

Measurement Issues and Proximate Determinants of Slow and Stagnating Fertility Decline: Case Studies of Kenya and the Philippines

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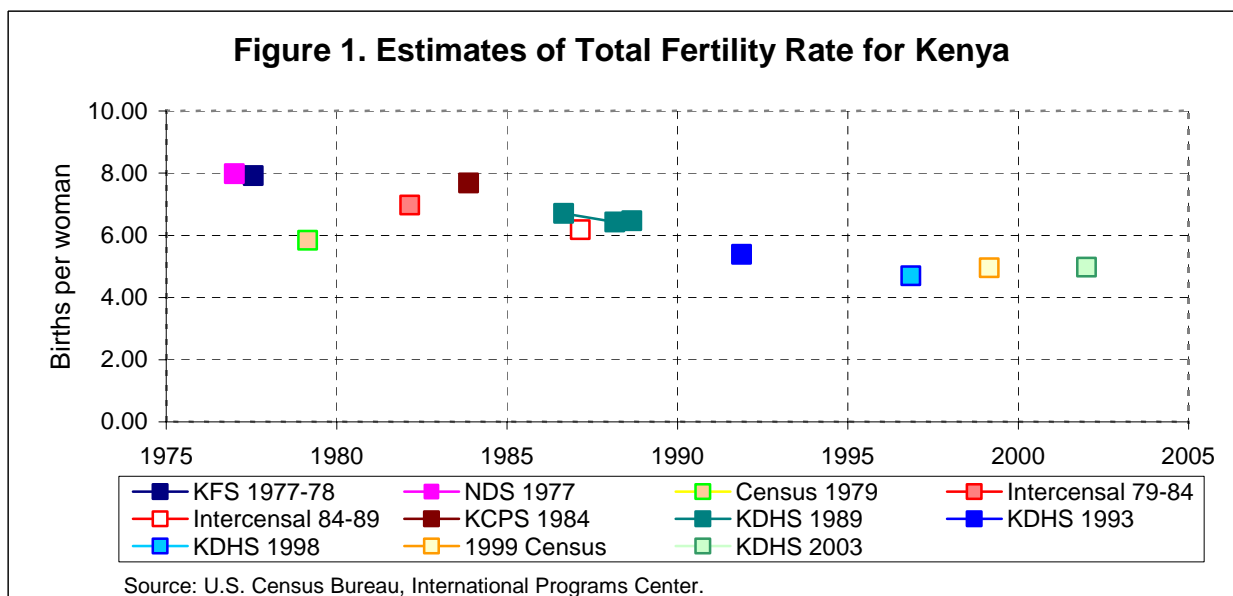
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Bongaarts (2002:297) has recently observed that, “as countries approach the later stages of the transition [from higher to lower fertility], the pace of decline will slow down.” The reasons, he argues, include the fact that early declines are attributable to diffusion and social interaction processes while later reductions are tied to level of socioeconomic development.

This paper will first assess recent trends in fertility in two developing countries that have already undergone substantial fertility decline – Kenya and the Philippines. In the case of the Philippines, the total fertility rate is estimated to have fallen from just under 5 births per woman in 1980 to 4.1 in 1990 to a projected level of about 3.2 in 2005. This is somewhat slower than the pace of decline for some other developing countries in the same region, and the Philippines’ total fertility rate remains higher than those of other Asian nations (e.g., Bangladesh, Indonesia, and Thailand). For Kenya, total fertility has declined from 7.6 births per woman in 1980 to 5.6 in 1990 to 4.4 in 1998. However, Kenya’s total fertility rate appears to have risen since 1998, to just under 5 births per woman for the 3-year period centered on 2002.

The first part of the paper builds on work conducted at the International Programs Center over the past 2 years using the own-children technique and data from censuses and demographic surveys. The key questions addressed in this part of the paper are measurement-related. Considering the measurement errors involved, is it fair to characterize the Philippines as a country undergoing a slower than average fertility transition, and is it fair to consider Kenya a country in the midst of reversing a long term fertility decline?



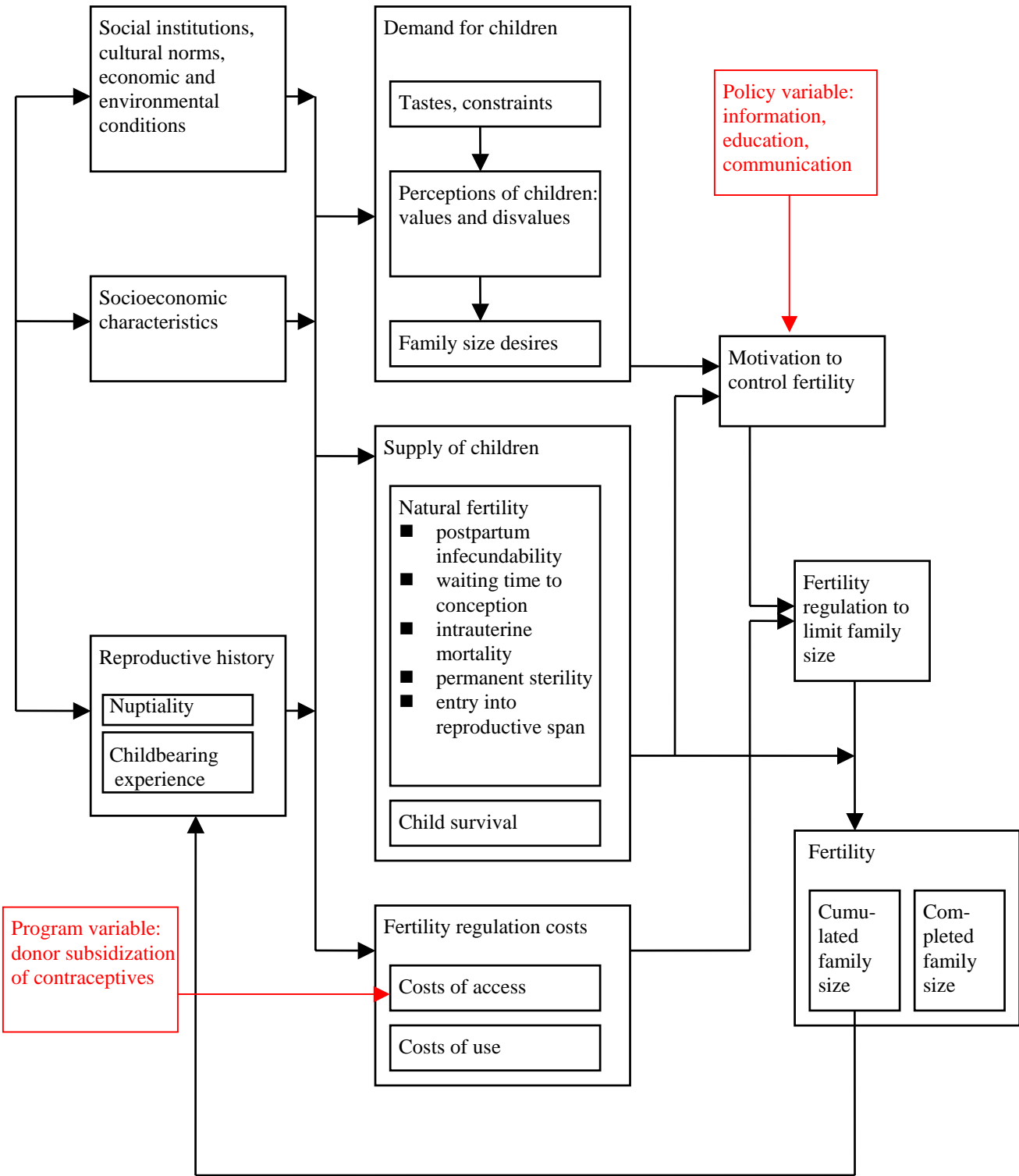
The second part of the paper considers some of the factors responsible for the pace (and direction) of fertility change in these countries. Just as contraceptive prevalence *per se* is a key proximate determinant of fertility level, it is worth recognizing that couples’ childbearing decisions underlying stagnation and reversal of fertility decline are driven by policy and program-related factors arguably determined by level of development but are more directly tied to government and donor commitment to family planning. In the

model of the determinants of fertility in developing countries proposed by Bulatao and Lee (1983), shown here as Figure 2, economic conditions are an underlying factor affecting family formation decision-making, but the costs of fertility regulation and the perceived benefits of additional children are more immediate determinants of the fertility-regulation and family-formation decisions made by couples. Government and donor commitment to reproductive health programs generally, and both outreach and efforts aimed at ensuring availability of contraceptives for all segments of the population in particular, are likely to distinguish countries with moderately slow fertility decline from those with more rapid decline. Such commitment is, in turn, amenable to change in the absence of broad changes in level of national development.

- In the case of the Philippines, some observers have argued that the opposition of the Catholic Church to family planning, and to supply methods of contraception in particular, has prompted successive governments to balance interests in slowing population growth to improve economic conditions with the need to avoid calling for specific family size targets. President Arroyo is on record as favoring responsible parenthood and birth spacing but has been described as preferring to avoid the population debate altogether (Grudgings 2004, Reyes 2004). This hands-off policy has prompted descriptions of the family planning climate in the Philippines that are far from positive: “[In] the Philippines, the traditional demographic model of birth rates declining as prosperity and female literacy grow is not working. The Philippines has a fertility rate of 3.8 children per woman. That is higher than Bangladesh, even though its average earnings are three times as high and its female illiteracy levels twelve times lower.” (Pearce 1999).
- In the case of Kenya, both the donor community and the government have recently reduced subsidies of condoms in a country where HIV transmission is a major issue. According to a recent story in the East African Standard (Kwamboka 2004), “It is feared that lack of budgetary allocation for contraceptives in the 2004/2005 financial year and the pulling out by international donors from family planning programmes could lead to uncontrolled birth rates.” According to some sources, the upswing in fertility documented in the 2003 Demographic and Health Survey is at least partially the result of the withdrawal of donors and non-governmental organizations from supplying contraceptives in Kenya.

Again, it is worth recognizing that couples’ childbearing decisions underlying slow and stagnating fertility decline (or the reversal of long term fertility decline) are driven by policy and program-related factors arguably determined by level of development but more directly tied to government and donor commitment to family planning.

Figure 2. Supply and Demand for Children Showing the Underlying Role of Background Factors, Proximate Determinants, and the Role of Policy and Program Interventions



Source: Bulatao and Lee (1983: 760).

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U.S. Census Bureau, International Programs Center, International Data Base.