APPENDIX

Summary of country papers

A. COMPLETING THE FERTILITY TRANSITION: THE CASE OF ARGENTINA

Edith Alejandra Pantelides

Ms. Pantelides presented an overview of past demographic trends in Argentina and speculated about the future. The level of fertility in Argentina toward the end of the 19th century was about 7 children per woman. Fertility began to decline during the early 20th century, falling to 3.2 children per woman for 1940-

female sterilization among young, married women, which rose from near zero to 39 per cent in 1996.

possibilities for women. It becomes possible for women to lead lives largely independent of men. Below replacement level fertility is a direct consequence of initial decline of fertility from the levels required to sustain populations exposed to high mortality. Only a fundamental renegotiation of gender roles, in which *men become more like women*, with respect to childrearing roles in particular, is likely to alter the tendency to below replacement fertility.

When considering future fertility in India it is important to estimate and project fertility at the state level and aggregate results over states to obtain national level projections. Because of the great differences between states, national projections based on national level data will show a slower pace of fertility decline than national projections aggregated from state level projections based on state level data. Total fertility is falling in virtually all of India's states. It is unlikely, in any state, that the TFR will stagnate for long at a level substantially above replacement level. While interventions in some states may accelerate this decline, the declines are on balance probably better regarded as having a momentum of their own. For

particular, has risen spectacularly, but except for Lebanon, gender differences still exist. Women's labour force participation has increased, but significant gender differences remain at all ages. These facts suggest that the fall in fertility that has taken place in the past few decades probably still has some way to go. Another important factor, globalization, has been increasing and this increase may be expected to continue in the future. It is progressively reaching more remote areas in the three countries through modern communication. The economic benefits of globalization have lagged behind its social and cultural influences, however, and this also is likely to continue in the future, creating further pressure on perceived inadequacy of income. Other important factors include rising female celibacy and rising divorce rates. With continued "modernization" and globalization these trends are likely to continue, so that total fertility will decline even if marital fertility remains constant. Considering all these factors, it may be considered fairly certain that fertility in all three of these countries will continue to decline for the foreseeable future. The more difficult question is how low fertility will fall. Among more educated persons in the three societies the two child ideal seems to predominate, so we may assume that this will be the eventual level of marital fertility. If it is assumed that total fertility will be 20 to 30 per cent less than marital fertility, the eventual level of the total fertility rate would be 1.4 to 1.6 children per woman. This is very similar to the level prevailing in some of the European countries.

J. KENYA'S FERTILITY TRANSITION: HOW LOW WILL IT GO?
John Blacker

The total fertility rate (TFR) in Kenya as of the late 1970s was about 8 children per woman. Prior to this it had been rising steadily. At some time in the late 1970s or early 1980s there was an abrupt and dramatic change and fertility began to fall with unforeseen rapidity. The first evidence for this came from the 1989 Demographic and Health Survey (DHS), which gave a TFR of 6.7 births per woman for the 5-year period before the survey, more than one child per woman less than the level observed in the early 1980s. The 1993 DHS and the 1998 DHS gave total fertility rates of, respectively, 5.4 and 4.7 children per woman, both for the 3-year period before the survey. Taken at face value, these figures suggest that fertility continued to decline, but that the pace of decline was slowing, from 0.34 births per woman per annum between 1989 and 1993 to 0.14 births per woman per annum between 1993 and 1998.

With respect to the proximate determinants of this decline, most can be attributed to increased contraceptive use. The proportion of currently married women aged 15 to 49 years currently using a modern method of contraception increased from 10 per cent at the 1984 Kenya Contraceptive Prevalence Survey (KCPS) to 18 per cent at the 1989 DHS. Review of the other proximate determinants points to the conclusion that further reductions in fertility will be achieved principally as a result of increasing contraceptive use. Other proximate determinants might be effected by the HIV/AIDS epidemic, however. With respect to the somewhat nebulous concept of ideal family size, it has fallen in parallel with fertility, from 5.8 children per woman in the 1984 KCPS to 4.4 and 3.7 children per woman, respectively, in the 1989 DHS and the 1993 DHS. The 1998 DHS shows a leveling out, with an ideal family size of 3.8 children per woman. This suggests, Mr. Blacker said, that fertility in Kenya is unlikely to level out at less than 3 children per woman over the next several decades. Whether this is above or below replacement level fertility (2.6 children per woman for 2000-2005) depends on the progress of the HIV/AIDS epidemic. Should life expectancy at birth fall as low as 45 years, replacement level fertility would rise above 3 children per woman.

Regarding the level of fertility as far into the future as 2050, Mr. Blacker noted, it was impossible to predict because of the possibility of long-term socioeconomic deterioration. The 1999 census of Kenya showed that mortality has increased, and not just because of AIDS. Schooling, housing and other social infrastructure in the country are deteriorating. Living levels are falling and poverty is rising. Should these trends continue, it is hardly conceivable that fertility would fall to 2.1 children per woman. Obviously it is to

be hoped that these trends reverse. But, Mr. Blacker said, since he could not predict the future of Kenyan society 50 or 75 years into the future, neither could he predict the level of fertility this far into the future.

K. SUR LES PAS DE L'EUROPE DU SUD: LA FECONDITE AU MAGHREB (FOLLOWING IN THE FOOTSTEPS OF SOUTHERN EUROPE: FERTILITY IN THE MAGHREB)

Youssef Courbage

Mr. Courbage reviewed levels and trends of fertility in the five countries of the Maghreb (Algeria, Libya, Mauritania, Morocco and Tunisia) and considered the levels that may be reached in the future. Fertility in the Maghreb declined from 7.8 to 2.8 children per woman in a single generation, one of the most rapid fertility declines in the world. Increases in celibacy, age at marriage and contraceptive use played a role. So did rising female educational attainment, urbanization, and rising non-agricultural employment, though it would be misleading to claim that these were driving forces. Poverty resulting from economic crisis may also have contributed to the decline. Religion and population policies may be less important than many would expect. The contrast with the Arab Middle Eastern countries, which have experienced much less rapid fertility decline, is striking. Mr. Courbage suggested that a key factor was the geopolitical situation of the Maghreb. The influence of Western culture is quite strong. The educational systems in all countries except Libya have been heavily influenced by the French educational system. Foreign media have a strong presence in society at large. Extensive migration to Europe has created connections and a sense of affinity with European countries. In contrast, the Arab countries of the eastern Mediterranean are linked more closely to the countries of the Arabian Peninsula and the Persian Gulf. Mr. Courbage believed that fertility in the countries of the Maghreb will continue to decline, perhaps eventually to the levels currently observed in southern Europe. The current level of fertility for females who have high school or university degrees may be taken as a guide to the future level of fertility in each country.

L. F

(TFR) estimates for Nigeria present numerous anomalies, but overall evidences indicates that fertility decline began during the mid-1980s from a level of about 7 children per woman, falling to 5.2 children per woman for 1995-1999. The prospects for future fertility decline were addressed by assessing two recent fertility projections; the 1997 projections produced by the National Population Commission of Nigeria and the 1998 Revision projections of the United Nations Population Division. The medium variant scenario of the National Population Commission projections shows fertility reaching a replacement level fertility of 2.2 children per woman around the year 2050. The United Nations 1998 Revision medium variant shows fertility falling to the same level by 2040. The authors considered it highly improbable that fertility in Nigeria would decline this rapidly. It would be more realistic, they thought, to anticipate a TFR of between 2.6 and 3 children per woman by 2050. Considerations supporting this conclusion include continuing high levels of infant and child mortality risks, with little hope for substantial improvement in the future; the HIV/AIDS epidemic; inadequate support for family planning programmes; and regional disparities in fertility decline.

N. FERTILITY DECLINE IN THE PHILIPPINES: CURRENT STATUS, FUTURE PROSPECTS

Marilou Palabrica-Costello and John Casterline

O. Fertility transition in South Africa

Leon Swartz

Fertility in South Africa began to decline among all major population groups prior to the end of apartheid. This decline occurred in the face of impoverishment, inequality and disempowerment of women. This is in stark contrast to other parts of sub-Saharan Africa, where poverty has tended to be associated with high fertility. This paper investigates the factors contributing to the decline of fertility in South Africa. For South Africa as a whole, fertility was high and stable between 1950 and 1970, with an average of 6 to 7 children per woman. The fertility level as of 1999 was 2.9 children per woman. The Government began to provide strong support for family planning in the 1960s, and in 1974 launched the well-funded National Family Planning Programme. The results were impressive and unprecedented in sub-Saharan Africa. By 1983 over half of all eligible women were practicing contraception. South Africa's programme was conceived and implemented by a minority white Government intent on slowing the growth of the majority black population, but many black women adopted family planning despite the nature of the programme. Various factors converged to create a situation where women had to accept primary responsibility for childrearing without access to productive resources. Their response was to control their fertility, not as a result of educational and career aspirations or an affluent lifestyle, but as a survival strategy. Fertility is still valued highly in South Africa, as it is in the rest of sub-Saharan Africa. Despite relatively low fertility, the high levels of unwanted and teenage pregnancies and the high unmet need for contraception are major concerns. Many women still lack control over their reproductive choices.

P. On the prospects for endless fertility decline in South Asia

Alaka Malwade Basu

Global fertility *decline*, meaning the decline of fertility in most or all countries of the world, should not be confused with global fertility

small families to voluntary childlessness is not compatible with these norms. This move would require a normative shift inconsistent with existing trajectories of development, education and modernization.

Regarding the pace of fertility decline, it need not be uniform throughout the transition. There may be periods where the decline slows or ceases while certain influences or enabling conditions "catch up". In the case of India, for example, women may be perfectly willing to have fewer than 4 or 5 children, given falling infant and child mortality and readily available contraceptive services, but unwilling to forego the one son, or preferably two sons, that they consider essential for economic, social and spiritual reasons. The level of fertility in India may therefore stagnate for a time at around 3 children per woman while education and modernization supporting smaller numbers develop. The recent stagnation of fertility decline in Bangladesh supports this idea. In conclusion Ms. Basu cautioned that medical technology might allow South Asian patriarchal fertility demands to be met even with rapid fertility decline by allowing a preponderance of sons to be born.