E X T E N D E D A B S T R A C T

The impact of freedom on fertility transition: Revisiting the theoretical framework

Martha Campbell, Nuriye Nalan Sahin-Hodoglugil and Malcolm Potts
University of California, Berkeley

This paper suggests that the presence or absence of barriers that separate people from the fertility regulation methods they need to limit family size provides a plausible and comprehensive explanation for the achievement of fertility decline, and the timing thereof, in both developed and developing countries. Our reviews of the full range of barriers, and of the numerous situations where fertility has fallen in the absence of exogenous structural change, have led us to conclude that the amount of freedom that women have to whether and when to have a child provides a more satisfactory explanation for the timing of fertility decline than all of the major demographic theories that have been developed over the past six decades.

Awareness of barriers to family planning constitutes an important common thread in much of the previous theoretical literature describing the demographic transition, and we are carefully recognizing this important earlier work. The distinction between the previous theories and an ease, or freedom, model of fertility decline is primarily a matter of weight. Our review of the situations where fertility decline has occurred in the absence of changes in economic development, urbanization, education or other structural factors has described major increases in contraceptive use upon arrival of realistic options for controlling one's fertility, and often in the absence of any known preexisting demand. In certain cases the preference for smaller families did not precede the availability of fertility regulation methods, but followed the arrival of opportunities to have control over one's own fertility. We show that this rise in demand after the arrival of new options is consistent with well documented patterns of human behavior around a wide variety of consumer products and services in areas unrelated to sex and pregnancy. We will suggest that latent demand for limiting family size is an omnipresent condition across all societies and across time, and it is often not recognized nor acted upon by women when the costs

of using family planning (defining "costs" broadly, in an economic sense) are perceived to be greater than the benefits of seeking them. This latent demand is activated when the obstacles to fertility regulation are reduced or disappear. This reduction in barriers has been closely associated with the timing of fertility decline. Policy implications are discussed in this paper, including conditions for overcoming stagnation in fertility decline.

Analysis of fertility decline has been complicated by the fact that the data available for scrutiny are of inconsistent quality. While all countries have large databases with relatively consistent measures of education, economic status, industrialization and urbanization, much less data is available on the degree of realistic availability of fertility regulation. While the World Fertility Survey (WFS) and Demographic and Health Surveys (DHS) provide data on contraceptive use, they are often limited to married women, and historical demographers lack even this information. Accurate information on abortion rates is even more scarce. Where the quality of data is so uneven, most demographers have focused their attention on the data sets that were the clearest and most extensive, and thus the easiest to compare with data sets on contraceptive use or fertility trends. Incomplete or inadequate data has often been viewed as representing factors less important in fertility change, whereas we find that some of the factors harder to quantify may be more influential than those more easily analyzed. This presents a problem for detailed quantitative analysis – but having undertaken these reviews, we do have a clearer sense of the factors leading to achievement of low fertility, and those inhibiting it. For future research, in the context of these data constraints we would welcome development of new analytical approaches contributing appropriate scientific clarity around the impact of barriers.

Family planning programs have not been the focus of our investigations, nor have clinics, nor clients, as these terms all imply that there is some organized service or subsidy. Instead we have examined barriers from the consumer perspective, considering whether the individual – and specifically the individual woman – can easily obtain fertility regulation methods when she wants them, from any possible source, not necessarily from

a particular location or service provider. Access is broadly defined, beyond geographic presence of methods. We define a barrier to fertility regulation as any constraining factor that hinders realistic availability of either a technology or the correct information that a woman needs if she wants to have control over whether and when to have a child. The barriers include such factors as misinformation, perceptions of harmful health consequences, unscientific medical rules, and a variety of cultural constraints. Ease of access, or freedom, is the inverse of these constraints, the absence of barriers. We are focusing on low income women in developing countries, as richer women everywhere have unconstrained access to fertility regulation methods, and the barriers facing men tend to be a subset of those affecting women.

Some of the situations we will discuss include the dramatic decline in Iran's total fertility rate TFR since 1988, which was not predicted under previous demographic theories; the startling TFR decline to 1.8 in impoverished Addis Ababa, Ethiopia; and the recent rise in Kenya's birth rate.

And finally, we acknowledge the very real and frequent associations between contraceptive use or fertility decline and important socioeconomic factors such as women's education and employment, economic development, and urbanization. Our interpretation of these associations is that women with these advantages are usually more able to overcome the wide range of barriers to family size limitation that constrain women who are less literate, poorer and more isolated. As John Cleland has shown, the better educated, richer and more socially connected women do not have a monopoly on family planning. He has attributed the difference between high and low contraceptive use to culture. We take this a step further and disaggregate the notion of culture, focusing on the barriers contained within.