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INVITED REVIEW

Iran's Second Demographic Transition and Below-Replacement Fertility: Implications for Population Policies

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Over the past two decades, the overall fertility rate in Iran, like most developed and some developing countries, has fallen drastically to a below-replacement level (under two children per woman is required to maintain a population), dropping from 2.0 children per women in 2000 (Erfani & McQuillan, 2008) to 1.8 in 2005 and then to 1.65 in 2011 and 2017 (Erfani, 2013; United Nations Population Division, 2017). The enduring low fertility rate can accelerate population aging and the declining labor force, with the prospect of severe consequences for economic development. Therefore, a thorough understanding of the determinants of low fertility is essential for adequate policy responses to this situation.

The emergence of low fertility rates in different regions of the world had initially been attributed to the occurrence of increases in the cost of childbearing for women in addition to economic uncertainty (Kohler, Billari, & Ortega, 2002; Mills, Blossfeld, & Klijzing, 2005) and recently to gender inequality in family gender-roles and decision-making (McDonald, 2000) and most importantly to the spread of individualism and the emergence of alternative family formations, which have been described as a second demographic transition (SDT; Lesthaeghe, 1995; van de Kaa, 1987) and are not very compatible with childbearing.

An SDT identifies cultural shifts from traditional familial values toward the individualization of moral norms and values; it occurred first in Europe (van de Kaa, 1987), then spread to North America (Lesthaeghe & Neidert, 2006) and next to Asia (Atoh, Kandiah, & Ivanov, 2004; Lesthaeghe, 2010, 2014). In fact, the emergence of



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individualistic norms places less value on marriage and the family unit and embraces alternate forms of family, including single parents, cohabitation, divorce, and childless families. Evidence from recent Iranian studies have documented the emergence of such cultural changes, including the growth of materialistic values and individualism (The Ministry of Culture and Islamic Guidance, 2001, 2003), increases in childless or one-child families (Khalajabadi & Kazemipour, 2011; Shojaei & Erfani, 2019), delayed marriage and family formation, increased divorce rates, lower marriage rates (Karimi, 2011), increased abortion rates (Erfani, 2016), increased premarital sex and cohabitation (Khalajabadi-Farahani & Cleland, 2015; Khalajabadi, Cleland, & Mehryar, 2011), and positive attitudes toward premarital dating and sexual encounters (Motamedi et al., 2016). Therefore, *individualism* is the basis for low fertility, as individuals give priority to their "well-being and self-expression" (Van de Kaa, 1987; Van de Kaa, 2001, p. 294); choose their own partners, desired forms of relationships, and number of children (Thornton, 2001); and make family and childbearing decisions based on their selfinterests (Folbre, 2000). Consequently, if the Iranian government decides to employ any pronatalist measures to increase fertility in the country, it needs to bring into its calculations the recent cultural shifts toward individualistic values and norms, which affect individuals' decisions to bear children

To deal with persistent low fertility rates, governments usually adopt policies to reduce the socioeconomic burdens of low fertility. These policies can be efforts to reverse declining fertility or to adapt to low fertility trends (Teitelbaum & Winter, 1985). Pronatalist efforts include positive measures, such as raising economic incentives and lowering the costs of additional births, as well as negative measures that limit access to fertility control. Compared to inducing a fertility decline, however, increasing fertility through government intervention has been far more difficult and costly with minimal effects on raising fertility in many Western countries (Demeny, 1986); the application of negative measures in the past has resulted in temporary short-lived fertility increases along with a sharp rise in maternal morbidity and mortality related to unintended pregnancies that were terminated by unsafe abortions (Horga, Gerdts, & Potts, 2013). A recent example of negative measures is the limiting of governmentfunded family-planning services in Iran, which has largely affected women of low socioeconomic status who have large numbers of children (Erfani, 2017); it has had a minimal effect on raising fertility because the publicly-funded contraceptive methods had only contributed to 7% of the country's fertility decline (Erfani, 2015).

Because of the minimal success of pronatalist policies, many low-fertility nations have decided to adapt their age-related social services, such as health-care, social security, retirement, and education systems, to a low-fertility regime and agingpopulation structure by taking measures such as raising the retirement age; admitting immigrants; and adjusting the education, tax, and health systems. For different political and economic reasons, Iran is not yet ready to apply any adaptive measures. Therefore, the government needs to move towards preparing the infrastructures required for adapting age-related social services to an emerging aging population while it plans to remove economic obstacles to marriage and childbearing among youths (e.g., reducing unemployment and living costs) and considers the recent cultural changes in marriage and family formations.

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