Divorce as a Barrier to Fertility Decline in Sub-Saharan Africa

Monica Grant and Hans-Peter Kohler

Abstract

Despite decades of policies and international efforts aimed at reducing fertility in sub-Saharan Africa, the total fertility rate remains above five births per woman in most countries. Prior studies of fertility decline in the region have mostly focused on the role played by high child mortality, contraceptive use, educational attainment, and socioeconomic development, among other factors. We examine the hypothesis that high levels of divorce and remarriage are a previously unidentified barrier to fertility decline in the region. We hypothesize that new unions create a demand for new births to the couple, independent of prior fertility. In this paper, we will first use cross-national data from the Demographic and Health Survey to examine whether countries with a higher average number of unions per woman are also more likely to have higher fertility rates, controlling for other national characteristics. Then, we will use 14 years of observation from the Malawi Longitudinal Study of Families and Health to examine whether women who recently entered a new union are more likely to have a birth than women in ongoing partnerships.
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The demographic transition in developing countries during the second half to the 20th century is widely considered a “success story”. And yet, despite the undoubted successes of global mortality and fertility declines, and the resulting recent declines in the rate of global population growth, the demographic transition remains an unfinished success story. Today, high fertility countries are concentrated in Africa, where 39 out of the 55 countries on the continent have high fertility. In light of these trends, a new literature is emerging that emphasizes the “unfinished agenda” of family planning programs (Cleland et al. 2006) or the causes of stalled fertility transitions (Bongaarts 2006, 2008; Ezeh et al. 2009) in the region. These explanations, however, do not provide a compelling understanding for the divergences of fertility declines across sub-Saharan Africa. We posit that high levels of divorce and remarriage are a previously unidentified barrier to fertility decline in the region. We hypothesize that new unions create a demand for new births to the couple, independent of prior fertility. In this paper, we will first use cross-national data from the Demographic and Health Survey to examine whether countries with a higher average number of unions per woman are also more likely to have higher fertility rates, controlling for other national characteristics. Then, we will use 14 years of observation from the Malawi Longitudinal Study of Families and Health to examine whether women who recently entered a new union are more likely to have a birth than women in ongoing partnerships.

**Background**

Continued high fertility, such as in Niger or Nigeria, or stalls in fertility declines during the last decade, such as in Kenya, have been attributed to a reduced pace (or lack of) economic development, continued high levels of desired fertility, relatively low levels of contraceptive use (possibly as a result of reduced and/or inadequate resources devoted to family planning programs), and relatively high levels of mortality (in part, but not only, as a result of the HIV/AIDS epidemic) (Bongaarts 2006, 2008; Bongaarts and Casterline 2015; Ezeh et al. 2009). Many of these analyses call for a renewed emphasis on family planning programs.

Despite a possible renewed interest in the expansion of family planning programs (Cleland et al 2006), recent research suggests that couples and marriage dynamics might be
central to changing fertility levels. For example, Ashraf et al. (2010) find that women in Zambia who were given access to birth control individually, rather than in the presence of their husbands, were 23% more likely to visit a family planning nurse and 28% more likely to receive a concealable form of birth control, leading to a 57% reduction in unwanted births. In addition, providing cheaper and more convenient forms of birth control through a voucher program led to a reduction in unwanted births only when women were also given full autonomy over accessing these new methods. Specifically, using comparisons that approximate the impact of lowering barriers to accessing modern contraceptives while maintaining family planning policies that limit women’s autonomy over these methods, such as through de facto spousal consent requirements that are still in place in much of SSA, Ashraf et al. (2010) find higher contraceptive use, but not a decline in unwanted fertility, in response to the program. Hence, it seems that the intervention primarily changed contraceptive use among women who were already fairly successful in preventing unwanted fertility. The findings by Ashraf et al. (2010) hence suggest that excess fertility in settings such as Zambia is not necessarily driven by the high cost of birth control; instead, unwanted fertility might be reduced by technologies or policies that shift control of fertility control from men to women.

The dynamics within marriages not only affect the negotiation of contraceptive use, but also the demand for children. The literature on childbearing across multiple partnerships, developed with industrialized countries in mind, provides an intriguing perspective on this issue. A wide range of studies from across Europe, North America, and Australia have found that the probability of a new birth increases for couples within a new partnership independent of either partner’s prior fertility (e.g. Thomson et al 2014; Thomson etc.). Births within a new partnership have a unique value, demonstrating the couple’s commitment and creating a shared family. In sub-Saharan Africa, the importance of such births may be magnified given the role of childbearing in many traditional marriage processes, the contribution of children to the lineage, and persistent pronatalist attitudes. The common practice of child fostering further facilitates fertility within new unions, as children from prior unions can be sent to live with other relatives (Grant and Yeatman 2014). This issue is further complicated by the dearth of information about divorce and remarriage in sub-Saharan Africa, despite estimates that 30 to 50 percent of marriages are expected to end in divorce (Lesthaeghe 1989; Locoh and Thiriat 1995; Tilson and Larson 2000; Reniers 2003).
In this paper, we therefore develop new and novel hypotheses for stalled fertility declines, or fertility declines that have been slow in its onset and pace. Specifically, we argue that high levels of divorce and remarriage are a previously unidentified barrier to fertility decline in the region. We believe that countries with high fertility may also be characterized by high partnership turnover—operationalized here as the average number of unions per woman—although this pattern is likely to be stronger in some countries than in others due to other country-level characteristics. We also hypothesize that women in new unions will be more likely than other women to have a recent birth, independent of the number of previous births, and that this relationship may be stronger in communities with a higher prevalence of divorce or remarriage. We investigate the micro-level associations using longitudinal data from Malawi, a country where the majority of marriages are estimated to end in divorce and remarriage is expected (Reniers 2003; Kaler 2004; Grant and Soler-Hampejsek 2014).

**Data and Methods**

In this paper, we will use data from two sources to examine whether divorce and remarriage serve as barriers to fertility decline in sub-Saharan Africa. In the first part of the analysis, we use cross-national data from the Demographic and Health Survey to examine whether countries with a higher average number of unions per woman are also more likely to have higher fertility rates, controlling for other national characteristics. We will use the most recent survey from the 34 African countries in which a Demographic and Health Survey has been conducted since 2005. In order to increase our statistical power, we will conduct all analyses at the district level within countries. The analysis will use linear regressions with country fixed effects to examine the total fertility rate at the district level. Our key explanatory variable is the average number of unions per woman aged 30-45, standardized by age. We will also control for other district-level characteristics, such as percent urban, average years of schooling attained, contraceptive prevalence, and child mortality, as well as an indicator of region within sub-Saharan Africa.

In addition to this analysis at the district-level, we will also use 14 years of observations from the Malawi Longitudinal Study of Families and Health (MLSFH) to examine whether women who recently entered a new union are more likely to have a birth than women in ongoing partnerships. The MLSFH collected data in 1998, 2001, 2004, 2008, 2010, and 2012. The original survey followed 1,532 ever married women aged 15-49 and their spouses. Beginning in 2001, all new spouses of the original men and women were added to the sample. The sample was also
supplemented in 2004 with the addition of approximately 1,000 15-24 year olds. In total, the MLSFH provides longitudinal observations for more than 2,500 women.

In the second analysis, we will focus on births in the past two years. Depending on the survey round, recent births will be identified directly from questions about recent fertility or indirectly from the household rosters. Our key explanatory variable is unions that began within the past two years, identified from the marriage history module. We will also control for other individual and couple-level characteristics that may influence recent fertility, including maternal age, prior fertility, child mortality, educational attainment, household wealth, and health.

References