

## Opening Up the Demographic Dividend Window in Sub-Saharan Africa: How Did Low-Fertility Countries Do It?

By Eunice Mueni, Southern Voices Network Scholar

July 2016

**T**he demographic dividend is the economic benefit arising from a change in the age structure from a structure dominated by child dependents to one that has a greater proportion of working-age adults. The potential economic growth offered by the demographic dividend has garnered enormous interest in policy circles, and African leaders and policymakers, especially in ministries of finance and development planning, see it as a strategy to achieve their economic growth targets. Evidence has shown that African countries have the potential to reap the benefits of the demographic dividend if the right enabling policies are in place.<sup>1</sup> These policies should address the challenges that have held back sustained growth in Sub-Saharan Africa (SSA) including weak human capital, poor governance, political instability, and corruption. However, a key challenge that threatens the region's capacity to benefit from the demographic dividend is its high fertility rate.

Sub-Saharan Africa has the globe's highest fertility rate, and the pace of fertility transition has been sluggish. According to United Nations population projections, the total fertility rate for SSA was 5.1 births per woman by 2015, a decline of just 1.8 births since 1960.<sup>2</sup> By comparison, the average global fertility rate halved over the same period, declining from 5.1 to 2.5 births per woman. This high fertility rate continues to constrain development in SSA countries through the continued high child dependency burdens, which hamper investments in education, health, and the economy. The resulting high population growth caused by high fertility also has implications on peace and security in the continent, due to high unemployment and poverty levels. The main factor that has led to the observed high fertility rate in the region is a high desired family size. Despite increasing contraceptive uptake, declining child mortality rates, and improving education access, fertility rates in SSA remain persistently high. To further encourage fertility reduction, desired family size has to decline markedly. With the related cultural, religious, and ethnic drivers of high fertility, an integrated approach will be required to reduce fertility preferences. Governments, international donors, and policymakers all have a key role to play.

### Policy Options and Recommendations

#### 1. For African Governments and Policymakers

- a. Improve political will:** Political leaders should take the lead by addressing the pros and cons of high fertility rates, while stressing the micro- and macro socio-economic benefits of reduced family size, as has been done in Rwanda. Key actions could include changing social attitudes with national campaigns, increasing support to family planning and educational programs, and pushing for the implementation of regional protocols that support inclusive development and women and girls' empowerment.

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This publication was made possible by a grant from the Carnegie Corporation of New York. The statements made and views expressed in this paper are solely the responsibility of the author and do not represent the views of the Wilson Center or the Carnegie Corporation of New York.

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**b. Promote women's education, land ownership, and work:** Empower girls and women by promoting women's education, labor force participation, and land ownership. Deliberate and systemic efforts should be made to economically empower women particularly in contexts that devalue women. This requires a multidimensional and integrated approach including interventions that target women, their communities, and society at large. Mere quotas for public positions or economic empowerment trainings are not sufficient. Additionally, the legal minimum marriage age should be set at 18 years in countries where it is below that. These laws must be enforced in all countries, with severe punishments for those who marry under-age girls.

**c. Increase budget allocations to health:** Increase budgetary allocations to the health sector to 15 percent of national budget, as recommended in the Abuja Declaration. Increased investments will translate to strengthening public health interventions like better management of malaria, prevention of mother-to-child transmission (PMTCT) of HIV, immunization against childhood illnesses, and food supplementation programs, resulting in lower child mortality. Improved child survival encourages lower fertility rates as couples realize that fewer births are needed to reach their targets for surviving children.

**d. Address barriers to contraceptives:** Increase efforts to address all barriers to the access and use of contraceptives in order to meet the demand created by increasing preferences for small families. This can be achieved through voluntary family planning programs supported by strong national-level leadership and full integration into all health facilities. Community-based outreach services should be promoted to ensure universal access to family planning services.

## **2. For International Policymakers and Donors**

**a. Support Initiatives on slowing population growth:** Mobilize governments, the private sector, and the community to support initiatives on slowing population growth. Encouraging buy-in at the national level and including governments and civil-society in the development stage of all projects will ensure sustainability and the scale-up of successful projects after donor exit.

**b. Spotlight progress on women's empowerment:** Take advantage of the avenues created by intergovernmental organizations to advance progress on women's empowerment and reproductive health issues. For example, the African Union identified 2010 to 2020 as the decade of the African women, which all stakeholders should leverage as an opportunity to spotlight progress made on women's empowerment.

**c. Support outreach efforts to empower women:** Expand efforts to promote and support African endeavors toward the empowerment of women and girls. Although much is being done to empower women, most initiatives focus on economic and entrepreneurship training for women. Education and outreach toward men to support women's empowerment cannot be neglected. A holistic approach should instead be adopted, aimed at understanding the societal view of the role of women and engaging the whole community to suggest and implement viable solutions.

**d. Support accountability:** Support local actors who are trying to build the accountability of policymakers in African states and ensure they follow through on commitments related to women's empowerment and increased investment in the education or health sectors. For example, the New Partnership for Africa's Development (NEPAD) enables a country review by other African countries through the African Peer Review Mechanism on democracy and political governance, economic

governance, corporate governance, and socio-economic development. Structures like these should be supported through capacity-building and facilitation to deliver on their mandate.

**e. Fund programs with rigorous monitoring and evaluation:** Fund and conduct rigorous monitoring and evaluation of programs, and actively incorporate lessons learned into programming. The sharing of lessons learned should be encouraged to avoid redundancy and support efficient resource utilization.

For a more in-depth analysis of demographic dividends and fertility rates in Africa, see the accompanying Africa Program Research Paper No. 11 by Eunice Mueni.

*Eunice Mueni served as a Southern Voices Network Scholar at the Wilson Center from April to June 2016. She is a Knowledge Translation Officer at the African Institute for Development Policy (AFIDEP) in Nairobi, Kenya, which is a member of the Southern Voices Network.*

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1. David Bloom, Salal Humair, Larry Rosenberg, J.P. Sevilla, and James Trussell, *A demographic dividend for Sub-Saharan Africa: Source, magnitude, and realization*, PGDA Working Paper No. 110 (Cambridge, MA: Program on the Global Demography of Aging at Harvard University and Harvard Center for Population and Development Studies, 2013). <https://www.hsph.harvard.edu/pgda/working/>
  2. United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: the 2015 Revision* (New York: United Nations, 2015). <https://esa.un.org/unpd/wpp/> (custom data acquired from website)

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One Woodrow Wilson Plaza  
1300 Pennsylvania Avenue, N.W.  
Washington, DC 20004-3027

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