours. From a regional perspective then, Iran is ageing faster than its comparator countries and will be the first to face the prospect of a serious 'demographic deficit'. And if we step outside the region to look at European countries with relatively high fertility (for Europe), it is remarkable to see that UN projections give Iran a lower fertility rate than the UK or Denmark in 2050-2055⁶.

And lastly, there are crucially important respects in which both the rationale and the details of Iran's proposals differ from the pro-natalist policies adopted in some 'low fertility' countries in East Asia and Europe. Although all these countries share a clearly articulated concern with population ageing and the idea of a demographic deficit – not enough working age adults to drive the economy and support the older non-working population – the political rhetoric in Iran suggests that there is an additional dimension to the rationale being offered there, and arguably also in Turkey, namely that the proposed measures will help support more traditional values explicitly associated (by the governments themselves) with Islam. In other words, we should take note of the cultural as well as the demographic context, and it is not implausible to suppose that there are may be other problems the Iranian government wishes to avoid besides those that typically beset ageing societies⁷.

⁵ In 2012 the population median age went above 30 years "for the first time in the country's history", and in 2015, the TFR (official country data) fell just below 2.1, a "historical low". The trend is seen as ominous, which is why President Erdoğan has endorsed the idea that families should aim to have at least three children. <http://www.dailysabah.com/op-ed/2015/03/13/pronatalist-policies-of-turkey-the-fight-against-becoming-an-ageing-society>. The latest update to the UN World Population Policies database reports that the Turkish government now want to raise fertility its from current level. See Greulich *et al* 2016 for a fuller discussion of the demographic context in Turkey.

⁶ These projections are challenged in the paper by Hosseini *et al* in this issue.

⁷ The fact that the policy turnaround on fertility has more or less coincided with a conservative reaction against high levels of female participation in higher education, especially in areas regarded as more appropriate for men (i.e. natural sciences and engineering), lends colour to this view.

As for the details of the measures that are intended to achieve a boost in the fertility, the core of the approach that has been taken in various OECD countries is to introduce a range of policies that will ‘lower the cost of having children’, e.g. various forms of financial incentives as well as ‘family-friendly’ policies that make it easier to combine motherhood and employment. In Iran, on the other hand, the effect of the approach that is under consideration will be to increase the costs of choosing *not* to have children – partly by making it more difficult to access contraception, and partly by requiring employers to give preferential treatment to women with children in the job market.

In the light of this, it is not surprising that the proposals have attracted highly critical comment from outside the country, not least from Amnesty International, which has described them as “a major threat to the human rights and fundamental freedoms of women and girls in Iran” (Amnesty 2015). The rights and wrongs of the proposals have also been discussed in the pages of various medical journals, including the *Lancet* and the *Journal of Epidemiology and Community Health* (e.g. Aloosh 2016, Karamouzian 2015). These criticisms make it plain that both the rationale for policy action as well as the details of the proposals themselves – in particular the tightening of access to modern contraception – put the Iranian government’s pro-natalist policies at odds with ways of thinking that tend to figure very large in current discussions of population policy.

One of the cornerstones of these ways of thinking about population policy is that the least controversial rationale for government intervention in matters of individual reproductive choice is that its action will enhance *individual* choice and promote *individual* health (of mother and/or infant)⁸. Measures that enable women/couples to achieve their desired or ideal family size are not vulnerable to the criticism that they might frustrate or override individual preferences and aspirations in the pursuit of an idea about the level of fertility or the population growth rate that is best for the country as a whole. They can be justified without having to appeal any such idea. As well as helping to prevent adverse health outcomes, an enhanced ability to exercise control over the number and timing

of pregnancies is welfare-improving for women for the simple reason that the ability to exercise control brings actual outcomes closer to desired outcomes. This has an important implication for population policies that set out to change aggregate fertility. Because they work by empowering *individual* women (or couples) to achieve their own personal fertility goals, they can only be effective at the aggregate level if there is a gap between actual fertility outcomes and the ‘underlying demand for children’. Rather than working against the grain of the demand for children, the policy tries to ensure that actual fertility outcomes reflect demand more closely.

By implication, any government which explicitly or implicitly rejects the idea that governments have no business trying to change the ‘underlying demand for children’ is *ipso facto* moving into controversial territory, and it seems reasonably clear that the Iranian government does indeed reject this idea. It is not just that the government’s case for intervention has to draw on different arguments and appeal to a different rationale, though this is true, the point is rather that this kind of intervention is thought to be much harder to justify. The reasoning applies just as much to a government that thinks its population is caught in a ‘low fertility trap’ (Lutz *et al* 2006; UNPD 2015) as to a country like Iran. Such a government cannot reasonably expect to increase aggregate fertility by enabling individual women to achieve their own personal fertility goals, since *ex hypothesi* these have been revised downwards – hence the low fertility trap. Its only hope of increasing aggregate fertility is by persuading people (men as well as women) to reconsider current norms and revise their own personal fertility goals. Any government that makes it clear that it has such a policy objective should expect controversy. It is, after all, announcing its intention to change preferences and decision-making in a matter that is normally seen as the prerogative of husband and wife (or perhaps we should say of households). The controversy does, however, take on a quite different character when the means of achieving the policy objective involve tightening the conditions for access to family planning services and seem likely to impose serious harms or costs on individuals and families whose preferences run counter to those that the government wants to encourage. Such an approach gives an especially acute form to the potential conflict between the government’s ideas about what is good for society and individual preferences for family formation. The fact that Iran styles itself as an Islamic

⁸ This is not to say that *any* measure which extends the range of options available to women when considering reproductive choices should be regarded as uncontroversial. Abortion was unlawful in Iran before the government announced its intention to change direction on fertility policy.

Republic means that this conflict is inextricably bound up with the assertion of strong cultural and religious norms for family life and the broad division of labour between men and women.

This then is the problematic context for the Hosseini-Chavoshi paper. It is problematic because it is so fraught with the potential for ideological arguments. The paper, however, is careful to avoid entanglement in these issues, and provides instead a substantive piece of demographic analysis that calls into question the likely effectiveness of the policy as well as some of the evidence that has been used to support the government's case for a pro-natalist policy (i.e. UN estimates of future trends in fertility in Iran). If, as the authors' analysis suggests, the policy measures are unlikely to have much effect on the demand for children, then there is good reason to suppose that an increasing recourse to illegal abortion will be one of their unintended consequences, and on the undesirability of this particular outcome everyone is agreed.

Ethiopia and Sub-Saharan Africa

The policy context for the countries examined in the papers by Rachel Robinson and Assefa Hailemariam is of course quite different. In Iran we are considering the situation of country that wants to reverse trends in fertility generally attributed to a well-designed and well-implemented population policy. The government thinks that the policy has been *too* successful. In Sub-Saharan Africa, on the other hand, we are considering countries that either want to speed up the transition to a low-mortality, low-fertility demographic regime or are certainly receiving expert advice to this effect. Their worries about high fertility⁹ owe more to a sense of the limitations of existing policies than their successes. They most emphatically do not see themselves as struggling with the unintended consequences of well-designed and well-implemented population policies. Quite the contrary, as Hailemariam (2017) shows for the case of Ethiopia, there is plenty of evidence for the view that many of the challenges of policy implementation have yet to be overcome.

As we have already suggested, however, there is a convergence between the ways that the policy

challenges are now being framed in the context of Sub-Saharan Africa and the kind of issues raised by the policy proposals in Iran. The arguments are pushing against the constraints of a framework for population policy that relies too narrowly or exclusively on empowering women to achieve their personal fertility goals. We find the case for such a revisionist approach to population policy being articulated in both settings, albeit with very different ends in view. Whereas in Iran, the government seems to have come to the conclusion that their family planning programme helped to foster and legitimate the emergence of personal fertility goals that are regarded as injurious to social stability as well as the country's prosperity, the case for revisionism in Sub-Saharan Africa lies in the argument that governments have not done enough (through their family planning programmes and other allied policy mechanisms) to foster – or indeed to legitimate – the emergence of personal fertility goals that are less injurious to prosperity and well-being than those that now prevail.

For Sub-Saharan Africa, the bedrock on which this argument has been developed is a steadily growing *corpus* of evidence connecting population dynamics, on the one hand, with economic and social development at national, regional and local levels, on the other. For at least 10 years now, there has been a growing consensus around the argument that high rates of population growth are inimical to economic and social development in countries that already struggle to provide services to a large proportion of their population (Kohler 2012; Canning *et al* 2015). They act as a barrier to positive change in the short term, and they threaten the sustainability of policies and systems designed to bring about improvements in social conditions and the quality of life over the longer term. The argument can be readily formulated, moreover, in terms of globally agreed development goals, as it pushes the prospect of achieving them much farther into the future (APPG 2007). It is important that the populations who are most likely to suffer these effects are those with the highest rates of population growth and the least developed economies, and in extreme cases, as in already impoverished African countries which seem on course to triple the size of their population in the next fifty years¹⁰, the consequences of undiminished population growth

⁹ And most of them say they have these concerns. See WPP 2013.

¹⁰ Niger, Zambia, Malawi, Somalia, Tanzania, Burkina Faso, Uganda, Mali, Madagascar. Based on UN median projections 2010.

look very bleak indeed (Campbell & Bedford 2009), bleak enough in fact to warn of the possibility of a demographic disaster (Canning *et al* 2015). Running alongside this negative line of argument about looming threats has been a more positive set of arguments about missed opportunities, in particular the idea that continuing high fertility deprives populations of the boost to economic growth and living standards that is associated with falling fertility when the working age population is still growing – the so-called demographic dividend (Bloom *et al* 2007). The application of this idea to the African context is discussed extensively in the Canning volume.

What gives these arguments increasing traction in the context of Sub-Saharan Africa is the relatively slow rate of fertility decline in much of the region. Fertility rates have been declining, but unevenly and very slowly when compared to other regions of the world. There have been extended periods, moreover, when steadily falling fertility rates have stopped falling, which has prompted observers to talk about a stall in the transition to a more steady state demographic regime with low-mortality and low-fertility demographic regime (Bongaarts 2008; Howse 2015). It is furthermore becoming widely accepted, and the significance of this conclusion is hard to over-state, that more effective attempts to close the gap between actual fertility outcomes and desired outcomes would provide only a partial response to the problem. In other words, if we measure the effectiveness of family planning programmes by their success in meeting unmet demand for contraception among the population, then it is not enough to design and implement better family planning programmes.

“Even in the unlikely event that all unmet need could be eliminated, however, Africa’s fertility would remain substantially above contemporary Asian or Latin American levels. The reason is Africa’s high ideal family size, which is clearly an obstacle to rapid fertility decline. In fact, it is one of the main reasons why the current pace of fertility decline is so slow. The conventional view on how to reduce preferences is to invest in social and economic development. There is no doubt that such investments would have a fertility-reducing effect, but this process is likely to take many decades, during which rapid population growth would continue. Fortunately, family planning programs can also bring about changes in preferences through information campaigns that present evidence on the health and socioeconomic benefits of contraception and smaller families. Such messages are particularly

effective when they have the support of political leaders.” (Bongaarts & Casterline 2013)

The pivotal claim here is that ideal family size remains relatively high in Sub-Saharan Africa. If family planning services were improved so as to bring levels of unmet demand (i.e. for contraception) down to what we see in OECD countries, this would indeed change the pace of fertility decline, but it would not be enough to achieve the kind of demographic transition that is needed to avoid seriously unpalatable outcomes (Canning *et al* 2015). It is necessary therefore to do more to implement policies that are effective in reducing the demand for children – and there is plenty of evidence that some of the component trends that for make for social and economic development – urbanization, female education, employment markets that put a premium on relatively high levels of formal education *etc.* – do just this. It is clear, moreover, that there is a lot of scope for governments in the region to do things that will help to accelerate some of these trends, most notably perhaps in the area of education. It should not be taken for granted, however, that the trajectory of fertility decline will follow the same pattern as in other parts of the world. The available evidence, which points to a deep-rooted cultural attachment to the idea of large families, suggests otherwise. What worries Bongaarts and Casterline is not just that the influence of economic and social development on fertility is not at all immediate - it works by gradually changing the conditions of childbearing for successive birth cohorts, and during this time continuing rapid population growth will almost certainly have the effect of a counterforce on change - , but also that such an approach is insufficiently pro-active. It allows governments to justify policies that are likely to have long-term consequences for fertility without having to persuade their own populations of the benefits of lower fertility, which is another way of saying that they are absolved from any requirement to address the connections between population dynamics and development in a head-on fashion. So, to take the example of education, increased expenditure and the adoption of policies to increase enrolment in education among girls can be easily justified without any reference to sensitive and potentially controversial topics like fertility.

In other words, so the argument goes, governments in the region cannot really afford to be neutral when it comes to prevailing norms and preferences on family size. Because, however, this position runs

the risk of overstepping boundary lines that have been understood as marking the limits of legitimate government intervention in this domain, it is important to clarify what it actually means in practice. For Bongaarts and Casterline, it most emphatically does not imply that governments have the right to ‘interfere with’ individual preferences or established cultural norms. It means rather that they should not be afraid to declare their views and make their case, and the primary vehicle for this is the engagement of family planning services with individuals and communities. This does of course challenge the view of family planning services as ‘pure’ supply-side interventions that are charged with the task of responding to demand for contraception and have no business in attempting to influence it one way or the other. The idea that the ‘core business’ of family planning services is *only* to enable women to match actual fertility outcomes with preferences is rejected in favour of a more pro-active approach. They can and *should* incorporate some kind of ‘demand-side’ action, certainly in the context of SSA. This action is not just a matter of reassurance over safety, moreover. Important as this is, it stills lies on the supply-side of the problem: it deals with one aspect of the costs of using modern contraceptives. It means going further than this and embedding family planning interventions within active information ‘campaigns’ that encourage people to take stock of the benefits of smaller family sizes; and they should receive the support of politicians who acknowledge that they are ‘working against the grain’ when it comes to prevailing preferences and norms on family size.

In his seminal 1994 paper on desired fertility and population policies, Lant Pritchett argued that we should not expect more from family planning interventions than they can deliver. He takes great pains to distinguish between efforts to improve access to contraception - a supply-side intervention that helps close the gap between actual fertility outcomes and desired fertility - and policy action that looks to influence the (distal) factors that are going to reduce the demand for children over time, such as the increasing the opportunity costs for women of having lots of children. In Pritchett’s view, these demand-side interventions are where the ‘real action’ is, and it is precisely this dichotomy that Bongaarts and Casterline want to undermine.

One general conclusion that emerges quite forcefully from a consideration of the way these issues have played out in the public domain is that policy-makers in SSA have tended to take account

of population dynamics - and in particular fertility rates - in their considerations only as an *effect* of improvements in living standards and the quality of human capital, not as *causal factors* that can accelerate or retard progress towards improvements that they and their voters desire¹¹. And even when they are themselves persuaded that their populations will actually benefit from lower fertility, they are often sceptical of the ability of governments to intervene effectively so as to change the prevailing views and norms that shape the demand for children. This reinforces the view, widely shared among policy-makers, as well as the people who support and advise them, that “development is the best contraceptive”¹². The prevailing norms will change as their societies become more affluent, more educated and more urbanised.

And this brings us to the view that is taken locally of government action to challenge prevailing norms explicitly and directly rather than wait for them to change as a result of “development”. When considering options among different forms of ‘policy intervention’, it is essential to remember, and this is one of the main lessons from Rachel Robinson’s paper, the extent to which population policy in the region gets taken up into the controversies of population *politics*. In other words, when population policies emerge into the public domain, they are scrutinised in ways that go beyond the requirements of effective public administration. There are arguments to be had about ends and values as well as means. There are different political constituencies that have to be won over or appeased. Governments should expect to stir up political controversy and opposition if they decide to challenge prevailing norms and customs on matters that are important to these constituencies.

It may be useful here to compare the kind of policy intervention that Bongaarts and Casterline have in mind with the proposals of a former Prime Minister of Mali, who was himself convinced of the need to adopt a very pro-active approach to the reduction of fertility (May 2016). In 2009 amendments were proposed to the country’s Family Code, including a proposal to increase the legal age for marriage to 18

¹¹ Paradoxically enough, some of the most prominent exceptions to this assessment of the role of population dynamics in the process of economic and social development incline to a positive view of the effects of continuing population growth on standards of living, even when it is as rapid as in some parts of West Africa.

¹² The motto from the 1974 World Population Conference in Bucharest.

years. The amendments were linked to a program of modernization which was easily presented as a threat to the Muslim foundations of Malian society, and the amendments were withdrawn as a result of widespread popular protests. The incident is interesting for two reasons. Firstly, no-one can fault the Malian Prime Minister for remaining neutral when it comes to prevailing norms and customs on matters of reproduction. Quite the contrary. This was an attempt to override prevailing cultural norms by making new law. The government in this instance was not just 'making the case for smaller family sizes'; it was trying to legislate against a practice that is acknowledged to be an important proximate determinant of fertility. Secondly, the withdrawal of the legislation shows the power of conservative constituencies in some parts of the region. Having originally taken the view that it had every right to 'interfere with' prevailing norms and customs on this matter¹³, the government then decided that it was politically unfeasible to exercise its power to do so. Even if governments are themselves persuaded of the merits of policies aimed at reducing high fertility levels, they have to be able to win over their voters, and in particular, the political constituencies that are source of their power or authority.

It should be clear, however, that the Malian case raises a different set of issues from those facing a government that *actively* promotes modern contraception with a view to increasing use beyond what would be achieved by satisfying existing 'unmet demand'. It is possible for government, and also the agencies that are charged with implementing its policies, to make the case for lower fertility in a way that is properly respectful of individual choice and prerogatives. It is not possible to change the law on the legal age for marriage without restricting the rights and prerogatives of parents to arrange marriages for young daughters, and the right of older men to choose an adolescent bride. It is one thing to make a case for change, and quite another to enforce change. This should be not taken to imply that the government is justified in taking one kind of action, but not the other. It means rather that the basis for policy action is quite different. To enforce change in the legal age of marriage the government has to be prepared to argue that it is justified in restricting customary rights and prerogatives in order to promote a more fundamental

right (UNICEF 2014). As in Iran, the issue becomes fraught with the potential for ideological arguments.

One of the problems with what presumably should be called anti-natalist policies - at least when they depart from the foundations supplied by a commitment to empowering women to achieve their personal fertility goals - is that they are so vulnerable to the criticism that government has no business telling people how many children they should have. It would seem by all accounts that African governments are acutely aware of this vulnerability, which is probably no bad thing. The problem is that such awareness may inhibit governments from enacting policies that promote the welfare of the population. Given that the evidence strongly supports the view that most women (and most households), especially those who are relatively poor, would benefit from lowering their fertility aspirations from the levels that are commonly seen in the survey evidence, then there should be no question about the government's right to make the case for smaller families. This is not a matter on which they are obliged - out of respect for individual rights and prerogatives - to be neutral. It is possible to make the case for smaller families without 'telling people how many children they should have', and this should not pose a threat to the right of individuals to choose their family size. The bind in which population politics finds itself in much of the region is that governments are likely to be going against the grain of prevailing opinion if they make the case for lower fertility with any sense of conviction and urgency. Democratic governments that have to choose between going with the grain of prevailing opinion or against it are in an uncomfortable position.

Conclusion

Although the context for debate about population policy in sub-Saharan Africa is quite different from the situation in Iran, the arguments in both settings push up against the same underlying issue - the nature of the rationale for government intervention in reproductive choices. Policies rightly attract a special degree of scrutiny if their aims extend beyond the alignment of actual fertility outcomes with desired outcomes to include action that is directed at the 'underlying demand for children'.

¹³ A view that is of course widely shared as a part of international human rights' law.

References

- Aloosh M, Saghai Y, 2016. Birth control policies in Iran: an ethics and public perspective. *Journal of Epidemiology and Public Health*, 70(6), pp
- Amnesty, 2015. You shall procreate: attacks on women's sexual and reproductive rights in Iran. Amnesty International, London.
- APPG, 2007. Return of the Population Growth Factor: its Impact upon the Millennium Development Goals. All Party Parliamentary Group on Population Development and Reproductive Health. HMSO, London.
- Bloom D, Canning C, Fink G, 2007. Realizing the demographic dividend: is Africa any different? Africa Economic Research Consortium.
- Bongaarts J, 2008. Fertility transitions in developing countries: Progress or stagnation? *Studies in family planning*, 39 (2), pp. 105-110.
- Bongaarts J, Casterline J, 2013 Fertility transition: Is Sub-Saharan Africa different? *Population and Development Review*, 38(suppl 1), pp. 153-168.
- Campbell M, Bedford K, 2009. The theoretical and political framing of the population factor in development. *Philosophical Transactions of the Royal Society*, 364, pp. 3101-3113.
- Canning D, Raja S, Yasbeck AS (editors) 2015. Africa's demographic transition: dividend or disaster? New York, World Bank.
- Connelly, M. 2008. Fatal misconception: the struggle to control world population. Harvard University Press.
- Greulich A, Dasre A, Inan C, 2016. Two or three children? Turkish fertility at a crossroads. *Population and Development Review*, 42(3), pp. 537-559.
- Hailemariam A, 2017. Implementation of population policy of Ethiopia: achievement and challenges. *Population Horizons*....
- Hoodfar H, Assadpour S, 2000. The politics of population policy in the Islamic Republic of Iran. *Studies in family planning*, 31 (1), pp. 19-34.
- Hosseini-Chavoshi M, Abbasi-Shavazi M, McDonald P, 2017. Fertility, marriage and family planning in Iran: implications for future policy. *Population Horizons*....
- Howse K, 2015. What is fertility stalling and why does it matter? *Population Horizons*, 12(1), pp. 13-23.
- Karamouzian M, Haghdoost AA, 2015. Population control policies in Iran. *Lancet*, 385, no. 9973, p. 1071
- Kohler, H-P. 2012. Copenhagen Consensus 2012: Challenge Paper on "Population Growth." *PSC Working Paper Series*, PSC 12-03.
- Lutz W, Skirbekk V, Testa M.R. 2007. The low fertility trap hypothesis: forces that may lead further postponement and fewer births in Europe. *Vienna Yearbook of Population Research*, vol.4, pp167-92.
- May J, 2012. World population policies: their origin, evolution and impact. Springer Netherlands.
- May J, 2016. The politics of family planning policies and programs in Sub-Saharan Africa. *Population and Development Review*, DOI: 10.1111/j.1728-4457.2016.00165.x
- Sullivan Robinson R, 2017. Population policy adoption in Sub-Saharan Africa. *Population Horizons*; 13(1): 1-9.
- UN 2005. United Nations report on World Population Policies.
- UN 2011. United Nations report on Fertility Policies.
- UN 2013. United Nations report on World Population Policies.
- UN 2015 Can Hong Kong escape the "low fertility trap"? Policy brief no. 8 <http://www.un.org/en/development/desa/population/events/expert-group/24/index.shtml>
- UNICEF 2014. Ending children marriage: progress and prospects. New York.
- Vahidnia F. 2007. Case study: fertility decline in Iran. *Population and Environment*, 28 (4), pp. 259-266.