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WORKSHOP ON PROSPECTS FOR FERTILITY DECLINE IN HIGH FERTILITY COUNTRIES
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DEMOGRAPHIC SITUATION IN HIGH FERTILITY COUNTRIES*

Population Division**

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transitional fertility levels are not uniform: they vary from 5.6 in Chad to more than 7 in a number of countries (Table 1).

C. Proximate determinants of fertility

1. Marriage and sexual activity

in Niger to 19.9 years in Rwanda. Similarly to the median age at first marriage, the median age at first intercourse is in general lower among women who live in rural areas and with a lower educational level, according to data collected by the Demographic and Health Surveys. In Niger, for example, the median age at first intercourse is 15.0 years among women living in rural areas compared to 16.5 years among women living in Niamey. Among women with no education, with a primary level education, and with a secondary or higher level of education, this median age is 15.0 years, 15.9 years and 19.5 years, respectively.

2. Postpartum insusceptibility and breastfeeding

Following a birth and before the return of menstruation—a period referred to as postpartum amenorrhoea—women are considered to be 'insusceptible' to another conception if they are still amenorrhoeic or are abstaining from sexual intercourse. During this period, the risk of pregnancy is almost non-existent. The protection from contraception depends on the length and intensity of breastfeeding. For instance, it t has been shown that exclusive breastfeeding provides a protection from pregnancy up to six months.

Median durations of postpartum amenorrhoea, abstinence and insusceptibility are presented in table 6. The period of postpartum insusceptibility varies considerably. In Eastern Africa, it varies from 8.2 months in Comoros to 19.6 months in Ethiopia. In Middle Africa, it is around 16-17 months in Cameroon and Chad, the two countries with data. In Western Africa where it is the longest, it varies from 15.1 months in Senegal to 22.6 months in Burkina Faso. In Southern Africa, it is equal to 12.8 months in Namibia, the only country with data. The period of postpartum amenorrhoea is in general much longer than the period of postpartum sexual abstinence and is, therefore, the principal determinant of the length of postpartum insusceptibility. In 16 of the 23 countries with data, the median durations of amenorrhoea, abstinence and insusceptibility are, on average, 12.5 months, 3.0 months and 13.3 months, respectively.

A look at the differentials in the median durations of postpartum amenorrhoea and abstinence from data collected by the Data ix b(b)1.8roonths iMwi7rs.eleng(b Tw)11.6(3-)12.5(pos)1une 1012.um i

Unfortunately, breast milk is supplemented too early because on average, the median duration of exclusive breastfeeding is 1.1 month; by the end of the first month, half of the women give at least water or juice to their child in addition to breast milk in 17 countries (out of the 23 countries with data). The median duration of full breastfeeding is only 1.8 months longer, on average. Data collected by the Demographic and Health Surveys show that the median length of breastfeeding tends to be longer in rural areas than in urban areas, and among uneducated women than among women who have a primary education or secondary or higher education.

3. Contraception, fertility preferences and abortion

The literature on fertility decline in the developing countries shows that past declines have occurred predominantly from increased contraceptive use. Table 7 shows that the level of contraceptive use in the high fertility countries is very low. The percentage of women in union and of reproductive age using any method of contraception ranges from 3.3 per cent in Mauritania in 1991 to 32.7 per cent in Gabon in 2000. The percentage using any modern method of contraception varies from 1.2 per cent in Burundi in 1987 to 28.5 per cent in Saudi Arabia in

served by the commercial private sector in Mali, Niger, the United Republic of Tanzania and Uganda, while in Cameroon, Nigeria, Togo and Zambia, the range of contraceptive users served by the private sector was 11-50 per cent (Zeitlin and others, 1994).

Among the legal issues, the anti-contraceptive and abortion law is perhaps the most important. Passed in France in 1920 and has since been repealed, the law remains on the statute books in several former French colonies (Cochrane and others, 1990). Even though it is widely disregarded in countries where it still exists, and was repealed as early as 1972 in Mali and in 1980 in Senegal and Cameroon, its existence may have impeded advocates for family planning and restricted the sale and distribution of contraceptives. Unlike in Anglophone countries where voluntary organizations were the vanguard of family planning associations, the anti-contraceptive law appears to have discouraged the establishment of family planning programmes. For example, in the Democratic Republic of Congo, instead of a voluntary association, a parastatal organization was formed perhaps to ensure that there would be no prosecutions under the 1920 law. In Senegal, government had to permit the formation of family planning association under its wings after efforts to form a voluntary one failed (Cochrane and others, 1990). Other legal issues include the legal requirements for induced abortion, the exclusion of unmarried adolescents in participating in family planning programmes, and the requirement of spousal consent for supply of contraceptives.

Colonial era laws on abortion, which remain on the statute books in most African countries—even though they have since been repealed in France and the United Kingdom—impede the institution of safe abortion services. Table 11 shows that by 1992, abortion was prohibited without exception in Burundi, Comoros, Djibouti, Madagascar, Niger, Pakistan, Senegal and Sierra Leone. Even where abortion is not illegal, not only do governments seldom subsidize it but also it is usually allowed on narrow medical grounds and requires professional consultation for authorization. In some countries such as Cameroon, Congo, Guinea, Guinea-Bissau, Maldives, Mali, Namibia, Togo and Uganda, authorization to induce an abortion must also be approved by a family member or spouse.

Population policies and programmes, although their implementation is usually not ideal, they do matter. The adoption of a population policy implies budget allocations, training of personnel and arrangement of institutional mechanism to implement the policy. Adoption of a population policy has been associated with the likelihood that a country receives international assistance; countries with population policies appear to have much more demographic data, more expert services, surveys and the provision of various contraceptive services from international organizations (Barret and Ong Tsui, 1999).

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Table 1. Total fertility rate and population size in high-fertility countries[a]

Country	Most recent observed period fertility				United Nations estimates and projections (medium variant)					
	Source of data		Reference period	TFR	TFR			Population (thousand)		
	Type[b]	Year			1995-2000	2005-2010	2020-2025	2000	2010	2025
Eastern Africa										
Burundi	S	1987	1983 - 1987	7.1	6.8	6.6	5.2	6,356	8,662	12,390

Table 1. Total fertility rate and population size in high-fertility countries[a]

Country	Most recent observed period fertility			United Nations estimates and projections (medium variant)					
	Source of data		Reference period	TFR					
	Type[b]	Year		1995-2000	2005-2010	2020-2025	2000	2010	2025
South-central Asia									

Table 2. Estimated and projected TFR and projected population growth, by current fertility level

Group of countries by fertility level in 1995-2000	*Total fertility rate*		*Population growth index, 2000-2025 (2000=100)*
	1995-2000	*2020-2025 (medium)*	
	Average	*Average*	*Average*
Countries with TFR higher than 5	6.2	4.2	193
Countries with TFR lower than 5 but higher than 2.1	3.4	2.3	169
Countries with TFR at or below 2.1	1.6	1.6	99

Source: United Nations Po-0.0.0049 TG5g 2.1 iy os

Table 4. Median age at first marriage[a], percentage ever married and median age at first sexual intercourse, women aged 15-49

		Median age at first marriage		*Percentage ever married*		*Median age at first intercourse*	
Region and country	*Year*	*20-49*	*25-49*	*15-49*	*45-49*	*20-49*	*25-49*
Eastern Africa							
Burundi	1987	..	19.5	9.0	98.8	..	..
Comoros	1996	19.2	18.5	11.5	100.0	18.8	18.3
Djibouti	..	..	..	..	..	..	..
Eritrea	1995	16.9	16.7	37.6	98.1	16.9	16.8
Ethiopia	2000	16.4	16.0	30.0	99.9	16.4	16.0
Madagascar	1997	18.6	18.5	33.7	98.7	16.9	16.9
Malawi	1992	17.7	..	41.2	100.0		
Mozambique	1997	17.2	..	47.1	97.1	16.0	..

Table 4. Median age at first marriage[a], percentage ever married and median age at first sexual intercourse, women aged 15-49

		Median age at first marriage		*Percentage ever married*		*Median age at first intercourse*	
Region and country	*Year*	*20-49*	*25-49*	*15-49*	*45-49*	*20-49*	*25-49*
South-central Asia							
Afghanistan	1979	..	..	53.7	99.0	..	..
Bhutan	..	..	..	..	..	..	..
Maldives	1990	..	..	36.5	99.5	..	..
Pakistan	1991	..	..	21.9	98.0	..	..
South-eastern Asia							
Lao People's Dem. Republic	1995	..	..	19.7	96.3	..	..
Western Asia							
Iraq	1987	..	..	27.9	96.1	..	..
Occupied Palestinian Terr.	1997	..	..	24.2	92.4	..	..
Oman	1995	..	..	15.5	99.5	..	..
Saudi Arabia	1996	..	..	7.4	98.5	..	..
Yemen	1997	16.5	16.0	..	99.2	..	..
Melanesia							
Solomon Islands	1986	..	..	..	..	..	..

Sources: United Nations Population Division Databases on Marriage, Demographic and Health Survey Country Reports and Gulf Family Health Survey Country Reports.

NOTES: Two dots (..) mean that the data are not available.

[a] Marriage here refers to recognised marital unions and consensual unions.

Table 5. Trends in singulage mean age at marriage[a] (SMAM) among women

Region and country	*Earlier period*	*SMAM*	**Later** *period*	*SMAM*
Eastern Africa				
Burundi	1979	20.8	1990	22.5
Comoros	1980	19.8	1996	23.6

Table 5. Trends in singulage mean age at marriage[a] (SMAM) among women

	Earlier		**Later**	
Region and country	*period*	*SMAM*	*period*	*SMAM*
South-central Asia				
Afghanistan	1972	18.1	1979	17.8
Bhutan	..	..	1990.0	20.5
Maldives	1977	17.5	1990	19.1
Pakistan	1981	20.3	1998	21.3
South-eastern Asia				
Lao People's Dem. Republic	..	..	1995	21.2
Western Asia				
Iraq	1977	20.8	1987	22.3
Occupied Palestinian Terr.	1967	21.9	1997	21.7
Oman	1993	20.7	1995	22.0
Saudi Arabia	1987	21.7	1996	24.2
Yemen	1992	20.8	1997	20.7
Melanesia				
Solomon Islands	1976	21.1	1986	21.2

Source: United Nations Population Division Database on Marriage.

NOTES: Two dots (..) mean that the data are not available.

[a] Marriage here refers to recognised marital unions and consensual unions.

Table 6. Median durations of postpartum insusceptibility and breastfeeding

		Median duration of postpartum insusceptibility			*Median duration of breastfeeding*		
Region and country	*Year*	*amenorrhoea*	*abstinence*	*insusceptibility*	*any BF*	*exclusive BF*	*full BF*
Eastern Africa							
Burundi	1987	19.1[a]	3.5[a]	19.9[a]	23.8[a]	..	..
Comoros	1996	6.5	2.4	8.2	20.1	0.4	0.7
Eritrea	1995	14.2	2.7	16.6	22.0	3.3	5.7
Ethiopia	2000	19.0	2.4	19.6	25.5	2.5	4.2
Madagascar	1997	10.9	3.5	12.0	20.7	2.2	2.9
Malawi	1992	11.9	..	..			
Mozambique	1997	13.7	11.6	16.5	22.0	0.9	3.6
Rwanda	1992	16.6	0.6	17.1	27.9	5.4	5.5
Uganda	1995	12.6	2.2	13.4	19.5	3.0	3.5
United Republic of Tanzania	1999	12.0	4.4	14.7	20.9	1.1	2.4
Zambia	1996	11.5	4.7	14.1	20.0	0.6	2.5
Middle Africa							
Cameroon	1998	10.7	11.9	15.5	18.1	0.5	1.5
Central African Republic	1994/95						
Chad	1996/97	15.5	3.6	16.6	21.4	0.4	2.6

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Table 7. Contraceptive use and need levels and desired family size

		Contraceptive use among in-union women				*Desired family size among women*	
		Prevalence		*Unmet need*			
Region and country	*Year*	*any method*	*mod. method*	*% unmet need*	*% need satisfied*	*All*	*Married*
Eastern Africa							
Burundi	1987	8.7	1.2	..	..	5.3	5.5
Comoros	1996	21.0	11.4	34.6	37.7	5.3	5.7
Eritrea	1995	5.9	3.1	27.5	22.4	6.0	6.6
Ethiopia	2000	8.1	6.3	35.8	18.4	5.3	5.8
Madagascar	1997	19.4	9.7	25.6	43.2	5.3	5.7
Malawi	1992	13.0	7.4	36.3	26.4	5.1	5.3
Mozambique	1997	5.6	5.1	6.7	51.9	5.9	6.2
Rwanda	1992	21.2	12.9	40.4	34.4	4.2	4.4
Uganda	1995	14.8	7.8	21.9	37.9	5.3	5.6
United Republic of Tanzania	1999	25.4	16.9	17.2	56.4	5.3	5.7
Zambia	1996	25.9	14.4	5.4	61.4	5.3	5.7
Middle Africa							
Cameroon	1998	19.3	7.1	13.0	59.7	6.0	6.5
Central African Republic	1994/95	14.8	3.3	..	..	..	..
Chad	1996/97	4.1	1.2	9.4	30.6	8.3	8.5
Dem. Rep. of the Congo	1984	7.7	2.0	..	..	..	..
Gabon	2000	32.7	11.8	..	..	..	..
Southern Africa							
Namibia	1992	28.9	26.0	23.5	55.1	5.0	5.7
Western Africa							

Table 7. Contraceptive use and need levels and desired family size

Table 8. Government's policy to modify fertility levels

	1976		*1986*		*1992*	*1999*
No intervention	Afghanistan	Madagascar	Afghanistan	Mozambique		Afghanistan
	Benin	Malawi	Benin	Sierra Leone		Benin
	Bhutan	Maldives	Bhutan	Somalia		Central Af. Rep.
	Burkina Faso	Mali	Burkina Faso	Sudan		Chad
	Burundi	Mauritania	Cameroon	Tanzania		Dem. Rep. Congo

Table 8. Government's policy to modify fertility levels

	1976	*1986*	*1992*		*1999*	
Lower	Pakistan	Burundi	Bhutan	Mali	Bhutan	Maldives
	Uganda	Comoros	Burundi	Mozambique	Burkina Faso	Mali
		Gambia	Cameroon	Niger	Burundi	Mozambique
		Niger	Comoros	Pakistan	Cambodia	Niger
		Nigeria	Congo	Rwanda	Cameroon	Nigeria
		Pakistan	Ethiopia	Senegal	Comoros	Oman
		Rwanda	Gambia	Sierra Leone	Congo	Pakistan
		Senegal	Guinea	Sudan	Cote Divoire	Rwanda
		Uganda	Liberia	Tanzania	Ethiopia	Senegal
		Yemen	Madagascar	Uganda	Gambia	Sierra Leone
			Malawi	Yemen	Guinea	Sudan
			Maldives		Laos	Tanzania
					Liberia	Uganda
					Madagascar	Yemen
					Malawi	Zambia
Raise	Cambodia	Cambodia			Gabon	
	Gabon	Cote Divoire			Saudi Arabia	
		Eq. Guinea				
		Gabon				
		Iraq				

Source: United Nations Population Division Database on Population Policy

Table 9. Government's view concerning fertility levels 1976-1998

Government's view concerning present fertility levels	*1976*		*1986*		*1992*		*1998*	
Satisfactory	Benin	Maldives	Angola	Maldives	Eq. Guinea		Angola	
	Bhutan	Mali	Benin	Mali	Togo		Benin	
	Burkina Faso	Mauritania	Bhutan	Mauritania			C.A.R.	
	Burundi	Mozambique	Burkina Faso	Mozambique			Chad	
	Chad	Niger	Chad	Oman			Congo, DR	
	Congo	Nigeria	Côte d'Ivoire	Saudi Arabia			Eq. Guinea	
	Côte d'Ivoire	Oman	Congo, DR	Somalia			Iraq	
	Congo, DR	Saudi Arabia	Djibouti	Sudan			Mauritania	
	Ethiopia	Somalia	Guinea-Bissau	Togo			Saudi Arabia	
	Gambia	Sudan	Lao PDR				Somalia	
	Guinea	Togo					Togo	
	Guinea-Bissau	Tanzania						
	Iraq	Yemen						
	Lao PDR	Zambia						
	Malawi							
Too high	Afghanistan		Afghanistan	Nigeria	Bhutan	Namibia	Afghanistan	Malawi
	Comoros		Burundi	Pakistan	Burundi	Niger	Bhutan	Maldives

Table 9. Government's view concerning fertility levels 1976-1998

Government's view concerning	*1976*	*1986*	*1992*	*1998*

Table 10. Countries heavily indebted and in conflict or emerging from it

Country	*TFR*	*In conflict or emerging from it, 1988-1998*	*HIPC which have implemented SAPs*
Angola	7.2	+	
Benin	6.1		×
Burkina Faso	6.9		×
Burundi	6.8	+	×
Cameroon	5.1		×
Central African Republic	5.3	+	×
Chad	6.7	+	×
Comoros	5.4		×
Congo	6.3	+	×
Côte d'Ivoire	5.1		×
Dem. Rep. of the Congo	6.7	*	×
Djibouti	6.1	+	×
Equatorial Guinea	5.9		×

Table 10. Countries heavily indebted and in conflict or emerging from it

Country	*TFR*	*In conflict or emerging from it, 1988-1998*	*HIPC which have implemented SAPs*
Maldives	5.8		
Occupied Palestinian Terr.	6.0	*	
Oman	5.9		
Pakistan	5.5		×
Saudi Arabia	6.2		
Solomon Islands	5.6		
Yemen	7.6	+	×

Sources: Patrick, S. (1998). The Check Is in the Mail: Improving the Delivery and Coordination of Post-Conflict Assistance. Working Paper. New York: Center on International Cooperation—New York University.
International Monetary Fund

Table 11. Legal status of induced abortion, 1987-1998

	Legal status of induced abortion								
	Abortion prohibited without exception			*Authorization requires professional consultation*			*Subsdized by government*		
Country	*1987*	*1992*	*1998*	*1987*	*1992*	*1998*	*1987*	*1992*	*1998*
Afghanistan	No	No		Yes	Yes		No	No	…
Benin	…	No	…	…	Yes	…		No	…
Burkina Faso	No	No	No	Yes	Yes	Yes	No	No	No
Burundi	No	Yes	…	Yes	NA	…	No	NA	…
Cameroon	Yes	No	…	No	No	…	No	No	…
Central African Republic	…	No	Yes	…	No	No	…	No	No
Comoros	No	Yes	…	Yes	NA	…	Yes	NA	…
Congo	…	No	…	…	Yes	…	…	No	…
Dem. Rep. of the Congo	…	No	…	…	Yes	…	…	No	…
Djibouti	…	Yes	Yes	…	NA	No	…	NA	No
Ethiopia	…	No	No	…	Yes	Yes	…	No	No
Gambia	No	No	…	Yes	Yes	…	Yes	No	…
Guinea	…	No	No	…	No response	Yes	…	No	No
Guinea-Bissau	No	No	…	No	Yes	…	Yes	No	…
Iraq	No	…	Yes	Yes	…	Yes	No	…	No
Liberia	No	No	…	Yes	No	…	No	No	…

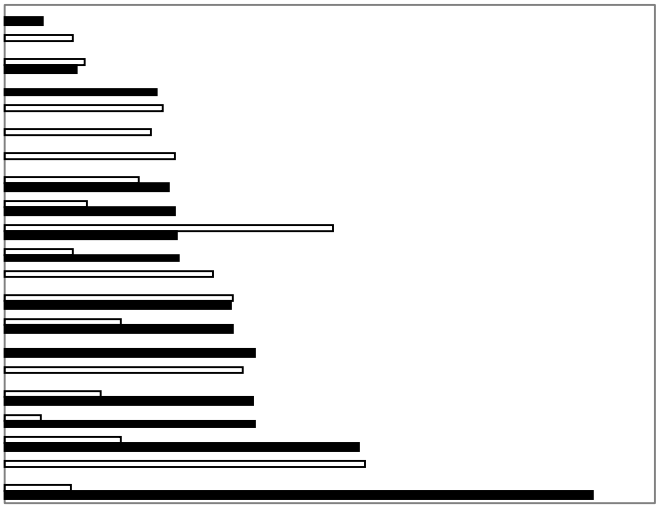

Figure 2. Trends in age-specific fertility rates in selected sub-Saharan countries

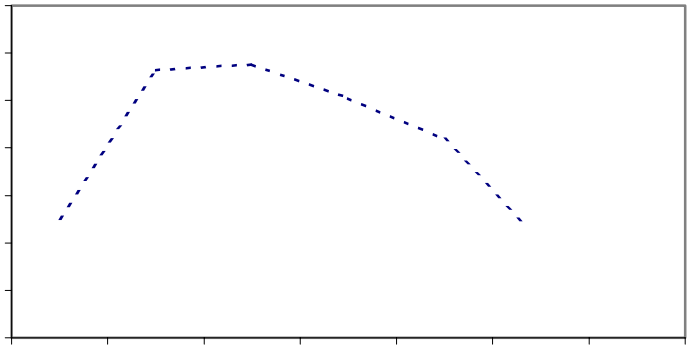

Figure 3. Projected population growth in high-fertility countries[a], 2000-2025