**Rethinking African fertility: The state in, and of, the future sub-Saharan African fertility decline**

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**Abstract**

Despite large differences in total fertility, there are strong similarities in the patterns of family building across sub-Saharan Africa. In this paper we argue that these patterns of family building and the persistence of high to medium-high fertility regimes across the region can be understood better if the institutional context in which African women’s childbearing occurs is not neglected. Historical institutions affecting attitudes towards childbearing, combined with contemporary social, political and economic uncertainty and institutional capriciousness, have inhibited the African fertility transition. Until these institutional dynamics, and their path-dependence are engaged with, Africa’s fertility decline will remain slow.

**Introduction**

Over the last few years, our research on fertility in Africa has introduced the notion of postponement of childbearing (Timæus and Moultrie 2008) as a valid, viable and important childbearing strategy adopted by women – one that sees women’s family building and contraceptive use intentions as something more nuanced than simply stopping (i.e. parity-specific limitation) or spacing (where the timing of childbearing is contingent on the age of the youngest child). We argued that postponement, whereby women indicate equanimity about further childbearing provided that it does not occur in the foreseeable future, played an important part in the lengthening of birth intervals in South Africa, and contributed to that country’s slow pace of fertility decline from the 1960s. We also noted that the pattern of birth intervals observed in South Africa had lengthened from around 30 months in the late 1960s to around 60 months in the late 1990s largely independent of either age or parity, a finding consistent with the hypothesis of Caldwell, Orubuloye and Caldwell (1992) that fertility in Africa would decline more or less simultaneously at all ages and parities.

Subsequent work (Moultrie, Sayi and Timæus 2012) has found, across 24 countries investigated in sub-Saharan Africa, the pattern of changes in birth intervals was remarkably similar (albeit reflecting widely divergent levels of fertility – from over 7 children per woman in Niger, to close to replacement level in South Africa). Again, this pattern of change in birth intervals is suggestive that postponement of childbearing in the region may be an important family building strategy.
Still other research (Timæus and Moultrie forthcoming) has demonstrated that postponement is not only conceptually, but also mathematically and diagnostically, distinct from stopping and spacing behaviours.

Our work also resonates with the work of anthropological demographers working in Africa. Johnson-Hanks (2004, 2007), for example, proposes a third – ‘frankly different’ – approach to family building that is fundamentally similar to the strategy of postponement that we have identified. Johnson-Hanks (2007:1036) describes the circumstances surrounding the adoption of this third-way strategy as one fundamentally mediated by uncertainty:

Parents cannot reliably trade child quality for child quantity, or predict that the foreign models of reproduction that now appear promising will not fall apart tomorrow. Prices for schooling, healthcare, or housing are extremely unstable, as are wages; even government employees are not paid reliably in some countries. Most employment opportunities are filled through social networks or kin relations, rather than according to formal skills or job experience; few people have access to formal credit. Buses do not run on schedule. Electricity and running water go out regularly, even in capital cities. In the rainy season, roads get washed out. Insect-borne diseases like malaria seem to strike more or less at random; the water-borne and sexually transmitted ones, from cholera to HIV/AIDS, only marginally less so. Mortality rates at all ages are high, and death often unpredictable.

The premise of this paper is that postponement of childbearing (which of necessity cannot lead to a rapid decline in fertility), coupled with high levels of desired fertility, might be a rational response to the uncertain personal and institutional context in which the majority of African women find themselves. We will argue that the excessive focus on individual-level attributes (women’s education, autonomy etc.) has mistakenly diverted attention from some of the more institutionally-mediated determinants of fertility, which – once these are taken into account – might offer a better understanding of the slow pace of fertility decline observed across sub-Saharan Africa.

We describe below what we mean by institutions and how we see them affecting fertility outcomes.

**Institutions in the African fertility decline**

In his theory of structuration, Giddens (1984, 1990) argued that the role of individuals and individual action (“agency”) has been neglected and marginalised in the analysis of institutions and social change. For Giddens, institutions are not just “rules”, but the “more enduring features of social life” (Giddens, 1984:24). While McNicoll, a demographer, adopts a more rule-based definition of institutions, he also acknowledges the importance of agency:

in the familiar opposition between structure and agency, institutions by definition have to do with structure. But they are not hard-cast channels that, once set in place, demand compliant behaviour. They are constantly being made and remade by those coming into contact with them,
emerging renewed or marginally changed, or falling into disregard and disuse. The role of agency is distinct, although limited. (McNicoll, 1994:201)

Three insights emerge from this brief discussion of institutions. The first, and most significant relates to Bourdieu’s (1977) contention that institutions are simultaneously enabling and constraining. The second is that our interest should be directed to both horizontal and vertical institutional forms. Last, since institutions are not static, institutional analysis needs to pay more than cursory attention to history and historiography.

A further property pertaining to institutions is that they tend to reinforce path-dependency: by this it is meant that, given an initial starting point, what McNicoll (1994) terms an “institutional endowment”, societies will tend to follow particular paths of development and social organisation. Or, as Putnam argues, “path-dependence can produce durable differences in performance between two societies, even when the formal institutions, resources, relative prices, and individual preferences in the two are similar” (Putnam 1993: 179). Path-dependence arises from the fact that the forces of history exert long-term consequences:

institutions evolve through history, but they do not reliably reach unique and efficient equilibria. History is not always efficient, in the sense of weeding out social practices that impede progress and encourage collective irrationality. On the contrary, individuals responding rationally to the social context bequeathed to them by history reinforce social pathologies. (Putnam, 1993:179)

The theories of fertility decline that have been developed – Mason (1997) identifies six – have been subjected to strong and vigorous critiques from social scientists in other disciplines for their failure to accommodate local specificities (Greenhalgh (1990, 1995a, b) and Carter (1995) being the most outspoken). Potter, writing in 1983, has argued much the same point: “in studies of the determinants of fertility, much more attention has traditionally been given to the characteristics of individuals, households and families than to the characteristics of the environments in which they are found” (Potter 1983: 627). This weakness has led Geoffrey McNicoll, probably the foremost demographic theorist on the role of institutions in the fertility decline, to observe that in the fields of demography and population studies, “the institutional structure that underpins – indeed, that virtually constitutes – human society is simply neglected ...[a large] part of standard demography [has] no interest in institutions” (McNicoll 1994: 200).

The starting premise for this approach is that fertility is not determined solely by the micro-rational economic choices of individuals. Instead, fertility behaviour is also a social phenomenon in which the reproductive choices made by individuals are constrained and affected by the political, economic and social institutions that exist in a given society at a given time: as McNicoll puts it, “fertility transition, whatever else it may be, is an institutional phenomenon” (McNicoll 1994: 206). Potter (1983) suggests that institutions affect fertility precisely through changing the perceived costs and benefits of childbearing; changing internalised values relating to marriage, the family and fertility; and through the
social and administrative pressures that can be brought to bear on reproductive behaviour. In other words, institutions mediate individual decisions on childbearing in an important and fundamental way. A simple example of this is that of China under the “one-child policy”: even if women (or couples) desire more than a single child, political, economic and social sanctions are placed on further childbearing. In this example, it is easy to see how institutions (and the state, in particular) regulate individual behaviour.

Institutions are both dynamic and context-specific. Hence, the set of institutions assumed to impact on fertility outcomes must be determined by reference to both the temporal period of investigation and local particularities. This necessity notwithstanding, McNicoll suggests a list of institutions that, in most situations, have a bearing on fertility by virtue of the fact that they give “rise to local patterns of social organisation – particularly the family and local community; family and property law and the local dimension of public administration; the stratification system and mobility paths it accommodates; and the labour market” (McNicoll 1994: 206). By this definition, state ideology, the economic structure of society, and the relative weight and interpretation lent by society to concepts of social and administrative justice, fairness and equality (amongst others) are also important insofar as they affect those “local patterns of social organisation”. Other institutions that fit this description include the social construction of gender relations, the legal system itself and the fiscal stance of the state.

The role of the state in the course of the fertility decline is of particular importance in the analysis of fertility change from an institutional perspective. Whether or not the state can direct a process of fertility change, one thing is certain: the state, by the mere fact of its very existence, cannot not influence fertility (McNicoll 1998). The acknowledgement that the nature of state-individual relations may bear strongly on individuals’ reproductive intentions (and hence on the efficacy of population programmes) brings the role of the state into sharper focus.

McNicoll (1996) elaborates further on the role played by the state in governing the process of fertility decline and identifies two routes whereby the state, irrespective of its initial institutional endowment, can attempt to gain purchase on the pace of fertility transition, although its success in the pursuit of either or both of these is still contingent on the initial institutional endowments and characteristics. The first route McNicoll terms regularity: the state’s ability to create and maintain order and, in particular, orderliness (predictability, or non-arbitrariness) of state-individual and individual-individual relations. The second is duress, “the use of political or administrative pressure or, at the extreme, physical force to attain fertility objectives” (McNicoll 1996: 17).

Further developing and applying the concept of path-dependency outlined earlier, McNicoll (1994) suggests that the combination of institutional endowments found in a particular setting determines the pattern of fertility decline observed. Some combinations promote rapid fertility decline while others retard the process. Five archetypes of institutional
endowment are identified, broadly associated with different geographic regions, ranging from “traditional capitalist” through to the “soft state”, “radical devolution”, “growth with equity” and “lineage dominance”. In this typology, he argues, the “radical devolution” (e.g. China) and “growth with equity” (East Asia) archetypes have been associated with the most rapid fertility transitions, while societies with institutional arrangements characterised by “lineage dominance” (e.g. sub-Saharan Africa) have shown the slowest pace of fertility decline.

Casterline (1999: 36) makes a similar point about the effect of path-dependency on the pace of the fertility decline: “path-dependency can result in changes that proceed either more quickly or more slowly than would be expected”, while in a review of theories and narratives of the fertility decline over the last fifty years, van de Kaa (1996) concluded that

> Overall sufficient material has been accumulated to conclude that path-dependency and institutional aspects are mainly responsible for the regional flavour which can be detected in the demographic transition process. And further, the initial transition narrative is too deterministic in nature, too general, and so far removed from concrete societal settings that it leaves insufficient room to account for differences in institutional endowments and the fortuitous elements present even in path-dependent processes. (van de Kaa 1996: 428)

**What this paper proposes**

Our paper calls for a rethink of the causes, drivers and process of fertility decline in Africa, and a return to the more institutionally-nuanced framework propounded by McNicoll. Our paper will argue that the individualistic turn in fertility analysis has tended to ignore the real institutional constraints that women in Africa face. The concept of “unmet need,” for example, seeks to identify which women (or groups of women) are not using contraception, without interrogating the underlying reasons.

In essence, our argument is that the slow decline in fertility in the region, and the supposed stalls in several countries, is institutionally mediated. Uncertainty about the future – property rights, education quality, employment prospects for one’s children, and the absence of social welfare systems in most parts of the continent – militate against rapid declines in fertility.

Postponing behaviour is widespread across the continent, and fertility remains stubbornly high, because it makes sense in the uncertain institutional context in which women find themselves. In the absence of ‘duress’, according to McNicoll, the alternative path to guiding fertility decline lies in the creation of conditions of ‘regularity’. As Johnson-Hanks (2007) has noted, however, regularity – orderliness – is not a condition familiar to many women in sub-Saharan Africa:

> Much of African reproduction conforms neither to the definition of natural nor of controlled fertility, but represents some third, not intermediate, but frankly different, regime. ... life in Africa is extremely uncertain and the requirements for success are changing and ambiguous. ... To some
degree, this radical uncertainty is a straightforward consequence of life in a poor country with weak institutions and underdeveloped infrastructure. (Johnson-Hanks 2007: 1036)

Under conditions of such uncertainty as prevail in many, if not most, countries in sub-Saharan Africa, the deemed-rational preference for low fertility and small families would appear to be anything other than rational. Making long-term decisions predicated on the survival, education and gainful employment of only a few children offers little in the way of security in old age in this milieu. This uncertainty-mediated constraint is amplified by the real failings of contraception and family planning programmes both to ensure the delivery of adequate and reliable contraception to women (a failing that lies, predominantly, in the realm of governmental capacity and state institutions). In addition, social institutions that have governed and regulated fertility for generations may no longer be relevant or useful to women in contemporary African societies and the failure of contraception and family planning programmes to systematically or effectively challenge some of the long-held, social barriers to contraceptive use among women (e.g. concerns about long-run effects on fecundability) has almost certainly contributed to the slow pace of decline.

Thus, while many women in Africa now express a preference for family sizes markedly smaller than achieved by women 50 years ago, there is a real and profound risk of having families that are ‘too small’. It is these concerns that present the greatest obstacle to faster fertility decline in Africa.

References


