

*Healthy cities now and in the
Future: The critical role of
urban reproductive health*

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the

*International
Conference
on Family
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The Critical Role of Urban Reproductive Health



These two initiatives are natural partners

Ultimate goals: meet the FP/RH needs of those not being reached by existing programs in urban sub-Saharan Africa and South Asia, to improve the welfare of women, families and cities into the future.

- IUSSP: ↑ attention paid to family planning in urban policy (SDG-11). Build a cadre of ±18 early-career researchers committed to the topic and equipped to link with policy-makers in SSA and South Asia. Targeted events to inform policy makers at the local, regional and international levels.
- TCI: Work closely with cities already committed to improving FP services. Assist them to scale up proven reproductive health approaches to meet local needs, strengthen capacity by improving service programming and coordination, etc.



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Why focus on urban sub-Saharan Africa and South Asia?

- Sub-Saharan Africa and South Asia are the regions that account for > 80% of those living in absolute poverty in the world, and where essentially all of future population growth will occur.
- Population growth will also be concentrated in urban areas, where a rapid expansion of FP/RSH services must take place to meet growing needs.
- The specific contexts of urban life must be taken into consideration when designing effective FP/RSH programs.
- By enabling women & families to improve their lives and by slowing urban growth, efforts to improve FP services should be a core part of urban development policy.



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Less well known: urban fertility levels in SSA have been stagnant for the past 15-20 years

(B. Schoumaker & Ph. Bocquier, 5/2018 WB)

Historically, SSA fertility first fell in capital cities and then in other urban areas, and fertility levels remain lower in cities than in rural areas. Yet DHS data show that fertility stalls are now widespread in large African cities.

“In more than half of the capital cities (20 out of 33) and in around one third of other urban areas (9 out of 33), fertility has been stalling in recent years. ... In contrast, recent stalls in rural areas are only found in two countries, Zimbabwe and Namibia.”



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“While fertility decreased by about 40% in capitals between 1980 and the early 2000s, fertility decline has considerably slowed down in African capitals over the last fifteen years. Since the early 2000, it has decreased by only 0.15 children, almost 10 times more slowly than in the previous two decades.”

Tentative explanations:

- continued high ideal family size (≥ 4 in urban areas),
- only slow increases in modern contraceptive use,
- and decreases in postpartum infecundity.



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Elsewhere, once started, fertility declines have tended to continue until reaching replacement (± 2 children/woman). In African cities, stalls are occurring at fertility averaging around 3.4 children per woman – a much higher level.

Why this is occurring?

- Inadequate access to good quality FP/RH services?
- Sharp differences between subgroups in urban populations (educational levels, R-U migrants...)?
- Persistently high overall fertility preferences (why?)
- Weak political support by national leaders, that might otherwise contribute to lower fertility preferences, improving women's agency to opt to plan their families, and ensuring a more effective provision of family planning services?



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Fertility stalls are a serious cause for concern

- May indicate barriers hindering women's and couple's abilities to plan their families, invest in their children and attain their aspirations (human rights).
- If fertility levels are persistently different across urban subgroups, they will limit the scope of a demographic dividend and may even lead to growing socioeconomic disparities over time.

(The generally broad and steep decline in fertility in East and Southeast Asia led to very rapid economic growth, with benefits typically felt widely across the societies.)



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- Fertility stalls will lead to still more rapid population growth.

(SSA is already projected to grow by 3 billion by 2100, equivalent to 40% more than the combined current populations of North & South America and of Europe.)

- Likely reduce the resilience of African societies to adapt to looming climate change.
- As all Africans aspire to live normal lives in decent conditions, greater population growth and resulting increases in consumption, which might result in still more dramatic and adverse environmental change.



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Bottom line:

Improving FP/RH services in urban sub-Saharan Africa and South Asia is of enormous importance and urgency to the future of those parts of the world..

I wish you a very productive meeting here in Rwanda.

Picture of children living in an outlying neighborhood of Ouagadougou

