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minstries (Health, Education, Higher Education, Culture and Islamic Guidance, Labor and Social Affairs) and the Office of Vital Records (*Jamʿīyat*, nos. 5-6, 1372 Š./1993, pp. 86-87). In 1992 a similar study was conducted by the Department of Family Planning of the Ministry of Health to determine strategy during the second five-year plan (1994-98). It revealed that 47 percent of urban couples of childbearing age and 41 percent of comparable rural couples favored reliable and efficient birth control. The relative weight granted to these two characteristics differed between urban and rural areas, however (Table 19). The 1992 study also revealed the age structure among women contraceptive users (Table 21; *Majalla-ye pezeškī*, p. 7).

Optimum family size as defined at the 1988 seminar and integrated into the family-planning law of 16 May 1993 is three children; families with more are not eligible for additional family allowances from the government. The Ministry of Health plays the principal and immediate role in the control of fertility. In a report issued on World Population Day, 11 July 1992, the minister, Dr. ʿAlī-Reżā Marandī, declared birth control one of the important bases of general state policy. All contraceptives were to be provided free of charge. Four hundred hospitals were equipped to tie Fallopian tubes, and 200,000 women underwent the operation in 1991. More than 45 percent of married women between the ages of fifteen and forty-five years had already been reached by the family-planning program, and it was planned to increase the figure to 60 or 70 percent during the second five-year plan (*Majalla-ye pezeškī*, p. 6).

A number of factors recorded between the years 1986 and 1991 may lead directly or indirectly to some reduction in fertility. They include a rise in the average age of women at marriage from twenty to twenty-one years, a rise in the rate of urbanization from 54 to 57 percent, a rise in the literacy rate from 57 to 74 percent, and a drop in the proportion of married women in the childbearing years from 76 to 73 percent. Yet the generations of women who will reach their childbearing years in the near future have already been born. In the year 2001 there will be 16,260,000 women in this group; should the 1991 fertility rate (139 births per 1,000 women) continue, they will bear 2,260,000 babies a year, for an average overall increase in birth rate of 3.63 percent, much higher than the overall rate of population increase, which was about 1.8 percent for 1993, compared to 2.3 for 1992. Persia must thus aim at a birth increase rate lower than the population growth rate if the latter is to decrease.

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(MEHDI AMANI)

ii. IN AFGHANISTAN

Attitudes affecting family planning in Afghanistan vary from condemnation to a growing awareness of the benefits of pregnancy spacing and limitation.

Family planning concepts first received official government sanction when the Family Guidance Association (*Anjoman-e rāhnemā-ye ḵānavāda*) was established on 22 July 1968 within the Ministry of Public Health under the patronage of Princess Maryam (L. Dupree, 1970a, p. 4). The term *rāhnemāʾī* ("guidance") was intentionally selected so as to reinforce the voluntary aspect of the intended services and to avoid implication of government imposition.

In addition to dispensing pills and IUDs, the program consisted of training courses for family guidance medical and extension personnel, countrywide seminars for directors of provincial health institutions heads of basic health centers and midwives, the dissemination of information through films, and regular radio programs and a monthly journal. Association representatives attended international seminars in Tunisia, Cairo, London, and the United States.

The Afghan Family Guidance Association (FGA) was created as a private, national voluntary organization

which was required to consult with the Ministry of Public Health only on matters of policy. Thus, the FGA received little monetary assistance from the Ministry. Major funds were provided by the International Planned Parenthood Foundation and bilateral international donors (L. Dupree, 1970b, p. 14).

In order to offset opposition from conservative Islamic leaders and to justify its services in communities where numbers of societal goals valued fertility and fostered negative attitudes toward the limitation of pregnancies (L. Dupree, 1970a, p.3), the government obtained a *fatwā* (q.v.) from al-Azhar University in Cairo, the major arbiter of religious interpretation in the Sunni Muslim world. The *fatwā* stated that, since the family is sacred to Islam and as children are important perpetuators of the family, Islam does not forbid married couples from practicing temporary birth control in order to ensure better health and education as well as to enhance the psychological and economic well-being of mothers and children. However, key stipulations forbade forced imposition of family planning by public law, insisted that planning methods be adopted as a matter of individual choice agreed to by both husband and wife, and declared unlawful the use of medicines and practices causing permanent control (L. Dupree, 1970a, p.10).

By 1977 the concept of voluntary family guidance had been gradually integrated into basic health services, and 37 FGA clinics were functioning in provincial towns and cities, with the majority concentrated in the capital city of Kabul (Ministry of Information, 1978, p. 664). In 1978 the countryside rose in revolt against the newly installed leftist government in Kabul and during the next 14 years of war over three million Afghans fled to refugee camps in Pakistan and Persia. Conservative attitudes, particularly against family planning, once again rose to the fore; reinforced by a natural desire of societies to repopulate in time of war, they caused fertility rates to reach world-record highs. By 1987 the high prewar marital fertility rate of 9.4 percent had risen to 13.6 percent (O'Connor, 1994, p. 166), and the age-specific fertility rate failed to show a normal rapid decline in women over 40 (Wulf, p. 42).

Health providers consequently intensified procedures for delivering their key message that high maternal and child mortality can be reduced when women learn to control their fertility. As a result, growing numbers of both men and women, among the refugees and at clinics inside Afghanistan, again seek guidance in family planning.

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(NANCY HATCH DUPREE)

FAMINES. Famines have been reported throughout Persian history by numerous authors and observers. According to a compilation made by Charles Melville, they occurred in Khorasan in 115/733 (Melville, p. 130), in Sīstān in 220/835 (Melville, p. 130), in Khorasan and Sīstān in 400/1009-10 (Melville, p. 136), in Khorasan in 1099 (Melville, p. 136), in Kermān in 576/1180 and 662/1264 (Melville, p. 130), in Fārs in 683-85/1284-66 and 698/1299 (Melville, p. 130), in Yazd in 858/1454 (Melville, p. 130), and throughout Persia in 1870-72 (Melville p. 130), 1929-30 (Melville, p. 138), and 1948-49 (Melville, pp. 138-39). To these should be added the years 735/1335 sqq. (Aubin, pp.131-32), 1226/1811 (Morier, I, p. 170), 1232/1817 (Johnson, I, pp.195-97), 1277/1861 (Brugsch, II, pp. 307, 364-65 and passim), 1296/1879 (Wilson) and "the beginning of the 20th century" (Malcolm, pp. 233, 235-36). However, this enumeration probably remains very incomplete as more or less recurrent episodes of famine have plagued various parts of Persia until the middle of the 20th century. "Hardly a year passes in which there is not a famine in some province of Persia," wrote a European observer in the beginning of the 20th century (Chirol, p. 97). These famines have had spectacular and