

## IUSSP PANEL ON POPULATION GROWTH AND HUMAN WELFARE IN AFRICA

### **Human Fertility in Africa: Trends in the last decade and prospects for change**

*Cape Coast, Ghana, 16-18 September 2008*

#### **REPORT**

This international seminar was organized by the IUSSP Panel on Population Growth and Human Welfare in Africa, in collaboration with the University of Cape Coast and with the support of William and Flora Hewlett Foundation.

There were over 80 submissions in response to the seminar announcement of which 21 were accepted. Out of these, 17 papers were eventually presented with one session being devoted to a presentation of the work of junior demographers. Aside from panel members, there were 31 participants; including representatives from the Population Division of the United Nations, the National Population Council of Ghana, the National Statistical Office of Malawi, Statistics South Africa, the UNFPA in Ghana, the Planned Parenthood Association of Ghana and the Washington based NGO, Population Connection. Of these participants, those from universities and research units spanned a number of academic disciplines with 7 demographers, 5 population and health specialists, 4 sociologists, 3 geographers and 1 economist. The vast majority of participants were Africans, 5 of whom were based outside of Africa as graduate students, researchers or faculty members.

On average, an African woman in Sub-Saharan Africa has five children in her lifetime, which is higher than the average for any other region in the world. In some countries such as Mali, Guinea-Bissau and Niger, total fertility is above seven children per woman and in at least another ten countries, including Somalia, Rwanda and Uganda, the average fertility is more than six children. Early marriage, high desired family size, and low contraceptive use are among the major reasons for sustained high fertility in Africa. In addition, low levels of development, low female education and the population and reproductive health policies in sub-Saharan have an influence on the proximate determinants of fertility.

Over the past ten years, there has been evidence that some African countries have begun to experience the fertility transition. Notably, total fertility has fallen in South Africa, Botswana, and Zimbabwe, with women there having an average of between 2-4 children over their lifetime. However, evidence from the most recent Demographic and Health Surveys (DHS) shows that in some countries where fertility had started to fall (for example Kenya and Ghana), the decline appears to have stalled. Explanations for these reversals are not clear.

Within countries, large differentials in fertility by sub-region and socioeconomic status exist. For example, Addis Ababa has achieved below replacement fertility (of 2 children per woman) while surrounding regions have fertility in excess of five children per woman. These differentials highlight the importance of bringing together regional, national, and sub-national evidence of the trends and the determinants of fertility so that policies and programmes for addressing high fertility in Africa are based on sound evidence.

Given this context, the seminar aimed to draw together evidence on the fertility situation in Africa during the last decade as well as to explore the future prospects for fertility reduction over the next two decades. Also, it provided the opportunity for the young scientists involved in the Panel's research capacity strengthening activities to present their work.

In addressing its aims the early sessions sought to document recent levels and trends in African fertility and to interrogate the evidence for stalled fertility transitions. These sessions established that cross-national comparisons of fertility change are beset with data problems. The balance of evidence over the seminar suggested that two or three points of DHS data of variable quality per country cannot serve as the basis for persuasive cross-national fertility analysis. Even at the national level one has to be very careful in using such data to derive national fertility trends robust enough to bear the weight of informing policy. In particular, it seems that the persuasive establishment at the national level of accelerating, declining, paused, stalled or reversed fertility change is elusive.

Research presented at the seminar documented considerable intra-country differences in levels and rates of change of fertility. These include differences across urban and rural areas as well as across different communities. For prominent example was the difference in fertility levels across the formal and informal settlements of Accra. Such intra-national heterogeneity implies that, even with good data, national fertility trends often represent uncomfortable averages of diverse sets of regional and local-level fertility trends.

Given this, the seminar moved from the description of fertility change to a focus on the behavioural determinants of fertility change. There was discussion of the influence of education, marriage, religion and living in a poor neighbourhood on fertility change and on proximate determinants of fertility change such as contraception and birth spacing. As mentioned earlier, the research was successful in documenting the importance of variation across space and neighbourhood in fertility change or related outcomes such as the risk of unplanned pregnancy. However, the methodological challenges are daunting in establishing clear connections between changes in behaviour or norms and changes in fertility while controlling for income, assets or wealth.

Given that the seminar gave explicit attention to data difficulties and to methodological challenges, participants were sensitive to the dangers of proffering policy advice on the basis of weak data and shaky analysis. From the data side, the onus is on researchers to attempt to validate or triangulate findings from different data sources such as the census, the DHS and other national sample surveys. A solid, accurate census is the starting point of a good policy information base as it provides the sampling frame for the DHS, other national sample surveys and sub-national specialist surveys.

Such an information base is important because the accurate description of the levels and changes in fertility as well as behaviours such as birth-spacing and contraceptive use are the empirical bedrock for policy. Interrogation of how these correlate with who you are – your age, education, health, marital status, religion – and where you live – urban versus rural or urban slum versus urban formal settlement – provides solid policy evidence to show that fertility does respond to improvements in education and health and socio-economic development as well as to availability of family planning services.

It is harder to untangle the extent to which these fertility responses are direct positive impacts of the improved supply of services or more subtle demand effects working through the way

the availability of these services empower women and therefore allow them to take greater control over their contraceptive use, their birth spacing and their decisions about unwanted pregnancies. Being definitive about these pathways requires longitudinal data sets and new technical skills neither of which is generally available in Africa. The seminar highlighted the need for such data and such research as a clear research priority as they will generate the information to improve the targeting of family planning and social service policies.

The available body of research is already sufficient to establish that these policies are strongly complementary of each other and there is no need to re-argue the debate about whether to invest in family planning or development. What it cannot do is to confidently attribute direct and specific impacts to policies. A number of papers at the seminar sought to understand the interactions between family planning policies and broader development policies. It is consistently shown in the data that with education we are seeing increasing economic independence for women and this, in turn, allows them to make independent fertility decisions. However, the seminar was less successful in suggesting at what stage in a female's life they decide on their fertility desires and how this interacts with socio-economic status and education. It seems that we still have a way to go in terms of understanding the behavioural underpinnings of contraceptive use, birth spacing and decisions about unwanted pregnancies in Africa.



**International Seminar on  
Human Fertility in Africa:  
Trends in the last decade and prospects for change  
Cape Coast, Ghana, 16-18 September 2008**



Organised by the IUSSP Scientific Panel on Population Growth and Human Welfare in Africa  
in collaboration with the University of Cape Coast.

**Programme**

**Day 1: Tuesday 16<sup>th</sup> September 2008**

**9.00-10.30 Opening Session**

*Chair: Mrs. Virginia Ofosu-Amaah*

9.00-9.30 Welcome and introductions (Kofi Awusabo-Asare)

9.30-10.00 Overview of the Seminar (Cheikh Mbacke)

10.00-10.30 Opening remarks by Vice-Chancellor of University of Cape Coast, Prof. Emmanuel A. Obeng

**11.00-13.00 Session 1: Recent levels and trends**

*Chair: Cheikh Mbacké*

*Discussant: Philippe Bocquier*

1. Fertility in Africa: A comparative perspective at recent trends (Jose Antonio Ortega)
2. The course of fertility decline in West Africa: Assessment and perspective (Samuel Agyei-Mensah)
3. The determinants of sustained high-fertility in Niger: intra-national differences (Mahamane Ibrahima)

*Discussant*

**14.00-17.00 Session 2: Stalling fertility: myth or reality?**

*Chair: Philippe Bocquier*

*Discussant: Murray Leibbrandt*

4. Falling and stalling fertility in sub-Saharan Africa (David Shapiro)
5. Stalls and reversals in fertility transitions in sub-Saharan Africa: real or spurious? (Bruno Schoumaker)
6. Why has the Kenyan fertility decline stalled? (Andrew Hinde)

*Discussant*

## **Day 2: Wednesday 17th September 2008**

### **09.00-12.30 Session 3: Determinants of fertility change 1**

*Chair: Akim Mturi*

*Discussant: Andrew Hinde*

7. The time dynamics of individual preferences among rural Ghanaian women (Ivy Kodzi)
8. Religious and fertility preferences of the Kassena-Nankana of Northern Ghana (Henry Doctor)
9. Transition to second births in South Africa: The effects of education and marriage (Thandie Hlabana)
10. Community effects in recent Ghanaian fertility (Michael White)

*Discussant*

### **14.00-16.00 Session 4: Urbanization and fertility and theories of fertility change**

*Chair: Tamara Fox*

*Discussant: Nyovani Madise*

11. Do slums promote high urban fertility? Neighborhood differences in Accra, Ghana (Samuel Agyei-Mensah)
12. Child spacing in Southern and Eastern Africa: Is there an "African" fertility transition under way? (Tom Moultrie)

*Discussant*

### **16.30-17.30 Session 5: Population Growth and Human Welfare in Africa**

*Chair: Cheikh Mbacke*

- The Panel's work on population growth and human welfare (Panel members)
- Update on Hewlett Foundation's work (Tamara Fox)

## **Day 3: Thursday 18th September 2008**

### **8.30-10.30 Session 6: Population policies and programs**

*Chair: Eugene Darteh*

*Discussant: Akim Mturi*

13. Risk of unplanned pregnancy in Ghana: Should geography matter? (Fiifi Amoako Johnson)
14. Accelerating fertility decline in sub-Saharan Africa (David Shapiro)
15. Pour de nouvelles politiques de population en Afrique subsaharienne : l'exemple du Niger. (Issaka Maga Hamidou)

*Discussant*

### **11.00-12.00 Session 7 Junior Demographers Programme**

*Chair: Nyovani Madise*

*Discussant: Fiifi Amoako Johnson*

16. Revisiting the proximate determinants of fertility in Nigeria: Does the method of estimation matter? (Latifat Ibisomi)-
17. Contraceptive discontinuation in Malawi (Angela Msosa)

*Discussant*

### **12.00-13.0 Summary**

*Chair: Nyovani Madise*

- Summary – Murray Leibbrandt/Tamara Fox
- Next steps – Cheikh Mbacke
- Closing and vote of thanks



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