

Fertility Issues in Developing Countries

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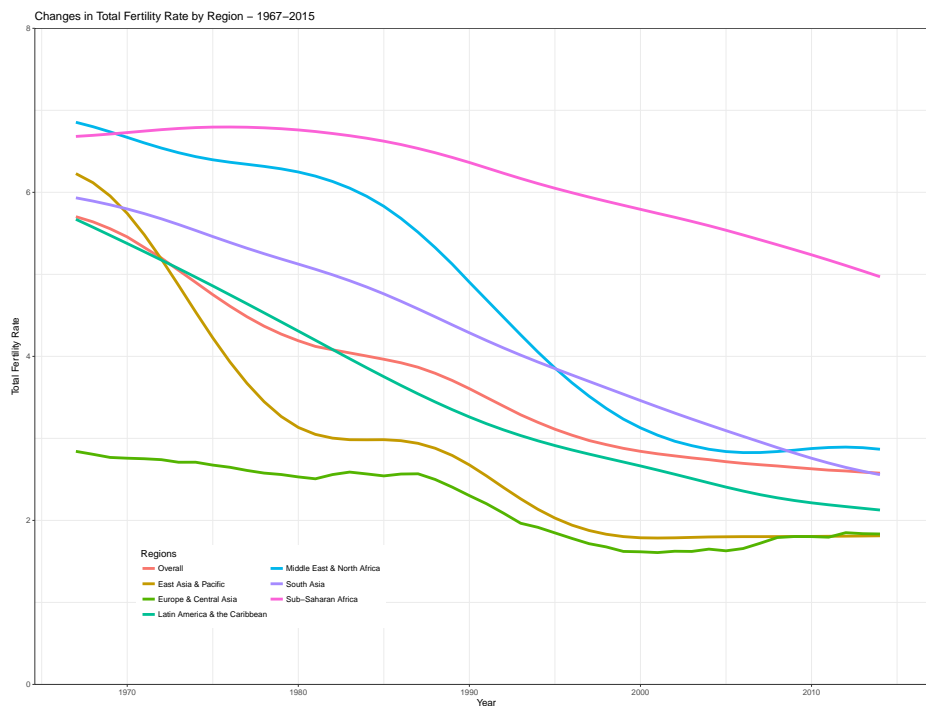
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1 Introduction

Despite a common perception that fertility is very high in developing countries, the truth is substantially more complicated. Figure 1 shows that there has been an astonishing decline in total fertility rate (TFR) in developing countries over the last half century.¹ Half a decade ago, TFR was around 7 children, with the exception of TK. The most recent data show, however, that, with the exception of Sub-Saharan African, TFR is now either below or only slightly above the replacement level of 2.1. Despite this rapid decline in fertility population size is still growing in many of these regions because there are still many more young people than older people and these young people either have not entered reproductive age or are just starting out.

Figure 1: Total Fertility Rates by Region from 1967 to 2015



If fertility levels are close to identical across developing and developed countries and there is rapid urbanization and increasing labor force participation among women do

¹ TFR is the number of children a women entering her reproductive life would have if she had children following the age-specific fertility rates observed at that point in time. Hence, it is composite or snapshot measure of current fertility behavior.

we even need a developing country version of this chapter?² The goal of this chapter is to highlight the areas in which a separate focus on developing countries is still relevant, what the recent developments in research has been, and most importantly, what I consider to be the main outstanding issues.

[still need policy discussion; this seems kind of a rambling list] Furthermore, we still know relatively little about determinants of timing of births in developing countries. People in most developing countries are also still subject to higher risk of shocks, be that from weather, health, or political, but we still have little idea of how people respond to the level of risk and the occurrence of shocks. Finally, both in developed and developing countries we have mostly treated fertility decisions as separate from other household decision and preferences [ehh, Becker theory!]. We still need to know more about how husband and wife decides on fertility if they are have different preferences and how allocation decisions across all household member are related to fertility decisions. A prime example that I will treat separately is the role of son preferences in fertility decisions.

2 Sub-Saharan Africa

The outlier in the figure above is Sub-Saharan Africa. Sub-Saharan Africa now has an average TFR that is about twice as large as the other regions. Most of the projected future increase in world population is therefore likely to come from Sub-Saharan Africa (Gerland, Raftery, Ševčíková, Li, Gu, Spoorenberg, Alkema, Fosdick, Chunn, Lalic, Bay, Buettner, Heilig and Wilmoth, 2014).³ The most important issues from a policy standpoint is why the fertility decline in Sub-Saharan Africa have moved at a much slower pace than the other regions.

Broadly speaking there are two competing approaches to explaining fertility deci-

² TK references on urbanization and labor force participation.

³ Currently Africa is home to about 1 billion people, but this will increase to between 3.1 and 5.7 billion by the end of the century.

sions.⁴ One sees fertility preferences as the main driver of fertility and considers preferences malleable and mainly determined by cultural factors and transmission of ideas of ideal family size across groups. Under this approach the main constraints on reaching desired fertility is the level of access to family planning and contraceptives.

The other sees the decision on fertility as driven by the trade-off between the cost of children and the return to children, which can either be monetary or the utility of having offspring. In this approach parents are assumed to be able to control fertility even in the absence of modern contraceptives. Hence, although lower cost of preventing births—for example easier access to modern contraceptive—will still lower fertility in this approach the decline in fertility is assumed to be much smaller than the first theory.

Both theories consider the surviving number of children as the main outcome that people are interested in. One possible explanation for the slow decline in fertility could therefore be that mortality in Sub-Saharan Africa is higher than in the other regions. Figure 2 shows the development over time in under-5 mortality across the same regions as above. The improvements in mortality risk over time are truly astonishing. Over the last half-decade under-5 mortality in developing countries has fallen from close to 175 to below 50 per 1,000 live births. Sub-Saharan Africa, however, lacks substantially behind other regions. Despite massive improvement from a situation where more than a quarter of all children born did not live to see their fifth birthday to about 80 deaths per 1,000 births, the current mortality rate is still more than three times larger than that of the other regions (with the exception of Middle East and North Africa).

Following the first approach, demographers have argued that the two main reasons for the slow decline in fertility in Sub-Saharan Africa are the high ideal family size still in place and a substantial “unmet need” for contraception (Bongaarts and Casterline, 2013).

- longer birth intervals than other places

- urban vs rural - Ethiopia as an example

⁴ This is clearly a simplification but it serves to illustrate the differences in approaches.

3 Timing of Fertility

As the figure above shows

Dupas, Huillery and Seban (2017)

4 Intrahousehold Allocation

Merli and Raftery (2000) on missing girls in China

5 Conclusion

References

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Figure 2: Under-5 Mortality Rates by Region from 1967 to 2015

