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## Family Planning: The Anchor behind the Sub-Saharan African Fertility Progression

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### Abstract:

Rapid population growth strain countries' developmental progress. It is confirmed among scholars that fertility have decelerated in most of the countries in the recent past. Scholars have concentrated on wide range of factors associated with fertility majorly at the national scale with some opining that analysis of trends and differentials in the various fertility parameters have been discussed expansively. However, others believe that considerably limited attention has been paid to the fertility preference- a pathway through which various variables act on fertility. The Sub-Saharan African countries' discrepancies amid almost similarities in policies is a cause of concern to demographers. One would also point at the insufficient synergies that have been focused on the fertility preference as well, especially at the macro scale. Exploiting Bongaarts reformulation of Easterlin and Crimmins (1985) conceptual structure, the understanding of the current transition based on the fertility preference in general would help to provide explanations to the observed latest dynamics. This study therefore is an attempt to explain the current fertility transition through women's fertility preference. Results reveal that indeed fertility transition is on course in most of the sub-Saharan countries with huge disparities in fertility preferences and its implementation indices.

Keywords: Fertility preference, sub-Saharan Africa, fertility implementation index, fertility transition

### 1. Introduction

Fertility change across societies is a complex process that involves changes in the demand for children, the diffusion of new attitudes about family planning and greater accessibility to contraception provided by family planning programmes (Cleland and Wilson, 1987; Freedman and Freedman, 1991).Debates about Sub Saharan Africa transition have almost reached a consensus about its uniqueness (Casterline, 2017) since in begun in the mid 1990s. The trajectory of African fertility transitions occurred earlier than they would have if Africa had followed the non-African relationship between fertility and development (Bongaarts, 2016). However, the pace of fertility decline at the time of the onsets was slower than the comparable pace at the onsets of non-African transitions. The key features of Africa fertility regimes indicate that at a given level of development, Africa's fertility is higher, contraceptive use is lower, and desired family size is higher than in non-African least developing countries (Bongaarts, 2016; Bongaarts and Casterline 2013). In this study we seek to add to our understanding of the fertility transition by examining how countries differ in their patterns of reproductive behavior. We specifically examine trends in the extent to which fertility desires and the ability to implement fertility desires contributes to fertility change.

### 2. Analytical Model

We apply Bongaarts (1993) reformulation of Easterlin's (1978) conceptual scheme in which fertility outcome measured by the total fertility rate is a function of: supply of births (natural fertility), demand for births (wanted fertility) and degree of preference implementation. The latter in turn is dependent on cost of fertility regulation and cost of unwanted childbearing. The degree of preference implementation is the net result of a decision-making process in which couples weigh the cost of fertility regulation and the cost of unwanted pregnancy. Figure 1 below shows the diagrammatic presentation



*Figure 1: Analytical Model Source: Bongaarts, J. (1993)* 

The supply of births designated as  $(F_n)$  is the natural total fertility rate of childbearing that would prevail in the absence of any deliberate efforts by couples to limit family size. The demand for births  $(F_w)$  is taken as total wanted fertility rate of that would be achieved if all women were able to eliminate unwanted births. In theory it is what the level of fertility would have been if all unwanted births are eliminated. The degree of preference implementation (Ip) is the net result of decision-making process in which couples weigh the cost of fertility regulation and the cost of unwanted child bearing. In general, the index rises as cost of regulation declines and that of unwanted children increases. If couples fully implement their fertility preferences, the index is equal to unity. This signifies that no unwanted births occur and actual fertility equals wanted fertility. Conversely, if the index is equal to zero, the observed fertility equals natural fertility, that is, fertility in the absence of deliberate fertility control. The value of the index chosen by couples determines where actual fertility falls within the range set by wanted and natural fertility. The total fertility rate, F, is thus the sum total of the outcomes of the three components and is the estimate of the number of children a woman would have by the end of childbearing if she were to pass through her reproduction period at the current age specific birth rates. While detail the model can obtained from the original article the simply relationships can be shown as follows:

F = Fw + Fu ......(1)

Where F is total fertility (births per woman), Fw is wanted fertility and Fu is unwanted fertility (which can simply be expressed as F – Fw).

Also,

Fu = (Fn - Fw) x (1 - Ip) .....(2)

Where Fn is total natural fertility and Ip is the index of preference implementation with values ranging from 0 to 1. With full preference implementation, Ip = 1 (which implies that Fu = 0 and F = Fw) and Ip = 0 i.e. no preference implementation (This implies a substantial level of unwanted childbearing and F = Fn). Fu is a function of the difference between supply and demand, and the degree of preference implementation and on substitution of equation (2) into (1) yields

 $F = Fw x Ip + F_n x (1 - Ip) .....(3)$ Natural fertility

C is an index between 0 and 1 that measures the proportional reduction in natural fertility attributable to deliberate birth control.

C = 1 - 1.02 x U (5)

U represents the proportion of married women who were practising contraception at the time of survey. It is measured as the number of married women using contraceptive method to the total number of married women.

Substitution of (5) in (4) gives an estimate of Fn while rearranging equation (3) gives

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Ip = (Fn - F)/(Fn - Fw) .....(6)
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Equation 6 can now be used to estimate the degree of preference implementation once natural fertility, actual fertility and wanted fertility are known. The wanted fertility is estimated using the following

Fw= 1.488 +0.820 \* F\* (1 - Wc) ,.....(7)

Wc is the proportion of women of reproductive age who want no more children. Equation 7 is derived from regression equation based on 121 demographic and health surveys conducted in Sub Saharan Africa since 1987. This equation is similar to the one used by Bongaarts (1993) based on 18 DHS.

In order to determine the contributions to fertility decline we use similar procedure as Bongaarts 1993 described below. Vincent Insert decomposition here

### 3. Results

• Trends in wanted fertility rate and index of implementation of fertility preference

• Trends in wanted fertility rate and fertility preference implementation index are provided in Table 1.

For most countries with two or more surveys except Mozambique, Chad, have witnessed an increased in Ip. Congo experienced an increase in wanted fertility while wanted fertility did not change much in DRC. Some countries like

Namibia, Mozambique and Niger show slight increase in wanted fertility rate. All other countries experienced a decline in wanted fertility rate on average.

Country	Survey year	F= Total fertility rate	F <sub>w</sub> = Total wanted fertility rate	F <sub>n</sub> = natural fertility (Fertility rate in absence of any contracention)	I <sub>p</sub> = Index of preference implementation
Angola	2015-16 DHS	6.2	4.99	7.21	0.45
Benin	2011-12 DHS	4.9	4.4	5.64	0.6
Benin	2006 DHS	5.7	4.89	6.89	0.59
Benin	2001 DHS	5.6	4.89	6.91	0.65
Benin	1996 DHS	6	5.28	7.21	0.63
Burkina Faso	2010 DHS	6	5.24	7.19	0.61
Burkina Faso	2003 DHS	5.9	5.21	6.87	0.58
Burkina Faso	1998-99 DHS	6.4	5.71	7.28	0.56
Burkina Faso	1993 DHS	6.5	5.8	8.71	0.76
Burundi	2010 DHS	6.4	5.03	8.24	0.57
Burundi	1987 DHS	6.9	5.7	7.57	0.36
Cameroon	2011 DHS	5.1	4.55	6.7	0.75
Cameroon	2004 DHS	5	4.72	6.8	0.86
Cameroon	1998 DHS	4.8	4.65	5.98	0.89
Cameroon	1991 DHS	5.8	5.6	6.94	0.85
Chad	2014-15 DHS	6.4	6.09	6.8	0.56
Chad	2004 DHS	6.3	6.22	7.1	0.91
Chad	1996-97 DHS	6.4	6.21	6.68	0.6
Congo	2011-12 DHS	5.1	4.93	9.37	0.96
Congo	2005 DHS	4.8	4.67	8.76	0.97
Congo Democratic Republic	2013-14 DHS	6.6	5.63	8.33	0.64
Congo Democratic Republic	2007 DHS	6.3	5.64	7.98	0.72
Cote d'Ivoire	2011-12 DHS	5	4.75	6.14	0.82
Cote d'Ivoire	1998-99 DHS	5.2	4.87	6.14	0.74
Cote d'Ivoire	1994 DHS	5.3	4.9	6	0.63
Ethiopia	2016 DHS	4.6	3.88	7.26	0.79
Ethiopia	2011 DHS	4.8	3.97	6.78	0.7
Ethiopia	2005 DHS	5.4	4.05	6.35	0.41
Ethiopia	2000 DHS	5.5	4.56	6	0.34
Ghana	2014 DHS	4.2	3.65	5.77	0.74
Ghana	2008 DHS	4	3.57	5.26	0.75
Ghana	2003 DHS	4.4	3.8	5.92	0.72
Ghana	1998 DHS	4.4	3.83	5.67	0.69
Ghana	1993 DHS	5.2	4.3	6.56	0.6
Ghana	1988 DHS	6.4	5.36	7.37	0.48
Guinea	2012 DHS	5.1	4.84	5.41	0.55
Guinea	2005 DHS 1999 DHS	5.7 5.5	5.14	6.28 5.87	0.51
Kenva	2014 DHS	3.9	3.08	9.55	0.87
Kenya	2008-09 DHS	4.6	3.24	8.58	0.75

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Country	Survey year	F= Total fertility rate	F <sub>w</sub> = Total wanted fertility rate	F <sub>n</sub> = natural fertility (Fertility rate in absence of any contraception)	I <sub>p</sub> = Index of preference implementation	
Kenya	2003 DHS	4.9	3.55	8.18	0.71	
Kenya	1998 DHS	4.7	3.29	7.8	0.69	
Kenya	1993 DHS	5.4	3.62	8.1	0.6	
Kenya	1989 DHS	6.7	4.13	9.23	0.5	
Lesotho	2014 DHS	3.3	2.63	8.55	0.89	
Lesotho	2009 DHS	3.3	2.61	6.34	0.81	
Lesotho	2004 DHS	3.5	2.81	5.65	0.76	
Liberia	2013 DHS	4.7	4.19	5.92	0.71	
Liberia	2007 DHS	5.2	4.44	5.88	0.47	
Liberia	1986 DHS	6.7	6.04	7.17	0.42	
Madagascar	2008-09 DHS	4.8	3.75	8.09	0.76	
Madagascar	2003-04 DHS	5.2	4	7.19	0.62	
Madagascar	1997 DHS	6	4.53	7.48	0.5	
Madagascar	1992 DHS	6.1	4.46	7.35	0.43	
Malawi	2015-16 DHS	4.4	3.32	11.11	0.86	
Malawi	2010 DHS	5.7	3.97	10.76	0.75	
Malawi	2004 DHS	6	4.4	8.98	0.65	
Malawi	2000 DHS	6.3	4.47	9.16	0.61	
Malawi	1992 DHS	6.7	5.61	7.72	0.48	
Mali	2012-13 DHS	6.1	5.42	6.82	0.51	
Mali	2006 DHS	6.6	5.85	7.2	0.44	
Mali	2001 DHS	6.8	5.87	7.41	0.4	
Mali	1995-96 DHS	6.7	5.96	7.19	0.4	
Mali	1987 DHS	7.1	6.35	7.46	0.32	
Mozambique	2011 DHS	5.9	4.95	6.69	0.46	
Mozambique	2003 DHS	5.5	4.91	7.43	0.77	
Mozambique	1997 DHS	5.2	5.03	5.52	0.65	
Namibia	2013 DHS	3.6	2.91	8.42	0.87	
Namibia	2006-07 DHS	3.6	2.68	8.22	0.83	
Namibia	2000 DHS	4.2	2.93	7.58	0.73	
Namibia	1992 DHS	5.4	4.43	7.66	0.7	
Niger	2012 DHS	7.6	7.19	8.86	0.75	
Niger	2006 DHS	7	6.72	7.9	0.76	
Niger	1998 DHS	7.2	6.83	7.86	0.64	
Niger	1992 DHS	7	6.71	7.33	0.53	
Nigeria	2013 DHS	5.5	5.16	6.5	0.75	
Nigeria	2008 DHS	5.7	5.24	6.7	0.69	
Nigeria	2003 DHS	5.7	5.31	6.54	0.68	
Nigeria	1990 DHS	6	5.65	6.39	0.53	
Rwanda	2014-15 DHS	4.2	3.26	9.18	0.84	
Rwanda	2010 DHS	4.6	3.26	9.71	0.79	
Rwanda	2007-08 DHS	5.5	3.78	8.75	0.65	
Rwanda	2005 DHS	6.1	4.35	7.42	0.43	

Country	Survey year	F= Total fertility rate	F <sub>w</sub> = Total wanted fertility rate	F <sub>n</sub> = natural fertility (Fertility rate in absence of any contraception)	I <sub>p</sub> = Index of preference implementation	
Rwanda	2000 DHS	5.8	4.64	6.7	0.44	
Rwanda	1992 DHS	6.2	4.71	7.91	0.53	
Senegal	2016 DHS	4.7	4.59	6.32	0.93	
Senegal	2015 DHS	4.9	4.76	6.43	0.91	
Senegal	2014 DHS	5	4.77	6.46	0.87	
Senegal	2012-13 DHS	5.3	4.92	6.48	0.76	
Senegal	2010-11 DHS	5	4.7	5.77	0.72	
Senegal	2005 DHS	5.3	4.92	6.03	0.66	
Senegal	1997 DHS	5.7	5.09	6.56	0.59	
Senegal	1992-93 DHS	6	5.4	6.5	0.46	
Senegal	1986 DHS	6.4	5.74	7.23	0.56	
Sierra Leone	2013 DHS	4.9	4.45	5.9	0.69	
Sierra Leone	2008 DHS	5.1	4.4	5.57	0.4	
Tanzania	2015-16 DHS	5.2	4.51	8.55	0.83	
Tanzania	2010 DHS	5.4	4.59	8.32	0.78	
Tanzania	2004-05 DHS	5.7	4.78	7.8	0.7	
Tanzania	1999 DHS	5.6	4.76	7.56	0.7	
Tanzania	1996 DHS	5.8	4.82	7.14	0.58	
Tanzania	1991-92 DHS	6.2	5.4	6.94	0.48	
Тодо	2013-14 DHS	4.8	4.15	6.02	0.65	
Тодо	1998 DHS	5.2	4.53	6.84	0.71	
Тодо	1988 DHS	6.4	5.44	9.78	0.78	
Uganda	2011 DHS	6.2	4.41	8.93	0.6	
Uganda	2006 DHS	6.7	4.72	8.84	0.52	
Uganda	2000-01 DHS	6.9	4.97	8.99	0.52	
Uganda	1995 DHS	6.9	5.32	8.13	0.44	
Uganda	1988-89 DHS	7.4	6.17	7.79	0.24	
Zambia	2013-14 DHS	5.3	4.23	10.6	0.83	
Zambia	2007 DHS	6.2	4.75	10.62	0.75	
Zambia	2001-02 DHS	5.9	4.61	9.06	0.71	
Zambia	1996 DHS	6.1	5.06	8.29	0.68	
Zambia	1992 DHS	6.5	5.53	7.69	0.55	
Zimbabwe	2015 DHS	4	3.43	12.55	0.94	
Zimbabwe	2010-11 DHS	4.1	3.49	10.17	0.91	
Zimbabwe	2005-06 DHS	3.8	3.22	9.85	0.91	
Zimbabwe	1999 DHS	4	3.43	8.8	0.89	
Zimbabwe	1994 DHS	4.3	3.67	8.44	0.87	
ZIMDADWe	1488 DH2	5.4	4.38	9.64	0.81	

Table 1: Trends in Estimates of Ip, Fw and FN from Various Subs Saharan African Countries



Figure 2: Percent Change in Preference Implementation Index IP Since 2000

3.1. Decomposition of Fertility Change and the Contribution of Wanted Fertility Rate and Preference Implementation Index Table 2 shows the decomposition of fertility change among countries with two or more surveys. There are substantial variations between categories and the results clearly indicate the important role of changes in preference implementation, wanted fertility and natural fertility. In 8 countries TFR increased (marked yellow), in 6 of the 8 countries where fertility increased there was a decline in Ip, in 5 of the 8 countries there was an increase in wanted fertility rate, Fw. Largest decline in fertility occurred in Rwanda, Malawi, Kenya and Ethiopia. The four countries also had the greatest contribution of Ip (Rwanda, Malawi, Ethiopia and Kenya) to fertility decline. Greatest contribution of wanted fertility decline to fertility change occurred in (Malawi, Rwanda and Kenya).

	Surv	eys	# of Years between	Absolute change in	Absolute contribution to fertility change*		Percent contribution to fertility change*			
Country	Base	Last		TFR@	Fw	Fn	Ip	Fw	Fn	Ip
Rwanda	2005	2014	9	1.89	0.69	-0.64	1.84	37	-34	97
Malawi	2004	2015	11	1.59	0.82	-0.52	1.30	51	-33	82
Kenya	2003	2014	11	1.00	0.45	-0.29	0.84	45	-29	84
Ethiopia	2005	2016	11	0.82	0.10	-0.36	1.08	13	-45	132
Benin	2001	2011	10	0.70	0.31	0.48	-0.08	44	68	-12
Uganda	2000	2011	11	0.68	0.31	0.03	0.34	46	4	50
Guinea	2005	2012	7	0.60	0.16	0.41	0.03	26	68	6
Senegal	2005	2016	11	0.59	0.26	-0.06	0.38	45	-10	65
Zambia	2001	2013	12	0.59	0.29	-0.35	0.65	50	-60	111
Namibia	2000	2013	13	0.56	0.02	-0.17	0.71	3	-30	127
Lesotho	2004	2014	10	0.51	0.15	-0.02	0.38	29	-3	74
Liberia	2007	2013	5	0.51	0.15	-0.02	0.38	29	-3	74
Mali	2006	2012	6	0.50	0.20	0.20	0.10	41	40	19
Tanzania	2004	2015	11	0.49	0.21	-0.18	0.46	42	-36	94
Madagasc ar	2003	2008	6	0.42	0.17	-0.28	0.53	41	-66	125
Nigeria	2003	2013	10	0.21	0.11	0.01	0.09	37	-34	97
Cote d'Ivoire	1998	2011	12	0.20	0.09	0.00	0.11	47	0	53

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	Surveys		# of Years between	Absolute change in	Absolute contribution to fertility change*			Percent contribution to fertility change*		
Sierra Leone	2008	2013	5	0.20	-0.03	-0.15	0.38	-14	-74	188
Ghana	2003	2014	11	0.19	0.11	0.04	0.04	57	21	22
Cameroon	2004	2011	7	-0.08	0.14	0.02	-0.23	-179	-26	305
Burkina Faso	2003	2010	7	-0.09	-0.02	-0.13	0.05	19	139	-58
Chad	2004	2014	10	-0.10	0.10	0.08	-0.28	-93	-77	270
Zimbabwe	2005	2015	10	-0.16	-0.19	-0.20	0.24	121	126	-147
Congo	2005	2011	6	-0.31	-0.25	-0.02	-0.04	80	7	14
Congo Democrati c Republic	2007	2013	6	-0.31	0.01	-0.11	-0.20	-2	37	66
Mozambiq ue	2003	2011	8	-0.40	-0.03	0.29	-0.66	6	-71	165
Niger	2006	2012	6	-0.60	-0.36	-0.24	-0.01	59	39	2

Table 2: Contribution of Wanted Fertility Rate and Preference Implementation Index to Fertility Change Selected SSA Countries @ Negative Values Imply an Increase in TFR; \* Negative Values Imply Contributed To Increase in Fertility Rather Than Decline

3.2. Preference Implementation Index and Unmet Need for Contraception

Figure 1 shows the association between implementation index and unmet need for contraception. Countries with low values of Ip tend to have higher unmet need for contraception



Figure 3: Corelation between Implementation Index and Unmet Need for Family Planning

### 4. Discussion and Conclusions

This observed decline in the indices of fertility i.e. (TFR,  $F_n$ ,  $F_w$  and  $I_p$ ) further confirms the strength of the program efforts by the various stake holders in making contraception available (to curb the unmet need), accessible and affordable to their populace as well as improved contraceptive technology. Unconstrained access to conception is an important marker. The association between Ip and unmet need suggests that Ip can be used as an indicator for program efforts.

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