

## **Reflections on High Fertility and Policy Responses in Sub-saharan Africa**

*Prepared for a special session organized by the William and Flora Hewlett Foundation, PAA meetings, Detroit, May 2, 2009*

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**Summary.** Four new papers prompt us to be humble in ambitions to use expanded family planning program effort to effect dramatic reductions in fertility (and population growth) in most parts of sub-Saharan Africa. Together, the papers point us toward (a) realistic expectations about continued rapid population increase and, correspondingly the imperative to deal with it as a sustained phenomenon; and (b) an exploration of ways, outside the health sector *per se*, to support attitudinal change toward later initiation of childbearing and smaller family size aspirations among young African women.

### **What the Papers Say**

The four interesting papers prepared for this special session<sup>1</sup> offer empirical analysis and interpretation about fertility behavior to inform policymakers and grantmakers who have an interest in supporting social and economic development in sub-Saharan Africa and see rapid population growth as a drag on development. Together, most of the content in the papers tells a coherent and believable story, which goes something like this:

- Sub-Saharan African countries, by and large, are characterized by high fertility, and correspondingly high rates of population growth for the foreseeable future. Most countries in the region will grow by 100-300 percent by 2050, and in total the population of the region will double over the next 45 years.
- The main driver of high fertility is persistent demand for large numbers of children, as expressed by women responding to questions about desired childbearing. In most countries, the majority of women want around five children and more than one-third of projected population growth is attributable to the effect of wanted fertility. Fertility (and population growth) would decline only modestly if women had no undesired childbearing – that is, if greater access to quality family planning services responded to current unmet demand.
- The use of contraceptives is largely associated with an interest in birth spacing rather than overall fertility limitations.
- For a variety of reasons, HIV/AIDS has only a small impact on population growth outside of a few very high-burden countries.
- One analysis of recent rounds of the Demographic and Health Surveys suggests that more young women than might be expected refer to their first births as “unwanted.” This may signal a recent change in reproductive aspirations but it’s

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<sup>1</sup> Baschieri et al, “The Women ‘Work-Fertility’ Link in Africa: A Reassessment of Recent Evidence”; Bongaarts, “Population Growth and Policy Options in Sub-saharan Africa”; Casterline, “Fertility Desires and Prospects for Fertility Decline in Africa”; Phillips et al, “The Long Term Fertility Impact of the Navrongo Project in Northern Ghana.”

- too soon to know whether this is a shift that will be reflected in later age at first union, contraceptive use and/or fertility.
- Expanded access to family planning alone – for example, through outreach by community health workers – is unlikely to induce major behavior change. The Navrongo experience suggests that obtained even modest increases in family planning use requires changes in the supply of family planning services *combined with activities that mobilize social assets and institutions*. Demand for family planning is fragile, and may not endure past the initial phase of intensive family planning program effort.

One of the papers, still in an early draft form and so subject to revision, tells a somewhat counterintuitive story about the relationship (or lack thereof) between female labor force participation and reproduction. Although the data are poor, the link between female labor force participation and fertility, quite pronounced in other settings, appears to be weak, non-existent or even opposite to expectations in Africa. Changes in fertility are not correlated with changes in women's work, and in some analyses increases in the women's engagement in work outside the home appears to be correlated with *decreases* in the use of modern contraception. Potentially occurring because of problems with data and definitions, this result is challenging to fit into any existing theoretical framework.

In short, and in a description that is admittedly without nuance: African women want large families. These attitudes are robust and not easily changed by access to family planning services or even increases in women's employment; in this sense, the experiences of Latin America and East and South Asia help little in understanding the African context. Meaningful reductions in the rate of population growth will come only with large changes in childbearing desires, and we do not know how to induce these in the African context.

### **Messages for the Policy Community**

What do these findings tell those who might wish to pursue policies and programmatic approaches that will most effectively contribute to a slowing in the rate of population growth?

Patience. All signs suggest that there are few prospects of rapid declines in fertility and the rate of population growth in this region, compared to those observed in most other parts of the world.<sup>2</sup> Achieving a goal of reduced fertility, as part of a broader economic development strategy and/or in response to concerns about environmental degradation, will require long-term thinking and support.

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<sup>2</sup> Note that very recent data from Rwanda, not included in these papers, do highlight the potential for rapid increases in contraceptive use in the presence of a highly authoritarian political environment and explicit incentives for delivery of family planning services. Because of its ethnic composition, political history and even geography, Rwanda is unique in many ways, but the recent changes in the determinants of contraceptive use merit a bit of study.

“Adaptation”. As in the climate change arena, where it’s reasonable to argue that at this point many important environmental changes are inevitable, the policy community should be cognizant of the persistent nature of population growth and act conscientiously to address the potential negative impacts on societies. This might range from strengthening tax systems to improve governments’ ability to pay the expanding bill for education, health and other social services, to developing youth employment policies, to bolstering the ability of local authorities and civil society organizations to plan and shape the growth of urban areas. It’s time to take the demographic projections very seriously and use them consistently in social and economic planning.

Family planning as part of good health policy albeit not a linchpin in demographic policy. Women’s health in Africa merits a comprehensive approach that includes the provision of high quality family planning services for those who wish to space or limit childbearing. While improving the supply of family planning is unlikely to result in changes in population growth in the near- or medium-term, it is worth doing to respond to the women who are at risk of undesired pregnancy, and to accommodate the (potentially slowly increasing) demand for contraception.

Work on demand in non-traditional ways. Experiences in other parts of the world have demonstrated success with relatively straightforward (if not easy) ways to change attitudes: mass media messages, outreach by community health workers, increases in girls’ education, and increases in the economic value of women’s time outside the home. With the possible exception of education, the routes to change in demand for children are going to be different in sub-Saharan Africa. The Navrongo experience suggests that efforts that engage community leaders and recognize the importance of social mobilization of men have important although not dramatic potential for impact on fertility. Common sense suggests that there are no blueprints for such programs and they must be tailored to very particular social contexts.

### **Messages for Grantmakers**

Grantmakers can take away valuable insights from the papers, although many questions remain unanswered.

***Do not focus exclusively on expanded family planning access as the route to large-scale demographic change.*** The African situation will not respond to a supply-oriented approach to effecting fertility change. This has implications both for direct programmatic support as well as for policy advocacy. *However*, family planning programs do merit additional support for their health benefits. Given scarce resources, this implies that they should be well targeted to women who would be at significant health risk in the event of an unwanted pregnancy – those who would be likely to use unsafe abortion services, in particular. Improving the supply of family planning services should be paired with improving access to and quality of antenatal and delivery care, as well as safe abortion services and post-abortion care.

***Seek, support and learn from creative, indigenous approaches to changing attitudes, especially those that deliberately engage with social structures and address gender relations.*** While it is easier to see what “doesn’t work” in changing demand for family size limitation, the Navrongo experience hints at the value of creative, setting-specific programs of community mobilization. Common sense suggests that these are more likely to emerge from the work of indigenous NGOs than large international NGOs or governments (either domestic or donor). As such, they are less likely to be visible to the global community, although careful grantmaking could bring about both direct benefits (to the communities) and indirect gains (to global knowledge). To avoid the costs of “boutique grantmaking,” funders could consider joining forces on wholesale approaches. First, funders could arrange with [Global Giving](#) for a special focus on NGO programs that undertake social mobilization addressed to gender relations, male attitudes toward family size, etc. Second, funders could work with the World Bank’s [Development Marketplace](#), which in the past has successfully “rounded up” interesting small programs and awarded grants through a competitive process. For example, a few years ago the Bill & Melinda Gates Foundation has sponsored a Development Marketplace round on global health. The potential exists to have a special DM focus on demand-side programs focusing on women’s health / reproductive behavior, which could bring to light innovations and raise visibility of the issue.<sup>3</sup> Ideally, foundation support would be provided not only for the programs themselves but for rigorous evaluations as well.

***Advocate for good education policies that are likely to lead to girls’ school completion.*** Both for fertility-related reasons and for the larger intent of permitting girls to realize their human capabilities, foundations can place a valuable role in advocating for good education sector policies, both among governments in Africa and among their donor partners. The success of such policies make investments in family planning more effective and efficient, as well as more important, given the greater demand that is expected among graduates. Attention should be given both to consolidating gains at the primary level, and expanding opportunities at the post-primary level. This is necessarily a long-term approach and requires strong and trusted partners, but it has so many potential positive effects that it merits significant resources.

***Support qualitative research to get behind the surveys.*** Much of our knowledge about demographic dynamics in Africa comes from surveys, which have proven invaluable. As a complement to survey methods (even panel surveys, which are more useful than cross-sectional ones), foundations could contribute greatly by supporting high quality, rigorous qualitative research that seeks to better understand issues around ideational change, gender relations, male perspectives and so on. This could jointly address some of the vexing questions in the area of HIV/AIDS, as well. Some of the puzzles that emerge from analysis of survey data – for example, the paradoxical relationship between fertility and women’s work outside the home – might be explained with strong qualitative studies. Developing a research agenda for that qualitative work might be a good step in that direction.

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<sup>3</sup> This may or may not be more efficient than other forms of grantmaking – e.g., through requests for proposals, or grants to established “aggregators” of NGO programs.

## **A Final Word**

One of the clearest conclusions from the collection of papers is the value of looking at the sub-Saharan African experience as distinctive. This does not imply “cultural determinism,” but rather recognizes that what we’ve learned from other contexts about the determinants of fertility behavior may have limited application in the context of contemporary African societies. The Hewlett Foundation deserves credit and appreciation for making a special effort to better understand the fertility dynamics in this region, despite many limitations in the data.