Fertility trends in sub Saharan Africa

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Abstract

Fertility rate in sub Saharan Africa (SSA) has been identified to be depicted by a very unique demographic scenario in the world that sets it apart from other regions in the world. Demographers are particularly keen on comprehending the dynamics surrounding the demographic transition of the sub continent especially with respect to its shift from high fertility rates to low fertility rates. The decline in fertility embodies the second phase of the demographic transition process. The discourse on fertility rates in the sub continent has been coined to be an anomaly based on its prevalence being an exception in the world. Discussion pertaining to fertility levels in the region in this paper was made with the purpose of illuminating the factors that account for the region's high fertility rates, as well as on fertility discourse in the region, and the variation that characterize its prevalence amongst the countries in the sub continent.

Keywords: sub Saharan Africa, fertility rates, demographic transition

1. Introduction

Fertility rates in sub Saharan Africa (SSA) have been pinpointed to exhibit a very unique demographic scenario in the world that sets it apart from other regions in the world. Demographers are particularly keen on comprehending the dynamics surrounding the demographic transition of the sub continent especially with respect to its movement from high fertility rates to low fertility rates. The decline in fertility embodies the second phase of the demographic transition process (Malmberg 2008:7). Contrary to the case of most regions like Europe, South America and Asia that have for long entered the fertility transition marked by a declined in their fertility rates in the 1950s and 1960s,, sub Saharan Africa is the only region in the world, where fertility decline has been rather slow and late. According to Bo Malmberg (2008), the current fertility rates in the sub continent stand at the same level as that of Asia and South America towards the end of the 1970s. According to arguments postulated by the demographic transition theory, all regions are expected to undergo a demographic transition that is characterized by the movement from high fertility rates and mortality rates to low fertility and mortality rates. Most countries in Sub Saharan Africa are still experiencing relatively higher fertility rates. What can be discern from the information so far provided, is that sub Saharan Africa is the sole region in the world that has not so far experienced any significant decline in its fertility rates. Etienne Van de Walle and Dominique Meekers (1994) mentioned that it is only recently that some African countries have started encountering
fertility decline. Alex Ezeh et al (2009:2991) identified the high persistent fertility rates in the region pose tremendous adverse repercussion on its development potential. Policy makers in the region have acknowledged that the solution to the high population growth stemming from high fertility rates, resides in the promotion of family planning programmes which they reckon would forge the practice of contraceptives use as a medium of checking reproduction and childbearing. A comparison of the total fertility rates of the region with Latin America and Asia illustrated that fertility rates in Asia fell from 4.2 to 2.4, and that of Latin America, from 3.5 to 2.4 between 1985 and 2005. The total fertility rate of Sub Saharan Africa was projected to fall from 6.5 to 5.2 during the same period according to the US census bureau 1998. Fertility rates in the region only stated witnessing slight decline in 1980s; Bo Malmberg (2008) stated that the region is forty years behind other regions in the world. The intriguing question to pose at this juncture is why are fertility rates still relatively quite high in the region when other regions in the world have already experienced a significant decline in their fertility rates?

This article provides an overview description of contemporary fertility trends in Sub Saharan Africa. It aims at illuminating the major features that are associated with fertility rates in most countries in the sub continent. The region is noted to have one of the highest fertility rates in the world. I will be seeking to outline the factors that have been identified to be responsible for this, and the changes that are taking place in fertility rate in the region. This in essence would help to distill comprehensive information on the scenario that depicts the region’s fertility rate. Total fertility rate is defined as the number of children per woman. To be able to properly assess the fertility rates in the region, reference information is drawn from different countries in the region. This paper is divided in to three sections. Preceding this introduction, the first section provides a short description of the factors that have been identified to be responsible for high fertility rates in the region, as well as the population dynamics in the sub continent. The second section embodies information on fertility discourse in the region, while the third section examines fertility variation prevailing amongst sub Saharan African countries. This is followed with a conclusion.

1.2 Overview information on Sub-Sahara African population dynamics

Sub-Sahara Africa is a region marked with rapid population growth; in 1980 its population was almost 3380 million inhabitants (Boogaarts et al 1984:511). The decline in infant mortality in combination with high fertility rate has culminated in the prevalence of rapid population growth in the region. The rapid population growth in Sub Saharan Africa is associated with 2 prominent consequences which are; radical transformation of sub Saharan African agriculture as well as the development of a sub-Saharan urban system (Malmberg 2008:19). The region is transforming from a rural setting to an urbanized society, having presently over 278 million urban dwellers. In the 1950s, the number was merely 20 million urban inhabitants. Since then, its urban population has doubled after every 15 years (Malmberg 2008:20). David Bloom (2009) explained that Africa is experiencing one of the fastest population growth rates in the world characterized by high fertility which has accounted for its huge youthful population. A 1999 UNPA population issue on demographic trends revealed that Africa’s high rate of population
growth varies across the countries. Information on the population growth portrays that the rates of growth fluctuates from 2.0 and 1.6 per cent in Northern and Southern Africa to 2.5 and 2.7 per cent in Western and Middle Africa, while the average for the continent stands at approximately 2.4 per cent. Higher rates of population growth are found in the Comoros, the Gambia, Guinea, Libya, Mozambique and Western Sahara; fertility is highest in Niger, Malawi, Uganda and Angola, where women have, on average, approximately 7 children. Africa’s 1999 population of 767 million people is projected to double by 2035. Unlike Europe, Sub Sahara Africa is experiencing a modest declined in its death rate and a constant birth rate, with total fertility of 6.6 births per woman from 1975-1980s. Population in the region has grown from 110 million from 1880 to 1 billion presently. Bo Malmberg (2008) adheres to the fact that population growth in Sub Saharan Africa region represents a Malthusian development. By this he implied that population changes in the region is marked by high fertility rates that increases the demand for food which if not closely checked would account for food scarcity as well as poverty entrenchment. These are issues the region is currently confronted with. Paulina Makinwa-Adebusoye (2001) explained that on an average basis, developing countries fertility rates for the past 50 years fertility rates have declined from 2.8 to 1.6 children per woman. A comparison of SSA and that of Asia and Latin America revealed that the latter regions have encounter much faster fertility rate decline of 5.9 to 2.6 children per woman. Sub-Saharan Africa’s total fertility on the other hand has fallen from 6.5 to 5.5 children, a drop of just one child

1.3 Factors accounting for high fertility rates

The essence of this section is to provide a short insight information on the major factors that have been identified to be responsible for the relatively fertility rates in the region when compared to other regions in the world. John Caldwell and Pat Caldwell (1987: 409) explained that sub Saharan Africa poses immense resistance to fertility decline than any other region in the world. In view this contention, Betyy Bigombe and Gilbert khadiagala were of the opinion that demographers held the contention that high fertility rates prevailing in the region is the residue of the resistance of the indigenous socio-cultural system to external influence. Still in light with this contention Cheikh Mbacke (1994) remarked that social scientists strongly held the notion that the region is resistant to change. It can be infer from these arguments put forth that the high fertility rates in the region is the residue of the reluctance of the population to succumb to changes emanating from outside.

John Caldwell and Pat Caldwell (1987: 409) identified the main factors precluding fertility decline in the sub continent to be rooted in the cultural background, which is centred on the traditional religious belief system that upholds to lineage continuation and the succession of generations. Alex Ezeh et al (20009:2991) identified high fertility to be the byproduct or residue of cultural, economic and social factors. Sociocultural factors or circumstances have been pinpointed to play pivotal role for the relatively high fertility rates prevailing in the region. This ranged from high infant and child mortality, early and universal marriage, low contraceptive use and the high value placed on child rearing. To comprehend why fertility rates are still quite high in the region, the role these factors play cannot be undermined. Paulina Makinwa-Adebusoye (2001:7) viewed the high fertility rates in the region to reside in the tenets of the African
culture, which she explains is supportive of high fertility. Women generally due to their lower status relative to men in most sub Saharan African societies have less control on reproduction. The lower status of women in the society in principle tremendously affects the level of contraceptive use since Men most often than not tend to decide on fertility matters (Makinwa- Adebosuoye 2001:6). Thomas Merrick (2002:41) highlighted that sub Saharan Africa has the lowest level of contraceptive use in the world. In this circumstance of subordinate position, fertility is seen by women as a medium of attaining higher status within the family. As a result women generally indulge in giving birth to many children, whereby the number of children a woman gives birth, is viewed as a determinant factor that helps to ascertain an increases her status in the family.

Michael Boogart et al (1984.515) identified the determinants of fertility rate in the region to be divided in to two variables, the socioeconomic and environmental variables, and the proximate variables. These two variables influence fertility rates in the region. The latter encapsulates biological and behavioral factors such as contraceptive, Age at marriage, the number of married persons or in sexual union etc. The former embodies social, economic, institutional, psychological, health and environmental factors. Michael Boogarts et al (1984) were of the opinion that socioeconomic variables can only influence fertility by shaping the proximate variables.

Cheikh Mbacke (1994:190) explained that sub Saharan Africa societies have set up an efficient system that strives to promote high fertility that encompass practices like early marriages, polygamy, rapid remarriage of widows. The prevalence of high child and infant mortality has contributed to the practice of high fertility rates in sub Saharan African countries as well. In the face of high infant mortality rates, high fertility rate is viewed as a medium of increasing the chances of precluding lineage extinction as well as a means of raising the survival rate of the lineage (Makinwa-adebusoye 2001: 5). The importance attached to lineage continuation from John Caldwell and Pat Caldwell (1987:410) comprehension is the main reason behind the high fertility levels in the region, and also for the reluctance that surrounds fertility decline. In essence, Caldwell and Caldwell (1987:410) mentioned that African societies are built in a manner wherein high fertility and large families are often economically as well as socially rewarding..

As the information has illustrated on the factors that are responsible for the high fertility rates, one thing that is prominent from the discussion is that cultural settings coupled with the high infant and child mortality rates prevailing, play a pertinent role in forging the high fertility levels in the region.

1.4 Fertility decline discourse

Demographic prediction of rapid fertility decline in SSA has been substantially found to be wanting. Cheihk Mbacke (1994:188) remarked that fertility decline in sub Saharan Africa has commenced in most of the countries but it has not been fast in pace and high as demographers envisaged. Different perspectives or views have been purported to explain fertility decline in the region. A national analysis study (NAS) study identified two perspectives that have been postulated to explain fertility rate discourse in the sub-continent (Mbacke 1994). According to Cheihk Mbacke (1994:189) both perspectives uphold to the notion that economic development constitutes an imperative prerequisite condition for fertility decline. One of the perspectives
stipulates that fertility decline arises as a byproduct of economic development with improvement in socioeconomic conditions acting as a catalyst that forges the reduction in childbirth. Hence in essence, from this standpoint economic development constitutes the central feature that triggers fertility decline. This is associated with the trend of the demand for smaller families and the distortion of socio-cultural values that impede contraceptive use. The other perspective adheres to the notion that sub-Saharan Africa is different from other regions in the world mainly due to its social organization that promotes high fertility (Mbacke 1994:190). John Caldwell and Pat Caldwell (1987) argued that the delay in fertility decline in the region cannot be attributed to low levels of development, which is the contention that is often raised is widely.

Alex Ezeh et al (2009) identified that some models that have been postulated to account for fertility decline trends in the region; they are reproductive behavior model, and the socioeconomic model. The reproductive model put forth the contention that changes in reproductive behavior accounts for changes in fertility rates. Behavioral changes or preference that form the tenet of this model include changes of age at marriage and decline in early motherhood, increase in childbirth out of wedlock, and contraceptive use. The socio-economic model’s dominant theme used in explaining fertility rates and differentials within and across countries in the region, main argument is that fertility patterns differ between different socio-economic and sociocultural groups (Alex Ezeh et al 2009:2994). High fertility stem from rational economic response notably associated with the cost and benefit derived from having large numbers of children. According to this model, fertility changes arise based on rational action whereby individuals calculate the cost and benefits of childbirth. High fertility rates arise when benefits outweighs or surpasses cost. In this case, children are often perceived as sources of old age social security and labour. The concept of demand for children arguments falls in line with this model. Fertility decline stems from the perception of childrearing as being costly. The demand for children in agricultural societies is marked by people having large number of children, whereby children are seen as sources of agricultural labour (week 2009:7). John Caldwell and Pat Caldwell (1987) raised the point that African parents reap huge uncertain rewards from childbirth. Other features included in this model include; women’s education and labour participation, urban residence, cultural norms, household wealth, do as well provide tangible arguments in explaining fertility rates and differentials.

1.5 Factors contributing to current fertility Levels

a) Urbanization/modernization

As mentioned earlier the increase in modernization in a region through processes like urbanization account for changes in family values, notably with regards to the perception of children as source of wealth as postulated by the socio-economic model. This has a great role to play in the decline of fertility rates. The advent of industrialization and urbanization has distorted this reasoning in Europe (Becker 1991:138). Fertility rates and family values change due to urbanization and modernization. The modernization theory stipulates that modernization reduces the demand for children marked by the trend of the movement from large extended families to smaller units. The theory propagates the notion that the advent of industrialization has unleashed tremendous economic changes that forces societies to alter traditional institutions. In traditional societies, fertility and mortality are high, while in modern
societies fertility and mortality are low (Weeks 2008:91). The advent of urbanization in sub Saharan Africa has set the pace for the emergence of new lifestyles that are identified to be associated with practices that for the reduction in fertility like contraceptive usage. An in-depth glimpse of the impact urbanization exerts on fertility can be discerned by comparing fertility rates of urban and rural areas. There exists a great disparity in fertility rates between both regions. Fertility rates are much higher in rural areas than in urban areas. The main issue responsible for this as outlined by Betyy Bigombe and Gilbert Khadiagala, is that in rural areas in sub Saharan Africa, cultural practices and social institutions are still deeply entrenched. Rural areas are also plagued with less educational opportunities and limited contraceptive accessibility. This thus accounts for the higher fertility rates in rural areas than in urban areas.

b) Changes in reproductive behaviour

It has been the general consensus amongst SSA scholars that family planning programmes act as the nexus of fertility decline. Changes in fertility trends has been cited to stem from a couple of factors ranging from changes in reproduction preferences, changing behavior of women, institutional policy programme changes marked by the creation of conditions that constrain the reproduction of women, changes in the socio economic status of women. John Caldwell and Pat Caldwell (1987:414) explained that women in general (even educated women) in the region perceive their reproduction to lie in the hands of their husbands and their husbands’ families. The attempt by women to limit their reproduction is shun upon by their in-laws who considered the act of limiting childbirth to be monstrous. The reproductive model mentioned above puts forth the argument that changes in reproductive behavior accounts for changes in fertility rates. One of the behavioral changes or preferences that form the tenet of this model is contraceptive use, which is noted to forge fertility decline. Sub Saharan Africa still has relative low level of contraceptive use (Merrick 2002:41) Prior to the introduction of contraceptives through family planning programmes, fertility levels in most areas in the region was controlled through traditional postpartum practices such as breastfeeding and abstinence (Etienne van de Walle et al 1994:190).

Most African countries are progressively introducing national family planning programmes which have the motive of promoting contraceptive usage but this has been daunting. However, over the years, contraceptive usage has garnered momentum in most modern sub Saharan African countries. According to Paulina Makinwa (2001:3) the usage of contraceptive is dependent on which facet its use is comprehended, that is if it is viewed as means of limiting family size or if it is used to promote birth spacing. Before, contraceptive use had been rather low with the reason identified for this being that most people in the region still desire large families. To Etienne van de Walle et al (1994:75), the demand for children is connected with family relationships and the position of women. John Caldwell and Pat Caldwell (1987) remarked that contraceptive use is lower in the sub continent than elsewhere in the world. A great proportion of women in the region have been utilizing sexual abstinence as the only method of controlling reproduction. The prime reason put forth for the low contraceptive use has being blame on low demand and inadequate supply. However, the practice of postpartum is common. Community leaders in African societies were at beginning apprehensive on the
discourse surrounding the promotion of modern contraceptive, they raised the argument that Africa has its own system that is centred on female sexual abstinence (Caldwell and Caldwell 1987:414). Usage of modern contraceptives was perceived as distorting the natural process of procreation (Makinwa-Adebusoye 2001:2).

The use of contraceptive has risen in contemporary societies in sub-Saharan Africa (Cheikh Mbacke 1994 188). This can be attributed to stem from the rise in women’s education pursuit, as well as by the emergence of HIV/AIDS. Alex Ezeh et al (2009:2991) adhere to the fact that the availability of contraceptives, tends to provide a means of checking and controlling reproduction. There has been an increase in contraceptive usage in some of the countries, with the percentage ranging from 26 percent in Namibia, 15% in Ghana, 17% in Burkina Faso notably in urban areas. Fertility has declined by one child per woman from 1989-93, as the case in Kenya dropping from 6.7 to 5.4 children. This has been attributed to contraceptive use. There is a relatively lower contraceptive usage in countries in western and central Africa, this has inherently accounted for the high fertility rates prevailing in these regions (Makinwa-Adebusoye 2001:1). This information has shown that the introduction of modern contraceptive was at first was beset with resistance and apprehension that accounted for its low usage by the population. However, presently modern contraceptive methods usage has witnessed an increase in scale in most Sub Saharan countries.

1.6 Fertility variation in sub Saharan Africa

Fertility decline in the sub-continent is characterized with variation. Most countries have experienced a decline in fertility rates in the past decades. Alex Ezeh et al (2009:2991) remarked that as opposed to the predictions made pertaining to the decline in total fertility rates in the region, there has however been a distortion in the fertility rates decline which is noted to have experienced a stall from the second half of 1990 and early 2000 in some countries in the region. It has stall at over five children per woman in a third of the countries in the region. While a considerable fraction of the countries in the region are still at the early pre-transition stage of fertility transition (Ezeh et al 2009:2992).

The total fertility rate in Sub Saharan Africa from 1975 to 1980 stood at an estimate of 6.6 children per woman. This was the average total fertility rates that prevailed in most countries (Boogaarts et al 1984:513). Bo Malmberg (2008:8) explained that before, women in Sub Sahara Africa averagely gave birth to 7 children during their fertile years. During 1980s, fertility rates were highest in East and West Africa, while rates were lower in central Africa that is Gabon, Cameroon, Central African Republic, Zaire and Congo. Variation in fertility rates between countries in the sub continent can be seen between Kenya and Gabon. The former had fertility rates of 8.1 children per woman while the latter was 4.1. This portrays a substantial difference (Malmberg 2008). Boogarts et al (1984). It is imperative to highlight that variation in fertility rates is not solely limited at country levels, but also within countries, marked by variation between socioeconomic groups (educated and uneducated, and between regions that is urban and rural. Presently in most sub Saharan African countries the average number of child birth is 5.1 children a woman gives birth to during her child bearing age. Amongst the factors identified for the decline is the changing attitudes vis-a-vis family size, changes in the levels of
contraceptive usage and socio economic development (embodies issues relating to women’s education, infant and child mortality.

Paulina Makinwa-Adebusoye (2001) assessment of fertility rates in the region led her to group the countries into three categories based on their fertility rates.

**Category I countries:** *Cote d’ivoire, Ghana, Kenya, Botswana, Zambia, Rwanda, and Zimbabwe*

**Category II countries:** this embodies countries that have witnessed small decline in their fertility rates between 0.5 and 0.9 every 10 years. The countries in this category include: Benin, Mauritania, Senegal, Cameroon, Central African Republic, Malawi, Tanzania and Swaziland.

**Category II countries:** This category constitutes countries whose total fertility rates have stabilized around the peak of almost 6 children and above. Countries found in this category are; Liberia, Burkina Faso, Mali, Togo, Burundi, Ethiopia, Madagascar, Mozambique, Uganda, Niger, Angola, Congo and democratic republic of Congo. These countries have not yet entered the demographic transition phase (Makinwa-Adebusoye 2001).

The decline in fertility recorded in category I countries is cited to stem from the desire for smaller family sizes. While in category III countries, high fertility rates stems from the fact that fertility decisions do not rest solely on individual’s choices. Factors that contribute to decline in category I countries have been rooted in the implantation of “family size ideation” (Makinwa-Adebusoye2001:4). Countries in this category have as well recorded a considerable fall in mortality rates of under 5 (thus, they have relatively lower under 5 mortality and higher contraceptive use than countries in category II and III). This can also be understood to be the reason for its lower fertility rates. Another factor that has been identified to have led to lower fertility in the category I countries has been contraceptive use (Makinwa-Adebusoye2001:5). These countries have also witnessed a fall in age at marriage.

Bo Malmberg (2008:17) assessment of fertility rates in the region led him to categorize the countries in to four groups. He reckoned that presently, countries in southern Africa notably south Africa, Zimbabwe, Botswana and Namibia are a step further in fertility transition. These countries are presently having fertility rates that are below 3.5 children per woman. The second group of countries constitutes countries that are having fertility rates below 5 children per woman. This encompass eastern African countries (Kenya), Central Africa countries (Congo, Cameroon and Central African Republic), Western Africa (Ghana, Cote d’ivoire) and northern Eastern Africa (Djibouti, Sudan). The third group of countries is those that are in the early stages of their fertility decline. This includes; Nigeria, Mozambique, Ethiopia, Eritrea. In these countries fertility rates have fallen below six children.

The fourth category constitutes countries whose fertility decline has just merely commenced. This embodies four sahelian countries (Mali, Burkina Faso, Niger and Chad) west Africa countries (Sierra Leone, Guinea-Bissau) central African countries (Congo, Burundi), Uganda and Somalia in East Africa.
Alex Ezeh et al (2009) mentioned that total fertility rates in Uganda and Tanzania are still quite high of 6.7 children per woman in Uganda and 5.7 children per woman in Tanzania. Both countries are experiencing a yearly percentage change in their TFR of 0.5 and 0.7 respectively. The situation is different in Kenya and Zimbabwe that have an annual fertility decline rate of 2.5 to 3.8 times larger. Fertility decline in Uganda surface only in current periods, it is noted to be still at the pretransition phase of 6.7 children per woman as of 2007 (Alex Ezeh et al 2009:2996). Study of fertility rates in SSA in the eastern part of sub continent, portrayed that Uganda is still at the pre transition phase of its fertility transition, Kenya and Tanzania are experiencing a stall but have entered the transition phase much earlier, while Zimbabwe is encountering progressive decline in its fertility rate.

It can be discerned from the aforementioned data that even though the region is renowned for its high fertility levels, a closer examination shows that fertility rates tend to vary across the countries in the sub continent. Some of the countries are already further ahead in the fertility transition process; others are at the early phase, while some are still entering the process. Bo Malmberg (2008:15) identified the central factor responsible for the variation to be based on differences in infant mortality rates between the countries. Countries that are encountering infant mortality rates that stand above 100 dead infant per 1000 births tend to experience higher fertility rates, while infant mortality below 100 then to experience fertility decline below 6 children per woman. And if infant mortality is 50, fertility rates fall to three children per woman (Malmberg 2008:18).

**Conclusion**

Information provided on the fertility rates in sub Saharan Africa in this paper has revealed that the social organization and cultural setting in the region play pivotal roles in the high fertility rates in the region based on the promotion and celebration of high fertility rates as a medium of precluding lineage extinction. However, in modern times, most sub Saharan African countries are slowly but gradually entering the demographic transition marked by the movement from high fertility to low fertility. Most of the countries are still merely starting to experience slight reduction in their fertility rates. Compared to other regions in the world fertility decline in sub Saharan Africa decline still has long way to go. Recent research call for policies that would forge the prevalence of low demand for children based on the recommendation for an increase in female education that is believed would foster an increase in contraceptive use and control of fertility position of women. Secondly to achieve low demand for children most sub Saharan African countries have opted to use grass root organizations (NGO, women’s group to promote and disseminate information on family planning. However, no single policy or programme is remarked can be adopted that would work in all African countries mainly because socio-economic and cultural factors vary across countries, this thereby renders programmes that are efficient in one region not to be efficient in another (Etienne van de Walle & Dominique Meekers 1994:82)

Reference
Bigombe, Betty, Khadiagal, m Gilbert ( Major trends affecting families in sub Saharan Africa
Boogart, Michael
Caldwell, John and Caldwell, Pat (1987) the cultural context of high fertility in sub-Saharan Africa. Published by population council. Population and development review, vol.13 No.3


Malmberg, Bo (2008) Demography and the development potential of sub Saharan Africa

Makinwa-adebusoye, paulina (2001) sociocultural factors affecting fertility in Sub Saharan Africa. The nigerian institute of social and economic research (NISER)Lagos


Merrick, Thomas (2002) population and poverty: new views on an old controversy

Van de Walle, etienne & Dominique Meekers (1994)

Weeks (2009) Introduction