



## Republic of Malawi



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# Accelerating fertility decline to open the window of opportunity for harnessing the demographic dividend in Malawi

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## Introduction

Malawi's fertility rate has declined slowly in the context of a steady decline in child mortality over the past three decades. The average number of births per woman has declined from 7.6 in 1984 to 5.0 in 2014, while the number of deaths among children aged less than five years declined from 250 per 1000 births in 1984 to 85 in 2014. Consequently, Malawi's population is growing rapidly and it has a high child dependency burden. About 45 percent of the Malawian population is under 15 years of age with an average age of 17 years. The total population increased from 5.5 million in 1977 to about 16.3 million in 2015, and it is projected to reach 43 million by 1950 and 62 million by 2070.<sup>1</sup>

The 2011-2016 Malawi Growth and Development Strategy and the 2013 National Population Policy identify the country's rapid population growth and high child dependency burden as key bottlenecks to achieving socio-economic development. Rapid population growth is also a key cause of the massive environmental degradation and depletion of natural resources like arable land and forests that the country is experiencing.<sup>2</sup>

If Malawi's high fertility rate declines rapidly, the country could harness the *demographic dividend* (DD). The DD refers to a temporary window of opportunity for accelerated economic growth that arises from a significant increase in the ratio of working-age adults relative to young dependents. Sustained decline in fertility helps to reduce child dependency ratios and increase the number of working-age people, which can boost investments in human capital (education and health), savings for the future, and economic productivity, if job-creating economic reforms are enacted.<sup>3</sup>

This policy brief highlights key policy and programme opportunities for accelerating fertility decline in Malawi. The brief is derived from a recent study that found that Malawi can harness a massive DD by 2054 if it prioritises integrated investments to fast-track fertility decline, enhance human capital development and job creation, and ensure efficiency and accountability in use of public resources and service delivery.<sup>4</sup> The investments would propel a shift in the age structure to one with more working age adults than dependent children (see Figure 1), and per capita GDP would increase from USD 397 in 2014 to USD 9,351 in 2054. This would translate to a DD of USD 2,957 per capita beyond the income the country would earn if it focused on economic reforms without much attention to human capital development and empowerment of women.

- For Malawi to open the window of opportunity to harness the demographic dividend, it should facilitate rapid voluntary fertility decline by:
  1. Ensuring universal access to quality family planning services
  2. Keeping girls in school and reducing teenage marriages and childbearing
  3. Reinforcing interventions to reduce child mortality.
- In order to speed up progress in these policy areas Malawi should enhance translation of its relatively good policies by boosting accountability processes and efficiency in service delivery.

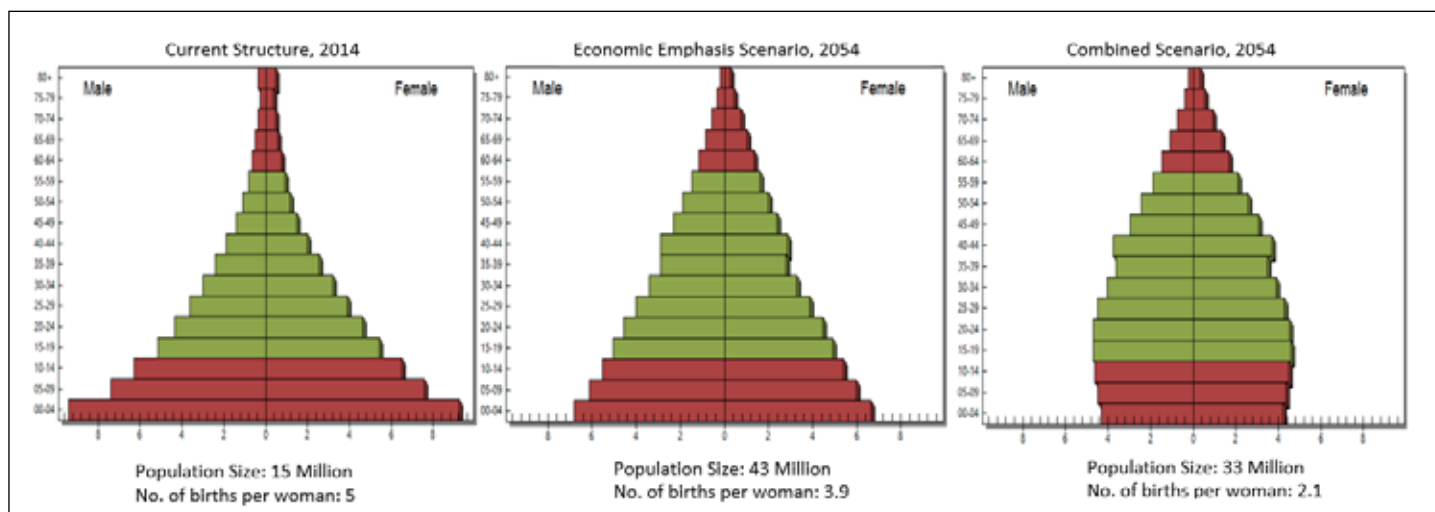


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**Figure 1: Projected population pyramid under different policy scenarios, Malawi**



## Key Priorities for Accelerating Fertility Decline in Malawi

Lessons from Asian countries like Malaysia and Indonesia and African countries like Botswana, Tunisia and Mauritius that have experienced rapid fertility decline show that sustained investments in family planning (FP), child survival and female education are the most critical determinants of fertility decline.

### Improving access and effectiveness of family planning to reduce fertility

FP has immense health, environmental and economic growth benefits at family and community levels. By enabling couples avoid unintended pregnancies, FP can reduce fertility by an average of about 1.5 children per woman.<sup>5</sup> It is estimated that meeting unmet need for FP could avert 29 percent of maternal deaths in sub-Saharan Africa,<sup>6</sup> and by enabling birth spacing for about two years, FP can help reduce deaths of children aged 1-5 years by about 20 percent.<sup>7</sup>

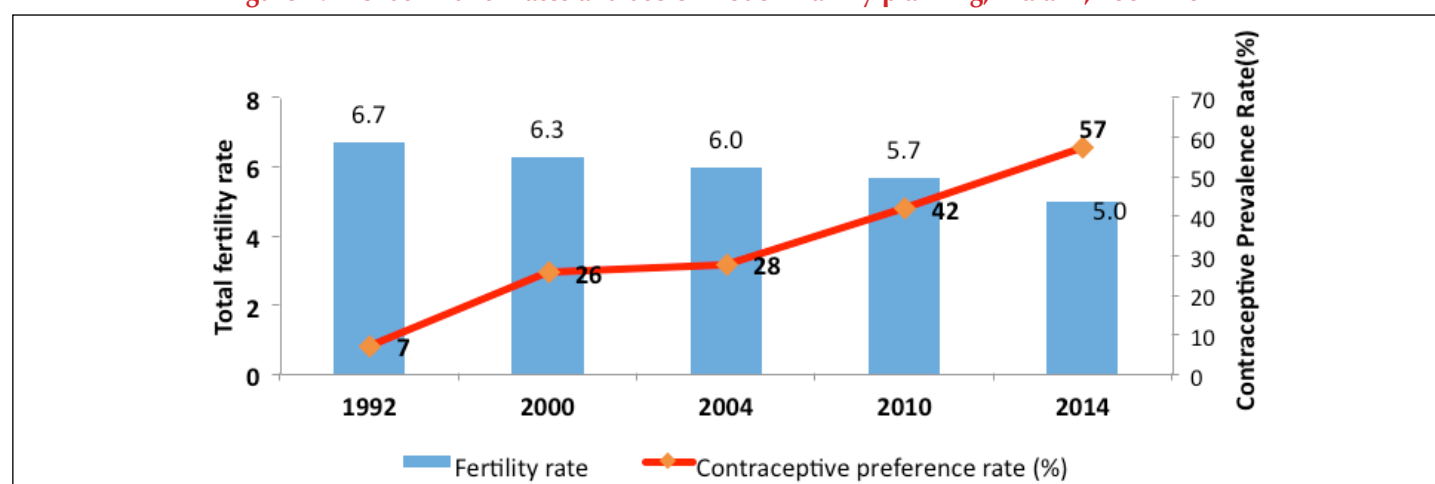
Use of modern contraceptives among married women in Malawi has increased significantly from 7 percent in 1992 to 57 percent in 2014 (Figure 2). However, the impressive increase has not resulted in a commensurate decline in fertility as the average

number of births per woman has declined marginally from 6.7 to 5.0 births per woman between 1992 and 2014. The anomaly is likely to be due to over-reporting of contraceptive use during times when women experience use-gaps of injectable contraceptives<sup>8</sup> and the fact that many women start using contraception after having many children.

Increasingly, Malawian couples would like to have fewer children than their parents and the actual number they are having. According to 2010 DHS data, about 47 percent of all married women did not wish to have any more children, and among those with 2, 3, and 4 children, 27 percent, 43 percent, and 63 percent did not want to have any more children, respectively. Nevertheless about 20 percent of married women have unmet need for FP because they want to delay or avoid pregnancy but they are not using any contraception. Concerns about health side effects of contraception are the mostly commonly cited reasons for not using contraception, as well as for the high contraceptive discontinuation rates that the country faces.

In order to increase the number of satisfied contraceptive users, the Malawi FP programme should improve quality of care by reducing commodity stock-outs, expanding method mix and choice (particularly use of long acting reversible and permanent contraceptives), and enhancing counselling with focus on addressing health concerns about contraception.

**Figure 2: Trends in birth rates and use of modern family planning, Malawi, 1992–2014**



Source: Malawi Demographic and Health Surveys (MDHS); Malawi MDG Endline Survey, 2014

## Keeping girls in school and addressing factors driving early childbearing

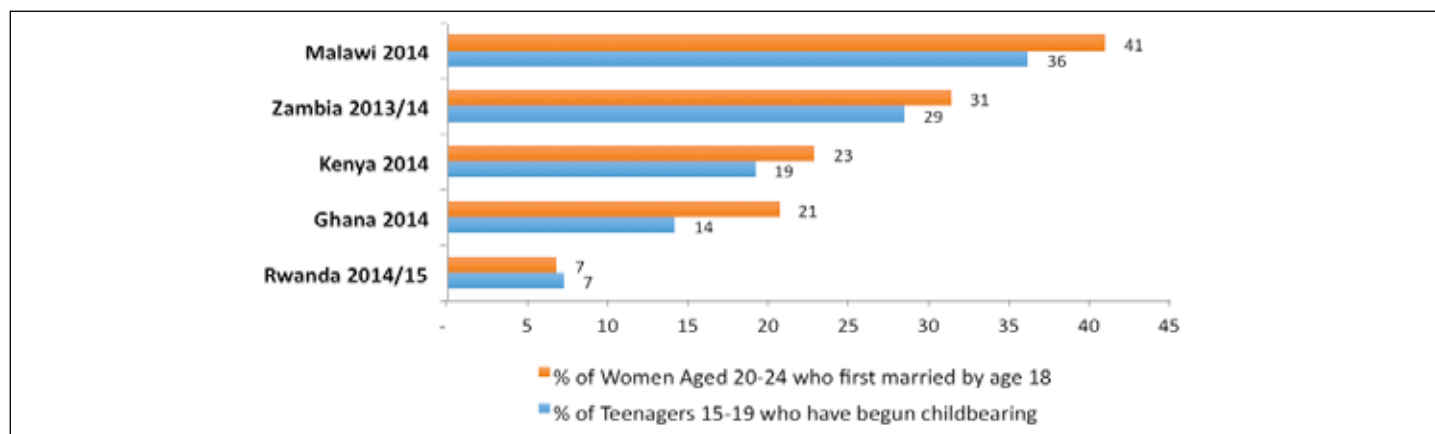
Increasing school attendance and progression for girls and helping girls avoid teenage pregnancies have proven to be effective means to reduce fertility. It is estimated that delaying marriage and child bearing by 5 years can slow population growth by 15 percent to 20 percent.<sup>9</sup> In addition, keeping girls in primary school for one extra year increases their future earnings by 10 percent to 20 percent.<sup>10</sup>

Education statistics in Malawi show that only 28 percent of the cohort that started standard 1 in 2007 reached standard 8 in 2014, and only 37 percent of girls completing primary school

transitioned to secondary school.<sup>11</sup> Marriage and pregnancy were the most common reasons for dropping out of school among primary and secondary school girls during the 2013/2014 school year. Of the girls that dropped out due to pregnancies, less than 10 percent were re-admitted into school.

Evidently, Malawi is not faring well in protecting its children against early marriage and childbearing compared to other African countries (see Figure 3). These data point to the urgent need to address cultural, economic, and school-based factors that exacerbate these challenges, including ensuring that all adolescents and youth have access to comprehensive sexual education and services to empower them prevent teenage pregnancies.

**Figure 3: Proportion of women aged 15-19 who have begun childbearing and those aged 20-24 who married for the first time by age 18, Malawi and other countries**



Source: DHS STATcompiler

## Improving child survival to give parents the confidence to have fewer children

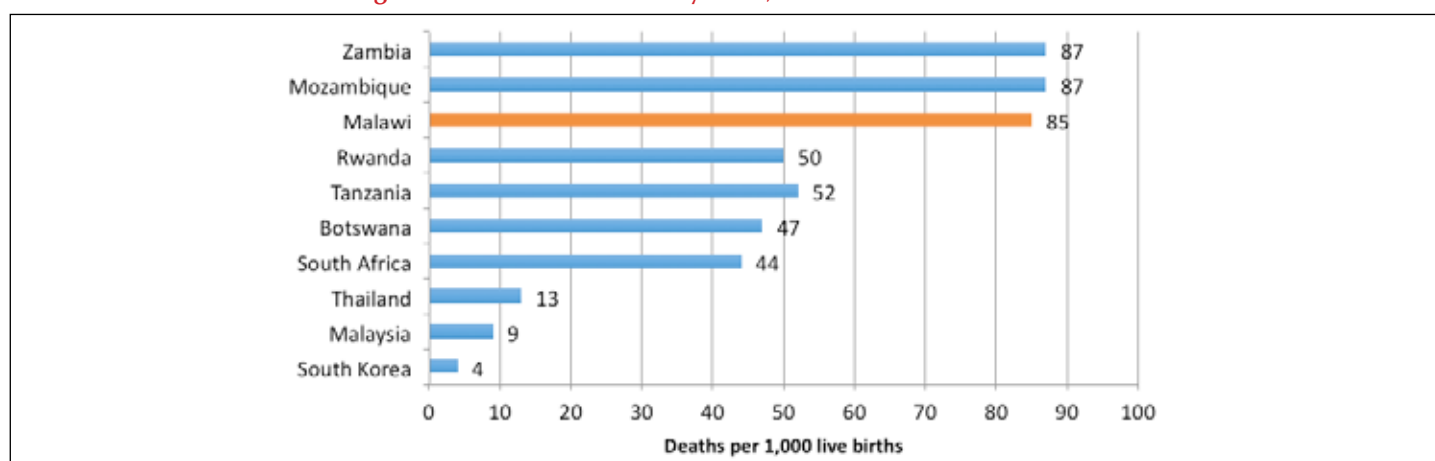
Improving child survival is a critical precondition for fertility decline because parents are likely to decide to have fewer children when they have reasonable assurance that their few children have a good chance of surviving. Malawi has made good progress in reducing child mortality over the past two decades or so, and is among the few African countries that achieved MDG 4. However, the current levels of child mortality are still unacceptably high and much more needs to be done to get the current mortality rates to the levels achieved by low fertility and middle-income countries like Malaysia, Thailand, South Africa and Botswana (Figure 4).

In order to accelerate reduction in child mortality, the country should reinforce outreach and quality of the key interventions that have propelled the progress made so far, including

child immunisation, the use of insecticide-treated bed nets to prevent malaria, Vitamin A supplementation, integrated management of childhood illnesses, and prevention of mother-to-child transmission of HIV.<sup>12</sup> Particular emphasis should be on improving prenatal and maternity care to ensure that babies are delivered safely and receive good care during the first month of life; neonatal mortality makes up 34 percent of all deaths occurring during the first five years of life.

Another key contributing factor to child mortality is the high rate of child malnutrition, which also affects children's long-term cognitive development and future productivity. In 2014, 42 percent of Malawi's children under the age of five years were stunted, 4 percent were wasted, and 17 percent were underweight. A recent study estimated that the total loss in productivity due to malnutrition amounted to 9.3 percent of Malawi's GDP.<sup>13</sup>

**Figure 4: Under-five mortality rates, Malawi and other countries**



Source: UN Population Division, 2015; NSO, 2015

## Key policy recommendations to facilitate fertility decline in Malawi

A key first step for Malawi to open the window of opportunity to harness the DD is to facilitate rapid voluntary fertility decline by ensuring universal access to FP, enhancing female education, and reinforcing efforts in reducing child mortality. The following are the specific policy recommendations to accelerate fertility decline:

1. Fully operationalise and implement Malawi's FP2020 commitments and costed FP strategy to ensure universal access to contraception for all couples who need it, with a focus on reaching young people with contraceptive information and services to delay onset and intensity of early childbearing. Particular attention should be on:
  - a) Strengthening the coordination and governance of population issues to ensure that they are central to the development processes and managed in an inter-sectoral manner. Consideration should be given to creation of a National Population Council or an equivalent body within the National Planning Commission that the government is planning to institute.
  - b) Increase the budgetary allocation for FP and enhance public-private partnership to widen access to reduce over-dependency of the programme on donor funding and ensure sustainability.
  - c) Improve the quality of contraceptive services to enhance user satisfaction and ensure that all couples can access and use FP methods that align with their reproductive intentions and health concerns by expanding method choice, improving supply chain management, and training health workers in providing counselling on method choice and health concerns about contraception.
2. Intensify mass educational campaigns and empower politicians, religious leaders, cultural leaders, the media, and civil society to champion education for the girl child, eradication of child marriages, and contraceptive use. This could include incentives for limiting family size, such as cost sharing in education (e.g. removal of school fees for the first two children) and health care.
3. Intensify the outreach and quality of interventions that are helping the country reduce child mortality, including malaria prevention and treatment, HIV infections and treatment, with particular focus on reducing malnutrition.
4. Scale up safe motherhood interventions focused on improving prenatal care, deliveries by professional care, and improving child care during the first months of life to reduce maternal mortality and address causes of deaths within the first month of life.
5. Enhance school infrastructure, learning materials, training of teachers, and governance of education to improve quality of education and progression from primary to secondary school, especially for girls.

6. Rollout age-appropriate comprehensive sex education and services to all in-school adolescents and youth to delay onset of sexual activity and protection against teenage pregnancies among the sexually active.

## Acknowledgements

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