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United Nations Expert Group Meeting on Fertility, Changing Population Trends and Development: Challenges and Opportunities for the Future

ESA/P/WP/232

Department of Economic and Social Affairs

DESA

The Department of Economic and Social Affairs of the United Nations Secretariat is a vital interface between global policies in the economic, social and environmental spheres and national action. The Department works in three main interlinked areas: (i) it compiles, generates and analyses a wide range of economic, social and environmental data and information on which Member States of the United Nations draw to review common problems and take stock of policy options; (ii) it facilitates the negotiations of Member States in many intergovernmental bodies on joint courses of action to address ongoing or emerging global challenges; and (iii) it advises interested Governments on th

PREFACE

The Population Division of the Department of Economic and Social Affairs (DESA) of the United Nations Secretariat serves the Commission on Population and Development of the Economic and Social Council, which meets every year to consider a special theme based on the Programme of Action of the International Conference on Population and Development (ICPD). In light of the twentieth anniversary of the 1994 ICPD, the Commission's theme for 2014 is an "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development". To inform these deliberations, the Commission has requested the Secretary-General to prepare a report on World Demographic Trends, with special attention to changes in population dynamics since the ICPD.

To contribute further to preparations on this theme, the Population Division co(n)3.9 Tw[vend)TjAnhe two Exw[

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- Reductions in mortality since ICPD were most rapid for child mortality, while declines in the probability of dying between ages 15 and 60 were slower on average; some regions had experienced increases in adult mortality.

- Though a rising proportion of deaths now occurred at ages 60 and above, including in the less developed regions, adult mortality data in most developing countries were limited or of low quality, and survey methods developed to estimate mortality at younger adult ages did not offer evidence for the levels and patterns of mortality at older ages.

- Despite declines in mortality, the ICPD survival goals had not been met by many countries and regions. For example, the maternal mortality ratio has fallen by 47 per cent worldwide since 1990, but neither the world nor different regions are on track to meet the goal of a three-quarters decline between 1990 and 2015.

- Questions for the expert group meeting to address were: How would future health challenges be different from the recent past? How were risk factors evolving? And what were key gaps in knowledge?

An overview of fertility trends (level and timing) and parallel changes in marriage and union formation and family planning behaviours was provided by Ms. Vladimíra Kantorová (Population Division). In 1994, when the world met in Cairo for ICPD, the total fertility of the world was around three children per woman. Asia and Latin America and the Caribbean had experienced fast reductions in fertility over the past three decades. In contrast, total fertility in Africa had recently started to decline from a level just below six children per woman, the same level that Asia and Latin America and the Caribbean had in the early 1960s. Could African countries experience such fast fertility declines as Asia and Latin America and the Caribbean? Northern America, Europe and Australia and New Zealand were all at or below two children per woman. Was this the end of fertility decline in these regions? Key points from the overview of world fertility trends since Cairo were:

- Since 1994, fertility in Africa declined at a much slower pace compared to Asia and Latin America and the Caribbean (see figure I). In 2010-2015, total fertility in Africa was still above 4.5 children per woman.

- Fertility in parts of Europe (mainly Eastern and Southern Europe) and in East Asia declined to very low levels and in a short period of time (due in part to the impact of postponement of childbearing on period total fertility).

- Declines in total fertility in individual countries were not universal and countries with the same total fertility in early 1990s experienced different fertility trajectories.

- Adolescent childbearing and marriage was still common in Africa, and also in some countries in Asia (e.g., Afghanistan and Bangladesh). In Latin America and the Caribbean, adolescent childbearing remained high in many countries even though total fertility was close to replacement level.

- In 1994, more than 60 per cent of married or in-union women used any contraceptive method in all major areas, except Africa. Progress has been slow on ICPD-related benchmarks in reducing the unmet need for family planning across all regions.

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Source: United Nati

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quintiles required an understanding of the population composition of the quintiles, which was often lacking. In addition to socio-economic inequalities, participants identified generational change (e.g., mothers' experiences versus daughters' experiences) in union and family formation as a potential driver of future trends in fertility and the consequences for children and families.

The discussion also pointed to a growing need for "public demography"; that is, re-energized attention to public education on population issues given frequent misinterpretations and incorrect assumptions about fertility and mortality trends, as well as progress on development goals. Mr. John Wilmoth, Director of the Population Division, stressed that educating the world on population issues was one of the key responsibilities of the Division and welcomed experts' advice as to how to improve the Population Division's work in that regard.

B. Fertility trends in high- and intermediate-fertility countries

Mr. John Bongaarts (Population Council) examined the ways that the pattern of fertility decline in sub-Saharan Africa (SSA), a region still experiencing high fertility, has been exceptional compared to fertility declines in other regions (Asia, Latin America and Northern Africa). He presented evidence that total fertility in SSA was slightly higher prior to fertility decline compared to other regions, the onset of fertility decline began about two decades later and the pace of fertility decline has been substantially slower than in other regions. Three countries (Chad, Gambia and Mali) have not yet experienced a sustained fertility decline.

Conventional views have held that fertility levels are inversely related to socio-economic development. Using three common indicators of development—child mortality, women's education and gross domestic product (GDP) per capita—Mr. Bongaarts showed that even net of these development factors, fertility in SSA was half a birth higher than in other regions. While there was large variation across countries in the level of GDP at the onset of fertility transition, countries in SSA had a lower GDP threshold at the start of the fertility transition compared to countries in other regions. The slower pace of fertility transition in SSA was related to the relatively early onset of transition in the region given the level of development and the slower rate of development.

He noted that policy options to reduce the reported large number of unintended pregnancies in the region included further investments in family planning programmes and in the schooling of girls. Large increases in GDP were not required for the effective impact of these investments on fertility, as Mr. Bongaarts illustrated with the experiences of fertility decline in Sri Lanka and the state of Kerala in India. A key challenge to expanding family planning programmes has still been political commitment. Mr. Bongaarts concluded with recent examples from Ethiopia and Rwanda where increased political commitment led to health system improvements, including expanded access to family planning services, and media campaigns about the benefits of smaller families.

Mr. Parfait Eloundou-Enyegue (Cornell University) presented on the conditions under which high-fertility countries might reap the economic benefits of rapid fertility decline and the consequent expansion of working-age adults relative to other age groups. Such demographic dividends were plausible but not automatic, and there have been wide variations across regions and countries. He presented a conceptual framework that specified five steps in the process of generating a demographic dividend and enabled the identification of where and why a country may be stalled in the process. The framework steps were: 1) fertility decline, 2) age dependency, 3) economic dependency, 4) savings and investment and 5) economic growth.

Evidence from countries in sub-Saharan Africa over the last 20 years showed that the most problematic points in the demographic dividend process were at the step of fertility decline (i.e., not all countries experiencing fertility declines were doing so in a swift, broad-based and irreversible manner)

approach, often without a full understanding of population issues. He emphasized the need for Governments to analyse and compare their proposed policies with other countries before such policies were implemented.

Ms. Suzana Cavenaghi (National School of Statistics, Brazilian Bureau of Census) showed that between 1950 and 1965 the total fertility in Latin America and the more populous countries of the Caribbean was around 6 children per woman, had since declined dramatically and was projected to reach the replacement level (2.1 children per woman) in 2010-2015. She presented country-specific fertility trends to show the diversity within the region. In 2005-2010, fertility remained relatively high—between three and four children per woman—in Bolivia, Guatemala, Haiti and Honduras. This group of countries had relatively small populations and ranked lower on socio-economic indicators compared to other countries in the region. Most countries in the region now had total fertility between two and three children per woman (Colombia, Dominican Republic, Ecuador, El Salvador, Mexico, Nicaragua, Panama, Peru and Venezuela) or had already reached below-replacement level fertility by 2010-2015 (Brazil, Chile, Costa Rica and Cuba). Argentina and Uruguay had total fertility around two children per woman but had always had comparatively low fertility (e.g., around three children per woman in 1950-1955).

Ms. Cavenaghi pointed out that a unique feature among Latin American countries was the persistence of adolescent childbearing and young age patterns of fertility, even though total fertility had significantly declined. In some countries, such as the Dominican Republic and Ecuador, adolescent birth rates had even increased. She noted that education remained a critical factor to decrease motherhood at young ages in the region. Advances in the educational system and the increase over time in the proportion of women attaining higher levels of education explained most of the declines in fertility in the last 20 years, but the effects varied across countries. She argued that it was highly unlikely that there will be a reversal in adolescent fertility trends in the future.

Very different family structure patterns have characterized countries across the region. For example, data on parity distribution showed that approximately 10 per cent of women aged 45-49 were childless in Brazil, Colombia and Panama and few had three or more children while the opposite was the case in Mexico and Peru. Within countries, Ms. Cavenaghi showed stark differences in fertility patterns by education level and household income. It was not clear if these current differentials would persist and what the impact would be on future fertility patterns (perhaps more childless and one-child families?).

Contraceptive practice in the region occurred even in the absence of laws and regulations that could guarantee the right to universal access to reproductive health (e.g., restrictions on the types of contraceptive methods available or a heavy reliance on the private sector for contraceptive methods). Yet, even in the context of low fertility, there were still high levels of unwanted and mistimed pregnancies and births as well as high unsafe induced abortion rates. Addressing men's and women's reproductive health needs, especially for the poorest and the young, remained a priority in the region.

Ms. Cavenaghi concluded with several points on the new opportunities and challenges that fertility decline in the region presented. The major advances in women's education have now even reversed the gender gap in education in some countries and new policies were perhaps needed to address a male disadvantage in education. Changes in thline in 1TD.0009 Tc7 Tc.2247 To12tlitytroC.38presen9r(youuu

giving full access to sexual and reproductive health a

in part because of economic hardships that made paying for wedding-related expenses more difficult.

woman- and family-friendly. He noted that ageing populations have led to ageing electorates, which implied more attention and stronger support for policies for older adults versus youth. In low-fertility countries the composition of youth cohorts had also shifted to include more immigrants. For example, in Spain the 2011 census showed that one in five 25 year olds had been born abroad. This compositional change raised issues of equality of opportunity for migrant and non-migrant youth as well as reduced eligibility and presented higher barriers to enact the right to vote. He concluded by noting that rising education levels of young women—even surpassing those of young men in many countries—will produce new cohorts of young women whose career aspirations were not compatible with an early and traditional transition to adulthood. In turn, gender equality would play an even more important role in shaping policies in low-fertility countries.

Discussion began on the similar dimensions of the transition to adulthood in both low- and high-fertility settings, including the role of immigration and economic hardship and the potential fertility implications of very early or very late transitions. Participants raised questions about the impact of housing availability, social norms about living as an adult in the parental home and the spread of mobile phones for sexual and reproductive health information and education. Ms. Kabiru pointed out that the pattern of leaving home in sub-Saharan Africa tended to be earlier among highly educated and higher income youth, and that civil society organizations had set up help lines to take advantage of cell phone use among young people and the need for sexual and reproductive health information. Mr. Billari remarked that housing availability mattered for home-leaving patterns and was also relevant for how countries have shaped systems of higher education. Participants noted that once a housing policy started, it was difficult to change it, though an illustrative case was also raised of recently proposed cuts to housing subsidies for young people (unless they were working). The discussion concluded with comparative views on cohabitation and marriage. In low-fertility countries, there was a wide spectrum of social norms on cohabitation and marriage (e.g., to marry without first cohabiting would be considered strange in Sweden and to cohabit without marrying would be considered strange in Singapore). On some aspects of the transition to adulthood, very different countries have begun to look more similar (e.g., Japan and the Republic of South Korea are similar to countries in Southern Europe in terms of delayed marriage and home-leaving).

E. LINKS BETWEEN FERTILITY, REPRODUCTIVE RIGHTS, WOMEN'S EMPOWERMENT AND GENDER EQUALITY

Ms. Monica Das Gupta (University of Maryland) focused on the impact of women's greater control over childbearing and its timing on women's empowerment and gender equality, and vice versa, in high-fertility settings. She pointed out that while increasing access to contraception was not explicitly intended to empower women, access to contraception enabled women to have greater control over childbearing and empowered women often quickly. Studies from countries at different levels of development showed that when more women had access to control over reproduction, there was higher female labour force participation and greater lifetime earnings. Lower fertility also helped improve women's health through better maternal health services and reduced exposure to the risk of maternal mortality. The poorest women tended to reap the greatest benefits, and those benefits boosted their children's human capital accumulation (schooling) and earnings as well. Greater investments were made in planned children when their mothers had more control over birth timing, and lower fertility and birth planning also enhanced children's health, schooling and life chances.

Households with lower fertility also showed improvements in schooling, health and earnings. However, the strong preference for sons in several countries settings mitigated against lower fertility and investment in children. Research findings showed that parents were more likely to stop bearing children if they had a son (particularly in South Asia, Central Asia, the Middle East and North Africa), which meant that girls tended to have more siblings. Ms. Das Gupta also noted findings from other studies of resource

dilution that suggested that less was invested in girls because they had more siblings on average, regardless of whether parents favoured boys in the allocation of investments in children.

Common constraints to women's control over their childbearing were low decision-making power in the household, early childbearing and limitations on mobility outside the household. Exposure to early childbearing, either due to a tradition of child marriage or early initiation of sexual activity, not only constrained women's decision-making powers but also reduced school attainment and future earnings. Ms. Das Gupta pointed to a recent report issued by the United Nations Population Fund which showed that in developing countries, child marriage was three times higher for girls with no schooling than for those with some secondary schooling (63 versus 20 per cent) and over three times higher for those from the lowest wealth quintile than amongst the highest wealth quintile (54 versus 16 per cent). Other studies had found that orphaned girls married or initiated sexual activity earlier than other children, especially if they came from poorer households. In many developing societies, young women were not the primary decision-makers on key household matters, including childbearing. In some settings, women's mobility was restricted. When compounded by low literacy, the physical seclusion of women limited their access to information (except through mass media that reached their homes). In settings where contraceptive use was not yet commonplace, these constraints could constitute major barriers to its use.

Ms. Das Gupta indicated some of the ways that family planning programmes could respond to reduce these constraints and increase women's ntra69dontrol vle (childbearing.F or xam)8.3ipe,d mass mmon
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F. KEY CHALLENGES AND OPPORTUNITIES FOR FURTHER PROGRESS IN IMPROVING LIFE EXPECTANCY AND RESPONDING TO IMPLICATIONS OF FERTILITY TRENDS FOR THE GLOBAL DEVELOPMENT AGENDA

On Tuesday, 22 October 2013, participants in the two expert group meetings joined together once again to engage in discussion of key challenges and opportunities for further progress in improving life expectancy and responding to implications of fertility trends for the global development agenda. The intent of the joint sessions was to take advantage of synergies between the two substantive expert groups and ultimately to guide the substance and recommendations with respect to current and future fertility and mortality trends to be included in the 2014 report of the Secretary-General on World Demographic Trends.

Mr. Alberto Palloni (University of Wisconsin – Madison) summarized the most salient points discussed in the mortality meeting, organizing his comments around the key health and mortality concerns that applied to the various stages of life. On mortality in childhood, although some parts of Africa, Asia and Oceania lagged behind, enormous progress had been achieved in reducing mortality risks among children ages 1 to 4. These successes were attributed to expanded vaccination coverage and widespread use of effective treatments for some of the major infectious diseases of childhood. With reductions in child mortality, a growing proportion of child deaths were occurring in the neonatal period (the first month of life), a time during which mortality risks tended to be especially difficult to address. Women's nutrition, prenatal care and delivery care were identified as promising avenues for continued reductions in both child and maternal mortality, recognizing the strong links between women's health and neonatal mortality.

In order to leverage past successes to address remaining challenges on child mortality, new tools and research were needed. Decomposition tools could point to which causes of death need to be addressed to improve survival. New indicators could be developed to account for demographic shifts that influence the risk of child mortality. It might be useful, for example, to track child mortality risks by parity, since as fertility rates fell the proportion of high parity births declined and high parity births tended to be associated with greater mortality risks. Geographical differences in risk of child death, including the variable risks in peri-urban areas, also merited further examination.

On adolescent health, a priority need was for better indicators to track adolescent health and mortality risks over time. Demographers tended to focus on the age group 15-59 years when discussing mortality risks in early- and middle-adulthood, but this broad range was not particularly useful to those working to identify priorities to improve adolescent health and survival. Indicators disaggregated for the age groups 10-14 and 15-19 were needed to better understand the needs of adolescents. Indeed, the health concerns of adolescents increasingly were recognized as important to national and global health agendas given that many of the important risk behaviours that led to morbidity and mortality later in life—such as tobacco use, poor nutrition, physical inactivity and the harmful use of alcohol—tended to be established in adolescence and young adulthood. The incidence of injury and death associated with accidents and

they wanted by promoting gender equality in the home and work-family policies. In Europe, a new pattern of transitions to adulthood had taken root, one that was late, protracted and complex. Marriage and parenthood were postponed more so than entry into union. In addition, delayed transitions to adulthood had implications for individuals' economic achievement later in life.

In Latin America and the Caribbean, most countries were moving towards or had reached low fertility but the region was unique in that high levels of childbearing at young ages continued and this was connected, in part, to inequalities in schooling. There was also some evidence of a growing, voluntary retreat from childbearing. Asia was a region where some of the most rapid declines in fertility had occurred (the Islamic Republic of Iran was an example), and where recent efforts to increase fertility had not yet shown results. Countries in Asia were still generally characterized by low rates of cohabitation but diverse patterns in age at marriage. Meeting participants noted other conditions influencing the transition to adulthood: housing availability and prices; technology, such as the use of mobile phones to increase young people's access to sexual and reproductive health information; and culture, which dictated which paths through cohabitation, marriage and childbearing were socially acceptable.

Gender was an important dimension to consider in understanding the drivers of trends in fertility and the transition to adulthood. Youth-friendly societies also tended to be woman-friendly and family-friendly. Some evidence pointed to reversals in gender inequality in education (i.e., more girls achieving high levels of schooling than boys), such as in Europe and Latin America, that could potentially affect trends in union formation and childbearing. Furthermore, some research indicated that couples in more egalitarian households tended to have more children than couples in less egalitarian households.

Ms. Das Gupta closed with a summary of the population-level benefits of empowering women and enabling people to exercise their reproductive rights. When women had access to better control over reproduction they tended to obtain more schooling, have better job prospects and achieve higher lifetime earnings. Studies showed that the poorest women tended to reap the greatest benefits and that those benefits boosted their children's human capital accumulation and earnings as well. Satisfying the unmet need for family planning accelerated fertility decline, ending unsafe abortion improved maternal health, and ensuring skilled attendance at birth benefitted the h

Participants expressed concern that carrying over incentive programmes from other health policies into family planning risked

Participants noted that policies and targets related to non-communicable diseases (NCDs) needed to be sensitive to the particular epidemiological context. Countries that were challenged by double burdens of disease (high burdens of infectious and non-communicable diseases) or even triple burdens (infectious diseases, NCDs and injuries) needed policies that addressed their needs. Contrary to a common belief that infectious diseases and maternal causes needed to be addressed before addressing NCDs, participants emphasized a need for a more coherent framework that acknowledged the concurrent burdens caused by different types of health conditions at the individual, household and population levels. Participants suggested that decomposing changes in morbidity and mortality by region or by urban/rural geography could identify areas where the epidemiological changes were happening independent of the demographic transition, and thus pinpoint priority areas for intervention.

On the issue of fertility policy and targets, participants emphasized the need to keep a rights-based focus, ensuring that individuals and couples are able to decide freely and responsibly the number and spacing of their children, in line with the language of the ICPD Programme of Action. With that in mind, there was a need to promote voluntary family planning in all countries to address persistently high levels of unmet need. Furthermore, there was a need to ensure that the barriers to having children were not too high for individuals and couples that wished to have children. Participants agreed that the World Demographic Trends report should describe the symmetrical situation in high-fertility and low-fertility contexts and provide some guidance as to what types of interventions were appropriate.

G. Perspectives on how to improve accessibility and utilization of data and evidence for

In summary, the presentations and discussion indicated that improving the utilization of health and population data and evidence by policymakers was more of a supply issue, impeded in part by the

UN/POP/EGM-FERT/2013/INF.1

21-22 October 2013

English only

UNITED NATIONS EXPERT GROUP MEETING ON
"FERTILITY, CHANGING POPULATION TRENDS AND DEVELOPMENT: CHALLENGES

11:50 – 13:30

4. Different pathways to low fertility and effective policy approaches to address low fertility

- Perspective from Europe
  Expert: Tomáš Sobotka (Vienna Institute of Demography)

- Perspective from Asia
  Expert: Mohammad Jalal Abbasi-Shavazi (University of Tehran and Australian National University)

- Perspective from Latin America
  Expert: Suzana Cavenaghi (National School of Statistics, Brazilian Bureau of Census)

- Moderator: Ralph Hakkert (UNFPA)

13:30 – 14:45 Lunch

14:45 – 16:00

Tuesday, 22 October (joint with Expert Group Meeting on Priorities for Improving Survival: ICPD Beyond 2014)

9:00 – 11:00

1. SUMMARIES AND INTERACTIVE DISCUSSIONS:
KEY CHALLENGES AND OPPORTUNITIES FOR FURTHER PROGRESS IN IMPROVING LIFE EXPECTANCY AND RESPONDING TO IMPLICATIONS OF FERTILITY TRENDS FOR THE GLOBAL DEVELOPMENT AGENDA

Two experts will present their views of the key points arising from the first day of each expert group meeting. Participants will engage in an interactive discussion on the key findings from the meeting, including the prioritization of issues for the global development agenda moving forward and of effective policy responses for shaping future population trends. The discussion will also identify promising future research directions.

Experts: Alberto Palloni (University of Wisconsin, Madison) and Monica Das Gupta (University of Maryland)

Moderator: John Wilmoth (Population Division)

11:00 – 11:15 Break

11:15 – 13:00

2. INTERACTIVE DISCUSSION:
PERSPECTIVES ON HOW TO IMPROVE ACCESSIBILITY AND UTILIZATION OF DATA AND EVIDENCE BY POLICYMAKERS

- Is getting health and population data and evidence to be used by policymakers more of a supply or demand issue?
- What are the gaps between policymakers' needs and data availability?
- What innovative strategies are there to get data and evidence to be used by policymakers?

Experts:Kirsty Newman (DFID) and Hans Rosling (Gapminder Foundation)

Moderator: Francesca Perucci (Population Division)

13:00 – 13:30

CONCLUSIONS AND FUTURE DIRECTIONS: John Wilmoth, Director, Population Division