

# Childbearing Attitudes and Intentions



DEMOGRAPHIC AND HEALTH SURVEYS

The Demographic and Health Surveys (DHS) is a 13-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and maternal and child health. Funded primarily by the United States Agency for International Development (USAID), DHS is administered by Macro International Inc. in Calverton, Maryland.

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AKINRINOLA BANKOLE CHARLES F. WESTOFF

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Akinrinola Bankole is Research Staff, Office of Population Research, Princeton University; Charles F. Westoff is Professor of Demography and Sociology, Office of Population Research, Princeton University.

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### Preface

One of the most significant contributions of the DHS program is the creation of an internationally comparable body of data on the demographic and health characteristics of populations in developing countries. The DHS Comparative Studies series and the DHS Analytical Reports series examine these data across countries in a comparative framework, focusing on specific topics.

The objectives of DHS comparative research are: to describe similarities and differences between countries and regions, to highlight subgroups with specific needs, to provide information for policy formulation at the international level, and to examine individual country results in an international context. While *Comparative Studies* are primarily descriptive, *Analytical Reports* utilizes a more analytical approach.

The comparative analysis of DHS data is carried out primarily by staff at the DHS headquarters in Calverton, Maryland. The topics covered are selected by staff in conjunction with the DHS Scientific Advisory Committee and USAID.

The Comparative Studies are based on a variable number of data sets reflecting the number of countries for which data were available at the time the report was prepared. Each report provides detailed tables and graphs for countries in four regions: sub-Saharan Africa, the Near East and North Africa, Asia, and Latin America and the Caribbean. Survey-related issues such as questionnaire comparability, survey procedures, data quality, and methodological approaches are addressed in each report, as necessary. Where appropriate, data from previous DHS surveys are used to evaluate trends over time.

*Comparative Studies* published under the current phase of the DHS program (DHS-III) are, in some cases, updates and expansions of reports published earlier in the series. Other reports, however, will cover new topics that reflect the expanded substantive scope of the DHS program.

It is anticipated that the availability of comparable information for a large number of developing countries will have longterm usefulness for analysts and policymakers in the fields of international population and health.

> Martin Vaessen Project Director

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## **Executive Summary**

Based on national surveys in 28 developing countries, this study examines women's statements on their ideal family size, whether they desire more children, and if so, how long they would prefer to wait before the next birth. Levels of unwanted childbearing and the demographic implications of reproductive childbearing are also examined. The significance of this study for population policy and family planning programs is that it permits assessing the potential demographic impact of fertility regulation and indicates levels of unwanted fertility.

The research reported here indicates that a preference for smaller families is spreading widely in developing countries. While the average number of children desired among ever-married women across 15 sub-Saharan African countries is 5.8, it is considerably lower in other regions of the world, ranging from approximately 2.5 to 4.0 children. Preferences for smaller families are typically stronger in cities than in rural areas, among women with some education, and for women who have been exposed to the mass media in general. The desire for smaller families is outpacing the decline of actual fertility. One result is that the level of unwanted childbearing is rising.

An estimated 19 percent of women in the Asian, Latin American and North African countries represented reported their last birth as unwanted, while 7 percent were in that category in the sub-Saharan countries. If women outside of sub-Saharan Africa had only the number of children that they wanted, their fertility rate would be 2.8 rather than 3.9. Within sub-Saharan Africa, the fertility rate would drop from an average of 6.0 to 5.1, a significant effect but still a very high level. In Bangladesh, which has had a comprehensive family planning program, the number of children desired has fallen to a level close to two; in neighboring Pakistan, an economically and culturally similar country without such a program and government support, the number desired has remained above four. This suggests that such programs with their extensive use of the media can generate demand as well as simply provide services.

In general, there is a significant downward trend in the number of children desired over the past 10 to 15 years in all of the countries in which more than one survey has been conducted. In the great majority of countries, the proportion of women who say that they want no more children has increased by 10 to 15 percentage points.

The length of preferred birth intervals was investigated with three different approaches which yielded a wide range of estimates from 2.5 to 4 years. The preferred birth interval has increased in length significantly in the countries included in both the earlier and later phases of the DHS.

A majority of women outside of sub-Saharan Africa, except in Egypt and Pakistan, say that they have discussed the desired number of children with their husbands. Among countries in sub-Saharan Africa, there is a great deal of variation, with only 11 percent of women in Senegal saying they have discussed the number of children desired with their husband compared to 62 percent in Kenya. Compared to women in other regions, a high proportion of women in sub-Saharan Africa do not know the number of children their partner desires. When the husband's view differs, almost invariably he is perceived to want more rather than fewer children than his wife.

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