Enabling Africa’s Highest Fertility Countries to Develop:

Investing in girls and young women,
while making family planning realistically available

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Implications of high fertility for Development in sub-Saharan Africa

Session: Enabling Africa’s highest fertility countries to develop: Investing in girls and young women, while making family planning realistically available

International Family Planning Conference
30th November 2011, Dakar, Senegal

Eliya Msiyaphazi Zulu, PhD.
Executive Director, AFIDEP
Key Points

1. Due to high fertility and youthful age structures, the African population is destined to grow for at least another century due to population momentum.

2. There is increasing demand to reduce fertility among Africans, but high levels of unwanted pregnancies continue due to low levels of contraceptive use.
Key Points

4. Early marriages, low education, and lack of family planning for youth jeopardize health outcomes and development of quality human capital – which is key if Africa is to benefit from the Demographic Dividend

5. Governments and development partners should ensure universal access to family planning and youth focused development that includes legislation against early marriages and universal secondary education
### Contraceptive Use and Fertility Levels Across Africa’s Major Regions

<table>
<thead>
<tr>
<th>Region</th>
<th>% using Modern Contraception</th>
<th>Average # of Births per Woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>55</td>
<td>2.5</td>
</tr>
<tr>
<td>Africa</td>
<td>23</td>
<td>4.7</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>17</td>
<td>5.2</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>23</td>
<td>5.3</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>58</td>
<td>2.5</td>
</tr>
<tr>
<td>Middle Africa</td>
<td>7</td>
<td>5.9</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>44</td>
<td>3.0</td>
</tr>
<tr>
<td>Western Africa</td>
<td>10</td>
<td>5.5</td>
</tr>
</tbody>
</table>
Africa’s Projected Population Growth (2010-2100) ‘000
# Projected Fertility Rates for UN Population Projections

<table>
<thead>
<tr>
<th>Fertility Group &amp; Projection Variant</th>
<th>2005-2010</th>
<th>2045-2050</th>
<th>2095-2100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Fertility Countries</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Variant</td>
<td>4.9</td>
<td>2.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Medium Variant</td>
<td><strong>4.9</strong></td>
<td><strong>2.8</strong></td>
<td><strong>2.1</strong></td>
</tr>
<tr>
<td>High Variant</td>
<td>4.9</td>
<td>3.3</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Intermediate Fertility Countries</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Variant</td>
<td>2.6</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>Medium Variant</td>
<td><strong>2.6</strong></td>
<td><strong>1.8</strong></td>
<td><strong>1.9</strong></td>
</tr>
<tr>
<td>High Variant</td>
<td>2.6</td>
<td>2.3</td>
<td>2.4</td>
</tr>
</tbody>
</table>

AFIDEP
A Difference of 1 child in TFR results in drastically different population sizes for Africa
Population in Eastern Africa will continue increasing into the next century
Population in Middle Africa will continue increasing into the next century.
Population in West Africa will continue increasing into the next century

AFIDEP
Northern Africa’s population is likely to start declining towards the end of the century.
Southern Africa’s population is likely to start declining towards the end of the century.
African Populations Youthful

Source: Spectrum, Futures Group International
Some Implications of a Young Age Structure

- High dependency ratios and pressure on resources for schooling and health

- Protection and development of the next generation a big challenge and young people highly vulnerable
  - High teenage pregnancy rates
  - School retention and development of productive skills of young people
  - Poor economic skills

- High momentum for further population growth
The year in which a country reaches replacement level fertility has a major impact on its ultimate population size.

Burkina Faso

Total fertility rate: **6.0**

Unmet need for family planning: **29%**
The year in which a country reaches replacement level fertility has a major impact on its ultimate population size.

Total fertility rate: **5.7**
Unmet need for family planning: **17%**
Ethiopia 2010-2050
All Age Groups (Millions)
Towards a “Beneficial” Demographic Transition – will African be Ready?

Demographic Transition = Reduced fertility + Reduced mortality

Reduces dependency

 Releases resources to invest in:
Productivity of Current Labour Force,
Health & education of future generations
Conditions for a “Beneficial” Demographic Dividend

• In order to take full advantage of the demographic dividend, the expanded labour force must be:
  1. Be well educated to ensure high return for their labour efforts
  2. Productively employed
  3. Save more and invest wisely

Implication: It is not just about reducing fertility, but also investing in the quality of the population
Median age at first sex in selected countries in east and west Africa

- Rwanda: 20.7
- Kenya: 20
- Ghana: 19.8
- Tanzania: 18.8
- Benin: 18.6
- Liberia: 18.4
- Senegal: 18.3
- Nigeria: 18.3
- Uganda: 17.6
- Sierra Leone: 17
- Mali: 16.6
- Guinea: 16.2
- Ethiopia: 16.1
- Niger: 15.5
Median Age at first Marriage and TFR

Sub-Saharan Africa: Age group 25-49 yrs

Parameter | Coeff. | P-val
--- | --- | ---
Intercept | 10.7 | 0.000
gradient | -0.28 | 0.000

N = 91  R-adjust 0.28
Age at first marriage and use of modern contraception

N = 91  R-adjust 0.31

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Coeff.</th>
<th>P-val</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>4.19</td>
<td>0.000</td>
</tr>
<tr>
<td>gradient</td>
<td>-62.1</td>
<td>0.000</td>
</tr>
</tbody>
</table>
Demand and Access to Family Planning in Sub-Saharan Africa

78 Million Women Wanting to Avoid Pregnancy

- 46% Modern Method
- 40% No Method
- 14% Traditional Method

Source: Guttmacher Institute and UNFPA, 2009 Health:
Other Benefits of Family Planning

• Enhance maternal health

• Improve child health

• Helps families improve quality of children
Conclusion

• Africa is already destined to have a big population due to past and current high fertility and youthful structure

• The key questions are:
  – How much bigger do we want the population to grow?
  – How many people can the continent sustain so that we have a healthy and productive population, and we conserve the environment for future generations?
  – How can we prepare the continent to benefit from its big population, once the demographic dividend sets in?
Key Messages

• Southern Africa and Northern Africa has shown that it is possible to meet the reproductive health needs of couples
  – The success is mostly driven by strong political leadership, pro-poor health systems and family planning programs, and improved investment in girls and women.

• Governments and the development partners should build on Africa’s success stories and strengthen efforts to achieve universal access to family planning, expand public education on reproductive matters, improve education status and the status of women.
Thank You

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Imperatives of Investing in Young Girls’ Education to improved RH

Int FP Conference, Dakar Nov 2011

Dr Mairo Mandara
Co-Chair, Population and Reproductive Health Research Initiative,
Ahmadu Bello University, Zaria, Nigeria
Dakar, November 2011
Objectives of PRHI Programme

• Improve the RH of young girls by keeping girls in school and providing Life Skills Education in Northern Nigeria

• 3 communities

• 2 typical rural Hausa Fulani Muslims: Tsibiri and Shika Dam.

• 1 semi urban heterogenous community
Strategies

• offer incentives to increase girls’ public school enrolment and attendance
• establish “Safe Space” girls’ clubs in the homes of trusted religious or community leaders in which adolescent girls can openly discuss their reproductive health concerns.
• create an innovative, teen centred curriculum for these clubs that emphasizes life skills such as informed reproductive health decision making, literacy, numeracy, and income generation;
• conduct rigorous operations research on the effectiveness of these strategies.
## Baseline Data

<table>
<thead>
<tr>
<th></th>
<th>Tsibiri</th>
<th>Shika Dam</th>
<th>Dakace</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Girls ever attended primary sch (6-19)</strong></td>
<td>59%</td>
<td>47%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Sec Sch attendance</strong></td>
<td>7%</td>
<td>&lt;4%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Boys in Pri Sch</strong></td>
<td>155</td>
<td>253</td>
<td>484 (284 in JS1)</td>
</tr>
<tr>
<td><strong>Girls in Pri School</strong></td>
<td>95</td>
<td>123</td>
<td>433 (72 in JS1)</td>
</tr>
</tbody>
</table>
The Process of Dialogue

• Strategic engagement with communities

• A one month lengthy community consultation process.

• Large community meetings, small group discussions, and individual meetings with both formal leaders (Imams, village heads, leaders of women’s groups, Islamiyya teachers) and informal leaders.
Main Issues in Dialogue

Communities views about barriers to girl child education.

• Poverty,
• Girls hawking goods for their mothers,
• Lack of toilets at the primary school,
• difficult for those parents who have not been educated to understand the value of education.
• poorly functioning educational system as major impediments to girls’ education.
**Table 1: First Cohort Yearly Enrolment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Shika Dam</th>
<th>Tsibiri</th>
<th>Dakace</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08 Baseline</td>
<td>3</td>
<td>0</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>2008-09 (JSS I)</td>
<td>10</td>
<td>7</td>
<td>43</td>
<td>60</td>
</tr>
<tr>
<td>2009-10 (JSS I)</td>
<td>9</td>
<td>7</td>
<td>40</td>
<td>56</td>
</tr>
<tr>
<td>2010-11 (JSS III)</td>
<td>8</td>
<td>7</td>
<td>40</td>
<td>55</td>
</tr>
<tr>
<td>Retention (%)</td>
<td>80%</td>
<td>100%</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>Year</td>
<td>Dakace</td>
<td>Tsibiri</td>
<td>Biye</td>
<td>Bizara</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------</td>
<td>---------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>2008-2009 (Baseline)</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>2009-2010 (JSS I)</td>
<td>19</td>
<td>6</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>2010-2011 (JSS II)</td>
<td>19</td>
<td>6</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td>Retention (%)</td>
<td>100</td>
<td>100</td>
<td>85</td>
<td>80</td>
</tr>
</tbody>
</table>
Key to success

• Community commitment and participation; built toilets
• Religious and traditional leaders support
• Scholarships
• Parents interest and willing to listen and learn
• Safe Space Girls Clubs
• Mentors
• For the first time, in Tsibiri and Biye nine girls have graduated from JSS Level 3 and plan to enrol in SSS.
• In Unguwar-Rimi, 14 GCE-supported girls will to be the first females of their community to enrol in JSS Level 3.
• Girls Education is perhaps the most powerful tool in improving the RH of women.
• It gives girls the power of informed choices.
• In traditional communities where early marriage is the norm, Keeping girls in school is a powerful contraceptive
Conclusion

• In a community where the mean age at marriage is about 13.5yrs after completion of primary school, we have been able to get these girls to remain in school for additional 5 years so far.
• These girls ambitions and focus in life has shifted dramatically as a lot of them now want to be Teachers, Nurses and Doctors.
• Perhaps our greatest achievement is working with these communities in a respectful way to stir up a social change; a change that even we cannot control. A process of self determination for these curious young girls.
FAMILY PLANNING IN A CONFLICT SETTING

Ndola Prata, MD, MSc
University of California, Berkeley
World Facts:

- 42 million uprooted people
- 26 million internally displaced population (IDPs)
- 16 million refugees
Issues Affecting Provision of Family Planning Needs of IDPs and Refugees:

- Family planning is *not* seen as an "emergency" in conflict situations
- Contraceptive options are limited or non-existent
- Lack of trained staff
- Lack of guidelines and protocols on service provision
Factors Aggravating the Needs of IDPs and Refugees Women and Children:

- Sexual exploitation
- Gender-based violence
- Transactional sex
- Socio-cultural norms and Family planning
Make Family Planning Access Easy

1. Increase knowledge about the safety of family planning methods
2. Ensure contraceptive availability
3. Ensure supply of desired contraceptive methods
4. Remove all barriers to family planning methods and fertility regulation
Pilot Project: CBD of DMPA in Tigray

- **Results:** Morbidities at injection site following first and second injections

![Graph showing morbidities at injection site following injections.](http://bixby.berkeley.edu)
## Pilot Project: CBD of DMPA in Tigray

**Results:** Continuation of DMPA use through second and third injection

<table>
<thead>
<tr>
<th></th>
<th>Received second injection</th>
<th>p-value</th>
<th>Received third injection</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Received injection</strong></td>
<td>HEW clients (n=440)</td>
<td>CBRHA clients (n=622)</td>
<td>HEW clients (n=440)</td>
<td>CBRHA clients (n=622)</td>
</tr>
<tr>
<td><strong>81.6%</strong></td>
<td><strong>83.7%</strong></td>
<td><strong>&lt;0.01</strong></td>
<td><strong>62.3%</strong></td>
<td><strong>78.8%</strong></td>
</tr>
<tr>
<td><strong>Discontinuation</strong>*</td>
<td><strong>8.9%</strong></td>
<td><strong>0.8%</strong></td>
<td><strong>&lt;0.01</strong></td>
<td><strong>3.6%</strong></td>
</tr>
</tbody>
</table>

*Continuation and discontinuation do not add to 100% due to loss to follow-up*
Failure to protect women and girls:

Society

Community

Health care providers

Individual family support
Demographic Profile and Reproductive Health of IDPs, Angola

- Survey of more than 2,000 women of reproductive age, UNFPA
- 69% experienced some form of sexual violence
  - 21% sexually assaulted more than once
  - 12% could identify the perpetrators
  - 19% terminated unwanted pregnancies
Family Planning and Safe abortion should be included in the initial package of services provided to refugees and IDPs
THANK YOU
Enabling Africa’s highest fertility countries to develop: Population policies

John F. May
The World Bank
CRAFT A NEW POP/RH DISCOURSE

In addition to population numbers and rates of growth, look farther:

- Focus on age structures and their transformation through non coercive rapid fertility declines
- Examine how demographics could help trigger a demographic dividend
FILL DATA AND RESEARCH GAPS

- National Master plans on data collection
- Model of country monographs
- New Bank study on demographic dividend in SSA
**Unify data in all strategies**

- Need to have coherent data throughout
- Go beyond percentages and work on denominators
- Fill the gaps in M&E
ADVOCACY AT HIGHEST LEVEL

- Need to have simple and pedagogic tools for policy dialogue
- Stress the “new” demography (age structures)
- Fight “demographic illiteracy”
EXPAND FAMILY PLANNING SERVICES

- CPR increases of 1.5 percentage points per year
- Unmet needs can be satisfied in about 15 years
- Address gender gaps
- Massive communication campaigns
- Programmatic logistics
IDENTIFY SSA POP/RH CHAMPIONS

- People need to be convinced *themselves* before they can convince others

- Where are the potential African Mechai Viravaidyas?
A SENSE OF URGENCY

“The best time to plant a tree is 20 years ago. The second-best time is now.”

African Proverb
Rapid population growth will collide with global warming
Rapid population growth undermines/reverses economic progress
Low rates of education (especially of girls) makes developing a non-agricultural economy extremely difficult
Invest heavily and immediately in making family planning accessible

Invest heavily in education, especially of girls

Where education facilities are limited/non-existent invest in giving girls ‘safe spaces.’
Essential steps

- Meet the unmet need for family planning
  - Supply chain
  - Subsidy
  - Task shifting
  - Remove barriers
  - Counter misinformation
- Raise the age of the first birth
- Implement comprehensive abortion care
Sample social marketing
CYPs couple years of protection

- Central African Republic: 52,000
- Burkina Faso: 204,000
- Mali: 378,000
- Niger: 67,000
- Yemen: 224,000
# 46 million girls 15-19 in high fertility countries

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Cost (US dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaying first birth</td>
<td>1,940,000,000</td>
</tr>
<tr>
<td>‘Safe spaces’</td>
<td>395,000,000 to 7,746,000,000</td>
</tr>
<tr>
<td>Countering misinformation</td>
<td>15,800,000 to 27,000,000</td>
</tr>
</tbody>
</table>