Eye on Sub-Saharan Africa: Population Policy

Policies to reduce birthrates, lower infant mortality, and improve quality of life are essential to the development strategies of Sub-Saharan Africa. During the 1980s, the population of these countries grew at a rate of 3.2% per year, faster than in any other developing region (see table).

The average African woman will have 6 or 7 children over her lifetime, and while there are pockets of women who would use contraceptives if they were available, desired family size is still high—between 6 and 9 children per woman according to recent demographic surveys.

At the same time economic growth in Sub-Saharan Africa has been disappointing, averaging only 0.2% per capita per year between 1965 and 1988. Infant mortality rates remain high while in many countries school enrollment rates have actually declined. The result is a rapidly growing labor force with low levels of human capital, a situation that does not bode well for attempts to improve standards of living.

Measurement Study (LSMS) surveys in 15 Sub-Saharan countries, the study finds that most important are policies that will raise female education levels, improve access to contraceptive services, and enhance the legal and social status of women.

Women's schooling, fertility, and contraceptive use

The single factor most consistently associated with lower fertility rates, lower child mortality, and higher contraceptive use among women in Sub-Saharan Africa is their level of schooling.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Fertility Rate</th>
<th>Annual Average Population Growth Rate</th>
<th>GNP per capita (US$)</th>
<th>Annual GNP growth per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>6.6</td>
<td>1965-80</td>
<td>1988</td>
<td>1985-88</td>
</tr>
<tr>
<td>East Asia</td>
<td>6.2</td>
<td>1965-80</td>
<td>1988</td>
<td>1985-88</td>
</tr>
<tr>
<td>South Asia</td>
<td>6.3</td>
<td>1965-80</td>
<td>1988</td>
<td>1985-88</td>
</tr>
<tr>
<td>Europe, Middle East &amp; North Africa</td>
<td>5.1</td>
<td>1965-80</td>
<td>1988</td>
<td>1985-88</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>5.8</td>
<td>1965-80</td>
<td>1988</td>
<td>1985-88</td>
</tr>
</tbody>
</table>

High fertility and population growth rates along with virtually stagnant growth in GNP per capita distinguish Sub-Saharan Africa from other developing regions.

Raising women’s education levels improves their economic opportunities, increasing the value of their work time and, in turn, reducing their desire for large families. Females with more education also tend to place more value on their children’s education, prompting parents to reconsider the number of children that they can afford to raise and educate. Finally, educated women are also better able to use contraceptives effectively and to understand how improved health standards can protect the well-being of their children.

While the quantitative effect of female schooling on contraceptive use varies, schooling is positively associated with contraceptive use in all countries studied, and the relation becomes stronger with higher levels of schooling. Similarly, in most countries women must have completed primary school before they have appreciably fewer children, while secondary schooling brings about a dramatic decline in birthrates: women with 11 or more years of schooling have 1.2 to 1.6 fewer children ever born than women with no education at all. Female education levels remain strikingly low, however, generally between 1.5 and 6 years in the countries studied.
Child mortality and its effects on fertility

High levels of child mortality raise the fertility rate in two ways. In attempting to replace children who have died, parents may have more children. Or, parents may anticipate that a given number of their children will die and have that many extra births to guarantee a certain number of surviving children.

Ironically, high fertility rates cause greater child mortality as closely spaced pregnancies often compromise a mother's ability to bear healthy children. Thus, reducing child mortality rates will lower the fertility rate, in turn prompting a further reduction in child mortality.

Here too, governments can improve the situation by raising female education levels. Each additional year of female schooling results in a 0.6 to 0.9% reduction in child mortality during the first two years of life. Improving access to health care is also essential to help prevent fatal diseases such as diarrhea and malaria.

Use of contraceptive services: access is key

In four countries the project analyzed the relation between the use of modern contraceptives and their availability, price, and quality.

Although knowledge of contraceptive methods in the four countries ranged from 40% to over 90% of all women, current use rates were much lower: Ghana (4.7%), Nigeria (7.5%), Tanzania (5.7%), and Zimbabwe (27.2%).

Summary

The single most effective policy action that can be taken in Sub-Saharan Africa today to reduce fertility and child mortality is to raise female education levels. Policies that increase the availability of contraceptive services are also important, as is raising the legal and social status of women.

The three African countries where fertility has begun to decline—Botswana, Kenya, and Zimbabwe—also have the highest levels of female schooling, the lowest child mortality rates, and the widest availability of family planning services.

A huge influx of funds seemingly would be required to implement these policy recommendations. However, there is some scope for reallocating existing funding in the social sectors towards more effective uses, as suggested in the 1993 World Development Report and Better Health in Africa (World Bank, 1994). Finally, private provision of some services—such as secondary and higher education—can be encouraged, allowing governments to focus resources on basic education programs.