

Fertility Transition in Sub-Saharan Africa: Toward an Integrated Approach to Population Policy

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Abstract

An acceleration of the demographic transition in sub-Saharan Africa (SSA), including a rapid and significant decline of high fertility levels, is a necessary condition for SSA countries to open a demographic window of opportunity and potentially capture a first demographic dividend. However, SSA population policies aimed at decreasing fertility have been met with mixed results thus far. Therefore, the challenge for the region will be to design and implement national population policies that will be more efficient in achieving this development goal. This paper argues that an integrated approach to population policies will accelerate the demographic transition and reduce high fertility levels in SSA countries. Such an integrated approach, which should harness the synergies between a set of key policy levers, should include the expansion of contraceptive coverage (along with Universal Health Coverage), the improvement of female education, and the economic empowerment of women. This new policy agenda should be driven by renewed commitment from African leadership to enact fertility reduction policies and strengthen family planning and population institutions.

Introduction

The expected rapid population increase in sub-Saharan Africa (SSA) will pose severe challenges for future development prospects in the region. However, accelerating the ongoing fertility transition – and ensuing age structure changes – could present the region with a demographic window of opportunity to potentially capture a first demographic dividend. A similar process occurred in East Asia between the 1960s and 1990s and, today, a key public policy question is how policymakers can replicate this process in SSA.

Nevertheless, accelerating the fertility transition in SSA is fraught with difficulties, as a confluence of social, economic, and political issues have made population policies an unpopular and unaddressed topic in the region. At this juncture, it appears that approaches to population policies need to be made more efficient and culturally appropriate. Proposed policies should go beyond the traditional focus on family planning and reproductive health programs to address a host of other issues, including Universal Health Coverage, female education, women's empowerment, gender equity, and legal reform. This approach will also need to rekindle policymakers' commitment toward fertility reduction policies and strengthen institutions dealing with family planning and population issues.

The paper will first describe the three main drivers of population growth in SSA and examine the population projections currently available for the region. Thereafter, the paper will assess the efforts aimed at triggering a fertility decline previously carried out by sub-Saharan governments and their development partners. This will be followed by a detailed examination and reassessment of the various policy levers available to decrease fertility. Last but not least, the paper will argue that a new, integrated approach to population policy – focusing on synergies between the various policy levers – will be needed to accelerate the fertility decline in the region.

Drivers of Population Growth in SSA

The population of sub-Saharan experienced a dramatic increase during the 20th century and is expected to increase even more rapidly during the 21st century. Although the SSA region is divided into 48 sovereign nations, which are all very different and at various stages of their demographic transition, the future population growth of SSA countries will be driven by three factors they share in common. These are: rapidly declining mortality levels; the slow erosion of high fertility levels and fertility stalls; and the impact of the youthful age structure—a phenomenon known as population momentum.

Mortality Reduction and the Survival Revolution. Mortality reduction is generally the first step of the demographic transition—the gradual shift from high to low levels of mortality and fertility. Typically, societies embark on their fertility transition once they experience a significant decline in their mortality levels, translating into a survival revolution. The availability and accessibility of acceptable and quality modern medicine has increased in SSA in the past decades. Moreover, the greater availability of antiretrovirals since the peak of the HIV/AIDS epidemic in the 1990s have helped to decrease mortality from HIV/AIDS on the continent. Consequently, overall mortality rates have decreased, which has contributed to population growth as more people survive previously terminal illnesses. While this has initially fueled

population growth, the hope is that stronger survival prospects will eventually entice families to have fewer children.

Slow Decline of High Fertility Levels. Another key component of rapid population growth in SSA is the total fertility rate (the average number of children per woman), which remains high today at 4.9 children per woman on average (Population Reference Bureau, 2018). For population growth to slow, there would need to be a marked change in traditional values and attitudes towards fertility, eventually triggering a decrease in fertility levels; however, high fertility levels have been declining very slowly in SSA. Moreover, several SSA countries have experienced fertility stalls—where fertility levels remain constant for a number of years (Bongaarts, 2006; Howse, 2015). The traditional need to have more children because of high infant and child mortality rates and agrarian benefits of large families have remained part of the dogma in this region. However, with better access to medicine, reduced child mortality rates, and shrinking farm sizes, the traditional reasons for sustaining large family sizes are diminishing in importance.

Impact of the Youthful Age Structure. Another important driver of population growth in SSA is population momentum—the continued increase of a population after replacement levels of fertility have been reached, because of the young age structure (Bongaarts, 2008). Given the youth bulge in sub-Saharan Africa today (when the population aged 15 to 29 represents more than 40 percent of the population above age 15), population momentum will remain a persistent driver of population growth in the region for decades to come. Providing such a large young population with adequate education, training, and, most crucially, jobs will be a perennial challenge.

Population Projections for SSA

According to the population projections of the United Nations Population Division, the population of SSA could quadruple before the end of this century, increasing from 1.05 billion people in mid-2018 (Population Reference Bureau, 2018) to four billion in 2100 (United Nations, 2017). This figure is derived from the Medium variant of the UN population projections, which assumes that current fertility levels will decrease to reach replacement fertility levels by 2100 (i.e., about 2.1 children per woman on average; see United Nations, 2017).

However, the UN Population Division has also produced two other projection scenarios. The High variant assumes that at the end of the century fertility in SSA would be about 2.5 children per woman, i.e., half a child *higher* than the Medium variant fertility assumption, resulting in a population of 5.6 billion by the end of the century. The UN Low variant assumes that fertility in 2100 would be about 1.5 children per woman, i.e., half a child *lower* than the Medium variant fertility assumption and estimates the population will reach the mark of 2.8 billion people by the end of the century (United Nations, 2017).

While mortality levels have decreased, and infant and child survival conditions have improved in recent decades, total fertility rates have remained very high in the region. Although the fertility transition has begun in SSA, the rate of change has been much slower in the region than the “gold standard” rapid fertility declines that occurred in East Asia in the 1970s. In

addition, we know that fertility declines have stalled in several SSA countries (Bongaarts, 2006; Howse, 2015), signaling that the prospects of capturing a first demographic dividend are in jeopardy (Bongaarts, 2017; Guengant, 2017).

Some researchers have projected faster fertility declines for SSA than those assumed by the UN Population Division. In their view, such fast fertility declines would be triggered by major improvements in education, particularly in female education, and more rapid urbanization trends. Their less optimistic scenario – i.e., *stalled development* – yields a *smaller* population for the entire African region in 2100 than what the UN Population Division projects for sub-Saharan Africa alone. Their most optimistic scenario – i.e., *rapid development* – gives a total African population of less than two billion persons by 2100 (Lutz et al., 2014: 671).

While the scenario of a faster fertility decline in the region is not out of the question, current data and evidence do not suggest that the ongoing fertility decline will be faster than the UN Medium variant. In fact, it appears that the current demographic trajectory of SSA is closer to the High variant than the Medium variant of the UN population projections (United Nations, 2017). Therefore, it is still safe to assume that the region will experience a rapid population increase.

Past Fertility Reduction Efforts

High fertility levels have declined very slowly and only slightly in the sub-Saharan region over the past 50 years because of unfavourable socioeconomic and political trends. From the dominance of traditional family norms to slower economic growth prospects, the conditions that would enable a fertility decline have been unfavourable. A significant barrier to achieve fertility reduction has also been the attitudes of sub-Saharan leaders who see youthful populations as an advantage and are deterred by the threat of a rapidly aging population (as currently experienced in Europe and East Asia; see May 2017a).

Despite this context, sub-Saharan governments started to launch what were initially small-scale family planning programs in the 1960s. SSA governments also prepared population policies to reduce fertility levels that were perceived to be too high, as demonstrated by the series of *United Nations Inquiry among Governments on Population and Development* initiated in 1963 (United Nations, 2018).

However, most sub-Saharan governments remained initially wary to adopt proactive demographic actions to influence marriage and childbearing. Instead, they adopted two complementary and bureaucratic approaches. First, they created *ad hoc* institutions within the public sector to deal with population issues through the wider context of socioeconomic development. The role of these new bodies was to coordinate all population-related activities from a developmental perspective. Most of the time, however, these new bodies were staffed by civil servants, not policy reform champions, and were not very efficient (May, 2017a, 2017b).

A second approach was to adopt a politically correct developmental discourse to address population issues. As mentioned, most sub-Saharan governments embarked on the preparation of national population policy documents inspired by the Kilimanjaro Program of Action on

Population, which had been prepared at the Second African Population Conference sponsored by the UN and organized in Arusha, Tanzania in 1984. The national population policies were lengthy documents that attempted to address most development sectors (e.g., health, education, agriculture, industry, etc.), but generally lacked clear priorities. They sought to increase the economic surplus in order to cope with the rapid population growth, but did not directly address the issue of mitigating the population growth itself (May, 2012: 63).

Sub-Saharan approaches to fertility reduction through family planning and reproductive health programs have also been influenced by the international population policy climate, which has changed significantly in the past decades (May, 2012). The old-school of “population control” has now been discredited and abandoned, although some environmentalists still stress the need to protect the environment through the decline of fertility levels and the mitigation of rapid population growth. Since the International Conference on Population and Development (ICPD) in Cairo in September 1994, traditional top-down, target-driven, and macro-level approaches to population policies (Connelly, 2008) have been replaced by a new population policy paradigm. Known as the “Cairo Agenda”, this policy shift has moved away from direct and sometimes coercive measures, and put more emphasis on human rights, health, and the welfare of individuals (May, 2012).

Today, governments invoke various and occasionally competing rationales to promote the acceleration of the fertility decline in SSA. The most popular rationale for fertility reduction surrounds health, and argues that fewer pregnancies and smaller family sizes would be beneficial for maternal and child health. However, other policy actors have promoted the gender equity and women’s empowerment agenda (Engelman, 2008), highlighting the notion that smaller family sizes would improve women’s educational attainment and employment levels. Policy proposals have also focused on improvements of household socioeconomic conditions and stress that smaller families would bring additional benefits to family members by enabling households to send children to school and provide them with better care (e.g., health and nutrition). The ultimate goal of these different approaches to fertility reduction is to foster the formation of human capital (e.g., education, health and nutrition) and open up a demographic window of opportunity to capture a first demographic dividend (World Bank, 2015; Groth and May, 2017).

Based on an examination of the experience of East Asian countries between the 1960s and 1990s, the theory of the demographic dividend (DD) argues that an economic surplus can be triggered when major changes occur in the population age distribution (the age structure) as a result of the demographic transition. The decline of fertility rates reduces the number of young dependents (because there are less births) while increasing the number of working age adults. Provided these adults gain access to economic opportunities and remunerated employment, they can start to generate an economic surplus, which can then be used to improve the building of human capital and/or increase the productivity of the economy (Turbat, 2017; May and Turbat, 2017). However, a rapid and significant fertility decline is needed to change the age structure, as these conditions improve the demographic dependency ratios and enable countries to capture the benefits of a first DD. Afterwards, a second demographic dividend can be reached when the proceeds of the first DD have been saved and reinvested in assets (Lee and Mason, 2006).

At this juncture, neither the shift from top-down to bottom-up population policy approaches nor the various rationales proposed for interventions on fertility have significantly reduced high fertility levels in sub-Saharan Africa. Fertility levels have declined very slowly on the continent and the contraceptive prevalence rate for SSA remains very low at only 28 percent of women of reproductive age using a modern method of contraception (Population Reference Bureau, 2018). By contrast, to achieve the contraceptive revolution (Westoff and Ryder, 1977: 333), a country would need to reach replacement level fertility (about 2.1 children per woman) and have a modern contraceptive prevalence rate of at least 70 percent.

The key policy challenge in sub-Saharan Africa is to accelerate the fertility decline. Given the ongoing discussions about the various rationales to promote family planning and reproductive health programs, the new paradigm around population policies adopted at the 1994 ICPD in Cairo, and the need to accelerate the fertility transition in SSA in order to capture a first demographic dividend (Groth et al., 2019), it is necessary to re-examine and reassess the policy levers that could be used to decrease fertility in SSA.

Policy Levers to Decrease Fertility Rates

Policy levers can be defined as entry points or instruments to implement a policy (May, 2012: 280). Policymakers need to decide which policy levers they will prioritize and use in order to implement the policies they have designed. The ultimate goal of this process is to obtain the best possible results for the envisioned policy reform, while limiting negative externalities and harnessing the synergies between policy levers. This means that combining different policy levers may yield better results than selecting only one policy lever. For example, women who are educated are more likely to use contraception than women who have not had the opportunity to pursue an education.

The choice and combination of policy levers is key to the success of the policy reform process. The selection of policy levers depends on several criteria including, but not limited to, the values of policymakers, the sociocultural context of the country, the efficacy of the various policy levers, and the financial resources that are available to implement the policy reform. As mentioned, the context of population policy formulation and implementation has changed markedly since the 1994 ICPD, which encouraged a wholistic, rights-based approach to population policies, including policy levers like family planning and reproductive health, Universal Health Coverage (UHC), female education, women's empowerment, and legal reform.

Family Planning & Reproductive Health

Modern family planning programs have been implemented in sub-Saharan Africa (SSA) since the 1960s. These programs started on a small-scale and have grown in recent years, yet have still not achieved significant results. As mentioned, the modern methods contraceptive prevalence rate (CPR) for sub-Saharan Africa is less than 30 percent (Population Reference Bureau, 2018) and the total demand for family planning (current use plus unmet need) is 20 percent lower in SSA than in the other regions of the world (United Nations, 2015). The annual rate of increase of the CPR is also very low at less than 1 percent per annum (Tsui et al., 2017). Changes in development funding priorities in the 1990s also hampered the success of these

programs, which is likely why the fertility transition has been slow to start in the region (Bongaarts et al., 2012). However, recent conferences and initiatives led by large civil society organizations have made reaching this unmet need for family planning a priority.¹ Therefore, there is a window of opportunity to capitalize on this unmet need and new momentum by investing in access to family planning and reproductive health services.

A first key step towards decreasing the birth rate in SSA will be to increase the availability of family planning services. This will require the continuation of the Family Planning 2020 (FP2020) efforts, including adequate logistics, distribution supply chains, trained personnel, and sustained funding to ensure the continuous availability of contraceptive products. In addition, the contraceptive method mix will need to shift to long-term methods, which are less expensive and more efficient, in order to improve the overall contraceptive prevalence rate.

Another key step will be to work on creating the demand for a smaller family size. By demonstrating the innate need for smaller families as economic development progresses and SSA countries shift from agrarian societies to manufacturing and service economies, it will also further increase the demand for modern contraception. This will require the organization of information, education, and communication (IEC) as well as behavior change communication (BCC) campaigns. These IEC and BCC campaigns should be massive, repetitive, and sustained over time to eventually change knowledge, attitudes, and practices (World Bank, 2007). Another important element needed to rekindle family planning programs in SSA will be to reframe the discourse about family planning and reproductive health, in order to make messages more culturally acceptable, especially to rural populations.

Finally, governments and policymakers as well as their development partners will need to demonstrate an unwavering commitment to expand family planning and reproductive health and to provide contraceptive access to a much larger pool of men and women. This will require that policymakers speak publicly about the various benefits of, and rationales for, family planning and reproductive health.

Universal Health Coverage (UHC)

Investing in Universal Health Coverage (UHC) would not only increase opportunities for improved health and survival but also enhance access to contraceptive services. Investing in UHC helps to strengthen supply chains and the availability of health and family planning programs, which will help increase the contraceptive prevalence rate (Bloom et al., 2018). As family planning is usually integrated into the health sector, substantial investments in Universal

¹ The London Family Planning summits of 2012 and 2017 attempted to rekindle family planning programs in the 69 lowest-income and priority countries, of which two-thirds are in sub-Saharan Africa. The goal of the Family Planning 2020 (FP2020) initiative, which has been spearheaded by the Bill & Melinda Gates Foundation along with a consortium of national and international organizations and actors, was to provide between 2012 and 2020 access to contraception to 120 million couples who have expressed an unmet need for family planning (see <https://www.familyplanning2020.org/>, accessed on March 14, 2019). The latest available estimate indicates that 214 million couples express unmet need for family planning, according to the Alan Guttmacher Institute (2017). The FP2020 initiative has been able to foster use of modern contraception, albeit not to the ambitious extent envisaged initially (Stover and Sonneveldt, 2017).

Health Coverage also have most often significant impacts on the availability of family planning educational services and supplies.

In addition, Universal Health Coverage also results in better health outcomes, which have multiple effects on other policy levers. First, improved health outcomes and increased access to care is correlated with higher educational outcomes, which in turn helps to reduce fertility rates. This would also help families challenge traditional values for large family size and empower couples, particularly women, to decide when and how many children to have. Moreover, UHC promotes economic equality and political stability, which also contribute to economic growth and fertility reduction (Bloom et al., 2018). Thus, investing in UHC not only has an impact on health outcomes, but also on fertility rates and population growth more generally.

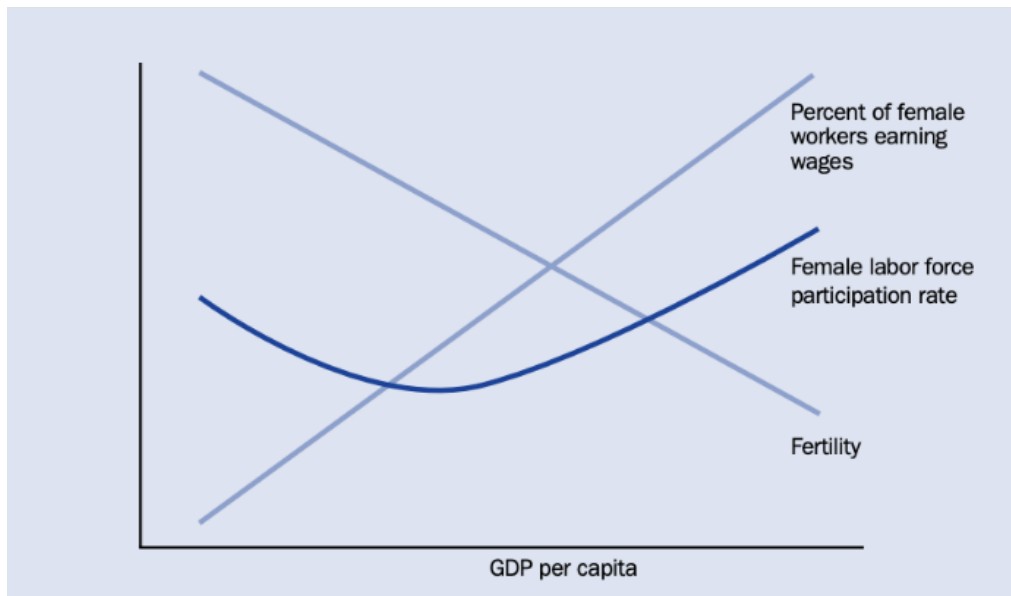
Female Education

Improved levels of female educational attainment have helped to decrease the birth rate around the world, as they delay the age of first marriage, delay childbearing, and increase girls' potential for earnings and higher standards of living. Overall, investing in girls' education provides higher earning potential for young women, gains in welfare of the state, and budgetary savings from health complications of young marriage and early childbearing through providing viable alternatives for employment outside the home. It is estimated that \$41 billion USD was lost in 2016 across sub-Saharan Africa due to child marriage (marriage before the age of 18), as it has prohibited women from participating in the workforce and benefiting from the positive externalities of enhanced female education. When safe and acceptable educational environments provide women and girls with the opportunity to thrive, they are able to stay in school for longer and obtain better employment opportunities outside the home. However, the benefits of investing in female education must be countered by investments in generating jobs for a more educated workforce, in order to eventually propel the economy forward, capture a first demographic dividend (Wodon et al., 2018), and ultimately be inclusive for all genders to achieve greater economic growth in the region (Evans and Yuan, 2019).

Nevertheless, several key issues jeopardize the potential sub-Saharan female educational achievements and require coordinated solutions to overcome these challenges. First, governments and their development partners must work to close the gender gap in education. Recent initiatives such as the UN Sustainable Development Goals (SDGs) and UN HeForShe have demonstrated the international organizations' commitment to improving female education outcomes and have been instrumental in getting policymakers around the world to commit to filling this gap. However, there is still much to be done in this realm to sustain and accelerate the positive trend.

Moreover, girls need to be encouraged to continue their education in secondary fields. Conflict, health crises, and droughts in the sub-Saharan region have placed burdens on SSA women, which has forced them to postpone their education. Since primary education is necessary, but not sufficient, to capture girls' economic potential (Wodon et al., 2018), incentives should be developed to ensure young women continue with their education and their families see the financial viability of greater educational attainment for their girls (see Figure 1).

Figure 1: Schematic relationship between women's work and fertility levels, according to level of GDP per capita



Source: Bongaarts et al., 2012: 10; the Figure is adapted from Mammen and Paxton, 2000.

Finally, the emphasis on quantity of education should not overlook the importance of *quality education*. Governments need to not only invest in the availability of education, but also ensure that number of teachers and availability of educational materials reflect the needs of the young population and provide them with a good quality education.

Women's Empowerment

Women's health, economic prospects, basic human rights, and educational outcomes improve with increased access to quality and voluntary family planning programs (Bongaarts et al., 2012). Access to family planning provides women with the ability to have greater autonomy over their bodies and lives, as it enables them to decide how many children to have and when to have them, if at all. Following the 1994 Cairo Conference, this is considered a basic human right (United Nations, 1995). Ultimately, providing access to safe and effective contraceptive methods enables women to make informed decisions about their future, such as helping them to delay first pregnancy, finish school, or enter the workforce and, later, decide when pregnancy might fit into a career in a safe and rights-based way (Engelman, 2008).

Improvements in key empowerment indicators are also associated with improved access to family planning and increased contraceptive use. For example, women with more financial autonomy, employment opportunities, and higher levels of education/literacy have significantly higher contraceptive prevalence rates, as these women are more likely to be seen as equals and be involved in household decision-making (Prata et al., 2017). Since gender equality and women's empowerment are cornerstones of the Sustainable Development Goals (SDGs), we are likely to see even greater impacts on the need for more family planning, as women want to practice birth spacing and are empowered to be in control of their reproductive health.

Legal Reform

Legal reform is also a critical component of fertility reduction policies as it impacts the rights and institutions that govern girls' lives. For instance, increasing the age at first marriage for young women can help to reduce the birthrate, as it shortens the number of viable reproductive years. This not only helps to encourage girls to go to school, but also helps prevent adverse health outcomes (e.g., fistulas) that are often associated with premature pregnancies. In many countries around the globe, inheritance laws for women are key drivers for early marriage. By reforming these laws to recognize women as landholders and equal citizens, there will be an observable delay age of first marriage and sexual debut, which ultimately contributes to decrease high fertility levels.

When girls marry at a later age, they have increased human capital potential and earnings, which help to mitigate population growth. Both factors – improved human capital and increased earnings – enhance the prospects for capturing a first demographic dividend (Wodon et al., 2018). As such, increasing access to education and raising the age at first marriage are crucial steps to boost the economic potential of girls and women, which, in turn, improves the odds of capturing a first demographic dividend.

An Integrated Approach to Population Policy

Today, sub-Saharan Africa (SSA) is at a crossroads in its population growth and development prospects. Leaders and policymakers must decide how to implement proactive policy interventions to accelerate the decline of fertility. In addition to the health, empowerment and economic benefits of fertility reduction both for individuals and households, a rapid and significant fertility decline would also enable SSA countries to open a demographic window of opportunity and capture a first demographic dividend.

Past efforts to bring fertility down in SSA have been met with mixed results and several headwinds may jeopardize future efforts to decrease high fertility levels in the region. However, one could argue that the prospects of capturing the benefits of a first DD in SSA have opened a new “policy window of opportunity” that focuses on the necessary conditions to facilitate a decline in birthrates (World Bank, 2015; Groth and May, 2017; Groth et al., 2019). The challenge will be to refocus policymakers' attention on the importance of changing age structures in relation with capturing a first DD. The good news is that sub-Saharan leaders appear to be reenergized about policy interventions to improve the human capital (e.g., education and health) of their populations. They are also keen to boost their national economic prospects in order to be considered emerging market economies. The dilemma, therefore, is to choose the right mix of policy levers that will enable an acceleration of the fertility transition in a more efficient way than past policies and programs.

An “integrated approach” to population policies has been already advocated for sub-Saharan Africa (May, 2017a: 326). In essence, this integrated approach argues that several key policy levers, as noted above, must be implemented concomitantly. Although the expansion of family planning in itself is an absolutely crucial component needed to accelerate the fertility transition, the goal here is to propose *additional* interventions that will boost the impact of family planning programs. The “integrated view” of population policy in SSA also requires efforts to

decrease mortality (especially infant and child mortality), strong interventions to change reproductive norms and create a demand for smaller family size, and broad-based multi-sectoral interventions combining female education and gender equity principles.

Here, we would like to argue that policymakers in SSA need to go one step further than the classic “integrated approach”, and should in fact harness the *synergies* between the key policy levers they are going to implement. Going back to our earlier review of the policy levers to decrease fertility rates, it appears that the three most important policy levers are: family planning and reproductive health (including UHC); female education; and women’s empowerment. Consequently, when policymakers are able to weave these three policy levers together, interventions to lower fertility may become more efficient and overall achieve better socioeconomic outcomes for their societies.

A new generation of projects has been designed with this goal in mind, including the *Sahel Women’s Empowerment and Demographic Dividend* (SWEDD) program of the World Bank, which is currently being implemented in Benin, Burkina Faso, Chad, Côte d’Ivoire, Mali, Mauritania, and Niger. The SWEDD combines three major elements: supply, demand, and institution strengthening to support family planning programs. However, SWEDD-type projects should also integrate female education and women’s empowerment interventions to mutually reinforce the economic prospects for the country and, more importantly, for young women and their families. This means that family planning programs need to be paired with improvements in schooling and job creation in order to reap their full economic effects.

New jobs for youth, and especially for young women, is probably the most urgent challenge in sub-Saharan Africa, as the International Monetary Fund (IMF) has projected that the region will need 18 million new jobs over 25 years (International Monetary Fund, 2015). A major engine of the sharp decline of fertility in Bangladesh, for instance, has been the massive employment of women in the textile and garment production—a sector where Bangladesh has become a major exporter (May, 2012: 266). However, jobs creation for youth in sub-Saharan Africa remains fraught with difficulties, including the dominance of the informal sector (Filmer and Fox, 2014).

To coordinate all of these activities, governments will need to focus on collaboration and multisector policy involvement. In order to do this, governments will need to create and/or strengthen their public sector institutions and invest funds into these institutions to ensure their viability and capacity to execute large-scale programming. A key component will be to examine the legal basis for many of the reforms and carry out appropriate data collection and analysis to be able to measure and assess the impact of such programs (May, 2017b).

Conclusions

The population of sub-Saharan Africa might quadruple during the 21st century and the projected population growth will pose many challenges for the future development prospects of the region. African leaders will need to accelerate the demographic and fertility transitions in their countries, which will bolster health, economic, and social benefits for both individuals and societies.

For a host of reasons, past interventions to reduce high fertility levels in SSA have yielded mixed results. At this juncture, policymakers and leaders need to reassess public policies to reduce high fertility levels and make them more efficient than previous efforts. To achieve this large-scale policy reform, policymakers should focus on harnessing the synergies between the major policy levers when designing policy. In addition, policymakers need to be unwavering in their support of proactive fertility reduction interventions (including legal reforms) and strengthen the family planning and population institutions to implement this new policy agenda. By making population policy a priority and capitalizing on the synergies between various policy levers, sub-Saharan leaders will be able to utilize this opportunity to foster unprecedented economic growth in the region.

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