Key points on

“Fertility, changing population trends and development: challenges and opportunities for the future”

22 October 2013
Overview of fertility worldwide

• Global decline in fertility after 1990, particularly rapid decline in Asia and Latin America, while decline has been slower in Africa.

• Wide variation in both levels of fertility and pace of decline since the 1990s, within and across regions.

• Adolescent childbearing and marriage still common in Africa, and also some Latin American and Asian countries.

• Contraceptive prevalence and method mix varies greatly across countries, and slow progress towards ICPD goals in reduction in unmet need.
Discussion – additional points

• Now is the time to propose more relevant and meaningful indicators to mark progress in achieving universal access to reproductive health
  – Percentage of demand satisfied
  – Achieving desired fertility (“freely and responsibly” is not just preventing unintended pregnancies, but becoming pregnant when one wants).

• Generational change (mothers versus daughters) will drive future change, in addition to socio-economic inequalities.

• “Public demography”: Need for re-energized attention to public education on population issues (a lot of misinterpretation)
How exceptional is the pattern of fertility decline in sub-Saharan Africa?

- SSA had slightly higher pre-transitional levels, a much later onset of the transition and a slower pace of decline.
- Fertility transition in SSA begins at lower levels of development than when it began in other regions.
- Fertility stalled in mid-transition for some countries, a pattern that has rarely been observed in other regions.
- Large increase in GDP/cap not a prerequisite for fertility decline.
- Future prospects for change? Invest in:
  - girls’ education (but delayed impact on fertility)
  - family planning (but political commitment necessary)
Harnessing a demographic dividend

- Critical steps: 1 (fertility decline), 4 (resource mobilization)
- Challenges:
  - early phase or stalled fertility declines, declines led by high SES groups
  - warding off competing demands for freed resources
- Expand view of age dependency (e.g., “waiters” (bn school and first “job”; median is ~4 years—A lot of person years lost; where? What do they do in this time?)
- Policy levers (refine usual recommendations):
  - education (e.g., raise returns to schooling, manage transition school to work; schools as employment)
  - family planning (e.g., expand to stable and supportive families and not just contraceptives)
Discussion – additional points

- UN fertility projections for SSA take into account historical patterns of fertility decline--so next step to introduce regional level given the differences in timing and pace for SSA versus other regions.

- Diversity of experiences regarding the demographic dividend (perhaps more a question of at what step a country is observed)

- Will the “waiting” period for young people (end of school before first job): likely impact on fertility?

- Perhaps the costs of childbearing in SSA actually declining (e.g., basic education “free”)?

- Staggering differences in school quality opening up new levels of inequalities (e.g., where you go to school can lead to vastly different odds of completing)
Fertility and transitions to adulthood: perspective from Europe

• Fertility declines 1990s, recuperation 2000s and some declines after 2008 economic crisis
  – Large fertility differences by education
  – Want average 2+ children, little change over time & place

• Net in-migration
  – replaces youth cohorts (except Eastern Europe)
  – Ageing electorate and lack of vote of young immigrants makes policy changes favoring youth difficult

• New pattern of transitions to adulthood: late, protracted and complex:
  – Large regional differences in leaving parental home and first birth
  – Marriage and parenthood postponed more than entry into union
  – Delay in leaving parental home related to lower lifetime wages
Fertility and transitions to adulthood: perspective from Asia

Despite diversity in Asia in religion & development:

– Low cohabitation
– But very different age at marriage & proportions marrying
– Fastest fertility declines, including in Iran
– Recent efforts to raise fertility don’t show results yet
Fertility and transitions to adulthood: perspective from Latin America

• Low fertility in most countries
• …but persistent high childbearing at young ages
  – linked to education
• Persistent inequalities among women in (education, income) – but women’s education & health higher than men
• A growing, voluntary retreat from childbearing
Fertility and transitions to adulthood: perspective from sub-Saharan Africa

- Transition to adulthood is of major importance as the population in SSA is large, and, due to high fertility, will remain so in the future.

- **Challenges:** unemployment & under-employment; gap between skills and jobs; early marriage (girls); young age @ first sex & low knowledge of and access to SRH; urban slums.

- **Policy prospects:** vocational training, quality education, foster private sector investment (jobs), enforce child marriage laws, comprehensive sex education, improve access to SRH services (e.g. mobile clinics, helplines).
Fertility and the transition to adulthood: general points

- Transitions (leaving home, childbearing, union formation) are unequally distributed across (and within) societies.
- If “transitions to adulthood” delayed to late 20s or 30s or some not happening at all, what does this phase from youth to adulthood mean anymore?
- Macro-level fertility impacts of very early and very late transitions.
- Youth-friendly societies are also woman and family-friendly.
- Reversed gender inequality in education (Europe, LAC) and likely effect in union formation and childbearing?
Discussion – additional points

• Low fertility no longer just high income countries but also countries like Brazil, Iran, and soon Indonesia.

• Two types of policy approaches:
  – Nationalistic pronatalism (e.g., Eastern Europe, where very low fertility, experiencing depopulation).
  – Create conditions for women and men to have the children they want by promoting gender equalities (HH div of labour) & work-family policies.

• Couple-level research shows more egalitarian HHs have more children than couples in less egalitarian HHs, but not clear what happens when a mismatch within couple.

• Need for public demography (Iran—inordinate focus on ageing; wrong on depopulation; misinterpreting regional fertility diffs).
Discussion – additional points

- Impact of housing availability or policies (once a housing policy starts, hard to change; social stigma of childbearing while still in parental home).
- Impact of mobile phones and young people’s accessibility to SRH information (or help lines).
- Different patterns of cohabitation and what is socially sanctioned (cohab-kids-marriage (SSA); no cohab-marriage (Asia); cohab-marriage (northern Europe))
Population-level impacts of enabling people to exercise their reproductive rights

Human rights has multiple aspects:
- Reproductive rights: childbearing decisions & right to health
- Ability to exercise reproductive rights lagging & inequalities pervasive

• Framework: repro rights and broader impact (poverty, human capital)
• Population-level impacts:
  - Meet unmet need for family planning → accelerate fertility decline
  - Skilled attendance at birth → maternal & infant health
  - Ending unsafe abortion → maternal health

• Opportunities: education, health systems strengthening & accountability
• Challenges: status of women, violence and women’s employment
Women’s empowerment and fertility: policy lessons

Studies from both the developing and developed world show when women have access to greater control over reproduction:

- more schooling, better job prospects, and higher lifetime earnings
- Helps poorest women most, and improves their children’s human capital & earnings

Simple interventions can increase women’s control over childbearing:

- Media blitz: change social norms, reduce opposition to women’s contraceptive use
- Ensure easy, uninterrupted access to contraceptive information and supplies, especially to young women

Helps break cycle of poverty for households & their children
Can quickly empower women along several dimensions
Discussion – additional points

• Enabling women to have control of their childbearing can be empowering.

• What is utility of a rights-based approach to determine the allocation of resources? Also, isn’t it too much to expect States to be the duty-bearer always?

• Wrong questions. Instead, a rights-based approach enables an environment where people 1) think they can have something and 2) other people know they have to provide it.

• Enabling people to exercise their reproductive rights might lead people to have more children instead of fewer (not often framed this way).