

Reproductive Intentions and Fertility Decline in Africa

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JJH : Do you have an idea what sort of man you want as a husband ?

Annelise : The sort that God will send me, I will accept him. These are things of God—one cannot understand them. (...)

JJH : And for the number of children that you would like ?

Annelise : You can propose, but God dispenses. So you could propose to have only one child, ... but in some way, it is God who gives children. If he gives you one hundred, you just take them !

JJH : And so if tomorrow you find yourself pregnant, that would be fine with you ?

Annelise : Oh no ! I must first be stable. One does not make children just to make them. One does not make children who will come suffer, or to that you cannot be there for their education. One only makes children when one is good and ready. (Author's interview with a 22-year old student : Yaoundé, Cameroon, 1998).

This paper examines fertility preferences in sub-Saharan Africa since 1998, using data from 17 Demographic and Health Surveys. The aim of the paper is to assess the stability and parity dependence of reproductive intentions, in light of the theoretical centrality of intentions for fertility transition.

The causes and mechanisms of fertility transition has been a central topic of demographic research since the 1950s; most of this work is based on the theory that fertility declines either when couples' intended family sizes decrease, or when they are better able to achieve those intentions. In either case, fertility *preferences* are treated as key drivers of fertility levels. For example, Pritchett (1994) demonstrates that differences in average desired family size predict most of the variation in total fertility rates between countries; he interprets this finding to mean that everybody more or less gets what they want, that is, that reproductive intentions largely account for fertility rates. Similarly, in his introduction to the 2001 summary of the state of knowledge on global fertility transition, Bulatao writes that “fertility decline is a largely rational process” driven by “the desire for smaller families” (2001:11). In order for fertility intentions to have these strong and consistent effects on fertility transition, they must be both: (1) oriented toward total child numbers, and (2) largely unchanging over the life course. The DHS data analyzed in this paper indicate that neither assumption holds in contemporary Africa.

Longitudinal studies of fertility intentions outside the US and France are rare, and in Africa they are nearly non-existent (Campbell and Campbell 1997 presents data for Botswana. Dasilva 1992, Nair and Chow 1980, Tan and Tay 1994, and Vlassoff 1990 present data for non-African developing countries). To work around that problem, this paper makes new use of well-known

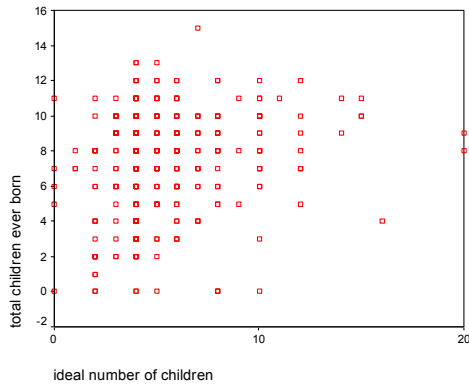
questions in the Demographic and Health Surveys to get some traction on the temporal stability and numerical orientation of fertility preferences.

The retrospective, self-reported data from 17 sub-Saharan African DHSs completed since 1998 suggest that fertility intentions change over time in ways that would not be predicted by a rational model, oriented to family size. This holds both in capital cities where fertility is falling, and in rural areas where it is not. Specifically, the data show that in most sub-Saharan African countries:

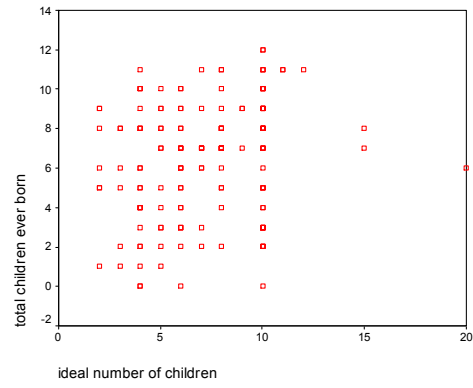
1. A substantial proportion of women who reported that their last birth was unwanted (not only mistimed) report now wanting a child,
2. A substantial proportion of women who have attained or exceeded their stated ideal family size still want to bear additional children, while a smaller but not insignificant number who have not attained their ideal family size want to stop,
3. The desired number of children does not predict children ever born either for women at the end of reproductive life, or in regression through the origin controlling for age, and
4. Not only are there substantial numbers of women who say that they want to avert further births but are not using contraception (the traditional definition of “unmet need”), but also a significant proportion of women using contraception say that they do want to conceive soon.

The paper primarily uses visual representations of descriptive statistics: scatter plots and bar graphs to make the argument that the assumed relationship between reproductive preferences and fertility decline must be rethought.

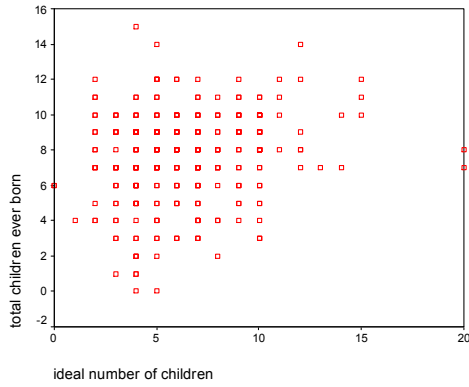
FIGURES 2-7: Ideal number of children and stated desired family size among women 45-49



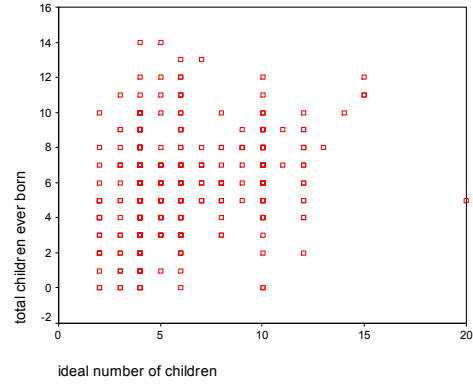
Benin



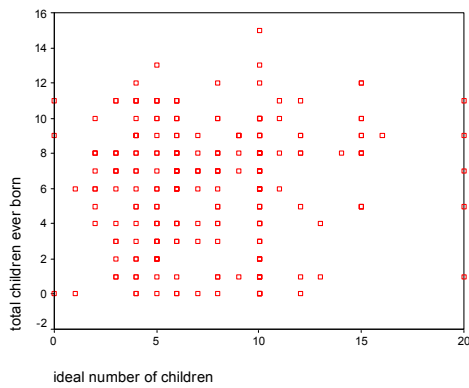
Côte d'Ivoire



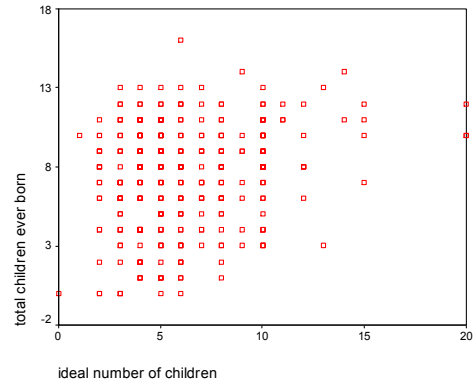
Burkina Faso



Ghana



Cameroun

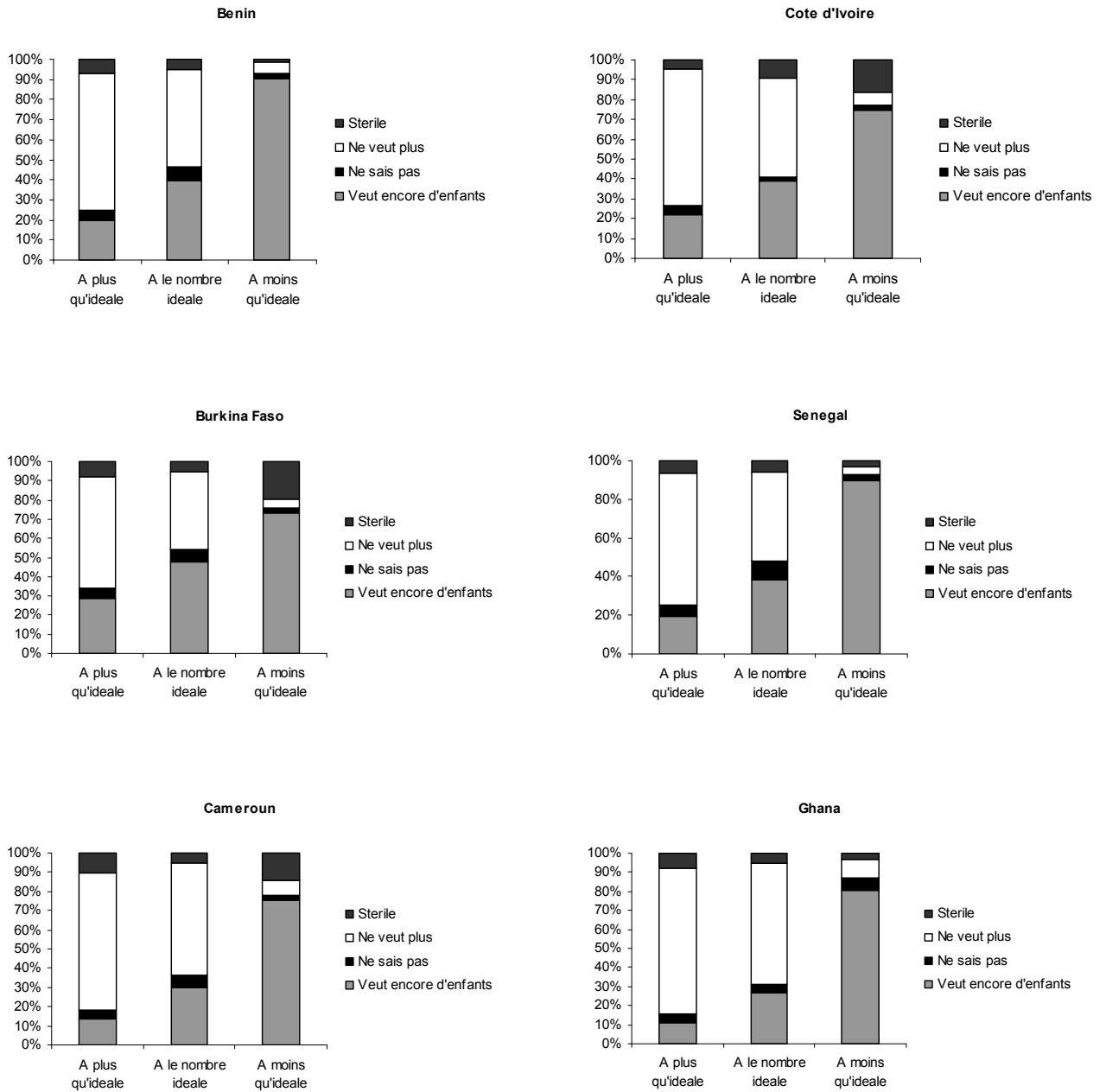


Senegal

Dependent Variable: total children ever born (Linear regression through the origin)

	(unstandardized) B	S.E.	(standardized) Beta	t	Sig.
Ideal number of children	-3.079E-04	0.001	-0.003	-0.406	0.685
Current age	0.137	0.001	0.886	126.135	0.000

FIGURES 8-13: Current fertility desires of women who have more than, the same number as, or fewer children than they say they want



Short Abstract

This paper examines fertility preferences in sub-Saharan Africa since 1995, using data from 17 Demographic and Health Surveys. In contrast to models of fertility transition as “a largely rational process” driven by “the desire for smaller families” (Bulatao 2001:11), the data suggest that fertility intentions are neither stable nor oriented primarily to child numbers, either in capital cities where fertility is falling or in rural areas where it is not. Specifically: a substantial proportion of women in all 17 countries who report their last birth as unwanted say that they now want more children; a substantial proportion of women who have attained or exceeded their stated ideal family size still want additional children, while a smaller but not insignificant number who have not attained their ideal family size want to stop; and in most countries the desired number of children does not predict children ever born once age is controlled.