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Special Issue

on

# LOW FERTILITY IN DEVELOPING COUNTRIES: CAUSES AND IMPLICATIONS

Edited by

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### Introduction to Special Issue

This special volume addresses some of the challenges that developing countries face as a result low fertility. The volume is an outcome of the Economic and Research Council (ESRC) Seminar Series ‘Post-transitional fertility in developing countries: causes and implications’ held at the University of Portsmouth (20–21<sup>st</sup> July 2011), University of Oxford (16–17<sup>th</sup> July 2013) and the Centre for Development Studies, Trivandrum, India (23–24<sup>th</sup> July 2012). Funding for the volume came from the Portsmouth–Brawijaya Centre for Global Health, Population, and Policy, University of Portsmouth, United Kingdom.

Globally, the Total Fertility Rate (TFR) declined from about 5 children per woman in 1950–55 to around 2.5 children per woman in 2010–15: a reduction of about 2.5 children per woman since 1950 (United Nations, 2015). In 2010–15 Africa reported a TFR of 4.7 with significant variation between countries: for instance, Southern Africa had a TFR of 2.6 and Middle Africa a TFR of about 5.7. Europe had the lowest fertility globally in 2010–15 with a TFR of 1.6. Much of the future global fertility decline will depend on Africa, particularly Middle and Western Africa. Globally, fertility decline has occurred under diverse social, economic and development circumstances, and hence the consequences of fertility decline are likely to be as diverse as the causes. In the majority of countries, fertility declined alongside an increase in women’s education, economic and social development and declining infant and child mortality rates (United Nations, 2013).

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However, in some countries/communities it occurred without substantial improvements in economic or social development (Pallikadavath & Wilson, 2005).

Irrespective of the underlying motivation for fewer children, the enabling factor for fertility decline has been, inevitably, the availability of modern family planning methods, which began in the 1960s under various national and international programmes to curb population growth. Many developing countries began family planning programmes in the 1960s but these strengthened in the 1970s. The effort levels, coverage and fertility impact of these programmes were variable owing to the limited acceptance of family planning due to social and cultural resistance. The potential side-effects of contraceptive methods and incorrect implementation, including coercion, hampered family planning efforts in many low- and middle-income countries. As such, fertility decline varied substantially across countries, and even within regions or countries that encompassed similar social and economic characteristics. The consequences of fertility decline primarily depend on the pace of decline, quantum of decline and the timing. Globally, the time taken to decrease fertility varies significantly across countries. An inevitable demographic consequence of fertility decline is the increase in the dependency ratio within a rapidly growing and ageing population. Low-fertility families, however, put greater emphasis on quality of children, and significant investment in children's education has been observed to lead to a 'child-centred' family system, rather than families where the elderly have prominence.

This volume primarily examines various aspects of low fertility in developing countries. The paper by Zhao *et al.* (Zhao *et al.*, 2007; Far below replacement fertility in urban China) examines rapid fertility decline in China over the past six decades. The study shows that a primary reason for the homogeneous reproductive behaviour observed in China is government intervention in family planning. The paper by Sobotka (Sobotka, 2017; Post-transitional fertility: the role of childbearing postponement in fuelling the shift to low and unstable fertility levels) examines fertility trends and variation in countries that completed the transition from high to around-replacement fertility in the 1950s to 1980s in Europe, East Asia and North America. The key finding of the paper is that there is no obvious theoretical or empirical threshold around which period fertility tends to stabilize. The paper by Odimegwu and Adenini (Odimegwu & Adenini, 2017; The role of community structure in shaping African fertility pattern: evidence from Demographic and Health Surveys) examines community-level factors in shaping fertility in Africa. The study used Demographic and Health Surveys from Egypt, Cameroon, Kenya, Nigeria and Zimbabwe, and showed significant community effects on African fertility patterns. The paper by Spoorenberg (Spoorenberg, 2017; After fertility's Nadir? Ethnic differentials in parity-specific behaviours in Kyrgyzstan) examines recent fertility increase in Kyrgyzstan by ethnic groups. The study shows that all ethnic groups contributed to the country's fertility decline, but the proportional share varied. The paper by Santhya and Zavier (Santhya & Zavier, 2017; Sibling size and young women's transitions to adulthood in India) examines the association between surviving sibship size and young women's transition to adulthood. The study found that small sibship size has a positive influence, in many ways, on young women's chances of making the transition to adulthood.

The paper by Sujarwoto (Sujarwoto, 2017; Small family norm and family well-being in Indonesia, 2006–2014) examines the consequences of the universalization of the small-family norm for family well-being over the past decade. A small family was found to be positively associated with high family well-being. The paper by Perera

(Perera, 2017; Fertility transition in Sri Lanka: is it a temporary phenomenon?) examines the fertility transition and its recent dynamics in Sri Lanka using Demographic and Health Surveys. The paper shows that fertility transition in Sri Lanka has been relatively rapid and has taken place over four decades to reach below replacement level. The paper by Castanheira and Kohler (Castanheira & Kohler, 2017; Social determinants of low fertility in Brazil) assesses whether human development, gender equality and the ability of mothers with young children to work are associated with the likelihood of married women having a child. It found that human capital was negatively associated with fertility. The paper by Arunachalam *et al.* (Arunachalam *et al.* 2017; Political boundary versus social context: dynamics of socioeconomic differentials in fertility in Indian states) examines the significance of social position and social group membership in matters of childbearing net of the influence of the administrative or geographical unit in which people live. It shows that a fuller understanding of contemporary fertility behaviour in India requires some attention on the social and political forces that are no longer bound by the local context, but rather appear to have more universal influence across India.

The papers presented in this volume are only a few illustrations of the understanding of low fertility in developing countries. More research is required in low-fertility areas/pockets/communities in developing countries where fertility has been below replacement level for decades.

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